

UNIVERSITY OF WISCONSIN
La Crosse, Wisconsin 54601
COLLEGE OF EDUCATION

Candidate: Linda K. Gleason

We recommend acceptance of this thesis in partial fulfillment of this candidate's requirements for the degree Master of Science in Education: College Student Personnel. The candidate has completed her oral report.

Ronald J. May
Thesis Chairperson

7/15/87
Date

Keip Zitel
Thesis Committee Member

July 15, 1987
Date

Margaret L. Deuel
Thesis Committee Member

7/15/87
Date

This thesis is approved for the College of Education.

Howard C. Rossi
Dean, Graduate Studies

July 22, 1987
Date

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A STUDY OF INSTITUTIONAL RESPONSE TO
COMPLETED STUDENT SUICIDE IN THE
UNIVERSITY OF WISCONSIN SYSTEM

A THESIS

Presented to
the Graduate Faculty
University of Wisconsin-La Crosse

In Partial Fulfillment
of the Requirements for the Degree
Master of Science in Education:
College Student Personnel

by

Linda K. Gleason

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DEDICATION

This thesis is dedicated to my mom Dorothy M. Gleason, our freind Patrick, and their families and friends. Their deaths have taught us all the true meaning of survivorship.

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ABSTRACT

This study identified the incidence of completed student suicide and the extent to which institutions within the University of Wisconsin System were responding to the needs of suicide survivors on their campuses.

The University of Wisconsin System is comprised of 27 institutions. Surveys were sent to Counseling Center Directors and Student Services Directors from the four- and two-year campuses, respectively. Responses were received from 11 of the four-year campuses and 11 of the two-year center campuses for an 81.4% response rate.

The results indicated that most of the institutions in the University of Wisconsin System did not have written policies for managing student suicide. Responses indicated that there was a lack of assigned roles, although it appeared from the results that at most institutions the Dean of Students or the Campus Dean was the person who had primary responsibility for coordinating the steps involved in managing student suicide.

Recommendations were made for institutions within the University of Wisconsin System to develop and implement written policies for managing student death. Also, recommendations were made for further study of this topic.

CHAPTER I
INTRODUCTION

It has been estimated that the suicide rate in the 15- to 19-year-old age group has increased between 171% and 400% in the last 20 years (Johnson, 1985; Wellman, 1984). In this same time period the suicide rate in the 15- to 24-year-old age group has increased 250% (Johnson, 1985). Suicide has become the second-leading cause of death in these groups (Wellman, 1984).

Elisabeth Kubler-Ross (1969) has focused on the importance of helping survivors work through their loss with her eight stages of grief. Research has shown that serious emotional problems could ensue if the bereaved are not encouraged to grieve (Wekstein, 1979). Consequently, interventions such as support groups have been designed to encourage the open expression of grief. Support groups are specialized to deal with the grief that is unique to the population they serve. Examples of such groups have included: a) widow-to-widow programs, b) groups for parents who have lost children and c) groups for survivors of suicide (DeSpelder & Strickland, 1983).

Authorities in "suicidology" have recognized the need for special help directed at survivors. "Postvention" has been defined as, "a program that attempts to prevent further suicides by dealing with the effects on survivors: family, friends and classmates" (Smith, 1976, p. 541). Shneidman (1969) described two types of postvention: 1) that which involves working with an individual after he/she has made a suicide

attempt, with the goals of decreasing the probability of any subsequent attempts and mollifying the consequences of the recent attempt; and 2) that which involves working with the survivor-victims of a completed suicide to help them with their anguish, guilt, anger, shame and perplexity.

Wekstein (1979) believed that postvention responds to a significant public health problem because the survivors outnumber the individuals who have committed suicide. He stressed the importance of allowing the survivors to express the reality of the completed suicide. The role of the suicide grief support group is to provide an outlet for the survivor-victims. The present study is concerned with the second type of postvention described by Shneidman (1969).

With the increase in suicide among 15- to 24-year-olds, colleges are faced with a problem on their campuses. There is a whole generation of students emerging who will, most likely, have been affected by suicide by the time they arrive on a college campus or at some time during their college career.

Crafts (1985) believed that institutions of higher education must be prepared to meet the needs of survivors on campus. He felt that the chief student affairs officer should be responsible for appointing a coordinator who would develop a plan for educating staff, develop a checklist of people to be contacted, and clarify institutional policies for managing student death. "Preparation empowers the administrator to make the best of an otherwise tragic situation" (Crafts, 1985, p. 38).

Statement of the Problem

The purpose of this study was to determine how institutions within the University of Wisconsin System were responding to the needs of suicide survivors on their campuses. For purposes of this research survivors may

have included: faculty, staff, administration, classmates, roommates, family and students on or off campus who may have been affected by a completed suicide. Four research questions formed the foundation for this study:

- 1) Have there been completed suicides on campuses within the University of Wisconsin System in the last five years?
- 2) Did individual institutions within the University of Wisconsin System have a written policy/procedure statement for responding to a completed suicide and the needs of the suicide survivors?
- 3) Did the individual institutions within the University of Wisconsin System perceive a need for written guidelines that would help them to respond to the needs of suicide survivors?
- 4) Which personnel on individual campuses within the University of Wisconsin System did the respondents believe should have primary responsibility for meeting the needs of suicide survivors?

Importance of the Study

Researchers have found that most of the 4,000 persons between the ages of 15 and 24 committing suicide each year are college students (Minear & Brush, 1980-81). Dr. Dana L. Farnsworth, Director of the Harvard University Health Services, stated "for every 10,000 college students . . . one to three will successfully complete suicide" (cited in Grollman, 1971 p. 51-52). In a study conducted from 1970 through 1976, Schwartz and Reifler (1980) reported seven suicides per 100,000 student years of risk. Fifty-three colleges and universities participated in this study. At the American Psychological Association Convention in August, 1986, Judy Beffai reported 6.1 suicides per 100,000 students enrolled in Big Ten universities from 1981 through 1985 (P. Joffe, personal communication, July 13, 1987).

Minear and Brush (1980-81) found that the rate of death by suicide among college students is second only to death by accidents and that the ratio is probably much higher because many suicides are hidden by families or carefully disguised and reported as accidents. Furthermore, the incidence of suicide in this age group is increasing. "The reported suicide rate among young people in the 1970s is almost twice as high as it was in the 1960s and almost three times higher than it was in the 1950s" (Minear & Brush, 1980-81, p. 317).

Zinner (1985) summarized higher education's response to student deaths as follows:

In the campus community, student services professionals must be keenly aware of the issues of student loss and student death. They shoulder the primary responsibility for responding with sincerity and compassion when death occurs on their campus. . . . Little in the way of training or informal guidance has been offered to those who must meet this difficult task. . . . Over the last decade, the leading journals of higher education have published fewer than a dozen articles on the topic of responding to student death or on the impact of others' death on students' performance and well-being (p. 1).

The completed suicide of a student has a ripple effect across campus. Survivors experience shock, curiosity, sadness, empathy, disapproval, denial, guilt and even anger. Student affairs staff must be prepared to respond as effectively as possible to student suicide. They are faced with the responsibility of coping with the " . . . psychological and social fallout" resulting from a student suicide (Butler & Statz, 1986, p. 16). They must help survivors to return to the level of presuicide functioning within a reasonable time frame.

Butler and Statz (1986) stated, ". . . a review of the literature reveals a dearth of information concerning the responsibilities of student affairs staff following the suicide of a student" (p. 16). A brief survey of public institutions in the Midwest and of Jesuit universities throughout the United States was conducted by Butler and Statz (1986). They found that there was a lack of systematic procedures for coping with and managing the events associated with a suicide. The impact of a suicide on university staff, especially student personnel staff, is similar to that experienced by the family. Butler and Statz (1986) stated, "suicide is an act with interpersonal dimensions, and the attention and treatment required by survivor victims are only beginning to be recognized and understood" (p. 18).

Review of Related Literature

Little has been published specifically related to grief following suicide. Therefore, the review of the literature includes much discussion of grief and bereavement in general. The researcher has related it to suicide where possible. This section includes several parts. These are: the characteristics of suicide victims, descriptions of grief and bereavement processes, the outcome of suicide, a definition of survivorship, and the consequences of suicide on survivors. Also included are: the effect of suicide on a campus community, the need for campus action, the need for interventions with survivors, a definition of postvention and suggestions for campus action when responding to student death and suicide.

As a result of the increase in the incidence of suicide, researchers have studied the suicide victim in order to identify potential victims and provide the necessary intervention before a crisis occurs.

Emile Durkheim (cited in Smith, 1976) has identified three types of suicidal personalities: a) "Egoistic," the victim who is a loner. He/she has little concern for the community and the values of society. He/she may have weak ties with family and other social groups. b) "Altruistic," the victim who overidentifies with a group to the extent that he/she is willing to sacrifice himself/herself to advance or preserve the goals of the group. And c) "Anomic," the victim who feels confused and alienated due to some trauma or catastrophe. Other researchers (Smith, 1976; Phillips, 1979, 1982) have identified the person involved in death-risking activities such as not following medical advice, abuse of drugs and food and walking too close to the edge of a cliff; and the person who attempts suicide following a much publicized completed suicide or the suicide of a fictional television character as other types of suicide victims.

In response to the increase in suicide attempts a variety of intervention programs have been developed. These programs were designed to help the victim before a crisis occurs or at the time of a suicide attempt. One of the concerns about intervention programs has been that if suicide is talked about, it will give more people the idea to take their own lives. Phillips' (1979, 1982) data tended to support this hypothesis. Johnson's (1985) research disputed this theory and shows that suicidal thoughts and activity do not increase because of discussion. Johnson's research pointed out that if suicide is left undiscussed, it may serve to sanction the act by offering it as an acceptable way to solve one's problems.

When interventions don't work and death occurs, the problem then becomes what to do with those who are grieving. LaGrand (1985) stated that ". . . it is important to remind ourselves that each grief response is very personal and individual" (p. 21). Shneidman (1969) described two

kinds of mourning and grief patterns: 1) those due to an ordinary death such as that caused by heart failure, cancer, an accident, etc.; and 2) those due to suicide. "Erich Lindemann identified three primary tasks necessary for satisfactorily managing grief: first, letting go of the deceased, accepting the fact of the loss; second, adjusting to a life without the deceased; third, forming new relationships" (DeSpelder & Strickland, 1983, p. 196).

The funeral provides a rite of separation to help comfort the bereaved and begin the grief process. It is important to encourage grief by providing responsive listeners. Support persons must be willing to listen to the stories over and over again, as memories are important grieving tools. When grief is acknowledged, the bereaved recover at a more rapid pace and there is less risk of "getting stuck" in apathy, alienation or depression (Grollman, 1971; LaGrand, 1985; Corazzini & May, 1985).

When a fellow student dies or there is a death in a student's family, priority should be given to discussion of the event. An opportunity should be provided for the bereaved to express grief, share feelings and explore resources from within and from without which can provide sustenance and restitution for the loss (Wekstein, 1979).

During bereavement, crying, helplessness and psychotic reactions should be encouraged. Weisman stated,

. . . bereavement is like dying itself, except that it refers to the process by which a person suffers, sustains, and then recovers from the wound inflicted by loss of someone essential to his(/her) reality. Like any wound, it may be short and trivial or very serious, life-threatening and prolonged. During the bereavement process, healing can be impaired,

delayed, and exaggerated, with many secondary complications, including that of chronic invalidism (cited in Wekstein, 1979, p. 124).

The bereaved require immediate support, especially from loved ones and meaningful and prestigious figures in their lives (Wekstein, 1979).

The intensity of grief is particularly high when death has occurred by suicide. A death for which one is so completely unprepared has a more devastating impact than other forms of death (Fliegel, 1977; Grollman, 1971). "The person who commits suicide puts his (her) psychological skeleton in the survivor's emotional closet" (Shneidman, 1969, p. 22). Grief and depression may be masked by physical symptoms and somatic problems such as: insomnia, anorexia and weight loss, guilt, ill-defined pain and malaise (Wekstein, 1979).

According to Fliegel (1977), "Suicide leaves those who have been bereaved with a more severe sense of failure than that which follows a natural death because of its shocking quality. Suicide accuses others of not caring enough about the one who has ended his or her life" (p. 33).

When a completed suicide occurs, the tragedy is just beginning for the survivors. For each completed suicide there are an estimated half dozen survivor-victims whose lives are thereafter affected by that event. It is a bitter experience for all those left behind. They carry it in their hearts for the rest of their lives. Intolerable feelings of guilt and grief are aroused. The suicide completer is never completely forgotten or forgiven (Shneidman, 1969; Grollman, 1971).

Danto & Kutscher (1977) stated, "Clearly, suicide survivorship differs from any other type of death survivorship. The bereavement caused as a result of suicide is exacerbated by the accompanying social stigma and the

loss of self-esteem introduced by the survivor's inability to have prevented the death" (p. 8).

Zinner (1985) defined four levels of survivorship:

- 1) Primary survivors - "those who had a present or past significant relationship with the deceased" (p. 64). These are usually assumed to be the immediate family and intimate friends but can also include anyone who had a major interaction with the deceased.
- 2) Secondary survivors - those who "had intermediate-level interaction with the deceased" (p. 64). These are usually friends and social acquaintances.
- 3) Tertiary survivors - those who shared "meaningful identification and experiences within the bounded group" (p. 64). These are usually members of groups to which the deceased belonged.
- 4) Quaternary survivors - those "individuals in large social categories whose link to the deceased is associated with one particular social characteristic" (p. 64); such as other members of the community and members of the church the deceased belonged to.

Suicide can cause the greatest degree of torment, self-blame and even mental illness to the survivors (Grollman, 1971). Wekstein (1979) felt that the initial trauma created by suicide may cause a flattening of affect, psychomotor retardation, numbness, mutism, panic, loss of identity, depersonalization and denial. The survivor may occlude, deny or appear not to recognize the impact of the trauma of sudden death. They are tortured by self-blame, confusion, ambivalence, shame, loss and hatred (Grollman, 1971).

In the event of a suicide, the family is most vulnerable. Suicide, unacceptable in the pervasive Judeo-Christian ethic, is seen as bringing shame to the family. As a result, natural mourning evoked by the loss is effectively blocked and superseded by guilt. Anger, which is normally veiled and only symbolically expressed in the larger culture to which they are finely attuned, likewise remains unexpressed. Further, anger toward a dead person is widely felt not to be legitimate and is only experienced with great discomfort (Vollman, Ganzert, Picker & Williams, 1971, p. 102).

Fliegel (1977) stated, "The depression brought about by the rage and guilt felt over the suicide of a loved one must be dealt with if the survivors are ever to make a healthy adjustment . . ." (p. 37). Survivors' depression and emotional states make them candidates for a suicidal course.

When there is a history of suicide in the family or other persons close to the survivor, the "death barrier" is breached making suicide more probable for the survivor (Fliegel, 1977). "It is clear that suicide can beget not only bereavement but also suicide" (Danto & Kutscher, 1977, p. 8).

According to Grollman (1971), "the period immediately following a suicidal death is a very precarious one, in which repressed wishes, forgotten memories, and contradictory thoughts can run riot under the stress of shock" (p. 115). He felt that once the funeral is over, survivors should take time to think through and decide which activities can provide them with some degree of purpose. The goal is to assimilate the grief experience and grow because of it.

Survivors are often obsessed by the thought that they should have prevented the suicide. Their guilt may take the form of self-recrimination, depression and hostility. They are going through an intense emotional crisis. Survivors need to be allowed to articulate and act out their reactions. As they express their pain, the bereaved can begin to dissolve themselves of the emotional ties they have to the dead person (Grollman, 1971).

Students with problems seem to be pulled closer to death when put in the college environment. Student status does not create suicidal inclinations, however the college environment does appear to amplify some problems (Carson & Johnson, 1985).

Carson and Johnson (1985) reported that students with suicidal thoughts were significantly less likely to have received any information about how to deal with problems and emotions. When these students were asked why they had considered suicide, they cited personal problems such as loss of a love relationship or serious illness as the most frequent reason.

In the case of suicide, it is ". . . important for roles to be assigned, for people to know why they are going to give support and who needs it" (Siegel, 1985, p. 106). There is a need for meetings to be held where accurate information can be disseminated, feelings can be vented, and an opportunity can be provided for students, staff members and faculty to begin dealing with their various responses to the news. It will be necessary to reach individuals from all parts of campus (Bernard & Bernard, 1985).

LaGrand (1985) found that many students will hide their emotions because of embarrassment. They may need the understanding of members of the campus community. He stated, ". . . the impact of death is multiplied

in effect because a student confronts not only the death of a loved one but the shattering of his or her sense of reality. Death becomes real" (p. 16).

If the victim is a resident student, it is quite likely that a number of other students and some faculty and staff will need at least temporary emotional support (Bernard & Bernard, 1985).

Every student, administrator, faculty member, or campus minister is a potential support resource for someone in grief.

Counselors are always available. What we need to emphasize is that students should find the resource that is most appropriate. . . . Our initial response is to provide support, help students learn where ongoing support is available and build the networks that continue to give them support (Siegel, 1985, p. 107).

Stephenson (1985) felt that the contemporary university is made up of small communities which provide a personal world for the student. Sororities, clubs, teams, and those who share a common space such as a residence hall, can all provide the basis for a community. Members of a community identify with each other in their humanness. The community is psychologically assaulted by the death of one of its members. It has lost a significant member. Help must be provided to the whole community--not only to individuals. "In formally recognizing its loss in public gatherings and ceremonies, the group provides grieving individuals with support; at the same time, the group as a whole gains a sense of solidarity in standing together to acknowledge its helplessness before death" (Stephenson, 1985, p. 10).

The effects of death often reach out beyond those directly affected, touching an entire community. Corazzini & May (1985) stated, "to prevent

loss from having a negative impact, interventions must be directed not only to the immediate survivors but often to the community and those more remotely affected" (p. 45). They felt that survivors have the dual task of working through their own grief and taking on the role of a family that has lost one of its members. It is important to help all who have been affected by the death to cope with the loss--this includes the whole university community (Zinner, 1985).

According to Siegel (1985) talking with the bereaved and acknowledging their grief is a community responsibility. She felt that responsibility must be centralized in order to have a responsive organization. ". . . Student services personnel are in a particularly strategic position to render such services to the university community or to the subgroups within it" (Zinner, 1985, p. 55). "Preparation and planning (for student death) will help to prevent an individual tragedy from becoming an institutional disaster" (Crafts, 1985, p. 30).

Wekstein (1979) felt that when determining whether intervention with survivor-victims is necessary, there are two options available to helpers: 1) Assess and evaluate every individual connected to the suicide completer; contact should be maintained for a year or more to determine whether the survivor-victim is suicidal. Or 2) Wait through the period of depression following mourning and then determine suicide potential. He also felt that it is more appropriate to use the first option and deal with survivor-victims as quickly as possible--within two to three days of the completed suicide. It is not feasible for all survivor-victims to see a therapist (and not all will need one) but all should be watched carefully. Lawyers, friends and good neighbors are examples of persons who can take this responsibility upon themselves.

Wekstein (1979) found that survivor-victims are generally amenable to intervention. Some may refuse to cooperate because they find it too painful to bring up matters that pertain to their own feelings of guilt and shame. [Intervention is seen as an intrusion that opens up old wounds. Many feel that they deserve this punishment and therefore must cope alone.] It is imperative that helpers not be judgemental and that the bereaved be allowed to openly express their feelings towards the suicide completer.

When dealing with survivors, the reality of the completed suicide cannot be repressed, suppressed or denied (Wekstein, 1979). Preventive measures should be instituted. Shneidman (1969) referred to these preventive measures as postvention. Postvention has been defined as, ". . . a program that attempts to prevent further suicides by dealing with the effects on survivors: family, friends and classmates" (Smith, 1976, p. 541).

Shneidman (1969) felt that of the three approaches to mental health for suicide (prevention, intervention and postvention), postvention contributed to the largest aspect of the total problem. According to Wekstein (1979) postvention ". . . represents a large public health problem because the survivors--families, loved ones, friends--far outnumber the individuals who have committed suicide. Their number increases regularly each year" (p. 120). He felt that many of these are victims whose lives are damned and devastated forever. Postvention is prevention for the next decade and the next generation (Shneidman, 1969).

Stephenson (1985) has addressed issues related to postvention for university communities, although he did not label them as such. He made four suggestions for student affairs personnel:

- 1) Provide training about the grief process for resident assistant staff.
- 2) Have resident assistants and other friends provide support to those who are grieving.
- 3) Create self-help groups for students and others who are grieving. These groups may be led by upper-division or graduate students.
- 4) Help faculty and staff increase their awareness and realize that students suffering loss need special attention.

As a final point, Stephenson (1985) felt that institutions should have developed a plan to aid survivors. Student services personnel should be notified of every student death on campus so members can be prepared to assist those who are grieving.

In response to the need for a specific plan of action for institutions, Crafts (1985) developed a checklist for student affairs personnel to use when faced with any student death:

- 1) Be certain to have the correct name.
- 2) Use common sense. If circumstances surrounding the death seem unusual, check them out.
- 3) Be confident and put aside any fears of institutional liability. The needs of the family and campus survivors must be met first. There will be time to worry about legalities (i.e. insurance) later.
- 4) If there is a student with the same name as the deceased, notify that family first. Have the student call and reassure their family members of their safety.

- 5) Notify the family directly. Personal contact is best, however if that is not possible notify the local police and clergy before calling the family.
- 6) Speak clearly and concisely--practice the wording to be used. Be sure to identify self by name and title. Make a second call one hour later to confirm the death and begin making arrangements.
- 7) When the family is called the second time, give the exact location of the body and any information regarding the cause of death. Provide alternatives to making a trip to campus. If the family insists on coming, provide assistance in making travel and lodging arrangements. Be prepared for hostility.
- 8) Persuade the news media to withhold information until next of kin have been notified. In the case of suicide, do not release the cause of death without the family's permission.
- 9) Meet the family when they arrive. Be as helpful as possible. Stick close to the family or be within easy reach. Be prepared for anger.
- 10) Notify appropriate campus officials and significant survivors such as: the president, relevant student affairs administrators, public information officer, residence unit staff, instructors, campus chaplains, academic dean, institutional insurance officer, president of the student body, roommates, and the deceased student's girlfriend/boyfriend. Prepare support services for all whom have strong bonds with the deceased.
- 11) Collect and pack belongings. Discard any items which may upset the family. It is important they remember the deceased as positively as possible.

- 12) Stop routine mailings home.
- 13) Understand and be prepared to explain state, local and campus policies regarding autopsies, death certificates, bank accounts and institutional refunds.
- 14) Draft a letter of sympathy for the president to sign and mail. Send tuition refunds with an appropriate cover letter.
- 15) Arrange for a yearbook memorial section which is designed in consultation with the family.

The incidence of completed suicide has increased among college-age students. Little has been published to help student affairs professionals to implement programs designed to help survivors, a population which is growing. Some researchers (Crafts, 1985; Stephenson, 1985) have developed policies for managing student suicide.

Definition of Terms

Bereaved: Those who are grieving the loss of a significant person.

Community: "An integrated group, in that its foundation is commonly held feelings and thoughts that are acted out as traditions and ceremonies by those who are recognized as its members"

(Stephenson, 1985, p. 7).

Grief: "A process of having to let go, of adapting to an environment without the object of loss. It commonly consists of, but is not limited to, shock, anger, guilt, fear, depression, reconstruction, and hope. . . . It is replete with anxiety and various emotional and physical reactions" (LaGrand, 1985, p. 17).

Postvention: "Meaningful support for those who have experienced the intolerable loss of a loved one through self-inflicted death" (Grollman, 1971, p. 5).

Suicide and completed suicide: The successful act of taking one's own life.

Suicidology and suicidologists: The study of suicide and its effect and the people who study this phenomenon.

Survivors or survivor-victims: "People who were in some form of relationship with the deceased" (Stephenson, 1985, p. 7).

University of Wisconsin System: The 27 state supported institutions of higher education in Wisconsin. These institutions include: 13 four-year campuses, 13 two-year "center" campuses and the University of Wisconsin-Extension.

Assumptions

Because one of the major research questions was to determine what individual campuses within the University of Wisconsin System were doing to meet the needs of survivors of suicide on their campus, several assumptions were made:

- 1) That survivors of suicide have specific emotional needs to be met for resolving grief.
- 2) That institutions of higher education have a responsibility to provide services to meet the needs of suicide survivors.
- 3) That the respondents had access to accurate information.
- 4) That the respondents reported accurate information.
- 5) That Counseling-Center Directors were the best source of information at the four-year campuses.
- 6) That Student Services Directors were the best source of information at the two-year center campuses and the University of Wisconsin-Extension.

CHAPTER II

METHODOLOGY

This chapter will discuss the various aspects of this study's methodology. These areas are: setting and sample, instrumentation, procedure, data analysis and delimitations.

Setting and Sample

The data necessary to complete this study were gathered from the 27 institutions which comprise the University of Wisconsin System. "The University of Wisconsin System was . . . created by a state law which . . . combined the state's two public university systems under a single board of regents" (1986 Fact Book, p. 5). It is comprised of 13 universities, 13 freshman-sophomore centers and a statewide extension with offices in all 72 counties. The 13 universities award bachelor's and master's degrees. The campuses at Madison and Milwaukee also award doctoral degrees. The 13 center campuses award two-year associate degrees and certificates.

Counseling Center Directors at the four-year universities and Student Services Directors at the two-year center campuses and the University of Wisconsin-Extension were asked to complete the survey.

Instrumentation

The Suicide Survivors Survey was a 15-item instrument which was designed for the current study (see Appendix A). The first three items were designed to gather demographic information. Items 4-6 were designed to gather information regarding the number of completed suicides. Items 7,

8, 11, and 12 were designed to gather information regarding support services for survivors. Items 9 and 10 were designed to gather information regarding institutional policy/procedures for coping with suicide on campus. Items 13 and 14 were designed to gather information regarding which personnel were (or in the opinion of the respondent, should have been) providing services to survivors and the type of service they were providing. The final item, 15, allowed the respondent to provide additional information and/or suggestions in narrative form.

Because the Suicide Survivor's Survey was a researcher-developed instrument, reliability and validity were not established and are unknown.

Procedure

The study was conducted during the Spring Semester of the 1986-87 academic year. The United States postal service was used to distribute the surveys with a cover letter of explanation (see Appendix B) to Counseling Center Directors at the four-year institutions and to Student Services Directors at the two-year center campuses and the University of Wisconsin-Extension campus within the University of Wisconsin System. Names, titles and addresses were obtained from The University of Wisconsin System Administrative Directory 1986-87. A stamped, self-addressed envelope was included with each survey to assist with the ease of return of the survey and elicit a larger response rate.

In the event a follow-up was needed, participants were asked to indicate the name of their institution in item two of the survey (see Appendix A). This was done to avoid sending duplicate surveys to participants who had already returned their responses.

Participants were asked to return the surveys two and one-half weeks after the initial mailing. The deadline date was included at the bottom of

the survey. Follow-up letters (see Appendix C) were sent seven weeks later to those institutions who had not responded by the initial deadline date (spring break occurred for all campuses at various times within this seven week period, thus the long delay for follow-up). A survey and a stamped, self-addressed envelope were included with each follow-up letter. A deadline of one week was set for the return of the survey and this was stated in the cover letter. In addition, the Director of the Counseling and Testing Center at the University of Wisconsin-La Crosse requested cooperation from several of his colleagues during a telephone conference within the seven week period between the initial mailing and the follow-up.

The surveys were returned to the Counseling and Testing Center at the University of Wisconsin-La Crosse and held there for the researcher.

Data Analysis

According to Gay (1981), ". . . descriptive research involves collecting data in order to test hypotheses or answer questions concerning the current status of the subject of the study. A descriptive study determines and reports the way things are" (p. 12). The purpose of this study was to determine what individual campuses within the University of Wisconsin System were currently doing to meet the needs of survivors of suicide on their campus; and what the respondents felt they should be doing to meet the needs of the suicide survivors on their campus.

Bruyn (1966) stated, " Not only must the researcher interpret and conceptualize his (her) data in distinctive ways, he (she) must also describe them . . . analytically and synthetically" (p. 34). Consequently, there were five steps involved in the interpretation of the data collected. First, it was necessary to determine what the incidence of suicide was on campuses within the University of Wisconsin System. Second, it was

necessary to determine if there had been requests for interventions from survivors of suicide on campuses within the University of Wisconsin System. Third, it was necessary to determine if individual campuses within the University of Wisconsin System had written or established policy/procedure statements for handling suicide on their campus and meeting the needs of survivors of suicide. Fourth, it was necessary to determine what interventions were currently available to survivors of suicide and which personnel on each campus within the University of Wisconsin System were responsible for providing these services. Finally, it was necessary to determine what additional interventions the respondents proposed that their institution ought to be providing, and which personnel they believed should be responsible for providing these services. Therefore, percentages were calculated across institutions for each of the five steps. Data were not statistically analyzed. Because of the differences in staffing and services provided, responses were reported separately for the four-year and two-year campuses.

Delimitations

1. This study only intended to provide information relating to campuses within the University of Wisconsin System.
2. Only Counseling Center Directors or Student Services Directors were asked to complete the survey. Residence Life Directors and Deans of Students or Student Affairs could be surveyed to provide additional information.
3. Data were only gathered from the academic years 1981-82 through 1985-86. The data may not be reflective of subsequent academic years.

CHAPTER III

RESULTS AND DISCUSSION

The purpose of this study was to determine how institutions within the University of Wisconsin System were responding to the needs of suicide survivors on their campuses. The first section describing the results is presented in two categories: the data reported by the four-year campuses, and the data reported by the two-year center campuses. The second section of this chapter includes a discussion of the steps currently being taken to meet the needs of suicide survivors and those recommended by the respondents compared to the recommendations made by Crafts (1985) and Stephenson (1985) which were reported in Chapter One.

Results

Of the 27 surveys sent out, responses were received from 81.4% (22) of the institutions. This included responses from 84.6% (11) of the 13 four-year institutions and 84.6% (11) of the 13 two-year center institutions. Because the University of Wisconsin-Extension has no campus program, the survey was returned without being completed along with a note of explanation (see Table 1).

Student Residence

Nine percent (1) of the two-year center schools and 100% (11) of the four-year schools reported that there were students living in campus-owned housing in 1986-87. There were 150 students living in campus-owned housing at the two-year center school which provided on-campus housing. For the four-year schools, the number of students living in campus-owned housing ranged from a low of 285 to a high of 6,879 (see Table 2).

Table 1
Percentage of Completed Responses by Type of Institution

Responses	Type of Institution			Total
	2-Year	4-Year	Extension	
Total Number of Institutions	13	13	1	27
Number of Completed Surveys	11	11	0	22
Percent of Completed surveys	84.6	84.6	0.0	81.4

Table 2

Respondents Total Enrollment and Percentage of Students Residing in Campus-Owned Housing During 1986-87 by Institution

Type and Name of Institution	Total Enrollment	Number of Students Residing on Campus	Percent of Students Residing on Campus
2-Year Institutions			
Baraboo	505	0	0.0
Barron	369	0	0.0
Fond du Lac	594	0	0.0
Fox Valley	1,146	0	0.0
Manitowoc	485	0	0.0
Marathon	1,150	150	13.0
Marinette	429	0	0.0
Marshfield	570	0	0.0
Richland	302	0	0.0
Rock	948	0	0.0
Waukesha	2,178	0	0.0
Total	8,676	150	1.7
4-Year Institutions			
Eau Claire	11,103	3,600	32.4
Green Bay	4,978	956	19.2
La Crosse	9,659	2,800	28.9
Madison	44,384	6,879	15.4
Oshkosh	11,800	3,800	32.2
Parkside	5,195	285	5.4
River Falls	5,612	2,200	39.2
Stevens Point	9,555	3,700	38.7
Stout	7,686	2,900	37.7
Superior	2,307	400	17.3
Whitewater	10,897	4,000	36.7
Total	123,176	31,520	25.5

Incidence of Completed Suicide

Four (36.3%) of the two-year institutions and seven (63.6%) of the four-year institutions reported completed suicides for the academic years 1981-82 through 1985-86 (see Table 3). There were a total of 35 completed suicides reported for the five academic years. Five of these occurred among students enrolled in the two-year institutions and 30 occurred among students enrolled in the four-year institutions. Total enrollment at the 22 institutions which responded was 640,691 for the five year period from 1981-82 through 1985-86. This was an average of 128,138.2 students and seven completed suicides per year in the University of Wisconsin System for each of the five academic years (see Table 4). Of the 30 completed suicides among the four-year institutions, seven of them were committed by students who resided in campus-owned housing (see Table 5).

Table 3

Number of Respondents Reporting a Completed Suicide During 1981-86
by Type of Institution

Respondents	Type of Institution		Total
	2-Year	4-Year	
Number of Respondents	11	11	22
Number Reporting Completed Suicides	4	7	11
Percent Reporting Completed Suicides	36.3	63.6	50.0

Table 4

Extent of Completed Suicides on UW Campuses During 1981-86 by Type of Institution

Academic year	2-Year			4-Year			Total		
	Total Enrollment	Number of Suicides	Number of Suicides per 100,000	Total Enrollment	Number of Suicides	Number of Suicides per 100,000	Total Enrollment	Number of Suicides	Number of Suicides per 100,000
1981-82	8,247	1	12.1	117,480	5	4.2	125,727	6	4.7
1982-83	8,926	1	11.2	117,520	3	2.5	126,446	4	3.1
1983-84	9,017	1	11.0	119,313	9	7.5	128,330	10	7.7
1984-85	8,586	1	11.6	120,137	5	4.1	128,723	6	4.6
1985-86	8,704	1	11.4	122,761	8	6.5	131,465	9	6.8
Total	43,480	5	11.4	597,211	30	5.0	640,691	35	5.4
Five Year Ave.	8,696	1	11.4	119,442.2	6	5.0	128,138.2	7	5.4

Table 5

Incidence of Completed Suicides by Student Residence, Type of
Institution and Academic Year

Academic Year	Type of Institution			
	2-Year On-Campus	Off-Campus	4-Year On-Campus	Off-Campus
1981-82	0	1	1	4
1982-83	0	1	0	3
1983-84	0	1	2	7
1984-85	0	1	0	5
1985-86	0	1	4	4
Total	0	5	7	23
Percent	0.0	100.0	23.3	76.6

Requests for Support Services

None of the two-year center institutions reported requests for support services. Almost 91% (10) reported that they had not had requests for support services, and one institution (9%) reported that they didn't know if there had been any requests for support services. Eight of the four-year institutions, or 72.7%, reported that there had been requests for support services following a suicide. Two reported that they didn't know if there had been requests for support services (see Table 6). All eight of the four-year institutions which reported requests for support services following any suicide, indicated there had been requests from classmates/friends; four (50%) reported requests from housing staff; three (37.5%) reported requests from other faculty/staff; one (12.5%) reported requests from student organizations; and four (50%) reported that there had been requests from parents/family members for support services following any suicide (see Table 7).

Table 6

Requests for Support Services by Type of Institution

Type of Institution	Total	Services Requested		No Services Requested		Don't Know		No Answer	
		N	%	N	%	N	%	N	%
2-Year	11	0	0.0	10	90.9	1	9.0	0	0.0
4-Year	11	8	72.7	0	0.0	2	18.1	1	9.0

N = Number of Institutions

Table 7

Requests for Support Services from Various Groups by Type of Institution

	Type of Institution			
	2-Year Number of Inst.	Percent of Inst.	4-Year Number of Inst.	Percent of Inst.
Services Requested	0	0.0	8	72.7
Group				
Classmates/Friends	0	0.0	8	100.0
Housing Staff	0	0.0	4	50.0
Other Faculty/Staff	0	0.0	3	37.5
Student Organizations	0	0.0	1	12.5
Parents/Family Members	0	0.0	4	50.0

Existence of Written Policy/Procedure Statement

None of the two-year center institutions had a written policy/procedure statement for handling a suicide on campus and only 9% (1) had some established policy/procedure which they followed in case of suicide. About 18% (2) of the four-year institutions had written policy/procedure statements for handling suicide on campus. Five of the four-year institutions, or 45.4%, had some established but not written policy/procedure which they followed when suicide occurred (see Table 8).

Table 8

Written and Established Policy/Procedure Statement by Type of Institution

Type of Institution	Total Number	Written				Established				No Answer	
		Yes N	%	No N	%	Yes N	%	No N	%	N	%
2-Year	11	0	0.0	11	100.0	1	9.0	10	90.9	0	0.0
4-Year	11	2	18.1	9	81.8	5	45.4	3	27.2	3	27.2

Availability of Support Groups

Only one two-year center school and one four-year school had a support group available on campus for survivors of suicide. Seven of the two-year center institutions, or 63.6%, and six of the four-year institutions, or 54.5%, had support groups available within their surrounding communities (see Table 9). Six of the two-year center schools

and six of the four-year schools (54.5%) felt that there was a need for a support group for survivors of suicide to be provided either on campus or within the community (see Table 10).

Table 9

Support Groups Available on Campus and in Community by Type of Institution

Type of Institution	Total Number	Campus				Community				Don't Know	
		Yes N	%	No N	%	Yes N	%	No N	%	N	%
2-Year	11	1	9.0	10	90.9	7	63.6	1	9.0	3	27.2
4-Year	11	1	9.0	10	90.9	6	54.5	2	18.1	3	27.2

Table 10

Perceived Need for Support Groups by Type of Institution

Type of Institution	Total Number	Yes		No		Don't Know		No Answer	
		N	%	N	%	N	%	N	%
2-Year	11	6	54.5	1	9.0	3	27.2	1	9.0
4-Year	11	6	54.5	4	36.3	0	0.0	1	9.0

Current and Proposed Responsibility for Postvention at 4-Year Institutions

Eight (72.7%) of the four-year institutions responded to item 13 which requested that the respondent fill in the title of the person whom was currently responsible for providing each of the following services: breaking the news of the suicide, arranging transportation to the funeral, providing crisis intervention, and providing follow-up counseling. Two (18.1%) of the four-year institutions responded to item 14 which requested that the respondent propose the title of the person they felt ought to be responsible for providing each service listed (see Tables 11-14).

Breaking the News of Suicide

Respondents indicated differences in which persons were currently responsible for informing the campus community of the suicide depending upon the group to be offered this service. They also had different views of whom they proposed to be responsible for breaking the news of suicide (see Table 11).

At five institutions, the Dean of Students and his/her staff were responsible for breaking the news of suicide to parents/family members. At two institutions this was the responsibility of the police; at one institution an assistant to the Assistant Chancellor; the Assistant Chancellor at one institution; the Director of Residence Life at one institution; and at one, the Hall Directors. One respondent proposed that besides the person currently responsible, it ought to be the responsibility of the Dean of Students to break the news of suicide to parents/family members (see Table 11).

The Hall Director and his/her staff were responsible for informing roommates/other hall residents of the suicide at six institutions. The Director of Residence Life was responsible at two institutions; the Dean of

Table 11

Current and Proposed Staff Assignments for Breaking News of a Suicide by Type of Institution

	Type of Institution						
	4-Year Current	Proposed	2-Year Current	Proposed			
Number Responding	8 (72.7%)	2 (18.1%)	2 (18.1%)	1 (9.0%)			
Recipient	Title	N	Title	N	Title	N	
Parents/Family Members	Dean of Students or Staff	5	Dean of Students	1	Dean	2	1
	Director of Counseling or Staff	2			Director of Student Services	1	
	Police	2					
	Assistant to Assistant Chancellor	1					
	Assistant Chancellor	1					
	Director of Residence Life	1					
	Hall Director	1					

Table 11 (Cont.)

Current and Proposed Staff Assignments for Breaking News of a Suicide by Type of Institution

	Type of Institution					
	4-Year Current	Proposed	2-Year Current	Proposed		
Number Responding	8 (72.7%)	2 (18.1%)	2 (18.1%)	1 (9.0%)		
Recipient	Title	N	Title	N	Title	N
Roommates/Other Hall Residents	Hall Director or Staff	6	Housing Staff	1		
	Director of Residence Life	2				
	Dean of Students	2				
	Counseling Center Staff	1				
Other Friends	Residence Life Staff	1			Director of Student Services	1
	Dean of Students	1				
	Counseling Center Staff	1				

Table 11 (Cont.)

Current and Proposed Staff Assignments for Breaking News of a Suicide by Type of Institution

	Type of Institution				
	4-Year Current	Proposed	2-Year Current	Proposed	
Number Responding	8 (72.7%)	2 (18.1%)	2 (18.1%)	1 (9.0%)	
Recipient	Title	N Title	N Title	N Title	N
Classmates	Instructors	1 Dean of Students	1	Dean	1
	Counseling Center Staff	1 Faculty with Counseling Staff	1		
Faculty/Staff	Dean of Students	2 Dean of Students	1 Dean	2 Dean	1
	Administration	1 Personal contact by Dean and Counseling Staff	1	1 Director of Student Services	1
	Counseling Center Staff	1			
Student Body	Student Newspaper	2 Dean of Students	1 Dean	2 Dean	1
	Dean of Students	1			
	Counseling Center Staff	1			

Students at two institutions; and at one, it was the responsibility of the counseling center staff. One respondent felt that besides the person currently responsible, the housing staff ought to be responsible for breaking the news of the suicide to the roommates/other hall residents (see Table 11).

For other friends, residence life staff were responsible for breaking the news of suicide at one institution. One respondent reported that this was the responsibility of the Dean of Students and one reported that the counseling center staff were responsible. None of the respondents felt that someone else ought to be responsible for breaking the news of the suicide to other friends of the victim (see Table 11).

The following persons were reported as currently responsible for informing classmates of the suicide: instructors at one institution and the counseling center staff at one institution. One respondent proposed that besides the person currently responsible, the Dean of Students ought to be responsible for breaking the news of the suicide to classmates and one felt that it ought to also be the responsibility of the faculty, with backup support from the counseling center staff (see Table 11).

For faculty/staff, the following persons were currently responsible for breaking the news of the suicide: the Dean of Students at two institutions; the administration at one institution; and the counseling center staff at one institution. One respondent felt that besides the person currently responsible, the Dean of Students ought to be responsible for informing faculty/staff of the suicide and one respondent felt that there ought to also be personal contact by the Dean of Students and the counseling center staff (see Table 11).

Finally, at two institutions the student newspaper was reported as being responsible for informing the student body of the suicide. The Dean of Students was responsible for this service at one institution and the counseling center staff at one institution. One respondent felt that besides the person currently responsible, the Dean of Students ought to be responsible for breaking the news of the suicide to the student body (see Table 11).

Arranging Transportation to the Funeral

Respondents indicated differences in which persons were currently responsible for arranging transportation to the funeral for the campus community depending upon the group to be offered this service. They also had different views of whom they proposed to be responsible for arranging transportation to the funeral (see Table 12).

An assistant to the Assistant Chancellor was responsible for arranging transportation to the funeral for parents/family members at one institution. At one institution this was the responsibility of the Dean of Students; and at one, security. One respondent felt that besides the person currently responsible, the housing staff ought to be responsible for arranging transportation to the funeral for the parents/family members of the victim (see Table 12).

At one institution an assistant to the Assistant Chancellor was responsible for arranging transportation to the funeral for roommates/other hall residents. At one institution this was the responsibility of the residence hall staff and security's responsibility at another institution. One respondent proposed that besides the person currently responsible, the housing staff ought to be responsible for arranging transportation to the funeral for roommates/other hall residents (see Table 12).

Table 12

Current and Proposed Staff Assignment for Arranging Transportation to the Funeral by Type of Institution

	Type of Institution							
	4-Year Current		Proposed		2-Year Current		Proposed	
Number Responding	8 (72.7%)		2 (18.1%)		2 (18.1%)		1 (9.0%)	
Recipient	Title	N	Title	N	Title	N	Title	N
Parents/Family Members	Assistant to Assistant Chancellor	1	Housing Staff	1				
	Dean of Students	1						
	Security	1						
Roommates/Other Hall Residents	Assistant to Assistant Chancellor	1	Housing Staff	1				
	Residence Hall Staff	1						
	Security	1						
Other Friends	Assistant to Assistant Chancellor	1						
	Dean of Students	1						
	Security	1						

Table 12 (Cont.)

Current and Proposed Staff Assignment for Arranging Transportation to the Funeral by Type of Institution

	Type of Institution					
	4-Year Current	Proposed	2-Year Current	Proposed		
Number Responding	8 (72.7%)	2 (18.1%)	2 (18.1%)	1 (9.0%)		
Recipient	Title	N	Title	N	Title	N
Classmates	Assistant to Assistant Chancellor	1				
	Dean of Students	1				
	Security	1				
Faculty/Staff	Assistant to Assistant Chancellor	1				
	Security	1				
Student Body	Security	1				

The following persons were reported as currently responsible for arranging transportation to the funeral for other friends: an assistant to the Assistant Chancellor at one institution, the Dean of Students at one institution, and security at one institution. None of the respondents felt that someone else ought to be responsible for arranging transportation to the funeral for other friends of the victim (see Table 12).

For classmates, an assistant to the Assistant Chancellor was responsible for arranging transportation to the funeral at one institution. One respondent reported that this was the responsibility of the Dean of Students and one reported that security was responsible. None of the respondents proposed that someone else ought to be responsible for arranging transportation to the funeral for the classmates of the victim (see Table 12).

At one institution an assistant to the Assistant Chancellor was reported as being responsible for arranging transportation to the funeral for faculty/staff. Security was responsible at another institution. None of the respondents felt that someone else ought to be responsible for arranging transportation to the funeral for the faculty/staff (see Table 12).

Finally, security was responsible for arranging transportation to the funeral for the student body at one institution. None of the respondents proposed that someone else ought to be responsible for arranging transportation to the funeral for the student body (see Table 12).

Providing Crisis Intervention

Respondents indicated differences in which persons were currently responsible for providing crisis intervention to the campus community depending upon the group to be offered this service. They also had

different views of whom they proposed to be responsible for providing crisis intervention (see Table 13).

For parents/family members, counseling center staff were responsible for providing crisis intervention at six institutions. Two respondents reported that this was the responsibility of the local mental health center, two reported that the Dean of Students was responsible, the Director of Residence Life at one institution, and the Hall Directors at one institution. One of the respondents felt that besides the person currently responsible, the counseling center staff together with the residence life staff ought to be responsible for providing crisis intervention to the parents/family members of the victim (see Table 13).

At seven institutions the counseling center staff were reported as being responsible for providing crisis intervention to roommates/other hall residents. The residence life staff were responsible for this service at two institutions, the residence hall staff at one institution, the Dean of Students at one institution, and the local mental health center at one institution. One of the respondents proposed that besides the person currently responsible, the counseling center staff together with the residence life staff ought to be responsible for providing crisis intervention to the roommates/other hall residents (see Table 13).

The counseling center staff were responsible for providing crisis intervention to other friends at six institutions. This service was provided by the Dean of Students at one institution, the local mental health center at one institution, and the residence life staff at one institution. One of the respondents felt that besides the person currently responsible, the counseling center staff together with the residence life staff ought to be responsible for providing crisis intervention to other friends of the victim (see Table 13).

Table 13

Current and Proposed Staff Assignment for Providing Crisis Intervention by Type of Institution

	Type of Institution							
	4-Year Current	Proposed	2-Year Current	Proposed				
Number Responding	8 (72.7%)	2 (18.1%)	2 (18.1%)	1 (9.0%)				
Recipient	Title	N	Title	N	Title	N		
Parents/Family Members	Counseling Center Staff	6	Counseling Staff with Residence Life Staff	1	Director of Student Services	1	Director of Student Services	1
	Local Mental Health	2						
	Dean of Students	2						
	Director of Residence Life	1						
	Hall Directors	1						
Roommates/Other Hall Residents	Counseling Center Staff	7	Counseling Staff with Residence Life	1				
	Residence Life Staff	2						
	Residence Hall Staff	1						
	Dean of Students	1						
	Local Mental Health	1						

Table 13 (Cont.)

Current and Proposed Staff Assignment for Providing Crisis Intervention by Type of Institution

	Type of Institution			
	4-Year Current	Proposed	2-Year Current	Proposed
Number Responding	8 (72.7%)	2 (18.1%)	2 (18.1%)	1 (9.0%)
Recipient	Title	N Title	N Title	N Title
Other Friends	Counseling Center Staff	6 Counseling Staff with Residence Life	1	1 Director of Student Services
	Dean of Students	1		
	Local Mental Health	1		
	Residence Life Staff	1		
Classmates	Counseling Center Staff	6 Counseling Staff with Residence Life	1 Student Services Counselors	1 Director of Student Services
	Faculty	2	1 Skills Center Counselors	
	Dean of Students	1		
	Local Mental Health	1		

Table 13 (Cont.)

Current and Proposed Staff Assignment for Providing Crisis Intervention by Type of Institution

	Type of Institution					
	4-Year Current	Proposed	2-Year Current	Proposed		
Number Responding	8 (72.7%)	2 (18.1%)	2 (18.1%)	1 (9.0%)		
Recipient	Title	N Title	N Title	N Title		
Faculty/Staff	Counseling Center Staff	7	Counseling Staff with Residence Life	1	Director of Student Services	1
	Dean of Students	2				
	Supervisors	1				
Student Body	Counseling Center Staff	5	Counseling Staff with Residence Life	1	Student Services Counselors	1
	Dean of Students	1			Skills Center Counselors	1
					Director of Student Services	1

For classmates, the following persons were currently responsible for providing crisis intervention: the counseling center staff at six institutions, the faculty at two institutions, the Dean of Students at one institution, and the local mental health center at one institution. One of the respondents felt that besides the person currently responsible, the counseling center staff together with the residence life staff ought to be responsible for providing crisis intervention to the classmates of the victim (see Table 13).

At seven institutions the counseling center staff were responsible for providing crisis intervention to faculty/staff. At two institutions this was the responsibility of the Dean of Students and the responsibility of the supervisors of the faculty/staff at one institution. One of the respondents proposed that besides the person currently responsible, the counseling center staff together with the residence life staff ought to be responsible for providing crisis intervention to faculty/staff (see Table 13).

Finally, the following persons were reported as currently responsible for providing crisis intervention to the student body: the counseling center staff at five institutions and the Dean of Students at one institution. One of the respondents proposed that besides the person currently responsible, the counseling center staff together with the residence life staff ought to be responsible for providing crisis intervention to the student body (see Table 13).

Providing Follow-Up Counseling

For providing follow-up counseling to the campus community, respondents indicated differences in which persons were currently responsible depending upon the group to be offered this service. They also

had different views of whom they proposed to be responsible for providing follow-up counseling (see Table 14).

The following persons were reported as currently responsible for providing follow-up counseling to parents/family members: the counseling center staff at five institutions, the local mental health center at three institutions, and the Dean of Students at one institution. One of the respondents felt that besides the person currently responsible, the counseling center staff ought to be responsible for providing follow-up counseling to the parents/family members of the victim (see Table 14).

For roommates/other hall residents, the following persons were currently responsible for providing follow-up counseling: the counseling center staff at eight institutions, the Dean of Students at one institution, and the local mental health center at one institution. One of the respondents proposed that besides the person currently responsible, the counseling center staff ought to be responsible for providing follow-up counseling to the roommates/other hall residents (see Table 14).

At eight institutions the counseling center staff were responsible for providing follow-up counseling to other friends. At one institution this was the responsibility of the local mental health center. One of the respondents felt that besides the person currently responsible, the counseling center staff ought to be responsible for providing follow-up counseling to the other friends of the victim (see Table 14).

At eight institutions the counseling center staff were reported as being responsible for providing follow-up counseling to classmates. The local mental health center was responsible for this service at one institution. One of the respondents proposed that besides the person currently responsible, the counseling center staff ought to be responsible

Table 14

Current and Proposed Staff Assignment for Providing Follow-Up Counseling by Type of Institution

	Type of Institution							
	4-Year				2-Year			
	Current		Proposed		Current		Proposed	
Number Responding	8 (72.7%)		2 (18.1%)		2 (18.1%)		1 (9.0%)	
Recipient	Title	N	Title	N	Title	N	Title	N
Parents/Family Members	Counseling Center Staff	5	Counseling Center Staff	1			Director of Student Services	1
	Local Mental Health	3						
	Dean of Students	1						
Roommates/Other Hall Residents	Counseling Center Staff	8	Counseling Center Staff	1				
	Dean of Students	1						
	Local Mental Health	1						
Other Friends	Counseling Center Staff	8	Counseling Center Staff	1			Director of Student Services	1
	Local Mental Health	1						

Table 14 (Cont.)

Current and Proposed Staff Assignment for Providing Follow-Up Counseling by Type of Institution

	Type of Institution							
	4-Year				2-Year			
	Current		Proposed		Current		Proposed	
Number Responding	8 (72.7%)		2 (18.1%)		2 (18.1%)		1 (9.0%)	
Recipient	Title	N	Title	N	Title	N	Title	N
Classmates	Counseling Center Staff	8	Counseling Center Staff	1	Student Services Counselors	1	Director of Student Services	1
	Local Mental Health	1			Skills Center Counselors	1		
Faculty/Staff	Counseling Center Staff	8	Counseling Center Staff	1			Director of Student Services	1
	Dean of Students	1						
	Local Mental Health	1						
Student Body	Counseling Center Staff	8	Counseling Center Staff	1	Student Services Counselors	1	Director of Student Services	1
					Skills Center Counselors	1		

for providing follow-up counseling to the classmates of the victim (see Table 14).

The counseling center staff were responsible for providing follow-up counseling to faculty/staff at eight institutions. The Dean of Students was responsible at one institution; and at one, it was the responsibility of the local mental health center. One of the respondents felt that besides the person currently responsible, the counseling center staff ought to be responsible for providing follow-up counseling to the faculty/staff (see Table 14).

Finally, for the student body, the counseling center staff were currently responsible at eight institutions. One of the respondents proposed that the counseling center staff ought to be responsible for providing follow-up counseling to the student body (see Table 14).

One of the respondents from the four-year institutions provided information regarding another service that they felt ought to be provided and the titles of the persons they proposed to be responsible for providing the service to each of the groups listed. This list can be found in Appendix D.

Current and Proposed Responsibility for Postvention at 2-Year Institutions

Only 18.1% (2) of the two-year institutions responded to item 13 which requested that the respondent fill in the title of the person who was currently responsible for providing each service listed. Only one (9%) of the two-year institutions responded to item 14 which requested that the respondent propose the title of the person they felt ought to be responsible for providing each service listed (see Tables 11-14).

Breaking the News of Suicide

Respondents indicated differences in which persons were currently responsible for informing the campus community of the suicide depending upon the group to be offered this service. One also had different views of whom they proposed to be responsible for breaking the news of suicide (see Table 11).

For parents/family members, the following persons were currently responsible for breaking the news of the suicide: the Dean at two of the institutions and the Director of Student Services at one institution. One respondent proposed that besides the person currently responsible, the Dean ought to be responsible for breaking the news of the suicide to the parents/family members of the victim (see Table 11).

None of the respondents supplied information about whom was currently responsible for breaking the news of the suicide to roommates/other hall residents and to other friends. One respondent proposed that the Director of Student Services ought to be responsible for breaking the news of the suicide to other friends of the victim (see Table 11).

For the survey item: Breaking the news of the suicide to classmates, none of the respondents supplied information about whom was currently responsible for this service. One respondent proposed that the Dean ought to be responsible for breaking the news of the suicide to the classmates of the victim (see Table 11).

At two institutions the Dean was the one responsible for breaking the news of suicide to faculty/staff. At one institution this was the responsibility of the Director of Student Services. One respondent felt that besides the person currently responsible, the Dean ought to be responsible for breaking the news of the suicide to faculty/staff (see Table 11).

Finally, the Dean was currently responsible for breaking the news of the suicide to the student body at two institutions. One other respondent proposed that the Dean ought to be responsible for breaking the news of the suicide to the student body (see Table 11).

Arranging Transportation to the Funeral

None of the respondents supplied information to the survey items which requested titles of the persons whom were currently responsible for arranging transportation to the funeral for each of the groups listed. Also, none of the respondents supplied information to the survey items which requested titles of the persons the respondent proposed to be responsible for arranging transportation to the funeral for each of the groups listed (see Table 12).

Providing Crisis Intervention

For providing crisis intervention to the campus community, respondents indicated differences in which persons were currently responsible depending upon the group to be offered this service. They also had different views of whom they proposed to be responsible for providing crisis intervention (see Table 13).

At one institution the Director of Student Services was reported as currently responsible for providing crisis intervention to parents/family members. One other respondent proposed that the Director of Student Services ought to be responsible for providing crisis intervention to the parents/family members of the victim (see Table 13).

None of the respondents supplied information about whom was currently responsible for providing crisis intervention to roommates/other hall residents and other friends. One respondent proposed that the Director of Student Services ought to be responsible for providing crisis intervention to other friends of the victim (see Table 13).

The student services counselors were responsible for providing crisis intervention to classmates at one institution. And at one institution this was the responsibility of the skills center counselors. One respondent proposed that the Director of Student Services ought to be responsible for providing crisis intervention to the classmates of the victim (see Table 13).

None of the respondents supplied information about whom was currently responsible for providing this service to faculty/staff, although one respondent proposed that the Director of Student Services ought to be responsible for providing crisis intervention to the faculty/staff (see Table 13).

Finally, for the student body, the following persons were currently responsible for providing crisis intervention: the student services counselors at one institution, the skills center counselors at one institution, and the Director of Student Services at one institution. One respondent proposed that the Director of Student Services ought to be responsible for providing crisis intervention to the student body (see Table 13).

Providing Follow-Up Counseling

Respondents indicated differences in which persons were currently responsible for providing follow-up counseling depending upon the group to be offered this service. They also had different views of whom they proposed to be responsible for providing follow-up counseling (see Table 14).

None of the respondents supplied information about whom was currently responsible for providing follow-up counseling to parents/family members, but one respondent proposed that this service ought to be the responsibility of the Director of Student Services (see Table 14).

None of the respondents supplied information about whom was currently responsible for providing follow-up counseling to roommates/other hall residents and to other friends. One respondent proposed that the Director of Student Services ought to be responsible for providing follow-up counseling to the other friends of the victim (see Table 14).

At one institution the student services counselors were responsible for providing follow-up counseling to classmates. And at one institution this was the responsibility of the skills center counselors. One respondent proposed that the Director of Student Services ought to be responsible for providing follow-up counseling to the classmates of the victim (see Table 14).

None of the respondents supplied information about whom was currently responsible for providing follow-up counseling to the faculty/staff. One respondent proposed that the Director of Student Services ought to be responsible for providing follow-up counseling to the faculty/staff (see Table 14).

Finally, at one institution the student services counselors were responsible for providing follow-up counseling to the student body. At one of the institutions this was the responsibility of the skills center counselors. One respondent proposed that the Director of Student Services ought to be responsible for providing follow-up counseling to the student body (see Table 14).

Discussion

This study identified the incidence of completed suicides and the extent to which institutions within the University of Wisconsin System were responding to the needs of suicide survivors on their campuses.

In August, 1986 a paper entitled, "College Student Suicide: A Demographic Profile" was presented at the American Psychological Association Convention in Washington, D. C. At that presentation, Judy Beffai reported on a five year study which had been conducted by the Big Ten universities from 1981-85. She reported that there were 77 completed suicides among students enrolled in the Big Ten universities from 1981-85. This amounted to 6.1 suicides per 100,000 students over the five year period (P. Joffe, personal communication, July 13, 1987). During this same time period (1981-85) there were an average of 128,138 students enrolled each year in the 22 institutions which responded to the survey. Among these institutions, there were an average of seven suicides each year from 1981-82 through 1985-86 (see Table 4).

The incidence of completed suicide among students enrolled in the University of Wisconsin System appears to be slightly below that of Big Ten universities. The fact that suicide remains a taboo subject, could have been reflected in the reporting of completed suicides within the University of Wisconsin System. Many people are unwilling to label an unexpected death as a suicide unless there is evidence to prove otherwise. Also, the fact that four of the institutions did not respond to the survey could account for this difference.

The results of this study showed that the total student enrollment in the University of Wisconsin System has increased slightly each year from 1981-82 through 1985-86. The incidence of completed suicide has fluctuated from year to year, but there were no drastic changes. Therefore, it appears that the University of Wisconsin System can expect to average at least 5.4 completed suicides per 100,000 student enrolled each year (see Table 4).

It was interesting to note that the two-year campuses have had an average of 11.4 completed suicides per 100,000 students enrolled while at the four-year institutions the average was 5.0 completed suicides per 100,000 students enrolled. Perhaps the seemingly higher rate of suicide among students at the two-year center campuses was reflective of the type of person attracted to the smaller campuses. Or, perhaps the calculations were inaccurate because of the smaller total number of students enrolled in the two-year center. The apparent differences in the completed suicide rate among the students enrolled in the two-year and the four-year institutions within the University of Wisconsin System should be explored further.

None of the respondents from two-year institutions reported requests for support services from survivors of suicide (see Table 6). This may have been due to several factors. First of all, none of the two-year institutions have an established counseling center. Secondly, only one of the two-year institutions offered on-campus housing. It is likely that students who attended the two-year centers were commuter students who would come to campus for classes and then go home again. Therefore, the student's support system was probably somewhere away from campus. Finally, because of some of the differences in organization between two-year and four-year institutions (i.e. student services vs. counseling centers) there were probably differences in the students' expectations of the role of the university.

Eight of the four-year institutions reported that there had been requests for support services (see Table 6). Many students who attended the four-year institutions were probably living away from home and therefore, expected to find support from the institution when faced with suicide.

While the actual incidence of completed suicide on campuses within the University of Wisconsin System may have been low, the requests for support services appeared high. This may have indicated that while students may not have been facing suicide on campus, they were having to cope with the fact that someone they knew completed suicide. One hundred percent of the institutions which reported requests for support services indicated that these requests had come from classmates/friends of the suicide victim (see Table 7). Therefore, it seems clear that institutions must be prepared to deal with the issue of survivorship, even if completed suicides have not occurred on their campus.

The results of this study showed that none of the two-year campuses and only two (18.1%) of the four-year campuses had written policy/procedure statements for handling suicide on campus. Five (45.4%) of the four-year schools and one (9%) of the two-year schools reported having some unwritten procedure which they have used in the past (see Table 8). There seemed to be no assigned roles, although it appeared from the results that at most institutions in the University of Wisconsin System, the Dean of Students or the Campus Dean was the person who had primary responsibility for coordinating the steps involved in managing student suicide (see Tables 11-14).

A review of the literature indicated that several researchers (Butler & Statz, 1986; Crafts, 1985; Siegel, 1985; Zinner, 1985) felt that responsibility for managing student death should be centralized and that student affairs personnel are in a good position to provide this service to the university community. The researchers felt that student affairs personnel must take an active role in developing policies and assigning roles to effectively handle student death and suicide.

There may be many reasons why the two-year campuses had no clearly defined policies for managing suicide. One of them may have been the fact that only one of the two-year campuses provided any on-campus housing (see Table 2). There may have been the assumption that since most of the institutions did not provide housing for students, they also would not be faced with the problem of student suicide. Also, they may have felt that a local mental health center would be better equipped to deal with such crisis situations since they did not have their own counseling center on campus. Finally, one respondent expressed frustration at the lack of financial support for providing such services. Budget cuts limited the number of staff available and the amount of time staff had for providing counseling services and educational programming which could help to alleviate the need for postvention services.

Since the two-year campuses were primarily commuter schools the role of student services personnel may have been more academically oriented. They generally provided services such as tutoring and academic counseling, rather than personal counseling. This may explain the lack of funding and support for student services.

Among the four-year institutions, the lack of written policies for managing student suicide may have been indicative of several factors. One of these may have been the fact that the incidence of completed suicide had been low or nonexistent on several campuses. Also, several respondents indicated that each student suicide was different. Different groups of people were involved which required different coping strategies. Therefore, it may have been difficult to develop a single, written policy statement which would have taken all of these variables into account.

Since most of the respondents reported that there was not any one person responsible for managing student suicide, there may have been the assumption that "someone else" was responsible for determining institutional policy. If the recommendations reported in the review of literature are beneficial, then it seems clear that the first step for individual institutions would be to appoint a coordinator to develop and manage institutional policies for coping with completed student suicide.

Eight (72.7%) of the four-year institutions and two (18.1%) of the two-year institutions did provide some postvention services. These included: breaking the news of suicide; arranging transportation to the funeral; and providing crisis intervention and follow-up counseling to parents/ family members, roommates and hall residents, friends, classmates, faculty and staff, or the student body (see Tables 11-14). More than half of the respondents also indicated that there was a death support group available either in the community or on campus (see Table 9). However, once again there seemed to be no clearly assigned tasks. In most cases the Dean of Students, Campus Dean, counseling center staff, student services staff and residence life personnel appeared to be the primary helpers. These roles varied from campus to campus, and in the words of one respondent, "vary each time death occurs."

Again, several researchers (Bernard & Bernard, 1985; Corazzini & May, 1985; Stephenson, 1985) felt that institutions should have procedures in place for notifying appropriate personnel and the victim's family. They also pointed out the importance of providing opportunities for accurate information to be given out, and public gatherings or ceremonies for the survivors to vent their feelings and renew their sense of community. These helping activities should be available to all members of the campus community.

While many of the respondents indicated that there was no "chain of command," it seemed clear from the results that they were sensitive to the needs of survivors on their campuses and they have made attempts to provide services which are requested. Of the 22 respondents, five (all from four-year institutions) included details of the plan of action their institution has used when responding to student death. One of the respondents included a 15-step checklist which is used on that campus (see Appendix E). This checklist included many of the items suggested by Crafts (1985) such as: notifying the family directly, contacting the family a second time that day or the following day, attendance at the wake/funeral if it is held in the area, sending a letter of sympathy and arranging an appropriate refund of fees.

Another respondent indicated that they put the names of survivors in an "alert" file. Survivors were contacted and counseling assistance was offered. Staff attempted to remain sensitive to potential need.

The Dean of Students office was the first one notified at another institution. They then took the initiative with the family and offered university services for support, offered help in dealing with the "university bureaucracy" and responded to the news media.

When a suicide occurred in a residence hall on another campus, the residence hall staff first notified the Director of Residence Life who then notified security police, the counseling center and the Dean of Students. The Dean of Students notified the Chancellor while the counseling center staff responded to the needs of the residence life staff, floor residents and family/friends. In the case of a second suicide at this institution (this time off-campus) the counseling center staff also responded to the needs of roommates, boyfriend, family and faculty.

Finally, one respondent indicated that the institution took the position of not publicizing suicide. When suicide occurred they worked directly with those involved providing accurate information, appropriate support and counseling. The respondent also indicated that they have done a considerable amount of prevention and educational programming on the issue of suicide.

It appeared from the results of this study that many of the institutions within the University of Wisconsin System did not have clearly defined procedures for managing student suicide. Most of the institutions appeared to be reactive towards completed suicides on their campuses. Few appeared to have taken proactive measures such as developing a checklist for managing student suicide like that outlined by Crafts (1985).

Limitations

This study may have been limited by several factors:

1. Even though the response rate was high (81.4%) the response rate to individual items on the survey was inconsistent.
2. Certain items (i.e. items 13 and 14) on the survey may have been left blank or incomplete because they may have required considerable time to complete and the wording may have been confusing.
3. Student suicide is a sensitive subject and confidential in nature, and therefore, respondents may have been reluctant to provide the information requested.
4. Because the survey was developed for the present study the validity of the survey instrument is unknown.
5. Only institutions within the University of Wisconsin System were asked to complete the survey. Therefore, it is not

possible to generalize the results of the study beyond the University of Wisconsin System.

Recommendations

The recommendations consist of two categories: recommendations for institutions within the University of Wisconsin System; and recommendations for further study.

1. It is recommended that institutions within the University of Wisconsin System develop and maintain written guidelines for managing student suicide.
2. It is recommended that institutions appoint a coordinator to be responsible for implementing the written guidelines when faced with student suicide.
3. It is recommended that institutions provide training for residence life and other student affairs staff about implementing the written guidelines in case of student suicide.
4. It is recommended that the survey instrument be revised. Perhaps using a survey format which only required the respondent to check-off applicable items would provide more consistent results and would be less time consuming to complete.
5. It is recommended that the study be replicated and that Directors of Residence Life/Housing, Deans of Students and Campus Deans be surveyed in addition to Directors of Counseling Centers and Student Services Directors.

6. It is recommended that a study be conducted to determine what kind of educational programming is being done which may address the needs of survivors of suicide.
7. It is recommended that a study be conducted to determine if there is a difference in the rate of completed suicides between the two-year and the four-year institutions in the University of Wisconsin System.

CHAPTER IV

SUMMARY

Suicide has become the second-leading cause of death among 15- to 24-year-olds (Wellman, 1984). Most of the completed suicides in this age group were committed by college students. Furthermore, the incidence of suicide in this age group is increasing (Minear & Brush, 1980-81).

The completed suicide of a student has a ripple effect across campus. Survivors (faculty, staff, administration, classmates, roommates, family and students on or off campus) experience many emotions including shock, curiosity, guilt and anger. "The person who commits suicide puts his (her) psychological skeleton in the survivor's emotional closet" (Shneidman, 1969, p. 22). Student services personnel must be prepared to respond as effectively as possible to student suicide.

Shneidman (1969) coined the term "postvention." Smith (1976) defined postvention as, ". . . a program that attempts to prevent further suicides by dealing with the effects on survivors: family, friends and classmates" (p. 541). Stephenson (1985) made suggestions for student affairs personnel in regards to postvention which included: providing grief process training for resident assistant staff; having students and staff provide support to those who are grieving; creating grief support groups; and increasing faculty and staff awareness about the needs of student survivors. Crafts (1985) developed a checklist for student services personnel to use when faced with any student death. He included such items as: personally contacting the student's family, providing the family with assistance in

making travel arrangements, managing the news media, notifying appropriate campus personnel and survivors, and providing support services for survivors.

This study identified the incidence of completed student suicide and the extent to which institutions within the University of Wisconsin System were responding to the needs of suicide survivors on their campuses. The 27 institutions which comprise the University of Wisconsin System were surveyed. Counseling Center Directors at the four-year campuses and Student Services Directors at the two-year center campuses and the University of Wisconsin-Extension were asked to complete the survey. Responses were received from 22 of the institutions. Because of the differences in staffing and services provided, responses were reported separately for the four-year campuses and the two-year campuses.

Four (36.3%) of the two-year institutions and seven (63.6%) of the four-year institutions reported that there had been completed suicides among their student populations in the last five academic years. There were a total of 35 completed suicides during this time period among institutions in the University of Wisconsin System. None of the two-year institutions and eight (72.7%) of the four-year institutions had requests for support services following any completed suicide. None of the two-year campuses and only two of the four-year campuses had written policy/procedure statements for managing student suicide.

Respondents were asked to submit the titles of persons currently responsible and those they proposed to be responsible for providing each of four services to six different potential survivor groups. The four services were: breaking the news of the suicide, arranging transportation to the funeral, providing crisis intervention, and providing follow-up

counseling. The six groups of potential survivors were: parents/family members, roommates/other hall residents, other friends, classmates, faculty/staff, and the student body. It appeared from the results, that in most cases the Dean of Students, Campus Dean, counseling center staff, student services staff and residence life personnel were the primary helpers when a completed suicide occurred. On most of the four-year campuses the Dean of Students appeared to be the person with primary responsibility for managing student death. On the two-year campuses this appeared to be the responsibility of the Campus Dean. However, none of the campuses appeared to have this task clearly assigned to one individual or office.

It was recommended that institutions within the University of Wisconsin System develop written procedures for managing student death and that a coordinator be appointed on each campus to implement these procedures. It was also recommended that further study be done.

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SUICIDE SURVIVORS SURVEY

If you are unable to complete this survey, please forward to someone else on your campus who would be able to complete it. THANK YOU!

1. Position/title of person filling out survey: _____
2. Name of institution: _____
3. Number of students living in campus-owned housing: _____
4. Have there been any completed suicides among your student body in the last five years?
 yes no don't know

If you answered "no" please skip questions 5 & 6. Questions 7 & 8 may apply, since there may be requests for support services related to the suicide of a nonstudent.

5. How many completed suicides were there among your student body for each year?

1985-86 _____	1983-84 _____	1981-82 _____
1984-85 _____	1982-83 _____	
6. Of the completed suicides indicated above, how many of them involved students living in residence halls?

1985-86 _____	1983-84 _____	1981-82 _____
1984-85 _____	1982-83 _____	
7. Have you had requests for support services following any suicide?
 yes no don't know
8. Who has requested the services? Please check all that apply.
 Classmates/friends
 Housing staff
 Other faculty/staff
 Student organizations
 Parents/family members
 Other (Please list) _____
9. Does your institution have a written policy/procedure for handling suicide on campus?
 yes no don't know
10. If you don't have written policy/procedures, do you have some established policy/procedure that you follow?
 yes no don't know

If you answered "yes" to question 9 or 10, would you please send a copy with your completed survey or write the details on the back of this page.

11. Is there a support group available on your campus or in your community for survivors of suicide?

CAMPUS

 yes no don't know

COMMUNITY

 yes no don't know

12. Do you feel there is a need for such a group?
- yes no don't know

13. On the grid below, please indicate which services are available on your campus for each group of survivors by writing in the complete title of the person (or persons) responsible for providing the service. (i.e.: "Dean of Students" rather than "Dean", etc.)

	Breaking News of Suicide	Arrange Transportation to Funeral	Crisis Intervention	Follow-up Counseling	Other Services
Parents/ Family Members					
Roommates/ Other hall residents					
Other Friends					
Classmates					
Faculty/ Staff					
Student Body					
Other _____					

14. In addition to what's already provided, what other services do you believe should be provided on your campus to each group of survivors? Please indicate by titles again on the grid below.

	Breaking News of Suicide	Arrange Transportation to Funeral	Crisis Intervention	Follow-up Counseling	Other Services
Parents/ Family Members					
Roommates/ Other hall residents					
Other Friends					
Classmates					
Faculty/ Staff					
Student Body					
Other _____					

15. Do you have any additional comments or suggestions?

Thank you for your cooperation in completing this survey. Please return this survey along with any additional materials in the envelope provided by: April 13, 1987. We would appreciate any other feedback you may have regarding this study.



University of Wisconsin-La Crosse

Counseling and Testing Center (608) 785-8073
Room 112 Wilder Hall

March 25, 1987

Dear :

As you know, the incidence of suicide among college students appears to be on the increase. We are requesting your help in gathering information regarding the needs of survivors of suicide. Survivors have been defined by John S. Stephenson as "people who were in some form of relationship with the deceased."

This study is being conducted as part of the thesis requirements for a master's degree in College Student Personnel. The purpose of the study is to survey how campuses in the University of Wisconsin System are responding to completed suicides among their students; and more specifically, how they are responding to the needs of those left behind: classmates, faculty, staff, etc.

All individual responses will be kept confidential. The results of this survey will be used to develop a model which could be used to identify those in need of support services and the kinds of services most requested.

Thank you for taking your time to respond to this study. We welcome any additional comments you may have regarding this study. Completed results will be made available upon request.

Sincerely yours,

Linda K. Gleason
Graduate Student

Ron May, Ph.D.
Director, Counseling and Testing Center

LG:RM:sn
encl.

La Crosse, Wisconsin 54601

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University of Wisconsin-La Crosse

Counseling and Testing Center, Room 112 Wilder Hall (608) 785-8073

May 13, 1987

Dear

Six weeks ago you were sent a survey which addressed the needs of survivors of suicide on your campus. As of this date we have not received your completed survey in the mail. It is important that we receive data from as many campuses as possible, in order to obtain the most accurate results. Enclosed is a copy of the survey along with a return envelope for your convenience. Please return the survey by May 22, 1987.

We realize that this is a busy time for you, and your cooperation in the completion of this project is appreciated.

Thank you for taking the time to respond to this study. We welcome any additional comments you may have regarding this study. Completed results will be made available upon request.

Sincerely,

Linda K. Gleason
Graduate Student

Ron May, Ph.D.
Director, Counseling and Testing Center

encl.

Appendix D

Service Proposed: Prevention/Education

Group to Receive Service	Personnel Proposed to Provide Service
Parents/Family Members	Counseling Center Staff Residence Life Staff Faculty
Roommates/Other Hall Residents	Counseling Center Staff Residence Life Staff Faculty
Other Friends	Counseling Center Staff Residence Life Staff Faculty
Classmates	Counseling Center Staff Residence Life Staff Faculty
Faculty/Staff	Counseling Center Staff Local Mental Health
Student Body	Counseling Center Staff Faculty Local Mental Health

UNIVERSITY OF WISCONSIN-SUPERIOR

Superior, Wisconsin

PROCEDURES ON DEATH OR SERIOUS INJURY OF A STUDENT WHILE ON CAMPUS

Office of Student Services

1. The witness/discoverer calls 911 and then informs University Police, who go to the scene.
(911 is especially important if injury or death not presumed accidental)
2. University Police informs the Assistant Chancellor (in his/her absence, the Vice Chancellor).
3. The Assistant Chancellor informs the Vice Chancellor and confirms that the department head in the area in which the event occurred (e.g. Housing) has been informed.
4. The Vice Chancellor, or Assistant Chancellor in his/her absence, goes to the scene of the incident, as does the department head.
5. The Vice Chancellor, or Assistant Chancellor, will inform the Chancellor of the incident after arriving at the scene.
6. The University Police are in charge at the scene of the incident, subject to appropriate consultation with the director and with the Vice Chancellor or Assistant Chancellor and with the City of Superior Police Department in the case of a suspected murder.
7. The family of the student is informed of the incident by University Police or by the medical examiner/coroner or by the Vice Chancellor.
8. The University Police are responsible for media responses at the time of the incident, confirming information (e.g. time, place) already in their possession.
9. The director of the department in which the incident occurred is the media contact following the incident. Communications from TV stations and print media are referred to that director. In the event that the director is required elsewhere, the Vice Chancellor or Assistant Chancellor will serve as the media contact at the scene and during the follow-up.
10. The department director will contact the family later the same day or the following day to express condolences on behalf of the University and to offer assistance with any arrangements related to the University which must be accomplished.

11. The Vice Chancellor or the Assistant Chancellor will contact the family the following day for the same purposes. A draft of a letter of sympathy for the Chancellor's signature is prepared by the Vice Chancellor.
12. In the event of a death, the funeral and/or wake are attended by appropriate departmental representatives if it is held in the Superior area. Also, the Vice Chancellor and/or the Assistant Chancellor will attend if the student is known to either of them.
13. The Office of Registrar is informed in the event of a death and proceeds to make appropriate changes in University records and to arrange for an appropriate refund.
14. The department head has the responsibility for providing support and care to other students who are affected by the incident. For example, in a residence hall incident, meetings and other activities may need to be held to control rumors and to provide appropriate support for suite mates and other residents.
15. The department director and appropriate personnel within the department will meet with the Vice Chancellor and Assistant Chancellor within a reasonable period of time to review the incident and to discuss any improvements that might be required in the future.

* Policy modified from that of UW-Milwaukee, Division of Student Affairs.

Irene M Greene/Reilly O'Halloran
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