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RESEARCH ARTICLE

"It's like losing a family member": School counselors' experience with student suicide

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Abstract

Given the prevalence of suicide among school-aged children and youth, school counselors may experience a student death by suicide in their careers. Yet, there is little empirical research exploring the nuances and depth of school counselors' experiences with student suicide. In this study, the authors employed consensual qualitative research to explore the experience of 12 school counselors who encountered student death by suicide. Three domains emerged consisting of five general, four typical, and four variant categories highlighting school counselors' experiences learning about the student suicide, the long-term impact of the student death on school counselors' personal and professional lives, and their advice for school counselors who experience a student suicide at some point in their careers. Findings have implications for school counseling practice, counselor educators, and future research.

KEYWORDS

consensual qualitative research, school counseling, school crisis, student death by suicide

INTRODUCTION

Suicide among children and youth is an increasing concern in the United States. Suicide deaths are the second leading cause of death among youth ages 10–14 (Centers for Disease Control and Prevention, 2020) and the eighth leading cause of death among elementary children ages 5–11 (Ruch et al., 2021). Moreover, in a recent *Adolescent Behaviors and Experiences Survey* of students in grades 9 through 12 ($N = 7705$), 9% of students reported attempting suicide and 19.9% of students reported seriously considering suicide in the past 12 months (Rico et al., 2022). Considering the prevalence of suicide, it is likely school counselors will work with students experiencing suicidal ideations or actions (Gallo & Wachter Morris, 2022), and it is not uncommon for school counselors to encounter a student death by suicide at some point in their work. In a national survey of 607 school counselors, 79.8% of school counselors indicated they worked with a student who attempted suicide and over one third experienced a student death by suicide—reporting an average of 2.29 student suicide deaths over the course of their careers (Stickl Haugen et al., 2021). Despite the prevalence of youth suicide and school counselors' risk of exposure, there is limited research examining the unique and nuanced ways a student suicide may impact school counselors' personal and professional lives. Specifically, there is a need to enhance our understanding of the complexity of school counselors' experiences who have encountered a student who died by suicide to better understand the impact on their personal and professional lives as well as self-care strategies used to cope with the student's death. Therefore, the purpose of the present study was to provide an in-depth exploration of school counselors' experiences navigating the aftermath of a student suicide.

Impact of suicide on helping professionals

Numerous researchers have explored the impact of suicide on helping professionals such as psychologists, social workers, and clinical mental health counselors (e.g., Castelli Dransart et al., 2014; Gibbons et al., 2019; Jorgensen et al., 2021; McAdams & Foster, 2000; Sherba et al., 2019). According to these studies, a client's death by suicide has a significant

impact on practitioners' personal and professional lives. Through cross-sectional quantitative studies, scholars have identified various reactions to client suicide including sadness, anxiety, shock, shame, guilt, numbness, and anger (Finlayson & Graetz Simmonds, 2016; Gibbons et al., 2019; McAdams & Foster, 2000). Using a scale measuring traumatic impact, some practitioners self-reported trauma-related symptoms following a client's suicide such as intrusive thoughts, dreams or thoughts about the suicide, avoidance of situations or feelings, and hyperarousal (Castelli Dransart et al., 2014; Takahashi et al., 2011). Similarly, in a recent qualitative study of seven licensed professional counselors, participants reported experiencing both short- and long-term grief reactions to a client's suicide, with some individuals describing the trauma they experienced with this type of loss (Jorgensen et al., 2021). A client's death by suicide also impacts practitioners in their professional practice in terms of increased caution with clients at risk of suicide, self-doubt in their competence, reluctance to work with suicidal clients, fear of litigation, and increased attention to suicide risk signs (Finlayson & Graetz Simmons, 2016; Jorgensen et al., 2021; McAdams & Foster, 2000). Other practitioners may feel a sense of professional failure (Sanders et al., 2005), or consider a career change or early retirement (Gibbons et al., 2019; Sherba et al., 2019). Given the significant impact of a client's suicide on helping professionals' personal and professional functioning, scholars have also explored self-care strategies counselors use to manage the client's death. Many practitioners cope by relying on religious and/or spiritual beliefs, grief rituals, personal support systems, colleagues, professional counselors, and supervisors (Jorgensen et al., 2021; McAdams & Foster, 2002; Sherba et al., 2019). Despite the extant research, scholars have noted the ambiguous nature of losing a client by suicide and the complexity of the subsequent grief, thus there is still much that needs to be explored regarding counselors' experiences (Jorgensen et al., 2021).

School counselors and student death by suicide

While the extant literature provides an initial foundation to understand the substantial impact a client's suicide can have on helping professionals, few researchers have explored the impact of a student death by suicide on school counselors specifically. School counselors work with students on a daily basis in both individual and group settings supporting their social/emotional, academic, and career development (ASCA, 2019), as compared to other helping professionals who often provide therapy to individual clients on a weekly or biweekly basis. School counselors also play an integral role in intervening with students at risk of suicide since "issues related to suicide risk are an unavoidable part of being a school counselor" (Gallo & Wachter Morris, 2022, p. 2). Given the high risk of exposure and critical role that school counselors play in working with students at risk of suicide, between 28.3% and 36.7% of professional school counselors across samples have experienced a student death by suicide (Becnel et al., 2021; Stickl Haugen et al., 2021). Understanding the ways a student suicide may uniquely impact school counselors can support training, policy reform, and advocacy efforts to bolster supports for counselors following a student's death.

To date, there are only three studies that exclusively examined school counselors' experiences with a student death by suicide (i.e., Becnel et al., 2021; Christianson & Everall, 2008; Stickl Haugen et al., 2021). In their quantitative study including 223 counselors who experienced a student suicide, Stickl Haugen and colleagues (2021) used nonparametric statistics and found that school counselors experienced many of the same personal and professional impacts as other helping professionals, with slightly higher levels of impact. The most frequently reported way a student's death impacted school counselors' personal lives included low mood, a sense of guilt or responsibility, and preoccupation with the student's death. Additionally, some school counselors in this study reported various levels of trauma-related symptoms such as intrusive thoughts, avoidance of the incident, and hyperarousal. The most frequently reported impacts on school counselors' professional lives included increased awareness of student suicide risk, heightened caution, altering their response to suicidal students following the student's death, and seeking additional training on suicide (Stickl Haugen et al., 2021).

Stickl Haugen et al. (2021) also found that school counselors who experienced a student death by suicide reported higher levels of self-efficacy engaging in suicide assessment following the student's death compared to school counselors who had not been exposed to a student death by suicide; however, in another study, Becnel and colleagues (2021) did not find a statistically significant difference in suicide assessment self-efficacy when controlling for years of experience. Furthermore, Becnel et al. (2021) explored job-related anxiety between school counselors who had and had not been exposed to a student death by suicide but did not find a significant difference. Although these studies provide a foundation highlighting the ways a student suicide may impact school counselors, they were quantitative in nature. As a result, they may have missed important and empirically unexplored ways a student's death may impact a school counselor such as previously unidentified trauma-related symptoms, self-care strategies, or personal/professional functioning. As Stickl Haugen and colleagues (2021) noted, qualitative studies are needed to examine the richness of school counselors' experiences with student suicide to supplement a priori quantitative explorations.

To date, Christianson and Everall (2008) are the only scholars who have published a qualitative examination of school counselors' experiences with student death by suicide. Using a grounded theory approach, the researchers examined seven Canadian school counselors who experienced the death of a student by suicide. Their findings included the need for additional training in postvention, the desire for formal personal and emotional support, and the importance of self-care. Participants also described a variety of emotions, including the difficulty of navigating their grief alone. While this

study provides a qualitative examination of school counselors' experiences, the study is dated and contextualized to Canadian education systems. For example, their inclusion criteria indicated that participants "lost a personal, not academic, counselling client to suicide" (p. 212), which is contradictory to current models of school counseling practice in the United States where school counselors must support *all* students' academic, career, and social/emotional needs (ASCA, 2019). Therefore, there is a gap in the current literature related to the unique ways a student suicide may impact professional school counselors who serve students in U.S. school systems.

Purpose of the present study

There is a need to gain a deeper understanding of the complex ways a student's suicide may impact school counselors. Since suicide loss can have a significant impact on a counselor's identity and personal/professional functioning, further research on this topic is needed that may highlight valuable strategies to support and advocate for practitioners (Jorgensen et al., 2021). Systemic issues within the context of educational structures may prevent school counselors from receiving the support they need following a student's death. Therefore, enhancing our understanding of school counselors' experiences can highlight opportunities for policy reform and self-care strategies to support a counselor's mental health following a student suicide. Furthermore, considering the significant impact suicide can have on a counselor's professional practice (Dransart et al., 2017; Jorgensen et al., 2021; McAdams & Foster, 2000), it is important to understand if and how unresolved trauma resulting from student suicide may interfere with a school counselor's ability to serve their students.

The purpose of this study was to explore the perspectives of school counselors who have experienced a student death by suicide. We sought to add to the current literature by sampling professional school counselors in the United States, contributing more current research on this topic, and explore school counselors' experiences in more depth than existing research. This study aimed to answer the following research questions: (1) How do school counselors describe the impact of a student death by suicide on their personal lives and professional work? (2) What resources and supports do school counselors identify that help them cope with the student's death?

METHOD

We utilized consensual qualitative research (CQR; Hill, 2012) to investigate school counselors' experiences with student death by suicide. The primarily constructivist underpinnings of CQR (e.g., there are multiple equally valid versions of the truth, recognizing the ways that researchers and participants impact the meaning making process in research; Hill, 2012) fit well with our investigation because of the various ways a student death by suicide may impact school counselors (Stickl Haugen et al., 2021). Additionally, the inductive and iterative consensus-building, team-based approach to analyze data using an external auditor helped us understand participants' experiences with greater depth and increased trustworthiness (Hill, 2012). Death by suicide can have a substantial impact on counselors in varied ways (Jorgensen et al., 2021); the combination of CQR's constructivist viewpoint and its consensus-based rigor allowed us to analyze our data in a systematic way to identify complexities common to this experience.

Participants

Twelve school counselors participated in this study. Criteria for participation included (a) current employment as a school counselor in the United States and (b) experience of at least one student death by suicide while working as a school counselor. This eligibility criteria helped us recruit a homogeneous sample as all participants had experienced a similar event that some school counselors have not experienced (Becnel et al., 2021; Hill, 2012). Additionally, the eligibility criteria helped us focus on the saliency of participants' experiences (Hill, 2012), since school counselors who volunteered to participate would likely view their experience as significant. Given this potential for saliency, we imagined participants would remember their experiences with detail and clarity even if they happened years ago (Hill, 2012). Therefore, we decided not to limit participation based on the recency of the experience.

Ten of the 12 participants identified as female and two as male. All 12 participants identified as White. Participants' years of experience as a school counselor ranged from 3 to 43 ($M = 18$, $SD = 9.93$). Five participants worked at the high school level, four at the middle school level, and three at the elementary school level. All participants worked in public schools. Six participants worked in rural regions and six worked in suburban regions. Nine participants lived in the Midwest region of the United States, two lived in the South, and one lived in the Northeast. Participants reported experiencing between one and eight ($M = 2.42$, $SD = 1.93$) student deaths by suicide in their work.

Sampling and recruitment

After obtaining university IRB approval, we conducted our recruitment as part of a previous quantitative study on school counselors' experiences with student death by suicide (Stickl Haugen et al., 2021). In this previous study, we recruited a total of 689 participants using the following methods to disseminate our research invitation: (a) sending member invitation requests to leaders of all state-level school counseling associations in the United States; (b) randomly selecting schools and school districts across geographic regions in the

United States using publicly available contact information listed for school counselors and school district leaders; and (c) posting on school counseling sites, listservs, and social media groups. At the end of the survey for the quantitative study, we asked participants who had experienced a student death by suicide to indicate if they were interested in a follow-up telephone interview to help us gain more in-depth information. Aligned with Hill's (2012) recommendation of 12–15 participants, 12 school counselors participated in this study and provided us with consistency in our results as is evident in the frequencies of our categories described in the findings section below.

Interview questions

To collect data, we utilized a semistructured interview format, consisting of 11 main open-ended questions, each with zero to three possible probes to seek further elaboration from participants if needed (Hill, 2012). The first two authors developed the open-ended interview questions based on the existent research literature on counselors' experiences with client or student death by suicide (e.g., Christianson & Everall, 2008; McAdams & Foster, 2000). We sent the initial list of interview questions to a practicing school counselor who experienced a student death by suicide for her external review. Based on her feedback, we made several adjustments to the wording and content of questions, including allowing participants to talk about their experiences with more than one instance of student death by suicide, if applicable. Interview questions included: "Describe your experience finding out that the student had died by suicide."; "How did the student's death by suicide impact you on a personal level?"; and "In the months and years that followed, how did the student's death by suicide impact you as a professional school counselor?" Each interview was conducted virtually, recorded, transcribed, and lasted an average of 50.42 min ($SD = 15.20$). Each participant received a copy of their transcript to make corrections or amendments (Hays & Singh, 2023), of which one participant made minor edits to her transcript.

Research team

The coding team consisted of three assistant professors in counselor education (the first three authors of this article), all who identify as White. Each coder had experience as a school counselor and conducting CQR research. Although none of the coding team members had experienced a student death by suicide directly, all had administered numerous suicide risk assessments. Two coders, the first and third author, identified as cisgender female and one, the second author, identified as cisgender male. The external auditor (the fourth author) identified as a White cisgender female counselor educator and was selected due to her experience with CQR methodology across multiple studies and her counseling experience working with suicidal clients. Following Hill's (2012) recommendations, the research team individually wrote their biases and expectations around the research topic before beginning data analysis (Hays & Singh, 2023). Then, the coding team discussed these as a group. The first author reflected on her work with supervisees who experienced the loss of a student to suicide and thought participants might experience similar feelings such as grief, sadness, and a lack of preparation. The second author wondered if school counselors would operate in "helping mode" after the death of a student by suicide and might be reluctant to take time away from helping others to seek support for themselves. The third author believed that participants might have intense feelings, including feelings of inadequacy that might lead them to seek additional training. The external auditor believed that she would have great compassion for participants based on her previous crisis work and expected participants to wonder if they did enough to prevent the death by suicide.

Data analysis

The research team followed Hill's (2012) and Hill and colleagues' (2005) recommendations for the data analysis process. First, the coding team reached consensus on an initial list of four a priori domains based on a review of relevant research literature and the main interview questions (Hill, 2012; Miles & Huberman, 1994). The coding team then sent this domain list to the external auditor for her feedback. She provided feedback that the coding team used to refine the wording and descriptions and combine domains to arrive at three domains. Throughout the data analysis process, the coding team modified the domain list to better reflect the data (Hill, 2012), including renaming two domains to enhance precision.

Second, the team coded continuous sections of each interview transcript into one of the domains. This process started with each member of the team individually coding two randomly selected transcripts. Then, the team discussed their coding discrepancies on these two transcripts and arrived at a consensus version. The team then divided up the remaining 10 transcripts and individually coded them. Afterward, the other two team members reviewed the individual domain coding and discussed discrepancies to arrive at a consensus. Third, the team wrote core ideas that summarized the essence of each coded section of data. They met to construct core ideas for one randomly selected transcript collaboratively. Then, the team divided up the remaining transcripts and each team member independently wrote core ideas for their assigned transcripts. Then, the team members reviewed the core ideas and made suggestions to enhance clarity and accuracy in reflecting the participants' meaning until consensus was achieved. The auditor reviewed all the core ideas and offered feedback that the team used to further refine them. Fourth, the team engaged in cross-analysis, developing a list of categories under each domain by looking for patterns in core ideas across participants. Each team member individually reviewed all the core ideas grouped by domain and

developed lists of potential categories for each domain. In the cross-analysis process, findings emerging from single cases were placed into a miscellaneous category (Hill et al., 2005). Then, the team discussed the categories and arrived at consensus lists utilizing a collective and synthesized understanding of the data using each team member's individual category lists. After the team developed the consensus list of categories, the first author created a document with all the core ideas listed under their assigned categories and sent it to the other team members for review. After individually reviewing the document, the team discussed the categories again and reached consensus on a revised category list.

Afterward, the auditor reviewed the cross-analysis and provided feedback that the team integrated into the final list of categories. Finally, following Hill's (2012) guidelines, the team assigned each category a frequency rating of general, typical, or variant. General categories appeared in all or all but one of the cases (i.e., 11 or 12), typical categories appeared in more than half (i.e., at least seven) but fewer than 11 cases, and variant categories appeared in less than half of the cases but at least two cases (i.e., two to six). Throughout the coding process, the team members reflected on ways their biases and expectations impacted the coding by sharing moments of awareness about their biases with the group and through challenging each other based on information from biases and expectations statements (Hill, 2012).

Trustworthiness

We promoted trustworthiness by utilizing an external auditor and a research team to achieve triangulation of investigators, reaching consensus throughout the iterative data analysis process, checking for transferability, and recording and discussing our biases and expectations (Hays & Singh, 2023; Hill, 2012). First, to use investigator triangulation, we utilized multiple researchers to code the data independently, then reached consensus at each stage of the analysis process (Hays & Singh, 2023; Hill, 2012). Second, the external auditor reviewed and provided feedback throughout our data analysis process including on the initial domain list, the core ideas, and the cross-analysis (Hill, 2012). She did not attend our coding team meetings, which helped us minimize groupthink in the data analysis process (Hill, 2012). Third, multiple general and typical frequency labels surfaced during our cross-analysis process indicating possible transferability (Hill, 2012). Finally, we addressed and processed our biases and expectations about the study topic throughout individual journaling and engagement in ongoing reflexive conversation throughout the data analysis process as a team (Hays & Singh, 2023; Hill, 2012).

RESULTS

We conducted interviews with 12 school counselors who encountered a student death by suicide, identifying three domains and 13 categories through the CQR process that we present here (see Table 1). We used pseudonyms for each participant to protect confidentiality.

TABLE 1 Domains and categories.

Domains and categories	Frequency
Experiences of learning about suicide	
Finding out about student's death	General
Initial Reactions	General
Long-term impact for school counselors	
Cautious and vigilant about suicide prevention	General
Ongoing personal reactions to student's death	General
Self-care and coping strategies	General
Professional self-doubt and guilt	Typical
Counselor burnout and early retirement	Typical
Perceptions of support	Typical
Advice for school counselors who may encounter student suicide	
Seek and be open to support	Typical
Need for more training and protocols	Variant
Practice self-care and positive coping strategies	Variant
Connect with your students	Variant
Not owning the student's suicide	Variant

Note: General = 11–12 cases; Typical = seven to 11 cases; Variant = two to six cases.

Experiences of Learning about Suicide

The *Experiences of Learning about Suicide* domain consisted of data describing participants' initial experience following the student's death. This domain included two general categories described below.

Finding out about student's death (general)

In this category, participants described learning that a student had died by suicide in their school. They shared the various ways they learned about the student's death, with most participants hearing from colleagues or their administrators about what happened via phone calls, emergency meetings, or text messages. Melinda described, "I remember vividly. [the administrative assistant] heard it and called me. And I remember dropping to my knees. I literally dropped to my knees and…I get chills right now thinking about it." A couple of participants were physically present around the time of the student's death. For example, Victoria described how she initially received a phone call that the student had attempted

suicide. She shared, "at that time, we didn't know if she was alive or dead. And so we went to the hospital, to the emergency room." Elvis described her experience of discovering the student had died on school property. "It was pretty horrible…the first bus driver in that morning found [the student] behind the school. And he came and told me and we called 911 and went and stayed with the body until they got there."

Initial reactions (general)

Participants also described their initial thoughts and feelings after learning about the student's death. Many participants experienced intense emotional and physiological responses such as shock, sadness, and devastation. For example, Frank described his reaction as "just like your heart dropping. I guess would be the best way to describe it…just devastated." Brook shared how, "I started crying because in my mind, he was still kind of a sweet little boy, you know? And I was just…I was very surprised." Other participants felt numb and in disbelief, unable to process the news. Dakota described, "I just recall my feelings of just being numb. Like, just can't believe that happened."

Additionally, some participants described feeling guilt and failure, replaying interactions with that student in their mind. Some participants questioned if they missed risk signs or if they could have prevented the student's death. For example, Amber described being at home one evening and, "as soon as you find out something like that your whole brain just goes to 'Oh my god', like you start retracing the whole entire conversation [with the student]. Like oh my gosh, what did I miss? Are you serious?" She went on to explain how she immediately wrote five pages of notes about everything she could remember from her conversation with the student that day. Similarly, Maggie shared, "I spent a lot of time looking back at my own interactions with [the student] and thinking, 'What did I miss? What did I miss? Should I have followed up more?'"

Long-Term Impact on School Counselors

The Long-Term Impact domain captures data describing the perceived impact the student's death had on participants' personal lives and professional work for the weeks, months, and sometimes years following the student's death. This domain includes three general and three typical categories described below.

Cautious and vigilant about suicide prevention (general)

In this category, participants discussed increased caution and vigilance around engaging in suicide prevention following the student's death. For example, Brooke shared that before the student's death she dreaded calling parents when students expressed suicidal ideation. However, she is now "a lot more confident than I was before. I'm a lot more assertive with their parents than I have been in the past. Because this is serious. This can happen. It does happen." Similarly, several participants described increased vigilance in assessing for suicidal ideation. Melinda described how her awareness of suicide changed following the student's death, "I have always been in tune to those feelings of hopelessness, but I'm going to be even *more* attuned. Really listening and not even so much what they are saying but what are they not saying." For some participants, this increased awareness verged on hypervigilance. For example, Amber shared how she gets to the point with suicide prevention where "I've had an administrator or another counselor say 'you've done enough, it's ok'… I still probably go total overkill on everything, but for me it's okay because I don't want to have to go through that again. Ever."

Ongoing personal reactions to student's death (general)

Participants described the long-term personal reactions and emotions they experienced following the student's death in this category. Many participants shared the intense emotional impact that the student's death continued to have on them over time, including years later. For example, Maggie described how several years after the student's death she found herself blindsided by how hard it was to talk about at times. When she became emotional during the interview for this study, she shared, "why is it that it's so hard to say it out loud? Sometimes I'm fine and completely composed and then – ughhh—sometimes it's still like a gut punch."

Participants described various ways the student's death impacted them emotionally over time, including the range of grief emotions they felt such as anger, sadness, depression, and numbness. Several participants described the student's death as traumatic including experiencing flashbacks and graphic images of the student's death in their heads. For example, Victoria described both the trauma of experiencing the student's death, along with the ongoing re-traumatization that would often occur after she returned to work. She shared "it's like losing a family member, because we're a school family and ya know that's hard to do. Very traumatic." She went on to explain,

> Space holds memory. And. . . I could be happy on the outside and as soon as I walked in the doors to school I'm just in a different mood…I don't have a choice. I still have to come back to the same spot every day . . . you just get re-traumatized.

Similarly, Frank described the ongoing trauma and fear of facing another student suicide. He stated, "just as much as it impacted my students, it was weeks and months and it still impacts me to this day…Personally, it's just a long-lasting traumatic experience." Just like Frank, several other

participants described their ongoing anxiety about losing another student to suicide. For example, Amber described the heightened anxiety she has experienced since the student's death that impacts her at home and in her professional role. She shared,

> I don't like answering the phone at all at home [anymore]. I always get anxious…it's more of an anxious reaction that I have when I have a call like that again or even when I have a student who's suicidal…making sure I'm covering every base and making sure I'm telling everyone to communicate everything and not missing anything.

A few participants described ongoing physical responses such as losing weight, gaining weight, loss of appetite, and having difficulty with sleep following the student's death. For example, Rene shared how the student's death, "affected my sleep patterns. It affected how I ate. I mean it affected my clarity of thoughts. That was all I could think about for the weeks after that."

Self-care and coping strategies (general)

Participants described their personal coping and self-care strategies to help them deal with the student's death in this general category. Several participants talked about the value of seeing a professional counselor to help them process their grief. For example, Amber shared how her therapist helped her fully process the student's death,

> It was helpful to have somebody neutral because it's just so shocking and you're just so thinking 'what the hell did I miss?' And you go around and around about it over and over in your brain. I mean for months…and talking with a counselor, a therapist about it, they made me feel better about those pieces continuing to come back and that was normal.

Participants also described other support systems, including colleagues who had also experienced the student's death and individual family members. For example, Gwen shared how all the counselors on her team met as a group over the course of several months to help each other cope. She explained, "we all had each other…we just [talked] through everything and it felt good to get it off our chests. And we just stayed as long as we needed to…especially when the anniversary time came up." Other participants valued having support systems outside of work. For example, Brooke shared how her spouse served as a huge support, "my husband just listens to me until I'm done. He doesn't always have a lot to say but that's okay because I just need to get it off my chest so that I'm not thinking about it all night. So he's a big support for me."

Participants also talked about additional self-care strategies they used such as exercise, yoga, walking outside, mindfulness, their faith, and activities outside of work. For example, John described how he coaches student athletes after school. He stated, "I get to go take a two-hour break and go exercise and be around people that aren't impacted by [the suicide], people that don't really know anything, and they're out here just doing this fun activity together. That really helped change gears."

While most participants shared positive self-care techniques they employed, a couple of participants shared their less adaptive strategies. For example, Amber shared, "there have been times where . . . I probably drank more than I should …thankfully that has been reigned in and there's not an issue but I know it can be really easily an issue for people with that kind of stress."

Professional self-doubt and guilt (typical)

In this category, participants described their sense of guilt and self-doubt regarding their skills with suicide prevention following the student's death. For example, Gwen shared the heavy weight she felt following the student's death: "[the] sense of responsibility that I knew that I carried…people look to you sometimes and think, 'hey, didn't any of you see something coming?' So, I guess just feeling like maybe we weren't as plugged in as we needed to be." Similarly, Amber shared how as a new counselor she had so many thoughts like, "I totally screwed up. I did something wrong." Other participants shared how the student's death shook their confidence in their skills working with students at risk of suicide. Rene shared, "I definitely second guess what I do now more than I did before. After it all happened, it was everything that I had been taught before no longer applied…I'm somewhat less confident in being able to help those students than I probably felt beforehand."

Counselor burnout and early retirement (typical)

Participants described the physical and emotional exhaustion that led to burnout and, for some, consideration of an early retirement. For instance, Rene shared how the student's death helped her realize her time as a school counselor was limited: "Since that event [I] have told myself that I don't, I can't be a counselor forever. It's just too emotionally taxing." Similarly, Melinda explained that while she did not feel burnout, she is looking forward to retirement a little bit more given the taxing experience of the student's death. She likened the emotional toll of carrying the student's death to wearing a heavy coat, "It's a lot to carry. When you get to know these kids on the level that we do you tend to take home and wear those situations almost like a coat. And they travel with you wherever you go. And this one was a big one."

Perceptions of support (typical)

Participants described their perceptions of the support and resources they received from their school and district in this category. Although some participants indicated they felt satisfied with the resources they were provided, many participants shared how they wished they had more mental health support provided to them. For example, participants described how they were tasked with supporting students and staff after the student's death yet were not offered adequate support for themselves. For example, John shared,

> There's no counseling for secondary trauma. Like for those of us that sit here and hear these stories and relive this over and over and over for several days. They never followed up with us. Like, 'are you guys ready? Are you okay to get back to work?' It was just get back to business as quickly as possible.

Advice for School Counselors Who May Encounter Student Suicide

This domain captures data describing the advice participants had for other school counselors who may encounter a student death by suicide during their careers, inclusive of one typical category and four variant categories.

Seek and be open to support (typical)

In this category, participants described the importance of relying on others in their professional role rather than trying to do it all alone. For example, Maggie advises seeking out other adults to help support students, "don't think you can do everything yourself. Step back and try to encourage people to build their own support systems." Other participants described the importance of talking to trusted people. Melinda described, "don't hold it in. don't think that you have to carry that alone. Find that 'go-to' person that you can let it out with, because you're going to have to have that release…You can't help everybody else if you're not helping yourself and taking care of you." A couple of participants also suggested seeking out formal support through therapy, although they noted that it can be difficult for many school counselors to do so. Victoria stated, "my best advice, obviously, is to seek outside counseling, which I did not do. So I know saying that most people are not going to…unless it's a mandatory part of your school."

Variant categories

Four variant categories emerged in this domain including (a) need for more training and protocols, (b) practice self-care and positive coping strategies, (c) connect with your students, and (d) not owning the student's suicide. Participants described the importance of effective and practical systemic structures to prepare school counselors for these situations, including clear crisis response protocols, manuals, and trainings that incorporate scenarios and role-plays. Gwen shared how she previously had all kinds of training on the statistics and warning signs of suicide, but they were not helpful in practice, since she would have preferred "more role-playing type situations with other counselors and therapists in crisis situations where they give you suggestions." Participants also gave the advice to find positive ways to deal with the student's death and prioritize self-care. For example, Frank shared, "talk to friends, talk to family, don't bottle it up . . . Share your feelings and learn from the experience."

Additionally, some participants discussed the value of connecting with students and truly listening to them. For example, John advised "make sure you're dealing with the human in front of you. Make sure you hear them. And they don't always talk to us, so we're going to be a creative and find out where they are talking." Similarly, Dakota discussed the importance of providing students space to grieve after a student's death in their own way. "Allowing them to process [the student's death] in a way that works best for them…just having an open-door policy as much as possible." Finally, several participants discussed the importance of not personalizing or taking responsibility for the student's death. For example, Melinda described "try not to take the suicide personally – that it wasn't because you did something wrong." She goes on to describe that while it is important to reflect and see if processes could have been better, "you have to be careful that you don't own what happened, because ultimately, . . . we weren't there and the situation, when it happened, we weren't the ones there at that moment in time."

DISCUSSION

Our findings provide a novel contribution to the school counseling literature as the first qualitative study to offer an in-depth examination of U.S. school counselors' experiences after student death by suicide. Considering between 28.3% and 36.7% of school counselors have reported experiencing this phenomenon (Becnel et al., 2021; Stickl Haugen et al., 2021) and the potential significant impact this has on practitioners (Gibbons et al., 2019; Jorgensen et al., 2021; Sherba et al., 2019), we aimed to explore school counselors' personal and professional perspectives to better understand their experiences that may serve as a resource for the school counseling profession. Expanding on Stickl Haugen and colleagues (2021) quantitative findings, our participants discussed in greater depth *how* student death by suicide significantly impacted their life as highlighted in the *Experiences of Learning About Suicide* and *Long-Term Impact on School Counselors* domains. Additionally, participants shared guidance for school counselors who may face a student death as outlined in the *Advice for School Counselors Who May Encounter Student Suicide* domain.

Consistent with previous literature, our participants voiced a wide range of emotional and physical reactions, including both immediate reactions and long-term, ongoing responses (Finlayson & Graetz Simmonds, 2016; Gibbons et al., 2019; Jorgensen et al., 2021; Sherba et al., 2019). These responses ranged from grief, sadness, disbelief, anger, anxiety, sleep disruptions, weight changes, hypervigilance, burnout, guilt, and more. Moreover, the results have some similarities with the findings from Christianson and Everall's (2008) study involving Canadian school counselors, such as long-term concerns, the emphasis on self-care, and the need for school counselor support in response to school crises. Regardless of nationality, student death by suicide appears to leave a profound impact on school counselors and their work.

Despite similarities, our findings build upon the existing literature by highlighting the unique perspectives and experiences of school counselors exposed to student suicide in U.S. school settings. For example, participants in this study illuminated the trauma that some school counselors faced following a student death. While some quantitative studies have explored various trauma-related responses following a client or student suicide using lists or validated scales (Castelli Dransart et al., 2014; McAdams & Foster, 2000; Stickl Haugen et al., 2021), the current study enhanced our understanding of these responses by illuminating the nuanced ways these trauma reactions impacted school counselors' lives. For example, participants described the specific ways in which flashbacks, anxiety, and graphic images of the student's death influenced their daily lives and school counseling work. School counselors are entwined in the school community and are called on to engage in suicide intervention and crisis response following the student's death (Gallo & Wachter Morris, 2022)—even as that may be traumatizing. As one participant noted, "space holds memory" and just walking back into the school building every day was a traumatic experience that led to frequent re-traumatization. Thus, it is important to recognize that a student death by suicide can be a traumatic event for school counselors and should be treated as such by administrators, districts, and school systems. As Wagner et al. (2020) noted, it is important for agencies (such as schools or districts) to recognize the traumatic impact of a client death by suicide on counselor survivors. Our results suggest this may be particularly important for school counselors who continue to work in the school building and engage in postvention services following a student's death.

In another unique contribution, our participants frequently shared rich contextual experiences regarding *how* they found out about a students' death by suicide, with those vivid memories often meaningfully shaping their initial response and overall experience. The method of finding out about the student suicide varied depending on the unique circumstances, timing, and context of the student's death. Participants' experiences ranged from receiving phone calls about the student's death at home to encountering the student's body on school grounds. Aligned with the nature of crisis and trauma, an individual's subjective perception of a crisis event is a key factor in determining if the event will become a traumatic experience (Jackson-Cherry et al., 2018). Thus, the intensity of school counselors' trauma reactions may vary depending on the nature of the student's death and exposure to the event.

All of our participants discussed self-care and coping strategies, including the importance of having their own professional counselor and relying on support systems such as colleagues and family members. Notably, a few participants described the challenge of engaging in positive coping strategies and discussed tendencies to cope with their feelings through maladaptive methods such as consuming alcohol, which has yet to be explored in the literature. There is currently a dearth of research exploring maladaptive coping mechanisms among school counselors who experience a student death by suicide including the frequency and types of negative and/or potentially harmful coping strategies that some counselors use to deal with their grief. Thus, our findings highlight the reality that school counselors' coping mechanisms may not always be productive in light of their grief and pain.

Although the importance of wellness and self-care is not a new phenomenon in school counseling (e.g., Fye et al., 2022; Randick et al., 2019), the findings from this study highlight how self-care is critical for school counselors to prioritize in the aftermath of suicide. Indeed, the ACA Code of Ethics (2014) and ASCA Ethical Standards (2022) highlight school counselors' responsibility to engage in self-care. School counselors must "recognize the potential for stress and secondary trauma" and "practice wellness and self-care through monitoring mental, emotional, and physical health" (ASCA, 2022, Standard B.3.h). Moreover, personal wellness is important to mitigate burnout and enhance professional performance (Fye et al., 2022; Lenz & Sangganhanavanich, 2015). As participants in this study described, intentionally incorporating positive coping strategies and engaging in self-care help maintain wellness and the capacity to care for others following a tragedy. These findings not only highlight the importance of individual counselors engaging in self-care practice, but the responsibility of administrators and school systems to provide support and resources for counselors in the aftermath of a suicide.

In the current study, student death by suicide influenced school counselors' self-efficacy with suicide prevention in different ways, consistent with previous research. Some participants shared that they became more assertive and confident in assessing for suicidality, including enhanced vigilance working with students at risk of suicide. As such, researchers have identified how events like a student's death can lead to personal and professional growth (Sanders et al., 2005; Whisenhunt et al., 2017). On the other hand, other participants voiced self-doubt in their professional skills, such as feelings of guilt, fear, doubt, and helplessness, which are also typical responses to a student or client death by suicide (Finlayson & Graetz Simmonds, 2016; Gibbons et al., 2019; Sherba et al., 2019; Stickl Haugen et al., 2021). Considering their fear and anxiety about student suicide, some participants expressed enhanced vigilance and hypervigilance

with suicide prevention—or as one participant described, going "overkill" with prevention efforts. The variability of these experiences across participants suggests the need for supervisors, trainers, and school counselors to evaluate the unique response of individuals and adapt support and training accordingly (Stickl Haugen et al., 2021).

Implications

The findings of our study have implications for school counselors, policy reform, and counselor educators. School counselors have an ethical responsibility to prioritize their mental health and well-being (ACA, 2014; ASCA, 2022), which is especially critical following a student suicide. As a protective factor, school counselors can establish self-care plans and identify sources of support both inside and outside of their schools. It is important for school counselors to build strong support systems that are tailored to their unique and individual needs (Stickl Haugen et al., 2021). Seeking support and engaging in vulnerable conversations following a suicide is an important step to process experiences, reactions, grief, and trauma. Our participants identified the value of seeking support from a professional counselor, trusted colleagues, and family members, which fostered their healing process and positive coping strategies. Seeking out sources of support such as professional counseling, formal supervision, or peer consultation can aid school counselors with intentional self-reflection that may help rebuild their confidence, navigate self-doubt, and effectively continue with their professional responsibilities following a student's death. For example, one participant described the value of meeting as a group with her counselor colleagues for months following the student's death to help each other cope. However, school counselors may be the only counseling professional in a school setting (Lambie et al., 2019) making peer support challenging to access for some school counselors. Therefore, it would be beneficial for district leaders to foster connections between counselors across schools to increase access to peer support and consultation (Christianson & Everall, 2008).

The results of this study also identified a need for systemic and holistic support for school counselors that could be integrated into policy reform. A counselor's ability to function influences the care they provide to students, and it is therefore imperative to understand ways to foster counselor wellness following a loss by suicide (Jorgensen et al., 2021). It is important for agencies, such as schools and school districts, to acknowledge counselors may experience trauma following a death by suicide and provide empathic support (Wagner et al., 2020). These supports should be integrated into the postvention policies of school districts as part of trauma-informed care. Often, school postvention procedures include a focus on the crisis response—supporting student survivors, media communication, and working with the community (see American Foundation for Suicide Prevention & Suicide Prevention Resource Center, 2018). School districts should go beyond these logistical procedures and include policies that support school counselors and other mental health responders. For example, school districts should consider providing free counseling services to school counselors who experienced a student suicide, which may be accessible through district resources or employee assistance programs that provide access to counseling services for employees. Incentivizing therapy and making it accessible is an important step since school counselor may not feel they have the time or space to seek out professional counseling while balancing their continued professional responsibilities. In addition, incorporating short- and long-term assessments for school counselors related to wellness, traumatic stress, and burnout would be useful to gauge the needs of school counselors after student suicide and tailor supports as needed. District protocols should be comprehensive and could include counselor supports such as guided debriefing with colleagues, built-in time off for personal mental health care, and suicide prevention training programs to enhance school counselors' self-efficacy (Dransart et al., 2017; Wagner et al., 2020). Overall, it is important for administrators to normalize, validate, and take on some of the responsibility to support school counselors as they navigate their initial and long-term reactions to a student death by suicide.

Results of this study also have important implications for school counselor educators. Training programs should be intentional about integrating meaningful learning activities to teach suicide prevention, intervention, and postvention so school counselors-in-training (CITs) are prepared for this work when they enter the field. Training should include education regarding the prevalence of student suicide and impact of a student death on school counselors' lives. For example, it would be beneficial to invite counselors who have experienced a student death by suicide to share their experiences with school CITs. Counselor educators can also model and discuss the importance of prioritizing self-care and wellness from the start of the training program to mitigate future issues or unrealistic expectations students may have when they enter the field (Corey et al., 2019). Self-care can also be modeled and integrated into classroom policies that balance challenge with support, such as having flexibility with attendance or late assignments (as appropriate) to prioritize CITs' mental health and well-being.

Limitations and suggestions for future research

There are several study limitations to keep in mind. First, school counselors who volunteered for this study may have felt more motivated to participate due to their impactful experiences, which has the potential to limit the diversity of perspectives represented. Although we intentionally focused on the saliency of participants' experience (Hill, 2012), some school counselors may not find a student's death as impactful as participants in this study depending on their unique circumstances. It is important to keep in mind that our results may not represent all school counselors who have encountered a student suicide. Second, most of our sample identified

as White females limiting the diversity of experiences. For example, compared to men, women practitioners reported greater sense of responsibility for a client's death and it had a higher impact on their confidence (Gibbons et al., 2019). Thus, our results should be considered within the context of a majority female sample. Moreover, since grief and coping with death can vary across culture and ethnicity (Rosenblatt, 2008), and most research on this topic includes majority White samples, additional research is needed to explore the experiences of school counselors who identify with diverse races and ethnicities. Similarly, all the participants in this study worked in schools in rural or suburban areas and the findings in this study may not reflect the experiences of school counselors working in urban areas. We did not collect information about student demographics in the schools where participants worked but given typical demographic makeup of suburban and rural areas in the United States, this study's findings may not represent experiences of school counselors working with racially and ethnically diverse student populations. As such, future researchers could explore experiences of school counselors working in urban settings along with the impact of a school's culture on their experiences following student suicide. Finally, participants' experiences ranged from one student death to multiple student deaths. Future researchers would benefit from examining the differential impact of experiencing multiple student suicides over the course of one's career. Similarly, it would be beneficial to explore in greater depth how the method of finding out about a student or multiple student suicide(s) may impact the intensity of counselors' initial or long-term response.

CONCLUSION

Since working with suicidal students is an unavoidable part of being a school counselor (Gallo & Wachter Morris, 2022), it is important to understand the ways in which a student death by suicide may impact a school counselor's life. Our CQR investigation with 12 school counselor participants expanded on the limited research in this area to provide an in-depth exploration of the various ways student suicide influenced school counselors on a personal and professional level. Participants provided rich descriptions of how they found out about the student death, initial and long-term reactions, and guidance they wanted to share with other school counselors who may face this type of crisis event at some point in their career. These findings can be used to enhance support for school counselors following a student's death. Moreover, schools and districts can take a more holistic approach to provide intentional and necessary supports for school counselor survivors.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

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