

Death of a Student: Dealing with Competing Interests

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Abstract: When I accepted roles of Associate Chair and Director of Online & Offsite Programs in the Social Work Department in August 2013, it meant taking on additional academic administrative responsibilities as well as continuing my teaching, albeit in a reduced capacity. The excitement and nervousness about my new role quickly transformed into a life-changing experience when in my first year a student with whom I had worked closely—and whom I admired for her earnest passion and determination to help others—died by suicide. Amanda was my Capstone student and also part of the offsite program, which meant I was both her teacher and the administrator for her program. Her death led to profound personal and professional challenges for me. As an individual, I had a close connection, so I wanted to share stories about her, grieve with others who were grieving, and try to understand what had happened. As an administrator, I had rules I was expected to follow, obligations to students who were grieving, and the feeling that I couldn't grieve as I wanted to because I needed to project professionalism. Recognizing and navigating this duality posed a great challenge, raised many questions, and ultimately pushed me to evolve my thinking.

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A New Administrator Grapples with a Student's Death by Suicide

My Story

I never pictured myself in an academic administrative role. I earned my BSW, MSW, and Ph.D. in quick succession in the 90s, and left the field to raise my young children before I completed the hours necessary for licensure or won an academic tenure track position. When my youngest was about to finish elementary school, I sent my CV to a Department of Social Work in a Western State with a cover letter saying I would be interested in teaching a program evaluation class as an adjunct faculty member. I was not working as a therapist, but I had been conducting program evaluations for nonprofit organizations as a volunteer, loved teaching, and felt that I had experience to offer future social workers. I received a response asking if I would be interested in a full-time tenure track position. I applied, was offered the position, and spent the next two years teaching research methods, conducting and publishing research projects, laughing with fellow faculty members, and working toward tenure.

I found working with Master of Social Work (MSW) students incredibly fulfilling. I did not feel called to therapy the way many social workers are, but I enjoyed spending time with students and always suggested they “do as I say, not as I do” and spend the time to get their LCSW. Being an academic is not the same as being a therapist, but there were moments talking to students when I felt it would have been extremely helpful to have greater confidence in my therapeutic skills. At the beginning of my third year as a faculty member, I was asked to step into an administrative role in the department. Despite concern about not yet having tenure, I

accepted the position and eagerly began navigating the administrative aspects of academia.

Amanda's Story

The first time I met Amanda she was preparing to conduct her research project for her Capstone class, the final class before graduation in May. She requested a meeting with me the semester before our class officially started, and my first glimpse of her occurred as she walked through my office door in September 2013. A riotous mass of untamed brown curls floated above her petite frame, her brown eyes sparkled, and she had a quick smile. She was so tiny she seemed to float when she walked, and she looked so young that it was difficult at first to imagine her as the mother of two young children.

Amanda was a bright, engaged young woman, and like many MSW students, she entered the field of social work to do therapy. She wasn't interested in conducting research long-term, but she wanted to do well in school and worked hard to make sure her grades remained high. Amanda expressed significant anxiety around the Capstone project, but I had extensive experience working with anxious research students, and I didn't think this was out of the ordinary. I was impressed by Amanda's willingness to work and her desire to conduct a meaningful project. As a student, she wanted to complete work early and wanted it to be 100% perfect. She would regularly turn in clear, cohesive, well-written drafts of her Capstone for my review, and then wonder why I didn't provide harsh critical feedback. My positive feedback and encouraging comments would lead to her visiting my office the next day with a marked-up hard copy of her paper in hand, asking me to comment on the sections for which I had not posted written comments.

I believed that one of the reasons Amanda was so anxious about Capstone was that she was changing cohorts. Amanda started pursuing her MSW as a member of a three-year face-to-face cohort in August 2011. The cohort meets weekly on Wednesdays from 4-10 p. m. in 15-week semesters. Amanda completed two years with her cohort before asking to withdraw from the program to care for her ailing father. She had established close friendships and relied on the support that grew out of working toward a common goal with her peers every week. In addition to working on school projects together, the 28 students in the cohort would complain about the challenges of balancing work, family, and a rigorous academic program, and more than once someone exclaimed, "You guys are the only ones who get it!" in reference to their busy schedules. They had little time for friendships outside of school, which made their relationships with each other all the more important.

Because Amanda had finished her field placement, she had just six academic classes remaining. She decided to continue the program as a student in the online cohort, which would allow her to graduate in May 2014, at the same time as her face-to-face peers. The two-year online program, however, moved much more quickly than the three-year face-to-face program. Amanda expressed concern that she would not have the same peer support she had in her face-to-face cohort, and was disappointed that classes only "met" one time per week for eight weeks via a

90-minute online Collaborate session, which students were not required to attend in person. Despite her misgivings about the speed of the workload and the potential limitations of the online program, Amanda decided that finishing her degree and graduating on time made the challenges worth it. She quickly acclimated and became an integral part of her new online cohort. Amanda regularly posted in discussion forums, spent time on the telephone with students in other states, and never missed a Collaborate session. She was well on her way to successfully earning her MSW.

Death of a Student

The semester before she was officially enrolled in the Capstone class, Amanda asked for weekly in-person meetings with me to discuss her Capstone paper—in part because she was anxious about the workload. We began meeting weekly in October 2013 as instructor and student.

In between talking about her schoolwork and her research project, Amanda would tell me about her young children and talk about the difficulty of balancing school and family. Her entire face lit up when she talked about her children, and it was clear that the love she had for them was that of a doting mom, but she was pulled in many different directions.

“My daughter is 6, my son is 4, and I just don’t know how I can get it all done,” she said. Her next words were determined: “But I want to finish my degree. I’m so close!”

Before I could get a word in edgewise she would vacillate, saying, “Maybe it’s not worth it, though. It’s so hard to do well.”

We talked about doing “enough” for her Capstone project rather than trying to conduct a perfect study. I made the point at least once, “There is no such thing as a perfect research study!” But it seemed difficult for Amanda to take those words to heart. I shared a personal experience with her in the hope of soothing her anxiety about balancing the demands of school and children.

“Amanda,” I offered, “my mom graduated from college when I was a sophomore in high school. We used to do our homework together. Remembering the look of pride on her face at graduation as she marched in to strains of ‘Pomp and Circumstance’ is probably the main reason I continued my education. If Mom had waited until I went to bed to start her homework, I probably wouldn’t be the person I am today. Maybe it’s OK for your kids to see you studying.”

As time went on, our research meetings began to evolve into something resembling therapy sessions. I asked Amanda in mid-November whether she had someone she could talk to about the issues she was bringing up with me. “I have a counselor and I’m working really hard to keep myself together long enough to finish my degree. Only six months to go!” she said. She canceled our next few weekly sessions and I didn’t see her again for about a month. When we met again in mid-December, I was shocked at her appearance. She had lost at least 15 pounds.

Amanda ignored my shocked expression as she bounced into my office, excitedly proclaiming, “Here’s a little treat for you, Dr. Brown! My kids and I made chocolate-covered pretzels for the holidays!” I took the gaily-wrapped bag of pretzels, immediately opened them, and offered one to Amanda in an effort to encourage her to eat.

“No, thanks, my stomach is always in knots these days,” she said. “I’m so worried about my Capstone project.” Amanda was earning an “A” in all of her classes at this point, and my saying “You have nothing to worry about” was clearly not having any impact. I was struck by her rapid shift from high excitement when she was presenting me with a holiday gift to a much lower energy level when she talked about her paper. Something didn’t feel right, and I asked Amanda whether she was still seeing her counselor.

“Well, yes, but I don’t have an appointment until the beginning of January,” she replied.

“That seems like a long time to wait, but I’m glad you have an appointment to speak with a therapist,” I responded. She didn’t make eye contact with me. I don’t know exactly what made me ask my next question, and it is something that I will never fully comprehend. Some bell in my head was ringing, perhaps drawing upon my past experience and early training as a social worker. I hesitantly asked, “Amanda, are you thinking about suicide?” Even as I spoke, I realized that I had asked with a tone of reservation that reflected that I might not be completely open to an honest answer.

She replied, “No, Dr. Brown. I tried when I was younger but I worked through that with my therapist. I’m just anxious about my Capstone and managing my life and still not sure about being able to do everything.”

I am certain my face showed a degree of relief at her answer, and I quickly interpreted what I thought was a pragmatic tone in her voice and latched onto it. I replay that moment frequently. How much did she read into my discomfort? Was that the reason that she didn’t honestly answer me, despite our previous connections and conversations? The moment shifted when she brought the conversation back to business by telling me that she would send me a rough draft of the final paper in the next couple of weeks. I assured her that she was well ahead of schedule, we said happy holidays, and she headed toward the library to work on her paper.

Amanda emailed me a draft of her paper on Wednesday, January 8, 2014. I reviewed the paper, made comments using the track changes function in Word, and sent her an email on Saturday morning, January 11, saying she was 95% done. I don’t know if she received that email. Amanda died by suicide on Sunday, January 12, 2014, just five months shy of graduation.

Dealing with Death

I learned about Amanda’s death at midday on Monday, Jan. 13. The Department Chair, Julie, and I were in a meeting, and upon returning to our offices we were met by the grave face of the

department secretary telling us to call Matt, one of Amanda's former face-to-face instructors. "You look so serious! Did someone die?" we asked, laughingly. Her nod changed our entire demeanor from lighthearted to somber, and we went into Julie's office together to return Matt's call and get additional information. Matt had heard about Amanda's death from another student and immediately notified Julie and me. Matt told us what he had heard, specifically about the cause of Amanda's death, and as I sat stunned in Julie's office, she contacted the Office of Student Affairs to notify them and find out what our next steps should be. The Office of Student Affairs said they would take care of organizational matters and paperwork, such as making sure Amanda was dis-enrolled from the program so her family wouldn't receive bills from the university. The office also planned to contact Amanda's family directly to express condolences on behalf of the university and suggested we think about what, if anything, the Department would like to do to acknowledge Amanda.

I was awestruck by how Julie handled the situation. I had an empty pit in my stomach, and the disbelief I felt as I sat in her office listening to Matt froze me. I didn't know what to say. I couldn't think clearly, and I found myself in a momentary place of denial, wishing it would all go away while at the same time hoping that someone had their information wrong and Amanda would breeze through the door in the next few hours and excitedly ask, "Dr. Brown! What do you think of this version?"

While I experienced the chaos in my mind and the utter stillness of my body, Julie calmly said appropriate words, contacted the right people in the university, and started putting plans into place to address the situation. I found myself wondering how she knew what to do and how she seemed to be keeping herself together. I was watching my colleague act as both an excellent administrator and a social worker, and I found myself grappling with feelings of incompetence. I wished I felt as calm as Julie appeared to be, but at the same time I simply did not understand how she could remain so functional. I felt in that moment that I would never be able to adequately perform my own administrative duties when it came to a student with whom I had worked so closely—and one who might have reached out to me if I had pushed her harder to talk about her feelings during our last meeting.

Despite my riotous emotions and difficulty processing the loss of Amanda, I was expected to continue working with Julie to take the required steps, such as notifying the Dean's Office and current faculty. That's when I learned that, as an administrator, I was not allowed to divulge Amanda's cause of death. My dean was clear that divulging cause of death would be a violation of the Health Insurance Portability and Accountability Act (HIPAA), and Amanda was entitled to health care privacy. Students are protected under the Family Educational Rights and Privacy Act (FERPA), and Amanda was entitled to privacy as an enrolled student. As I listened to the dean's instructions I found myself thinking that many people already knew the cause of death, but questioning the dean did not feel appropriate in that moment. I didn't have deep knowledge of these issues. I was new to my role as administrator, untenured, and the dean had been successfully doing her job for years. I recognized that the dean was doing her administrative job by notifying us what we could and could not say. She was doing so to protect the university,

Amanda and me. She wasn't trying to stifle our future conversations about Amanda; she was trying to help us. We could not disclose Amanda's cause of death.

The situation became even more difficult as I found myself facing questions from faculty. "Jodi, what happened?" "How do we tell students?" "This is so sad and unbelievable." "What could we have done to help her?" In the midst of my own shock and grief, I was being looked to as the one in charge. I was the person who should have the answers simply because I had the title program director. But I didn't feel as though I had the answers, and even if I had, I wasn't allowed to divulge personal information about Amanda. I did, however, feel pressure to perform as an administrator and I had a constant vision of Julie's competence in the back of my mind. I found myself wanting to retreat. I wanted everyone to stop bombarding me with questions, comments, thoughts, and grief that so closely mirrored my own. I wanted to cry and grieve with my colleagues, and while I didn't feel that was impossible, I was constantly cognizant of my title, role, and my beliefs about what a "good" administrator should do. Good administrators don't cry in front of their faculty, staff, and students. Good administrators have answers, make people feel better, and don't snap at faculty and staff for asking questions, seeking guidance, and wondering what happened. Good administrators help others and don't think about themselves.

Administration in Action

In her time at the university, Amanda had been a part of both the face-to-face and online cohorts, so we created and sent separate email notifications to the students in each of those cohorts. "We are deeply saddened at the passing of Amanda Smith over the weekend. Amanda was a valued member of our offsite and online cohorts and will be missed." The announcement was personalized only insofar as to state that Administration would be in attendance at the next class meeting (two days hence) for the offsite face-to-face group, and a special Collaborate session would be held for online students interested in "attending" to discuss their feelings. My conflicting emotions continued as I considered that the students now knew Amanda died but would face the same questions I did about how and why. I wasn't allowed to tell them how, and I had not even begun to process the why. I kept thinking that these are students training to be social workers, so we should model appropriate behavior for them, as they are certain to face death, grief, and trauma upon entering the profession in five months.

In an effort to assist students with their shock and grief, Julie and I called on the University Counseling Center and asked its staff to facilitate meetings and discussion with Amanda's cohorts. The University Counseling Center (UCC) agreed to attend the face-to-face cohort meeting, but could not meet with the online cohort due to not being licensed in other states.

The face-to-face meeting facilitated by the University Counseling Center did not go as smoothly as I would have liked. The UCC sent two therapists to the classroom, but in keeping with university policy, the therapists were not allowed to disclose Amanda's cause of death. The students were sitting in their usual classroom, a stadium-style conference room that seats approximately 50 people. The UCC therapists sat at the front of the room in two chairs facing

the five rows of students. Most of the social work faculty and administration were lined up along the walls like wooden soldiers. Matt chose to sit with the students in the front row, and at one point I watched as he began crying and put his head down on the desk. He was grieving as a part of the community, which is something I had not given myself permission to do. I was torn between wanting to be a “good” administrator, which in my mind meant being strong for the students, and breaking down in tears whenever I thought about Amanda. My mixed emotions reached new heights in that room. I struggled to fill my role as the program administrator, which meant that, rightly or wrongly, I did not feel that I could express the rawness of my grief the same way Matt was able to. Yet, as Amanda’s Capstone adviser, I was the faculty member who was closest to her. I wanted to share stories about her and grieve with others who were grieving. At the same time, as the program administrator, I had an obligation to the students in the room who were grieving, and I felt that revealing my true grief wouldn’t be professional. I thought that revealing grief in the form of a few tears, choked up voice or deep breaths would be acceptable, but sobbing, wailing, or asking the many questions I had would show too much emotion. I didn’t know how to negotiate the duality.

At the beginning of the meeting, one student raised her hand and asked, “How did she die? Was she sick?” The UCC counselors stuck to their mandate not to disclose cause of death, which meant students were looking to me to tell them what had actually happened with Amanda. “In order to maintain her privacy, I’m unable to disclose her cause of death,” I said, and after I said it, none of the students in the classroom spoke. It felt as though no one knew where to start or what to say. Half of the students in the room knew what had happened because they had spoken to her close friends, so when I said, “I cannot disclose her cause of death,” they either nodded sagely or started whispering to their neighbor. The students who were not clearly in the know were able to discern that her death was something other than a long-term illness or sudden accident based largely on what wasn’t being said and the reactions of their peers and faculty. These students were 2.5 years into a 3-year social work program. They had spent more than 1,000 hours in their field placements working with clients and had taken classes on death, dying, and trauma. They were watching the social work faculty and UCC counselors for cues about behaving as professionals while grieving for their peer. They faced the same competing interests I was facing.

In retrospect, there are many things about the meeting that I would now do differently. In the face of insurmountable news it is often only the small things that can be changed. I would make sure the students were sitting in a circle and could see each other’s faces instead of sitting stadium-style. I intended to use university resources and support, but in retrospect I don’t know that I would ask stranger-therapists to facilitate. The UCC counselors did their job as they were trained to do and they did it competently in a difficult situation, but taking into account the training and professionalism of social work students likely would have gone a long way toward opening a discussion. In terms of opening the discussion, I believe it would have been enormously beneficial to acknowledge Amanda’s cause of death.

Supporting Online Students

Notifying and providing support for the online cohort presented its own set of challenges. Although Amanda had done an outstanding job of integrating herself into the online cohort of students, she had spent only five months with that group, as opposed to the two years she spent with her face-to-face cohort. Even though the online cohort was a tight-knit group of caring students, there is something about sitting in a room with someone that is more intimate than being online. The online students needed to be notified and an email didn't seem sufficient. But these were geographically scattered students who did not come to campus. I discussed possible options with Julie, and we decided that offering a special supportive Collaborate session would mirror aspects of the program with which the students were familiar and comfortable and would provide support for those interested in attending. We asked the University Counseling Center to facilitate this discussion as well, but they reminded us that they were only licensed to provide therapy in California.

While I appreciated that the UCC needed to follow its licensing policies, this instance brought to light a question I had not yet had a chance to consider: Does our online program offer the support needed for students to successfully matriculate? We had technological assistance for computers, training offered to faculty for best practices in online teaching, and an academic adviser assigned to each student. We created an online "Student Hub" as a virtual hangout location for students to gather and welcome students on campus if they were in the neighborhood. I thought we were supportive and engaged with students, but Amanda's death revealed questions about the operation of a program attached to a university that could not offer counseling support to students because they lived in other states. Licensing requirements are state-by-state, and with only a handful of students in any given state our scarce resources are spent where they can do the most good. Is it sufficient to notify applicants before they matriculate that some services (e.g. counseling) will not be offered to online students? I suspect that from a legal or administrative perspective it is sufficient, but as a social worker faced with a grieving class of students, it somehow didn't feel like enough.

I found myself facing roadblock after roadblock in every effort to help support students in the online cohort. In an effort to support us to the best of their ability, the UCC counselors told us they would be happy to meet with students on campus if those students wanted to schedule an appointment. Because that wasn't feasible for most students who were out of state, I asked one of our part-time faculty members who specializes in aging, death, dying, and grief, if she would be willing to facilitate a gathering with the online students. She declined because she wasn't comfortable in the online forum and wasn't licensed outside of California. Thankfully, another part-time faculty member who is a licensed clinical social worker with some grief training, had experienced the sudden death of a colleague four years earlier, and agreed to facilitate a Collaborate session with the online students. I felt that offering the same opportunity to gather together as a community was important for the online cohort. It is possible that I would never know how much Amanda's death impacted each one of the online students. It is one thing to witness grief intimately, and another thing entirely to experience grief from a distance.

One student, the one who was closest to Amanda, showed up for the online session. I spent countless hours worrying about how best to support our online students, including questioning my feelings about colleagues who, heretofore, were nothing but supportive, to have one student show up for the special Collaborate session.

The online Collaborate session was smoother than the face-to-face session. The student who attended the session made the correct assumption about Amanda's cause of death, opening the door to an honest conversation that began the healing process. While I wasn't allowed to reveal Amanda's cause of death, I was allowed to talk about it if students brought it up in conversation. Comparing the two meetings, I still don't know if the online meeting felt better because it was one student, because everyone knew what had happened, or because there was something about the distance and separation behind the computer screen that allowed us to open up more fully and express our feelings. I believe the online meeting felt better than the face-to-face meeting for me, because I knew the online students as their teacher in addition to being an administrator. I had spent multiple semesters with the online students as their instructor before becoming the administrator for the program, and was currently their instructor for their Capstone class. Also, with another faculty member "in charge" of leading the online meeting, I felt much more free to put aside my administrator hat and the responsibilities that go along with that role, and begin processing my grief with people who knew me as a competent, caring teacher.

Facing Administrative Reality

Life-changing events can shed light on more than just emotional issues. In the months following Amanda's death, two overarching policy questions arose for me. I questioned the ethics of offering an online degree without being able to provide counseling services to those students who might need it, and the need for student privacy contrasted with best practices in reporting death by suicide.

The university provides a limited number of free counseling sessions for students. It is an important service and one that students utilize to such an extent that there is a 6-week waiting period for an intake session on campus. Offsite students have the same access to free counseling services that on-campus students have, but they need to come to campus if they want to see a counselor. Coming to campus will likely be feasible for offsite students who live locally, but is definitely not feasible for online students who live in another state.

Offering counseling to online students in different states would require licensing by a wide variety of external entities, depending on the degree the counselor obtained. Licensing requirements for psychologists differ in every state (Psychologist-License, 2016). Similarly, if the UCC counselors were social workers, they would need an LCSW in every state in which an online student was matriculating. At any given time the UCC employs 4 psychologists or social workers licensed in the state where our physical campus exists. Asking these individuals to become licensed in every state where an online student is matriculating doesn't make sense, given that students complete their degree in two years and would likely have graduated before

counseling services were needed.

While I understand that it is not feasible in terms of time or money, since Amanda's death I remain concerned about the ethics of offering an online program without being able to provide counseling support to students in other states.

I understand the university has policies that must be followed regarding student privacy, but in the case of a death by suicide, the policy makes it difficult to implement best practices in the field. Best practices, according to the American Foundation for Suicide Prevention (AFSP)/Suicide Prevention Resource Center Workgroup (2011), include talking about suicide and the potential underlying mental disorders such as depression or substance abuse: "Schools should provide students with appropriate opportunities to express their emotions and identify strategies for managing them, so that the school can return to its primary focus of education" (AFSP, 2011, p. 7).

As a university, we followed all appropriate guidelines and policies. We acknowledged Amanda's death without identifying the cause. However, in protecting her privacy and following the letter of the law, we missed opportunities to have open, honest discussions about suicide, the underlying causes, warning signs, and prevention. I understood the reason for HIPPA and FERPA policies, and I absolutely understood the need to follow those policies or risk the university's federal funding. However, upholding the policies did not enable me, or any other administrator, to provide meaningful support to grieving students.

General consensus for reporting a death by suicide is to avoid misinformation and sensationalization of the death by acknowledging suicide as a public health issue, and identifying warning signs, causes, and treatments to raise prevention awareness (National Suicide Prevention Lifeline, 2016; Reporting on Suicide, 2015). In retrospect, I said, "In order to protect Amanda's privacy I can't divulge her cause of death ... does anyone have any thoughts they want to share about her?" I wish I had said, "In order to protect Amanda's privacy I can't divulge her cause of death. It's my understanding that there has been talk about the possibility that this was a suicide death. Rumors may begin to circulate, and we ask that you not spread rumors since they may turn out to be inaccurate and can be deeply hurtful and unfair to Amanda, her family and friends. Since the subject has been raised, I want to remind you that suicide, when it does occur, is a complicated act. Some of the warning signs..." I could have then opened a discussion about suicide prevention. In following the letter of the law—do not disclose cause of death—we missed an opportunity to open discussion.

Conclusion

Amanda's death taught me many lessons about being an administrator, a teacher, and a human experiencing loss. Years have passed, and I find myself thinking about her often. I wonder how her children are faring. I'm confused about why she made the choice she did and I often rewind time in my mind and wonder what I could have done differently and if there was any way to

change the outcome and prevent her death by suicide. I still do not have answers to many of the questions raised by her death.

I find myself treading more carefully with current students, particularly young mothers or students who exhibit severe anxiety. I try very hard to allow each relationship—especially the personal relationship between Capstone student and adviser—to develop naturally, but I am not as reserved or cautious as I was with Amanda. If a student makes a passing comment about being anxious or uncertain, I immediately stop whatever I've been saying or doing, look them in the eye, and begin a conversation about self-care. I am not afraid to comment if they look haggard or sleep-deprived, and I am not shy about pushing deadlines back or providing tissues and a broad shoulder if a student begins crying in my office. I have become more adept at establishing my boundaries, and recognizing that being human, being a good teacher, and being a good administrator go hand-in-hand.

As an administrator, I continue to try to respect my colleagues' varied responses to Amanda's death and understand my efforts to handle the situation. I wonder whether it was my role as "the administrator" that made me feel as though I had to behave in a certain manner, or whether it's part of my nature. If I were not in an administrative role, would I feel as obligated to keep myself emotionally stable in front of students and my faculty colleagues? I am open to the idea that perhaps I would not want to be vulnerable in front of students or my colleagues regardless of my title. I know from experience that others may have perceived my "being strong for everyone" by not showing my emotions as being uncaring or cold. Perhaps my colleagues struggled to understand and respect my response, never realizing that every time they asked me a question about Amanda that I couldn't answer or rejected a request for assistance, I felt even more frozen. I now realize the importance of giving each other the space needed to resolve our feelings.

The passage of time has resulted in our grief being less raw, and as a faculty we are better able to communicate with each other. We hold monthly faculty meetings where we regularly discuss deep, important topics such as diversity and social justice, and I like to think that we could discuss suicide as well. I'm not sure why we didn't have a faculty meeting to discuss and support each other at the time of Amanda's death. Extant literature supports the benefit of talking with colleagues in reducing feelings of isolation and increasing support (Berman, 1995; Hendin, Lipschitz, Maltsberger, Haas, & Wynecoop, 2000), although at the time I felt too raw and uncertain to actively participate in a discussion about our feelings.

One of our faculty members was the primary investigator for a SAMHSA grant focused on suicide prevention. Two weeks after Amanda's death Pat offered to train us in safeTALK, a "half-day alertness training that prepares anyone, regardless of prior experience or training, to become a suicide-alert helper" (LivingWorks, 2016, para. 1). Almost our entire faculty attended. The workshop followed a prescribed set of modules, but there was no discussion about Amanda or our feelings. I spent the bulk of the training vacillating between feeling like having the training now was akin to closing the barn door after the horse escaped and thinking that I had

done everything right with Amanda and it still didn't make a difference.

The news of Amanda's death by suicide came so quickly and unexpectedly that Julie and I were thrown into crisis management mode. We did not take time for ourselves. We tossed a quick "How are you doing?" at each other on our way to the next crisis needing our attention. The whole of our faculty began focusing on hosting Amanda's family during our graduation ceremony and making sure the collection taken up for her children was operational. As a group we were in full outcome mode as opposed to processing mode, and at the time I was very pleased with how well I was handling the events and activities designed to honor Amanda. I coordinated with her husband, made sure her family had a host and reserved seats at graduation, and was on the stage handing her husband and children her honorary diploma in the middle of the ceremony. I managed all of this without falling apart in tears, but neither was I relying on my colleagues for support or sharing my feelings with them. Despite the difficulty inherent in discussing suicide, in retrospect I wish we had a faculty meeting where we talked about her and our feelings.

In facing a tragedy, I was trying to balance my roles as instructor and administrator, handle my feelings about both roles, grieve the death of one of my students, support my peers in their grief, and manage competing challenges. I realize that in the newness of my administrative role, I was determined to keep my emotions in check the way a "good" administrator would. It is comforting to know that I am not alone in my feelings. Regarding suicide, previous literature details feelings of sadness, grief, shock, and doubt about competence in trained professionals (Anderson, 1999; Hendin et al., 2000; McAdams & Foster, 2000; Menninger, 1991), with some authors suggesting that therapists-in-training (or perhaps a new administrator?) experience similar emotions more deeply than their more experienced colleagues (Kleepsies, Smith & Becker, 1990; Kleepsies, Penk & Forsyth, 1993). With time and experience, I have grown as an administrator in both knowledge and confidence in my ability to lead. I know now that being vulnerable and expressing true emotion does not equal incompetent leadership. I also recognize that administrators have a very lonely job sometimes, and it's the nature of the job rather than something to be taken personally.

I wish that no instructor or administrator had to deal with the death of a student by suicide, but the reality is that it might well occur during one's tenure. Providing students with an opportunity to express their emotions, appreciating that staff and faculty are doing the best they can under difficult circumstances, recognizing that policy doesn't always match best practices, and maintaining faith that you're a competent administrator may allow inexperienced leaders the space they need to take appropriate action as grieving individuals. As part of a process of healing, I helped implement forums for discussion, supported students in the three-year offsite, face-to-face cohort when they wanted to start a scholarship fund, and awarded Amanda's graduate degree posthumously at our hooding ceremony, where her husband and children walked across the stage in her stead. In the years since, I have forged deeper relationships with my colleagues, gained confidence in my abilities, and am hopeful that I am better able to manage crises with the grace and aplomb Julie displayed during an incredibly dark moment for me.

I have come to realize that one of the ongoing challenges of an administrator is finding the balance between policy, practice and people. And I have decided that my own most strongly held belief is that policy is intended to help people, but that people come before policy.

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Editor's Note: The author informed the journal that all names used in this narrative are pseudonyms.