

Postvention

Understanding Best Practices and Resources for Postvention as Prevention: A Collaborative Approach to Healing After Suicide Loss

Behavioral Health Summit
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Suicide is a Profound Loss

- All of us have been touched by loss at some point in our lives.
- Talking about suicide can bring up personal experiences for us.
- **We need to be sensitive to loss survivors, attempt survivors, or any of us at risk for suicide.**
- Please practice good self-care and seek support that would be helpful to you.



www.namih.org
support groups/resources



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What is Postvention?

Postvention is a **planned response** after a suicide death that **helps with healing** and **reduces risk** of further suicide incidents.

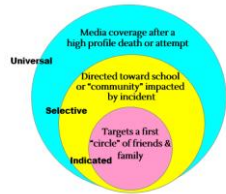
This is important because:

- *Having known someone who dies by suicide is one of the most significant risk factors for suicide.*
- *How a suicide is handled can impact risk for all, especially vulnerable individuals including teens and young adults.*



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A Comprehensive Postvention Approach



- Immediate Aftermath
- Short Term Stabilization
- Intermediate Monitoring and Restoration
- Long Term Healing and Recovery



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Core Principles

- Suicide is a **public health** problem and requires a comprehensive approach.
- Helping survivors of suicide loss **deal with the loss and grief in a safe way** is important for everyone.
- Taking the **right action** after a suicide can be prevention for future suicides.
- Suicide postvention becomes **prevention**
- **Cultural factors** are important to consider.
- **Awareness and communication** between individuals and systems will aid postvention and prevention efforts.



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Safe Messaging = Community Protective Factor



Promote

- Information on where/how to get help
 - 988 Suicide & Crisis Lifeline
 - 211 CT Crisis Team
 - Crisis Text Line: TEXT 741741
- Warning signs for suicide
- Early help for mental health and substance use problems
- Local efforts to prevent suicide
- **"Died by suicide/lost life to suicide"**



Avoid

- Giving detailed descriptions of a suicide incident
- Glorifying or giving celebrity status to person who died
- Oversimplifying causes
- Overstating the frequency of suicide (e.g. an "epidemic")
- Using terms like failed/ successful/completed/ committed/chose to...



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Supporting Staff

- Inform staff of the situation/facts as you know them.
- Ask them what they need for support.
 - Offer sick/leave time off (when indicated)
 - Consider temporarily moving staff from a high stress job
- Encourage self-referral to an EAP.
- Role model good self-care skills.
- Consider using a crisis debriefing for staff.
- Review protocols for agency response to other clients.
- Provide check in/support in upcoming weeks/months.



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Memorial Activities

- Permanent memorials glorifying a person who has died by suicide can increase risk of contagion among vulnerable youth.
- **It is recommended that such memorials be avoided in schools or places not intended for memorials for all so they are not conducted selectively.**
- Protocols that reflect using temporary memorials and consistence for all deaths can
- Have postvention guidelines in place in advance so that all suicide deaths are responded to in the same way.
- Planned consistency in recognizing deaths publicly can minimize difficulties when any kind of death occurs.



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Student-Driven Memorials

- ❖ **Focus on the Cause, Not the Person**
- ❖ **Focus on Life, Not Death**



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Focus on the Cause of Suicide Prevention to Respect the Person and Others at Risk

Focused on Suicide Prevention



Focused only on the Person



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Focus on Life, not Death

Focused on Life



Focused on Death



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Case Scenario Part I

This is a hypothetical example and not drawn from or a reflection of any particular school district, but rather a composite of examples of how a postvention process can unfold to prompt discussion about practices and protocols that can be put into place proactively to enhance a cohesive and safe response. This scenario is intended to illustrate the need for proactive planning around best practices and a culture of compassionate and trauma informed response.



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Case Scenario Part 1

- A middle school administrator has learned one morning through social media that one of the students in the school has died by suicide. At the start of the school day, an announcement is made over the PA system that this very popular student has died. When staff and students hear this all together, a broad emotional reaction results.
- Teachers and counselors who were not expecting this news and unprepared to support students are absorbed in shock and grief. Students are also reacting in a variety of ways, and many who did not know the student are now becoming swept into the hysteria. While some are collapsing on the ground or running into the bathroom, others are getting on their phones and sharing the limited information that they received, and others are walking out the door and away from the school, without any noticing that they have left.
- The school then notified parents to make them aware of the news and the situation and inviting parents to pick up their student if the student feels a need to leave.
- After a chaotic day at the school with limited attendance in classrooms, the school administrator decides to close the school on the following day (Friday) to allow students to be with their parents and have some time away from the school. No further information is provided and school resumed the normal routine on Monday.



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Counselors/Staff as Loss Survivors



"The most profoundly disturbing event of a professional career"
(Hendin et. al. 2000)



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Impact of a Client or Student Suicide Death on the Counselor/Staff Member

Staff reactions can be similar to loss of a family member (self-blame, guilt etc.)

Impact may rise to level of post-traumatic response such as:



Inability to focus

Hyper-arousal/
hyper-vigilance

Some providers may experience severe distress for a prolonged period



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Professional Impact

- Confidence and competence are undermined and sometimes shattered.
- Hyper-vigilance, even with students with low or no risk
- Difficulty being present with students
- Inability to concentrate
- Trouble trusting students
- Isolation from colleagues
- Some seek positions with lower risk populations or leave profession entirely.



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Vicarious Trauma/Post-Traumatic Growth

While secondary (vicarious) trauma may persist for community care providers and members alike, others might experience some personal growth and changes in perspective:

(Slavin-Spenny, et al, 2011)

- **Having greater appreciation for relationships and loved ones**
 - **Being grateful for what they have in their lives and community**
 - **Becoming more understanding and accepting of others**
- This post-traumatic growth may then present as **resilience**, where an individual has supportive relationships and adaptive skills in their journey of healing.



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Case Scenario Part 2

- School opens up Monday with business as usual and school climate is subdued but overtly normal. Administration concludes that giving students time over the weekend, returning to a normal routine and avoiding further discussion about the death will help to move on. The student's death has been confirmed as a suicide through official sources, although the school has not said anything publicly about this. However, social media is "blowing up" with a lot of speculation, blame and finger pointing about the death.
- On Tuesday, you receive a call from the administration who has been advised to get some guidance about what to do next. The parents of the deceased student have informed the school that there will be services on Thursday. They are requesting that the school close down for the afternoon and the school provide transportation via busses to the memorial services. Following the services, they would like to have a ceremony at the school where they will pay to have a tree planted in their child's memory with a plaque on it.



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Long Term Postvention Considerations



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Options and Next Steps for NH

- Continued statewide postvention planning
- Training in CISM, postvention and prevention
- Participation in DBHRT, SPC, YSPA, SOSL Subcommittee



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Our NH Statewide PV Response

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National Alliance on Mental Illness (NAMI) NH
Elaine de Mello, LCSW, Suicide Prevention and Postvention Advisor
elained@naminh.org
<https://theconnectprogram.org/find-support/coping-with-suicide-loss/>

NH Rapid Response: 1-833-710-6477 call or text 24/7
Community Mental Health Centers: <https://nhcbha.org/>

NH Survivors of Suicide Loss Subcommittee:
Chair: Steve Boczenowski (boczeno@gmail.com)
Co-Chair: Megan Melanson (Megan.S.Melanson@centene.com)



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