



**Responding to Grief, Trauma,  
and Distress After a Suicide:  
Introducing New  
U.S. National Guidelines**

**AAS Annual Conference**  
Hyatt Regency Atlanta, Georgia  
17 April 2015



# Today's Panel

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## **Franklin Cook, M.A., C.P.C. (moderator)**

Unified Community Solutions (Task Force Co-Lead)

## **Jason H. Padgett, M.P.A., M.S.M.**

Secretariat, National Action Alliance for Suicide Prevention, EDC

## **John R. Jordan, Ph.D**

Psychologist (Task Force Co-Lead)

## **Doreen Schultz Marshall, Ph.D.**

American Foundation for Suicide Prevention (Task Force Member)

## **Larry Berkowitz, Ed.D.**

Riverside Trauma Center (Task Force Member)



# Action Alliance Vision, Mission, & Goal

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## Action Alliance Vision

- ✦ The National Action Alliance for Suicide Prevention envisions a nation free from the tragic experience of suicide.

## Action Alliance Mission

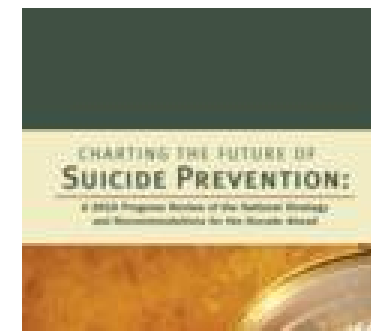
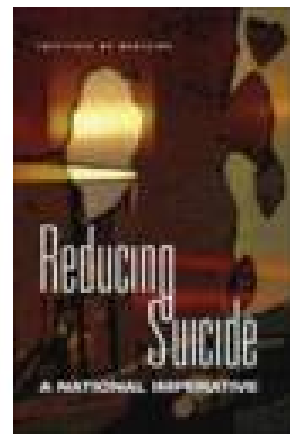
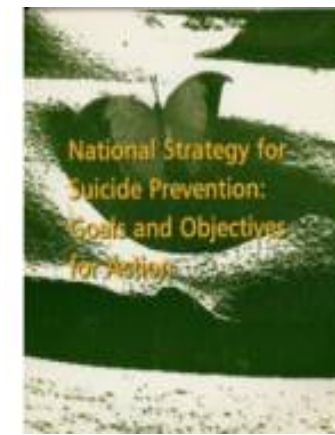
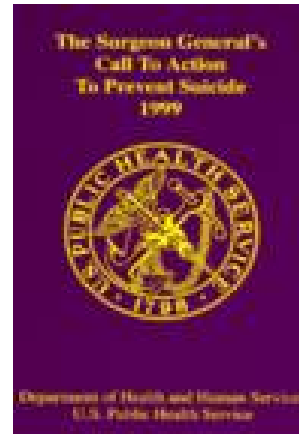
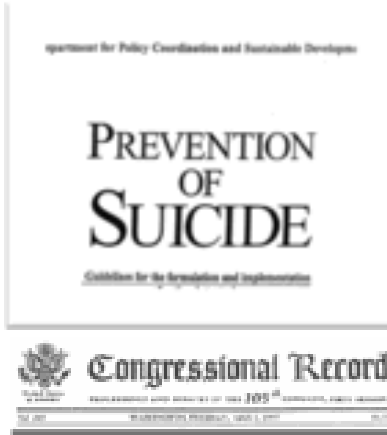
- ✦ To advance the *National Strategy for Suicide Prevention* (NSSP) by:
  - Championing suicide prevention as a national priority
  - Catalyzing efforts to implement high priority objectives of the NSSP
  - Cultivating the resources needed to sustain progress

## Action Alliance Goal

- ✦ To save 20,000 lives in five years.



# Over the past 20 years





# Action Alliance Progress

**ZERO**Suicide  
IN HEALTH AND BEHAVIORAL HEALTH CARE

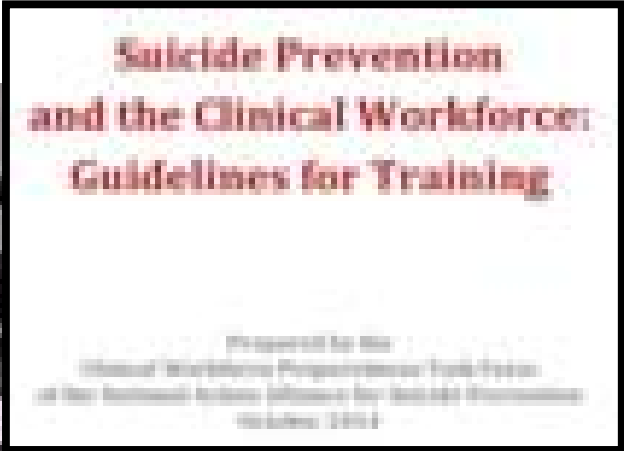


Your *life*  
**MATTERS!**



 National Action Alliance for Suicide Prevention  
Clinical Practice Framework for Successful Integration

*The Way Forward*





# In Gratitude

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## Task Force Co-Leads

- Franklin Cook
- John R. “Jack” Jordan
- Karen Moyer

## Task Force Members

- Larry Berkowitz
- Julie Cerel
- Joanne L. Harpel
- Doreen S. Marshall
- Vanessa McGann
- John McIntosh
- Robert A. Neimeyer
- Ken Norton
- Sally Spencer-Thomas



# In Gratitude

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## Reviewers

- LaRita Archibald
- Donna Holland Barnes
- Iris Bolton
- David Bond
- Frank Campbell
- Michelle Cornette
- William Feigelman
- Jill Fisher
- Nina Gutin
- Jill Harrington-LaMorie
- Barb Hildebrand
- Michelle Linn-Gust
- David Litts
- Alison Malmon
- Eric Marcus
- Michael Myers
- Kim Ruocco
- Donna Schuurman
- Maureen Underwood
- Ronnie Walker



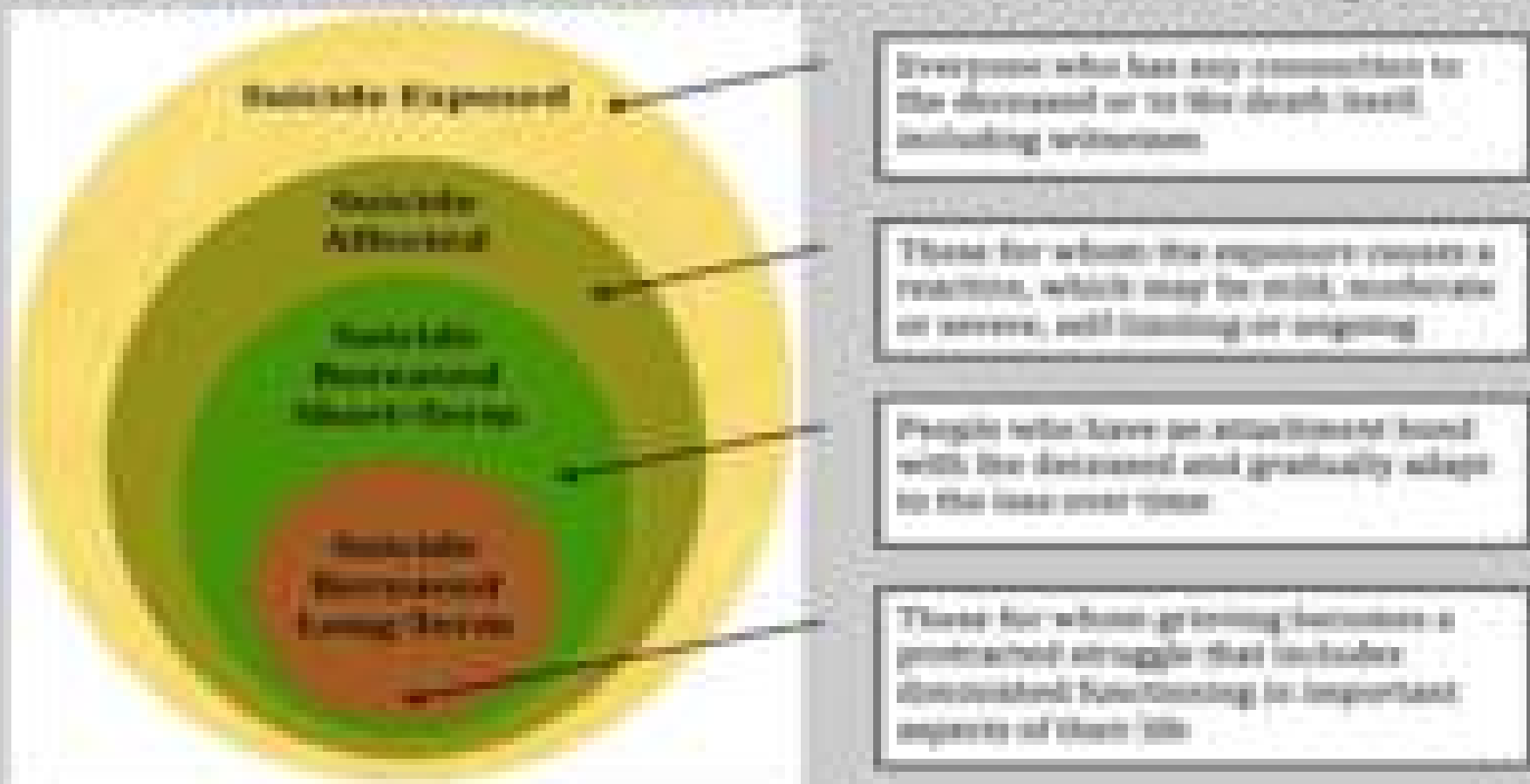
# Who Are Survivors?





Table 1

## The Continuum Model: Effects of Suicide Exposure





# How Many Survivors are There?



# How Many Survivors Are There?

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- 6 Survivors for every suicide (40K x 6 = 240,000 new survivors each year)?
- Exposure - Crosby & Sacks (2002)
  - 7% of U.S. population exposed in a year (21 million each year)
  - 1.1% have lost a family member (3.3 million each year)
  - Of those exposed:
    - 3.2% lost immediate family
    - 13.7% extended family
    - 80.4% friend or acquaintance



# Why Help Survivors Of Suicide Loss?



# Are Survivors at Risk for Suicide?

- Important Studies: Crosby & Sacks (2002); Qin, Agerbo, & Mortensen (2005); Hedstrom, Liu, & Nordvik (2008); Spiwak, et.al. (2011); Feigelman, Jordan, McIntosh, & Feigelman (2012); Pitman, et.al., 2014
- Crosby & Sacks (2002)
  - Calculating odds ratios, estimated that those exposed are:
    - 1.6 times more likely to have suicidal ideation
    - 2.9 times more likely to have suicide plans
    - 3.7 times more likely to have made a suicide attempt
  - Put differently:
    - 2.1% of sample who reported suicidal ideation also had been exposed in last year
    - 7.2% of people with suicide plans had been exposed
    - 10.6% of people who made suicide attempts had been exposed



# Are Survivors at Risk for Suicide?

- Qin, Agerbo, & Mortensen (2005)
  - Completed suicide in immediate family associated with 2.1 fold increase in risk for completion of suicide themselves
  - In young survivors (<21), paternal suicide associated with a 2.3 fold increase, and maternal suicide associated with a 4.8 fold increase in risk for completion
  - Loss of a child or spouse is associated with increased risk of suicide in survivors (especially mothers) – and loss to suicide increases risk even more
  - Highest risk is a 46 fold increase for male spouses who lose a spouse to suicide (Agerbo,
- Hedstrom, Liu, & Nordvik (2008)
  - Men exposed to loss of a family member 8.3 times more likely to die by suicide
  - Men exposed to loss of a work colleague 3.5 times more likely to die by suicide (work setting under 100)



# Are Survivors at Risk for Suicide?

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- Parent survivors report of ideation (Feigelman, et.al., 2012):
  - Almost 49% report ideation during first five years
  - 18% still report ideation ten years or beyond
  - Mothers bereaved 5 or more years reported ideation at a rate that was  $> 6$  times the rate for a non-bereaved, demographically equivalent sample of women



# Additional Complications for Survivors

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- Greater rates of bipolar disorder in persons exposed to the suicide of a parent (Tsuchiya, Agerbo, & Mortensen, 2005)
- Greater depression across all kinship losses (Kessing, Agerbo, & Mortensen, 2003)
- Greater depression in adolescent and young adult friends losing a peer (Brent, Moritz, Bridge, Perper, & Canobbio, 1996)
- Greater depression in bereaved mothers (Brent, Moritz, Bridge, Perper, & Canobbio, 1996)
- Greater depression and substance abuse in youth losing a parent (Brent, Melhem, Donohoe, & Walker, 2009)





# Additional Complications for Survivors

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- Greater psychiatric morbidity in elderly parents losing a child (Clarke & Wrigley, 2004)
- Greater rates of complicated grief disorder (Bailey, Kral, & Dunham, 1999; Holland & Neimeyer, 2011; Melhem et al., 2004)
- Greater mental health symptoms and social isolation in surviving spouses 10 years after a loss (Saarinen et al., 2002)
- Poorer self-ratings of mental health and greater depression and suicidal ideation in bereaved mothers and fathers five or more years after the death of a child when compared to a non-bereaved national sample. The lowered ratings of mental health and depression persisted for more than 10 years for the bereaved mothers (Feigelman et al., 2012).
- Greater social strain and stigmatization within the social networks of loss survivors (Cvinar, 2005; Feigelman et al., 2009; Feigelman et al., 2012).



# The Take Away



# The Take-Away

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- Conclusion: *Suicide Leaves a Heavy Toll in its Wake*
- Paraphrase of Shneidman: *Postvention is Prevention of Future Suicides*
- *“The Survivors of Suicide Loss Task Force .... believes unequivocally that an organized and systematic response to the impact of suicide on **all** people exposed to a fatality must be a key element of **all** suicide prevention planning and implementation efforts by our nation, states, tribes, and local communities.” p. 60*



# U.S. National Guidelines

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- The *National Guidelines* include comprehensive goals and objectives to help communities better support people affected by suicide in America. They include recommendations for:
  - building infrastructure
  - creating policies and procedures within organizations
  - developing programs and services

to support people after a suicide, reduce the negative effects of suicide when it occurs, and help to prevent future suicides



# U.S. National Guidelines

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- The *National Guidelines* use the public health framework from the *National Strategy for Suicide Prevention* (NSSP) to delineate goals and objectives that focus on universal, selective, and indicated strategies to addressing suicide.
- There is also a section on: Surveillance, research, and evaluation of the impact of suicide and of interventions designed to ameliorate its effects



# U.S. National Guidelines

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- Strategic Direction #1-Universal strategies
  - Interventions accomplished on behalf of the entire population (i.e., the public)
- Strategic Direction #2-Selective strategies
  - interventions implemented on behalf of people who are at risk for negative mental health or other unhealthy outcomes in the aftermath of suicide (i.e., people who have been exposed to a suicide)



# U.S. National Guidelines

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- Strategic Direction #3- Indicated strategies
  - interventions delivered on behalf of people who are currently experiencing negative outcomes because of a suicide
- Strategic Direction #4-Surveillance, research, and evaluation
  - Focused on the impact of suicide and of interventions designed to ameliorate its effects



# Strategic Direction #1 (Universal)

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**Goal 1: Integrate and coordinate effective suicide postvention activities across jurisdictions, organizations, and systems through increased communication, collaboration, and capacity building.**

## **Sample objectives:**

- Engage leadership and stakeholders in health and mental health care, grief support, trauma-informed care, addiction recovery, emergency response, prevention, and related fields in integrating postvention values, expertise, and activities into their operations.
- Working through the Action Alliance and other avenues, develop and sustain public-private partnerships to advance suicide postvention at all levels and across all sectors.
- Ensure that survivors of suicide loss are involved in meaningful ways in planning and implementing postvention programs and services.





# Strategic Direction #1 (Universal)

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**Goal 2. Communicate accurate and useful information about the impact of suicide on individuals, organizations, and communities; the availability of services for people affected by suicide; and the nature and importance of suicide postvention.**

## **Sample objectives:**

- Ensure that the public receives information about postvention.
- Ensure that people working in health and mental health care, grief support, trauma-informed care, addiction recovery, emergency response, and similar fields receive information about postvention.
- Ensure that government, industry, and organization policymakers at every level receive information about postvention.



# Strategic Direction #1 (Universal)

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**Goal 3. Work to ensure that media, entertainment, and online communications about suicide and its aftermath do not contribute to the distress of people bereaved by suicide or to the risk of suicidal behavior among people exposed to a fatality.**

**Sample objectives:**

- Promote and support guidelines and initiatives designed to ensure that information about suicide includes positive, solution-oriented messages; highlights suicide warning signs and crisis resources; and does not contribute to suicide contagion.
- Incorporate information into all suicide prevention, entertainment, and other communication efforts about suicide loss and bereavement that meets the needs of survivors of suicide loss.



# Strategic Direction #1 (Universal)

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**Goal 4: Create the infrastructure and delivery systems for training a wide array of service providers in suicide bereavement support and treatment, and in minimizing the adverse effects of exposure to a suicide.**

**Sample objectives:**

- Offer training and support for service providers that covers all levels of care, and is based on best practices and evidence-based models for delivering mental health crisis response .
- Provide customized training and support in responding to suicide loss survivors for: clinical service providers, community-based service providers, such as coroners, medical examiners, law enforcement personnel; emergency medical services staff; firefighters; crisis, disaster, and trauma response workers; funeral directors; clergy and chaplains; etc.



# Strategic Direction #2 (Selective)

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**Goal 5: Develop and implement protocols in communities and across caregiving systems for effectively responding at the scene and in the immediate aftermath of all suicides.**

**Sample objectives:**

- Ensure that services at the scene or in the immediate aftermath of a suicide are informed by the principles of mental health crisis response, with a focus on promoting safety, calm, hope, connectedness, and self-efficacy.
- Ensure that service providers responding to a suicide are able to assess and support the practical and emotional needs as well as the physical and mental health needs of people affected by the fatality.



# Strategic Direction #2 (Selective)

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**Goal 6: Ensure that people exposed to a suicide receive essential and appropriate information.**

## **Sample objectives:**

- Enable all service providers who are likely to encounter people exposed to suicide to distribute accurate and helpful information to them.
- Make information about support and professional resources available through a centralized source that people exposed to suicide can readily access in local communities and nationally.
- Provide the deceased's next of kin ready access to information
- Develop and/or disseminate guidelines for people bereaved by suicide to help them interact with the media and entertainment industry, on the Internet, and in other public settings



# Strategic Direction #2 (Selective)

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**Goal 7: Develop and implement effective postvention practices in organizational, workplace, and school settings.**

## **Sample objectives:**

- Organizations, workplaces, and schools should develop crisis plans that include protocols for responding to a sudden death, with specific guidelines for loss by suicide.
- Postvention plans should provide for skilled trauma response services as needed for those who may have witnessed a suicide death, who have been involved in rescue attempts, or who show evidence of post-traumatic stress or other acute or potentially debilitating reactions to the fatality.



# Strategic Direction #3 (Indicated)

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**Goal 8: Ensure that all support and treatment services delivered to the suicide bereaved are accessible, adequate, consistent, and coordinated across systems of care.**

## **Sample objectives:**

- Ensure that services for the suicide bereaved are implemented based on evidence of their effectiveness. Where evidence-based practices are lacking, ensure that services are congruent with widely accepted principles.
- Provide services to people bereaved by suicide—in terms of timing, cultural appropriateness, ease of access, and affordability—that take into account the diverse needs and perspectives of various individuals, families, and communities.



# Strategic Direction #3 (Indicated)

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**Goal 9: At the level of support services, provide an array of assistance, programs, and resources that help bereaved individuals and families cope with and recover from the effects of their loss to suicide. Services at this level may include information, emotional support, guidance; psychoeducation about suicide, grief, trauma, and effective self-care; and participation in peer help and other community-based services.**

## **Sample objectives:**

- Develop and maintain the infrastructure and capacity for professional caregivers—such as grief counselors, mental health and social work practitioners, physicians, nurses, etc.—to provide guidance, support, and assistance that meets the characteristic needs of people bereaved by suicide.
- Develop and maintain the infrastructure and capacity for peer-to-peer—to help meet the characteristic needs of people bereaved by suicide.





# Strategic Direction #3 (Indicated)

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**Goal 10: At the level of professional clinical services, provide an array of treatment, programs, and resources that help people affected by unremitting or complicated grief, PTSD, depression, suicidality, and other acute or potentially debilitating conditions.**

## **Sample objectives:**

- Ensure that professional assessment and treatment for loss survivors are provided by a clinician (licensed grief counselors, mental health and social work practitioners, physicians, nurses, etc.) with broad competencies in a relevant discipline (psychiatry, psychology, counseling, social work, etc.) and specialized knowledge of and experience with people exposed to suicide.
- Provide professional services at appropriate times across the lifespan of the suicide bereaved; using approaches relevant to the needs, strengths, and preferences of the client; and including access to various modalities, such as individual, couple, family, and group therapy.



## Strategic Direction 4: Surveillance, Research, & Evaluation

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### Goals 11-15

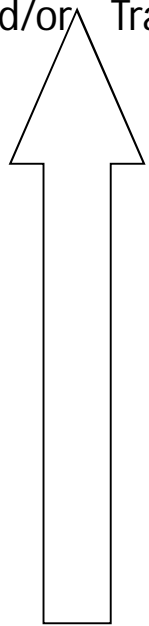
- Number of people exposed to suicide, immediate and longer-term effects
- Variables that function as risk factors for or buffers to such effects.
- Utilization and efficacy of interventions
- Bridge research and practice through engagement of relevant stakeholders



## Reaction

Complicated Grief

And/or Trauma Reactions



Mild Distress

## Service Level

Level 4 Psychotherapy

Level 3 Counselling

Level 2 Support

Level 1 Information

Structured Referral Procedures

Mental Health Services  
Psychotherapy.

Grief Counselling  
Adult, Children, Family.

Community Support  
Self Help Groups.

Literature, Directory, Booklet, Web  
Resources, Rituals, Helplines.

Population Approach: Training and Education, Media,  
Human Resources, Schools etc.



# What Does This Mean for Practitioners?

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- Understand the Elevated Risk for Suicide and Other Complications
- Get Training in Working with Survivors (and other traumatic loss)
- Suicide Bereavement Clinician Training Program – AFSP & AAS
- Help Survivors Connect with Other Survivors
- Provide Services for Survivors
  - Information
  - Support groups
  - Focused grief therapy



# What Does This Mean For Organizations?

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- Have a Plan for Coordinated Response
- Provide Specialized Training for Appropriate Staff in Working with Trauma And Suicide Bereavement
- Identify & Reach Out to Highly Impacted Individuals in the Organization
- Provide Resource Information to New Survivors



# What Does This Mean For Organizations?

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- Use the Suicide as a “Teachable Moment”
  - About suicide
  - About where to get help
  - About grief & trauma after suicide
  - About appropriate responses to the bereaved
- Provide Psychoeducation & Peer Support Activities
- Follow Up Longer Term



# Your Input

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- Where do we go from here?
- How do we get recommendations out to
  - Federal government?
  - States?
  - Tribal communities?
  - Local communities?
  - Professional/ Trade organizations?
  - Clinical education/ Public health education?
  - State Suicide Prevention Coalitions?



# Access National Guidelines at

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[bit.ly/respondingsuicide](http://bit.ly/respondingsuicide)

OR

[www.actionallianceforsuicideprevention.org/  
task-force/survivors-suicide-loss](http://www.actionallianceforsuicideprevention.org/task-force/survivors-suicide-loss)