

Complete document available: bit.ly/respondingsuicide

Appendix C "Resources: Supporting the Bereaved": bit.ly/afterasuicide

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

Survivors of Suicide Loss Task Force
April 2015



The Public-Private Partnership Advancing the National Strategy for Suicide Prevention



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

Table of Contents

Front Matter

Acknowledgements.....	i
Task Force Co-Leads, Members	ii
Reviewers.....	ii
Preface	iii

National Guidelines

Executive Summary.....	1
Introduction	4
Terminology: “Postvention” and “Loss Survivor”	4
Development and Purpose of the Guidelines.....	6
Audience of the Guidelines.....	7
Defining “Survivor of Suicide Loss”	7
Suicide Exposure: The Continuum Model.....	9
The Nature of Suicide Bereavement.....	13
Research on the Impact of Suicide.....	18
Meeting the Needs of the Suicide Bereaved	21
Organizational Support After a Suicide.....	25
Three High-Priority Challenges	26
Conclusion.....	28

Goals and Objectives

A Public Health Foundation for Effective Suicide Postvention	29
Strategic Direction 1: Healthy and Empowered Individuals, Families and Communities.....	30
Strategic Direction 2: Clinical and Community Preventive Services	31
Strategic Direction 3: Treatment and Support Services	33
Strategic Direction 4: Surveillance, Research, and Evaluation	34

Appendices

Appendix A: Principles of Suicide Postvention Programs	37
Appendix B: Examples of Concrete Action Steps.....	38
Appendix C: Resources: Supporting the Suicide Bereaved	42

References	51
-------------------------	----

Tables

Table 1: The Continuum Model: Effects of Suicide Exposure	10
Table 2: Effects of Exposure to Suicide: Potential Mediating Factors	13

Acknowledgements

The National Action Alliance for Suicide Prevention,¹ a public-private partnership that is advancing the cause of lessening suicide's toll in the United States, is to be commended and heartily thanked for providing a cornerstone for the work of the Survivors of Suicide Loss Task Force.

Responding to Grief, Trauma, and Distress After a Suicide: U.S. National Guidelines (National Guidelines) is the work of a dozen dedicated volunteers serving on the Task Force, whose names and affiliations are listed on the page that follows. Collectively, the Task Force represents a vast amount of experience in postvention: learning, teaching others, and advocating on behalf of compassionately attending to the needs of those left behind in the aftermath of suicide. Another 20 volunteers, also listed on the following page, served as expert reviewers, and their thoughtful criticism and suggestions strengthened the guidelines in important ways—and proved that this truly is only a work in progress. These volunteers—and leaders—for the field of suicide postvention have spent countless hours during their careers in the company of survivors of suicide loss and others affected by suicide, and there is no doubt that their work on the guidelines truly has been in dedication to everyone who has suffered because of a suicide and to all who labor to sustain those who suffer.

The most earnest hope of the Task Force members is that the *National Guidelines* help to create an historic opportunity for fundamental, meaningful change in the reach and effectiveness of postvention in America. If that is to happen, it will come about through the efforts of a new generation of advocates, caregivers, and leaders who will build on the 50 years of foundational work by pioneers such as LaRita Archibald (HEARTBEAT), Eleanora Betsy Ross (Ray of Hope), Iris and Jack Bolton, Adina Wroblewski (SAVE), Marilyn Koenig (Friends for Survival), Mary Douglas Krout, Stephanie Weber, Lois and Sam Bloom, Fred and Gail Fox, Leah and Scott Simpson, Father Charles Rubey, Karyl Chastain Beal (POS/FFOS), Edward Dunne, Karen Dunne-Maxim, Jerry and Elsie Weyrauch (SPAN USA), Judy Meade, Dale and Dar Emme (Yellow Ribbon), Sandy Martin (Lifekeeper Foundation), Frank Campbell (BRCIC), Clark Flatt (Jason Foundation), Donna and Phil Satow (JED Foundation), Carla Fine, Mike Myers, and Mark and Carol Graham. More recently, the efforts of organizational staff and board leadership—through the work of Michelle Linn-Gust and Sally Spencer-Thomas (AAS), Joanne Harpel (AFSP), Kim Ruocco (TAPS), Alison Malmon (Active Minds), Ronnie Walker (Alliance of Hope), and Ken Norton (Connect/NAMI-NH)—have helped thousands of loss survivors and built momentum for systems change focused on postvention. These champions and many more—including those in crisis centers and grief support groups across the country who are, day in and day out, touching the lives of people affected by suicide—have laid the foundation for accomplishing the Task Force's vision: *A world where communities and organizations provide everyone who is exposed to a suicide access to effective services and support immediately—and for as long as necessary—to decrease their risk of suicide, to strengthen their mental health, and to help them cope with grief.*

Please join us to make this vision a reality.

Franklin Cook, John R. Jordan, & Karen Moyer,
Task Force Co-Leads

¹ The National Action Alliance for Suicide Prevention (actionallianceforsuicideprevention.org), established in 2010 with support from the Substance Abuse and Mental Health Services Administration (SAMHSA), is the public-private partnership working to advance the *National Strategy for Suicide Prevention* and make suicide prevention a national priority

Task Force Co-Leads

Franklin Cook, MA, CPC, Personal Grief Coaching, Boston, MA

John R. (“Jack”) Jordan, PhD, Clinical Psychologist, Private Practice, Pawtucket, RI

Karen Moyer, Co-Founder, Chairman, Moyer Foundation, Seattle, WA

Task Force Members

Larry Berkowitz, EdD, Director, Riverside Trauma Center, Needham, MA

Julie Cerel, PhD, Associate Professor, College of Social Work, University of Kentucky, Lexington, KY

Joanne L. Harpel, MPhil, JD, President, Coping After Suicide, New York, NY

Doreen S. Marshall, PhD, Senior Director of Education and Prevention, American Foundation for Suicide Prevention, New York, NY

Vanessa McGann, PhD, Clinical Psychologist, Private Practice, New York, NY

John McIntosh, PhD, Professor of Psychology and Associate Vice Chancellor for Academic Affairs, Indiana University South Bend, IN

Robert A. Neimeyer, PhD, Professor, Department of Psychology, University of Memphis, TN

Ken Norton, LICSW, Executive Director, NAMI-New Hampshire, Concord, NH

Sally Spencer-Thomas, PsyD, CEO and Co-Founder, Carson J Spencer Foundation, Denver, CO

Reviewers

LaRita Archibald, HEARTBEAT Survivors After Suicide, Colorado Springs, CO

Donna Holland Barnes, PhD, National Organization for People of Color Against Suicide, Wash., DC

Iris Bolton, MA, Director Emeritus, Link Counseling Center, Atlanta, GA

David Bond, LCSW, BCETS, The Trevor Project, West Hollywood, CA

Frank Campbell, PhD, LCSW, Frank Campbell & Associates, Baton Rouge, LA

Michelle Cornette, PhD, American Association of Suicidology, Washington, DC

William Feigelman, PhD, Nassau Community College, Garden City, NY

Jill Fisher, M.Suic, M.HlthStds, StandBy Response Services, Tewantin, Queensland, Australia

Nina Gutin, PhD, Psychologist, Private Practice, Pasadena, CA

Jill Harrington-LaMorie, DSW, LCSW, Center for the Study of Traumatic Stress, Bethesda, MD

Barb Hildebrand, Suicide Shatters Facebook Community, Mississauga, Ontario, Canada

Michelle Linn-Gust, PhD, Chellehead Works, Albuquerque, NM

David Litts, OD, Suicide Prevention and Public Health Policy Expert, Macatawa, MI

Alison Malmon, Active Minds, Washington, DC

Eric Marcus, American Foundation for Suicide Prevention, New York, NY

Michael Myers, MD, SUNY Downstate Medical Center, Brooklyn, NY

Kim Ruocco, MSW, TAPS (Tragedy Assistance Program for Survivors), Arlington, VA

Donna Schuurman, EdD, FT, The Dougy Center, Portland, Oregon

Maureen Underwood, LCSW, Society for the Prevention of Teen Suicide, Freehold, NJ

Ronnie Walker, MS, LCPC, Alliance of Hope for Suicide Loss Survivors, Evanston, IL

Preface

More than a decade ago, I attended a meeting of survivors of suicide loss who were testifying about how the most devastating event imaginable in their lives had motivated—or inspired or perhaps even *driven*—them to try to change how communities respond to people at risk of dying by suicide and to those who are left behind when suicide ends a precious life.

I will never forget the introductory comments of one of the panelists that day, Pam Harrington, a SPAN USA volunteer from Florida, who was notably anxious about her role as a public speaker—even though her entree onto the panel was the fact that she had leveraged the signatures of thousands of advocates to persuade then-Florida Governor Jeb Bush to make addressing the toll of suicide a high priority in his state. Pam gripped both sides of the podium and began to tell the story of her determination to meet with him, saying how difficult it had been for her to find her voice in that weighty moment but that ultimately she had spoken to the governor with all of the conviction for her cause that she could muster. She felt similarly anxious in the present moment, she said, because she had never imagined herself in such a role. But, she continued, “Whenever I find it hard to speak out like this, I remember *in my heart* that I speak for Beth,” and her voice cracked, and she briefly struggled not to cry, then she went on with her talk. Beth, of course, is her daughter, whose suicide had launched Pam on the road to advocacy and caregiving that tens of thousands of survivors have embarked upon over the years.

I share that poignant scene because it is the only personal account of suicide loss you will find in this document, and I worry that those who have been personally touched by suicide will find the omission of survivor stories baffling or perhaps even hurtful. Please know that everyone who had anything to do with the creation of these new *National Guidelines* has their own story, and *in our hearts*, we have brought the voices of loss survivors into every word that is written.

Another force that lies behind all that these guidelines assert is our belief that there is a profound lack of awareness—among the public, certainly, but also among many who provide care to the bereaved—about the damage that suicide can cause to people who experience the finality and the pain of its impact. The claims put forth in this document rely on the facts, so let me begin with this one: In the 37 years since 1978, when my father killed himself, 1.2 million more people have died by suicide in America (data from J. McIntosh, personal correspondence, April 3, 2015). Using the oft-quoted and unquestionably conservative figure of six people seriously affected by each fatality, that adds up to more than 7 million people among us who have personally experienced the tragedy of suicide. The research findings delineated in the pages that follow present the cumulative argument that the severity and duration of suicide’s damage for many of our friends and neighbors is far worse than is recognized, and that our society is not even close to responding adequately or effectively to lessen this damage or to help people recover from the tragedy that has befallen them.

I believe that creating awareness about the number of people affected, the nature of the damage they suffer, and the extent to which their needs are not being met is extraordinarily important, but to truly succeed, these guidelines must change not only our awareness. They also must compel us to take the bold and drastic action necessary to reinvent postvention in a way that focuses our compassion—and our resources—on answering the call to meet the needs of everyone exposed to a suicide.



April 13, 2015

Responding to Grief, Trauma, and Distress after a Suicide: National Guidelines

National Action Alliance for Suicide Prevention: Survivors of Suicide Loss Task Force

Executive Summary

Responding to Grief, Trauma, and Distress after a Suicide: National Guidelines—developed by the Survivors of Suicide Loss Task Force of the National Action Alliance for Suicide Prevention—calls for the creation and sustainment of the resources, infrastructure, services, and systems necessary to effectively respond to any incidence of suicide in the United States. The vision that guided the Task Force in its work is of *a world where communities and organizations provide everyone who is exposed to a suicide access to effective services and support immediately—and for as long as necessary—to decrease their risk of suicide, to strengthen their mental health, and to help them cope with grief.*

The Task Force was established in 2012 to focus attention on providing—in communities throughout the nation—effective support to the suicide bereaved and others exposed to suicide who may need help recovering from grief, trauma, or other distress. Its members include national experts in the field of suicide bereavement, survivors of suicide loss, clinicians, and other key stakeholders engaged in suicide response or postvention efforts. The *National Guidelines* are a call to action for everyone engaged in suicide prevention to strengthen and expand their response to every fatality in order to both reduce the risk of suicide and meet the needs of the bereaved and of others who suffer from the range of negative effects related to exposure to a suicide.

The guidelines are intended to reach anyone who is in contact with, cares about, or wishes to help those impacted by a suicide loss. This includes first responders (police, fire, and emergency rescue personnel); mental health clinicians; medical professionals; public health professionals; faith leaders; funeral professionals; and many others. Key audiences also include organizations such as hospitals, social service agencies, bereavement support organizations, faith communities, state and local offices of public health or suicide prevention, schools and colleges, military and veteran service providers, loss survivor support organizations, and others whose work is focused on trauma and traumatic loss. Last but not least, the guidelines are intended for suicide loss survivors themselves who are ready to become involved—locally or nationally—in the efforts under way to reduce suicide and to help those affected by the tragedy of suicide.

The guidelines provide a unified, far-reaching blueprint for the development of suicide postvention at all levels of U.S. society. The overarching goal is to reduce the deleterious effects of exposure to suicide and facilitate the process of healing from a suicide loss. The guidelines call for an integrated and compassionate community response to deaths by suicide in every kind of community in the country.

More specifically, the *National Guidelines*:

- Provide readers with an overview on what is known about suicide exposure and suicide bereavement, including a review of the professional literature

- 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 responses to the aftermath of suicide
- Present research evidence demonstrating that numerous negative outcomes are linked to exposure to suicide, including an increased risk of suicide, mental health issues, substance abuse, posttraumatic stress disorder (PTSD), and social isolation
- Augment the effectiveness of research and program development by conceptualizing the aftermath of suicide for individuals along a continuum that includes four “categories:” exposed, affected, short-term bereaved, and long-term bereaved
- Treat the experience of a suicide death as a potential crisis event that, for some, does not end with exposure to the death but continues afterward, requiring a mental health response to address individual and community needs
- Address the postvention needs of schools, workplaces, and organizations
- Provide an organized yet flexible and multifaceted structure for the delivery of services to those affected by suicide—focused on effective crisis response and the overlapping and ongoing goals of support and treatment for all who need it
- Outline fundamental research priorities related to the impact of suicide on individuals and organizations, with special attention on how research would inform postvention practices
- Provide linkage to additional resources for those engaged in suicide postvention efforts or who wish to develop a more comprehensive suicide response in their community

The goals and objectives recommended in the guidelines are structured around the framework used by the NSSP in keeping with the principles of a public health response to suicide.

The goals in Strategic Direction 1 (Healthy and Empowered Individuals, Families, and Communities) are *universal* strategies, which are interventions on behalf of the entire population:

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

The goals in Strategic Direction 2 (Clinical and Community Preventive Services) are *selective* strategies, which are interventions on behalf of people who are at risk for negative mental health or other unhealthy outcomes in the aftermath of suicide:

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

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

The goals in Strategic Direction 3 (Treatment and Support) are *indicated* strategies, which are interventions on behalf of people who are currently experiencing negative outcomes as a result of a suicide:

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

The goals in Strategic Direction 4 (Surveillance, Research & Evaluation) are strategies designed to increase the knowledge base related to the aftermath of suicide to guide the implementation of effective treatment and support:

11. Design studies of suicide loss survivors using appropriate scientific methods.
12. Establish valid and reliable estimates of the number of people exposed to suicide and the immediate and longer-term impact of exposure. This includes people (a) exposed to and (b) affected by a given suicide, as well as those who suffer (c) short-term and (d) long-term bereavement complications.
13. Identify common and unique impacts of suicide bereavement, as well as individual difference variables that function as risk factors for or buffers to such effects.
14. Study the utilization and efficacy of interventions and services designed to assist people bereaved by suicide.
15. Promote bridging of research and practice by soliciting engagement of relevant stakeholders in scientific studies of suicide loss and intervention.

Accomplishing these goals would result in accomplishing NSSP Objectives 10.1, on assisting people bereaved by suicide; 10.2, on responding to trauma and complications of grief; and 10.5, on caring for service providers, first responders, and others who are exposed to suicide. More generally, the goals and objectives provide guidance for those involved in suicide prevention efforts to incorporate more-effective care for the suicide bereaved and others affected by a suicide into all postvention policies and practices. They also pave the way for increased communication and collaboration between the field of suicide postvention and those working in fields such as grief counseling, trauma care, crisis response, mental health treatment, funeral services, and spiritual ministry.

The *National Guidelines* include three appendices:

- Appendix A delineates the overarching principles for postvention programs and services.
- Appendix B outlines key resources and contacts for survivors of suicide loss and for those who care for them.
- Appendix C identifies specific action steps that can be taken by officials at the local, tribal, state, and national levels to strengthen postvention.