POSTVENTION AS PREVENTION: SUPPORTING SUICIDE LOSS SURVIVORS

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- Become familiar with the Responding to Grief, Trauma and Distress After a Suicide: US National Guidelines.

- Understand the terms “postvention” and “suicide loss survivor” and their importance to clinical practice.

- Become familiar with common grief reactions after a suicide loss and how to support children and families through this grief process.
Prevention
Normal life circumstances and problems that might lead to suicidal behaviors

Intervention
Persons with thoughts of suicide

Postvention
Injured and affected

Community Coordination: Prevention coordination, research, information dissemination
WHAT ARE THE GOALS OF POSTVENTION?

- to prevent further suicides.
- to support the bereaved.
- to counteract the other negative effects of exposure to suicide.
POSTVENTION

by Ken Norton, LICSW, executive director of the New Hampshire chapter of the National Alliance on Mental Illness.
LANGUAGE OF SUICIDE

- Suicide: Died by suicide
- Completed suicide (not “successful”)
- Suicide-loss survivors, suicide bereaved (suicide-survivors)
- Suicide attempt-survivors
- Suicide Contagion
- Fatal outcome/non-fatal outcome
- Suicidal tunnel or suicidal “trance”
SAFE MESSAGING

- Don’t attribute a suicide death to a single factor (such as bullying or discrimination) or say that a specific anti-LGBT law or policy will “cause” suicide.

- Don’t talk about suicide “epidemics” or suicide rates for LGBT people.
DEFINING “SURVIVOR OF SUICIDE LOSS”
Suicide contagion is the exposure to suicide or suicidal behaviors within one's family, one's peer group, or through media reports of suicide and can result in an increase in suicide and suicidal behaviors.
SUICIDE EXPOSURE: THE CONTINUUM MODEL

The Continuum Model: Effects of Suicide Exposure

- **Suicide Exposed**: Everyone who has any connection to the deceased or to the death itself, including witnesses.
- **Suicide Affected**: Those for whom the exposure causes a reaction, which may be mild, moderate or severe, self-limiting or ongoing.
- **Suicide Bereaved Short-Term**: People who have an attachment bond with the deceased and gradually adapt to the loss over time.
- **Suicide Bereaved Long-Term**: Those for whom grieving becomes a protracted struggle that includes diminished functioning in important aspects of their life.
for each death by suicide 147 people are exposed (6.3 million annually), and among those, 18 experience a major life disruption. (Cerel, 2015)

- There are over 750,000 loss survivors a year.

- Based on the 838,373 suicides from 1990 through 2014, therefore, the number of survivors of suicide loss in the U.S. is 15.09 million (1 of every 21 Americans in 2014); number grew by 769,914 in 2014.

- There are 18 new loss survivors every 12.3.

(figures are estimates)
It has been established that exposure to death by suicide can be a significant risk factor for development of negative consequences in bereaved (Pittman, Osborn, King and Erlangen 2014).

Helping those who have been bereaved by suicide is a direct form of suicide prevention with a population known to be at risk (US Dept. of Health and Human Services 2012).

Losing a first degree relative to suicide increases mourners’ chance of suicide by about threefold (Agerbo, 2005).

People in teens and 20s appear to be particularly vulnerable to adverse effects of exposure to the suicide or a peer potentially leading to phenomena known as suicide clusters or contagion (Brent, Perper, et al 1993).

47 percent of the U.S. population has known someone who has died by suicide (Cerel 2015).
Effects of Exposure to Suicide: Potential Mediating Factors

- Kinship relationship to the deceased
- Perceived emotional closeness and/or attachment to the deceased
- Direct exposure to the suicide or to the death scene
- Perceived responsibility for causing or preventing the suicide
- Perceived degree of deceased’s willfulness, intent, and/or volition
- Inability to make meaning of the death
- Attachment style
- Preexisting psychiatric or substance abuse disorder
- Previous exposure to suicide and suicidal behavior
- Mourner’s own history of suicidality
- Demographics (age, sex, race, etc.)
- Quality of perceived social support and degree of perceived stigmatization
- Protective factors such as resources, connectivity, and coping skills
Among these studies are the following, which have found that survivors of suicide loss experience:

- Greater rates of *bipolar disorder in persons exposed* to the suicide (2005)
- Greater *depression across all kinship loss* (Kessing et al, 2003)
- Greater *depression in adolescent and young adult friends losing a peer* (1996)
- Greater *depression in bereaved mothers* (1996)
- Greater *depression and substance abuse in youth losing a parent* (2009)
- Greater *psychiatric morbidity in elderly parents losing a child* (2004)
- Greater rates of *complicated grief disorder* (2 and 2004)
Participants indicated they want:

- Good social family support from family and friends
- Contact with other loss survivors
- Guidance regarding how to best help children cope with suicide loss
- Assistance from professionals with grief and trauma reaction

When supports do exist—they are often hard to locate and access.

Bereaved face difficulties mobilizing the psychological energy needed to find support in their community (Jordan, et al)
The Survivors of Suicide Loss Task Force unequivocally believes that a **comprehensive** and **systematic postvention response** on behalf of the people exposed to a suicide fatality **must be a core element of all suicide prevention planning and implementation** efforts by communities, states, tribes, and the nation as a whole.
THE NATURE OF SUICIDE BEREAVEMENT

- Suicide creates ambiguity about the volition of the deceased.
- Suicide is characterized as preventable in the population.
- Suicide is stigmatized.
- Suicide is traumatic. (psychological trauma, direct exposure imagined exposure)
- Most different from grief after natural death, somewhat different from grief after sudden death, most similar to grief after traumatic or violent death (Jordan and McIntosh)
Disbelief
Why??
Guilt/Blame
Shame
Anger
Rejection
Isolation
Stigma
(Relief)
WHAT LIES IN SUICIDE’S WAKE
ALONG WITH EVERYTHING ELSE, I WASN'T PREPARED FOR THE
STIGMA OF BECOMING A WIDOW THIS WAY.

BY PEGGY WEHMeyer

(Ms. WehMeyer Is A Former Correspondent For Abc'S
“World News Tonight.”)

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WALKING IN THEIR SHOES
PUTTING SELF ON TRIAL
MORE THAN END OF THEIR LIFE
IMPORTANCE OF SUPPORT GROUPS
PUTTING TOGETHER THE PUZZLE PIECES . . . MULTIPLE “GRIEFS”
They need to know that their feelings are okay no matter what they are.

They need to feel loved and valued above all else.

They need to feel safe and protected and that no one else is leaving them or will die right now.

They need to know that nothing they said, did or thought caused this death.

- adapted from Surviving Suicide, V19 N3, Fall 2007 American Association of Suicidology
DOs AND DON’TS FOR TALKING WITH CHILDREN

- Do use the phrase “died by suicide”
- Do use a building block approach
- Do use developmentally appropriate terms such as “brain attack”
- Do monitor your teen’s social media accounts in the weeks following a suicide
- Do let children know they are not creating sadness when they bring up a loved one
- Do reach out to a MH professional for your own support
- Don’t talk about suicide epidemics
- Don’t simplify the reasons for the suicide
It is very important to draw attention to the person’s life *before* the death. Suicide is the *cause of death*, but it is *not who the person was to the child while they were alive*. Talk about memories and what that person meant while they were alive, because this is what will be left for the child to remember in the years to come.— Excerpt from Surviving Suicide, V19 N3, Fall 2007 American Association of Suicidology
5 THINGS THAT WE HAVE LEARNED AS CLINICIANS

- What to say when others ask questions
- Building Blocks
- Private vs. Secret
- Importance of normalizing
- More than end of life
OTHER MATTERS...
THE MEDIA CAN AVOID INCREASING RISK WHEN REPORTING ON SUICIDE BY:

- Following and sharing recommendations available at reportingonsuicide.org (for example, avoiding dramatic headlines or explicit details on suicide methods);
- Providing information on suicide warning signs and suicide prevention resources; and
- Sharing stories of hope and healing.
Recommendations for Reporting on Suicide

- Suicide is a public health issue. Media and online coverage of suicide should be informed by using best practices. Some suicide deaths may be newsworthy. However, the way media cover suicide can influence behavior negatively by contributing to contagion, or positively by encouraging help-seeking.
Highlights of the second edition include:

- Updated information on such topics as memorialization, social media, and contagion
- Updated resource lists
- A new tool to help with decision-making about memorials
- New examples of how different communities have addressed specific issues in responding to a suicide death
BE SENSITIVE TO HOW SUICIDE PERMEATES LANGUAGE/CLASSROOM

- Child recalling how teacher used the term “mind-blowing” amusement ride.
- Books that have a reference to suicide
- On the fields—“suicides”
- “Hang in there”
- “One shot deal”
- “Triggering”
“Contagion is the process by which one suicide death of a student may contribute to another. Although contagion is comparatively rare (accounting for 1-5% of all suicide deaths), adolescents and teenagers appear to be more susceptible to imitative suicide than adults, largely because they may identify more readily with the behavior and qualities of their peers.”

from After a Suicide: A toolkit for schools
SUPPORTING CHILDREN

After a Suicide Loss

A GUIDE FOR PARENTS AND CAREGIVERS

Sarah S. Montgomery, LCSW-C
and Susan M. Coole, LCSW-C

Chesapeake Life Center
HELPFUL RESOURCES

- **Dougy Center:** [www.dougy.org](http://www.dougy.org)
- **National Alliance for Grieving Children:** [https://childrengrieve.org/](https://childrengrieve.org/)
- [http://reportingonsuicide.org/](http://reportingonsuicide.org/)
- **American Association of Suicidology** [https://www.suicidology.org/](https://www.suicidology.org/)
- **Suicide Prevention Resource Center** [https://www.sprc.org/](https://www.sprc.org/)
- **What’s Your Grief** [www.whatsyourgrief.com](http://www.whatsyourgrief.com)
- **Alliance for Hope** [https://allianceofhope.org/](https://allianceofhope.org/)
- **Chesapeake Life Center:** [www.chesapeake lifecenter.org](http://www.chesapeake lifecenter.org)
- [http://www.sprc.org/sites/default/files/resource-program/AfteraSuicideToolkitforSchools.pdf](http://www.sprc.org/sites/default/files/resource-program/AfteraSuicideToolkitforSchools.pdf)
If you are in crisis:

Call the toll-free National Suicide Prevention Lifeline at **1-800-273-TALK (8255)**

- Available 24 hours a day, 7 days a week
- The service is available to anyone
- All calls are confidential
- Crisis Text Line 741741