Postvention Education
OACBHA: Behavioral Health Conference
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Topics/Goals
By the end of the presentation you will...

- Understand the Scope of the Suicide Problem
- Understand what Postvention is and Why it is Important
- Be able to Initiate with the Bereaved by Suicide in a Comforting Way
- Learn Suggested Language and Do’s and Don’ts when Interacting with People Bereaved by Suicide
- Have a General Idea of what Postvention Services are and Suggested Next Steps for your Community
Facts & Figures
Scope of Problem of Suicide
2014 National Facts

- 42,773 suicide deaths
  - 13.4 per 100,000
  - One person dies every 12.3 minutes
  - 77.4% male / 22.6% female

- 10th leading cause of death for adults
- Suicide rates are highest among 85+ (19.3) and second highest for ages 45-64 (19.2)
- 2nd leading cause of death for 10-24 year olds
- More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease, COMBINED.
- OHIO https://afsp.org/about-suicide/state-fact-sheets/#Ohio

Source: 2013 CDC WISQARS
Warning signs: IS PATH WARM

- Ideation = threatening, looking for ways
- Substance Abuse = drugs & alcohol, prescription
- Purposelessness = no reason for living
- Anxiety = agitation, perfectionism, \[^{\uparrow \downarrow} sleep\]
- Trapped = isolated, no way out of pain
- Hopelessness = unable, unwilling to seek help
- Withdrawal = from family, friends, society
- Anger = rage, uncontrolled anger, seeking revenge
- Recklessness = impulsive, risky behaviors
- Mood Changes = dramatic switches

Source: Mental Health & Recovery Board of Madison County
Ask, Listen and Be Open

- **Ask.** Use the “S” word. “Are you having suicidal thoughts?” “In the past week how many times have a thought about ending your life?”
- **Listen**
- Ask more questions, “If you were to take your life do you know how you would do it?” Limit means. Don’t leave alone.
- **Talk openly**
- **Try to instill hope**
- **Encourage expression of feelings**
- **Use warning signs to get help as early as possible, not as a reason to exclude, isolate, or punish**
- **Stay calm, relaxed, & rational**
- **Recognize your limits**
Know Your Resources...

- National Suicide Prev Lifeline: 1-800-273-TALK/8255
- Go to the nearest Emergency Room or
- Call 9-1-1
- The Ohio State Harding Hosp. Open 24/7 (referrals come from Emergency Dept’s, physicians, etc). Appt: 614-293-9600
- Alcohol Drug and Mental Health Board
Postvention
A postvention is an intervention conducted after a suicide, largely taking the form of support for the bereaved (family, friends, professionals and peers). Family and friends of the suicide victim may be at increased risk of suicide themselves. (wiki)

Counselling and other social care given after the experience of a traumatic event, especially to those directly affected by a suicide. (oxford)

Intended Outcomes

- “Ease” the trauma and other effects of the suicide loss
- Prevent the onset of adverse grief reactions
- Minimize suicidal behavior
Postvention

Why all the Focus on those Bereaved by Suicide?

- Grief associated with a suicide loss is devastating and often times isolating. It may include shame, unanswered questions and guilt. Survivors of a suicide loss need resources and other survivors.

- Research shows the likelihood of the bereaved by suicide taking their own life is much higher than someone not bereaved by suicide.

- Often it is those who have been most personally impacted by suicide that passionately dedicate themselves towards suicide prevention initiatives.

- The ripple effect…
Postvention

Why all the Focus on those Bereaved by Suicide?

While the number of people impacted by a suicide death can vary greatly, there are four classifications of those impacted. The diagram below (The Continuum Model) was developed to illustrate the magnitude of a suicide event beyond the suicide victim and the immediate family.

![Diagram showing the Continuum Model of suicide impact]

- **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.

Suicide Grief
Suicide Grief
Stages? What Stages?

How we want 
Grief to 
Work

How grief 
Actually 
Works
Suicide Grief
Common reactions

In addition to “normal” reactions to a death survivors of a suicide loss may also experience to varying degrees:

- Shock/Denial/Unbelief
- Guilt/Responsibility
  - Shame/Stigma
- Confusion/Bewilderment
  - Anger
  - Trauma/PTSD
  - Relief
- Search for answers
  - Physically ill
Suicide Grief

“Out of the ordinary” behavior you may observe in the early days

- Laughter
- Function-mode
- Hypersensitive
- Fixation on odd things
- Forgetfulness

*Don’t draw conclusions based off of any one particular interaction*
Suicide Grief
Suggested do’s/don’ts

In the immediate aftermath and beyond…

• Listen, listen, listen.
  • Encourage (and model) deep, slow breathing.
  • Encourage plenty of water.
  • Encourage connection & support seeking behaviors.
    • Encourage a phone call to their PCP.
  • Affirm them genuinely “You loved your husband very much.”
  • Affirm decisions “That’s a beautiful way to honor your son.”
    • Don’t say committed suicide. Say died by suicide.
    • Don’t say “I know” or “I understand.”
  • Encourage honesty about cause of death but respect wishes.
  • Avoid words like “closure” even if the bereaved uses that language.
    • Many are hurting – not just the next of kin. Be kind.
Suicide Grief
Suggested do’s/don’ts

In the weeks, months and years to come…

• Do take meals, remember loved one’s birthday and annv of death.
• Don’t say “I have no idea how you’re functioning so well” or similar statements.
  • Don’t be prescriptive! Normalize don’t minimize.
• Do point them to resources but know they may not action for weeks or months – so follow up!
  • Encourage writing reminders to self.
• Let the bereaved ask why for as long as they want and do not try to answer the question.
• Make suggestions for how to express grief (memory writing, art).
  • Be sure to say their loved one’s name.
Postvention Services
Postvention Services: Why LOSS?

Story about Judy

History of LOSS
Postvention Services: Why LOSS?

Franklin County LOSS exists to be an instillation of hope to the bereaved by suicide.

Programs:
First Responder program
In Touch program
Companion program
Survivor events
Educational events
Postvention Services: Pre-launch work

- Community Need
- Community Collaboration
- Training/Equipping
- Recruitment
- Infrastructure
Postvention Services: First Responder Program

- Phone Dispatcher
- Team of 2 or more dispatched
  - Survivor + ________
  - Meeting location
  - On scene within 1 hour from time of call
  - 1st time out paired with someone experienced
- Serve the bereaved
- Debriefing & feedback
Postvention Services: In Touch Program

- Phone Follow Up
- Care Basket
- Monthly report & NOK mailings
- Cards
- Quarterly Newsletter
- Winter Holiday gift
Postvention Services: Companion Program

- One on One
- Training Volunteers
Postvention Services: Events

- A Thousand Words: Scrapbooking for Survivors
- American Foundation for Suicide Prevention local Out of the Darkness fundraising walk
- International Survivor of Suicide Loss Day
- Teen Survivor of Suicide 8-week Workshop
- Host Dr. Alan Wolfelt
Postvention Services: Education

- Postvention Education breakfast June, 2016
- Lifeline, Cemeteries, Ohio Chaplain Assoc, Ohio Funeral Home Directors Assoc, Churches, Counseling agencies, etc
- Host Dr. Alan Wolfelt
Postvention Services: Next Steps for you

- Metrics in your community
- Existing support for survivors in your community
- Identify key partners and assess interest
  - Stakeholders
  - Potential Volunteers
THANK YOU!

Questions