

Postvention: Supporting Staff After a Patient Dies by Suicide

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Learning Objectives

1

Learning Objective 1:
State the rationale for focusing on postvention and common team member reactions after a patient's death by suicide

2

Learning Objective 2:
Describe postvention protocols and resources

3

Learning Objective 3:
Explain how postvention principles and the ACT model can be used by leaders to structure a postvention program

Postvention Defined

Karen Galin, Ph.D.
Group Vice President,
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Postvention definition

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

**Organized response in the aftermath
of a suicide to:**

Facilitate healing of individuals from
grief and distress of suicide loss

Mitigate other negative effects of
exposure to suicide

Prevent suicide among people who are
at high risk after exposure to suicide

Goals

Promote: Sense of safety

Calm

Self- and community efficacy

Connectedness

Hope

Key principles

Planning

Planning ahead to address individual and community needs

Providing

Providing immediate and long-term support

Tailoring

Tailoring responses and services to unique needs of survivors of suicide loss

Involving

Involving survivors in planning and implementing postvention efforts

ACT Model

The **ACT MODEL**⁵ is a structured process for leaders to help facilitate individual and organizational recovery:

Acknowledge the trauma, positioning leaders as also affected by the tragedy

Communicate compassion and competence

Transition workforce by setting an expectation of recovery and resiliency and helping workforce achieve “new normal” and prevention mindset

VandePol, B. (2003). The High Cost of Workplace Trauma: Leading Employees Through Crisis. Retrieved from: http://corp.crisiscare.com/system/images/2010-06/2003_The_High_Cost_of_Workplace_Trauma.pdf

Reactions



Common reactions:

Grief, guilt, shame (due to stigma), anger, betrayal, sadness, shock, helplessness



Levels of distress in therapist survivor sometimes comparable to distress in clinical populations seeking treatment after death of relative



"Severe distress" often characterized by grief and guilt and can affect clinical work



Emotions may shift as clinician survivors move through phases of response: shock and disbelief, acceptance of reality, self-appraisal and working through to resolution

Clinician Survivors

One in five report adverse impact:

- ▶ Lose confidence
- ▶ Impact may rise to level of post traumatic response (including intrusive thoughts, problems concentration, hypervigilance, isolation)
- ▶ May be career changing (usually 6-18 months later)
- ▶ May leave profession

A Psychiatrist's Perspective on Postvention: the Reality Check

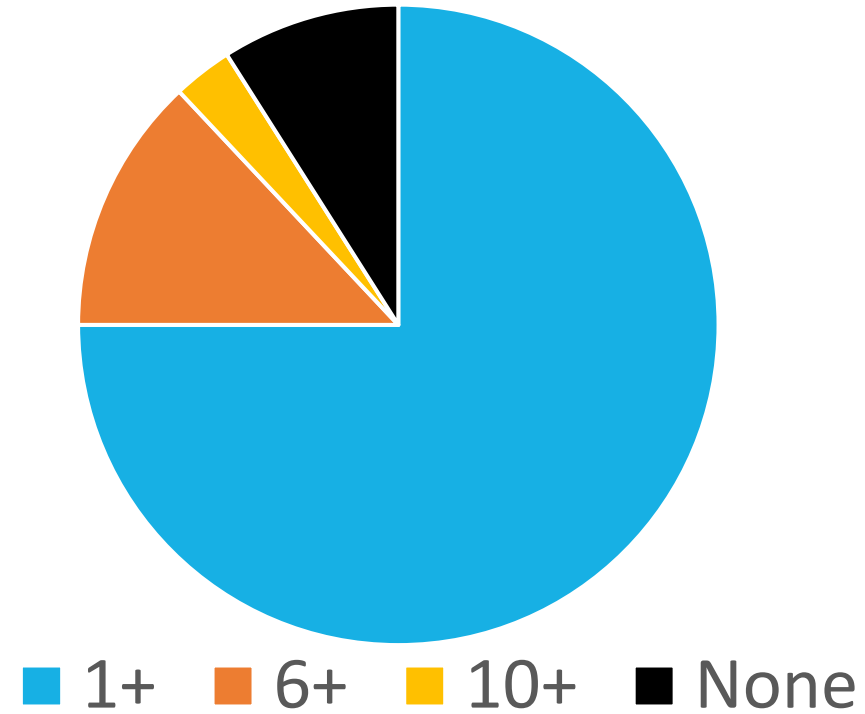
Trina Bivens, MD, DABPN, CCHP-MH

Psychiatrist

Collin County Detention Center

McKinney, TX

How to say it ...



▶ Collateral damage

▶ Reminder

The Nuances of working in Mental Health

- ▶ Repelled
- ▶ Stigma
- ▶ Severe, persistent mental illness
- ▶ “Zero” Suicide

Predicting future behavior is really HARD!

- ▶ Multifactoral,
complex
- ▶ Really, how are we
doing?

Finding a needle in a haystack

**with a PERFECT screening tool*

	Suicide	No Suicide
Screen (+)	12.9	False positives 1000
Screen (-)	0.1	98,987

= 13 suicides

= 99,987 no suicide

1.29% =
likelihood a
positive
screen is
right

Finding a needle in a jail

**with a TYPICAL screening tool (89%sens, 42%spec)*

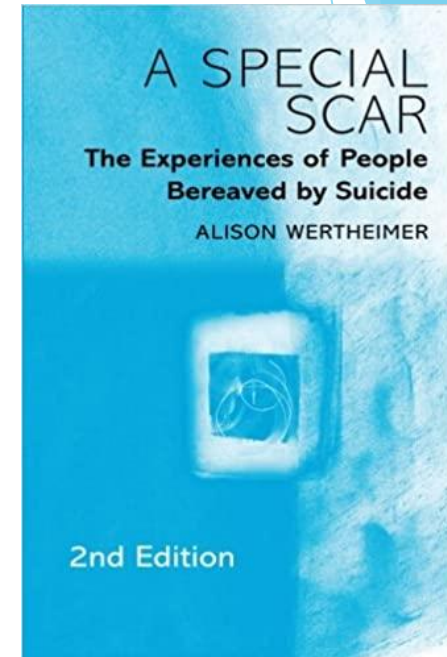
	Suicide	No Suicide	
Screen (+)	44	57,971	0.08% = likelihood a positive screen is right
Screen (-)	6	41,979	
	= 50 suicides	= 99,950 no suicide	

Speaking of correctional settings...

- ▶ “Baseline” patient
- ▶ Facilities
- ▶ “ON” and “OFF” precautions
- ▶ CPR: you vs George Clooney
- ▶ Violent death at your workplace

Recommended reading:

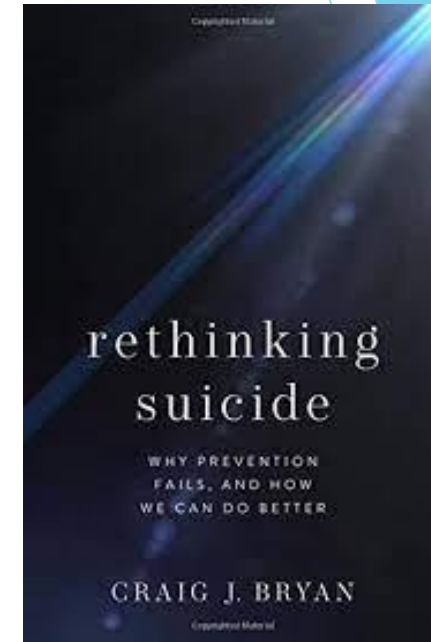
**A Special Scar: The Experiences
of People Bereaved by Suicide,
2nd Edition**
by Alison Wertheimer, 2001



Examines a wide scope of emotional reactions

Recommended reading:

**Rethinking Suicide:
Why Prevention Fails,
and How We Can do Better**
by Craig J. Bryan, PsyD
2022



A Nurse's Perspective on Postvention: Support One Another

Heather Norman, MSN, MBA, RN, NE-BC, CNL
Chief Nursing Officer

After a death by suicide or traumatic event- What do we do next?

Care for each other.



Just Be There

- ▶ Just be there - Take time to listen
- ▶ Effective understanding, validation, support and management of emotional responses following a suicide can facilitate personal and professional growth
- ▶ Connect with other loss survivors (uplifting, re-encouraging)
- ▶ Risks for “second victim” (lack of support, criticism, questioning competence)





Support Each Other

Ensure that your team is
OK after a traumatic event

Listen

Validate

Support

Listen

- ▶ Provide a private & quite space for conversation
- ▶ Offer your full attention without distractions
- ▶ Be prepared for sensitive conversations that may be personal in nature
- ▶ Respect confidentiality
- ▶ Ask open ended questions to focus on listening
- ▶ As trust is developed, the person may share more
- ▶ You may not agree with the persons perspective or display of emotions, but you must respect them for sharing



Validate

- ▶ Don't try to fix any problems
- ▶ Paraphrase back what you heard in your own words
- ▶ Avoid saying “ things will get better” or “ it could be worse”
- ▶ Remember that everyone processes situations differently, what's helpful for you may not be the same for someone else



Support

- ▶ Ask how you can help
- ▶ Offer help
 - ▶ Can you cover some responsibilities for them?
 - ▶ Can they go on a break to get some water?
- ▶ Make sure that they are aware of support resources
 - ▶ Employee Assistance Program, AmWell telehealth visits,
National Suicide hotline
- ▶ Continue to check in on them after the event
 - ▶ It may take weeks, months or years for people to process events
 - ▶ If this is a personal loss, remember that holidays and life events may be hard



Plan Ahead

- ▶ Develop plans and protocols in advance to respond quickly
- ▶ Educate and build relationships with leaders who respond
- ▶ Consider adopting an Active Postvention Model where trained teams reach out to offer support vs the traditional passive models where people only get help when they ask.
- ▶ Resources: The Survivor Outreach Team Training Manual
The US National Guidelines Appendix B
www.SPRC.org

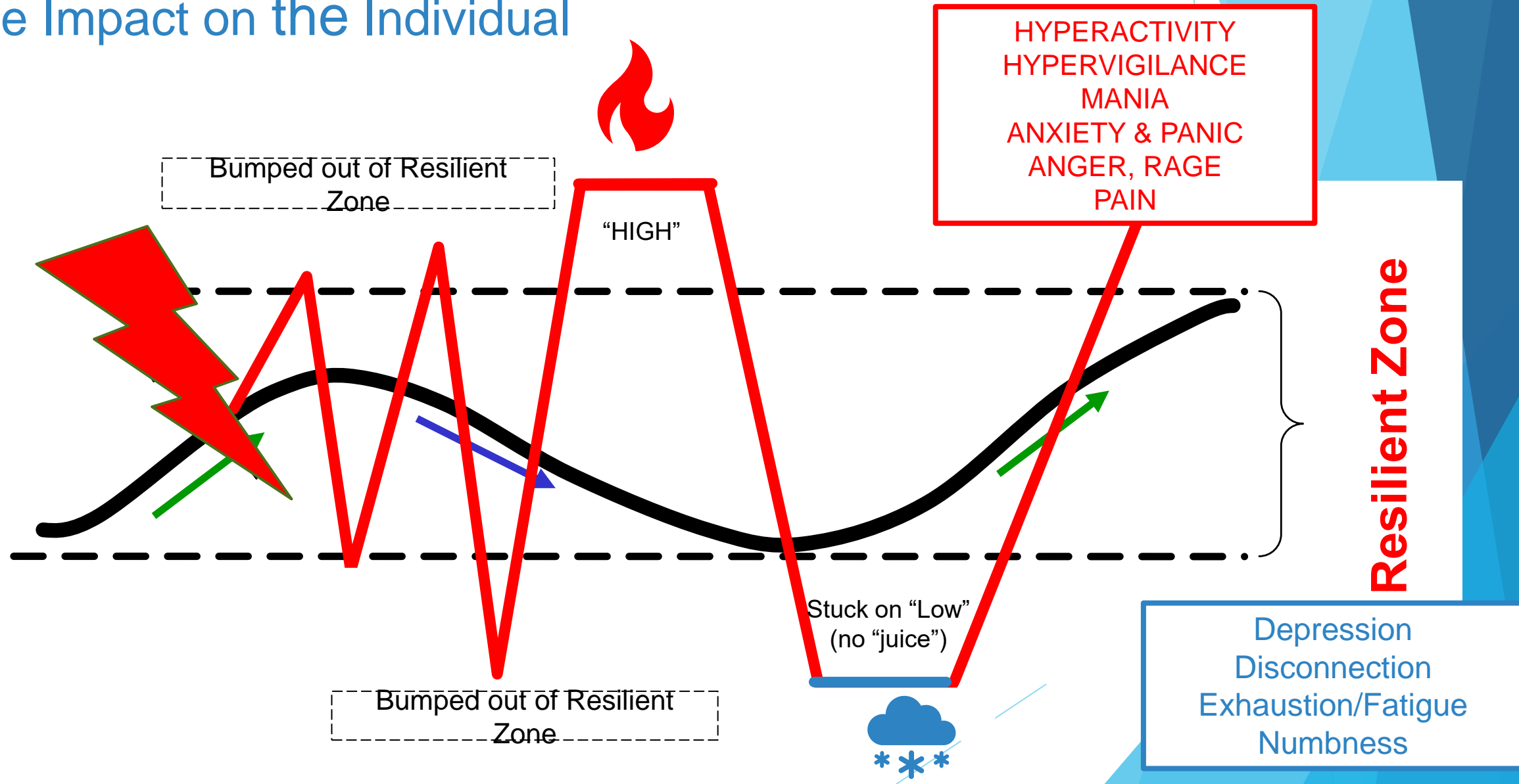
A Psychologist's Perspective on Postvention: How to Feel Better

Jamie Kenney, Ph.D.

Regional Director, Mental Health

Stressful Event or “Triggers”

The Impact on the Individual



Postvention Intervention

- ▶ Interventions to target the breadth of responses among staff
- ▶ Evidence-based interventions developed to address traumatic responses
- ▶ Focus on neuroplasticity
- ▶ Focus on resilience



Targeted Postvention Interventions

- Quick response
- Personalized individual outreach to all staff affected by suicide via email, phone call or in person as needed
- Standardized psychoeducational materials emailed to staff
 - EAP and national hotline information provided
 - Confidential, 3rd party mental health support offered free of charge
- Peer support network created
- Establishment of monthly postvention webinars
- Utilization of “Wellness Café” provides opportunity for practicing stress reduction strategies



How to Feel Better

- ▶ Training on postvention strategies provided to all staff during Town Hall meetings on postvention
- ▶ Training also provided in clinical huddles
- ▶ Training offered upon request

Results

Working through traumatic experiences can produce growth

Growth can occur both personally and professionally

More understanding of risk factors

Desire to give back to other survivors

Express gratitude

Experience shifts in perspective

Resources



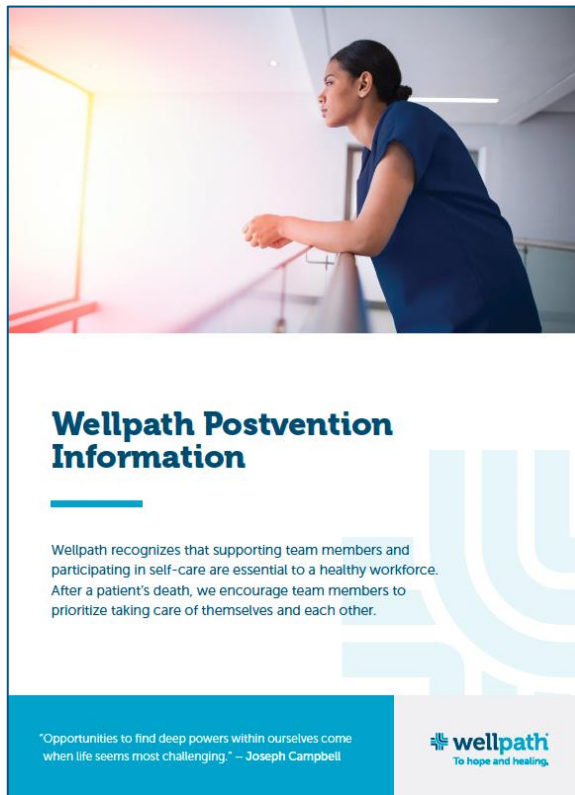
CRISIS TEXT LINE |

Text HELLO to 741741

Free, 24/7, Confidential

Resources

Wellpath Postvention Information Brochure



Self-Care

After a patient's death, you may need to take a short break; talk about what happened; get a drink of water; engage in meditation or prayer; talk to a trusted family member, friend or chaplain; or be alone for a few moments. Talk to your supervisor to communicate your needs. Your supervisor will do their best to provide you with a supportive environment to meet your immediate needs.

Self-Care is essential so that we can be fully present for our patients and team members. Here are some ideas to increase your self-care routine.

S E L F C A R E

S Seek meaning in life in spite of loss and challenges	C Connect with nature, art, music, pets, friends and family
<ul style="list-style-type: none">Commit to living each moment fullyJournaling, meditation, mindfulness and yoga can help to bring clarityReligious and philosophical practices help to build resilience	A Avoid toxic situations <ul style="list-style-type: none">Avoid toxic relationships, mood-altering substances, anxiety producing situations, take a news holiday
E Engage in social networks, cultural or ethnic rituals, and meaningful activities	R Radical Acceptance <ul style="list-style-type: none">View setbacks as opportunitiesFocus on things within your control, release things out of your controlSeek a mentor, role model, or counselorUse community resources such as hotlines and support groups as needed
L Listen to your body <ul style="list-style-type: none">Sleep, exercise, and nutrition will help you cope	E Express Gratitude <ul style="list-style-type: none">Sing, write, create, pray, express your "love language" to those you care about
F Forgive oneself and others	

Resources

- ▶ Responding to Grief, Trauma, and Distress after a Suicide: U.S. National Guidelines

<http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/NationalGuidelines.pdf> Author: Survivors of Suicide Loss Task Force of the National Action Alliance for Suicide Prevention, 2015. These guidelines provide a blueprint for the development of suicide postvention at all levels of U.S. society. The overarching goal is to reduce the negative 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.

- ▶ A Manager's Guide to Suicide Postvention in the Workplace: Ten Action Steps for Dealing with the Aftermath of Suicide

<http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/Managers-Guidebook-To-Suicide-Postvention-Web.pdf> Authors: Carson J Spencer Foundation, Crisis Care Network, National Action Alliance for Suicide Prevention, and American Association of Suicidology, 2013. This guide provides clear steps for postvention in workplaces, including information for workplace leadership on how to respond immediately to a suicide, how to plan in the short term for recovery, and what long-term strategies to consider for helping employees cope. It contains succinct procedures with checklists and flow charts and can be useful to managers at all levels.

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