



How to Launch a Local Outreach to Suicide Survivors (LOSS) Team

A Training Manual to Assist Communities
in Providing Effective Suicide Postvention Efforts



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MANUAL PURPOSE

This training manual provides information about how to develop and launch a Local Outreach to Suicide Survivors (LOSS) Team in your community.

What is Suicide Postvention and Why is it Important?

Suicide postvention describes the support provided to suicide loss survivors (such as family, friends, professionals, and peers). Effective and comprehensive postvention services include a LOSS Team to offer support and guidance.

Postvention is important because those directly impacted by a suicide loss are in need of support and are at an increased risk of suicide themselves. There is sometimes stigma associated with suicide. This may negatively impact the bereaved individual's willingness to acknowledge the loss and to ask for help. Connecting those bereaved by suicide to helpful resources as soon as possible promotes healing.

What is a LOSS Team and Why is it Important?

LOSS stands for Local Outreach to Suicide Survivors. A LOSS Team is an active model of postvention that involves two or more trained volunteers who go to the scene of a suicide to provide immediate support to those left behind. Having a LOSS Team at the scene of a suicide provides loss survivors with practical support, a connection to resources, and most importantly, an instillation of hope.

A LOSS Team includes two or more volunteers — at least one of which is a suicide survivor. The model of a LOSS Team is based on peer support. Having an individual who has lost a loved one to suicide introduce him or herself to the new loss survivor and provide care and support helps to plant seeds of hope. By simply saying, "I lost a loved one to suicide," a volunteer gives permission for the newly bereaved to use the word suicide and allows him/her to know that he/she is not alone.



HOW TO LAUNCH A LOCAL OUTREACH TO SUICIDE SURVIVORS (LOSS) TEAM

The following steps are key to effectively developing and launching a LOSS team:

- Conduct a community needs assessment
- Develop a mission statement
- Establish credibility
- Determine community partners
- Identify resources to provide the bereaved
- Recruit and train volunteers
- Develop standard operating procedures
- Determine how to measure success
- Develop a delayed response protocol

CONDUCT A COMMUNITY ASSESSMENT

What is a Community Assessment and Why is it Important?

A community assessment is a process in which community needs and existing community resources are analyzed and documented. A community assessment will reveal what services are currently in place to assist loss survivors (such as grief counseling and support groups).

How to Conduct a Community Assessment

Begin conducting a needs assessment by reviewing suicide statistics and resources in your community.

Determine the prevalence of suicide in your community. The following Ohio Department of Health website can assist you in this process: <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats>.

Assess the extent of mental health professionals in your community who have experience in helping individuals with grief and suicide loss. Identify professionals who possess training, experience, education, and certifications in cognitive behavioral therapy and trauma-informed care.

Determine the extent to which mental health professionals in your community have participated in specific death and grief studies training and workshops. Having professionals with experience in assisting clients with grief and suicide loss is critical.

In addition, determine what support groups exist in your community. Support groups may be offered at local hospitals, hospice centers, mental health agencies, faith communities, or various other facilities.

Resources:

- American Foundation for Suicide Prevention
- The American Association for Suicidology
- Tragedy Assistance Program for Survivors
- The Compassionate Friends

DEVELOP A MISSION STATEMENT

What is a Mission Statement and Why is it Important?

A mission statement is a sentence that describes the overall aim and importance of your LOSS Team. A well-stated mission statement will keep your community partners and volunteers actively engaged in your LOSS Team. The mission statement helps everyone involved to remain focused on the same overall aim. Specifically determining the aim of your LOSS Team upfront will keep you on track and reduce distractions that can take you off course. All decisions should be filtered through the mission statement: “Does this help us in accomplishing our stated mission?”

How to Establish a Mission Statement

A quality mission statement should answer the questions, “What is the aim of this LOSS Team and why does our LOSS Team exist?” The mission statement should be clear, concise, and realistic. This cannot be overstated. Keep the mission statement short and straightforward. Effective mission statements on average consist of 10 to 15 words. Therefore, keep the mission statement brief and to the point. This will help community members and individuals not on the LOSS Team to clearly understand what your team is about and focused on addressing.

The following link provides examples of missions statements of nonprofit agencies:

<https://topnonprofits.com/examples/nonprofit-mission-statements/>.

ESTABLISH CREDIBILITY

What is Credibility and Why is it Important?

You have credibility when key community professionals (law enforcement, coroner’s office, mental health agencies, funeral homes) and those you serve (community residents) have trust and confidence in the services you provide. Given that LOSS Teams consist primarily of volunteers, it is especially important that the community as a whole has confidence in your ability to provide appropriate care.

Gaining credibility in your community will help to ensure that loss survivors are referred to your team for assistance, ensuring that individuals receive the help that they need.

How to Establish Credibility

To establish credibility in your community, work with law enforcement and the coroner's office as often as possible to ensure they contact you when there has been a suicide. In addition, increase community awareness of your services. In so doing, community residents can then refer loss survivors to your team. Individuals who have been impacted by a suicide loss can work with your team and refer others to your LOSS Team whenever necessary. Credibility can be further established by ensuring that LOSS Team staff and volunteers meet qualifications and receive the necessary training regarding postvention. It is also important to maintain a well-documented code of conduct.

In addition, document protocols regarding key areas such as crime scene etiquette, how to help an at-risk loss survivor, and confidentiality. This may also include the creation of an MOU with law enforcement and/or the coroner's office. Communicating the qualifications, training requirements, and protocols with stakeholders and peers can help to further bolster credibility in the community. A qualified volunteer who is a suicide loss survivor should be in attendance at LOSS meetings with stakeholders. Volunteers can share how they could have been assisted by the LOSS Team.

DETERMINE COMMUNITY PARTNERS

Who are Community Partners and Why are They Important?

A successful LOSS Team will have many community partners with law enforcement, the coroner's office, mental health agencies, and funeral homes. Many individuals in a community are impacted by a single suicide loss. Proactively cultivating community partnerships is critical to effectively supporting all those impacted.

How to Form Community Partnerships

Forming partnerships with law enforcement and the coroner's office will be essential since it is critical for your team to be notified when a suicide has occurred. The development of community partnerships requires strategic thinking and effort. Begin by developing a list of all prospective community partners. When developing this list, be as comprehensive and inclusive as possible. Potential partners may include law enforcement, coroner's office, first responders, mental health agencies, grief counselors, support groups, non-



profit agencies, schools, community groups, and various other groups and organizations.

Meet with potential community partners and present to them LOSS Team aims and protocol. Be clear in educating community partners regarding the LOSS Team's overall purpose and importance. It may also be beneficial to include a qualified volunteer who is a suicide loss survivor in meetings. Have the volunteer share his/her story including how he/she would have benefited from a LOSS Team. Once individuals agree to become community partners, be sure to provide them with ongoing LOSS Team developments and updates. This will ensure that everyone is on the same page and working cohesively.

IDENTIFY RESOURCES

What are Resources LOSS Teams Provide and Why are they Important?

There are various local and national resources that may help people bereaved by suicide with their trauma and grief. These resources may be local mental health providers, reading materials, or online chats.

Many individuals impacted by a suicide loss do not know where to turn for help. Suicide grief is often traumatic, confusing, and isolating. Resources provided to the newly bereaved may be valuable immediately and will often be referenced in the weeks and months to follow. Seek to identify existing resources in your community that provide grief counseling, emotional assistance, and support groups. Identify area clinicians who specialize in treating grief, trauma, and loss, and in cognitive behavioral therapy and trauma-informed care. Clinicians with experience in AMSR (Assessing and Managing Suicide Risk) and CAMS (Collaborative Assessment and Management of Suicidality) may also be helpful.

Oftentimes, communities have various resources available but unfortunately, not all community members are aware of these resources. Therefore, it is essential to identify existing resources and seek to collaborate with community groups to effectively address suicide postvention. Support groups can be beneficial in assisting loss survivors. If there are no specific support groups in your local area, it is important to develop your own community support groups.

How to Create/Where to Find Resources for LOSS Survivors

The following are helpful resources for LOSS Survivors:

- LOSS Community Services: <https://losscs.org/>
- American Association of Suicidology: <https://www.suicidology.org/suicide-survivors/suicide-loss-survivors>
- Alliance of Hope: <https://allianceofhope.org/>
- The American Foundation for Suicide Prevention: <https://afsp.org/>

- Suicide Prevention Resource Center: <https://www.sprc.org/>
- Local mental health agencies, grief counselors, and survivors of suicide support groups

RECRUIT AND TRAIN VOLUNTEERS

What are LOSS Team Volunteers and Why are they Important?

LOSS Team volunteers can function in a variety of roles including as first responders. Some of these capacities could include assembling resource folders, making follow up calls, writing cards to the bereaved, visiting local community partners, tracking data, writing articles for newsletters, and assisting with community events such as International Survivors of Suicide Day.

Volunteers are the heart of the LOSS Team. It is not only their willingness to do what needs to be done, but their passion, strength, and hope that enables the work to be accomplished.

Where to Find LOSS Team Volunteers

LOSS Team volunteers can be found throughout the community. Examples of groups from which volunteers can be recruited include:

- Survivor of suicide support groups
- Mental health agencies and mental health community events
- School boards and parent teacher groups
- Community agencies and networks such as the Federal Reserve Corp., the Red Cross, [Volunteermatch.org](https://www.volunteermatch.org)
- Faith-based communities

How to Ensure LOSS Team Volunteers are Qualified

Serving as a LOSS Team First Responder requires a unique skill set, and it is not for everyone.

Volunteers should be empathetic, reliable, gentle, compassionate, and excellent at listening. If a prospective volunteer has been impacted by a suicide loss, he/she should be at least two years out from that loss — although exceptions may be considered.

- Sample Volunteer Application (included in appendix)
- Sample Volunteer Interview Process Form (included in appendix)



Background checks should also be conducted to help protect you, your volunteers, and the newly bereaved. Keep in mind LOSS Team trained volunteers will be interacting with vulnerable, traumatized people in their homes.

How to Train LOSS Team Volunteers

Training is critical to the success of the LOSS Team. Because not all prospective volunteers will be first responders, it is a good idea to offer an informational session about the various volunteer opportunities available.

- Sample prospective volunteer information session (included in appendix)
- Those who are ready to be a first responder will also require additional training beyond the initial information session including team activation protocol, how to engage the bereaved, debriefing, and self-care.
- Those who are ready to be a first responder will require additional training in crisis response situations. This could be [psychological first aid certification](#) or [National Organization for Victim Assistance Certification](#).

How to Retain LOSS Team Volunteers

Once individuals have become volunteers, it is essential to retain LOSS Team volunteers. Retaining LOSS Team volunteers helps to establish consistency in the delivery of support, as well as to enhance and extend the service capacity of the team. The following points are important in retaining LOSS Team volunteers:

- **Engagement:** In some communities there may be a long period of time between activation calls. Keeping volunteers active with the LOSS mission may include having volunteers organize a craft workshop, starting a book club, making follow-up calls to loss survivors, visiting community partners/providing resources, organizing a community event around suicide awareness or grief.
- **Team meetings:** Helping volunteers stay connected to one another will cultivate a community of hope that is inviting and healing to new survivors. Monthly team meetings where volunteers can be encouraged, learn about upcoming events, and receive policy/procedure updates are important. A Sample Volunteer Team Meeting Agenda is included in the Appendices.
- **Ongoing trainings:** An important aspect of a volunteer's role is to continue learning. Regularly invite guest speakers to monthly team meetings, and provide skills trainings such as cultural diversity, role plays, motivational interviewing, and bereavement skills.
- **Self-care:** If a volunteer has been impacted by a loss, be sure he/she takes time off from volunteering around difficult dates. Encourage volunteers to engage in healthy activities, including regular exercise, healthy meals/snacks, and mental health care. Help volunteers by scheduling a group walk and providing snacks at meetings. Encourage healthy boundaries with the newly bereaved, as well as life in general.

The following is a link regarding compassion fatigue: Compassionfatigue.org

It is essential that LOSS Team leaders model self-care. Remember that actions speak louder than words and that you cannot give away what you do not possess. Therefore, encourage volunteers to care for themselves as a means to compassionately interact with individuals they serve.

DEVELOP STANDARD OPERATING PROCEDURES

What are Standard Operating Procedures and Why are they Important?

Standard operating procedures (SOPs) are step-by-step guidelines developed by the LOSS Team to help volunteers effectively perform their various activities. SOPs are aimed at achieving consistency, efficiency, and quality performance.

Quality SOPs provide clear work instructions, which enhance the likelihood that LOSS Team volunteers will apply consistent practices when addressing suicide loss and individuals affected by the loss. SOPs also help to ensure that communication channels are established among volunteers and loss survivors.

While every suicide loss is unique, it is still possible to create some basic procedures in regard to common situations.

Some examples of standard operating procedures for LOSS Teams include:

- Activating a LOSS Team
- Debriefing after a scene
- Developing and utilizing standardized forms
- Establishing clear expectations of LOSS Teams
- Setting clear expectations for volunteers

It is important to establish clear expectations for yourself and for your volunteers. This helps all individuals to maintain the overall mission focus and to properly perform their various tasks and responsibilities. Clear expectations also protect you, your LOSS Team volunteers, and the individuals you serve.

How to Create Standard Operating Procedures

There are several points in creating standard operating procedures. SOPs provide you with a good starting place for creating your own LOSS Team documentation. Examples of standard operating procedures are located in the appendices.

Remember: SOPs are essential in helping LOSS Team volunteers to carry out their roles and responsibilities.

Addressing suicide loss is an extremely sensitive issue.

Having established SOPs assist volunteers with knowing what activities they are expected to perform and how they are expected to perform them.

DETERMINE HOW TO MEASURE SUCCESS

What Does it Mean to Measure Success and Why is it Important?

How will you know if your LOSS Team is effective? Determining how you will answer this will ensure that your practices, SOPs, and desired outcomes are aligned.

Measuring success provides you the data needed to assess your mission effectiveness. Nothing is more important than caring for survivors. Thus, your mission statement should reflect this point. Measuring success provides community partners, including prospective funders, the confidence needed to continue supporting your LOSS Team mission. Deciding how you will measure success is important to properly evaluate your team.

How to Measure Success

Sample metrics involved in measuring success of your LOSS Team may include tracking the following:

- Time it takes to arrive at a scene
- Number and percentage of scenes in which the bereaved requests a follow-up phone call
- Number and percentage of scenes in which the bereaved attends a support group
- Number of LOSS Team volunteers
- Community awareness of LOSS Team
- Perceived effectiveness of LOSS Team by loss survivors (e.g., perceived helpfulness, comfort, assistance, resource referrals, information)
- Number of referrals
- Social media engagement
- Number of visitors to website
- Number of community partners
- Community partners' perceived effectiveness of LOSS Team
- Number of trainings provided
- Number of community awareness presentations
- LOSS Team newsletter engagement
- Enhancement of LOSS Team trainings and offerings
- Local media engagement and support

DEVELOP A DELAYED RESPONSE

What is a Delayed Response and Why is it Important?

It is important to ensure that individuals impacted by a suicide loss are contacted by the LOSS Team to provide them with comfort, care, and resources for support groups. Unfortunately, it is not always possible to immediately connect with people impacted by a suicide loss. Therefore, following up with them at a later date is essential. This is referred to as a delayed response.

Often, individuals bereaved by suicide feel isolated and alone. Many also believe that no one can understand what they are going through or what they are feeling. A thoughtful connection is a way to let them know that there are loss survivors in their community who can relate to their feelings and are willing to help. Individuals should be informed of the many resources that they can utilize to gain support. The LOSS Team can provide this information with a delayed response.

How to Conduct a Delayed Response

Upon conducting a delayed response with a loss survivor, there are some important points to consider. Listed below are steps to take for a positive follow-up.

When calling someone bereaved by suicide, be prepared as to what you plan on saying. Know what your overall message is going to be before you contact the individual. Your message should be based on the overall aim of the LOSS Team — to support the loss survivor. It also is beneficial to determine the potential outcomes (e.g., invitation to meet face-to-face, asking to send resources, informing of help resources and groups).

Be brief with your initial follow-up. Too many words from a stranger can be overwhelming to someone newly bereaved. This can possibly be more harmful than helpful. Because you are a stranger, it is important to briefly identify yourself as partnering with law enforcement and/or the coroner's office so the newly bereaved knows how you received his/her information. Let him/her know that you are with your community's LOSS Team.

Be sure to identify yourself as someone who has also been impacted by a suicide loss. This can help the individual realize that you understand their situation and feelings.

A Sample Delayed Response Protocol to use when [Calling a Survivor](#) is located in the Appendices.

ESTABLISH LOSS TEAM ROLES

There are multiple individuals who are critical to a LOSS Team. It is important that all individuals understand the different Team roles as a means to effectively meet overall goals and objectives. Specific LOSS Team roles include:

- LOSS Team Telephone Liaison
- LOSS Team Leader
- LOSS Team Member
- LOSS Team Coordinator

The following paragraphs describe the descriptions of each LOSS TEAM role.

LOSS Team Telephone Liaison

The LOSS Team Phone Liaison is to be continuously available by telephone 24/7 for one week out of every four weeks. The time period is to be determined based on the number of volunteers. Note, that the more volunteers there are, the more this role can be divided up into shorter shifts. Google Voice is a free, easy-to-use tool that is available for managing the process. A unique LOSS telephone number will be forwarded to the telephone liaison's personal phone. This number should be tested prior to the shift to make certain that it is working properly.

The coroner's office — an investigator or a staff person — will call you at the telephone number to inform you there has been a suicide and they need the LOSS Team activated. You will have an Incoming Call Form to use — keep a few with you at all times. Listed below are the questions you will ask (the coroner's office will provide the requested answers, provided that the answers are available):

- What is the name and telephone number of the person calling from the coroner's office?
- What is the name and telephone number of the coroner investigator the team should call if needed (coroner investigator at the scene)?
- What is the first and last name of the deceased?
- What is the address?
- What is the approximate age of the deceased?
- What is the method of death?
- Approximately how many survivors are there



and what are their relationships to the deceased? (e.g., Are there 10 of his/her friends there? Is a sibling there? Are the parents there?)

Identify which agreed upon team meeting spot is closest to the scene. Team meeting spots should be pre-determined and established when the LOSS Team initially launches. Refer to the *On-Call Team by Date Document*. (It should be in a Google Drive and/or you should be printed and available to you at all times).

- Choose two LOSS Team volunteers if there are five or fewer loss survivors at the scene.
- Choose three LOSS Team volunteers if there are six or more loss survivors at the scene.
- Choose at least one who is eligible to be the Team Leader on the scene (this should be noted in the *On-Call Team by Date Document*).
- If some of the volunteers you have to choose from have already been on a scene that week, try not to call them. Instead, call the volunteers who have not been on a scene that week.
- Pay close attention to the “time available” column when choosing the team.
- Always choose at least one volunteer who is a survivor — see “status” column of *On-Call Team by Date Document*. When possible, the second Team member should be someone noted as “mental health.” The third choice is up to you. Try to take into consideration the proximity of the team member you choose to send to the scene.
- Call the two or three team members and give them the information you have. They will also have a form available so go through your form in order. *This is most important for the Team Leader. The most important information for the other team member(s) to have is the name of the deceased, his/her address, which location to meet the team member at, and the name of the team member(s) they will be meeting.
- Tell the team member whether or not he/she is the Team Leader.
- Tell the team member who the other team member(s) are.
- Tell the team member where to meet their team (determine the closest agreed-upon location to the deceased prior to activating the team).
- Text each team member the information you shared with them on the phone. A simple “copying and pasting” from your smartphone should make this easy after sending a message to the first person (Team Leader).
- Once the coroner’s office is at the scene, the team will determine whether or not it appears to be a suicide and will subsequently call the LOSS line.
- Call the Team Leader and let him/her know if the team should go to the scene.

In addition to the steps involved with responding to a scene, the Telephone Liaison should be available for monthly team meetings and monthly team debriefings. These debriefings are attended by all of the LOSS Team volunteers and Telephone Liaisons.

LOSS Team Leader

The LOSS Team Leader should have the following with him/her at all times: telephone, badge, uniform, Incoming Call Form, on-call list with names and numbers, and resource materials. Be sure to enter the agreed-upon meeting places into your navigation/phone.

If you are not available during a specific time during your scheduled on-call date/time slot, it is your responsibility to inform the LOSS Team Coordinator in advance.

- Be available one week out of every four weeks to go to the scene of a suicide when activated (or whatever time period is determined by the LOSS Team Coordinator).
- Be available for debriefings that will follow being on a scene (via phone but sometimes these may need to be in person).
- Be a mentor to the Volunteer Team Member. This may be his/her first call. Provide reassurance, give feedback after the scene, and be sure to check on him/her afterwards.
- Be available for monthly team meetings.
- Perform the same responsibilities as a Team Member.
- Be available when you say you will during your on-call day/time slot.



When receiving the activation call you will be provided with the following information:

- Location where the team is meeting
- Whether or not you are the Team Leader
- If you are the team leader, you will be told the name and telephone number of the coroner investigator that will be at the scene
- The names of the other team member(s) you will be meeting
- The name, age, and method of death
- The number of survivors on the scene and their relationship to the deceased, if available

Inform the Telephone Liaison if for any reason you cannot take the call.

Once activated, arrive at the agreed upon team meeting spot as soon as possible. The Team Coordinator should have this defined within the SOPs. Notify one of your team members if you will be late. Once the coroner's investigator investigates the body, he/she will call the Telephone Liaison on the LOSS line to confirm whether or not it is a suicide.

Once you hear from the Telephone Liaison you may go on the scene (or go home). Do not engage survivors until after you have checked in with the appropriate first responder person at the scene and receives information and/or learn if the survivors have been told a LOSS Team was coming. Collaborate with your team to support the survivors. Leave the scene together as a team. Work with your team to complete the LOSS Activity Report immediately after leaving scene. Follow through on any "next steps" with the survivors (i.e., sending out more packets to a specific person). Team Leaders should have extra resource materials. You are responsible for your badge, clothes, mints, tissues, water, pen, and paper. Follow the code of conduct and SOPs provided in the packet.

Additional responsibilities as a Team Leader:

- In responding to a loss, the Team Leader will:
- Text the Telephone Liaison confirming the team has assembled at the correct location.
- Text the Telephone Liaison when he/she has left the scene.
- Bring LOSS Team badges to the scene (just in case team member forgot their badges).
- Bring survivor packets, LOSS Activity Report, and Incoming Call forms to provide them to the rest of team
- Take the lead in introducing yourself (and the team) to the coroner's investigator (or detective/police officer if the investigator is unavailable)
- Ask the coroner's investigator/law enforcement if the word "suicide" has been used with the immediate survivor(s). If you cannot ask this question because the survivors are nearby or if the law enforcement officials do not know then assume the word "suicide" has been used. If the word "suicide" has not been used, then **do not** engage the survivors. The survivors need to hear this from the officials at the scene.
- Ensure the LOSS Activity Report and the Incoming Call Form you completed are turned in to the Team Coordinator within 24 hours of being on the scene. The method for getting this to the Team Coordinator should be in the SOPs.
- Ensure that all follow-ups that you and your team agreed upon are completed and clearly communicated to the Team Coordinator via the LOSS Activity Report.

Volunteer LOSS Team Member

The LOSS Team Member should have the following with him/her at all times: telephone, badge, uniform, Incoming Call Form, on-call list with names and numbers, and resource materials. Enter the agreed-upon meeting places into your navigation/phone. If you are not available during a specific time during your on-call day/time slot, it is your

responsibility to let the LOSS Team Coordinator know.

- Be available one week out of every four weeks to go to the scene of a suicide when activated.
- Be available for debriefings that will follow being on a scene (by telephone or in person).
- Be available for monthly team meetings.
- Be available when you say you will be during your on-call day/time slot.

When receiving the activation call, you will be provided with the following information:

- Location where the team is meeting
- The names of the other team member(s) you will be meeting
- The name, age, and method of death
- The number of survivors on the scene and their relationship to the deceased, if available

Once activated, arrive at the agreed-upon team meeting spot as soon as possible. The Team Coordinator should have this defined with the SOPs. Notify one of your team members if you will be late. Once the coroner's investigator investigates the body, he/she will call the Telephone Liaison on the LOSS line to confirm whether or not it is a suicide.

Once you hear from the Telephone Liaison, you may go on the scene (or go home). Collaborate with your team to support the survivors. Work with your team to complete the LOSS Activity Report immediately after leaving the scene. Follow through on any next steps with the survivors (i.e., sending out more packets to a specific person). Leave the scene together as a team. Keep your resource bag stocked with necessary materials. You are responsible for your badge, uniform, mints, tissues, water, pen, and paper. Follow the code of conduct and SOPs provided in your packet.

LOSS Team Coordinator

The primary role of the LOSS Team Coordinator is to maintain regular contact with all volunteers, especially those who were just on-call or are currently on-call. Face-to-face communication is encouraged. The coordinator also creates the on-call schedule and telephone liaison schedule. The coordinator acts as the point of contact for the coroner, law enforcement, paramedics, and first responders. It is essential for this individual to maintain regular contact with local grief support groups and other prevention and postvention efforts/groups.

The coordinator should continually recruit new LOSS Team volunteers and oversee new volunteer training and integration into the team. He/she should also ensure that all materials are well-stocked. The coordinator also creates and maintains the website, social media sites, and other public communication forums. The coordinator also facilitates monthly meetings with the team, tracks and communicates statistics and metrics to the team and community members, is present at community events with materials, and seeks external funding (i.e., grants and fundraising).

The coordinator networks with other community members (i.e., hospitals, funeral homes, etc.) and maintains a database of volunteer and survivor information. The coordinator also develops a standard follow-up procedure with immediate survivors. It is important for the coordinator to send a card and/or additional resources shortly after the death. It is also recommended to send a card on the loved one's first birthday after and on the anniversary of their loss. The coordinator should also seek to partner with other communities to meet loss survivors' needs.

BASIC NEEDS OF A SURVIVOR

Immediate Needs of Suicide Grievers

In the first hours and days after a suicide, suicide grievers may need any or all of the following:

- To know that what they are feeling is a normal reaction to an abnormal loss.
- Support — most people have no personal experience with a sudden, unexpected, and possibly violent death. Whatever got them through any previous deaths may not work in this case. Suicide loss is best endured with help. Most suicide grievers benefit from contact with others who have lost loved ones to suicide. This is available through suicide loss support groups.
- Time to deal with their loss and grief — the usual one to three days of bereavement leave was not created with suicide loss in mind. Most grievers will not have the energy or motivation to go to work or school and they will not really be present if they do. They need to take things slowly and take care of themselves and their families.
- Suicide grievers are the secondary victims of the suicide. They manifest many of the physical and behavioral signs of victims of disasters or trauma.

Frequently Asked Questions After a Suicide

The questions listed below are frequently asked following a suicide:

- What happens to the personal effects or other property of the victim removed by the police or the coroner's/medical examiner's staff?
- Who gets suicide notes addressed to individuals who are not part of the victim's family or household?
- What happens to the gun (if one was involved)? Can disposal of the gun be arranged?
- Will an autopsy be performed on the victim? Why? Who sees the results of the autopsy?
- What about tissue or organ donation?
- How do you get copies of the death certificate?
- How can the scene be cleaned up?

A few phone calls or emails will provide the answers to these questions in your county. Any assistance that staff can provide to answer questions would be of great help. Remember that suicide loss brings on a sense of being powerless and helpless. Questions of this nature are efforts to reassert control and to do something for the victim and themselves.

Excerpt from "After A Suicide: A Postvention Primer for Providers"

http://www.sprc.org/library_resources/items/after-suicide-postvention-prevention-primer-providers



PSYCHOLOGICAL FIRST AID (PFA) USED BY LOSS TEAMS

The following information is excerpted from Psychological First Aid (PFA) Mobile App, a collaborative effort between the Veteran Administration's National Center for Post Traumatic Stress Disorder, the National Child Traumatic Stress Network, and the Department of Defense's National Center for Telehealth and Technology. For more information regarding Psychological First Aid, visit: www.nctsn.org.

Psychological First Aid is designed for use as an acute intervention in the aftermath of disasters including, but not limited to suicides. Since this document has been developed specifically for LOSS Teams, the term "disaster" has been replaced with the term "suicide." The following information specifically refers to PFA in the immediate aftermath of a suicide.

OVERVIEW OF PSYCHOLOGICAL FIRST AID (PFA) USED BY LOSS TEAMS

What is Psychological First Aid (PFA) Used by LOSS Teams?

PFA used by LOSS Teams is an acute intervention to help children, adolescents, adults, and families in the immediate aftermath of a suicide. PFA is designed to reduce the initial distress caused by the suicide and to foster short-term and long-term adaptive functioning and coping.

PFA is based on understanding that survivors and others affected by such events will experience a broad range of early reactions (physical, psychological, behavioral, spiritual). Some of these reactions will cause enough distress to interfere with adaptive coping, and recovery may be helped by support from compassionate and caring providers.

PFA's Five Evidence-Informed Principles

Research indicates that many individuals experience fear, anxiety, a need to connect with others, a sense of being overwhelmed, and/or hopelessness immediately after a suicide, and that addressing these issues is related to improved recovery. To address these survivor needs, PFA's five basic principles are:

- 1. Safety.** Survivors may be concerned about their own safety and the safety of those close to them. It is not uncommon to have thoughts like, "I don't want to wake up tomorrow" or "I cannot live the rest of my life without my husband." It is important to give the newly bereaved time to express these thoughts without panicking or immediately recommending they pursue a psychiatric inpatient option. "This is a horrible tragedy. Your only responsibility right now is to breathe in and breathe out." If it's a volunteer who is a loss survivor saying, "I remember feeling that way. I had to take it one breath at a time." If a loss survivor expresses concern that someone close to him/her may be suicidal, listen to his/her concern and offer

to check in with that person or to send that person resources on coping. Get their contact information. Reminder: A LOSS team volunteer should not be the one to tell someone their friend/loved one has died.

- 2. Calming.** Suicide may cause fear, distress, and anxiety. Act in a calm manner to reduce others' distress. Extreme reactions in the immediate aftermath of a suicide are quite normal. For the most part, speaking slowly and briefly paraphrasing what the newly bereaved is saying is the most helpful thing a LOSS volunteer can do. In some situations, it might be helpful to help survivors identify coping skills they have used in the past and new ones they may need to feel calmer.
- 3. Connectedness.** Suicide can separate families, friends, and community members, and shatter the connectedness people share with one another. People are often in shock and they may immediately blame others for the death. Again, listen to them and honor what they are saying. Do not try to correct them. At the same time, if there is conflict that seems to be escalating to the point of a physical altercation, inform the police. Help families and communities understand that grief will be expressed differently for everyone and set up a tolerant environment for these differences.
- 4. Self and Community Efficacy.** After a suicide, individuals may feel overwhelmed and vulnerable. Nevertheless, every survivor and community has strengths upon which to draw. Help survivors to identify and apply their strengths, learn new strategies to cope with their situation, and begin to rebuild their lives and their communities.
- 5. Hope.** When survivors are feeling that their world is falling apart and everything is hitting them at once, make every attempt to promote a sense of hope. Help them to engage in proactive activities and promote positive expectations that things will work out as best they can in the next hour, day, and week, even if they feel overwhelmed.

Basic Objectives of PFA for LOSS Teams

Tailor your actions to the needs and priorities of each person you make contact with. Each encounter should include only those actions that are relevant, choosing from a combination of the following objectives:

- Establish a human connection in a non-intrusive, compassionate manner.
- Enhance immediate and ongoing safety and provide physical and emotional comfort.
- Calm and orient emotionally overwhelmed or distraught individuals.
- Listen closely if survivors tell you specifically what their immediate needs and concerns are and gather additional information as appropriate.
- Offer practical assistance and information to help address their immediate needs and concerns.
- Connect survivors as soon as possible to support networks, including family members, friends, neighbors, and community resources.
- Support adaptive coping, acknowledge coping efforts and strengths, and empower survivors. Encourage adults, children, and families to take an active role in their recovery.

- Be clear about your availability and your role, and (when appropriate) link the survivor to another member of your response team or to local community resources.

Professional Behavior and PFA

In the aftermath of a suicide, it is especially important to maintain professional behavior:

- Operate only within the framework of an authorized response system.
- Model healthy responses: be calm, courteous, organized, and helpful.
- Be visible and available.
- Maintain confidentiality as appropriate.
- Remain within the scope of your expertise and designated role.
- Make appropriate referrals when additional expertise is needed or requested by the survivor.
- Be knowledgeable and sensitive to issues of culture and diversity.
- Pay attention to your own emotional and physical reactions, and practice self-care.

LOSS TEAM GUIDELINES FOR DELIVERING PFA

PFA is designed to be used only with those survivors who need it, not everyone you encounter. It is meant to be practical, tailored to the immediate needs and priorities of survivors, and conversational rather than clinical or formal. Therefore, it is important to adhere to the following guidelines.

Prior to Engaging Survivors at a Scene

If possible, observe first to avoid being perceived as intruding in an effort to help. Most survivors will be able to handle the situation with their own resources, so take care not to undermine that. Initiate contact only after you have observed the situation and have determined that contact is not likely to be intrusive or disruptive. Focus your attention on how people are reacting and interacting in the setting. Individuals who may need assistance include those showing signs of acute distress, including individuals who are:

- Disoriented
- Confused
- Frantic or agitated
- Panicky
- Extremely withdrawn, apathetic, or “shut down”
- Extremely irritable or angry
- Exceedingly worried

Often, the best way to make contact is to be brief.

“Hello, my name is ____ and I lost someone close to me to suicide. I’m here as a volunteer to support you in any way I can. I am so sorry for your loss.”

Engaging Survivors Once You Make Contact

- Maintain a calm presence. People take their cue from how others are reacting. By demonstrating calmness and clear thinking, you can help survivors feel that they can rely on you.
- Be prepared that some survivors may either avoid you or flood you with contact.
- If survivors want to talk, be prepared to listen. When you listen, focus on hearing what they want to tell you.
- Most of the time LOSS Volunteers should have very little to say to the newly bereaved. But there can be exceptions. When this happens, give information that directly addresses their immediate concerns and clarify answers repeatedly as needed.
- Speak calmly. Be patient, responsive, and sensitive.
- Speak slowly, in simple terms; do not use acronyms or jargon.
- Give information that is accurate and age-appropriate.
- When communicating through a translator or interpreter, look at and talk to the person you are addressing, not at the translator or interpreter.

Behaviors to Avoid

Your focus should be on providing practical support that is respectful and tailored to the immediate needs of survivors. With this in mind, behaviors to avoid are:

- Making assumptions about what survivors are experiencing or assuming that everyone will be traumatized
- Assuming that all survivors want or need to talk to you.
- Labeling reactions as “symptoms” or speaking in terms of diagnoses, conditions, pathologies, or disorders.
- Talking down to the survivor or focusing on his/her helplessness, weaknesses, mistakes, or disability.
- Asking for explicit details and reactions to what happened.
- Speculating or offering possibly inaccurate information. If you cannot answer a question, do your best to learn the facts.

Entering the Setting

Successful entry to the setting involves working within the standard operating procedures as defined by the LOSS Team Coordinator in which roles and decision-making are clearly defined. Remember to:

- Establish communication and coordinate all activities with authorized personnel or organizations that are managing the setting.
- Learn as much as you can about the setting, but be patient if little is known. Law enforcement and/or the coroner’s office do the best they can to share information such as relationships of people who are on the scene, but this is not always known.
- Information will be given to you via the initial activation telephone call.

Be Sensitive to Culture and Diversity

Be sensitive to cultural, ethnic, religious, racial, and language diversity, and attempt to:

- Be aware of your own values and prejudices, and how these may agree with or differ from those of the community being served. Before providing services, training in cultural competence can facilitate this awareness.
- Help to maintain or reestablish customs, traditions, rituals, family structure, gender roles, and social bonds to help survivors cope with the impact of the current situation.
- Meet with cultural leaders to learn about the community being served, including how emotions and other psychological reactions are expressed, attitudes toward government agencies, and receptiveness to counseling.
- Ask those you're serving what traditions or rituals are important to them.

Working with Children and Adolescents

- When working with young children, sit or crouch at the child's eye level.
- Help school-age children verbalize their feelings, concerns and questions; provide simple labels for common emotional reactions (mad, sad, scared, worried). Do not use extreme words like terrified or horrified because this may increase their distress.
- Listen carefully and check in with the child to make sure you understand him/her.
- Be aware that children may show developmental regression in their behavior and use of language.
- Match your language to the child's developmental level. Younger children typically have less understanding of abstract concepts like death. Use direct and simple language as much as possible.
- Talk to adolescents adult-to-adult, so you give the message that you respect their feelings, concerns, and questions.
- Reinforce techniques taught with the child's parents/caregivers to help them provide appropriate emotional support to their child.
- Always ask the permission of a parent/caregiver before engaging a child.
- Keep coloring books, bubbles, etc., in your on-scene resource bag.

Working with Older Adults

- For older adults who may have a hearing difficulty, speak clearly and in a low pitch.
- Do not make assumptions based only on physical appearance or age. For example, do not assume that a confused elder has irreversible problems with memory, reasoning, or judgment.
- An older adult with a mental health disability may be more upset or confused in unfamiliar surroundings. If you identify such an individual, help to make arrangements for a mental health consultation or referral.

Working with Survivors with Disabilities

- When needed, try to provide PFA in an area with minimal noise or other stimulation.
- Address the person directly, rather than through the caretaker, unless direct communication is difficult.
- If communication (hearing, memory, speech) seems impaired, speak simply and slowly.
- For individuals who need interpretation, ensure you know how to access providers with those skills.
- Take the word of a person who claims to have a disability — even if the disability is not obvious or familiar to you.
- When you are unsure of how to help, ask, “What can I do to help?” and trust what the person tells you.
- Offer a blind or visually impaired person your arm to help him/her move about in unfamiliar surroundings.
- If needed, offer to write down information and make arrangements for the person to receive written announcements.

CORE ACTIONS OF PFA FOR LOSS TEAMS

The following are the eight core actions of PFA. Be flexible, and base the amount of time you spend on each core action on the survivor’s specific needs and concerns.

1. CONTACT AND ENGAGEMENT

Goal: Respond to contacts initiated by survivors, or to initiate contacts in a nonintrusive, compassionate, and helpful manner.

Key Actions:

- ➔ Respond first to those who seek you out.
- ➔ If a number of people approach you simultaneously, make contact with as many as you can.
- ➔ Giving a brief look of interest and calm concern can be grounding and helpful to people who are feeling overwhelmed or confused.
- ➔ Introduce yourself with your name, title, and a brief description of your role. It is very important to introduce yourself as a survivor of a suicide loss and/or as a volunteer with LOSS. Remember: You are not there in any other capacity.
- ➔ Ask for permission to talk to the person, and explain that you are there to see if you can be of help.
- ➔ If an individual declines your offer of help, respect his/her decision and indicate when and where he/she could locate a provider at a later date.
- ➔ Do not assume that people will respond to you immediately or positively. It may take time for some to feel a degree of safety and trust.
- ➔ Listen. Get comfortable with silence.
- ➔ Respect personal and cultural boundaries around physical touch, personal space, and eye contact.
- ➔ Try to ensure some level of privacy while giving the person your full attention.

2. SAFETY AND COMFORT

Goal: Enhance immediate and ongoing safety, and provide physical and emotional comfort.

Key Actions:

- ➔ Provide accurate and up-to-date information. Try to avoid providing information that is excessively upsetting.
- ➔ Find simple ways to make the physical environment more comfortable (bring camp chairs in your trunk and offer a place to sit for people unable to return inside their home. Umbrellas and blankets are practical ways to provide physical comfort too.
- ➔ Protect survivors from additional exposure to upsetting experiences or trauma reminders (i.e., media, or notifying survivor — if law enforcement/coroner does not — that their loved one is being brought out of the house now. Tell them they don't need to be there for this and offer to walk somewhere with them, but if they want to stay respect their wishes).
- ➔ Reassure those who are grieving that their reactions are understandable.
- ➔ Share that they will probably continue to experience different feelings for a while.
- ➔ Expect widely varying grief reactions, with some survivors feeling quite intensely and others showing no emotions.
- ➔ Make an attempt to understand the family's cultural beliefs and attitudes about death, mourning rituals, and expressions of grief. Realize that all family members may not adhere to the same beliefs.
- ➔ Share that children may only show their grief for short periods of time each day in between playing or other positive activities, but that doesn't mean they are not grieving.
- ➔ Address parents' questions about how to help their children and adolescents with the death of a loved one, or about children's understanding about death.
 - Parents can help children and adolescents with the death of a loved one in the following ways:
 - Assure children that they are loved and will be cared for, especially if a caregiver died.
 - Watch for signs that children may be ready to talk about what happened.
 - Do not make children feel guilty or embarrassed about wanting or not wanting to talk.



- Do not push children to talk. Sometimes they may need distracting activities (playing, drawing, listening to music) to calm down.
- Give simple, honest, and age-appropriate answers to their questions.
- Listen carefully to their feelings without judgment.
- Reassure them that they did not cause the death, that it was not their fault, and that it is not a punishment for anything that anyone did “wrong.”
- Answer questions honestly about funerals, burial, prayer, and other rituals.
- Be prepared to respond to the children’s questions multiple times.
- Do not be afraid to say that you don’t know the answer to a question.
- Remember that children of different ages have different reactions to the death of a loved one.

Children’s Understanding of Death

Children’s understanding of death varies depending on their age and prior experience with death, and is strongly influenced by family, religious, and cultural factors. The following are examples at different age groups regarding children’s perceptions of death:

Preschool Children

- May not understand that death is permanent, and may believe that the person can return.
- They need help confirming the physical reality of a person’s death (the deceased is no longer breathing, moving, or having feelings and has no discomfort or pain). They may be concerned about something bad happening to another family member.

School-Aged Children

- Understand the physical reality of death, but may personify death as a monster or skeleton. In longing for their loved one’s return, he/she may experience upsetting feelings of a “ghostlike” presence of the lost person, but not tell anyone.

Adolescents

- Understand that death is irreversible. Losing a family member or friend can trigger rage and impulsive decisions such as quitting school, running away, or abusing drugs or alcohol. These issues need prompt attention by the family or school.

3. STABILIZATION

Goal: Calm and orient emotionally overwhelmed or disoriented survivors.

Key Actions:

- ➔ Strong emotions, numbing, and anxiety are expected reactions after a suicide loss.
- ➔ Most individuals will be able to calm down on their own.

- ➔ Pay attention to those individuals whose reactions are so intense and persistent that it is impacting their ability to function. Signs that an individual may need stabilization:
- Disoriented: engaging in aimless behavior
 - Disconnected: numb; startlingly unaffected by the event
 - Confused: not able to understand what is happening around them; not making sense
 - Panicked: extremely anxious, unable to settle; eyes wide and darting
 - Hysterical: sobbing uncontrollably; hyperventilating; rocking
 - Excessively preoccupied; unable to think about anything else
 - In denial: refusing to accept that the event took place
 - In physical shock: not being able to move; frozen
 - Glassy-eyed and staring vacantly; unable to find direction
 - Unresponsive to verbal questions or commands
 - Exhibiting frantic searching behavior
 - Feeling incapacitated by worry

Steps to Help the Most Distressed Individuals:

- Give the person a few minutes before you intervene.
- Remain calm, quiet, and present rather than trying to talk directly to the person.
- Stand close by, being available should the person need help.
- Offer support and help the survivor focus on manageable feelings, thoughts, and goals.
- Give information that orients him/her to the surroundings.
- Clarify misinformation or misunderstandings about what is taking place.
- Explain that intense emotions may come and go in waves, and that sometimes using calming techniques (breathing, distraction) or getting support from friends/family can help.
- Seek a medical consult when appropriate.
- If these reactions continue to impact the person's functioning, a grounding technique may be needed.

Steps to Introduce a Grounding Technique:

Needing to use a grounding technique at the scene of a suicide is uncommon but good to know just in case. After a shocking experience, a person may feel overwhelmed or have strong upsetting thoughts that he/she can't control. Grounding works by turning attention from thoughts and feelings back to the outside world.

Here's what to do:

- Have the person sit in a comfortable position with his/her arms and legs uncrossed.
- Take slow, normal breaths.
- Have him/her identify and name five non-distressing objects.

- Take slow, normal breaths.
- Have him/her identify and name five non-distressing sounds that he/she hears.
- Take slow, normal breaths.
- Have him/her identify and name five non-distressing things he/she can feel.
- Take slow, normal breaths.
- For children: you may have them name colors that they see around them. For example, ask the child these questions:
 - Can you name five colors that you can see from where you are sitting?
 - Can you see something blue? Something yellow? Something green?

4. INFORMATION GATHERING

Goal: Identify immediate needs and concerns, gather additional information, and tailor PFA interventions.

Gathering and clarifying information begins immediately after contact and continues throughout PFA. Your ability to gather information will be limited by time, survivors' needs and priorities, and other factors. This particular PFA core action is used infrequently when supporting suicide loss survivors.

Key Actions:

- ➔ Gather business cards or other documentation law enforcement or the coroner's office may leave for survivors and put it all together — perhaps with the LOSS resource folder.
- ➔ If appropriate, provide a bio-hazard clean up referral. Do your research ahead of time so you are comfortable recommending someone.
- ➔ Some survivors may be overwhelmed by the number of tasks they are facing such as identifying who needs to be called. Offer to write down a list as they're talking.

5. PRACTICAL ASSISTANCE

Goal: Offer practical help to survivors in addressing immediate needs and concerns. Supporting suicide loss survivors in the immediate aftermath of a suicide is difficult to plan for. Each situation is unique. It is very important to be calm while making quick decisions on how you can assist them.

Key Actions:

- ➔ Identify the most immediate needs.
- ➔ Clarify the need.
- ➔ Act to address the need, with an emphasis on the survivor's choices and solutions.
 - Because stress can have a negative effect on cognitive and problem-solving abilities, it may be necessary to assist survivors as they initiate their plans.
 - If you help survivors break down their needs into smaller action steps, they will have repeated experiences of success and efficacy, feel better about their ability to cope, and benefit from the knowledge that they can provide for themselves.

- Remember that each survivor's situation is different. Some survivors may be actively engaged, while others will rely on you more heavily. Modify your approach based on the survivor's need and the current situation.
- ➔ Examples of practical assistance provided in the immediate aftermath of a suicide:
 - Close windows (i.e., carbon monoxide poisoning may have required windows be open in the middle of winter and fire department then gives the all clear).
 - Assist with handling pets — sometimes the deceased lived alone and the survivors may not want the pet. Be prepared with options (call humane society, cat welfare, etc.).
 - Removal of additional firearms (while law enforcement will take any firearm used, the survivors may feel uncomfortable with the remaining firearms being in the home). Be prepared with options (police take them temporarily, trusted family member/friend stores them, local gun shop/range stores them, etc.).

6. LINKS TO SOCIAL SUPPORTS

Goal: Help establish brief or ongoing contacts with primary support persons and other sources of support, including family members, friends, and community resources.

Key Actions:

- ➔ Enhance access to family, friends, and other loved ones (in person, by phone, by e-mail, through web-based databases, and social media).
- ➔ Encourage survivors to form new connections with immediately available support persons after loss.
- ➔ Enhance access to community resources or other sources of support that can facilitate recovery (social services, addiction services, child care, religious supports).
- ➔ Reach out to those who are withdrawn.
 - If they are suicidal, get medical assistance immediately.
 - Help them identify the type of support that would be most helpful.
 - Help them make a plan to get support or to get connected with others. This may include finding the right time and place for them to engage someone.
 - Discuss the importance of social support in coping.
 - Remember that some people choose not to connect. Be respectful of their wishes. In situations where a survivor is by him/herself, don't be afraid to tell them you are concerned about his/her well-being. "Is there a friend, co-worker, or faith community member who can come over?"

7. INFORMATION ON COPING

Goal: Provide information about stress reactions and coping to reduce distress and promote adaptive functioning.

Key Actions:

- ➔ Provide basic information about common stress reactions to traumatic events. Common stress reactions are:

- Intrusive reactions: ways that traumatic experiences come back to mind. They include distressing thoughts or mental images of the event or dreams about what happened. These can also be upsetting emotional or physical reactions to reminders of the experience.
- Avoidance: survivors' attempts to remove themselves from, or protect themselves against, distress. These reactions include avoiding talking, thinking, or having feelings about the traumatic event and avoiding any reminders of the event, such as people or places.
- Physical arousal: physical changes make the body react as if danger is present. These reactions include constantly being "on the lookout" for danger, being easily startled or jumpy, being irritable or cranky, having outbursts of anger or tears, having difficulty sleeping, and having difficulty paying attention or concentrating.
- Grief reactions: This loss may lead to feelings of sadness, anger, guilt, regret over the death, missing, or longing for the deceased. They may focus on the circumstances of the death, how the death could have been prevented, what the last moments may have been like, and who was at fault.
- Physical reactions: reactions include bodily distress, such as headaches, dizziness, stomach aches, muscle aches, rapid heartbeat, tightness in the chest, hyperventilation, and bowel problems. Survivors may experience these types of reactions even in the absence of any underlying physical injury or illness.

8. LINKS TO SERVICES

Goal: Link survivors with available services needed at the time or in the future.

Key Actions:

- ➔ Connect survivors with additional resources of services to address their current needs.
- ➔ Provide a LOSS resource folder with local resources all in one place.
- ➔ Help survivors get access to medical care or connecting them with community resources.
- ➔ Consider a broad range of services that ensure continuity of care.
- ➔ Know the services that are currently available and how to connect survivors to them.
- ➔ Collaborate with survivors to select the services they need and make the referrals.
- ➔ While it is usually premature to make a referral, it is still good to know your local resources so you are prepared.

LOSS TEAM COMMUNICATION WITH SURVIVORS

The following strategies are to be used by LOSS teams to effectively communicate with survivors:

- Initiate grief normalization: Let survivors discuss their feelings and concerns. Be prepared for intense emotions and conflicting sentiments. Do not try to sort things out for them. Let them know their emotional turmoil is acceptable given the abnormal nature of the loss.
- Facilitate understanding of critical incident processing: They may have many questions. If necessary, explain the investigative activities that occur with any unnatural death. Sometimes you may have to deal with frustration and perhaps anger regarding those at the scene. Tell them why and where the coroner will take the body and how they can arrange pick-up by the funeral director.
- Assist in mobilizing the support system: Help grievers identify those who may be resources (e.g., family physician, clergy, other family members, or trusted friends). Do not say they have to make these contacts, just note that they may be helpful. "Is there anyone I can call?"
- Share information about community services: Offer contact information on local grief support resources like survivor of suicide groups, which grievers may reach out to if necessary.
- Encourage them to follow-up with their family physician: Encourage them to see their family physician as soon as possible. Grief can impact health and may aggravate pre-existing conditions. Insomnia, anxiety, and depression can follow such losses.

Stressors at a Suicide Scene

Witnessing a suicide or finding the body is highly traumatizing for many. Subsequent events can further extend the trauma. The following can cause issues in the minutes and hours immediately after the loss:

- Crime scene processing: "Treat all deaths as homicides at first, even suicides", or "Consider suicide notes as questionable documents." Many police officers have heard something to this effect, but may not be aware how upsetting this is to those struggling with the loss. The family needs to know that what is happening is procedural not personal.
- Official information gathering: The family may be interviewed in determining the cause of death. They may be sure that it is a suicide or that it is not a suicide. Sometimes, others at the scene take sides, judge their motives, or try to get them to accept any apparent cause. Such disagreements do not lead to healthy grieving.
- Interference with the death scene: Sometimes the family tries to alter the scene, starts to clean the area. This harms the investigation and may lead to stern lectures from law enforcement.
- Stigmatization: Neighbors, relatives, teachers, clergy, and others may have an understanding of suicide shaped by myths and misconceptions. They may add to the trauma through hurtful comments made to or within earshot of family members.
- Insensitivity: Families may be told of the death in a harsh manner or even by telephone. Sometimes they

learn of their loss from the media. They may be swarmed by reporters if the suicide was “public” or deemed “newsworthy.”

Excerpted from “After A Suicide: A Postvention Primer for Providers”

http://www.sprc.org/library_resources/items/after-suicide-postvention-prevention-primer-providers

What to Say to Those Bereaved by Suicide

“What do you need right now?”

Try to meet a basic need (water, food, comfort) and/or facilitate connections to what is needed (ride home, calling a support person).

“Can I call someone for you?”

Provide a telephone and sit with the person while he/she calls a support person (but do not be the one to tell someone the news of the death).

“Who or what has helped you before during a difficult time?”

Seek to determine if he/she has a supportive family member or neighbor, a counselor, or a spiritual care provider. Use this with caution, since this is unlike previous life experience. Attempt to learn this information while listening. “You told me about your sister being helpful. Would she be able to spend some time with you for a while?”

“This is a very difficult time for you. Can I help in any way?”

This validates the individual’s experience and opens the door to offer access to resources such as basic needs, security and comfort, and connecting the person to helpful resources.

“Would it be helpful for you to talk about what has happened?”

Taking the time to listen and be present with the person allows them to share as much as they want. Validating and normalizing their feelings can contribute to the survivor feeling heard, understood, and supported. Respect the person’s privacy if he/she chooses not to talk.

“Sudden death can be a traumatic, shocking and overwhelming. Your reaction and feelings are normal and understandable.”

This can help the person recognize the wide range of reactions and emotions. It also tells him/her that his/her feelings and reactions are understandable given the tragic loss. These statements help to validate the person’s feelings and experience.

“When you are ready, you may want to talk to someone who can help you with the feelings and thoughts you are experiencing.”

Let an individual know that it is okay to reach out for help. Sometimes, knowing that he/she is not alone, and that there are resources (SOS groups, grief counselors) and other people who have gone through what he/she is going through, can make a huge difference.

“When someone dies by suicide, it may seem to overshadow everything else, even the way we think about the person who died. How someone died does not define who your loved one was or your relationship with them.”

Suicide is traumatic, and it is ok to say that the way a person died does not determine their value, identity, and importance. It does not diminish love felt for the person who has died or the love he or she may have had for others.

PLEASE REMEMBER:

Be patient. Sometimes loss survivors’ ability to process information and communicate will likely be affected. Those bereaved by suicide may also find themselves replaying and reconsidering over and over again the circumstances of the death. This is both normal and necessary. Normalizing that it is common to have difficulties concentrating and offering to write down for them any information they want for reference later can be a helpful gesture.

Excerpted from “A Guide For Early Responders Supporting Survivors Bereaved By Suicide,” 2012

<http://suicideprevention.ca/coping/after-suicide/>

What Not to Say to Those Bereaved by Suicide

Do not use the following statements with those bereaved by suicide:

“It was his/her time.”

A suicide is always a premature death and is never anybody’s “time.”

“God wanted him/her more than you did.”

Saying, “He is with God now” would be better.

“All that anger will keep you from healing.”

Anger is a normal reaction to a suicide.

“He’s in a much better place now.”

This may have negative connotations.

“There was nothing anyone could have done.”

This is neither convincing nor comforting.

“Did you know that he/she was mentally ill?”

As with suicide, there is stigma attached to mental illness

“I know exactly how you feel.”

Even if you are a survivor of suicide, each person’s loss and experience of loss is unique. Saying this minimizes a person’s experience.

“Don’t blame yourself; it was not your fault. It was his/her free choice.”

This tends to intensify anger directed towards their loved one, which may complicate the grieving process.

“Too bad that he/she wasn’t stronger.”

An act of suicide is not the act of a weak person.

Excerpted from *After a Suicide: A Postvention Primer for Providers*, 2006



STAFF AND VOLUNTEER SELF-CARE

Helping others in the immediate aftermath of a suicide can be an enriching professional and personal experience. It can also be physically and emotionally exhausting. The following sections provide information to consider before, during, and after supporting loss survivors.

Before Relief Work

In deciding whether to participate as a LOSS Team member, you should consider your comfort level with this type of work and your current health, family, and work circumstances. These considerations should include a variety of topics that are covered in the rest of this section.

Personal Considerations: Assess your comfort level with the various situations you may experience while providing PFA:

- Working with individuals who are experiencing intense distress and extreme reactions, including screaming, hysterical crying, anger, or withdrawal
- Working with individuals in non-traditional settings
- Working in a chaotic, unpredictable environment
- Accepting tasks that may not initially be viewed as mental health activities (e.g., distributing water, helping serve meals, sweeping the floor)
- Working in an environment with minimal or no supervision or, conversely being micromanaged
- Working with and providing support to individuals from diverse cultures, ethnic groups, developmental levels, and faith backgrounds
- Working in environments where the risk of harm or exposure is not fully known
- Working with individuals who are not receptive to being helped
- Working with a diverse group of professionals, often with different interaction styles

Health Considerations: Assess your current physical and emotional health status, and any conditions that may influence your ability to work long shifts, including:

- Recent surgeries or medical treatments
- Recent emotional or psychological challenges or problems
- Any significant life changes or losses within the past six to 12 months
- Earlier losses or other negative life events
- Dietary restrictions that would impede your work
- Ability to remain active for long periods of time

Family Considerations: Assess your family's ability to cope with you being a LOSS Team volunteer:

- Is your family prepared for you to work as a LOSS Team volunteer?
- Do you have a strong, supportive environment for working as a LOSS Team volunteer?

Work Considerations: Assess how taking time off to provide PFA might affect your work life:

- Is your employer supportive of your interest and participation as a LOSS Team volunteer?
- Will your employer allow leave time from your job?
- Will your employer require you to use vacation time or absence-without-pay time to respond as a LOSS Team volunteer?
- Is your work position flexible enough to allow you to respond to a LOSS call assignment within 60 minutes of being contacted?

Personal Issues: If you decide to participate in the LOSS Team, take time to make preparations for the following:

- Family and other household responsibilities
- Pet care responsibilities
- Work responsibilities
- Community activities/responsibilities
- Other responsibilities and concerns



During Relief Work

In providing PFA, it is important to recognize common and extreme stress reactions, how organizations can reduce the risk of extreme stress to providers, and how best to take care of yourself during your work.

Common Stress Reactions: You may experience a number of common stress responses, including:

- Increase or decrease in activity level
- Difficulty sleeping
- Substance use
- Numbing
- Irritability, anger, and frustration
- Vicarious traumatization in the form of shock, fearlessness, horror, and helplessness

- Confusion, lack of attention, and difficulty making decisions
- Physical reactions (headaches, stomach aches, easily startled)
- Symptoms of depression or anxiety
- Decreased social activities

Extreme Stress Reactions: You may experience more serious stress responses that warrant seeking support from a professional or monitoring by a supervisor. These include:

- Compassion stress: helplessness, confusion, isolation
- Compassion fatigue: demoralization, alienation, resignation
- Preoccupation or compulsive re-experiencing of trauma experienced either directly or indirectly
- Attempts to over-control in professional or personal situations
- Withdrawal and isolation
- Preventing feelings by relying on substances, becoming overly preoccupied by work, or making drastic changes in sleep (avoidance of sleep or not wanting to get out of bed)
- Serious difficulties in interpersonal relationships, including domestic violence
- Depression accompanied by hopelessness (which has the potential to place individuals at a higher risk for suicide)
- Unnecessary risk-taking

Organizational Care of Volunteers: The agency/LOSS Team Coordinator can reduce the risk of extreme stress by putting supports and policies in place. These include:

- Limiting work shifts/number of LOSS Team calls taken in a month
- Rotating volunteers from highly exposed assignments to lesser levels of exposure
- Mandating time off
- Identifying enough volunteers at all levels, including administration, supervision, and support
- Encouraging peer partners and peer consultation
- Monitoring volunteers who meet certain high-risk criteria (e.g., personally impacted by the disaster, multiple stresses, pre-existing conditions)
- Establishing volunteer appreciation events
- Conducting trainings on stress management practices

PFA Provider Self-Care: Activities that promote self-care include:

- Managing personal resources
- Planning for family/home safety, including making child care and pet care plans
- Getting adequate exercise, nutrition, and relaxation

- Using stress management tools regularly, such as:
 - Accessing supervision routinely to share concerns, identify difficult experiences, and strategies to solve problems
 - Practicing brief relaxation techniques during the work day
 - Using the buddy system to share upsetting emotional responses
 - Staying aware of personal limitations and needs
 - Recognizing when one is hungry, angry, lonely or tired (HALT) and taking appropriate measures
 - Increasing activities that are positive
 - Practicing faith or spirituality
 - Spending time with family and friends
 - Learning how to put stress away
 - Writing, drawing, and painting
 - Limiting caffeine, tobacco, and substance use

Provider Self-Care Do's: As much as possible make every effort to:

- Self-monitor and pace your efforts
- Maintain boundaries: delegate, say no, and avoid working with too many survivors in a given shift
- Perform regular check-ins with colleagues, family, and friends
- Work with partners or in teams
- Take relaxation/stress management/bodily care/refreshment breaks
- Use regular peer consultation and supervision
- Try to be flexible, patient, and tolerant
- Accept that you cannot change everything

Provider Self-Care Don'ts: Avoid engaging in:

- Extended periods of work without colleagues
- Working around the clock with few breaks
- Negative self-talk that reinforces feelings of inadequacy
- Excessive use of food/substances as a support

After Relief Work

After being on a scene, you may need to decompress. Also, it is not uncommon after you have been on more than one scene, to more easily shift back to your day-to-day activities.

LOSS Team Coordinators should:

- Encourage time off for volunteers who have experienced recent personal trauma or loss
- Encourage volunteers to seek counseling when needed and provide referral information
- Provide education on stress management
- Facilitate ways volunteers can communicate with each other by establishing listservs, sharing contact information, or scheduling conference calls
- Provide information regarding positive aspects of the work

Volunteer Self-Care Do's:

Make every effort to:

- Seek out and give social support
- Check in with other relief colleagues to discuss relief work
- Increase support among colleagues
- Scheduled time for a vacation or gradual reintegration into normal life
- Prepare for worldview changes that may not be mirrored by others in your life
- Participate in formal help to address your response to relief work if extreme stress persists for more than two to three weeks
- Increase leisure activities, stress management, and exercise
- Pay extra attention to health and nutrition
- Rekindle close interpersonal relationships
- Practice good sleep routines
- Make time for self-reflection
- Practice receiving from others
- Find activities that you enjoy
- Try at times not to be in charge or be the expert
- Increase experiences that have spiritual or philosophical meaning to you
- Anticipate that you will experience recurring thoughts or dreams, and that they will decrease over time
- Keep a journal to get worries off your mind
- Ask for help in parenting if you feel irritable or are having difficulties adjusting to being back home

Volunteer Self-Care Don'ts:

Make every effort to avoid:

- Excessive use of alcohol, illicit drugs, or excessive amounts of prescription drugs
- Making any big life changes for at least a month
- Negatively assessing your contribution to relief work
- Worrying about readjusting

VICARIOUS TRAUMA

What is Vicarious Trauma

Vicarious trauma (VT) is the process of change that happens because you care about other people who have been hurt and feel committed or responsible to help them. Over time, this process can lead to changes in your psychological, physical, and spiritual well-being. If you are a LOSS Team volunteer, it is important to understand the process of vicarious trauma, because it can impact you.

Excerpted from *Understanding and Addressing Vicarious Trauma*, Headington Institute, 2008.

Signs of Vicarious Trauma

When we are experiencing something overwhelming — especially something emotional — our bodies, minds and spirit adapt to help us cope. At times, the way we cope may help in the moment, but may have longer term negative results. For example, our bodies may give us an extra push of adrenaline to make it through a challenging time period. However, the moment we go on vacation, we immediately get sick for the first three days. The adrenaline push that was needed in the moment eventually catches up with us, and we feel the full effects of pushing ourselves beyond a healthy limit.

The following list is not meant to be exhaustive of all symptoms, but rather information that may help you understand your work may affect you in both personal and professional situations. We must understand the costs associated with some coping strategies. If you notice any of your own experiences in the following list, solutions exist, and there are ways to engage in your work, not only without harm to self or others, but in a way that amplifies your sense of resiliency and hope.

Exhaustion and Physical Ailments:

- Constantly feeling tired, even after having time to rest
- Physical tension in the body when it is not needed, i.e., sitting at your desk or on your commute home
- Physical pain throughout the day such as headaches, back pain, and wrist pain
- Difficulty falling asleep or excessive sleeping
- Becoming sick the moment you are able to rest, such as on a vacation

Emotional Shifts:

- Hypersensitivity to emotionally charged material
- Feeling disconnected from your emotions and/or your body
- Guilt for having more resources/opportunities than those you serve
- Feeling like no matter how much you give, it will never be enough
- Feeling helpless or hopeless toward the future
- Increased levels of anger, irritability, resentment, or cynicism

Thought Patterns:

- Difficulty in seeing multiple perspectives or new solutions
- Jumping to conclusions, rigid thinking, or difficulty being thoughtful and deliberate
- Questioning, “Is any of this effective? Am I making any difference?”
- Minimizing the suffering of others in comparison to the most severe incidents or situations
- Intrusive thoughts and imagery related to the traumatic material you have heard/seen

Behavioral Shifts:

- Absenteeism and attrition
- Avoidance of work, relationships, responsibilities
- Dread of activities that used to be positive or neutral
- Using behaviors to escape (eating, alcohol/drugs, caffeine, TV, shopping, work)

Relationship Changes:

- No separation of personal and professional time, being the helper in every relationship
- Viewing other people who are not involved in your same field as less important
- Difficulty relating to other individuals’ day-to-day experiences without comparing them to those you serve or yourself
- Absence of a personal life that is not connected to your work
- Seeing danger everywhere and hypervigilance to the safety of those you care about
- Sense of persecution or martyrdom, holding external forces responsible for personal feelings and struggles
- Isolated self completely from others or only interacting with people who are in your same field or can relate to your experiences

Excerpted from: <https://bit.ly/2UEFWqU>

Coping with Vicarious Trauma

Coping with vicarious trauma means identifying strategies that can both help prevent vicarious trauma from becoming severe and help manage vicarious trauma during times when it is more problematic. Good coping strategies are things that help you take care of yourself — especially things that help you escape, rest, and play. Among other things, these might include:

- **Escape:** getting away from it all, physically or mentally (books or films, taking a day or a week off, playing video games, talking to friends about things other than work)
- **Rest:** having no goal or timeline, or doing things you find relaxing (lying on the grass watching the clouds,

sipping a cup of tea, taking a nap, getting a massage)

- Play: engaging in activities that make you laugh or lighten your spirits (sharing funny stories with a friend, playing with a child, being creative, being physically active)

Transforming Vicarious Trauma

Transforming vicarious trauma means something deeper than just coping with it. One of the key components of vicarious trauma is changes in your spirituality over time. You can come to question your deepest beliefs about the way life and the universe work, and the existence and nature of meaning and hope. At the deepest level, transforming vicarious trauma means identifying ways to nurture a sense of meaning and hope. What gives life and work meaning, and what instills or renews hope? You likely have sources of meaning, purpose, hope, and perspective in your life. Some ways to connect (or reconnect) with these may be:

- Reminding yourself of the importance and value of humanitarian work
- Staying connected with family, friends, and colleagues
- Noticing and deliberately paying attention to the little things — small moments like sipping a cup of coffee, the sound of the wind, or brief connections with others
- Marking transitions, celebrating joys, and mourning losses with people you care about through traditions, rituals, or ceremonies
- Taking time to reflect (reading, writing, prayer, and meditation)
- Identifying and challenging your own cynical beliefs
- Undertaking growth-promoting activities (learning, journaling, being artistic)

Excerpted from *Understanding and Addressing Vicarious Trauma*, Headington Institute, 2008.

COMPASSION FATIGUE

What is Compassion Fatigue?

LOSS Team volunteers and caregivers can experience compassion fatigue. Compassion fatigue symptoms are normal displays of chronic stress resulting from the caregiving work we provide. Individuals attracted to caregiving often enter the field already compassion fatigued. A strong identification with helpless, suffering, or traumatized people or animals is possibly the motive. It is common for such individuals to have been taught at an early age to care for the needs of others before caring for their own needs. Authentic, ongoing self-care practices are absent from their lives.

If you sense that you are suffering from compassion fatigue, chances are good that you are. Your path to wellness begins with one small step: awareness. A heightened awareness can lead to insights regarding past traumas and painful situations that are being relived over and over in your symptoms and behaviors. With the appropriate

information and support, you can work to heal past traumas and pain that currently serve as obstacles to a healthy, happier lifestyle.

As a LOSS Team volunteer, you experience trauma and extreme emotion from survivors of suicide. You experience the reality of others' lives shattered by suicide. People are raw, vulnerable and broken. Volunteers, by nature, are empathic and have the capacity to take on others' pain. It is not unusual to have your own grief reactivated or triggered during such experiences. You must be able to recognize any signs of compassion fatigue and discuss intense emotional content.

Recognizing Compassion Fatigue

Compassion fatigue symptoms are normal displays of stress resulting from the caregiving work you perform on a regular basis. While the symptoms are often disruptive, depressive, and irritating, an awareness of the symptoms and their negative effect on your life can lead to positive change, personal transformation, and a new resiliency. .

Normal symptoms present in an individual include:

- Excessive blaming
- Bottled up emotions
- Isolation from others
- Receives unusual amount of complaints from others
- Voices excessive complaints about administrative functions
- Substance abuse used to mask feelings
- Compulsive behaviors such as overspending, overeating, gambling, sexual addictions
- Poor self-care (i.e., hygiene, appearance)
- Legal problems, indebtedness
- Reoccurrence of nightmares and flashbacks to traumatic event
- Chronic physical ailments such as gastrointestinal problems and recurrent colds
- Apathy, sad, no longer finds activities pleasurable
- Difficulty concentrating
- Mentally and physically tired
- Preoccupied
- In denial about problems

Excerpted from www.compassionfatigue.org

The Path to Wellness

Once you realize that you have signs of compassion fatigue, exploring this new awareness can lead to insights concerning past traumas, pain, and defeating behaviors. A common and understandable coping mechanism in caregiving is to dismiss the overwhelming emotions that surface repeatedly in your work. Unfortunately, those emotions refuse to be ignored. All too often, psychological and physical crisis occurs. With support, insightful information, and authentic self-care, you can begin to understand the complexity of the emotions you have been experiencing and possibly suppressing. Most individuals don't take the time to understand how their jobs or volunteer work affect them emotionally. Give yourself credit for moving forward and affecting change.

Authentic and Sustainable Self-Care Begins with You:

- Be kind to yourself.
- Enhance your awareness with education.
- Accept where you are on your path at all times.
- Understand that those close to you may not be there when you need them most.
- Exchange information and feelings with people who can validate you.
- Listen to others who are suffering.
- Clarify your personal boundaries.
- Express your needs verbally.
- Take positive action to change your environment.

To move forward on your path to wellness, you must continually commit to self-care that includes:

- Healthy activities such as exercise, massage, yoga, meditation
- Eating healthy foods and drinking plenty of water
- Practicing the art of self-management and time-management
- Developing a healthy support system with individuals who boost your self-esteem, listen well, and care about you
- Organizing your life so you become proactive as opposed to reactive
- Living a balanced life

SELF-CARE STEPS

Self-care is critical throughout your time as a volunteer working with those bereaved by suicide. The following are suggestions about practicing healthy habits to combat compassion fatigue:

- Follow the basics — eat well, get enough sleep and get some type of daily exercise.
- Participate in activities and hobbies that add joy and balance to your life.
- Practice stress-minimizing activities such as walking in the park, walking your pet, gardening, listening to music, meditating, etc.

- Laugh. Mood-lifting chemicals are released by the body during laughter, which can equate to a full workout if you laugh long enough.
- Take breaks, time off, and time away when needed.
- Set healthy boundaries. It can be tempting to extend help beyond the group, but by allowing people into your personal space you invite burnout. A better way is to provide group members with emergency numbers and referrals and to encourage friendships within the group.
- Take time to debrief with your co-facilitator after a meeting or later in the week. You hear feelings, memories and stories filled with strong emotions. Allow yourself to release pent-up emotions if necessary.
- Give yourself permission to seek professional help if needed.

A volunteer should understand that it is important to try to prevent compassion fatigue. One cannot give what one does not have: Balance in one's life and replenishing one's soul are vital to sustaining this work. Make sure that you laugh, play, exercise, eat healthy, and balance the intensity of your LOSS Team role with life-affirming, enriching activities. Take care of yourself and know that you are valuable!

Excerpted from *Pathways to Purpose and Hope*

<http://friendsforsurvival.org/pathways.html>



APPENDICES

Title

- Volunteer Interest Form
- LOSS Team Responder Interview Process
- Team Meeting Agenda
- LOSS Volunteer Code of Conduct
- LOSS Team Telephone Liaison
- LOSS Team Leader
- LOSS Team Member
- LOSS Team Coordinator
- Telephone Tree Protocol for LOSS Team Activation
- LOSS Incoming Call Form
- LOSS Activity Report
- Delayed Response Protocol
- Survivor Follow-up Protocol
- Web Resources for Survivors
- Printed Materials
- Resource Bag Fulfillment Protocol
- What to Say to Someone Who Just Lost Her Son to Suicide
- What to Say to Those Bereaved by Suicide
- What Not to Say to Those Bereaved by Suicide
- Guidelines for Immediate Help from Close Friends in the Aftermath of a Suicide
- Provider Worksheet: Psychological First Aid
- On-call Team by Date

Volunteer Interest Form

First and last name: _____

Street address: _____ City: _____ State: _____ ZIP Code: _____

Best contact phone number: _____ Is this a cell phone? Yes No

Email address: _____

Preferred way to contact you: Cell phone Home phone Email

Why are you interested in volunteering with our LOSS Team? _____

Check any of the following that describe you and your relationship to suicide and mental health:

Survivor of a suicide loss Relationship: _____ Month/year: _____

Mental health professional Clergy/faith-based support Other

How did you hear about LOSS? _____

Signature: _____ Date: _____

Please send this form to: _____ or mail to: _____

Attending the volunteer information session does not automatically qualify you to be an active volunteer with the _____ LOSS Team — you must complete an interview with the LOSS team coordinator and attend the appropriate training to participate in a volunteer role.

Thank you for your interest and support of the LOSS Team.

LOSS Team Responder Interview Process

Date: _____

Recruit name: _____

Interviewer: _____

Tell me about your prior volunteer experience. What did you do? When was it? How was the experience?

Do you have any professional or personal experience related to suicidal thoughts or behavior?

Have you assisted others in a professional or volunteer capacity?

Have you had a friend or family member attempt or die by suicide?

When did this happen and how has this affected you?

(Discuss LOSS protocol of minimum time between traumatic event and volunteering)

Have you ever thought about or attempted suicide? If yes, when was it and what happened?

Are you receiving counseling services? Have you communicated your intentions of volunteering with your counselor?

A critical requirement of LOSS volunteers is the ability to quickly connect with someone who has experienced a sudden, traumatic loss. Describe a way that you might introduce yourself to someone you don't know to establish rapport. This may be on a scene or at a community event.

Have you experienced a traumatic event? How will the way that you managed the impact affect your abilities as a LOSS volunteer?

A volunteer will experience a diverse range of backgrounds, cultures, and experiences. How do you think your personal beliefs will affect your interaction with a survivor?

LOSS Team Responder Interview Process (Continued)

Can you think of a situation or conversation with a survivor that might be very difficult for you?

Give some examples of how you would provide comfort and help to a survivor.

This role requires empathy and patience. Insight and sensitivity are also important traits for dealing with a wide variety of reactions and emotions. Can you provide an example of how you've demonstrated these traits in the past few weeks?

Discuss the training process.

Discuss volunteer availability (evenings, day time, weekends, overnight).

Notice to a LOSS Team may come at any point of the day/night. How flexible is your schedule? Is it ok with you and other household members that you receive calls during the night and early morning hours?

CONFIDENTIALITY: Volunteers may release no information regarding a scene or survivors in verbal or written form. This means that volunteers may not discuss identities or situations with anyone outside of LOSS staff and volunteers. Do you have any questions or concerns about this?

Do you have any additional questions about LOSS or the training program?

Comments about this candidate: _____

Second interview recommended: Not necessary Yes

Acceptance recommended: No Yes Yes, with reservations

Additional comments: _____

Team Meeting Agenda

Date/Time/Location

Meeting called by:

Type of meeting:

Facilitator:

Note taker:

Timekeeper:

Agenda items:

- | | | |
|---|-------------|--------|
| <input type="checkbox"/> Debriefing: Focus is on 1) Did everything go according to protocol?
If not, please share so we can all learn; and 2) How are you feeling?
What will you do in the next week for self-care? | [Presenter] | [Time] |
| <input type="checkbox"/> Team positivity activity | [Presenter] | [Time] |
| <input type="checkbox"/> Teamwork brainstorm — How can you help? How can we help you? | [Presenter] | [Time] |
| <input type="checkbox"/> Who are your community connections? Do you know the programs we have? | [Presenter] | [Time] |
| <input type="checkbox"/> Who are your social networks? We can do presentations with your HR/leadership
teams, faith groups, or educational groups. | [Presenter] | [Time] |
| <input type="checkbox"/> Upcoming events and needs | [Presenter] | [Time] |

Other information:

- Introduce new volunteers
- Needs
- Events
- Upcoming support groups
- Upcoming fundraisers

LOSS Volunteer Code of Conduct (Sample)

(List date developed)

- I understand and agree that we are invited to a scene by law enforcement and/or the coroner's office and they are in charge of the scene and the body, respectively.
- I will do nothing to interfere with law enforcement/the coroner's work or investigation. I will consistently defer to their requests. (Sign in and provide identification if asked, do not cross yellow tape).
- I will not make suggestions to law enforcement or the coroner's office while on a scene.
- I will be available and on-call during the days/times I communicate.
- I will never attend or arrive at a scene alone.
- I will respond to a scene as fast as possible, and if for some reason I cannot arrive at the agreed upon meeting place within XX minutes, I will call the team member I'm meeting to let him/her know what time I will be there.
- I understand our goal is to arrive at a scene within XX minutes of the original phone call coming in from law enforcement/coroner's office.
- I will maintain appropriate boundaries with survivors. I understand it could be unsafe to give out my personal phone number or address. Follow-ups will be handled by the LOSS staff. Any exceptions must be approved by _____ prior to initiating contact.
- If I recognize the name of the deceased when receiving the activation phone call, I will excuse myself from attending the scene.
- I understand I will be serving a wide variety of people throughout the community and I will be consistently respectful of all cultures and religious beliefs. I will not force my view or my opinion on any survivors.
- I understand that everyone deals with tough situations and grief in different ways. In some cases, this could include using humor as a coping mechanism.
- I agree to wear a XX shirt and jeans/pants along with my ID badge to each scene.
- I agree to be part of the immediate debriefing after we leave the scene.
- I agree to notify the designated LOSS Volunteer Coordinator within 24 hours of attending my first scene. This will be a phone call or an email. I agree to briefly meet or speak with the Volunteer Coordinator after being on a scene.
- I understand a monthly gathering for phone dispatchers and first responders occurs for one hour every month prior to the Volunteer Team Meeting. I agree to attend at least XX of these during the calendar year.
- I agree to attend at least XX of the monthly LOSS Volunteer Team meetings during the calendar year. I will notify the Volunteer Coordinator in advance if I cannot attend, and I will take responsibility for getting the information that I missed.
- I will invite feedback from my peers.

LOSS Volunteer Code of Conduct (Sample) (Continued)

- I will give feedback to my peers.
- I agree to obey all traffic laws when on-call and traveling to/from a scene. I will not hold LOSS liable for a traffic infraction.
- I understand the importance of being respectful and handling information in a confidential way. I will not share details of a scene or survivors with anyone other than my counselor (if applicable) and my fellow volunteers.
- I understand failure to comply with the above-mentioned standards could result in a need for me to step down from serving in an on-scene/phone dispatcher capacity and/or no longer be an active volunteer with LOSS.

Printed name and date: _____

Signature: _____

LOSS Team Telephone Liaison

The LOSS Team Phone Liaison is to be continuously available by telephone 24/7 for one week out of every four weeks. The time period is to be determined based on the number of volunteers. Note, that the more volunteers there are, the more this role can be divided up into shorter shifts. Google Voice is a free, easy-to-use tool that is available for managing the process. A unique LOSS telephone number will be forwarded to the telephone liaison's personal phone. This number should be tested prior to the shift to make certain that it is working properly.

The coroner's office — an investigator or a staff person — will call you at the telephone number to inform you there has been a suicide and they need the LOSS Team activated. You will have an Incoming Call Form to use — keep a few with you at all times. Listed below are the questions you will ask (the coroner's office will provide the requested answers, provided that the answers are available):

- What is the name and telephone number of the person calling from the coroner's office
- What is the name and telephone number of the coroner investigator the team should call if needed (coroner investigator at the scene)?
- What is the first and last name of the deceased?
- What is the address?
- What is the approximate age of the deceased?
- What is the method of death?
- Approximately how many survivors are there and what are their relationships to the deceased? (e.g., Are there 10 of his/her friends there? Is a sibling there? Are the parents there?)

Identify which agreed-upon team meeting spot is closest to the scene. Team meeting spots should be pre-determined and established when the LOSS Team initially launches. Refer to the *On-Call Team by Date Document*. (It should be in a Google Drive and/or printed and available to you at all times).

- Choose two LOSS Team volunteers if there are five or fewer loss survivors at the scene.
- Choose three LOSS Team volunteers if there are six or more loss survivors at the scene.
- Choose at least one who is eligible to be the Team Leader on the scene (this should be noted in the *On-Call Team by Date Document*).
- If some of the volunteers you have to choose from have already been on a scene that week, try not to call them. Instead, call the volunteers who have not been on a scene that week.
- Pay close attention to the "time available" column when choosing the team.
- Always choose at least one volunteer who is a survivor — see "status" column of *On-Call Team by Date Document*. When possible, the second Team member should be someone noted as "mental health." The third

LOSS Team Telephone Liaison (Continued)

choice is up to you. Try to take into consideration the proximity of the team member you choose to send to the scene.

- Call the two or three team members and give them the information you have. They will also have a form available so go through your form in order. The most important information for the other team member(s) to have is the name of the deceased, his/her address, which location to meet the team member at, and the name of the team member(s) they will be meeting.
- Tell the team member whether or not he/she is the Team Leader.
- Tell the team member who the other team member(s) are.
- Tell the team member where to meet their team (determine the closest agreed-upon location to the deceased prior to activating the team).
- Text each team member the information you shared with them on the phone. A simple “copying and pasting” from your smartphone should make this easy after sending a message to the first person (Team Leader).
- Once the coroner’s office is at the scene, the investigators will determine whether or not it appears to be a suicide and will subsequently call the LOSS line.
- Call the Team Leader and let him/her know if the team should go to the scene.

In addition to the steps involved with responding to a scene, the Telephone Liaison should be available for monthly team meetings and monthly team debriefings. These debriefings are attended by all of the LOSS team volunteers and Telephone Liaisons.

LOSS Team Leader

The LOSS Team Leader should have the following with him/her at all times: telephone, badge, uniform, Incoming Call Form, on-call list with names and numbers, and resource materials. Be sure to enter the agreed-upon meeting places into your navigation/phone.

If you are not available during a specific time during your scheduled on-call date/time slot, it is your responsibility to inform the LOSS Team Coordinator in advance.

- Be available one week out of every four weeks to go to the scene of a suicide when activated (or whatever time period is determined by the LOSS Team Coordinator).
- Be available for debriefings that will follow being on a scene (by phone or in person).
- Be a mentor to the Volunteer Team Member. This may be his/her first call. Provide reassurance, give feedback after the scene, and be sure to check on him/her afterwards.
- Be available for monthly team meetings.
- Perform the same responsibilities as a Team Member.
- Be available when you say you will during your on-call day/time slot.

When receiving the activation call you will be provided with the following information:

- Location where the team is meeting
- Whether or not you are the Team Leader
- If you are the team leader, you will be told the name and telephone number of the coroner investigator that will be at the scene
- The names of the other team member(s) you will be meeting
- The name, age, and method of death
- The number of survivors on the scene and their relationship to the deceased, if available

Inform the Telephone Liaison if for any reason you cannot take the call.

Once activated, arrive at the agreed upon team meeting spot as soon as possible. The Team Coordinator should have this defined within the SOPs. Notify one of your team members if you will be late. Once the coroner's investigator examines the body, he/she will call the Telephone Liaison on the LOSS line to confirm whether or not it is a suicide.

Once you hear from the Telephone Liaison you may go on the scene (or go home). Do not engage survivors until after the Team Leader has checked in with the appropriate first responder person at the scene and receives information and/or learns if the survivors have been told a LOSS Team was coming. Collaborate with your team to support the survivors. Leave the scene together as a team. Work with your team to complete the LOSS Activity

LOSS Team Leader (Continued)

Report immediately after leaving scene. Follow through on any “next steps” with the survivors (i.e., sending out more packets to a specific person). Team Leaders should have extra resource materials. You are responsible for your badge, clothes, mints, tissues, water, pen, and paper). Follow the code of conduct and SOPs provided in the packet.

Additional responsibilities as a Team Leader:

- Text the Telephone Liaison confirming the team has assembled at the correct location.
- Text the Telephone Liaison when he/she has left the scene.
- Bring LOSS Team badges to the scene (in case team member forgot their badges).
- Bring survivor packets, LOSS Activity Report and Incoming Call forms to provide them to the rest of team
- Take the lead in introducing yourself (and the team) to the coroner’s investigator (or detective/police officer if the investigator is unavailable)
- Ask the coroner investigator/law enforcement if the word “suicide” has been used with the immediate survivor(s). If you cannot ask this question because the survivors are nearby or if the law enforcement officials do not know then assume the word “suicide” has not been used. If the word “suicide” has not been used, then **do not** engage the survivors. The survivors need to hear this from the officials at the scene.
- Ensure the LOSS Activity Report and the Incoming Call Form you completed are turned in to the Team Coordinator within 24 hours of being on the scene. The method for getting this to the Team Coordinator should be in the SOPs.
- Ensure that all follow-ups that you and your team agreed upon are completed and clearly communicated to the Team Coordinator via the LOSS Activity Report.

Volunteer LOSS Team Member

The LOSS Team Member should have the following with him/her at all times: telephone, badge, uniform, Incoming Call Form, on-call list with names and numbers, and resource materials. Enter the agreed-upon meeting places into your navigation/phone. If you are not available during a specific time during your on-call day/time slot, it is your responsibility to let the LOSS Team Coordinator know.

- Be available one week out of every four weeks to go to the scene of a suicide when activated.
- Be available for debriefings that will follow being on a scene (by telephone or in person).
- Be available for monthly team meetings.
- Be available when you say you will be during your on-call day/time slot.

When receiving the activation call, you will be provided with the following information:

- Location where the team is meeting
- The names of the other team member(s) you will be meeting
- The name, age, and method of death
- The number of survivors on the scene and their relationship to the deceased, if available.

Once activated, arrive at the agreed-upon team meeting spot as soon as possible. The Team Coordinator should have this defined with the SOPs. Notify one of your team members if you will be late. Once the coroner's investigator examines the body, he/she will call the Telephone Liaison on the LOSS line to confirm whether or not it is a suicide.

Once you hear from the Telephone Liaison, you may go on the scene (or go home). Collaborate with your team to support the survivors. Work with your team to complete the LOSS Activity Report immediately after leaving the scene. Follow through on any next steps with the survivors (i.e., sending out more packets to a specific person). Leave the scene together as a team. Keep your resource bag stocked with necessary materials. You are responsible for your badge, uniform, mints, tissues, water, pen, and paper. Follow the code of conduct and SOPs provided in your packet.

LOSS Team Coordinator

The primary role of the LOSS Team Coordinator is to maintain regular contact with all volunteers, especially those who were just on-call or are currently on-call. Face-to-face communication is encouraged. The Coordinator also creates the on-call schedule and Telephone Liaison schedule. The Coordinator acts as the point of contact for the coroner, law enforcement, paramedics, and first responders. It is essential for this individual to maintain regular contact with local grief support groups and other prevention and postvention efforts/groups.

The Coordinator should continually recruit new LOSS Team volunteers and oversee new volunteer training and integration into the team. He/she should also ensure that all materials are well-stocked. The Coordinator also creates and maintains the website, social media sites, and other public communication forums. The Coordinator also facilitates monthly meetings with the team, tracks and communicates statistics and metrics to the team and community members, is present at community events with materials, and seeks external funding (i.e., grants and fundraising).

The Coordinator networks with other community members (i.e., hospitals, funeral homes) and maintains a database of volunteer and survivor information. The Coordinator also develops a standard follow-up procedure with immediate survivors. It is important for the Coordinator to send a card and/or additional resources shortly after the death. It is also recommended to send a card on the loved one's first birthday after and on the anniversary of their loss. The Coordinator should also seek to partner with other communities to meet loss survivors' needs.

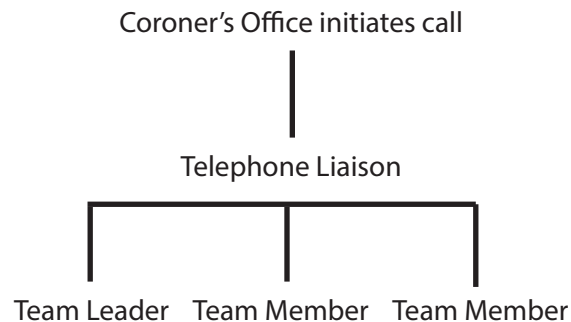
Telephone Tree Protocol for LOSS Team Activation

The coroner's office will call the LOSS Team Call Activation telephone number: _____

The Telephone Liaison will complete the Incoming Call Form. The Telephone Liaison will determine which neutral location and which team members of those who are on-call they will activate. Activate two people (five or fewer survivors) or three people (six or more survivors on scene). See role descriptions for more details.

If the Telephone Liaison cannot get reach one of the two (or three) on-call team members, he/she should choose another team member after waiting 12 minutes to give that person a chance to return the call.

The Telephone Liaison will share which person in the response team is the Team Leader. The Team Leader will fill out the LOSS Incoming Call Form. The Telephone Liaison also calls and shares all information with the one (or two) team members who are NOT functioning as the Team Leader, however they do not need to complete an Incoming LOSS unless they want to (this is recommended).



After arriving at the agreed-upon, neutral location, the LOSS Team of two or three members will ride together and arrive close to the scene. They will await the second phone call from the Telephone Liaison. Once the coroner's investigator arrives at the scene, he/she will be able to determine if it is a suicide. He/she will call the LOSS telephone number and tell the Telephone Liaison if the LOSS Team should come to the scene.

LOSS Incoming Call Form

Date of call: _____

Name of person calling: _____

Time of call: _____

Phone number of person calling: _____

Name of investigator at the scene: _____

Phone number of investigator at the scene: _____

What is the first and last name of the deceased? _____

What is the address? _____

What is the approximate age of the deceased? _____

What is the manner of death? _____

Approximately how many survivors are present and what is their relationship to the deceased? (e.g., parent, sibling, friend): _____

LOSS Activity Report

Date of response: _____

Name of deceased: _____

Date of death: _____

Age: _____

Race: _____

Marital status: _____

Team member completing this form: _____

Name of coroner's investigator at the scene: _____

Name of law enforcement at the scene (detectives only): _____

Activity (check one):

- Outreach to survivors at a scene of a suicide
- Delayed response outreach to survivors (not at a scene)
- Death notification

Time activated: _____

Time arrived at scene: _____

Time left the scene: _____

Number of people served: _____

Did they want survivor information? _____

Family/friends names and relationship to the deceased: _____

Address, phone number, or email information for survivor(s): _____

On the back of this sheet, write a summary of the situation and specific follow-ups, including the LOSS person responsible and date he/she/they should complete the follow-up.

Turn this form into the LOSS Team Coordinator within 24 hours.

Delayed Response Protocol

Survivor follow-ups can be needed in a variety of circumstances. Here are some things to consider when the suicide has recently occurred:

A key question to ask when leaving a scene is, "Would it be okay if we called you in a few days to check on you?"

- Follow up when you say you will.
- Who will make the follow-up call?
- How will you equip/train the person making the follow-up call?
- Write out and practice sample introduction scripting.
- Write out and practice sample scripting if you get voice mail and need to leave a message.

Sample Scripting:

"Hello PERSON'S NAME, my name is XX with the LOSS Team. I'm calling to tell you how sorry I am for your loss."

"We partner with law enforcement and the coroner's office and provide support and resources. I'd like to mail you resources you may find helpful if not now, in the future. Would that be ok?"

Sample Voicemail:

"Hello PERSON'S NAME, my name is XX with the LOSS Team. I'm calling to tell you how sorry I am for your loss. The LOSS Team partners with law enforcement and the coroner's office to provide support and resources. I am calling to tell you I am thinking of you. I will try to call you again next week. If you would like to talk sooner, please call ###-###-####."

Do not ask the survivor to call you back. The last thing you want to do is add a to-do to his/her plate. Call them back in a week. If there is still no response ...

Sample Second Voicemail:

"Hello PERSON'S NAME, this is XX with the LOSS Team. I am calling to tell you I am thinking of you. I'm going to put a package in the mail for you (assuming you have their address) of resources you may find helpful. My number is ###-###-#### if you have questions."

*Note: You do not know who may hear this voicemail, so it is best not to mention the word "suicide."

Survivor Follow-up Protocol

After leaving a scene and arriving back at the LOSS Team member's vehicles, the response team will complete a LOSS Activity Report. Part of this report includes capturing all follow-ups that are needed with survivors.

The team member completing the report should write out every follow-up, name of person responsible, and name and contact information of that survivor (phone number and/or email address).

Unless there was a clear, personal connection with a particular survivor, follow-ups will be handled by the Team Coordinator and any volunteers who want to assist. This will include, at a minimum:

- Mailing a card and additional resources one to two weeks after the loss, assuming the team has the survivor's address.
- Mailing a card on the birthday of the deceased if possible.
- Mailing a card on the one-year anniversary of the death.

When leaving a scene, always ask the survivors (some or all of them depending on the scene and relationship) "Can I check in to see how you're doing in a few days?" Assuming the response is "yes," write down their contact information and include it in the LOSS Activity Report.

Do not provide your personal email, address, or phone number to survivors.

If you had a personal connection with one of the survivors, and it would seem odd to have someone other than you follow up with him/her, then you should cover the follow-up. This must be cleared first by the LOSS Team Coordinator.

Send an email to the LOSS Team Coordinator with the follow up information ("I checked in with Aunt Betty via the phone today. She seems to be doing ok. She asked for more information concerning local survivor groups, so I provided that to her. No other immediate follow-ups are needed."). The Team Coordinator will keep a log capturing the number of survivors the team serves and in what capacity.

Web Resources for Survivors

The following websites focus primarily on suicide grief and the needs of survivors.

- LOSS Community Services: <https://losscs.org/>
- Alliance of Hope for Suicide Survivors: www.allianceofhope.org
- Friends for Survival: www.friendsforsurvival.org
- HEARTBEAT: heartbeatsurvivorsaftersuicide.org/index.shtml
- Suicide: Finding Hope: www.suicidefindinghope.com

The following websites are designed for specific groups of people within the after-suicide bereavement community:

For clinicians and other caregivers who have had a client die by suicide: Clinician Survivor Task Force (AAS), bit.ly/aas-cliniciansurvivors

For bereaved children (also see *When Families Grieve* in the following subsection “Materials”):

- A Child in Grief (New York Life Foundation),
- The Dougy Center — The National Center for Grieving Children and Families, www.dougy.org/grief-resources

For bereaved parents of a deceased child: The Compassionate Friends, www.compassionatefriends.org

For people of color: National Organization for People of Color against Suicide (NOPCAS), www.nopcas.org

For military and veteran service members and their families:

- Make the Connection: Death of Family or Friends (U.S. Department of Veterans Affairs), personal testimonials and resources to help veterans, bit.ly/vetgriefconnection (resources for families, bit.ly/vetfamilyfriends)
- Military One Source (U.S. Department of Defense), for active duty military, Guard, and Reserve service members and their families, <http://www.militaryonesource.mil> TAPS (Tragedy Assistance Program for Survivors): for service members, veterans, and their families, www.taps.org

National suicide prevention organizations: Many national organizations, in addition to focusing on their primary mission of preventing suicide, offer information and support for survivors of a suicide loss. Below are links to key organizations’ home pages and to their featured web pages for survivors:

American Association of Suicidology (AAS)

Home page: www.suicidology.org

Survivor resources: bit.ly/aas-survivors

History of the survivor movement: bit.ly/aas-survivorhistory

American Foundation for Suicide Prevention (AFSP)

Home page: www.afsp.org

Survivor resources: bit.ly/afsp-survivors

Survivor Outreach Program: bit.ly/afsp-outreach

National Suicide Prevention Lifeline

1-800-273-TALK (8255), free, confidential, 24/7 suicide crisis line — crisis centers also support people bereaved by suicide: suicidepreventionlifeline.org

Suicide Awareness Voices of Education (SAVE)

Home page: www.save.org

Survivor resources: www.save.org/coping

Suicide Bereavement Support Group Database: bit.ly/save-sbsg

Suicide Prevention Resource Center (SPRC)

Home page: www.sprc.org

Suicide bereavement library section: bit.ly/survivorlibrary

Printed Materials

A number of print materials are available for people bereaved by suicide. The following cover all aspects of the grief process:

For survivors:

- *After a Suicide Death: An Activity Book for Grieving Kids*: bit.ly/dougy-grievingkids
- *Beyond Surviving*, by Iris Bolton: handout, free download: http://www.suicidology.org/c/document_library/get_file?folderId=257&name=DLFE-454.pdf
- *Suicide: Coping with the Loss of a Friend or Loved One (SAVE)*, booklet: bit.ly/save-copingwithloss
- *SOS: A Handbook for Survivors of Suicide (AAS)*, by Jeffery Jackson, booklet: bit.ly/aas-store
- *Surviving a Suicide Loss: A Resource and Healing Guide (AFSP)*, booklet: bit.ly/afsp-survivingsuicide
- *When Families Grieve* (Sesame Street), covers grief for any cause of death, focuses on helping children and families, includes a version for military families: bit.ly/sesamegrief (free downloads at bit.ly/kidsgriefresources)

For those helping children:

- *But I Didn't Say Goodbye, Helping Children and Families after a Suicide*, by Barbara Rubel at www.griefworkcenter.com/books.html
- *Child Survivors of Suicide: A Guidebook for Those Who Care for Them*, by Rebecca Parkin and Karen Dunne-Maxim, booklet: bit.ly/afsp-childsurvivorsguidebook
- *When a Child's Friend Dies by Suicide* (Society for the Prevention of Teen Suicide), free to view: bit.ly/childfrienddies

For caregivers:

- *Grief After Suicide*, edited by John R. Jordan and John L. McIntosh, book: bit.ly/jordanmcintosh-griefaftersuicide (book review, bit.ly/FJC-jordanreview)
- Suicide Bereavement Resource Library (SAVE), searchable database, free to use: bit.ly/library-save
- *SurvivorVoices: Sharing the Story of Suicide Loss* (Connect, NAMI–New Hampshire), training: bit.ly/connectsurvivorvoices

Immediately after a death:

- *After a Suicide: Recommendations for Religious Services and Other Public Memorial Observances* (SPRC), booklet, free download: bit.ly/sprc-religiousservices
- LOSS Team Postvention Workshops and Training (Campbell and Associates), instruction in the Active Postvention Model of survivor outreach: www.lossteam.com
- *Help at Hand: Supporting Survivors of Suicide Loss: A Guide for Funeral Directors* (SPRC), booklet, free download: bit.ly/sprc-funeraldirectors

Resource Bag Fulfillment Protocol

Every LOSS Team volunteer will be given a bag for them to keep with them at all times. These bags are not for the survivors.

The bag will contain the following:

- | | |
|--|---------------------------|
| • Folders for Survivor Packets (2-4 at a time) | TEAM COORDINATOR PROVIDES |
| • AAS Suicide LOSS Survivor pamphlet (10ish) | TEAM COORDINATOR PROVIDES |
| • Bottled waters | VOLUNTEER PROVIDES |
| • Peppermints | VOLUNTEERS PROVIDES |
| • Gum | VOLUNTEER PROVIDES |
| • Pen and Paper | VOLUNTEER PROVIDES |
| • Tissues | VOLUNTEER PROVIDES |
| • Coloring Book and Crayons | VOLUNTEER PROVIDES |
| • Uniform and badge | TEAM COORDINATOR PROVIDES |

Volunteers are responsible for keeping their resource bag well-stocked. The items above noted as “VOLUNTEER PROVIDES” next to them are items you will keep supplies of on your own. The items noted as “TEAM COORDINATOR PROVIDES” will be available during normal working hours and can be picked up at the LOSS Team office.

Example of a Personal Blog from a Survivor

What to say to someone who just lost her son to suicide

What do you say to someone who just lost her son to suicide?

Nothing. You listen.

And when she can't talk because she's staring off into space in utter shock you just sit with her. You silently stroke her hair.

You quietly pray to God in your helplessness that He'd comfort her somehow. Because only He can do the impossible.

Don't ask her what she wants to eat. Even the littlest of questions are too overwhelming. Just set a small plate of fruit and crackers next to her. Keep a bottled water next to her, too.

Don't tell her you understand. Don't tell her you can imagine how she feels. She can't even imagine how she feels. It's the most sickening day of her life. There are no human words to describe this – just groans. The reality of living the rest of her life without her son is simply too much to bear physically, emotionally. It's incomprehensible.

Make sure someone is with her at all times for the first several days. The temptation to be with her son may be strong.

It may take months or even years ... But in time her grief will begin to turn into useful sadness.

Hang in there with her for the long haul. She needs you.

<http://afriendonthewalk.com/2014/02/10/what-do-you-say-to-someone-who-just-lost-her-son-to-suicide/>

What to Say to Those Bereaved by Suicide

Silence is golden.

Be quiet most of the time. Listening is more important than speaking. Practice active listening skills like paraphrasing and summarizing.

“What do you need right now?”

Try to meet a basic need (water, food, comfort) and/or facilitate connections to what is needed (ride home, calling a support person).

“Can I call someone for you?”

Provide a telephone and sit with the person while they call to a support person.

“Who and what has helped you before during a difficult time?”

Seek to determine if they have a supportive family member or neighbor, a counselor, or a spiritual care provider. Use this with caution, since this is unlike previous life experience. Attempt to learn this information while listening. “You told me about your sister being so helpful. Would she be able to spend some time with you for a while?”

“This is a very difficult time for you, can I help in any way?”

This validates the individual’s experience and opens the door to offer access to resources such as basic needs, security and comfort, and connecting the person to helpful resources.

“Would it be helpful for you to talk about what has happened?”

Taking the time to listen and be present with the person allows them to share as much as they want. Validating and normalizing their feelings helps the survivor feel heard, understood, and supported. Respect the person’s privacy if they choose not to discuss their feelings.

“Sudden death can be a traumatic, shocking, and overwhelming. Your reaction and feelings are quite normal and understandable.”

This can help them to recognize the wide range of reactions and emotions. It also informs them that their feelings and reactions are completely understandable given the tragic loss. These statements help to validate the person’s feelings and experience.

“When you are ready, you may want to talk to someone who can help you with the feelings and thoughts you are experiencing.”

Let individuals know that it is okay to reach out for help. Sometimes, knowing that they are not alone, and that there are helpful resources (SOS groups, grief counselors) that work with people every day and that there are others who have gone through what they are going through, can make a huge difference.

“When someone dies by suicide, it may seem to overshadow everything else, even the way we think about the person who died. How someone died does not define who your loved one was or your relationship with them.”

Suicide is traumatic and it is okay to say that the way a person died does not determine their value, identity, and importance. It does not diminish love felt for the person who has died or the love he or she had for others.

Please remember:

Be patient, sometimes the survivor may find processing information and his/her ability to communicate is affected. You may find yourself needing to repeat the same information or answer the same question. Those bereaved by suicide may also find themselves replaying and reconsidering over and over again the circumstances of the death. This is both normal and necessary. Normalizing that it is common to have difficulties concentrating and offering to write down for them any information they want for reference later can be a very helpful gesture.

Excerpted from *A Guide For Early Responders Supporting Survivors Bereaved By Suicide*, 2012:

<http://suicideprevention.ca/coping/after-suicide/>.

What Not to Say to Those Bereaved by Suicide

“It was his/her time.”

A suicide is always a premature death and is never anybody’s “time.”

“God wanted him/her more than you did.”

Saying, “He is with God now” would be better.

“All that anger will keep you from healing.”

Anger is a normal reaction to a suicide.

“He’s in a much better place now.”

This may have negative connotations and none that are positive.

“There was nothing anyone could have done.”

This is neither convincing nor comforting.

“Did you know that he/she was mentally ill?”

As with suicide, there is stigma attached to mental illness

“I know exactly how you feel.”

Even if you are a survivor of suicide, each person’s loss and experience of loss is unique. Saying this minimizes a person’s experience.

“Don’t blame yourself; it was not your fault. It was his/her free choice.”

This tends to intensify anger directed towards their loved one, which may complicate the grieving process.

“Too bad that he/she wasn’t stronger.”

An act of suicide is not the act of a “weak” person.

Excerpted from *After a Suicide: A Postvention Primer for Providers*, 2006

“Time heals.”

Time can heal wounds, but it’s what one does with the time that counts.

“All things work together for good.”

It is difficult to see any good in something as horrific as a death by suicide.

“There is a reason for everything.”

It is often impossible to find a rational reason for death by suicide.

“You have other children.”

When a child dies, other children cannot replace that loss. Each child is unique and the grief is unique.

“Your child or loved one is better off. They are not in pain any longer.”

A survivor may realize this but still miss the deceased tremendously.

“Count your blessings.”

Grief can be so overwhelming that no blessing could possibly compensate for it.

“You had so many wonderful years together.”

One wants more years and never dreamt of an ending like this.

“Think of your precious memories.”

The tragedy of the death often blocks out even the most precious memories.

“Keep your chin up.”

Sometimes a person feels so sad that it helps to cry.

Excerpted from *Pathways to Purpose and Hope*: <http://friendsforsurvival.org/pathways.html>

Guidelines for Immediate Help from Close Friends in the Aftermath of a Suicide

Do	Don't
Respond honestly to questions asked by the family. You don't need to answer more than asked. If they want to know more, they will ask later. Too much information too soon can be overwhelming.	Assume you know best.
Surround them with as much love and understanding as you can.	Tell the person you "know how they feel" if you don't. Don't make comparisons such as, "I know how you feel because my parent/loved one died."
Give them some private time. Be there, but don't smother them. Show love, not control.	Tell them what to feel. Allow them to feel what they are feeling. Don't try to explain or change their feelings so that you are more comfortable.
Let them talk. Most of the time they just need to hear out loud what is going on inside their heads. They usually aren't seeking advice.	Treat them as though they do not have sense enough to make decisions or understand what they are being told.
Encourage that any and all decisions be made by the family together.	Preach to them. If religion plays an important part in their lives, they will draw strength from it when they need it.
Expect that they will become tired very easily. Grieving is hard work.	Tell them it is God's will. Families are plagued by feelings of doubt and guilt without any help from others.
Let them decide what they are ready for. You may make suggestions, but ultimately, the choice is theirs.	Tell the person to call you if they need anything, anytime, unless you are prepared for a 3 a.m. phone call.
Get the names and phone numbers of those on the scene who may need to be contacted later, such as police or the coroner.	Try pushing anything at them that will help to quiet them, such as drinks or medications. If medication is necessary, let a trained person do it.
Offer to help with general household tasks: keep a list of calls and visitors; keep mail organized; keep track of bills, cards, etc. Offer to make calls to people they wish to be notified. Help with errands, laundry, yard, etc.	Ask about things such as running errands or laundry. Don't remove tasks, responsibilities or activities from them without their permission. They may wish to stay involved in the things they feel they can handle.
Record medications that are administered and at what time.	Try to stop them from talking about their loved one or make the loved one's name taboo. If no one speaks his/her name, it feels as though everyone wants to forget the person existed.
Offer to help with documentation needed by the insurance company. (They generally require a photocopy of the death certificate)	Tell them what you would do or how you would feel if you were them. You are not. Don't try to find something positive (e.g., a moral lesson, closer family ties) about the person's death.
Give special attention to the other members of the family — at the funeral and in the months ahead.	Stop seeing them or let your own sense of helplessness keep you from reaching out to a bereaved family.
Allow them to express as much grief as they are feeling at the moment and are willing to share.	Alter the deceased's room in any way. Do not pick up clothes or clean the room. When the family is ready, they will take care of this in their own way.

Excerpted from: *Survivor's Handbook* by the HOPES (Helping Others Prevent and Educate about Suicide) organization; www.hopes-wi.org

Provider Worksheets: Psychological First Aid

Psychological first aid components provided:

Date: _____ Provider: _____ Location: _____

This session was conducted with (check all that apply): Child Adolescent Adult Family group

Place a checkmark in the box next to each component of psychological first aid that you provided in this session.

Contact and Engagement

- Initiated contact in an appropriate manner
- Asked about immediate needs

Safety and Comfort

- Took steps to insure immediate physical safety
- Gave information about support resources
- Attended to physical comfort
- Encouraged social engagement
- Attended to a child separated from parents
- Protected from additional trauma
- Assisted with concern over missing loved one
- Assisted after death of loved one
- Assisted with acute grief reactions
- Helped with talking to children about death
- Attended to spiritual issues regarding death
- Attended to traumatic grief
- Provided information about funeral issues
- Helped survivors after body identification
- Helped survivors regarding death notification
- Helped with confirmation of death to child

Stabilization

- Helped with stabilization
- Used grounding technique
- Gathered information for medication referral for stabilization

Information Gathering

- Nature and severity of the traumatic experiences
- Death of a family member or friend
- Concerns about ongoing threat
- Concerns about safety of loved one(s)
- Physical/mental health illness and medication(s)
- Disaster-related losses
- Extreme guilt or shame
- Thoughts of harming self or others
- Availability of social support
- Prior alcohol or drug use
- History of prior trauma and loss
- Concerns over developmental impact
- Other: _____

Practical Assistance

- Helped to identify most immediate need(s)
- Helped to clarify need(s)
- Helped to develop an action plan
- Helped with action to address the need

Connection with Social Supports

- Facilitated access to primary support persons
- Discussed support seeking and giving
- Modeled supportive behavior
- Engaged youth in activities
- Helped problem-solve obtaining/giving social support

Information of Coping

- Gave basic information about stress reactions
- Gave basic information on coping
- Taught simple relaxation technique(s)
- Helped with family coping issues
- Assisted with developmental concerns
- Assisted with anger management
- Addressed negative emotions (shame/guilt)
- Helped with sleep problems
- Addressed substance abuse problems

Linkage with Collaborative Services

- Provided link to additional services service(s): _____
- Promoted continuity of care: _____
- Provided handout(s): _____

On-call Team by Date

Possible team leader? (yes/no)	First name	Last name	Status (survivor and relationship, mental health, hotline, clergy, etc.)	Phone number	Address	Number of days since last on scene	Today's date	Availability this week (day/time)											
								Sun	Mon	Tues	Wed	Thur	Fri	Sat					

Contact Information

Ohio Department of Mental Health and Addiction Services
30 E. Broad Street
Columbus, OH 43215
mha.ohio.gov
1-877-275-6364

LOSS Community Services
3040 Riverside Drive, Suite 224
Columbus, OH 43221

MENTAL HEALTH &
Ohio
ADDICTION SERVICES

