



Developing a Postvention Plan: Getting Started Tips

Postvention is a term used to describe an organized response in the aftermath of a suicide for the purpose of facilitating the healing from the grief and distress of suicide loss, mitigating negative effects of exposure to suicide, and preventing suicide among people who are at high risk after exposure to suicide. Behavioral health postvention plans typically include procedures that mitigate the impact a client suicide can have on the professional identity of professional caregivers, as well as on the relationship with colleagues and their clinical work. Community postvention programs usually include guidelines for safe reporting to the media as well as guidelines for appropriate memorial services.

Optimal organizational postvention practices balance the need to support staff, clients and the family of the deceased with the tasks of conducting root cause analyses, adhering to legal and regulatory considerations and respecting confidentiality. They include steps for dealing with the immediate aftermath of a suicide as well as a plan for short-term and long-term (e.g. anniversary reactions) support.

1. Developing a postvention protocol starts with assembling a multi-disciplinary team representing a variety of programs, services, and departments to assure that the policy reflects the realities and the culture of the organization.
2. The multi-disciplinary team is charged with the task of developing the postvention protocol and is different from the postvention team, whose task is to coordinate and provide the postvention response.
3. While the multi-disciplinary team and the postvention teams are two separate entities, often some members of the postvention team are part of the multi-disciplinary team that is responsible for developing the plan.
4. When coordinating a postvention response, the postvention team will appoint a suicide response coordinator who will be the central point of contact, monitor postvention activities, handle communications, and ensure that postvention guidelines are followed. Depending on the organizational needs, the suicide response coordinator might find it helpful to designate an assistant coordinator.

The table on page 2 of this document provides a blueprint to assist organizations in establishing a postvention team and developing a postvention protocol. The top part of the table describes how to establish a multi-disciplinary team and a postvention team. The bottom part of the table provides important key points about developing a plan, including:

- debriefing and supporting staff,
- supporting clients,
- patient management and reporting duties,
- contact with the deceased's family, and
- considerations about participation in memorial services

Lastly, for each listed component, the table includes resources and training options that can be utilized to support the organization's effort. These are by no means the only resources and your organization may choose to add others as they become available.

TEAMS	Who	What	When	Other Considerations	Resources/Trainings
Multi-disciplinary team	Who will be developing a postvention <i>plan</i> for the organization?	Develop organizational postvention guidelines for dealing with immediate, short-term and long-term impact of the suicide	How often will team meet?	Does team expect to provide PV support to external organizations (e.g. schools) or will it operate internally only?	<ul style="list-style-type: none"> • Impact of Suicide on Professional Caregivers • Clinician Guide After Losing a Patient to Suicide • Clinical Response Following Opioid Overdose (SUD) • A Guide for Communities and Organizations in NYS for Responding to a Death by Suicide • After a Suicide: Toolkit for Schools • How to Support Clinicians Who Experience Suicide Loss Archived Postvention webinar • A Manager's Guide to Suicide Postvention in the Workplace
	Does team represent a variety of programs, services and departments?	Identify postvention team that will implement plan and provide postvention response in the aftermath of a suicide	What's the projected date of completion?	Do members of the team need resources/trainings in order to develop PV plan?	
Postvention team	Who will be providing a postvention <i>response</i> in the aftermath of a suicide death?	Will be activated in the aftermath of the suicide death of a client or colleague and coordinate response	How often will the team meet to ensure plan is current and up to date?	Are there <i>internal</i> resources that can be deployed to support staff, for ex EAP?	<ul style="list-style-type: none"> • Impact of Suicide on Professional Caregivers • Clinician Guide After Losing a Patient to Suicide • Clinical Response Following Opioid Overdose (SUD) • A Guide for Communities and Organizations in NYS for Responding to a Death by Suicide • After a Suicide: Toolkit for Schools • How to Support Clinicians Who Experience Suicide Loss Archived Postvention webinar • A Manager's Guide to Suicide Postvention in the Workplace
	Who in the PV team will also serve as a member of the multi-disciplinary team?		How often team will meet to stay current with plan and guidelines?	Are there <i>external</i> resources that can be deployed to support staff, for ex sister facilities, other providers, coalitions	
PLAN	Who	What	When	Other Considerations	Resources
Staff debriefing	Who will inform staff?	How long will the debriefing be? Is it there a private setting for the debriefing?	Debriefing should take place shortly after program is notified of the suicide	Does the organization have a mechanism to identify staff most impacted by the loss, for ex. ecological model? A death by suicide can have an impact on all staff, including support staff It is preferable to avoid large assemblies and to communicate first with those who worked closely with the deceased	See Impact of Suicide on Professional Caregivers: A Guide for Managers and Supervisors , for tips on debriefing and an explanation of ecological model
Supporting staff	Who will provide short-term and long-term support to staff?	What are the internal resources available to staff? Are there external resources, e.g. grief counseling?	How soon can resources be activated and for how long?	Staff members may be hesitant to openly discuss their feelings with supervisors Professional caregivers may have to balance personal needs with providing support to clients, the deceased's family, other staff	Examples of resources and supportive practices: EAP, in-agency or external grief or trauma therapists, brochures about self-care, encouraging breaks, connecting to 'clinician survivors', allowing for time off, temporarily decrease caseload
Supporting clients	Who will address issues such as communications and identifying vulnerable clients?	Inform other service recipients as appropriate, utilizing safe messaging to minimize re-traumatization and speculation	Depends on setting	Does the organization have a mechanism in place to identify (1) clients who might be at increased suicide risk as result of suicide loss/exposure and (2) clients who meet criteria for complicated grief? How can organization encourage hope and help-seeking behavior?	<ul style="list-style-type: none"> • Tips for Messaging Safely • CSSRS • The Complicated Grief Assessment • The Inventory of Complicated Grief
Patient management/reporting tasks	Who is responsible for tasks associated with the death?	Where applicable: enter changes to EMR, discharge client, reporting to Justice Center and OMH, other	Which tasks need to be completed right away, and which ones can wait?	Are there tasks that can be completed by someone other than impacted staff? Are there ways to mitigate fears about negative reactions from leadership, decrease self-blame, and increase support?	See Impact of Suicide on Professional Caregivers: A Guide for Managers and Supervisors for federal and state regulations
Contact with the deceased's family	Who will manage contact with family, if appropriate?	What is the organization's policy about contact with the family?		Consider confidentiality issues and whether there is a signed consent before contacting family Consider confidentiality and family's wishes before attending funeral	See Impact of Suicide on Professional Caregivers: A Guide for Managers and Supervisors for contact with family considerations
Memorial service	Will staff and/or service recipients want to attend memorial services?	Develop guidelines about attending public memorial services as well as participating in agency-sponsored memorial activities		Always be mindful of family's wishes and consider confidentiality Always follow recommended guidelines Can staff take time off to attend funeral?	After a Suicide: Recommendations for Religious Services & Other Public Memorial Observances Memorials After a Suicide: Guidelines for Schools and Families