



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 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 organizational needs, the Suicide Response Coordinator might find it helpful to designate an assistant coordinator.

The table on pages 2-3 of this document provides a blueprint to assist organizations in establishing a postvention team and developing a postvention protocol. The first two rows of the table describe how to establish a multi-disciplinary team and a postvention team. The rest 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
- considerations about participation in memorial services

Lastly, page 4 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
Multi-disciplinary team	<p>Who will be developing a postvention plan for the organization?</p> <p>Does the team represent a variety of programs, services and departments?</p>	<p>Develop organizational postvention guidelines for dealing with immediate, short-term and long-term impact of the suicide.</p> <p>Identify postvention team that will implement plan and provide postvention response in the aftermath of a suicide.</p>	<p>How often will team meet?</p> <p>What's the projected date of completion?</p> <p>How often will the team meet to ensure plan is current and up to date?</p>	<p>Does team expect to provide postvention support to external organizations (e.g. schools) or will it operate internally only?</p> <p>Do members of the team need resources/trainings to develop the postvention plan?</p> <p>Are there internal resources that can be deployed to support staff (e.g. EAP)?</p> <p>Are there external resources that can be deployed to support staff (e.g. sister facilities, other providers, coalitions)?</p>
Postvention team	<p>Who will be providing a postvention response in the aftermath of a suicide death?</p> <p>Who in the postvention team will also serve as a member of the multi-disciplinary team?</p>	<p>What tasks will be activated in the aftermath of the suicide death of a client or colleague? Coordinate response.</p>	<p>How often team will meet to stay current with plan and guidelines?</p> <p>How often team will meet with multi-disciplinary team?</p>	<p>Do members of the team need resources/trainings in order to implement the postvention plan?</p> <p>Are all members of the team familiar with the organization's postvention protocol developed by the multi-disciplinary team?</p> <p>Will the postvention team meet to debrief after providing postvention support? Which other self-care resources are available to the postvention team, including ability for a member to opt out of an activation?</p> <p>Who will assume the role of Suicide Response Coordinator(s)?</p>
Staff debriefing	<p>Who will inform staff?</p>	<p>How long will the debriefing be?</p> <p>Is it there a private setting for the debriefing?</p>	<p>Debriefing should take place shortly after program is notified of the suicide.</p>	<p>Does the organization have a mechanism to identify staff who was most impacted by the loss (ex: ecological model)?</p> <p>A death by suicide can have an impact on all staff, including support staff.</p> <p>It is preferable to avoid large assemblies and to communicate first with those who worked closely with the deceased.</p>

PLAN	Who	What	When	Other Considerations
Supporting staff	Who will provide short-term and long-term support to staff?	<p>What are the internal resources available to staff?</p> <p>Are there external resources (ex: grief counseling)?</p>	How soon can resources be activated and for how long?	<p>Staff members may be hesitant to openly discuss their feelings with supervisors.</p> <p>Professional caregivers may have to balance personal needs with providing support to clients, the deceased's family, other staff.</p>
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.	<p>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?</p> <p>How can organization encourage hope and help-seeking behavior?</p>
Patient management/ reporting tasks	Who is responsible for tasks associated with the death?	Where applicable: enter changes to EMR, discharge client, report to Justice Center and OMH, other.	Which tasks need to be completed right away, and which ones can wait?	<p>Are there tasks that can be completed by someone other than impacted staff?</p> <p>Are there ways to mitigate fears about negative reactions from leadership, decrease self-blame, and increase support?</p>
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.
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.		<p>Consider confidentiality and family's wishes before attending funeral.</p> <p>Always follow recommended guidelines.</p> <p>Can staff take time off to attend funeral?</p>

RESOURCES

Developing Postvention Plans and Policies

[After a Suicide: Recommendations for Religious Services & Other Public Memorial Observances](#) (*Suicide Prevention Resource Center*)

[Memorials and Special Considerations](#) (*National Association of School Psychologists*)

[Centerstone Guidelines for Response After a Completed Suicide of a Client](#)
(*Zero Suicide Institute*)

[Tips for Safe Messaging](#) (*National Action Alliance for Suicide Prevention*)

For Managers & Supervisors

[Impact of Suicide on Professional Caregivers: A Guide for Managers and Supervisors](#)
(*NYS Office of Mental Health's Suicide Prevention Center*)

[A Manager's Guide to Suicide Postvention in the Workplace](#)
(*National Action Alliance for Suicide Prevention*)

For Clinicians & Staff

[Clinician Guide After Losing a Patient to Suicide](#)
(*NYS Office of Mental Health's Suicide Prevention Center*)

[WEBINAR: How to Support Clinicians Who Experience Suicide Loss](#)

[Complicated Grief Assessment Tool](#)

[Inventory of Complicated Grief](#) (*American Psychological Association*)

[Coalition of Clinician Survivors](#)

[Uniting for Suicide Postvention - Providers](#) (*US Department of Veterans Affairs*)

Support for Schools & Communities

[A Guide for Communities and Organizations in NYS for Responding to a Death by Suicide](#)
(*NYS Office of Mental Health's Suicide Prevention Center*)

[After a Suicide: Toolkit for Schools](#)
(*American Foundation for Suicide Prevention, Suicide Prevention Resource Center, Education Development Center*)