



HEALTH AND  
HUMAN SERVICES

# Postvention Toolkit for a Suicide Loss

Resources to Help Others Support their Communities After a Loss



For use by faith leaders, law enforcement, school administrators and staff, parents, guardians, non-clinical providers, and communities

# Toolkit Overview

## Purpose

To equip communities in Yamhill County with a better understanding of how to support survivors navigating the practical and emotional concerns after a death by suicide in a way that is sensitive to the unique issues associated with suicide.

## Audience

The toolkit is designed for individuals in the following roles:

- Faith leaders,
- Law enforcement
- School administrators and staff
- Parents and guardians
- Non-clinical providers
- Communities

## Toolkit Navigation Tips

In the PDF version of the toolkit, click on references in the right margin to go to the full reference citation.

Click on the  symbol on each page to return to the Table of Contents.

Click on the  symbol on each page to return to the start of each section.

In the Table of Contents, click on the title of a subsection to be taken to that page.

## Information Provided

Information in this toolkit is drawn from policies, research, survivors' feedback, and subject matter experts' experience of supporting survivors. Some casualty assistance related information may not apply to all survivors, but the postvention concepts apply to all deaths by suicide. Any information provided in this toolkit can be adapted or added to existing local procedures and practices. See the following list for major topics covered in this toolkit.

- Impact of suicide loss
- Postvention guidelines
- Essential practices for supporting survivors
- A list of organizations and resources that provide support to family and community members

**Tip: Do not wait until you have to respond to a suicide to review this toolkit. Read the toolkit now and practice postvention (for example, using tabletop exercises), so that you are familiar with the information and comfortable with how to deliver it.**



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# Suicide and its Impact

Suicide is complex and multifactorial. It does not occur as a result of a single incident or event. Suicide is not selfish or revengeful. Those who have died by suicide were struggling with the belief that they were a burden to others, that others would be better off without them, and that there were no other solutions to their problems. Its occurrence has a wide-reaching impact on a community. Fortunately, a community of people are poised to support those touched by suicide. In your role, you may need to identify those who have been impacted by a suicide in order to deliver the appropriate level of support. A number of other individuals may be affected based on their closeness with the deceased or their own risk factors for suicide.

**Adapted from:**  
Cerel, McIntosh,  
Neimeyer, Maple,  
& Marshall, 2014

## IDENTIFYING SUICIDE LOSS SURVIVORS

### Suicide Loss Survivor

Anyone who knows someone who dies by suicide or is impacted by a death by suicide.

People who have witnessed a suicide death, have come upon the deceased's body after the fact, or have heard or read graphic details regarding the death are called "witness survivors."

**Any of these individuals may be touched by suicide loss:**

**FAMILY MEMBERS • THERAPISTS • SCHOOL STAFF  
WORK COLLEAGUES • FRIENDS • FIRST RESPONDERS • CLASSMATES  
TEAMMATES • NEIGHBORS • RURAL OR CLOSE-KNIT COMMUNITIES  
COMMUNITY GROUPS • HEALTH-CARE WORKERS**



# CONTINUUM OF SURVIVORSHIP



## Exposed to Suicide

Those who “know of” someone who died by suicide but do not experience the longer-term impact or severity associated with the loss of someone with a closer relationship. Such persons would include fans of a celebrity who died by suicide, school or workplace acquaintances, or others in more distant social circles.



## Affected by Suicide

Those who experience psychological distress as a result of exposure to a suicide death. For example, individuals who witnessed the death or found the body, or an individual who hears details about a suicide in the community, which intensifies their own suicidal ideation and/or behaviors (despite not personally knowing the individual who died).



## Suicide-Bereaved Short-Term

Those with a closer relationship with the deceased who experience grief and bereavement, typically for less than a year. For example, family members, therapists, friends, close work colleagues.



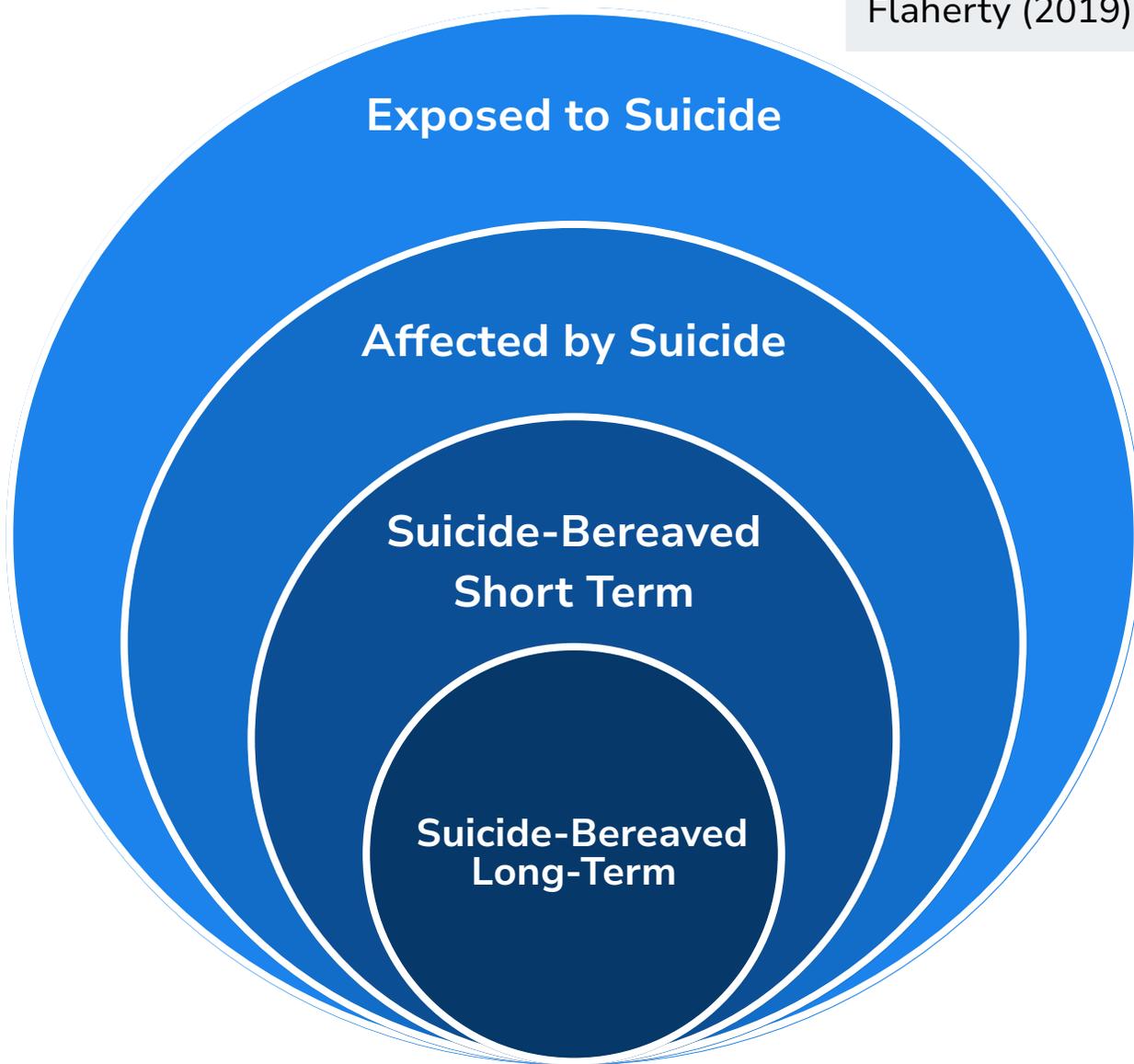
## Suicide-Bereaved Long-Term

Those with close personal relationships to someone who died by suicide may struggle for an extended period of time (typically a year or more) with significant responses to the loss. For example, family members, therapists, or close friends.

**Adapted from:**  
Cerel, Brown,  
Maple, Singleton,  
Van de Venne,  
Moore & Flaherty  
(2019)



**Adapted from:**  
Cerel, Brown, Maple,  
Singleton, Van de  
Venne, Moore &  
Flaherty (2019)



## Number of people exposed to suicide:

Each death by suicide results in 135 people exposed (knew the deceased). Each suicide affects a large circle of people, who may be in need of support following exposure.

50% of the US population has known someone who has died by suicide.

# THE IMPACT OF SUICIDE LOSS

Suicide loss survivors contend with the same grief and bereavement as survivors of other types of loss. However, there may be additional shame, stigma, and trauma associated with suicide that may not be present with other types of losses. This section provides an overview of the emotional, social, and psychological impact of suicide loss.

Adapted from:  
American Association  
of Suicidology (2014)



## Emotional Impact

**Many survivors report experiencing intense and contradictory emotional states as they try to cope with their loss. These feelings may occur in any order, simultaneously, or not at all. Each person's experience is different.**

Suicide loss survivors may:

- Be more likely to try to make sense of the death compared to survivors of other types of loss.
- Reflect on the time leading up to the death, thinking about “what if” or “if only” scenarios.
- Blame themselves or others for not doing more to help the deceased.
- Feel regret over how information and signs that became known after the loss were not known or observed prior to the suicide.
- Struggle with stigmatizing messages about suicide from various sources that contribute to feelings of guilt, isolation, and shame.
- Experience anger toward the deceased over the manner in which they died.
- Feel abandoned or rejected by the deceased because it feels like they made a deliberate choice to die.

## Social Impact

**Survivors might worry that other people will think negatively about the deceased, the unit, or the family because of a suicide.**

Survivors may avoid discussing the death openly with others because they are afraid of what others will think. Family and friends often do not know how to best support the survivor when they are not familiar with or hold harmful views about suicide. As a result, survivors may withdraw from their social support network, which normally would serve as an avenue to discuss their struggles and relieve their stress.

## Psychological Impact

**Compared to other types of loss, suicide is associated with increased risk for mental health concerns.**

Type, closeness, and length of relationship may influence whether suicide loss survivors contend with suicide risk, complicated grief, depression and anxiety, and/or post-traumatic stress.



# MENTAL HEALTH CONCERNS FOR SURVIVORS

## Suicide Risk

Suicide loss survivors are more likely to experience thoughts of suicide. Many subject matter experts caution those working with suicide loss survivors to be prepared for the high likelihood that survivors will experience suicidal thoughts themselves.

Adapted from:

Bolton et al. (2013)

Feigelman, Cerel, McIntosh, Brent & Gutin (2012)

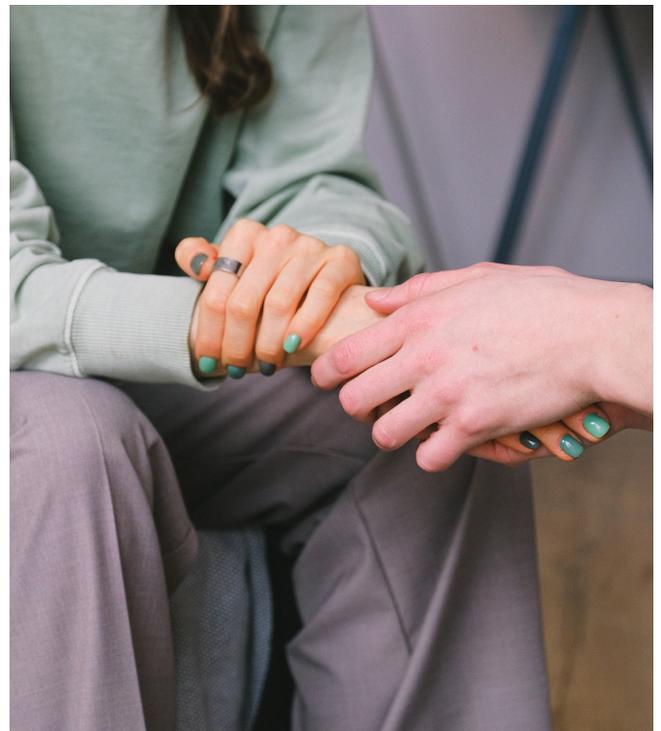
Young et al. (2012)

## Depression and Anxiety

Depression is characterized by persistent feelings of sadness or loss of interest in activities that can result in significant impairment in daily life.

Anxiety is characterized by apprehension and somatic symptoms of tension in which an individual anticipates impending danger, catastrophe, or misfortune.

Depression and anxiety often occur together. For example, parents who lost a child to suicide are likely to deal with depression and anxiety.



## Post-Traumatic Stress

Some survivors witness the death or are the first to discover the deceased. Exposure to these types of traumatic events can contribute to an increased risk of post-traumatic stress.

## Complicated Grief

Complicated grief is marked by a prolonged period of intense and distressing emotion and difficulty functioning in everyday life. Closeness of the relationship to the deceased may be associated with increased risk of complicated grief.

# PLANNING FOR SUICIDE RISK

The tips provided thus far are aimed at minimizing suicide contagion among survivors, but there is still a possibility that survivors will experience suicidal thoughts themselves. If this occurs, follow your suicide prevention and intervention training, including the following guidance.

## Suicide Contagion:

The process whereby one death by suicide or suicide attempt within a school, community, or geographic area increases the likelihood that others will attempt or die by suicide.

### 1 Ask

Ask directly: “Are you thinking of killing yourself?” or “Does it ever get so tough that you think about ending your life?”

### 2 Care

Listen without judgment. Show that you care. Remove any means that could be used for self-injury

### 3 Escort and Treat

Do not leave the person alone. Get immediate assistance. Escort the individual to the nearest medical professional or trusted leader.



#### Tip

Use the [Columbia Protocol](#), a suicide risk screening tool, to assess suicide risk



## Be aware of the indicators of risk for suicide

Not actively seeking help

Acquiring a means to end their life (such as a gun or stockpiling pills)

Social isolation from friends and family

Substance abuse, especially new or worsening

Expressing feelings of hopelessness

Talking about suicide or death

Giving away possessions

Neglecting personal hygiene

Unexplained anger, aggression, and irritability

Being fired from work or expelled from school

Loss of any major relationship

Anticipated loss of financial security

## Things People Might Say

“Maybe I’ll just kill myself.”

“Soon you won’t have to worry about me.”

“People would be better off if I didn’t exist.”

“I just want out.”

“If (such and such) doesn’t happen, I’ll kill myself.”

“I wish I were dead.”

## SAFETY PLANS

Safety planning can be done with individuals who have made a suicide attempt, experienced suicidal ideation, or are at high risk for suicide. The intent of safety planning is to provide a pre-determined list of potential coping strategies, as well as a list of individuals or agencies that individuals at risk can contact in order to help them lower their imminent risk of suicidal behavior. The safety plan uses the individual's own words and is designed to provide the person with a greater sense of control over managing the suicidal crisis. A mental health provider, family member, or friend, and the at-risk person can create the safety plan together.

### Adapted from:

Air Force Resilience (n.d.)

Navy Suicide Prevention Program, OPNAV N170F (2019)

### Formal safety plans vary, but normally consist of six components:

- Signs of a crisis, suicidal ideation, or unhelpful or harmful behavior.
- Coping strategies for grief, trauma, and stress.
- A list of people, social settings, or objects that provide distraction from the stressor.
- A list of people whom the person can ask for help.
- A list of professionals or agencies the person can contact during a crisis.
- A list of steps the person can take to make the environment safe, such as temporarily reducing their access to lethal means.

### Lethal Means:

Any instrument or object (e.g., medicines, firearms, bridges) used to attempt suicide.

Reducing access is an intentional and voluntary practice.

Many suicide attempts take place during a short-term crisis. Putting time and distance between lethal means and individuals who may be in crisis can prevent suicide and save lives.

### Safety Plan Resources

[U.S Department of Veteran Affairs](#)

[Stanley-Brown Safety Plan](#)

[My Safety Plan](#)

[American Academy of Pediatrics](#)



# Talking about Suicide

**Adapted from:**  
Dazzi, Gribble,  
Wessely & Fear  
(2014)

People often think that talking about suicide will increase the risk for suicide in others. This is simply not true. Because the topic is not discussed often and openly, people find that they do not know how to talk about suicide. Here is some information on how survivors can talk to others or children about the death.

## HOW TO TALK TO OTHERS ABOUT A SUICIDE DEATH

Survivors may ask you for help with what they should say to family and friends when informing them of the death. It is important that survivors share what they are comfortable sharing — some may not wish to say that the death was by suicide. It may be helpful to inform those who are hesitant to say the deceased died by suicide that many survivors report, in the long run, they were glad they were honest with others about the way in which their loved one died. Being honest about the cause of death gives others an opportunity to support survivors in the way that they need.

**Use “died by suicide” rather than “committed suicide.”**

Those who work in the field of suicide prevention avoid the term “committed suicide” because it implies a crime.

**Emphasize the importance of getting help.**

Highlight the availability of resources that can help individuals cope with stressors.

**Avoid discussion of specific details of the suicide.**

There is no need to discuss the method or specific location of the death. You do not need to discuss who found the body, whether or not a note was left, or why they may have killed themselves. These types of details can increase suicide risk in others.



# HOW TO TALK TO CHILDREN ABOUT A SUICIDE DEATH

Survivors with children will be faced with the task of breaking the news to them. Delivering sad news is difficult, but particularly so with children. It is important that the adult survivors cope with their own emotions first so that they can speak calmly and clearly with the child or children.

**Adapted from:**  
Skylight (2017)

## Tips for talking with children about suicide:

- Tell all of the children in the family, even the younger ones.
- Avoid unnecessary details and keep explanations simple. Try not to over-explain.
- Use words and language that they know. Terms like “asleep” or “passed away” can be taken literally and lead to confusion about what actually happened.
- Understand that you may have to repeat information as children process the news. Be sure to check that they understand what you have said.
- Like adults, children will experience any number of emotions. Help them understand their feelings by acknowledging and naming them. For example, “It sounds like you are sad. I am sad, too.”
- Children are highly likely to blame themselves for the death. For example, young children may think that because they did not behave a certain way, their parent died by suicide. It is very important to tell the child that they are not at fault in any way. Nothing the child did, or did not say or do, caused the death.
- Encourage children to talk about the death and to ask questions. Understand, however, that some children may prefer to process the information on their own. They may wish to engage in solo activities, such as listening to music or drawing and painting.
- Expect children to process the information over a long period of time. Some children may have questions or wish to talk days, weeks, and even years later. As children grow and mature, they will understand the death in different ways.
- Encourage children to express themselves and memorialize the deceased with an activity such as a drawing or painting, or planting a tree.

## Examples of explanations of suicide for children:

The only person who really knew why this happened is [the deceased]. There are a lot of things that we do not know, but we do know that they loved us and we loved them. They will always be important in our lives and we can always remember the many good times we had together.

Suicide happens when a person feels so much hurt and pain that they do not want to live anymore and make their body stop working on purpose.



## RESPONSIBLE REPORTING

Any discussion of suicide requires adherence to safe messaging and reporting guidelines to limit any further negative effects of suicide exposure. For more information, visit [Reporting on Suicide](#).

These guidelines should be used by anyone writing, posting, talking, or reporting on suicide (e.g. Parents, media, school administration, friends, etc.)

### Checklist for Responsible Reporting

#### Report Suicide as a Public Health Issue

Including stories on hope, healing, and recovery may reduce the risk of contagion.

#### Include Resources

Provide information on the warning signs of suicide as well as hotline and treatment resources. At a minimum, include the Yamhill County Mental Health Crisis Line (1-844-842-8200) and the National Suicide and Crisis Lifeline (988).

#### Use Appropriate Language

Certain phrases and words can further stigmatize suicide, spread myths, and undermine suicide prevention objectives, such as “committed suicide” or referring to suicide as “successful,” “unsuccessful,” or a “failed attempt.” Instead, use “died by suicide” or “killed themselves.”

#### Emphasize Help and Hope

Stories of recovery through help-seeking and positive coping skills are powerful, especially when they come from people who have experienced suicide risk.

#### Ask an Expert

Interview suicide prevention or mental health experts to ensure that you're sharing factual information about suicide and mental illness.

[Additional Recommendations for Safe Reporting on Suicide](#)



# Best Practices and Recommendations for Reporting on Suicide

## Media Plays an Important Role in Preventing Suicide

1. Over 100 studies worldwide have found that risk of contagion is real and responsible reporting can reduce the risk of additional suicides.
2. Research indicates duration, frequency, and prominence are the most influential factors that increase risk of suicide contagion.
3. Covering suicide carefully can change perceptions, dispel myths and inform the public on the complexities of the issue.
4. Media reports can result in help-seeking when they include helpful resources and messages of hope and recovery.

## Partner Organizations

These recommendations were established using a consensus model developed by SAVE. The process was led by SAVE and included leading national and international suicide prevention, public health and communication's experts, news organizations, reporters, journalism schools and internet safety experts. Collaborating organizations include:

American Association of Suicidology • American Foundation for Suicide Prevention • American Psychoanalytic Association • Annenberg Public Policy Center • Associated Press Managing Editors • Canterbury Suicide Project – University of Otago, Christchurch, New Zealand • Centers for Disease Control and Prevention • Crisis Text Line • Columbia University Department of Psychiatry • ConnectSafely.org • International Association for Suicide Prevention Task Force on Media and Suicide • Medical University of Vienna • National Alliance on Mental Illness • National Institute of Mental Health • National Press Photographers Association • The Net Safety Collaborative • National Suicide Prevention Lifeline • New York State Psychiatric Institute • The Poynter Institute • Substance Abuse and Mental Health Services Administration • Suicide Awareness Voices of Education • Suicide Prevention Resource Center • Vibrant Emotional Health

**Recommendations:** Following these recommendations can assist in safe reporting on suicide.

AVOID...	INSTEAD...
✗ Describing or depicting the method and location of the suicide.	✓ Report the death as a suicide; keep information about the location general.
✗ Sharing the content of a suicide note.	✓ Report that a note was found and is under review.
✗ Describing personal details about the person who died.	✓ Keep information about the person general.
✗ Presenting suicide as a common or acceptable response to hardship.	✓ Report that coping skills, support, and treatment work for most people who have thoughts about suicide.
✗ Oversimplifying or speculating on the reason for the suicide.	✓ Describe suicide warning signs and risk factors (e.g. mental illness, relationship problems) that give suicide context.
✗ Sensationalizing details in the headline or story.	✓ Report on the death using facts and language that are sensitive to a grieving family.
✗ Glamorizing or romanticizing suicide.	✓ Provide context and facts to counter perceptions that the suicide was tied to heroism, honor, or loyalty to an individual or group.
✗ Overstating the problem of suicide by using descriptors like "epidemic" or "skyrocketing."	✓ Research the best available data and use words like "increase" or "rise."
✗ Prominent placement of stories related to a suicide death in print or in a newscast.	✓ Place a print article inside the paper or magazine and later in a newscast.

For more information and examples of best practices when reporting on suicide, visit [ReportingonSuicide.org/Recommendations](http://ReportingonSuicide.org/Recommendations)



## Checklist for Responsible Reporting

- ❑ **Report suicide as a public health issue.** Including stories on hope, healing, and recovery may reduce the risk of contagion.
- ❑ **Include Resources.** Provide information on warning signs of suicide risk as well as hotline and treatment resources. At a minimum, include the National Suicide Prevention Lifeline and Crisis Text Line (listed below) or local crisis phone numbers.
- ❑ **Use Appropriate Language.** Certain phrases and words can further stigmatize suicide, spread myths, and undermine suicide prevention objectives such as “committed suicide” or referring to suicide as “successful,” “unsuccessful” or a “failed attempt.” Instead use, “died by suicide” or “killed him/herself.”
- ❑ **Emphasize Help and Hope.** Stories of recovery through help-seeking and positive coping skills are powerful, especially when they come from people who have experienced suicide risk.
- ❑ **Ask an Expert.** Interview suicide prevention or mental health experts to validate your facts on suicide risk and mental illness.

## Reporting Under Unusual Circumstances

A *mass shooting* where a perpetrator takes his or her life is different from an isolated suicide. Recommendations for reporting on mass shootings can be found at [reportingonmassshootings.org](http://reportingonmassshootings.org).

A *homicide-suicide* is also different from an isolated suicide. The circumstances are often complex in these incidents, as they are in suicide. To minimize fear in the community, avoid speculation on motive and cite facts and statements that indicate that such events are rare. Show sensitivity to survivors in your interviews and reporting. Highlight research that shows most perpetrators of homicide-suicide have mental health or substance use problems, but remind readers that most people who experience mental illness are nonviolent.

## Crisis Resources to Include in Stories



The **988 Suicide and Crisis Lifeline** is a hotline for individuals in crisis or for those looking to help someone else. To speak with a trained listener, call 988.

CRISIS TEXT LINE |

Text HELLO to 741741  
Free, 24/7, Confidential

**Crisis Text Line** is a texting service for emotional crisis support. To speak with a trained listener, text HELLO to 741741. It is free, available 24/7, and confidential.

## Helpful Side-Bar for Stories



### Warning Signs Of Suicide

- Talking about wanting to die
- Looking for a way to kill oneself
- Talking about feeling hopeless or having no purpose
- Talking about feeling trapped or unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious, agitated or recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings



### What to Do

- Do not leave the person alone
- Remove any firearms, alcohol, drugs, or sharp objects that could be used in a suicide attempt
- Call the 988 Suicide and Crisis Lifeline at 988
- Take the person to an emergency room, or seek help from a medical or mental health professional

For more information and examples of best practices when reporting on suicide, visit [ReportingonSuicide.org/Recommendations](http://ReportingonSuicide.org/Recommendations)



# Memorialization

Memorials can be a sensitive topic, especially after a death due to suicide. Opportunities to grieve together, such as memorial services, are important to foster resilience by helping loss survivors grieve, heal, and move forward in a healthy manner.

Memorialization may become a point of contention when a young person dies by suicide. Students and families may wish to have a memorial of their loved one placed at the school. School districts should have a policy regarding memorials. The school should be respectful of the family and close friends of the deceased while continuing to create an environment conducive to learning and preventing suicide contagion.

Adolescents are especially vulnerable to the risk of suicide contagion. It is important to remember the student in a way that doesn't inadvertently glamorize or romanticize either the student or the death.

## BEST PRACTICES

- Encourage coordination among family, funeral director, faith leaders, mental health providers, and other community support systems.
- Consider the context of the memorial
  - Where will it take place?
  - How can it be done responsibly?
- Encourage the use of Responsible Reporting in individual and public discussions about death.
- Keep public displays of notes and remembrances time-limited.
- Provide counselors during and after the service and encourage people to seek help.
- Provide information about suicide prevention and mental health services.

### Adapted from:

American Foundation for  
Suicide Prevention, &  
Suicide Prevention  
Resource Center. (2018)



## UNSAFE MEMORIALIZATION

Examples of memorial activities that may glorify the individual or the death include:

- Flying the flag at half-staff
- Special plaques, permanent markers, or dedications
- Exclusive focus on the deceased's positive qualities, without also identifying the mental health/complex problems or contributing factors

## SAFE MEMORIALIZATION

- Holding a day of community service or creating a school-based community service program to honor the deceased (great suggestion for athletic teams, music departments, clubs, etc.)
- Putting together a team to participate in an awareness or fundraising event sponsored by one of the national mental health or suicide prevention organizations (i.e., Out of the Darkness Walk from the American Foundation for Suicide Prevention)
- Holding a local fundraising event to support a local crisis hotline or other suicide prevention program.
- Sponsoring a mental health awareness day
- Purchasing books on mental health for the school or local library



## KEY CONSIDERATIONS FOR SCHOOLS

**Spontaneous Memorials:** May be created by students. The school's goal should be to balance the students' needs to grieve with the need to follow best practices and Safe Messaging guidelines. Spontaneous memorials should be supervised by staff and crisis team members if/when they happen to help control emotions, refer students to additional supports, and keep everyone safe.

**Training:** It is also highly recommended not to use the aftermath of a suicide death as a time to promote suicide prevention. Having speakers present to students about suicide actually puts high-risk students at a greater risk of acting on their own suicidal thoughts/feelings. Resume training with discretion after some time has passed.

**Graduation:** Empty chairs, portraits, and tributes should not be part of the graduation ceremony. If family members request a tribute to the deceased, the recommendation is to include the name of the deceased in the graduation program, along with the dates of their life. During the opening remarks by leadership, a brief statement can be made acknowledging all students who have died. If it is customary to display student collages during a celebratory event, it is acceptable to include one of a deceased student as long as no reference is made to suicide or the cause of death.

## SUGGESTIONS FOR MEMORIALS IN SCHOOLS

- **Do** have a school district policy addressing memorials for students who died by suicide that is consistent with research.
- **Do** allow students and staff to express their grief in a tangible way, possibly by making donations or participating in an awareness or fundraising event for a crisis line or for suicide prevention resources.
- **Don't** allow memorials that may upset students or are constant reminders, i.e., planting trees, erecting plaques in the school or community, flying flags at half-staff, etc.
- **Don't** name a scholarship after a youth who has died by suicide. Instead, make contributions to a general scholarship fund if there is one available.
- **Do** encourage help-seeking behavior and promote resources like the Yamhill County Mental Health Crisis line at 1-844-842-8200 or the National Suicide & Crisis Lifeline at 988.
- **Don't** allow assemblies on suicide. This is not an effective approach to suicide prevention and may, in fact, even be risky, because students who are suffering from depression or other mental health issues may hear the messaging very differently from the way it is intended



# Introduction to Postvention

## Postvention

Any activity following a suicide that promotes recovery and healing among those affected by the death. Postvention can help prevent any negative effects of suicide exposure, such as complicated grief and suicide contagion.

## GOALS OF POSTVENTION

- Set a foundation for healthy grieving
- Identify and refer those most at risk for behavioral health concerns, including suicide
- Safely memorialize the deceased

## Active Postvention

Survivors benefit from an active postvention approach where support and resources (for example, grief counseling, support groups, and peer mentoring) are offered directly to survivors as soon as possible following a death, within hours if appropriate. Active postvention can help proactively address and stabilize any suicide-specific issues among survivors.

### Adapted from:

Cerel & Campbell (2008)

Ho et al. (2018)

Pak, Ferreira & Ghahramanlou-Holloway (2019)

Ruocco (2017)



## Just Be There

The most important thing you can do to support a survivor is to just be there and take the time to listen. This toolkit offers many tips, but every situation and survivor is different. There may be instances where you do not know what to do. This is fine. Sometimes sitting and listening is all the survivor needs.



## Key Points to Remember if a Suicide Occurs

- There are likely other individuals who are at increased risk
- Be gentle to yourself and others; we all grieve differently
- Watch out for anyone who is not doing well and get them the additional support they need
- Take any threat of suicide seriously
- Help others understand how to prevent contagion

## General Postvention Guidelines

- Confirm the facts before disclosing information
- Do not provide specific details about the suicide (method, location, etc.) Sharing specific details can increase the risk of suicide contagion.
- Recognize that the impact of a suicide death is felt over months and years, not just days and weeks
- Avoid glorifying the person's life or death as this can increase the risk of suicide contagion.

## Postvention Protocols

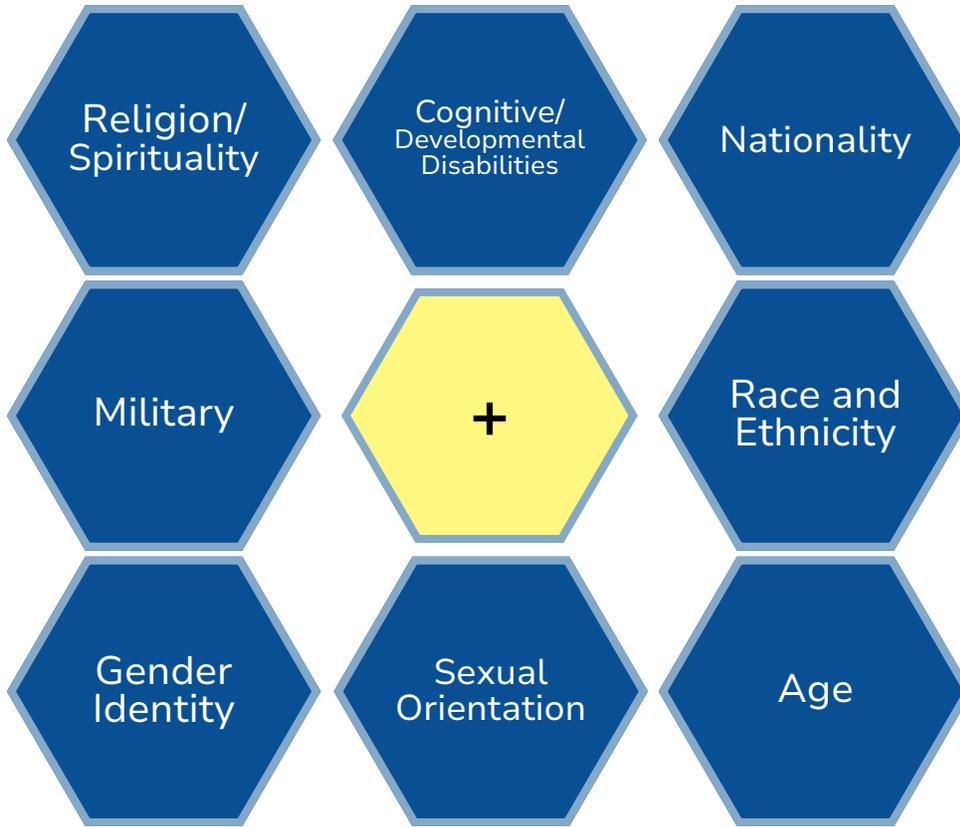
- The first 72 hours are the most chaotic and stressful for everyone involved
- Emotional turmoil and confusion can impair decision-making
- Having proactive protocols grounds everyone as to what to expect and do
- Best Practice standards for communication and memorial activities will clarify the actions that need to be taken following a suicide death

## When supporting an individual at risk:

- Seek to understand the strengths of cultural norms and values and how they are expressed in families and in the community
- Be mindful of the impact of stigma related to suicide and be open to a variety of supportive resources
- Be sensitive to larger systems issues related to inequity (racism, -phobias, discrimination, etc.)
- Embrace cultural humility and context; follow the individual's or community's lead- postvention is a collaborative process



# CULTURAL CONSIDERATIONS



Adapted from:  
NAMI (2024)

A public health approach to postvention is intersectional and attuned to the dynamics of culture and community. Culture is multi-dimensional and deeply tied to our identity. Therefore, it is vital to be aware of cultural/religious/spiritual values and beliefs while supporting an individual, as they will help us find the most relevant resources for care and support. This approach will also help us to better understand competing messages and beliefs around suicide and mental health.

+ The yellow in the center represents other cultures, professions, identities, etc. where individuals might be at risk and how best to support and connect that person to resources.

## Culture & Identity-Focused Resources



<https://www.nami.org/your-journey/identity-and-cultural-dimensions/>



## Reflecting on Cultural Considerations

Every time you are part of a postvention response, consider the following:

- What cultures and identities are part of your story? How do they intersect? How is suicide viewed in your culture(s)?
- What are some differing beliefs about suicide (e.g., from faith communities) you are aware of? How can you learn more?
- When you work with members of a community that you're not a part of, what kind of questions can you ask to better understand the way they see the world?
- How can you make room for cultural perspectives within your postvention protocols?
  - When is it appropriate to ask questions or step in? When is it appropriate to step back and honor the grieving process?
- Where can you find more information on cultural expressions of grief, traditions of connection and caring after a death, healing practices, etc.?
- Who can you talk to? Who is important in the family, kinship, or friendship circles of the deceased?



## THREE PHASES OF POSTVENTION

As you engage with survivors, it is useful to consider these phases and how you can help survivors move towards the third phase, “Grow.” However, keep in mind that not all survivors experience growth after a loss, and this is normal.

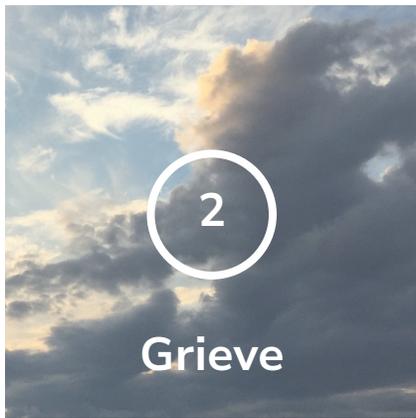
Before working with survivors, examine your own beliefs and assumptions about suicide. Your thoughts and feelings toward suicide can influence the way you talk about the death and interact with survivors. Every interaction with a survivor is an opportunity to support their healing and to provide them with hope.

Actively engage survivors early (within hours if appropriate) and throughout the postvention process so that they receive the support they need. Consider reaching out to other organizations, such as the Yamhill County Mental Health Crisis Line (1-844-842-8200) or the Willamette Education Service District Crisis Team (K-12 schools only, 503-385-4761), that can provide postvention for survivors directly or provide guidance on how postvention can be delivered. Actions that you can take in each of these phases are described in detail in this section.



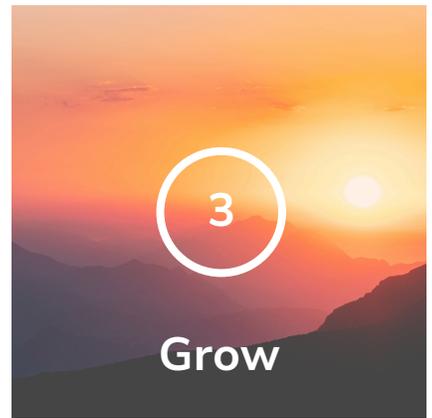
### Stabilize

Address issues specific to suicide to promote healing and minimize risk.



### Grieve

Grieving occurs throughout the postvention process. Take action to facilitate and support healthy grieving.



### Grow

Assist survivors in finding ways to experience post-traumatic growth.



## Stabilize

Address issues specific to suicide to promote healing and minimize risk.

Adapted from:  
Ruocco (2017)

Suicide loss is a sudden, traumatic event that leaves behind a number of issues that need to be assessed and stabilized. Proactively assisting survivors in addressing these topics can build a strong foundation for healing and decrease risk.

## Tasks

Suicide loss is a sudden, traumatic event that leaves behind a number of issues that need to be assessed and stabilized. Proactively assisting survivors in addressing these topics can build a strong foundation for healing and decrease risk.

- A** Assess individuals for any mental health issues and refer them for care. Suicide is a stressful event that can trigger emotional and mental health challenges. Survivors may need evaluation and treatment to address these issues. Facilitate access by asking survivors about any emotional or mental health needs and connecting them to appropriate resources.
- B** Assess individuals for any trauma related to the death and refer them for care. Suicide is a traumatic event, particularly when the death occurs in the family home. Trauma related to the death may need professional treatment and care. Ask about traumatic exposure and connect survivors with appropriate resources.
- C** Assess suicide-specific issues and help survivors navigate these in a way that promotes hope and healing and creates a solid foundation for the grief journey. Ask about the specific issues and guide survivors in essential practices or connect with a subject matter expert.

# Responding to Survivors' Emotions

Survivors report experiencing any or all of the following emotions:

**SHOCK • GUILT • BLAME • DENIAL • DISBELIEF • ANGER • RELIEF  
ABANDONMENT • REJECTION • SHAME • CONFUSION • HELPLESSNESS  
DESPAIR • STRESS • HOPELESSNESS • SADNESS • DEPRESSION • PAIN  
ANXIETY • LONELINESS • NUMBNESS**

Read below to learn what you can do or how you can respond when survivors express blame and guilt, or anger, which are very common responses.

## Blame and Guilt

Survivors may reflect on the time leading up to the loss, thinking about “what if” or “if only” scenarios. Survivors may blame themselves or others for not doing more to help the deceased.

### What you can convey to survivors:

Survivors may need to hear this multiple times: Nobody is to blame for suicide. Stressors and circumstances contribute to the potential for suicide. Sometimes, these forces are mental health-related, but oftentimes there are other factors – such as trauma, stress, loss, and other events that cause pain and emotional distress. These forces make it difficult for a person to see any possibility of change and lead them to believe that suicide is the only way to end the pain. Remind the survivors that they did the best they could at the time.

## Anger

Some survivors experience anger toward the deceased over the manner in which they died. They may also be angry at others for perceived actions taken or not taken leading up to the death.

### What you can do:

The best thing you can do in this situation is listen actively and compassionately to what the survivor has to say. If the survivor expresses anger at a person(s) or place, do your best to avoid promises or excuses for any actions taken or not taken leading up to the death — you may not know all of the facts. If you can, respond with, “I do not have all of the answers, but I can look into this for you.” Make it a point to follow up with the survivors. Working with the survivor to find an answer as to why something may or may not have happened can help identify a change that may need to occur, so that suicide is avoided in the future.





Grieving occurs throughout the postvention process. Take action to facilitate and support healthy grieving.

Adapted from:  
Ruocco (2017)

While survivors grieve throughout the 3 Phases of Postvention model, the “Grieve” phase focuses specifically on integrating grief into survivors’ lives in a healthy and positive way. The process of finding a way to rebuild after loss includes survivors integrating grief into their lives and rebuilding relationships (including with the deceased, if desired by the survivor).

### In this phase, help survivors with the following tasks:

- A** Move away from focusing on the cause of death and to emphasizing the life lived of the deceased. Survivors often focus on why the death happened and the last moments before the death of the deceased. It is important to move away from this focus and reconnect with the life lived. People can support survivors by reminding them that the death was a “perfect storm moment in time that does not define the person,” talking with survivors about the deceased’s life, and asking survivors about their good memories with the deceased.
- B** Find a grief rhythm. Give the survivors space and time to grieve. Survivors need to grieve because they love and care about the deceased. Understand that grief can come up at any time. Instead of pushing it down, encourage survivors to embrace it, feel it, express it, and then rest or get support. Encouraging and supporting the grief rhythm can help survivors manage sudden increases in grief and express it in a healthy way. Giving time, space, and support for embracing grief can improve productivity by purposely releasing it instead of trying to suppress or avoid it.
- C** Build a new relationship with the deceased. Love does not die and neither does the relationship with the deceased. If desired, a new kind of relationship can be built with the deceased. Survivors continue to connect with their loved ones in many ways (e.g., writing letters to the deceased, recalling good memories) and exploring this option with survivors can be very healing. Ask directly about ongoing connection with the loved one. Accept and support this connection.



## Other steps you can take to support healthy grieving:



### Reach out to the Survivors

Look for ways to help the survivors with practical concerns, such as yard work and meals. Ask the survivors questions such as, “What can I do?” or “Can I call you next week?”



### Be There and Listen

Be present and ready to listen when survivors wish to talk about their feelings and to share memories of the deceased. A good listener avoids interrupting, tolerates repetition, provides comfort, and makes time to listen.



### Check-In on Special Days

Certain days, such as holidays, family milestones, anniversaries, and birthdays can be particularly hard for survivors. Be aware of these dates and be sensitive to the survivors' grief. Reach out to survivors and ask them how they are doing, ask about good memories of the deceased, and check if there is anything you can do for them.



### Do not Offer False Comfort

It doesn't help the grieving survivors when you say, “It was for the best” or “You'll get over it in time.” Instead, offer a simple expression of sorrow and take time to listen.

**Adapted from:**  
Ruocco (2017)

## General Reminders for Providing Support

- Use the deceased person's name, if it is culturally acceptable
- Know that it is okay to use the word suicide- acknowledging that the death is a suicide promotes healing and minimizes risk
- Be gentle and non-judgmental; don't blame anyone
- Listen with your heart; you don't need to respond or to provide an answer
- Respect the intensity and duration of their emotions

## Additional Grief Resources

Substance Abuse and Mental Health Services Administration

<https://www.samhsa.gov/communities/coping-bereavement-grief>

Good Grief

<https://good-grief.org/resources/>

The Compassionate Friends

<https://www.compassionatefriends.org/>

The Dougy Center

<https://www.dougy.org/grief-support-resources>

Help Guide

<https://www.helpguide.org/mental-health/grief>

Open to Hope

<https://www.opentohope.com/>





### Grow

Assist survivors in finding ways to experience post-traumatic growth.

**Adapted from:**  
Ruocco (2017)

Post-traumatic growth is a positive psychological change that can occur after adverse events. Not all survivors experience post-traumatic growth after a loss.

## Here are some positive changes survivors may experience:

### New Possibilities

The death of someone leaves a gap in peoples' lives and they can struggle to fill the gap. Survivors may take over new responsibilities that were formerly handled by the deceased. These responsibilities can range from small tasks (like cleaning) to bigger tasks (like managing finances). Adjusting to meet the needs of a new situation can be a healthy way to grow in the wake of a loss.

### Appreciation of Life

The traumatic loss of a someone can make one appreciate that life is fleeting. Survivors may choose to live more deliberately and purposefully.

### Change in Self-Perception

Survivors may develop or strengthen skills for dealing with stressors or traumatic events. Living through a trauma may provide survivors with the evidence they need to realize they can cope with anything.

### Change in Relationships

The experience of coping with a suicide loss may strengthen relationships that survivors have with others. Survivors may build strong bonds with others who have experienced a similar type of loss. On the other hand, the survivors may also reexamine relationships and let unfulfilling relationships fall by the wayside.

### Meaning Making

Motivated by the mission to prevent others from experiencing what they have, survivors may find a new activity that contributes to the suicide loss community, such as peer mentoring and advocacy. These activities give meaning and purpose to their journeys and experiences.

### Spiritual Change

Some survivors feel closer to their faith or the earth following a suicide loss. They may also experience a shift in life priorities or a change in their life philosophy.



The focus on HOW one dies can cause survivors to fear that this is what others will remember about the deceased. Offering a path to make something positive out of a horrific event can offer hope to survivors.

**For suicide loss survivors, an emphasis on the following tasks can help them grow after the loss:**



**New Appreciation for Life**

When something terrible (like suicide) happens, it often forces people to look at life differently. Every day may seem like a gift and something that is not guaranteed. Encouraging survivors to embrace this newfound appreciation of life in honor of their loved one can be extremely healing and can preserve a family following such a devastating loss.



**Tell the Story in a Hopeful and Healing Way**

After a suicide loss, survivors often begin telling their story in a way that blames themselves or others for the death, which reveals a lot of negative emotions related to the event. In the growth phase, help survivors recreate that story using what they have learned since the death and now have accepted to be true. The story could include such things as “acceptance that they did the best they could with the information they had at the time” and “I will use this to prevent other losses” and “I will live my life in honor of my loved one.”



**Find Meaning**

Helping families do something positive with what has happened can offer hope and healing to survivors. Activities such as peer mentoring or identifying lessons learned during a “look back for prevention” offer different pathways to finding meaning.

# Creating a Postvention Plan

## STEPS TO CREATE A POSTVENTION PLAN

- Planning ahead to address individual and community needs
- Providing immediate and long-term support
- Tailoring responses and services to the unique needs of suicide loss survivors
- Involving survivors of suicide loss in planning and implementing postvention efforts

### Plan Ahead

- Develop a plan and protocols in advance to enable your institution or community to respond quickly and compassionately in the crisis period after a suicide death.
- Be prepared to respond to the immediate emotional needs of people affected by the crisis as well as to the long-term effects and risks that may be associated with exposure.
- Educate and build relationships among those who will interact with bereaved people to enable a coordinated community response rather than fragmented services. Involve law enforcement, emergency medical services, community mental health, social service agencies, and other institutions.
- Consider adopting the Active Postvention Model, in which trained volunteer teams reach out to provide support and resources to survivors as soon after a suicide death as possible. It differs from the traditional (passive) model of postvention, where survivors only get help if they seek it themselves.

### Respond Effectively

- Immediately following a suicide, work with the news media to encourage [responsible reporting](#).
- Work with those affected by the suicide death to aid mourning in ways that avoid increasing the risk of contagion.
- Build capacity for ongoing support and treatment, including professional and peer-support options, for those who need it.
- Provide support and guidance for friends and family members of the bereaved to help them provide effective ongoing support.



## Create a Crisis Response Team

- For schools, please work with [WESD's Crisis Response Team](#)
- Determine a Crisis Team Coordinator
- Depending on the size of the organization, a Crisis Response Team should have at least five, but not more than 15, people who are chosen for their skills, credentials, and ability to work compassionately and effectively under pressure.
- These individuals should be an appropriate combination of administrators or leadership, mental health workers, first responders, and faith leaders.

## Create a Timeline of Events

Suggested Timeline:

- Mobilize the Crisis Response Team
- Get the facts about the death
- Share the News with the Relevant Communities
- Address Cultural Diversity
- Plan Activities for Responding to a Crisis
  - Ensure the safety and support of the community and individuals
  - Collaborate with community liaisons such as the Coroner/Medical Examiner, Police, and local government
  - Work with the family to ensure appropriate support and safe messaging at the funeral/memorial
- Evaluate the Postvention Plan and make any edits for future responses

## POSTVENTION TEMPLATES, EXAMPLES, AND TOOLKITS

[After a Suicide: Postvention Toolkit for Workplaces](#)

[After a Suicide: A Toolkit for Schools](#)

[Fairfax County, Virginia Postvention Toolkit](#)

[A Manager's Guide to Suicide Postvention in the Workplace](#)

[MindWise Innocations Suicide Prevention & Postvention Resource Library](#)

[Oregon Schools Suicide Protocol Toolkit](#)

[Postvention: A Guide for Response to Suicide on College Campuses](#)

[Postvention Toolkit for a Military Suicide Loss](#)

[Riverside Trauma Center Postvention Guidelines](#)

[Suicide Prevention Resource Center Postvention Resource Sheet](#)

[Willamette Education Service District Prevention Plan](#)



# Support, Questions, and Response Topics

## Topic: Questioning Why

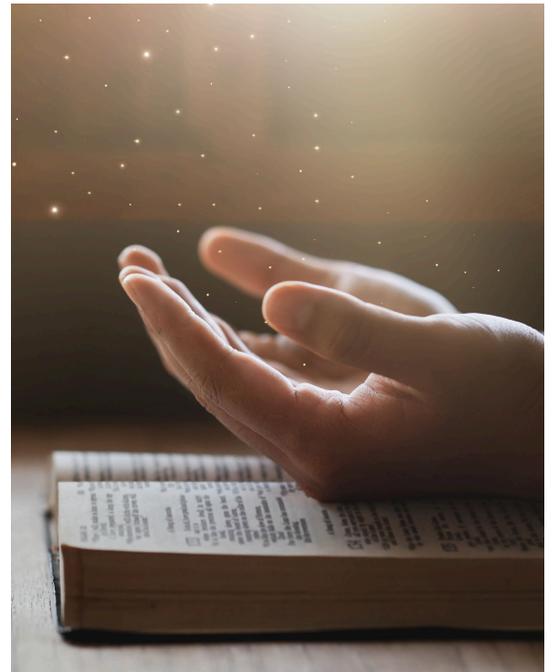
**Description:** Survivors grapple with questions of why the deceased died by suicide and may blame themselves and others for the death.

**What you can do:** Help survivors understand that suicide is a complex, multi-factored event and that they and others are not to blame. Remind the survivors that they did the best they could at the time. Help survivors forgive themselves and others for actions taken or not taken. Ultimately, nobody is to blame for the deceased's death. One thing that may help survivors process the death is developing a better understanding of suicide and suicide risk. See [Responding to Survivors' Emotions](#) for more information on addressing survivors' feelings of blame.

## Topic: Faith and Spirituality Questions

**Description:** Survivors may struggle with their faith after the death and/or internalized messages about suicide that contribute to feelings of guilt, stigma, and shame.

**What you can do:** Ask survivors what they believe about suicide and what messages about suicide they may have heard over the years. You may wish to consult a Chaplain or a faith or spiritual leader for guidance, if you are not one yourself. A Chaplain or faith leader can be helpful in finding spiritual perspectives on suicide. A Chaplain can provide this service. Survivors may seek assistance from spiritual advisors.



## Topic: Secrets

**Description:** Survivors may learn new information about the deceased that was not known before. This can lead survivors to question their relationship with the deceased.

**What you can do:** Be aware of any instances where new information about the deceased leads the survivor to question their relationship with the them (for example, if the deceased had financial difficulties that they did not discuss with the survivor). As much as possible, help survivors come to terms with this new information, which may change their memory or view of the deceased.

## Topic: Family Dynamics

**Description:** Questions and feelings of blame, whether directed at oneself or others, can create complications in family dynamics.

**What you can do:** Before engaging with survivors, ask others, as appropriate, who have interacted with the family if you should be aware of any particular dynamics or strained relationships.

## Topic: Relationships

**Description:** Remember that family dynamics and/or the relationship between the deceased and the survivors may be strained by suicide.

**What you can do:** Be aware of these issues before engaging with the survivors. This allows you to be tactful in your actions and/or help address specific issues.

## Topic: Emotions

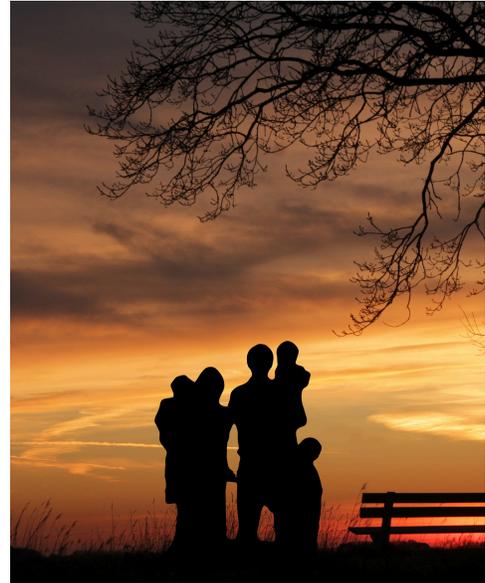
**Description:** Survivors experience a wide range of emotions that can conflict or intensify other feelings. At times, the survivors may experience these emotions simultaneously, and, at other times, they may not experience any emotions.

**What you can do:** It is not possible to fully know what people are going through emotionally. Do not judge the survivors' grief – it may manifest in unexpected ways. The best preparation is to familiarize yourself with the range of emotions that survivors can experience and help the survivors understand that whatever they feel is normal. See [Responding to Survivors' Emotions](#) for more information.

## Topic: Trauma

**Description:** Suicide is often unexpected and can be a source of trauma, especially if the survivor witnessed the death or was the one to find the deceased.

**What you can do:** Be aware of any after effects of trauma. Some survivors experience post-traumatic stress, which is characterized by flashbacks, nightmares, severe anxiety, and uncontrollable thoughts about the traumatic event. If you believe a survivor is dealing with post-traumatic stress, they may benefit from professional mental health support.



## Topic: Clean Up

**Description:** Survivors often are left to clean up the place of death or the living space of the deceased.

**What you can do:** Advise survivors that, if needed, a biohazard cleanup company should be contacted to clear the area in which the death occurred. This task is often overlooked by those supporting survivors, but it can be a source of additional trauma for survivors. When cleaning up the deceased's possessions later, ask the survivors if you can help or help recruit family or friends to help.

## Topic: Telling Others

**Description:** Survivors often do not know how to discuss the death and will avoid others as a result.

**What you can do:** It is important that survivors share what they are comfortable sharing, but it may be helpful to them to know that many survivors report that, in the long run, they are glad that they were honest with others about the way in which the deceased died and that it gave others an opportunity to support them in a way that they needed. More details are provided in [How to Talk to Others about a Suicide](#).



## Topic: Telling Children

**Description:** Children will grieve in different ways, and like adult survivors, may blame themselves for the death.

**What you can do:** Support the survivor in ensuring that their children understand that the death was not their fault and that it is normal to feel the way they are feeling, whatever those emotions may be. More information on how to support children and how to explain suicide in terms they will understand is provided in [How to Talk to Children about a Suicide](#).

## Topic: Investigations

**Description:** Survivors may be interviewed during the death investigation. The process can take a year or longer to complete and lack of closure on the cause or manner of death can impede the survivors' grieving.

**What you can do:** Be aware of any ongoing investigations and assist survivors in understanding the processes. The investigation conducted by law enforcement and the Medical Examiner will determine the manner and cause of death (in other words, "how" the deceased died). Understand that this is unlikely to answer the "why" question that many survivors have.

In the event that a suicide note was left by the deceased, it will likely be taken as evidence by the investigative organization. Once the case is closed, the original note and other items taken as evidence should be returned to the family, if so desired, during evidence disposition. The investigator or evidence custodian should offer the return of the note and items to the next-of-kin if it was somehow not communicated with the next-of-kin earlier. Assist next-of-kin in ensuring that these important items are returned to them by speaking with the investigator or relevant investigative organization.

## Topic: Media

**Description:** The media may report a death by suicide, especially if the deceased was young or a well-known member of the community. In addition, the deceased's death may be made public through obituaries, social media, family interviews, and other public statements.

**What you can do:** Family may not wish to speak to the media on their own and may ask for a representative or assistance. Any discussion of suicide requires adherence to safe messaging and reporting guidelines in order to limit any further negative effects of suicide exposure. See [Talking about Suicide](#) and [Reporting on Suicide](#) for more information.



Adapted from:  
Ruocco (2017)

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