



# Counseling Suicide Survivors: Implications for Postvention





# Welcome

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# Continuing Education Credits/ Certificates of Attendance

- Certificates of Attendance will be provided for all who attend the entire program and complete the evaluation.
- The Association of Professional Chaplains will accept certificates of attendance for use in reporting continuing education hours.
- This program is approved by the National Association of Social Workers, provider # 886505639, for 1.0 continuing education contact hours.
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- ALL PARTICIPANTS SEEKING EITHER A CERTIFICATE OF ATTENDANCE OR CONTINUING EDUCATION CREDITS **MUST** FILL OUT THE ONLINE EVALUATION FORM NO LATER THAN **30 DAYS** AFTER THE PROGRAM.
- YOU **MUST** PROVIDE YOUR DISCIPLINE AND STATE LICENSE NUMBER ON YOUR EVALUATION IN ORDER TO RECEIVE CREDIT.
- **THE EVALUATION FORM CAN BE FOUND AT**  
[WWW.TAPS.ORG/PROFESSIONALEDCATION](http://WWW.TAPS.ORG/PROFESSIONALEDCATION)



# QUESTIONS TODAY?

If you have questions during today's program please submit them through webinar toolbar on the bottom left of your screen during the course of the program. Time at the end of the program will be dedicated to questions and answers.



# The Tragedy Assistance Program for Survivors (T★A★P★S)

[www.taps.org](http://www.taps.org)

## Our Mission

**TAPS provides ongoing emotional help, hope, and healing to all who are grieving the death of a loved one in military service to America, regardless of relationship to the deceased, geography, or circumstance of the death. TAPS meets its mission by providing peer-based support, crisis care, casualty casework assistance, and grief and trauma resources.**







Since it's inception, **T★A★P★S**  
has assisted more than 25,000  
surviving family members, casualty officers and  
professional caregivers

FOR MORE INFORMATION  
or TO REFER SOMEONE  
YOU KNOW:

*[www.taps.org](http://www.taps.org)*

*or*

800-959-TAPS (8277)





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# Objectives

At the end of this program, the learner will be able to:

- Identify commonly experienced grief responses following a suicide.
- Delineate suicide survivor issues from a lifespan perspective.
- Describe support strategies for suicide survivors.
- Identify resources for suicide survivors.



# National Suicide Statistics

## Centers for Disease Control- 2005

- 32,000 suicides (males 4x greater than females)
- 1 suicide every 16 minutes
- 11.01 suicides per 100,000 population
- 3<sup>rd</sup> leading cause of death for 15-24 year olds;  
2<sup>nd</sup> leading cause of death for 25-34 year olds

# Suicide Survivors

- 6-10 per suicide = 320,000 per year
- CDC (using 6 survivors per suicide and data from 1980-2005) estimates the number of survivors in US at 4.5 million



# Military Suicide Statistics



- Army
  - 140 suicides – 28 year high
  - 20.2 per 100,000 troops – nearly twice national average of 11 per 100,000
  - Jan – March '09 – 56 suicides
- Marines
  - 41 suicides – up from 25 two years ago; another 146 attempted but were unsuccessful
  - 19 per 100,000

Source: [military.com](http://military.com)

Note: These numbers do not include deaths after individuals have left the military.

# Military Suicide Statistics (Cont.)

- Navy
  - 41 suicides
  - 11.6 per 100,000
- Air Force
  - 38 suicides
  - 11.5 per 100,000



Source: [military.com](http://military.com)

Note: These numbers do not include deaths after individuals have left the military.

# Suicide Still Carries a Stigma

- Survivors may be...
  - Less likely to receive the same type/amount of support as is shown after accidental or natural death
  - Reluctant to speak about the suicide as it often ends the conversation
  - Less likely to utilize death-related ceremonies/rituals thus isolating themselves further

# Suicide Still Carries a Stigma (Cont.)

- Suicide in the military
  - Stoicism is encouraged as a part of military life but is counterproductive to providing support to survivors
  - Reluctance to use support options





# Basic Facts

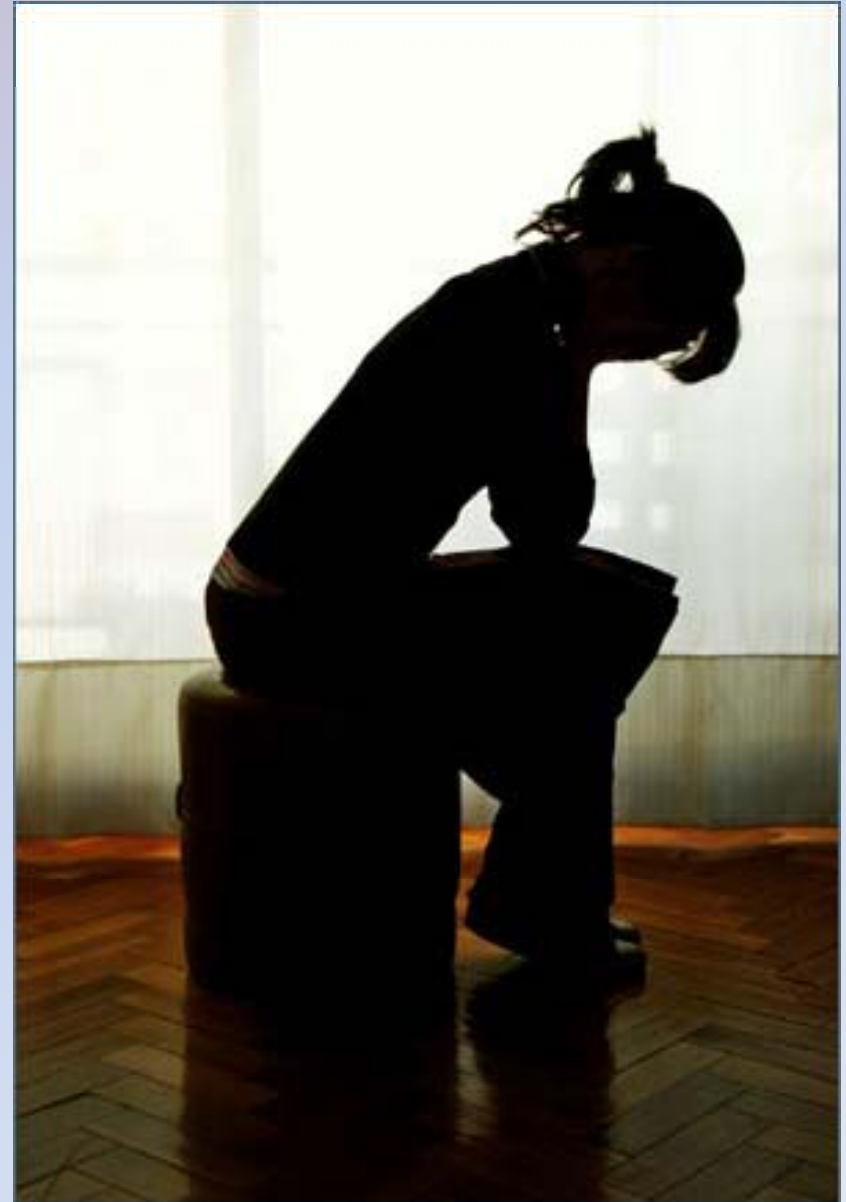
- Survivorship is not defined by blood ties but by relationship to the deceased
- Needs of military survivors may be different from non-military survivors
- Each person's grief is unique
- Cultural, ethnic, religious customs impact each person's grief responses differently
- Suicide does not end a relationship; it changes it to a different form

# Grief Response

- Dependent on many factors:
  - Type of relationship
  - Negative ties bind just as strongly as positive ties
  - Death circumstances
    - Concurrent stressors
    - Financial problems
  - Physical/mental status
  - Personality/coping skills

# The Aftermath...

- Overwhelmed by the act itself
- Sense of unreality – can this really be happening?
- Issues of preventability
- No goodbye
- Unfinished business
- Feelings of rejection, abandonment



# The Aftermath...(Cont.)

- Sense of helplessness
- Extreme vulnerability
- Feelings and emotions including denial, depression, guilt, anger, rage
- Search for the WHY???..
- Involvement with the police
- Media intrusion

# The Aftermath...(Cont.)

- Qualitative difference in post suicide grief
  - More apt to feel guilt
  - More likely to feel social discomfort
  - More likely to struggle with the reason for the suicide



# The Aftermath...(Cont.)

- Military suicide survivors vs. civilian suicide survivors
  - Showing feelings or seeking help is considered a sign of weakness; stoicism is valued
  - Civilians more likely to seek support



# Assessment/Counseling Issues Suicide Survivors

- Recognize potential for disenfranchised and/or complicated grief
  - Information sources include Doka, Prigerson, Neimeyer
- Recognize that grief is experienced differently across the lifespan
- Always assess for suicide potential
  - Consider risk factors, plan, etc.



# Assessment/Counseling Issues Suicide Survivors (Cont.)

- Appreciate the search for the “WHY??”
- Once a suicide survivor, always a suicide survivor
- Never forget to instill hope



# Potential for Disenfranchised Grief

- Grief that is experienced when a loss is not or cannot be:
  - Openly acknowledged
  - Publicly mourned
  - Socially supported



Doka, K (1989). Disenfranchised Grief: Recognizing Hidden Sorrow.

# Potential for Disenfranchised Grief (Cont.)

Disenfranchised grief may occur when the relationship is not recognized (society defines “legitimate” grievers as primarily familial (Doka, 1989))

- Examples of **relationships** NOT recognized:
  - Service buddies
  - Military family
  - Counselors, chaplains, casualty officers
  - Partners, ex-spouses, siblings, fiances

# Potential for Disenfranchised Grief (Cont.)

Disenfranchised grief may occur when the **griever** is NOT recognized (griever not socially defined as capable of grief)

- Examples of **griever** NOT recognized:
  - Young children
  - Mentally disabled individuals
  - Aged individuals

# Disenfranchised grief may occur by virtue of the death circumstances:

## Suicide



Doka, K. (2002). Disenfranchised Grief:  
New Directions, Challenges and Strategies for Practice

# Support Strategies for Suicide Survivors



- Utilize active listening
- Allow the ongoing search for the “WHY??”
  - May get partial answers, may get none
- Assess for suicide potential
  - Thoughts of joining loved one are not uncommon; requires careful assessment
  - Watch for social isolation

# Support Strategies for Suicide Survivors (Cont.)

- Avoid simplistic explanations or clichés
  - “It was her time”
  - “You have to be strong for others”
  - “Only the good die young”
- Respect the pain; you cannot take it away





# Support Strategies for Suicide Survivors (Cont.)

- Recognize the potential for disenfranchised and complicated grief
  - Was the suicide acknowledged as such?
  - Was there some type of service held?
- Encourage survivors not to make major decisions for 6 – 12 months
  - Realistically, this is not possible for many survivors so additional support is needed

# Support Strategies for Suicide Survivors (Cont.)

- Assess carefully for increased drug/alcohol use as a coping mechanism
- Address unfinished business
  - Picture
  - Empty chair
  - Visit to cemetery
  - Letter



# Support Strategies for Suicide Survivors (Cont.)

- Utilize different therapeutic modalities
  - Journaling, blogging
  - Bibliotherapy
  - Support groups
- Be prepared to tolerate a wide range of emotion – flat affect to rage

# Support Strategies for Suicide Survivors (Cont.)

- Recognize that the period immediately after the death may not be the most difficult time
  - 7 – 9 months later reality hits
  - Grief “attacks”
- Recognize that individuals respond to loss differently:
  - Intuitive pattern
  - Instrumental pattern
  - Blended pattern

# Support Strategies for Suicide Survivors (Cont.)

- Life will never be the same but “different” can be OK



# Tasks of Mourning

- To accept the reality of the loss
- To work through the pain of grief
- To adjust to an environment in which the deceased is missing
- To emotionally relocate the deceased and move on with life

Worden, W. (2002). Grief Counseling and Grief Therapy: A Handbook for the Mental Health Professional (3<sup>rd</sup> ed.)

# Importance of Terminology

- Avoid “grief resolution” or “closure”
- Use “integration”
  - “Integrate the loss throughout life”







# Continuing the Bonds

- Transformation of the relationship
  - Internal representation of the deceased individual
  - Allows for renegotiating the meaning of the loss over time
  - Provides a changed but ongoing presence in the inner life of the bereaved

Klass, D., Silverman, P., & Nickman, S. (Eds). (1986). Continuing Bonds: New Understandings of Grief

# In Summary...



*“Our greatest foes,  
and whom we must chiefly combat,  
are within.”*

Cervantes, *Don Quixote*

# Resources

National Survivors of Suicide Day  
November 21, 2009

A day of healing for survivors of suicide loss around the U.S. and the world.

[www.afsp.org](http://www.afsp.org)

click Surviving Suicide Loss

# Resources

**If **you** or someone  
you know is  
in **suicidal crisis**,  
call**

**1-800-273-TALK (8255).**  
National Suicide Prevention Lifeline

# Resources

- American Association of Suicidology (AAS) [www.suicidology.org](http://www.suicidology.org)
- American Foundation for Suicide Prevention (AFSP) [www.afsp.org](http://www.afsp.org)
  - See Survivor research
- Association for Death Education and Counseling (ADEC) [www.adec.org](http://www.adec.org)

# Resources (Cont.)

- National Institute of Mental health (NIH)  
[www.nimh.nih.gov](http://www.nimh.nih.gov)
- American Psychological Association (APA)  
[www.apa.org/practice/militaryresource.html](http://www.apa.org/practice/militaryresource.html)
- Tragedy Assistance Program for Survivors (TAPS) [www.taps.org](http://www.taps.org)

# Resources

## Clinicians/Researchers

### Grief/Pre-Postvention

- Thomas Attig
- Betty Davies
- Kenneth Doka
- Linda Goldman
- Jack Jordan
- Terry Martin
- Robert Neimeyer
- Yuval Neria
- Colin M. Parkes
- Holly Prigerson
- Theresa Rando
- William Worden



# CONTACT INFORMATION

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# In Memoriam

We Remember and pay tribute  
to all who have lost their lives in  
service to America and their  
loved ones...

Please standby for a short video presentation



**For more information and  
resources for support, please  
contact TAPS at 1-800-959-8277 or  
[www.taps.org](http://www.taps.org)**



**QUESTIONS**

# Thank You for Joining Us



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Please join us for our next webinar on July 28, 2009, 12PM-1PM EST featuring: *Brigadier General Loree Sutton, Director of the Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury*