



Suicide Bereavement and Complicated Grief



The Association for Death Education and Counseling® has deemed this program as counting toward the continuing education requirements for the ADEC CT and FT program.



Welcome

Moderator

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Director, Professional Education
Tragedy Assistance Program for Survivors





If you or someone you know may be having thoughts of suicide.



Learning Objectives

- Identify at least four themes in bereavement after suicide.
- Define the difference between grief and complicated mourning.
- Describe common psychological recovery tasks for suicide survivors.
- Identify broad clinical guidelines for work with mourners after a suicide.



Continuing Education Credits

- Certificates of Attendance will be provided for all who attend the entire program and complete the evaluation.
- Please check with your state licensing board for your professional discipline requirements for continuing education.





Approved CE Providers

- **Chaplains:**

The **Association of Professional Chaplains** will accept certificates of attendance for use in reporting continuing education hours.

- **Social Workers:**

This program is approved by the **National Association of Social Workers**, provider # 886505639, for 1.0 continuing education contact hours.



Approved CE Providers

- **Nurses:**

Provider approved by the **California Board of Registered Nursing**, provider # CEP15218, for 1.0 continuing education contact hours.

- **LPC:**

Provider approved Licensed Practical Counselor (LPC) Credits for 1.0 continuing education contact hours through the **Grief, Loss and Life Transitions Graduate Certificate Program, Counseling Department, The George Washington University, Washington, D.C.**



Evaluation

- ALL participants seeking continuing education credits **MUST** fill out the online evaluation within **30 days**.
- You **MUST** provide your state and license number, as well as your email address on your evaluation in order to receive credit. CE certificates will be sent to you via email within 3-7 weeks of completion of the program.
- The evaluation form will appear instantly upon completion the program. The form and can also be found on our website at www.taps.org/professionaleducation once this program is completed.



QUESTIONS TODAY?

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

To Download a Copy of Today's Powerpoint presentation, click on the toolbar to the left of your screen to **PRINT DOCUMENTS** and **VIEW LINKS**



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

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.



U.S. Marine TAPS Mentor Comforting Young Survivor
TAPS Suicide Loss Survivors Conference
San Diego, California 2009



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

or

800-959-TAPS (8277)



Major General and Mrs. Mark Graham Reaching Out to
Other Survivors, TAPS Suicide Loss Survivors Conference
San Diego, California 2009



National Suicide Statistics

Centers for Disease Control- 2006

- More than 33,000 suicides occurred in the U.S. This is the equivalent of 91 suicides per day; 1 suicide every 16 minutes; 10.95 suicides per 100,000 in the population.
- Suicide is the second leading cause of death among 25-34 year olds and the third leading cause of death among 15-24 year olds.
- Among young adults ages 15-24, there are approximately 100-200 suicide attempts for every completed suicide.
- Suicide rates for males are the highest among those aged 75 and older (rate 35.7 per 100,000).



National Suicide Statistics

Centers for Disease Control- 2006

- Women attempt suicide 2-3x more often than men, however, Males take their own lives at nearly 4x the rate of females and represent 79% of all U.S. suicides.
- Firearms are the most common method of suicide among males (56%).
- Poisoning is the most common method of suicide for females (40.3%)

Military Suicide



“More U.S. military personnel have taken their own lives so far in 2009 than have been killed in either the Afghanistan or Iraq war this year.”

“At least 334 members of the military services have completed suicide in 2009. 297 in 2009 have been killed in Afghanistan and 144 have died in Iraq.”

Source:

http://www.congress.org/news/2009/11/25/risk_military_suicides

Military Suicide Statistics -2009



- Army
 - 211
 - 20.2 per 100,000 troops – nearly twice national average of 10.95 per 100,000
- Marines
 - 42 suicides
 - 19.5 per 100,000

Sources: http://www.congress.org/news/2009/11/25/rising_military_suicides

Note: These numbers reflect active duty deaths

Survivors of Suicide Death



“Death by suicide is not a gentle deathbed gathering; it rips apart lives and beliefs, and it sets its survivors on a prolonged and devastating journey” – Dr. Kay Redfield Jamison

Suicide Bereavement

- There are many faces to suicide, but more commonly suicide is experienced as a sudden, often traumatic death.
- Survivors of suicide loss often struggle with stigma related to circumstances leading up to the death as well as the circumstance of the death itself.
- Those bereaved by suicide are at higher risk for suicide (Krysinska, 2003). There are many factors, such as exposure to trauma and complicated grief (Jordan, 2001), and a high correlation of a family history of mental illness and suicide (Krysinska, 2003).

The Ripple of Suicide



For each person who loses their life to suicide, conservative estimates are that 6 persons close to the deceased are affected (American Association of Suicidology, 2009). According to these estimates there are over 2,000 survivors bereaved by a military suicide in 2009 alone.

How do we best help those bereaved by suicide?



The first step is to try and understand the unique complex layers of suicide bereavement.

Expert Presenter



Jack R. Jordan, Ph.D.,

Private Practice Psychologist

Founder and Director of the
Family Loss Project, Boston,
MA.

Co-Author, "After Suicide Loss:
Coping with Your Grief"

Co-Editor, New Book, "Grief
After Suicide"

SUICIDE BEREAVEMENT AND COMPLICATED GRIEF

JOHN R. JORDAN, PH.D.

Pawtucket, RI

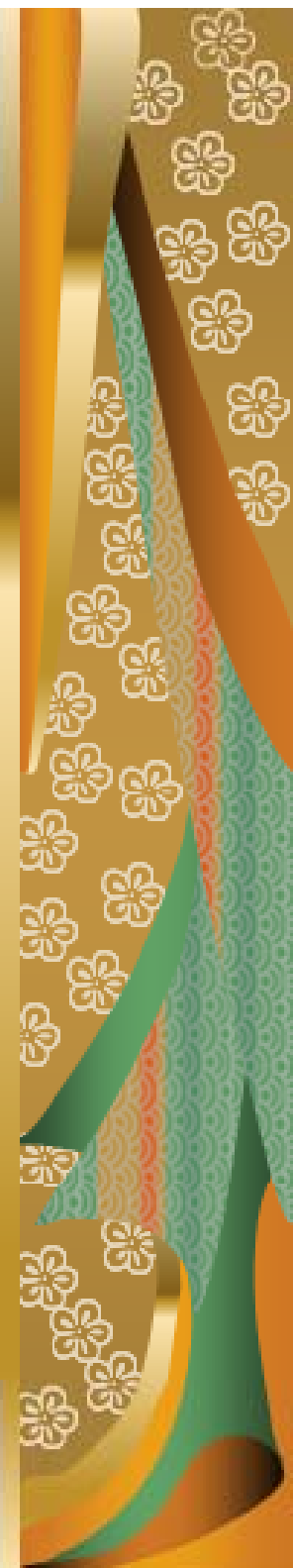
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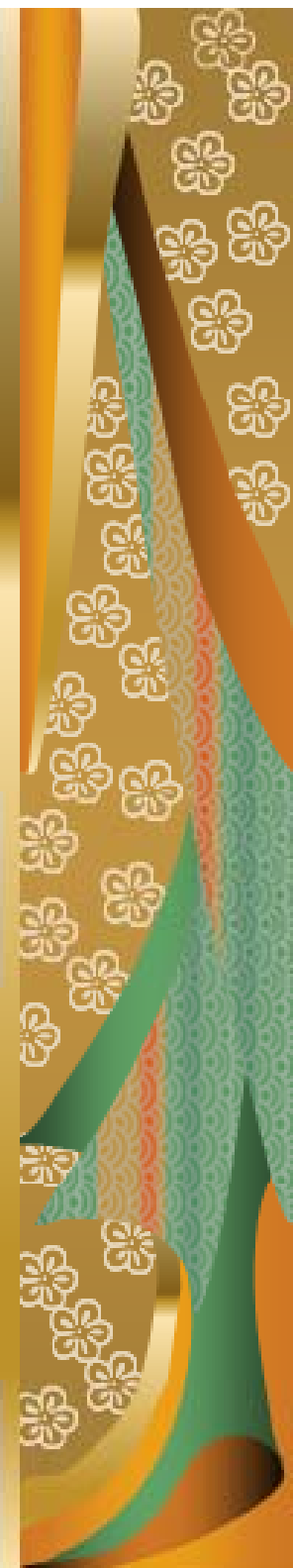
WORKSHOP OVERVIEW

- Introduction
- Understanding the Experience of Suicide Loss
- Recovery Tasks for Survivors
- Guidelines for Clinical Work with Survivors
- Questions



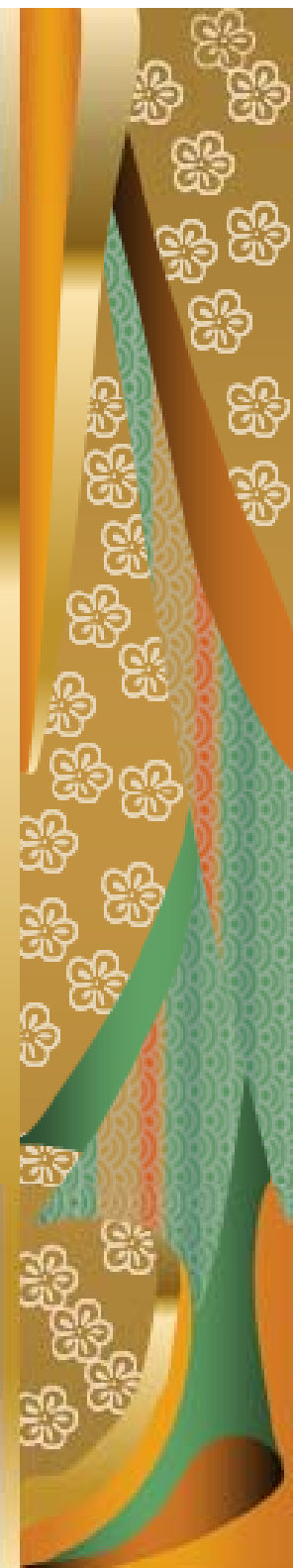
Prominent Themes For Survivors

- WHY? - Making Sense of the Death
- RESPONSIBILITY - Guilt & Blame
- TRAUMA & HELPLESSNESS - Shock & Horror
- ANGER - Rejection & Abandonment
- RELIEF - The End Of Suffering



Prominent Themes For Survivors

- SHAME - Stigma
- SOCIAL DISRUPTION – Isolation & Social Ambiguity
- SUICIDALITY – Why Go On?
- SORROW – Grief & Yearning



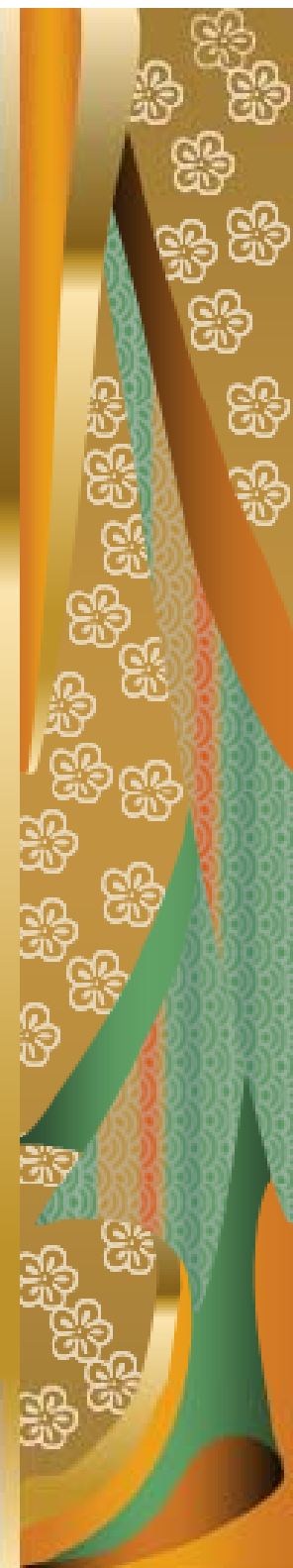
Post-Traumatic Growth After Suicide

■ Changed identity

- Survivor
- Worthy of self-care

■ Changed relations with others

- More priority on relationships
- More expression of love/ affection
- More compassion for others
- Ending dysfunctional relationships



Post-Traumatic Growth After Suicide

■ Changed outlook on life

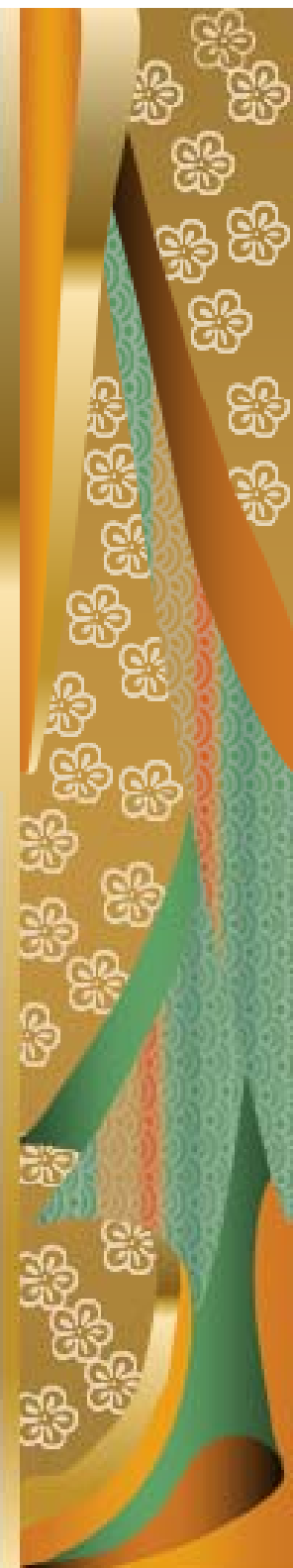
- Purpose – sometimes a new purpose
- Greater appreciation/ gratitude
- Deeper spirituality/faith
- Hope

■ Growth



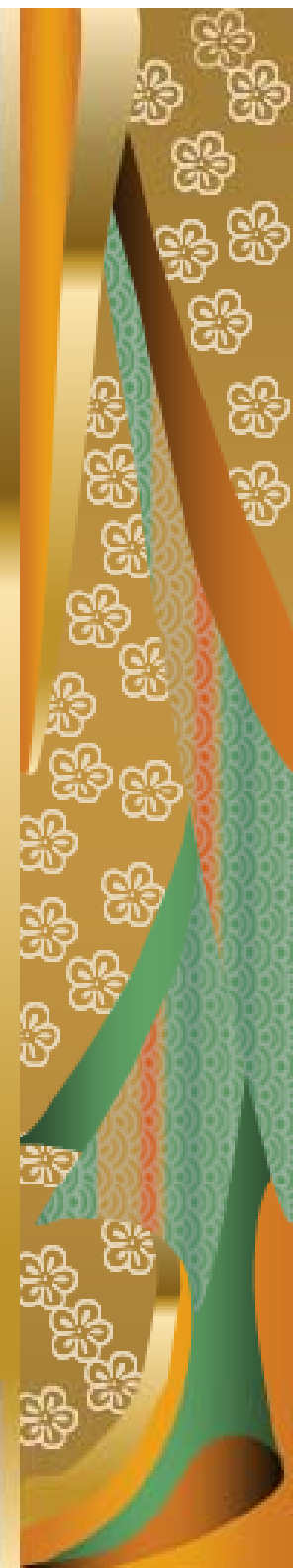
WHAT CAN WE DO TO HELP?

- Recovery Tasks for Survivors
- Summary: Guidelines for Clinical Work with Survivors



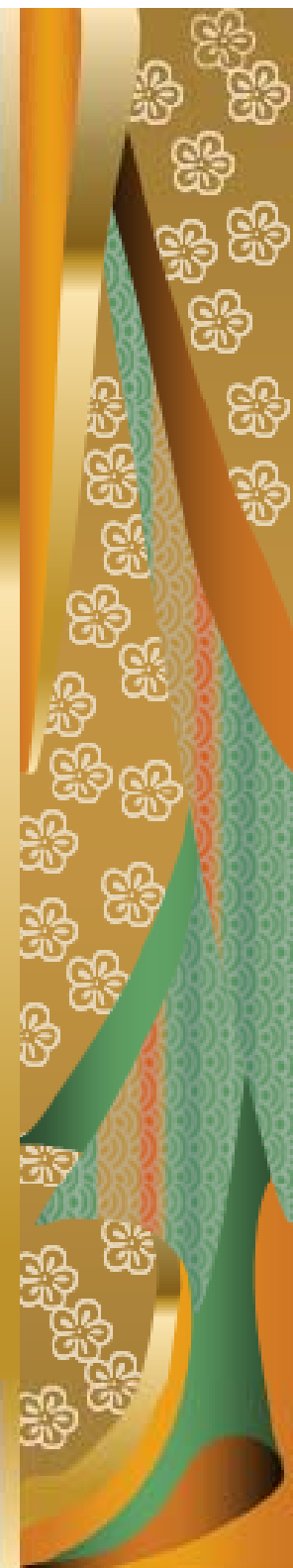
Recovery Tasks of Loss Integration

- Containment of the trauma & restoration of control
 - Bio-rhythms
 - Management of intrusive images, memories
 - Face the horror of the death in a controlled fashion
- Creation of a "narrative" of the suicide - Psychological autopsy
 - To understand the mental state of the deceased
 - Sort out realistic responsibility for the death and develop a realistic perspective about the multiple causes
 - To learn to live with the "blind spot"
- Dosing - Cultivating analgesia and finding sanctuary
 - For traumatic images, memories
 - For "grief pangs" – Dual Process Model of grief



Goals of Postvention & Tasks of Loss Integration

- Learn social management skills
 - Eliciting support from helpful social network
 - Avoiding/managing “toxic” people
- Repair and transformation of the relationship with deceased
 - Dis-identification with the deceased
 - Internalizing positive connection with the deceased
- Develop a “durable biography” of the deceased
 - Cultivating memories from others
 - Honoring the life, not the death
- Reinvestment in living
 - Finding new connections, pathways for the self



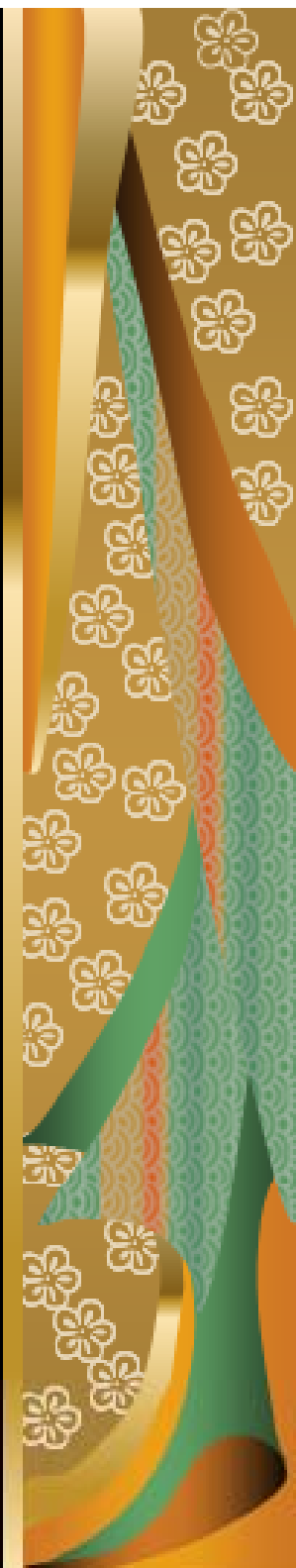
Summary: *Guidelines for Clinical Work with Survivors*

- **Revise Your Assumptions About the Grieving Process & Clinician Role**
 - Duration & intensity of grief
 - Integration not resolution
 - Expert companioning vs. “treatment”
- **Goal = Provide a Safe & Sheltered Context for Doing Griefwork & Learning Coping Skills**
- **Attend to Traumatization**
- **Support Construction of a Narrative**
 - Psychological autopsy/inquest/“trial”
 - “Walk in the shoes of the deceased” – Sands
 - Differentiate the self from the deceased



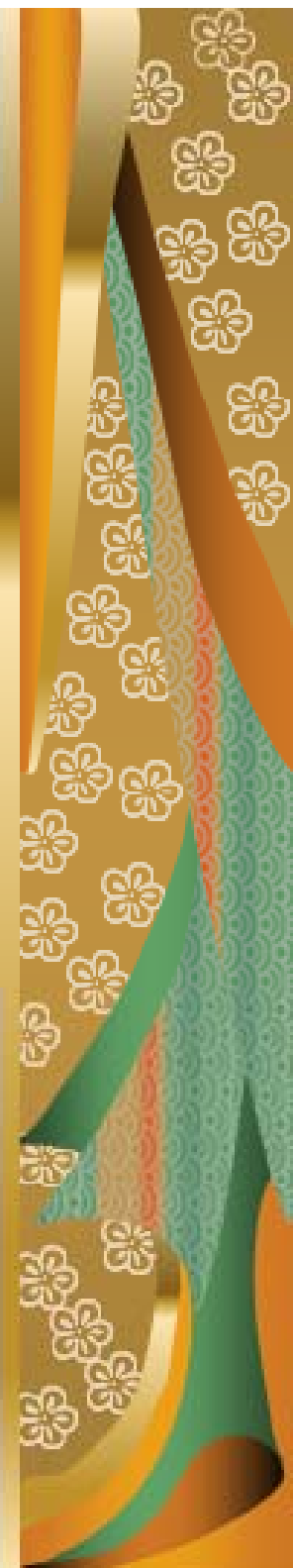
Guidelines for Clinical Work with Survivors

- Help With Learning to “Dose”
 - Confronting the loss
 - Compartmentalizing the loss
 - Validate any form of analgesia that is not destructive
- Address Family & Social Network Issues
- Facilitate Contact With Other Survivors
- Go Slowly With Guilt
- Follow the Principle: *“Don’t Waste Your Grief”*



Three Final Thoughts

- Postvention is Prevention
- It Takes a Village to Prevent Suicide
- It Takes a Village to Journey with a Survivor



John R. Jordan, Ph.D. – Director
E-Mail: jjordan50@aol.com
SURVIVING AFTER SUICIDE LOSS

BEREAVEMENT AFTER SUICIDE:
WALKING THE JOURNEY WITH SURVIVORS
Professional Reading List

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Organizations

- American Association of Suicidology - 4201 Connecticut Ave. NW Suite 408 Washington, D.C. 20008 Telephone 202-237-2280. www.suicidology.org/. A organization of professional clinicians and researchers committed to suicide prevention. Includes a survivor division with list of support groups.
- American Foundation for Suicide Prevention 120 Wall Street – 22nd Floor, New York, NY-10005 Telephone 888-333-2377. www.afsp.org/. AFSP is a non-profit foundation whose mission is to support research and education into the causes and prevention of suicide. The mission is also to provide information and support to suicide survivors. This includes a database of survivors support groups, and an annual Survivors of Suicide teleconference, with viewing sites around the nation.
- National Organization for People of Color Against Suicide, Inc. (NOPCAS) 4715 Sargent Road, NE, Washington, D.C. 20017. Tel. 202-549-6039 www.nopcas.com. An organization of people committed to reducing stigma and increasing awareness about suicide prevention in people of color.
- National Suicide Prevention Lifeline - 1-800-273-TALK (8255) – A national crisis number which is available 24/7, anywhere in the United States. The caller is immediately connected to a local crisis center with people trained to respond to a suicidal individual, or family/friends calling for assistance. Funded by the Substance Abuse and Mental Health Services Administration's Center for Mental Health Services. www.suicidepreventionlifeline.org
- SAVE (Suicide Awareness Voices of Education) - 8120 Penn Ave. S., Suite 470, Bloomington, MN – 55431 – Telephone 952- 946-7998.
- Screening for Mental Health, Inc. One Washington Street, Suite 304 Wellesley Hills, MA 02481. Telephone: 781-239-0071 www.mentalhealthscreening.org. An organization with evidence based psychoeducational programs for primary detection of depression and prevention of suicide for high school, colleges, communities, elder settings, and workplaces.
- Suicide Information & Education Centre (SIEC) #210, 1615 10th Avenue SW – Calgary, Alberta, Canada T3C0J7. Telephone: (403) 245-3900. Largest database and library of information related to suicide in the world. www.siec.ca/
- Suicide Prevention Advocacy Network USA (SPAN USA) 1025 Vermont Avenue, NW, Suite 1200, Washington, D.C. 20005. Telephone 1-888-649-1366 or 202-449-3600. www.spanusa.org/. SPAN is a political advocacy group comprised of survivors, professionals, and political leaders. The mission of SPAN is to help reduce the suicide rate in the United States by advocating for suicide prevention programs among the public, in government, and other social institutions.
- Suicide Prevention Resource Center (SPRC) 877-438-7772 www.sprc.org. A national resource and clearing house for all types of information related to suicide prevention. Provides technical assistance and resources for organizations and communities seeking to establish or strengthen suicide prevention efforts in their area.

**For more information and
resources for support, please
contact TAPS at 1-800-959-8277 or
www.taps.org**



QUESTIONS

Thank You for Joining Us



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Please join us for our next webinar on May 20, 2010, 12PM-1PM EST featuring: Tom Golden, LCSW, *"Men and Grief: The Masculine Side of Healing"* Registration will begin next week: www.taps.org/professionaleducation