POSTVENTION STABILIZATION FOR MILITARY LEADERS AND UNITS AFTER A SUICIDE DEATH

Purpose. The purpose of this document is to provide succinct information based on best practices regarding postvention response for military leaders and unit members coping with a death(s) by suicide.

Intention. Postvention refers to supportive interventions, responses, and services offered immediately after a suicide death, with the primary intention to establish safety, decrease risk, and promote healing among all those exposed to suicide.

Strategy. Research indicates that those exposed to suicide can be at increased risk for suicide, mental health issues, substance use or addiction, and reclusiveness — especially when not offered postvention care. It may be instinctual to implement prevention training following a suicide, but this can actually increase risk because the focus is on issues that may have been missed instead of how and why care should be provided for those impacted by grief, loss, and trauma who now can be at greater risk themselves.

Safe Messaging. Safe language and messaging is critical following a suicide in a unit. Impacted indivudals are closely observing if it is safe to talk about loss, grief, mental health, or even their own thoughts of suicide.

Leaders should be cautious, use non-judgemental language, and talk about suicide as a complex, multi-factored event that may occur when people are suffering with intense psychological pain and cannot perceive options to cope with pain. Leaders should express regret that anyone would feel the helplessness and hopelessness to lead to suicide. It should be emphasized that everyone in the unit is a valuable part of the mission and that each loss is devastating. Support those who are struggling with psychological issues in the same ways you support those struggling with physical injury or illness.

Language tips

Avoid:	Use instead:
• Committed suicide	• Died by suicide
• Failed attempt	• Death by suicide
• Successful suicide	• Took his or her own life
	• Attempted suicide

Postvention Stand Down. TAPS recommends that any unit that has experienced a death by suicide host a "postvention stand down" to stabilize, assess risk, educate, and provide resources. The following example outlines how a stand down might look.

Opening session. All unit personnel should attend, and it should be led by someone in a leadership position who is respected, preferably the unit commander. The purpose of the opening brief is to:

1. **Educate about suicide.** Being armed with a better understanding of why people die by suicide will decrease gossip and misinformation, decrease self-blame for those closely associated with the deceased, and decrease regrets for those who may have seen something but didn't know how to act. Leaders should highlight that suicide is a multi-factor event. It is never the result of just one thing, like a relationship breakup or a job loss or transition.

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2. **Normalize mental health issues.** Compare mental health with physical health. What does your training tell you about treating a physical injury? First, use your skills to treat yourself. If that doesn't work, ask a peer for help. If they can't help, bring in professional care. Get treatment, rehabilitate, and return to duty, if possible. Illness, injury, and hardship are part of the human experience, and we all should expect to face it at some point in life. There is help. There is treatment, and treatment works.
3. **Express regret that you have lost one of your own.** Emphasize that each person and each life is valuable. Ask for each person to take responsibility for his or her own mental and physical health. Ask for them to care enough about each other to share when they are struggling and ask others about their well-being when you see someone else struggling.
4. **Talk about the impact of suicide.** Suicide leaves behind a wake of emotions that may be difficult to navigate. Explain that whatever unit members are feeling is normal, and leadership and peers want to support them in processing these thoughts. Anger, guilt, sadness, shame, frustration, and fear are all common emotions experienced by those exposed to suicide. This event may also elicit or evoke personal experiences with suicide loss or thoughts. Let individuals know you are there for them and that they are likely not alone in these thoughts.
5. **Resources and the way forward.** Talk about all available resources and commit to making sure all unit members have the support and accessibility to use the resources. Increase additional resources and support following this event in order to go forward in a healthy way. Offer small-group facilitation and individual sessions to process experiences and emotions as long as needed. Next, offer small groups as part of today's focus.
6. **A story of hope.** Including a story of hope, inspiration, or resilience can provide a roadmap for help-seeking behaviors and offer reassurance that it is possible to receive help, recover health, and still be successful in one's career. This can be a personal story from the commander or one they are aware of, or when another trusted and regarded service member chooses to speak.

Small Group sessions. The purpose of the group is to offer a safe, trusted space where people will share openly, and can help to identify and stabilize any suicide-specific issues that may interfere with a healthy grief recovery or adjustment back to the workplace; It can also help in identifying those at risk who may need one-to-one assessment and care.

Break into small peer-to-peer groups in order to offer a safe place to process the attempts or suicide death. The group should be led by a chaplain or behavioral health professional. The introduction should include basic rules about confidentiality and sharing. If possible, there should be no more than 15 service members in each group. The facilitator may open the discussion with the group in order to promote peer-to-peer support around the impact of this event. Some sample questions for the group may be:

- "Does anyone have some strong feelings about this event and would like to start?"
- "How has this event impacted you?
- "Are you left with questions or concerns that you would like to bring to the group?"
- "Are there things that the unit can do to help support you right now?"
- "Is there anyone who would like to talk more one to one?"

With the permission of the group, any suggestions or issues of concern should be taken to leadership.

One-to-one sessions. These should be available at the end of the day and should be offered to anyone who needs one or requests to talk privately. Individual sessions should be proactively suggested to those who have been identified as at risk.

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