From Grief to Growth

Healing After a Suicide Loss

Second Edition

A guide for survivors of suicide loss

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ABOUT TAPS

The Tragedy Assistance Program for Survivors (TAPS) offers compassionate care to anyone grieving the death of a loved one who served in the U.S. armed forces. TAPS has also helped thousands of people who are bereaved by suicide (survivors of suicide loss), which is the focus of this guide.

For further reference or to learn more about the TAPS Postvention Model in its full publication, please scan the QR code:



A ROADMAP FOR SURVIVORS

If you are grieving the death of a loved one to suicide, we are saddened to know of your loss. We understand, and we want to walk beside you on this difficult journey.

This guide was written by survivors, for survivors, and will give you a roadmap to guide you on your journey of grief. As you read, please keep in mind that as heartrending, stressful, and isolating as your grief may be...

- You are not alone.
- You can survive this.
- Whatever you are feeling is valid and OK (as long as it is not harmful to yourself or others).
- TAPS is here to walk beside you.


T★A★P★S
Remember the love,
Celebrate the life,
Share the journey

OUR PHILOSOPHY

SUICIDE GRIEF IS DIFFERENT

The grief that one experiences from a suicide loss differs from that of other kinds of loss. Suicide loss brings with it many factors that can make the journey more difficult. You may be feeling a mix of emotions that are conflicting and overwhelming. We know, because we are suicide-loss survivors, too. We assure you that all of these complicating issues are completely normal. This guide will help you address many of them.

AN APPROACH TO HEALING

The intense sorrow and pain that come from a suicide loss can feel overwhelming. You may not know where to start or even how you will survive. At TAPS we have collected information from thousands of survivors and hundreds of professionals to put together a roadmap that will help you navigate this journey. We call it the TAPS Suicide Postvention Model. This model will help you stabilize, grieve, and grow.

HOW IT WORKS

One step at a time...

The primary phases of the model are Stabilization, Grief Work, and Posttraumatic Growth. Stabilization, the most important phase of the model, will help you address key issues as you and your family work to rebuild a solid foundation. This guide focuses mainly on this phase.

Note that Stabilization and this guide are intended not just for new survivors, but all survivors. If your loss was a long time ago, even many years ago, and you are still feeling stuck on certain issues, walking through this guide can help you deal with unresolved problems, confusing emotions, and lingering questions.



STABILIZATION

In the period immediately following the death of a loved one to suicide — the first hours, days, weeks, and months — emotions can be all-consuming, concentration may be hyper-focused on the details of the death, answers may be elusive, and the feeling of grief can be intense and seemingly insurmountable. The goal of Stabilization is to help you navigate the most challenging issues. It is also a time to focus on mental and physical health and safety. Within the Stabilization phase are three tasks that will help you identify the needs to be addressed.

TASK 1.

ATTENDING TO MENTAL WELL-BEING

Losing a loved one to suicide is a devastating and stressful event. It might feel like your world is turned upside down, and you don't know how you will survive. The combination of stress, grief, trauma, and exhaustion can have a negative impact on mental and physical health. During this time, it is very important to pay attention to your mental health, especially if you have pre-existing issues with depression, anxiety, or addiction. If you are having trouble coping with the activities of daily life or experiencing concerning physical symptoms, it might be a good idea to consult with a doctor.

ASSESS FOR RISK

Suicide loss may leave you and your family feeling unstable or unsafe. In fact, when a family member dies by suicide, it can increase risk for all those exposed to the death.

When a loved one dies, some survivors may feel such anguish that they also have thoughts of suicide. Sometimes this may be experienced with passing thoughts that sound like, "I don't care if I wake up," but if those thoughts persist or you have made plans or actions for self-harm or suicide, it is important to talk about this and to seek immediate help. Talking about mental health and suicide is the first step in decreasing risk, staying safe, and feeling better.

If you are concerned for the safety of someone in your family, there are steps you can take to decrease risk and stay safe. The first and perhaps most important is to start talking openly about mental health and suicide. Contrary to popular belief, being open about suicide will not put the idea into the minds of others. If anything, openness can be preventative and may provide an opportunity to save a life.

If you are concerned about a family member, have a conversation about suicide. Since your family has just suffered this tragic loss, you can start the conversation with something like, "I am worried about you, and I never want to lose you. We have to learn from what happened and talk more about our mental health. If you are thinking about suicide, let's talk openly and honestly about it together."

If you are worried about yourself or a family member, including a child, it is critical to talk about it and to get help. TAPS will support you in having these conversations and can connect you to the right resources.

If you or a family member are having thoughts about suicide, try one (or more) of the following:

- Call the National Suicide Prevention Lifeline: 988
- Text the Crisis Text Line at 741-741
- Go to the nearest emergency room
- Contact your doctor or mental health provider
- Call 911
- See page 45 near the back of this guidebook for a Safety Plan template.

CREATE A SAFETY PLAN

To help decrease risk in yourself or a family member who has thoughts of suicide, create a safety plan and a network of support.

- Be honest with your doctor or counselor and work together on a plan to stay safe.
- You may also find some excellent resources online at WITH HELP COMES HOPE. (*lifelineforattemptsurvivors.org/safety-plans)*
- If you need help finding support in building a safety plan, TAPS can help you connect to the appropriate resource.

BE AWARE OF NUMBING BEHAVIORS

Grief after suicide can cause survivors to have thoughts and emotions that are difficult to navigate. It can be easy to fall into the habit of avoiding those emotions by numbing them.

Numbing behavior is something people do to avoid the pain of loss or to cope. Examples include habitually watching television, gaming, shopping, or drinking alcohol and taking drugs. Numbing can prolong grief, leaving it unresolved, and it may emerge stronger at a later time. It is important to pay attention to how often you are engaging in these behaviors and to recognize when they may be interfering with relationships and the activities of daily life.

Bereaved people can be at higher risk for developing addictive behaviors. Addiction can compound your grief and complicate your relationships. If you have a history of addiction, you may be even more vulnerable to slipping back into a pattern of unhealthy coping. There are other, healthier ways to cope with your pain and promote healing.

To determine whether you are engaging in excessive numbing or avoidance behaviors, consider the following questions:

- Do you repeatedly drink, busy yourself, or get "lost" in watching TV, etc., in a way that is directly related to your grief?
- Can you feel yourself being attracted to or pulled toward the numbing behavior whenever the pain of grief starts building or when you begin to feel uncomfortable?
- Does engaging in the behavior ease your discomfort temporarily, but then add other issues to deal with?
- Is the numbing behavior interfering with your ability to work, connect with family, or take care of yourself?

If your answer is "yes" to any of these questions, you might be using numbing behavior that blocks the grief process. Blocking these emotions can be detrimental to your physical and emotional health and impede your healing journey. When you are feeling the need to numb yourself, try alternative, healthier coping skills, such as:

- Take slow deep breaths.
- Pay attention to what you're feeling and where in your body you sense this.

- Let yourself feel the feelings by crying, talking, journaling, running, etc.
- Rest and recover by practicing calming and relaxing activities, such as meditation, having a hot bath, or taking a nap.
- Remind yourself, "I am OK" or "I am safe right now."
- Seek emotional connection and support.

If you are struggling with addictive behavior of any kind, there are resources, like support groups or professional counseling to help you. Numbing behaviors are difficult to cope with alone, and a supportive community can be very helpful. You can learn more by exploring resources at the Substance Abuse and Mental Health Services Administration (*samhsa.gov/find-help/national-helpline)* or at Alcoholics Anonymous (*aa.org/pages/en_US/find-local-aa*).



WANT TO KNOW MORE?

For help with your own addiction issues, these resources are invaluable:
- Alcoholics Anonymous: **www.aa.org**
- Narcotics Anonymous: **www.na.org**

If you are worried about someone else:
- Al-Anon Family Groups: **www.al-anon.org**
- Nar-Anon Family Groups: **www.nar-anon.org**

TASK 2.

DEALING WITH TRAUMA

HOW IS TRAUMA DIFFERENT FROM GRIEF?

Grief and trauma can both be part of profound and tragic loss. But grief and trauma are different. Grief is an expression of love for a person who has died, whereas psychological trauma results from being exposed to a deeply distressing or disturbing experience and losing a sense of safety. Survivors of suicide loss frequently (but not always) experience severe trauma related to the death of their loved ones. It is also common for survivors to have experienced trauma during the period leading up to the death.

While grief is painful, trauma can cause additional symptoms that should be approached separately and differently than grief. After a suicide, many survivors experience troubling thoughts, very intense emotions, and even physical reactions that make them feel something is wrong with them. Both grief and trauma can contribute to this, but symptoms such as agitation, hypervigilance, flashbacks, and nightmares that persist may indicate you are suffering from posttraumatic stress (PTS) related to the trauma. PTS is diagnosed as a disorder (PTSD) when the symptoms are ever present and so severe that they interfere with your ability to function. There are effective treatments for PTSD, so it is important to know the signs and seek help if you are suffering.

POSTTRAUMATIC STRESS DISORDER (PTSD)

This list outlines some of the symptoms of PTSD after suicide loss:

- *Reliving the suicide or having memories that feel "automatic" or intrusive* — Such memories may cause a person to feel the same fear or trauma as when the suicide occurred.
- *Avoiding reminders of the suicide* — A person might feel a strong need to avoid situations or people that are connected to the suicide or purposely avoid talking or thinking about the event.
- *Experiencing markedly decreased interest or participation in significant activities* — This includes feelings of detachment.
- *Feeling agitated, anxious, or on guard* — A person may be inexplicably or contstantly tense or wary of danger, easily angered, or unable to relax (known as hyperarousal).
- *Experiencing extremely negative beliefs and feelings because of the suicide* — A person might view themselves or others pessimistically, suspiciously, or otherwise negatively. These feelings can seem unchangeable or overwhelming.

If you are experiencing any of these symptoms, TAPS can help you connect with treatment alternatives for PTSD.



ANXIETY AND GROUNDING

Whether you have PTSD or anxiety, sudden loss can leave you feeling anxious and overwhelmed. During these times, it might be helpful to try a few exercises that will help you calm down and feel safe. Here are three ways to do this:

1. BREATHING. Slow, deep breaths are one of the most effective ways to calm your nervous system and feel better. Try closing your eyes and taking long deep breaths through your nose and exhaling through your mouth. Continue doing this until you start to feel better.

2. MINDFULNESS. Pay close attention to your five senses. What do you see? What do you hear? What do you feel? What do you smell? What do you taste? You can take deep breaths while you do this. If you find one of the senses more pleasurable than others, focus on that.

3. MANTRA. Sometimes a simple mantra that you repeat to yourself can help calm your nerves. For example, close your eyes, take deep breaths and repeat a simple, yet helpful reminder to yourself such as “I am OK," or "one day at a time."

TASK 3.

COPING WITH SUICIDE-SPECIFIC ISSUES

In addition to the complex emotions associated with losing a loved one to suicide, there are issues unique to grief after suicide loss. In this section we identify some common challenges that many survivors confront. The information we have gathered on each issue and the suggestions we make about how to cope with them come from lived experience, experts in the field, and research.

CONFRONTING A WIDE RANGE OF EMOTIONS

Once you have addressed possible mental health and trauma issues, you may be ready to look at the many emotions and challenges that are impacting your grief. Suicide can leave behind a wave of emotions that are overwhelming and confusing as you grieve the loss of your loved one. Let's take a look at some of those possible emotions and how to cope with them.

Shock

How survivors experience it:

- Psychological shock is a common reaction to an extremely stressful or traumatic event. Some people experience emotional numbness or "brain fog," making it hard to understand or accept what happened. Shock can also impact memory, concentration, and organization, especially right after the loss has occurred.

How you can respond to it:

- Take slow deep breaths. Focus on the present moment.
- Ask for help when you need it and accept help that is offered to you (but only if it is useful to you).
- Seek help from a doctor or mental health professional if feelings of disorientation, disconnectedness, numbness, etc., are constant for more than a few days, trouble you for more than a few weeks, or prevent you from being able to function.

Disbelief

How survivors experience it:

- Disbelief is an emotional defense survivors often experience from the realization that their loved one is physically gone. Disbelief is a way of gradually processing what happened and integrating the reality into one's grief. At times, you might find yourself thinking your loved one is just away on another deployment or that he or she will be home right after work. Maybe you've called their phone just hoping they will pick up. Over time, as you return to the everyday activities of life, the sense of disbelief will likely subside.

How you can respond to it:

- Realize that suicide can be complex and difficult to understand, and it can happen to anyone.
- Consider that your loved one might have been overwhelmed or in pain in ways that will take time for you to fully understand.
- Try slowly acknowledging what has happened and gradually accept the reality of it so you can move forward into active grieving.
- Increase your focus on your grieving and positive memories of your loved one. Decrease your focus on the details of how he or she died.
- Know that some survivors find that when disbelief subsides, emotions can feel stronger. This does not mean you have regressed; just that you might be more aware or more sensitive as you progress in the grieving process.

Shame

How survivors experience it:

- Shame is a painful emotion that comes from the feeling that you did something wrong. Shame may come from one's own internal thoughts or from the external messages of others, like the stigma society sometimes associates with suicide. Similarly, survivors of suicide loss may also experience feelings of embarrassment, disgrace, or humiliation.

How you can respond to it.

- Be gentle with yourself.
- Acknowledge that you did the best you could with the information you had at the time.

- Reassure yourself that the suicide of your loved one was not your fault. Spend more time with people who understand the multiple factors associated with suicide and who can reinforce that you have done nothing wrong.
- Talk openly about suicide and its impact. Connecting with others on this issue may help you realize that you have nothing to be ashamed of. Talking openly can remove some of the stigma and misinformation associated with suicide.

Regret

How survivors experience it:

- Regret is an emotional reaction survivors experience when they reflect on all the "what if" scenarios. Survivors often wonder — even obsess — over what they might have done differently. Survivors may experience this as guilt, but that is not the same as regret. Guilt means purposefully doing something wrong, while regret is more about wishing you'd done something differently in hindsight. Survivors may experience emotions that they incorrectly identify as guilt and therefore feel as if they must pay for their actions. Survivors may also wonder whether different choices they made would have resulted in better outcomes.

How you can respond to it:

- Understand the difference between guilt and regret. Rather than saying things like, "I feel guilty about that," instead reconsider as "I regret that I didn't know about that at the time, or I might have responded differently."
- Include in your assessment of what happened, every factor that might have had a role in the death. Understand that suicide is very complicated.
- Think about your intentions at the time of the death, and take comfort in the fact that you did not purposely do something wrong.
- Accept that you can't prevent what you can't predict, and that you did the best you could with the information you had at the time.
- Ask yourself whether there truly is something you feel bad about that you regret doing or not doing. If there is, you may want to talk about it with someone you trust.

Anger

How survivors experience it:

- Anger is a common and normal reaction to grief. Suicide can make survivors feel as if every part of their lives has been changed without their permission, like everything is out of control. When your basic needs, like trust, safety, or security are compromised, or when you feel abandoned to cope with everything on your own, anger often results. That anger can be directed at many things whether warranted or not. You may be angry at yourself, at your loved ones, at others around you, or at God or a higher power. You may also be angry at factors that contributed to the death or at your life circumstances in general, which you may perceive as unfair.

How you can respond to it:

- Try not to judge your anger as a bad emotion. Accept that anger is one of many emotions that you may feel and that is OK.
- Consider the degree to which the person who died had control over his or her own actions.
- Understand and identify where anger comes from. Anger is often a secondary or substitute emotion, standing in for other feelings, like fear, rejection, vulnerability, or resulting from a lack of control, trust, or safety.
- Find an outlet to safely communicate and express yourself. Seek help from someone, such as a counselor, who can assist you in exploring feelings that might lie beneath the anger. If anger is causing thoughts of harm to yourself or others, it's important to seek immediate assistance from a medical or mental health provider.
- Learn coping skills to help release or defuse anger in effective, safe ways, such as exercising or physical activity, breathing techniques, journaling, taking time-outs, practicing gratitude, or visualizing peaceful and calming scenarios.



Blame

How survivors experience it:

- Blame occurs when survivors believe there has been wrongdoing and someone should be held responsible for certain actions or inactions. Sometimes, this sentiment is based on facts. Other times, it is anchored in perceptions. Blame may be directed at oneself, another person, a group of people, or all of the above.

How you can respond to it:

- Remember that suicide is a multi-factored event. No one thing or person can cause someone to take his or her own life.
- Consider whether blaming someone is worth the risk of losing connection to the memory of your loved one, other living members of your family, or other relationships.
- Consider forgiveness as a way to move away from this negative emotion, and take care of your own well-being.
- Get the proper assistance dealing with any legal or advocacy needs related to investigating the circumstances of your loved one's death. (Consult with TAPS for casework assistance.)

Abandonment or Rejection

How survivors experience it:

- When a loved one dies by suicide, survivors are sometimes left feeling abandoned to deal with life's challenges on their own: financial obligations, raising children, their own health, etc. They may also feel rejected by their loved ones, who they perceive as having chosen to leave. Survivors sometimes question why their love wasn't enough to stop a person from dying by suicide. This sense of abandonment and rejection are not just physical but emotional, especially when there may have been relationship issues, conflicts, secrecy, or deception before the death.

How you can respond to it:

- Remember that suicidal people don't necessarily want to leave their loved ones. In their compromised states of mind, they may not be able to think of another way to end their pain.
- Recognize that a person who is thinking about suicide is in a lot of pain. They may not wish to die, but foresee no other option on how to end their unbearable (psychological and/or physical) pain.
- Understand that the suicidal mind is complicated. Your loved one may have been convinced that everyone would be better off without them.
- Try to focus on the love and connection you had before your loved one began to struggle.
- Remember that your loved one's behavior most likely has nothing to do with his or her love for you.
- Trust that love does not die.

Fear

How survivors experience it:

- Survivors experience fear when things feel out of their control. They wonder how they will get through losing a loved one to suicide and whether they will ever be the same. They ask themselves how they'll manage so many emotions or what will become of them in the absence of their loved ones. You may fear the idea of being alone or what the future holds. You may also view the world as unsafe or dangerous, worrying whether something like your loss will happen again. These thoughts are normal, but it is important to prevent these fears from interfering with your healing or taking over your daily life.

How you can respond to it:

- Focus on your breathing when you feel your anxiety or stress increasing. Take four or five long, deep breaths. Feel your chest rise and fall with each breath.
- Try to identify what you are afraid of and think about it logically. Is this a real danger or is this just anxiety? Talk about your fears with someone you trust.
- Do something calming, such as going for a walk, reading a book, or writing in a journal.
- Talk to family members to balance your fears about their safety.

Relief

How survivors experience it:

- There are times when survivors may feel relieved after the suicide death of a loved one. Some survivors take solace in the idea that their loved one is no longer suffering. Others welcome a new phase in which their own constant worrying has ended. In some cases, survivors are relieved to no longer live in fear of conflict, dysfunction, abuse, violence, or trauma that may have occurred prior to the death. No matter the cause, relief can be confusing and unsettling and ultimately lead to feelings of guilt.

How you can respond to it:

- Accept that, given what you have been through, whatever you are feeling is valid.
- Realize that it is normal to experience the conflicting feelings of profound grief and relief at the same time.
- Give yourself permission to acknowledge the feeling of relief, and know that many people have these feelings when it comes to suicide loss.
- Consider that feelings like gratitude or a sense of freedom from stress or danger are natural.
- Express your conflicting feelings to others. For example, you can say: "Feeling relieved that he is no longer in pain does not change how heartbroken I am or how much I love him."
- Process these issues with a mental health professional trained in trauma recovery for additional help.

Deception and Secrecy

How survivors experience it:

- In addition to coping with grief, a survivor might also discover that his or her loved one kept secrets, engaged in reckless behaviors, or broke trust prior to dying. These revelations often bring with them more emotional distress, like anger or a sense of betrayal. It can also cause survivors to question the relationship and whether they ever really knew their loved one. It's common for survivors to wonder how they could have missed these behaviors. This can lead to feelings of doubt and insecurity in one's instincts and the ability to navigate other relationships. These additional emotional wounds require time and attention to heal. Healing often comes, once again, with understanding the multiple factors that contribute to suicide and the suicidal mind.

How you can respond to it:

- Try to remember that your loved one may not have been thinking clearly for a period of time before his or her death. The combination of severe emotional pain and clouded thinking might have caused him or her to numb, avoid, or escape the pain in destructive ways, such as adultery, promiscuity, drinking, drug use, or gambling, etc.
- Learn more about why people die by suicide and how their brain health may negatively impact their behavior.
- Start to build confidence in your instincts, decision-making, parenting, and relationships by talking to someone you trust and getting feedback.
- Explore how forgiveness can help heal these emotional wounds. Consider forgiving your loved one's behavior as a way of promoting your own healing. For example, think to yourself, "I may never know why you did these things, but I choose to believe you were very sick, and I forgive you."
- Seek the support of a trained mental health provider if these emotions persist and interfere with establishing and maintaining relationships.

THE HARDEST QUESTION: "WHY?"

The most asked — and most troubling — question for people mourning a death by suicide is *why*. Understanding a little bit more about suicide and the suicidal mind might help ease your burden.

Psychological Causes of Suicide

Experts agree that in most cases, people kill themselves because they are overwhelmed by mental or emotional pain. They believe the cause of their pain is unfixable and therefore everlasting. The pain becomes unbearable. In the end, they mistakenly conclude that the only thing that will end that pain is death.

One of the pioneers of suicide prevention in America, Dr. Edwin Shneidman, called the pain that causes suicide "psychache." From the suffering person's point of view, psychache is pain that is "unbearable, intolerable, unacceptable."

Scientific research also shows that for many people who die by suicide, impaired psychological functioning is a contributing factor in their deaths. Depression, bipolar disorder, anxiety, posttraumatic stress disorder (PTSD), alcoholism, and drug addiction are among the psychological conditions known to contribute to suicide. Each of these conditions can interfere with a person's ability to think clearly, can distort a person's perception of reality, and can cause him or her to lose control of decisions and actions.

The Interpersonal Theory of Suicide

A theory developed by another expert on suicide, Dr. Thomas Joiner, states that three conditions must be present for a person to die by suicide:

- An increased feeling of burdensomeness
- A decreased sense of belongingness
- A sense of fearlessness that makes one capable of causing serious bodily injury to one's self

It is usually only people's perceptions of reality that "tell" them they are a burden to others and that they do not belong; but perceptions can cause powerful and painful feelings. These feelings can be amplified in military culture, where there is strong pressure for service members never to be a burden and always be a contributing member of the team.

If depression, PTSD, traumatic brain injury, or addiction worsens those feelings, a person's pain may become unbearable, and the desire to escape from the situation can become overwhelming.

According to Joiner's theory, another component that must be present for suicide to occur is increased fearlessness around dying and the resulting capability to cause bodily injury to oneself. This is also problematic because service members are trained to overcome physical and emotional challenges by constantly pushing through pain. Joiner calls this "desensitization," which greatly increases a person's risk for suicide.

WANT TO KNOW MORE?

To learn more about the psychological causes of suicide, helpful books to read are *The Suicidal Mind* by Dr. Edwin Shneidman, published by Oxford University Press, and *Why People Die by Suicide* by Dr. Thomas Joiner, published by Harvard University Press.

The capability to harm oneself is also complicated in the military by the fact that service members usually have ready access to weapons and are trained to use lethal force when needed.

Suicide is Complex

Finally, it is important to remember that the vast majority of suicides are caused by multiple factors. Suicide is a very complicated action, and it is usually accurate to say that no single cause is exclusively responsible for a person's suicide. Instead, there can be many contributing issues such as: illness, injury, stress, trauma, and loss.

The "why" of suicide is like a puzzle: When your loved one died, it was as if the puzzle pieces were thrown onto the floor and scattered in every direction. It will take time and help from others to find as many of the pieces as you can — but you might never find them all.

By validating emotions, exploring these questions, and gaining some deeper understanding, there may come a time when you feel you have enough information and can come to some new sense of peace.

TALKING TO YOUR CHILDREN ABOUT SUICIDE

Trying to figure out how to help your children survive a loss to suicide can feel overwhelming and scary. Survivors are often given conflicting information and may have family members who disagree on what and how to tell children about the event. The information below has been gathered from leading experts in the field and from countless suicide-loss survivors who have successfully nurtured children through this grief journey.

When a family loses a loved one to suicide, the family's very foundation can be shattered. Children will be looking to their parents and caregivers for information on what has happened and how the family will survive. How that foundation is rebuilt at this moment is extremely important. It will be the groundwork for a health-promoting grief journey and set expectations for how the family will stabilize, connect, and communicate going forward.

Trust, honesty, and love are the core values that help a family heal after a death by suicide. You know your child best, so please consider the following information and make the best decisions based on your family's needs.


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Consider Children's Stages of Development

How you help a child with grief depends on the child's age, psychological and emotional development, and level of maturity. Each child will grieve differently, so it is very important to take into account how each child views and responds to death at different stages.

If you talk simultaneously to siblings of different ages, the conversation must be at a level suitable for the youngest child, which means that the older children will need some focused time with you to have their specific needs addressed. There are some key developmental milestones to keep in mind:

Toddler (age 2-4). At this age, children believe the world revolves around them. They think death is reversible and that their loved one can come back. Give reassurance to toddlers that they are safe, provide clarity on what death means, and offer options for comfort, such as hugs or safe physical touch.

Young child (age 4-7). Children may still not understand that death is permanent. They may think they can bring the person back. Explaining what death means and discussing family beliefs about the afterlife can soothe them. At this age, they are practicing independence and may need to balance this with receiving comfort.

Preteen (age 7-11). Children at this age begin to understand that death is permanent and may have more questions about what happened. Offer honest, simple explanations with reinforcement that the death was not the child's fault.

Teen (age 11-18). Teens develop abstract, logical thinking and are more capable of talking about suicide. Encourage communication on the topic and encourage expression of feelings, and try to allow choices.

Children should be informed with details about biological death in a manner that is appropriate for their stage of development:

- All living things die at some point in time — plants, animals, flowers, trees, and people.
- Death is caused by physical reasons; it is not a punishment, and it is not the result of weakness in a person's character.
- Death ends all life functions; the body does not work anymore.
- Death is irreversible; the person's body functions cannot be restored.
- All living things die, but as a family, we are going to do the best we can to take care of ourselves physically and psychologically so we can live as long as possible.

Guidelines for Talking to Children About Suicide

- Tell children the truth about suicide. This important conversation can be difficult and is sometimes avoided at the time of death because adults often feel unprepared and unsure of what or how much to say. Know that it is never too late to start the coversation.
- Prepare yourself, and be very thoughtful and intentional with your words. Focus on listening.
- Have conversations in a quiet, private place.
- Begin any discussion about death or suicide by asking the child what he or she already knows about the issue you are planning to discuss.
- Allow the child to express his or her personal story of events, and be curious and affirming about the child's view of the death.
- Talk to the child in the context of what he or she is already saying or doing. Be sensitive to the child's signals in case he or she needs information and reassurance about a particular issue.
- Be curious about what is happening in the child's world. Ask open-ended questions (questions that generate an explanation or a story rather than a "yes" or "no" answer).
- Expect younger children to think the person who has died will come back or that the person is alive, but in some other place. Use comparisons the child is familiar with to talk about death — for instance, the death of a pet.
- Be prepared to discuss and answer repetitive questions. Know this is normal for children, so be patient and sensitive to how children process information in the event you need to repeat conversations.

- Ask about the child's feelings and his or her understanding of what is being discussed as the conversation unfolds.
- Judge how much to say and how to say it based on the child's reactions.
- Tell the truth in simple terms, keeping in mind the child's age and emotional development. Examples are:
  - "Your dad was suffering from his time in the war. He was in so much emotional pain that he couldn't think of us or how we would feel. His pain was so great, he lost hope that he would ever feel better, and he made his body stop working."
  - "Your brother had a lot of pain in his brain, and he made his body stop working."
  - "Your mom was suffering with something called depression. This is a disease in the brain that can cause sadness and confusion, and makes it hard to think and solve problems clearly."
  - "I am not sure why your brother died this way, but the report says he died by suicide. Suicide is a complicated event, and, as a family, we may or may not get a better understanding of what led to this. I promise to let you know if I gain more understanding."
- Address only the specific issues the child asks about, using very straightforward explanations. Do not overload them or give them more details than they are ready to process.
- Reinforce that the child is not at fault and that death by suicide is not a form of punishment.
- Share aspects of your own grief and ways of coping with the death that are age-appropriate for the child. For example, it is OK, even recommended, that children see you cry sometimes.
- Share basic information, but avoid graphic details or descriptions of the event if a child asks about details surrounding the death.
- Reinforce the importance of talking about mental health, especially thoughts of suicide. With a family history of suicide, it is critical to talk openly about mental health concerns, especially thoughts, plans, or behaviors associated with suicide. Being proactive around this topic is preventative in nature and will model good communication skills as well as help-seeking behaviors if or when a child may struggle with these issues.
- Reassure the child that he or she can ask any question at any time and that you will do your best to answer.

Meeting the Needs of Grieving Children

The most important needs of bereaved children are outlined below, along with suggestions for meeting each one. The suggestions don't apply to all ages, but many of them can be modified to help children of different ages.

The need for structure, security, and safety:

- Try to maintain routines, limits, expectations, consistency, and a sense of stability, as best you can.
- Offer children reassurance that you are going to care for them and take very good care of yourself.
- Let children (especially younger children) know when you will return if you must depart for a significant amount of time.
- Talk to your child about how you can be reached (e.g., phone, text, video chat, etc.) and identify another adult or two who will be in contact with you if needed any time you are going to be away.
- Try to give the child simple choices to increase their sense of control.
- Discuss changes in the family with the child, and work together to develop solutions to problems.
- Avoid being judgmental or punishing, and try to understand what is causing the child's behavior.

The need for advocacy:

The following apply to the child's school and other social groups to which he or she belongs:

- Help children come up with phrases they're comfortable with and rehearse them. Give permission for them to say, "I don't want to talk about it right now."
- Meet with school personnel and come up with a plan on how to best support each child. Remember that each child grieves differently and may need an individual plan.
- Provide teachers and other professionals involved with your child with information and resources that aid them in helping the child. This includes, but is not limited to, administration, guidance counselors, school psychologists, behavioral specialists, special education providers, coaches, and tutors, etc.
- Ask to be notified of any issues that arise.
- Include the child in appropriate decision-making.


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The need for mourning and remembering:

- Use pictures, clothing, mementos, and stories to remember and talk about the person who died.
- Include children in family and religious rituals and occasions intended for mourning and memorializing. Honor their choices about participating.
- Find ways to include the memory and presence of the deceased in milestone rituals (graduation, weddings, etc.)
- Work to build new memories while honoring the old ones.
- Know that what may work for one child might not work for another. Offer unique options for each, depending on the age and developmental phase of the child(ren).

The need to be children:

- Encourage all kinds of normal activities (drawing, reading, playing, art, music, dance, etc.). It is normal for kids to take a break from grief and spend time playing.
- Encourage recreational and social activities, and engage the child in decision-making about his or her participation.
- Discourage children from taking on adult responsibilities, despite messages from outside opinions or social pressures, such as "you're the man of the house now."
- Do not be alarmed if a child's reactions to what happened are recreated in the child's play, drawing, storytelling, etc. Even if these creations seem troubling, support the child in expressing it and be interested in the content. (Contact a children's grief counselor or other expert if you are concerned.)

FAMILY DYNAMICS

Challenges or discord within a family are not unusual after a death by suicide. Military culture may complicate this because of the limited time that extended family members have spent together. They may not have had time to build trust or ways of communicating and solving problems. As the family struggles to understand how the suicide could have happened, it is easy to blame one another or unintentionally hurt each other's feelings. Intense feelings or misunderstandings about why suicide happens can hamper effective communication and problem-solving. It is very important for families to stay connected and to find ways to communicate effectively with each other.

WANT TO KNOW MORE?

For additional information about how to help children through their grief, a wonderful resource is the National Alliance for Children's Grief. Find child bereavement support at nacg.org/find-support

Here are some observations about the nature of grief that might help you and your family work together in the aftermath of suicide:

Grief will likely unfold differently for each person. Even though family members care deeply about one another, individuals commonly deal with emotional pain in ways that are all their own. One person may want to return to work within a day or two after the funeral, while another believes doing so is disrespectful to the deceased. One person may be greatly comforted by his or her belief in God and an afterlife, while another questions his or her faith because of the suicide.

Profound grief can be expressed outwardly or inwardly. One person may experience grief just as deeply as another, even if one of them shows his or her feelings and the other is silent. One person may repeatedly look through photos and reminisce, while another is anxious about doing so or even resists sharing memories of the deceased. One person may feel that attending a support group is very helpful, while another doesn't see how a support group could be helpful and prefers not to attend.

Everyone in the family is likely hurting at the same time and may also be emotionally vulnerable. One person may need physical affection and closeness, but the other cannot readily provide it. One person may want to talk about his or her daily struggles with grief, but the other may be unable to tolerate conversations about the pain of loss. It is important to remember that every grief journey is different. There is no right or wrong way to grieve. Encourage family members to share how they are feeling and ask directly for what they need.

It is common for family members to be angry with each other or even blame one another following a suicide. Suicide is complicated, and many factors contribute to the event. Very often, especially in military families, extended family members may not know each other well because they live in separate states. Each member has his or her own perspective on



what happened to their loved one. This can lead to misunderstandings and directing blame at one another. If family discord is a challenge for you, it might be helpful to bring in a third party, such as a faith leader, counselor, family therapist, or TAPS staff to help you talk to one another. Open communication early on can help avoid additional relationship losses. (TAPS staff can help you connect with a counselor or locate a professional to help with communication in your family.)

HOW TO DISCUSS SUICIDE OPENLY

It can be challenging for a family to talk about a loved one's death by suicide. In fact, for some, it is even difficult to say the word "suicide" out loud.

You may fear that your loved one will be remembered for how they died instead of how they lived and served. Suicide is often misunderstood, and this can cause people to respond negatively out of ignorance and fear. It can be helpful to reconsider suicide as not being an intentionally selfish or spiteful act, and not due to weakness or lack of moral character. Rather, it is due to a person being overwhelmed with emotional and psychological pain.

This is your grief journey. You have a right to privacy and the right to choose with whom, when, where, how, and what you share about your loss and your family.

Many survivors of suicide loss find that it is helpful to start by talking to other suicide-loss survivors. This can help you feel more comfortable when discussing your loss and reassure you that you are not alone on your journey. TAPS can connect you with a peer who would be glad to talk with you.

Additionally, families who talk to each other about suicide can develop a greater understanding of how to support one another. Sometimes it helps to think about what you want to say about the death of your loved one. Remember that what you share may be different depending on who you are talking to, the setting you are in, and your mood that day.

The following are some suggestions.

What to Say

If you are comfortable talking about your loved one's death by suicide, you may find that doing so negates some of the stigma or shame surrounding it. Consider the following statements:

- "My loved one died by suicide after a courageous struggle with depression."
- "I believe PTSD was a major reason my loved one died by suicide, and I am devastated by the fact that he did not get the help he needed to make it through his pain."
- "Suicide took my loved one away from me, even though she was getting all the help she could, and I just don't understand how that could be."
- "My loved one died by suicide, which means it could happen to anyone because he was a good, loving, caring man. I am going to miss him forever."
- "After his last deployment, my loved one was never the same, and he killed himself."
- "She had been coping with mental health struggles and died by suicide."
- "We just didn't know what he was going through."

How to Respond

People may ask you personal or prying questions about your loved one's death. Consider the following responses:

- "I appreciate you trying to help, but I am just not ready to talk about it."
- "I think that question is too personal. That's just not the sort of thing I want to talk about."
- "These things you're asking are very upsetting to me. I just need to mourn my loss and not have to answer questions like that."
- "My family and I are going through a terrible tragedy, and it is very painful for me to talk about what happened."
- "My loved one died of a mental illness, and that is truly no different than when someone dies of a physical illness."
- "I really don't need any advice. I just need to know that you care about me."
- "I don't want to talk about how my loved one died. I want to talk about how he lived."
- "It's just too hard for me to talk about any of this right now. Please excuse me."
- "There's nothing wrong with me breaking down or getting angry or going off by myself; I'm heartbroken and my feelings are very raw."

SPIRITUAL AND RELIGIOUS CHALLENGES

Suffering the loss of a loved one to suicide is a uniquely painful experience that can stir up deep feelings about spiritual matters, especially when one is very religious. Some survivors encounter people, including members of their own faith communities, who relay messages about suicide that are deeply hurtful. Teachings about suicide being a sinful, criminal, or selfish act can cause us to worry whether our loved ones are at peace and can negatively impact how we memorialize them. Additionally, you may have grown up hearing these negative messages, making them even more difficult to dismiss.

TAPS has learned a great deal on this topic by working closely with faith leaders. Many faith communities began talking about suicide as a sin, not because of religious teachings, but in an attempt at prevention. The truth is that modern science views death by suicide as a result of people experiencing unbearable psychological pain and mistakenly concluding that killing themselves is the only way to end their suffering. Most modern religions have adopted this view — that those who die by suicide are suffering, not sinful. Furthermore, most faith communities believe that those who die by suicide should be embraced in the same manner as any other cause of death.

Nevertheless, losing a loved one to suicide can cause survivors to question their faith. Questions like, "Why did God let this happen?" or "Why were my prayers not enough?" are common for suicide-loss survivors. If this is part of your struggle, it may help to reach out to a faith leader who understands this challenge. Find someone you trust and tell them how you honestly feel. They may be able to help you navigate your emotions and resolve some of your fears. There are many understanding and loving faith communities that can support you during this difficult time.

If you are not feeling supported or are hearing hurtful messages about your loved one, consider connecting with a new community. If you need help finding a faith leader, there are a few resources to help you. Get a recommendation from a peer who has a supportive faith community or call TAPS to be connected with more resources.

MURDER-SUICIDE

If you lost a loved one (or loved ones) to suicide in a murder-suicide (also sometimes referred to as "homicide-suicide") event, TAPS can support you. This tragic scenario may also be more formally referred to as "dyadic deaths", where a homicide(s) was (were) followed by a suicide(s). Although murder-suicide is rare, TAPS supports a peer group with this experience. When your loved one dies by suicide but also takes someone else's life, your grief can be compounded by a complex mix of other emotions and issues. Here are a few examples that TAPS survivors have shared:

The "why" is even more complicated

Just as we may never know exactly why someone dies by suicide, murder can be similarly elusive. Researchers and experts tell us that in most cases, a murder-suicide starts with a person being suicidal and then moves to a distorted view of how to solve a problem or ease suffering. Thomas Joiner explains in his book, *The Perversion of Virtue,* the complex mindset of someone who dies by suicide. In most cases, mental illness, addiction, and narrowed thinking contribute to this traumatic event. It is common that people who die by suicide are suffering and coping with mental health issues.

Fractured families and relationships

Due to the nature of murder-suicide, where one person may be viewed as the victim and the other as the perpetrator, it's common for families to struggle with relationships following the deaths. Unfortunately, this can lead to splintered relationships and ruptured family systems — additional losses to grieve. If your family is having trouble supporting and communicating with one another after this loss, TAPS can connect you to professional help and resources. A counselor, faith leader, or mediator can help you stay connected to your family and resolve conflicts.

Loss of military honors, burial, and benefits

The shame and guilt survivors feel can be exacerbated by the military's regulations regarding death and crime. Sometimes honors are removed and benefits to survivors can cease, which can add to a survivor's fears



WANT TO KNOW MORE?

To learn more about the mindset of a suicide victim, a helpful book is *The Perversion of Virtue* by Dr. Thomas Joiner, published by Oxford University Press.

that their loved one will be remembered only by the final moments of his or her life, rather than a long life of service, sacrifice, and love. Understanding more about the nature of murder-suicide may help you move away from that moment in time and start to reconnect with the life and love.

When the murder overshadows the suicide

Cases of murder-suicide usually contain deep complexities that can be lost or muddled by the ways in which media and society depict these tragedies. For example, it is common for the murder to overshadow the suicide almost entirely, leading survivors to feel intense shame or guilt. Some survivors may even feel they don't deserve the right to grieve the suicide loss in light of the larger circumstances. Survivors who experience these feelings should know they are not alone. To manage these feelings, survivors might try to focus their thoughts on how their loved ones lived, not the manner in which they died. Again, TAPS programs, services, and peer support can help guide you through this.

MEDIA AND NEWS

Telling your story in public forums, such as newspapers, magazines, television, radio, or blog posts, should be given more thought and consideration than when sharing with family friends and helpers. When sharing your story publicly, it is important to consider strategy, safety, self-care, and family. In any high-profile or very public death, it is common for the news media to want to talk to surviving family members, and this is often true for suicide. Giving an interview during this time may be tempting since you may want to tell "your side of the story," say something good about your loved one, or highlight an issue that you think contributed to your loved one's death.

In most cases, TAPS recommends that you take some time before you talk to reporters or go public with your story. Over time you will gather more information and gain insight into the multiple factors that contribute to suicide. With this new information you might gain a different perspective and change your goals for speaking publicly. Additionally, news outlets have their own agendas and goals. As a new, vulnerable survivor, you might end up inadvertently endorsing or supporting an idea that you later regret. Remember that once a story is out there, it is out there for good. With hindsight and reflection, you may wish you had waited.

Another important consideration in telling your story publicly is the wishes of other family members. It is common for family members to disagree about what details they want out in the public, especially early on. Taking time to talk with one another about these preferences and finding ways to compromise on public sharing can decrease tension in families and help avoid conflict.

Speaking publicly about suicide can also decrease or increase risk for those who are struggling. It's OK to share your story with family, peers, counselors, etc., but when it goes out to the public, it is important to think of the message you deliver. When you are ready, TAPS can help you tell your story in a safe and strategic way. The National Action Alliance Guidelines for telling your own story is also helpful:



The National Action Alliance Guidelines

"DOING SOMETHING"...WHEN THE TIME IS RIGHT

It may be very tempting to quickly begin "doing something" about the loss you are grieving, like getting involved in prevention and advocacy efforts or trying to hold someone responsible for the death. Suicide can leave us with complex emotions that may propel us into action. There are many lessons learned, problems that have been identified, and things that need to be changed. It may be easier to focus on those issues rather than the intense pain of losing your loved one to suicide. However, it is important to be careful not to immerse yourself in activity and ignore your grief.

At TAPS we understand the need to do something positive in memory of your loved one. We understand that it is important to use what you have learned to save lives. However, we also know that you must set a healthy foundation for your grief and your family. This might mean taking some time to stabilize suicide-loss specific issues and integrate grief into your life before you take an active role in education and advocacy. It can be helpful to focus on a healthy balance between grief, advocacy, and daily life activities. Doing so can help address social, emotional, physical psychological, and spirtual needs.

TAPS has a team of dedicated peer professionals here to help you navigate this. The TAPS Suicide Postvention team is committed to elevating survivors' voices in hopes of making a positive change in honor and memory of our loved ones.



INTEGRATING GRIEF INTO YOUR LIFE

MOVING AWAY FROM THE CAUSE OF DEATH

It is very common for survivors to worry about and focus on how their loved ones died, and be consumed by thoughts of the days and moments leading up to the death. There are so many unanswered questions and traumatic issues related to that moment that it can be difficult to pull your thoughts away. After you have stabilized key issues, processed grief, and learned more about the complexity of suicide, there is often a decrease in the intense focus around the specifics of the death and a shift toward your future and life ahead. Perhaps you are now considering personal reflections such as, "I did the best I could with the information and resources I had at the time." This will allow you to start remembering the life lived and the love you shared. If this is difficult for you, you may want to get help from a peer or counselor to support you in the process.

FINDING A GRIEF RHYTHM

Sometimes grief comes in waves. Other times, it builds until it feels like it's just under the surface, ready to erupt. No matter how grief manifests itself, the intensity of emotions can feel overwhelming to the point that you may spend a lot of time trying to avoid these "grief bursts." Sometimes it can emerge as anger or irritability. Identifying these emotions and having a plan for how to manage them can give you a sense of control and decrease anxiety. One approach is to find a "grief rhythm" that works for you. Think of this as a way to get into a routine to positively manage your grief, to get your emotions in sync with a pattern of effective coping skills. Understanding the rhythms associated with your grieving needs can help you manage emotions, get through significant or challenging days, and adjust to your loss in a healthier way.

The following are some ideas on how to embrace those waves and create a grief rhythm:

BEFORE.

Sometimes we know that strong feelings of grief are coming. Instead of pushing them down or avoiding them, it can be helpful to find a safe place to grieve and let yourself feel and express it. Identifying these intense or overwhelming emotions as grief bursts and having a plan to manage them can decrease anxiety and help you navigate your daily routine.

There are things you can do to prepare for those times:

- Explain to those around you that you might occasionally experience a burst of grief and need support. For example: "There may be times in the day when I need 10 to 15 minutes to grieve privately," or "Sometimes my grief just hits me, and it would be helpful if you could sit with me when that happens."
- Have a plan for a safe place to go to when you have a grief burst. For example: "When I am at work I will go to the empty office or a supportive co-worker's office to let it all out," or "At the grocery store I will go to my car, have a good cry and return, if I am able."

DURING.

In the middle of an intense grief burst:

- Take long, deep breaths. Understand that these emotions will come and go.
- Allow yourself to express your feelings; know it is OK to cry in the shower or to need a physical outlet, such as walking, to help release emotions.
- Be open to other ways of calming and expressing your emotions, like exercise, art, writing, listening to music, breathing exercises, singing, etc.
- Practice visualization, such as identifying the emotional pain you feel when you inhale, then imagining it leaving your body as you exhale.
- Wrap your arms around yourself, hold yourself tightly by your shoulders, and rock yourself gently.

AFTER.

Once the intense grief subsides, take steps to recover from it:

- Do something that comforts you. For example: Have a cup of tea, listen to music, go for a walk, or take a nap or long bath.
- Share with others (family, friends, other suicide-loss survivors) what you have tried to do to get through a painful time.
- Reflect on your pain as a natural element of grieving the death of your loved one, making statements to yourself like, "This hurts because I miss my son," or "My pain comes from my sorrow and my love."

Establishing your grief rhythm can help you and your family approach your day feeling a little bit more in control and supported by those around you. Keep in mind that each person experiences grief differently and may need a unique plan to find the support they need. It can be very helpful for families to share with one another their individual experiences of grief and communicate what kind of support they need from each other.

STAYING CONNECTED TO YOUR LOVED ONE

Whatever your spiritual beliefs are, know that love never dies and that the relationship with your loved one can continue. If you choose, part of your journey can be about maintaining a connection with your loved one. Keeping a relationship with your loved one doesn't mean that you are stuck in your grief or you are not moving forward with your life. It simply means that it's possible to work on healing while still honoring the life and memory of your loved one. It is equally important to remember to give time and attention to the other living people in your life. Consider the following suggestions as ways to stay connected to your loved one:

- Have conversations with them.
- Write them letters.
- Keep their photos on display.
- Include them in holidays and special events.
- Use their counsel, influence, and advice.
- Discuss them with people who haven't met them.
- Think about how they might be proud of you.
- Work on a project in their memory.

- Preserve and share things they created.
- Tell stories about them.
- Learn a skill or hobby they valued.
- Travel to places they loved or wanted to visit.
- Maintain a memorial website or social media page in their honor.
- Carry with you a keepsake or memento of them.
- Eat foods or enjoy entertainment that they loved.
- Be open to feeling their presence.





AN OPPORTUNITY FOR GROWTH

When you lose a loved one to suicide, it is devastating to you and your family, and it can cause you to view and experience the world in a different way. Researchers Tedeschi and Calhoun (1996) introduced a concept called Posttraumatic Growth (PTG), which identifies five areas of possible growth after trauma. The five areas are: a new appreciation for life, relationships with others, new possibilities in life, personal strength, and spiritual change. Many TAPS suicide-loss survivors share how they have been able to experience PTG since receiving support after the death of their loved ones.

A good example of this is becoming a Peer Mentor and using what you have learned about your journey to help others. Another is realizing that you are stronger than you thought. Yet another is simply gaining a stronger appreciation for the little things in life. The TAPS Suicide Postvention Model is designed to help you and your family not only survive this tragic loss, but find new meaning and purpose in your life in honor and memory of your loved one. No matter where you are in your loss journey, TAPS is here to connect you with programs and services that can support your healing and growth.

ADDITIONAL RESOURCES

TAPS provides a range of additional resources you may benefit from.

- For suicide-loss support, visit us at: **taps.org/suicide**.
- For other TAPS services, like Casework or Education Assistance, Grief Counseling Connections, and more, please call us at **202-588-8277** or visit us online at **taps.org/resources**.
- Finally, there are many other resources provided by TAPS partners. You can find some of those at **taps.org/additionalresources**.

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(2021) TAPS Suicide Postvention Model™:
A comprehensive framework of healing and growth, Death Studies,
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The Centene Charitable Foundation was founded in 2004 with the goal of investing in programs and services that are innovative and capture Centene Corporation's focus on holistic wellness. The TAPS Suicide Postvention Model™ exemplifies that goal. This model, developed over a decade and a half by the Tragedy Assistance Program for Survivors, is a best-practice, three-phase approach to care for suicide-bereaved military families. The model has helped thousands of survivors confront their grief, while encouraging healing and growth.

The Centene Charitable Foundation, along with its wholly owned subsidiary, Health Net Federal Services, is proud to sponsor this guidebook, which is intended for anyone grieving the loss of a loved one to suicide. *From Grief to Growth: Healing After a Suicide Loss* provides a roadmap through grief that begins with stabilization, then promotes healing, and helps loved ones gain strength, understanding, and meaning. We hope it will help you, too.

Second Edition: © 2024 by TAPS and adapted from the TAPS Suicide Postvention Model™

SAFETY PLAN STRATEGIES

Safety Plans work. This template can be used to create a "safe plan" to help keep you and your environment safe during challenging times of heightened or strong emotions, increased stress, or with thoughts of suicide.

1. Write 3 indicators, warning signs, or feelings that a crisis may be developing.

_____

_____

_____

2. Write 3 internal coping skills to help you cope or shift your thinking away from the problem(s).

_____

_____

_____

3. Who/What are 3 people and/or places that provide a safe distraction? (Write names/places and phone numbers)

Name/place _____ Phone _____

Name/place _____ Phone _____

Name/place _____ Phone _____

4. Who can you talk to for support or ask for help? (Write names and phone numbers)

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

5. Professionals, agencies, or facilities you can contact before or during a crisis:

Doctor _____ Phone _____

Therapist/Clinician _____ Phone _____

Local Urgent Care/Mobile Crisis Unit/Emergency Room Name _____

Address _____ Phone _____

Call or text for free, 24/7 at **988**, Veterans press 1; or live chat at **988lifeline.org**. Other Hotline Phone _____

6. Write a plan with options to make your environment secure or safer. (Write at least 2 things)

_____

_____

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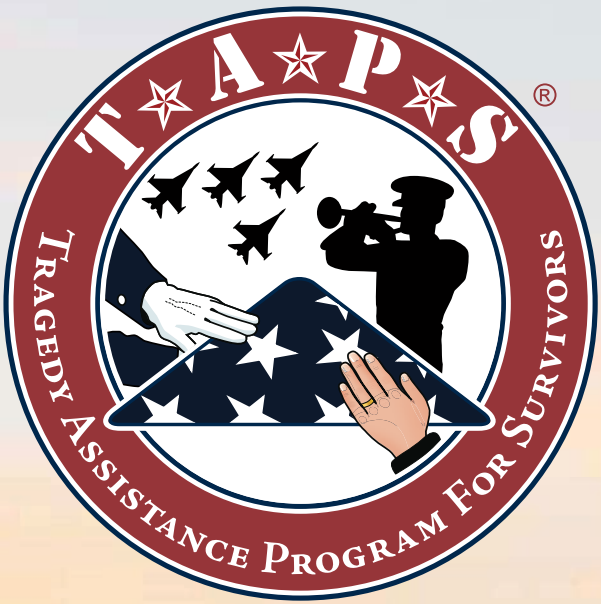
988 SUICIDE & CRISIS LIFELINE



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