A MANAGER'S GUIDE TO SUICIDE POSTVENTION IN THE WORKPLACE

10 ACTION STEPS FOR DEALING WITH THE AFTERMATH OF A SUICIDE

BY

THE WORKPLACE POSTVENTION TASK FORCE
OF THE AMERICAN ASSOCIATION OF SUICIDOLOGY

AND

THE WORKPLACE TASK FORCE OF THE NATIONAL
ACTION ALLIANCE FOR SUICIDE PREVENTION

In partnership with the Carson J Spencer Foundation
and Crisis Care Network

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A MANAGER'S GUIDE TO SUICIDE POSTVENTION IN THE WORKPLACE:
10 Action Steps for Dealing with the Aftermath of Suicide

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A MANAGER'S GUIDE TO SUICIDE POSTVENTION IN THE WORKPLACE

10 ACTION STEPS FOR DEALING WITH THE AFTERMATH OF A SUICIDE[1]

WHAT IS POSTVENTION?

Postvention is psychological first aid, crisis intervention, and other support offered after a suicide to affected individuals or the workplace as a whole to alleviate possible negative effects of the event.[2] A suicide death of an employee is only one type of suicide that could affect the workplace. The suicide death of clients, vendors, or a family member of an employee can also have a profound impact.

Managers play the following critical roles in setting the tone for how the rest of the workplace will respond to a suicide:

1 First, managers need to approach the situation with compassion for the bereaved. Public and private communications need to reflect a respectful tone of empathy and support and offer permission for people to take care of themselves.

2 Second, managers need to listen carefully to the needs of various employees, as these may differ from employee to employee. Some workers who are more distant acquaintances of the decedent might be able to return to work very quickly, while others may need more time to adjust to the loss. Workers might need to vent anger, guilt, sadness, and/or other emotions, and thus, a structured group session might be helpful in increasing coping and support. Having counseling staff with coping resources on hand during such group sessions might be useful if future referrals need to be made to support groups and professional mental health services.

Further, some workers may express their psychological reactions to the death verbally, while others might express their reactions behaviorally, as in showing excessive absenteeism or "presenteeism". Managers need to be attentive to all forms of communication and document when problematic for the workplace. Some accommodations may be warranted given the undue stress to members of the workplace, but usually standards of workplace behavior and accountability can be maintained while providing this level of support.

3 Third, managers should take the lead in applying corporate Human Resource (HR) policies designed to help surviving family members with practical matters. This behavior will model for others that it is alright to reach out beyond the confines of the work environment to help.

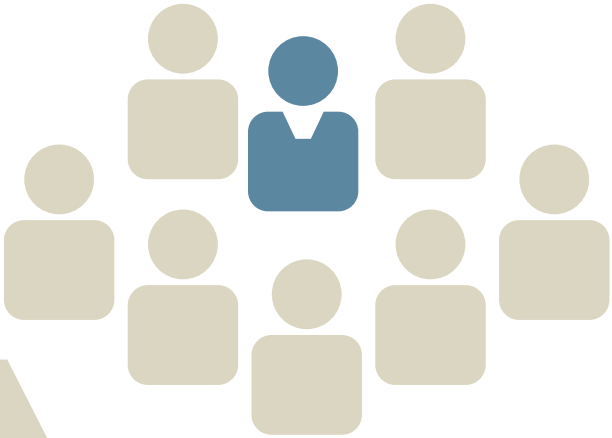
(con't.)

[1] These guidelines are not meant to represent standards of care, nor are they intended to be considered as advice, consultation or to replace appropriate medical or mental health care.

[2] Adapted from Smith, Rivero, & Cimini. (2010, June 8). *Postvention as a Prevention Tool: Developing a Comprehensive Postvention Response for Your Campus.* A webinar of the Suicide Prevention Resource Center. http://www.sprc.org/news-events/events/postvention-prevention-tool-developing-comprehensive-postventionresponse-your-ca

4 Fourth, managers should recognize their unique role. On one hand, they may be impacted by the tragic loss and in need of support, while on the other hand they may be the targets of anger and blame by other employees.

5 Finally, managers should be sensitive to anniversaries, notable events (e.g. holiday parties, traditions the deceased always enjoyed, achieving a milestone of a project to which the deceased contributed), and other major dates that might trigger reactions from staff and during which it might be appropriate to acknowledge again the loss of that person's presence.



The box below highlights the 10 Action Steps that will assist with the above-mentioned roles and goals of the manager.

10 Action Steps for Dealing with the Aftermath of a Suicide

IMMEDIATE: Acute Phase

1. **Coordinate:** Contain the crisis.
2. **Notify:** Protect and respect the privacy rights of the deceased employee and their loved ones during death notification.
3. **Communicate:** Reduce the potential for contagion.
4. **Support:** Offer practical assistance to family.

SHORT-TERM: Recovery Phase

5. **Link:** Identify and link impacted employees to additional support resources and refer those most affected to professional mental health services.
6. **Comfort:** Support, comfort, and promote healthy grieving of the employees who have been impacted by the loss.
7. **Restore:** Restore equilibrium and optimal functioning in the workplace.
8. **Lead:** Build and sustain trust and confidence in organizational leadership.

☑ Demonstrating leadership in times of crisis is always an opportunity to build trust, confidence, and workplace cohesiveness.

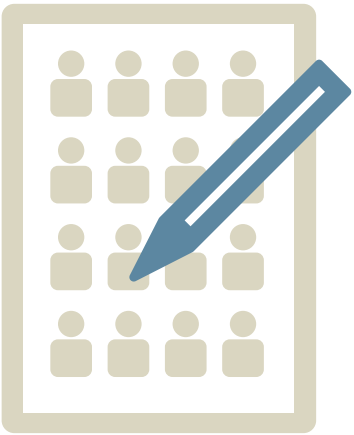
LONGER-TERM: Reconstructing Phase

9. **Honor:** Prepare for anniversary reactions and other milestone dates.
10. **Sustain:** Transition postvention to suicide prevention.

IMMEDIATE: ACUTE PHASE

Coordinate: Contain the Crisis

One of the highest priorities for managers in a suicide postvention response, like any critical incident, is to contain the crisis. The initial response of any organization often sets the tone for what is to follow. Upon discovery of the body of a suspected suicide on worksite property, law enforcement should be contacted immediately. As happens in all cases of non-natural deaths, the scene is first treated by police as a crime scene, thus all unauthorized people should be kept away from the body and site. Do not disturb the scene until you have received permission from the appropriate law enforcement authorities. Comply with all requests from law enforcement as they conduct their investigation. In many cases, law enforcement personnel work with victim advocates to notify next of kin in the event of a suicide. Depending on the circumstances, a representative from the workplace might consider accompanying the victim advocate when contacting the family. When notifying the next of kin, dignity and professionalism are essential, but this does not mean you need to restrain yourself from expressing appropriate emotions. Use the person's name and work with the victim advocate to answer questions for the family while avoiding unnecessary traumatizing details if possible.



If the death by suicide of an employee occurs outside of the workplace setting, management may be notified by a relative, friend, or public safety officer. The relative or friend may not have all the facts about the death, may not know for sure the cause of death, or may ask that it not be revealed that it was a death by suicide. Leadership is advised to carefully coordinate employee communication in consultation with their HR management and policies and procedures, and not make any official statements until the death has been confirmed by law enforcement, medical examiner, or immediate family member.

CHECKLIST:

- ☑ Identify main point person to coordinate all postvention efforts and related communication.
- ☑ Contract for professional clean up (after the investigation is completed) if required by a suicide in the workplace.
- ☑ Contact victims assistance.
  Review flow chart progression of postvention phases (see pg. 17).

Notify: Protect the Privacy of the Deceased

When the deceased employee's loved ones ask that the death not be disclosed as a suicide, leadership may not be able to assure complete secrecy for a couple of reasons. If information has already spread though informal communications, leadership runs the risk of appearing disingenuous, out-of-touch, and untrustworthy if there is no acknowledgement of the manner[3] of death. Also, in many states the manner of death, even when it is worded as "cause of death is being withheld by family" is public information, as it may appear on the death certificate as such. Therefore, leaders can promise they will do what they

[3] Suicide is actually a manner of death, but the cause (e.g. by blunt force trauma) is often confused with manner (e.g. by suicide by fall).

can to maintain confidentially, understanding that some elements are not in their control. Additional guidance from HR, if available, will help managers handle this sensitive topic with the family.

CHECKLIST:

- ☑ Distribute death notification memo to staff (see samples on pg. 13-15).

Communicate: Dispel Rumors and Reduce Potential Contagion

In the aftermath of a suicide, some vulnerable individuals in the workplace may be at risk for responding to the suicide by attempting their own suicide. This is also known as a contagion effect. In other words, the death by suicide of a co-worker may trigger suicidal thoughts and feelings in some already vulnerable individuals, and may increase their risk for copy-cat behavior. The reasons for contagion are many. For example, the death, particularly of an executive or perceived leader, may instill a loss of hope (e.g. "If he could not deal with his problems, given all he had going for him, what chance do I have?"); or, corporate and media attention to the death may offer just what the vulnerable person lacks and desires (e.g. a sense of importance and value, even though that attention could not be appreciated by a deceased person).

Given how prevalent suicidal thoughts are at any given time, a larger workplace might find that at the time of a suicide death several other people might simultaneously experience suicidal distress and may be at risk for an attempt. This domino effect of suicide can be very disruptive to a workplace. Management can minimize the potential for contagion by setting an appropriately respectful tone when acknowledging and communicating about the employee death. Alternatively, when a culture acknowledges or memorializes a suicide death in a dramatic or sensational manner or focuses too much on the detailed means of death, there is an increased risk that some vulnerable individuals will imitate the behavior. For some suggestions on how to honor a person who died by suicide and minimize contagion, please refer to: http://www.sprc.org/sites/sprc.org/files/library/aftersuicide.pdf

One of the most challenging elements in an effective suicide postvention response in the workplace is for leadership to accurately, respectfully, and carefully communicate the information regarding the death of an employee. Occasionally, the death by suicide in the workplace setting involves other employees as witnesses. In these cases, information about the suicide death may spread quickly, especially in an era of rapid information exchange that occurs via texting, social media, and the like. Leaders should be aware that even before any official company announcement, there may already be a great deal of inaccurate information circulating within the workplace. Timely and accurate information briefs can help dispel rumors.

CHECKLIST:

- ☑ Review safe messaging guidelines for external and internal communication strategies and media recommendations for reporting on suicide for help developing public communications plans: http://reportingonsuicide.org/Recommendations2012.pdf or http://www.sprc.org/sites/sprc.org/files/library/SafeMessagingrevised.pdf
- ☑ Develop an internal communication plan to document what is and is not known and what to say if the family does not want the cause of death revealed (see template at end of these guidelines on pg. 14).
- ☑ Develop an external communication plan that identifies a spokesperson and draft a statement for the media (see template at end of these guidelines on pg. 15).

Support: Offer Organized and Practical Assistance

Usually, in the immediate aftermath of a suicide, people affected by the suicide often do not need counseling, but rather practical assistance to help them get through their day. While family members and co-workers who were closest to the deceased are usually profoundly affected, the impact of suicide often spreads to many other areas of an organization and may include clients, vendors, previous co-workers, mentors, and so on. Additionally, colleagues wishing to support the bereaved are often looking for ways to help.

The main coordinator of the postvention effort can ask the bereaved family if the following support would be useful and assign volunteers to assist:

CHECKLIST:

- ☑ Bring easy-to-heat and nutritious frozen meals to grieving family.
- ☑ Offer the family of the deceased assistance by packing up the personal belongings at the workplace and bringing them by the home. Always call ahead to be sure the family will be there when you deliver the items.
- ☑ Ask the bereaved person or family what can be done to help and, when possible, make arrangements to provide the support. Some common supports that help are:
  - Keep a list of phone calls, visitors, and people who bring food and gifts
  - Organize the mail (e.g. bills, cards, newspaper notices)
  - Offer to make calls to people they wish to notify
  - Help with errands (e.g. childcare, house-sitting, lawn care, laundry)

SHORT-TERM: Recovery Phase

Link: Identify and link affected employees to additional support resources including mental health services.

As they plan their postvention response, managers need to be aware that for a smaller subset of people, a more profound emotional reaction might result in response to the suicide: complicated grief, trauma reaction, and even suicidal ideation. As such, managers will need to make crisis counseling and Employee Assistance Program (EAP) services readily available and easy to access, while they also create a culture that promotes and supports help-seeking behavior and allows employees to disclose their needs and seek services confidentially. Be mindful that there may be certain individual employees the managers will want to connect with intentionally and encourage to participate in the available support resources. Participation in these support services in the workplace must always be voluntary; yet, it is reasonable to believe that most employees will respond positively when managers express their care and offer tangible and meaningful support. Many organizations have as an operating policy that leadership consults with their EAP in the immediate aftermath of a suicide or another critical incident, to determine the most appropriate response. There is no "one–size-fits-all" approach, and every response needs to be tailored to the specifics of that work group situation and culture, as well as to each individual affected.

If your organization does not have an EAP, you should contact your local mental health center to see if they have mental health service providers that can assist you in the aftermath of a crisis.

- To find a mental health treatment facility near to you visit: http://findtreatment.samhsa.gov/MHTreatmentLocator/faces/quickSearch.jspx
- To find a therapist in your area visit: http://www.helppro.com/

When designing a customized response, many factors should be considered. For example, managers should consider: circles of impact (e.g., work teammates, close work friends, direct reports), nature of the work (e.g., school setting or healthcare setting), demographics of impacted employees (e.g., younger and/or new employees versus senior and/or tenured employees; differences in faith perspectives/spiritual practices), workplace schedules, productivity demands, and proximity to other critical incidents.

The response plan will often include arranging for a specifically trained, behavioral health professional to be available in the workplace for some period of time to:

1. Consult with and support management in what is often a fluid/unfolding situation
2. Play a role in formal communication to the employees on issues such as the availability of support services, normalizing reactions, and psycho-education on self-care and recovery
3. Meet with affected employees individually and in small groups depending on the workplace situation and employee preferences, to help facilitate resiliency and recovery
4. Encourage those experiencing complicated grief or trauma reactions to follow through with additional support resources as available, especially the EAP and other professional community mental health resources
5. Be available for triage of safety needs of acutely affected employees

Experience and research[4] show that most people who experience tremendous loss and hardship show remarkable resiliency and either return to previous levels of functioning after a period of adjustment or even grow from the experience. Thus, managers can expect that the great majority of employees will recover from the suicide death and other similar critical incidents rather quickly, especially when they stay connected to support systems, reach out to trusted others, take care of their bodies with good nutrition, proper rest, moderate exercise, and hydration, and mentally coach themselves to be patient and compassionate with themselves while they recover and heal.

There are, however, some individuals who may be especially vulnerable to complications in their healing and recovery process. This could be because they are already going through major stressors in their lives, their support system is dysfunctional, they have ongoing emotional or behavioral health vulnerabilities, or they have some suicide history. These issues may be largely unknown or invisible to those in the workplace, or may have been only rumored, but these individuals especially could benefit from connecting with a behavioral health professional to help guide their recovery.

Another important consideration in a death by suicide is the ever-present but unanswerable "Why (did this happen)?" question that may linger on in some minds. Managers and even crisis support counselors are unlikely to be able to to answer this question satisfactorily, nor should they try. This question is quite often linked to one's spiritual beliefs, worldview or faith tradition, and it is usually better to acknowledge that this is a normal question and encourage the person to talk it through with their religious mentor, supportive family/friends or a mental health professional.

[4] Mancini, A. & Bonanno, G. (2009). Predictors and Parameters of Resilience to Loss: Toward an Individual Differences Model. *Journal of Personality, 77* (6) 1805–1832.

Typically, a behavioral health professional who is part of the crisis response team in the workplace will be watchful for more affected or vulnerable employees and will then encourage them to follow through with their EAP services. In some cases, the behavioral health professional can even support the employee in making that initial call for help, which for some individuals can be very difficult, possibly even an obstacle.

CHECKLIST:

- ☑ Contact EAP to develop customized response (e.g., grief counseling, education, and community counseling resources).
- ☑ Compile and promote a list of suicide bereavement-specific support resources:
  - Suicide bereavement support groups for adults and children
  - Support group directory: http://www.suicidology.org/suicide-survivors/suicide-loss-survivors
  - Reference guide of resources: https://sites.google.com/a/personalgriefcoach.com/suicidegriefsupport/
  - Website by survivors for survivors: http://www.allianceofhope.org/
  - Stories from the front lines: http://www.suicidefindinghope.com/
  - On-line message board for families and friends: http://health.groups.yahoo.com/group/ffofsuicides/
  - National Suicide Prevention Lifeline: 1-800-273-8255 (TALK)

Comfort: Support and Promote Healthy Grieving

Grief is a highly complex but normal and natural human response to the death of a loved one. When the death is sudden, unexpected, and potentially traumatic, as in a death by suicide, the grief process can become complicated by blame, guilt, shame, and anger. Sometimes managers may feel uncertain about how best to support their team in the aftermath of suicide, and either over- or underreact. The best strategy is to consider what are the common practices and policies for dealing with other forms of bereavement, trauma, or health issues and start there in figuring out how best to proceed. Any deviation from these practices could be seen as stigmatizing by staff (e.g. "Why is this death being treated differently than any other?").

> *During the initial acute phase, it may be very difficult for some people to maintain focus and be productive.*

Managers do not need to be experts on grief, but it is helpful to know that grieving is a process that varies from individual to individual. During the initial acute phase, it may be very difficult for some people to maintain focus and be productive. However, after the first couple of days, most people will long for things to get "back to normal" and will find a way to continue grieving while simultaneously taking care of their other responsibilities. This process may be different if the deceased was an immediate family member, as moving through the initial acute phase may be more painful and complicated, and may require some lifestyle changes as well.

If the family chooses to have a private mourning activity or if the service is held out of state, co-workers are often left to grieve without the closure that a funeral or memorial can often provide. Under these circumstances, it might benefit the workplace to gather to honor the deceased on or off-site to let co-workers express their grief, share memories to celebrate the life that was lived, and gain closure (refer to http://www.sprc.org/sites/sprc.org/files/library/aftersuicide.pdf). When the death is by suicide, often the emotional responses are amplified and the remembrance service can become very instrumental in promoting healing.

Managers can help support this natural grieving and healing process by:

1. Being aware of what types of workplace productivity concessions may be made the first couple of days (time off, lightened duties, funeral attendance, etc.)
2. Managing by walking around. In other words, being visible and checking in with employees.
3. Helping find the right balance between commemorating the deceased, but not memorializing the death in a dramatic or glorified fashion
4. Being a role model for healthy grieving as well. It's okay for managers to acknowledge their own feelings regarding the loss of a colleague, and possibly even speak to their own coping strategies.

CHECKLIST:

- ☑ Participate in mourning activities (e.g., funerals, memorial services, etc.).
- ☑ Instead of enshrining the desk or other workspace, suggest to co-workers that they help create a memory album or quilt for the bereaved family or make a donation to a charity the appreciated by the deceased (or the deceased's family).

Restore: Re-establish Workplace Equilibrium and Optimal Functioning

As managers and leaders in the workplace, it's important never to lose sight of the fact that it is part of a manager's responsibility to stabilize the workplace and restore functioning. Ultimately, things need to get back to normal, even if that means a new normal.

Managers have the very challenging task of balancing the need to care for and support affected employees, making sure that important work gets done and customers are served. Furthermore managers need to hold to a critical balance of feeling the impact of the trauma themselves and taking care of their own healing and recovery needs – a challenging, if not daunting, task.

Managers should not isolate or be the "lone ranger" at these times. Rather, they would be wise to consult with HR and their own supervisor to clarify the policies and boundaries of flexibility regarding accommodating employee needs and any changes in workloads or deadlines.

CHECKLIST:

- ☑ Develop a return-to-work schedule for those most profoundly impacted.
  Conduct peer supervision with other managers to evaluate postvention process.

Lead: Reinforce and Build Trust in Organizational Leadership

Leadership in times of crisis is always an opportunity to reinforce and build trust, confidence, and workplace cohesiveness. When done well, employees will feel cared about, supported, and secure in the knowledge that leadership is both compassionate and competent. Feeling cared about and supported in the immediate aftermath of a traumatic event is hugely important in the healing and recovery process. The positive outcomes of this response can contribute to an overall stronger, more cohesive, engaged and productive workplace culture.

The **ACT MODEL**[5] is a structured process for leaders to help facilitate individual and organizational recovery:

Acknowledge the trauma, positioning leaders as also affected by the tragedy

Communicate compassion and competence

Transition workforce by setting an expectation of recovery and resiliency and helping workforce achieve "new normal" and prevention mindset

As we know, the converse is also true. If leadership fails to respond wisely and sensitively to a suicide death impacting the workplace, there will inevitably be at least some loss of trust and confidence. Ensuring fear from employees might result – either management did not care or did not know what to do, so they did nothing – and the overall impact of the traumatic event is magnified. One way to establish trust is for leaders to acknowledge how they have been personally affected by the loss.

CHECKLIST:

- ☑ Leadership provides personalized, reassuring communication helping team transition from crisis to healing.

LONGER-TERM: Reconstructing Phase

Honor: Prepare for Reactions to Anniversaries, Events, and Milestones

For those most deeply affected by the suicide, anniversary or milestone reactions might emerge. Because of the complicated nature of suicide, a small subset of the workforce may be still struggling with the experience months after most others have moved on. For example, for many people, the death anniversary might bring up sad or traumatic memories or milestone events like the completion of a big work project; or the annual work picnic or holiday event might remind people of the "empty chair". In preparation for this, managers might consider pulling together those who are directly impacted to decide if there is way to honor the loss and celebrate the life that was lived while following safe memorialization practices (e.g., not glamourizing or romanticizing the death, not erecting a permanent structure, giving people safe space to remember but not re-live). This may be done privately for those who wish to participate and should only be considered for the full workforce if this would be a common practice for other forms of loss.

[5] VandePol, B. (2003). *The High Cost of Workplace Trauma: Leading Employees Through Crisis*. Retrieved from: http://corp.crisiscare.com/system/images/2010-06/2003_The_High_Cost_of_Workplace_Trauma.pdf

CHECKLIST:

- ☑ Convene group most affected to see if honoring the loss around the anniversary or milestone event would be appreciated and follow safe memorialization practices supported by research (see http://www.sprc.org/sites/sprc.org/files/library/aftersuicide.pdf).

Sustain: Transition from Postvention to Prevention

After a workplace has been affected by a suicide, managers sometimes think that their work is finished once the crisis has past. Instead, one of the most important things managers can do is transition the team from suicide postvention to suicide prevention strategies. Suicide prevention strategies are usually employed before suicidal behavior emerges and are often offered to all employees (for example, promotion of the National Suicide Prevention Lifeline 1-800-273-8255) or to a group of employees that might be at higher risk (for example, a group that might be facing relocation or downsizing). Suicide intervention usually occurs when suicidal thoughts or behavior have emerged and someone is linking an individual to care. A comprehensive approach looks beyond one or two strategies, and uses a multi-pronged, and coordinated system of strategies that addresses suicide risk from proactive prevention to intervention to postvention.

Comprehensive suicide prevention for workplaces exist (http://www.WorkingMinds.org) and comprehensive prevention planning that can be tailored for workplaces and other settings is also available (http://www.sprc.org/basics/about-suicide-prevention).

In addition, several low-cost, high-impact tactics are accessible to managers. For example, training employees in suicide prevention gatekeeper models that teach employees how to recognize and respond to signs of suicide risk in their coworkers (for more information on gatekeeper training, see "Choosing and Implementing a Suicide Prevention Gatekeeper Training Program" available at http://training.sprc.org, which is complimented with "The Gatekeeper Training Implementation Support System (GTISS)" available at http://gatekeeperaction.org.

In addition, employing an annual depression screening as part of ongoing health and wellness initiatives (see http://www.mentalhealthscreening.org/programs/workplace). Still, other employees might be motivated to make meaning out of their loss by volunteering for suicide prevention efforts or participating in suicide awareness community events.

CHECKLIST:

- ☑ Review comprehensive approach to suicide prevention for next steps:
  http://workingminds.org/airforce.html
  or http://actionallianceforsuicideprevention.org/task-force/workplace/cspp

- ☑ Investigate state and local suicide prevention efforts for volunteer opportunities (visit http://www.sprc.org/states).

SAMPLE INTERNAL NOTIFICATION MEMO
[WHEN CAUSE OF DEATH REVEALED]

Date:

To: Staff

From: [Name of CEO]

Re: Death of [name of employee]

[Our workplace] is saddened to learn of the reported suicide of [employee]. The tragic and sudden circumstances of [employee's] death may cause a range of reactions among our workplace, so with the family's permission we are sharing the facts as we know them and are offering support for those who might need it.

[Employee] worked for [workplace] for the last [number] years. On [Saturday night] [s/he] died around [11:00PM] [DO NOT MENTION PLACE OR METHOD USED FOR SUICIDE]. We may never know all the factors leading to this tragedy; however, experts agree that in nearly all suicides there is no single cause or simple explanation.

[Employee's] memorial service will be held on [January 7 at 11:00AM], and all employees who wish to attend may be excused. The family would like to welcome all of [his/her] friends and colleagues who wish to share in the celebration of [his/her] life.

Some of you may be having difficulty coping with the sudden loss of one of our workplace family. We have arranged for the Employee Assistance Program (EAP) professionals to facilitate a debriefing on [January 8th at 5:00PM]. During this group meeting, counselors will be on hand to support us and answer any questions we may have. Others may prefer individual support at this time. If so, please contact our EAP program by calling [1-800-123-4567].

The family has requested that instead of flowers, those who wish to do so may donate to [a local suicide prevention center or other charity as shared by the family] in [employee's] memory.

For those who would like to talk about what has happened, our HR team is available to you.

SAMPLE INTERNAL NOTIFICATION MEMO
[WHEN CAUSE OF DEATH WITHHELD BY FAMILY]

Date:

To: Staff

From: [Name of CEO]

Re: Death of [name of employee]

[Our workplace] is saddened to learn of the death of [employee]; the family has requested that the cause of death be withheld. The tragic and sudden circumstances of [employee's] death may cause a range of reactions among our colleagues, so with the family's permission we are sharing the following information and are offering support for those who might need it.

[Employee] worked for [workplace] for the last [number] years. On [Saturday night] [s/he] died around [11:00PM] [DO NOT MENTION PLACE OR METHOD USED FOR SUICIDE].

[Employee's] memorial service will be held on [January 7 at 11:00AM], and all employees who wish to attend may be excused. The family would like to welcome all of [his/her] friends and colleague who wish to share in the celebration of [his/her] life.

Some of you may be having difficulty coping with the sudden loss of one of our workplace family. We have arranged for the Employee Assistance Program (EAP) professionals to facilitate a crisis counseling session on [January 8 at 5:00PM]. During this group meeting, counselors will be on hand to support us and answer any questions we may have. Others may prefer individual support at this time. If so, please contact our EAP program by calling [1-800-123-4567].

The family has requested that instead of flowers, those who wish to do so may donate to [a local suicide prevention center or other charity as shared by the family] in the [employee's] memory.

For those who would like to talk about what has happened, our HR team is available to you.

SAMPLE EXTERNAL ANNOUNCEMENT
[WHEN HIGH PROFILE SUICIDE AFFECTS WORKPLACE]

[Our workplace] is saddened to learn of the reported suicide of [employee, title]. Our hearts and condolences go out the family and friends. With the family's permission we are sharing the facts as appropriate and are offering support for those who might need it. Suicide is a complex, multifaceted and tragic event, and thus we will not speculate on the causal factors of this death. Rather our efforts will be focused on pulling together and helping our workplace find supportive resources as necessary. For those outside of our work family who might be affected by this tragic loss, we suggest you contact the National Suicide Prevention Lifeline (1-800-273-TALK [8255]) to get referrals to support groups and other resources in your area.

RESOURCES FOR WORKPLACES

COMPREHENSIVE APPROACH TO WORKPLACE SUICIDE PREVENTION

Resource Directory (National Action Alliance for Suicide Prevention)
http://actionallianceforsuicideprevention.org/task-force/workplace/cspp

CRISIS RESPONSE SERVICES

Crisis Care Network
http://www.CrisisCare.com

National Suicide Prevention Lifeline – 1-800-273-TALK (8255)
http://www.suicidepreventionlifeline.org/
Lifeline Chat: http://suicidepreventionlifeline.org/GetHelp/LifelineChat.aspx

Veterans' Crisis Services
Veterans' Crisis Line and Chat: http://www.veteranscrisisline.net/

MEMORIALIZATION GUIDELINES

After a Suicide (Suicide Prevention Resource Center)
http://www.sprc.org/sites/sprc.org/files/library/aftersuicide.pdf

SUICIDE GRIEF RESOURCES

https://sites.google.com/a/personalgriefcoach.com/suicidegriefsupport/

WORKPLACE SUICIDE PREVENTION TRAINING

Working Minds: Suicide Prevention in the Workplace
Toolkit listing on the SPRC/AFSP Best Practices Registry for Suicide Prevention
(train-the-trainer workshops available)
http://www.sprc.org/sites/sprc.org/files/bpr/WorkingMinds_SPWorkplace.pdf

Toolkit website: www.WorkingMinds.org

Toolkit contact: 720-244-6535

ADDITIONAL GATEKEEPER TRAINING MODELS

Choosing and Implementing a Suicide Prevention Gatekeeper Training Program
http://training.sprc.org

The Gatekeeper Training Implementation Support System
http://gatekeeperaction.org/

DECISION MAKING FLOWCHART

SUICIDE POSTVENTION

A — SUICIDE DEATH OR NEAR FATAL ATTEMPT — IMMEDIATE

CALL 911 AND ALERT INTERNAL EMERGENCY RESPONSE

RESCUE POSSIBLE?

- **YES** — Perform CPR (or other lifesaving measures) and assure appropriate safety and security measures
- **NO** — Make situation safe and secure

WITHIN ONE HOUR

- ☑ Notify family
- ☑ Contact workplace senior management (if appropriate)

WITHIN 24 HOURS

Documentation and crisis response if appropriate:

- ☑ Complete incident form, sign and date
- ☑ Convene crisis response team
- ☑ Create communication fact sheets

WITHIN ONE WEEK

- ☑ Schedule crisis counseling session
- ☑ Set up incident review (root cause analysis)
- ☑ Proceed to column B →

B — EMPLOYEE SUICIDE — SHORT TERM

WITHIN 24 HOURS

- ☑ Convene Crisis Response Team/Victims Assistance
- ☑ Connect with family—offer assistance and ask how family would like information communicated
- ☑ Create Communication Fact Sheet for Staff

MOURNING ACTIVITY

- ☑ Interfaith
- ☑ Honor life
- ☑ Avoid glamorization
- ☑ Follow safe messaging guidelines
- ☑ Discourage permanent memorialization

SUPPORT RESOURCES

- ☑ Debriefing (first and follow-ups as needed
- ☑ Referrals to suicide survivor support groups
- ☑ Recommended books and websites
- ☑ Consult experts on how to disclose crisis to children

C — EMPLOYEE BEREAVED BY SUICIDE

WITHIN ONE WEEK

- ☑ Connect with family—offer assistance and ask how family would like information communicated
- ☑ Create Communication Fact Sheet

SUPPORT AND ACCOMMODATE

- ☑ Attend mourning activity if appropriate/possible
- ☑ Ask what would be most helpful at this time — practical assistance

LONGER TERM FOLLOW UP

- ☑ Anticipate anniversary/milestone reactions
- ☑ LONG TERM: As the people most affected by the suicide work toward healing, offer suggestions on how they might participate in advocacy work for suicide prevention

GLOSSARY

ACUTE: short-term response

BEREAVED: surviving the loss of a loved one (in the field of suicidology, some people prefer the term "bereaved by suicide" while others prefer the term "survivors of suicide loss")

COMPLICATED GRIEF: extended grieving process, which includes extreme and unwavering yearning for the lost loved one; anger and isolation that interfere with normal functioning, and feelings that life is meaningless without the person. Traumatic grieving can often be more complicated as the person is dealing with both trauma reactions (e.g., intrusive thoughts, agitation, nightmares, avoidance) along with the grief.

CONTAGION: the process by which the suicidal behavior or a suicide death of one person influences an increase in the suicidal behaviors of others who may or may not be directly connected to the first person

CRISIS INTERVENTION/COUNSELING: immediately applied professional mental health services (individual or group) that focus on the aftermath of critical or traumatizing situations with the goal of restoring the person or system to the level of functioning before the crisis

GATEKEEPER: a suicide prevention gatekeeper is someone who knows basic and accurate information about suicide, has a positive attitude that suicide can be prevented, possesses the skills to ask direct questions about suicidal thoughts and knows how to effectively link people at risk for suicide to qualified referral sources for help. Gatekeepers are the "safety net" for vulnerable people. They can be teachers, counselors, ministers, youth workers, parents, or anyone.

POSTVENTION: psychological first aid, crisis intervention, and other support offered after a suicide to affected individuals or the workplace as a whole to alleviate possible affects of a suicide death

PRESENTEEISM: the practice of coming to work, although one does not feel well due to illness or injury, that often results in reduced productivity

PSYCHOEDUCATION: providing information and training about mental health and mental health services

PSYCHOLOGICAL FIRST AID: similar to crisis counseling, psychological first aid is applied by mental health professionals or disaster workers in the aftermath of a traumatic experience with the goal to increase coping and reduce distress

SUICIDE: "death caused by self-directed injurious behavior with any intent to die as a result of the behavior"[6]

SUICIDE ATTEMPT: "non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury"[7]

SUICIDAL IDEATION: "thinking about, considering, or planning for suicide"[8]

SUICIDE PREVENTION: strategies that work toward diminishing the risk of and impact of suicide. Suicide is not just the outcome of a mental health or substance abuse problem, thus suicide prevention is more than mental health services and may include environmental (e.g., bridge barriers) and sociological (e.g., promoting connection and purpose) approaches.

SURVIVORS OF SUICIDE LOSS: someone who has lost someone they care about to suicide. The relationship can be family, friends, co-workers, classmates, therapist-client, and many others. Some people affected by suicide prefer the term "bereaved by suicide."

TRAUMA REACTION: often a physical, mental and emotional reaction affecting individuals who have experienced or witnessed profoundly traumatic events. Sometimes this reaction is characterized by rumination, agitation, flashbacks, nightmares, irritability, anxiety, insomnia, memory loss or avoidance of things that bring the traumatic memories back.

[6] Centers for Disease Control and Prevention: Definitions Self-Directed Violence http://www.cdc.gov/violenceprevention/suicide/definitions.html

[7] ibid, Page 5

[8] ibid, Page 6

ABOUT THE PARTNERS

AMERICAN ASSOCIATION OF SUICIDOLOGY

Founded in 1968, American Association of Suicidology (AAS) (www.suicidology.org) is a membership organization for all those involved in suicide prevention and intervention, or touched by suicide. AAS leads the advancement of scientific and programmatic efforts in suicide prevention through research, education and training, the development of standards and resources, and survivor support services.

CARSON J SPENCER FOUNDATION

Founded in 2005, The Carson J Spencer Foundation (http://www.CarsonJSpencer.org) is a Colorado-based nonprofit that envisions a world where leaders and communities are committed to sustaining a passion for living by:

- Delivering innovative and effective suicide prevention programs for working-aged people (http://www.WorkingMinds.org)
- Coaching young leaders to develop social enterprises for mental health promotion and suicide prevention
- Supporting people bereaved by suicide

CRISIS CARE NETWORK

Founded in 1997, Crisis Care Network (CCN) (http://www.CrisisCare.com) is the EAP industry's premier provider of Critical Incident Response for the workplace. CCN helps individuals and organizations return to work, life and productivity following critical incidents. We mitigate the human and financial costs of workplace tragedy such as workers' compensation claims, low morale, employee attrition, and litigation. CCN has established the nation's largest network of master's- and doctoral-level clinicians trained as Critical Incident Response Specialists, responding more than 1000 times per month to workplace incidents for EAP's, insurers, and employers in communities though out the US and Canada.

NATIONAL ACTION ALLIANCE FOR SUICIDE PREVENTION

Established in 2010, the National Action Alliance for Suicide Prevention (Action Alliance; www.ActionAllianceforSuicidePrevention.org) is the public-private partnership advancing the National Strategy for Suicide Prevention (NSSP) by championing suicide prevention as a national priority, catalyzing efforts to implement high-priority objectives of the NSSP, and cultivating the resources needed to sustain progress. Its vision is a nation free from the tragic experience of suicide.

For downloadable copies of this document, please visit:

www.Suicidology.org

www.ActionAllianceforSuicidePrevention.org

www.CarsonJSpencer.org

www.CrisisCare.com