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Suicide Postvention: How to Help the Bereaved Move Forward

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Suicide Postvention: How to Help the Bereaved Move Forward

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

The purpose of this research project was to explore the positive impact of implementing suicide postvention services in working with those who are bereaved. Suicide is a complex global issue that leaves survivors often struggling to figure out what to do next and how best to move forward. This narrative review focused on active postvention services, with particular attention to protocols in postsecondary educational settings (college and university campuses) and in community settings. Previous research has shown that in providing postvention services, in conjunction with prevention and intervention services, survivors have fostered resiliency and are often better equipped to move forward in the healing process. Findings from this study indicate that additional research would be valuable, especially research focused on ways to effectively expand postvention services in order to help survivors of both recent and more longstanding loss.

Acknowledgement

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Suicide is an end to life. Death by suicide, though varied in form, does not discriminate. It is not prevalent only to one specific culture, race or religion, nor does it heed the boundary of economic status. The decision for an individual to end their life by suicide is complex, often sudden or unexpected. It carries with it a strong probability that death will come about in a violent or disturbing manner (health.harvard.edu, 2009). Regardless of why an individual turns to suicide, or how the act is carried out, suicide is a result of a bio-psycho-social process (Andriessen, 2014). When one person dies by suicide it is estimated, at a minimum, that six people are affected. When one factors in friends, colleagues, neighbors, therapists and others the number of survivors who are left behind to grieve could be significantly higher (Kramer, Boon, Schotanus-Dijkstra, van Ballegooijen, Kerkhof, van der Poel, 2015). A survivor for the purpose of this qualitative research is defined as a family member, friend or member in the community who had a relationship with someone who died by suicide (American Association of Suicidology [AAS], 2015).

Survivors are just as varied as those who die by suicide, but one thing that remains constant is the complexity of the bereavement process after suicide. A suicide survivor is defined by Andriessen (2014) as "a person who has lost a significant other (or loved one) by suicide, and whose life is altered because of the loss" (p.338). With stigma and shame encompassing suicide, the bereavement process becomes unique and should be tailored to best fit the needs of the bereaved. One of the main reasons for helping guide the individual down a supportive path is the negative connotations associated with suicide (McKinnon & Chonody, 2014). A primary concern is the increased risk for the bereaved to attempt suicide as a result of having a connection with someone who has died by suicide (McKinnon & Chonody, 2014).

When someone dies by suicide the mourning process for survivors can be extremely difficult and can take years to be able to move forward due to psychological difficulties. Survivors often interpret feelings of shame during the grieving process as being normal, which can translate to survivors who end up struggling to find the courage to ask for help due to the stigmatization that is associated with suicide. Because of this stigma, survivors run the risk of closing off from outside support options, which can hinder moving forward in the grieving process (Doka, 2002). Survivors may then eventually turn to self-destruction, simply due to not being able to speak up and ask for help for fear of society passing judgement. And those who reach out and "speak up" may not be responded to well.

According to the Centers for Disease Control and Prevention (CDC) in the year 2013, there were a total of 41,149 suicides in the United States. That statistic breaks down to one suicide every thirteen minutes (Center for Disease Control and Prevention, 2015). On a global level, the World Health Organization (WHO) estimates that every year over 800,000 people die from suicide worldwide, which correlates to one death every forty minutes (World Health Organization, 2015).

The previous statistics are reporting solely on the death by suicide rate where suicide is acknowledged as the cause of death; however those numbers have the potential of being greater than indicated. If individuals are included who struggle with suicide, have attempted suicide and failed, or those who suffer from suicidal ideation, who may attempt suicide in the future, those numbers have the possibility of increasing significantly. According to Jenkins, Singer, Conner, Calhoun & Diamond (2014) in looking just at non-suicidal self-injury behaviors, "one in eight have had thoughts of suicide, and one in 25 have attempted suicide" (p. 616). With a rise in completed suicides, one can anticipate that the number of suicide *survivors* will also increase. It

becomes crucial then to ensure that all suicide survivors have access to trained, responsive individuals who can assist in the grieving process either in a group setting or on an individual level as needed.

Outlets for suicide prevention programs can help those contemplating suicide. Taught and acquired coping skills, resources and professional guidance can help to keep the number of deaths by suicide down. But what happens after available options are exhausted and the unfortunate result ends in a completed suicide? What happens to the lives of others who continue to live and evolve where the living individual was once a part? What feelings, emotions and questions affect suicide survivors on a continual basis and what can be done to help those suffering with the ramification of a death by suicide?

In the wake of a death by suicide, survivors may experience an extremely intense and complicated grieving process that can have an effect on their bio-psycho-social well-being (Braiden, McCann, Barry & Lindsay, 2009). Not only are there intense feelings of shock, guilt and shame that are already associated with suicide, there are also indications of increased levels of anger, depression and avoidance. Some individuals will describe a feeling of being "stuck" and become incapable of moving forward beyond the loss; they will simply shut down and avoid communication about the individual (McKinnon & Chonody, 2014). The healing process is hindered by silence. At times, the bereaved refuses, or is unable to address the emotions stemming from suicide. Also, loved ones can become distant or too timid to talk to the bereaved about suicide (Ryan, Lister & Flynn, 2013). When someone mourns a death by suicide, the grieving process is unique compared to other causes of death (Kramer et al., 2014). Those bereaved by suicide often experience shame, rejection from others, feelings of guilt and may

perceive themselves to be blamed for the suicide. As indicated by Doka the emotional reactions can be complicated and can carry an intensified amount of despair (Doka, 2002).

Suicide postvention consists of activities, exercises and professional guidance that can be implemented to assist survivors of suicide. Involvement on the individual level and implementation on varied community levels in such programs may help to lessen the long term negative impact. Suicide postvention programs can be tailored to meet the needs of families, individuals, work environments and even students in a school setting (Fineran, 2012). Research has shown that when support is obtained in a timely manner after a suicide, from a suicide postvention regimen, the bereaved can begin to show signs of decreased levels of distress and signs of psychological improvement (McKinnon & Chonody, 2014).

Suicide bereavement is complex and so is the course of treatment. With the field of social work continuing to evolve into specialized areas, it becomes imperative for social workers to have the skills to adapt to best meet the needs of clients. Social workers working in a medical facility, in schools, or in a clinical setting have the opportunity to interact with clients who are facing complicated grief. Social workers should be sure to obtain applicable skills to help work with survivors of suicide to implement a course of action to help the bereaved move forward.

There is considerable evidence in the literature that indicates the mental health and wellbeing of a survivor is impacted by a suicide loss. Once the skills derived from postvention have been acquired, those skills will help individuals to maintain mental health stability and reduce the feelings associated with stigma and shame surrounding suicide (Cimini & Rivero, 2013; Fineran, 2012 & Szumilas & Kutcher, 2011).

This researcher used a narrative review to listen for core components of active suicide postvention, with particular attention to suicide postvention in schools and in communities. The

researcher centered research collection with the intention to answer the specific question about how to help the bereaved move forward from the perspective of the Active Postvention Model as well as the Postvention Protocol designed by A Higher Education Mental Health Alliance. This researcher also examined the design of postsuicide intervention programs. I did this in the form of a narrative review articulated by writers such as Bolind, Cherry, & Dickson (2014). I focused on the increasing need for suicide postvention education while incorporating supportive options for those who are experiencing complicated grief, with the ultimate goal of helping the bereaved move forward. In moving forward that ultimately will allow communities to more effectively provide supportive guidance to allow survivors to gain the skills and guidance in the bereavement process in a healthy way. I used a narrative review to review and to summarize published literature relating to postvention, looking for points of consensus as to what constitutes an effective response, and for whom this approach is indicated. I focused in particular on what existing studies suggest as to the effectiveness of suicide postvention programs, offered in their current form(s).

Literature Review

The unprecedented raw emotions that are evoked after a completed suicide affect an endless number of individuals who previously had a relationship with the deceased. According to the Centers for Disease Control and Prevention (2015), there are approximately six to 32 survivors for each suicide. The worldwide impact of those numbers, according to Suicide Prevention Initiatives (2015), indicates there are about one hundred million new survivors of suicide in any ten year period. The numbers alone provides considerable insight in terms of how many people at any given time are struggling with the death of a close friend or loved one.

Literature has shown there is ample research surrounding best practices on suicide prevention. However, the findings on helping the bereaved move forward with the aid of suicide postvention are lacking. The literature supports the conclusion that when someone dies by suicide, suicide survivors are impacted with varied levels of grief, as will be discussed in greater detail. The findings in turn support the need for the implementation of suicide postvention programs and education. Review of the literature resulted in four identifiable themes: impact of suicide on survivors, suicide postvention implemented as suicide prevention, training professionals on suicide postvention and suicide postvention programs.

Impact of Suicide on Survivors

Emotions and Grief

When someone dies by suicide, the emotional release, questioning and reactions that ensue can be intense and sometimes unbearable. Suicide for families and individuals can be one of the most challenging forms of death to deal with. As noted by the American Association of Suicidology, "grief does not follow a linear path. Furthermore, grief doesn't always move in a forward direction. There is no time frame for grief. Survivors should not expect that their lives will return to their prior state" (AAS, 2015). Individuals weighted down with grief, sadness and guilt frequently are left feeling unprepared and often question their ability to know what to do next (Ryan, Lister, Flynn, 2013). At the same time it becomes important to remember that not everyone will experience the same psychological distress that is produced by suicide (Leenaars & Wenckstern, 1998).

Survivors who experience complicated grief in the bereavement process following a suicide also face challenges that hinder healing. Along with increased sadness, suicide bereavement also brings feelings of disbelief, shock, rejection, feelings of abandonment and the

questioning of why (Ryan, Lister & Flynn, 2013). As shared in the research by a survivor whose son died of suicide, "I spent hours trying to rework my reality in my mind, trying to find answers to questions that had no answers, as though the answers would somehow change the outcome. 'If only I had,' 'If only I hadn't, 'and why?' were my constant thought companions" (Harvard Health, 2009, p. 6).

The impact of suicide is partially dependent on how the death was made known. Those who have witnessed the suicide, imagined how the suicide was carried out or discovered a body may have a heightened sense of emotions (Alliance of Hope, 2015). By bearing witness to the traumatic components of suicide, those emotions can mimic some of the same experiences of those who experience other traumatic experiences that result in posttraumatic stress disorder (PTSD) (Cerel, Padgett, Conwell & Reed, 2009). As indicated in the research by Harvard Health (2009) "some suicide survivors develop PTSD, an anxiety disorder that can become chronic if not treated. In PTSD, the trauma is involuntarily re-lived in intrusive images that can create anxiety and a tendency to avoid anything that might trigger the memory" (p. 4).

The literature suggests that complicated grief is experienced by both young and old survivors. According to the research by Cerel, Padgett, Conwell & Reed (2009) findings indicate that "complicated grief has been shown to occur in adolescents and young adults as a result of a peer's suicide and in adults as a result of the suicide of a family member or a partner" (p. 271). In addition, according to Andriessen and Krysinska (2011), survivors experience distinct characteristics in bereavement that are unique to suicide survivors who suffer with "anger at the deceased for "choosing" death over life and the feeling of abandonment" (p. 26). The American Association of Suicidology indicates, "suicidal grief is often shocking, painful and unexpected. The grief that ensues can be intense, complex, and long term. Grief work is an extremely

individual and unique process; each person will experience it in their own way and at their own pace" (AAS, 2015). The findings in this research support the need for postvention programs and initiatives to be implemented in the healing process of survivors.

Shame and Stigma

Just as concerning is the presence of shame and stigma that is interrelated with suicide as well as the experience of rejection that can linger for a number of years (Kramer, Boon, Schotanus-Dijkstra, Ballegooijen, Kerkhof & Van der Poel, 2015). Explained by one of the pioneers of contemporary suicidology, Edwin Schneidman (1969) writes "the person who commits suicide puts his psychological skeleton in the survivor's emotional closet. He sentences the survivor to a complex of negative feelings and, most importantly, to obsess about the reasons for the death" (p. 22).

As stated by Doka (2002) suicide is stigmatized by society. This misconstrued perception surrounding suicide can lead to survivors unfortunately feeling consumed with disenfranchised grief. Doka (2002) indicates that this form of grief stems from society not socially knowing how to accept or discuss the form of loss. Doka (2002) goes on to explain that, "stigmatized deaths place survivors in a double bind. If they risk disclosure, they may be perceived differently by others and fail to receive the support they seek. Yet if they do not risk disclosure, they deny themselves the possibility of support, and they conceal an important attribute of identity" (p. 326). Disenfranchised grief can cause the bereaved to shut down for fear of being shamed, which converts to distress, emotional build up and potentially varied mental health issues (Walsh & McGoldrick, 2004). As shown in the literature, mental health plays a role not only in the cause of suicide, but also in the aftermath with survivors. As noted by Edwin Schneidman, Ph.D., with the

American Association of Suicidology, "survivors of suicide represent the largest mental health casualties related to suicide" (AAS, 2015).

There continues to be significant shame surrounding suicide. This shame can cause one to question if everything possible was done to save the life of their loved one or if the survivor could have inadvertently aided to the suicide. A grieving father explains in greater detail:

> "What still sort of freaks me out is the level of shame around it that people experience. Especially parents. We have this feeling that it's about personal failure for parents, that a child who is mentally ill is mentally ill because of deficits in parenting or genetics. And there's some truth in that. We both suffer from bipolar anxiety stuff, but I also know rationally that my son was hell-bent on killing himself at a certain point, and none of the resources that were out there provided enough hope for him in the cost-benefits analysis for him to say, 'I want to hang on' "(minnpost, 2015).

The stigma and shame experienced by survivors along with varied emotional grief is of important concern after a death by suicide. As noted by another survivor after the passing of her partner (health.harvard.edu, 2009) "I was consumed, almost obsessed, with the thought of having people looking at me and feeling sorry but at the same time thinking, "What a nut case he must have been to do this" (p. 5). The most serious consequence that one must battle as a survivor is the increased risk of psychological problems, suicidal ideation and suicide attempts (McKinnon & Chonody, 2014).

Literature has shown that survivors have an increased suicide risk (Aquirre & Slater, 2009). According to Baumeister's theory (1990), "people use suicide as an escape. Suicide survivors may choose suicide as an escape from the hopelessness surrounding the loss of a loved one by suicide. Being a suicide survivor may lead to a heightened state of stress because losing a

loved one to suicide is a significant negative life event" (p. 90-91). Both personal accounts of suicide loss just mentioned provide evidence that suicide can have an impact on survivors on many levels.

Suicide Postvention as Suicide Prevention

Postvention, a term that was originally devised by Edward Shneidman at the very first American Association of Suicidology meeting (Cerel, McIntosh, Neimeyer, Maple and Marshall, 2014), "refers to services for individuals and communities after a suicide occurs" (p. 591). Research has shown that there is an abundance of literature available on different facets of suicide prevention. In addition to what is already commonly known in prevention efforts, the literature has also shown on a smaller scale that suicide postvention can similarly be implemented as a form of intervention (Szumilas & Kutcher, 2011; Andriessen & Krysinska, 2012; Cimini & Rivero, 2013). Suicide postvention can best be described as activities that are developed to help suicide survivors in the recovery process to avoid further suicidal behaviors (Andriessen & Krysinska, 2011). Additionally, Andriessen & Krysinska (2011) state,

> "The big challenge for effective postevention is ensuring that every survivor, from the close family members and friends to those indirectly exposed to suicide, can receive help and support they need. Provision of timely and adequate services for the bereaved requires also a good understanding of the bereavement process and the needs of the survivors as a group as well as acknowledging the individual differences between the bereaved" (p. 26-27).

Suicide Postvention is a suicide prevention strategy that can be implemented in varied settings. According to (Szumilas & Kutcher, 2011) the belief is that suicide postvention will "target those individuals recently bereaved by the death of a loved one with the intention to aid

in the grieving process and reduce the incidence of suicide contagion through bereavement counseling and education among survivors" (p. 18). According to Norton (2015) what becomes important in working with suicide postvention in family, professional or school settings is that we don't know how many are affected or how long survivors will struggle in the bereavement process. Also explained by Norton (2015), "suicide is the proverbial 'pebble in the pond.' We need to pay attention to the initial wave that impacts the family and friends as well as the ripples that flow out into the community and larger society" (sparktalks.sprc.org). Norton validates the impact of suicide and explains how numerous individuals and communities are affected.

The hope is that more research will be conducted to support the understanding that suicide postvention can not only be used to prevent future suicides, but can also be used to assist survivors in moving forward in the bereavement process. Andriessen (2009) reported on research on the current status of postvention supports and effectiveness of support activities for people bereaved by suicide. Selected controlled studies of programs and support activities were reviewed to best determine the validity of the programs to aid in supportive suicide prevention efforts. In Andriessen's 2009 study, *Can postevention be prevention,* information was gathered on sixty survivors who attended eight weekly group sessions that were facilitated by a clinician and a survivor. The group was compared to a control group where by each group was measured on improvements in nine different emotions. The survivors experienced an improvement in eight of nine emotions, compared to the control group only having improvement in one emotion. The offered evidence that survivors who experience a high level of distress can be helped by a suicide postvention program (Andriessen, 2009).

Additional findings according to Andriessen (2009) state that survivors all have their own personal background revolving around family history of suicide, depressive behaviors and

overall mental health, but that more research is needed. Andriessen (2009) concludes his research indicating the following information:

> "In many ways, survivors are actively involved and contribute to a better understanding of suicide and its prevention. Suicidology without the involvement of survivors would be poor Suicidology. Suicide prevention without survivors would be poor prevention. Given the fact that survivors are both a risk group for suicide, and simultaneously are involved in suicide prevention, postevention is an integral and indispensable preventive part of a comprehensive prevention program. Postvention is prevention" (p. 46).

Andriessen and Krysinska (2011) conclude their findings by indicating that more research on postvention needs to be carried out and also advise that, "given the fact that suicide survivors are a group with increased suicide risk, postvention is an integral and indispensable component of comprehensive suicide prevention programs" (p. 29).

There continues to be a need for plans to be devised and put into place that can be used both on an individual and community level. The expectation is to help the bereaved who are struggling after a suicide loss to move forward. With continued research and understanding on how suicide loss can impact society, a goal is that better tools and training can be put in place to help individuals who come in contact with a survivor within hours of a suicide to years after. Suicide postvention can be applied on varied personal and community levels to help with the overall goal of increasing suicide prevention.

Training Professionals on Suicide Postvention

First Contact

The tragedy of losing someone to suicide can have a significant impact on a survivor's biopsychosocial wellbeing. Depending on the situation, the professionals who interact with

survivors within the first 24 hours can range from first responders and health-care workers to funeral home staff. What is said and done in those beginning stages after a suicide can have an effect on survivors, so it is vital that individuals are properly trained. As stated in Suicide Prevention, Innovation, and Action (2015), postvention planning prepares members of a community who respond to a suicide death. Actions that take place can help with healing and reduce the risk levels for families, community and society.

Postvention is focused on best practices of communication after a suicide. The National Alliance on Mental Illness (NAMI, 2015) has implemented a training program that was designed to educate professionals such as healthcare providers, educators, religious leaders, funeral directors and local media on postvention best practices. Details of the training are described below:

> "The training known as the NAMI-New Hampshire Connect Suicide Postvention Program, was conducted March 25-27 in St. Paul. Specially trained NAMI-Minnesota staff members led the program, which was the first of its kind to be conducted in the state. Donna Fox, program director for NAMI-Minnesota explains that trainees are taught safe ways to talk about suicide. The hope is that information will spread across the state on how to talk about suicide. Donna Fox continues to say that the way we respond to suicide is very important in the healing process for the people left behind" (2015).

As the literature has indicated with the level of stigma and shame that is linked to suicide, it becomes important that professionals respond in a manner that will not cause increased distress to survivors. Leenaars & Wenckstern (1998) recommend that after a suicide has occurred professionals, "must act in a prudent fashion" (p. 358). Using good judgment and knowing what

to say and how to say it can make all the difference in helping to decrease the amount of shame and stigma that surrounds suicide.

Media

The media in its varied forms continues to be a main source for communities to be educated on what is happening around them. For that reason, indications for skills and training are also recommended for members of the media. Skehan, Maple, Fisher and Sharrock (2013), conducted research on suicide bereavement and the media. Skehan et.al (2013) found that it is important for the media not to sensationalize the story behind the suicide and to ensure details are accurate and factual. According to (reportingonsuicide.org, 2015) "risks of additional suicide increases when the story explicitly describes the suicide method, uses dramatic/graphic headlines or images, and repeated/extensive coverage sensationalizes or glamorizes a death." Other important findings indicated that it can make all the difference to specify that suicide is a public health issue and to use suicide experts when reporting on a suicide (reportingonsuicide.org, 2015).

Another important finding was the importance of media being aware that those being interviewed may be in need of a support person. As reported by Skehan et al. (2013) "make sure that there is a support person for them. Depending if it is the main subject of the story that there is a counselor of some ability to seek counseling support afterwards" (p. 231).

The bereaved should be made aware of the role that the media is playing and what the motivation of the media may be in telling the story. When hearing, reading or seeing stories on suicide, the role media plays in how the story is expressed can determine the impact of suicide on the community. The impact could be viewed as positive if the story has a prevention focus, but also could be negative if the focus was just on the details of the death itself. Having a negative

experience around media reporting on suicide can result in suicidal ideation, increased levels of grief and also can cause survivors to experience returned trauma (Skehan et al., 2013).

There continues to be an increased demand for studying the impact that the media has on survivors of suicide. Looking at the varied ways that media has to report stories of suicide, greater research and understanding is needed to determine what variations need to be made to best support survivors while still continuing to educate members of the greater community.

Community Support

Knowing there is a large number of individuals who come in contact with survivors, it's important that at least some are skilled in suicide postvention. For communities to be successful in suicide postvention it is crucial for members to have access to the skills and training needed. As indicated in Suicide Prevention, Innovation, and Action (2015), mental health workers, social service providers, faith leaders and school personnel are advised to become trained in suicide postvention as a way to respond appropriately to suicide. Training can help members of the community be better prepared to react to suicide in order to provide support for survivors.

Social workers serve clients daily who battle mental illness, have struggled with suicide and may be a suicide survivor. Scott (2015) explains when working with clients, "the training of social workers in suicide prevention, intervention, and postvention is encouraged as a key feature of the National Strategy for Suicide Prevention" (p. 177). Having the confidence and skills necessary to work with clients in a suicide postvention capacity can help make a significant difference.

Similar to expanding the knowledge of the role of social workers in suicide postvention, members of social service agencies can also benefit in postvention training. The Connect program is a training program that has been implemented to professionals and communities in

suicide prevention and response. The purpose of the program is to educate those who come into contact with clients who have been impacted by suicide in order to take the steps to reduce risk and promote a postvention healing process (the connect program, 2015). Key training information is described as follows:

> "Postevention training is offered as a proactive planning tool to promote healing and reduce risk to social service agency staff in the event of a suicide. Using nationally designated best proactive protocols, didactic learning, discussion and case vignettes, participants will learn important steps for reducing the risk of contagion" (the connect program, 2015).

Implementing this program in a social service agency will provide the skills and training needed to be able to support individuals that are suffering from a suicide loss. Similar programs can also be tailored to use in other settings such as high schools, colleges and universities.

Suicide Postvention Support

There are many different settings where suicide postvention programs can be implemented. A common theme found in the literature was the need to implement postvention strategies as part of suicide prevention. It is important to indicate that postvention programs can be used in an agency or school setting, but also may come in the form of support groups that are designed to work with the bereaved. Szumilas and Kutcher (2011) state, "postvention programming is to aid the grieving process and reduce the incidence of suicide contagion through bereavement counseling and education among survivors, encompassing family, friends, classmates, etc. who are affected by the death" (p. 18). Research supports that suicide postvention can be implemented on an individual and group level. Peer support which is considered a form of postvention after suicide, allows the bereaved to talk to others who share

similar feelings, but without the stigma. This form of support has proven to be beneficial and would generally be in addition to any support that would already be provided by family members or friends (Braiden et al., 2009).

Though research has indicated that suicide postvention can be based in a support group setting, the need for additional research needs to be done on its effectiveness in this format. Cerel et al., (2009) explain that more research is needed to identify the best ways to meet the needs of survivors that utilize survivor support groups as a coping tool in the bereavement process. Lacking as well is longitudinal research that has been carried out following the bereavement course for survivors following a suicide (Cerel et al., 2009). Cerel et al., note that "research would provide insight into the majority of survivors who do not seek organized or professional assistance following a suicide" (p. 271).

There more than likely will come a time when suicide will impact students, faculty, administrators and others in a school setting. Suicide may disrupt family at home or may change the dynamics at school. Because there is no limit to suicide, having a suicide postvention plan in place in a school setting can be beneficial for suicide survivors. Research has shown that many school counselors are lacking in the skills needed to address suicide (Fineran, 2012). What is even more distressing is that what is known regarding suicide is largely focused on school counselors having the skills needed for evaluating a suicide risk (Fineran, 2012). Though it is important to be able to address the risk of suicide in a school setting to avoid that chance of contagion suicide that doesn't necessarily in itself serve the needs of survivors.

Research has shown that due to the devastating loss and emotional disturbance that is caused by a suicide there needs to be some form of postvention plan in place to help survivors.

Maples, Packman, Abney, Daugherty, Casey and Pirtle (2005) explain how the death of a student can impact the community;

> "We were in constant contact with the parents of students who expressed thoughts of suicide and made several referrals to hospitals that provided inpatient counseling and help with depression. Some of the students who were feeling depressed said that the suicide had brought to the surface feelings of sadness and grief they had experienced in the past when other family members or friends had died. Some students who had friends who committed suicide in previous years were feeling scared, confused, and personally responsible for the most recent suicide" (p. 398).

Suicide is powerful and is not only taking the life of an individual, but it is also causing a significant amount of emotional turmoil which is not something that can be alleviated by a simple discussion. Strategically implemented suicide postvention procedures can be designed, taught to school personnel and put into place to adequately provide support to help decrease the negative impacts on survivors (Fineran, 2012).

Methods

Research Design

This study primarily utilized a qualitative narrative review. This researcher analyzed a corpus (collection) of peer-reviewed and similarly authoritative sources and looked for themes in the form of common findings across selected articles and professional postvention training manuals regarding questions such as: in what formats is postvention commonly offered? For instance, what is the professional consensus on whether this approach should be offered in individual or group formats? Should it be "professionally" or peer-led (or a combination of both, as some of the above literature has suggested). Qualitatively, this researcher was interested in the core components of this programming. That is, how much agreement exists as to the central knowledge and skills that need to be taught or conveyed? This researcher summarizes common core components that emerged in the Results section below. Finally, the researcher gave some attention to quantitative findings, as was available in the literature reviewed, in order to summarize what studies suggest about the effectiveness of these offerings.

The purpose of this study broadly was to examine the effectiveness of suicide postvention programs that are currently being utilized. This study looked specifically at what commonly described (a) impacts, and (b) outcomes are associated with this offering. In the absence of quantitative data, this researcher noted the qualitative themes that emerged. Those took the form of common responses survivors described in relation to participating in a form of postvention. For the purpose of this study, "survivor" was defined as an individual who has lost a loved one or close friend by suicide, and whose life is altered because of the loss. In addition, the term "postvention" is defined as a strategy that has been put into place after a suicide has occurred as a means to promote healing and to aid in proving suicide prevention. The researcher noted in the

sources reviewed whether postvention tends to be offered primarily by professionals or by peers, and in what kinds of common settings. I focused in particular on the application of active postvention in community and school settings.

As the literature review indicates, suicide is a worldwide problem and with each death multiple survivors are left often times not being able to cope or move forward in the bereavement process. Because postvention has been described as a promising potential model, but one that lacks a clear body of research, there is a need to research and to begin to organize findings in relation to what the published literature suggests about postvention and its strategies. The ultimate goal is to analyze current approaches and programs that are in place to help aid in survivor resilience. This study utilized a narrative review as a research design to better understand approaches that are currently being used, both on a community and more individual level to help in suicide postevention. A narrative review is a comprehensive literature review that is focused on answering a specific research question while reviewing several studies in order to generate recommendations for better practice (Boland, Cherry & Dickson, 2014). In this review, the results showed that suicide postvention programs can aid in helping to reduce increased risk of additional suicides, raise awareness on recovery after suicide, help eliminate stigma and shame that surrounds suicide and can better inform communities on how to incorporate a healthy way of integrating suicide postevention as part of suicide intervention.

Literature selection

An initial systematic search was conducted for suicide prevention as well as suicide postvention programs in higher education and communities published between the years of 1998-2015. There was also a search completed for books from the year 1969-2015 that would provide relevant information on suicide postevention. The search terms that were used to narrow results

were suicide, postvention, intervention, bereaved, suicide education and support groups to retrieve relevant publications. This study used the following time frame for the actual search: 1969-2015. I chose this time frame because relevant findings in the literature first appeared according to my findings from the year 1969 and has steadily increased with information moving forward to this year. The study primarily focused on peer reviewed sources and used the following academic search indexes; Social Work Abstracts, clicnet, PsycINFO. This researcher looked for literature with relevant findings regarding suicide postvention. The literature that was used in this study did not have to focus exclusively on suicide postvention, but a substantial amount of information was specific about suicide postvention. The selection process included publications that provided design information on current postvention programs both in the community and in higher education settings, in particular. The study was based on these settings because those are the most relevant areas where suicide postvention has been incorporated. Lastly, the study focused on the following inclusion and exclusion criteria: the researcher included studies that are primarily peer reviewed. I relied on journal articles and peer-reviewed book chapters. The researcher allowed for the use of additional primary sources though, such as treatment manuals or similar articulations of the postvention model in other primary sources. The study did not use the following resources as sources of data: newspaper articles, magazine articles, literature that is not peer reviewed and survivor narratives that do not pertain specifically to postvention. I anticipated having a total of 15-20 sources that will allow me to have a successful results section.

Data Collection

This research study used a systematic search to identify data that is relevant to suicide postvention. Studies that were included spoke to the following questions:

1. What suicide postvention programs are currently being used in community and school settings?
    a. With what core components? Are there central skills and knowledge conveyed across programs offered? What content is central across these offerings?
2. What is the design or format of the existing suicide postvention program(s) in these settings?
    a. That is, do the programs described in the literature tend to be peer or professionally led?
3. Who is the program designed for?
    a. Are there people who appear to be particularly good candidates?
    b. Is there a sensitive period or desirable time frame for this intervention?
4. Across these programs, what does the training look like for providers?
5. Finally, how do these programs define success and, where applicable, what kinds of outcomes are associated with this form of intervention?

Protection of Human Subjects

Both narrative and systematic literature reviews can be conceived of as forms of secondary data analysis. It thus does not involve direct contact with human participants, and because of this, the present study was not subject to institutional review board (IRB) review. Using this method, journal articles and book chapters serve as the primary (and exclusive) sources of data. While human participants would potentially have participated in existing studies in the literature, as published, peer reviewed studies, these original studies will have already undergone review.

Strengths and Limitations

Given the design structure of this study, there is valuable information that was not included. With the omission of interviewing human participants directly, the first person account of how suicide has impacted individual lives and the impact of this program of postvention (positive and/or negative) was not accessed directly. Including interviews and feedback from individuals may have provided greater insight to suicide postvention, nonetheless this researcher decided to focus solely on suicide postvention *programs.*

Having a focus solely on the design, implementation and success of suicide postvention programs can still produce valuable benefits. Choosing to focus specifically on postvention has the potential to provide important data that can help potentially shape future offerings of postvention programs. A study like this can be helpful, too, in that it can begin to gather together, to summarize, and synthesize findings across disparate studies that have not yet been coordinated or yet summarized in this way.

Results

Upon careful review of research on suicide postvention this researcher focused on three major themes. The themes that arose in the research process are as follows: Definition of active postvention, suicide postvention programs in schools and suicide postvention programs in communities. Findings are drawn from eighteen resources. Six sources focused specifically on outlining active postvention, seven sources on postvention in schools and five sources on postvention in communities. The selection of research materials is comprised of research articles as well as published professional development programs. Please refer to Table 1 for a complete list of resources that were utilized.

This researcher focused on the previously mentioned categories for the purpose of this review to provide support on the need for suicide postvention to be employed in varied settings in society. The findings that were extracted in support of the chosen themes spoke to the value of suicide postvention as a form of providing suicide prevention.

Active Postvention

Active postvention, defined as intervention after a suicide, works to limit the impact after a suicide by both educating those first on the scene of a suicide and also to help assist survivors find professional and peer support (Cerel, et al., 2009). After a suicide, the continual need of support for families and friends need to be met by those in a clinical perspective as well as a public health perspective (Andriessen & Krysinska, 2012). In implementing a postvention program the hope is to foster healing and to prevent future suicides.

A prevalent theme in research reviewed is the need for active postvention services. When an individual experiences the traumatic loss of a friend or family member to suicide, it is critical that postvention services be available. In working with survivors it is best to begin postvention as soon as possible after the tragedy, within the first 24 hours if possible (Leenaars & Wenckstern, 1998). Given the unfortunate realization that there are thousands of individuals who end their life by suicide, that number results in the reality that there are at least ten times as many more survivors. That number results in complicated bereavement along with a significant amount of shame, stigma and emotional pain. Andriessen (2009), in working to decrease suicidal ideation and suicidal attempts, describes postvention as a form of prevention. The number of bereaved indicate the need for postvention services from the first point of contact, which can cater to the unique needs of those trying to move forward after a suicide loss (McKinnon & Chonody, 2014).

Specifically as indicated in the research, an active postvention model (APM) ensures first responders, which may include, law enforcement, medical personnel, clergy, members of the coroner's office and other professionals that arrive to the scene of a suicide are trained to assist the newly bereaved. What becomes important, is to ensure that first responders receive *specialized training* to be able to interact accordingly. Interaction with individuals who respond first to a suicide is crucial as it can influence the way that the bereaved moves forward in the grief process (Mckinnon & Chonody, 2014). The need to train first responders is based on the history of negative interactions with survivors. As indicated in the research, what needs to be conveyed to survivors is suicide is not a crime. Survivors need to be treated in a professional manner. Survivors are not perpetrators of the death, but the victims, and survivors are often experiencing shock and even potentially trauma and they are in need of assistance, not added trauma (Berman, Jobes & Silverman, 2006).

Skilled Individuals

Implementing active postvention planning makes it necessary to have trained individuals readily available who are empathic toward a suicide survivor experiencing a loss by suicide so they can assist in the bereavement process. This was supported as early as in the 1972 research of Edwin Shneidman who ascertained that suicide postvention aids, not only in the grief process of survivors, but also helps to prevent future suicides (Aguirre & Slater, 2009). More current research also maintains that in providing access to knowledgeable individuals who are willing and able to work with survivors on important next steps after a loss by suicide can aid in the bereavement process. Comparing a traditional postvention model (TPM), active postvention starts the process of healing by reaching out to suicide survivors *immediately* to soon after a suicide occurs with in-person support. An added benefit of implementing an APM is to dispatch

existing survivors, who have previously experienced a loss by suicide, to provide outreach, typically at the scene of death if possible. This is done to guide new survivors with future support services. The sources reviewed emphasized that if the opportunity to use previous survivors is not an option, it is important that first responders on the scene have adequate training and access to up to date relevant resources that can be dispersed.

Benefit of Postvention Programs

The literature reviewed also spoke to the psycho-social needs of suicide survivors that can be met by the implementation of postvention programs, so seeking out support sooner rather than later, can help start the healing process (Andriessen & Krysinska, 2012).The definitive findings in working with suicide survivors when an APM is in place has shown that new survivors are more expedient in seeking out support. On average, support is sought out approximately one month after a loss by suicide compared to waiting up to four and a half years where a traditional postvention model TPM was in place (Aguire & Slater, 2009).

One study, found in the extracted literature supporting the use of postvention services was a preliminary examination conducted at the Baton Rouge Crisis Intervention Center to study differences and to determine the effectiveness of an APM compared to TPM. Archived data between the years of 1999-2005 were used to compare both prevention models for those who sought out treatment. The study included 150 individuals who received the APM and 206 individuals who received the TPM. Both groups included male and female participants with the majority identifying as White. Findings indicated that 69.3 % of APM were more likely than TPM to attend support group meetings and were more likely to be connected with a treatment regimen. The study showed that in seeking treatment after a suicide loss, those who received APM sought out treatment 48 days sooner compared to 97 days of those who related with the

TPM group (Cerel & Campbell, 2008). The study that was conducted at the Baton Rouge Crisis Intervention Center provides good insight on how providing an APM can be beneficial for those grieving the loss of a friend or family member to suicide.

When an individual is faced with inevitable suffering from a loss by suicide, having a readily available postvention plan in place to help guide the new survivor can help provide hope in moving forward. An important piece of information that survivors can take advantage of from postvention services is to connect to a support group with other survivors. Research indicated that for some individuals taking part in a support group with other survivors, whether that be in person or online, by sharing that commonality of grief and loss there is a valuable appreciation of feeling safe and a willingness to open up without being judged (Cerel, et al., 2009).

Suicide Postvention in an Educational Setting

Youth who are at risk of suicide do not mirror the same risk factors that have been shown in adults who have suicided, reason being the growth cycle is not complete. The transition between youth and adulthood is the most unpredictable stage in life and can be characterized as challenging and unstable. During this stage of life there are physical, hormonal and emotional changes that at times can be frequently difficult and sometimes traumatic. Youth also at this stage are trying to balance life at home and family conflict can trigger suicidal behavior (Maples, et al., 2005). Factoring the number of hours that are spent in school, teachers, counselors and other school staff all play a role in being attentive with students in order to attempt to try to pick up changes that could lead to suicidal behavior. This important keen since of observation is especially important as youth are trying to process and cope from a loss by suicide.

Throughout the research process much of the literature reviewed supports the necessity for suicide postvention in secondary schools as well as on college and university campuses.

According to the Center for Disease Control and Prevention suicide among adolescents is one of the leading causes of death. When a tragic event such as suicide takes place, schools should be instrumental in implementing a postvention plan. Research indicated by the American School Counseling Association states, when dealing with crisis in schools, school counselors should be proactive in planning and implementing prevention, intervention and post incident crisis plans (Fineran, 2012).

When a confirmed suicide has occurred, students and staff need to know that talking about suicide should be welcomed and that addressing the situation and emotions which evolve around suicide is a reasonable thing to do. The literature is clear. School suicide postvention programs are needed to help provide support to those who are experiencing emotional distress, to reduce the chance of cluster or copycat suicides and to help the school return to normal routines. Postvention strategies must be designed, shared with all school personnel and fully understood to best support students and staff should there be a death by suicide (Fineran, 2012). Freud implied that the greater the degree of loss, the greater the stress. This statement holds true in everything that survivors experience after losing someone to suicide (Leenaars & Wenckstern, 1998) and was supported in the literature reviewed.

Research supports designing a postvention plan in the case of a death by suicide. This specific team should include: school psychologists, school social workers, specifically trained teachers and administrators, other school personnel as well as contacts within the community that are trained to assist with a suicidal death (Fineran, 2012). Consistent with this belief, Maples, et al., 2005 have shown that designing a CAPT Team Approach (counselors, administrators, parents, and teachers) has also been used effectively in school postvention settings. Just as important as it is to design a good suicide postvention plan, it is also imperative to be aware of

how to put the plan into action if the need arises. The entire community needs to play a part in suicide postvention and this includes watching for changes in behavior, moods, grades and most importantly how long of a duration are these changes present (Maples, et al., 2005). Another important key to remember is that social media is very popular for students to share a plethora of information including thoughts of suicide. In the case of a completed suicide The National Suicide Prevention Lifeline (NSPL) recommends that resources be listed on the individual's social media page that will refer those suffering to contact the NSPL to talk to a trained counselor to talk about how they are feeling and to also offer assistance with local resources (NSPL).

Program Example

Edwin Shneidman was a pioneer in suicide prevention who worked with survivors in a psychotherapeutic context. Based on the research from Shneidman, the following information is a summary of the eight principles that were originally described in Principles of Postvention: Application to Suicide and Trauma in Schools by Leenars & Wenckstern (1998). As part of a postvention program in recovering from a trauma, such as suicide, the summarized information on the principles of postvention are as follows.

Principle of Postvention for Adults and Adolescents Broadly

Immediate Response:

-When working with survivors, it is best to work with them as soon as possible, preferably within the first 24 hours: All school personnel should be under the direction of a postvention coordinator during this critical time. During this time it is important to gain a compilation of accurate, reliable information. Clear lines of communication should also be established. An important step at this time is to make sure that the postventionist works quickly to establish a

trusting relationship with everyone involved. The goal at this stage is to decrease aftershocks and psychological distress.

Encountering Resistance:

-In working with survivors there may be individuals who will challenge or resist communication with a professional. It is important to remember that everyone is in a different frame of mind, but persistence on the part of the professional may win in the end. During this time, it is also possible for resistance to present itself by way of transference or counter transference. Survivors may struggle with the current loss due to prior traumatic events. The postventionist should also be aware of their own reactions as to not generate a negative connection. Throughout the postvention period if any of the following situations arise the survivor may feel angry or rejected:

1. If the program heightens the aftershocks.
2. If the program terminates prematurely.
3. Waiting excessively for help.
4. Feeling cut off or when time was cut short.
5. Without warning or acceptable reason, being refereed to another individual.
6. Using a too directive approach.
7. Made to feel there is inadequate rapport and interest.
8. Having a postventionist who appears to be uneducated or unaware of what to do, or just makes things up as they go along.
9. Provided minimal simplistic use of treatment, such as 1 hour group debriefing.

Exploring Negative Emotions:

-Survivors may experience negative emotions about the deceased: Details about the suicide may also trigger adverse reactions that can prove to be challenging: Worthy of noting is that for those in school settings, depending on the student's developmental age, there may be meaningful difference between students. Psychological distress will produce different effects in everyone.

Reality Testing:

-The postventionist plays the part of the quiet voice of reason and has a significant role in testing reality with survivors: "He or she is not so much the echo of conscience as the quiet voice of reason. This would take into consideration prevention, intervention, and postvention" (Leenaars & Wenckstern, p. 371).

Monitoring Declines in Well-Being of Youth:

-The postventionist should be aware of any change in health and mental well-being. A watchful eye for suicide risk is also important. The postventionist must understand suicide and the following can help the postventionist to understand suicide risk.

1. Unbearable psychological pain-According to Shneidman the common stimulus in suicide is unbearable psychological pain. Youth may feel hopeless and the pain is perceived as an eternal form of suffering where the only way out is suicide.
2. Cognitive constriction-In suicide, constriction, such as rigidity in thinking or narrowing of focus is a common cognitive state. Due to cognitive development in youth there is a dysfunction in emotions, language, perception, and even bodily functions.
3. Indirect expressions-There is a constant clash between feelings and emotions and it is common for the suicidal to show signs of ambivalence.

4. Inability to adjust-In regard to a youth's developmental level, there may be a challenge in understanding what is going on from a mental health disorder standpoint and that youth may be unable, even temporarily, to cope with life.
5. Ego- A protective factor in suicide is ego strength. A weakened ego combined with being exposed to a history of traumatic events can increase the risk of suicide in youth.

Avoiding Banal Platitudes:

-Exhibiting optimism and avoiding banal platitudes are important: Due to some professionals questioning the assertion that suicide postvention works, sound research must be used to support postvention.

Time Line for Trauma Work:

- There is a complexity to working in trauma, and for that reason it may take from several months, to the end of life for individuals to overcome and cope with the impact of trauma due to individuals move at their own pace.

The following seven steps provide a summarized detailed outline on the time line of trauma work, when working with school communities after a completed suicide or other traumatic event according to (Leenars & Wenckstern, 1998).

1. Consultation-When a postvention team (school administrators and staff, community personnel) has been established the leader of the team, often a mental health expert, begins to plan at every interval with an amount of discussion, coordination and planning. Continual consultation is needed to ensure that the relationship between the community and the school is addressed to avoid added stress and difficulties from arising.

2. Crisis Intervention-With the intensity of such a loss by suicide, there is a strong possibility of post-traumatic reactions occurring and such a loss should not be underestimated. Students and staff will be best served if a skilled crisis response team is in place to assist.
3. Community Linkage-Survivors of suicide should have the needed resources and appropriate supports available after a loss by suicide. The educational systems need to ensure that current, up to date relevant resources are accessible. Given the varied backgrounds of individuals, it is also important to have information available for culturally different students.
4. Assessment and Counseling-Once students have been identified by the postventionist or the school administrator for evaluation and therapy a referral should be made as soon as possible. Students should be seen on a one on one basis and not in a group setting.
5. Education-The key to providing educational support is the timing. Educational programs should only be provided once the aftershocks have become normalized. As part of suicide prevention information should be provided on the myths, indicators, what to do and where to go for help. Information can be provided via seminars, small assemblies and even workshops.
6. Liaison with the Media-Media has the unfortunate risk of sensationalizing suicide and glamorizing a tragic loss. Sharing of the details of suicide should come directly from the police department or the coroner's office. The school however would be best served by designating a media spokesperson and that generally should be filled by the postventionist. By having this position in place right after a

student has suicided ensures that information relayed will be accurate and is provided by an individual who is educated in postvention which in turn will have a positive impact on the media.

7. Follow-Up-From a clinical standpoint it is important to note that doing something is better than doing nothing and that by doing something there is room for positive change to best serve those impacted by a suicidal loss. From the implementation of a postvention plan to the ending, a supportive approach should be maintained. To help make improvements on future postvention, feedback should be provided by school administrators, staff and mental health professionals to determine what worked well, what needs improvement and what strengths and limitations were apparent.

Components of a Comprehensive Program:

-An all-inclusive program of health care on the part of a caring and open minded community should include prevention, intervention, and postvention. As determined by the Centers for Disease Control a comprehensive program around suicide should be developed with prevention, intervention and postvention. Regarding postvention there is not one method that will work in every situation so it becomes important to make sure that postvention plan is well equipped to best fit the needs of the academic community taking into consideration cultural diversity. Schools have a role in implementing a postvention plan and though the design may take time to perfect, doing something is better than doing nothing (Leenaars & Wenckstern, 1998). The above detailed outline is meant to guide communities in an educational setting. The aforementioned is only one example of how suicide postvention can be used in a school setting to help the bereaved move forward.

Summary of Principles of Postvention:

The above outline on the Principles of Postvention help school communities when a traumatic event such as suicide occurs. The effects of suicide often resemble "posttraumatic stress responses following other traumas" (Leenaars & Wenckstern, p. 358), so having a well-designed postvention plan in place can assist students and staff to move forward past the loss and back to a "normal" routine (Leenaars & Wenckstern, 1998). A school without a plan in place to recoup after a loss by suicide would not do justice to the community as a whole. The multifaceted design of the above plan takes into account several separate components that come together as one to advise students that it is necessary to be educated and open about suicide and that resources and help are available as needed (Leenaars & Wenckstern, 1998).

What becomes important to remember when implementing a postvention plan is that not all plans will be able to address the needs of everyone. Having a well-rounded plan that is continually evaluated is imperative. Important considerations to also include when reevaluating are outside variables such as underlying mental health issues, diverse backgrounds, media outlets, social media and the encompassing community. Expounding upon what policies and procedures are currently in place will ensure that more people will be served (Leenaars & Wencksern, 1998).

TEAM PROGRAM

Providing suicide postvention can be designed to use in a variety of educational settings. The National Association of Secondary School Principals has researched and implemented a comprehensive postvention plan called TEAM that is suicide specific to handle a crisis in an efficient and effective manner (Roberts, et al., 1998). Below is a detailed summary of the stages

that make up the postvention program TEAM as described in After a Student Suicide, the TEAM approach by (Roberts, Lepkowski & Davidson, 1998).

1. T-Developing a Team: The team should be compromised of school personnel to include counselors, school psychologists, specially trained teachers and area resource persons. It is worthy of mentioning, there should be the inclusion of the school social worker, special education director, school nurse and the principal from each school in the district. The function of this team is to ensure that implementation has been done and that there is strong level of coordination and communication. During this stage it would also be beneficial to introduce training on suicide prevention so there is a better understanding of suicide warning signs, what to do if a student talks about suicidal ideation and also to be aware of what the grieving process might look like for a suicide survivor. It is also important at this time is to make sure that people in relevant positions are identified: family and media liaison, group leaders and phone operator (Roberts, et al., 1998).
2. E-Establishing Procedures: At this stage the focus needs to be on the procedures of the postvention plan. In the case of a suicide, the first step is to try to verify the suicide as soon as possible. The verification needs to come directly from the family or from the police or coroner. Upon verification of the suicide, the process then begins with notifying all members of the postvention team. What becomes important in this step is to make sure that all faculty members are informed of the suicide. Highly recommend during this step would be to schedule a meeting prior to the start of the next school day. Once everyone has been informed of the suicide, discussion with the family should be done to ensure that only specific information has been disclosed

publicly. The media is also factored in at this step and every attempt should be made to prevent sensationalizing the suicide. When a news report has been made about a student's suicide, this impacts the entire community and for that reason only limited information should be broadcasted as to try to prevent copycat suicides. At this point in the plan, it is also best to establish guidelines regarding memorial activities. Students need to be able to express their feelings regarding the loss and attempts should be made to allow students to attend memorial services (Roberts, et al., 1998).

3. A-Arranging Supports: When someone dies by suicide, it becomes challenging to not only understand why, but just as disturbing is to also make sense of the emotions that are experienced. In this design the first support option is to arrange for small support group sessions. These sessions allow for students to express like emotions and grief that are experienced due to the suicide. Groups should be established as soon after the loss is made public in school and should be facilitated by a counselor or other trained individual. Though everyone grieves differently, it is important to relay the message that everyone is encouraged to grieve, but to acknowledge the fact that everyone may grieve in a different way. Support groups should be available for several days and as needed referrals may need to be provided for individuals that are having suicidal thoughts. Teachers and other school staff may also be in need of additional support during this difficult time. Support during this time should also be provided to the family of the deceased. The school liaison should connect with the family within 24 hours after the loss and then once again when time is deemed appropriate to deliver any personal items (Roberts, et al., 1998).

4. M-Monitoring Progress: During this final phase in the postvention plan, long term progress of the school environment should be assessed. Students who are determined to be at risk should be continually monitored by school personnel and referred for long term support as needed. Also during this time school personnel should be aware of the warning signs of suicide since it can take up to two years for recovery from the aftermath of a suicide. As an added extension to the school procedures moving forward is to continually evaluate and reevaluate postvention plans and also to consider adding forms of in-service training to students, staff and the community to educate on suicide prevention, intervention and postvention (Roberts, et al., 1998).

Summary of TEAM Program:

Losing even one student to suicide can have a detrimental impact on a school community. The TEAM approach is one example of a suicide postvention program in place that can help the entire community cope with the crisis of suicide and help the bereaved move forward (Roberts, et al., 1998). Knowing that suicide impacts entire communities in and out of a school setting, the TEAM approach is proactive in ensuring that parents are well informed of the postvention plan. Activities are planned at the beginning of the school period to provide educational awareness about suicide, peer pressure and mental health (Roberts, et al., 1998)

Worth noting compared to the Principles of Postvention model, the TEAM approach encourages the formation of similar like groups in the beginning of the grieving process. In comparing the design behind both programs, it would be interesting to have a research comparison between the two modalities of groups to see how the difference impacts survivors.

College and University Settings

Research indicates across the nation that institutions of higher education have a major public health issue with suicide (Cimini & Rivero, 2013). A well-developed plan with a collaborative protocol and response team in place can provide needed support during the time of crisis that ensues after a suicide. According to Higher Education Mental Health Alliance (HEMA) suicide postvention plans have a predetermined strategy outlined to effectively respond to campus deaths by suicide. The whole idea of implementing a postvention plan is to facilitate the grieving process, to stabilize the environment, limit negative behaviors and to help prevent further suicides through contagion. Below is a summarization of a written program outline that describes the steps that are suggested to be followed in the development of a suicide postvention plan specific to college or to university settings. The plan was designed by HEMA to better prepare the community on college and university campuses should there be a death by suicide (HEMA, 2014).

Postvention: A guide for Response to Suicide on College Campuses

Goal of Postvention: To help the campus community get back to a level of functionality that existed prior to the traumatic event. Postvention efforts should also be reevaluated after each traumatic event to help develop new skills (HEMA, 2014).

-Assist those who are trying to deal with the trauma and grief of the suicide. This can be done on an individual or group level to assess the emotional, mental, physical and behavioral response after the suicide.

-Help the community to return back to their routine prior to the suicide.

-Limit the chance of further suicides, in part due to other students who were suffering prior to the suicide may have an increased suicidal capability.

-To aid independent functioning, as well as helping faculty, staff and students solve problems.

-Facilitate understanding and help the campus community understand what has happened. Provide details on what impact suicide can cause and encourage the sharing of emotions.

-Remind the community that the suicide does not define the campus.

-Implement learning from current postvention to improve future prevention, postvention and response efforts.

Planning: It's highly recommended that postvention planning should be done in advance if possible and be geared towards suicide, but also flexible enough to use in other traumatic circumstances. Planning in advance for a suicide is highly recommend due to the number of emotions that follow after a suicide and because it can be challenging to move forward with a plan during a time of perceived chaos (HEMA, 2014).

-Timing: In responding to a campus suicide, to ensure a quick and accurate broadcast of the situation, a plan should be in place ahead of time. Having a small effective response is far better than a greater amount of help at a later time.

-Various departments and community members will follow their designated duties of the postvention plan and will follow guidelines around communication and coordination.

Forming a Postvention Committee: In establishing a postvention team, consideration should be made as to who the key stakeholders will be. Those key individuals will act as coordinators and will develop intervention guidelines. By doing this in advance plans will be in place in the event of a suicide. At this time other responsible individuals should be made aware of their role in the postvention plan (HEMA, 2014).

-Identification of responsible individuals should be well known prior to a suicide.

-There may be a variety of departments included in the prevention plan and that responsibilities may be shared.

-"A Chair should be appointed to the committee and "point persons" should be assigned to be the contact for any questions that may arise regarding protocol", (HEMA, p. 7).

-The Committee chair should have experience in suicide response and or student deaths and be a trusted individual in the community.

College and University Representatives: The following is a list of offices and individuals that may be part of the suicide postvention team (HEMA, 2014).

-Student affairs leadership: will act as the point of contact in the campus community in communicating about the student suicide. This group will also communicate with family members of the deceased.

-Counseling, psychological services and leadership: the entire campus community can benefit from the services from these professionals.

-Health center: may be included in making the first contact with the family of the deceased.

-Disability office: may have pertinent information regarding services about students who are at risk for suicide and may have additional resources to connect students to other support services.

-Campus security/police: coordination may be needed to manage areas of campus that may be unsafe.

-Financial aid/registrar or enrollment management: to communicate with the family after the student death to ensure that email notifications have been prevented in regard to enrollment and tuition.

-Campus media relations/public relations office: to assist with internal and external communication, to ensure accurate information is shared with the public.

-Residence hall leadership: to aid in the process of presenting family members with the deceased student's personal effects. Communication with other tenants in the applicable residence hall is also provided.

-Legal affairs/risk management office: stakeholders point of contact for consultation

-Chaplaincy: to provide support to grieving students on campus and to help relay messaging into the community.

-Fraternity and sorority life: included due to the relationships that are established between students in this type of organization.

-International student office: to collaborate after the death of an international student and to also develop protocols should a student who is studying abroad commits suicide.

-Campus office of environmental safety/local department of health: there may be concerns regarding safe handling of remains and also to ensure safe handling of remains.

-Information technology department: to help with communication needs due to staff needing to have a reliable connection via computer, internet and intranet services.

Postvention Protocols: As indicated by HEMA (2014), in order to ensure that a postvention plan is going to be best served to the campus community should a suicide occur, the following are key points to remember when implementing postvention protocols.

-Quickly assemble and unify available resources.

-Arrange for a plan to be administered within 72 hours of the known suicide and also arrange for long term recognition such as an anniversary of the suicide.

-Ensure communication is established on campus and with off campus agencies and ensure that offices are in place.

-Establish secure campus safety.

-Create clear procedures that are easy to implement and are easy to follow.

-Include varied campus representatives in the postvention plan and assign responsibilities accordingly.

-To be useful, the school has to specific in the postvention protocol.

-There needs to flexibility to be able to assist students and faculty in each unique situation.

-Be rooted in a particular position.

-Take into consideration the diversity of the student populations.

-After a completed suicide, address the complexity that often times is associated with mental illness.

-Convey information in an understandable manner and be aware of the diverse groups that are being served.

Implementation: As outlined in the (HEMA, 2014) guide, when the postvention stakeholders have been determined and the campus needs have been assessed, the stakeholders should proceed to outline a guide, that will question protocol regarding how the campus will assist students in the aftermath of a suicide. There should be a brief meeting by the postvention committee during deployment to evaluate effectiveness. It is important to note at this phase that self-care options should be provided to ensure that postvention members are not exhausted emotionally due to the intense work.

-In the event of a student suicide, how will pertinent information be relayed to the campus community? Campus media and social media should also be included in this step.

-After a completed suicide, if so needed what clinical services can students rely on?

-How will memorials be controlled on campus?

Communications: As indicated in the guide developed by HEMA (2014), after a suicide postvention protocols should be addressed on how to best relay information shortly after the loss. If the information is not disclosed in the concise way in which it was developed in the postvention plan that could impact other steps moving forward. Accurate information should be shared once it is known to avoid gossip and misinformation from being shared. With the amount of technology that is used it is also advisable that roommates and friends try to limit social media. It is important to understand that during communication there is always the possibility of change as information changes. During postvention there is both communication that is relayed across the school campus, but also there is a dissemination of information that is provided to the public via the school system.

-A decision needs to be made as to how communication will be relayed to students, campus faculty and staff and, and outside media.

-What type of information will be shared depending on what is known and if there was any requests of the survivor.

-Communication needs to be coordinated carefully between media, student affairs and counseling services.

-Educated safe information should be relayed regarding suicide, omission of the details of the suicide are suggested as to avoid suicide contagion. In regard to sharing information pertaining to the suicide, it is advised that notification be done via written format or e-mail, with the understanding that whatever is being circulated on campus may reach media outlets so the details should be vague.

-Communicating with friends of the deceased may be done face-to-face as a way of providing a one on one connection with the survivor to determine their well-being.

-Communicating with faculty should come directly from the Deans to address any scheduling conflicts with survivors and who students should be referred to should there be any academic or mental health issues that arise.

-Communicating with the family of the deceased must be done in a respectful manner due to the nature of the loss. It is important to understand that the family must be consulted about the details of the suicide prior to disclosing any information to the community. It also may be helpful to compose a script to communicate as a way of expressing empathy and understanding.

-when a student has suicided on campus, a physician from the college or community and a campus chaplain or postvention coordinator should contact the family by phone as soon as possible.

Clinical Services: As developed in the HEMA 2014 guide for response to suicide on college campuses, one of the main goals of the postvention development is to help those who have been impacted by suicide. Working with individuals to address the grief and trauma that is experienced is important in helping the bereaved move forward. As part of the postvention protocols, easily accessible clinical interventions should be implemented to help the campus community stabilize emotionally.

-The clinical response team should be made up of counseling center staff and as necessary backup from faculty in social work, psychology, local medical center or other local resources.

-To help return the campus back to a level of normalcy prior to the suicide, individuals will look to those leaders in mental health to help provide a sense of support and reassurance.

-Clinicians should be mindful of their personal level of distress and to practice self-care to help alleviate the impact of the trauma.

-After a suicide, members in a contained community are at an increased risk for suicide. Postvention should focus on being vigilant in providing support to those most at risk for suicide. Those suffering with mental illness may not openly seek out help, so members of the postvention team should be aware of that challenge and pursue interventions as needed.

-Available postevention services should be publicized throughout campus regarding how and where to connect for support services, but this should never be forced upon students.

-Information should be relayed to students on self-care, differences in grieving and how to practice self-coping techniques.

-Depending on the availability on campus, small and individual support sessions should be made available. If the deceased was part of a sport or organization it may be beneficial to implement a large group discussion and navigate from there as needed into smaller groups.

Summary of Postvention: A guide for Response to Suicide on College Campuses

Recommendations by organizations reviewed suggest that with a good plan in place, postvention efforts can have a positive effect on suicide prevention (HEMHA, 2013). Crimini and Rivero (2013) discuss the importance of having a comprehensive crisis and postsuicide protocol in place that will guide the college or university on the proper policies and procedures that should be followed after a death by suicide. Given the fact that a college or university campus is so vast and employs a variety of individuals, it is worth mentioning that with the plan implemented by HEMA the model thinks very broadly about the people that are involved directly and indirectly in postvention efforts.

As part of the postvention efforts on a college or university campus, there is an outward movement from suicide. To work outward from the suicide, is to take the focus off of the deceased individual and to focus on families, friends, campus and the community as a whole. In

order to help the community heal from the suicide and move forward there should be a focus on identifying family members, friends, peers, classmates, advisers, employers and other individuals that were connected to the deceased. By reaching out to this vast group, there is assurance that those suffering from the suicidal loss will be encompassed in the healing process. Communication can be done in person, by phone, by e-mail or also by meetings on school property (Cimini & Rivero, 2013).

It is important to mention that those who are impacted by a suicide loss may take time to surface and the discovery of such individuals may only be detected via social media. College students are very active online and there are many outlets for students to express not only the emotions behind the loss, but it can also mean there may be an increased risk of additional suicides. The school should make an effort to connect with deceased family to make the family more aware and to also be able to have the ability to monitor on line sites (Crimini & Rivero, 2013). On a positive side, research supported by the National Suicide Postvention Lifeline (2010) has indicated that social networking sites may be used as a means of providing resources on suicide prevention and intervention for those individuals who may be going on line to mourn the loss of someone that has died by suicide.

A well designed suicide postvention protocol that incorporates prevention and intervention with clearly defined steps will benefit from implementation of such a program. Having a supportive college or university campus that supports suicide postvention will also help to ensure that all efforts are being made to help the campus community heal and move forward.

Suicide Postvention in a Community Setting

Providing active postvention in a community setting was a theme that was consistently found in the research. When a person experiences the aftermath from suicide, survivors often try

to answer the question of why. The complexity of suicide is abundant and can be overwhelming for survivors to handle on their own and survivors are often left to question what to do next and how to best move forward (Cerel & Campbell, 2008). As originally coined by Shneidman (1967) postvention is providing an effort to assist grieving suicide survivors. As a way to help survivors in the community during this difficult time first responders can be given training on suicide postvention to better understand what to say and how to say it. In addition to educating first responders, research has shown that implementing suicide postvention teams to provide immediate contact with survivors can help to provide support and instill hope (Campbell, et al., 2004). By having support as close to the time of death as possible that will allow survivors to connect with fellow survivors and that will also allow for relevant resources to be disbursed that can aide in the healing process.

One of the active postvention programs that stood out in the research was the implementation of the Local Outreach to Survivors of Suicide (LOSS) program by the Baton Rouge Crisis Intervention Center. The LOSS Team in Baton Rouge, Louisiana, was founded under the guidance of Dr. Frank Campbell, LCSW. The design of the program was centered on allowing crisis center staff and fellow survivors to respond to the scene of a suicide as close to the time of death as possible. At the implementation of the LOSS program the team was made up of twelve volunteers who were recruited, four staff and eight survivors. Currently the team is made up of only survivors. The group receives survivor visitor training and continues to have ongoing monthly training to enhance skills and to develop protocols. To provide support to the team there are also varied mental health experts that help to oversee the team. Included in the training process, the coroner's office is assigned to educate survivors on crime scene etiquette. Both crisis center staff and survivors received specific training on how to respond to the scene of

a suicide. The design of the active model of postvention is centered on dispatching trained individuals to distribute resources and support to the newly bereaved, which will help to eliminate the need to seek out information on their own (Cerel & Campbell, 2008).

The LOSS program is a distinctive model that varies from other outreach programs available to survivors. Defined below is a summarization of the main concepts of the LOSS program (Campbell, et al., 2004; Campbell, 2015).

1. Members of the LOSS team will do their due diligence in order to meet survivors on site to the scene of the suicide.
2. The LOSS team works specifically with past survivors and relies heavily on that connection in order to build a safe trusting relationship with survivors. In having survivors connect with past survivors there is a bond that develops that will allow for an honest conversation and a sliver of initial hope.
3. The LOSS team also has a connection with first responders (law enforcement, emergency services, fire department, funeral home, etc.) which will in turn allow survivors to have choices, which may not exist if it was not for the relationship with the LOSS team.
4. With the LOSS team following an active model of postvention that will allow referrals to be provided at the scene. By ensuring that resources are provided to the survivor at the scene, the length of time from the death to seeking out support is greatly reduced. In addition, referrals are distributed to immediate survivors, but also to anyone else at the scene who is needing support. Friends, neighbors, coworkers can often find they are overlooked on scene. In either case, the sooner resources are in hand, the more likely they will be used in a timely fashion.

Since the time of implementation, the LOSS team has had a positive impact the community. First responders who are first to arrive on the scene of a suicide have been able to relate with survivors on more of an empathic, respectable and professional level. That connection established with survivors at the scene has evolved into a new understanding of how important communication at first contact is necessary. Prior to first responders being trained on postvention services, there was a lack of understanding that resulted in survivors feeling uncomfortable and often offended by inappropriate comments. Members of the LOSS team have also provided support to first responders by opening up a line of communication that allows first responders to open up about the emotional impact tied to working in a traumatic situation (Campbell, et al., 2004).

Members of the LOSS team who venture out into the community to aid new survivors are exposed to potential trauma and therefore their mental health and well-being should continually be evaluated and supported. The success of the LOSS team has partially been based on assessing members for depression anxiety and grief. As part of the LOSS Program a research component approved by the Louisiana State University's International Review Board has been established. During the first three years, each member of the LOSS Team completed the Beck Depression Inventory, the Beck Anxiety Inventory, and the Hayes-Jackson Bereavement Inventory. Every 60 days, a comparison is made with a group of survivors to compare results. Survivor team members indicated that in being able to help new survivors at the scenes of suicides allowed them to heal from their own losses. The research was designed to test the effectiveness of the program by comparing levels of depression, anxiety, and bereavement scores between those on the LOSS team compared to nonmembers. Continually results indicated that those members who are involved in the LOSS team regularly had lower levels depression, anxiety and bereavement scores which in turn resulted in lower levels of distress than survivors that did not participate on

the LOSS team. Lower Levels show that the LOSS Program may have a positive impact on team members (Campbell, 2015).

Shneidman indicates that both local and national programs that focus on suicidology need to include all interrelated components of prevention, intervention, and postvention in order to be successful (Shneidman, 1973). Research has shown that there is support for the implementation of suicide postvention in many communities and slowly new programs are emerging or are being interwoven with existing prevention and intervention programs. One such program that has been implemented in almost each state in the United States plus a few locations abroad is the nationally designated best practice program of NAMI-New Hampshire Connect Suicide Postvention Program. The success of the program is based on the use of a theoretical foundation that is grounded in a socio-ecological approach. The belief is that suicide reduction can't be centered just on one person who decides to take their life, but it involves relationships, communities and the diverse larger society as a whole. The approach behind Connect is that those seeking to help cannot have a positive impact on suicide without taking into consideration the multiple environments that are impacted by a suicide loss (theconnectprogram.org).

The customized training and interaction with experts in the field of suicide prevention and postvention is designed to work with diverse populations and training is done by master trainers or clinicians in the field of mental health. In this model, training in postvention is done on site at the community's designated location and generally is done over a three day period with a focus on promoting healing and working to reduce the risk of contagion after a suicide. Skills acquired will teach those involved in postvention to safely talk about suicide, which will include talking to media about the best way(s) to relay information about suicide. The goal is that

communities will take those skills and develop an integrated response system for future suicides in the community (theconnectprogram.org).

Summary

In closing, the narrative review supported the research that suicide continues to be a major problem in society. The research reviewed supports the conclusion that when someone suicides, the family nucleus, circle of friends and varied communities are all impacted by the loss. With the intense emotions and stigma that are associated with suicide, there is a greater risk for suicide contagion or that survivors will not seek out need support in a timely manner or will not know where to turn.

Suicide postvention is a key piece that needs to be implemented and integrated with suicide prevention and suicide intervention. Themes that stood out in the research focused on providing a detailed description of what the components of suicide postvention entailed and how active postvention can be used. Successful implementation should include planning, monitoring, and working outward from suicide and should involve a strong support system. Suicide postvention is applicable to first responders, members in an educational setting and to members in the community. The research indicates that survivors who experience complicated grief, need support tailored not just to suicide loss in order to help the bereaved move forward.

Discussion

The present study was based on findings that were provided during a narrative review. In focusing on this form of a systematic review the researcher was able to select relevant materials and to cite model programs that could be used to address suicide postvention and how to help the bereaved move forward. A total of eighteen resources were utilized as indicated in Table 1. The resources used included peer reviewed articles, one published book and published professional

development programs. The themes that emerged during the research process were: active postvention, suicide postvention in an educational setting and suicide postvention in a community setting. Throughout this process the researcher focused on these three main categories with the intention of finding answers that pertained to several questions regarding varied aspects of suicide and suicide postvention.

General Findings

When someone dies by suicide, the loss impacts family, friends and communities alike. The grieving process for survivors is multifaceted and varies from one person to the next. Suicide, unlike most other deaths, carries with it a great deal of shame and stigma and can cause survivors to shut down. In shutting down survivors in turn avoid seeking the supports needed to address the complex emotions they are experiencing. The worst case scenario for survivors is to internalize the complicated grief they are experiencing, which in some cases may result in long term suffering and possibly a suicide attempt.

One of the goals that suicide postvention was designed to accomplish was to educate communities as a whole. Training should be made available to all first responders as well as school counselors and staff, faith leaders, experts in the mental health field and also substance abuse providers. In providing training to varied members in the community the proper skills and tools are in place to be implemented which in turn will help forthcoming survivors after a suicide, and may help to prevent future suicides. In order for postvention efforts to be successful they must be included along with suicide prevention and suicide intervention (Andriessen, 2009; Aguirre & Slater, 2009; Andriessen & Krysinska, 2012).

One of the positive findings in this study was that postvention can help not only new survivors, but also existing survivors. Postvention programs that are implemented in an

educational setting are geared to train all staff on what to do when there is a student that has suicided. Providing all responsible parties with an active role in helping students cope with a recent suicide, encourage students to openly express emotions and also to keep a watchful eye on students that may be struggling as to avoid suicide contagion (Fineran, 2012). One key point is to ensure that a team or committee is in place well in advance of ever needing to use it. At the same time as having a team or committee in place, there is also an advantage to having a plan developed and in place at every grade level prior to a completed suicide. Continual evaluation should be made by all members and also on the design of the postvention program.

In a community setting when there is a new suicide, existing survivors are dispatched to the scene of the suicide to connect with the newly bereaved. In having an early connection with someone who shares a commonality of suicide, there is a greater chance for the existing survivor to provide resources and information at the scene. In forming that early relationship there is a glimmer of hope for the new survivor as there is guidance provided by someone that really has an understanding of what they are experiencing. The existing survivors as well feel a value in helping provide hope and strength to survivors to be able to move forward in the grief process (Campbell, et al., 2004).

The protocols in each specific program defined present a range and some variance in the policies and procedures that are implemented, specifically in terms of the question of whether to offer individual or group level intervention. However, in general, the research that was compiled in this narrative review indicates that both can be appropriate, sometimes depending on age, in working toward helping suicide survivors in restoring equilibrium.

Strengths and Limitations

One of the strengths in this study was the inclusion of the active postvention programs that are currently being used both in an educational setting and in communities. The information provided in the programs mentioned support that suicide postvention programs can be designed and implemented and they can work. Most relevant in the research was the background behind the Connect Program that was formed with the help of The National Alliance on Mental Illness New Hampshire that is continuing to provide training and education on suicide postvention and intervention to locations across the United States as well as a few countries abroad (NAMI, 2016).

In this study there were two primary limitations. The first is in regard to the cost of postvention training or services. Though it was determined that several volunteers help make up postvention services, there was never an indication of the cost of providing these trainings or services. Without knowing the cost comparison of training and program implementation cost may hinder the ability for schools and or communities to be proactive in postvention services. Secondly, the study did not specify if suicide postvention was counter-indicated for a particular population. Broader research in relation to things like crisis debriefing is mixed when it comes to the question of whether it is helpful to intervene with *all* new survivors and when it would be best to provide a varied amount of support and resources to help aid in the healing process.

Implications for Future Research

Suicide is a problem that, although not dispersed equally in terms of risk, exists on every level in society. The findings in this study support the need to implement a postvention program into existing prevention and intervention protocols that are already being used. In moving

forward, it would be valuable in an educational setting to see if there is a difference in success rates between diverse school settings where postvention services are being used.

On both a community level and in educational settings, it would be worth further examination to compare the needs and experiences of people of varied ethnic and racial backgrounds. Having a program that is tailored specifically to a diverse population can help to ensure that future survivors will have access to postvention services that are designed to meet the needs of the community. When focusing on entire communities and educational settings there is an ever-evolving development in technology. It would be worth looking into the research behind the success of how using a variety of prevention, intervention and postvention services online or via texting or crisis outlets might help to not only prevent suicides, but to also foster healing for those bereaved by suicide.

Implications for Social Work Practice

Social workers are employed in a variety of settings both in an educational environment and in private and public practice in the community. Regardless of the position filled, social workers time and again run into situations where suicide will come into play. Research indicates that suicide is a widespread problem and social workers would be well served to learn about suicide prevention, intervention and postvention services. Suicide is complex and diverse and can be extremely intimidating, but that should not hinder social workers from learning about what can be done to save someone's life when those struggling are looking for help. Varied trainings on line and in person can be utilized in order to help those who are struggling with mental illness as well as suicide.

In an educational setting social workers should be working on a postvention team to provide support as needed to work with students after a suicide. If a postvention team is not in

place, social workers would benefit to work with the school community to help put something into place. Social workers should also become very familiar with symptoms of suicide and coping mechanisms as well as being able to provide resources for those struggling with self-harm and or suicidal ideation. By taking the initiative to learn about suicide, social workers can gain confidence and feel comfortable in talking with students who are in crisis or suicidal. With the added stress and emotions that often are produced by suicide social workers should remember to continually practice self-care to address the intense emotions that are experienced in working with suicide.

Social workers working out in the community should anticipate when there is a reported suicide in the community that there may be an increase in the number of clients that are being served. In a clinical setting the skills that are acquired regarding suicide prevention, intervention and postvention are all valuable in working with clients. Social workers would be wise to seek out training either in or out of office to best meet the needs of all clients who are either suicidal of are survivors trying to move forward.

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Table 1

Study	Theme	Summary
Andriessen & Krysinska 2012	Active Postvention	Discussion on the serious issues around suicide bereavement and postvention and what future developments are necessary. There is also discussion around a clinical perspective and how suicide bereavement differs from other forms of bereavement.
Cerel, Padgett, Conwell, Reed 2009	Active Postvention	The functionality and efficacy of survivor support groups. Focus is on the support group makeup with attention to when the best time to join a support group would be.
Leenaars & Wenckstern 1998	Active Postvention & Postvetnion in Schools	Postvention services that are utilized in schools to help with the after effects of suicide and trauma. The need for researchers and postventionists to work together.
Andriessen 2009	Active Postvention	Review of the current status of postvention support. Definition behind survivor and postvention. Also important is the logic behind who needs postvention, where to find it and if it works.
McKinnon & Chonody 2014	Active Postvention	A qualitative study based in Australia exploring the formal supports that are used by people who are bereaved through suicide. Impact of suicide and the support systems that are needed.
Berman, Jobes, Silverman 2006	Active Postvention	History of Suicidology and the survivor movement as well as suicide survivorship with emphases on postvention education.
Aguirre & Slater 2009	Active Postvention	Suicide postvention as suicide prevention. The need for increased postvention services and the need for more research.
Shneidman 1973	Active Postvention	Edited book by Edwin Shneidman, that provides a chronological history of suicide from 1910-1968. Insight is provided on suicidal behavior, prevention, intervention and the introduction of postvention.
Fineran 2012	Postvention in Schools	The role the school counselor plays in helping to design and implement postvention services. The belief in having an active plan in place is that there will be assistance in helping students when a crisis situation arises from a suicide which will help to eliminate suicide contagion.
Maples, Packman, Abney, Daugherty, Casey, Pirtle 2005	Postvention in Schools	A child's suicide is described through the eyes of a school counselor. This article describes the feelings and steps that were experienced by the school counselor and examines what plans were suggested to be implemented in the wake of future suicides.
National Suicide Prevention Lifeline: Lifeline Online Postvetnion Manual 2015	Postvention in Schools	Online postvention model that can be used by members in a community and school setting. The belief is that postvention services that are being offered in the real world should be replicated on line. Information provided as well on suicide prevention services and the 24 hour national suicide prevention hotline.

Roberts, Lepkowski, Davidson 1998	Postvetnion in Schools	The design of the TEAM approach that is currently being used in a high school setting. Postvention services under this design develops a team, establishes procedures, arrange supports and monitors progress.
A Higher Education Mental Health Alliance Project 2014	Postvetnion in Schools	Postvention: A Guide for Response to Suicide on College Campuses. The resource is intended as a way to educate college and universities on how to be better prepared for a crises and or campus death.
Cimini & Rivero 2013	Postvetnion in Schools	Using post suicide intervention as a form of prevention to be used on college and university campuses. Information was factored in to include the role of social media and campus media. Included as well as information on self-care.
Campbell, Cataldie, McIntosh, Millet 2004	Postvetnion in Communities	In depth description of the design behind The LOSS Program based on the active postvention model. Information behind the implementation of educating first responders in responding to survivors at the scene of a suicide.
Cerel & Campbell 2008	Postvention in Communities	Examining the role of an active postvention model, using archived data from the Baton Rouge Crisis Intervention Center.
The Connect Program 2015	Postvention in Communities	Guide on suicide postvention training that can be utilized in communities as well as on college and university campuses and social service agencies Designed using nationally designated best practice protocols.
National Alliance on Mental Illness 2015	Postvetnion in Communities	Description of the implementation of postvention services in the state of Minnesota via the training by the National Alliance on Mental Illness