

# **Suicide “Postvention” Managing Grief and Trauma After Sudden Loss**

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Richard Jones is an experienced therapist, clinician, and health care entrepreneur operating primarily in the behavioral health space. Richard has wide-ranging professional experience across nearly all behavioral health domains, including mental health, substance use disorders, co-occurring disorders, and intellectual disabilities.

He has over 20 years of management experience and has been instrumental in the launch and rebuild of multiple programs nationwide. Richard is passionate about providing quality care and supporting people in need. He has been the founding CEO of two non-profit organizations and two for-profit businesses dedicated to disrupting the behavioral health space for the betterment of people in need.



- Masters Arts (MA) Sociology
- MBA with Concentration in Healthcare Management
- Licensed Clinical Addiction Specialist (LCAS, # 4752)
- Certified Co-Occurring Disorder Professional (CCDP, # 5492)
- Certified Clinical Supervisor (CCS, # 4752)
- Internationally Certified Advanced Alcohol and Drug Counselor (ICADC, #114793)
- Internationally Certified Clinical Supervisor (ICADC, # 600033)
- Internationally Certified Co-Occurring Disorders Professional (ICADC, #300087)
- Department of Transportation Substance Abuse Professional (SAP, #13546)
- Certified ARISE Interventionist
- Certified Employee Assistance Professional (CEAP, #48034)
- **Certified EMDR Trauma Therapist**

- There are no good words ...
- Understanding the impact and mitigating risk
- Grief in general and grief specific to suicide
- Collective trauma
- Individual trauma
- Self-care
- Learn to listen
- Be kind... most people are hurting units not “bad people”
  - Attributed to ignorance rather than malice

# There is no “time frame” for “getting over” grief.

- The Empty Chair-forever
- Easy to get caught up in the moment.
- Flooded with memories.



## Disenfranchised Grief in the Workplace (IRMI, 2023):

- [Disenfranchised grief](#) describes what happens when the people around you invalidate your grief.
- This type of grief frequently emerges in those who are affected by a loss but are considered "too distant" for it to merit anything more than an afternoon off or a brief hug.

It can manifest as comments like, "Why are you so sad? It's not like you were close," or, "Shouldn't you be over this by now?"

# What does IRMI say about “postvention”

- Understanding your occupation's risk of suicide
- Safely communicating the suicide death
- Offering help to those affected
- Referring employees or coworkers to grief, trauma, and mental health resources
- Restoring balance in the workplace
- Drafting a suicide prevention, intervention, and postvention plan

**Postvention is not an event.  
Or a checklist.**

**Postvention is a process.**

“LONG-Tail problem” ...

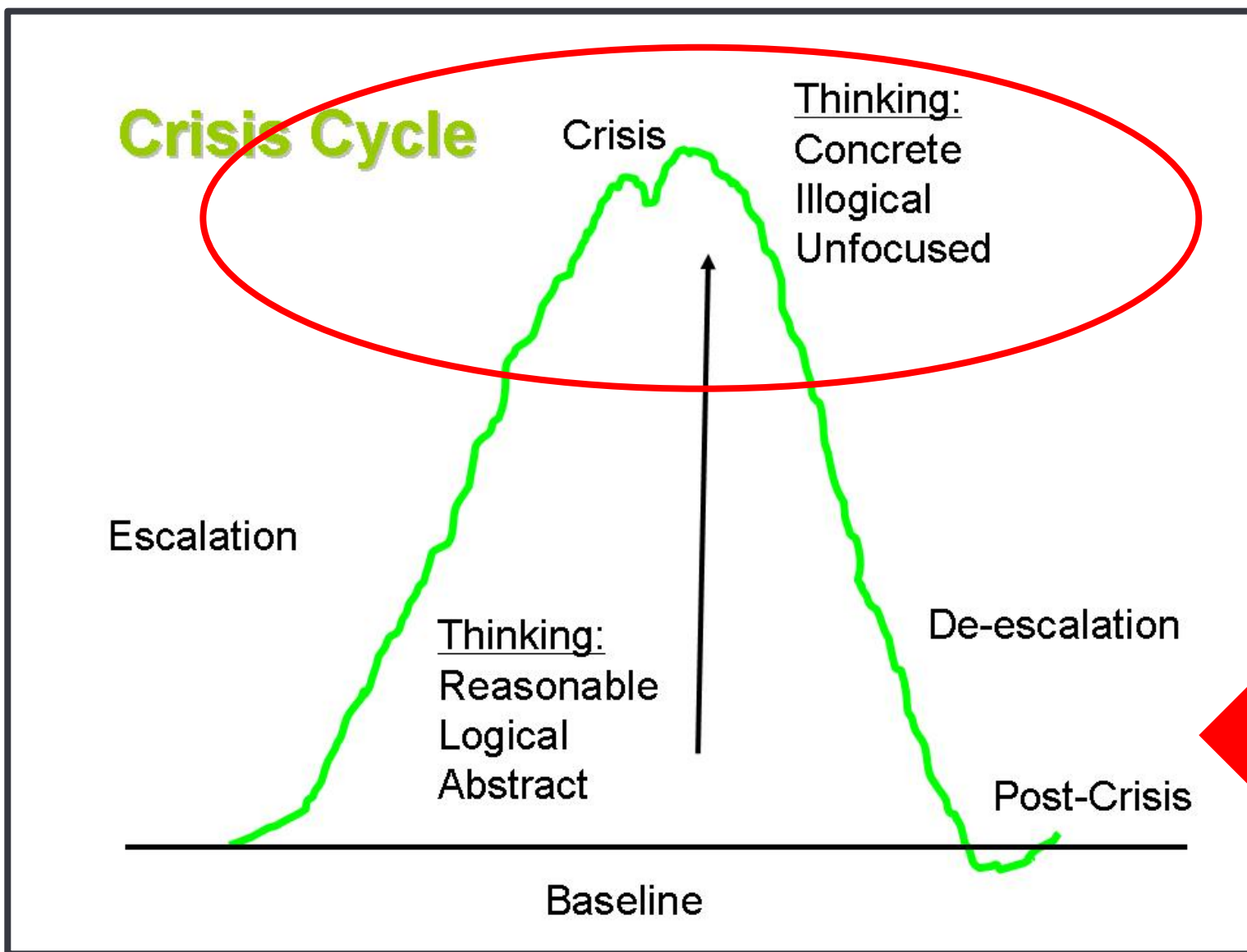


"Active postvention," says Louise Flynn, a psychologist from the Australian suicide postvention program Support after Suicide, "understands that people are so affected by the experience of suicide loss that they won't have the energy to reach out for support." Dr. Flynn also touches on how "stigma and shame can also prevent [one from] reaching out."

We expect people to reach out for help. But the condition itself makes "reaching out" nearly impossible.

# Collective and secondary trauma





# Give yourself a break

- You won't be able to concentrate.
  - You will feel “zoned out”.
  - Your mind will race.
  - You may find yourself self-medicating.
- 
- This is all normal reaction.

# Suicide Helpline: 988

**The mental health consequences of suicide for those “left behind” are varied and individualized.**

**It’s not “normal grief”.**

## Collective trauma | Community Impact

Studies show that the community at large can experience a psychological toll, including a decreased perception of safety and increased levels of anxiety.



# Trauma

A traumatic event is one in which a person experiences (witnesses or is confronted with):

- Actual or threatened death
- Serious injury
- Threat to the physical integrity of self or another
- Responses to a traumatic event may include
  - Intense fear
  - Helplessness
  - Horror
  - Attachment

# PTSD (criteria)

Exposure to actual or threatened death, serious injury etc...

1. Directly experiencing the traumatic event(s).
2. Witnessing, in person, the event(s) as it occurred to others. (Hearing about the event?)
3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).

Suicide (or a violent incident) is especially difficult **because it is more disruptive to our fundamental sense of “what is normal”**.  
(International Society for the Study of Trauma and Dissociation, 2009)



Perception of trauma varies vastly among individuals.

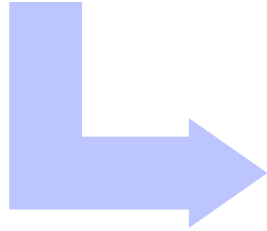
Trauma is something that overwhelms our coping capacity

- Affects the whole self
- Physical
- Emotional
- Intellectual
- Spiritual

# The information processing system...

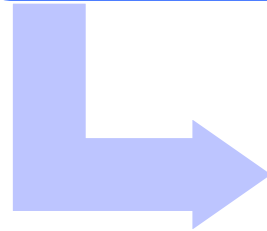
event

- “trauma event” is subjective. Bad thing happens. Completed Suicide for example.



Process

- “talk” to people. Get support. Feel the love.



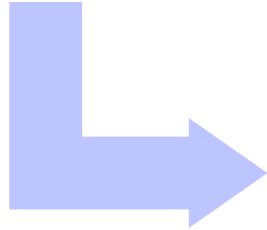
“settled”

- Not happy about it but able to move along

# Coping with bad things and the importance of processing things...

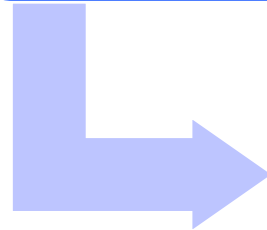
event

- “trauma event” is subjective. Bad thing happens.



Process

- No one to talk to. “Stuff it” or “it’s simply too intense”.



“STUCK”

- ACTED OUT; SELF-DEFEATING BEHAVIORS; COPING/RELIEF...

# After the dust settles

- Irritable and unable to settle down.
- Always on your toes (hypervigilant)
- Intrusive thoughts
- Nightmares
- Increased substance use
- Angry / outbursts
- Isolation
- Avoidance

# Depression

- Trauma manifest as depression
- Hopelessness
- Hypersomnia or insomnia
- Suicidal ideation
- Lack of interest in pleasurable activities.
- “Walking through wet cement”
- Dramatic change in appetite



# An inability to be content...

“nonspecific psychological distress,”

**Change in “baseline”.**

**You will know it when you see  
it.**

# If concerned about someone else. Have the talk. Think “S.A.F.E.R.” as a guideline

- S – Setting:** Where are you going to have the talk? Keep it private, keep it confidential, give yourself enough time. Find the right setting for this type of conversation.
- A – Attitude:** Make sure you are in a supportive frame of mind. For example: Don't have the talk when you are angry or resentful about something the person did. Vice versa: If the person is openly angry might not be right time for the conversation. Common sense.
- F – Follow up:** Always plan for some type of follow up check in: “is it cool if I call you next Wednesday to see” ...
- E – Empathy:** Make sure are doing this from perspective of support and caring. Not a disciplinary meeting.
- R – Ready / Referral:** Prepare ahead of time for the conversation. Be READY with REFERRAL options/information.

# What can you do?

- Talk about it.
- Support one another.
- Actively engage in a stress management plan (YTH course)
- Coaching
- Therapy
- **KNOWLEDGE IS POWER.**

# Self-Care

- Group support (specific types)
- The Free Three
- Gratitude?

**“Action may not always  
bring happiness, but there is  
no happiness without  
action.”**

**-William James**

40% of happiness is under voluntary control.

Our daily routines, intentional activities (internal and external)

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SAVORING THE POSITIVE:  
The 'PHOTO ALBUM'



**Why do bad things happen to  
good people?**

**This makes no sense!**





Between stimulus and response  
there is a space. In that space is our  
power to choose our response. In  
our response lies our growth and  
our freedom.

— *Viktor E. Frankl* —

**AZ QUOTES**

## Tips for Writing to Heal

- Find a time and place where you won't be disturbed
- Write continuously for at least 20 minutes
- Don't worry about spelling or grammar
- Write only for yourself
- Write about something extremely personal and important for you
- Deal only with events or situations you can handle now

## Certified Professionals

State-certified ACE coaches are NAADAC-trained and understand maintaining a high level of engagement will achieve recovery goals, while leveraging their own lived experience to deliver effective, compassionate support.

## Accomplish Recovery Goals

Harm reduction and motivational interviewing are the foundation for all coaching activities. Integration of family and community programs into the recovery planning process is provided to clients and their families.

## Develop New Behaviors

Proactive coach outreach helps maintain a positive outlook on the recovery journey by developing new behaviors and increasing social support which will sustain accountability.



**We need to slow down  
and really listen to  
each other...**

**You do not know the burden  
carried by the other person.**

**You don't know the whole story.**

# There is always more to the story than meets the eye ...

- Be curious.
- Be open.
- BE HUMAN.



Photo by [Scott Walsh](#) on [Unsplash](#)

## **Getting Run over by a Bus Hurts**

It hurts in more ways than you can imagine.

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Thank you for your time!**

**Questions?**

## AGC: Youturn Health Inquiry

