Understanding and Navigating the Impact of Veteran Suicide: Postvention in the VA

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Agenda

• Suicide Postvention Overview
• Postvention in the VA
• Impact of Suicide Loss on Providers
• The Role of Psychology Leaders in VA Postvention Efforts
• Postvention Resources
Suicide Postvention Overview
What is Suicide Postvention?

- Suicide postvention is a constellation of services that provide **organized, immediate, and on-going support** following a suicide loss.
- It promotes healing after suicide loss and reduces suicide risk for those impacted.
- Postvention is an important part of successful suicide prevention efforts.
Postvention Aims to Reduce Suicide Risk

Postvention attempts to identify those at risk for suicide and provide early access to support and resources, thereby reducing risk. Postvention should target two groups:

- **Individuals who are grieving**
  - Witnessed the death or aftermath
  - Knew the deceased and/or family of the deceased
  - Directly impacted in other ways

- **Individuals who are vulnerable**
  - Experiencing mental health challenges
  - Experiencing suicidal ideation
  - Have experienced other suicide losses
  - Identify with the individual or story for other reasons
Suicide in Our Communities

For every 1 life lost to suicide, 135 others are exposed.

In the U.S., over 6 million people are exposed to suicide losses each year, a number that exceeds the population of Colorado. With 135 people exposed to each suicide anyone in your life, such as your neighbor, coworker, hairdresser, friend, gym instructor, bus driver, brother-in-law, former classmate, or coffee shop owner, may have been touched by suicide.

Cerel et al., 2019
Suicide Loss Survivor

A suicide loss survivor can be defined in several ways, including:

“A person who has lost a significant other (or a loved one) by suicide, and whose life is changed because of the loss.”

— Andriessen, 2009

“Someone who experiences a high level of self-perceived psychological, physical, and/or social distress for a considerable length of time after exposure to the suicide of another person.”

— Jordan & McIntosh, 2011
Suicide loss is **different** than other kinds of loss

In addition to more universal grief reactions, survivors of suicide loss may experience post-trauma symptoms as well as guilt, confusion, abandonment, shame, and anger.

They may also face stigma and blame.
Postvention in the VA
Postvention is Integral to National Suicide Prevention Efforts

National Strategy, Strategic Direction 3: Treatment and Support Services

Goal 8
Promote suicide prevention as a core component of health care services.

Goal 9
Promote and implement effective clinical and professional practices for assessing and treating Veterans identified as being at risk for suicidal behaviors.

Goal 10
Provide care and support to individuals affected by suicide deaths and suicide attempts to promote healing and implement community strategies to help prevent further suicides.
President’s Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS)

**Recommendation 5: Agency Action 29**

**Recommendation 5:** Encourage employers and academic institutions to provide and integrate comprehensive mental health and wellness practices and policies into their culture and systems.

**Fiscal Year (FY) 2022 Agency Action 29:** Continue to expand and enhance postvention services across the VA system for employees who have experienced loss secondary to suicide.
## Network Directors Performance Plan (NDPP)

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<th>Critical Element 4</th>
<th>Measure</th>
<th>Scoring for Demonstrated Performance</th>
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<td>4a: Improved Community Coalitions through Suicide Prevention (1.3; 2.1)</td>
<td>Demonstrated involvement and expansion of Suicide Prevention 2.0 priorities.</td>
<td><strong>Exceeds Fully Successful:</strong> Senior leadership participates in community coalition activities (at minimum, 4 x per FY). Develops and implements systemwide postvention policies. Demonstrates community coalition activities with Gov Challenge, VISN CEPC efforts, Together with Veterans. Promotes lethal means safety in facility and community with evidence of training of personnel and distribution of gun locks. <strong>Outstanding:</strong> Demonstrates significant expansion of lethal means safety training and gun lock distribution within the local community and leads initiatives within SP 2.0 Community efforts – from the senior leadership level in collaboration with community partners.</td>
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Network Directors Performance Plan (NDPP)

Suggested goals that Network Directors could adopt include:

1. Establish a facility-specific Postvention SOP, in the performance year for 100% of your facilities.
2. Offer postvention resources and support (as outlined in the Postvention SOP) in 100% of suicides that the Suicide Prevention Program is alerted to.
3. Support the creation of an interdisciplinary Postvention Team at each facility in the VISN in the performance year.
Specific VA Postvention Efforts

- USPV Website
- Suicide Risk Management Consultation Program
- FY21 Postvention Team Pilot
  - Final Report (recommendations for establishing postvention teams)
- Development of USPV Postvention SharePoint
  - Creation of USPV recommended postvention practices
  - Sample notification emails
  - Training Materials, PowerPoint Slides (coming soon)
Impact of Suicide Loss on Providers
Providers as Suicide Loss Survivors

The “Occupational Hazard” of Suicide:

1 in 2 psychiatrists and trainees, 1 in 5 psychologists, clinical social workers, and other mental health professionals will lose a patient to suicide during their career.

Fear of Suicide Loss:

97% of therapists endorse losing a patient to suicide as their greatest fear.

Impacts:

• Therapists have described losing a patient as “the most profoundly disturbing event of their professional careers”.

• 25% of psychiatrists and psychiatric trainees noted that losing a patient had a “profound and enduring effect on them”.

• Many clinicians experience a “professional void and an acute sense of aloneness and isolation” after a suicide loss.

• Providers who worked closely, over time with a patient who dies suicide may experience that loss similarly “to the loss of a loved one to suicide”.

Alexander et al., 2000; Chemtob et al., 1989; Grad et al., 1997; Ruskin et al., 2014; Bershoff, 1999; Melton & Cloverdale, 2009; Hendin et al, 2004
Providers as Suicide Loss Survivors: Now What?
Providers as Suicide Loss Survivors

Provider Personal and Professional Impact:

- Personal grief reaction and influences on professional identity, relationships with colleagues, and clinical work

Brown, 1989; Campbell, 2006; Chemtob et al., 1989; Peterson et al., 2002; Plakun & Tillman, 2005; Pope & Tabachnick, 1993; Ruskin et al., 2004
Provider Personal and Professional Impact: Examples

- Shock
- Sadness
- Anxiety
- Numbness
- Anger
- Guilt
- Avoidance
- Intrusive thoughts
- Hypervigilance
- Self-doubt
- Self-blame and
- Fear of outside blame

- Peer consultation changes
- Record-keeping changes
- Increased use of hospitalizations
- Changes in clinical approaches
- Greater selectivity of population served
- Reduction of privileges
- Burnout
- Leaving the field

Chemtob et al., 1988; Gutin, McGann, & Jordan, 2011; McAdams & Foster, 2000; Menninger, 1991; Plakun & Tillman, 2005; Wurst et al., 2013
“Initially, I became **highly cautious** in my clinical work. I sought information, research, and tools to improve my clinical practice – I became **hypervigilant** to issues surrounding suicide, violence/trauma, substance abuse and risk assessment...It was as though I came to **doubt my clinical acumen** and my belief in the strong clinical instrument I have always trusted myself to be. Over time, this effect moderated and I have been able to find a reasoned, informed path again – although unreasonable doubt still assails me from time to time.”
Clinician Survivors: Post-Traumatic Growth

With **optimal support** there can be profound **personal and professional transformation** after loss to suicide.

**Personal**
- Construction of new existential paradigms: *Who am I as a person? As a therapist? How do I integrate this experience?*
- Gratitude towards aspects of life previously taken for granted
- Giving back (e.g., supporting other survivors)

**Professional**
- Increased education and knowledge about suicide
- More sensitivity towards suicidal individuals and survivors
- Reduction in therapeutic grandiosity (*I can solve all problems and heal all people.*)
- Awareness of realistic limitations of our own power and control

*Podcast: Experiencing a Suicide Loss: Professional Caregivers with Drs. Nina Gutin & Vanessa McGann*
The Role of Psychology Leaders in VA Postvention Efforts
The Role of Psychology Leaders in VA Postvention Efforts

- **In Clinical Practice:** Incorporate postvention approaches in clinical care.

- **With Trainees:** Incorporate Therapeutic Risk Management (TRM) and postvention education in training programs.

- **As a Supervisor:** Support staff after a suicide loss and foster post-traumatic growth.

- **With Leadership:** Serve as an ambassador, educate upper-level leadership on best practices.

- **Within Systems:** Proactively establish postvention practices, develop and/or lead postvention teams.
The Role of Psychology Leaders In Clinical Practice

- Facilitate postvention processing sessions (individual & group).
- Outreach families/loved ones after a loss to suicide.
- Address suicide loss with Veteran peers (e.g., in an individual or group session, within an inpatient or residential community).
The Role of Psychology Leaders With Trainees

• Include **suicide risk assessment and treatment** curriculum in training programs. Prior training and exposure may be limited.
  • Therapeutic Risk Management (TRM): [https://www.mirecc.va.gov/visn19/trm/](https://www.mirecc.va.gov/visn19/trm/)

• **Regularly discuss suicide prevention and suicide loss** in supervision and in didactics. Comfort level with these topics often varies developmentally.

• Encourage the development of **postvention preparation plans**.

• For trainees who have lost a Veteran to suicide, address career impacts and begin to foster **post-traumatic growth**.
  • Be mindful of suicide loss at a vulnerable point in their development
Helping Clinicians Prepare for Suicide Loss

**Suicide Postvention Preparation Plans** are strongly encouraged. Recommended sections include:

- **Seeking Support**
  - Clinical Supervisor(s)
  - Professional Mentors & Peers
  - Nonprofessional significant others
  - Personal counselor/Therapist

- **Taking Care of Yourself**
  - Self-care strategies
  - A realistic self-statement related to patient suicide

- **Additional Considerations for Private Practice**
  - Insurance carrier information

*Nazem et al., 2020*
The Role of Psychology Leaders: As a Supervisor

1. Advocate and buffer
2. Notify with grace
3. Process the loss
4. Connect
5. Follow through
Role 1: Advocate and buffer

- Participate in administrative proceedings on the clinician’s behalf
- Support a shift in duties when needed
- Support the supervisee in navigating legal/ethical issues—including their role of discussing the loss with the deceased Veteran’s family
- Normalize the experience and encourage expressions of support within the clinical team
- Provide accurate information about the suicide to other staff
- Allow the trainee or provider to learn from this experience—avoid overprotecting

Sung, 2016; Schutz, 2005
Role 2: Notifying With Grace

- Notify privately in person *(or by phone/video as needed)*
- Tailor the approach based on the supervisee and scenario
  - Considerations: the length of the treatment relationship; the last contact with the Veteran and the provider
- Preface the conversation *“I have some sad news...”*
- Lead with compassion and gentleness... rather than administrative tasks
- Be aware of making assumptions about their reactions
- Consider what you would want from a supervisor
Role 3: Process the Loss

- Recognize the personal context for both parties
  - e.g., past losses, other traumatic events in the past, current stressors
- Acknowledge and normalize reactions
- Recognize the tendency in yourself and the supervisee to:
  - Become overly clinical or overintellectualize
  - Ruminate on hindsight and assume fault
- Share personal experiences as a clinician survivor, as appropriate
- Allow the supervisee to search for the “why” of suicide
- Acknowledge the personal loss for both of you
  - Offer suggestions for honoring the person (e.g., moment of silence)
- Provide psychoeducation about losing a patient to suicide
  - Personal and professional impacts, limitations of clinical work
Role 4: Encourage Supportive Connections

- Explore their available informal and formal supports
- Facilitate contact with other clinician survivors as desired
- Disseminate resources (e.g., Uniting for Suicide Postvention)
- Offer the Suicide Risk Management Consultation Program for free, confidential 1:1 postvention support
- Normalize seeking outside support
  - Employee Assistance Program (EAP)
  - Human Resources (if time off is needed/desired)
  - Postvention support groups
  - Individual therapy
Role 5: Follow Up Over Time

- Communicate openness and follow up regularly
  - Encourage discussion in supervision as needed
  - Be aware of anniversaries and other contextual stressors

- Monitor effects on clinical work
  - Be cognizant of changes in clinical practice (especially risk mitigation approaches) and/or questioning clinical judgment

Sung, 2016; Schutz, 2005; USPV
“There is no typical reaction to a suicide. Be ready not only to see, but to understand and respond supportively to any reaction that might come up.”

“Each person will process the event their own way and will experience their own range of emotions. We need to support them through that process, not try to shape that process for them.”

- VA Clinical Supervisor and Provider Suicide Loss Survivor
The Role of Psychology Leaders With Leadership

• Orient VA leaders to suicide prevention efforts (including postvention) and how they relate to strategic plans.
  • (e.g. National Strategy, PREVENTS, NDPP, Employee Engagement and AES, Whole Health)

• Advise on best practices.
  • Highlight the benefits of establishing postvention practices:
    • Address burnout
    • Improve retention
    • Facilitate a supportive environment

• Provide recommendations for postvention responses (proactively and in the moment):
  • Educate on the importance of safe messaging
  • Guide outreach and processing
The Role of Psychology Leaders Within Systems

• Promote culture change
• Develop postvention teams and SOPs
• Involve survivors of suicide loss in planning and implementing postvention efforts
• Plan for immediate and long-term response
• Be mindful of community and culture
• Seek sustainability
  • Postvention should not be the responsibility of one individual or one group
  • Learn from the process, refine plans over time
Example Steps of a Postvention Team Response

1. Suicide Notification
2. Mobilize Suicide Postvention Team
3. Immediate Outreach to Treatment Team(s), Provider(s) and Family
   - Immediate Postvention (within 7 days of suicide notification)
     - Short-Term Postvention (Family)
     - Short-Term Postvention (Employee)
   - Short-Term Postvention (Months 1-6)
4. Long-Term Follow Up (Family)
5. Long-Term Follow Up (Employee)
   - Long-Term Postvention (Months 6-18+)

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Suicide Postvention Resources
Uniting for Suicide Postvention (USPV): [www.mirecc.va.gov/visn19/postvention/](http://www.mirecc.va.gov/visn19/postvention/)
Email: [USPV@va.gov](mailto:USPV@va.gov)
USPV SharePoint
https://dvagov.sharepoint.com/sites/ECH/srsa/SitePages/Postvention%20Resources.aspx

Memos & National Guidance:
• National Guidelines for Postvention and corresponding VA Guidelines that support Postvention work.

Sample Postvention Team Plans & SOPs
• Sample SOPs from DoD, SPRC, Riverside Trauma Center, and other organizations to help guide creation of individual facility/VISN plans.

Documentation & Confidentiality Standards
• Materials to help guide postvention documentation and advise on privilege/confidentiality issues.

Sample Outreach Materials
• Sample Emails and Letters to guide outreach efforts.

Media Guidelines & Reporting
• Best Practices and Recommendations for Public Relations/Media outreach. Includes messaging recommendations.

Psychoeducational Materials
• Handouts, Visuals, Resources to use during postvention responses.

USPV Recommended Postvention Practices
• USPV created guidance documents and SOPs
• Materials to help structure clinical interventions for Employees, Providers, and Family members of those who have lost someone to suicide.

Clinician Survivors
• Links to websites geared towards clinicians as loss survivors, specifically those that provide resources and assistance connecting to support groups. General resources include psychoeducational materials and guidance for creating personal postvention plans.

Literature and Readings
• Numerous articles geared towards providing postvention, working with those bereaved by suicide, and impacts on clinicians as loss survivors

Postvention Team Contacts
• We have assembled a list of individuals providing postvention services at the facility level. This list will serve to build a community to support one another in providing postvention services and providing mentorship to build postvention teams.
Supporting Providers Who Serve Veterans

Free consultation and resources for any provider in the community or VA who serves Veterans at risk for suicide.

Request a consult: srmconsult@va.gov

NeverWorryAlone

www.mirecc.va.gov/visn19/consult
SRM Consultation on Postvention

• Provision of **supportive listening**

• Guidance for **navigating common but complex issues after the loss of a patient** *(e.g. documentation, confidentiality)*

• Assistance with development of **a postvention team or postvention efforts** at your facility

• Development of an individual **postvention plan for providers**
National General Suicide Loss Survivor Resources

• Alliance of Hope: https://allianceofhope.org/

• American Foundation for Suicide Prevention (AFSP): https://afsp.org/find-support/ive-lost-someone/
  • Connect with local suicide loss survivor groups: (https://afsp.org/find-support/ive-lost-someone/find-a-support-group/)

• American Association of Suicidology (AAS): https://suicidology.org/resources/suicide-loss-survivors/

• Suicide Prevention Resource Center (SPRC): https://www.sprc.org/

• Tragedy Assistance Program For Survivors (TAPS): www.taps.org/suicideloss
VA Suicide Risk Clinical Training Tools & Resources

Clinical Practice Guideline (CPG) for Suicide Prevention Website
https://www.mirecc.va.gov/visn19/cpg/

Lethal Means Safety Website
https://www.mirecc.va.gov/visn19/lethalmeanssafety/

Self Directed Violence (SDV) Classification System, Clinical Toolkit & Nomenclature Website
https://www.mirecc.va.gov/visn19/clinical/nomenclature/

Suicide Risk Assessment and Management SharePoint
https://dvagov.sharepoint.com/sites/ECH/srsa/SitePages/Home/

Suicide Risk Management Consultation Program Website
https://www.mirecc.va.gov/visn19/consult/

Therapeutic Risk Management (TRM) of the Suicidal Patient Website
https://www.mirecc.va.gov/visn19/trm/
SRM Website: [https://www.mirecc.va.gov/visn19/consult/](https://www.mirecc.va.gov/visn19/consult/)

Join the Suicide Risk Management Consultation Program (SRM) in ensuring all providers have access to suicide prevention resources, risk management best practices, and consultation support to continuously improve Veteran care both inside and outside VA.

The following materials can be easily downloaded, printed, and shared with your organizations or peer networks, so you can help us raise awareness about SRM's free services and resources.

**Looking for a promotional material that isn't listed below?**

Please contact us and we'll be happy to find a way to help you share information about the program: srmconsult@va.gov

**Whiteboard Video**

The whiteboard video is a three-minute motion graphics video with unique illustrations and graphics based on a
Discussion
Discussion

• Can you share about a time you experienced postvention directly? How did this impact you? What did you learn from this that you might want to model with others?

• What are some challenges and barriers to implementing postvention as a psychology leader? How can we address those?

• How do we change the culture of our organization and society to help folks address the grief and pain related to suicide loss and identify ways to learn to talk about this together?

• How can we help VA leaders across all areas (not just psychology) create positive postvention experiences for team members?

• We are often not just leaders in our full-time jobs, but also in our communities. Where do you see opportunity to engage postvention in your community?

• What actions do you recommend that the local leaders take to further the postvention response and resources at their facilities?
Thank you

Questions?

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