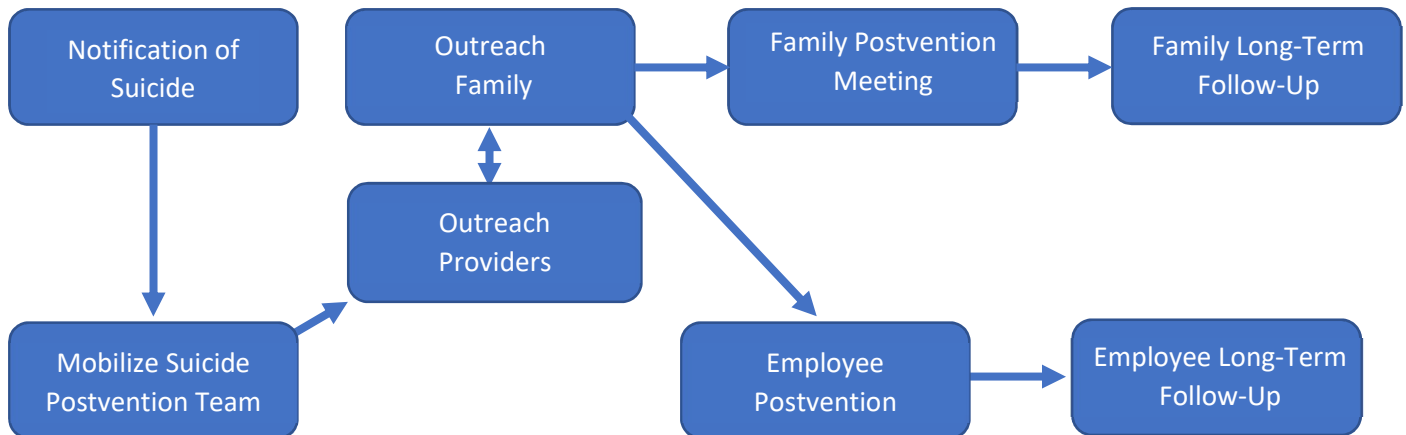


Suicide Postvention Team Pilot Standard Operation Procedure (SOP)



The Suicide Postvention Team Pilot Standard Operation Procedure (SOP) outlines the postvention action steps that occur following a Veteran or employee* death by suicide:

1. Notification of Suicide
2. Mobilize Suicide Postvention Team
3. Outreach Clinician(s)/Treatment Team
4. Outreach Family
5. Suicide Postvention Support to Employees
6. Family Postvention Meeting
7. Long-term Follow Up with Employees
8. Long-term Follow Up with Families

Note that this SOP is intended to guide, and facilitate, an inclusive suicide postvention process. Given that no SOP can exhaustively cover all details surrounding all deaths by suicide, it will be necessary to actively include collaborative consultation across key stakeholders (e.g., suicide prevention coordinators, suicide postvention team members, executive leadership, supervisors, employees, police) while following SOP recommended action steps.

*In the case of an employee death by suicide (or suspected suicide), the Suicide Postvention Team will work with site-designated individuals (e.g., suicide prevention coordinators, supervisors, chiefs) to coordinate suicide postvention efforts, including notification. Flexibly adapt the SOP to guide suicide postvention efforts for co-workers, the employee's family, etc.

1. Notification of Suicide

Any staff member receiving information of a Veteran death by suicide (or suspected suicide) will report all information to their supervisor and/or the site Suicide Prevention Coordinator (SPC).

- The SPC will take necessary steps to inform site leadership and begin the Issue Brief process
- The SPC will also notify the Suicide Postvention Team, and together they will work to identify all employees that may have been impacted by the death
- The Suicide Postvention Team will then contact supervisory staff of those employees affected and let them know that the Suicide Postvention Team will be in contact with their employee(s)
 - During this contact with supervisory staff, the Suicide Postvention Team member should

brief supervisory staff about suicide postvention best practices, including family outreach and employee-specific support

2. Mobilize Suicide Postvention Team

All Suicide Postvention Team members should remain independent from the RCA or Peer Review Process.

- The Suicide Postvention Team leads will determine which team members will be assigned and will brief these team members about the death and assignments
- The Site Director should be notified, as well as supervisory staff of those on the Suicide Postvention Team, so that time can be allotted for necessary postvention activities
- The Suicide Postvention Team will confirm the list of all affected employees and will begin the action steps outlined in this SOP

3. Outreach Clinician(s)/Treatment Team

The Suicide Postvention Team (typically two members) will meet with Clinician(s)/Treatment Team (and if appropriate, any supervisors) as soon as possible after notification of the suicide, to accomplish the following:

- Provide information about the Suicide Postvention Team
- Offer initial psychoeducation, support, and resources
- Begin planning for family outreach:
 - Provide education on the importance of family outreach
 - Discuss Clinician's knowledge of and contact with the family thus far
 - Identify potential family member(s) to outreach
 - Determine who will make outreach:
 - If Clinician, Suicide Postvention Team member will offer coaching to help the Clinician prepare for this outreach
 - If Suicide Postvention Team member, Clinician will help inform the Suicide Postvention Team member about any relevant Veteran and family information
- Hold a consultation meeting with SPC(s) and treating Clinician to ensure clarification of roles (i.e., who will contact family and which family member(s) will be contacted)
- If relevant to the case (e.g., Veteran was part of a therapeutic group, Veteran was in a residential program), provide consultation to Clinician(s)/Treatment Team on how to provide suicide postvention support for Veterans exposed to the suicide.

4. Outreach Family

Based upon the preparation described in Step #3, the individual outreaching the family should aim to cover the following:

- Introduce yourself and the Suicide Postvention Team, as appropriate
- Express sympathy for their loss, offer support, answer questions (as much as possible)
- Describe support and resources available, including:
 - Face-to-face meeting with clinician and members from Suicide Postvention Team. Explain what the meeting would involve
 - Inquire whether family would like staff to attend funeral, send flowers, or card (if appropriate/desired)
 - If family does not want a meeting, as clinically indicated, mention that you will be

checking in to provide support over time (even if initial resources and support are not requested)

- Examples: Follow up phone calls, letters, sending resources, providing referrals
- Inquire if there are other people they would like the Suicide Postvention Team to follow up with

5. Suicide Postvention Support to Employees

In addition to the immediate support provided to the treating Clinician(s)/Treatment Team in #3, the Suicide Postvention Team should ensure that all employees have the opportunity to debrief and have access to available resources.

It is recommended that the Suicide Postvention Team (typically two members) provide an in-person meeting with employees. If in person meetings are declined or not possible, consider using the telephone, telehealth technology, and/or email to provide support and resources. Describe support and resources available, including:

- Psychoeducation about losing a patient to suicide – including the personal and professional impacts of suicide loss
- Psychoeducation about what helps
- Offer the Suicide Risk Management Consultation Program as a resource (<https://www.mirecc.va.gov/visn19/consult/index.asp>) for free, confidential 1:1 support following a suicide loss
- Mention that you will be checking back in over time to continue to provide support (even if initial resources and support are not requested).

Depending on the situation, it may be helpful to separate out clinical and non-clinical staff that were impacted, into different meetings. Additionally, the Suicide Postvention Team can also offer 1:1 postvention support to allow for individual processing in addition to team/group processing.

6. Family Postvention Meeting

A Family Postvention Meeting should include two members from the Suicide Postvention Team to help facilitate (a Chaplain Team Member is strongly encouraged to be part of the meeting).

- Meeting should serve to address family members' initial grief reactions, including education about common thoughts and emotions following suicide loss
- Provide resources and referrals including clear information on burial and other benefits
- Assess interest in longer term follow-up; place a consultation or referral as necessary
- Offer to include Veteran in observances (e.g., Remembrance Ceremony, Suicide Prevention Walk, memorial Service offered through Chaplain's Office)
- End with a ritual (i.e., Candle and moment of silence)
- Ensure outreach to family is documented in CPRS

7. Long-term Follow Up with Employees

The Suicide Postvention Team should ensure that Clinician(s)/Treatment Team are advised of the outcome of all family contact. Additionally, there should be scheduled long-term support and follow-up with all employees (as determined on a case by case basis).

- Provide continued support based upon previous discussions and resources provided initially

under Step 5

- Ensure all affected staff have site specific EAP information and assist with access as needed

8. Long-term Follow Up with Families

Continue to provide long-term postvention support despite the outcome of previous outreach efforts (e.g., family did not request or need resources at last outreach). The Suicide Postvention Team should work with the SPC and other clinical staff to ensure there is long term follow-up with families, and to determine who will conduct the follow-up.

- Attempt outreach at regular intervals (e.g., 3, 6, 9, 12 months following the loss) and during anniversaries, holidays, and other events that might be challenging. Follow-up is strongly recommended at 6-months and 1-year, although this can occur more frequently as noted above. Coordinate long-term follow-up with Suicide Prevention Coordinators and/or Clinician(s)/Treatment Team
- Outreach will be dependent on outcome of earlier family contact and tailored to each family. This could include phone calls, sending a card (from team and/or clinician), letters, mailed resources, and/or in-person meetings
- Throughout the follow-up, the Suicide Postvention Team should assess if the family needs enhanced support and resources beyond what the Suicide Postvention Team can provide; offer assistance in connecting the family with those resources
- Over time, assess if/when the family would like to end follow-up or be taken off of invite lists for walks, remembrance ceremonies, etc.