



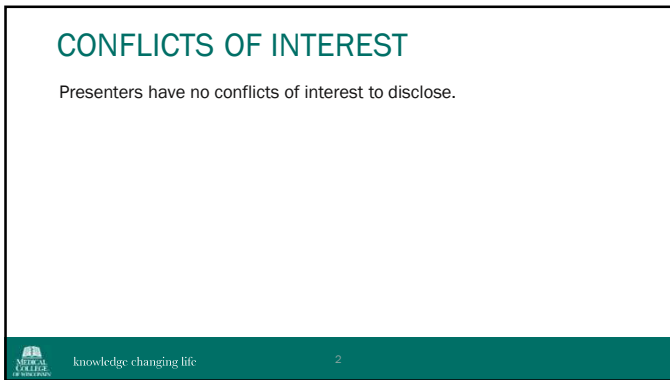
BRIDGE TO HEAL
Connection-Centered Suicide Postvention

Presenters: Neal Davis & Tricia Monroe
Prevent Suicide Wisconsin
May 15th, 2025

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COMPREHENSIVE INJURY CENTER

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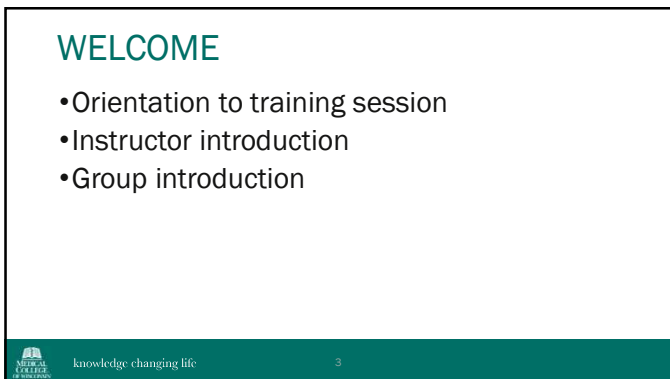


CONFLICTS OF INTEREST

Presenters have no conflicts of interest to disclose.

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WELCOME


- Orientation to training session
- Instructor introduction
- Group introduction


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CONTENT REMINDER

- This course will discuss topics related to suicide and suicide loss.
- This content may be difficult or psychologically distressing for some.
- Please remember to take care of yourself.
- After you complete this course, take some time to do something nice for yourself.




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NATIONAL RESOURCES


- If you are concerned about yourself or a loved one, the following resources are available at no-cost, **24/7/365**.



National Suicide and Crisis Lifeline –
Dial or Text 988




Crisis Text Hopeline –
Text TALK to 741-741

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A WORD ABOUT LANGUAGE

Don't Use...	Instead Use...
"Committed suicide" "Completed suicide"	"Died by suicide" "Suicide death" "Suicide"
"Successful/unsuccessful suicide attempt"	"Fatal suicide attempt" "Non-fatal suicide attempt" "Suicide attempt"
"Suicidal person"	"Person with suicidal thoughts or behaviors"
"Alarming increase..." or other sensational language	"Increase in suicide/suicide attempts..."

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“SUICIDE LOSS SURVIVOR”

- Common terms to describe someone impacted by a suicide loss:
 - Suicide loss survivor
 - Survivor
 - Loss survivor
- Keep in mind:
 - This may not encompass ALL individuals who are impacted by a suicide
 - Because needs may be different, it is encouraged to distinguish between a “suicide loss survivor” and a “suicide attempt survivor”

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WRITTEN REFLECTION



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Providing Support

- What was your reaction? How did you respond? What feelings came up for you?

Receiving Support

- What was the reaction like? How did the person respond? What feelings came up for you?

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WHY IS THIS IMPORTANT?



For every suicide approximately **135** people are exposed.



Over **50%** of US population has experienced at least 1 suicide loss, with almost **30%** experiencing 2 or more.



Experiencing this type of loss can **increase** risk for negative physical and mental health symptoms (e.g., depression, anxiety, post-traumatic stress disorder, suicide).



Stigma and **loss of connection** can greatly impact how someone processes a suicide loss.



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THE TRUTH ABOUT SUICIDE LOSS



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MYTH OR FACT?



Everyone who dies by suicide shows signs or leaves a note.



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MYTH OR FACT?




Myth: Most people do not leave a note. Signs are not always obvious or evident.

- Impact
- Reactions
- Affect
- Support


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MYTH OR FACT?




Myth: Close friends and family are the only people impacted by a suicide loss.

- Reactions
- Affect
- Support
- Signs


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MYTH OR FACT?




Myth: Those closest to person are typically bereaved for longer and more intensely. Multiple other factors may contribute to impact.

- Reactions
- Affect
- Support
- Signs


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MYTH OR FACT?




Reactions to a suicide loss are like other sudden, unexpected losses.

- Affect
- Support
- Signs
- Impact

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MYTH OR FACT?



Myth & fact: Similar affects as other traumatic losses, with unique factors like stigma, guilt, and isolation.

- Affect
- Support
- Signs
- Impact

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MYTH OR FACT?



If someone experiences suicide loss, they are at higher risk for negative mental health outcomes.

- Support
- Signs
- Impact
- Reactions

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MYTH OR FACT?



Fact: Individuals are at higher risk for anxiety, depression, suicidal thinking/behavior, post-traumatic stress disorder, prolonged grief.

- Support
- Signs
- Impact
- Reactions

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MYTH OR FACT?



You must be a professional to help someone experiencing a suicide loss.

- Signs
- Impact
- Reactions
- Affect

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MYTH OR FACT?

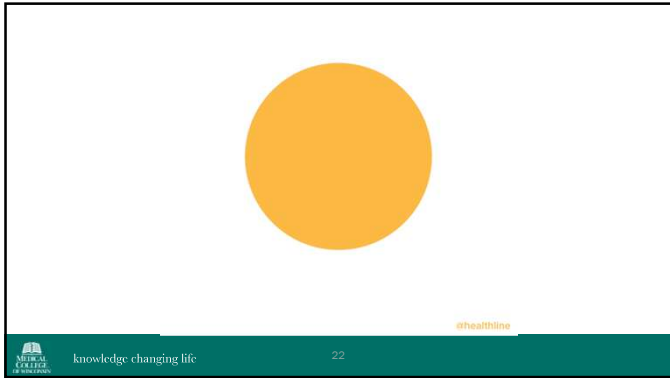


Myth: Anyone can connect with someone in their grief.

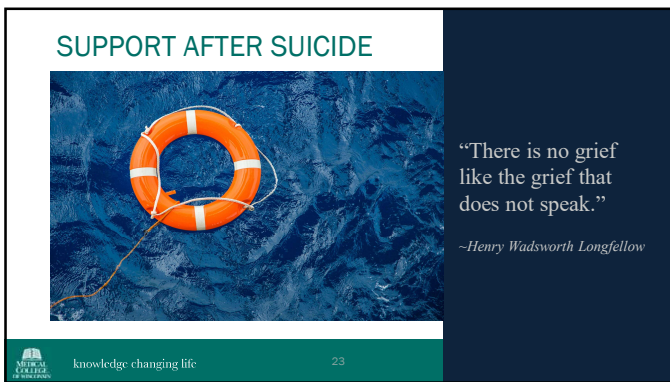
- Signs
- Impact
- Reactions
- Affect

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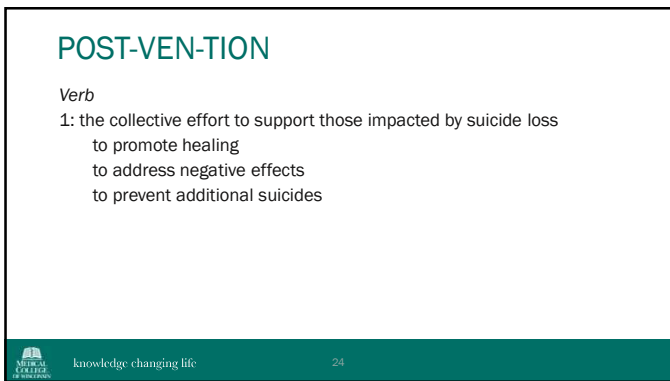
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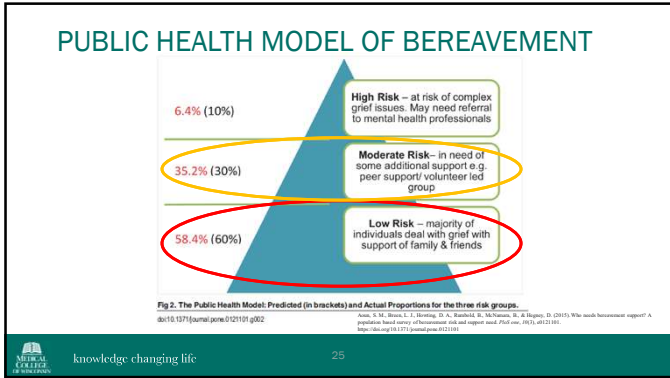
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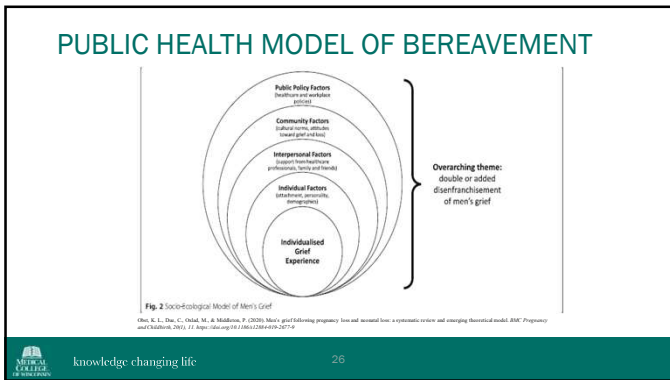
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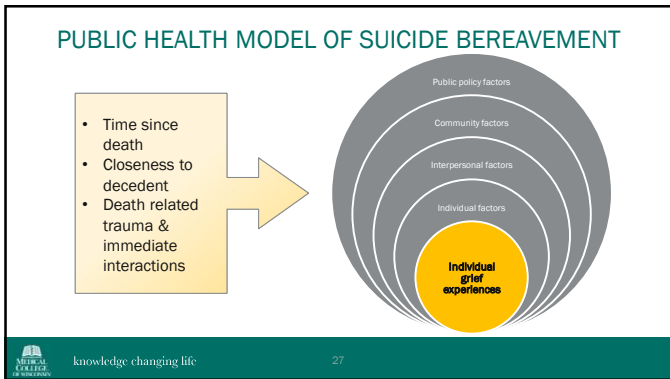
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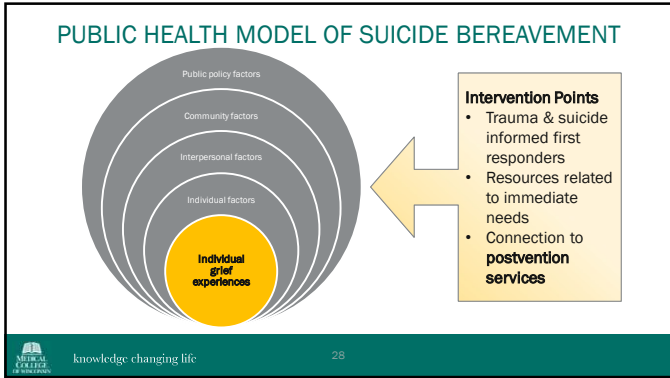
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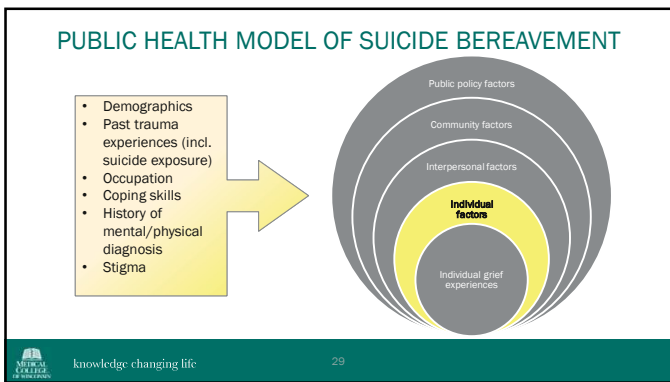
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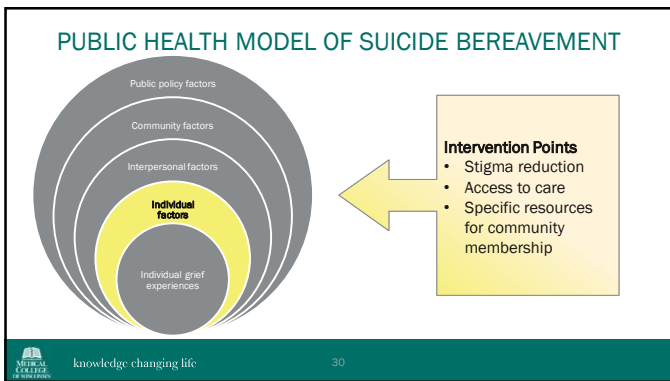
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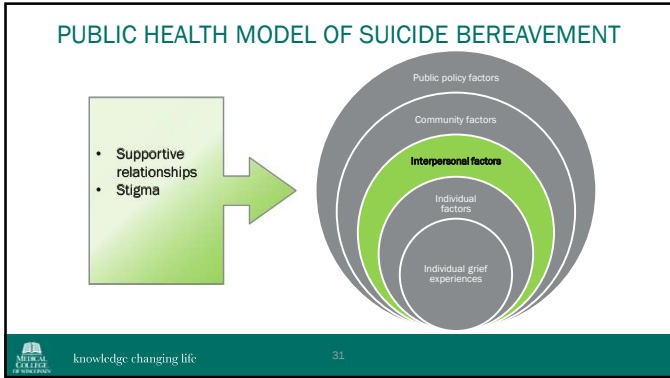
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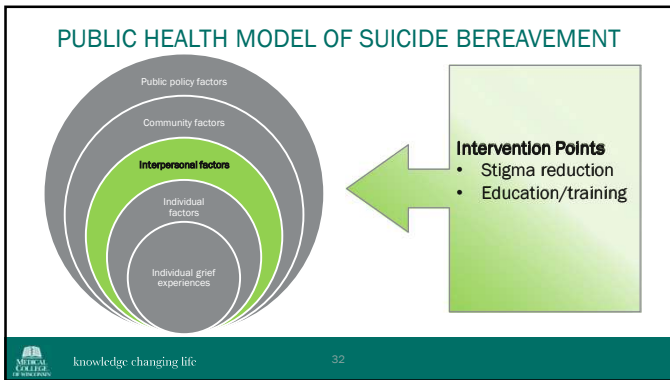
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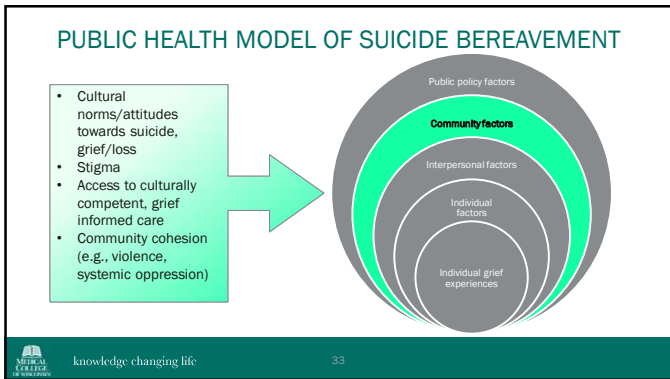
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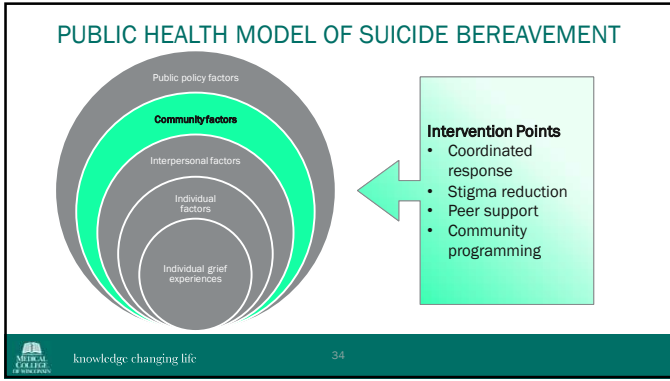
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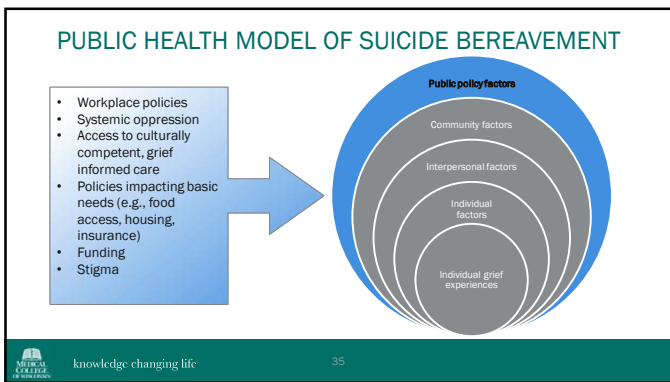
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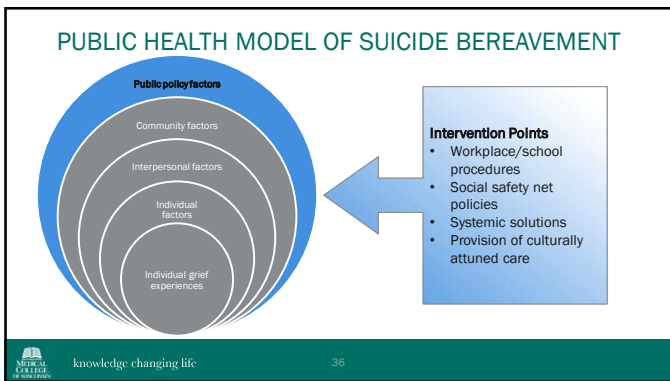
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CASE STUDY

- You meet with **Daniella** two weeks after her brother died by suicide. Daniella shares that:
 - She and her mother found her brother's body and called 911.
 - Since then, she has been experiencing panic attacks and is highly concerned about her other family members, including her children and another brother.
 - Daniella's family is originally from Puerto Rico. Her parents' primary language is Spanish. Daniella has become the family's primary translator and spokesperson, which has added significant stress. She has been asked to provide information to the medical examiner and other agencies that she feels unqualified to answer.
 - Because of her religion, Daniella does not feel like she and her family can go to their church community for support. Her parents also do not have adequate insurance and have limited access to mental health care in their primary language.



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The antidote to pain is connection



By providing connection, we all can help folks who are grieving after a loss from suicide.



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IMPORTANT TO REMEMBER



Everyone's grief experience is different.



These are guidelines and suggestions.



Connecting with someone in their grief is the most important.

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THINGS TO DO/SAY

Things not to do/say!



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Say the decedent's name.

Don't:

"I haven't seen you since...you know."

Do:

"I haven't seen you since Petunia died. How are you doing?"

Say the word 'suicide,' but don't ask a lot of questions about the death.

Don't:

"Well, how did he do it?"

Do:

"I know suicide can bring up a lot of different emotions. Would you like to share what you are feeling today?"

Don't minimize the loss-avoid advice or hurtful clichés.

Don't:

"At least her pain has stopped."

Do:

"I don't know what to say, but I'm here to listen."

"I understand what you are going through."

"This is so hard. I'm here."

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Don't place judgement or imply blame.	
Don't:	Do:
"Suicide is so selfish."	"There are so many reasons suicide happens. We may never understand all they were going through."
"As his parent, you should have known."	"Feeling guilt is normal, and it's not your fault."
"You should be over it already."	"Processing a loss takes time. Take all the time you need."
Don't avoid interactions.	
Don't:	Do:
Turn around and go a different direction if you seem them in public.	Make eye contact. If possible, ask them how they are doing.
Keep your kids from playing with their kids.	If they are willing, talk openly about the impact of the loss and any concerns you may have.

What are some other examples of what to say/do (or not say/do)?

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ASK ABOUT SUICIDAL THINKING

If you are concerned...

- "Are you thinking about killing yourself?"
- "Are you thinking of taking your own life?"

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ASK ABOUT SUICIDAL THINKING

If you are concerned...

- It is NOT uncommon for people to think about suicide.
- Focus on listening to understand.
- Many times, being heard is the "treatment" people need.

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ASK ABOUT SUICIDAL THINKING

If you are concerned...

- Can help guide the conversation toward solutions
- Offer to help navigate toward those solutions if you are able

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PROVIDE RESOURCES

- **Crisis lines** - If you are concerned about yourself or the person you are supporting
 - National Suicide and Crisis Lifeline – **Dial or Text 988**
 - Crisis Text Hopeline – **Text TALK to 741-741**
- **Warmlines** – Non-crisis phone lines to support individuals going through a difficult time
- **Local crisis services** – opt for services that do not involve law enforcement unless in immediate danger

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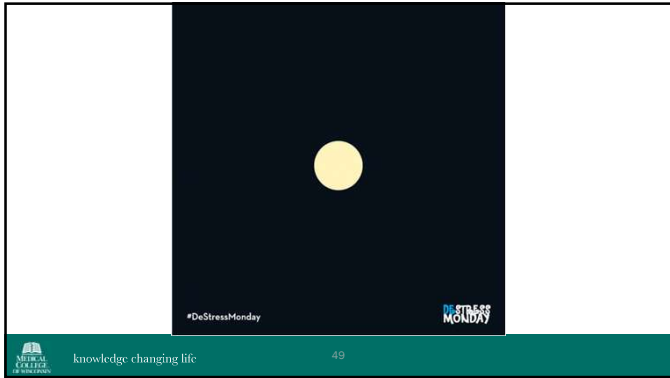
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GRIEF & BEREAVEMENT RESOURCES

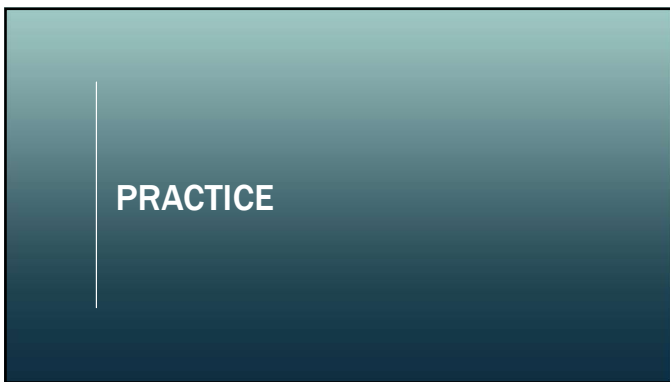
- **Immediate needs**
 - Cleaning services, temporary housing
 - Funeral arrangements & costs
 - Childcare
 - Administrative (e.g., meals, contacting workplace, closing accounts, applying for FMLA, etc.)
 - Connection with local postvention services
- **Intermediate needs**
 - Childcare
 - Administrative
 - Services to process trauma
 - Connection with local postvention services
- **Long-term needs**
 - Suicide bereavement counseling
 - Suicide loss support groups
 - Connecting with other suicide loss survivors
 - Survivor day, significant days check-ins
 - Non-traditional grief & bereavement services

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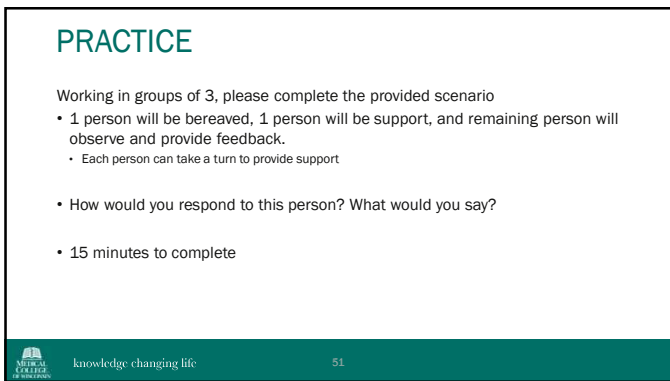
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SCENARIO

You see your friend Sally at the grocery store. It has been about 3 months since she lost her adult daughter Julie to suicide. At the time Julie died, you were traveling abroad and could not attend the funeral. You know Sally had attended church regularly in the past. She has three other children—one lives abroad, one has cut off contact, and one is a son with special needs, for whom she is the primary caregiver. She has been divorced for many years and lives alone.

How would you respond? What would you do? What would you say?

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Share Out



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SURVIVOR STORY



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WRITTEN REFLECTION



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Providing Support

- How would you change your interaction when supporting someone after a suicide loss? What specific things would you say or do?



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INHALE




**“In community,
we can move
together, take
action that can
help metabolize
sorrow and
transform grief...”**

~Malkia Devich-Cyril from *Grief Belongs
in Social Movements. Can we Embrace It?*

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Please provide your feedback!



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