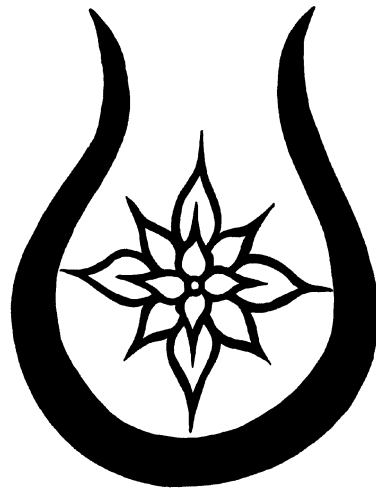


# SUICIDE POSTVENTION PROTOCOL



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## ABOUT THE AUTHOR

Darien Thira, PhD., serves as a community development/mental health consultant for many Aboriginal communities across Canada and offers training workshops and clinical consultation related to a variety of communications, trauma, and crisis-related fields. His doctoral dissertation related to Aboriginal suicide resilience and social activism and he is involved in further resilience research at the University of British Columbia. He has previously served as a clinician with suicidal youth at Child and Youth Mental Health and as the Director of Community Education and Professional Development at the Vancouver Crisis Centre. In relation to suicide prevention, "Through the Pain", a culturally driven community-based program has been used in over 40 Aboriginal communities across the country and as a national program in Australia. His program called "Opening the Circle" is designed to assist communities to develop their own crisis response team. "Choices", his youth suicide awareness education video & seminar was used by more than 250 suicide prevention programs world-wide and he has collaborated on the production of a new version called "Reaching Out". Darien has presented workshops at many local, provincial, national conferences, and international conferences in: Canada, the United States, and Australia.

### *Training Programs:*

Thira Consulting offers training workshops building on the material in this handbook. Designed for First nations communities, *The Community is the Medicine* offers an introduction to the knowledge, skills, and strategies necessary for community-based suicide prevention. An interactive approach--including practice-circles, small and large-group discussions, questionnaires, role-plays and other exercises--encourages the participants to share their experience and skills with one-another. For more information, Darien Thira can be reached at the number, email address, and website noted on the front of this handbook.

***The material in this manual may bring up emotions and memories that are difficult for you. Please be sure that you have someone to talk to if you need support.***

# SUICIDE POSTVENTION PROTOCOL

A death by suicide is a critical incident, because the whole community is impacted. Its resilience is threatened. That is, it has lost connection with one of its members, it has lost its empowerment as a suicide free community. Its identity is as a victim and its vision of itself as a culturally rooted community feels out of reach.

## *Postvention Protocol:*

In the event of a suicide, a *postvention protocol* can serve to coordinate an effective response to the community crisis. The *protocol* can act to build the self esteem of the community as a whole: normalizing the bereavement process, ensuring that those who need support get it, and providing education. The following discussion includes references to the roles of the *community postvention team* at each of the *five levels of the community*; (it assumes that the suicide death was that of a youth, as this is the most complex situation for which a *protocol* will be required):

### ***Family:***

- ***ensure that support is offered to the whole family:*** In many cases families provide their own support system in the event of a death. However, a suicide can have a shattering effect on a family system which can lead to blaming, fear, hopelessness and disharmony. The stigma attached to suicide often isolates the survivors--those who most need to talk about their relationship to the deceased and express their emotions.

### ***Individual Youth and Adults:***

- ***offer assistance:*** Seek out and offer assistance to those close to the deceased as well as other individuals who may currently be in crisis. A *counsellor* needs to explore whether the death of one community member (or well known individual outside the community) was a triggering problem for those already considering suicide. Those most at risk for suicide contagion also include: isolated individuals with poor communication skills and few supports in the community. As well, ensure that friends of the deceased are interviewed to determine if there is a "suicide pact".
- ***temporary counselling centre:*** For others who need support, it may be important to set up a temporary counselling centre (staffed by a *counsellor* and arranged by an *organizer*) to provide a safe place for grieving. This is particularly important for fellow students and school staff, if the deceased was attending a local school. In this event, a room in the school could be employed for this process.

### ***Community:***

- ***memorials:*** Minimize the glamourizing effect of large memorials or school assemblies which may entice a suicidal person to make an attempt in order to receive the same validating attention. (They may believe that they will be able to watch their own memorial.) During any memorial services, ensure that the death

is described by the member of the grieving family or a *community leader* as a tragic response to terrible pain. They should point out that reaching out for help is the alternative to suicide and make an appeal to any other person who may be feeling similarly to talk to someone they trust.

- **guided sharing circles:** When appropriate, encourage guided sharing circles in schools or community centres, particularly if the deceased was a child or youth. It is important that the *counsellor* guides the discussion to ensure the tone remains “healthy” so that participants *support* each other and attempt to find *empowerment* in the situation. The facilitator must also be prepared to offer individual support, as needed, after the meeting.
- **factual information:** Have a single *spokesperson* provide factual information about the suicide to prevent the spread of rumours and mis-information. It is not appropriate to offer graphic descriptions or simple explanations as to possible sources of the deceased's crisis. If appropriate, have teachers read a prepared statement (developed by the *spokesperson* in conjunction with school personnel and the family of the deceased).
- **suicide prevention education:** The tragedy can become an opportunity to offer basic suicide awareness/prevention information to the community. Have materials as well as educational events prepared ahead of time. A community with a recent suicide is likely to be open to learning more about suicide and its prevention. Advanced “gatekeeper” training for human service professionals (and para-professionals) is also appropriate, as it will offer them useful skills and an opportunity to increase their sense of competence in the face of the tragedy.
- **spiritual services:** Community members and places identified as spiritually significant should be invited to participate in the process when appropriate.

### **Outside Community:**

- **media coverage:** Where possible, encourage the media to avoid sensational or romanticized accounts of the death. Attempts to use the opportunity to release information about the *signals of suicide* and the *three steps of response*.
- **outside services:** In smaller communities, it can be useful to bring in counsellors and other services from the outside, as the human service workers in the community may, themselves, be too close to the deceased.

The use of a Critical Incident Response Protocol that incorporates these postvention recommendations can make a significant impact on reducing the risk of further suicides in the community.

### **Responding to a Suicide Pact:**

A *suicide pact* is an agreement by several individuals (usually youth) to kill themselves, together or in a specific order. They are not always led by a single person and may originate from a genuine desire by the pact members to help each other. A *pact* is powerful, because it offers a false sense of *self esteem* to individuals deep in the pain of

a suicidal crisis. The common experience of pain provides a basis for mutual *connection*, but only as long as the members do not attempt to release the pain in a healthy way. Loyalty to the pact's secrecy and lethality offers a destructive sense of *empowerment*.

A person in a suicide pact must be assumed to be at *high* risk of suicide and the protocol outlined in the *high risk* section is essential. In this case, the use of a *24-hour watch* isolates the person from the other pact members (and the false *self esteem* created by the pact), leaving the recipient physically safe but emotionally very vulnerable. The non-judgmental and caring role of the watcher is essential, as it serves as a healthy source of *connection*. The suicidal person must have no contact with any of their peers--any contact can have lethal results! To ensure that they are safe and not secretly communicating with other pact members, the watchers must have visual and auditory contact with the pact members at all times.

### *Responding to the Media:*

The media plays a profound role in every community and it can be a destructive force: newspapers, movies, rock videos, and magazines often glamourize, romanticize, sensationalise, sexualize and oversimplify the tragedy of a lethal suicide attempt. On the other hand, the media can be an agent of suicide prevention by offering basic suicide prevention education. The media is ultimately dependent on its information sources for interviews and a well conducted interview with a prepared *spokesperson* can offer appealing "sound bites" that will combine the media's need to be "sexy" with the community's need for accurate and useful information.

The interview should always include the following information:

- suicide is about stopping the *pain* and *hopelessness*
- the four *signals of suicide* (with an example of each)
- the three steps to prevent suicide: (1) *ask* directly, (2) *listen* to the pain, (3) *help* the person to connect to resources

# COMMUNITY RESOURCE MAP: POSTVENTION

