

# **Postvention as Prevention: Tribal Community Readiness, Postvention Response and Crisis Team Building through the CONNECT model**

Jennifer S. Nanez, MSW, LMSW

Senior Program Therapist

UNM Department of Psychiatry and Behavioral  
Sciences

Division of Community Behavioral Health

Tonya Louis, MSW, LMSW

Health Promotion Specialist

Department of Health/Public Health Division

Northwest Region

New Mexico Department of Health

# Suicide Prevention Webinar Series

The Suicide Prevention Webinar Series is presented through a grant from the National Strategy of Suicide Prevention in New Mexico.

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# Disclaimer

- Jennifer Nanez and Tonya Louis have no financial relationship to this program

# Objectives:

1. Differentiate the stages of community readiness through the Community Readiness Model
2. Analyze the role of Mental Health providers in crisis response team building based on community readiness stages.
3. Identify components of the CONNECT Suicide Post-Ventioin Best Practice model to address suicide post-vention and crisis response team building, with the underlying concept of postvention as prevention.

# Two Models

- This presentation focuses on **two very separate, yet complementary models** to address Suicide in communities.
- The Community Readiness Model Initially developed through the Tri-Ethnic Center in the College of Natural Sciences, Department of Psychology at Colorado State University as a method to “meet research needs, (e.g., matching treatment and control communities for an experimental intervention) as well as to provide a practical tool to help communities mobilize for change.”
  - Developed by Pamela Jumper Thurman, Barbara Plested, Ruth Edwards, Eugene Oetting, et.al
- The CONNECT model, developed through the National Alliance on Mental Illness-New Hampshire Chapter, is specific to use in addressing Suicide Prevention, and Intervention training, as well as Post-Vention Crisis Response Team building.

# What is Postvention?

- Postvention refers to activities which reduce risk and promote healing after a suicide death. Although postvention is implemented after a suicide it is essential that we prepare for postvention ***before*** a suicide.
- Postvention as Prevention posits that a death by suicide has a ripple effect in both immediate family, extended family, and potentially the community. A death by suicide places individuals connected to them at greater risk for suicide.
- Engaging in active Postvention efforts serves as prevention for those at new and immediate risk.

# Types of Postvention

- Indicated: Postvention targets the inner circle of friends and family
- Selected: Postvention is directed toward the community impacted by the incident
- Universal: Postvention response in the overall community, i.e., media coverage after a high profile death or attempt/safe messaging.

# Video

<http://sparktalks.sprc.org/video/suicide-postvention>

# Who should receive postvention services

- “Suicide survivor” is the term used to describe a family member or close friend of someone who dies by suicide, while “suicide attempt survivor” is the term used to describe someone who has made a suicide attempt and lived.
  - Suicide attempt survivors also utilize the term “lived experience” to share their insights into suicide and suicide prevention efforts
- “For every suicide there are at least six survivors...When considered within the AI/AN worldview, the number of survivors to a suicide might be closer to a range of 25 to everyone in the community and beyond.”

# Who is at risk?

- Survivors of suicide often exhibit increased risk between 2 and 10 times that of the general population
- Adolescent suicide survivors were five times more likely to think about suicide than peers who were experiencing grief due to another loss

### **Exhibit 3. Sample Questions for Identifying Individuals at Risk of Suicide Contagion\***

- Which other adolescents or community members might identify with the person who died by suicide?
- Was the deceased person part of a formal/informal group, organization, team, etc.?
- What risk factors associated with the deceased may be shared by peers or others in the community?
- Are any peers/family members currently demonstrating suicide-related warning signs?
- Which peers/family members who may have previously been identified as a suicide risk need to be contacted for follow up?
- What, if any, school/community memorial services and/or gravesite vigils occurred or have been planned?
- Are there any peers/family members being blamed for or seen as a reason for the suicide?
- Does a survivor blame himself/herself for the suicide?
- Has the survivor experienced previous trauma that was never addressed?

\*Adapted from *Community response: Effective action after a suicide*, a presentation by Frank J. Zenere, Ed.S, National Association of School Psychologists, National Emergency Assistance Team. Available online at [http://www.sprc.org/featured\\_resources\\_trainingandevents/conferences/no/pdf/commresponse.pdf](http://www.sprc.org/featured_resources_trainingandevents/conferences/no/pdf/commresponse.pdf).

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# Who does Postvention?

- Everyone can (and should) be involved in postvention — including community members in mental health, education and social services, and faith groups. They need to be engaged in postvention over time to ensure that grieving community members' needs are met.

# Community Readiness Model

- What is Community Readiness?
  - ***Readiness means the degree to which a community is ready to take action on an issue.***
    - (Plested, Jumper-Thurman, & Edwards, 2006)
- Communities are very fluid from one area to the next. What may be considered an issue in one community, may not be considered an area to address in another.
- Resources in communities also vary widely, including both tangible resources (funding, equipment, staffing) and non-tangible resources (commitment or positive political climate)

# Community Readiness Model

- The community readiness theoretical model is based on several underlying premises:
  - 1) That communities are at different stages of readiness for dealing with a specific problem,
  - 2) That the stage of readiness can be accurately assessed,
  - 3) That communities can be moved through a series of stages to develop, implement, maintain, and improve effective programs
  - 4) That it is critical to identify the stage of readiness because interventions to move communities to the next stage differ for each stage of readiness.

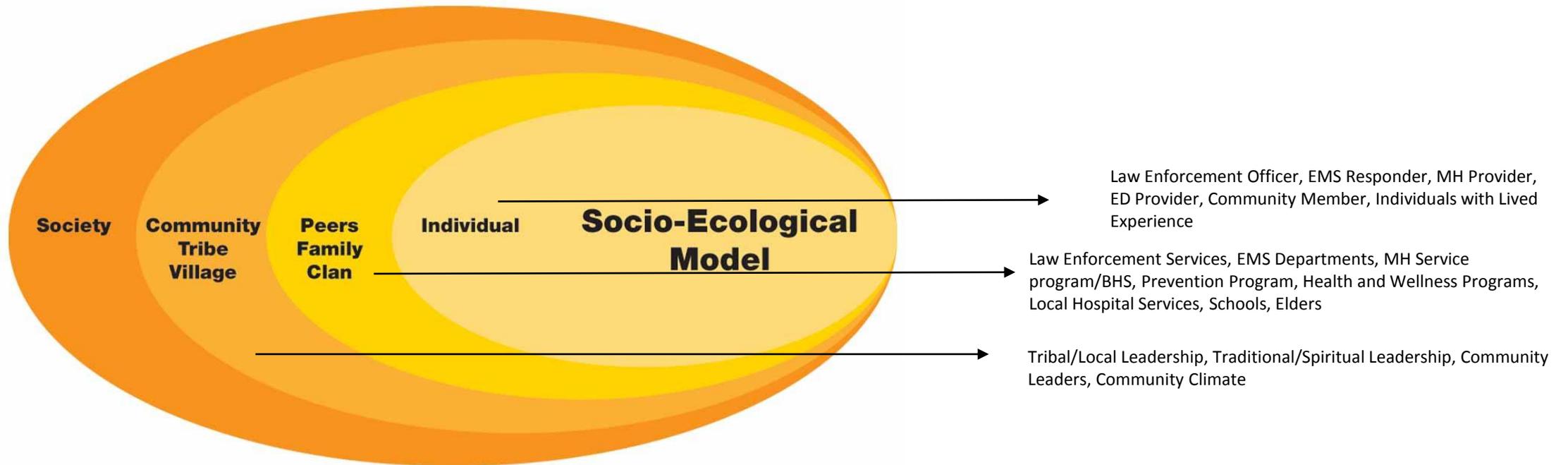
➤ (Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2000)

# Dimensions of Community

- The Community Readiness Model:
  - Examines the community to ASSESS FOR LEVELS of community awareness, engagement, attitude and behaviors towards an issue, and community climate for change.
    - This is organized into Six Dimensions:



# Socio-Ecological Model



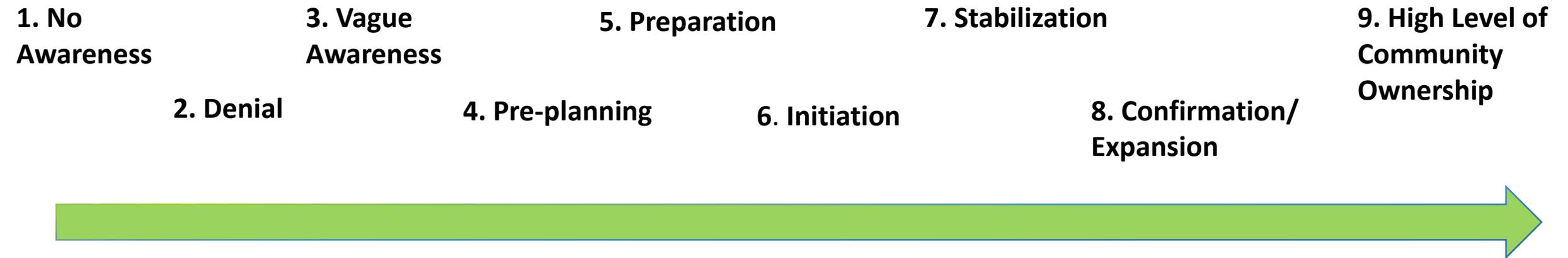
CONNECT MODEL

# Six Dimensions of Community

- A. Community efforts:** To what extent are there efforts, programs, and policies that address SUICIDE PREVENTION and POSTVENTION?
- B. Community knowledge of the efforts:** To what extent do community members know about local efforts and their effectiveness, and are the efforts accessible to all segments of the community?
- C. Leadership:** To what extent are appointed leaders and influential community members supportive of SUICIDE PREVENTION AND POSTVENTION?
- D. Community climate:** What is the prevailing attitude of the community toward SUICIDE PREVENTION AND POSTVENTION? Is it one of helplessness or one of responsibility and empowerment?
- E. Community knowledge about the issue:** To what extent do community members know about or have access to information on SUICIDE PREVENTION AND POSTVENTION, consequences, and understand how it impacts your community?
- F. Resources related to the issue:** To what extent are local resources (people, time, money, space) available to support the prevention efforts?

# Community Readiness Stages

- Based on this assessment, the results create a score that falls along one of nine stages of community readiness.



# Community Readiness Stages

- Community Readiness Stages fit well within the socio-ecological model of working in suicide prevention, intervention and postvention.
- Each area can be assessed for readiness to address suicide at an organizational level, community level, and local/tribal leadership level

# Primary Goals of Postvention

- Assist the survivors of a loss to suicide, including family, friends, and community members in the grieving process
- Identify vulnerable individuals that may be at risk of suicide contagion and provide appropriate service to reduce that risk
- Cultural practices and norms may guide responses to grief expression.
- Provide accurate information and safe messaging after a suicide, to reduce the risk of suicide contagion
- Help a community heal by providing ongoing prevention efforts and services.

# Creating a Community Postvention Plan

- Key preparedness activities include:
  - Development of written postvention protocols
  - Training of a postvention team
  - Development of procedures for notifying family, friends, and in cases of tribal communities, tribal leadership or administration
  - In the case of youth, school and community collaboration
  - Establishment in communication guidelines in disseminating facts
  - Identification of appropriate post-vention (debriefing and crisis intervention) facilities/programs
  - Development of procedures for identifying and referring at risk.
  - Establishment of procedures to evaluate the effectiveness for each postvention response

# Postvention Protocols

- ✓ Quickly mobilize and organize resources
- ✓ Provide both immediate (i.e., within 72 hours of event) and long-term plans (e.g., aftercare, community response, awareness of anniversaries)
- ✓ Set up communication channels within the community and with relevant departments and agencies
- ✓ Establish clear procedures
- ✓ Be specific enough to be useful
- ✓ Be flexible enough to apply to different circumstances
- ✓ Be sustainable (tied to positions rather than specific individuals)
- ✓ Be free of bias, consider cultural and spiritual, sexual orientation/identity.
- ✓ Address complex mental health issues for individuals and groups that may arise after a suicide
- ✓ Avoid jargon and be understandable to the diverse group of professionals who are involved in postvention

# Mental Health Provider roles

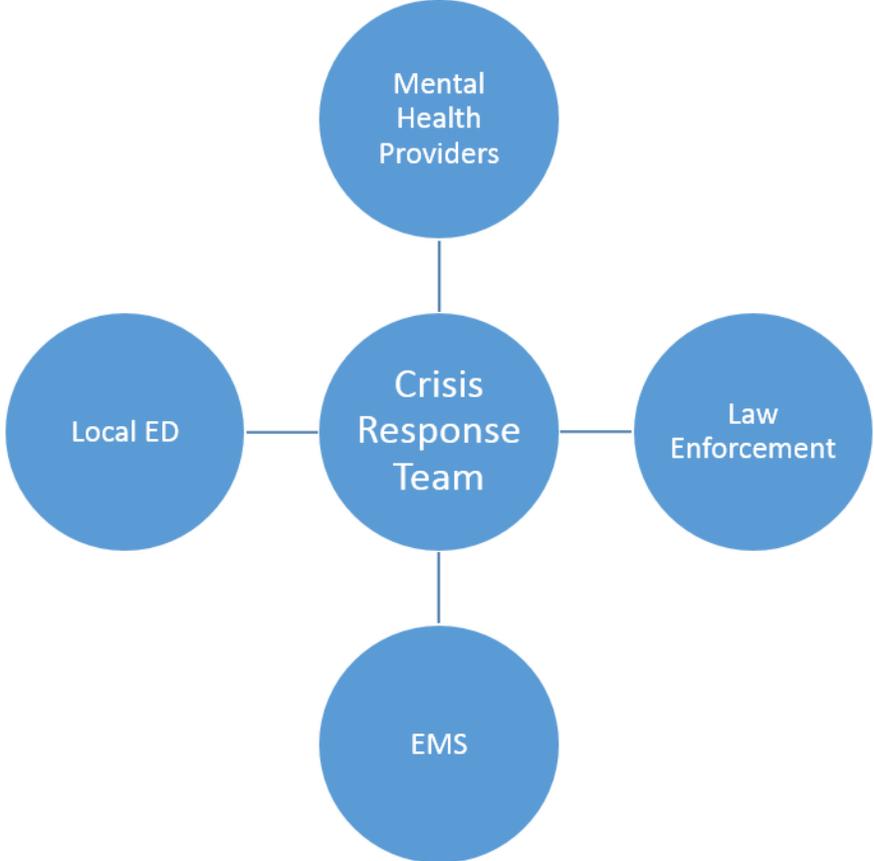
- Mental Health Provider roles in Postvention :
  - Outreach to family and community (Type of Postvention: Indicated and Selective)
  - Gatekeepers- watchful and vigilant of suicide warning signs and risks in individuals and the community (Type of Postvention: Selective)
  - Safe messaging (Type of Postvention: Universal)
  - Debriefing support for all involved (Type of Postvention: Indicated and Selective)
  - Recovery Support (Type of Postvention: Indicated, Selective, Universal)
  - Cognizant of self care/need for debrief for first responders or crisis response team members (Type of Postvention: Indicated and Selective)

# Community Readiness Stages:

- **1. No Awareness:** The *community or the leaders do not generally recognize the issue as a problem.*
  - “It’s just the way things are.”
- **2. Denial:** *If there is some idea that it is a local problem, there is a feeling that nothing needs to be done about it locally.*
  - “*It’s not our problem.*” “It’s just those people who do that.” “We can’t do anything about it.”
- **3. Vague Awareness:** There is a *general feeling among some in the community that there is a local problem and that something ought to be done about it, but there is no immediate motivation to do anything.*
  - No identifiable leadership exists or leadership lacks energy or motivation for dealing with this problem. Community climate does not serve to motivate leaders.

# Crisis Response Team

- For a community in the Early stages of readiness, Crisis Response teams may be limited solely to Emergency Response Personnel, Law Enforcement, Behavioral Health community providers, and ED staff.
  - Review protocols and procedures developed for each community provider.
  - Look for and create linkages for referral for those newly at risk, including family members and those associated with the individual.
  - Review debriefing protocols and linkages to local mental health providers for first responders
    - Local mental health providers are key assets in providing services not only to those individuals at risk, but first responders as well for support.
- In tribal communities, be mindful of inter-related nature of both an individual who may have died by suicide and local providers and EMS response staff.



# Type of Postvention

- Early Stages of Community Readiness:
  - Indicated: Targets the inner circle of friends and family
  - Stigma and taboo may still be present within the community regarding suicide
  - Community response may be limited and exacerbate grieving and isolation for those affected
- *Prevention Efforts/Prevention Staff are also key in beginning to address community education and awareness. Serve as educators and gatekeepers in identifying those at risk after a completion. Serve as community liaisons into service provision.*

# Community Readiness Stages

- **4. Preplanning:** *There is clear recognition on the part of at least some that there is a local problem and that something should be done about it.*
  - *Efforts are not focused or detailed. There is discussion but no real planning of actions to address the problem.*
- **5. Preparation:** *Planning is going on and focuses on practical details..*
  - *Decisions are being made about what will be done and who will do it. Resources (people, money, time, space, etc.) are being actively sought or have been committed.*

# Crisis Response Team/Postvention

- For communities moving into the later early stages of community readiness, Postvention efforts may begin to include additional community members and local leadership
  - Engagement may occur through community education and outreach efforts
  - Suicide awareness programs
  - Gatekeepers training
- Type of Postvention:
  - Indicated: Targets the inner circle of friends and family
    - Focus for indicated postvention remains on those at high risk, and those impacted by loss
  - Selected: directed toward the community impacted by the incident
    - Selected focus may now extend to community impact as awareness of suicide prevention, gatekeepers training and community engagement grow
    - knowledge of recent loss may also be more widespread



# Community Readiness Stages

- **6. Initiation:** *Enough information is available to justify efforts* (activities, actions, or policies).
  - *An activity or action has been started and is underway, but it is still viewed as a new effort.*
- **7. Stabilization:** *One or two programs or activities are running, supported by administrators or community decision-makers.*
  - Programs, activities, or policies are viewed as stable. *Staff are usually trained and experienced.*
  - Community climate generally supports what is occurring.

# Crisis Response Team/Postvention

- Crisis Response teams may begin to shift to include **active** participation by community members, including leadership.
  - Creation of Suicide Community Task Force



# Community Readiness Stages

- **8. Confirmation/Expansion:** There are *standard efforts (activities and policies) in place and authorities or community decision-makers support expanding or improving efforts.*
  - *Original efforts have been evaluated and modified and new efforts are being planned or tried in order to reach more people; those more at risk or different demographic groups.*
  - Resources for new efforts are being sought or committed.
  - *Data are regularly obtained on extent of local problems and efforts are made to assess risk factors and causes of the problem.*

# Community Readiness Stages

- **9. High Level of Community Ownership:** *Detailed and sophisticated knowledge of prevalence, risk factors, and causes of the problem exists.*
  - Some efforts may be aimed at the general population while others are targeted at specific risk factors and/or high-risk groups.
  - Highly trained staff are running programs or activities, leaders are supportive, and community involvement is high.
  - Effective evaluation is used to test and modify programs, policies, and/or activities.

# Crisis Response Team/Postvention

- Crisis Response Team/Postvention response in advanced stages of community readiness may now include not only local mental health providers, law enforcement, EMS providers, but may include community members that represent various service organizations:
  - Youth focused organizations
  - Health and Wellness
  - Senior Centers
  - School and Education representation
  - Spiritual and Faith leaders/Traditional Leaders
  - Local governmental leadership/Tribal Administration



# Types of Postvention

- Indicated: Targets the inner circle of friends and family
  - Direct service providers-outreach to family, friends, those impacted by loss
  - Referral system for service provision/outreach between all involved agencies/organizations as a part of a crisis response team
- Selected: directed toward the community impacted by the incident
  - Community education and awareness
  - Gatekeepers check ins-review gatekeeper training
- Universal: media coverage after a high profile death or attempt.

# Crisis Response Team/Postvention

- High level of community ownership in advanced stages of readiness.
  - Policies and protocols have been developed to include all areas of outreach
  - Written referral systems between agencies
  - Linkage for at risk individuals within these systems into treatment and support services
  - Workforce Development
    - Ongoing training and evaluation of systemic needs
- Evaluation and gap analysis in each response. What worked best, what didn't work in this instance. Modification of policies and procedures as needed.

# Postvention General Reporting Guidelines and Principles

- Confirm the facts before disclosing information
- Be Truthful and direct about this death by suicide, especially if its been made public
- Do not provide specific details regarding manner of death
- Recognize that the impact of a suicide death is felt over months and years, not over days and weeks
- Avoid glorifying a persons life or death.

# Language of Suicide

**Postvention includes teaching people how to talk about a suicide death, which is key to changing how people perceive suicide.**

“Those affected by suicide (whether personally or due to the death of a person to whom they are connected) are vulnerable and often stigmatized.

We need to talk more about suicide, and provide safe places for this to occur in a manner that is helpful and healthy.

However, such talk is often steeped in concepts and language from the past (including the use of the word ‘commit’) that perpetuate stigma, constrain thinking and reduce help-seeking behavior.

# Suicide Terminology

<b>Stigmatizing Terms</b>	<b>Appropriate Terms</b>
Committed Suicide	Died by Suicide
Successful Suicide	Suicided
Completed Suicide	Ended his/her Own Life
Failed Attempt at Suicide	Non-Fatal Attempt at Suicide
Unsuccessful Suicide	Attempt to end his/her Life

# CONNECT MODEL: Suicide Prevention, Intervention and Postvention Crisis Response



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### Connect Training

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[Postvention \(promoting healing and reducing risk after a suicide\)](#)

[Specialized Training/Consultation](#)

[SurvivorVoices: Sharing the Story of Suicide Loss](#)

[Train-the-Trainer](#)

### Training in Suicide Prevention, Intervention and Postvention

Much more than an off-the-shelf manual, on-line seminar or toolkit, Connect provides customized training and interaction with experts in the field of suicide prevention and postvention.

#### Benefits of Connect

- Nationally Designated Best Practice Program
- Public health approach
- Best practice protocols
- Can be customized to meet training needs of audience
- Culturally competent
- Cross-training that includes collaboration between service providers

#### Training by Audience

- [American Indian / Alaska Native](#)
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[Exeter, NH - The story of how one community responded to youth suicide](#)

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# CONNECT MODEL

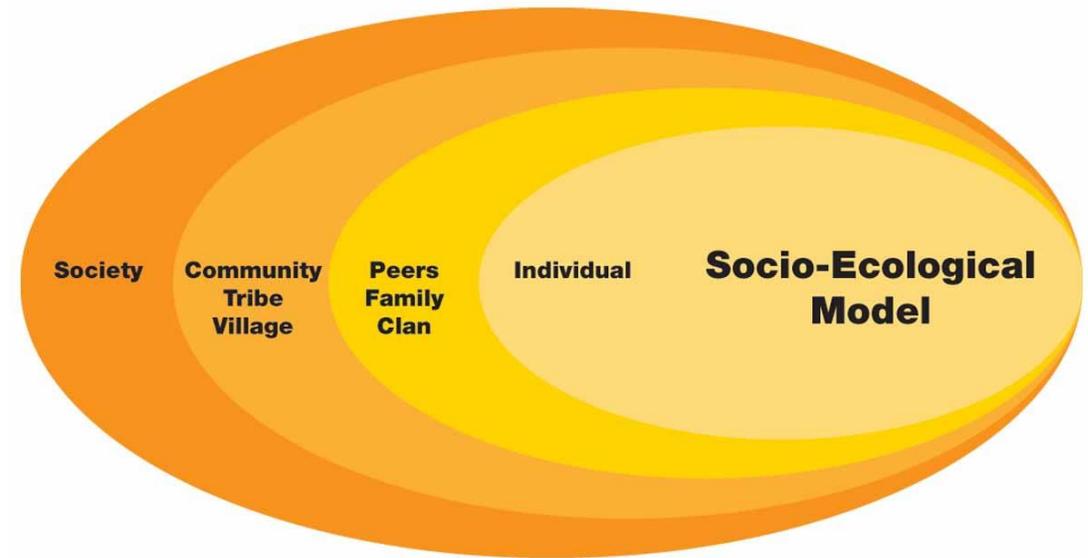
- Developed out of National Alliance on Mental Illness-New Hampshire
- Nationally designated Best Practice program through the Suicide Prevention Resource Center
- Is a community centered approach to Suicide Prevention and Postvention, and assists in the development of community based approaches to intervention as well as postvention and crisis response.
- Includes an Evaluation component with both pre and post tests for both basic community training efforts as well as Train the Trainer components.

# CONNECT: and the Socio-Ecological Approach

- CONNECT: Recognizes Suicide as a public health issue, one that is preventable.
- CONNECT: Suicide prevention is not limited just to a single system, such as a Behavioral Health program, Prevention Program, Law Enforcement or Social Services.

# CONNECT: and the Socio-Ecological Approach

- Acknowledges that **Suicide occurs within the context of an individual's relationships, family, community, society and culture.**
- CONNECT strives to **work within the multiple systems simultaneously through community based implementation efforts**
  - Again Community Readiness is a helpful and natural lead in to the training and focus areas of CONNECT



CONNECT MODEL

# CONNECT: TRAIN THE TRAINER MODULES

## **Postvention Protocols**

Coroners/Medical Examiners

Education

Emergency Medical Services

Faith Leaders

Funeral Directors

Hospital Emergency Departments

Law Enforcement

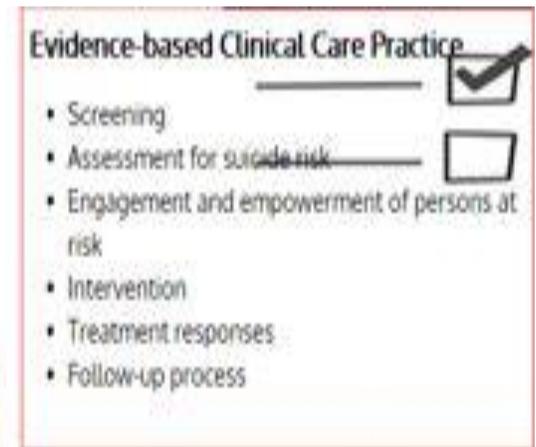
Mental Health/Substance Abuse

Social Service Providers

# CONNECT IN TRIBAL COMMUNITIES

- Allows tribal communities the ability to map steps, protocols and linkages with all relevant systems:
  - Including traditional cultural systems where appropriate, spiritual leadership where appropriate, tribal administrators, direct service providers, elders, youth, etc.
- Helps COMMUNITIES TO CREATE AND LINK PROTOCOLS/POLICY from system to system and acknowledges there are ways to interface and ways to work through challenges
  - Examples: I.H.S. to tribal programs
  - Educational programs (FERPA) to Healthcare programs (HIPAA)

## Ties in well with the Zero Suicide Model: Creating a Zero Suicide Culture



# Tying the Models Together

- Jumper-Thurman, Plested, Edwards, Foley & Burnside (2003) state ***“successful local prevention and intervention efforts must be conceived from models that are community specific, culturally relevant and consistent with the level of readiness of the community to implement an intervention.”***
- *Postvention efforts also must fit within this as community specific, culturally relevant and consistent with the level of readiness of the community....*

# Resources

- NAMI-NH CONNECT: [www.theconnectprogram.org](http://www.theconnectprogram.org)
- Suicide Postvention as Suicide Prevention-Resource Links:
  - <http://www.sprc.org/sites/sprc.org/files/library/Resources%20for%20Postvention%20as%20Prevention.pdf>
- Alaska Suicide Postvention Guide: Preparing to Health  
[http://dhss.alaska.gov/SuicidePrevention/Documents/pdfs\\_sspc/Postvention.pdf](http://dhss.alaska.gov/SuicidePrevention/Documents/pdfs_sspc/Postvention.pdf)
- To Live To See the Great Day That Dawns: Preventing Suicide by American Indian and Alaska Native Youth and Young Adults

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- U.S. Department of Health and Human Services. To Live To See the Great Day That Dawns: Preventing Suicide by American Indian and Alaska Native Youth and Young Adults. DHHS Publication SMA (10)-4480, CMHS-NSPL-0196, Printed 2010. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2010.
- Aguirre, R., & Slater, H. (2010). Suicide postvention as suicide prevention: improvement and expansion in the United States. *Death Studies*, 34(6), 529-540 12p. doi:10.1080/07481181003761336
- <http://www.sprc.org/sites/sprc.org/files/ems.pdf>
- ***A Guide for Early Responders Supporting Survivors Bereaved by Suicide*** By Winnipeg Suicide Prevention Network (2012). <http://www.suicideprevention.ca/wp-content/uploads/2012/07/Early-Responders.pdf> This guide provides information for emergency responders on how survivors of a suicide loss may feel and how to support them.

# References

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- National Action Alliance for Suicide Prevention: Suicide Attempt Survivors Task Force. (2014). The Way Forward: Pathways to hope, recovery, and wellness with insights from lived experience. Washington, DC: Author.