

# Suicide Postvention

Keri Frantell, PhD, LP

July 20, 2022



Mountain Plains (HHS Region 8)

**MHTTC**

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

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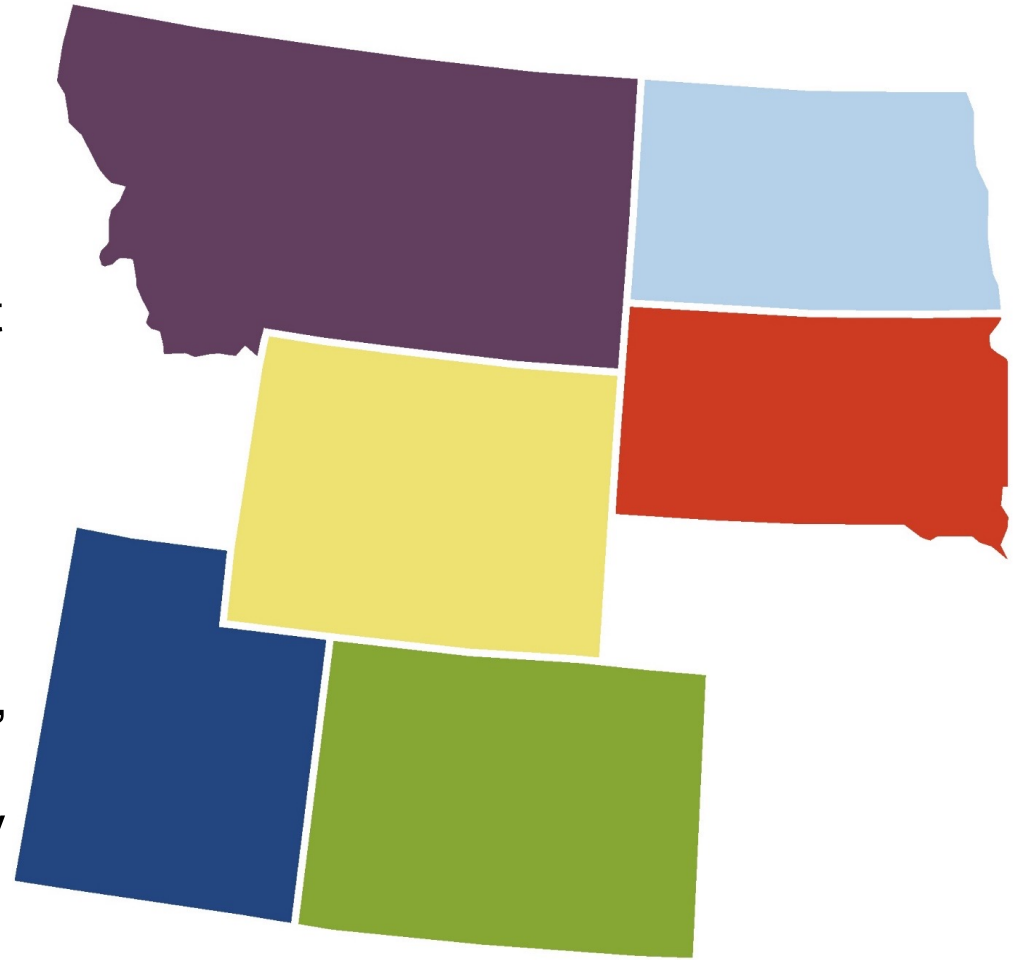
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The work of the Mountain Plains MHTTC is supported by grant H79SM081792 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

# The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



# Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED  
AND HOPEFUL

INCLUSIVE AND  
ACCEPTING OF  
DIVERSE CULTURES,  
GENDERS,  
PERSPECTIVES,  
AND EXPERIENCES

HEALING-CENTERED AND  
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS  
PARTICIPATING IN THEIR  
OWN JOURNEYS

PERSON-FIRST AND  
FREE OF LABELS

NON-JUDGMENTAL AND  
AVOIDING ASSUMPTIONS

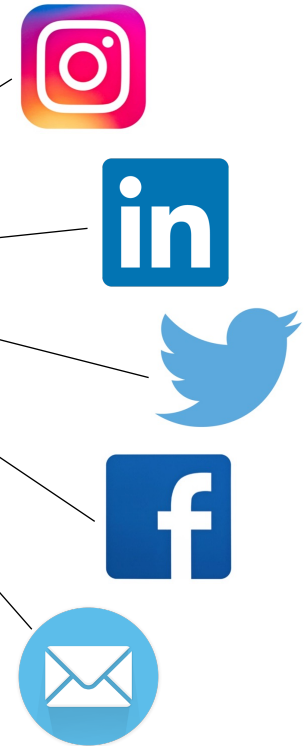
RESPECTFUL, CLEAR  
AND UNDERSTANDABLE

CONSISTENT WITH  
OUR ACTIONS,  
POLICIES, AND PRODUCTS

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# Suicide Postvention

Keri A. Frantell, Ph.D., LP  
she/her/hers

# Contextual Grounding





# Overview

Talking about suicide and postvention

What is postvention?

What is a postvention protocol?

Who is involved in postvention and postvention planning?

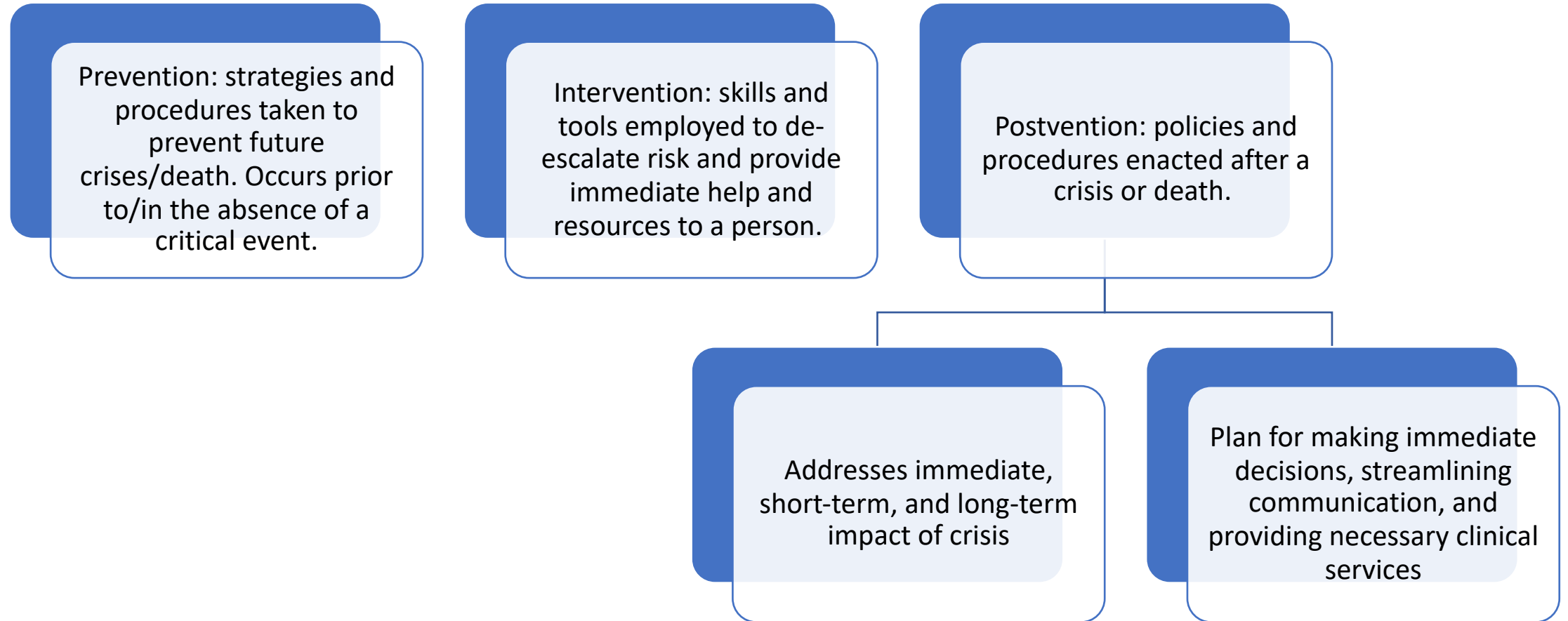
Where to start when developing postvention plans

# Language for Discussing Suicide

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USE THIS	INSTEAD OF THIS
Died by suicide	Committed suicide
Suicided, died by suicide	Successful suicide
Ended their/her/his life Took their/her/his life	Completed suicide
Non-fatal OR Non-lethal attempted suicide	Failed attempt at suicide
Attempted to end their/her/his life	Unsuccessful suicide

# What is Postvention?



Postvention

Prevention



Intervention

# Goals of Postvention



Stabilization



Limit risk/establish safety



Care for those most closely impacted by crisis



Provide space and opportunity to process emotions



Identify and fill gaps in existing prevention plans

When does a postvention plan get implemented?

Death by  
suicide

Very public  
attempts

Other  
significant  
crises

# 3 Core Stages of Postvention

Immediate: First  
72 hours after  
crisis

Short-Term

Long-Term

# Immediate Stage: Establish Safety

Establish immediate safety

Report to next of kin for deceased

- Coordinating family needs (e.g., collecting belongings; determining family preferences for communication)

Attend to high-risk/close contacts

- People with close relationships to deceased (e.g., roommates, friends, classmates, coworkers)
- Witnesses/First responders
- People who are more isolated
- People with known previous suicide attempts
- People with known access to firearms



# Tracking of Close Contacts

<b>Name</b>	<b>Relationship to Deceased</b>	<b>Contact Information: Email Address Cell Phone Campus Address</b>	<b>Contacted Immediately After Event (Date, Who Contacted)</b>	<b>Contacted at Anniversary (Date, Who Contacted)</b>
EXAMPLE	Roommate	<u>student@und.edu</u> (701) 555-5555 Street City	01/01/2021 Keri Frantell	12/27/2021 Keri Frantell

# Tracking of High-Risk Contacts

<b>Name</b>	<b>Risk Factors</b>	<b>Contact Information: Email Address Cell Phone Campus Address</b>	<b>Contacted Immediately After Event (Date, Who Contacted)</b>	<b>Contacted at Anniversary (Date, Who Contacted)</b>
EXAMPLE	Previous suicide attempt Living far from family	<a href="mailto:student@und.edu">student@und.edu</a> (701) 555-5555 Street City	01/01/2021 Keri Frantell	12/27/2021 Keri Frantell

# Short-Term: Promote Healthy Grief & Provide Support



Provide clinical services  
to address emotions



Communicate and  
provide information



Memorial/grief services



Maintain/return to  
routine

# Long-Term: Resiliency, Routine, Preparation

1

Provide support  
for returning to  
routine

2

Prepare for  
anniversaries or  
notable dates

3

Explore  
reduction to  
access of means

4

Identify new  
prevention  
strategies/gaps  
in current plans

# Creating a Postvention Plan

Determine	Determine who will be involved in the planning process
Identify	Identify key tasks for each of the three core stages
Assign	Assign roles and responsibilities to specific people or job positions
Act	Act before a crisis occurs

# Communicating About Suicide

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## Prioritize Safety

- Clear information about maintaining personal safety
- Limit information that will increase risk

## Strategy

- Intentional
- Focused
- Consistent

## Positive Narrative

- Hope
- Resiliency
- Strength

# Essential Communication Types

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- Initial email to frontline (e.g., department faculty/staff)
- Email to entire department (including students)
- Phone checklists and scripts (e.g., to notify clinical providers of increased need)
- Sample emails postponing class
- Sample PPT slide with content that faculty can share with students in class
- Email to faculty regarding anniversary
- Email to high-risk community members about anniversary

# Implementation

- Necessarily have a point-person who is managing the coordination and implementation of the whole plan
  - This person likely should *not* have many other roles and responsibilities in plan
- Routine team meetings and check-ins
  - Re-review plan
  - Address accomplished/initiated tasks
  - Preview upcoming tasks and responsibilities
  - Mitigate any communication issues in real-time
  - Annotate plan for revisions



# Essential Resources for Postvention

- Developing Protocols
  - [Suicide Prevention Resource Center](#)
  - [US National Guidelines](#)
  - [Managers Guide to Postvention in the Workplace](#)
  - [Postvention on University Campuses](#)
  - [Postvention with Youth](#)
- Communication Guides
  - [National Action Alliance for Suicide Prevention – Framework for Successful Messaging](#)
  - [Best practices for reporting on suicide \(media\)](#)

# Crisis Phone/Text Lines

- **988**
- **National Suicide Prevention Lifeline**  
1-800-273-8255  
[suicidepreventionlifeline.org](http://suicidepreventionlifeline.org)
- **Crisis Text Line**  
Text HOME to 741-741
- **Trevor Project** – for LGBTQ+ people under age 25  
1-866-488-7386  
Text START to 678-678  
[trevorproject.org](http://trevorproject.org)
- **Trans Lifeline**  
1-877-565-8860

# Mobile Apps



Virtual Hope  
Box



SAMHSA  
Suicide Safe

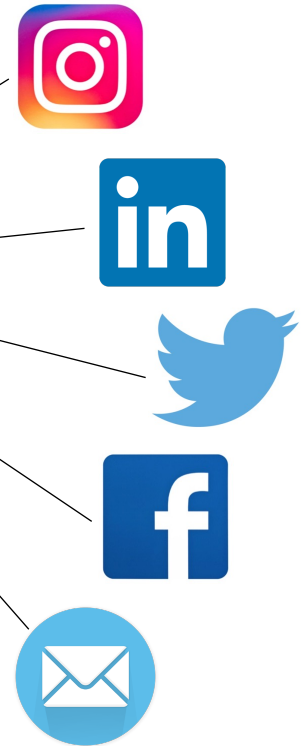


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THANK YOU!



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