



# *Postvention Toolkit for a Military Suicide Loss*

For use by Unit Commanders and Leaders, Chaplains, Casualty Assistance Officers, First Responders, Military Investigators, Non-Clinical Providers, Suicide Prevention Program Managers, and Long-Term Casualty Support Coordinators.

## DAF NOTES

Please look for these notes throughout the guide for relevant Department of Air Force (DAF) information.



# Department of the Air Force Guidance

## Purpose

**This toolkit was developed to guide the myriad of helping resources and others involved in responding to deaths by suicide.**

*DSPO released the DoD Postvention Toolkit for Military Suicide Loss as a resource implementing the public health approach to suicide prevention. As such, the toolkit was written in very broad strokes to encompass all DoD entities.*

## Audience

The language used in this toolkit was targeted to encompass all DoD personnel involved in Postvention but differs when applied in the DAF context. Thus, this information on this page outlines additional guidance to better understand the roles outlined in the Toolkit.

Individuals in the following roles are the intended audience of this toolkit. The chart below shows the audience identified in the DoD Toolkit and aligns it to the appropriate personnel for the DAF population.

DoD Toolkit Audience	DAF-Adapted Personnel
Unit Commanders and Leaders	No change
Chaplains	No change
Casualty Assistance Officers	No change
First Responders: Military Police and Emergency Medical Technicians	Security Forces versus Military Police
Military Investigators	No change
Non-Clinical Providers	No change
<b>Suicide Prevention Program Managers</b>	<b>Directors of Psychological Health (DPH) for clinical response role</b>
Long-Term Casualty Support Coordinators	Air Force Families Forever Representative (Airman & Family Readiness Center)

The most substantial difference in the roles described in this toolkit for DAF personnel is the Suicide Prevention Program Manager (SPPM). The DAF is currently the only service branch with Violence Prevention Integrators (VPIs) serving as the Office of Primary Responsibility (OPR) for non-clinical and primary prevention responsibilities of the installation Suicide Prevention Program (SPP). While VPIs serve as the DoD required installation SPPM (IAW AFI 90-5001 2.3.3.3.1), the responsibilities of the SPPM described in the DoD Postvention Toolkit best represent the clinical role of the Director of Psychological Health (DPH) within the DAF SPP.

## Violence Prevention Integrator role in Postvention

The VPI role in Postvention is to advise and consult leadership teams on postvention actions to prevent further suicide events. A primary responsibility of VPIs in this role is to check-in with Commanders and First Sergeants to ensure they are aware of and have access to the DAF Leader's Post Suicide Checklist and Postvention Standard Operating Procedures (SOPs). VPIs also coordinate with leadership teams and Public Affairs Offices (PAOs) to ensure that Safe Suicide messaging is used when making announcements or communicating about a suicide death to the unit. Additionally, VPIs can share sample suicide death notifications or guidance on memorials with Chaplains, Leaders and First Sergeants from <https://www.resilience.af.mil/postvention-tools/>, upon request.

## Utilization

The DoD Postvention Toolkit for Military Suicide Loss is intended to be an additional resource in postvention efforts and is not mandatory. The DAF Post Suicide Checklist and Postvention Standard Operating Procedures remain the primary guidance for DAF Postvention. As a reminder, postvention requires a multi-disciplinary and comprehensive approach, including installation Leaders, Violence Prevention Integrators, Chaplains, Casualty Assistance Officers, First Responders, Military Investigators, Clinical and Non-Clinical Behavioral Health Providers, and other agencies. Please socialize this toolkit with all relevant personnel.

Information on this page outlines DAF specific guidance for the Toolkit

# Foreword

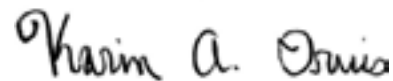
You are likely turning to this toolkit because you are looking for answers, hope, or a way forward. We offer our deepest condolences to you and want to provide you the best support resources available. We offer this toolkit as a resource on how to support yourself or someone else that may be grieving the loss of a loved one after a suicide.

The grief process following a suicide death can be uniquely challenging for survivors and can be different for everyone. We all have the opportunity to ensure that survivors are met with compassion, understanding, and knowledge of available healing resources. This toolkit provides survivors with information and strategies to better cope with their loss.

The loss of a single life to suicide is a tragedy. The Department of Defense is strongly committed to preventing suicide within our military community through suicide prevention, intervention, and postvention initiatives. This toolkit is just one of many ways we are dedicated to supporting Service members and their families during this difficult time.

Thank you for your commitment to supporting and promoting healing for suicide loss survivors.

Respectfully,



Dr. Karin A. Orvis  
Director  
Defense Suicide Prevention Office



**Dr. Karin A. Orvis**

**DIRECTOR**  
DEFENSE SUICIDE PREVENTION OFFICE



# Toolkit Overview

## Purpose

**To equip DoD personnel with a better understanding of how to support survivors navigating the practical and emotional concerns after suicide in a way that is sensitive to the unique issues associated with suicide.**

The goal of this toolkit is to promote healing among suicide loss survivors and to minimize any negative effects of exposure to a suicide death, including suicide contagion (“imitation” suicides). This toolkit does not address postvention following a suicide attempt.

*Cause and manner of death may take a year or longer to investigate. Until this information is officially determined, some military personnel, such as Casualty Assistance Officers, use other terms such as “apparent self-inflicted wound.”*

## Audience

Individuals in the following roles are the intended audience of this toolkit.

- Unit Commanders and Leaders
- Chaplains
- Casualty Assistance Officers<sup>1</sup>
- First Responders: Military Police and Emergency Medical Technicians
- Military Investigators
- Non-Clinical Providers
- Suicide Prevention Program Managers
- Long-Term Casualty Support Coordinators<sup>2</sup>

## Information Provided

Information in this toolkit is drawn from policies, research, survivors’ feedback, and subject matter experts’ experience of supporting survivors. The information is based primarily on deaths that occurred on active duty in a non-deployed setting. Some casualty assistance related information

may not apply to all survivors, but the postvention concepts apply to all deaths by suicide in the military, regardless of Service Branch, Component, or deployment status. Any information provided in this toolkit can be adapted or added to existing local procedures and practices. See the following list for major topics covered in this toolkit.

- Impact of suicide loss
- Postvention guidelines
- Essential practices for supporting survivors
- Tips on ensuring one’s fitness to support survivors
- Dedicated sections for each role identified under “Audience” describing responsibilities and essential practices
- A list of organizations and resources that provide support to family and unit members

Information for Behavioral/Mental Health Providers in the Department of Defense (DoD) and U.S. Department of Veterans Affairs (VA) is available in the VA/DoD Clinical Practice Guideline:

<https://www.healthquality.va.gov/guidelines/MH/srb/>.

**Tip: Do not wait until you have to respond to a suicide to review this toolkit. Read the toolkit now and practice postvention (for example, using tabletop exercises), so that you are familiar with the information and comfortable with how to deliver it.**

## Toolkit Navigation Tips

In the PDF version of the toolkit, click on the section header to return to the section’s table of contents. Click the toolkit title in the header to return to the main table of contents. Click on references in the right margin to go to the full reference citation. These references denote research, policy, or other sources used to create this toolkit.

<sup>1</sup>The term Casualty Assistance Officer is used to refer to Army Casualty Assistance Officers; Marine Corps and Navy Casualty Assistance Calls Officers; and Air Force Casualty Assistance Representatives, Family Liaison Officers, and Mortuary Officers.









<sup>2</sup>The term Long-Term Casualty Support Coordinator is used to refer to Army Survivor Outreach Services Coordinators, Navy Gold Star Program personnel, Marine Corps Long-Term Assistance Program personnel, and Air Force Families Forever personnel.

**THE POSTVENTION TOOLKIT WAS PRODUCED BY THE OFFICE OF PEOPLE ANALYTICS, POLICIES AND INFORMATION CURRENT AS OF DECEMBER 2019.**





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ANY REFERENCE TO OR LISTING OF NON-GOVERNMENTAL ORGANIZATIONS SHOULD NOT BE CONSTRUED AS ENDORSEMENTS OF THESE ENTITIES BY THE DEPARTMENT OF DEFENSE.





# *Background*

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# Suicide and Its Impact

Suicide is complex and multi-factored. It does not occur as a result of a single incident or event. Suicide is not selfish or revengeful. Those who have died by suicide were struggling with the belief that they were a burden to others, that others would be better off without them, and that there were no other solutions to their problems. Its occurrence has a wide-reaching impact on a community.

Fortunately, a community of people are poised to support those touched by suicide. In your role, you may need to identify those who have been impacted by a suicide in order to deliver the appropriate level of support. The next-of-kin (NOK) and Person Authorized for Direct Disposition, as listed on the Record of Emergency Data ([DD Form 93](#)), are not the only members of the military community who are survivors following the suicide death of a Service member. A number of other individuals may be affected based on their closeness with the deceased or their own risk factors for suicide.

## Identifying Those Impacted by Suicide Loss

### Suicide Loss Survivor

Definition: Anyone who knows or identifies with someone who dies by suicide.

*Any of these individuals may be touched by suicide loss:*

**FAMILY MEMBERS • CURRENT AND PAST UNIT MEMBERS • THERAPISTS  
SCHOOL COMMUNITIES • WORKPLACE ACQUAINTANCES  
CLOSE WORK COLLEAGUES • FRIENDS • FIRST RESPONDERS • CLOSE FRIENDS  
ANYONE WHO DISCOVERS THE DECEASED • CLASSMATES  
TEAM MEMBERS • NEIGHBORS • WORK COLLEAGUES  
COMMUNITY MEMBERS • RURAL OR CLOSE KNIT COMMUNITIES  
COMMUNITY GROUPS • HEALTH-CARE WORKERS**

### Adapted from:

Cerel, McIntosh, Neimeyer, Maple & Marshall (2014)



For Casualty Assistance Officers, “survivors” refers specifically to a spouse, children, parents, siblings, etc. For the purposes of this toolkit, “survivor” refers to those touched by suicide.



## Continuum of Survivorship

Many individuals can be impacted by suicide. Research indicates that as many as 135 individuals are exposed to each suicide death and that as many as 60 individuals are bereaved or affected by each suicide. Survivors touched by suicide may fall into one of the following categories.

### Exposed to Suicide

Those who “know of” someone who died by suicide but do not experience the longer-term impact or severity associated with the loss of someone with a closer relationship. Such persons would include fans of a celebrity who died by suicide, school or workplace acquaintances, or others in more distant social circles.

### Affected by Suicide

Those who experience psychological distress as a result of exposure to the suicide death. For example, individuals who witnessed the death or found the body, or an individual who hears details about a suicide on base which intensifies his/her own suicidal ideation and/or behaviors (despite not personally knowing the individual who died).

### Suicide-Bereaved Short-Term

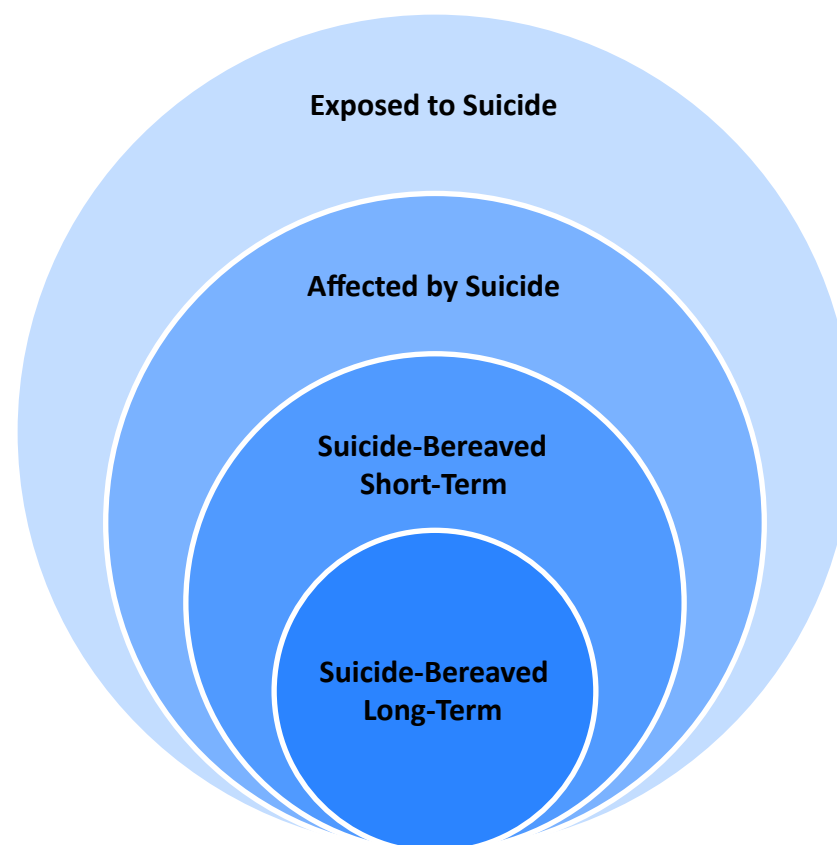
Those with a closer relationship with the deceased who experience grief and bereavement, typically for less than a year. For example, family members, therapists, friends, close work colleagues, and close unit members.

### Suicide-Bereaved Long-Term

Those with close personal relationships to someone deceased by suicide who struggle for an extended period of time (typically a year or more) with significant responses to the loss. For example, family members, therapists, or close friends.

#### Adapted from:

Cerel, Brown, Maple, Singleton, van de Venne, Moore & Flaherty (2019)  
 Cerel, McIntosh, Neimeyer, Maple & Marshall (2014)



**In the military, the number of Service members exposed to suicide can vary:**

<b>6000</b> Sailors on a Navy ship	<b>500-900</b> Soldiers in an Army battalion	<b>300-500</b> Airmen in an Air Force squadron	<b>180</b> Marines in a Marine Corps company
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## The Impact of Suicide Loss

Suicide loss survivors contend with the same grief and bereavement as other survivors. However, there may be additional shame, stigma, and trauma associated with suicide that may not be present with other types of losses. This section provides an overview of the emotional, social, and psychological impact of suicide loss.

### Emotional Impact



**Many survivors report experiencing intense and contradictory emotional states as they try to cope with their loss. These feelings may occur in any order, simultaneously, or not at all. Each person's experience is different.**

Suicide loss survivors may be more likely to try and make sense of the death compared to other types of loss survivors. Survivors oftentimes reflect on the time leading up to the death, thinking about “what if” or “if only” scenarios. Survivors may blame themselves or others for not doing more to help the Service member. There may also be feelings of regret over how information and signs that become known after the loss were not known or observed prior to the suicide. Survivors may also struggle with messages about suicide internalized from various sources that contribute to feelings of guilt, isolation, and shame. Some survivors also experience anger toward the deceased over the manner in which they died. They may also feel abandoned or rejected by the deceased because it feels like he or she made a deliberate choice to die.

### Social Impact



**Survivors might worry that other people will think negatively about the deceased, the unit, or the family because of a suicide.**

Survivors may avoid discussing the death openly with others because they are afraid of what others will think. Family and friends often do not know how to best support the survivor when they are not familiar with or hold harmful views about suicide. As a result, survivors may withdraw from their social support network, which normally would serve as an avenue to discuss their struggles and relieve their stress. Family members may experience a “secondary loss” from losing the connection to the Service member's unit.

Adapted from:

American Association of Suicidology (2014)





### Psychological Impact



#### Compared to other types of loss, suicide is associated with increased risk for mental health concerns.

Type, closeness, and length of relationship may influence whether suicide loss survivors contend with suicide risk, complicated grief, depression and anxiety, and/or post-traumatic stress.

### MENTAL HEALTH CONCERNS

#### Suicide Risk

Suicide loss survivors are more likely to experience thoughts of suicide. Many subject matter experts caution those working with suicide loss survivors to be prepared for the high likelihood that survivors will experience suicidal thoughts themselves.

#### Complicated Grief

Complicated grief is marked by a prolonged period of intense and distressing emotion and difficulty functioning in everyday life. Closeness of the relationship to the deceased may be associated with increased risk of complicated grief.

#### Depression and Anxiety

Depression is characterized by persistent feelings of sadness or loss of interest in activities that can result in significant impairment in daily life. Depression and anxiety often occur together. For example, parents who lost a child to suicide are likely to deal with depression and anxiety.

#### Post-Traumatic Stress

Some survivors witness the death or are the first to discover the deceased. Exposure to these types of traumatic events can contribute to increased risk of traumatic stress.

*“At a certain point in the loved one’s grief, it would be common to expect the Next of Kin to have thoughts of suicide themselves. I have seen this several times. Be aware of this and be ready to react.”*



SFC Robert Bean, U.S. Army Casualty Assistance Officer



**Adapted from:**

- Bolton et al. (2013)
- Feigelman, Cerel, McIntosh, Brent & Gutin (2012)
- Pitman, Osborn, King & Erlangsen (2014)
- Young et al. (2012)





# What is Postvention?

## Postvention

Any activity following a suicide that promotes recovery and healing among those affected by the death. Postvention can help prevent any negative effects of suicide exposure, such as complicated grief and suicide contagion.

## Goals of Postvention

- Set a foundation for healthy grieving.
- Identify and refer those most at risk for behavioral health concerns, including suicide.
- Safely memorialize the deceased.

The [“Three Phases of Postvention” approach on page 11](#) approach provides actions you can take to achieve the goals of postvention. More detail is provided on pages [11-24](#).

## Active Postvention

**Survivors benefit from an active postvention approach where support and resources (for example, grief counseling, support groups, and peer mentoring) are offered directly to survivors as soon as possible following a death, within hours if appropriate. Active postvention can help proactively address and stabilize any suicide-specific issues among survivors.**

In the days following a death, family members report “being in a haze” and unable to process the large volume of information they receive. Unit members state that they wish helping resources, such as the [Chaplains](#) or behavioral health providers, had come to the unit directly so that they knew how to access needed support. This feedback from survivors underscores the need for an active postvention approach. Research also indicates that active postvention is associated with increased resource utilization by survivors and better long-term outcomes.

### Adapted from:

Cerel & Campbell (2008)  
Ho et al. (2018)  
Pak, Ferreira & Ghahramanlou-Holloway (2019)  
Ruocco (2017)



## Just Be There

The most important thing you can do to support a survivor is to just be there and take the time to listen. This toolkit offers many tips, but every situation and survivor is different. There may be instances where you do not know what to do. This is fine. Sometimes sitting and listening is all the survivor needs.



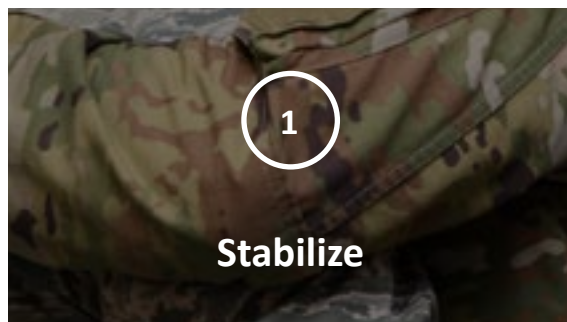
Adapted from:  
Ruocco (2017)

## Three Phases of Postvention

The “Three Phases of Postvention” approach was developed by survivors from the [Tragedy Assistance Program for Survivors](#). It is based on their experiences as suicide loss survivors who have delivered postvention to other military families and units. As you engage with survivors, it is useful to consider these phases (Stabilize→Grieve→Grow) and how you can help survivors move towards the third phase, “Grow.” However, keep in mind that not all survivors experience growth after a loss, and this is normal.

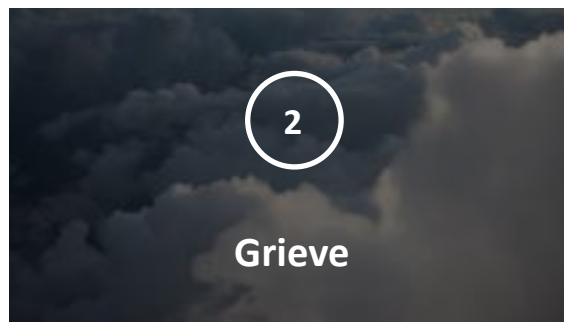
Before working with survivors, examine your own beliefs and assumptions about suicide. Your thoughts and feelings toward suicide can influence the way you talk about the death and interact with survivors. Every interaction with a survivor is an opportunity to support their healing and to provide them with hope.

Actively engage survivors early (within 2 weeks of the death) and throughout the postvention process so that they receive the support they need. Consider reaching out to other organizations, such as the [Tragedy Assistance Program for Survivors](#), that can provide postvention for survivors directly or provide guidance on how postvention can be delivered. Actions that you can take in each of these phases are described in detail in this section.



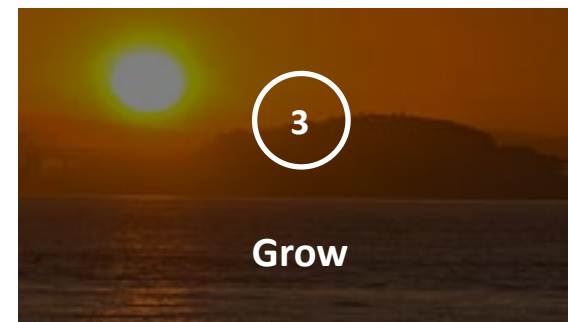
### Stabilize

**Address issues specific to suicide to promote healing and minimize risk.**



### Grieve

**Grieving occurs throughout the postvention process. Take action to facilitate and support healthy grieving.**



### Grow

**Assist survivors in finding ways to experience post-traumatic growth.**



Address issues specific to suicide to promote healing and minimize risk.

Suicide loss is a sudden, traumatic event that leaves behind a number of issues that need to be assessed and stabilized. Proactively assisting survivors in addressing these topics can build a strong foundation for healing and decrease risk.

### Tasks during this phase include:

- A** Assess individuals for any mental health issues and refer them for care. Suicide is a stressful event that can trigger emotional and mental health challenges. Survivors may need evaluation and treatment to address these issues. Facilitate access by asking survivors about any emotional or mental health needs and connecting them to appropriate resources.
- B** Assess individuals for any trauma related to the death and refer them for care. Suicide is a traumatic event, particularly when the death occurs in the family home or in the barracks. In fact, according to the 2017 DoD Suicide Event Report (<https://dodser2.health.mil/>), approximately 60% of suicides happen in the family's home or barracks. Trauma related to the death may need professional treatment and care. Ask about traumatic exposure and connect survivors with appropriate resources.
- C** Assess suicide-specific issues and help survivors navigate these in a way that promotes hope and healing and creates a solid foundation for the grief journey. Ask about the specific issues and guide survivors in essential practices or connect with a subject matter expert. This section provides information on the topics unique to suicide and what you can do to support survivors.

### Topic: Questioning Why

**Description:** Survivors grapple with questions of why the Service member died by suicide and may blame themselves and others for the death.

**What you can do:** Help survivors understand that suicide is a complex, multi-factored event and that they and others are not to blame. Remind the survivors that they did the best they could at the time. Help survivors forgive themselves and others for actions taken or not taken. Ultimately, nobody is to blame for the Service member's death. One thing that may help survivors process the death is developing a better understanding of suicide and suicide risk. See "[Responding to Survivors' Emotions](#)" on page [16](#) for more information on addressing survivors' feelings of blame.

### Topic: Faith and Spirituality Questions

**Description:** Survivors may struggle with their faith after the death and/or internalized messages about suicide that contribute to feelings of guilt, stigma, and shame.



**What you can do:** Ask survivors what they believe about suicide and what messages about suicide they may have heard over the years. You may wish to consult a Chaplain or a faith or spiritual leader for guidance, if you are not one yourself. A Chaplain or faith leader can be helpful in finding spiritual perspectives on suicide. A Chaplain can provide this Service. Survivors may seek assistance from spiritual advisors and can be made available to them upon request.

Adapted from:  
Ruocco (2017)







### Topic: Secrets

**Description:** Survivors may learn new information about the Service member that was not known before. This can lead survivors to question their relationship with the Service member.

**What you can do:** Be aware of any instances where new information about the Service member leads the survivor to question their relationship with the Service member (for example, a deceased Service member who had financial difficulties that they did not discuss with the survivor). As much as possible, help survivors come to terms with this new information, which may change their memory or view of the Service member.

### Topic: Family Dynamics

**Description:** Questions and feelings of blame (self and others) can complicate family dynamics.

**What you can do:** Before engaging with survivors, ask the Casualty Assistance Officer, or others, as appropriate, who have interacted with the family if you should be aware of any particular dynamics or strained relationships.



### Topic: Relationships

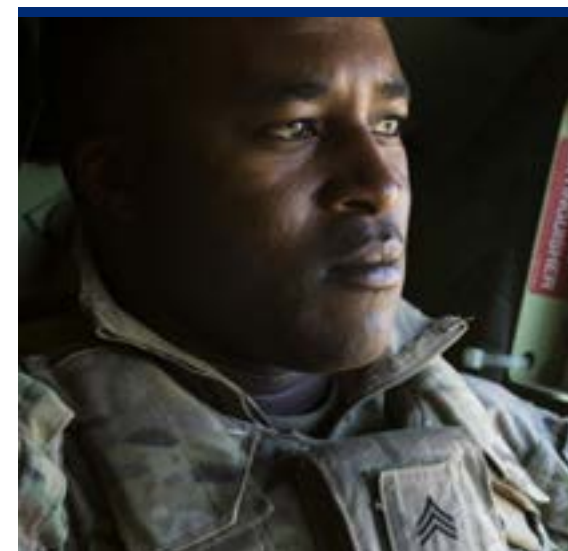
**Description:** Remember that family dynamics and/or the relationship between the deceased and the survivors may be strained by suicide.

**What you can do:** Be aware of these issues before engaging with the survivors. This allows you to be tactful in your actions and/or help address specific issues.

### Topic: Emotions

**Description:** Survivors experience a wide-range of emotions that can conflict or intensify other feelings. At times, the survivors may experience these emotions simultaneously, and, at other times, they may not experience any emotions.

**What you can do:** It is not possible to fully know what people are going through emotionally. Do not judge the survivors' grief – it may manifest in unexpected ways. The best preparation is to familiarize yourself with the range of emotions that survivors can experience and help the survivors understand that whatever they feel is normal. See [“Responding to Survivors’ Emotions” on page 16](#) for more information.



Adapted from:  
Ruocco (2017)

### Topic: Trauma

**Description:** Suicide is often unexpected and can be a source of trauma, especially if the survivor witnessed the death or was the one to find the deceased.

**What you can do:** Be aware of any after effects of trauma. Some survivors experience post-traumatic stress, which is characterized by flashbacks, nightmares, severe anxiety, and uncontrollable thoughts about the traumatic event. If you believe a survivor is dealing with post-traumatic stress, he or she may benefit from professional mental health support.



### Topic: Clean Up

**Description:** Survivors often are left to clean up the place of death or the living space of the Service member.

**What you can do:** Advise survivors that, if needed, a biohazard cleanup company should be contacted to clear the area in which the death occurred. This task is often overlooked by those supporting survivors, but it can be a source of additional trauma for survivors. When cleaning up the Service member's possessions later, ask the survivors if you can help or help recruit family or friends to help.



### Topic: Telling Others

**Description:** Survivors often do not know how to discuss the death and will avoid others as a result.

**What you can do:** It is important that survivors share what they are comfortable sharing, but it may be helpful to them to know that many survivors report that, in the long run, they are glad that they were honest with others about the way in which their Service member died and that it gave others an opportunity to support them in a way that they needed. More details are provided in [“How to Talk to Others about a Suicide” on page 21](#).

### Topic: Investigations

**Description:** Survivors may be interviewed during the death investigation. The process can take a year or longer to complete and lack of closure on the cause or manner of death can impede the survivors' grieving.

**What you can do:** Be aware of any ongoing investigations and assist survivors in understanding the processes. The investigation conducted by law enforcement or the Military Criminal Investigative Organization will determine the manner and cause of death (in other words, “how” the Service member died). Understand that this is unlikely to answer the “why” question that many survivors have. In addition, the command investigation will examine lessons learned and is also unlikely to answer the question of “why” to their satisfaction. At the conclusion of these investigations, if the survivors wish to obtain a copy of the reports, their Casualty Assistance Officer can assist them in submitting a Freedom of Information Act request or other needed requests for a copy of the report (see [“How to Make a Freedom of Information Act \(FOIA\) Request” on page 103](#)). These reports may be redacted for privacy or security reasons. Encourage the survivors to review the report with someone who can help them understand the report. This individual may be from the Military Criminal Investigation Organization or from a supporting organization, such as the [Tragedy Assistance Program for Survivors](#). Next-of-kin (NOK) can ask their Casualty Assistance Officer for help with contacting the relevant investigative office.

In the event that a suicide note was left by the deceased, it will likely be taken as evidence by the investigative organization. Once the case is closed, the original note and other items taken as evidence should be returned to the family, if so desired, during evidence disposition. The investigator or evidence custodian should offer the return of the note and items to the next-of-kin if it was somehow not communicated with the next-of-kin earlier. Assist next-of-kin in ensuring that these important items are returned to them by speaking with the investigator or relevant investigative organization.

**Adapted from:**

Naval Criminal Investigative Services (2019)  
Ruocco (2017)





### Topic: Media

**Description:** The media often reports on a Service member's death as a way to honor his or her service. In addition, the Service member's death may be made public through obituaries, family interviews, and other public statements.

**What you can do:** NOK may not wish to speak to the media on their own. In these situations, their Casualty Assistance Officer can assist in referring the media to the Service's public affairs office. Any discussion of suicide requires adherence to safe messaging and reporting guidelines in order to limit any further negative effects of suicide exposure. See ["How to Talk to Others about a Suicide" on page 21](#) and "Reporting on Suicide" (<http://reportingonsuicide.org>) for more information.



### Topic: Telling Children

**Description:** Children will grieve in different ways, and like adult survivors, may blame themselves for the death.

**What you can do:** Support the survivor in ensuring that their children understand that the death was not their fault and that it is normal to feel the way they are feeling, whatever those emotions may be. More information on how to support children and how to explain suicide in terms they will understand is provided in ["How to Talk to Children about a Suicide" on page 22](#).

**Adapted from:**  
Ruocco (2017)



U.S. DEPARTMENT OF DEFENSE  
DEFENSE SUICIDE PREVENTION OFFICE



Adapted from:

American Association of Suicidology (2014)

## Responding to Survivors' Emotions

*Survivors report experiencing any or all of the following emotions:*

**SHOCK • GUILT • BLAME • DENIAL • DISBELIEF • ANGER • RELIEF  
ABANDONMENT • REJECTION • SHAME • CONFUSION • HELPLESSNESS  
DESPAIR • STRESS • HOPELESSNESS • SADNESS  
DEPRESSION • PAIN • ANXIETY • LONELINESS • NUMBNESS**

One of the most common and difficult emotions that suicide loss survivors experience after the death is blame and guilt. If the suicide loss survivor blames others, it can be expressed as anger. Here is some information on what you can do or how you can respond when survivors express blame and guilt, or anger.

### Blame and Guilt

Survivors oftentimes reflect on the time leading up to the loss, thinking about “what if” or “if only” scenarios. Survivors may mistakenly blame themselves or others for not doing more to help their loved one.

#### WHAT YOU CAN CONVEY TO SURVIVORS:

Survivors may need to hear this multiple times: Nobody is to blame for suicide. Stressors and circumstances contribute to the potential for suicide. Sometimes, these forces are mental health-related, but oftentimes other factors are to blame – such as trauma, stress, loss, and other equivalent events that cause pain and emotional distress to the person. These forces make it difficult for a person to see any possibility of change, and lead them to believe that suicide is the only way to end the pain. Remind the survivors that they did the best they could at the time. We tend to greatly overestimate our own contributing role in situations and a part of the survivors' grief process may be to accept their limited ability to affect outcomes.

### Anger

Some survivors also experience anger toward the deceased over the manner in which they died. They may also be angry at the military for perceived actions taken or not taken leading up to the death.

#### WHAT YOU CAN DO:

The best thing you can do in this situation is listen actively and compassionately to what the survivor has to say. If the survivor expresses anger at the military, do your best to avoid promises or excuses for any actions taken or not taken leading up to the death – you may not know all of the facts. If you can, respond with, “I do not have all of the answers, but I can look into this for you.” Make it a point to follow-up with the survivors. Working with the survivor to find an answer as to why something may or may not have happened can help identify a change that may need to occur, so that suicide is avoided in the future. This action can help the survivors find meaning in a terrible situation because a valuable lesson has come out of the Service member's death.





2

## Grieve

Grieving occurs throughout the postvention process. Take action to facilitate and support healthy grieving.

Adapted from:  
Ruocco (2017)

While survivors grieve throughout the 3 Phases of Postvention model, the “Grieve” phase focuses specifically on integrating grief into survivors’ lives in a healthy and positive way. The process of finding a way to rebuild after loss includes survivors integrating grief into their lives and rebuilding relationships (including with the deceased, if desired by the survivor).

***In this phase, help survivors with the following tasks:***

- A** Move away from focusing on the cause of death and to emphasizing the life lived and service of the deceased. Survivors often focus on why the death happened and the last moments before the death of the Service member. It is important to move away from this focus and reconnect with the life lived. People can support survivors by reminding them that the death was a “perfect storm moment in time that does not define the person,” talking with survivors about the Service member’s life, and asking survivors about their good memories with the Service member.
- B** Find a grief rhythm. Give the survivors space and time to grieve. Survivors need to grieve because they love and care about the Service member. Understand that grief can come up at any time. Instead of pushing it down, encourage survivors to embrace it, feel it, express it, and then rest or get support. Encouraging and supporting the grief rhythm can help survivors manage grief bursts and express it in a healthy way. Giving time, space, and support for embracing grief can improve productivity by purposely releasing it instead of trying to suppress or avoid it.
- C** Build a new relationship with the deceased. Love does not die and neither does the relationship with the deceased. If desired, a new kind of relationship can be built with the deceased. Survivors continue to connect with their loved ones in many ways (e.g., writing letters to the deceased, recalling good memories) and exploring this option with survivors can be very healing. Ask directly about ongoing connection with the loved one. Accept and support this connection.







Other steps you can take to support healthy grieving:



**REACH OUT TO THE SURVIVORS**

Look for ways to help the survivors with practical concerns, such as yard work and meals. Ask the survivors questions such as, “What can I do?” or “Can I call you next week?”



**BE THERE AND LISTEN**

Be present and ready to listen when survivors wish to talk about their feelings and to share memories of the deceased. A good listener avoids interrupting, tolerates repetition, provides comfort, and makes time to listen.



**DO NOT OFFER FALSE COMFORT**

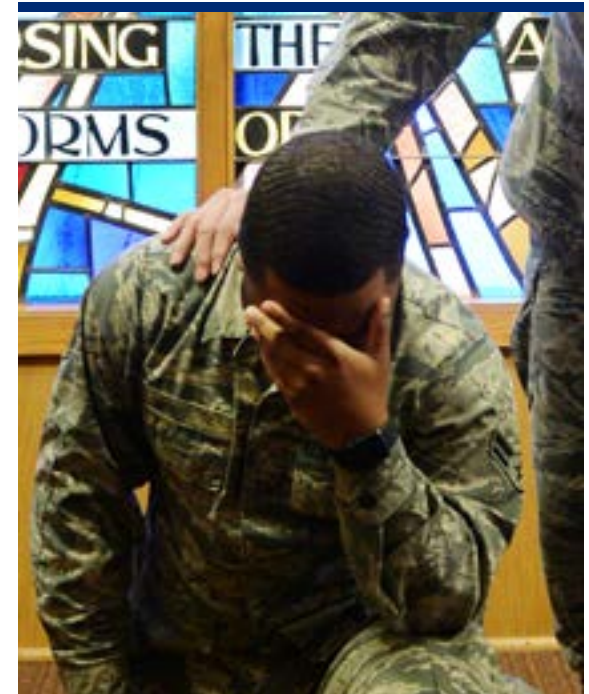
It doesn't help the grieving survivors when you say, “It was for the best” or “You'll get over it in time.” Instead, offer a simple expression of sorrow and take time to listen.



**CHECK-IN ON SPECIAL DAYS**

Certain days, such as holidays, family milestones, anniversaries, and birthdays can be particularly hard for survivors. Be aware of these dates and be sensitive to the survivors' grief. Reach out to survivors and ask them how they are doing, ask about good memories of the Service member, and check if there is anything you can do for them.

Adapted from:  
Mayo Clinic Staff (2018)





Assist survivors in finding ways to experience post-traumatic growth.

Post-traumatic growth is a positive psychological change that can occur after adverse events. Not all survivors experience post-traumatic growth after a loss, but military suicide loss survivors are uniquely positioned to achieve it.

*Here are some positive changes survivors may experience:*

### New Possibilities

The death of a Service member leaves a gap in peoples' lives and they can struggle to fill the gap. Survivors may take over new responsibilities that were formerly handled by the deceased. These responsibilities can range from small tasks (like cleaning) to bigger tasks (like managing finances). Adjusting to meet the needs of a new situation can be a healthy way to grow in the wake of a loss.

### Change in Relationships

The experience of coping with a suicide loss may strengthen relationships that survivors have with others. Survivors may build strong bonds with others who have experienced a similar type of loss. On the other hand, the survivors may also reexamine relationships and let unfulfilling relationships fall by the wayside.



### Appreciation of Life

The traumatic loss of a Service member can make one appreciate that life is fleeting. Survivors may choose to live more deliberately and purposefully.

**Adapted from:**  
Calhoun, Tedeschi, Cann & Hanks (2010)  
Ruocco (2017)

### Change in Self-Perception

Survivors may develop or strengthen skills for dealing with stressors or traumatic events. Living through a trauma may provide survivors with the evidence they need to realize they can cope with anything.

### Spiritual Change

Some survivors feel closer to their faith or the earth following a suicide loss. They may also experience a shift in life priorities or a change in their life philosophy.

### Meaning Making

Motivated by the mission to prevent others from experiencing what they have, survivors may find a new activity that contributes to the suicide loss community, such as peer mentoring and advocacy. These activities give meaning and purpose to their journeys and experiences.





Adapted from:  
Ruocco (2017)

In the military, the focus on HOW one dies causes survivors to fear that this is what others will remember about the Service member. Offering a path to make something positive out of a horrific event can offer hope to survivors.

*For suicide loss survivors, an emphasis on the following tasks can help them grow after the loss:*



### FIND MEANING

Helping families do something positive with what has happened can offer hope and healing to survivors. Activities such as peer mentoring or identifying lessons learned during a “look back for prevention” offer different pathways to finding meaning.



### TELL THE STORY IN A HOPEFUL AND HEALING WAY

After a suicide loss, survivors often begin telling their story in a way that blames themselves or others for the death, which reveals a lot of negative emotions related to the event. In the growth phase, help survivors recreate that story using what they have learned since the death and now have accepted to be true. The story could include such things as “acceptance that they did the best they could with the information they had at the time” and “I will use this to prevent other losses” and “I will live my life in honor of my loved one.”



### NEW APPRECIATION FOR LIFE

When something terrible (like suicide) happens, it often forces people to look at life differently. Every day may seem like a gift and something that is not guaranteed. Encouraging survivors to embrace this newfound appreciation of life in honor of their loved one can be extremely healing and can preserve a family following such a devastating loss.



## Talking About Suicide

People often think that talking about suicide will increase the risk for suicide in others. This is simply not true. Because the topic is not discussed often and openly, people find that they do not know how to talk about suicide. Here is some information on how survivors can talk to others or children about the death.

### Responsible Reporting

Any discussion of suicide requires adherence to safe messaging and reporting guidelines to limit any further negative effects of suicide exposure. For more information, see “Reporting on Suicide” (<http://reportingonsuicide.org>).

### How to Talk to Others about a Suicide

Survivors may ask you for help with what they should say to family and friends when informing them of the death. It is important that survivors share what they are comfortable sharing — some may not wish to say that the death was by suicide. It may be helpful to inform those who are hesitant to say the Service member died by suicide that many survivors report, in the long run, they were glad they were honest with others about the way in which their Service member died. Being honest about the cause of death gives others an opportunity to support survivors in the way that they need.



**USE “DIED BY SUICIDE” RATHER THAN “COMMITTED SUICIDE.”**

Those who work in the field of suicide prevention avoid the term “committed suicide” because it implies a crime.



**AVOID DISCUSSION OF SPECIFIC DETAILS OF THE SUICIDE.**

There is no need to discuss the method or specific location of the death. You do not need to discuss who found the body, whether or not a note was left, or why the Service member may have killed himself/herself. These types of details can increase suicide risk in others.



**EMPHASIZE THE IMPORTANCE OF GETTING HELP.**

Highlight the availability of resources that can help individuals cope with stressors.

#### Adapted from:

Dazzi, Gribble, Wessely, & Fear (2014)

*“I am so glad that I chose to be honest with my son about how his father died. I wanted to create a foundation of trust, so we could talk about mental health in our family openly. He grew up knowing the truth about how his father died but he also learned how his father lived, and about his honorable life and service. My goal was to make sure he knew that help WAS available for any struggles he may experience and we could always talk about it.”*



Quotation by Suicide loss survivor

For information on what to say and how to conduct a memorial or funeral, please see “Unit Sponsored Memorial” on page 37 and “Speaking at Memorials and Funerals” on page 54.





## How to Talk to Children about a Suicide

Survivors with children will be faced with the task of breaking the news to them. Delivering sad news is difficult, but particularly so with children. It is important that the adult survivors cope with their own emotions first so that they can speak calmly and clearly with the child or children.

### *Here are some more tips for talking with children about suicide:*

- Tell all of the children in the family, even the younger ones.
- Avoid unnecessary details and keep explanations simple. Try not to over-explain.
- Use words and language that they know. Terms like “asleep” or “passed away” can be taken literally and lead to confusion about what actually happened.
- Understand that you may have to repeat information as children process the news. Be sure to check that they understand what you have said.
- Like adults, children will experience any number of emotions. Help them understand their feelings by acknowledging and naming them. For example, “It sounds like you are sad. I am sad, too.”
- Children are highly likely to blame themselves for the death. For example, young children may think that because they did not behave a certain way, their parent died by suicide. It is very important to tell the child that he or she is not at fault in any way. Nothing the child did, or did not say or do, caused the death.
- Encourage children to talk about the death and to ask questions. Understand, however, that some children may prefer to process the information on their own. They may wish to engage in solo activities, such as listening to music or drawing and painting.
- Expect children to process the information over a long period of time. Some children may have questions or wish to talk days, weeks, and even years later. As children grow and mature, they will understand the death in different ways.
- Encourage children to express themselves and memorialize the Service member with an activity such as a drawing or painting, or planting a tree.

### *Examples of explanations of suicide for children:*

Suicide happens when a person feels so much hurt and pain that he/she does not want to live anymore and makes his body stop working on purpose.

When someone dies by suicide, they choose to end their life because they start to think that living is too hard. They do not know that there are people who can help or they choose not to get help. This is not a wise choice because there are people who can help people not feel hurt and pain all of the time.

The only person who really knew why this happened is [the Service member]. There are a lot of things that we do not know, but we do know that [the Service member] loved us and we loved him/her. He/she will always be important in our lives and we can always remember the many good times we had together.

#### Adapted from:

Skylight (2007)

#### For more information:

Sesame Street for Military Families: Grief

<https://sesamestreetformilitaryfamilies.org/topic/grief/?ytid=aa2VpflpbQmk>







## Planning for Suicide Risk

The tips provided thus far are aimed at minimizing suicide contagion among survivors, but there is still a possibility that survivors will experience suicidal thoughts themselves. If this occurs, follow your suicide prevention and intervention training, including the following guidance.

### 1 Ask

Ask directly: "Are you thinking of killing yourself?" or "Does it ever get so tough that you think about ending your life?"

### 2 Care

Listen without judgment. Show that you care. Remove any means that could be used for self-injury.

### 3 Escort and Treat

Do not leave the person alone. Get immediate assistance. Escort the individual to the nearest medical professional, Chaplain, or trusted leader.



### Tip

Use the Columbia Suicide Severity Rating Scale to assess suicide risk: <http://cssrs.columbia.edu/>

### Be aware of the indicators of risk for suicide and/or self-harm:



Not actively seeking help

Lack of emotion or empathy

Social isolation from friends and family

Talks about suicide or death

Substance abuse

Gives away possessions

Expresses feelings of hopelessness

Neglects personal hygiene

### THINGS PEOPLE MIGHT SAY

"Maybe I'll just kill myself."

"Soon you won't have to worry about me."

"People would be better off if I didn't exist."





## Safety Plans

Safety planning can be done with individuals who have made a suicide attempt, experienced suicidal ideation, or are at high risk for suicide. The intent of safety planning is to provide a pre-determined list of potential coping strategies, as well as a list of individuals or agencies that individuals can contact in order to help them lower their imminent risk of suicidal behavior. The safety plan uses the individual's own words designed to provide the person with a greater sense of control over managing the suicidal crisis. The provider and the at-risk person can create the safety plan together.

**Formal safety plans vary, but normally consist of six components:**

- Signs of a crisis, suicidal ideation, or maladaptive behavior.
- Coping strategies for grief, trauma, and stress.
- A list of people, social settings, or objects that provide distraction from the stressor.
- A list of people whom the person can ask for help.
- A list of professionals or agencies the person can contact during a crisis.
- A list of steps the person can take to make the environment safe, such as reducing the potential for lethal means of suicide.



## Safety Plan Resources

There are different types of safety plans that use different approaches and tools. Two types of safety plans are provided here so that you may use what works best for you and your situation.

Clinicians can access guidance on how to create a safety plan here:



### VETERANS AFFAIRS SAFETY PLANNING

<https://www.mentalhealth.va.gov/docs/vasafetyplancolor.pdf>



### VA/DOD CLINICAL PRACTICE GUIDELINE

<https://www.healthquality.va.gov/guidelines/MH/srb>

If you are not a clinician, but feel that a survivor would benefit from safety planning, consider enlisting the support of a clinical provider. More information and training on safety plans can be accessed at the following link:



### CRISIS RESPONSE PLAN FOR SUICIDE

<https://crpforsuicide.com/about>

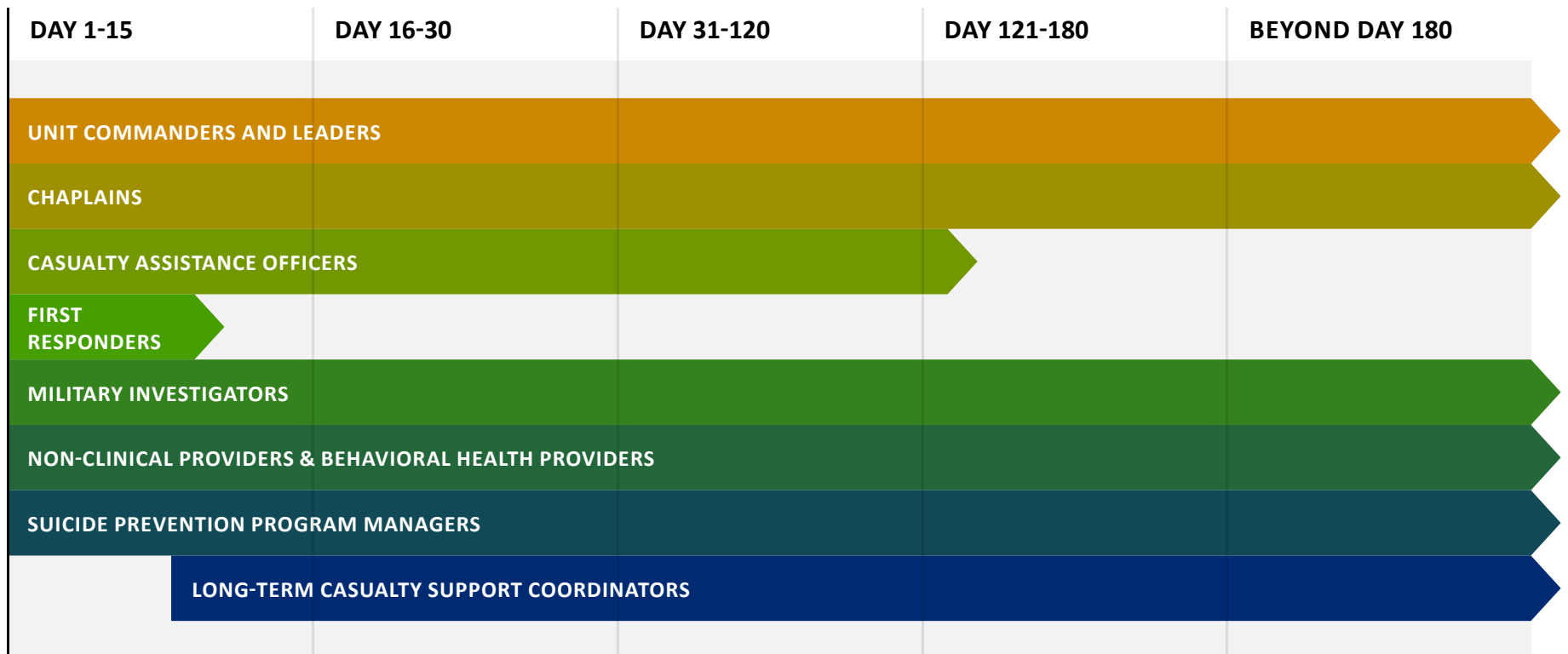


# Overview of the Days After a Suicide



There is a community of people available to help survivors following a suicide. This section provides an overview of the many processes and procedures that occur after a suicide and describes some of the responsibilities of those personnel who interact with survivors. Many of these responsibilities overlap with existing casualty assistance processes and are, therefore, not necessarily unique to suicide loss.

## General Timeline of Postvention Roles and Involvement

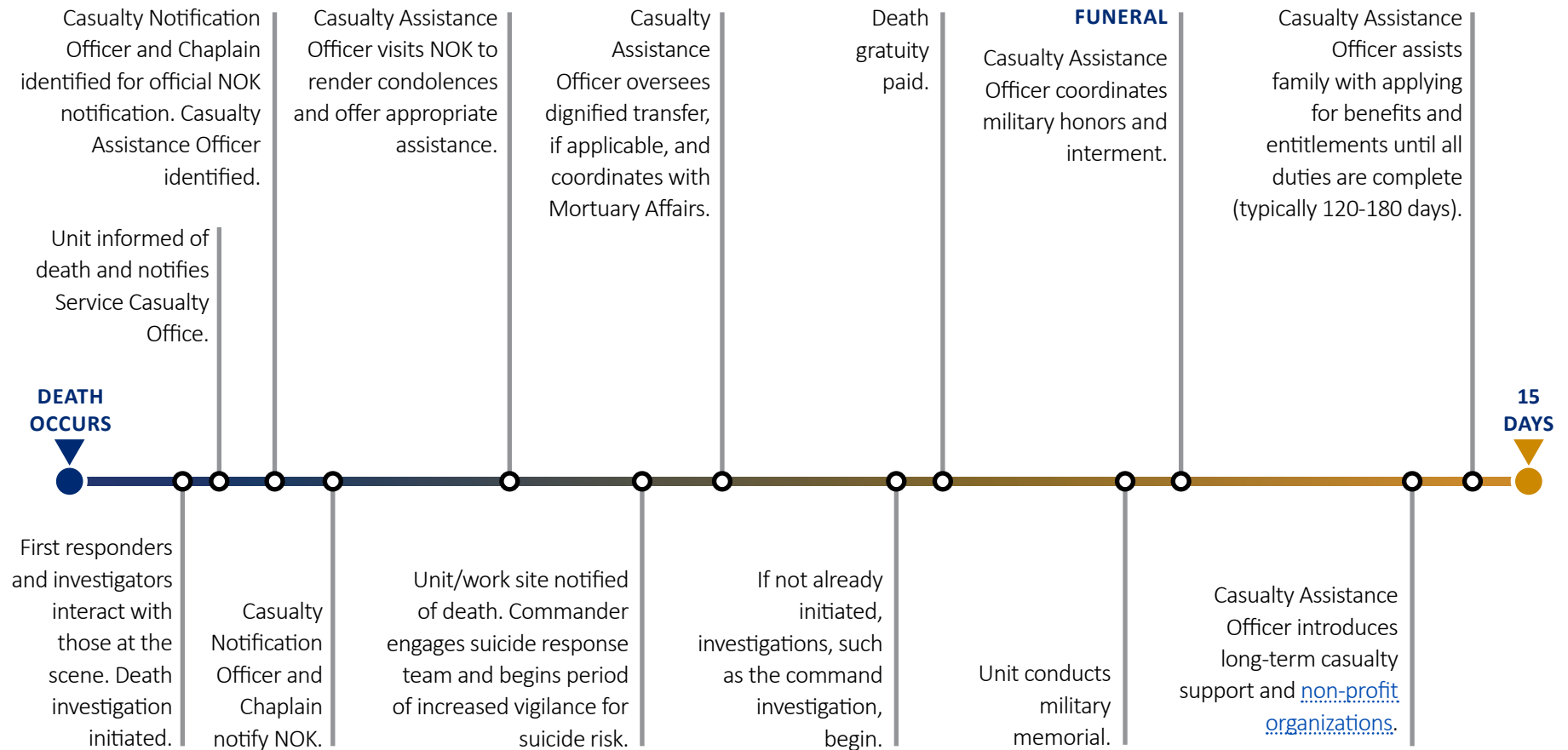




## The First 15 Days

The casualty assistance process is initiated within a few hours of the Service member’s death. The timeline on this page provides a simplified overview of the process and flow of information to next-of-kin (NOK) and the unit in the first 15 days – it may not, however, capture all of the different situations that can arise. This section provides a brief overview of the activities immediately following a death.

In the first 15 days, it is important to initiate the [“Three Phases of Postvention” on page 11](#) so that suicide loss survivors are adequately supported in their grief.





## The First 15 Days (cont.)

### Official Notification

As soon as the unit is aware of the death, they notify the Service Casualty Office, which initiates the casualty notification and assistance process. A notification team, comprised of the Casualty Notification Officer and, when possible, a Chaplain, is assembled and notifies the primary next-of-kin within hours of the death. The Casualty Notification Officer provides information to next-of-kin on Dignified Transfer of Remains (if applicable) and informs next-of-kin that his or her Casualty Assistance Officer will be in contact within a few hours.

### Initiation of Casualty Assistance

The Casualty Assistance Officer is the main point of contact between the Service and the family. In the first meeting with next-of-kin, the Casualty Assistance Officer works with the survivors to establish how he or she can be contacted and delivers important information on benefits and entitlements. In addition, the Casualty Assistance Officer verifies information on the Service member's DD Form 93 Record of Emergency Data and other DoD records. If requested, the Casualty Assistance Officer can connect next-of-kin with caring resources and non-profit organizations that serve the military community (see [“Non-Profit Organizations” on page 95](#)).

### Military Funeral and Memorial Service

In the days following the death, the Casualty Assistance Officer helps next-of-kin and the family understand their options for the funeral and/or memorial service, as well as assist the family in understanding the government entitlements and reimbursements associated with these services and ceremonies. The Casualty Assistance Officer also ensures that full military funeral honors are conducted appropriately. Transportation to the burial site is provided for the Service member's immediate family, including the surviving spouse, children, parents of the Service member, Service member's siblings, and Person Authorized for Direct Disposition.

### Unit Memorial

The unit memorial is the responsibility of the Command. Its purpose is to assist Service members in dealing with the realities of death by allowing them a means for expressing their grief, receiving condolences, and beginning the healing process. When appropriate and possible, Command coordinates with the Casualty Assistance Officer to invite next-of-kin. Essential practices for the unit memorial are provided in [“Unit Sponsored Memorial” on page 37](#).

#### Adapted from:

A Survivor's Guide to Benefits: Taking Care of Our Families (2019)  
DoDD 1300.22 “Mortuary Affairs Policy”  
DoDI 1300.15 “Military Funeral Support”  
DoDI 1300.18 “Department of Defense (DoD) Personnel Casualty Matters, Policies, and Procedures”  
DoDI 6490.16 “Defense Suicide Prevention Program”







## Beyond the First 15 Days

Many of the processes described in this section may start within 15 days of the death, continue past 30 days, and take as long as a year to complete. The support services described in this section may also be offered to survivors immediately following the death. For those who need them, these support services continue to be available long-term to eligible survivors. More information is provided on the following page and in the role-specific sections of the toolkit.

For the DAF, Long-Term Survivor Support or Air Force Families Forever Representatives do not provide emotional support, but they do provide referrals to resources such as counseling.

### Beyond the First 15 Days: Roles and Responsibilities

15 DAYS

<p><b>UNIT COMMANDERS AND LEADERS</b></p> <ul style="list-style-type: none"> <li>• Increase leadership visibility and engagement</li> <li>• Increase vigilance</li> <li>• Conduct command investigation and Line of Duty investigation</li> <li>• Support continued association between unit and family</li> <li>• For National Guard or Reserve components, consider placing unit leadership on temporary orders</li> </ul>	<p><b>CHAPLAINS</b></p> <ul style="list-style-type: none"> <li>• Provide spiritual support to the family and unit</li> <li>• Provide organizational support to unit leaders</li> <li>• Mentor</li> <li>• Counsel</li> <li>• Worship</li> <li>• Provide workshops</li> </ul>	<p><b>CASUALTY ASSISTANCE OFFICERS</b></p> <ul style="list-style-type: none"> <li>• Assist next-of-kin until fulfillment of all duties</li> <li>• Provide grief and bereavement counseling referrals</li> <li>• Conduct warm hand-off to long-term casualty support</li> </ul>	
<p><b>MILITARY INVESTIGATORS</b></p> <ul style="list-style-type: none"> <li>• Lead the death investigation</li> </ul>	<p><b>NON-CLINICAL AND BEHAVIORAL HEALTH PROVIDERS</b></p> <ul style="list-style-type: none"> <li>• Provide grief counseling</li> <li>• Support peer mentoring</li> <li>• Lead support groups</li> <li>• Conduct crisis intervention</li> </ul>	<p><b>SUICIDE PREVENTION PROGRAM MANAGERS</b></p> <ul style="list-style-type: none"> <li>• Assist unit members in identifying and connecting with resources</li> <li>• Facilitate, when appropriate, Non-Clinical and Behavioral Health Provider support of grieving unit members</li> <li>• Ensure adherence to suicide reporting requirements</li> <li>• Inform commanders of requirements</li> </ul>	<p><b>LONG-TERM CASUALTY SUPPORT COORDINATORS</b></p> <ul style="list-style-type: none"> <li>• Refer NOK to services and resources</li> <li>• Provide emotional support</li> <li>• Provide financial counseling or referrals</li> </ul>





## Beyond the First 15 Days (cont.)

### Casualty Assistance Transition to Long-Term Casualty Support

Following the funeral and/or memorial service, the Casualty Assistance Officer continues to assist NOK in applying for and obtaining any applicable benefits and entitlements. The Casualty Assistance Officer can also provide NOK referrals to grief and bereavement counseling, if needed. Upon completion of Casualty Assistance Officer's duties, [Long-Term Casualty Support Services](#) becomes the main liaison between the family and the Service. Long-Term Casualty Support Services continues to answer any questions that the family may have about financial matters; coordinate with various organizations for grief and bereavement counseling; and support the family emotionally. Long-Term Casualty Support Coordinators provide assistance to NOK for as long as NOK wish to maintain contact with the Service.

### Investigations

Multiple investigations are conducted following a death, each with different and distinct purposes. The Command is responsible for the line of duty investigation and command investigation, which examine the administrative circumstances surrounding the incident. The command investigation may also examine any possible non-criminal misconduct that may have occurred. The Military Criminal Investigative Organization, with the medical examiner (often the Armed Forces Medical Examiner System), conducts an investigation to

determine the cause and manner of death and whether there is any criminality. If the death occurred off-base, local law enforcement authorities typically lead the death investigation, often with involvement from the Military Criminal Investigative Organization in a support role. While not an investigation, the unit is required to complete DoD Suicide Event Reporting within 30 to 60 days of the death.



### Emotional Support

Unit commanders and leaders, Chaplains, Long-term Casualty Support Coordinators, and various DoD resources provide emotional support to survivors in a number of ways, and grief and bereavement counseling are also available to those who need it. Eligible NOK and family members may access counseling at Vet Centers ([https://www.vetcenter.va.gov/bereavement\\_counseling.asp](https://www.vetcenter.va.gov/bereavement_counseling.asp)) or using TRICARE insurance. NOK and family members may benefit from peer mentoring, religious or spiritual counseling, support groups, or

#### Adapted from:

A Survivor's Guide to Benefits: Taking Care of Our Families (2019)  
DoDI 1300.15 "Military Funeral Support"  
DoDI 1300.18 "Department of Defense (DoD) Personnel Casualty Matters, Policies, and Procedures"  
DoDD 1300.22 "Mortuary Affairs Policy"  
DoDI 6490.16 "Defense Suicide Prevention Program"

grief workshops or conferences. Numerous non-profit organizations provide financial, educational, and emotional support to families who have lost a Service member. Information for some of these organizations is provided in "[Resources](#)" on page 86. Commanders and unit leaders are encouraged to invite their installation's behavioral health office, [Chaplain](#), and/or [Military and Family Life Counselor](#) to provide in-person support to affected unit members.





# Ensure Your Fitness to Help

**Adapted from:**

Figley (1995)  
 Maslach, Jackson & Leiter (1996)  
 Owen & Wanzer (2014)  
 Stamm (2010)

When you support others during a crisis, it is essential that you also maintain your own mental and physical well-being. Managing your own stress will enable you to carry out your duties more effectively. Those who are regularly exposed to others' physical and psychological traumas can get worn out emotionally. The result may be burnout or compassion fatigue.



## Burnout

*Burnout is not trauma-related. It is emotional exhaustion and withdrawal associated with increased workload and work stress. There are four stages of burnout: enthusiasm, stagnation, frustration, and apathy.*

## Compassion Fatigue

*Compassion fatigue is the emotional strain experienced from working with those suffering from the consequences of traumatic events. It is also called secondary traumatization.*

## SYMPTOMS INCLUDE:

**EMOTIONAL EXHAUSTION, IRRITABILITY,  
 FEELINGS OF ANGER AND SADNESS,  
 FATIGUE, HEADACHES, SLEEP  
 DISTURBANCES, DIGESTIVE ISSUES,  
 MUSCLE PAIN, BEING LESS EFFICIENT  
 AT WORK, INCREASED SUBSTANCE USE,  
 SOCIAL ISOLATION, AVOIDANCE OF  
 NORMAL EXERCISE ROUTINES**



## Tips

- Reach out to someone who has also supported suicide loss survivors and learn from their experiences.
- Talk with a trusted colleague, friend, or family member to help you process your experiences and thoughts.
- Allow yourself to set boundaries around your time and the care that you provide.
- You may have personal experience with suicide or suicide loss. Seek support for yourself if working with survivors triggers your own thoughts of loss or of suicide.

## Tips to Stay Fit

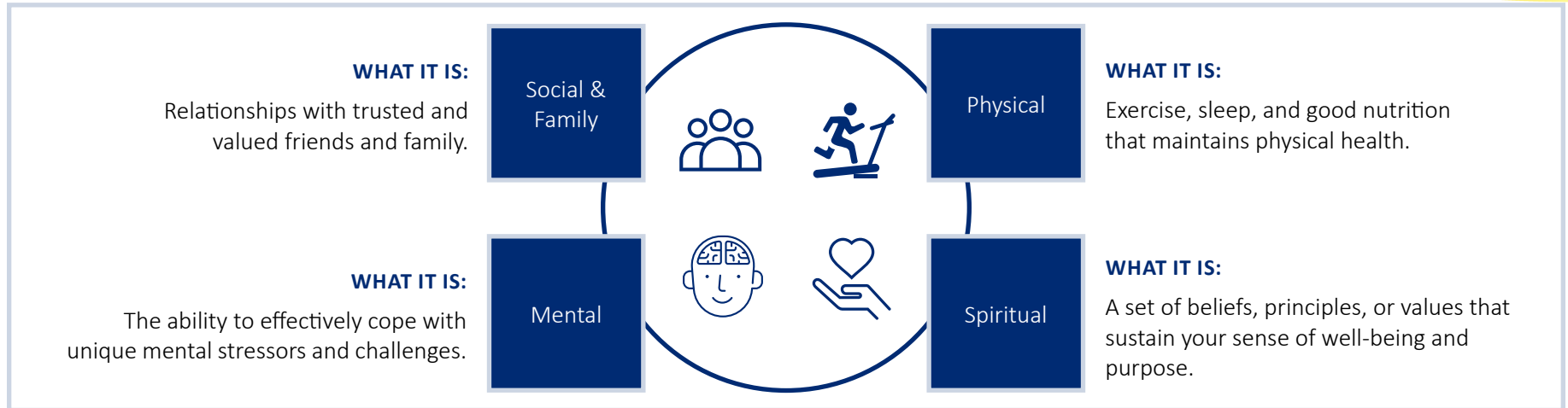
Depending on your role, you may experience unique challenges and stressors in supporting survivors. Additional tips tailored to your role are provided in subsequent sections of the toolkit.

*To counterbalance the stressful challenges encountered on the job, try to incorporate healthy habits into your daily life in all of these fitness domains:*

**Adapted from:**

AFI 90-506 "Comprehensive Airman Fitness (CAF)"  
AR 350-53 "Comprehensive Soldier and Family Fitness"  
David (2012)  
U.S. Army Medical Command (2015)

CAF is covered by AFI 90-5001, published 25 Jan 2019



## Healthy Habits for Social and Family Fitness

Develop and maintain positive relationships with family, friends, co-workers, and your significant other. These connections provide the support and feelings of connectedness that people need during stressful times.



Talk to family, friends, supervisors, and teammates about your experiences and thoughts.



Invite someone to have lunch with you or send a quick text to check in with a friend.



Make time to share a hobby with a family member or friend.





## Healthy Habits for Spiritual Fitness



Connect with your faith community or leader.



Pray, meditate, do daily affirmations, or engage in other spiritual practices.



Implement compassion, the capacity for love and forgiveness, altruism, joy, and fulfillment in your daily life.

### Mindfulness

It does not take much to begin practicing mindfulness. Use these steps to get started. Begin with 5 minutes per day and increase the amount of time as you progress.



1

Take a seat at your desk or in your favorite chair, lie down on your couch, or stand in place. Alternatively, walk mindfully.

2

If seated, lying down, or standing in place, close your eyes. Focus on your breathing and how your body feels at that moment.

3

Allow any thoughts that float in to float out and refocus on your breathing.

## Healthy Habits for Mental Fitness

### Make mental wellness a daily priority and exercise your resilience skills.

Managing stress doesn't mean ignoring negative emotions or thoughts, but using other skills and techniques to help reduce its effect. Resilience skills can be particularly helpful to you while you support others' grief and bereavement. If needed, a behavioral health professional or performance enhancement program personnel can work with you on building resilience and other coping mechanisms.

#### *Here are some resilience skills you could incorporate into your life:*

Be kind to yourself and avoid unhelpful automatic and recurring thoughts.

Take note of positive events and other "good things" in order to counter the tendency towards negativity.

Put things in perspective by identifying the most likely outcomes of a situation.



#### **Adapted from:**

AFI 90-506 "Comprehensive Airman Fitness (CAF)"  
AR 350-53 "Comprehensive Soldier and Family Fitness"  
David (2012)  
U.S. Army Medical Command (2015)



### Healthy Habits for Physical Fitness



Exercise regularly:  
Go to the gym or  
take a daily walk



Get enough  
sleep and keep a  
consistent sleep  
schedule



Take needed  
breaks and/or  
find ways to rest  
throughout the  
workday



Eat a balanced  
diet: Find ways to  
work fruits and  
vegetables into  
your meals



Avoid substance  
use and  
reduce alcohol  
consumption



Attend regular  
health checkups  
and screenings

The human body needs time to rest, which allows it to release physical and mental stressors. Rest can be as simple as taking 10 slow, deep breaths; closing your eyes for 5 minutes; meditating for 15 minutes; or taking a 30-minute nap. Find out which behaviors help you get through your day feeling relaxed.

### Try these tips to get better sleep at night:



Assess the comfort of your sleeping environment and make adjustments to the comfort of your pillow, bed, etc.



Try to block off 7 or more hours for adequate sleep.



Make sure your bedroom is at a comfortable temperature and has dim to dark lighting.



Get into a regular sleep/wake routine by going to sleep around the same time every night.



At least one hour before bed, shut off the television and put down your smart phone or other small electronic devices.



Try mindful breathing or a body scan exercise if you are having difficulty falling or staying asleep. UCLA Health provides several guided meditations (<https://www.uclahealth.org/marc/mindful-meditations>).



# *Unit Commanders and Leaders*

## *In this section*

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*Page 35.* Unit Commander and Leader Postvention Checklist for Supporting the Unit

*Page 41.* Unit Commander and Leader Checklist for Supporting Next-of-Kin

*Page 44.* Addressing Suicide's Impact on Leaders



## Unit Commander and Leader Postvention Checklist for Supporting the Unit



**Purpose: Assist leaders in their response to a death by suicide. This checklist is intended to support a leader's judgment and experience.**

This checklist can be used to augment local policies. It incorporates "lessons learned" from leaders who have experienced suicide deaths in their unit. The checklist does not, however, outline every potential contingency, which may come from a suicide death.



It is important to provide a "safety net" around those exposed to, and impacted by, suicide. A suicide death touches up to approximately 135 family and fellow unit members and can heighten the risk of suicide in others. Research suggests the response by a unit's leadership can play a role in the prevention of additional suicides and suicide events. Lack of response or a poorly executed response, in worst cases, may inadvertently contribute to increased suicides or suicide attempts (suicide contagion).

**Adapted from:**  
Air Force Resilience (n.d.)  
Defense Suicide Prevention Office (2016)  
Ursano, Kessler, Naifeh, et al. (2017)

In the DAF, the Traumatic Stress Response Team is referred to as the Disaster Mental Health Team

### Immediate Actions

- 1** Contact local law enforcement/Security Forces, Investigation Office, or 911 (situation dependent). Office Duty Agent can be contacted after hours through the Law Enforcement Desk or commander.
- 2** Notify Chain of Command. Commander will initiate a notification message. Commander will notify the Casualty Affairs Office.
- 3** Notify Chaplain/Mental Health Office to prepare activation of the Suicide Response/Traumatic Stress Response Team. Commander can assist with contacting Mental Health after duty hours.
- 4** Obtain information from Judge Advocate General and Criminal Investigation Office on jurisdiction of the scene and medical investigation. Normally, local medical examiners/coroners have medical incident authority in these cases but some locations may vary.
- 5** Contact the Casualty Affairs Office to notify next-of-kin (NOK) in accordance with [DoDI 1300.18](#) and receive a briefing on managing casualty affairs. Ensure Casualty Affairs Office procedures are followed when making notification to the immediate family members.



**Initial Announcement to Work Site/Unit**

- 6** Consult with a Mental/Behavioral Health provider to prepare announcement to the unit and co-workers.
- 7** Consult with Public Affairs regarding public statements about the suicide and refer to the Public Affairs Guidance for Suicide Prevention.
- 8** Make initial announcement to the work site/unit. Consider having Suicide Response/Traumatic Stress Response Team present. Encourage those who are affected to talk to the Traumatic Stress Response Team.
  - State that there was a death and that it was a suicide. Use the Service member's name in your announcement.
  - Avoid announcing specific details of the death: Do not mention the method used. Do not announce specific location- announce location as either on-installation or off-installation. Do not announce who found the body, whether or not a note was left, or why the member may have killed himself/herself.
  - Avoid language that assigns fault or guilt.
  - Encourage the unit and co-workers to keep information off of social media to ensure NOK are not inadvertently notified by informal means.

*Consider expressing these themes:*

- Express sadness for the loss and acknowledge the grief of the survivors.

Sample announcements can also be found on the Air Force Resilience site at:  
<https://www.resilience.af.mil/postvention-tools/>

Unit notifications should not be done until all NOK have been notified. If the unit is aware of a death, commanders should consider a communication blackout.

**9**

After the death announcement is made to the work center, follow-up your comments in an e-mail sent to the community affected. Restate the themes noted above.

Sample announcements can be found on:  
[www.resilience.af.mil](http://www.resilience.af.mil)

**10**

Consider increasing senior leadership presence in the work area immediately following announcement of a death, unless you discern there is a risk of being perceived as disingenuous. Engage informally with personnel and communicate messages of support and information. Leadership presence initially should be fairly intensive and then decrease over the next 30 days to a tempo you find appropriate.

- Emphasize that suicide is multi-factored and does not occur as a result of one thing or event. Suicide is not selfish or revengeful. The Service member likely had tunnel vision that led him/her to believe that he/she was a burden to others, that everyone would be better off without him/her, and that there was no other solution to his/her problems.
- Underscore that help is always available.
- Reiterate to the audience to seek assistance when distressed, including those who are presently affected.
- Encourage Service members to be attuned to those who may be grieving or having a difficult time following the suicide, especially those close to the deceased.
- Provide a brief reminder of warning signs for suicide. See [“Planning for Suicide Risk” on page 23.](#)



## Unit Sponsored Memorial

11

Consult with a Chaplain regarding Unit Sponsored Memorial Services. Memorial services are important opportunities to foster resilience by helping survivors understand, heal, and move forward in as healthy a manner as possible. Delivering the right message at the memorial service has the potential to decrease the suicide risk of those receiving the message.

*Strive to:*

- Conduct the memorial in the same manner you would any other memorial.
- Invite the family. If not possible or appropriate, work with the Casualty Affairs Office to communicate information to NOK. Consider filming the memorial and sending the video to NOK.
- Comfort the grieving by acknowledging their grief and loss.
- Memorialize the deceased by saying the deceased's name, and talking about the Service member's life, service, accomplishments, and contributions.
- Do not focus on the manner of death and avoid discussing suicide prevention at length.
- Encourage Service and family members to seek help. Loss survivors are in a vulnerable state and may be suffering from trauma, spiritual crisis, increased suicide risk, and communication challenges, which may need to be addressed immediately. Connect them to resources as soon as possible to decrease risk and to help set them on a positive grief journey.

12

Military burials are conducted under the purview of [DoDI 1300.15](#). There is no reference within this instruction that precludes Service members from receiving a military funeral with full honors if the Service member died as a result of suicide. No matter how the member died, a determination will be made regarding whether the deceased can be buried with full military honors. Full military honors are appropriate in most cases as long as the Service member had not committed a federal or state capital criminal offense or their behavior had not brought discredit to the Service ([DoDI 1300.15](#)).

Guidance on Memorials can be found on the Air Force Resilience site at: <https://www.resilience.af.mil/postvention-tools/>

13

Separate permanent suicide-related public memorials such as plaques or trees are not recommended. These may inadvertently glorify the manner of death. Inclusion of the death on permanent memorials on which other deaths are represented is recommended. In addition, consider other ways to memorialize the Service member if the unit or family members wish. Examples include contributing to suicide prevention efforts in memory of the Service member, such as a donation to a non-profit organization or sponsorship of a suicide prevention activity held after an appropriate amount of time after the Service member's death.



14 Provide space, time, and support for bereavement by using large group and/or small group discussions. Provide individual support or make installation resources available to grieving Service members and their families: Behavioral/Mental Health, [Chaplain](#), [Family Readiness](#), and [Military OneSource](#) (1-800-342-9647). For civilians, consider Employee Assistance Program (available 24/7 at 1-800-222-0364) and follow-up services through the Traumatic Stress Response Team (consult with Traumatic Stress Response Team chief on details, if needed). Discuss with a Mental Health consultant regarding service options if non-beneficiaries (i.e., extended family members, fiancé, or significant others) are struggling and asking for help. Organizations such as [Tragedy Assistance Program for Survivors](#) can also help.

15 Consider talking with a Chaplain, a Behavioral/Mental Health provider, or another leader who has also experienced a suicide in his/her unit about what you are going through. As a leader, the death may have an impact on you as well.

16 Participate, as requested, with any appointed independent review process (i.e., suicide review for installation or a medical investigation). Avoid defensiveness. Understand that investigative and review processes are intended to determine if there are any “lessons learned” regarding suicide prevention (and not to apportion blame).

17 Anniversaries of suicide (1 month, 6 months, 1 year, etc.) are periods of increased risk for those affected by suicide. Promote healthy behaviors during this time period and be attuned to those who may be grieving or having a difficult time.



Note Local/Installation Resources Here

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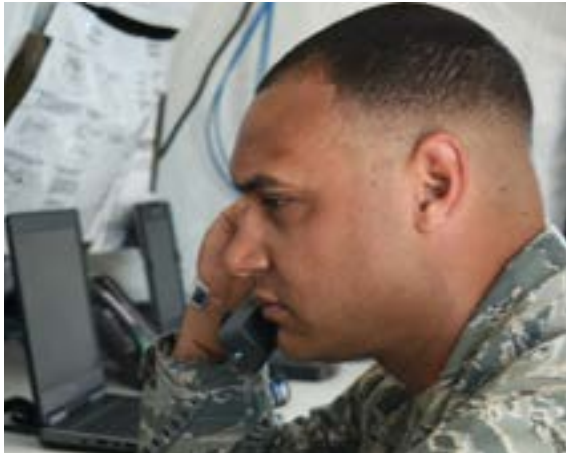






## Other Essential Practices

Consider implementing these other essential practices, which are based on NOK and unit member experiences.



### **Notify the Service member's previous unit of the death, especially if the deceased was a member of the current unit for less than 60 days.**

Service members indicated that they were dissatisfied with hearing of a colleague's death by word-of-mouth or through social media. These Service members preferred being notified of the death in some official capacity (for example from the unit's leadership).



### **Consider if there are Temporary Duty and deployed fellow unit members who should be notified of the death in a timely manner.**

Strive to notify all unit members in a timely manner, even those who are Temporary Duty or deployed, and provide information and assistance for connecting to any needed resources. Sometimes Service members deployed abroad only hear about the death when they return from deployment, sometimes months later. Meet with those returning from deployment to ensure that these Service members are connected with bereavement services at their home base, as these services may not have been available or readily accessible during deployment.

#### **Adapted from:**

Army Suicide Prevention Program (2019)  
Ho et al. (2018)



### **Empower subordinate leadership.**

Leaders who have had a suicide in their unit recommend establishing a role for their non-commissioned officers and subordinate leaders in the postvention process. This helps leaders and their unit members come to terms with the death and facilitates the grieving process.



### Make it a priority to assist affected unit members in identifying and connecting with bereavement resources.

Commanders who can provide space and time for bereavement and grief can help their unit members immensely. Unit members often reported that they were not given much, if any, emotional support from their commands. Many unit members said that they could have used some mental health support, but received nothing. Consider having a behavioral health provider, [Chaplain](#), or [Military and Family Life Counselor](#) come and meet with the unit, so members in the unit could avail themselves of their services if they choose, thereby providing an active postvention approach, which can increase resource utilization by those unit members who need it.



### Support and facilitate connection between unit members and family.

Unit members indicated that they appreciate being connected with the family of the deceased. Unit members said that having the opportunity to meet the family, such as at the unit memorial, helped them cope with the loss. They and family members expressed appreciation for being able to support one another after the death.

If unit members wish to reach out to the family, and you do not already have knowledge of the family's willingness to be contacted by the unit, work with the Casualty Affairs Office to learn whether the family wishes to be contacted and how they can be contacted. Other opportunities to connect may be found through organizations such as the [Tragedy Assistance Program for Survivors](#).



### Support unit member attendance at the family's funeral for the Service member.

Unit members also appreciated being allowed time off to attend the funeral. Permission to go on leave for a funeral, even for a short time and at their own expense, was seen very positively. Unit members very much desired to have time to connect with the family and many wanted the opportunity to attend a formal funeral service.



### Allow sufficient time to grieve and facilitate access to behavioral health resources.

Whenever possible, accommodations should be made for affected Service members to reschedule or participate in make-up events (for example, trainings, testing, etc.), so that these are not conducted in the immediate aftermath of a fellow unit member's death.

Balance the need to grieve and access grief resources with a return to the work and the mission. As a leader, use your best judgment in determining what and when this return to routine is appropriate and healthy.

Adapted from:  
Ho et al., 2018





## Unit Commander and Leader Checklist for Supporting Next-of-Kin

- 1** Consult with Casualty Assistance Officer and the Chaplain to understand how NOK and family are doing after official notification of death and if there are any special needs.
- 2** Consider calling NOK to express condolences within a week of official notification.
- 3** Send condolence letter.
  - Check for typos. Pay particular attention to the spelling of the Service member's name. Despite best efforts, NOK still receive letters with misspelled names.
  - Avoid a form letter by personalizing the message as much as possible.
  - Express appreciation of the deceased's service to the country, include specific detail, and point out that their service/contribution will NOT be forgotten.
  - See ["Condolence Letters" on page 43](#) for more information.
- 4** Review guidelines for speaking at the memorial, or consult with the Chaplain or Behavioral/Mental Health provider to understand what is or is not appropriate to say (see ["Unit Sponsored Memorial" on page 37](#)). These guidelines also apply to the funeral or anytime you speak publicly about the death.
  - Comfort the grieving by acknowledging their grief and loss.
- 5**
  - Memorialize the deceased by recognizing the member's life, service, accomplishments, and contributions.
  - Avoid focusing on the manner of death and discussing suicide prevention at length.
  - Encourage Service members and family members to seek help.
- 5** Work with the Casualty Assistance Officer to invite family members to the unit-sponsored memorial service. If not appropriate or possible, consider working with Casualty Assistance Officer to communicate information to NOK. If possible, meet with the family to express condolences.
- 6** Attend hometown/military funerals whenever possible.
- 7** Support connection and communication between family and unit members.
- 8** Coordinate with the Casualty Assistance Officer and the investigative organization (for example, local law enforcement or Military Criminal Investigative Organization) if the command investigation report is shared with NOK. NOK may not understand that there may be several investigations that occur and this could impact their understanding and acceptance of the results of the death investigation completed by law enforcement/investigative organization. If the command investigation is shared with NOK, consider having someone review and explain its contents to the family.



## Essential Practices for Supporting the Family

The [“Unit Commander and Leader Checklist for Supporting Next-of-Kin” on page 41](#) is based on lessons learned from other leaders and feedback from NOK on their experiences with commanders and unit leadership. Without acknowledgement from the commander or unit, family members experience a secondary loss and feel disconnected with a large part of the Service member’s life. Here is some more information on how and why these actions help family members.



### Call NOK to express condolences after official notification has been conducted by casualty affairs.

In addition to a letter of sympathy or condolence, NOK often wished for a phone call from the commander or a unit leader following notification of the death by Casualty Affairs. If appropriate and deemed to contribute to the family’s healing, consider calling the family again 3-6 months after the death or when the death investigation is complete.



### Attend hometown and military funerals whenever possible.

Unit commanders or an appropriate leadership representative should attend hometown and military funerals whenever possible, and should meet with NOK at installation military memorial services. Any emotional support the commanders give to NOK is appreciated and important. This public outreach effort clarifies the importance the Command attributes to the deceased and survivors.



### Support connection and communication between family and unit members.

Overwhelmingly, NOK reported that having an opportunity to meet and connect with unit members was a positive, healing experience for them. They appreciated being able to see and speak with those who were close to the deceased. This connection helped the family put into context the life of the deceased and helped them connect with others to whom the deceased was important. NOK found that any opportunity to connect with the unit members helped them feel included and important.







## Condolence Letters

In some situations, a letter of condolence may be the main communication that occurs between the Command and NOK. To ensure that condolence letters contribute to, and do not hinder the NOK healing process, consider these essential practices.

### **Ensure Correct Spelling of the Deceased's Name**

In a recent DoD survey, some NOK reported that the name of their Service member was spelled incorrectly. The simple act of spelling the deceased's name correctly can help ensure NOK understand the importance of that Service member to your unit.

### **Make It Personal**

Most NOK are sensitive to what they perceive as "form letters." To avoid the appearance of a form letter, include appreciation of the deceased's service to this country with specific details, and convey that their service and contributions will NOT be forgotten. Other ways to personalize the letter include writing about details such as the deceased's performance, relationships with other unit members, personality qualities, or the value of their work to the larger mission.



The deceased may be new to your Command, or you could be new to the Command. In this case, it can be hard to write a personalized condolence letter. If you are new to the Command, consider contacting unit members close to the deceased for information that can be included in the letter. This action can also give unit members who may be struggling with their own grief an opportunity to share and talk about the Service member. If the deceased is new to your Command, consider contacting the previous unit for information. The previous commander may also wish to inform other unit members, who can also provide information.

## Acknowledge the Impact of the Loss

The loss of a family member is a traumatic event, and the family will be challenged to adjust to their new reality. Acknowledging that you or your unit will share in this loss and challenge will show the family that they are not alone in their suffering. You will never know the full extent of how the death affects NOK, but with a few kind words you can show that your Command also shares in the pain of the loss.



### **Part of the Larger Family**

Some NOK may feel isolated or removed from the military community after a death, which can enhance their grief. You can remind NOK that there are others who share in their grief and are part of a larger grieving community including organizations such as [Compassionate Friends](#), [Alliance of Hope](#), and [Tragedy Assistance Program for Survivors](#).

### **Do Not Mention Posthumous Awards, Decorations, or Promotions**

As the commander, you cannot guarantee that the deceased will receive any award, decorations, or promotions. Making such a promise without the power to see it through could be embarrassing for you and the Service, as well as leave NOK unsatisfied, confused, or angry.

DAF Commander's can encourage participation in the long-term survivor support program (Air Force Families Forever).

#### **Adapted from:**

AFI 36-3002 "Casualty Services"  
Ho et al. (2018)  
Ramchand, Ayer, Fisher, Chan Osilla, Barnes-Proby & Wertheimer (2015)







## Addressing Suicide's Impact on Leaders

Most unit commanders and leaders feel a sense of responsibility towards the people they lead. When a suicide occurs, some may struggle with self-blame because the message around suicide is that it is preventable. While suicide can be prevented in most cases, it is also a complex issue with many factors influencing a person's decision to take his or her life. Sometimes, despite everyone's best efforts, suicide still happens.

We tend to greatly overestimate our contributing role in situations and our ability to affect outcomes. The reality is that nobody is to blame for a suicide. Instead, the factors and circumstances that create the potential for suicide are at fault. Sometimes these forces are mental health-related, but oftentimes other factors are to blame, such as trauma, stress, loss, and other events that cause the person pain and emotional distress. These factors make it difficult for a person to see any possibility of change, which leads them to believe that suicide is the only way to end the pain. This "perfect storm" for suicide is to blame, not any one person or event.



### LEADING THE POSTVENTION RESPONSE

The postvention response can be complex and you should not feel solely responsible for it —there are many people and programs meant to help you and your unit during this time. Reach out to your suicide prevention coordinator or program manager, Chaplain, Behavioral/Mental Health provider, or others mentioned in this toolkit. They can provide information on how to assist others through the grieving process or related aspects of bereavement.



Your self-care actions as a leader provide a model to the unit. Remember to seek out supportive help for yourself, if needed; you may have had a close relationship with the deceased yourself.

### *Pay attention to your fitness domains as you lead and support others after a suicide:*



#### SOCIAL & FAMILY

Discuss your thoughts and experiences with other leaders who have also experienced a suicide in their unit. Make time for family and friends.



#### SPIRITUAL

If so inclined, talk with a Chaplain, connect with your faith community, or practice mindfulness and meditation to maintain your sense of well-being and purpose.



#### MENTAL

Engage in self-awareness, adaptability, and positive thinking skills as you maneuver through this time of change.



#### PHYSICAL

Be sure to exercise regularly, get more than 7 hours of sleep a night, and eat balanced meals for good nutrition.



# *Chaplains*

## *In this section*

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*Page 46.* Spirituality and Suicide

*Page 47.* Chaplain Immediate Actions Checklist

*Page 48.* Chaplain Checklist for Supporting Next-of-Kin

*Page 51.* Chaplain Checklist for Supporting Unit Members

*Page 54.* Speaking at Memorials and Funerals

*Page 55.* Burnout and Your Fitness



## Spirituality and Suicide



Assisting those who have lost a loved one, friend, or colleague to suicide may be among the most difficult challenges you will face. Suicide may have a spiritual and religious dimension, in addition to the dimensions of grief and loss described in the introduction. Various religions have a complex relationship with suicide, with many containing prohibitions against it or explicit consequences about what happens to those that carry out the act. These prohibitions can bring additional emotional trauma to those affected by suicide, and extra care will be needed to bring comfort to the grieving while respecting their religious beliefs.

As a Chaplain, some people will look to you for spiritual and emotional guidance as they try to come to terms with their loss. Your involvement and support to these people may last for a long period of time, maybe even the rest of the person's life. Some may be interested in theological answers, others may be seeking an emotional connection with someone that cares and is willing to listen. You can also help connect survivors to other spiritual resources, when appropriate.

### Be Present

One of the most important roles you can play is that of a listener. Many people will have conflicting feelings over a suicide and may need someone to help make sense of them. The best way to help is to listen attentively as the survivors sort through their emotions, ask questions when necessary, and help them cope with their loss.



### Chaplain Reminder

Suicide can have such a great impact on the bereaved that there is an impulse to take immediate action. Simply being present and making yourself available can be just as comforting to the grieving.

- Be there to listen to others and talk if needed. Do not force yourself into the situation. People do not always remember **what you said**, but remember **if you listened**.
- Do not make promises.
- Do not speak on behalf of a faith you don't know.

#### Adapted from:

Suicide Care, Prevention, and Research Initiative (2018)

*"Looking back, early on I felt like I had to have answers or an explanation to make people feel better. I realize now I will never have those answers. I will never be able to answer why bad things happen to good people. There is more maturity in being present in a situation without having to say much. I think presence is calming, powerful, and reassuring without many words being said."*



CHAPLAIN McCLELLAN, U.S. NAVY



## Chaplain Immediate Actions Checklist

This checklist is intended to augment local policies and procedures. Each situation is different, but the following are some immediate steps you can take in the aftermath of a suicide death.

**Adapted from:**

DoDI 1300.18 "Department of Defense (DoD) Personnel Casualty Matters, Policies, and Procedures"  
Suicide Care, Prevention, and Research Initiative (2018)

- 1** If not done already, notify the necessary parties and chain of command of the Service member's death. Follow up with first responders for information on the death and on the bereaved.
- 2** Consult with first responders and others to understand the situation, including who discovered the suicide and which family and unit members are involved.
- 3** Support the Casualty Assistance Office in conducting official notification of next-of-kin (NOK). Collaborate with the Casualty Notification or Assistance Officer to support NOK. Understand the range of emotions the survivors' may express and help the Casualty Assistance Officer anticipate this range of emotions.
- 4** Create an action plan to provide helping resources and check with NOK to ensure that they sought or have been provided with those resources. Reach out to any other clergy or local pastor who may be involved including any clergy with connections to the bereaved. They may be better positioned to provide immediate comfort the day of a suicide death.

The Command Post and Red Cross may also have additional information

- 5** If possible, visit the bereaved and make yourself available to NOK and unit members. Ideally, earlier is best, especially for those who discovered the body. Being available in the immediate hours after a suicide death can be of great comfort.
- 6** Provide guidance to Command on how to notify the unit of the Service member's death.



### Chaplain Reminder

When possible, a Chaplain should be part of the notification team that informs NOK of the death.



## Chaplain Checklist for Supporting Next-of-Kin

Once the immediate situation has been resolved, there are a number of steps you can take to improve NOK's postvention experience.

- 1** Consult with the Casualty Assistance Officer prior to the first visit with NOK. Debrief afterwards about any NOK needs that you may have identified, including counseling referrals, suicide watches, or other postvention care.
- 2** Create an action plan to provide those resources and to check whether NOK has sought or been provided with those resources.
- 3** Within the first week, check in daily with the suicide-affected NOK, in-person if possible, but by phone if necessary. The first days after a loss can be the most difficult.
- 4** Consult with military and community resources and social groups for ways to deliberately include NOK in social functions or support resources.
- 5** Reach out to NOK for what they would like to see at the memorial service or funeral, if there will be a memorial service or funeral. Coordinate with the commander on what NOK asked for, and whether they can accommodate it.
- 6** Keep in touch with the Casualty Assistance Officer, and reach out to NOK periodically in the days and weeks after the memorial and funeral.
- 7** Check on NOK with a visit or phone call 5-6 months after the death and again a year later to see how they are doing and if they need anything.

### Adapted from:

Ho et al. (2018)

Lambrecht & Harrington (2009)







## Essential Practices for Supporting Next-of-Kin

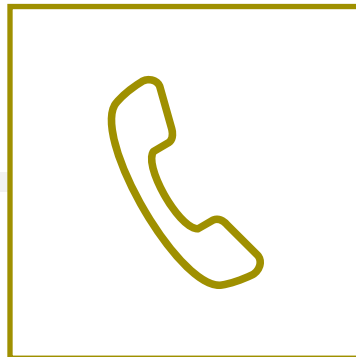
Here is more information on why the checklist steps can help and how they can be accomplished.



### Notifying the Bereaved

A Chaplain is often part of the team that notifies NOK of a Service member's death. If possible before notification, gather some understanding of the relationship between the deceased and NOK, the family situation, and any other complicating factors that you should be aware of before notification. Everyone reacts differently to the notification, so be prepared to see sadness, anger, disbelief, or even calm acceptance.

Chaplains may want to prepare the Commander or Notification Officer for the possible reactions by NOK.

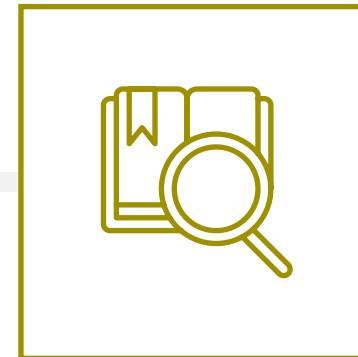


### Condolence Call

Both unit members and NOK value direct outreach from a Chaplain. Consider calling to express condolences and then following up with the survivor a week later. Some survivors reported that the Chaplain's outreach prompted them to seek help.

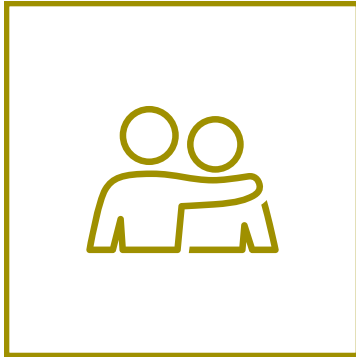
Reaching out to NOK is an act of kindness that conveys sympathy and concern. More importantly, it also provides survivors an outlet for expressing themselves. NOK may not want to discuss the suicide with other family or friends. They may see you as impartial and feel comfortable talking with you when given the chance.

Be direct about the cause of death. Dancing around terms can reinforce stigma. You can help just by asking what they need or would find comforting.



### Address Faith and Spirituality Questions

Survivors may struggle with their faith and/or internalized messages about suicide that contribute to feelings of guilt, stigma, and shame. If you have been contacted by a family member to discuss issues of faith and spirituality, explore their beliefs about suicide and what messages they have heard over the years. Having this discussion can reveal survivors beliefs about suicide which may provide critical information, that will enable the Chaplain to be of greater assistance.



### Connecting with Other Bereaved

Those who have gone through similar experiences are often best positioned to support others. Survivors may benefit from contact with other suicide loss survivors through a support group or peer mentoring. Not all mentors or support groups will be a good match for suicide loss survivors. Some survivors may want to connect with other survivors who also lost a Service member, while others may wish to distance themselves from the military community. Organizations that can facilitate connections to other bereaved survivors include the [Tragedy Assistance Program for Survivors](#), [American Gold Star Mothers](#), and [Gold Star Wives of America](#).



### Proximity and Ministry

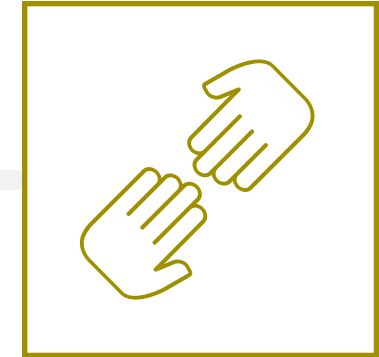
If geographic distance (for example, family members reside in a different state) limits your ability to minister directly, consider referring survivors, if requested by them, to a Chaplain or grief counseling resources in their area of residence. The Casualty Assistance Officer and/or [Long-Term Case Management Programs](#) also can connect family members with helping resources.



### Deliberate Inclusiveness

After a suicide many NOK feel isolated or alone. Unfortunately, the community may feel uncomfortable reaching out to survivors because they do not fully understand suicide. As a result, survivors may feel disconnected from their community and the social support they need.

Chaplains can practice “deliberate inclusiveness,” or the concerted effort to bring the bereaved into the community. If they desire to be included, Chaplains can dispel stigma by including the bereaved in regular social activities.



### Outreach to Children

Children are some of the most vulnerable when affected by suicide of family member, and may want to discuss their feelings, fears, and what they can do for comfort. When the deceased is a parent, the impact can be immense. The decision to include children in your ministry belongs to the NOK.

#### Adapted from:

Ho et al. (2018)

Lambrech and Harrington (2009)

Suicide Care, Prevention, and Research Initiative (2018)





## Chaplain Checklist for Supporting Unit Members

Once the immediate situation is stabilized, there are a number of steps you can take to improve the postvention experience of affected unit members.

- 1** Within the first week, check in daily with affected unit members, in-person if possible, but by phone if necessary. The first days after a suicide can be the most difficult.
- 2** Make yourself available and visible within the unit. Speak with those you know have been affected directly. Consider reaching out to others that had more peripheral connections with the deceased.
- 3** Inform those most affected by the suicide of your availability to meet if they desire, or incorporate discussions of grief into any ongoing Chaplain care. If needed, encourage the survivor to use other professional counseling services.
- 4** Consult and coordinate with the commander about holding small group discussions with those most affected by the suicide death.
- 5** Reach out to those unit members most affected by the suicide death one year after the memorial service, if appropriate.



### Chaplain Reminder

Remember, you may not have all the answers to unit members' questions. Just being present is one of the most powerful tools you have.



**Adapted from:**

Ho et al. (2018)

Public Health England (2015)

Suicide Care, Prevention, and Research Initiative (2018)

**Essential Practices for Supporting the Unit**

On a recent DoD survey, unit members generally reported being satisfied with the care they received when they sought Chaplain services, particularly if the Chaplain was able to seamlessly integrate grief into the religious and pastoral care they were already receiving.

**Work with the Commander on Communication**

Commanders may seek guidance on communicating news of the suicide to the unit, community, and media. You have a unique insight into the emotional sensitivities of suicide, and can help the commander shape the message to show concern and connectedness with the community. The Command sends signals, intentional or not, about how the death is regarded. This can impact the community's reaction. You can help create better messaging from the Command.

Chaplains and other leaders need to be mindful that a careless word or phrase can undermine trust between you and those you are trying to help. When surveyed, unit members commented that disparaging remarks about the deceased from leadership or other military personnel felt inappropriate. Unit members revealed that their leadership made comments to imply that they or other unit members were to blame for missing signs of the deceased's risk for suicide. These comments are hurtful and untrue – nobody is to blame for suicide.

**Caring not Defending**

As a religious representative, many may see you as the spokesperson for the divine. People will struggle to understand what happened and why and will look to you for guidance and answers. Their reaction must be seen through the context of someone hurt and looking for ways to cope with the pain. It may be tempting to debate the finer points of theology, especially if the person is accusatory or hostile. Acknowledge their pain and care for the person as they deal with their grief.

**Address Faith and Spirituality Questions**

Survivors may struggle with their faith and/or internalized messages about suicide that contribute to feelings of guilt, stigma, and shame. If you have been contacted by a unit member or survivor to discuss issues of faith and spirituality, explore their beliefs about suicide and what messages they have heard over the years. Be available to assist survivors regarding their beliefs about suicide, if asked.



### Engage in Active Postvention

Unit members report that direct outreach by the Chaplain would have been helpful but was often lacking after a Service member died by suicide. You can engage in active postvention by making your services available to unit members by walking around the worksite. Without counseling or support, some unit members may adopt maladaptive behaviors, such as isolating themselves or drinking excessively. It is important to watch for these behaviors as they may indicate an inability to process grief in a healthy way.



### Mediate Small Discussion Groups

It can be difficult for military members to find time and space to express their grief. You can provide a way for unit members to express themselves by mediating small group discussions. Meetings should focus on the emotional experience of unit members so they feel comfortable sharing. Consult with the commander about potential interest and how these meetings can fit into the unit's schedule.



### Facilitate Connection

Unit members report that they appreciate being connected with the family of the deceased. Unit members said that having the opportunity to meet the family, such as at the unit memorial, helped them cope with the loss. They and family members expressed appreciation for being able to support one another after the death. Support and do what you can to facilitate the connection between the unit and the family.





## Speaking at Memorials and Funerals

Memorial services and funerals are important opportunities to foster resilience by helping survivors understand, heal, and move forward in as healthy a manner as possible. Delivering the right message has the potential to decrease suicide risk for those receiving the communication.



Adapted from:

Defense Suicide Prevention Office (2016)

### Strive to:

- Conduct the memorial and funeral in the same manner you would any other memorial or funeral.
- Ensure you have consulted all necessary documents on the proper conduct of memorials in your service.
- Let attendees know the faith in which the service will be conducted. Don't speak on behalf of a faith you do not know.
- Comfort the grieving by acknowledging their grief and loss.
- Memorialize the deceased by saying the deceased's name, and talking about the Service member's life, service, accomplishments, and contributions.
- Do not focus on the manner of death. Avoid discussing suicide prevention at length.
- Encourage Service and family members to seek help. Loss survivors are in a vulnerable state and may be suffering from trauma, spiritual crisis, increased suicide risk, and communication challenges, which may need to be addressed immediately. Connect them to resources as soon as possible to decrease the risk and to help set them on a positive grief journey.



## Burnout and Your Fitness

The spiritual and mentorship aspects of chaplaincy place unique demands and stresses on Chaplains. Watch out for signs of burnout and compassion fatigue.

**Adapted from:**

Figley (1995)  
Maslach, Jackson & Leiter (1996)  
U.S. Army Medical Command (2015)

*Common signs of burnout and compassion fatigue include the following:*

Cynicism towards superiors or co-workers

Feelings of incompetence or ineffectiveness

Isolation or withdrawal from social interactions

Defensiveness or irritation towards co-workers over perceived slights

Shyness or apathy in preventing "imitation" suicides

*Be proactive in your self-care by:*

### Setting Boundaries

You may want to be available for everyone whatever their needs, but there are limits to what you can do. Let others know what you feel comfortable talking about, as well as when and where. When you feel uncomfortable or unable to give something your proper attention, communicate that.

### Creating and Cultivating Your Own Support Network

When you are feeling fatigued, whether mentally, physically, or spiritually, who do you go to in order to feel replenished? Cultivating a support network for yourself with people that you care about, and who share your values, can buffer you when you are faced with a stressful situation.

### Communicating Limitations

As with any Service member, you will have your own limits, be they emotional, physical, or spiritual. You should feel comfortable communicating these limitations to your Command, and reaching out to other Commands if you need help. You can create a list of faith leaders in your community that you can use for your own care and for referrals for others so you are not overwhelmed.

*Try to pay attention to your fitness domains as you address the suicide death:*



#### SOCIAL & FAMILY

Make time for family. Connect with friends over a shared hobby or interest.



#### SPIRITUAL

Engage in your spiritual practices, connect with others in your faith community, or practice mindfulness and meditation to maintain your sense of well-being and purpose.



#### MENTAL

Engage in self-awareness, adaptability, and positive thinking skills as you maneuver through challenging situations.



#### PHYSICAL

Be sure to exercise regularly, get more than 7 hours of sleep a night, and eat balanced meals for good nutrition.



# *Casualty Assistance Officers*

## *In this section*

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*Page 57.* Casualty Assistance for Suicide Loss

*Page 58.* Supporting the Family

*Page 62.* Interactions with the Unit

*Page 63.* Burnout and Your Fitness



## Casualty Assistance for Suicide Loss

Casualty assistance training equips Casualty Assistance Officers to work with next-of-kin (NOK) and families after the death of any Service member, but the experience of working with a suicide loss differs from other types of deaths. In this section, the focus is on postvention essential practices for Casualty Assistance Officers who are working with a family whose loved one died by suicide. While it is not the fundamental duty of the Casualty Assistance Officer, feedback from unit members on surveys indicated that they also had interactions with the Casualty Assistance Officer. This section also addresses the needs of fellow unit members of the deceased and how the Casualty Assistance Officer can provide them support as well.

Casualty Assistance training advises using the terms “wound” or “apparent or suspected self-inflicted wound” rather than “suicide” when speaking with survivors, especially in cases where the cause and manner of death have not been determined. The information provided in this section and throughout this toolkit may be helpful to you in both of these circumstances.



### Casualty Assistance First Visit Training

If you wish to receive more training on how to interact with family members, consider taking the “Casualty Assistance First Visit Training.” Released in 2018 on Joint Knowledge Online, the training uses highly realistic and immersive scenarios to simulate what it is like to notify and support NOK who are numb, angry, or sad. The training can be taken as many times as you would like. [https://jkodirect.iten.mil/html/COI.xhtml?course\\_prefix=OSD&course\\_number=-SIMM02](https://jkodirect.iten.mil/html/COI.xhtml?course_prefix=OSD&course_number=-SIMM02)

### Adapted from:

Ho et al. (2018)

Massachusetts Army National Guard (2019)



### Casualty Notification Training

Casualty Notification Officers should review “[The Impact of Suicide Loss](#)” on [page 8](#) to better understand what to expect when notifying survivors of suicide loss. The Casualty Notification Training also provides training to Casualty Notification Officers on making the initial notification to NOK.

[https://jkodirect.iten.mil/html/COI.xhtml?course\\_prefix=OSD&course\\_number=-SIMM01](https://jkodirect.iten.mil/html/COI.xhtml?course_prefix=OSD&course_number=-SIMM01)





## Supporting the Family

As the main liaison between NOK and your Service following a loss, your behavior and treatment of NOK is an important influence on their bereavement process. Comments from NOK on a survey of DoD postvention and suicide-related casualty assistance found that these casualty assistance practices were very important to NOK.



It is not uncommon for NOK or other family members to express suicidal thoughts themselves. If this happens, attend to the situation immediately and ensure that the person is not left alone and is connected to immediate crisis support (the emergency room, [Veterans Crisis Line/Military Crisis Line](#), [Give An Hour](#), [Veterans Affairs Office of Survivors Assistance](#), or other local providers). Other programs that provide non-crisis-related support include [American Gold Star Mothers](#), [Gold Star Wives of America](#), the [National Military Family Association](#), and [Tragedy Assistance Program for Survivors](#).

### Adapted from:

American Association of Suicidology (2014)  
Ho et al. (2018)

**Ensure that you have local behavioral, mental, or grief support agencies' contact information on hand.**

## First Interactions and Reactions

Remember that NOK may appear calm or numb, have an extreme grief response, or go into shock. Everyone reacts differently to death. Expect any and all reactions. With suicide, there can be a great deal of guilt and blame. Do not be defensive if the family or NOK direct their blame at the military. Do your best to show empathy and rely on your training on how to respond during this difficult time – focus on “doing no harm” and try not to make promises that cannot be kept.

## Next-of-kin appreciate when the Casualty Assistance Officer...

### ...makes an effort

to show genuine concern about those affected by the loss of the Service member. Ask the NOK questions about how the rest of the family is doing and take the time to listen.



### ...is familiar with the Service member.

NOK were also comforted when the Casualty Assistance Officer was familiar with the Service member. Showing some kind of connection to the deceased helps facilitate rapport with NOK.



## Death Investigation

Understand that the death investigations could be occurring at the same time as the funeral and memorial services and may cause NOK and family members increased stress. There is a great deal of confusion and lack of understanding of the death investigation on the part of NOK. You can help ease anxiety during this process by obtaining information that can be shared from investigators in a timely fashion.

### Other relevant information:



One of the first questions NOK may have for you is about their Service member's body. Ensure that you answer questions about any coordination needed between mortuary affairs and the family. If you do not have the answer at that moment, follow up with the NOK later. Keep in mind also that sometimes the movement of remains cannot be done in accordance with the family's wishes. This may be difficult and stressful for the family. Clarify that an autopsy will be done and then mortuary and casualty affairs will continue with the casualty procedures.



There may be several investigations that take place after the death of a Service member (see [“Investigations” on page 29](#)) and NOK may not understand this. Clarify for families how long various types of investigations can last and how they are or are not related to benefits and entitlements.



In the event that a suicide note was left by the deceased, it will likely be taken as evidence by the investigative organization. Once the case is closed, the original note should be returned to the family, if so desired, during evidence disposition. The investigator or evidence custodian should offer the return of the note to the NOK during evidence disposition if it was somehow not communicated with the NOK earlier.



As the Casualty Assistance Officer, you can inform the family of how items taken as evidence will be returned to NOK and assist NOK in ensuring that these important items do return to them by speaking with the investigator.

Provide information to family members on the process for obtaining final investigation reports. If appropriate, provide contact information for the military investigative organization's family liaison. See [“How to Make a Freedom of Information Act \(FOIA\) Request” on page 103](#) for information. Provide support to NOK if needed after receiving the reports in person or on phone, as many NOK have a difficult time with reviewing these documents.

#### Adapted from:

Ho et al. (2018)

Naval Criminal Investigative Service (2019)







Adapted from:  
Ho et al. (2018)



## Funeral and Funeral Honors

Family and NOK were appreciative of the support they received in understanding their entitlements when it comes to the funeral arrangements and funeral honors. NOK were also very touched when their Casualty Assistance Officer attended the funeral or memorial services. Help NOK understand that the nature of the Service member's death does not lessen the honor afforded. The degree of honors could make the family and others uncomfortable because of their preconceived notions of suicide. Others may ask you how the Service member died – take your cues from the family and if they are not comfortable discussing how the Service member died, you can simply reply, "It is under investigation."



Family (particularly those with a military background) and other Service members notice small details, such as the tidiness of dress of those administering funeral honors and whether Taps is played live or by a recording. As you are aware, proper conduct of funeral honors is seen as a sign of respect and when the death is a suicide, survivors are particularly sensitive to possible lapses in displays of respect towards the deceased.



Ensure that those conducting funeral honors clearly know who the appropriate recipients of the flag are.



If appropriate, based on your understanding of the family relationships and dynamics, coordinate with the Command to provide additional flags to family members who may not already be entitled to flags. Often the Command will provide financial support by giving additional flags to family members, when appropriate.

### *When making arrangements for funeral honors, consider:*

NOK and fellow unit members of the deceased appreciated being able to connect with one another at the funeral and/or memorial service. Try to keep this in mind as you update the Command on funeral arrangements and encourage attendance by the unit, when possible.



## Supporting the Family to Completion of All Duties

At the completion of your duties, it is important to ensure that there is a warm hand-off to the Long-Term Casualty Support Services so that there is immediate, continued support for NOK and the family.

### Follow-up with NOK several times in the months following the death.

1

Ensure that all benefits and entitlements have been applied for by the family.

2

Check to see if there is anything else the survivor needs.

Ensure you provide any and all information, support, or services to NOK and family members or help them understand where certain information, support, or services can be obtained. A recent DoD survey found that 37% of NOK suicide loss survivors indicated that there was information, support, or services they did not receive from their assigned Casualty Assistance Officer.



Adapted from:  
Ho et al. (2018)



In the rare instance where you are required to deploy or move before the completion of casualty assistance duties, conduct a warm hand-off to the Casualty Assistance Officer who will assist NOK. A few NOK reported being dissatisfied when the Casualty Assistance Officer initially assigned to them did not take the time to introduce them to the new Casualty Assistance Officer.



Adapted from:  
Ho et al. (2018)

## Interactions with the Unit

While providing support to the unit is generally outside of the scope of a Casualty Assistance Officer's duties, you may find yourself interacting with unit members and the Command and unit leadership, particularly when assisting with funeral arrangements. Here are some essential practices and considerations for interacting with surviving unit members.

- 1** Assist the unit in identifying Service members who should attend the funeral. Support attendance by these Service members, if duties permit. Families appreciate when there are representatives from the unit attending the funeral and they often wish to communicate with fellow unit members who knew the deceased. Also, providing support and guidance for the planning of the memorial service is often welcomed by unit members.
- 2** Acknowledge the unit's loss and grief and provide information that can help in the bereavement process. This information may include the progress of the death investigation, how the family is doing, or how to access bereavement and grief counseling.
- 3** Support the family's and the unit's desire to remain in contact by facilitating the exchange of contact information if requested by the family. Contact between family and the unit is best facilitated by the family's attendance of the unit memorial services. Consider encouraging the unit to take the family's schedule into account when making arrangements for the memorial. If it is not possible for the family to attend the unit memorial in person, recommend to the unit that they record the memorial for the family to watch later.





## Burnout and Your Fitness

Working with families under stress can be challenging for you as well. Be aware of signs of burnout and compassion fatigue.

**Adapted from:**

Figley (1995)  
 Maslach, Jackson & Leiter (1996)  
 U.S. Army Medical Command (2015)

**Common signs of burnout and compassion fatigue:**

Defensiveness or irritation towards co-workers over perceived slights

Cynicism towards superiors or co-workers

Feelings of incompetence or ineffectiveness

Isolation or withdrawal from social interactions

**In order to do your best work, consider these actions:**

### Set Boundaries

You may want to be available for everyone whenever and whatever their needs, but there are limits to what you can do and what you are expected to do. Set boundaries on your time and what you feel comfortable doing.

### Create and Cultivate Your Own Support Network

Talk with colleagues about your experiences and thoughts. This can be particularly therapeutic if you have a difficult interaction with a survivor.

### Communicate Limitations

Communicate your limitations to your colleagues and supervisor. Let them know when you are in need of help or support. Recognizing and communicating your limits can help maintain your effectiveness over the long term.

**Pay attention to your own fitness as you support NOK:**



#### SOCIAL & FAMILY

Talk with trusted friends, family, or colleagues about your thoughts and experiences.



#### SPIRITUAL

Talk with a Chaplain, connect with your faith community, or practice mindfulness and meditation to maintain your sense of well-being and purpose.



#### MENTAL

Engage in self-awareness, adaptability, and positive thinking skills as you interact with family, the unit, and other parties while you complete your duties.



#### PHYSICAL

Be sure to exercise regularly, get more than 7 hours of sleep a night, and eat balanced meals for good nutrition.



# *First Responders*

## *In this section*

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*Page 65.* First on the Scene

*Page 66.* Before Arriving

*Page 67.* At the Scene

*Page 70.* Addressing Suicide's Impact on First Responders





## First on the Scene



You play an important role in a survivor’s experience because you are one of the first to interact with the individual who has just suffered an unexpected loss. While your primary focus at the scene will be on your job and the event that occurred, your actions and interactions can set the tone for the bereavement experience of next-of-kin (NOK) or the unit member survivors. This section provides information on what to say and how best to interact with survivors of suicide loss.

It is also important to think about how you are prepared (physically and mentally) before, during, and after events at the scene to safeguard your own well-being. Although the role of the first responder in postvention may be limited to the scene of the suicide, this type of experience can be a source of trauma. Ensuring a focus on overall health is important and there are important preventive steps you can take that have a lasting effect on your own health and fitness.



First responders can be either military or civilian depending on where the suicide occurs.



**As one of the first to interact with newly bereaved individuals, first responders set the tone for the survivor’s bereavement experience.**

### FIRST RESPONDERS CAN INCLUDE:

Firefighters	Mental Health Providers	Police Officers
Medical Providers	Emergency Medical Technicians	Unit Members
Paramedics	Emergency Department Personnel	Military Investigators



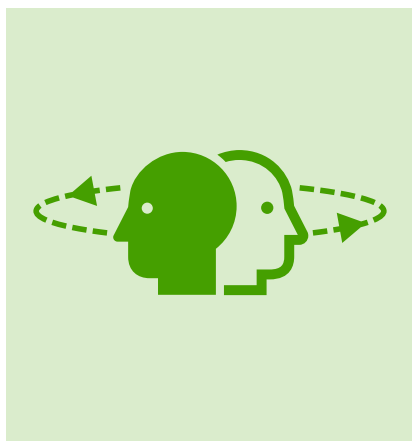
## Before Arriving

As a first responder, you have likely been exposed to many challenging situations. Suicide can be especially overwhelming, even for experienced first responders.

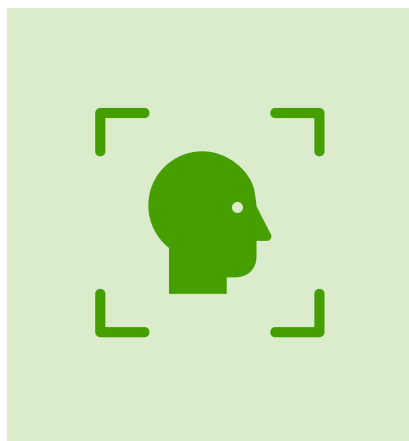
*Here are some tips to consider beforehand that you can use when you are at the scene:*

Adapted from:

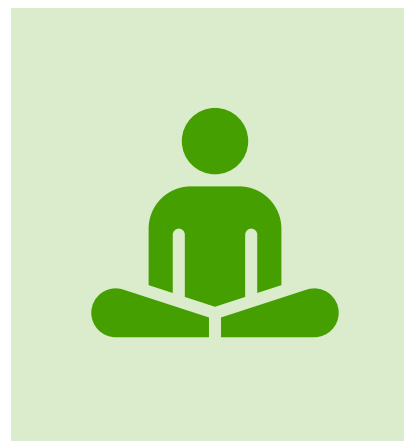
Lerner & Shelton (2001)



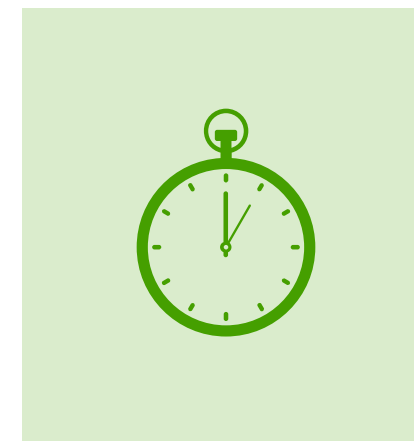
Think about your own beliefs and assumptions about suicide. Your thoughts and feelings toward suicide can influence the way you talk about the death and interact with survivors. Every interaction with a survivor is an opportunity to support their healing and to provide them with hope.



Maintain an awareness of your emotional and physical reactions at the scene. It is important to know that you will have various reactions while at the scene. Acknowledge these emotions in order to provide the best response at the scene.



If you are having negative emotional or physical reactions to events at the scene, try to find a short period to take some deep breaths and try to refocus and de-stress.



If you have the time, take a quick break from the scene and talk with other first responders to de-stress.



## At the Scene

When responding to a scene where a person has died by suicide, you may be overwhelmed by the reactions of survivors at the scene. The specific tasks you perform at the scene are important and should be kept a priority. The additional tips in this section are also important to consider. Survivors will be facing a range of emotions following the suicide, and they may resent a stranger, such as yourself, taking over the scene. It is possible that survivors may respond with anger directed towards you or others at the scene. In your role, it is important to be prepared for what may occur at the scene.

***As a first responder there are some essential practices to follow while at the scene of a suicide:***



### **Avoid unnecessary alterations to the scene.**

If any alterations are made to the scene in an attempt to save the victim, try to remember or write down specific actions taken, where things were moved, and observations of the scene when you first arrived. This kind of information is critical for the investigation. If there is no chance to save the victim, let survivors and other first responders know it is best not to alter the conditions at the scene. Let survivors know that if they would like to keep certain items from the scene they can recover them later.



### **Introduce yourself and the help you can offer.**

Find a suitable place to sit down with those at the scene. Do not be dismissive and try to acknowledge any help they may have provided before you arrived. Explain to them what your role is and who the other first responders are at the scene. Let them know that you are there to help and care for them. Make sure it does not seem like you are forcing things – you can always step back and interact with those at the scene at a more appropriate time.



### **Be ready to talk with survivors.**

Survivors will be overwhelmed with emotions and will likely have many questions. Let them know that what they are facing is normal after a loss like this. Allow them to open up about what they are going through, and be prepared to respond. If children are present, someone will need to help take care of them. Check with, or direct others, to check with the Command which will have information on caretaking responsibilities. If the deceased Service member was a single parent, you may need to contact Child Protective Services.

**Adapted from:**

Montgomery County Emergency Service (2015)





### Help identify and share resources for support.

Help survivors identify the types of help they can get through a Chaplain, non-clinical provider, or family members and friends. Share any additional resources that you may know that are specific to the area. There may also be books or other types of information and resources you could share that may help.

Let them know that it is important to seek help as soon as possible after the death.



### Respect feelings and don't jump to conclusions.

Survivors at the scene may get upset if they hear certain details of the investigation, especially if the information is incorrect. Things such as questioning the cause of death or items found at the scene can be upsetting for survivors to hear. Out of respect, these topics are best avoided when survivors are present.

You may work with others to help determine the cause of death. Survivors may have their own differing opinions about the cause of death. Do not take sides or question why they think one way or another. Rather than jump to conclusions, it is best to be minimally intrusive and seek only the basic facts.



### Be flexible with helping.

You may find yourself in a position where you have to go beyond your normal duties to help survivors. Be prepared to be flexible when helping survivors and ensuring their needs are adequately met.





## Questions at the scene

Survivors at the scene will likely have questions about what is happening. Answer questions that you know, and avoid providing inaccurate information. If you are unsure of how to answer a question, you can say, “We may not have the answer right now, but the Casualty Assistance Officer may know.”

### *Some of the questions that survivors may ask first responders include:*

Will an autopsy be performed and who will have access to the results?

Answer: The medical examiner may perform an autopsy and you may be able to request a report of the results. The military investigator will also be able to answer questions about this process.

What if they were a registered organ or tissue donor?

Answer: If the deceased elected to be an organ donor, their choice to be a donor will be honored unless a state law requires NOK consent.

Is it possible to visit the body at the mortuary or funeral home?

Answer: A short visitation period may be allowed. The Casualty Assistance Officer or someone at the scene can help coordinate this visitation with the medical examiner.

What happens to personal effects and notes left by the victim?

Answer: Someone will be responsible for identifying, packaging, and forwarding personal effects, which will be available through coordination with the unit and law enforcement.

Will copies of the death certificate be available?

Answer: The cognizant medical examiner issues death certificates. Family members of military personnel may go through their Service member’s chain of command to obtain a death certificate.

#### **Adapted from:**

AR 638-2 “Casualty and Mortuary Affairs: Army Casualty Program”

DoDD 1300.22 “Mortuary Affairs Policy”

DoDI 6465.03 “Anatomic Gifts and Tissue Donation”

Montgomery County Emergency Services (2015)



## Addressing Suicide’s Impact on First Responders

Your training prepares you to respond to a number of high-stress situations that most other people never personally experience. Frequent exposure to high-stress situations, including suicide death, can take a toll on first responders’ professional and personal lives. It is important to address this stress and any other types of complications/emotions you may face after you leave a scene of a suicide death.

**Adapted from:**

American Psychiatric Association (2013)  
 Illinois Department of Public Health (2019)  
 U.S. Army Medical Command (2015)

**Warning signs of suicide and self-harm that are unique to first responders:**

### WARNING SIGNS SPECIFIC TO FIREFIGHTERS



Low confidence  
in job skills

Sleep  
deprivation

Impulsive  
behavior

Isolation

Anger

### WARNING SIGNS SPECIFIC TO POLICE OFFICERS



Surrendering or improper  
handling of their weapon

Violating procedures

Threatening themselves  
and others

Taking an excessive  
number of risks

**It can also be helpful to identify symptoms of Post-Traumatic Stress Disorder, which include:**

- Intrusive thoughts, including flashbacks, dreams, and repeated memories of a traumatic event.
- Avoidance of specific places, people, situations, or activities that may be related to a traumatic or distressing event.
- Negative thoughts and feelings, including distorted beliefs about oneself or others (for example, “No one can be trusted”) and much less interest in activities that were previously enjoyed, or feeling detached or estranged from others.
- Arousal and reactive symptoms such as fearing that danger is present at all times. This can also include reckless behavior, poor concentration, insomnia, and being easily startled.



## Tips for first responders to support themselves and fellow first responders

It is important to address the effects of stress in yourself and among fellow first responders and personnel who were present at the scene of the death.



*Try to pay attention to your fitness domains as you address the suicide death:*



### SOCIAL & FAMILY

Debrief with others by reflecting on what you have witnessed or experienced. Talk with colleagues about your thoughts and reactions. Reinforce that it is normal to seek additional help in your line of work. In addition to supporting your peers, make time to connect with friends and family.



### SPIRITUAL

Talk with a Chaplain, connect with your faith community, or practice mindfulness and meditation to maintain your sense of well-being and purpose.



### MENTAL

Engage in self-awareness, adaptability, and positive thinking skills so that you can engage with challenging situations in a productive way.



### PHYSICAL

Be sure to exercise regularly, get more than 7 hours of sleep a night, and eat balanced meals for good nutrition.



# *Military Investigators*

## *In this section*

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*Page 73.* Interacting with the Family

*Page 75.* Burnout and Your Fitness



## Interacting with the Family

**Suicide loss survivors are more likely to perceive that the investigation is conducted with less respect because the Service member died by suicide.**



### This perception is fueled by these beliefs

- The investigation is not thoroughly conducted because investigators conclude too quickly that the death is a suicide.
- Investigators conduct themselves unprofessionally by not returning the family's phone calls or by being callous in their interactions (for example, referring to the spouse as the "dead guy's wife").
- The interview process is disrespectful and feels like an "interrogation." The manner in which the investigator asks the family members questions or talks about the death can contribute to family members feeling blamed for the death.
- Information about their Service member's death is not openly shared because it is difficult to obtain a copy of the investigation report.

### Actions you can take to mitigate this perception

#### *Before engaging with the family:*

- Understand that suicide loss survivors are more likely than other types of survivors to blame themselves for the death. While it is inaccurate for survivors to feel this way, this may contribute to their experience of shame and stigma. Try to be sensitive to the survivor's experience and emotions and consider the way in which you word questions and approach your interactions with the family.
- Be informed of any unique family dynamics before contacting the family. Connect with your organization's family liaison who can inform you of how the family is doing. The family liaison may coordinate with the next-of-kin's (NOK) assigned Casualty Assistance Officer in order to determine how and when to reach out to the family. The family liaison can also reach out to the family first to explain the investigative process and set the family's expectations. The goal of the family liaison is to help agents feel prepared to meet the family with the utmost sensitivity.

#### *While engaging with the family:*

- Conduct any interviews in a non-leading, neutral, and victim-sensitive way. Take into account the developmental stage of any children you may have to interview. Strive to minimize any potential trauma to the family member. Use trauma-informed interviewing techniques such as those described in these two resources:



#### **TRAUMA-INFORMED VICTIM INTERVIEWING**

<https://www.ovcttac.gov/taskforceguide/eguide/5-building-strong-cases/53-victim-interview-preparation/trauma-informed-victim-interviewing/>

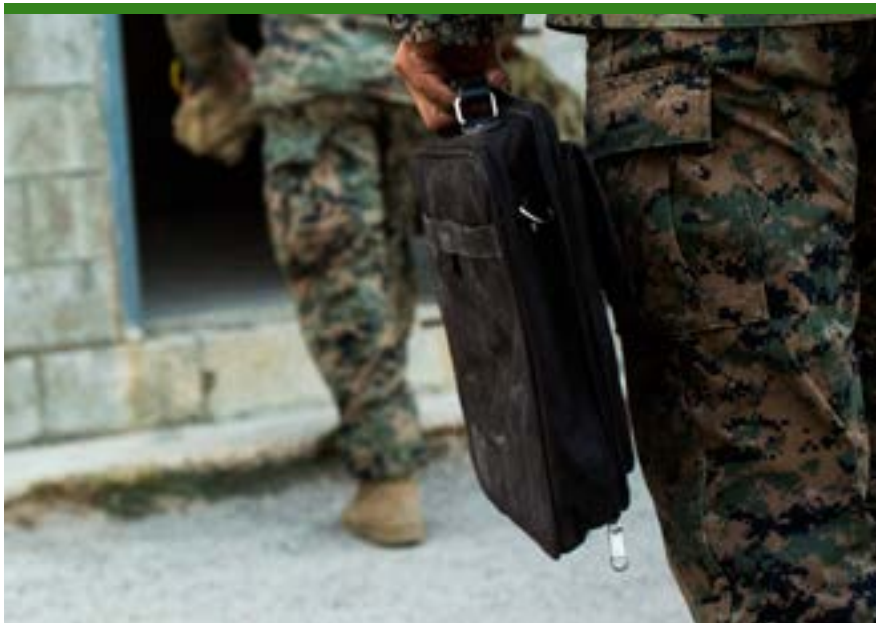


#### **A GUIDE TO DATA COLLECTION USING TRAUMA-INFORMED INTERVIEW SKILLS**

<https://www.integration.samhsa.gov/about-us/Trauma-InformedInterviewingManual-508.pdf>



- Discuss with the survivor that the death investigation can only answer the question of “how” the Service member died and may not answer “why.” Remind the survivor that suicide is multi-factored and does not occur as a result of one thing or event. One of the biggest questions that survivors struggle with after a suicide is why the Service member died by suicide. The survivor may assume that your investigation will answer this question. Try to set expectations early and do not make any promises that you cannot keep.
- There is a great deal of confusion and lack of understanding of the death investigation by NOK. You can help ease any anxiety around the process by providing accurate and timely information.



### Handling a suicide note:

- Sometimes the Service member leaves a note behind for the survivors or several notes addressed to various survivors. A best practice is to release only those notes that are addressed to

specific individuals, once the note can be released. The decision to release a suicide note and when to release it can be difficult to make. Use your discretion and sense of how the family is doing to determine what the best and appropriate solution is. Consult with your organization’s family liaison, your supervisor, or other trusted colleagues, if needed.

### If you interact with survivors at the scene:

- Explain to survivors the process of what will happen at the scene in terms of the investigative effort. Tell them where the body will be transported and give an overview of things that will happen in the following days.
- Review [“First Responders” on page 64](#) for other tips and essential practices for interacting with survivors at the scene.

### Providing information to the family:

- Answer the family’s questions about the investigative process and reiterate any information the family liaison provided about the process. Family members may be in a daze after a death of a loved one and important information often needs to be repeated.
- Inform family members that the Casualty Assistance Officer can help NOK obtain any investigative reports. Reiterate that investigations are complex and can take a year or longer to complete. Underline that everyone involved does their best to resolve investigations objectively, thoroughly, and as quickly as possible.

#### Adapted from:

American Association of Suicidology (2014)

Ho et al. (2018)

Naval Criminal Investigative Service (2019)



## Burnout and Your Fitness

Working with families under stress can be challenging for you as well. Be aware of signs of burnout and compassion fatigue.

**Adapted from:**

Figley (1995)  
Maslach, Jackson & Leiter (1996)  
U.S. Army Medical Command (2015)

**Common signs of burnout and compassion fatigue:**

Defensiveness or irritation towards co-workers over perceived slights

Cynicism towards superiors or co-workers

Feelings of incompetence or ineffectiveness

Isolation or withdrawal from social interactions

**In order to do your best work, consider these actions:**

### Set Boundaries

You may want to be available for everyone whenever and whatever their needs, but there are limits to what you can do or what you are expected to do. Set boundaries on your time and what you feel comfortable doing.

### Create and Cultivate Your Own Support Network

Talk with colleagues about your experiences and thoughts. This can be particularly therapeutic if you have a difficult interaction with survivors.

### Communicate Limitations

Communicate your limitations to your colleagues and supervisor. Let them know when you are in need of help or support. Recognizing and communicating your limits can help maintain your effectiveness over the long term.

**Pay attention to your own fitness as you conduct the investigation:**



#### SOCIAL & FAMILY

Talk with others who have experience investigating a suicide about your thoughts and experiences. Make time to connect with your family and friends outside of work.



#### SPIRITUAL

Talk with a Chaplain, connect with your faith community, or practice mindfulness and meditation to maintain your sense of well-being and purpose.



#### MENTAL

Do not hesitate to get the support you need from someone trained to help others through stressful situations. Contact your Employee Assistance Program or a behavioral health provider.



#### PHYSICAL

Be sure to exercise regularly, get more than 7 hours of sleep a night, and eat balanced meals for good nutrition.





# *Non-Clinical Providers*

## *In this section*

---

*Page 77.* Tips for Military and Family Life Counseling Program Providers

*Page 78.* Burnout and Your Fitness



## Tips for Military and Family Life Counseling Program Providers

- Your ability to effectively support affected Service members and their families after a suicide in the unit will likely rely on the establishment of a solid relationship with your installation point of contact. Build this relationship by regularly making presentations to units on coping with stress, resilience, among other topics, and getting to know people personally.
- Visit the installation and the unit in person to offer your support. Remind Service members and their families of resources that are available to them, such as non-medical counseling. In addition to the counseling that you provide, the [Chaplain](#), [Military OneSource](#), the [Veterans Crisis Line/Military Crisis Line](#), and behavioral health providers are equipped to support those affected. Service members often do not recall or realize what resources are available to them and say that they would have benefited after a suicide loss from a visit from providers as a reminder.
- Review [“Identifying Those Impacted by Suicide Loss” on page 6](#) to understand the range of individuals who may be affected by suicide. Recognize those Service members and those in the community who may need support from you or others.
- Be aware of the unique reactions and situations that suicide loss survivors may face. See [“Three Phases of Postvention” on page 11](#) for more information.
- Encourage the Command, installation point of contact, Chaplain, and others to connect the family and any other affected individuals to you for support.
- Stress the importance of providing postvention and supporting those affected by the death to the Command, but recognize that there can be comfort in returning to routine and focusing on the mission. If unit leadership returns to the mission too quickly, Service members may feel that they were not given adequate time to grieve. On the other hand, a return to routine after an appropriate amount of time may help Service members in processing their grief.

- Be aware of warning signs and the possibility that affected individuals should be referred for medical-based counseling or services. Understand what is complicated grief, depression, and suicidality. See [“Suicide and Its Impact” on page 6](#) for more information.

### Affected individuals may need help with these topics:



#### Grief process

Educate affected individuals on the grief process, normalize what they are experiencing, and listen with compassion.



#### Family changes

Address how the family will function without the person and what may be their “new normal.”



#### Finding resources

Help the survivor identify needed resources, such as [Military OneSource](#), [Chaplain](#), or Behavioral Health, and encourage their use. Other organizations that support survivors are listed in [“Resources” on page 86](#).

#### Adapted from:

Ho et al. (2018)

Military Community Support Programs (2019)



## Burnout and Your Fitness

Working with families under stress can be challenging for you as well. Be aware of signs of burnout and compassion fatigue.

### Common signs of burnout and compassion fatigue:

Defensiveness or irritation towards co-workers over perceived slights

Cynicism towards superiors or co-workers

Feelings of incompetence or ineffectiveness

Isolation or withdrawal from social interactions

### In order to do your best work, consider these actions:

#### Set Boundaries

You may want to be available for everyone whenever and whatever their needs, but there are limits to what you can and be expected to do. Set boundaries on your time and what you feel comfortable doing.

#### Create and Cultivate Your Own Support Network

Talk with colleagues about your experiences and thoughts. This can be particularly therapeutic if you have a difficult interaction with a survivor. Cultivating a safe space for yourself and others.

#### Communicate Limitations

Communicate your limitations to your colleagues and supervisor. Let them know when you are in need of help or support. Recognizing and communicating your limits can help maintain your effectiveness over the long term.

### Try to pay attention to your fitness domains as you address the suicide death:



#### SOCIAL & FAMILY

Make time for trusted friends and family. Family and friends can support you, and help you find energy to provide help to those in need.



#### SPIRITUAL

Connect with your faith community, or practice mindfulness and meditation to maintain your sense of well-being and purpose.



#### MENTAL

Engage in self-awareness, adaptability, and positive thinking skills as you maneuver through this time of change.



#### PHYSICAL

Be sure to exercise regularly, get more than 7 hours of sleep a night, and eat balanced meals for good nutrition.

#### Adapted from:

Figley (1995)  
Maslach, Jackson & Leiter (1996)  
U.S. Army Medical Command (2015)



# *Suicide Prevention Program Managers*

## *In this section*

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*Page 80.* Supporting the Unit

*Page 81.* Burnout and Your Fitness

### **DAF Note**

While VPIs serve as the DoD required installation SPPM (IAW AFI 90-5001 2.3.3.3.1), the responsibilities of the SPPM described in the DoD Postvention Toolkit best represent the clinical response role of the Director of Psychological Health (DPH) within the DAF SPP.

## Supporting the Unit

Support the unit after a suicide by assisting the unit commander and leaders in the postvention response. Here are some ideas to increase your understanding of postvention and what you can do to support affected Service members.



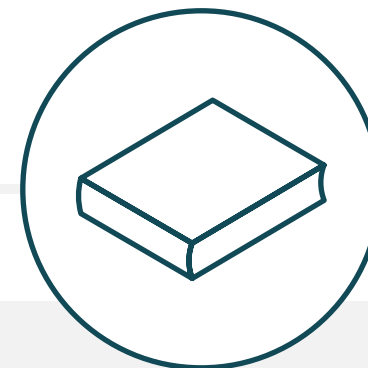
1

Given your important role in suicide postvention, it is critical that you review [“What is Postvention?” on page 10](#) of this toolkit. This information will equip you to support effectively any postvention efforts that occur in your location.



2

Reach out to the commander and unit to understand their immediate needs. Review [“Unit Commanders and Leaders” on page 34](#) for more information.



3

Follow any local guidelines on postvention. Ensure that all reporting requirements are completed in accordance with [DoDI 6490.16](#) “Defense Suicide Prevention Program.”

## Burnout and Your Fitness

Working with Service members under stress can be challenging for you as well. Be aware of signs of burnout and compassion fatigue.

### Common signs of burnout and compassion fatigue:

Defensiveness or irritation towards co-workers over perceived slights

Cynicism towards superiors or co-workers

Feelings of incompetence or ineffectiveness

Isolation or withdrawal from social interactions

### In order to do your best work, consider these actions:

#### Set Boundaries

You may want to be available for everyone whenever and whatever their needs, but there are limits to what you can and be expected to do. Set boundaries on your time and what you feel comfortable doing.

#### Create and Cultivate Your Own Support Network

Talk with colleagues about your experiences and thoughts. This can be particularly therapeutic if you have a difficult interaction with a survivor.

#### Communicate Limitations

Communicate your limitations to your colleagues and supervisor. Let them know when you are in need of help or support. Recognizing and communicating your limits can help maintain your effectiveness over the long term.

### Pay attention to your own fitness as you support postvention efforts:



#### SOCIAL & FAMILY

Talk with trusted friends, family, or colleagues about your thoughts and experiences.



#### SPIRITUAL

Talk with a Chaplain, connect with your faith community, or practice mindfulness and meditation to maintain your sense of well-being and purpose.



#### MENTAL

Engage in self-awareness, adaptability, and positive thinking skills as you interact with family, the unit, and other parties while you complete your duties.



#### PHYSICAL

Be sure to exercise regularly, get more than 7 hours of sleep a night, and eat balanced meals for good nutrition.

#### Adapted from:

Figley (1995)  
Maslach, Jackson & Leiter (1996)  
U.S. Army Medical Command (2015)





# Long-Term Casualty Support Coordinators

## *In this section*

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*Page 83.* Supporting the Family

*Page 85.* Burnout and Your Fitness

### **DAF Note**

Long-Term Casualty Support Coordinators in the DAF are known as Air Force Families Forever Representatives at the installation level and are housed within the Airman and Family Readiness Centers (A&FRCs)



## Supporting the Family

There are some situations and issues that are unique to suicide loss compared to other losses. This section focuses on postvention essential practices in supporting families whose loved one died by suicide.

*Some issues to be mindful of include the following:*

Expect a variety of grief reactions from next-of-kin (NOK) and family members, including anger. As you are well aware, survivors have their plates full after a death; they are dealing with their grief, their own responsibilities, and the associated responsibilities of managing their loved one's benefits, entitlements, and other matters. They may also face challenges as some of their benefits end. See [“What is Postvention?” on page 10](#) for a thorough overview of unique considerations for suicide loss survivors and [“Responding to Survivors’ Emotions” on page 16](#) for how to deal with difficult emotions.



Families appreciate the referrals that Long-Term Casualty Support Officers provide to various needed resources. These resources can include support of childrens’ needs, finances, or mental or behavioral health providers.

### SUICIDE RISK

Because family members will be in varying stages of the grief process, they will occasionally need resource referrals for survivors who are struggling or expressing thoughts of suicide. Attend to the situation immediately and ensure that the person has someone to be with and can find immediate crisis support (the emergency room, [Veterans Crisis Line/Military Crisis Line](#), [Give An Hour](#), [Family Readiness](#), or other local providers). See [“Planning for Suicide Risk” on page 23](#) for more information.

### ORGANIZATIONS THAT PROVIDE SUPPORT

There are many organizations that provide support to survivors. Installation services, including [Family Readiness](#), can assist family with a number of needs. Non-governmental organizations can also provide support. Examples include [American Gold Star Mothers](#), [Gold Star Wives of America](#), the [National Military Family Association](#), and [Tragedy Assistance Program for Survivors](#). For more resources, see [“Non-Profit Organizations” on page 95](#).

### LOCAL CONTACT INFORMATION

As the Long-Term Casualty Support Coordinator, ensure you have local behavioral, mental, or grief support agencies’ contact information on hand.





## Death Investigation

Understand that the death investigations could be occurring at the same time as the funeral and memorial services and may cause NOK and family members increased stress. There is a great deal of confusion and lack of understanding of the death investigation on the part of NOK. You can help ease any anxiety around the process by providing appropriate and timely information.



Reiterate any information that Casualty Assistance Officers provide to NOK in regards to the investigation. Clarify for families how long various types of investigations can last and how this may or may not impact benefits and entitlements.



Contact the Military Criminal Investigative Organization's family liaison if the NOK has questions about the process of obtaining final investigation reports. The family liaison works with many families and cases and is likely aware of the specific case, as well as any potential concerns.

**Adapted from:**

Ho et al. (2018)  
Naval Criminal Investigative Services (2019)





## Burnout and Your Fitness

Working with families under stress can be challenging for you as well. Be aware of signs of burnout and compassion fatigue.

### Common signs of burnout and compassion fatigue:

Defensiveness or irritation towards co-workers over perceived slights

Cynicism towards superiors or co-workers

Feelings of incompetence or ineffectiveness

Isolation or withdrawal from social interactions

### In order to do your best work, consider these actions:

#### Set Boundaries

You may want to be available for everyone whenever and whatever their needs, but there are limits to what you can do and what you are expected to do. Set boundaries on your time and what you feel comfortable doing.

#### Create and Cultivate Your Own Support Network

Talk with colleagues about your experiences and thoughts. This can be particularly therapeutic if you have a difficult interaction with a survivor. Work to cultivate a safe space for yourself and others.

#### Communicating Limitations

Communicate your limitations to your colleagues and supervisor. Let them know when you are in need of help or support. Recognizing and communicating your limits can help maintain your effectiveness over the long term.

### Try to pay attention to your fitness domains as you address the suicide death:



#### SOCIAL & FAMILY

Talk with a trusted colleague about any difficult interactions you may have with NOK. Make time for family and friends outside of work.



#### SPIRITUAL

Connect with your faith community, or practice mindfulness and meditation to maintain your sense of well-being and purpose.



#### MENTAL

Engage in self-awareness, adaptability, and positive thinking skills as you maneuver through this time of change.



#### PHYSICAL

Be sure to exercise regularly, get more than 7 hours of sleep a night, and eat balanced meals for good nutrition.



# *Resources*

## *In this section*

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*Page 87.* Department of Defense Resources

*Page 95.* Non-Profit Organizations

*Page 101.* Other Resources

*Page 103.* How to Make a Freedom of Information Act (FOIA) Request

THE APPEARANCE OF HYPERLINKS DOES NOT CONSTITUTE ENDORSEMENT BY THE DEPARTMENT OF DEFENSE OF NON-U.S. GOVERNMENT SITES OR THE INFORMATION, PRODUCTS, OR SERVICES CONTAINED THEREIN. ALTHOUGH THE DEPARTMENT OF DEFENSE MAY OR MAY NOT USE THESE SITES AS ADDITIONAL DISTRIBUTION CHANNELS FOR DEPARTMENT OF DEFENSE INFORMATION, IT DOES NOT EXERCISE EDITORIAL CONTROL OVER ALL OF THE INFORMATION THAT YOU MAY FIND AT THESE LOCATIONS. SUCH LINKS ARE PROVIDED CONSISTENT WITH THE STATED PURPOSE OF THIS TOOLKIT.



## Department of Defense Resources

### Chaplains

Chaplains provide confidential spiritual and religious support to Service members and their families. In addition, they are prepared to help with many life challenges including grief.

#### AUDIENCE



FAMILY/NOK



UNIT MEMBERS

#### INFORMATION



Find contact information for your installation Chaplain by visiting <https://installations.militaryonesource.mil/> and selecting “Chapels” in the program or service section.



### Defense Health Agency Connected Health Mobile Apps

Defense Health Agency (DHA) Connected Health Mobile Apps provide behavioral health information and support to Service members, Veterans, and their families. Apps include “Provider Resilience,” an app that provides tools for health care providers to manage burnout, compassion fatigue, and secondary traumatic stress, and “Virtual Hope Box,” which provides tools to help users with coping, relaxation, distractions, and positive thinking.

#### AUDIENCE



FAMILY/NOK



UNIT MEMBERS

#### INFORMATION



WEB

<https://www.health.mil/About-MHS/OASDHA/Defense-Health-Agency/Operations/Clinical-Support-Division/Connected-Health/mHealth-Clinical-Integration>







## Defense Suicide Prevention Office

The Defense Suicide Prevention Office (DSPO) advances holistic, data-driven suicide prevention in our military community through policy, oversight, and engagement to positively impact individual beliefs and behaviors, as well as instill systemic culture change. DSPO works with the Military Services and other Governmental Agencies, Non-Governmental Agencies, non-profit organizations, and the community to reduce the risk for suicide.

### AUDIENCE



FAMILY/NOK



UNIT MEMBERS

### INFORMATION



WEB

<https://www.dspo.mil/>



## Department of Veterans Affairs Office of Survivors Assistance

The Department of Veterans Affairs Office of Survivors Assistance provides dedicated and comprehensive support to survivors and dependents of deceased Service members and Veterans. Resources include assistance in compensation payments for disabilities or death related to military service, home loan guaranties, pensions, burials, and health care including the services of nursing homes, clinics, and medical centers.

### AUDIENCE



FAMILY/NOK



UNIT MEMBERS

### INFORMATION



BENEFITS

800-827-1000



BEREAVEMENT COUNSELING

202-461-6530



TTY

800-829-4833



WEB

<https://www.va.gov/Survivors/>



EMAIL

[officeofSurvivors@va.gov](mailto:officeofSurvivors@va.gov)

[vetercenter.bereavement@va.gov](mailto:vetercenter.bereavement@va.gov)

VA







## Long-Term Case Management Programs

The long-term case management programs provide continued support to surviving NOK and other beneficiaries for as long as the individual wishes to be connected to the military. Long-term casualty support coordinators refer NOK to services and resources, provide emotional support, and provide financial counseling or referrals among other services.


### AUDIENCE




FAMILY/NOK

### INFORMATION


#### ARMY'S SURVIVOR OUTREACH SERVICES

 <https://www.armymwr.com/programs-and-services/personal-assistance/survivor-outreach>


 855-707-2769


#### MARINE CORPS' LONG TERM ASSISTANCE PROGRAM

 <https://www.hqmc.marines.mil/Agencies/Casualty-MFPC/Longterm/>

 866-210-3421


#### NAVY'S LONG TERM ASSISTANCE PROGRAM

 <https://www.public.navy.mil/bupers-npc/support/casualty/ltap/Pages/default2.aspx>

 901-874-4294


#### NAVY GOLD STAR PROGRAM

 [https://www.cnrc.navy.mil/ffr/family\\_readiness/fleet\\_and\\_family\\_support\\_program/NavyGoldStar.html](https://www.cnrc.navy.mil/ffr/family_readiness/fleet_and_family_support_program/NavyGoldStar.html)

 888-509-8759

#### AIR FORCE FAMILIES FOREVER

 <https://www.afpc.af.mil/Airman-and-Family/Air-Force-Families-Forever/>

 866-299-0596

#### COAST GUARD'S LONG TERM ASSISTANCE PROGRAM

 <http://www.dcms.uscg.mil/PSD/fs/Casualty-Matters/>

 202-795-6647





## Veterans Crisis Line/Military Crisis Line

The Veterans Crisis Line/Military Crisis Line (VCL/MCL) offers 24/7 crisis support for Service members and Veterans, or friends and family members of someone who needs immediate free and confidential help from a caring responder.

### AUDIENCE



FAMILY/NOK



UNIT MEMBERS

### INFORMATION



#### PHONE (AVAILABLE 24/7)

800-273-8255 (Press 1)

Europe: 00800-1273-8255 or DSN 118

Korea: 0808-555-118 or DSN 118

Afghanistan: 00-1-800-273-8255 or DSN 111



#### WEB (ONLINE CHAT AVAILABLE)

<https://www.veteranscrisisline.net/get-help/military-crisis-line>


#### TEXT

838255



## Military and Family Life Counseling Program

Military and Family Life Counselors (MFLCs) and Child and Youth Behavioral Military and Family Life Counselors (CYB-MFLCs) provide confidential, face-to-face, non-medical counseling services, both on and off military installations.

### AUDIENCE



FAMILY/NOK



UNIT MEMBERS

### INFORMATION



#### MILITARY AND FAMILY LIFE COUNSELING

<https://www.militaryonesource.mil/confidential%2Dhelp/non%2Dmedical%2Dcounseling/military%2Dand%2Dfamily%2Dlife%2Dcounseling>


#### CHILD AND YOUTH BEHAVIORAL MFLC

<https://www.militaryonesource.mil/confidential%2Dhelp/non%2Dmedical%2Dcounseling/military%2Dand%2Dfamily%2Dlife%2Dcounseling/child-and-youth-behavioral-military-and-family-life-counselors>



## Military and Family Support Programs

The goal of Military and Family Support Programs is to support the well-being of Service members and their families. Services include relocation assistance, personal financial management, employment assistance, family life education, and other information and referrals.

### AUDIENCE



FAMILY/NOK



UNIT MEMBERS

### INFORMATION



**ARMY COMMUNITY SERVICES**

<https://www.armymwr.com/communities>



**MARINE AND FAMILY PROGRAMS**

<http://www.mccsmcrd.com/marine-family-programs/>



**NAVY FLEET AND FAMILY READINESS**

<https://www.cnic.navy.mil/ffr.html>



**AIRMAN AND FAMILY READINESS**

<https://www.afpc.af.mil/Airman-and-Family/>

**NATIONAL GUARD FAMILY PROGRAM**



<https://www.jointservicesupport.org/FP/About.aspx>



**ARMY RESERVE FAMILY PROGRAMS**

<https://www.usar.army.mil/ArmyReserveResources/>



**MARINE CORPS RESERVE FAMILY RESOURCES**

<https://www.marforres.marines.mil/Family-Resources/>



**NAVY RESERVE FAMILY READINESS**

<https://www.public.navy.mil/nrh/Pages/links-for-families.aspx>



**AIR FORCE RESERVE FAMILY PROGRAM**

<https://www.afrc.af.mil/About-Us/Airman-Family/>



**COAST GUARD WORK-LIFE PROGRAM**

<https://www.dcms.uscg.mil/worklife>





## Military OneSource

Military OneSource is available 24/7 via toll-free phone or live chat on their website. Services available to Service members and their families include confidential non-medical counseling for grief or loss, financial counseling, relationship counseling, childcare options, relocation and transition assistance, and more.

### AUDIENCE



FAMILY/NOK



UNIT MEMBERS

### INFORMATION



PHONE (AVAILABLE 24/7)

800-342-9647



WEB

<https://www.militaryonesource.mil/>



CONNECT VIA LIVE CHAT OR SCHEDULE ONLINE CONSULTATION

**MILITARY**  
**ONE SOURCE**

## Psychological Health Resource Center

Professional health resource consultants provide customized responses to psychological health questions from Service members, Veterans, family members, clinicians, commanders, and anyone who has a question about psychological health in the military. This free service is available 24/7 by phone, online chat, or email.

### AUDIENCE



FAMILY/NOK



UNIT MEMBERS

### INFORMATION



PHONE (AVAILABLE 24/7)

866-966-1020



WEB

<https://www.pdhealth.mil/resources/call-centers/psychological-health-resource-center>



LIVE CHAT OPTIONS AVAILABLE



EMAIL

[resources@phcoe.org](mailto:resources@phcoe.org)







### Suicide Prevention Program Offices

Each Service Branch has a dedicated suicide prevention program whose goal is to minimize suicide behavior and enhance Service member psychological health and resilience through policies, training, data collection and analysis, and strategic communications.

#### AUDIENCE



UNIT MEMBERS

#### INFORMATION



ARMY

<https://www.armyg1.army.mil/hr/suicide/>



MARINE CORPS

<https://www.usmc-mccs.org/services/support/suicide%2Dprevention/>



NAVY

<http://www.suicide.navy.mil/>



AIR FORCE

<https://www.resilience.af.mil/>



### Note Local/Installation Resources Here

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## Non-Profit Organizations

### Alliance of Hope

The Alliance of Hope offers online healing support to survivors of suicide loss via a moderated online forum and affordable phone and video consultations.

#### AUDIENCE



FAMILY/NOK



UNIT MEMBERS

#### INFORMATION



ONLINE FORUM

<https://forum.allianceofhope.org/>



WEB

<https://allianceofhope.org/>



Alliance of Hope  
for suicide loss survivors

### American Foundation of Suicide Prevention

The American Foundation of Suicide Prevention (AFSP) focuses on enhancing awareness of suicide-related issues, raising money for research, and supporting those affected by suicide. The organization offers Healing Conversations, a service by which suicide loss survivors can connect with a peer support volunteer who can offer understanding and guidance after the loss.

#### AUDIENCE



FAMILY/NOK



UNIT MEMBERS

#### INFORMATION



PHONE

888-333-AFSP (2377)



WEB

<https://afsp.org/find-support/>



EMAIL

[info@afsp.org](mailto:info@afsp.org)



EMAIL

[healingconversations@afsp.org](mailto:healingconversations@afsp.org)



American  
Foundation  
for Suicide  
Prevention



## American Gold Star Mothers

American Gold Star Mothers provides support to its members through member events, fundraisers, and scholarships. Members engage in volunteer work with Veterans and work to increase patriotism and respect for members of the Armed Forces.

### AUDIENCE



FAMILY/NOK

### INFORMATION



PHONE

202-265-0991



WEB

<https://www.goldstarmoms.com/>



EMAIL

[nso@goldstarmoms.com](mailto:nso@goldstarmoms.com)



## The Compassionate Friends

The Compassionate Friends provides support to families that have experienced the loss of a child. Resources include online support, informational brochures, a magazine, and a weekly web-radio series.

### AUDIENCE



FAMILY/NOK



UNIT MEMBERS

### INFORMATION



PHONE

630-990-0010



WEB

<https://www.compassionatefriends.org/>



**The  
Compassionate  
Friends**  
Supporting Family After a Child Dies





## Give an Hour

A network of volunteer professionals who provide free mental health care to Service members, Veterans, their families, and other survivors. With over 5,000 members and growing, these caring professionals provide tens of millions of dollars of free mental health services each year.

### AUDIENCE



FAMILY/NOK



UNIT MEMBERS

### INFORMATION



WEB

<https://giveanhour.org/>



EMAIL

[info@giveanhour.org](mailto:info@giveanhour.org)



## Gold Star Wives of America

Gold Star Wives of America provides a forum for its members to honor and remember their Service members. Members engage in legislative activism to support surviving spouses and families. Other resources include a national newsletter that is published four times a year.

### AUDIENCE



FAMILY/NOK

### INFORMATION



PHONE

888-751-6350



WEB

<https://www.goldstarwives.org/>



EMAIL

[info@goldstarwives.org](mailto:info@goldstarwives.org)





## National Military Family Association

The National Military Family Association provides programs to educate the public, the military community, and Congress on the rights and benefits of military families, and conducts advocacy. The organization also provides military spouse scholarships, Operation Purple programs for military families, and several other awards.

### AUDIENCE



FAMILY/NOK



UNIT MEMBERS

### INFORMATION



#### PHONE

703-931-6632



#### WEB

<https://www.militaryfamily.org/>



#### EMAIL

[info@MilitaryFamily.org](mailto:info@MilitaryFamily.org)



## National Suicide Prevention Lifeline

The National Suicide Prevention Lifeline provides free and confidential support for those in emotional distress or for those wanting to help someone in crisis. Counselors are located in over 150 locally-operated crisis centers across the country and provide prevention and crisis resources that follow professional best practices.

### AUDIENCE



FAMILY/NOK



UNIT MEMBERS

### INFORMATION



#### PHONE (AVAILABLE 24/7)

800-273-TALK (8255)



#### TTY

800-799-4889



#### WEB

<https://suicidepreventionlifeline.org/>



#### ONLINE CHAT

<https://suicidepreventionlifeline.org/Chat/>





## Sesame Street for Military Families

Sesame Street for Military Families is a bilingual resource developed with the Defense Health Agency for military families with children. Resources such as videos and free printable PDFs provide information on explaining death to children, communicating and connecting with others, and moving forward.

### AUDIENCE



FAMILY/NOK

### INFORMATION



WEB

<https://sesamestreetformilitaryfamilies.org/topic/grief/>



EMAIL

[MilitaryFamilies@sesame.org](mailto:MilitaryFamilies@sesame.org)



## Snowball Express

Snowball Express, part of the Gary Sinise Foundation, serves children of Service members who died while on active duty following September 11, 2001. The organization puts on an annual 5-day retreat at Walt Disney World Resort in December and also hosts over 40 events and dinners across the country yearly. Snowball Express uses fun play therapy activities to bring families together and provides other mental health support if needed.

### AUDIENCE



FAMILY/NOK

### INFORMATION



PHONE

682-247-9593



WEB

<https://www.snowballexpress.org/families/>



WEB

<https://www.garysinisefoundation.org/snowball-express/>







## Suicide Prevention Resource Center

Funded by the Substance Abuse and Mental Health Services Administration, the Suicide Prevention Resource Center (SPRC) offers information on developing and sustaining suicide prevention efforts that are most likely to be effective.

### AUDIENCE



FAMILY/NOK



UNIT MEMBERS

### INFORMATION



#### PHONE

877-GET-SPRC (438-7772)



#### WEB

<http://www.sprc.org/resources-programs>



#### EMAIL

[info@sprc.org](mailto:info@sprc.org)



## Tragedy Assistance Program for Survivors

The Tragedy Assistance Program for Survivors (TAPS) offers free compassionate care, grief support, and resources to all those grieving the loss of a military loved one, including children. TAPS offers over 250 events in all 50 states and three countries and provides a survivor helpline, community programs, education support services, emergency assistance and case management, and peer-based emotional support. The TAPS Education Assistance Program helps survivors gain access to funding for post-secondary education.

### AUDIENCE



FAMILY/NOK



UNIT MEMBERS

### INFORMATION



#### HELP LINE (CALL 24/7)

800-959-TAPS (8277)



#### WEB

<https://www.taps.org/>



#### TAPS ONLINE COMMUNITY

<https://www.taps.org/onlinecommunity>





## Other Resources

### Substance Abuse and Mental Health Services Administration

The Substance Abuse and Mental Health Services Administration (SAMHSA) is a public agency that works to reduce the impact of substance abuse and mental illness in America. Resources include the Behavioral Health Treatment Services Locator.

#### AUDIENCE



FAMILY/NOK



UNIT MEMBERS

#### INFORMATION

**HELP LINE**

800-662-HELP (4357)

**OFFICE PHONE**

877-SAMHSA-7 (877-726-4727)

**TTY**

800-487-4889

**WEB**<https://www.samhsa.gov/find-treatment>

### MentalHealth.gov

MentalHealth.gov provides one-stop access to U.S. government mental health information and website links. It provides information on how to identify mental health concerns, how to talk about mental health, and how to access help.

#### AUDIENCE



FAMILY/NOK



UNIT MEMBERS

#### INFORMATION

**WEB**<https://www.mentalhealth.gov/get-help>



Note Local/Installation Resources Here

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## How to Make a Freedom of Information Act (FOIA) Request

A Freedom of Information Act (FOIA) request is required to receive a copy of the investigative report produced by the Service's Military Criminal Investigative Organization. You can submit the request on your own or your Casualty Assistance Officer can assist you in submitting the request.

### Submit Your Request

Each Service's Military Criminal Investigative Organization provides information on how to submit a Freedom of Information Act request for the investigative report.

U.S. Army Crime Records Center: <https://www.cid.army.mil/crc.html>

Naval Criminal Investigative Service: <https://www.ncis.navy.mil/Pages/FOIA.aspx>

Air Force Office of Special Investigations: <https://www.osi.af.mil/afosifoia/>

### Report Redaction

Once the investigation is complete, the Military Criminal Investigative Organization will review the request to determine what can be disclosed and what should be redacted. Some information may be redacted from the investigative report to protect the privacy of third parties or for national security reasons.

### Response Time

The Freedom of Information Act request can be submitted at any time, but remember that the investigation can take a year or longer to complete.

Some Military Criminal Investigative Organizations will initially send you a letter indicating that the request is denied because the case is still open. This notification does not mean that the request will not be fulfilled, it will be once the case is closed. This is merely a way for the organization to keep track of these requests. Keep any correspondence you receive so that you can follow up on the request later.

Be sure to update your Freedom of Information Act request if you move. Very often, the report is sent to the incorrect location because the requestor moved after submitting the request.



# References

## Background

- Air Force Resilience. (n.d.). *Ask\*Care\*Escort*. Retrieved from <https://www.resilience.af.mil/>
- American Association of Suicidology. (2014). *Survivors of Suicide Loss Fact Sheet*. Retrieved from <http://www.suicidology.org/suicide-survivors/suicide-loss-survivors>
- Bolton, J. M., Au, W., Leslie, W. D., Martens, P. J., Enns, M. W., Roos, L. L., ... Sareen, J. (2013). Parents bereaved by offspring suicide: A population-based longitudinal case-control study. *JAMA Psychiatry*, 70(2), 158-167. Retrieved from <https://doi.org/10.1001/jamapsychiatry.2013.275>
- Calhoun, L. G., Tedeschi, R. G., Cann, A., & Hanks, E. A. (2010). Positive outcomes following bereavement: Paths to posttraumatic growth. *Psychologica Belgica*, 50(1-2), 125–143. Retrieved from <http://doi.org/10.5334/pb-50-1-2-125>
- Cerel, J., Brown, M. M., Maple, M., Singleton, M., van de Venne, J., Moore, M., & Flaherty, C. (2019). How many people are exposed to suicide? Not six. *Suicide and Life-Threatening Behavior*, 49(2), 529-534. Retrieved from <https://doi.org/10.1111/sltb.12450>
- Cerel, J., & Campbell, F. (2008). Suicide survivors seeking mental health services: A preliminary examination of the role of an active postvention model. *Suicide and Life-Threatening Behavior*, 38(1), 30-34. Retrieved from <https://doi.org/10.1521/suli.2008.38.1.30>
- Cerel, J., McIntosh, J. L., Neimeyer, R. A., Maple, M., & Marshall, D. (2014). The continuum of “survivorship”: Definitional issues in the aftermath of suicide. *Suicide and Life-Threatening Behavior*, 44(6), 1-10. Retrieved from <https://doi.org/10.1111/sltb.12093>
- Dazzi, T., Gribble, R., Wessely, S., & Fear, N. (2014). Does asking about suicide and related behaviours induce suicidal ideation? What is the evidence? *Psychological Medicine*, 44(16), 3361-3363. Retrieved from <https://doi.org/10.1017/S0033291714001299>
- Department of Defense. (2003). *Military funeral support* (DoDI 1300.15). Washington, DC. Retrieved from <https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/130015p.pdf?ver=2017-12-27-134056-950>
- Department of Defense. (2008). *Record of emergency data* (DD Form 93). Washington, DC. Retrieved from <https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd0093.pdf>
- Department of Defense. (2009). *Department of Defense (DoD) personnel casualty matters, policies, and procedures* (DoDI 1300.18). Washington, DC. Retrieved from <https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/130018p.pdf?ver=2019-02-26-152332-123>
- Department of Defense. (2017). *Defense Suicide Prevention Program* (DoDI 6490.16). Washington, DC. Retrieved from [https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/649016\\_dodi\\_2017.pdf?ver=2017-11-06-141259-267](https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/649016_dodi_2017.pdf?ver=2017-11-06-141259-267)
- Department of Defense. (2017). *Mortuary affairs policy* (DoDD 1300.22). Washington, DC. Retrieved from <https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodd/130022p.pdf?ver=2017-12-08-113613-900>
- Department of Defense. (2019). *A survivor’s guide to benefits: Taking care of our families*. Washington, DC. Retrieved from <https://download.militaryonesource.mil/12038/MOS/ResourceGuides/A-Survivors-Guide-To-Benefits.pdf>
- Department of the Army. (2014). *Comprehensive soldier and family fitness* (AR 350-53). Washington, DC. Retrieved from [https://www.army.mil/e2/downloads/rv7/r2/policydocs/r350\\_53.pdf](https://www.army.mil/e2/downloads/rv7/r2/policydocs/r350_53.pdf)

- Feigelman, W., Cerel, J., McIntosh, J., Brent, D., & Gutin, N. (2018). Suicide exposures and bereavement among American adults: Evidence from the 2016 General Social Survey. *Journal of Affective Disorders*, 227, 1-6. Retrieved from <https://doi.org/10.1016/j.jad.2017.09.056>
- Figley, C. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (1<sup>st</sup> edition). New York, NY: Routledge.
- Ho, T. E., Schneider, K. G., Wortman, J. A., Beneda, J. G., Osborn, M. M., Smischney, T. M., ... Daniel, S. M. (2018). *Postvention in the U.S. military: Survey of survivors of suicide loss from 2010-2014*. (Report number TR 18-04). Retrieved from <https://apps.dtic.mil/dtic/tr/fulltext/u2/1048434.pdf>
- Maslach, C., Jackson, W. E., & Leiter, M. P. (1996). *Maslach burnout inventory manual* (3<sup>rd</sup> ed.). New York, NY: John Wiley and Sons, Inc.
- Mayo Clinic Staff. (May 11, 2018). *Suicide grief: Healing after a loved one's suicide*. Retrieved from <https://www.mayoclinic.org/healthy-lifestyle/end-of-life/in-depth/suicide/art-20044900>
- Naval Criminal Investigative Service. (2019). Interview with the Office of People Analytics.
- Navy Suicide Prevention Program, OPNAV N170F. (2019). *FY-20 1 small act toolkit*. Retrieved from [https://www.public.navy.mil/bupers-npc/support/21st\\_Century\\_Sailor/suicide\\_prevention/Documents/FY-20%201%20Small%20ACT%20Toolkit.pdf](https://www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/suicide_prevention/Documents/FY-20%201%20Small%20ACT%20Toolkit.pdf)
- Owen, R. P., & Wanzer, L. (2014). Compassion fatigue in military healthcare teams. *Archives of Psychiatric Nursing*, 28, 2-9. Retrieved from <https://doi.org/10.1016/j.apnu.2013.09.007>
- Pak, K., Ferreira, K., & Ghahramanlou-Holloway, M. (2019). Suicide postvention for the United States military: Literature review, conceptual model and recommendations. *Archives of Suicide Research*, 23(2), 179-202.
- Pitman, A., Osborn, D., King, M., & Erlangsen, A. (2014). Effects of suicide bereavement on mental health and suicide risk. *The Lancet Psychiatry*, 1(1), 86-94. Retrieved from [https://doi.org/10.1016/S2215-0366\(14\)70224-X](https://doi.org/10.1016/S2215-0366(14)70224-X)
- Ruocco, K. (2017). *Comprehensive postvention*. Paper presented at 2017 DoD-VA Suicide Prevention Conference. Denver, CO. Retrieved from <https://www.dspo.mil/Presentations.aspx>
- Secretary of the Air Force. (2014). *Comprehensive Airman Fitness (CAF)* (AFI 90-506). Washington, DC. Retrieved from <https://www.ramstein.af.mil/Portals/6/documents/DTC/AFD-151216-016.pdf?ver=2016-04-14-155129-117>
- Skylight. (2007). *Explaining suicide to children and young people*. Retrieved from [https://d3vdx7z624ogx.cloudfront.net/lifeline.org.nz/1535601799830\\_explaining\\_suicide\\_to\\_children\\_and\\_young\\_people.pdf](https://d3vdx7z624ogx.cloudfront.net/lifeline.org.nz/1535601799830_explaining_suicide_to_children_and_young_people.pdf)
- Stamm, B. H. (2010). *The Concise ProQOL Manual* (2<sup>nd</sup> Ed.). Pocatello, ID. Retrieved from [https://proqol.org/uploads/ProQOL\\_Concise\\_2ndEd\\_12-2010.pdf](https://proqol.org/uploads/ProQOL_Concise_2ndEd_12-2010.pdf)
- U.S. Army Medical Command. (2015). *The Performance Triad guide*. Retrieved from <https://ephc.amedd.army.mil/HIPECatalog/viewItem.aspx?id=684>
- Young, I. T., Iglewicz, A., Glorioso, D., Lanouette, N., Kathryn, S., Ilapakurti, M., & Zisook, S. (2012). Suicide bereavement and complicated grief. *Dialogues in Clinical Neuroscience*, 14(2), 177-186.

## Unit Commanders and Leaders

- Air Force Resilience. (n.d.). *Standard operating procedure for postvention*. Retrieved from [https://www.resilience.af.mil/Portals/71/Documents/SOP\\_Postvention.pdf](https://www.resilience.af.mil/Portals/71/Documents/SOP_Postvention.pdf)
- Army Suicide Prevention Program, HQDA G-1. (2019). E-mail with the Office of People Analytics.





- Defense Suicide Prevention Office. (2016). *Leader guide and postvention checklist*. Washington, DC. Retrieved from [https://www.dspo.mil/Portals/113/Documents/Final%20DoD%20Leaders\\_PostSuicide\\_Checklist.pdf](https://www.dspo.mil/Portals/113/Documents/Final%20DoD%20Leaders_PostSuicide_Checklist.pdf)
- Department of Defense. (2003). *Military funeral support* (DoDI 1300.15). Washington, DC. Retrieved from <https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/130015p.pdf?ver=2017-12-27-134056-950>
- Department of Defense. (2009). *Department of Defense (DoD) personnel casualty matters, policies, and procedures* (DoDI 1300.18). Washington, DC. Retrieved from <https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/130018p.pdf?ver=2019-02-26-152332-123>
- Department of the Air Force. (2017). *Casualty services*. (AFI 36-3002). Washington, DC. Retrieved from [https://static.e-publishing.af.mil/production/1/af\\_a1/publication/afi36-3002/afi36-3002.pdf](https://static.e-publishing.af.mil/production/1/af_a1/publication/afi36-3002/afi36-3002.pdf)
- Freedenthal, S. (2014). *If only: Self-blame after a loved one's suicide*. Retrieved from <https://www.speakingofsuicide.com/2014/05/07/if-only/>
- Ho, T. E., Schneider, K. G., Wortman, J. A., Beneda, J. G., Osborn, M. M., Smischney, T. M., ... Daniel, S. M. (2018). *Postvention in the U.S. military: Survey of survivors of suicide loss from 2010-2014*. (Report number TR 18-04). Retrieved from <https://apps.dtic.mil/dtic/tr/fulltext/u2/1048434.pdf>
- Ramchand R., Ayer, L., Fisher, G., Chan Osilla, K, Barnes-Proby, D., & Wertheimer, S. (2015). *Suicide postvention in the Department of Defense: Evidence, policies and procedures, and perspectives of loss survivors*. (Report number RR-586-OSD). Retrieved from [https://www.rand.org/pubs/research\\_reports/RR586.html](https://www.rand.org/pubs/research_reports/RR586.html)
- Ursano, R. J., Kessler, R. C., Naifeh, J. A., et al. (2017). Risk of suicide attempt among soldiers in Army units with a history of suicide attempts. *JAMA Psychiatry*, 74(9), 924–931. Retrieved from <https://dx.doi.org/10.1001%2Fjamapsychiatry.2017.1925>

## Chaplains

- Defense Suicide Prevention Office. (2016). *Leader guide and postvention checklist*. Washington, DC. Retrieved from [https://www.dspo.mil/Portals/113/Documents/Final%20DoD%20Leaders\\_PostSuicide\\_Checklist.pdf](https://www.dspo.mil/Portals/113/Documents/Final%20DoD%20Leaders_PostSuicide_Checklist.pdf)
- Figley, C. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (1<sup>st</sup> edition). New York, NY. Routledge.
- Ho, T. E., Schneider, K. G., Wortman, J. A., Beneda, J. G., Osborn, M. M., Smischney, T. M., ... Daniel, S. M. (2018). *Postvention in the U.S. military: Survey of survivors of suicide loss from 2010-2014*. (Report number TR 18-04). Retrieved from <https://apps.dtic.mil/dtic/tr/fulltext/u2/1048434.pdf>
- Lambrecht, M., & Harrington, J. (2009). *Counseling suicide survivors: Implications for postvention*. Tragedy Assistance Program for Survivors. Retrieved from <https://www.taps.org/webinar/2009/counselingsuicidesurvivors>
- Maslach, C., Jackson, W. E., & Leiter, M. P. (1996). *Maslach burnout inventory manual* (3<sup>rd</sup> ed.). New York, NY. John Wiley and Sons, Inc.
- Public Health England. (2015). *Help is at hand – Support after someone may have died by suicide*. (Product code 2901502). Retrieved from <https://www.nhs.uk/Livewell/Suicide/Documents/Help%20is%20at%20Hand.pdf>
- Suicide Care, Prevention, and Research Initiative. (2018). *Special Operations Forces chaplaincy workbook for suicide prevention, intervention, and postvention*. Bethesda, MD: Uniformed Services University of the Health Sciences.

U.S. Army Medical Command. (2015). *The Performance Triad guide*. Retrieved from <https://ephc.amedd.army.mil/HIPECatalog/viewItem.aspx?id=684>

## Casualty Assistance Officers

American Association of Suicidology. (2014). *Survivors of Suicide Loss Fact Sheet*. Retrieved from <http://www.suicidology.org/suicide-survivors/suicide-loss-survivors>

Figley, C. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (1<sup>st</sup> edition). New York, NY. Routledge.

Ho, T. E., Schneider, K. G., Wortman, J. A., Beneda, J. G., Osborn, M. M., Smischney, T. M., ... Daniel, S. M. (2018). *Postvention in the U.S. military: Survey of survivors of suicide loss from 2010-2014*. (Report number TR 18-04). Retrieved from <https://apps.dtic.mil/dtic/tr/fulltext/u2/1048434.pdf>

Maslach, C., Jackson, W. E., & Leiter, M. P. (1996). *Maslach burnout inventory manual* (3<sup>rd</sup> ed.). New York, NY. John Wiley and Sons, Inc.

Massachusetts Army National Guard. (2019). Interview with the Office of People Analytics.

Naval Criminal Investigative Service. (2019). Interview with the Office of People Analytics.

U.S. Army Medical Command. (2015). *The Performance Triad guide*. Retrieved from <https://ephc.amedd.army.mil/HIPECatalog/viewItem.aspx?id=684>

## First Responders

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders, fifth edition*. Arlington, VA: American Psychiatric Association.

Department of Defense. (2016). *Anatomic gifts and tissue donation*. (DoDI 6465.03). Washington, DC. Retrieved from <https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/646503p.pdf>

Department of Defense. (2017). *Mortuary affairs policy* (DoDD 1300.22). Washington, DC. Retrieved from <https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodd/130022p.pdf?ver=2017-12-08-113613-900>

Department of the Army. (2015). *Casualty and Mortuary Affairs: Army Casualty Program*. (AR 638-8). Washington, DC. Retrieved from [https://armypubs.army.mil/epubs/DR\\_pubs/DR\\_a/pdf/web/AR638-2\\_WEB\\_Final.pdf](https://armypubs.army.mil/epubs/DR_pubs/DR_a/pdf/web/AR638-2_WEB_Final.pdf)

Illinois Department of Public Health. (2019). *Suicide prevention: Suicide and first responders' role*. Springfield, IL. Authority of the State of Illinois. Retrieved from <http://dph.illinois.gov/sites/default/files/publications/first-responders-050216.pdf>

Lerner, M., & Shelton, R. (2001). Trauma Response Info-sheet: How can emergency responders manage their own response to a traumatic event? Retrieved from <https://www.sprc.org/sites/default/files/migrate/library/EmergencyRespondersOwnResponse.pdf>

Montgomery County Emergency Service. (2005). *What emergency responders need to know about suicide loss: A suicide postvention handbook*. Norristown, PA. SIEC No: 20050797

U.S. Army Medical Command. (2015). *The Performance Triad guide*. Retrieved from <https://ephc.amedd.army.mil/HIPECatalog/viewItem.aspx?id=684>

## Military Investigators

American Association of Suicidology. (2014). *Survivors of Suicide Loss Fact Sheet*. Retrieved from <http://www.suicidology.org/suicide-survivors/suicide-loss-survivors>

- Figley, C. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (1<sup>st</sup> edition). New York, NY. Routledge.
- Ho, T. E., Schneider, K. G., Wortman, J. A., Beneda, J. G., Osborn, M. M., Smischney, T. M., ... Daniel, S. M. (2018). *Postvention in the U.S. military: Survey of survivors of suicide loss from 2010-2014*. (Report number TR 18-04). Retrieved from <https://apps.dtic.mil/dtic/tr/fulltext/u2/1048434.pdf>
- Maslach, C., Jackson, W. E., & Leiter, M. P. (1996). *Maslach burnout inventory manual* (3<sup>rd</sup> ed.). New York, NY. John Wiley and Sons, Inc.
- Naval Criminal Investigative Service. (2019). Interview with the Office of People Analytics.
- U.S. Army Medical Command. (2015). *The Performance Triad guide*. Retrieved from <https://ephc.amedd.army.mil/HIPECatalog/viewItem.aspx?id=684>

## Non-Clinical Providers

- Figley, C. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (1<sup>st</sup> edition). New York, NY. Routledge.
- Ho, T. E., Schneider, K. G., Wortman, J. A., Beneda, J. G., Osborn, M. M., Smischney, T. M., ... Daniel, S. M. (2018). *Postvention in the U.S. military: Survey of survivors of suicide loss from 2010-2014*. (Report number TR 18-04). Retrieved from <https://apps.dtic.mil/dtic/tr/fulltext/u2/1048434.pdf>
- Maslach, C., Jackson, W. E., & Leiter, M. P. (1996). *Maslach burnout inventory manual* (3<sup>rd</sup> ed.). New York, NY. John Wiley and Sons, Inc.
- Military Community Support Programs, Military Community and Family Policy. (2019). Interview with the Office of People Analytics.
- U.S. Army Medical Command. (2015). *The Performance Triad guide*. Retrieved from <https://ephc.amedd.army.mil/HIPECatalog/viewItem.aspx?id=684>

## Suicide Prevention Program Managers

- Department of Defense. (2017). *Defense Suicide Prevention Program* (DoDI 6490.16). Washington, DC. Retrieved from [https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/649016\\_dodi\\_2017.pdf?ver=2017-11-06-141259-267](https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/649016_dodi_2017.pdf?ver=2017-11-06-141259-267)
- Figley, C. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (1<sup>st</sup> edition). New York, NY. Routledge.
- Maslach, C., Jackson, W. E., & Leiter, M. P. (1996). *Maslach burnout inventory manual* (3<sup>rd</sup> ed.). New York, NY. John Wiley and Sons, Inc.
- U.S. Army Medical Command. (2015). *The Performance Triad guide*. Retrieved from <https://ephc.amedd.army.mil/HIPECatalog/viewItem.aspx?id=684>

## Long-Term Casualty Support Coordinators

- Figley, C. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (1<sup>st</sup> edition). New York, NY. Routledge.
- Ho, T. E., Schneider, K. G., Wortman, J. A., Beneda, J. G., Osborn, M. M., Smischney, T. M., ... Daniel, S. M. (2018). *Postvention in the U.S. military: Survey of survivors of suicide loss from 2010-2014*. (Report number TR 18-04). Retrieved from <https://apps.dtic.mil/dtic/tr/fulltext/u2/1048434.pdf>
- Maslach, C., Jackson, W. E., & Leiter, M. P. (1996). *Maslach burnout inventory manual* (3<sup>rd</sup> ed.). New York, NY. John Wiley and Sons, Inc.
- Naval Criminal Investigative Service. (2019). Interview with the Office of People Analytics.
- U.S. Army Medical Command. (2015). *The Performance Triad guide*. Retrieved from <https://ephc.amedd.army.mil/HIPECatalog/viewItem.aspx?id=684>

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Military Community and Family Policy**

**Marine and Family Programs, Behavioral Programs Suicide Prevention**

**Massachusetts Army National Guard**

**Military Community Support Programs, Military Community and Family Policy**

**Naval Criminal Investigative Service**

**Naval Postgraduate School**

**Navy Chaplain Corps**

**Navy Gold Star Program**

**Navy Suicide Prevention Program, OPNAV N170F**

**Office of the Assistant Secretary of Defense for Health Affairs**

**Tragedy Assistance Program for Survivors**

