

STAR-CENTER PUBLICATIONS

Services for Teens at Risk

All rights reserved: 2019

Services for Teens at Risk (STAR-Center)
3811 O'Hara Street, Pittsburgh, PA 15213
(412)864-3346

Table of Contents

Acknowledgments	2
Dedication	3
Introduction	4
Survivors of Suicide-Goals for Participants	5
Basic Mechanics of Starting A Support Group	6
Intake	6
Problems That May Arise with Membership	6
Time for The Meetings	6
Survivors of Suicide – Goals for Leaders	8
Survivors of Suicide – Session One Outline	10
Key Points for Session One:	10
Assignment for Next Week	11
Survivors of Suicide – Session Two Outline	12
Activities for the Upcoming Week:	13
Survivors of Suicide – Session Three Outline	14
Activities for the Upcoming Week:	14
Survivors of Suicide – Session Four Outline	15
Activities for the Upcoming Week:	15
Survivors of Suicide – Session Five Outline	16
Survivors of Suicide – Session Six Outline	17
Activities for the Upcoming Week:	17
Survivors of Suicide – Session Seven Outline	18
Activities for the Upcoming Week	18
Survivors of Suicide – Session Eight Outline	19
Survivors of Suicide – Rules for The Group Members	20
Reading List	21

Acknowledgments

This handbook reflects many years of experiences—both of survivors and of those who sought to help them through their tragedies. We would not have been able to create these guidelines without the contributions of the many friends and family members who joined “Survivors of Suicide” or “SOS” groups over these years. To them we are deeply indebted.

The SOS groups began with the work of Grace Moritz, MSW, who was instrumental in bringing to the forefront, the importance of the need to attend to those who have lost a loved one to suicide.

In the years following, SOS groups continued under the leadership of Sue Wesner, RN, MSN, who brought new insights and skills to our work with survivors. Working with Sue in the development of this handbook were Kim Poling, LCSW, Mary Margaret Kerr, Ed.D., and Brian McKain, MSN.

Today, SOS groups continue, facilitated by several qualified STAR staff.

This manual was written for individuals with the interest in starting a group for suicide survivors. We hope to provide you with a guide and basic outline for providing services to those isolated by their loss.

We welcome your comments and suggestions on this handbook and hope that you will find the following pages helpful in your work.

Dedication

This handbook is dedicated to all who have experienced the tragedy of suicide.

“Only people who are capable of loving strongly can also suffer great sorrow; but this same necessity of loving serves to counteract their grief and heals them.” Tolstoy.

Introduction

Survivors of Suicide (SOS) is a support group for bereaved family members and close friends of suicide victims. The group provides a safe place for survivors to support one another as they deal with the painful questions and feelings that follow suicide. Bereavement after suicide is a profoundly difficult and complex experience. The stigma of suicide and the painful emotions it engenders can leave survivors feeling isolated at a time when they need the support of others.

SOS is a service of the STAR-Center, a nationally recognized center for the prevention and treatment of suicide. Since 1986, STAR-Center has supported family members and friends through community outreach, support groups, treatment, and educational programs. This handbook is one of many publications designed to help practitioners in their work with children, youth, and their families.¹

Each SOS Group offered through the STAR-Center is co-led by a bereavement specialist, along with another experienced STAR-Center staff member. The group meets weekly for two hours in the evening over eight consecutive weeks. Group members talk about their experiences and receive helpful information on how to cope with their loss. After the eight-week session, members may choose to attend a *monthly* ‘drop-in’ group for support during anniversaries, holidays, or other difficult times.

The goal of this support group is to provide guidance through the grief process. In suicide this process is affected by the stigma associated with suicide. The grief process is prolonged, as individuals must first deal with the fact that the death was one to suicide. The period of shock and disbelief will extend for months, or at times years. Families will start an endless search to answer the questions; “Why suicide?” “Why didn’t we know how he/she was feeling?” “Why weren’t we good enough?” These are a few of the factors that reinforce the concept of a support group for survivors of suicide.

¹ For more information about STAR-Center and its services, contact us at STAR-Center, 3811 O’Hara Street, Pittsburgh, PA 15213. 412-864-3346 www.starcenter.pitt.edu

Survivors of Suicide-Goals for Participants

Participants in the SOS group will:

- Have a safe forum for survivors to share their feelings and experiences with one another
- Receive education about suicide, based on the medical model
- Identify their individual responses to the suicide
- Identify their previous loss experiences
- Identify typical versus atypical grief
- Progress through the grief process created by suicide
- Understand issues which could complicate the grief process

Surviving suicide involves several aspects of human functioning:

- Mental/Cognitive
- Physical
- Emotional
- Spiritual

Grief is primarily in the mental dimension. Symptoms include feeling tired, decreased sleep or insomnia, lack of productivity, decrease in cognitive skills, decrease in concentration, impaired judgment, depressed motivation, and loss of problem solving skills. As a guide through the grief process, a leader can identify these reactions as normal, and provide coping suggestions.

According to the American Foundation for Suicide Prevention (AFSP)², survivors are troubled by the intense emotions experienced in the process of grieving.

- SHOCK is the immediate reaction to suicide, along with physical and emotional numbness. This will provide a temporary screening out of the intense pain.
- DEPRESSION may appear as disturbed sleep, fatigue, inability to concentrate, change in appetite, and the feeling that life is not worth living.
- ANGER may be part of the response, the direction of the anger usually not well defined, can be toward the deceased, another family member, a therapist, or oneself.
- RELIEF may be experienced when the suicide followed a long decline into mental anguish.
- GUILT often surfaces as the feelings of “would have, should have, could have. . .”
- WHY? Many survivors struggle with this question.

² Concerned scientists, community leaders, and survivors of suicide founded the American Foundation for Suicide Prevention (AFSP) in 1987 in an effort to support the research and education needed to prevent suicides. Each year, there are more than 44,900 people in the United States who die by suicide. Each loss of life will result in at least six other people who are intimately affected. To find out about your local affiliate of AFSP, contact The American Foundation for Suicide Prevention, 120 Wall Street, 22nd Floor, New York, NY 10005. Call 1-888-333-AFSP or 212-363-3500. www.afsp.org

Basic Mechanics of Starting A Support Group

The primary purpose of the support group is to provide services to those adults who have lost a loved one to suicide. Depending on the size of your community, a group may be as large as 30 individuals. At no time should individuals attending the group believe this is a therapy group. Members need to know that they may require their own individual therapy and/or medications in addition to the support group.

Intake

Leaders will need some method of screening; one suggestion is a phone intake interview. We recommend collecting information such as name, relationship to the deceased, date of the loss, and type of current treatment (if any).

Problems That May Arise with Membership

At times there may be situations in which a group member will have to be removed. The disruptive individual needs to be supported and provided with a referral to treatment. The two main disruptions are alcohol abuse during group sessions and lack of respect for other members. Addressing this problem within the group is very threatening. This can be done outside of the group and then explained to the group members. A bereavement support group is not in the position to process the problem and try to address it.

Another problem related to composition of the group can occur when more than one family member attends the same group series. Guilt and blaming are always built into the grief associated with suicide. Even the closest of families can experience difficulties. One rule of thumb is to invite the first family member who responds into the group, while seeing other members individually until the next group is started within a few months. Family members may have difficulty expressing their feelings if all members attend the same series.

We do not insist, but we encourage each individual to bring one support person to the group. If there isn't anyone who is directly associated with the deceased, they could have a friend accompany them.

People attending alone find that they often have difficulty driving home. They report they cannot stop thinking about the events of the group. When accompanied by others, they can be distracted or helped to process their thoughts and feelings about the group.

Time for The Meetings

It is extremely important that the time and place for the meeting remain consistent. The group should always be once weekly and be the same day and time. At the first meeting members are asked to complete the series of 8 meetings. If someone chooses to drop out they should let the group (or at least the leader) know. Within 48 hours after the meeting, call any new member who missed the meeting without prior notice. Do not accept new members after the third session.

We permit individuals to sit in on the group as a learning experience only if they participate for the entire series and are a part of the group. Anyone attending the group as an observer (i.e., interns, therapists, residents) must identify their purpose for attending the group.

Survivors of Suicide – Goals for Leaders

Leaders in the SOS group will:

- Allow the process of grieving to continue without interruption
- Facilitate the sharing of feelings and experiences
- Provide a safe environment
- Process conflicts that may arise
- Maintain confidentiality for members
- Provide education about grief and suicide
- Help members identify their own support systems.

Group leaders need to be reliable and attend all the sessions of the series. Make sure that you have more than one group leader. This will serve several purposes (e.g., if a member leaves the group the co-leader can follow him or her and assess the situation; there will always be a leader if one leader is sick). If a leader is unexpectedly absent, tell the group the truth but avoid going into details. If a leader's absence is anticipated in the future, tell the group at their first meeting and remind them one week prior to the scheduled absence.

The leader may take notes during the session. The purpose of taking notes is to help remind the leader of various issues that surface and require further discussion at a later time. Explain this to the group at the very first meeting and give members permission to read any notes.

Survivors of suicide are very sad. Their tragic stories, such an important part of the group experience, may also be an overwhelming experience for the leaders. Leaders must work to protect themselves from extreme stress.

Although the group is only several hours of the week, it takes several hours of mental preparation several times during the week. After the group is over and the leaders are home, it may take several hours to unwind. Have available some diversion which is relaxing and allows light thinking. Start the workday of the group later, giving yourself a good night's sleep before the group. The day following the group should also start later, as it is not unusual to feel physically tired. Try to keep the day following the group light.

Debriefing with your co-leader is important. Debriefing will be a time to discuss feelings about the group and their tragic stories. Ideally, debriefing should occur immediately after the group (or within 24 hours). Don't debrief in a public setting; your conversation could be overheard, and it will be difficult to concentrate on the task. If you want to socialize in a public setting, debrief before going out for fun.

Debriefing should address concerns about how the group went and worries about individual group members. Most importantly, debriefing should focus on leaders' personal feelings about the stories and how each leader is dealing with those feelings.

Debriefing will also permit the leaders to objectively measure the group's progress. Always remember your goal is not to take the grief away. Your goals are to serve as a guide through

the process, normalize feelings, instill hope for recovery, and serve as a resource. Develop measures for success that do not center on symptom relief.

Survivors of Suicide – Session One Outline

1. Leaders outline the rules for the sessions (see Goals for Leaders, pg. 2). The leader functions as a guide through the grief process. As a guide, the leader should provide support and information, remembering the true experts of grief are the individuals in the group.
2. Members introduce themselves and their loss experiences.

This process can take time and is always very emotional. We give members a chance to skip their turn if they are unable to talk. Allow for long silences and tears. This is a difficult time for all involved including the leaders. It is important that everyone has a chance to talk; therefore, it is usually easiest to go around the room. Sometimes prompting questions may be necessary, as the group has not had time to feel comfortable in addressing each other. These questions should be very general; for example: “When was your loss?” or “How did you find out?” Families appear to benefit from sharing, so we always ask for the name of the victim.

3. Leaders provide an overview of grief and suicide. The stages of grief can be very overwhelming for the grieving. Discuss normal feelings associated with grief. The grief process is very individual. Not everyone will progress through their grief in the same way. The stages should be used as a guide to generate discussion.

Leaders will develop their own understanding about the grief experienced by suicide survivors. We have found that suicide prolongs the grief process. Survivors always report that the symptoms of grief get worse as time goes on. This appears to be associated with the intense shock that comes with suicide. Survivors will need to work through the suicide before they can move on to the bereavement process. Suicide creates intense anger, shame, and guilt. When people die of illness we think about the time of diagnosis to death; when people die of accidents we think about the events leading up to the death; however, when someone dies of suicide we think about and review every interaction and experience we had with the victim.

While providing an overview of grief, try to use grief symptoms and emotions expressed by the members of the group. Guilt is commonly associated with all losses. For a suicide victim’s family guilt can become overwhelming and result in complications. It is essential for the leaders to identify the difference between grief and depression. It is also important for the leaders to monitor for the potential development of Post-Traumatic Stress Disorder.

Key Points for Session One:

- Assess where the members are with respect to their grieving process; look for pre-existing mental health problems, such as interpersonal difficulties, or previous losses.

- Bereavement following suicide is unique, the unresolved questions, trying to rewrite the story to change the ending, questioning the ability to be loved or give love, are all issues unique to suicide.
- Key points to include: “the tunnel vision” characteristic of suicide victims; the cognitive process which irrationally makes a person believe the family will be better off without them; and acknowledgement by predominant religions that suicide is a result of an illness. Any literature that you can find to support the irrational thought processes of suicide should be given to the survivors. No matter how old the suicide victim, this is an “out of time death.” Families believe they could have prevented the suicide. In addition, they must deal with the violence of the suicide act. It is important to discuss how this will make the grieving process different. Discuss how families think with their hearts when dealing with the loved ones and not with their heads. Also point out that they did everything possible to help their loved ones given the information they had at the time.
- Review the group discussion and talk about what can be expected for the remaining 7 weeks.
- Give information about community resources and other groups (i.e., The Caring Place, Compassionate Friends). Also, agree to be available throughout the week if needed.

This is probably the hardest group for the members. Often, they will experience an increase in grief symptoms and anger. Identify this as a possibility and review what can be done if it becomes a problem.

Assignment for Next Week

Have the members bring in a photograph of their loved one who has died. Explain the rationale for sharing their stories with each other. Explain they will have a chance to talk about who their family member was—not just a victim of suicide.

Survivors of Suicide – Session Two Outline

1. Ask how members felt after last week's group. Many will express feeling worse, discuss how this is a normal reaction. Others' grief is as overwhelming as is your own, reinforce the reason for the group to share these feelings with others who have had the same experience.

[Continue to assess where the members are in the grief process.]

2. Explain that the main objective of session two is to "introduce" their deceased family member to the group. A chance for all to know the person as a loved one and not just as someone who completed suicide.
3. Ask for a volunteer to start the picture sharing. Give everyone permission to pass but let them know they will be asked to take their turn at a later time. Let the person sharing their loved one's picture know they will have as much time as needed, as this task will be continued in the next group also. As the member is talking about their loved one, the picture is being passed around.
4. Encourage members to ask questions and make comments about the loved one, the pictures, and the experiences. If members are not interacting the leader may function as a guide. Start with simple questions about demographics. As they talk about the death ask questions about demographics. As they talk about the death ask questions about how they found out, who was there to help, etc. A question we find very important to the grief process is: "Were you able to view your loved one after the death?" This is very important for several reasons: denial is stronger in those who had not viewed the body and most importantly the family can develop horror pictures of the loved one in their minds which could complicate the bereavement process.
5. Allow members to say whatever they want to say. Leaders are mostly listening and being supportive during this session. Leaders may take notes to keep the details in their own memory. This is an opportunity to get each person's story in full, rather than bits and pieces throughout the eight weeks.
6. As the opportunity comes up, offer some information about the biology of suicide. The "WHY" question is very often asked. As this is a supportive and educational group many questions which can be answered should be answered when asked. Now, of course, we do not have an answer as to WHY a victim dies by suicide; however, sometimes during this exchange you can get information such as the victims use of drugs or alcohol, symptoms of depression or anxiety, or previous attempts. Discuss this in a way that does not place blame on the family. Often families are asked by others "why they did not know." The group should not reinforce this belief. Approach this by discussing how

suicide victims can be “the best secret keepers in the world.” It is also important to emphasize that most of the information they now have, they received after the death. We describe it as being like a “puzzle.” After the death people receive pieces of the puzzle from many different places. The problem, is that the puzzle is never complete, and the parts missing are with the person who died. Work to help members reality test guilt feelings.

7. Families will often ask questions related to “the need to do the right thing regarding the person they lost.” Some common questions include: “How often should they go to the cemetery?” “When do we change their room?” “Can I wear their personal belongings?” These are very sensitive issues. The length of time involved and the relationship to the person usually governs what is acceptable. These are questions, which are very good to ask of the group. We use the rule of thumb: If it helps, it’s okay—if it is uncomfortable, it’s a problem. Also, if other family members are expressing concern, the situation needs to be addressed. Most important, do not judge the members.

Activities for the Upcoming Week:

Continue with sharing their pictures and stories. Some people will not be able to do this task, so permit them to pass their turn until they are ready.

Survivors of Suicide – Session Three Outline

1. Continued from last week, before starting with task ask how members felt following the last group and if any problems developed.

[Continue to assess where the members are in the grief process.]

2. Encourage members to ask questions about the loved one, the pictures, and the experiences.
3. As leaders wrap up the session it is important to discuss how it felt to share their stories and to hear the other stories of the members. At this point the group should be building cohesion. Ask the group about their thoughts and feelings. Some guiding questions may be “What are the similarities between the stories?”; “What are the differences noticed in emotions expressed?” Often you will hear members notice anger from spouses and sadness from parents. Usually what they notice as similar are feelings of abandonment and loss of control.

Activities for the Upcoming Week:

Explain this will be discussed at length during the next session. Be very sensitive to avoid any information which blames others.

Survivors of Suicide – Session Four Outline

1. Leaders provide the overview of the biology of suicide, research on serotonin, etc. Use the board to draw a picture of the heart, and all the factors affecting the health of the heart. Then do the same with the brain. Give examples from John Mann's research on receptors being different in suicidal individuals; Lisa Pan's latest research findings. Give examples of how families try to decipher the suicide.
2. Talk about the research indicating that suicide and depression run in families. Discuss the cognitive aspects of depression and suicidal behaviors. Discuss the risks of guns and alcohol or other drugs.
3. Remind the group: "Everyone in this room did the very best they could to help their loved one, given the information you had at the time. Now you know more. Now you could rewrite the story, but that doesn't mean the ending would change. Discuss how as time goes on families receive more information about the weeks or months leading to the suicide. Again, use the analogy of "pieces to a puzzle" and once all the information is obtained the center is still incomplete, that information is with the individual who died.
4. Discuss "tunnel vision" and how the suicide victims were not able to see the people they loved and what effect this would have on them. With a rational mind we are aware of how we affect those around us. With an irrational mind the message given is, "they will be better off without me."
5. Encourage the group to ask questions. Point out that if we all had complete control of our brains we would all be perfect.
6. Review the information given. Identify this as the mid-point of the group and that the focus will now be on how to survive the loss—what to expect in their grief.
7. You will notice that issues continue to be repeated throughout the groups. This is necessary when dealing with grief. Points are heard and remembered by members at varying rates.

Activities for the Upcoming Week:

Identify this as the halfway point of the group. Encourage members to think of issues they would like to discuss further.

Survivors of Suicide – Session Five Outline

1. Leader leads a discussion on dealing with grief and future events: upcoming anniversaries, holidays, rituals, spiritual beliefs, and practices. Give suggestions for dealing with the events (i.e. develop a plan for the day and follow through with the plan). Have your support system ready to help with plans. Ask the group to share their experiences and what was helpful. Also talk about what is not helpful. Support belief systems without interjecting personal beliefs. Be very open minded and nonjudgmental.
2. Focus on survivorship and their own needs; as opposed to how the early sessions focused on a loved one they lost.
3. Review “typical” and “atypical” grief; review Post-Traumatic Stress Disorder, and Depressive Disorders.
4. Review when and how to get help for family members. Talk about child and adolescent grief reactions and reactions to traumatic loss.

(At this point the group is self-sufficient and can carry the discussion.)

5. Discuss the goals of the remaining sessions – help members begin to identify/access supports within their community.

Survivors of Suicide – Session Six Outline

1. Leaders begin a discussion on dealing with dreams, memories, pictures, videotapes, and give members a chance to discuss some of the not so helpful ways of coping (i.e. alcohol). Issues that come up are not being able to look at the pictures, and very frequently psychic experiences. Permit the group to normalize feelings and experiences.
2. Focus on survivorship and their own needs, as opposed to focusing on the deceased individual/victim.
3. Discuss the need to develop an answer to the WHY and move ahead. This process may take an extended period of time.
4. Survivors will have good days and bad. In the normal process the good days will start to outweigh the bad. This is a long process and people should not expect resolution before its time.
5. Introduce the next group, which will be survivors who have found some resolution to their loss.

[At this point the group is self-sufficient and can carry the discussion.]

Activities for the Upcoming Week:

Review that next week's session will be devoted to others who have experiences similar loss. They will share their journey through the grief process.

Survivors of Suicide – Session Seven Outline

1. Invite members from previous groups to attend the session. If this is not possible, invite an expert on grief or suicide.
2. Have group members reintroduce themselves to the visitors, tell whom they lost, when the loss occurred and the victim's name.
3. Former members join the discussion. Try to match survivors, i.e., parents, sibs, spouses, friends, etc. as best as possible. Have the visitors tell their stories. Encourage the group to ask questions and interact. If there is an expert visiting the group, have the person give a short summary of their work.
4. This will be a chance for the leaders to observe and assess where the current members are in their grief process. Everyone in this group has had their lives changed by the death of their loved one. They will learn that grieving is often a long process, and some individuals will not imagine ever feeling better. By having members from previous groups share the pitfalls, and what helped them and what did not, current members will hopefully see that healing is possible. Frequently the message is that each individual must actively grieve to heal.
5. Review that next week is the last weekly session. Discuss the monthly group.

Activities for the Upcoming Week

Identify social supports available to you outside our group.

Survivors of Suicide – Session Eight Outline

1. Review the past seven weeks and look at where group members are now and where they are going. Discuss the grief as a process, which will take time and may require professional intervention. Talk about warning signs of MDD and PTSD. Have the group talk about problem areas such as THEIR loved one's room, clothing, and other belongings. It is important to discuss changes in the family and relationships, which always occur after a death.
2. Identify group and individual strengths, which will help in moving through the grief process. Specifically, relationships and use of community resources. Often individuals will talk about wanting to help others. Encourage independent attempts to help others but also encourage the need to evaluate where they are in the grieving process.
3. Review the “drop-in” group. Tell the members that there is a group available to all who attended the 8 weekly sessions. This group meets once per month – the same day and same place each time. This group is always available, and they can attend whenever they need some extra support. The focus of the drop-in group depends on the needs of the individuals attending.
4. Leaders share feelings about the group being honest and supportive. Depending on the group this may be time to share personal experiences with grief. Often members will ask this question. This should only be done if it does not interfere with the process.

Survivors of Suicide – Rules for The Group Members

1. *Confidentiality:* “What’s said in the group is kept in the group.”
2. *Time:* 90 minutes for group discussion. 30 minutes for wrapping up the discussion and reviewing the activities for the next week.
3. *Safe environment:* Respect other people’s rights to express their point of view and their feelings.
4. *Leaving:* If someone needs to leave the room, please talk to a leader before leaving.
5. *Absences:* Contact one of the leaders if you will miss a session.

Reading List

- **After Suicide Loss: Coping with Your Grief** by Bob Baugher and Jack Jordan
- **No Time to Say Goodbye: Surviving the Suicide of a Loved One** by Carla Fine
- **When Bad Things Happen to Good People** by Harold S. Kushner (this is general rather than specific to suicide loss, but many find it helpful)
- **Why People Die by Suicide** by Thomas Joiner (a meld of science and personal experience)
- **History of a Suicide: My Sister's Unfinished Life** by Jill Bialosky
- **I'm Sorry for Your Loss: Hope and Guidance in Managing Your Grief** by Lillian L. Meyers, PhD (a local psychologist)
- **My Son...My Son: A Guide to Healing After Death, Loss, or Suicide** by Iris Bolton
- **Voices of Healing and Hope: Conversations on Grief after Suicide** by Iris Bolton