



**Office of Alcoholism and
Substance Abuse Services**

**Office of
Mental Health**

Postvention:

**The impact of suicide and overdose on
professional caregivers**

Thursday, September 19, 2019

Presenters

Silvia Giliotti, PhD, Suicide Prevention Office Director of NYC Operations

Susan Snyder MSEd, CASAC OASAS Learning and Development Unit

Brigette Hartman-DeCenzo, LCSW; OASAS Director, Prevention Programs Division of Prevention

Garra Lloyd-Lester; Director, NYS Suicide Prevention, Community Initiatives



OASAS Response

- **OASAS Certified Provider input**
- **Cross agency workgroup**
- **Workforce Survey**
- **Guidance documents**
- **Learning Thursday presentation**
- **Postvention curriculum**



OASAS Guidance Documents

- Clinical Response Following an Opioid Overdose:
A Guide for Managers
- Overdose Prevention and Response in Behavioral
Health Settings
- <https://www.oasas.ny.gov/workgroup/tm/index.cfm>
- Curriculum: Opioid and Suicide Loss in the
Behavioral Health Workplace



Impact of suicide on professional caregivers

- Loss of client to suicide is not uncommon. One in five psychologists (Bersoff, 1999) and one in two psychiatrists (Ruskin, 2004) experience suicide of a patient
- Suicide of a client impacts 15,000+ clinicians/yr (Luoma et al., 2002)
- ‘Most profoundly disturbing event of their professional careers’ (Hendin et al., 2000)
- Less experienced clinicians more likely to experience suicide of a client (Chetomb et al., 1988)
- Several studies found that clinicians considered leaving the field, or stopped treating potentially suicidal patients
- Concerns about litigation often exacerbate the pain caused by the loss itself



Impact of suicide on professional caregivers

- Many report a pattern of isolation and discomfort with colleagues who, implicitly or explicitly, express concerns about their competence (Quinett, 2008)
- Usual grief rituals that facilitate healings and processing (for ex gathering with others who knew the deceased) are usually not available to clinicians. This often increases both personal and professional isolation (Doka 2002)
- Clinicians' reactions are similar to suicide loss survivors' responses after the suicide of a loved one: initial shock, denial and numbness, intense sadness, anger and intense distress, PTSD symptoms (intrusive thoughts, detachment, dissociation)
- Clinicians can experience 'twin bereavement': in addition to the personal grief reaction, the loss can impact their professional identity and their relationship with colleagues and their clinical work (Plakun & Tillman, 2005)



The Impact of Suicide on Professional Caregivers: A Guide for Managers and Supervisors



Suicide Prevention Office

The Impact of Suicide on Professional
Caregivers: A Guide for Managers and
Supervisors

January 2019

This guide is dedicated to
Fred Meservey
the first Director of the Suicide
Prevention Center of New York, and
a survivor of suicide loss

https://www.omh.ny.gov/omhweb/suicide_prevention/omh_postventionguide.pdf



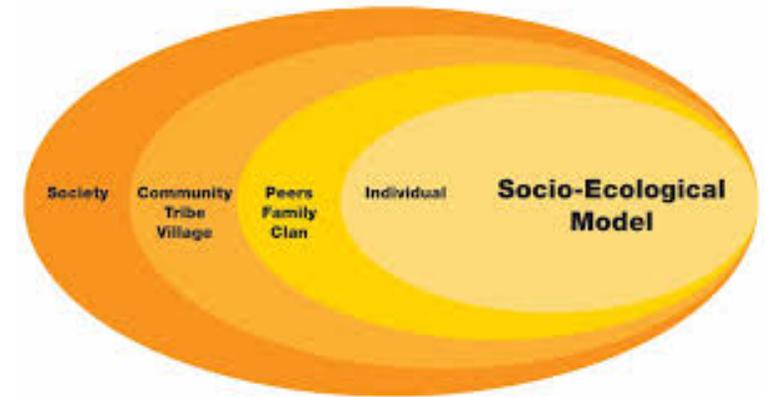
Part I: Overview

The document was developed as a collaboration between the New York State Office of Mental Health's Suicide Prevention Office and the New York State Office of Alcoholism and Substance Abuse Services (OASAS), and it mirrors in language and content OASAS' Clinical Response Following Opioid Overdose: A Guide for Managers [3]. We are grateful to Brigette Hartman-DeCenzo and Crystal Hewitt-Gill of the Learning and Development Unit, who have shared their work with our team.



Part II: Postvention

- **Frist response: staff debriefing & tips for conducting a successful debriefing**
- **Supporting staff members**
- **Supporting other clients**
- **Supporting children and adolescents**
- **Ecological model**



Part II: Postvention

- **Suggested memorial service guidelines**
- **Grief after suicide loss**
- **Self-care for clinicians**
- **Screening tools and clinical interventions for service recipients**
- **Contact with family members**
- **Attending the wake or funeral service**
- **Confidentiality**



Part III: Additional Considerations

- Legal and ethical considerations
- What do the regulations say
- Federal regulations
- State regulations: NYS Justice Center and OMH requirements
- Release of medical records
- Next steps



Part III: Additional Considerations: Next Steps

- Develop a postvention plan with the help of a multi-disciplinary team representing a variety of programs, services, and departments
- Health and behavioral health organizations might decide, or be required, to review current suicide prevention practices
- AAS Clinician Survivor Task Force recommends waiting 3-4 months before asking employees to engage in suicide prevention training activities
- Become familiar with NYS suicide prevention plan, modeled on the adoption of the Zero Suicide framework: *‘a system-wide, organizational commitment to patient safety and to the safety and support of clinical staff, who do the demanding work of treating and supporting suicidal patients.’*



**Review of pilot workshops,
OASAS postvention
guidance document,
preliminary participant
feedback and next steps**



Training Objectives

- Provide an overview of traumatic death rates and specific considerations for behavioral health workers, with emphasis on suicide and overdose
- Identify suicide and overdose risk factors
- Identify risk management strategies in the behavioral health population
- Identify, define, and clarify the steps in the Zero Suicide (ZS) Initiative
- Define traumatic loss, identify types of traumatic loss and traumatic reactions



Training Objectives

- Identify the psychological and behavioral symptoms of grief in behavioral health workers, including vicarious traumatization and burnout
- Identify the specific considerations of multiple client losses in a short span of time (e.g., suicide contagion or mass overdose fatalities), with respect to impact on staff members
- Identify self-care and coping strategies for behavioral health workers
- Identify steps and strategies to a successful staff debriefing
- Identify comprehensive postvention strategies for agencies experiencing high rates of traumatic loss



OASAS and OMH 2019 survey

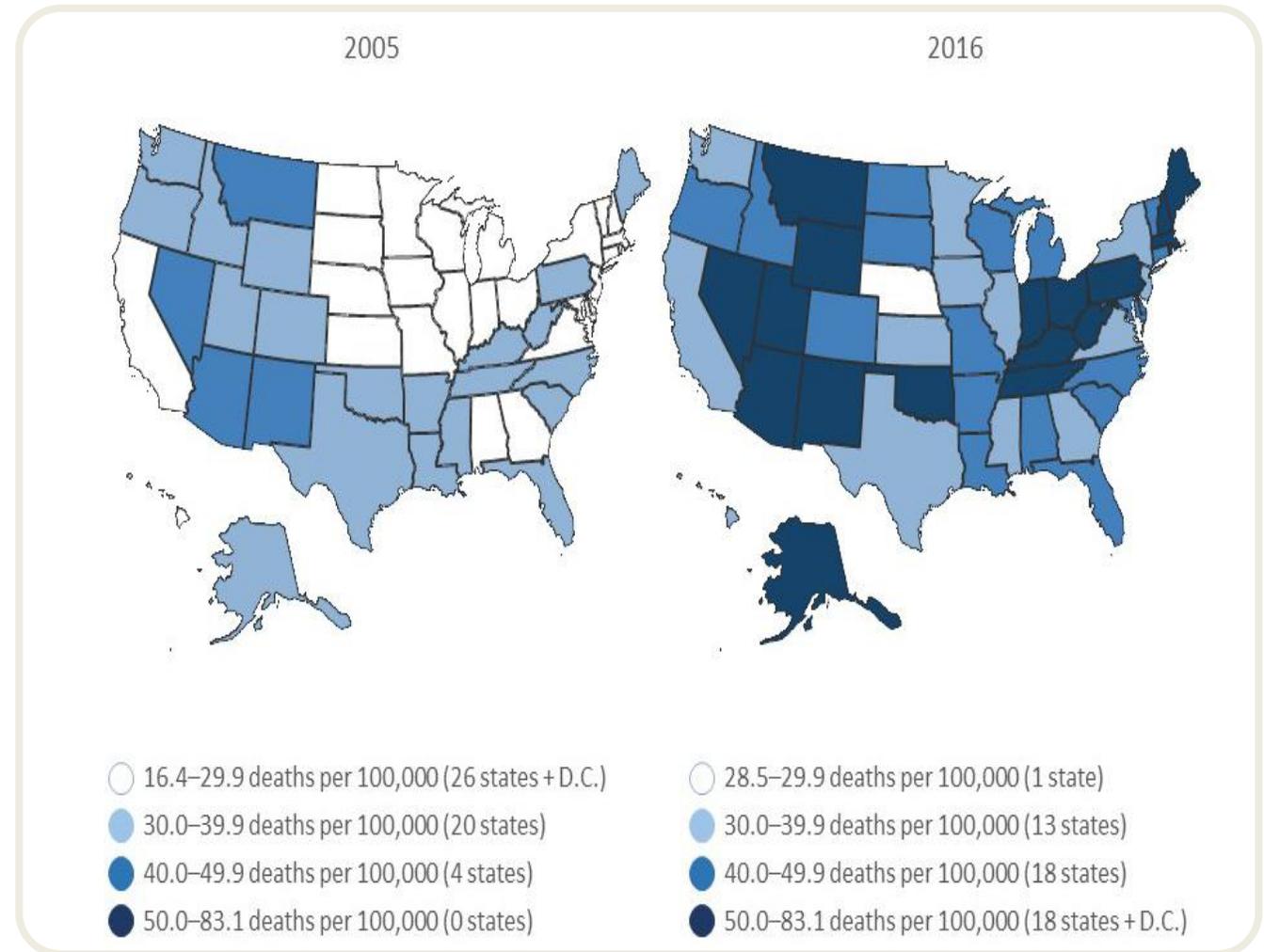
Of the 1,011 respondents:

- Over 70% of professionals have experienced unexpected patient losses attributable to overdose death, suicide, or other traumatic loss
- Over 50% stated the need for additional postvention support
- Over 25% stated a need for prevention support



Deaths of Despair

The term “**deaths of despair**” was coined to describe the recent phenomenon of premature deaths to three causes: medical issues secondary to alcohol abuse; overdose; and suicide. The effect has been so significant that it has *shortened life expectancy rates among the middle-aged population in the United States.*



Opioids and Suicide

Opioid use disorder and injection drug use are associated with a more than 13-fold increased risk for suicide death (source: Drug and Alcohol Dependence)

Suicides by poisoning are often misclassified as unintentional drug overdoses. The presence or absence of a suicide note often determines the death classification

Research has indicated that suicide deaths may be vastly underreported as unintentional overdose



Cross walking Zero Suicide with Overdose Prevention and Risk management

- Comprehensive overdose prevention requires the investment and effort of the whole agency
- Overdose risk should be assessed and reassessed throughout the treatment episode, as part of the overall care plan
- We can reframe overdose as a public health crisis with tangible and effective strategies to combat its effects
- Understand the core components of Zero Suicide
- Develop agency buy-in for overdose prevention
- **Participants get a chance to develop a draft plan for their agency**



Day II Content

- **Grief Overview/Activity/Ball of grief**
- **Types of death**
- **Traumatic Loss**
- **Clinician Survivors: Frequency, Impact, Clinical Implications, Needs**
- **The Ambiguous Death and Death from Overdose**
- **Post Traumatic Growth**
- **Protocols**
- **Burnout and Self Care**



Disenfranchised Grief and the Clinician-Survivor

- The term “disenfranchised grief”, coined by grief researcher Ken Doka, is used to describe a loss that is:
- Not openly acknowledged, socially permitted, or publicly grieved (for example, a therapist grieving the loss of a client).
- Disenfranchised grief can also be experienced in the case of a death that is not deemed to be “sympathetic” or socially acceptable (overdose, suicide, etc.)
- <https://preventsuicide.lacoe.edu/about/survivors-of-suicide/media/nina-gutin/disenfranchised-grief.html>



Clinician-Survivor

- **The term “Clinician-Survivor” was coined by the American Association of Suicidology to describe clinicians who have experienced the traumatic loss of a client. Because of stigma, liability, and lack of public support, clinician-survivors may not have outlets to address and acknowledge their grief.**
- **There are approximately 15,000 new clinician survivors of suicide per year (Weiner, 2005).**



Additional Day II topics:

- **Considerations for Clinicians Processing a Loss**
- **The Indeterminate (Ambiguous) Death**
- **Grief Considerations for Clinicians**
- **Factors that Can Impact the Grief Response**
- **Myths Surrounding Clinician Grief**
- **Stress Versus Burnout**
- **Reframing traumatic loss as potential for growth AKA Post-traumatic Growth**
- **Authentic Self-care and Coping**
- **Participants get a chance to develop draft Overdose Postvention Protocols**



Resources for Overdose Risk Management

Evidence based strategies to combat the potential for opioid overdose

<https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>

The Harm Reduction Coalition offers trainings and informational sessions on reducing the risk of fatal overdose and communicable diseases

<https://harmreduction.org/>

A webinar about Fentanyl, including how to talk to clients about Fentanyl use

<https://harmreduction.org/wp-content/uploads/2019/01/Fentanyl.Clients-Webinar.pdf>



Resources for Clinicians who have lost a client to Overdose

- [Tools of Public Health Workers:
https://sites.google.com/a/personalgriefcoach.com/ucs/overdose-deaths/support-system/post-fatality](https://sites.google.com/a/personalgriefcoach.com/ucs/overdose-deaths/support-system/post-fatality)
- <https://sites.google.com/a/personalgriefcoach.com/ucs/offerings/nnlm>

Webinar about grief after an overdose death

- <https://www.ambiguousloss.com/about/>



Resources for Clinicians who have lost a client to suicide

American Association of Suicidology:

<https://www.suicidology.org/suicide-survivors/clinician-survivors>

http://mypage.iu.edu/~jmcintos/therapists_mainpg.htm

American Foundation for Suicide Prevention:

<https://afsp.org/>

Centers for Disease Control:

<https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf>



Suicide Risk Assessment Tools (source: SAMHSA)

Screening and Assessment Tools

- [SAFE-T \(Suicide Assessment Five-Step Evaluation and Triage\)](#) developed for mental health professionals, identifies risk and protective factors, inquires about suicidal thoughts, determines risk levels, and makes recommendations for intervention and follow-up.
- [Patient Health Questionnaire](#) is the most common screening tool to identify depression. Question 9 screens for suicide.
- [Columbia-Suicide Severity Rating Scale \(C-SSRS\)](#) assesses for suicide risk.
- [Suicide Behaviors Questionnaire](#) assesses suicide-related thoughts and behaviors.
- [Suicidal Ideation Questionnaire](#) assesses the frequency of suicidal thoughts in adolescents and may be used to evaluate or monitor troubled youths.
- [Quick Guide for Addressing Suicidal Thoughts](#)



Additional Suicide Prevention Resources

“Suicide Prevention in Substance Use Disorder Treatment” on the OASAS Learning Thursdays portal

https://players.brightcove.net/2886492229001/default_default/index.html?videoId=5743110352001

Substance Abuse and Mental Health Services Administration (www.samhsa.gov)
Suicide Prevention Lifeline <https://suicidepreventionlifeline.org/our-crisis-centers/>

Resource for clinicians (SAMHSA):

<https://www.youtube.com/watch?v=NAIMnDQXfLo>

<https://save.org/about-suicide/preventing-suicide/reducing-access-to-means/>



Additional Suicide Prevention Resources

Suicide Prevention Center of NY <https://www.preventsuicideny.org/>

Suicide Loss of a Patient or Client

<https://www.preventsuicideny.org/providers-health-care-systems/>

NYS Crisis Text Line toolkit

https://www.omh.ny.gov/omhweb/suicide_prevention/omh-ctl-toolkit.pdf

Crisis Text Line <https://www.crisistextline.org/>



Resources on Self-Care and Post-Traumatic Growth

- Link to ReSolve: A Guide to Post Traumatic Growth

<https://www.youtube.com/watch?v=n4bg0spacmw>

- Laura van Dernoot Lipsky

[*Trauma Stewardship*](#)

[*Standing at the Edge*](#)

Roshi Joan Halifax

- <http://traumastewardship.com/watch/#ted>
- <http://socialwork.buffalo.edu/resources/self-care-starter-kit/developing-your-self-care-plan.html>
- https://www.emdrhap.org/content/wp-content/uploads/2014/07/VIII-B_Post-Traumatic-Growth-Inventory.pdf





- *Train the Trainer component for OASAS workforce underway*
- *Exploration of how best to adapt content for OMH clinical workforce and be able to deliver in an efficient and cost effective manner*
- *Exploration of mechanism(s) to maintain connections and support for clinicians impacted by traumatic loss*
- *What ideas and questions do you have?*



Acknowledgements

A special thank you to Dr. Vanessa McGann and Franklin Cook for their contributions to the development of this training curriculum.

