



ARMY RESILIENCE DIRECTORATE



SUICIDE POSTVENTION

UNIT COMMANDER'S HANDBOOK

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Unit Commander's Suicide Postvention Handbook

This handbook provides guidance to Commanders to help them effectively lead their units through suicide postvention activities. Postvention refers to a range of activities following a suicide and is a part of the overall spectrum of suicide prevention. This guide will support Commander-led efforts to reset the readiness of the unit through identification of the key tasks and resources required to execute an effective suicide postvention process that destigmatizes the tragedy, operationalizes the aftermath, and promotes individual and unit recovery.

What is Suicide Postvention?

Postvention consists of the structured activities following a suicide attempt or death by suicide that promote recovery and healing among those affected. Postvention includes support to the bereaved, but also assistance to anyone whose risk of suicide might increase in the aftermath of suicide behaviors. Postvention efforts enhance suicide prevention by providing behavioral health, spiritual, and community support services to individuals affected. A Commander's adherence to structured postvention activities and collaboration with subject matter experts in the medical, behavioral health, and community support services are critical components that help meet postvention objectives.

This guide will provide tips, techniques, and practices to meet two of the three postvention objectives:

- 1) Set a foundation for healthy grieving and facilitate healing of individuals and the unit.
- 2) Prevent other negative effects of exposure to suicide through identification and referral of those most at risk for behavioral health concerns, including suicide behaviors. Similar to grieving the loss of a Soldier in combat, the primary, long term objective of the postvention process is to return the unit to its state of readiness prior to the event.

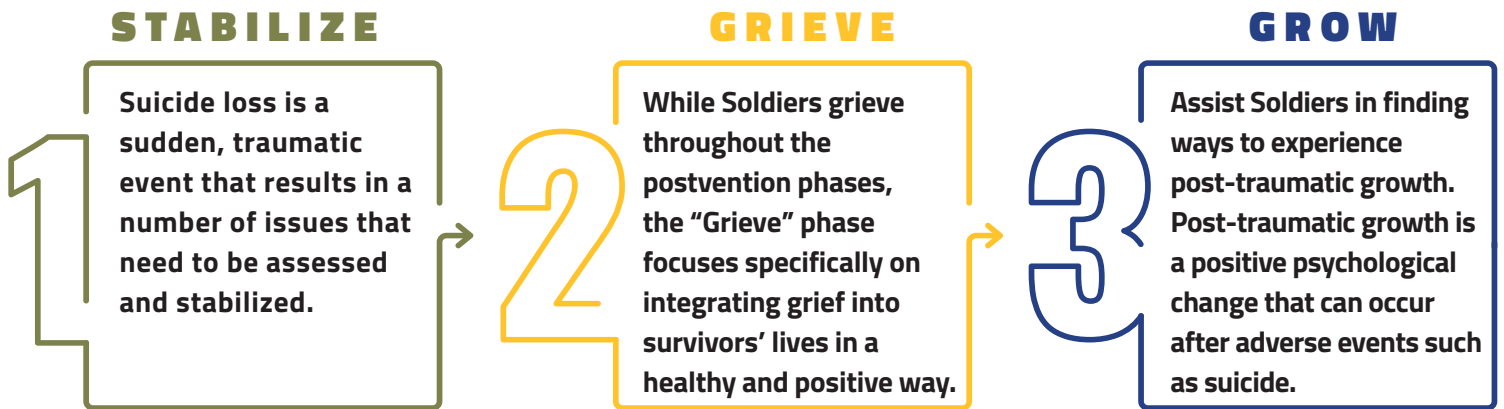
The third objective of postvention is to safely memorialize the deceased, and is covered in AR 600-20, Chapter 5-7.

Soldiers benefit from an active postvention approach where support and resources (for example, grief counseling, support groups, and peer mentoring) are offered directly and as soon as possible following a death or a suicide attempt - within hours, if possible and appropriate. Commanders should consult their Installation Director of Psychological Health, unit assigned Behavioral Health Officer (BHO), or assigned Embedded Behavioral Health team for specific support and approaches after a suicide attempt. Proactive postvention can help confront and stabilize any suicide-specific issues among Soldiers.

Commanders should examine their own beliefs and assumptions about suicidal behaviors, as their thoughts and feelings toward suicide can, unintentionally or intentionally, influence communication about the death and the nature of their interaction with survivors. Every interaction with a Soldier affected by suicide behaviors is an opportunity to support and advance their healing and provide them hope. Leaders need to actively engage Soldiers early (within 48 hours of the death) and throughout the postvention process so that they receive the support they need.

Three Phases of Postvention

These phases have key concepts and actions to assist Commanders move from Stabilize, through Grieve, and ultimately to Grow.



Commanders will take the following actions after a suicide to guide their unit through the three postvention phases.

Stabilize Phase:

Set the foundation to promote recovery and minimize risk.

Conduct official notification.

- a. Contact the local Provost Marshal/ Criminal Investigation Division (CID) or civilian law enforcement.
- b. Obtain information from the Judge Advocate General and CID on jurisdiction of the scene and medical investigation.
- c. Notify the Chain of Command IAW local Commander's Critical Information Request (CCIR)/ Serious Incident Report (SIR) requirements.
- d. Commander's G1/S1, or designee, notifies the Casualty Assistance Center, which initiates the casualty notification and assistance process (AR 638-5). Note that the official cause and manner of death may take a year or longer to determine. Until this information is officially determined, Casualty Assistance Officers use other terms such as "apparent self-inflicted wound."
- e. Within the first 24 hours, complete section 1 of the Commanders Suspected Suicide Event Report (CSSER-DA Form 7747 in accordance with AR 600-63 and DA PAM 600-24).

Activate Suicide Response Team (SRT).

The Commander will contact the installation Suicide Prevention Program Coordinator who will activate the SRT within 48 hours of a death by suicide. Its function is to assist and advise the Commander as they assess the situation, determine appropriate courses of action, and direct immediate inter-agency and inter-staff actions required of installation resources beyond the purview of the affected unit Commander.

- a. **Unit notification and assessment.** In the event of a suicide death, consult with unit assigned Casualty Assistance Officer (CAO), Behavioral Health Provider (BHO or EBH) and unit Chaplain to prepare an announcement to the unit. An effort should be made to notify unit members directly affected by the death in person, in a timely manner, and before others, while respecting the next of kin (NOK) notification. Commanders should request assistance from Chaplain and Behavioral Health Services to assist individuals in the unit with grieving and provide support to individuals impacted by the suicide. Consider having these resources available at the time of notification, when feasible and necessary.
- Consider the following when making the announcement: State that there was a death and that it is apparently self-inflicted. Use the Soldier's name in your announcement only if the NOK notification has been made.
 - » 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.
 - Consider expressing these themes:
 - » Express sadness for the loss and acknowledge the grief of the survivors.
 - » 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 Soldier may have had a number of negative thoughts and emotions that led to suicide.
 - » Underscore that help is always available.
 - » Reiterate to the audience to seek assistance when distressed, including those who are presently affected by the suicide death.
 - » Encourage Soldiers 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.
 - All leaders and Soldiers should 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. Trauma related to the death may need professional treatment and care.
 - With the assistance of other leaders, Commanders should 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.
 - Consider if there are Temporary Duty and deployed fellow unit members who should be notified of the death in a timely manner.
 - Notify the Soldier's previous unit of the death, especially if the deceased was a member of the current unit for less than 60 days.
- b. **Coordinated and comprehensive community response.** The members of the SRT represent unit assets (i.e. Chaplain), medical, behavioral health and community agencies with subject matter expertise in supporting the Commander and Soldiers with suicide behaviors. The SRT members will:

- Identify compassionate means to assist first responders and bereaved in the handling of practical matters to include cleaning and restoration of the death scene, handling the deceased’s personal effects, notification of friends, etc. Helping Soldiers affected by the loss deal with these pragmatic issues can be valuable.
- Identify support services available to the unit and advise the Commander when to use them, how to deploy them, and which Soldiers would benefit from receiving them.
- It is also important to note that an increase in suicide behaviors (suicide contagion) is a serious concern. All media coverage and messages of a fatality related to suicidal behavior should be carefully constructed to minimize risk. Review the responsible media reporting (safe messaging) guide. https://www.mentalhealth.va.gov/suicide_prevention/docs/safe_messaging_best_practices.pdf
- Provide for support of the bereaved. The legacy of stigma connected to suicide and behavioral health may result in social awkwardness, silence, and inaction which could reinforce isolation. Be mindful of the availability (i.e. time) and settings to target resources for support.

The below figure is a sample list of unit and installation resources the SRT can mobilize to support unit Commanders. Activities that enhance resilience skills within these five dimensions can build capabilities required to increase personal readiness and resilience.

Unit and Installation Resources

EMOTIONAL READINESS	PHYSICAL READINESS	SOCIAL READINESS	FAMILY READINESS	SPIRITUAL READINESS
<ul style="list-style-type: none"> ▪ Embedded Behavioral Health (EBH) ▪ Military Family Life Counselors (MFLC) ▪ Substance Use Disorder Clinical Care (SUDCC) ▪ Military OneSource ▪ Primary Care Manager (PCM) ▪ InTransition Program ▪ Employee Assistance Program (EAP) ▪ R2 Performance Centers (MRT-PEs) 	<ul style="list-style-type: none"> ▪ R2 Performance Centers (MRT-PEs) ▪ Holistic Health and Fitness (H2F) ▪ Army Wellness Centers (AWC) ▪ Ready and Resilient (R2) 	<ul style="list-style-type: none"> ▪ Alcohol and Substance Abuse Program (ASAP) ▪ Sexual Harassment/ Assault Response and Prevention (SHARP) ▪ Equal Employment Opportunity/Equal Opportunity (EEO/EO) ▪ Sponsorship ▪ Transition Assistance Program (TAP) ▪ Army Community Service (ACS) ▪ Transition Assistance Program ▪ R2 Performance Centers (MRT-PEs) 	<ul style="list-style-type: none"> ▪ Family Advocacy Program (FAP) ▪ Military and Family Life Counseling (MFLC) program ▪ Soldier & Family Readiness Groups (SFRG) ▪ Child and Youth Services (CYS) ▪ Child Development Centers (CDC) ▪ Strong Bonds ▪ Exceptional Family Member Program (EFMP) ▪ Army Community Service (Employment and Financial Readiness) 	<ul style="list-style-type: none"> ▪ Unit Chaplains ▪ Family Life Chaplains ▪ Community Spiritual/ Religious Organizations

Supporting Unit Commanders

- c. **Reduce risk.** Some potential command support actions to reduce risk include but are not limited to: ask Soldiers to voluntarily secure weapons until risk subsides, restrict duty assignments based on current medical condition, restrict access to military weapons, conduct an inspection of barracks to remove hazardous items, and encourage periodic check-ins with Soldier.

Initiate death investigation.

Commanders, in accordance with AR 638-8, will initiate an investigation of death and appoint a 15-6 officer to conduct the investigation. The Commander should obtain information from the Judge Advocate General and Criminal Investigation Office on jurisdiction of the scene and medical investigation. Normally, local medical examiners have medical incident authority in these cases but some locations may vary.

Grieve Phase:

Move away from focusing on the cause of death and to emphasizing the life lived and service of the deceased. Take action to facilitate and support healthy grieving.

1. **Increase leadership engagement, formally and informally.** Formal actions should include 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. Informal actions include engaging with personnel and communicating messages of support and information. Initially, leadership presence should be fairly intensive, and gradually decrease over the next 30 days to a tempo you find appropriate.
2. **Encourage unit members to seek assistance when distressed, and to message that seeking help is a sign of strength.** When encouraging unit members to seek assistance, do the following:
 - Express sadness for the loss and acknowledge the grief of the survivors.
 - Emphasize that suicide is multi-factored and does not occur as a result of one thing or event. Suicide is not selfish or revengeful.
 - Underscore that help is always available, and provide a list of local resources. Reiterate to seek assistance when distressed.
 - Encourage Soldiers and unit 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 reminder of warning signs for suicide.
3. **Command teams should be familiar with the following information that people bereaved by suicide are likely to find helpful:**
 - Grief in general and what the experience and evolution of mourning is like.
 - Common reactions to suicide loss, such as intense grief, trauma symptoms, guilt, and preoccupation with why the suicide behavior occurred.
 - Physiological responses, such as sleep disruption, appetite loss, and difficulty concentrating or making decisions.
 - Severe or long-term reactions such as depression, increased anxiety or hypervigilance, a changed view of the world, strain in interpersonal relationships, and the possibility of post-traumatic growth.
 - Contact information for programs, services, and treatment.

4. **Make it a priority to assist affected unit members in identifying and connecting with bereavement resources.** Commanders should provide space and time for bereavement and grief in order to help their unit members. 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 utilize their services if they choose, thereby providing an active postvention approach and increasing ease of access to resources for those unit members who need it.
5. **Balance the need to grieve and access grief resources with the unit's return to the mission and operational readiness.** Allow sufficient time to grieve and facilitate access to behavioral health resources. As a leader, use your best judgment in determining what and when this return to routine is appropriate and healthy.
6. **Unit Memorial.** The unit memorial is the responsibility of the Command. Its purpose is to assist the Soldiers in the unit in dealing with the realities of death by giving them a means to express their grief, express and receive condolences, and begin the healing process.

Strive to:

- Conduct the memorial in the same manner you would any other memorial.
- Invite the family. 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. The focus of this message is primarily on grieving unit members. As such, consider a private setting to meet with and comfort Family members prior to the memorial.
- Memorialize the deceased by saying the deceased's name, and talking about the Soldier'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.
- Deliver the right message at the memorial service to potentially decrease the suicide risk of those receiving the message. Review responsible media reporting/safe messaging: https://www.mentalhealth.va.gov/suicide_prevention/docs/safe_messaging_best_practices.pdf

As previously stated, all media coverage and messages related to the memorial event should be carefully constructed to minimize risk of suicide contagion.

7. **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.

Growth Phase:

An emphasis on the following activities can help survivors grow, build unit cohesion, and instill a culture of help-seeking. These can include individual and/or group interaction, discussions, and/or knowledge building. Postvention efforts in the growth phase usually include efforts to foster and sustain unit cohesion and reduce rumors and/or false narratives.

Develop skills:

Surviving Soldiers may strengthen or develop skills for dealing with stress or traumatic events. Living through a trauma may provide Soldiers with the evidence they need to realize they can be resilient by encouraging candid insights and self-discovery to promote individual, group and/or unit reflection.

Build cohesion:

The experience of coping with a suicide loss may strengthen relationships that survivors have with others in the unit and leaders can emphasize the goal of building unit cohesion. Surviving Soldiers may also build strong bonds with others who have experienced a similar type of loss.

Additional techniques can help leaders promote the growth phase (as adapted from ATP 6-22.5 A Leader's Guide to Health and Fitness)

- Remain flexible and adaptive.
- Mitigate secondary trauma by minimizing vivid descriptions of the deceased's physical condition or means of death.
- Normalize common reactions and reinforce mutual support between team members.
- Affirm shared thoughts, reactions, and grief responses.
- Reinforce respect and recognition of grief reactions in others.
- Mitigate second-guessing or speculation on actions that may or may not have made a difference.
- Normalize the blaming of self or others.
- Emphasize suicidal intentions are not always predictable or evident.
- Stress the value of establishing a trusted and shared support system within the unit.

The postvention response can be complex and Commanders have assets at their disposal to assist in the effective implementation. Utilize the installation suicide prevention program manager, Chaplain, Behavioral Health provider, or others mentioned in this unit Commander's guide.

Appendix: Supplemental Information on the Grieving Phase

Grief is a highly complex but normal and natural human response to the death of a loved one. When the death is sudden, unexpected, and potentially traumatic, as in a death by suicide, the grief process can become complicated by blame, guilt, shame, and anger. Leadership in times of crisis is always an opportunity to reinforce and build trust, confidence, and unit cohesiveness. Feeling cared about and supported in the immediate aftermath of a traumatic event is hugely important in the healing and recovery process. The positive outcomes of this response can contribute to an overall stronger, more cohesive, engaged, and productive unit climate.

Commanders should:

Be aware of what types of unit productivity concessions may be made the first couple of days (lightened duties, funeral attendance, etc.)



Lead from the front by walking around, being visible and checking in with Soldiers.



Help find the right balance between commemorating the deceased, and avoid memorializing the death in a dramatic or glorified fashion.



Be a role model for healthy grieving. Acknowledge and communicate coping strategies for dealing with the loss of a fellow Soldier.

Below is a list of common reactions to loss, the indicators, and resources that Commands can utilize to support the grieving process:

Grieving Reactions

Common Reactions	Indicators	Resources
Sleep Disruption	Difficulty falling asleep and staying asleep	Behavioral Health; Chaplain; Military Family Life Counselor (MFLC)
Appetite Changes	Loss of appetite; weight loss, weight gain	Primary Care Manager; Behavioral Health; Chaplain
Changes in Mental Functioning	Difficulty concentrating, making decisions	Behavioral Health; MFLC; Chaplain;
Complicated Grief	Prolonged period of intense and distressing emotion and difficulty functioning in everyday life	Behavioral Health; Military Family Life Counselor (MFLC); Chaplain
Substance Abuse Issues	Alcohol, drug, and/or prescription misuse	Army Substance Abuse Program, Behavioral Health, SUDCC
Blame and Guilt	Frequent reflection on the time leading up to the loss and thinking about "what if" or "if only" scenarios; mistakenly blame themselves or others for not doing more to help their loved one	Behavioral Health; Chaplain; MFLC
Trauma Reactions	Intrusive thoughts, agitation, nightmares, avoidance	Behavioral Health; Chaplain; MFLC

References

1. A Manager's Guide to Suicide Postvention in the Workplace. Retrieved from: <https://suicidology.org/wp-content/uploads/2019/07/Managers-Guidebook-To-Suicide-Postvention.pdf>
2. Air Force Leader's Post Suicide Checklist. Retrieved from <https://www.resilience.af.mil/Prevention-Tools/>
3. AR 600-20, Army Command Policy, 24 Jul 2020, w/Administrative Revision 1 Sep 2020
4. AR 600-63, Army Health Promotion, 14 April 2015, w/Administrative Revision 11 March 2019
5. AR 638-8, Army Casualty Program, 7 Jun 2019
6. ATP 1-05.02, Religious Support to Funerals and Memorial Events, 27 Nov 2018
7. ATP 6-22.5 A Leaders Guide to Soldier Health and Fitness
8. DA PAM 600-24, Health Promotion, Risk Reduction, and Suicide Prevention, 14 April 2015
9. DA PAM 638-8, Army Casualty Program, 23 Jun 2015
10. Department of Defense. (2020). Postvention Toolkit for a Military Suicide Loss. Washington, DC. Retrieved from <https://www.dspo.mil/Portals/113/Documents/PostventionToolkit.pdf>
11. DoDI 1300.18, Department of Defense (DoD) Personnel Casualty Matters, Policies, and Procedures, 1 Jan 2008, w/Change 1, 14 Aug 2009
12. DoDI 6400.09, DOD Policy on Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm, 11 Sep 2020
13. DoDI 6490.16, Defense Suicide Prevention Program, 6 Nov 2017 w/Ch2 11 Sep 2020
14. FM 7-22, Holistic Health and Fitness, 8 Oct 2020
15. HQDA, G-1 Army Resilience Directorate (ARD) Ready and Resilient Resource Guide <https://www.armyresilience.army.mil/ard/images/pdf/leadership/ARD%20Ready%20and%20Resilient%20Resource%20Guide.pdf>
16. Responding to Grief, Trauma, and Distress After A Suicide: U.S. National Guidelines, 2015 <https://sprc.org/resources-programs/responding-grief-trauma-and-distress-after-suicide-us-national-guidelines>