Supporting Behavioral Health Providers: Creating Postvention Strategies for Healing After Losing a Client to Suicide

Introduction

For some behavioral health providers, the loss of a client to suicide is a deeply traumatic event. These providers may experience increased susceptibility to burnout, isolation, stigma, impaired coping strategies, a decline in professional confidence, complicated grief, and traumatic stress reactions.[2,5] As a result, some providers struggle with hyperarousal, characterized by symptoms like hypervigilance and difficulty concentrating, while others become despondent and avoidant when addressing client suicide risk.[5] These responses make it difficult for the provider to remain engaged during sessions and can result in impaired clinical judgment when supporting clients at risk for suicide.

In the absence of structured organizational postvention efforts, providers are more likely to experience diminished morale and increased stress responses when confronted with a client suicide loss, which can lead to a reduction in the quality of therapeutic support they are able to provide to clients, potentially contributing to poor client care outcomes. Compassionate, systemic postvention support from organizations and supervisors is essential to encouraging a culture of care, resilience, and responsibility.[3]

This fact sheet outlines emotional, professional, and organizational postvention strategies to help reduce the risk of disenfranchised grief (i.e., grief that is not socially validated) and professional impairment among providers who have lost a client to suicide. It also includes a list of resources. These strategies and resources are intended to guide behavioral health leaders in their efforts to offer meaningful postvention support to providers, strengthening providers' ability to engage in effective suicide prevention care with clients in the future.[1,4] Effective postvention protocols and practices require strategies that include care for the provider who has experienced the client suicide loss, support for the provider's clinical functioning, and efforts to strengthen postvention best practices.[1,3,5,6]

SAMHSA/CMHS Grant No. 1H79SM083028

Strategies for Offering Providers Emotional Support

Behavioral health leaders can use the following strategies to support providers' emotional wellness and ability to provide ethical care to clients.

To create a supportive space for providers to process loss and honor the client:

Normalize Emotions: Validate and normalize the provider's emotional responses and allow time for the provider to feel and process emotions such as disenfranchised grief, shame, guilt, uncertainty around professional competence, or confusion.[3,7]

Recognize Signs of Distress: Learn to recognize symptoms of emotional distress in providers and encourage help-seeking behaviors.[8,9]

Provide Spaces for Reflection: Designate a private physical space in the workplace for reflection where individuals or groups can process emotions without fear of judgment. Ideally, this designated space is accessible to providers any time they need it and distinct from communal breakrooms; this can help reinforce the space's intended use for provider self-care. Keeping self-care resources and tools in this space may also be helpful. Establishing a space like this can be a step toward creating a supportive work environment that helps providers prioritize self-care and promotes connectedness with peers and administrators.[7]

Quick Tip for Behavioral Health Leaders:

Support your team by offering flexible work options. A little flexibility can go a long way in reducing stress, showing empathy, and helping providers stay engaged.[1,2]

To promote access to self-care resources for providers:

Connect to Support Networks: Connect behavioral health providers to personal and professional support networks inside and outside the workplace.[10] Access to self-care resources, postvention programs, and psychological or spiritual support can improve the provider's quality of life beyond work, helping reduce burnout and disengagement. Studies demonstrate that a healthy work-life balance can help providers be stronger and more resilient on the job.[3]

Prioritize Well-Being: Leaders should work with providers to help them identify ways to manage their workloads effectively and ensure they are able to set aside time for professional growth through skills training. Prioritizing well-being and professional development can help providers feel more confident.[1,4,6,8,11]

Strategies for Supporting Providers' Professional Identity

Behavioral health leaders can use these strategies to support providers' professional identity after losing a client to suicide. In this circumstance, it is especially important to provide reflective case review and supervision.

Positive Supervision: Recruit staff with crisis response training who can demonstrate compassion, provide consistent support to providers, and help create a sense of safety and trust in the workplace. Experience in crisis response can be especially valuable when helping a provider navigate the ethical or legal complexities that often arise in cases of client suicide loss.[12,13]

Guided Supervision: Supervisors can help providers normalize and process the experience of losing a client to suicide by facilitating debriefings and structured discussions to help providers process critical incidents. Supervisors can also encourage providers to pursue professional growth through guided reflection and learning.[2,14,15]

Supportive Supervision: Approach provider participation in case reviews with care. Processes such as psychological autopsies or root cause analyses can inadvertently intensify feelings of guilt or self-blame among providers. Supportive and compassionate supervision helps providers identify areas of accountability without taking on blame, facilitates learning, identifies gaps in training, and improves prevention and postvention procedures.[2,3,16-18]

Immediate and Ongoing Support: Organizational administrators should begin offering support to a provider immediately after a suicide loss and continue for 6 to 12 months following the loss. Support should be structured and ongoing and it might include confidential peer support groups in which providers can safely share their experiences. Debriefing sessions should be held with the provider within 24 to 72 hours of the loss. These sessions allow the provider to reflect on the emotional impact of the loss and process their clinical interactions with the client prior to the client's death. Offering providers immediate and ongoing support can foster a supportive workplace community, encourage healing, and promote professional growth.[3,4]

Strategies Organizations Can Use to Support Providers

Behavioral health leaders can use these organizational-level strategies to implement best practice postvention protocols to help behavioral health providers cope after a client suicide loss.

Organizational Response: Implement a structured postvention plan. Clear communication between organizational leaders and providers is essential to successfully supporting providers after a client suicide. It is especially important to be clear about any administrative procedures related to the client's suicide, including chart and institutional reviews.[2]

Postvention Toolkit: Follow established suicide postvention best practices, including adopting or creating a postvention toolkit. The toolkit should facilitate a structured, systemic response to client suicide while simultaneously supporting the well-being of providers. Effective postvention toolkits outline plans for supervision, structured support, and access to resources to support the well-being of organizational staff and community members.[6] You can find postvention toolkit resources in the Resources section of this document.

Education About Client Suicide Loss: Integrate education about client suicide loss into staff onboarding and annual training. Include information about the statistical likelihood of client suicide loss and its potential impact on providers. Suicide postvention policies and protocols should be incorporated into institutional policy and procedure manuals.[2]

Strategies for Creating a Safe and Responsive Workplace

Behavioral health leaders can use these strategies to establish a culture of caring and create a supportive workplace in which postvention strategies can succeed.

Respond Thoughtfully: Respond compassionately to client suicide loss in a way that emphasizes the provider's emotional safety. It is important to offer providers formal post-suicide interventions that sensitively address the stigma that may accompany client suicide loss.[19]

Model Positive Behaviors: Assist providers in developing self-care behaviors and positive communication skills by modeling these attributes in daily interactions. Offer providers empathy and structure, especially in the days, weeks, and months after a client suicide loss.[20]

Provide Validation: Validate the potentially disparate emotions providers may experience after losing a client to suicide. Ensure staff leading debriefings and postvention supports have specialized training in crisis management. Providers with dialectical behavioral therapy (DBT) training may be particularly suitable to serve as group leaders because they have learned skills that can help them create consistent and structured debriefing protocols and challenge individual and group negative beliefs associated with client suicide loss (e.g., it's my fault, we didn't do enough).[21]

Promote Safe Messaging: Encourage all organizational staff to practice safe postvention messaging by using inclusive language (e.g., "we" instead of "you"). Creating a culture of shared ownership reduces provider isolation, self-blame, and stigma.

Resources

Websites

American Association of Suicidology (AAS): The world's largest and the nation's oldest member-based suicide prevention organization. It provides supportive resources to help providers navigate suicide loss and suicide bereavement.

American Foundation for Suicide Prevention (AFSP): Provides education, training, research, and support to survivors of suicide loss. The organization has suicide bereavement-trained clinicians ready to offer support and guidance.

Coalition of Clinician-Survivors (CCS): A coalition of clinician survivors who offer support, education, resources, and consultation to mental health providers who have experienced suicide losses in personal and/or professional relationships.

United Suicide Survivors International (United Survivors): A global organization that supports people with suicide-centered lived experience, including mental health providers affected by suicide loss, suicide attempts, and suicidal thoughts and feelings, as well as their friends and families.

988 Suicide & Crisis Lifeline (988 Lifeline): Offers crisis line services as well as a directory of supportive resources to help survivors heal after a suicide loss.

Uniting for Suicide Postvention: This U.S. Department of Veterans Affairs webpage offers resources that address the unique challenges providers may face following a client suicide loss. Sections focus on providers as suicide loss survivors, managing suicide loss, and provider-focused postvention resources.

Alliance for Hope for Suicide Loss Survivors: This survivor-led organization provides support for suicide loss survivors, including professionals who encounter or provide support to people bereaved by suicide.

After a Suicide Death: Postvention: This webpage from the New York State Office of Mental Health offers tips and resources to assist organizations in developing postvention plans and protocols and building relationships with providers and the community affected by a client's suicide.

Webinars

The Personal and Professional Impact of Suicide Loss: In this webinar, which is hosted by the Veterans Health Administration, providers discuss their experiences with suicide loss. The webinar addresses the impact client suicide loss can have on providers and the importance of self-compassion and peer support in creating space for processing grief and promoting healing following a suicide loss.

Clinical Mental Health Supervision After a Client Suicide: This webinar, hosted by NEOMED: Project Echo, addresses ways agencies and organizations can effectively prepare behavioral health providers to navigate client suicide loss. It includes a discussion of how clinical supervisors can offer providers trauma-informed support following a client suicide loss.

Supporting Clinicians in Suicide Loss: This webinar, hosted by the New York State Office of Mental Health's Suicide Prevention Center of New York, summarizes current knowledge about the personal and professional impacts losing a client to suicide can have on a clinician. It highlights many of the unique personal and professional issues clinicians may experience after such a loss, as well as factors that can facilitate clinicians' recovery and growth.

Healing After Suicide Loss, Postvention for Providers: This webinar, hosted by Strong Star Training Initiative, discusses the impact a client suicide death can have on providers, the importance of self-care after a client suicide loss, practical tips for showing support to providers, and information about postvention preparation planning and resources.

Podcast

When Your Client Dies By Suicide: This episode of the *Therapy Reimagined* podcast features an interview Dr. Nina J. Gutin, Ph.D., one of the co-founders of the Coalition of Clinician-Survivors. Topics covered include the emotional, professional, and systemic impact client suicide loss can have on a provider.

Postvention Toolkits

After a Suicide: Postvention Toolkit for Workplaces: This American Foundation for Suicide Prevention toolkit, designed for organizational leaders and human resource professionals, offers tools, templates, and guidance related to crisis response, communications, employee coping, and organizational healing following a suicide loss.

A Manager's Guide to Suicide Postvention in the Workplace: 10 Action Steps for Dealing With the Aftermath of Suicide: This National Action Alliance for Suicide Prevention guide designed for organizational leaders recommends clear and actionable steps for suicide postvention, including immediate, short-term, and long-term responses to help employees cope with the aftermath of a traumatic event.

Suggested Citation:

Suicide Prevention Resource Center. (2025). *Supporting behavioral healthcare providers: Creating postvention strategies for healing after losing a client to suicide* [Videos and fact sheet]. https://sprc.org/resources/supporting-behavioral-health-providers-creating-postvention-strategies-for-healing-after-losing-a-client-to-suicide/

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