

Postvention Plan for a Clinician Survivor of Suicide

A Structured Guide for Emotional Recovery, Ethical Support, and Professional Reintegration

Phase 1: Immediate Response (First 24–72 Hours)

Emotional & Safety Support

- Acknowledge the loss directly and privately with the clinician
- Ensure emotional safety and privacy – no forced return to work duties
- Offer immediate peer support or trauma-informed counseling
- Screen for acute risk: suicidal ideation, guilt, shock, or dissociation

Institutional Actions

- Temporarily reassign caseload, if needed, without stigma
- Avoid blaming language or interrogation-style questions
- Offer a dedicated point of contact for communication (e.g., clinical supervisor or wellness officer)

Phase 2: Short-Term Support (1–3 Weeks)

Psychological & Professional Support

- Schedule grief-informed therapy or clinical consultation
- Normalize feelings: shock, sadness, guilt, fear of litigation or judgment
- Provide structured supervisory check-ins (supportive, not evaluative)
- Validate the dual role: being a clinician and a human experiencing loss

Risk Mitigation

- Assess for survivor's guilt or complicated grief
- Review any safety concerns around the clinician's emotional health
- Encourage—but do not pressure—the clinician to talk with trusted colleagues

Phase 3: Reintegrating & Meaning-Making (3–8 Weeks)

Gradual Re-entry Support

- Offer options: phased return to work, modified caseload, telehealth days
- Co-create a reentry plan that includes scheduled breaks, supervision, and flexibility
- Encourage journaling, clinical supervision groups, or creative expression

Reflective & Ethical Support

- Facilitate a non-punitive case review focused on learning and closure—not fault
- If appropriate, support writing a letter to the patient (for emotional closure—not to be sent)

Phase 4: Long-Term Resilience (2–6 Months)

Professional Recovery

- Provide ongoing peer consultation or clinician survivor support groups
- Normalize emotional scars while affirming the clinician’s competence
- Encourage a personalized “Post-Loss Practice Plan” (boundaries, supervision, self-care)

Meaning-Making

- Support exploration of meaning, when and if ready:
- Clinical advocacy
- Mentoring peers
- Sharing story in writing, education, or research
- Offer involvement in institutional suicide prevention planning—only if welcomed

Guiding Principles for Leadership and Institutions

- Do not pathologize grief—honor it
- Preserve the clinician’s dignity and professional identity
- Communicate with compassion, confidentiality, and care
- Reinforce this truth: suicide is complex and never the sole responsibility of one clinician

Self-care for clinicians working with suicidal patients

A Practical Resource Sheet for Emotional Resilience & Sustainability

Why It Matters

Working with individuals experiencing suicidal crises demands clinical sharpness and deep emotional presence. Over time, this can lead to compassion fatigue, vicarious trauma, or emotional depletion. Intentional, sustainable selfcare is not optional, it's clinical self-preservation.

Cognitive Debriefing: Goal: Reduce isolation and moral distress.

- Form a peer group (24 clinicians) for biweekly emotional processing:
 - Validate emotional impact of recent cases
 - Practice quick cognitive reframing
 - Celebrate clinical wins, however small

Narrative Journaling: Goal: Reduce isolation and moral distress.

- Use storytelling to metabolize emotional complexity. Try:
 - Letters to your future self
 - "If I could speak from my patient's perspective..."
 - "What I learned this week about hope"

Micro Mindfulness (2-Minute Resets): Goal: Nervous system regulation throughout your shift.

- Between sessions:
 - 3 deep breaths with mantra: "I am grounded. I am enough."
 - Use a calming object (stone, photo, leaf) as a reset cue

Boundary Recovery Ritual: Goal: Reestablish healthy emotional distance.

- After intense sessions:
 - Close notes with a mantra: "Their pain is not mine to carry."
 - Light a candle or stretch for transition

Meaning Making Wall (Digital or Physical): Goal: Reinforce purpose and morale.

- Collect reminders of impact:
 - Thank you notes
 - Quotes that remind you why you do this work

Preservation Time: Goal: Reclaim rest as skill building.

- Protect 12 hours weekly (no notes, no emails). Use for:
 - Nature, music, drawing, sleep, nothingness

Reverse Supervision / Empathy Circles: Goal: Reignite your own value through another's eyes.

- Let fellow clinicians reflect on you:
 - "Here's what I saw in your work..."
 - "I admire how you..."

Digital Self-care Toolkit: Goal: Emotional first aid at your fingertips!

- Create a folder or app collection with:
 - "Bad day" music
 - Pep talks or inspirational videos
 - Voice memos reminding you why you're capable

"What Keeps Me Here" Practice (Monthly): Goal: Ongoing meaning-making and emotional hygiene.

- Reflect and record:
 - One moment that reminded me why I do this work
 - One moment that made it hard
 - One thing I'm still holding but plan to release

Final Note

You are not a sponge. You are a guide.
Your care for others deserves care of its own.
Post this sheet where you'll see it.
Adapt it.
Share it.
Live it.