Connect Suicide Postvention Training

Date: 2008 (For resources, this is the publication date. For programs, this is the date posted.)

Information
Type: Program/Practice, Education/Training Program
Organization: NAMI New Hampshire
Costs: Connect Suicide Postvention training can be provided in the following formats: Training - one day (six hours or customized) 30 participants, $3,000 plus travel. Training and Planning - two days. Day One is the six-hour curriculum above. Day Two applies Day One’s training to develop a postvention response plan. The interactive planning process empowers a community to create a comprehensive plan based on 15 key postvention protocols and in the context of their culture and resources. 30 participants, $6,000 plus travel. Train-the-trainer - three days. T4T can be provided for two sizes of groups: small (5-8 participants) $7,500 plus travel, or standard (9-16 participants) $10,200 plus travel. Up to 30 people may attend the first day in which the Connect postvention curriculum is presented. Combination: Prevention Planning and Train-the-Trainer - four days. This comprehensive format includes training, developing a response plan, and creating a team of local certified trainers. $10,500 plus travel for 5-8 to become trainers; $13,200 plus travel for 9-16 to become trainers. 30 participants can attend the two-day training/planning component in either sized group.

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Developed by NAMI New Hampshire, the Connect Suicide Postvention program increases the capacity of a community or organization to respond effectively to a suicide death in order to prevent additional suicides and promote healing for survivors of suicide loss. The shock and grief of a suicide goes well beyond immediate family and friends and can ripple throughout the community affecting friends, co-workers, schools and faith communities.

Connect postvention training uses a holistic, socio-ecological model that examines suicide in the context of the individual, family, tribe, community and society.

Connect has developed specific best practice protocols for social services, mental health and substance abuse, education, law enforcement, emergency medicine, faith leaders, and others. These protocols were created through statewide stakeholder groups and then reviewed by national suicide prevention experts. Connect training activities and materials are based on these protocols and were created in consultation with experts in training and suicide prevention, and then tested and evaluated.
Training includes interactive case scenarios, facilitated discussion, activities, written materials, PowerPoint presentation, and consultation. Connect staff welcome collaboration with organizations, tribes, and villages to customize the training to be culturally effective. Connect staff encourage and facilitate dialogue between service providers to build a comprehensive and consistent response to suicide based on best practices.

**Program Objectives**

After training, participants in Connect Suicide Postvention will have increased:

1. Understanding of how to coordinate a safe and supportive response to a suicide.
2. Knowledge of appropriate memorial activities, safe communication, and responses to media inquiries.
3. Understanding of how to reduce the risk of suicide-related phenomena (contagion, copy-cat, and pacts).
4. Understanding of the complexity of suicide-related grief for different age groups and over time.
5. Knowledge of strategies to encourage help-seeking, reducing stigma, and promoting healing for survivors.
7. Competency in how to recognize and respond to suicide warning signs in survivors and community members after a suicide.
8. Opportunities for networking, relationship building, problem solving and information sharing among participants.

**Implementation Essentials**

- Community support and resources to support postvention efforts.

**2012 NSSP Objectives Addressed:**

Objective 1.2: Establish effective, sustainable, and collaborative suicide prevention programming at the state/territorial, tribal, and local levels.
Objective 10.4: Adopt, disseminate, implement, and evaluate guidelines for communities to respond effectively to suicide clusters and contagion within their cultural context, and support implementation with education, training, and consultation.

**Populations:** Adults, Young Adults Ages 18 to 25 Years, Adults Ages 26 to 55 Years, Older Adults, Youth, Children Ages 12 and Younger, Adolescents, Survivors of Suicide Loss

**Settings:** American Indian/Alaska Native Settings, Schools, Middle School, High School, Behavioral Health Care, Outpatient Mental Health, Substance Abuse Treatment, Colleges and Universities, Faith Communities, Funeral Homes, Law Enforcement, First Responders

**Strategies:** Identify and Assist, Gatekeeper Training, Postvention

**Links within this resource**

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