

# **Recommended Guiding Principles for Effective Suicide Bereavement Support Groups**

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## Summary report

Between 2011 and 2012, the members of the AAS Suicide Bereavement Support Group standards workgroup engaged in an iterative process intended to develop guiding principles for suicide bereavement support groups in the United States. The workgroup's starting place was Lifeline Australia's "Towards Good Practice: Standards and Guidelines for Suicide Bereavement Support Groups" (Lifeline Australia, 2009 ), and this document could not have been created without reference to that seminal work.

These recommended guiding principles are, by design, less prescriptive than are the standards outlined by Lifeline Australia. The principles were composed using language and ideas that can be used by those interested in developing a group and/or improving the quality of an existing group—and they can serve as criteria for what one could reasonably expect in terms of the nature and quality of these groups.

### **Recommended Guiding Principles for Effective Suicide Bereavement Support Groups**

1.  Suicide Bereavement Support Groups (SBSG) have a primary mission of helping people affected by a suicide death cope with their grief.
  - The SBSG has a mission statement that is communicated to those who inquire about the group in advance of their participation. Efforts are made to communicate the mission to participants on an ongoing basis (e.g. announced at the start of a group, posted in the meeting room, etc.).
2.  The SBSG is guided by a statement of purpose that delineates, at a minimum, both the objectives of the group and the means or processes by which the group accomplishes its objectives.
  - The statement of purpose describes the group's function as distinct from therapy, counseling or crisis services.
  - Group attendance is exclusively reserved for those who are experiencing suicide bereavement.
  - The statement of purpose is made available to group members at each meeting in writing, is available online if possible, and/or is posted in the group's meeting room.
  - The parameters of the group are made known to all participants (e.g. meeting days and times; meeting format; and group norms, such as no smoking or alcohol; etc.).
3.  The SBSG is conducted based on the ethical principle of "First, do no harm". The group is facilitated in a way that promotes the basic safety and well-being of participants. Groups should operate with clear agreements between members (and leaders) that what occurs in group stays in the group and is not communicated to non-group members. The group's facilitator(s) ensure that reasonable steps are taken to accomplish these ends:
  - Facilitators make decisions that put the needs of all group members above the needs of any single individual member.

- Facilitators monitor their own ability to facilitate the group and, when appropriate, seek additional resources to assist their facilitation (e.g. support, training, consultation) to ensure group effectiveness.
  - Care is taken to respect value differences among members, consistent with the idea that it is not within the group's intent to change beliefs or impose values. This requires being respectful of individual differences in all actions within the group.
4.  When appropriate and necessary, the SBSG employs intake, referral, and exit procedures for group members. The primary purpose of these procedures is to ensure that those who attend the group can benefit from it and that an individual's participation will not affect the group in an adverse way. Care is taken to ensure that the needs of those who enter and leave the group are addressed in a way that considers both the individual's and the group's needs.
- Intake, referral and exit procedures are developed in consultation with those familiar with group process as well as the unique needs of people bereaved by suicide.
  - Facilitators maintain contact information (phone number, email, etc.) for those who attend the group in the event that follow-up after a group is warranted.
  - Any procedures for intake, referral, and exit are effectively communicated to group members.
5.  SBSG facilitators are adequately trained and sufficiently prepared to accomplish the objectives of the group.
- Group facilitators who are survivors of suicide should demonstrate an ability to facilitate a group process unimpeded by their own grief reaction. Many have found it takes a year or longer to be in this position.
  - Ideally, group facilitators have participated in a SBSG as a member prior to starting or facilitating a SBSG.
  - Facilitators have adequate training in the areas of group facilitation and suicide bereavement.
  - Facilitators clearly identify their role and/or affiliation (mental health professional, peer helper, etc.) at the beginning of group sessions, and effectively communicate the nature of their training and experience to new and existing members.
  - Facilitators have practical knowledge of suicide risk and know how to take the appropriate steps to address a suicidal crisis, including knowledge of area resources to assist in a crisis and how to make an effective referral (See Principle #7 related to referrals).
  - Facilitators for children/adolescent SBSGs have specific training and experience in working with children/adolescents and understand the impact of suicide on these groups.
6.  Interactions between SBSG members and facilitators are primarily within the group setting or related to the group. Whenever possible, care is taken so that interactions outside of the group do not compromise the facilitator's role in the group's or members' ability to participate in the group.
- Facilitators interact with members as appropriate to their role in the group and specific to protecting the group process.

- Facilitators direct members to constructively address needs or conflicts within the group itself, as appropriate, and refer individuals to other resources for concerns that are beyond the purpose or scope of the group.
7.  The group maintains access to and relationships with referral resources adequate to meet the needs of both those who become members of the group and those who need assistance other than what can be provided by a SBSG.
    - Care is taken to ensure that when a member's needs are beyond the scope of the group (e.g. a need for mental health or other professional resources), facilitators take steps to provide an appropriate referral to a qualified practitioner. This referral is made at the earliest opportunity, which may be prior to group participation.
    - Facilitators maintain and distribute a list of supportive resources to its members that includes 24-hour support resources (such as crisis hotlines), counseling services, etc. and have a working knowledge of these resources in advance of promoting them.
    - Effective referral practices are a part of the group's exit procedures.
  8.  Resources used by the SBSG—or about which the group provides information or access—include materials that are culturally appropriate for all members of the community served by the group.
    - Resources are reviewed by the facilitator in advance of distribution to group members, regardless of who introduces the resource.
    - When there is doubt about the appropriateness or usefulness of a resource, facilitators consult with others (suicide prevention organizations, subject matter experts, etc.) before using a resource.
  9. Facilitators have access to services and information to improve their effectiveness as group facilitators and to ensure their well-being as facilitators (See Principle #12 related to evaluation).
    - Facilitators regularly utilize support services that improve their ability to facilitate the group.
    - Facilitators self-monitor and seek resources as needed to reduce possible negative effects of group facilitation (e.g. burnout, compassion fatigue).
    - Facilitators regularly review their plans to continue to facilitate a group and address concerns to ensure their well-being and the well-being of the group and its members.
  10.  The organizational status or affiliation—as well as the leadership—of the SBSG are a matter of public knowledge, and the group operates based on clearly articulated policies and practices, especially those related to its governance and financial dealings.
    - Potential group founders or leaders seek a sponsoring agency or operate under the auspice of a mental health agency, hospital, hospice, religious institution, or crisis or suicide prevention center, thus strengthening their credibility and referral effectiveness.

- Groups are facilitated from a secular perspective, unless it is made abundantly clear in the group's promotional activities and literature as well as in its introductory material at the beginning of each meeting that it operates based on a religious perspective.
  - Though most SBSGs are offered without charge, when facilitators do charge a fee for group participation, care is taken to ensure informed consent of its participants and that fees are determined and collected in an ethical manner.
  - The group has a consistent contact phone number or email (and/or website) that is regularly monitored, where people can get information about the group (meeting times, etc.) Information related to accessing crisis numbers is made available via voicemail, email auto reply, etc. Any change to the group's meeting times, places or facilitation is communicated to its members in advance of a group meeting.
11.  The group's services are publicized to key individuals, agencies, and organizations in the community that are likely to interact with people bereaved by suicide.
- Advertisements and initiatives to promote the group clearly identify it as a support group for those bereaved by suicide.
  - The group is listed on a national directory of suicide bereavement support groups, and its information is updated regularly.
12.  The group evaluates its effectiveness and regularly publicizes the results of its efforts to provide effective services.
- Facilitators and/or sponsoring agencies make regular efforts to systematically evaluate the effectiveness of the group and its leadership.
  - Evaluation includes input from group participants and is used to improve the group's effectiveness.
13.  The group plans for sustainability—organizationally, financially, and in terms of adequate coverage by qualified facilitators and referral sources.
- Facilitators and/or sponsoring agencies identify strategies to ensure sustainability of the group.
  - Facilitators have in place back-up or contingency plans should facilitators be unable to lead a particular group session or to continue a meeting once a session has begun.
  - When it is determined that a group will not continue operating, advance notification is given to group members along with information about resources, and any publicity associated with the group indicates that the group is ending (removed from listings of support groups, etc.).

#### Reference

Lifeline Australia (2009). *Towards Good Practice: Standards and Guidelines for Suicide Bereavement Support Groups*. Australian Government Department of Health and Aging. Accessed at [www.lifeline.org.au](http://www.lifeline.org.au).