

**Suicide Prevention**  
**Supporting Life Before, During, and After**  
**A Suicidal Crisis**

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# Introduction



*...more than any other professionals, pastors, chaplains and pastoral counselors minister at the intersection of theology and moral practice. They teach people to choose life. They provide guidance in how to build lives worth living. They teach how to manage suffering. They monitor and intervene when suicidal people come to them for help. They guide faith communities in how to support suicide survivors.<sup>1</sup>*

*—Dr. Karen Mason, Professor of Counseling and Psychology*

Suicide is the 10th leading cause of the death in the United States, claiming more than 47,000 lives in 2017 alone.<sup>2</sup> Suicidal thoughts and behaviors affect people of every race, ethnicity, age, culture, and faith.

Faith leaders play a key role in supporting mental health and preventing the tragedy of suicide. Spiritual and religious leaders of all faiths have a long-standing tradition of advising and guiding people through the full arc of life—from birth to death. These leaders are important sources of hope and strength for their congregants, counsel for those in crisis, and comfort and support in the aftermath of a suicide attempt or death. Following a suicide death, it is the faith leader who, at a memorial service or funeral, has a platform to encourage help-seeking by those at risk and remind all to be alert to the risk of suicide in their community.

To equip faith leaders with the capabilities needed to prevent suicide and provide care and comfort to all those affected by suicide, the National Action Alliance for Suicide Prevention (Action Alliance) has identified a set of suicide prevention competencies—the recommended attitudes, approaches, and skills for supporting life before, during, and after a suicidal crisis.

## Developed by Action Alliance Faith Communities Task Force these competencies address six areas:



### 1. Pastoral Prevention



### 2. Pastoral Intervention



### 3. Pastoral Postvention



### 4. Pastoral Communication



### 5. Pastoral Leadership, Support, and Mentorship



### 6. Unique Organizational Ministry Settings

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The competencies were developed by the Action Alliance Faith Communities Task Force through research and in consultation with experienced practitioners and leaders from diverse faith communities. They are appropriate for faith leaders serving in both congregational and unique ministry settings, including but not limited to hospital, civil, and military chaplaincy.

# Why Were the Competencies Developed?

Faith leaders are increasingly being called upon to provide counsel for a variety of life situations that may include a mental health- or suicide-related crisis.<sup>3-5</sup> And yet many of these leaders may lack sufficient training in counseling and suicide intervention to provide the needed support that is both safe and effective. As a result, they may respond by referring the person to a mental health professional without following up with spiritual care or offering pastoral advice and spiritual counsel not supported by the latest research or practice in mental health or suicide prevention.

Lack of training in suicide prevention can lead to many missed opportunities. For example, when providing counseling, faith leaders may refrain from asking about suicide due to the misperception that doing so could increase suicide risk. Many faith leaders may also fail to take advantage of the many ways in which they can support suicide prevention in their day-to-day work, such as by preaching with suicidal congregants in mind and by building a faith community where congregants feel free to reach out for help.

This document presents a set of competencies that are designed to help faith leaders develop the knowledge, attitudes, and skills required to support faith, hope, and life before, during, and after a suicidal crisis in an informed, caring, and effective way. Although the competencies focus on suicide prevention, many of the proposed approaches are universal and applicable to other areas related to mental health.

The competencies are based on the understanding that each person is affected by a combination of interrelated social factors (e.g., race, socioeconomic status, gender). As a result, suicide prevention efforts must consider the whole person, rather than a single aspect of a person's life. The competencies are also informed by research indicating that some U.S. populations are at an increased risk for suicide. These groups include active duty military and veterans; lesbian, gay, bisexual, transgender, and queer individuals; and Native Americans and Alaska Natives.<sup>3</sup> With this in mind, faith leaders' efforts to prevent suicide must also encompass affirming and life-giving approaches to providing pastoral care to marginalized and high-risk groups (see Competency 2.2 Culture for an example).

# How Were the Competencies Identified?

The suicide prevention competencies presented in this document were derived from two main sources:

1. A set of competencies compiled by a diverse working group of chaplains for the Defense Suicide Prevention Office (DSPO) of the U.S. Department of Defense (DOD)
2. 15 competencies for faith leaders identified through research led by Dr. Karen Mason, a professor of counseling and psychology<sup>7-8</sup>

The DSPO competencies were developed as part of an effort to ensure consistency in suicide prevention education and training throughout the DOD. Started in 2013, the initiative initially focused on three groups—professionals in health care, chaplains, and family members—but was later expanded to include commanders and other populations. As a part of this work, DSPO conducted a series of focus groups across the DOD to identify perspectives regarding essential knowledge, skills, and abilities related to suicide prevention. These focus groups helped inform the development of a set of competencies for chaplains, which was designed to allow leaders from any tradition to understand and apply them to their unique context. Although developed for military settings, many of these competencies are also appropriate for faith leaders in civilian settings.

The second set of competencies was developed based on research conducted by Dr. Mason (Gordon-Conwell Theological Seminary) and her colleagues. Through interviews and focus groups with U.S. Protestant clergy, the researchers identified a list of 10 core suicide prevention competencies for faith leaders.<sup>4</sup> A review of the literature yielded five additional competencies to add to the list. The researchers then assessed the applicability of the 15 resulting competencies through a survey conducted with 498 Catholic, Jewish, and Protestant clergy.<sup>5</sup>

The Action Alliance Faith Communities Task Force compiled and reviewed the two lists in order to develop a full set of competencies that would be applicable across various faith groups and settings. The task force shared the resulting set of competencies with a diverse group of faith leaders and suicide prevention experts for review and input. The review process provided multiple opportunities for the group to give feedback, ask questions, and suggest changes. The result of this work is the final list of competencies presented in this document.

# How Can the Competencies Be Used?

The Suicide Prevention Competencies for Faith Leaders that follow are intended to encourage and equip individual leaders, schools of theological education, and organizations responsible for the training and ordination of religious leaders to incorporate suicide prevention education as a part of curriculum and continuing education programs. Implementation suggestions for three specific settings—seminaries and ministry preparation institutions, religious denominations and government bodies, and programs of clinical pastoral education—are presented on the next page.

The Action Alliance Faith Communities Task Force believes that education and training are essential to self-efficacy in suicide prevention and overall quality ministry. We hope that the competencies presented in this document will be used in many ways, including:

- Guiding course development
- Informing training policy development
- Supporting the evaluation of education and training provided in seminaries, ministry preparation institutions and continuing education settings

It is our hope that, ultimately, the competencies will help ensure that all clergy and other faith leaders have the education and training they need to better support the mental health needs of their faith members and save lives.

## Implementation Suggestions for Specific Settings

Seminaries and ministry preparation institutions:	Religious denominations and governing bodies:	Programs of clinical pastoral education (CPE):
<ul style="list-style-type: none"> <li>• Use the competencies to evaluate, update, and improve existing courses on the topics of pastoral care and theology.</li> <li>• Use the competencies to create a unique course offering on the topic of pastoral prevention, intervention, and postvention.</li> </ul>	<ul style="list-style-type: none"> <li>• Use the competencies to create a continuing education requirement for religious leaders seeking to be ordained, be recognized, or acquire and maintain recognition and standing.</li> </ul>	<ul style="list-style-type: none"> <li>• Require all CPE students to complete a suicide prevention, intervention, and postvention training based on the competencies.</li> <li>• Require all chaplains to participate in suicide prevention, intervention, and postvention training as part of continuing education.</li> </ul>



# Pastoral Prevention

## 1.1 Attitudes

- 1.1.1 I preach/teach my congregation about suicide with a awareness that some members may have suicide-related thoughts or experiences.
- 1.1.2 When with someone who has been affected by suicide, I am aware of my attitudes about suicide that may help or hinder help-giving or help-seeking.

## 1.2 Theological reflection

- 1.2.1 I have reflected on my theology as it relates to suicide and how it affects my attitudes when helping those with thoughts of suicide and those affected by suicide.
- 1.2.2 I have reflected on my theology of life, death, and suffering and how it relates to suicide.

## 1.3 Establishing rapport to facilitate help-seeking and suicide prevention efforts

- 1.3.1 I demonstrate genuine interest in others' well-being and trustworthiness in all my dealings with people.
- 1.3.2 I participate in congregational events in order to build authentic community.

## 1.4 Reducing negative stereotypes and discrimination associated with help-seeking

- 1.4.1 I actively promote the benefits of help-seeking and seek to reduce negative stereotypes.
- 1.4.2 I network with other professionals to understand how their services can help reduce negative stereotypes and encourage help-seeking.

## 1.5 Community building

- 1.5.1 I am intentional about connecting congregants with each other.
- 1.5.2 I support efforts to build awareness about suicide prevention by supporting events such as the National Weekend of Prayer for Faith, Hope, & Life.

## 1.6 Prevention leadership

- 1.6.1 I share a vision with other congregational leaders for the role of prevention activities in my congregation.



# Pastoral Intervention



## 2.1 Knowing my role

- 2.1.1 When with a suicidal person, I am clear about my role.
- 2.1.2 When with a suicidal person, I provide for spiritual needs while being informed of mental health and suicide prevention basics.

## 2.2 Culture

- 2.2.1 When with a suicidal person, I take the individual's culture into account and provide culturally relevant counsel, support, and referral.
- 2.2.2 When with a suicidal person, I am intentional about inviting the individual to talk about her/his/their culture.

## 2.3 Listening

- 2.3.1 When with a suicidal person, my goals are to **first** provide a safe place, listen, and fully understand the reasons the person feels suicidal **before** giving advice or initiating a safety plan.
- 2.3.2 When with a suicidal person, I know I don't have to have all the answers.

## 2.4 Risk assessment and safety planning

- 2.4.1 I have learned a best practice model for how to intervene with a suicidal person that includes recognizing warning signs, conducting a risk assessment, developing a safety plan and making referrals (e.g., ASIST, QPR, CSSRS).

## 2.5 Applying appropriate pastoral counseling skills to strengthen life-supporting resources

- 2.5.1 I help the individual identify her/his/their own unique resources and reasons for living (which may include purpose and meaning of life).
- 2.5.2 I refer to teachings from relevant religious traditions or to the individual's world-view to emphasize the value of life itself.
- 2.5.3 I continue to help the individual realize that she/he/they is/are not alone.

## 2.6 Collaborating with other caregivers

- 2.6.1 When with a suicidal person, I take an active role in connecting the individual with professional and/or lay help, as appropriate, and within the limits of confidentiality/privacy.

## Pastoral intervention *(continued)*

- 2.6.2 When with a suicidal person, I know when the situation merits a referral.
  - 2.6.3 When I refer a suicidal person to other caregivers, I collaboratively coordinate with these caregivers and continue to provide spiritual care.
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### **2.7 Pastoral visitation and follow-up**

- 2.7.1 After meeting with a suicidal person, I create a specific plan for follow-up with the individual.
- 2.7.2 After meeting with a suicidal person, I check in with the individual's family members and friends, as appropriate.
- 2.7.3 In meetings with a suicidal person, I help the individual consider and follow up on ways to form or strengthen connections within the community.

# Pastoral Postvention



(activities in the aftermath of a suicide death)

## 3.1 Pastoral care skills

- 3.1.1 After a suicide attempt happens, I know how to advise and support friends and family members.
- 3.1.2 After a suicide attempt happens, I know how to advise leaders and key members within the congregation.
- 3.1.3 When a suicide death happens, I know how to care for the friend(s) and family member(s) of the survivor(s).
- 3.1.4 When a suicide death happens, I know how to care for the congregation.
- 3.1.5 I ensure that the faith community reaches out to survivors the same way it would support family and loved ones after any death (e.g., casserole suppers, spiritual needs).
- 3.1.6 When I talk to survivors, I watch for complicated grief, including guilt, anger, blame, and other mental health issues.
- 3.1.7 When I talk to survivors, I allow them to ask difficult theological questions and avoid providing answers to unanswerable ones.
- 3.1.8 I watch for people vulnerable to contagion—those closest to the decedent and youth who looked up to the individual.
- 3.1.9 I reach out to survivors on anniversaries of events.

## 3.2 Skills to provide pastoral care with awareness of cultural differences

- 3.2.1 When a suicide death happens, I take the culture of survivors into account—how they experience, display, and process emotions; beliefs about death and the after-life; rituals to address the death; and comfort level in speaking about the deceased.

## 3.3 Knowing and applying faith traditions to memorial ceremonies/services

- 3.3.1 When a suicide death happens, I know how to conduct a memorial service or ceremony that is helpful to survivors and congregants, while seeking to prevent contagion and increased risk among those attending.
- 3.3.2 I conduct or help those doing a eulogy so that it follows guidelines on how to talk about suicide.

## 3.4 Self-care

- 3.4.1 I take care of myself to make sure that I'll be emotionally available when needed.
- 3.4.2 When a suicide death happens, I am alert and sensitive to the risk of taking on guilt and take steps to avoid doing so.
- 3.4.3 I reach out for support when needed.

# Pastoral Communication



## 4.1 Pastoral communication with congregational leadership and members

- 4.1.1 When a suicide death happens, if the family/loved ones are open, I communicate to my faith members that the death was a suicide.
- 4.1.2 I serve as a liaison between survivors and the media, police, funeral directors, work supervisors, and others, as applicable.
- 4.1.3 I balance sharing information and keeping confidentiality when I believe that an individual is a danger to herself/himself/themselves or others.



# Pastoral Leadership, Support, and Mentorship

## 5.1 Mentor and support other clergy, faith leaders, and chaplains to provide care for caregiver and guidance

- 5.1.1 I provide pastoral care to other caregivers as a safe caring colleague, mentor, and guide.
- 5.1.2 I provide additional support to those who provide care for individuals who are affected by suicide.

## 5.2 Help other clergy, faith leaders, and chaplains develop suicide prevention skills by sharing resources, networks, and best practices

- 5.2.1 I help other clergy, faith leaders, and chaplains develop suicide prevention competencies.
- 5.2.2 I connect other clergy, faith leaders, and chaplains with resources, including survivor networks and support groups.
- 5.2.3 I share with other clergy, faith leaders, and chaplains best practices regarding suicide prevention and encourage ongoing continuing education.



# Unique Organizational Ministry Settings

(e.g., chaplaincy in military, institutional, hospital, educational and corporate settings)

## 6.1 Ability to provide input and subordinate oversight for organizational suicide prevention programs

- 6.1.1 I integrate and collaborate with internal and/or external helping networks to plan and implement suicide prevention, intervention, and postvention activities and programs.
- 6.1.2 I disseminate information about and gather feedback on organizational suicide prevention program information, protocols, and policy.
- 6.1.3 I complete continuing education and serve when possible as a suicide prevention trainer/facilitator and/or provide support to others.

## 6.2 Assessment

- 6.2.1 I conduct an ongoing review of the current and historical organizational climate.
- 6.2.2 I share information with leadership regarding the suicide-related climate, including negative stereotypes related to help-seeking behavior that may prevent suicidal individuals from receiving proper support.

6.2.3 I share information with leadership regarding the suicide-related climate, including patterns of negative morale (e.g., hopelessness) across multiple individuals.

6.2.4 I share information with leadership regarding the suicide-related patterns of unaddressed grief or complicated grief following a death by suicide.

## 6.3 Crisis response

6.3.1 I participate in a community-wide, integrated suicide response plan after a suicide.

## 6.4 Organizational suicide postvention

6.4.1 After a suicide death, I accompany the representative to bear news to the survivor(s).

6.4.2 I follow up with the family after the initial notice.

6.4.3 I serve as the first line of contact for families with whom strong relationships exist or attempt to form a pastoral/ministerial relationship of support.

6.4.4 I organize support systems for those directly affected by the suicide.

## Unique organizational ministry settings *(continued)*

- 6.4.5 I discuss any information with relevant parties (e.g., organizational human resources personnel, casualty assistance representatives in the military) that might aid their efforts.
- 6.4.6 I know the policies and practices of service-specific guidelines regarding organizational memorial services and/or funerals for those who died by suicide.
- 6.4.7 I know the organizational policies and practices regarding appropriate settings for a service/ceremony.
- 6.4.8 I know the organizational policies and practices regarding the use of religious symbols at the service or ceremony.

National Action Alliance for Suicide Prevention: Faith Communities Task Force. (2019).  
Suicide prevention competencies for faith leaders: Supporting life before, during, and after a suicidal crisis.  
Washington, DC: Education Development Center.

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