

THE AFTERMATH



DEALING WITH LOSS AND GRIEF AS A FIRST RESPONDER

Status Code 4, Inc.



THE AFTERMATH

Including Those Who Have Lost Someone to Suicide

With Special Contributions from the



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This booklet is intended for general informational and educational purposes only. It is not a substitute for professional mental health treatment. If you or someone you know is in crisis, please contact the 988 Suicide and Crisis Lifeline by calling or texting 988.

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A Note Before You Begin

This booklet was written with First Responders and their families in mind.

The men and women who serve as law enforcement officers, firefighters, paramedics, EMTs, dispatchers, corrections officers, and coroners carry things most people never see. And the families who love them carry things too. When loss enters a First Responder household, it often adds to an already heavy load.

But grief does not check credentials before it arrives. If you found this booklet through a department, a peer support team, or someone who cares about you, welcome. And if you picked it up simply because you are hurting and someone handed it to you, that is enough. This guide is for you, too.

This booklet is about grief in all its forms. Some of the people reading these pages have lost someone to suicide. There is a chapter written specifically for you. Others are grieving a different kind of loss. There is something here for you as well. Grief is grief. And no matter how the loss came, what you are feeling is real, it is valid, and you do not have to carry it alone.

There are no rules for using this booklet. You can read it straight through or open to whatever chapter calls to you. You can write in it, or not. You can set it down and come back to it. Healing does not run on a schedule, and neither does this guide.

Take what helps. Leave what doesn't. And know that someone put this in your hands because they believe you are worth caring for.

Status: Code 4, Inc. (SC4i) provides free mental health support to First Responders and their families in Colorado. If you or someone you love needs to talk, we are here.

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Chapter 1

Understanding Grief

Grief is one of the most universal human experiences there is. Nearly every person alive has felt it or will feel it. And yet, when it arrives, it can feel like something no one else could understand. That feeling of being alone in it is part of grief, too.

There is no correct way to grieve. People move through loss differently, on different timelines, shaped by who they are, what they believed about the person they lost, and how that person fit into their daily life. What grief looks like for one A person may look nothing like what it looks like for another. Both are normal.

Grief and Mourning Are Not the Same Thing

Grief is what happens on the inside. It is the internal experience of loss. The ache. The disbelief. The way an ordinary Tuesday morning can suddenly feel unbearable.

Mourning is how grief moves outward. It is the crying, the talking, the rituals, the ways we mark that someone mattered. Both are natural. Both are necessary. And both deserve respect, not rushing.

American culture has a complicated relationship with grief. There is often pressure to move on quickly, to get back to normal, to be strong. For First Responders, that pressure can feel even heavier. They are trained to hold it together when everything around them is falling apart. They show up for other people on the worst days of those people's lives, and they do it again the next shift, and the one after that. After years of that, it can become easy to forget something important.

First Responders are just as human as the people they serve

They feel loss. They grieve. They hurt. The same call that a paramedic runs on a Tuesday afternoon, the one where a family is shattered by the worst news of their lives, that paramedic goes home to their own family that night. They carry it. They just don't always have permission to say so.

This booklet gives that permission.

Grief that gets pushed down does not go away. It finds another way out.

What Shapes How Hard Grief Hits

Not every loss feels the same. The depth and intensity of grief can be shaped by many things, including:

- How close the relationship was
- The age of the person who died
- How the death happened
- Whether the loss was expected or sudden
- The size of the hole their absence leaves in daily life
- Personal beliefs about death, faith, and meaning
- Previous experiences with loss or trauma

The death of someone we love can also stir up fears about our own mortality. It can bring old grief back to the surface. Losses we thought we had processed can feel fresh again.

This layering of grief is normal. It does not mean something is wrong with you.

Research has shown that grief activates the same pathways in the brain regardless of what was lost. A person. A partner. A pet. A career. Your grief is valid no matter its source.

What Grief Can Do to Your Body

Grief is not only an emotional experience. It shows up in the body, sometimes in ways that catch people off guard.

Common physical effects of grief include:

- Changes in appetite or digestion
- Persistent fatigue and low energy
- Trouble focusing or remembering things
- Headaches
- Heightened anxiety or restlessness
- Sleeping too little or too much
- Unexplained weight changes

The stress of loss can also weaken the immune system, making people more vulnerable to illness. If you have an existing health condition, grief may make it harder to manage. These effects are real and a normal response to an enormous weight.

Most people find that physical symptoms ease gradually over time. If they do not, or if something feels urgent, please see your doctor. Taking care of your body during grief is not optional. It is part of surviving it.

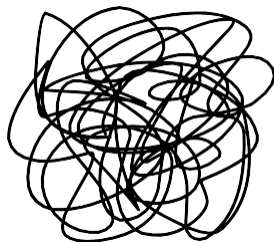
Reflection

*What does grief feel like in your body right now?
Where do you feel it?*

What has surprised you most about how you are grieving?

Is there anything you feel pressure to do, or not do, in your grief? Where does that pressure come from?

Chapter 2



The States of Grief

Grief does not move in a straight line.

For a long time, people talked about the "stages" of grief as if they were a staircase. You climb one, then the next, and eventually you reach the top, and you are done. That is not how grief actually works. Most people find themselves moving in and out of different emotional states, sometimes within the same hour. You can feel acceptance in the morning and be back to anger by the afternoon. You can feel numb for weeks and then be blindsided by sadness in the grocery store six months later.

These states are not a map with a final destination. They are more like the weather. They shift. They return. And none of them mean you are doing grief wrong.

Dr. Elisabeth Kübler-Ross first identified these emotional states in her research on loss. They have since become one of the most widely recognized frameworks for understanding grief. What follows is a plain-language description of each one, written not as a checklist but as a way to help you recognize where you are and know that others have been there too.

Denial

Denial is usually the first thing that shows up after a significant loss. It is the mind's way of protecting itself from pain it is not yet ready to absorb.

It might look like disbelief. Like going through the motions of a normal day because the reality of the loss has not fully landed yet. It might look like numbness, or like a strange calm that feels out of place. Some people find themselves

reaching for their phone to call the person who died. Some expect them to walk through the door.

Denial is not a failure of understanding. It is the heart buying itself a little time.

For First Responders, denial can show up in a particular way. They are trained to compartmentalize, to set the hard thing aside and keep functioning. That skill saves lives on the job. In grief, it can sometimes delay the processing of loss in ways that catch up with a person later.

Denial is not a wall. It is a waiting room.

Reflection

Have you experienced moments where the loss did not feel real? What did that feel like?

Anger

When denial begins to lift, what often rushes in to fill the space is anger.

Anger in grief can feel disproportionate. It can attach itself to things that seem unrelated. It might be directed at the person who died, at God, at the medical system, at a coworker who said the wrong thing, or at no one in particular. It can arrive without warning and burn hot.

Beneath almost every grief-driven anger is love. The bigger the love, the more devastating the loss, and the more fuel there is for the fire.

First Responders are often comfortable with action. With fixing. With controlling outcomes. Grief offers none of that. Anger is sometimes what happens when a person who is

wired to do something, find themselves with nothing they can do.

Beneath the anger is almost always profound love and devastating loss.

Reflection

*What or who has your anger attached itself to?
Does that surprise you?*

What do you think the anger might be protecting?

Bargaining

Bargaining is the state of “what if” and “if only”.

The mind attempts to negotiate its way out of the pain. To find the moment where things could have gone differently. To replay conversations, decisions, and days in search of the thing that, had it been different, might have changed the outcome.

This is an exhausting place to live. And it is a very human one.

Bargaining often carries a heavy load of guilt alongside it. The belief that we had more power over the outcome than we actually did. The truth is that most losses, including suicide loss, are the result of forces far larger and more complex than any single conversation or decision.

Bargaining is a sign of how desperately we love and how much we wish things were different.

Reflection

What are the "what ifs" or "if onlys" that visit you most often?

What would it mean to let go of one of them, even just a little?

Depression

As the reality of a loss fully settles in, a deep sadness often follows.

This is not the same as clinical depression, though it can sometimes develop into that. This is the natural, necessary weight of absorbing something enormous. It may feel like withdrawal, like emptiness, like an inability to find meaning or motivation in things that used to matter. Getting out of bed can feel like a significant accomplishment. Simple tasks can feel impossible.

This state, as painful as it is, is often where the deepest processing of grief happens. It is not a sign that something has gone wrong. It is a sign that the loss is being felt fully.

It is also the state where grief attacks tend to hit the hardest. A holiday arrives. An anniversary comes around. Or something small and completely ordinary, a song, a smell, a quiet Sunday morning, pulls the loss back to the surface without warning. These moments do not mean you are losing ground. They mean you are human, and you loved someone, and your life was built around them in ways that take time to fully understand.

If this state deepens, persists, or begins to include thoughts of not wanting to be alive, please reach out for support. That is not a weakness. That is wisdom.

Reflection

*What does depression or sadness feel like for you?
Has it changed since the loss first happened?*

*Is there anything, even something small, that has
brought you a moment of relief or lightness?*

*Are there specific dates, places, or moments that
tend to bring grief back to the surface for you?
How have you handled them so far?*

Acceptance

Acceptance is the most misunderstood of all the grief states.

It does not mean the loss no longer hurts. It does not mean you are over it, or that you have moved on, or that the person mattered less. Acceptance means something quieter and harder than any of that. It means you have found a way to carry the loss forward without being crushed by it. To hold the grief and still be present in your own life.

Acceptance is not a finish line. It fluctuates. There will be days of genuine peace and days when the grief feels as raw as it did in the beginning. Both are part of the same journey.

For many First Responders and their families, acceptance also includes making peace with the fact that some questions will never be answered. That not everything can be fixed or resolved. That surviving a loss does not require understanding it completely.

Acceptance is not the end of grief. It is the beginning of learning to live alongside it.

Reflection

What would acceptance look like for you? Not someday, but in a small way, right now?

Is there anything standing between you and even a moment of peace? What is it?

Learning to Live a Different Life

One of the hardest things about grief is that it is not just about the loss of a person. It is about the loss of the life you had with them.

The morning routines. The inside jokes. The seat at the table is now empty. The person you called first when something good happened, or when something went wrong. Grief is not only about who is gone. It is about everything that went with them.

This means that healing is not simply about feeling better. It is about learning, slowly and sometimes painfully, how to live a life that looks different than the one you had before. That is hard work. It does not happen all at once, and it does not happen in order.

Holidays are hard. Birthdays are hard. The anniversary of the loss is hard. But sometimes it is the ordinary moments that catch people most off guard. A song on the radio. The smell of something familiar. A Tuesday afternoon that looks just like the Tuesday afternoon when everything changed.

These moments are sometimes called grief attacks. They arrive without warning and without an invitation. One day, you feel like you are finally finding your footing, and then something small pulls the ground out from under you again. That is not a setback. That is grief doing what grief does.

It does not mean you are back at the beginning. It means you loved someone, and your life was built around them in ways you may not have fully realized until they were gone. Each grief attack is also a reminder of that love. It is evidence of how much they mattered.

Be patient with yourself on the hard days. The holidays will come. The anniversaries will come. The unexpected ambushes will come. And you will get through them, not because the grief disappears, but because you are stronger than you know, and because you do not have to face them alone.

Reflection

What are the parts of your daily life that feel most different now? What do you miss most about the life you had before?

Is there a holiday, anniversary, or date coming up that you are already dreading? What would help you get through it?

What is one small thing from your old life that you could carry forward in a new way, as a way of honoring who you lost?

When a grief attack hits without warning, what has helped you get through it, even just enough to take the next breath?

A Final Note on These States

You may recognize yourself in all of them. You may feel stuck in one. You may not see yourself in any of them right now, and that is okay, too. These are not requirements. They are reflections of what many people have experienced, offered here so that wherever you are, you know you are not the first person to stand in that place.

Grief is not a problem to be solved. It is the price of love. And it is worth paying.



Chapter 3

When Grief Gets Stuck

Most people move through the states of grief gradually. It is rarely clean or predictable, but over time, the weight of it begins to shift. The grief attacks come less often. The good days start to outnumber the hard ones. Life begins to find a new shape.

But for some people, that does not happen.

Instead of easing with time, the grief stays just as acute, just as consuming, and just as disruptive as it was in the earliest days of the loss. Daily life becomes difficult to manage. Relationships suffer. Work suffers. The future feels unreachable or simply irrelevant. This is called complicated grief, and it is also sometimes referred to as prolonged grief disorder.

Complicated grief is not a character flaw. It is not a sign of weakness, or of loving too much, or of being unable to cope. It is a recognized response to loss that can affect anyone, and it is more common than most people realize.

What Complicated Grief Can Look Like

Complicated grief is different from the natural, painful weight of early loss. Some signs that grief may have become complicated include:

- Intense emotions that have not eased after many months
- Intrusive thoughts about the person who died that feel impossible to manage
- A persistent inability to accept that the loss is real

- Withdrawal from relationships, activities, and responsibilities
- A belief that life has no meaning without the person who died
- A sense that part of you died with them and is not coming back
- Difficulty imagining a future worth living

For First Responders, complicated grief can be especially easy to miss. The same skills that make them effective on the job, pushing through, staying functional, and keeping emotions compartmentalized, can mask how much they are struggling.

They may appear fine at work while quietly falling apart at home. They may not even recognize what is happening in themselves until it has been going on for a long time. Family members of First Responders can face a version of this, too. They are often the ones holding everything together at home while their loved one is on shift. There is not always space for their grief, and so it can go unaddressed for longer than it should.

Why Grief Gets Stuck

Grief can become complicated for many reasons. Some of the most common include:

- The loss was sudden, traumatic, or violent
- The relationship with the person who died was complex or unresolved
- There was no chance to say goodbye
- The circumstances of the death left unanswered questions
- The grieving person lacks a strong support system
- Other significant stressors are happening at the same time

- The grief has never been fully expressed or allowed space

Suicide loss carries a particular risk for complicated grief. The sudden and traumatic nature of the loss, combined with the guilt, confusion, and unanswered questions that often accompany it, can make it especially difficult to process. If you lost someone to suicide and find yourself stuck, that is not surprising. It is one of the hardest losses there is, and it deserves real, specialized support.

When to Reach Out for Help

There is no precise timeline for grief. But if the weight of it has not shifted in many months, if it is interfering with your ability to function, or if it has begun to include thoughts of not wanting to be alive, it is time to talk to someone.

That is not giving up. That is not admitting defeat. For a First Responder, it may actually be one of the hardest and bravest things they have ever done.

Not all counselors are the same. When seeking support, look for someone who understands First Responder culture. Someone who gets the job, the shift work, the things that cannot be unseen, and the pressure to hold it together on the outside, even when everything inside is falling apart. That kind of understanding changes the quality of care in ways that are hard to overstate.

A counselor who has never been near a dispatch radio or a trauma scene may be a good therapist. But a counselor who truly understands what it means to wear a badge, carry a radio, or run toward what everyone else is running away from will meet you differently. That is the kind of support worth looking for.

The resources section at the back of this booklet can help point you in the right direction.

Reflection

Looking honestly at your grief right now, does it feel like it is moving, even slowly? Or does it feel like it has not shifted in a long time?

Are there parts of your grief you have never fully expressed or allowed yourself to feel? What has gotten in the way?

If someone you cared about described what you are going through right now, would they be worried about you? What would they say?

What would it take for you to reach out for help? Is there anything standing in the way of doing that?

Chapter 4

When the Loss Was Suicide

There is grief, and then there is this.

Most First Responders will never have to be told that suicide touches their world. They already know. They have stood at the graveside. They have sat through the memorial service in dress uniform. They have driven past the station with the black bunting on the door and known what it meant before anyone said a word. Statistically, more First Responders die by suicide than by any other line of duty cause. More than traffic accidents. More than violence. More than fires or medical emergencies on scene.

And yet it is rarely talked about.

That silence has a cost. It keeps people from asking for help. It keeps departments from addressing what is right in front of them. And it keeps the people left behind after a suicide loss feeling like they are grieving something they are not supposed to name out loud.

This chapter names it out loud.

Losing someone to suicide is its own category of loss. It carries everything that other losses carry: the shock, the sadness, the disbelief, the physical weight of it, and then it layers something else on top. Questions that have no clean answers. A particular kind of guilt that does not respond to logic. A silence that can settle around the loss because people do not always know what to say, or are afraid to say the wrong thing.

If you lost someone to suicide, this chapter was written for you.

You do not have to read it all at once. You do not have to agree with everything in it. But know that what you are feeling has been felt by others who have walked this same road, and that you are not as alone in it as it may feel right now.

Why This Loss Feels Different

Suicide loss is a traumatic loss. It is sudden. It is violent. And it leaves behind a particular kind of wound that other losses do not always create.

Part of what makes it different is the lack of warning most survivors experience. Even when there were signs, they were usually only recognizable in hindsight. In the moment, life looked like it was continuing. And then it wasn't.

Part of what makes it different is the way it can affect the people left behind. Suicide loss survivors often carry a level of guilt, shame, and confusion that is unique to this kind of grief. They may feel responsible. They may feel angry at the person who died and then feel guilty for feeling angry. They may feel relieved that the suffering is over and then feel guilty for feeling relieved. They may feel all of those things in the same afternoon.

For First Responders, suicide loss can carry an additional layer. Many have responded to suicide calls professionally. They have seen what it looks like. They have done the job that comes after. Losing someone they love to suicide can blur the line between the professional and the personal in ways that are deeply disorienting. The training that helps them on scene does not necessarily help them at home, sitting with their own grief.

Questions People Ask After a Suicide Loss

The questions that follow a suicide loss are relentless. They arrive at 2 in the morning, in the middle of an ordinary workday. They do not always have answers. But naming them out loud and understanding why they arise can begin to loosen their grip.

Why did this happen?

It happened because your loved one was in psychological pain so severe that they could not see another way through it. That pain was rooted in the way their brain was functioning, shaped by circumstances, chemistry, and sometimes substances that made everything darker and narrower than it actually was. It was not a rational decision made by the person you knew at their best. It was a decision made by someone who was suffering beyond what they could bear.

Why didn't I know?

Most people are never taught to recognize the signs of that level of suffering. And many people who are struggling actively hide it, sometimes even from themselves. Some people show no outward signs at all. Even trained mental health professionals can miss it. Not knowing does not mean you were not paying attention. It means the illness hid itself well.

Why didn't they tell me?

Because when someone reaches that point of pain, their world narrows. The ability to reach out, to imagine that someone else could help, to believe that things could be different, all of it contracts. It is not that they did not love you. It is that the illness had taken over in a way that made reaching out feel impossible. Their silence was not a reflection of your value to them. It was a symptom of how sick they were.

Why didn't somebody do something?

This question often carries anger, and that anger is understandable. The honest answer is that suicide is extraordinarily difficult to predict, even for professionals. There is no single warning sign that is always present. There is no reliable test. People who love someone and are paying close attention still miss it. That is not a failure of love. It is

the cruel reality of a disease that does not always announce itself.

Why do I feel like I am going crazy?

Because you have just experienced one of the most traumatic losses a human being can endure. Feeling disoriented, shattered, out of control, and unlike yourself is a normal response to something no one is ever prepared for. You are not going crazy. You are responding normally to something that was never supposed to happen.

Why can't I get over this?

Because the wound is real and it is deep and it is fresh. The early months after a suicide loss are among the hardest a person can face. The truth is that you do not get over a loss like this in the way people sometimes suggest. What happens instead, with time and support, is that you learn to carry it. You find a way to hold the grief and still be present in your own life. That is not the same as getting over it. It is something harder and more honest than that.

Why do I feel guilty?

Because you loved them. Because you were close enough to wonder if you could have changed something. Because grief searches for a place to put itself, and guilt is one of the places it lands most often.

Guilt after a suicide loss is almost universal. It does not mean you did something wrong. It means you cared deeply, and now you are trying to make sense of something that does not make sense.

There is more to say about guilt than can fit in a few paragraphs. The next chapter of this booklet is devoted entirely to it, written by someone who has lived on both sides of this loss, as a First Responder and as a psychologist. It is worth reading slowly.

Reflection

Which of these questions has visited you most often? Has it changed over time?

Is there a question about the loss that you have not been able to ask out loud yet? What is it?

Have you been able to talk openly about how your loved one died? If not, what has made that difficult?

For First Responders: Has your professional experience with loss made this personal loss easier or harder to process? In what ways?

Chapter 5

A Word on Suicide Guilt

The following essay was written by Daniel J. Crampton, PsyD, Paramedic (Retired), co-founder of Status: Code 4, Inc. Dr. Crampton spent 25 years in emergency medical services before becoming a licensed psychologist specializing in First Responder mental health. He has lived this subject from both sides. His words are offered here unchanged.

Suicides have left an unanswerable question in many people's lives. It has left us wondering if there was more that we could have done. If we missed something. If we did or said something to cause it. And, the biggest question is, "Why?"

I spent 25 years in the emergency medical services. I ran on many suicide attempts and several suicide completions. Furthermore, I have known several people who have completed suicide. Ten of those were within the region I worked in on the ambulance. Most of those were just acquaintances whom I interacted with on emergency calls. A few of them I knew as friends, and one was a former ambulance partner and roommate. As a professional counselor, I have talked several clients off the proverbial ledge. One client, unfortunately, I was unable to, and he took his life. The results of these have defined my purpose as a psychologist and the focus of working with First Responders.

Another suicide that sticks with me was that of a 16-year-old boy. He was on my daughter's marching band team, in which she was a section leader, and he was in her section. We were on a bus trip to an out-of-state competition when I met him. He was assigned to the seat next to mine. We

talked for a while, and I had a gut feeling that something was bothering him. As our conversation ensued, I had a distinct impression that this kid was suicidal. In each of my professions as a paramedic and as a psychologist, we are trained to ask the question, "Are you thinking of killing yourself?" I waited for the opportunity to ask him when we were not around his peers; however, I did not follow through because, as I watched, he started acting happier and playfully engaging with his teammates. I decided to wait and see and eventually let it go as he appeared happy throughout the rest of the trip and talked about what he was going to do with other band events throughout the coming school year.

A few days after we returned from the trip, he took his life. The guilt I felt made it hard for me to face my daughter, thinking that I could have prevented his death if I had only followed my instincts.

I have had many discussions with a mentor. We touched on suicide, and she advised me that I will one day have a client complete suicide. She told me that one thing to keep in mind is that in the end, I would not be important enough to the client to stop him or her from completing suicide. I thought I understood what she meant and vowed that I would not allow myself to play the blame game when a client completes suicide. I would find that to be easier said than done after a client recently took his life.

After finding out that he completed suicide, my first thought and hope was that it was accidental. Then I found myself asking why he did not contact me when he got to that point. Then I started to believe that I failed him. I did not take blame for his suicide, but I did blame myself for not doing enough, for not being important enough for him to reach out to at that moment. I questioned whether I was actually good enough to work with people in crisis or if I was just paying them lip service. I especially started feeling the guilt when I reflected on some of his sessions and how excited he was that he was feeling better. He even thanked me one time, as he was walking to the door, for saving his life.

Many thoughts like these go through our minds after a loved one completes suicide. The guilt that goes with these thoughts can be excruciating and debilitating at times, especially for those of us who believe we had the power to stop them. But in reality, that power is only an illusion. Once I realized that, I finally understood the meaning of my mentor's words.

We think of many different connotations when we hear suicide. Suicide is a permanent solution to a temporary problem; suicide is an act of selfishness; the suicidal person wants to die; and many more. The truth is that it is a permanent solution; however, most suicidal people do not want to die; they just want the pain to end. They are not selfish in an egotistical sense, but they are self-centered or self-focused. They have reached a point of hopelessness and helplessness that they can no longer see a viable way out of the pain, so they give in to the one thing that they can control: how they are going to end the pain. The relief that goes along with that decision can be very freeing. They may even demonstrate a sense of joy to those around them. Some will just carry out the act without any further thought or emotion.

We are truly not that important to them at the time they take their lives. I took that as a slap in the face when I first heard it. "What do you mean I'm not that important!?" But the truth is that when they become that self-focused, we are not what is on their minds. Their focus is on stopping the pain, not on reaching out to those who can help. They have made themselves beyond help. Sure, some die by suicide as a way to get back at someone, but the majority are those who have been overwhelmed with their pain and want it to end. We may blame ourselves for not being able to stop them. We may think that it was our fault. The truth is that unless they truly can see beyond their circumstances and accept the help that is offered to them, no matter what we do, they will still carry out killing themselves. It is not our choice or responsibility. They have chosen to end their lives regardless of us. We are not that important to them at that time. Their pain is what is most important and most consuming. We are

just a casualty of the war they are fighting within themselves. We did not lose the battle because it was not our battle to fight. They lost the battle with the demons within their minds and succumbed to the pain they had to endure.

It is not an easy thought to live with that we really did not have anything to do with their decision, but it is necessary to believe that. We will spend too much time and energy on these thoughts and feelings. We will needlessly take on their pain and own it for ourselves, which leads us to carrying the guilt and pain that will end up destroying our sense of self.

What about the anger and guilt we put upon ourselves after a loved one's suicide? To the non-suicidal person, suicide does not make sense. We struggle to find the meaning of the suicide, but we just cannot find it. Our brains like to make sense out of chaos. Just as in matrixing, we may see a face in the chaotic scene of visual white noise, like on a TV screen, or we see patterns in carpet or wall textures. Because suicide is one of those chaotic events for the people left behind, we try to find something in it all that does make sense. One of those things is taking on the blame for the suicide. We did something wrong. We missed the warning signs. We said or did something that led them to take their lives. It has to be us because that is the only thing that makes sense.

It is not our fault that they took their lives. It was not our choice or responsibility. No matter how much it hurts, we have to give them the ownership of their choice. It is hard enough facing and dealing with the loss; we do not have to also take on their pain. We empathize with how they felt and hope that we can help others who may be feeling the same way, but we do not take on their pain and make it our own.

Daniel J. Crampton, PsyD, Paramedic (Retired)

Reflection

What part of Dr. Crampton's essay landed with you the most? Why do you think that is?

Is there guilt you have been carrying since the loss? What does it tell you? What would it mean to give that guilt back?

Dr. Crampton writes that the suicidal person's pain was what consumed them, not the people around them. Does that thought bring you any relief? Does any part of you resist it?

Chapter 6

Taking Care of Yourself

Grief is exhausting in a way that is hard to describe until you are inside it.

It is not just the sadness. It is the weight of carrying something enormous every single day, often while still showing up for work, for family, for the people who depend on you. Grief takes energy that most people do not realize they are spending. And when the tank runs low, everything gets harder.

Taking care of yourself during grief is not a luxury. It is not selfish. It is not a sign that you have moved on or that you care less about the person you lost. It is what makes it possible to keep going, and eventually, to heal.

For First Responders, self-care can feel like a foreign concept. The job is built around taking care of others. Putting yourself first can feel uncomfortable, even wrong. But consider this. On every commercial flight, the safety briefing says the same thing. Put your own oxygen mask on before helping others. That is not selfishness. That is survival. And it applies here, too.

Your Body Needs Attention

Grief lives in the body as much as it lives in the mind. The physical effects of loss are real, and ignoring them does not make them go away. Here are some of the most important things you can do for your body during this time.

Sleep

Sleep is complicated for First Responders, even on a good day. Shift work, irregular schedules, and the nature of the job itself mean that many First Responders have never had a great

relationship with sleep to begin with. Add grief to that, and it becomes even harder.

The mind that spent a career staying alert for the next call does not easily switch off. The hypervigilance that keeps a First Responder safe on the job follows them home. In grief, that already-activated nervous system has even more to process.

The nights can feel very long.

What happens on shift can also make this worse. A First Responder who is grieving may go from a difficult call directly back to the station, or directly home, without any real transition time to decompress. The grief is still there when the adrenaline fades. Sometimes it hits hardest at 3 in the morning when the house is quiet, and there is nothing left to do but feel it.

Here are some things that can help:

Give yourself a wind-down buffer between the end of a shift and sleep if at all possible. Even 20 or 30 minutes of quiet, away from screens and noise, can help the nervous system begin to settle.

Try to establish some consistency in your sleep schedule, even when shift work makes that difficult. Anchoring your routine to small rituals, a few minutes outside, a moment to reflect on something you are grateful for, something that signals to your body that the shift is over, can make a difference over time. Limit screens and devices before bed. Keep your room dark and cool. Avoid caffeine for at least three hours before sleep.

Avoid alcohol as a sleep aid. It is one of the most common things people reach for after a hard day or a hard loss, and it is one of the most counterproductive. Alcohol may help you fall asleep, but it significantly disrupts the quality of your sleep and tends to make grief feel heavier the next day. For First Responders already at elevated risk for substance use, leaning on alcohol during grief is worth paying close attention to.

If sleep problems persist and are significantly affecting your ability to function, talk to your doctor. You do not have to white-knuckle your way through this alone.

Food and Hydration

Grief often disrupts appetite. Some people cannot eat. Others eat without nourishment, reaching for whatever is easy rather than what genuinely helps. Neither extreme serves the body well during an already difficult time.

Try to eat regular meals, even small ones. Choose foods that give your body something to work with. Drink water throughout the day. Avoid using alcohol as a way to cope. It is a depressant, and in the context of grief, it tends to deepen the darkness rather than lift it.

If grocery shopping or cooking feels overwhelming, ask someone for help. Most people who offer to help after a loss mean it sincerely. Letting them bring a meal or stock your refrigerator is not a weakness. It is allowing the people who love you to show up for you.

Movement

Exercise is one of the most effective natural supports for grief. It releases chemicals in the brain that improve mood, reduce anxiety, and support better sleep. It does not have to be intense. A walk outside. A bike ride. Gentle stretching. Even moderate movement done consistently makes a real difference.

If you exercised regularly before the loss, try to maintain some version of that routine. If you did not, now is a good time to start small. Movement gets you out of your head and back into your body, which is exactly where healing happens.

Your Emotional Self Needs Attention Too

Taking care of yourself emotionally during grief looks different for everyone. But some things tend to help across the board.

Let yourself feel it.

Grief that gets suppressed does not disappear. It goes underground and finds other ways to surface, sometimes as anger, sometimes as physical symptoms, sometimes as behaviors that create new problems. Allowing yourself to actually feel the grief, to cry, to sit with the sadness, to acknowledge what you have lost, is not falling apart. It is the work of healing.

Talk to someone

Isolation is one of grief's most reliable companions. And it is one of the things most likely to make grief more complicated over time. Talking to someone you trust, whether that is a friend, a family member, a peer support team member, or a counselor, breaks the isolation in a way that nothing else quite does.

You do not need someone to fix anything or say the right thing. You need someone to sit with you in it without flinching. That kind of presence is one of the most powerful things one human being can offer another.

Give yourself permission

Permission to grieve on your own timeline. Permission to have good days without feeling guilty about them.

Permission to laugh, to rest, to enjoy something, to be somewhere other than inside the grief for a few hours. None of that is a betrayal of the person you lost. All of it is part of surviving.

Laughter in particular can feel wrong after a significant loss. It is not. Laughter releases chemicals that support healing, relaxes the nervous system, and gives the mind a temporary rest from the weight of grief. You are allowed to laugh. You are allowed to feel moments of lightness. Those moments do not mean you have forgotten. They mean you are still alive, and

that matters.

Protect your sense of self

Extended grief can quietly erode a person's sense of who they are outside of the loss. Especially for First Responders, whose identity is often so tied to the job and to being strong, grief can feel like a threat to the self they have always known.

You are still you. The loss has changed things. It has not changed everything. Your values, your relationships, your purpose, the things that made you who you are before this happened, those are still there. Part of healing is finding your way back to them, one small step at a time.

Reflection

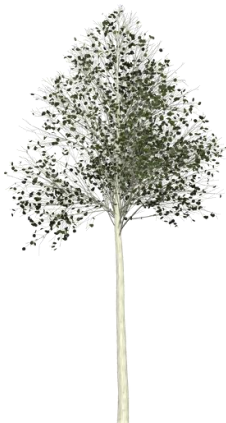
How well are you sleeping right now? What is getting in the way of rest?

How would you describe your eating and drinking habits since the loss? Is there anything you know you should change but have not yet?

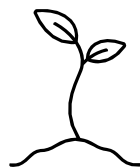
When did you last move your body in a way that felt good? What would it take to do that again this week?

Is there someone in your life you can talk to honestly about what you are going through? If not, what is standing in the way of finding that person?

What is one small thing you could do for yourself today, not tomorrow, not next week, today, that would be an act of genuine care for yourself?



Chapter 7



Practical Steps Toward Healing

Healing from grief is not a passive process. It does not happen simply by waiting long enough. It happens because you make small, intentional choices, day after day, that slowly move you forward. Not away from the person you lost. Forward. There is a difference.

This chapter is about action. Not the kind of action First Responders are trained for, fast, decisive, and aimed at fixing something. Grief cannot be fixed. But it can be worked. And the people who come through it most whole are usually the ones who engage with it rather than outrun it.

None of what follows requires you to have it all together. It just requires a willingness to try.

For the Person Who Is Grieving

Forgive yourself for where you are

You are not failing by still hurting. You are not weak because this is hard. You are not behind because someone else seems to be handling their grief differently. Grief does not run on a schedule, and it does not grade on a curve.

Allow yourself to be exactly where you are without judgment. That is not giving up. That is the foundation on which everything else gets built.

Talk about it

Grief shrinks when it is spoken out loud. Not all at once, and not to everyone. But finding at least one person you trust

enough to be honest with, and then actually being honest with them, is one of the most important things you can do.

This is particularly hard for First Responders. Talking about pain can feel like exposing a vulnerability that the job has trained them to keep hidden. But the same toughness that serves them on scene can work against them here. Saying out loud what you are carrying is not a weakness. It is one of the bravest things a person can do.

Find others who understand

There is something that happens in a room full of people who have experienced the same kind of loss. The isolation lifts in a way that even the best one-on-one conversation cannot always replicate. Grief support groups, and especially suicide loss survivor groups, connect you with people who do not need the loss explained to them. They already know. That shared understanding is its own kind of medicine.

For First Responders, peer support is a natural fit. Talking to someone who has worn the same uniform, worked the same shifts, and carried the same weight is different from talking to someone who has not. If your department has a peer support team, that is a resource worth using. If it does not, the resources section at the back of this booklet can help point you toward one.

Seek professional support

Sometimes grief becomes a place we cannot find our way out of alone. There is no shame in that. A trained counselor, particularly one who understands First Responder culture, can provide a structured and compassionate space to process what you are carrying and begin to move forward with intention.

Asking for help is not a sign that you are broken. It is a sign that you are serious about healing.

Rebuild routine

Loss disrupts the orderliness of life. Routines that used to be automatic now feel different or empty. Rebuilding them, even in small ways, is a meaningful step toward stability. It does not mean pretending everything is normal. It means giving your days enough structure to function within.

Start small. A consistent wake time. A short walk. A meal at the table instead of standing over the sink. These things matter more than they seem.

Allow moments of lightness.

This bears repeating because it is something many grieving people struggle to give themselves permission for. You are allowed to laugh. You are allowed to enjoy something. You are allowed to have a good day without it meaning anything about how much you loved the person you lost.

Lightness is not a betrayal. It is evidence that you are still alive. Honor that.

Return to work thoughtfully

For some people, returning to work provides helpful structure and a sense of purpose. For others, it is an economic necessity. Either way, going back is rarely simple, especially for First Responders whose work brings them into contact with trauma, loss, and crisis regularly.

Be honest with yourself about where you are. Consider talking to a supervisor or peer support member before your first shift back. Permit yourself to have a harder day than usual. And if the job begins to feel unmanageable in the context of your grief, that is important information worth sharing with someone you trust.

Watch what you reach for

Grief is uncomfortable. The temptation to reach for something that makes it feel less uncomfortable is real and understandable. Alcohol. Overworking. Isolation. Numbing

out in front of a screen for hours. These things offer temporary relief and tend to make the underlying grief harder to process over time.

This is not a judgment. It is a caution. First Responders are at elevated risk for substance use, and grief is one of the most common triggers. If you notice yourself reaching for something more than is healthy, pay attention to that. Talk to someone about it.

What to Avoid

While every person's grief is their own, some patterns tend to make healing harder:

- Isolating for extended periods without connection to others
- Using alcohol or substances to manage the pain
- Suppressing grief to appear strong or functional
- Making major life decisions in the early months of acute grief
- Comparing your grief to someone else's timeline or experience
- Telling yourself you should be over it by now

That last one deserves particular attention. There is no “should” in grief. Anyone who tells you otherwise has not yet lost what you have lost.

Reflection

What is one thing on this list that you know you need to do but have been avoiding? What is making it hard?

Have you found anything that genuinely helps, even a little? What is it, and how can you do more of it?

Is there anything you have been reaching for to manage the pain that you know is not serving you? What would it take to reach for something different?

What does your current daily routine look like? Is there one small thing you could add or change that might help create more stability?

If you could say one thing to yourself six months from now, what would you want that person to know?

Chapter 8



How to Help Someone Who Is Grieving

Watching someone you care about grieve is one of the hardest things there is.

You want to help. You want to say the right thing. You want to do something that makes even a small difference. And at the same time, you may feel completely at a loss for what that looks like. Most people do. The discomfort of not knowing what to say or do can sometimes cause well-meaning people to pull back at exactly the moment the grieving person needs them most.

This chapter is for the people who want to show up. The family members, friends, colleagues, and peer support team members who are standing beside someone in grief and wondering how to help.

The good news is that helping does not require the perfect words. It does not require fixing anything. It requires presence, patience, and a willingness to keep showing up even when it feels awkward.

What to Say

Most people overthink this. The goal is not to say something profound. The goal is to say something human. Here are some things that tend to land well:

- "I am so sorry for your loss."
- "I do not know what to say, but I want you to know I am here."
- "You do not have to go through this alone."

- "I am not going anywhere."
- "Would you like to talk about them? I would love to hear about who they were."
- "How are you doing today, really?"
- "I have been thinking about you."
- "You do not have to be okay right now."
- "Take all the time you need. I am not keeping score."
- "Is there anything you need right now, even something small?"

For those supporting someone after a suicide loss, a few additional things are worth saying out loud:

- "What happened was not your fault."
- "You loved them. That was real, and it still is."
- "The questions you have make complete sense. You do not have to have answers."
- "I am not uncomfortable talking about how they died. You can say it out loud with me."

That last one matters more than people realize. One of the loneliest parts of suicide loss is the sense that the cause of death cannot be named. When someone gives explicit permission to talk about it openly, it can be a profound relief.

What Not to Say

These are said with good intentions almost every time. They still tend to cause harm.

- "Everything happens for a reason."
- "They are in a better place."
- "At least they are not suffering anymore."
- "I know exactly how you feel."
- "You need to stay strong."

- "You should be feeling better by now."
- "Try to think of the good times."
- "They would want you to be happy."
- "Let me know if you need anything." (Well-meaning but puts the burden on the grieving person to ask. Offer something specific instead.)

For First Responders specifically, there are a few additional things worth avoiding:

- "You see death all the time. You should be used to this."
- "You are tough. You will get through this."
- "At least you know how to handle hard things."

These comments, however well-intended, dismiss the very real humanity of the person grieving. A First Responder who has responded to hundreds of calls has not become immune to loss. They have just learned to hide it well.

Acknowledging their humanity rather than their toughness is almost always the more helpful choice.

What to Do

Words matter. Actions matter more. Here are some of the most meaningful things you can do for someone who is grieving:

Show up without being asked

Do not wait to be told what is needed. Most grieving people do not know what they need, and even if they do, asking for it can feel like an enormous effort. Show up. Bring food. Mow the lawn. Take the kids for an afternoon. Drop off groceries. These acts of practical care carry a weight that words alone cannot.

Keep showing up

The first few days after a loss are usually filled with people.

Cards arrive. Meals are dropped off. The phone rings. And then, after a few weeks, the world goes back to normal for everyone except the person who is grieving. That is when the isolation tends to set in hardest.

Make a point of checking in weeks and months after the loss. A text that says "I was thinking about you today" costs nothing and means everything. Grief does not end after the funeral. Neither should your support.

Extend invitations without pressure

A grieving person may say no to most things for a while. Invite them anyway. To dinner, to a walk, to something low- key and easy. Make clear that there is no pressure and no expectation. The invitation itself communicates that they are still thought of, still wanted, still part of a life beyond the grief.

Be a witness, not a fixer

One of the most important things you can do for a grieving person is simply to be present without trying to make it better. Sit with them. Listen without interrupting. Let there be silence if that is what is needed. Resist the urge to offer solutions or silver linings.

Grief does not need to be fixed. It needs to be witnessed. Being willing to sit in that discomfort alongside someone is one of the most generous things a human being can do for another.

Walk down memory lane

Talk about the person who died. Say their name. Share a memory. Ask about who they were. Many grieving people fear that the person they lost will be forgotten or that others are uncomfortable with the mention of them. Bringing them up gently and naturally signals that their life mattered and that their memory is welcome in the conversation.

Know when to encourage professional support

If the person you are supporting shows signs of complicated grief, if their functioning is significantly impaired, if they are expressing thoughts of not wanting to be alive, or if they seem to be using substances to cope, it is appropriate and caring to gently encourage them to seek professional support.

You do not have to have the perfect script for that conversation. Something simple and direct works. "I am worried about you. I think talking to someone could really help. Can I help you find someone?" That is enough.

For First Responders supporting a colleague, peer support training provides specific guidance on how to have these conversations. If you have not had that training and your department has a peer support team, that is a resource worth connecting with.

Reflection

Think of someone in your life who is grieving right now. What is one specific thing you could do for them this week, not someday, this week?

Has there been a time when someone said or did exactly the right thing for you in a moment of grief? What was it? Why did it help?

Has there been a time when someone said something that made your grief harder, even though they meant well? What would you have needed instead?

If you are a peer support team member or in a leadership role, what is one thing you could do differently in your department to make it safer for people to grieve openly?



Chapter 9

What to Expect in the First Days

The hours and days immediately following a loss are unlike anything else.

Even people who have experienced loss before are often caught off guard by what those first days actually feel like. There is a strange combination of chaos and stillness.

Decisions that need to be made while the mind is barely functioning. People arriving. Phones ringing. And underneath all of it, a grief that has not yet fully landed because the reality of the loss is still finding its way in.

This chapter is for those first days. Not to tell you how to feel, but to give you a sense of what to expect, who may show up, and what support is available, so that when it arrives, you recognize it for what it is.

The First Hours

In the immediate aftermath of a loss, especially a sudden or traumatic one, most people describe feeling numb. Disoriented. Like they are watching themselves from outside their own body. This is a normal response to shock. The nervous system is doing what it is designed to do, managing an overwhelming amount of information by slowing things down.

During this time, basic functioning can be difficult. Simple decisions can feel impossible. Eating, sleeping, and taking care of basic needs often fall away entirely in the first hours.

If you are the one who has just experienced a loss, try to have someone with you if at all possible. Not necessarily someone who talks a lot. Just someone present. Who can

answer the door? Who can make sure you drink some water? Whose presence reminds you that you are not completely alone in this.

If you are the one supporting someone in those first hours, your job is simple. Stay. Do not try to fix anything. Do not fill the silence. Just stay.

Who May Show Up

In the days following a loss, particularly a sudden or traumatic one, several people and organizations may reach out or appear. Knowing who they are and what they offer can help make those early interactions less overwhelming.

Law Enforcement and First Responders

If the death involved emergency services, law enforcement, or other First Responders may be present in the early hours. They are there to do their job, and in most cases, they will do it with as much care and respect as the situation allows. If you have questions about what happened, it is appropriate to ask. You may not get all the answers immediately, but you are entitled to ask.

Victim Advocates and Chaplains

Many law enforcement agencies and fire departments have victim advocates or chaplains who can be called to the scene or to the family in the immediate aftermath of a loss. These individuals are trained specifically to support people in crisis. They can help navigate the practical steps, connect families to resources, and provide a calm and compassionate presence during an overwhelming time. If one is available to you, accept the support.

The Medical Examiner or Coroner

In cases of sudden, unexpected, or traumatic death, the medical examiner or coroner will be involved. Their role is to

determine the cause and manner of death. This process can feel clinical and impersonal at a time when everything feels raw. It is okay to ask questions about the process and about timelines. It is also okay to ask for support in understanding what is happening and what comes next.

Funeral Home Staff

Funeral home staff are accustomed to working with families in acute grief. They can guide you through the practical decisions that need to be made, including arrangements, documentation, and timing. If decisions feel overwhelming, it is completely appropriate to ask for more time or to have someone you trust present during those conversations.

L.O.S.S. Teams

In some communities, a team of trained volunteers may reach out in the hours or days following a suspected suicide loss.

These are called L.O.S.S. Teams, which stands for Local Outreach to Suicide Survivors. The model was originally developed by Dr. Frank Campbell at the Baton Rouge Crisis Intervention Center in 1998 and has since spread to communities across the United States and Canada.

What makes L.O.S.S. Teams unique is that every member has personally experienced a suicide loss. They are not crisis workers in the traditional sense. They are survivors who have been trained to reach out to the newly bereaved and offer something that no professional credential can provide: the living proof that it is possible to survive this.

If a L.O.S.S. Team reaches out to you, know that they are not there to assess you or report on you. They are there because they have been where you are, and they want you to know that you are not alone.

Not every community has a L.O.S.S. Team. If yours does not, the resources section at the back of this booklet lists organizations that can provide similar support remotely or help

connect you with local services.

Practical Matters in the First Days

Beyond the emotional weight of early loss, there are practical things that tend to need attention. Having someone help you navigate these can make an enormous difference.

Some of the things that may need to be addressed in the first days include:

- Notifying family members and close friends
- Contacting an employer or department about leave
- Beginning to make arrangements with a funeral home
- Managing the immediate needs of children or other dependents in the household
- Securing the home and any immediate financial matters
- Coordinating with the medical examiner or coroner regarding timelines

None of these has to be handled alone. Ask for help. Accept help when it is offered. The people who love you want to be useful, and these are exactly the kinds of tasks where practical support makes a real difference.

A Note for First Responder Families

When a First Responder experiences a loss, the department often shows up. That can be a profound source of comfort. It can also, at times, feel overwhelming or complicated, particularly if the loss involved a colleague or if the circumstances of the death are difficult.

Departments grieve differently than families do. The institutional response, the protocols, the chain of command, and the way information gets communicated may not always align with what the family needs in those first days. It is okay to name that. It is okay to ask for what you need. And it is okay to

set limits on what you can manage during an already impossible time.

If you are a department leader or peer support team member supporting a colleague or their family in the first days of a loss, your presence matters enormously. Show up. Follow the family's lead. Coordinate practical support through the department where possible. And make sure the family knows that the support does not end after the service.

Reflection

Think back to the first hours and days after your loss. What do you wish someone had done or said that did not happen?

Was there someone who showed up in those early days in a way that genuinely helped? What did they do?

Are there practical matters from those early days that are still unresolved or weighing on you? What would it take to address them?

For First Responders and their families: How did your department show up after the loss? Was that experience helpful, complicated, or both?

Resources and Support

You don't have to find your way through this alone. The following organizations offer support for people navigating grief, suicide loss, and mental health challenges. This list includes both national resources and resources specific to First Responders.

Crisis Support

If you or someone you know is in immediate crisis, please reach out now.

988 Suicide and Crisis Lifeline

Call or text 988 | Available 24 hours a day, seven days a week | www.988lifeline.org

Crisis Text Line

Text HOME to 741741 | Available 24 hours a day, seven days a week | www.crisistextline.org

First Responder Support

Call or text 988 | Text BADGE to 741741 | Available 24 hours a day, seven days a week

Veterans Crisis Line

Call 988 and press 1 | Text 838255 | www.veteranscrisisline.net

Grief and Suicide Loss Support

American Foundation for Suicide Prevention (AFSP)

Support groups and resources for suicide loss survivors | www.afsp.org/find-support

Alliance of Hope for Suicide Loss Survivors

24/7 online community forum for suicide loss survivors | www.allianceofhope.org

Heartbeat Survivors After Suicide

Peer support groups for suicide loss survivors |
www.heartbeaturvivorsaftersuicide.org

Friends for Survival

Nationwide support network for suicide loss survivors |
www.friendsforsurvival.org

The Dougy Center

Resources and support for grieving children and families |
www.dougy.org/grief-resources

Tragedy Assistance Program for Survivors (TAPS)

Support for service members, veterans, and their families |
www.taps.org

First Responder Specific Support

Status: Code 4, Inc. (SC4i)

Free counseling, mental wellness training, and peer support for
First Responders and their families in Colorado | (719) 822-3387
| www.sc4i.org

Safe Call Now

Confidential support for First Responders and their families
| 206-459-3020 | www.safecallnow.org

First Responder Support Network

Residential and outpatient treatment programs designed
specifically for First Responders | www.firstrespondersupport.org

Badge of Life

Mental health resources and support specifically for law
enforcement | www.badgeoflife.com

Firefighter Behavioral Health Alliance

Resources and support for firefighter mental health |
www.ffbha.org

National Volunteer Fire Council Behavioral Health Program

Support resources for volunteer firefighters | www.nvfc.org/programs/behavioral-health-program

First H.E.L.P.

Suicide Prevention and postvention support for First Responders | www.firsthelp.us

For Families of First Responders

Concerns of Police Survivors (COPS)

Support for families of fallen law enforcement officers | www.concernsofpolicesurvivors.org

National Fallen Firefighters Foundation

Support for families of fallen firefighters | www.firehero.org

Canadian Resources

Canadian Mental Health Association

Mental health support across Canada | www.cmha.ca

Crisis Services Canada

Call or text 1-833-456-4566 | Available 24 hours a day, seven days a week | www.crisisservicescanada.ca

First Responders First

Mental health resources specifically for Canadian First Responders | www.firstrespondersfirst.ca

Blue Wall Institute

Support and resources for Canadian law enforcement | www.bluewallinstitute.com

Suggested Reading

On Grief and Loss

Wolfelt, A. D. (2003). *Understanding your grief: Ten essential touchstones for finding hope and healing your heart*. Companion Press.

Smith, H. I. (2004). *A long shadowed grief: Suicide and its aftermath*. Cowley Publications.

Kübler-Ross, E., and Kessler, D. (2005). *On grief and grieving: Finding the meaning of grief through the five stages of loss*. Scribner.

Kessler, D. (2019). *Finding meaning: The sixth stage of grief*. Scribner.

On Suicide Loss Specifically

Wroblewski, A. (1994). *Suicide: Survivors, a guide for those left behind*. Afterwords.

Boarman, L. (2013). *Hope remains*. WestBow Press.

Kuklin, S. (1994). *After a suicide: Young people speak up*. Putnam.

For First Responders and Their Families

Gilmartin, K. M. (2002). *Emotional survival for law enforcement: A guide for officers and their families*. E-S Press.

Kirschman, E. (2018). *I love a cop: What police families need to know* (4th ed.). Guilford Press.

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Archibald, L. (1994). To the newly bereaved after a suicide loss.

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Status: Code 4, Inc. (SC4i) exists because First Responders deserve the same care they give to everyone else. SC4i provides free counseling, mental wellness training, and peer support resources to First Responders and their families in Colorado.

If you are in Colorado and need support, please reach out.

www.sc4i.org | (719) 822-3387

You showed up for others on their worst days. Let someone show up for you.



LOSS AND GRIEF

Although First Responders' exposure to death of individuals is a common part of the job, when one is experiencing the loss of a loved one or co-worker, the feelings of loss and grief can leave him or her feeling overwhelmed and alone. This pamphlet was designed to offer some tips and techniques to help a First Responder deal with loss and grief.

