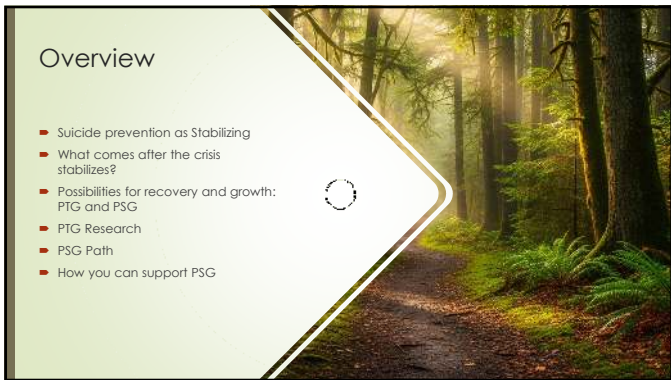




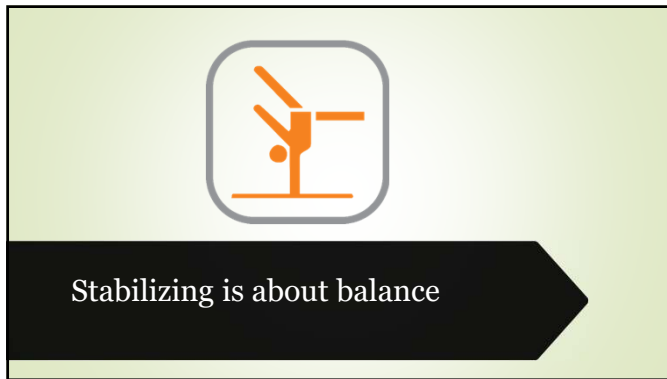
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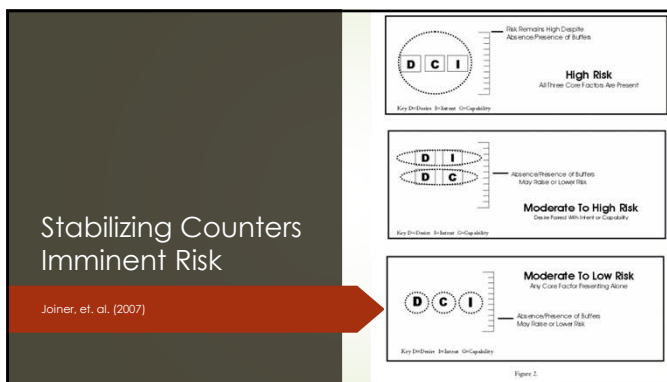
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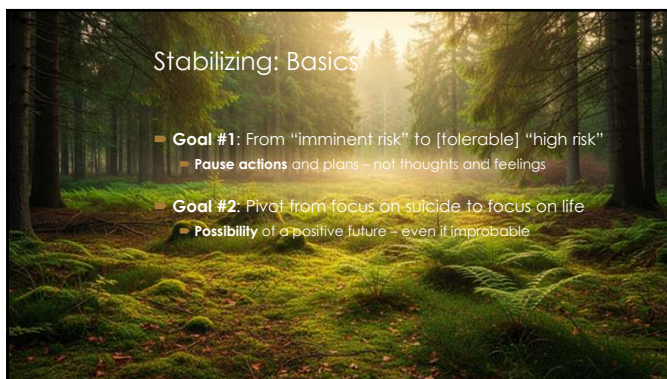
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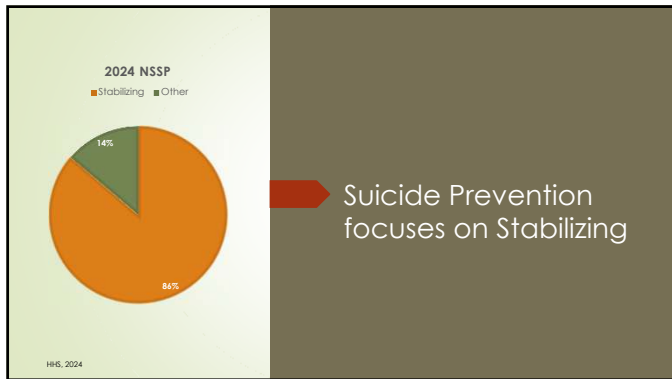
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7

Life Promotion Philosophy: The Pivot

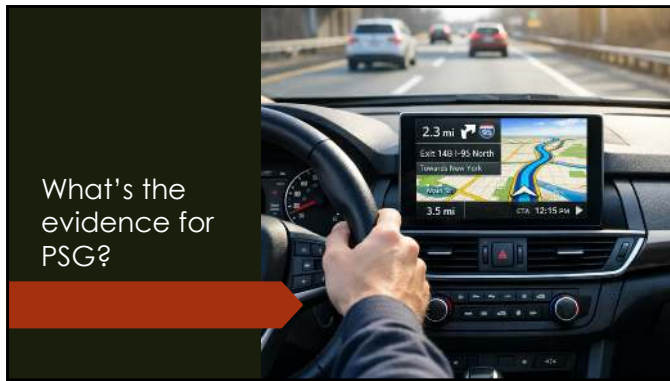
- What comes after Stabilizing?
- Stabilizing = Balance... but we want to move forward
- After preventing death, add recovery and growth
- Aiming toward Life is intrinsically Anti-Death

8

The Post-Suicidal Growth (PSG) Path

- Stabilizing
- Recovering
- Reflecting
- Cultivating
- Integrating

9



10



11

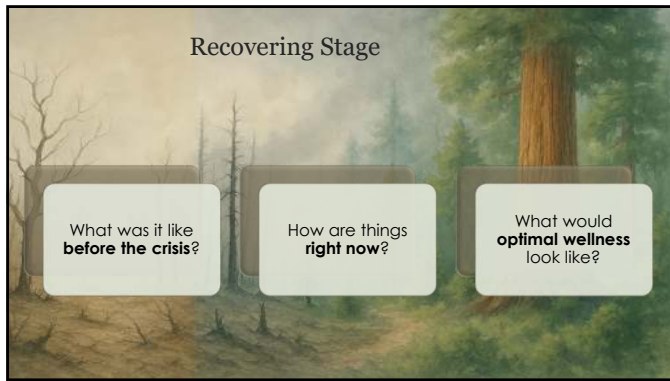
Holistic Recovery Focus

- From "high risk" to "OK" baseline / pre-crisis level
- Dimensions of Wellness
 - Emotional: perceptions
 - Physical: capacity
 - Spiritual: beliefs
 - Social: tangible and emotional support
 - Financial: basic needs and continuity of care
 - Occupational: employment
 - Environmental: living space
 - Intellectual: job or volunteer pursuits

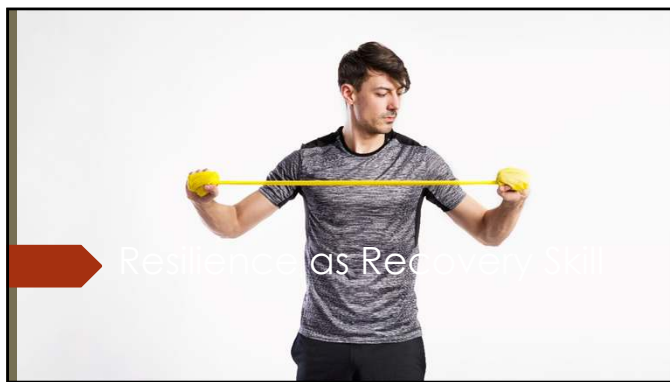
WELLNESS

Swarbrick, M. (2023); Swarbrick, et al. (2025)

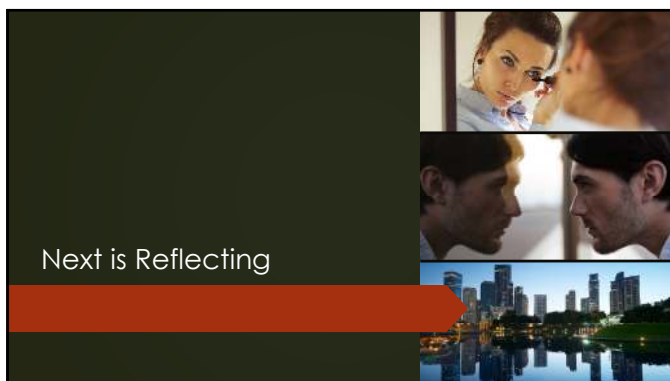
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14



15




Post-Traumatic Growth (PTG)

- New Possibilities
- Deeper Relationships
- Personal Strengths
- Spiritual or Existential Change
- Appreciation for Life

Schubert, et. al. (2015). bouldercreek.org


16



Reflecting → PTG or PSG

Post-Traumatic (PTG)	Post-Suicidal (PSG)
■ Overall experience	■ Specific crisis experience
■ Philosophy about 'life' in general	■ Information about person
■ Gestalt impression of crisis	■ Details of the crisis
■ Life mission or values	■ Critical beliefs and values
■ Evaluation of self (capabilities, strength, virtues)	■ Personal risk and protection
■ Life lessons	■ Personal priorities
	■ Self-defining QOL
	■ Examining relationships affected

17



Character Strengths and PTG

- PTG enhances character strengths in general
- Particularly high:
 - Kindness
 - Bravery
 - Gratitude
 - Hope
 - Religiousness

Peterson, et. al., 2008

18

PTG and "ruminating"

- Meta-analysis on Gender and PTG
 - Women > Men on PTG (cancer, hiv, bereavement, earthquake)
 - Hypothesized cause: **ruminative thought** (deliberative positive reappraisal) and "emotion-focused" coping
- Systematic Review on PTG
 - Promoting PTG: Sharing negative emotions, **deliberate rumination** (as opposed to intrusive), positive coping strategies, personality traits like agreeableness, **event centrality**, resilience
 - Mediators of PTG: social support, optimism

Vishnevsky, et. al., 2010; Henson et. al., 2020

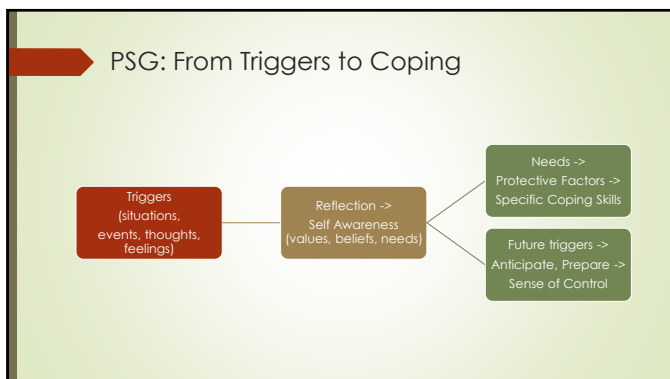
19

PTG doesn't mean zero symptoms

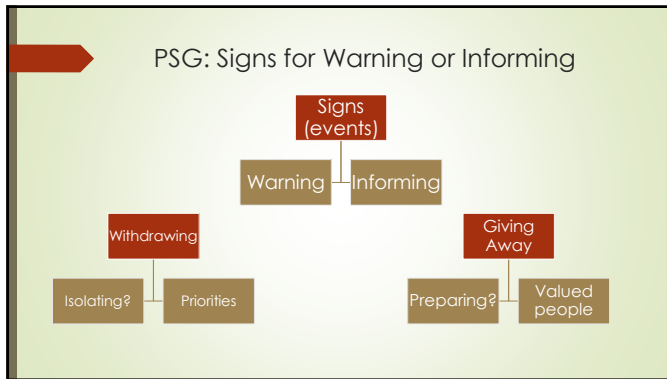
- PTG had a positive correlation with PTS (high impact)
- PTG **moderated** the connection between PTS
 - And quality of life
 - And depression
- Conclusion: PTG isn't necessarily about decreasing symptoms

Worsh et al., 2020 (cancer patients)

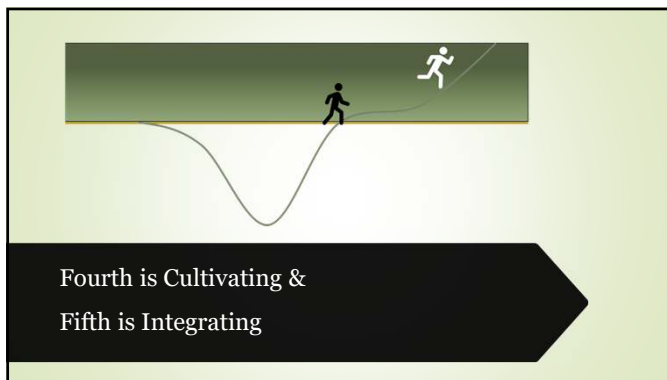
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21



22



23

Cultivating

- **Goals vs assets** = needs to learn or acquire
- Evaluate coping strategies (emotion-focused and problem-solving)
- Example: mindfulness and/or meditation
- Example: important relationships
 - Assess communication skills
 - Assess other social skills

24

PTG and Coping Strategies

- Meta-analysis on PTG and Coping
- Positive reappraisal coping had the largest effect (**benefit finding**)
- Religious coping, social support, and optimism also helped

Prati & Pietrantoni, 2009




25

Supporting PTG in First Responders

- Facilitate processing of traumatic events, **finding meaning**
- Promote adaptive **coping strategies**
- Leverage social support, and especially **peer support**
- Encourage active engagement

Dohovari, 2022




26

Supporting PTG after suicide loss

- Long-term, individualized support (**PTG takes time**)
- Strengthen social support (**peer support** is especially useful)
- Adaptive, problem-focused **coping**
- Specific, constructive planning for the future
- Encourage **self-disclosure** and open communication
- Balance between grief and growth (**meaning-making** and development)

Levi-Belz et al., 2021; Creagan et al., 2025



27

Integrating: Activating PTG/PSG

- Trying out new skills with current or new relationships
- Practicing mindfulness or meditation – alone or in a class
- Peer or mutual supports**
- Practice new or revised perspectives and skills (at home, school, or work)
- Using lived experience to help others



28

Power of Integrating

- Sharing stories of hope and recovery can help both the audience and the storyteller
- Enhances sense of purpose and **meaning**
- Helps build **connections** and community
- Counters ideation, promotes help-seeking
- Effectiveness and Safety:
 - Careful preparation
 - Media training
 - Social support
 - Address stigma and emotional aspects



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Safety and Growth Planning

Safety Plan

- Warning signs
- Coping Strategies
- Social situations / distractions
- People who could help
- Professional help
- Safe environment

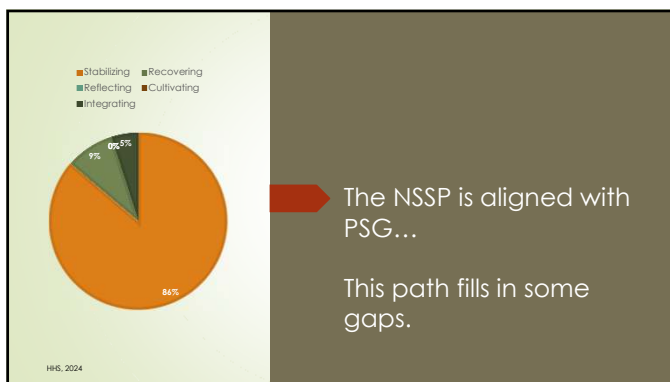
Growth Plan

- Needs / Values / Strengths
- Ways to improve coping
- Ways to improve connections
- People who help growth
- Professional resources for growth
- Wellness environment

30



31



The NSSP is aligned with PSG...

This path fills in some gaps.

32

Contact: drlezine@livedexp.academy

Q&A

33

Annotated Bibliography

Keynote: *The Path Beyond the Crisis: Supporting Growth After Suicidal Despair*

Boulder Crest Foundation

Boulder Crest Foundation. (n.d.). *The PTG Resource Center*.

<https://bouldercrest.org/ptg-resource-center/>

Annotation. This practitioner-friendly resource hub curates tools, articles, and educational materials on posttraumatic growth (PTG). It's useful for clinicians and advocates who want accessible language, practical frameworks, and community-oriented resources to support growth-oriented conversations after crisis—while still acknowledging ongoing distress and complexity.

Creegan et al.

Creegan, M., O'Connell, M., Griffin, E., & O'Connell, S. (2025). Exploring posttraumatic growth in individuals bereaved by suicide: A secondary data analysis of a national survey. *Death Studies*, 49(8), 1023–1031. <https://doi.org/10.1080/07481187.2024.2376823> (Taylor & Francis Online)

Annotation. This study examines growth-related experiences among people bereaved by suicide, highlighting how meaning-making and support can coexist with grief. For a mixed audience, it helps translate PTG into postvention settings—useful for shaping peer/community supports and for clinicians working with complicated grief, stigma, and identity disruption after suicide loss.

Donovan

Donovan, N. (2022). Peer support facilitates post-traumatic growth in first responders: A literature review. *Trauma*, 24(4), 277–285. <https://doi.org/10.1177/14604086221079441> (Taylor & Francis Online)



Annotation. This review synthesizes how peer support can help trauma-exposed workers (e.g., first responders) move toward growth, emphasizing normalization, shared understanding, and mutual coping. It offers a compelling bridge between clinical care and community/advocacy work: peer connection is not “extra”—it can be a mechanism that supports recovery and growth.

Henson et al.

Henson, C., Truchot, D., & Canevello, A. (2021). What promotes post traumatic growth? A systematic review. *European Journal of Trauma & Dissociation*, 5(4), 100195.
<https://doi.org/10.1016/j.ejtd.2020.100195> (ScienceDirect)

Annotation. This systematic review maps factors associated with PTG (e.g., coping strategies, cognitive processing, emotional disclosure, and context). For clinicians, it provides a research-backed menu of “growth ingredients” that can be incorporated into treatment planning after stabilization (especially deliberate and purposeful rumination). For advocates, it validates why storytelling, connection, and skill-building matter.

Joiner et al.

Joiner, T., Kalafat, J., Draper, J., Stokes, H., Knudson, M., Berman, A. L., & McKeon, R. (2007). Establishing standards for the assessment of suicide risk among callers to the National Suicide Prevention Lifeline. *Suicide and Life-Threatening Behavior*, 37(3), 353–365.
<https://doi.org/10.1521/suli.2007.37.3.353> (PubMed)

Annotation. This paper outlines a standards-oriented approach to suicide risk assessment in crisis services, emphasizing consistent, high-quality identification of acute risk. It supports keynote framing that **stabilization and safety are foundational**—and that strong assessment practices help create the conditions where recovery and growth can begin.

Kirchner & Niederkrotenthaler

Kirchner, S., & Niederkrotenthaler, T. (2024). Experiences of suicide survivors of sharing their stories about suicidality and overcoming a crisis in media and public talks: A qualitative study. *BMC Public Health*, 24(1), 142. <https://doi.org/10.1186/s12889-024-17661-4> (Springer)



Annotation. This qualitative study explores what it's like for people with lived experience to share recovery-oriented stories publicly—what helps, what risks exist, and what support is needed. It's particularly relevant for advocates and organizations doing storytelling safely, and for clinicians supporting clients who want to share their narrative without being harmed by exposure, backlash, or reactivation.

Levi-Belz et al.

Levi-Belz, Y., Krynska, K., & Andriessen, K. (2021). Turning personal tragedy into triumph: A systematic review and meta-analysis of studies on posttraumatic growth among suicide-loss survivors. *Psychological Trauma: Theory, Research, Practice, and Policy*, 13(3), 322–332. <https://doi.org/10.1037/tra0000977> (PubMed)

Annotation. This meta-analysis focuses on PTG among suicide-loss survivors, summarizing patterns and correlates of growth. It is useful for emphasizing that growth is **possible but not inevitable**, and that supports (including peer and relational supports) can influence outcomes. It also helps keep the keynote trauma-informed: growth language should be invitational, not pressuring.

Morrill et al.

Morrill, E. F., Brewer, N. T., O'Neill, S. C., Lillie, S. E., Dees, E. C., Carey, L. A., & Rimer, B. K. (2008). The interaction of post-traumatic growth and post-traumatic stress symptoms in predicting depressive symptoms and quality of life. *Psycho-Oncology*, 17(9), 948–953. <https://doi.org/10.1002/pon.1313> (PubMed)

Annotation. This study shows that PTG and posttraumatic stress symptoms can co-occur, and that growth may buffer (or interact with) distress in relation to depression and quality of life. For clinicians and advocates, it reinforces a core message for post-crisis work: **recovery and growth are not “either/or.”** People can be suffering and still building a life worth living.

Niederkrötenhaller et al.

Niederkrötenhaller, T., Till, B., Kirchner, S., Sinyor, M., Braun, M., Pirkis, J., Tran, U. S., Voracek, M., Arendt, F., Ftanou, M., Kovacs, R., King, K., Schlichthorst, M., Stack, S., & Spittal, M. J. (2022). Effects of media stories of hope and recovery on suicidal ideation and



help-seeking attitudes and intentions: Systematic review and meta-analysis. *The Lancet Public Health*, 7(2), e156–e168. [https://doi.org/10.1016/S2468-2667\(21\)00274-7](https://doi.org/10.1016/S2468-2667(21)00274-7) ([The Lancet](#))

Annotation. This meta-analysis supports the “Papageno effect”: recovery-oriented media stories can reduce suicidal ideation and improve help-seeking attitudes and intentions. It provides strong evidence for integrating **hopeful, non-glamorizing narratives** into advocacy, training, and clinical psychoeducation—especially when paired with safe messaging guidelines and support for storytellers.

Peterson et al.

Peterson, C., Park, N., Pole, N., D’Andrea, W., & Seligman, M. E. P. (2008). Strengths of character and posttraumatic growth. *Journal of Traumatic Stress*, 21(2), 214–217. <https://doi.org/10.1002/jts.20332> ([PubMed](#))

Annotation. This paper links character strengths to posttraumatic growth, aligning well with a “life promotion” orientation that emphasizes strengths, purpose, and identity reconstruction. Clinically, it supports strengths-based formulations after crisis. For advocates, it offers hopeful language: growth can include deepening values, relationships, and self-understanding—not just symptom reduction.

Prati & Pietrantonio

Prati, G., & Pietrantonio, L. (2009). Optimism, social support, and coping strategies as factors contributing to posttraumatic growth: A meta-analysis. *Journal of Loss and Trauma*, 14(5), 364–388. <https://doi.org/10.1080/15325020902724271> ([Taylor & Francis Online](#))

Annotation. This meta-analysis highlights robust correlates of PTG—especially social support and coping styles—offering a research-backed rationale for integrating community connectedness and peer support into post-crisis care. It’s a strong “bridge” citation for audiences who want evidence that relational support is not just comforting, but growth-promoting.



Schubert et al.

Schubert, C. F., Schmidt, U., & Rosner, R. (2016). Posttraumatic growth in populations with posttraumatic stress disorder: A systematic review on growth-related psychological constructs and biological variables. *Clinical Psychology & Psychotherapy*, 23(6), 469–486.
<https://doi.org/10.1002/cpp.1985> (PubMed)

Annotation. This systematic review synthesizes PTG research in PTSD populations, including how growth relates to psychological constructs and (more tentatively) biological variables. It supports nuanced messaging: growth can be part of the post-trauma landscape, but it's complex, can be influenced by therapy processes, and should be approached without implying that trauma is “good” or required for transformation.

Stanley & Brown

Stanley, B., & Brown, G. K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice*, 19(2), 256–264.
<https://doi.org/10.1016/j.cbpra.2011.01.001> (ScienceDirect)

Annotation. This foundational paper describes Safety Planning Intervention (SPI), a practical, collaborative approach to navigating suicidal crises through warning signs, coping strategies, and support activation. For this keynote, it anchors the “stabilizing” phase: growth work comes later, but it depends on having a concrete, usable plan that preserves agency while increasing safety.

Swarbrick (Wellness Model evolution)

Swarbrick, M. (2023). *The evolution of the Wellness Model* (Unpublished manuscript). Collaborative Support Programs of New Jersey.
<https://cspnj.org/wp-content/uploads/2024/02/Wellness-Model-Evolution-2023-1.pdf> (PubMed)

Annotation. This manuscript traces how the wellness-oriented framework evolved—especially relevant for moving beyond “risk-only” care into holistic recovery and life-building. It supports a mixed-audience message: wellness isn't a soft add-on; it's a structured approach to rebuilding quality of life across multiple domains in ways that can complement clinical treatment and peer/community support.



Swarbrick et al. (Wellness Inventory)

Swarbrick, M., Di Bello, A., Eissenstat, S. J., Nemec, P. B., Hien, D. A., & Gill, K. J. (2025). Factor structure, reliability, and construct validity of the wellness inventory. *Psychiatric Services*, 76(3), 263–269. <https://doi.org/10.1176/appi.ps.20230622> ([Psychiatry Online](#))

Annotation. This psychometric study strengthens the evidence base for measuring wellness as a meaningful, assessable construct. For clinicians, it offers support for integrating wellness tracking into treatment planning and outcomes. For advocates and peer supporters, it validates wellness as “real” and measurable—helpful when advocating for funding, programming, or system change focused on post-crisis quality of life.

US HHS

U.S. Department of Health and Human Services. (2024, April). *National strategy for suicide prevention.* <https://www.hhs.gov/programs/prevention-and-wellness/mental-health-substance-use-disorder/national-strategy-suicide-prevention/index.html> (zerosuicide.edc.org)

Annotation. The national strategy frames suicide prevention as a coordinated public health effort, emphasizing systems, equity, and cross-sector action. In this keynote the NSSP is used as an indicator of what the field of suicide prevention currently focuses on, and what direction it is moving in. Most NSSP content was categorized as having a Stabilizing focus based on goals and objectives centered around reducing onset of risk, lethal means reduction, crisis intervention, crisis response, or surveillance/research around morbidity and mortality.

Vishnevsky et al.

Vishnevsky, T., Cann, A., Calhoun, L. G., Tedeschi, R. G., & Demakis, G. J. (2010). Gender differences in self-reported posttraumatic growth: A meta-analysis. *Psychology of Women Quarterly*, 34(1), 110–120. <https://doi.org/10.1111/j.1471-6402.2009.01546.x> ([SAGE Journals](#))

Annotation. This meta-analysis reports modest gender differences in self-reported PTG, contributing to a more nuanced understanding of how growth is experienced and reported across groups. In particular, it focuses on the potential role for intentional or purposeful rumination as a means of processing trauma or crisis.

