



Suicide Loss and Therapy: How to Know If a Clinician Will Help

Going to a therapist for the first time after suicide loss is unfamiliar territory, especially if you have always handled things yourself. This guide covers what to look for in a clinician, what to ask before you commit, and what actually happens once you are in the room, so you are not walking in blind.

■ If You Are Having Thoughts of Suicide

Some survivors experience their own thoughts of suicide as part of the grief. If that is where you are, please reach out before anything else. Call or text **988** any time, day or night. You do not have to be in immediate danger to call. Feeling overwhelmed and in pain is enough reason.

Why Suicide Loss Can Push Past the Self-Reliant Wall

Suicide grief is different in kind, not just in degree. Beyond the grief itself, many survivors carry guilt, relentless “if only” thinking, trauma responses, sleep disruption, and an inability to concentrate. These do not respond well to willpower alone. The feeling that this has become unmanageable is not a character flaw. It is honest information.

Evaluating the Fit

Signs the fit is right

- You leave feeling heard, not managed
- The clinician does not rush to fix you
- They sit with uncertainty alongside you
- They ask about who the person was, not only how they died
- They tolerate the unanswered “why” without offering false certainty
- They respect your pace without pushing

Red flags

- “You’re dwelling too much”
- Pivots to positive thinking before you have grieved
- Avoids saying the word “suicide”
- You consistently leave feeling worse about yourself

Questions to ask before you commit

- Have you worked with suicide loss survivors before?
- What do you understand about how suicide grief differs?
- What is your approach in early sessions?
- How do you feel about grief that takes longer than expected?
- Are you trauma-informed? Do you have training in EMDR?

Where to find suicide-trained clinicians

AFSP maintains a directory of clinicians who have completed suicide bereavement-specific training:

afsp.org/suicide-bereavement-trained-clinicians

Ask About Trauma-Informed Care

If you discovered the person who died, were present at the scene, or carry intrusive memories that keep returning, your grief also has a trauma dimension. Ask any prospective clinician directly: *Are you trauma-informed? Do you have training in EMDR or other trauma-focused approaches?* A clinician who cannot answer clearly may not be the right fit for a loss with this dimension.

What Actually Happens in a Therapy Session

Early sessions are less structured than most people expect. A skilled grief therapist spends the early time listening. You are not expected to arrive with a clear agenda. “I don’t know where to start” is a completely normal way to begin.

Topics you can bring to therapy

- **Guilt and the “if onlys.”** The relentless replay of what you might have done differently.
- **The question of why.** A good clinician helps you hold it without being consumed by it.
- **Anger.** At the person who died. At others. At yourself. All of it belongs here.
- **Your sense of self.** Suicide loss can shatter assumptions about safety and your ability to protect people.
- **Trauma responses.** Intrusive memories, nightmares, hypervigilance. A trauma-informed clinician can work with these specifically.
- **Who they were.** Not just how they died. Their life. Your relationship. What you never said.
- **Daily life.** Sleep, concentration, family tension, dread of certain dates. All legitimate.
- **Your pace.** You set it. If a topic is too much on a given day, say so. A good clinician follows.

If the First Clinician Is Not the Right Fit

This is common. Many survivors see more than one clinician before finding the right match. Use the experience as information. You now know more about what you need. You are allowed to stop seeing a therapist who is not serving you. You are not betraying the process. You are honoring your need to be genuinely helped.

Therapy and Support Groups Are Different Tools

Peer support groups offer community, validation, and the experience of being understood by others who share this loss. Therapy offers individualized work, trauma assessment, and a private space focused entirely on you. Many people find both helpful at different points. They are not either/or.

Resources

Crisis support

Call or text 988 (24/7)

AFSP survivor resources

afsp.org/live-lost-someone

AFSP clinician directory

afsp.org/suicide-bereavement-trained-clinicians

Alliance of Hope forums

allianceofhope.org

Find a local support group

afsp.org/find-a-support-group

Finding a Grief Counselor After Suicide Loss

sunflowersaftersuicide.com/finding-a-grief-counselor-after-suicide-loss-a-practical-guide/

You do not have to have this figured out before you make the call.

Source: sunflowersaftersuicide.com/suicide-loss-and-therapy/