Emergency Response Procedure in NAMI Signature Programs

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Introduction

The Emergency Response Procedure is an important element to ensuring a safe environment within NAMI Signature Programs and having a robust and effective emergency response protocol is at the core of delivering quality programs. We highly recommend that all NAMI State Organizations (NSO) and NAMI Affiliates (NA) continue to review the emergency response protocols for all NAMI Signature Programs, especially NAMI Support groups, and to use this guide to develop or adapt their own protocols. NAMI's goal is to maintain a safe environment for all participants and ensure NAMI program leaders have the resources to respond to emergencies.

Protocols may vary depending on which program is being offered, but crisis responses are the same – to ensure the safety of the group. NAMI support groups have traditionally required the strongest emergency response protocols, but the same approaches may apply to all NAMI classes and presentations.

What is an emergency?

NAMI program leaders may experience situations that can feel like an emergency but may not require an emergency response. Examples of situations that may feel like a crisis are beliefs that seem delusional or bizarre, perceptions that others do not perceive (e.g. hallucinations) and extreme expressions of anger, trauma, and grief. While these experiences may be intense, they are not always a crisis. To understand how to determine the best response for a situation, a review of Tough Topics and the Emergency Flowchart is needed.

NAMI program leaders should be familiar with the Tough Topics process (formerly referred to as the Hot Potatoes process) and the Emergency Procedures Flowchart, which provides a roadmap to manage difficult or intense experiences while leading a NAMI Signature Program. This flowchart and information on how to handle Tough Topics can be found within the Trainer and Leader manual of each of the NAMI Signature Programs. Leader trainees are also introduced to the information during their training. In NAMI Family-to-Family, this process is referred to as, "discussing tough or difficult topics."

When trying to determine whether something is an emergency and requires a crisis response, the first question to ask is, "is there immediate physical danger?" An example of physical danger may be that someone is experiencing a medical emergency or someone in the group is making threats to themselves or others. If the answer is yes, this is an emergency that requires immediate response. In this scenario, calling 911 is the most appropriate action.

If there is no immediate physical danger, but a person is extremely distressed, there are several ways to address this situation. When leading a support group, leaders will first apply the Tough Topics process and/or refer to the Emergency Procedures flowchart. If leading a NAMI class, strategies like using the Emotional Stages or Predictable Emotional Responses are more appropriate and then referring to the Emergency Response Procedures flowchart.

There are several possible scenarios to consider when assessing if something is a mental health emergency:

1. If the Tough Topics process is used and the person is still distressed after completing the steps, assess their safety by asking them if they are experiencing suicidal thoughts. If they say they are NOT, it is still appropriate for one program leader to speak with the person privately. Kindly ask the person in distress to step outside of the room. The program leader should provide emotional support to the participant by listening, identifying support, and follow-up plans (e.g. local crisis resources, contact with a support person).
2. If the person expresses suicidal thoughts and does not have a Plan, Means and Timeframe, give the same support mentioned in #1.
3. If the individual expresses suicidal thoughts and has a Plan, Means and Timeframe, then this is a mental health emergency/crisis.

In a mental health emergency/crisis, there are several ways to respond. The next section will describe ways to respond to a mental health emergency/crisis while leading a NAMI Signature Program.

Responding to Mental Health Emergency/Crisis

Depending on both a leader's and participant's physical location, access to psychiatric emergency response services may be varied or limited. Some counties may have mobile crisis units, but in other counties calling 911 may be the only option. A more recent resource that's been implemented is the use of the 988 Crisis Line. It's important for all NAMI Signature Program Leaders to have informative conversations with their supporting NAMI Affiliate to implement an accurate emergency response procedure for the program's area/region. There are things to consider when putting together an emergency plan:

- Reaching out to local law enforcement agencies. Ask if they have a CIT program, CIT officers or a CIT unit.
- Locating your nearest crisis call center or 988 center. Ask about their protocols and services they are connected to.
- Connect with local mental health service providers, or county mental health services to identify what other mental health emergency services are available in your community.
- Visit reimaginecrisis.org to learn more about new legislation in your state and connecting to other resources.

The next section will review four ways a program leader can respond to a mental health emergency to ensure a participant's safety. Program leaders should collaborate with their co-leader and use their discretion to choose the most appropriate emergency response.

When reviewing the options below, make note, in this scenario the participant is out of the room where the support group is meeting and in a separate room or hallway with one of the program leaders. This situation is a result of the program leaders having walked through the Tough Topics' process and Emergency Flowchart and determined that this is an Emergency Response situation. The leader will continue to move through the Emergency Response Options below.

Option 1: Emergency Contact Person/s

This method is most appropriate when:

- The participant is present with you and is not in immediate physical harm.

You will need to obtain the following information from the participant:

- Name of participant's emergency contact person/s
- Phone number for emergency contact person/s

Steps to take:

- During this one-on-one session, the program leader should kindly ask the participant to identify a support person or Emergency Contact person that they are going to call.
    - Example script: "(Participant's name), since you have confirmed with me you have a plan, a time frame and a means, I need to treat this as an emergency. I need to contact your Emergency Contact person or a support person and let them know you are experiencing an emergency. Please provide me with that person's contact information and we can call them together."
- The program leader should stay with the participant until the emergency contact has been reached and the contact or someone else is physically with the participant, or until the participant is safely with crisis services and/or other support people (e.g. their mental health provider).
- Once connected with the emergency contact person, the program leader should explain the situation, and ask for the actionable next steps.
    - Example script: "Hello (emergency contact), my name is (program leader name). I'm with (participant's name). I'm a (program leader designation) with NAMI and (participant's name) was attending our program when they indicated that they were feeling suicidal and have a plan to follow through with it soon. We consider this a mental health emergency, and we'd like to connect them with either crisis services or support people. Does (participant's name) have a crisis plan? Can we connect them to their mental health provider or to other support people? If not, can you take them to the walk-in emergency psychiatric center/emergency room? I won't leave (participant's name) until they're connected with support people or crisis services and may call 911 as a last resort."
- As a best practice, the NAMI State Organization/Affiliate should have a directory of crisis services and hotlines to provide to program leaders and this information should then be offered to the emergency contact.
- Best practices for calling emergency contact people are to call once, leave a voicemail, call again, and then leave a text indicating that the participant is experiencing a mental health crisis and that you may call 988 or 911 if you cannot connect them to other means of support. Give the emergency contact at least five minutes to respond before moving on to other emergency responses.

Option 2: Calling the 988 Crisis Line or a local mental health crisis hotline:

This method is most appropriate when:

- The participant is present with you and is not in immediate physical harm.
- The emergency contact person/s cannot be reached.
- A reliable 988 system or a local mental health crisis hotline is in place in your state/region.
    - Note: Some areas 988 may be robust but in others the state may continue to send people to a 1-800 hotline.

You will need the following information:

- Participant's phone number
- Physical address of NAMI Program location (e.g. NAMI Support Group location)

Steps to Take:

- Follow the steps above to reach out to an emergency contact person/s (e.g. separating the participant from the group). If the emergency contact person/s cannot be reached, tell the participant that you are now going to call 988.
- When you call 988 here is what to expect:

    1. You'll hear a message that you've reached the National Suicide Prevention Lifeline – you are in the right place! If you are a veteran, you can press "1" to reach the Veterans' Crisis Line or "2" to reach the Spanish subnetwork for the Lifeline.
    2. If you don't select either option, a trained crisis counselor will answer.
    3. The counselor will listen to you to understand how your problem is affecting you or your loved one.
    4. The counselor will provide support and share resources and referrals.

    Note: when dialing 988 or crisis hotline, encourage the person in crisis to dial so they can speak with the crisis counselor directly. Stay in the room or hallway with them until you know the situation is resolved. If the person in crisis does not want to be the one to call, put your phone on speaker so the person in crisis can hear, the crisis counselor is aware of the situation, and both can interact to try and resolve the situation.

- Let the emergency contact person know by text or voicemail that their loved one has spoken with a crisis counselor with 988 or a local crisis hotline and given support and resources. If the crisis counselor is unable to resolve the crisis with the individual, they will dispatch the mobile crisis team and/or 911.

(see FAQs to learn more about how 988 works and what to expect when you reach out to 988.)

Option 3: Mobile Crisis Unit:

This method is most appropriate when:

- Your area/region has a mobile Crisis Unit available.
- The participant is with you and is not in immediate physical harm.
- The emergency contact person/s cannot be reached.

You will need the following information:

- Physical address of NAMI Program location (e.g. NAMI Support Group location)
- The phone number(s) for the mobile crisis unit(s) in your area

Note: *make sure and utilize the 988 Crisis Line or local hotline first before reaching out to your mobile crisis team. When you call 988 or local hotline, you will be connected to a trained crisis counselor who will answer the phone, listen to the person, assess the problem, provide support and de-escalation, and connect to mental health resources as needed and as available. It is also important to note, for most contacts to 988, no in-person response is dispatched.*

Steps to take:

- Follow the steps above to reach out to an emergency contact person/s (e.g. separating the participant from the group). If the emergency contact person/s cannot be reached, tell the participant that you are now going to call mobile crisis services.
- When you call Mobile Crisis Units (MCUs), be as detailed as possible about the mental health emergency because they triage their arrivals based on the situation. NAMI Affiliates should review their state's MCUs with program leaders so that they are familiar with their services before calling. Each county's MCU may triage things differently and some may specialize only in youth and will not take adults.
    - Example text taken from Fairfax County (Virginia) MCU: "Once contacted, referral information is obtained and a timely response is scheduled. A response by the MCU does not always occur immediately. Referrals are evaluated and triaged according to imminence of risk to life and safety, the specifics of the situation and MCU availability. Priority is given to referrals from the police and other public safety agencies and to cases involving individuals who may be a danger to self or others."
- Be aware that you may be with the participant for an extended time before the MCU arrives. Keep texting the emergency contact person to keep them updated and to continue working on connecting the participant with their support system.

Option 4: Calling 911:

This method is most appropriate when:

- There is indication of immediate physical harm (e.g. physical health emergency, threats of violence towards self and/or others)
- There are no MCUs available in your area/region.
- The emergency contact person/s cannot be reached.

You will need the following information:

- Physical address of NAMI Program location (e.g. NAMI Support Group location)

Steps to take:

- Follow the steps above to reach out to an emergency contact person/s (e.g. separating the participant from the group). If the emergency contact person/s cannot be reached, tell the participant that you are now going to call 911.

- Knowing what to say to the 911 dispatcher is essential for ensuring an appropriate response from first responders. The language in the two bullets below is taken from the NAMI guide "Navigating a Mental Health Crisis," which is on the NAMI website (https://www.nami.org/Support-Education/Publications-Reports/Guides/Navigating-a-Mental-Health-Crisis). Although this was meant for family members/caregivers, it is still pertinent to this situation.
    - When calling 911, it is important to tell the operator that someone is experiencing a mental health crisis and explain the nature of the emergency, your relationship to the person in crisis and whether there are weapons involved. Ask the 911 operator to send someone trained to work with people with mental illnesses such as a Crisis Intervention Training officer, CIT for short.
    - When providing information about a person in a mental health crisis, be very specific about the behaviors you are observing. Describe what's been going on lately and right now, not what happened a year ago. Be brief and to the point.
- As a NAMI program leader, you will likely not have access to this individual's history. Communicate only what you have observed and do not speculate about diagnoses or behaviors.
- Program leaders should stay connected with the participant until first responders arrive and explain calmly what is happening and what the intended outcome will be (e.g. connecting them with crisis stabilization services). Speak kindly and firmly – the participant will probably be frightened, angered, or otherwise stressed – and let them know that their safety is the most important thing right now.
- Once first responders arrive, the leader is not in control of what happens next, but may want to be available in case first responders need more information.
    - *Text taken from "Navigating a Mental Health Crisis":* Remember that once 911 has been called and officers arrive on the scene, you don't control the situation. Depending on the officers involved, and your community, they may actually take the person to jail instead of an emergency room. Law enforcement officers have broad discretion in deciding when to issue a warning, make an arrest or refer them for evaluation and treatment. A leader can request and encourage the officers to view the situation as a mental health crisis. You can be clear about what you want to happen without disrespecting the officer's authority. But remember, once 911 is called and law enforcement officers arrive, they determine if a possible crime has occurred, and they have the power to arrest and take a person into custody. Law enforcement can, and often will, call mental health resources in your community. Nearby support and services may assist in deciding what options are available and appropriate."
- Let the emergency contact person know by text or voicemail that the participant is with first responders and update them about the outcome. Include any relevant information you think will be helpful to the emergency contact person so they can go support their

loved one. (e.g. they did a wellness check and left, they took them to the hospital, which hospital, they took them to jail, etc...).

Collecting information for emergency response

NAMI Affiliates should ensure that program leaders have the physical address of the location where the NAMI program is being conducted. NAMI Affiliates should also provide program leaders with the phone number(s) of the Mobile Crisis Unit(s), local resources, and any additional resources that can be given to participants who are feeling distress or navigating a crisis. In addition to the above resources, it is also appropriate for NAMI affiliates to establish an emergency contact number as the host of the NAMI Support Group. This ensures that Program Leaders have support when navigating the emergency response procedures. NAMI Affiliates should provide this information and make sure it is readily available for the program leaders to access in case of an emergency during a NAMI program.

In the event the program leader needs to contact a participant's emergency contact person, it is suggested that the program leader obtain that information from the participant when speaking one-on-one with them in a separate room.

After Care for Program Leaders

Aside from providing NAMI program leaders with the crisis information needed to effectively respond to emergencies, there are two more things NAMI asks states and affiliates to be mindful of regarding emergency response procedures: debrief and self-care.

Self-care/debriefing for Program Leaders

It is important to practice self-care and to debrief after an emergency in a NAMI Signature program. Emergencies are intense experiences for everyone and it's essential that program leaders take the time to process what's happened. Here are some things that a NAMI Affiliate should follow through with after an emergency has occurred in a NAMI Signature program:

- Debrief with co-leaders and NAMI State Organization/Affiliate staff. Without blame or guilt, discuss what happened: what went well, what could have been done better, what felt easy, and what felt difficult. Discuss emotional reactions to the emergency response protocol: did it feel safe, inclusive, efficient, and appropriate (if not, what needed to change)?
    - If the NSO/NA is connected with a mental health professional, consider connecting the program leaders with them to provide additional support. This is especially important if something traumatic has happened (e.g. the completed suicide of a participant). For detailed guidance, please view the Addressing Traumatic Losses in Online NAMI Programs addendum at the end of this document.
    - NAMI national staff are also available to debrief with and listen to program leaders/staff. We are honored to support you and to provide a nonjudgmental space.
- Decompress with self-care strategies. Resist the "what if" game and negative self-talk.
- Allow program leaders to take time away when needed. It's okay to step back from offering NAMI programs for a while. NAMI State Organization/Affiliate staff and program leaders can work together to create the most sustainable path forward.

Conclusion

We hope that these expanded guidelines will help NAMI states and affiliates to create emergency response protocols that feel effective and appropriate. If you have any questions about these guidelines, please reach out to namieducation@nami.org. As always, we appreciate and value the effort you and many others have put into making NAMI Signature Programs a place of safety and support for those impacted by mental health conditions.

Addendum: Addressing Traumatic Losses in NAMI Programs

Purpose of this addendum

This addendum is for NAMI State Organization and/or Affiliate staff. If there is a traumatic loss in one of your NAMI Signature programs, please refer to this guidance.

What is a traumatic loss?

When we think of traumatic losses in NAMI Signature Programs, our first thought may be the loss of a participant. Participants can be "lost to us" in many ways, such as hospitalization or incarceration, but the first thing that usually comes to mind is the death of a participant. This tragedy can feel heavier if it was a death by suicide or homicide. Anything that feels emotionally heavy can be considered a traumatic loss, especially if it has the potential to trigger difficult emotions in the program leaders and other participants. For readability, when referring to the "lost participant," we will word it as though they have died, as this is the most common traumatic loss in NAMI Signature Programs.

We acknowledge that it is also possible for NAMI Affiliates to lose their program leaders in this way. In the event of the traumatic loss of a program leader, please follow the guidance below, adapting when appropriate.

When a NAMI Signature Program (class or support group) experiences a traumatic loss, it is important for the affiliate or state to take care of those who were affected. We have provided guidance on how you can reach out to three different parties: program leaders, participants, and your Affiliate/State team.

Taking care of program leaders

Whenever possible, the first step to take is to check in with the affected program leaders. It is also useful to check in not only with the program leaders that had direct contact with the deceased participant, but all program leaders of that NAMI Signature program. After doing one-on-one check-ins to ensure that leaders are feeling safe, gather them together for a discussion.

The intention of this discussion is not to provide grief therapy, but to process what has happened and reaffirm the Affiliate/State's gratitude and support. Depending on the context of the loss and the needs of program leaders, you may talk about different things, including:

- Asserting that the loss is not the fault of the program leaders or NAMI Affiliate staff.
- Expressing gratitude for the emotional labor of the program leaders (e.g. "Thank you for continuing to do what you do in such a difficult time.")

- Revisiting what it means to be a NAMI program leader and setting role boundaries (e.g. “This does not mean you are not a good facilitator/teacher – don’t blame yourself for things that go beyond what you could reasonably do.”)
- Drawing on each other’s group wisdom and camaraderie (e.g. “You are not alone in your feelings.”)
- Discussing how to address the loss with participants the deceased had contact with
    - For more information on how to do this, read the section below on how to take care of participants.
- Discussing how to honor the memory of the participant if they have died.
- Collecting ideas on how to provide additional support to participants experiencing an increase in mental health symptoms and/or difficult life circumstances.
    - While collecting ideas, resist the impulse to find the “one thing” that could have prevented the tragedy. We will not put blame or weight on any one intervention or person. The brainstorming should be used to better support the program leaders, not to play the “what if” game or blame ourselves for what we did or did not do.

As stated above, gathering everyone who leads the program that the deceased was a part of is useful for this discussion, as it creates more robust and diverse ideas, processing, and support. We also recommend a licensed mental health professional be present at the discussion or on-call, as a program leader may need professional mental health support during or after the discussion.

We also encourage you to reach out to the relevant National Program Manager to ask if they can take part in the discussion. It is sometimes useful to have the National Program Manager’s presence, as they may be able to offer clarifications or answer questions that the NAMI Affiliate and NAMI State Organization may not feel equipped to answer. It is also our honor and privilege to be with you in a supporting role and reassert that the program leaders are not to blame and to express gratitude for everything they do.

Lastly, give program leaders permission to step back to practice self-care. It is sometimes difficult for program leaders to continue to lead after experiencing a traumatic loss; that being said, allow program leaders to continue their volunteering if they feel safe to do so, as some program leaders take strength from their leadership. The important thing is that your program leaders feel that you have their best interests at heart.

Taking care of the participants

Context is everything when deciding how to address the other participants. It is very hard to find the perfect response that honors participants who knew the deceased, new participants who did not know the deceased, and the confidentiality and privacy of the deceased and their loved ones.

In a NAMI Signature Program class setting, things are more straightforward, as the class is a closed environment with no new participants. You can safely assume that all the NAMI class students knew the participant who has passed and that their absence will be noticed; therefore, telling the other participants is an appropriate response. We will talk more about how to discuss the traumatic loss later in this section.

In a NAMI Signature Program support group setting, things get more complicated. NAMI support groups are not closed environments, which means that new participants are always entering and leaving. The constant flow of participants means that one participant's absence is not always a cause for alarm. Online support groups make addressing a traumatic loss even more challenging, as it is more likely that the deceased participant attended multiple groups; in an in-person NAMI support group, it is more likely that people stay within the ones offered by their community. The in-and-out flow of both old and new participants, combined with the increased probability that the deceased participant attended multiple groups, makes it very difficult to know exactly who to tell about the traumatic loss.

There are often disagreements among NAMI program leaders about how to engage with participants: some may think that it is disrespectful to hide information, while others may err on the side of silence and privacy. Some may decide to keep the traumatic loss within the circle of NAMI Affiliate/State staff and volunteers, while others may want to use the traumatic loss as a topic of discussion in the next support group.

When deciding what the best course of action would be, consider the following:

Honoring privacy/confidentiality

NAMI Signature Programs are safe places partially because participants can rely on NAMI and NAMI program leaders to honor their confidentiality. Program leaders model this behavior by being discreet when talking about participants. Talking about the reason for a participant's absence may imply to other participants that given certain circumstances, NAMI program leaders would also talk about them and their personal circumstances with others.

When deciding to tell participants about the reason for another participant's absence, consider the following:

- Is the cause for the absence public knowledge? For example, is there a public memorial page for a deceased participant, or has the reason for the participant's absence been publicized by local media? If so, it is safer to talk about; if not, you may be sharing information that others, including the absent participant's loved ones, do not want shared.
- If the participant is alive, have they given explicit written consent allowing you to share the reason for their absence with other people? If the participant is deceased, have the participant's loved ones provided this consent (if the death is not public knowledge)?

Traumatizing new participants

Once it's been decided by the supporting NAMI State/Affiliate that it wouldn't be breaking confidentiality to tell others, program leaders should then be given guidance on how to speak to program participants? It is important to be very mindful how this information is given to other participants or NAMI volunteers who had contact the deceased participant.

If you decide to address the traumatic loss during NAMI class or support group, consider the following:

- New participants (i.e. those who are attending the support group for the first time) may be very shocked to hear about the traumatic loss. Imagine being prepared to get support for yourself, only to have leaders say that they were going to talk about something traumatic!

- Regular participants may also feel similar as they are attending the program because they too are struggling. To hear about a traumatic loss when you are trying to seek support for yourself may feel both disrespectful and potentially destabilizing to a person.
- Participants should be told before group check-ins that the group will be discussing the traumatic loss. This allows people to opt out and prevents people from getting too deep into their own story, only to realize that they will not be able to process it today.
- To prevent a support group or class from reaching a very dark place, the conversation and group wisdom should focus on what each participant is doing for their own self-care, rather than theorizing about the reasons for the traumatic loss.

If a NAMI State/Affiliate decides that participants will be told in another way, consider the following:

- Have the participants consented to be contacted outside of registration purposes? It can be jarring for a participant to be contacted by the Affiliate/State when they haven't given explicit consent for their contact info to be used in that way.
- It is not recommended to send out an email with news about the traumatic loss, as you are sending potentially triggering information out to others with no support. We recommend doing face-to-face conversations whenever possible (e.g. video conferencing).
- Think about who would be the most appropriate messenger for different participants. Facilitators may know participants, especially those who consistently attend, better than you or other staff do. If a facilitator feels comfortable communicating the news of the traumatic loss one-on-one with other participants, give the facilitator resources that they can give people who are experiencing difficult emotions after hearing the news (e.g. local warmlines) and information on how to handle a mental health crisis. It is also a kind gesture to make yourself and other staff available to participants in distress; if you are doing so, ensure that you have a robust crisis protocol in case a participant experiences a mental health crisis.

Providing a safe place to grieve

When discussing the traumatic loss with others, have a clear intention about how you want the discussion to go. If you plan on telling participants about the traumatic loss, consider the following:

- Are there actionable things they can do with their grief? For example, finding memorial pages or sites that participants can visit can be a compassionate way to end the conversation.
- Are you providing additional support? For example, if a participant is feeling very shaken by the traumatic loss, will you be offering any follow-up discussions or support groups to address this?
- If in a group discussion, how will you manage negative group dynamics? People can sometimes say cruel things when they are experiencing difficult emotions, which can trigger others. Having a NAMI support group facilitators present may be useful, as they can use the model to steer the conversation in a productive way.
    - It is important to remember that grieving takes time and that everyone has a different way of doing so. Remaining kind and open-minded with participants, even when their behavior feels difficult, communicates that their safety is the most important thing to your Affiliate/State Organization.

As stated before, context is everything, and what may work for one traumatic loss may not work for another. For more guidance, we recommend you contact the national program managers.

Taking care of yourself and your team

Experiencing the traumatic loss of a participant is difficult for everyone – don't forget to look after yourself and your team. Besides the usual coping strategies and self-care toolkits, there are two things we recommend for you and your team during this time.

Build Rapport

Although gathering program leaders in a difficult time is valuable, it's also important to foster a sense of community and togetherness in happier times. If you haven't done so already, explore ways for program leaders to meet up with each other outside of leading NAMI Signature Programs. These can be as professional as listening sessions with staff or as informal as trivia nights. Building rapport between program leaders and staff is useful in the long run, as program leaders who have a close relationship with their NAMI Affiliate are less likely to experience burnout and more likely to remain strong NAMI leaders.

Regroup and recharge

Program leaders have been given permission to step back and recharge; offer the same permission to yourself and your team. This may look like putting a hold on new initiatives to look more closely and intentionally at existing ones or making self-care contracts with each other (e.g. each person commits to doing one self-care thing per week and checks in with the rest of the team for accountability). Grieving and processing can take a long time, so remember to be gentle with yourself and others, resisting the impulse to speed up the healing and recharging process.

A traumatic loss in a NAMI Signature Program is never easy to experience and it doesn't get easier. However, there are ways to make the loss less destabilizing. We hope that this guidance helps you and your program leaders to move forward with self-compassion.