



Building an Active Postvention Model

Frank R. Campbell, Ph.D., LCSW, C.T.
Developer of the APM known as the LOSS Team
& Founder and Co-Chair of the NSTC

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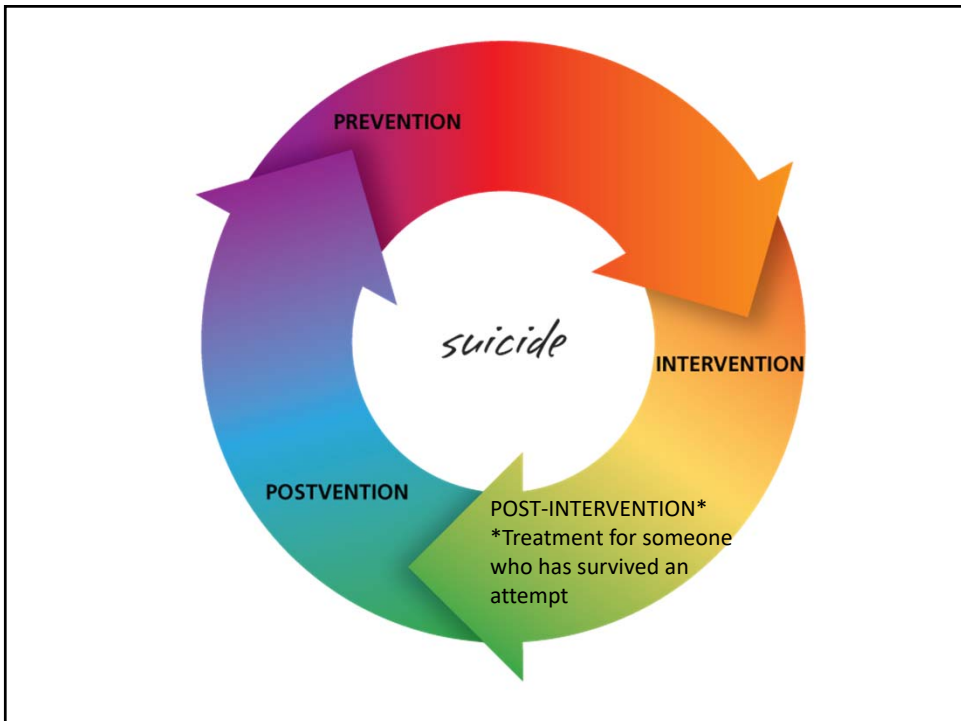
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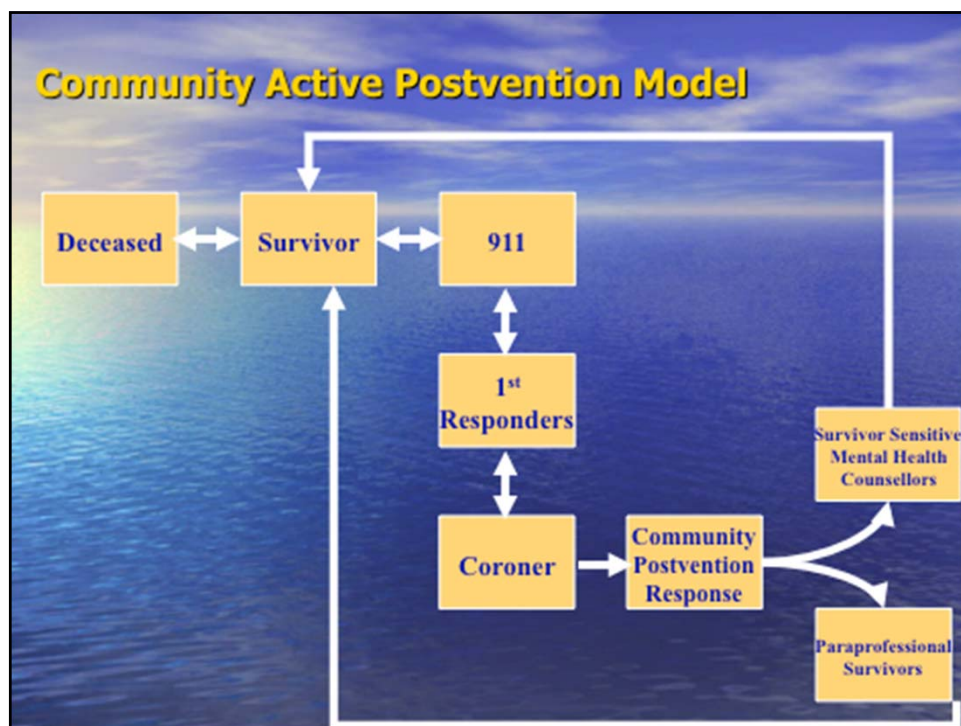
History of the Loss Team Concept

- Passive (Survivors having to find resources) Vs Active (Resources finding the newly bereaved survivors)

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Changing the approach to Active

- Reviewed SOS data from 1989-1994 (Bland-BRCIC data n=214)
- 28 relationships sought help (after loss team began = 45)
- PPM Elapsed time between loss and help= 3.4 or 4.5 years
- Active (resources are given to SOS at the scene)
- APM Elapsed time <47 days (10 year average)
- Goal=REFER SOS to Services!

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Most Likely to Seek Services (by Relationship to the deceased*)

4 1#P rwkhu	7 1#G dxjkwku	9 1#L dwkhu	< 1#V hsidwkhu
5 1#V lwku	8 d 1#V rqr#wkg,	: 1#B urwkhu	4 3 d 1#F rxvltq#wkg,
6 1#Z ln	8 e 1#L uhqg#wkg,	; 1#T luhqg	4 3 e 1#L dqfYh#wkg,

-Edvhg#rqr#wkg | #hdu#wkg | #q@6782748#ru# 6 (,

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No Two LOSS Team look the same

- ◆ L=Local so it is up to each community to determine how to reach out to the survivors in their service area
- ◆ Going to the scene vs follow up
- ◆ Must have services to refer the newly bereaved to (be a lighthouse pointing to Safe Harbor)

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Self-Care

After a difficult loss, it may feel silly or even selfish to take care of yourself. We hope you remember your four-legged stool of self-care.

1. Support System
Reach out to those who support you for fun, support, or just to chat.


2. Daily Living Activities
Knock off something on your to-do list, but don't beat yourself up if you do not get everything done on it.



4. Productive/ Creative Life
Do something today that is in line with your values and gives your life meaning.

3. Physical Health
Do your best to have a regular bedtime routine and eating schedule. Get your heart rate up with some physical activity. Have you seen your doctor lately?

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NATIONAL SUICIDOLOGY TRAINING CENTER

A Program of the Baton Rouge Crisis Intervention Center

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- The survivors seeking treatment fell into 45 unique categories.
- The top 12 relationships accounted for 81.7% of all relationships (339 of 415).
- For each death only 1.45 (1999-2005, EBR, 257 suicides with an average of 37 per year) SOS presented for services at BRCIC.
- What do we know about those who seek treatment or support following Suicide?

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Most common relationships to decedents of suicide survivors seeking treatment

Rank	____ “of the deceased”	N (%)
1	Mother	69 (16.63)
2	Sister	53 (12.77)
3	Wife	50 (12.05)
4	Daughter	36 (8.67)
5	Son/Friend	27 (6.51)T
6	Father	25 (6.02)
7	Brother	20 (4.82)
8	Husband/Girlfriend	11 (2.65)T
9	Fiancée/Cousin	5 (1.20)T

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6 to 1 is acquired knowledge not research!

- The top 12 relationships represented 81.7% of the 415 cases from 1999-2005
- 45 discrete relationships to the deceased came in for an assessment appointment
- Of the 355 (over 17 years of age) who came in for an assessment interview 225 (63%) went on to attend the weekly support group

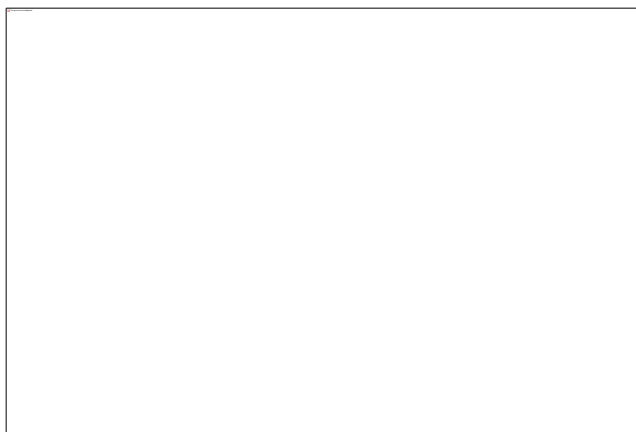
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How many times do they come to the weekly support group?

- Overall 17.8 (SD= ± 31.5) and the range of attendance was from 1-208
- APM 13.3 (SD = ± 25.2)
- PPM 23.0 (SD = ± 37.3)

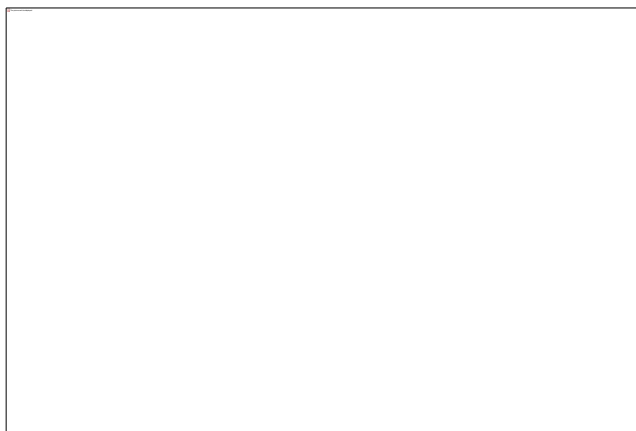
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Does any one relationship come for help
longer?



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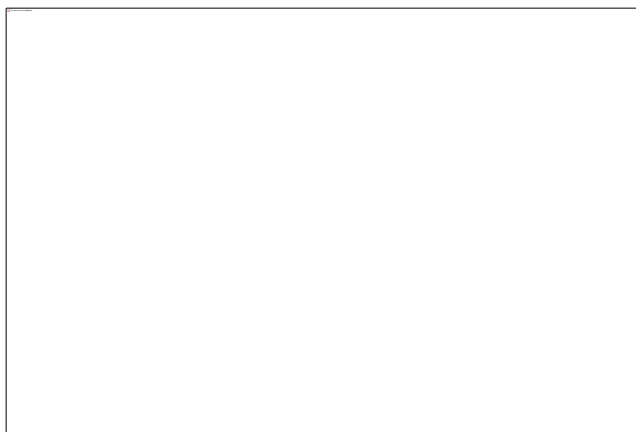
Does any one relationship come for help
sooner?



- $F(4,218)=4.55, p<.01$ for all survivors including before APM
- 41 where the death was prior to 1999

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Does any one relationship come for help sooner when you offer APM?



- No difference since APM started (top 5 n=433)
- This intake when death occurred after 1999

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How many of those who come have found the deceased?

- 17.4% were exposed to discovery

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