Title: Suicide Survivors as First Responders: The LOSS Team

Biographical information about the author: Dr. Campbell currently serves as senior consultant for Campbell and Associates Consulting, LLC. He is the past Executive Director: of the Baton Rouge Crisis Intervention Center, Inc. (www.brcic.org), the Office of Clinical Research and Consultation and The Crisis Center Foundation. Frank lives in Baton Rouge, Louisiana, United Sates of America, is a Licensed Clinical Social Worker and is certified in Thanatology his work includes providing consultation in Forensic Suicidology.

Dr. Campbell is a past president of the American Association of Suicidology; he was the 1997 social worker of the year for Louisiana and the first John W. Barton, Fellow. His work in Suicidology has garnered him recognition by the American Association of Suicidology as the 2010 Louis Dublin Award recipient and by the International Association of Suicide Prevention as the 2009 Norman Farberow award winner. In addition to his having delivered hundreds of national and international presentations on sudden and traumatic loss, he has contributed textbook chapters in Nursing, Psychiatry, and grief following suicide.

He has served as a member of the Editorial Advisory Board of the Magazine *Advancing Suicide Prevention* and is writing a book on “Metaphors for healing from sudden and traumatic loss”.

The Active Postvention Model (APM) he developed known as The LOSS Team was featured in his third Discovery Channel documentary, which began airing internationally in September 2004.

Author:
Frank R. Campbell, Ph.D., LCSW, CT
Senior Consultant for Campbell and Associates Consulting, LLC

Dr. Edwin Shneidman suggested the concept of “postvention as prevention for the next generation” in the preface to Al Cain’s publication *Survivors of Suicide* first published in1972. That concept of postvention as prevention has governed my work with survivors of suicide since 1986. It has been my personal goal to interrupt the multigenerational impact of risk that survivors are often reported to have as a legacy of suicide. In Memphis, Tennessee in my presidential address to the AAS conference (Campbell, 1997) I issued a challenge to those attending to consider implementing an Active Postvention Model (APM) in their communities. Too many survivors would seek support to cope with their loss if they knew help was available. Most referrals for survivors of suicide groups come from physicians or nurses (Rubey and McIntosh,

1995) who give the referral information to next of kin when the death is pronounced at a hospital. Unfortunately for many, a hospital is never involved, therefore eliminating a prime
referral resource for survivors. Even when resources are available in communities, the length of time between the death and the survivor seeking help is too long due partially to the lack of knowledge of the resources by the survivors and by gatekeepers. In the review of the hundreds who have sought assistance from the Baton Rouge Crisis Intervention Center, the average length of time between death and seeking assessment was 4.5 years (Campbell, 2003). That time delay allows maladaptive coping and compromised activities of daily living (eating, sleeping, work etc.) to occur.

I envisioned an Active Postvention Model (APM) made up of a team of trained survivors who would go to the scenes of suicides to disseminate information about resources and be the installation of hope for the newly bereaved. The primary goal of the APM is referral to services by letting the survivors of suicide know that resources exist to help them (as soon as possible) following the suicide. To accomplish that goal I recruited a team of twelve volunteers in November of 1997 (four staff and eight suicide survivors). They received survivor visitor training with Iris Bolton (The Link Counseling Center in Atlanta, Ga.) and then continued to attend monthly training sessions to enhance attending skills and to develop protocols for going to the scenes of suicides. The group was named the LOSS Team (Local Outreach to Suicide Survivors.) It was after a year of training that the new coroner; Dr. Louis Cataldie invited us to become first responders to suicides in East Baton Rouge Parish (same as a county in other US states).

In the area served, there is a suicide about every eight days (Campbell and Lester, 1996). The frequency of suicide quickly provided the team opportunities to demonstrate our effectiveness at the scenes. In the first ten years the team has been to more than 240 suicides. New members have been trained and the program is an integrated service of the Baton Rouge Crisis Intervention Center. A staff member from the BRCIC coordinates the LOSS Team in addition a mental health professional staff member oversees the BRCIC survivors program while other staff work throughout Louisiana providing suicide prevention training. Members of the LOSS Team often speak with passion and determination on the issues that surround suicide at suicide awareness events, and several have contributed their stories to leading survivor textbooks.

Interested parties in other communities have received training related to the active postvention model and each week others wanting to start a loss team in their communities contact me through the website www.lossteam.com to find out how to get started.

My research has shown that survivors who receive the Active Postvention Model (APM) asked for assistance from the agency, on average, within 39 days as compared to those using the passive model, who seek assistance on average in 4.5 years. As seen in Table one the total number of survivors who have received services from the LOSS Team at the scene from 1999-2008 is much greater (1411) than the passive model of Postvention (335). Even though the ratio of six survivors (assumed to be next

of kin) to each suicide continues to be expressed in the literature, our research indicates at least forty-five relationships to the deceased seeking help who have been impacted by suicide, greatly expanding the quantity of survivors assumed to be impacted each year. The LOSS Team has given us much better access to the many sufferers who have not been included in the acquired knowledge estimate of 6 survivors for each suicide.

The team has accomplished all this and more! The research has confirmed that in the areas of depression, anxiety, and grief, team members are at no greater risk than a control group not participating as first responders. For the first three years, each LOSS Team member completed the Beck Depression Inventory (BDI), the Beck Anxiety Inventory (BAI-II), and the Hayes-Jackson Bereavement Inventory (HJBI) every 60 days, while a comparison group of survivors (not responding to suicides) did the same. The results of those inventories indicated that the LOSS Team members had no increased risk due to exposure at the scenes of suicides. Survivor team members reported that the process of helping others at difficult times of discovery and notification allowed them to heal from their own losses in ways they could not have imagined.

The next goal of survivor research should be to determine if the survivors who sought treatment earlier as a result of the Active Postvention Model (APM) have statistically significant clinical differences compared to those seeking treatment later from the more traditional or passive model of postvention (PPM).

In my work as senior consultant for Campbell and Associates Consulting, I work with communities to identify survivors who are ready, willing, and able to be first responders to suicides. Survivors have proven to be important resources at the scenes of suicide, and, although in the beginning members of the Baton Rouge crisis center staff participated in the LOSS Team, it has become the survivor volunteers that provide the majority of coverage for the LOSS Team. Their volunteer involvement contributes greatly to the entire postvention programming, including working as peer facilitators in the weekly survivors group, participating in survivor assessments, being a member of the agency speakers' bureau, and mentoring new team members.

Since the LOSS Team began responding in 1998, team members have been recognized for the generous contributions to the newly bereaved. Clearly, the team is working on changing the legacy of suicide for survivors. I hope that I can prove that postvention is prevention for the next generation.

Most studies have failed to compare survivors who received help following their losses with survivors who did not. The special documentary *Survivors of suicide: those left behind* which first aired in September of 2004 was produced for the Discovery Channel and narrated by Marriette Hartley. The Documentary highlights the stories of several survivors who have been involved with the Baton Rouge Crisis Intervention Center as well as featuring members of the LOSS Team. This program conveys the reality of seeking help in order to reduce future risk of suicide and continues to air internationally.

Note: To learn more about the resources available, please visit the web site at www.lossteam.com and to contact Dr. Campbell please email him at info@lossteam.com.

Table one: TOTAL INTAKES FOR 10 YEARS (1999 – 2008)

YEAR	# SUICIDES IN EBR PARISH, Louisiana	# OUTREACHES By Loss team	# SURVIVORS SERVED (by Loss team at scene)	PASSIVE INTAKES (no outreach to scene)	ACTIVE(APM) INTAKES (LOSS team at scene)
1999	46	27	157	40	28
2000	28	23	140	26	25
2001	33	19	135	36	20
2002	43	26	234	48	19
2003	38	25	165	34	22
2004	40	24	109	37	30
2005	29	27	148	40	10
2006	33	19	106	26	7
2007	42	26	112	31	14
2008	32	24	105	17	7
TOTALS	**364**	**240**	**1411**	**335**	**182**

Table one shows the number of Intakes for survivor services and compares referrals from Loss Team (APM) to Passive or no loss team outreach to the scene.

References and related articles on this topic

(Cerel, J. & Campbell, F. (2008) Suicide survivors seeking mental health services: A preliminary examination of the role of an active postvention model. Suicide and Life Threatening Behavior. 38(1), 30-34.)

Campbell, Cutcliffe & Stevenson, *Suicide 'Survivors', Reciprocity and recovery: Exploring issues around survivors as therapeutic agents in the care of other suicidal people* (Chapter 11) In: Care of the Suicidal Person by Cutcliffe & Stevenson, Published by Churchill Livingstone, 2007.

Campbell, FR., *Aftermath of Suicide: The Clinician's Role* (Chapter 23, pp. 459-476) In: The Textbook of Suicide Assessment and Management by Simon and Hales, published by American Psychiatric Publishing, 2006.

Campbell, Cataldie, McIntosh, and Millet, Crisis, Volume 24, No.4, 2003

Campbell, FR., Lessons in postvention and bereavement support across the lifespan, in the proceedings of the Irish association of suicidology, September, 2003 pp.54-58.

Campbell, FR., Ph.D, Changing the legacy of suicide through and active model of postvention, pp.26- 30,Suicide and Mental health, proceedings for the Sixth Annual Conference, Irish Association of Suicidology. September, 2001. Cork, Ireland.

Campbell, FR. Ph.D. Dissertation: "The Influence of an Active Postvention on the Length of Time Elapsed Before Survivors of Suicide Seek Treatment" Campbell, FR. New Global Development, Suicide an American form of family abuse, 2000.

Campbell and Lester, The Impact of Gambling Opportunities on Compulsive Gambling, The Journal of Social Psychology; Volume 139, no.1, February 1999.

Campbell, Simmons and Lester, The Impact on Gambling on Suicidal Behavior in Louisiana, Omega Journal of Death and Dying.

Campbell, Changing the Legacy of Suicide, Suicide and Life Threatening Behavior, vol.27, No.4 winter, 1997.

Campbell and Lester, Temporal Distribution of Suicide in Baton Rouge, Perceptual and Motor Skills, June, 1996

Conference Proceedings, American Association of Suicidology, 1990-2009