

## Postvention for Campuses: Active versus Passive

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### Postvention: Active versus Passive

- Passive
  - Typical response after a suicide
  - Wait for survivors to seek out services
  - Don't know who might need help
- Active
  - Goes to survivors
    - allows outreach to begin as close to the time of death or notification as possible
    - provides support services and referrals to all those identified as potential survivors of suicide
      - survivors do not have to seek out services themselves.

## LOSS teams, a type of active model

- LOSS Team members serve as an intermediary between law enforcement investigating the suicide as a crime and survivors
  - provides comfort to survivors at the scene
  - explain the protocols used to investigate the scene
  - answers questions that arise as a result of the many other responders at the scene.

For more information on LOSS teams and active models of postvention, Contact Frank Campbell (frankcampbell@brcic.org)

## Examination of LOSS archival data



- Data have been collected at BRCIC since on all survivors seeking treatment
- By examining those survivors presenting for treatment at a crisis center with specialized services for suicide survivors & comparing those who received an active postvention with those who did not
  - we can determine if the elapsed time between death and seeking treatment could be reduced by an active postvention model (APM)

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.

## Methods

- All adult suicide survivors (n=397) seen at BRCIC from 1999-2005
  - Names removed for analysis
- Ten percent of participants (n=41) were excluded for the current analyses because their loss was prior to the onset of the LOSS program (January 1999)
  - they could not have received active intervention (APM)

## Participants

- 150 individuals (42.2%) had received the APM while 206 (57.9%) received PP

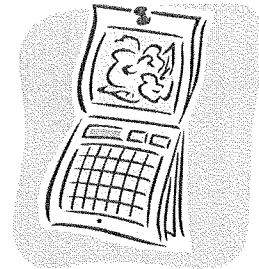
	APM	PP
% Female	69.3%	73.3%
% Black	2%	2.4%
Survivor Age	42.3±15.8 (range 18-80)	38.1±15.2 (range 18-89)
Decedent Age	35.5±18.3 (range 13-88)	36.3±15.0 (range 13-88)

## Participants: Demographics

- No differences between APM and PP:
  - survivor sex
  - race
  - age
  - decedent age
- Decedents in APM were less likely than those in PP to be female
  - (14.9% vs. 23.3%)

## Do APM participants present for an intake sooner?

- APM-recipients presented for an intake sooner than PP
  - $48.5 \pm 74.9$  days vs.  $97.5 \pm 147.0$  days  $t(321)=4.11$ ,  $p<.001$

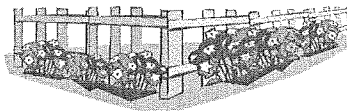


## Do APM participate in support group more?

- APM-recipients (69.3%) were more likely than PP (59.0%) ( $\chi^2(1)=3.97, p<.05$ ) to attend any support group meetings
- and attended more groups ( $23.0\pm 37.3$ ) than PP ( $13.6\pm 25.2$ ) ( $t(164)=2.22, p<.05$ )



## Limitations



- Survivors seeking treatment may not be representative of survivors overall
  - the majority of survivors seeking treatment were Caucasian with African-Americans being the only other race represented with slightly more than 2% of cases
    - In the geographic area, 21% of the suicides that occurred were those of African-Americans

How can active postvention be applied and measured on campuses?

### Postvention is Common on Campuses

- Initiated by:
  - counseling center (active)
  - call from individual/group to come out to dorm, classroom, group (semi-active)
  - individual/group who come to counseling center seeking services (passive)

## Postvention on Campuses is rarely evaluated

- Number and type of people seen
- Record of type of service given
- Follow-up of participants to determine
  - experience of postvention
  - more finely tuned measures depression, anxiety, traumatic stress, complicated bereavement
  - who gets/needs further treatment at counseling center or elsewhere

Questions?