

The LOSS team and the survivors

Katie S. Schraub BSN,RN

XAVIER UNIVERSITY

MSN/MSCJ Scholarly Project Presentation

Purpose

- The Ohio Suicide Prevention Foundation (OSPF) implemented the Local Outreach to Suicide Survivor (LOSS) team to address specific interventions to prevent the contagious effects of suicide due to raising numbers
- Many county's including Preble County Ohio do not have a team to support families affected by suicide
- The purpose of this project is to support the families affected by suicide through immediate contact and by providing and connecting them to resources for healing, such as mental health care, support groups, etc.

Outcomes

- The LOSS team in Preble County has worked extremely hard over the last several months to make interdisciplinary connections and move toward implementation
- Five volunteers, three of which are survivors have been trained and are getting ready to start responding on the scene
- The team has had opposition from one of the death investigators, regarding responding on site. As a team, additional ways of connecting with survivors off the scene are being developed if resistance continues
- The team has yet to respond to a suicide, but trainings, meetings, and preparations have been underway for months
- Franklin County has a LOSS team, and it is clear what a positive and important impact the team has on survivors through testimonies

Background

- Increasing rates of suicides reaching national overall level in Louisiana
- Dr. Campbell in Baton rouge Louisiana (1998) working as the director of the Crisis Center researching ways to help decrease suicide rates. Develops Local Outreach for Suicide Survivors (LOSS). LOSS is an Active Postvention Model (APM)
- Several counties have adopted the LOSS team framework, Preble County has no resources available for the community related to care of the family after a suicide
- The LOSS team model places peer support at the scene of the suicide to attend to the family's needs. That includes leaving the family with a resource packet to navigate next steps and seek help if need be

Conclusions

- Postvention is prevention for survivors
- Suicides are increasing in the united states – annually 48,000 lives are claimed due to self-inflicted injuries, and suicide is the 10th leading cause of death in the U.S. (NIMH, Suicide, 2020)
- In 2018, 1,838 people died by suicide in Ohio (Ohio Department of Health, 2019).
- Peer support, connections with other survivors, restoring hope, and creating awareness all are forms of postvention and are provided by a LOSS team.
- The LOSS team helps the newly bereaved to thrive even through tragedy
- The importance of connecting survivors with other survivors who have went through a similar experience is invaluable
- The LOSS team leads the way to recovery, peace, and hope after a loss such as suicide

Methods and Framework

- LOSS teams place support and resources in the hands of survivors at the scene in hopes of decreasing unnecessary suffering as depicted in the graph below
- Dorothy Johnsons Behavioral System Theory speaks to the out-of-control spiral that can occur when the patient (survivor) is in disequilibrium due to their environment and stressors
- The goal is to implement a LOSS team in Preble County to be a support to the survivors and help to bring back equilibrium

Relevance to the Profession

- Forensic nursing continues to be a developing role that forces forensic nurses out into communities to provide care where care is needed
- Survivors of suicide are a vulnerable population and are at an increased risk for attempting suicide
- The forensic knowledge, empathy, trauma experience, and care that forensic nurses can bring to devastated families to help them move forward is a way that forensic nurses can continue to make a difference in communities they serve and potentially change lives.

TABLE 14.1. Suicides and Postvention Service Intakes Involving and Not Involving LOSS Team Contacts in Baton Rouge Parish, 1999–2006, After 8 Years of Providing an Active Postvention Model (APM)

Year	Number of suicides*/ number of LOSS team visits (%)	Number of intakes—passive model	Mean elapsed time in days since the death—passive model	Number of intakes—Active Postvention Model (APM)	Mean elapsed time in days since the death—APM
1999	46/27 (59%)	40	1,210	28	32
2000	28/22 (79%)	26	944	25	68
2001	33/19 (57%)	36	832	20	49
2002	43/25 (58%)	48	839	19	30
2003	38/21 (55%)	33	358	22	42
2004	40/24 (60%)	37	2,427	30	40
2005	29/21 (52%)	40	568	10	93
2006	33/17 (52%)	28	430	8	41
8-year mean	37/23 (62%)	36	951 Days	20	49 Days

*Number of suicides as reported by the East Baton Rouge Parish Coroner (L. Cataldie, personal communication).

References

- Jordan, J. R., & McIntosh, J. L. (2015). Grief After Suicide: Understanding the Consequences and Caring for the Survivors (Death, Dying, and Bereavement). In F. R. Campbell (Ed.), *Baton Rouge crisis intervention Centers loss team active postvention model approach* (1st ed., pp. 327–333). New York, New York: Routledge.
- NIMH » Suicide. (2020).
- Ohio Department of Health. (2019).