

# CLINICIANS ARE SURVIVORS TOO: COPING WITH CLIENT SUICIDE

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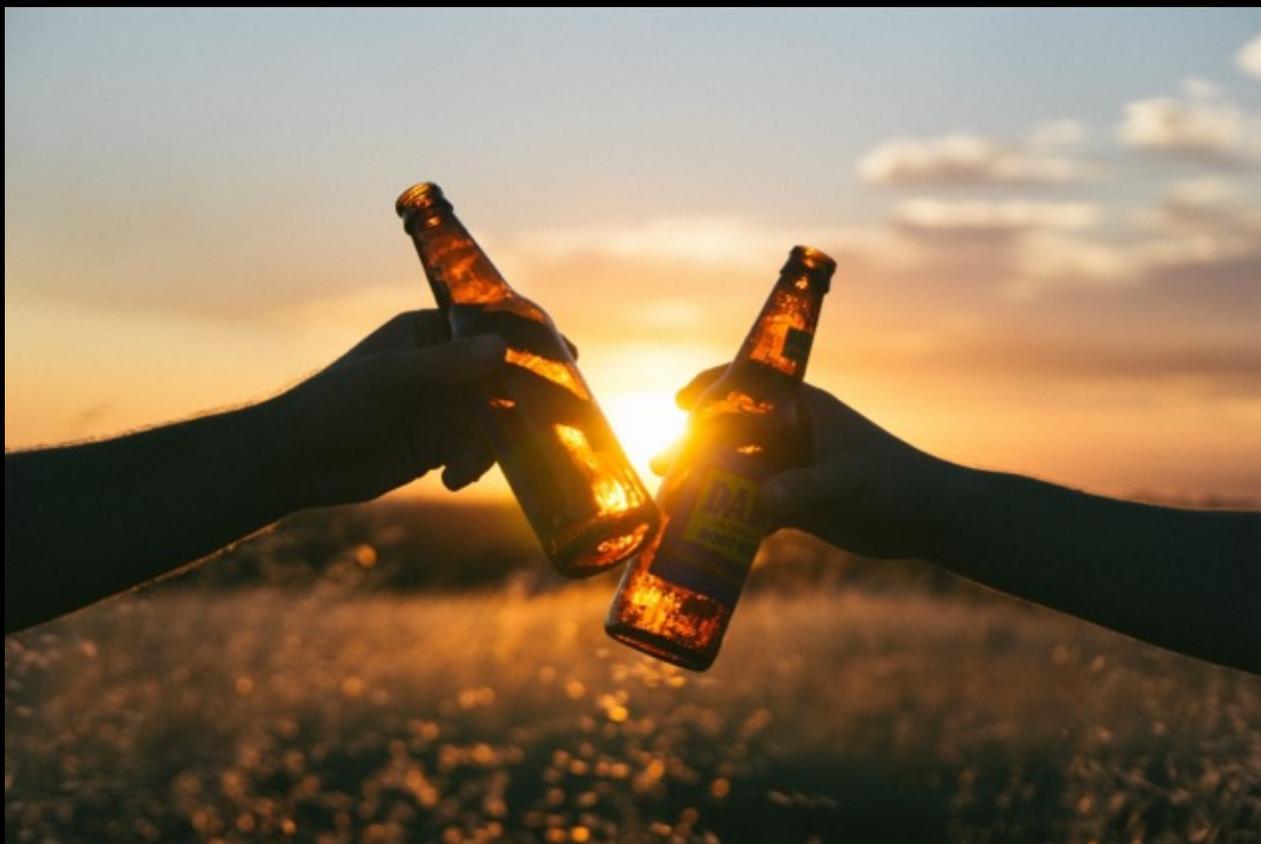




*Beaver Creek*  
**2014-15**  
SEASON









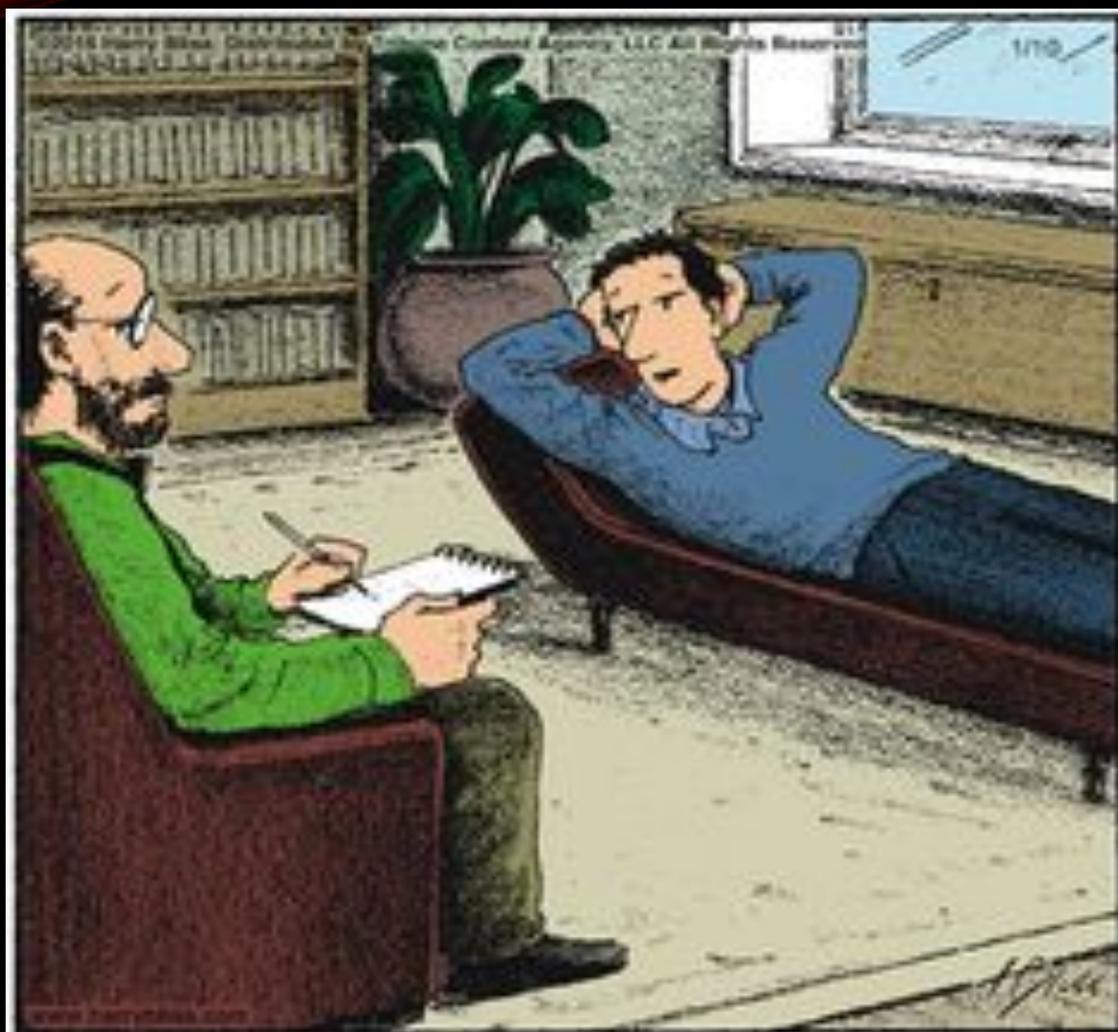






# SOBERING STATISTICS

- As many as 2/3 of providers will lose a client to suicide at some point in their careers.
- Psychiatrists have the highest rate of patient loss, estimated at about 50%, most likely because they usually see patients struggling with the most severe mental disorders.
- Statistics show that 20 – 25 % of psychotherapists will experience the loss of a client to suicide and
- As many as 80% will experience the attempted suicide of a client during their careers.
- Since there are 30,000 suicide deaths of clients receiving mental health care per year, that leaves 15,000 clinician survivors annually.



"Are you blushing?!"









# WHAT I'VE LEARNED

- We Need:
- Better Training
  - Graduate School
  - Practicum Placements
  - Internships and Fellowships
  - Supervision
  - Continuing Education
  - Resources: online and through professional associations
- Clear and directive training in suicide risk assessment, effectively responding to suicide risk, and coping with the loss of a client to suicide.
- Practitioners need better training in coping with the death and mortality issues that are likely to arise in our work.

# WHAT I'VE LEARNED

- Always address suicide risk at the initial intake and on an ongoing basis as indicated by your client's presentation, situation and needs.
- Became more attentive to subtle signs of suicide risk.
- Became more direct in asking about suicide risk.
- Keep excellent documentation.
- When a client talks about wanting to commit suicide I tell them one of the reasons they shouldn't do it is because I've been through it once and I never want to go through it again.
- All clinicians need to accept and work with the fact that loss of clients to suicide is an occupational risk of our profession.

# WHAT I'VE LEARNED

- We need to provide safe professional places to openly talk about our experiences and fears regarding client suicide.
- We need to be supportive and non-blaming when a clinician experiences the loss of a client to suicide.
- If you lose a client to suicide, do not handle it alone.
- Reach out to supportive colleagues for consultation and solace. If you are worried immediately call your liability insurance provider or professional association for guidance.
- You will likely need to cancel clients and take time off for self-care
- It's OK to discuss your experience with loved ones but protect confidentiality

# WHAT I'VE LEARNED

- As psychotherapists we need to be comfortable talking about difficult issues. We have a responsibility to model talking more openly about suicide.
- We need to think about and plan for how we will handle a client suicide from personal, humanitarian and risk management perspectives.
- You are not expected to be omniscient or perfect. You are only expected to do what is prudent and follow practice guidelines.
- Don't be afraid. This is what we are trained for.

AS MY PRACTICUM SUPERVISOR MIRIAM  
TOLD ME “REMEMBER THAT YOU JUST  
AREN'T THAT POWERFUL...



But that  
doesn't  
mean we  
don't have  
the power  
to do  
amazing  
things!

# AMERICAN ASSOCIATION OF SUICIDOLOGY CLINICAN SURVIVOR TASK FORCE

- <http://www.suicidology.org/suicide-survivors/clinician-survivors>
  - The Clinician Survivor Task Force, under the auspices of the American Association of Suicidology, will provide consultation, support and education to psychotherapists and other mental health professionals to assist them in understanding and responding to their personal/professional loss resulting from the suicide death of a patient/client and/or family member.

If a colleague comes into your office, distraught from the loss of a client and they need a hug, give them one!

