



*Pathways to Resiliency, Strength and Recovery*

**Date:** Friday, May 6, 2016

**Location:** Regis University Lowell Campus, Denver, CO

**Time:** 1:15 – 2:15 p.m.

**Track:** Recovery

**Breakout Session Title:**

Clinicians are Survivors Too: Coping with Client Suicide

**Presenter:** Jill Squyres, Ph.D., Private Practice, Eagle Colorado

**Abstract:**

It's been said that there are two kinds of therapists, those who have lost a client to suicide and those who will. I am a member of the first group on two counts. The first patient I saw, on the first day of my first practicum placement, went home and shot himself. Fortunately, I had a wonderful supervisor whose wisdom and support has stayed with me to this day. Regrettably, I experienced another loss, also by self-inflicted gunshot, of a long term psychotherapy client in 2010. The support from colleagues and the knowledge I gained in the aftermath were invaluable to me. With this presentation, I hope to pay it forward by offering guidance and practical information to fellow clinicians who may also face the trauma of client suicide in their roles as practitioners or supervisors.

The emotional sequelae of client death by suicide cannot be overstated. While mental health professionals' responses will vary based on the unique circumstances of the loss, they may include shock, disbelief, shame, guilt, self-blame, inadequacy, preoccupation, anger, anxiety and reluctance to work with suicidal individuals in the future. The adverse impact is much greater on trainees than seasoned professionals.

Appropriate postvention efforts can ameliorate the negative emotional and professional consequences of client suicide and build resilience, confidence and

competence for the clinician. In all areas of health care, patient death is an occupational hazard that must be addressed. Along similar lines, client death by suicide is a known risk for those providing mental health treatment. Therefore, promoting proactive education and a professional culture of openness, support, acceptance of vulnerability, normalization of feelings, and resolution of guilt, blame, or isolation for those affected is critical for us to effectively care for suicidal individuals and successfully recover from the painful loss of a client to suicide.