All in a day's work: An exploratory study of workers' experiences of therapeutic intervention with suicidal clients and clients who went on to commit suicide

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Abstract

There is an increasing recognition that working with suicidal clients is stressful and that losing a client to suicide can be traumatic. Existing studies tend to impose trauma symptomatology on workers' experiences. Thus, little is known about the ways workers believe themselves to be affected and how they manage their responses. This study provides findings from a qualitative study of seven workers. Although all participants reported some negative impacts, they saw their negative experiences as part of the nature of their work. A major finding was participants' resilience and their ability to move beyond painful emotions, develop effective coping strategies and grow from their experiences. This study presents an alternative understanding of work with suicidal clients which highlights the capacity of workers to successfully navigate and potentially benefit from the challenges of their work. Implications for theory and practice are discussed.

Keywords

suicide, suicide-professional impact, coping strategies, resilience, post-traumatic growth

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Introduction

Suicide is currently a worldwide epidemic. According to the World Health Organisation (2012), suicide rates have increased 60% worldwide in the last 45 years.

Rising suicide rates mean that encounters with suicidal clients have come to be common experiences among helping professionals (Ting, Jacobson, & Sanders, 2008, p. 211). Existing literature is underpinned by the assumption that workers are likely to be negatively affected or traumatised by their work with this population. Studies which examine workers' stress report that working with suicidal clients provokes high levels of anxiety due to the responsibility to manage the client's risk (Brown, 1987; Deutsch, 1984). Furthermore, studies frequently cite workers' experiences of frustration, hopelessness and emotional exhaustion from their client's lack of observable progress (Fox & Cooper, 1998; Richards, 2000). Moreover, research on the impact of completed suicides commonly discuss workers' feelings of shock, grief and guilt from their perceived inability to "save" their clients (Farberow, 2005; Ting, Sanders, Jacobson, & Power, 2006).

The literature depicts this spectrum of disturbing emotions as preceding symptoms that have debilitating effects on workers. Indeed, such symptoms are viewed as so chronic that they are understood through frameworks traditionally used to explain the aftermath of workers' exposure to trauma. Darden (2008) and Rycroft (2005) liken workers' loss of confidence in their professional judgment following a client's suicide to vicarious traumatisation (McCann & Pearlman, 1990), where a traumatic event shatters an individual's beliefs. Other researchers (Chemtob, Hamada, Bauer, & Kinney, 1988; Ting et al., 2006) draw on the concept of secondary traumatic stress (Figley, 1995) to describe the flashbacks workers experience long after a client's suicide. Studies (Fox & Cooper, 1998; Richards, 2000)

also refer to workers' loss of motivation and avoidance of suicidal clients as symptoms of compassion fatigue (Figley, 2002) and burnout (Pine & Maslach, 1978).

Although there is an abundance of research which examines the impact of working with suicidal clients, empirical work remains limited. Firstly, the majority of studies are deductive in their approach as they employ quantitative measures such as the Impact of Event Scale (Horowitz, Wilner, & Alvarez, 1979) to assess the prevalence of trauma reactions amongst workers (Chemtob et al., 1988; Ting et al., 2006). However, general trauma literature argues that an individual's worldview profoundly shapes the way they experience adversity (Allen, 2005, p. 17). Hence, studies which impose trauma symptomatology on workers' experiences negate the unique ways workers experience and understand themselves to be affected by their work. This is significant as best practice mandates workers to be cognisant of how they are personally affected to safeguard against potential adverse effects (McCann & Pearlman, 1990, p. 144). Furthermore, Goldstein and Buongiorno (1984, p. 396) contend that working through the trauma of a client's suicide requires practitioners to make meaning from their experiences — an area of enquiry which quantitative methods fail to address.

Secondly, the myopic focus on documenting the negative experiences of workers has resulted in a dearth of research which acknowledges and explores workers' ability to cope and positive outcomes derived from their work. Despite some evidence in existing studies, such as workers reporting using their experiences to enlarge their psychological horizons and improve their professional judgment (Gurrister & Kane, 1978; Hendin, Lipschitz, Maltsberger, Haas, & Wynecoop, 2000), these findings are largely ignored in the literature. Thus, scant attention has been paid to workers' potential for resilience. This paucity of

research is extremely problematic as it indicates a missed opportunity for the development of knowledge which may inform strategies to support workers.

This study addresses these gaps by using qualitative methods to explore workers' experiences of offering therapeutic intervention to suicidal clients and clients who have gone on to commit suicide. This study was guided by a constructionist paradigm, which is concerned with capturing people's lived experiences and the unique meanings they give to their lives (Miles & Huberman, 1994, p.6).

The research questions were:

1. In what ways do workers report being affected by their work with suicidal clients?
2. How do workers perceive their view of themselves, others and the world as being affected by working with suicidal clients or clients who go on to commit suicide?
3. How do workers cope with their experiences?

Method

Participants

The sample consisted of seven workers who have offered therapeutic intervention or case management services to suicidal clients. It was anticipated that these workers would develop a close relationship with their clients and be more likely to be affected by their work. Five identified as social workers, two identified as a clinical psychologist and psychotherapist. Participants worked in diverse settings including the mental health field, aged care, private practice and offender services. Six participants worked in organisations and one in private practice. Participants' length of experience with suicidal clients ranged between two and a half years to ten years. All participants had contact with suicidal clients for a large part or the whole of their working life. All had university training. Except for one

worker, all participants had experienced a client commit suicide. All of the participants were female. Their ages ranged from mid- twenties to late fifties.

Procedure

Following approval from the University of New South Wales' Human Research Ethics Advisory Panel, participants were recruited via university networks. Qualitative data was collected from face-to-face interviews which lasted between 60 to 75 minutes and were recorded with participants' consent. To ensure that the data reflected workers' perspectives, a dialogic approach was used where interview schedules were sent to participants prior to the interview to allow respondents to influence the interview agenda (Scott & Usher, 1999). Interviews were conducted using an interview schedule consisting of broad themes from the literature to maintain focus while allowing for the emergence of unexpected data. Following the interview, respondents were invited to comment on the transcript and preliminary analysis to enhance the rigour of the research (Carspecken & Apple, 1992).

Data Analysis

Data was analysed through thematic analysis. First, interviews were transcribed verbatim then disaggregated to protect participants' confidentiality. Next, initial coding and memoing were used to generate preliminary impressions. This was followed by focused coding where significant themes were identified through constant comparison of the data with existing literature. Lastly, to advance nuanced understanding of the data, a Framework approach (Bryman, 2008, p. 554) was employed to elucidate a matrix of sub-themes, leading to the emergence of 2 major themes.

Results

"It goes with the nature of the work": accepting the risks of working with suicidal clients

As anticipated from existing research, all participants reported experiencing a range of negative effects. Surprisingly, participants were not distressed by their experiences. A central theme was participants' belief that their experiences were "part of the nature of the work" and their acceptance of the risks of working with suicidal clients.

All participants identified that their responsibility to detain high risk clients and to assess risks made them feel "anxious". Some participants reported that their anxiety made them "wake up in the middle of the night worrying". Participants attributed their anxiety to their "responsibility to assess the risk", to the "complex case(s)" they came across or as a normal part of being an inexperienced worker "when (they) first started". Despite intrusions in their personal life, participants therefore accepted feelings of worry as "going with the nature of the work".

A high level of stress was closely aligned with anxiety. Participants described the pressure of the "huge amount of workload" and the "stress day in and day out" as leading to "interest levels drop(ping)" and "feeling tired" and "overwhelmed". Participants were able to nominate triggers which decreased their ability to cope such as stress in their personal life, poor sleep and lack of self-care. Hence, they were highly aware of burnout and compassion fatigue as potential risks in their field of practice.

Participants reported feelings of "hopelessness" and feeling "sad" as a result of "empathising with the clients' sense of despair". Participants described being affected in deeply personal ways: "[The client] sucks all the happy out of you", "All that sadness does rub off on you". However, participants believed that "if you're working with people you do

often take on their sense of hopelessness" and were prepared for the transference of painful emotions as part of the therapeutic process.

Participants reported feeling "really shocked" and "so, so sad" following news of a client's suicide. Some participants recalled a loss of confidence and feelings of guilt as they "questioned (them)selves many times", while others were haunted by their client's "last words". Remarkably, none of the participants experienced their client's suicide as a major trauma. Despite their initial reactions, over time, participants were convinced that "if someone is so determined to kill themselves they're going to find a way". Thus, all participants expressed a sense of acceptance around their client's death and anticipated completed suicides as a norm in their line of work.

"That's not something to be feared": resilience in working with suicidal clients and in the aftermath of completed suicides

The second theme was participants' resilience in the face of painful emotions and their ability to grow professionally and personally through adversity.

When asked if they receive any organisational support or training to help them cope, most participants had difficulty articulating any education they received around suicide or explicit support from their organisations. In the absence of support, participants developed strategies to effectively mitigate the potential for traumatisation. One worker "recognised (her) limitations" and avoided certain clients. Others spoke of "cancel(ling) appointments when I don't feel good enough", "differentiating myself if the client's really distressed" or "get(ting) a colleague in to help". Participants were also proactive in engaging in self-care strategies such as having "good supports", "mak(ing) sure you have a balance in your own life", "hav(ing) a run" and turning to "spiritual beliefs".

Furthermore, all participants reported that they were able to recover quickly from the disturbing emotions they experienced on a daily basis. Participants spoke of how accepting their emotions as "human" led them to seek support from colleagues and supervisors to "talk about it", "get some external validation" and "cry and feel okay". For one participant, "go(ing) with however (she's) feeling" meant that she was able to "not take it too seriously and start again the next day". For other participants, perceiving their emotional reactions as "a natural part of caring" for clients led them to embrace difficult emotions as part of their practice and "not something to be feared".

When reflecting on their response to clients' suicides, all participants absolved themselves of personal responsibility and "came to a position of acceptance" around their client's "choice". Therefore, participants felt sadness appropriately and remained passionate about working with suicidal clients. This led participants to treat their clients' suicides as opportunities "to learn (what) I might do differently". Participants spoke of being motivated to advocate more for clients, broaden their clinical knowledge and seek training to improve their practice. Additionally, participants reported professional and personal growth over time and described "fee(ling) more confident in (their) clinical judgment" and "becom(ing) stronger" through their experiences.

Discussion and Implications

The assumption that working with suicidal clients has an adverse impact on workers concurred with a small part of this study's findings as all participants spoke of some negative impact from their work. As predicted by the literature, persistent exposure to their clients' suffering brought on feelings of anxiety, stress, hopelessness and sadness in participants' personal and professional lives. Negative impacts were also apparent in the aftermath of

clients' suicides as participants experienced shock, guilt, self-doubt and grief. An unexpected finding of this study was that for the most part, workers spoke of their ability to transcend negative experiences, cope effectively with the demands of their work and even grow personally and professionally after experiencing instances of clients' suicides. A striking finding was workers' resilience in embracing the harsh realities of practice, in developing strategies to navigate the challenges of their work and in using adversity as opportunities for growth.

Although it has become an axiom that working with suicidal clients can be overwhelming and have debilitating effects, the findings of this study suggest that workers are not helpless. Rather, this study points to an alternative way of understanding work with suicidal clients as the data suggests that workers have the capacity to work successfully with this population. The capacity of workers to withstand the strains of their work is supported by trauma literature which found that workers can successfully tolerate exposure to trauma by embracing the challenges of their work and having an understanding of intervention boundaries (King, King, Fairbank, & Adams, 1998). These points of resilience are evident in the findings of this study as participants were clearly able to accept their own limitations and maintain hope despite their clients' poor prognosis.

The findings of this study also call into question the assumption that workers are always negatively affected by their work with this population. Participants reported that they derived meaning from experiences which are deemed to be traumatic within the literature. The findings of this study therefore lend support to the few studies which have touched on the positive effects of working with suicidal clients. The notion that helping professionals can be positively affected by their work has been recognised in other bodies of literature through concepts such as vicarious resilience (Hernández, Gangsei, & Engstrom,

2007) and post-traumatic growth (Tedeschi & Calhoun, 1995), which denote the compassion and inspiration workers gain from bearing witness to their clients' suffering. In this sense, this study confirms that the possible benefits of working with suicidal clients may be considerably underestimated in the current literature.

The findings of this study underscore the importance of nurturing workers' resilience in the organisational context. According to Masten & Coatsworth (1998), the capacity for resilience is developed from environments which promote positive adaptation to adversity. It is clear from the data that suicide intervention is a complex and challenging field. Although participants were resourceful in developing strategies to handle the pressures of their work, this only came with experience. This is in line with research which suggests that novice workers are more vulnerable to negative impacts (Collins & Long, 2003, p. 418).

Organisations need to play a key role in nurturing workers' resilience from the outset of their career. Providing trauma education, encouraging workers to vary their caseloads and respect their own limitations as part of orientation can empower workers to skillfully respond to stressful components of their work (Kress, Trippany, & Wilcoxon, 2004, p. 34). Regular peer support and supervision in an organisational culture which encourages workers to openly express their fears is crucial (Figley, 2002, p. 1440). Furthermore, organisations should be aware of the vital role they play in cultivating personal growth for staff; displaying inspirational posters, encouraging workers to place personally meaningful items in their workspace and supporting workers' spiritual lives are simple strategies which increase workers' well-being (Bell, Kulkarni, & Dalton, 2003, p. 468).

The findings of this study also have important implications for educational responses. At present there is little formal education which prepares workers for the emotional challenges of their work. In examining social work education, Csikai & Rozensky (1997,

p. 531) found that students are socialised into a professional culture which encourages idealistic expectations of successful intervention with clients. This renders workers more susceptible to emotional exhaustion when confronted with the very real limitations of practice (Lev-Wiesel, 2003, p. 323). Educators need to be responsible for providing trauma education to help students develop more realistic expectations of "the nature of the work" such as providing education on dealing with completed suicides and developing mentoring programs to promote the sharing of coping strategies from experienced workers (Balon, 2007, p. 337).

Moreover, education programs should integrate notions of vicarious resilience and post-traumatic growth into the curriculum. Hernández et al. (2007, p. 239) conclude that creating an awareness of workers' capacity to be inspired by their work and to grow through adversity can help practitioners amplify their sense of meaning in their work and heal from traumatic experiences. By equipping students with a framework to interpret difficult situations as opportunities for growth and to find hope in seemingly hopeless circumstances, educators can strengthen workers' abilities to work with suicidal clients without being overwhelmed and to cope effectively with clients' completed suicides.

Conclusion

Suicide is a significant social concern. Rising suicide rates mean that workers will work with suicidal clients or clients who go on to commit suicide at some point in their career. This study suggests that although working with this population does not come without a cost, workers have the capacity to cope with the harsh realities of practice and even derive meaning and growth from their work. Organisations and educational institutions have critical roles to play in strengthening this capacity.

As with any piece of qualitative research, caution should be taken in generalising this study's results. It may be the case that this study did not capture workers who identify as being severely traumatised and who have consequently left the profession.

Nonetheless, the findings of this study are significant in offering a different lens from which to view work with suicidal clients. There is a need for future research which acknowledges workers' resilience and the potential rewards of working with this client group. Future research should also explore protective factors to contribute to the development of organisational and educational strategies which nurture workers' resilience.

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