Coping with a client suicide

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Introducing Board’s guidelines

- To guide the profession
- Promote fitness and well-being in practitioners
- To educate and support learning as part of maintaining continuing competence
- The Board has developed a number of guideline documents (see website)
- This more of a resource, in case of need
Objective of this talk

ψ To draw the document to your attention
ψ To give an overview of contents
ψ To help maintain the fitness of those affected and to better equip psychologists to be a support to colleagues in need
ψ How to access supportive resources
“Coping with a client suicide”

- Finalised by the Board August of this year
- Thank you to those who contributed
- Motivated by the desire to share wisdom painfully learnt
- Awareness of desire for a road map by the colleagues
- The Board’s interest is in supporting good, ethical practice and in maintaining fitness
Let's be clear...

ψ My sincere hope is that these guidelines will never be directly relevant for you

ψ We do everything we can to keep people safe in their time of despair and hopelessness
  ➢ Sharing our hope that their life can be better
  ➢ Actively working to help them achieve that
  ➢ Walking alongside to keep them connected
The limits of professional responsibility

Acting in a professionally responsible and responsive manner

versus

Assuming the grandiose position of being “super hero”

ψ Suicide is not always predictable or preventable
ψ Erroneous to assume that a clinician should have known
Suicide of a client is an occupational hazard

“A psychologist experiencing the outcome of a client choosing to end their life will need to come to a philosophical acceptance of that person’s autonomous decision, while they also are likely to examine endlessly what they could or should have done as they search for meaning and to glean any learning to be gained to help prevent such an outcome for others in the future.”
Dealing with the consequences

- Emotional upset
- Can trigger a professional crisis of confidence
- Legal obligations (police interview, records)
- Supporting the bereaved
- Staying competent for other clients
- Reporting to a Coronial Inquiry
- Watching for signs of contagion
- Learning to be gleaned
Self care comes first

- Reschedule appointments to allow time to take care of self, if you cannot function to your usual professional standards
- Seek urgent supervision (notes may not be legally privileged)
- Seek legal support
- Inform other colleagues who have a right/need to know
- Inform family and friends that you have suffered a bereavement
- In longer term, consider therapy if need be.
Should you be in contact with those left behind?

ψ Use the help of your supervisor to decipher what contact to have with whānau/ family, and at what stage
ψ May change over time
ψ The commitments to confidentiality remain
ψ Your supervisor may help coach you to avoid contributing to guilt or anger in bereaved
ψ Possibly take supervisor with you (but forewarn family)
Watch for negative spillover into practice

- May lead to counter-therapeutic changes
- Hyper-vigilance to risk and avoidance of suicidal clients
- If over-reactive to risk, may inhibit clients from sharing
- May lead to inappropriate hospitalisation
- Hostility to suicidal clients
Putting people in touch with supports

- Te Rau Matatini and Le Va are partners in leading the Waka Hourua, a national Maori and Pasifika suicide prevention programme
- Postvention and prevention closely related
- Research in advance what support services may be available
- Be alert to signs of suicide contagion
- Clinical Advisory Services Aotearoa, CASA
Learning to inform future practice

ψ Coroner’s report establishes the facts.
ψ “Psychological autopsy”, full review
  ▪ Circumstances
  ▪ Risk assessment
  ▪ Protective factors
  ▪ Retrospective warning signs
  ▪ Management, treatment
ψ Bereaved family, friends may wish to share learning to help others avoid painful loss
Many other topics covered

- This is the bare sketch of what is covered in the guidelines
- My purpose today is to alert you to the fact that the resource is there, should you need it.
- Any colleague in this situation is likely to need support, but may be prevented from talking freely
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See Board’s website

www.psychologistsboard.org.nz

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