THE SUICIDE LOSS OF A CLIENT/PATIENT HAS A PROFOUND EFFECT ON CLINICIANS.

PERSONALLY

- Feelings of shock, horror, fear, anxiety, deep sadness, regret, anger, hyper-vigilance, numbness, and/or disbelief
- Intrusive thoughts
- Can have physical, emotional, behavioral, and social components

PROFESSIONALLY

- Hyper-vigilance about suicide warning signs
- Overgeneralizing risk /seeing it everywhere
- Overworking oneself /taking on the most difficult cases
- Feeling overly responsible
- Acting overzealous
- Feeling numb to clinical data
- Minimizing or missing risk
- Calling out sick, neglecting clinical notes, missing supervision
- Distancing and minimizing impact of loss
- Intellectualizing loss
- Feeling burnt out

SELF CARE

Check in with your mental and physical state before symptoms of burnout/ stress overload become overwhelming. Practice mindfulness and stress reduction to manage your vulnerabilities and mitigate the potential for burnout.

- Make adequate time for yourself & schedule breaks throughout the day
- Engage in activities you enjoy
- Take care of yourself physically and spiritually
- Take care of the relationships in your life
- Don't isolate yourself
- Be aware of warning signs, such as violating boundaries, self-medicating, wishing patients would not show up, finding it difficult to focus on the task at hand, fatigue, and/or boredom
- Watch out for distress, burnout, and competence problems in your colleagues.
- Seek out personal psychotherapy
- Use colleague assistance programs and participate in peer support groups
- Accept that you're human, in need of assistance, and a work in progress
- Don't try to be perfect, to have it all, or to do it all. Know your limits and be realistic

RESOURCES

OMH SPCNY Clinician Postvention Guide
https://www.omh.ny.gov/omhweb/suicide_prevention/omh_postventionguide.pdf

Clinician Survivor Task Force
https://www.mirecc.va.gov/visn19/postvention/docs/Clinician_Survivors_TriFold.pdf

OMH's Suicide Prevention Center of New York
https://www.preventsuicideny.org/

American Association of Suicidology
https://suicidology.org

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NEW YORK STATE | Office of Mental Health | SPC NY Suicide Prevention Center of New York State

CLINCIANS AS LOSS SURVIVORS

WHAT IS A CLINICIAN-SURVIVOR?

The term “Clinician-Survivor” was coined by the American Association of Suicidology to describe clinicians who have experienced the traumatic loss of a client.

FACTS

- Approximately 1 in 5 psychotherapists and 1 in 2 psychiatrists lose a patient to suicide over the course of their careers
- Annually, approximately 15,000 clinicians lose a client to suicide for the first time
- Sudden loss of a client can be traumatic to the professional and can be a contributing factor to professionals leaving the field

MYTHS

- Clinician grief is a sign of enmeshment or counter-transference
- Clinical training always provides the necessary tools to manage grief
- A grieving clinician cannot help clients
- Clinicians should always appear ”strong” in front of other clients by not talking about the deceased

HOW GRIEF IS TYPICALLY EXPERIENCED

- Helplessness
- Guilt and/or sense of responsibility for the death
- Diminished confidence
- Hyper-vigilance
- Mistrust of future clients
- Feelings of betrayal
- Periods of intense sadness in the early months that begin to abate over time
- Eventual return to enjoyable relationships and activities
- Eventual ability to remember the deceased with less pain and to reconcile and integrate the loss
- If feelings persist, please consider speaking with a professional

FACTORS THAT MAY IMPACT A CLINICIAN'S GRIEF RESPONSE

- Legal & Regulatory Environment
- Level of Care (inpatient/outpatient)
- Duration and quality of the relationship with the client
- Agency reaction to patient loss (punitive vs. supportive)
- Intensity and demands on job (overtime/ on-call hours)
- Fear of contagion effect
- Past or current experience with death and trauma
- Beliefs about role of clinicians in keeping patients alive
- Length of time in the field
- Educational or supervisory preparation for death and loss
- Hindsight bias, or when something seems more predictable after it already happened