

A Social Worker's Experience with Client Suicide

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Abstract: Mental health social workers often work with clients experiencing suicidal ideation. It is not uncommon for social workers to experience the suicide of a client. Social workers may experience guilt, shame, anxiety, and depression following a client suicide. Agencies play a prominent role in influencing how social workers will cope with a client suicide. This paper reflects on my experience when my client died by suicide. Agencies can ensure a supportive environment by having a clearly developed plan in place before a client suicide occurs. Agency policies and procedures should outline what steps to take and how to provide support to staff during a client suicide crisis. Social work leaders can decrease adverse reactions of social workers who have experienced a client suicide by implementing recommended procedures. Agency policies that focus on supporting the social worker after a client suicide influence how staff cope and promote a positive workplace culture.

Keywords: suicide, postvention, policy, organizational health

“My mother is dead, and it is your fault.” That was the voicemail left for me by my client’s son. Every social worker’s worst nightmare was right there on my voicemail. My client had died by suicide the day before. Her son’s anger and hurt came through his voice, and he was blaming me. I froze, and I did not know what to do.

I had been practicing social work as an MSW for four years. I was young and a new mental health practitioner. My education and training had not prepared me for this situation. I felt my heart start racing. Time seemed to stand still for a minute. My vision and hearing clouded, and I was unaware of everything going on around me in our busy office. My panic set in. I did not know the next step to take, but calling my supervisor seemed like the logical thing to do.

I alerted my supervisor immediately and had him listen to the message. He tried to hide his panic from me, but I could tell that he did not know what to do, either. I felt the tears start to fall as soon as I could comprehend what was happening after the initial shock. My supervisor told me to get myself together because I had clients to see, and they would be arriving any minute. He also told me not to mention this to anyone or tell my coworkers. Looking back, I realize that he needed a moment to figure out the next steps. He needed to notify agency leadership to receive guidance on how to handle the situation.

At that time, I needed support and compassion from my supervisor and coworkers, but I did not know how to ask for it. I needed someone to talk to about the grief and fear I was experiencing. I remember thinking that I had no clue how I would make it through the day, much less start a session in the next 15 minutes. I somehow managed to get myself together enough to see my clients that day, though I am sure it was not my best work. A part of me felt that my client’s death was my fault, so my distress was warranted. Talking to a colleague about my grief and what I was experiencing at that moment would have been immensely helpful, not just in the short term but for my long-term professional development as well.

As the day progressed, many thoughts distracted me from my responsibilities. I considered that I could be sued and how that would impact my professional and personal life. I worried that I may not be able to practice as a social worker any longer. This thought was devastating to me as I loved my career and the work I did daily. These thoughts made me nauseous and anxious throughout the day. I also grieved for my client. I was heartbroken that this lovely person was gone, and the guilt I felt increased my grief substantially.

My client's suicide was perhaps the most stressful moment of my career. Confusion about what to do or what to expect next made the situation more stressful. My supervisor was also unable to direct me or provide support, which increased the stress of the situation. I had never had a conversation in my education or at my agency about the possibility of client suicide. Among the professionals I worked with, the topic was taboo. We did not openly admit that this had ever happened or that it was even a possibility.

The following week, I participated in the agency's event review process. The agency's leadership team read the client's chart, including all my notes. The team discussed the client's behavior and treatment as well as if the agency could have done anything differently. The only encouragement or support after the review was the CEO telling me, "Your notes are good. It looks like you did all you could do." I still felt like I had failed and that if I were a better social worker, my client would not have died. I did not have an appropriate avenue to discuss these feelings, and I did not know how to advocate for myself to get my own emotional needs met.

My agency was unprepared for this event as well. The agency did not offer counseling or any other services. I was not aware of any employee assistance programs, and I did not know that I could ask for help locating services. Neither agency leadership nor my supervisor offered me time off to process the event or to locate any services I may need. Management seemed unaware that I would have emotional needs that should be addressed. No plan was in place to monitor my professional performance or provide clinical supervision to ensure the suicide did not negatively impact my practice with other clients.

The one supportive relationship that emerged was with a coworker who was a psychiatrist on staff with me. She came to my office to see me of her own volition and offered support. She shared that she had been in a similar situation and understood how difficult it was to cope after a client died by suicide. She offered me time and space to talk with her if I needed any further support.

The kindness of my coworker helped me process my grief. She took the time to listen to me and validate my feelings. She offered insight from her perspective and shared things she had done to facilitate her own coping process when her client died. Her support was valuable through this experience and my professional development.

Lessons Learned

My client's suicide changed me as a social worker, and in many ways was a learning experience. I sought supervision more frequently when working with clients who had a history of suicidal

ideation. I learned more about suicide risk assessments and best practices for utilizing them so that I could complete more thorough assessments. Today, though I work in a different agency, I am the designated trainer for all clinical staff on completing suicide risk assessments and safety plans. This experience also shaped my leadership style. I understand how difficult this type of experience is for the social worker. I strive to be supportive towards my team whenever a client dies, especially by suicide. I always acknowledge the social worker's grief and help them obtain what they need to cope, including clinical supervision or information on the employee assistance program, if needed. I continually work to be a better leader. I strive to help social workers cope during any difficult experience with a client. Once the team member is ready to take the next step, I help them objectively evaluate the situation and learn from it.

Though my experience with client suicide was challenging and painful, it has had positive outcomes. I became a more resilient professional dedicated to educating other social workers on suicide risk factors and best practices for prevention. I have also learned to be a more supportive and compassionate leader. Dissecting an experience to absorb the pieces that worked well and learn from the pieces that did not can be a valuable learning tool, especially in dealing with similar situations.

Impact on the Social Worker

Sanders et al. (2008) found that experiencing client suicide was not uncommon for social workers. Their study determined that 31 percent of social workers surveyed had experienced a client death by suicide. Mental health professionals report feelings of guilt, shame, anger, anxiety, and depression after a client suicide (Ellis & Patel, 2012). Client suicide can be a traumatic experience for social workers (Ting et al., 2006). Though much progress has been made in the mental health field to destigmatize death by suicide, the stigma can still affect mental health professionals and exacerbate feelings of blame for the death (Ellis & Patel, 2012). Some mental health professionals have reported feeling deserted by their colleagues after a client suicide, and some even reported that they were terminated from employment (Juhnke & Granello, 2005). Many social workers have experienced client suicide and report difficulty coping even to the point of trauma responses. Agency reaction and support can impact the response of the social worker and their ability to cope.

The Role of the Agency in Supporting the Social Worker

Though client suicide is a prevalent experience in the profession, agencies often do not have procedures in place stating what to do in the event of a client suicide (Ellis & Patel, 2012). Prior to entering the workforce, social work education does not provide social workers with the skills to address client suicide. Ruth et al. (2012) found that most social work education curriculums provide only 4 hours or less of education on suicide, mainly focused on prevention and intervention. The article did not discuss education on coping with the impact of client suicide. Veilleux and Bilsky (2016) address that postvention strategies are procedures that are intended to provide support after a suicide. Existing postvention strategies are not often able to be revised for use with social workers or other mental health professionals (Veilleux & Bilsky, 2016). However, best practice is that agencies have a written policy or procedure that is easily

accessible to all staff in the agency (Ellis & Patel, 2012). A thorough postvention plan for mental health professionals can promote coping after a client suicide and prevent compassion fatigue (Strom-Gotfriend & Mowbray, 2006). Agencies can promote organizational health and the health of individual workers by investing in the development of a plan that meets their unique needs.

Without training and procedures to follow, mental health professionals are unprepared to handle the challenges associated with client suicide. In turn, agency leadership also may be unsure of the next steps or what actions to take. Without established policies and procedures, fear of litigation may dictate the agency's response (Strom-Gotfriend & Mowbray, 2006). Juhnke and Granello (2005) even recommend that the first step of a mental health professional's preparation plan be to keep a copy of the insurance policy easily accessible. Legal counsel may advise agencies to forbid staff from discussing the client or the suicide among each other (Strom-Gotfriend & Mowbray, 2006). Litigation fear can negatively impact open communication within the agency, which can be detrimental to mental health professionals seeking peer support (Finlayson & Simmonds, 2019). Causer et al. (2019) reported that a lack of open communication within the agency led to mental health professionals feeling isolated or abandoned by their agency and peers. Having a plan in place before an incident occurs will allow agencies to provide for the emotional needs of all staff while also following legal advice.

Implications for Social Work Practice

The recommended priority of the agency plan is to first address the needs of the professional who worked with the client (Veilleux & Bilsky, 2016). Agency culture significantly influences how mental health professionals cope after a client suicide (Causer et al., 2019; Finlayson & Simmonds, 2019). The most identified indicator for staff to view the agency's response as supportive is open communication (Finlayson & Simmonds, 2019). Peer support was also identified as an indicator of a supportive agency (Veilleux & Bilsky, 2016). To promote a supportive environment, agencies should focus their plans on meeting the emotional needs of any staff affected, promoting transparent communication, and fostering a culture where peers provide support to one another.

Ellis and Patel (2012) acknowledge that an event review is a critical component of evaluating possible change to agency procedures but should not occur until the mental health professional has had time to process the client's death. The review should consider any precipitating factors as well as all assessments and treatment provided (Veilleux & Bilsky, 2016). The review should also focus on improving agency procedures and identifying staff training needs instead of finding fault or blame (Veilleux & Bilsky, 2016).

Veilleux and Bilsky (2016) recommend that agencies develop a proactive postvention policy and provide training on the policy at regular intervals. Causer et al. (2019) suggest that agencies train staff on what to expect in the event of a client suicide prior to an incident occurring. Agencies may want to consider including employee assistance programs and internal teams to assist staff with their needs during the crisis when developing policies (Ting et al., 2006). Organizations should also contemplate arranging for staff to take time off if needed or to adjust

caseload numbers or intensity. Agencies may include guidelines for these practices in their plan (Finlayson & Simmonds, 2019).

Though Sanders et al. (2008) found that client suicide was a not an uncommon experience in the profession, current literature contains few articles addressing the issue of client suicide and the impact on social workers and other mental health professionals who treat those individuals. More research is needed on best practices for support and postvention for social workers who have experienced this type of loss. The articles referenced in this paper make recommendations for agencies to address the issue of dealing with a client suicide. However, the articles describe little research conducted in regard to the efficacy of these recommendations. Further research should focus on techniques and practices that would be most helpful for social workers.

Conclusion

Research about postvention for mental health professionals is not prevalent in the literature (Causer et al., 2019). However, client suicide is an issue that is common, and it makes a significant impact in the social work profession. My experience with client suicide demonstrates the ways peer support and agency response affected my ability to cope and my eventual professional development. By being prepared for client suicide, agencies can support their staff and develop clear plans in the event of a crisis. Ting et al. (2006) state that social work education institutions and agencies should work together to provide training that prepares social workers for the realities of client suicide. Agencies should not only focus on training professionals in suicide prevention and crisis intervention but also in postvention procedures for staff in the agency in the event of client suicide. Being prepared for client suicide should not be viewed as an expectation of professional failure or an admission of defeat for the social worker but as preparation for a crisis, just as the agency prepares for any other potential catastrophic event.

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