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Sir Galahad and Saving the Nation

Becoming a Practitioner-Researcher

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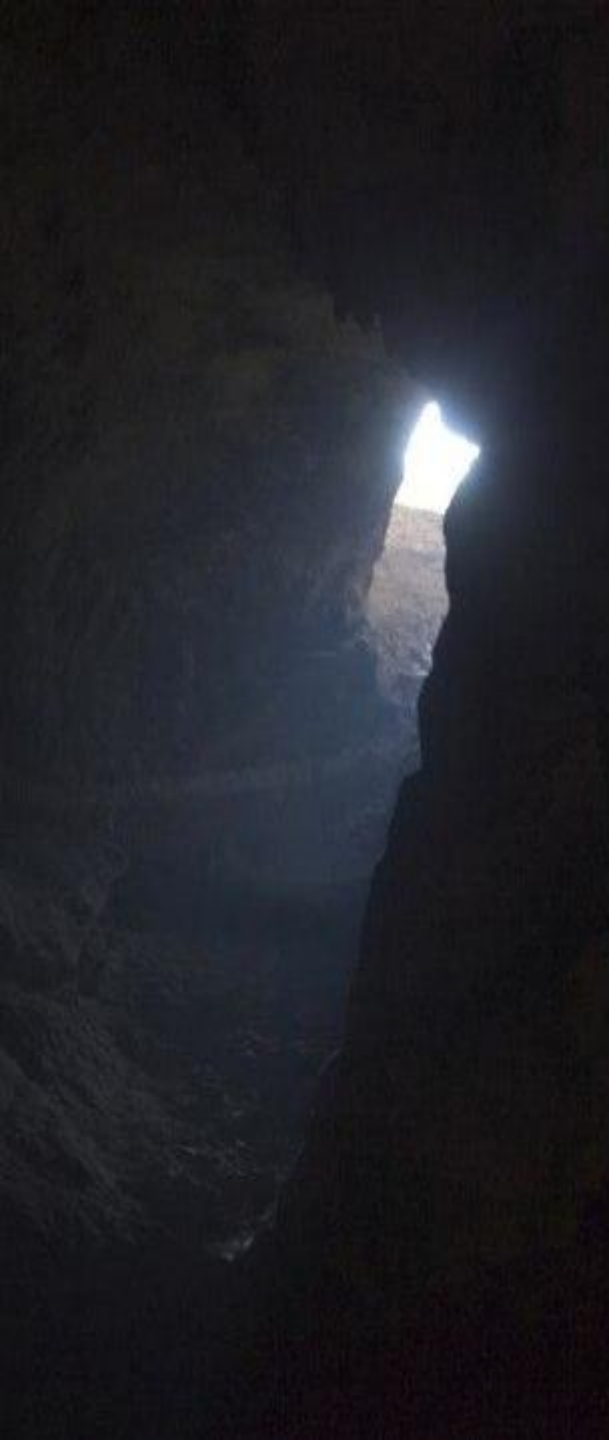
IACP Research Conference, Dublin, October 2013

I’m sorry to have to tell you…



a personal journey from professional catastrophe

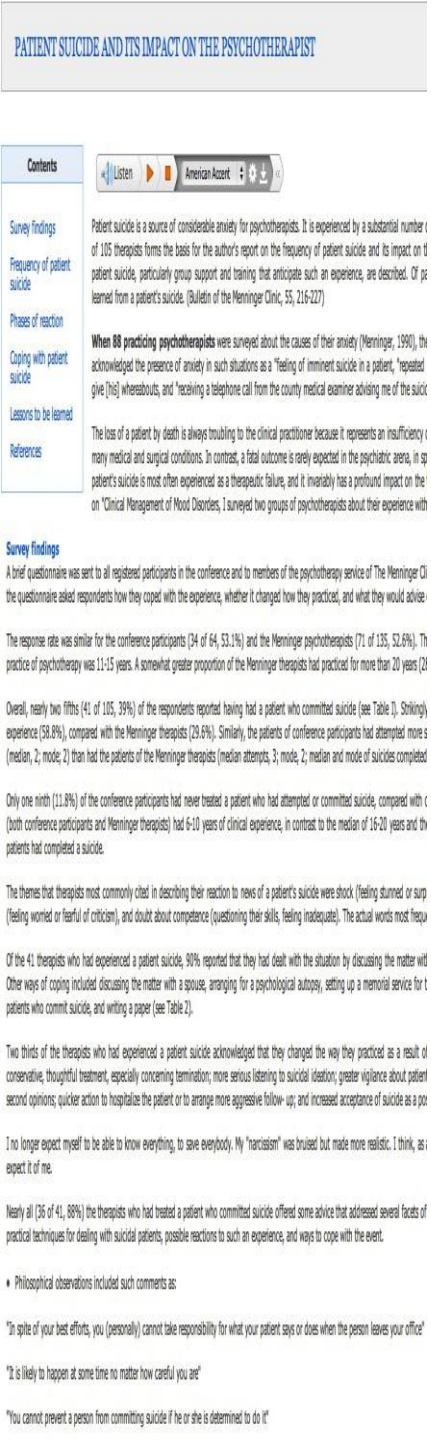
In a heartbeat I was plunged into a new world of darkness where everything I had previously understood no longer made sense

I felt on my own, bereft, incompetent, guilty and exposed

The things that helped included:

supervision
personal therapy
support from my manager
support from my team
family and friends (albeit restricted)

But I had lost a sense of self-support and affirmation


PATIENT SUICIDE AND ITS IMPACT ON THE PSYCHOTHERAPIST

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Listen American Accent

Patient suicide is a source of considerable anxiety for psychotherapists. It is experienced by a substantial number
of 105 therapists forms the basis for the author's report on the frequency of patient suicide and its impact on t
patient suicide, particularly group support and training that anticipate such an experience, are described. Of pa
learned from a patient's suicide. (Bulletin of the Menninger Clinic, 55, 216-227)

When 88 practicing psychotherapists were surveyed about the causes of their anxiety (Menninger, 1990), th
acknowledged the presence of anxiety in such situations as a "feeling of imminent suicide in a patient, "repeated
give [his] whereabouts, and "receiving a telephone call from the county medical examiner advising me of the suici

The loss of a patient by death is always troubling to the clinical practitioner because it represents an insufficiency
many medical and surgical conditions. In contrast, a fatal outcome is rarely expected in the psychiatric arena, in sp
patient's suicide is most often experienced as a therapeutic failure, and it inverably has a profound impact on the
on "Clinical Management of Mood Disorders, I surveyed two groups of psychotherapists about their experience with

Survey findings

A brief questionnaire was sent to all registered participants in the conference and to members of the psychotherapy service of The Menninger Cl
the questionnaire asked respondents how they coped with the experience, whether it changed how they practiced, and what they would advise

The response rate was similar for the conference participants (34 of 64, 53.1%) and the Menninger psychotherapists (71 of 135, 52.6%). Th
practice of psychotherapy was 11-15 years. A somewhat greater proportion of the Menninger therapists had practiced for more than 20 years (2

Overall, nearly two fifths (41 of 105, 39%) of the respondents reported having had a patient who committed suicide (see Table 1). Strikingly
experience (58.8%), compared with the Menninger therapists (29.6%). Similarly, the patients of conference participants had attempted more s
(median, 2; mode: 2) than had the patients of the Menninger therapists (median attempts, 3; mode, 2; median and mode of suicides completed

Only one ninth (11.8%) of the conference participants had never treated a patient who had attempted or committed suicide, compared with
(both conference participants and Menninger therapists) had 6-10 years of clinical experience, in contrast to the median of 16-20 years and th
patients had completed a suicide.

The themes that therapists most commonly cited in describing their reaction to news of a patient's suicide were shock (feeling stunned or surp
(feeling worried or fearful of criticism), and doubt about competence (questioning their skills, feeling inadequate). The actual words most frequ

Of the 41 therapists who had experienced a patient suicide, 90% reported that they had dealt with the situation by discussing the matter wit
Other ways of coping included discussing the matter with a spouse, arranging for a psychological autopsy, setting up a memorial service for t
patients who commit suicide, and writing a paper (see Table 2).

Two thirds of the therapists who had experienced a patient suicide acknowledged that they changed the way they practiced as a result o
conservative, thoughtful treatment, especially concerning termination; more serious listening to suicidal ideation; greater vigilance about patient
second opinions; quicker action to hospitalize the patient or to arrange more aggressive follow- up; and increased acceptance of suicide as a po

I no longer expect myself to be able to know everything, to save everybody. My "narcissism" was bruised but made more realistic. I think, as
expect it of me.

Nearly all (36 of 41, 88%) the therapists who had treated a patient who committed suicide offered some advice that addressed several facets of
practical techniques for dealing with suicidal patients, possible reactions to such an experience, and ways to cope with the event.

- Philosophical observations included such comments as:

"In spite of your best efforts, you (personally) cannot take responsibility for what your patient says or does when the person leaves your office"

"It is likely to happen at some time no matter how careful you are"

"You cannot prevent a person from committing suicide if he or she is determined to do it"

an unexpected turn from isolation

Menninger, W W (1991) Patient suicide and its impact on the psychotherapist. *Bulletin of the Menninger Clinic* 54(2) pp 216-227

"When a patient commits suicide, the danger for the therapist may include loss suffered on personal and professional levels, "depressive" and "narcissistic" difficulties in resolving the loss, drastic consequences, such as total renouncing of the profession and its responsibilities, and a hypothesized heightened suicide risk among professionals who are survivors of patient suicide" (p 226)

"The tragedy of patient suicide can also be an opportunity for us as therapists to grow in our skill at assessing and intervening in suicidal crisis, to broaden and deepen the connection and support we give and receive, to grow in our appreciation of the precious gift that life is, and to help each other live it more fully" (p 226)

$$ME = \frac{1}{T}\sum_{t=1}^{T} e_t \qquad MSE = \frac{1}{T}\sum_{t=1}^{T} e$$

$$MPE = \frac{1}{T}\sum_{t=1}^{T} 100 \times \left(\frac{e_t}{y_t}\right) \qquad MA$$

$$U_1 = \frac{\sqrt{\frac{1}{T}\sum_{t=1}^{T}(y_t - f_t)^2}}{\sqrt{\frac{1}{T}\sum_{t=1}^{T} y_t^2} + \sqrt{\frac{1}{T}\sum_{t=1}^{T} f_t^2}}$$

$$U_2 = \frac{\sqrt{\frac{1}{T}\sum_{t=1}^{T-1}\left(\frac{f_{t+1} - y_{t+1}}{y_t}\right)^2}}{\sqrt{\frac{1}{T}\sum_{t=1}^{T-1}\left(\frac{y_{t+1} - y_t}{y_t}\right)^2}}$$

dipping my toes into the research waters

I had always assumed research was about statistics, and this frightened me away… but it could also be about stories, and perspectives, and this appealed to me

I was interested in what other counsellors might say about their experience of working with suicide

To ask them to talk to me about their own thoughts and feelings, but not as therapy, as research

Reeves, A. & Mintz, R. (2001) Counsellors' experiences of working with suicidal clients: an exploratory study. *Counselling and Psychotherapy Research* 1(3) pp 172-176

I was desperately anxious. I was imagining… I was thinking 'was she doing it now'; really never been affected like that before

It's to do with letting a person go out there and kills themselves: I suppose I really don't approve of it

I think a person has a right to kill themselves if they wish [you sound really clear about that]. Yes. Very clear about that

I think it's the fear of being held ultimately responsible for someone taking their own life, I think. And I should have intervened to stop them

I think that if I thought that opening a person up to their feelings and their life situation and so on was likely to take them nearer the edge, then I would not encourage them to do that

It's anxiety, sadness, panic I think really. Impotence that I couldn't do anything.

a secondary revelation

"… in some cases participants reported finding research conversations more therapeutic than the therapy itself…"

Etherington (2009 p 226)

An essential addition to my professional toolbox

The things that had helped following Isobel's death included:

supervision
personal therapy
support from my manager
support from my team
family and friends (albeit restricted)

But it was becoming a research-aware practitioner, and then beginning my develop as a practitioner-researcher, that really began to facilitate change and growth in me

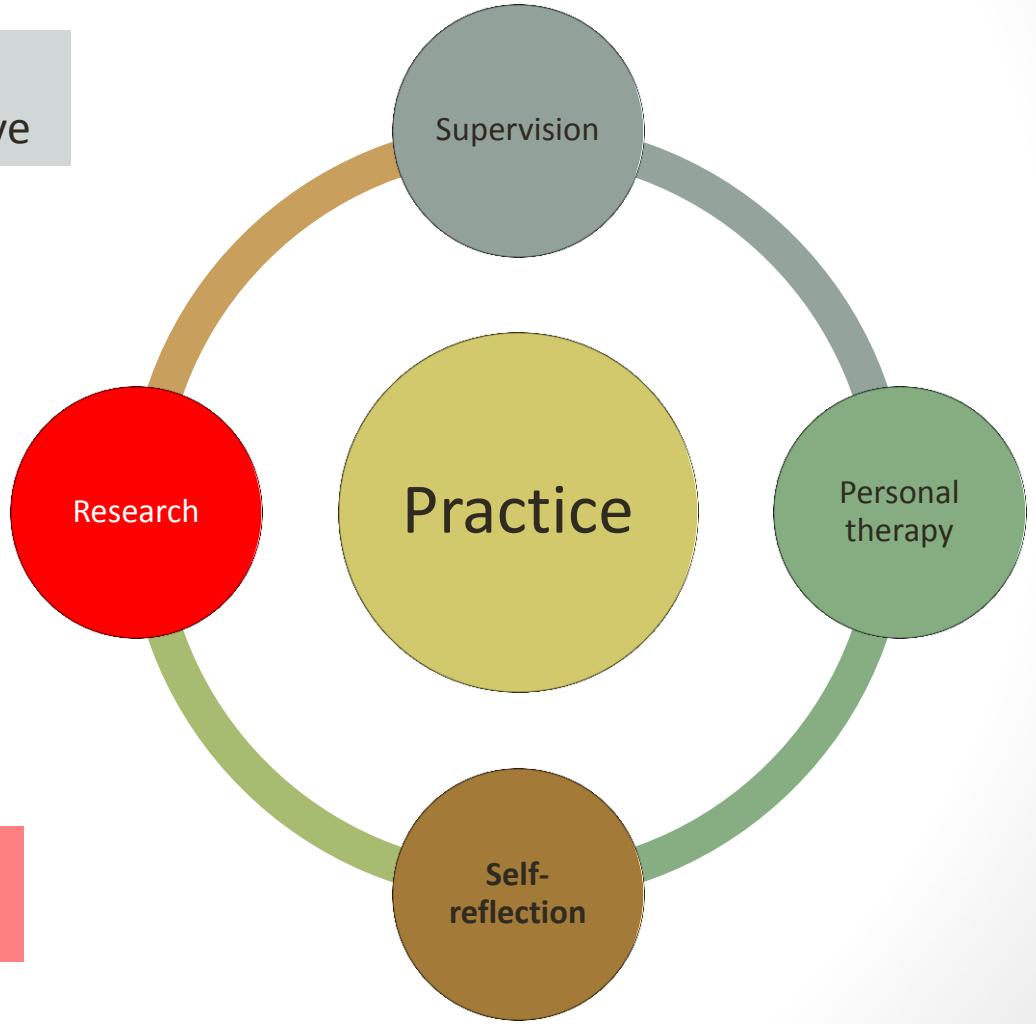
four essential benchmarks for the ethical practitioner

Supervision
restorative; formative; normative

Personal therapy
when needed to support self

Self-reflection
the internal supervisor

Research
to inform, affirm and challange



integrating research into our work as counsellors and psychotherapists

In integrating research into our work, we can be:

Critical Consumers of Research

Practitioner-researchers

integrating research into our work as counsellors and psychotherapists

Critical Consumers of Research

Have a willingness and openness to the potential of research (across a range of methodologies) to inform practice, to support professional development and enhance both therapeutic relationship and process

Know where and how to locate relevant research

Are able to read research and critically reflect on its meaning for their own work (*including disregarding poor or irrelevant research*)

integrating research into our work as counsellors and psychotherapists

Practitioner-Researchers

Have a willingness and openness to the potential of research (across a range of methodologies) to inform their practice, to support professional development and enhance the therapeutic relationship and process

Have the capacity to work alone, or in collaboration with others (such as a practice research network PRN), to generate data for analysis and interpretation

Are then willing to disseminate their findings (papers, presentations, conferences, practitioner articles, training videos etc.) to the wider community for debate, discussion and development

how research provided insights into my own process

It seems strangely naïve now to imagine…

I was wondering, is this a personal journey, are you Sir Galahad on his horse riding out to save the nation because you felt such a failure in yourself. And I wondered about that. I didn't in any way feel judgmental I just felt, oh, what's that about. This poor man has to tell the nation, to protect the nation… What I was left with was the fact that it was something that you were passionate about… which is a strange use of words… but from your experience you had been through with your client, you didn't want any of us… you were quite protective… you didn't want any of us going through what you had been through

and to conclude

I hope my presentation has communicated my belief that…

Research…

- Is integral and relevant to everything we do as practitioners
- Can be undertaken in any manner of ways that are pertinent to the questions being asked and the strengths of the researcher-practitioner
- Forms an important cornerstone for ethical and accountable practice
- Provides the best opportunity for the development (and perhaps survival) of our profession
- Can become a mechanism through which we can shape that development and not have it shaped for us
- Can be moving, insightful, honest, challenging and human

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Thank you