



“Walking the dark path”- the lived experiences of psychotherapists working in Crisis Intervention who face the possibility of suicidal ideation.

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Rationale

In 2020 there were 21.2 presentations per day to 18 Irish hospitals for self harm or failed suicide attempts – This equates to 7738 per annum

(National Self Harm Registry Ireland 2021)

Accurate figures are complex to compile because many failed attempts do not result in hospitalisation – nonetheless demand for crisis intervention is high

(Richards et al, 2019)

A 2020 report in the USA concluded that 23% of therapists had experienced a client suicide and since then there has been a 30% spike in suicide rates worldwide

(McAdams & Foster, 2020) (Shaheen, 2022)

Suicidality is appearing more frequently for therapists

(Scupham & Goss, 2020)



Aims



The purpose of the research was to determine methods of how best to equip therapists who are engaged in crisis intervention to cope with the effects of working with the potential of a client suicide.

Objectives



To determine therapist stress levels when

- Working with crises?
- Working with suicidal ideation?
- Examine methods of self-care?

To establish what training the crisis interventionists had and was it achieved

- In academia?
- By specialised training?
- From Continuous Personal Development?

To explore therapists' concerns when working with suicidality and ask

- What is their biggest fear?
- How do they prepare for this?

Participants

The 6 participants were:



Age range: 47 – 63 years = Mean age of 55.1 years

Experience working in Crisis Intervention: 2 - 22 years

= Mean experiential experience of 11 years

Semi-Structured interviews were conducted on Zoom.





Findings

A mixed methods analysis

Pt							
6							
5							
4							
3							
2							
1							
Stress Level	1	2	3	4	5	6	7

When working with Crisis Intervention:
Mean Stress Score = 3



When working with Suicidal Ideation:
Mean Stress Score = 6.8



Pt								
6								
5								
4								
3								
2								
1								
Stress Level	3	4	5	6	7	8	9	

Themes



Main Theme One:

Insufficient Training

- Academic Training
- Specialist Training
- Continuous Professional Development

Main Theme Two:

Emotional Stressors

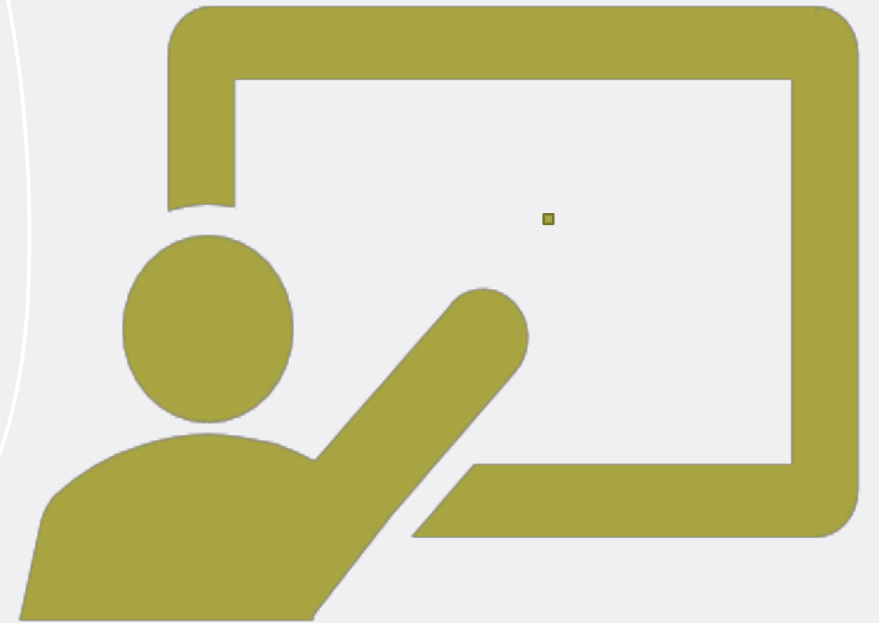
- Isolation
- Unpreparedness
- Managing Stress

Insufficient Training

Academic training at all establishments fell short of preparing the 6 participants for working in crisis intervention and suicidal ideation

Induction training was provided to 5 of the 6 participants but this varied depending on the organisation they worked for

All 6 participants engaged in CPD mainly the ASIST training which is a suicide first aid course provided by the HSE



***You can do
Safe Talk and
ASIST
(Pt. C)***

***You did not do
Crisis Intervention
training
(Pt. R)***

***I have done some
workshops
(Pt. S Pt. R)***

***Suicide
ideation was
not covered
Pt. C***

***I felt
completely
unequipped
(Pt. S)***

***There would
be gaps
(Pt. B)***

Quotes on insufficient training



Emotional Stressors

Loneliness in the psychotherapy profession is widely acknowledged. All 6 participants agreed They determined that lack of peer support added to this.

(Winning, 2010; Rokack, 2018, Tudor et al, 2021).

Crisis intervention can be unpredictable especially regarding the shift from suicidal ideation to suicidal action. The participants concurred. 4 of the 6 expressed concern that a client would complete suicide.

Self-care is a professional obligation and a prerequisite for client care

(Norcross & VanderBos 2018).

It is a ethical requirement that therapists monitor their fitness to practice (IACP 2023).

Quotes on emotional stressors

You feel like the lone ranger. . . There can be an isolation piece in that (Pt. M)

My biggest concern would be that someone completes suicide (Pt. R, Pt. M)

Yeah I felt very alone
(Pt. H)

I am very good at self-care... I keep busy and stay active
(Pt. S)

Massage for me . . I need to connect with my body again because of the stress (Pt. C)

Discussion

The findings determine the real world experience of therapists who work in crisis intervention which is a stressful role especially when suicidality is involved

Academic training did not prepare students for crisis and suicidal ideation. Supplementary training was deemed helpful but findings were inconclusive as to the best type or area of training

CPD and Supervision are both necessary tools to sustain and inform the therapists

Regular and organised peer support are lacking in most organisations

Self-care is beneficial for destressing and reconnecting with mind and body



Further Research

Crisis intervention would benefit from further research into which type of academic studies would best equip therapists especially when dealing with suicidal ideation

Another area warranting research is the feasibility of crisis intervention organisations providing time and resources for peer support for their staff



Strengths & Limitations



This study obtained the experiences of experts who work in crisis intervention and suicide

The participant number was small and recruited from purposive and snowball sampling

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And finally . . .

Thank you to my supervisor, Dr. Noel O'Connor, for his time, patience, guidance and endurance during this process