

Pluralistic Psychotherapist's and Counsellor's Experiences of Working with Actively Suicidal Clients

A Qualitative Interpretative Phenomenological Analysis

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INTRODUCTION & RATIONALE

Suicide risk is common and could be called an occupational hazard in clinical settings in Ireland (Foley and Kelly, 2007). There are no qualitative accounts of **how** to practice with suicidal clients. (Bergin, Carey, Collins, Coyle, Gaffney, Halligan & Russell, 2009, p. 641; Fogarty, Galavan, Houghton & O'Suilleabhain, 2021, p. 18).

A Systematic Literature Review found that practitioner experiences of working with suicidal clients is dictated by fear, risk, threat of litigation, burdens of responsibility, difficulty in maintaining boundaries around the work and vicarious trauma.

This research was undertaken due to the dearth of literature that can be used to inform evidence based practice with this cohort regardless of the therapeutic approach i.e. Person Centred, Cognitive Behavioural, Mindfulness Based and so forth.



METHODOLOGY

Purposive Sampling (Flowers, Larkin & Smith, 2009) resulted in four participants. Specific inclusion criteria were to have trained in PCP and practiced with actively suicidal clients via PCP. No restrictions were applied to participant profiles such as experience, age or gender identity as PCP is relatively new.

Qualitative IPA (Husserl, 1927) was chosen as it effectively supports curiosity and comprehension of meaning. The research is based on hermeneutic discourse (Stiles, 1993, pp. 599), philosophically recognising there is no possibility of one unchanging truth. The researcher selected Flowers, Larkin and Smith's (2009) six-step research framework to guide the process, with reflexivity (Engward & Goldspink, 2020) included to prevent assumptions and biases that might hinder the process.

Semi-structured recorded interviews were conducted after Ethical guidelines identified by IICP College Ethics Committee (IICP, 2021) were engaged via informed consent and signed participation agreements. General Data Protection Regulation (GDPR) (European Commission, 2022) was used to inform data storage and security. A debrief therapist and breaks were available to all participants. Lastly, West Cork Island names (Durseley, Bere, Whiddy and Garinish) were used to identify each participant for anonymity, with assignment of each name known only to the researcher.

A clinical vignette of a hypothetical presenting client was purposively used to gather participant's initial responses and/or reactions (Erfanian, Heydari, Latifnejad Roudsari & Noghani Dokht Bahmani, 2020), aside from the data that would be gathered via questions which could be preconceived due to participant's supervision and own reflexivity. The questions were exploratory in nature in the hope of collecting valuable data about which little is already known (Lancaster, Nathan & Newman, 2019).



AIM & OBJECTIVES

The aim of this research was to investigate the use of the Pluralistic Counselling and Psychotherapy (PCP) framework when working with actively suicidal clients. The research had four specific objectives as follows:

1. Identify if the use of client preferences and cultural resources has an effect on the therapeutic experience with this client cohort.
2. To gain insight into the use of outcome and process measures with this specific presenting issue.
3. To give voice to the experience of the PCP practitioner when working with actively suicidal clients.
4. Add to the existing body of knowledge.

RESULTS & DISCUSSION

T1 Human, Meet Human

All participants shared that connecting authentically as two humans before engaging theories, preferences or methods of therapy is important and effective. This fosters equality, humanity, connection and safety in the therapeutic relationship as opposed to fear, risk focus and unsafety. In PCP this is achieved through meta-therapeutic communication and engaging in exploration of cultural resources.

ST1 The Importance of Connection

Connecting with the client first through collaboration and client preferences was described by all participants as positively enhancing the therapeutic relationship.

ST2 A Question of Forms?

It was highlighted by three of four participants that using paper format outcome measures and forms can sometimes hinder the therapeutic process. Risk exploration is necessary but engaging in this creatively can be helpful i.e. from memory or conversationally.

4 Themes (T)

2 Sub-Themes (ST)

T2 The House That Pluralism Built

All participants shared how working via the PCP framework provides both clients and practitioners with a set of tools and a scaffolding of sorts to engage in building a custom made house of the clients mental health. This is facilitated through engaging client feedback, eliciting client preferences and using goals and tasks in the therapy.

"I think with pluralism it gives you that coping mechanism of that way of being able to roll up your sleeves with the person do you know?" (Durseley)

T3 Whose Therapy Is It Anyway?

This theme highlighted that working via PCP is safe and ethical without sacrificing client autonomy. All participants stated that the client can be facilitated to both want to die and explore living in their therapy concurrently. All while respecting both client autonomy and practicing ethically. Resulting in the practitioner feeling responsible to the client, not for the client. This is achieved through collaboration, meta-therapeutic communication, evidence informed practice and engaging in the clients feedback and preferences.

"For those that completed, maybe they lived a little bit longer having worked with you. But that's all I can really bring to it. But, you know, I have respect for what the person wishes to do. That's a choice of theirs really." (Bere)



T4 The Gift Of Pluralism

PCP speaks to a practitioners sense of self, morals and values. All participants mentioned that PCP has changed and enhanced their own lived experiences. One participant found that her client work bolstered her immensely during a time when she came close to ending her own life.

"The resilience of every client...it was as if every one of them had manifested right behind me and was like, what are you doing? Where is your knowledge? Where is your, your, your resilience? You know? Like, take the moment but get in off the fucking rocks." (Garinish)

CONCLUSION



Reflecting on the aims and objectives of this research, it can be said that this research adds to the body of knowledge as it presents an exploration of how to work with actively suicidal clients that is safe for both client and practitioner. Engaging client preferences and cultural resources fosters deeply human and authentic connections in the therapeutic relationship.

Using outcome and process measures can be challenging and requires creativity but supports a therapeutic relationship inclusive of risk exploration. Lastly, PCP practitioners did not report the fears, burdens and lack of felt safety working with this cohort as has previously been reported in the literature.

The research conducted an in-depth qualitative approach which explored participants with varying years of experience and different training paths leading them to PCP. Further research is recommended which could be mixed methods and include clients as well as practitioners.

In conclusion, in practice, this means that best practice, ethics and values can be maintained while promoting client autonomy through collaboration, preference exploration, feedback and empirically based outcome measurement. PCP can be a robust and effective approach to working with actively suicidal clients.

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