Learning for all: The death of a young man in private practice

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Opportunities from this workshop

- Together we can think about some key learnings from the suicide of a client.
- The psychodynamics and relational thinking about the suicide act.
- A useful model of risk assessment in private practice.
- A checklist to support our thinking and practice.

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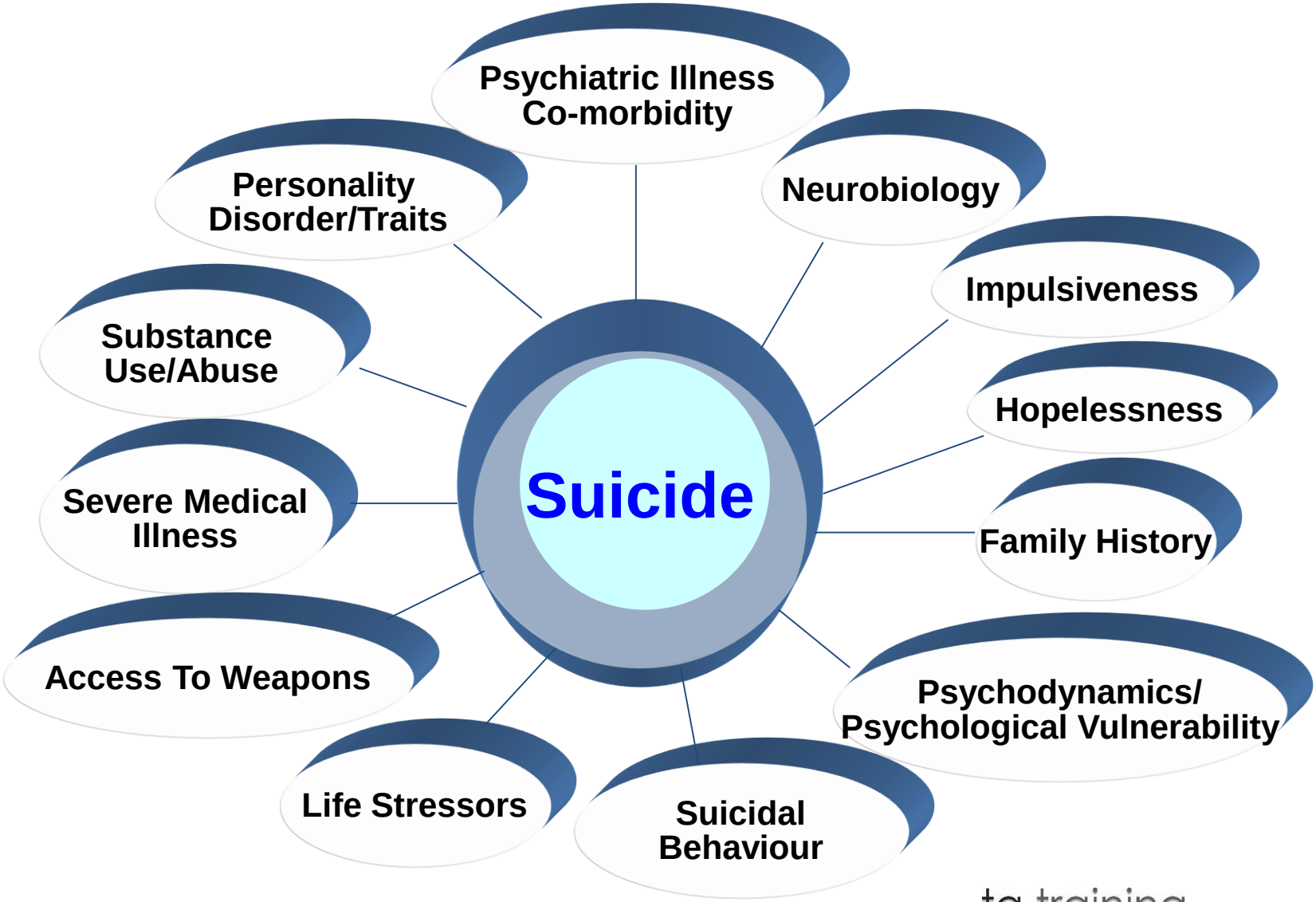
What will you do, to keep yourself safe?

SUICIDE: A MULTI-FACTORIAL EVENT



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YORKSHIRE Evening Post

The body of Mark Anthony Smith, 24, was discovered hanging from a tree off Briary Court by a man who was out walking his dog on the afternoon of Saturday, July 23rd.

Mr Smith said Mark had not worked since then and had become less interested in going out and in seeing friends. Then in August last year he attempted suicide, which led to a stay in hospital where he was diagnosed as suffering from severe depression and received psychiatric help.

"I must record a verdict that he has taken his own life whilst he was in a depressive episode."

The Story

- Mark came into therapy having made a recent, very serious attempt on his life.
- Despite being hospitalised, his parents succeeded in getting him home rapidly.
- There was an urgency and energy in getting him a therapy referral.
- There was a “family energy” – let’s all look forward and not backwards.

The Story (2)

- The narrative became one of:

"Mark is getting better, Mark is trying hard,
Mark is definitely making progress"

- Meanwhile – in Mark's life – Mark was desperate to get his driving licence back after his first suicide attempt had removed it.

The Story (3)

- Mark managed to get his driving licence reinstated.
- He drove to Homebase and bought plastic boxes to pack up his bedroom ready for a family house move. He paid by card.
- He returned and bought a long length of rope and paid cash – throwing the receipt to the floor in the store.

The Story (4)

- Mark had a spaghetti lunch with his mother – and told her that he was going for a walk.
- She enquired if he was “going to be alright?”
- He said to her – “you really have to trust me, I know what I’m doing, and I’m alright”.
- Mark suspended himself by a rope in the woods, it taking tens-of-hours for his body to be found – despite his parents combing the area.

The psycho-dynamics of the pre-suicidal client

- Understanding the Psychodynamics of Suicidal Clients: Exploring Suicidal and Pre-suicidal States

- Work by Ray Little.

- TAJ Vol 39, No 3, Pg 219 July 2009

Abstract from Ray Little's article

The author discusses some aspects of suicidal and pre-suicidal states, in particular the psychodynamics of suicide and suicide attempts. The focus is on the internal dynamics of the suicidal client and the nature of the therapeutic relationship.

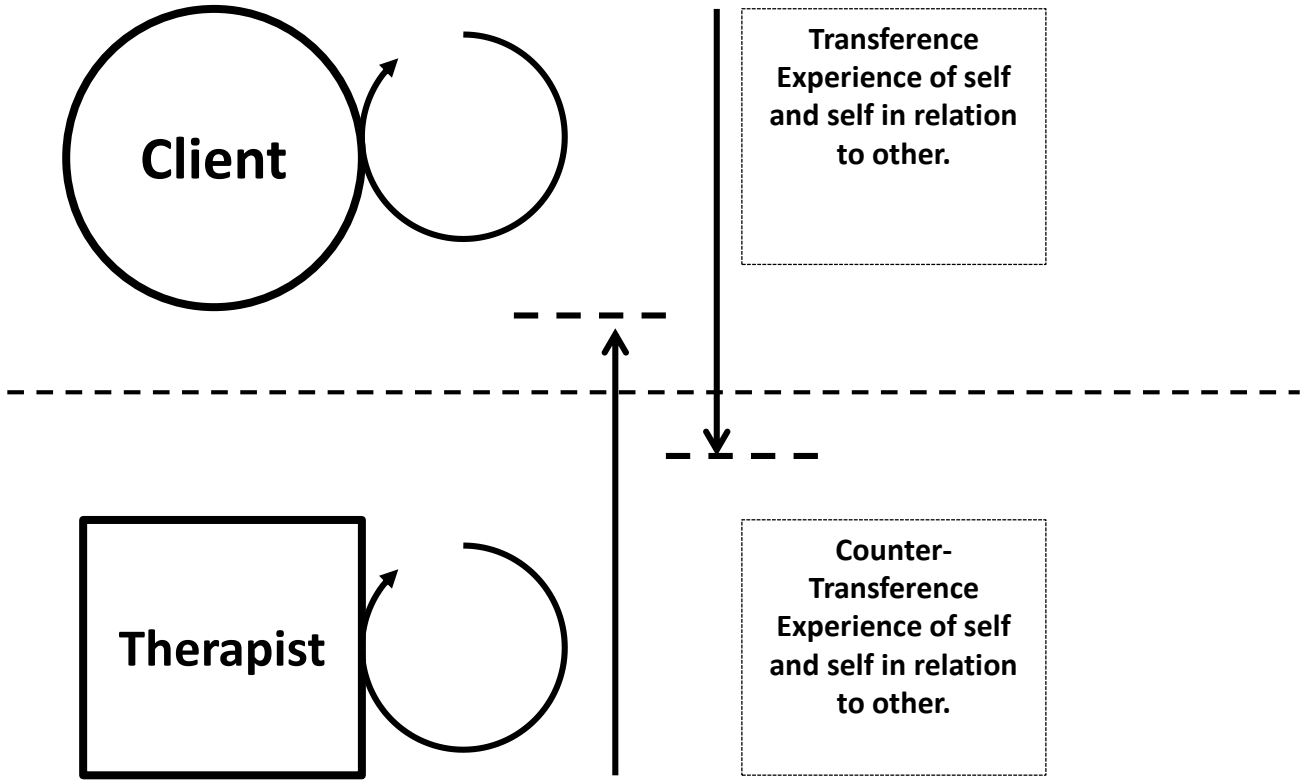
The author draws on the work of Donald Campbell and Glen Gabbard and on the film *The Bridge (Steel, 2006)* as well as on his own clinical supervisory experience and formulations while acknowledging that what is described here does not apply to all suicidal clients.

Key Psycho-dynamic Questions…

- Who wants to kill whom?
- Who is expected to survive the violence?
- What is the nature of the suicidal fantasy?
- Who or what am I (as therapist) in the transference-countertransference matrix?

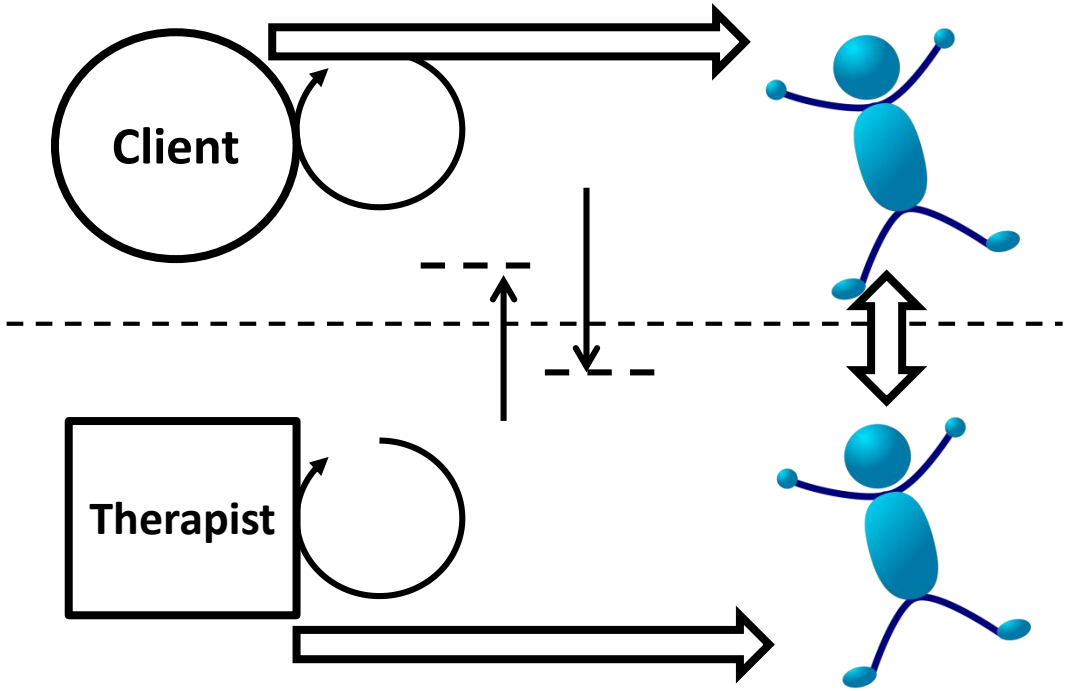
Let's start with the most sobering question…

- Who or what am I (as therapist) in the transference-countertransference matrix?
  - How can I think about this suicidal drama as a re-enactment?
  - Am I now part of a well-rehearsed, unconscious drama?
  - How can I move from being Objectified by the process – to one of Subjectivity?



The Process of Objectification.

- The client objectifies the therapist
- The therapist objectifies the client
- We are not really in the here-and-now.
- Loss of potency, presence and connection by the therapist.



The Process of moving from Objectification to Subjectivity.

- The therapist returns to the here-and-now
- The therapist steps out of the transference.
- The therapist regains their skill of spotting the process
- The therapist regains contact with self – and therefore is able to offer a true mirror to other.
- The client moves to a place of reality
- Easier said than done!

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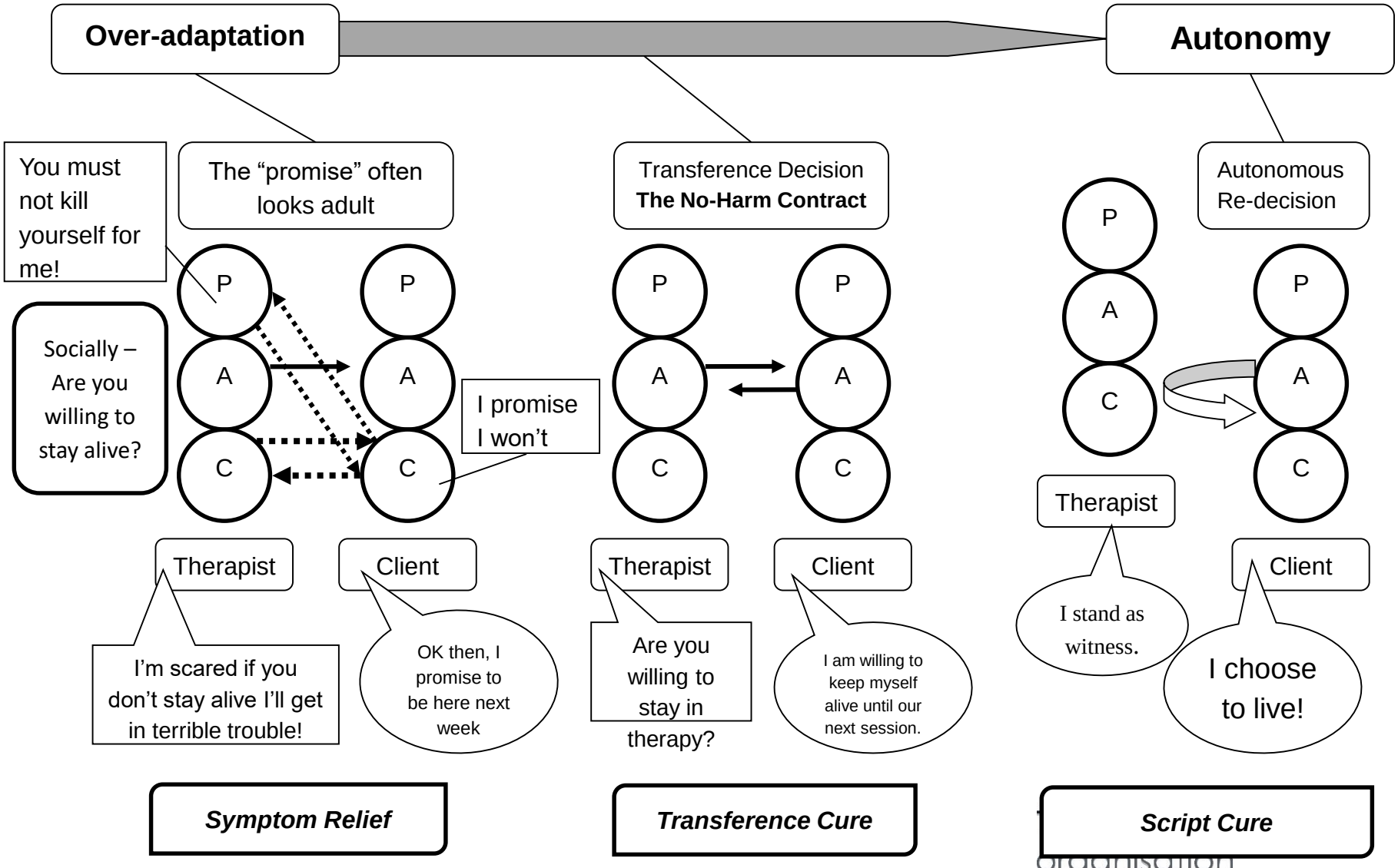
The Escape-Hatch Closure Continuum – *Andy Williams TSTA*



The “Process” of Mark’s Case

- Rapid, urgent entrance into therapy
  - Actuarial consideration of risk not sufficiently held
  - Attention to counter-transference?
  - Loss of self in the “stormy seas” of the arrival of the client
- Inability on referral to hold “the shadow side”
  - The “darkness” split off – let’s not go there.
  - Glass half full – let’s look forward not back.

Countertransference Reactions to the Suicidal Client

- Am I reacting with a kind of professionalised version of the horror and rejection that has typified reactions to suicide in many cultures over the years?
- Am I leaping to a no-suicide contract because I cannot bear to be around someone who is so pained or wants to die?
- Am I afraid of professional consequences for me?
- Am I attempting escape-hatch closure because this is what you are supposed to do?
- Do I really believe that no one, anywhere, at anytime should not take their own life in a non-pathological way?

The “Process” of Mark’s Case (2)

- Mark is “making progress”
  - But what is the evidence for this?
  - Completion of homework tasks?
  - Empirical or Subjective or even self measures?
- Mark’s private world
  - Insufficient attention to dissolving the Suicidal Fantasy
  - Insufficient conceptulisation of the belief systems of the client.

Risk factors for suicide – personal characteristics

- Gender – more females attempt, more males succeed
- Age – higher rates with increasing age
- Culture – Asian females, young males- UK biggest cause under 45
- Marital status and disruption – higher in single, widowed, separated, divorced
- Employment – higher in unemployed
- Family history of suicide increases risk potential
- Social network development – higher in socially isolated people
- Recent adverse life events

Risk factors for suicide – health characteristics

- Terminal illness
- Major physical illness or disability
- Psychiatric diagnosis
- Previous history of suicide attempts
  - THE BIGGEST PREDICTOR
- Alcohol or drug misuse
- Time of hospital discharge or arrival
- Persistent sleep disruption

The Three “I’s”

- Pain that is INTOLERABLE
- Life situation that is INTERMINABLE
- Life situation that is INESCAPABLE

Risk factors for suicide – characteristics of plan

- Definite statements of planned intent
- Degree of irreversibility of plan
- Absence of proximity of others in plan
- Preparation – hoarding, financial plans, notes, rope
- Perceived absence of, or unwillingness to use support systems

Risk factors for suicide – Intangibles

- Strength of emotional ties to others
- Levels of worthlessness
- Trust in therapist
- Treatment history
- The transference, counter-transference matrix

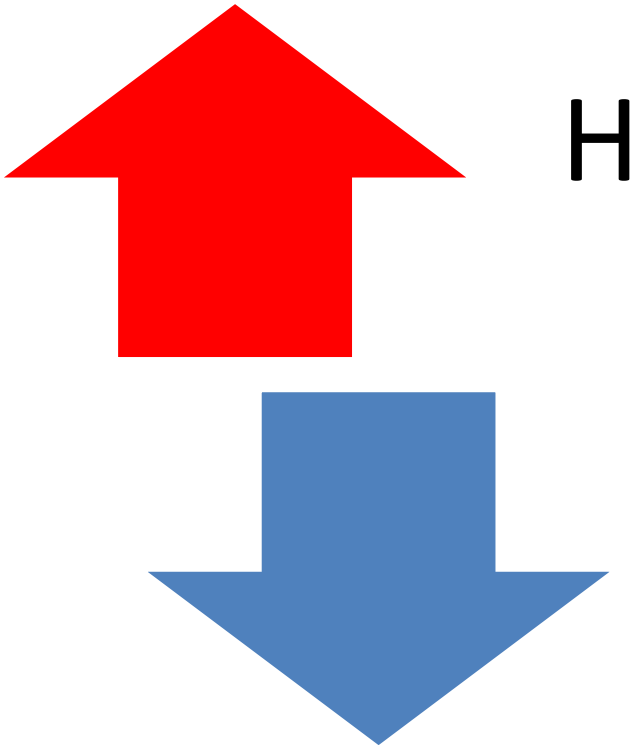
Risk Assessment Models

- The Four “P’s”
  - Predisposing Factors – LONG TERM
  - Precipitating Factors – SHORT TERM IMMEDIATE
  - Perpetuating Factors – CURRENT HAZARDS
  - Protective Factors - PROTECTION

Areas of Risk Assessment

- Predisposition to Suicidal Behaviour
- Identifiable Precipitant or Stressor
- Symptomatic Presentation
- Hopelessness
- Suicidal Thinking
- Previous Suicidal Behaviour
- Impulsivity and Self Control
- Protective Factors

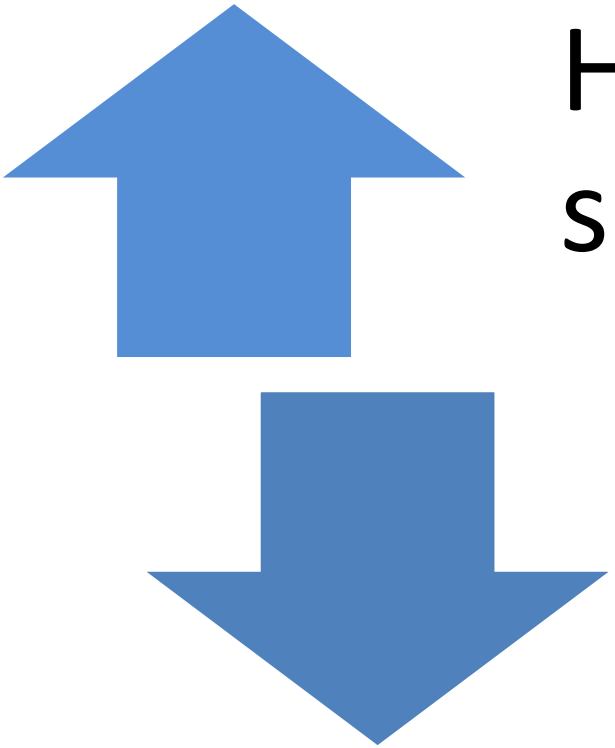
Previous attempt - conceptualisation



High lethality

Low secondary gain

Previous attempt - conceptualisation



High
secondary gain

Low lethality

Three Ways of Thinking About Risk Assessment

- Clinical approach
- Actuarial approach
- Structured professional judgement

Box 1. Static and stable risk factors for suicide

- History of self-harm
- Seriousness of previous suicidality
- Previous hospitalisation
- History of mental disorder
- History of substance use disorder
- Personality disorder/traits
- Childhood adversity
- Family history of suicide
- Age, gender and marital status

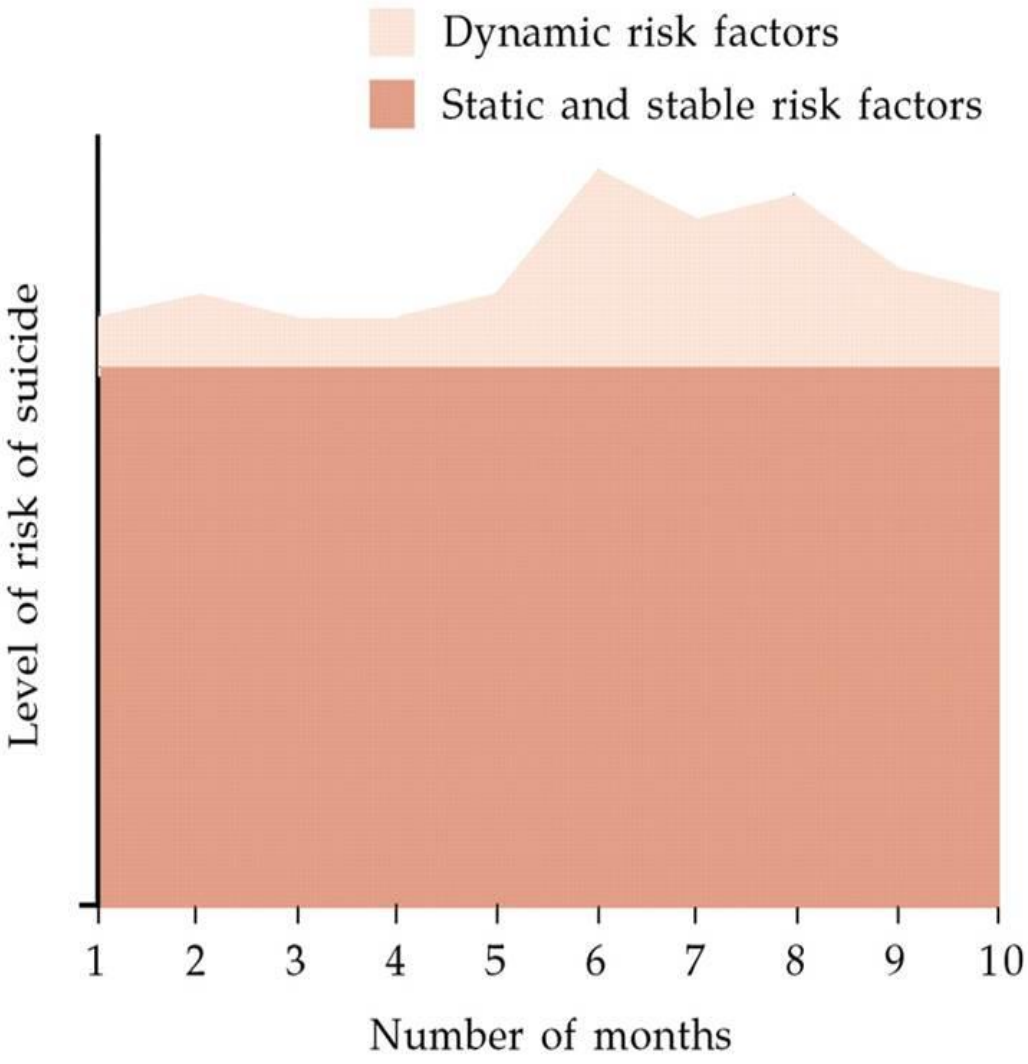


Fig. 1 Chronic high risk due to static and stable risk factors.

Box 2. Dynamic risk factors for suicide

- Suicidal ideation, communication and intent
- Hopelessness
- Active psychological symptoms
- Treatment adherence
- Substance use
- Psychiatric admission and discharge
- Psychosocial stress
- Problem-solving deficits

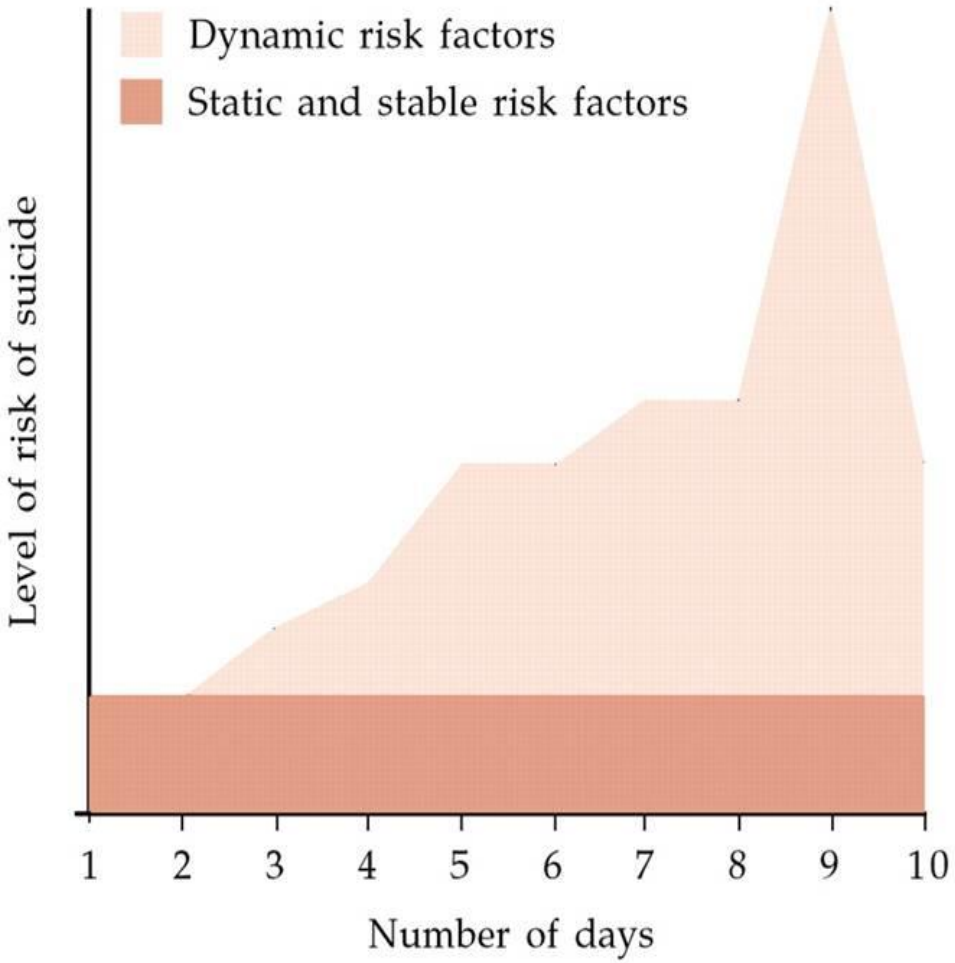


Fig. 2 Rapid onset and resolution of dynamic risk factors.

Box 3. Future risk factors for suicide

- Access to preferred method of suicide
- Future service contact
- Future response to drug treatment
- Future response to psychosocial intervention
- Future stress

Box 1 – Static and stable risk factors for suicide			
	Not present	Maybe	Definitely
History of self harm			
Seriousness of previous suicidality			
Previous hospitalisation			
History of mental disorder			
History of substance use disorder			
Personality disorder / traits			
Childhood adversity			
Family history of suicide			
Age – 15 to 44			
Gender – male			
Marital status – aloneness			
Box 2 – Dynamic risk factors for suicide			
Suicidal ideation, communication and intent			
Hopelessness			
Active psychological symptoms			
Treatment adherence or not			
Substance use			
Psychiatric admission and discharge			
Psychosocial stress			
Problem-solving deficits			
Recent attempts			
Box 3 – Future risk factors for suicide			
Access to preferred method of suicide			
Future service contact or not			
Future response to drug treatment			
Future response to psychosocial intervention			
Future stresses			
Future loss of protective factors			

*one or two key factors can be of great significance – do not judge on overall score.
*aim at a management plan.

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Checklist

- Familiarity with local psychiatric services – for example SPA (Single Point of Access) referral.
- Supervision – with a focus on countertransference
- Discuss with colleagues – don't be alone.
- Read the research literature and helpful articles and books
- Have access to useful client resources
- Be mindful of suicidal and pre-suicidal processes – and their primitive nature eg splitting processes.
- Adopt a risk assessment process for private practice.

References

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