

CLINICIAN SUICIDE SURVIVOR SURVEY (1/5/99)

In order to develop resources and curricular materials to prepare and support clinicians who experience the personal and professional crises of having a person for whom they have clinical responsibility complete suicide, your responses to this survey will be most valuable. If you have known more than one person who has committed suicide under your care, please confine your responses to the **first** such experience in your professional career.

Today's Date: \_\_\_\_\_

Please tell us about **you**:

*Current Age:* \_\_\_\_\_ years

*Gender:*  Male  Female

*Professional Identity:*

- Counselor
- Couples' Therapist
- Family Therapist
- Pastoral Counselor
- Psychiatric Nurse
- Psychiatrist
- Psychologist
- Social Worker
- Other (please specify) \_\_\_\_\_

*Total Number of years in practice:*

- Trainee  0-5 years
- 5-10 years  10-15 years
- more than 15 years

*Have you had a member of your family commit suicide?*  Yes  No

- If "Yes," how long ago? \_\_\_\_\_ months or \_\_\_\_\_ years
- If "Yes," what relationship to you? The person was my \_\_\_\_\_

\_\_\_\_\_

*Have you ever had a client in your care commit suicide?*  Yes  No

- If "No", thank you for your assistance; please return the questionnaire.
- If "Yes," please provide answers to the following questions:

\_\_\_\_\_

Please tell us about **your client who committed suicide** :

*Age:* \_\_\_\_\_ years

*Gender:*  Male  Female

*Time from that death until now:* \_\_\_\_\_ months or \_\_\_\_\_ years

*At the time of the event, Number of years in practice:*

- Trainee  0-5 years
- 5-10 years  10-15 years
- more than 15 years

*please continue to the next questions*

*Did you consult with colleagues about suicide risk before the death?*     Yes     No

*What was your frequency of contact with the client?*

- only a few sessions total, for \_\_\_ weeks \_\_\_ months
- weekly for \_\_\_ years \_\_\_ months
- monthly for \_\_\_ years \_\_\_ months
- other \_\_\_\_\_ for \_\_\_ years \_\_\_ months

*Nature of professional contact:*

- evaluation only
- psychotherapy less than one month
- psychotherapy 1-3 months
- psychotherapy 3-6 months
- psychotherapy 6 months to 1 year
- psychotherapy more than 1 year
- psychopharmacology only

*What type of therapeutic contact did you have with the client?*

- individual therapy                       group therapy
- family therapy                               other \_\_\_\_\_

*Did you have contact with family members/significant others prior to the death?*     Yes     No

*If yes, nature of the contact:*

- phone only
- in person, but evaluation only
- in person, collateral to the therapy
- conjoint therapy

*What was the nature of that contact?*     Positive     Neutral     Negative     No contact

*How did you learn of the death:*

- discovered body
- telephone call from family
- telephone call from colleague
- obituary notice
- newspaper/media coverage
- face to face discussion with colleague
- police/medical examiner's office    \_\_\_ call    \_\_\_ visit
- attorney/insurance representative    \_\_\_ call    \_\_\_ visit
- other (specify) \_\_\_\_\_

*Method used:*

- carbon monoxide     drowning                       firearm
- hanging                       motor vehicle crash                       overdose
- train                               other (specify): \_\_\_\_\_

*Did you have contact with family members/significant others after the death?*     Yes     No

*If yes, nature of the contact:*

- phone only
- in person, at the funeral/services only
- in person, before the funeral/services
- in person, only after the funeral/services
- in person, therapy provided
- other \_\_\_\_\_

*What was the nature of that contact?*     Positive     Neutral     Negative     No contact

*please continue to the next questions*

**What you experienced:**

Please rate the extent to which you experienced the following:

not at all = 1

a lot = 5

9 = not applicable

*Personal Emotional Reactions:*

1.	Disbelieved the death was a suicide	1	2	3	4	5	9
2.	Anger (toward deceased, family, supervisor)	1	2	3	4	5	9
3.	Sadness/depression/hopelessness	1	2	3	4	5	9
4.	Relief	1	2	3	4	5	9
5.	Guilt	1	2	3	4	5	9
6.	Shame	1	2	3	4	5	9
7.	Loss of patterns of conduct	1	2	3	4	5	9
8.	Accident-proneness	1	2	3	4	5	9
9.	Suicidal yourself	1	2	3	4	5	9
10.	Other emotional reactions (specify) _____	1	2	3	4	5	9

*The most difficult of these personal emotional reactions for me was: # \_\_\_\_\_*

*Professional Emotional Reactions:*

1.	Feared blame by the family	1	2	3	4	5	9
2.	Feared lawsuit	1	2	3	4	5	9
3.	Feared censure by colleagues	1	2	3	4	5	9
4.	Feared damage to reputation/publicity	1	2	3	4	5	9
5.	Doubts regarding professional competence	1	2	3	4	5	9
6.	Other fears/doubts (specify) _____	1	2	3	4	5	9

*The most difficult of these professional emotional reactions for me was: # \_\_\_\_\_*

*Individual Actions and Responses:*

1.	I persistently reviewed my actions	1	2	3	4	5	9
2.	I persistently reviewed my missed actions	1	2	3	4	5	9
3.	I became more conservative with others	1	2	3	4	5	9
4.	I avoided the client's family	1	2	3	4	5	9
5.	I turned down referrals of other suicidal clients	1	2	3	4	5	9
6.	I isolated myself from family/friends	1	2	3	4	5	9
7.	I isolated myself from colleagues	1	2	3	4	5	9
8.	I considered changing my profession	1	2	3	4	5	9
9.	Other actions taken (specify) _____	1	2	3	4	5	9

*The most difficult of the above actions/responses for me was: # \_\_\_\_\_*

*please continue to the next questions*



| *The overall effect of this experience for me, personally and professionally, has been:*

| *I have learned the following from this experience:*

| *What was most helpful to me at the time of the suicide was:*

| *What was most helpful to me in the weeks and months after the suicide was:*

| *What suggestions do you have for what activities might be beneficial for clinicians to prepare them for the possibility of having a client complete suicide?*

**Thank you very much for your time and consideration in completing this survey.**