



The Consortium for
Psychoanalytic Research, Inc.
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The Effect of Suicide on Clinicians: A Research Perspective

JANE G. TILLMAN, PH.D.

Sunday, February 1, 2009
8:30 A.M. – 4:30 P.M.
SIBLEY MEMORIAL HOSPITAL
Ernst Auditorium
5255 Loughboro Road, N.W.
Washington DC 20016

16th Annual Conference

Jointly sponsored by
**Washington Professionals for the Study of
Psychoanalysis**
**American Academy of Psychoanalysis and
Dynamic Psychiatry**

The Program

The suicide of a patient is a traumatic event in the life of a psychotherapist, and is often not talked about or studied for complicated reasons such as shame, stigma or fear of litigation. This silence is remarkable since research suggests that up to 50% of clinicians will lose a patient to suicide in the course of their career. Dr. Tillman has spent the past decade studying the effects of patient suicide on clinicians using qualitative research methodology.

Dr. Tillman will present data from a study in which she interviewed psychotherapists who have had a patient commit suicide. Eight themes common to this experience emerged from these data and help to outline the predictable responses of clinicians to such an event. Understanding the acute and long-term consequences of patient suicide on professional identity and ongoing clinical practice will be reviewed.

Participants will learn about qualitative research methodology and the existing literature on the impact of suicide on clinicians. They will have the opportunity to review their own experiences and attitudes toward working with suicidal patients and their responses to colleagues who have had a patient commit suicide. There will be a lab session in which attendees will use questionnaire methodology to evaluate their own responses and attitudes.

Morning Session

8:30 A.M.	Registration & Continental Breakfast
8:45 A.M.	Welcome & Introduction
9:00 A.M.	Quantitative Research Exercise
9:15 A.M.	Studying Suicide: Epidemiology Prevention, Intervention, Postvention
10:15 A.M.	Break
10:30 A.M.	Presentation of Study Using Phenomenological Interview
12:00 – 1:00 P.M.	Lunch

Afternoon Session

1:00 P.M.	Discussion of Study Findings with Participants
2:00 P.M.	Review of Questionnaire Findings with Participants
3:00 P.M.	Panel Discussion/Case Presentation/Audience Discussion
4:15 P.M.	Summary and Questions

Presenter

Jane G. Tillman, Ph.D. is a clinical psychologist and supervisor at the Austen Riggs Center in Stockbridge, MA. She currently chairs the Ethics Committee for Division 39 of the American Psychological Association and serves on the Task Force for Suicide Survivors for Suicide Prevention International. Dr. Tillman has published and presented her research on the effect of patient suicide on clinicians, and is currently working on a research project interviewing people who have survived a near-lethal suicide attempt.

Program Objectives

At the conclusion of this presentation participants will be able to: (1) evaluate the evidence base of the effect of patient suicide on clinicians; (2) demonstrate an understanding of basic qualitative research methodology; (3) practice consciousness of counter-transference responses elicited by suicidal patients.

Continuing Education Credits

For Physicians: This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the AAPDP and the Consortium for Psychoanalytic Research, Inc. The AAPDP is accredited by the ACCME to provide continuing medical education for physicians.

The American Academy of Psychoanalysis and Dynamic Psychiatry designates this educational activity for a maximum of 6 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

For Psychologists: 6 hours of credit (Maryland, Category A) will be awarded by Washington Professionals for the Study of Psychoanalysis, approved by the Maryland Board of Examiners of Psychologists as a sponsor of continuing education.

For Social Workers: 6 hours of Category 1 credit will be awarded. Washington Professionals for the Study of Psychoanalysis has been approved by the Maryland Board of Social Work Examiners as a sponsor of accreditation of continuing education for social workers.

Information is on record indicating that participating faculty members have no significant financial relationships to disclose. Faculty members have indicated that they have no conflicts of interest.

The Consortium for
Psychoanalytic Research

P.O. Box 40612 • Palisades Station
Washington, D.C. 20016-0612

Sixteenth Annual Conference
February 1, 2009

Discussants

Nancy Meyer, MSW, LICSW* is a Clinical Social Worker in the Outpatient Behavioral Health clinic in the Department of Psychiatry at Walter Reed Army Medical Center.

Anton Trinidad, M.D. is on the full time faculty at the GWU Department of Psychiatry where he is medical director of the medical-psychiatry unit and director of the cognitive behavioral therapy program. His wide range of scholastic activities include narrative medicine and the uses of film and literature in the medical disciplines. He is working on a book on cognitive therapy as practiced in real time.

Facilitator

Melanie Starr Costello, Ph.D. is a licensed clinical psychologist and Jungian Analyst in private practice in Washington, D.C. She is a graduate of the C.G. Jung Institute-Zurich, and holds a doctorate in the History and Literature of Religions from Northwestern University. Dr. Costello's book, *Imagination, Illness and Injury: Jungian Psychology* and the *Somatic Dimensions of Perception* was published by Routledge in June 2006.

Chairpersons

Sheila Hafter Gray, M.D.* is a Teaching Analyst in the Baltimore-Washington Institute for Psychoanalysis and Adjunct Professor of Psychiatry in the Uniformed Services University of the Health Sciences.

Gerald P. Perman, M.D. is a Clinical Professor in Psychiatry and the Behavioral Sciences at the George Washington University Medical Center.

Reporter

David Hutcheson-Tipton, LCDR, MC, USN*

*Disclaimer: The opinions or assertions expressed at this conference are the private views of the presenters and are not to be construed as official or as reflecting the views or policies of the Department of Defense or any of its affiliated institutions.

The Consortium

The Consortium for Psychoanalytic Research, Inc. is a District of Columbia not-for-profit corporation that represents thirteen Baltimore-Washington area organizations interested in building a bridge between clinicians and clinically relevant research. In recent years, there has been a burgeoning of research on psychoanalytic therapies that enhances understanding of the process and outcomes that characterize effective treatment. We have also seen the fruition of longitudinal studies of human emotional development that are informed by psychoanalytic concepts. The CPRinc sponsors yearly conferences to bring researchers and clinicians together to share data and ideas, with the aim of bridging the gap between the clinical and research communities.

Consortium Members

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Nancy Meyer, M.S.W., L.I.C.S.W.
Erminia Scarcella, M.D.

Location

Ernst Auditorium Sibley Memorial Hospital

5255 Loughboro Road NW.
Washington, D.C. 20016



Public Transportation: Sibley Hospital is served by the D6 and M4 Metrobus routes. The D6 route connects with Metrorail at Stadium Armory, Union Station, Metro Center, Farragut Square and Dupont Circle in downtown Washington. The M4 connects with the Tenleytown Metro. Sibley is also served by the Number 23 Ride-On Bus which connects at the Friendship Heights Metro. For information about transit schedules, call Metro Information at (202) 637-7000 or Ride-On at (240) 777-7433

Accessibility

Please contact us (Telephone 202-338-1955) in advance of the conference if you need any special accommodations to allow you to participate fully.

Registration Form

(Please duplicate for additional registrants)
Onsite parking available for a fee.

Registration Fee:

\$60 general; \$30 full time students and active military, who must enclose official documentation of their status.

Continental breakfast and boxed lunch are included with advance registration.

Registration Deadline: January 23, 2009

Name _____

Discipline/Degree _____

Address _____

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After briefly reviewing some of the empirical literature about differences between suicide bereavement and grief after other modes of death, the author argues that perhaps the most distinguishing and difficult aspect of a suicide loss is the "perceived intentionality" of the death, and the related "perceived responsibility" for the death. The author goes on to identify a number of tasks of psychological reintegration after a suicide loss that can serve as a template for treatment goals for clinicians and clients alike. Finally, the article concludes with a discussion of the clinical implications of these differences for work with suicide loss survivors. Using a qualitative research method, the researcher explored the lived experiences of 17 clinicians in southwest Michigan who assess the risk of their clients committing suicide as a part of their professional practice. A phenomenological approach was used to interpret and understand the results. In-person interviews were conducted at a place chosen by the participant. Four broad interview questions with several subquestions within each created a semi-structured format. 4 was the near and longer term perceived impact of suicide assessment on clinicians. Specifically, this research sought to understand the impact suicide assessment has on the personal life of clinicians outside the context of their practice. Within the broad meta-question there were four subsets of questions that arose. The Representation of Suicide on the Internet: Implications for Clinicians. 1 National Centre for Suicide Research and Prevention of Mental Ill-Health (NASP), Department of Learning, Informatics, Management and Ethics (LIME), Karolinska Institutet, Stockholm, Sweden. Dialogical and confessional communications provide an opportunity for the clinician to gain a deeper perspective into perceptions of patients, regarding both their afflictions and the role of medical treatment in their lives. J Med Internet Res 2012;14(5):e122. Suicide is a very powerful and symbolically charged word in our culture and is sometimes used in contexts unrelated to the suicidal subject and the act of suicide itself, probably in order to boost the effect of what is expressed [29]. Despite decades of research, the rate of death from suicide is rising in the United States. Suicide is a complex and multifactorial phenomenon and, to date, no validated biomarkers that predict suicidal behavior have been identified. While more research into suicidal ideation and acute suicidal behavior is clearly needed, this research is fraught with both practical and ethical concerns. As a result, many investigators and bioethicists have called for restrictions on the types of research that individuals with suicidal behavior can participate in, despite the fact that the available empirical evidence suggests that this research can be done safely. Crucially, little research into the active suicidal crisis has been conducted, leaving clinicians with few tools to treat acute ideation or behavior.