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.

Please tell us about you:

Current Age: _______ years

Gender: ☐ Male ☐ Female

Professional Identity: ☐ Counselor ☐ Couples’ Therapist
 ☐ Family Therapist ☐ Pastoral Counselor
 ☐ Psychiatric Nurse ☐ Crisis Center Worker
 ☐ 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 had a client in your care die by a cause other than suicide? ☐ Yes ☐ No

• If “Yes,” how many? _______ clients
• If “Yes,” what was the cause(s) ____________________

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
 □ 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

What type of therapeutic contact did you have with the client?
□ individual therapy
□ family therapy
□ group therapy
□ other __________________________

Did you have contact with family members/significant others prior to the death?  □ Yes  □ No
If yes, nature of the contact:  □ phone
 □ in person, for evaluation
 □ 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  □ cutting
□ other (specify): __________________________

Did you have contact with family members/significant others after the death?  □ Yes  □ No
If yes, nature of the contact:  □ phone
 □ in person, at the funeral/services
 □ in person, before the funeral/services
 □ in person, 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: # ____________

**Other Issues**

1. I recognized/realized that my ability to prevent suicide is limited  
   - 1 2 3 4 5 9
2. I grew as a result of the experience  
   - 1 2 3 4 5 9
3. I am more aggressive in searching for suicidality among clients since the death  
   - 1 2 3 4 5 9

please continue to the next questions
Please rate the extent to which you experienced the following:

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<th>1</th>
<th>2</th>
<th>3</th>
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<td>9 = not applicable</td>
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Helpful Interactions and Activities:

1. Talking to family/friends was helpful
2. Talking to colleagues was helpful
3. Talking to other clinician-survivors helped
4. Attending the funeral was helpful
5. Talking to my supervisor was helpful
6. Utilizing my personal therapy was helpful
7. Talking with lawyer/insurance people was helpful
8. Presenting to a formal review was helpful
9. Presenting in a case conference was helpful
10. Attending a clinician-survivor support group was helpful
11. Attending professional meeting was helpful
   (what topic at which meeting?) _______________________________________
12. Reading materials about the clinician-survivor experience was helpful
   (which materials were helpful?) -----------------------------------------------
13. Other helpful activities/relationships (specify) ___________________________ 1 2 3 4 5 9

Which of the above actions was most helpful to you? # _____

Prior to this death, I had learned about the experience of being a clinician-survivor from the following sources (check all that are applicable):

- Graduate education courses
- Professional literature
- Professional meetings
- Continuing education programs
- Other sources (specify) ______________________________________________

What format do you think is "user-friendly" for disseminating information about the clinician-survivor experience to professional audiences? (please number in order of preference)

- Literature
- Graduate education courses
- Audiocassettes
- Videocassettes
- Internet
- Continuing education courses
- Presentations at professional meetings
- CD-ROM formats
- Other (specify) ________________

Including this first experience, how many patient/client suicides have you had during your years in practice?

- this one experience only
- two (this one and one other)
- other _______________________ 

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. Please place the completed pages in the envelope provided and place it in the mail.