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When a Counselee tells me "I Want to Die" Lived Experiences of Counselors

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WHEN A COUNSELEE TELLS ME "I WANT TO DIE": LIVED EXPERIENCES OF COUNSELORS.

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-MJMV

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ABSTRACT

This qualitative study provides an understanding of the counselors' experiences of working with suicidal clients. With the increasing rates of suicidality among students, counselors will be working with students exhibiting suicidal behavior. This paper describes the experiences of 10 Registered Guidance Counselors who experienced suicide attempt of their counselees while under their counseling program. The research utilized semi-structured interviews that gathered the personal and professional impact of counselee's suicide attempt. Results indicated that counselors experienced personal emotional reactions including fear, sadness, disbelief, and guilt. The participants also experienced doubting their professional competence and questioned the extent of their accountability. Coping mechanisms such as social and personal support were also discussed. In addition to this, participants enumerated ways to improve the current status of suicide counseling in the Philippines. Recommendations for further research, implications for the profession, and suggestions for counselors were also discussed.

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CHAPTER I

The Problem and Literature Review

Background of the Study

Losing a loved one through suicide is both painful and traumatizing. The grief is intensified with guilt, shame, and stigma that makes the "suicide survivors" ─ bereaved family and friends scarred for life ("Left behind after suicide - Harvard Health", 2009; Zhang, Tong & Zhou, 2005). The effects of suicide on those who are left behind are also accompanied by a lot of questions that will remain unanswered. One of the most hurtful questions is, "Why suicide?" Perhaps it is best to understand that suicide is a self-inflicted act that leads to a person's death most often as a result of a complex interaction of genetic, psychological, sociological, cultural, and environmental factors (World Health Organization, 2006; Glossary of Suicide Prevention Terms, 2001).

Statistics on suicide reflect that it is occurring throughout the world, suicide is a global phenomenon that has been a serious public health concern which demands attention, prevention, and control. According to the World Health Organization (2016), every 40 seconds, a person has committed suicide somewhere in the world which results in nearly 800,000 deaths. Worldwide, a greater number of people had died of suicide compared to other causes such as natural death, homicide, and wars (Ritchie, 2018). Based on WHO Suicide rates (2016), for each adult who had died by suicide, an estimate of 20 or more other people has attempted suicide. In 2015, 44,193 Americans died by suicide which is approximately one suicide every 12 minutes. These pieces of evidence prove that suicide

is one of the top 10 leading causes of death in the United States ("Suicide in Rural America", 2018).

While suicide can be the cause of death across all age groups, trends on suicide show that it is the third leading cause of death among 15- to 29-year-olds worldwide. Suicide occurs throughout the lifespan and was the second leading cause of death among the said age group globally in 2016 (World Health Organization, 2016). A rising trend of youth suicide has been observed worldwide as evidenced in different studies. An alarming increase of youth suicide in Singapore has been reported as the leading cause of death for those aged 10-29, having males to account for more than 66.2% of all suicides in 2017. According to the Samaritans of Singapore, there have been 2.5 times more deaths from suicide than transport accidents in 2017. Similarly, there was also an alarming trend of child and adolescent suicide in Korea. 12 boys and 7 girls died of suicide from 2011 to 2015 all were elementary students (Hong, M., Cho, H., Kim, A., Hong, H., & Kweon, Y., 2017). In Japan, a rate of 2.8 per 100,000 people end their lives in 2018. Japan sees the worst suicide rate for those under 20 in 2018 (Kyodo News, 2019).

In the Philippines, at least six individuals have committed suicide every day in the predominantly Catholic country of more than 100 million people (Acuña, 2018). However, rates might be higher since studies about suicide done in the Philippines were limited. Additionally, underreporting might be caused by the non-acceptance of the Catholic Church and the stigma associated with it (Redaniel, Lebanan-Dalida & Gunnell, 2011). This rising case of youth suicide has been alarming and a major public mental health concern in the Philippines. In the news article published by Acuña in 2018, a former government statistician, Carmelita Ericta, said that from 2012 to 2016, there have been 237

suicide cases among children aged between 10 and 14. Similarly, in a 2017 report by WHO, the age-standardized suicide rate in the Philippines is 5.8 for males, 1.9 for females, and 3.8 for both sexes. The rate is based on the number of cases affected per sample size of 100,000 people (Sison, 2017). Additionally, a study conducted here in the Philippines showed an estimate of one in every 10 Filipino youth with ages ranging from 15 to 27 have suicidal ideation though only around one in every twenty pushes through with an actual attempt. It is estimated that one in every 10 Filipinos aged 15 to 27 has thought of ending their life through suicide (Quintos, 2017).

The members of the Department of Education in the country have expressed their grief over the death of a Grade 10 student last March 21, 2019. Based on the police report, the lifeless body of the student was found around 4:30 p.m. on the said date inside their residence in Sorsogon. The lifeless body of the minor was found hanging inside the living room with the asbestos rope tied to a wooden beam. According to relatives, a possible reason for suicide has been his poor grades in school (Labalan, 2019).

Despite the recent passing of the Republic Act 11036 otherwise known as the Philippine Mental Health Law which aims to promote mental health education in schools and workplaces and to include in national mental health programs the mechanisms for suicide intervention, prevention, and response strategies, with particular attention to the concern of the youth, the incidence of suicide in the Philippines has been still constantly increasing (Congress of the Philippines, 2018). With the increase in the number of students committing suicide, mental health professionals have voiced alarm about the said phenomenon. Similarly, the increasing rate of youth suicide in the school has placed counselors on the front line in working with at-risk adolescents.

A mental health professional is an individual who offers professional services that are directed to the improvement of a person's mental health. A mental health professional is also an umbrella term commonly used to refer to different types of professions such as psychologists, psychiatrists, counselors, social workers, etc. However, mental health professionals vary in specialization, education, and experience. Mental health professionals may work together in using a range of treatment options such as concurrent medication and therapeutic techniques. Additionally, a client or patient can also be referred to another professional if the specific type of treatment needed is beyond one's expertise (Berger, 2005).

Client suicide is a painful personal and professional experience for mental health professionals. Client suicide was identified as an "occupational hazard" that has been the most stressful part of their job due to its increasing frequency and significant impact both personally and professionally (Knox, Burkard, Jackson, Schaack & Hess, 2006). Counselors have reported that suicidal behaviors are among the most frequent mental health crises they encounter. Similarly, mental health professionals denote a range of emotive responses including, but not limited to, shock, sadness, disbelief, anger, and shame (Lafayette & Stern, 2004). Studies also have shown that anger, betrayal, sadness, shame, and embarrassment were felt by the counselors (McAdams & Foster, 2002). Mental health professionals have been personally and professionally affected by a client's suicide lasting less than a year. Mental health professionals experienced sadness, shock, and surprise. Also, they reported guilt, reduced self-confidence, and a fear of negative publicity (Murphy et al., 2019).

The worrying trends in the suicide rate imply that the assistance of counselors in the worldwide prevention of suicide is critical and clearly needed ("Preventing Suicide: A Resource for Counsellors", 2006). Suicide cases are a primary source of stress in the counseling setting that results in a great cause of stress and personal dilemmas to counselors.

Despite background knowledge of the importance of self-care and help-seeking behaviors, a suicide attempt can be a traumatic experience not just to the client who tried to end his/her life but to counselors as well. Various studies suggested that mental health professionals may experience vicarious trauma. Additionally, exposure to distressful cases may result in secondary traumatic stress to mental health professionals which may eventually lead to burnout (Arvay, 2001; Diehm, R., 2015).

With these, it is important to explore the impact of a counselee's suicide attempt on the counselors. Doing so will help the counselors in examining their reactions to their experiences. Furthermore, it will assist in helping counselors maintaining sound mental health. Counselors need to be equipped with knowledge, training, and experience to better prepare them in addressing this form of crisis. Effective and evidence-based interventions can be implemented at population, sub-population, and individual levels to prevent suicide and suicide attempts.

The head of counseling and psychological services at the University of Pennsylvania, Gregory Eells, and megachurch pastor, Jarrid Wilson, who promoted mental health have died by suicide in September 2019. It has not been clear whether they had sought professional help in the weeks before their deaths or what led to their suicides

(Chuck, 2019). This indicates that nobody is immune to the adverse effects of psychological stress that often lead to suicide even to the ones advocating for mental health.

With counselors constantly handling clients with suicidal tendencies, it can be deduced that they are subsequently encountering high levels of personal and professional stress. An ample quantity of data regarding suicide prevention and postvention is accessible online; however, studies exploring the effects of having suicidal clients to counselors are almost non-existent. Counseling suicidal clients could be detrimental to the worker, both personally and professionally. Studies have suggested that suicidal ideation has been one of the most common forms of crisis found in counseling settings and had produced the highest levels of stress and grief for clinicians (McGlothlin, Rainey & Kindsvatter, 2005; Foster & McAdams, 1999). Mental health workers may be at risk for emotional and behavioral disruptions, including acute and long-term symptoms of stress disorders, and possible maladaptive responses within their workplace and their treatment approaches with other clients (Ellis & Patel, 2012). Others have reported feelings of pain both personally and professionally. Some symptoms may include grief responses such as guilt and feelings of loss that could have led to depression, anxiety, shock, or suicidal ideation (Juhnke & Granello, 2005).

According to the resource material published by the World Health Organization in 2006, a clear, practical, accessible, and informative set of guidelines for counselors is needed in dealing with suicide crises, especially in developing countries. Similarly, training in suicidology should begin early in one's academic career and should continue through field placements. It is recommended that training cover course work on death and suicide

and can include workshops, group discussions, and training exercises (Westefeld et al. 2006).

Most studies about suicide sought an understanding of the impact of client suicide on clinicians. While studies suggest that exposure to suicidal clients is as detrimental as losing a client to suicide, there have been no studies done in particular to the effect of suicidal clients to counselors, particularly here in the Philippines. It has been the interest of this study to explore the effects of clients' suicide attempt on school counselors. Considering the increase in suicide rates in young Filipinos, school counselors were in constant interaction with students exhibiting suicidal behavior. In a pilot study that has been conducted by the researcher, two counselors reported feelings of self-blaming, frustration, and experienced high levels of stress upon the suicide attempt of counselees. Similarly, results from different researches about the impact of client suicide on counselors suggest that shame, guilt, denial, and many other difficult emotions — emotions that counselors mastered at helping others handle but would much rather not face in themselves.

The present study would like to contribute to the researches on suicidology in the Philippine context. The study also aims to add supplemental insights to the Philippine Guidance and Personnel Association, Integrated Professional Counselors Association (PGCA) of the Philippines (IPCAP), and other related organization by describing the experiences of Filipino counselors in suicide counseling. Moreover, the study intends to provide additional information and comprehensive knowledge of how school counselors take care of their mental health while facing the adversities of suicide counseling.

The study aspires to share new insight into psychology and counseling by exploring the experiences of the participants and understanding the impact of a counselee's suicide

attempt on school counselors. Ultimately, it is aimed that this study will provide opportunities to participants and counselors with the same experience to learn new coping skills that will be effective in protecting themselves from possible burn-out and compassion fatigue caused by stressful cases.

The study will adhere to the highest ethical standards of scientific conduct of research by enacting the principles of beneficence, veracity, privacy, and confidentiality in every step of the research process. Likewise, the study will ensure that participants will be fully informed about the nature of the study, the process that they will undergo, the benefits of taking part, and the potential risk of emotional upset during the interview.

Literature Review

This review of the literature aimed to prove the feasibility of the study as supported by previous researchers concerning the present study. Researches reviewed in this study explored the nature of suicide, its statistics, and the personal and professional effect it has on the counselors. This section includes relevant summaries and excerpts taken from different sources to supplement this study.

Statistics of Suicide

The World Health Organization estimated that nearly 800,000 people take their own lives every year. Suicide was the second leading cause of death among 15- to 29-year-olds globally in 2016. Most of these suicides occurred in industrialized countries like the United States and Japan, as these were oftentimes reported in the media. Suicide account for about 2% of all deaths in the United States. However, suicide is a global phenomenon and does not just occur in high-income countries, it happens in all regions of the world.

Over 79% of global suicides occurred in low- and middle-income countries in 2016. While most countries with high suicide rates were poor, there were also a surprising few, highly-developed and rich nations that ranked very high in these sad statistics. One of the most developed, modern, and richest countries in the world, Japan had been struggling with an unusually high suicide rate for a long time. Suicide was the leading cause of death in men ages 20 to 44 with unemployment, depression, and social pressure as key contributing factors. Also, North Korea, the northerly neighbor of South Korea, ended up even worse in this WHO statistics. The notoriously restrictive environment of the country, human rights violations, economic hardship, and stress were among the main reasons why more than 10,000 North Korean people take their own lives every year. There have even been cases of entire families killing themselves to avoid punishments by the totalitarian regime.

Although the connection between suicide and mental disorders like depression and alcohol use disorders were well established in high-income countries, many suicides happen impulsively in moments of crisis with a breakdown in the ability to deal with life stresses, such as financial problems, relationship break-ups, or chronic pain and illness. Besides, experiencing conflict, disaster, violence, abuse, or loss, and a sense of isolation are strongly associated with suicidal behavior. Deaths by suicide were often masked as "sudden illness" or "died suddenly". The WHO noted that 79% of global suicides occurred in low- and middle-income countries in 2016 do not just occur in high-income countries. In rural China, for example, pesticides account for over 60% of suicides. Similarly, high proportions of suicides were due to pesticides in rural areas of Sri Lanka (Gunnell & Eddleston, 2003). There has been insufficient data on suicide rates from developing countries. Where they were available, there were often problems associated with the

numerator like underreporting, concealment of the real cause of death due to the stigma, and religious sanctions that come with suicide (Vijayakumar et al., 2005).

Suicide rates in developing countries were low because they were not always reported (Tacio, 2018). Similarly, the Philippines being a predominantly Catholic country lacks the actual statistics of deaths due to suicide which was mainly because of its non-acceptance by the Catholic church. Deaths were not reported as suicide and were likely to be misclassified as injury of undetermined intent or accident (Gunell et al., 2011) Social stigma, religious beliefs, and cultural norms affect the notion of the people to suicide which resulted in the underreporting. In 2012, a student from the University of Santo Tomas (UST) died after falling from the fourth floor of the said university's main building (Macairan & Alquitran, 2012). Whether the death of the third-year Biology student was caused by suicide or by accidentally falling from the building remains unclear. The officials for the Catholic school said that they respect the privacy of the family and added that the university was offering to assist the victim's family through spiritual consolation during their time of grief.

In the study of Jiang et al. (2005), the reliability of suicide statistics was often questioned. Suicides were underreported for cultural and religious reasons, as well as owing to different classification and ascertainment procedures. Suicide can be masked by many other diagnostic categories of causes of death. Unfortunately, in cases of young people, death due to suicide was often misclassified or masked by other mortality diagnoses. This makes the global picture of death by suicide even graver. While the suicide rate in the Philippines was lower compared to other countries, the figures have steadily risen over a period of 20 years from 1992 to 2012. It was found that in 2012 alone, as

many as seven Filipinos took their own lives in a day. That was a troubling rate of one person committing suicide every three and a half hours (Butuyan, 2016). According to Salangad (as cited in Tacio, 2018*), "We do not have good data on suicide in the Philippines but in 2012, there were 2,550 recorded suicides."* The most common types of suicide in the Philippines were shooting oneself, poisoning, and jumping off the building. According to Sen. Joel Villanueva (as cited in Tacio, 2018), 46% of the total suicide cases recorded since 2010 were from the youth. Filipino children as young as 10 years old resorted to suicide because of depression, he said. In addition, experiencing conflict, disaster, violence, abuse, or loss, and a sense of isolation are strongly associated with suicidal behavior, he added.

Incidence of Youth Suicide

As children reach the adolescence stage and out of their prepubescent stage, an increase in suicidal behavior such as ideation and attempt was observed (NIMH, 2017). Suicide ideation may be defined as simply having thoughts of taking one's own life, and often does not precede actions of self-harm or suicide attempt. However, it was at this age that adolescents reached the pinnacle of suicide risk, as it became the second leading cause of death (Young et al., 2011). During adolescence, youth often begin to experience significant life transitions (e.g., puberty, high school, relationships), and may gain more awareness of life's stressors as they take on new responsibilities, increase self-awareness, and question meaning and elements of their environment. At this age, adolescents may also be forming their gender identity or sexual orientation. For lesbian, gay, bisexual, or transgender (LGBT) adolescents, there is a higher risk for mental health problems and suicide attempts.

Given the amount of time youth spend in schools, school systems and educational personnel are particularly well-positioned to address suicide with children and adolescents. As children age into adolescence, the taboo subject of suicide is often addressed in school, either through school-wide education, peer conversation, or direct, personal experience. According to survey data from the Centers for Disease Control and Prevention (CDC; 2013), more than one in six high school students had seriously considered attempting suicide, and one in 12 reported attempting death by suicide. These statistics, along with the rise of suicide as the second leading cause of death for ages 15 to 34, have put pressure on schools to improve their suicide prevention, intervention, and postvention services.

There are very few available data on suicide among the youth in the Philippines, but the 2013 Young Adult Fertility and Sexuality Study (YAFS4) indicated that National Capital Region (NCR) had the highest suicidal attempt of 5.6 % (Young Adult Fertility and Sexuality Study in the Philippines, 2014). In the study conducted by Jonson in 1999, it was an ill-fated reality that schools must endure the impact of sudden deaths on their student populations. In fact, over the last 35 years, suicide among young people has increased at alarming rates: 300% for males and 230% for females. With this knowledge, it was probable that school counselors will encounter the tragedy of student suicide at some point in their professional careers (Parsons, 1996). In a national survey, 30% of college and university counseling centers reported that at least one student committed suicide in the 2000–2001 school year (Francis, 2003). In 2006, Westefeld and his colleagues focused on the occurrence of suicide on college campuses. They found that 24% of a sample of 1,865

college students had experienced suicidal ideations and 5% had attempted suicide.

A sixteen (16) years old first-year Behavioral Sciences student from the University of the Philippines (UP) Manila committed suicide in 2013. Reports said that the student failed to pay the tuition fee due to her family's financial problem. The said university barred the students who were not able to pay tuition fees on time from being enrolled. Forced to take a leave of absence (LOA), the student was found dead inside her house in Tondo, Manila at around 3 am, two days after she filed for a leave of absence (LOA). Meanwhile, UP Manila (UPM) said during a statement that it's deeply saddened by the passing of the student. ("UP Manila student kills self over tuition woes, 2013).

In 2017, a 24-year old college student allegedly committed suicide and was found dead by his sister at their house in San Juan City. Using a nylon cord looped around his neck, the victim hanged himself in their comfort room. The said college student from the University of the East (UE) in Manila, allegedly committed suicide over failing grades and bullying (Tupas, 2017). Lawrence Coop, San Juan police chief Senior Superintendent, said that the student told his mother the previous night that he failed some of his classes. Furthermore, a text message also revealed that the victim was also a victim of bullying by his classmates.

Another student committed suicide by hanging herself using a blanket in 2018. A 16-year old girl and a consistent honor student were believed to commit suicide after she was caught by her teacher cheating during a test (Lagunda, 2018). The student came from a broken family and was being raised by her mother. The eleventh grader was caught cheating by her teacher, who confiscated her test paper. The student no longer returned to

the classroom after she excused herself at 3 in the afternoon. According to the investigation conducted by the Women and Children's Protection Desk (WCPD), the student had a history of depression and had attempted to commit suicide the previous year. Argao, WCPD chief, Senior Police Officer 1 Vivian Tamayo, said the girl told her mother that she wanted to take her own life because of family problems.

Sorsogon's schools' division superintendent, Nympha Guemo, said that one of the most prevalent issues that the youth is confronting today is depression (Labalan,2019). The Department of Education (DepEd) is said to be doing its best to nurture learners holistically to help learners cope with the demands of the academe, the teachers are employing mechanisms and protocols which are being implemented in all schools division-wide. The official, however, acknowledged that there was a need to intensify capacity-building activities both for learners and teachers alike on issues of mental health, positive discipline, and skills in psychological first-aid and psychosocial interventions.

Meanwhile, the Sorsogon Police Provincial Office said that they continue conducting lectures during school visitations to educate children on bullying, depression, drug prevention, and other related matters. Police Colonel Marlon Tejada, provincial director of Sorsogon, encouraged all parents to exercise good parenting skills in guiding their children who are fragile and vulnerable to depression to avoid this kind of incident. It was the third reported suicide involving students in the province of Sorsogon this year (Labalan, 2019).

Role of School Counselors

School counselors are giving a range of services, including students' academic, career, personal, and social developments. In addition to this, they deal routinely with

complex situations in which students have acute counseling needs, including cases of severe depression and suicide attempts, pregnancy, substance abuse, school violence, and child abuse. (Page, Pietrzak, & Sutton, 2001). Noting the number of youth manifesting suicidal behavior, the need for counselors should be highlighted. School counselor aims to identify behavioral, social, and emotional signs of suicidality among the students. Moreover, counselor creates programs that are geared towards suicide prevention. Most importantly, it is an ethical and moral responsibility of a counselor to report suspected suicide risk to legal guardians and the appropriate authorities (ASCA, 2016). This clearly shows that the availability of a guidance counselor in school was of high importance, especially for problems concerning the youth's family, and academics. School counselors could serve as authority figures and sources of sound advice for youth who have problems at home. The guidance counselors can also debrief the young people who were exposed to the suicidal behavior of their peers (Quintos, 2017).

Today, as the world is becoming more aware of suicide, it is important to prepare mental health professionals with the necessary training and skills to conduct suicide prevention, intervention, and postvention. Remley and Herlihy (as cited in Knox et al., 2006), suggested that if counselors were not adequately prepared through their graduate programs, then counselors must ensure that they obtain such competency in crisis assessment, intervention, and management through independent learning like reading literature and attending workshops and conferences.

Effects on School Counselors

According to the Suicide Prevention Resource Center (SPRC; 2014), suicide has become the leading cause of death for college students. Foster & McAdams (1999) noted

in their study about the impact of client suicide in counselor training, that the practice of counseling is a dissonance producing experience. Failure of student counselors to anticipate and prevent a client's suicide is likely viewed as both personal failure and often disabling professional self-doubt. The lingering impact on counselors can include feeling guilty, angry, depressed, and self-blaming (Knox et al., 2006). Being the most stressful part of mental health professionals, suicide has been dubbed as an "occupational hazard" by its high frequency, and significant implications both personally and professionally (Knox et al., 2006).

Several pieces of research suggested that with suicide occurring so frequently, mental health professionals are likely to encounter suicidal clients. Most helping professionals worked with suicidal clients during their careers (Knox et al., 2006). Despite that, research regarding the impact of suicide, suicidal ideations, and suicide attempts had to counselors are of little number. Suicide is a frequently-occurring emergency for mental health professionals and it was found that attempted suicide by a client was ranked by mental health trainees as the second most stressful professional event, and was ranked only behind being physically assaulted by the client (Rodolfa, Kraft & Reilley, 1988). Similarly, suicide attempts, as opposed to suicidal ideation (i.e., thoughts about suicide), have a significantly greater impact on trainees and thus may warrant greater support and possible intervention from supervisors (Kleespies, Penk, & Forsyth, 1993).

22% of psychologists experience the loss of a client due to suicide (Dexter-Mazza & Freeman, 2003). Sawyer, Peters, and Willis (2013) indicated that 71% of mental health professionals will work with clients who have attempted suicide, and 23% will work with a client who commits suicide. Schmitz et al. (2012) stated that approximately one-third of

individuals who committed suicide met with a mental health professional within the year prior to committing suicide, and 20% received services.

While a handful of studies identified the impact of completed suicide on counselors, only a few were conducted to investigate the effects of a suicide attempt on novice and seasoned counselors. It was suggested that professionals who are practicing for already quite some time react differently to a client's suicide than with the therapists-in-training (Foster & McAdams, 1999).

Synthesis

A great amount of literature discussing suicide is about its occurrence and prevention that were predominantly done in the context of other countries. Foreign studies focusing on the impact of the client's suicide on mental health practitioners were available but in limited numbers. What is known regarding suicide in the Philippines is very limited to its prevalence, assessment, and prevention. However, the researcher notes a lack of studies that explores the toll suicide counseling has on the personal and professional well-being of the counselors.

Although official suicide rates are lower in the Philippines compared to other countries, the underreporting should be noted which is most likely because of the stigma attached to suicide. With the alarming increase of youth suicide for the past decades, counselors are likely to encounter clients displaying suicidal behavior. Counselors reported feelings of pain both in their personal and professional lives. Similarly, counselors are likely to encounter suicidal clients and subsequently face personal dhailemmas, stress, and

feelings of incompetence. Moreover, suicide counseling can also cause a feeling of shame, betrayal, and embarrassment to the counselors.

Through understanding the available studies, it is imperative to inquire how school counselors were affected personally and professionally by suicide counseling. Furthermore, it is important and beneficial to note how these counselors protect themselves from the adverse effect of helping suicidal counselees.

Significance of the Study

It has been the goal of this study to gain an in-depth understanding of the personal and professional impact of a client's suicide attempt to the school counselors. Through exploring the shared experiences of the 10 registered guidance counselors, this study will identify commonalities among the emotions, insights, and learnings that the counselors gained through their experience. Secondly, this study will identify support groups, services, and assistance that can help the counselors in coping with the distress brought by the suicide attempt of their counselees. Lastly, this will increase the awareness of the Filipino regarding suicide and mental health in general. The stigma associated with suicide and seeking professional help will be eradicated.

The result of this study will be beneficial to the following group and individuals by providing relevant information regarding support, services, and assistance counselors can utilize during the most distressful days.

Participants of the study

The study aims to support the participants by exploring their experiences of processing the suicide attempt of their counselees. The findings of this task attempt to

describe the personal and professional impact of a client's attempted suicide to counselors who will participate in this quest for knowledge. Through this study, the participants were able to identify the emotions they felt and how these emotions affected them personally and professionally while they were helping clients with suicidal behavior.

Mental Health Professionals

Psychologists, psychiatrists, counselors, etc., will gain new insight into the personal and professional impact of handling suicidal clients. Mental health workers who have been working with at-risk clients will gain knowledge on how they can be affected personally and professionally by the suicidal attempts of their clients. Moreover, this study aspires to give them healthy coping mechanisms that will help maintain sound mental health. Through the experiences of the participants in this study, discussion on how mental health professionals can look after their well-being as they take care of their clients' overall health will be further explored.

Government Agencies

Through the study, the Department of Health (DOH) will be aware of the alarming effects of suicide on people who have direct contact with suicidal clients, such as family, friends, and mental health professionals. Therefore, the department is encouraged to provide updated suicide statistics. Moreover, the agency is encouraged to intensify their campaign in educating the masses about mental health by providing seminars, lectures, and pieces of training. The Department of Education (DepEd) is encouraged to respond to the long-standing need of increasing the number of Registered Guidance Counselors in the schools. Moreover, the Department of Education should provide nationwide seminars on

suicide awareness. The agency is also encouraged to provide support groups, services, and assistance for the counselor that will help them during the most stressful times of their profession. The academe will be provided with data that will describe the challenges that school counselors experience particularly in dealing with students who are at-risked and suicidal. Furthermore, proving suicide-related training and workshops for counselors will better equip them in assessing, preventing, and giving intervention to at-risk students.

Future Researchers

The present study will contribute to the available studies on suicide prevention and counselors' coping mechanisms. The study will further broaden the knowledge of helping professionals in understanding the impact of suicide counseling on counselors especially, to their personal and professional well-being. Moreover, the study aims to encourage further researchers to delve deeper into this topic by exploring the effect of suicide on the grieving family and significant other who had a close relationship with the deceased.

Research Questions

Suicide has always been a point of interest and area of exploration among researchers, thus, a vast collection of suicide studies was made and there has been an ample amount of studies on the nature and prevention of suicide. Most of the researches were done in western countries and explored the predisposing factors of suicide, the interventions, and its biological roots. However, surveying the literature, quite a few studied the effect of counseling suicidal clients on counselors. This study would like to explore the experience of counselors in working with suicidal clients. Additionally, this

study will inquire on the coping strategies that counselors utilized in warding off the adverse impact of suicide counseling and maintaining their well-being.

Specifically, this study aims to answer the following research questions:

1. What are the counselors' experiences in handling suicidal clients?

2. What are the coping strategies counselors' utilized in maintaining their well-being; and

3. How do counselors gave meaning to their experiences?

Conceptual Framework

The study was designed to promote an exhaustive understanding of the effects of counselees' suicide attempts on the counselors. Previous researches suggest that exposure to a traumatic experience such as suicide could produce a high level of stress to mental health professionals. Being the frontliners in school settings, counselors work on a daily basis with students displaying suicidal behavior. This study aims to add new knowledge to the effects of suicide on mental health professionals, specifically Filipino Registered Guidance Counselors.

Through the use of semi-structured interviews, the lived experiences of 10 Registered Guidance Counselors were described in the succeeding chapters. Figure 1 illustrates how the counselors gave meaning to their respective experiences of the suicide attempt of their counselees. In learning the experiences of participants in suicide counseling, the additional knowledge and skill counselors gained from their unique experiences were explored. This study also inquired about the impact of the incident on the

personal and professional life of the participants. Emotions such as but not limited to shame, guilt, and self-blame are reported to be the common feelings felt by the counselors who have experienced a counselee's suicide attempt.

Furthermore, the coping strategies that counselors utilized in mitigating the adverse effects of the distressful incident of counselees' suicide attempts were surveyed. Protective factors such as personal and external support were investigated by the researcher.

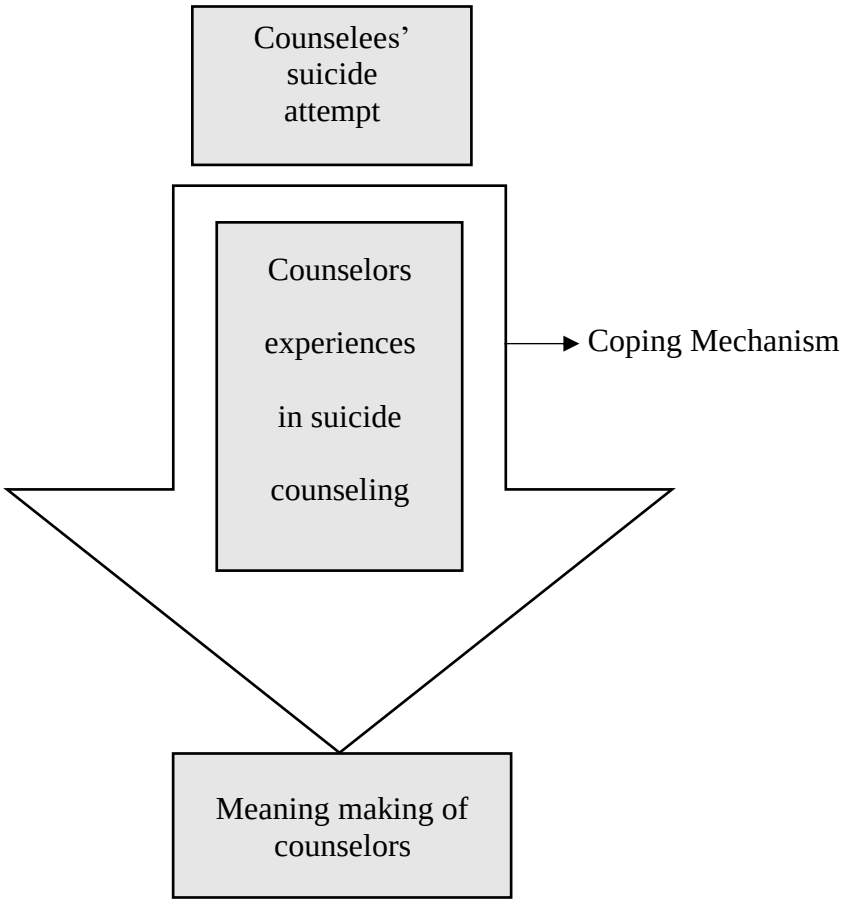

Figure 1. Paradigm showing the process of exploring the effect of counselees' suicide attempt to the counselors.

Scope and Limitations

The study utilized a qualitative approach to understanding the actual subjective experiences of the participants. The study explored the experiences of counselors in working with suicidal clients. Specifically, the use of a phenomenological research design helped the researcher identify common themes that the participants experienced in counseling suicidal clients. The study explored the personal and professional perspective of counselors to the suicide attempt of their counselees while under counseling program. The study inquired about the emotional response of a counselor to a suicide attempt of his/her counselee such as but not limited to anger, betrayal, sadness, shame, and embarrassment. Moreover, the study is aiming to explore the effect of a counselee's suicide attempt on the professional life of a counselor, such as, in the workplace, professional relationship with colleagues, and career plans.

Participants of this study were selected through a stratified purposive sampling method, mostly from the universities in Metro Manila. Studies showed that due to the high academic workload that affects the mental health of students, suicidal ideation is more occurring among the youth. This present study involved 10 Filipino registered school counselors. Participants must have a minimum of 5 years of work experience, and have experienced attempted suicide of a counselee while under their counseling program.

Collected data were transcribed and thematically analyzed to define the common themes. Furthermore, data will be treated with high confidentiality and the utmost respect for the privacy of the participants. The study ensures that it will strictly abide by the ethical conduct of research and no harm will be done to the participants.

One of the major limitations of this study was the limited number of participants. Because of the voluntary nature of participation, the sample was limited in its size, composition, and representativeness of school counselors who had experienced the suicide attempt of counselees while under their counseling care. The researcher hoped for equal representation of counselors' experience in suicide counseling among the 16 cities of Metro Manila, however, due to time restrictions, participants were only gathered from Manila and Quezon City. Additionally, the narratives of the participants do not reflect the experience of all counselors in the Philippines. However, it can be the start of future researches or discussion within this field of expertise.

Definition of Terms

Terminologies used in this study were operationally and conceptually defined for a clear and easy understanding of the study and to avoid creating ambiguous meaning.

Suicide – Describes the act of inflicting harm to one's self which results in death.

Suicide Attempt – A nonfatal act directed that may or may not result to injury but with an intention to kill one's self.

Suicidal behavior – A collective term for the spectrum of suicide-related activities that include suicidal ideation, suicide attempts, and completed suicide.

Suicide survivor – A person (e.g. family member, intimate partner, friend) who lost someone to suicide.

Mental Health Professional – A person (psychologists, psychometricians, counselors,

therapist, clinicians, etc.), who has an academic qualification and professional experience to provide counseling interventions to facilitate holistic development to individuals with mental, emotional, or behavioral disorders.

Counselor – Counselors are mental health professionals trained to help people address their emotional, behavioral, and mental health concerns presented by their clients. Counselors also focus on improving the sense of well-being and help alleviate feelings of distress of their clients.

In this study, counselor refers to the 10 registered guidance counselors who voluntarily shared their lived experiences of a suicide attempt of a counselee.

CHAPTER II

Methodology

The focus of this chapter is to describe and discuss the development and processes of the study. This chapter outlines on the research methodology of this study. Sequentially, it explains the qualitative aspects of the research. This includes the research method, design, and setting of the study. In the later part, the selection criteria and characteristics of the participants are further explained. Likewise, data gathering and analysis procedures that were employed in this study were also presented.

Qualitative Design and Methodology

Cresswell (2007), stated that qualitative research begins with assumptions, a worldview, the possible use of a theoretical lens, and the study of research problems inquiring into the meaning individuals or groups ascribe to a social or human problem. Being qualitative in nature, this study will attempt to seek meaning to the personal and professional effects of engaging in a therapeutic alliance of a counselor to a suicidal counselee, as such, this research will keep the focus on describing the experiences of the participating counselors on how they deal and cope with counselees who attempted suicide while still being under their counseling program.

Specifically, this study employed a phenomenological approach to describing the lived experiences of counselors in suicide counseling. A phenomenology is a philosophical approach to research that is focused on participants' descriptions of their experience (Moustakas, 1994). This investigation sought to explore the participants' experience of the

suicide attempt of a counselee. The essence of the shared experience, its impact on counselors both personally and professionally, will be noted to seek understanding of how counselors construct meaning to their experiences with their suicidal clients.

This research adhered to the highest ethical conduct of a scientific study. Research instruments such as personal data sheets and interview questions for the semi-structured interview were validated and reviewed thoroughly by the experts to ensure that it will yield information needed for the study. Qualified participants of this study were recruited from the universities through personally sending out letters and emails, posting the call for participants' publication materials to various social media platforms, and referral of the previously selected school counselors. When the desired number of participants was achieved, the scheduling of the data gathering was arranged according to the participants' convenience. The semi-structured interview was conducted in approximately 45 to 60 minutes.

Research Site

Registered counselors from different schools in Metro Manila were invited to participate in this study, however, only 10 participants from Manila and Quezon City responded to the researcher. Metro Manila was chosen as a research site based on the accessibility of the target school institutions. It was economical and less stressful on the part of the researcher because most universities are easily accessible. Moreover, the gathering of data was conducted at the participants' respective offices during the participants' free time, making it convenient for them.

Additionally, Metro Manila was chosen as a research site for this study due to the high level of stress resulting from the transportation crisis, flooding, and crimes the people dwelling in this area are experiencing. Moreover, these cities are home to some of the academic institutions where a large volume of students are experiencing high academic stress that often results in mental health concerns. With this, it is expected that counselors have been dealing with a large number of students exhibiting suicidal behaviors.

Selection Criteria and Participants

Participants were recruited through the use of two sampling methods which ensured that participants voluntarily joined the study and were not coerced. Through the purposive sampling method, letters requesting to participate in the study were sent out to different institutions in Metro Manila. The researcher also used a snowball sampling technique which made the process faster. School counselors who were already screened and found eligible to participate in the study were requested to invite colleagues from other institutions. Recruited participants were also interviewed and assessed to ensure that they qualified the criteria.

Six female and four male Filipino Registered Guidance Counselors between the ages of thirty to sixty took part in the study. All 10 counselors are in the profession for more than five years, eight of the 10 participants are employed at the universities in Manila while two are working in Quezon City. All have experienced attempted suicide of a counselee while under their counseling program.

Eight of the 10 participants are employed at the universities in Manila, while two are working in Quezon City. Table 1 shows the total number of years that the participants are in the profession when the study was conducted.

Table 1

Total Number of Years in Practice of Participants

Years in Practice	Number of Participants	Percentage
5-10 years	4	40 %
11-15 years	6	60 %

Four out of 10 participants have been in the profession for more than 5 years and 6 out of 10 are counselors for more than a decade. This table shows that each participant has an adequate experience of engaging with youth exhibiting suicidal behaviors.

The table below shows the time when the participants encountered the suicide attempt of their counselees which they considered most stressful. 30% of the participants recalled that the most stressful clients' suicide attempt they handled happened early in their careers. 40% experienced distress dealing with suicide cases between 6 to 10 years in the profession. The remaining 30% were already seasoned in the profession when they experienced a suicide attempt of a counselee that greatly affected them.

Table 2

Number of years in practice at the time of the counselee's suicide attempt

Years in Practice	Number of Participants	Percentage

0 – 5 years	3	30 %
6 - 10 years	4	40 %
11 - 15 years	3	30 %

Data Collection

The study utilized an ethically sound instrument validated by three professionals working as instructors and counselors. The validated instrument has four main questions supported by probing questions totaling seventeen questions in all. The said instrument included questions aligned to the research questions and explored the personal and professional effects of suicide counseling to counselors. Moreover, the instrument inquired about the factors that helped them in coping with the suicide attempt of a counselee, and how they dealt with the range of emotions they felt upon experiencing the phenomenon of interest.

The data gathering procedure was done in two parts. First, self-reported stories were gathered through the use of a semi-structured interview that lasts between 45 to 60 minutes. The use of semi-structured interviews allowed the researcher to understand the subjective experience of counselors working with suicidal clients. The researcher also used Personal Data Sheet to note the demographic data (e.g. gender, age, etc.) of the participants. The interview was held in the participant's office securing the confidentiality of the data and the identity of the participant as well. The informed consent form was given and discussed by the researcher before the start of the interview to ensure that the nature, perceived risks, and potential benefits of participation in the study are well understood by the participants.

Additionally, permission to record the interview was sought verbally to ensure the exact transcription of the participants' narratives.

In the second part of the process, audio recordings of the interviews were then transcribed verbatim to ensure that the exact responses will be noted. Filipino to English translations, as well as vague statements, were clarified and counter-checked by the participants securing the exact transcript of the interviews.

Role of the Researcher

Being qualitative in nature, it was the best interest of the researcher to produce a study that exactly depicts the lived experiences of its participants who dealt with the personal and professional impact of a client's suicide attempt while under their counseling program. Carefully thought of questions were pooled and utilized in the semi-structured interview to explore the experiences of counselors in suicide counseling. Through this process, the researcher was able to gather sufficient data that were used as a basis in identifying and describing the experiences of the participants concerning their lived experiences when a counselee attempted suicide while under a counseling program. Furthermore, it helped in the development of an understanding of the meaning counselors ascribe to their experience. Privileged to be accommodated for an interview with ten registered guidance counselors, it was the researcher's duty to report exactly what these counselors have gone through. the researcher was able to produce relevant and defensible pieces of new information that will be thoroughly discussed in the following chapters of this study.

Methods of Validation

Identifying themes is one of the most fundamental tasks in qualitative research (Ryan & Bernard, 2009). An integration of inductive and deductive approaches to thematic analysis was utilized in this study. Guided by the preconceived ideas from reviewing the literature and intensively reading and analyzing transcripts, the researcher was able to list and enumerate codes and identify recurring patterns of ideas, thoughts, and feelings.

The participants' narrative accounts were subjected to thematic analysis in three steps. First, after listening and transcribing the audio recordings of interviews. Reading through the transcript and taking initial notes to familiarize and gain insight into the participants' experience resulted in several codes. Second, the collected codes yielded themes by noting key phrases that conveyed patterns and recurrence throughout the data. The more the same concept occurs in a text, the more likely it is a theme (Ryan and Bernard, 2009). The themes gathered were reviewed and discussed by two experts until consensus was subsequently reached on all themes. Lastly, naming, defining, and reviewing the themes to make sure that each theme is an accurate and exact representation of the data. The five identified themes in this study were aimed to perfectly describe the common meaning that participants of this research ascribed to the phenomena of interest.

Ethical Considerations

This study was conducted to the highest levels of integrity, including appropriate research design and methods which ensured that findings were robust and defensible. Given the nature of the study, the safety and protection of the participants' identity were of high regard during the conduct of the study. Similarly, all data gathered were kept

confidential and secured. The study used a Personal Data Sheet which secured the vital information for the study such as names of the participant, age, number of years in the profession, and affiliated institutions; however, codes were assigned to every participant to protect their identity. Similarly, all recorded data of the interview was kept confidential.

The data of this study were gathered from 10 registered guidance counselors. The data gathering process explored the sensitive feelings and emotions that the participants felt during the suicide attempt of the counselee while still under their counseling program. Moreover, some questions asked by the researcher may have brought discomfort to the participants. Negative emotions such as regret, shame, and guilt were recalled while the participants were describing his / her experiences. Nonetheless, this study adhered to the highest ethical standards of scientific research by enacting the principles of respect, beneficence, and justice, in pursuit of research practice for the advancement of education science. This study upholds respect for the life, dignity, and reputation of both researchers and participants in every step of the research process. It ensured the physical and psychological safety and protection of the researcher and participants by avoiding placing participants in situations or conditions where they may be exposed to the risk of physical or psychological harm as a consequence of their participation in the research.

Respect

This study conforms to the Republic Act 10173 or "The Data Privacy Act of 2012" which protects the privacy of the participants and ensuring the confidentiality of the data gathered. All information from the participants was handled with the utmost confidentiality and with an agreement to grant anonymity. The researcher ensured full disclosure about

the participants' roles in the conduct of research including information about the nature, methods as well as the risks involved in the research project. The researcher submitted an accurate description of the procedures implemented and the goals and objectives for purposely performing such works. All data were openly stated in the paper together with the specific details and sources to guarantee the replicability of the research in the future.

Participation in the research was voluntary, the potential risks and benefits of the study were included in the consent form which was discussed thoroughly by the researcher to ensure that participants were fully informed about the nature and expected outcome of the study and their roles as participants. The potential risk of emotional upset during the interview was expected as negative emotions resurfaced during the data collection as they recall a distressing event of the attempted suicide of their counselees. Nonetheless, the participation of the counselors in this study was voluntary. Towards the end of the interview, participants were allowed to ask questions and encouraged to give additional insight and/or to raise a topic as a form of debriefing.

Beneficence

The study conformed to the principle of beneficence by informing the participants about the benefit that they will receive in the conduct of the study, including but not limited to the opportunity to share their subjective experience of the suicide attempt of their counselees. Furthermore, participation in this research may be a form of debriefing as participants had a chance to recall, reassess, and reflect on what they have experienced. It was beneficial both to the participants and the counselors who have similar experiences as

well as for those who might encounter suicidal clients in the future. This investigation includes a mechanism for sharing the results to the participants and sectors that the researchers deemed important to be knowledgeable about the result of this study. Such as the psychological community, the academe where the research will be conducted, the Philippine Guidance Counselors Association, and related government agencies. The research will have significant contributions toward the development or enhancement of suicide counseling, prevention, and intervention in the country.

Justice

The principle of justice was adhered to in the conduct of the study by ensuring the research's inclusion and exclusion criteria in the selection of participants. The researcher guaranteed that there were no biases in the selection process of participants. Thus, the criteria for choosing the participants were strictly observed. Moreover, data collection tools and methodology were free from any biases like age, gender, class, ethnic, and cultural biases. However, criterion years of service were implemented to ensure that participants have adequate suicide-related experience. The research was conducted by an individual with appropriate ethics, scientific education, training, and qualification. The veracity of the data was ensured through fair and accurate processing.

CHAPTER III

Results and Discussion

This chapter presents the lived experiences of 10 Filipino Registered Guidance Counselors in suicide counseling from the six academic institutions in Manila and Quezon City. This chapter discusses the reflective narratives of how the participants processed their experiences, the different coping strategies that helped them get through the distress of counseling, and the meaning they attribute to suicide counseling.

Results

The results of this study were obtained from 10 Filipino Registered Guidance Counselors between the ages of 30 to 60 years old. Eight of the 10 participants are employed at the universities in Manila, while two are working in Quezon City. The analysis resulted in the identification of three (3) themes as shown in Table 3. The themes were common to the counselors' respective experiences of the attempted suicide of their counselees. The first theme *Surfing the Tide* is a collection of shared experiences of counselors before and after the suicide attempt of their counselees. It discusses the effects of suicide counseling on the personal and professional lives of counselors. The second theme, *Helping the Helper* enumerates the coping strategies participants of this study utilized in maintaining their wellbeing. Finally, the third theme, *Being a Champion* discusses how participants make use of their experience to achieve personal and professional growth.

Table 3

Thematic Analysis

Theme	Description
I. Surfing the Tide	This theme describes how the counselors' respective experiences of the suicide attempt of their counselees, giving special attention to how the counselors rode the waves of personal and professional distress brought by suicide counseling.
II. Helping the Helper	Coping strategies that were utilized in mitigating the adverse effects of suicide counseling were presented in this theme.
III. Being a Champion	How participants mastered suicide counseling by striving for personal and professional growth were explored in this theme. Moreover, implications on the profession were also discussed.

Discussion

The section below provides a thorough discussion of each theme. It also includes participants' statements to assist in illuminating the experiences of counselors in helping clients exhibiting suicidal behavior.

I. Surfing the Tide

The first main theme identified was a collection of how the participants experienced the personal and professional effects of a client's suicide attempt. This theme explored the initial reaction of counselors upon learning the suicide attempt of their counselees. Additionally, this theme looked into how participants processed the situation and rode the waves of emotions as a result of the inevitable stress of suicide counseling.

The role of a school counselor is an unexplored area in the Philippines. Misconceptions and stigma that has been part of the profession for a long time, eclipsed the true duties and responsibilities of a counselor. School Counselors play an important role in promoting and maintaining the well-being of the students. Counseling is just one of the services the guidance office is rendering to the students. In this study, participants have identified suicide counseling as one of the most stressful parts of their job. Participants expressed how physically and emotionally demanding handling suicidal cases has been to the point of experiencing exhaustion or burnout. One participant described her experience as difficult, in the sense that suicide counseling demands a great amount of time and effort, such as persuading the counselee to involve his/ her trusted adult (e.g. parents, siblings, best friend) in the counseling process. All counselors reported that it was difficult to extract the names and contact information of the people that can help in safeguarding the clients outside counseling proper.

> *Handling suicidal clients is the most complicated task of a counselor. Complicated in a sense that at that point, what you can do as a counselor is very limited. It is also challenging that you can't help but be affected emotionally.* (P3)

> *It is exhausting because too many people are involved. The process like persuading the client to tell her parents, to call the parents and inform them of their child's condition, and the monitoring of the client are tiring.* (P2)

> *It is difficult because one thing that you might do wrong might lead him to do something to himself. I cannot monitor him 24/7 and he didn't provide contact numbers of his trusted adult.* (P4)

> *That experience was stressful and dreadful because it felt like I am the key person in saving this client.* (P8)

Furthermore, constant monitoring with the counselee at risk often extends beyond their official duty hours. It is also noted that mental health conditions associated with suicide (e.g. depression) are still not well understood by many Filipinos. This resulted in counselors conducting psychoeducation to the people involved in the case – the counselee, the parents, and the people with direct contact with the client.

> *The parents or relatives will deny it. They will try to invalidate the feelings of the client and it will add up to the client's depression or anxiety. That's why Psychoeducation is very important.* (P2)

> *It is physically exhausting because it demands your time, effort, coordination. Especially with coordination, that's the most difficult for me because every now and then you have to psychoeducate.* (P5)

Participants also shared the commonality of needing to go beyond their duty to ensure the safety of their counselees. It involves giving of personal numbers to their counselees and encouraging him/her to call whenever irrational thoughts which might lead to suicide kick in. Most of the participants also went beyond the set guidelines to ensure that their counselees will not try to harm themselves. Participant 6 mentioned that there were times that he cannot stop but to worry about what might his counselee do, especially at night. So he gave him his personal number and convinced him to call whenever the

negative thoughts kicked in. In the case of another student, the participant called his counselee's brother, didn't let his counselee go home alone, and accompanied the counselee until the brother arrived around 7 o'clock in the evening.

> *Some will text you in the middle of the night. That is the difference between seasoned counselors and novice counselors. If you are new to the profession, you will really step out of the boundaries. (P2)*

> *Your duty as a counselor will extend beyond your working hours.* (P3)

> *Through experience, counselors need to learn when to go beyond the set guidelines. You need to know how to identify and address the main concern of the counselee to ensure their safety. (P4)*

> *As a part of our protocol, there are times that we have to jog together or go biking. There is one incident that I have to visit the client to the infirmary even if it is already late at night.* (P5)

Such experiences of the participants resonate with the results of the study conducted by Rossouw and his colleagues in 2011, that as a result to be more responsible and caring practitioners, therapists faced a number of dilemmas. All participants of this study admitted that during their early years in the profession, they cannot help but to bring their work as at home. Novice counselors usually answer at-risk counselees' calls even when it is already late at night. Some of their personal and work-related routines were altered just to attend to their counselee's needs immediately, and they were obliged to stay with the client to ensure their safety.

Greater than the physical toll of the constant interaction with students presenting suicidal behaviors, suicide counseling is a threat to the emotional wellbeing of counselors as well. Suicide counseling is one of the most challenging tasks of a counselor according

to 90% of the participants in this study. Counselors recalled experiencing distress in handling suicidal clients that often result in rumination, and negative emotions. Participants became wary and constantly think about their clients' situations. This finding is similar to the study of Mc Adams & Foster (2000), counselors reported having intrusive thoughts about a clients' suicide.

> *It is so distressing, sometimes I even dream about it. It is sad to hear students or youth trying to take away their life. It's so sad, you are putting yourself into their self and in that way, you are also feeling depressed sometimes because of what is happening with them.* (P1)

> *At some point you will feel saturated. You will get tired of listening. (P2)*

> *There are cases that it is disturbing in the sense that you will constantly think of your client. You can't help but wonder what he/ she is doing at the moment or if he/she is having negative thoughts. It is not easy because you can't stop yourself not to get affected emotionally at the moment.* (P3)

> *It is difficult because one thing that you might do wrong might lead him to do something to himself. I cannot monitor him 24/7 and he didn't provide the contact numbers of his trusted adult. Sometimes I still think of my client even when I am already home. What he is doing? He might be alone in his room because he is an only child.* (P4)

According to Foster and McAdams in 1999, one of the most common forms of crisis present in the counseling profession is suicidal ideation and it usually results in high levels of stress and grief to the clinicians. In this study, 60% of the counselors reported feelings of fear, sadness, disbelief, and guilt as an emotional reaction towards the suicide attempt of their counselees.

The majority of the participants experienced disbelief upon learning the suicide attempt of their counselee. One participant, in particular, expressed her shock at the

incident because she thought that they were already progressing with their sessions. Moreover, Participant 2 stated her disbelief because she had known the student for 4 years and did not see the incident coming. Following the initial reaction of disbelief comes fear, guilt, and doubting professional competence. Although the incident was beyond the participants' control, Counselors were bombarded with personal questions about whether they have done enough or if they have really done their best.

> *I am accountable to my client? Until when I can extend help to her?* (P2)
> *Have I done enough? Would it be better if I went beyond my duty as a counselor?* (P3)

> *I was the one he last talked to. I felt guilty thinking that I should have gone to where he was, that I should have gone beyond my duty.* (P3)

> *I checked and rechecked my case notes, my assessment of that client, and what I did to our session. I felt guilty. I questioned myself if did I really do my job.* (P4)

> *I asked myself, what's happening? why my methods were not effective? I am a useless counselor.* (P5)

> *Is it true? Am I incompetent? Am I not good enough because of that one case?* (P8)

> *I sometimes ask my competencies though I am familiar with the theoretical aspects of counseling. Still, having different clients from different families, different backgrounds make me feel that I am just a new counselor.* (P9)

These findings supported the results of previous studies that counselors reported impotence and doubts about their ability to practice, as well as doubting their own professional competence and their ability to work safely and appropriately (Reeves & Mintz, 2001).

In spite of the fact that participants dubbed suicide counseling as physically and emotionally challenging, counselors are well-equipped with knowledge and skills that enabled them to process the incident positively. In addition to that, the personal attributes of the participants guided them in riding the emotional tides of suicide counseling. As reflected in the participants' statements below, counselors are aware of the emotional hazard of their profession which enabled them to cope with the adverse effects of suicide counseling.

> *I was affected at that time but I am the type of person that when I am faced with difficult cases, I tend to work harder and study more for improvement. After a stressful session, I usually go out for a walk just for a change of environment. I also apply my own therapeutic techniques to myself, such as Mindfulness.* (P3)

> *Sometimes, I still think of my client even when O am already home. I came to realize that you cannot control what your counselee is thinking. Even though you did so much but at the end of the day, it's still their choice if they will still do it.* (P4)

> *Somehow I felt betrayed, wondering why my methods were not effective. I felt accountable, I ask myself should I not be sleeping? Should I accompany her to her house? But I realized that I'm not god. I am not the only one who could help her. She needs to help herself. I am just a facilitative agent. I also apply the therapeutic techniques I am using to myself like mindfulness.* (P5)

II. Helping the helper

Being in the helping profession, counselors are expected to positively process themselves when faced with stressful situations. However, empathy is one of the core traits counselors possess, making them susceptible to secondary traumatic stress and compassion fatigue. The second theme discusses how the counselors mitigate the unpleasant effects of

suicide counseling by making use of the training they received during their course of study and utilizing different coping strategies. The personal coping skills of each participant helped them overcome the stress brought by suicide counseling. One notable response of the participants was the process of actively removing oneself from a stress-inducing situation or environment (e.g. stepping outside the counseling office, going out for a walk just for a change of environment, dining out, etc.)

> *After a stressful session, I usually go out for a walk, or sometimes, we, counselors, dine out together for a change of environment.* (P3)

> *I walk around the hallways just to get out of the counseling room. You cannot control what they are thinking. Even though you did so much but at the end of the day, it's still their choice if they will still do it.* (P4)

This simple act enabled 90% of the participants of this study to continue performing their counseling duties. Additionally, engaging in different self-care activities like, eating at their favorite restaurants, having a day off, and spending time alone were utilized by the participants after an exhausting workday. These findings are similar to the results of a study conducted in Ireland that explores the experience of client suicide on the psychotherapist (Dowd, 2012). Good support and self-care in their various forms were considered invaluable and assisted the meaning-making process. Another study reflected on the findings of this study spoke about the importance of exercise and maintaining balanced lifestyles including proper nutrition (Christianson & Everall, 2009). To keep a focus on both the costs and the benefits of engaging in practice is important in maintaining a firm grounding of self-care (Everall & Paulson, 2004).

Another remarkable result of this study was the impact of external support such as affirmation from superiors, suggestions from colleagues, and going out with family and friends to the healthy coping of counselors. The external support displayed by other people prevented counselors from experiencing secondary traumatic stress, compassion fatigue, and burnout. External support that includes formal and informal types of case conferences among the counselors, supervision, mentoring, and support from family and friends provide counselors a sense of relief and comfort and helps counselors in maintaining healthy psychological and physical health while extending their service with highly distressing individuals.

> *Our dean talked to us asking what needs to be done, what do we need, what they can do to help. I talk to other counselors to vent out.* (P2)
> *I always seek for support especially from my supervisor to check if I didn't cross any ethical standards.* (P3)

> *Consulting with other therapists and sharing with them the case of my client helped me.* (P5)

> *I am comforted by talking with my director. Through the affirmation I received from him, I am reassured that I did the right things for my counselee.* (P8)

> *I get suggestions and feedback from my colleagues and supervisors. I usually go out with my friends or family to avoid burnout.* (P9)

> *I consult with my classmates and colleagues. In our office, we usually have a daily case conference over lunch and a monthly meeting to talk about more serious cases.* (P10)

This finding proves the results of previous studies that social support plays a big role in the coping of counselors. Counselors who receive external support, have a positive attitude towards their profession (Gunduz, 2012). Feedbacks provided to counselors on their performances lead to increased self-efficacy and reduced anxiety (Daniels & Larson, 2001). Furthermore, this study found out that counselors who were able to verbalize their experience whether through case conferences or with their respective spouses contribute greatly to healthy coping. This is similar to the result obtained by Norcross in 2000 that obtaining supervision and maintaining a professional support system are additional components of practicing ethically.

Counselors need to recognize and accept that their chosen profession is naturally dissonance inducing. Therefore, it is important for them to prepare themselves for the probable impact of distressing cases like suicide counseling and to equip themselves with self-care strategies to protect their physical and mental well-being.

III. Being a Champion

This theme discusses the positive outgrowth that resulted in experiencing the suicide attempt of the counselees. Such experience enabled the participants to improve their skills in suicide counseling. Additionally, the implications of suicide counseling on the profession were also discussed in the following section.

Although one out of 10 participants admitted to having experienced burn-out and even refrained from handling suicide cases for a period of time, all participants learned to value the distressful incident of a counselee's suicide attempt. 10 Filipino Registered Guidance Counselors who participated in this study attribute the distressful incident of a

counselee's suicide attempt to their professional growth. Participants agreed that experiencing counselee's suicide attempt enhanced their skills (spotting signs, risk assessment, emphatic listening, etc.) as counselors. Moreover, the failure to hinder their counselees' suicide attempts encouraged them to gain more knowledge in suicide counseling by attending different seminars and lectures. The distress brought by the incident motivated them to be the champion of the profession that they chose to embark on. Participants of this study suggested that it is imperative for the counselors in whatever stage of their career, to strive for personal and professional advancement.

> *If suicide is our focus today, counselors should have more specialization and to update themselves about the trends or the prevalent concerns of the students nowadays.* (P2)

> *Counselors especially those who are already seasoned in the profession should learn to embrace the post-modern practices in counseling. We need to get more knowledge and experience and to try your methods in handling such cases. Counselors should take more courses in Mental Health. Meaning, they have to have subjects that would really integrate counseling, assessment, and at the same time developing clinical acumen in the practice.* (P5)

> *In the Philippines, all counselors should be trained on how to handle suicidal cases. Counselors should be updated, attending seminars and conferences is very important.* (P6)

> *There should be proper training on how to handle suicide cases.* (P7)

> *Learn from the experts. Do not appear to be too confident in handling the client. Ask opinions from the experts in the field and accept that sometimes you also have shortcomings in counseling.* (P9)

This study supports the findings of previous studies suggesting that it is essential to the profession to continuously attend seminars and conferences to be updated with the

trends in counseling. Literature suggested that an increase in training of students about suicidology would be beneficial for students working with populations with high suicide rates (Balon, 2007). Similarly, counselors did not feel that the number of training for counseling they received had enabled them to work effectively with suicidal clients, both in terms of skill development and theoretical knowledge (Reeves & Mintz, 2001). "*Counselors can receive the necessary training in suicidology in academic and field placement settings. Graduate programs can incorporate instruction on this important subject, relevant reading and writing assignments, and classroom role-playing exercises to develop the appropriate counseling skills*" (Laux, 2002). Participants of this study suggested that counselors need to update themselves and gain new knowledge through attending workshops and seminars. Counselors should take more courses in mental health that they could integrate into counseling and assessment. Moreover, it was suggested that internships in undergraduate and graduate programs should be intensified and embedded in the curriculum of undergraduate and graduate programs thus developing the clinical acumen in the practice.

Concerns related to client death by suicide or attempted suicide may be the most difficult for beginning counselors to effectively manage (Kirchberg et al., 1998). However, after the incident, participants became more skilled in spotting, assessing, and addressing the needs of suicidal students. One participant said that *"Success in suicide counseling comes with maturity".* As counselors mature in their profession, the distress brought about by suicide counseling decreases because it is through their experience they came to gain new sets of skills and knowledge. One participant noted that *"The key to succeeding in*

handling suicide cases is your experience of such cases; have more of that because it is through that experience you will learn."

> *I am more skilled now, I am more knowledgeable about what to do. I learned the importance of reporting to the immediate family or friends of your client. Talk to them. Additionally, counselors, especially those who are already seasoned in the profession should learn to embrace post-modern practices in counseling. We need to get more knowledge and experience and to try your methods in handling such cases.* (P5)
> *Learn from the experts. Do not appear to be too confident in handling the client. Ask opinions from the experts in the field and accept that sometimes you also have shortcomings in counseling.* (P9)

Although there is a difference in magnitude and degree of distress brought about by the counselee's completed suicide in comparison with the counselee's attempted suicide to the counselors, it can be concluded that the suicide attempt of the counselee still resulted in a tremendous amount of stress. However, participants were not hindered from helping suicidal counselees even after experiencing distress brought by the suicide attempt of their counselees. Participants reported feeling a sense of fulfillment of being able to help their counselees as reflected in commentaries below.

> *When you are finally able to help them after so many tries then somehow you become fulfilled.* (P1)

> *I am excited because I can see the effectiveness of the methods of counseling when applied. Through those methods, my clients are given a chance to see the other side of the coin and to look at the brighter side of life.* (P5)

> *It is fulfilling to be able to save lives and to improve the perception of society about mental health*. (P8)

> *Suicide counseling is extending help to clients who are thinking of ending their lives. It is fulfilling to be able to help them and to convince them not*

> *to do things that might hurt them. It feels good that they will return to you, thank you, and tell you that they are already okay.* (P10)

Being in the profession for more than five years, participants of this study enumerated suggestions that will help improve the condition of guidance and counseling in the Philippines. All of the participants expressed the need to create a standard protocol in handling suicide cases. Despite early recommendations identifying a need for a clear set of guidelines for counselors especially for developing countries, a standard suicide protocol is still not available or unknown to the participants during the conduct of this research. "Thoughtful risk analysis and program and data policy development with specific reference to the needs of each counseling program are essential for crisis prevention and response to client suicide" (Foster & McAdams, 1999, p. 27). To increase suicide prevention and postvention awareness, counselors are encouraged to develop and implement evaluation procedures to determine the effectiveness of postvention planning (Fineran, 2012). Although different academic institutions have crafted their guidelines in helping the student at risk, 60% of the participants of this study have expressed the importance of having a nationwide standard process that is tailored fit to the norms and culture of the Filipinos in helping the suicidal counselees. This standard suicide protocol will be beneficial to the counselors, especially to novice counselors.

> *It is important to have a protocol to make sure you cover all bases.* (P4)

> *A nationwide protocol will be helpful especially for novice counselors because not all RGCs can handle such cases. The protocol can help them in managing such cases when the time arises that they need to address the suicidal behavior of their clients. I am also challenging the counselors to*

> *develop our own models for counseling in handling suicide concerns because that is the essence of Filipino counseling.* (P5)
>
> *There should be a standard procedure on how to handle cases.* (P6)
>
> *A nationwide protocol will be very helpful to all counselors.* (P7)
>
> *The nationwide protocol that will be reviewed to tailor-fit to the norms of the Filipinos will be very helpful to all counselors.* (P8)

The second suggestion that participants noted is to increase the number of registered guidance counselors. The Republic Act 9258 or the Guidance and Counseling Act of 2004 mandated that the following qualifications should be met to become a licensed professional counselor;

1. Bachelor's Degree in Guidance and Counseling or other allied disciplines
2. Master's degree in Guidance and Counseling from an institution in the Philippines or abroad recognized and accredited by the CHED.
3. Completion of the Licensure Examination

Primary and secondary schools in the Philippines have been long facing the need for Registered Guidance Counselors. The very strict requirements to become a Registered Guidance Counselor and the low compensation rate was seen to be the cause of the problem. Department of Education secretary, Leonor Magtolis-Briones proposed that lowering the qualifications for counselors could attract more guidance counselors in the public school system (Malipot, 2020). However, the Philippine Guidance and Personnel Association (PGCA), Integrated Professional Counselors Association of the Philippines

(IPCAP), and other counselors were against the downgrading of Guidance Counselors' qualification standards.

The stand of these organizations resonates with the results of this study that the Philippines needs more guidance counselors who are professionally equipped to handle the demands of the counseling profession. Participants of this study have expressed their opinions about the need for a larger population of registered guidance counselors, especially in the elementary and secondary schools. Additionally, one participant is also concerned with the career progression in the guidance and counseling profession and sees career pathing and compensation as not appealing and sustainable to aspirant counselors which are the most probable cause of the shortage.

> *The government needs to see this and allocate a budget for this.* (P6)

> *We need to address the basic needs first, like the lack of Registered Guidance Counselors at the primary and secondary levels.* (P7)

> *There should be facilities that will help the suicidal clients feel better.* (P9)

> *It is important to have an increase in the number of Registered Guidance Counselors because many students need help and wanting to be helped but to whom they will go to if we lack RGCs? Also the facilities, we do not have counseling rooms conducive for sessions especially the sensitive ones like suicide cases. Counseling office for the counselors, and the shortage or lack of testing materials.* (P10)

CHAPTER IV

Summary, Conclusion, and Recommendations

This chapter provides a summary of the study which explored the lived experiences of Filipino counselors in handling suicide cases. This chapter also includes the summary of the findings that focus on how the counselors experienced the suicide attempt of counselees, the coping mechanisms they utilized, and the meaning they attributed to their unique experience. The chapter also outlines the limitations of the study and recommendations for future research.

Summary of the Study

Over the last number of years, there has been an increase in suicide rates worldwide. In the Philippines, incidents of students' suicide have been publicized through social media and have been constantly recurring on the news for the past years. This increased the urgency to address mental health concerns in the country which resulted in the recent passing of Republic Act No. 11036 or the Mental Health Law in 2018, which was a good initial attempt to assist the Filipinos with their mental health concerns. However, as sad and frightening as the rate of suicide cases worldwide, this study found out the condition of guidance and counseling in the Philippines specifically the status of suicide counseling through exploring the lived experiences of 10 registered guidance counselors who experienced suicide attempt of their counselees while under their counseling program.

It is a sad reality that the counselors must accept that meeting at-risk suicidal counselees and engaging them through an average of 60 minutes counseling sessions is not

a guarantee that the counselees will stop trying to end their lives The suicide attempt of counselees had a personal and professional impact on the counselors. Emotions including fear, sadness, disbelief, and guilt were felt by the counselors upon learning the suicide attempt of their counselees. All participants also noted that the suicide attempt of their counselees has affected them professionally. They questioned the extent of their accountability to their clients and doubted their professional competence. However, such emotions were felt in varying degrees and in relation to the counselors' years in the profession when the incident happened. Eight out of ten participants rated suicide counseling as the second most distressful and challenging task of their profession due to its emotional and physical demands. Working often with students exhibiting high suicidality requires the counselors to have a good coping mechanism. Having a robust source of personal and social support helped counselors process their experience to avoid burnout, vicarious trauma, and compassion fatigue. Finally, counselors' experiences in suicide counseling suggest the importance of mentoring, supervision, and continuous personal and professional development.

The participants of this study urged the people in the government to reevaluate the condition of suicide counseling in the Philippines. The need for a nationwide standard protocol that is tailored to the culture and norms of the Filipinos was being hoped for by the participants. Additionally, increasing the numbers of Registered Guidance Counselors and addressing the needs in counseling facilities and assessment tools is imperative in improving the status of Guidance and Counseling in the Philippines.

Below is a summary of the suggestions from the participants of this study on how Filipino counselors could be a champion in suicide counseling:

1. Develop a scale to determine suicidality of counselees, and standard risk assessment and evaluation that will be used by all Filipino Mental Health Professionals.
2. Capacity-building for counselors and psychologists on handling suicide cases should be prioritized to develop clinical acumen among mental health professionals.
3. All schools must create a psychological clinic which will be composed of a full-time psychologist, psychiatrist, and nurses. This will cater both to the needs of students and employees with mental health concerns. This must be the main requirement for school accreditation.
4. Teaching and non-teaching personnel in schools should be required to undergo pieces of training in handling a suicidal person. Each member of the organization should know their specific roles in handling this situation. Schools should promote an environment that is non-threatening and non-judgmental for people with suicidal tendencies to feel that someone can help them anytime.
5. A nationwide standardized suicide protocol is greatly needed to be utilized by mental health professionals such as counselors. Aside from having such a standard, there should be also proper training and experience for using such a protocol.

Summary of the Results

The purpose of this study is to gain an in-depth understanding of the lived experiences of counselors who confront the suicide attempt of their counselees. Through

the process of exploring the participants' experiences, the personal and professional impact of the unpleasant incident on the counselors were discussed. Counselors utilized their personal and external support systems which enabled them to positively process themselves. The support from family and colleagues, specifically the affirmation that participants received from their superiors and co-counselors played a significant role in maintaining the well-being of the participants. These personal and external support systems prevented the participants from suffering Secondary Traumatic Stress, Compassion Fatigue, and burnout.

Other significant findings of this study experiencing suicide attempts of counselees resulted in the improvement of their skills as helping professionals. This phenomenological inquiry resulted in the identification of three themes; *Surfing the Tide* which is a collection of shared experiences of counselors before and after the suicide attempt of their counselees. This theme discusses the effects of suicide counseling on the personal and professional lives of counselors. The second theme, *Helping the Helper* enumerates the coping strategies participants of this study utilized in maintaining their wellbeing. Lastly, the third theme, *Being a Champion* discusses how participants make use of their experience to achieve personal and professional growth.

The findings of this study indicated that the suicide attempt of the counselee resulted in feelings of fear, sadness, disbelief, and guilt felt by the counselors. The counselors also described how they were affected professionally by their counselees' suicide attempt. They have doubted their professional competence and questioned the extent of their accountability to their clients. Furthermore, participants emphasized the

importance of having an external and personal support system of counselors to help them coped up with the distress brought by suicide counseling.

Conclusion

The purpose of this study is to provide an understanding of how counselors were affected by the suicide attempt of counselees. Additionally, this study hoped to provide insights into suicide counseling and identify support groups, services, and assistance that counselors utilized in coping with the distress brought by suicide counseling.

In addition to the limited body of research attesting to the adverse impact of a counselee's suicide attempt on the counselors, the following conclusions are made in light of the previously discussed findings:

1. Suicide attempt of a counselee is a challenging aspect of guidance and counseling and produces personal and professional distress among the counselors.

2. Personal and professional development should be integrated into the profession to ensure better handling of suicide cases. Counselors need to get more knowledge and experience using post-modern counseling theories.

3. Counselors should maintain personal and external support to help them mitigate the adverse effects brought by the high levels of stress found in suicide counseling.

Counselors need to acknowledge that the nature of their profession makes them susceptible to inevitable personal distress that is likely to result in negative emotions and

impact their attitude towards their work. The challenge with the counselors is to provide competent service to the counselees in distress while constantly attuning with their physical and psychological health through personal and external support. Additionally, counselors need to continuously aim for personal and professional development by attending relevant seminars and workshops. Moreover, graduate and undergraduate internships should be intensified to prepare future mental health practitioners for the nature of the profession to ensure that the highest possible level of service is provided.

Recommendations

Due to the limited time in completing this study, the researcher failed to gather participants from different areas in Metro Manila. Participants are mostly just from Manila and Quezon City. Future studies will yield a more comprehensive result if there is an equal representation of counselors from the whole country. Additionally, a greater number of participants will result in more generalizable findings. The researcher also encouraged other researchers to conduct research studies that will focus on the comparison of insights between male and females counselors. The biological traits of a man and woman might have played a significant effect on the counselors' coping. A comparative study between the experiences of counselors working in public and private institutions will also yield valuable data.

Students' needs are continuously changing and becoming more challenging as they faced the demands of today's world. Therefore, the field of Guidance and Counseling should be able to adapt and must stay abreast of the most recent developments not only for their own practices but also to help address the needs of the students.

The honest and genuine sharing of each participants' experiences resulted in the collection of healthy coping tips for helping professionals. The suggested self-care strategies utilized by 10 participants in maintaining their physical and mental well-being were gathered and shown in Appendix G. This publication material was purposely made to encourage counselors and other helping professionals attuned with their mental health.

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Appendices

Appendix A

INTERVIEW REQUEST

February 07, 2020

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Dear Ma'am,

Greetings!

I, Marie Josell M. Visitacion, a graduate student from Philippine Normal University, enrolled in the BS/MA Psychology and Counseling straight program is writing to your good office to seek assistance for my study. I am in need of counselors who experienced the suicide attempt of counselees while under their counseling program. This study will employ a phenomenological approach in exploring the lived experiences of counselors in suicide counseling.

The result of this present study aims will broaden our knowledge about suicide counseling in the Philippines. Furthermore, generated data will benefit helping professionals like psychologists, counselors, and mental health advocates who are in the frontline in dealing with suicidal clients. The data collected will be treated in accordance with Republic Act 10173 – Data Privacy Act of 2012. Any data that will be identifiable to the participants and/or their counselees, will not be included in the said study.

I am willing to arrange a meeting at your most convenient time. For questions, you can reach me through my email at josellvisitacion@gmail.com or my mobile number (0950 062 2918)

Thank you!

Respectfully yours,

Marie Josell M. Visitacion
Graduate Student
Philippine Normal University

Taft Avenue, Manila

Rationale of the Study:

World Health Organization (WHO), nearly 800 000 people had died due to suicide every year, every 40 seconds, a person has committed suicide somewhere in the world ("Suicide across the world, 2016). While suicide can be prominent throughout one's lifespan, it has been the second leading cause of death among 15 to 29-year-olds globally. In the article published by Melo Acuna in 2018, a former government statistician, Carmelita Ericta has said that from 2012 to 2016, there have been 237 suicide cases among children aged between 10 and 14. In a 2017 report by WHO, the age-standardized suicide rate in the Philippines is 5.8 for males, 1.9 for females, and 3.8 for both sexes. The rate is based on the number of cases affected per sample size of 100,000 people (Sison,2017).

The increasing rate of youth suicide has placed counselors on the front line in working with at-risk adolescents. Mental health professionals have identified client suicide as an "occupational hazard" that has been the most stressful part of their job due to its increasing frequency and significant impact both personally and professionally (Feldman & Freedenthal, 2006; Knox et al., 2006). Counselors have reported that suicidal behaviors are among the most frequent mental health crises they encounter. Similarly, in a study of Lafayette & Stern about the effect of suicide to counselors, they denote that a complex and lengthy set of emotive responses including, but not limited to, guilt, blame, and denial could have been experienced by counselors. Studies also have shown that anger, betrayal, sadness, shame, and embarrassment were felt by the counselors (McAdams & Foster, 2002).

The worrying trends in the suicide rate, the assistance of counseling professionals in the prevention of suicide on a worldwide scale has been critical and clearly needed ("Preventing Suicide: A Resource for Counsellors", 2006). Suicide cases have been the most common form of crisis in the counseling setting it is a great cause of stress and personal dilemmas to counselors. Therefore, the effects of having suicidal clients and the impact of experiencing unconsummated suicide of a counselee should be explored to help

counselors in attuning to their mental health too. It is imperative for counseling professionals to be equipped with knowledge, training, and experience to better prepare them in addressing this form of crisis. Effective and evidence-based interventions can be implemented at population, sub-population and individual levels to prevent suicide and suicide attempts.

This study would like to explore the personal and professional impact of the attempted suicide of a counselee to the counselor.

Specifically, this study aims to:

1. Explore the experience of counselors in dealing with the suicide attempt of their counselees.
2. Explore the meaning participants attributed to their experience.
3. Identify available support groups, services, and assistance they utilized that helped them cope with the effects of suicide counseling in their personal and professional life.

This study will employ a phenomenological approach to understanding the lived experiences of counselors in suicide counseling. The data of this study will be generated through a 50-80 minutes semi-structured interview which will be conducted in the participants' office at their most convenient schedule. To ensure that the research problem of this study will be addressed, the following qualifications are required to participate in this study.

1. Registered Guidance Counselor
2. Minimum 5 years of counseling experience
3. Experienced attempted suicide of a counselee.

Appendix B

INFORMED CONSENT FORM

Please read this document carefully.

Affixing your signature below will indicate that your participation in this study is voluntary. You may withdraw anytime, should you object to the nature of the study. As a participant, you are entitled to ask questions and to receive an explanation during and after the interview.

Description of the Study:

The objective of this study is to explore the experiences of counselors on suicide counseling. Through a semi-structured interview, the researcher aims to:

1. Explore the experience of counselors in dealing with the suicidal attempt of their counselees.
2. Explore the meaning participants attributed to their experience.
3. Identify available support groups, services and assistance they utilized that helped them cope with the effects of suicide counseling in their personal and professional lives.

Purpose of the Study:

The study aims to explore the personal and professional impact of counseling suicidal clients to counselors.

Possible Risks:

a. Some questions or topics might become unpleasant during the interview;

b. Negative emotions may resurface while the participant is recalling his / her experiences.

Possible Benefits:

a. Participants will have an opportunity to contribute to psychological science by participating in this research;

b. The study will generate new knowledge which may be useful in understanding themselves as counselors, other mental health professionals, and the profession.

Confidentiality:

This study adheres to the Republic Act No. 10173, also known as the Data Privacy Act of 2012. The interview will be recorded and information sheet will be accomplished by the participants. However, all personal and identifying information gathered by the researchers will be coded and kept on secured files.

Opportunities to Withdraw at will:

If participants decide any point to withdraw his / her consent to participate, they are free to do so.

Opportunities to be Informed of Results:

In all likelihood, the results will be fully available around April 2020.

Marie Josell M. Visitacion
Researcher
josellvisitacion@gmail.com

Dated this _____day of _____, 2020

GIVING OF CONSENT:

By affixing my signature below, I certify that I have read this form and volunteer to participate in this research study.

Name:_____
_____

Signature: _____

Date: _____

Appendix C

PARTICIPANT'S INFORMATION SHEET

P___

Participant's Information Sheet

Age: _____ **Gender:** _____

University / Institution:

_____

Total Number of years in practice:

- □ 5-10 years
- □ 10-15 years
- □ more than 15 years

Please tell us about your client who attempted suicide:

Age: _____ Gender: _____

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

Did you consult with colleagues about suicide risk before the attempt?

□ Yes □ No

What was your frequency of contact with the client?_____

Nature of professional contact:

- □ evaluation only
- □ counseling less than one month
- □ counseling 1-3 months
- □ counseling more than 1 year

Did you have contact with family members/significant others prior to the attempt?

□ Yes □ No

If yes, nature of the contact:

□ phone only □ in person

Appendix D

CALL FOR PARTICIPANTS PUBLICATION MATERIAL FOR SOCIAL MEDIA PLATFORMS

Greetings!

I am MJ Visitacion, 5th-year BSMA Psychology and Counseling Student from Philippine Normal University. I am currently working on my thesis that aims to explore the experiences of counselors in handling suicidal clients.
In line with this, I will be gathering participants that meet the following criteria:

✓ Filipino
✓ Registered Guidance Counselor
✓ Has been in the profession for at least 5 years
✓ Has experienced a suicide attempt of a counselee

If you or someone you know meets the criteria, please contact me through:
Facebook Messenger: MJ Visitacion
Email: josellvisitacion@gmail.com

Thank you!


CALL FOR PARTICIPANTS
Filipino
Registered Guidance Counselor
Has been in the profession for at least 5 years
Has experienced a suicide attempt of a counselee
If you know someone who meets the criteria please contact me at:
MJ Visitacion
0950 062 2918
josellvisitacion@gmail.com

Appendix E

SAMPLE TRANSCRIPT OF INTERVIEW

Researcher: How was your experience working with suicidal clients?

Participant 5: Well nandun lagi yung fear ko kasi parang ineequate ko lagi yung profession ko dun sa kung paano ko sila masesave. Parang ano, may Cinderella complex akong laging naiisip na as a counselor lagi kon g pangangalagaan yung safety ng clients ko. tapos shempre yung risk na mag attempt sila o talagang in terms of preserving life talagang pinapababa ko yung risk. So yun lagi yung ano ko laging nasa isip kaya in terms of yung feeling naman how to handle, natatakot ako but at the same time excited kasi nakikita ko yung effectiveness ng methods ng counseling kapag ina-aaply ko. kunwari yung dbt nag didistress tolerance talaga ako. Mindfulness. so nakikita ko yung effect and somehow nabibigyan ng pagkakataon yung client ko na to see the other side of the coin. look at the brighter side of life. but at the same time naku curious din ako kasi yung ibang mga clients ko, nag aattempt sila mag suicide grabe yung case na to kasi sobra yung Monitoring ko sa kanya kasi nga unpredictable talaga yung behavior and nood hindi pa ganun talaga ka skilled handling such case so talagang nagko consult ako sa kapwa counselors and psychologist.

Nagsucceed naman ako sa case na to kasi sobra yung focus ko dun sa distress tolerance, coping skills niya. Kapag may mga nagki kick in na irrational thoughts, belivefs, automatic thoughts so ito yung pwedeng gawin. So aside from monitoring nag develop kami ng suicide protocol na kung saan kapag feeling niya na parang gusto niyang hiwain yung wrist niya. So sa suicide protocol, nandun yung steps kapag naiisip mo yung gusto mong magpakamatay. So una, tatawagan mo ako. 2, you'll share your thoughts, feelings, and the things that you want to do. 3. You'll tell me kung nasaan ka. 4. Ano yung paborito mong pagkain? So after nun, we'll see each other first thing in the morning tapos we'll discuss what happened, what did you learn.

Researcher: Recalling, what are the emotions you felt upon learning the suicide attempt of your counselee?

Participant 5: Natakot ako. Sabi ko parang nakakapanghina naman. Bakit ganun? Parang I feel somehow betrayed. Ano ba to, bakit hindi nag effect yung method ko? Shocks, wala akong kwentang counselor. Nung na realize ko na after, hindi eh, choice niya na yun. May external factors. Shocks mali ba yung method ko? Ano ba yun, baka may mali sa akin.

Researcher: How long those feelings stuck with you?

Participant 5: Months. Tagal bago ako naka move forward, pero mas skilled na ako ngayon eh, mas alam ko na gagawin.

Researcher: How did you process that event?

Participant 5: Yung nakatulong sa akin yung distraction. Kasi may inag cases pa akong hina-handle aside from that na pinaghugutan ko ng meaning. Kumausap din ako ng kapwa professionals. Parang as counselor talaga kailangan mo talaga ng practice and experience yung talagang clinical experience para masabi mo kung paano i-a-attack yung case na ito. Di ako diyos. Hindi lang ako yung makakatulong sa kanya. Kailngan niya tulungan yung sarili niya. Ako ay facilitative agent lang. Hindi mo sila hawak sa leeg. Hindi mo sila kontrolado. Kahit gusto mong iligtas sila, kung ayaw nila iligtas sarili nila, wala kang magagawa. Pinapayo nila sa akin na more of those cases sa practice. Be brave.

Researcher: Does changing of career crossed your mind after experiencing that stressful incident?

Participant 5: Hindi. Matibay ‘to! For me, per session is very magical.

Researcher: Did you refrain from handling suicidal cases?

Participant 5: No. Pero nandun pa rin yung pain sa akin.

Researcher: Did you feel accountable for the suicide attempt?

Participant 5: Yes. I felt accountable. Ano ba to? kailangan ko bang hindi matulog? Kailangan ko ba siyang samahan sa bahay?

Researcher: What are the things you learned from your experience?

Participant 5: Importance of immediate family. kausapin mo sila, sabiahan mo. Yung hindi lang ako. Reporting to family members and/or friends.

In counseling, revised informed consent form. Suicide contract is helpful; it makes the clients more accountable to themselves. For those individuals with suicidal ideations, they loss the sense of inner control and sense of accountability. Ayun yung ibabalik natin sa kanila. Na accountable ka dyan at meron kang responsibility. Kasi once na nagkaroon sila ng sense of control, nagkakaroon ng ownership. They came to realize the value of being responsible to themselves. That they have to take care of themselves and not to give up. Kaya din siya sa malalaking universities kasi sobrang daming cases. So kaya kinakailangan talaga nun.

Researcher: Did you have concerns or problems regarding the legality in relation with data privacy act?

Participant 5: Well ako sinasabi ko talaga sa kanila na I need to get that information. Dun nababali yung confidentiality, yung privacy sa data mo. So I need to call them because we need to work together, to monitor the outcomes of the counseling sessions.

Researcher: If you are going to rate how stressful suicide counseling is, 1 as least stressful and 10 as the most stressful part of your profession, what rating will you give?

Participant 5: 7 then, 5 now – used na kasi ako sa ganun, parang in-accept ko na siya as part of the profession, that distress is a part of it. Suicide counsellinf is physically demanding, sasamahan ko siya mag-bike, mag jogging. Meron din pinuntahan ko sa infirmary, gabing-gabi na nun. It demands your time, effort, coordination. Sa coordination dun ako pinakahirap ako talaga eh, parang every now and then nag-psychoeducate, psychoeducate, di ba pwedeng isahan na lang? Nasisira yung routine ko, kasi pag naghahandle ka kasi ng suicidal case 24/7 ka. Anytime pwede mag-ring phone mo. Expect the unexpected na talagang hindi ka lang 8-5. Yun din yung challenge to us counselors kasi us, as counselors we are used to 8 to 5 pero kasi ang totoong guidance talaga is beyond 8 to 5.

Researcher: How did you cope from the distress brought by that suicide case?

Participant 5: Consulting with other therapist. sharing. Applying own techniques to myself like mindfulness

.

Researcher: What are your insight and suggestion about suicide counseling?

Participant 5: ayun, not all are skilled. dahil nga walang standard parang kanya-kanyang diskarte. pero ako kasi kahit kanya-kanyang diskarte, merong similar yan eh. Yung siguro yung kinakailangang alamin. Ano yung mga salient points sa lahat ng practice. kasi ako naniniwala na kung trained naman tayo dito, nasa tamang path tayong lahat, kahit iba-iba man ang method natin, still merong similar themes dyaan. Yun yung siguro yung kailangan para mas maging skilled tayo. para mas mainform din ang practice.

Sa mga matatandang counselors, we are not value neutral. We just have to be mindful kung paano siya naiintegrate sa session. Kailangan kasi yakapin ng mga old counselors yung bagong practices na sa counseling. Hindi na uubra yung parang moralistic at parang mashado tayong strong sa values natin na kung ano yung tama o mali. Kasi yung tama o mali subjective nay an sa mga clients natin eh. It's what

appropriate in that time or situation. We don't need to judge them. We are just there to help them realize that these are the consequences of their actions.

Well as suicide counselor, I think, isa sa mga keys para talaga mag succeed ka handling such cases is your experience in handling such cases.

Mentoring. So if there is someone that is more experienced in handling such cases then it would be helpful to get mentorship from that professional. Either kapwa counselor, o psychologist, or psychiatrist, kasi it will help you define your practice.

Appendix F

CERTIFICATION OF VALIDATED THEMES

Philippine Normal University
The National Center for Teacher Education
Taft Avenue, Manila

College of Graduate Studies and Teacher Education Research

28 February 2020

This is to certify that I, **Rosarie Anne S. Borja**, validated the themes presented by **Marie Josell M. Visitacion** of V-1 BS/MA Psychology and Counseling Straight Program for her thesis entitled **When a Counselee Tells me "I want to die": Lived Experiences of Counselors Toward Suicide Attempt of Counselees.**

Rosarie Anne S. Borja
Faculty/ Guidance Counselor
PNU – Institute of Teaching and Learning

Appendix G

THESIS BROCHURE

KEEPING YOU FULL!

because you can't pour from an empty cup!

Taking care of yourself as a counselor.

'You cannot wipe the tears off another's face without getting your own hands wet.'
- Zulu proverb

Coping strategies presented in this brochure are based on the findings of the study entitled "When a counselee tells me 'I want to die': Lived Experiences of Counselors Toward Suicide Attempt of Counselees. The study explored the impact of working with suicidal clients to the counselors.

Resources

Christianson, C. L., & Everall, R. D. (2009). Breaking the silence: School counsellors' experiences of client suicide. *British Journal of Guidance and Counselling, 37*(2), 157–168. https://doi.org/10.1080/03069880902728580

Daniels, J. A., & Larson, L. M. (2001). The impact of performance feedback on counseling self-efficacy and counselor anxiety. *Counselor Education & Supervision, 07*, 120-130.

Gunduz, B. (2012). Self-Efficacy and Burnout in Professional School Counselors. Retrieved 6 March 2020, from https://eric.ed.gov/?id=EJ1000895

Dowd, E. (2012). An exploration of the experience of client suicide on the psychotherapist in Ireland. Retrieved 12 May 2020, from https://esource.dbs.ie/handle/10788/517.

Images:
https://www.clipartmax.com/download/m2i8Z5H7H7N4i8m2_coffee-cup-silhouette-png-100-coffee-cup-silhouette-taza-de-cafe-silueta/
http://clipart-library.com/clipart/912076.htm
https://www.pngfuel.com/free-png/vwhxg
https://www.pinterest.ca/pin/338332990727977634/

Counselor

Counselors are mental health professionals trained to help people address their emotional, behavioral, and mental health concerns presented by their clients. Counselors also focus on improving the sense of well-being and help alleviate feelings of distress of their clients.

Counselors will always be confronted with clients presenting diverse issues; personal, family, academics, relationship problems, etc.. However, counselors have reported that suicidal behaviors are among the most frequent mental health crises they encounter. Client suicide was identified as an "occupational hazard" that has been the most stressful part of their job due to its increasing frequency and significant impact both personally and professionally (Knox, Burkard, Jackson, Schaack & Hess, 2006).

Counselor is a vital component in counseling. Needless to say, it is essential that counselors take good care of their mental health as they nourish the wellbeing of their counselees.

Personal Support

Counselors need to recognize and accept that their chosen profession is naturally dissonance inducing. Therefore, it is important for them to learn the process of actively removing oneself to a stress-inducing situation and to equip themselves with self-care strategies to protect their physical and mental well-being.

Have some alone time with your favorite book and a cup of warm drink.

Meditation or a quiet time alone will help clear your mind.

Exercise and maintaining balanced lifestyles including proper nutrition is important in maintaining

External Support

Receiving external support like an affirmation from superiors, suggestions from colleagues, and going out with family and friends prevented counselors from experiencing burn out. Counselors who receive external support, have a positive attitude towards their profession. health while extending their service with highly distressing individuals.

Support from friends provide counselors a sense of relief and comfort and helps counselors in maintaining healthy psychological and physical wellbeing.

Obtaining supervision and maintaining a professional support system are additional components of practicing Ethically leading to increased self-efficacy and reduced anxiety.

Counselors who were able to verbalize their experience whether through case conferences or with their respective spouses contribute greatly to healthy coping.

MARIE JOSELL M. VISITACION

154 Tagumpay St., Marulas, Valenzuela City
+63950-0622-918
josellvisitacion@gmail.com

OBJECTIVES

- To be part of an institution where I can enhance my knowledge in Psychology and Counseling.

- To maximize my interpersonal skills, capability in working, resilience, and to be able to gain new learning and experience that can contribute to my growth as a future helping professional.

EDUCATIONAL ATTAINMENT

Tertiary	(2015 - Present)	**BACHELOR OF SCIENCE – MASTER OF ARTS IN PSYCHOLOGY AND COUNSELING STRAIGHT PROGRAM** Philippine Normal University Taft Avenue, Manila
Secondary	(2002 - 2006)	**VICTORINO MAPA HIGH SCHOOL** San Miguel, San Rafael, Manila
Primary	(1996 - 2002)	**APOLINARIO MABINI ELEMENTARY SCHOOL** Severino St., Quiapo, Manila

SKILLS AND QUALIFICATIONS

- Proficient in Microsoft Office (Word, Excel, PowerPoint)
- Knowledgeable in internet and windows application
- Keen to details and good in organizing files and documents
- Works in accordance with established standards

WORK EXPERIENCE

- **RECRUITMENT OFFICER**

  TESMAN GENERAL SERVICES – Alfino Bldg., Barasoain St., Makati City

  JOB DESCRIPTION:

  - Performs as a Recruitment officer

    - Manpower pooling
    - Initial interview of applicants
    - Coordinates with foreign employers

- Utilizes all the transactions with the bank for reconciliation
- Safekeeping of applicants' pertinent documents
- Organizes filing of documents
- Assists in expediting worker's medical certificate, visa, and the plane ticket.
- Safekeeping of records and supply inventory
- Performs clerical job from time to time

PERSONAL INFORMATION

Date of Birth	: June 18, 1992	Status	: Single
Birthplace	: Manila	Father's Name	: Allan Jocsim Visitacion
Height	: 5"	Occupation	: Unemployed
Weight	: 45 Kg.	Mother's Name	: Marita Mojica Visitacion
Religion	: Roman Catholic	Occupation	: Unemployed
Health	: In best condition/physically fit		

MEMBERSHIP IN ASSOCIATION/ORGANIZATION

- PNU - Psychology and Counseling Society

  Member (2017-Present)
  Vice President for Special Services (2017-2018)
  FBeSS Executive Committee Representative (2017-2018)
- PNU Psychological Society

  Member (2016-2017)
- Philippine Mental Health Association – Junior Affiliate

ELIGIBILITY

Career Service Sub-Professional Eligibility
GWA – 83.64
October 21, 2012
P. Gomez Elementary School, Sta. Cruz, Manila

CHARACTER REFERENCE

ROSARIE ANNE S. BORJA
PNU-ITL School Counselor
Philippine Normal University - Manila
0906-100-3686

AUBREY PANLASIQUI
Recruitment Manager
Capitalist International Manpower Services
0920-890-5053

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Victorino Mapa High School
0925-809-6142