



Suicide & Grief: Addressing the “Tough Stuff” through an Ethical & Holistic Lens

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Agenda

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Background & Passions

Ethical Touchstones

Unspoken Textures of Grief

Suicide & NSSI

Case Study

Professional Background & Passions

Counselor Education:

- 2nd year with University of Colorado Colorado Springs
- 8 years @ Indiana University South Bend

Clinical Experience:

- Crisis shelters for IPV (women & children)
- Alternative High School
- BetterHelp.com (2018—Present)

Professional Passions:

- Grief & loss (proactive vs. reactive)
- Trauma recovery (personal & posttraumatic growth)



Counseling Ethical Principles

American Counseling Association (ACA)

- Avoiding harm (A.4.a)
- Personal Values (A.4.b)
- Respect for Confidentiality (B.1.c)
- Minimal disclosure (B.2.e)
- Client welfare (E.1.b)

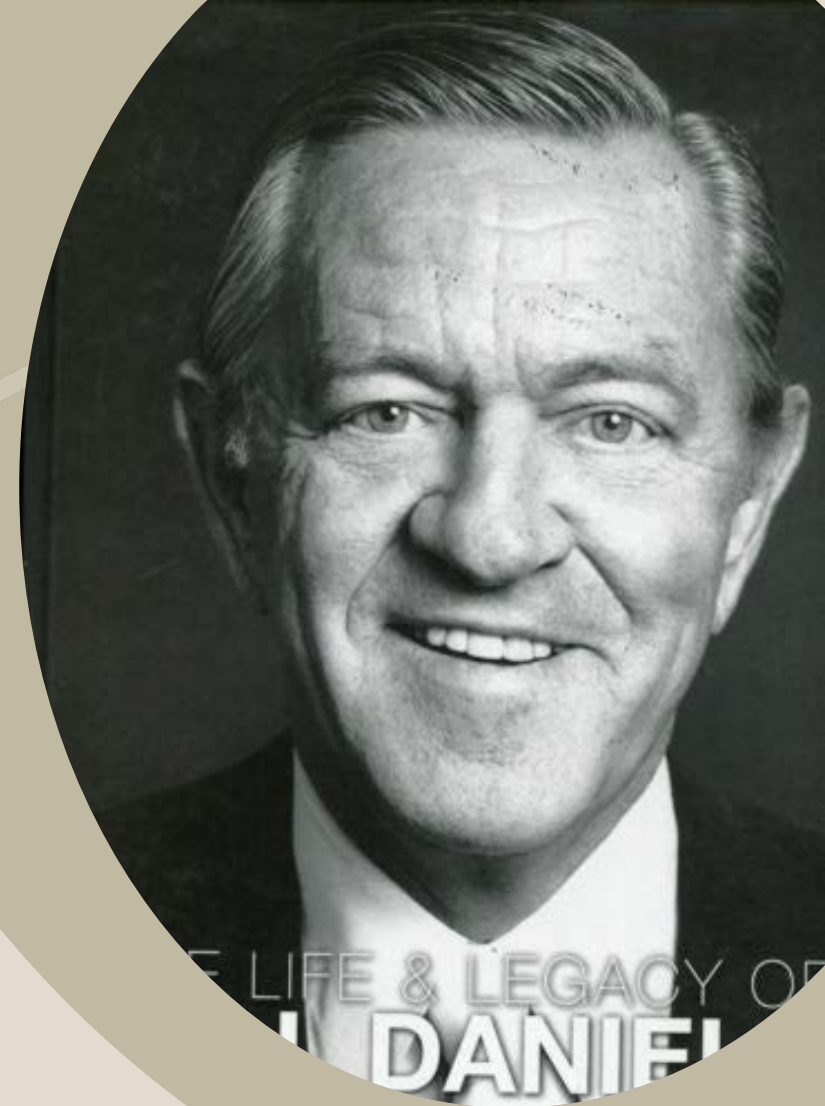
American School Counseling Association (ASCA)

- Confidentiality (A.2.f & A.2.h)
- Sustaining Health Relationships & Maintaining Boundaries (A.5.b & A.5.f)
- Appropriate Collaboration, Advocacy & Referrals (A.6.e)
- Serious & Foreseeable Harm to Self & Others (A.9.b)



DFEI Ethical Principles

- Integrity—*act with honesty*
- Trust—*build in all stakeholder relationships*
- Accountability—*accept responsibility*
- Transparency—*maintain open communication*
- Fairness—*in competition & equitable relationships*
- Respect—*honor rights & view of others*
- Rule of Law—*comply with spirit and intent*
- Viability—*create long-term value*



DFEI Project Activities

(1) **DCHS Professional Development Day** (Sept. 10, 2022)

- *Keynote Speaker:* “Growth in Grief: Ethical Perspectives for Holistic Counseling”

(2) **COUN 5550: Crisis Counseling, Trauma, & Disaster Work** (Fall, 2022)

- Suicide assessment strategies
- Non-Suicidal Self-Injury (NSSI) considerations

(3) **Rocky Mountain Association for Counselor Education & Supervision (RMACES) Conference** (October, 2022)

- “The Impact of Therapy Dogs in Counselor Education” (with Ethics Fellow, Dr. Diane Stutey)
- “Trauma-Informed Decision-Making: Employing the 10 Principles of Ethical Practice.” (with Ethics Fellow, Dr. Cortny Stark)



Anticipatory Grief

Overview:

- ❖ Experiences between knowledge of impending loss & prior to death (Hottenson, 2010; Simon, 2008)
- ❖ Tri-layered losses—past, present, future (Corr, 2010)
- ❖ Traditional and transactional supports delayed (e.g., cards & casseroles)

Encouragements:

- ❖ Don't wait for the death to acknowledge the pain—its already there
- ❖ Reframes are not necessary & often unhelpful
- ❖ Witness the anguish of the unknown
 - ❖ Nonverbal expressions—avoid letting your face/body speak before you do; clients/kids don't gravitate towards pity/sympathy for their own sake



Disenfranchised Grief

Overview:

- ❖ Grief not collectively recognized or validated by larger societal supports in relation to loss (marginalized) (Thompson & Doka, 2017)
- ❖ *Examples:* Miscarriage, stillbirth, abortion, deployment, death of a pet, missing people, suicide, overdose, divorce, loss of abusive partner, incarceration, loss of mobility or health, departure from religious community, loss of possessions
- ❖ Repressed mourning can often ache in physiological ways—insomnia, illness, etc.
 - ❖ “The sorrow which cannot find a vent for tears may cause other organs to weep.” (Henry Maudsley)

Encouragements:

- ❖ Avoid assumptions about the significance of loss—lean into supportive curiosity
- ❖ Offer opportunity to disclose without direction (e.g., “Tell me any part of this you want me to know, nothing more is necessary.”)
- ❖ Emotion is empathy—you do not have to have a similar experience/belief to get it



Growth in Grief

Overview:

- ❖ The goal of recovery post-loss doesn't need to stop at restoration—advancement past previous functioning is possible (Hogan & Schmidt, 2002)
- ❖ Learning of an anticipated loss (e.g., terminal illness) has been significantly identified as a traumatic experience with post-traumatic growth (Rogalla, 2015; 2020)

Encouragements:

- ❖ The goal isn't to forget & move on; it is to make room
 - ❖ Distraction and self-care are two different things
- ❖ Proactive coping skills can be taught & show significant influence on growth experiences
- ❖ Culturally responsive support involves research before reaction



Suicide & NSSI

Suicide Terminology

- Intent—desire to die
- Ideation—thoughts
- Means—method & accessibility
- Plan—specificity of action
- Attempt—means/plan carried out
- Completion—successful suicide attempt (as opposed to “committed”)
- Ambiguity— “I don’t care if I live or die”

Non-Suicidal Self-Injury (NSSI)

- Physical injury to the body (cutting, puncturing, burning)
- *No intent* to die
- Suicidal ideation & NSSI can be correlated, not causal



Ethical Support

Self

- ❖ Knowing your own grief and fear of future loss (ADEC, Tenet #2, 2006)
 - ❖ Our unfinished business may drive direction and/or avoidance of support
- ❖ Psychoeducation or intervention based on thanatology research rather than stereotypes or untested hypotheses (ADEC, Tenet #1, 2006)
- ❖ Understanding of personal values & avoiding imposition (ACA, A.4.b; ASCA, A.5.e)
- ❖ Enhancing transparency, trust, & accountability (DFEI, 2022)

Others

- ❖ Use “open-door” questions/statements over specified questions
 - ❖ —“Have you talked to ___ about it?” → “I see you, and I’m here. Tell me what you need.”
- ❖ Lean into what you’re experiencing with their pain, and share it
- ❖ Be someone they do not have right now



Case Study

Monica is a 23-year-old first-generation college student, and she identifies as a bisexual female (she/her/hers). Monica's family is originally from Columbia and now reside in southern Arizona while she attends school in Colorado. Although they are supportive of her independence and achievements, Monica's parents do not accept/support non-heterosexual orientations, which has led to Monica concealing her relationships with women. Six months ago, Monica's girlfriend, Rachel, was injured in an impaired-driving accident. Rachel is now paralyzed from the chest down and requires full-time assistance to bathe and use the bathroom. Monica moved in with Rachel last month to help with her consistent care needs. Today, you meet Monica for lunch. You notice she has visible marks in between her fingers, and you ask her what is going on. She drops her head and starts to cry. She states that she has been using thumbtacks to puncture her skin when she feels overwhelmed with all that is going on at home. She then says, "It's not like I want to kill myself or anything, but I do sometimes wonder what it would be like to gone and free from all this."



QUESTIONS, COMMENTS, FEEDBACK?

“Everyone has a story or a struggle that will break your heart. And, if we're really paying attention, most people have a story that will bring us to our knees.”

Brené Brown



Thank you!

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