Good Grief: A Counselor's Thoughts on Navigating Client Death in Addictions Counseling

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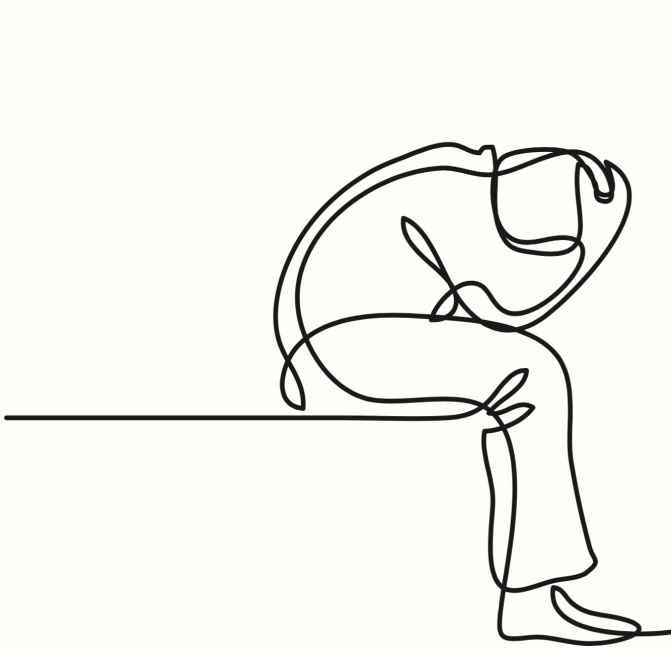
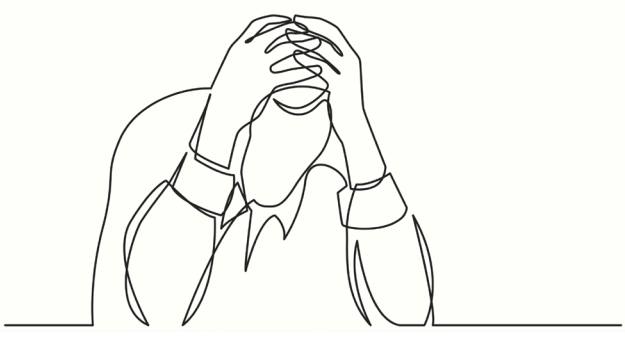
Dealing with the death of a client can be challenging. As helping professionals, a significant part of what we do is build rapport and show genuine concern for our clients. Within that, I think it is safe to say that we grow to care about and even develop an appropriate level of "therapist love" for some of our clients. We want to see them be successful in treatment and happy in their lives. When a client dies a premature death from causes related to the exact issues they are seeking our care, it can leave us feeling defeated. However, amidst the melancholy that accompanied this experience when I lost a client to an accidental overdose, I was able to learn a few valuable lessons.



First, I learned the importance of acknowledging and non-judgmentally accepting my feelings. As students, we're taught about maintaining appropriate boundaries as a means of safeguarding our clients and ourselves. While there is no disputing the importance of keeping healthy boundaries in a helping relationship; to a point, this message can be easily misconstrued as "not being allowed to care." I remember initially being surprised by how emotionally affected I was by the news of the client's death. In the moments following the call, I attempted to debrief and process the news with another member of the clinical team and found myself further surprised and frustrated by their perceived aloofness – "I mean, it's sad, but I don't let things like that get to me".

Was I overreacting? Had I failed to maintain "strong enough" boundaries? I went looking for answers. What I found was that "therapist grief" is just as real as "non-therapist grief." There are dozens of articles and online forums dedicated to discussing the process of grieving the death of a client as a helping professional. Just learning that I was not an unethical anomaly provided a lot of relief. From that, I gained more of a sense of freedom to feel how I was feeling and then discuss those feelings, which ultimately initiated the healing/rebalancing process.



The second lesson that I learned was the importance of "knowing my role." Three days prior to receiving the news that he had passed away, I facilitated a group in which the client had taken part. He reported a craving score of "0" and a feeling word of "happy." He was, from what I could tell, his normal, quiet, intently observant self. He had successfully completed inpatient treatment, returned to work, and showed up for outpatient groups faithfully. He never once had a positive screening, and was preparing to be stepped down from IOP to Continuing Care. One could reasonably assume he was doing well in his recovery.

What went wrong? What did I miss? How did I miss it? What could I have done differently? Would the outcome had been different if I dug a little deeper? Or if I had talked with the group about that dangers of using alone? Or the increased risk for overdose post-detox? He was so young. He was doing so well. Or was he? It is likely that I will never

"…My son won't be coming back to IOP anymore. He overdosed last night."

know for sure. And in the moments following that call, that particular thought haunted me. The pain in his mother's voice left me shook. I felt like I had, in some way, failed him and his family. I held myself together enough to comfort the client's primary counselor, who had taken the news understandably hard – "You did your best," I whispered to her with a hug. I quietly ruminated for the remainder of my shift, then at my scheduled time, issued my usual "good nights" to the patients on the unit, and left to cry in my car.

Later that day, I called one of my mentors and cried some more. She was gracious enough to let me feel how I felt in the moment, without judging or invalidating. And when I was done, she gently grounded me. "You did your part." And before I could say my "buts," she continued "You had a role in helping him achieve a period of sobriety where he could be proud of himself. His family was able to enjoy him being home and sober for the holidays." She later sent me a note mentioning how the clinical team impacted him enough that he talked with his family about treatment, so much so his mother called, when she really did not have to.

I think it is not uncommon, as helping professionals, to judge our effectiveness or ineffectiveness as clinicians by the success of our clients. And while we make significant contributions toward helping clients discover and develop the tools or skills that they need to be successful, we cannot make them successful. We can model hope, build motivation for, and help clients move toward and through change, but we cannot make them change. What we can do, however, is be committed to creating an environment where our clients feel safe in exploring the idea of change. We accomplish this by being present, accountable, congruent, and nonjudgmental, and, showing unconditional positive regard to our clients. I firmly believe that if we approach each client with whom we work with at least the aforementioned five criteria, it would be difficult to "fail" them as a counselor.

That realization led me to the third lesson I learned: appreciate the small victories. There is no happy ending when a client dies from an accidental overdose. An unfortunate reality in addiction counseling is that, even after we have given what feels to be 110% effort and used every evidence-based intervention in our wheelhouse, some clients may relapse, or worse. With all the "life lemons" in the addiction profession, learning to make lemonade, or find a silver lining, can help us avoid compassion-fatigue and burnout. The 'silver lining' that I have personally adopted is that, despite the challenges that overcoming addiction can present, millions of people still can and do recover. I continue to witness it firsthand, and it is nothing short of awe-inspiring. And that – the hope/possibility in it all – is enough to keep going.

In looking for the 'lemonade' in this particular case, I am often drawn to a memory that captures the epitome of my "why." About a month into the deceased's outpatient treatment, I facilitated a Process Therapy group that he attended. During check-in, we talked about the weekend, and he shared with the group that he had recently attended a wedding. He reflected on how much he enjoyed himself and how different of an experience it was being at a wedding and in recovery. As he retold the story, he had the most infectious glow on his face, laughing about being a poor dancer when he is sober. That day he exuded a happiness that felt real, and the balance of the group seemed a little happier, and even more optimistic in the moments after. Even if it was only a momentary reprieve; prior to his untimely passing he had at least one moment of clarity in which he could fully experience happiness. And that is a victory worth celebrating.

Truth be told, writing this has been a part of my grieving process. While our responsibilities as professionals may urge us to, in order to be of support to other clients, push through our own grieving process (or sometimes ignore the need to grieve all together), to do so would be unethical. We cannot take our clients any further than we have gone or been willing to go ourselves. It is imperative that we allow ourselves the space to grieve and mourn. Seek consultation or supervision. Take time off. See your own therapist. Take a walk. Meditate. Feed yourself spiritually. Ramp up your self-care. Whatever it is that you need to do to be healthy – do it.

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