# Characterizing Clinician Emotional Reactions and Anxiety When Working with Suicidal Patients

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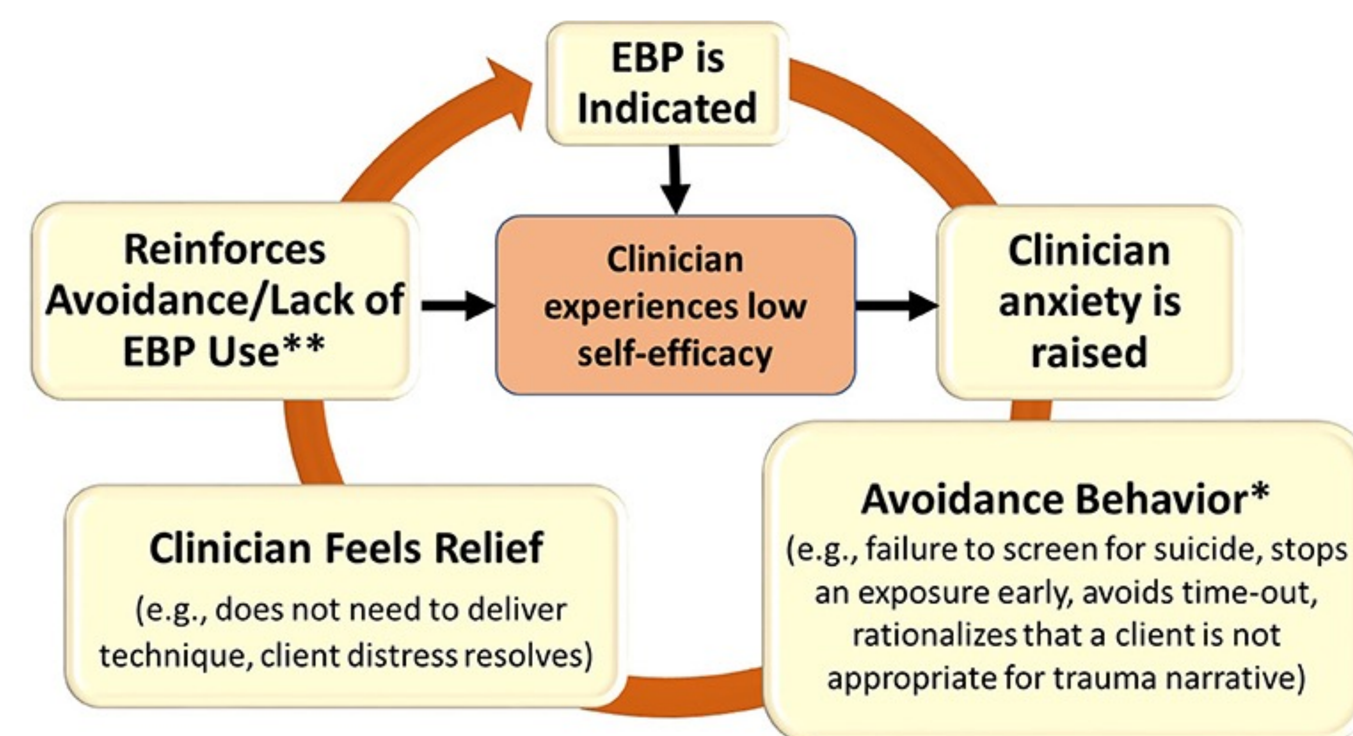
## Introduction

- Suicide is one of the leading causes of death in the U.S. and can have lasting negative effects on individuals, families, and communities.[1,2]
- This project sought to identify barriers to evidence-based suicide prevention practices in order to identify strategies for enhancing future implementation efforts.
- It focuses on clinician anxiety, an area on which little research has focused.
- Qualitative interviews were conducted as part of the initial study examining barriers to suicide prevention practices in a sample of clinicians who worked in behavioral health and primary care settings.[4]
- General themes were identified as well as barriers unique to each clinician type and setting.[4]
- We conducted a secondary qualitative analysis to better understand clinician emotional reactions to this work.
  - Can develop trainings to target barriers specifically

Figure 1: Illustration of how anxiety can be a barrier to suicide prevention practices

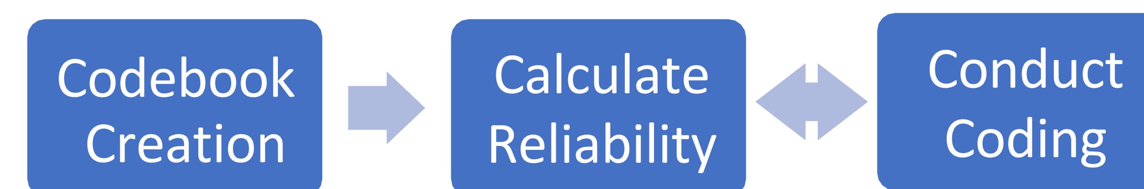



Becker-Haimes, E. M., Klein, C. C., Frank, H. E., Oquendo, M. A., Jager-Hyman, S., Brown, G. K., Brady, M., & Barnett, M. L. (2022). Clinician Maladaptive Anxious Avoidance in the Context of Implementation of Evidence-Based Interventions: A Commentary. *Frontiers in Health Services*, *2*. https://www.frontiersin.org/articles/10.3389/frhs.2022.833214

## Methods

- First, we created a codebook to define one code that encapsulates any clinician emotional reaction, anxiety or distress.
- The code included any mention of clinician emotional reactions in themselves or other clinicians.
  - Included anxiety, stress, distress, discomfort, uncertainty, feeling overwhelmed, or other emotional reactions related to suicide screening, assessment, safety planning, or any other related interventions
  - Also included mentions of relief or explicit absence of emotional reactions in themselves or other clinicians when people present without risk or lower risk
- We then coded the collected qualitative interviews with 26 clinicians for any mention of clinician anxiety.
- All transcripts were double-coded, any disagreement was resolved, and percent agreement was calculated against consensus.
- We compiled the quotes to synthesize themes and identify the most common barriers to suicide prevention implementation.

Figure 2: Visual depiction of coding procedure




## Results

- We achieved strong reliability with consensus (0.884).
- Clinicians endorsed a variety of reasons for emotional reaction or worry about suicide screening, assessment and intervention.
- Some common themes included worry about clinical decision making, follow up after a client leaves, and consulting availability.
- Other reasons for worry included client/family perception of asking about suicide, disruptions to clinician schedule, and uncertainty around procedures to follow after a positive response.

Table 1: Example clinician quotes of emotional reaction, anxiety, or distress

| |
|---|
| **"My anxiety is really raised, to be honest with you, when they start endorsing things. I'm already a little nervous going into it because I know it's like- 'Okay, there's suicidality present. Let's just see to what degree it's there.' When they start endorsing things, I'm like- 'Oh, shit,' I'm very anxious. Then, it's like- 'Oh my God, someone has to help me. I can't do this by myself.'"** |
| **"I don't know what they're going to do when they leave the office, and you know, if they're going to call any of the numbers I give them — that sort of thing and so it gives me a little bit of anxiety about that."** |

## Conclusion and Future Directions

- Many clinicians identified anxiety related to working with patients and risk for suicide, and the reasons for those worries varied widely.
- Formal analysis still in progress to clarify/identify themes within clinician anxiety.
- Findings support ongoing work at Penn.
  - Project CALMER — trying to directly target clinician anxiety through novel training efforts
  - Continuing to do work in this area, developing a training to specifically address this

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**References**

1. *Suicide*. (n.d.). National Institute of Mental Health (NIMH). Retrieved August 3, 2023, from https://www.nimh.nih.gov/health/statistics/suicide
2. *Suicide Prevention | Suicide | CDC*. (2023, April 26). https://www.cdc.gov/suicide/index.html
3. Becker-Haimes, E. M., Klein, C. C., Frank, H. E., Oquendo, M. A., Jager-Hyman, S., Brown, G. K., Brady, M., & Barnett, M. L. (2022). Clinician Maladaptive Anxious Avoidance in the Context of Implementation of Evidence-Based Interventions: A Commentary. *Frontiers in Health Services*, *2*. https://www.frontiersin.org/articles/10.3389/frhs.2022.833214
4. Davis, M., Siegel, J., Becker-Haimes, E. M., Jager-Hyman, S., Beidas, R. S., Young, J. F., Wislocki, K., Futterer, A., Mautone, J. A., Buttenheim, A. M., Mandell, D. S., Marx, D., & Wolk, C. B. (2023). Identifying Common and Unique Barriers and Facilitators to Implementing Evidence-Based Practices for Suicide Prevention across Primary Care and Specialty Mental Health Settings. *Archives of Suicide Research*, *27*(2), 192–214. https://doi.org/10.1080/13811118.2021.1982094