

**A QUALITATIVE INVESTIGATION INTO THE
DETERMINANTS OF PERCEIVED STRESS BY INTERN
CLINICAL/COUNSELLING PSYCHOLOGISTS IN
CONSULTATION WITH A NON-FATAL SUICIDAL CLIENT.**

BY

NATALIE HEPKER

**A Qualitative Investigation into the Determinants of Perceived Stress
by Intern Clinical/Counselling Psychologists in Consultation with a
Non-Fatal Suicidal Client.**

By

Natalie Hepker

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Supervisor: Mr Sachet Valjee

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ABSTRACT

Aim: This study aims to investigate the experience of stress and the factors that impact on the intern psychologist in relation to first consultation with a non-fatal suicidal client. Intra and interpersonal factors, as well as institutional/environmental factors that influence/impact on intern clinical/counselling psychologist level of stress when assessing and managing a non-fatal suicidal client were identified.

Methodology: The research methodology chosen for this study is based on the aim of the study, which is to investigate the experience of stress perceived by intern clinical/counselling psychologists in relation to consultation with a non-fatal suicidal client. A qualitative methodological approach will be used in this study as it allows for greater in-depth investigation and understanding of the experiences of intern clinical/counselling psychologists towards suicidal clients than would be generated by quantitative research methods. Five intern clinical/counseling psychologists were used in this qualitative study. They were interviewed using a semi-structured in- depth interview. The data was transcribed and analysed using thematic analysis

Findings: A variety of stressors were identified by the interns, but the majority described common variables. The main sources of stress for the interns was first contact with suicidal clients and lack of practical training and experience. The working environment, which included work load, administrative work and academic and competency based requirements, was also deemed stressful. In terms of personal stress, interns reported family and friends to be a source of stress at times. Personality also contributed to the interns levels of stress. Socio-cultural factors which impacted on the interns experience of stress in relation to consultation with non-fatal suicidal clients included, language difficulties and cultural differences.

Recommendations: The internship was generally described as stressful. Recommendations included more practical experience and training prior to the commencement of the internship. This will equip interns with the skills and abilities necessary in successfully assessing and managing high risk clients. Organisational and professional factors can also be modified and include support as well as an understanding of the policies and procedures of the institution in which the internship is being done.

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CHAPTER ONE

INTRODUCTION

1.1 Introduction

Client behaviour continues to impact on the lives of psychologists and other mental health professionals. According to Kirchberg and Niemeyer (in Niemeyer, Fortner, and Melby, 2001), suicidal clients are rated by training psychologists as being extremely uncomfortable to work with. The suicide of a patient is a painful event in the life of a psychologist. The inability to assist such patients may leave the psychologist with a sense that they have failed the client. Tilmann (2006) states that working with a suicidal client can cause significant stress, which in turn may be detrimental to a psychologist's performance and their ability to help their client.

A review of the literature has suggested a lack of attention given to the various factors which may influence/impact on the intern psychologists perceived experience of stress when dealing with client suicidal behaviour. It has also been suggested that the majority of research conducted has focused on a variety of stressful experiences and coping strategies employed by trainee psychologists. This research aims to identify the determinants of stress as perceived by intern psychologist in relation to dealing with non-fatal suicidal clients.

Existing research seems to suggest that graduate training programmes may not provide adequate training in working with suicidal patients and professionals have been suggesting an increased need for formal training in this area since 1970 (Dexter-Mazza, Freeman, 2003). Less experienced psychologists may therefore be more affected than experienced colleagues when faced with a suicidal patient and levels of stress are high amongst this group (Tillman, 2006). Although existing studies are useful in suggesting limitations in graduate training, they are not without limitations. Specifically, these studies are limited in that they usually report on training from programmes directors' perspective (Ellis and Dickey in Dexter-Mazza and Freeman, 2003). Further studies that involve analysis from the trainee's perspective focus on experiences during graduate school, rather than during internship. These limitations suggest the need for additional research in this field.

According to Dexter-Mazza and Freeman (2003) sixty percent of psychology trainees in the United States who had a client die due to suicide had this experience during their internships. According to the literature, South Africa's ratio of fatal versus non-fatal suicidal behaviour is thought to be 1:20 or higher depending on where the research sample is drawn from (Schlebusch, 2000a, 2004 cited in Schlebusch, 2005). Schlebusch (cited in Schlebusch, 2005b) estimates that between 137 860 and 160 000 or more South Africans engage in non-fatal suicidal behaviour annually, which means that there are approximately 438 non-fatal suicide attempts per day.

Schlebusch (2005) also reports findings from a recent South African National Injury Mortality Surveillance System (NIMSS) that of the large metropolitan areas surveyed in South Africa (Cape Town, Johannesburg, Pretoria and Durban) the suicide rate for Durban were 14 per 100 000, which was second to Johannesburg's 15 per 100 000. Bosch et.al (1995) cited in Schlebusch (2005) study of suicidal behaviour at a general hospital identified that approximately 12% of patients of all race groups (20.2% White, 15.3% Coloured, 52% Indian and 12.5 % Black) who were referred for psychological/psychiatric help in general hospitals were for non-fatal suicide attempts. It is also estimated that globally there are about ten to twenty more non-fatal suicide attempts per year (WHO, 1999 cited in Schlebusch, 2005).

Interns are often left substantially unprepared for managing the complexity of actual suicidal crises. Research has concluded that the majority of interns are not adequately prepared to work with clients after they have determined the client's level of suicidal risk (Murdoch-Eaton and Levene, 2004). It appears that interns need more support and perhaps more training in the assessment and management of suicidal patients.

This study aims to investigate the experience of stress and the factors that impact on the intern psychologist in relation to their first consultation with a non-fatal suicidal client. From the results obtained it is hoped that this research will benefit the intern psychologists by identifying the various factors which contribute to their levels of stress when dealing with suicidal clients.

This research will aim to inform current and future training programmes in terms of providing effective training in the development, implementation, and evaluation of intervention programmes designed for dealing with suicidal clients as well as providing support for the interns. This in turn will enable intern psychologists to be better equipped with the skills and abilities necessary in successfully assessing and managing suicidal clients and other high risk clients, as well as providing coping strategies to alleviate the stress experienced by this group. It is argued that novice psychologists experience excessive stress due to a number of factors. It is therefore important that interns learn to deal with stress at an early stage as job stress may result in boredom, lack of challenge, stagnation and even high turnover rates (Cherniss, 1980).

The conceptual model adopted for this study is based on Lazarus and Folkman's (1984) transactional model of stress and coping. Here the individual and the environment are said to exist in a dynamic and mutually reciprocal relationship. The above authors emphasize cognitive appraisal that focuses on the individual's evaluation of harm, threat and challenge. This is also known as primary appraisal.

This theory stipulates that the perception of the stressor as well as the perceived resources available determines the outcome.

Appraisal is said to refer to the interaction as well as the integration of the individual with the environment. This means that "not only is the environment constantly changing, but so is the person and his/her relationship with the environment" (Lazarus and Folkman, 1984). The constantly altering environment, as well as the relationship between the individual and the environment is pertinent to the research being undertaken as suicidal clients are unpredictable and factors, which can contribute to an individual's level of stress, also vary.

Five intern clinical/counselling psychologists were used in this qualitative study. They were interviewed using a semi-structured in depth interview. The data was analysed using thematic analysis.

This research will hopefully highlight that interns experience excessive stress when dealing with suicidal clients and that this may hinder their performance and result in negative evaluation. The purpose of this study is to broaden the investigation carried out in previous research. Specifically, the study aims at identifying the most salient factors that may contribute to the intern's level of stress in relation to first consultation with a suicidal client.

Successful coping strategies as well as effective training programmes may therefore be implemented prior to the commencement of the internship in order to assist the interns and equip them with the necessary skills to cope during their careers as psychologists. It is therefore imperative that learning to cope with the stress of dealing with high-risk clients becomes an integral part of any psychologist's formal training programme.

1.2 Aims and Objectives of the Study

Aim:

This study aims to develop an understanding of the perceived determinants of stress related to client suicidal behaviour by intern clinical/counselling psychologists at the University of Kwa-Zulu Natal.

Objectives:

- To investigate intra and interpersonal factors that influence/impact on intern clinical/counselling psychologist level of stress when assessing and managing a non-fatal suicidal client (personality style, coping ability, prior knowledge and experience, social support, problem solving skills, personal health, resources, beliefs and culture and resilience).
- To investigate the impact of institutional/environmental factors that influenced the level of stress experienced by intern psychologists in assessment and management of suicidal clients (communication with client- in relation to language abilities, level of privacy, containment, time management, access to admission facilities, availability of multi-disciplinary mental health practitioners with regard to assessment and management of suicidal clients and administrative procedures)

CHAPTER TWO

LITERATURE REVIEW

2.1 Definition of Stress

Stress and in particular work stress, does not affect all people equally, but can have severe consequences. These can include physical and psychological illness, negative experiences, burnout, and even drop out. Arnold (in Lindholm, 2006) defined work stress as any force that pushes a psychological or physical factor beyond its range of ability, producing strain in an individual. Stress therefore impacts on the physical, cognitive, emotional and behavioural aspects of a person. A number of studies (Gueritault-Chalvin, Kalichman, Demi, and Peterson, 2000), have focussed on occupational burnout which can be conceptualised as a particular type of stress occurring principally in professional contexts where work demands lead to chronic emotional exhaustion, depersonalisation, and a reduced sense of personal accomplishments. Oubifia, Clavo and Rios (1997) state that burnout, which they refer to as a state of physical and emotional exhaustion has been mostly associated with human services professionals namely, psychologists. The consequences of occupational burnout include high staff turnover, absenteeism, and reduced productivity. Occupational burnout is relevant in this study as it appears to be a significant problem amongst health care professionals, particularly those working in chronic care (Naughton, 1997).

A number of models have emerged since the 1970's which identify several components of stress (Gmelch and Gates, 1997). Some researchers define stress as the external pressure placed on the person by the environment, others define stress as the physiological and psychological consequences experienced by the individual. Recent research on occupational stress has led to the formulation of several theories about the factors that affect stress. Stress may be defined as a situation wherein factors interact with a worker to change (i.e. disrupt or enhance) his/her psychological and/or physiological condition, such that the person is forced to deviate from normal functioning (Cooper and Baglioni, 1988).

Stress can also have a positive affect on an individual. It was Bernard and Krupat (1994) who coined the term *eustress* which emphasises that certain stressors may be beneficial and can bring about growth and motivation. A certain amount of stress therefore encourages and challenges an individual to perform at their best. For the purpose of this study, stress will refer to the experience of the intern when subjected to external pressure (consultation with a non-fatal suicidal client) and the factors which may influence or impact on the interns' level of stress will also be outlined.

According to Lazarus and Cohen (1977) stressors are demands that are made by the internal or external environment which upset balance. This affects both the physical and psychological well-being of the individual and requires action to restore balance. In the 1960s and 1970s, stress was considered to be a transactional phenomenon which was dependent on the meaning of the stimulus to the perceiver (Antonovsky, 1979). Bernard and Krupat (1994) stated that stress is composed of three components, namely an external component (stressor), an internal component and the interaction between the two.

The external components refer to the events that precede the emergence of stress and the internal components of stress refer to the physiological and psychological reactions to stress and include the cognitive processes that develop in the face of a stressor. The interaction between the external and internal factors is the basis of Lazarus's Transactional Theory of Stress and Coping and will be discussed in the following section.

2.2 Theory of Stress

The conceptual model used in this study is Lazarus's Transactional Model of Stress and coping (1984) which emphasises that stressful experiences are construed as person-environment transactions. It emphasises the interaction between one's subjective perception of the stressor (primary appraisal) and the evaluation of available resources (secondary appraisal). This model was deemed appropriate as it provides an explanation for the ways in which interns evaluate and cope with the stress of working with client suicidal behaviour. The meaning of the event as opposed to the actual stressor is important in this model.

It has been found that explanatory styles (which describes a person's perception of an event) affects performance, and contributes significantly to emotional stress (Hershberger, in Murdoch-Eaton and Levene, 2004). The appraisal of the event as stressful as well as the appraisal of the person's available resources determines one's perception of an event. If a person perceives a lack of resources in dealing with the event, then stress is the result and can be defined as an imbalance between the stressor and available resources (Schlebusch, 2000).

According to this model, the individual and the environment are therefore said to exist in a dynamic and mutually reciprocal relationship. The transaction between person-environment is dependent on the impact of the external stressor. This is mediated by firstly the personal appraisal of the stressor and secondly on the social and cultural resources at the person's disposal (Lazarus and Cohen, 1977). Lazarus and Folkman (1984) emphasize primary and secondary appraisal as important concepts in understanding how people cope with stressful situations. When faced with a stressor, a person evaluates the potential threat (primary appraisal). This refers to a person's judgement about the significance of the stressor as stressful, positive, controllable, challenging, or irrelevant.

Secondary appraisal refers to the evaluation of the controllability of the person's coping resources and asks what one can do about the situation (Antonovsky, 1979). When an intern engages in primary appraisal of the environment and perceives it to be one in which there is a potential for stress, he/she would assess the resources that are available or may set about procuring the resources for dealing with stress. Primary and secondary appraisals operate concomitantly to determine the amount of stress and the strength and quality of the emotional reactions. Therefore, this concept applies to this research in that the intern is likely to experience stress when a situation threatens to exceed his or her capabilities and resources and where the consequences of not meeting the demands of the stressful environment are great.

Lazarus & Folkman (1984) define coping as the constantly changing cognitive and behavioural efforts that an individual makes to deal with internal and external demands that he/she perceives as exceeding the resources that he/she possesses. This is appropriate for the above study as it is interested in the intern's perception of the stressor. Coping efforts are actual strategies used to mediate primary and secondary appraisals. Problem-focused coping is directed at managing or altering the stressful situation and most likely occurs when conditions surrounding the problem are appraised and amenable to change. Emotion-focused coping is directed at regulating the emotional response to the problem and occurs when the strategies are aimed at changing the way one thinks and feels about a stressful situation.

According to O'Neill & McKinney (2003), problem-focused coping strategies includes information gathering, planning, and taking direct action, while emotion-focused strategies include efforts to escape or avoid problems, emotional outbursts, and self-accusation. Meaning-based coping includes coping processes that induce positive emotion and which in turn sustains the coping process by allowing the re-enactment of problem or emotion focused coping. Therefore problem focused coping would be more adaptive if one felt that the conditions surrounding the problem could be changed and emotion focused coping would be more adaptive if the problem was deemed unchangeable.

Being able to cope with a situation depends to a large extent on the resources that a person is able to draw on (Lazarus & Folkman, 1984). In secondary appraisal, the individual evaluates the personal and environmental coping resources around him/her in order to manage the situation (Naughton, 1997).

The resources that are regarded as characteristically existing within the individual may be divided into physical resources and psychological resources. Rather than being regarded as mutually exclusive categories, these resources should be regarded as being connected. Interns may find that some resources are more available than others. Furthermore the levels of the resources tend to fluctuate at different times depending on the circumstances.

Interns are under great pressure during their internship year to meet the many demands placed on them and at times probably feel very inadequate. They therefore may experience excessive amounts of stress, especially when dealing with high risk clients, and feelings of inadequacy and incapability are prevalent amongst this group (Gilliland and James, 1993). The costs of not meeting the demands may include damage to one's career and termination or extension of the internship. There are many factors which may impact on the interns experience of stress. These will be discussed in detail below.

2.3 Factors that Influence/Impact on Experience of Stress

Shinn (1982) reports that a great number of professionals working in the field of social and rehabilitation services, regularly change professions and several factors have been identified as potential stressors which contribute to a psychologist's experience of stress. There are various constraints mentioned by Lazarus and Folkman (1984) which refer to the factors that inhibit the way a person copes and experiences stress. These include personal and environmental constraints which will be elaborated on below (Lazarus & Folkman, 1984). Personal constraints may also include factors such as personality, internal resources, past traumatic experiences, family conflict and support to name but a few. According to the aforementioned authors, despite individual differences in people as well as situational differences, it is found that culturally derived values and norms function as crucial constraints.

According to Lazarus & Folkman (1984), constraints that may exist in the environment and be out of the control of the individual may thwart his/her best efforts to cope with stressful situations and events. For the interns in this study environmental constraints may refer to numerous factors. Specifically this may refer to the actual physical environment, in which they find themselves working in on a daily basis as well as the various structures and organisations which surround the intern and which may contribute to their experiences of stress. This literature review will focus on specific factors which may contribute to an intern's experience of stress in relation to first consultation with a suicidal client. The following section explores some of these factors.

2.3.1 Personality

Some people are better able to cope with stress than others and this seems to be related to certain personality types. Studies have found that individuals who possess high self-esteem, hardiness, and emotional stability seem to act as a buffer against minimising the effects of stress on an individual (Coyle, Edwards, Hannigan, Fothergill and Burnard, 2004). It was Cooper and Baglioni (1988) who found empirical support for an indigenous model of stress, where personality and coping strategies preceded and determined the perception of job stressors which, in turn, had an impact on the mental well-being of the individual. They identified three latent variables that are considered precursors of stress. These are Type A behaviour, locus of control and coping. It is suggested that personality (Type A behaviour and locus of control) and methods of coping determine the perception of job stressors. Murdoch-Eaton and Levene (2004) found that students who have a pessimistic style of reflection on outcomes tend to experience more stress than students who are optimistic.

Explanatory reflective styles and a more negativistic or pessimistic style have shown to affect performance and contribute significantly to emotional stress and coping (Murdoch-Eaton & Levene, 2004). It was Hemenover (2001) who reported that neuroticism seems to be linked to high levels of stress, while extraversion correlates with low levels of stress. Research in this area has however been limited as it has not been able to identify how these personality traits affect appraisal. It has only been suggested that if individuals scored high on the neuroticism scale they experience more negative emotions, use more emotion-focused coping and report feelings of lower wellbeing. Individuals who score high on the extraversion scale possess more positive emotions, more problem-focused coping and reported higher well being (Hemenover, 2001).

According to Lazarus & Folkman (1984), holding positive beliefs is a crucial psychological resource that can be utilised in coping with stress. Beliefs that pertain to how much personal control one perceives to have are of particular significance in moderating the effects of stress as well as facilitating coping. If interns feel that they are able to have control over the outcome of a situation, they should be able to cope better than if they feel as though nothing they do will change the outcome.

For example if an intern believes that their abilities and skills will assist them when dealing with a suicidal client, then they would be able to cope better rather than if they felt that their intervention would have no effect on the client. Thus the more personal control one feels one has, the greater the ability to cope.

According to the aforementioned authors, religious beliefs also play a significant role in coping. One's religious belief may be regarded as a positive belief if one's religion subscribed to the notion of a benevolent higher being. Thus an intern's attitude towards life and death as well as their belief in a merciful God impacts on their ability to cope better than one who does not hold such beliefs. According to Niemeyer et al (2001), there are significant differences in opinions and attitudes towards suicide amongst mental health professionals. An intern should therefore always be mindful of their attitudes being imposed onto the client.

2.3.2 *Health and Energy*

Physical well-being has been found to play a relevant role in coping with problems and stress. While Lazarus and Folkman (1984) have attested to people's capability of coping despite poor health and depleted energy, they state that good health and higher levels of energy make it easier to cope with stressors.

This implies that if the interns in this study are experiencing low levels of energy or poor health themselves, this may compromise their ability to cope with stress as effectively as they would if they enjoyed optimal energy levels and good health. According to Coyle et al (2004) having good physiological release mechanisms such as going to the gym or engaging in physical exercise may also serve to minimise stress.

2.3.3 Problem Solving and Social Skills

Even though different researchers and authors conceptualise problem solving skills in different ways, there is the general consensus among these authors that people who possess skills necessary for solving problems, are more likely to be able to cope with stressful situations and events than people who do not possess such skills (Lazarus & Folkman, 1984). Interns who possess and apply problem solving skills should be more adept at coping with stressors. People whose problem solving skills are deficient would benefit from programs which would help them develop such skills.

Social skills, which may be defined as socially appropriate and effective means of communication and behaviour, have been implicated as a resource in helping people to attain greater control over their social interactions (Lazarus & Folkman, 1984). This means that a person with good social skills is more adept at communication with other people and is therefore more likely to be able to enlist their help and support which is important in facilitating coping.

2.3.4 Social Factors

Lazarus and Folkman (1984) have corroborated the fact that supportive social relationships mediate the effects of stress and facilitate coping. Social support may vary with alterations in a person-environment relationship. This means that the kind of social support a person seeks out may change at different stages as the encounter progresses. For example, interns may informally seek out the help of family and friends to help them to cope with the demands of their work. As demands and stressors increase, interns may find themselves requiring greater support. Thus they may find themselves seeking help from colleagues and supervisors within the organization or even other mental health care workers.

Berkman (in Lindholm, 2006) described social networks and social support as psychosocial resources available to the individual when confronting job demands. Social network is defined as a web of social relationships that surround an individual and the characteristics of those linkages; social support is defined as the emotional, instrumental or financial support that was obtained from a person's social network.

According to Johnson (1991), social support at work and job support might function as an important coping resource, which potentially may modify the impact of social environmental stress. Job support refers to overall levels of helpful social interaction available on the job from co-workers and supervisors. Low levels of psychosocial resources such as weak social networks and low social support have emerged as risk factors in the experience of stress.

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2.3.5 *Material Resources*

Material resources refer to money and the goods and services that can be procured therewith. According to Lazarus & Folkman (1984), being in possession of monetary resources provides easier and more effective access to professional assistance and increases the coping options available to an individual. Furthermore they state that simply being in possession of financial resources decreases an individual's vulnerability to threat and thus facilitates effective coping. Having access to money may alleviate the stress experienced by interns by enabling them to go out with peers or engage in recreational activities that they may enjoy.

2.3.6 *First contact with Suicidal Clients*

According to Niemeyer, Fortner and Melby, (2001), training and experience are two variables whose relationship to suicide intervention skills has been examined empirically. Experience and exposure to suicidal clients has shown increased feelings of competence and decreased levels of stress (Niemeyer et al, 2001). Interns may never have been exposed to working with a suicidal client during their training and may experience anxiety and feelings of inadequacy when confronted with this type of client during their internship. They may have a good theoretical basis but may not have the necessary skills in assessing and managing a suicidal client. These feelings of personal inadequacy can act as a stressor and the intern may not be able to effectively manage the suicidal client (Bernard and Krupat, 1994).

2.3.7 *Working Environment*

There are a number of factors in the working environment that the intern may find stressful and these may be comprised of daily hassles or major events. Administrative procedures and policies such as signing an anti-suicide contract, having access to admission facilities as well as the availability of other professionals who can assist in dealing with a suicidal client can impact on the interns' experience of stress. In a study conducted by Murdoch-Eaton and Levene (2004), it was reported that although anti-suicide contracts are widely used by Mental Health Practitioners, few report receiving any formal training regarding their use. Interns are often placed in institutions where there is a high workload in terms of the number of clients to be seen in one day and this is stressful when the intern has never worked before. According to Schelbusch (2000), work load is a main source of stress. Supportive relationships with colleagues and supervisors are also important in terms of alleviating stress experienced by intern psychologists.

Baglioni and Cooper (1988) study focussed on a range of environmental factors, in the workplace and at the work-nonwork interface, which have been linked to stress-related outcomes.

These factors are: (i) factors intrinsic to the job e.g. having too much work to do, and having to work long hours; (ii) a lack of power and influence, ambiguity, conflicting tasks and demands arising from multiple roles that the individual plays; (iii) relationships with other people, such as coping with office politics, having to supervise others, lack of support from colleagues and lack of encouragement from superiors; (iv) how valued people feel and whether or not they are satisfied with their opportunities for advancement at work; (v) the structure or climate of an organisation, in terms of inadequate guidance from superiors, poor quality training and development programmes, evidence of discrimination or favouritism; (vi) the home/work interface, which may include things like having to take work home, or the inability to forget about work when the individual is at home.

Even though factors in the work environment impact on the an individuals level of stress, it was Shinn (1982) who reported that psychologists' experience of stress revolves around feelings of inadequacy and clients' behaviour rather than issues pertaining to bureaucracy and administration.

2.3.8 *Disillusionment*

Interns are often placed in institutions where client suicidal behaviour is high. It is not uncommon for an intern to experience the death of a client during their internship year. An intern may have high expectations when commencing their internship, only to experience feelings of inadequacy when dealing with suicidal clients. It is therefore important for interns to focus on a sense of self-efficacy based on experience rather than on idealistic expectations. According to Niemeyer et al (2001) personal attitudes regarding suicide may be important when dealing with a suicidal client. If an intern feels that there is no hope then they too may become disillusioned and may not act in the best interests of the client.

2.3.9 Supervisors

According to Murdoch-Eaton and Levene (2004) medical students are a potentially high achieving group. It was found that poor clinical performance could be attributed to personal and motivational factors which in turn can affect self-esteem and result in deterioration in the person's stress response.

Evaluation is inevitable during the internship year but can place great pressure on the intern and cause immense anxiety. It is imperative that supervisors provide support during this time, but this may not always be the case. According to Skovholt and Ronnerstad (1995), supervisors are often absent, critical, confusing and convoluted and may not provide a supportive environment where the intern may feel contained. Supervisors may also feel burdened and overloaded and are often subjected to the same stressors experienced by the intern. This in turn, may have a negative impact on the quality of supervision.

2.3.10 Other Factors

There are numerous other factors which may influence an intern's experience of stress and may include relationship or marriage problems, family problems and commitments and academic commitments to name but a few (Taylor, 1991). Interns are under huge pressure to perform as they are being evaluated and monitored throughout their internship year as well. This coupled with the other factors mentioned above places huge strain on the intern.

2.4 Conclusion

As this literature review suggests, there are numerous factors which may have an impact on the intern's perceived experience of stress in relation to first consultation with a non-fatal suicidal client. This literature review has presented some of these factors and has shown that these can have a detrimental effect on the intern, causing significant stress.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

In the previous chapters the theoretical foundations for the present study have been laid out. This chapter deals with the practical aspects of the study and will provide an overview of the methodology used in gathering the data. A description of the subjects involved in the study, as well as an overview of the instruments and method of analysis will be discussed. Ethical considerations will also be provided.

The research methodology used in this study was based on the aim of the study, which is to investigate the experience of stress perceived by intern clinical/counselling psychologists in relation to first consultation with a non-fatal suicidal client. A qualitative methodological approach will be used in this study as it allows for greater in-depth investigation and understanding of the experiences of intern clinical/counselling Psychologists towards suicidal clients than would be generated by quantitative research methods (Krueger, 1994). As Terre Blanche and Durrheim, (1999) imply, qualitative methodology is more concerned with making sense of human experience from within the context and perspective of human experience. This approach therefore has as a starting point the belief that one cannot apprehend human experience without understanding the social, linguistic and historical features which give it shape (Terre Blanche & Durrheim, 1999, p.398).

Qualitative methods therefore argue for the importance of understanding the meaning of experience, action and events as these are interpreted by the participants and researcher. It also allows for the sensitivity to the complexities of behaviour and meaning in the contexts where they typically and naturally occur (Richardson, 1996). The data obtained from qualitative research contains rich description, colourful detail, and unusual characters. They give the reader a feel for particular people in concrete social settings, (Neuman, 1997). A quantitative framework would therefore not be applicable to this study.

Morse (1997) states that theory derived from qualitative research is different from theory derived from quantitative research by the fact that qualitative theory is more descriptive. It is therefore more representative of reality and involves less conjecture than quantitatively derived theory. A quantitative framework would therefore not be applicable to this study. In order to gain in-depth information, as well as a deeper understanding regarding the experience of stress by intern psychologists, semi-structured interviews will be used as the primary qualitative data collection tool. Interviews are a more natural way of interacting with people and therefore fit well with the interpretivist approach (Terre Blanche & Durrheim, 1999).

3.2 Subjects

The sample was identified using a non-probability, purposive sampling method. This enables the researcher to select the subjects based on their exposure to the topic being researched. The target population of this study will be intern clinical/counselling Psychologists as the research is interested in the experience of stress by this group when dealing with client suicidal behaviour. The sample was composed of five intern clinical/counselling psychologists. The selected study site comprised the Student Counselling Centre at the University of Kwa-Zulu Natal as well as King Edward Hospital and Prince Mshiyeni Memorial Hospital. The interns ages ranged from 24 to 36 and included one male and four females.

3.3 Instruments and Data Collection

The data-gathering tool for this study is a semi-structured interview (See Appendix C). This will minimise restriction of the responses and facilitate the collection of a rich plethora of information regarding the experiences of Interns. The semi-structured interview was developed based on the literature review, as well as an interview with the intern coordinator. Factors that influence stress were identified through the literature review and compiled in the interview schedule. Interviews were conducted after informed consent had been obtained. The interviews were approximately forty-five minutes long and participants were interviewed on a one-to-one basis. The interviews were recorded on a dictaphone and later transcribed.

3.4 Data Analysis

The data obtained from the semi-structured interview constitutes unstructured material, which was analysed using thematic analysis. The initial step in my thematic analysis is inducing and identifying a range of themes. The following step in the analysis was to code the data which according to Terre Blanche and Durrheim (2002), entails marking different sections of the data as being examples related to one or more of the themes that have been generated. The thematic categories that have been generated are predisposing factors in relation to stress, impact of stress on daily functioning, impact of intra and inter-personal factors, impact of occupational and academic factors and the impact of socio-cultural factors in relation to consultation with non-fatal suicidal clients. These codes cannot be regarded as rigid as during the course of analysis, themes may be further broken down into sub-themes (Terre Blanche & Durrheim, 2002).

After coding, the themes will be elaborated on and explored in greater detail in order to uncover implications that have not been captured by the coding system. The final stage in the analysis of the data is the interpretation and checking and finally generating a written account of the experiences of the interns using thematic categories as subheadings.

3.5 Ethical Considerations

One needs to be cognisant of the ethical considerations involved in conducting research in a sensitive area of human experience. Participants were asked to participate in a face-to-face interview with me, the interviewer with a translator present if the need arose. For the purpose of transcription, the interview was recorded on a dictaphone. The written consent of the participants was obtained before any recording took place. The principle of informed consent is based on the premise that a person's consent to participate in a study is informed by knowledge about the research (Barrett, 1995 in Breakwell, Hammond & Fife-Schaw, 1997). Participants were informed of the scope and purpose of the study so that when consent was given it was informed by knowledge of the research.

People may have reservations about talking about working in this field and be reluctant to talk about issues related to their work if they do not know the full scope of the study. Participants were informed of their right to remain anonymous. No names or other identifying information was used. Their participation in this study was voluntary and if they felt uncomfortable enough to want to withdraw their participation, they were free to do so without fear of recrimination of any kind. Every effort was made to minimise the risk to participants and be sensitive to the emotions of the participant. The participants were informed of the findings of the study in a written report and a copy of the dissertation will be made available to them.

Ethical clearance for the study was obtained from the University of Kwa-Zulu Natal Ethics Committee (see Appendix A), as well as from the various heads of the institutions involved. Research participants were also informed of their right to withdraw from the study at any stage if they desire to and were assured of anonymity and confidentiality at all times.

3.6 Researcher Bias

The researcher in this study has been directly involved in the course and department being researched. As such, involuntary bias cannot be ruled out. However, a researcher in this position can also be beneficial to the research as it provides an insider's understanding of the topic being researched.

CHAPTER FOUR

RESULTS

4.1 Introduction

This chapter provides a summary of the findings following the analysis of the data obtained through in depth interviewing. Qualitative research provides descriptive data and the subject's responses will be quoted verbatim to substantiate the findings. Each theme and sub theme is discussed in detail and the results will be integrated and conceptualised in Chapter Five.

The aim of this study is to investigate the determinants of stress perceived by intern clinical/counselling psychologists in consultation with a non-fatal suicide client. The objectives of the study are to determine whether these stressors impact on the interns' experience of stress when consulting with a non-fatal suicidal client. In- depth interviews conforming to the questions on the interview schedule conducted on a one on one basis with the interns yielded the following themes and sub-themes.

4.2 Theme One: General Stressors Pertaining to Academic Training and Experience

The interns were asked about some of experiences they have encountered thus far in their internships which have been/are stressful. This was assessed in order to get a deeper understanding of some of the most prevalent stressors that interns have experienced thus far. The interns were also assessed on the factors which they felt have contributed to their levels of stress as well as how the above stressors have impacted on their daily functioning.

All five of the interns agreed that they are finding the internship very stressful and that it was not what they expected. General stressors pertaining to academic training and experience were discussed. Sub-themes such as lack of experience and training, academic stress, and academic and competency based requirements of the course were reported to be the most prevalent stressors the interns have experienced thus far.

4.2.1 Lack of Experience and Training

The interns generally stated that the internship was very different to the M1 (first year of the Masters programme) year and at times feel very overwhelmed. They reported that this could be because the M1 course was very theoretical and they felt that it had not prepared them practically enough in dealing with clients. The interns generally reported feeling incompetent at times during their internship. They stated this was probably due to the fact that they had to deal with problems that they have had no prior experience with.

Three interns reported feeling inadequate and unprepared and felt they lacked confidence in their abilities to perform as a psychologist. The majority of interns reported experiencing high levels of anxiety with regards to their own abilities and skills in dealing with non-fatal suicidal clients.

S1: I mean, you arrive here and think you know what's going on and then realize you don't which leaves you feeling quite incompetent at times, that happened in the beginning, that was quite scary and then coming across patients, you sort of get a bit of a shock because all of a sudden you dealing with patients every single day.

S4: ...the other stressful thing is just feeling unprepared...our training has not been adequate enough, practically speaking

S3: but I have issues around whether I am giving the person the right advice...like they have come to me for answers and I don't feel at times that I am equipped to give them the answers...that is stressful

The majority of the interns stated that lack of experience and training as well as clinical competency are one of the main factors that are contributing to their stress.

S3:I've found the most stressful has been encountering the types of problems that I haven't dealt with before on a one on one basis...seeing real clients with real problems...having to deal with that problem in a constructive and structured way...

S3: so I do find the whole thing very stressful...always questioning yourself...never quite sure if you are doing the right thing...(sighs)

S3: There is quite a lot of things...I feel quite angry at the kind of training we got, it didn't really equip us to deal with internship or in particular suicidal clients, it was very intensive but what was it in aid of...because I feel like there is a lot of basic techniques that could have been taught to us like relaxation techniques. How to put together a stress management programme, How to fill in an intake form. How to do debriefing. Even just actual practical observation and had less time on theoretical stuff like HIV in South Africa, we haven't gotten to this stage, not knowing that, to do that again is just a waste of time. We could use a lot more video material, which we don't actually have. We could have video seminars, where they buy in videos, and show us how it is done.

S3: We can't see it done here now; we supposed to just read in a book as what to do. I feel really under – equipped, and that's what I should have said earlier to one of those questions in terms of skills, in terms of intervention skills, relaxation techniques, management skills all these kind of here and now programs you can put together to guide the process, which you might use in the second or third session. That's my gripe...

4.2.2 Academic Stress

Four of the interns were still working on their dissertation and only one intern had handed in her dissertation. The four interns reported that they felt anxious when they thought about their research and were concerned that they would not get the opportunity this year to complete it as they felt their workload at the various institutions would inhibit them to have any spare time in which they could do their research.

S3: The dissertation is clearly a problem, cos the other psychologist is from Pretoria and they allowed them one afternoon a week for research when she was doing her internship. we don't get any time to do that, and that is a problem because work wise, you work here and you are so busy and you don't have time to do it. So that is a bit of a problem, I would say that is my main anxiety...

S5: Research is very much a factor; you can't just nip out t do a quick interview... I have not even finished my proposal...I don't know when I will ever get to do the dissertation....

4.2.3 Formal Evaluation

Most of the interns described the process of evaluation stressful. Some of the interns emphasised the fact that they did not always know what was expected of them and that this caused them to be anxious. One intern reported feeling pressurised to perform as she was concerned that the intern at the institution where she will be going has been doing very well and she was stressed that she would not be able to live up to the supervisors expectations.

S2: Yes, that is stressful knowing you are constantly being evaluated...and not knowing if you are doing the right thing?

4.2.4 Academic and Competency Based Requirements

The interns were asked how some of the academic and competency based responsibilities have impacted on their ability to cope with stress. Only one intern had handed in her dissertation. The others were still in the process of doing their research and reported not having the time to work on it. They realized that they were not going to be able to get it done this year and this was a cause of immense stress for most of the interns.

Case presentations were also deemed as a source of stress for most of the interns. They reported that doing case presentations last year was seen as a negative process and felt that it may be the same this year.

S2: even last year...the presentations were awful, I remember being hammered on my first presentation, it always felt like they were trying to trick you and make you feel that you did not know anything... like you were being attacked...

The majority of the interns stated that having to prepare for supervision was not stressful. However, one intern felt that she always feels anxious when having to go for supervision as she is concerned that she may not have prepared adequately and that this will be evaluated negatively. Most of the interns reported having a good relationship with their supervisors. They stated that they are receiving adequate supervision and that their supervisors are committed, supportive and available.

4.2.5 Supervisors

One intern reported that she was not always sure where she stood with her supervisor and at times felt that her supervisor did not communicate with her on issues relating to her performance. She reported feeling stressed when there is a lack of clear expectations from her supervisor. She felt that it was unfair to read these comments in a report without having been informed prior to the report being issued.

Some of the intern clinical psychologists reported that they were not happy with the way the supervisors had threatened them with termination or extension at the beginning of the internship. This caused them immense stress. They felt that the internship year was more about breaking the intern down rather than being given encouragement and support.

S5: we got fed whole heap stuff about last year's interns, and we just got given all the negatives, and how this year they are really going to come down hard on interns. You go home and you just feel negative, negative, and just feeling that well that was last years group. In the beginning this is all you heard, you can't do this, you have not got the power to do that.

One intern reported that she did not have to receive supervision of every suicide case, which is contrary to what is stated in the guidelines of the health professions council.

S5: she (the supervisor) is not always here and available and we have not been told to get supervision on every suicide case....

4.3 Theme Two: Workplace Stressors

4.3.1 *Work- Load*

The majority of interns also felt that the work -load was a major source of stress as well as the working environment. This will be elaborated on further in the following paragraphs.

S5: where do I start, I mean you look out the window and the view... you look out and all you see is a red brick wall, which is a very typical government hospital. One tries to brighten it up with posters and stuff, but certainly a lot of work needs to be done in this hospital. In the working environment I find it completely depressing...(still crying)

The interns reported that they generally felt overloaded in terms of the amount of non fatal suicidal clients they were seeing. One intern reported that feeling very stressed at the moment due to the fact that the hospital where she was placed had had four psychologists when she had commenced her internship and now they only had two. She was therefore seeing more clients than she was used too and this was causing her immense stress as she felt she was seeing them for short sessions. She also reported having to do a lot of reading of the different disorders and assessment techniques as she felt did not cover certain areas in M1. She described this experience as stressful and expressed fears of doing the wrong thing.

Client load and administrative work appeared to be a significant source of stress for the interns and included writing reports, preparing for supervision and writing up case notes.

S2: just getting my head around the patient load is stressful...we have never been exposed to so many patients and also the type of patients we see...

4.3.2 Administration

Administrative work appeared to be a significant source of stress for most of the interns. Having to do a clinical interview with clients in the hospital environment was seen as stressful. They felt they had not been adequately informed of the policies and procedures of the institution when dealing with a non fatal suicidal client. One intern reported feeling very anxious as she felt she would not really know what to do if one of her clients were still actively suicidal. She felt that she lacked the experience in dealing with suicidal clients and was still unsure of how to go about managing a suicidal client.

There was a general feeling that the “no harm” or “anti-suicide” contract did not account for much in terms of preventing the client from committing suicide, although they all made use of it.

S1: You can always get them to sign a contract, and tell them what it means and go through with them. Some patients will agree with what you have told them, and they can still go and attempt suicide. You so badly want it to count for something but I often feel it doesn't.

4.3.3 Work Culture and Inter-Cultural Issues

Most of the interns reported having no cultural problems, however, one intern reported that this was a source of stress for her as she felt she did not “fit in” and that the other members of staff did not include her. She reported never being invited to join them for tea or lunch and that they would always speak in their language and this makes her feel very isolated where she is.

S5: The other thing I find quite difficult here is that I do not speak Zulu and some of my patients will converse in English, which is great and sometimes a nurse needs to come in to interpret. The other thing is when I go to a departmental meeting, and they starting speaking another language, and I haven't a clue what's going on. And people look at you, and say don't worry about it, I can pick up the odd word, but I find that a bit stressful. The bottom line is that it's rude. As time goes on, I'm working on that one. You find things are very overwhelming but you kind of work it out.....

S5: Um. In my culture these things are central, but are interpreted differently here...

S5: This can be put down to cultural differences....

4.3.4 Language Difficulties

Two interns reported experiencing language difficulties at their sites. One intern spoke about having to use a translator and she felt that she was not getting the correct information back from the translator and that having to discuss sensitive issues especially around suicide was a source of stress for her.

S2: but I do think a lot gets lost in translation, you find you come out with a very basic overview of the patient on your clerking form, and you find you might miss out the way the patient has expressed himself, was he feeling angry.. sometimes I feel the nurses leave out a lot when they are translating for you...

S5: Yes...this hospital is very black...and the majority of patients cannot speak English...you know the nurses will arrive here at 8 o'clock and then sit and have tea in the tea room...then patients will arrive at about 9 o'clock and you will need them to translate for you so you go to them and they tell you they are officially now on tea break and your patient has to wait until 10 o'clock...that is very frustrating and stresses me out cos I will have about 10 patient's waiting...also the nurses just sits and talks in their own language and I never get invited to sit with them in the tearoom...I sometimes feel left out...this place can get lonely.

S3: I think the language thing is a bit of an issue. I think the books on multi cultural counseling only touch the surface, I think when you actually sitting with someone whose language represents their cultural thinking, it's not simply then about how they convey it.that I have found is something you only really appreciate when you are sitting with someone, that doesn't understand what the words mean, it's if words can actually penetrate deeper and have a deeper understanding which we are not aware of... that I have found very difficult. Talking to black students I have found, looking at this in an alternative way is stressful cos we only go on what we know...some of our psychology training doesn't really equip us for that...

One intern indicated that the nurses were not always willing to assist with translation and that at times she felt she was imposing on the nurses' time.

S5: you know the nurses will arrive here at 8 o'clock and then sit and have tea in the tearoom. then patients will arrive at about 9 o'clock and you will need them to translate for you so you go to them and they tell you they are officially now on tea break and your patient has to wait until 10 o'clock...that is very frustrating and stresses me out cos I will have about 10 patients waiting...also the nurses just sit and talk in their own language and I never get invited to sit with them in the tearoom...I sometimes feel left out...this place can get lonely.

S1: maybe that what you are asking me about is very relevant...no one really asks how we feel especially about certain issues...we are often too scared to say how we feel...which is silly cos I suppose others could benefit from what we say...but thank you for trying to point out how we experience suicide...it is not an easy thing to deal with and we deal with it everyday.... maybe we become immune to it eventually but I do find it stressful...

4.3.5 Multi-Disciplinary Team

While some interns reported that they felt they could rely on other members of the multi-disciplinary team, one intern was not sure how to go about accessing these various members. The interns reported no major tensions between themselves or their colleagues. However, one intern spoke about the underlying competition between the interns and that she felt she could not really trust anyone.

S5: I don't enjoy those intern support meetings either...there is so much competition and you can't trust anyone...

4.4 Theme Three: Personal Factors

Intra-personal factors contributing to the interns' experience of stress in relation to non-fatal suicidal clients were also discussed. The following themes and sub-themes emerged from the data.

The majority of the interns reported that even though their families can be a source of support, at times they felt pressured by their family to spend time with them. Two of the interns reported experiencing family problems which resulted in them feeling stressed.

S1: I don't have any family responsibilities but I do find they put pressure on me....

S2: Its just general family stress... which comes with life I guess, I've got a big family so there is always drama, and I've got quite an extended family, I have had an aunt in hospital at one point, and another aunt going through a crisis of her own, I mean that gets tricky, by spending a day trying help people, and then you go home and carry on work basically, so you try to forget about your day but end up being stressed out at home again....

In terms of personal stress, one intern mentioned that she had moved flat and had found that quite disruptive and stressful. Personal relationships were identified as one of the main sources of stress for some of the interns. They reported that their relationships had suffered as a result of the workload and one intern reported that she tended to become distant and withdrawn when she got home from work. Another intern reported that her boyfriend had moved to Gauteng and that they did not see each other as much as she would like. However, she stated that she was also busy so that it did not cause her immense stress.

In terms of financial difficulties, none of the interns reported experiencing financial problems. The majority were happy that they were now earning their own money.

S2: I'm getting a salary for the first time, which is really cool...

The various roles having to be performed by the interns were discussed in one of the questions. Assuming a professional role and having time constraints placed upon them was described as stressful by some of the interns and resulted in interns feeling anxious at times. Most of the interns reported that being an intern was very different to being a student and that it had taken some time to adjust. Only one intern was married and reported finding it difficult to assume the different roles expected of her.

4.4.1 Personality

Some of the interns reported feeling that their personality style contributed to their experience of stress. Two of the interns felt that their personality was such that they are anxious people and feel pressured to perform. One intern reported feeling that her personality type was such that she needed to feel that she was in control. Not being able to control certain situations resulted in the intern experiencing immense stress.

S5: I'm a very structured person, I like things to happen in a logical progression, and know what's happening and when. That is something that doesn't go down too well here...

4.5 Theme Four: Stressors Pertaining to Suicidal Clients

4.5.1 *Attitudes towards non-fatal suicidal clients*

Interns discussed some of their attitudes and emotions when dealing with non-fatal suicidal clients. A major theme to emerge from the data was that most of the interns felt overwhelmed and anxious when thinking about suicidal clients. Two of the interns reported feeling responsible for the lives of their clients. This in turn may contribute to the interns' level of stress. One of the interns felt she needed to establish boundaries when dealing with suicidal clients as she reported taking too much responsibility for the patient.

S1: You don't want to say the wrong thing, you don't want them to go home and still think about killing themselves, you're the psychologist, you're the one talking to them, and you're the one who is going to get into trouble for it. I still don't feel comfortable working with suicidal patients...cos its all about life and death.

S4: I think I take too much responsibility for that, had I done something wrong, had I missed something, if I had done the assessment, could I have done more, should I have got family members involved, that kind of thing. My anxiety levels are generally very high.

S2: ...and you begin to wonder what life is all about...it gets pretty depressing.

S3: ...I think it is...you feel responsible whether you like it or not for that person...you are responsible for the direction of this person's life or ending of their life, or the possibilities of preventing that.

S3: ...but I think primarily, your concern, and I think the issue of suicide perhaps is fundamental to wanting to help people...and we also ask the question of how effective are we being, how responsible are we for this person?

Some of the interns reported feeling nervous around suicidal clients and were concerned that they would say the wrong thing to their clients. One intern reported feeling irritated with certain clients.

S5: ...so yes, I do get irritated with patients at times...

4.5.2 *Inadequate Knowledge and Skills*

As mentioned previously, the majority of interns reported that the main factor contributing to their stress is their perceived lack of experience and clinical competency in dealing with suicidal clients. The interns reported experiencing high levels of anxiety with regards to their own abilities and skills in dealing with non-fatal suicidal clients.

S5: Well very simply, I feel very nervous...and still do every time I see a para-suicide...

4.5.3 *Lack of Control over Clients Behaviour*

The interns generally felt that they had no control over their client's behaviour, especially suicidal clients. One intern reported feeling that there was a sense of a lack of control and if she attempts to establish some control it is viewed negatively by her supervisors. This caused them immense stress.

S5: ...stupid things, like being punctual, being reliable and in control. This is seen as or interpreted as obsessive compulsive...

4.5.4 *Administrative Procedures and Policies*

The first question dealt with the protocols that the interns use to guide them in assessing and managing non-fatal suicidal clients. In response to the question of the policies and procedures available to the interns in assessing and managing a non-fatal suicidal client, most of the students reported the following.

There was a general feeling of inadequacy and lack of preparedness with regards to working with non fatal suicidal clients. They felt that they had not had adequate experience or training in dealing with non fatal suicidal clients and that this caused self-doubt which in turn was very stressful and impacted on their personal well-being. One intern mentioned that they had done a six week course when she started her internship on crisis cases and suicidal clients. She commented that this was not touched on in M1 and that she felt it should have been. As mentioned previously, the majority of the interns felt that the M1 course was too theoretical and not practical enough.

S4: We briefly looked at suicide assessments. The training here has been a lot more helpful...

The interns reported that they do a risk assessment when dealing with suicidal clients to establish whether the client is still at risk. They also reported that they receive adequate supervision and feel that their supervisors are available when they need them to discuss suicide cases.

The majority reported having access to their supervisors for advice and that this helped in alleviating some of the stress when having to manage suicidal clients.

Two of the interns stated that they felt intimidated at having to work with “real” patients and problems for the first time and expressed fears of harming their clients due to a lack of experience and that he found suicidal clients intimidating. He felt that M1 had not been adequately structured in terms of the various courses offered and he often questions his ability to offer the right advice to such clients.

S5: At the moment its like what are you suppose to do with a depressed person. The techniques we were taught in M1 suck, they don't work, in that respect if feels that the training has in no way prepared me to work with real people and real problems.

4.5.5 Admission Facilities

One student reported having a problem with the procedure of admitting a suicidal client. He was still unsure about the process and reported feeling stressed having to think about it.

S3: Well that's a bit of a problem, at this center, because we are supposed to go down to the hospital with the person, and we are supposed to contact security, and they are also supposed to go down with us, but then if they are not available then counselors have to take them down in their own cars, which I don't think is very ethical. We were told that is the procedure.....it is stressful just thinking about it...

Most of the interns were aware of the fact that they could admit a suicidal client however, some reported having a problem with the logistics of getting the client to the hospital and this in turn was perceived as being stressful. One intern stated that she was not sure when to admit a patient and this was a source of stress for her.

S4: I think I would battle to decide when to make that call, when to admit a patient. It's quite a big risk admitting someone, like because you are here and they are in the hospital with other serious patients...

4.6 Theme Five: Impact of Stressors on Daily Functioning

The interns were asked whether the stress they experienced had impacted on their daily functioning. The following themes and sub-themes emerged.

4.6.1 Health and Energy

Some of the interns reported that their health had been affected as a consequence of the stress they experienced. One intern reported feeling nauseous and vomiting every morning before going to work.

S5: but yes every morning I wake up feeling nauseous and end up vomiting...this has still not subsided...

Three of the interns reported that they generally feel tired and fatigued most of the time. They reported that their lowered levels of energy predisposed them to greater susceptibility to the effects of stress such as feelings of depression and anxiety and a lowered ability to cope as effectively with stressors. They reported experiencing sleep difficulties. The majority of interns reported feeling depressed at times especially when having to deal with suicidal clients. Two interns reported that they often think about clients even when they are at home.

S2: cause when they leave and walk out of here you feel completely drained, and the negative energy they leave behind stays with you...you trying to work towards counteracting were is doesn't work, that kind of get displaced on to you, I've had that...when I go home feeling really bad after a day of quite a few clients like that...

S5: Sometimes at home I tend to think about things and hang on to them a lot. And when I try to get involved in other things I have to think, hang on I am home, I can stop thinking about this. I can try, but sometimes it keeps cropping up...and it's hard to let go...so

Another intern reported that she finds that she cannot cut herself off from her clients and that she finds it difficult to engage in other activities when away from work. She reported that she gets irritable with her husband and is often tearful and depressed.

4.6.2 *Personal Relationships*

Family and friends have been a source of stress for some of the interns as mentioned earlier. Interns reported that they feel they do not have the time anymore to go out with friends and socialise. They reported feeling exhausted by the end of the day and did not feel like socialising as a result they felt that certain relationships had been affected.

S1: My friends get irritated with me cos I never go out anymore. I am just too tired...

S3: You kind of have to juggle a lot of things and then you feel guilty when you don't spend time with your family, and they don't understand sometimes.

4.6.3 *Inability to Meet Deadlines*

Two of the interns reported an inability to meet deadlines and felt that this impacted on time management.

S1: I find I haven't done the other work, and I have these deadlines, which just means more stuff for tomorrow, which stresses me out. I often don't meet deadlines and then get stressed out...in terms of time management it is an adjustment from M1 where you are a student and have flexible hours to do your own thing...I feel they are watching me all the time here so I try to be punctual...

One intern reported being worried that he was not doing adequate case notes due to the work load. He was concerned that this would result in negative evaluation from his supervisor.

S3: ...but I do sometimes feel my case notes are not up to scratch because there are just too many clients to see in one day...this is stressful cos maybe I will be evaluated negatively...

4.7 **Theme Six: Support and Coping**

When faced with various stressors, the majority of interns reported using different coping mechanisms. Both positive and negative strategies were discussed. One intern reported that he procrastinates instead of getting his work done; another intern reported that she tends to overwork herself during the day in order to get everything done before she gets home. The majority of interns felt that they needed to be organised in order to cope with the demands of the internship.

S1: I don't prioritize my work and that is something I have to start doing...

One of the interns reported that she tends to emotionally withdraw and feels numb at times and that this is her way of coping with the stress. The majority of interns reported limited social interaction by withdrawing and that this had impacted on their social support network. Some of the interns reported making use of avoidance behaviour and one intern stated that she tends to block things out in order to cope with stress.

S5: but mostly by blocking it...I tend to withdraw and become quiet....

Three of the interns reported that physical exercise had been a major source of stress relief and that they felt that they would like to make better use of physical exercise as means of coping with stress. This is consistent with Lazarus and Folkman's (1984) assertion that good health and higher levels of energy make it easier to cope with stressors.

S1: Exercise, I go to gym and swim, I swim over and over again which helps calm the mind, helps you relax and get your mind off things, and then I find I can get into my work more easily, and sleep better.

As mentioned before, some interns felt that they were not socialising as much as they used to, but others reported using entertainment as a means of coping with stress. One intern reported finding it difficult to relax.

Some interns make use of social support and one intern in particular mentioned that she has a big family and that they are an immense source of support to her. Other interns reported that they did not want to discuss their experiences with their families or friends and at times found their families to be a source of stress.

S1: you can't discuss it with your friends and family, I don't want them to hear about this everyday, this is my job and I don't have to take it home with me, and put it on everyone else. Sometimes I question if I have made the right choice...

S2: I think I don't speak to my close family or friends because it is not something they have experienced or understand...I tend to block it or try to push it to the back of my mind...

The majority of interns reported no substance use in order to coping with stress. One intern reported making use of alcohol at times as a means of coping with stress.

S4: I do drink alcohol, and if I do have to deal with suicidal clients I would go home and say, "I had such a bad day I will have a drink"

In terms of containment and support, the interns felt that they could speak to each other or their supervisor if the need arose but felt that there was a need to establish workshops or training programmes which will assist interns in coping with the stress of dealing with non-fatal suicidal clients or high risk clients. One intern stated that they had been told to go for therapy but that this was to be done outside of working hours which she felt was not possible.

S2: one thing we didn't have any sort of training or workshop on is around the stress of being a psychologist and how to cope with the stress

S1: no one really asks how we feel especially about certain issues...we are often too scared to say how we feel...which is silly cos I suppose others could benefit from what we say...but thank you for trying to point out how we experience suicide...it is not an easy thing to deal with and we deal with it everyday.... maybe we become immune to it eventually but I do find it stressful.....

Every one of the interns stated that they had supportive supervisors whom they felt they could go to for supervision should the need arise when dealing with suicidal clients. None of the interns reported having problems with colleagues or seniors. However, a few of the interns reported hearing that some of the supervisors are not supportive and that interns have had problems in the past with certain supervisors.

4.8 Conclusion

Most of the interns felt that with experience they would become more comfortable dealing with non fatal suicidal clients. The interns were generally grateful to be given the opportunity to discuss the stress they are experiencing in their internship.

S3: ...but thanks for giving me the opportunity to vent...

S1: maybe that what you are asking me about is very relevant...no-one really asks how we feel especially about certain issues...we are often too scared to say how we feel...which is silly cos I suppose others could benefit from what we say...but thank you for trying to point out how we experience suicide...it is not an easy thing to deal with and we deal with it everyday...maybe we become immune to it eventually but I do find it stressful...

CHAPTER FIVE

DISCUSSION

5.1 Introduction

This chapter provides an integration of the results by conceptualising the information discussed in chapter four within Lazarus's Transactional Model of Stress and Coping. A description of the model is provided, followed by a discussion of the data collected and interpreted.

5.2 Transactional Model of Stress and Coping

Lazarus's Transactional Model of Stress and Coping emphasises that stressful experiences are construed as person-environment transactions. The meaning of the event as opposed to the actual stressor is important in this model. The appraisal of the event as stressful as well as the appraisal of the person's available resources determines one's perception of an event. If a person perceives a lack of resources in dealing with the event, then stress is the result and can be defined as an imbalance between the stressor and available resources (Schlebusch, 2000, Lazarus & Folkman, 1984).

According to this model, the individual and the environment are said to exist in a dynamic and mutually reciprocal relationship. The transaction between person-environment is dependent on the impact of the external stressor. This is mediated by firstly the personal appraisal (primary appraisal) of the stressor and secondly on the social and cultural resources (secondary appraisal) at the person's disposal (Lazarus and Cohen, 1977). Lazarus and Folkman (1984) emphasize primary and secondary appraisal as important concepts in understanding how people cope with stressful situations. When faced with a stressor, a person evaluates the potential threat (primary appraisal). This refers to a person's judgement about the significance of the stressor as stressful, positive, controllable, challenging, or irrelevant. Stress therefore results from an imbalance between environmental demands and the available resources.

There are various constraints mentioned by Lazarus and Folkman (1984) which refer to the factors that inhibit the way a person copes and experiences stress. These include personal and environmental constraints. These include some of the factors mentioned in the previous chapter. This model was deemed appropriate for the research, and is an ideal framework in which to conceptualise the data collected, as will be demonstrated below.

5.3 Primary Appraisal

Lazarus and Folkman (1984) argue that stress results from a subjective perception of the stressor, and it is therefore the perception of a stressor which plays a role in the experience of stress in this research. As highlighted in chapter four, the majority of the interns reported that dealing with non-fatal suicidal clients is stressful. A variety of stressors were identified in the previous chapter, but the majority of the interns described common variables. The data suggests that one of the main sources of stress for the interns is the perceived lack of practical training and experience. Some of the interns reported that they had never been exposed to suicidal clients before and that working with suicidal clients for the first time was stressful. This was deemed as anxiety provoking which exacerbated feelings of inadequacy and resulted in self-doubt and ultimately contributed significantly to the interns overall experience of stress.

According to Niemeyer, Fortner and Melby (2001), experience in dealing with suicidal clients as well as exposure to suicidal clients has shown increased feelings of competence and decreased levels of stress on the part of the Mental Health Worker. They reported that a lack of experience and exposure to suicidal clients in previous training has resulted in stress amongst these students. This was also described as stress factor, and the interns reported feeling incompetent at times when having to deal with suicidal clients. This resulted in low self-esteem in terms of their abilities and skills. Interns also reported that they felt that they have no control over clients' behaviour, especially suicidal clients. This was also deemed to be a source of stress for the interns.

The majority of the interns also reported that academic stress pertaining to the Masters programme as well as the academic and competency based requirements were also resulting in stress. Most of the interns described the process of evaluation stressful. Expectations regarding performance were voiced by the supervisors at the beginning of the internship and the interns were told about the negative behaviour of the previous interns. This was reported as being highly stressful by the interns. Being evaluated was also identified as a stressor. The interns reported that being threatened with termination and extension was stressful. Bernard and Krupat (1994) stated that threatening situations can be stressful and may result in psychological "harm".

Although the majority of interns reported having a good relationship with their supervisors, a few of the interns felt that they were not always sure what was expected of them and were concerned that they were being evaluated negatively. According to Gmelch and Gates (1997), support and clear expectations regarding what is expected is critical in reducing the feelings of anxiety and stress in subjects. In terms of work load, interns reported that this was a source of stress. Work load included the number of clients the interns were seeing on a daily basis, administrative work, and academic and competency based requirements.

The working environment was also identified as a major source of stress. According to Lazarus & Folkman (1984), constraints that may exist in the environment and be out of the control of the individual may thwart his/her best efforts to cope with stressful situations and events. The majority of interns reported the number of clients that they were seeing during the internship was a lot more that compared to M1 and this was reported as a source of stress for the interns

For the interns in this study environmental constraints may refer to numerous factors. Specifically this may refer to the actual physical environment, in which they find themselves working in on a daily basis as well as the various structures and organisations which surround the intern and which may contribute to their experiences of stress. Interns reported that administration and work-load resulted in stress as well as admission facilities and certain work and inter-cultural issues.

Interns also reported experiencing language difficulties and cultural differences when dealing with non-fatal suicidal clients, which resulted in stress. Interns stated that they have to use translators at times when dealing with non-fatal suicidal clients and this was stressful due to the sensitive issues that needed to be discussed. Some of the interns felt that the translators did not always relay everything the client had said.

In terms of personal stress, interns reported a number of factors, which they felt were contributing to their stress levels. Accommodation changes and conflicts in personal relationships were identified as major sources of stress. Family and friends were deemed as sources of support at times, but at other times seemed to be perceived as stressful. Lazarus and Folkman (1984) state the personal constraints include factors such as personality, internal resources, past traumatic experiences, family conflict and support to name but a few. These have a direct influence on how an individual copes with stress.

The majority of interns felt that their personality style was impacting on their ability to cope with stress. Three of the interns felt that they were anxious by nature and were concerned that they were not performing. It was Hemenover (2001) who reported that individuals who displayed high levels of neuroticism and anxiety tend to be more stressed. A few of the interns reported feeling depressed and tired at times and one intern reported feeling physically ill in the mornings. Two of the interns reported not being able to forget about their clients and not being able to relax when they went home. Baglioni and Cooper (1988) reported that the home/work interface, which often resulted when individuals were unable to stop thinking about work, contributed to stress levels. According to Oubifia, Calvo and Rios (1997), psychologists may experience burn-out quicker than most other health professionals due to the nature of the problems they encounter.

They may feel that they have limited capacity to alter the course of certain disorders and behaviours of clients and as mentioned in the data collected, interns reported feeling responsible for the clients. This again reflects Lazarus and Folkman's (1984) argument that stress arises when an individual estimates that environmental demands override his/her own adjustment resources.

Sources of stress therefore stem from all aspects of a person's life and as mentioned in the literature has a direct influence and impact on other domains. It is important to mention again that Lazarus and Folkman (1984) argue that it is one's subjective perception that determines one's response to any given stressor.

5.4 Secondary Appraisal

Secondary appraisal refers to the evaluation of the controllability of the person's coping resources and asks what one can do about the situation (Antonovsky, 1979). When an intern engages in primary appraisal of the environment and perceives it to be one in which there is a potential for stress, he/she would assess the resources that are available or may set about procuring the resources for dealing with stress. In secondary appraisal, the individual evaluates the personal and environmental coping resources around him/her in order to manage the situation (Naughton, 1997).

The resources that are regarded as characteristically existing within the individual may be divided into physical resources and psychological resources. Primary and secondary appraisals operate concomitantly to determine the amount of stress and the strength and quality of the emotional reactions. Lazarus & Folkman (1984) define coping as the constantly changing cognitive and behavioural efforts that an individual makes to deal with internal and external demands that he/she perceives as exceeding the resources that he/she possesses. Coping efforts are actual strategies used to mediate primary and secondary appraisals. Problem-focused coping is directed at managing or altering the stressful situation and most likely occurs when conditions surrounding the problem are appraised and amenable to change. Emotion-focused coping is directed at regulating the emotional response to the problem and occurs when the strategies are aimed at changing the way one thinks and feels about a stressful situation. Problem and emotion-focused coping strategies are not mutually exclusive and may differ depending on the particular context.

As identified in chapter four, the interns made use of various coping mechanisms in dealing with stress. The interns attempted to either change the environment or their thoughts and feelings about the situation. The interns made use of both positive and negative coping strategies which were either constructive or harmful. They were able to identify the negative coping mechanisms as unhelpful. This included making use of strategies such as emotionally withdrawing and not wanting to socialise, avoidant behaviour, lack of exercise and procrastination. These strategies were seen as impacting negatively on their social support network as well as their ability to cope with stress. Only one intern reported substance use in order to reduce stress. Therefore, personality and the approach one uses to cope influence the success or failure of a coping strategy.

Positive coping strategies included social support and physical exercise. Interns reported making use of support from family, friends, supervisors and colleagues. Lazarus and Folkman (1984) have corroborated the fact that supportive social relationships mediate the effects of stress and facilitate coping. Social support may vary with alterations in a person-environment relationship. According to Johnson (1991), social support at work and job support might function as an important coping resource. Interns reported they tended not to socialise as much as they used to. Stress from the internship was identified by the interns as the reason for social withdrawal, which in turn reduced social support. One intern reported that her family tend to put pressure on her to spend time with them and this results in her feeling stressed. Some interns reported making use of physical exercise to alleviate stress. This is in keeping with Lazarus and Folkman's argument that good health and higher levels of energy make it easier to cope with stressors. Most of the interns felt they could exercise more but could not find the time or the energy to do so.

According to Lazarus & Folkman (1984), holding positive beliefs is a crucial psychological resource that can be utilised in coping with stress. Therefore, personality and the approach one uses to cope influence the success or failure of a coping strategy. As stated by the interns, they often feel insecure and feel they do not have control over how clients may behave or act out. This may cause interns immense stress and as mentioned by one of the interns, a need for control is a coping mechanism for her.

Interns reported that stress had impacted on their physical and psychological health. Research has shown that stress can both initiate and complicate physical illness (Bernard and Krupat, 1994). One intern reported feeling physically ill when having to go to work. The majority of interns reported feeling tired at times and two interns reported feeling depressed.

In summary, the stress experienced by the interns was as a result of an imbalance between environmental demands and available resources. Although the stressors perceived by the interns were consistent and yielded the same experience, the most prominent resource which was reported to be lacking was a perceived lack of knowledge and skills in dealing with suicidal clients. This needs to be a consideration in the training programmes of Masters Students' and will be mentioned in the recommendations in the following chapter. Lazarus and Folkman argue that it is one's subjective perception that determines one's response to any given stressor. The sources and consequences of stress are linked and impact on each other and this in turn can be detrimental for the interns' personal and professional life.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

6.1 Conclusions

Lazarus's Transactional Model of Stress and Coping was used in the above study to conceptualise the stress experienced by intern clinical/counselling psychologists when dealing with non-fatal suicidal clients. Stress in dealing with a non-fatal suicidal client may have serious implications for the intern psychologist if it is not handled correctly. Various factors impact and influence the level of stress experienced by the intern when dealing with a non-fatal suicidal client and these were highlighted in the previous chapter.

Dexter-Mazza and Freeman (2003) found that ninety nine percent of intern psychologists in their study had worked with suicidal clients and that interns had not received adequate training in dealing with suicidal clients. This is troubling when one takes into account the fact that suicidal clients are one of the most high-risk populations for death that psychologists will treat (Oubifia, Calvo and Rios (1997). Chentomb et al (1988) states suicidal clients are an "occupational hazard". As such, every effort should be made to help educate and train students about dealing with suicidal clients and any training conducted by institutions need to effectively offer programmes that emphasise how to affectively work with this population in their formal training.

6.2 Recommendations

The consequences of stress experienced by interns in relation to non-fatal suicidal clients are detrimental for both their personal and professional lives. In order to reduce the stress experienced by intern psychologists, it is important to provide optimum conditions. A major source of stress for the interns was a perceived lack of practical experience during MI. The interns also reported a lack of training in how to deal with high risk clients. It is recommended that training programmes better equip the interns with the skills and abilities necessary in successfully assessing and managing suicidal clients and other high risk clients.

Interns also reported the working environment to be a source of stress. This included mainly administrative work and client load. Interns could be taught skills such as time management as well as being provided orientation around the procedures and policies of the institution prior to the commencement of the internship.

Increased support from various sources such as supervisors was also suggested by the research in terms of reducing the stress experienced by intern psychologists. Debriefing and Crisis Intervention should be provided to the interns to alleviate the stress of dealing with high risk clients. According to Aronson, Wilson and Brewer (in Gilbert, Fiske and Lindzey, 1998), *psychological debriefing* is a one-time, semi-structured conversation with an individual who has just experienced a stressful or traumatic event. In most cases, the purpose of debriefing is to reduce any possibility of psychological harm by informing people about their experience or allowing them to talk about it. Crisis intervention refers to the methods used to offer immediate, short-term help to individuals who experience an event that produces emotional, mental, physical, and behavioural distress or problems. A crisis can refer to any situation in which the individual perceives a sudden loss of his or her ability to use effective problem-solving and coping skills. A major focus of crisis intervention is to explore coping strategies as well as developing new coping skills. Problem solving is another central focus.

Support from peers and supervisors could be achieved by providing containment for the interns through intern meetings which could be scheduled for once a month. According to Lazarus and Folkman (1984), if the perceived coping resources outweigh the stressor, positive outcomes will result. Supervisors and other members in the institution could also be a source of support for the intern and this could be achieved through mentorship programmes.

It is important to note that all of the interns described their internships as stressful and the majority described their experiences as negative. Individual factors may be difficult to modify but organisational and professional factors are not and should therefore provide the majority of support for the intern.

6.3 Limitations

Although planned with great care, and valuable in its own right, in retrospect there are limitations to the present study. These limitations include sample size, and it is recommended that this study be replicated with a larger sample of intern clinical/counselling psychologists to make the findings more applicable to the general population of interns working within various institutions.

Cultural and language difficulties were briefly explored in this study, although this was a huge source of stress for the majority of the interns. The study suggests a need for additional research to be done in this area as socio-cultural factors play an important role in the South African context and are a reality.

Although the current study has served to highlight the experiences of intern clinical/counselling psychologists within various institutions, the applicability of the findings to a broader population of mental health care workers is questionable. It is crucial to take into account organisational and environmental factors which may differ vastly across institutions in South Africa. Furthermore, this study had only one male subject. This addresses the fact that the profession of Psychology is currently dominated by females. Also, all of the interns interviewed were white; it is thus recommended that when the study is replicated the participants be more heterogeneous.

6.4 Concluding Remarks

This research provides an understanding of the determinants of stress as perceived by intern clinical/counselling psychologists in consultation with non-fatal suicidal clients. The study identified a variety of stressors but the majority of the interns described common variables. The interns provided crucial insight into the stress of having to deal with high risk clients.

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Appendix A
(Ethical Clearance Letter)



**UNIVERSITY OF
KWAZULU-NATAL**

RESEARCH OFFICE (GOVAN MBEKI CENTRE)
WESTVILLE CAMPUS
TELEPHONE NO.: 031 – 2603587
EMAIL : ximbap@ukzn.ac.za

14 MAY 2007

MRS. NB HEPKER (204000351)
PSYCHOLOGY


Dear Mrs. Hepker

ETHICAL CLEARANCE APPROVAL NUMBER: HSS/0248/07M

I wish to confirm that ethical clearance has been granted for the following project:

"A qualitative investigation into the determinants of stress experienced by Interim Clinical/Counseling Psychologists in consultation with a suicidal client"

Yours faithfully


.....
MS. PHUMELELE XIMBA
RESEARCH OFFICE

cc. Post-Graduate Office (Lyn Marriott)
cc. Supervisor (Sachet Valjee)

Appendix B
(Consent Letter)



UNIVERSITY OF
KWAZULU-NATAL

SCHOOL OF PSYCHOLOGY

Howard College Campus

Director: Prof I Petersen (PhD)

Private Bag X54001, Durban, 4000

Tel.: [031] 2607423 Fax: [031] 2607611

e-mail: peterseni@ukzn.ac.za

e:

r participant,

Thank you for your contribution to this research, which focuses on determinants of stress experienced by Intern Clinical/Counselling Psychologists in consultation with a non-fatal suicidal client. If you agree to participate, you will contribute towards increasing our understanding of some of the stressors that impact on training psychologists when consulting with suicidal clients. The research will be conducted by Mrs Natalie Hepker and will be supervised by Mr Sachet Valjee (School of Psychology, Howard College Campus- University of KwaZulu-Natal).

You were identified as a potential participant due to your recent involvement in the M1 Clinical/Counselling programme at the University of KwaZulu-Natal. If you agree to participate, you will be required to take part in a 40-minute semi-structured interview, which will be tape-recorded. You will be asked questions about your experiences with stress in relation to your functioning as an Intern Clinical/Counselling Psychologist, with special reference to consultation with suicidal clients. A refusal to participate will not result in any form of prejudice. Furthermore, you are free to withdraw from the study at any stage and for any reason.

Any information provided will be treated as strictly confidential and you will be assured of anonymity within the study.

For further information or if you have any queries regarding this study you may contact Mr Sachet Valjee (supervisor).

Natalie Hepker
Intern Clinical Psychologist
083 227 9675

Sachet Valjee
Supervisor
083 556 9045

I, _____ agree to participate in the study investigating the determinants of stress experienced by Intern Clinical/Counselling Psychologists in consultation with a non-fatal suicidal client. I understand that my participation is entirely voluntary and that I can withdraw at any time. If I have any questions regarding the study I can contact Mr Sachet Valjee on ph: (031) 2607 613.



SCHOOL OF PSYCHOLOGY

Howard College Campus

Director: Prof I Petersen (PhD)

Private Bag X54001, Durban, 4000

Tel.: [031] 2607423 Fax: [031]2607611

e-mail: peterseni@ukzn.ac.za

: 20th February, 2007

Attention: Director
Student Counselling Centre
Howard College Campus

Request to conduct research: Mrs. Natalie Hepker- Student Number: -204000351

Mr Sir/Madam

I kindly request permission to conduct research within your Department/Unit/Centre titled: **“A Qualitative Investigation into the determinants of stress experienced by Intern Clinical/Counselling Psychologists in consultation with a suicidal client.”**

The study would involve semi-structured interviews (approx. 40 minutes per intern) with the Intern Counselling Psychologists. Kindly see attached proposal regarding aims and objectives.

I would like to mention that the research would in no way compromise the interns' daily activities and work responsibilities within the institution. Respondents would be given the rights to withdraw from the study at any time without prejudice. Permission and timeframes to conduct the interviews would be sought from the necessary authorities within the Department.

The research is being supervised by Mr S. Valjee (Lecturer/Clinical Psychologist – School of Psychology Howard College Campus). If you require any further details regarding this research please feel free to contact him.

Thank you for your time and co-operation regarding the above.

Yours sincerely

Natalie Hepker
1st year student (Clinical/Counselling Programme)
School of Psychology
Howard College Campus

Sachet Valjee
Supervisor
School of Psychology
Howard College Campus

Appendix C
Interview Schedule

**CORE THEME ONE: IDENTIFYING PREDISPOSING FACTORS IN
RELATION TO STRESS**

Question 1: Can you tell me about some of the experiences you have encountered during your internship that have been/are stressful?

Probes: most stressful experience you have encountered during this year

Question 2: What factors do you think contributed to your levels of stress?

Probes: personal stress, academic requirement, work load/related (e.g. administrative work), clinical competency, personality style

Question 3: In your opinion how has the above stress you experienced impacted on your daily functioning?

Probes: unable to cope with deadlines, impact on time management, psychological and/or physical health, personal relationships, family duties or responsibilities, financial responsibility, professional competence

**CORE THEME TWO: INTRA-PERSONAL FACTORS IN RELATION TO
NON-FATAL SUICIDE CONSULT:**

Question 1: Describe some of your experiences when you first received a consult for a non-fatal suicide client?

Probes: levels of anxiety, attitude towards non-fatal suicide, impact of cultural and religious beliefs, self-esteem, past experience with non-fatal suicide client, ability to communicate appropriately

Question 2: What coping methods have you subscribed to when encountering stress in relation to dealing with a non-fatal suicide client?

Probes: identify strengths in terms of coping with stress (positive strategies- seeking ad hoc supervision, peer support, collegial support), identify weaknesses in terms of coping with stress (negative coping strategies- use of substances, avoidance behaviour, self-criticism, guilt, blame, withdrawal, unethical/unprofessional practices, not subscribing to professional support)

CORE THEME THREE: IMPACT OF OCCUPATIONAL AND ACADEMIC FACTORS IN RELATION TO NON-FATAL SUICIDE CONSULTS

Question 1: What are some of the protocols you use to guide you in assessing and managing a non-fatal suicide client?

Probes: experiences in working with suicidal clients, awareness of professional guidelines laid out by the health professions council, number of non-fatal suicide consults received per day/month, methods used to assess a client's level of risk, awareness of the policies and procedures of the institution in relation to assessing and managing a non-fatal suicidal client

Question 2: What policies and procedures of the institution are available to you when assessing and managing a non-fatal suicidal client?

Probes: anti-suicide contract with a client, access to admission facilities and a multi-disciplinary team when dealing with a suicidal client, availability of supervisor during or after consultation, rights of a client (i.e. refusal of admission or treatment), containment facility in relation to multi-disciplinary consultation

Question 3: How did your M1 course and your previous training and experience prepare you for your internship?

Probes: role of previous training and experience in preparation for working with non-fatal suicide clients, methods used to assess a client's level of risk

Question 4: How have some of the academic and competency based responsibilities impacted on your ability to cope with stress?

Probes: preparing for supervision (acquiring case specific material), preparing for case presentations and journal reviews, research dissertation, access to facilities, relationship with supervisor/colleagues, quarterly evaluation process

CORE THEME FOUR: IMPACT OF SOCIO-CULTURAL FACTORS IN RELATION TO NON-FATAL SUICIDE CONSULTS

Question 1: Have you experienced any language/cultural difficulties in dealing with non- fatal suicidal clients?

Probes: not able to understand client due to language and/or cultural differences, site specific client population, accessibility/availability of translators (especially in relation to understanding psychological problems), empathic skills of translator

Question 2: Is there anything else you would like to add that you feel has not been discussed above?

Appendix D

Transcripts

Interview with Subject 1

Interviewer: Can you tell me about some of the experiences you have encountered during your internship that have been or are stressful.

Subject 1: I mean, you arrive here and think you know what's going on and then realize you don't which leaves you feeling quite incompetent at times, that happened in the beginning, that was quite scary and then coming across patients, you sort of get a bit of a shock because all of a sudden you dealing with patients every single day and you are kicking around in your head kind of a thing that's stressful, very stressful, and then some patients drop like a bomb on you....like you need to think and don't quite know if you're doing the right thing, that is very stressful

I: So are you saying that you felt the actual patients were stressful or was it the amount of patients were seeing?

S1: I saw three or four patients in M1, I see three or four patients in like half a day here so it's a lot of extra work, and the extra work itself, is very stressful as well. Like doing patient history, writing up reports making sure that they are right, I have to get them checked by my supervisor in case I have not worded something properly which is frequently the case with me. I often feel like I don't know what I am doing in terms of writing reports etc....

I: What factors do you think have contributed to your level of stress?

S1: I find that I'm quite an anxious person; I've really noticed that this year. I think that has contributed to my stress level. I get anxious very easily and then I can't concentrate, and then I have also moved this year, moved flats that has been stressful, and not having contact with other interns every day, there use to be two interns here now there is only one, I don't have someone to fall back on. Somebody who is in the same boat! You feel isolated often and do not have anyone to talk too...you are too scared to talk to the senior psychologists....

I: Did you say earlier you are finding the workload stressful?

S1: Yes! Definitely!

I: In your opinion how has the stress you have experienced impact on your daily functioning?

S1: Sometimes I wake up in the night feeling a bit stressed and worried, or I wake up at three in the morning at weekends, with such a fright cause I feel I am meant to be at work or something. The other thing is my leisure time; I battle to relax sometimes, because I'm worrying all the time about work. My friends get irritated with me cos I never go out anymore. I am just too tired...

I: What about meeting deadlines and time management, do you find you have to much work?

S1: I don't prioritize my work and that is something I have to start doing. Sometimes it takes me quiet a long time to actually do something, which means when I think something will take me an hour it ends up taking two or three hours so then I stress cause I find I haven't done the other work, and I have these deadlines which just means more stuff for tomorrow which stresses me out. I often don't meet deadlines and then get stressed out...in terms of time management it is an adjustment from M1 where you are a student and have flexible hours to do your own thing...I feel they are watching me all the time here so I try to be punctual....

I: Any family duties or responsibilities?

S1: At the moment no, my boyfriend is in Jo burg, I don't see him that often as I used too. so that means on weekends he comes down or I go up, I have to finish all my work before or after, otherwise I will just sit and worry and not relax. I don't see him that often cause I feel guilty and will stay and work. I don't live with my family so I don't have any family responsibilities but I do find they put pressure on me....

I: What do you mean by that...and is this stressful?

S1: Yes! Like I will phone my mom and say to her "mom I'm only coming for two hours, and then I will have to go," and she will say to me " why don't you come over and stay for a braai for lunch or something?" Then I just get anxious cause I need to get back cos I don't want to be sitting the whole of Sunday night do my work, I want to just sit and relax. You kind of have to juggle a lot of things and then you feel guilty when you don't spend time with your family, and they don't understand sometimes.

I: Do you find your own leisure time gets affected?

S1: Yes definitely! My friends have given up on me...they don't even ask me to go out with them anymore...

I: Can you describe some of your thoughts and feelings you experienced when you first received a consult for a non-fatal suicidal client?

S1: I know how to clerk a patient, but then if a patient still says he has thoughts of suicide, how do I react? What do I do? If a patient says he has ingested this much pills and drank this much jik all at once and I can't believe I'm still alive, how do you respond to that. Do you tell them like "That was stupid", which is what you really want to say or what do you say to them, it can be quite stressful, and you get quite a fright because it's surreal. It far from our life. It's a kind of shock, like who would want to do something like kill themselves.

Why do you want to do something like that? But you don't ask the person why, you don't make it a fun thing to find out! I still get very anxious when I receive a consult for a Para-suicide...I never felt competent. maybe I will get there....

I: So would you say you find it stressful dealing with suicidal clients

S1: Yes. You don't want to say the wrong thing, you don't want them to go home and still think about killing themselves, you're the psychologist, you're the one talking to them, and you're the one who is going to get into trouble for it. I still don't feel comfortable working with suicidal patients.... cos its all about life and death.

I: What coping methods do you use to alleviate stress?

S1: I don't actually know, I think talking about it is really helpful, getting advice from your supervisor, often seeing if they agree with what I did it makes me feel good, you feel more competent and less anxious about it. I think I don't speak to my close family or friends because it is not something they have experienced or understand...I tend to block it or try to push it to the back of my mind...

I: Do you find by talking to your supervisor you alleviate the stress or do you still have thoughts feelings you described earlier?

S1: I would not say Yes...but guilt, I think the biggest thing is saying the wrong thing to the patient, I'm so afraid, I'm going to say something to them, and they are going to get angry, and say maybe you do have a point which makes them think that you're not interested, and that maybe they should have killed themselves, I'm just afraid of that. Handling the situation incorrectly, the last thing you want is for them to go off and kill themselves.

I: If you have dealt with a suicidal patient do you go home. and think about it.

S1: Especially if it is a suicidal patient, and that person is still in high care. It is frightening dealing with that patient and you go home and think I can't believe I'm in this actually doing this and you can't discuss it with your friends and family, I don't want them to hear about this everyday, this is my job and I don't have to take it home with me, and put it on everyone else. Sometimes I question if I have made the right choice...

I: You mean about becoming a psychologist?

S1: Yes...

I: What about your leisure activities?

S1: Exercise, I go to gym and swim, I swim over and over again which helps calm the mind, helps you relax and get your mind off things, and then I find I can get into my work more easily, and sleep better.

I: Are you aware of the policies and procedures laid out by your institution when dealing with suicidal patients?

S1: My supervisor showed me a few things, you always assess the severity, was it planned, did they leave notes, were they alone, that whole thing. Then you've got things like, what do they plan to do when they leave the hospital, are they still experiencing ideation, if so, then you should send them to a psychiatry.

I: Did you have experience last year dealing with a non-fatal suicidal client?

S1: Yes, last year, I actually did have a patient, who I'd seen twice before, and that was a young girl, she attempted suicide twice and still then, it was still surreal to me, like wow, how do you go and do something like that. I have had experience, but last year I don't think I was trained well enough in dealing with it.

This year I have really learnt how to deal with it properly and appropriately...but as I said earlier I still find it stressful.

I: Can you tell me again what policies and procedures you make use of when dealing with suicidal patients?

S1: Our supervisor is really helpful, I will go to the supervisor straight away once I have seen the patient and say this is what has happened, this is what's going on with this person right now, what do you recommend and then they will help me out. I feel very safe with what I am doing then, and I feel competent, and ok I have taken that step now, it's ok now I have spoken to whomever. They are approachable in that manner.

I: How do you feel about the anti-suicide contract?

S1: I often feel that I have had one or two patients that come in and see me, they totally agree with me with what it is about but they will still attempt later on. You can't get hard with a patient, if they are going to commit suicide they are going to do it. You can always get them to sign a contract, and tell them what it means and go through with them. Some patients will agree with what you have told them, and they can still go an attempt suicide. You so badly want it to count for something but I often feel it doesn't

I: How did your M1 your course and your previous experience prepare you for the internship?

S1: The thing is you want to do your own thing, but the thing is how to apply what you have learnt in M1 into practice. The patient sitting in front of me is not your average patient, every patient is unique, how do I start talking to them about this, now I have to reflect with them, and its quite difficult. Then your supervisor asks you about this, and they look at you as if you have completely missed the point. Application is the big issue.

I: Do you feel your M1 course prepared you for dealing with suicidal clients?

S1: I think it prepared me, but I definitely think it needed to be more practical. Theoretically I was totally prepared, and could write perfectly well academically, then when it came to practically applying what you have learnt that was stressful. The practical side we definitely need more of that

I: How have some of the academic requirements added to your level of stress if at all?

S1: It has increased it. I'm someone who wants be organized, I want to be someone who does well, I did do well in my first year, but the thing is, constantly being evaluated, is so scary and then she asks you to evaluate yourself. I was so unsure of what to write. You don't want to bring yourself down, but you also don't want to blow your own trumpet. You need to be so responsible this year; you are responsible for patients, let alone everything else.

I: Have you experienced any language or cultural difficulties in dealing with non fatal suicidal clients?

S1: I have had quite a few patients that I needed to use a translator with. that's fine, but I do think a lot gets lost in translation, you find you come out with a very basic overview of the patient on your clerking form, and you find you might miss out the way the patient has expressed himself , was he feeling angry.. sometimes I feel the nurses leave out a lot when they are translating for you.

I: Any cultural differences as well, that you have found?

S1: I've sat here a few times and thought to myself, like I've had an old African woman sitting and talking to me, and I've said to myself you're in my world and our cultures are so different from one another and she still sits here openly talking to me and feeling quite comfortable, if there's a moment where I don't understand something, I'm not sure then she will say "this is what we do in our culture".

I find that no one has ever been hostile, and I try to show them that I am willing to learn.

I: Is there anything else you would like to add that you may feel has been left out?

S1: No, maybe that what you are asking me about is very relevant...no one really asks how we feel especially about certain issues.....we are often too scared to say how we feel...which is silly cos I suppose others could benefit from what we say...but thank you for trying to point out how we experience suicide...it is not an easy thing to deal with and we deal with it everyday....maybe we become immune to it eventually but I do find it stressful.....

I: Thank you!

Interview with Subject 2

Interviewer: Can you tell me about some of the experiences you have encountered during your internship that have been or are stressful?

Subject 2: Okay....well most of my clients have been crisis cases, you work on a roster between us, so and with us been under staffed, the crisis cases are handled only by two of us, so in the past two months we probably have between 20 or 30 crisis cases so that is the most stressful because its, completely unplanned, so you don't expected it, they normally walk in and are in quite a state and you have to deal with them there and then....just getting my head around the patient load is stressful...we have never been exposed to so many patients and also the type of patients we see.....nothing like in M1...and most patients are suicidal to a degree, but in some cases the risk isn't as high risk as in others...but some of those have been most stressful... the ones that are more at risk...

I: What factors do you think contributed to your level of stress?

S2: Definitely lack of experience and exposure to patients, we probably had 6 weeks training in crisis last year, and I mean that was more theoretical and not at all practical, a crisis is not the kind of thing like normal therapy...where you can use a few sessions to assess the patient...you can also get supervision in between and find out which way to go, a crisis is on the spot and you gotta go and know exactly what to do. So I get the feeling of not knowing enough about it and not having enough support at times....

I: Are you referring to competency in being able to assess and manage patients?

S2: Yes...I also get stressed when someone breaks down in front of me...I find that really hard to deal with.....some people are more contained even with suicidal cases you can still talk to the person. where as you have someone in front of you who is just sobbing.....and you don't know what to do..... do you talk to them while they're sobbing or do you wait, or do you leave the room...yes having patients crying in front of you is quite scary...and I have had a lot of that.. Also the work load makes is harder in a sense, in that I think I actually had two crisis cases in amongst having a full day booked, so that was stressful, you have a session you don't even time to write case notes, and then you already have to see the next person in with his crisis, so work load I find very stressful....

I: Has your personal life contributed in any way to your levels of stress?

S2: Generally no, I mean we've got supervision and that is support twice a week and I've got a very supportive family and relationship and that kind of thing so, generally I don't think my personal life gets in the way to much...I don't get to go out as much...but that's okay because I'm too tired anyway...

I: In your opinion how does the stress you experienced impact on your daily functioning?

S2: I think I manage to do everything and stay on top of everything...I do find having to do other stuff during the day as well as seeing clients is makes it more hectic.. having meetings and other things going on, I had to do a campaign the other day and write an article....we also have to do group therapy....then there is presentations, that stuff really, adds to your work load, that requires a lot of research, going in to do presentations....sometimes you end up with too much to do and your case history is feeble...so when you finally get down to doing something, you kind of forget stuff.... And that is something that has impacted on the cases where your notes are not as thorough as they could be which changes the way you interact with a client in the next session. You end up forgetting stuff or repeating stuff...So yes, meeting deadlines and trying to stay on top is not always possible... and this is stressful.

I: Has your health been affected in any way?

S2: Not physical...but psychological maybe... again particularly with crisis cases, or cases that are very difficult....cause when they leave and walk out of here you feel completely drained, and the negative energy they leave behind stays with you...you trying to work towards counteracting were is doesn't work, that kind of get displaced on to you, I've had that....when I go home feeling really bad after a day of quite a few clients like that... and you begin to wonder what life is all about...it gets pretty depressing. but then during the night at home you do something relaxing and calming by watching some soapies or something that helps you to forget...but I think it defiantly does impact on you psychologically....you never really leave it at work it tends to follow you home...

I: Any family responsibilities?

S2: Its just general family stress...which comes with life I guess, I've got a big family so there is always drama, and I've got quite an extended family, I have had an aunt in hospital at one point, and another aunt going through a crisis of her own, I mean that gets tricky, by spending a day trying help people, and the you go home and carry on work basically, so you try to forget about your day but end up being stressed out at home again.... Basically again sometimes your family are your biggest support , but at other times they just add to your stress....I have not financial concerns...I'm getting a salary for the first time, which is really cool...

I: Can you describe some of your experiences and feelings when you first received a consult for a suicidal client?

S2: Some of my experiences? Again, there was flash lights that went off you know like warning lights....and if you ask a client is she has any suicidal thoughts and when she says yes, your lights go off and as soon as they mention suicide you have to ask this, this and this and get them to sign the no harm contract for this...Also I get very nervous and start asking myself questions about what I'm doing....I had a client who told me that if she was wanting to kill herself the last thing she would do is to go and call someone, like flip, like do to I call psychiatry or what in that case.... Initially you have huge anxiety about it, but also the more suicidal clients you see the more you know what to do....and I can phone my supervisor straight away and ask her what am I supposed to do...but suicidal clients still freak me out....

I: Have you had experience working with suicidal clients prior to commencing your internship?

S2: In M1 year I had a client that had suicidal ideation and was depressed...that was a pretty hectic case...but now I am seeing a lot more clients who may not be actively suicidal but do have thoughts of suicide...I suppose it is part of all mental illnesses at some point clients feel suicidal...so it is something we need to look for all the time...which makes our job a lot more stressful than most other jobs...

I: Can you tell me what your attitudes towards suicide are?

S2: I guess on some levels we have to accept people for who they are ,maybe its to do with my own anxiety... if at the end of the day the person wants to commit suicide, then that is still their choice and if they do have a choice in the matter and there is only so much you can do...you cannot really take responsibility for that persons life and you can do what ethically and morally you need to do as a psychologist...but at the end of the day if they want to do it , they are going to do it, if they really wanted to do it, they wouldn't tell us, in my view. Let them do what they want.....it's their choice, you cant really get in the way of that person's choice....so I don't have an issue about suicide other than my own anxiety on how to deal with the client.....

- I: What coping methods have you subscribed to when encountering a non fatal suicidal client?
- S2: Well I would always call my supervisor, I still feel very anxious, but I get a lot of support there, she tells me "Ok you did the right thing". and then I feel better, and then obviously you have those kind of days when you go home and you feel quite bad and depressed and I try and do something fun, like I watch a DVD, a fun DVD, and just try to block it out, you need something to lighten the mood, you know.....
- I: What kind of protocol do you use to guide you when accessing and managing a non fatal suicidal client?
- S2: Protocols, well I had, training from M1 and we have had a bit of training here. Basically we were told to ask the question of have you had any suicidal thoughts , generally you have to be very careful when asking have they had any thoughts, some times you don't want to miss it if its there. Other questions to ask are generally around if they are feeling very low, sounding quite depressed, they don't want to carry on...and then based on what there response to that is, if it doesn't sound very serious at all, you can kind of just have a verbal contract, or written out saying this person will come to you if thoughts continue, again asking the question about whether they had an actual plan, or have they thought of writing a suicide note, or have they been looking at their wills, that kind of thing, again a cue just to ask how high the risk is, and in the case if the risk is very high, you would send them to psychiatry. If it is in a session and is very hectic we can call RMS to take them to King Edward which is just next door, or we get contact numbers from them in the beginning of a person to call in an emergency, so we can call that person to come in. Obviously giving them the choice first, will you go to psychiatry and again leaving that up to them...
- I: Has there ever been any tension between colleagues that has contributed to your stress levels?
- S2: No...they are all pretty supportive.

I: Do you feel that you have access to a multi disciplinary team?

S2: Yes they are supportive...

I: Have you ever had any issues with your supervisor?

S2: Recently where a client of mine was having suicidal thoughts, I gave her my number and got into a little bit of trouble for doing that, we have been told about that, giving out your number is your personal choice, you can give it if you want, but they explained the risks for doing that, and in this particular situation, I felt the reason why she was asking was how dedicated I really was to the cause, I didn't think she was asking if she would really call. If she was suicidal and she was going to call, she would have people to call, so it wasn't a case of having no one to call, but I think she was trying to test me, and she hasn't called at all, since I gave her my number....and my supervisor didn't really understand that.....

I: Do you feel your supervisor is available and supportive?

S2: That's tricky with me, because *****, who used to supervise me was right here, so in that case I could call her.... Now its much trickier, they are available telephonically but it still harder then having someone right here, as a support. I use *** when I can, but she's obviously had a whole year of internship so she knows.... I have called her on some occasions....At times I don't feel my supervisor is available.....especially when it comes to crisis cases...

I: How did your M1 course and your previous training and experience prepare you for your internship?

S2: I think in M1 we had very good theoretical grounding, the same time practically it was lacking...Most people didn't get a lot of exposure to clients.... I did get some nice experience from the cases I did have last year....but it is never enough to prepare you for your internship Assessment training was great last year, cos I had to do quite a few assessments, and I felt confident in all the assessments that I have to do now...I also feel the interventions side of M1 was lacking and that would be because we just touched on everything. The shift between theory and practice is hectic....here they talk about object relations and stuff, which we've not even heard about in M1...so I do feel we lack training in interventions, and practically any intervention we were taught was much more theoretical.... If you actually have a client who is having a panic attacks, we were never taught how to deal with them. You know what I mean, you have to learn while you are actually doing it....you know what I mean...

I: Yes I do...Do you feel competent now?

S2: No, I don't think anything can prepare you for internship....also dealing with suicidal clients is still stressful for me even when I think about it...maybe I will get to a point where I will feel like I know what I am doing...also I don't think any training helps you deal with the stress at that moment when a client presents as suicidal....you kind of feel that this person's life is on the line, it is up to me to save them.....

I: How have some of the academic and competency based responsibilities impacted on your ability to cope with stress?

S2: Just to mention in our M1 training, one thing we didn't have any sort of training or workshop on is around the stress of being a psychologist and how to cope with the stress.... In supervision we can talk about personal... other supervisors are very strict I have heard and I feel sorry for those students in that way, but it would good to have supervision because we were dealing with our cases for the first time. I think what would be useful for us now is to be able to talk freely about our stressors and have more support...we have our intern meetings but it is not enough.....

I: Do you feel you have no containment?

S2: At times yes.... you are too scared to say anything in case it is viewed negatively and may end up in your report so you tend to keep quiet.... also dealing with hectic cases for the first time in our lives is hectic. When you have only read about it in a textbook and now you are seeing it for “real”....

I: What about other academic stressors?

S2: Case presentations are quite stressful...even last year the presentations were awful, I remember being hammered on my first presentation, it always felt like they were trying to trick you and make you feel that you did not know anything... like you were being attacked, I haven't felt stressed going to supervision or preparing for supervision at all, what I have found stressful is the assessment requirements, you kind of know that you need two of these, three of those and you end up stressing about getting them...it is something that is a bit hazy....I feel it should not matter about the number, we just need to feel that we are competent...so it feels like I am on fast forward trying to meet all of the requirements...

I: What about the fact that you are being evaluated?

S2: Yes, that is stressful knowing you are constantly being evaluated.....and not knowing if you are doing the right thing?

I: Have you had any issues with the other interns?

S2: Maybe the issue is with me, my work is quite different to the other interns, there has never been a problem, but it always on the back of my mind...they do a lot less presentations and workshops, we have to present to sometimes one hundred and seventy people. . we also do group therapy which is organized by ourselves.... the others slot into groups that have been organized by other members of staff, where I come out with my own concepts and stand up and run a group, but its fine I have managed to get it done....

I: Have you experienced any language or cultural difficulties when dealing with non-fatal suicidal clients?

S2: No, I haven't had any translation problems.....but culturally maybe, in a sense that I find myself often thinking or saying to clients why have you not spoken to your family about your problems cos my family is a big support, but with my client who may be an African person, in her culture telling your family about your problems is not on....she explains how the relationship with her parents is very different to ours, they are much more respectful and saying certain things to a parent can come across as being very disrespectful or ungrateful , so a lot of things don't get said, like talking about personal problems or like if you ask her if she had discussed this with her mom, she says "no".... which is weird to me but for other it is not.

I: If you had to use a translator, is there one available to you?

S2: No, not a proper translator, but we have our secretary. If we need her she would help.

I: Is there anything else you would like to add that you feel has not been discussed above?

S2: I think the other thing that stresses me out is my age.....sometimes it is an advantage being young but at other times it may be a weakness....at times I can relate to people that are my age. I can speak their lingo and be on their level. Some times I get the feeling that clients think to themselves that I am so young, and don't know anything.....they ask "are you still training, or are you still studying or something"....that makes me feel incompetent or that perhaps I don't know too much...maybe I lack life experience...I don't know...

I: Is there anything else you would like to add that you feel has been left out during the interview

S2: I think that's all?

I: Thank you

Interview with Subject 3

Interviewer: Can you tell me about some of the experiences you have encountered during your internship that have been or are stressful?

Subject3: I think dealing with, with cases when you are meeting someone for the first time regarding a problem, which you haven't personally had much experience in, and because it the first time you try to kind of dredge up the as much as you can remember on wherever it is that they are presenting with and often it is stuff you have only heard about, and trying to put that all together kind of quickly the first time.....for example I had to deal with an unwanted pregnancy and it was the first time I had actually dealt with someone who had actually presented to me with that in a way that I had to be structured and constructive with her about her options. Not really knowing about stuff.....that is very stressful...there is quite a range of problems that are out there, every time you do encounter a new problem, there is always anxiety and it is very daunting

I: Is that what you feel is the most stressful experience thus far, having to deal with cases that you have never had experience with?

S3: I've found the most stressful has been encountering the types of problems that I haven't dealt with before on a one on one basis...seeing real clients with real problems...having to deal with that problem in a constructive and structured way and sometimes you want to say well that is their problem not really my problem...but you can't you are the psychologist you have to deal with it and you not sure how too...that is very stressful...yes, this is the first time I am encountering certain problems...

I: What do you think has contributed to your levels of stress?

S3: I think one of the things that was brought up, is it brings up a lot of your own anxieties, I can't speak for the others, but I can speak for myself in that it challenges your own certainty about how well you are actually dealing with the problem and that I have found quite stressful. The most stressful thing is sometimes the thing we throw at ourselves like am I dealing with this adequately. I think some of the stress I felt has been self-inflicted. I can't say that in terms of, I mean, time wise we are obviously battling but it's manageable, we are certainly given enough time to deal with client's properly, I don't feel that that is stressful.....but I have issues around whether I am giving the person the right advice.....like they have come to me for answers and I don't feel at times that I am equipped to give them the answers...that is stressful

I: Have you experienced any personal stress?

S3: Not really, I'm not in any kind of relationship so, I don't have any children, any of those kinds of stressors, I think what I have found is stressful and has to do with my own personal issues is that I often question whether this is what I want to do and is this where I want to be, when some of these questions come up I tend to ask am I on the right path is this where I want to be.... Personal stress is where I see myself in time.

I: In your opinion how does the stress you experience impact on your daily functioning?

S3: I feel quite tired at times, I don't notice it so much in the week, cause you have a lot to do, but I know at weekends I'm often not terribly highly motivated to have to get up early and do something, so I tend to be quite careful at keeping time for myself and schedule things in such a way so I don't have to rush anywhere, or meet any obligations when it is my time off. I also tend to want to be by myself and not socialize....I just don't feel like dealing with people on the weekends when I have to do it during the week...I suppose I have lost a few friends this year.....but I am aware of the stress and try to not let it get in the way of my daily functioning...

- I: Can you describe some of your experiences or feelings you experienced when receiving your first consult for a non-fatal suicidal client?
- S3: Actually ones first thoughts, are to be very concerned, and to try and get as much of an assessment of the risk as possible, and its quite difficult because usually people are at that level where they have quite a lot of stuff coming at you in terms of their personal life, their emotional well being, their kind of relationships which extend to which other people know or don't know. As much as you are trying to get the immediate risk, you are also getting hit with a lot of information from them, and you try to sift out how much extra information is relevant to the situation or to their suicide, but I think primarily, your concern, and I think the issue of suicide perhaps is fundamental to wanting to help people...and we also ask the question of how effective are we being, how responsible are we for this person?
- I: Do you find that dealing with suicidal clients is the most anxiety provoking of all clients?
- S3: I think it is, you feel responsible whether you like it or not for that person. You are responsible for the direction of this person's life or ending of their life, or the possibilities of preventing that. But I think also that, I mean, again, you can't be ultimately responsible for someone making that decision, so I think, it's not a pleasant thing to have happen to you, but I don't think that you are ultimately accountable for someone else's decision, but again where do you draw the line, how do you know where to stop being accountable for someone else's decisions, and that's quite a difficult call to make.....
- I: Did you have any experience working with non fatal suicide clients in your M1 year?

S3: I had a client who was not presently suicidal, but who had previous suicidal ideation, but he was a passive dependent kind of personality, which meant that he didn't actively plan to end his life although he thought he could do it through excessive drinking, and he was actually hospitalized for a few days as a result of that, and at the time he said he felt very suicidal, and that he could just drink himself to death. My experience of it was that not knowing immediately, but I had seen someone who had been that way. And that was always the question mark at the back of my mind... could it reoccur....have I missed something.

I: What coping methods have you subscribed to when encountering stress?

S3: I think the one is that at student counseling we are quite supportive, so we can take quite a lot of issues to supervision, I find that is very useful. I don't feel that I'm limited to take particular problems to my supervisor. For example, if I feel that another psychologist is better at a particular problem, then I might just chat to her about it instead, and often it's kind of looking for that kind of reassurance that you have covered all the basis and those kind of things .So I think work wise that is an important one. Socially and personally, engaging in activities keeps me focused on what I am doing and helps to reduce the stress....

I: What kind of protocols would you use to guide you in managing a non fatal suicidal client?

S3: Basically, just exploring the different levels or areas of risk, in terms of support, what available support do they have, history of drinking, drug taking, just looking in those areas, at previous attempts, depression, current stressors, relationships, things like that...basically assessing the risks.....one thing is who is available to assist this person. How bad is the person currently, does this person need to be hospitalized.....Making assessments of how bad it is, getting their permission to inform someone else of the severity of their status.....,We have got a suicide contract, that we ask the client to sign..... if it were a very high risk, then we would be looking at hospitalization or something like that....

I: Do you have access to admission facilities

S3: Well that's a bit of a problem, at this center, because we are supposed to go down to the hospital with the person, and we are supposed to contact security, and they are also supposed to go down with us, but then if they are not available then counselors have to take them down in their own cars, which I don't think is very ethical. We were told that is the procedure..... it is stressful just thinking about it...

I: How did your M1 course and previous training and experience prepare you for your internship?

S3: Not very well. I had a lot of problems with the M1 course, most of it is very theoretical and that is not very helpful, it should be the other way round, it should be from bottom up, and we kind of work from top down, how this theory applies to this person, instead of finding out who the person is and what theory is useful. The bits of the M1 that I think were helpful were probably just the training in terms of administration, cos that is something we need to know. It something they showed us how to do. There was no preparation for that, prior to the M1, other than that, we spent a lot of time doing theoretical modules which I don't feel prepared me for the real thing....The little bit of practical experience I got was helpful, I saw two or three clients through the year, but again it didn't prepare me for the onslaught of the numerous clients we see on a daily basis...

I: How have some of the academic and competency based requirements impacted on your ability to cope with stress?

S3: The fact that we are being evaluated is always in the back of your mind, but again we get to speak to our supervisors about what is going in the report so we are assured that there will be no surprises...but we will see, we have not been given our first progress reports yet... we were told that everything that would come out in the report would be stuff that we had already discussed, and covered. I haven't seen what is going to come out as yet, but I think that if we've got problems, you are alerted to them before they become problematic...but lets see what happens....

I: And academic requirements?

S3: The dissertation is clearly a problem, cos the other psychologist is from Pretoria and they allowed them one afternoon a week for research when she was doing her internship, we don't get any time to do that, and that is a problem because work wise, you work here and you are so busy and you don't have time to do it. So that is a bit of a problem. I would say that is my main anxiety. Academically, preparing case notes and that kind of stuff..... I haven't really had any major problems or difficulties there....but I do sometimes feel my case notes are not up to scratch because there are just too many clients to see in one day...this is stressful cos maybe I will be evaluated negatively...in terms case presentations, I'm going on what I did last year so I don't foresee any problems although we don't know yet what is expected of us...

I: Have you experienced any language or cultural difficulties in dealing with non fatal suicide clients?

S3: I think the language thing is a bit of an issue. I think the books on multi cultural counseling only touch the surface, I think when you actually sitting with someone whose language represents their cultural thinking, it's not simply then about how they convey it.that I have found is something you only really appreciate when you are sitting with someone, that doesn't understand what the words mean, it's if words can actually penetrate deeper and have a deeper understanding which we are not aware of..... that I have found very difficult. Talking to black students I have found, looking at this in an alternative way is stressful cos we only go on what we know... some of our psychology training doesn't really equip us for that...

I: If you had to use a translator, would you have access to one here?

S3: It has not been a problem....We do have counselors in the center you would be able to converse or might be prepared to translate on behalf of someone else....so that is not stressful

I: Is there anything else you would like to add, that you feel you has not been discussed about?

S3: There is quite a lot of things...I feel quite angry at the kind of training we got, it didn't really equip us to deal with internship or in particular suicidal clients, it was very intensive, but what was it in aid of...because I feel like there is a lot of basic techniques that could have been taught to us like relaxation techniques. How to put together a stress management programme. How to fill in an intake form. How to do debriefing. Even just actual practical observation and had less time on theoretical stuff like HIV in South Africa, we haven't gotten to this stage, not knowing that, to do that again is just a waste of time. We could use a lot more video material, which we don't actually have. We could have video seminars, where they buy in videos, and show us how it is done. We can't see it done here now; we supposed to just read in a book as what to do. I feel really under – equipped, and that's what I should have said earlier to one of those questions in terms of skills, in terms of intervention skills, relaxation techniques, management skills all these kind of here and now programs you can put together to guide the process, which you might use in the second or third session. That's my gripe.

I: Would you feel say you still feel incompetent when dealing with a suicidal client?

S3: Yes....I still have all that anxiety you feel the first time and then you kind of sit back afterwards and try go through all these stops, and say did I cover that. I think I will have the competency to cover a lot of what I need to ...but then going into it one is never sure how effectively one is going to do it. Once you have had a few cases then you, get a better perspective on your ability to. . Most of the cases I'm dealing with are for first time...here I have certain boundaries to maintain, I got to maintain a time frame, so there are lots of things I have got to work with, that are different to how I might work with a friend. I find where I am now; there are a lot of problems to deal with. There is always anxiety there, cause you can go and read it up on the Internet, but you are never quite sure if you are implementing it correctly....so I do find the whole thing very stressful...always questioning yourself...never quite sure if you are doing the right thing...(sighs)

I: I can see you feel overwhelmed...It will get better....Is there anything else you would like to add?

S3: No...but thanks for giving me the opportunity to vent...sorry I had to do it at you....

I: No problem

Interview with Subject 4

Interviewer: Can you tell me about some of the experiences you have encountered during your internship that you have found to be stressful?

Subject 4: Well, the concept of a having crisis cases we haven't had much training on how to handle a crisis, so that was quite stressful in the beginning. One of the psychologists did a quick session about what to do, so when I kind of knew but it is still stressful dealing with clients you have never been exposed too and being expected to just deal with it.....the other stressful thing is just feeling unprepared...our training has not been adequate enough, practically speaking. Going to supervision for the first time is also stressful as you are not sure how to prepare.... or what they want from you. We have really good supervision here, and they are available, so that really helps. What I did find very stressful, was that I had a suicidal client, and every time I spoke to him, he kept on coming up with suicidal ideation....so I found that really stressful. I do write a checklist so I know what I'm asking, but it doesn't always work like that, and we have been trained as what we do need to cover. On suicide we only got the training last month, and in our in M1 year we didn't get nearly enough training on how to actually handle suicidal clients...

I: What factors do you think have contributed to your levels of stress?

S4: In the beginning I was very stressed cause you do quite a lot of career assessments and writing reports and suddenly you realize you are actually working in a professional capacity. I actually haven't been very stressed to be honest, I don't think I'm a very stressed type person, I wasn't very stressed last year either. Maybe its because I exercise and eat healthily which does help. I work consistently, I would rather work lunch breaks and get the work done, then having it hanging over my head, so that does contribute to reducing stress. If I have a report to write, I will just write it, even if it's not due yet and get it over with...maybe I push myself too hard...

- I: In opinion how has the stress you mentioned above impacted on your daily functioning?
- S4: I suppose, you can feel yourself getting stressed out at some stage, and at times I have felt like screaming and thinking how am I going to get through this all, and I think it you take it home with you, like at the moment I have a client and am battling with the intervention, and thinking how I should have done this and how I did that, so that type of thing, it is always on your mind...it never leaves you...yes maybe inwardly I am stressed but not aware of it...especially since I can't let things go and relax...
- I: Do you have a supportive family?
- S4: Yes! I have a sister and a friend who live in Benoni, and I have a sister that lives nearby, so yes, I have a very supportive network. I also exercise; I do yoga, which is very de-stressing. The support here is also very good. You get two supervision sessions a week, and if you want more you can just ask. I've booked four supervision sessions this week, so I can discuss all my clients..... having someone to go to that is really helpful. We have training session as well, which is also very helpful.
- I: Any personal stress?
- S4: Not really. My boyfriend is very busy as well, so it actually helps, but I wouldn't say I have any personal problems. I don't get out much anymore...too busy with work.
- I: Any family duties or responsibilities?
- S4: I try not to take work home with me, I've tried to make this a policy with myself, and otherwise I will come in early and work then. It's good to keep boundaries for yourself. My social life, well that really sucks.....I am too tired....
- I: Describe some of the feelings you experienced when dealing with a non fatal suicidal client?

S4: I think I am still very anxious, and would be very concerned that every word I've said I would be watching out in case it resulted in disaster, like they decide to go right back to it. I feel very responsible; to make sure that it doesn't happen again. I think I put a lot of pressure on myself, about the fact that it's a suicide attempt and that it is serious. I think I take too much responsibility for that, had I done something wrong, had I missed something, if I had done the assessment, could I have done more, should I have got family members involved, that kind of thing. My anxiety levels are generally very high.

I: What is your attitude towards non fatal suicide?

S4: I am very nervous around suicidal clients. I am very nervous doing any more damage or harm. If they tell me that I am still suicidal, I would probably run out to my supervisor straight away. I think without having any experience it is very anxiety provoking.....that is what we lacked in M1...the practical training on how to deal with suicidal clients.....

I: Did you have no exposure to suicidal clients in M?

S4: One of my clients last year was having a relationship problem, and she was discussing how she was having problems with her boyfriend and had thoughts about suicide, but she hadn't done anything yet, but even though she had said to her family "I might as well kill myself." Then another time she had taken a whole lot of sleeping tablets. She didn't take that many she just slept it off...so not much experience...

I: What coping methods do you make use of when dealing with stress?

S4: I think I use my supervisor a hell of a lot, I can't think of any other way I cope with it. Maybe talking to colleagues, like some of the other interns, but then I don't think colleagues would be good enough, cause they are also interns. That's when my anxiety comes through, like you are not the best of the best.I would have to be very careful not to become involved with the clients, like checking on them

- I: Any negative coping strategies you subscribe too?
- S4: I do drink alcohol, and if I do have to deal with suicidal clients I would go home and say " I had such a bad day I will have a drink... but not excessively...
- I: What is some of the protocols, you would use to guide you or you still use to guide you when dealing non fatal suicidal clients?
- S4: The only one that I would do is a suicide assessment. If they have already done it I would establish how do they feel now, how to they feel as a result from it, do they still think about it, or if they are still thinking about it. That's all that I would do and then I would go to my supervisor.
- I: What are the policies of the institution with regards to suicidal clients?
- S4: There is the contract, so I do that, and then just talking to the supervisor. If the person looks at risk right now then we can get them hospitalized.
- I: Do you have access to admission facilities?
- S4: Yes. But saying that if you were my patient now, and you were suicidal, then I don' know off hand if that is what I must do. I think I would battle to decide when to make that call, when to admit a patient. It's quite a big risk admitting someone, like because you are here and they are in the hospital with other serious patients...
- I: Would you refer them to psychiatry?
- S4: Yes. You would have to get the person transported to a hospital.

I: How did your M1 your course and your previous training and experience prepare you for the internship?

S4: Not at all. I even worked on a suicide project, which was a lot more helpful than my anything we did in M1. As far I can recall we didn't do any intervention at all. We briefly looked at suicide assessments. The training here has been a lot more helpful.

I: How has some academic and competency based impacted on your ability to cope with stress?

S4: It is a hugely stressful knowing that hat you need to achieve and you need to get through. Having supervision is quite stressful. but the after the first time is wasn't so stressful., that stress was more based on the case presentations we did last year....you kind of expect to be slaughtered..... Going to lectures and standing up in front of the class and you know lecturers are going to drill you, which was not like a learning experience it was more to prove you're wrong. The supervision here has been very helpful, you have recorded sessions and I have only had one supervisor so far. I have a good relationship with my supervisor. which I think is very important cause when you need information on the work you are doing, practically, there's so much you need to learn and so much you need to remember, you need some kind of feed back on what you are doing, if you're doing it right.

I: Have you experienced any language or cultural difficulties in dealing with non fatal suicidal clients?

S4: Definitely.....some of my students at the moment, some are white, and some are Indian students and they all speak English fine. Some clients who are African speaking, and though they can speak English, a lot of the time you get very frustrated cause you get a shallow explanation, to try to get them to show emotions or to express what's going on inside their head is very difficult. I have battled with that. Culturally I suppose, like a lot my African clients, they do not like it when you are silent. some Africans don't respond to silence You get some clients who speak broken English and add in Afrikaans and I can't speak Afrikaans, and don't understand it either then I have no idea what point they are trying make is, and he can't convey it to me so then you just have to move on. You lose a lot.

I: Do you have access to a translator?

S4: No, if you are really battling with the client, there are Zulu speaking counselors here. So if you are really battling, you can say, are you battling with English would you rather go and see someone who can speak your language...give them the choice.

I: Is there anything else you would like to add that you feel has not been discussed?

S4: Thinking about a previous point, for me the biggest amount of stress is just your own issue around your abilities and competency.... having to get through that and accept that we will never know everything that there is always more to learn...I have to learn to relax and not try so hard...

I: Thank you!

Interview with Subject 5

Interviewer: Can you tell me about some of the experiences you have encountered during your internship that have been or are stressful?

Subject 5: For me personally, I recently started driving again, the pure fact of me getting to work in the morning, is a huge stress for me. I particularly don't enjoy traffic, so you've got morning rush to get out here, which can be stressful. I often joke saying I get my therapy to and from work cos cursing and swearing at the traffic helps to get my frustrations out. What I find particularly stressful is? (starts to cry)...sorry.... where do I start, I mean you look out the window and the view.... you look out and all you see is a red brick wall, which is a very typical government hospital. One tries to brighten it up with posters and stuff, but certainly a lot of work needs to be done in this hospital. In the working environment I find it completely depressing...(still crying)

I: Do you need a moment?

S5: No, thank you.....there is nothing making my life difficult, there is no bullying or harassment, you just get on with it, it is a huge adjustment, you go from seeing two patients a year in M1 and think you are really hard core, and on my first intake day I saw sixteen patients, at the beginning it is very overwhelming.....you ask yourself what is this all about and in the beginning you think every day is going to be like this, and you think maybe I have made a huge mistake.....You kind of learn to get on with it. One thing that is difficult, is to put theory into practice, cause what we did not do is enough practical work... M1 gives you a whole lot of things, which is great in theory, which is marvelous, and then you get here and you discover you don't have the tools to work with. With the exception of the assessment course was very practically based and I could get in here and start the assessments immediately. That was really good, but in terms of therapy, trying to work with depressed people and having so many.

The other thing I find quite difficult here is that I do not speak Zulu and some of my patients will converse in English, which is great and sometimes a nurse needs to come in to interpret. The other thing is when I go to a departmental meeting, and they starting speaking another language, and I haven't a clue what's going on. And people look at you, and say don't worry about it, I can pick up the odd word, but I find that a bit stressful. The bottom line is that it's rude. As time goes on, I'm working on that one. You find things are very overwhelming but you kind of work it out.....

I: What factors do think have contributed to your level of stress?

S5: I like to know what's happening at all times, it's just like my security blanket, I'm a very structured person, I like things to happen in a logical progression, and know what's happening and when. That is something that doesn't go down to well here....stupid things, like being punctual, being reliable and in control. This is seen as or interpreted as obsessive compulsive. Okay. Um. In my culture these things are central, but are interpreted differently here. For example putting a poster in the office is interpreted as territorial. When I arrived there was no office, I had to share a room with three other people, so you think you will make a bit of space for yourself. Bad move, its not interpreted in a way that you meant it to be interpreted. For me clearing a little space for my own means that the big world does not seem so bad. This can be put down to cultural differences. Another stupid example is I set down to plan my work schedule and after asking is it all right to do this, I planned a month ahead. Then at the quarterly review I am told that it is not my responsibility to do that. I am taking on another person's job responsibilities. It's not your job to do that and you are implying and advocating that there job is not needed. Bullshit. You know that was not why this was done. In the beginning I questioned whether this would be a problem and it was no problem. As it turned out it was a problem. And it adds to the stress. And what is annoying is that people don't talk about it. It turns up months afterwards. That was a surprise, I felt like pushing off then...handing in the towel...but I felt that after the report had been passed to me that it was not the place to ask questions and had to wait four or five days for an opportunity when she was more open to discussion.....

This was probably a good thing as it gave me a chance to calm down. Broadly in a nutshell those are the things I found stressful. Perhaps it's a bit about the work routine. Lets face it varsity and M1 is a lot more flexible, than coming back here to an 8 to 4 with restrictive boundaries.

- I: Do you think that what you have spoken about affects your daily functioning. You were saying earlier on "I feeling nauseous early in the morning".

[Long pause]

- S5: You wake up saying "God its morning again..... Damn its work". You think is there something wrong with me that I feel this was..... Then you get on with the day...but yes every morning I wake up feeling nauseous and end up vomiting...this has still not subsided.

- I: And in your personnel life.

- S5: Ya, its a bit hard on my husband. It's a bit hard to say what is going on and he is saying, "What exactly is the problem". "Is there a problem at work"? "Is it this or that". "Are you being bullied"? But no there is nothing like that, I can't put my finger on it.....I suppose it is a whole lot of things which al. add up and cause huge stress for me...

- I: Can you describe some of your feelings and emotions when you first received a consult for a non-fatal suicidal client?

S5: Well very simply I felt nervous.... and still do every time I have to see a Para-suicide... You are kind of afraid you will say the wrong thing and send him over the edge. And by this stage we have seen so many Para-suicides. And nine out of ten are young woman that have had a fight with the boyfriend, and they have taken two types of doom in the mouth and have taken four sets of antibiotics. So they are not really serious attempts. And you go through the evaluation of mental state and then education and stuff. And some times they come back, and some times you never see them again. I find that a bit irritating.....

Once in a while you get serious ones, it's a matter of determining which ones are the serious ones and referring them to the psychiatrist. In the beginning it was quit overwhelming, you might say the wrong thing and send them of to go and finish the job.

I: Can you elaborate on your feelings when having to deal with the consult?

S5: I found that in the beginning I was anxious, in the beginning it was more interesting. Now when I have seen somebody that I feel does not have a serious problem which is the wrong way to look at..... . In other words a squirt of doom in the mouth or four tablets, then I am irritated, because there are so many other people in the queue with serious problems and like you have just had a fight with your ten year old brother and you have gone and done this. What is it? But then issuing a red card is not getting the message across. And you have to give them a chance. Everybody has there problems. And then they have to manipulate to get some attention and are much happier as they have now got the attention.Ya so sometimes they annoy me, but I really battle with the sort of florally, psychotic, and they become very touchy feel and sometime factious. And over the top, constantly seeking attention ...so yes I do get irritated with patients at times...and it is hard to just leave it behind. I am always thinking about work...

I: How do you cope when dealing with a suicidal client?

S5: Holding a mental state. Its like a crutch, but it gives me something to do. I go through all this mental stuff. Take a breather.... step back and think about what they have just told you. And then get them to do something new. And often I find that it puts them off balance. Because then they think you are crazy. Why are you asking me to close my eyes? Why are you asking to draw diagrams? What is it about making me say my name again when I have just told you.

I: In terms of your own coping strategies, what do you use to alleviate stress?

S5: Sometimes I exercise; I go walking a lot or talking with my husband but not all the details. As a lay person he has a bit of non appreciation, but mostly by blocking it...I tend to withdraw and become quiet....

I: Do you feel these are negative strategies?

S5: Sometimes I do let things go. Sometimes at home I tend to think about things and hang on to them a lot. And when I try to get involved in other things I have to think, hang on I am home, I can stop thinking about this. I can try, but sometimes it keeps cropping up...and its hard to let go...so yes maybe I need to learn to separate work from home and try to relax more. I am a very anxious person...

I: Can we go back to some of the protocols, you use to guide you or you still use to guide you when dealing with suicidal clients?

S5: The only protocol seems to be that if you get them before 12 see them. If you referred after 12 you get to see them the next day. Protocol, no there is no protocol. If you use the suicide evaluation, and you find them suicidal and and they are not discharged you make sure you follow up with them. But that is not a written thing. The other thing I use a lot is the no suicide contract, which I use with teenagers and although it is not worth the paper it is written on, it does make them think about what they are doing. And its amazing, if you get people to sign a contract and say its a promise and I am going to hold you to it.... but you know that not one of them will stick to it, not in a million years. And how do you prevent a suicide. But it seems to have the impact it is supposed to....I find that there is no structure here...no consistency and no one tells you what to do you have to figure it out yourself...

I: Do you have access to admission facilities, a multi disciplinary team and is your supervisor readily available should you need here when dealing with suicidal clients?

S5: Yes...psychiatry is across the passageIf there was someone I couldn't contain or it was out of my capability sure I could rely on my supervisor....she is not always here and available and we have not been told to get supervision on every suicide case....

I: How did your M1 your course and your previous experience prepare you for the internship?

S5: In terms of working shift long hours, my experience as a nurse, has made this okay. [Phone rings]

S5: Sorry, what was the question again?

I: No problem...I just wanted to know if you felt that M1 and your previous experience prepare you for the internship?

S5: Can anything prepare you for internship? No, nothing can prepare you for this, I mean I thought that this was going to be a breeze compared to nursing, compare to the stress you encounter there, but it is different here, is that you take responsibility for your patients from start to finish, for everything you do and don't do with them. ...but what you say and do does impact on peoples lives. Some times I feel that I am not competent in many areas, which is stressful. I think I am 1% happy with the different techniques.... At the moment its like what are you suppose to do with a depressed person. The techniques we were taught in M1 suck, they don't work, in that respect if feels that the training has in no way prepared me to work with real people and real problems.

I: Was it the first time you had en counted non fatal suicide clients?

S5: No, I have had experience with suicidal clients. It wasn't the first time, as I mentioned earlier I was a nurse beforehand...but it can be very nerve racking...and nursing was nothing like this...

I: How has some of the academic and competency based requirements impacted on your ability to cope with stress?

S5: Research is very much a factor; you can't just nip out t do a quick interview... I have not even finished my proposal...I don't know when I will ever get to do the dissertation....I find that the progress reports very scary....We had a competitive group last year and the same group are doing Clinical psychology this year, so when you go into meetings you have people competing all the time... its quite difficult when you know you are going to be in someone else's place for the next six months and live up to their standards..... I don't enjoy those intern support meetings either...there is so much competition and you can't trust anyone....., we got fed a whole heap stuff about last years interns, and we just got given all the negatives, and how this year they are really going to come down hard on interns. You go home and you just feel negative, negative, and just feeling that well that was last years group.

In the beginning this is all you heard, you can't do this, you have not got the power to do that. We all arrived at medical school for orientation and were told that nothing had been diarised, we were not expecting you until the forth, ok!, people have cut holidays, we have all come back and we here at eight o'clock in the morning and Prof Pillay comes over and says what are you doing here, and we told him we had all gotten letters saying we must be here on the second of January, only to be told that he knows nothing about that, and that we are supposed to be at our various hospital placements by eight o'clock in the morning, so this was the first we had heard about it and we all come to orientation...so at lunch time I came here and was feeling very angry and I was late, I told my supervisor that there had been a mix up with orientation and all she said was you are late you can go and sit in my office and I will be with you when I have finish my lunch, and you sit there for forty-five minutes in an office. And that was my first day here, and then the next few days did not go much better. Orientation was a hugely stressful day.....and I still find this place stressful...

I: Have you experienced any language or cultural difficulties in dealing with non fatal suicidal clients?

S5: Yes. This hospital is very black...and the majority of patients cannot speak English...you know the nurses will arrive here at 8 o'clock and then sit and have tea in the tea room. then patients will arrive at about 9 o'clock and you will need them to translate for you so you go to them and they tell you they are officially now on tea break and your patient has to wait until 10 o'clock...that is very frustrating and stresses me out cos I will have about 10 patients waiting...also the nurses just sit and talk in their own language and I never get invited to sit with them in the tea room.....I sometimes feel left out....This place can get lonely.. There are also lots of clients with stupid problems like, if you get a women, who has relationship difficulties and has attempted suicide. you tend to ask the question why do you tolerate him, and why are you still in the relationship, those kind of things...I tend to get irritated and also depressed having to hear what other people go through...

I: Is there anything else you would like to add that has not been discussed about?

S5: No. Don't get me wrong its not a bad place to work, its just a challenging place to work. Once you have settled in, and get used to the routines and find out who does what, It's not so bad. I just wish I could get over this anxious feeling that I have all day long.....

I: I am sure you will...Thank you for your time