



## Grief and loss: When the professional becomes personal

Humans are emotional beings prone to experiencing the sting of grief and loss. According to a 2018 National Vital Statistics Report from the Centers for Disease Control and Prevention (CDC), the United States registered a total of 2,744,248 deaths in 2016, or approximately 850 deaths per 100,000 population. The CDC also documented the 10 leading causes of death in the U.S. Suicide was the 10th-leading cause of death among all age groups in the U.S. in 2016, and it was the second-leading cause of death among those ages 10–14, 15–24, and 25–34. The unexpected loss of a loved one can leave many unanswered questions for surviving family members and for the clinicians who had been counseling these now-deceased clients.

The death of a loved one following a prolonged illness also can negatively impact surviving family members and friends. Their grief and loss may be accompanied by a flood of emotions — anger for the existence of the disease, sadness for losing someone too soon, anxiety and uncertainty concerning a future without that individual.

For counselors too, the personal experience of grief and loss can take center stage. It can be tempting to return to work after a period of grieving as a means of “getting back to normal.” However, in trying to resume the work of the counselor too quickly, we may find ourselves unable to be fully present for our clients. This can lead to self-doubt regarding our ability to ethically fulfill

our counseling duties. We may begin to question whether we are ready to continue our professional responsibilities to the clients and communities we serve. Ethical concerns arise under these circumstances, and the 2014 *ACA Code of Ethics* can be a helpful guide.

### Responding ethically

Standards C.2.g. and F.5.b., which deal with impairment, state that counselors, students and supervisees are to monitor their physical, mental and emotional states for signs of impairment and avoid engaging in the provision of counseling services when impaired. This might include terminating their professional responsibilities. Because grief and loss are ubiquitous human experiences, it is likely that the vast majority of counselors will encounter clients who are facing these issues or that counselors will have personal experience with these issues themselves — perhaps even involving the death of a client. Under such circumstances, it is important for counselors to engage in self-monitoring to ensure that their personal experiences do not have a negative impact on the clients they serve.

An impaired counselor may be at risk of harming clients by imposing personal values. Standard A.4.a., Avoiding Harm, seeks to safeguard clients by minimizing unavoidable or unanticipated harm, which includes the harm that can arise when a counselor is dealing with grief and loss. Standard A.4.b., Personal Values, cautions counselors to be aware of

their own values, attitudes, behaviors and beliefs, and to avoid imposing them on their clients. Therefore, if a client shares information that might trigger feelings of grief and loss for the counselor, or if a counselor is returning to work after experiencing a personal loss, then the counselor should seek to bracket those feelings of grief and loss. This will allow the counselor to remain present and focused on the client rather than being distracted by personal experiences.

Guidance for counselors on how to avoid becoming impaired or harming clients comes from Standard C.2., Professional Competence. Counselors are held personally accountable for meeting their professional responsibilities. These responsibilities include engaging in self-care activities focused on emotional, physical, mental and spiritual wellness.

Likewise, when a client dies by suicide, or when a counselor’s experience of personal loss is triggered by a client’s narrative related to loss, it is important for the counselor to engage in activities that allow for processing the death. Among the recommended activities are consultation, personal counseling and a temporary leave of absence. During these activities, counselors attend to their own well-being while reflecting on the life of the client or loved one. The counselor should not feel pressured to continue seeing clients. However, if possible, accommodations should be made to have another clinician manage the counselor’s caseload until he or she feels competent to reengage in providing counseling services.

We recommend that counselors work to avoid ethical pitfalls related to grief and loss by engaging in supervision or consultation. Standard C.2.d., Monitor Effectiveness, encourages counselors to seek supervision from peers to assess their efficacy as counselors. This practice can foster peer accountability. Counselors who are experiencing professional or personal circumstances of grief and loss can bring their concerns to their peers and process their thoughts and feelings before obtaining feedback on how to best proceed. The peer group might recommend personal counseling, a leave of absence or formal ongoing consultation. Counselors experiencing issues related to grief and loss can adhere to Standard C.2.e., Consultations on Ethical Obligations, when they enlist the help of other seasoned professional counselors, supervisors or the ACA Ethics and Professional Standards Department. Counselors can receive or connect with the necessary resources for support so that they can, in turn, continue supporting the clients they serve.

Lisa Sosin, professor and director of the CACREP-accredited counselor education and supervision doctoral program at Liberty University, was asked to share her perspectives as a counselor educator and licensed professional counselor supervisor in Virginia. Commenting on the experience of personal grief and loss, she states that counselors should “find ways to actively grieve and then ‘bracket’ grieving while in session.” This means counselors should be aware of the “flow of energy and attention of [their] mind, and [keep] focused on joining the client in their journey, even if [their] own pain emerges in response to the client’s grief.” She also recommends using best practices to facilitate grief work with clients.

For counselors triggered by their clients’ grief and loss, Sosin stresses the importance of counselors “honoring their own needs through appropriate self-care, which includes finding a supportive place to actively grieve and seeking out supervision, consultation or personal therapy.”

When addressing issues of client suicide, Sosin emphasizes that counselors need to bracket personal values and projections and attend to personal experiences of grief prior to interacting with the client’s family members. If

asked by family members to participate in funeral or memorial services for the deceased client, counselors first need to assess whether they are capable of and willing to partake. If they are, then Sosin says they should be “present with the family and support them as they orient to the loss by providing appropriate (best practice and culturally appropriate) grief counseling to family members and referring them to supportive services as well (e.g., grief groups, clergy).” She recommends processing personal grief (including anger, fear, guilt and confusion surrounding the client’s decision) as a necessary step in the counselor’s own healing from the loss of a client.

### Working with supervisees

Section F of the *ACA Code of Ethics* focuses on supervision, training and teaching. Standard F.1.A., Client Welfare, stipulates that supervisors’ main objective is to monitor supervisees and the services they provide. This includes ensuring the welfare of the clients being seen by supervisees. When it comes to supervisees working with clients experiencing grief and loss, or who themselves are experiencing personal loss, it is important for the supervisor to ensure that supervisees are not impaired to perform their counseling duties. In addition, the supervisor is tasked with modeling professional responsibilities, including engaging in wellness and self-care practices.

Sosin reminds us that supervisors need to have the necessary training and experience to become experts in grief and loss issues. She recommends supervisors “provide best practice-based information to supervisees and then process the information with them during supervision.” In keeping with the *ACA Code of Ethics*, Sosin warns supervisors to refrain from providing personal therapy to supervisees. Instead, supervisors should have a list of counseling services and be willing to refer supervisees to personal therapy if it is indicated.

### Conclusion

As counselors, we undoubtedly will encounter moments that challenge us personally and professionally. Inevitably, we will feel the impact of the multitude of problems we face, including those that involve grief and loss. When we

experience personal grief and loss or are emotionally affected by the narratives of our clients, it is important for us to be aware of our internal processes and to avoid engaging in maladaptive coping strategies.

The *ACA Code of Ethics* guides counselors to engage in ethically appropriate practices, including self-care and wellness activities, personal counseling, peer support, supervision and consultation services. By participating in these ethical practices, we acknowledge our humanity and limits as counselors and model for our clients and communities what it means to stay committed to the journey of hope and healing that the counseling relationship seeks to offer. Counselors, supervisors and counselors-in-training can find support in the *ACA Code of Ethics* and use it as a resource to guide their practice during difficult encounters involving grief and loss. ♦

John J. S. Harrichand is an assistant professor in the Department of Counselor Education at the College at Brockport State University of New York. He serves as the 2018-2019 student member on the American Counseling Association Ethics Committee. Contact him at [jharrichand@brockport.edu](mailto:jharrichand@brockport.edu).

Barbara Herlihy is a professor in practice in the Department of Counseling at the University of Texas at San Antonio. She is currently completing her three-year term as a member of the ACA Ethics Committee. Contact her at [barbara.herlihy@utsa.edu](mailto:barbara.herlihy@utsa.edu).

Letters to the editor:  
[ct@counseling.org](mailto:ct@counseling.org)