FEARS, MOTIVATION, AND STRATEGIES OF GUIDANCE COUNSELORS IN HANDLING CLIENTS WITH SUICIDAL TENDENCIES

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ABSTRACT

Across the globe, suicide is now a typical behavior among the youth in the contemporary period. This phenomenon challenges school guidance counselors on how they reach out to suicidal clients effectively. However, as they help suicidal clients overcome their unresolved issues, they are also vulnerable to the counseling sessions. The purpose of this phenomenological qualitative study is to explore the fears, motivations, and strategies of guidance counselors in handling clients with suicidal tendencies. Using purposive sampling, nine (9) key informants willingly participated in the semi-structured interviews. Results revealed three themes as regards their fears. They were (1) apprehensive about suicidal clients' wellbeing, (2) occupational vulnerability, and the (3) adverse effects of counseling suicidal clients. Furthermore, there were two emerging themes as regards their motivations. These were (1) professional calls to help and (2) counseling as an instrument for change. Lastly, two themes were extracted for their strategies, namely, (1) reliance on counseling tools and techniques and (2) provision of a support system.

Keywords: *Guidance and counseling, suicide, phenomenology, Philippines*

INTRODUCTION

One of the challenges that school guidance counselors face in the contemporary period is handling clients with suicidal tendencies. The occurrences of this phenomenon among adolescents of both sexes and across all racial and ethnic groups are well documented by several studies (Barna & Brott, 2012; Buchanan, 2014; Choate, 2012; Kung et al., 2018; Muehlenkamp, Walsh & McDade, 2010; Supple, et al., 2013). It is indeed unfortunate that suicide is now a typical behavior among the youth. For this reason, counseling professionals are working assiduously in providing help among suicidal youths in the contemporary period.

However, lurking in this situation's shadows are the fears that linger on counseling professionals' mental state. Meyers (2015) stated that the possibility of having a client die by suicide is a specter that hovers in the background for many counseling professionals. The higher level of perceived stress they experience, which causes a wide range of long-lasting reactions and changes in the working practices upon handling clients' suicidal behavior, affects them the

most (Gulfi et al., 2015; Ting, Jacobson & Sanders, 2011). This crisis makes clinicians frightful in conducting counseling sessions. As they help their suicidal clients overcome their prevailing concerns, they become susceptible to the psychological impact of handling such cases.

The vulnerability of counseling professionals is marked by the predisposed fears of counseling suicidal clients. The precipitating factor is due to their anxieties. They are afraid that they might mess up facilitating clients' overwhelming emotions and the counseling session, which would lead them to get worse from their current situation (Blow, 2017; Jobes, 2016). This scenario typically happens because of self-doubt, a factor that holds people back (Nissen-Lie et al., 2017). This makes guidance counselors, novice or seasoned, vulnerable in the conduct of counseling sessions (Dailey, 2018; Psychology Today, 2018; Skovholt & Trotter-Mathison, 2014; Smith, 2017). That is why dealing with suicidal clients is not just an easy task among guidance counselors. It takes to have an excellent mental fortitude for them to safeguard their emotional status quo.

It is indeed a nightmare to observe our clients devalue life because of their unresolved issues. The dilemma of whether we could handle them effectively relies solely on the knowledge we have in counseling. For almost three years, the thing that distresses us the most is our fear of taking them. The tyranny of what-ifs is governing my mind. Hence, this particular situation embarks this study's purpose, which is to explore the fears, motivations, and strategies of guidance counselors in handling clients with suicidal tendencies. Not only that this would help to suffice the gaps in this field since many studies illustrated statistical data of students with suicidal tendencies from its nature and relevance, whereas few touches guidance counselors' experiences, but also it may become an impetus to advance the knowledge concerning the vulnerability of counseling professionals in handling suicidal cases.

REVIEW OF RELATED LITERATURE

This section presents various literature related to the study. It discusses guidance counselors' role, suicide as a mental health issue, and guidance counselors' experiences, such as their fears, motivations, and strategies implied when dealing with clients with suicidal tendencies.

Role of the Guidance Counselors

Guidance counselors, a vital component of the school's institution, are the ones who facilitate students' emotional, educational, personal-social, and vocational problems (Eremie, 2014; Low, 2015; Nadon, Samson, Gazzola&Thériault, 2016; Nguyen, Dedding, Pham, Wright & Bunders, 2013). They help address students' academic, career, social and emotional development to become productive and well-adjusted adults of tomorrow (American School Counselor Association [ASCA], 2018). Guidance counselors are geared towards providing students their guidance needs, such as resolving students' emotional, educational and personal-social problems (Eremie, 2014). They are a vital component of the school as they promote students' overall development (Nadon, Samson, Gazzola&Thériault, 2016). School guidance counselors exist to help the teachers and school administrators deal with students' psychological needs.

Though there may be differences in expression, some established organizations and associations agree on school guidance counselors' roles in supporting students' educational, career, and personal/social development. These include legal and ethical services delivered directly to and on behalf of students, guidance through program curriculum and individual planning, and individual and group counseling (ASCA, 2012). It means to say that guidance counselors' roles and responsibilities are universal, most of which facilitate emotional concerns.

In dealing with clients' wellbeing, guidance counselors establish school counseling programs. A study entitled Malaysian Students' Perceptions of Counseling Services in an Institution of Higher Learning found that counseling services are vitally important and must be available for students in higher learning institutions (Sedhu, 2013). Moreover, its importance is justified by Johnson, Nelson, and Henriksen (2011). They stated that implementing guidance programs will negate problems evident in the public school system, such as emotional problems, high drop-outs, etc. In articulating further the role of counselors in counseling programs, students are assisted in making decisions about personal, social, and educational issues (Demir & Can, 2015; Mah, 2015). Therefore, guidance counselors are crucial in the school system since helping students with their concerns may result in more significant academic efforts without compromising other factors such as their psychological make-up.

Suicide as a Mental Health Issue

Suicide is a kind of phenomenon which is not new anymore. Mental health advocates intensely feel its impact. DSM-5 describes suicide as an act of ending one's life and individuals with suicidal tendencies intended to inflict self-harm (APA, 2013; WHO, 2016). To escape from the pain of reality, clients resort to harming themselves, a cruel way to devalue life.

Several studies can validate the occurrences of suicide as a phenomenon. This particular behavior is now typical in adolescents of both sexes and across all racial and ethnic groups (Choate, 2012; Kung et al., 2018; Muehlenkamp, Walsh & McDade, 2010; Supple et al., 2013). Specifically, it is prevalent among American, Vietnamese, and Japanese people. Compared to neighboring ASEAN countries, the Philippines is less affected (Bonalos & Tordecilla, 2016; Butuyan, 2016; Emory University, 2016; Lapeña, 2015; Lu, 2015; Nguyen, Dedding, Pham, Wright & Bunders, 2013; Vila, 2014). It is astounding to reveal that suicide is indeed a mental health issue that affects most populations. It chooses no one.

In a school setting, suicide is the number one prevailing concern among guidance counselors. A study entitled Depression and Suicide Ideation among Students Accessing Campus Health Care revealed that thought of suicide was higher for men (13%) than women (10%) among college campuses (Mackenzie et al., 2011). According to the National Institute of Mental Health (NIMH, 2015), suicide has become the leading cause of college students' death. Hence, these statistical data are critical to be disseminated, especially among school administrators, so they will intensify their programs that are critica lfor this issue on hand that endangers students' academic journey.

Schools are trying their best effort to address suicide. A study stated teachers' role in addressing this risk, such as giving insights, although it caused them anxiety and fear upon

handling suicidal students (Buchanan & Harris, 2014). Moreover, it is suggested that the schools have suicide screening programs to identify mental health issues and prevent death by suicide (Torcasso& Hilt, 2017). Despite such efforts, Lecloux, Maramaldi, Thomas, and Wharff (2017) revealed that suicidal youth are particularly unlikely to receive mental health treatment. It is indeed a sad reality depicted that even these roles are intensified; suicide is still part of human life choices, a particular point of view that should never happen.

In the Philippine context, suicide cases are booming. According to the World Health Organization (WHO) report in 2014, there were 2,558 mental health-related suicide cases among Filipinos in 2012 alone. This data, including other significant information, led Senator Risa Hontiveros to author its Mental Health Law. It seeks to cement the government's commitment to a more holistic approach to healthcare. It firmly believes that without sound mental health, there can be no genuine physical health. It provides mental health services down to the barangays, integrates psychiatric, psychosocial, and neurologic services in regional, provincial, and tertiary hospitals; improve the country's mental health care facilities; and promote mental health education in schools and workplaces (Varona, 2018). This law ignites the hope of protecting Filipinos' mental health needs, especially those seeing their lives' final curtains.

Experiences of Guidance Counselors

This portion discusses the experiences of guidance counselors in handling clients with suicidal tendencies. Specifically, it presents various concepts and studies about their fears, motivations, and strategies.

Fears. School guidance counselors are faced with student suicidal ideation regularly. A study conducted by Rothes, Scheerder, Van Audenhove& Henriques (2013) identified ninety-eight psychiatrists who had been confronted with at least one patient suicide. This situation embarked emotional suffering ineffectiveness. Wurst et al. (2011) revealed that a substantial proportion of therapists would, at some point in their professional life, experiences the loss of a patient to suicide. This particular experience creates anxiety among guidance counselors, such as having apprehension for their client's wellbeing. The uncertainty of what will happen after the counseling session or its aftermath affects guidance counselors the most.

It is also distressing among guidance counselors to deal with clients with suicidal tendencies. A particular study's thesis statement said that the suicide of a psychiatric patient was seen as the 'therapist's failure.' The 'blame and shame' stigma attributed to the therapist of the deceased client, originated from both the surviving family members and within the mental health profession itself, is disturbing counselor's psychological make-up (Weiner, 2005 as cited by Hawgood & de Leo, 2015). After a client's suicide attempt, therapists may experience increased personal self-doubt, negative or ambivalent feelings towards the patient. If negative counter transference arises, therapist reactions can have devastating impacts on client care when left unprocessed (Hawgood & de Leo, 2015). All of these lead the therapist to experience some degree of trepidation (Griffin, 2011). Thus, counselors' mental state may be at risk when dealing with clients with suicidal tendencies.

A study in 2006 found that therapists usually experience fear of incompetence. This happens whenever they handle cases in which they are not well-acquainted, they feel incompetent to deal with it. Alongside physical exhaustion coming from the demand of their work, it leads them to professional burnout (Bardhoshi, Schweinle& Duncan, 2014; Lent and Schwartz, 2012; Mullen & Gutierrez, 2016; Wardle & Mayorga, 2016). However, a descriptive study conducted by Thériault&Gazzola, 2010) revealed that this kind of fear could serve as an inspiration among counselors to study harder, participate in additional training, and seek supervision from experienced professionals. This can be done by managing events that serve as triggers identified by Smith (2017), such as difficult content, a developmental plateau, or something as simple as not knowing where to go or what to say next in a session. These lead counselors to respond to such moments by pushing forward into the discomfort or turning away from the opportunity and detaching. Thus, assessing counselors' mental state before and after the conduct of counseling session is suggested to avoid this kind of threat that may affect guidance counselors' wellbeing.

According to Smith (2017), one of the prevailing factors why guidance counselors develop fear is self-doubt. This is explained by their lack of knowledge in dealing with clients' concerns. They are afraid that they might mess up and get it wrong, which would lead clients to worsen (Blow, 2017). This self-doubt as fear is universal and part of the first developmental phase of becoming a therapist. It is indeed a severe problem because it holds people back (Nissen-Lie et al., 2017). However, real confidence comes with time and experience and will only come when one dares to test their selves and allow their clients to move in profound ways (Dailey, 2018).

In counseling, clients are not the only ones who are vulnerable. Guidance counselors might be affected whenever there is a fear of rejection. During their counseling session, counselors' vulnerability can lead to disconnection, incongruence, and feelings of isolation (Smith, 2017). If such fear is present, then it may cause individuals to hide personal flaws. Hence, it does not foster an environment of mutual empathy and empowerment between counselor and client, taming the counseling session's objectives.

Meyers (2015), in her article entitled Facing the Specter of Client Suicide, stated that the possibility of having a client die by suicide is a specter that hovers in the background for many counseling professionals. It is perhaps the crisis that clinicians are most afraid of. Even so, client suicide is a subject often laden with shame, guilt, denial, and many other difficult emotions — emotions that counselors excel at helping others handle but would much rather not face in themselves, say researchers and practitioners who have lost clients to suicide. Practitioners may also attempt to process a client's suicide in solitude because they are unsure where to turn and fear possible judgment from colleagues.

Therapists who treat suicidal clients share the process and the experience. A therapist's professional expertise is invested in the prevention of suicide, and when a client takes his own life, the therapist often experiences an accompanying sense of failure. Therapists face several dilemmas as a result of their wish to be responsible and caring practitioners. However, no matter how much they care, people still commit suicide (Rossouw, Smythe & Greener, 2011).

Suicidal ideation is one of the most common forms of crisis in therapy sessions that cause many clinicians great anxiety during and between sessions. Therefore, clinicians need to have a greater understanding of risk factors for suicide and how to deal with concerns for clients between sessions (Sharry, Darmody & Madden, 2002 as cited in Karakurt et al., 2014). This is an important note that should not be overlooked.

Motivations. "For the general population, suicide is often a silent tragedy. For the media, it is a treacherous taboo. For those of us in the mental health professions, it is an alarming occupational hazard and the most common psychiatric emergency we face. Although we as clinicians cannot prevent all suicides, we can lessen the number of suicides" (Firestone, 2014, p. 1). This statement embarks on the purpose of why this study seeks its goal. Dealing with clients' wellbeing is not an easy task. It takes resiliency among guidance counselors and strong motivation to continue handling them.

Dealing with suicidal clients is an occupational hazard. It is the most stressful part of the counselors' job due to its increasing frequency and significant impact both personally and professionally (Veilleux, 2011). Whenever they work with a suicidal client, therapists' lingering effects can include feeling guilty, angry, depressed, and self-blaming. These lead them to some degree of trepidation. Therapists have a profound responsibility when treating someone who is in such extraordinary pain (Griffin, 2011). If not handled properly, it may fluctuate their motivation to counsel.

Despite having these negative experiences, counselors and other allied professional continues to do their job because of a specific moral obligation to make their clients feel alive. Firestone (2014) said that the therapist's first contact with a suicidal person could be the only contact they have with them. The initial session could be their only chance at intervention and treatment. This paves the way for one of their motivations in conducting a counseling session. They hope that they passed to their clients to see the bright light of life from its darkest moments.

Dealing with suicidal cases brought counselors and other allied mental health practitioners to become motivated to perform their work line. For instance, the loss of client due to suicide, the high percentage of working with clients who have attempted suicide and commits suicide, and those who received less mental health treatment (Sawyer, Peters & Willis, 2013; Schmitz et al., 2012). The frequency of suicide, alongside its irrevocable and painful outcomes, becomes a general issue among helping professionals (Montague, Cassidy & Liles, 2016). Thus, it becomes their unwritten role to be motivated to help clients survive the phenomenon they are facing.

Strategies. Suicidal clients have a hard time seeking mental help. It is because of the typical responses he or she has received from relatives and friends, such as being perceived as irrational, trying to get attention, not being taken seriously, or potentially being punished, added to their emotional conflict and brings the worst in them (Firestone, 2014; Matthews, 2013). These experiences degraded the will of the clients to seek help. Thus, it will take a useful skill and the proper implementation of a strategy to deal with them.

The therapist aims to help clients feel connected and valued while assisting them in developing the fundamental skills to regulate emotions (Firestone, 2014). The study entitled Cognitive Behavioral Therapy Approach for Suicidal Thinking and Behaviors in Depression by Matthews (2013) emphasized that to engage patients in treating their suicidal thinking and behaviors, the clinician must convey an empathic approach. It is essential to offer hope by informing the patient that, by working together, solutions or partial solutions to their problem will emerge, thus, providing alternatives from suicide.

It is crucial to delivering help to suicidal clients. Guidance counselors are under threat of creating unstable, dangerous situations that are potentially harmful to clients due to their lack of educational preparation related to suicide intervention (Schmitz et al., 2012). Therapists can prepare themselves for working with such clients by learning to implement the tools and techniques that have been found sufficient to assess and treat suicidal individuals (Firestone, 2014).

Recent research has proven several methodologies to be particularly useful in treating a suicidal client. Some vital elements of these empirically supported treatment approaches are outlined below.

Cognitive therapy for suicidal people was developed by Aaron Beck, Ph.D., and Gregory Brown, Ph.D. Unlike other CBT treatments, this approach is not time-limited. Clients do not graduate from treatment until they demonstrate that they are ready to utilize the therapy (Firestone, 2014). Cognitive therapy's function is to reduce adverse emotional reactions, distressing physiological responses, and self-defeating behaviors by modifying dysfunctional automatic thoughts, initially, followed by changing maladaptive core beliefs. The goals of treatment for the depressed, suicidal patient include: address specific cognitive biases and distortions; develop behavior skills (problem-solving); acceptance and tolerance of emotional pain; improve communication skills (social skills, assertiveness training, conflict resolution skills); reduce environmental stress; and develop supports (Matthews, 2013).

In a study conducted by Samra and Monk (2007) entitled Working with the Client Who is Suicidal: A Tool for Adult Mental Health and Addiction Services, they found that by actively educating clients about mental disorders such as depression, as well as suicide, and by improving clients' ability to recognize and understand their self-limiting and negative beliefs, CBT enables clients to become better regulators of their moods and experiences. It effectively reduces the symptoms of mental illnesses associated with an increased risk of suicide, including depression, anxiety, and psychosis (Mewton& Andrews, 2016). One of those counseling techniques applied, proven by studies, useful in dealing with clients with suicidal tendencies.

It is indeed a great challenge for guidance counselors to deal with clients with suicidal tendencies. It plummets them into a state of anxiety. They dreaded the notion of being a failure whenever they think that their clients will successfully end their lives. It is a burden that makes guidance counselors' hearts heavy and makes their mental state tilted. These points serve as an impetus for this research to embark on its purpose.

Theoretical Lens

This study is viewed from Kelly's Personal Construct Theory (1950) and Beck's Cognitive Distortions Theory (1976).We behave according to what we believe is right. According to Kelly's Personal Construct Theory, people develop personal constructs about how the world works and then use these constructs to make sense of their observations and experiences. These constructs are used to interpret, predict and anticipate any event, which in turn determines one's behaviors, feelings, and thoughts (Beven, 2014; Cherry, 2018; Raskin, 2017). Thus, whenever guidance counselors deal with clients with suicidal tendencies, it leads them to create a construct that becomes the baseline of the tyranny of what-ifs. For instance, what if they will commit suicide successfully after a counseling session, what if I lead them to get worse, what if I am incapable of handling them, etc. These constructs may avoid such cases since they disturbed guidance counselors' psychological make-up, causing unwanted fears and later influencing their motivation to perform their functions responsibly.

In the same manner, Beck's Cognitive Distortion Theory also explains that people tend to distort one's thoughts because of a bad situation they had experienced or even heard from others. Cognitive distortions refer to the ways that our mind convinces us of something that is not true. These thoughts are deemed inaccurate and used to reinforce negative thinking or emotions, which keep us feeling bad about ourselves (Ackerman, 2017; Good Therapy, 2016; Grohol, 2018; Scott, 2018). Suppose a guidance counselor has this fear of incompetence. In that case, it may result in the misrepresentation of reality, such as his or her fear that he or she is incapable of handling suicidal cases because of a bad experience he or she had along with the counseling session.

The theories above and concepts enlightened the fact that even guidance counselors who are supposed to have a sound mind may become susceptible to emotional wounds such as fears while dealing with clients with suicidal tendencies. Last but not least, these thoughts would help to steer the goal of this research endeavor.

Purpose of the Study

The purpose of this phenomenological qualitative study was to describe and explore the fears, motivations, and strategies of guidance counselors in handling clients with suicidal tendencies in General Santos City.

Research Questions

1. What are the fears of guidance counselors in handling clients with suicidal tendencies?
2. What motivates guidance counselors to facilitate clients with suicidal tendencies?
3. What strategies do guidance counselors utilize to deal with clients' suicidal tendencies?

METHODS

In this qualitative study, protocols and standards were discussed in this section, which includes different components of the method used.

Research Design

The study used a qualitative phenomenological research design. This design aims to investigate a particular phenomenon directly experienced by a collaborative group (Creswell, 2012). The phenomenon being studied is the experiences of guidance counselors in handling clients with suicidal tendencies.

Participants

We conducted this study in selected schools of General Santos City. We established the following criteria for the selection of the participants: school guidance counselors working in public or private secondary and tertiary educational level, with or still earning license or designated in counseling profession, have experience in handling clients with suicidal tendencies, working for at least one year in the field and willing to actively participate during the conduct of the study.

Sampling

We employed purposive sampling in this study. The use of this sampling technique is about the selection of participants who met the criteria for the phenomenon being studied. The data gathered from them is purposeful (Creswell, 2012). The number of interviews conducted was 9.

Data Sources

Semi-structured Key Informant Interview (KII) was utilized to gather the relevant data needed for this study. It is a data collection tool that intends to ask questions which are validated by professionals among the participants related to the topics on hand. It is the most appropriate tool to be used since the participants represent the people in relation to the phenomenon being scrutinized. In using the KII, four criteria are considered and these are knowledge ability, credibility, impartiality, and willingness to respond (Kumar, 1989; Creswell & Miller, 2000).

Data Collection

This study employed several steps as per suggested by Creswell (2012). We searched first the participants who met the criteria discussed above. We wrote a letter of approval to their heads and once approved we wrote a permission letter on the conduct of interview alongside the informed consent. The purpose and significance were stated clearly in the letter and informed consent form in order for the participants to understand the nature of the study. These were done to ensure that we had not violated any protocols in their institutions and to avoid coercion of participation. We used an audio recorder while jotting down notes so that the information was recorded without a miss. Paper trail and backup copies of data were created to ensure proper safekeeping.

Analysis and Interpretation of data

The responses underwent series of steps just like in any qualitative analysis. The three common steps that were employed included data reduction, data display and conclusion drawing, and verification (Creswell, 2012). In analysing the data, the Collaizi's (1978) method was used. Specifically, this study followed the following seven steps: transcripts were carefully read in order to have a general sense of the whole content; significant statements were then extracted and recorded on a separate file noting the pages and line numbers; formulated meanings were derived in each significant statement; clustered themes were sorted out from the meanings; the findings were integrated into exhaustive description under the phenomenon being studied; thematic map was drawn out to describe its fundamental structure; and lastly validation of findings from the informants were sought out.

Trustworthiness

In order to guarantee that this qualitative study was trustworthy, we strictly observed the following components: credibility, transferability, dependability, and confirmability (Guba, 1981).

Credibility. The study made sure that the translations of the data from the responses of the informants were accurate in nature (Graneheim & Lundman, 2004). To do this, we established rapport among the informants so that the interview for comfortability in sharing their experiences and perspectives was achieved. The questions that we asked underwent validation from credible persons who were experts in qualitative studies. The data gathered were transcribed,and informants checked the transcription of their answers in order to come up with congruent interpretations.

Transferability. To ensure that the data were generalized, the gathered data were treated and applied to other settings and contexts (Merriam, 1998; Bitsch, 2005). To do this, wetried to draw out the best conclusion from the results given by the informants in order to promote transferability. Such generalization may or may not be applicable to other areas. Thus, detailed information about the context of the study was presented through citing various authors to present the phenomenon in other fields (Shenton, 2004).

Dependability. The reliability of the study was one of the priorities that this study set. Objective information was given through describing the exact methods used in gathering data, analysis of the data and interpretation (Creswell, 2012).

Confirmability. This considers the degree to which other people can confirm the results and associated with the objectivity of the study (Trochim, 2006). We made use of a sound recorder to ensure the data to be gathered coming from the participants and for easy identification.

Ethical Considerations

Warusznski (2002) stated that during the conduct of in-depth interview, various ethical issues may arise such as privacy, honesty, openness, and misinterpretations. I observed the

following strictly: anonymity, confidentiality, and informed consent to guarantee ethical consideration for the study as per suggested by Richards and Schwartz (2002).

Anonymity. Pseudonyms were assigned to the participants so as to prevent any revelation of identities as recommended by Corti, Day and Backhouse (2000).

Confidentiality. Confidentiality's goal is to protect the participant's identity. It is considered to be in line with anonymity and should be sustained to the highest extent (Tudy & Tudy, 2016).. As per storage of confidential files, all recorded interviews and encoded transcripts were kept and stored in a separate flash drive that no other entities aside from the researchers could have an access. Thus, we observed utmost confidentiality for any information including names, places, and other details that the clients would give.

Informed consent. We asked permission from the participants before I conducted interview sessions. Attached together with the letter of permission was the informed consent wherein participants affixed their signatures as a sign that they agreed to participate in the in-depth interview voluntarily. Furthermore, the consents were explained carefully to the participants and made sure that they understood the whole procedure of the interview session. The objectives of the study were described to the participants so they would know the whole scope and limitations of the study. The questions in the key informant interview were quite sensitive due to its goal which intended to know the first-hand and past experiences of the guidance counselors in handling suicidal clients. That was why the benefits and risks under the consent were discussed with the participants and whenever they felt uncomfortable with the question they were free not to answer it or they might withdraw from the study.

RESULTS

The findings of this study are presented in three clusters based on the three research questions. These include discussions on the (1) fears, (2) motivations, and (3) strategies of guidance counselors in handling clients with suicidal tendencies.

Fears of Guidance Counselors in Handling Suicidal Clients

In this study, three sub-themes were determined as fears of counselors in dealing with suicidal clients. They were apprehensions toward suicidal clients' wellbeing, occupational vulnerability, and adverse effects of dealing with suicidal clients.

Apprehensions toward suicidal clients' wellbeing. Most counselors were afraid that they might lead their client's condition to get worse, aggravate their condition and provoke their suicidal thoughts. These were evident in the succeeding responses of the informants.

Jennie, who has been working as a guidance counselor for a year, expressed her fear in dealing with suicidal clients. She stated:

> *Ang fear ko sir nabakamaliyungmasabikosakanyabaka mas lalo pang lumalala pa yung problem niya.*(Transcript 1, Page 1, Lines 11-12)
> (My fear is that I might say something that can aggravate his condition.)

Meredith, who has been a seasoned guidance counselor, added:

> *I cannot guarantee na whatever we talked about will convince that person because kasidiba it could make or break him.*(Transcript 7, Page 1, Lines 10-11)
> (I cannot guarantee that whatever we talked about will convince my suicidal client. It might make or break him.)

Counselors engaging clients with suicidal tendencies have mutual fears of leading their clients to get worse from their current state. This kind of fear is a prevailing concern among the informants. Furthermore, counselors became vulnerable especially when their suicidal clients expressed their suicidal plans. Rose, a college counselor, described her situation in this way:

> "It worries me so much, what if the student is successful with his plans? I feel that I was not able really to help the student. And it makes me feel, of course guilty, that I didn't exhaust all my effort as a guidance counselor to help the student." (Transcript 4, Page 1, Lines 18-20)

These particular instances lead counselors to fear about their clients' suicidal plans. It becomes a distressing experience among them.

Occupational Vulnerability. Counselors are vulnerable and distressed by the fear of being ineffective in counseling suicidal clients. They experienced the fear of incompetence and rejection during the counseling session. Meredith described her vulnerability, saying:

> *At first, siyempre ang experience ko with them is parang actually I don't know what to do… ine-evaluate koyungsariliko if anoyunggawinko para maconvicenamagchange ang kanyang thoughts on ending his or her life.*(Transcript 7, Page 1, Lines 6-9)
> (At first, my experience with them is I don't know what to do…I try to evaluate myself on what to do to change his/her thoughts about ending his/her life)

The counselors feel incompetent whenever they handle suicidal clients. It leads them to have the impression that they are incapable of providing help among clients' concerns. Heize, who works in a secondary school for almost twenty years, expressed her fears of being ineffective. She said:

> *The fear na am I doing it right? ...Those are fears na parang lang most likely salahat ng experiences ko.*(Transcript 6, Pages 1-2, Lines 20-24)
> (The fear that am I doing it right?...those are the fears I have experienced…)

Concerning their counseling experiences, counselors have a fear of resistance. For example, one participant expressed fear if the client was not receptive to questioning.

> My worries are that…when the clients resist, especially that ah the counselor must question them why like this, like that?" (Jisoo, Transcript 3, Page 1, Lines 18-20).
> (My worries are that…when clients resist especially whenever counselor asks questions)

It is indeed difficult to handle suicidal clients. It might lead counselors to have subtle behavior along with their counseling sessions.

Adverse effects of counseling suicidal clients. Facilitating counseling sessions among suicidal clients may result in professional burnout. Counselors found it draining, fear-provoking, and mentally exhausting. Rose voiced out her experience in dealing with clients and how it affected her.

> Personally it is draining, if the client is at the height of his suicidal thoughts. I feel I am at loss, oh my God, what will I do with this student? My day to day activities are not followed. (Transcript 4, Page 1, Lines 5-7)

Undeniably, counselors find it draining to counsel suicidal clients that interrupts daily activities.Another informant found dealing with suicidal clients as fear-provoking. For example, a participant in the study described how mentally exhausting it is on her part.

> *Meron ka talagang after thoughts for every client nameronggano*n…*We cannot ano assure napagdatingnila kung asasilayung boredom or depression magstrikesakanila any time of the day.*(Meredith, Transcript 7, Page 2, Lines 26-29)
> (You can have after thoughts for every suicidal client…since there is no assurance that whenever they come home their boredom or depression may strike at any time of the day.)

Dealing with suicidal clients is not only a simple job. According to the participants, their worries about them do not end in school. They keep thinking of them even after talking to them. For instance, Jennie shared how her clients could affect her even after work.

> *Sir maisipkotalagahangganghangganggabipauwisabahaynamin, halanaunsakaha to siya, anona kaya nangyarisakanya.* (Transcript 1, Pages 2-3, Lines 46-49)
>
> (Even when I am home in the evening, I still think about my client. I always think of what could have happened to him)

Motivations of Guidance Counselors in Handling Suicidal Clients

Counseling clients with suicidal tendencies is a motivating act among guidance counselors. In this study, two-themes were generated, which include a professional call to help and counseling as an instrument for change.

Professional Call to Help. The participants believed that counseling is not just an ordinary profession. They said it was more about doing service. In the case of those with suicidal tendencies, it is about saving lives. This is explained by one of the participants when she said:

> As what Rose said, "What motivates me is that because I want to save a life so I really want to help that student save his, his life. (Rose, Transcript 4, Page 3, Lines 52-53).

Furthermore, they highlight that it is their role to guide suicidal clients to have successful lives. It is more than just dealing with their present condition when they talk to them but more on how they can help their clients surpass it. One counselor expressed it this way:

> My hope to all my counseling cases is that I am hoping that all of them will become more successful in their uhm endeavors and then I am hoping also that all their issues in life will be resolved. (Jisoo, Transcript 3, Page 5, Lines 90-92)

Based on their responses, counselors are hoping that through counseling, suicidal clients will overcome their personal struggles which would guide them to become successful in their chosen endeavors.

Counseling as Instrument for Change. The participants identified the factors which kept them motivated in counseling their suicidal clients. Aside from the thought of helping them become successful in life, their main intention was for them to look at the positive side in life. Rose, referring to her clients, said:

> These students would be more enlightened that they will no longer plan to take their lives and I really hope that someday they will realize that life is beautiful." (Transcript 4, Page 3, Lines 58-59).

Furthermore, the participants hoped that these students can finish their schooling by first helping them go through their current struggles. Heize stated:

> That they can get over and they could become very successful in life. In spite of the circumstances that they are undergoing at the present time. Someday after they graduate, they move up to Grade 12, they move up to College, they are going to be very successful" (Transcript 6, Page 5, Lines 101-103).

Strategies of Guidance Counselors in Handling Clients with Suicidal Tendencies

Two sub-themes were sourced out from the responses of the informants about their strategies in handling clients with suicidal tendencies. They said that they were relying on counseling tools and techniques and providing a support system.

Relying on Counseling Tools and Techniques. Counseling is not just an act of listening. It involves various interventions which are attuned to the needs of the clients. The participants recognized the importance of counseling tools and techniques. For example, Jennie said:

I let him relax munatapos building rapport with them…hindikosiyadinedretsosa concern taposkamustahin ang studies niya with relationship with his classmates or teachers niya, adjustment with the family… Indirect way naano bang nangyari.(Transcript 1, Page 6, Lines 120-127)
(I let him relax for a while then I build rapport with them…I don't engage directly to his concern then I will ask how's the studies and his relationship with his classmates and teachers…adjustment with the family…indirect manner of asking what was going on.)

To engage suicidal clients discreetly is what the counselors do, so that clients will feel comfortable in discussing their own stories. The participants emphasized how important to use standardized testing materials to better understand clients' present situation. Aiza, who is a high school counselor, suggested:

> *As a school talagamerontayonganomerontayong at least standardized tests namaka ,kasimahirapkasisabihinwalangaetongbatanato may depression.* (Transcript 8, Pages 5-6, Lines 112-116)
> (As a school, there should be at least standardized tests to help the students. It is difficult to say that a particularstudent has depression.)

Several counseling techniques are applied in different areas of concern. Specifically, in dealing with suicidal clients, the participants identified Rational Emotive Behavior Therapy (REBT) and Cognitive Behavior Therapy (CBT)asthe ones commonly used. Furthermore, some counselors applied an eclectic approach. It is still the counselor's discretion to use whatever counseling technique they want for as long as it helps their clients to feel better.

Providing Support System. Several instances were indicated on how theyprovided support system among their suicidal clients. They said that they did not only limit to counseling done in school. They found ways to reach out to their clients. For example, Anne, narrated her experience saying:

Kanang I always make to the point na mag follow-up and then call up the attention of the parents, not just you kay you also feel burned-out baya kung ikawlanggud.(Transcript 9, Page 5, Lines 100-104)
(I always make it a point to have a follow-up and then call up the attention of the parents, not just you since you will be burned-out if you are alone in handling them.)

Moreover, the counselors shared that they seek to develop a peer support program that can help suicidal clients to redirect their lives. This is how Rose described it.

> I realized that, in the school, it is really important to really have a support group that can help or some kind of assistance from their peers about their problems. It is something like they are just there to listen. They are there to understand their concerns and problems. So it is really very important to have a support group because through the years there is no program which was initiated. So, for me, right now it is essential to create a support group. (Transcript 4, Page 5, Lines 101-106)

The establishment of this support system can aid counselors to help their suicidal clients in dealing with their struggles in life.

DISCUSSION

Guidance counselors who engaged in counseling clients with suicidal tendencies experienced a range of fears. These are counselors' apprehensions toward suicidal clients' wellbeing, occupational vulnerability, and adverse effects of counseling suicidal clients. We discovered that most counselors have fear concerning their suicidal clients' wellbeing. It encompasses the fear of leading clients to worsen and fear of provoking their clients' suicidal thoughts. Studies found that therapists are afraid that they might mess up and get it wrong, which would lead clients to get worse (Blow, 2017). It is indeed a frightening thought for guidance counselors to perceive that they might aggravate their clients' conditions instead of helping them put their emotions at ease.

Guidance counselors are vulnerable to counseling sessions and may experience self-doubt. This involves the fear of incompetence and rejection. Self-doubt becomes a severe problem among counselors since it holds them back (Nissen-Lie et al., 2017). Although it is part of the first developmental phase of becoming a therapist, this kind of experience still leads counselors to a fear of dealing with clients, especially those with suicidal tendencies. Additionally, guidance counselors are vulnerable during the counseling session. They fear rejection, which leads them to become incongruent with their client during the session (Smith, 2017). They experience this vulnerability and self-doubt because of the fear that their clients will succeed in their suicidal plan, a sense of failure (Rossouw, Smythe & Greener, 2011). It is not only the client's part that should be prioritized. Guidance counselors' feelings must be safeguarded so that the fears such as incompetence will not appear during the counseling process.

Due to the adverse effect of handling clients with suicidal tendencies, guidance counselors are inhibited from following their working schedules. A study identified that school counselors might encounter the suicide of a student during their careers (Fineran, 2012). There are times that handling clients with suicidal tendencies are draining, fear-provoking, and exhausting. They have after-thoughts of their client's condition even when at home. This is because of their fear that their client might commit successfully in ending his or her life. This particular experience creates anxiety among guidance counselors, and one study found that the death of a client due to suicide could lead mental health professionals to have prolonged grief

(Darden & Rutter, 2011). Thus, it makes the counselor exert so much effort and give their total focus to their suicidal clients. This experience makes them inattentive to other matters such as themselves, a self-defeating factor.

Despite the fear they are facing, guidance counselors are still motivated to help their clients with suicidal tendencies. Motivations of counselors revolve around them finding relevance in their profession and other factors that drive them to counsel their suicidal clients. Most of them consider their job a helping profession since they aspire to guide their suicidal clients to successful lives. Dealing with suicidal clients is the most stressful part of a counselors' position due to its increasing frequency and significant impact both personally and professionally. However, therapists have a profound responsibility for treating someone in such extraordinary pain (Griffin, 2011). Thus, counselors who have a passion for helping others choose no case for as long as they guide them to the right path is enough evidence of their altruistic behavior.

Also, guidance counselors' motivating factors involve a professional call to help and counseling as an instrument for change. Despite having these negative experiences, counselors and other allied professionals continue to do their job because of an absolute moral obligation to make their clients feel alive (Firestone, 2014). In connection, a particular study entitled Teachers' Perception of the Roles of Guidance Counselors identified that guidance counselors are geared towards providing students their guidance needs, such as resolving students' emotional, educational and personal-social problems (Eremie, 2014). Thus, counselors do their function responsibly since it is their motivation to open their hands among clients seeking their help.

Despite the fears and struggles of the participants, they were able to apply effective strategies. The building of rapport, indirect way of dealing with their primary concern, follow-up sessions, and various programs are cultivated to help put suicidal clients' emotions at ease. Matthews (2013) emphasized that to engage a patient in treating his or her suicidal thinking and behaviors, the clinician must convey an empathic approach. It is essential to offer hope by informing the patient that, by working together, solutions or partial solutions to their problem will emerge, thus, providing alternatives from suicide. The therapist aims to help clients feel connected and valued while assisting them in developing the fundamental skills to regulate emotions (Firestone, 2014). Thus, these essential strategies are the foundation before delving deeply into the client's concern. It helps their suicidal clients to open up their piled-up emotions.

Counseling techniques such as Rational Emotive Behavioral Therapy and Cognitive Behavior Therapy are useful to guidance counselors in dealing with suicidal clients. The goals of treatment for the depressed, suicidal patient include: address specific cognitive biases and distortions; develop behavior skills (problem-solving); acceptance and tolerance of emotional pain; improve communication skills (social skills, assertiveness training, conflict resolution skills); reduce environmental stress; and develop supports (Matthews, 2013). It is crucial in delivering help to suicidal clients. Guidance counselors are under threat of creating unstable, dangerous situations that are potentially harmful to clients due to their lack of educational preparation related to suicide intervention (Schmitz et al., 2012). Therapists can prepare themselves for working with such clients by learning to implement the tools and techniques that have been found useful to assess and treat suicidal individuals (Firestone, 2014). Undeniably, the

implemented strategies and programs will help guidance counselors achieve their goals and expectations for their suicidal clients.

In general, guidance counselors are still human beings. Emotions such as fears and the factors that motivate them can be part of their growth and development. Thériault, Gazzola& Richardson (2010) revealed that the fears could inspire counselors to study harder, participate in additional training and seek supervision from experienced professionals. Thus, it may improve their motivations to handle clients with suicidal tendencies and devise and implement careful and well-planned treatment plans.

Limitations of the Study

This study focused on the fears, motivations, and strategies among guidance counselors in handling clients with suicidal tendencies. The study results were only limited to the responses provided by the nine (9) informants. It excluded male guidance counselors' experiences in handling suicidal clients who were likewise affected by the same phenomena.

Implications of the Study

Based on the results and discussion of the participants' responses, it can be stated that counselors have unified fears when dealing with clients with suicidal tendencies. It is important to note that the fears they experience might endanger their counseling performance and disturb their personal feelings. It is essential for school administrators and guidance directors not to overlook their counselors' wellbeing aside from helping students with suicidal tendencies. Recreational programs can be implemented so that counselors will have a venue to release their piled up negative feelings whenever conducting a counseling session.

The Philippine Guidance and Counseling Association (PGCA) is encouraged to conduct seminars and workshops on improving the counseling skills of guidance counselors in dealing with suicidal clients. How to protect one's mental state must be added on the topics to be discussed. The learning from the seminar-workshop will be of great help for guidance counselors. This will promote a positive impact on suicidal clients and guide counselors' personal/professional growth and development.

For future researchers, they could conduct studies, particularly the experiences of suicidal clients in counseling. This will serve as a mirror of this study because it solely emphasizes guidance counselors' experiences.

Concluding Remarks

Fears among guidance counselors are somewhat taboo to talk about. Among all professions, they are supposed to have mental fortitude. We should not be blinded about these phenomena happening to them, especially when dealing with suicidal clients. As Kelly's Personal Construct Theory and Beck's Cognitive Distortions Theory emphasized, guidance counselors can be vulnerable to the impact of dealing with clients with suicidal tendencies. The constructs they developed whenever they are handling such cases may distort their mental fortitude, hence predisposing fears and influencing their motivations. This whole situation affects guidance counselors' psychological make-up.

Indeed, handling clients with suicidal tendencies is not easy. Guidance counselors need to exhaust bounteous effort to become the best counselor they can be. The fear that they are experiencing is what makes them humans, after all. It may sound senseless but guidance counselors, just like their suicidal clients, need also guidance to safeguard their psychological wellbeing from the overwhelming emotions they are receiving from conducting and facilitating counseling sessions among their clients with personal issues and struggles. Thus, they are unsung heroes vulnerable to distress.

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