

Module 2 - Screen 13

Video title: CASE approach with Maya

Context: *Maya and her clinician have been engaging in the process of completing a mental health assessment. The Chronological Assessment of Suicide events (CASE) approach is designed to be a flexible resource that enables clinicians to gather information related to the clients suicidal ideation, desires, plans, behaviour and intent. You may use this to structure your whole interview or as part of your suicide risk screening process within another assessment. It is not prescriptive Clinicians should use the aspects of the model that apply to their role and context. The structure of the interview ensures that clinician's explore the persons history of suicidal behaviour and the psycho-social context in which they are more likely to think about or attempt suicide. It also aims to reduce a person's sense of shame about feeling suicidal in order to enhance therapeutic alliance and improve the quality of information gathered during the assessment process. Below is a small example of how the questioning skills can be used to elicit further information about the depth of planning ideation and intent in Maya's situation.*

Presenting Suicide event (past 48 hours):

Clinician: So Maya you are saying that you've been feeling really low lately and you've been cutting yourself to cope; and you are also saying that you want everything to stop. I've worked with people who've said that and felt that way, and they also felt like they wanted to kill themselves. In the last two days have you felt like you wanted to kill yourself? **[normalisation]**

Maya: Yeah I have. All I've been thinking about is dying.

Clinician: It sounds like you've been having a very difficult couple of days. What plans have you got about how you might kill yourself? **[gentle assumption]**

Maya: I bought a whole pack of Panadol the other day. I've been keeping it in my bag, so that when I'm ready I can just take them all at once.

Clinician: I am concerned to hear that Maya... I'd like to understand how you got to that point. Do you think you could walk me through the last two days that led you to buy that pack of Panadol? **[behavioural incident]**

Maya: Well, I woke up and checked my phone and there were more posts about my boyfriend. You know... people saying stuff about how old he is and calling me all these names...

Clinician: Who was with you then? [**behavioural incident – fact finding**]

Maya: No one, my boyfriend had left during the night 'cause we had a really big fight.

Clinician: What did you do next? [**behavioural incident sequencing**]

Maya: I had a smoke outside and saw a message from my mum... she was pissed off as usual...so I just went and bought the tablets...

Clinician: How many tablets have you got?

Maya: I just bought the biggest packet... I don't know if it will be enough... like, I haven't taken any... it was the next day that I put up that post so I could show people how much they were hurting me. I didn't wanna do anything right then.

VOICEOVER:

This section enables clinician's to gain important data in relation to the level of suicidal intent that is reflected in the person's recent behaviour and enables open conversation about suicidal behaviour. Focussing on a discrete time period assist clinicians to chunk assessment information and can make it easier for distressed people to explain their story. This demonstration is a brief training video and further assessment may be warranted in your own clinical context.

Recent Suicide event (past 2 months):

Clinician: Maya that sounds really hard. How often would you say you have had thoughts of suicide in the last couple of months? Every day? [**symptom amplification**]

Maya: I wake up every day and think that everyone would be better off if I were just dead, but actually wanting to kill myself doesn't happen every day. I feel suicidal a couple of times a week. But that's when I either cut myself or smoke some weed.

Clinician: Ok, so it sounds like cutting yourself during those times has been helpful. When was the last time you cut yourself?

Maya: A few days ago.

Clinician: How much weed would you say you smoke... until you pass out? [**symptom amplification**]

Maya: Nah, not that much.... just a joint or two.

Clinician: And how much alcohol would you be drinking? **[gentle assumption]**

Maya: I have been drinking a bit recently... but I do prefer doing weed...

Clinician: Ok.

Fade out

Past suicide event (remaining hx of the past):

Clinician: Ok, so it sounds like over the past few months the thoughts have been getting more frequent and they've also been getting worse. And you've been coping by drinking, using weed and cutting yourself. Has there ever been a time in the past where the thoughts have gotten so bad that you tried to kill yourself? **[shame attenuation]**

Maya: Yeah. It was a couple of terms ago. Things got really bad with the girls at school and I got home and just took mum's Panadol out of her bag. I donno, I reckon took maybe half a packet. I didn't tell anyone. I got freaked out by what I just did and made myself throw up.

Clinician: It sounds like something changed your mind. What happened after you took the Panadol? **[behavioural incident]**

Maya: I just went to my room and mum came home. She came in to say hi, ... she gave me a hug ... I donno, ... I guess I just realised that she'd be really sad if I died and sort of freaked out and changed my mind a bit.

Clinician: What happened next? **[behavioural incident]**

Maya: I went and threw up the tablets.

Clinician: What happened after that? **[behavioural incident]**

Maya: I went and watched a movie with my mum and felt better.

Clinician: Sounds like there was a part of you that wanted to stay alive for your mum, and also sounds like spending some time with her was quite helpful.

Maya: Yeah it has

Fade out

Immediate suicide events (risk factors during interview):

Clinician: Having made that Facebook post must have left you feeling quite vulnerable and it's understandable that you might be feeling embarrassed, ... and I know that

sometimes we might have drastic thoughts such as wanting to kill ourselves. At the moment are you having any thoughts of suicide or self-harm?

Maya: *nods* Yeah I guess, like, they're still there, but it has been good to talk about it.

Clinician: Right now, how strong would you say your urge to follow through with these suicidal thoughts are on a scale from one to ten, with ten being the strongest they've ever been?[shame attenuation]

Maya: Probably about a five. Right now I'm just sick and tired of it all, but I don't think I can actually be bothered doing anything about it.

Clinician: Ok.

Fade out

