

Module 2 - Screen 13

Video title: CASE approach with GARY

Context: Gary and his 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 a prescriptive approach; 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 person's 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 an example of how the questioning skills can be used to elicit further information about the depth of planning ideation and intent in Gary's case.

Presenting Suicide event (past 48 hours):

Clinician: Gary it sounds like things have been really stressful since you injured yourself. Sometimes when people go through a lot of stress and pain they and worry, they can have thoughts of suicide. I'm just wondering whether you've had thoughts about killing yourself over the past two days? **[normalisation]**

Gary: It's all I've been thinking about since we had our fight (*gesturing to wife*). But then, doesn't everyone think that?

Clinician: Yes it can be common when you are experiencing a lot of stress ... what plans do you have to kill yourself? **[gentle assumption]**

Gary: Yeah, I've got some pills and some whiskeys ... and ... that'll be that. Wash it down with a bit of whisky and that'd be that....don't know if I'll do it.

Wife: He went and got an extra Endone script the other day. I found them stashed in the bedside table. Normally I'm pretty good at keeping an eye on the medication, so that really scared me.

Clinician: That would be have been really scary Laura. How often has that happened over the past two months? [**gentle assumption**]

Laura: So ... only once, last time after you went into hospital ... after taking that Panadol.

Fade out

Recent Suicide event (past 2 months):

Clinician: So what happened when you picked up the pills that time Gary? [**behavioural incident**]

Gary: I was pretty wasted. Stuff was going on at home so I was pretty stressed. My back was always giving me grief, it's been like that for the last year. So yeah ... just done ... it's like everything, I'm done ... I'm over it. So I just went down to the chemist.

Clinician: And what happened after you got back from the chemist?? [**behavioural incident**]

Gary: I just took a whole bunch of the pills with some whiskeys, and ... you know ... that was it, just took'em all.

Clinician: How many pills did you take? [**behavioural incident – fact finding**]

Gary: I dunno ... whole sheet, ... just yeah ... that was gonna be it. Then I started freaking out, ... just worried, ... and that's when we called the ambulance. Just worried ... worried really about Jacey.

Fade out

Past suicide event (remaining hx of the past):

Clinician: So Gary, you tell me you've been having some very intense thoughts about suicide for a long time now. Are there any other times where you've tried killing yourself? [**shame attenuation**]

Gary: Yeah, there's been one other. Laura and I separated for a bit, ... and that's when I tried to have another overdose, and had to go to the emergency for that ... so ... yeah, that was the first time.

Clinician: Sounds like you've really been struggling with your mood since then, and having ongoing thoughts of suicide. Have there been other ways you've thought killing yourself?

Gary: No, not really...**uneasy pause** The thought of doing something like that mainly ... just with the overdose ... it's the easiest.

Clinician: Any other ways Gary? {long pause – Gary}

Clinician: Using a gun? (**Denial of specific**)

Gary: **shakes head**

Clinician: Hanging?

Gary: **nods** Uh yeah, ... but I couldn't go through with it.

Clinician: Have you been having any thoughts about hanging recently?

Gary: No, no.... I could bear Jacey finding me like that.

Fade out

Immediate suicide events (risk factors during interview):

Clinician: So Gary, you've been having some pretty frequent thoughts of suicide and there's been a few times recently where you have come close to suicide. I'm just wondering if you have any suicidal thoughts now?

Gary: No look ... not right at the minute. But they're always there ... they're pretty constant.

Clinician: And ... when you get home and the thoughts are gonna be there today, how intense do you think they'll be on a scale of zero, where 0 is not intense at all and ten's overwhelmingly intense. [**gentle assumption**]

Gary: Probably a 6. But I mean ... today's a better day.

Clinician: I'm just wondering how many pills you've got at home at the moment? [**gentle assumption**]

Gary: I just got a packet of Endon. The rest have been flushed down the toilet.

Laura: Yeah I did. I don't want to create any opportunity for him to do something silly.

Clinician: So is that all the medication at home then?

Gary: Yeah.

Clinician: Do you have any other scripts?

Gary: ****shakes head**** No.

Clinician: So it sounds like there's been a lot going on at the moment Gary, and ... I guess we've just started to work together on a way forward. Sometimes when people have been having really intense suicidal thoughts we talk about an admission to hospital.

Gary: No ... no way! I've been in there a couple of times ... I don't wanna go down that path again, ... I just want to stay at home; just have Laura there.

Clinician: Laura ... What do you think?

Fade out

