Presenting Problem

Joanne is a 45-year-old woman who has a long history of depression. Joanne has had three previous suicide attempts. She currently is not taking her medication and is working 60–70-hour workweeks. Joanne has a history of interpersonal conflicts and only finds satisfaction in her work. Joanne unexpectedly comes by the outpatient clinical counseling office, proclaiming how much her clinician means to her and how much she appreciates her. After further questioning, it is understood that Joanne has a gun in her car and “just wants to go for a drive.” Joanne unexpectantly showing up and saying her compliments can be understood as her doing one last nice thing. Joanne also has a firearm in her possession and is unwilling to stay and talk. She is also probably overly tired from working and lack of medication. The previously stated factors show the immediate nature of her plan to commit suicide using her gun.

Precipitating Events

Joanne’s precipitating events include her divorce from her husband and the affair with her sisters’ husband. Joanne ended the affair because of the guilt she was experiencing, but her sister’s husband is still pursuing her. Joanne is also a single mother working long hours and has a lack of hobbies. Joanne’s sister has yet to find out about the affair, so she is most likely still experiencing guilt. Joanne may be abusing substances which could also be happening at the time of the event.

Risk Factors

- Divorced
- History of depression
- Prior suicide attempts

- Possible substance abuse/ not compliant with medication
- High stress job
- Working long hours
- Social isolation
- Impulsive tendencies
- Family tension
- Access to firearms
- No hobbies
- Possible legal issues with custody

Resources and Protective Factors

Joanne has a few resources and protective factors. The first resource is her psychiatrist she sees monthly. The second resource is her resilience, which we can see displayed by her dedication to her job. The third resource is her daughter. Knowing that her daughter physically, mentally, and emotionally needs her is a protective factor. The fourth resource is her job. Many jobs have mental health resources available for those in crisis. The fifth resource is her sister, who she had a good enough relationship with to feel guilty for hurting her. Joanne can lean on that relationship and work on strengthening it. Lastly, she is in outpatient counseling and can advise her counselor of her current suicidal ideation.

With the resources, there are some challenges. Though she has access to a psychiatrist, she is not compliant with her medication. Her resiliency is a resource, but she is often too dedicated to her job to the point that it is all she cares about. Due to her long hours and history of depression, her relationship with her daughter is in question. Her job may have resources for her, but her job is also very high stress, and she works long hours. Her relationship with her sister is a resource, but it is founded on deceit due to her affair with her husband. Lastly, she is in

outpatient counseling, but she may not be being honest with her counselor due to her declining to talk.

Spirituality

In regard to spirituality and high-risk clients, it is imperative to make sure you are being ethical. Code A.4.b of the ACA Code of Ethics states that counselors should be aware of and avoid imposing their own values, attitudes, beliefs, and behaviors on clients. This code ensures that counselors do not impose their spiritual beliefs onto clients. Code 1-530-a of the AACC Code of Ethics states that Christian counselors may expose clients to their faith orientation. They do not impose their religious practices or beliefs onto clients.

Empirical research has suggested that religious attendance and spirituality are associated with decreased suicide attempts and completed suicide in the general population (Lucchetti et al., 2021). Religion can bring individuals a sense of hope and purpose to continue living. Studies suggest religion may inhibit an individual from acting on suicidal ideas by providing access to community, shaping the individual's beliefs about suicide, providing optimism, and ways to interrupt suffering (Lawrence et al., 2016).

Intervention

For Joanne, the first thing I would do is ask additional questions. I would ask if anyone knew where she was and if she intended to harm herself. Due to the nature of the situation, I would then arrange for an ambulance to transport her to a hospital (Rockville, 2009). To help her comply, I would ask her if she would like to call her family before she goes or ask if she would like me to reach out after. I would also have to restrict autonomy by reaching out to family members such as her sister and alerting them of the gun in her car and for them to remove it and put it in safe storage. If necessary, we may have to get a police escort. While making the

arrangements, another staff member or I will stay with her at all times. As her point of contact, and due to her being high risk, I would not simply allow her to leave without taking protective measures.

Treatment Plan: Goals and Interventions

Problem 1: Long term history of depression and suicide attempts

Goal 1: Reduce symptoms of depression and alleviate suicidal ideation

Objective 1: Describe the current and past experiences with depression and its impact on function and attempts to resolve it. ((Kolski, Tammi D., et al, 2014).

Intervention 1: Review with the client prior episodes of depression what coping mechanism she utilized to cope with prior episodes of depression.

Objective 2: Verbally identify the source of the depressed mood (Kolski, (Tammi D., et al, 2014).

Intervention 1: Encourage Joanne to share her feelings of depression in order to clarify them and gain insight to causes

Objective 3: State no longer having thoughts of self-harm

Intervention 1: Assess and monitor the clients suicide potential

Goal 2: Develop healthy cognitive patterns and beliefs about self and the world that lead to alleviation and help prevent the relapse of depression symptoms (Kolski, Tammi D., et al, 2014).

Objective 1: Identify and replace cognitive self-talk that is engaged in to support depression. (Kolski, Tammi D., et al, 2014).

Intervention 1: Teach Joanne how to use an automatic thought record to identify and record distorted thoughts and cognitions about her herself and her divorce.

Intervention 2: Reinforce Joanne's positive reality-based cognitive messages that enhance self confidence and increase adaptive action

Objective 2: Utilize behavioral strategies to overcome depression (Kolski, Tammi D., et al, 2014).

Intervention 1: Assist the client in developing coping strategies for reducing feelings of depression

Intervention 2: Engage the client in behavioral activation by scheduling activities that have high likelihood of mastery and pleasure.

<u>Problem 2</u>: Present interpersonal conflict and lack of social interaction

Goal 1: Develop healthy interpersonal relationships that lead to effective resolution of current conflicts or problems (Kolski, Tammi D., et al, 2014).

Objective 1: Identify individuals who will offer support in times of stress

Intervention 1: Engage Joanne in creating an eco-map to identify people who she can rely on for support encourage Joanne to have frequent contact with the people on her map.

Intervention 2: inquire about Joanne's religious/spiritual beliefs and encourage her to use the resource for support.

Objective 2: Identify conflicts surrounding relationships, past and present, which could be contributing to depression.

Intervention 1: Assess the client's interpersonal inventory of important past and present relationships and evidence of potentially depressive themes such as grief, interpersonal disputes, role transitions, and interpersonal deficits (Kolski, Tammi D., et al, 2014).

Problem 3: High stress job working long hours

Goal 1: Learn ways to cope with high stress job

Objective 1: Learn and implement calming skills to reduce overall anxiety and manage anxiety symptoms.

Intervention 1: Teach Joanne relaxation skills such as progressive muscle relaxation and guided imagery.

Intervention 2: Utilize biofeedback techniques to facilitate client's success at learning relaxation techniques.

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