

Video Transcript: Assessing Suicidal Thoughts and Safety Planning Clinical Simulation

On-screen text: In the following simulation, the therapist and client have been working together for many months and have a trusting therapeutic relationship. The client has a list of emergency contacts, since he has presented as passively suicidal in the past.

Therapist: You've been thinking about suicide over the last two weeks.

Joseph: Yeah.

Therapist: How often has that happened?

Joseph: Every night.

Therapist: Have you thought about when you were thinking of doing that?

Joseph: Well I have some things I gotta do, but, give it three or for months.

Therapist: Have you given any thought to how that would happen?

Joseph: Not specifically.

Therapist: Is there anything that you can say have kind of triggered those thoughts?

Joseph: I dunno.

On-screen text: The therapist reviewed options for further support (including hospitalization and seeing a psychiatrist) and helped the client come up with a list of appropriate coping strategies, including breathing and other grounding techniques.

Therapist: I'm wondering if we need to talk a little bit about a plan for the next little while, for the next couple days. I can see you again in a couple days but I think that it's important to set up some sort of a safety plan over the next few days. I'm concerned about where you've been at and what you were saying earlier around suicidal thoughts. Would you say it's the same? Better?

Joseph: I'm feeling better. I don't know why it would have made sense to me then. I just get in that state, I guess. I need to remember to just breathe.

Therapist: Okay. So you do feel a little bit better, once you have done a bit of breathing. It helps you to focus and come back to the present.

Joseph: Um-hmm.

Therapist: It's not uncommon that when there are difficult memories that are coming back or sometimes just difficult emotions associated with something or someone or stress, that we can be really flooded with emotion. And so the breathing exercise that we did earlier can really help to manage that. So that's one coping strategy, maybe, to use. Are there any other coping strategies that you can think of that have helped in the past in terms of dealing with some stressors?

Joseph: I could cut down on drinking. I like that goal that we set up, and it seems attainable. I should try and just stick to that a bit more.

Therapist: So you'd like to go back and try and resume the goal that you had, that you were doing really great with, which is to cut down some of the alcohol intake.

Joseph: Um-hmm. Yeah.

Therapist: Great. Okay. What about in terms of extra support. Do you think that would be helpful?

Joseph: I don't think it would hurt, yeah. I could give group another go.

Therapist: So there is a group this evening. Can you commit to coming this evening to group?

Joseph: Yeah. Yeah, I'll be there.

Therapist: Great. Okay. And if you start to have thoughts that are the same type of thoughts that you were having before about hopelessness, about not finding that there are any solutions—do you remember the places that we had listed before that you can call or that you can go to if you really are feeling like you're in a bit of a state of despair?

Joseph: Yeah, yeah. Actually, I hang the cards on my fridge.

Therapist: Super. Super. So you could go yourself to ER, you can call 911, or, if you just want to talk to somebody by phone, 24 hours a day, you can call the distress centre.

Joseph: Yeah.

Therapist: Great. I'm going to give your psychiatrist the information, a little bit of information around what we talked about, and we can check in with each other in two days. I can give you an appointment in two days just to see where you're at.

Joseph: Yeah. Yeah, that'd be good.

Therapist: Great. Well thank you for sharing that with me, and I'm really glad to see that you're a little more focused and you're able to benefit from the breathing exercise, and that you've committed to a lot of these goals around keeping yourself safe and taking better care of yourself.

Joseph: Yeah.

Therapist: Super. Thanks.

On-screen text: The therapist will continue to check-in with the client regularly, closely monitor his mental status, document the plan thoroughly and provide an update to the inter-professional team (including the psychiatrist) about the client's current risk level and plan.