**Shanice** is a 15 year-old who has been living with a foster family for two years. Recently, her school performance has declined, she is spending less time with her friends, and has withdrawn from activities she used to enjoy. When her friend noticed cut marks on Shanice’s arms, she urged her to set up an appointment with you at the school health clinic.

When you meet with Shanice, she says cutting is no longer relieving her emotional pain She has thought about taking all the pills in the medicine cabinet.

You assess Shanice for depression and for suicide risk. You determine that there is some risk, though it is not severe at this time. You discuss a Cognitive Behavioral Therapy Group that is just starting up. Shanice agrees to try that and to have her foster mom come in to meet with you.

Role play that conversation, focusing on lethal means reduction

**School Counselor Foster mom Foster dad**

**Luis,** 18, has been angry and not sleeping for several nights. This evening, he took two of his mother’s sleeping pills thinking these might help him sleep. When he was still restless, he drank two beers. His uncle, with whom Luis and his mother live, called the Poison Control Center to see if that might be a lethal combination. The PCC specialist found no acute poisoning risk but suggested that they set up an appointment for Luis at a behavioral health center.

Your assessment finds that Luis had no suicidal intent and has never considered suicide; his aim was to relieve his emotional pain so he could sleep.

The uncle asks to speak with you, and you receive Luis’s permission.

You share that Luis says this was not a suicide attempt.

How do you raise the issue of suicide risk and home safety?

**Counselor Luis’ Uncle**

**Tom** is a 24 year old veteran who has recently returned from Afghanistan where he was in a motor vehicle crash, with significant injuries to his spinal cord. After spending time in both acute care and rehab facilities, he has moved back home with his parents and is now receiving in-home physical therapy services. He has been making excellent progress and has regained most of the function in his upper body though there is still marked disability in both his legs.

Today, during physical therapy, he is not cooperative with you. When you ask what is going on, he says, “What’s the point? I’m going to be stuck in this chair for the rest of my life. I think I should make things easier for everyone and just shoot myself. I used to be a hunter and still have a loaded shotgun in my closet.”

**Physical Therapist Tom**

**James** is a 27 year old Army veteran. He completed one tour in Afghanistan. He struggles with PTSD and major depression. His wife called you (his peer support buddy) and reported that he had locked himself in the bathroom last night and wouldn’t respond to her. He eventually came out and was quite calm though his wife was clearly shaken.

Today he says that he isn’t sleeping and is plagued by hypervigilance, and feelings of being useless. But he insists that he’s not suicidal and that he wouldn’t put his family through that. He wants to “get better” for his wife and kids.

When you ask about whether he has any firearms, he says that he has to have a loaded firearm at his bedside at night and worries that without it his anxiety will get worse.

What can be done to increase his safety?

**You James Wife**

**MaryAnn** has recently given birth to her second son in less than two years. You are making the second new baby home visit. This time, MaryAnn seems somewhat disinterested in both boys, the house is really dirty with stinky diapers on the coffee table and she has trouble making eye contact.

You know that she had been taking anti-depressants before this pregnancy but discontinued them while pregnant. Her PCP suggested that she go back on them and she resumed taking them two weeks ago.

When you ask her whether she is seeing any improvement from them, she replies, “I think the only way they’ll do me any good is if I take the whole three month supply at once and never wake up again.” Then she starts to cry.

What do you do next?

**Visiting Nurse MaryAnn**

**Stan** is a 56 year-old, married man with two daughters in college. He lost his job at a high-tech firm eighteen months ago due to downsizing. Though he has been actively searching, he has yet to find anything, but he has been able to do some small consulting jobs.

Stan has had problems with sleep over the past two to three months, and he has seen Dr. Johnson, his primary care provider for complaints of chronic back pain and headaches. Today, when his wife accompanies him to the doctor, she reports that Stan has been very moody, and he has said more than once, “You know that if something happens to me, you’ll have all the life insurance money. That’s better than I can do for you and the girls right now.”

**Dr. Johnson Stan Stan’s wife**

**Harold** is 72 years old. Betty, his wife of 47 years died a year ago after a long fight with cancer. A devoted caregiver, Harold gave up his previous activities to care for his wife.

In the past six months, he has seen you, his PCP, a number of times for a variety of physical complaints. In the past three weeks, he has made and broken two appointments which is totally out of character.

During today’s appointment, when you ask, “What brings you here today?”, Harold says, “Same old thing. I just don’t feel myself.” When you say, “What do you think would make you feel better?”, Harold replies, “Probably just a shot in the head from my trusty old .22”

**PCP Harold**