Clinical Practice Script for Suicide Risk Assessment in Rural Settings

Introduction

This clinical practice script was created as a resource for clinicians who conduct suicide risk assessment (SRA) with clients in rural settings. The script shows how the stressors and strengths of rural life can shape SRA and disposition planning. It models an integrated behavioral health setting in which a mental health clinician is available to a patient during a routine medical visit. People experiencing a suicidal crisis in rural settings are much more likely to see a primary care provider than a behavioral health specialist as their first point of contact. Integrated care is one of the most promising avenues for suicide prevention in rural communities.

Setting

Renee is a clinical social worker (LCSW) who works as a behavioral health consultant for a small rural primary care clinic. Renee has lived in the area her entire life except for the years she spent away earning her degree. She knows the community very well and often interacts with clients whom she has known since she was a child. She has a small office at the clinic where she offers in-person visits, but most of her sessions are by telehealth.

The primary care clinic serves a large rural area with some people driving up to two hours for an appointment. It is the only health care option for many families in the area. Telehealth appointments help reduce the travel burden, but broadband access is uneven in the service area, and some clients cannot use it reliably from home.

Wade is a third-generation farmer in his mid-50s. His family has been working on the same land since the 1940s when his grandfather moved to the area. Wade has been married to his wife Brenda for nearly 25 years, and they have an adult daughter named Jennifer, who is mother to their only grandchild, Mike (age 3). Jennifer moved to a larger city about three hours away after finishing high school six years ago. Wade's older brother Roy died about eight months ago. Wade and Roy had worked on the farm together for decades and the transition to running it on his own has been very difficult for Wade.

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The past few years have been hard on Wade and many other families in the area. It has been dry and wheat prices are down for a third consecutive season. The cattle side of Wade's operation has fared a little better, but not enough to offset the losses. Wade has been under a lot of stress as he tries to keep the farm's finances afloat.

Clinical Practice Script 1: Engagement, Informed Consent, and Screening

Wade came to see his doctor for a blood pressure check. Before meeting with his doctor, he was asked about depression and thoughts of suicide as part of the clinic's standard universal screening procedures. His depression screen was positive in the moderate range, but he denied any thoughts of suicide on the screening form. Due to Wade's depression score and themes of hopelessness that emerged during his visit with his physician, he was encouraged to meet with the clinic's embedded social worker and he reluctantly agreed.

Renee	Hello Wade, I'm Renee. The doctor told me that you came in today for a blood pressure check and they thought it would be a good idea if we met for a while before you head out. It sounds like things have been tough for you lately.
Wade	It's been a hard year, but I don't need to see a shrink or anything like that. I know the doctor is worried about my stress levels, but I'll be fine.
Renee	I hear you. If it's okay with you, I'd like to share a little about what I do here and then you can make the final call about whether visiting with me is something you're interested in.
Wade	Alright then.
Renee	I'm a behavioral health consultant for the clinic. I'm part of the medical team, but while the doctor and nurse focus mostly on physical health stuff, I focus on everything around it. We've found that being healthy is about more than just what's happening in your body and that it's important to also think about what's happening in your life. That is the part that I pay attention to, and the doctor has asked me to visit with you because they think it might be helpful. Right now, this is just a conversation, and you get to decide if talking to me is something you're interested in doing.
Wade	Okay.

Renee	So, before we start, there are a couple of things I need you to know. First, what we talk about will stay between us. I will make some notes in your chart, but outside of the clinic team, I'm not sharing any of your information, or even that we are having this conversation at all, with anyone else…not at the store, not at church, and not to anybody who comes asking. I know how quick word can travel around here, so I want you to know that I take that very seriously.
Wade	I heard you were local. You're Richard's girl, aren't you?
Renee	I am. Grew up just eight miles from here. Which is exactly why I take privacy so seriously. But there are also a few exceptions that I want you to be aware of. The only time I would share information with other people is if I am genuinely worried about potential harm to your life or anyone else's. I'm also required to make a report if I ever learn that a child or a vulnerable adult is being abused or neglected. And, if a judge ordered my records, I would have to follow that order. If any of these situations ever came up, I would talk with you first about what must be shared and why. Short of that, what we talk about stays with us.
Wade	That's fine.
Renee	So, the doctor mentioned that you've been dealing with a lot lately. What's been going on?
Wade	Oh, it's been a tough year. We didn't get the rain when we needed it. Thousands of dollars on seed, fertilizer, and fuel and then there's nothing left to do but watch the sky. Then the funny thing is that you pray for rain and then it comes, but it's too late and too much and whatever wasn't ruined by the drought gets ruined by flooding.
Renee	It has been a tough season.
Wade	More like a tough few seasons. Three years in a row. You do everything right, the way my dad did it and my grandad did it, and it don't matter. I thought about putting some of my ground into milo, but there's no money in that either, not the way things are.
Renee	You've been trying to push through back-to-back seasons where things just don't work out. And it's extra difficult because this isn't just any land, it's your family history.
Wade	That's the part that really gets me, if I'm honest. Sometimes I just lay awake at night and think about my grandad keeping it going through the Dust Bowl. Even my dad found a way through the 80s, when half the country went under. And Roy and I always managed to find a way through since we took over. I worry so much that I'll be the one who loses it.

Renee	That's a lot of pressure to carry.
Wade	Yeah, and it's been so much harder after Roy died. He had a heart attack, right out in the field. I can't help thinking it was all the worry that did it. Sometimes I figure it'll catch up to me the same way and I'll just fall out there too and that'll be that.
Renee	Losing Roy like that has really impacted you and left you wondering if the same thing will happen to you.
Wade	Yeah. It's a hell of a way to go.
Renee	Tell me more about Roy.
Wade	He passed in the fall. It's been eight months. We ran the farm together our whole lives. He did the money stuff and dealt with the bank. He was good with people and good on the phone. I've always been more comfortable with the day-to-day stuff on the farm.
Renee	And now you've had to be the one to take care of all of it, the money stuff and the farm work.
Wade	And let me tell you, I'm no good at the money stuff. I just sit and stare at the books and charts, and I don't know what half of it means. When we had rough stretches before, Roy and I would sit there until we had a plan, but now I just sit there alone.
Renee	You lost your brother and you lost your business partner. The stress of a bad year is even worse when you're facing it alone.
Wade	Yeah, I really miss having Roy to help me figure things out. It's just me these days. Brenda doesn't usually wake up until later. And I wouldn't put the money stuff on her anyhow. It's real quiet.
Renee	Tell me more about that. What have your days been like lately, especially those quiet moments?
Wade	Well, I'm up at four every day. Can't sleep past it anyhow. I usually work on the books when it's still dark because I can't stand to look at them in the daylight. Then it's the same as always, there's nothing to be done in the field, so I do all the things need to be done for the calves until Brenda wakes up. She'll make breakfast, but we don't really talk a whole lot.

Renee	You've been together for 20-something years, right?
Wade	Twenty-five this coming spring. She's a good woman. I've been hard to live with, I know that. She really wants me to come back to church with her and I just…I can't do it.
Renee	You've stopped going to church. Tell me more about that.
Wade	I stopped going after Roy's funeral. I just feel like everybody's looking. They're always checking in on me and asking how I'm holding up. I know they mean well, but I just hate how everyone seems like they're taking pity on me. And I'll be honest with you, I'm not real sure what I've got to say to God right now anyhow. Brenda still goes every Sunday and most Wednesday nights. She's really upset that I won't go and thinks I'm just giving up. And, you know, she might be right.
Renee	A place that might have been comforting for you in the past has turned into a place where you feel pity. And it's creating some distance between you and Brenda. It also sounds like this past year has tested your faith in deeper ways.
Wade	Yeah. I guess it's just got to where it's easier to not be around people.
Renee	Wade, I want to say something to you. I understand that pity isn't something you need or want, so I hope you don't take this that way. You've been getting up at 4 a.m. every day to face a financial situation that scares you, then you work for hours alone on the farm, and you do all of this while grieving the loss of your brother. You're not letting anyone help you carry the burden. I don't think you give yourself enough credit for how much pressure you've been under.
Wade	When you put it that way, it does sound overwhelming.

Although Wade denied thoughts of suicide on the universal screener at the clinic, Renee is concerned with some of the potential warning signs and risk factors that have emerged. False negatives are common in suicide screenings across settings, and this is a particular concern among men in rural settings. Having noted themes of hopelessness and burden in Wade's language, Renee decides to re-screen for suicide.

Renee	Thank you for sharing all of this with me. I can see that things have not been easy for you. If it's okay with you, I also wanted to revisit a question from the forms you filled out when you came in today. On one of them there was a question about suicide that you answered "no" to. Do you know what I'm talking about?
Wade	Yeah, I remember the question.
Renee	So, the reason I bring it up is because I've sat in this same office over the years with a lot of good, strong people who have been dealing with a lot of stress like what you've been experiencing. And something I've seen often is that when people carry this much pain and stress for this long, they sometimes start having thoughts that folks might be better off without them. Thoughts that they might prefer to just not wake up. Or even thoughts of doing something to end their life. And given everything you're going through, I just wanted to take a moment to check again: have you been having any thoughts of dying by suicide?
Wade	[pauses and looks away] I wouldn't do anything. I want you to know that. I've got Brenda. I've got my daughter and grandson.
Renee	I hear you. It also sounds like these types of thoughts have been part of your experience lately. Would you be willing to tell me more?
Wade	It's mostly when I lay in bed and can't sleep. Sometimes the thought crosses my mind when I'm out on the tractor or driving into town. I just think that maybe it would be easier if I wasn't around anymore. Maybe Brenda would be better off with the insurance money than she is with me. It's a hell of a thing for a man to think.
Renee	It's a thought that pops into your head when you're struggling to sleep and sometimes while working around the farm. Do you ever think about how you might do this?
Wade	[shrugs and looks away from Renee, visibly uncomfortable with the question] I don't really know. I guess there has been something like that.
Renee	I can see that these questions aren't easy for you. Have you had any intention of acting on these thoughts?
Wade	[shakes his head] No. Like I told you, I wouldn't do it. But the thoughts keep coming back.

Renee	[allows silence for a few moments] I am so glad you came in today. I can see that you've been extremely stressed and that in some of your darker moments it may feel like there is no other way through this.
Wade	I don't think I want to talk about this anymore. Can we be done now?
Renee	I know this can be difficult to talk about. At the end of the day, this is your life and talking to me is your decision. I want you to know that what you've shared doesn't scare me or change how I see you. It just helps me understand how much pain you've been carrying. If you're willing, I think it would be good for us to spend some more time on this so we can figure out some ways to lighten your load and get you some relief. How does that sound?
Wade	[long pause, still looking away and making minimal eye contact] Okay, I guess we can keep talking.

Wade has been open about his stress from the farm's finances and his grief over Roy, but more reserved in his answers to Renee's conversational suicide screen. He disclosed active suicidal thoughts along with themes of burden and hopelessness. Wade's answers indicated the need for a full SRA.

Clinical Practice Script 2: Suicide Risk Assessment

Wade has just disclosed suicidal ideation to Renee, who is going to launch a formal SRA. Wade has been very engaged when talking about his farm's finances and his grief over Roy, but he has been more reserved about suicide. Renee administered a conversational suicide screen and Wade's reluctant responses indicated an elevated level of risk. Given what Renee has learned during her engagement with Wade, she has decided to proceed with suggesting a full SRA. Renee was strategic in selecting an assessment approach that would help her better understand Wade's pain, worry, and grief and how these stressors connect to suicidal thoughts and behaviors.

Renee	What you've told me so far has really helped me to better understand what you're going through. So, what I want to suggest next is that we complete a suicide risk assessment so we can get an even clearer picture of what's going on and start thinking about what might be done to reduce your stress. Would that be okay?
Wade	Well, what exactly is involved in this?
Renee	Basically, I want to better understand the things that have been going on these past months that are related to your suicidal thoughts, then I want to get a more detailed account of the thoughts themselves. Understanding these things will help us to build a plan to help you feel better.
Wade	I don't know. It seems like you might just use this to force me to go to a hospital. That's not going to work for me. Nearest one is over two hours' drive and I can't be away from the farm. There's too much that needs to be done. I also know that Brenda would be really upset, and she would tell the church folks and the whole county would know inside a day.
Renee	I hear you loud and clear. And I want to be honest with you. I can't promise that hospital trip won't be necessary until we've talked things through more, but I can say that I always see hospitalization as a last resort. My goal is to find ways to help you move forward and stay in your home in a way that respects your privacy.
Wade	Fair enough, I guess it's okay.
Renee	I'd like to start with the thoughts and feelings you experience in those dark moments. Tell me more about what is going on in your head in the moments before you have a suicidal thought.
Wade	I guess I just worry that I'm the one who's going to lose what my grandad and father built. That I'm a disappointment to Brenda and Jennifer. And that my failure is a disgrace to Roy's legacy too.
Renee	The financial situation with the farm has you stressed about your family's legacy and it's really hard to imagine it going away.
Wade	That pretty much sums it up.
Renee	And it also seems like your stress levels have been really high. Tell me more about that.

Wade	Yeah. It's been really hard since Roy died. I don't even know where to start with the money stuff. Like I told you before, Roy used to take care of all that. I just stare at the books and letters from the bank and don't even know where to start.
Renee	Your stress is off the charts, but I'm also hearing that it is really made worse because you feel alone.
Wade	You're right, there was stress when Roy was still around, but it was never this bad. It's really hard in the morning before the sun comes up. Sometimes it feels like the walls are coming in on me. I get this feeling like I need to do something, but there is nothing to do so I just sit there all wound up.
Renee	Again, thank you for your honesty here, Wade. Those early hours keep coming up and it's good that we know that's a time for us to be paying attention to. When you look down the road, how much hope do you have that things will get better?
Wade	I just don't know that I see a way of turning any of this stuff with the farm around. I don't control the weather. I don't control what they pay for wheat. Roy is gone. I just keep planting seeds and doing all the things that need to be done around the farm, but I don't see how any of that will do anything to fix this situation.
Renee	You keep going through the motions, and you're discouraged that your hard work isn't improving your situation any.
Wade	I guess I just worry that I'm the weak link. My grandad, dad, and Roy all found a way to keep the farm going regardless of the challenges that were thrown at them. I'm the one who can't hold it together.
Renee	I hear you on that. It seems very clear to me that comparing yourself to your grandad, dad, and Roy takes you to a very dark and painful state of mind.

Having explored the thoughts and feelings that precede Wade's suicidal thoughts, Renee then moves on to explore his reasons for dying and reasons for living.

Renee	I want to pause and make sure I'm understanding what you're sharing with me. The farm's finances have you feeling trapped, and you're carrying all that stress alone ever since Roy passed away. You've been feeling hopeless about turning any of this around, and it's made you doubt yourself, especially when you compare yourself to your dad and granddad and Roy. These thoughts all seem to be different reasons behind your thoughts of dying by suicide. What are some other thoughts or reasons you have for dying?
Wade	I start thinking about Roy. When he was alive, we would get on the phone before the sun was even up to talk through things. And now I just sit in the kitchen and sometimes I stare at the phone and just feel so overwhelmed.
Renee	You've lost someone who was always there when things were stressful. You really feel his absence in those early mornings. It's a time when you miss your brother the most.
Wade	I still catch myself reaching for the phone even though he's been gone for months.
Renee	Losing Roy has been hard. Are there any other reasons for dying that we haven't captured yet?
Wade	Honestly…Brenda. I keep thinking that she might be better off without me. The life insurance is worth more than I am right now. She could sell out, square up with the bank, and probably have some left to go live closer to Jenny and Mike.
Renee	You've been carrying the money worries alone and you've tried to keep it off Brenda. And now you're wondering if she'd be better off without you. Anything else we have not discussed?
Wade	I don't think so.
Renee	Thank you for trusting me with all this. I can clearly see that things have been hard, especially in the months since Roy's death. Next, I want to see what's on the other side of this conversation, your reasons for living. Despite everything, you still got up this morning and came to see your doctor, you've shared your pain with me. This tells me that there might be things that keep you going, reasons for living. So, let's try to think about those things. What's the first that comes to mind?

Wade	I guess the first thing I think of is Brenda. The insurance money might help a little, but I'm not sure selling out would leave her much after the bank got done. Truth is, she couldn't run this place for a day without me. She can't back the stock trailer to save her life. She doesn't know how to work the well pump, and she couldn't tell you which breaker runs what if her life depended on it. I'm not even sure she has any sense of half the stuff that needs to be done to keep this farm going.
Renee	Brenda needs you for so many things around here. She depends on you and you know better than most what it is to lose a person who you've counted on every day. And for Brenda, that person is you.
Wade	I hadn't thought about it that way, but you're right. Twenty-five years this spring. We were just kids when we started out. Didn't have two nickels to rub together, but she stuck with me through it all. Things have been rough lately, but I know that's mostly on me. I still love her and I know I don't tell her enough.
Renee	Twenty-five years together through good times and hard times. You've stayed committed to each other through it all. What else comes to mind when you think about reasons for living?
Wade	My grandson. Last time they came out to visit he followed me around the shop the whole day. Wanted to do everything I was doing. I was changing the oil on the truck, and he was my little assistant. Insisted on holding the wrench even though it was near bigger than he was. Could hardly lift the thing.
Renee	He wants to be just like his grandpa. When you imagine him growing up a few years down the road, what do you hope he gets from you?
Wade	Well, I'd like to teach him to drive the tractor when he's a little bigger. Show him how to check a heifer that's close to calving, how to read the sky and know when weather's coming. How to fix things instead of just hauling them off. I guess I want him to know this place, know where he came from. And I want him to remember me, not just some picture Jenny points at. I'd like to be around to watch him grow up.

Renee	There is a lot for us to think about here. On one hand, you're carrying a lot these days. Three dry years in a row and low wheat prices have left the farm in a financially difficult place. You've been facing it alone since Roy passed and those early mornings when you're stressed and he isn't there anymore have been hard. This has left you feeling hopeless about the financial situation and having thoughts that Brenda would be better off without you. I'm also hearing that Brenda is a woman who's stood by you for decades and she relies on you every day, more than she probably even knows. There is love between you even though you sometimes struggle to say it. Then there's your daughter and her little boy, who follows you around the shop. He adores you and you have so many things you want to teach him. You also want him to know this place and where he came from. You want him to know you, and you want to be around to watch him grow up.

After completing a deeper assessment of the thoughts and feelings surrounding Wade's suicidal thoughts, Renee asks Wade what one thing would help reduce his stress and pain right now. After a long pause, Wade responds that he thinks the suicidal thoughts might stop if he had someone to work with and help him figure out the financial crisis with the farm.

Renee then moves on to gather more details about Wade's suicidal thoughts and behaviors.

Renee	I want to better understand how suicidal thoughts show up for you, especially during those difficult mornings when you're up before sunrise and feeling so stressed and alone. I also want to know about any other times when these types of thoughts come up. To start, how many days in a week do you have thoughts about suicide?
Wade	I'd say four or five days per week. Like I said before, it's worse in the morning.
Renee	In those mornings when you're having these thoughts, how long do they usually last?
Wade	Not long. Maybe five to ten minutes. It's hard to say because they're all mixed up with my thinking about Roy, the bank, and all the stuff I need to get done on the farm. It just pops into my head sometimes, but I usually start feeling better once I get out of the house and start working on things.

Renee	Gotcha, so it's all tangled with the grief and worry that make it hard to get a full night's sleep. My next question might be hard for you to talk about, but it's important for me to understand. When you have these thoughts of dying by suicide, do you also have any thoughts about how you would go about killing yourself?
Wade	I don't know. I guess there is some of that. I run to the feed store often and there's this one stretch out past the county line where there is an overpass…and sometimes the thought just pops into my head. Accidents happen all the time out here, and it would look like another one of those. Brenda would still get the insurance. She'd be alright.
Renee	So, the thought tends to pop into your head on this stretch of road when you're driving to the feed store. You've been thinking about how to make it look like an accident.
Wade	Yeah, but it also scares me when I have these thoughts. I start thinking about the ways it could go wrong. I might just wreck the truck and bang myself up and end up worse off, laid up in a bed and not able to work…that would just make things worse.
Renee	I am glad you're sharing this with me. It seems like a significant thought, but I also hear that even in those moments you have been thinking through the consequences and making the decision to pull through.
Wade	[nods, looking down at his hands]
Renee	I'd like to ask about one more thing, and this is something I ask anytime I'm having this kind of conversation with someone. I'm guessing you have guns around your property. When you are having these thoughts of dying, do you ever think about using a gun?
Wade	I would never do it that way. I've got rifles and a shotgun in the garage safe and we keep the pistol in a lockbox in our closet, but I've never thought about using them like that. There'd be no question what it was, and I can't imagine Brenda finding me.
Renee	Sounds like you're already being careful with your gun storage. Suicidal thoughts tend to come in waves and having to work a lock puts a good buffer between you and something you can't undo. Can I count on you keeping them locked up while we're working through all of this?
Wade	I always keep them locked. Brenda doesn't like them out anyway.

When asked about preparatory behaviors, Wade shared that handling Roy's estate had made him more familiar with the insurance process, and that this led him to check his own policy to be sure Brenda was still the named beneficiary. He denied any rehearsal behaviors or previous attempts. He continued to share that the thoughts are worse in the morning and that is when he felt the strongest urge to act on them. He reiterated that thoughts of suicide are less common later in the day once he starts working on farm tasks. Wade denied any drug or alcohol use. He shared more about the impact of his brother's death and the growing distance in his relationship with Brenda and his church community. Sleep disturbances are marked by early waking and long pre-dawn stretches of lying awake or sitting alone in the kitchen. He denied any health or pain problem. He reported no active legal issues, but his financial stress is significant.

Renee	You've mentioned worries about money and the farm a few times now. Can you help me understand some of your fears about that?
Wade	It's mostly about the note at the bank. We borrow every year to put the crop in and then pay it back after we sell. There's just been so much less worth selling these past few years. Roy always took the lead on working with the bank, but now it's all on me. I'm not good with money and budgets like he was. The problem is that we've had so many bad years in a row that our crop hasn't been covering the note. So, we've been forced to borrow against the land. Every year we put up more of the farm into the note just to keep the lights on. It just feels like we're slowly signing everything over, but if they cut our credit off then we're really screwed.
Renee	This is about far more than money. It's scary to watch the legacy you carry from your dad and grandad being at risk. It's also something you hope to pass on to Jennifer and Mike someday.
Wade	Yeah, that basically sums it up.
Renee	I really appreciate your candor and honesty through all of this. What I'm learning is that you are a man who is carrying about as much as a person can on their own. Years of drought and low crop prices have left you in a situation where you're borrowing against the land that has been in your family for generations. Losing Roy has also been hard on you because he was the one you could lean on to deal with financial problems. You've been pulling away from Brenda and your church family. All of these worries and stressors have disrupted your sleep. In some darker moments your thoughts also drift to suicide. It's especially hard when driving to town and past that overpass. Am I missing anything?
Wade	No, that just about sums it up.

Renee	I also hear that in the middle of all this, you have a wife who's stood with you for 25 years, a grandson who adores you, and a legacy you hope to pass on to the next generation. Although mornings have been hard for you, you keep putting one foot in front of the other and getting things done around the farm.
Wade	[smiles] Yeah, it doesn't sound so bad when you put it that way.
Renee	You're a survivor. You're carrying more than most men could and that same stubbornness is what I want to put to work to keep you safe. Given everything I've learned about you, I think it would be a good idea for us to work together on a plan to help you in those dark moments and start taking some of this weight off your shoulders. Is that something you'd be willing to work on with me?
Wade	Yes.

This is the end of the assessment portion of Renee's session with Wade. Renee has a clear picture of Wade's situation and how it connects to suicidal thoughts. Wade is open to working on an outpatient treatment plan with Renee and the next script will demonstrate how Renee uses what she learned from the SRA to build a safety plan and outpatient treatment plan for Wade.

Clinical Practice Script 3: Disposition and Treatment Plan

After finishing an SRA with Wade, Renee is going to work on developing an outpatient treatment plan.

Renee	So, everything we've been talking about isn't just to fill out a form. It's information that will help us build a plan together to give you some relief from the pain you've been living with. The whole idea is that we need to directly address your stress and suicidal thoughts. And part of this plan would involve us meeting about once per week for a while here at the clinic or we could also meet over telehealth if you prefer.
Wade	Okay. How long are we talking?
Renee	It's really all about you and making sure that you are in a better place. It could be as little as six weeks or as long as you need it to be.

Wade	I guess I can do that.
Renee	Wonderful. To start, I would like to develop a safety plan to help you during those darker moments, especially the early mornings and when you drive into town.
Wade	Ok, I'm fine with this as long as you don't send me to the hospital.
Renee	I hear you. Again, I can't promise that hospital will never be necessary but given what I've learned about you today I really think you are a good candidate for outpatient treatment. Does that make sense?
Wade	Yeah, I get it.
Renee	Great, so let's start with the drives into town. You shared that the suicidal thoughts feel the strongest in the early morning. Sometimes, when you go to the feed store you have thoughts about crashing your car. So, I want to start there. While we're getting started with this, I feel strongly that you should not drive to town by yourself. It doesn't seem very practical to avoid driving or going into town all together, so I want to start with exploring some ideas to reduce the occasions when you're driving alone.
Wade	I don't know, I go about two or three times a week. I guess I could ask Brenda to ride along, but she can get busy with her own stuff sometimes. There's also our neighbor, Dale, who lives over on the next section. I ran into him at the feed store the other day and we were joking about how we should coordinate and ride share to save on gas. He runs cattle and wheat like me, and we've helped each other bale for years.
Renee	That's a great idea. You all can split the trip and take it as an opportunity to catch up. I'm guessing that Dale's been dealing with a lot of the same stress as you these past years. And if he isn't available, then maybe a fallback plan can be to have Brenda ride along.
Wade	That sounds ok.

Renee then worked with Wade to identify coping skills he could use in the early morning hours, when the thoughts tend to surface. Wade identified a few strategies to use like prayer and reading his Bible. Wade also talked about keeping a photo of Jennifer and Mike where he would see it first thing each

morning. Renee reinforced each of these as concrete steps and noted that several of these strategies tied directly back to Wade's reasons for living.

Wade identified emergency contacts that included the 988 Suicide and Crisis Lifeline, Renee's office number, and 911 as a last resort. Renee also explored the importance of reducing social isolation, especially given the prominence of loneliness in his suicidal thoughts. Wade identified Brenda and Dale as people he could reach out to when feeling isolated and agreed to consider returning to church that coming Sunday. Wade also volunteered the idea of scheduling more frequent FaceTime calls with his daughter and grandson.

With the safety plan in place, Renee suggested the development of a treatment plan focused on what she had observed as the main drivers of his suicidal thoughts:

- *Grief from Roy's death.*
- *The financial stress of consecutive difficult seasons.*

Renee	Something I noticed when we were talking about the sleep troubles and the difficult thoughts and feelings you've been carrying in those early mornings is how many of those things keep coming back to Roy. You lost your brother eight months ago, and from what I can tell, you went straight from the funeral into carrying everything on your own. You even stopped going to church. It makes me wonder if you've given yourself a chance to just miss him?
Wade	I've never been one for crying and getting all emotional. There's just too much to do. I guess I just don't want people to see me like that.
Renee	That makes sense. I also wonder if that is why those early hours are so challenging, when you're just lying in bed or sitting in the kitchen there isn't as much to keep you busy and distracted from those thoughts. It's interesting to me that that's also the time when you and Roy used to talk. The worry wakes you and grief hits you like a one-two punch.
Wade	Now that you mention it, that actually makes a lot of sense.

Renee shared some ideas for interventions to help with Wade's grief. She shared an online resource for Wade to review before their next session.

To address Wade's financial stress, Renee suggested a more practical case management-based intervention. She shared resources for a farm financial counseling organization and an agricultural mediation service to help Wade with addressing his ballooning debt and to give him pathways for confronting his financial issues head on. She thinks this might help lighten the worry he has been experiencing. Since Wade had previously mentioned a strong negative reaction to perceived "pity," Renee was careful to talk about these resources as things that are commonly accessed by other operators in the county.

Before Wade left the office, Renee staffed her assessment and plan with the physician who agreed with her plan for outpatient management of his suicide risk. After finishing the plan, Renee ended the session with Wade. He left with a safety plan and treatment plan in hand and an agreement to meet the following week over telehealth.

Clinical Practice Script 4: Documentation

Below is an example of a clinical note documenting Renee's first session with Wade.

Mental Status Exam

Wade was alert and oriented to person, place, time, and situation. Mood was dysphoric. Affect was constricted but appropriate to content of speech, with brief brightening when discussing his grandson. Thought process was clear, coherent, and goal directed. Thought content included significant hopelessness and suicidal ideation with an identified method. No psychosis, delusions, or ideas of reference. Speech was within normal limits but somewhat slowed. Abstraction and memory were intact. Insight was fair and improved over the course of the session. Judgment and reality testing appeared to be intact.

Diagnostic Impression

Major depressive disorder, single episode, moderate. Bereavement following the death of brother eight months ago.

Suicide Risk Formulation

Moderate. Client is ambivalent about suicide and articulated both reasons for dying (perceived burdensomeness, potential loss of the farm, grief) and specific reasons for living with future orientation (wife, grandson, the family legacy). Wade reports frequent but brief episodes of suicidal ideation, four to five mornings per week, lasting five to ten minutes and mixed with grief and financial worry. He identified a method involving intentionally crashing his vehicle on a specific segment of a road between his home and the feed store. He also shared some preparatory behavior (confirming the beneficiary designation on his life insurance policy). Client has firearms on the property that are stored in a locked safe and lockbox. He denied any thoughts of using firearms as a method, citing the impact on Brenda and the likelihood that the death would be recognized as suicide instead of accidental. Wade agreed to maintain secure storage of all firearms. These elevated factors are offset by the absence of stated intent or a set timeline. Client worked on a safety plan that included means safety strategies focused on not driving the identified route alone. Wade also scheduled a follow-up via telehealth within one week.

Case Notes:

Completed a comprehensive SRA during this initial session. The referral originated from positive depression screen with a negative suicide screen. Ideation was disclosed in session after engagement and a conversational suicide screening. Primary stressors identified as grief and isolation following the death of his brother and financial stress. Safety plan completed, including means safety through reducing social isolation, early morning coping strategies, and emergency contacts including 988. Client agreed to maintain secure firearm storage. Referrals were made to farm financial counseling and agricultural mediation. Grief intervention introduced. Client engaged collaboratively and agreed to the outpatient treatment plan. Follow-up within one week by telehealth. SRA and disposition decision were staffed with client's physician who agreed with the plan for outpatient treatment.

Suggested Citation

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