

# Therapeutic skills for suicidal patient



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## Case Scenario: The Suicidal Patient

Peter is a young man who attempted suicide by overdose and is being assessed for further risk.

Watch the following video: *How to assess and manage the risk of suicide in a mental health setting*, making notes on the MSE components that you see using the resources from week one. Try to answer every section of the MSE to better inform your care plan. <https://www.youtube.com/watch?v=U8Lnpwg-B1U>

Answer the following critical thinking questions:

1. Which therapeutic communication skills are most applicable in caring for a patient who has attempted suicide?

Psychotic depression is when a person may have auditory hallucinations and behaviour is bizarre with irrational ideas. This is a subtype of major depression in which the patient is totally detached from reality (Tamparo & Lindh, 2017). In the case of Peter, it requires an immediate intervention to stabilize his condition which is pretty much identical with psychotic depression as erratic mood needs to be balanced and it may need a combination of antipsychotic and antidepressant medications and crisis intervention is needed (Tamparo & Lindh, 2017). The best course of action to take is to understand the client's condition and have a clear grasp of the disorder. As nurses it is our responsibility to go over the details of the patient's chart or conduct a research to obtain more information about depressive disorders and know the therapeutic techniques to effectively communicate with the clients to facilitate coping strategies and refer for a <https://assignbuster.com/therapeutic-skills-for-suicidal-patient/>

collaborative approach with other allied health professionals (Tamparo & Lindh, 2017). Correspondingly, reflective listening is valuable clients with depression need to feel secure and comfortable, providing a non-threatening environment and an open-minded approach will give the client a sense of non-judgmental approach (Tamparo & Lindh, 2017). The importance of warmth and genuineness will reflect the true intention to assist clients and recognize feelings of despair that can help them feel that they are being understood and someone knows their unmet needs (Tamparo & Lindh, 2017). Peter's case needs a unified approach among other members of the care team in order to make him feel safe and given the previous act of suicidal attempt, advocating for client's safety is the main priority and ensuring that he is well-supported conveying empathy includes making the client feel the "you truly care" by understanding feelings of pain and agony and recognizing the sensibility of his suffering, this can diffuse feelings of self-punishment (Tamparo & Lindh, 2017). Therefore, as future psychiatric nurses, a keen risk assessment is critical to ensure safe nursing care and frequently monitoring the client, it is also our responsibility while establishing therapeutic communication to keep his environment free from harm and maintain a calm and steady atmosphere to reduce agitation (Townsend, 2011).

2. Do some research on the Canadian Association for Suicide Prevention website. What support resources would be helpful for Peter? Why?

While navigating the Canadian Association for Suicide Prevention website, one thing that struck us the most is the slogan " *They are suicide attempt survivors — and they have something they want you to know*" (Canadian

Association for Suicide Prevention [CASP], n. d.). Since Peter is a suicide attempt survivor, it is likely that he may do it again. Therefore, it is vital to support him in the healing process and keep him on track. Honoring his choice to live by acknowledging what they are talking about by employing active listening will give themselves permission to ask for help (CASP, n. d.). During our research, the following are some of the resource support that we found to be helpful for Peter in British Columbia:

- The National Suicide Prevention Lifeline( [lifelineforattemptsurvivors.org](https://lifelineforattemptsurvivors.org)) – is a website that provides a hotline that connects one to a skilled counselor at a crisis center anywhere near the area. This hotline strives to engage someone who survived a suicide attempt with a goal of finding hope and keeping the client safe in the most difficult time. The website also provides stories of survivors who made it through their darkest days which are also used by friends, families, and even clinicians to support someone who is feeling suicidal.
- Life Moves On – Pacific Centre Family Centres-which offers a variety of programs and activities that encourage possibilities as well as offer family interventions. They offer clinical counseling through a registered therapist that addresses a broad range of issues from trauma to mental health including suicidal ideation.
- Vancouver Island Crisis Line: 1-888-494-3888. A 24/7 support that can offer emergency and emotional assistance for suicidal clients.
- S. A. F. E. R. Counselling Service-offer individualized short-term counseling for those in a suicidal crisis, attempt, or a family member concerned about someone who is suicidal. They also provide group

supports to individuals who have lost loved ones due to suicide. They offer referrals, consultations, and information throughout BC.

- Heartbeat: A Suicide Survivor Support Group – CMHA-Offer acceptance, understanding, and comfort, as well as help survivors, absorb the aftereffect of a suicide attempt.

3. When reviewing the video, what are the key points of information (Hint\* subjective and objective data) you require to assist you in building a care plan for this patient?

Subjective data:

Patient verbalized the following:

- He feels fed up and horrible
- Suicide attempt (he took 60 tablets of paracetamol)
- Suicidal thoughts (He knows that he won't take tablets anymore as it won't kill him and also, he thought of jumping from a block of flats close to where he lives)
- Feeling of despair, hopelessness, and worthlessness (He thinks that his brother, dad, teachers think that he is useless)
- Feeling of abandonment (He feels that his sister left him alone)
- Sleep disturbance (he is unable to sleep)
- Feeling scared (he doesn't like to be in mental hospital as he feels frightened)
- Social isolation (he stays in his room most of the time)
- Exhaustion or fatigue (He feels tired)
- He drinks special brewed (he drinks three or four cans)

- He felt anxious at times
- Auditory hallucinations

Objective data:

- Young man
- He lives with his mom and dad
- He has a brother and a sister
- He is well-groomed and alert
- Cooperative as he is answering all the questions being asked
- Soft tone of voice, slow speech noted
- Face muscle tension observed
- The client kept on looking somewhere else unable to maintain eye contact
- Tearful/weeping
- Disturbed thoughts observed
- Kept repeating words
- He looks confused
- Profound sadness/ loneliness noted
- He panics and looks worried when the helper mentioned about hospital

4. Which members of the health care team will you involve in Peter's care at home?

The BC Psychosis Program is a specialized treatment that provides services to clients with psychotic disorders including schizophrenia or schizoaffective disorder and mood disorders (BC Mental Health & Substance Use Services, n. d). It is composed of the multidisciplinary team that looks into medications,

psychosocial aspects of the individual and it provides consultation and collaborative effort with the following care team:

- Psychiatrists
- Neuropsychiatrists
- Nurses
- Peter's Family
- Occupational therapists
- Social workers
- Peer support workers
- Recreation and music therapists
- Psychologists
- Dieticians
- Pharmacists

The treatment program also ranges within 4-6 months and looking into the group of care team, it will definitely assist Peter to gain significant improvement of his condition and reduce psychotic features that may likely to provoke his suicidal ideation (BC Mental Health & Substance Use Services, n. d). In BC, a referral is usually being done by the case manager in the community to reinforce the stability of Peter's overall mental health and to provide a safe care as nurses, that is our main priority and also advocate to achieve long-term health and wellness (BC Mental Health & Substance Use Services, n. d). Moreover, the health care team should attend to a "risk for suicide" patient who needs a prompt response in four levels: emotional, educational, institutional, and administrative (Kelleher, Kelleher, & Grad, 2014). It is imperative to be able to provide time and space for

understanding reactions and feelings, especially for family members who are one of the key members of the health care team (Kelleher, Kelleher, & Grad, 2014).

5. Create a care plan, using the care plan template, for Peter. Remember to base your

diagnosis on a NANDA approved nursing diagnosis.

Top of Form

Bottom of Form

NANDA Nursing Diagnosis and Support Data	Goal/ Outcome Criteria (at least 1/diagno sis)	Nursing Interventions (at least 3/goal)	Scientific Rationale/Princi ple (with reference)	Evaluation of Interventio n
<i>Risk for suicide</i> related to hopelessness, alcohol use, history of suicide attempt, poor support system, loneliness as evidenced by	1. Client will remain safe at all times and abstain from attempti	1. Maintain a secure and safe environment for the client (Gulanick & Myers, 2014, p. 187). 2. Provide ways	1. To discourage the patient from acting on unexpected self-destructive impulses, suicide precautions are hurting	1. The client remained safe and he was able to refrain from hurting



feeling useless	ng	for clients in a	being used.	himself.
and that no one	suicide.	non-judgmental	Also, such	2. The
will miss him	2. Client	setting to voice	steps involve	client was
when he died.	will	concerns,	eliminating	able to
Support	verbalize	worries, emotions	items like	freely
Data(subjective,	thoughts	and aspirations	medications,	express
objective,	and	(Gulanick &	sharp objects	his
assessment)	feelings	Myers, 2014, p.	and electrical	emotions,
Subjective data:	of	187).	appliances that	thoughts,
Patient verbalized	suicide.	3. Guide the	may be	and
the following:	3. Client	client to use	harmful	feelings to
	will	medications	(Gulanick &	the care
	agree	properly to	Myers, 2014, p.	provider.
	with the	improve their	187).	3. The
	treatme	capacity to cope.	2. The client	client was
	nt	Also, inform the	benefits from	able to
	strategy	client's reactions	speaking with a	adhere to
	to	to suicidal	trustworthy	the
	reduce	thoughts in	helper	treatment
	the	cognitive-	concerning	plan by
	suicide	behavioral self-	suicidal	taking his
	risk.	management	thoughts.	prescribed
		(Gulanick &	Furthermore,	medication
		Myers, 2014, p.	clients want a	s and able
			chance to	to

- Feeling of abandonment  
nt
- Sleep disturbance
- Feeling scared
- Social isolation
- Exhaustion or fatigue
- He drinks special brewed
- He felt anxious at times
- Auditory hallucinations

## Objective data:

- Young man
- He lives with his mom and dad

address suicidal ideation and control.

negative thoughts.

Moreover, verbalizing these feelings can diminish their strength.

Also, clients' do have to know that health care

providers are receptive to suicidal

thoughts being addressed

(Gulanick & Myers, 2014, p.

187).

3. Drug treatment might help the

- He has a client deal with brother and underlying a sister psychological issues like
- He is well-groomed depression and and alert clients
- Cooperative can understand as he is as well as react answering to suicidal all the thoughts. Also, questions it is possible to being asked teach the
- Soft tone of person to voice, slow recognize speech negative self-noted talk and
- Face muscle unconscious tension thinking observed leading to
- The client suicidal kept on thoughts. Thus, looking the client somewhere knows how to else unable establish to maintain constructive eye contact responses and

- Tearful/  
weeping
- Disturbed  
thoughts  
observed
- Kept  
repeating  
words
- He looks  
confused
- Profound  
sadness/  
loneliness  
noted
- He panics  
and looks  
worried  
when the  
helper  
mentioned  
about  
hospital

useful self-talk  
to these  
negative  
concepts  
(Gulanick &  
Myers, 2014, p.  
188)

Bottom of Form

NANDA Nursing	Goal/	Nursing	Scientific	Evaluation
Diagnosis and	Outcome		Rationale/Prin of	

Support Data	Criteria (at least 1/diagnosis )	Interventions (at least 3/goal)	principle (with reference)	Intervention
<i>Ineffective coping</i> related to coping capabilities were insufficient, situational crises, and minimal social support resulting from a relationship with the family as evidenced by expression of fear and anxiety	1. Client will determine the effective coping behavior and state consequences. 2. Client will acknowledge own coping abilities	1. Offer opportunities for addressing issues, uncertainties, emotions, and desires. Emphasize feelings of understanding and acceptance (Gulanick & Myers, 2014, p. 54) 2. Motivate the client to recognize the strengths and weaknesses of their own (Gulanick &	1. Verbalizing actual or potential risks may help lessen stress and open up opportunities to regular interaction. A truthful relationship makes problem-solving and effective coping (Gulanick & Myers, 2014, p. 54). 2. Clients may not know	1. The client was able to identify his coping skills and was able to address his concerns. 2. The client was able to recognize the effective coping mechanism that works for him.

Subjective data:	as	Myers, 2014, p.	their abilities	3. The
Patient	evidenced	54).	during a	client was
verbalized the	by a proper	3. Help clients	crisis.	able to
following:	emotional	with a detailed	Sensitivity	attain his
	expression,	assessment of	can	psychologi
• He feels	choice	the situation as	accelerate	cal needs
fed up and	identificati	well as their	the use of	by utilizing
horrible	on, and	achievements. Su	certain	resources
• Suicide	resource	pport in creating	attributes	that will
attempt	utilization.	an alternative	(Gulanick &	support
• Suicidal		approach of aid.	Myers, 2014,	him in
thoughts		Promote involvem	p. 54).	coping for
• Feeling of		ent in self-help	3.	any
despair,		groups (Gulanick	Recognizing if	stressful
hopelessne		& Myers, 2014, p.	he or she has	situation.
ss, and		55).	the abilities	
worthlessn			and strength	
ess			to manage	
• Feeling of			the situation	
abandonm			efficiently	
ent			could be	
• Sleep			beneficial for	
disturbanc			the client.	
e			The client	
• Feeling			may need	
scared				

- Social isolation assistance in having a
- Exhaustion or fatigue positive view of the
- He drinks special brewed situation.
- He felt anxious at times Also, it could be helpful to have
- Auditory hallucinations connections with people with shared interests and goals.

Objective data:

- Young man Involvement in a group can provide
- He lives with his mom and dad different techniques for successful coping for the client
- He has a brother and a sister (Gulanick & Myers, 2014, p. 55)
- He is well-groomed

and alert

- Cooperativ

e as he is

answering

all the

questions

being

asked

- Soft tone

of voice,

slow

speech

noted

- Face

muscle

tension

observed

- The client

kept on

looking

somewher

e else

unable to

maintain

eye



contact

- Tearful/  
weeping
- Disturbed  
thoughts  
observed
- Kept  
repeating  
words
- He looks  
confused
- Profound  
sadness/  
loneliness  
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- He panics  
and looks  
worried  
when the  
helper  
mentioned  
about  
hospital

NANDA Nursing  
Diagnosis and

Goal/  
Outcome

Nursing

Scientific

Evaluation

Rationale/Princi of

	Criteria	Interventions	Example	Intervention
Support Data	(at least 1/diagnosis)	(at least 3/goal)	(with reference)	n
<p><i>Hopelessness</i></p> <p>related to the feeling of abandonment, sense of hopelessness and helplessness as evidenced by lack of support from the family, the feeling of being useless and though that he was left behind.</p> <p>Support Data(subjective, objective, assessment)</p> <p>Subjective data:</p> <p>Patient verbalized</p>	<p>1. The client will show the desire to live and have a positive expression about life.</p> <p>2. The client will describe thoughts and verbalize them to the care provider.</p> <p>3. The client will</p>	<p>1. Evaluate the client's self-confidence and their skills. Define the ideals and happiness of the person with their role or goal in life.</p> <p>Motivate a positive hope mindset (Gulanick &amp; Myers, 2014, p. 98-99)</p> <p>2. Continue to offer the client the opportunity to express</p>	<p>1. Highlighting the intrinsic value of the client and considering the underlying problem as controllable. It would not be beneficial to promote unachievable hope and can considerably aggravate the client's trust in their care provider.</p> <p>Perception in the partnership between nurse</p>	<p>1. The client was able to display his willingness to live and was able to share his positive outlook about his life.</p> <p>2. The client was able to open and express his emotions and feelings to</p>

the following:	alleviate	pessimistic	and client as a	the nurse.
<ul style="list-style-type: none"> <li>• He feels fed up and horrible</li> <li>• Suicide attempt</li> <li>• Suicidal thoughts</li> <li>• Feeling of despair, hopelessness, and worthlessness</li> <li>• Feeling of abandonment</li> <li>• Sleep disturbance</li> <li>• Feeling scared</li> <li>• Social isolation</li> <li>• Exhaustion or fatigue</li> </ul>	feelings of hopelessness, using coping mechanism s.	feelings. Also, it motivates the individual to understand their weakness es and attributes (Gulanick & Myers, 2014, p. 98-99).	collaboration on the road to recovery is crucial to cultivating optimism (Gulanick & Myers, 2014, p. 98-99). 2. Through 3. Support the client to establish a rational analysis of the condition and extend the range of coping skills of the clients (Gulanick & Myers, 2014, p. 99). Awareness could	3. The client happily shared his plans in life and was able to use coping strategies and support services that gave him hope to continue living his life.

- He drinks special brewed
  - He felt anxious at times
  - Auditory hallucinations
- accelerate the need for these qualities (Gulanick & Myers, 2014, p. 98-99).
3. Clients may not be mindful of all possible support

Objective data:

- Young man
  - He lives with his mom and dad
  - He has a brother and a sister
  - He is well-groomed and alert
  - Cooperative as he is answering all the questions
- resources to assist them to get through this difficult situation.
- Trying new strategies to cope with stressful situations can assist the patient. Such abilities can promote a restored sense

- being asked
  - Soft tone of voice, slow speech noted
  - Face muscle tension observed
  - The client kept on looking somewhere else unable to maintain eye contact
  - Tearful/weeping
  - Disturbed thoughts observed
  - Kept repeating words
  - He looks confused
  - Profound
- of self and  
bring hope  
back to life  
(Gulanick &  
Myers, 2014, p.  
99).

- sadness/  
loneliness  
noted
- He panics  
and looks  
worried  
when the  
helper  
mentioned  
about  
hospital

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