
Abstract

Case formulation for an outpatient client who does not agree to stop self-mutilation

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Some clients continue suicide-related behaviors associated with suicide risk and do not agree to stop the behavior. Case formulation (CF) is a frame of reference for organizing the diverse factors including the background for lack of agreement and for understanding the mechanisms underlying those factors. The patient discussed herein presented with suicidal ideation and frequent wrist-cutting after a sudden loss. The patient would not agree to stop and developing a cooperative relationship was difficult. The patient also experienced dissociation, a risk factor for suicide, and refused hospital admission necessitating outpatient psychological support. This study aimed to discuss (1) understanding self-mutilation, (2) selecting an initial interview technique, (3) building a cooperative relationship, and (4) multidisciplinary care, based on CF. In CF, the patient's self-mutilation could be viewed in terms of both non-suicidal self-injury and suicidal behavior. Selection of an initial interview technique based on how the behavior is viewed may have helped build a cooperative relationship and reduced self-mutilation and suicide risk; and multidisciplinary care may have been a protective factor in outpatient care.

Keywords: self-mutilation, outpatient, disagreement, suicide risk, case formulation
