

Case Illustration
(From Berman & Silverman, 2014)

Father Bill, a 45-year-old Catholic priest, enters treatment because he has been feeling mildly depressed and anxious. At his initial session, he describes an increasing level of panic in anticipation of an upcoming audit of his parish finances, because he had improperly advanced to himself, then repaid most, but not all, of his salary to help support his younger sister who has severe medical problems. Further, he describes feeling rage at the Church's lack of response to this sister's claims that she had been sexually abused by her parish priest years earlier. Father Bill believes the audit was ordered as retaliation against him for his support of his sister's claim. Father Bill appears fatigued and jittery, and complains of symptoms of insomnia, problems concentrating, hopelessness, and a fear that he would not be able to cope with an impending demotion. As a result, he has withdrawn from friends and supporters. He denies thinking about suicide, but admits to a family history of depression (his mother) and suicide (a maternal uncle). He has a chronic history of diabetes and has had cardiovascular problems that have necessitated two surgical interventions in the past decade. Subsequent to these, his primary care physician put him on antidepressants for brief depressive episodes. In spite of this history, he continues a 30-year cigarette habit. He drinks occasionally but has recently increased both the frequency and amount of his drinking. He owns a firearm.

Chronic	Acute	Warning	Protective

Risk Estimate	
Chronic Risk: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Acute Risk: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
Justification of Risk Estimate	
Risk Reduction Plan	