

Tom

Tom is a 22 year old, cisgender male who recently attempted suicide and wanted to get help. Two weeks earlier, he had been drinking a lot of vodka and had jumped off a pier into water, with the intent to drown himself. When he hit the cold water, he no longer wanted to die and swam to shore. Since then, he has been trying to cut down on his drinking and thinking about getting help. He was referred to our clinic by a family friend who had visited the clinic's website. He called to inquire about available services, and asked to be seen for therapy. We set up an assessment appointment for later that week.

When Tom arrived for the assessment, he reported that he had been having difficulties for years but had never sought help. He explained that he and his family moved permanently to the United States in 2005 (Tom was 5 years old), following the death of his father. His mother, who was born and raised in Mongolia, had met his father while attending college in the United States. Tom's father worked for an international organization in a position that required frequent travel and, as such, the family had lived in many different locations around the globe. Tom had a 20-year old sister, also born in Mongolia, with whom he was very close given unique and mutual life experiences. When Tom was 13, the family was living in Jordan, and his father was killed in a car accident. According to Tom's recollection, his mother brought him to the room where his father's body lay and then instructed him to fold down the sheet from his deceased father's face and to give his father a kiss on the forehead. According to Tom, following this event, he experienced several "blackouts" in which he would replay images of his father lying on the table and seeing his father's wounded face. After his father's death, Tom recounted that his mother decided to bring their family to the United States to be closer to his father's immediate family. Tom and his sister, being half-American and moving to the US as young adolescents, were more acculturated to the "American way of life" than their mother. However, Tom was very proud of his cultural heritage, and he actively participated in cultural activities at home, which was a considerable source of strength.

At the time Tom called to request treatment, he had stopped attending college in order to focus solely on "getting better." He was living with five of his closest friends near college campus and was drinking heavily. He reported consuming, on average, 10 standard alcoholic beverages a day, which was the norm among his roommates and strongly reinforced in his living environment. Tom kept his departure from school a secret from his mother. He also kept from his mother his drinking, his suicide attempt, and seeking help from a therapist.

During the intake interview, Tom reported attempting suicide a total of three times in his lifetime (first time at age 16; the second time two months prior to his most recent attempt). A structured clinical interview revealed that Tom's reported symptoms mapped on to the following diagnostic impressions: threshold for Borderline Personality Disorder (interpersonal instability, unstable sense of self, impulsivity, suicidality, anger, affect instability), Major Depressive Disorder, Alcohol Use Disorder, and Post Traumatic Stress Disorder.

Adapted (with slight modifications) from: Wilks, C. R., & Linehan, M. M. (2019). Dialectical Behavior Therapy with Multidiagnostic and Suicidal Patients.