

## CASE #10

### THE PROBLEM OF REPORTING A PSYCHOTHERAPY PATIENT'S THREAT

#### CASE PRESENTATION

The psychiatric mental health nurse providing therapy for a depressed young man who has expressed homicidal fantasies toward his ex-girlfriend requests help to determine her responsibility to protect confidentiality of the patient or protect the ex-girlfriend from potential harm.

#### Complaint

A 21-year-old male graduate student asked to be seen at the counseling center of a large university. The in-take therapist, a psychiatric mental health nurse, saw the patient for three sessions. In the initial session, the patient described being depressed since an intimate relationship with his girlfriend had ended a month earlier. The patient recounted that his girlfriend had left him suddenly with little explanation about the break in the relationship. Since then, the patient has been angry and withdrawn, has noticed deterioration in his school performance, has had difficulty sleeping, and has had recurring feelings of rage and fantasies of murdering the ex-girlfriend. The patient has no history of psychiatric illness, suicidal ideation, violent behavior, or substance abuse. Mental status exam and psychological evaluation revealed an acute adjustment disorder and evidence of clinical depression. The patient was oriented to person, place, and time, denied hallucinations and delusions, and demonstrated appropriate affect as he recounted his history. He did not express his thoughts of harming the ex-girlfriend until the third therapy session. During that session, he spoke of fantasizing buying a gun and following the young woman, then shooting her when she jogged alone near a woods. He stated that he did not plan to actually do this, and expressed feeling relieved at being able to tell the therapist, whom he felt he could trust, about the disturbing fantasies. The patient stated that he wished to continue in therapy with the therapist. The therapist recommended a course of brief psychotherapy, cognitively oriented toward the resolution of a grief reaction, and initiating antidepressant medication. The patient agreed to this plan, and seemed pleased with it. When the patient left the third session, the therapist quizzed him again about the likelihood of his taking action, and felt quite assured that he was not a threat to anyone, including his ex-girlfriend.

The therapist made careful notes in the record about his statements and about her sense of confidence that he had benefitted from talking about his fantasies and that he would not act on them. However, the next day at a case-review team conference, the therapist presented this case and became concerned when other members of the team expressed various views about avoiding liability by warning the ex-girlfriend, calling the police, or perhaps hospitalizing the patient. The therapist worried about the issue of confidentiality, about what effect reporting would have on the patient and on the therapeutic relationship, and about her own abilities to predict dangerousness. Should she report the patient's murderous fantasies and thereby protect herself from liability and protect the potential victim from possible harm, or should she maintain confidence in order that therapy be maximally therapeutic for the patient?