The Chronological Assessment of Suicide Events (CASE Approach): The Practical Art of Eliciting Suicidal Ideation

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Recent Literature Resources Used for All Slides


SUICIDE ASSESSMENT PROTOCOL

Risk and Protective Factors
Suicidal Ideation and Intent
Clinical Formulation of Risk

National Endorsements of the CASE Approach

1. Full-day experiential training in the CASE Approach chosen in 2015 by the ZERO Suicide Initiative as one of the recommended suicide assessment trainings for use across the United States.

2. Full-day experiential training in the CASE Approach chosen in 2013 for the Best Practices Registry of the Suicide Prevention Resource Center (SPRC) under the auspices of SAMSHA.

Recent Literature Resources Used for All Slides (Continued)


SUICIDE ASSESSMENT PROTOCOL

Risk and Protective Factors
Suicidal Ideation and Intent
Clinical Formulation of Risk
Equation of Suicidal Intent

Real Intent = Stated Intent + Reflected Intent + Withheld Intent

Evolution of Interviewing Training

Interviewing principles
↓
Interviewing techniques
↓
Interviewing strategies

7 Validity Techniques

1) Normalization
2) Shame Attenuation
3) Behavioral Incident
4) Gentle Assumption
5) Denial of the Specific
6) Catch-All Question
7) Symptom Amplification

Illustration of an Interviewing Principle

Before you raise a sensitive or a taboo topic, meta-communicate to the client that it is okay to talk about the topic.

Validity Techniques for Raising a Sensitive Topic

1) Normalization
2) Shame Attenuation
<table>
<thead>
<tr>
<th>Normalization (Shea)</th>
<th>Normalization</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Sometimes when people are as depressed as you’ve been feeling they find themselves having thoughts of killing themselves; have you been having any thoughts like that?”</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Shame Attenuation (Shea)</th>
<th>Shame Attenuation</th>
</tr>
</thead>
<tbody>
<tr>
<td>“With everything you’ve been going through, have you been having any thoughts of killing yourself?”</td>
<td></td>
</tr>
<tr>
<td>“With all of your pain, have you been having any thoughts of killing yourself?”</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Empathic Resonance</th>
<th>Validity Techniques for Exploring Sensitive Topics Once Raised</th>
</tr>
</thead>
<tbody>
<tr>
<td>The words “killing yourself”</td>
<td></td>
</tr>
<tr>
<td>1) How does the concept of suicide first enter a patient’s mind?</td>
<td></td>
</tr>
<tr>
<td>2) Cultural baggage of the word “commit”</td>
<td></td>
</tr>
<tr>
<td>1) Behavioral Incident</td>
<td></td>
</tr>
<tr>
<td>2) Gentle Assumption</td>
<td></td>
</tr>
<tr>
<td>3) Denial of the Specific</td>
<td></td>
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<tr>
<td>4) Catch-All Question</td>
<td></td>
</tr>
<tr>
<td>5) Symptom Amplification</td>
<td></td>
</tr>
</tbody>
</table>
Behavioral Incident (Gerald Pascal)

2 Styles of Behavioral Incidents
1) Fact-finding behavioral incident
2) Sequencing behavioral incident

Gentle Assumption (Pomeroy)

Denial of the Specific Used for Uncovering Suicidal Plans
1) “Have you been having any thoughts of shooting yourself?”
2) “Have you been having any thoughts of jumping off a bridge or a building?”
3) “Have you been having any thoughts of overdosing?”

Typical Trigger to Initiate the Use of Denials of the Specific

Technical Tip
Avoid Cannon Questions
“Have you been having any thoughts of shooting yourself, jumping off a bridge or building, or overdosing?”
Always ask one DS at a time
Symptom Amplification Used When Uncovering Suicidal Thought

“On your very worst days, how much time do you spend thinking about killing yourself - 70% of your waking hours, 80% of your waking hours, 90%?”
### 7 Validity Techniques

1) Normalization  
2) Shame Attenuation  
3) Behavioral Incident  
4) Gentle Assumption  
5) Denial of the Specific  
6) Catch-All Question  
7) Symptom Amplification

### Chronological Assessment of Suicide Events

- **Past Events**  
- **Recent Events**  
- **Presenting Events**  
- **Immediate Events**  

(2 Months)

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#### 2 Steps for Making Verbal Video

1) Anchor the verbal video  
2) Make the video (patient walks you through his or her suicidal actions/plans via BI’s)

#### First: Anchoring the Verbal Video

1) Method-in-Hand Question  
2) Anchor to time  
3) Anchor to place  
4) Summarizing invitation to verbal video (. . . It would help me to understand if you could sort of walk me through this step by step)

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#### Second: Walking through a Verbal Video

1) Use a series of behavioral incidents to enable client to walk you through their suicidal actions and/or plans  
2) Ferret out “lethal points”.  
3) Frequent use of sequencing BI’s with fact-finding BI’s used as needed to efficiently uncover lethal points.  
4) Fix “Nixon Gaps” by rewinding to beginning of gap and re-start with BI’s.

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**Video Demonstration**
Chronological Assessment of Suicide Events

Past Events \<\> Recent Events \<\> Presenting Events \<\> Immediate Events

(2 Months)

Before Moving to Region of Recent Events

Use Clarifying Window and Tag Questions if Necessary

1) Clarifying window if necessary
2) Tag Questions
   a) drugs and alcohol during event
   b) evidence of planning versus impulsivity (wills, suicide notes, etc.)

SUICIDE ASSESSMENT PROTOCOL

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Suicidal Ideation and Intent

Clinical Formulation of Risk

Exploring the Region of Recent Events

S-1
GA
S-2 \(\rightarrow\) BI \(\rightarrow\) BI \(\rightarrow\) BI
GA
S-3 \(\rightarrow\) BI \(\rightarrow\) BI \(\rightarrow\) BI
GA

Continued

Validity Techniques for Exploring Sensitive Topics Once Raised

1) Behavioral Incident
2) Gentle Assumption
3) Denial of the Specific
4) Catch-All Question
5) Symptom Amplification
Typical Trigger to Initiate the Use of Denials of the Specific

Exploring the Region of Recent Events

Power of the Catch-All Question

1) “Catches” odd methods of choice
2) “Catches” missed methods inadvertently missed with Denials of the Specific
3) Web search for suicide often raised

Catch All Question (Shea)
Exploring the Region of Recent Events

Continued

Exploring the Region of Recent Events

Chronological Assessment of Suicide Events

Past Events ↔ Recent Events ↔ Presenting Events ↔ Immediate Events

(2 Months)

Exploration of the Region of Past Suicide Events

1) Did the client ever try to kill himself or herself in the past?
2) Most dangerous past attempt
   a) similar triggers?
   b) same method?
3) # of past attempts

Video Demonstration

Chronological Assessment of Suicide Events

Past Events ↔ Recent Events ↔ Presenting Events ↔ Immediate Events

(2 Months)
Exploration of the Region of Immediate Suicide Events

1) Region of Now/Next
2) Hopelessness
3) Helplessness
4) Intensity of Pain
5) Safety contracting versus safety planning
   a) First lens: deterrence
   b) Second lens: assessment tool

Pod Training Using Scripted Group Role-Playing (SGRP)

20 Consecutive Trainings in the CASE Approach Using Scripted Group Role-Playing (SGRP); N=427

Question #1

The content of this training provided useful information for my clinical work.

Scale ranges from 0 (disagree) to 4 (agree)

Average Rating: 3.9

Question #2

I would recommend this training to a fellow colleague.

Scale ranges from 0 (disagree) to 4 (agree)

Average Rating: 3.9


Evaluations by Disciplines

<table>
<thead>
<tr>
<th>20 Consecutive Trainings in the CASE Approach Using Scripted Group Role-Playing (SGRP)</th>
<th>Question #1</th>
<th>Question #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) LCSWs (n=100)</td>
<td>3.9</td>
<td>3.9</td>
</tr>
<tr>
<td>2) Nurses (n=69)</td>
<td>3.9</td>
<td>4.0</td>
</tr>
<tr>
<td>3) Psychiatrists (n=33)</td>
<td>3.9</td>
<td>3.9</td>
</tr>
<tr>
<td>4) Psychologists (n=45)</td>
<td>3.9</td>
<td>3.8</td>
</tr>
<tr>
<td>5) Therapists, Counselors, Other MHPs (n=90)</td>
<td>3.9</td>
<td>3.9</td>
</tr>
<tr>
<td>Average Ratings:</td>
<td>3.9</td>
<td>3.9</td>
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Evaluations by Years of Experience

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<th>Question #2</th>
</tr>
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<tbody>
<tr>
<td>1) Graduate Students (n=20)</td>
<td>4.0</td>
<td>3.8</td>
</tr>
<tr>
<td>2) 0-9 years post-grad (n=152)</td>
<td>3.9</td>
<td>3.9</td>
</tr>
<tr>
<td>3) 10-19 years post-grad (n=89)</td>
<td>3.9</td>
<td>3.8</td>
</tr>
<tr>
<td>4) 20 or more years post-grad (n=45)</td>
<td>3.9</td>
<td>4.0</td>
</tr>
</tbody>
</table>

### Diversity of Settings for SGRP on the CASE Approach Study

1. Psychiatric Hospital (El Camino Hospital, CA)
2. College Counseling Center (U. of Portland)
3. Six Nations Reservation (Brantford, Canada)
4. V.A. Hospital (Fort Wayne, Indiana)
5. Lifeline Telephone Crisis Center (West Bend, IN)

### Hope: The Exciting Promise of Uncovering Suicidal Ideation in a Primary Care Setting

a) Ford Study (2014)
   i) 5,894 suicides (2000 – 2010)
   ii) 45% had sought medical attention within one month of death
   iii) 22% had sought medical attention within one week of death
   iv) only 25% had a mental health dx within one month of death

### Useful Web Resources

3. Suicide Prevention Resource Center: [www.sprc.org](http://www.sprc.org)
4. Training Institute for Suicide Assessment and Clinical Interviewing (TISA): [www.suicideassessment.com](http://www.suicideassessment.com)