The Delicate Art of Eliciting Suicidal Ideation

About the Speaker

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Commercial Associations: None

SUICIDE ASSESSMENT PROTOCOL

| Risk and Protective Factors | Suicidal Ideation and Intent |

Clinical Formulation of Risk
Equation of Suicidal Intent

Real = Stated + Reflected + Withheld Intent

Chronological Assessment of Suicide Events

Past Events ↔ Recent Events ↔ Presenting Events ↔ Immediate Events
(2 Months)

Equation of Suicidal Intent

Real = Stated + Reflected + Withheld Intent
Chronological Assessment of Suicide Events

Puzzle Pieces Needed for the Region of Presenting Events: Overdose as an Example

1) What kind of pills
2) How many pills
3) How many pills left in the bottle (Phantom Number)
4) Immediate trigger
5) Where were they taken
6) Likelihood of rescue
7) Lethality (Real and perceived lethality)

Puzzle Pieces Needed for the Region of Presenting Events: Overdose as an Example (cont.)

8) Impulsive versus planned
9) Drugs and/or alcohol involved
10) How did the person feel about the attempt failing
11) What stopped the person
12) What happened afterwards (the denouement)
Puzzle Pieces Needed for the Region of Presenting Events: Overdose as an Example (cont.)

8) Impulsive versus planned
9) Drugs and/or alcohol involved
10) How did the person feel about the attempt failing
11) What stopped the person
12) What happened afterwards (the denouement)

Chronological Assessment of Suicide Events
Equation of Suicidal Intent

Real Intent = Stated Intent \pm Reflected Intent \pm Withheld Intent

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

Exploring the Region of Recent Events

S-1
\downarrow
GA
\downarrow
S-2
\rightarrow BI \rightarrow BI \rightarrow BI
\downarrow
GA
\downarrow
S-3
\rightarrow BI \rightarrow BI \rightarrow BI
\downarrow
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
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Exploring the Region of Recent Events

Equation of Suicidal Intent

Real Intent = Stated Intent + Reflected Intent + Withheld Intent
Workshop Outline: "The Chronological Assessment of Suicide Events: A New Interviewing Strategy for Eliciting Suicidal Ideation (CASE Approach)"

Workshop Leader: Shawn Christopher Shea M.D.

I) Introduction: "The Art of Suicide Assessment"

A. Prevalence of Suicide
   1. One completed suicide in America every 15 minutes
   2. In 2010, there were 38,364 completed suicides for the year
   3. Tenth leading cause of death across all ages
   4. Third most common cause of death in 15-24 year olds (follows accidents and homicide)
   6. From 1952-1992 the rate of suicide tripled in the age group of 15-24 year olds. In 2010, there were 4600 deaths in this age group.
   7. In 2010, 267 children from the ages of 10-14 killed themselves
   8. Estimated that close to one-half million adolescents and young adults perform suicide gestures or attempts per year

B. Key clinical skill for both mental health professionals and primary care clinicians.
   1. Roughly 50% of people who go on to kill themselves have seen a physician within 1-2 months, usually a non-psychiatrist

C. Suicide assessment is composed of three discrete processes
   1. The elicitation of suicidal ideation and intent
   2. The elicitation of statistical risk factors
   3. Clinical decision making based upon factors such as the severity of the suicidal ideation and the presence of suicide risk factors

D. Complementary interplay between the CASE Approach and the Columbia-Suicide Severity Rating Scale

II) "CASE Approach" (Chronological Assessment of Suicide Events)
   (Please Refer to Illustration 1)

A. Presenting Events (gesture or attempt)
   1. phenomenology of attempt
      a. trigger "event" if present
      b. plan (including such factors as lethality of suicide agent, likelihood of being discovered, letters to family and will, and familiarization with practical employment of plan)
      c. actions taken on plan (what pills? how many? etc.)
d. presence of alcohol/drugs and degree of impulsivity
e. degree of hopelessness
f. what stopped the patient if anything
g. how were they found
h. attitudes and behaviors after being found
2. use of behavioral incidents to create a "verbal videotape"

B. Recent Events (last 6-8 weeks)
1. Flexibly utilizing gentle assumption, denial of the specific, and behavioral incidents
2. Specific Interview Strategies
   Strategy I: (Refer to Illustration 2) Sequentially uncover a method using gentle assumption or denial of the specific. After each method is uncovered immediately delineate the actions taken on the method using a series of behavioral incidents. After all methods are uncovered and explored, assess the combined frequency, duration, and urgency.
   Strategy II: Uncover all methods using gentle assumption and denial of the specific. Return to each individual method and assess the actions taken using a series of behavioral incidents. After all methods are uncovered and explored, assess the combined frequency, duration, and urgency.
3. Flexibly adapt the system to the unique needs of the patient

C. Past Events
1. most serious attempt (review method, degree of lethality and similarity to current presentation with regard to stressors and situational factors)
2. most recent attempt
3. number of attempts

D. Immediate Events
1. Now and Next
2. immediate intention
3. assessment of hopelessness
4. role of "safety contracts"
   a. limitations
   b. use as assessment tools more than as deterrents

E. Video demonstration
Figure 1: Chronological Assessment of Suicide Events (CASE Approach)
FIGURE 2-2. Prototypic exploration of the region of recent suicide events.
Should be flexibly adapted in response to client's answers and clinical presentation.
B1=behavioral incident; CAQ=catch-all question; DS=deny of the specific; GA=gentle assumption; S=suicide method; SA=symptom amplification. Solid outlined bar indicates client denial of suicidal ideation.
Suggested Readings: The Delicate Art of Suicide Assessment
Shawn Christopher Shea, M.D.


    *Psychiatric Times*, December, 2009 on web at: www.psychiatrictimes.com/display/article/10168/1501845
