

QC18 Suicide Preventions Skills: Core

Instructional video transcript: CASE	
Video link:	https://youtu.be/TPGtNIJcOXE?si=6b-dChEUGjj9ddCm
Speaker (Mel):	<p>Hi, I'm Mel. One of the most difficult aspects I've found assessing suicidality is the confidence in the accuracy of my assessment and whether it is a true reflection of someone's suicide risk. When asked about suicidal thoughts, some people may answer by giving the impression that their suicide intent is not serious, when actually it's extremely worrying.</p> <p>It's not that they're intentionally lying. They may be trying to minimise their shame and embarrassment, worried about burdening others or are concerned about an inpatient admission. And sadly, for some people, it's because they don't want to be stopped, so they hide their true intent.</p> <p>Often, the more intensely a person wants to die, the more likely they'll hold secret their true feelings. We can increase the accuracy of our assessment by gathering collateral information from the person's support people, the GP, schools or carers. However, these people may not always be available when we need to undertake a suicide assessment.</p> <p>In this video, I'm going to give you an interviewing strategy developed by Dr. Shawn Shea, an American psychiatrist, that will help you comprehensively but sensitively assess someone's suicide risk. Denied suicide intent doesn't always mean no suicide risk. To uncover a person's real suicide intent, three pieces of information must be considered.</p> <p>Often, a person will tell you or others a small piece of their suicidal thinking. This is called a person's stated intent, and it is the first piece we usually gather. However, as we have just discussed, people who feel suicidal often withhold details of their plan, including their method, and may even deny suicidal thinking or intent entirely.</p> <p>This is called withheld intent. Withheld intent often occurs when trust is not established, the person fears being judged or has a serious intent to die or doesn't want to be stopped. And finally, reflected intent is the intent that is reflected in the person's thoughts and actions. Reflected intent is gathered by asking about the steps they have already taken to end their life, such as researching methods and obtaining means.</p> <p>These three elements form what Dr. Shea calls the equation of suicidal intent. Let's explain the equation using a simple example. A person with a serious intention to die may tell you that they have considered taking an overdose of paracetamol while withholding their real intention, which is to use a much more lethal means, like hanging.</p> <p>It might seem that their risk is not too concerning based on their stated intent. By asking further questions, you uncover that they have attempted to take their life by hanging only a few days ago, which was interrupted.</p> <p>Uncovering the hidden details about a person's suicidal thoughts, preparations and actions-- in other words, their real suicide intent-- is the purpose of this suicide specific interviewing approach. By using this approach, you will feel more confident inquiring about suicide with the person.</p> <p>The case interviewing strategy involves structuring the suicide specific conversation around specific time periods in a chronological manner. Hence, it's called the Chronological Assessment of Suicide events, or CASE, for short.</p> <p>The chronological sequence of inquiry can help you assess more comprehensively and help the person tell their story in more detail using four time periods.</p> <p>The sequence starts by asking about suicidal thinking within the last 48 hours. This is called the presenting suicide event.</p>

<p>Mel cont'd:</p>	<p>It phrases the question using the present perfect tense, such as, have you been having any thoughts of ending your life in the last two days? You then ask about any recent suicide events. This explores suicide attempts or behaviour during the past two months, such as, over the last two months, have you been having thoughts of ending your life?</p> <p>Once you have explored this time period, you then ask about past suicide events. This time period asks the person about suicidal thinking or attempts that happened more than two months ago and beyond, stretching back across the rest of that person's life. You might phrase the question in the following ways.</p> <p>What thoughts have you had of ending your life beyond the last two months? How many times have you tried to end your life? And can you tell me what was the most serious attempt or closest you got to ending your life? The focus is on asking about the most serious attempt during this time period.</p> <p>The final time period to ask about is right now. This checks in with the person's current suicidal feelings, thoughts and intentions that they're having while they're talking with you. Such as, are you having thoughts of ending your life right now while in the session?</p> <p>Structuring your interview around these four time periods enables you to assess a person's capability to act on their suicidal thoughts in the future, by understanding the extent of action they have taken in the past. Let's take a look at an example.</p> <p>Last night, Charlie was brought to the emergency department by ambulance following a suspected suicide attempt via overdose on prescription medication and intoxication. He denied it was a suicide attempt when asked by the emergency department staff, but was open to being referred to mental health services.</p> <p>He remained in the emergency department short stay overnight and was medically cleared at 8:00 AM. A clinician from the acute care team went to see Charlie and his brother Leo at 10:00 AM. We pick up the interview after the clinician has already spent some time getting to know Charlie, whilst undertaking a broader mental health assessment.</p> <p>The clinician uses specific interviewing questions drawn from the CASE approach to sensitively, but directly ask Charlie whether he is feeling suicidal, even though he has previously denied to the emergency department staff that he had made a suicide attempt.</p> <p>Listen for each of the four time periods that the clinician moves through and the types of questions that are asked. Notice how much more Charlie reveals of his reflected and withheld intent using this interviewing approach.</p>
<p>Clinician:</p>	<p>Charlie, often when people are going through stressful times or have received upsetting news, they can have thoughts of killing themselves. Have you been having thoughts like that in the last two days? What had you thought about doing?</p>
<p>Charlie:</p>	<p>Taking some tablets.</p>
<p>Clinician:</p>	<p>When was this?</p>
<p>Charlie:</p>	<p>Last night. It was really dumb and nothing came out of it anyway.</p>
<p>Clinician:</p>	<p>Sounds like you were in a really dark place last night, Charlie. Where were you when you were thinking about taking the tablets?</p>
<p>Charlie:</p>	<p>I was in my bedroom sitting in front of the computer, just trying to write my assignment. But I just couldn't think properly. Then it was midnight and well, the assignment was due at midnight and I couldn't get it finished, I didn't submit it.</p>
<p>Clinician:</p>	<p>Sounds really stressful, Charlie. Sounds like you were trying so hard to get your assignment written, but you were finding it difficult to think.</p>
<p>Charlie:</p>	<p>Yeah, I was totally stressing out. I don't know what is wrong with me.</p>

Clinician:	Did you get any tablets out while you were having these thoughts?
Charlie:	Yeah, I got the packet from my drawer.
Clinician:	What happened next?
Charlie:	I decided to have a few drinks with it.
Clinician:	I can hear how much pain you were in that night, Charlie. So you missed the submission deadline and felt like killing yourself. Is that right? You thought you might take some pills. You had them with you. But you had a drink first. Did you have the alcohol with you?
Charlie:	Yeah, I had a bottle of vodka in my room and I went to get some Coke from the fridge, as well.
Clinician:	What happened after you got the Coke?
Charlie:	I came back to my room and had a few drinks.
Clinician:	So you had a few drinks. What happened after that? Can you take me through your next steps?
Charlie:	I remember I was just lying in my bed. Felt a bit more relaxed and I reached out for the packet and pop a few out and took them.
Clinician:	How many tablets did you take?
Charlie:	Maybe five or six or something like that.
Clinician:	What were they called? Do you remember?
Charlie:	Oh, sertraline or something.
Clinician:	OK. Did you take any other tablets?
Charlie:	No.
Clinician:	Then where are they now?
Charlie:	They're still on my desk in my room.
Clinician:	Charlie, it sounds like you were feeling so upset last night. What stopped you from ending your life?
Charlie:	Well, I suppose I thought of Leo.
Mel:	<p>You just heard the clinician use a number of questioning techniques that helped to elicit a lot of detail about Charlie's thoughts and actions. Using specific questioning techniques drawn from the CASE approach will help you gather more accurate information about a person's suicidal experiences or suicide events.</p> <p>There are seven techniques in total. The first two are used at the beginning of the suicide specific conversation, after some rapport has been established, to screen for suicidal thinking. These are used when it's unknown or unclear if the person has been feeling suicidal.</p> <p>The first two techniques are designed to reduce feelings of shame and increase the likelihood of disclosure. Without open disclosure, it's difficult to accurately assess suicide risk. Using either of these questions can be an effective way to commence your suicide assessment or screen for risk without it feeling abrupt or too confronting for the person.</p> <p>These are used within the presenting event time period. The normalisation technique compares a person's current suffering to others in similar situations. Let's take a listen to how the clinician used normalisation in the interview with Charlie.</p>

Clinician:	Charlie, often when people are going through stressful times or have received upsetting news, they can have thoughts of killing themselves. Have you been having thoughts like that in the last two days?
Mel:	<p>Can you hear how the question about suicide is asked directly, but with sensitivity and understanding? The other technique that achieves a similar outcome is called shame attenuation, in which you might say, Charlie, with all the stress you've been experiencing, have you been having thoughts of ending your life?</p> <p>The phrasing of this question reduces shame by communicating that it's understandable to be having thoughts of suicide given what they've been going through. These two techniques can open up the conversation about suicide, particularly in situations where suicidal thinking is not yet known about. It also allows you to communicate, understanding and empathy.</p> <p>Let's look at some other questioning techniques that can gather specific details of presenting and recent suicidal behaviours. After someone has told you they have been thinking about suicide, the next step is to find out the method they have considered using a questioning technique called gentle assumption.</p> <p>This technique assumes that the person has given some consideration to how they will end their life. Let's take a look at how the clinician uses gentle assumption to ask about the method Charlie is considering using to end his life.</p>
Clinician:	What had you thought about doing?
Mel:	Once the method is disclosed, such as tablets, the next step is to find out when the event occurred and where the person was when they first started having the suicidal thought or intentions. This is called anchoring to time and place. This supports the person to recall the specific suicidal event from the beginning until the end in a sequential manner.
Clinician:	When was this?
Charlie:	Last night. It was really dumb and nothing came out of it anyway.
Clinician:	Sounds like you were in a really dark place last night, Charlie. Where were you when you were thinking about taking the tablets?
Charlie:	I was in my bedroom sitting in front of the computer, just trying to write my assignment.
Mel:	<p>We then want to explore the facts and the sequence of actions taken during the suicidal event with kindness, empathy and gentle probing. Try to avoid the interview becoming like an interrogation. Remember, the person is sharing a very painful story with you.</p> <p>Do you recall the clinician asking, Charlie, did you get the tablets out when you were having the thoughts of ending your life? Did you take any? How many tablets did you take? What tablets were they? Did you take anything else?</p> <p>These questions help us understand whether the person transitioned from thinking about suicide to acting on their thoughts.</p> <p>They also help us assess how lethal the method might have been. To support the person to share the sequence of actions they took, we ask questions such as what did you do next? Or what happened after you swallowed the tablets?</p> <p>It is important we continue asking what happened next or variations on this question until you know what stopped the person from taking their life and where the method is now. Remember to show compassion and kindness as you gently prompt the person with these questions, as they are revealing very personal details about their darkest moments.</p> <p>It might seem like a lot of information to gather, but this approach can often be completed in about 10 minutes.</p>

Mel cont'd:	<p>Remember, our decisions about care can be improved when we have more detailed information. The behavioural incident questions are used when asking about presenting and recent suicide events.</p> <p>According to Dr. Shea, it's within these two time periods that a person's real suicide intent is more accurately revealed. By knowing the steps a person has taken to end their life, especially within the last two months, we will be able to understand their capability for future action and potentially save their life through the provision of appropriate support and care.</p> <p>Let's now take a look at how anchoring to time and place, and the behaviour incident questions, are used within the recent suicide events time period.</p>
Clinician:	What about over the past two months. Have you had any thoughts of killing yourself?
Charlie:	Yeah. Especially after I find out about my failed grade.
Clinician:	I'm sorry to hear. When did this happen with finding out about your results?
Charlie:	About three weeks ago.
Clinician:	Where were you when this happened?
Charlie:	I was sitting at my computer and I just found out my result from looking online.
Clinician:	So you just seen that you'd failed your assignment and you started having thoughts about killing yourself. It sounds like it was pretty devastating for you. What were you thinking of doing?
Charlie:	Taking some tablets.
Clinician:	Did you get them out while you were having those thoughts?
Charlie:	They were the ones the doctors suggest I take last year. I found a packet in my bathroom. But I couldn't take them. I was worried about what might happen, you know. And I thought about Leo.
Mel:	<p>The past events time period asks the person about suicidal thinking or attempts that happened more than two months ago and beyond, stretching back across the rest of the person's life. Here, we're gathering a brief history about a person's suicide attempts and what caused suicidal distress at those times.</p> <p>It can be useful to ask the person how many suicide attempts they've made and which was the most serious one, if there have been several. It is important to briefly explore when these occurred. Was it six months ago or when they were 15 years old? What methods they used. Why they felt like ending their life, and what stopped them or helped them get through that time?</p> <p>It is important to note that it's not necessary to gather the level of detail that you do within the first two time periods.</p> <p>Remember, you can also obtain information about past suicide attempts by checking the person's clinical record first, rather than asking them to retell these experiences again and again.</p>
Clinician:	Charlie, have there been other times you've tried to end your life longer than two months ago?
Charlie:	Yeah.
Clinician:	When was this. Charlie?
Charlie:	Last year. Probably six months ago.
Clinician:	And what was going on at the time that made you feel like ending your life?
Charlie:	It was after Georgia said she didn't want to go to the formal with me.

Clinician:	Sounds like you were really disappointed. And what happened after she said no to going to the formal with you?
Charlie:	When I got her text message, I found a belt in my wardrobe. I put around my neck. And pulled it really tight. I couldn't hold it long enough, though, so. Yeah.
Clinician:	What happened when it didn't work?
Charlie:	Nothing. My throat felt a bit weird.
Clinician:	Did you need any medical help?
Charlie:	No, no, I didn't tell anyone, actually. I spoke to my music teacher about having trouble sleeping and a stomach ache and stuff, but yeah, I didn't tell anyone about the belt thing.
Clinician:	Yeah. I can hear you've been having a really rough time in the last month with some intense thoughts about killing yourself. Last year also sounds like it was hard, especially after Georgia said no to going to the formal. Have there been any other times you felt suicidal during your life?
Charlie:	No, that's all.
Mel:	We ask about the person's current suicidal thinking at the end of the interviewing process, as this is the most sensitive period right now. It is important to ask about whether the person is having any current thoughts of suicide, what method they are considering and how accessible it is. Let's take a look at how the immediate events are explored.
Clinician:	Are you having any thoughts of wanting to kill yourself?
Charlie:	It's kind of still here, but not much.
Clinician:	What are you thinking of doing?
Charlie:	I'm not going to do anything. Don't worry. I just really want to sleep.
Clinician:	Of course, you must be exhausted. Charlie, we've spoken about a number of times you've had thoughts of ending your life and the attempts that you've made. Is there anything else that you haven't had a chance to tell me about?
Charlie:	No.
Clinician:	Let's also think about when you go home today. What things might worsen your feeling of wanting to die or even act on your thoughts?
Charlie:	I think having my parents start yelling at me or lecturing me about uni and stuff that would really stress me out.
Clinician:	OK. One of the things that we can do right now is to think about how you might cope should that happen. It might be later today, or if it happens at some point in the future. It only needs to be a small strategy, Charlie, that you think might help, even a little bit, if those thoughts start to get intense.
Charlie:	I could go to my room and do some gaming.
Clinician:	Yeah. Is there anyone you could reach out to?
Charlie:	Probably call Leo or my best friend, as well.
Clinician:	That sounds good. Leo, is that OK with you?
Mel:	When exploring immediate events, it is essential that we ask the person about any circumstances or foreseeable changes occurring within the next couple of days that might increase their suicidal distress. Knowing these situations that will increase a person's vulnerability will help us to develop a plan with them to mitigate risk.

Mel cont'd:	<p>For Charlie, he identified that having his parents yelling at him or lecturing him about his University work would increase his suicidal thinking. There are three other techniques that can be used to support greater disclosure from the person.</p> <p>Symptom amplification is the technique to use if you think the person is minimising the frequency or extent of behaviours they might feel some embarrassment about, such as the amount of time spent contemplating suicide or the amount that they are drinking.</p> <p>The technique requires the clinician to set an upper limit. That is the most extreme case. Let's take a look at how symptom amplification is used in Charlie's interview.</p>
Clinician:	How much of the bottle do you think you drank? Was it a few nips? Half a bottle? The whole bottle?
Charlie:	Maybe half a bottle. I kind of lost track though, really.
Mel:	<p>As you can hear, phrasing the question in this manner helps the person feel more comfortable to provide an answer that is closer to the truth. A technique called denial of the specific can be used if you sense the person is withholding information about a method they are planning to use. You might try it after the person says no to other questions or seems hesitant to answer.</p> <p>For example, a person has only mentioned overdose, but you are concerned about other methods. You could ask what other ways have you thought of ending your life? Hanging? This type of question makes it harder for the person to falsify their answer as it asks directly about a specific method. If used at the right time, this can reveal someone's withheld intent or method.</p> <p>The final question is the catch all question. This is where you summarise what you've been told and ask if there's anything more they would like to add. Let's take a quick look at how this is done with Charlie.</p>
Clinician:	Charlie, we've spoken about a number of times you've had thoughts of ending your life and the attempts that you've made. Is there anything else that you haven't had a chance to tell me about?
Mel:	<p>In summary, the equation of real suicide intent helps us remember that there's often more to a person's suicidal experience than they may be willing to initially share. By using case, we can create a supportive interview where the person reveals greater detail about their experience. This allows us to build our risk formulation and create safety and support more reliably.</p> <p>We must also remind ourselves that despite our best efforts, it can be very difficult for some people to engage in this interviewing process. If you have doubts or concerns about the accuracy of your suicide assessment, and whether you're getting the full story, it is important to seek advice and support from your team or supervisor.</p>
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