Evidence Base for the Chronological Assessment of Suicide Events (CASE Approach)

Updated 4/28/17 – Compiled by Shawn Christopher Shea, M.D.

Note that both the full-day didactic presentation by Dr. Shea (Unlocking Suicidal Secrets: New thoughts on Old Problems in Suicide Prevention which includes a half-day devoted to the CASE Approach) *and* the full-day experiential small-group certification on the CASE Approach using Scripted Group Role-Playing (SGRP) **appear on the Zero Suicide Website's "Suicide Care Training Options" (a list describing the most widely used training workshops).** The full-day experiential small-group certification using SGRP was also chosen for the Best Practices Registry sponsored by the Suicide Prevention Resources Center (SPRC) in 2012.

A) Clinical Literature/Organizational Face Validity

The CASE Approach was first delineated in the literature in 1998[1] and subsequently updated in various articles and book chapters including a chapter devoted to the CASE Approach in *The American Psychiatric Publishing Textbook of Suicide Assessment and Management, 2nd Edition, 2012*.[2-4] Its techniques and strategies have been recommended for use in psychiatric residency education,[5] substance abuse counseling,[6] high school and college counseling,[7-8] correctional settings,[9] primary care practices,[10] and as an example of quality care from a malpractice perspective.[11] Over 25 trainings on the CASE Approach have been provided for the military (both numerous VAs and active Army/Naval bases including Tripler Army Base and the Naval Base at San Diego – see Dr. Shea's accompanying CV) as well as for the DoD at their annual suicide prevention conference.[12]

Organizationally, the CASE Approach is a recommended practice by groups as diverse as Magellan[13] and the governments of British Columbia[14] and the Netherlands, where it has been recently implemented across the country as part of a government sponsored training program in suicide prevention offering both live and online trainings.[15,16] It has been presented for 18 consecutive years as an updated core clinical course at the annual meetings of the American Association of Suicidology (representing the longest running course requested by the AAS).[19]

Regarding implementation and training, both an individualized experiential training (macrotraining)[20] for supervisors and an experiential group training for clinicians and supervisors (Scripted Group Role-Playing)[21] have been developed for use by hospitals and clinics to train staff.

Finally, as noted earlier, both a didactic training and an experiential training on the CASE Approach are listed on the Suicide Care Training Options page of the Zero Suicide initiative website.[22]

The most recent journal article on the CASE Approach is entitled, "How to Uncover a Patient's Hidden Method of Choice for Suicide: Insights from the Chronological Assessment of Suicide Events (CASE Approach)" to appear in *Psychiatric Annals* in the Fall of 2017.[23] Interested readers can find the most recently updated and comprehensive description (including streaming video demonstration) of the complete CASE Approach in *Psychiatric Interviewing: The Art of Understanding, 3rd Edition.* This text has been chosen for Doody's Core Titles List of the most important books in psychiatry for 2017 as a 5-star book. [24]

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B) Expert Face Validity (representative sampling)

1) ". . . . The CASE Approach moves the clinician almost imperceptibly into the secret internal workings of the mind and soul of the patient tormented by suicidal ideation. I believe that the CASE Approach is a remarkable conceptual and clinical contribution to the field of suicidology. It should be routinely taught to any front-line clinician. It has the power to meaningfully save lives."

David A. Jobes, Ph.D.
Past President, American Association of Suicidology

2) "Shea's subsequent video demonstration of the CASE Approach are, in my opinion, unparalleled in the history of mental health training. I have never seen such great teaching tapes on eliciting suicidal ideation. They are a treasure, and I believe that many lives will be saved by those lucky enough to view them."

Jan Fawcett, M.D.
Professor of Psychiatry, University of New Mexico
Recipient of Lifetime Achievement Awards
from both the American Association of Suicidology
and the American Foundation for Suicide Prevention

3) "In my opinion, the CASE Approach is without a doubt the most practical, sophisticated, and immediately useable interviewing strategy for uncovering suicidal ideation and dangerous intent. If all mental health providers were trained in the CASE Approach, I believe that thousands of lives would be saved a year. And I'm not exaggerating, I believe this in my very core. A triumph of innovation. A great gift to the field of suicide prevention."

Skip Simpson, JD
Practice Limited to Psychiatric and Psychological Malpractice
Board Member, American Association of Suicidology (AAS)

4) "Shea proposes an orderly approach - the Chronological Assessment of Suicide Events (CASE Approach) - wherein the clinician systematically collects information from different time periods . . . Among his most valuable contributions are his "validity techniques," *(utilized in the CASE Approach)* wherein he describes specific ways to increase the likelihood that one is obtaining valid information during the course of the interview."

Thomas E. Ellis, Psy.D., ABPP
Past Director, Clinical Division
Recipient, Lifetime Achievement Award
American Association of Suicidology (AAS)

5) ". . . (referring to the CASE Approach) provides the best systematic approach to suicide assessment and the tools to sharply reduce the risk of malpractice liability."

Phillip J. Resnick, M.D.
Professor and Director of Forensic Psychiatry
Case Western Reserve University, School of Medicine

6) "One of the most reliable and well-respected methods of interviewing to assess suicide risk is the CASE Approach (Chronological Assessment of Suicide Events) . . . . When combined with a careful psychiatric exam, the CASE Approach will help guide the clinician towards a more comprehensive, reliable interview that reduces the chance that important information or questions will be left out of the evaluation. . . ."

James L. Knoll, M.D.
Former Editor of the *Psychiatric Times*
Professor of Psychiatry
Director of Forensic Psychiatry
SUNY Upstate Medical University

7) "By far the best method of assessing suicide risk is the CASE Approach."

Daniel Carlat, M.D.
Author of *The Psychiatric Interview: A Practical Guide*, *4th Edition*

C) Empirical Data: *Experiential* Trainings Using Scripted Group Role-Playing (SGRP) to train a cohort of clinicians (up to 28 participants at a time) in the CASE Approach

In a 2015 journal article (Shea, SC, Barney, C: Teaching clinical interviewing skills using role-playing: conveying empathy to performing a suicide assessment – a primer for individual role-playing and scripted group role-playing. *Psychiatric Clinics of North America* 38(1):147-183) was published in which twenty consecutive trainings on the CASE Approach using scripted group role-playing (SGRP) were reported. Participants were asked to respond to the following statement by rating it from 0 (disagree) to 4 (agree):

"I would recommend this training to a fellow colleague."

N = 427. The rating to the above statement was a **3.9** when averaging across all participant disciplines. **There was no significant difference to this average across the disciplines:** LCSWs, nurses, psychiatrists, psychologists, therapists, counselors and other mental health professionals. Remarkably, **there was also no significant difference among participants related to their years of clinical experience** (more experienced clinicians being notorious for disliking role-playing) ranging from graduate students to a cohort of clinicians with over 20 years of post-graduate experience. Indeed, in the experienced cohort (N=99), ranging from 20 years post-graduate training to 45 years post-graduate training, the average rating to the above statement was 4.0. The above results represent high satisfaction ratings in any training but remarkably high satisfaction ratings for a full-day of training utilizing role-playing, demonstrating the power of SGRP to make role-playing psychologically safe and enjoyable. **(See Figures #1 & #2 from the article reprinted below)**

Perhaps the most striking evidence that the CASE Approach, itself, as taught via SGRP, provides innovative interviewing techniques that are valued even by experienced clinicians (as well as students) from across disciplines, is reflected by the participants' response to the following statement when providing a rating from 0 (disagree) to 4 (agree):

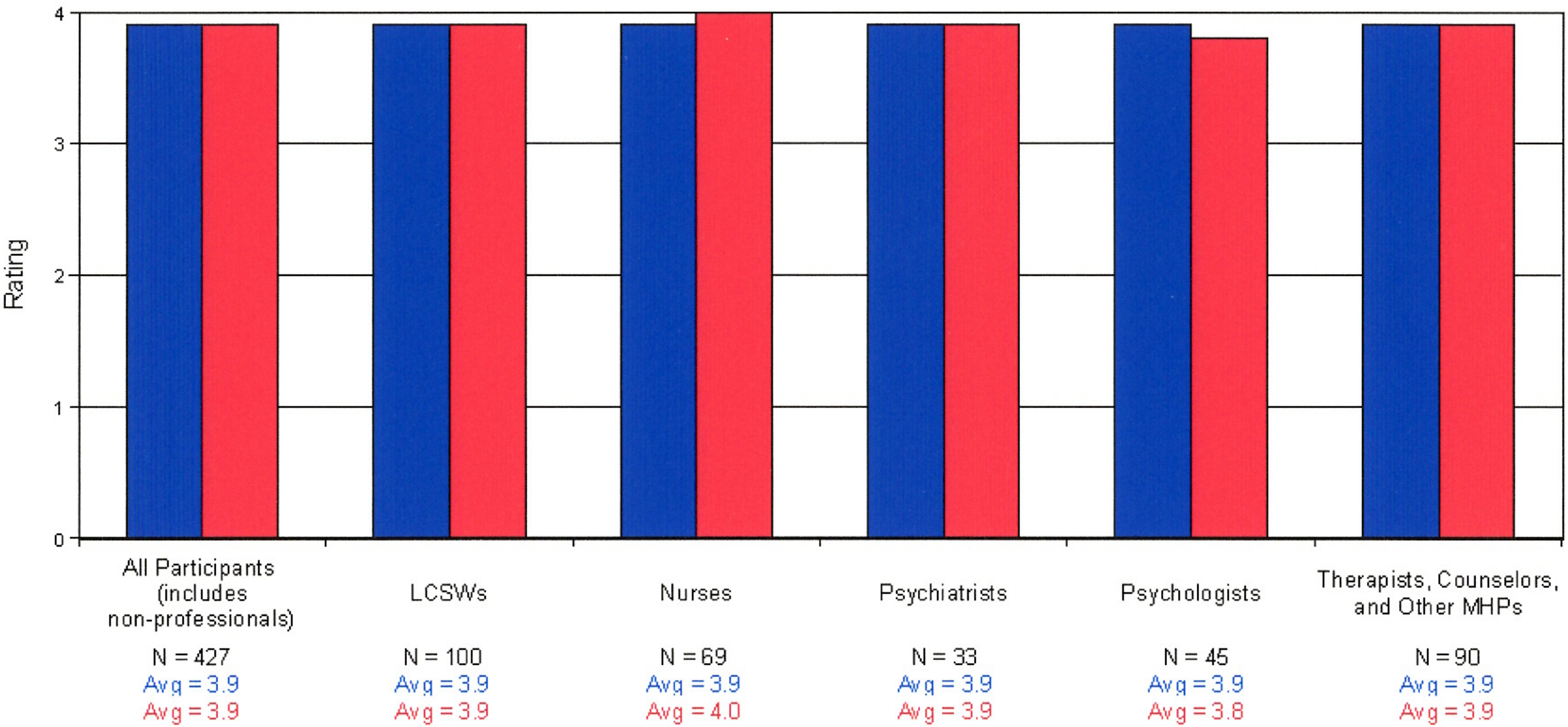
"The content of the training provided useful information for my clinical work."

N = 427. The average rating from those participants who responded when averaging together all disciplines was a **3.9** including: LCSWs, nurses, psychiatrists, psychologists, therapists, counselors and other mental health professionals. In this cohort, 99 of the clinicians reported having been in clinical practice for more than twenty years (ranging from 20 years post-graduate training to 45 years post-graduate training). **These experienced clinicians also rated the above statement at 3.9, reflecting that the CASE Approach contains new material, not encountered in previous continuing education regarding suicide assessment.** It is rare to find experienced clinicians describing that they learned new and useful material at such a high level in a full-day suicide assessment program and even rarer when they are asked to do role-playing throughout the day. **(See Figures #1 & #2 from the article reprinted below)**

In this cohort of 20 different trainings, SGRP demonstrated robust generalizability to different clinical settings being given in locations as diverse as hospitals (El Camino Hospital, El Camino, California), college counseling centers (University of Oregon), Native American reservations (Six Nations Reservation in Brantford, Canada), VAs (Fort Wayne, Indiana) and telephone-based crisis centers where role-playing is done back-to-back in SGRP to simulate phone intervention (West Bend, Indiana).

Another beneficial feature of the SGRP training on the CASE Approach is the fact that participants across all disciplines (including non-professionals) and participants ranging across all levels of experience (from graduate students to clinicians with over 40 years of experience) *can be taught in the same class.* Indeed this cross-fertilization, in both discipline and clinical experience, seemed to enhance learning and enjoyment.

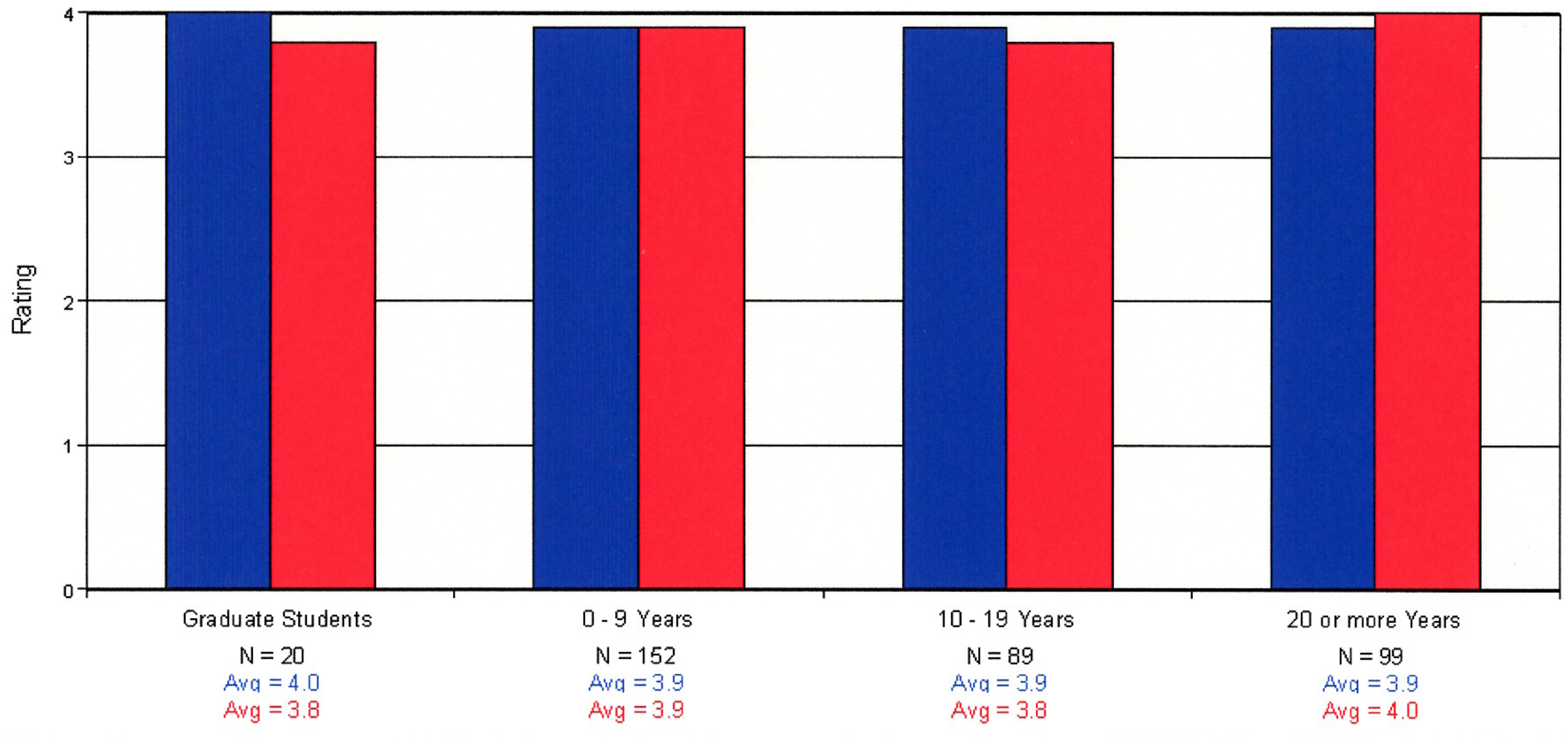
Figure #1 and Figure #2 appear below



Results in blue are the average of the trainee's responses to Question #1: "The content of the training provided useful information for my clinical work" rated from 0 (disagree) to 4 (agree)

Results in red are the average of the trainee's responses to Question #2: "I would recommend this training to a fellow colleague" rated from 0 (disagree) to 4 (agree)

(compiled from 20 consecutive trainings using SGRP, 4/22/12, Shawn Christopher Shea, M.D.)



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