



Updated Evidence Base on the CASE Approach

(8/8/25)

Compiled by the Training Institute for Suicide Assessment and Clinical Interviewing (TISA)

www.suicideassessment.com

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Concise Description: The Chronological Assessment of Suicide Events (CASE Approach) is an interviewing strategy for uncovering suicidal ideation, planning, actions, and intent developed from innovations in the field of clinical interviewing (e.g. concisely operationalized Validity Techniques; concisely operationalized techniques for sensitively structuring interviews from the field of Facilies; and advanced empathic principles). The CASE Approach has demonstrated a sound evidence base and has been selected for inclusion on the Best Practice Registry of the Suicide Prevention Resource Center (SPRC). It was designed to be used by all mental health professionals as well as by primary care clinicians and other allied health providers including non-professionals such as volunteers on crisis lines and non-degreed case managers.

1) The CASE Approach functions as both a rapid, 3-question screening tool for the presence of suicidal ideation that can immediately - **and in an engaging and conversational fashion** - be flexibly expanded to sensitively uncover a client's hidden method of choice for suicide (MOC), extent of actions taken using their MOC, and immediate intentions to use the MOC to proceed with suicide in clients at immediate risk (next 24-hours) or imminent risk (next seven days).

2) Unlike semi-structured interview formats, clinicians never use cue sheets - nor record information - while asking the questions used in the CASE Approach. Consequently, the clinician can utilize 100% of their attention for engaging the client while carefully observing for subtle nonverbal indicators that the client is distorting or withholding information, an advantage of critical - sometimes life-saving - importance with clients intent upon suicide.

The design of the CASE Approach allows it to be flexibly utilized as a solo method for screening and comprehensively uncovering suicidal ideation/planning/intent or in conjunction with well-established approaches. For instance, the CASE Approach is an excellent follow-up interview for immediate use after traditional screening tools such as the ASQ or the PHQ-9 identify the presence of suicidal ideation (SI). In addition, it can be nicely integrated into the SAFE-T protocol. Through the use of the validity techniques of the CASE Approach, it can also be utilized to maximize the validity and comprehensiveness of the SI data base demanded by Part-B of the SSF-5 of the CAMS.

Intensive online training allows for the initial scaling and ongoing sustainability and implementation of the CASE Approach across various settings such as hospitals, emergency departments, mental health/primary care clinics, private practice settings, school counseling centers, and crisis lines as well as training centers (such as psychiatric residencies, graduate programs in clinical psychology, social work and counseling, and medical/nursing schools).

I. Journal Articles Describing Empirical Research Utilizing the CASE Approach

Article #1: Jongkind, M., Braam, A.W., van den Brink, B., Shea, S.C. (2024) Extent and Intensity of Suicidal Ideation and Planning in Patients Presenting with Psychiatric Emergencies. *Chronic Stress*. doi: 10.1177/24705470241254614.

*Despite there being high levels of suicidality encountered in emergency psychiatry, empirical studies determining the amount of suicidal ideation and intensity are relatively scarce, and the data is often garnered retrospectively via medical records. **This observational study - utilizing the Chronological Assessment of Suicide Events (CASE Approach) as its primary tool for uncovering suicidal ideation** – was designed to gather a more accurate understanding of the amount of suicidal ideation, planning, actions taken, and immediate intent, as well as the degree with which patients had chosen a method of choice for suicide (MOC) and acted upon their MOC.*

In a consecutive sample of 136 patients presenting with psychiatric emergencies, a standard emergency room psychiatric examination was completed, which included the use of the CASE Approach. Almost 60% of the patients reported suicidal ideation with some planning. Approximately 25% had experienced over 10 hours of suicidal rumination on their worst days in the past 2 months. 27% had procured their MOC. Within that cohort an additional 27% had practiced a small, moderate, or serious attempt with their described MOC.

These results were markedly higher than had been reported in previous studies. The authors concluded that the apparent increase in validity in patient disclosure - seen with the use of the CASE Approach - may be related to several factors including: its utilization of operationalized interviewing techniques from the field of clinical interviewing, its intensive exploration for SI and hidden MOC during the previous 2 months, its ability to conversationally flow from screening questions into a detailed reporting of extent of action taken, the maintenance of naturalistic eye-contact, and its emphasis upon patient engagement (no cue sheets and no note-taking during the elicitation of SI).

Article #2: Stapelberg, N.J.C., Sveticic, J., Hughes, I., Almeida-Crasto, A., Gae-e-Atefi, T., Gill, N., ... Turner, K. (2020). Efficacy of the Zero Suicide framework in reducing recurrent suicide attempts: cross-sectional and time-to-recurrent-event analyses. *British Journal of Psychiatry*. doi: 10.1192/bjp.2020.190.

*This study was designed to evaluate the effectiveness of the Zero Suicide framework, implemented in a clinical suicide prevention pathway (SPP) created for use in a large public mental health service in Australia. The specific, measurable goal was to test the ability of this SPP to reduce repeated suicide attempts after an index attempt. **The sole tool chosen for uncovering suicidal ideation, planning, behavior, desire, and intent was the Chronological Assessment of Suicide Events (CASE Approach).***

The project included 604 persons with 737 suicide attempt presentations between July 1, 2017 and December 31, 2017. Relative risk for a subsequent suicide attempt within various

time periods was calculated using cross-sectional analysis. Subsequently, a 10-year suicide attempt history (2009-2018) for the cohort was used in a time-to-recurrent-event analyses.

The study demonstrated that placement on the SPP reduced risk for a repeated suicide attempt within 7 days, 14 days, 30 days and 90 days. It also demonstrated that being placed into the SPP reduced the probability of a repeated suicide attempt after the initial attempt to approximately 65% of that of a person not on the SPP.

Article #3: Turner, K., Svetlicic, J., Almeida-Crasto, A., Gaee-Atefi, T., Green, V., Grice, D., ... Stapelberg, N.J.C. (2020). Implementing a systems approach to suicide prevention in a mental health service using the Zero Suicide Framework. *Australian & New Zealand Journal of Psychiatry*, 55(3): 241-253. doi: 10.1177/0004867420971698.

Whereas Article #2 reports the details of the research design, methodology, analysis, results, and implications of the original research, this article attempts to help readers - who wish to implement or design similar SPPs (suicide prevention pathways) - practical information on how to do so. The authors attempt to show how all of the elements of their SPP - including the CASE Approach - were implemented into current services, emphasizing how to simultaneously support staff to follow the principles of restorative just culture and the development of an evaluation framework to support a continuous quality improvement approach.

Using a detailed program logic model, they believe they have demonstrated how to implement a systems approach to suicide prevention which achieved reductions in rates of repeated suicide attempts and deaths by suicide. Moreover, this goal was achieved within a mental health service with only modest additional resources when supported by engaged leadership across the organization.

Article #4: Shea, S.C., & Barney, C. (2015). 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, 147-183.

An empirical study of an innovative full-day role-playing training (Scripted Group Role-Playing) devoted entirely to the CASE Approach.

A) Results Regarding the Clinical Value of the CASE Approach

*The study demonstrated that the CASE Approach provides interviewing techniques (**not previously encountered by the participants**) that are valued across mental health disciplines. This finding was reflected by the participants' response (N=427) to the following statement when providing a rating on a 5- point Likert Scale ranging from 0 (disagree) to 4 (agree).*

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

The average response to the above statement was a 3.9 across all disciplines including: LCSWs, nurses, psychiatrists, psychologists, therapists, counselors and other mental health professionals.

*The response was equally positive no matter what the level of training or the level of clinical experience in the participants with the average being a 3.9 (on the same five-point Likert Scale ranging from 0-4). **For instance, 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.***

B) Results Regarding the Value of Scripted Group Role-Playing (SGRP) as an Educational Innovation

The study demonstrated that the full-day role-playing training (SGRP) provides advances in role-playing that are valued across mental health disciplines. This finding was reflected by the participants' response (N=427) to the following statement when providing a rating on a 5-point Likert Scale ranging from 0 (disagree) to 4 (agree).

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

The average response to the above statement was a 3.9 across all disciplines including: LCSWs, nurses, psychiatrists, psychologists, therapists, counselors and other mental health professionals.

The response was equally positive no matter what the level of training or the level of clinical experience in the participants with the average being a 3.9 (on the same five-point Likert Scale ranging from 0-4). For instance, 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 rated the above statement at 4.0. This evaluation average reflects that the novel role-playing technique of SSRP was rated as an enjoyable and effective training experience at a satisfaction level not previously reported in educational literature in which role-playing is utilized as the key avenue for learning.

C) Generalizability of SGRP for Training Clinicians in the CASE Approach

In this cohort of 20 different trainings, the CASE Approach as taught by 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).

II. Expert Recommendations to Use the CASE Approach Across Various Clinical Settings in Books and Journal Articles

Interviewing techniques from the CASE Approach have been recommended for use as an in- depth interviewing tool for uncovering hidden methods of choice for suicide (MOC) and extent of action

(Moutier, Pisani, and Stahl, 2021; Megan, Cook, 2015; Menon, V, 2013), as a method for enhancing the validity of client self-report on suicidal ideation and intent (Freedenthal, 2018; Boyd-Franklin, et al., 2015; May, 2004), as a 'progressive, innovative' method of suicide assessment for psychiatric advanced practice nurses (Tusaie, Fitzpatrick, 2022), as a 'gold standard' for uncovering suicidal ideation across clinical settings in general (Joiner, Simpson, Rogers, et al., 2018), as one of the tools recognized as a standard of care in suicide screening and assessment (New York State, Office of Mental Health, 2013), and as being 'by far the best method of assessing suicide risk' with regards to the interviewing techniques used to elicit suicidal ideation (Carlat, 2016). A chapter was solely dedicated to its use in *The American Psychiatric Textbook of Suicide Assessment and Management*, 2nd Edition (Simon, & Hale. 2012).

In addition, principles and techniques from the CASE Approach have been recommended for use in a variety of clinical settings including: high schools (Erbacher, Singer, & Poland, 2015; Erbacher, & Singer, 2017), colleges (Reed, & Shea, 2015), primary care settings (Binder, 2013), correctional systems (Knoll, 2009, 2010; Winters, Greene-Colozzi, and Jeglic, 2017), the military (Kennedy, & Zillmer, 2012), psychiatric residency programs (Adler et al., 2016), emergency departments (New Zealand Government Ministry of Health, 2016), and as a sound basis for forensic documentation (Simpson, & Stacy, 2004). The CASE Approach and its validity techniques have also been recommended to be core components in continuing education courses on suicide assessment and intervention for mental health professionals across clinical settings (Mirick, et. al., 2020).

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III. Federal Government Listings of Best-Practice/Evidence-Based Interventions Appropriate for Grant Funding Application (in which the CASE Approach is included)

2023: Department of Health and Human Services/Substance Abuse and Mental Health Services Administration; FY 2023 Cooperative Agreements to Implement Zero Suicide in Health Systems (Short Title: Zero Suicide) – Notice of Funding Opportunity (NOFO) No. SM-23-011.

2022: Indian Health Service; Suicide Prevention Models, Trainings, and Best and Promising Practices – Assessment and Management - Clinical Staff

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IV. National Organizations in Suicide Prevention or Governmental Agencies Recommending the CASE Approach.

The CASE Approach appears on the Best Practice Registry (2025) of the Suicide Prevention Resource Center (SPRC).

In the United States the CASE Approach was presented in an updated version for 22 years at the Annual Meeting of the American Association of Suicidology (AAS, 2025).

CASE Approach Trainings have appeared on the Suicide Care Training Options List on the Zero Suicide Initiative website (Zero Suicide Website, 2018). Training in the CASE Approach had been a long-time recommended resource on the SPRC website (SPRC, 2022).

Historically, interviewing techniques and principles of the CASE Approach (such as its use of validity techniques) have been important components in the original creation of both the AMSR and RRSR trainings.

Texas Health and Human Services recommends the CASE Approach in its 'Suicide Care in Texas Toolkit' (Texas, 2023) and is currently (2022-present) providing access to the CASE Approach: Advanced Core-Skills Online Course across the state.

New York Office of Mental Health, CNYPC Division of Suicide Prevention is currently rolling out the CASE Approach using the CASE Approach: Core-Skills Online Course.

Vermont is rolling out the CASE Approach using the CASE Approach: Advanced Core-Skills Online Course for all current Mobile Crisis Clinicians and future hires over the next three years funded on a Vermont state grant.

Magellan recommends the CASE Approach for all clinicians in its clinical manual (Magellan, 2000-2020).

CA 988 is recommending the CASE Approach for crisis line providers and is providing access to both the CASE Approach: Core-Skills Online Course and the CASE Approach: Advanced Core-Skills Online Course (California, 2023).

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Best Practices Registry (2025)) at bpr.sprc.org/advanced-search/

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New York Office of Mental Health: contact person is Maureen Morrison, CNYPC Director of Suicide Prevention at Maureen.Morrison@omh.ny.gov.

SPRC Website. <https://www.sprc.org/resources-programs/experiential-training-chronological-assessment-suicide-events-case-approach>. (Accessed on 7/8/22)

Texas Health and Human Services. Behavioral Health Services Department (2023): Suicide Care in Texas Toolkit. (Accessed on 9/12/25)
www.veteransmentalhealth.texas.gov/wp-content/uploads/2023/02/Suicide_Care_Toolkit.pdf

Vermont: Contact is Mark Young, Director of Statewide Mobile Crisis Services at myoung@hcrs.org.

Zero Suicide Website:

https://zerosuicide.edc.org/sites/default/files/202011/2020.11.18%20Suicide%20Care%20Training%20Options_0.pdf (Accessed on 9/12/25)

V. International Organizations in Suicide Prevention or Governmental Agencies Recommending the CASE Approach

Queensland, Australia recommends the CASE Approach in its “Suicide Prevention Practice Guidelines” (Queensland, 2021).

In the Netherlands the CASE Approach is recommended by the Multidisciplinary Guidelines regarding the assessment and treatment of suicidal behavior (Van Hemert et al., 2012). It was subsequently adopted as the standard interviewing approach for uncovering suicidal ideation in a nation-wide study on effective means of training mental health professionals at 48 psychiatric sites across the Netherlands (De Beurs et al., 2015).

A recent article appeared in the Dutch literature highlighting the value of the CASE Approach for Dutch clinicians to routinely utilize. It urges clinicians to learn to use the CASE Approach with fidelity to the model as originally described. The article emphasizes the unique conversational feel and engagement power of the CASE Approach when the various validity techniques are flexibly interwoven as described by Shea (Jongkind et al., 2022).

In Canada, the CASE Approach is recommended for use across the Province of British Columbia (Monk, & Samra, 2007).

Northern Ireland is using the CASE Approach as part of their Zero Suicide Pathway and is currently providing access to the CASE Approach: Core-Skills Online Course across the country (Northern Ireland, 2022-present).

The Hertfordshire Partnership University NHS Foundation Trust in England is incorporating the CASE Approach (via the required use of the CASE Approach: Core-Skills Online Course) in a research trial (N=250) of their newly designed Zero Suicide Prevention Pathway (based upon Zero Suicide Initiative Principles) for possible use across England as well as including elements of it into their experiential training on clinical interviewing called the HPFT Simulation Hub (Hertfordshire Partnership NHS Foundation Trust, 2023-present).

Translations: The CASE Approach has been translated into the following languages: Chinese, Japanese, Spanish, French, and Dutch

British Medical Association (2017) awarded its First Prize (Book of the Year in Psychiatry) to *Psychiatric Interviewing: The Art of Understanding - A Practical Guide for Psychiatrists, Psychologists, Counselors, Social Workers, Nurses, and Other Mental Health Professionals, 3rd Edition*, Shea, S.C. **This book highlighted the CASE Approach in its chapter “Exploring suicidal ideation: the delicate art of suicide assessment”, 682-761, a chapter that included a 1.5 hour streaming video demonstration of the CASE Approach.**

<https://bookmark.elsevierhealth.com/elsevier-wins-four-first-place-prizes-at-the-2017-bma-medical-book-awards/>

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VI. Special Populations Requesting CASE Approach Trainings

Dr. Shea's CV for reference:

<https://suicideassessment.com/wp-content/uploads/2025/03/Shea-CV-Updated-2025.pdf>

Over 300 trainings on the CASE Approach have been provided by Shawn Shea, M.D., its creator, both nationally and internationally. The following examples provide a sampling of organizations that have viewed the CASE Approach as an important clinical tool for their staff to become familiar.

A. Military (both Active Duty and Veterans)

Military Bases and VAs: The CASE Approach has been presented - both as didactic workshops and full-day certification programs - at 26 military facilities. These facilities include Military Bases (such as Tripler Army Base, Groton Naval Base, U. S. Naval Base in San Diego, Canadian Forces Base Shilo), numerous VA VISNs, VET Centers of New England, VA Diversion Program of New England and at the Annual Suicide Prevention Conference for the Department of Defense (Please see Dr. Shea's CV for details). The CASE Approach has also been utilized as a method for eliciting SI, planning, actions, and intent in the initial intakes performed by Stop Soldier Suicide clinicians.

(See <https://stopsoldiersuicide.org/>)

B. Primary Care and Other Allied Health Providers

Over 20 presentations, full-day Certifications on the CASE Approach, and enduring products for use in primary care and hospital settings have been given or created for organizations and allied health professional audiences as varied as St. Jude Hospital (Memphis, TN) and Alberta Medical Society Primary Care (Edmonton, Alberta, Canada) to organizations such as Kelsey Seybold, CIGNA, and Kaiser Permanente. (Please see Dr. Shea's CV for details). These venues include presentations such as "Quickly and Effectively Uncovering Suicidal Ideation in a Primary Care Setting" at state-wide conferences such as the New Jersey Department of Health Annual Conference (2019) and the 'A NEW WAY Forward Conference' in Philadelphia, PA (2012). (Please see Dr. Shea's CV for details)

Enduring Products and Podcasts for Primary Care

Shea, S. C. (2019). Uncovering Suicidal Ideation in Primary Care. Podcast sponsored by the Goodfellow Unit, University of Auckland, NZ

<https://www.goodfellowunit.org/podcast/case-approach-suicide-assessment>

Shea, S.C. (1999) Tips for uncovering suicidal ideation in the primary care setting. Part of the 4-part CD-Rom Series entitled Hidden Diagnosis: Uncovering Anxiety and Depressive Disorders produced by GlaxoSmithKline.

Nursing Programs Utilizing the "CASE Approach: Core-Skills Online Courses

I) University of Wyoming: All undergraduate nursing students were required to take the CASE Approach: Core-Skills Online Course (four-hour course) during their psychiatry rotation. Curriculum utilized in 2022 and 2023. (Note that roughly 98% of these students pursue careers outside of psychiatry such as primary care, surgery, pediatrics, intensive care, and emergency medicine).

II) University of North Carolina at Chapel Hill: Starting in 2024 the Nursing Department will be requiring the use of the CASE Approach Online Courses in two different graduate programs.

- 1) **CASE Approach: Advanced Core-Skills Online Course** will be required in the Psychiatric-Mental Health Nurse Practitioners Graduate Program directed by Victoria Soltis-Jarrett, PhD, PMHCNS/NP-BC, FAANP (contact at vsoltis@email.unc.edu).
- 2) **CASE Approach: Advanced Core-Skills Online Course** will be required in the Nurse Practitioner Residency: Behavioral Health Integration in Rural Primary Care directed by Victoria Soltis-Jarrett, PhD, PMHCNS/NP-BC, FAANP (contact at vsoltis@email.unc.edu).

C. University, College, High School, and Middle School Counseling Centers

Over 19 presentations or full-day Certifications on the CASE Approach for use in school counseling centers have been provided. These programs ranged from middle schools and high schools (Andover Public School System, Massachusetts and Pascack Valley Regional School District, Pascack, New Jersey) to universities and colleges (George Washington University, Brown University, University of

Oregon, University of Massachusetts, Virginia Tech, University of California at Davis, University of California at Santa Barbara and the Annual Harvard Medical School's "School Mental Health Course". (Please see Dr. Shea's CV for details)

D. Psychiatric Centers, Residencies, and Graduate Schools

"The Chronological Assessment of Suicide Events (CASE Approach): An Innovative Method for Training Residents to Competently Elicit Suicidal Ideation" was presented at the 32nd Annual Meeting of the American Association of Directors of Psychiatric Residency Training in 2003. Since that time the CASE Approach has been presented at numerous training programs both within psychiatry and in graduate programs including: Western Psychiatric Institute and Clinic, the Menninger Clinic, the Mayo Clinic, Harvard University (Brigham and Women's Division), Hershey Medical Center, McGill University, University of Ottawa, Bryn Mawr School of Social Work, and Antioch School of Counseling. (Please see Dr. Shea's CV for details)

E. Annual Meetings of Professional Organizations and Symposia

Numerous organizations have requested keynotes, half-day, and full-day trainings on the CASE Approach at their Annual Meetings with the most recent entitled "The Delicate art of Uncovering Suicidal Ideation: The Chronological Assessment of Suicide Events" at the 58th Annual Meeting of the American Association of Suicidology in Columbus, Ohio (2025) and as the Keynote at the 2024 Annual Meeting of the International Society of Psychiatric-Mental Health Nurses, Providence, Rhode Island.

A representative sampling follows: International Association of Suicide Prevention (IASP), the American Psychiatric Association (APA), the Psychiatric Congress, Roskilde Psykiatri Seminar (Copenhagen, Denmark), Annual Conference of the Wisconsin Crisis Intervention Association, North Dakota's Spring Behavioral Health Conference, Vermont Psychological Society, National Suicide Prevention Lifeline Crisis Center Conference, Pennsylvania State Psychiatric Conference, Canadian MHA's Annual Crisis Meeting, Prince Edward Island Annual Atlantic Psychiatric Conference, Annual Conference of the New York State Nurse Practitioner Association, Annual Meeting of the Iowa Psychological Association, Federal Bureau of Prison's Annual Meeting of Chief Psychologists, Centennial Celebration of the Psychiatric Hospital Drenth (Zuidlaren, Holland), Cape Cod Symposium, Santa Fe Symposium, Door County Summer Institute, and others. (Please see Dr. Shea's CV for details).

Note that Dr. Shea has presented updated courses on the CASE Approach at 22 different Annual Meetings of the American Association of Suicidology (AAS).

F. Book on General Suicide Assessment that Introduced the CASE Approach

Shea, S.C. (1999). *The Practical Art of Suicide Assessment: A Guide for Mental Health Professionals and Substance Abuse Counselors*. New York, NY: John Wiley & Sons, Inc. (Revised paperback published by John Wiley & Sons, Inc, 2004; and by Mental Health Presses, Springfield, NH: 2011).

G. Book Chapters on the CASE Approach

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H. Journal Articles on the CASE Approach

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I. Online Courses and Podcasts on the CASE Approach

Course #1 - The CASE Approach: Basic Core-Skills Course (currently online, 2025)

Training Institute for Suicide Assessment and Clinical Interviewing (www.suicideassessment.com)
<https://suicideprevention.onlinecourses.suicideassessment.com/courses/basic>

**Course #2 – The CASE Approach: Advanced Core-Skills Course (Deluxe Package)
(currently online, 2025)**

Training Institute for Suicide Assessment and Clinical Interviewing (www.suicideassessment.com)
<https://suicideprevention.onlinecourses.suicideassessment.com/courses/advanced>

Podcast on the “Let’s Get Psyched” Program: (2023) *The CASE Approach to Suicide Assessment with Dr. Shawn Shea*. Hosted by Eryn Parks, PhD and recorded at KUCR 88.3FM on the campus of the University of California, Riverside. (“Let’s Get Psyched” is a well-established podcast resource for mental health professionals with over 196 podcasts available on Apple Podcasts).

VI: Supportive Evidence of the Applicability, Acceptance, and Safety of the CASE Approach Among Priority Equity Groups and Indigenous Populations as well as Diverse International Cultures

From its inception the CASE Approach was designed for use across a broad spectrum of races, cultures, and ethnic groups. It was initially developed in the Diagnostic and Evaluation Center (DEC) a combined emergency department (ED), full intake assessment center (hour-long initial intakes), and telephone triage center at Western Psychiatric Institute and Clinic at the University of Pittsburgh, Pennsylvania from 1983-1989. The DEC served a diverse, underserved, inner city population group with a large proportion of Black clients.

The Research Director of the DEC - **who oversaw the development of the CASE Approach by Shawn Shea, MD** - was Juan Mezzich, MD, PhD, who was internationally recognized as a leading expert in the field of cross-cultural sensitivity. Dr. Mezzich would go on to become the Secretary General of Psychiatry for the World Health Organization as well as becoming one of the co-founders of the internationally-based movement of Person-Centered Medicine. Dr. Mezzich was strongly invested in ensuring the cross-cultural sensitivity of the CASE Approach.

Following its initial development, as noted earlier, the CASE Approach was translated into Chinese, Japanese, Spanish, French, and Dutch.

In North America, trainings on the CASE Approach (provided directly on Native American and First Nation reservations) have been warmly received by clinicians working with both the Pueblo and Tulalip Tribes (United States) and the Six Nations Tribes (Canada). In addition, a special full-day presentation was given on the CASE Approach for the Nashville Area Indian Health Service Behavioral Health Professionals’ Suicide and Depression Multi- day Conference. (Please see Dr. Shea’s CV for details)

As noted earlier, the **Indian Health Service** listed the CASE Approach as one of the examples of options that potential SASP grant applicants may consider when completing a grant application for the 2022 funding cycle regarding ‘Suicide Prevention Models, Trainings, and Best and Promising Practices’. <https://www.ihs.gov/sasp/mtbppsmodelstrainings/> (accessed on 4/6/23).

In Australia, presentations and certifications on the CASE Approach were warmly received by clinicians who provide clinical services to areas where the region has a large representation of Aboriginal people and Torres Strait Islanders such as in Cairns and Mackay. It is also of note that presentations on the CASE Approach were also warmly received by clinicians in New Zealand in those locations where they provide services to the Maori people. (Please see Dr. Shea's CV for details).

Finally, Dr. Shea highlights in his writings that the interviewing strategy of the CASE Approach be imbedded in initial interviews that are culturally mindful, and equity based, as reflected by his 70-page chapter "Culturally Adaptive Interviewing: The Challenging Art of Exploring Culture, Worldview, and Spirituality" (Shea, 2017). Dottie R. Morris, PhD (Chief Officer of Diversity and Multiculturalism, Keene State College and former Director of Student Affairs for the Clinical Mental Health Counseling Program at Antioch University of New England) in the front-matter of Shea's book describes this chapter as follows:

"Insightful, wonderfully practical, and surprisingly comprehensive, Shea's chapter on culturally sensitive interviewing in Psychiatric Interviewing: the Art of Understanding, 3rd Edition sets a new bar on effective literature on multiculturalism. Shea not only eloquently delineates important cross-cultural principles for students – while modeling numerous immediately useful questions and strategies – he provides examples of clinician/client dialogue in which the student can actually see the interviewer gracefully transforming awkward cultural disconnects. I've never seen anything quite like it in the clinical literature. Simply superb!"

References

Shea, S.C. (2017). Culturally Adaptive Interviewing: The Challenging Art of Exploring Culture, Worldview, and Spirituality from *Psychiatric Interviewing: The Art of Understanding - A Practical Guide for Psychiatrists, Psychologists, Counselors, Social Workers, Nurses, and Other Mental Health Professionals, 3rd Edition*. London, United Kingdom: Elsevier, Chapter 20.

VII. Support from Leading Suicidologists (representative sampling)

". . . 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
Author, *Managing Suicidal Risk: A Collaborative Approach*, 3rd Edition
from his Preface to Dr. Shea's book *The Practical Art of Suicide Assessment*

"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

(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

“One of the most reliable and well-respected methods of interviewing to assess suicide risk is the CASE Approach (Chronological Assessment of Suicide Events) . . . the CASE Approach helps 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

“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
former Board Member of the American Association of Suicidology (AAS)

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