

## **Six Interviewing Strategies Relevant to Suicide Risk Assessment**

The information below is a very brief summary of material found in *The Practical Art of Suicide Assessment* by Dr. Shawn Shea. This excellent book was published by John Wiley & Sons in 1999.

Dr. Shea's interviewing techniques place emphasis on the use of forced-choice rather than open-ended questions. Shea asserts that concrete, specific, factual information gives the clinician a database from which conclusions about suicide risk can be drawn. While the patient's opinions and impressions are often misleading, Shea does advocate opinion-questions that may identify cognitive distortions. Listed below are Shea's six major techniques.

### **1. Behavioral Incident**

Questions recreate behavior in the form of a running verbal videotape. Instead of asking "Why didn't you kill yourself?" ask the patient: "How many times have you gone to the parking garage?" "How many minutes did you look down from the top floor?" "How many inches were you from the edge?"

### **2. Shame Attenuation**

Questions give credit to the patient's motives and point of view as a strategy to find out what actually happened. Rather than asking "What complaints does your husband have?" ask "In what way does your husband make life difficult for you?"

### **3. Symptom Amplification**

This strategy assumes behaviors occurred and uses overestimation so that the patient will provide a true estimate of activity. Don't ask "Have you been thinking of suicide?" Overestimate by asking "How many hours have you spent thinking of suicide this week?" "Twenty or thirty?"

### **4. Gentle Assumption**

Behavior is assumed. "Have you thought about how your death would affect your children?" is better asked as "You likely have thought about your children?" "In what ways did you think your death will affect your children?"

### **5. Denial of the Specific**

This technique might be renamed "Denial of Possibilities." If a gentle assumption question like "In what way did you think your death will affect your children?" fails to produce meaningful data, the patient may be more open to consider specific behaviors that are presented as possibilities. "Have you ever thought of how your death might affect your children?"

### **6. Normalization**

This approach gives permission for the patient to feel or act in certain ways because it is normal to do so under similar circumstances. "Many people who have lost their wife feel life just isn't worth living. Do you feel that way?"

Review prepared by David J. Knesper, M.D. on March 7, 2003. In the spring of 2002, Dr. Shea gave two workshops for the University of Michigan, Department of Psychiatry.