

Presenter: Shawn Christopher Shea, M.D.

*Suicide Prevention in a
New Light: Matrix
Treatment Planning & the
Quest for Happiness*



About the Speaker

Shawn Christopher Shea, M.D.
Director,
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Assessment and Clinical
Interviewing (TISA)

Commercial Associations:
Elsevier, Wolters Kluwer, and
Mental Health Presses



JULIAN OF NORWICH

“During our lifetime
here, we have in us a
marvelous mixture of
both well-being and
woe . . .”



JULIAN OF NORWICH

“All is well, and
every kind of
thing will be well.”



Suicide Prevention in a New Light: Matrix Treatment Planning and the Quest for Happiness

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I. Introduction

- A. Philosophy as an integrating tool and guide for unstalling stalled treatment plans.
- B. Two core philosophical questions that will be used to better integrate and enhance the practical usefulness of the bio-psycho-social-spiritual model
 - 1. What is happiness?
 - 2. What is the nature of human nature?
- C. The utility of translating the bio-psycho-social-spiritual model into a patient friendly model - the human matrix - that is easily understood, compelling in nature, and can serve as a basis for patient education, shared communication, collaborative treatment planning, and self-growth.
- D. Emphasis is upon practical clinical tools for everyday practice with a focus upon unstalling stalled treatment planning

II. Quest for the Meaning of Happiness: What is happiness?

"Happiness is like a sunbeam that the least shadow interrupts."
unknown Zen Monk

- A. The quest for a definition of happiness
 - 1. John Merrick and Sir Frederick Treves (our Victorian guides to the nature of happiness)
 - 2. Western mysticism
 - a) Julian of Norwich (14th Century English mystic and anchorite)

"During our lifetime here, we have in us a marvelous mixture of both well-being and woe . . . And now we are raised to the one, and now we are permitted to fall to the other."

Julian of Norwich

"Another conviction quickly arose; It was that each positive emotion and its negative antithesis indeed constitute one quality rather than two . . . in the same way that the dark colors in a painting give beauty and contrast to the pastels, the negative emotions are equally necessary to give depth and meaning to the positive ones; that one could not truly appreciate love without first knowing hate, or beauty without having seen ugliness, or any positive emotion without awareness of its antithesis."

Jane Dunlap (aka Adelle Davis)

- B. Operational definition for use in clinical work that views happiness as not only a feeling but as an attitude and a feeling combined (Shea; 2004)
 "Happiness is the *attitude* we call trust - a profound trust - accompanied by a reassuring *feeling* of confidence that one can effectively handle whatever life may bring, good or bad. This attitude of trust allows one to live in the present moment in which there are no frets about the past or worries about the future. This feeling of confidence is pleasant, refreshing, and steadfast."
- C. Clinical ramifications
 - 1. Psychotherapy
 - a) Utility of asking patients to define their concept of happiness and the implications of what this means in terms of therapeutic goals, length of therapy, and effective use of time sessions available.
 - b) Particular use when working with dependency issues
 - 2. Role in treatment of patients with severe and persistent mental illness
 - a) Shifting from a paradigm where the emphasis is almost solely upon symptom relief to a paradigm that focuses equally strongly on symptom relief but adds the importance of helping patients to live and cope with those symptoms that cannot be relieved (e.g. to maximize their happiness while coping with persistent symptoms).
 - b) Client Vignette "The Man Who Needed to Hear"

III. Inside the Human Matrix: What is the structure of human nature?

- A. Introduction to the "human matrix" model of human nature as adapted from the bio-psycho-social-spiritual model - the "Quantum World View."
- B. Differences between human matrix model and bio-psycho-social-spiritual model.
 - 1. Increased emphasis on the interactivity between the various fields.
 - 2. Treatment planning emphasizes attempts to change one field by interventions on a different field.
 - 3. Remarkably more user friendly and understandable to patients enhancing initial and ongoing collaborative treatment planning.
- C. Basic language and principles of human matrix as used as a treatment planning model.
 - 1. human matrix
 - a. Definition: The human matrix is a model of human nature that views a human being as the net interaction of five constantly shifting and interacting systems including: the biological system, the psychological system, the interpersonal system, the environmental system, and the spiritual belief system
 - 2. matrix effects
 - a. A change on one system automatically causes a change in a different system
 - 3. healing matrix effect

- a. A matrix effect that creates a beneficial effect for the patient
 - (e.g. a psychological intervention such as psychotherapy changes the actual biochemistry or structure of the brain as seen with OCD and brain scans of the basal ganglia following successful intervention with CBT).
 - b. understanding and enhancing placebo effects
- 4. damaging matrix effect
 - a. A matrix effect that creates a damaging effect for the client (e.g. a change in the biological system damages the social and interpersonal system as seen with the behavioral disruptions caused by a frontal lobe tumor).
- 5. Red Herring Principle
 - a. Because of the interdependence of the systems and the role of damaging matrix effects, a problem in one system may cause such severe problems in a different system that clinicians and clients are fooled into focusing their efforts on the wrong system (e.g. failing grades attributed to a lack of motivation on the psychological system of a student may actually be the result of a social system problem - domestic violence - or of the biological system - attention deficit disorder).
- 6. Maximizing Matrix Principle
 - a. No matter which system is the etiologic problem, attempts are made to maximize the functioning of all systems with the hope of generating distant healing matrix effects (a patient with marital problems is taught deep relaxation techniques that may help improve resiliency and openness to change in the marital therapy).
- D. Treatment planning and improving engagement and medication adherence by using the human matrix model.
 - 1. The Power of Placebo
 - a. Leuchter's work suggesting that placebo actually changed brain pathophysiology in patient's with major depressions via EEG analysis
 - b. Educational impact - training clinicians in the "talisman effect"
 - 2. Client Vignette: "The Man Who Was His Apartment"

"But every man is more than just himself; he also represents the unique, the very special and always significant and remarkable point at which the world's phenomena intersect, only once in this way and never again. That is why every man's story is important, eternal, and sacred . . ."

Herman Hesse
(from the novel *Demian*)

IV) Questions and Comments

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* * * * *

Speaker: Shawn Christopher Shea, M.D.

**Effectively Utilizing Risk and
Protective Factors In Risk
Formulation
&
The Art of Creating Sound
Documentation**

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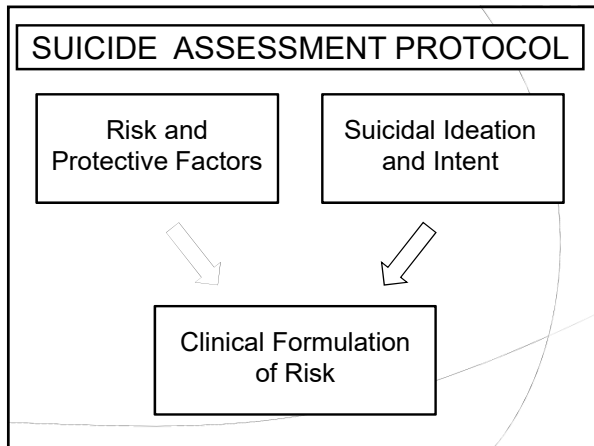
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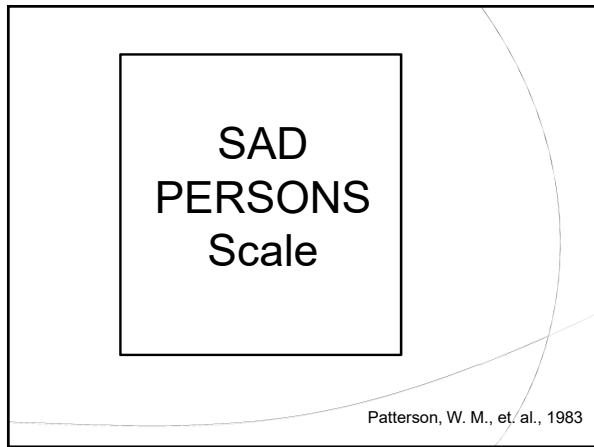
SUICIDE ASSESSMENT PROTOCOL

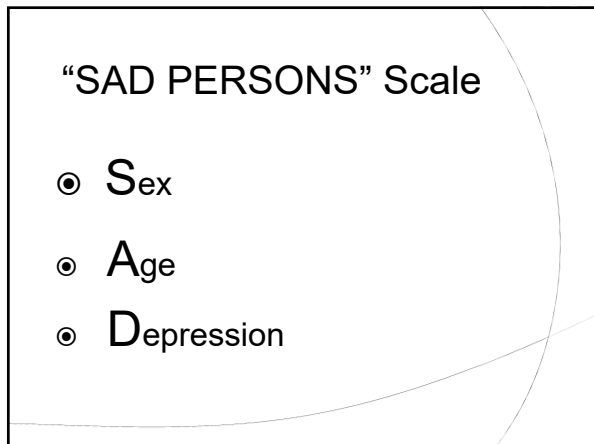
Risk and
Protective Factors

Suicidal Ideation
and Intent

Clinical Formulation
of Risk







“SAD PERSONS” Scale

- ⦿ Previous attempt
- ⦿ Etoh abuse
- ⦿ Rational thought loss
- ⦿ Social supports lacking
- ⦿ Organized plan
- ⦿ No spouse
- ⦿ Sickness

NO HOPE Acronym

Shea, S. C., 1988

“NO HOPE” Acronym

- ⦿ **N**o framework for meaning
- ⦿ **O**vert change clinically

“NO HOPE” Acronym

- ⦿ Hostile interpersonal environment
- ⦿ Out of hospital recently
- ⦿ Predisposing personality disorder
- ⦿ Explanation for dying

IS PATH WARM Acronym

Rudd, M. D., et al., 2006

“IS PATH WARM” Acronym

- ⦿ Ideation
- ⦿ Substance abuse

“IS PATH WARM” Acronym

- ⦿ **P**urposelessness
- ⦿ **A**nxiety
- ⦿ **T**rapped
- ⦿ **H**opeless

“IS PATH WARM” Acronym

- ⦿ **W**ithdrawn
- ⦿ **A**nger
- ⦿ **R**ecklessness
- ⦿ **M**ood disorder

Speaker: Shawn Christopher Shea, M.D.

**Uncovering Suicidal Intent:
the Crux of the Matter
(A 2-Part Presentation)**

Speaker: Shawn Christopher Shea, M.D.

**Part 1: Innovative Interviewing
Techniques for Uncovering
Sensitive and Taboo Material**

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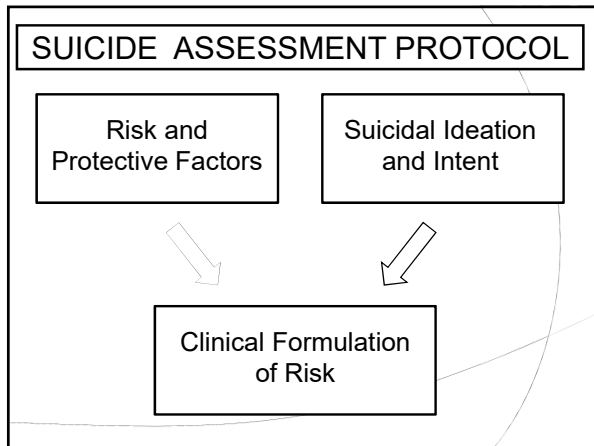
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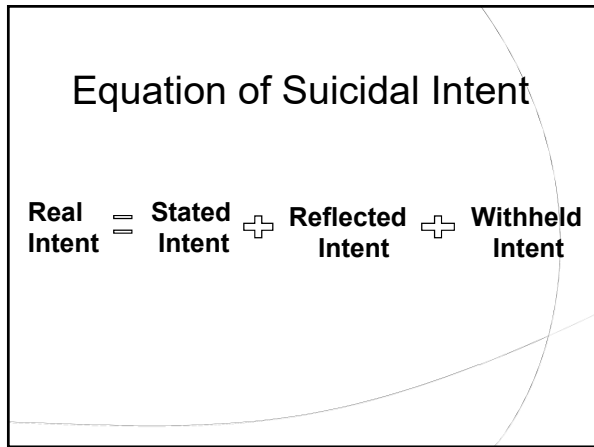
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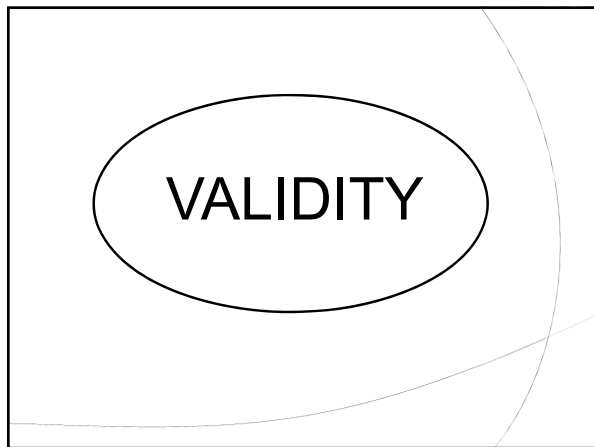
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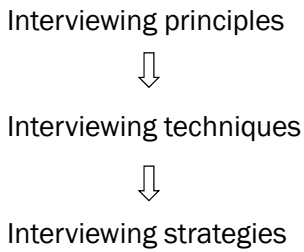




7 Validity Techniques

- 1) Normalization
- 2) Shame Attenuation
- 3) Behavioral Incident
- 4) Gentle Assumption
- 5) Denial of the Specific
- 6) Catch-All Question
- 7) Symptom Amplification

Evolution of Interviewing Training



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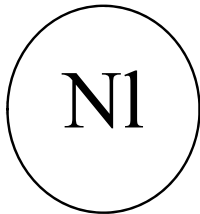
Illustration of an Interviewing Principle

Before you raise a sensitive or a taboo topic, meta-communicate to the client that it is okay to talk about the topic.

Validity Techniques for Raising
a Sensitive Topic

- 1) Normalization
- 2) Shame Attenuation

Normalization
(Shea)



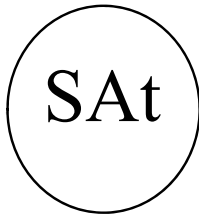
Normalization

“Sometimes when people are as depressed as you’ve been feeling they find themselves having thoughts of killing themselves; have you been having any thoughts like that?”

Illustration of an Interviewing Principle

Before you raise a sensitive or a taboo topic, meta-communicate to the client that it is okay to talk about the topic.

Shame Attenuation (Shea)



Shame Attenuation

“With everything you’ve been going through, have you been having any thoughts of killing yourself?”

“With all of your pain, have you been having any thoughts of killing yourself?”

Empathic Resonance

The words “killing yourself”

- 1) How does the concept of suicide first enter a client’s mind?
- 2) Cultural baggage of the word “commit”

Second Style of Shame Attenuation with Rationalization: Used When Uncovering Antisocial Material

- 1) Intuit client’s rationalization
- 2) Frame question through the eyes of the client

Evolution of Interviewing Training

Interviewing principles



Interviewing techniques



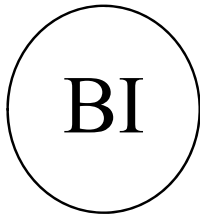
Interviewing strategies

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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

Behavioral Incident
(Gerald Pascal)



2 Styles of Behavioral Incidents

- 1) Fact-finding behavioral incident
- 2) Sequencing behavioral incident

Gentle Assumption
(Pomeroy)

GA

Gentle Assumption

“What other ways have you thought of killing yourself?”

Denial of the Specific
(Shea)

DS

Denial of the Specific Used for
Uncovering Suicidal Plans

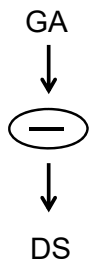
- 1) "Have you been having any thoughts of shooting yourself?"
- 2) "Have you been having any thoughts of jumping off a bridge or a building?"
- 3) "Have you been having any thoughts of overdosing?"

Technical Tip: Avoid Cannon Questions

"Have you been having any thoughts of shooting yourself, jumping off a bridge or building, or overdosing?"

Always ask one DS at a time

Typical Trigger to Initiate the Use
of Denials of the Specific



Catch-All Question
(Shea)

CaQ

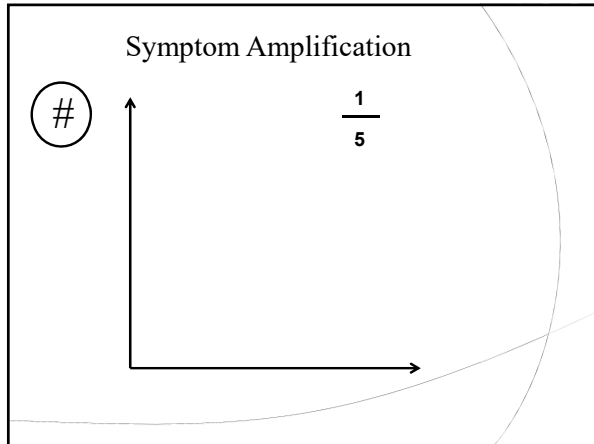
Symptom Amplification
(Shea)

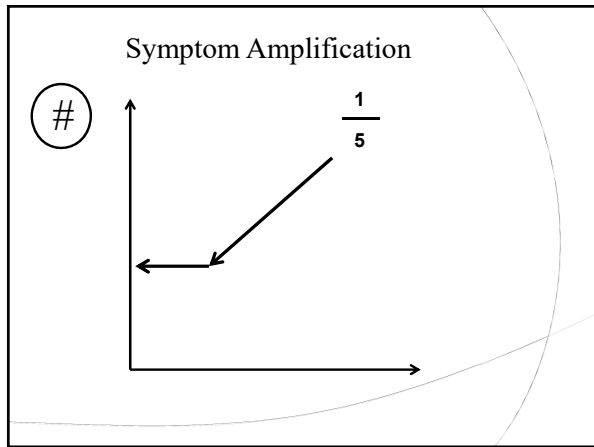
SA

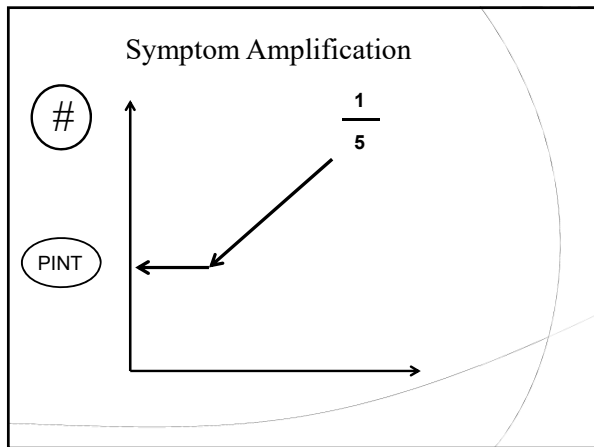
Symptom Amplification

#









Symptom Amplification Used When Uncovering Suicidal Thought

“On your very worst days, how much time do you spend thinking about killing yourself - 70% of your waking hours, 80% of your waking hours, 90%?”

7 Validity Techniques

- 1) Normalization
- 2) Shame Attenuation
- 3) Behavioral Incident
- 4) Gentle Assumption
- 5) Denial of the Specific
- 6) Catch-All Question
- 7) Symptom Amplification

Video Demonstration

7 Validity Techniques

- 1) Normalization
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How frequently have bosses taken you aside, you know harped on you, complaining about your work?

How frequently have bosses taken you aside, ~~you know harped on you,~~ complaining about your work?

How frequently have bosses taken you aside complaining about your work?

Validity Techniques for Exploring Sensitive Topics Once Raised

- 1) Behavioral Incident
- 2) Gentle Assumption
- 3) Denial of the Specific
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- 5) Symptom Amplification

How frequently have bosses taken you aside, **you know harped on you**, complaining about your work?

7 Validity Techniques

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**Uncovering Suicidal Intent:
the Crux of the Matter
(A 2-Part Presentation)**

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Part 2: Innovations in Eliciting Suicidal Ideation: the CASE Approach

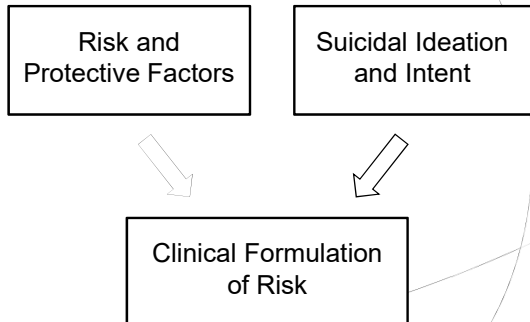
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SUICIDE ASSESSMENT PROTOCOL

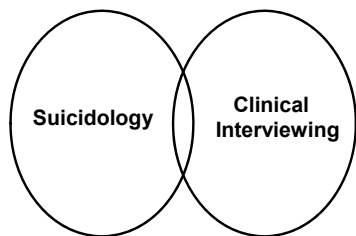


Equation of Suicidal Intent

$$\text{Real Intent} = \text{Stated Intent} + \text{Reflected Intent} + \text{Withheld Intent}$$

The Most Pressing Question:

Are there interviewing techniques and strategies that can make it easier for clients to share the truth about their suicidal plans and intent?



National Recognition of the CASE Approach

- 1) Chosen in 2015 for the ZERO Suicide website's "Suicide Care Training Options" List for use across the United States.
- 2) Chosen in 2013 for the Best Practices Registry of the Suicide Prevention and Resources Center (SPRC) under the auspices of SAMSHA.
- 3) Presented in updated versions for 19 consecutive years as a core clinical course at the Annual Meetings of the American Association of Suicidology (AAS).

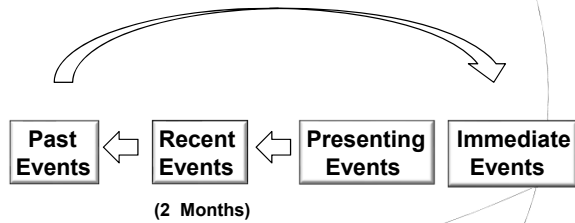
4 Key Points Regarding the CASE Approach

- 1) Case Approach is not an interview; it is an **interviewing strategy** imbedded inside an interview.
- 2) Risk and protective factors must be explored **in the same interview** either before or after the CASE Approach.
- 3) 95/5er's **may fairly frequently withhold** their method of choice; one must search for it.
- 4) Client's reflected intent is **often** more valid than stated intent, especially with a 95/5er.

Two Critical Errors When Eliciting Suicidal Ideation

- 1) Invalid Information
- 2) Pertinent Questions Not Asked

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)

Validity Techniques for Exploring Sensitive Topics Once Raised

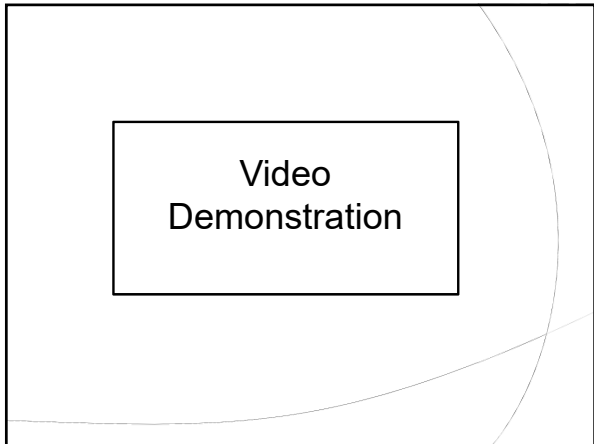
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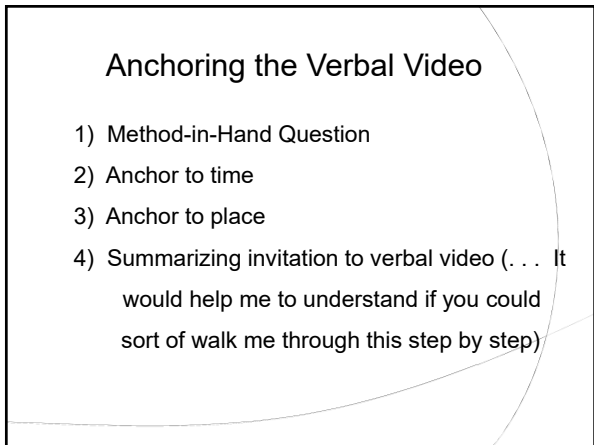
2 Steps for Making Verbal Video

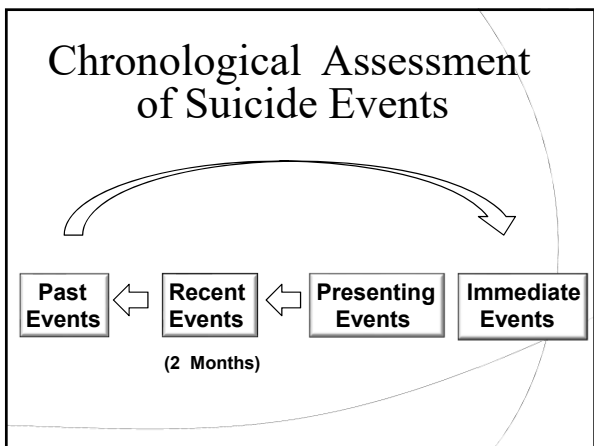
- 1) Anchoring the verbal video
- 2) Make the video (patient walks you through his or her suicidal actions/plans via BI's)

Anchoring the Verbal Video

- 1) Method-in-Hand Question
- 2) Anchor to time
- 3) Anchor to place
- 4) Summarizing invitation to verbal video (. . . It would help me to understand if you could sort of walk me through this step by step)







Before Moving to Region of Recent Events: Use Clarifying Window and Tag Questions if Necessary

- 1) Clarifying window if necessary
- 2) Tag Questions
 - a) drugs and alcohol during event
 - b) evidence of planning versus impulsivity (wills, suicide notes, etc.)

Video Demonstration

SUICIDE ASSESSMENT PROTOCOL

Risk and Protective Factors

Suicidal Ideation and Intent

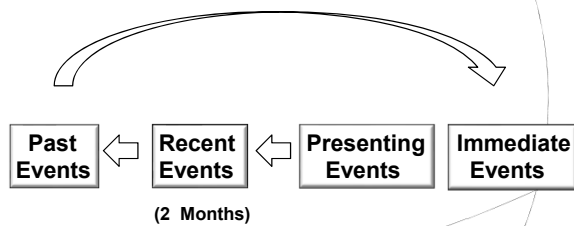


Clinical Formulation of Risk

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

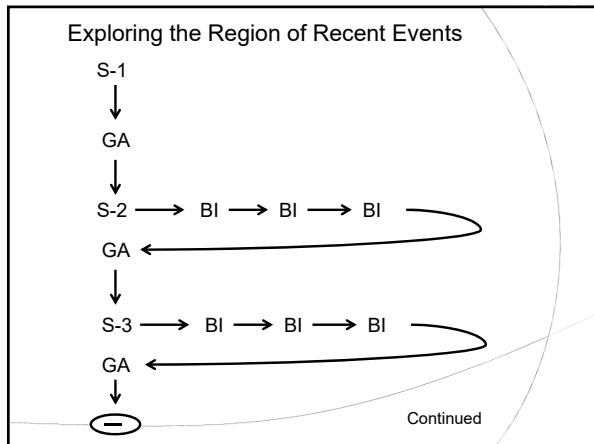
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Chronological Assessment of Suicide Events

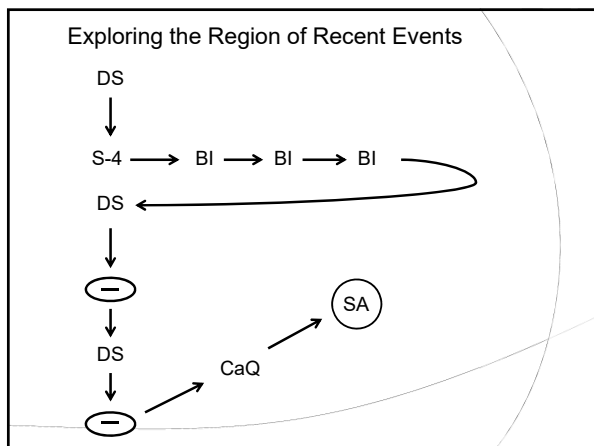


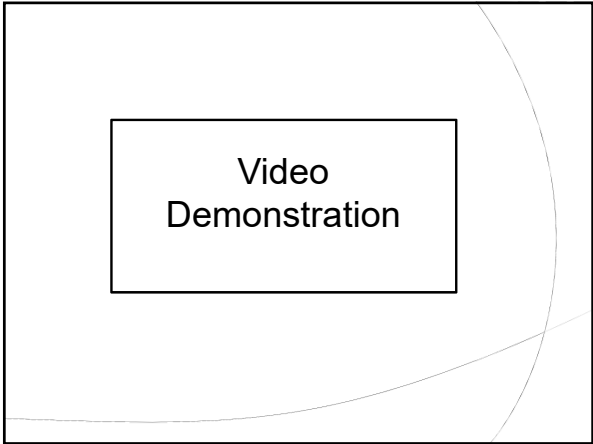
Equation of Suicidal Intent

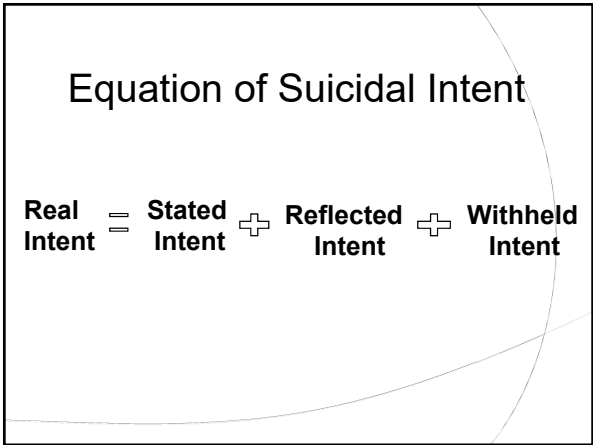
$$\text{Real Intent} = \text{Stated Intent} + \text{Reflected Intent} + \text{Withheld Intent}$$

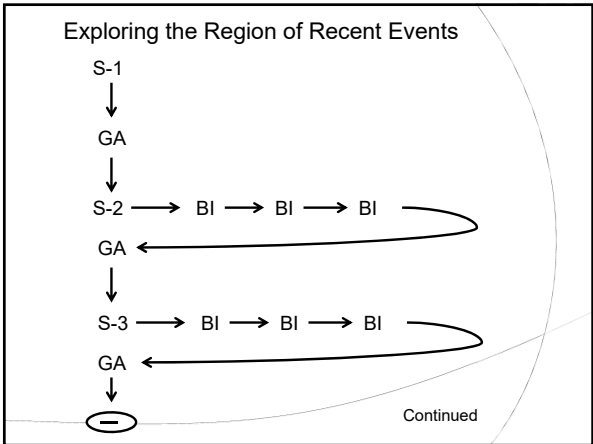


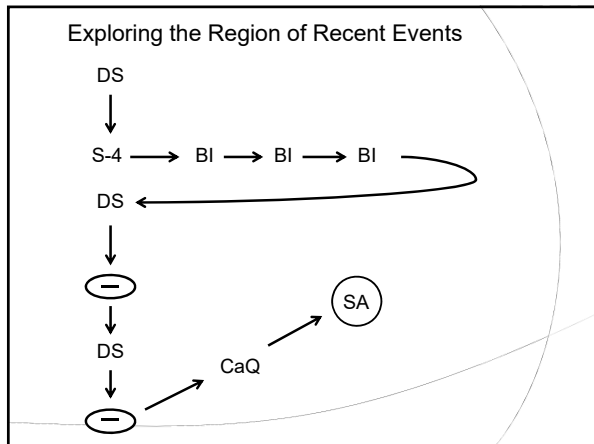
- ### Anchoring the Verbal Video
- 1) Method-in-Hand Question
 - 2) Anchor to time
 - 3) Anchor to place
 - 4) Summarizing invitation to verbal video (. . . It would help me to understand if you could sort of walk me through this step by step)

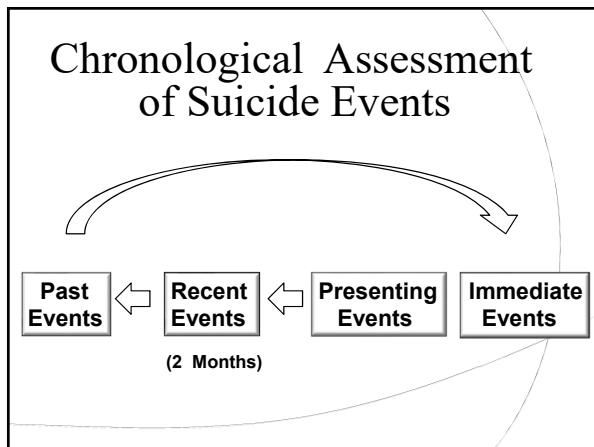






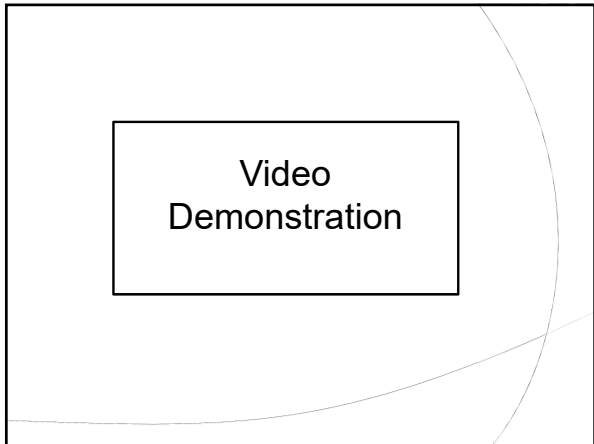


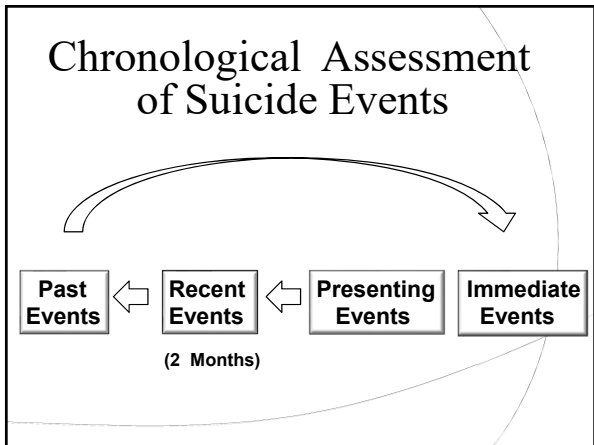




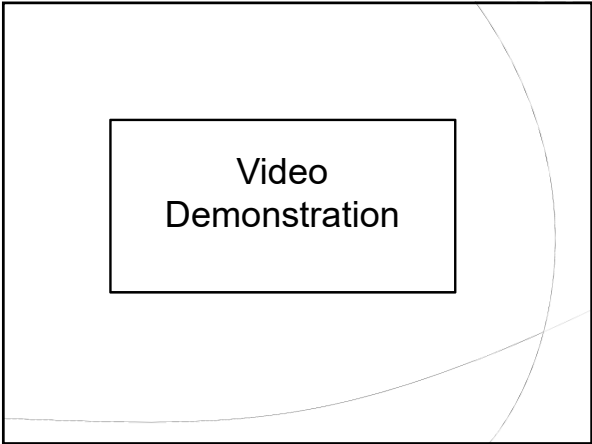
Exploration of the Region of Past Suicide Events

- 1) Did the client ever try to kill himself or herself in the past?
- 2) Most dangerous past attempt
 - a) similar triggers?
 - b) same method?
- 3) # of past attempts





- ### Exploration of the Region of Immediate Suicide Events
- 1) Region of Now/Next
 - 2) Hopelessness
 - 3) Helplessness
 - 4) Intensity of Pain
 - 5) Safety contracting versus safety planning
 - a) First lens: deterrence
 - b) Second lens: assessment tool



Recent Literature Resources Used for All Slides

1. Shea SC. (2012). Interpersonal art of suicide assessment: interviewing techniques for uncovering suicidal intent, ideation, and actions. In: Simon RI, Hales RE, editors. *The American Psychiatric Publishing Textbook of Suicide Assessment and Management, 2nd Edition*. Washington, DC: American Psychiatric Publishing, p.p. 29-56.
2. 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(1):147-183, 2015.

Recent Literature Resources Used for All Slides
(continued)

3. Shea SC. (2017). Exploring suicidal ideation: the delicate art of suicide assessment. In *Psychiatric Interviewing: the Art of Understanding, 3rd Edition*. London, Elsevier, with streaming video.
4. Shea SC. (2017). Uncovering a patient's hidden method of choice for suicide: Insights from the chronological assessment of suicide events (CASE Approach). *Psychiatric Annals* 47(8):421-427.

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