

Validity Technique	Description & Underlying Principles	Examples	Caveat
<p>Behavioral Incident</p>	<p>Ask for specific examples of behaviors, rather than conclusions or opinions.</p> <p><i>Underlying Principle:</i> Distortions are more likely when a client is asked for conclusions or opinions, rather than a description of events.</p> <p>Follow-up with “what happened next?”</p>	<ul style="list-style-type: none"> • “Did you put the razor to your wrist?” • “Exactly how many pills did you take?” • “What happened next?” • “In the past two weeks, have you had any thoughts of wanting to kill yourself, even if just for a fleeting moment?” 	<p>Time-consuming in an interview.</p> <p>Probe <i>after</i> suicidal ideations have been verified.</p> <p>Reserve for sensitive issues where validity is crucial:</p> <ul style="list-style-type: none"> • suicidal potential • domestic violence • sexual abuse • lethality
<p>Shame Attenuation</p>	<p>Phrasing a question in such a way that giving an affirmative answer is not experienced by the client as self-incriminating.</p> <p><i>Underlying Principle:</i> Disarm a patient’s reluctance to admit to shame-inducing topics, by a. giving unconditional positive regard and b. showing sincerity and wanting to understand the framework in which the patient experienced the event.</p> <p>Useful when questioning behaviors which could be construed as self-</p>	<ul style="list-style-type: none"> • “Do you find that you have problems holding your liquor, or are you pretty good at holding your liquor?” • “Getting arrested in front of your parents must have been very distressing. Sometimes when people go through embarrassing situations in front of others they can have drastic thoughts, such as thoughts of suicide. Have you experienced any thoughts like that?” • “You said earlier that you were 	<p>Shame attenuation should not be construed as an endorsement of dangerous or illegal behavior, but as a sincere attempt to understand the person’s rationale in context.</p>

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	<p>incriminating.</p> <ul style="list-style-type: none"> • heavy drinking • illicit drug use • violence • criminal activity <p>Used as a bridge from data gathered in history to solicit the rationale for why a person might think or do something, they might otherwise not.</p>	<p>caught completely by surprise when your girlfriend walked out on you. For many people, that could result in impulses to seek revenge, even if just momentary. Were you experiencing any such thoughts or impulses when the police picked you up outside her new apartment?"</p>	
Gentle Assumption	<p>Leading questions in which the questioner anticipates an affirmative response.</p> <p>Principle: Clients are more likely to acknowledge hard-to-discuss topics, if the interviewer seems to be soliciting a positive response. They are made to feel less deviant.</p>	<ul style="list-style-type: none"> • "What other types of street drugs have you used?" • "How many times have you found yourself getting into a fistfight with classmates, if at all?" • "What other ways of taking your life have you considered?" • "How often have your past attempts to kill yourself come after you have had a few drinks?" 	<p>Gentle assumptions can lead to "false positives" in gullible clients:</p> <p>Do not use gentle assumption with clients who are trying to please you.</p> <p>Do not use gentle assumption with young children (especially when questioning about sexual abuse).</p>
Symptom Amplification	<p>A method to overcome a client's minimalization or attempts to downplay the frequency or severity</p>	<ul style="list-style-type: none"> • "On the days when your thoughts of suicide are most intense, how much of your time 	<p>Do not place upper limit at a ridiculously high number for the particular client.</p>

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	<p>of a problem by over-stating the anticipated range of answers.</p> <p>Principle: Giving a client a hypothetical range of answers with exaggerated “high” ranges can make their true answer seem “normal” or less-deviant.</p> <p>This is a useful method in eliciting symptom frequency and severity from anti-social personality disorders or substance abusers.</p>	<p>do you spend thinking about killing yourself, 50%, 80%, 90%?”</p> <ul style="list-style-type: none"> • “How much liquor can you hold in a single night; a pint, a fifth?” • “How many times have you struck your children in the last month; twenty times, thirty times?” • “How many times have you exposed yourself to others, even if you weren’t caught; forty times?” 	
<p>Denial of the Specific</p>	<p>Asking a client whether he has experienced anything from a list of potential or probable symptoms.</p> <p>Principle: It is more difficult to deny a specific rather than a generic question.</p> <p>This is a good method to solicit lethality of past and present suicidal ideations.</p>	<ul style="list-style-type: none"> • “Have you ever tried cocaine?” • “Have you ever smoked crack?” • “Have you ever used Crystal Meth?” • “Have you ever dropped acid?” • “Have you thought of shooting yourself?” • “Have you thought of jumping off a bridge or other high place?” • “Have you thought of hanging yourself?” • “Have you thought of overdosing?” 	<p>Do not ask as a cluster. Wait for a denial or confirmation of each question before proceeding.</p>

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		<ul style="list-style-type: none"> • “Have you thought of carbon monoxide poisoning?” 	
Normalization	<p>Overcoming a client’s anxiety or hesitancy by letting them know that others have experienced the same thoughts, feelings or behaviors.</p> <p>Principal: Clients are more apt to give valid details if they think their experience is “normal.”</p>	<p>Sometimes, when people are concerned about their weight, they do things to make sure they can’t gain weight, like vomit after meals. Have you ever tried that?</p> <p>Many of my clients tell me that, at times, the pain of their depression can be so great that they have thoughts of wanting to kill themselves. Have you ever had any thoughts like that?</p> <p>I have many patients who tell me that when they are under stress, or very anxious, their thoughts almost sound like voices to them. Have you ever experienced that?</p>	<p>This can elicit false positives from patients who are malingers, or who want to appear sicker than they truly are.</p>

Taken From: *The Practical Art of Suicide Assessment: A Guide for Mental Health Professionals and Substance Abuse Counselors*, Shawn Christopher Shea, Wiley, 2002.