Maximizing Therapeutic Alliance in Suicide Risk Assessment, Management, and Treatment

Katherine Anne Comtois, PhD, MPH
Professor
Department of Psychiatry and Behavioral Sciences
University of Washington

CSPAR
The Center for Suicide Prevention and Recovery
UNIVERSITY of WASHINGTON

Disclosures

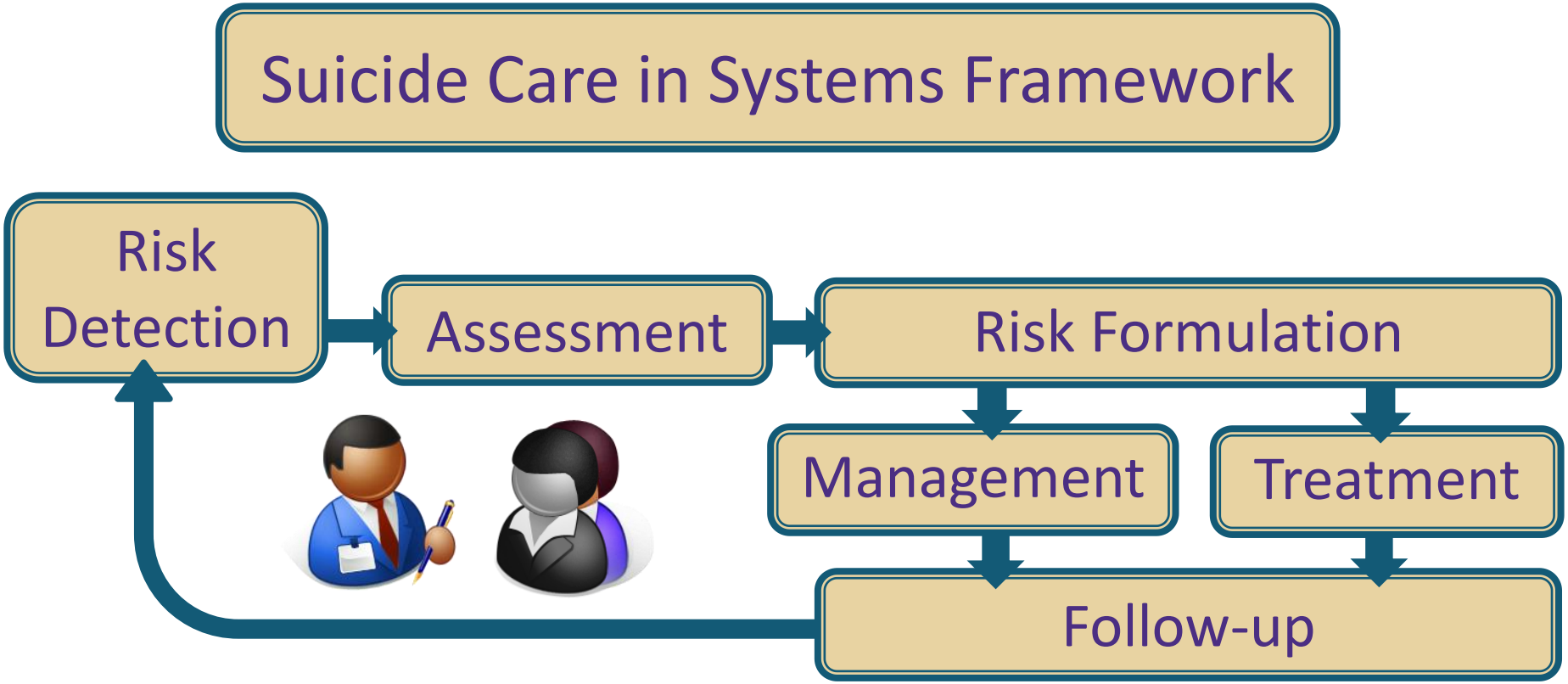
- No conflict of interest.
- No discussion of non-FDA-approved medications or devices.

Learning Objectives

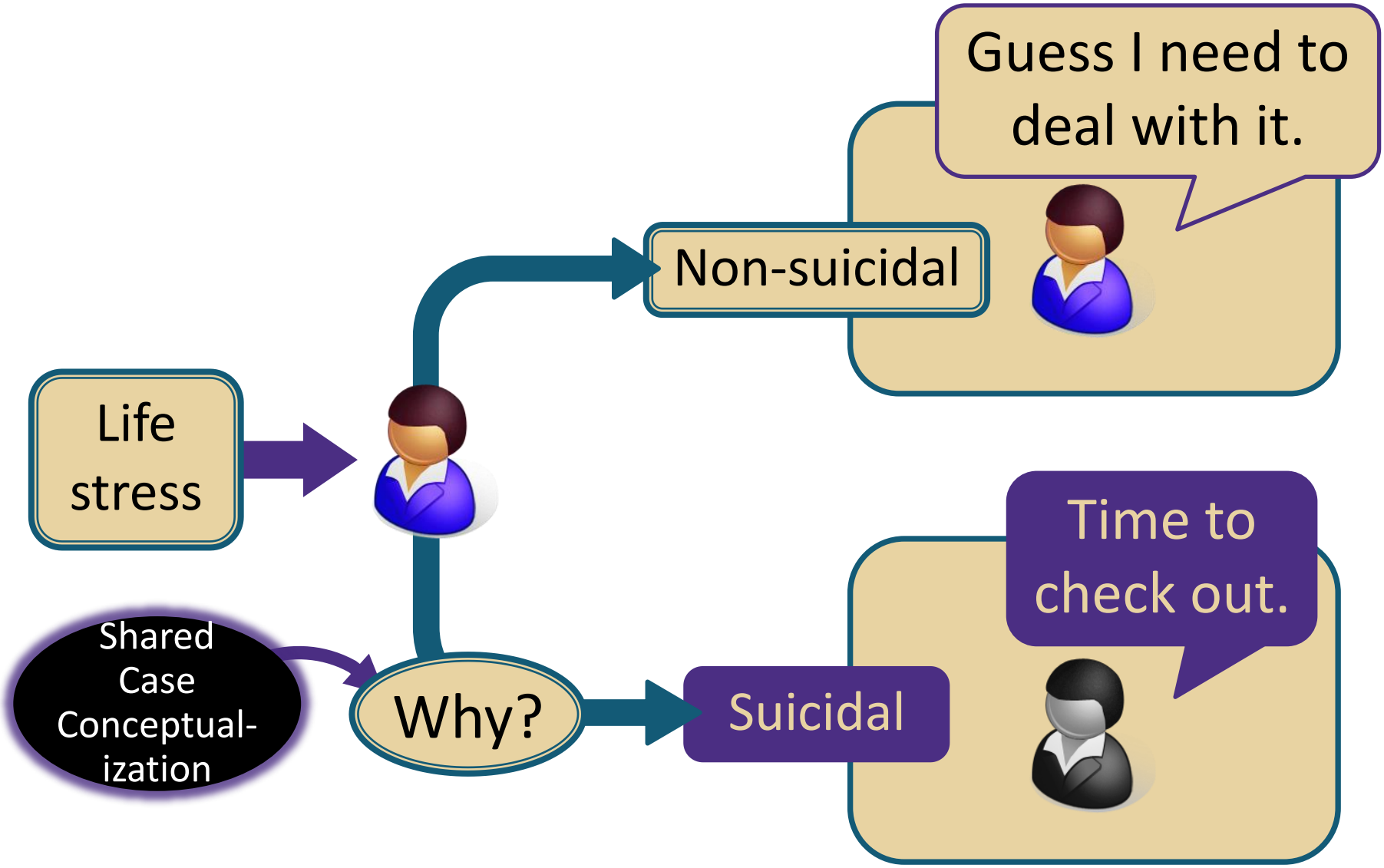
At the conclusion of this presentation, participants will be able to:

- Describe two key aspects of the Aeschi model of psychotherapeutic care for suicidal patients
- Define management vs. treatment of suicidality
- Describe the therapeutic value of the clinical narrative

Core Elements of Suicide Care

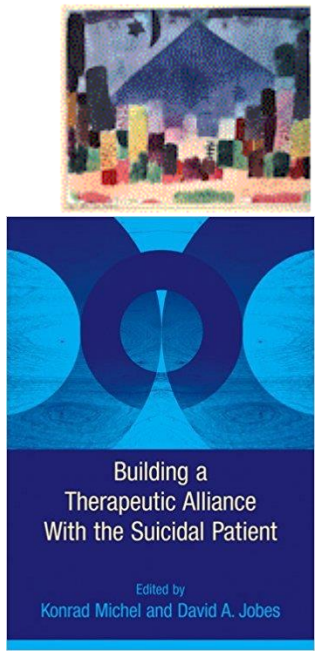


The Core Question



Aeschi Model – Collaboration and the Suicidal Narrative

1. The clinician's task is to reach, together with the patient, a shared understanding of the patient's suicidality.
2. The clinician should be aware that most suicidal patients suffer from a state of mental pain or anguish and a total loss of self-respect.
3. The interviewer's attitude should be non-judgmental and supportive.
4. The interview should start with the patient's narrative.
5. The ultimate goal must be to engage the patient in a therapeutic relationship.

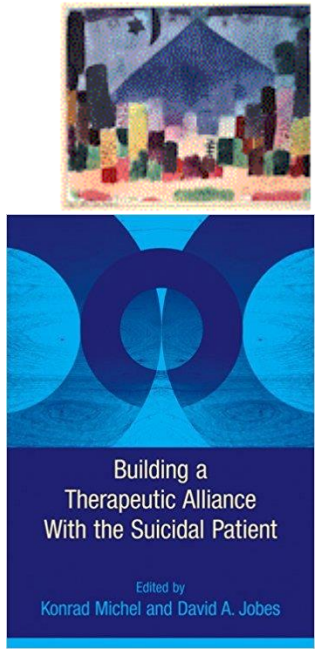


Therapeutic Alliance

- The Aeschi goal is immediate and meaningful therapeutic alliance
- Therapeutic alliance has three essential elements:
  - Agreement on the goals of the treatment
  - Agreement on the tasks
  - The development of a personal bond made up of reciprocal positive feelings.

Aeschi Model – Core to Evidence-Based Practices for Suicide Care

1. Dialectical Behavior Therapy (DBT)
2. Cognitive Therapy for Suicide Prevention (CT-SP)
3. Safety Planning Intervention (SPI)
4. Attempted Suicide Short Intervention Program (ASSIP)
5. Collaborative Assessment and Management of Suicidality (CAMS)



Attempted Suicide Short Intervention Program (ASSIP)

- ASSIP is only three sessions
  - Clinical Narrative
  - Reflection on Clinical Narrative
  - Psychoeducation and Self-Management
  - Letters to maintain connection
- Demonstrated several meaningful outcomes:
  1. 80% reduced risk of suicide attempt over one year
  2. Cost-effectiveness
  3. Increased therapeutic alliance → ↓ suicidal ideation

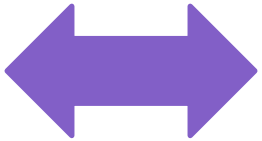
Michel, K. (2015); Gysin-Maillart et al (2016); Michel, K et al (2017); Park et al (2018)

Narrative interviewing: An effort find a story so that actions make sense. "*Tell*" and "*story*" correlated with alliance

Narrative Interviewing

Please *tell* me the *story* of what led to the suicidal crisis. Just let me listen to you.

Aeschi Model

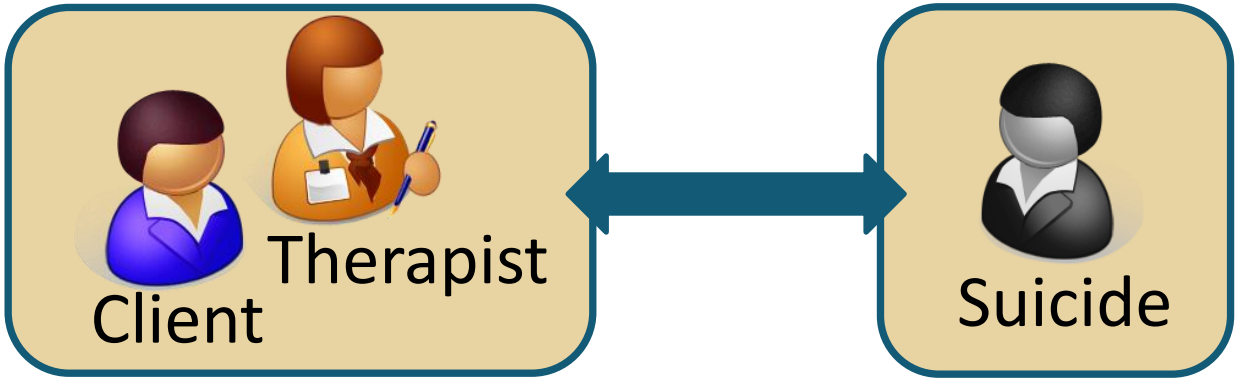


Themes

Self-esteem
Separation and Loss
Rejection
Restrained or Dependent

Michel et al., 2004 *Archives of Suicide Research*, *8*(3), 203–213

Looking within the Narrative for Tangible and Useful 'Drivers' of Suicide



Compared to Interrogative Risk Assessment

- Standard risk factors often
  - Can't be changed (history of attempt, demographics, loss)
  - Difficult to change (addiction, bipolar disorder, availability of a support system)
- Risk factors are often uninteresting or can feel threatening to a suicidal patient

Risk Assessment Following the Narrative

- Many risk factors will become apparent in the narrative
- Risk factors that do not become apparent can be asked after the narrative

- Will this take more time? Probably
- Will the overall course of treatment take more time? It could be shorter if suicidality resolves sooner

Gendered Narratives of Veterans' Suicide Attempts

Topic	Women	Men
Gendered Narrative	'I suck. I don't feel worthy of life'	'The world sucks; its not worth it'
Self-Concept	Feeling worthless, shameful, empty; internalizing abuse and trauma	Feeling not able to live up to ideal self
Social Power	Always on guard, often victims of sexual abuse/assault, and feel like they have to work extra hard for opportunities	Accustomed to spaces being male spaces, especially the military; may feel like 'less of a man' when not able to fulfill stereotypical gender role

Denneson, L. M. et al (2020) *Social Science & Medicine*, *260*, 113178

Gendered Narratives of Veterans Suicide Attempt

Topic	Women	Men
Relationships	Source of abuse, trauma, and betrayal	Often a source of support, but sometimes stressful
Coping	Often reach out to others for support and are met with rejection	Tend to isolate (especially using substances); Not going to reach out for help
Stress	Struggle with navigating systems, figuring things out, wanting to make the right decision	Feel overwhelmed by setbacks and feel unable to maintain control over life

Denneson, L. M. et al (2020) *Social Science & Medicine*, *260*, 113178

Gender Differences in Veteran Recovery Needs after

Women	Men
Connection with Others • Desire to feel connected with others • Finding strength in helping others • Wanting mutually supportive relationships	Try to Live and Do 'Right' Toward Becoming their Ideal Self • They have an idea of what 'right' is and are striving to get there • Having the 'right' mentality or mindset
Repair Self-Worth through Knowledge and Development • Why do they do, think or feel what they do • Wanting to feel 'normal' • Wanting to to feel 'whole'	Want to Feel Needed and Accountable to Others • Sense of obligation to family • Contributing to something bigger than themselves • Desire to help others
Stronger Sense of Purpose in Life	

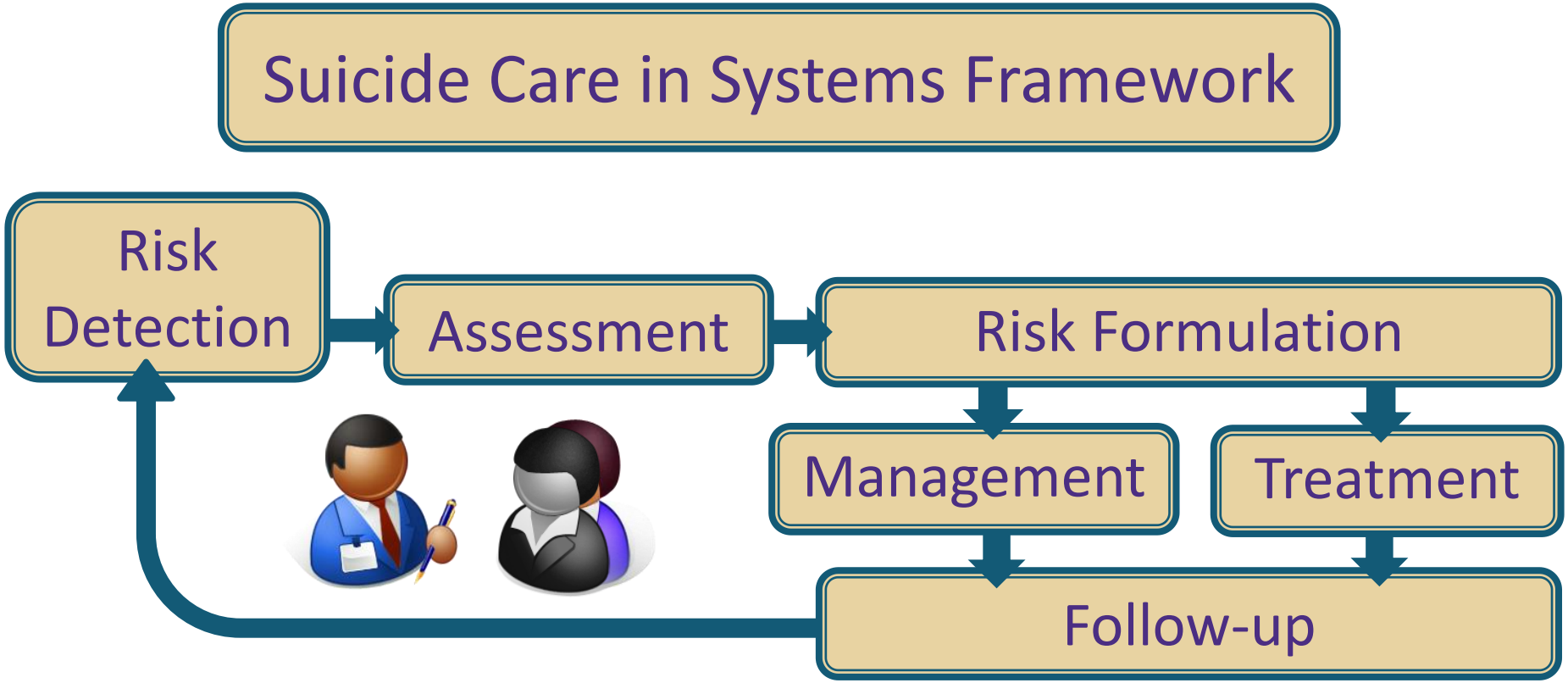
Video Examples

https://www.maketheconnection.net/stories/719/

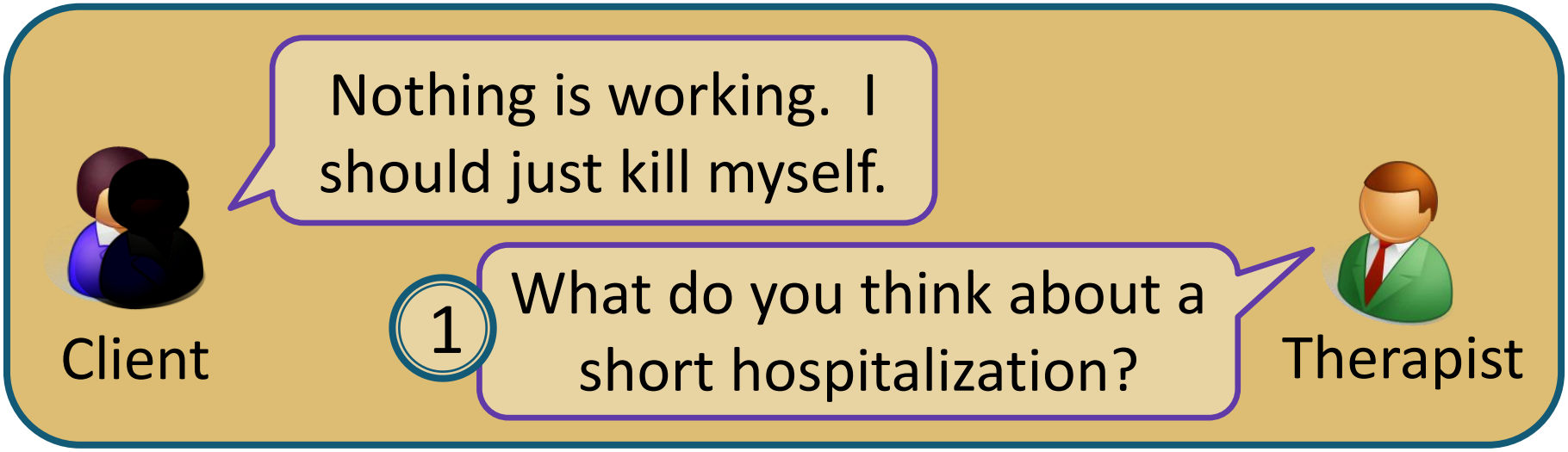
https://www.maketheconnection.net/stories/622/

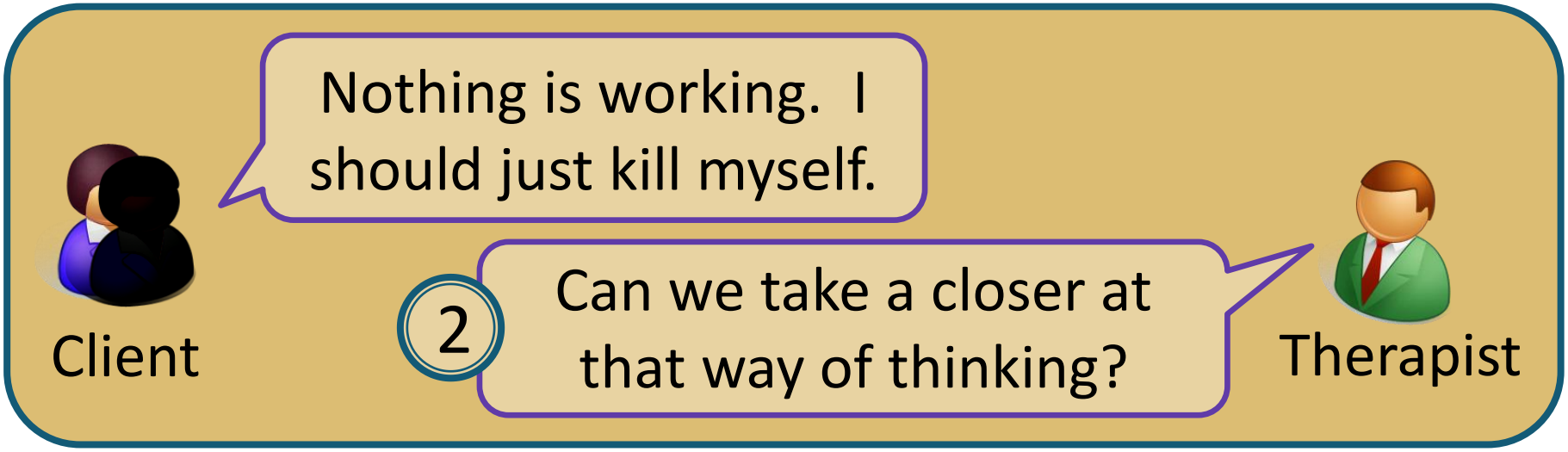
Public domain videos courtesy of the United States Department of Veteran Affairs.

Core Elements of Suicide Care



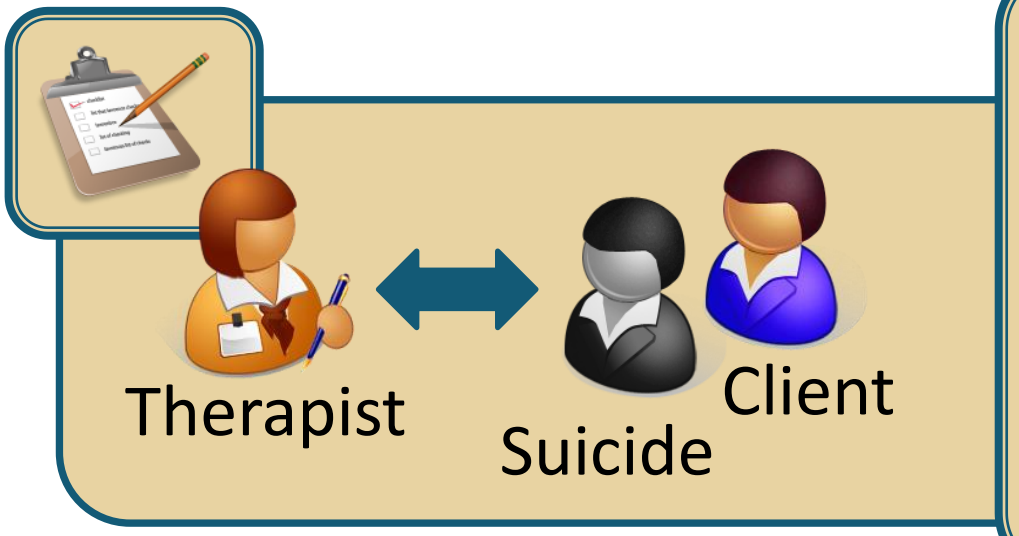
Management vs. Treatment





Sung, J.C. & Jobes, D.A. (2017)

Management of Suicide Risk

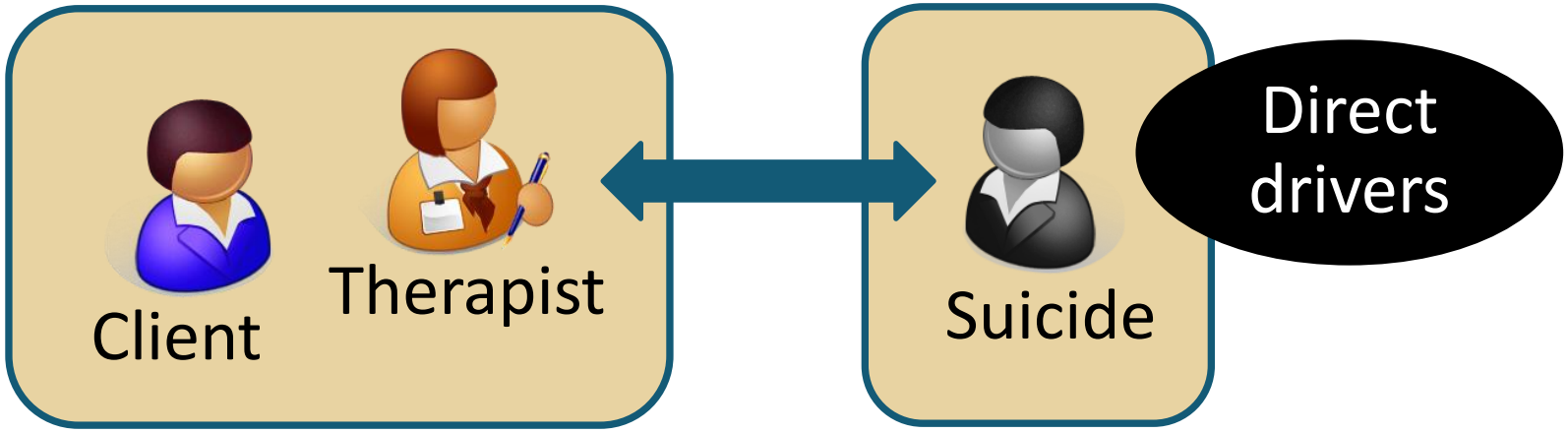


Continuity of care
(managing transitions, discharge & referral)
Psychiatric treatment
Safety planning, including means safety

Management

Therapist engages in interventions that seek to *reduce risk* by modifying risk factors related to suicide. Management is *optimally*, but *not necessarily*, collaborative.

Treatment of Suicide Risk



Treatment

Therapist and client engage in a *collaborative relationship* to *resolve risk* by targeting internal factors that are unique/intrinsic to suicide risk. Treatment is *necessarily* collaborative.

Treatment of Suicide Risk

Consultative & Collaborative

Therapist

Client

Suicide

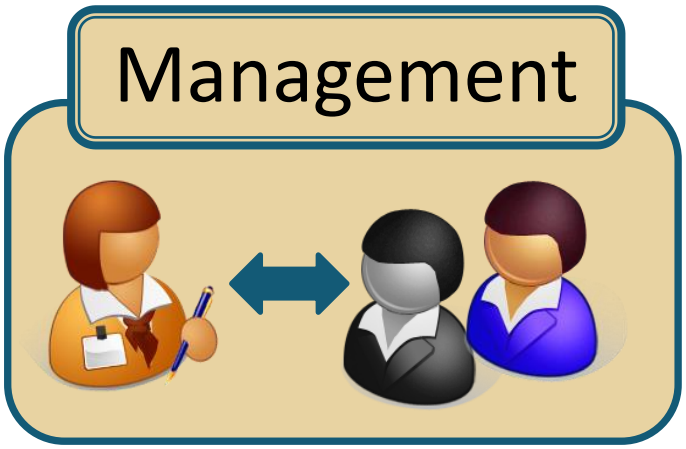
Self-Management

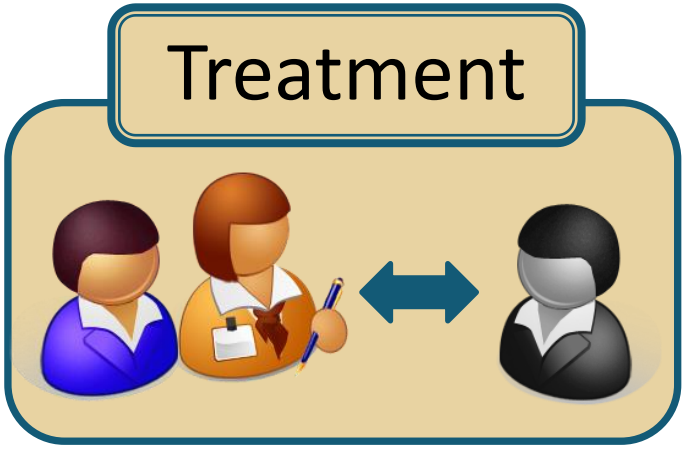
Treatment to Promote Self-Management

Over time, the patient grows in confidence and responsibility in self-management of suicide risk.

Ellis. (2004). *Collaboration and a self-help orientation in therapy with suicidal clients.*

Summary





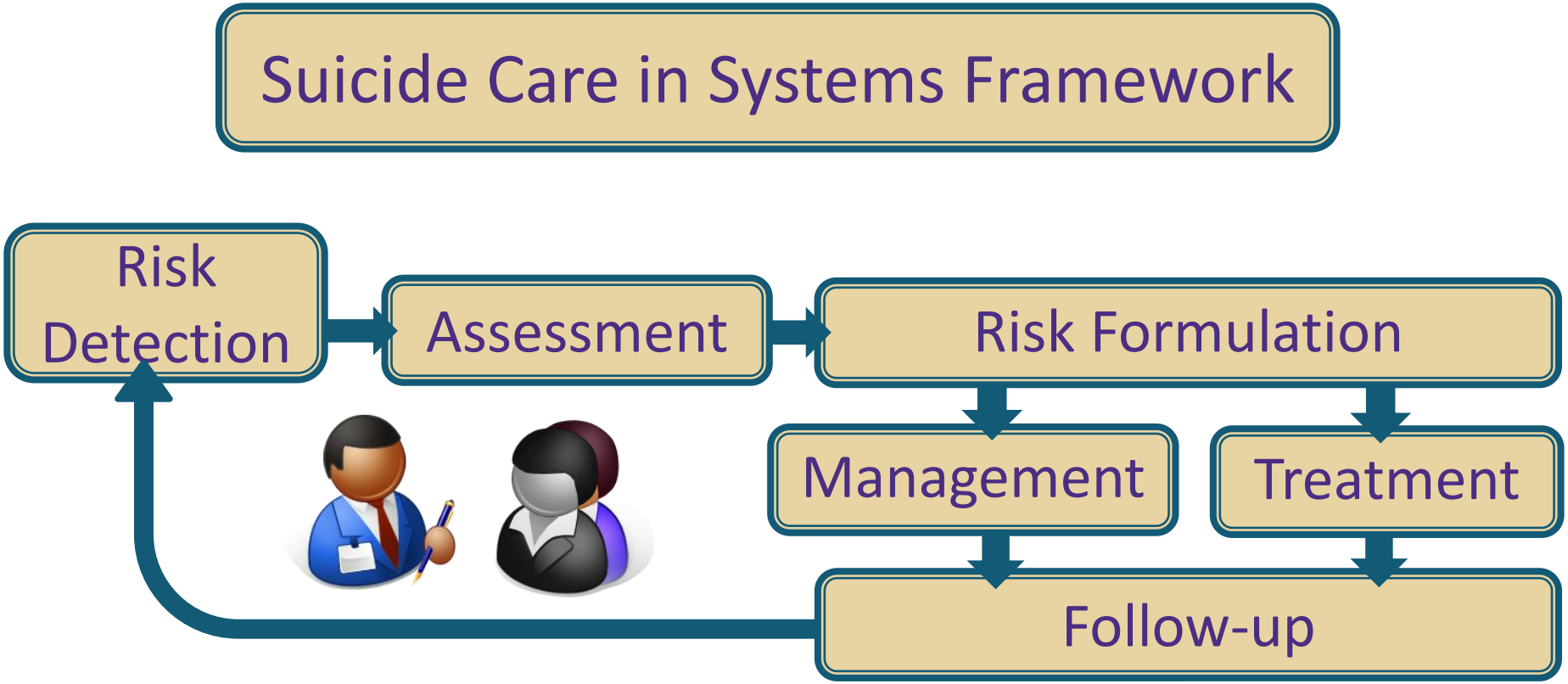
	Collaboration	Goal	Target
Management	Optimal when collaborative	Reduce risk	External factors related to suicide risk
Treatment	Necessarily collaborative	Resolve risk	Internal factors intrinsic to suicide risk

Integrating Narrative with Suicide Management: Example of SPI

Safety Plan – managing risk based on the narrative:

- Warning Signs
- Internal Coping
- People and Places for distraction
- People who can provide help
- Professional Resources
- Lethal means counseling

Core Elements of Suicide Care

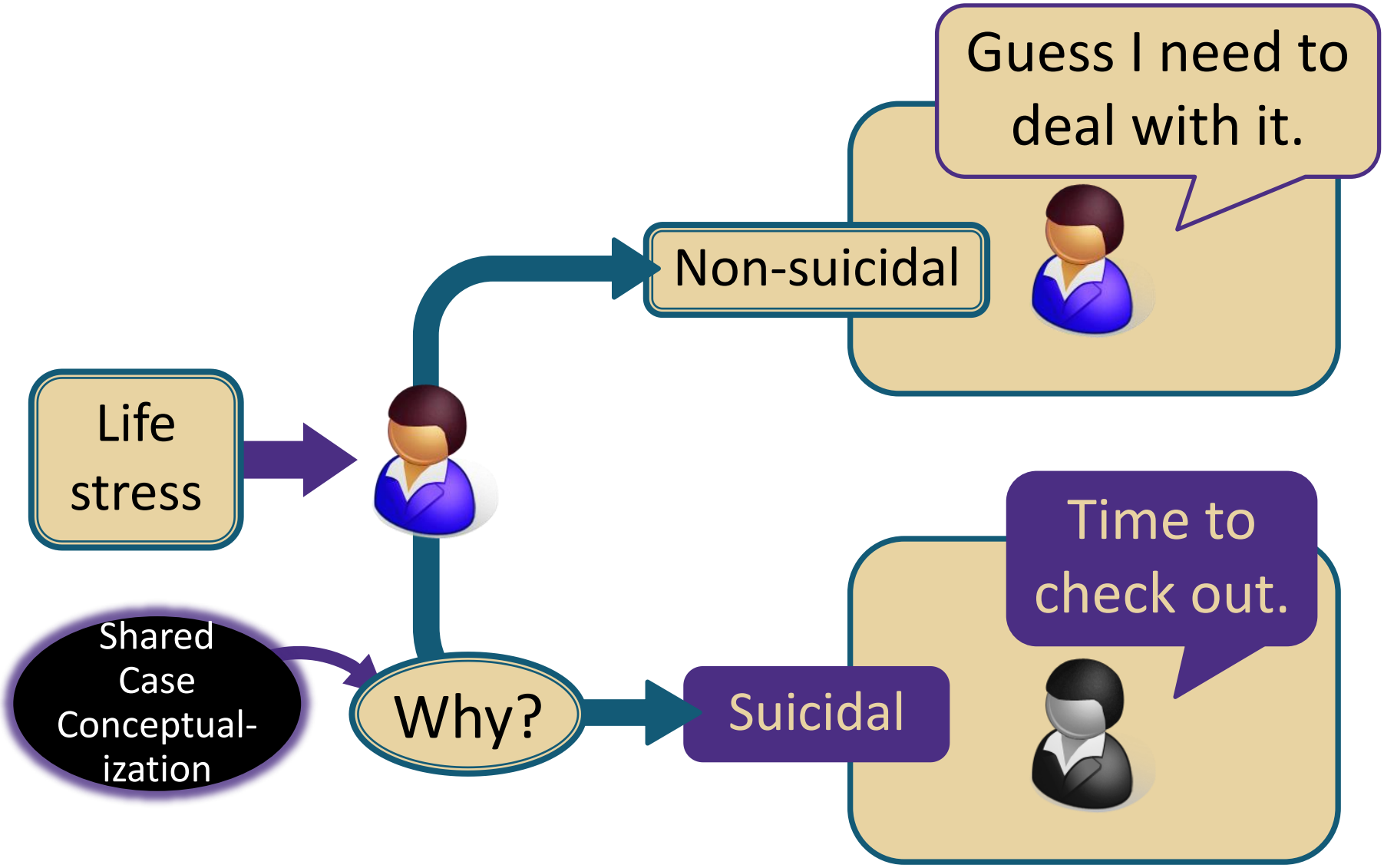


Treatment based on the Clinical Narrative

- The narrative is a reflective process that asks the patient to
  - Examine and not avoid the suicide attempt or suicidal thoughts
  - Exposure to suicidal thoughts in effective environment
  - Overcomes limitations in episodic autobiographical memory

Autobiographical memory: the system involved in collecting, storing and retrieving episodes from an individual's life, and comprising a combination of *episodic (e.g., personal experiences and specific objects, people and events experienced at particular time and place)* and semantic (general knowledge and facts about the world) memory.

The Core Question



Evidence-Based Treatments, the Clinical Narrative and Shared Case Conceptualization

EBPs respond to the shared conceptualization in different ways

- DBT → specific links on the chain of events that can be changed with increasing skills, exposure, cognitive, or contingency strategies; focus on affect regulation/tolerance
- CT-SP → problematic cognitions and cognitive patterns are identified that can be responded to with coping strategies
- ASSIP → reflection on the narrative by viewing videotape plus psychoeducation
- CAMS → problem-focused therapy approach using therapist's theoretical orientation

Key Takeaways

- The clinical narrative is critically important
  - For alliance
  - Treatment itself?
- Consider how your limited session time is spent
  - Assessment vs. Intervention – Consider Opportunity Costs
  - Management vs. Treatment
  - Optimizing the flow to maximize retention and suicide resolution

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Thank you. Happy to take Questions

Katherine Anne (Kate) Comtois, PhD, MPH

UW Center for Suicide Prevention and Recovery

uwcspar@uw.edu