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

*Highlights & Key Concepts*

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## Summary Ideas:

**Treating and managing suicidality are two separate tasks.**

- When therapists manage suicidality, they engage in interventions that seek to reduce risk by modifying risk factors. This approach is optimally, but not necessarily, collaborative.
- Treating suicidality, in contrast, involves the therapist and client engaging in a collaborative relationship to resolve risk by targeting internal as well as external factors that are unique and intrinsic to the client's suicide risk.

**The Aeschi Model is a clinical, empathetic approach to working with patients who are suicidal.**

- The Aeschi Model places an emphasis on hearing the patient's story about how they became suicidal and requires the clinician to work from a position of understanding.

## Questions & Responses:

**Q1** ***What does it mean to lead with a narrative interview when treating patients who are suicidal, and what are the advantages compared to an interrogative assessment?***

**A1** Using a narrative interview approach means digging into the story of what led to that crisis, which fosters and strengthens the therapeutic alliance more than interrogative assessments. You want to deal with suicide risk as quickly as possible, and the narrative interview gives you more insight and information on how to resolve problems more quickly. With interrogative assessments, you are often assessing risk factors that are not always useful: sometimes it's not obvious what to do with that information other than to document specific risks. This can cause patients to lose interest or feel threatened.

**Q2** ***When should the clinician conduct the narrative interview?***

**A2** The clinician can start the clinical interaction with the narrative interview. This helps create a therapeutic alliance and has the goal of engaging the patient in a therapeutic relationship. Start with the narrative to help create a therapeutic alliance.

**Q3** ***After you have used your risk detection tools and are aware your client is considering suicide, what other important questions still need answering?***

**A3** One important question is: why is this person heading down the suicide pathway? It's critical to develop a shared conceptualization of this, because having this understanding is critical to resolving the problem, rather than managing it over the long term. Many life stressors such as homelessness, depression, psychosis, job loss, and PTSD do not lead to suicidality in most cases.

**Q4** ***What hinders the clinician's ability to develop a personal bond of reciprocal positive feelings with a client who is suicidal?***

**A4** A clinician may fear doing or saying the wrong thing. This often looks like constantly questioning whether you have done the right thing and checked all the boxes to protect yourself, instead of focusing on creating a trusting relationship in which the patient is open about why suicide makes sense to them. And vice versa, that patient is often in the same boat, in that they're not sure what they can say to you, they're concerned about losing certain rights, or what information will be shared.

**Q5** ***How do providers build strong therapeutic relationships with patients who are suicidal and follow safety protocols while covering their legal bases?***

**A5** You can foster a strong therapeutic relationship and ensure you are following all safety protocols by gaining a solid understanding of how your clinic manages suicidality. This enables you to avoid worrying about whether you are following all the policies and procedures when working with someone who is suicidal. Take the time to speak with leadership at your workplace in advance, when things are calm, about what the protocols are—once somebody is at risk, it's often too late to learn those protocols. It is difficult to build a strong therapeutic relationship until you are comfortable with and understand all the policies and procedures required by your clinic when working with a patient who is suicidal.

**Q6** ***Why is it important to effectively engage the first time with a person who is suicidal?***

**A6** It is important to engage the first time to prevent the person from feeling like suicide is a chronic condition. When they feel that they are continually being passed off to other providers, they can interpret that to mean that their problem is too big, that it cannot be solved. There are effective evidence-based practices, such as the Aeschi model, that are designed to help people who are suicidal and stop them from feeling like their only option is to take their lives.

**Q7** ***Can the Aeschi model still be an effective method for primary care providers to use in rural areas, even though there are often long wait times due to limited mental health resources in these areas?***

**A7** Yes, the Aeschi model can still be effective in rural areas and when wait times are long. Asking the patient about his/her/their story and coming to a shared understanding about their suicidality will provide you with valuable information and give ideas on how to best move forward when resources are available.

## Resources:

- Public domain videos cited by Dr. Comtois; courtesy of the United States Department of Veteran Affairs:
  - Video: "Support to move past MST and hopelessness" (A female veteran's story)
  - Video: "I absolutely love what I do" (A male veteran's story)
- **Center for Suicide Prevention and Recovery (CSPAR)**
- **Suicide prevention resources from the Veterans Administration**
- **Suicide prevention resources compiled by the Northwest MHTTC**
- **Suicide prevention month IDEAS FOR ACTION by the Suicide Prevention Resource Center**
- **UW Forefront Suicide Prevention:** A Center of Excellence at the University of Washington