

Attempted Suicide Short Intervention Program ASSIP

Adherence and Competence Scale (ASSIP ACS)

Element 1: Narrative Interview (1st ASSIP session)

Completed by rater (name/function): _____, _____

Patient's case No./initials: _____

Rate the patient from: **straight forward 1 2 3 4 complex**

Ratings for ASSIP ACS shall be performed in accordance with the ASSIP Coding Manual (Gysin-Maillart, Conner, Pisani, Westrin, Ehnvall, 2021). Please see the ASSIP Coding Manual for an in-depth discussion of the ASSIP ACS items.

Definitions of Adherence and Competence are conceptualized in line with the descriptions given in the ASSIP Therapy Manual (Michel & Gysin-Maillart, 2015).

End either session one or two by introducing the homework text (see element 4).

1.1 ASSIP therapist ADHERENCE: Narrative Interview		No (0)	Yes (1)	N/A (X)
1.1.1	The video recording quality is good (audio and picture).			
1.1.2	Therapist and patient sit at an angle of about 90 degrees.			
1.1.3	The session starts with a narrative opening, in which the words "story" or "tell me" are used.			
1.1.4	The therapist trusts the patient's narrative competence by letting the patient tell his/her story without interrupting.			
1.1.5	There are no long sequences of silence where patient and therapist appear "lost".			
1.1.6	If necessary, the background of suicidal thoughts and behavior is addressed openly. Let the patient find the inner logic of suicidality.			
1.1.7	If necessary, earlier suicidal crises are addressed openly.			
1.1.8	If necessary, the most recent suicide attempt is addressed, openly from the first thoughts, to the decision and to the action.			
1.1.9	No notes are taken during the interview*.			
1.1.10	No interventions specific for other treatments are used*.			
1.1.11	An emergency card is handed to the patient.			
1.1.12	At the end of the session (1 or 2), the therapist introduces the homework text.			
Adherence percentage score = _____ %ADH = Total Yes (1) / Total # Items - # of NA items				

*Note "yes" for adherence.

1.2 ASSIP therapist COMPETENCE : Narrative Interview		not present (0)	partial present (1)	present (2)	N/A (X)
1.2.1	The narrative invitation is formulated as an open-ended question.				
1.2.2.	The therapist acts as an interested and attentive listener – both verbally and nonverbally.				

1.2.3	The therapist exhibits an empathic and nonjudgmental attitude (the patient is the expert of his/her own story).				
1.2.4	If necessary, the therapist uses open questions to address the biographical background of the patient's suicidality.				
1.2.5	If necessary, the therapist uses open questions to address earlier suicidal crises.				
1.2.6	If necessary, the therapist uses open questions to address the suicidal process, from the trigger (decision) to the suicide attempt.				
1.2.7	After the narrative, the therapist's questions focus on the issue of suicidality at all times.				
1.2.8	The therapist terminates the narrative by asking the patient if there is anything else he/she would like to add.				
1.2.9	The therapist validates the patient's effort to share his/her story.				
Ending the session					
1.2.10	The therapist ends the session openly by coming to a "here and now" perspective of suicidal thoughts and intent. He/she takes measures, if necessary to secure the patients safety.				
Competence percentage score = _____					
%COM = Total Yes (1) / Total # Items - # of NA items					

ASSIP Adherence and Competence Scale (ASSIP ACS)

Element 2: Video-Playback (2nd ASSIP session)

Start either session two or three by working through the homework text (see element 4). If not done after the first session *end* session two by introducing the homework text (see element 4).

2.1 ASSIP therapist ADHERENCE: Video-Playback		No (0)	Yes (1)	N/A (X)
2.1.1.	Patient and therapist sit side-by-side and together watch selected sequences of the recorded narrative.			
2.1.2	The therapist introduces the goal and the procedure of the video playback.			
2.1.3	The tape is played 2-3 minutes in order to enable the patient to adopt an observer perspective.			
2.1.4	The dialogues between the video sequences are limited in time (about 10 minutes), so the focus always returns to the narrative.			
2.1.5	Identity/Life-goals, needs and vulnerabilities, related to the suicide attempt(s), are addressed in a biographical context.			
2.1.6	The components of the suicidal mode are addressed (e.g., thoughts, feelings, behavior, and body).			
2.1.7	Long-term measures and (therapy) goals are addressed.			
2.1.8	Personal, suicide-specific warning signs are addressed.			
2.1.9	Individual suicide-specific safety strategies are addressed.			
2.1.10	Mental pain is addressed.			
2.1.11	No specific psychiatric or psychological interventions are made. The focus of the session remains on the issue of suicidality at all times (e.g. no anxiety or trauma therapy).			
Adherence percentage score = _____				
%ADH = Total Yes (1) / Total # Items - # of NA items				

2.2 ASSIP therapist COMPETENCE: Video-Playback		not present (0)	partially present (1)	present (2)	N/A
2.2.1	The patient is asked openly how he/she experiences the observer perspective.				
2.2.2	The background of the suicide attempt(s) is explored collaboratively. The therapist finds a common language with the patient.				
2.2.3	The suicidal process is analyzed step-by-step, so that trigger and warning signs can be uncovered, and strategies can be developed, collaboratively.				
2.2.4	The therapist ends the session openly with a “here and now” perspective of suicidal thoughts and intent. He/she takes measures, if necessary to secure the patients safety.				
Competence percentage score = _____					
%COM = Total Yes (1) / Total # Items - # of NA items					

ASSIP Adherence and Competence Scale (ASSIP ACS)
Element 3: Case Conceptualization (3rd ASSIP session)

If not done in the second session, *start* session three by working through the homework text (see element 4). *End* the session by introducing the goal and the procedure of the follow-up letters (see element 5).

3.1 ASSIP therapist ADHERENCE: Case Conceptualization		No (0)	Yes (1)	N/A (X)
3.1.1	Therapist and patient sit side by side, focusing on the therapist’s draft of the case conceptualization, on the computer screen.			
3.1.2	Introduction: The therapist explains the goal and procedure of the third session (case conceptualization)			
3.1.3	Changes in the case conceptualization are made directly on the screen.			
3.1.4	The template for the case conceptualization is based on the published manual.			
3.1.5	Background text: suicide-specific biographical vulnerability, life-goals, needs, and suicidal process are visible in the text.			
3.1.6	Long-term measures, warning signs, and safety strategies are included in the case conceptualization.			
3.1.7	The therapist and the patient sign the printed document.			
3.1.8	The therapist asks who should get a copy of the document. The case conceptualization is shared with the professional network of the patient (e.g. referral, long-term therapist).			
3.1.9	The Hope Leporello is created during the session, together with the patient, and handed to the patient.			
Adherence percentage score = _____				
%ADH = Total Yes (1) / Total # Items - # of NA items				

3.2. ASSIP therapist COMPETENCE: Case Conceptualization		not present (0)	partially present (1)	present (2)	N/A (X)
3.2.1	The therapist reads the draft to the patient in a collaborative manner and invites the patient to revise the text after each paragraph.				
3.2.2	Suicide-specific biographical vulnerability and needs can be identified in the text and are revised collaboratively				
3.2.3	The development of the suicidal process, and if applicable, a trigger, can be identified in the text and are revised collaboratively.				
3.2.4	The therapist makes a transition from the background to the safety strategies, by formulating a very short summary linking the two, starting with "We have seen that...".				
3.2.5	Long-term measures/(therapy) goals are specific and revised collaboratively.				
3.2.6	Suicide-specific warning signs are specific and are revised collaboratively.				
3.2.7	The acute and long-term safety strategies contain concrete items (self, others, names, phone numbers, etc.) and are revised collaboratively.				
3.2.8	The therapist addresses the last ASSIP element, the regular letters (see element 5).				
3.2.9	The therapist ends the session openly with a "here and now" perspective of suicidal thoughts and intent. He/she takes measures, if necessary to secure the patients.				
Competence percentage score = _____					
%COM = Total Yes (1) / Total # Items - # of NA items					

ASSIP Therapist Adherence and Competence Scale (ASSIP ACS) Element 4: Psychoeducational Handout (Homework)

4.1 ASSIP therapist ADHERENCE: Homework Text		No (0)	Yes (1)	N/A (X)
4.1.1	Time for the handout/homework is 15 min or less.			
4.1.2	The therapist takes the patient through the different sections, focusing on the patient's written comments.			
4.1.3	The theoretical concepts are put into the context of the patient's personal experience.			
Adherence percentage score = _____				
%ADH = Total Yes (1) / Total # Items - # of NA items				

4.2 ASSIP therapist COMPETENCE: Homework Text		not present (0)	partially present (1)	Present (2)	N/A (X)
4.2.1	The therapist asks openly the patient what the handout meant to him/her.				
4.2.2	The patient's contributions regarding warning signs and safety strategies are acknowledged.				
Competence percentage score = _____					
%COM = Total Yes (1) / Total # Items - # of NA items					

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Element 5: Follow-up Contact, Letters

ASSIP therapist ADHERENCE Follow-up letters		No (0)	Yes (1)	N/A (X)
5.1.1	The therapist gives an introduction to the goal and the procedure of the follow-up letters in the last session.			
5.1.2	The administrative requirements, to provide that the therapist can regularly send letters to the patients, are given.			
5.1.3	Semi-standardized letters are sent every three months in the first year, every six months in the second year.			
5.1.4	If patients give a short feedback, a short reply (email) is written or a note is added in the next letter.			
5.1.5	If patients contact the ASSIP therapist in a suicidal crisis, the ASSIP therapist is available or has a replacement.			
5.1.6	In case of a follow-up meeting, the focus lies on suicidal thoughts and behavior.			
5.1.7	No long-term therapy is provided in the follow-up. If further treatment is needed, the patient is referred to a crisis center, for in- or outpatient follow-up treatment.			
Adherence percentage score = _____				
%ADH = Total Yes (1) / Total # Items - # of NA items				