

# Ipsilon Research Meeting

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## ASSIP flex: Therapeutic Alliance and Perceived Self-Efficacy

**Hannah Pütz, Forschungskordinatorin Kompetenzzentrum Suizidprävention  
University Hospital of Psychiatry and Psychotherapy (UPD), Bern**



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# Relationship between Therapeutic Alliance and Perceived Self-Efficacy in the Treatment of Patients with Suicidal Behaviour

Frei, A., Aschenbrenner, L. M., Firnenburg, D., Cattapan, K., Michaud, L., Saillant, S., Olbrich, S., Werdin, S., Wyss, K., Sedlinska M. A., Walther, S., Gysin-Maillart, A



# Introduction

## Therapeutic Alliance and Self-Efficacy

- ASSIP: patient-centred, collaborative approach (Gysin-Maillart et al., 2016)
- Narrative opening leads to a better therapeutic alliance (Gysin-Maillart et al. 2016)
- High self-efficacy is associated with less suicidal ideation and behaviour (Li et al., 2024)
- Low perceived self-efficacy increases the risk of suicidal ideation and behaviour (Isaac et al., 2018)

→ How are therapeutic alliance and self-efficacy related?

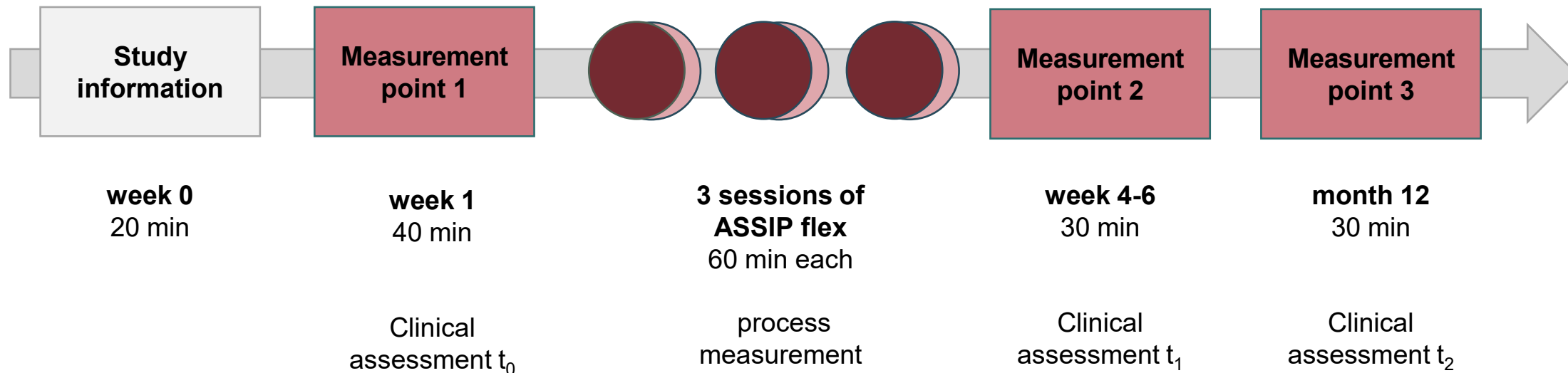
And how do they change when patients participate in ASSIP flex?

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# Method

## Goal and Design of the Study

Examines whether a positive therapeutic alliance is associated with higher perceived self-efficacy and lower suicidal ideation in suicidal patients



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# Methods

## Variables of Interest

- **Therapeutic alliance** (measured using Working Alliance Inventory –Short Revised, WAI-SR)
- **Perceived self-efficacy** (measured using General Self-Efficacy Scale, GSE)
- **Suicidal ideation and behaviour** (measured using Beck Scale for Suicidal Ideation, BSSI)

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# Results

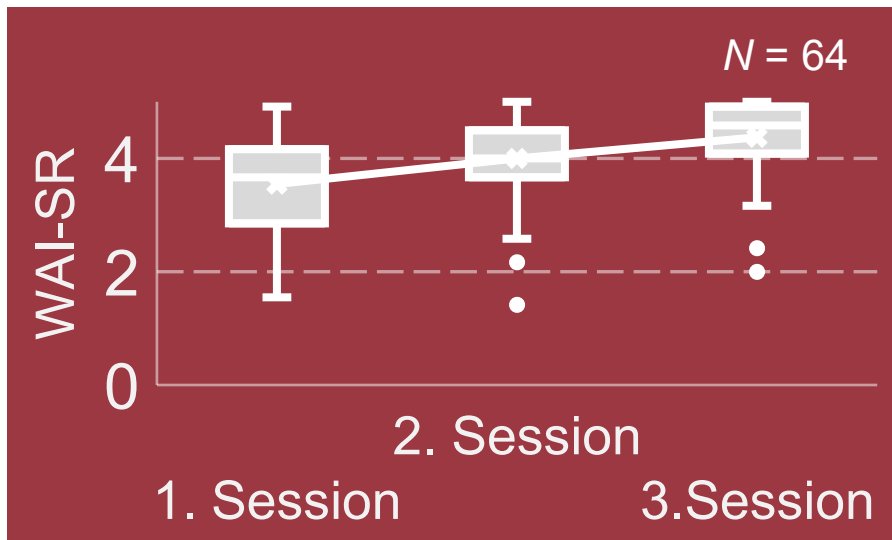
## Sociodemographic Characteristics ( $N = 64$ )

Gender $n(\%)$	female	33 (51.6%)
	male	31 (48.4%)
Age $M(SD)$ , range		39.62 (15.75), 19.00 – 83.00
Psychotherapeutic treatment $n(\%)$	no	7 (10.9%)
	yes	57 (89.1%)
	outpatient	21 (32.8%)
	day-clinic patient	2 (3.1%)
	inpatient	34 (53.1%)
Suicide-attempt method $n(\%)$	intoxication	36 (56.3%)
	cutting	18 (28.1%)
	strangulation	7 (10.9%)
	jumping	4 (6.3%)
	throw in front of an object	2 (3.1%)

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# Results

## Therapeutic Alliance | Perceived Self-Efficacy



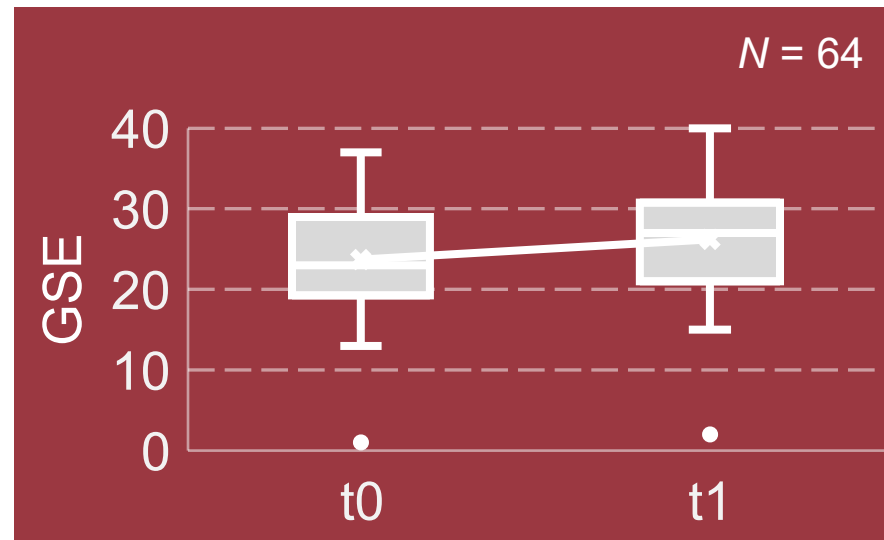
$$F_{1, 63} = 48.1, p < .001, \eta^2 = .4$$

**Session 1 to 2**

$$F_{1, 63} = 37.7, p < .001, \eta^2 = .4$$

**Session 2 to 3**

$$F_{1, 63} = 54.4, p < .001, \eta^2 = .5$$



$$t_{63} = -3.4, p < .001, d = 0.4$$

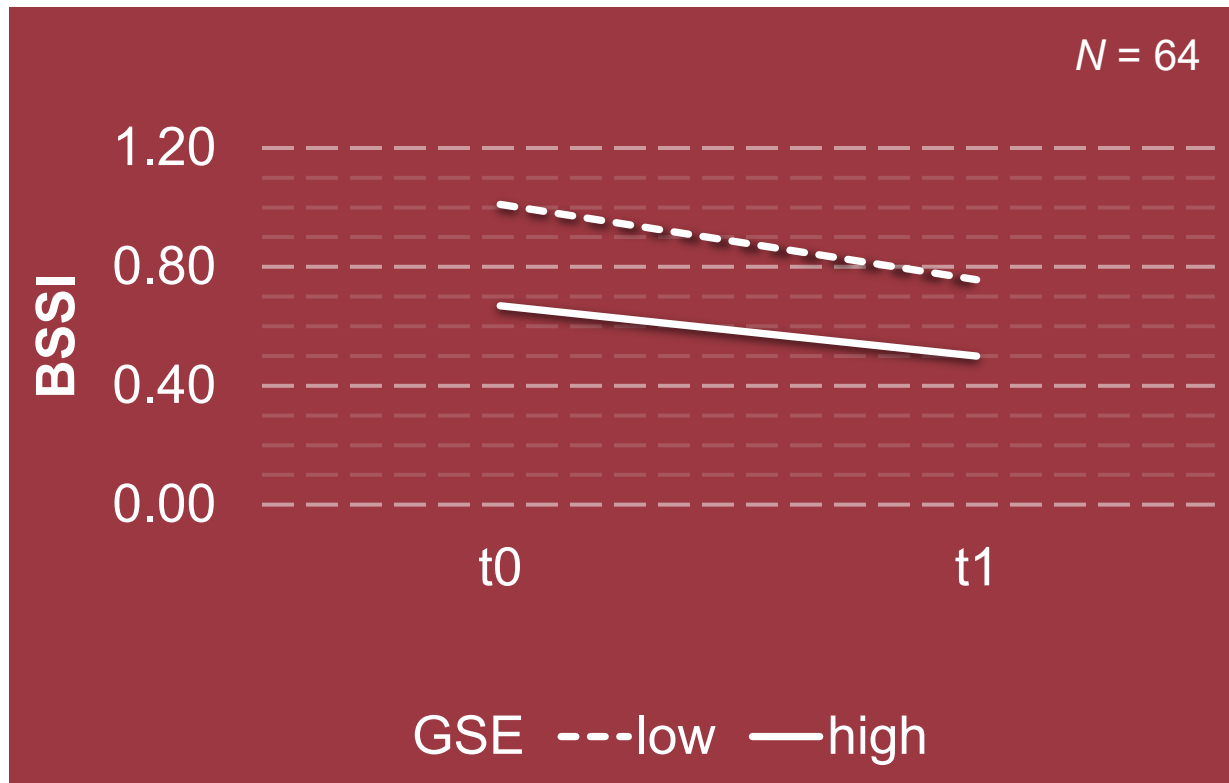
$t_0$  (before the intervention)

$t_1$  (after the intervention)

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# Results

## Suicidal Ideation and Perceived Self-Efficacy



### Time

$$F_{1, 63} = 17.7, p < .001, \eta^2 = .2$$

### GSE

$$F_{1, 63} = 8.8, p < .05, \eta^2 = .1$$

### Time \* GSE

$$F_{1, 63} = 1.4, p = .237, \eta^2 = .0$$

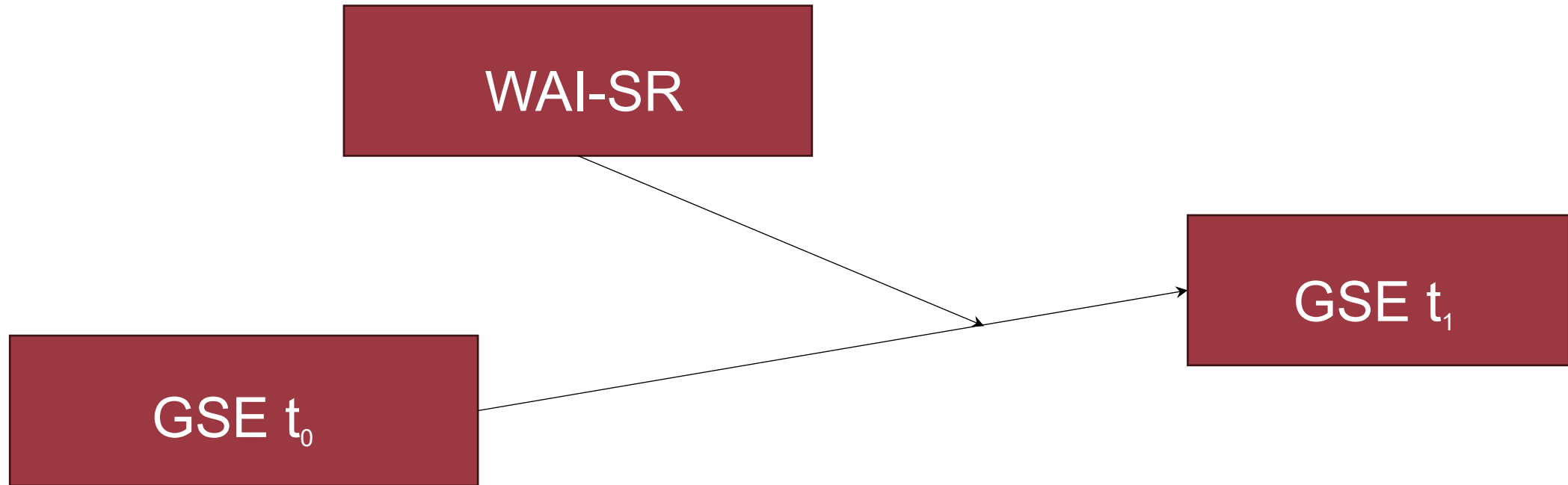
$t_0$  = before the intervention

$t_1$  = after the intervention

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# Results

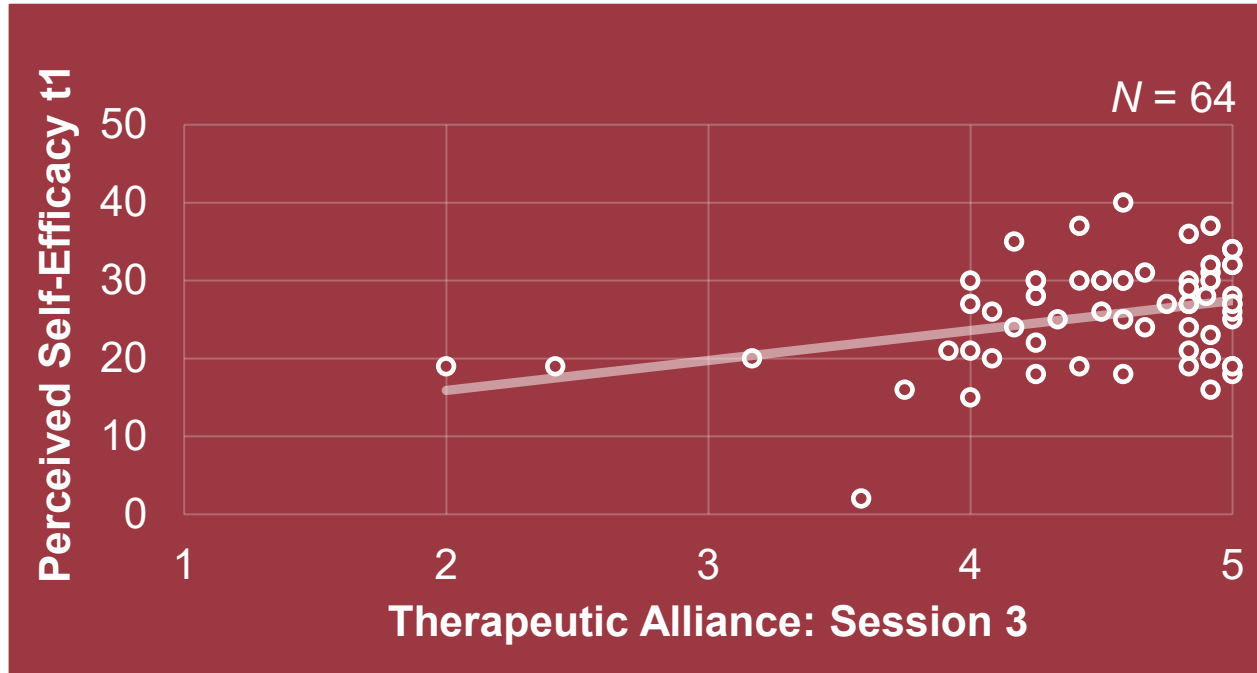
## Therapeutic Alliance as Moderating Factor



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# Results

## Therapeutic Alliance, Session 3



WAI-SR 3. Session  
 $b = 3.94, p < .01$

No statistically significant associations between therapeutic alliance in Sessions 1 and 2 and GSE after the intervention

# $u^b$ Limitations & Strengths

## Limitations:

- Observational design without control group → no conclusions regarding causality
- Based on self-report questionnaires
- Potential selection bias

## Strengths:

- Data collected from a clinical sample
- Long follow-up period (study still ongoing)
- Broad sample from four Swiss Kantone, including rural and urban settings, different clinical structures etc.

# Conclusion

- ASSIP flex is associated with increasing therapeutic alliance and increases in patients' perceived self-efficacy
- Preliminary evidence suggesting that therapeutic alliance as a moderating factor may potentially strengthen self-efficacy after therapy

## Outlook:

Follow-up data (12 months post intervention) will be collected by 12/2025

→ New results from longer-term follow-up are expected in 2026

# Contact

**Hannah Pütz**

[hannah.puetz@unibe.ch](mailto:hannah.puetz@unibe.ch)

+41 58 630 64 65



**Thank you for your attention!**