



Mayo School of Continuous Professional Development

Aeschi West:

Basic Principles in Working with Suicidal Adults

The Suicidal Patient and the Aeschi Philosophy

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Aeschi Philosophy

A short Aeschi narrative

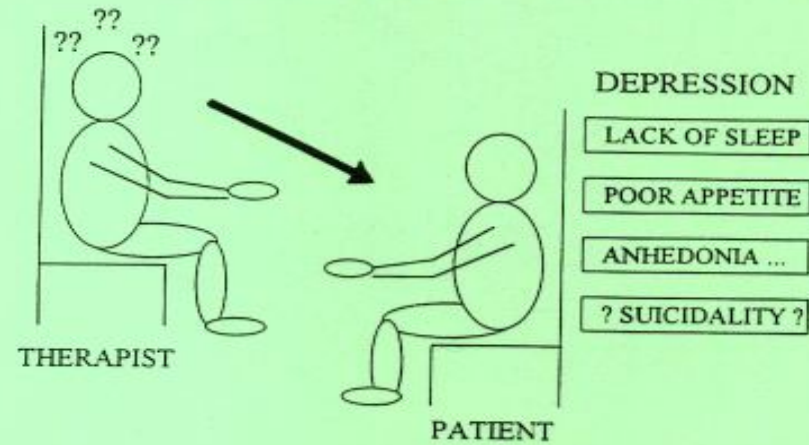
- Personal background
- 1st crucial encounter
 - L. Valach
- 2nd crucial encounter
 - DA Jobs
- 3rd crucial encounters
 - 1st Aeschi Conference 2000
 - Aeschi Working Group
- Aeschi Conferences 2000-2011

Does a Shared Model of Understanding Improve Therapeutic Alliance?

- A narrative interviewing style is associated with a better therapeutic alliance
 - (Penn Helping Alliance Questionnaire)
- Acknowledging life-career issues is associated with a better therapeutic alliance

Michel K, Dey P, Stadler K, Valach L: Therapist sensitivity towards emotional life career issues and the working alliance with suicide attempters. 2004

TRADITIONAL "MEDICAL" MODEL



COLLABORATIVE APPROACH

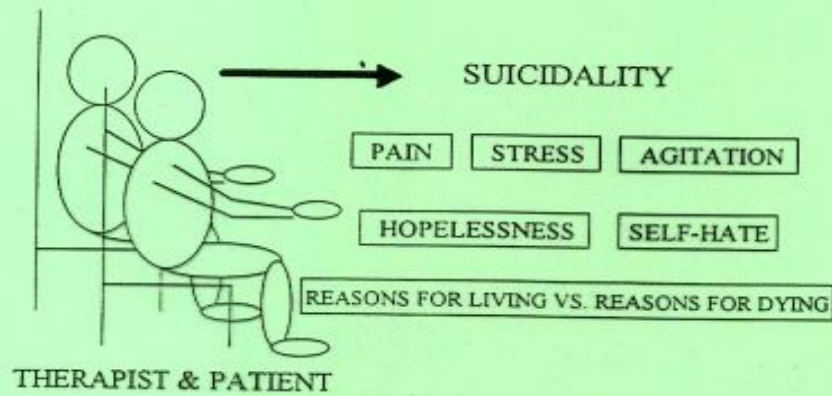


Figure 1. Traditional (medical model) assessment of suicide risk versus Collaborative Assessment and Management of Suicidality (CAMS).

Aeschi Working Group (2000)



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Aeschi Philosophy

Guidelines for clinicians (2002)

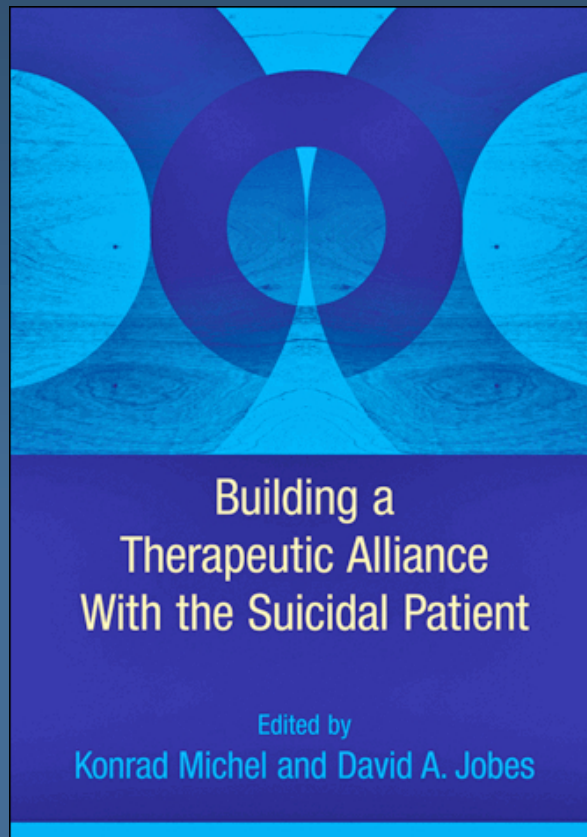
Discovering the Truth in Attempted Suicide, American Journal of Psychotherapy 2002.

- Even in a first encounter with a suicide attempter, health professionals should seek to develop a therapeutic relationship
- Only in a collaborative interviewing style can a basis for a working alliance be established

Aeschi Philosophy

Guidelines for clinicians (2002)

- To listen to the patient
- To explore the intrasubjective meaning of the act together with the patient



AUTHORS

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American Psychological Association 2011

Aeschi Principles

- Understanding – and treating – suicidality as a symptom of psychiatric disorder (depression) is not enough
- Clinical factors (depression, etc.) are important risk factors, but they do not explain the logic of the suicidal process
-
- Suicide stories are extremely individual

Aeschi Principles

- The aim is to reach a shared understanding of the patient's suicidality
- Theories are useful/necessary in order to develop models for therapy
- There is not one single theory that can explain suicide

Aeschi Conference Cat

“This is all very nice, but it is not new...”



Aeschi Principles

- “Right”
- “It is what used to be called “good clinical practice”

AESCHI: Beyond Good Clinical Practice

- Forum for professionals involved in clinical suicide prevention
- Presenting, sharing and discussing patient-oriented concepts of suicidality
- Working on improving clinical suicide prevention as a never ending task

Aeschi Principles

Some related concepts

- *Psychodynamic Therapy*
 - Empathic connection with the patient
 - Countertransference hate in the treatment of suicidal patients (Maltzberger and Buie 1974)
 - Concept of validation (Schechter, 2007; Schechter & Goldblatt, 2011)

Aeschi Principles

Some related concepts

- ***Attachment Theory, Mentalization***
 - The Secure Base (Bowlby, 1981)
 - Secure attachment relationships are the basis for mentalizing interactions (Allen, Fonagy, & Bateman, 2008)

Aeschi Principles

Some related concepts

- ***Cognitive Therapy***
 - Vulnerability and the suicidal belief system (Rudd, 2006)
 - Concept of modes (Beck, 1996; Rudd, 2000)
 - Safety planning (Stanley & Brown, 2010)

Aeschi Principles

Some related concepts

- ***Action Theory and Narrative***
 - Actions are best understood in the context in which they develop.
 - Actions are explained and understood through narratives

Aeschi Principles

Some related concepts

- **The Collaborative Assessment and Management of Suicidality (CAMS)**

(Jobes, 2006)

- A co-authored treatment plan
- Suicide Status Form (SSF)

- Jobs 2012, Suicide and Life-Threatening Behavior

Suicide Status Form-SSF II-R (Initial Session)

Patient: _____ Clinician: _____ Date: _____ Time: _____

Section A (Patient):

Rate and fill out each item according to how you feel right now.
Then rank in order of importance 1 to 5 (1=most important to 5=least important).

Rank _____

1) RATE PSYCHOLOGICAL PAIN (hurt, anguish, or misery in your mind, not stress, not physical pain):
Low pain: 1 2 3 4 5 :High pain

What I find most painful is: _____

2) RATE STRESS (your general feeling of being pressured or overwhelmed):
Low stress: 1 2 3 4 5 :High stress

What I find most stressful is: _____

3) RATE AGITATION (emotional urgency; feeling that you need to take action; not irritation; not annoyance):
Low agitation: 1 2 3 4 5 :High agitation

I most need to take action when: _____

4) RATE HOPELESSNESS (your expectation that things will not get better no matter what you do):
Low hopelessness: 1 2 3 4 5 :High hopelessness

I am most hopeless about: _____

5) RATE SELF-HATE (your general feeling of disliking yourself; having no self-esteem; having no self-respect):
Low self-hate: 1 2 3 4 5 :High self-hate

What I hate most about myself is: _____

N/A 6) RATE OVERALL RISK OF SUICIDE: Extremely low risk: 1 2 3 4 5 :Extremely high risk (will kill self)

1) How much is being suicidal related to thoughts and feelings about yourself? Not at all: 1 2 3 4 5 : completely
2) How much is being suicidal related to thoughts and feelings about others? Not at all: 1 2 3 4 5 : completely

Please list your reasons for wanting to live and your reasons for wanting to die. Then rank in order of importance 1 to 5.

Rank	REASONS FOR LIVING	Rank	REASONS FOR DYING

I wish to live to the following extent: Not at all: 0 1 2 3 4 5 6 7 8 : Very much
I wish to die to the following extent: Not at all: 0 1 2 3 4 5 6 7 8 : Very much
The one thing that would help me no longer feel suicidal would be: _____

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Aeschi Principles

Some related concepts

- ***ASSIP - Attempted Suicide Short Intervention Program*** (Gysin-Maillart & Michel, 2013)

- Narrative interview
- Video-Playback
- Identification of vulnerability and triggers
- Safety planning
- Mini exposure (video)
- Regular letters over 2 years

		N	Attempts
6 months	EG	44	1
	CG	41	13
12 months	EG	53	2
	CG	48	15

AESCHI in a NUTSHELL

So, AESCHI is about

- patient-oriented (as opposed to theory-driven) approaches to the suicidal individual
- empathic, collaborative therapeutic and preventive interventions for suicidal patients
- respecting the individuality of each suicidal patient



Aeschi West, Sonnenalp Resort, Vail, Colorado



Thank you for your attention

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