

## Therapist Fidelity Rating Procedure for the Attempted Suicide Short Intervention Program (ASSIP)

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Objectives: 1) To describe therapist fidelity rating forms developed for use with the Attempted Short Intervention Program (ASSIP); 2) To describe the procedures used in developing these rating forms and their application in an ongoing research study.

The Attempted Suicide Short Intervention Program (ASSIP) is [a brief](#) psychotherapy intervention for patients who have made a recent suicide attempt, with a goal of preventing suicide reattempt. A randomized controlled trial (RCT) of ASSIP by its developers (Gysin-Maillart, Michel) showed that subjects randomized to ASSIP plus treatment as usual (TAU) were at 80% lower risk for suicide reattempt over 24-month follow-up compared to TAU controls (N=120).

Building on this work, a treatment development study (Conner, PI) is underway to adapt ASSIP for short-term administration to patients during acute hospitalization following suicide attempt, and to adapt the intervention for use with ASSIP patients with alcohol or drug use problems. For the ongoing study, rating forms were created to assess therapist fidelity to each ASSIP session including session one (eliciting the narrative story of the attempt), session two (guided review of narrative story using video playback), session three (review of homework, case formulation, and prevention planning), and session four which is delivered following hospital discharge (check-in with progress, guided rehearsal using video playback).

The therapist fidelity ratings were created by the authors based on the ASSIP manual, the authors' collective experience in psychotherapy research, input from consultant experts, and written examples provided by psychotherapy research colleagues. The fidelity rating form for each ASSIP session is 12 to 16 items in length, with each item scored 0 (absent), 1 (partially completed), or 2 (completed).

The rating forms are divided into two sections: 1) Adherence to technical aspects of the intervention (sample item from session one, *Interview starts with the "narrative invitation", in which the clinician expresses interest in understanding the patient's story*), and 2) Competence in skillful delivery of the intervention (sample item from session one, *Trusts the patient's "narrative competence", for example does not unduly interrupt the patient's narrative*). Each form also contains 1-2 items assessing if the therapist addressed the role of substance use (sample item from session one, *If role of substance use not raised by the patient, therapist asks about it in an exploratory and non-accusatory manner*).

For the ongoing study, an investigator who has been trained in ASSIP but is not involved in data collection (Goldston) is generating fidelity ratings for a subsample of ASSIP therapy cases which are being used to provide feedback to ASSIP therapists to promote their fidelity to the intervention. These fidelity data will also be analyzed when data collection is complete to assess overall adherence to the intervention during the course of the project.