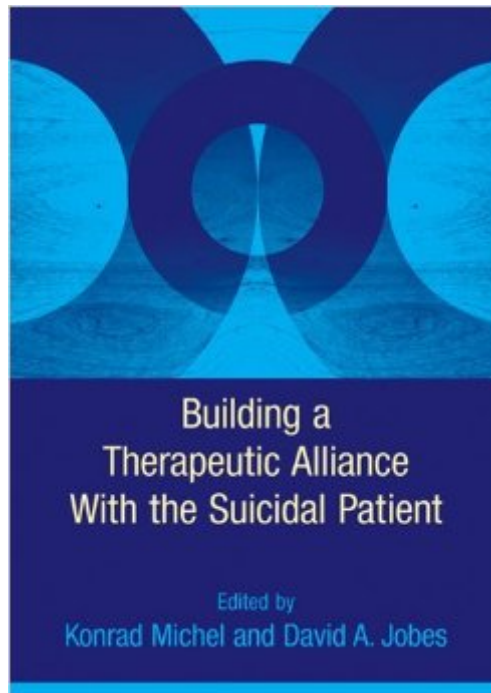


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# Building A Therapeutic Alliance With The Suicidal Patient



## Synopsis

The quality of the therapeutic alliance is a well-established factor for successful therapy process and outcome. When it comes to treating suicidal patients, a strong therapeutic alliance can quite literally save a person's life. In this book, editors Konrad Michel and David A. Jobes have enlisted an elite group of clinicians and researchers to explore what has become known as the "Aeschi approach" to clinical suicide prevention. According to this view, mental health professionals working with patients at risk for suicide must recognize a fundamental conflict at the heart of good clinical practice: while they are experts in the assessment of disorders of mental health, when it comes to the patient's story, the patient is the expert. Any successful intervention with a suicidal patient must therefore be based on an empathic understanding of suicidal thoughts and behavior that honors the patient's very personal perspective. This exceptional volume addresses a wide range of issues, from the principles and method of establishing a working alliance, to patient-oriented therapeutic models, to practical clinical matters such as the therapeutic alliance within specific treatments across theoretical orientations. Most importantly, this book provides essential guidance for clinical suicide risk reduction that may help save lives.

## Book Information

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## Customer Reviews

Most clinicians do not have training in suicide assessment or treatment (Oordt et al.) That was until now. With the new book, *Building a therapeutic alliance with the suicidal patient*, has much to offer to clinicians willing to work with this population. The best thing about this book is that it is easy to read, without a lot of psychological jargon. Its principles are to acknowledge the patient to let him or

her tell their story of why they want to end their life without criticism or judgment. This book also provides some empirical treatment shown to help suicidal patients such as DBT, transference focused therapy, and mentalization. It also includes Jobes' work of the CAMS model (Collaborative Assessment and Management of Suicidality) that uses the SSF (suicide status form; Jobes 2006 for more information). This book also bridges the gap between all modes of therapy, from cognitive to psychodynamic to form a treatment modality that can help someone in great pain. In the conclusion chapter, Jobes and Konrad hit the nail on the head as the struggle for clinicians to respond, to listen, to be trained, as well as to pass off a suicidal client is still present. Research is stopped by IR B's that fail to take on the liability at the RTC with this population. In fact most RTC's still excludes those with suicidal ideas or are at high risk for suicide.

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