



A Case of Suicide Attempt Treated With Attempted Suicide Short Intervention Program

Hong-Shik Chun¹, Konrad Michel², and Kyoung-Uk Lee¹ ✉

¹Department of Psychiatry, Uijeongbu St. Mary's Hospital, College of Medicine, The Catholic University of Korea, Seoul, Republic of Korea

²University Hospital of Psychiatry and Psychotherapy, University of Bern, Bern, Switzerland

Dear Editor,

We present a case study highlighting the successful application of the Attempted Suicide Short Intervention Program (ASSIP) for a patient following a suicide attempt. Ethical approval for this study was obtained from the Institutional Review Board (IRB) of Uijeongbu St. Mary's Hospital, College of Medicine, The Catholic University of Korea (IRB approval code: 2023-2226-0001). Informed consent was obtained from the patient for the publication of this case report.

The patient, a 52-year-old married male patient managing a trading company in China, was admitted to the emergency department. His depression had intensified after discovering his son's involvement in substantial gambling debts amounting to 250 million KRW. About two months earlier, he experienced a suicidal impulse during a dispute with his wife and son over financial matters, leading to feelings of resentment and hopelessness towards his family. On the day of his emergency room admission, he attempted suicide by ingesting cleansing substance Lysol along with three bottles of alcohol.

The intervention comprised four sessions of the ASSIP program. In the initial session, the patient engaged in narrative storytelling, with the process being video-recorded. He shared his psychological distress and overwhelming despair, revealing a sense of insignificance within his family dynamics. He confessed to feeling devoid of purpose and expressed a desire for death due to the perception of being a burden to his family. The Suicidal Status Form (SSF)-III score after this session was 41 points which indicated severe distress. During the second

session, both the patient and therapist reviewed the recorded narrative interview from the first session, allowing a controlled reimmersion into the patient's suicidal thoughts. The patient disclosed that his suicidal ideation was tied to a feeling of being overshadowed by the monetary value attributed to him by his family. At the session's conclusion, the patient received a psychoeducational handout titled "Suicide is not a rational action."

In the third session, the therapist engaged in a discussion with the patient regarding his reflections on the handout. Collaboratively, they identified vulnerabilities and triggering events using case formulation sheet. His neglected childhood due to parental work commitments and the responsibility of caring for a sibling with cerebral palsy had left deep scars. Subsequent experiences of bullying and violence at school further eroded his self-esteem. Being ignored by family triggered memories of childhood neglect, reviving suicidal tendencies. Warning signs like negative thought patterns, family conflicts, insomnia, and alcohol use were identified. Together, they formulated long-term goals, including reducing alcohol consumption, rebuilding family relationships through improved communication with his son, and participating in Cognitive Behavioral Therapy for sleep. Safety strategies, including engaging in activities like watching YouTube videos, exercising, walking, and practicing mindfulness meditation, were established. In the fourth session, the patient revisited the recorded video, voluntarily reimmersing himself in the "controlled reimmersion" state of his suicidal mode. Therapist and patient jointly evaluated the efficacy of safety strategies, making necessary adjustments. Following the completion of the treatment, the SSF-III score decreased significantly from 41 points in the initial session to 12 points, with the patient reporting a complete absence of suicidal ideation.

Not only is South Korea's suicide rate significantly higher compared to other countries, but according to a 2020 survey by the Ministry of Health and Welfare, 33.2% of suicide at-

Received: August 17, 2023 **Accepted:** October 23, 2023

✉ **Correspondence:** Kyoung-Uk Lee, MD, PhD

Department of Psychiatry, Uijeongbu St. Mary's Hospital, College of Medicine, The Catholic University of Korea, 222 Banpo-daero, Seocho-gu, Seoul 06591, Republic of Korea

Tel: +82-31-820-3609, **Fax:** +82-31-847-3630, **E-mail:** mindcure@catholic.ac.kr

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tempters reportedly had plans for reattempting suicide within 6 months, indicating a heightened risk of suicide reattempts.^{1,2} While approaches such as government-led emergency room-based case management programs are widely implemented to mitigate high suicide rates in South Korea, effective and feasible psychological intervention programs for preventing suicide reattempts are not currently available.³

Given such circumstances, the structured interview approach of ASSIP for outpatient individuals could potentially serve as a novel therapeutic option. Coincident with the previous studies,^{4,5} suicidal ideation and risk have been reduced in our patient after the ASSIP treatment. Specifically, the patient, in this case report displayed a marked reduction in suicidal risk scores from 41 at the initial ASSIP session to 12 at the end of treatment, indicating a low likelihood of repeated suicidal behavior.

The advantages of ASSIP can be described as follows. Firstly, ASSIP directly addresses the issue of “suicide,” allowing the patients to gain a cognitive understanding of their psychological processes leading to their suicidal crisis in relation to the current event. Secondly, through case formulation, ASSIP enables the patients to identify their desired aspirations reflecting on their overall life, and recognize vulnerabilities and warning signs. Thirdly, ASSIP helps the patients to set short-term and long-term goals for their life, providing an opportunity for reconsidering the reasons and values to pursue in life. Additionally, through safety planning, the patients can establish a manualized action plan to deal with suicidal thoughts and have confidence in their new coping strategies.

However, the therapist also confronted some challenges in the ASSIP therapy sessions. Firstly, patients often exhibited resistance to initiating or continuing ASSIP therapy due to discomfort in discussing their suicide event, leading to issues with treatment compliance. Secondly, some patients experienced emotional breakdowns and heightened distress when confronted with re-exposure to their suicidal crisis, raising ongoing concerns for their safety. In this case, the patient mentioned the worsening of suicidal ideation due to the recollection of being ignored by family members during the second session. Then, the therapist provided support by encouraging him to express emotions fully and used grounding techniques to help him stay present and calm down. The therapist also informed him that if suicidal thoughts persisted after the session, he should visit the emergency room for immediate assistance. Based on this, it appears that for patients with a high suicidal risk during the initial ASSIP session, it is desirable to

assess the suicidal thought repeatedly during subsequent sessions and consider hospitalization if necessary.

In conclusion, the ASSIP program emerges as a valuable solution for individuals who have attempted suicide. Its structured approach, encompassing narrative therapy, controlled reimmersion, case formulation, and safety planning, offers an effective strategy to mitigate suicidal tendencies. Given South Korea’s distinct challenges in managing its high suicide rates, ASSIP presents itself as a promising tool within suicide prevention programs, offering hope for improving outcomes for this vulnerable population.

Availability of Data and Material

Data sharing not applicable to this article as no datasets were generated or analyzed during the study.

Conflicts of Interest

The authors have no potential conflicts of interest to disclose.

Author Contributions

Conceptualization: all authors. Investigation: all authors. Methodology: all authors. Project administration: Hong-Shik Chun, Kyoung-Uk Lee. Resources: all authors. Supervision: Konrad Michel, Kyoung-Uk Lee. Validation: all authors. Writing—original draft: Hong-Shik Chun, Kyoung-Uk Lee. Writing—review & editing: Konrad Michel, Kyoung-Uk Lee.

ORCID iDs

Hong-Shik Chun <https://orcid.org/0000-0002-9943-0427>
Konrad Michel <https://orcid.org/0000-0003-0725-5383>
Kyoung-Uk Lee <https://orcid.org/0000-0002-4505-9722>

Funding Statement

None

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