Most recent estimates indicate that over 25 nonfatal suicide attempts occur for every death by suicide. This number is even more staggering when coupled with the knowledge that a prior nonfatal attempt is one of the most reliable predictors for a future attempt. Michel & Gysin-Maillart recognize the need for interventions tailored to meet the immediate needs of attempt survivors, and the Attempted Suicide Short Intervention Program (ASSIP) provides a time-limited option that targets not only the factors contributing to the suicidal crisis, but also the need for interpersonal connection after the crisis occurs.

ASSIP consists of four sessions, each with its own specific aim. The first session involves a video-recorded narrative interview in which the attempt survivor tells the story leading up to the attempt in order to highlight vulnerabilities and trigger events. During the second session, the attempt survivor and the therapist watch a playback of the narrative interview while identifying key issues to restructure the survivor’s personal narrative of the event. The third session uses information garnered during the previous session to develop a safety plan to prevent future behavior. The fourth session re-exposes the attempt survivor to the recorded narrative interview so that he or she can practice the strategies developed in the previous session. Finally, a therapist follows up these sessions periodically over the next two years using standardized letters in order to maintain the relationship and, if needed, provide easy access to professional help.

A primary strength of this intervention is that it is grounded in evidence-based theory and practice. ASSIP pulls from cognitive-behavioral theory, attachment theory, and the collaborative assessment and management of suicidality (CAMS) approach. The ongoing contact over the course of two years following the intervention also integrates emerging research indicating the follow-up contact, although a small effort, can cause large reductions in future attempts. Michel & Gysin-Maillart also recognize the different cultural contexts in which suicide occurs and place their ASSIP within the broader prevention strategies set forth by the World Health Organization. This manual also acknowledges several challenge areas that may arise when using ASSIP and offer suggestions for how to navigate them.

A limitation acknowledged by the authors highlights that long-term contact with the same clinician may not be possible, and their solution is to rely on a crisis team or mental health center for distributing follow-up letters. However, this option fails to recognize the immense benefit that could occur in the form of family and peer support. Relatively minimal effort could be used to help attempt survivors establish a confidant within their social network that could provide an added layer of support over the next two years. This confidant could help monitor triggers, recognize warning signs of an approaching crisis, and provide another secure base that is more immediately available than a therapist. Another shortcoming of this approach is that empirical testing is still underway; however, the authors end the manual by stating that results from a randomized controlled study should be available this year (2015).
Overall, this manual is an important step in providing brief interventions for attempt survivors immediately following a suicidal crisis, and it provides tangible efforts to clinicians who may not feel equipped to help them.