EXPLORING THERAPEUTIC FACTORS IN EMERGENCY CONSULTATION FOR SUICIDALITY – A QUALITATIVE INQUIRY

Background:
Clinicians assessing for suicidality in the Emergency Department (ED) are aiming to manage risk while providing a therapeutic experience for the patient. The assessment itself may contain psychotherapeutic properties that may contribute to positive outcomes such as reduced psychological distress and hospitalization and increased engagement in further care. No studies to date have focused on the specific processes at play during these critical clinical encounters.

Method:
A qualitative inquiry into nine emergency psychiatrists’ perspectives regarding the psychotherapeutic properties of ED suicide assessment. Interpretative phenomenological analysis is used, and preliminary results will be presented.

Results:
The qualitative inquiry provided important preliminary insight regarding this high-stake application of psychotherapy principles. Early results suggest an approach that includes empathy and kindness focused on responsiveness to the unique individual needs at the time of presentation. Themes reflected psychiatrists’ use of different therapeutic stances that are carefully chosen with the objective to meet the patient where they are, and to respond to their immediate needs.

Conclusion:
A therapeutic consultation remains one of the psychiatrist's most invaluable tools with suicidal patients in the ED. The clinician's empathy and responsiveness may be primary therapeutic skills for reducing a patient's distress, instilling hope, and fostering engagement in care. Further research is needed to develop better understanding of the mechanisms by which psychotherapeutic skills and processes are integrated in acute care.