Acceptability, Appropriateness, and Feasibility of a Training Module Targeting Clinicians' Negative Emotional Responses to Suicidal Patients: A Pilot

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BACKGROUND

- Clinicians' negative emotional responses may nonverbally convey discomfort, frustration, judgment, or withdrawal, especially when working with high-risk patients.
- Suicidal patients may be especially sensitive to perceived rejection or invalidation.
- Therefore, recognizing and managing these responses is critical to improving empathic communication and therapeutic alliance.
- Our lab developed a training module providing brief psychoeducation on clinicians' negative emotional responses to suicidal patients and evidence-based skills for managing them during clinical interactions.

RESEARCH QUESTIONS

1. Do participants find the Emotional Response Training Module appropriate, feasible, and acceptable to incorporate in their training working with high risk suicidal patients?
2. Do participants find the Emotional Response Training Module content and structure satisfying or are there further feedback on the delivery of the content?

METHODS

1. N = 10 graduate students, 21 – 38 years old (M =26.30, SD = 4.97), 8 with direct clinical interaction, 4 White, 1 Black, 5 Asian, and 6 Female.
2. After providing consent, participants completed the demographic survey, the module, and post-module implementation measures via Qualtrics.
3. Acceptability, appropriateness, and feasibility were assessed using the Acceptability of Intervention Measure, Intervention Appropriateness Measure, and Feasibility of Intervention Measure (AIM/IAM/FIM; Weiner et al., 2017).
4. Participants were also encouraged to provide further suggestions and thoughts on the module in the text box to help improve the module content or delivery method.

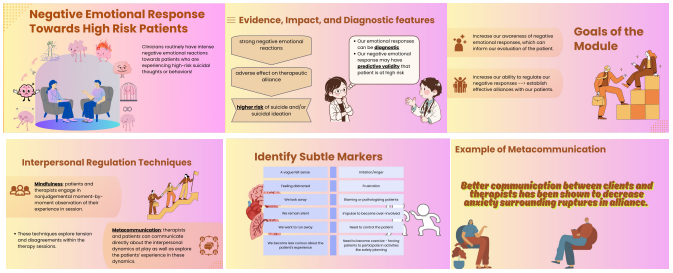


Image 1. Selected slides of the training module

"The training video was helpful in providing information about an understudied and rarely discussed aspect of developing and maintaining a therapeutic alliance with high risk patients." ~ Anonymous participant

"It may be helpful to provide more context about negative emotional responses (perhaps destigmatizing this) in the beginning, as the current structure seems to push the viewer directly into the content." ~ Anonymous participant

"While I think the training video is good in a lot of ways like encouraging clinician emotional regulation to some extent I do believe it doesn't really cover the stress aspect very well." ~Anonymous participant

"I would add a supervisor follow-up with the clinician to check on the clinician's emotional well-being and to know how the clinician approaches the situation." ~Anonymous participant

"More time devoted to going to the measure shown in the middle of the video would have been nice." ~ Anonymous participant

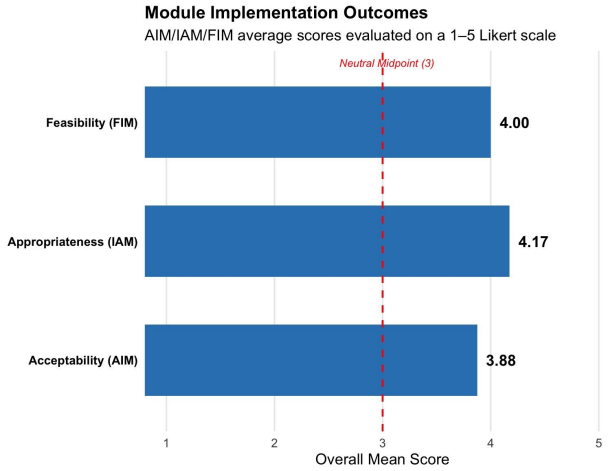


Image 2. Module Implementation Outcomes This image contains the average scores of acceptability, appropriate, and feasibility of the training module.

DISCUSSION

- Textbox feedback were positive in supporting the module's perceived relevance, particularly its focus on an understudied aspect of clinicians' experiences when working with suicidal patients.
- Participants suggested 1) addressing clinician stress and pressure during high-risk encounters, 2) providing greater context to normalize negative emotional responses, and 3) incorporating additional opportunities for supervision or follow-up.
- These findings provide support for the module as a potentially useful training resource and identify specific areas for refinement prior to further evaluation.

LIMITATIONS

- Very small sample, consisted of psychology graduate students; limited generalizability to practicing clinicians and other professionals.
- Results were based on self-reported perceptions immediately following the module and therefore do not establish whether training changes clinicians' emotional responses or clinical behavior.

FUTURE DIRECTIONS

- Discuss with broader team on the whether clinician's stress and pressure during high-risk encounters, including strategies for managing these responses in the moment should be included.
- Discuss with broader team on whether to include introductory context of normalize and destigmatize negative emotional responses and clarify how these responses may arise during suicide-focused clinical encounters.
- Consider incorporating supervisor follow-up or reflective supervision to support clinicians' emotional processing after challenging encounters.

REFERENCES

- Weiner, B. J., Lewis, C. C., Stanick, C., Powell, B. J., Dorsey, C. N., Clary, A. S., Boynton, M. H., & Halko, H. (2017). Psychometric assessment of three newly developed implementation outcome measures. *Implementation science : IS, 12*(1), 108. https://doi.org/10.1186/s13012-017-0635-3