

MORE THAN SAFETY

Staff who work on mobile crisis teams or in intake and emergency departments have brief but critical interactions with people experiencing suicidal distress.

Even when you only have a short time to interact with a person, you can use the prevention-oriented risk formulation, as Dr. Tony Pisani recently shared while walking through Rome, Italy, in a 10-minute refresher.

Here are four key strategies to help you implement prevention-oriented risk formulation in a short window of time.

1. **Repeatable structure:** Use the eight categories on the left side the same way every time and you will find that organizing your thinking becomes much quicker.
2. **Select key information:** Each category only requires one or two sentences. The most important one to spend time on is strengths and protective factors because that is where you capture what's unique about this person. This is key for providing a frame that will help the team think about this person as a whole without reducing them to their diagnosis or behavior.
3. **Foreseeable changes > Risk Status and Risk State:** Prioritize identifying foreseeable changes and developing a contingency plan for each that utilizes the available resources. This gives a person and their support networks a specific plan for what to do if things get worse.
4. **For reassessment, note changes:** This applies to follow-up visits after a full risk formulation. This stage is about scanning the eight categories and noting down: "what's changed?" and how you responded to it. For example, you would note a stressor that is more intense, a foreseeable change that is more imminent, or a new symptom.

These four steps give you an efficient, repeatable approach for understanding and responding to suicidal distress.

