Risk formulation and safety planning for women patients in a high secure context: The Understanding Survival Formulation Framework (USFF)

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Introduction

The National High Secure Healthcare Service for Women (NHSHSW) is a 50 bedded unit which cares for women who present with challenging behaviour that poses a grave danger to others and may also feature an ongoing risk of suicide and severe life-threatening and/or life-changing self-harm. This phenomena of 'dual harm' (Slade, 2019) reflected in the co-existing risk of self-harm and violence, can present a tension between safely managing risk (to self and others) and avoiding overly restrictive responses (Beryl & Lewis, 2022). The service is thus committed to reducing the risk of suicide and self-harm, whilst also reducing restrictive practice. Experiences of developmental trauma are extremely prevalent in the patient population (Longdon, Beryl & Siddall, 2020), and as such the service strives to work in a trauma-informed way. In an effort to better respond to the risk of self-harm and suicide in an effective and trauma-informed way, a new formulation template and process was developed. This 'Understanding Survival Formulation Framework' (USFF) was developed in accordance with NICE guidance for self-harm and recommendations from the National Confidential Enquiry into Suicide and Safety in Mental Health (2021) that risk assessment tools and scales should not be seen as a way of predicting suicidal behaviour, and that risk formulation should include a psychosocial assessment, therapeutic elements and identify target problems. The USFF is informed by the Compassion Focused Therapy (Gilbert, 2010) approach and the Power Threat Meaning Framework (Johnston and Boyle et al., 2018), which is a formulation framework that can be used to understand the needs of people who behave in challenging ways. The USFF aims to support patients and clinicians in working together to develop a trauma-informed and individualised understanding of a patient's particular risks. This contributes to care and safety plans and is stored in the Electronic Patient Record (EPR) which can be accessed and updated by the multidisciplinary clinical team in response to the dynamic nature of suicide, self-harm, and violence. The inclusion of this formulation template in the EPR replaced the previous system of storing suicide and self-harm formulations in patients' paper-based Single Healthcare Records, enhancing accessibility for all clinicians and allowing for more multidisciplinary input into the revision of these formulations. Formulation should be considered an iterative process, and this is especially important with risk formulation so that changes can be made in light of new information, to provide an up to date and accurate formulation of risk. This formulation template aims to provide a holistic view of the patient, which is not reliant on actuarial tools, and seeks to involve the patient in the construction of the formulation, giving them a voice in the process, which is in keeping with trauma-informed principles (SAMHSA, 2014) and best practice regarding risk management (Safer Services Toolkit, 2022; Graney et al., 2020). The below figure illustrates the headings of the USFF. A USFF guidance document offers examples for each of the elements, and in the below figure a few such examples are offered for illustrative purposes.

Understanding Survival Formulation Framework Template

What happened to you?

This reflects adverse experiences across the lifespan, for instance trauma; losses; bereavements; separations from carers/partners/children; abuse; bullying; hospitalisations; accidents; being in care; mental health difficulties; relationship difficulties; addictions; domestic violence; powerlessness; lack of supportive boundaries; difficulties related to race/gender/sexuality/class/socio-economic status. This would also include the impact of these experiences.

What survival strategies have you developed?

This would primarily include an overview of self-harming (including the nature/type of self-harm) and suicidal behaviour. This section can also consider a broader range of survival strategies (such as avoidance, aggression, substance misuse etc). This section also prompts for typical individualised triggers (for instance relationship problems, trauma symptoms, bereavements)

What are/were the intended consequences?

For instance, this might include: distraction from distress; experience of pain (to punish/feel real); to regulate emotion; to feel in control; to push others away; to elicit care; to induce an altered state; to avoid being alone/lost in a crowd (e.g. enhanced observations/seclusion).

What are/were the unintended consequences?

For instance: life threatening/life altering damage to self; isolation from others; loss of progress; loss of trust by others; loss of access to risk items; feeling more unsafe; feeling more out of control; (re)traumatisation; increase in distress/fear/shame.

What helps?

This section helps to identify the adaptive skills/actions which staff can support the patient with, as well as including the patient's strengths, and protective factors

What doesn't help?

This section helps to identify what can make things worse, for instance: increased observations; 'hands on' interventions; trying to talk too soon/not soon enough; removal of helpful items of property.

What are the indicators that risk of suicide or life-threatening self-harm is increasing?

This would include individualised dynamic risk factors (for instance suicide ideation; communication of intent; hopelessness; disengagement/withdrawal; preparing for 'endings' (e.g. goodbye letters); perceived burdensomeness; previous patterns etc)
This section also considers static risk factors and protective factors.

Discussion & Conclusions

The development of the USFF was intended to improve the process of understanding and managing patients' risks of suicide and self-harm, approaching this in a trauma-informed and individualised way. This project primarily relates to the theme of *reducing suicide and self-harm,* but also has relevance to the theme of *reducing restrictive practice*. We advocate for the importance of also formulating the use of restrictive practice (for instance incorporating consideration of this into the USFF), to establish a trauma-informed understanding of the use of these interventions, whilst also emphasising the importance of focusing on helping the patient to increase their internal sense of safety, to support the effective reduction in external (potentially restrictive) means of managing suicide and self-harm risk. A key aim of the USFF is to help promote a shared understanding of suicide and self-harm risk, which contextualises these acts as *survival strategies*, helping to promote a more compassionate understanding of this challenging behaviour. The implementation of the USFF is still in its infancy, and further means of embedding this within the service are being progressed, for instance through drawing on the USFF within reflective practice sessions and incorporating the USFF into existing trauma and self-injury training for staff. The implementation of this new USFF will be evaluated over time, to consider its utility in supporting the effective and compassionate management of suicide and self-harm risk.

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References

Beryl, R. & Lewis, J. (2022) "When you have got like twenty thousand thoughts in your head, that one little thing can just make it all go away": Trauma and non-suicidal self-injury in forensic settings. In: Wilmott, P. & Jones, L. F. (eds.) Trauma-informed forensic practice. Abingdon: Routledge, pp. 165-182.

Gilbert, P. (2010). *The Compassionate Mind*. London: Little, Brown Book Group.

Graney, J., Hunt, I., Quinlivan, L., Rodway, C., Turnbull, P., Gianatsi, M., Appleby, L., & Kapur, N. (2020). Suicide risk assessment in UK mental health services: a national mixed-methods study. *The Lancet Psychiatry*, *7*.

Johnstone, L. & Boyle, M. with Cromby, J., Dillon, J., Harper, D., Kinderman, P., Longden, E., Pilgrim, D. & Read, J. (2018). *The Power Threat Meaning Framework: Overview*. Leicester: British Psychological Society.

Longdon, L., Beryl, R. and Siddall, Y. (2020) An Overview of Trauma and Trauma Symptoms in the National High Secure Healthcare Service for Women [Poster]. *Trauma in Forensic Settings Conference,* 30-31, January. Nottingham: Nottinghamshire Healthcare.

National Confidential Inquiry into Suicide and Safety in Mental Health (2021)

NICE guidelines for Self-Harm, Assessment, Management and Preventing Recurrence 2022 (draft)

Safer Services: A toolkit for specialist mental health services and primary care. (2022) The National Confidential Inquiry into Suicide and Safety in Mental Health.
SAMHSA. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach. SAMHSA's trauma and justice strategic initiative.*
Slade, K. (2019). Dual harm: The importance of recognising the duality of self-harm and violence in forensic populations. *Medicine, Science and the Law, 59, 75-77.*