East and North Hertfordshire NHS Trust

West Hertfordshire Teaching Hospitals NHS Trust

Hertfordshire Partnership University NHS Foundation Trust

PREVENTION ORIENTED

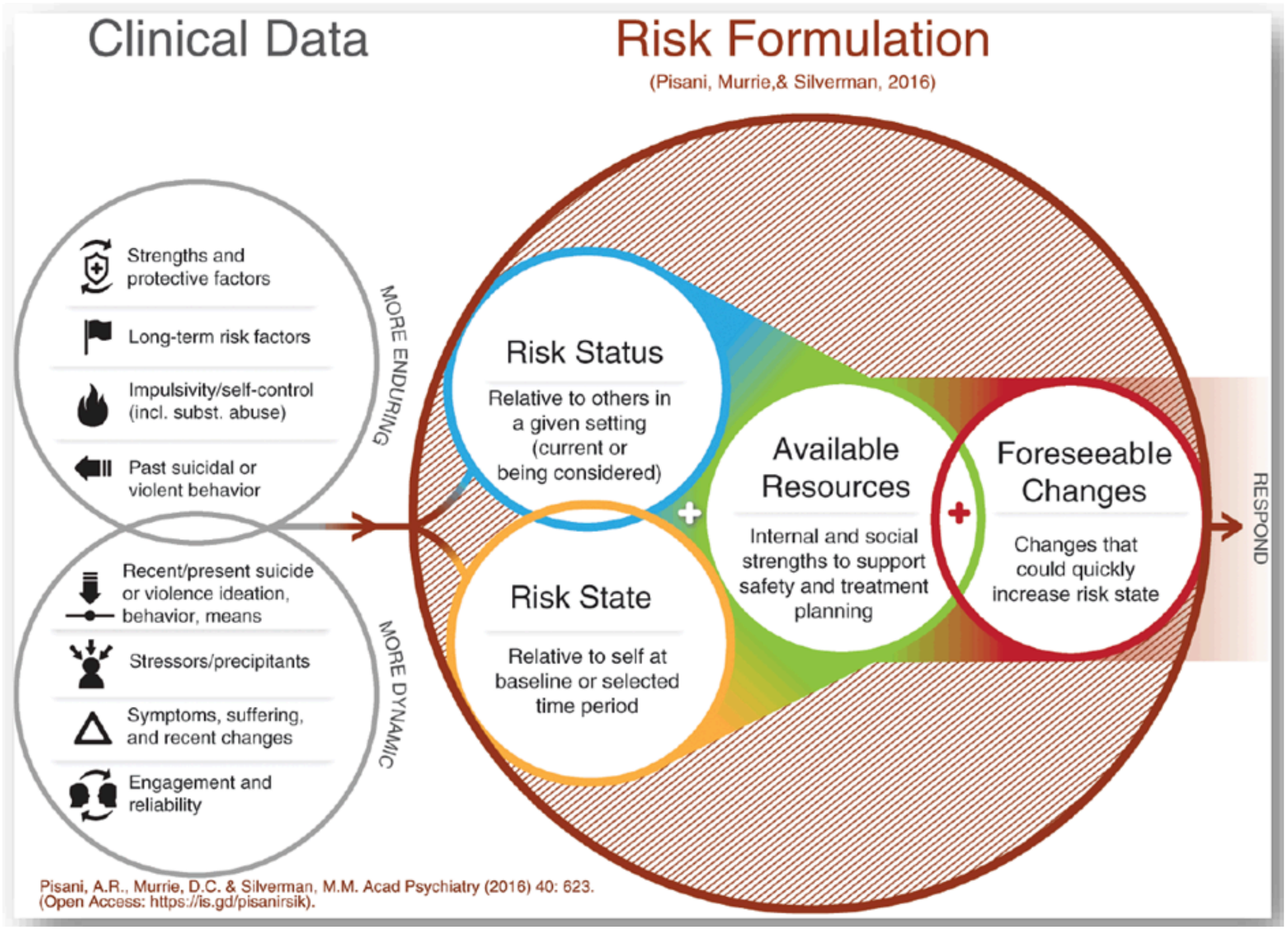
RISK FORMULATION (PORF)

The PORF developed by Anthony Pisani and colleagues (2017) is an approach to formulating risk which shifts from a prediction-based to prevention-based approach to suicide risk.

The PORF helps synthesise information gathered through the risk assessment process about a person's suicide risk. It communicates suicide risk using language that is shared across services and that is standardised and understandable (especially to service user and their support people).

One of the key principles of the PORF is that it moves away from a categorical approach to risk (high, medium, low) to conceptualising risk in relative terms, depending on clinical context (risk status), and also relative to the person's own baseline level (risk state). It focuses on the development of a personalised care plan that takes into consideration these relative risks and possible future changes in this risk in response to events (foreseeable changes) and what mitigations can be put into place within available resources (internal and social strengths).

Prevention Oriented Risk Formulation



This document is adapted from ASPIRES Pathway Clinician Resource Published by the State of Queensland (Metro North Hospital and Health Service), January 2023

Download the StayAlive app.

Please use the QR code to connect with downloadable resources that may be helpful to a service user.

East and North Hertfordshire NHS Trust

West Hertfordshire Teaching Hospitals NHS Trust

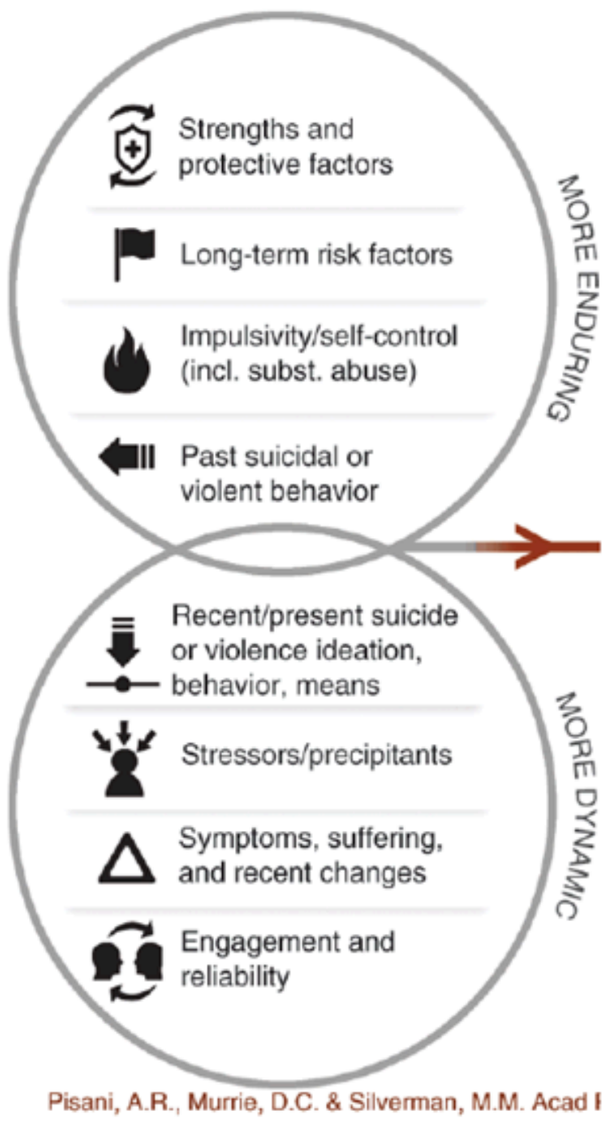
Hertfordshire Partnership University NHS Foundation Trust

PREVENTION ORIENTED

RISK FORMULATION (PORF)

Clinical Data

The clinical data represents the information gathered in relation to suicide risk in the assessment these include enduring and dynamic factors which can interconnect with the static and dynamic factors we consider when assessing risk.



Enduring factors include strengths and protective factors and consider the person as a whole. The longer-term risk factors include perpetuating factors that continue to place the person at risk. Impulsivity considers the likelihood that a person will act with limited contemplation. Previous suicide and/or self-harm attempts also increase risk.

Dynamic factors
Recent suicidal ideation and behaviour have a direct impact on risk and stressors which cause distress. Presenting issues mental state and substance use and any changes are noted. These factors are often changeable and can trigger suicidality in the person.

This document is adapted from ASPIRES Pathway Clinician Resource Published by the State of Queensland (Metro North Hospital and Health Service), January 2023

Download the StayAlive app.

Please use the QR code to connect with downloadable resources that may be helpful to a service user.

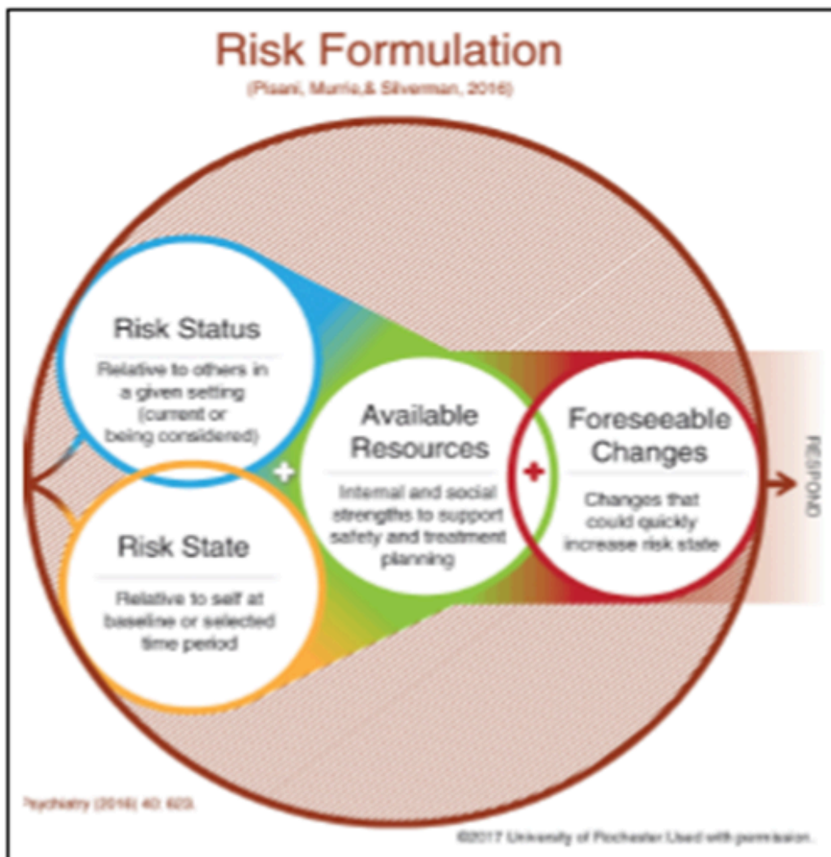
East and North Hertfordshire NHS Trust

West Hertfordshire Teaching Hospitals NHS Trust

Hertfordshire Partnership University NHS Foundation Trust

PREVENTION ORIENTED

RISK FORMULATION (PORF)



	Risk Status (risk compared to who) – person's risk compared to a specific cohort/treatment setting e.g., people typically seen in your service, diagnostic category. Often this includes the current treatment setting and the proposed treatment setting. Statements about risk status typically take the form "[Person's name]'s current risk is higher than/similar to/lower than most other people in [population] because [rationale]". Often the more enduring/static factors influence risk status.
	Risk State (risk compared to when) – person's risk compared to a previous timepoint in that person's life e.g., their baseline or before/after an event. Statements about risk state typically take the form "[Person's name]'s current risk is higher than/similar to/lower than [selected time point] because [rationale]". Often the more dynamic factors influence risk state.
	Available Resources are internal and external resources that a person can immediately access during a crisis, which will reduce their level of risk Available resources must not be the absence of something and must be valued by the person, it must also be commensurate to the level of risk. Note that protective factors may not always be an available resource e.g., a supportive partner who is out of town for work.
	Foreseeable Changes are specific upcoming events that are likely to escalate or exacerbate risk rapidly(e.g., court hearing, anniversary). Each foreseeable change/event identified must have a contingency plan developed in collaboration with the person and support people to mitigate the risk.

In prevention-oriented risk formulation the focus is placed upon the rationale behind your formulation, not on the label of 'higher than' or 'lower than'. It is important to remember that risk status and state are discussed together and that a rationale has been provided to support the level of risk.

Risk Status (risk compared to who)

Example: Sarah's suicide risk is higher than people typically seen in the Community Adult Mental Health Service and similar to people typically admitted to the acute impatient unit because she has a diagnosis of borderline personality disorder, a history of previous suicide attempts and is currently presenting with suicidal ideation in the context of a recent relationship breakdown, increase in substance use and has access to lethal means.

Risk State (risk compared to when)

Example: Sarah's suicide risk is higher than her baseline because she does not usually present with suicidal plans and today, she presents with a plan to take an overdose and has access to medication. Sarah's risk is higher than before the recent relationship breakdown as she has been highly distressed since the breakup and has increased her substance use, despite this Sahra has a good rapport and engagement with her community care coordinator.

This document is adapted from ASPIRES Pathway Clinician Resource Published by the State of Queensland (Metro North Hospital and Health Service), January 2023

Download the StayAlive app.

Please use the QR code to connect with downloadable resources that may be helpful to a service user.

East and North Hertfordshire NHS Trust

West Hertfordshire Teaching Hospitals NHS Trust

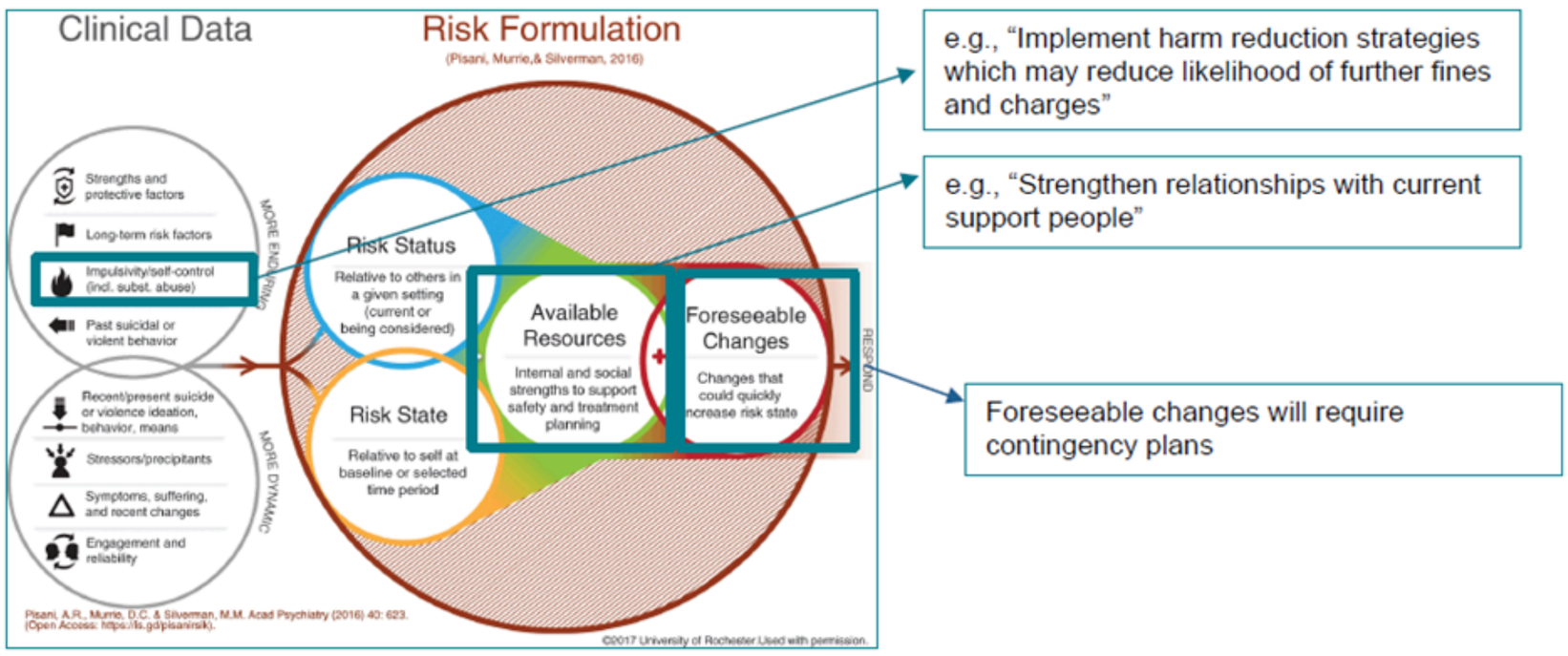
Hertfordshire Partnership University NHS Foundation Trust

PREVENTION ORIENTED

RISK FORMULATION (PORF)

The Prevention Oriented Risk Formulation (PORF) can help identify problem areas that need to be addressed in order to help the person reduce their risk. Through the PORF, you may also be aware of some great resources a person has. One of the clinical goals may involve enhancing these, for example "strengthen relationships with current support people".

How might the PORF help identify a clinical goal?



5 P framework

The 5P framework (Weerasekera,1993) highlights an approach that incorporates Presenting, Predisposing, Precipitating, Perpetuating, and Protective factors to a service user's presentation. The formulation is developed through a process of reflection on the data collected (e.g., history, mental state examination, collateral, diagnosis, risk screening, and other screening processes/tools).

Person and Presentation

Describe the person – use language which focuses on the persons strengths and promotes acceptance, hope, respect and uniqueness.

Describe the clinical presentation including – Demographics, reason for entering the mental health service, referral source and list of current concerns, diagnoses (including comorbidities), prominent symptoms, prominent aspects of mental and physical state and known risks in all domains. Include recent/current suicide ideation/behaviour.

Precipitating Factors

"This has occurred in the context of…"
Described the recent triggers or events that have exacerbated the problem, how and why these factors have affected the presentation.

Biological – e.g., mental illness, substance use, physical illness, and medication adherence.

Psychological – e.g., internal coping mechanisms, losses, feeling defeated, humiliated, trapped, burdensome, provoked.

Social – e.g., housing, employment, finances, access to healthcare, isolation, relationships, loss of status, difficulties related to culture.

This document is adapted from ASPIRES Pathway Clinician Resource
Published by the State of Queensland (Metro North Hospital and Health Service), January 2023

Download the StayAlive app.

Please use the QR code to connect with downloadable resources that may be helpful to a service user.

East and North Hertfordshire NHS Trust

West Hertfordshire Teaching Hospitals NHS Trust

Hertfordshire Partnership University NHS Foundation Trust

PREVENTION ORIENTED

RISK FORMULATION (PORF)

Predisposing Factors

"This has occurred on a background of…"

Describe how and why the person's lifetime experiences have contributed to the development of the problems and contribute to patterns of symptoms and behaviour over time.

Developmental Factors – problems during birth, development, attachment, childhood, trauma.

Family History and Relationships – Genetics, family history and relationships, family response to illness or problems.

Psychological and Functional issues – development of coping style, interpersonal problems, social skills; functional/cognitive problems and their impact on illness and help seeking behaviour; underlying drivers for substance use/ impulsivity/ self-harm, style of self-talk.

Social problems and substance use – housing, unemployment, finances, access to healthcare, substance use pattern, associated behaviour.

Perpetuating factors "Some of the issues perpetuating the current issues/ illness include . . ."

Describe the potential contributors that maintain the problem or may worsen the problem if not addressed, such as lack of insight, personality style/vulnerabilities, co-occurring conditions and substance use, employment status, lack of social supports, substance using peer group; family attitudes, beliefs and behaviour with respect to substance use.

Protective Factors and Strengths

"The strengths of the person include…."

Describe the internal resources and external supports that can be drawn upon to improve the person's illness outcomes such as family support, stable accommodation, school, employment history, medication adherence, resilience, coping style, problem solving.

Main issues/drivers/goals identified by the person The main issues and drivers identified by the person are . . ." "The goals of the person include . . . " Describe how the patient understands the current situation, what they want now and their goals to work toward.

Pause to think There are some gaps in the current information which will be important to follow-up on…

What information is missing that might change my impression?

How do I feel about this person, and could this be influencing my impression?

In addition to review of risk screen for suicide, violence, vulnerability, treatment non-adherence, and child safety, reflection should also include consideration of the meaning of the events for the person, for example for suicide – humiliation, social defeat, entrapment, thwarted belongingness, or burdensomeness; and for violence the loss of status or feeling provoked or humiliated.

This document is adapted from ASPIRES Pathway Clinician Resource Published by the State of Queensland (Metro North Hospital and Health Service), January 2023

Download the StayAlive app.

Please use the QR code to connect with downloadable resources that may be helpful to a service user.

East and North Hertfordshire NHS Trust

West Hertfordshire Teaching Hospitals NHS Trust

Hertfordshire Partnership University NHS Foundation Trust

PREVENTION ORIENTED

RISK FORMULATION (PORF)

Pisani, A. R., Murrie, D. C., & Silverman, M. M. (2016). Reformulating Suicide Risk Formulation: From Prediction to Prevention. Academic psychiatry: the journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry, 40(4), 623–629. https://doi.org/10.1007/s40596-015-0434-6

Pisani, A.R., Murrie, D.C., Silverman, M., Turner, K. (2022). Prevention-Oriented Risk Formulation. In: Pompili, M. (eds) Suicide Risk Assessment and Prevention. Springer, Cham. https://doi.org/10.1007/978-3-030-41319-4_13-1

Weerasekera P. (1993). Formulation: A Multiperspective Model. The Canadian Journal of Psychiatry.;38(5):351-358. https://doi.org/10.1177/070674379303800513

This document is adapted from ASPIRES Pathway Clinician Resource Published by the State of Queensland (Metro North Hospital and Health Service), January 2023

Download the StayAlive app.

Please use the QR code to connect with downloadable resources that may be helpful to a service user.