



Specialising in Personality Disorder
and Complex Trauma



Spectrum's Risk Matrix

Andy Bouwman

Wednesday 22nd November 2023



Objectives

1. Briefly outline the rationale for risk management of patients with chronic suicidality
2. Outline the principles of risk management for patients that present with chronic suicidal behaviours
3. Introduce Spectrum's Risk Matrix and it's application

Risk Awareness

- BPD is often associated with risks of **non-suicidal self-injury** and **suicide**
- This risk can be both low and high lethality
- The risk can also be both chronic and acute
- There are other risk involved in BPD, such as substance use and medical co-morbidities, but we will focus on NSSI and suicide as the most common risk associated with crisis presentations

Why do treatment plans usually discourage admissions?

- Hospital has a limited role, as it doesn't "fix" things
- Can be destructive, elicit dependency and escalate risk at discharge
- Risk of re-traumatization
- Brief containment admissions 48-72 hours are sometimes part of a plan:
 - To allow people time to be more settled
 - To be in "wise mind" to meet current situation
- Over time to build own de-escalation skills

Risk management for BPD

Risk assessment for this population involves:

- Having a good understanding of a person's history and pattern of suicidal behaviours
- Being sensitive to changes in this pattern

Understanding a person's risk history

Need to understand:

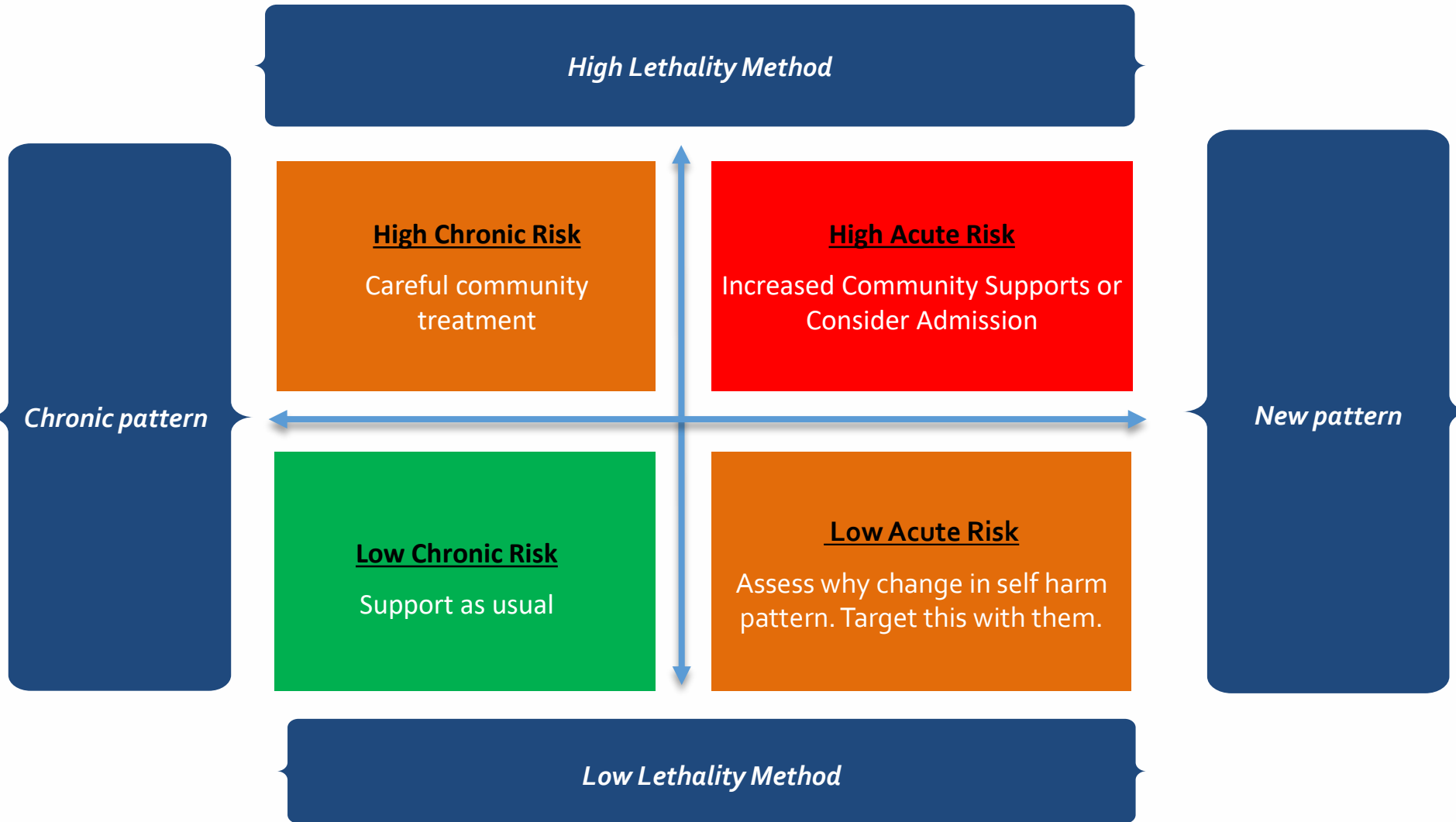
- **Means used** (cutting, overdose hanging)
- **Lethality** (ranging from low to high)
- **Function**
- **Outcome** (both expected and actual)
- **Frequency**
- **Protective factors**
- **The person's response to intervention**



Risk responses when the person isn't known

- More conservative in assessment and management
- Need to take time to get to know the person's pattern
- Seek collateral if available
- Ensure adequate community supports are engaged to manage safety, or consider brief admission for further assessment (less so risk management) if there is limited community support

The risk matrix



Activity – Risk matrix application, Dara

- Dara is a 27 year old woman with a diagnosis of BPD who has a history of cutting her inner thighs and has always contacted emergency services if she cuts so deeply she needs medical attention. Even so, she says she cuts whenever she's feeling suicidal, which is often.
- Dara comes to you (in whatever context you work) distressed, says she's been feeling hopeless, has access to a knife and wants to cut herself.
- Where would you place Dara on the risk matrix? Why?
- What else would you like to know to assess her risk?

Activity – Risk matrix application, Jamin

- Jamin is a divorced, fifty-one year old father of two non-custodial children, living on his own and has a diagnosis of BPD. He attempted suicide, about a year ago, by motor vehicle accident and survived.
- Jamin comes to you (in whatever context you work), looks flat, says he has, “given up the fight,” and has bought a gas cylinder with the intention of dying
- Where would you place Jamin on the risk matrix? Why?
- What else would you like to know to assess his risk?

Applying the risk matrix in practice

There is often no 'correct' answer when assessing risk

The expectation is that clinicians

- consider the available information
- articulate the rationale for their assessment and the intervention offered (holding in mind short- and long-term risk)
- **document the plan and rationale**

Spectrum's Training Calendar

Spectrum provides a variety of workshops and trainings throughout the year.

Foundation Training
for Working with
People with BPD
(1-day)

Working with
Complexity Associated
with BPD
(1-day)

BPD Core Competency
Workshop
(2-days)

Working with Crises
Associated with BPD
(1-day)

Mentalisation Based
Treatment for BPD
(2-days)

Dialectical Behaviour
Therapy for BPD
(2-day)

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