

## OVERVIEW

SafeSide is a framework for suicide prevention that lifts our sights beyond merely 'keeping clients safe' toward a vision of evidence-based care that is truly connected with a client's needs, experiences, and growth potential. SafeSide is the next-generation update of Commitment to Living (Pisani, Cross, Watts, & Conner, 2012), an evidence-based workshop that addresses common dilemmas, demands, and rewards of supporting individuals at risk for suicide. Centered on prevention-oriented risk formulation (Pisani, Murrie, & Silverman, 2016), SafeSide comprises four components:

## CONNECT

- Asking directly about suicide and the youth's experience.
- Forming collaborative connections with youth and their families.
- Expressing a 'more than safety' commitment to full recovery.

## ASSESS

- Gathering and succinctly reporting information gathered in eight simple categories.
- Conducting actionable, prevention-oriented risk assessment that accounts for the fluidity of suicidal intentions and foreseeable events that could change a risk formulation.

## RESPOND

Planning for safety and recovery which includes:

- Evidence-based treatments and mini-interventions
- Contingency and safety planning, including lethal means reduction and family involvement
- Contact and observation frequency to support the least restrictive safe environment
- Team discussion, Consultation, and Referrals for unmet needs

## EXTEND

Extending the impact of connections and interventions into a patient's life and network of support through:

- Post-discharge "caring contacts"
- Sharing and updating plans collaboratively with youth and family
- Structured follow-up and support
- Warm hand-offs and care transitions

Every SafeSide workshop is co-led by an individual with lived experience of recovery from suicide attempts and mental illness. The lived experience expert deepens the curriculum by sharing experiences in health care that made a positive difference in her life. SafeSide features a new set of video-recorded skills demonstrations. These brief demonstrations bring the SafeSide model to life, and drive discussion and practice. This workshop is for clinical, school, and community-based staff who work with youth.

## LEARNING OBJECTIVES

- Participants will be able to name three foundational goals for forming productive collaborations with clients and their families to address suicide risk.
- In the context of structured screening/assessment tools, participants will be able to name at least two techniques for conveying genuine care about client's subjective experience.
- Given a scenario, participants will be able to communicate a prevention-oriented risk formulation, orally and in writing.
- Participants will be able to name four key domains to document in a short-term response to suicide risk to facilitate care and minimize liability.
- Participants will be able to state at least two steps their own organization or program can take to strengthen care transitions.



## WORKSHOP LEADERS

SafeSide is led by Tony Pisani and Kristina Mossgraber.



**Anthony R. Pisani, Ph.D.** is an Associate Professor of Psychiatry and Pediatrics at the University of Rochester Center for the Study and Prevention of Suicide and Founder of SafeSide Prevention. Dr. Pisani is an internationally recognized leader in suicide prevention education and workforce development. He served on the Workforce Preparedness Task Force for the National Action Alliance, the Joint Commission Technical Advisory Panel for the National Patient Safety Goal on Suicide Prevention, and the Zero Suicide Institute faculty. Dr. Pisani has published influential articles on clinician education, including two describing the rationale and efficacy of his own approach. In 2016, more than 14,000 clinicians in the U.S. and Australia learned his risk formulation model through in-person and online workshops.



**Kristina Mossgraber** is a patient advocate and lived experience consultant. After surviving multiple suicide attempts and learning to live with bipolar disorder, Ms. Mossgraber devoted herself to improving the care of patients who suffer the way she did. Ms. Mossgraber leads events, conducts media appearances, and provides school and community-based education on behalf of NAMI Rochester (NY). As part of the SafeSide team, Ms. Mossgraber contributes to training events and the development of educational materials.

## AGENDA

SafeSide can be conducted as a half-day or full-day workshop. A sample agenda is provided below. Presenters adjust the amount of material covered and the number and duration of paired practice exercises to fit the available time.

### INTRODUCTION

- Brief introductions from workshop leaders and participants
- Overview of the SafeSide Model and workshop objectives
- “Burning questions.” Participants use poster paper around room to post the questions they hope to have answered by the end of the workshop

### CONNECT

- Clinical and lived experience teaching
- Video skills demonstration and discussion

### ASSESS

- Clinical and lived experience teaching
- Video skills demonstrations:
  - 1) Flexible Use of Assessment Tools
  - 2) Prevention-oriented team communication
- Paired practice (three) of prevention-oriented risk formulation in three contexts:
  - 1) colleague/supervisor report
  - 2) youth or parent engagement
  - 3) written record

### BREAK

### RESPOND

- Clinical and lived experience teaching
- Video skills demonstration: Mini-interventions
- Paired practice: Providing an understandable model of suicidal thinking

### EXTEND

- Clinical and lived experience teaching
- Video skills demonstration and discussion: Youth presents safety and contingency plan to staff and family
- Paired practice: Family support plan