#### SUICIDE AND SELF-HARM IN OUR YOUTH

Assessment Tools and Treatment Approaches to Help Clients Heal Tony L. Sheppard, Psy.D., CGP



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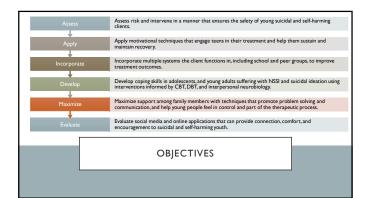
#### DISCLAIMER

While there is empirical evidence for the approaches and interventions presented here, practitioners must use an evidence-based practice mindset. Evidence-based practice involves the integration of the best available research with clinical expertise in the context of patient characteristics, culture and preferences.

2

Materials that are included in this course may include interventions and modalities that are beyond the authorized practice of mental health professionals. As a licensed professional, you are responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice in accordance with and in compliance with your profession's standards.





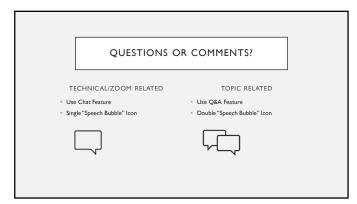
Start Time: 8:00am

Morning Break: 9:45am-10:00am

Lunch Break: 11:50am-1:00pm

Afternoon Break: 2:15pm-2:30pm

End Time: 4:00pm





As we go through this material, let's be mindful of the many potential impacts of the worldwide COVID-19 Pandemic



#### SUICIDE

<u>Suicide</u> is a death caused by selfdirected injurious behavior with any intent to die as a result of the behavior

Suicide Attempt is defined as a non-fatal self-directed and potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

-Centers for Disease Control (CDC)



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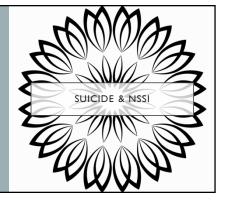


SELF-HARM NON-SUICIDAL SELF-INJURY

Broad class of behaviors defined by <u>direct</u>, <u>deliberate</u>, <u>socially unacceptable</u> destruction of one's own body tissue <u>without the intent to die</u>.

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Suicidality and Non-Suicidal Self-Injury are related but separate issues.



	NSSI AND SUICIDE		
Characteristic	NSSI	Suicide Attempt	
Intent/Purpose for Behavior	Temporary Escape from Psychological Distress	Permanently terminate consciousness/end life	
	Create Change in Self or Environment	To Escape Unbearable Psychological Pain	

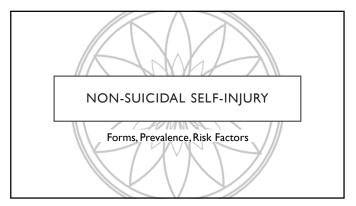
	NSSI AND SUICIDE	
Characteristic	NSSI	Suicide Attempt
Severity/Lethality of Method Used	Low	High

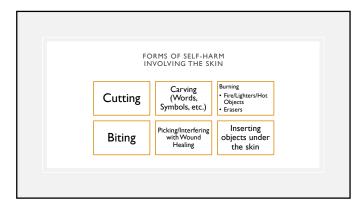
	nssi and suicid	E
Characteristic	NSSI	Suicide Attempt
Behavior Frequency	High, sometimes more than 100 episodes/often chronic and repetitive	Low, typically 1-3 episodes

# Characteristic NSSI Suicide Attempt Number of Methods Used Multiple Methods used across episodes Single Methods used across episodes

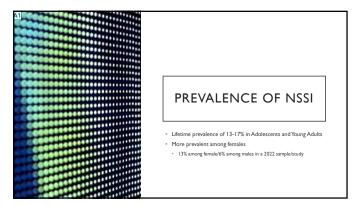
	nssi and suicid	E
Characteristic	NSSI	Suicide Attempt
Cognitive Status During Episode	Distressed yet Hopeful	Hopeless/Helpless
	Difficulty implementing adaptive problem-solving	Inability to Problem Solve

	NSSI AND SUICIDE	
Characteristic	NSSI	Suicide Attempt
Consequences & Aftermath		
Intrapersonally	Sense of relief, calm	Frustration, Disappointment
	Temporarily reduced Stress	Increased Distress
Interpersonally	Rejection, Criticism from Others	Others express care and concern











# Presence of Abuse Physical Sexual Emotional Neglect or Parental Indifference Family Violence Parental Impulsive Violence Prace of Abuse Relational Factors Separation & Loss Poor Quality of Attachment with Caregivers Single-Parent Households Parental Illness/Mental

Illness

#### RISK FACTORS ASSOCIATED WITH NSSI

- Emotional Reactivity
- Emotional Intensity
- Feelings of
- Hopelessness
- Isolation
- Loneliness
- Problems with Anger
- Substance Abuse
- Alcohol
- Marijuana
- Engaging in Reckless & Risk Taking Behaviors
- Prevalence of Negative Emotions
- Social & Problem Solving Deficits

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#### PARENTAL RELATIONSHIPS & NSSI

- Parents of those engaging in NSSI have been found to communicate the following in their interactions with their children:
- Invalidation & Minimization
- Criticism
- Punishment
- Distress
- These parents also allow conflict with their teens to become "highly aversive" and tend to de-escalate it much less than is normal

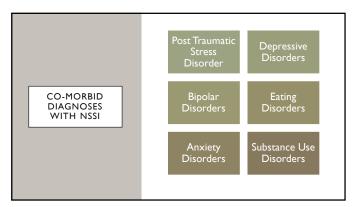


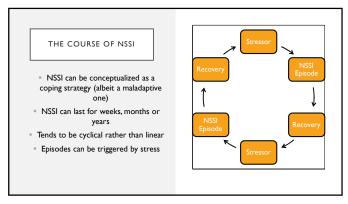
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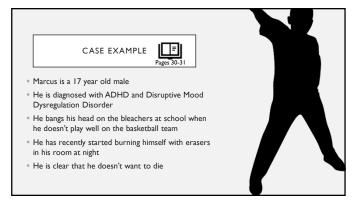
RESEARCH SUGGESTS
THE FOLLOWING IN
THOSE ENGAGING IN
NSSI

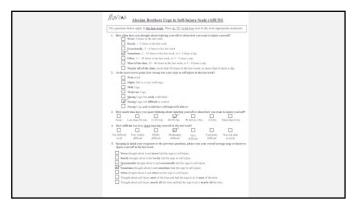
Deficits in accurately reading emotional cues from others

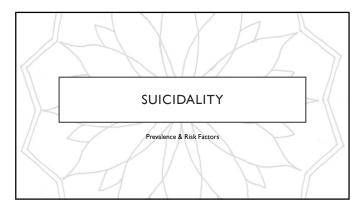
Deficits in accurately conveying their own emotions through expression

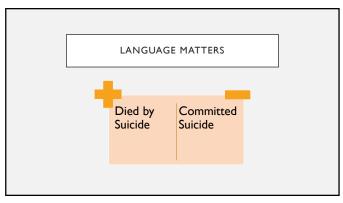














- Recent data have shown that as many as 30% of adults have "longterm mental health or neurological symptoms" following COVID-19.
- Most common...
- Anxiety found in 17%
- Mood Disorders in 14%
- Other data have suggested increased rates of anxiety and depression in youth related to the pandemic (not COVID-19 diagnosis)

#### WHAT WE KNOW (U.S.)

- 45,979 Deaths in 2020 (United States)
- For every death by suicide there are 25 attempts
- Suicide attempts associated with 500,000 ER visits per year
- 12th leading cause of death for all age groups
- Most common diagnosis among those who die by suicide is MDD



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# National suicide rate increased by 35% from 1999 to 2018 This impacted all age groups and both males and females There has been a slight decline in both 2019 and 2020

#### WHAT WE KNOW (CANADA)

- Approx. 11 people die by suicide each day Approx. 4,000 deaths by suicide per year
   1/3 of deaths by suicide are among people 45-59 years
   Suicide is the second leading cause of death among youth and young adults (15-34 years)

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#### WHAT WE KNOW (CANADA)

- Groups with Higher Risk of Death by Suicide:
- men and boys
- people serving federal sentences
- survivors of suicide loss and survivors of a suicide attempt
- $\, \bullet \,$  some  $\underline{\text{First Nation}}$  and Métis communities, especially among  $\underline{\text{youth}}$
- all Inuit regions in Canada

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#### YOUTH RATE

Suicide is the second leading cause of death for youth between the ages of 10 and 34



#### INCREASE IN SUICIDE RATE

- Since 2017 the suicide rate among Black youth ages 10-19 has increased by 60%
- Early adolescent Black youth are twice as likely to die by suicide as their White counterparts



Source: American Academy of Child & Adolescent Psychiatry

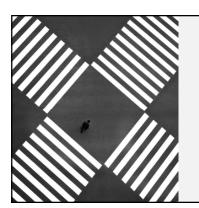
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#### UNDERSTANDING THIS INCREASE

- Greater predictors of risk among Black Youth
- Community violence
- Socioeconomic stress
- Perceived discrimination
- Stigma
- Interpersonal and Family conflict



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# UNDERSTANDING THIS INCREASE

- Intersectional identities place Black youth at particular risk
  - Being a member of more than one minoritized group
- Being female and having an LGBTQ+ identity

#### SYSTEMIC ISSUES

- Black Youth are more likely to:
- Have mental health & substance abuse issues undiagnosed, mis-diagnosed, or under-treated
- This is due to:
- Bias
- Discrimination
- Structural Racism



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#### SYSTEMIC ISSUES

- Black youth are more likely to:
  - Be diagnosed with behavioral problems rather than mental health problems that would suggest greater risk of suicide
  - To receive poor quality care
- Black youth are less likely to:
- Receive follow-up care upon discharge from inpatient and crisis services

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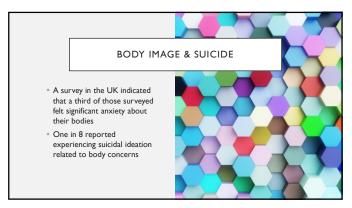
- Each episode of LGBT victimization, such as physical or verbal harassment or abuse, increases the likelihood of selfharming behavior by 2.5 times on average.
- Of all the suicide attempts made by youth, LGB youth suicide attempts were almost five times as likely to require medical treatment than those of heterosexual youth.



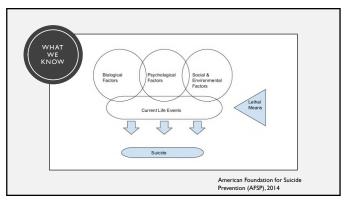
 LGB youth who come from highly rejecting families are <u>8.4</u> times as likely to have attempted <u>suicide</u> as LGB peers who reported no or low levels of family rejection



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#### TERMINOLOGY

#### RISK FACTORS

- WARNING SIGNS
- More static and enduring
- Suggestive of risk over longer periods of time
- Examples:
- Childhood abuse
- Death of relative by suicide
- Episodic and variable
- Suggestive of near-term or imminent risk
- Examples:
- Giving away possessions
- Securing weapons

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#### TERMINOLOGY

- Precipitating Events
- Triggers that immediately precede a suicide attempt
- Examples:
- Disruption in a primary relationship
- Substance use/abuse strongly correlated with attempts when coupled with a precipitating event



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Depression or other mental illness Substance Abuse FACTORS ASSOCIATED
WITH INCREASED
SUICIDAL BEHAVIOR
BEHAVIORAL HEALTH Conduct/Disruptive Behavior Disorders Previous Suicide Attempts Non-Suicidal Self-Injury Genetic/Biological Vulnerabilities

Hopelessness

Low Self-Esteem

Bullying as either victim or perpetrator

FACTORS ASSOCIATED WITH INCREASED SUICIDAL BEHAVIOR PERSONAL CHARACTERISTICS

School work problems (Actual or Perceived)

Physical, Sexual or Psychological Abuse

Chronic Physical Illness or Disability

Exposure to Suicide of a Peer

Interpersonal Difficulties/Losses
Disciplinary or Legal Problems
Loneliness/Isolation
Social Alienation/Lack of Belonging
Low Stress/Frustration Tolerance
SUICIDAL BEHAVIOR
ADVERSE/STRESSFUL
LIFE CIRCUMSTANCES
Impulsivity/Risk Taking
Poor Problem-Solving/Coping Skills
Perception of self as under/over-weight
Capacity To Self-Injure
Perception of Being a Burden

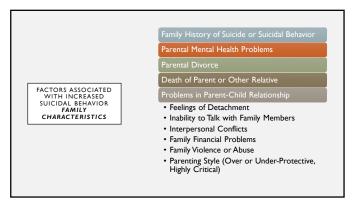
Alcohol/Drug Use

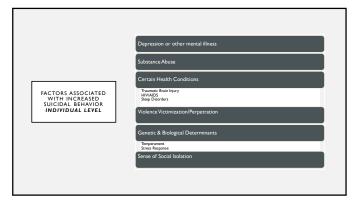
PACTORS ASSOCIATED WITH INCREASED SUICIDAL BEHAVIORS

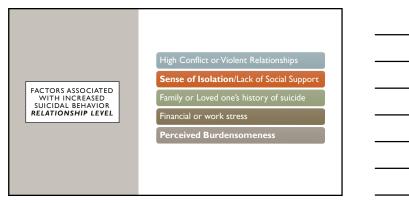
RISKY BEHAVIORS

Aggressive/Violent Behavior

Risky Sexual Behaviors







### ELEVATED SUICIDE & SELF-HARM RISK ASSOCIATED WITH COVID-19

- COVID-19 Pandemic moved most mental health services to telehealth
- Increased isolation can elevate the risk of suicide for all people
- Increased risk factors during the pandemic
- Loss of Income or Job
- Family financial stress
- Fear of illness
- Perception and/or reality of reduced social support
- Perception and/or reality of less academic support
- Loss of rituals associated with school
- Loss of activities such as hobbies, sports, music, etc.

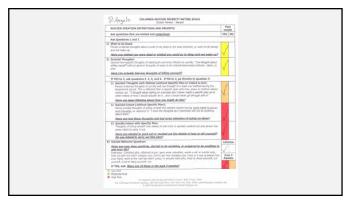
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- DiAngelo is 11 years old and placed in his 3<sup>rd</sup> foster home
- His father died from a drug overdose and his mother abandoned him at the age of 4
- He was diagnosed with diabetes 3 months ago
- Father was physically abusive and there was domestic violence in the home
- He is currently suicidal; stating that he plans to run in front of a car while playing



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#### TELEHEALTH/TELEPHONE

We know that the COVID-19 pandemic has made conducting studies and caring for the patients very difficult. To respond to the needs of the patients and research protocols and comply with the new guidelines on social distancing, prospective monitoring of suicide risk with the Columbia Suicide Seventy Scale (C-SSRS) may proceed using alternative methods.

 $\begin{tabular}{ll} The C-SSRS can be administered over the phone or telemedicine \\ \hline platforms. \end{tabular}$ 

-The Lighthouse Project

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#### ASSESSMENT VIA TELEHEALTH

#### Benefits

- Allows for assessment when this might not be possible in person
- Tools can still be used/Electronically
- Research shows that engagement via telehealth can be good and that outcomes can be positive
- Caveat-Much of this is focused on therapy intervention with adults

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#### ASSESSMENT VIA TELEHEALTH

#### Challenges

- Visual assessments are limited/not available
- Clients can mask symptoms
- Video off
- Harder to assess affect
- No access to collaterals/Guardians don't bring them to the session
- Client can leave the session more readily



#### THINGS TO CONSIDER

- Clinicians should have a plan for crisis situations
- crisis situations
   Know where your clients are
- Consider whether or not they are alone
- Have contact information available
- Plan BEFORE a crisis

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# TELEHEALTH CRISIS OPTIONS

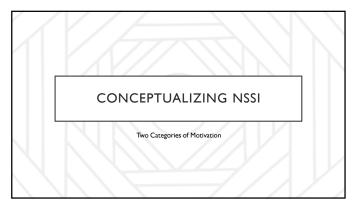
- Contact guardian/s
- If client ends session, attempt to contact them through other means
- Phone
- E-mail
- Use emergency resources
- Call 911
- Request a safety check



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CONCEPTUALIZING THESE PROBLEMS





## NSSI-BROAD CATEGORIES OF MOTIVATION

#### SELF-REGULATION

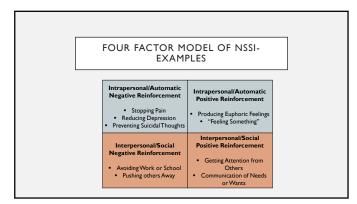
- Seeking a release from internal emotions
- Stop bad feelings
- Stop feeling numb or empty
- To feel something even if it's pain
   To copp with depression applies rade
- To cope with depression, anxiety, sadness, frustration, anger
- To punish yourself
- To feel relaxed

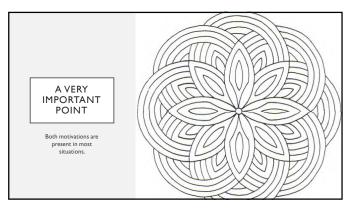
#### SOCIAL REGULATION

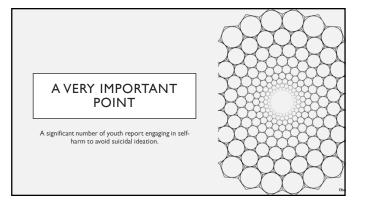
- Avoiding school, work or other activities
- Avoiding being with people
- Avoiding punishment or consequences
- Getting attention
- To get a reaction from someoneTo get control of a situation
- To get help
- To get someone to act in a certain way

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# Intrapersonal/Automatic Negative Reinforcement (Reduction of Aversive Internal States) Interpersonal/Social Negative Reinforcement (Avoidance of Interpersonal Demands) Interpersonal/Social Negative Reinforcement (Ganing Attention)







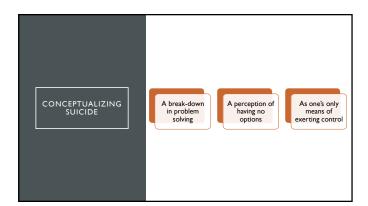


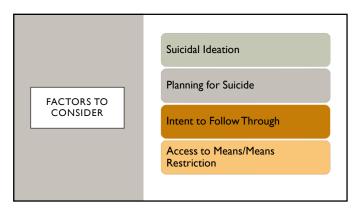
### WHAT WE KNOW

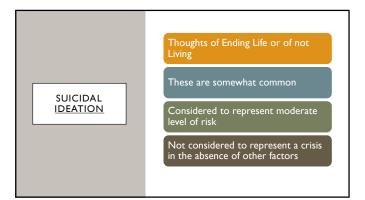
- While suicide can occur in the absence of a psychiatric diagnosis, it is commonly associated with and highly correlated with a number of psychiatric disorders.
- Most Commonly: Major Depressive Disorder
- Substance Use/Abuse is highly correlated with suicide



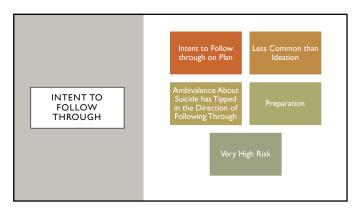
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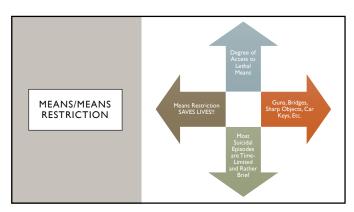






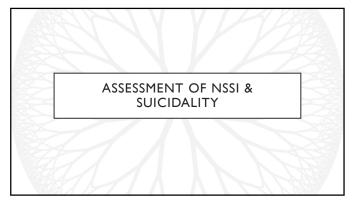
	Considering ways to end one's life
	More specific and less common than Ideation
PLANNING FOR SUICIDE	"Practicing"
	Investigating Methods
	Higher Level of Risk

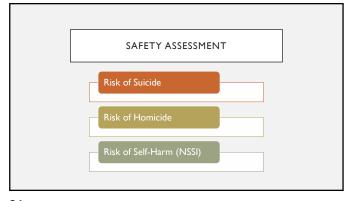




CASE EXAMPL	E Pages 34-35
Monica is a 14 year old female	
<ul> <li>She is diagnosed with Major Depressive Disorder and is treated with medication</li> </ul>	
She has frequent thoughts of wanting to die	
<ul> <li>She had thoughts of drowning herself over the summer</li> </ul>	
<ul> <li>She has no plan to do anything, stating that she loves her parents too much</li> </ul>	



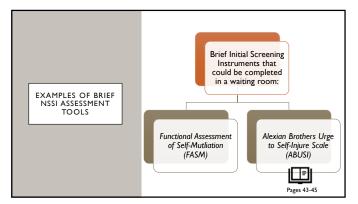




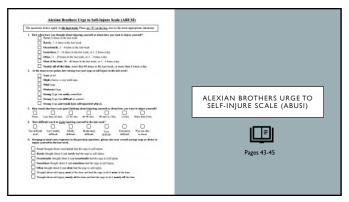
#### SETTING THE RIGHT TONE

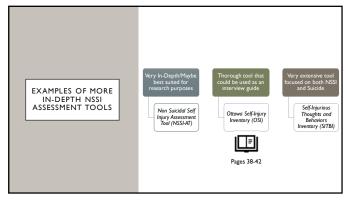
- Respectful Curiosity
- Make it clear that it is acceptable to talk openly and honestly about suicidal thoughts and behaviors
- Normalize feelings and thoughts without condoning suicide
- LUV-Listen, Understand, Validate
- Downspeak vs. Upspeak
- "When people are feeling this upset, they sometimes think about suicide..."
- "I know this is hard to talk about so just go slow and take your time, and use whatever words you are most comfortable using to express your true thoughts and feelings."

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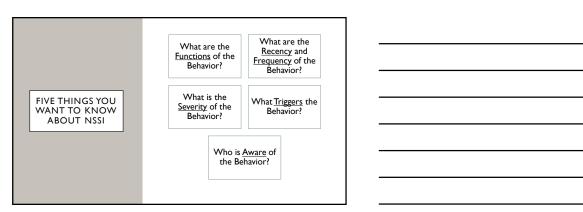


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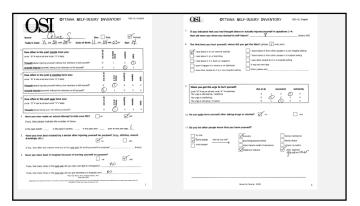


# OTTAWA SELF-INJURY INVENTORY Pages 47-54

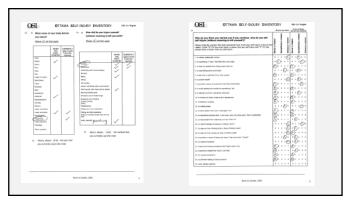
- Celine is a 14 year old female
- She has a history of self-harm and has recently relapsed
- She completed the Ottawa Self-Injury Inventory with her therapist in a recent session

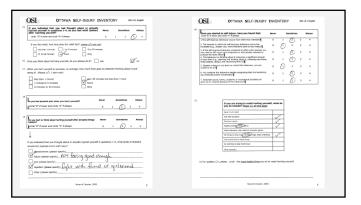


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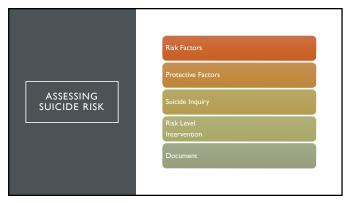


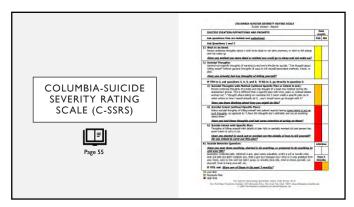
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	Low	Andifesie risk factors, smang protective factors	Throughts of death, no plan, insent, or behavior	Outpatient referral, symptom reduction.  One emergency/Orion numbers
	Moderate	Outriple risk factors, few protection factors	Suscided infrastruct with plans, that me interest on behavior	Admission may be necessary depending on risk factors. Develop crisis plan. Give immigrary/or manders.
	High	Psychiatra diagnoses with crown symptoms or adula precipitating event, protective factors not relevant.	Fromitally lethal suicide attempt or persistent ideation with strong littent or suicide referensal.	Admission generally indicated unless a asymbia change reduces red. Sucode presuments
	RISK LEVEL	RISK/PROTECTIVE FACTOR	SUICIDALITY	POSSIBLE INTERVENTIONS
	Front Front States and Front Front Front States and Front Fr	touchence: receives the dire as reasons to free and parent/gazerilless direct excitance of each query: when relational, says, an character dis- plays after the control of the control and of risk layer is based on climical judgment to parent as an exponential or constraints at	idal droughts, plans, or believiers, and class milered or paramoid males dealing with loss or s, after completing cops, 1-1 maps	om in encod, befuncions, or dispositions hamiliation. Sequent in their areas listed above
USING THE SAFE-T	/ Meation in / Flant times / Rehaviors	equency, intensity, duration—in last 48 hours, to last 48 hours, including, anniability, preparatory part attempts, aboresi premius, refeastali	s, past murch, and warst eyer	
		QUIRY Specific questioning about the		
		billiy to cope with street, religious beliefs. No	ustration tuhurance dine therapeutic relationships, social support	
			If present, may not counteract significa-	ne acune rosk
	/ Acress to 1	Arearms		
		<li>d) Organing medical times trup. CRS dison treatment; discharue from passituate; hose</li>		History of physical or sexual abuse, Social codes
	/ Frecipitant	s/Stressors/interpersonal: viugoring	ents heading to humiliation, chance, or despos	log, has of relationship, financial or health status
		oms; antediona, impulsivity highlisoness. long: of lucido, attempts, or Asis 1 psychia	ancers/years; global insorous, command ha	fur indicates
	/ Current/po		disorders, psychologidisorders, abstrab/sub-	tamin altura. ADHO, TB, FTSD, Cluster E personal
	1. RESK FACTO		oned spods attempts, or self-marrows before	
	100000000000000000000000000000000000000	Minnis, prior to increasing privileges a	nd at discharge.	



Factors present that serve to increase a person's risk of suicide.

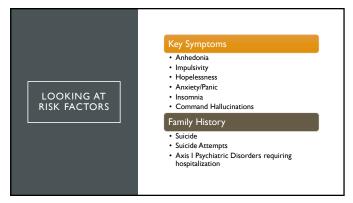
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Suicidal Behavior

• History of prior suicide attempts
• Aborted suicide attempts
• Alcohol/Substance Abuse
• AlCHORS

• Morted suicide attempts
• Alcohol/Substance Abuse
• ADHD
• Traumatic Brain Injury
• PTSD
• Cluster B
• Personality
Disorders
• Conduct Disorders

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	_
LOOKING AT RISK FACTORS	
Change in Treatment  • Discharge from psychiatric hospital  • Provider or other treatment changes	
Access to Firearms • Easy access	

#### LOOKING AT RISK FACTORS

- Precipitants/Stressors
- Triggering Events Leading to:
- Humiliation
- Shame
- Despair
- Loss of Relationship,
   Financial or Health Status (Real or Anticipated)
- Ongoing Medical Illness
- Precipitants/Stressors (cont.)
- Intoxication
- Family Turmoil/Chaos
- History of Physical or Sexual
- Social Isolation

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#### LOOKING AT PROTECTIVE FACTORS

INTERNAL

EXTERNAL

- Ability to cope with stress
- Religious Beliefs
- Frustration Tolerance
- Responsibility to Children or Beloved Pets
- Positive Therapeutic Relationships
- Social Supports

PROTECTIVE FACTORS INDIVIDUAL CHARACTERISTICS & BEHAVIORS	
Psychological or Emotional Well-being	 
Emotional Intelligence	
Ability to perceive, integrate, understand and manage one's emotions	
Adaptable Temperament	
Internal Locus of Control	
Strong Problem-Solving Skills	

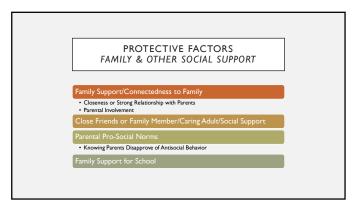
# PROTECTIVE FACTORS INDIVIDUAL CHARACTERISTICS & BEHAVIORS

- Coping Skills
- Conflict Resolution
- Non-Violent Handling of Disputes
- Self-Esteem
- Frequent, vigorous Physical Activity or Participation in Sports
- Spiritual Faith or Regular Church Attendance
- Cultural & Religious Beliefs that affirm life and Discourage Suicide

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# PROTECTIVE FACTORS INDIVIDUAL CHARACTERISTICS & BEHAVIORS

- Resilience
- Ongoing sense of hope in the face of adversity
- Frustration Tolerance/Emotional Regulation
- Positive body image/Care & Protection of Body



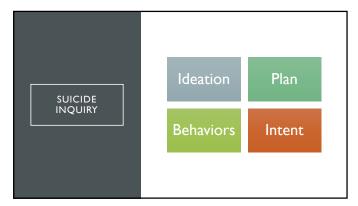
## PROTECTIVE FACTORS SCHOOL Positive School Experiences Part of a close school community Safe School Environment • Particularly for LGBTQ+ Youth Adequate or Better Academic Achievement A Sense of Connectedness to the School A Respect for the Cultures of all Students

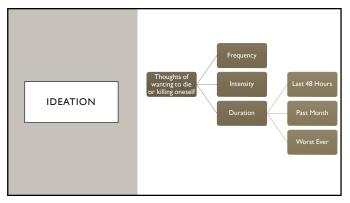
110

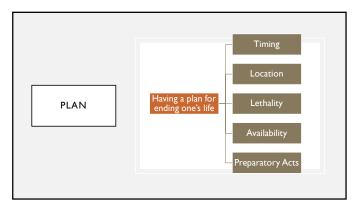
## PROTECTIVE FACTORS MENTAL HEALTH & HEALTHCARE ACCESS

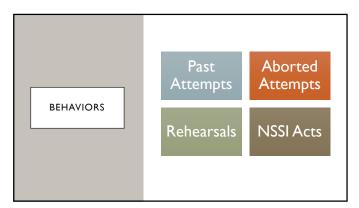
- Access to Effective Care for
- Mental Health Disorders
- Physical Disorders
- Substance Abuse Disorders
- Easy Access to Care & Support through ongoing provider relationships

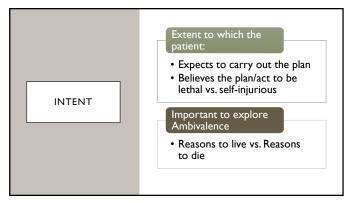
## PROTECTIVE FACTORS MEANS RESTRICTION Restricted Access to Firearms Guns Locked or Unloaded Ammunition Stored or Locked Safety Barriers for Bridges, Buildings and other Jumping Sites Restricted Access to Medications Restricted Access to Alcohol

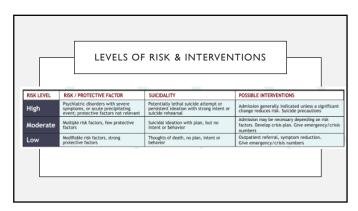


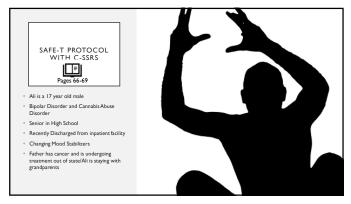


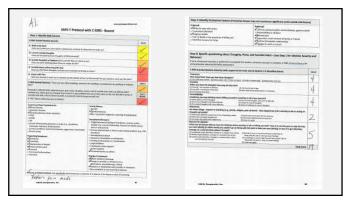


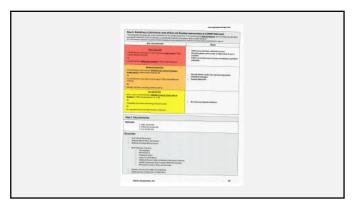




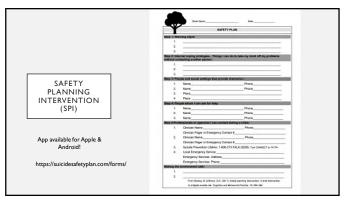


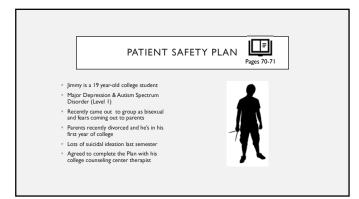


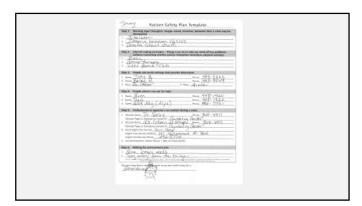














MANAGING ACUTE CRISES Both NSSI and Suicidality have periods of crisis that must be managed

Each crisis takes the clinician back to an assessment mindset as a way of determining the risk present

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### MANAGING TIMES OF CRISIS

- Clinicians need the knowledge, skills and tools to guide clients through times of crisis
- Knowledge-provides a backdrop of understanding of the issues
- Skills-apply that knowledge to the crisis at hand
- Tools-enable the clinician to make the best decisions under the circumstances



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### MANAGING ACUTE CRISIS

non-suicidal self-injury

- Assess the level of risk associated with the self-harm
- Assess the risk of suicide
- Manage distress
- Encourage the use of positive coping strategies
- Consider the need to inform others
- SUICIDALITY
- Assess the level of risk associated with suicidality
- Assess the need for a higher level of care
- Manage distress
- Encourage the use of positive coping strategies
- Consider the need to inform others

### NEW RESOURCE

- Active as of July 16, 2022
- Call or Text
- Lifeline Phone Number WILL Remain Active
- · Accepts calls from anyone who has a suicide, mental health or substance abuse crisis
- Questions can be e-mailed to: 988Team@samhsa.hhs.gov



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### 988

• Proven to work - Lifeline studies have shown that after speaking with a trained crisis counselor, most callers are significantly more likely to feel

- less depressed
- less suicidal
   less overwhelmed
- more hopeful

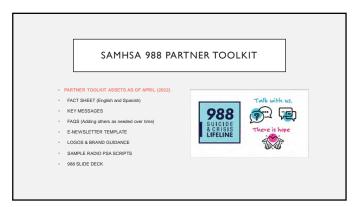


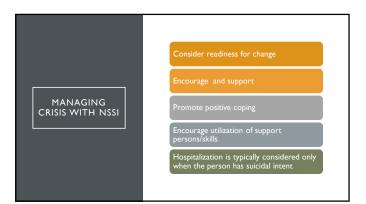
131

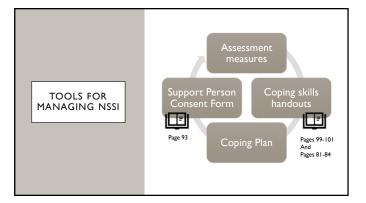
### RESOURCES IN CANADA

- Tall Socials Casels

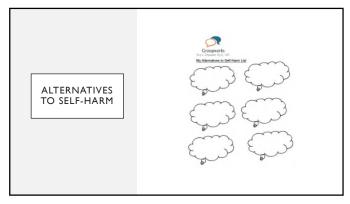
  Pyros or commone you increase threshing about sectors, call Yash Socials Casels or 1983 464-6460 D477 or text 4645 (4 PM 12 AM Forestines of Quality, call 16 is APPRILE (1 M6 6277-3555) D477 or vinit years of years









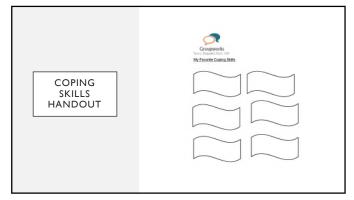


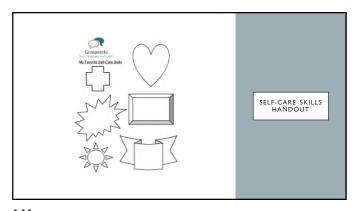
Acute suicidal crises are time-limited.

Most people spend more time NOT being suicidal than being suicidal.

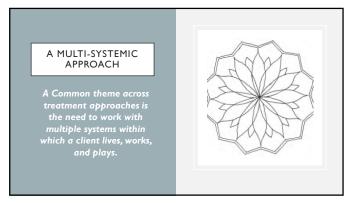
### TREATMENT

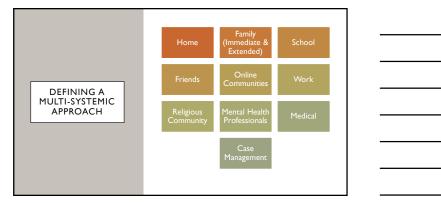
With both self-harm and suicide the periods between crises is time best spent on development of coping skills

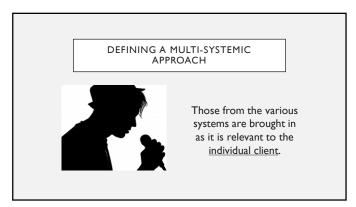


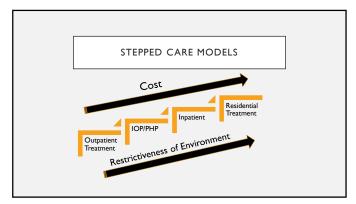


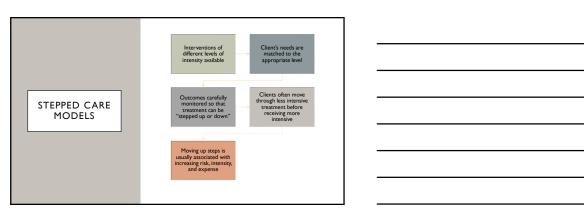


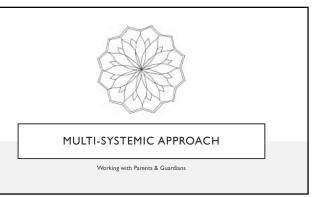












### INFORMING PARENTS/GUARDIANS

- Agency or Organization Policies
  Laws in your jurisdiction
  Clinical Judgment
  Considerations:
- - Severity of the injury or injuries
  - Level of Suicide Risk
  - Need for monitoring outside the agency or
  - organization
     Documentation



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### DEALING WITH INITIAL REACTIONS-NSSI

## "We just don't understand this at all"

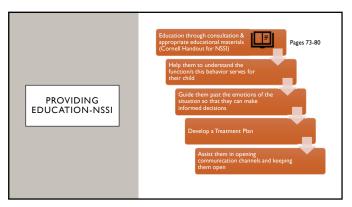
'We don't want our child to die"

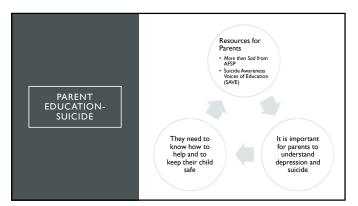
"We have no idea where this is coming from"

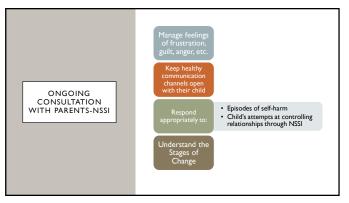
"We're terrified that this is practice for suicide"

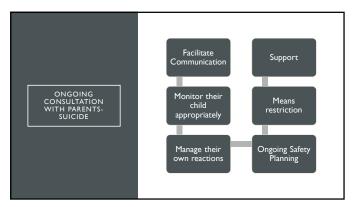
- Parents may be feeling any or all of these:

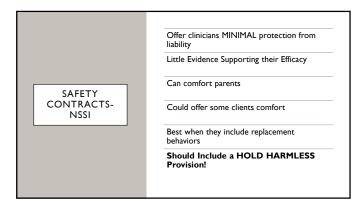
  Shock & Denial
  Anger & Frustration
  Empathy, Sympathy & Sadness
  Guilt
  Fear & Panic
  Loss of Control
  A sense of isolation

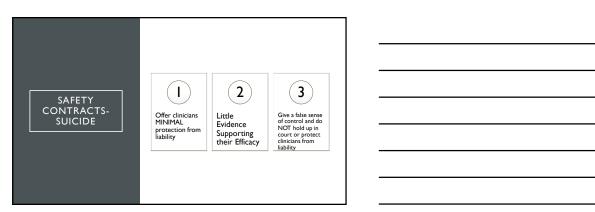












### SAFETY PLANNING

### NSSI

- Help client make a list of replacement behaviors
   Make it on the computer and

  - Make it on the computer and decorate it
    Turn it into an art project/Get creative!
    Provide a Handout or Other resource to your client
    Offer a Handout or Other resource to your client
- Collaborate with those in the child's life in
- this process

### SUICIDALITY

- Safety Planning Intervention (SPI) tool
- Helps client feel that they have a plan in facing suicidal thoughts, plans, behaviors
- Less formal intervention planning
  - Discussion of coping strategies
  - Listing of resources
- Collaborate with those in the child's life in this process

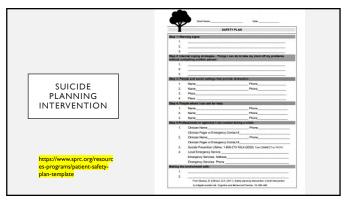
157



## SAFETY PLANNING SUICIDALITY

- Safety Planning Intervention (SPI) tool
- Helps client feel that they have a plan in facing suicidal thoughts, plans, behaviors
- · Less formal intervention planning
  - Discussion of coping strategies
  - Listing of resources
- Collaborate with those in the child's life in this process

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# C.A.L.M. COUNSELING ON ACCESS TO LETHAL MEANS CALM Training Enables the Clinician to: (1) Identify people who could benefit from lethal means counseling (2) Ask about their access to lethal methods (3) Work with them—and their families—to reduce access https://www.sprc.org/resources-programs/calm-counseling-access-lethal-means

### COLLABORATIVE PLANNING

Collaboration with parents and guardians in safety planning is encouraged when appropriate.

This serves to:

- Allay parental fears
- Teach parents how to be available in an appropriate and non-judgmental manner

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### COLLABORATIVE PLANNING

Collaboration with parents and guardians in safety planning is encouraged when appropriate.

This serves to:

- Allay parental fears
- Teach parents how to be available in an appropriate and non-judgmental manner

PARENTAL MONITORING-NSSI

PARENTAL MONITORING-NSSI

PROM Searches
Strip Searches
Offering incentives for "No-Harm"
Punishing NSSI or Suicidal Behavior
Threats & Ultimatums

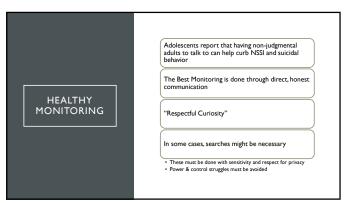
Research shows that the interval between deciding to act and attempting suicide can be as short as 5-10 minutes (CDC)

People tend NOT to substitute a different method when a highly lethal method is unavailable (CDC)

# INDIVIDUAL LEVEL \* Locking firearms \* Limiting quantities of medications that are available \* Restricting access to sharp objects \* Restricting access to harmful household products https://www.hsph.harvard.edu/means-matter/

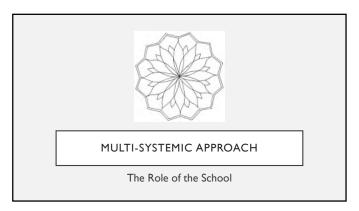
### MEANS RESTRICTION NSSI SUICIDE Not always recommended Typically recommended The episodic nature of suicide attempts makes restriction more effective in some cases Removal of sharp objects and other implements often triggers control issues The youth will likely obtain · Can actually enhance safety of these items through other the youth channels • This can create a false sense of safety in families

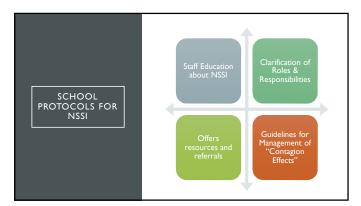
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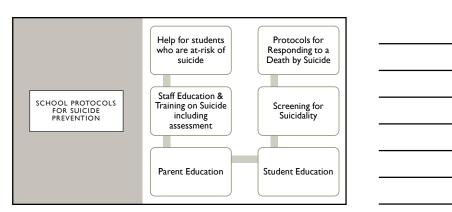


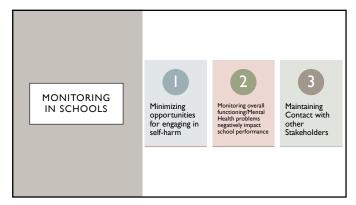
167

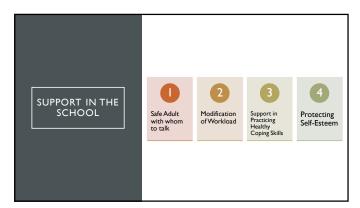
# THE ISSUE OF CONTROL Parents will have an innate desire to control Teens will have an innate resistance to being controlled Frequently, professional help is needed in navigating this balance Developmental frame on this... "Teens want more and more freedom & Parents want to hang onto control."

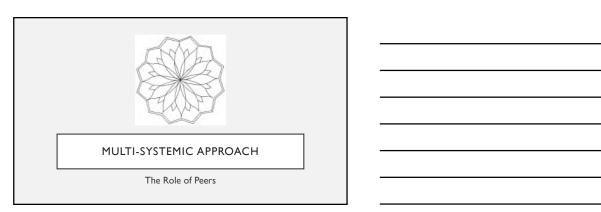


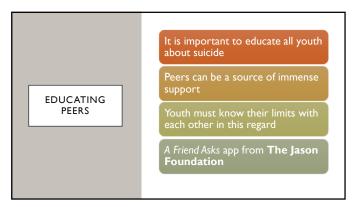




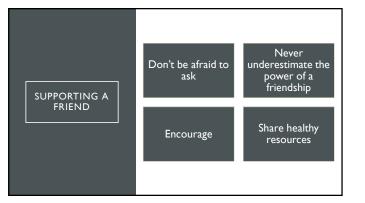












### SEIZE THE AWKWARD

- www.seizetheawkward.org
- Partnership between JED Foundation (www.jedfoundation.org).Ad Council & AFSP
- Having Conversations about Mental Health
- Conversation Starters
- Celebrity Stories about Mental Health

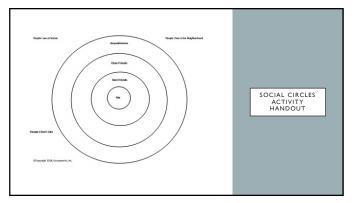


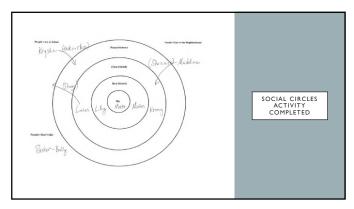
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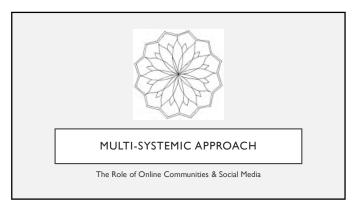


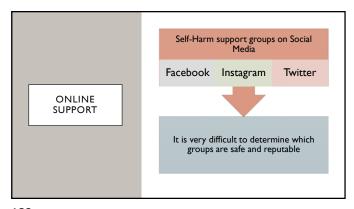


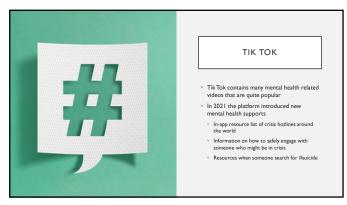
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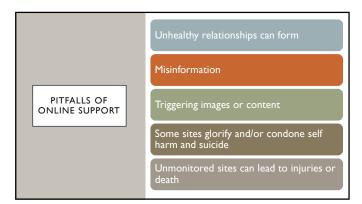




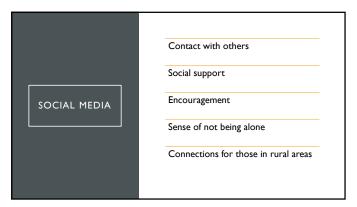


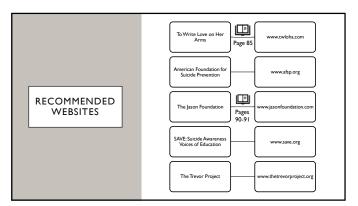


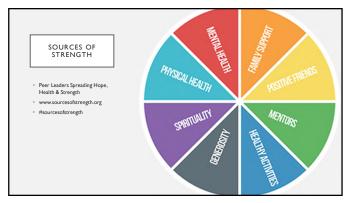




	Is the site moderated?
	By Whom?
THINGS TO CONSIDER ABOUT ANY ONLINE SUPPORT	Does it have Trigger Alerts?
	What are the Community Rules?
	It is for support and encouragement?
	Is pro-NSSI or Suicide content allowed?







### SOURCES OF STRENGTH

- Family Support
- Positive FriendsMentors
- Healthy Activities
- Generosity Spirituality
- Physical Health
- Mental Health



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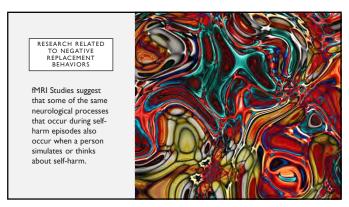
### HEALTHY LIMITS WITH SOCIAL MEDIA

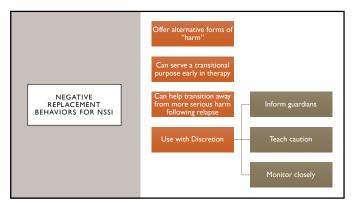
- Setting healthy boundaries and limits
- Find things to do that don't involve social media
- Interact with people 'In Real Life' (IRL)
- Get involved in clubs/activities/sports • Recognize cyber-bullying for what it is
- Keep a good perspective
- Nobody's life is perfect
- People put their best foot forward on social media

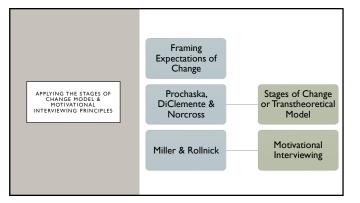
191

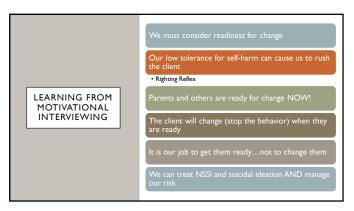
### NEGATIVE REPLACEMENT BEHAVIORS FOR NSSI

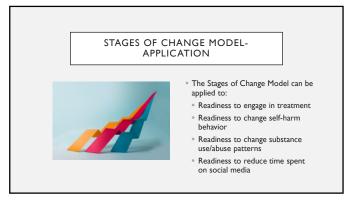
- Using a red marker or paint to simulate blood on the body
- Applying ice packs or holding frozen objects for the pain sensation
- $^{\circ}\,$  Applying a temporary tattoo and scratching it off with fingernails
- Writing in detail about a self-injury episode
- Applying cooling cream to the skin
- Snapping a rubber band on your wrist
- Eating hot or spicy foods
- Attaching movie make up scars to the skin

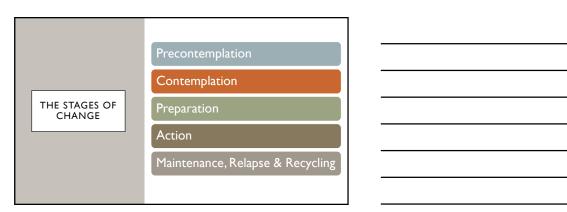


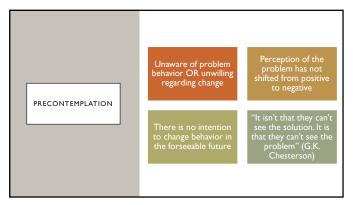


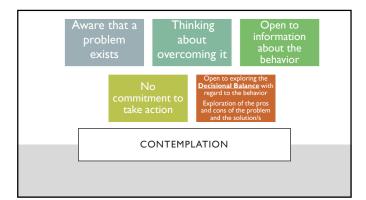


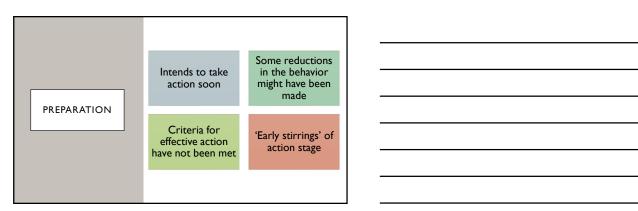




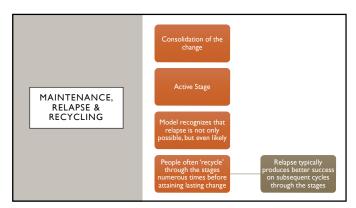






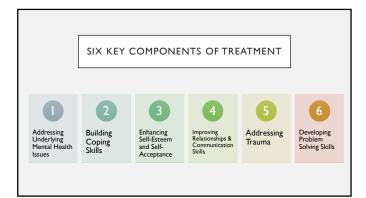


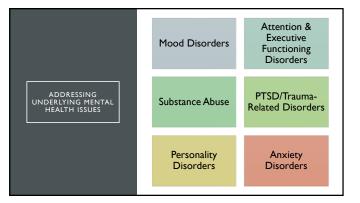


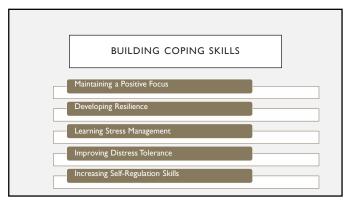


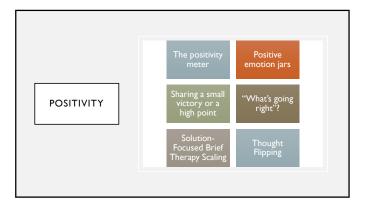




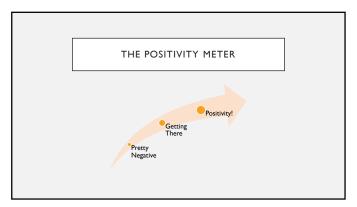


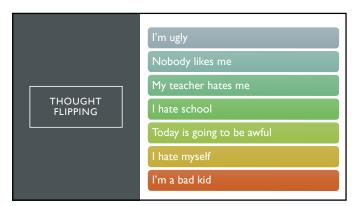


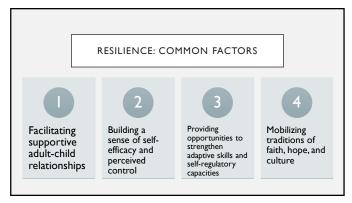




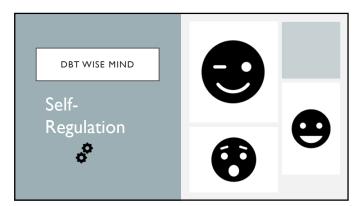


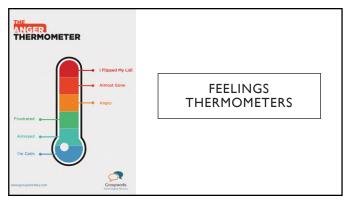


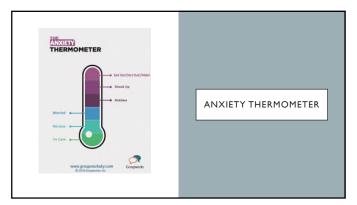


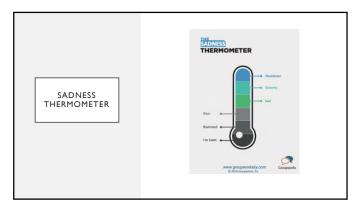


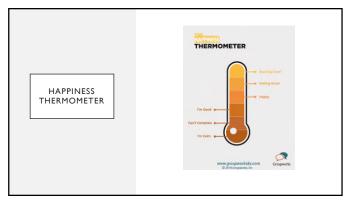


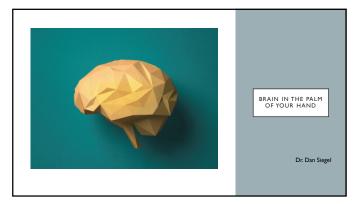








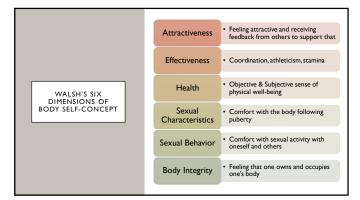




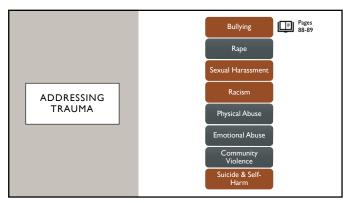


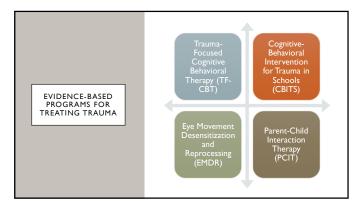






IMPROVING RELATIONSHIPS AND	Family	Improving family relationships  • Better communication  • Increased openness  • Improved emotion regulation	
COMMUNICATION	Peers	Improving peer relationships  • Positive support  • Improved emotion regulation  • Reading accurately  • Accurately conveying one's own feelings	



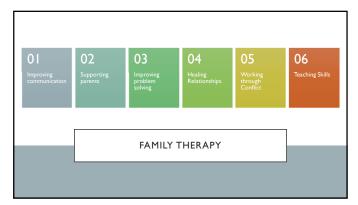


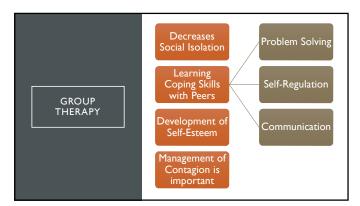
	P-Psychoeducation and Parenting Skills
	R-Relaxation Skills
	A-Affective Expression and Modulation Skills
TRAUMA-FOCUSED	C-Cognitive Coping and Processing Skills
CBT BASIC COMPONENTS	T-Trauma Narration and Processing
	I-In vivo Mastery of Trauma Reminders
	C-Conjoint Child-Parent Sessions
	E-Enhancing Safety and Future Developmental Trajectory







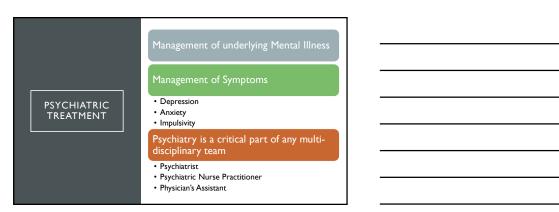


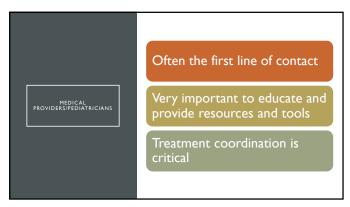


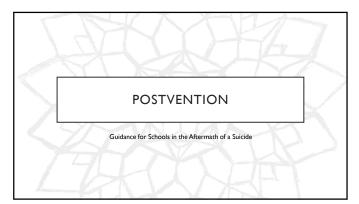




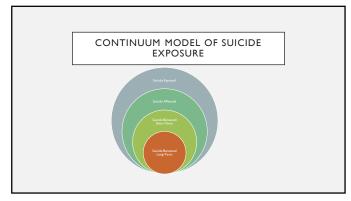








## \* Four Tiers of impact depending upon the person's reaction to the death 1) Suicide Exposed 2) Suicide Affected 3) Suicide Bereaved Short-Term 4) Suicide Bereaved Long-Term



## SUICIDE EXPOSED

- Includes absolutely anyone whose life or activities in any way intersect with a particular suicide fatality
  Everyone who has any connection to the deceased or to the death itself, including witnesses
  Examples include:

- Neighbors
   Peers/Fellow Students
- Faith Leaders/Funeral Directors
   Members of Faith and Other Communities
- Many people in this category have little to no problematic reaction
- Some may experience immediate but transitory shock, curiosity about the event
   Short-term, low-level sadness

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## SUICIDE AFFECTED

- Includes those who were exposed and also have a palpable reaction to the suicide
- Examples include:
- Person who discovered the body
- Fellow students/Classmates
- Anyone triggered/Experiencing Depression or Suicidal Ideation in response
- Will likely benefit from some kind of assistance or support
  The effects of the exposure may be mildy troublesome or more severe, short-term or even longer-term BUT these effects are not related to grief over the loss of the personal relationship with the deceased

## SUICIDE BEREAVED SHORT-TERM

- Consists of people who have been exposed, affected and in addition are having grief reactions to the loss
- Examples:
- Members of the deceased's immediate family
- Close friends
- Longtime Teachers
- Those in this category whose grief follows a course that is typical for a loss to suicide would be able to integrate their experience of this loss into their life
- Those in this category may need a great deal of assistance and support including professional counseling

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## SUICIDE BEREAVED LONG-TERM

- Those who continue to suffer significant aftereffects from the exposure for an extended period of time and who are unable to experience a reasonable return to their normal functioning
- Examples:
- Parents
- Best Friends Siblings



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## CRISIS RESPONSE

- · Upon confirming the death of a student
- Effectively manage the situation
- Provide opportunities for grief support
- Maintain and environment focused on normal educational activities
- Help students cope with their feeling
- Minimize the risk of suicide contagion
- Schools must balance the need to be truthful with the need to be sensitive to the family's wishes

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## SHARING THE NEWS WITH THE SCHOOL COMMUNITY

- Separate communications to school staff and parents and the student community
- Avoid idealizing the person and glorifying suicide
- Talk about the person in a balanced manner
- Address cultural diversity
- Some cultures still see suicide as a moral failing
- $^{\circ}\;$  Be sensitive to beliefs and customs of the family and community
- Use interpreters and translators if necessary



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## HELPING STUDENTS COPE

- Schedule meetings with students in small groups
- Help students identify and express their feelings
- Offer practical coping strategies
- · Reach out to Parents
- Maintain routines and the educational focus of the classroom



## TIPS FOR TALKING ABOUT SUICIDE

- Talk about mental health conditions
  Reassure that mental health problems are treatable
- Talking about suicide in a calm and straightforward way does not put the idea into people's minds
   Avoid Blaming and Scapegoating

- Don't focus on the method
   Focus should be on how to cope with feelings of sadness, loss, anger, etc.

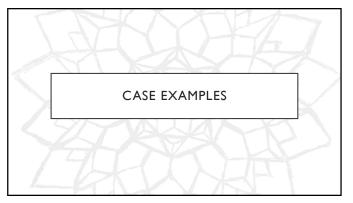
250



## TIPS FOR TALKING ABOUT SUICIDE

- It's OK to feel angry toward the deceased
- Address Feelings of Responsibility
- Help students understand they are not responsible for the person's death
- Reassure those who feel they could have done something to save the deceased
- Promote Help-Seeking
- Encourage students to seek help from a trusted adult if they or a friend are feeling depressed, distressed or suicidal

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## CASE EXAMPLE ONE

- 14 year old male
- Currently engaging in NSSI
- Using an exacto knife to make cuts on his inner thighs and burning himself with cigarettes on his arms
   Primary motivation is to "stop feeling numb"
- Secondary motivation is to keep his girlfriend from leaving
- · Last suicidal ideation was during the last school year
- Thoughts of hanging himself from the rafters in his house
  "Practiced" one night last year when he got high on marijuana



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## CASE EXAMPLE ONE

- His parents know about the self harm. They have taken his car keys until he stops.
- His girlfriend also self harms. They both contend that "self-harm is a valid coping skill" and don't want to stop.
- His swimming coach has suspended him from the team due to concerns about the open cuts.
- He's been using marijuana much more frequently in the past 2 months.



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## CASE EXAMPLE TWO

- Currently engaging in NSSI
- Using an razor blade to make cuts on her arms, shoulders, and breasts. She also carved "slut" on her right hip.
   Primary motivation is to punish herself
- Secondary motivation is to "make my parents suffer"
- · Current suicidal ideation with a vague plan and no intent

  - Thoughts of wanting to die to "make my parents sorry"

    Some thoughts of jumping from a suspension bridge, but afraid of heights



## CASE EXAMPLE TWO

- Her parents know about the self harm and suicidal ideation.
   They have grounded her until she stops cutting.
- She has thoughts about a "dream" in which she was raped.
   In the dream she is about 10 years old.
- She was recently fired from her job due to visible cuts on her arms. She worked in food service and liked her job.
- She's been drinking alcohol a lot lately. Her parents have an extensive liquor collection and don't seem to miss entire bottles from their "closet".

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## CASE EXAMPLE THREE

- Currently engaging in NSSI (Relapse after no NSSI for 3 months)
- tor 3 months)

  Showing items under his fingernalls and using an eraser to cause severe burns on his arms and legs. Sometimes buggs his head against a wall when he doesn't do well in his video game

  Primary motivation is to punish himself

  Secondary motivation is to "feel pain"

  Current suicidal ideation with a plan, but no intent

- Wants to go to heaven "where I won't feel bad anymore"
- Plans to "use my daddy's gun to shoot myself in the



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## CASE EXAMPLE THREE

- · Parents are divorced and there is joint custody. Mother is very attentive but father is inconsistent.
- He has a reading disorder that makes school very difficult. An IEP is under development.
- Paternal grandmother, with whom he is very close, is very ill with cancer.
- Father has a new girlfriend who has moved into his house.







5.

6.

Name:		ale	[	Fema	le
Today's Date: DD MM YY	DD	MMYY	Age	::	
How often in the past month have you:  circle "0" if not at all and circle "3" if daily	not at all	at least once	weekly	daily	
<u>Thought</u> about injuring yourself without the intention to kill yourself?	0	1	2	3	
<u>Actually injured</u> yourself, without the intention to kill yourself?	0	1	2	3	
How often in the past <u>6 months</u> have you:  circle "0" if not at all and circle "4" if daily	not at all	1 to 5 times	monthly	weekly	daily
<u>Thought</u> about injuring yourself without the intention to kill yourself?	0	1	2	3	4
<u>Actually injured</u> yourself, without the intention to kill yourself?	0	1	2	3	4
How often in the past <u>year</u> have you:  circle "0" if not at all and circle "4" if daily	not at all	1 to 5 times	monthly	weekly	daily
<u>Thought</u> about taking your life (killing yourself)?	0	1	2	3	4
Have you ever made an actual attempt to take your life?	no			yes	
If yes, then please indicate the number of times:					
in the past month: in the past 6 months: in the past	year:	orior to one ye	ar ago:		
Have you ever been treated by a doctor after injuring your dressings, etc.)	rself on purpo	se? (e.g., st		, wound	
If yes, how often did a doctor treat you in the <u>past year</u> for hurting you	urself on purpose	e?		time(	(s)
Have you been kept in hospital because of hurting yourself	on purpose?				
	no			yes	
If yes, how many times in the <u>past year</u> did you stay overnight in emer	gency?				
If yes, how many times in the <u>past year</u> did you get admitted to a hosp					_
Mary Kay Nixon, M.D. & Paula Clout Copyright 2005	иег, М.А.				

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OSI v3.1 English

How old were you when you starte	ea to sen-injur	e?				(years
The first time you hurt yourself, w	here did you g	get the idea? (pleas	e 🗸	only one)		
I read about it on an internet website  I read about it on a Web Blog  I read about it in a book or magazine  I saw it happen in a movie or on tele  I saw other people do it in a non-hos	e vision	I heard about it for I heard about it for I saw other people It was my own id	rom othe e do it ii ea	er people in a	hospital set	
When you get the urge to hurt you circle "0" if not at all and circle "4" if extra		Not at all		somewhat	extre	emely
The urge is distressing / upsetting	/	0	1	2	3	4
The urge is comforting The urge is intrusive / invasive		0	1	2	3	4
	king drugs or a	0	1			
The urge is intrusive / invasive		alcohol? no	1			4
The urge is intrusive / invasive	you harm you	alcohol? no	1	2		yes
The urge is intrusive / invasive  o you only harm yourself after take  o you let other people know that	you harm youi	nlcohol? no	1	2	3	yes
The urge is intrusive / invasive  To you only harm yourself after take  To you let other people know that you no one	you harm youi	nlcohol? no rself? nd(s) rchologist/psychiatrist	1	2	3	yes r(s)
The urge is intrusive / invasive  To you only harm yourself after take  To you let other people know that you no one  Some people who do you tell?	you harm youi	nlcohol? no	1	2 fan	mily membe	yes r(s)
The urge is intrusive / invasive  To you only harm yourself after take  To you let other people know that you no one  Some people who do you tell?	you harm youi	no n	1	2 fan	mily member mily doctor mool counsel	yes r(s)



## 12. a) What areas of your body did/do you injure?

Please  $(\sqrt{\ })$  all that apply

	WHEN YOU FIRST STARTED	CURRENTLY (past month if still self- injuring)
Scalp		
Eye(s)		
Ear(s)		
Face		
Nose		
Lips		
Inside of mouth		
Neck/throat		
Chest		
Breast(s)		
Back		
Shoulder(s)		
Abdomen		
Hips/buttock(s)		
Genitals		
Rectum		
Upper arm/elbow		
Lower arm/wrist		
Hand/fingers		
Thigh/knee		
Lower leg/ankle		
Foot/toes		
Other (specify):		

b) Above, please circle the part that you currently injure the most

## 13. a) How did/do you injure yourself (without meaning to kill yourself)?

Please ( $\sqrt{\ }$ ) all that apply

	WHEN YOU FIRST STARTED	CURRENTLY (past month if still self- injuring)
Cutting		
Scratching		
Interfering with wound healing		
Burning		
Biting		
Hitting		
Hair pulling		
Severe nail biting and/or nail injuries		
Piercing skin with sharp pointy objects		
Piercing of body parts		
Excessive use of street drugs		
Excessive use of alcohol		
Trying to break bones		
Headbanging		
Taking too much medication		
Taking too little medication		
Eating or drinking things that are not food		
Other (specify):		

b) Above, please circle the method that you currently use the most

OSI v3.1 English

14. Why did you start? If you continue, why do you continue?

		• · · · y	uiu y	<u> </u>	tart?	wny	ao y	ou c	ontii	nue?
Why do you think you started and if you continue, why do you still self-injure (without meaning to kill yourself)?  Please circle the number that best represents how much your self-injury is due to that reason. Circle "0" if it has never been a reason that you self-injure and "4" if it has always been a reason that you self-injure.	Never a reason		Sometimes a reason		Always a reason	Never a reason		Sometimes a reason		Always a reason
1. to release unbearable tension	0	1	2	3	4	0	1	2	3	4
2. to experience a "high" that feels like a drug high	0	1	2	3	4	0	1	2	3	4
3. to stop my parents from being angry with me	0	1	2	3	4	0	1	2	3	4
4. to stop feeling alone and empty	0	1	2	3	4	0	1	2	3	4
5. to get care or attention from other people	0	1	2	3	4	0	1	2	3	4
6. to punish myself	0	1	2	3	4	0	1	2	3	4
7. to provide a sense of excitement that feels exhilarating	0	1	2	3	4	0	1	2	3	4
8. to avoid getting into trouble for something I did	0	1	2	3	4	0	1	2	3	4
9. to distract me from unpleasant memories	0	1	2	3	4	0	1	2	3	4
10. to change my body image and/or appearance	0	1	2	3	4	0	1	2	3	4
11. to belong to a group	0	1	2	3	4	0	1	2	3	4
12. to release anger	0	1	2	3	4	0	1	2	3	4
13. to show others how hurt or damaged I am	0	1	2	3	4	0	1	2	3	4
14. to experience physical pain in one area, when the other pain I feel is unbearable	0	1	2	3	4	0	1	2	3	4
15. to stop people from expecting so much from me	0	1	2	3	4	0	1	2	3	4
16. to relieve feelings of sadness or feeling "down"	0	1	2	3	4	0	1	2	3	4
17. to stop me from thinking about ideas of killing myself	0	1	2	3	4	0	1	2	3	4
18. to stop me from acting out ideas of killing myself	0	1	2	3	4	0	1	2	3	4
19. to produce a sense of being real when I feel numb and "unreal"	0	1	2	3	4	0	1	2	3	4
20. to release frustration	0	1	2	3	4	0	1	2	3	4
21. to get out of doing something that I don't want to do	0	1	2	3	4	0	1	2	3	4
22. to prove to myself how much I can take	0	1	2	3	4	0	1	2	3	4
23. for sexual excitement	0	1	2	3	4	0	1	2	3	4
24. to diminish feeling of sexual arousal	0	1	2	3	4	0	1	2	3	4
25. other (please specify):	0	1	2	3	4	0	1	2	3	4

OSI v3.1 English

njured yourself in questions 1-4, do you feel relief (better)	Never		Sometimes		Always
circle "0" if never and circle "4" if always	0	1	2	3	4
nce you think about harming yourself, do you always do it?	yes				no
ing it? (Please ( $\sqrt{\ }$ ) 1 item only)	ŕ		_	t it an	d
a you feel physical pain when you harm yourself?	Never	So	metimes	A	Always
circle "0" if never and circle "4" if always	0	1	2	3	4
o you hurt or think about hurting yourself after stressful things appen?	Never	So	ometimes	,	Always
circle "0" if never and circle "4" if always	0	1	2	3	4
uation(s) typically led to self-injury?					ssful
	njured yourself in questions 1-4, do you feel relief (better) fiter harming yourself?  circle "0" if never and circle "4" if always  If you feel relief, how long does the relief last? (please (√) only of less than 1 minute	If you feel relief, how long does the relief last? (please (√) only one)    less than 1minute	If you feel relief, how long does the relief last? (please (√) only one)    less than 1 minute	If you feel relief, how long does the relief last? (please (√) only one)    less than 1 minute	national yourself in questions 1-4, do you feel relief (better)    Never   Sometimes



20.

Since you started to self-injure, have you found that: circle "0" if never and circle "4" if always	Never	S	ometimes	5	Always
1.The self-injurious behaviour occurs more often than intended?	0	1	2	3	4
2. The severity in which the self-injurious behaviour occurs has increased (e.g., deeper cuts, more extensive parts of your body)?	0	1	2	3	4
3. If the self-injurious behaviour produced an effect when started, you now need to self-injure more frequently or with greater intensity to produce the same effect?	0	1	2	3	4
4. This behaviour or thinking about it consumes a significant amount of your time (e.g., planning and thinking about it, collecting and hiding sharp objects, doing it and recovering from it)?	0	1	2	3	4
5. Despite a desire to cut down or control this behaviour, you are unable to do so?	0	1	2	3	4
6. You continue this behaviour despite recognizing that it is harmful to you physically and/or emotionally?	0	1	2	3	4
7. Important social, family, academic or recreational activities are given up or reduced because of this behaviour?	0	1	2	3	4

21.

If you are trying to resist hurting yourself, you do instead? Please $(\checkmark)$ all that apply	what do
Never try to resist	
Talk with someone	
Exercise / sports	
Reading writing, music, dance	
Watch television, play video or computer games	
Do things to relax (e.g., hot bath, yoga, deep breathing)	
Use alcohol and or street drugs	
Do anything to keep hands busy	
Other (specify):	

b) For question 21, please circle the <u>most helpful thing</u> you do to resist hurting yourself.



OSI	OTTAWA SELF-INJU	RY IN\	/ENTC	DRY		OSI v	3.1 Englis	h
How motivated are y	ou at this time to stop self-injurin	No g? Mot	t at all tivated		newhat ivated	E	xtremely lotivated	,
			0	1	2	3	4	
harm?	any, have you received with the g $()$ all items that apply)	oal of redu	ıcing an	d/or e	liminati	ng yo	ur self-	
I have not had trea individual therapy family therapy	I declined treatment school counselling medication (please spec	ify)	Self help		elf-help b	ooks, i	internet)	
other (please specify)								-
I have not had trea individual therapy family therapy other (please specify)	any, have you found the most hel  (√) all items that apply)  tment	Self help ( group ther	e.g., self- apy	help boo	oks, interi	net)	trongly	-
experience of Self-In	ionnaire nas fully described my ijury		agree		gree		Agree	I
			0	1	2	3	4	
Is there anything els	se you would like to share with us	regarding	your se	lf-injui	ry beha	viour	?	<b>-</b>
								- -



## Helpful questions to assess sharing about self-injury practices online

- How often do you visit the Internet to get or share health information?
- Have you ever made friends over the Internet?
- Have you ever visited a Web site to find out about or to talk about self-injury?
- Are there places you regularly go to find out about or to talk about self-injury?
- How often do you visit this/these site(s)?
- What do you like to do most while there?
- Do you like to post messages (or videos) or do you like to just see what is happening?
- What type of site(s) do you visit?
- Can you tell me the name of the sites you like the best?
- How close do you consider your Internet friends to be?
- Have you ever met with friends you made online?
- How comfortable do you feel hearing stories from others who self-injure?
- Have you shared your own story? How did this feel?
- What do you like most about having friends that you only really know through the Internet?
- How honest are you when you share information on the Web? (Do you minimize or tend to embellish?)
- Do you tend to remain anonymous, or do you share your name and contact information?
- Do you have Internet friends with whom you talk about self-injury?
- Do you ever take their advice?
- Can you provide examples of advice you got from an Internet friend that you used?

## **Alexian Brothers Urge to Self-Injure Scale (ABUSI)**

The questions below apply to the last week. Place an "X" in the box next to the most appropriate statement

1.	How ofte	en have you though Never, 0 times in the	•	ng yourself or a	about how you wa	ant to injure	yourself?
		Rarely, 1 -2 times	in the last wee	k			
		Occasionally, 3 – 4	4 times in the 1	ast week			
		Sometimes, $5-10$	times in the la	st week, or 1 -2	times a day		
		<b>Often</b> , 11 – 20 time	es in the last w	eek, or $2-3$ tin	nes a day		
		Most of the time, 2	20 – 40 times i	n the last week,	or $3 - 6$ times a da	ay	
		Nearly all of the	time, more th	nat 40 times in	the last week, or	more than 6	times a day
2.	At the m	ost severe point, ho	w strong was	your urge to se	elf-injure in the la	st week?	
		None at all.					
		<b>Slight</b> , that is, a ver	ry mild urge.				
		Mild Urge.					
	ᆜ	Moderate Urge.					
	닏	Strong Urge, but e	asily controlle	d.			
	닏	Strong Urge, but d	<b>ifficult</b> to cont	trol.			
		Strong Urge and w	vould have sel	f-injured if abl	e to.		
			, odia ila ve sei	- 11.jun va 11 u.			
3.	How mu	<b>.</b>		ŭ		t how you wa	nt to injure yourself?
3.		ch time have you sp	pent thinking	about injuring	yourself or about		
	None.	ch time have you sp	pent thinking a	about injuring  46-90 min.	yourself or about	t how you wa 3-6 hrs.	nt to injure yourself?  More than 6 hrs.
<ol> <li>4.</li> </ol>	None.	ch time have you sp	pent thinking a	about injuring  46-90 min.	yourself or about		
4.	None.  How diff	ch time have you sp Less than 20 min. Ficult was it to resis	pent thinking and the control of the	about injuring  46-90 min.  urself in the last	yourself or about  90 min to 3 hrs.  week?	3-6 hrs.	More than 6 hrs.
4.	None.	ch time have you sp Less than 20 min. Ficult was it to resis	pent thinking a	about injuring  46-90 min.	yourself or about		
4. No	None.  How difficult at all  Keeping	ch time have you specifically was it to resist that Wery mildly difficult	21-45 min.  t injuring you  Mildly difficult  onses to the pr	about injuring 46-90 min.  urself in the last  Moderately difficult	yourself or about  90 min to 3 hrs.  week?  Very difficult	3-6 hrs.  Extremely difficult	More than 6 hrs.  Was not able
4. No	None.  How difficult at all  Keeping injure yo	Less than 20 min.  Cicult was it to resis  Very mildly difficult  in mind your response.	21-45 min.  t injuring you  Mildly difficult  onses to the preek.	about injuring 46-90 min.  arself in the last  Moderately difficult  revious question	yourself or about  90 min to 3 hrs.  week?  Very difficult  ns, please rate you	3-6 hrs.  Extremely difficult	More than 6 hrs.  Was not able to resist
4. No	None.  How difficult at all  Keeping injure you	Less than 20 min.  Cicult was it to resis  Very mildly difficult  in mind your responses to the last we	21-45 min.  t injuring you  Mildly difficult  onses to the preek.  ad never had the	about injuring 46-90 min.  arself in the last Moderately difficult revious question the urge to self-in	yourself or about  90 min to 3 hrs.  week?  Very difficult  ns, please rate you	3-6 hrs.  Extremely difficult	More than 6 hrs.  Was not able to resist
4. No	None.  How difficult at all  Keeping injure you Rare	Less than 20 min.  Ficult was it to resis  Very mildly difficult  in mind your responself in the last were thought about it ar	21-45 min.  t injuring you  Mildly difficult  onses to the preek.  and never had the and rarely had	about injuring 46-90 min.  arself in the last Moderately difficult revious question the urge to self-in	yourself or about  90 min to 3 hrs.  t week?  Very difficult  ns, please rate you  njure.  injure.	3-6 hrs.  Extremely difficult ar overall ave	More than 6 hrs.  Was not able to resist
4. No	None.  How difficult at all  Keeping injure you Rare	Less than 20 min.  Ticult was it to resis  Very mildly difficult  in mind your responself in the last were thought about it and the last with the last were thought about it and the last with the last were thought about it and the last were the las	21-45 min.  t injuring you  Mildly difficult  onses to the preek.  ad never had the and rarely had but it and occasion.	about injuring 46-90 min.  arself in the last Moderately difficult revious question the urge to self-in the urge to self-in sionally had the	yourself or about  90 min to 3 hrs.  t week?  Very difficult ns, please rate you  njure. injure. urge to self-injure	3-6 hrs.  Extremely difficult ar overall ave	More than 6 hrs.  Was not able to resist
4. No	None.  How difficult at all  Keeping injure you Rare Occase Some	Less than 20 min.  Ticult was it to resis  Very mildly difficult  in mind your responself in the last was thought about it are ly thought about it are sionally thought about about the last was sionally thought about it are sionally thought about all the sionally thought about a sionally thought about a sionally thought about a sionally thought about a sionally tho	21-45 min.  21-45 min.  t injuring you  Mildly difficult  onses to the preek.  ad never had the and rarely had but it and occast it and sometime.	about injuring 46-90 min.  urself in the last  Moderately difficult revious question the urge to self-in the urge to self-in sionally had the	yourself or about  90 min to 3 hrs.  tweek?  Very difficult  ns, please rate you  njure. injure. e urge to self-injure ge to self-injure.	3-6 hrs.  Extremely difficult ar overall ave	More than 6 hrs.  Was not able to resist
4. No	None.  How difficult at all  Keeping injure you Rare Occa	Less than 20 min.  Ticult was it to resis  Very mildly difficult  in mind your responses in the last was thought about it are is in the last was in the last w	21-45 min.  21-45 min.  tinjuring you  Mildly difficult  onses to the preek.  ad never had the and rarely had but it and occase tit and sometical ad often had the	about injuring 46-90 min.  urself in the last Moderately difficult revious question the urge to self-in the urge to self-in sionally had the mes had the urge e urge to self-in	yourself or about  90 min to 3 hrs.  week?  Very difficult  ns, please rate you  njure.  injure.  urge to self-injure.  ge to self-injure.  jure.	3-6 hrs.  Extremely difficult ar overall ave	More than 6 hrs.  Was not able to resist

# Alexian Brothers Level of Care Criteria for Patients with Non-Suicidal Self-Injury



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Treatment availability	Environmental Support	Functional Impairment	Treatment Adherence	Motivation	Urge to Self-Injure	Frequency & Severity	Lethality	Behavior	Intent to Act	Plan	Ideation	Factors	Contributing
Within driving dist	Family or significant others able	Self sufficient in community		Fair to good	No urges, OR Able and willing to resist acting on urges	Episodic, superficial injuries		No attempt or history of attempt (> 1 month)		Without plan; OR		Outpatient	Level 1
Within driving distance or able to stay at hotel near treatment center	Family or significant others able to provide minimally adequate emotional support and structure	Needs intermittent monitoring and structure to function	Adheres to Treatment Plan	Fair	Urges, but able and willing to resist acting on urges	Multiple times per week of Intermittent injuries requir	None or minor	of attempt (> 1 month)	Able and willing to keep self alive	lan; OR		Intensive Outpatient	Level 2
treatment center	motional support and structure	Needs daily monitoring and structure to function		Partial motivation	Moderate urges and not always able or willing to resist acting on urges	Multiple times per week of superficial injuries AND/OR Intermittent injuries requiring some medical attention		Aborted or self-interrupted atte		Without plan; OR	Wish to be dead or suicidal thoughts	Partial Hospitalization	Level 3
Too far to drive or not safe to stay in hotel near treatment center	Family or significant others unable to provide minimally adequate emotional support and structure	Needs 24 hour supervision for functioning	Only adherent in a highly structured environment	Poor to fair	Strong urges and not able or willing to resist acting on urges	Multiple times per week of superficial injuries OR Intermittent injuries requiring substantial medical attention	Moderate or higher	Aborted or self-interrupted attempt (past week); OR actual or interrupted attempt (past month)	Willing, but not able to keep self alive	an; OR With plan AND…	ts	Residential Treatment Center	Level 4
y in hotel near treatment center	le to provide minimally adequate ort and structure	vision for functioning	Not adherent; OR only adherent in a highly structured envrionment	Very poor to poor	Strong urges and not able or willing to resist acting on urges; OR Any urge to ingest or insert objects that may result in internal injury	Multiple times per day of superficial injuries; OR Intermittent injuries requiring substantial medical attention; OR Any ingestion or insertion of objects that may result in internal injury	or higher	Actual or interrupted attempt (past week)	Not willing or not able to keep self alive	With plan; OR		Inpatient Hospitalization	Level 5

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# Alexian Brothers Level of Care Criteria for Patients with Non-Suicidal Self-Injury

## **Definitions**

Level 1: Does not require monitoring, significant structure, or intervention to interrupt NSSI or to maintain safety outside of program

Level 2: Requires minimal monitoring, structure, and intrevention to interrupt NSSI. Is generally able to maintain safety outside of program

Level 3: Requires monitoring (generally daily), increased structure, and intervention to interrupt NSSI and to maintain safety outside of program.

Level 4: Requires significant monitoring, externally imposed structure, and interventions to interrupt NSSI and to maintain safety outside of program.

Level 5: Requires 24-hour intensive monitoring, structured support, or constant intervention to interrupt NSSI or to maintain safety outside of program.

Able = Patient has the necessary skills and resources necessary to keep self safe/resist urges

Willing = Patient chooses or intends to choose to use skills or resources to keep self safe/resist urges

Suicidality = best measured by the Columbia Suicide Severity Scale (C-SSRS)

Ottawa Self-Injury Inventory, Self-Injurious Thoughts and Behaviors) NSSI frequency & severity = multiple measures available (e.g., Alexian Brothers Assessment of Self-Injury, Inventory of Statements about Self-Injury,

Urge to Self Injure = can be measured by the Alexian Brothers Urge to Self-Injure scale



## **NSSI Case Example One**

Marcus is a 9 year old male. He is diagnosed with ADHD and Disruptive Mood Dysregulation Disorder. He bangs his head on the bleachers at school when he doesn't play well on the basketball team.

He has recently started burning himself with erasers in his room at night. He is clear that he doesn't want to die. Marcus

## Alexian Brothers Urge to Self-Injure Scale (ABUSI)

The questions below apply to **the last week**. Place an "X" in the box next to the most appropriate statement

1.	How oft	en have you though Never, 0 times in the		ng yourself or a	about how you wa	ant to injure	yourself?
		Rarely, 1 -2 times	in the last weel	K			
		Occasionally, 3 – 4	times in the la	ast week			
	V	Sometimes, $5-10$	times in the la	st week, or 1 -2	times a day		
		<b>Often</b> , 11 – 20 time	es in the last w	eek, or $2-3$ tim	nes a day		
		Most of the time, 2	20-40 times in	n the last week,	or $3-6$ times a da	ay	
		Nearly all of the	time, more th	nat 40 times in	the last week, or	more than 6	times a day
2.	At the m	ost severe point, ho	w strong was	your urge to se	elf-injure in the la	st week?	
		None at all.					
		Slight, that is, a ver	ry mild urge.				
		Mild Urge.					
		Moderate Urge.					
		Strong Urge, but e	asily controlled	d.			
		Strong Urge, but d	ifficult to cont	rol.			
		Strong Urge and w	vould have sel	f-injured if abl	e to.		
3.	How mu	ch time have you sp	pent thinking a	about injuring 46-90 min.	yourself or about 90 min to 3 hrs.	t how you wa 3-6 hrs.	nt to injure yourself?  More than 6 hrs.
4.	How dif	ficult was it to <u>resis</u>	t injuring you	rself in the last	week?		
N	ot difficul at all	Very mildly difficult	Mildly difficult	Moderately difficult	Very difficult	Extremely difficult	Was not able to resist
5.		in mind your respo ourself in the last w		evious question	ns, please rate you	ur <i>overall ave</i>	erage urge or desire to
	Neve	er thought about it ar	nd <b>never</b> had th	ne urge to self-ir	njure.		
		ely thought about it a			J		
	Occ	asionally thought abo	out it and occa	sionally had the	urge to self-injure	2.	
		etimes thought abou					
		<b>n</b> thought about it an			jure.		
	Ofte		d often had th	e urge to self-in	,	of the time.	



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## NSSI Case Fxample Two

Celine S.\*

14 year old Female

Celine is being seen in an outpatient clinic setting. She is coming in following an NSSI relapse that was triggered by arguments with her girlfriend of 3 months. This is Celine's longest relationship. She was successful in stopping NSSI in her previous course of therapy.

\*This is a fictional profile. No Private Health Information is revealed in this case example or any of the supporting materials.

OSI v3.1 English

	Name: Celine S. Sex: Male Female  Today's Date: 11 DD 30 MM 2017Y Date of Birth: DD 04 MM 03 YY Age: 14
۱.[	How often in the past month have you:  circle "0" if not at all and circle "3" if daily
	Thoughtabout injuring yourself without the intention to kill yourself?0123Actually injuredyourself, without the intention to kill yourself?0123
2.	How often in the past 6 months have you:  circle "0" if not at all and circle "4" if daily  daily  A get in the past 6 months have you:  The past 6 months have you:  The past 11 months have you in the past 12 months have
	Thought about injuring yourself without the intention to kill yourself?  0 1 2 3 4  Actually injured yourself, without the intention to kill yourself? 0 1 2 3 4
3.	How often in the past year have you:  circle "0" if not at all and circle "4" if daily  daily  daily
	Thought about taking your life (killing yourself)? 0 (1) 2 3 4
4.	Have you ever made an actual attempt to take your life? no yes  If yes, then please indicate the number of times:
	in the past month: in the past 6 months: in the past year: prior to one year ago:
5.	Have you ever been treated by a doctor after injuring yourself on purpose? (e.g., stitches, wound dressings, etc.)
	If yes, how often did a doctor treat you in the <u>past year</u> for hurting yourself on purpose? time(s)
6.	no yes
	If yes, how many times in the <u>past year</u> did you stay overnight in emergency?
	If yes, how many times in the <u>past year</u> did you get admitted to a hospital unit?



	How old were you when you started to s	lf-injure?	X		(years old)
<b>3.</b>	The first time you hurt yourself, where o	d you get the idea? (	please 🕡 onl	y one)	
	I read about it on an internet website  I read about it on a Web Blog  I read about it in a book or magazine  I saw it happen in a movie or on television  I saw other people do it in a non-hospital se	I heard abo	out it from other p		
).	When you get the urge to hurt yourself:  circle "0" if not at all and circle "4" if extremely The urge is distressing / upsetting The urge is comforting The urge is intrusive / invasive	(	at all so	2 3 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	tremely  4  4  4
				_	-
.0.	Do you <u>only</u> harm yourself after taking d	igs or alcohol?	no		yes



## 12. a) What areas of your body did/do you injure?

Please (√) all that apply

_			
		WHEN YOU FIRST STARTED	CURRENTLY (past month if still self- injuring)
ı	Scalp		
	Eye(s)	/	
	Ear(s)	·	
	Face		
	Nose		
	Lips		
	Inside of mouth	/	
	Neck/throat	·	
	Chest		
	Breast(s)		
	Back		
	Shoulder(s)		
	Abdomen		
	Hips/buttock(s)		
	Genitals		
	Rectum		
	Upper arm/elbow		
	Lower arm/wrist		
	Hand/fingers		
	Thigh/knee		
	Lower leg/ankle		
	Foot/toes		
	Other (specify):		
	L	L	<u></u>

b) Above, please circle the part that you currently injure the most

## 13. a) How did/do you injure yourself (without meaning to kill yourself)?

Please ( $\sqrt{\ }$ ) all that apply

		WHEN YOU FIRST STARTED	CURRENTLY (past month if still self- injuring)
	Cutting		
Ч	Scratching		
	Interfering with wound healing		
	Burning	Y	
	Biting		
	Hitting		
	Hair pulling		
	Severe nail biting and/or nail injuries		
	Piercing skin with sharp pointy objects		
	Piercing of body parts	·	
	Excessive use of street drugs		
	Excessive use of alcohol  Trying to break bones		
	Headbanging		
	Taking too much medication	Ī	
	Taking too little medication Eating or drinking things that are not food		
	Other (specify): punching	/	

b) Above, please circle the method that you currently use the most



OSI v3.1 English

If you continue,

14.

Why did you start? why do you continue? Sometimes a reason Sometimes a reasor Why do you think you started and if you continue, why do you still Always a reason reason a reason a reason self-injure (without meaning to kill yourself)? Please circle the number that best represents how much your self-injury is due to that Alwavs a reason. Circle "0" if it has never been a reason that you self-injure and "4" if it has Never Never always been a reason that you self-injure. 1. to release unbearable tension 2. to experience a "high" that feels like a drug high Ò 3. to stop my parents from being angry with me 4. to stop feeling alone and empty 5. to get care or attention from other people 6. to punish myself 7. to provide a sense of excitement that feels exhilarating 8. to avoid getting into trouble for something I did 9. to distract me from unpleasant memories 10. to change my body image and/or appearance 11. to belong to a group 12. to release anger 13. to show others how hurt or damaged I am 14. to experience physical pain in one area, when the other pain I feel is unbearable 15. to stop people from expecting so much from me 16. to relieve feelings of sadness or feeling "down" 17. to stop me from thinking about ideas of killing myself 18. to stop me from acting out ideas of killing myself 19. to produce a sense of being real when I feel numb and "unreal" 20. to release frustration 21. to get out of doing something that I don't want to do 22, to prove to myself how much I can take 23. for sexual excitement 24. to diminish feeling of sexual arousal 25. other (please specify):



OSI v3.1 English

15.	If you indicated that you had thought about or actually injured yourself in questions 1-4, do you feel relief (better) after harming yourself?	Never	<b>S</b>	Sometimes	Alwa	ıys
	circle "0" if never and circle "4" if always	0	1	2	(3)	4
	If you feel relief, how long does the relief last? (please ( $$ ) only one	<u> </u>				
	less than 1minute 1 to 5 minutes 6 to 30 minute	tes				
	31 to 60 minutes hours days					
16.	Once you think about harming yourself, do you always do it?	yes			no	
	When you hurt yourself on purpose, on average, how much time goe doing it? (Please $(\sqrt{\ })$ 1 item only)	es by betw	een thin	king about	t it and	
	less than 1 minute  1 minute to 5 minutes  6 minutes to 30 minutes  days	utes but le	ess than	1 hour		
-	6 minutes to 30 minutes days					
18.	Do you feel physical pain when you harm yourself?	lever	Sor	netimes	Alway	'S
	circle "0" if never and circle "4" if always	0	1	(2)	3 4	
_						
19.	Do you hurt or think about hurting yourself after stressful things happen?	Never	So	metimes	Alwa	ys
	circle "0" if never and circle "4" if always	0	1	(2)	3 4	
	If you indicated that you thought about or actually injured yourself in situation(s) typically led to self-injury?	n question:	s 1-4, w	hat kinds o	of stressful	
	abandonment (please specify)					
	failure (please specify) Not teeling good er	rough	<del>-</del>			
	loss (please specify)	<u> </u>	اب 'ء	,		
	rejection (please specify) fight with friend	9 01	9121	then	<u>d</u>	
	other (please specify)		energia de la descripción de la contrata de la cont	***************************************		



20.

Since you started to self-injure, have you found that: circle "0" if never and circle "4" if always	Never	S	ometimes		Always
1.The self-injurious behaviour occurs more often than intended?	0	1	(2)	3	4
2. The severity in which the self-injurious behaviour occurs has increased (e.g., deeper cuts, more extensive parts of your body)?	0		2	3	4
3. If the self-injurious behaviour produced an effect when started, you now need to self-injure more frequently or with greater intensity to produce the same effect?	0	1	(2)	3	4
4. This behaviour or thinking about it consumes a significant amount of your time (e.g., planning and thinking about it, collecting and hiding sharp objects, doing it and recovering from it)?	0	1	2	3	4
5. Despite a desire to cut down or control this behaviour, you are unable to do so?	0		2	3	4
6. You continue this behaviour despite recognizing that it is harmful to you physically and/or emotionally?	0	1	2	3	4
7. Important social, family, academic or recreational activities are given up or reduced because of this behaviour?	0	1	2	3	4

21.

If you are trying to resist hurting yourself, you do instead? <u>Please (√) all that apply</u>	what do
Never try to resist	
Talk with someone	
Exercise / sports	
Reading writing, music, dance	
Watch television, play video or computer games	
Do things to relax (e.g., hot bath, yoga, deep breathing)	
Use alcohol and or street drugs	
Do anything to keep hands busy	
Other (specify):	

b) For question 21, please circle the most helpful thing you do to resist hurting yourself.



OSI v3.1 English

How motivated are you at this time to stop self-injuring?	Not at all Motivated	Somewhat Motivated	Extremely Motivated
	0	1 2	3 4
What treatment(s) if any, have you received with the goal arm?  (Please (√) all items that apply)	of reducing ar	nd/or eliminati	ng your self-
I have not had treatment	group th	o (e.g., self-help b nerapy	pooks (internet)
ther (please specify)			1944-1944 Addition of the State
What treatment(s) if any, have you found the most helpfularm?  (Please ( $\sqrt{\ }$ ) all items that apply)	l in reducing a	nd/or eliminat	ing your self-
Lhave not had treatment I declined treatment Se	elf help (e.g., self-	-help books, inter	net)
	oup therapy		-
family therapy medication (please specify)		W. W. A. Waller	
ther (please specify)			
feel that this questionnaire has fully described my	Strongly Disagree	Somewhat Agree	Strongly Agree
	Strongly Disagree	Somewhat Agree	Agree
feel that this questionnaire has fully described my	Strongly Disagree	Somewhat Agree 1 2	Agree 4
feel that this questionnaire has fully described my experience of Self-Injury	Strongly Disagree	Somewhat Agree 1 2	Agree 4
feel that this questionnaire has fully described my experience of Self-Injury	Strongly Disagree	Somewhat Agree 1 2	Agree 4
feel that this questionnaire has fully described my experience of Self-Injury	Strongly Disagree	Somewhat Agree 1 2	Agree 4
feel that this questionnaire has fully described my experience of Self-Injury	Strongly Disagree	Somewhat Agree 1 2	Agree 4
feel that this questionnaire has fully described my experience of Self-Injury	Strongly Disagree	Somewhat Agree 1 2	Agree 4

### **RESOURCES**

- Download this card and additional resources at http://wwww.sprc.org
- Resource for implementing The Joint Commission 2007 Patient
   Safety Goals on Suicide <a href="http://www.sprc.org/library/jcsafetygoals.pdf">http://www.sprc.org/library/jcsafetygoals.pdf</a>
- SAFE-T drew upon the American Psychiatric Association
   Practice Guidelines for the Assessment and Treatment of
   Patients with Suicidal Behaviors http://www.psychiatryonline.com/
   pracGuide/pracGuideTopic\_14.aspx
- Practice Parameter for the Assessment and Treatment of Children and Adolescents with Suicidal Behavior. Journal of the American Academy of Child and Adolescent Psychiatry, 2001, 40 (7 Supplement): 24s-51s

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### National Suicide Prevention Lifeline 1-800-273-TALK (8255)



http://www.sprc.org



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### SAFE-T

### Suicide Assessment Five-step Evaluation and Triage

1

### **IDENTIFY RISK FACTORS**

Note those that can be modified to reduce risk

2

### **IDENTIFY PROTECTIVE FACTORS**

Note those that can be enhanced

3

### **CONDUCT SUICIDE INQUIRY**

Suicidal thoughts, plans, behavior, and intent

4

### **DETERMINE RISK LEVEL/INTERVENTION**

Determine risk. Choose appropriate intervention to address and reduce risk

5

### DOCUMENT

Assessment of risk, rationale, intervention, and follow-up



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Substance Abuse and Mental Health Services Administration www.samhsa.gov Suicide assessments should be conducted at first contact, with any subsequent suicidal behavior, increased ideation, or pertinent clinical change; for inpatients, prior to increasing privileges and at discharge.

### 1. RISK FACTORS

- ✓ Suicidal behavior: history of prior suicide attempts, aborted suicide attempts, or self-injurious behavior
- ✓ Current/past psychiatric disorders: especially mood disorders, psychotic disorders, alcohol/substance abuse, ADHD, TBI, PTSD, Cluster B personality disorders, conduct disorders (antisocial behavior, aggression, impulsivity)
  Co-morbidity and recent onset of illness increase risk
- ✓ Key symptoms: anhedonia, impulsivity, hopelessness, anxiety/panic, global insomnia, command hallucinations
- ✓ Family history: of suicide, attempts, or Axis 1 psychiatric disorders requiring hospitalization
- ✓ Precipitants/Stressors/Interpersonal: triggering events leading to humiliation, shame, or despair (e.g., loss of relationship, financial or health status—real or anticipated). Ongoing medical illness (esp. CNS disorders, pain). Intoxication. Family turmoil/chaos. History of physical or sexual abuse. Social isolation
- ✓ Change in treatment: discharge from psychiatric hospital, provider or treatment change
- √ Access to firearms
- 2. PROTECTIVE FACTORS Protective factors, even if present, may not counteract significant acute risk
  - ✓ **Internal:** ability to cope with stress, religious beliefs, frustration tolerance
  - ✓ External: responsibility to children or beloved pets, positive therapeutic relationships, social supports
- **3. SUICIDE INQUIRY** Specific questioning about thoughts, plans, behaviors, intent
  - ✓ Ideation: frequency, intensity, duration—in last 48 hours, past month, and worst ever
  - ✓ Plan: timing, location, lethality, availability, preparatory acts
  - ✓ Behaviors: past attempts, aborted attempts, rehearsals (tying noose, loading gun) vs. non-suicidal self injurious actions
  - ✓ Intent:extent to which the patient (1) expects to carry out the plan and (2) believes the plan/act to be lethal vs. self-injurious. Explore ambivalence: reasons to die vs. reasons to live
  - \* For Youths: ask parent/guardian about evidence of suicidal thoughts, plans, or behaviors, and changes in mood, behaviors, or disposition
  - \* Homicide Inquiry: when indicated, esp. in character disordered or paranoid males dealing with loss or humiliation. Inquire in four areas listed above

### 4. RISK LEVEL/INTERVENTION

- ✓ Assessment of risk level is based on clinical judgment, after completing steps 1–3
- ✓ Reassess as patient or environmental circumstances change

RISK LEVEL	RISK/PROTECTIVE FACTOR	SUICIDALITY	POSSIBLE INTERVENTIONS
High	Psychiatric diagnoses with severe symptoms or acute precipitating event; protective factors not relevant	Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal	Admission generally indicated unless a significant change reduces risk. Suicide precautions
Moderate	Multiple risk factors, few protective factors	Suicidal ideation with plan, but no intent or behavior	Admission may be necessary depending on risk factors. Develop crisis plan. Give emergency/crisis numbers
Low	Modifiable risk factors, strong protective factors	Thoughts of death, no plan, intent, or behavior	Outpatient referral, symptom reduction. Give emergency/crisis numbers

(This chart is intended to represent a range of risk levels and interventions, not actual determinations.)

5. **DOCUMENT**Risk level and rationale; treatment plan to address/reduce current risk (e.g., medication, setting, psychotherapy, E.C.T., context with significant others, consultation); firearms instructions, if relevant; follow-up plan. For youths, treatment plan should include roles for parent/guardian.

- For methods with low lethality, clinicians may ask patients to remove or limit their access to these methods themselves.
- Restricting the patient's access to a **highly lethal method**, such as a firearm, should be done by a designated, responsible person usually a family member or close friend, or the police.

# WHAT ARE THE STEPS AFTER THE PLAN IS DEVELOPED?

**ASSESS** the likelihood that the overall safety plan will be used and problem solve with the patient to identify barriers or obstacles to using the plan.

**DISCUSS** where the patient will keep the safety plan and how it will be located during a crisis.

**EVALUATE** if the format is appropriate for patient's capacity and circumstances.

**REVIEW** the plan periodically when patient's circumstances or needs change.

REMEMBER: THE SAFETY PLAN IS A TOOL TO ENGAGE THE PATIENT AND IS ONLY ONE PART OF A COMPREHENSIVE SUICIDE CARE PLAN

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# Safety Planning Guide

# A Quick Guide for Clinicians

may be used in conjunction with the "Safety Plan Template"

### Safety Plan FAQs?

## WHAT IS A SAFETY PLAN?

A Safety Plan is a prioritized written list of coping strategies and sources of support patients can use who have been deemed to be at high risk for suicide. Patients can use these strategies before or during a suicidal crisis. The plan is **brief**, is in the **patient's own words**, and is **easy** to read.

## WHO SHOULD HAVE A SAFETY PLAN?

Any patient who has a suicidal crisis should have a comprehensive suicide risk assessment. Clinicians should then collaborate with the patient on developing a safety plan.

# **HOW SHOULD A SAFETY PLAN BE DONE?**

Safety Planning is a clinical process. Listening to, empathizing with, and engaging the patient in the process can promote the development of the Safety Plan and the likelihood of its use.

## IMPLEMENTING THE SAFETY PLAN

There are 6 Steps involved in the development of a Safety Plan.



Western Interstate Commission for Higher Education



# Implementing the Safety Plan: 6 Step Process

### Step 1: Warning Signs

- Ask: "How will you know when the safety plan should be used?"
- Ask: "What do you experience when you start to think about suicide or feel extremely depressed?"
- List warning signs (thoughts, images, thinking processes, mood, and/ or behaviors) using the patient's own words.

## Step 2: Internal Coping Strategies

- Ask: "What can you do, on your own, if you become suididal again, to help yourself not to act on your thoughts or urges?"
- Assess likelihood of use: Ask: "How likely do you think you would be able to do this step during a time of crisis?"
- you thinking of these activities or doing them if you think of them?"
- Use a collaborative, problem solving approach to address potential roadblocks and ID alternative coping strategies.

# Step 3: Social Contacts Who May Distract from the Crisis

- Instruct patients to use Step 3 if Step 2 does not resolve the crisis or lower risk.
- Ask: "Who or what social settings help you take your mind off your problems at least for a little while?" "Who helps you feel better when you socialize with them?"
- Ask for safe places they can go to be around people (i.e. coffee shop)
- Ask patient to list several people and social settings in case the first option is unavailable.
- Remember, in this step, the goal is distraction from suicidal thoughts and feelings.
- Assess likelihood that patient will engage in this step; ID potential obstacles, and problem solve, as appropriate.

# Step 4: Family Members or Friends Who May Offer Help

- Instruct patients to use Step 4 if Step 3 does not resolve crisis or lower risk.
- Ask: "Among your family or friends, who do you think you could contact for help during a crisis?" or "Who is supportive of you and who do you feel that you can talk with when you're under stress?"
- Ask patients to list several people, in case one contact is unreachable. Prioritize the list. In this step, unlike the previous step, patients reveal they are in crisis to others.
- Assess likelihood patient will engage in this step; ID potential obstacles, and problem solve.
- Role play and rehearsal can be very useful in this step.

# Step 5: Professionals and Agencies to Contact for Help

- Instruct the patients to use Step 5 if Step 4 does not resolve the crisis or lower risk.
- Ask: "Who are the mental health professionals that we should identify to be on your safety plan?" and "Are there other health care providers?"
- List names, numbers and/or locations of clinicians, local urgent care services.
- Assess likelihood patient will engage in this step; ID potential obstacles, and problem solve.
- Role play and rehearsal can be very useful in this step.

## Step 6: Making the Environment Safe

- Ask patients which means they would consider using during a suicidal crisis.
- Ask: "Do you own a firearm, such as a gun or rifle??" and "What other means do you have access to and may use to attempt to kill yourself?"
- Collaboratively identify ways to secure or limit access to lethal means: Ask: "How can we go about developing a plan to limit your access to these means?"

### **COLUMBIA-SUICIDE SEVERITY RATING SCALE**

Screen Version - Recent

	SUICIDE IDEATION DEFINITIONS AND PROMPTS			st 1th
	Ask questions that are bolded and <u>underlined</u> .			NO
	Ask Questions 1 and 2			
1)	Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall as and not wake up.	sleep		
	Have you wished you were dead or wished you could go to sleep and not wake	<u>up?</u>		ı
2)	<b>Suicidal Thoughts:</b> General non-specific thoughts of wanting to end one's life/die by suicide, " <i>I've thought ab killing myself"</i> without general thoughts of ways to kill oneself/associated methods, intent plan.			
	Have you actually had any thoughts of killing yourself?			I
	If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.			
	3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act):  Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method de worked out. "I thought about taking an overdose but I never made a specific plan as when where or how I would actually do itand I would never go through with it."	etails		
	Have you been thinking about how you might do this?			
	4) Suicidal Intent (without Specific Plan):  Active suicidal thoughts of killing oneself and patient reports having some intent to act such thoughts, as opposed to "I have the thoughts but I definitely will not do anything about them."			
	Have you had these thoughts and had some intention of acting on them?			
	5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person some intent to carry it out.	has		
	Have you started to work out or worked out the details of how to kill yourse Do you intend to carry out this plan?	elf?		
6)	Suicide Behavior Question:		Lifet	
	Have you ever done anything, started to do anything, or prepared to do anything to		Liiet	ime
	end your life?  Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide no			
	took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		Pas Mon	
	If YES, ask: Were any of these in the past 3 months?			

- Low Risk
- Moderate Risk
- High Risk

### COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

Pediatric/Cognitively Impaired – Lifetime Recent

Version 6/23/10 m6/29/17

Posner, K.; Brent, D.; Lucas, C.; Gould, M.; Stanley, B.; Brown, G.; Fisher, P.; Zelazny, J.; Burke, A.; Oquendo, M.; Mann, J.

### Disclaimer:

This scale is intended to be used by individuals who have received training in its administration. The questions contained in the Columbia-Suicide Severity Rating Scale are suggested probes. Ultimately, the determination of the presence of suicidal ideation or behavior depends on the judgment of the individual administering the scale.

Definitions of behavioral suicidal events in this scale are based on those used in **The Columbia Suicide History Form.** developed by John Mann, MD and Maria Oquendo, MD, Conte Center for the Neuroscience of Mental Disorders (CCNMD), New York State Psychiatric Institute, 1051 Riverside Drive, New York, NY, 10032. (Oquendo M. A., Halberstam B. & Mann J. J., Risk factors for suicidal behavior: utility and limitations of research instruments. In M.B. First [Ed.] Standardized Evaluation in Clinical Practice, pp. 103-130, 2003.)

For reprints of the C-SSRS contact Kelly Posner, Ph.D., New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; inquiries and training requirements contact posnerk@nyspi.columbia.edu

SUICIDAL IDEATION						
Ask questions 1 and 2. If both are negative, proceed to "Suicidal Behavior" section. If the answer to question 2 is "yes", ask questions 3, 4 and 5. If the answer to question 1 and/or 2 is "yes", complete "Intensity of Ideation" section below.			Lifetime: Time He/She Felt Most Suicidal		Past 1 month	
1. Wish to be Dead Subject endorses thoughts about a wish to be of Have you thought about being dead or what the Have you wished you were dead or wished yo Do you ever wish you weren't alive anymore.	it would be like to be do ou could go to sleep and	ead?	Yes	No	Yes	No
If yes, describe:						
2. Non-Specific Active Suicidal Thou General, non-specific thoughts of wanting to et to kill oneself/associated methods, intent, or p Have you thought about doing something to Have you had any thoughts about killing you	end one's life/die by sui blan during the assessme make yourself not alive		Yes	No	Yes	No
If yes, describe:						
3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, "I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do itand I would never go through with it."  Have you thought about how you would do that or how you would make yourself not alive anymore (kill yourself)? What did you think about?			Yes	No	Yes	No
If yes, describe:						
4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan  Active suicidal thoughts of killing oneself and subject reports having some intent to act on such thoughts, as opposed to "I have the thoughts but I definitely will not do anything about them."  When you thought about making yourself not alive anymore (or killing yourself), did you think that this was something you might actually do?  This is different from (as opposed to) having the thoughts but knowing you wouldn't do anything about it.  If yes, describe:			Yes	No	Yes	No
	n fully or partially work uld make yourself not a	xed out and subject has some intent to carry it out.  **Ilive anymore/kill yourself? Have you ever planned out (worked out the	Yes	No 🗆	Yes	No 🗆
INTENSITY OF IDEATION						
The following feature should be rated will least severe and 5 being the most severe)	-	t severe type of ideation (i.e., 1-5 from above, with 1 being the				
Lifetime - Most Severe Ideation:  Type # (1-5)  Description of Ideation			Most Severe		Mo Sev	
Recent - Most Severe Ideation:  Type # (1-5)  Description of Ideation						
Frequency  How many times have you had these thoughts?  (1) Only one time (2) A few times (3) A lot (4) All the time (0) Don't know/Not applicable						_

SUICIDAL BEHAVIOR					ast
(Check all that apply, so long as these are separate events; must ask about all types)		Line	time	3 Mc	onths
<b>Actual Attempt:</b> A potentially self-injurious act committed with at least some wish to die, as a result of act. Behavior was in part thought of as method to kill oneself. Intent does not have to be 100%. If there is <b>any</b> intent/desire to die associated with the act, then it can be considered an actual				Yes	No □
suicide attempt. There does not have to be any injury or harm, just the potential for injury or harm. If person pulls trigger while gun is in mouth but gun is broken so no injury results, this is considered an attempt.  Inferring Intent: Even if an individual denies intent/wish to die, it may be inferred clinically from the behavior or circumstances. For example, a highly lethal act that is clearly not an accident so no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window of a high floor/story). Also, if someone denies intent to die, but they thought that what they did could be lethal, intent may be inferred.					
Did you ever <u>do anything</u> to try to kill yourself or make yourself not alive anymore? What did you do? Did you ever hurt yourself on purpose? Why did you do that?			l # of		1 # of
Did you as a way to end your life? Did you want to die (even a little) when you?		Atte	mpts	Atte	mpts
Were you trying to make yourself not alive anymore when you?  Or did you think it was possible you could have died from?					
Or did you do it purely for other reasons, <u>not at all</u> to end your life or kill yourself (like to make yourselget something else to happen)? (Self-Injurious Behavior without suicidal intent) If yes, describe:	f feel better, o	,			
Has subject engaged in Non-Suicidal Self-Injurious Behavior?		Yes □ Yes	No □ No	Yes ☐ Yes	
Has subject engaged in Self-Injurious Behavior, intent unknown?					
Interrupted Attempt: When the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act (if not for that, acts would have occurred).	_	Yes	No	Yes	No
Overdose: Person has pills in hand but is stopped from ingesting. Once they ingest any pills, this becomes an attempt rather the interrupted attempt. Shooting: Person has gun pointed toward self, gun is taken away by someone else, or is somehow prevent trigger. Once they pull the trigger, even if the gun fails to fire, it is an attempt. Jumping: Person is poised to jump, is grabbed at the pull that the property of the gun fails to fire, it is an attempt. Jumping: Person is poised to jump, is grabbed at the pull that the pull that the property of the pull that the pull t	ed from pulling	T . 1 // 6		T	1 // 6
from ledge. Hanging: Person has noose around neck but has not yet started to hang - is stopped from doing so.  Has there been a time when you started to do something to make yourself not alive anymore (end your life or kill yourself) but someone or something stopped you before you actually did anything? What did you do?  If yes, describe:			Total # of interrupted		l # of rupted
Aborted or Self-Interrupted Attempt:					
When person begins to take steps toward making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior. Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else.			No	Yes	No
Has there been a time when you started to do something to make yourself not alive anymore (end your life or kill yourself) but you changed your mind (stopped yourself) before you actually did anything? What did you do? If yes, describe:				abo or s	l # of orted self- rupted
Preparatory Acts or Behavior:  Acts or preparation towards imminently making a suicide attempt. This can include anything beyond a verbalization or though assembling a specific method (e.g., buying pills, purchasing a gun) or preparing for one's death by suicide (e.g., giving things		Yes	No	Yes	No
suicide note).  Have you done anything to get ready to make yourself not alive anymore (to end your life or kill yourselgiving things away, writing a goodbye note, getting things you need to kill yourself?  If yes, describe:	lf)- like	Total # of preparatory acts		prepa	l # of tratory
	Most Recent Attempt Date:	Most Le Attempt Date:		Initial/I Attemp	
Actual Lethality/Medical Damage:	Enter Code		Code		· Code
<ol> <li>No physical damage or very minor physical damage (e.g., surface scratches).</li> <li>Minor physical damage (e.g., lethargic speech; first-degree burns; mild bleeding; sprains).</li> <li>Moderate physical damage; medical attention needed (e.g., conscious but sleepy, somewhat responsive; second-degree burns; bleeding of major vessel).</li> <li>Moderately severe physical damage; medical hospitalization and likely intensive care required (e.g., comatose with reflexes intact; third-degree burns less than 20% of body; extensive blood loss but can recover; major fractures).</li> </ol>					
<ul> <li>4. Severe physical damage; <i>medical</i> hospitalization with intensive care required (e.g., comatose without reflexes; third-degree burns over 20% of body; extensive blood loss with unstable vital signs; major damage to a vital area).</li> <li>5. Death</li> </ul>					
Potential Lethality: Only Answer if Actual Lethality=0 Likely lethality of actual attempt if no medical damage (the following examples, while having no actual medical damage, had potential for very serious lethality: put gun in mouth and pulled the trigger but gun fails to fire so no medical damage; laying on train tracks with oncoming train but pulled away before run over).			· Code	Enter	· Code
0 = Behavior not likely to result in injury 1 = Behavior likely to result in injury but not likely to cause death 2 = Behavior likely to result in death despite available medical care					

Monica

Moderate RiskHigh Risk

### **COLUMBIA-SUICIDE SEVERITY RATING SCALE**

Screen Version - Recent

	SUICIDE IDEATION DEFINITIONS AND PROMPTS		
	Ask questions that are bolded and <u>underlined</u> .	YES	NO
	Ask Questions 1 and 2		
1)	Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.		
	Have you wished you were dead or wished you could go to sleep and not wake up?		
2)	<b>Suicidal Thoughts:</b> General non-specific thoughts of wanting to end one's life/die by suicide, " <i>I've thought about killing myself"</i> without general thoughts of ways to kill oneself/associated methods, intent, or plan.		
	Have you actually had any thoughts of killing yourself?		
	If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
	3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act):  Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do itand I would never go through with it."		
	Have you been thinking about how you might do this?		,
	4) Suicidal Intent (without Specific Plan):  Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to "I have the thoughts but I definitely will not do anything about them."		/
	Have you had these thoughts and had some intention of acting on them?		
	5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?		
6)	Suicide Behavior Question:	Lifet	ime
	Have you ever done anything, started to do anything, or prepared to do anything to end your life?  Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note,		
	took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		
	If YES, ask: Were any of these in the past 3 months?		$\vee$
	Low Risk		

D: Angelo

High Risk

### **COLUMBIA-SUICIDE SEVERITY RATING SCALE**

Screen Version - Recent

	SUICIDE IDEATION DEFINITIONS AND PROMPTS		
	Ask questions that are bolded and <u>underlined</u> .	YES	NO
	Ask Questions 1 and 2		
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	Have you actually had any thoughts of killing yourself?		
	If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
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	Have you been thinking about how you might do this?		
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	Have you had these thoughts and had some intention of acting on them?	V	
	5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. Have you started to work out or worked out the details of how to kill yourself?		
	Do you intend to carry out this plan?		
6)	Suicide Behavior Question:	Lifet	ime
	Have you ever done anything, started to do anything, or prepared to do anything to end your life?  Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note,		
	took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut	Pas Mor	
	yourself, tried to hang yourself, etc.  If YES, ask: Were any of these in the past 3 months?		
	Low Risk Moderate Risk		

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SAFETY PLAN				
Step 1: War	rning signs:			
1.				
2.				
3.				
	rnal coping strategies - Things I ntacting another person:	can do to take my mind off my problems		
1.				
2.				
3.				
Step 3: Peo	ple and social settings that prov	ide distraction:		
1.	Name	Phone		
2.	Name	Phone		
3.	Place			
4.	Place			
Step 4: Peo	ple whom I can ask for help:			
1.	Name	Phone		
2.	Name	Phone		
3.	Name	Phone		
Step 5:Prof	essionals or agencies I can cont	act during a crisis:		
1.	Clinician Name	Phone		
		Contact #		
2.	Clinician Name	Phone		
	Clinician Pager or Emergency C	Contact #		
3.	Suicide Prevention Lifeline: 1-80	)0-273-TALK (8255)		
4.	Local Emergency Service			
	Emergency Services Address_			
	Emergency Services Phone			
Making the	environment safe:			
1.				
2.				
	From Stanley, B. & Brown, G.K. (2	2011). Safety planning intervention: A brief intervention		
	to mitigate suicide risk. Cognitive	and Behavioral Practice. 19, 256–264		

### Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situated developing:	tion, behavior) that a crisis may be
1. Isolation	
2. Sleeping between Classes	
3. Dreams about death	
Step 2: Internal coping strategies – Things I can do to	
without contacting another person (relaxation	technique, physical activity):
2. Group Therapy 3. Video Barne Club	
Step 3: People and social settings that provide distrac	
1. Name 50ey B.	Phone <u>599-</u> 8822
2. Name Bailey H.	Phone
3. Place <u>Pec Center</u> 4. Place	Phone 599-8822  Phone 443-9049  Arcade
Step 4: People whom I can ask for help:	
Λί.	449 11/20
1. Name MoM	Phone 448-1420
2. Name Dad 3. Name GSA Ally (Alvs)	Phone 448-1362
3. Name GSA Ally (Alys)	Phone
Step 5: Professionals or agencies I can contact during	a crisis:
1. Clinician Name Dr. Nacay	Phone 909-4411
Clinician Pager or Emergency Contact #	Center
2. Clinician Name MS. Colleen at Groups	Phone 909-4411
Clinician Pager or Emergency Contact # Counseling	Center
3. Local Urgent Care Services Univ. Hosp	11 =
Urgent Care Services Address 101 Muhammad	. Ali Blud.
Urgent Care Services Phone 292-8772	
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)	
Step 6: Making the environment safe:	
1. Nom Leeps meds	
2. Stay away from the Dridge	
Safety Plan Template @2008 Barbara Stanley and Gregory K. Brown, is reprinted with the express permission of without their express, written permission. You can contact the authors at bhs2@colu	the authors. No portion of the Safety Plan Template may be reproduced mbia.edu or gregbrow@mail.med.upenn.edu.
The one thing that is most ambortant to me and worth living for	is:



### **Parent Information-NSSI**



### Cornell Research Program on

### Self-Injury and Recovery

BY MIRANDA SWEET & JANIS WHITLOCK

### Who is this for?

Parents of those dealing with self-injury

### What is included?

How do you know if your child is self-injuring?

Dealing with feelings about this discovery

Talking to your child about his/her self-injury

What to avoid saying to your child

Activities to help others manage their urges

Self-injury and your relationship with your child

Self-injury and the home environment

Finding treatment

Supporting your child while he/she is getting help

### Information for parents

What you need to know about self-injury.

### **Discovering** Self-Injury

### How do I know if my child is self-injuring?

Many adolescents who self-injure do so in secrecy and this secrecy is often the clearest red flag that something is wrong. Although it is normal for adolescents to pull away from parents during times of high involvement with friends or stress, it is *not* normal for adolescents to be withdrawn, physically and emotionally, for long periods of time. It is also important to note that not all people who self-injure become distant and withdrawn — youth who put on a happy face, even when they do not feel happy, may also be at risk for self-injury or other negative coping behaviors. Some other signs include:

- Cut or burn marks on arms, legs, abdomen
- Discovery of hidden razors, knives, other sharp objects and rubber bands (which may be used to increase blood flow or numb the area)
- Spending long periods of time alone, particularly in the bathroom or bedroom
- Wearing clothing inappropriate for the weather, such as long sleeves or pants in hot weather

### What might I feel when I learn that my child is self-injuring, and how do I deal with these feelings?

If you learn your child is self-injuring, you are likely to experience a range of emotions, from shock or anger, to sadness or guilt. All of these are valid feelings.

### · Shock and denial

Because self-injury is a secretive behavior, it may be shocking to learn that your child is intentionally hurting him or herself; however, to deny the behavior is to deny your child's emotional distress.

### · Anger and frustration

You may feel angry or frustrated that your child has possibly lied to you about his/her injuries or because you see the behavior as pointless or because it is out of your control.

As one parent said, "There is a frustration in terms of that little voice in the back of your mind that is saying 'just stop it!' It's very hard, I think knowing more about the condition and about the underlying factors makes it easier to push that little voice away."

- ...but remember that *you can never control* another person's behavior, even your child's, and trying to do this does not make things better.
- Empathy, sympathy and sadness
  Though empathy helps you to understand your child's situation, sympathy and sadness can sometimes be condescending because they imply that your child needs to be pitied. These feelings may also hinder your ability to understand the behavior.
- Guilt

You may feel as if you did not offer enough love and attention to your child. However, though your actions can influence your child's behavior, you do not *cause* their self-injury.

General stress-relieving techniques may help with managing these difficult emotions. For specific suggestions, visit http://www.selfinjury.bctr.cornell.edu/factsheet\_coping\_alternatives.asp

### **Opening the Lines of Communication**

### How should I talk to my child about his/her self-injury?

- Address the issue as soon as possible. Don't presume that
  your child will simply "outgrow" the behavior and that it
  will go away on its own. (Though keep in mind this can
  and does happen for some young people—some do
  mention "outgrowing" their self-injury. This typically
  occurs because they learn more adaptive ways of coping).
- Try to use your concern in a constructive way, by helping your child realize the impact of his/her self-injury on themselves and others.
- It is most important to **validate your child's** *feelings*.

  Remember that this is different from validating the behavior.
  - Parents must first make eye contact and be respectful listeners before offering their opinion
  - Speak in calm and comforting tones
  - Offer reassurance
  - Consider what was helpful to you as an adolescent when experiencing emotional distress
- If your child does not want to talk, do not pressure him/her. Self-injury is a very emotional subject and the behavior itself is often an indication that your child has difficulty verbalizing his/her emotions.

### What are some helpful questions I can ask my child to better understand his/her self-injury?2

Recognize that direct questions may feel invasive and frightening at first—particularly when coming from someone known and cared for, like you. It is most productive to focus first on helping your child to acknowledge the problem and the need for help. Here are some examples of what you might say:

- "How do you feel before you self-injure? How do you feel after you self-injure?" Retrace the steps leading up to an incident of self-injury—the events, thoughts, and feelings which led to it.
- "How does self-injury help you feel better?"
- "What is it like for you to talk with me about hurting yourself?"

- "Is there anything that is really stressing you out right now that I can help you with?"
- "Is there anything missing in our relationship, that if it were present, would make a difference?"
- "If you don't wish to talk to me about this now, I
  understand. I just want you to know that I am here for you
  when you decide you are ready to talk. Is it okay if I check
  in with you about this or would you prefer to come to me?"

"...internal pain wasn't real and wasn't something you that you could heal. And if you make it external, it's real, you can see it... I needed to have it be in a place other than inside me."

-Interviewee

### What are some things I should AVOID saying or doing?

The following behaviors can actually increase your child's self-injury behaviors:<sup>3</sup>

- Yelling
- Lecturing
- · Put downs
- Harsh and lengthy punishments
- Invasions of privacy (i.e., going through your child's bedroom without his/her presence)
- Ultimatums
- Threats

Avoid power struggles. You cannot control another person's behavior and demanding that your loved one stop self-injuring is generally unproductive.

The following statements are examples of **unhelpful** things to say:

- "I know how you feel." This can make your child feel as if their problems are trivialized.
- "How can you be so crazy to do this to yourself?"
- "You are doing this to make me feel guilty."

Take your child seriously. One individual who struggles with self-injury described her disclosure to her parents in the following way: "They freaked and made me promise not to do it again. I said yes just to make them feel better though. That settled everything for them. I felt hurt that they did not take me serious[ly] and get me help."4



### How do I know if I am doing or saying the right thing?

- · Parents need to ask for feedback from their child about how well they are doing their job as parents.
  - This demonstrates that they are truly engaged in improving and strengthening their relationship with their child.
  - Parents can identify specifically what they can do to contribute to their child's success.

### Are there any activities I can complete with my child to help them manage their urges to self-injure?

The Nillumbik Community Health Service has developed an activity for identifying who can be helpers and specifically how they can help. There is a worksheet to fill in who is available at different times throughout the day for support. To link to this worksheet, see <a href="http://www.nchs.org.au/Docs/SelfHarm\_StuInfoPack.pdf">http://www.nchs.org.au/Docs/SelfHarm\_StuInfoPack.pdf</a>. If your child has already developed a list of effective coping strategies for managing distress (for more on this, see <a href="http://www.selfinjury.bctr.cornell.edu/factsheet\_coping\_alternatives.asp">http://www.selfinjury.bctr.cornell.edu/factsheet\_coping\_alternatives.asp</a>), this information can be put together to create a "help card," which includes your child's top coping strategies and phone numbers of support people, and can be easily carried around in a wallet for whenever the need for support may arise. Go to Appendix M of <a href="http://www.sfys.infoxchange.net.au/resources/public/items/2004/12/00131-upload-00001.doc">http://www.sfys.infoxchange.net.au/resources/public/items/2004/12/00131-upload-00001.doc</a> to link to the help card activity.

"Parents, there is hope. If you are facing some of the difficulties we have... don't give up. You need to fight; many teachers, doctors and counselors may not have the knowledge or ability to help — keep fighting. Don't give up; there can be a bright light at the end of the tunnel."

— Parent collaborators on CRPSIR team



To read more about the personal experiences of these parents, see <a href="http://www.selfinjury.bctr.cornell.edu/factsheet\_personal\_stories.asp">http://www.selfinjury.bctr.cornell.edu/factsheet\_personal\_stories.asp</a>

"I stopped because I developed a sense of worth and, to some extent, love for myself. I also have come to understand that it is painful for those I love to know I cut myself, so I have partially stopped so I would not hurt them. I've learned better coping strategies as well."

- Survey Participant

### **Understanding the Role of Relationships**

### Is my child's self-injury my fault?

No, no person causes another person to act in a certain way. Like most negative behaviors, however, self-injury is often a result of two things. That is, a person's belief that he or she cannot handle the stress they feel, and that self-injury is a good way to deal with stress. A history of strained relations with parents and/or peers, high emotional sensitivity, and low ability to manage emotion all contribute to these beliefs. This can lead to the use of self-injury in order to cope. Parentchild relationships strongly influence a child's (and parents') emotional state. Youth with high emotion sensitivity and few emotion management skills may be particularly sensitive to stressful dynamics within the relationship, especially if they

continue for a long time. For this reason, negative parentchild interactions are often powerful triggers for self-injury. However, they are also powerful in aiding recovery and, most importantly, to the development of positive coping skills. Parents who are willing to understand the powerful role they play, to directly confront painful dynamics within the family, to be fully present for their child, and to help their child see that he or she has a choice in how they cope with life challenges, will be allies in the recovery process. Parents who try to fix their child by taking responsibility for their child's problems may actually make recovery more difficult.

### How might my relationship with my child affect his/her self-injury?<sup>2</sup>

- Extremes in the quality of the parents' attachment (such as a lack of boundaries or too much emotional distance, or extreme overprotective or hovering behavior) are common in today's society.
  - Many adolescents who struggle with self-injury report that their parents are either unavailable to them for emotional support or invalidate their feelings, which has led them to believe that they are worthless or not worthy of being loved.
  - Alternatively, parents who cope for their kids by seeking to closely control their behavior, attitudes and/or choices run the risk of undermining their children's capacity to develop effective ways of handling stress and adversity.

- The importance of secure attachments:
  - Adolescents who feel secure and positive attachment bonds with their parents are less likely to gravitate to negative peer groups or be victims of peer pressure.
  - Resilient children and adolescents, that is, those who have the ability to quickly rebound from painful life events, say that their secure attachments with their parents or key caretakers have a significant influence on their ability to cope effectively.

According to Selekman (2006), mothers tend to average 8 minutes a day in conversation with their adolescents. Fathers spend only 3 minutes.

### How might my child's peer relationships affect his or her self-injury?

If children feel as if their needs are not being met at home, they may turn to a so-called "second family," such as a street gang or a negative peer group. This is particularly likely to happen if parents work long hours. Children may turn to this second family because they feel that their parents are too busy to spend time with them. What is particularly troubling

is that self-injury may sometimes be a part of the culture of the second family. For example, one adolescent described how she and her friends would play a game called "chicken," in which the participants superficially wounded themselves, and the winner was the individual who could inflict the most cuts without "chickening out."5

"I think probably one of the most difficult things for people who don't self injure to understand, what I've been asked time and time again, is why do you do it? It's so many years of depression behind it. You can't answer 'I cut because of this and this and this." And also, how physically addictive it is. It feels so necessary and so right."

Interviewee



### **Improving the Home Environment**

### What aspects of the home environment might be affecting my child's self-injury?6

- Repression and/or mismanagement of emotion Self-injury is most commonly understood as an emotion regulation technique. This suggests that individuals who practice it have difficulty regulating emotional states healthfully. In some cases, this tendency is a result of a family history of repressing or mismanaging emotion, such as when family members either do not know how to constructively express negative feelings like anger or fear, or when they withhold demonstrations of love and tenderness with their children.
- Family secrets

All families have stories to tell, not all of which are easy to share or hear. When a child or adolescent is directly involved with negative events occurring within the family and then told or chooses not to share what is happening with someone he or she trusts, he/she may suffer—psychologically and physically. Depression, anxiety, and a variety of self-injurious behaviors are all potential consequences of keeping family secrets.

### How can I foster a protective home environment?

- · Model healthy ways of managing stress.
- · Keep lines of communication and exchange open.
- Emphasize and uphold the importance of family time.
- Expect that your child will contribute to the family's chores and responsibilities.
- Set limits and consistently enforce consequences when these are violated. Consider positive consequences, such as working in a soup kitchen or other community service.
- Respect the development of your child's individuality.
- Provide firm guidelines around technology usage.
   Many individuals who struggle with self-injury report spending several hours a day interacting on the Internet with other self-injurers (particularly via message boards—many of which are not regulated) while engaging in their harming behaviors. Though the majority of the information shared is supportive, some of these sites actually encourage self-injury and even share harming techniques.
- Do not take your child's self-injury tools away.
   This suggestion is often surprising to parents. However, if your child has the strong urge to injure him/herself,

- he/she will find a way (and it may not be as safe). Also, using the same tools is sometimes part of the ritual of self-injury, so the panic of losing this aspect of control can actually trigger more harming episodes.
- Remember that respect is a two-way street.
  - Keep the atmosphere at home inviting, positive, and upbeat.
  - Positive emotion promotes resiliency and serves as a protective measure.
- Practice using positive coping skills together.
- Avoid over-scheduling your child and putting too much pressure on him or her to perform.
- Don't expect a quick fix. There will be setbacks along the
  way to recovery, and a slip does not mean that
  your child is not making progress; these are common
  during stages of change. See the next page for more
  information about the five stages of change, which has
  been applied to a broad range of behaviors.

"Easy access to a virtual subculture of like-minded others may reinforce the behavior for a much larger number of youth." —Janis Whitlock, Ph.D., MPH

### **FIVE STAGES OF CHANGE**

- **Precontemplation:** The individual is not seriously thinking about changing his/her behavior and may not even consider that he/she has a problem. For example, your child may defend the benefits of his/her self-injury and not acknowledge the negative consequences of harming him/herself.
- **Contemplation:** The individual is thinking more about the behavior and the negative aspects of continuing to practice it. Though the individual is more open to the possibility of changing, he/she is often ambivalent about it. For example, your child may be considering the benefits of decreasing his/her self-injury, but may wonder whether it is worth it to give up the behavior.
- **Preparation:** The individual has made a commitment to change his/her behavior. He/she may research treatment options and consider the lifestyle changes that will have to be made. For example, your child may look for a support group to plan for the difficulties of decreasing his/her self-injury.
- **Action:** The individual has confidence in his/her ability to change and is taking active steps. For example, your child might begin practicing alternative coping mechanisms (see http://www.selfinjury.bctr.cornell.edu/factsheet\_coping\_alternatives.asp), like journaling, rather than engaging in self-injury. Unfortunately, this is also the stage where the individual is most vulnerable to a relapse, because learning new techniques for managing your emotions is a gradual learning process. Support is vital to this stage—this is where you come in!
- **Maintenance:** The individual is working to maintain the changes he/she has made. He/she is aware of triggers and how these may affect his/her goals. For example, if your child knows that studying for an upcoming calculus test sometimes triggers the urge to self-injure, he/she might join a study group to reduce the likelihood of self-injuring.

"Therapy helped me deal with other issues which in turn helped me stop hurting myself. Hurting my self was not the central issue in my therapy sessions... I hurt myself because I was depressed, so we worked on getting the depression under control and then the intentional hurting myself ceased because not only was I no longer depressed but I knew myself better to know the correct way FOR ME to control problems that I would have later."

- Survey Participant

### **Finding Treatment**

Know that seeking help for someone, particularly a youth, is a sign of love, not betrayal. You can provide some choices about where to go and who to see. You can also include him/her in decisions about how and what to tell other family members if that becomes a necessity.

### How can I find a therapist for my child?7

The S.A.F.E. Alternatives website (http://www.selfinjury.com) provides a thorough overview of how to find a therapist, specifically for the treatment of self-injury. It provides suggestions for how to obtain a referral, such as asking a member of the medical field, looking in the phonebook, and researching teaching hospitals (which may have low-cost alternatives). There is also a link to a section titled "Therapist Referrals" which provides specific names and information about experienced therapists in each state. To go directly to this page of referrals, see http://www.selfinjury.com/referrals\_therapistreferrals.html.

Three different therapy models are explained, including psychodymanic therapy, cognitive-behavioral therapy and supportive therapy. There are recommendations for questions to ask a therapist—and yourself—to determine whether the relationship seems to be a good match. General tips for how to get the most out of therapy and some potential difficulties to expect are included throughout the overview.

### How can I help my child get the most out of professional help?

### Individual Therapy

Avoid interrogating your child about what he/she talks about in individual therapy. The individual who self-injures is likely to need and want a measure of privacy as therapy progresses, but will also need to include significant others in some way over time. Don't expect too much in the beginning and continue working to keep lines of communication open.

### · Family therapy

Individuals live in families and families typically have a host of belief systems and behaviors that influence individual behavior. Increasing all family members' awareness of how the family system may inadvertently feed an individual's self-injury can be a critical step in recovery.

### Art therapy and other visualization/multi-sensory techniques

Symbols and metaphors that appear in these modalities can be used to explore thoughts and feelings that may be hard to express in words. Many adolescents indicate that these therapies were most beneficial to them in their individual and family therapy sessions.

### Group therapy

This may be beneficial if your child is experiencing peer difficulties and can provide additional support outside of the home.

• Consider inpatient treatment, if necessary S.A.F.E. Alternatives is currently the only inpatient treatment center for self-injury. For more information about what they offer, visit: http://www.selfinjury.com



Remember to take care of yourself as well! Set up your own support network. The National Alliance on Mental Health offers support groups for family members of individuals with a mental illness. http://www.nami.org/Template.cfm?Section=Your\_Local\_NAMI&Template=/CustomSource/AffiliateFinder.cfm to find a group in your local area.

- <sup>1</sup> Quote from Self-harm: management and intervention section of BNPCA Project Report (2004).
- <sup>2</sup> Paraphrased from the preface of Selekman (2006).
- <sup>3</sup> List of examples from preface of Selekman (2006).
- <sup>4</sup> Quote from *In their own words* section of the Self-Injury: A Struggle website.
- <sup>5</sup> Example from *Self Harm: A peer-influenced behavior* section of BNPCA Project Report (2004). http://www.sfys.infoxchange.net.au/resources/public/items/2004/12/00131-upload-00001.doc
- <sup>6</sup> Paraphrased from introduction of Selekman (2006).
- <sup>7</sup> Summarized from *How to find a therapist* section of the SAFE Alternatives website.

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FOR MORE INFORMATION, SEE: www.selfinjury.bctr.cornell.edu

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The Cornell Research Program on *Self-Injury and Recovery* 

## Distraction Techniques and Alternative Coping Strategies

by Ericka Kilburn & Janis Whitlock

### Who is this for?

Those who struggle with self-injury

### What is included?

Identifying negative feelings and situations related to self-injury

Distraction and substitution techniques

**Self-injury is sometimes used** as a way of coping with negative events and feelings. It is often used as a result of not having learned how to identify or express difficult feelings in a more healthy way. Finding new ways of coping with difficult feelings can help to suppress the urges that lead to self-injury and may help in the recovery process. Focusing on identifying feelings and challenging the thoughts that lead to self-injury can be helpful. Seeking outside professional assistance or engaging in individual therapy may be a good idea as well. Stopping is easier if you can find other ways of expressing or coping with your feelings.

### You can ask yourself the following questions which may help you to identify the negative feelings or situations that lead to self-injury:

- What was going on in my life when I first began to injure myself?
- · How do I feel just before I want to injure myself?
- What are my habits and routines? Am I always in the same place or with a particular person when I get the urge to injure myself?
- Do I always feel the same emotion when I get the urge to injure myself?
- How can I better deal with the situations that trigger me?

You may want to keep a diary in which you write down your feelings at different times so that you can better answer these questions.

### I want to stop self-injuring but I still have urges. What do I do instead?

Distract yourself or use a substitution behavior. Many report that just delaying an urge to self-injure by several minutes can be enough to make the urge fade away. One way to increase the chances of a distraction or substitution helping calm the urge to self-injure is to match what you do to how you are feeling at the moment. It may be helpful to keep a list on hand so that when you get the urge to self-injure you can go down the list and find something that feels right to you in the moment. See the following examples of alternatives.

### Feeling angry:

- Slash an empty plastic soda bottle or a piece of heavy cardboard or an old shirt or sock.
- · Squeeze ice.
- Do something that will give you a sharp sensation, like eating lemon.
- Make a soft cloth doll to represent the things you are angry at. Cut and tear it instead of yourself.
- Flatten aluminum cans for recycling, seeing how fast you can go.
- · Hit a punching bag.
- Pick up a stick and hit a tree.
- Use a pillow to hit a wall, pillow-fight style.

## Distraction Techniques and Alternative Coping Strategies

continued page 2 of 3

"... I made a mix of 10 happy songs I would listen to sometimes when I was rollerblading to put myself *in a good mood... It* was uplifting music. It was good. It was like 'Walking on Sunshine' and 'It's Raining Men' and stuff like that. I was like, 'Maybe I shouldn't listen to depressing, abusive music when I'm feeling like this. Maybe I should try to get in a better mood.""

— Interviewee

- Rip up an old newspaper or phone book.
- On a sketch or photo of yourself, mark in red ink what you want to do. Cut and tear the picture.
- Make clay models and cut or smash them.
- Throw ice into the bathtub or against a brick wall hard enough to shatter it.
- · Dance.
- · Clean.
- · Exercise.
- Bang pots and pans.
- Stomp around in heavy shoes.
- Play handball or tennis.

### Feeling sad or depressed:

- · Do something slow and soothing.
- Take a hot bath with bath oil or bubbles.
- Curl up under a comforter with hot cocoa and a good book.
- · Baby yourself somehow.
- Give yourself a present.
- Hug a loved one or stuffed animal.
- · Play with a pet.
- · Make a list of things that make you happy.
- Do something nice for someone else.
- · Light sweet-smelling incense.
- · Listen to soothing music.
- Smooth nice body lotion into the parts of yourself you want to hurt.
- Call a friend and just talk about things that you like.
- · Make a tray of special treats.
- Watch TV or read.
- Visit a friend.

### Craving sensation/Feeling empty or unreal:

- · Squeeze ice.
- List the many uses for a random object.
   (For example, what are all the things you can do with a twist-tie?)
- Interact with other people.
- Put a finger into a frozen food (like ice cream).
- · Bite into a hot pepper or chew a piece of

ginger root.

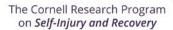
- Rub liniment under your nose.
- Slap a tabletop hard.
- · Take a cold bath.
- · Stomp your feet on the ground.
- Focus on how it feels to breathe. Notice the way your chest and stomach move with each breath.

### **Wanting focus:**

- Do a task that is exacting and requires focus and concentration.
- Eat a raisin mindfully. Notice how it looks and feels. Try to describe the texture. How does a raisin smell? Chew slowly, noticing how the texture and even the taste of the raisin change as you chew it.
- Choose an object in the room. Examine it carefully and then write as detailed a description of it as you can.
- Choose a random object, like a twist-tie, and try to list 30 different uses for it.
- Pick a subject and research it on the web.

### Feeling guilty or like a bad person:

- List as many good things about yourself as you can.
- Read something good that someone has written about you.
- Talk to someone that cares about you.
- · Do something nice for someone else.
- Remember when you've done something good.
- Think about why you feel guilty and how you might be able to change it.



## Distraction Techniques and Alternative Coping Strategies

continued page 3 of 3

### **Other General Distraction and Substitution Techniques:**

### **Reach Out to Others**

- Phone a friend.
- Call 1-800-DONT-CUT.
- Go out and be around people.

### **Express Yourself**

- Write down your feelings in a diary.
- Cry crying is a healthy and normal way to express your sadness or frustration.
- Draw or color.

### **Keep Busy**

- · Play a game.
- · Listen to music.
- · Read.
- Take a shower.
- Open a dictionary and learn new words.
- · Do homework.
- · Cook.

- Dig in the garden.
- · Clean.
- Watch a feel-good movie.

### **Do Something Mindful**

- Count down slowly from 10 to 0.
- Breathe slowly, in through the nose and out through the mouth.
- Focus on objects around you and thinking about how they look, sound, smell, taste and feel.
- · Do voga.
- · Meditate.
- Learn some breathing exercises to aid relaxation.
- Concentrate on something that makes you happy: good friends, good times, laughter, etc.

### **Release Your Frustrations**

- · Break old dishes.
- Rip apart an old cassette tape, smash the casing.
- Throw ice cubes at a brick wall.
- Throw eggs in the shower.
- Rip apart an old phone book.
- Smash fruit with a bat or hammer.
- Throw darts.
- · Punch pillows.
- Scream into a pillow.
- · Slam doors.
- Yell or sing at the top of your lungs.
- · Exercise.

### If you still feel the urge to injure you might try:

- Putting stickers on the parts of your body you want to injure.
- Drawing slashing lines on paper.
- Drawing on yourself with a red felt-tip pen.
- Taking a small bottle of liquid red food coloring and warm it slightly by dropping it into a cup
  of hot water for a few minutes. Uncap the bottle and press its tip against the place you want
  to cut. Draw the bottle in a cutting motion while squeezing it slightly to let the food color
  trickle out.
- Drawing on the areas you want to cut using ice that you've made by dropping six or seven drops of red food color into each of the ice-cube tray wells.
- · Painting yourself with red tempera paint.

### **Useful Links:**

http://www.bbc.co.uk/health/conditions/mental\_health/coping\_skills.shtml http://www.helpguide.org/mental/self\_injury.htm http://www.selfinjury.com

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FOR MORE INFORMATION, SEE: www.selfinjury.bctr.cornell.edu

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### HOPE IS REAL. HELP IS REAL. YOUR STORY IS IMPORTANT.



To Write Love on Her Arms is a non-profit movement dedicated to presenting hope and finding help for people struggling with depression, addiction, self-injury, and suicide. TWLOHA exists to encourage, inform, inspire, and invest directly into treatment and recovery.

www.twloha.com

### It started with a story.

Our founder, Jamie Tworkowski, didn't set out to start a nonprofit organization. All he wanted to do was help a friend and tell her story. When Jamie met Renee Yohe, she was struggling with addiction, depression, self-injury, and suicidal thoughts. He wrote about the five days he spent with her before she entered a treatment center, and he sold T-shirts to help cover the cost. When she entered treatment, he posted the story on MySpace to give it a home. The name of the story was "To Write Love on Her Arms."

### A Friend Asks



### **Nationally...**

Over 1 out of 6 young people "seriously considered suicide" in the past 12 months

(\*) CDC 2013 Youth Risk Behavioral Survey

"A Friend Asks" is a free smart-phone app to help provide the information, tools, and resources to help a friend (or yourself) who may be struggling with thoughts of suicide.

"WARNING SIGNS" and "HOW TO HELP A FRIEND" along with other resources are provided as well as the "GET HELP NOW" instant connectivity to the National Suicide Prevention "Lifeline" are provided on this free downloadable app.

Youth Suicide has been declared a National Health Issue by the U. S. Surgeon General's office.

### Suicide is:

- For middle and high school age youth (ages 12-18), suicide is the 2nd leading cause of death. (2011 CDC WISQARS)
- For college age youth (ages 18-22), suicide is the 2nd leading cause of death. (2011 CDC WISQARS)
- Over-all, suicide is the **2nd** leading cause of death for our youth ages 10-24. (2011 CDC WISQARS)

Suicide is not only a leading cause of death for our youth... It is a leading cause of PREVENTABLE death!

**Four** out of **Five** young people who will attempt suicide will give clear "Warning Signs"

A "Friend"...especially an "informed friend"... can help make a difference to someone who may be struggling with thoughts of suicide.







Annle

Android

### **Suicide Safe:**A New Suicide Prevention App from SAMHSA

Almost half of individuals who die by suicide have visited a primary care provider in the month prior to their death, and 20% have had contact with mental health services.

Suicide Safe is a new, free mobile app that helps providers integrate suicide prevention strategies into their practice and address suicide risk among their patients.

**Suicide Safe** is based on the nationally recognized Suicide Assessment Five-step Evaluation and Triage (SAFE-T) card and helps providers:

- Confidently assist patients who present with suicidal ideation.
- Communicate effectively with patients and their families.
- Determine appropriate next steps.
- Make referrals to treatment and community resources.

Suicide Safe is available for Apple<sup>®</sup> and Android<sup>™</sup> mobile devices.



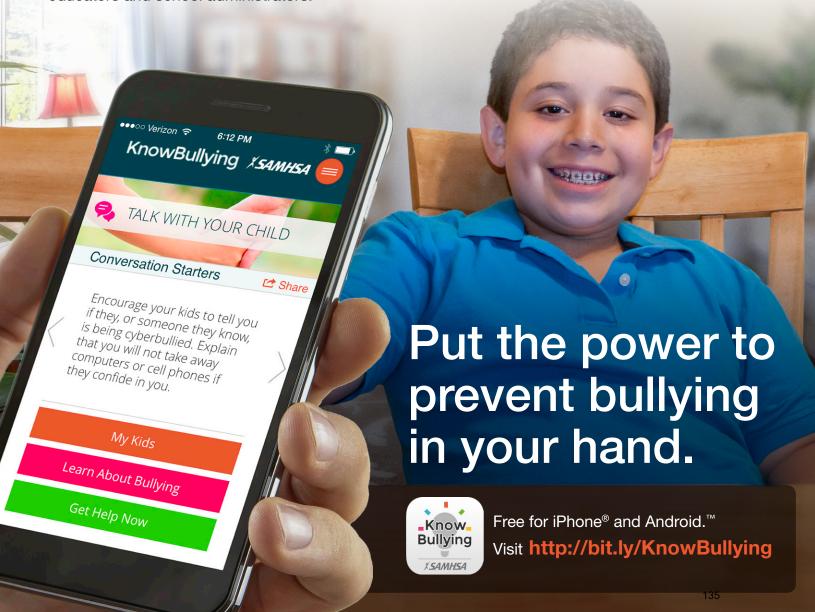
### Get the free app that can prevent bullying.

### How can I help a child affected by bullying?

Talking with your child every day is an easy way to stay connected. Research shows that spending at least 15 minutes a day talking with your child will increase self-esteem and encourage him/her to come to you with a problem. This will help your child face bullying—whether being bullied, engaging in bullying, or witnessing bullying.

### How can the KnowBullying app help prevent bullying?

The KnowBullying app helps you make the most of each opportunity to talk by giving helpful reminders and conversation starters. It provides information on bullying including how to know if your child is being affected and how to stop it. KnowBullying by SAMHSA also provides strategies for educators and school administrators.



### Start a conversation your child will remember when it counts.

### **KnowBullying by SAMHSA includes:**



Conversation Starters:
 Start meaningful discussions
 with your child.



 Tips: Learn ways to prevent bullying for ages 3–6, 7–13, and teens.



Warning Signs:
 Recognize if your child is affected by bullying.







Reminders: Find the right time to connect with your child.



- Social Media: Share successful strategies and useful advice.
- **Section for Educators:** Prevent bullying in the classroom and support children who are being bullied.

KnowBullying is a free resource for mobile devices provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), in conjunction with the StopBullying.gov Federal partnership.



Free for iPhone® and Android.™ Visit http://bit.ly/KnowBullying



http://www.samhsa.gov 1-877-SAMHSA-7 (1-877-726-4727)

### Who is B1?





Gary LeVox, Jay DeMarcus and Joe Don Rooney, the members who make up the country group, Rascal Flatts, have been involved

in many philanthropic and charitable endeavors throughout their career and believe in the gift of giving back. Rascal Flatts and The Jason Foundation, Inc. decided to come together to fight for a cause that Rascal Flatts truly believe needs attention—youth suicide prevention. In addition to their roles as celebrity ambassadors and participation in public service announcements, public awareness programs, and fundraising, Rascal Flatts promotes the B1 Project.

www.rascalflatts.com

The Jason Foundation, Inc. (JFI) is an educational organization dedicated to the awareness and prevention of youth suicide. JFI provides tools and resources for students, parents and

teachers/youth workers to help them identify and assist at-risk youth. This is accomplished through a series of programs including the **B1** Project.

www.jasonfoundation.com

Let Rascal Flatts
know you will
B1 for a friend at
www.rascalflattsB1.com





18 Volunteer Drive Hendersonville, TN 37075 1.888.881.2323 www.jasonfoundation.com





### Disclaimer:

Although The Jason Foundation, Inc. and our partners make every effort to insure our programs professionally address the problem of youth suicide, no one program can guarantee to prevent youth suicide. Our program's goal is to provide educational materials that will help equip you to recognize "signs of concern". Professional help should always be sought whenever there is a possibility of suicidal ideation.

NEVER TRY TO SOLVE THIS TYPE OF PROBLEM WITHOUT OBTAINING PROFESSIONAL HELP.







### Rascal Flatts and The Jason Foundation are working together to prevent youth suicide.

### What is the B1 Project?

The purpose of the **B1** Project is to educate youth, students, youth workers, and parents on recognizing the warning signs of youth suicide and how to help a friend, family member, or loved one.

**B1** is designed to be quick, informative, and target the most important aspects of youth suicide prevention.

Think about it . . . the 2nd most likely thing to take a young person is suicide. Yet, no one ever talks about it until a tragedy occurs. That's why The Jason Foundation and Rascal Flatts call youth suicide "The Silent Epidemic".



### Who can take the B1 Pledge?

The **B1** Pledge is for anyone and everyone.

You may have a brother or sister, a son or daughter, a player on your athletic team, a student, or a neighbor who is at-risk for suicide.

If a young person looks to you for help – are you ready to B1 for them?

Participating in the **B1** Pledge is a proactive step towards taking some of the silence out of the "Silent Epidemic". B1 will help you to recognize warning signs and develop a plan of action to help someone who may be struggling.

Learn How YOU Can B1 for a Friend Take the B1 Pledge!

www.rascalflattsB1.com

### The 3 B's

### **BE AWARE**

Be aware and understand the problem of youth suicide. It is the 2nd leading cause of death for ages 10-24. (2013 CDC WISQARS) Suicide is preventable!

### BE ABLE

Be able to identify signs of concern in a friend who may be struggling.

- Suicide threats
- Depression
- Anger, increased irritability
- Lack of interest in activities they once enjoyed
- Sudden increase/decrease in appetite
- Sudden changes in appearance
- Dwindling academic performance
- Preoccupation with death and suicide
- Previous suicide attempts

### **BE PREPARED**

You should never be afraid to talk to someone who may be depressed or at-risk. At the very least, they will know there is someone who cares for them. You should also have an action plan in case a friend or family member shows signs of suicidal ideation. Taking the **B1** pledge will help you to "Be Prepared".



### **Clinical Tools & Activities**



Tony L. Sheppard, Psy.D., CGP

### Significant Other Consent Form

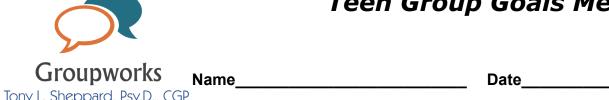
My therapist has permission to include the following support people in my treatment. They are aware of my self-harm and/or suicidal thoughts and have agreed to support me in my recovery.

1		
2		
3		
4		
5		
I understand that a Release of I signed by my legal guardian for	,	
Signature of Client	Date	_
Signature of Therapist	Date	

*My Name: My best relationship:*  $Me_2$ *My best friend:* When I'm alone, I like to: The think I like to do with my *friends the most:* Something I'm good at: Three most important people in my life (real): *Where I feel the best (location):* Three most important people in my Draw yourself as these others see life (fictional): Where I feel you: *the worst:* Your parents... When I feel the best: When I feel the worst: Others in this group... Something that makes me feel best about myself: What makes me feel worst about myself: ©Copyright, 2015 Groupworks, Inc.

*My Name: My greatest fear:* A Name I'd Like to have: Me The famous person who would play me in a *The coolest* movie about my life: thing in my bedroom: *My favorite song:* Something I wish my mom wouldn't say: Something I like about my dad: One Food I Know How to Cook: *Draw your own personal symbol: The coolest* Favorite Drink: person I know: The funnest Favorite Place thing I've to go on done in the Vacation: last year: Something that makes те Нарру: If I were a food, I'd be... The best day of my life: 142

### Teen Group Goals Menu



Groupworks	Name	Date	
Tony L. Sheppard, Psy.D., CG	GP .		
		r at in this group. After you do that, please ant the most and would like to start with.	circle your top three
Make Better Choices	3		
Learn to Focus Bette	er When People are Talkir	ng	
Think Before I Do & S	Say Things		
Control My Anger			
Learn to Make New I	Friends		
Cut Down on My Use	e of Drugs and/or Alcohol		
Feel Better About My	yself		
Become a More Pos	itive Person		
Get Along Better with	n My Parents		
Get Better Grades in	School		
Learn to Control my	Worries better		
Talk with Others Mor	re/Overcome Shyness		
Talk to the group abo	out something that has be	en bothering me	
Work Through some	difficult things from my pa	ast	
Stop Hurting Myself			
Feel Suicidal Less			
Become More Patier	nt with Others		
Make Some Decision	ns about my Future Plans		
Develop Healthy Hab	oits (Healthy Eating, Get N	More Sleep, Get More Exercise)	
drtichennard com		(Write your own goal)	
HENGRANDSEN COM			Doy 1/1/

www.drtisheppard.com

**Rev. 1/14** 



### **Conversation Basics!**

### **Face the Person**

### **Eye Contact**

### **Stay on Topic**

### **Make Comments:**

"Cool"

"Wow"

"Uh Huh"

"Really?"

"I Know How that Feels"

"That Must Have Been Funny"

"That Must Have Been Scary"

"That Sounds Really Cool"

### **Ask Questions:**

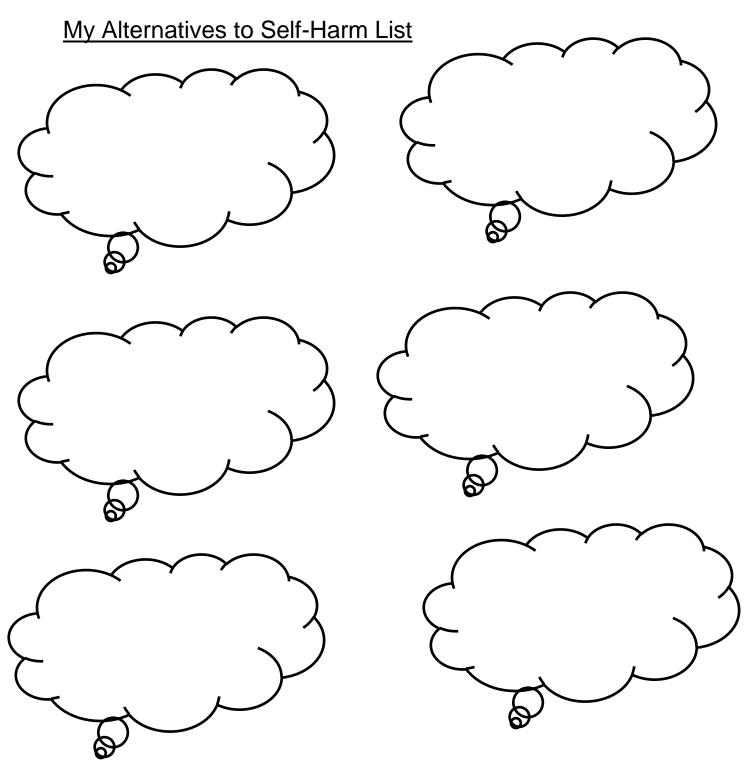
"Then What Happened?"

"What Did you Do?"

"What Was Your Favorite Part?"

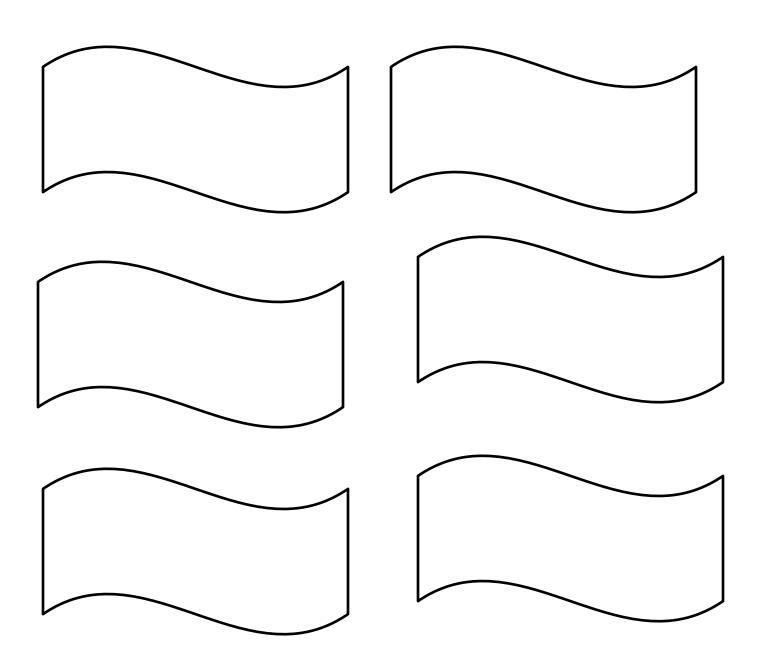
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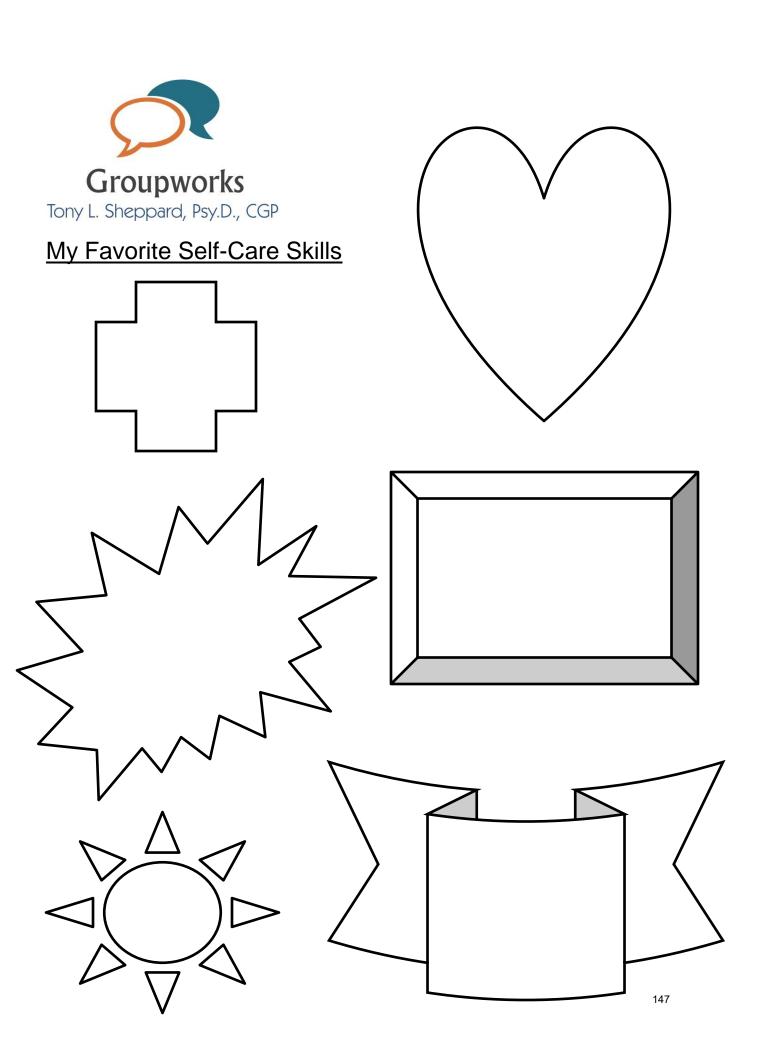






## My Favorite Coping Skills



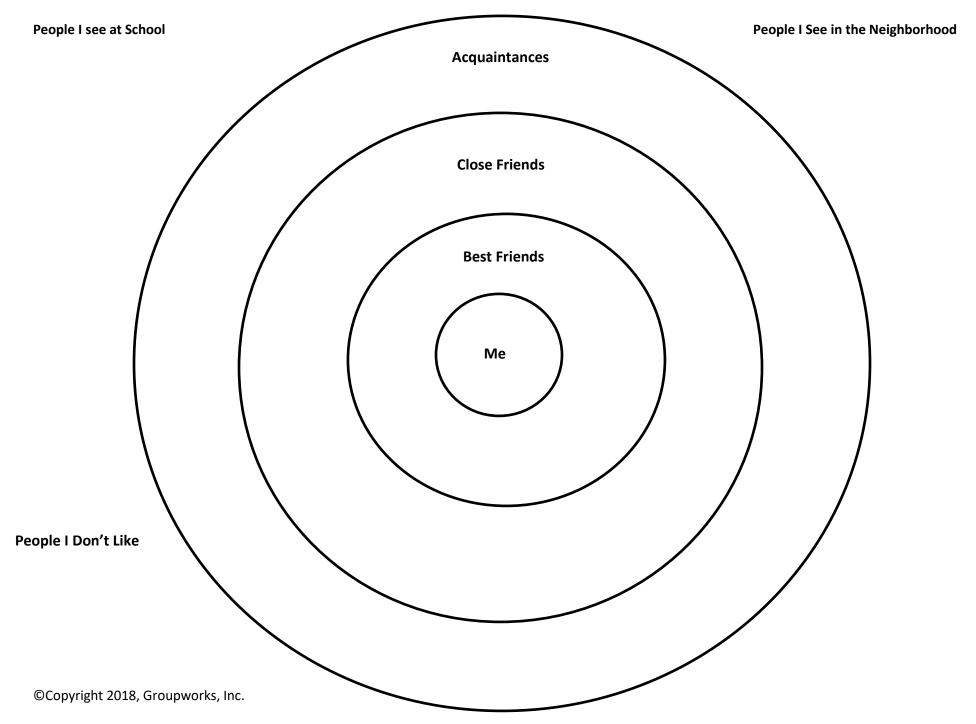


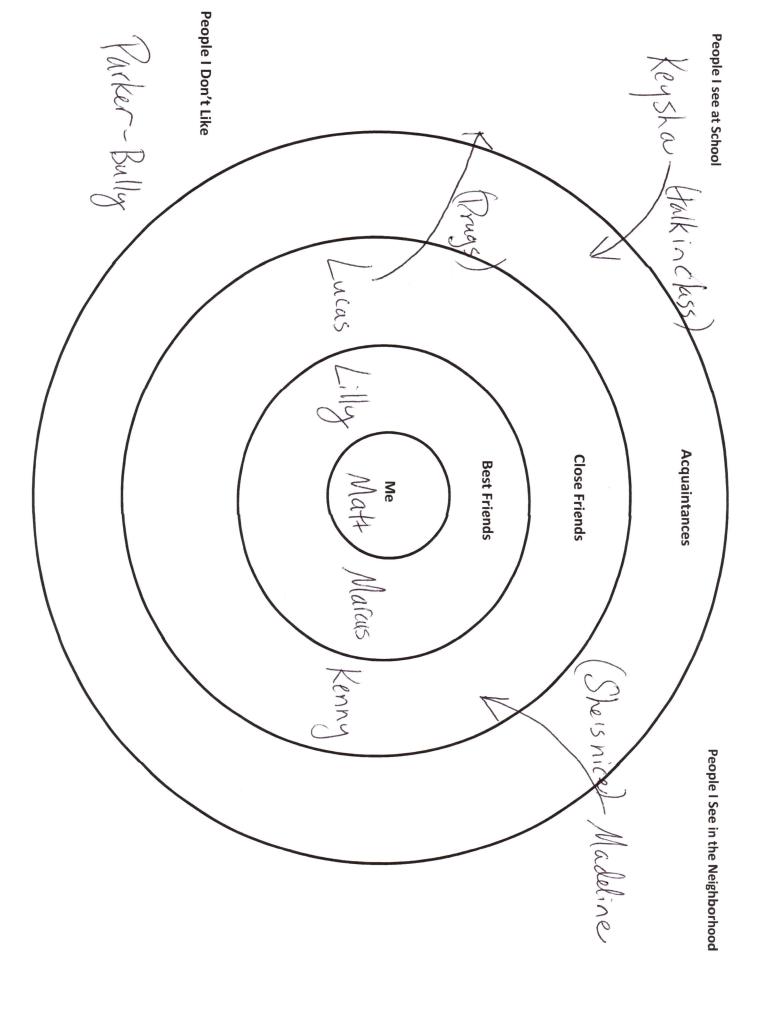


Tony L. Sheppard, Psy.D., CGP

#### **Social Circles Activity**

Use this sheet to write in the names of the people around you. Draw arrows to indicate people you'd like to move farther away from you. This might include friends or acquaintances who are a bad influence on you. Draw arrows to indicate people you'd like to move closer to you. This might include someone in your class that you like and want to make into a friend.







## TOTY L. SHEPPAID, PSy.D., CO.

## **Case Example One**

Clarissa Sanchez\*

16 year old Female

Clarissa is being seen in an outpatient clinic setting. Her mother scheduled the appointment due to her ongoing struggles with self-harm and history of suicidal behavior. She is accompanied to the appointment with both parents. Her previous outpatient therapist couldn't see her due to scheduling conflicts.

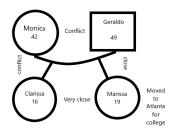
\*This is a fictional profile. No Private Health Information is revealed in this case example or any of the supporting materials.



Clarissa Sanchez

Date: 1/3/2018 Name:

#### Family/Living Situation (Genogram):



#### Reason for Referral Why did you come for the appt?

Did you want to come?



Ν

- -Depression was diagnosed in 9th grade (2 years ago)
- -She was hospitalized in 9th grade following a suicide attempt in which she took an overdose of Benadryl and then called her maternal aunt
- -Clarissa was bullied severely in Middle School/Her perception is that her school didn't care and didn't do enough about it
- -Non-suicidal self-injury started in 6th grade and resumed recently
- -Sister with whom Clarissa is very close moved to Atlanta to begin college in September of last year/this has been really hard on her
- -Clarissa doesn't get along well with either parent/she and her mother argue over "everything"/they are both highly emotional and "controlling"
- -Father travels alot with his job and Clarissa describes him as an "old school dad"/he's a "workaholic" and "kind of sexist" -Father is less worried about Clarissa. He claims that "she's just like her mother" and that "her mother grew out of it and she will too"

#### **Previous Therapy/Evaluation**

Psychological testing in 7th grade showed depression and some emerging histrionic traits

Clarissa saw Dr. Jenn Reynolds for Individual Therapy in 8th & 9th grades

School

Where do you go to school? Grade: East High School 11th

Strengths: Art Like school? Grades:

Weaknesses:

IEP? No/No learning issues noted in her testing

None Behavior Problems:

Detention/Suspensions/Expulsion?

#### Changes in Treatment/School?

Grades have dropped this year

Clarissa often does her schoolwork but doesn't turn it in

#### Interpersonal

Friends: Clarissa has some friends/not as many as she'd like. She indicated and her parents confirmed that her friend group has "lots of drama". Mother is worried about social media "addiction".

#### Safety/Well-Being

Attempt Suicidal Thoughts Thoughts Homicidal Attempts \

NSSI Current(Y Histor\

#### Abuse/Neglect/Trauma

Abusive (verbal & emotional) boyfriend in 8th grade Bullying by peers throughout Middle School

N Location? Cuts on inner thighs Carved on her forearm in the past

Math

Page 1 of 3

#### **Current Medications**

Celexa 30 mg Melatonin OTC 5mg PRN for sleep

Prescribed by:

Dr. Ellie Valencia

#### **MSE** N/A or OK **Appearance** Slight Moderate Severe Unkempt, disheveled $(\underline{\mathbf{V}})$ Clothing, dirty, atypical Odd phys. characteristics **(<u>\</u>**) Body odor Appears unhealthy Slight **Posture** N/A or OK Moderate Severe Slumped $(\mathbf{V})$ Rigid, tense (\_\_\_) N/A or OK Slight Moderate **Body Movements** Severe Accelerated, quick $(\mathbf{A})$ Decreased, slowed Restlessness, fidgety Atypical, unusual N/A or OK Slight Moderate Speech Severe Rapid Slow Loud Soft Mute Atypical (e.g., slurring) N/A or OK Slight Attitude Moderate Severe Domineering, controlling Submissive, dependent Hostile, challenging Guarded, suspicious Uncooperative N/A or OK Slight Moderate **Affect** Severe **✓**) **✓**( **✓**) Inappropriate to thought Increased lability Blunted dull, flat Euphoria, elation Anger, hostility Depression, sadness Anxiety (\_\_\_) Irritability (14) N/A or OK Slight Moderate Perception Severe Illusions

Auditory hallucinations Visual hallucinations Other hallucinations

Cognitive	N/A or OK	Slight	Moderate	Severe
Alertness	( <u> </u> )	()	()	()
Attn. span, distractibility		()	()	()
Short-term memory	()		()	
Long-term memory		()	()	()
Judgment	N/A or OK	Slight	Moderate	Severe
Decision making	( <u> </u>		()	()
Impulsivity	( <u>\(\mathbf{Y}\)</u> )	()	()	()
Thought Content	N/A or OK	Slight	Moderate	Severe
Obsessions/compulsions	( <b>1</b> /2)		()	
Phobic		()	()	()
Depersonalization	() _		()	()
Delusions		()	()	()
Orientation: Y Time Place Person				
Eye contact: WNL Poor Variable Odd				
Morry: About school, friends and "what people are saying about me on Instagram"	<u>Depre</u> s	ssion:		depressed most days/feels like her medication working
Appetite: WNL Poor Variable O	vereating (	Weight	Loss/Gain H	Has lost about 5 pounds since school started
Sleep Problems:   N Initiation	Maintenanc	е) Нуреі	rsomnolence	e <b>Difficulty Awakening</b> Melatonin helps
Haw Many Hawa of Slaan new Day 4		Door		
How Many Hours of Sleep per Day 4 Q	uality?	Poor	How wor	uld you rate the following on a 0-
Insomnia Cause? Restlessness Thoughts/Wor	Ty/Unknown		10 scale	
Nightmares/Bad Dreams? Nightmares about losin	a all of her Inst	agram	Self Conf	fidence: <sup>2</sup>
Nightmares/Bad Dreams? Nightmares about losin followers and her posts				
Substance Use/Abuse			Overall F	lappiness: 1
Tried marijuana with a friend the other day/her parents de	on't know		Feelings	About the Future: 6
			Relations	ships-Family: 1
Family $Hx?(Y)N$				
<b>,</b>			Relations	ships-Peers: 5
Behavior Observations/Examiner Notes:				
			<u> </u>	
Clarissa feels very little connection to her parents. They either fight with her or are distant. She misses her siste		,	Goals for Tre	eatment?
talking about her. They have weekly Skype sessions or			1. Stop worryir	ng about social media so much
			2 Don't hate n	ny mom so much
				,
C/A Office Interview			<ol><li>Eat better a</li></ol>	and do more healthy things
Revised 4/17				
Scanned to Therapy Notes Save As "Intake Interview Form"				

## **Alexian Brothers Urge to Self-Injure Scale (ABUSI)**

The questions below apply to the last week. Place an "X" in the box next to the most appropriate statement

1.	How ofte	n have you though Never, 0 times in the		ng yourself or a	about how you wa	ant to injure	yourself?					
		Rarely, 1 -2 times in the last week										
		Occasionally, $3-4$ times in the last week										
		<b>Sometimes</b> , $5-10$ times in the last week, or 1-2 times a day										
		<b>Often</b> , $11 - 20$ times in the last week, or $2 - 3$ times a day										
		Most of the time, $20 - 40$ times in the last week, or $3 - 6$ times a day										
		Nearly all of the	time, more th	nat 40 times in	the last week, or	more than 6	times a day					
2.	At the m	ost severe point, ho	w strong was	your urge to se	elf-injure in the la	st week?						
		None at all.										
		<b>Slight</b> , that is, a ver	ry mild urge.									
		Mild Urge.										
		Moderate Urge.										
		Strong Urge, but e	· ·									
		Strong Urge, but d	ifficult to cont	trol.								
		Strong Urge and w	vould have sel	f-injured if abl	e to.							
3.	How mu	ch time have you sp	ent thinking	about injuring	yourself or about	how you wa	ant to injure yourself?					
3.												
	None.	Less than 20 min.	21-45 min.	46-90 min.	90 min to 3 hrs.	t how you wa 3-6 hrs.	More than 6 hrs.					
<ol> <li>4.</li> </ol>	None.		21-45 min.	46-90 min.	90 min to 3 hrs.		More than 6 hrs.					
4.	None.  How diff	Less than 20 min.  Cicult was it to resis	21-45 min.  t injuring you	46-90 min.	90 min to 3 hrs.	3-6 hrs.	More than 6 hrs.					
4.	None.	Less than 20 min.  Cicult was it to resis	21-45 min.	46-90 min.	90 min to 3 hrs.		More than 6 hrs.					
4.	None.  How diff  ot difficult at all  Keeping	Less than 20 min.  Cicult was it to resis  Very mildly difficult	21-45 min.  t injuring you  Mildly difficult  onses to the pr	46-90 min.  arself in the last  Moderately difficult	90 min to 3 hrs.  t week?  Very difficult	3-6 hrs.  Extremely difficult	More than 6 hrs.  Was not able					
4.	None.  How difficult at all  Keeping injure yo	Less than 20 min.  Cicult was it to resis  Very mildly difficult  in mind your response.	21-45 min.  t injuring you  Mildly difficult  onses to the preek.	46-90 min.  Arself in the last  Moderately difficult  revious question	90 min to 3 hrs.  t week?  Very difficult  ns, please rate you	3-6 hrs.  Extremely difficult	More than 6 hrs.  Was not able to resist					
4.	None.  How difficult at all  Keeping injure you	Less than 20 min.  Cicult was it to resis  Very mildly difficult  in mind your responses ourself in the last we	21-45 min.  t injuring you  Mildly difficult  onses to the preek.  and never had the	46-90 min.  arself in the last  Moderately difficult revious question  me urge to self-in	90 min to 3 hrs.  t week?  Very difficult  ns, please rate you	3-6 hrs.  Extremely difficult	More than 6 hrs.  Was not able to resist					
4.	None.  How difficult at all  Keeping injure you Rare	Less than 20 min.  Cicult was it to resis  Very mildly difficult  in mind your responself in the last were thought about it ar	21-45 min.  t injuring you  Mildly difficult  onses to the preek.  and never had the	46-90 min.  arself in the last  Moderately difficult  revious question  the urge to self-in the urge to self-in	90 min to 3 hrs.  t week?  Very difficult  ns, please rate you  njureinjure.	3-6 hrs.  Extremely difficult ar overall ave	More than 6 hrs.  Was not able to resist					
4.	None.  How difficult at all  Keeping injure you Rare  Occa	Less than 20 min.  Cicult was it to resis  Very mildly difficult  in mind your responself in the last were thought about it ar	21-45 min.  t injuring you  Mildly difficult  onses to the preek.  ad never had the difficult had a compared to the preek.	46-90 min.  arself in the last  Moderately difficult  revious question  the urge to self-in the urge to self-in sionally had the	90 min to 3 hrs.  t week?  Very difficult  ns, please rate you  njure.  injure.  urge to self-injure	3-6 hrs.  Extremely difficult ar overall ave	More than 6 hrs.  Was not able to resist					
4.	None.  How difficult at all  Keeping injure you Rare Occas	Less than 20 min.  Cicult was it to resis  Very mildly difficult  in mind your responses in the last were thought about it are ly thought about it as sionally thought about	21-45 min.  tinjuring you  Mildly difficult  onses to the preek.  ad never had the difficult and rarely had but it and occast it and sometimes.	46-90 min.  arself in the last  Moderately difficult  revious question  the urge to self-in the urge to self-in sionally had the mes had the urge	90 min to 3 hrs.  t week?  Very difficult  ns, please rate you  njure.  injure.  urge to self-injure ge to self-injure.	3-6 hrs.  Extremely difficult ar overall ave	More than 6 hrs.  Was not able to resist					
4.	None.  How difficult at all  Keeping injure you Rare Occa	Less than 20 min.  Cicult was it to resis  Very mildly difficult  in mind your responself in the last was thought about it are ly thought about it assionally thought about etimes thought about the last was etimes thought about it as etimes thought about the last was etimes etimes the last was etimes e	21-45 min.  tinjuring you  Mildly difficult  onses to the preek.  ad never had the and rarely had out it and occautit and sometical of ten had the adopted of the preechad of the adopted	46-90 min.  Arself in the last  Moderately difficult  revious question  the urge to self-in the urge to self-sionally had the urge to self-ing the urge to s	90 min to 3 hrs.  t week?  Very difficult  ns, please rate you  njure.  injure.  urge to self-injure.  ge to self-injure.  jure.	3-6 hrs.  Extremely difficult ar overall average.	More than 6 hrs.  Was not able to resist					



1.

5.

6.

Thought about injuring yourself without the intention to kill yourself? 0 1 2 3 4								
How often in the past month have you:  circle "0" if not at all and circle "3" if daily  Thought about injuring yourself without the intention to kill yourself?  O 1 2 3  Actually injured yourself, without the intention to kill yourself?  Thought about injuring yourself, without the intention to kill yourself?  How often in the past 6 months have you:  circle "0" if not at all and circle "4" if daily  Thought about injuring yourself without the intention to kill yourself?  0 1 2 3	Name:	Clarissa Sanchez		Sex:	Male	[	Fem	nale
Thought about injuring yourself without the intention to kill yourself?  O  1  2  3  Actually injured yourself, without the intention to kill yourself?  O  1  2  3  How often in the past 6 months have you:  circle "0" if not at all and circle "4" if daily  Thought about injuring yourself without the intention to kill yourself?  O  1  2  3  4  Thought about injuring yourself without the intention to kill yourself?  O  1  2  3  4	Today's Date:	03 DD <u>01</u> MM 18 YY	Date of Birth:		_ MMYY	Age	e: <u>16</u>	
Thought about injuring yourself without the intention to kill yourself?  O  1  2  3  Actually injured yourself, without the intention to kill yourself?  O  1  2  3  How often in the past 6 months have you:  circle "0" if not at all and circle "4" if daily  Thought about injuring yourself without the intention to kill yourself?  O  1  2  3  4  Thought about injuring yourself without the intention to kill yourself?  O  1  2  3  4				not at all	at least once	weekly	daily	
circle "0" if not at all and circle "4" if daily  Thought about injuring yourself without the intention to kill yourself?  Thought about injuring yourself without the intention to kill yourself?				0	1		3	
Actually injured yourself, without the intention to kill yourself? 0 1 2 3 4	circle "0" if not at a	all and circle "4" if daily	n to kill yourself?	not at			weekly	Aliep 4
	<b>Actually injured</b> ye	ourself, without the intention to kil	ll yourself?	0	1	<b>(2)</b>	3	4
How often in the past year have you:  circle "0" if not at all and circle "4" if daily  times s in the past year have you:  and the past year have you:  by the past year have you:  and the past year have you:  and the past year have you:  by the past year have you:  and the past year have you:  by the past year have you:  and the past year have you:  by the past year have you:  circle "0" if not at all and circle "4" if daily				not at all	1 to 5 times	monthly	weekly	daily
Thought about taking your life (killing yourself)? 0 1 2 3	<u>Thought</u> about tak	ing your life (killing yourself)?		0	1	2	3	4
Have you ever made an actual attempt to take your life? no	Have you ever	made an actual attempt to t	ake your life?	no			yes	
If yes, then please indicate the number of times:	If yes, then pleas	se indicate the number of times	s:			<b>_y</b>		
in the past month: $0$ in the past 6 months: $0$ in the past year: $0$ prior to one year ago: $1$	in the past month:	in the past 6 months:	0 in the past	year: (	prior to one ye	ear ago:	1	
Have you ever been treated by a doctor after injuring yourself on purpose? (e.g., stitches, wound dressings, etc.)			ter injuring your	self on purp	pose? (e.g., s			I
If yes, how often did a doctor treat you in the <u>past year</u> for hurting yourself on purpose? time(s)	If yes, how often	did a doctor treat you in the <u>past</u>	<i>year</i> for hurting you	ırself on purpo	ose?		tim	e(s)
Have you been kept in hospital because of hurting yourself on purpose?  no yes	Have you been	kept in hospital because of	hurting yourself		e?		yes	
If yes, how many times in the <u>past year</u> did you stay overnight in emergency? No	If yes, how many	times in the <u>past year</u> did you sta	y overnight in emer	gency? No				
If yes, how many times in the <u>past year</u> did you get admitted to a hospital unit? No  Mary Kay Nixon, M.D. & Paula Cloutier, M.A.  Copyright 2005	If yes, how many		Nixon, M.D. & Paula Clouti					

Researchers and clinicians working in non-profit or publicly owned settings (including universities, non-profit hospitals, and government institutions) may make single coalisate the OSI instrument for their own clinical and research use.

he first time you hurt yourself, where d	id you get the	e idea? (pleaso	e 🗸	only one)		
I read about it on an internet website	I I	heard about it fr	om otl	ner people in a	non-hos	pital sett
I read about it on a Web Blog	I I	heard about it fr	om otl	ner people in a	hospital	setting
I read about it in a book or magazine	I s	saw other peopl	e do it	in a hospital s	etting	
I saw it happen in a movie or on television	It	was my own ide	ea			
I saw other people do it in a non-hospital set	ting Of	ther (please list)				
The urge is distressing / upsetting		0	1	2	3	4
circle "0" if not at all and circle "4" if extremely		Not at all		somewhat		ktremely
			_			
		0	1	2	3	4
The urge is comforting The urge is intrusive / invasive		<b>©</b>	1	2	3	4
		•	1	2	3	4
The urge is intrusive / invasive  o you <u>only</u> harm yourself after taking dr			1	2	③ 	yes
The urge is intrusive / invasive  o you <u>only</u> harm yourself after taking dr			1		③	yes
o you only harm yourself after taking drop you let other people know that you hat no one  some people who do you tell?	rm yourself?		1	far		yes photography yes
o you only harm yourself after taking droyou let other people know that you ha	rm yourself?  friend(s)  psychologi	no no		fai	mily mem	yes  hber(s) or
o you only harm yourself after taking dro you let other people know that you hat no one  some people who do you tell?	rm yourself?  friend(s)  psychologi	ist/psychiatrist		fai far sc	mily mem	yes  hber(s)  or  hsellor

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# 12. a) What areas of your body did/do you injure?

Please (√) all that apply

	WHEN YOU FIRST STARTED	CURRENTLY (past month if still self- injuring)
Scalp		
Eye(s)		
Ear(s)		
Face		
Nose		
Lips		
Inside of mouth		
Neck/throat		
Chest		
Breast(s)		
Back		
Shoulder(s)		
Abdomen		
Hips/buttock(s)		
Genitals		
Rectum		
Upper arm/elbow	<b>&gt;</b>	
Lower arm/wrist	<b>V</b>	
Hand/fingers		
Thigh/knee		~
Lower leg/ankle	_	
Foot/toes		
Other (specify):		

b) Above, please circle the part that you currently injure the most

# 13. a) How did/do you injure yourself (without meaning to kill yourself)?

Please ( $\sqrt{\ }$ ) all that apply

•		
	WHEN YOU FIRST STARTED	CURRENTLY (past month if still self- injuring)
Cutting	<b>\</b>	
Scratching		
Interfering with wound healing		
Burning		
Biting		
Hitting		
Hair pulling		
Severe nail biting and/or nail injuries		
Piercing skin with sharp pointy objects		
Piercing of body parts		
Excessive use of street drugs		
Excessive use of alcohol		
Trying to break bones		
Headbanging		
Taking too much medication		
Taking too little medication		
Eating or drinking things that are not food		
Other (specify): Carving words	<b>\</b>	

b) Above, please circle the method that you currently use the most

OSI v3.1 English

14. If you continue, Why did you start? Why do you continue?

		Why did you start?				t? why do you continue?				
Why do you think you started and if you continue, why do you still self-injure (without meaning to kill yourself)?  Please circle the number that best represents how much your self-injury is due to the reason. Circle "0" if it has never been a reason that you self-injure and "4" if it has always been a reason that you self-injure.	Never a reason		Sometimes a reason		Always a reason	Never a reason		Sometimes a reason		Alwavs a reason
1. to release unbearable tension	0	1	2	(3)	4	0	1	2	3	4
2. to experience a "high" that feels like a drug high	0	1	2	3	4	0	1	2	3	)4
3. to stop my parents from being angry with me	0	1	2	3	4	0	) 1	2	3	4
4. to stop feeling alone and empty	0	1	2	3	4	0	1	2	3	4
5. to get care or attention from other people	0	1	2	(3	) 4	0	1	2(	3	4
6. to punish myself	0	1	2	(3)	4	0	1	2 (	3	4
7. to provide a sense of excitement that feels exhilarating	0	1 (	2	3	4	0	1	2 (	(3)	4
8. to avoid getting into trouble for something I did	0	1	2	3	4	0	1	2	)3	4
9. to distract me from unpleasant memories	0	1	2	3	4	0	1	2	3	4
10. to change my body image and/or appearance	0	1	2	3	4	0	1	2	3	4
11. to belong to a group	0	1	2	3	4	0	1	2	3	4
12. to release anger	0	1	2	3	4	0	1	2	3	4
13. to show others how hurt or damaged I am	0	1	2	3	4	0	1	2	3	4
14. to experience physical pain in one area, when the other pain I feel is unbearable	0	1	2	3	4	0	1	2	3	4
15. to stop people from expecting so much from me	0	1	2	3	4	0	1	2	3	4
16. to relieve feelings of sadness or feeling "down"	0	1	2	3	4	0	1	2	3	4
17. to stop me from thinking about ideas of killing myself	0	1	2	3	4	0	1	2	3	4
18. to stop me from acting out ideas of killing myself	0	1	2	3	4	0	1	2	3	4
19. to produce a sense of being real when I feel numb and "unreal"	0	1	2	3	4	0	1	2	3	4
20. to release frustration	0	1	2	3	4	0	1	2	3	4
21. to get out of doing something that I don't want to do	0	1	2	3	4	0	1	2	3	4
22. to prove to myself how much I can take	0	1	2	3	4	0	1	2	3	4
23. for sexual excitement	0	1	2	3	4	0	1	2	3	4
24. to diminish feeling of sexual arousal	0	1	2	3	4	0	1	2	3	4
25. other (please specify):	0	1	2	3	4	0	1	2	3	4

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OSI v3.1 English

	Sometimes	s Always
0	1 2	3 4
5		
es		no
·	-	t it and
ver	Sometimes	Always
0 1	2	3 4
ever	Sometimes	Always
0 1	2	3 4
	ver 0 1 ever 0 1	by between thinking about the ses but less than 1 hour  ver Sometimes  0 1 2  ever Sometimes



20.

Since you started to self-injure, have you found that: circle "0" if never and circle "4" if always	Never	S	ometime	s	Always
1.The self-injurious behaviour occurs more often than intended?	0	1	2	3	4
2. The severity in which the self-injurious behaviour occurs has increased (e.g., deeper cuts, more extensive parts of your body)?	0	1	2	3	4
3. If the self-injurious behaviour produced an effect when started, you now need to self-injure more frequently or with greater intensity to produce the same effect?	0	1	2	3	4
4. This behaviour or thinking about it consumes a significant amount of your time (e.g., planning and thinking about it, collecting and hiding sharp objects, doing it and recovering from it)?	0	1	2	3	4
5. Despite a desire to cut down or control this behaviour, you are unable to do so?	0	1	2	3	4
6. You continue this behaviour despite recognizing that it is harmful to you physically and/or emotionally?	0	1	2	3	4
7. Important social, family, academic or recreational activities are given up or reduced because of this behaviour?	0	1	2	3	4

21.

If you are trying to resist hurting yourself, what do you do instead? <u>Please (<math>\downarrow</math>) all that apply</u>								
Never try to resist								
Talk with someone								
Exercise / sports								
Reading writing, music, dance								
Watch television, play video or computer games								
Do things to relax (e.g., hot bath, yoga, deep breathing)								
Use alcohol and or street drugs								
Do anything to keep hands busy								
Other (specify):								

b) For question 21, please circle the <u>most helpful thing</u> you do to resist hurting yourself.



	U	I IAWA <b>S</b> ELF-INJU	JKY.	INVENT	OK.	Y	USI	v3.1 Eng	11511
How motivate	ed are you at t	this time to stop self-injuri	ng?	Not at all Motivated		Somewhat Motivated		Extreme Motivate	
I				0	1	2	3	4	
harm?	(Please ( $\sqrt{\ }$ ) all $\sqrt{\ }$ t had treatment therapy	items that apply)  I declined treatment school counselling medication (please specification)	ecify) <sub>-</sub>	Self hel	p (e.g herap	., self-help y	books	s, internet	
other (please spe	ecify)								
harm?	( <i>Please</i> ( $$ ) all $$ had treatment	items that apply)  I declined treatment school counselling	Self h	n reducing a nelp (e.g., sello o therapy			_	your sel	lf-
family ther		medication (please specify)	)						
other (please spe			)						_
other (please spe	ecify)is questionnair	medication (please specify)	)			Somewhat Agree		Strongly Agree	
other (please spe	ecify)is questionnair	medication (please specify)	)	Strongly			3		' <b> </b>
other (please specific please	ecify) is questionnair f Self-Injury	medication (please specify)	)	Strongly Disagree	1	Agree 2	3	Agree 4	
other (please specific please	ecify) is questionnair f Self-Injury	medication (please specify) re has fully described my	)	Strongly Disagree	1	Agree 2	3	Agree 4	



Tony L. Sheppard, Psy.D., CGP

## **Case Example Two**

Kohl McKenna\*

14 year old Male

Kohl is being seen in an outpatient clinic setting. His father scheduled the appointment following the departure of his school-based therapist for another job. He is accompanied by his father, James. His other father, Clayton couldn't make the appointment due to work obligations. Kohl's fathers are currently separated.

\*This is a fictional profile. No Private Health Information is revealed in this case example or any of the supporting materials.

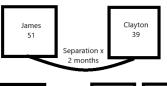


Kohl McKenna Name:

Date:

12/28/2017

#### Family/Living Situation (Genogram):



Kohl states he's very close to both parents He said that his brothers "live in their own little world". Father (Clayton) moved in with his mother and Kohl misses him being at home.

Kohl 14

Anthony

Ν

Reason for Referral Why did you come for the appt?

Did you want to come?

- -Kohl is adopted (at birth)/little is known about his birth mother except that she was very young and the pregnancy was accidental -Kohl's fathers are separated, although they are in marital counseling/They shared that parenting disagreements are part of the reason they have separated. They have not shared this with Kohl.
- -He has alot of anger, irritability, and depression/diagnosed with Disruptive Mood Disregulation Disorder and ADHD, Hyperactive-Impulsive Type
- -Kohl has always been manipulative with his parents/He frequently gives them ultimatums
- -He has told them he will not stop harming himself until they get back together
- -Kohl has emotional outbursts (mostly at home) and is very verbally abusive toward his friends. He has alienated all of his friends mostly due to raging toward them when they are playing video games
- -While Kohl's behavior at school is generally good; teachers say that he has alienated most peers due to being condescending and rude

#### **Previous Therapy/Evaluation**

Kohl was seeing a school-based therapist who recently left her position due to taking another job. This has been

hard for him.

Changes in Treatment/School?

School

Where do you go to school? Central Middle

Grade: 8th

Like school? Y(N)

Nobody likes me anymore

Grades:

Strengths: math

Weaknesses: social studies

Currently in honors classes

There is a class trip to Mexico coming up in 6 weeks. Kohl has been looking forward to the trip for more than a year He was the top seller in a fund-raiser

for the trip in the fall.

IEP? No

Behavior Problems: None-other than his rudeness, which has not resulted in detention or suspension Detention/Suspensions/Expulsion?

#### Interpersonal

Friends: "None anymore" because "I'm a jerk"

#### **Current Medications**

Lexapro 10 mg

#### Safety/Well-Being

Suicidal Thouahts Plan

Ν

Intent

Attempts

Cutting on his arms

Last school year

Homicidal

NSSI

Current(

Plan

History

Attempts Y

N Location?

Abuse/Neglect/Trauma Kohl was bullied in 7th & 8th grade/he was called "gay" because his fathers are gay. He was also beaten up twice after school. Page 1 of 3

Prescribed by: Dr. Sidi Abdellah Pediatrician

# **MSE**

IVISE				
Appearance	N/A or OK	Slight	Moderate	Severe
Unkempt, disheveled	()	$(\underline{\hspace{1cm}})$	()	()
Clothing, dirty, atypical	( <u>~</u> )	()	()	()
Odd phys. characteristics		()	()	()
Body odor		()	()	()
Appears unhealthy		()	()	()
Posture	N/A or OK	Slight	Moderate	Severe
Slumped	( <u>~</u> )	()	()	()
Rigid, tense		()	()	()
<b>Body Movements</b>	N/A or QK	Slight	Moderate	Severe
Accelerated, quick	$\leq$	()	()	()
Decreased, slowed	()		()	()
Restlessness, fidgety	()	()		()
Atypical, unusual		()	()	()
Speech	N/A or OK	Slight	Moderate	Severe
Rapid	()		( <b>Y</b> )	()
Slow		()	()	()
Loud	()	()		()
Soft	( <u>\( \( \) \)</u>		()	()
Mute	( <b>Y</b> ).	()	()	()
Atypical (e.g., slurring)		()	()	()
Attitude	N/A or OK	Slight	Moderate	Severe
Domineering, controlling	()	()	$(\mathbf{V})$	()
Submissive, dependent		()	()	()
Hostile, challenging		()	()	()
Guarded, suspicious	$\smile$	()	()	()
Uncooperative		()	()	()
Affect	N/A or OK	Slight	Moderate	Severe
Inappropriate to thought	( <u>\( \)</u> )	()	()	()
Increased lability	()	()	( <u>~</u> )	()
Blunted, dull, flat			()	()
Euphoria, elation	( <u> </u> )	() <b>_</b> _	()	()
Anger, hostility	()		()	()
Depression, sadness	()	()		()
Anxiety			()	()
Irritability	()		()	()
Perception		K Slight	Moderate	Severe
Illusions	( <u>~</u> )	()	()	()
Auditory hallucinations	( <u>\( \)</u>	()	()	()
Visual hallucinations		()	()	()
Other hallucinations		()	()	()

Cognitive	N/A or OK	Slight	Moderate	Severe	
Alertness		()	()	()	
Attn. span, distractibility	()	()		()	
Short-term memory	()		()		
Long-term memory		()	()	()	
Judgment	N/A or OK	Slight	Moderate	Severe	
Decision making	( <u>~</u> )	()	()	()	
Impulsivity	()	()	$(\mathbf{V})$	()	
Thought Content	N/A or OK	Slight	Moderate	Severe	
Obsessions/compulsions		()	()		
Phobic	( <u>V</u> )	()	()	()	
Depersonalization		()	()	()	
Delusions		()	()	()	
Orientation: Time Place Person					
Eye contact: WNL Poor Variable Odd					
Worry:	<u>Depres</u> vereating		YN Bad some Sometime	etimes/thinks about dying so he won't feel bes Kohl cries himself to sleep at night	ac
Sleep Problems:   N Initiation	Maintenanc	е) Нуре	rsomnolence	e Oifficulty Awakening	
How Many Hours of Sleep per Day 5.5 Q	uality? F	Poor	Hawwa	uld very rate the fellowing on a 0	
Insomnia Cause? Restlessness/Thoughts/Wor	T√Unknown		10 scale	uld you rate the following on a 0-	
mooning dages reconserved wheaging res			0.14.0	Sidenary 2	
Nightmares/Bad Dreams? Dreamed that dad died	about a week a	igo	Self Coni	fidence: 2	
Substance Use/Abuse			Overall H	lappiness: 2	
Smokes marijuana once a week with a friend/parents known	ow		Feelings	About the Future: 4	
			Relations	ships-Family: 10	
Family Hx? (Y) N Suspected with both biological pa	rents			ships-Peers: 0	
Behavior Observations/Examiner Notes:			relations	ππ <del>ρο 1 σσιο.</del> σ	
Behavior Observations/Examiner Notes.					
Cried when talking about parental separation. He reall	y didn't talk abo	out his	Goals for Tre	atment?	
twin brothers at all.			1 Cat narant	a back together	
			· Get parent	s back together	
			2. Go to Mex	ico	
C/A Office Interview Revised 4/17Scanned to Therapy Notes Save As "Intake Interview Form"				g (He doesn't want parents to know he op because it's the only thing he has to ge together)	t
Outo AS Intake Interview Form					

## **Alexian Brothers Urge to Self-Injure Scale (ABUSI)**

The questions below apply to the last week. Place an "X" in the box next to the most appropriate statement

1.	How often have you thought about injuring yourself or about how you want to injure yourself?  Never, 0 times in the last week							
		Rarely, 1 -2 times	in the last wee	k				
		Occasionally, 3 – 4	times in the l	ast week				
		Sometimes, $5-10$	times in the la	st week, or 1 -2	times a day			
		<b>Often</b> , 11 – 20 time	es in the last w	eek, or $2-3$ tin	nes a day			
		Most of the time, $20-40$ times in the last week, or $3-6$ times a day						
		Nearly all of the	time, more th	nat 40 times in	the last week, or	more than 6	times a day	
2.	At the m	ost severe point, ho	w strong was	your urge to se	elf-injure in the la	st week?		
		None at all.						
		<b>Slight</b> , that is, a ver	ry mild urge.					
		Mild Urge.						
		Moderate Urge.						
		Strong Urge, but e	asily controlle	d.				
		Strong Urge, but d	ifficult to cont	rol.				
		Strong Urge and v	vould have sel	f-injured if abl	e to.			
3.	How mu	ch time have you sp	ent thinking	about injuring	yourself or about	how you wa	nt to injure yoursel	f?
							$\Box$	
	None.	Less than 20 min.	21-45 min.	46-90 min.	90 min to 3 hrs.	3-6 hrs.	More than 6 hrs.	
4.	How dif	ficult was it to <u>resis</u>	<u>t</u> injuring you	rself in the last	week?		_/	
							$\square$	
N	ot difficult at all	Very mildly difficult	Mildly difficult	Moderately difficult	Very difficult	Extremely difficult	Was not able to resist	
5.		in mind your respo ourself in the last w	<del>-</del>	evious question	ıs, please rate you	ır <i>overall ave</i>	erage urge or desire	to
	Neve	e <b>r</b> thought about it ar	nd <b>never</b> had th	ne urge to self-i	niure			
	$\overline{}$	I thought about it and the street it and the str		Ü	ŭ			
		sionally thought about it a	•	· ·	· ·	<u>,</u>		
		etimes thought abou		· ·	· ·	·•		
		<b>n</b> thought about it an		_	-			
		n mought about it all	a orum nau th	c arge to sen-in	juic.			
	Thor	ght about self-injury	most of the ti	me and had the	urge to do it <b>most</b>	of the time		

#### **COLUMBIA-SUICIDE SEVERITY RATING SCALE**

Screen Version - Recent

	SUICIDE IDEATION DEFINITIONS AND PROMPTS			ith_
	Ask questions that are bolded and <u>underlined</u> .	YI	ES	NO
	Ask Questions 1 and 2			
1)	1) Wish to be Dead:  Person endorses thoughts about a wish to be dead or not alive and not wake up.	anymore, or wish to fall asleep		
	Have you wished you were dead or wished you could go	to sleep and not wake up?		
2)	2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/die by killing myself" without general thoughts of ways to kill oneself/a plan.		<b>/</b>	
	Have you actually had any thoughts of killing yourself?			
	If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go d	irectly to question 6.		
	3) Suicidal Thoughts with Method (without Specific Plant Person endorses thoughts of suicide and has thought of a leassessment period. This is different than a specific plan with worked out. "I thought about taking an overdose but I never when where or how I would actually do itand I would never the suicide of the s	rast one method during the a time, place or method details or made a specific plan as to	/	
	Have you been thinking about how you might do this	<u>:2</u>		
	4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports such thoughts, as opposed to "I have the thoughts but I del about them."			$\sqrt{}$
	Have you had these thoughts and had some intention	of acting on them?		
	5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partia some intent to carry it out.	lly worked out and person has		. /
	Have you started to work out or worked out the deta  Do you intend to carry out this plan?	ils of how to kill yourself?		V
6)	6) Suicide Behavior Question:	11	.ifeti	
	Have you ever done anything, started to do anything, or		,	IIIC
	<u>end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables,	wrote a will or suicide note	<b>/</b>	
	took out pills but didn't swallow any, held a gun but changed yo your hand, went to the roof but didn't jump; or actually took pill yourself, tried to hang yourself, etc.	our mind or it was grabbed from	Past Mont	
	If YES, ask: Were any of these in the past 3 months?			

- Low Risk
- Moderate Risk
- High Risk



Tony L. Sheppard, Psy.D., CGP

## **Case Example Three**

Allie Taylor\*

16 year old Female

Allie is being seen at a local youth shelter. She was removed from her grandparents' home following an altercation in which her grandfather's arm was broken. She spent last night in a juvenile detention center and is being evaluated after being sent to the youth shelter. Her guardians were not able to come to this evaluation. Very little information is available about her history.

\*This is a fictional profile. No Private Health Information is revealed in this case example or any of the supporting materials.

### Open Door Youth Services Assessment Interview Form-Child/Adolescent (Youth Services Version)

Name:_	Allie Taylor	Date: 12/15/2017
Examin	er:Tony L. Sheppard	

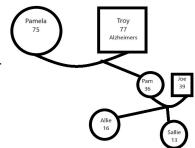
#### Family/Living Situation (Genogram):

With whom do you live? Tell me about your closest relationships? Are there people in your family you don't get along with?

Currently placed at the Youth Shelter after being removed from her maternal grandparents' home.

Biological parents are both incarcerated on drug charges. She has visitation once a month with them.

Allie is aggressive with grandparents. She was placed in the shelter after being arrested and charged with assault after she knocked her grandfather down when he was trying to get her to stop arguing with her grandmother. His arm was broken. She is now on probation.



#### **Treatment/Placement History**

Have you been in placements outside your home (e.g. Detention, Residential Treatment, Youth Shelter)?

Facility	Dates	Reason	
Jones Co. Juvenile Detention Cntr	12/13/17-12/14/17	Arrested for assault	
Open Door Youth Shelter	12/14/17-Present	Court ordered	
Open Door Youth Shelter	oor Youth Shelter 11/22/16-2/2/2017		

#### Have you been to a psychiatric hospital?

Facility	Dates	Reason
Wellstone Regional Hospital	12/2014	Threatened to kill teacher
Wellstone Regional Hospital	5/2015	Depression & Self-Harm
Wellstone Regional Hospital	12/2015	Depression & Sel-Harm

Are you currently seeing a therapist/counselor?

Counselor	Facility	Frequency	Goals
Felicia Forester, LCSW	New Horizons Center	Twice Weekly	Self-control & coping skills

Legal Status/His	story			
Have you been arres Are you on probation School	YES		Tell me what happe kled my grandad becaus randma started it and he	se he was "being a dick"
Where do you go to :	Grad		Grades	
Sunnyside High	11		Failing all sub	jects
What do you like about the second of the work of the w	rior Problems?	Di	slike? <u>Just about every</u> t	C
<u>Interpersonal</u>				
Do you have as man	y friends as you'd like	? YES ₹	NO	
What do you do with	your friends? Make a	irt and smoke (marijuana	a)	
My Friends Are (Rate	e)			
Good Influence 1	2 3 4	5 Bad Influence	e	
Safety/Well-Beir	<u>ng</u>			
	Thoughts	Plan	Intent	Previous Attempts
Suicide	Yes, I think it would be better for everybody if I die.	Yes, hang myself	Yes	Yes. Took pills
Homicide	I thought about killing my grandpa	No	No	No

NSSI	Туре	Location	Frequency
History	Burning	Hands & Feet	2-3 times a week
Current	Cutting/Carving	Arms & Thighs	Everyday

Do you have a history of Abuse/Neglect?

Notes

	Туре	By Whom	When
Abuse	Physical abuse/beating	Bio dad	Ages 11-12
Neglect	None	N/A	N/A

## <u>MSE</u>

<u>MOL</u>				
Appearance	N/A or OK	Slight	Moderate	Severe
Unkempt, disheveled	()	()	<u>(</u>	()
Clothing, dirty, atypical	()	$(\mathbf{V})$	()	()
Odd phys. characteristics	$ \overset{\checkmark}{\smile} $	()	()	
Body odor	()	()		()
Appears unhealthy	()	()		()
Posture	N/A or OK	Slight	Moderate	Severe
Slumped		()		()
Rigid, tense	( <u>/</u> )	()	()	()
<b>Body Movements</b>	N/A or OK	Slight	Moderate	Severe
Accelerated, quick		()	()	()
Decreased, slowed		()	()	()
Restlessness, fidgety	()	()		
Atypical, unusual		()	()	()
Speech	N/A or OK	Slight	Moderate	Severe
Rapid		<u></u>	()	
Slow	()		()	()
Loud	()		()	()
Soft		()	()	
Mute		()	()	()
Atypical (e.g., slurring)		()	()	()
Attitude	N/A or OK	Slight	Moderate	Severe
Domineering, controlling	()		()	()
Submissive, dependent	<u> </u>	()	()	()
Hostile, challenging	( <u>~</u> )	()	()	
Guarded, suspicious	(	()	()	()
Uncooperative		()	()	()
Affect	N/A or OK	Slight	Moderate	Severe
Inappropriate to thought	()	$(\underline{\checkmark})$	()	()
Increased lability	(	()	()	()
Blunted, dull, flat	()			
Euphoria, elation	()		()	()
Anger, hostility	()	<b>\</b>	()	()
Depression, sadness	()		()	
Anxiety	()	()		()
Irritability	<u>(_</u>	()	()	()
Perception	N/A or O	K Slight	Moderate	Severe
Illusions	$(\underline{\checkmark})$	()	()	()
Auditory hallucinations	( <u><b>Y</b></u> )	()	()	()
Visual hallucinations	( <u>~</u> ),	()	()	
Otherhallucinations	$(\underline{\searrow})$	()	()	()

Cognitive Alertness Attn. span, distractibit Short-term memory Long-term memory Judgment Decision making Impulsivity	ility			N/A or OK () () () N/A or OK () ()	() () () Slight () ()	Moder (		
Thought Content	on a			N/A or OK	Slight	Mode	rate Severe	
Obsessions/compulsion Phobic	OHS				( )	(	_) (_)	
Depersonalization					( )	(	_) ()	
Delusions					( )	(	) ()	
Orientation (Circle):				<u> </u>				
Time Place	) (	Person Situ	ation					
Eye contact (Circle):								
		_	_					
WNL Variab	le)	Poor Odd						
Do you				About Wh	at/Symptom	is .	Triggers	
Worry?		(Yes)N	0	My mom/w	rill she die in ja	ail <sub>V</sub>	When I don't hear from her	
Feel Depressed?		(Yes)N	0	Really sad	alot		Going to bed/nighttime	
Have Problems with Anger?	h	(Yes)N	0	I "wild out"			Grandparents	
Appetite: WN	) P	oor Variable	Ove	ereats				
Sleep Problems: Reason/s for insomn	ia	)N (I	nitiation	Mainte	nance	<	Hypersomnolence	
Do you use drugs or	alcoh	ol2						
Substance	Curr		Method		Frequency		Age of 1st Use	
Marijuana	No	)	Smo	ke/Edibles	Daily		9	
Gin	Sc	ometimes after sch	nool Drink	(	once a week	(	12	
Behavioral Observa	ations	s/Examiner Not	es:					
Sad and hopeless. She	worrie	es about her mom	and hasn't b	peen seeing	her regularly	lately.	She blames grandparents.	

Allie Taylor 12/15/17

## Alexian Brothers Urge to Self-Injure Scale (ABUSI)

The questions below apply to the last week. Place an "X" in the box next to the most appropriate statement

1.	How often have you thought about injuring yourself or about how you want to injure yourself?  Never, 0 times in the last week								
		Rarely, 1 -2 times	in the last weel	k					
		Occasionally, 3 – 4 times in the last week							
		<b>Sometimes</b> , $5-10$ times in the last week, or 1-2 times a day							
		<b>Often</b> , 11 – 20 time	es in the last w	eek, or $2-3$ tim	es a day				
	Ш	Most of the time, 2	20-40 times in	n the last week,	or $3-6$ times a da	ıy			
	$\mathbf{M}$	Nearly all of the					times a day		
2.	At the m	ost severe point, ho	w strong was	your urge to se	lf-injure in the la	st week?			
		None at all.							
		Slight, that is, a ver	ry mild urge.						
		Mild Urge.							
		Moderate Urge.							
	Strong Urge, but easily controlled.								
	Strong Urge, but difficult to control.								
	Strong Urge and would have self-injured if able to.								
	لللا	Strong Urge and v	vould have sel	f-injured if abl	е то.				
3.	How mu	3 3		•		how you wa	nt to injure yourself?		
3.	How mu	3 3		about injuring					
3.	How mu	3 3		•		t how you wa  3-6 hrs.	nt to injure yourself?  More than 6 hrs.		
<ol> <li>4.</li> </ol>	None.	ch time have you s	pent thinking 21-45 min.	about injuring  46-90 min.	yourself or about 90 min to 3 hrs.				
	None.	ch time have you sp	pent thinking 21-45 min.	about injuring  46-90 min.	yourself or about 90 min to 3 hrs.				
4.	None.	ch time have you space.  Less than 20 min.  ficult was it to resis	pent thinking 21-45 min.	about injuring  46-90 min.	yourself or about 90 min to 3 hrs.				
<b>4.</b>	None.  How dift  ot difficul  at all  Keeping	ch time have you specifical twas it to resist that Wery mildly difficult	21-45 min.  t injuring you  Mildly difficult	46-90 min.  urself in the last  Moderately difficult	yourself or about  90 min to 3 hrs.  week?  Very difficult	3-6 hrs.  Extremely difficult	More than 6 hrs.  Was not able		
<b>4.</b>	None.  How difficul  at all  Keeping  injure y	ch time have you specifical twas it to resist that 20 min.  Ficult was it to resist the resist that the resist that the resist that the resist that the response of the resist that the resist	21-45 min.  21-45 min.  t injuring you  Mildly difficult  onses to the preek.	about injuring 46-90 min.  Treelf in the last Moderately difficult  revious question	yourself or about  90 min to 3 hrs.  week?  Very difficult  ns, please rate you	3-6 hrs.  Extremely difficult	More than 6 hrs.  Was not able to resist		
<b>4.</b>	None.  How difficulat all  Keeping injure y	ch time have you specifically was it to resist the was it was it was it was it was it was it	21-45 min.  21-45 min.  t injuring you  Mildly difficult  onses to the preek.	about injuring 46-90 min.  arself in the last Moderately difficult revious question the urge to self-in	yourself or about  90 min to 3 hrs.  week?  Very difficult  ns, please rate you	3-6 hrs.  Extremely difficult	More than 6 hrs.  Was not able to resist		
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Allie Taylor 12/15/17

#### **COLUMBIA-SUICIDE SEVERITY RATING SCALE**

Screen Version - Recent

2)	Ask questions 1 and 2  Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.  Have you wished you were dead or wished you could go to sleep and not wake up?  Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/die by suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan.  Have you actually had any thoughts of killing yourself?  If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.	YES	NO			
2)	Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.  Have you wished you were dead or wished you could go to sleep and not wake up?  Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/die by suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan.  Have you actually had any thoughts of killing yourself?	✓				
2)	Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.  **Make you wished you were dead or wished you could go to sleep and not wake up?**  **Suicidal Thoughts:*  General non-specific thoughts of wanting to end one's life/die by suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan.  **Have you actually had any thoughts of killing yourself?**					
2)	Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/die by suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan.  Have you actually had any thoughts of killing yourself?	\ \				
	General non-specific thoughts of wanting to end one's life/die by suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan.  Have you actually had any thoughts of killing yourself?	<b>/</b>				
			i .			
	If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.					
	3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act):  Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do itand I would never go through with it."					
	Have you been thinking about how you might do this?	·				
	4) Suicidal Intent (without Specific Plan):  Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to "I have the thoughts but I definitely will not do anything about them."					
	Have you had these thoughts and had some intention of acting on them?					
	5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. Have you started to work out or worked out the details of how to kill yourself?					
<u></u>	Do you intend to carry out this plan?		ime			
_	Suicide Behavior Question:					
	Have you ever done anything, started to do anything, or prepared to do anything to end your life?					
	Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.	Pas Mon				
	If YES, ask: Were any of these in the past 3 months?					
	Low Risk Moderate Risk					

- Moderate Risk
- High Risk



## **NSSI Only Case Examples**

The following case examples involve NSSI only. They can be used for training and practice purposes by workshop participants.



Case Example 1-You are seeing Valencia, age 16, for an intake appointment. This client has been brought in by her parents at the urging of her school counselor. Her grades have declined and some of her peers have come to the counselor stating she is depressed. They told the counselor that she's been posting "morbid" things on Instagram and Twitter. Valencia is wearing a short skirt and you can clearly see scars on her upper thighs. These appear to be scars that have healed over and not fresh wounds. They are equally spaced in rows going across the top of her thigh. They vary in length from ½" to 2". When you ask her about NSSI, she quietly denies it. When you ask her about the scars on her leg, she states, "Oh, my kitty did that". She denies suicidality.

#### Questions for Discussion:

- 1) Do you inquire more with Valencia about the apparent NSSI?
- 2) Do you inform her parents?
- 3) What are the factors that would influence your decisions?
- 4) How would you proceed with her treatment? What ethical/legal issues would you pay attention to?

Case Example 2-You have been seeing Ronnie, age 15, weekly for the past two months. He was referred to you by his probation officer for chronic theft and staying out past curfew. Ronnie lives with his parents in a low-income mobile home park. While they are good parents, there have been concerns about cleanliness of the home. Ronnie often comes in not having bathed in several days. You have been working with him on hygiene and cleanliness in addition to his other presenting issues. Ronnie complains of stomach pain. As you discuss this, he lifts up his shirt and shows you a row of burns on his torso. Two of these burns are showing signs of infection. They are very red and swollen. He tells you that he's been burning himself with cigarettes at night. He says that only his "best friend" knows about this.

#### Questions for Discussion:

- 1) What course of action do you take with Ronnie?
- 2) Do you inform his parents?
- 3) What are the factors that would influence your decisions?
- 4) How would you proceed with his treatment? What ethical/legal issues would you pay attention to?

Case Example 3-You are leading an outpatient group for adolescents that focuses on depression, anxiety, substance use, and self-harm. Some of the group members engage in self-harm and others do not. The rules of the group allow for members to contact each other outside the group, but the expectation is that they discuss this contact in the group. You were contacted by a member of this group who stated that they are worried about a fellow group member. That member just sent them a picture of her arm with several small cut marks. The caption under the picture says, "I'm so f\$#\*&ing depressed". The group member who sends you the picture asks that you not tell the person who alerted you.

#### Questions for Discussion:

- 1) What course of action do you take in this situation?
- 2) Who do you inform of the NSSI (if anyone)?
- 3) What are the factors that would influence your decision?
- 4) How would you proceed with treatment?



Case Example 4-You are a school counselor who is meeting with Taylor, a 13 year old girl. Taylor has been referred to you because her teacher noticed cuts on her arms. As you talk to Taylor you learn that she's in treatment with a local psychologist. She takes a piece of paper out of her pocket and shows it to you. It is a "no-harm" contract written by her psychologist. The first thing you notice is that it has no "hold harmless" provision. Taylor tells you that her therapist told her she had to sign this or she would stop treatment immediately. Taylor said that she has stopped talking with anyone about the self-harm out of fear that her therapist will "leave me". As you read the contract, you notice some disturbing things including the following statements: "I agree that harming myself is an expression of personal weakness. I am not weak. I am strong! I agree that I am letting people down who love me if I self harm. I agree not to engage in this behavior ever again."

#### Questions for Discussion:

- 1) What course of action do you take in this situation?
- 2) Do you inform parents of the NSSI? Do you talk with them about the psychologist?
- 3) What are the factors that would influence your decision?
- 4) How would you proceed with this student?

Case Example 5-You are currently treating a 17 year old female college student in a student counseling center setting. The student was referred by a professor who noticed that the student had been withdrawing from others in classroom, not participating in class activities. The professor thought she noticed some cuts on the student's arm. The student was wearing long sleeves even though it was late summer. The professor confronted the student after class and the student disclosed that she recently broke up with her girlfriend of three months. She has been sitting alone in her dorm room at night while her roommate is in the library scraping her forearm with a fork. She reported that she is very close with her roommate. The professor walked the student over to the counseling center after class.

The student readily admits to NSSI and indicates that she wants help. She pleads with you not to tell her parents because "they are perfect people" who won't understand. Her mother competes at a very high level as a professional fitness model and her father is a clinical psychologist. She was awarded a very competitive scholarship that requires her to maintain a 3.5 GPA. She skipped her last year of high school for early entry into college. She fears failure and is afraid of losing her scholarship.

#### Questions for Discussion:

- Do you notify the student's parents?
- Do you involve others in her treatment?
- How would you proceed with her treatment?
- What ethical/legal issues would you pay attention to?



Case Example 6-You are a psychologist in private practice seeing a 15 year old male who is a member of a fight club. He and several other boys get together on the weekends and fist fight each other for sport. They also burn each other with cigarettes on various parts of their bodies. Often, there is a competitive element to this and videos are frequently posted on social media. During the current session, he reveals that he has been "training at home" to increase his pain tolerance. This has involved him burning himself, putting fish hooks in his skin, and touching the heating element of the stove. He shows you several burn marks and scars.

The client was brought in by both of his parents who are distraught over what he's doing. His father is a police officer and his mother is the principal of his school. Their relationship is characterized by a great deal of verbal conflict. Dad is not home much and it was just discovered that he was having a long-term affair. The client indicates that his NSSI is a "lifestyle choice" and that nobody can stop him from doing it.

#### Questions for Discussion:

- Do you accept this youth as a client (he's not willing to work on the NSSI)?
- How would you proceed with her treatment?
- Would you make any referrals or bring anyone else into treatment?
- What ethical/legal issues would you pay attention to?