



**JOSEPH PAXTON CAMPUS**

# **Self-Harm Policy:**

**Wirral Hospitals' School response to incidents of self-harm.**

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## Guidance for school responding to incidents of self-harm

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## 1. Introduction

The main aim of this guidance is to provide support for staff working in school supporting children and young people who are either self-harming or at risk of self-harm or suicide. This will ensure a consistent, caring and appropriate response.

The guidance will ensure that staff know whom they should inform, which agency should be contacted and what steps need to be initiated if deliberate self-harm is witnessed or suspected.

This will ensure a coordinated response which includes provision of adequate support for the student, other students who have witnessed or know about the self-harm, and members of staff who may be experiencing significant shock or distress following a student's disclosure or the discovery of self-harm.

The guidance outlines model processes for managing self-harm in schools, in a crisis situation and where a student is not in immediate need of medical attention or on return to school following a crisis situation.

The guidance outlines best practice and identifies tools, techniques and practical ideas.

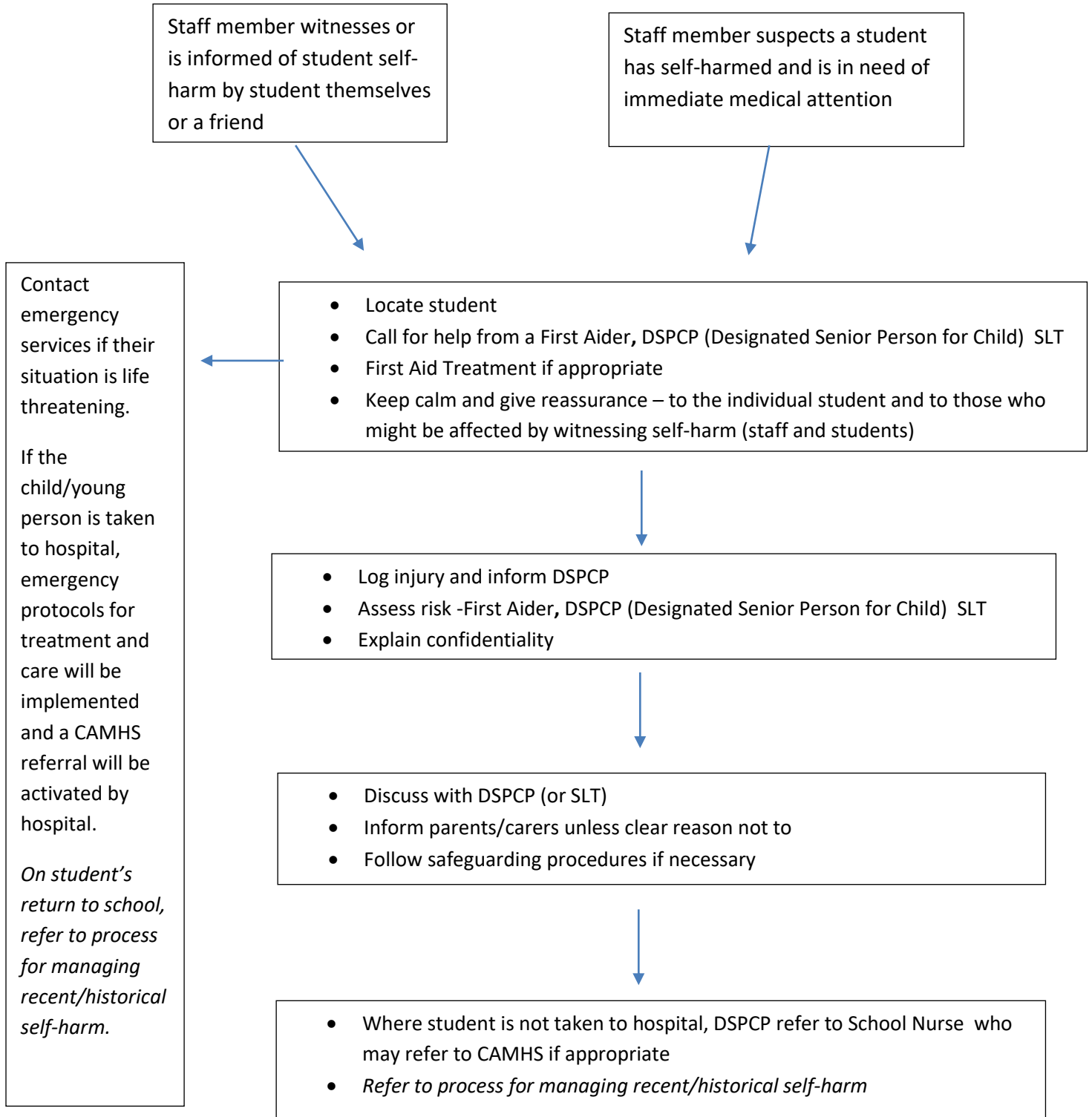
The following principles underpin this policy:

- Duty of care is, as always, paramount.
- The child or young person is central to the whole process and should be given appropriate priority by all involved.
- All school colleagues will adhere to a consistent response to and understanding of self-harm.
- The emotional wellbeing and mental health of the child and young person must be supported and harm minimised.

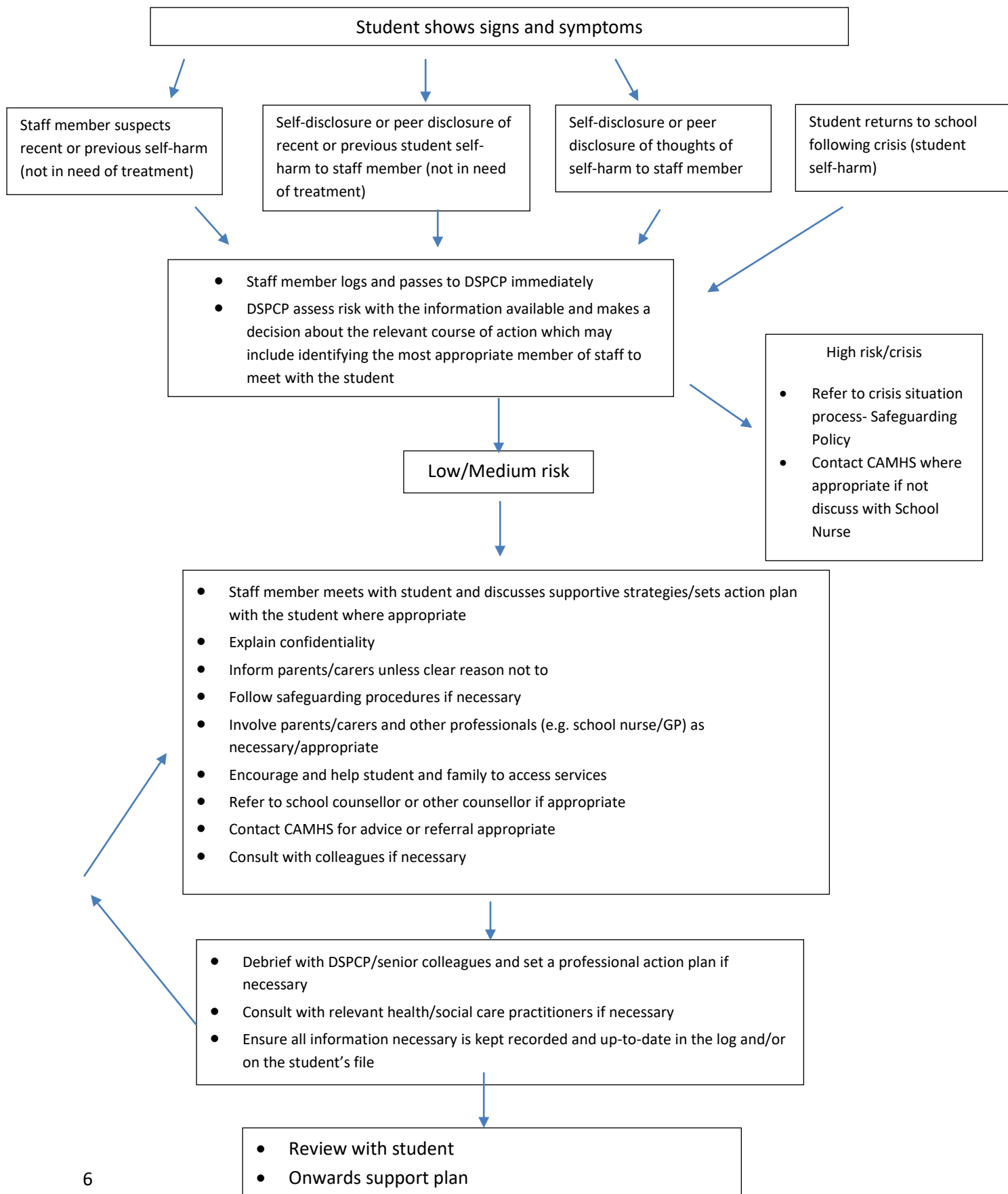
The child or young person will be supported to access service(s) which will assist the child or young person with opportunities and strategies for hope and recovery from the effects of self-harming and the risk of future harm minimised.

## 2. Flow charts

### Model process for managing self-harm in schools in a crisis situation



## Model process for managing self-harm in schools (not in need of urgent medical treatment & return to school)



### 3. Multi-agency self-harm guidelines

Every encounter with a young person who self-harms, for whatever reason, is an opportunity to intervene to reduce their distress and, potentially, to save a life... Young people benefit from a person who is able to listen to them non-judgmentally, foster a good relationship, and encourage them to get help'. Royal College of Psychiatrists (2014)

Self-Harm is when you hurt yourself on purpose. You usually do it because something else feels wrong, you do it to let those feelings out. It is very common behaviour in young people and affects one in 12 people with 10% 15 – 16 years olds self-harming. WSCB

If you self-harm it is usually the result of another problem; it can happen if you are feeling anxious, depressed, stressed, bullied and feel that you don't have any other way of dealing with these issues. Sometimes it feels like no one understands why you self-harm but lots more people today know about what the condition really means.

This policy should be read in conjunction with the "Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm" (published January 2012)

The Multi-Agency guidelines are a framework for use by all agencies in Wirral who work with children and young people to "promote a safe, timely and effective response to children and young people who harm themselves or are at risk of harming themselves".

The Multi-Agency guidelines include:

- A definition of self-harm and a non-exhaustive list of behaviours that people might consider to be self-harm
- Information about why some people self-harm
- Signs and symptoms of self-harm
- Strategies for effective listening skills, distraction activities and coping with distress using self-soothing
- A number of appendices including a checklist for schools, sample letter to parents, sample incident

These guidelines should also be read in conjunction with other relevant guidelines currently in place in your school. Staff should ensure they are aware of school procedures and relevant policies.

#### 4. identifying self-harm

There are several ways in which a staff member might discover that a student is self-harming. A staff member may witness or be informed of student self-harm by the student themselves or a friend. A staff member may suspect a student has self-harmed which may be in need of immediate medical attention, or may be recent or historical. A student might self-disclose self-harm, recent or previous, or a friend may disclose information. A student may disclose thoughts of self-harm or a friend may disclose this. It is important to ascertain their intent- this will be done sensitively by DSPCP

Signs and symptoms are sometimes absent or easy to miss. It is not uncommon for individuals who self-harm to offer stories which seem implausible or which may explain one, but not all, physical signs. If a student says they are not self-harming or evades the question, you can keep the door open by reminding them that you are always available to talk about anything, should they so wish. Try to stay connected to the student and look for other opportunities to ask, particularly if there are continuing signs that your suspicion is correct.

Below is a non-exhaustive list of some of the behaviours that some people might consider to be self-harm:

- Scratching or picking skin
- Cutting body
- Tying something around body
- Inserting things into body
- Scouring/scrubbing body excessively
- Hitting, punching self
- Pulling out hair
- Over/under eating
- Excessive drinking of alcohol
- Taking non-prescription drugs
- Burning or scalding body
- Hitting walls with head
- Taking an overdose or swallowing something dangerous
- Self-strangulation
- Risky behaviours such as running into the road

*Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm, January 2012*

As most self-harm is privately or secretly carried out it can be hard to notice that a young person is self-harming but some signs to look out for are:

- Changes in clothing to cover parts of the body, e.g. wearing long sleeved tops
- Reluctance to participate in previously enjoyed physical activities, particularly those that involve wearing shorts or swimsuits, for example
- Changes in eating and/or sleeping habits
- Changes in consumption of drugs/alcohol
- Changes in levels of activity or mood
- Increasing isolation from friends/family



#### 4. First Aid

[See First Aid policy]

#### 6. Confidentiality

Staff should adhere to WHS school guidelines regarding information sharing and confidentiality.

The child/young person must be involved wherever possible and consulted on his/her views.

Professionals should always take age and understanding into account when involving children and young people in discussions and decision making.

There should be clear explanations about what is going to happen and the choice and rationale for certain courses of action.

**It is important not to make promises of confidentiality that you cannot keep.**

Staff should tell a child/young person why they have to share information without their consent.

Information given to staff by a student should not be shared without the child/young person's permission except in exceptional circumstances. Such exceptional circumstances will include:

- A child is not old enough or competent enough to take responsibility for themselves
- Urgent medical treatment is required
- The safety and wellbeing of a child/young person is at risk or there is the possibility of harm to other (i.e. child protection or suicide)
- By virtue of statute or court order
- For the prevention, detection or prosecution of serious crime

If there is reasonable staff concern that a child may be at risk of harm this will always override a requirement to keep information confidential. If a child or young person reveals they are at risk, staff should follow the local safeguarding process immediately.

It is helpful to check the Wirral Local Safeguarding Children's Board's information and guidance here.

[See Safeguarding Policy and Safer Working Practices]

## 7. Assessing risk

There is a need to initiate a prompt assessment of the level of risk self-harm presents. Unless the student is in obvious emotional crisis, kind and calm attention to assuring that all physical wounds are treated should precede additional conversation with the student about the non-physical aspects of self-harm. Questions of value in assessing severity might include:

- Where on your body do you typically self-harm?
- What do you typically use to self-harm?
- What do you do to care for the wounds?
- Have you ever hurt yourself more severely than you intended?
- Have your wounds ever become infected?
- Have you ever seen a doctor because you were worried about a wound?

Collecting basic information is also important in determining the need for engagement of outside resources. Questions might include aiming to assess:

- history
- frequency
- types of method use
- triggers
- disclosure
- help seeking and support
- past history and current presence of suicidal ideation and/or behaviours

In general students are likely to fall into 1 of 2 risk categories:

### **Low risk students**

Students with little history of self-harm, a generally manageable amount of stress, and at least some positive coping skills and some external support.

### **Higher risk students**

Students with more complicated profiles – those who report frequent or long-standing self-harm practices; who use high lethality methods, and/or who are experiencing chronic internal and external stress with few positive supports or coping skills.

The CAF pre-assessment checklist, CAF process can also be used as a framework to help practitioners assess children and young people's additional needs for services earlier and more effectively.

Wirral CAF guidance can be found here: which includes the Wirral Multi-Agency Thresholds guidance.

## 8. Logging incidents

It is vital to keep a log of all incidents of self-harm.

A sample incident form which can be used when a student self-harms is included on the next page. [See school policy re incident forms]

## Sample of an incident form to be used when a young person self-harms

(From the "Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm" published January 2012)

Young person's name

Date of report

Date of Birth

Gender

Professional's name

Job title

Agency

School /College attended

Year

Special Needs

Incident

Date and time of occurrence

Action taken by staff

Decision to be made how parents/carers will be informed (In line with Pupil Voice)

Recommendations

Follow up

Copies to:

## **9. Supporting the child or young person**

“Supporting someone who self-harms can be very difficult and challenging. It can create many feelings, including fear, anger, frustration, helplessness and sadness.

It is very important that people supporting the young person are in turn supported (e.g. by friends, colleagues and managers) to help them to deal with their feelings.

The most important thing is to take the concerns of the young person seriously no matter how petty or frivolous they may appear.”

*Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm, January 2012.*

An information sheet for young people who self-harm is included on the next page along with a list of useful websites and phone numbers on the following page.

## **Information sheet for young people on self-harm** (From the “Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm” published January 2012)

### ***What is self-harm?***

Self-harm is where someone does something to deliberately hurt him or herself. This may include: cutting parts of their body, burning, hitting or taking an overdose.

### ***How many young people self-harm?***

A recent large study in the UK found that about 7% (i.e. 7 people out of every 100) of 15-16 year olds had self-harmed in the last year.

### ***Why do young people self-harm?***

Self-harm is often a way of trying to cope with painful and confusing feelings. Difficult things that people who self-harm talk about include:

- Feeling sad or feeling worried
- Not feeling very good or confident about themselves
- Being hurt by others: physically, sexually or emotionally
- Feeling under a lot of pressure at school or at home
- Losing someone close; this could include someone dying or leaving

When difficult or stressful things happen in someone’s life, it can trigger self-harm. Upsetting events that might lead to self-harm include:

- Arguments with family or friends
- Break-up of a relationship
- Failing (or thinking you are going to fail) exams
- Being bullied

Often these things build up until the young person feels they cannot cope anymore.

Self-harm can be a way of trying to deal with or escaping from these difficult feelings. It can also be a way of showing other people that something is wrong in their lives.

## ***How can you cope with self-harm?***

Replacing the self-harm with other safer coping strategies can be a positive and more helpful way of dealing with difficult things in your life.

Helpful strategies can include:

- Finding someone to talk to about your feelings (this could be a friend or family member)
- Talking to someone on the phone (you might want to ring a help line)
- Sometimes it can be hard to talk about feelings; writing and drawing about your feelings may help.
- Scribbling on and/or ripping up paper
- Listening to music
- Going for a walk, run or other kinds of exercise
- Getting out of the house and going somewhere where there are other people
- Keeping a diary
- Having a bath/using relaxing oils e.g. lavender
- Hitting a pillow or other soft object
- Watching a favourite film

## **Getting help**

In the longer term it is important that the young person can learn to understand and deal with the causes of the stress that they feel. The support of someone who understands and will listen to you can be very helpful in facing difficult feelings.

- At home - parents, brother/sister or another trusted family member
- In school- school counsellor, school nurse, teacher, teaching assistant or other member of staff
- GP- you can talk to your GP about your difficulties and he/she can make a referral for counselling

### **Useful help lines and websites include:-**

Young Minds                      Tel: 0808 802 5544                      [www.youngminds.org.uk](http://www.youngminds.org.uk)

Papyrus HOPELineUK      Tel: 0800 068 414                      [www.papyrus-uk.org](http://www.papyrus-uk.org)

The Samaritans                      Tel: 08457 90 90 90                      [jo@samaritans.org.uk](mailto:jo@samaritans.org.uk)

MIND Info line                      Tel: 0845 766 0163

Youth Access                      Tel: 0208 772 990

**Childline**                      Tel: 0800 1111                      [www.childline.org.uk](http://www.childline.org.uk)

National Self Harm Network  
PO Box 16190  
London NW1 3WW      [www.nshn.co.uk](http://www.nshn.co.uk)

### ***My friend has a problem - How can I help?***

- You can really help by just being there, listening and giving support.
- Be open and honest. If you are worried about your friend's safety, you should tell an adult. Let your friend know that you are going to do this and you are doing it because you care about him/her.
- Encourage your friend to get help. You can go with them or tell someone they want to know.
- Get information from telephone help lines, website, library etc. This can help you understand what your friend is experiencing.
- Your friendship may be changed by the problem. You may feel bad that you can't help your friend enough or guilty if you have had to tell other people. These feelings are common and don't mean that you have done something wrong/not done enough.
- Your friend may get angry with you or say you don't understand. It is important to try not to take this personally. Often when people are feeling bad about themselves they get angry with the people they are closest to.
- It can be difficult to look after someone who is having difficulties. It is important for you to find an adult to talk to, who can support you. You may not always be able to be there for your friend and that's OK.

### **9.1. More websites and phone numbers (A-Z)**

#### **CALM** (Campaign Against Living Miserably)

Tel: Helpline for 15 –24 year old males

0800 58 58 58

7 days a week 5pm –3am

Website: [www.thecalmzone.net](http://www.thecalmzone.net)

**Childline** 24 hr helpline

0800 1111

#### **Health and Wellbeing/Mental Health**

Website: [www.thesite.org/health](http://www.thesite.org/health)

#### **National Self-Harm Network** (support for individuals who self harm and their families)

PO BOX 16190

London

NW1 3WW

Tel: Helpline Thur-Sat 7pm-11pm, Sun 6.30pm-10.30pm

0800 622 6000

Website: [www.nshn.co.uk](http://www.nshn.co.uk)

#### **Papyrus** (support young people and those who live with them)

Telephone HOPELinkUK

0800 068 4141

Website: [www.papyrus-uk.org](http://www.papyrus-uk.org)

**Samaritans** 24 hour helpline

08457 90 90 90

**Young MINDS**

020 7336 8445

102 – 108 Clerkenwell Road  
London EC1M 5SA  
E-mail [Youngminds@Ukonline.co.uk](mailto:Youngminds@Ukonline.co.uk)  
Website: [www.youngminds.org.uk](http://www.youngminds.org.uk)

Young MINDS Parents Information Service 0808 802 5544

## 10. Engaging families

Where appropriate, the student should be encouraged to call his or her parents to talk about what has happened. The DSPCP should also talk to the parent/carer. In the event that a student is reluctant to contact his or her parents, school staff must take responsibility and alert parents that their child may be at risk of harming him or herself in the future.

It is recommended that the school provides parents with both community and web-based resources for understanding and effectively addressing self-injury.

The school should expect to see a wide range of reactions from parents/carers. Some will respond quickly and favourably, but others may need more time and help in coping with their thoughts and feelings.

***What if parents feel guilty?*** Parents may think their child is self-harming because of something that they did or did not do as a parent. If parents seem to be struggling with guilt or frustration, it may be helpful to remind them that they can also get counselling for themselves at this time.

***What if parents are dismissive?*** The school's role is to encourage parents to be more responsive to their *child's needs*.

***What if the parents are cross?*** The school's role is to encourage parents to try and understand what their child might be going through, recognize that their child is suffering, and approach their child from a non-judgemental stance.

***How should we deal with parents that have extreme reactions?*** The school's role is to gently suggest that the parents seek outside counselling/support services.

***How can we encourage collaboration?*** Schools must encourage parents and students to see and use school staff as resources.

***What if the parents are absent or unable to act as a resource and advocate for their child?***

The school must take the initiative and act as an advocate for the student.

Whilst it is important to validate parent's reactions, it is worth remembering that certain parental attitudes towards self-harm can promote, trigger or maintain the behaviour.

The Wirral Pathways website provides information, guidance and practical tools and solutions for professionals who work with children and young people and their families:

## Sample letter to parents following meeting about self-harm



(From the "Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm" published January 2012)

Date:

Dear (Parent/Carer)

Thank you for coming to discuss.....

After our recent meeting I am writing to express concern about .....’s safety and welfare.

The recent incident of self-harm (or threat to self-harm) by ..... suggests that he/she may need professional help.

I recommend that you visit your local GP for advice and help and /or as agreed, we have sent a referral to Children and Adolescent Mental Health Service (CAMHS).

We will continue to provide support to ....., but would appreciate any information that you feel would help us to do this as effectively as possible.

If there is anything else we can do to help ..... please contact me.

Yours sincerely,

Title

Copies to:

# Fact sheet for parents /carers on self-harm

(From the “Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm” published January 2012)

It can be difficult to find out that someone you care about is harming him or herself. As a parent / carer you may feel angry, shocked, guilty and upset. These reactions are normal, but what the person you care about really needs, is support from you. They need you to stay calm and to listen to them. The reason someone self-harms is to help them cope with very difficult feelings that build up and which they cannot express. They need to find a less harmful way of coping.

## ***What is self-harm?***

Self-harm is any behaviour such as self-cutting, swallowing objects, taking an overdose, hanging or running in front of cars etc. where the intent is to deliberately cause harm to self.

## ***How common is self-harm?***

Over the last forty years there has been a large increase in the number of young people who harm themselves. A recent large community study found that in 15-16 year olds, approximately 6.9% of young people had self-harmed in the previous year.

## ***Is it just attention seeking?***

Some people who self-harm have a desire to kill themselves. However, there are many other factors which lead people to self-harm, including a desire to escape, to reduce tension, to express hostility, to make someone feel guilty or to increase caring from others. Even if the young person does not intend to commit suicide, self-harming behaviour may express a strong sense of despair and needs to be taken seriously. It is not just attention seeking behaviour.

## ***Why do young people harm themselves?***

All sorts of upsetting events can trigger self-harm. Examples include: arguments with family members, break up of a relationship, failure in exams or bullying at school. Sometimes several stresses occur over a short period of time and one more incident can be the final straw.

Young people who have emotional or behavioural problems or low self-esteem can be particularly at risk from self-harm. Suffering a bereavement or serious rejection can also increase the risk. Sometimes young people try to escape their problems by taking drugs or alcohol. This often only makes the situation worse. For some people self-harm is a desperate attempt to show others that something is wrong in their lives.

### ***What can you do to help?***

Try to:

- Keep an open mind
- Make the time to listen
- Help them find different ways of coping
- Go with them to get the right kind of help as quickly as possible

Some people you can contact for help, advice and support are:

- Your family doctor
- School Health Nurse/Health Visitor
- Young Minds Parents Information Service Tel: 0808 802 5544
- Papyrus HOPElineUK Tel: 0800 0684141
- The Samaritans Tel: 08457 90 90 90
- MIND Information line Tel: 0845 766 0163
- Youth Access Tel: 0208 772 9900
- Zillowirral [www.zillowirral.co.uk](http://www.zillowirral.co.uk)
- Wirral Family Tool Box – [familytoolbox.co.uk](http://familytoolbox.co.uk)

# 11. Whole school education and awareness raising

## 11.1 Provision of support for the student

[Refer to the Section 5 of the Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm published January 2012]

## 11.2. Provision of support for other students who have witnessed/know about self-harm

Social contagion refers to the way in which behaviour like self-harm can spread among members of a group.

The risk for contagion is increased when high-status or “popular” students are self-harming or when self-harm is used as a means for students to feel a sense of belonging to a particular group.

To prevent social contagion in schools, staff must reduce communication around self-harm. If a student is self-harming, he or she should be advised not to explicitly talk with other students about engaging in self-harm. Staff should also help students manage scars and wounds and visible scars, wounds and cuts should be discouraged.

To prevent social contagion, students must not be given explicit details about self-harm. This means that holding a whole-school assembly is not appropriate. However, educating students about signs of distress in themselves and others, as well as teaching the use of positive coping skills, is appropriate. This is most effective as part of a programme of PSHE education which incorporates aspects of children and young people’s emotional wellbeing and mental health. Schools may choose to use elements of the SEAL programme to teach about these issues.

## 11.3. Provision of support for members of staff who may be experiencing shock/distress following disclosure or discovery of self-harm

Staff members need to monitor and care for their own wellbeing on an ongoing basis. Supporting a child or young person who is self-harming can be upsetting as well as rewarding. It is important for the staff member involved to be aware of their own mental health and to acknowledge any distress they may feel. Line Managers need to be careful to ensure that staff members feel they can access appropriate support whenever they need it, but particularly when dealing with these kinds of incidents. Staff can also try some of the self-care techniques to relieve the stress they may feel.

[Staff Well-being policy and Safer Working Practices]

## 12. Onwards referrals

### 12.1. CAMHS criteria (primary and specialist)

The Primary Mental Health Service (PCAMHS) offers time limited interventions to address the emotional and mental health needs of children and young people at an early stage with the aim of reducing longer term mental health problems. A first line intervention should have taken place prior to a referral to PCAMHS, for e.g. school counselling, health visitor, school nurse.

Specialist CAMHS provides assessment and treatment of serious mental health disturbances and associated risks for children, young people and families where specialist interventions are required. Consideration will be given to presentation of serious mental health concerns and their severity, complexity, duration and pervasiveness.

A Single Point of Access (SPA) CAMHS Referral form should be completed for all CAMHS referrals.

## 13. Staff training

All members of school staff should receive training around self-harm as part of child protection training.

School staff should also be aware of the DSPCP and their role with respect to student self-harm.

Training Day – 23<sup>rd</sup> January 2015 (information can be gained from designated Safeguarding Officer at WHS).

Training Day December 2023 (information can be gained from designated Safeguarding Officer at WHS)

## 14. Some Solutions For Self-Harm Management

### 1. Problem Solving

Allow the person concerned to take an active part in identifying and understanding their own problems

- Find the Solutions – Benefits/Disadvantages
- Implement

Break down the problem: take it from a 'mountain to mole hill' situation

Brainstorming

'I am sad because I don't know how to make friends

### 2. Reasoning Skills to manage self-harm or behaviour:

- What if it was ok?
- What if he could.....
- What if you could.....
- What if the person was already upset.....
- What if you could ask....

### 3. Teach them how to **manage their anger**

#### 4. **Distraction remedies**

- Physical activities/exercise e.g. dancing, sport, walking, running
- Phone a friend
- '5-15' Minute Rule
- Helping someone else
- Soak in bath
- Listen to music
- Crossword, wordsearch
- Paint nails
- Going to see film, DVD
- Computer games
- Posting on web forums/replying to posts
- Doing school homework
- Organize room, wardrobe, CD collection
- Cutting up magazines/paper
- Popping bubble wrap
- Putting plasters on spot where want to self-harm
- Snapping elastic band on wrist
- Use red marker or lipstick to draw on self; or use plasters
- Ice cube against the skin
- Go for a walk
- Elastic bands

#### **Help them to express their feelings**

- Punch the pillow
- Phone counselling/support/Helpline
- Punch bag
- Talking to someone about problems
- Monitor mood and thoughts – perhaps use a diary
- Relaxation techniques
- Creative work/being creative
- Playing musical instrument
- Write stories/feelings
- Shouting and screaming/swearing
- Writing poetry
- Crying

### 5. Advantages/Disadvantages of Self-harm? **Cost Benefit Analysis**

6. Use **stories**/examples to get message across. For example, 'I heard on the news the other day, about a girl/woman who.....'

7. Tackle the highest negative emotion running their lives right now

8. Start to become aware of thoughts **ABOVE THE LINE vs BELOW THE LINE?**

9. **Challenge the foundations of their negative beliefs:**

- What is your evidence to support this thought or belief? How do you know?
- Who specifically says.....
- What more empowering or balanced thoughts or beliefs could you have?
- What else could it mean?
- What will it cost you in 5/10 years if you don't change?
- What evidence do you have that does not support that thought/belief? (e.g. someone said that my hair does look nice...)
- What is an alternative way or balanced way that you could look at that?

10. **Referral** to professional help & support – talking therapies, let them have a say

11. **Non-critical** listening and non-judgemental

12. **Recording** their own patterns: thoughts, feelings, triggers, successes, what they so before/after self-harm, what makes them feel better about life/self; people that help to trigger self-harm

13. **Family** therapy; therapy

14. **Grounding Techniques**

- Look at an object in the room (**environment**) and describe to yourself – colour, shape, size, texture, age, what it might be used for, what you dislike about it
- Grounding **smell**: carry a small sachet of favourite aroma or tissue with the aroma; breathe in some of the aroma at times of distress/flashbacks and allow yourself to be calmed by it
- Grounding **object**; find a small object like a stone or conker. Feel, touch, smell or look at the object when on the verge of stress/distress/flashback

15. Help them to sort out their tangled feelings

16. Assumptions

17. Disrupt the pattern of self-harm

### **Cognitive Behaviour Therapy**

This method has shown significant preventative effect of repeat suicide. Van der Sande et al (1997). It comes from a position that we all see and interpret events and experiences in our own way based on the experiences that we have had particularly as children. These experiences and thoughts then affect how we feel and behave. We generate automatic patterns of thinking and behaviour which become distortions of reality. This brings about 'distorted' coping behaviours. Emphasis is on the basic underlying assumptions and beliefs that they have of themselves, world around them and their future.

**Evidence for my new alternative/balanced belief about myself**



My new belief that I want to test is:

I am .....

My rating for how much I believe this new belief is (0-100%)

Date:

Evidence that supports this new belief:

- 1.
- 2.
- 3.
- 4.

My rating for how much I believe this new belief now is (0-100%)

Date:

Evidence that supports this new belief:

- 1.
- 2.
- 3.
- 4.

My rating for how much I believe this new belief now is (0-100%)

Date:

## Prevention Plan

|   |
|---|
| Habit or situation I want to avoid:   |
| Triggers<br>1.<br>2.<br>3.<br>4.  |
| Early warning signs<br>1.<br>2.<br>3.<br>4.                                 |
| The frequency that I will monitor this situation is:                        |
| Action Plan<br>1.<br>2.<br>3.<br>4.   |
| People who are supporting me that I have given copies to:<br>1.<br>2.<br>3. |

## Notes

## Effective Prevention and Treatment

- Enhance their capacity to cope with adversity and regulate their emotions
- Help them to identify other strategies/coping mechanisms
- Help them to recognise and build on existing strengths
- Exploit opportunities onsite to explore diverse methods of managing negative feelings
- Help them by giving them the opportunity to participate in meaningful activities
- Help them to enhance social connectedness
- Help them to increase their visibility (research shows that feeling invisible is common amongst students who self-harm)
- Focus on strategies that raise their awareness of underlying factors in their self-harming, e.g. role of the media, image, relationships etc. (as opposed to telling them about risky behaviours or different forms of self-harm. Giving them the knowledge alone does not help.)
- Focus on increasing their peers (and your colleagues) capacity to recognise distress
  - Give their peers positive and negative examples for a balanced perspective
  - Share a few examples of self-harm behaviours to explain, without giving detailed description of forms of self-harm
  - Encourage students to seek assistance and guide them on specific strategies for getting help
- Onsite, promote and advertise positive norms/things related to seeking help and that it is OK to communicate mental and emotional status and needs. Create the environment.
 

This will take persistence and consistency to change the environment and the student's perception of the environment. Additionally, bear in mind that friends will always be more loyal to each other than adults
- Identify and address sources of stress in their external environment, that is relevant to the individual, as their potential underlying reasons for self-harm/self-injury

## Group Involvement

First steps in effective detection and intervention:

- Sense of belonging
- Dependency
- Membership
- Who is involved
- Nature and extent of lethal self-injurious behaviour
- What purpose does it serve for individuals and purpose for the group itself

## How Can You Help Young People Who Self-Harm to Move Forward?

- **Listen** to what you are **not hearing!** That is listen to what they are not saying
- Help individuals to understand their thought patterns e.g. 'I am stupid!' = 'I feel like I am stupid!' (Feelings are not the person and vice versa!)
- Help them to separate facts from fiction; facts from opinions (other people's opinions are just that – opinions! They can choose to take it or leave it!
- Give them on-going reassurance
- Reframe – help them to see themselves differently
- Help them choose their 'fights'
- 'Tell me what you want in words and not hurt yourself'. Help them to **learn** to express and communicate their feelings in words
- Help them to set realistic goals to achieve to increase their self-esteem and self-worth
- Help them to understand what is really going on
- Help them not to be so hard on themselves
- Help them to increase their self-worth
- Reflect back to them what you're hearing or notice

## What Do Teenagers Really Want and Need?

- Love
- Respect
- Trust
- Support
- Understanding
- Encouragement
- Responsibility