SUICIDE & SELF-INJURY PREVENTION WORKBOOK

A Clinician's Guide to Assist Adult Clients

Reproducible Activity Handouts and Assessments

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A Clinican's Guide to assist Adult Clients

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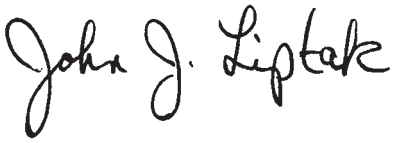
This workbook is dedicated to
Mitchell A. Leutenberg who died by suicide.
1956 - 1986

His own words give us insight to the daily struggles of mental illness:

One's mental health is more valuable than one's physical well-being and without being at peace little is worth it.

Mitchell A. Leutenberg, 3/17/1985

OUR GOAL FOR THIS WORKBOOK IS TO HELP CLINICIANS GUIDE THEIR CLIENTS IN FINDING PEACE IN LIFE.



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Our gratitude to the national organizations who allowed us to publish their wise words of wisdom from their websites.
See Chapter 6 - Resources.

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About Suicide and Self-Injury

Diagnostic and Statistical Manual of Mental Disorders, Volume V (DSM-V)

Suicidal behavior (death and attempts) is usually a complication of psychiatric conditions, most commonly mood disorders. However, it also occurs in schizophrenia, substance use disorders (particularly with alcohol), and personality and anxiety disorders, among others. About 10% of those who commit or attempt suicide have no identifiable psychiatric illness. However, our current nomenclature considers suicidal behavior a symptom of a major depressive episode or borderline personality disorder.

Non-suicidal self-injury (NSSI), defined as the deliberate, self-inflicted destruction of body tissue without suicidal intent and for purposes not socially sanctioned, includes behaviors such as cutting, burning, biting, and scratching skin.

The *Suicide & Self-Injury Prevention Workbook* for adult clients is a proactive means for dealing with the many characteristics that may prompt people to experience self-injury and/or suicide ideation. The purpose of this workbook is to provide information and tools that build upon each other to help clients to manage thoughts, feelings, and behaviors related to self-injury and suicide.

Definitions Regarding Suicide and Self-Injury

Accidental Death: Any death that occurs as the result of an accident. A death is only deemed accidental if it is not intended (suicide), expected, or foreseeable (illness).

Die by Suicide: This term is now used, as well as *killed himself, or took her own life,* rather than *commit suicide,* which tends to stigmatize suicide. A person who dies by suicide is not committing a sin or crime. Although some religions/cultures may teach otherwise, we (the authors) believe a person who dies by suicide is not committing a sin or crime. A suicide often follows an intolerable trauma or stress, or it is a product of a mental illness. The authors of this workbook prefer the term *die by suicide.*

Dietary Self-Harm: Restricting food for the purpose of self-harm or inducing death; for example, consuming items that will lead to a diabetic event that may lead to an intentional death.

Self-Injury: An intentional, direct injuring of an individual's body, self-inflicted without suicidal intent. Other terms such as cutting, self-harm, and self-mutilation are used for self-injury behaviors.

Suicidal Self-Directed Violence: This behavior is self-directed and deliberately results in injury or the potential for injury to oneself. There is evidence, whether implicit or explicit, of suicidal intent. This encompasses suicide deaths and suicide attempts.

Suicide Attempt: A suicide attempt occurs when an individual engages in self-directed potentially injurious behavior with the intent to die but the injury does not result in death.

Suicide Ideation: Suicidal ideation occurs when an individual is having thoughts, hearing voices, or prepares plans for a suicide.

Myths about SELF-INJURY

It is important to look at self-injury from an objective mindset. Below are some of the myths and misconceptions that surround the topic of self-injury.

MYTH: Only teens self-injure.
People of all ages self-injure. Self-injury is not particularly meant as a suicide attempt. It is an unhealthy attempt to cope with emotional pain such as anger, frustration, loss, sadness, etc.

MYTH: Adults who self-injure are usually open about self-injury behavior.
Self-injury in adults is usually kept private.

MYTH: People who self-injure do this as an occasional behavior and only do it once or twice.
Some people may self-injure once or twice and then stop. Many people do it frequently and it becomes a long-term, continual behavior, and can become a habit.

MYTH: People who self-injure use only the cutting behavior.
People who self-injure cut or scratch with a sharp object, hit or punch themselves, carve on the skin, pierce, pull out hair, burn, pick at a wound, etc., or continually put themselves in harm's way, i.e., get in fights, drive recklessly, abuse substances, etc.

MYTH: Only people with a mental illness consider self-injury.
Not all people who self-injure have a mental health illness, but they may have emotional, physical, and/or social issues that are creating unbearable emotions leading to extreme physical responses.

MYTH: People who self-injure are willing to talk about it with others.
Usually, people who self-injure do not disclose their behaviors with other people. It is vital for the person having self-injury thoughts or behaviors to talk with someone they trust: a therapist, friend, family member, spiritual or religious leader, etc.

MYTH: Self-injury calms the person for a long time.
In fact, the person usually feels guilt, shame, and other painful emotions afterwards.

MYTH: No real damage happens with self-injury.
There is a strong possibility that serious or life-threatening consequences can occur from self-injuring behaviors.

MYTH: People self-injure for attention.
People who self-injure should not be considered attention-seeking. People self-injure for many reasons: to help themselves feel something when they are emotionally numb; to distract themselves from their emotional pain; to punish themselves; or to disfigure themselves.

Although these are only a few of the myths and misconceptions about self-injury, they will provide you with some insight into the thinking that is prevalent about people who self-injure. Encourage individuals to call a trusted person, see a mental health facilitator or medical professional, find a positive support system, and use local or national resources and hotlines.

Myths about SUICIDE

It is important to look at suicide from an objective mindset. Below are some of the myths and misconceptions that surround the topic of suicide.

MYTH: Most people die by suicide without any warning.
Many suicidal people have long histories of mental health issues, trauma, and maladaptive behavior. In addition, most people who die by suicide exhibit warning signs such as making a will, giving away belongings, reckless behavior, and/or self-isolation.

MYTH: People who talk about suicide are trying to get attention and won't really do it.
Most suicidal people do not seek attention, they seek empathy. They want people to understand how they feel.

MYTH: Once someone has already decided to die by suicide, no one person or thing is going to stop them. They just want to die.
Most suicidal people are often ambivalent about their decision and are torn between wanting to die and wanting to live. Most suicidal individuals don't want death but want their pain to stop. With an effective support system and the use of preventative tools and techniques, they can receive and benefit from help.

MYTH: After a person has attempted suicide, it is unlikely the person will try again.
Suicidal people who have attempted suicide are very likely to try again. They need professional help and a reliable support system that is alert to the warning signs of suicidal crisis.

MYTH: Only people with a mental illness consider suicide.
Not all people who die by suicide have mental health problems at the time of their death; however, many do.

MYTH: If people survive a suicide attempt, then they were not serious about ending their life.
All attempts, including self-injury, should be taken as a serious attempt to end one's life.

MYTH: Discussing suicide with someone may cause that person to consider it or make things worse.
Talking about suicide with a trusted person can be one of the most effective means of helping people. Asking people if they're suicidal will not give them the idea to die by suicide if they haven't thought about it already. Many suicidal people are truthful and relieved when asked about their feelings and intentions. This can be the first step in helping suicidal people make the choice to live.

Although the above are only a few of the myths and misconceptions about suicide, they provide insight into the irrational thinking prevalent in society. These myths and misconceptions interfere with a suicidal person's attempt to get help, enhance overall well-being, and develop a positive outlook in life. Encourage and guide individuals to call a trusted person, see a mental health facilitator or medical professional, find a positive support system, and use local or national resources and hotlines.

Ways People Self-Injure

A person may...

- Abuse substances.
- Bang on or punch objects to the point of bruising or bleeding.
- Become anorexic or bulimic.
- Bite oneself to the point that bleeding occurs or marks remain on the skin.
- Break one's own bones.
- Burn wrists, hands, arms, legs, torso, or other areas of the body.
- Carve words or symbols into skin.
- Cut wrists, arms, legs, or other areas of the body.
- Deprive oneself of sleep.
- Drip acid onto skin.
- Engage in reckless behavior in hope of self-harm.
- Exercise excessively in an unhealthy way.
- Ingest a caustic substance.
- Ingest a sharp object.
- Pick a fight with the intention of getting hurt.
- Prevent wounds from healing.
- Punch oneself to the point of bruising or bleeding.
- Rip or tear skin.
- Scratch or pinch with fingernails or other objects to the point that bleeding occurs or marks remain on the skin.
- Stick sharp objects such as glass, needles, pins, and staples into or underneath the skin.
- Take part in aggressive activities with the intention of getting hurt.

Suicide Risk Factors

A number of personal, individual, biological, social, relational, and environmental factors contribute to the risk of self-injury or suicide attempts. These factors may not cause a person to have thoughts of self-injury or suicide, but combined they may increase the risk in some individuals:

- Access to lethal tools
- Bullying others – in person or online
- Bullying victim – in person or online
- Celebrities or heroes who die by suicide
- Changing, misusing, or stopping meds
- Childhood trauma and abuse
- Family history of suicide
- History of alcohol and/or substance abuse
- History of depression
- Inability to find and connect with supportive people
- Past and/or present mental health issues
- Refusal to seek help (often due to stigma)
- Lack of problem-solving skills
- Lack of support
- Non-acceptance by family, community, and/or society
- Movies or television shows that glorify suicide
- People they know who self-injure
- Physical illness and chronic pain
- Previous suicide attempts
- Significant losses (relationships, pets, work, death of family and friends, financial, etc.)
- Social isolation

Research suggests that the presence of one of the above factors,
or a combination of several or many of these factors, may put a person at risk.
The more factors a person is experiencing, the more that person may be at risk.

Protective Factors

Many protective factors exist to buffer people from self-injury, suicidal ideation, and/or attempting suicide:

- Access to a variety of healthcare services
- Assistance in monitoring thoughts and processing feelings
- Consistent support from friends and family
- Effective treatment for psychological issues, physical health problems, and substance abuse problems
- Engaging in productive activities can decrease risk factors
- Ongoing support from healthcare services
- Stress management, coping, decision making, problem solving, and mindfulness skills

It is important to utilize as many of these protective factors as possible.
The more factors that are accessible,
the greater the chances for those in need to redirect their lives.

Information for the Clinician about the Suicide & Self-Injury Prevention Workbook

A Reproducible Guide for Clinicians to Assist Adult Clients

By John J. Liptak, EdD and Ester R.A. Leutenberg

Before using this workbook with clients, please read all of the points below and on the next page.

1. The *Suicide and Self-Injury Prevention Workbook* is designed to be used with clients in the care of a trained clinician.

2. This workbook is a practical, step-by-step guide to present a detailed understanding of the context in which self-injury and suicide play out in a person's life, warning signs and risk factors experienced by people suffering with thoughts and actions of hurting themselves, ways to prevent suicide ideation, and methods for finding a healthy support network.

3. Clinicians are responsible for ensuring the health, well-being, and safety of the person or people with whom they work while using this workbook. Clinicians will need to use their clinical judgment while utilizing the materials contained in this workbook. Clinical judgment includes deciding how each of the handouts and activities can best be used to help their clients achieve maximum health and wellness, while working to resolve feelings, thoughts, and behaviors related to self-injury and suicidal ideation.

4. Our goal for this workbook is NOT to diagnose a client's potential for self-injury or suicidal ideation, or even for the clinician to make a mental health diagnosis from this workbook's content. Our goal is to touch on some of the symptoms and possibilities, create realizations, and provide coping methods which will help people to go forward and consider the possibility of a need for further medical help, medications, and therapy. Mental health issues of ANY kind are not to be stigmatized nor should anyone need to feel like a victim of stereotyping.

   Most importantly, our goal for this workbook is to help clients recognize that many other people have many of the same issues, to which NO shame is connected, and self-injury and/or suicide is definitely not the answer to their problems.

(Continued on the next page)

Information for the Clinician about this Workbook *(Continued)*

5. The pages of this workbook can be used in a variety of ways:

- Activities can be used with individual clients alone, in pairs, or in a very small group. If there is more than one person, the activities can be completed individually and then shared with each other, as long as all of the participants are comfortable doing so.

- Individual clients or small group members can complete the activities with the help of a clinician, if needed. When utilizing this approach, clinicians will also help their clients process their responses to the various activities they have completed.

- Small group members can utilize the activities as part of the therapeutic process. When using this approach, they can process the information together with other group members to help achieve commonality and optimal results.

- If there is more than one client, explain that this will be a *What is said in this room, stays in this room* session. Explain to the clients that to insure privacy, they need to use a name code when writing about or talking about other people in their lives. *(Ex: H.H.M. might be,* ***H****e* ***h****elps* ***m****e!)* Don't use a person's initials.

- If there is a very small group, it is often successful to have group members work together in pairs. When utilizing this approach, be sure to pair group members based on willingness to work together. Pairs can process information together, role play, or work as a team in a group discussion.

- All of the materials contained in the chapters of this workbook can be utilized in an individual or a very small group setting. If the clinician is using this workbook with a small group, you may photocopy or print enough materials for the members in the group, or allow individuals to reflect, write, and then process the materials together. The clinician can pick and choose the reflection activities that will best assist clients to overcome their desire to self-injure or die by suicide.

If at any time, while using these materials, you fear that a client is not progressing, or that a client's condition is worsening, seek or recommend the assistance of a medical/mental health professional as soon as possible.

Layout of the Workbook

This workbook consists of reproducible materials for use by mental health professionals and health care providers in their work with adult individuals and/or with very small groups.

It is usually difficult for troubled people to express their feelings or their thoughts. The purpose of these activity handouts is for participants to build confidence to open up by completing interesting and appealing pages, and writing words that are challenging to think about or say.

- The first page of each chapter introduces the chapter topic to the facilitator and the second page introduces the topic to the participants.
- The third and fourth pages are treatment planning options for clinicians working with individuals or small groups.

Activity Handouts

Activity handouts ask participants for opinions and facts about their feelings and beliefs. The accuracy and usefulness of the information is dependent on the information that clients honestly provide about themselves. Assure clients that they do not need to share their information if they do not want to do so, nor do they need to show the handout to anyone but the clinician. Assure them that they are in a safe place and they can be honest.

Activity Handouts…

- Help clinicians quickly and easily learn details about each client's life to enhance the treatment process.
- Assist clients in the reflection process so that they gain insight and engage in behavioral change.
- Help clinicians in the exploration of progress made by clients as they continue to develop skills and integrate them into their daily lives.
- Help clients learn more about how their thinking, management of feelings, and behaviors are affecting their thoughts of self-injury and suicide.
- Provide clinicians with a process for initiating discussions about sensitive topics like self-injury and suicide ideation.
- Provide clients with ways to tell their stories as they work collaboratively with clinicians.
- Serve as a great aid in developing plans for effective change and positive outlook in life, both in the present and in the future.
- Allow clients to explore various elements of themselves and their situations.
- Encourage clients to not pigeonhole or stereotype people.
- Serve as exploratory exercises and not a judgment of who they are as human beings.

These exercises and activities should never be considered a substitute for professional assistance. If you feel any of your participants need more assistance than you can provide, or another person to also assist them as well as yourself, refer them to an appropriate professional.

(Continued on the next page)

Activity Handouts *(Continued)*

Not every handout needs to be used, or used in the order of this workbook's presentation. The clinician can pick and choose chapters and activity handouts as needed.

The activity handouts are reflective, easy-to-use exercises, presented in a variety of formats to accommodate multiple intelligences and different learning styles. Their purpose is to help clients examine their past, learn coping and problem-solving skills in the present, and plan for a hope-filled future. Many of the activities allow clients to utilize the power of journaling about important topics related to their current situation. These activities will serve as a base for the facilitator to gently delve into the contents of each participant's responses.

Self-exploration activities assist clients in self-reflection, enhance self-knowledge, identify potential ineffective behaviors, and teach more effective ways of coping with the thoughts and stressors in their lives. They are designed to help clients make a series of discoveries that lead to enhanced life skills, as well as to serve as an energizing way to help reduce thoughts of self-injury and suicide. These brief, easy-to-use self-reflection tools are designed to promote insight and self-growth. Many different types of guided self-exploration activities are provided for you to pick and choose the activities that are most needed by your participants and the ones that will be most appealing to them. The unique features of the exploration activities make them user-friendly and appropriate for a variety of individual sessions and very small group sessions.

All of the activities are reproducible and can be tailored to the specific needs of the individual client or a very small group. In some activities, participants will have an opportunity to:

- Explore how they could make changes in their lives to feel better. These activities are designed to help participants reflect on their current life situations, discover new ways of living more peacefully, and implement changes in their lives to accommodate these skills.
- Journal as a way of enhancing their self-awareness. Using journaling prompts, participants will be able to write about the thoughts, attitudes, feelings, and behaviors that have contributed to, or are currently contributing to, their current situation. Through journaling, participants are able to safely address their concerns.
- Examine mood issues by delving into past behaviors for negative patterns and learning new ways of facing issues more effectively in the future. These activities are designed to help participants reflect on their lives in ways that will allow them to develop healthier lifestyles.

Each clinician has the choice of how and with whom to process the activities:
With individuals, a very small group, pairs, volunteers sharing, etc.

Activity Handouts Come in Many Forms!

- Assessments
- Check-off Lists
- Descriptions
- Drawing
- Journaling Reflections
- Quotations
- Reminders
- Responses
- Self-Exploration

Assessments

Each chapter's first activity handout is an assessment:
Self-Injury - Self-Injury Behavior Evaluation
Warning Signs - Suicide Warning Signs Check-Up
Risk Factors - Risk Factors Insights
Prevention - A Self-Reflection Survey
Support - A Support System Review

These assessments can be used by clinicians to quickly and easily gather self-reported data from their client(s). They are not designed to be diagnostic like many traditional assessments. Their purpose is to gather information from the clients quickly to better understand them. Each of the assessments is set up so that they can be completed collaboratively between clients and clinicians. Clients may be able to assess themselves before turning the handout over to the clinician, however, the clinician is responsible for interpreting the information derived from the assessments for and with the client. The intent is not to pigeonhole clients based on the results.

The assessments in each of the chapters are helpful in many different ways:

- Establish a behavioral baseline from which facilitators and participants can gauge progress toward identified goals.
- Help clinicians gather valuable information about their clients.
- Help clinicians in the measurement of progress over the process of treatment.
- Serve as pre-tests and post-tests to measure changes in thoughts, feelings and behaviors related to self-injury and suicidal ideation.
- Help clinicians to identify patterns that are positively and negatively affecting their clients.
- Provide and prompt insight and positive behavioral change in clients.
- Help clients feel part of the treatment-planning process as they work collaboratively with clinicians.
- Provide clinicians with a starting point to begin to learn more about their clients' strengths and limitations.

When working with small groups, the clinician will observe how each client might react differently to the results and how clients differ in the ways that they process the results and integrate them into their thinking.

The accuracy and usefulness of the information is dependent on the information that clients honestly provide about themselves. Assure clients that they do not need to share their information if they do not want to do so. Most importantly, they need to feel safe and be honest.

These assessments should never be considered a substitute for professional assistance. If you feel any of your clients need more assistance than you can provide, refer them to an appropriate professional.

Providing Feedback

Reassure clients that the completed handouts will be seen only by you, the clinician, as well as anyone else with whom the participant decides to share the results. Encourage clients to be honest!

When providing feedback, attempt to set the client at ease by discussing how you will provide feedback about their writings. You might want to ask if there is anything they want to offer or clarify about the handout before they begin. Remind clients to complete each handout to the best of their ability and then return it to you.

When preparing to provide feedback, explain that the data obtained from the completed handout is a way for you and the clients to gain insight into their unique view of the world. These activities can help them make sense of what is happening in their lives, how they express their own ideas, and how they see themselves in the world.

Discussing the Handout

Some ways to get the most out of a feedback session:

- Ask the clients if they have any questions about the handout.
- Ask the clients if they were honest.
- Discuss the handout as soon as possible. Clients might worry about the things they wrote.
- Begin feedback sessions with something positive. People can hear limitations better if they have first heard about their strengths.
- You might want to begin with a simple thought or question and move to the more complex ones. Too much information all at once may be overwhelming.
- Begin with findings the clients will accept. Gradually move on to something they may have considered, but have not recognized fully or reflected on.
- Be gentle. Some clients may become defensive when hearing feedback about their responses.
- Choose your language very carefully. Be as positive and as optimistic as you possibly can be.
- End feedback sessions with a positive note. This may help offset any negative feedback you gave that was more difficult to hear. It can also allow clients to feel that even though they have issues, things are not all bad.
- Some other things to remember:
    - Avoid complex jargon
    - Use clear, simple language the clients can understand
    - Use positive, action-oriented language
    - Personalize when possible
    - Ask the client to tell a narrative or story about the results
    - Avoid information overload

After Feedback Sessions

As you near the end of a feedback session, wrap up by providing an overview of what you gleaned from the results and how the results can help you and the clients to develop a plan for treatment and a goal-setting tool.

Considerations for this phase:

- Enlist the clients in verifying or modifying activity findings. If they disagree, ask if they can understand how others might perceive them this way. Ask if they can think of any situations in which the feedback might be true. If they believe these things may be true for other people but not for them, ask if they can think of any characteristics they might have in common with the people for whom these statements would be true.
- Pause and support the clients' affective reactions as they occur. The feedback you have given them may be hard to understand or accept. Even if they knew it and understood it, it may be very hard to hear it stated clearly, or very hard to accept these aspects of themselves.
- Never argue with a client about a list or evaluation finding. Some of it may be very true and some less true for the client. Some may be true in most settings and some only in a few.
- The point of the feedback session is to gain understanding and clarity of life issues of each client. On the other hand, the final meaning of the results is the interpretation you give to the data, as it is your professional opinion.
- A common reaction to receiving feedback is a feeling of defensiveness. When this occurs:
    - Talk privately with those who may feel threatened.
    - Balance negatives with many positives.
    - Be gentle and sensitive in your approach.
    - Provide corroborating information.
    - Acknowledge possible limitations in your assessment methods.
    - Help clients identify possible solutions and set goals for greater well-being.

Moving from Activity Results to Action

After an activity has been completed, you can move on to the next step in the process. This step involves clients reflecting on their life and taking action to improve it.

- One way is that clinicians focus on the areas in which clients show the greatest weaknesses, and thus have the most prominent issues to be resolved.
- Another way is exploring the client's major strengths to build positivity.

The way that you utilize the activities in the workbook will be based on your beliefs about the best way to approach the treatment process.

Other Features of this Workbook

Quotations
At the end of each chapter, there is a page with one or two quotations relating to the chapter, for the participants' reflection and journaling activities. These quotations are effective in helping clients to apply their thoughts about the quotations to their own life. Reading metaphors for their own life, clients can see the wisdom behind the words of others, reflect on how each quote is related to the life they are living, and apply the wisdom when appropriate. Quotes can be motivational and prompt clients to take positive action.

Practical Resources
At the end of this workbook, participants will be exposed to a variety of resources that they can access when they are stressed. These resources can be used by clients and clinicians to learn more about self-injury and suicide prevention, hotline information, and organizations that are available to provide help, etc. The materials can be photocopied and distributed to clients and their family members as needed.

Reproducibility
The activities in this workbook are reproducible. This means you can give each participant a page to talk about, complete with the clinician, take home as a reminder, or to complete independently at home. You may give them extra pages for independent reflection as well.

Confidentiality Using Name Codes

Before you begin to use the materials in this workbook explain to clients that confidentiality is a term for any action that preserves the privacy of other people with whom they have interacted in the past or with whom they are currently interacting.

Instruct the participants to use NAME CODES when writing or speaking about anyone in their past, current, or future lives. This is an important aspect of confidentiality when talking about sensitive subjects like self-injury and suicide.

Clients completing the activities in this workbook might be asked to respond to events that are currently occurring or have happened in the past, and to write about others in their lives. Name codes are especially important when working with a pair or a group. Confidentiality shows respect for others and allows – even encourages – people to explore their feelings without hurting anyone's feelings or fearing gossip, harm, or retribution.

Examples of Name Codes:
J.L.A. might mean a friend named Jane who Loves Animals
L.P.P. might mean Loves Pepperoni Pizza
V.L.H. might mean Volunteers at the Local Hospital

Chapter Descriptions

Each chapter begins with a table of contents and treatment planning options for clinicians of individuals and small groups to engage in prior to distributing the actual activity.

Self-Injury

This chapter will help clinicians to assist clients identify and explore their self-injury actions as well as discover and implement some tools, skills, and techniques for overcoming this behavior.

Warning Signs

This chapter will assist clinicians to help clients recognize, identify, and explore the warning signs and the effects that these signs have on their self-injury or suicidal thoughts.

Risk Factors

This chapter will assist clinicians to help clients explore their various risk factors and ways they can reduce the effects of these risk factors when experiencing a crisis.

Prevention

This chapter will assist clinicians to provide clients with tools, skills, and techniques for receiving help and reducing their self-harming and suicidal ideation.

Support

This chapter will assist clinicians to provide clients with ways to access a variety of needed support people as well as community resources.

Client and Clinician National Resources

This chapter will provide clients and clinicians information about self-injury and suicide prevention from national resources.

CHAPTER 1

Self-Injury

INTRODUCTION FOR THE CLINICIAN

Although it is not the same as attempting to die by suicide, it can be a predictor of a future suicide. Self-injury is usually a sign of emotional distress, trauma, neglect, abuse, etc. Self-injury is not a mental illness, but it is a behavior of people who need to learn coping skills in order to identify and manage their underlying emotions.

People who injure themselves tend to feel empty inside, and experience over- or under-stimulation. They are often unable to express their feelings, may feel lonely, believe they are not understood by others, and can be fearful of various relationships and responsibilities. Self-injury is a way of trying to cope with or relieve painful and hard-to-express feelings. The problem is that the relief experienced is temporary, and a self-destructive cycle often develops without proper treatment. Self-injury can also be a way to try to gain control over one's body when nothing else can be controlled in life.

By engaging in self-injury, people attempt to gain relief from a negative feeling or mental state, resolve an interpersonal issue, deal with feelings of boredom and/or create more positive feelings.

This chapter will help you to help your clients take these actions:

- Assess and explore their self-injurious behavior.
- Discover how thoughts, feelings, and actions are intertwined.
- Reflect and identify specific triggers to self-injuring.

Self-Injury

Treatment Planning Options for Clinicians Working with Individuals and Small Groups.

Each item below is related to an assessment or activity page in the chapter and presents additional ways of adapting each exercise when working with individuals and/or small groups. They can be used at the discretion of the clinician prior to using the activity and can also be used to help participants process their learning related to the material covered on each page after using the handout. After acquainting yourself with each chapter you may reference these planning options to adapt them to your circumstances.

28	**Self-Injury Behavior Evaluation**
Individuals	Respond to a list of the reasons the person may deliberately cause pain or injury to oneself.
Small Group	Discuss the concept that secrets can kill and disclosure can elicit empathy, hope, a better life, etc.
29	**Process for the Self-Injury Behavior Evaluation Scores**
Individuals	Together with the clinician, explore the list of responses checked off on the Behavior Evaluation.
Small Group	Together with the clinician and others, explore the responses checked off on the Behavior Evaluation.
32	**Describe Emotional Pain**
Individuals	Identify features of their emotional pain by completing sentence-starters text boxes.
Small Group	Clinician cuts out the text boxes; each person picks up a cutout and responds aloud.
33	**Environmental Self-Exploration**
Individuals	Identify the people, places, methods and possible patterns of their self-injury.
Small Group	Participants take turns as moderators and ask the questions of peer panelists.
34	**Keeping Busy**
Individuals	Identify positive people, projects, and activities to engage in to diminish self-injury.
Small Group	The group discusses and lists their ideas.
35	**Gentle Reminders**
Individuals	Note positive self-talk, action alternatives, support persons, and post-it messages.
Small Group	Clinician cut out the boxes and gives one to each person to complete. Participants share results.
36	**My Self-Injury Triggers**
Individuals	Respond to specific emotions, note their triggers and more effective ways to cope.
Small Group	Clinician lists emotions on the board; participants choose one and share their triggers.
37	**Time to Change Your Routine**
Individuals	Show specific steps in their self-injury routines; read about changing these.
Small Group	Volunteers show their steps on the board; peers state ways to change each step and stop the process.

(Continued on the next page)

Self-Injury *(Continued)*

Treatment Planning Options for Clinicians Working with Individuals and Small Groups.

38	**Thoughts, Emotions, and Behaviors**
Individuals	Depict or describe a situation and the thoughts and feelings that preceded a self-injury behavior.
Small Group	Share their responses and receive peer suggestions about more positive ways to view the situation.
39	**Change Your Thinking**
Individuals	Practice thought changing techniques: challenge; stop!, reframe, and replace.
Small Group	Share a negative thought; peers give examples of ways to Challenge, Stop!, Reframe, and Replace the thought.
40	**Alternatives to Self-Injury**
Individuals	Respond to a list of alternatives to self-injury participant is willing to try.
Small Group	Discuss the possible pros and cons of each listed alternative.
41	**The 4 D's**
Individuals	Give an example of each technique to prevent self-injury: Delay, Distract, Divert, Defuse.
Small Group	Facilitator lists the 4 D's on the board; participants discuss ways to implement each.
42	**How About Being Kind to Yourself?**
Individuals	Respond to items indicating ways to be to be kind to oneself that the participant is willing to try.
Small Group	Members share their three "most likely to try" and "least likely to try" techniques and explain why.
43	**Let's Have Fun with Healthy and Unhealthy Self-Talk**
Individuals	Draw oneself and create word bubbles showing healthy and unhealthy self-talk text.
Small Group	Suggest a list of positive self-talk messages. Photograph, photocopy or electronically distribute.
44	**Quotes about Self-Injury**
Individuals	Journal about ways to apply the three therapeutic quotations to one's life.
Small Group	Share a quote of their own pertaining to self-injury that they would like to pass on to others.

Self-Injury

INTRODUCTION FOR THE PARTICIPANT

Self-injury is any behavior which involves the deliberate causing of pain to oneself.

Although it is not the same as attempting to die by suicide, it can be a predictor of a future suicide.

It is usually a sign of emotional distress, trauma, neglect, abuse, etc. Self-injury is not an indicator of a mental illness, or reserved for those who have a mental illness. It is a behavior of people who need to learn coping skills in order to identify and manage their underlying emotions.

Self-Injury Behavior Evaluation

Introduction and Directions

Self-injury is often used as a way of coping with negative events and feelings. People who self-injure need to understand and identify their destructive thoughts, feelings, and actions.

It is important to explore the reasons why you might be trying to injure yourself.

- **This evaluation contains 35 reasons that people injure themselves.**
- **Read each of the statements and decide whether it describes you or not.**
- **If the statement does describe you, place a check in the box.**
- **If the statement does not describe you, leave the box blank.**
- **If some of your reasons are not listed, write them in the "Other" lines at the bottom.**

EXAMPLE:

(This statement describes you.)

☑ To alleviate my pain

(This statement does not describe you.)

☐ To alleviate my pain

This is not a test.
Since there are no right or wrong answers, don't spend too much time thinking about them. Your first reaction is usually the most accurate. Be sure to read them and check those that describe you.

(Turn to the next page and begin.)

Self-Injury Behavior Survey

Check off the boxes to indicate the reasons you deliberately cause pain or injury to yourself.

- ☐ To alleviate my pain.
- ☐ To atone for my mistakes.
- ☐ To avoid dying by suicide.
- ☐ To be noticed.
- ☐ To change my emotional pain into physical pain.
- ☐ To cope with my feelings.
- ☐ To deal with boredom.
- ☐ To do what a friend did to feel better.
- ☐ To encourage or cause others to pay attention to me.
- ☐ To express feelings physically.
- ☐ To feel relief from a negative situation.
- ☐ To follow through on my urges.
- ☐ To forget.
- ☐ To gain control of my body.
- ☐ To get rid of my feelings of worthlessness.
- ☐ To ignore my problem.
- ☐ To let go of the numbness inside of me.
- ☐ To listen to my inner voice.
- ☐ To live a life of happiness, not depression.
- ☐ To make sure I don't hurt myself in bigger ways.
- ☐ To manage my frustration.
- ☐ To overcome my sadness.
- ☐ To punish myself.
- ☐ To quiet my thoughts of shame.
- ☐ To rejuvenate my energy.
- ☐ To release tension.
- ☐ To relieve my stress.
- ☐ To resolve a disagreement.
- ☐ To rid myself of the emptiness I feel.
- ☐ To shift the attention.
- ☐ To shock people.
- ☐ To show how much I hate myself.
- ☐ To squelch my anger.
- ☐ To stop dwelling on my terrible thoughts.
- ☐ To worry other people.
- ☐ Other _____
- ☐ Other _____
- ☐ Other _____

Discuss this survey with your clinician.

FOR THE CLINICAN

Process for the *Self-Injury Behavior Evaluation*

The *Self-Injury Behavior Survey* that your client just completed is designed to measure some of the reasons this person might be self-injuring. This *Self-Injury Behavior Evaluation* is intended to help participants begin to think about 35 of the primary reasons cited for self-injurious behavior. Self-evaluations are used for a variety of reasons including:

- An evaluation form is designed to be less threatening than traditional assessments and quizzes, yet provide valuable information about self-injurious behavior for both the participant and the facilitator. You should explain that there are no correct or incorrect answers and that the reasons the participant lists can be helpful in exploring issues related to self-injurious behavior.

- Having participants talk about and write about the circumstance related to their self-injurious behavior can be therapeutic in and of itself. By writing, participants can move past negative emotions like guilt and shame, access positive emotions like optimism and empathy, and feel connected to others with similar issues. Writing has been shown to enhance personal growth, increase emotional expression, and help a person feel a sense of empowerment and control over life. Remember to ask participants to just sit and write, and not be concerned with grammar or punctuation.

- Self-evaluations encourage participants to become active contributors in the counseling process. Rather than being a simple passive recipient of feedback from the facilitator, participants are empowered, given a voice, and can inform the direction that the counseling process takes. Participants tend to be more engaged in setting goals and working toward these goals when they are active participants in the process.

- Evaluations provide insight into each participant's behavior as well as their perceptions about specific situations. Differences in how you perceive participants and how they perceive themselves will be evident during the completion of this activity. You can use these differences in perceptions throughout the counseling process.

- It's human nature to want to feel that we've been heard. An evaluation gives a voice to people who want to be heard and understood. Allow participants as much time as they need to process the information related to self-injurious behaviors. It is important and will provide you with many cues about each participant and his or her issues.

Help the client make a list of the responses checked off on the Self-Injury Behavior Survey. On the following page on the lines under each response, you or your client can write about the reason and then explain the circumstances that create this apparent need.

Self-Injury Behavior Evaluation

After writing what you checked off, journal about the circumstances that created this apparent need. If there are more than six, use another piece of paper.

1) I checked off_____

The circumstances:_____

_____

_____

2) I checked off_____

The circumstances:_____

_____

_____

3) I checked off_____

The circumstances:_____

_____

_____

4) I checked off_____

The circumstances:_____

_____

_____

5) I checked off_____

The circumstances:_____

_____

_____

6) I checked off_____

The circumstances:_____

_____

_____

Who is another person (or people) in your life with whom you can share this page?

_____

_____

_____

Describe Emotional Pain

Many people injure themselves in an attempt to deal with their emotional pain. Self-injury is often an attempt to create a physical feeling of pain to mask the emotional feelings or pain.

Think about your emotional pain. Even though it may be difficult, try to describe it.

My emotional pain feels like ...

My emotional pain causes me to ...

My emotional pain reminds me of ...

My emotional pain is so strong, that I ...

My emotional pain looks like ...