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Responding to Teen Self-harm: Information for Parents & Teachers

Dr. Tanya Spencer

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Screening for Youth Distress

Has your child recently:

1. Demonstrated a change in behaviour (eating, sleeping, school performance, level of socialization, appearance)?

2. Demonstrated a dramatic change in mood (hostile, angry, sad, tearful)?

3. Demonstrated erratic mood changes from one moment or day to the next?

4. Seemed more secretive than usual?

5. Spent more time alone or with a different group of friends? Have you attempted to meet these friends?

6. Worn different clothes or jewelry that might camouflage scars or injuries? (e.g., long sleeves, cuff bracelets, wrist warmers, turtlenecks, long pants, especially in hot weather)

7. Shown a drastic change in physical appearance? (e.g., sudden gain or loss of weight)

8. Worn more bandages? Have you noticed missing medical supplies from the medicine cabinet or first aid kit? (Keep these available, along with easy-to-use disinfectants.)

9. Talked about self-harm? (e.g., friends who self-harm, have you ever self-harmed, threatening self-harm)

10. Had more cuts or scratches than usual?

11. Suddenly avoided sports or other activities requiring group change rooms, revealing clothing, or close physical contact? (e.g., swimming, team sports, martial arts)

12. Refused to go to a regular physical check-up?

13. Carried implements that could be used for self-harm? (e.g., paper clips, earrings, scissors, razors, x-acto knives, safety pins, tweezers, knives, broken CDs)

14. Made excuses for unexplained scratches, bruises, or marks on her/his body? (e.g., the cat scratched me, I fell into a bush, I was holding a glass & it broke)

15. Seemed in frequent conflict with peers or family?

16. Seemed withdrawn from things (s)he previously enjoyed?

17. Talked about suicide?

Have you child's friends, family, or schoolmates:

18. Expressed concern about your child or her/his safety?

19. Engaged in self-harm?

Does your child have a history of or on-going problems with:

20. Trauma or abuse (neglect, emotional, physical, or sexual)?

21. Substance abuse?

22. Mental illness (e.g., mood disorder, post-traumatic stress, anxiety)?

Guided Self-Reflection

Feel free to alter or add comments to any of the following. You may wish to provide different ratings for different events or aspects of your life. The more honest you can be, the better you can learn to manage your reactions and take care of your family and yourself. If these questions are too emotionally provocative, take a break or ask for help to discuss them.

1. Attitudes & reactions toward self-harm

a. When & where did I first learn about youth self-harm? (e.g., news, personal acquaintance, family)

b. How informed do I think I am about the issue, compared to most people?

c.

I haven't the foggiest	I have heard of it	I know a little	I know quite a bit	I know a lot

d. How much more do I want to know?

As little as possible – I would rather avoid it	Just enough to say I have it covered	I want to know more, but don't have the time / energy to spend	I will act upon any opportunities that come my way	I will actively search out more information

Why?

e. What is my first reaction to the idea of youth in general hurting themselves? What is the first thought that crosses my mind?

Thoughts:

Feelings (circle as many as apply; you may want to use a thesaurus to find just the right word):

Angry	Disappointed	Scared	Sad	Deflated	Righteous
Wanting to advocate	Rejecting	Hopeless	Sympathetic	Worried	Tense
Frustrated	Confused	Disinterested	Smug	Unsurprised	Equipped to help
Repulsed	Disgusted	Panicked	Ashamed	Coerced	Blamed

Others?

f. What is my first reaction to the idea of my own children or family's risk of self-harm?

Thoughts:

Feelings (circle as many as apply; you may want to use a thesaurus to find just the right word):

Angry	Disappointed	Scared	Sad	Deflated	Righteous
Wanting to advocate	Rejecting	Hopeless	Sympathetic	Worried	Tense
Frustrated	Confused	Disinterested	Smug	Unsurprised	Equipped to help
Repulsed	Disgusted	Panicked	Ashamed	Coerced	Blamed

Others?

g. To what extent am I able to let go of these feelings, translate them into action, or, at least, mask them so I can be effective?

No chance	**Maybe a little**	**Some**	**For the most part**	**Totally**

Why or why not?

h. My family or children's level of risk is likely:

Very low	**Low**	**Moderate**	**High**	**Very High**

What characteristics or factors lead me to rate my family's risk at that level?

2. Personal strengths, needs, & supports

a. Thinking generally, what is my experience with personal problems or crisis, compared to most people?

Placid life – not many major hurdles	**Some difficulties – average number of crises or problems**	**One or two major or less common challenges**	**More difficulties (either in number or seriousness) than most people**	**I face crisis or difficulty on a regular basis**

Comments?

b. How well have I handled past problems or crises?

Very well – better than most people	As well as the average person	I made it – I'm here!	I struggled / was not happy with the result	I barely made it / the results were a problem in themselves

c. Regarding my level of burnout, I feel:

Rested & ready for the next challenge	Pretty good	A little frazzled – I could handle an unexpected challenge with some effort	Really frazzled – tackling a new challenge would mean a big shift in my priorities	Done like dinner – I am in no shape for a new challenge

Would those who know you well agree? Has anyone commented on your well-being?

d. What are my personal strengths? How do I celebrate them? What benefits do they have for me and my family?

_____ _____

_____ _____

_____ _____

e. What skills do I wish I had? Put a star next to the one you most want to develop. How do these needs affect you or your family? What would be different if you were able to develop these skills?

_____ _____

_____ _____

_____ _____

f. How easily do you access support? Are you satisfied with your current level of support?

I readily engage others so they are available if I need help	As easily as most people	I would prefer if people would notice I need help so I don't have to ask	Getting help from others is embarrassing; I prefer to solve problems on my own	I don't have many places to turn; I have to take care of everything myself

g. To whom can I turn for support? Put a star next to areas where you would like to develop more or stronger supports.

Practical: _____ _____

_____ _____

Emotional: _____ _____

_____ _____

Financial: _____ _____

_____ _____

Recreational: _____ _____

_____ _____

3. Family emotional climate

a. Growing up, my family of origin:

Didn't express emotion at all (weren't allowed or very private)	Expressed some emotion or only some types of emotion	Had average patterns of emotional expression	Was a bit overbearing or occasionally intense	Expressed too much emotion (too often or too intensely)

How does this affect your current emotional life? Was your family-of-origin's style of emotional expression a help or a hindrance? How so?

b. Compared to most families, my current family:

Didn't express emotion at all (weren't allowed or very private)	Expressed some emotion or only some types of emotion	Had average patterns of emotional expression	Was a bit overbearing or occasionally intense	Expressed too much emotion (too often or too intensely)

How does this affect my emotional life? Is this style of emotional expression a help or a hindrance? How so? Who in the family does it affect most? Who in the family is most responsible for this climate?

c. To what extent are other family members involved in modulating each other's emotional state?

d. Who is the family is most / least skilled at expressing or describing their emotions?

e. Do styles of emotional expression vary greatly among family members?

f. To what extent or for what issues are family members allowed to disagree, give input, or make their own decisions?

g. Does my family have anyone in these common emotional roles?

Caregiver	Forgiver	Lightning rod	Whipping boy/girl	Bad apple	Good apple
Rescuer	Victim	Warm safe place	Rejecter	Neglecter	Tyrant
Time bomb	Dark cloud	Chatterbox	Whiner	Fixer	Hero
Villain	Unpredictable	Black sheep	Puts the "fun" in dysfunctional	Solid as a Rock	Quiet one
Carefree	Resilient	Wise	Busy bee	Worrier	Procrastinator
Sneak	Bottle-upper	Clueless	Force of nature	Critic	Quirky
Healthy	Fun	Cheer-er upper	Sasquatch (seen rarely)	Peace maker	Nitpicker
Sensitive one	Baby	Dependable	Bossy	CEO	Rebel
Puzzle	Invisible one	Doormat	Perfectionist	The "normal" one	Grace under pressure
Head in the sand	Head in the clouds	Trickster	Goofball	High maintenance	Too cool for school
Cold fish	Complainer	Brain	Mouthy	Big talker	Tolerant

h. Do I wish parts of my family were different? What parts? Who's job is it to fix these? Who's job *should it be* to fix these? What would make these changes realistic? How would these changes affect the emotional climate?

i. Do I sort out my feelings before I speak? Do others?

j. Do I take responsibility for how I affect others? Do others?

k. Do I deal considerately and directly with each family member? Do others?

l. Do I apologize when I'm wrong? Do others? Do we do this verbally or symbolically?

m. Am I honest in expressing what I want and need from other family members? Are others?

Brief excerpts adapted from Levenkron, S. (1998). Cutting: Understanding and overcoming self-mutilation.

Planning "the Talk:" Addressing the Issue of Self-harm

Four of five youth know someone who has self-harmed. About ten percent of youth harm themselves at some point in their teen years.

Along with sex, drugs, and bullying, self-harm is becoming one of those topics that families should discuss to help support kids in managing the associated risks and offering help to kids they know. As with many of today's medical and social issues, awareness and early detection are powerful modes of prevention.

1. Evaluate your own reactions to the topic. Forgive yourself for having the typical reactions – nature built them into us. If you suspect your child is already involved in self-harm, seek help to ensure the early discussions are constructive.

2. Talk about the issue with your spouse, friend, or community support. This, along with looking for information about it, will give you confidence and practice in discussing it. Role-play talking about it with your kids.

3. Imagine a range of reactions from your child / children. It may not be want you want! These might range from an exasperated "oh, mom, you're so lame" to an angry "how dare you! You think I'm crazy! Get out of my life."

   Remember the fact that you care enough to mention it will be useful regardless of the response. Many kids won't mention it because they don't want to scare their parents or are convinced that grown-ups have no clue.

   You main message, regardless of their reaction, is: "I care about you and I'm here to help. My door is open."

4. Pick a time when other obligations won't interfere. Keep the tone congenial and the talk short. During a shared chore or activity where you can talk "side by side" might be helpful (e.g., doing dishes, in the car). Imagine you have only 30 seconds to send your message.

5. If your family is not the "talking type," even a note, pamphlet, or e-mail with a link about it can let your child know you are aware of self-harm and welcome any questions or help.

Progressive Muscle Relaxation

What is it and how does it work? You simply isolate one muscle group, creating tension for 8 -10 seconds, then let the muscle relax and the tension go. For example, take your right hand, tighten it into a fist, and notice what happens. You can feel the muscle tension increase in your hand and up your forearm. The longer you hold it, the more tense it becomes. You become aware that it does not feel good. In fact, it begins to hurt. This is an example of exaggerated muscle tension. Continue to hold the tension and now, all at once, relax and let go. Allow your hand to flop down into your lap and notice the difference. The muscles now begin to relax, and the muscle tension just flows away, melts, dissolves, and disappears.

This process of relaxation is guaranteed to happen. Whenever you create tension in a muscle and then release the tension the muscle has to relax. The muscle does not have a choice. The interesting aspect of this process is that the muscle will not only quickly relax back to its pre-tensed state, but if allowed to rest, it will become even more relaxed than it was.

The key to triggering the relaxation response is to take charge of the voluntary muscles by tensing them and forcing them into a state of relaxation. Once the muscles relax then the other components of the relaxation response will naturally follow:

- Relaxed muscles require less oxygen so the breathing pattern slows and deepens.
- Heart rate and blood pressure decline.
- Normal blood flow returns to the belly and digestion resumes.
- Hands and feet warm up.
- Soon changes in mood follow, and you become more calm and refreshed.

You may also gain these overall health and lifestyle benefits from relaxation techniques:

- Fewer physical symptoms, such as headaches and back pain
- Fewer emotional responses, such as anger and frustration
- More energy
- Improved concentration
- Greater ability to handle problems
- More efficiency in daily activities

Using PMR

Ask a buddy to read it to you slowly with a low voice tone to encourage relaxation.

Get as comfortable as possible. This exercise will help you relax all of your muscles and teach you to be more aware of parts of your body that are especially tense. The object of this exercise is to tense and then release the pressure in different muscles. In this way, you will progressively achieve deeper relaxation.

Start by raising your eyebrows as high as possible, feeling the tension build. Hold that tension for a moment. Now relax, and feel the tension flow out. Now squeeze your eyes shut as tight as you can. Hold that tension. Let it build. Now relax your eyelids. Feel the relief from the tension.

Now clench your teeth together tightly. Let the tension build. Hold it. Now release your jaw, letting it go loose. Now squeeze your whole face up into a knot and hold it there. Hold it. Let the tension build as you squeeze your eyes, mouth and nose together hard. And now relax. Notice how loose and relaxed your whole face feels.

Now bring your chin slowly down toward your chest, feeling the tension building in your neck and shoulders. Hold it. And now relax. Feel the relief.

Now make your right hand into a tight fist and raise your right arm to shoulder height, stretching it way out. Feel the tension build as you clench your fist and keep your arm stretched. Now relax, letting your arm fall slowly to your side.

Now with you left hand, make a hard fist. Raise your left arm to shoulder height, stretching it out as far as you can, straight ahead. Feel the tension build in your clenched fist and arm. Hold it. Now relax, letting your arm fall back to your side. Now, make fists with both hands and raise both arms to shoulder height, stretching straight ahead as far as you can. Let the tension build. Hold it. Now, let your arms fall back to your sides and relax. Feel the relief in these muscles.

Now, to your stomach. Pull these muscles in tight, as tight as you can. Hold it. Let the tension build. And now, relax.

Now, raise your right leg, tensing your thigh and calf muscles and pulling your toes back toward you. Hold it. Feel the tension build. Now, let your leg back down and relax. Now, raise you left leg and tighten your calf and thigh muscles as you pull your toes back. Let the tension build. Hold it. Now, let your leg back down and relax. Now raise both legs together and tighten your calf and thigh muscles as you extend your toes and point them straight forward as far as you can. Let the tension build. Hold it. Now let your legs back down and relax. Feel the sense of relief.

Now, take a few moments to think about how the muscles feel throughout your body. Check your neck, shoulders, arms, chest, stomach, legs and feet.

Now, spend a few moments experiencing the deeply relaxed restful feeling throughout your body. Sense the quiet and restfulness that comes from releasing the tension in your muscles. Now, take a full deep breath, hold it a moment, and then, as you let out the air allow any remaining anxieties and tensions to just flow away. You are now very deeply relaxed and at ease. Now, open your eyes, stretch your arms and legs, moving them about. Get up when you feel ready.

After you've become an expert on your tension areas (after a few weeks), you can concern yourself only with those. These exercises will not eliminate tension, but when it arises, you will know it immediately, and you will be able to "tense-relax" it away or even simply wish it away.

Please note that an exercise program of any sort that stresses and stretches a full range of muscles can be used in this fashion if only you pay attention to the differences between tensions and relaxations of the muscles. Yoga is particularly good, but is very demanding at first. Tai chi is highly recommended for its low impact and low physical demands.

Suggestions for Practice

• Always practice full PMR in a quiet place, alone, with no electronic distractions when you first begin to practice, not even background music.

• Remove your shoes and wear loose clothing.

• Avoid eating, smoking, or drinking. It's best to practice before meals rather than after, for the sake of your digestive processes.

• Never practice after using any intoxicants.

• Sit in a comfortable chair if possible. You may practice lying down, but this increases the likelihood of falling asleep.

• If you fall asleep, give yourself credit for the work you did up to the point of sleep.

• If you practice in bed at night, plan on falling asleep before you complete your cycle. Therefore, consider a practice session at night, in bed, to be in addition to your basic practice.

• When you finish a session, relax with your eyes closed for a few seconds, and then get up slowly. (*Orthostatic hypotension*—a sudden drop in blood pressure due to standing up quickly—can cause you to faint.) Some people like to count backwards from 5 to 1, timed to slow, deep breathing, and then say, "Eyes open. Supremely calm. Fully alert."

Types of Relaxation Techniques

It doesn't matter which technique you choose. What matters is that you try to practice relaxation regularly. There are other types of relaxation techniques, including:

- **Autogenic relaxation.** In this technique, you use both visual imagery and body awareness to reduce stress. You repeat words or suggestions in your mind to help you relax and reduce muscle tension. You might say to yourself (in your mind) something like 'my right arm is heavy' and keep repeating this slowly; gradually your arm will start to feel heavy and relaxed. You use the same approach to relax the rest of the body. You may imagine a peaceful place and then focus on controlled, relaxing breathing, slowing your heart rate, or different physical sensations, such as relaxing each arm or leg one by one.

- **Visualization.** In this technique, you form mental images to take a visual journey to a peaceful, calming place or situation. Imagine yourself relaxing in a beautiful, peaceful scene, say on an idyllic beach or a mountain top. Try to use as many senses as you can, including smells, sights, sounds and textures. If you imagine relaxing at the ocean, for instance, think about the warmth of the sun, the sound of crashing waves, the feel of the grains of sand and the smell of salt water. The idea is to use all the senses: imagining not just the sights but the smells, feel and sounds of a place. Many CDs or MP3s use an appropriate sound track such as waves breaking gently on the shore.

Other relaxation techniques include yoga, tai chi, music, exercise, meditation, and massage.

Relaxation takes Practice

As you learn relaxation techniques, you'll become more aware of muscle tension and other physical sensations of stress. Once you know what the stress response feels like, you can make a conscious effort to practice a relaxation technique the moment your muscles start to tense. This can prevent stress from spiralling out of control.

Remember that relaxation techniques are skills. As with any skill, your ability to relax improves with practice. Be patient with yourself. Stay motivated to reduce the negative impact of stress on your body and to experience a greater sense of calm in your life.

And bear in mind that some people, especially those with significant psychological problems and a history of abuse, may experience feelings of emotional discomfort during relaxation exercises. Although this is rare, if you experience emotional discomfort during relaxation exercises, stop what you're doing and talk to your health care professional.

Please direct any questions about this material to Dr. Spencer at Arch Psychological Services, 780-428-9223.

Bill of Rights for People Who Self-Harm

Preamble

An estimated one percent of Americans use physical self-harm as a way of coping with stress; the rate of self-injury in other industrial nations is probably similar. Still, self-injury remains a taboo subject, a behavior that is considered freakish or outlandish and is highly stigmatized by medical professionals and the lay public alike. Self-harm, also called self-injury, self-inflicted violence, or self-mutilation, can be defined as self-inflicted physical harm severe enough to cause tissue damage or leave visible marks that do not fade within a few hours. Acts done for purposes of suicide or for ritual, sexual, or ornamentation purposes are not considered self-injury.

This document refers to what is commonly known as moderate or superficial self-injury, particularly repetitive SI; these guidelines do not hold for cases of major self-mutilation (i.e., castration, eye enucleation (removal), or amputation).

Because of the stigma and lack of readily available information about self-harm, people who resort to this method of coping often receive treatment from physicians (particularly in emergency rooms) and mental-health professionals that can actually make their lives worse instead of better. Based on hundreds of negative experiences reported by people who self-harm, the following Bill of Rights is an attempt to provide information to medical and mental-health personnel. The goal of this project is to enable them to more clearly understand the emotions that underlie self-injury and to respond to self-injurious behavior in a way that protects the patient as well as the practitioner.

The Bill of Rights for Those who Self-Harm

1. **The right to caring, humane medical treatment.**
   Self-injurers should receive the same level and quality of care that a person presenting with an identical but accidental injury would receive. Procedures should be done as gently as they would be for others. If stitches are required, local anesthesia should be used. Treatment of accidental injury and self-inflicted injury should be identical.

2. **The right to participate fully in decisions about emergency psychiatric treatment (so long as no one's life is in immediate danger).**
   When a person presents at the emergency room with a self-inflicted injury, his or her opinion about the need for a psychological assessment should be considered. If the person is not in obvious distress and is not suicidal, he or she should not be subjected to an arduous psych evaluation. Doctors should be trained to assess suicidality and should realize that although referral for outpatient follow-up may be advisable, hospitalization for self-injurious behavior alone is rarely warranted.

3. **The right to body privacy.**
   Visual examinations to determine the extent and frequency of self-inflicted injury should be performed only when absolutely necessary and done in a way that maintains the patient's dignity. Many who SI have been abused; the humiliation of a strip-search is likely to increase the amount and intensity of future self-injury while making the person subject to the searches look for better ways to hide the marks.

4. **The right to have the feelings behind the SI validated.**
   Self-injury doesn't occur in a vacuum. The person who self-injures usually does so in response to distressing feelings, and those feelings should be recognized and validated. Although the care provider might not understand why a particular situation is extremely upsetting, she or he can at least understand that it *is* distressing and respect the self-injurer's right to be upset about it.

5. **The right to disclose to whom they choose only what they choose.**
   No care provider should disclose to others that injuries are self-inflicted without obtaining the permission of the person involved. Exceptions can be made in the case of team-based hospital treatment or other medical care providers when the information that the injuries were self-inflicted is essential knowledge for proper medical care. Patients should be notified when others are told about their SI and as always, gossiping about any patient is unprofessional.

6. **The right to choose what coping mechanisms they will use.**
   No person should be forced to choose between self-injury and treatment. Outpatient therapists should never demand that clients sign a no-harm contract; instead, client and provider should develop a plan for dealing with self-injurious impulses and acts during the treatment. No client should feel they must lie about SI or be kicked out of outpatient therapy. Exceptions to this may be made in hospital or ER treatment, when a contract may be required by hospital legal policies.

7. **The right to have care providers who do not allow their feelings about SI to distort the therapy.**
   Those who work with clients who self-injure should keep their own fear, revulsion, anger, and anxiety out of the therapeutic setting. This is crucial for basic medical care of self-inflicted wounds but holds for therapists as well. A person who is struggling with self-injury has enough baggage without taking on the prejudices and biases of their care providers.

8. **The right to have the role SI has played as a coping mechanism validated.**
   No one should be shamed, admonished, or chastised for having self-injured. Self-injury works as a coping mechanism, sometimes for people who have no other way to cope. They may use SI as a last-ditch effort to avoid suicide. The self-injurer should be taught to honor the positive things that self-injury has done for him/her as well as to recognize that the negatives of SI far outweigh those positives and that it is possible to learn methods of coping that aren't as destructive and life-interfering.

9. **The right not to be automatically considered a dangerous person simply because of self-inflicted injury.**
   No one should be put in restraints or locked in a treatment room in an emergency room solely because his or her injuries are self-inflicted. No one should ever be involuntarily committed simply because of SI; physicians should make the decision to commit based on the presence of psychosis or suicidality.

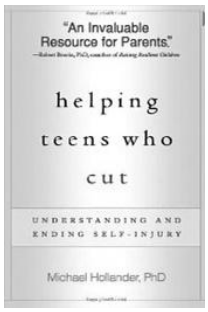
10. **The right to have self-injury regarded as an attempt to communicate, not manipulate.**
    Most people who hurt themselves are trying to express things they can say in no other way. Although sometimes these attempts to communicate seem manipulative, treating them as manipulation only makes the situation worse. Providers should respect the communicative function of SI and assume it is not manipulative behavior until there is clear evidence to the contrary.

What to Ask when Seeking Treatment

1. Are you registered?
2. What is your theoretical orientation?
3. What is your training and experience in therapy?
4. Do you have experience:
    a. treating self-injury?
    b. treating adolescents?
    c. developing safety plans?
    d. screening for suicidal thoughts or behaviour?
5. Are you affiliated with any hospitals or psychiatrists?
6. What other disorders do you treat? (e.g., mood, anxiety, eating, body-image, personality)
7. Do you feel comfortable working with parents and their children to help implement the appropriate strategies at home?
8. With my permission, will you work with the school, pediatrician, psychiatrist, and any other institutions and people in my child's life to provide comprehensive treatment?

With material from McVey-Noble, M. E., Khemlani-Patel, S., & Neziroglu, F. (2006). *When your child is cutting: A parent's guide to helping children overcome self-injury.* Oakland, CA: New Harbinger Publications.

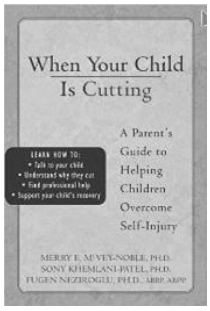
Book Resources



For parents:

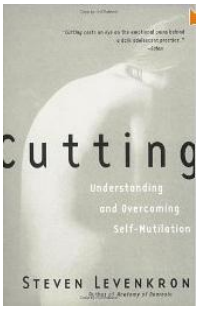
Hollander, Michael. (2008). *Helping teens who cut: Understanding and ending self-injury.* New York: The Guilford Press.

- Includes self-care, how to talk to siblings, friends, and the school, and different kinds of treatment programmes



McVey-Noble, M. E., Khemlani-Patel, S., & Neziroglu, F. (2006). *When your child is cutting: A parent's guide to helping children overcome self-injury.* Oakland, CA: New Harbinger Publications.

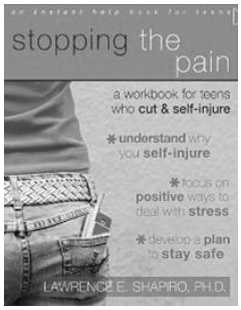
- Includes description of types of professional helpers (e.g., master's versus Ph.D. psychologists, social workers, psychiatrists)



Levenkron, Steven. (1998). *Cutting: Understanding and overcoming self-mutilation.* New York: W.W. Norton & Company, Inc.

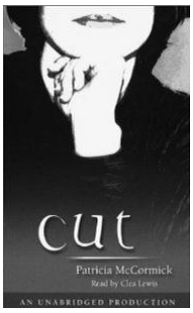
- Many case examples & lengthy descriptions of various emotional issues and the process of therapy
- More psychodynamically-oriented than some other authors (more emphasis on the symbolism and meaning of behaviour and events)

For youth:



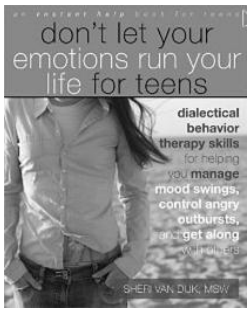
Shapiro, Lawrence. (2008). *Stopping the pain: A workbook for teens who cut and self-injure.* Oakland, CA: Instant Help Books.

- User-friendly and practical with a kids' perspective
- Also authored workbooks for teens about divorce, anxiety, stress-reduction, self-control and empathy & novels about self-harm and anorexia



McCormick, Patricia. (2002). *Cut.* Push Publishers. 14+

- A sensitively-written novel about a youth in residential care for self-harm who is reluctant to engage in therapy



Van Dijk, Sherry. (2011). *Don't let your emotions run your life for teens: Dialectical behaviour therapy skills for helping teens manage mood swings, control angry outbursts, and get along with others*. Oakland, CA: Instant Help Books.

Sample Contract

If you are not sure, err on the side of caution, enlist the help of someone who is trained in risk assessment, and take steps to ensure the youth's safety. If needed, phone the 24-hour Distress Crisis Line and ask for help: 780-482-HELP (4357). If the youth is at imminent risk of suicide, attend your nearest emergency room.

If injuries require first aid or medical attention, administer this first, calmly and nonjudgmentally.

1. Depending on whether a youth feels overwhelmed with emotion or empty / numb, different strategies will help them "reset" their natural impulse and reduce the risk of self-harm. Emotional expression is especially helpful if the youth is angry at someone or themselves.

Activities to encourage emotional expression or distraction	Feeling overwhelmed, too much emotion	Feeling empty, numb, no emotion
• Drawing • Journalling • Letter-writing (to oneself in the past, present, or future, to others that can be sent or not, torn up, saved but not read) • Talking • Choosing a song to match or distract • Praying • Go to a public place • Watch TV or movies • Exercise • Read	• Emphasis on distraction & soothing • Deep breathing • Yoga • Relaxation exercises (e.g., progressive muscle relaxation) • Bubble bath • Draw on self with red marker (if drawing blood is part of their self-harm)	• Emphasis on distraction & action • Snap an elastic on the wrist • Hold ice cubes in your hands or mouth as long as you can • Eat something spicy or taste hot sauce • Take a hot / cold shower • Run or play sports • Ride a roller coaster • Draw on self with red marker (if drawing blood is part of their self-harm)

2. Unless risk is imminent, the best interventions are **close monitoring** and **restricted access to potentially harmful objects**. Sometimes, people thinking of self-harm will be honest about what they might use, but take stock of the area to reduce the temptation, especially if they might act on impulse. Because self-harm is typically hidden from others, check for hidden methods under mattresses or other locations. Remember that some objects (e.g., CD's) can be broken to create a sharp edge.

   Close monitoring involves keeping the youth with someone at all times, ideally engaged in a distracting activity. After bedtime, fifteen-minute checks while she is awake and ½-hour checks while she is asleep are advised. Ideally, being able to hear what she is doing at all times (including trips to the washroom – perhaps ask her to sing while the door is closed).

3. Offering a no-harm contract (see next page) can be a helpful way to increase safety, buy time in case more intrusive measures are needed, and, sometimes, "take the pressure off" the person.

NO-HARM CONTRACT

I, _____, along with _____
(youth fills in name) (caregiver fills in name)

or whomever is around when this contract expires: _____
(fill in receiving caregiver)

agree that I will not hurt myself for a period of _____ minutes, hours, days.

At that time, we will talk again to re-assess my feelings and steps to ensure my safety.

Signed, _____ Date and time: _____
(youth)

_____
(caregiver)

Please refer any questions about this material to Dr. Spencer at ARCH Psychological Services – 780-428-9223 or www.archpsychological.com. If it is an emergency or the risk of suicide is imminent, you may also call the Distress Crisis Line at 780-482-HELP (4357), emergency services at 911 or attend your nearest hospital.

Contacts

24-hour support	☎	🖱
Distress Crisis Line	780-482-HELP (4357)	www.thesupportnetwork.com
Kids' Help Phone	1-800-668-6868	kidshelpphone.ca
Bullying Help Line	1-888-456-2323	www.bullyfreealberta.ca
Mental Health Crisis Help Line	1-877-303-2642	www.mymentalhealth.ca/
Teen Support Line	780-428-TEEN (8336) 1-877-803-TEEN (8336)	
Sexual Assault Centre of Edmonton	780-423-4121	www.sace.ab.ca
Family Violence Information	310-1818	edmontonfamilyviolence.ca/index.htm
Health Link	1-866-408-5465	www.albertahealthservices.ca
Adult Mental Health Crisis Response Team	780-482-0222 (collect calls accepted)	http://www.albertahealthservices.ca/services.asp?pid=saf&rid=1048852
Community Links		
www.messedup.ca		www.messedup.ca
Youth Emergency Shelter (YESS)	780-468-7070	www.yess.org
Children's Mental Health Crisis Team	413-4733	
The Family Centre	780-970-7332	http://www.the-family-centre.com/
Online		
National Institute for Health & Clinical Excellence (UK)		www.nice.org.uk/CG16
Self-injury.net		self-injury.net
Helpguide.org		helpguide.org/mental/self_injury.htm
Canadian Mental Health Association		www.cmha.ca/bins/content_page.asp?cid=3-1036
TheSite.org – incl. supporting a friend who self-harms		www.thesite.org/healthandwellbeing/mentalhealth/selfharm
Self-injury and Related Issues (SIARI)		www.siari.co.uk
There is No Shame Here		www.palace.net/~llama/psych/injury.html
Self-injury – lots of alternatives to self-harm		www.mirror-mirror.org/selfinj.htm
FirstSIGNS: Self-injury guidance & Network Support		www.firstsigns.org.uk
Self-injury Support		www.sisupport.org
American Self-harm Information Clearinghouse – incl. "Bill of Rights for People who Self-harm"		www.selfinjury.org
Psychologists		
ARCH Psychological Services	780-428-9223 Fax 780-428-7061	www.archpsychological.com arch@archpsychological.com
Dr. Tanya Spencer		tanya.spencer@archpsychological.com