CARIBOU Clinician's Guide for the Management of Self-injurious Thoughts and Behaviours

A Component of Treatment for Adolescents with Depression

camh | Cundill Centre for Child and Youth Depression

caribou by camh

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Suggested citation:
Courtney DB[1,2,3], Relihan J[1,2,4], Prebeg M[1,2,4], Ameis[1,2,3,5] SH. (2023). CARIBOU Clinician's Guide for the Management of Self-injurious thoughts and behaviours; A component of treatment for adolescents with depression. Toronto, ON: Centre for Addiction and Mental Health.

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Introduction

For pages 4 to 12:
Black font refers to clinician-directed content and questions to follow.
Purple font refers to further notes for the clinician.
Teal bold font relates to key points for the clinician to note.

Purpose

This clinician's guide and youth handouts for managing self-injurious thoughts and behaviours (SITB) sets out the framework for strategies that youth and caregivers can use to address relevant risk. The guide is meant to be used as part of a comprehensive treatment plan for adolescents with depression, referred to as the CARIBOU Integrated Care Pathway. Here, we use the terms "adolescent" and "youth" interchangeably, typically to refer to people aged 13 to 18, although many concepts in this guide will also apply to a broader definition of the adolescent/youth (e.g., 10 to 24 years old).[1] The strategies outlined in this guide are designed to be discussed in up to four sessions, depending on the context and need. Of course, after the four dedicated sessions, clinicians will likely need to follow up with the youth to see how they are doing with these strategies and help with any "fine tuning." Depending on context (e.g., specific symptom presentation, engagement, pace), specific sessions can be combined into fewer meetings or omitted altogether. This guide is intended to complement the CARIBOU Initial Assessment Guide and CARIBOU CBT manual. Below, we also outline sessions from the CARIBOU Cognitive Behavioural Therapy (CBT) manual that might be relevant for some youth with SITB. All sessions on the management of SITB are intended for the clinician, adolescent and, if the adolescent agrees, a primary caregiver (e.g., parent). **Be mindful that some strategies will resonate with youth and caregivers, and others will not. Optimize opportunities for youth and caregivers to select which concepts fit best for them.**

SITB include suicidal behaviour (SB; i.e., suicide attempts, interrupted suicide attempts, aborted suicide attempts, preparatory behaviour),[2] suicidal ideation (SI; i.e., wish to die, thoughts of killing oneself, intent to kill oneself)[3] and non-suicidal self-injury (NSSI; i.e., direct and deliberate damage to one's body tissue for reasons other than to end one's life).[4]

Clinicians should already have some training in assessing the mental health needs of adolescents presenting to care. Relevant professionals in Canada include social workers, occupational therapists, registered nurses, registered therapists, psychologists and doctors, as well as their trainees. **Newer clinicians (e.g., those with less than one year's experience) will want to arrange for appropriate supervision.**

Youth may not end up revealing some information in the first few assessment meetings. It is important to create space in later sessions to ask if there is any information that they would like to add or clarify from previous sessions.

Development

As with other CARIBOU materials, this guide integrates NICE guideline recommendations with clinician expertise, and with the input of youth and caregiver partners. The relevant guideline recommendations here are contextualized from the 2022 NICE guideline on managing self-harm.[5] This NICE document was used as a key reference, as its prior edition was systematically appraised as a high-quality clinical practice guideline.[6] After an initial draft of this guide was written, youth and caregiver partners (JR, MP, KC and others) provided feedback on how to frame the information and further revisions were made. This guide is also in keeping with the American Academy of Pediatrics' 2022 *Suicide: Blueprint for Youth Suicide Prevention*.[7]

Risk Assessment

Details on assessing risk of suicide and self-harm are included in the *CARIBOU Initial Assessment Guide: A Resource for Clinicians Working with Adolescents with Depression*. Note that classifying people's level of risk has limited ability to predict future behaviour. **The risk assessment here is not intended for predictive purposes; rather, to identify modifiable factors that can be used to develop a treatment plan. The 2022 NICE Guideline recommends using the overall formulation to inform treatment planning, rather than using a categorical global risk classification.**

Process Considerations

Youth who are new to mental health services may find discussions around SITB feel heavy and overwhelming. It is important to look for verbal and non-verbal clues to gauge how the youth tolerate the discussion. For example, limited eye contact, "closed" body posture and brief answers would suggest the young person is not very comfortable with the discussion. These youth may need more time before they are ready to talk about the topic. Other youth are very comfortable and even have open discussions around SITB in the presence of a caregiver. Try to convey your own sense of comfort with discussing SITB themes — through your body language, tone of voice and pacing. Your own comfort level can help to destigmatize these themes, and lead to more open discussions. Some youth may worry about speaking openly because they are concerned that you will have to break confidentiality or even send them to hospital if they express risk of harming themselves. which is a very real concern. Clearly setting out the limits of confidentiality at the outset can help let the young person know your threshold for doing this, which may vary from one clinician to the next.

As described in the *Assessment Guide*, setting is an important consideration when conducting the assessment. Create a welcoming physical and psychological space (whether "in real life" or virtually) where the privacy and needs of the youth will be respected. When asking questions, pay attention to the adolescent's tone of voice, posture and eye contact. If the adolescent is presenting as withdrawn, guarded or irritated, look for ways to make the space less threatening (e.g., lean back in your chair, make less eye contact to appear more casual). It is important to express a sense of warmth and validate distress, while also maintaining the structure of the meeting. **Avoid using the scripts and questions verbatim; instead, personalize the words and tone to your own clinical style so that the discussion feels natural and authentic.**

The decision to involve caregivers in these sessions, and the extent of their involvement, will depend on multiple factors, including youth consent to involve caregivers, extent of engagement in treatment and the imminence of risk assessed. It is important to consider both short-term risk (i.e., addressing immediate physical safety) and long-term risk (i.e., gaining youth's trust to continue full course of treatment) when making these decisions. It can be challenging for caregivers who want to help or protect the youth. Clarify that a form of "helping" may mean allowing private opportunities for the youth to express themselves in a private space. Assist caregivers in understanding their role in the healing process and provide guidance around their role in managing safety-related concepts. *The Caregiver Adolescent Relationship Enhancement (CARE): A Group Program for Caregivers of Youth with Depression* can assist with the complexity of navigating caregiving of adolescents with depression and self-injurious thoughts and behaviours. Note that the 2022 NICE guideline for the management of self-harm recommends a "therapeutic risk management" approach, whereby "overly coercive responses to self-harm are avoided and replaced by a high regard for the [youth]'s autonomy." Clinicians and caregivers should constantly be looking for ways to collaborate with youth in reducing SITB, rather than adopting a "paternalistic" approach.

Content

Preparation is focused on a **Needs Assessment**. Ideally, much of the needs assessment has already been performed in the original assessment at the beginning of the pathway, so this document will simply be consolidating factors to consider. A distinction is made between modifiable and non-modifiable risk factors, with a plan to address the modifiable risk factors accordingly. Risk factors can be discussed with the youth and caregiver as they pertain to the development of a treatment plan.

Session 1: Planning for Life builds on the needs assessment and guides the youth in safety planning. The plan is broken down into short-term and long-term management of risk. The *Hope by CAMH* app can also be used as the outline for the app is very similar to content in this session. This app can be accessed at www.camh.ca/hopebycamhapp.

Session 2: Ramping Up — Getting ready for change starts by exploring motivation to change SITB. It is very much based on concepts typical of motivational interviewing[8] and the "pros and cons" distress tolerance skill in dialectical behaviour therapy (DBT).[9] It is common for youth to be ambivalent about changing SITB, as the thoughts and behaviours often have a function. For example, suicidal ideation is frequently used to cope with unbearable distress; as in, "at least I have a way out if I need it." Self-harm often has multiple functions, though the most common is to relieve emotional distress, such as anxiety, fear or shame. Other functions of SITB include relieving a feeling of numbness (e.g., from dissociation); punishing oneself out of feelings of guilt; and less frequently, communicating the extent of their pain to other people.[10] It is important to validate the distress that is leading to the SITB, while also eliciting potential reasons for change. Motivation to change may be low initially until the youth can understand and appreciate the alternatives to SITB. Meeting youth "where they are at," even if pre-contemplative, will help build trust.

Session 3: Riding the Wave discusses ways to tolerate distress as it relates to self-harm behaviours (i.e., SB or NSSI) or "riding the wave." This approach is classically used as a strategy to treat panic attacks and addiction cravings, which both have similarities to acute onset of suicidal ideas or urges to self-harm. It is also used often in DBT within the context of "distress tolerance." It is very important to clarify that the goal of the skill is to get through the distress "without making things worse" — rather than for quick relief of distress. Young people will often give up on this approach early if they are expecting fast relief, which the NSSI may be providing. Just like any skill, it takes repeated experiences and experimentation to see what helps reduce self-harm. This skill around tolerating distress may also be applied to caregivers, who are often highly distressed about their youth's self-harm, and whose own reactions are crucial in not exacerbating the youth's impulses.

Session 4: Breaking the Chain examines the relationship between antecedents, behaviours, and consequences of self-harming behaviour (i.e., SB or NSSI). In examining the chain of events surrounding the behaviour of interest, this approach is typically used in both CBT and DBT and is also described in the *Brief Psychosocial Intervention* manual. The idea is to explore in detail a recent episode of self-harm, without judgments, to fully understand it. Collaboratively, the clinician and youth can explore components of this sequence of events to look for ways things could have been done differently — ideally, with a better outcome. The idea is that the antecedents, behaviours and consequences are likely to recur, and planning for their occurrence in the future can change the course of events, so that a youth does not engage in self-harm moving forward. Opportunities to facilitate safe discussions of antecedents, behaviours and consequences between youth and caregivers may also help reduce chances of future self-harm. This session also includes a "Wrap-Up" section, that provides a table listing the techniques described in this guide, and asks the youth to rate the extent to which they have used each technique.

Optional Sessions: CBT for Depression Underlying SITB

Treating any underlying depression could also reduce risk. Clinicians may decide to highlight skills already described in the CARIBOU CBT Manual for youth with SITB. These include:

(1) "Power Up" Behavioural Activation, sections in Sessions 3 and 4 with the headings "Personal Values" and "Increasing Activities That Are Important to You in the Long Term." Converting values to long-term goals and then gradually working toward these goals can help provide a greater sense of meaning in life and potentially reduce suicidal ideas.

(2) "Level Up" Problem Solving, Sessions 1, 2 & 3 (entire sessions). Youth often conceptualize suicide as a potential solution to a problem. The power of this conceptualization can be weakened when youth know how to explore alternative solutions to problems.

(3) "Level Up" Problem Solving, Session 4 "Acceptance." This skill is included in the DBT distress tolerance skills, though is more of a philosophical approach to managing unbearable distress.

(4) "Multiplayer" Communication and Relationships, Session 3 "Asking for what you want." If SITB have an interpersonal function, then the assertiveness skills here could be relevant.

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Needs Assessment

This section is for clinicians to complete only.

The following is informed by NICE recommendations for self-harm 2022 – Section 1.5. Some sections are also included in the "Brief Psychosocial Intervention" manual.

This table provides questions in the left-hand column that the clinician can ask as part of the needs assessment. Note that these questions are also repeated in the CARIBOU Assessment Guide. Cinicians can use previously answered questions to complete this assessment or can re-ask questions for clarification. If the caregiver is in the assessment, you might ask the youth if they would like to discuss this more privately or continue with the caregiver present.

The following can be considered as the clinician collaboratively makes a safety plan (see Session 1: Planning for Life) with the young person.

- Which of the variables identified by the questions below are readily modifiable?
- Which are modifiable but will take more time?
- Which are not modifiable at this time?
- Are there opportunities to work with the youth to limit access to means of self-harm (NSSI or suicide attempts)?
- Are there opportunities to facilitate collaborative discussions between youth and caregivers to establish safety in the home in relation to self-harm?

Question	Direction of Risk	Modifiable
How old are you?	*Older age indicates higher risk.*	☐ Yes ☐ No ☐ N/A
What is your gender identity?	*Female sex / girl gender represents increased risk for attempted suicide. Male sex / boy gender represents increased risk to die by suicide. Gender diverse (e.g., trans, non-binary) youth are more likely to attempt suicide.*	☐ Yes ☐ No ☐ N/A
Has a psychologist, psychiatrist or family doctor ever made a mental health diagnosis?	*Depression and/or psychosis can increase risk.*	☐ Yes ☐ No ☐ N/A

Question	Direction of Risk	Modifiable
Were there stressors that led to changes in mood?	*Acute stressors may increase risk (including marginalization -related stress, bullying, family/peer conflict).*	☐ Yes ☐ No ☐ N/A
How do you cope with mental health symptoms? Which coping strategies are helpful for you? Which are unhelpful for you? What supports or strengths do you have right now that might be helping you get through this time?	*Adaptive coping strategies and supports decrease risk. Look for ways the youth might be coping, but do not label it as coping.*	☐ Yes ☐ No ☐ N/A
Do you feel connected to your friends or family (e.g., you feel understood by them, or can go to them for help or enjoy being with them)? Are there things you are looking forward to in your life right now? What is meaningful for you in your life right now? What gives you a sense of hope? Do you know what you would like to be doing in 2–3 years?	*Social isolation and/or hopelessness indicates high risk.*	☐ Yes ☐ No ☐ N/A

Question	Direction of Risk	Modifiable
Some people with depression struggle with thoughts of suicide or wanting to die. Have you ever struggled with thoughts of suicide, or wishing you were no longer around? How old were you when these thoughts first started? Were there events in your life that first led to these thoughts? Were there events in your life that led to the thoughts getting worse? Has it ever gotten to the point where you developed a plan? When did you make a plan? Have you recently made a plan? What was the plan? Do you have access to the things you need to carry out your plan? If onset started >1 year ago: Do thoughts of suicide always seem to be there for many years? Or are they new?	*More organized plan indicates high risk. Access to means also indicates high risk.*	☐ Yes ☐ No ☐ N/A
Have you ever made a suicide attempt (i.e., an act of self-harm with any intention to die)? If yes to suicide attempts: Has this occurred more than once? How many times? When was the first one? When was the most recent one? Have you told other people about them? Are there stressors that led to the attempt(s)? Did the attempt(s) result in seeing a mental health professional? In what way(s) did you attempt? Was it something planned or impulsive? Was there anyone around when the attempt happened? Have you ever developed a safety plan if you are having these thoughts? What is the safety plan? Who have you shared it with?	*Describe details of prior suicide attempts. Prior attempt indicates higher risk. Be mindful of how "extreme" the attempt is, which may indicate risk level.*	☐ Yes ☐ No ☐ N/A

Question	Direction of Risk	Modifiable
Do you ever end up physically harming yourself without wanting to die? In what ways have you harmed yourself without any suicidal intent (e.g., cutting, burning, banging your head, overdosing on medications)? How old were you when you first self-harmed without intending to die? When was the most recent time? How often have you self-harmed without intending to die in the past 3 months? What did/does it do for you? Is it something you want to decrease? If so, for what reason do you want to reduce or stop? Do any of your friends self-harm? Do you ever watch online videos of people who self-harm?	*Note that NSSI is a risk factor for suicide. Younger age of onset, more than 5 incidents of NSSI, and using NSSI to regulate emotions (including numbness, guilt, anxiety, sadness) are all indicators of increased risk. Describe each of these factors. Pay particular attention to how youth respond when you list off methods of non-suicidal self-injury and adjust the tone accordingly. Some youth may find it overwhelming; at the same time, it is important to actively ask about methods, as important information is often revealed.*	☐ Yes ☐ No ☐ N/A
To what extent does depression get in the way of your life? Does it cause difficulties with: • peer relationships • family relationships • ability to engage in enjoyable activities • ability to engage in school or work? Does depression interfere with any other goals in your life? Do other people in your life know you struggle with depression? How do they respond when you are showing signs of depression? Would you say that depression interferes with your life a little, a medium amount or a lot?	*Greater functional impairment represents greater risk.*	☐ Yes ☐ No ☐ N/A

Question	Direction of Risk	Modifiable
Do you have any challenges with your physical health such as: • asthma, diabetes or thyroid problems • seizures • head injuries, including concussions • other neurological conditions • surgeries?	*Major medical conditions that are currently disabling or distressing indicate higher risk.*	☐ Yes ☐ No ☐ N/A
What is your pattern of substance use?	*Higher levels of intoxicating substance use increase risk.*	☐ Yes ☐ No ☐ N/A
Would you consider yourself a spiritual person? How would you describe your religious beliefs?	*Philosophies and spirituality or religious beliefs that correspond to a greater sense of purpose indicate less risk.*	☐ Yes ☐ No ☐ N/A

Planning For Life

Session 1

For the remaining sections:
Black font refers to youth-directed content.
Purple italic font refers to instructions for the clinician.

Thoughts about suicide and self-harm behaviours are common enough in young people struggling with depression. Getting a good understanding of your experience and communicating this with others can help manage these thoughts and behaviours. This module will guide you through some relevant strategies including safety planning, getting motivated for change, how to "ride out" some of these experiences without acting on them and how to break patterns leading to intense suicidal ideas and/or self-harm. It is best to work with your clinician on these strategies. Safety planning is a good place to start.

If you get stuck while responding to questions in sections A to G below, there are some prompts at the end of this section on pages 18 to 19 that may give you some ideas.

A Reading the Signs

Greater self-awareness of higher risk times (relative to your typical experiences) can help guide you to next steps. The earlier you catch signs of your own risk, the easier it will be to cope. What are your personal signs that risk for self-harm is getting elevated?

_____

_____

_____

_____

Examples if the youth needs further guidance:

- ☐ *Thoughts about suicide or self-harm*
- ☐ *Substance use*
- ☐ *Feeling a sense of purposelessness or hopelessness*
- ☐ *Feeling tense, restless, or anxious*
- ☐ *Feeling trapped*
- ☐ *Withdrawal from friends and family*
- ☐ *Uncontrollable anger*
- ☐ *Feeling more impulsive*
- ☐ *Sudden and intense shift in mood*
- ☐ *Uncontrollable negative thoughts*
- ☐ *School stressors*
- ☐ *Family stressors*
- ☐ *Peer stressors*
- ☐ *Personalized sign:*_____
- ☐ *Personalized sign:*_____

B Feeling Connected

Reminding yourself of people or ideas you are connected to can help you to get through hard times. What are some reasons that help you keep going and motivate you to want to continue living or continue efforts to reduce self-harm?

Examples if the youth needs further guidance:

- ☐ *Family members*
- ☐ *Children in my life (e.g., siblings, cousins)*
- ☐ *Friends*
- ☐ *Pets*
- ☐ *Faith, spirituality or life philosophies*
- ☐ *Experiencing new things*
- ☐ *Achieving future goals*
- ☐ *Hobbies or interests*
- ☐ *Ideas I am passionate about*
- ☐ *Personalized reason:* _____
- ☐ *Personalized reason:* _____

C What Helps You Already

People often have a list of strategies that have worked for them in the past but may need to be reminded of them. What have you done in the past to cope or ease your distress?

Examples if the youth needs further guidance:

- ☐ *Deep breathing*
- ☐ *Doing exercise*
- ☐ *Cold sensation (cold water, ice pack on my face or neck)*
- ☐ *Reaching out to a friend or family member*
- ☐ *Distracting myself with an activity*
- ☐ *Listening to pleasant music or a podcast*
- ☐ *Watching a TV show or movie I like*
- ☐ *Going for a walk*
- ☐ *Meditating or praying*
- ☐ *Paying attention to my five senses (e.g., "grounding)*
- ☐ *Doing a relaxation exercise or yoga*
- ☐ *Connecting with my community*
- ☐ *Creating a "hope kit" with items that I find that help ease my distress*
- ☐ *Personalized sign:* _____
- ☐ *Personalized sign:* _____

D Reframing My Situation

Sometimes a shift in thinking can help. How can you reframe thoughts you are having about your situation?

Examples if the youth needs further guidance:

- ☐ *Thinking of ways that I got through challenges in the past*
- ☐ *Reminding myself of people who care about me*
- ☐ *Thinking of what I would say to a close friend who was feeling this way*
- ☐ *Reminding myself that, with treatment, I can learn new strategies to cope*
- ☐ *Reminding myself that the pain goes in waves*
- ☐ *Personalized way to reframe thoughts:*_____
- ☐ *Personalized way to reframe thoughts:*_____

E Support

Knowing who to reach out to in a time of need is key. Who are people you can ask for support? What would you say to them?

Personal (e.g., family, friends, other members of the community):

Professionals/Organizations (e.g., mental health agencies, local crisis lines):

F Staying Safe in the Moment

Strong emotions can often make people more vulnerable to impulsive behaviours, including self-harm. What are some ways you can put a distance between yourself and items used to self-harm? These strategies may make it more difficult for impulsivity to lead to self-harm.

_____

_____

_____

_____

Examples if the youth needs further guidance:

- ☐ *Locking up or removing items I may use to harm myself*
- ☐ *Avoiding situations or people that upset me*
- ☐ *Removing myself from areas where I am not safe*
- ☐ *Asking someone to help me stay safe*
- ☐ *Removing things that make me feel unstable (e.g., alcohol or other drugs, cues for overwhelming memories, social media, a situation that is overwhelming)*
- ☐ *Personalized strategy:* _____
- ☐ *Personalized strategy:* _____

Remember that if you have tried these strategies and are still overwhelmed with suicidal thoughts or self-harm, you can call a crisis line (do an online search for "crisis line" and the name of your geographical region) or go to an emergency room for help.

G Planning

Writing out your safety plan can help open the mind to solutions that don't involve self-harm.

Using the above information, summarize your short-term personal safety plan:

e.g., Situations like ***"X"*** *often bring on suicidal thoughts*_____

e.g., When feeling ***"X"*** *I can turn to* _____ *and I can avoid*_____

*e.g., To keep safe in the moment, I can*_____

What can I do in the long term to reduce my risk?

Examples if the youth needs further guidance:

- ☐ *Participating in psychotherapy (including committing to attending and continuing therapy)*
- ☐ *Treat my underlying psychological difficulties*
- ☐ *Involving family members and friends in my care*
- ☐ *Becoming more connected with my community*
- ☐ *Working toward longer term goals*
- ☐ *Personalized longer-term strategy:*_____
- ☐ *Personalized longer-term strategy:*_____

If the youth is willing, look for opportunities to role-play through a moment of distress and subsequent actions or conversations the youth can have. This may help generalize what has been discussed here.

Other Ways to Respond

The following checklists are here as a reference if you need some ideas to complete the sections A to G above.

A Reading the Signs

- ☐ Thoughts about suicide or self-harm
- ☐ Substance use
- ☐ Feeling a sense of purposelessness or hopelessness
- ☐ Feeling tense, restless, or anxious
- ☐ Feeling trapped
- ☐ Withdrawal from friends and family
- ☐ Uncontrollable anger
- ☐ Feeling more impulsive
- ☐ Sudden and intense shift in mood
- ☐ Uncontrollable negative thoughts
- ☐ School stressors
- ☐ Family stressors
- ☐ Peer stressors
- ☐ Personalized sign:_____
- ☐ Personalized sign:_____

B Feeling Connected

- ☐ Family members
- ☐ Children in my life (e.g., siblings, cousins)
- ☐ Friends
- ☐ Pets
- ☐ Faith, spirituality or life philosophies
- ☐ Experiencing new things
- ☐ Achieving future goals
- ☐ Hobbies or interests
- ☐ Ideas I am passionate about
- ☐ Other way to connect:_____
- ☐ Other way to connect:_____

C What Helps You Already?

- ☐ Deep breathing
- ☐ Doing exercise
- ☐ Cold sensation (cold water, ice pack on my face or neck)
- ☐ Reaching out to a friend or family member
- ☐ Distracting myself with an activity
- ☐ Listening to pleasant music or a podcast
- ☐ Watching a TV show or movie I like
- ☐ Going for a walk
- ☐ Meditating or praying
- ☐ Paying attention to my 5 senses (e.g., grounding)
- ☐ Relaxation exercise or yoga
- ☐ Connecting with my community
- ☐ Creating a "hope kit" with items that I find help ease my distress
- ☐ Personalized coping:_____
- ☐ Personalized coping:_____

D Reframing My Situation

- ☐ Thinking of ways that I got through challenges in the past
- ☐ Reminding myself of people who care about me
- ☐ Thinking of what I would say to a close friend who was feeling this way
- ☐ Reminding myself that, with treatment, I can learn new strategies to cope
- ☐ Reminding myself that the pain goes in waves
- ☐ Personalized way to reframe thoughts:_____
- ☐ Personalized way to reframe thoughts:_____

F Staying Safe in the Moment

- ☐ Locking up or removing items I may use to harm myself
- ☐ Avoiding situations or people that upset me
- ☐ Removing myself from areas where I am not safe
- ☐ Asking someone to help me stay safe
- ☐ Removing things that make me feel unstable (e.g., alcohol or other drugs, cues for overwhelming memories, social media, a situation that is overwhelming)
- ☐ Personalized strategy:_____
- ☐ Personalized strategy:_____

G Planning for Life

- ☐ Participating in psychotherapy (including committing to attending and continuing therapy)
- ☐ Treating my underlying psychological difficulties
- ☐ Involving family members and friends in my care
- ☐ Becoming more connected with my community
- ☐ Working toward longer term goals
- ☐ Personalized longer-term strategy:_____
- ☐ Personalized longer-term strategy:_____

Ramping Up: Getting ready for change

Session 2

Thoughts about suicide and/or self-harm often have a purpose. Sometimes people are hesitant to let them go or work on them. Many people are ambivalent: this means that a strong part of them wants to continue with the thoughts or behaviours and, at the same time, a strong part of them wants to reduce or stop. If you are someone who struggles with ambivalence around suicidal ideation and/or self-harm, this concept is important to understand.

As you work through treatment, you may find your motivations shift. Work through the following sections if they apply to your situation.

A Thoughts About Suicide

On the line below, indicate with an **"X"** how strong the urges are to **continue** thinking about suicide.

Not At All — Somewhat — Very Strong

On the line below, indicate with an **"X"** how motivated you are to **reduce** thinking about suicide.

Not At All — Very Motivated

On the line below, indicate with an **"X"** how motivated you are to **stop** thinking about suicide.

Not At All — Very Motivated

With your clinician, work through the following table to explore your relationship to suicidal thoughts.

Note that this discussion is around the pros and cons of THINKING about suicide — not pros and cons of the act of suicide. This is an important distinction. *This activity runs the risk that pros of thinking about suicide will outweigh the cons. It is still important to validate the youth's underlying distress (as opposed to the thoughts themselves) in this context. You can also express your concern and together be curious about whether they think the balance shifts over time. Avoid getting into confrontations about this.*

	Pros	Cons
Continuing to think about suicide	1. (Do this one first.)	3. (Do this one third.)
Reducing suicidal thoughts	4. (Do this one last.)	2. (Do this one second.)

Has working through this table led to any shifts in your motivation?

What would help increase your motivation to reduce or stop these thoughts?

How confident are you that you can start making changes?

What would help make your confidence stronger?

B Self-Harm

On the line below, indicate with an **"X"** how strong the urges are to **continue** self-harming.

Not At All — Somewhat — Very Strong

On the line below, indicate with an **"X"** how motivated you are to **reduce** self-harming.

Not At All — Very Motivated

On the line below, indicate with an **"X"** how motivated you are to **stop** self-harming.

Not At All — Very Motivated

With your clinician, work through the following table to explore your relationship to self-harm.
Note that this activity runs the risk that pros of self-harming will outweigh the cons. It is still okay to validate the youth's distress (as opposed to behaviour) in this context. You can also express your concern and together be curious about whether they think the balance shifts over time. Avoid getting into confrontations about this.

	Pros	Cons
Continuing to self-harm	1. (Do this one first.)	3. (Do this one third.)
Coping without self-harming	4. (Do this one last.)	2. (Do this one second.)

Has working through this table led to any shifts in your motivation?

What would help increase your motivation to reduce or stop the self-harm?

How confident are you that you can start making changes?

What would help make your confidence stronger?

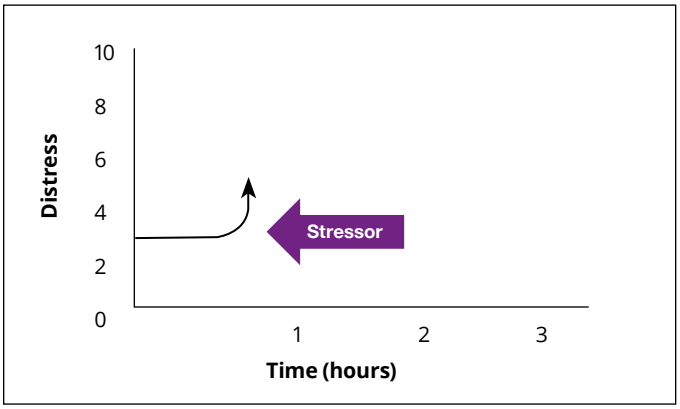
Riding the Wave

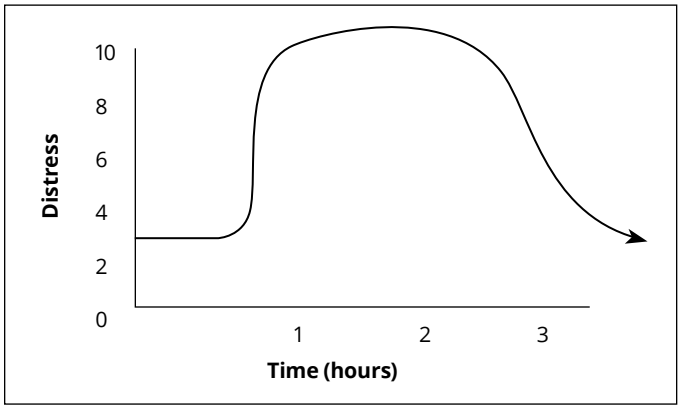
Session 3

There is benefit in teaching this skill to caregivers and as well as youth: (1) and that caregivers can appropriately support youth in using this strategy when in a crisis – if the youth agrees (2) so that caregivers can manage their own distress.

A The Wave

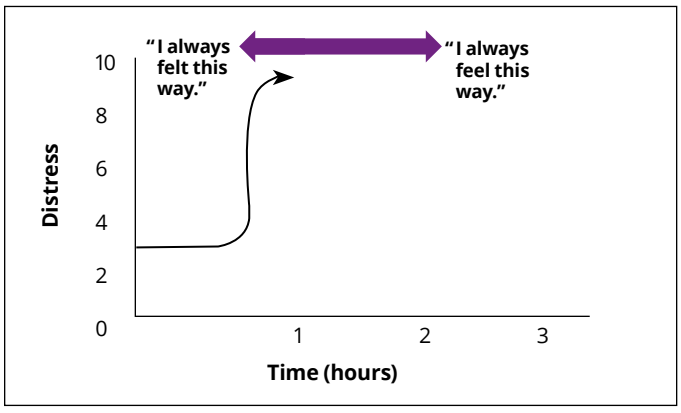
Many people who struggle with thoughts about suicide or self-harm feel some level of distress much of the time; on a distress scale of 1 to 10 (10 being really high), baseline might be at a 3/10. Then, when a stressful event happens, that distress can go from 3/10 to 10/10 quickly — often within seconds! Not only does it get intense fast, but it also takes a long time (sometimes hours) for it to go back down to a 3. Eventually it gets back to baseline, but it feels like forever. This is referred to as "the wave."





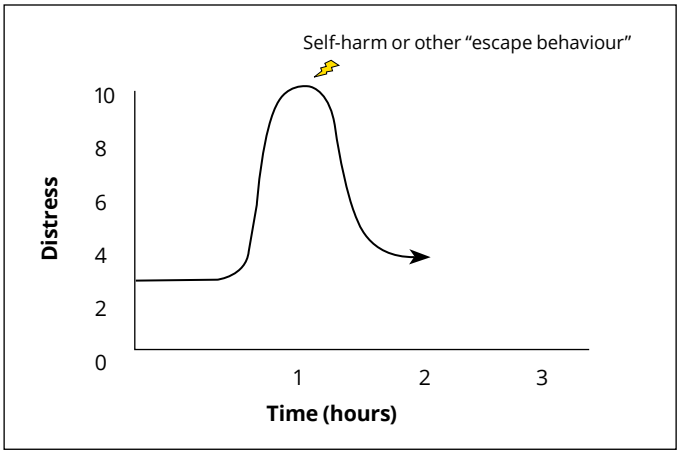
B Emotions on Overdive

When people are at 10/10 distress, the emotional brain is really active and taking up a lot of energy — so much so, that the thinking part of the brain starts shutting down. The emotional part of the brain is not so good at remembering the past or the future. So not only is the 10/10 distress uncomfortable, but it also feels like this stress has always been there and that it always will be there. In these moments, you may have increased urges to self-harm as you want to do anything you can to escape that feeling. Some people have suicidal thoughts while their brain is telling them they will never feel comfortable again.



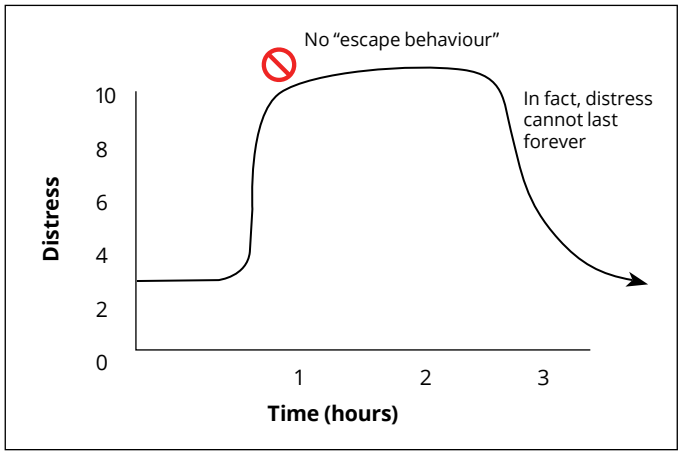
C Fast Relief

Many people find that self-harm relieves this distress very quickly and reliably. It makes sense —10/10 distress is uncomfortable.

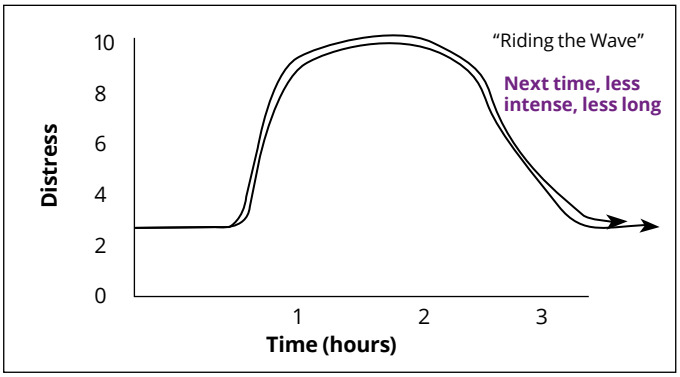


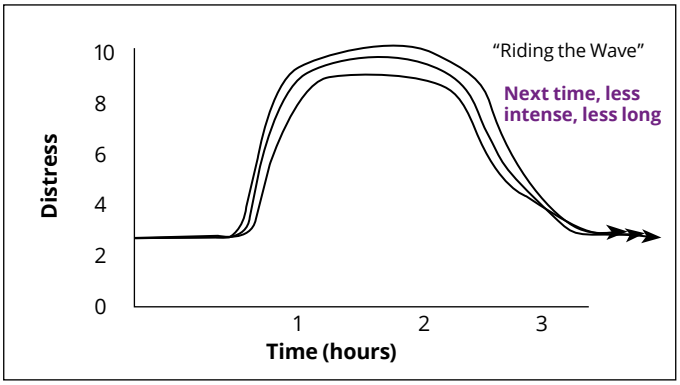
D Training Your Emotional Brain

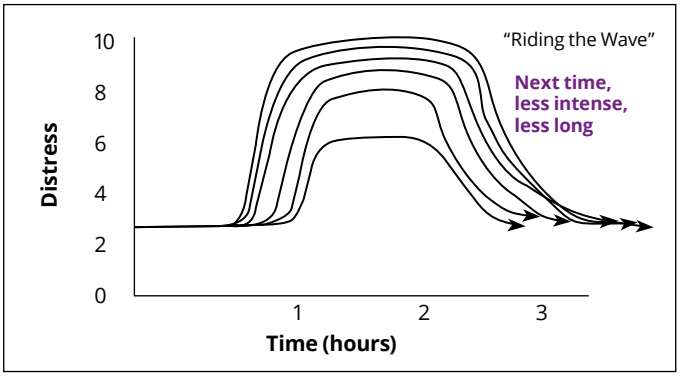
If you were to hold back from self-harming when at 10/10 distress, eventually the distress would go back to 3/10; the emotional brain would get tired.

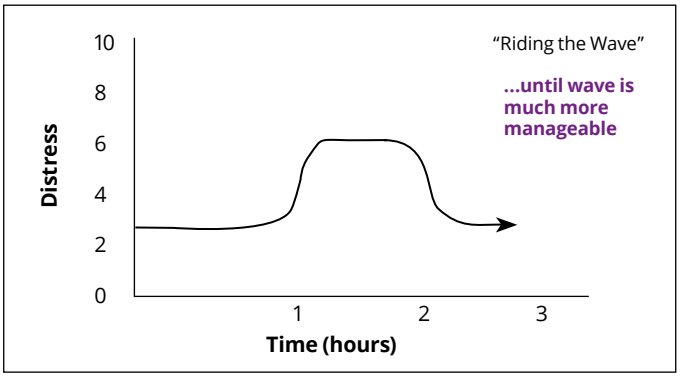


The emotional brain will also learn, "wait a second, I didn't need to get so worked up! Nothing dangerous happened." And then the next time the wave comes, it will be slightly less intense and slightly less long. If you were to hold back from self-harming with the next wave, the same process would happen and the third wave would be even less intense and less long. Eventually, with repeatedly "riding the wave," the wave would become much more tolerable and much shorter. Have you ever heard a car alarm go off and — for the first few minutes — it sounds irritating and loud, but as time passes, it starts to fade into the background? This is similar.

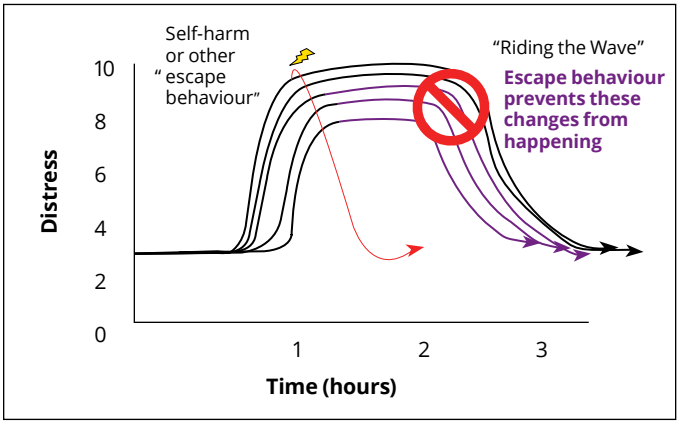


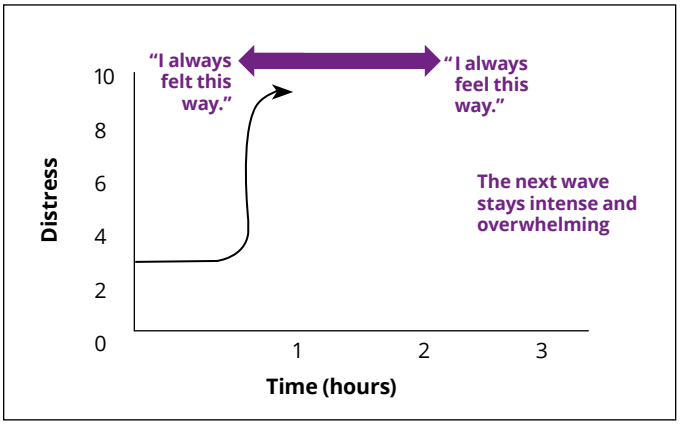






If you end up self-harming to break the wave, it doesn't allow this learning process to happen. It makes it more difficult for your emotional brain to learn how to settle.





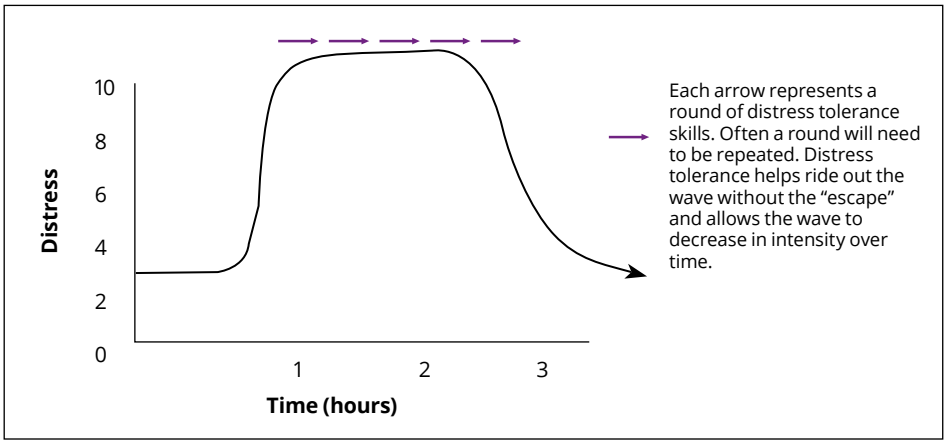
E Urge Surfing Through Distraction

It is difficult to ride the wave until it goes down on its own. You can make it more tolerable by distracting yourself while the wave is riding itself out. Create a distress tolerance list of 5-10 things you can do when your emotional brain is on overdrive and your thinking brain is shut down to distract yourself from the distress. You can use the wellness activities suggested in the Hope by CAMH app to assist with this.

The details on the app can be accessed at: http://www.camh.ca/-/media/files/hope-by-camh-app-pdf.pdf

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

You can add more to your list if you like. The goal of these distractions is to help you tolerate the pain of the distress until it goes down on its own. These activities are not going to work like self-harm: they likely won't make the current "wave" of distress end any faster than if you didn't do these activities. But if you are not self-harming despite the distress, it is working. You will likely get to the end of your list and still have high levels of distress; if that happens, start back at the top of the list and keep repeating the list over and over, until the distress goes down on its own.



Once the emotional brain is settled and the thinking brain is online again, you can stop distracting yourself and problem-solve around the event that started the wave in the first place.

F Practice! Practice! Practice!

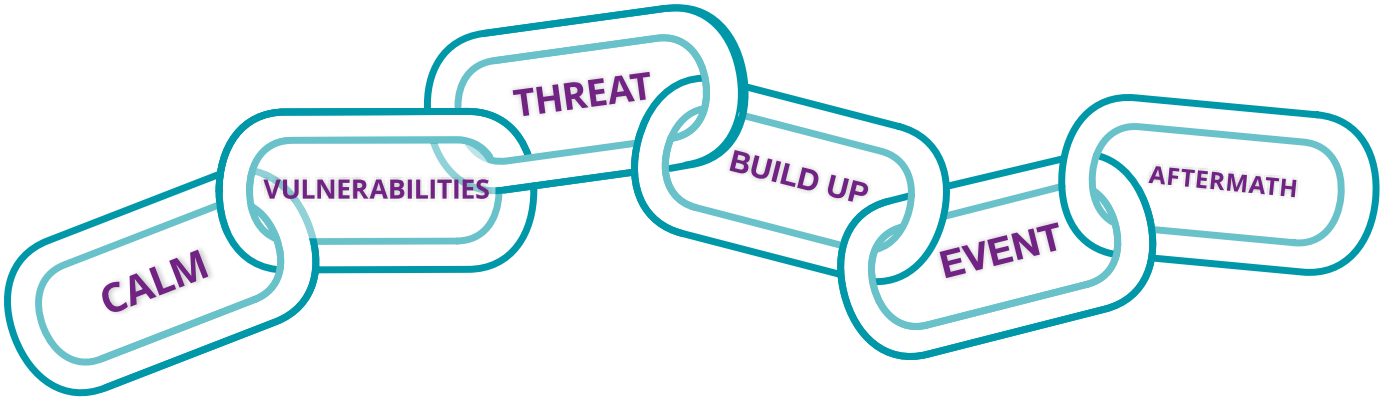
This skill is easy on paper, but difficult in real life. You may not be able to ride the wave the first few times you try. Even switching from "crisis mode" to "distraction mode" when the emotional brain is on overdrive is progress in itself. Some people find it helpful to practice their distraction list even when they are not in crisis, so that when the time comes, it is more automatic. The time it takes to master riding the wave is different for everyone. Treat yourself with compassion as you go through this process. Eventually, you will get there.

Breaking The Chain

Session 4

There are many factors that contribute to self-harm. It is important to really understand the chain of events that surrounds it. Each section below is a "link" in the chain. See if there are links in the chain that can be changed to prevent further self-harm.

By understanding the factors that contribute to self-harm, you, and your supports (e.g., clinicians, family members) can figure out how to break this chain of events in the future. It can also be helpful to involve a caregiver (e.g., parent) in creating a plan that outlines how best you can communicate your distress to them and how they can in turn respond to this distress in a way that is supportive.



A Calm Before the Storm

First identify **when you were last feeling more okay / more comfortable / more positive** before the self-harm event or period of intense suicidal ideas.

- Where were you?_____
- Who was there?_____
- What were you and others doing?_____
- What was said?_____
- What emotions were you having?_____
- What thoughts were your having?_____

B Vulnerabilities

Next identify the **factors that made you vulnerable to strong emotions or urges** before the self-harm event or period of intense suicidal ideas.

- How was your sleep?_____
- What was your eating like?_____
- Were you hydrated?_____
- Were any substances involved?_____
- Had you done any exercise?_____
- What emotions were you already having (e.g., loneliness)?_____
- Had you recently engaged in any enjoyable activities?_____
- Were you worrying about something?_____

C What Was the Threat?

Next identify **what happened just before or when you no longer felt okay** before the self-harm event or period of intense suicidal ideas. Often this can be a conflict with someone, or an experience of isolation or rejection.

- Where were you?_____
- Who was there?_____
- What were you and others doing?_____
- What was said?_____
- What emotions were you having?_____
- What thoughts were your having?_____
- What need was being threatened?_____

D Build Up

Next identify **other experiences you had that made things even harder** before the self-harm event or period of intense suicidal ideas.

- Where were you?_____
- Who was there?_____
- What were you and others doing?_____
- What was said?_____
- What emotions were you having?_____
- What thoughts were your having?_____

E The Event

Next identify **what was going on** during the self-harm event or period of intense suicidal ideas.

- Where were you?_____
- Who was there?_____
- What were you and others doing?_____
- What was said?_____
- What emotions were you having?_____
- What thoughts were your having?_____
- If you did self-harm, in what way and where on the body?_____
- If you did self-harm, what did you expect to be the result?_____

F The Aftermath

Next **describe your experiences after** the self-harm event or period of intense suicidal ideas. Often this can be a conflict with someone, or an experience of isolation or rejection.

- Where were you?_____
- Who was there?_____
- What were you and others doing?_____
- What was said?_____
- What emotions were you having?_____
- What thoughts were your having?_____

G Rewind 

If you could replay the day, is there anything that could be done to:

- Prolong the calm before the storm?_____
- Change your vulnerability to self-harm or suicidal ideas?_____
- Change the threat?_____
- Change the build up?_____
- Change the event?_____
- Change the aftermath?_____

H Repeat

If you continue to self-harm or have suicidal ideas, keep analyzing each event in this way. Eventually you will see patterns and get more and more ideas about how to break the chain. Your clinician or other trusted people in your life may also have ideas on how to break the chain. Some people also find that journaling can also be helpful for detecting patterns and working through how to move away from self-harm.

Wrap-Up

Reducing or stopping self-injurious thoughts and behaviours can take time and practice. Have compassion for yourself as you work your way through each of these techniques. Look at the list of skills we have discussed in this guide. Make a checkmark in each column to rate the extent to which you have used them in your life. Review this table with your clinician to see if there are ways to make the skills even more effective for you.

Skills	Skill Use				
	Haven't thought about using it	Thought about using it, but did not use it	Used it, but not helpful	Used it, and it was somewhat helpful	Used it, and it was really helpful
Planning for life					
Ramping up: Pros/Cons of self-injurious thoughts and behaviours					
Riding the wave					
Breaking the chain					