Harm Minimisation/Harm Reduction

Approach to Working with People who Repeatedly Self Injure
Policy Guidance

1. Introduction

The purpose of this policy is to outline fundamental considerations when caring for service users who self injure. That is primarily that, service users need consistent responses, and staff need clear guidance about how to respond to incidents of self injury. No protocol alone can solve all the uncertainties and difficulties that working with people who self injure pose. By addressing a range of dilemmas that arise when working with self injury, and exploring these with service users and staff, this policy goes some way towards enabling staff and service users to feel more empowered.

The challenge is for providers to support individuals to work with local Multi Disciplinary Teams who take an approach that allows the person who self harms to feel responsible, dignified and respected, and have input into the development of their own individual support plan. There is growing acknowledgement by staff that a purely ‘prevention’ model is not in the best interests of the service users. This approach can in fact pre-empt further and more destructive self injury and possibly aggressive behaviour.

NICE 2004 state that for people who repeatedly self harm and who are likely to repeat self injury, Clinicians may consider advice to the service user on harm minimisation techniques, alternative coping strategies, self-management of superficial injuries, and how best to deal with scarring.

Future Directions CIC defines harm minimisation as a therapeutic approach to minimising the distress often created by the deliberate, repetitive, non-lethal harming of oneself. Individuals who self-injure often report that mental health/learning disability services do not effectively meet their needs, leading to negative experiences of care.

Future Directions CIC will work with local Multi Disciplinary Teams to assess each individual's reasons for self harming, which may be different on each occasion and will work to provide an individualised plan of support, which empowers service users in their preferred choices of the support they receive. It has often been reported that service users who utilise self injury as a coping strategy, experience an exacerbation of their distress when prevented from doing so within mental health/learning disability services.

It is reported that the distress of service users with self injurious behaviours is exacerbated when prevented from using their coping strategies. It is widely accepted that self injury is an expression of distress, a way of coping with
emotional pain and that injuring can release, relieve or express acute feelings of self-hatred, anger or anxiety.

People who self harm frequently report feeling relief immediately after injuring. The relief may be short lived, particularly if the source of distress is not being addressed. The injuring itself may bring a range of difficult feelings including shame, stigma, and isolation. Therefore service users should be supported through therapeutic interventions to reduce or indeed develop alternative coping strategies to reduce emotional pain.

The decision to allow a service user to continue to injure themselves must follow a robust assessment by a local Multi Disciplinary Team in conjunction with Future Directions CIC and the individual concerned. The decision should be based on their reasoned considered opinion at the time of the assessment which balances risk with the most appropriate response for the individual service user.

“One of the aims of a harm minimisation approach is for staff to actively support and encourage individuals to take steps to contain their self harm within reasonable limits while working with them to replace self-harming with other, more positive, means of coping and expressing themselves which are primarily ‘user-led.’”

(DH, 2003)

2. Objective

To provide a seamless responsive service to people who self injure and provide a framework for staff to support the decision making process.

3. Rationale

- To reduce service user distress.
- To provide a needs led service.
- To support service users by acknowledging their distress whilst encouraging them to develop alternative coping strategies.
- To support and guide professionals in harm minimisation strategies.
- To support a service users responsibility for improving and maintaining their health.
- To respect a person’s right to reach decisions in partnership about their treatment and care.
- To ensure that the individual has the capacity to understand the implications and consequences of a harm minimisation policy.
- To respect the privacy and dignity of service users and other staff members.
To ensure that decisions made in partnership with a person which involves harm minimisation have been endorsed by the full Multi Disciplinary Team and recorded formally.

To have a documented treatment and care plan for self harm/harm minimisation which is reviewed by the MDT on a regular basis.

4. **The Decision Making Process**

Where a service user exhibiting self injurious behaviours or having disclosed a history of self injury during the assessment process, the following procedure should be followed:

- A comprehensive mental health assessment should be undertaken by the MDT to include any evidence of suicidal intent /ideation (see also Suicide Prevention). Risk management documents, including a relapse management plan which should be agreed and signed by the service user (where possible) and Care Manager and documented within the Electronic Records and their Health Support Plan.

- The self injury assessment tool should be utilised to help define the purpose and reasoning of the self injury for the individual, including the individual function of the self injury (See Appendix B – Self Harm Risk Screening)

- If the self injury is a method of communicating their emotional distress, alternative forms of communication should be explored.

- If the self injury is a form of expression of anger for example, self punishment, alternative methods of expression must be explored.

- If the self injury is adopted to make the service user feel better, to provide relief, a release of internal turmoil, an individual harm minimisation plan should be developed in partnership with the service user.

4.1. **The Support Planning Process**

- Service users preference as identified through the self injury assessment and advanced statement (Appendix E – Advanced Statement for Self Harm)

- The support plan must be realistic based on the support environment, specific, time limited, clearly linked to a robust assessment of risk, take into consideration the privacy, dignity and safety of others.

- The care plan must outline agreed specific therapeutic interventions to support the service user in the development of alternative coping strategies to self injurious behaviours in a harm reduction plan.

- The support plan must have evidence that the risks to the service user have been discussed, particularly in relation to Hospital acquired
infections; this will include information being provided to the service user on infection control.

- The support plan must be agreed in partnership with the service user, the local Multi Disciplinary Team and Future Directions CIC as the provider.

- The support plan must contain agreed clearly identifiable interventions to secure the physical well being of the service user following an incident of self harm.

- An assessment of capacity must be completed and evidenced at the time of the assessment, being aware that a person must be assumed to have capacity unless it is established that he/she lacks capacity. In the assessment and treatment of people who have self harmed, mental capacity should be assumed unless there is evidence to the contrary. NICE 2004.

- All staff working with service users who self injure should adhere to the Future Directions CIC Risk Management Procedure.

- All staff must adhere to all Service policies relating to the management of infection and standard infection control precautions.
### HARM MINIMISATION SUPPORT PLAN FOR SELF INJURY – Example

<table>
<thead>
<tr>
<th>Service User</th>
<th>Jane Brown</th>
<th>Address</th>
<th>Review Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons Responsible:</td>
<td>Multi Disciplinary Team and Jane Brown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expected Outcome:</td>
<td>To minimise the risk related to self injury, to provide a collaborative approach, and person centred care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Timescale:</td>
<td>Whilst being supported by Future Directions CIC</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Brief Overview:** Jane identifies that she injures herself at times of increased emotional distress. She describes her usual method of self-injury as cutting her limbs, and that her self-injury relieves feelings of failure and guilt makes her feel better and that it is not an attempt to end her life.

**Service User Preference:** Support plan negotiated and agreed with Jane.

**NEED and Current Management Plan to Address Stated Need**

**Current Risk Assessments:** All assessments have been completed in accordance with the CPA and the Future Direction CIC’s Policy for the Management of Self-Injurious Behaviours. Jane has been assessed as having the capacity to make informed choices and to understand the consequences of her behaviour. Identified risks cannot be eliminated but managed. Jane understands and accepts that the intention of her self-injury is not to end her life. However, she is aware that there is a risk that she may accidentally cause herself serious harm.
**Support Plan:**

- 1:1 sessions to be offered (e.g. daily, weekly – to be stated) to explore issue relating to harm minimisation and alternative coping mechanisms. To provide Jane with self help reading material regarding self-harm.

- Jane does not want staff to prevent her from injuring herself by cutting as she finds this an effective way of coping. Jane understands that there may be times when staff would have to intervene to prevent harm which may be life threatening. Jane understands and accepts that she has a joint responsibility with staff to maintain her safety and inform staff at times when the risk of suicide/serious harm increases.

- Jane usually cuts herself with glass and has agreed to keep any sharp items secure in her room. She has been provided with a bedroom door key and a key to secure her bedside locker.

- Jane agrees to inform staff of any incidents of self-injury within an hour. Staff to assess any wounds and treat accordingly, and to obtain medical advice/assistance as necessary.

- Jane states that she prefers to receive treatment on the ward rather than the local A & E Department. However, she accepts that there may be circumstances when this cannot be facilitated and she may need to attend the local A & E Department.

- Staff to provide Jane with the necessary equipment to care for her own wounds independently.

- Jane is aware of the signs and symptoms of potential infection. She agrees to inform staff of any signs of infection, in which case swabs will be taken and sent to microbiology for analysis. Jane is aware of the possible consequences of infection following self-injury.

- Jane agrees to self-injure only in the privacy of her bedroom to reduce the risk of distress to other clients and to maintain her privacy and dignity.

- Jane states that she does not want information regarding incidents of self-injury to be generally shared with her family, although she is aware that there may be circumstances when staff may have to discuss her care with her family.

- General observation level to be maintained. Increased observation levels are not beneficial in managing the risk.

- Support plan to be discussed and agreed with the Multi Disciplinary Team.

---

**Signatures**

<table>
<thead>
<tr>
<th>Plan established by:</th>
<th>Service User</th>
<th>Date of Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team Manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service User</td>
<td>Address</td>
<td>Review Date</td>
</tr>
</tbody>
</table>
The Cycle of Self Injury

By Jan Sutton
Adapted from ‘Understanding the Cycle of Self Injury’
In Healing the Hurt Within: Understand and relieve the suffering behind self-destructive behaviour
Reproduced with kind permission from Jan Sutton (How to Books, 1999, p. 103)

POINT A: MENTAL AGONY
The individual might be plagued by images, flashbacks or body memories of traumatic events, or by racing, intrusive and unacceptable thoughts (shameful or revengeful). May also be weighed down by ‘faulty’ self beliefs (I’m bad, evil, worthless, a waste of space, it’s all my fault, I don’t deserve’). The mental agony gets trapped inside.

A ‘fire’ starts smouldering inside

POINT B: EMOTIONAL ENGULFMENT
The smouldering fire sparks powerful feelings and emotions, which trigger off a raging inferno inside. These powerful feelings and emotions also remain trapped inside. The individual starts to feel agitated, frightened, desperate, or about to explode or disintegrate.

POINT C: PANIC STATIONS
The raging inferno gathers momentum. The individual feels out of control, and experiences a compelling urge to self injure.

POINT D: ACTION STATIONS
The individual self injures – the raging inferno inside is immediately extinguished.

The act may be carried out in a state of:-
- Awareness (the individual feels the pain).
- Partial awareness (the individual feels some pain).
- Non-awareness (the individual feels minimal or no pain [a dissociative state]).

The act may be motivated by:-
- A need to feel pain (to self punish).
- A need to escape from pain (to achieve a dissociated state).
- A need to terminate a dissociated state (feeling disconnected from oneself, mind-body split, feeling numb or dead inside, or experiencing one’s surroundings as unreal.
- A need to exert a sense of control over one’s body.
- A need to ward off suicidal thoughts.

The list of motivations shown and functions served by self injury noted in the diagram are by no means exhaustive.
### Self Harm Risk Screen

**Name:** Enter Service Users Full Name

**Completed by:**

**Signature:**

**Date:** Select Date

<table>
<thead>
<tr>
<th>HISTORICAL INFORMATION</th>
<th>YES</th>
<th>NO</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a past history of self harm <em>(inclusive of suicidal)</em> behaviour?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a family history of self harm?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a history of drug or alcohol abuse?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there any physical scars related to self injury?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have there been any concerns expressed by staff with regards to self harming behaviour?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This document is a screening tool to inform the service users support plan and risk management arrangements.
<table>
<thead>
<tr>
<th>Characteristics of the Act</th>
<th>YES</th>
<th>NO</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there presently evidence of thought or plans for self harm?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there intent to seriously self harm?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the service user use violent means to self harm?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have any attempts been made to conceal an act of self harm?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have any attempts been made to conceal articles/items to cause self harm?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the service user have sudden changes in mood?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the service user take steps to ensure they are discovered self harming?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please give a descriptive account of the self harming behaviour (inclusive of preferred method if known)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please describe pattern and frequency of self harming behaviour (if known)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This document is a screening tool to inform the service users support plan and risk management arrangements.
### Characteristics of the Person

<table>
<thead>
<tr>
<th>Question</th>
<th>Service User Report</th>
<th>Staff Assessment</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there mental health problems, such as, depression/psychosis/hallucinations?</td>
<td>No</td>
<td>No</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td>Is the service user currently experiencing/ responding to command hallucinations?</td>
<td>No</td>
<td>No</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td>Are there issues regarding alcohol or substance misuse, including prescription drugs, e.g. overuse of as required medication?</td>
<td>No</td>
<td>No</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td>Are there feelings of hopelessness?</td>
<td>No</td>
<td>No</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td>Is there evidence of impulsivity?</td>
<td>No</td>
<td>No</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td>Does the service user have sudden changes in mood?</td>
<td>No</td>
<td>No</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td>Is there a high level of distress?</td>
<td>No</td>
<td>No</td>
<td>Click here to enter text.</td>
</tr>
</tbody>
</table>

Please describe the service user motivation to self harm

Please describe what the service user finds reinforcing about self harming

Please describe what may trigger the self harming behaviour

Please describe what the client/patient finds helpful in dealing with their self harm (Have they completed an Advanced statement?)

This document is a screening tool to inform the service users support plan and risk management arrangements.
<table>
<thead>
<tr>
<th>SUPPLEMENTARY INFORMATION</th>
<th>YES</th>
<th>NO</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the service user been fully involved in this process, if no, why?</td>
<td>〇</td>
<td>〇</td>
<td></td>
</tr>
<tr>
<td>Does the service user agree with this assessment?</td>
<td>〇</td>
<td>〇</td>
<td></td>
</tr>
<tr>
<td>Is there a correlation between service user perceptions and staff assessment?</td>
<td>〇</td>
<td>〇</td>
<td></td>
</tr>
<tr>
<td>Does the service user show insight into their self harm?</td>
<td>〇</td>
<td>〇</td>
<td></td>
</tr>
</tbody>
</table>

This document is a screening tool to inform the service users support plan and risk management arrangements.
Disruptions that can help...

**Displacement**
1. Drawing on yourself in red marker
2. Snapping an elastic band on your wrist
3. Putting on fake or henna tattoos and then peeling them off
4. Putting plasters or bandages on where you want to self-harm
5. Mix warm water and food colouring and put it on your skin
6. Make ice cubes with added red food colouring and rub them on where you want to self-harm
7. Squeezing ice cubes
8. Chewing leather
9. Use stage makeup to create fake injuries
10. Use skin coloured plasticine, smear it on your skin, cut into the plasticine (carefully) pour fake blood or food colouring into the fake cut.
11. Draw yourself or around your arm on a piece of paper, draw the harm you are imagining then destroy the picture
12. Take a photo of yourself when you are feeling upset, write all over it how you are feeling then destroy the picture.
13. Take a hot shower and use a good exfoliating body wash and a sponge or glove and scrub!
14. Draw over all your old scars, which will provide a repetitive action and hopefully will relieve urges.
15. Bite into a chilli

**Reinforcing**
1. Thinking about not wanting scars in the summer
2. Thinking about not wanting to go into hospital
3. Set yourself a target e.g. 10 minutes and promise yourself not to harm in this time, once you get to the 10 minute point, set a new target of 15 minutes and continue
4. Use a glowstick, when you feel the urge to harm, snap the glowstick to start it glowing tell yourself that you can’t harm until it stops glowing. The glow will last for a few hours by which time your urges will hopefully have passed

NHSN, Po Box 7264, Nottingham NG1 6WJ
Email: info@nshn.co.uk
Website: www.nshn.co.uk
Forum: http://www.nshn.co.uk/forum/index.php

© 2007 National Self Harm Network
**Physical**

1. Exercise - Sit ups etc.
2. Going to the gym
3. Punching a punch bag
4. Having a pillow fight with the wall
5. Shouting and screaming
6. Ripping up paper into small pieces
7. Popping bubble wrap
8. Popping balloons
9. Playing with a stress ball
10. Plucking your eyebrows
11. Taking your anger out on a soft toy
12. Throwing socks against the wall
13. Dancing
14. Stamping your feet (with boots on)
15. Playing catch with a ball
16. Swimming
17. Going for a drive/bike ride/bus ride/walk/run

**Creative**

1. Writing poetry, journals, letters, stories etc.
2. Doodling or scribbling on paper
3. Playing a musical instrument
4. Singing
5. Knitting
6. Sewing
7. Crocheting
8. Drawing or painting
9. Origami
10. Memorising poetry or song lyrics
11. Making a mix tape, compilation of your favourite music

NSHN, Po Box 7264, Nottingham NG1 6WJ
Email: info@nshn.co.uk
Website: www.nshn.co.uk
Forum: http://www.nshn.co.uk/forum/index.php

Supported by The National Lottery through the Big Lottery Fund

Monster artwork by livertonbobbles

© 2007 Not Involved Self Harm Network
**COMFORTING**
1. Cuddling a soft toy/pillow
2. Allowing yourself to cry
3. Sleeping
4. Taking a shower or bath
5. Playing with a pet
6. Drinking hot chocolate
7. Wearing your pyjamas and watching daytime TV
8. Having a massage or massaging your own hands and feet

**CONSTRUCTIVE**
1. Doing school work, homework, paperwork
2. Writing a to do list
3. Untangling necklaces, string, wool
4. Organising your room, clothes photographs
5. Cleaning
6. Organising CD's, DVD's and books in genres, alphabetical and/or chronological order
7. Reading a book
8. Cooking, bake a cake or make cookies, meal
9. Calling a helpline, Samaritans, child line etc
10. Polishing furniture, jewellery
11. Posting on web forums/reply to posts
12. Writing a list of positive things in your life
13. Shredding
14. Dying hair
15. Painting your nails
16. Putting on false nails
17. Putting on fake tan
18. Stamping on cans for recycling (with sturdy shoes on)
19. Gardening

NSHN, Po Box 7264, Nottingham NG1 6WJ
Email: info@nshn.co.uk
Website: www.nshn.co.uk
Forum: http://www.nshn.co.uk/forum/index.php

Supported by The National Lottery®
through the Big Lottery Fund

© 2007 National SelHarm Network
Distractions that can help...

**FUN**

1. Watching your favourite TV show
2. Going to see a film, watching a DVD
3. Surf the internet
4. Listen to music, download new music
5. Dressing up, glamorous or silly
6. Using make up or face paints
7. Finger painting
8. Colouring in
9. Playing with play dough or modelling clay
10. Pop balloons
11. Jumping in puddles
12. Hunting for things on eBay
13. Planning an imaginary party
14. Looking for your perfect house in the paper
15. Write down your full name then make as many words out of it as possible
16. Counting anything, patterns on wallpaper, bricks on a wall, ceiling tiles
17. Playing computer games
18. Colouring or scribble over pretty women in magazines or cutting up magazines
19. Building things from Lego then destroy them and rebuild
20. Going to the zoo and renaming all the animals
21. Playing with a distraction toy such as a bedlam cube, geomag, or a tangle
22. Doing crosswords, word searches, sudoku etc.
23. Naming all your soft toys
24. Play with a slinky
25. Going shopping to treat yourself

NSHN, Po Box 7264, Nottingham NG1 6WJ
Email: info@nshn.co.uk
Website: www.nshn.co.uk
Forum: http://www.nshn.co.uk/forum/index.php

Supported by The National Lottery through the Big Lottery Fund

Broker artwork by Timbobble

© 2007 National St Helens Network
**DISTRACTIONS WITH OTHERS**

1. Generally being with other people
2. Phoning a friend
3. Helping someone else
4. Going to a public place
5. Visiting a friends
6. Hugs
7. Talking about your problems with someone close to you that knows what you are going through

**INSPIRING**

1. Looking up into the sky, cloud watching or star gazing
2. Watching a candle burning
3. Meditating
4. Picking an object a shell or rock for example and focusing on it very closely
5. Look at works of art
6. Watch fish, birds or butterflies
7. Yoga/Tai chi
DO'S AND DON'TS WHEN RESPONDING TO SELF INJURY

**DO**

Respond sensitively and with empathy. Think about what you say before you say it.

Explore the reasons that the person has injured him or herself. Even if there is nothing that you do can to help solve the problems that have led up to it a 'listening ear' will probably be very much appreciated.

Accept the self-injury may continue for some time. The aim is to understand and support the individual in their distress, to help them gain more control over their feelings and increase their self-esteem.

Support the person (*emotionally and practically*) following self-injury. Make sure it is clear that support is available whether or not they are trying to control their self-injury.

Seek support for yourself; talk to colleagues, ask for help if you don't feel able to manage. A Multi-Disciplinary Team should be involved in supporting the person.

Understand that self-injury is underpinned by distress or unhappiness of some kind. It is would be very unusual for somebody to injure themselves solely for its effect on others.

Recognise that self-injury is a mechanism that is used to manage problems, feelings and experiences. It may take time to be replaced by alternatives.

Examine associated problems such as bullying, bereavement or relationship difficulties.

It is vital that the person is recognised as an individual and not simply as a 'problem'. In this sense, you should ACCEPT the person and what they have done. Bearing this in mind, it is very important that you:

**DON'T**

Accuse the person of being manipulative or attention seeking. It is simplistic to think that self-injury is carried out as a way or manipulating the system or individuals in it. It is very unusual for people to injure themselves simply to gain 'attention'.

Criticise the person for what they have done. This will make them feel worse and is likely to be counter-productive.
Conclude that the person is a 'lost cause' and nothing can be done to help them.

Expect too much of yourself. It is very unlikely that you will have all the answers. You are not expected to `get to the bottom' of the individual's problems or to be able to solve it.

Put pressure on the person to tell you about underlying factors if they don't want to.

Threaten to take away your support if the person harms him or herself again.

*(Taken from the NHS National Electronic Library for Mental Health, Responding to Self Injury - How to do it)*
# Advanced Statement for Self Harm

**ADVANCED STATEMENT FOR SELF HARM**

This is my Advanced Statement, which I have made in case I self harm and may require treatment, care and support.

<table>
<thead>
<tr>
<th>My name:</th>
<th>Enter name</th>
</tr>
</thead>
<tbody>
<tr>
<td>My address:</td>
<td>Enter address</td>
</tr>
<tr>
<td>Name of professional(s) with whom this was discussed:</td>
<td>Enter name</td>
</tr>
</tbody>
</table>

Contact telephone number: Enter number

Here are the details of a family member, friend, or advocate who knows and understands about this advanced statement. They have given permission to be contacted and will speak for me if I injure myself and want to talk to someone.

<table>
<thead>
<tr>
<th>Contact name:</th>
<th>Enter name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact telephone number:</td>
<td>Enter number</td>
</tr>
<tr>
<td>Contact name:</td>
<td>Enter name</td>
</tr>
<tr>
<td>Contact telephone number:</td>
<td>Enter number</td>
</tr>
</tbody>
</table>

I am over 18 years of age, and understand that this document remains effective until I make it clear that my wishes have changed.

Signed: signed
Print name: Enter number
Date: Click here to enter a date.
Treatment of Injuries

Regarding the treatment of any injuries, this is what I would prefer:
Enter details

When I have had self injured before, the following worked well for me:
Enter details

Things that have not worked well in the past are:
Enter details

Care and Support I Need

Regarding support by staff, this is what I would prefer:
Enter details
<table>
<thead>
<tr>
<th><strong>When I have had self injured before, the following worked well for me:</strong></th>
<th>Enter details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Things that have <em>not</em> worked well in the past are:</strong></td>
<td>Enter details</td>
</tr>
<tr>
<td><strong>Some needs that are special to me that others need to know are:</strong></td>
<td>Enter details</td>
</tr>
<tr>
<td><strong>What staff should say:</strong></td>
<td>Enter details</td>
</tr>
<tr>
<td><strong>What I want to happen if I go to Hospital:</strong></td>
<td>Enter details</td>
</tr>
<tr>
<td><strong>I would like the following people to be told immediately that I have self injured:</strong></td>
<td>Enter details</td>
</tr>
<tr>
<td><strong>I would <em>not</em> like the following people to be told that I have self injured:</strong></td>
<td>Enter details</td>
</tr>
</tbody>
</table>

The original copy of this form should be filed. When this advanced statement is completed, it can be copied and given to you. A copy will be placed on your personal file. Copies can also be given to other people involved please inform your Team Manager who you wish to receive a copy.
ESSENTIAL COMPONENTS FOR STAFF TRAINING
SELF INJURY

Definitions and Meanings of Self Injury, Service User’s Perspective

- What is self injury?
- How common is self injury?
- The many manifestations of self injury.
- Why people self injure (include service users views, testimonials). Self injury as a coping strategy. The motivation and possible roots of self injury.
- The service users perspective (service users experiences of services).
- Common misunderstandings of self injury, exploring staff fears/prejudices/assumptions.

Responding to a Person who Self Injures

- What staff should do, and guidance on how to do it. Exploring staff emotions/response to self injurious behaviour.
- Developing a therapeutic relationship with a person who self injures.
- Evidence based treatment responses.
- Immediate, short term and long term management of self injury, range of alternative coping strategies.
- What working in partnership with service users means in practice, listening to and being heard, engagement skills.
- Consistency in approach and maintaining the safety of service users. Effective communication, staff handovers etc.

Assessment and Support Planning

- Needs and risk assessment for people who self injure (the self harm risk screen).
- Involving service users in their support and treatment.
- Clarity in terms of points at which the staff responsibility to protect should override the responsibility resting with the individual, when the self injury may become dangerous/life threatening even though there may be no suicidal intent.
- Content of formulation and support plan.
- Recording incidents of self injury.
- The use of advanced directives, the involvement of service users.

**The Physical Care of Self Injury**

- Basic first aid.
- Management of physical care as a result of self injurious behaviour when to institute ward based medical care or care at A & E Department.
- Issues of consent.

**Staff Support and Job Consultation**

- The importance of formal and informal staff support and job consultation.
- Job consultation/reflective practice.
- Availability of confidential counselling.

**Training should also be made available on observing a service user at risk of self injury. This should include:**

- The least restrictive approach.
- Privacy and dignity.
- Searching service users, their belongings and the environment.
- Service user views and experiences of observation.
- Signs that may indicate the need for observation.
- What to observe.
- Supporting the individual during observations.
- Responsibility for the observation of individuals.
- Levels of observation.
- Review of observation.
- Recording decisions.
- Ensuring continuity.
- Length of observation time for individual staff.