

Introduction etc

Outline of work shop

Slide 2 Ice Breaker – Maslow Exercise

Slide 3 Whole Group Exercise Definitions of Self harm

Ask whole group to word storm the definitions of the Self Harm

Slide 3 Nice guidelines defines self harm as , Cutting burning, scalding, banging or scratching the body, breaking bones hair pulling, picking. But it does not include self harm that is done by smoking, drug use, excessive alcohol consumption over or under eating.

Cutting is the most common form with few children or young people seeking medical support.

In the majority of cases self harm is hidden and secretive with most children and young people making great efforts to conceal signs of self harm,

Slide 4 Children and Young People

Research tells us that self harm among children and young people is a major public health issue; it also tells us that at least one is every 15 children and young people will self harm; rates are higher in the UK that the rest of Europe.

The rates of self harm are more prevalent in girls than in boys and historically treatment has concentrated on that but more and more young men are self harming which is a serious problem.

It is also one indicator of a child's or young person's mental health and well being.

Slide 5 ChildLine counsellors often take call from children and young people who have just started self-harming or have felt suicidal. ChildLine counsellors will always break confidentiality if this is the case – although some children and young people are reluctant t to disclose personal information and may take many phone calls before they do.

Slide 6 Self Harm and Suicide – Self harm is an indicator of a child's or young person mental health, but it may not always be an indicator of suicide.

Many young people who self harm flirt with the idea of suicide because they want the pain and distress to stop – but young people may not want to die. By asking the suicide question and scaling moods this will help the practitioner determine what work needs to be done and what areas need to be monitored more closely.

Slide 7 It is often difficult to understand why children and young people self harm, but it is often described by those that do as a way of coping with painful feelings. Self harm provides a mechanism for dealing with intense emotional pain. Young people have also told us that it's a way of exerting control over their body – particularly if they have been sexually abused or they are in an abusive household or relationship.

Although there is temporary relief from emotional pain, self harming often exacerbates the feelings of shame, emotional guilt and secrecy.

This will often have a direct affect on a child or young person's ability to build and maintain relationships. It can also quickly establish a pattern of addictive behaviour.

Slide 8 Reasons for self harming behaviours

Slide 9 Our view this is the most important session, as it will not only inform you about the child or young person but it will allow them to give you the once over and if they do not like what they see then you will loose them.

You can be the friendly practitioner but you are not their friend your main task is to inform, respond and keep safe that child or young person. Risk –v- confidentiality is hard to manage for a practitioner at times.

Confidentiality, sharing information, consent issues

Taking in account age and understanding we always involve children and young people in discussion and decision making process about their sessions and recovery pathway.

We offer male or female workers in an area office of their choice or in their community or school setting. We also go over about what we tell Mum and Dad / carers etc.

Asking the suicide question – don't fudge it – say it how it is, talk openly about self harm, when, where and how.

First Aid – what's the young persons knowledge or keeping cuts clean – has it stopped bleeding, how deep is it does it need stitches.

How this get can better – preferred lifestyle questions, who they can rely on. Without good support this child or young person will have a long hard struggle to maintain coping strategies and recover.

Slide 10 **Island Exercise – looks at attachment**

Slide 11 **Stone Genogram - looks at support and safe people**

Slide 12 **Flash point and Triggers –**

You will need to ascertain whether the triggers are internal or external or both. The child or young person will have an inner voice that will be doing a running commentary and saying things like, see your rubbish, no-one wants to be your friend, etc.

This maybe the voice that decides what risk behaviours the child young person tests out – drink, drugs and sex are often the ones that they choose as this can be a positive re-enforcer of negative relationships – they are in with the crowd.

This type of distorted thinking will only maintain the NATS.

Self harm can become problematic and habitual - when young people self harm endorphins are released in the body and function as natural pain killers. The young person learns to associate the act of self harm with the positive feelings they get when endorphins are released. The use of SSRI (selective serotonin reuptake inhibitors may be used.

Slide 13 **Prevention and Contracting** – This is a difficult task as the young person will need to stay in control .This is a partnership so the relationship that has been built up between the young person and the practitioner is crucial – goals for reduction have to be realistic, small steps – if a young person is harming every day, then stopping one day would be a start if they are harming every day morning and night then stopping once in one day.

Distraction Techniques – Anything and everything

Slide 14 **and 15 Case Study**