

SH & SI IDENTIFICATION AND INTERVENTIONS

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HARM REDUCITON MODEL

- Aims to reduce harm prior to eliminating a behavior
- Acknowledges that a coping strategy, even a maladaptive one, needs to be replaced by a new coping tool before a behavior is removed
- Allows the person to maintain a level of Autonomy in the situation.
- Reduces the need for Hospitalization, shame and secrecy

COMMUNICATION

- Direction Communication
 - Adults have to be able and willing to discuss the topic. If teens don't hear you bring up the topic they wont know it is safe to discuss it.
- Be aware of comments made about others mental health, teens are listening to how you react, to gage how you would react to them
- Lead with curiosity, versus reaction.
 - have a full conversation before intervening with solutions
- Don't immediately jump to all the good things in their life, there is often guilt connected to having these thoughts.
- Differentiate Passive vs Active thoughts to determine next steps.

SELF HARM

- Common SH: Cutting, picking, scratching, hair pulling
- Socially accepted SH: Piercings, Tattoos, Alcohol
- Self harm is a coping strategy, and a regulation tool.
 - Used to address Emotional Flooding and Emotional Numbness
 - The body can make more sense of physical pain than emotional pain.
 - Physical pain releases adrenaline, which increases dopamine, which soothes and regulates the brain.
 - It is self medicating. Which is why some describe it as a craving.

SELF HARM

- Discuss prior to events how they would like support in those moments.
- Identify the need and a sensory input alternative
 - Ice in hand or on chest, Rubber band, punching bag, loud music, deep pressure options
 - Distraction, delay, keep the mind occupied
- The brain is overloaded so decision making is difficult
 - have options visible, move through the list, even if it feels it is not work.

SELF HARM

- Do not shame if they relapse, don't count the days since last SH
- The act of SH is not a suicide attempt.
- Hospitalization for SH is often more traumatizing than helpful
 - Unless medically necessary, utilize other harm reduction options
- If necessary go to a crisis stabilization unit – Merrill Center
 - Out Patient therapy or an Intensive Out Patient Program

SUICIDE

- Passive SI
 - Intrusive thoughts, no intention, or plan of action
 - "What if I wasn't here"
 - "it would be easier if"
 - "I want this feeling/situation to stop"
- Active
 - Intrusive thoughts are more frequent/constant
 - Plan– can be a general idea, or a detailed plan
- If they are depressed and have openly expressed Suicidal Ideation (SI) then there is room to talk, if they are not talking about it I am more concerned

SUICIDE

- Reduce access to lethal options
- Don't tiptoe around the topic, or treat them like they are fragile. Keep your emotions separate
- Join them where they are (sit in their room, vs forcing them into living room)
- Notice mood changes either elation or increased isolation
 - Is there a date or milestone they are waiting for or looking forward too?
 - Why are have they not done it yet? – gives insight to values
- Teens have a hard time looking forward and believing that circumstance can and will change
- Sometimes the hardest part is having to wait out the teen years.
 - Sometimes commiserating is appropriate
 - Don't panic over dark humor

ADHD/AUTISM

- Adolescent girls have higher rates of self harm often starting in 5th grade and peaking in 8th/9th grade
- ADHDers are 8x more likely to self harm
 - Linked to Dopamine and impulsivity
- 46% of ADHDer girls experience Premenstrual Menstrual Dysphoric Disorder (PMDD) and 92% of Autistic women
- Girls and Women have a lower diagnosis rate, of Neurodevelopmental disorders and due to bias rather than prevalence.
- 35% of Autistic adults report having attempted suicide

RESOURCES

Books:

- Mindfulness for Teen Anxiety by Jamie Roberts
- You're on Fire, Its Fine by Katie K. May

Emergency Resources

- Merrill Center – Crisis Stabilization Unit
- Loma Linda Behavioral Health
- ROWI – IOP and PHP
- Canyon Ridge– Residential, PHP, IOP
- Center for Discovery – Residential, PHP, IOP

Equilibrium Counseling Services
www.equilibriumcs.com

THANK YOU