## Interventions for self-harm

An ability to implement an individualised brief intervention for a person who has self-harmed, based on therapeutic strategies of known effectiveness (e.g. motivational interviewing, cognitive behavioural therapy, interpersonal therapy, problem-solving)

An ability to draw on the formulation of a person’s needs in order to determine the appropriate components of a brief intervention, which would usually include:

- **Engaging them and exploring their motivation and readiness to talk about change, for example:**
  - discussing issues in a way that does not assume readiness to change
  - exploring ambivalence about self-harm and other concerning behaviours (e.g. drug and alcohol use)
  - helping them to access personally relevant reasons for change
  - being aware of ways in which their prior experiences and expectations can lead to difficulties in the interaction (e.g. appearing to be disinterested or angry because of negative experiences of seeking help)

- Providing information about self-harm in a way that is destigmatising

- Developing a shared formulation of the factors relevant to the triggering incident, based on:
  - identifying and understanding the triggers for self-harm (starting with the most recent incident)
  - focussing on highly specific details about thoughts, emotions, behaviours, interactions and the consequences of each of these in the chain of events

**Identifying potential targets for change**

- Using the formulation to pinpoint key links in the chain of events leading up to an episode of self-harm, which could be:
  - identifying relevant behaviours (e.g. drinking, drug-taking, avoiding people or situations, searching the internet for pro-suicide sites)
  - identifying relevant cognitions (e.g. spiralling negative thoughts about self/others/the future)
  - identifying negative interaction patterns (e.g. confrontations or difficulties in communicating needs and distress)

- Helping them (and their family or carers) explore different perspectives on triggering problems (rather than reacting to them impulsively) and identifying alternative ways of construing these through:
  - Cognitive strategies (e.g. differentiating between situations, emotions and thoughts, exploring the evidence for and against an interpretation, recognising thinking biases)
  - Interpersonal strategies (e.g. developing awareness of their own feelings, recognising how feelings affect communication and responses, exploring others’ points of view)
helping a person (and their family or carers) to use a range of therapeutic strategies to identify and plan alternative actions they could take when they encounter problem situations in the future, such as:

| identifying alternative behavioural responses to distressing emotions (e.g. using distraction and self-soothing techniques) |
| implementing problem-solving strategies |
| challenging negative thoughts |
| identifying and implementing more effective communication skills |
| in-session practice of new skills |

planning between-session practice of alternative coping strategies, including:

| discussing difficulties that they anticipate may arise when trying out alternative coping strategies |
| planning how possible obstacles could be managed |
| systematically reviewing between-session practice in the next session to identify learning points and any areas of difficulty that a person encountered |

enhancing their (and family or carers’) awareness of their strengths and resources (e.g. by identifying times when they have demonstrated effective coping, by identifying positive qualities that they possess in areas unrelated to their difficulties)

developing a co-constructed written account of the intervention that reviews the events leading to self-harm, identifies what has been learned, and specifies the strategies that can be used to deal with similar situations in the future