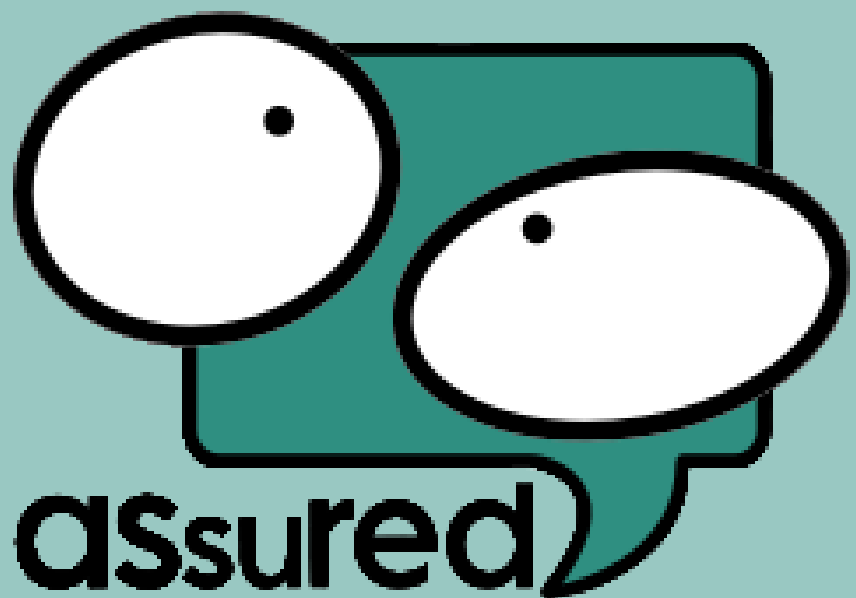


# Brief Practitioner Manual

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Supporting people  
who self-harm



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## Inclusion criteria

- > 16 years of age
- presenting in the ED
- presenting with self-harm, i.e., an intentional act of self-poisoning or self-injury, irrespective of motivation or apparent purpose of the act. Can be admitted for a brief admission to the acute hospital

## Exclusion criteria

- admitted to a psychiatric hospital or long-term stay interfering with the ability to conduct follow-up sessions
- cognitive (e.g. dementia) or other psychiatric difficulties interfering with ability to participate
- presenting in a psychotic episode (a psychiatric disorder diagnosis is NOT an exclusion criteria)
- no capacity to provide written informed consent
- needing an interpreter
- Ministry of Justice persons subject to a restriction

# Timeline

Start

## ED MEETING

1. Narrative Interview
2. Shared understanding
3. My Safety plan
4. Arranging follow-up

## CHECK-IN CALL

## ONE-WEEK

### FOLLOW-UP 1

1. Best Hopes
2. What's already in place
3. Highlighting progress
4. Review & Closing

## FOUR-WEEK FOLLOW-UP 2

1. Review Best Hopes
2. Exploring change
3. Signs of progress
4. Review & Closing

## EIGHT-WEEK

### FOLLOW-UP 3

1. Review Best Hopes
2. Exploring change
3. Signs of progress
4. Review & Closing

## 6-MONTH LETTER 2

## 3-MONTH LETTER 1

## 9-MONTH LETTER 3

# 1

## Narrative Interview

## Opening

We have about an hour together today and I will see you again in about a week.

Most importantly today, I want to hear your story.

Then, we can talk about how best we can help you.

Starting from the beginning can you tell me what you've been experiencing, leading up to coming to hospital?

# 1

## Narrative Interview

## Elaboration

- Use open questions: 'what' or 'how'
- Avoid 'why' questions & closed yes/no questions used to assess risk
- Go beyond the crisis and ask about past events
- Reflect back using the person's words
- Provide time to answer
- Thank the person for sharing their story

### Phrases to encourage elaboration:

"In order to understand what you mean, can you explain X to me in more detail?"

"When did X first come to mind as an option?"

"When did this all start for you?"

"Let's imagine we were looking at how you took the overdose in slow motion..."

"When you were feeling very low, what was going through your mind?"

# 1

## Narrative Interview

## Validate distress & help-seeking

### Acknowledge and validate the person's distress

#### Explicitly

- “That’s a really difficult place to be in”
- “That’s a very scary thought”
- “I am sorry to hear that”

#### Implicitly

Say “mm” “yeah” “I see”

Lean forward, nod, maintain eye contact

### Remind the person you are there to help

- “We are here to help you”
- “That’s part of what today is about and I hope by the end of our conversation we’d have a reasonable sense of where things will go from here.”

# 1

## Narrative Interview

## Normalise

Normalise the struggle the person has been experiencing

- "What you have told me so far sounds like a lot to go through for anyone and it is understandable you've been struggling."
- "We all have a breaking point sometimes"



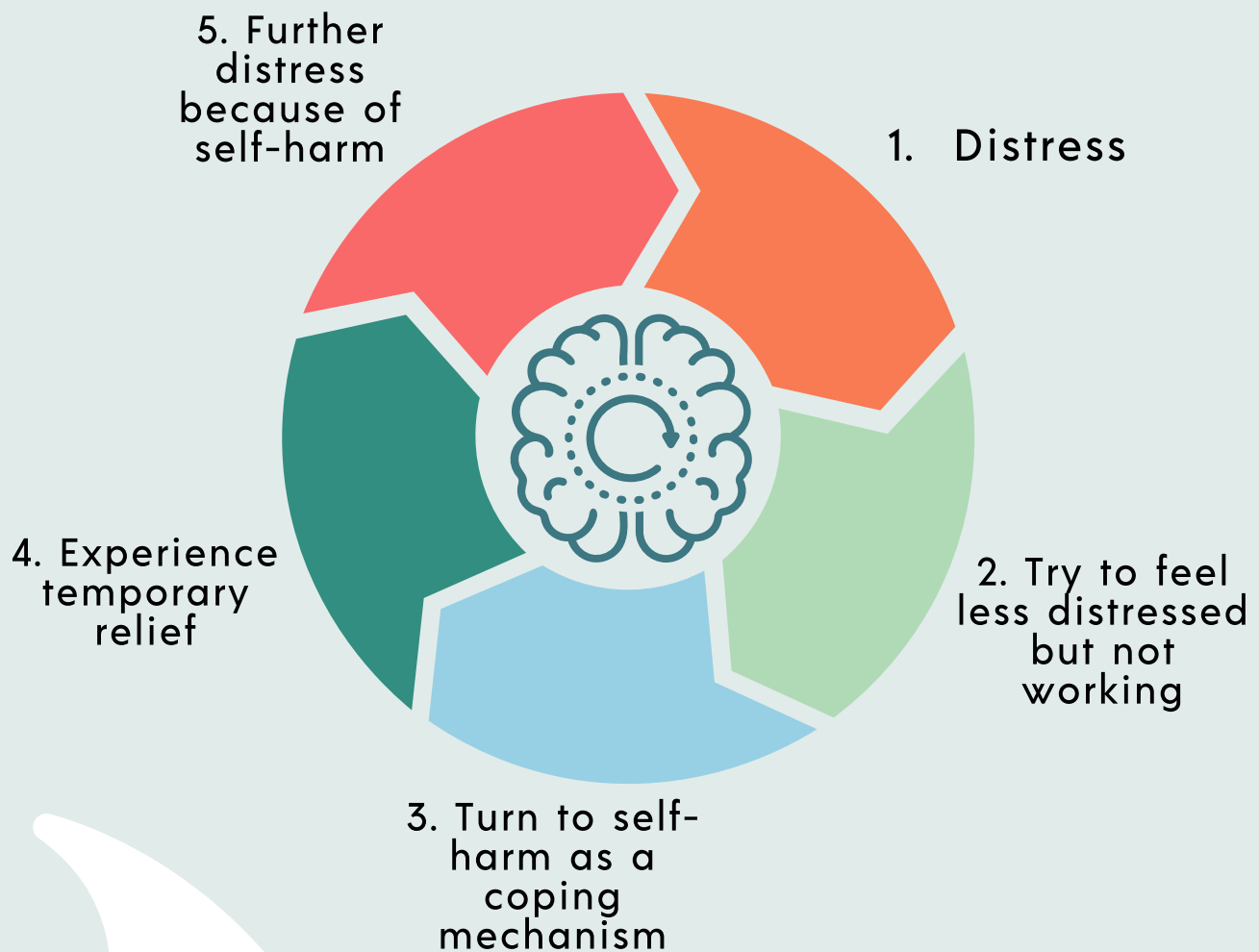
## 2 Shared Understanding

## Optional resource: Self-harm cycle

If the person expresses confusion:

“Why is this happening to me? I don’t understand”

... You can offer a formulation



"When you are feeling distressed you may turn to self-harm to help you deal with difficult feelings, painful memories or overwhelming situations and experiences.

After self-harming you may feel a short-term sense of release. However, you may also feel guilty or lonely or distant from others causing further distress starting the cycle again."

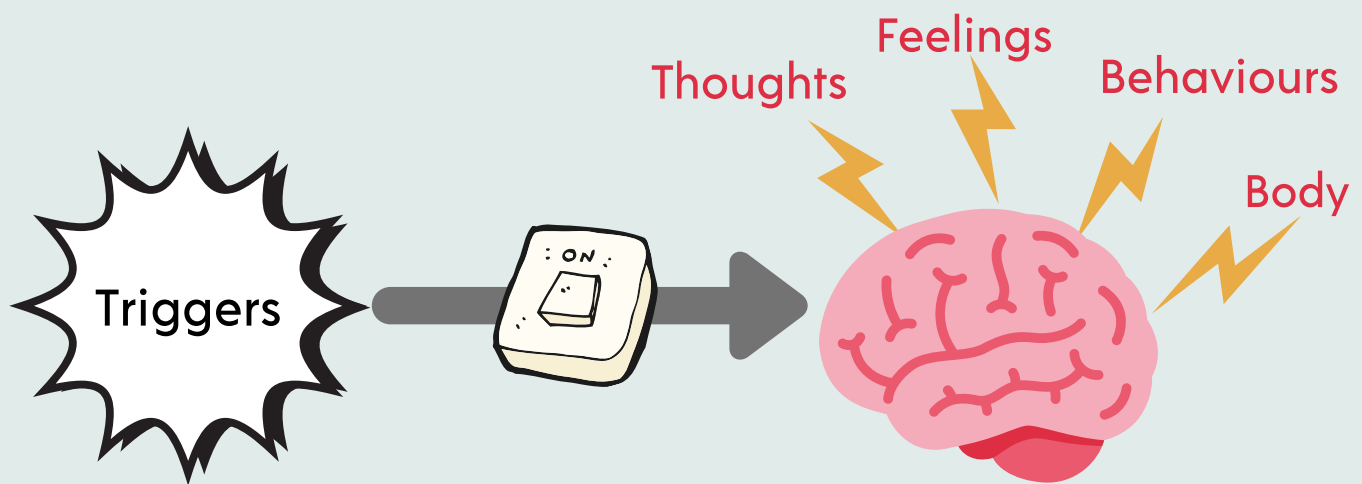
## 2 Shared Understanding

## Optional resource: Suicidal state

If the person expresses confusion:

“Why is this happening to me? I don’t understand”

... You can offer a formulation



"When people feel suicidal their thoughts, behaviours, body and feelings are in a 'Suicidal state'.

The suicidal state can be suddenly switched on from one moment to the next by triggers specific to you.

However, it is important to remember that this state will eventually pass if you can hold on when it feels too painful."

### Opening

"We've talked a lot and you've really helped me understand what's been going on for you.  
Have you heard of a safety plan before?"

We can talk about your warning signs and things you and others can do when you feel overwhelmed and feel like harming yourself or ending your life.


If we work through this together it may just help to keep you safe in the future.

### My Safety Plan: Practitioner guide

Start by identifying warning signs:

- "How will you know when the safety plan should be used?"
- "What do you experience when you start to think about suicide or feel extremely distressed?"

(suggest warning signs already mentioned in the narrative interview)



(continued)

# 3 Safety Plan

## My Safety Plan

For each coping strategy step, identify the strategy...

**Step 1:**  
**Distractions**  
“What can you do on your own to distract yourself?”

**Step 2:**  
**Changing my environment**  
“What can you do to change your environment to stay safe?”  
“What people and settings are good ‘distractors’?”

**Step 3:**  
**People I trust**  
“Who can you contact when you are overwhelmed?”

**Step 4:**  
**Professionals**  
“Who can you contact when you are in crisis?”

...the likelihood of using the strategy...

“How likely is it that you will be able to do this?”

...the barriers of using the strategy...

“What will stop you from thinking of/ doing these activities?”

...the small steps to overcome barriers.

“What small steps would help you overcome these barriers?”

### After completing the safety plan

Identify someone to share the safety plan with

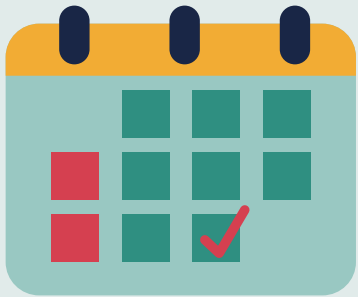
Suggest taking a photo on the person's phone

Scan a copy

# 4 Arrange follow-ups



Arrange check-in call for anytime before 72 hours



Arrange Follow-up I for one-week's time

Check if you will be off rota/on leave...  
ask the person if they would rather wait to see you when you're back or specify which colleague will see them.



Let them know the number may come up as 'Unknown'



Manage expectations by explaining you may have to reschedule or call later because you have to pick up an urgent referral

Materials to bring:



- Safety Plan from ED meeting
- Meeting summary
- Recording device

Opening the session:

“Hi (name), thank you for coming in today.

In the meeting we had at the emergency department, we spoke a lot about what's been going on for you at the moment and in the past

but in these sessions I'd like us to focus on what you might want to get out of our talking together.

How does that sound ?

Clarify the remits of the intervention:

- You will meet three times
- If they need to reschedule, contact in advance
- If they don't make it to the session, you will contact to rearrange
- If they cannot be reached, the missed session will be considered one of the three sessions.

# Follow-up 1

## 1 Best Hopes: Identify

### Identify Best Hopes

"What are your best hopes from our talking together?"

If person's Best hopes are...

Take what they said and ask:

...unrealistic/  
unmanageable

"and if X was possible, what difference are you hoping X would make to your life?"

"what do you hope X could lead to?"

...about what is  
not wanted

"When you are no longer X, what will you be doing instead?"

...about descriptions  
of feelings

"What will you be doing that will tell others that things are improving?"

### In a nutshell:

Once you've identified the person's Best Hopes the rest of the session will be used to...

1. Create a detailed picture of the best hopes so the person can start to visualise their Best Hopes
2. Think about times when Best Hopes were already in place and recognise and explore the resources the person already possesses
3. Highlight the progress and identify signs of progress in the future

# Follow-up 1

## 1 Best Hopes: Create a picture

Elicit a detailed picture of best hopes by asking 'Tomorrow Question'

Invite the person to slow down and look for the detail



“If you woke up tomorrow and your hopes from coming here had been achieved what’s the first thing you might notice yourself doing in the morning?”

“What would you be doing differently?”

Ask for more detail by asking:

“What difference would that make?”

"What else?"

Ask about others' perspectives:

"What else?"

“How might he/she respond?”

"What else?"

“How would you respond to them?”

“How would your relationship be then?”



### Elicit instances of 'Best Hopes' already in place

Anything they are already doing/done in the past

Exceptions – what are you doing differently when the problem isn't happening?

How the person manages to keep going in tough situations.

- “When was the last time you managed to...?”
- “When was the last time you resisted the urge to...?”
- “Were there times when the problem could have happened but didn't?”

### For each instance... ask:

#### Strategy Questions

“How did you do that?”

“What did you do to manage that?”

Elicit strategies and actions the person used

#### Identity Questions

“What does that tell you about yourself?”

“What did it take to do that?”

Translate actions to new meanings about the sort of person they might be

#### Evaluation Questions

“Were you pleased with that?”

“How different was it for you to manage things in the way that you did?”

Elicit reflection, consolidates resources, and helps identify future instances

# Follow-up 1

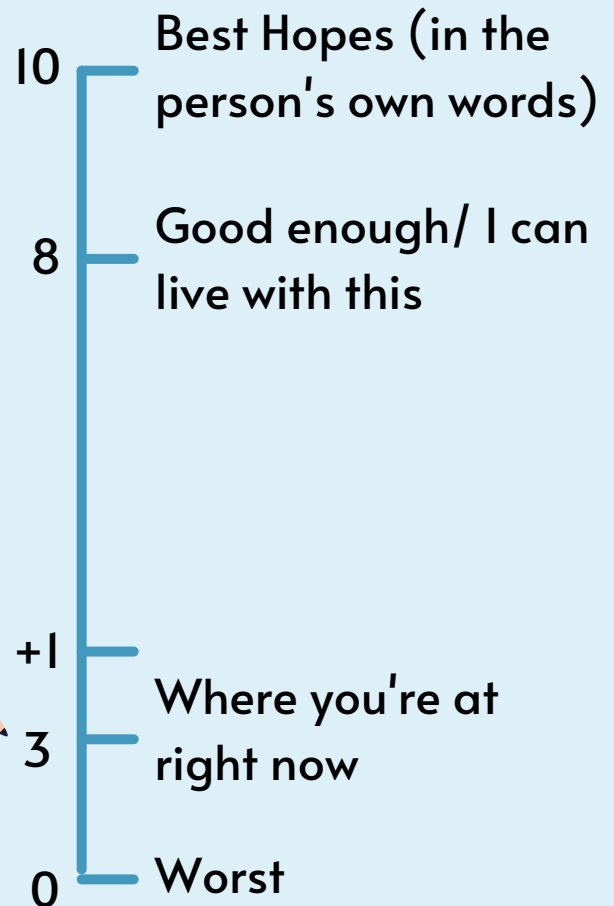
## 3 Highlighting progress

### Create scale together

“Where do you see yourself now on the scale?”

“What tells you it’s at # and not lower?”

“What have you done that helped you get from 0 to #?”



Ask strategy, identity and evaluation question here

### Elicit picture of what tiny signs of progress might look like:

“Imagine things improve and move up to #, how will you know?”



### 1 Review 'My Safety Plan'

1. Are the current safety strategies still helpful?
2. Any new barriers?
3. New ways of overcoming those barriers.
4. Validate ways they have already overcome those barriers.

### 2 Review progress on referral (if relevant)

- Have there been any issues with being picked up by services?
- What can you, as a professional, do to help?

### 3 Additional resources

Consider additional resources depending on issues the person presents with (e.g. anonymous peer support for men, free psychotherapy for survivors of domestic abuse, eating disorders support)

### 4 Complete the Meeting Summary

### 5 Arrange next session (for three weeks' time) Let them know that you will be asking 'What's been better since we last spoke?'



- Safety Plan from ED meeting
- Meeting summary
- Recording device

Review Best Hopes identified in last session

"Last time we spoke, you said your 'Best Hopes' from our talking together was X.

Review detailed picture elicited of Best Hopes

If needed, elicit more details



- "You said you'd notice X, X, X differences if you woke up and your Best Hopes were met."
- "You said you would be doing X differently."
- "You said [other person] would notice a difference because you'd be doing X differently..."
- And [other person] would respond by X
- And you'd respond to [other person] by X"

'What's been better' question:

"What's been better since we last spoke?"

### Elicit new instances of Best Hopes

- "Since we last spoke, has there been a time when you managed to...?"
- "Since we last spoke, have you resisted the urge to...?"
- "Since we last spoke, were there times when the problem could have happened but didn't?"

For each new instance... ask:

#### Strategy Questions

"How did you do that?"

"What did you do to manage that?"

#### Identity Questions

"What does that tell you about yourself?"

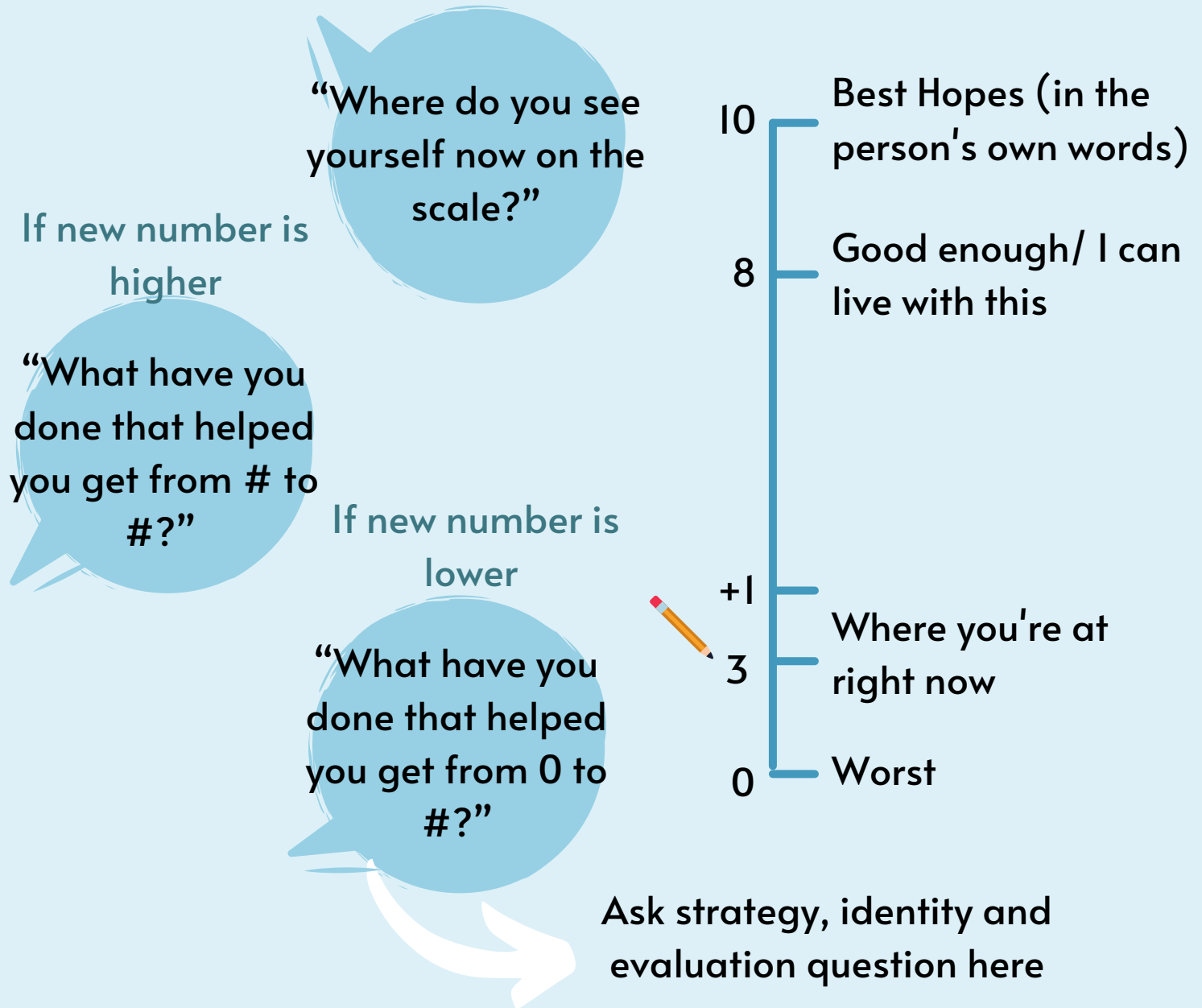
"What did it take to do that?"

#### Evaluation Questions

"Were you pleased with that?"

"How different was it for you to manage things in the way that you did?"

Use scale from before/ create scale again



Elicit picture of what tiny signs of progress might look like:

"Imagine things improve and move up to #, how will you know?"



- 1 Review 'My Safety Plan'
  1. Are the current safety strategies still helpful?
  2. Any new barriers?
  3. New ways of overcoming those barriers.
  4. Validate ways they have already overcome those barriers.

- 2 Review progress on referral (if relevant)
  - Have there been any issues with being picked up by services?
  - What can you, as a professional, do to help?

- 3 Explore suitability of additional resources you suggested last session

- 4 Complete the Meeting Summary

### Follow-up 2

- 5 Identify handover for after final session  
(GP, community mental health professional, trusted other)

- 6 Arrange next session  
(4-weeks' time)  
Let them know that you will be asking 'What's been better since we last spoke?'

### Follow-up 3

Share handover plans  
(you will be sharing 'My Safety Plan' and the final meeting summary)

Introduce follow-up letters and close the final follow-up session