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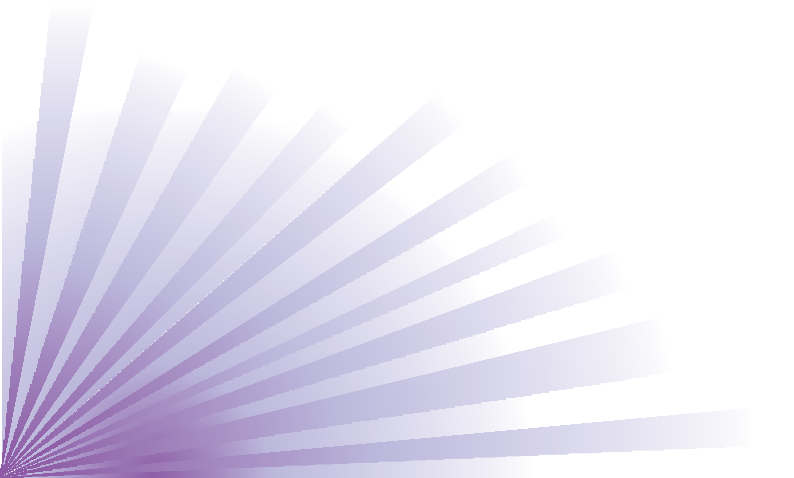
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| --- |
| Coping with...  self-harm |
| In this section we will look more at understanding your experiences of self-harm. We will work out a plan together to help you with these. This section aims to help you to:   1. **Find out more about self-harm** 2. **Understand how self-harm affects you** 3. **Plan how to deal with self-harm**   Please go through the worksheets at your own pace, there’s no pressure to finish it quickly. You can always take a break and come back to it later. If there is anything you are unsure about you can ask for support from the mental health professional you are working with. |

Coping with...

Self-harm

**SECTION 1**

**Understanding self-harm**

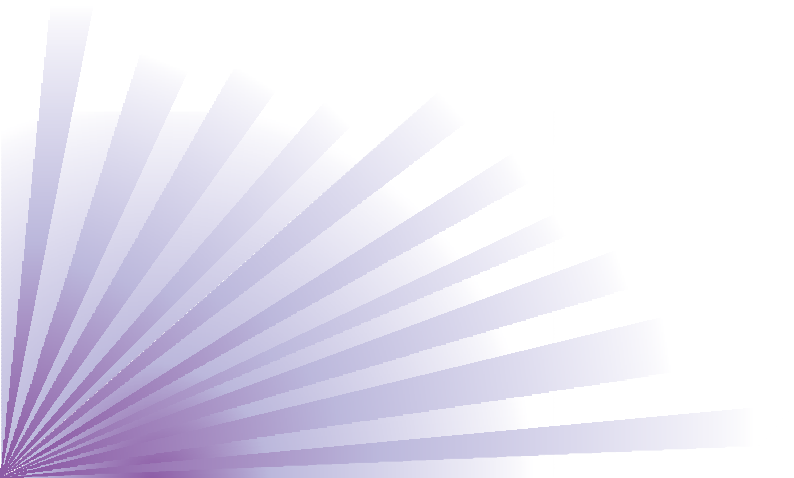


Coping with...

self-harm

# What is self-harm?

Self-harm is any act which involves either self-poisoning or self-injury. The way someone self-harms and the reasons they do it are very different for every person. Below are some common types of self-harm which you may have experienced, although this list is not exhaustive. You can add any others not included on the list:



|  |  |
| --- | --- |
| **Type of self-harm** | |
| **Please tick where appropriate:** | |
| Cutting |  |
| Hitting |  |
| Burning |  |
| Intentionally taking too little or too much medication |  |
| Inserting objects into your body |  |
| Vomiting |  |
| Alcohol or drug use |  |
| Swallowing objects |  |
| **Please add any other experiences you have had below:** | |
|  |  |
|  |  |

# What are the reasons for self-harm?

|  |  |
| --- | --- |
| **Reasons for self-harm** | |
| **Please tick where appropriate:** | |
| To relieve or distract from emotional pain |  |
| To cope with difficult and overwhelming feelings e.g. worthlessness |  |
| To self-punish |  |
| To reduce numbing (sometimes called ‘dissociation’) |  |
| To escape |  |
| In an attempt to end my life |  |
| **Please add any other reasons you have self-harmed:** | |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Feelings and Emotions**

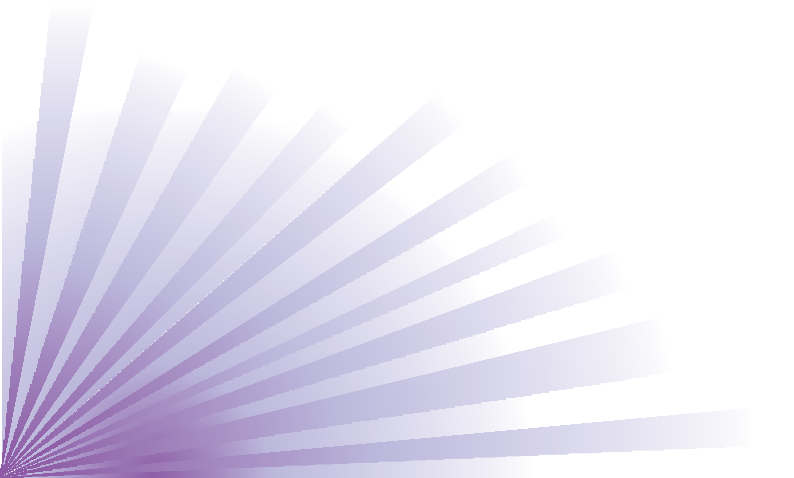
As we have already mentioned, people often find they experience very distressing and overwhelming emotions which can lead them to self-harm. Below are a list of common feelings and emotions people experience before they self-harm. Please tick the ones that apply to you and add any others:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Common feelings that lead to self-harm** | | | | | |
| **Please tick where appropriate:** | | | | | |
| Fearful |  | Anxious |  | Stressed |  |
| Embarrassed |  | Terrified |  | Distressed |  |
| Self-conscious |  | Panicky |  | Petrified |  |
| Worried |  | Upset |  | Frightened |  |
|  |  |  |  |  |  |

# Thoughts

# People who self-harm tend to have more negative thoughts about themselves, others and the world generally than other people do. They may be less likely to believe that they are able to cope with their thoughts and feelings. Some common thoughts are listed below. You can tick the ones that apply to you and add any others you can think of. Don’t worry if it’s difficult to think of additional thoughts right now, we will cover this in the rest of the booklet.

|  |  |
| --- | --- |
| **Common thoughts** | |
| **Please tick where appropriate:** | |
| I am vulnerable |  |
| I can’t cope with this situation |  |
| I can’t cope with these feelings |  |
| I am in danger |  |
| I am worthless |  |
| I am frightened |  |
| I am a failure |  |
| I am alone |  |
| There is something wrong with me |  |
| I’m losing my mind |  |
| I’m losing control |  |
| I deserve to be punished |  |
| Nobody can understand |  |
|  |  |
|  |  |



# Behaviours

# When people feel overwhelmed by their difficult thoughts and feelings, they can struggle to cope. This means they are more likely to behave in certain ways to avoid these experiences. These behaviours are often a way of trying to keep the person safe. We all cope in different ways; some common behaviours people might use are listed below. Tick the ones that apply to you and feel free to add your own:

|  |  |
| --- | --- |
| **Common behaviours** | |
| **Please tick where appropriate:** | |
| Avoiding things, situations or people that increase difficult feelings |  |
| Escaping from things, situations and people that increase difficult feelings |  |
| Reliving difficult situations in your mind |  |
| Trying to control situations |  |
| Saying things to self to calm yourself down in certain situations |  |
| Punish yourself |  |
| Distract yourself by doing other activities |  |
|  |  |
|  |  |

# What are some of the problems associated with self-harm?

# After someone has harmed themselves once, it is more likely they will harm themselves again. Depending on the method and severity of self-harm, this can lead to serious physical problems such as permanent scarring, organ damage or accidental death.

# It is important to note that not everyone who self-harms also experience thoughts of wanting to end their life, and not everyone who dies by suicide has self-harmed. However, some people who self-harm also experience thoughts of ending their life. Sometimes people use self-harm as a coping strategy to prevent them from taking their own life. If you also have thoughts of suicide, it is important you get support to help you understand why you are having those thoughts and feelings and to find ways to cope with them.

Coping with...

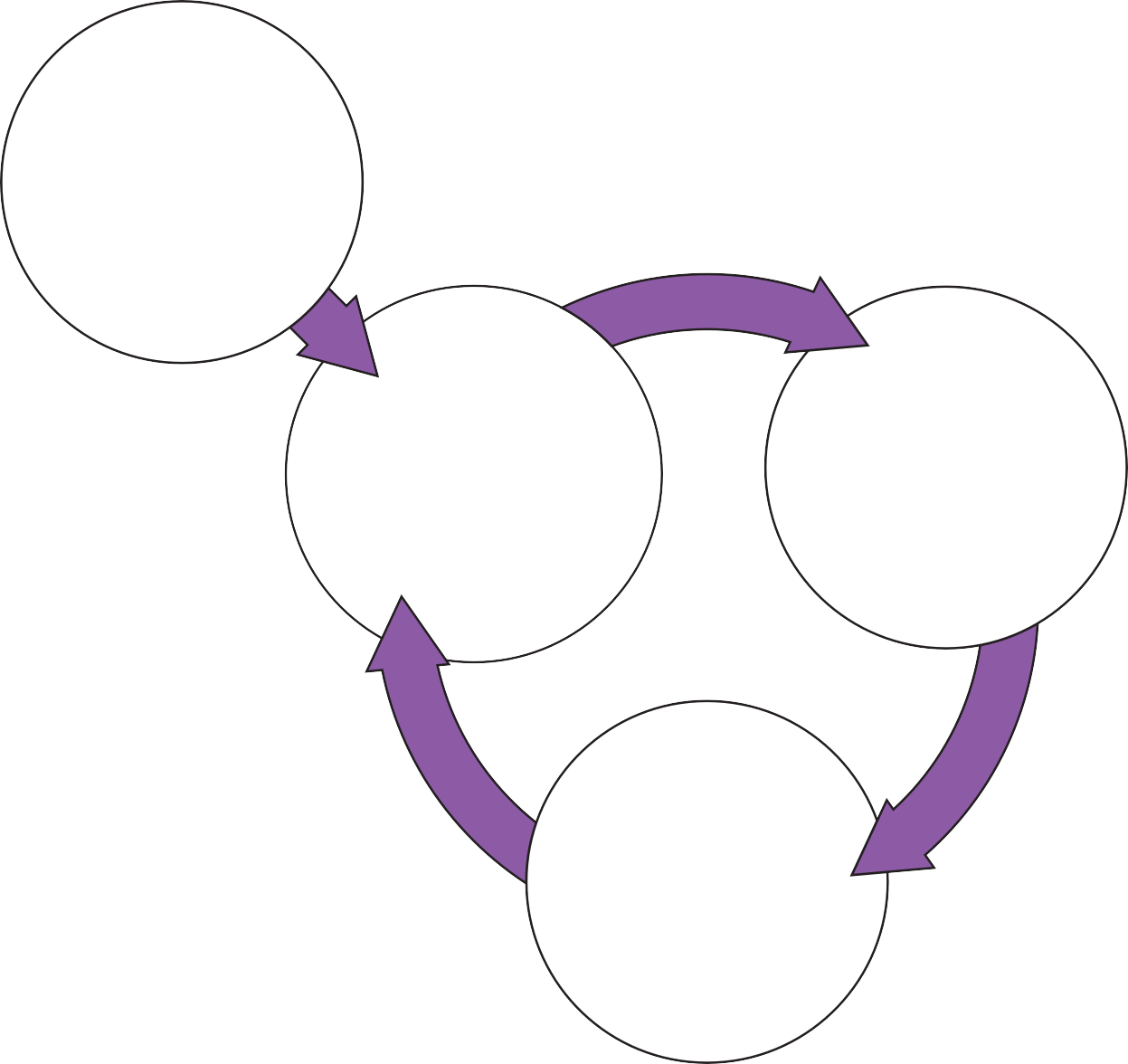
self-harm

# Understanding and coping with your experiences

The cognitive-behavioural model can be helpful in understanding mental health problems. It can help people to understand how their **experiences (triggers/ events)** affect their **thoughts**, **feelings** and **behaviours**.

|  |
| --- |
| **Katie**  Katie started self-harming when she was a teenager. It happened for the first time after she and her mum had a particularly upsetting argument. Katie always had a difficult relationship with her mum and struggled to communicate with her. As she got older, Katie found that any problems she had with other people such as disagreements or arguments would overwhelm her and she would feel the urge to harm herself again.  These **triggers** led to Katie having negative **thoughts** about herself such as believing that she was a useless and unlovable person. These thoughts led to overwhelming **feelings** of hopelessness, anxiety and disgust. To relieve some of the emotional pain, Katie would cut her arm with a blade (**behaviours**).  This became a vicious cycle for Katie, as self-harming led to some short-term relief of her emotional pain, but it did not change anything about her life or the way she felt about herself, and so eventually the negative thoughts and feelings would return and she would want to harm herself again.  Some things helped Katie to break out of the vicious cycle She learned that she could sometimes distract herself from the urge to self-harm by doing something else (e.g. putting on very loud music) or by releasing adrenaline through running.  The example from Katie below shows how her experiences, thoughts, feelings and behaviours affected each other. |

**Katie’s vicious cycle**



**Trigger/Event**

Arguments

Disagreements

Not being understood

Feeling overwhelmed with others

**Thoughts**

‘I’m useless’

‘Nobody can love me’

‘Nobody understands me’

**Feelings**

Panicky

Scared

Frightened

Dread

Nausea

Shaking

**Behaviours**

Shout

Hide/run away

Give up

Harm myself

Coping with...

self-harm

**Coping with self-harm**

We will now look at understanding your experiences and ways to cope with them. The first step involves identifying your **triggers, thoughts, feelings** and **behaviours** and how they are related to each other. You can then identify which problems you would like to change. The final step is to build on any strategies that have been helpful for you in the past. You can also learn to use new helpful strategies for dealing with thoughts, feelings and behaviours.

# Identifying your experiences

You might have already started to work out what your own triggers are that lead you to self-harm, or you might find it difficult to identify them. The ***diary method*** can be helpful in identifying things that tend to bring your experiences on or make them worse (triggers). It may help you to work out how your experiences affect your thoughts, feelings (e.g. fear, anxiety, depression) and behaviour (your actions and your life).

# Katie

Katie was asked by her nurse to keep a diary of her experiences of self-harm to help her understand them better. This helped Katie to make more sense of her experiences. She used one diary entry for each time she harmed herself, which led to her being able to identify patterns of behaviour. An example of Katie’s diary is shown on the next page.

**Diary**

|  |
| --- |
| 1. **Triggers**    * What was the situation?    * Where were you?    * What were you doing?    * What happened?    * Who were you with? |
| At my boyfriend’s house on Sunday night.  With my boyfriend.  Had an argument with my boyfriend about whether I could stay the night. I wanted to stay over but he didn’t want me to because he had to get up for work the next day. |
| 1. **Thoughts**    * What thoughts, ideas or images went through your mind?   Rate how much you believed each thought was true on a scale of 0-100% |
| He doesn’t really love me (90%)  He’s just going to leave me (95%)  I’m so useless (100%)  I can’t cope with these feelings (100%)  I am a failure (100%) |
| 1. **Feelings**    * How did you feel?    * Describe each feeling in one word   Rate how distressing each of these feelings were on a scale of 0-100% |
| Nauseous (80%)  Panicky (90%)  Scared (95%) |
| 1. **Behaviours**    * What did you do?    * What action did you take?    * What helped you to cope? |
| Shouted at my boyfriend and then ran into the bathroom crying. Picked up a razor and cut my arm once. |

Coping with...

self-harm

# Using the diary method for yourself

For the next week or so, each time you self-harm (or feel like you want to) you could use the diary on the next page to make a note of:

**Trigger/s** The situation you are in

**Thoughts** The thoughts that go through your mind

**Feelings** How you feel

**Behaviour** What this leads you to do

There are extra copies of the diary at the end of this section If you need any more, please ask your nurse

**Diary**

|  |
| --- |
| 1. **Triggers**    * What was the situation?    * Where were you?    * What were you doing?    * What happened?    * Who were you with? |
|  |
| 1. **Thoughts**    * What thoughts, ideas or images went through your mind?   Rate how much you believed each thought was true on a scale of 0-100% |
|  |
| 1. **Feelings**    * How did you feel?    * Describe each feeling in one word   Rate how distressing each of these feelings were on a scale of 0-100% |
|  |
| 1. **Behaviours**    * What did you do?    * What action did you take?    * What helped you to cope? |
|  |

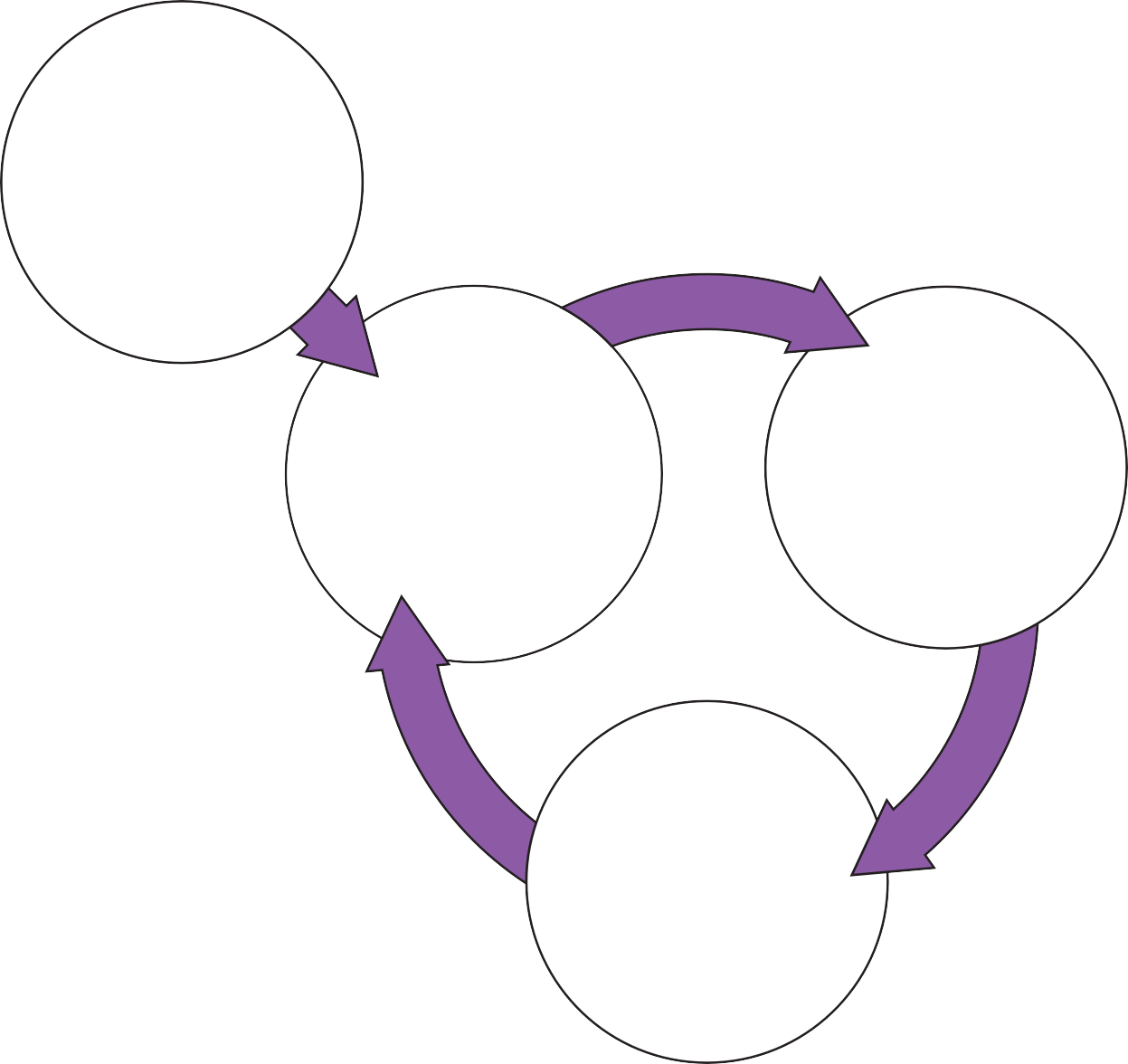
Coping with...

self-harm

# Understanding my vicious cycle

Drawing a diagram like Katie’s could help you to see how your triggers, thoughts, feelings and behaviour link together. If you like, you could now try to build up your own diagram. This can help you to get a really good idea of how your events in your life affect you. Try to fill in the empty boxes in the diagram. You could do this on your own or with your nurse. If you prefer, you could draw your own diagram.

# My vicious cycle:



**Trigger/Event**

**Thoughts**

**Feelings**

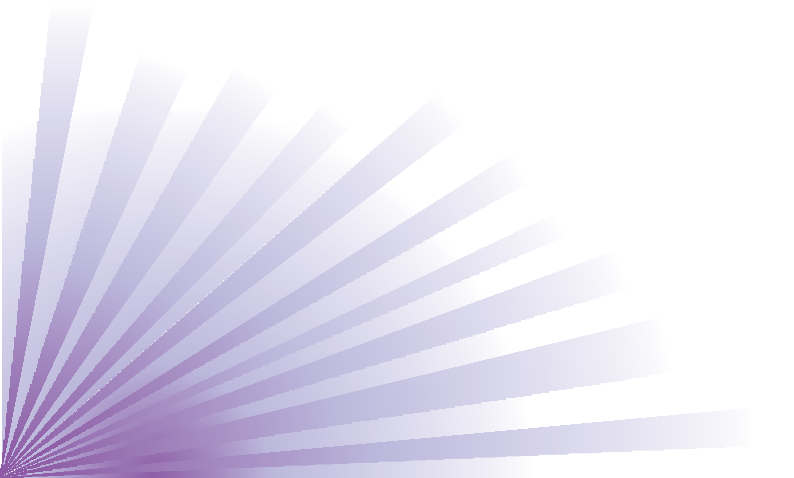
**Behaviours**

Coping with...

Self-harm

**SECTION 2**

**Goals and obstacles**



# Coping with...

self-harm

# Choosing goals to work on

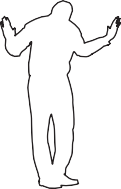
Your diaries and your diagram can help you to identify which triggers, thoughts, feelings or behaviours are the main things you want to overcome. Obstacles are things that can get in the way of recovery. It is also a good idea to set clear, realistic goals. You might want to start with one or two small goals, and build these up over time to longer-term goals.

Once she had completed her diagram, Katie discussed her obstacles and goals with her nurse. Her obstacle and goal list are shown below.

# Katie’s obstacle and goal list

Katie’s long-term goals were to cope with emotional distress better so that she did not harm herself. With support from her nurse, Katie broke this down into smaller steps to begin with. Katie’s initial obstacle and goal list is shown below.

|  |  |
| --- | --- |
| **Katie’s obstacles and goals** | |
| **Obstacle** | **Goal** |
| I have negative thoughts about myself | Identify negative thoughts and come up with ways to challenge them |
| I can’t always go for a run or play loud music to distract myself | Work on developing other coping strategies that can be used any time |
| I feel shame after self-harming that makes my distress worse | Learn ways to be kinder to myself after self-harm and to look after my scars |
| I can’t avoid every disagreement or argument | Reduce arguments by learning breathing strategies to calm me down when I feel like I am going to shout |



Coping with...

self-harm

**Setting individual goals**

Your goals are individual to you. Not everyone will have the goal of wanting to stop self-harming entirely, for example if they feel that self-harming prevents them from ending their life. Some people may want to reduce how often they self-harm, try using less harmful methods or reduce how often they self-harm.

# My goal list

In the boxes below, write your long-term goals to do with self-harming. Then think about how you could break this down into smaller steps, and write these in the ‘initial obstacle and goal list’.

|  |
| --- |
| **My long-term goals are:** |
|  |
|  |

|  |  |
| --- | --- |
| **My initial obstacle and goal list is:** | |
| **Obstacle** | **Goal** |
|  |  |
|  |  |
|  |  |
|  |  |

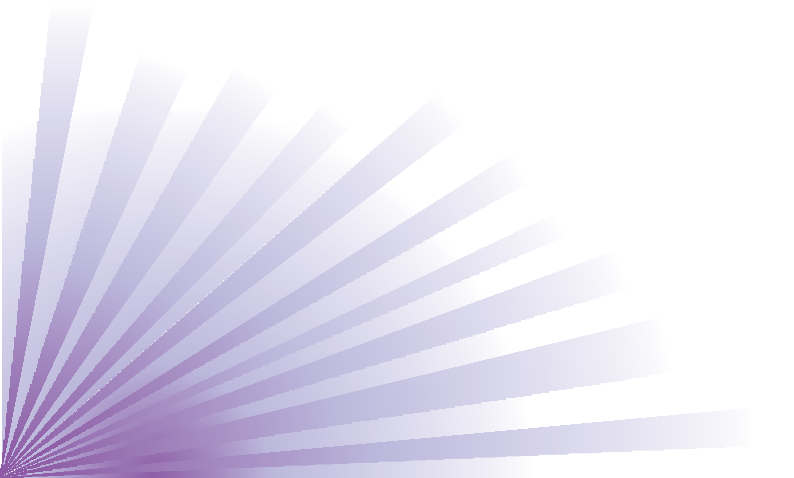
If you are unsure what specific goals to set, you could discuss this with your nurse if you like.

Coping with...

Self-harm

**SECTION 3**

**Coping strategies**



Coping with...

self-harm

# Choosing strategies for coping with your experiences

In Section 1, you identified your triggers, thoughts, feelings and behaviours. You may already have some strategies that you find helpful in coping with distressing experiences. There may also be things you do that are not so helpful, and that you want help with changing.

It might be helpful to group these into the following headings:

* Things to do with the **triggers**
* Things to do with the **thoughts**
* Things to do with the **feelings**
* Things to do with the **behaviours**

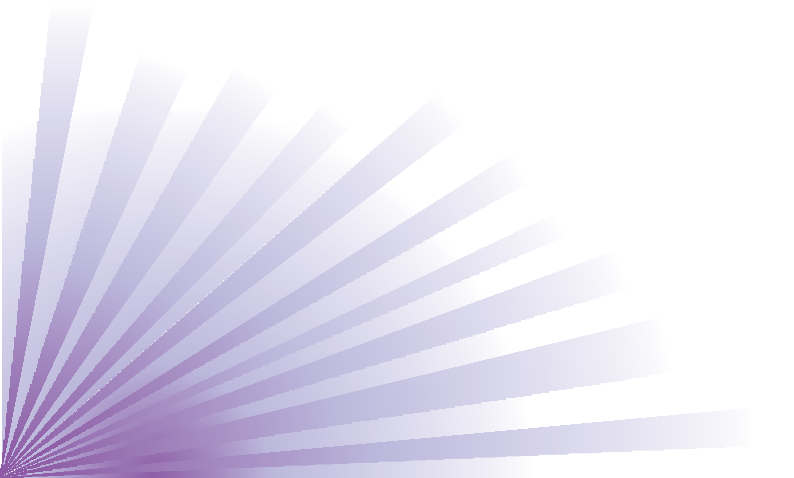
It can be difficult to separate these out but it gets easier with practice. Your nurse could help you to do this. Filling in Box 1 below might help you to see what you are doing that is already helpful. Using Box 2 on the next page, you might find out what is not so helpful, and what you would like extra help with.

|  |  |
| --- | --- |
| **Box 1. What things do I do *already* that help me to cope?** | |
| Things that help with the triggers |  |
| Things that help with the thoughts |  |
| Things that help with the feelings |  |
| Things that help with the behaviours |  |

Coping with...

self-harm

|  |  |  |
| --- | --- | --- |
| **Box 2. What things do I do that are *not helpful* in coping?** | | |
| **Please tick if you would like extra help in any of these areas** | | **Tick** |
| Things that do not help with the triggers |  |  |
| Things that do not help with the thoughts |  |  |
| Things that do not help with the feelings |  |  |
| Things that do not help with the behaviours |  |  |



Coping with...

self-harm

# Other strategies that can be helpful

Some common strategies to help you manage each area are listed below. You could try to tick which strategies you think might work for you.

|  |  |  |
| --- | --- | --- |
| **Please tick if you think this strategy would be helpful for you** | | |
| **Triggers** | * Trying not to get into situations that trigger the experience or symptom |  |
| **Thoughts** | * Using strategies to test out how accurate your thoughts are * Using experiments to test out whether thoughts or worries are true |  |
| **Feelings** | * Using strategies to improve negative emotions   e.g. working on panic, depression, self esteem |  |
| **Behaviour** | * Using strategies to change actions * Distraction techniques * Self-soothing activities * Talking to other people about the experiences |  |

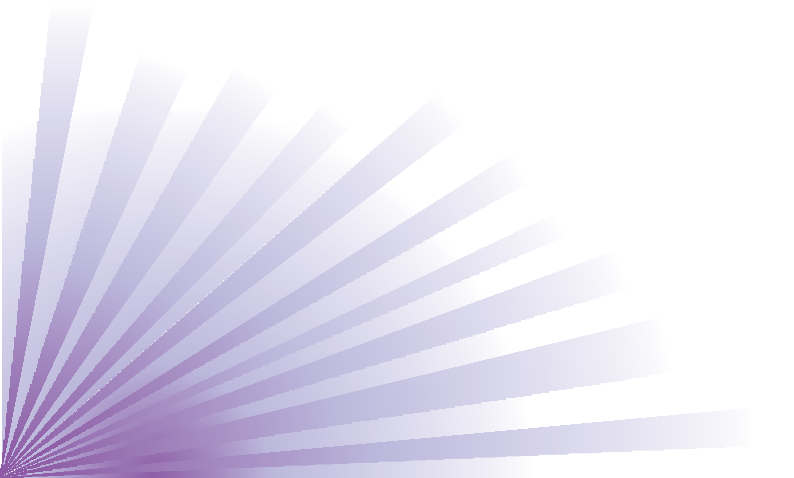
You may want to choose a particular area to focus on from your triggers, thoughts, feeling and behaviours. Sections 4-8 cover each of these areas in more depth. You can ask your nurse if you would like to focus on any particular areas.

Coping with...

Self-harm

**SECTION 4**

**Working on TRIGGERS**



Coping with...

self-harm

# Working on my triggers

There are lots of things that might build up in people’s lives that lead to them using self-harm as a way of coping. For example, Katie found that disagreements or arguments with others often triggered feelings of panic, anxiety and disgust. Making changes to the triggers or the way that you manage the triggers (if you cannot avoid them) can help change your resulting thoughts, feelings and behaviours. For example, Katie recognised with her nurse that she could not avoid all disagreements with others for the rest of her life, so she decided to work on expressing herself in different ways when she disagreed with her boyfriend to positively affect their relationship. Someone else might find that triggers such as alcohol or drug use can be managed differently by reducing them. You might find it helpful to think about what you could do to manage your triggers differently by making some notes below. If you are unsure how you could manage your triggers differently you may find it helpful to discuss this with your nurse.

|  |  |  |
| --- | --- | --- |
| **My triggers** | | |
| **What are my triggers?** | | **What can I do to manage my triggers?** |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |

If you like, you could try to change or avoid your triggers for a while and see what effect this has on your experiences of self-harm. You could use the diary like the one you may have used earlier. There is an extra diary at the end of the section. If you prefer, you could make your own diary. This diary could help you to find out whether reducing your triggers has an effect on your experiences. Your nurse can help you with this if you like.

You could now make a note of what you noticed when you changed your triggers. There is space for you to do this below.

# Changes I noticed when I changed my triggers:

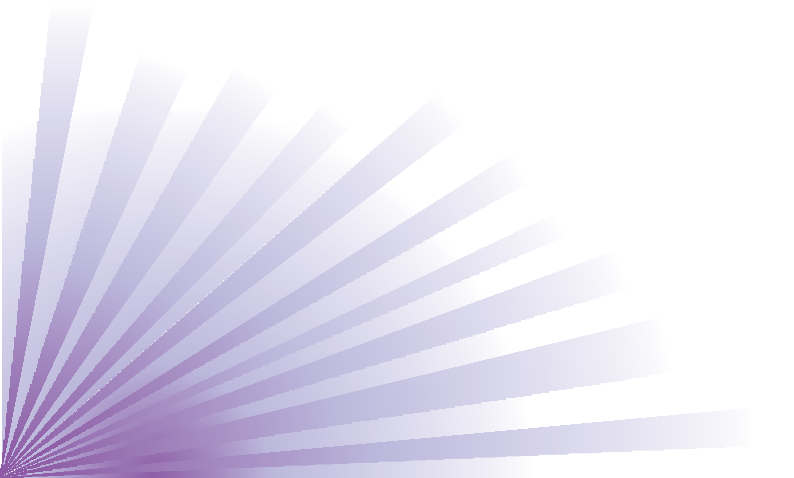


Coping with...

Self-harm

**SECTION 5**

**Working on THOUGHTS**



Coping with...

self-harm

**Working on my thoughts**

There are different ways of working on your unhelpful thoughts that might be help you to think differently. This does not mean only thinking positively, rather this technique can be used to help you think from other perspectives and in a more balanced way. One strategy that can be useful is the Courtroom technique. This can help you to find out how true your thoughts are.

# The courtroom technique

**Step 1: Identifying thoughts and evaluating them**

Katie’s nurse asked her to pretend that her unhelpful thoughts were on trial in court. She asked her to look at the evidence for and against the thought. Katie was asked to be as objective as possible. Here is an example of how Katie used the courtroom technique. The upsetting thought to be tested was: “I am a failure”.

A silhouette of a person holding a hammer

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|  |  |
| --- | --- |
| **Thought to be tested: ‘I am a failure’** | |
| **Prosecution (Evidence for)** | **Defence (Evidence against)** |
| * Sometimes I hurt myself when I didn’t want to. | * I have a good relationship with my boyfriend and we have been together for almost a year. * I finished my apprenticeship last year even though it was difficult. * I have started learning new skills and coping strategies in therapy. |

# Step 2: Thinking about things in a more balanced way

Now you have checked out your thoughts, you could try to think of a more balanced response. Katie used the questions below to help her evaluate her thoughts. Your nurse could help you to think about these things.

* + What real evidence do I have to support these thoughts?
  + Are these thoughts helpful?
  + What thoughts might be more helpful?
  + Am I confusing thoughts with facts?
  + Am I being too hard on myself?
  + If a friend in the same situation told me this thought would I agree?
  + How would someone else view this?
  + How would I have viewed this situation in the past (when I was not feeling this way)?

Now, try to think of a more balanced response. You could discuss this with your nurse.

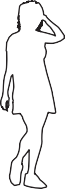
# Step 3: Rate how you feel now

Write down how you feel now. Has checking your thoughts out in this way

changed the way you feel? If so, what do you make of this?

Don’t worry if you are finding it difficult to check out your thoughts, or find that the diaries are not working for you. This might take time and practice. You might want to discuss any problems with doing this with your nurse.

The next page shows you Katie’s completed diary.



Coping with...

self-harm

# Katie’s Diary

|  |
| --- |
| **1. Triggers** |
| At my boyfriend’s house on Sunday night.  With my boyfriend.  Had an argument with my boyfriend about whether I could stay the night. I wanted to stay over but he didn’t want me to because he had to get up for work the next day. |
| **2. Feelings**  Rate how distressing each of these feelings were on a scale of 0-100% |
| Nauseous (80%) Panicky (90%) Scared (95%) |
| **3. Thoughts**  Rate how much you believed each thought was true on a scale of 0-100% |
| He doesn’t really love me (90%)  He’s just going to leave me (95%)  I’m so useless (100%)  I can’t cope with these feelings (100%)  **I am a failure (100%)** |
| **4. Evidence for this thought**  Circle the thought you want to test from section 3.  Write only the factual evidence you have to support this thought. |
| Sometimes I hurt myself when I don’t want to |
| **5. Evidence against this thought**  Use the strategies in the Recovery Guide to help you discover evidence that does not support the thought |
| I have a good relationship with my boyfriend and we have been together for almost a year.  I finished my apprenticeship last year even though it was difficult.  I have started learning new skills and coping strategies in therapy. |
| **6. More balanced response**  Is there another way to explain the situation?  Rate how much you believe the more balanced response on a scale of 0 to 100% |
| I might not be a failure as I have achieved some things in my life. (65%) |
| **7. How do you feel now?**  Rate each of these feelings on a scale of 0 to 100% |
| Calmer (75%) Happier (35%) |

**Seven section diary for testing out negative thoughts**

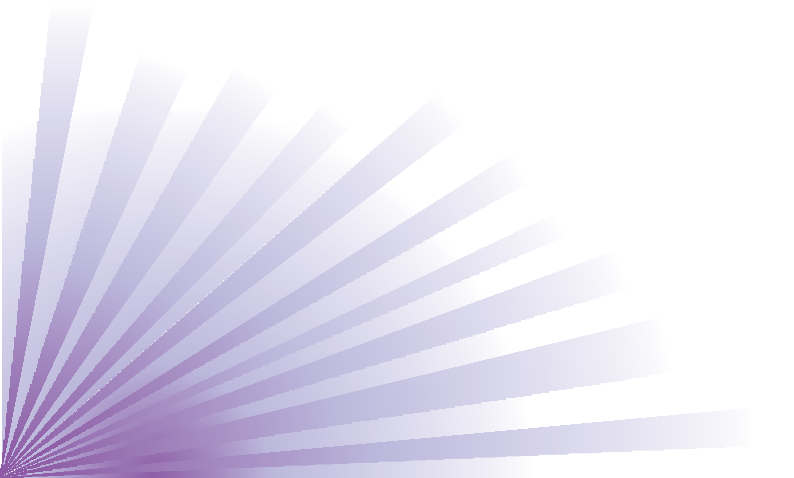
|  |
| --- |
| **1. Triggers** |
|  |
| **2. Feelings**  Rate how distressing each of these feelings were on a scale of 0-100% |
|  |
| **3. Thoughts**  Rate how much you believed each thought was true on a scale of 0-100% |
|  |
| **4. Evidence for this thought**  Circle the thought you want to test from section 3.  Write only the factual evidence you have to support this thought. |
|  |
| **5. Evidence against this thought**  Use the strategies in the Recovery Guide to help you discover evidence that does not support the thought |
|  |
| **6. More balanced response**  Is there another way to explain the situation?  Rate how much you believe the more balanced response on a scale of 0 to 100% |
|  |
| **7. How do you feel now?**  Rate each of these feelings on a scale of 0 to 100% |
|  |

Coping with...

Self-harm

**SECTION 6**

**Working on FEELINGS**



Coping with...

self-harm

**Working on my feelings**

Working on the feelings that might lead you to self-harm.

Katie often experienced a feeling of fear and anxiety after a triggering event. These feelings were so overwhelming that she found self-harming helped her to control these emotions and make them more manageable. To help her manage these feelings differently, Katie learned breathing exercises to slow her heart rate and to help remind her that she was safe. This helped reduce the feelings of fear and anxiety which meant Katie did not feel so overwhelmed and she could direct her attention towards something else other than self-harm.

Next we will consider some alternative techniques and strategies you can try to help you cope with your feelings in a different way.

# Breathing and relaxation techniques

*When using any of these techniques, if you feel you are becoming more distressed rather than less, stop, and speak to your therapist.*

* + Breathing and relaxation techniques can also help with lowering arousal levels.
  + When you breathe in a shallow way, your body tries to take in more oxygen to prepare the body for action (the fight/flight response).
  + People who are anxious often breathe in this shallow way (too fast and not deeply enough). This type of breathing is often called over-breathing or ***hyperventilation***.
  + Sometimes people do this due to habit (they have learnt to breathe like this). They may also do this because there is too much adrenaline pumping around their body, due to the fight/flight response.

Below, we have included descriptions of different relaxation techniques for you to read and practise.

It can help to become more aware of your breathing. You may notice that your breathing is shallow, and that your chest rises up and down when you breathe (you are over- breathing). If you are over-breathing, ***diaphragmatic (pronounced ‘diaframatic’) breathing*** can help you to breathe in the correct way. How to do this is described on the next page. It may seem difficult at first, because it takes practise to learn how to breathe correctly.

|  |
| --- |
| **Technique for diaphragmatic breathing** |
| First check whether you are breathing correctly:   * Place one hand on your chest and another on your abdomen * Exhale (breathe out), and then inhale (breathe in)   If you are breathing correctly your abdomen (not your chest) should rise at the start of your in breath. If your chest is rising then you are shallow breathing. You may then want to try diaphragmatic breathing. |
| **Diaphragmatic breathing** |
| * Practise deep breathing * Try to breathe so that when you breathe all the movement is in your abdomen, with   very little in the chest   * When you breathe out let out a long sigh, like a balloon deflating * After breathing out, pause for a moment, then let the in breath come in just as much   as your body wants   * Try to practise your deep breathing regularly, and in the end you should be able to   breathe like this the majority of the time |

Relaxation techniques can also reduce levels of arousal. Our muscles immediately tense for action when the brain recognises danger (our levels of arousal increase). Sometimes our muscles can be tense without us even realising it. Learning to release muscle tightness can reduce our levels of arousal. This is because it is impossible for us to be both tense and calm at the same time. One of the most effective methods of relaxation is ***Differential muscle relaxation (DMR)***.

DMR involves a systematic routine of tensing (contracting) groups of muscles and then rapidly releasing the tension (relaxing the muscles). This can help you to recognise the difference between tense and relaxed muscle. When you let go of the tension, you should find that the muscle feels much more relaxed than before. With regular practice, you should be able to recognise tension within yourself and be able to let that tension go. Don’t worry if you feel as though you are becoming tenser when you practice relaxation. What is happening is that you are drawing your attention to tension that you were not previously aware of.

|  |  |
| --- | --- |
| **Technique for differential muscle relaxation** | |
| Using the list below, tense, observe and then relax all the muscle groups in your body. Practice a few times using the list so that you become familiar with the different exercises: | |
| **Hands** | Tense your hands by making a fist and relax. Repeat. |
| **Forearms** | Bend your hands at the wrists and point your fingers upwards and relax. Repeat. |
| **Upper arms** | Bring your wrists towards your shoulders, feel the tension and relax. Repeat. |
| **Shoulders** | Bring your shoulders up towards your ears, feel the tension and relax. Repeat. |
| **Forehead** | Raise your eyebrows up toward the top of your head, feel the tension and relax. Repeat. |
| **Face** | Tightly wrinkle your nose and shut your eyes tightly, feel the tension and relax. Repeat. |
| **Mouth** | Clench your teeth tightly, feel the tension and relax. Repeat. |
| **Neck** | Press your head back into the pillow, feel the tension and relax. Repeat |
| **Stomach** | Press your stomach flat into your spine by breathing it inwards, feel the tension and relax. Repeat. |
| **Legs** | Raise your legs up off the floor, feel the tension and relax. Repeat. |
| **Calves and feet** | Curl your toes upwards towards your ankles, feel the tension and relax. Repeat. |

Coping with...

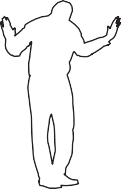
self-harm

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| **Technique for complete relaxation** |
| To begin with, try lying down or sitting comfortably in a quiet place. As you become more familiar with the exercises try to practice doing them anywhere.   * Using your differential muscle relaxation as a guide, tense and relax (twice each) all   the muscle groups in your body   * As you breathe in, tense the muscles * As you breathe out, let them go, whilst at the same time saying the word ‘relax’ to yourself * After relaxing each muscle group, notice the difference between the tense and relaxed muscles, and how relaxed and soft your muscles feel whilst you breathe the tension away * When you have worked through all the muscle groups and you are feeling relaxed, gently focus the mind away from your everyday stresses whilst keeping alert and awake. As thoughts come into your mind do not try to block them. Just observe that they are there and let them pass through without engaging with them. Try   to imagine a pleasant scene using all your senses. Lie there for a few minutes enjoying the feeling. Then gradually become aware of the sounds in the room and get up slowly. |

If you have been using the techniques described here regularly you should now be feeling more relaxed. You may feel that you are not making much progress with lowering your levels of arousal. If so, you might wish to discuss this further with your nurse.

Now you have hopefully identified some of the feelings you experience before self-harm and have been introduced to some relaxation techniques you could try to help you manage these feelings in a different way. In the box below, you can write down some of the feelings and the strategies you have noticed worked well for you in the past, or that you would like to try in the future.

|  |  |
| --- | --- |
| **Coping with feelings** | |
| **Feelings** | **Alternative ways to cope with the feeling** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |



Coping with...

self-harm

You may have done some work on your triggers and thoughts as well. You can use your diary to check whether anything you have tried so far has helped with your feelings. You could note down below any changes in feelings you have noticed.

# Changes in my feelings:

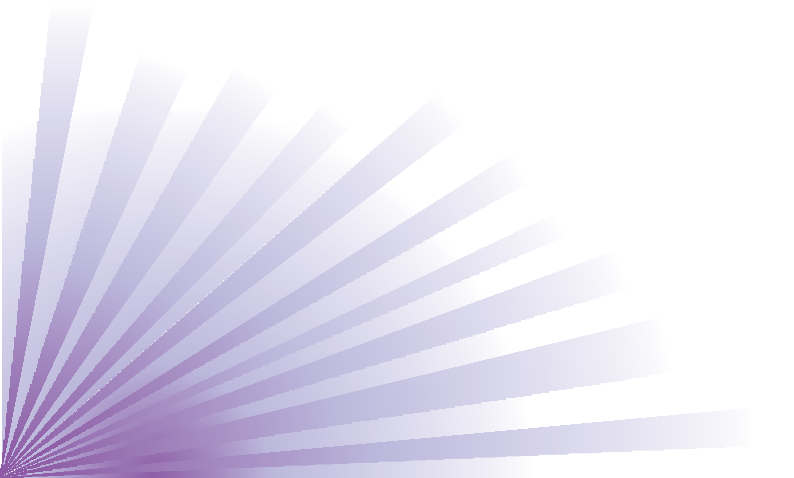


Coping with...

Self-harm

**SECTION 7**

**Working on BEHAVIOURS**



Coping with...

self-harm

**Working on my behaviours**

# Strategies for coping with the urge to self-harm

# You may have already discovered coping strategies that prevent you from self-harming when you have the urge or feeling to do so. In the earlier example, Katie found running and listening to loud music helped distract her and this led to her feeling less overwhelmed by her emotions. This is also known as ‘riding the emotional wave’. This means not reacting to the urge to self-harm straight away, instead you ‘ride the wave’ of feeling until it passes. People often find if they can ride the wave and resist the urge for 10-30 minutes, the urge becomes less strong. This can be difficult to do, especially for the first time as you may be used to responding to the urge immediately. Doing something to distract yourself for this time can help make this process a little easier. Be patient with yourself as this takes practice.

# Below is a list of coping strategies. You can tick the ones you’d like to try and maybe write some of your own.

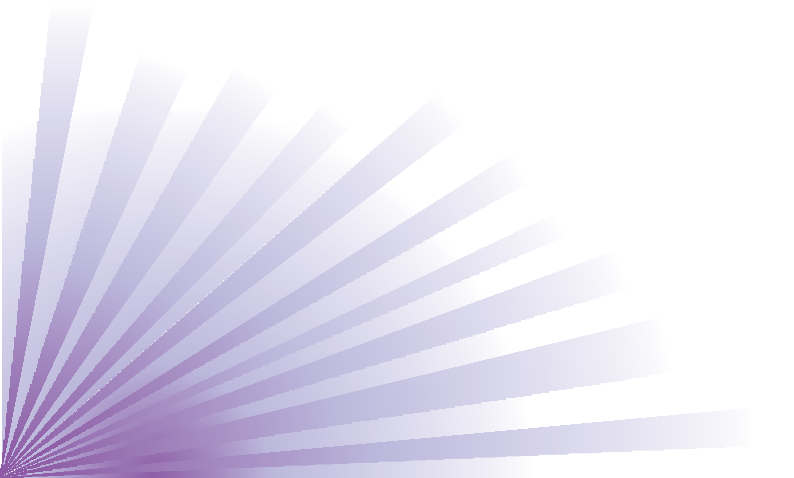
|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Coping strategies** | | | | | |
| **Please tick which you would like to try (and add your own):** | | | | | |
| Smell something with a strong odour |  | Go for a mindful walk (notice what you can see/small/taste/touch/hear) |  | Call or talk to a friend (about anything) |  |
| Mark on body with red pen |  | Run (or any exercise to get rid of adrenaline) |  | Do something creative e.g. write, draw, paint |  |
| Hit pillows/cushions |  | Flick elastic bands on wrist |  | Squeeze ice or have a very cold shower |  |
| Shout/scream into pillows/cushions |  | Write negative feelings on paper and rip it up |  | Dance |  |
|  |  |  |  |  |  |

Coping with...

Self-harm

**SECTION 8**

**After self-harm  
*(Taking care of yourself)***



Coping with...

self-harm

**After self-harm**

# Stopping or reducing the amount you self-harm can be a difficult process, as there are often short-term benefits from self-harm as we have mentioned previously such as relief from emotional pain. Sometimes the urge to self-harm is very powerful and you may not always be able to use alternative coping strategies.

# Understanding self-criticism

# Sometimes, people can be very hard on themselves after they have self-harmed. They may be critical of their actions and feel defeated or like they have failed. This section aims to help you identify your feelings and self-critical thoughts after you have self-harmed so that you can trying responding to yourself in a different way.

# Katie

# Katie agreed a long-term goal with her nurse that she would like to stop self-harming and develop other ways of coping with her feelings. She recognized that it provided her short-term relief from emotional pain, but she did not want to have scars on her arms anymore that might become infected.

# Katie met with her nurse for her fourth session and they talked about her difficult relationship with her mum. Katie found this challenging, but felt able to cope until she got home and had an argument with her boyfriend. Katie tried to resist but felt overwhelmed and she cut her arm. Katie felt immediate relief, but later that evening she noticed having feelings of shame and guilt.

# How do you usually feel after you have self-harmed? Tick the feelings that are most common for you and you can also add your own.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Feelings after self-harm** | | | | | |
| **Please tick as appropriate:** | | | | | |
| Sad |  | Regret |  | Disappointment |  |
| Relief |  | Guilt |  | Shame |  |
| Numb |  | Anger |  | Worry |  |
|  |  |  |  |  |  |

# We all have a self-critical voice in our heads that comments on what we are doing and gives us feedback when we haven’t done something as well as we had hoped to. Katie’s self-critical voice would say things to her like ‘you’re a failure’, ‘you’re useless’; ‘you can’t get anything right’. This led her to feel sad, guilty and shameful. Katie’s nurse suggested she think about her self-critical voice as a bully. The bully had been around for so long that Katie didn’t think to challenge what it said any more. Self-criticism can become automatic and this can have a huge impact on how we feel and think about ourselves. The first step in managing self-criticism is start to *notice* when we are talking to ourselves in this way.

# Think about your self-critical voice and what sorts of things it says about you. You can have a go at writing down some of these things below. This might help you to notice when it is happening.

# Being kind to yourself

# Compassion is being sensitive to the suffering of others and wanting to relieve their suffering. You may have heard of the term ‘self-compassion’. Self-compassion is being kinder to ourselves. This is a skill that we can develop with practice, as many people find that being kind to themselves does not come easily. Some people find they are able to be compassionate (kind) to others, but struggle to be compassionate to themselves.

# One way to look after ourselves after we have self-harmed is to practice self-compassion, instead of self-criticism. This can help to ease the feelings we have after self-harming. Here is an exercise you can practice to help you be more compassionate to yourself. You could practice it a few times when you are feeling ok and then start to use it when you notice you are being hard on yourself. You may want someone to read this aloud to you the first few times, or to make a recording of your own voice if this helps you.

|  |
| --- |
| Soothing Rhythm Breathing  * Sit comfortably and place both feet flat on the floor. Rest your hands on your legs. * Close your eyes or look down at the floor. Let your facial muscles relax. * Gently focus on your breathing. * Try to allow the air to come into your diaphragm (you can place a hand on your abdomen just below your ribcage – if you are breathing into your diaphragm you should notice your hand rise and fall). * Play around with your breathing until you find a rhythm that feels soothing to you. * People usually find breathing is slightly slower and deeper than usual. The in-breath around 3 seconds… hold… and then 3 seconds out. Make sure your breaths are smooth and even. If you feel out of breath you may need to change the rhythm. * You can spend as long as you like practicing this, just noticing your breath going in and out. You may want to keep your hand on your diaphragm to help you focus. * Some people find breathing in through the nose and out through the mouth most calming. * Notice how your body feels – any sensations you can feel, or the lack of sensation, the air coming in and out of your nostrils, your chest and abdomen rising and falling, the feeling of contact between your body and the floor/chair. * Remember it is perfectly ok for your mind to wander, this is just what minds do. If this happens just notice where your mind has gone and gently bring it back to focus on your breath. Don’t worry if this keeps happening, just keep gently bringing the focus back. |

# You can also try doing activities that you find soothing. This is different for every person, for example one person may find listening to classical music soothing, whereas another might find this makes them feel more anxious. Try being curious about yourself and exploring new things to see how they make you feel.

# Here are some examples you could try. You can also add your own:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Self-soothing activities** | | | | | |
| **Please tick the ones you would like to try:** | | | | | |
| Have a relaxing bath |  | Stroke or care for a pet |  | Wrap myself in a large duvet in bed |  |
| Go for a mindful walk |  | Watch my favourite TV show or film |  | Drink my favourite hot drink |  |
| Create something e.g. paint, draw, write |  | Listen to soothing music (maybe create a playlist) |  | Rock gently side-to-side |  |
|  |  |  |  |  |  |

# Looking after your physical health

# It is also important to look after your body when you have self-harmed. As we saw with the example of Katie earlier, she sometimes found her wounds became infected and this led to further pain and distress, which then led to more difficult thoughts and feelings. Here are some common examples of first aid you can do yourself or with support from someone else:

|  |
| --- |
| First Aid*Cuts and Wounds*Apply pressure to a bleeding cut with a bandage or towelClean the wound under running waterApply a sterile adhesive dressingIf it becomes infected (e.g. you notice swelling, pus or spreading redness) seek immediate medical attention*Burns*Cool the area with cold water for 10-30 minutesCover the area with clingfilm to keep it sterileDo not use ice or creams on the burn as this will affect healing*Overdoses*You should seek medical attention as soon as possibleGo to your local A&E/emergency department as soon as you canStaff will ask you what you have taken and how much as this will affect your treatment If you are unsure how to look after a wound or whether you need to see a doctor, you can ring NHS Direct on 111 or go to [www.nhs.uk](http://www.nhs.uk) |