GOOD PRACTICE GUIDELINES

for working with people who self-injure

Bristol Crisis Service for Women

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GOOD PRACTICE GUIDELINES

Introduction to the guidelines

Over the last ten years there has been rapidly growing awareness, both public and professional, of the issue of self-injury. Many workers in different professions are coming into contact with people who self-injure, and are seeking training, information, support and guidance about supportive and effective ways of working with their clients. In some areas dedicated services have been or are being developed to support people who self-injure.

A consultation process was carried out amongst a large group of workers, working in a broad range of health and social care settings in both voluntary and statutory sectors, to identify areas of concern and the issues felt to be of prime importance and relevance for inclusion in the guidelines. This information was used, together with input from service users, and a review of existing services for people who self-injure, to develop these guidelines.

The guidelines do not define a particular model or style of working but seek to prompt those whose work brings them into contact with people who self-injure to address, or revisit, a number of central issues.

The guidelines are presented as a checklist, followed by some

discussion and examples of practice in different services, and ending with a listing of some contacts and resources.

It is hoped that these guidelines will be a useful starting point for anyone considering developing new services or reviewing existing service provision for people who self-injure. Though primarily addressed to 'services' consisting of groups of workers, the guidelines will also have relevance for individual workers within services, and to 'lone' workers, for example therapists and counsellors in private practice, working with clients who self-injure.

Users of services are variously called patients, clients, residents, callers, cases and a variety of other names. They will generally be called 'service users' in this document. Similarly, staff will be referred to as 'workers'.

BACKGROUND

There are many different settings, both medical and non-medical, where individuals who self-injure seek help and support. A first contact may be with a general practitioner or an Accident and Emergency department. For some it may be a school nurse or counsellor, a college or university counselling service. For some self-injury is disclosed when seeking help for other difficulties: a woman seeking help for post-natal depression may confide in her health visitor; a woman having problems at work may tell the worker in Occupational Health.
Many people hide their self-injury, and do not seek outside help.

The stigma and lack of understanding still prevalent about self-injury mean that, in a lot of settings, the self-injuring is viewed as 'the problem'. The majority of people who self-injure do so because of underlying difficulties, often unbearable, unmanageable feelings stemming from unresolved or damaging, life experiences, from which self-injury gives some relief. Although self-injury is not itself seen as desirable behaviour, it can be understood to be a much needed coping strategy, enabling individuals to live their lives, or times in their lives which might otherwise be unbearable or untenable.

For some the self-injury itself is very frightening. It may act as a relief from unendurable feelings, but the relief may only be temporary, the difficult feelings may return. Although it seems to be the only way of managing, of coping, it is isolating and stigmatising. Additionally, there may be wounds that need dealing with, perhaps alone, perhaps help is needed. Who can be expected or trusted to understand? Who will give help and support, and not compound the feelings of shock, fear, hurt, anger, shame, blame, numbness or hopelessness that the person

may be carrying, along with the wounds? After the wounds have healed there may be scars to show or to hide, to explain or explain away.

What is good practice?

Good practice exists where:

- it is recognised that all service users have rights and responsibilities, regardless of their culture, ethnicity, gender, age, sexual orientation or impairment;
- workplace practices are clear, have been developed in consultation with service users, and ensure real partnership between service users and service providers;
- practices empower the users of services;
- provision is flexible and responsive to the complexity of individuals' lives, needs and aspirations, their unique experience, situation and relationships;
- provision is sufficiently robust to set appropriate boundaries and limits;
- training adequately prepares staff for their work, ongoing training encourages workers' development; workers are supported in their work.

PRINCIPLES

Seven inter-related aspects of service provision that contribute to good practice are offered here as a checklist of questions to be addressed:

Purpose/statement of approach

- What is the purpose of the service? Is this clear to everyone involved?

- Does the service have a clear statement describing the understanding of self-injury and the treatment approach employed?
- Is the approach consistent within the service. Do different professional groups work differently? Is this made explicit?
- Are service users made aware of the approach(es) used?
- How are service users' views sought in the planning and delivery of the service?

Managing

- Are areas of responsibility, and lines of responsibility clear?
- Are there any conflicts between personal autonomy and professional or statutory responsibilities?
- Is there a clear and accessible complaints procedure?

Service user wellbeing

- Do service users have a choice of services?
- Is service provision culturally sensitive?
- Are service users aware of what the service can offer, and what the limitations are? Is information readily available to service users describing the service?
- Is treatment planning user focused, user led, driven by service user need?
- Is a range of provision available to meet individual needs?
- Is there consistency of approach within this service?
- How does the service promote user empowerment, responsibility and independence?

Worker training and support

- Does worker training include input on working with people who self-injure?
- Have individual workers received training on putting the agency's approach into practice?

- Are there opportunities for ongoing training and professional development?
- How are workers supported in dealing with the emotional impact of their work?
- Is there formal space for workers to reflect on their work and receive feedback and support eg supervision, team meetings?
- Are all workers familiar with any policy statements and guidelines relating to people who self-injure?
- Are workers supported by the team? and by management?

Procedures

- Is a formal 'risk assessment' used? What are the consequences of this?
- What should workers do if client/patient tells them of intent to self-injure?
- What should workers do if client/patient has self injured - wound care, emotional care?
- Is there a process for crisis planning with the individual? Does this include consideration of harm minimisation?

Resources

- Are workers aware of the range of resources available to service users, for example literature, local support groups, helplines, crisis services?
- Are workers aware of relevant training opportunities, and do they have access to them?
- Are workers aware of relevant literature/research, and do they have easy access to it?

Monitoring and evaluation of service provision

- Is the service reviewed regularly
- How are service users' views included in the review process?

Is monitoring user-focussed?

Purpose of service/statement of approach

- What is the purpose of the service? Is this clear to everyone involved?
- Does the service have a clear statement describing the understanding of self-injury and the treatment approach employed?
- Is the approach consistent within the service, or do different professional groups work differently? Is this made explicit?
- Are service users made aware of the approach(es) used?
- How are service users' views sought in the planning and delivery of the service?

Few services specialise in provision for people who self-injure, though many will have people who self-injure amongst their service users. The aims and purpose of the service will determine how workers in that service respond to service users who self-injure, and the extent to which those service users' needs can be addressed.

> *An inpatient psychiatric unit serving a sparsely populated rural area is able to offer self-referred retreat or asylum to its service users in times of rising or acute distress or need. Service users are, in this way, encouraged to recognise their own need and to seek help in the familiar environment when desired.*
>
> *Accident and Emergency services are set up primarily for treating physical trauma, and the triage system is designed to assess and prioritise patients' needs. There is also provision, (perhaps by admission to a psychiatric ward overnight) for treating people going through severe emotional distress, though this provision may be limited, and may be insufficient or inappropriate to addressing the emotional needs of the individual who has self-injured.*

It is important that workers have some shared understanding of self-injury and also that the service offers guidance to its workers on this. Without some shared position, service users may experience confusing and frustrating differences in responses from workers. This does not preclude differences in personal style or professional approach, but promotes an overall consistency. For example, nursing staff, a social worker and a psychologist involved with a individual may have different roles in relation to the service user but at the same time will be offering part of an integrated service, based on the service user's needs.

It is widely accepted that self-injury is an expression of distress, a way of coping with emotional pain, and that injuring can release, relieve or express acute feelings of self-hatred, anger or anxiety. People who self-injure frequently report feeling relief immediately after injuring. The relief may be short lived, particularly if the source of the distress is not being addressed. The injuring itself may bring a range of difficult feelings including shame, stigma and isolation.

Service users need to know what a service can offer to them.

"....Once the medical and nursing staff have assessed your physical injuries, they will ask you whether it would be helpful to talk about what might have led up to you injuring yourself. However, some people prefer to just sit quietly or to have a cup of tea. Whatever is most helpful to you will be respected.....

What we believe

It does not matter about the origins of your self-harm or injury - here you will be treated with respect and understanding, however your injuries were caused. We will challenge any blaming attitudes towards those who have taken an overdose or who experience self-injury. We welcome comments and views on the service you receive whilst in the Accident and Emergency Department and will respond positively to suggestions for further improvements in the care we provide."

Form the leaflet ' Information following self-injury', Mental Health Liaison Service, Bath Mental Health Care Trust

Managing

- Are areas of responsibility, and lines of responsibility clear?
- Are there any conflicts between personal autonomy and professional or statutory responsibilities?
- Is there a clear and accessible complaints procedure?

Different professions have their own guidelines and codes of practice which define areas of responsibility and accountability, confidentiality and informed consent.

"You have a professional responsibility to promote client independence and autonomy. This means discussing with clients

their proposed treatment or care. Decisions made by the inter-disciplinary team regarding the client's treatment or care should, where possible, involve the client and always be in the client's best interests." (UKCC Guidelines for mental health and learning disabilities nursing. 1988)

Self-injury as a behaviour occupies a singular position. Usually carried out to provide some sort of emotional relief, it causes immediate damage to the body and may thus set up a conflict for anybody in a 'caring role', in a direct way. Who is responsible for the injurer's body?

In some settings, workers are required to take on responsibility for ensuring that someone does not cause themselves harm, and, if assessed to be at risk, does not have access to the means to take their own life. It is important to differentiate between suicidal behaviour and self-injury and to provide a structure within which an individual can retain their autonomy, dignity and responsibility wherever possible.

> *A telephone helpline offers a confidential, non-judgemental service, and callers have the opportunity to talk through any issues or feelings. A caller may ring in because she is experiencing a need to self-injure, but wants to avoid this by talking through what she is feeling. The helpline worker will help the caller explore her feelings. She may it helpful to talk about other issues: what has helped in the past; what has been going on in her life recently, other possible coping strategies. By the end of the call, the urge to self-injure may have lessened.*

Services users may feel dissatisfied with the service they have

received: it is important that they feel able to complain about the standard of services and that they will be treated fairly following the complaint. The complaints procedure should be clear to both service users and workers, and include a timescale for dealing with the complaint, mechanisms for resolving the issues and ways of incorporating the learning from justifiable complaints.

Service user wellbeing

- Do service users have a choice of services?
- Is service provision culturally sensitive?
- Are service users aware of what the service can offer, and what the limitations are? Is accessible information provided to service users describing the service?
- Is treatment planning user focussed, user led, driven by service user need?
- Is a range of provision available to meet individual needs?
- Is there consistency of approach within this service?
- How does the service promote user empowerment, responsibility and independence?

People who self-injure seek help and support from a wide range of services and less formal sources, including general practitioners, helplines, accident and emergency departments, counsellors and self-help groups.
There is often very little or no choice of services in a particular area: service users are consequently in a disadvantaged position when it comes to seeking help, especially when statutory provision is targetted on the severely mentally ill. Workers are often correspondingly aware that services they provide may not be suited to needs but that there may be little else available.

Self-injury support groups are developing around the country and many people find them an important element in their support systems. Groups can provide support in many ways: providing a

place where self-injury can be talked about with people who have some similar experience and understanding; breaking down some of the associated feelings of isolation and stigma; sharing thoughts and ideas about the meanings and functions of self-injuring for individuals; sharing experience, information and support for living with self-injury; exploring ways of harming less or finding alternatives if desired; offering and receiving support and encouragement.

Preventing someone from self-injuring, (whether by contract, threat of withdrawal of services or attention, or by confiscation of the means to injure), is likely to be counter-productive as it may intensify the feelings and consequently increase the need to injure. It is also likely to hinder the development of a therapeutic relationship

> *A woman attending a day hospital found herself excluded when she had self-injured, despite the fact that the self-injury was one of the issues determining her original referral.*

Worker training and support

- Does worker training include input on working with people who self-injure?
- Have individual workers received training on putting the agency's approach into practice?
- Are there opportunities for ongoing training and professional development?
- How are workers supported in dealing with the emotional impact of their work?
- Is there formal space for workers to reflect on their work and receive feedback and support?
- Are all workers familiar with any policy statements and guidelines relating to people who self-injure? Are workers supported by the team? and by management?

Few professional trainings include any specific consideration of self-injury. Workers frequently report this as a shortcoming and feel unprepared, unsure and tentative in their work with people who self-injure. Training needs to be provided to ensure workers have a good understanding of the issue, and are able to work optimistically and creatively with their clients. Training should include an understanding of the possible underlying and immediate causes of self-injuring and of the model or approach for responding / treatment used in the agency.
It may be relevant and necessary for all workers to receive training in 'First Aid' and 'Health and Safety'.

Training also needs to be provided to familiarise workers with agency policies and to support workers in applying these policies to their work with people.

> *Bristol Crisis Service for Women provides helpline support to women who self-injure. Helpline calls are limited to one hour. Helpline workers receive specific training in ending calls. This includes using a range of cues throughout the call, such as: "You've got up to an hour to talk about anything you want", "We've got about fifteen more minutes", "Would you like to spend the last few minutes talking about what you will do when you come off the phone?" Training also addresses the rationale behind the policy limiting the length of calls.*

Workers also need the opportunity to attend ongoing training to maintain and develop their skills and potential. Conference attendance is also helpful to keep abreast of developments in the field, to network with colleagues and to share understanding and practice dilemmas.

Work with individuals who self-injure can have an intense

emotional impact on workers and appropriate support needs to be provided for the work. There are many forms that this can take and a range of models appropriate to differing styles of working.

> *Workers in a supported housing project for young women receive fortnightly managerial supervision, where issues such as training needs and time management are discussed, and attend a weekly supervision group where issues arising in the work are explored with colleagues.*
>
> *Volunteers working on a telephone helpine receive peer 'day after' support after working on the helpline, and attend monthly group supervision meetings.*

Procedures

- Is a formal 'risk assessment' used? What are the consequences of this?
- What should workers do if client/patient tells them of intent to self-injure?
- What should workers do if client/patient has self-injured? - wound care, emotional care?
- Is there a process for crisis planning with the individual? Does this include consideration of harm minimisation?

A formal or informal risk assessment procedure is carried out routinely when individuals are admitted to or attend some services.
Risk assessment may be aimed principally at determining whether there is a likelihood that the individual will attempt suicide. A possible consequence of this is that service users' needs are not taken seriously unless there is seen to be a risk of suicide; additionally that prevention of suicide may be prioritised to the exclusion of other considerations, for example, 'specialling' an individual, but not talking to them or supporting in any other way.

Other assessment procedures are more comprehensive and designed to highlight the individual's particular needs or vulnerabilities. This would then form the basis for care planning for the individual.

> *A project providing short term housing for single young women carries out a rigorous assessment procedure as part of the admission process. This includes a wide range of areas - including history of self-harming, level of independent living skills, self esteem. The information is used initially to decide if the placement is appropriate for the young woman and able to meet her needs sufficiently, and is then used as the basis for collaboratively planning her support and development, and her eventual resettlement in permanent housing.*

Agency guidelines need to specify what action workers should take if a service user discloses the intention of self-injuring. Again, practice will be determined by the needs of the individual, the relationship between the service user and the worker, and the nature and goals of the service.

A residential specialist self-harm service "works on the two therapeutic strategies of retention of responsibility by residents, and calculated short-term risk tolerance by staff. This includes offering the opportunity of handing in potentially harmful object (eg razors, acids) until they feel safer.....In the short term taking risks of this nature may result in some degree of escalation of the self-harm as the individual tries to adapt to a degree of responsibility to which they have not been accustomed".
Crisis Recovery Service - Philosophy and Protocols for the Management of Self Harm

Agency guidelines need to address what to do following self-injury. Workers may or may not be qualified and confident in making decisions about the seriousness of injuries and may need to access extra support. Are First Aid boxes available and kept well stocked? In some agencies service users will be encouraged to take responsibility for the care of their own self-injury, for example, keeping their own first aid supplies, dressing wounds and accessing medical services, with support from staff as required.

The impact of self-injury on other service users needs to be considered, and measures appropriate to the individual service need to be put in place. This might take the form of briefing other service users about self-injury in the same way as drugs or HIV awareness sessions might be presented. Additionally, an option in a residential service would be to identify an area, the individual's own room or some other space, where self-injury would have least impact on others.

Resources

- Are workers aware of the range of resources available to service users, for example literature, local support groups, helplines, crisis services?
- Are workers aware of relevant training opportunities, and do they have access to them?
- Are workers aware of relevant literature/research and do they have easy access to them?

It can be invaluable to maintain up to date information on a range of resources, including:

- other available services (helplines, counselling agencies, support groups, crisis houses, drop-in support) that service users may find helpful in addition to your service or on discharge.
- newsletters, self-help and other relevant literature for both service users and workers
- training, development and networking opportunities for workers, that include service user/survivor input and perspectives
- relevant conferences and seminars, current research

See resource list at end.

Monitoring and evaluation of service provision

- Is the service reviewed regularly?
- How are service users' views included in the review process? Is monitoring user-focussed?

Services need to regularly review their effectiveness. This is obviously related to the purpose and aims of the service. Consideration will need to be given to all stakeholders, and to the particular questions they want answered. How well does the service meet users' needs? How could the service better meet users' needs? Is the service cost effective, taking into account both short and long term views? Are there people who could benefit from the service but are unable to access it for some reason, for example lack of childcare provision, or lack of provision for a hearing impaired person to use the service?

This will necessarily include seeking service users' views of provision and suggestions for improvements. Services might consider ‘User Evaluation of Service’ sheets which service users can fill in and return anonymously. Some agencies may have a ‘Service User Advisory Group’ which either meets regularly or is convened when particular issues or pieces of work need attention.

Some useful contacts and resources

BOOKS

Alderman, Tracey. THE SCARRED SOUL. UNDERSTANDING AND ENDING SELF-INFLICTED VIOLENCE. New Harbinger, 1997.

Babiker, G & Arnold, L. THE LANGUAGE OF INJURY: COMPREHENDING SELF- MUTILATION. British Psychological Society, 1997.

Burstow, Bonnie. RADICAL FEMINIST THERAPY (ch 10, 'Self-mutilation'). Sage, 1992.

Favazza, Armando R. BODIES UNDER SIEGE. Johns Hopkins, 1987, p'back edn 1992.

Harrison, Diane. VICIOUS CIRCLES. Good Practices in Mental Health, 1996.

Miller, Dusty. WOMEN WHO HURT THEMSELVES. Basic Books, 1994.

Pembroke, Louise. ed. SELF HARM: PERSPECTIVES FROM PERSONAL EXPERIENCE. Survivors Speak Out, 1994.

Smith G, Cox D and Saradjian J. WOMEN AND SELF-HARM. Women's Press, 1998

Spandler, Helen. WHO'S HURTING WHO? 42nd Street, 1996.

Walsh, Barent W & Rosen, Paul M. SELF-MUTILATION: THEORY RESEARCH AND TREATMENT. Guilford, 1988.

In Our Experience User Focussed Monitoring of Mental Health Services

Available from Sainsbury Centre for Mental Health 0171 8278351

NEWSLETTER

SHOUT c/o PO BOX 654, Bristol BS99 1XH

WORKBOOK

'The hurt yourself less workbook' available from National Self-Harm Network

VIDEO: Visible memories
Available from Croydon Mental Health Users Group, 0181665 0210

Bristol Crisis Service for Women
PO Box 654, Bristol BS99 1XH 0117 9251119
Helpline, information, publications, training pack and training
website: http://www.users.zetnet.co.uk/bcsw/

National Self-Harm Network
PO Box 16190, London NW1 3WW
Survivor led campaigning organisation.

Basement Project
PO Box 5, Abergavenny NP7 5XW 01873 856524
Training and publications, Self-injury Forum newsletter
website: http://freespace.virgin.net/basement.project/

Young People and Self-Harm Information Resource
website: http://www.ncb.org.uk/selfharm