

## Points of view

You think my self-harming means I'm not coping.

I think self-harming is **helping** me cope.

You think I'm attention-seeking.

I wish people's attention didn't need seeking.

You think you know why I self-harm.

I think it would be nice if someone asked my opinion!

You think I should stop self-harming.

I think you should stop your smoking and fry-ups.

You think I'm manipulating you.

I think if you took notice of what I said, I wouldn't have to.

You think I'm a waste of time.

I don't feel like people have wasted much time trying.

You think if I self-harm I might kill myself.

I think if I didn't self-harm I might kill myself.

You think if you don't talk to me when I self-harm then I'll stop.

I think 'So what's new?'

You think if you stitch me without anaesthetic it might put me off self-harming.

I think there are better ways of teaching me to respect my own body.

You say you can't help me while I'm self-harming.

I think if I could stop then I wouldn't need help!

You think my self-harm is a big problem.

Often self-harm feels like the least of my problems.

You feel you have to manage my behaviour.

I wish you'd just listen to me.

Today you said you couldn't manage me.

You were out of your mind with worry.

You said you felt a failure because you didn't have all the answers.

You looked me in the eye and said 'What do you need from me?'

Now I think we can get somewhere.

5.13

## Additional Assessment Questions Self-harm

The following points should be considered when assessing a young person who may be self-harming.

### 1. Age

The older the teenager the higher the likelihood of attempted suicide.

### 2. General health

Do they look like they are taking care of appearance / hygiene? Are they dressed appropriately?

### 3. Attachments and boundaries

Adolescents become suicidal, at least partly, within a context of family dysfunction.

Young people who have been abused/victimised or are in care are at greater risk.

Teenagers without a significant and safe attachment figure who consider themselves lonely are more likely to deliberately harm themselves.

### 4. History of self-harm

Young people who have already attempted suicide are more likely to try again. The more serious the intent and the attempts the greater should be the level of concern.

### 5. History of general self-destruction

Any other forms of destructive or antisocial behaviours present.

### 6. Substance abuse

Adolescents who abuse drugs and alcohol are likely to demonstrate poor impulse control and poor problem-solving skills. They are at higher risk of self-harm.

### 7. Adaptive strategies

How well do they cope with stress or relationships? How receptive are they to support?

### 8. Chronic and multiple problems

Are there any other co-existing difficulties, i.e., peer relationships, family and school?

### 9. Experience of loss

Loss is a central issue in adolescence. The number of experiences of loss are important. Having friends and family who have committed suicide increases the risk.

### 10. Support system

Common factor in adolescents who attempt suicide is a lack of stable family support, few friends or superficial contacts.

## 11. Mental state

Depression and suicide are closely related. These symptoms must have been present nearly every day for a period of at least two weeks.

## 12. Attitude to future

Do they think their condition or circumstances can change? Can they expect things to get better? Is there anything in the future they are looking forward to?

## 13. Support system

Are they accessible to support and counselling? Are they turning up for school or other appointments?

## 14. Attitude towards death

Try to understand the meaning and attraction of death to the adolescent.