

CARIBOU

Youth

Handouts for the Management of Self-Injurious Thoughts and Behaviours

A Component of
Treatment for Adolescents
with Depression

camh | Cundill Centre for Child
and Youth Depression



This manual may be freely reproduced for personal use. Other than for personal use, no part of this work may be reproduced or transmitted in any form or by any means electronic or mechanical, including photocopying and recording, or by any information storage and retrieval system without written permission from the publisher — except for a brief quotation (not to exceed 200 words) in a review or professional work.

Suggested citation:

Courtney DB^{1,2,3}, Relihan J^{1,2,4}, Prebeg M^{1,2,4}, Ameis^{1,2,3,5} SH. (2023). CARIBOU Clinician’s Guide for the Management of Self-injurious thoughts and behaviours; A component of treatment for adolescents with depression. Toronto, ON: Centre for Addiction and Mental Health.

¹Cundill Centre for Child and Youth Depression, Centre for Addiction and Mental Health

²Child, Youth and Family Services, Centre for Addiction and Mental Health

³University of Toronto

⁴Margaret and Wallace McCain Centre for Child, Youth and Family Mental Health, Centre for Addiction and Mental Health

⁵Campbell Family Mental Health Research Institute, Centre for Addiction and Mental Health

For more information, contact:

Darren Courtney, MD, FRCPC
Centre for Addiction and Mental Health
416 535-8501 ext. 30539
1 800 463-2338 ext. 30539
Darren.Courtney@camh.ca

Table of Contents

Session 1: Planning For Life	4-8
Session 2: Ramping Up: Getting ready for change	9-12
Session 3: Riding The Wave	13-17
Session 4: Breaking The Chain	18-21



Thoughts about suicide and self-harm behaviours are common enough in young people struggling with depression. Getting a good understanding of your experience and communicating this with others can help manage these thoughts and behaviours. This module will guide you through some relevant strategies including safety planning, getting motivated for change, how to “ride out” some of these experiences without acting on them and how to break patterns leading to intense suicidal ideas and/or self-harm. It is best to work with your clinician on these strategies. Safety planning is a good place to start.

If you get stuck while responding to questions in sections A to G below, there are some prompts at the end of this section on pages 7 to 8 that may give you some ideas.

A Reading the Signs

Greater self-awareness of higher risk times (relative to your typical experiences) can help guide you to next steps. The earlier you catch signs of your own risk, the easier it will be to cope. What are your personal signs that risk for self-harm is getting elevated?

B Feeling Connected

Reminding yourself of people or ideas you are connected to can help you to get through hard times. What are some things that motivate you to want to continue living or continue efforts to reduce self-harm?

C What Helps You Already

People often have a list of strategies that have worked for them in the past but may need to be reminded of them. What have you done in the past to cope or ease your distress?

D Reframing My Situation

Sometimes a shift in thinking can help. How can you reframe thoughts you are having about your situation?

E Support

Knowing who to reach out to in a time of need is key. Who are people you can ask for support? What would you say to them?

Personal (e.g., family, friends, other members of the community):

Professionals/Organizations (e.g., mental health agencies, local crisis lines):

F Staying Safe in the Moment

Strong emotions can often make people more vulnerable to impulsive behaviours, including self-harm. What are some ways you can put a distance between yourself and items used to self-harm? These strategies may make it more difficult for impulsivity to lead to self-harm.

Remember that if you have tried these strategies and are still overwhelmed with suicidal thoughts or self-harm, you can call a crisis line (do an online search for “crisis line” and the name of your geographical region) or go to an emergency room for help.

G Planning

Writing out your safety plan can help open the mind to solutions that don't involve self-harm.

Using the above information, summarize your short-term personal safety plan:

What can I do in the long term to reduce my risk?

Other Ways to Respond

The following checklists are here as a reference if you need some ideas to complete the sections A to G above.

A Reading the Signs

- Thoughts about suicide or self-harm
- Substance use
- Feeling a sense of purposelessness or hopelessness
- Feeling tense, restless, or anxious
- Feeling trapped
- Withdrawal from friends and family
- Uncontrollable anger
- Feeling more impulsive
- Sudden and intense shift in mood
- Uncontrollable negative thoughts
- School stressors
- Family stressors
- Peer stressors
- Personalized sign: _____
- Personalized sign: _____

B Feeling Connected

- Family members
- Children in my life (e.g., siblings, cousins)
- Friends
- Pets
- Faith, spirituality or life philosophies
- Experiencing new things
- Achieving future goals
- Hobbies or interests
- Ideas I am passionate about
- Other way to connect: _____
- Other way to connect: _____

C What Helps You Already?

- Deep breathing
- Doing exercise
- Cold sensation (cold water, ice pack on my face or neck)
- Reaching out to a friend or family member
- Distracting myself with an activity
- Listening to pleasant music or a podcast
- Watching a TV show or movie I like
- Going for a walk
- Meditating or praying
- Paying attention to my 5 senses (e.g., grounding)
- Relaxation exercise or yoga
- Connecting with my community
- Creating a "hope kit" with items that I find help ease my distress
- Personalized coping: _____
- Personalized coping: _____

D Reframing My Situation

- Thinking of ways that I got through challenges in the past
- Reminding myself of people who care about me
- Thinking of what I would say to a close friend who was feeling this way
- Reminding myself that, with treatment, I can learn new strategies to cope
- Reminding myself that the pain goes in waves
- Personalized way to reframe thoughts: _____
- Personalized way to reframe thoughts: _____

F Staying Safe in the Moment

- Locking up or removing items I may use to harm myself
- Avoiding situations or people that upset me
- Removing myself from areas where I am not safe
- Asking someone to help me stay safe
- Removing things that make me feel unstable (e.g., alcohol or other drugs, cues for overwhelming memories, social media, a situation that is overwhelming)
- Personalized strategy: _____
- Personalized strategy: _____

G Planning for Life

- Participating in psychotherapy (including committing to attending and continuing therapy)
- Treating my underlying psychological difficulties
- Involving family members and friends in my care
- Becoming more connected with my community
- Working toward longer term goals
- Personalized longer-term strategy: _____
- Personalized longer-term strategy: _____

Ramping Up: Getting ready for change



Session 2

Thoughts about suicide and/or self-harm often have a purpose. Sometimes people are hesitant to let them go or work on them. Many people are ambivalent: this means that a strong part of them wants to continue with the thoughts or behaviours and, at the same time, a strong part of them wants to reduce or stop. If you are someone who struggles with ambivalence around suicidal ideation and/or self-harm, this concept is important to understand.



As you work through treatment, you may find your motivations shift. Work through the following sections if they apply to your situation.

A Thoughts About Suicide

On the line below, indicate with an "X" how strong the urges are to **continue** thinking about suicide.



On the line below, indicate with an "X" how motivated you are to **reduce** thinking about suicide.



On the line below, indicate with an "X" how motivated you are to **stop** thinking about suicide.



With your clinician, work through the following table to explore your relationship to suicidal thoughts.

	Pros	Cons
Continuing to think about suicide	1. (Do this one first.)	3. (Do this one third.)
Reducing suicidal thoughts	4. (Do this one last.)	2. (Do this one second.)

Has working through this table led to any shifts in your motivation?

What would help increase your motivation to reduce or stop these thoughts?

How confident are you that you can start making changes?

What would help make your confidence stronger?

B Self-Harm

On the line below, indicate with an "X" how strong the urges are to **continue** self-harming.



On the line below, indicate with an "X" how motivated you are to **reduce** self-harming.



On the line below, indicate with an "X" how motivated you are to **stop** self-harming.



With your clinician, work through the following table to explore your relationship to self-harm.

	Pros	Cons
Continuing to self-harm	1. (Do this one first.)	3. (Do this one third.)
Coping without self-harming	4. (Do this one last.)	2. (Do this one second.)

Has working through this table led to any shifts in your motivation?

What would help increase your motivation to reduce or stop the self-harm?

How confident are you that you can start making changes?

What would help make your confidence stronger?

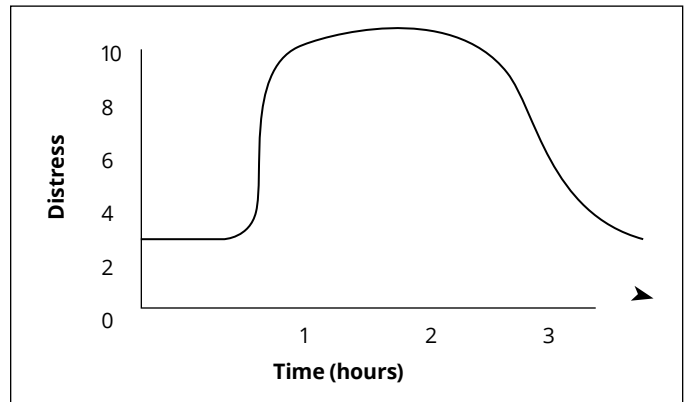
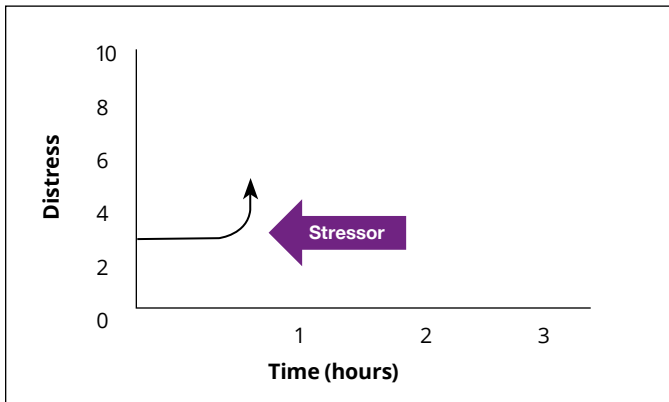
Riding the Wave



Session 3

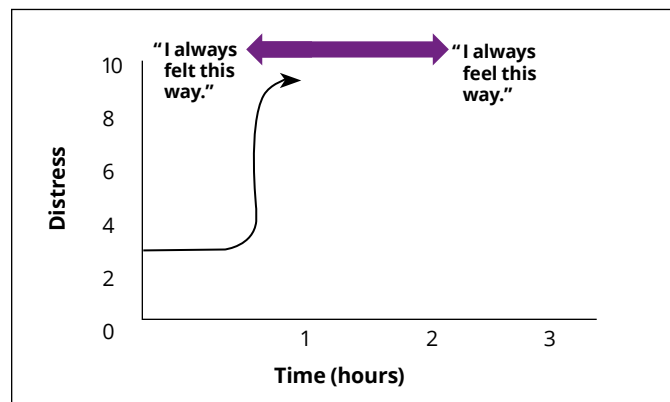
A The Wave

Many people who struggle with thoughts about suicide or self-harm feel some level of distress much of the time; on a distress scale of 1 to 10 (10 being really high), baseline might be at a 3/10. Then, when a stressful event happens, that distress can go from 3/10 to 10/10 quickly — often within seconds! Not only does it get intense fast, but it also takes a long time (sometimes hours) for it to go back down to a 3. Eventually it gets back to baseline, but it feels like forever. This is referred to as “the wave.”



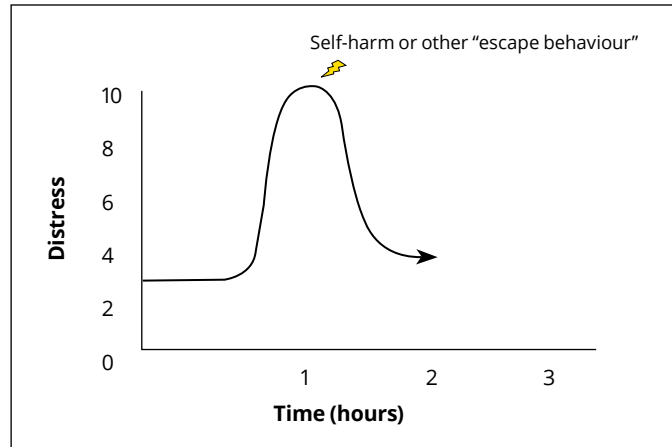
B Emotions on Overdrive

When people are at 10/10 distress, the emotional brain is really active and taking up a lot of energy — so much so, that the thinking part of the brain starts shutting down. The emotional part of the brain is not so good at remembering the past or the future. So not only is the 10/10 distress uncomfortable, but it also feels like this stress has always been there and that it always will be there. In these moments, you may have increased urges to self-harm as you want to do anything you can to escape that feeling. Some people have suicidal thoughts while their brain is telling them they will never feel comfortable again.



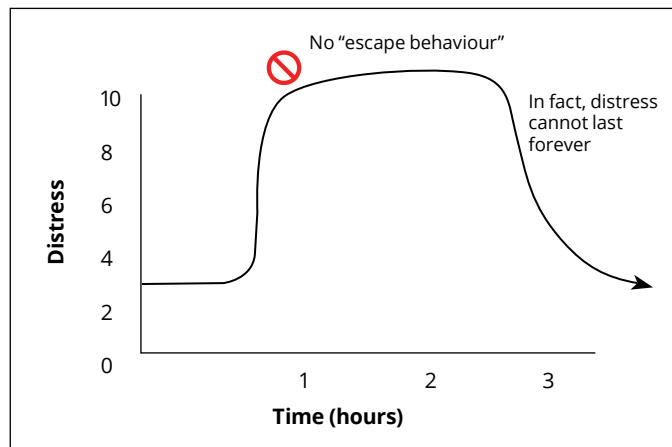
C Fast Relief

Many people find that self-harm relieves this distress very quickly and reliably. It makes sense —10/10 distress is uncomfortable.

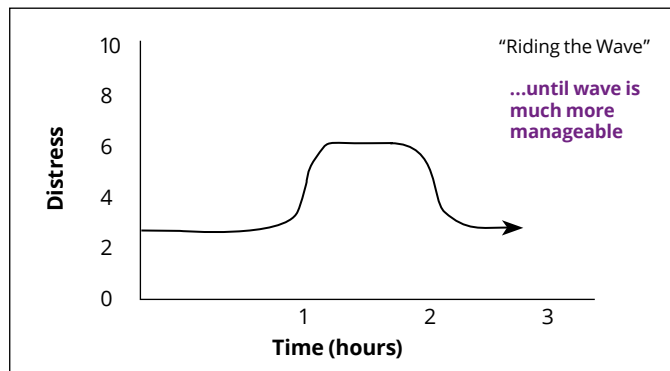
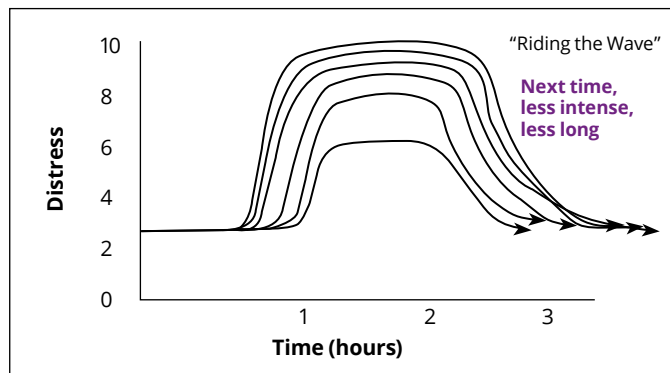
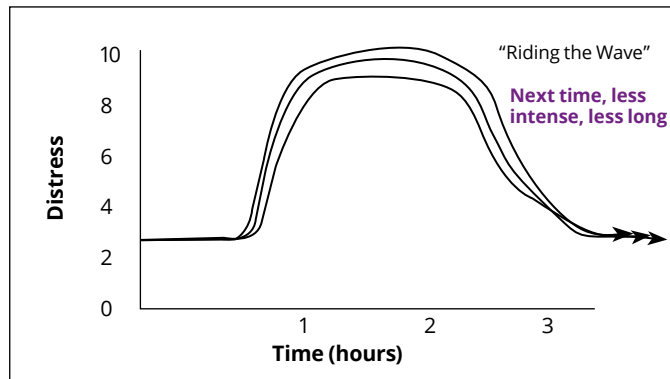
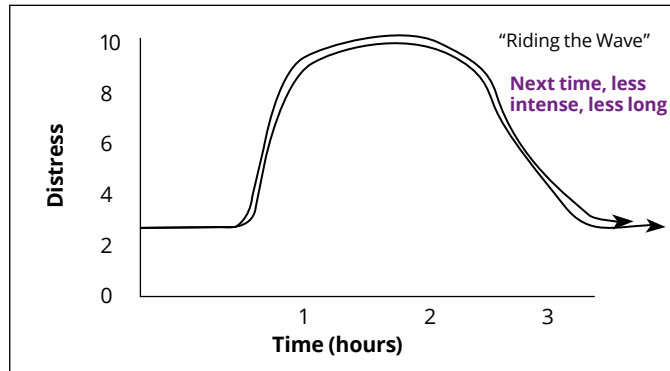


D Training Your Emotional Brain

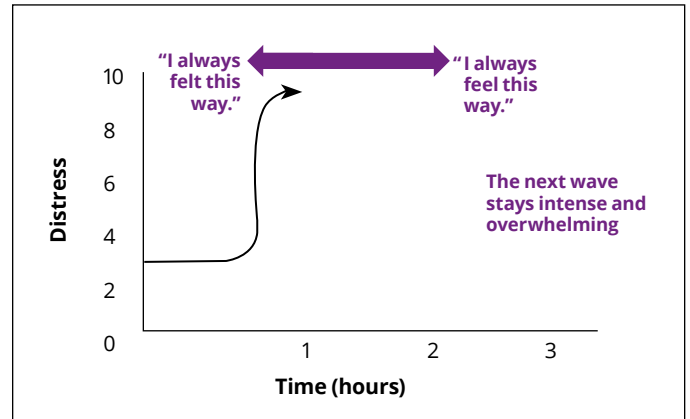
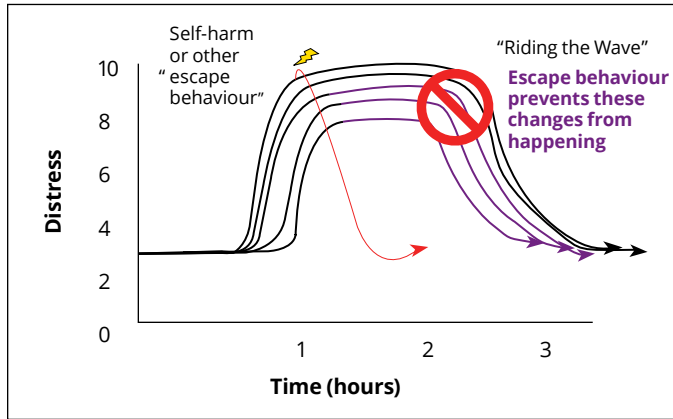
If you were to hold back from self-harming when at 10/10 distress, eventually the distress would go back to 3/10; the emotional brain would get tired.



The emotional brain will also learn, “wait a second, I didn’t need to get so worked up! Nothing dangerous happened.” And then the next time the wave comes, it will be slightly less intense and slightly less long. If you were to hold back from self-harming with the next wave, the same process would happen and the third wave would be even less intense and less long. Eventually, with repeatedly “riding the wave,” the wave would become much more tolerable and much shorter. Have you ever heard a car alarm go off and — for the first few minutes — it sounds irritating and loud, but as time passes, it starts to fade into the background? This is similar.



If you end up self-harming to break the wave, it doesn't allow this learning process to happen. It makes it more difficult for your emotional brain to learn how to settle.



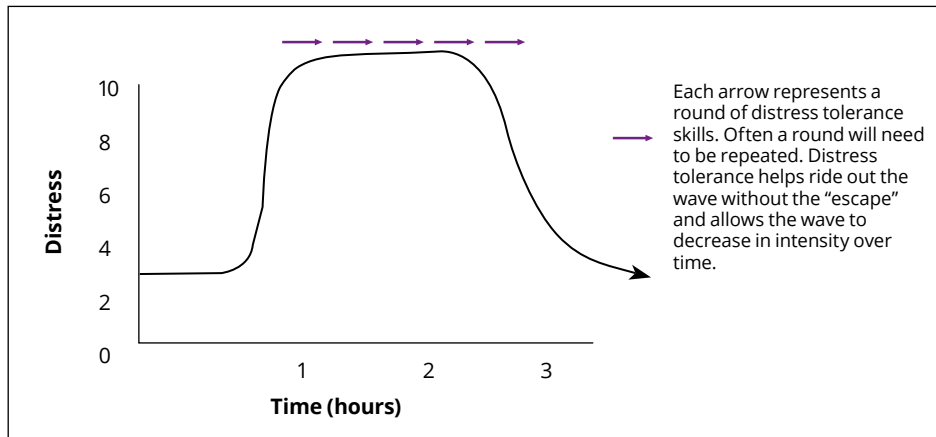
E Urge Surfing Through Distraction

It is difficult to ride the wave until it goes down on its own. You can make it more tolerable by distracting yourself while the wave is riding itself out. Create a distress tolerance list of 5-10 things you can do when your emotional brain is on overdrive and your thinking brain is shut down to distract yourself from the distress. You can use the wellness activities suggested in the Hope by CAMH app to assist with this.

The details on the app can be accessed at: <http://www.camh.ca/-/media/files/hope-by-camh-app-pdf.pdf>

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

You can add more to your list if you like. The goal of these distractions is to help you tolerate the pain of the distress until it goes down on its own. These activities are not going to work like self-harm: they likely won't make the current "wave" of distress end any faster than if you didn't do these activities. But if you are not self-harming despite the distress, it is working. You will likely get to the end of your list and still have high levels of distress; if that happens, start back at the top of the list and keep repeating the list over and over, until the distress goes down on its own.



Once the emotional brain is settled and the thinking brain is online again, you can stop distracting yourself and problem-solve around the event that started the wave in the first place.

F Practice! Practice! Practice!

This skill is easy on paper, but difficult in real life. You may not be able to ride the wave the first few times you try. Even switching from "crisis mode" to "distraction mode" when the emotional brain is on overdrive is progress in itself. Some people find it helpful to practice their distraction list even when they are not in crisis, so that when the time comes, it is more automatic. The time it takes to master riding the wave is different for everyone. Treat yourself with compassion as you go through this process. Eventually, you will get there.

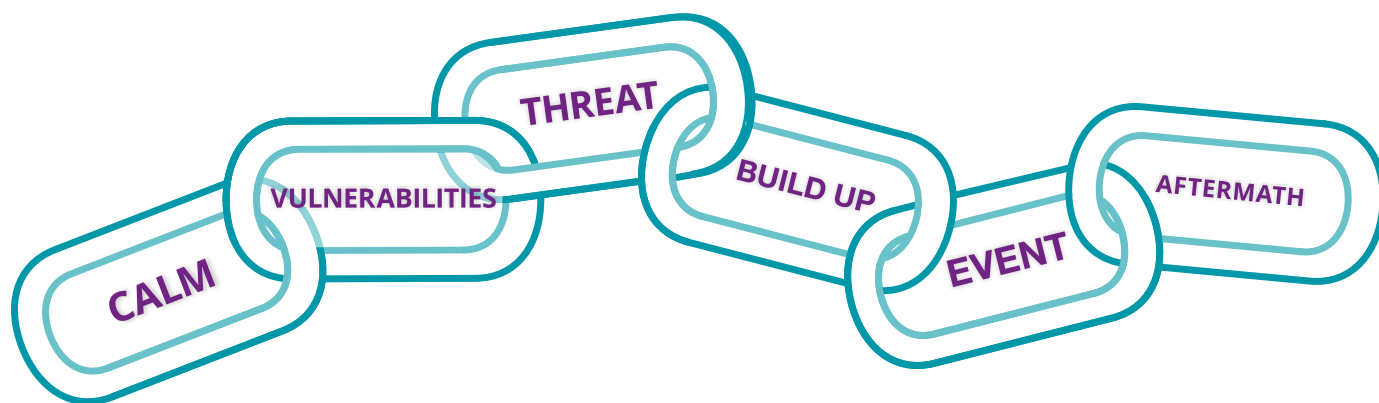
Breaking The Chain



Session 4

There are many factors that contribute to self-harm. It is important to really understand the chain of events that surrounds it. Each section below is a “link” in the chain. See if there are links in the chain that can be changed to prevent further self-harm.

By understanding the factors that contribute to self-harm, you, and your supports (e.g., clinicians, family members) can figure out how to break this chain of events in the future. It can also be helpful to involve a caregiver (e.g., parent) in creating a plan that outlines how best you can communicate your distress to them and how they can in turn respond to this distress in a way that is supportive.



A Calm Before the Storm

First identify **when you were last feeling more okay / more comfortable / more positive** before the self-harm event or period of intense suicidal ideas.

- Where were you? _____
- Who was there? _____
- What were you and others doing? _____
- What was said? _____
- What emotions were you having? _____
- What thoughts were your having? _____

B Vulnerabilities

Next identify the **factors that made you vulnerable to strong emotions or urges** before the self-harm event or period of intense suicidal ideas.

- How was your sleep? _____
- What was your eating like? _____
- Were you hydrated? _____
- Were any substances involved? _____
- Had you done any exercise? _____
- What emotions were you already having (e.g., loneliness)? _____
- Had you recently engaged in any enjoyable activities? _____
- Were you worrying about something? _____

C What Was the Threat?

Next identify **what happened just before or when you no longer felt okay** before the self-harm event or period of intense suicidal ideas. Often this can be a conflict with someone, or an experience of isolation or rejection.

- Where were you? _____
- Who was there? _____
- What were you and others doing? _____
- What was said? _____
- What emotions were you having? _____
- What thoughts were your having? _____
- What need was being threatened? _____

D Build Up

Next identify **other experiences you had that made things even harder** before the self-harm event or period of intense suicidal ideas.

- Where were you? _____
- Who was there? _____
- What were you and others doing? _____
- What was said? _____
- What emotions were you having? _____
- What thoughts were your having? _____

E The Event

Next identify **what was going on** during the self-harm event or period of intense suicidal ideas.

- Where were you? _____
- Who was there? _____
- What were you and others doing? _____
- What was said? _____
- What emotions were you having? _____
- What thoughts were your having? _____
- If you did self-harm, in what way and where on the body? _____
- If you did self-harm, what did you expect to be the result? _____

F The Aftermath

Next **describe your experiences after** the self-harm event or period of intense suicidal ideas. Often this can be a conflict with someone, or an experience of isolation or rejection.

- Where were you? _____
- Who was there? _____
- What were you and others doing? _____
- What was said? _____
- What emotions were you having? _____
- What thoughts were your having? _____

G Rewind

If you could replay the day, is there anything that could be done to:

- Prolong the calm before the storm? _____
- Change your vulnerability to self-harm or suicidal ideas? _____
- Change the threat? _____
- Change the build up? _____
- Change the event? _____
- Change the aftermath? _____

H Repeat

If you continue to self-harm or have suicidal ideas, keep analyzing each event in this way. Eventually you will see patterns and get more and more ideas about how to break the chain. Your clinician or other trusted people in your life may also have ideas on how to break the chain. Some people also find that journaling can also be helpful for detecting patterns and working through how to move away from self-harm.

Wrap-Up

Reducing or stopping self-injurious thoughts and behaviours can take time and practice. Have compassion for yourself as you work your way through each of these techniques. Look at the list of skills we have discussed in this guide. Make a checkmark in each column to rate the extent to which you have used them in your life. Review this table with your clinician to see if there are ways to make the skills even more effective for you.

Skills	Skill Use				
	Haven't thought about using it	Thought about using it, but did not use it	Used it, but not helpful	Used it, and it was somewhat helpful	Used it, and it was really helpful
Planning for life					
Ramping up: Pros/Cons of self-injurious thoughts and behaviours					
Riding the wave					
Breaking the chain					