

## 13: SELF-DIRECTED VIOLENCE: SUICIDALITY AND SELF-INJURY

<b>Time:</b>	30 min.
<b>Format:</b>	Lecture, activity, discussion
<b>Materials:</b>	PowerPoint, Handout: "Precautions for People Who Are Suicidal or Who Self-Injure," Cards for activity: "What Can I Say?," Handout: "What to Say," flip chart and markers
<b>Competencies:</b>	<ul style="list-style-type: none"><li>• Compare self-injury to suicidality, including risks of each.</li><li>• Describe signs of suicidality.</li><li>• Describe precautions for suicidal people and those who self-injure.</li><li>• Understand policies on suicidality in participant's facility of employment.</li></ul>

### Description

This module grounds the participants in the definitions of and differences between suicidality and self-injury, both of which are much more common in people with mental illness. It also teaches best practices for taking precautions with people who are suicidal or who self-injure and uses an activity to model fruitful ways to talk with a person who displays either of these concerns.

THIS MODULE HAS PRE-WORK.

### Before Training

#### Pre-work for Participants

Notify participants BEFORE training that they should come to the training day well versed in their institution's policies

and procedures for crisis intervention with people who are suicidal or who harm themselves. If allowed by their institution, they can bring a hard copy of these policies to the training day.

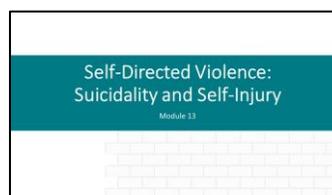
## For Trainer

Print and cut out the Conversation cards for the activity “What Can I Say?” as directed.

Print out enough copies of the handout “Precautions for People Who Are Suicidal or Who Self-Injure” and the handout “What to Say” for everyone to have one.

## During Training

### Suicide vs. Self-Injury



### Set Up

Say:

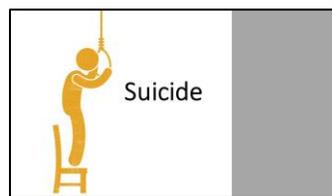
Suicide and self-injury are serious risks in correctional facilities, and people with mental illness are at higher risk. In order to help you best respond to these concerns, we'll carefully define both of these conditions and work to understand how the conditions differ. They may seem the same on the surface but are quite different and can require different responses. Suicide and Attempted Suicide



### Lecture

Say:

A suicide attempt is a medical emergency. It requires immediate and urgent response. What lies behind a suicide attempt?



Suicide is a complex behavior, often enacted by someone who may be fearful or ambivalent about whether they want to live. The suicidal person may not want to die, but rather may not want to live with the physical or psychological pain they are experiencing or that they believe that they are causing others (MHFAA, 2014b).

### Suicidality

- It is an emergency
- Most do not want to die
- Most want to be free of the pain they are feeling
  - Could be physical or psychological pain
- Some want to free others from the pain they think they are causing

Signs that someone may be suicidal include:

- Threatening to hurt or kill themselves;
- Seeking access to ways to kill themselves (e.g., pills, weapons);
- Talking or writing about death, dying, or suicide;
- Changes in mood, or feelings of hopelessness, rage, anger, or anxiety;
- Giving away possessions;
- Acting recklessly or engaging in risky activities;
- Withdrawing from friends and family;
- Substance use.

### Signs of Suicidality

- Threatening to hurt or kill themselves
- Seeking access to ways to kill themselves (e.g., pills, weapons)
- Talking or writing about death, dying, or suicide
- Changes in mood, or feelings of hopelessness, rage, anger, or anxiety
- Giving away possessions
- Acting recklessly or engaging in risky activities
- Withdrawing from friends and family
- Substance use

## Discussion

Check in briefly by asking:

- In a show of hands, have any of you had contact with a suicidal person in a correctional facility? If you're comfortable talking about it, how was the person acting leading up to the time you realized they were suicidal? **(NOTE: if there is an uncomfortable silence, you may move on.** Responding to a suicide or attempted suicide can be traumatic for first responders.)

Say:

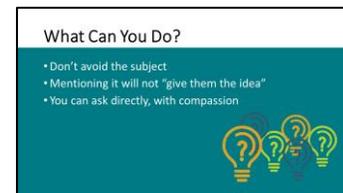
Keep in mind that it is sometimes challenging to recognize the signs of suicide risk. Thus, those around the suicidal individual, including family members, other inmates, and

COs, may struggle with self-blame for not recognizing signs. This underscores not only the importance of being vigilant to potential indicators of suicidality and following workplace procedures for response, but also the importance of self-care in the wake of an event. After helping someone who is suicidal—no matter what the outcome—the correctional officer should take appropriate self-care, as providing assistance to a suicidal person can be emotional and stressful (MHFAA, 2014b).

### Lecture

Say:

**So, what can you do?** Sometimes we avoid asking a person directly about suicide, fearing that we may be putting the idea into their head. Studies show that asking a person directly is actually the most effective way to get a true answer. You can ask: “Are you thinking of hurting or killing yourself?” Avoiding the issue can mean missed opportunities to intervene before a person makes an actual attempt.



Do note, however, that a person may be reluctant to admit to suicidal thoughts or actions since many institutions respond by removing privileges or putting the person in isolation. As always, you should follow your institution's procedures for working with an incarcerated person who may be suicidal, and alert your supervisor or mental health staff if anything seems 'off.'

Conclude the topic by asking:

How many of you know those policies and procedures or have brought them in on paper today? Raise your hand. Let's discuss some of the key points (host discussion). Those of you who are not well-versed in your facility's procedures, please consult your employee manual and clarify anything you aren't sure about with your supervisor prior to your next shift.

## Non-Suicidal Self-Injury

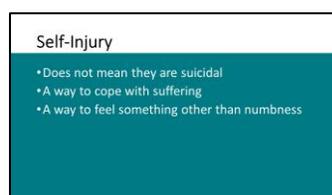
### Lecture

Say:

Some people who injure themselves may not be suicidal.



Rather, some people self-injure as a coping mechanism to deal with emotional anguish, to stop feeling numb, to feel in control, or other reasons.

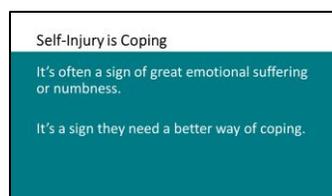


The most common methods of self-injury are cutting, scratching, biting, burning, hitting oneself, or deliberately hitting their body on a hard surface (e.g., punching walls, head-banging).

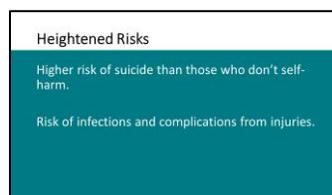


If someone has frequent unexplained injuries or tries to conceal injuries, it may indicate that self-injury is occurring.

Self-injury may also become the main way a person copes, which interferes with their ability to develop more appropriate coping skills.



People who self-injure have a heightened risk of suicide as well as risk of infections and complications from treated or untreated injuries.



**So what can you do?** As with suicidal behavior, you can ask directly about self-injurious behavior ("Some people hurt themselves on purpose; is that how this happened?"). As with any crisis, if there is a physical health emergency, it should be handled immediately; in the case of self-injury, this might include injuries such as gaping wounds; injuries to eyes or genitals; burns to the hands, feet, or face; or overdose/poisoning.



Also, mental health professionals should be alerted not only to the existence of self-injury, but also to changes in the pattern, such as the pattern of injuries becoming more severe (MHFAA, 2014a).

As always, you should follow your institution's procedures for addressing situations in which people are injuring themselves.

Briefly check in with participants by asking:

How many of you know those policies and procedures or have brought them in on paper today? Raise your hand. Let's discuss some of the key points (host discussion). Those of you who are not well-versed in your facility's procedures, please consult your employee manual and clarify anything you aren't sure about with your supervisor prior to your next shift.

Give out copies of the handout "Precautions for People Who Are Suicidal or Who Self-Injure."

Review the ideas on this sheet that may help secure the safety of someone who intends to hurt themselves. Ask them a few questions about the information on the handout such as:



- What have you used before?
- In your experience, what works?
- What would you be worried about?

Conclude lecture by saying:

Now, what shouldn't you do or say? There is no substitute for a mental health expert on the scene, but sometimes they aren't present when you detect a problem.

If you encounter someone who is in a suicidal or self-harming crisis, keep in mind:

- Don't argue with them. Listen to them and take them seriously.
- Don't use guilt, minimize the person's problems, or "call their bluff." Suicidal threats should be taken seriously.



Transition by saying:

Let's try a few best practices to see what you could or should say in these situations.

### Activity: What Can I Say?

1. Underscore the importance of following facility policy in responding to suicidality and self-injury, but note that sometimes a CO must address the situation while awaiting crisis response or mental health staff. Explain that the purpose of this activity is to try out different ways of talking to someone who is having a suicidal or self-injuring crisis and hear and see the effect of how you speak to someone in that moment.
2. Give the following instructions:
  - a. Choose a partner for this activity.
  - b. You will each get a card with statements.
  - c. You will take turns being the correctional officer and being the person in crisis.
  - d. When you are the CO, read the first comment off the list on your card. Ask yourself, how did that sound out loud?



- e. When you are the person in crisis, tell your partner how what they said came across. Tell them how you might react to what they've said.
  - f. Work your way through your cards, alternating turns reading aloud. Make notes on which statements seem fruitful and follow best practices. Note which statements are not good choices and may make things worse.
3. When they are in pairs, hand out the cards so that in each pair one person gets a copy of Card A and the other gets a copy of Card B. If there is a group of three, ask the group members to pass the cards around so that all three can take turns reading statements aloud.
  4. Give them 10 minutes in pairs to work their way through the statements and make notes of which were useful and which weren't.

## Activity Debrief

Debrief the activity with the following questions:

- How did it go? What stood out to you?
- What was the worst, least helpful statement that you and your partner identified? Break it down – why?
- Which was the most useful and why?
- What was it like to say some of these things out loud, either good or bad?
- How will you use the information from this activity on the job?



Pass out the handout "What to Say."

Say:

## Correctional Mental Health

Here's a sheet that gathers some suggestions on useful ways of talking to someone in a suicidal or self-harming crisis. You can add to this anything you heard today that you would like to remember. Keep this sheet for when you want to refresh your memory on best practices when talking with a person in crisis.

Ask:

With a show of hands, how many of you are confident you know your workplace's procedures for responding to someone who is suicidal or who is hurting themselves?

Say:

If you were unable to look those up before coming in today, your first task on the job when you return to work will be to find out those procedures and be ready to implement them.

Conclude:

Remember that suicide attempts are medical emergencies. De-escalate the situation if possible, but you should be ready to activate your facility's emergency procedure to save a person's life.

## SOURCES

### Module 13

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Klugiewicz, G. (2011). Responding to mentally ill inmates: The best way to keep everyone safe is to properly train your staff for emotional, medical, and psychological emergencies. Klugie's Correctional Corner. Retrieved online 3/21/2017 at <http://www.correctionsone.com/correctional-psychology/articles/4540353-Responding-to-mentally-ill-inmates/> .

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Richmond, J., Berlin, J., Fishkind, A., Holloman, G., Zeller, S., Wilson, M., Rifai, M., and Ng, A. (2012). Verbal de-escalation of the agitated patient: Consensus statement of the American Association for Emergency Psychiatry Project BETA De-Escalation Workgroup. *Western Journal of Emergency Medicine*, 13(1), 17-25.