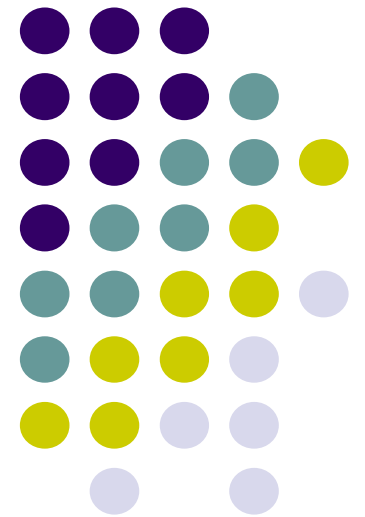
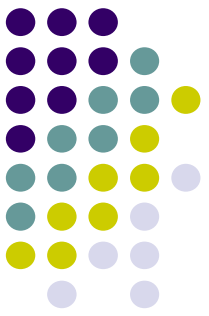


Responding to Self Injury in a Youth TC



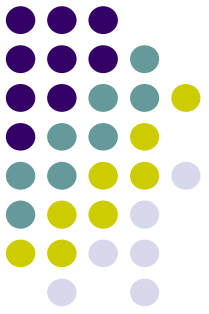


This Presentation....

- Outlines how Birribi manages self injury
- Attempts to raise the difficulties faced by staff in managing self injuring behaviour

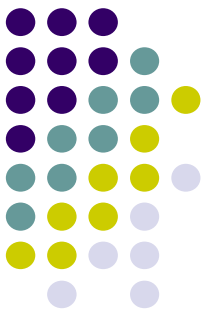


Birribi



- Victorian State funded Youth Residential Rehabilitation Program
- Operated by Youth Substance Abuse Service
- Established 2001 – moved to permanent home 10th December 2003
- Eltham, 14.7 acres
- 16 to 20 year olds
- Accommodates 15 young people, both sexes
- Length of stay – individual, max 6 months

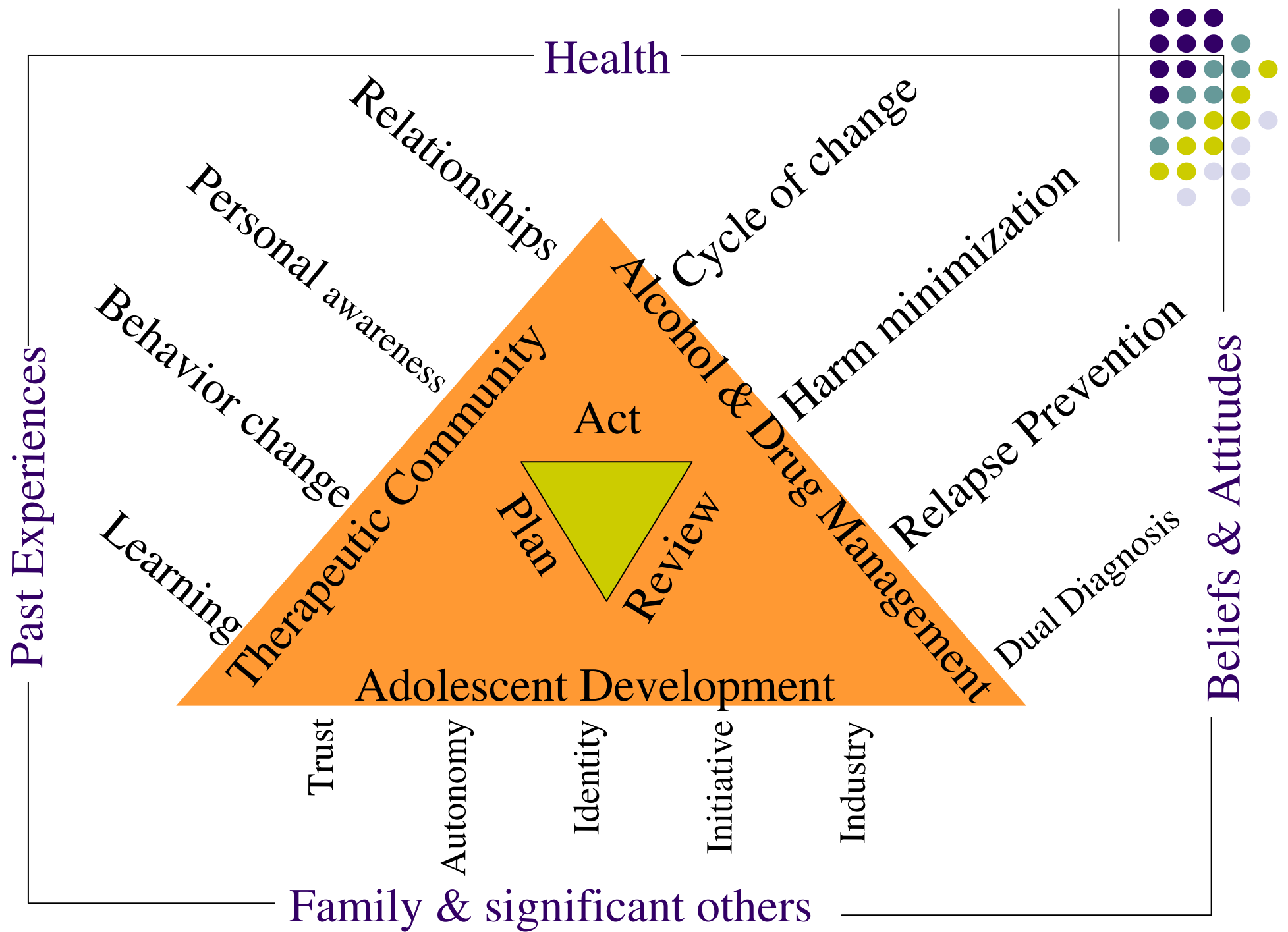




YSAS promotes a model of holistic and integrative interventions in the health and well-being of young people affected by the use of alcohol and other drugs.

Constance Karametos/YSAS

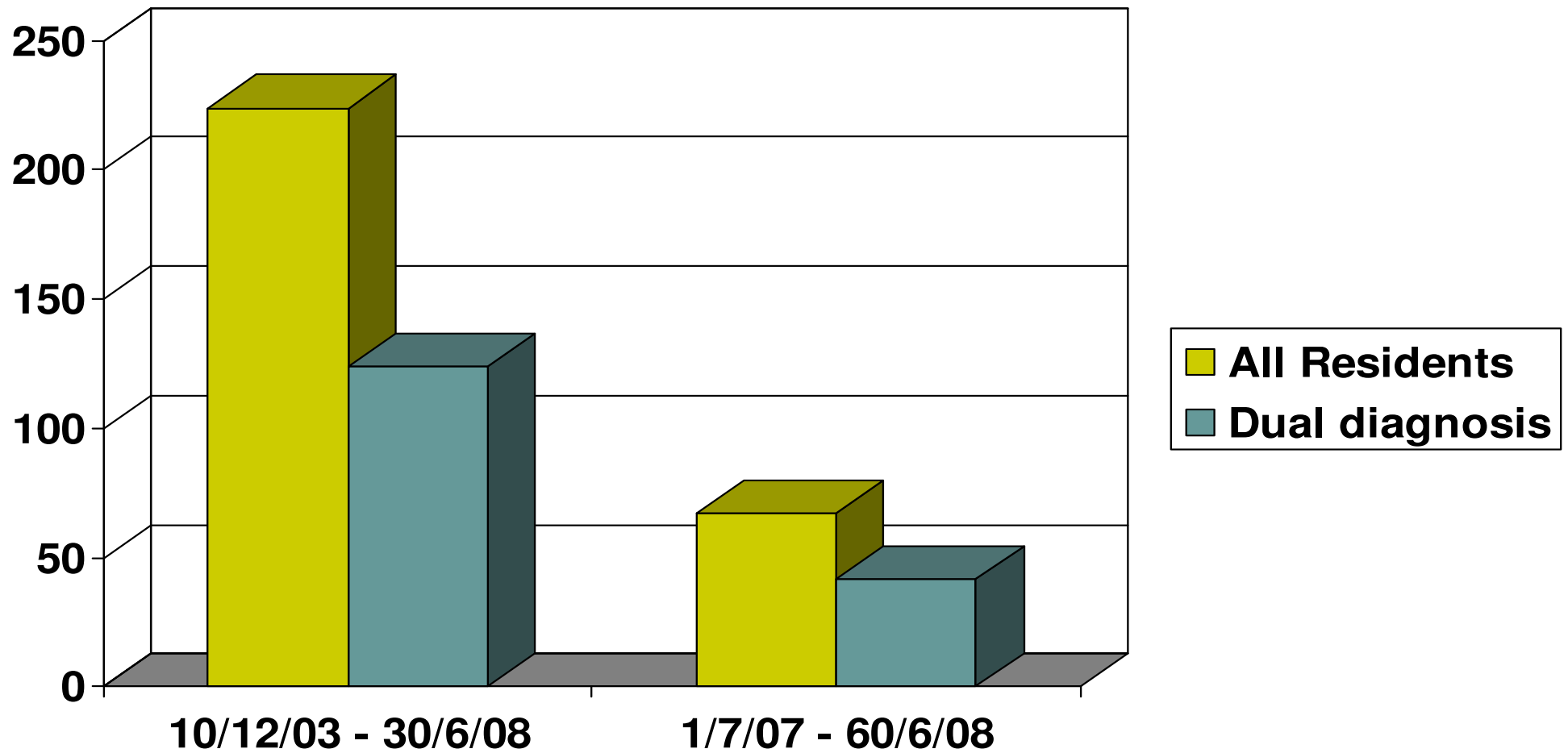
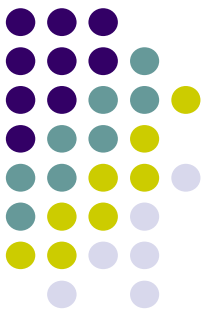




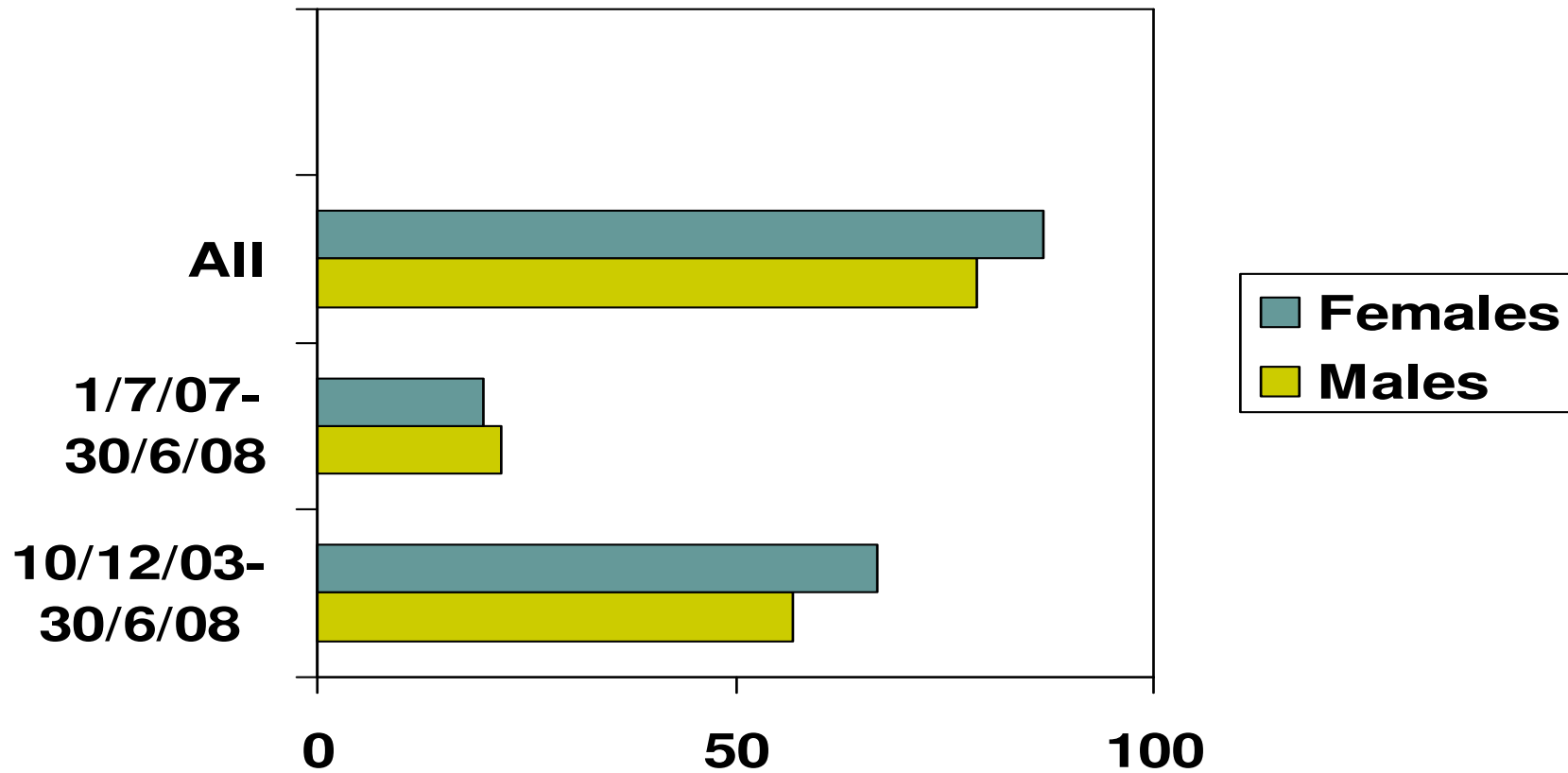
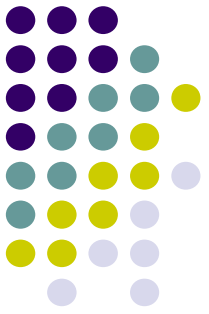
Birribi Practice Model



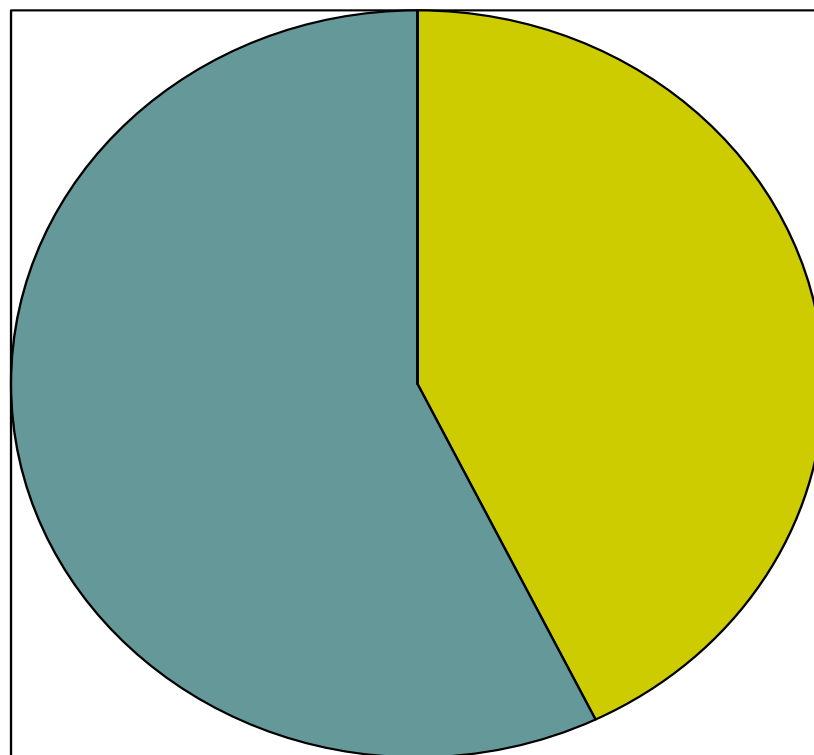
Dual Diagnosis residents at Birribi



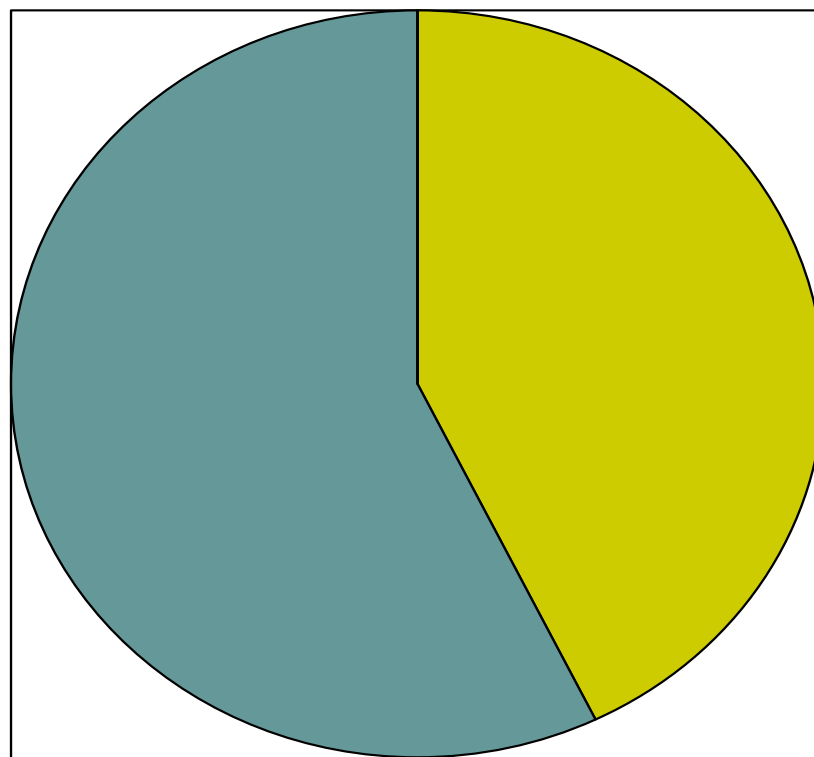
Gender – Dual diagnosis



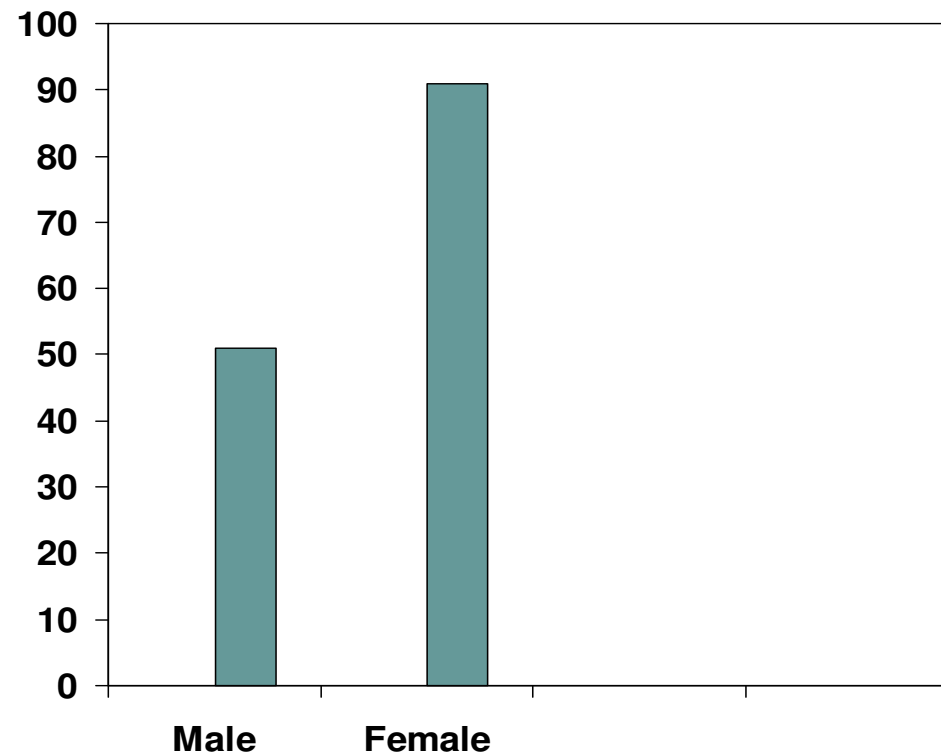
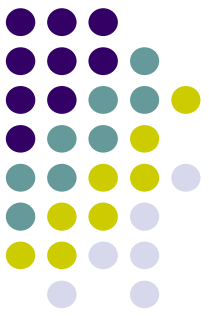
Males 19/12/03 – 30/6/08



Females 19/12/03 – 30/6/08

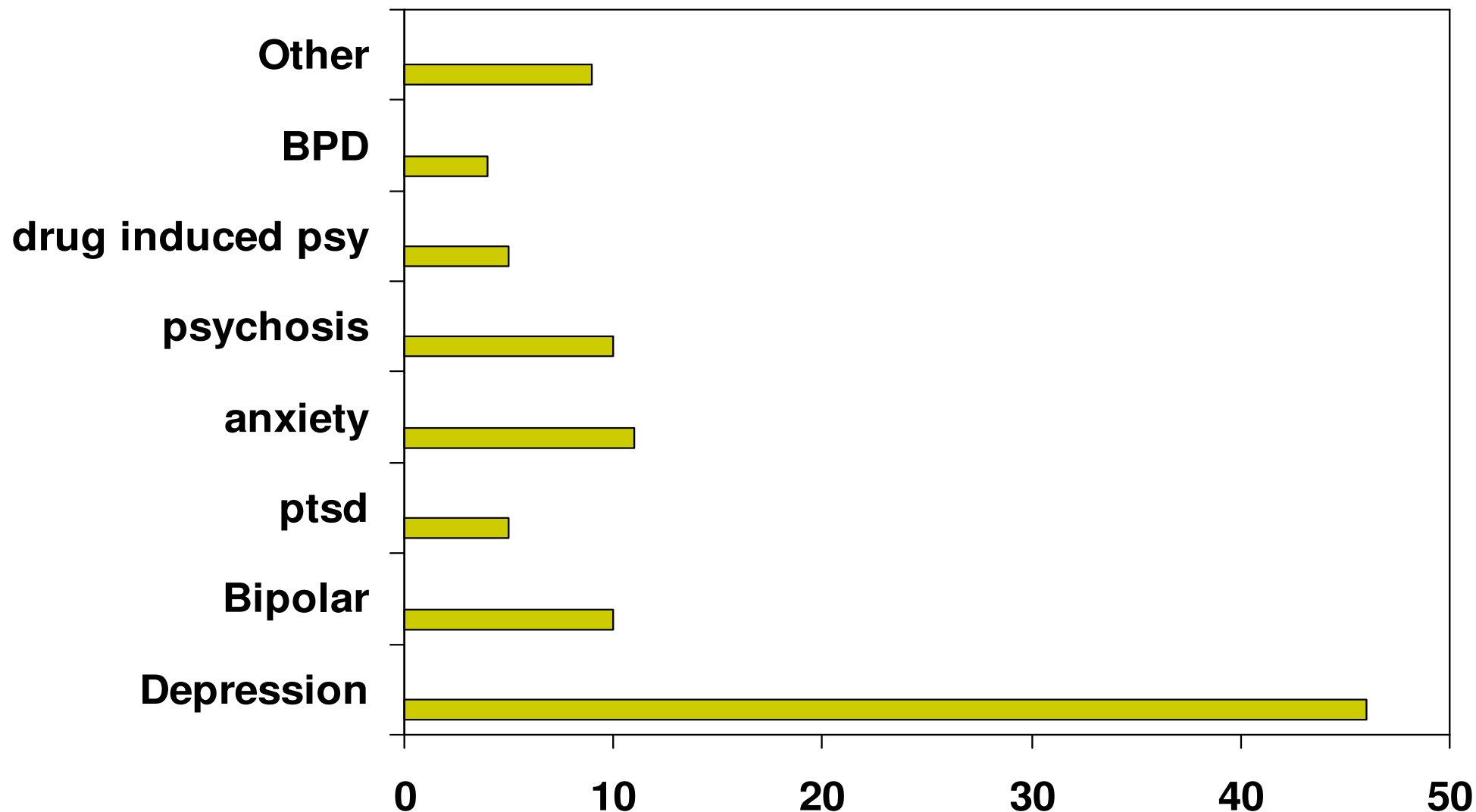


Percentage Dual Diagnosis 1/7/07 – 30/6/08



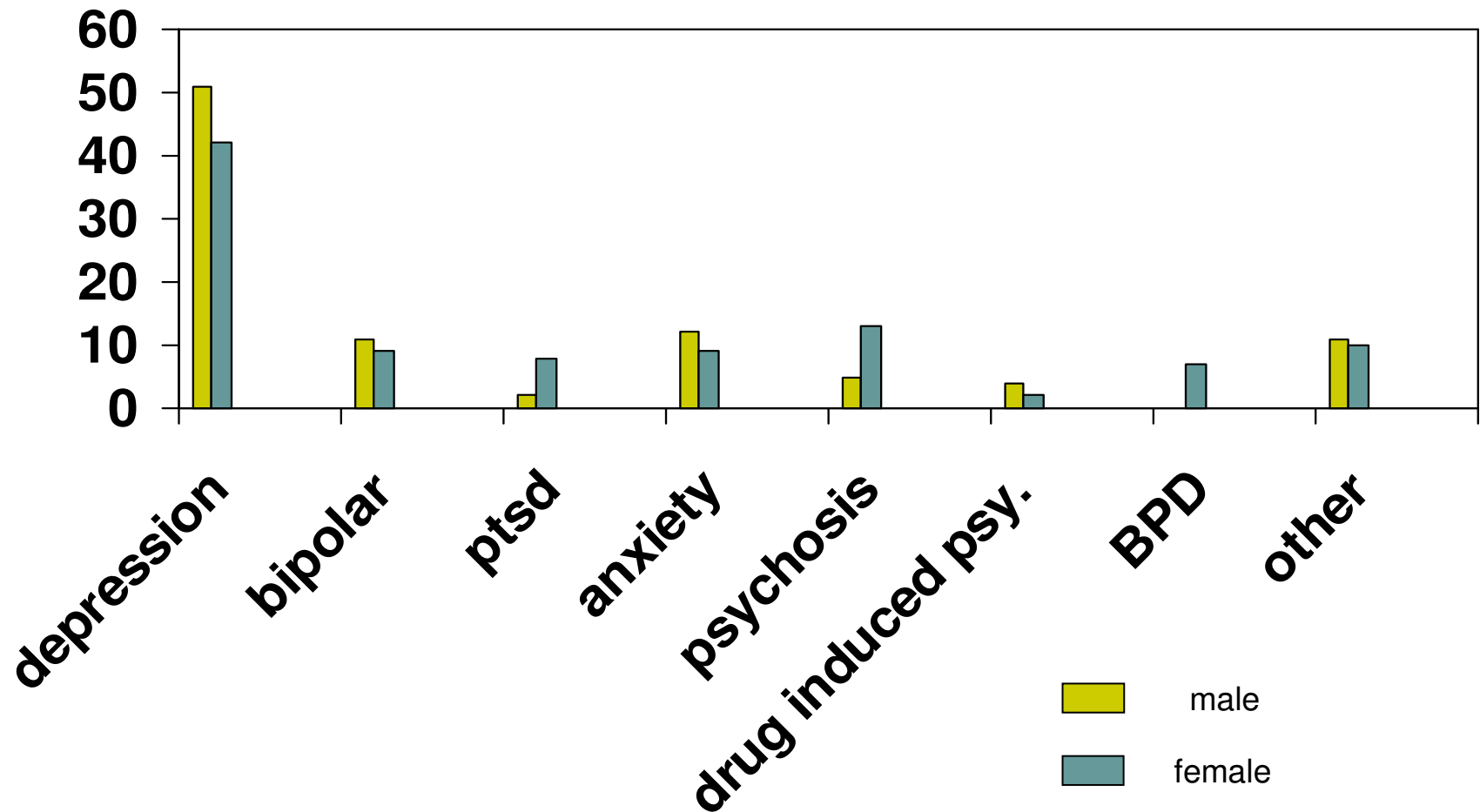
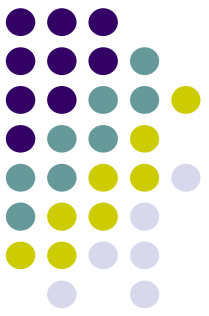
Diagnosis on Admission

10/12/03 – 30/6/08(percentages)



Other includes: ADD, OCD, ADHD, Eating disorders, social phobia

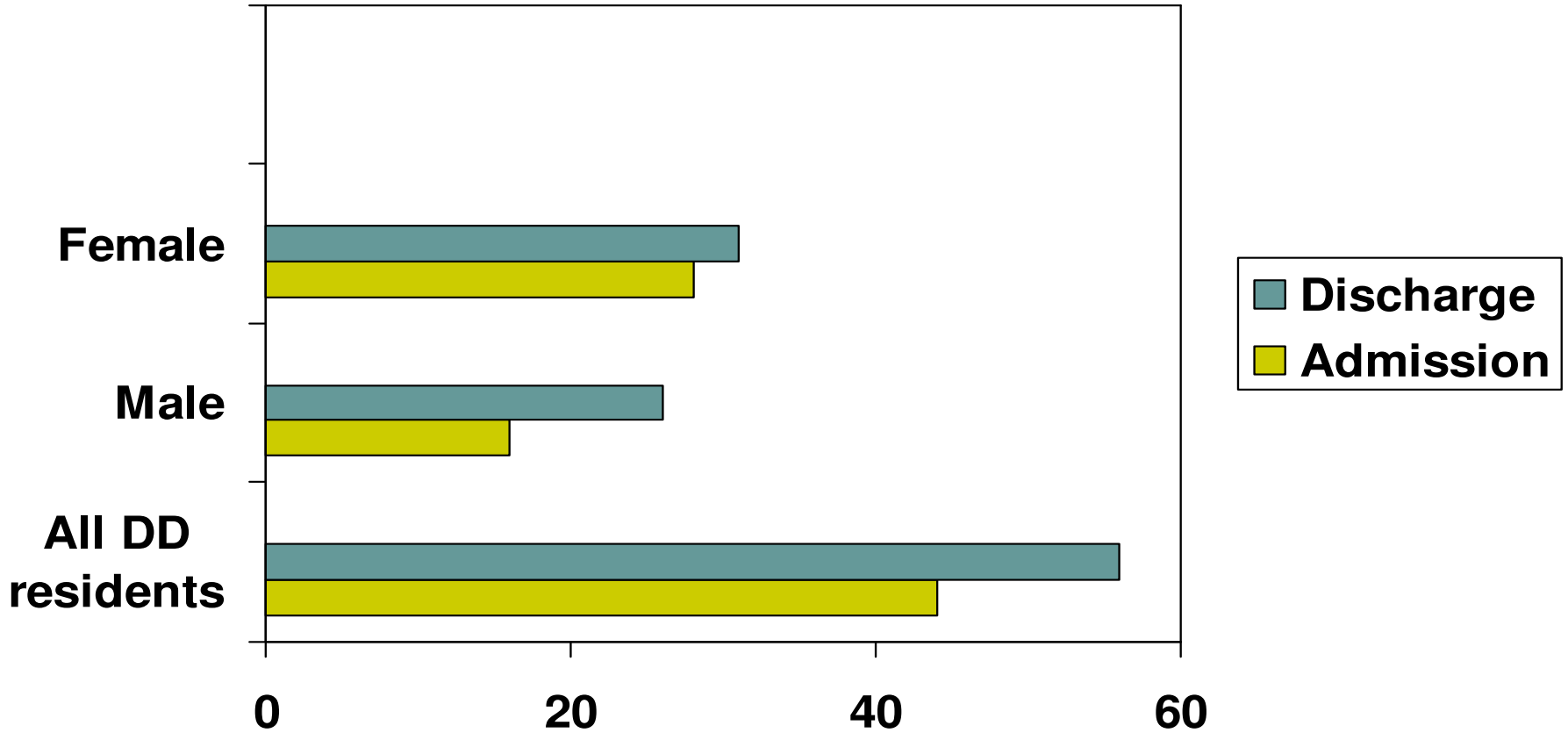
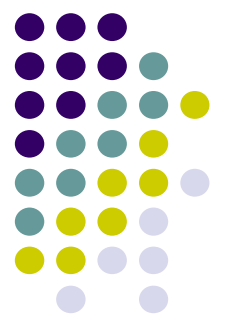
Diagnosis on Admission/Gender 10/12/03 – 30/6/08(percentages)



Other includes: ADD, OCD, ADHD, Eating disorders, social phobia

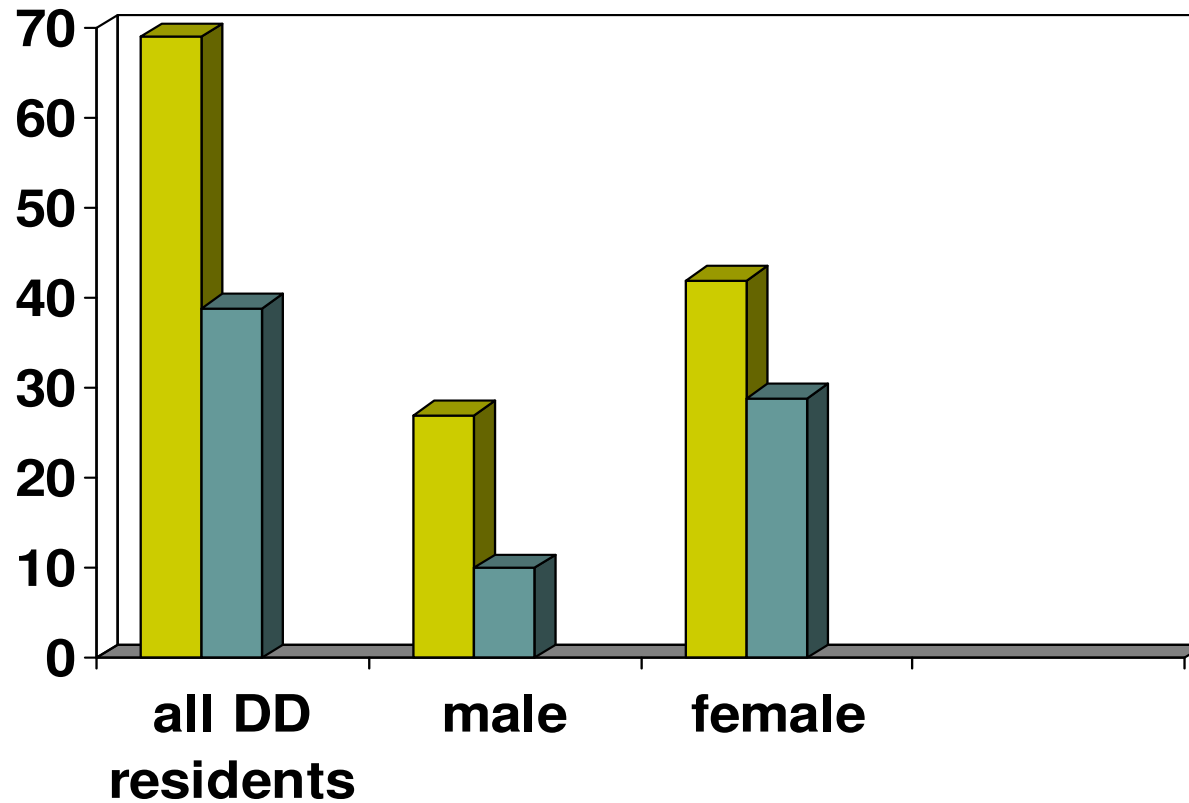
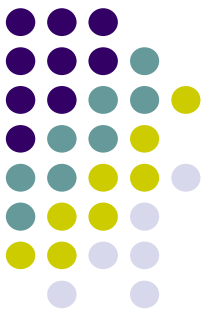


Medication on Admission & Discharge 10/12/03-30/6/08 (percentages)



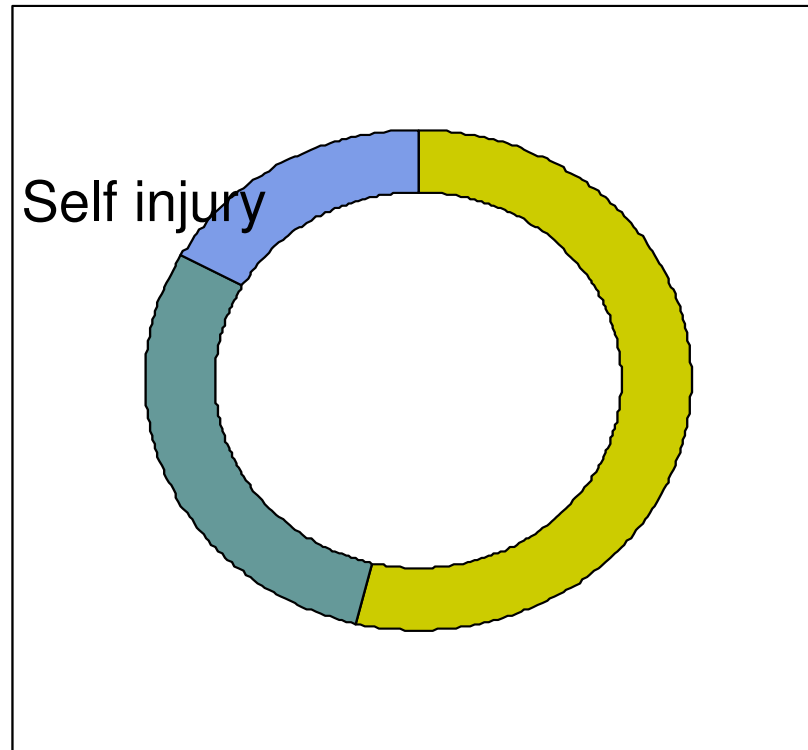
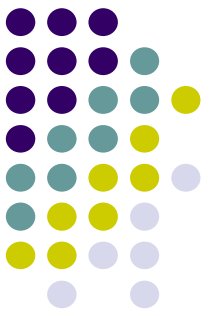
Self injuring behaviours

10/12/03-30/6/08

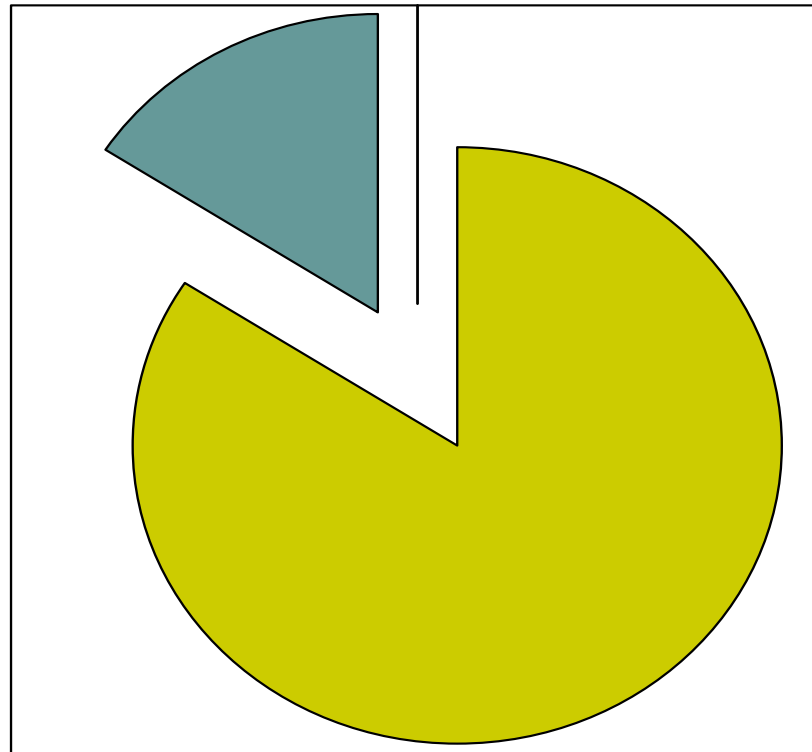
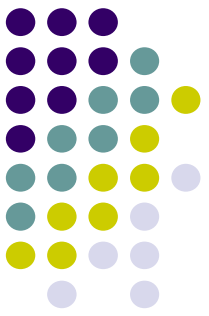


Self injuring behaviours

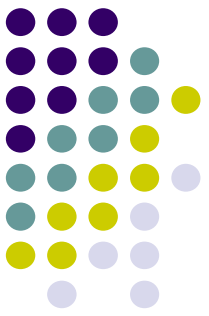
10/12/03-30/6/08



Referrals to Mental Health Professionals while at Birribi



Residents with mental health issues.. some comments...



➤ Use of drugs to mask symptoms

“I don’t want to think and feel like that!”

“I don’t want to be like mum!”

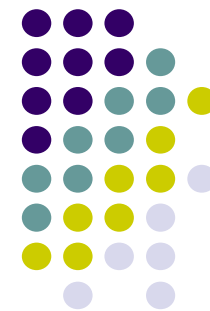
➤ Unaware of symptoms because of excessive drug use

“It’s just the drugs!”

➤ Past mental health issues some time ago



. . Residents with mental health issues.. some comments...



- Non compliance with medication

“Haven’t needed it.”

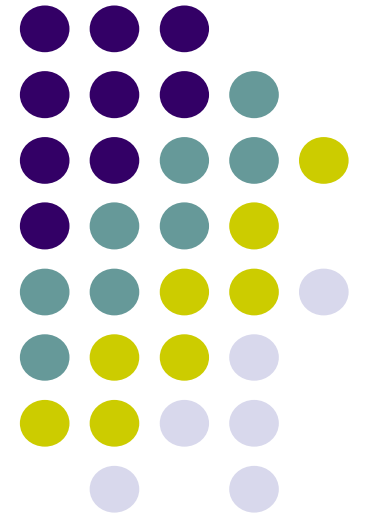
“I forget”

“It’s not good to take them when I’m using.”

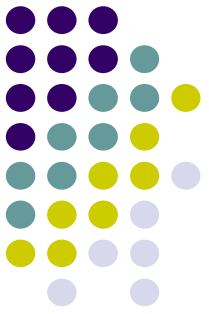
- Symptoms emerge 4 to 6 weeks abstinent from drugs



Self Injury

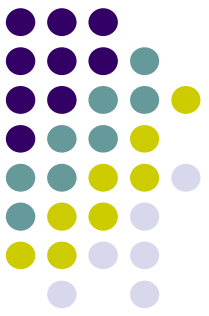


Reasons for Self Injury



- a means of expressing the distress they feel in their lives
- a coping mechanism - to get through a difficult time or situation
- a way to relieve built up tensions





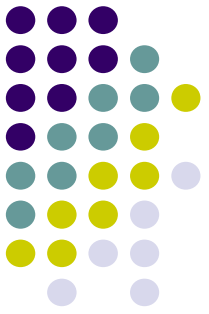
You are approached by a resident who informs you that they are considering self injury.

What do you do?

What's going on in you?

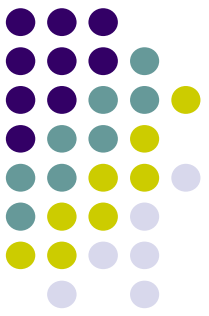


Response to include ...



- Adopt a non-judgemental approach.
- Create an environment of acceptance and care.
- Encourage the young person to engage in conversation





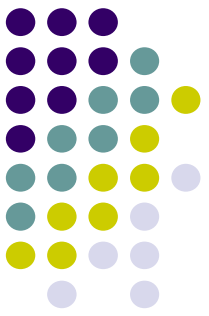
You are approached by a resident who informs you that they have decided to self harm.

What do you do?

What's going on in you?



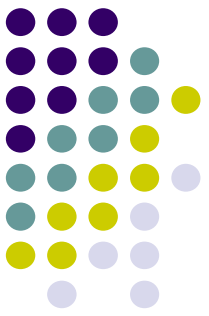
Response to include ...



- Empower the young person to make their own decisions.
- Apply a harm reduction framework.
- Promote a “no fuss policy”.

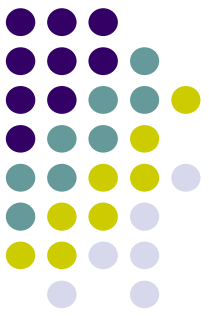


No Fuss Policy – part 1



- Young person informs staff that self injury is being considered
- Conversation with staff
- Delaying self injury
- No involvement of other residents in self injuring behavior
- No discussion with other residents re self injuring behavior
- No public self injury that may distress other residents (eg cuttings on face)
- Harm reduction strategies employed in self injury

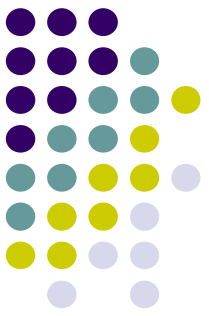
When Suicide Ideation accompanies Self Injury



Suicide ideation

- Risk estimation (CPR)
- Mental health consultation & involvement
- No harm contract
- Intensive monitoring
- Close attention by key worker
- Admission to psy. Facility where needed
- Reassurance & support by community
- Continue with program



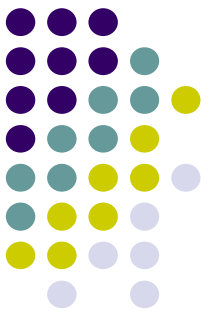


You are approached by a resident who informs you that they have self injured.

What do you do?

What's going on in you?





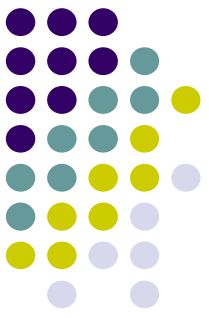
No Fuss Policy – part 2

- Checking in with staff after self injuring
- Minor injuries dressed by young person
- Blood spills and other mess cleaned by young person and rubbish appropriately disposed of under staff supervision
- Serious self injury will require medical attention
- Staff consult with management/ONCALL as required
- Young person participates in a reflection upon the self injuring behavior with relevant staff/counsellor



Staff Responses to self injury

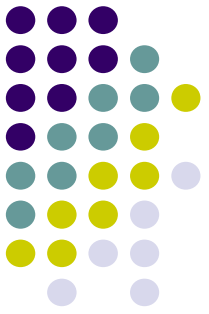
What's going on in you?



- Emotional roller coaster
- Professionally challenged
- Ethical dilemma
- Traumatized

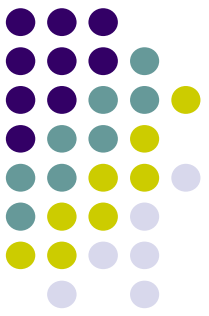


Staff Needs



- Training
- Clear protocols
- Co worker support
- Management knowledge & support
- Debriefing
- Self care
- Counselling



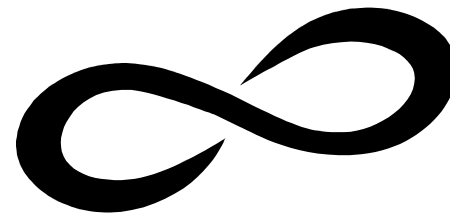
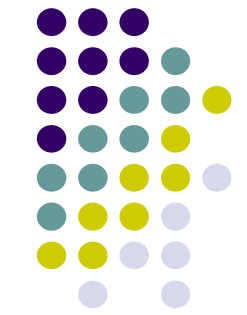


Self Injury - Summary

Working with
Self harm

- Empower resident
- No fuss policy
- Agreement of action
- No involvement of other residents
- Check in with staff
- First aide
- Medical care if needed
- Post action discussion
- Worker self care





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