Objectives

▪ To learn about a concrete, means-restriction intervention for eliminating methods of self-harm and promoting safety in patients’ homes.

▪ To increase provider comfort level when treating suicidal patients through practical tools and psychoeducation.

▪ To problem solve barriers to implement this intervention based on our own patient populations through a Dialectical Behavior Therapy informed theoretical lens.
Polling Question #1

- Text SAMANTHASCHI657 to 37607 or POLLEv.COM/SAMANTHASCHI657

- In your own practice, what methods of self-harm (i.e. razorblade for cutting) have your patients used to engage in either non-suicidal self-injurious behaviors, suicide attempts, and/or death by suicide?
Polling Question #2

- When you safety plan with your clients, do you discuss restricting access to lethal/non-lethal methods?
Polling Question #3

- How comfortable do you feel using safety assessments and sanitizing environments of lethal methods?
What is the Home Sanitation Intervention?

- Engages adults or youth caregivers to strategically assess the home environment for safety around lethal and non-lethal methods of self-harm with goal of reducing risk of engaging in suicidal or NSSI behaviors.
  - Originally developed for providers visiting patients’ homes to physically assist families in completing the intervention.
  - Currently adapted for telehealth
  - In process of being tested for effectiveness

- 30-45 minutes treatment session after disclosure of self-harm thoughts and/or behaviors and thorough safety planning has been completed.
  - Supplemental to safety planning

- Home Sanitation Intervention Handout
Why is Home Sanitation Important?

- Self-harm behaviors are increasing among youth population (CDC, 2018)
- Caregivers struggle with keeping loved ones safe from further engagement in NSSIB/Suicidal Behaviors (McManus, 1997; Rogers et al., 2014)
- Safety planning/means-restriction methods not readily used by providers (Slovak et al., 2008)
  - Lack of training on risks
  - Lack of awareness of risk
  - Feeling discomfort with addressing this topic in their practice
  - Lack of time to focus on this intervention
Why is Home Sanitation Important?

- Restricting access to methods can disrupt the suicidal process (Florentine & Crane, 2010):
  - Most likely to be effective where the method restricted is highly lethal, commonly used, widely available and dissimilar to other available methods (Hawton, 2007)
  - Periods of high suicide risk are short and limiting access may delay an attempt until the period of high-risk passes (Florentine & Crane, 2010)
  - Adolescents are impulsive

- Problem solving deteriorates during periods of high suicidal risk increasing difficulty to use alternative methods for suicide attempts (Williams et al., 2005)
Common Methods of Suicidal and Non-Suicidal Self-Harm Behaviors

• **Suicide attempts** (Hepp et al., 2012; Center for Disease Control and Prevention, 2005)
  - Hanging, jumping from heights (males)
  - Railways (both genders)
  - Intoxication (females)
  - Firearms (males)

• **Self-injury** (Favazza, 1996; Klonsky & Muehlenkamp, 2007; Nock & Prinstein, 2004; Whitlock et al., 2008)
  - Cutting or carving oneself with a sharp implement such as a knife or razor
Home Sanitation Intervention
How To’s

• Step 1: Evaluate preferred methods of self-harm with individual
  o How often?
  o Where do they usually engage in the behavior?
  o What are the behaviors or what have they tried to do (i.e. cutting, counted or taken pills, etc.)
  o What do they use or have used in the past?
Home Sanitation Intervention How To’s (cont.)

• **Step 2:** Psychoeducation on the process with individual or caregiver
  - Research has shown when people have less access to harmful methods, they are more likely to remain safe, riding out higher levels of distress and decreasing suicidal urges
  - Goals of Home Sanitation Intervention

• **Step 3:** Dispose and/or lock away objects that could be used by individual to self-harm with or without intent to die utilizing handout
  - Problem-solve barriers
Adaptations to Home Sanitation with Tele-mental Health

• Most helpful for families that have a video device in order to:
  o Share handout on screen
  o Have caregiver/adult patient go through home while clinician advises on household items to restrict or throw away
Handout reviewed in session that describes:

- What is Home Sanitation Intervention?
- Is the process effective?
- What methods should I remove and how (throw away vs. restrict)?
- Problem solving support around barriers and helpful tips
- Home Sanitation Checklist
- Spanish version
Means Restriction Education
Core Categories
# Home Sanitation Checklist

<table>
<thead>
<tr>
<th>Item</th>
<th>Throw Out</th>
<th>Lock Away</th>
<th>Item</th>
<th>Throw Out</th>
<th>Lock Away</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firearm</td>
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<td>Vitamins</td>
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<td>Knives</td>
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<td>Nail Clippers</td>
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<td>Needles/Safety Pins</td>
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<td>Medications</td>
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<td>Electric cords</td>
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<td>Bleach and Detergent</td>
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<td>Other:</td>
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<tr>
<td>Alcohol</td>
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<td></td>
<td>Other:</td>
<td></td>
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</tbody>
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*Are windows and/or window screens locked? Yes □ No □*

*Does your child have access to your building’s roof? Yes □ No □*
What is DBT? - A Very brief review

**Dialectical Behavior Therapy (DBT)** is a treatment originally developed to treat chronically suicidal persons diagnosed with Borderline Personality Disorder. It focuses on:

- Providing a *validating* context WHILE emphasizing *change* to extinguish problematic behaviors and increasing adaptive behaviors
- managing therapist burnout

**Central dialectic:**

- Acceptance vs. change
- People are doing the best that they can AND they need to do better, try harder, and be more motivated to change
Home Sanitation through Dialectical Dilemmas

*Linehan, Cochran, Kehrer, 2001

*Rathus & Miller, 2000
The Dialectical Approach

Acceptance
Validation
Change
Problem solving

I need to cook so that I can feed my family. How do you expect me to get rid of all of the knives?

These sharp objects must be taken away so that your child no longer hurts themselves.
Case Example: L

- 17-year-old Ecuadorian-American cisgender female
- Lives in a two-bedroom apartment in Washington Heights with her biological parents, 10-year-old sister, and 7-year-old brother
- Tx history:
  - One emergency visit after medical visit where psych team was called due to evidence of NSSI on forearms
  - Inpatient hospitalization for one week
  - History of cutting forearms with razorblade without intent to die
  - History of SI with passive intent to take her prescribed medication
Helpful Tips

- Explore individual/caregiver’s understanding of how to make the environment safe
- Authoritative vs. Collaborative approach
- Sanitize as many rooms as caregiver or client is willing to do (bedroom, kitchen, bathroom, living room)
- Explain to caregivers that it is not recommended to go into the child’s room and search for items without their permission (problem-solve)
Helpful Tips (cont.)

- **Repeat** home sanitation intervention **frequently** and encourage individuals/caregivers to do it on their own.
- Encourage parents to **ask someone else to sanitize the home**.
- **Recommend** a **lock box**.
- **Suggest** using a **medication log**.
- **Provide** information about **medication disposal sites**.
What Barriers Might You Encounter in Doing the Home Sanitation Intervention?
More Challenging Methods to Sanitize

- Examples: Bridges, trains, roads
- Increase supervision
- Safety plan, safety plan, safety plan
- Point person to check in on patient throughout the day in each setting (school counselor, parent, sibling)
- Increase limitations in the home (i.e. patient has to ask permission before leaving the home)
- Dialectical stance: We want you to have independence AND we need you to be able to keep yourself safe
Questions???

THANK YOU!

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References

References (cont.)