



A Wise-Minded Home: Home Sanitation Intervention for Self-Harm Behaviors

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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
 - How often?
 - Where do they usually engage in the behavior?
 - What are the behaviors or what have they tried to do (i.e. cutting, counted or taken pills, etc.)
 - 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:
 - Share handout on screen
 - Have caregiver/adult patient go through home while clinician advises on household items to restrict or throw away



Home Sanitation Intervention Handout

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

Item	Throw Out	Lock Away	Item	Throw Out	Lock Away
Firearm			Vitamins		
Knives			Nail Clippers		
Razors			Staplers/staples		
Scissors			Needles/Safety Pins		
Medications			Electric cords		
Bleach and Detergent			Other:		
Alcohol			Other:		

Are windows and/or window screens locked? Yes ☐ No ☐

Does your child have access to your building's roof? Yes ☐ No ☐

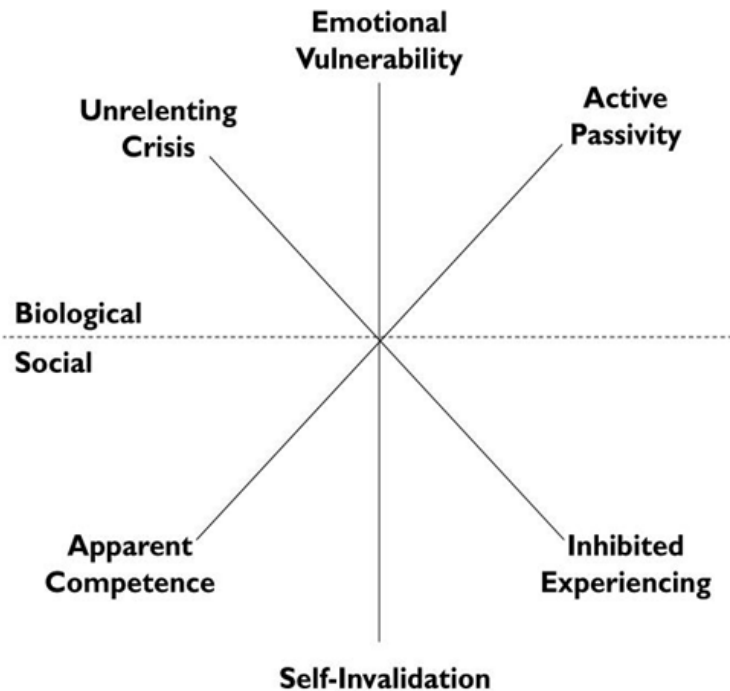


What is DBT?- A *Very* brief review

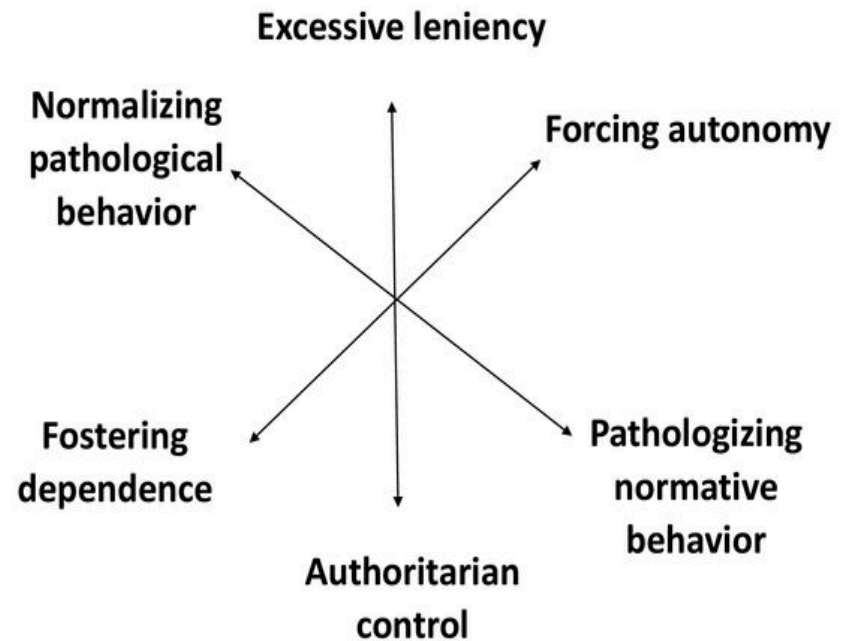
- **Dialectical Behavior Therapy (DBT)** is a treatment originally developed to treat chronically suicidal persons diagnosed with Borderline Personality Disorder. It focuses on:
 - Providing a *validating* context WHILE emphasizing *change* to extinguish problematic behaviors and increasing adaptive 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



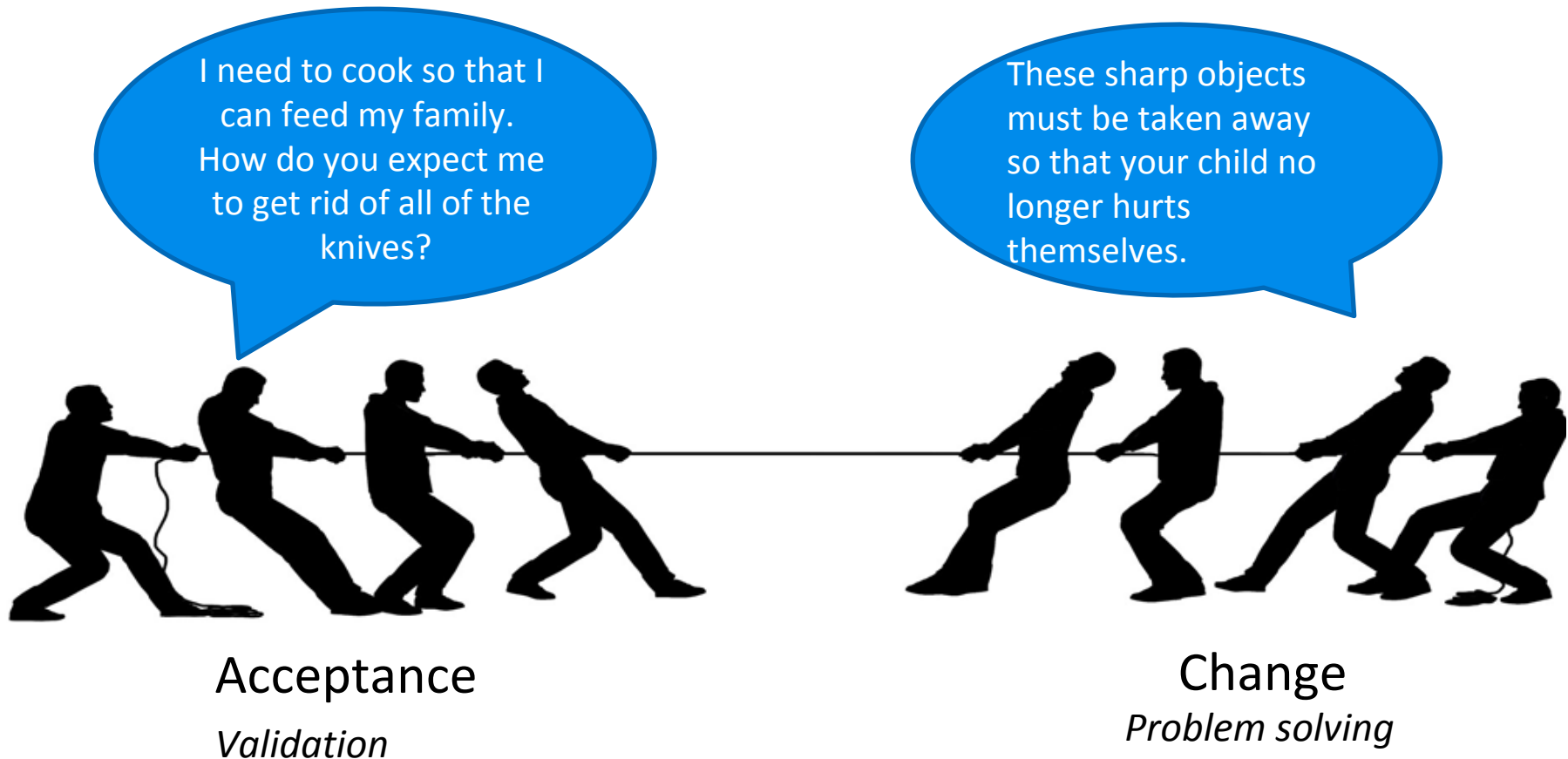
*Linehan, Cochran, Kehrer, 2001



*Rathus & Miller, 2000



The Dialectical Approach



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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