Clinical Interventions - Not Useful

- Focusing on physical risk using it as main measure of health, comparing with others or previous actions, just providing alternatives without addressing reasons for self-harm
- Not following through with commitments need to stick with commitments and be honest about what can be provided, be clear on what you will do (and when) and what you can't
- Unclear confidentiality/communication with others explain and ask about what you will be saying to others (and why) and try to address any concerns the YP has about that and try to only share as much as they want if possible
- Difficulties managing emotions need to manage own emotions to help the YP manage theirs, or if can't maybe discussing it and reframing it as concern but explain you're glad the YP told you
- Comparisons generally unhelpful and not needed, YP should be their own reference point

Clinical Interventions - Useful

- Being cared about active listening, personalising interventions to YP interests, getting to know them outside of symptoms
- Honesty about what can be provided, confidentiality
- **Empowering YP** through giving choices, asking for feedback, working *with* them, not just instructing them, explaining reasoning behind interventions
- Personalise interventions
- Focusing on more than physical risk exploring underlying reasons for self-harm, rather than just focusing on reducing/stopping it (reduction will be a consequence of overall better mental health)
- Integrate with other parts of YP life comes from getting to know them outside of symptoms, communication with school and family/friends, tailoring to culture and beliefs
- Explore consequences of self-harm like how to deal with scars (look and pain) and family/friends distress, 'addiction' aspect (long-term management of urges)
- Gradual discharge e.g. to monthly sessions, and providing information about where to access support in future (particularly if have aged out of previous support systems)