



Self-injury includes such things as: cutting, scratching, picking at scabs, hair pulling, object insertion and head banging.

Self-injury is different from suicidal behavior – with self-injury there is no intention to kill yourself.

If this sounds like you, you may have difficulty identifying and expressing your feelings. Self-injury is often used as a coping mechanism. This is a **long-term issue** and there will not be time to address this during your short hospital stay. You should work on this with your outside therapist.

During your hospital stay, you will be expected to use coping strategies other than self-injuring.

You are not powerless. You can make other choices besides self-injury. For example, when you begin to have the urge to self-injure distract yourself by calling a friend, or going for a walk.

Make a list of things you can do other than self-injure. (Refer to this list when you start to feel the urge to self-injure)

You may also find it helpful to keep a **journal**. This journal will be useful for you to help identify your triggers for self-injury. You can then discuss this information with your outside therapist.

Include events about the self-injury in the journal. Write down the date and time, where you were, what you were doing, what the urge was, who you were with, what you were thinking and what you were feeling. Also note if you did or did not injure yourself. If you did not injure yourself, what did you do instead?