**Howell Chapter 14**

Suicidality in DID

-2.1% of patients with DID complete suicide, 61-72% have attempted.

-compared to severe depression 3.9% completing and 20% attempting, Borderline 5-10% completing and 75% attempting, schizophrenia 10% completing and 40% attempted.

I. Meaning of Suicide

A. Rageful fantasies and the vengeance of the powerless

B. Suicidal parts put the person out of their misery.

C. Homicidal parts might not be aware they share the same body.

D. Suicidality offered a way out when life had become unbearable.

1. Ask about secret pacts often held by child parts who don’t understand the pain they are experiencing now is not unending. Parts may be stuck in time and think the pain will never end.

2. Talking through pointing out the options of today versus childhood.

3. Explore suicide fantasies in detail as it has a stabilizing effect.

II. Safety Agreements

1. Series of constructive alternatives to self-harm, possibly in a hierarchy including reaching out to supportive others, self-soothing, relaxation exercise or physical exercise. Patient must call and speak with therapist before any action is taken. This supports patient self-responsibility and avoids putting therapist in rescuer position.
2. Explore ambivalence concerning whether is more desirable to be safe, endangered well, sick alive or dead.
3. Concrete: “I will not hurt myself or kill myself, or anyone else internally or externally, accidentally or on purpose at any time.”
4. Time frame is important.
5. Ok to discuss safety need for the therapist as well to continue therapy.
6. Minor self-injury may occur, important to address self-harm is not a safe behavior regardless of the degree. The spirit of the agreement is to live and prevent serious injury.
7. All parts need to agree to the contract, “I am going to assume that all of the parts inside agree with this. If not, please speak up now. “
8. Can be verbal or written, make sure to document.
9. Continue to readdress the meaning of suicide for the patient during each renegotiation.

III. Suicidal Behavior is not always straightforward.

1. Look out for destructive behaviors.
   1. Example of T trying to quiet Michael’s cries by giving him pills to help him sleep.
   2. Example of Anna’s hand self-harming herself. She did not feel it was her.

**Boon, Steele, Van Der Hart Chapter 8**

Developing Inner Sense of Safety

* Establish a sense of inner safety or safe state
  + Being safe with yourself
  + Being safe with all parts of yourself (parts get stuck in trauma time, or inner conflict)
  + Being safe with your inner experiences (emotions, thoughts, sensations and other actions of dissociative parts)
* Sense of safety can occur when all parts can agree to a least temporarily let go of inner conflicts and criticism and to focus on the the present moment.
* Creating a safe place or places for parts can alleviate the negative loop of inner misery.
  + Angry parts can feel relief once they learn scared or hurting parts are quieter when feeling safe.
  + Available at any time.
* Examples of imaginary inner safe places
  + Hot air balloon…
  + Protective covering (blanket, space suit)
* Different parts may need different things.
* Don’t try to put parts in prisons, hide them away, or get rid of them.
* Create a literal safe space at home.

**Chapter 9 Improving Sleep**

* Very common among dissociative clients
* Physiological and or related to activities of dissociative parts. Talk to PCP
* Lack of sleep makes everything harder: concentration, managing moods and emotions.
* Examine what type of sleep problems the client is experiencing.
* Factors that contribute to sleep problems:
  + Traumatization
    - Mind works overtime when it gets quiet and dark.
    - Traumatic memories more vulnerable to emerge when not distracted by other activities.
    - Trauma related nightmares, night terrors, flashbacks, nighttime panic attacks or bed wetting.
    - Dissociative parts can be young, terrified, too afraid to get out of bed to go to the bathroom. \*clients are hard on themselves for this, sometimes mean to younger parts, this will exacerbate the issue.
  + Struggle for time among dissociative parts
  + Other emotional problems like anxiety or depression might benefit from medication, therapy or healthy lifestyle changes.
  + Excessive stimulation: caffeine drugs, alcohol, tobacco, heavy exercise, reading, watching stimulating movies
  + Lack of stimulation
* Improve Quality of Sleep
  + Make bedroom pleasant place for sleep
    - Temperature, night light, fragrance,
    - Create a sleep kit
    - Remove triggering items.
  + Preparing all parts of self for sleep
    - Internal communication to be aware of sleep concerns, agreed time to go to sleep, stuffed animals (make compromises)
  + Establishing Sleep Routines
    - Younger parts can gather around for a story
    - Reminders of safety
* Tips for Specific Sleep problems
  + Can’t slow down thoughts
    - Check with parts inside, ask what they need, containment strategy.
    - Distract yourself
  + If can’t fall asleep after a reasonable time
    - Turn clock away
    - Remind self sometimes just can’t sleep
    - Can get up and go to another room
* Nightmares
  + Try to ground self to here and now, comfort self
  + Cool water (if not a trigger)
  + Write it down to put it away.
  + Change nightmare
  + Use anchors in room to help if wake up and can’t move, can usually still move eyes.
* Sleep medication, use appropriately.

**Chapter 26 – Coping with Self-Harm**

* Self-harm behaviors are coping behaviors involving injury to the body that people employ when they do not have sufficient skills to cope in more adaptive ways
* Often due to overwhelming internal experience (loneliness, abandonment, panic, traumatic memories)
* Can also be too little feeling (numbness, depersonalization, emptiness, feeling dead)
* Self-harm = need for regulation skills
* Most people are ashamed of the self-harm behaviors and find the experience difficult to discuss
* Self-harm is a sign of great suffering; it usually does not intend to kill themselves
* Amnesia is quite common before, during, and after self-harm
* Parts that self-harm are often reviled and avoided by other parts of self
* Self-harm may be more direct i.e. cutting, burning, head banging or indirect i.e. severe substance abuse, eating disorder, unprotected sex
* Motivations for Self-Harm
  + Feel real/alive
  + Evoke emotional numbness
  + Relieve overwhelming emotions, tension, traumatic memories
  + Refocus inner pain to outside
  + Express anger/aggression toward self
  + Reduce shame/guilt
  + In response to internal command voices
  + One dissociative part trying to harm/kill another
  + To precipitate or prevent a switch to another part
  + Prevent suicide
* Tips for alleviating self-harm
  + Talk to treatment provider about the self-harm
  + Use reflective skills to understand what motivations are of other parts
  + Develop empathy for self
  + Take yourself and your body seriously
  + Each part may need a different way of coping
  + Self-harm often diminishes with better understanding of other parts (internal communication)
  + Notice triggers that increase self-harm and use tools to manage triggers
  + Self-soothe/calm
  + Be patient while determining new ways to cope