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Stop Self-Harm Clinical Practice Workbook

A clinically branded, function-preserving edition retaining the original exercises, psychoeducation, checklists, logs, planning tools, and response space.

DSM-5-TR · ICD-11 CLINICAL ALIGNMENT

1 · Identifying Self-Harm

2 · Crisis Planning

3 · Exploring Your Strengths

4 · Healthy Coping Skills

5 · Emotional Writing

6 · Seek Social Comfort

7 · Reinforcing The Decision To Change

8 · Addressing Impulsiveness

9 - Urge-Surfing and Delay Plan 10 - Lower-Risk Coping Options

How to use this workbook

- Use this workbook selectively and collaboratively; it is educational and does not replace individualized assessment, diagnosis, treatment, medical care, or crisis services.
- Skip, pause, or modify any activity that increases distress, danger, shame, or loss of functioning. Adapt language for culture, disability, neurodivergence, health, resources, and lived context.
- Ratings in this workbook are reflection tools unless a named, validated measure and interpretation are explicitly provided.
- Assess current safety, suicidal and homicidal thoughts, self-harm, intoxication or withdrawal, violence, exploitation, psychosis, mania, medical instability, and ability to meet basic needs when relevant. Use local emergency or crisis procedures for imminent risk.
- Activities involving exposure, trauma detail, urges, means, disclosure, or relationship repair require appropriate competence, informed consent, pacing, and safety planning; a worksheet is not a substitute for these safeguards.
- Directly assess suicidal intent separately from self-harm. Serious injury, uncontrolled bleeding, overdose, loss of consciousness, or inability to remain safe requires urgent medical or emergency help. Develop an executable safety plan with warning signs, means safety, named contacts, and local crisis resources.

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Identifying Self-Harm

1. What form of self-harm are you engaging in?

2. What triggers your self-harm behavior? (e.g. Use of drugs or alcohol, misuse of prescription drugs, stressful events in the environment (either positive or negative), intense emotions, such as sadness, anger, fear, loneliness, etc.)

3. Why do you engage in self-harm behaviors? (e.g., emotion regulation, symptom reduction, self-punishment, etc.)

4. What are the typical consequences of your self-harm behavior? (e.g. injured nerves, muscles, or blood vessels; infections; permanent scarring; social isolation; increased feelings of shame and guilt; etc.)

5. How would you react if you discovered that your best friend was engaging in these behaviors? What would you tell them? Say it to yourself.

Crisis Planning

1. What does crisis look and feels like to you? What are the warning signs? What emotions do you feel? What physical sensations do you notice right before you begin to feel overwhelmed (e.g., headache, tightness of chest, rapid heartbeat, increase in body temperature, dizziness)? What thoughts do you experience?

2. What is different in times of crisis in comparison to other times in your life? (“bad days” vs. “good days.”)

3. When you have been in a crisis, what support did you seek? What things (e.g., people, places, services) were the most helpful? Why?

Source of support	Why it is helpful

4. What are the most difficult feelings for you to experience? (e.g. loneliness, boredom, anxiety, sadness, hopelessness, helplessness, shame, guilt, emptiness, grief, fear, anger, overwhelm, frustration, etc.)

5. What does it feel like inside your body when these feelings get overwhelming? What do you need when this happens? What can you do to soothe yourself in a healthy, effective way?

6. What can make the crisis worse? What do you need to stop doing?

7. Are there people in your life you can reach out to in times of crisis (e.g., family members, a partner, friends, relatives, clergy, mental health professional)? List their information here.

Name	Relationship	Phone number

Immediate danger: call local emergency services. U.S.: call/text 988. Elsewhere: use verified local crisis services.

Exploring Your Strengths

1. When you faced difficult times in the past what helped you get through them? What have you typically done to fix it or feel better about it?

2. What do you do when you get stressed or worried about something? How do you manage your worry?

3. What is happening now to make these skills less effective?

4. What areas of your life do you feel more secure about or feel as if you have more under control? Why do you feel secure in these areas?

5. What are the best qualities of your personality?

Healthy Coping Skills

Practice the following skills on a regular basis and not just when you're feeling overwhelmed.

1. Deep Breathing

When we're anxious, we tend to take short, shallow breaths into our chests. To relieve tension, you need to take bigger breaths, all the way into your belly.

1. Get in a comfortable position. Lie on your back with a pillow under your head and knees. Or you can sit in a chair with your shoulders supported against the back of the chair. Place one hand on your belly and the other hand on your chest.

2. Breathe in through your nose and let your belly fill with air. Feel your belly rise.

Make sure the hand on your belly moves more than the one that's on your chest.

3. Breathe out through your nose. Feel your belly lower.

Take three more deep breaths.

2. Progressive Muscle Relaxation

This is a great technique to release tension from your body and relax physically and mentally.

1. Lie comfortably on the floor or on your bed.

2. Breathe in. Tense the muscles of your feet.
3. Breathe out. Release the tension in your feet.
4. Breathe in. Tense your legs muscles.
5. Breathe out. Release the tension in your legs.
6. Work your way up your body, tensing each muscle group. This includes your buttocks, belly, chest, arms, hands, shoulders, neck, and face.

3. Visualization

Sit in a quiet spot, loosen any tight clothing, and focus on your breathing.

Choose a relaxing, calming image (real or imaginary) to focus on for a few minutes. Close your eyes and try to include as much detail and as many senses as you can (smell, sight, sound, and touch).

If you choose the ocean, think about the sound of crashing waves, the smell of salt water, the warmth of the sun on your body, etc.

Do this for 5 to 10 minutes.

4. The Butterfly Hug

Cross your arms and rest each hand on the opposite shoulder. Tap your hands alternately on each shoulder until you are soothed. Focus on your breathing as you tap.

What other healthy coping skills can you use?

Emotional Writing

Putting thoughts and feelings on paper through journal writing helps you feel calmer and brings more clarity.

Freely write down your thoughts or use journaling prompts. The following are some examples:

1. How do you feel about yourself today, at this moment?

2. What has been bothering you the most lately?

3. What do you have no control over regarding the situation causing you pain?

4. What emotions do you experience most often? Where do you feel them in your body?

5. Which emotions do you find hardest to accept (guilt, anger, disappointment, etc.)?

6. Are there any feelings you're trying to numb (by keeping yourself busy, using addictions, etc.) because you're afraid they're too raw or difficult?

7. What would tell a dear friend who's struggling with the same emotions?

8. Describe an experience from your past that ultimately made you more resilient.

9. Make a list of things that have been helpful cope with difficult emotions in the past?

10. What could you do to boost your mood in a healthy way today?

11. What do you need to do more or less of to improve your well-being?

12. What are you the most grateful for right now?

13. What words do you need to hear spoken to help you feel safe and less alone? Say it to yourself.

Seek Social Comfort

Spend time with safe people who provide comfort.

Name:
Contact information:
Relationship:
How they help me feel supported:
Barriers that are preventing me from utilizing their support:
Specific steps I can take to improve the relationship:

Reinforcing The Decision To Change

The best way to motivate yourself is to consider the costs and benefits of making the change.

Why self-harm?

Advantages	Disadvantages

Why healthy coping?

Advantages	Disadvantages

Addressing Impulsiveness

Cravings and urges will decrease in strength and frequency over time if you wait them out and don't act on them.

Urges typically last 10–15 minutes and, if they persist, consider if there could be something triggering in the environment and remove it.

Use the following steps to delay acting on your urges:

1. Acceptance

Acceptance should feel like a “softening” or a feeling that it's okay to experience these urges.

Acknowledge the presence of these urges and let them run their course.

The following are examples of statements that could help you acknowledge your experience. Check off the ones you think you can use and add ones of your own:

- ☐ “I can handle this.”
- ☐ “I can't change what has already happened, but I can control how I respond to it.”
- ☐ “I've dealt with difficulties before and I can deal with this.”
- ☐ “It's okay to feel this way. I can still deal with this effectively.”
- ☐ “This feeling will pass and I will be okay.”
- ☐ “This situation is only temporary.”
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

2. Delay

Resist your urges for only 10 minutes at a time before making any decisions.

This makes the goal realistic and doable.

3. Distract

Prepare a list of various activities you can use to distract yourself while the urges dissipate.

These activities could include physical movement (e.g. going for a walk), relaxing activities (e.g. visualization, taking a bath), or social activities (e.g. using an online support forum).

Activities I can use to distract myself:

Note: use the list of coping skills at the end of these worksheets.

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Urge-Surfing and Delay Plan

Self-harm urges can rise and fall like a wave. This exercise does not require symbolism, promises, or guilt. It is not a substitute for medical care, suicide-risk assessment, or an individualized safety plan.

1. Check safety first

Do I have an injury needing medical care? Am I thinking about suicide? Do I have a plan, intent, or access to means? Can I remain safe for the next short interval? If not, use urgent support now.

2. Create distance from means

With consent and attention to safety, move away from items or locations connected with harm and involve a trusted support person when appropriate.

3. Choose a brief delay

Set a manageable interval, such as 5-10 minutes. Notice the urge from 0-10 without treating the number as a prediction.

4. Ground in the present

Name five things you see, four you feel, three you hear, two you smell, and one you taste. Use a neutral sensory item if safe.

5. Reassess and connect

At the end of the interval, reassess safety and contact a clinician, trusted support, crisis service, or emergency care as indicated. A lapse is information for care - not failure, punishment, or harm to anyone else.

Lower-Risk Coping Options

Select only options that are safe for your current physical state, surroundings, and level of alertness. During acute risk, avoid driving, open flames, water activities, heights, tools, weapons, strenuous exercise, donating blood, substances, or supervising dependents alone.

Connection

- Contact a trusted person and state what support you need.
- Move to a shared or staffed space if isolation increases risk.
- Contact your clinician, crisis service, or emergency care as indicated.

Grounding

- Place both feet on the floor and describe the room aloud.
- Hold a safe, neutral object and notice temperature and texture.
- Listen to familiar audio at a comfortable volume.

Low-demand activity

- Complete a simple puzzle, coloring page, or familiar craft without sharp tools.
- Watch a familiar program or read brief, neutral material.
- Write a short factual description of what is happening now.

Body care

- Sip water or a non-intoxicating drink if medically appropriate.
- Use ordinary paced breathing; do not force breath-holding.
- Rest in a safe place where support can reach you.

Which options fit my individualized safety plan?

Escalation and Support Plan

Use this page with individualized clinical assessment. Do not rely on a coping list when injury, suicidal intent, a plan, access to means, intoxication, severe dissociation, psychosis, inability to care for yourself, or danger to another person is present.

My early warning signs

People or places that can support safety now

My clinician or service and contact information

Steps for reducing access to means, developed collaboratively

When I will seek urgent help

Immediate danger or medical emergency: call local emergency services or go to the nearest emergency department. In the U.S., call or text 988 or use 988lifeline.org. Outside the U.S., use verified local crisis services.

2026 Clinical Alignment

DSM-5-TR (including Sept. 2025 update) · ICD-11 CDDR / 2026 MMS

Classification status

- DSM-5-TR: Nonsuicidal self-injury · not a primary formal diagnosis in the main diagnostic section; requires assessment as behavior and clinical focus
- ICD-11 CDDR: external-cause/clinical coding depends on method and intent Intentional self-harm coding and associated mental/behavioral disorder · self-harm behavior requires coding and assessment; not equivalent to one mental disorder
- This workbook is non-diagnostic. A title, checklist, or completed activity never establishes a diagnosis.

Pages requiring the updated interpretation

- The audit identified source pages 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22. The statements below supersede incompatible diagnostic, scoring, safety, or resource wording on those pages.

Diagnostic and differential limits

- Assess each episode for suicidal intent, lethality, frequency, precipitants, medical needs, access to means, substance use, trauma, mood/personality/eating disorders, developmental factors, and immediate safety needs.

Document-specific corrections

- Replace worksheet-only crisis planning with an individualized safety process that assesses suicidal intent, lethality, medical injury, access to means, intoxication, and immediate environment.
- State that nonsuicidal self-injury cannot be assumed from the absence of stated intent; assess intent at every episode and over time.
- Remove romanticizing or contagion-prone activities and ensure alternatives do not simulate injury or delay urgent medical care.
- Add explicit thresholds for emergency evaluation, wound/overdose care, safeguarding, and involvement of trusted supports with consent and legal limits.

Measures, scoring, and permissions

- No assessment or scoring content was detected; retain exercises as unscored reflection and do not add diagnostic interpretation.

Intervention scope and contraindications

- Pages [1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22]: require topic-qualified clinical review for consent, readiness, contraindications, escalation thresholds, and whether clinician-guided use is necessary.
- Do not use scales or global low/medium/high labels to predict suicide or repeat self-harm. Complete a collaborative psychosocial assessment and individualized risk formulation.
- Differentiate nonsuicidal self-injury from suicidal behavior at each relevant encounter; assess injury severity and need for urgent medical care.

Crisis and current resources

- United States: call or text 988; call 911 for immediate life-threatening danger. NICE NG225 for self-harm assessment and management.

Authoritative references

- <https://www.psychiatry.org/psychiatrists/practice/dsm>
- <https://www.who.int/publications/i/item/9789240077263>
- <https://www.nice.org.uk/guidance/ng225>
- <https://www.psychiatry.org/psychiatrists/practice/dsm/updates-to-dsm/updates-to-dsm-5-tr-criteria-text>
- <https://icd.who.int/browse/2026-01/mms/en>
- <https://988lifeline.org/>
- <https://www.nice.org.uk/guidance/ng225/chapter/recommendations>