Coping, Cutting and Control: Listening to Voices of Youth and Their Advice to Professionals

CCSME - Co-Occurring Collaborative Serving Maine

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Pat McKenzie, LCSW

Special thanks to Chris Behan, LCSW for his inspiration and assistance in the initial development of this training...

Objectives

- Increase self awareness of thoughts, feelings, and reactions to self-injurious behavior
- Increase understanding of the knowledge and wisdom of youth who self-injure
- Increase knowledge of therapeutic approaches to working with youth who self-injure

Co-Research

- Acknowledging the expert knowledge of the people with whom we work
- Co-research is a type of qualitative research developed in the 1980's and 1990's which attempts to collect the knowledges and skills that the people who are experiencing problems have in relation to addressing the problem, coping with the problem and overcoming or living beyond the problem.

- Sometimes the skills, knowledges and abilities of several clients are collected and shared as potential ideas for helping professionals and other clients with similar issues to consider.
- Establishing safety and respect is essential to the process
- Maintaining the role of client as an expert consultant and our curiosity is critical

The Purposes Of This Co-research Project

Chris Behan and Pat Mckenzie

- To provide the clients interviewed an opportunity to document the skills, knowledges and abilities that they have accumulated around cutting and other self-harming behavior.
- With the clients' permission, to gather aggregate information about cutting and other self-harming behavior to share with professionals in a training setting and with other clients who are struggling with similar issues.

“I hate it when people assume they know why someone cuts. People cut for lots of reasons … just ask…cause you don’t know…and even if you have cut yourself…that’s great, but you don’t know it all. That what pisses people off… not asking and assuming you know it all.

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Self-Injury, What Is It?

- Multiple Terms including self-injury, SI, cutting, self-injurious behavior, SIB, self-harm, self-mutilation, cutting, self-mutilative behavior, SMB
- Terms often used interchangeably.
- Self-inflicted injury may possibly result in life-threatening damage and self injury is usually *not* suicidal behavior. However suicide risk is increased with co-occurring suicide risk factors…

Slide by Jeff Ray,MS

Common Misconceptions

- Suicidal or Pseudo-Suicidal
- Attention Seeking Behavior
- Superficial So Not Serious
- Just “Acting Out”
- Borderline Personality Disorder
- Untreatable

"Cutting doesn't mean you want to be dead necessarially....most of us want something else...In some fucked up way it helps some kids to cope ....cutting actually helps many to stay away from suicide."

“I know lots of other kids who do like a cry for help….sometimes it is hard to ask for help. The scratches are little cries and if no one pays attention, they might need to cut deeper and bigger until someone cares enough to help them.”

“It’s like Georgia O”Keefe said, “I drink to drown my sorrows, but the damn things learned to swim.” Some cut to get control, but then lose control because they cut, and then need to cut more. It can be like an addiction, some do heroin, some cut...I think cutting isn’t as dangerous as doing drugs, but people really freak out about it and even lock you up.”

Who engages in self-injury?

There is no simple portrait of a person who intentionally injures him/herself. This behavior is not limited by gender, race, education, age, sexual orientation, socio-economics, or religion.

- Estimates are about 1% of the general population
- Studies showing 10 - 13% of teenagers have self injured
- Usually starts in early adolescence

Commonly seen factors in youth:

- Over 80% keep the SI hidden
- Self-injury more commonly occurs in girls.
- Peak age of onset at 13

- Often co-occurs with trauma, OCD, eating disorders, substance abuse, and/or depression
- Lack skills and experience in expressing emotions
- Often lacks relationships with parents/caretakers that validates emotions

- Often lacks pro-social peer supports

"So yes, I did inflict upon myself. I didn't like myself. I was ashamed because I couldn't cope with the pressure."

--Princess Diana

BBC1 Panorama Interview

Broadcast in November 1995

Why do people engage in self-injury?

- Relieves intense feelings, pressure or anxiety
- Provides a sense of being real, being alive – of feeling *something*
- Externalizes emotional internal pain – to feel pain on the outside instead of the inside
- Controls and manages emotional pain – unlike the pain experienced through physical or sexual abuse

- Self-soothing or coping behavior
- Self punishment for having strong feelings or for a sense that somehow they are bad and undeserving
- Tending to wounds can be a way to express self-care and self-nurturing
- Sometimes self-injury is an attempt to affect others and communicate a need to others

Barriers to Intervention into Self-Injurious Behaviors

- Secretive nature and addictive nature
- Social isolation and difficulties in communicating needs
- Shame and fear of punishment by adults
- Fear of losing a "desperately needed coping skill"
- ANXIETY, FEAR, and/or REPULSION felt by the professional or parent

"Being in treatment is like being at an airport and the counselor tells you to get on the plane, but it hasn't even landed yet... Don't rush it and expect people to do more than they can."

Today's *Consultant* Advice

- *"Don't assume, ask"*
- *"LISTEN, actually listen."*
- *"Show you care."*
- *"Be patient and don't rush the person."*
- *"Don't freak-out"*

How is self-injury treated?

A consideration with self-injury is that it tends to become addictive and needs well informed treatment:

- Cognitive-behavioral therapy may be used to help the person learn to manage cognitions and emotional states.
- For those with a history of abuse or incest post-traumatic stress therapies may be helpful.

- Interpersonal therapy (including the expressive and art therapies) is the main treatment for the underlying issues of low self-worth and relational struggles.
- Hypnosis or other self-relaxation techniques are helpful in reducing the stress and tension that often precede injuring incidents.
- Therapeutic animal therapies are showing some great promise.
- Group therapy may be helpful in supporting social skills and use of support networks for new expression of emotions.

- Family therapy may be useful, both in addressing any history of family stress related to the behavior, and also in helping family members learn to communicate more directly and non-judgmentally with each other.
- In some situations, an antidepressant or anti-anxiety medication may be used to reduce the initial impulsive response to stress, while other coping strategies are developed.
- DBT approach which incorporates several of the preceding models is presently being validated for work with adolescents.

Collaborative, Strength-based Therapy Approach

Matthew Selekman

- Integrative, solution-orientated individual, family, and systemic therapies
- Incorporates:
  - Solution focused and collaborative with the “client expert”
  - A multisystemic family assessment framework
  - Change readiness theory
  - Cognitive behavioral and mood management skills to enhance coping

Live, love, and work in the possibility...

Sources

- Chris Behan, LCSW
- Jeff Ray, MS; *Understanding Adolescent Self-Injury* (Powerpoint presentation)
- Cornell Research Program
- S.A.F.E. Alternatives
- AACAP
- *Bodies Under Siege*; Amando Favazza
- *Cutting;* Steven Levenkron
- *Working with Self-Harming Adolescents;* Matthew Selekman
- *Women Who Hurt Themselves;* Dusty Miller