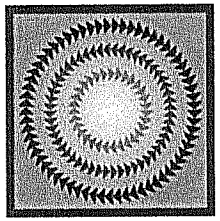
Exploring Self Injury in Adolescence



Beyond the Basics of Suicide Prevention Conference 2012

Creating Partnerships: Taking a Collaborative Approach to Advancing Suicide Prevention

Our Time Together

- This workshop will provide a broad overview of self injurious behavior with a focus on the more common form of moderate/superficial self inflicted injury seen in adolescence. Information on the purpose or function of self injury and treatment approaches will be shared and explored with the workshop participants.

My Hope...

- Identify what is self-harming behaviors and what purposes it serves
- Describe the current research on self-harming behaviors
- Review promising treatment approaches

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, however self injury is usually *not* suicidal behavior. But, suicide risk is increased with co-occurring suicide risk factors...

Slide by Jeff Ray,MS

3 Categories of SI

Favazza and Rosenthal (1993)

- Major Self-Mutilation
  - Rarely Documented
  - Infrequent acts with a great deal of tissue damage
  - Includes castration and limb amputation
  - Usually associated with psychosis
- Stereotypic Self-Mutilation
  - Consists of fixed, repetitive patterns such as head banging, finger and arm biting and eyeball pressing
  - Usually associated with mental retardation, autism and Tourette's Syndrome
- Superficial or Moderate Self-Mutilation

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Superficial or Moderate Self-Mutilation

- Includes cutting, scratching, and burning skin, hitting self, interfering with wound healing and needle sticking
- Cutting arms or legs is most common form
- Teen cuts or burns until pain is felt or blood is drawn using razor blades, knives, broken glass, utility knives, lighters, iron, curling iron, cigarettes

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Moderate/Superficial SI

- deliberate harm to one's body
- the injury is done to oneself without aid of another person
- the injury is severe enough for tissue damage to occur
- done without conscious suicidal intent
- not associated with sexual arousal

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Moderate Self-Injury
2 Categories

- Compulsive Self-Injury
  - More closely associated with OCD
  - Includes Trichtillomania
- Impulsive Self-Injury
  a. Episodic Self-Harm
  b. Repetitive Self-Harm

Favazzo (1996)

Episodic Self-Injury

- Occurs once in a while
- Person does not think about SI otherwise
- Person does not see self as a self-injurer
- Episodic Self-Harm can become Repetitive

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Repetitive Self-Injury

- Rumination on SI even when not engaged in the behavior
- Self-identification as a self-injurer
- Impulsive in nature
- Reflex response to any sort of stress, even positive
- Many researchers and authors have called for Repetitive SI to be classified as 312.3 Impulse Control Disorder, NOS
  (Favazza and Rosenthal, 1993; Kahan and Pattison, 1984; Miller, 1994)

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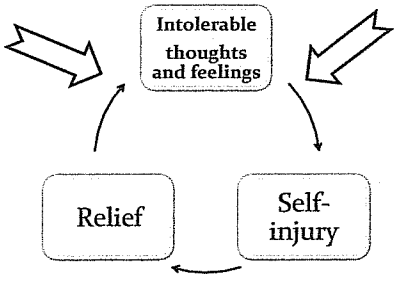
Addictive Quality of Self Injury



"

becomes something that you feel you can't live without. When it works once to 'fix' a problem, you will try it again and see that it will work again. Eventually your small cuts aren't enough and you cut more and more. You gain more 'tolerance.'"

—Lia

Slide by Jeff Ray,MS

Common Misconceptions

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

"SI has probably saved me from suicide, strange as it may seem. If I had not had this coping mechanism, this escape, I would probably have killed myself by now."

--Gerda

Slide by Jeff Ray,MS

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
- Some say 40% have tried at least once
- Usually starts in early adolescence

Commonly seen factors in youth:

- Over 80% keep the SI hidden
- Self-injury more commonly occurs in adolescent females.
- Peak age of onset at 13
- Often co-morbid with trauma, OCD, eating disorders, substance abuse, and/or depression
- Lack skills and experience in expressing emotion
- Often lacks emotionally validating relationships with parents/caretakers
- 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

What is the function of 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
- Other thoughts?

Common Features of Effective Interventions

- Positive therapeutic relationship
- Incident analysis
- Skills training
- Cognitive restructuring

Evidence-based Approach to Recovery

- Assessment including function of self injury, suicidal risk, and co-morbidity of other mental health issues
- Cognitive Behavioral Therapies (CBT)
  - Dialectic Behavior Therapy (DBT)
  - Manual Assisted Cognitive Behavior Therapy (MACT)
  - Acceptance and Commitment Therapy (ACT)
- Family therapy to enhance capacity of family to work with the treatment
  - Multi-Family Therapy
- School and positive peer supports

Family Education and Therapy

- To educate family members about self-injury.
- To enlist the families help and support in creating healthy relationships with their child.
- For the child to see that they are not the only members of their family in need of support, education and the opportunity to learn more effective way' s to communicate and be supportive

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.

- 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. Naltrexone has had some positive results.

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

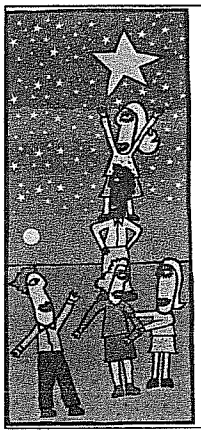
As helpers, family and friends...

Not paying attention to self-injury does not make it vanish -- you need to respond in some way. Here are some guidelines for dealing with an adolescent self-injurer:

- **Don't take it personally**
- **Educate yourself**
- **Understand your feelings**
- **Be supportive without reinforcing the behavior**

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



Live, love, and work in the possibility…

Sources

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- *Cutting;* Steven Levenkron
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- *Women Who Hurt Themselves;* Dusty Miller