

TREATING CLIENTS WHO SELF-INJURE

By: Patrick L. DeChello Ph.D., MSW, LCSW, RPH

COPYRIGHT 2009 D & S Associates 800-950-5559

Referred to as "New Age Anorexia"

- Self-injury
- Self-harm
- Self-Mutilation
- Drastically on the rise today especially amongst adolescents.


COPYRIGHT 2009 D & S Associates 800-950-5559

Highest incidence amongst adolescent girls.

- 1 of every 200 girls between 13 & 19 self-harm.
- 2 million cases in U.S. alone
- Of the cases at least 11,000 cases of boys in USA (National Mental Health Association 2005)



COPYRIGHT 2009 D & S Associates 800-950-5559

Those that self-injure: 

- Are not the ones that get piercings and tattoos.
- Are hard to identify often :
 - average to above average intelligence
 - good students
- Rarely participate in activities that require change of clothes
- Few close friends

COPYRIGHT 2009 D & S Associates 800-950-5559

Self Injury is not about suicide.

- IT'S ABOUT RELIEF FROM:
 - Pain
 - Anxiety
 - Fear
- It helps control the harm they cause themselves.
- Behavior from never learning appropriate coping mechanisms

COPYRIGHT 2009 D & S Associates 800-950-5559

Self-harm & Self-injury Are Different.

<ul style="list-style-type: none"> ■ Self-harm - behaviors that occur daily. ■ Have long-term effects not immediate ones. ■ Those who do them are oblivious to their long term effects. ■ No intent to harm themselves. 	<p><u>Examples of self-harm</u></p> <ul style="list-style-type: none"> ■ Overeating ■ Under eating ■ Smoking ■ Drug abuse/misuse ■ Gambling ■ Excessive spending ■ Hyper-sexuality
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

COPYRIGHT 2009 D & S Associates 800-950-5559

Definition of Self-Injury

- *"Self injury is an expression of acute psychological distress. It is an act done to oneself, by oneself, with the intention of helping oneself rather than killing oneself. Paradoxically, damage is done to the body in an attempt to preserve the integrity of the mind."*

Jan Sutton & Deb Martinson –Secret Shame, 2003

Self-injury-any repetitive deliberate injury to one's body

4 Key Points

1. Intent – to help oneself.
2. Immediately harmful,
3. immediate response,
4. repeated

COPYRIGHT 2009 D & S Associates 800-950-5559

Self-injury A deliberate act used to alter mood by inflicting physical violence.

- | | |
|---------------------|--------------------------------------------|
| ▪ Cutting* | ▪ Scab picking |
| ▪ Skin-picking | ▪ Inserting objects into body |
| ▪ Hair-pulling | ▪ Bruising or breaking bones |
| ▪ Burning* | ▪ Castration |
| ▪ Scalding | ▪ Any behaviors that cause immediate harm. |
| ▪ Punching self | |
| ▪ Infecting Oneself | |
| ▪ Scratching | |
- *most common

COPYRIGHT 2009 D & S Associates 800-950-5559

Self-injury is commonly done to:

- | | |
|-------------------------------------------------------|---------------------------------------------|
| ▪ Counteract Suicidal Feelings | ▪ Purpose of self-injury is not for: |
| ▪ Alter a mood state positive or negative | 1. Sexual pleasure/gratification |
| ▪ To calm & remove overwhelming tension | 2. Body decoration |
| ▪ To self-punish | 3. Religious Ritual |
| ▪ To control anger, rage & dissociation | 4. Cultural compliance |
| ▪ To ground oneself to reality | 5. Spiritual enlightenment through ritual. |
| ▪ To physicalize what could not be verbalized-secrets | 6. Fitting in or being cool. |
| | 7. Suicide |

COPYRIGHT 2009 D & S Associates 800-950-5559

Prevalence by type of injury

- **Cutting** 72% of all self-injurers responding to survey
- **Burning** 35%
- **Hitting** 30%
- **Interfering with wound healing** 22%
- **Pulling Hair** 10%
- **Breaking Bones** 8%

When repeated, SI becomes a coping mechanism

COPYRIGHT 2009 D & S Associates 800-950-5559

Demographic Characteristics of the Self-Injurer are:

- 1. Predominantly female
- 2. Start between ages 13-19, continue into their mid-20's to early 30's but have self injured since in their teens.
- 3. Predominantly Caucasian
- 4. Is perfectionistic
- 5. Under pressure to perform in their lives, grades, friends, looks, outside activities etc.
- 6. Middle to upper-middle class
- 7. Average to high-average intelligence
- 8. Well educated
- 9. Often a background of physical or sexual abuse or trauma
- 10. Often have an alcoholic or drug addicted parent
- 11. Often have an eating disorder.
- 12. Use it as a way to cope with stress
- 13. They often lack the ability to regulate their mood by some other method.
- 14. Often they have a history of having been in psychiatric treatment.
- 15. At least 50 episodes, 50% hospitalized, 64% therapy, 73% say tx works

COPYRIGHT 2009 D & S Associates 800-950-5559

Why do people deliberately injure themselves?

- *"Self-mutilation is a desperate attempt to have some control over unbearable feelings. When a teen or young adult has not learned healthy ways of managing these intense emotions, they turn to pain as a way to blot out the emotional pain or gain a sense of control over the pain that they feel. In a strange way, they are really trying to not hurt themselves –they are trying to protect themselves from something even more painful than the physical pain.*

Dr. Margaret Paul – coauthor *Healing Your Aloneness*

COPYRIGHT 2009 D & S Associates 800-950-5559

■ ***There is an assumption that the alternative to self-injury is "acting normally," but on the contrary, the alternative to self-injury is total loss of control and possibly suicide. It becomes a forced choice from among limited options.***

(Solomon and Farrand (1996))

They do it because it works and makes sense for them

COPYRIGHT 2009 D & S Associates 800-950-5559

Basic Reasons for Self-injury

- Attention seeking-Borderline – show their cuts
- Anger release or to prevent anger release
- To look less attractive
- Punishment
- Control Issues
- Dissociation, Unreality, Numbness
- Self-Nurturing
- Shame
- Psychological Motivations



COPYRIGHT 2009 D & S Associates 800-950-5559

3 Broad Reasons for Self-Injury

- **Affect Regulation**-take control of the physiological response & emotional response through distraction.
- **Communication**- a need that is not met
- **Control/Punishment**-protects others and the self.

COPYRIGHT 2009 D & S Associates 800-950-5559

3 Abilities that those who SI lack.



- The ability to tolerate strong affect.
- The ability to maintain a sense of self-worth.
- The ability to maintain a sense of connection to others.

COPYRIGHT 2009 D & S Associates 800-950-5559

Self-injury is not a distinct clinical syndrome but associated with:

- > Personality Disorders,
- > Anxiety Disorders,
- > Compulsive Disorders- Obsessive Compulsive,
- > Post Traumatic Stress Disorder
- > Acute Stress,
- > Dissociative Disorders,
- > Eating Disorders, Bulimia Nervosa and Anorexia Nervosa
- > Impulse Disorders and
- > forms of Depression.


COPYRIGHT 2009 D & S Associates 800-950-5559

Therapeutic Approaches

- Dialectical Behavioral Therapy(DBT)
- Cognitive Behavioral Therapy (CBT)
- Exposure Response Prevention (ERP) Therapy
- EMDR Eye Movement Desensitization and Reprocessing
- Hypnosis and Relaxation
- Meditation Exercises
- Alternative Therapies such as REIKI and Energy Balancing, Yoga, Tai Chi etc.
- Rational Emotive Therapy
- Hospital Based Treatment
- Psychopharmacology
- Individual Psychotherapy
- Group Therapy

COPYRIGHT 2009 D & S Associates 800-950-5559

Functional Analysis



1. **Triggers**-something that sparks a psychological and/or physiological reaction.
2. **Thoughts**-things clients think about in regard to the trigger.
3. **Feelings**- are things the self-injurer feels as a result of these thoughts.
4. **Behavior**-is the negative action as a result of the feelings. Ie. Self injury
5. **Positive Consequences**- neg. action serves the self-injurer in some way – numbness, relief, calm, escape etc.
6. **Negative Consequences**-reasons to not engage in the negative behavior.

COPYRIGHT 2009 D & S Associates 800-950-5559

Breaking the Cycle

- Eventually the trigger directly causes the behavior one the pathway is embedded. **Trigger ⇒ Behavior**

Potential Pathways

A. **Trigger ⇒ Negative Thoughts ⇒ Feelings ⇒ Self-injurious Behavior ⇒ Positive Consequences (Numbing, Escape, Relief)**

B. **Trigger ⇒ Negative Thoughts ⇒ Feelings ⇒ Self-injurious Behavior ⇒ Negative Consequences (Accidental Death)**

Potential Pathways After Treatment

A. **Trigger ⇒ Emotions ⇒ Negative Thoughts ⇒ Distracting Behavior ⇒ Positive Consequences-No Self-Injury Behavior**

B. **Trigger ⇒ Negative Emotions ⇒ Negative Thoughts ⇒ Positive Thoughts⇒ No Self-Injury**

COPYRIGHT 2009 D & S Associates 800-950-5559

Match feelings and behaviors

- **Feeling:** Angry, Frustrated – **Behavior** – yell & swear while flattening aluminum cans, hitting a punching bag, tearing up paper.
- **Feeling:** Sad, depressed – **Behavior** –Pamper self-hot bath, listen to soothing music, put lotion on areas you would like to cut.
- **Feeling:** Dissociation, Derealization- **Behavior**- Eat Hot Pepper, snap rubber-band on wrist. Stomp your feet on the ground.
- **Feeling** Unfocused,- **Behavior** - Play a computer game, do a crossword puzzle.
- **Feeling**-Need to see blood, - **Behavior**-draw lines with red felt pen where you would usually cut. Take warmed red food coloring and make a slashing motion with the bottle- let it trickle where you would have cut,

COPYRIGHT 2009 D & S Associates 800-950-5559

5 Steps To Take Before SI- We Don't Condone it but it will happen at times so how to create safety

1. Admit the SI to a trusted friend.
2. Get Help- Get a referral to a therapist.
3. Keep Safe – acknowledge where & when the urges are strongest and avoid them. If they are going to SI keep it safe. Goal is not to SI.
4. Before SI keep to the steps:
 - a. Try the 15 minute game.
 - b. Try distraction techniques. Ben-Gay, Freezerhead
 - c. Have a first aid kit and emergency phone #'s.
 - d. Set limits as to how much you will do/stick to it.
 - e. Avoid major arteries, veins, organs if you cut.
 - f. Keep cuts very shallow & use first aid.
 - g. Do only minimum to ease your distress.
 - h. Don't share cutting implements.
5. Try to get out of the situation of house into public before acting till urge passes.

COPYRIGHT 2009 D & S Associates 800-950-5559

Using alternative grounding techniques to stop SI

Methods Recommended by those that SI


- Count the breaths as you exhale. Make sure you breathe slowly so you don't hyperventilate.
- Stomp your feet to remind yourself where you are.
- Call a friend and ask them to talk with you about something you have recently done together.
- Take a warm relaxing bubble bath or a warm shower. Feel the water touching your body.
- Mentally remind yourself that the memory was then, and it is over. Give yourself permission to not think about it right now.
- Keep a rubber band on your wrist and pluck it -- feel the slight sting as it touches your skin.
- Eat something. How does it taste, sweet or sour? Is it warm or cold?
- If you have a pet (a dog, cat, hamster, gerbil) use that moment to touch them. Feel their fur and speak the animals name out loud.
- Listen & Sing to familiar music

COPYRIGHT 2009 D & S Associates 800-950-5559

Other Alternatives To SI

- Go out be near people
- Call a friend/therapist
- Call 800-DONTCUT
- Scream, punch/hit pillows
- Hold Ice-cubes to sensitive skin- drop it down back/pants
- Eat Ice cream fast- and get "freezerhead"
- Meditate/Do Yoga/REIKI
- Take a very cold shower/bath
- Rub Ben Gay on genitals.
- Ride a bike or run/jog.
- Draw red lines with a felt tip marker where you would cut.
- Heat Red Food Coloring and slash with it
- Identify what is hurting so bad that you would rather SI than feel it.

COPYRIGHT 2009 D & S Associates 800-950-5559

 doctord@prodigy.net

- 800-950-5559
- D & S Associates, P.O. Box 178,
Middlefield, CT 06455
- www.dandsassociates.net

COPYRIGHT 2009 D & S
Associates 800-950-5559
