

Instant Help for Teens Who Self-Injure

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Defining the Problem

Self-injury (SI) is much more common than once believed. An estimated 1% of teens self-injure at some time, and 90% of those are girls. Teens self-injure for many reasons; most say it is a way to control their feelings when they are having unacceptable thoughts and disturbing feelings, such as shame or guilt. These feelings typically relate to earlier events in their lives; an estimated 50% have had a significant trauma during childhood. Many teens report that their self-injurious behavior helps them disassociate from their disturbing feelings. But while SI seems to temporarily alleviate those feelings, the behavior itself causes distressful feelings. New feelings of isolation and loss of control result, leading to more self-injury. Breaking this cycle is an important part of the treatment for these teens.

The act of self-injury can take many forms, from cutting and burning to picking at scabs or pulling out hair. Most teens do not want to permanently injure themselves; they participate in what some call "gentle scarring." However, some teens cause serious and permanent tissue damage by their self-injury. Most commonly, teens injure themselves in places on their bodies that are usually

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Counseling Teens Who Self-Injure

Teens who self-injure benefit from a variety of treatment interventions, and therapy will typically last from two to five years. Along with psychodynamic and supportive therapy, the following treatments are recommended:

- **Cognitive Behavioral Therapy** can help change the dysfunctional thoughts that can lead to self-injury.

- **Journaling** can provide insight into the feelings that cause teens to self-injure, as well as help control the impulse to self-injure.
- **Group Therapy** can help teens develop a network of people to turn to when they are distressed.
- **Mindfulness** is a type of meditation that urges people to be aware of their thoughts,

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About Instant Help Charts

This chart is intended to provide a summary of the critical information available on helping teens who self-injure to insure that every teen gets the most appropriate and comprehensive consideration.

Assessing Teens Who Self-Injure

Assessment should begin with a series of interviews. Since most teens are ashamed of their self-injury, it may take awhile for them to trust the clinician enough to reveal the extent of their self-injury habit, much less the underlying causes. More formal assessments might include:

- *Trauma-Related Guilt Inventory (TRGI)*, Western Psychological Services
- *The Endler Multidimensional Anxiety Scales (EMAS)*, Western Psychological Services
- *The Suicide Probability Scale (SPS)*, Western Psychological Services
- *Beck Depression Inventory* (Psychological Corporation)

Projective tests and broader personality tests might also be appropriate. A functional behavioral analysis would be useful in breaking the habit of using self-injury to cope with stress.

Goals in Developing a Treatment Plan

While teens will have different therapeutic goals depending on their backgrounds and life circumstances, the primary objective for all is to stop the self-injury. The following treatment goals can help accomplish this objective:

- To help the teen create a window of time between the impulse to hurt and the actual injury
- To help the teen develop a support network for times of emotional crisis
- To help the teen develop behaviors that can be a healthy substitute for self-injury
- To help the teen change the dysfunctional thoughts that lead to self-injury
- To help the teen learn to deal with distressing feelings that lead to self-injury
- To help the teen develop a better body image
- To help the teen develop an emergency plan to follow when she has the impulse to self-injure
- To help the teen understand feelings or situations that trigger her self-injury
- To help the teen give up the rituals that accompany her self-injury
- To help the teen deal with the shame or guilt associated with self-injury
- To help the teen find ways to feel in control of her life
- To help the teen find more pleasure and happiness in her day-to-day life

Defining the Problem *(continued)*

covered by clothes, including arms, legs, stomach, and chest. Many follow some sort of ritualistic behavior, inflicting their wounds in the same way, in the same physical environment, and even at the same time of day. Adult intervention in the behavioral pattern that precedes self-injury can be very helpful.

It is common for teens who self-injure to also have eating disorders or other serious emotional problems, including depression and anxiety disorders. The most serious kinds of SI are associated with personality disorders, including borderline personality disorder. Many teens disassociate from their behavior, reporting that it is as if they were watching someone else do the behavior and that they don't feel the physical pain.

There is no question that the sooner SI is detected, the more easily it can be treated. But self-injury is almost always done in secret, and it can continue for months, even years, without adults being aware of it. Parents' denial of the seriousness of this behavior can also delay teens' obtaining comprehensive treatment.

Counseling Teens Who Self-Injure *(continued)*

feelings, and sensations, even for just a short period each day. Mindfulness training may help teens break the habit of disassociation.

- **Behavioral and Environmental Interventions** help teens change the cues and situations that trigger their self-injury.
- **Coping Skills and Emotional Regulation Training** teaches teens better ways to cope with external stress, as well emotional distress.
- **Family Therapy** focuses on ways that family members can help the teen who self-injures.
- **Inpatient or Outpatient Hospitalization** may provide a structured environment for teens who are extremely depressed or whose behaviors seem beyond their control. (See p. 4, "Should Teens Who Self-Injure Be Hospitalized?")

Replacement Skills Training

All teens who self-injure will benefit from Replacement Skills Training, whose aim is to find a substitute behavior for the self-injury. Replacement behaviors can include:

- Physical exercise
- Writing
- Art
- Diversions (using a computer, watching a movie)
- Playing or listening to music
- Talking to others

Some therapists also prescribe Negative Replacement Training, which is intended mimic SI in a benign way. For example,

- Marking one's body with a red-colored marker
- Snapping a rubber band on the arm
- Putting ice packs or ice on the skin
- Putting an ointment on the area of the skin where SI usually occurs

This technique is controversial because these replacements can turn into self-injury or trigger self-injury in some teens. However it is worth noting that some teens find these helpful as a transition from SI.

What Parents Need to Know

Finding out that your teen intentionally hurts herself is always a shock. Many parents are flooded with feelings of shame and guilt and don't want others to find out that their teen has problems. The best thing you can do for your teen is to learn about this problem and to consult a trained counselor or family therapist.

Teens almost always keep their SI a secret as long as they possibly can. But when you find out about a teen's self-injury, you must learn to talk about it directly and compassionately. Ignoring the problem or hoping that it will go away never helps.

It is important to recognize that you cannot force your teen to stop injuring herself. Punishment, nagging, or any kind of coercion will likely worsen the behavior. Instead, you should support your teen by motivating her to stop her SI. Here are some ways you can do that:

- Encourage her to create a healthy lifestyle.
- Help her learn to cope with family stress.
- Show you care by taking time each day to talk with her about her concerns in a nonjudgmental fashion.
- Reflect her feelings.
- Encourage her interest in relaxation activities, like yoga or meditation.
- Let her know that you want to help her deal with the problems that led her to self-injure.
- Be a good role model for dealing with problems.

Many parents benefit from self-help groups that provide support from parents of other teens who self-injure. Check with your school counselor or local hospital to see if they know of such groups in your area.



The Dos and Don'ts of Communicating

DON'T

- Avoid talking to teens about SI.
- Rush teens to a hospital unless a wound is life threatening.
- Tell teens to keep their SI a secret.
- Ignore the reasons behind the teen's self-injury.
- Assume you can stop teens from hurting themselves.
- Expect that self-injury will resolve quickly.

DO

- Learn to talk about SI as a problem you can accept and help with.
- Make sure there is a careful evaluation of the teen's mental status and a thorough treatment plan.
- Help teens understand and cope with all their difficult feelings.
- Seek treatment for the underlying emotional problems that accompany SI, as well as comorbid disorders like depression and eating disorders.
- Accept SI as an addictive behavior and help find ways to motivate the teen to stop.
- Seek long-term help for the teen.

Are Teens Who Self-Injure Suicidal?

By definition, SI is not considered to be a suicide attempt. In fact, some psychologists believe that self-injury can be a way for teens to avoid overwhelming thoughts and feelings that could lead to suicide.

Teens who self-injure say that they are not hurting themselves in an attempt to cause death, but rather to calm themselves and escape from their troubling thoughts and

feelings. However, self-injury can be associated with other disorders, including depression and borderline personality disorder, where suicidal thoughts and attempts are common. According to the National Mental Health Association, more than 5,000 young people between the ages of 15 and 24 kill themselves each year, nearly triple the rate in 1960, making the possibility of suicide a concern for all seriously troubled adolescents.

What Teachers Need to Know

Some teens treat self-injury as a casual behavior, like getting a tattoo, but when teens repeatedly hurt themselves, it is always a sign of emotional trouble. As a teacher, you are likely to be the first adult to become aware of a teen's self-injury, and you must immediately share your concern with your school support staff (nurse, counselor, or school psychologist) or your school administrators.

You may not think there are teens in your school who self-injure, but statistics say that there is at least one teen who hurts herself for every 100 students in any school. When school staff is unaware of this problem, it is probably because teens are very good at hiding it. Some warning signs of self-injury include frequent unexplained injuries, including cuts and burns; pants and long sleeves worn in warm weather; low self-esteem; difficulty in handling feelings; relationship problems; and a drop in grades and school attendance.

Awareness of self-injury should be part of a school preventative mental health plan along with drug and alcohol awareness campaigns. Teens should regularly be given information about self-injury, depression, and eating disorders, and they should have the opportunity to discuss how they can help other students with these problems.

In addition, school staff should be trained on how to respond to students who self-injure, including:

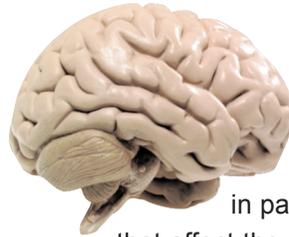
- How to recognize the various forms of self-injury
- How to respond in a dispassionate but concerned way
- Distinguishing self-injury from suicide attempts
- Whom to contact about a student's self-injury
- How handle rumors or gossip about a student's self-injury
- How to identify when a student needs immediate medical or psychiatric attention



Should Teens Who Self-Injure Be Hospitalized?

This is a complex and very important question. Most teens who self-injure do not need to be hospitalized. Generally their wounds are superficial and require only minimal medical treatment. Often when parents discover that their teens are injuring themselves, they are so upset that they immediately try to get them hospitalized, but this can have an adverse effect. Teens typically say that they hurt themselves to gain a feeling of control, and hospitalizing them against their will makes them feel even more powerless. On the other hand, hospitalization can provide the structure and support needed for teens to make significant changes in their lives, providing that the hospital has a well-thought-out program tailored to the needs of teens who self-injure. This type of program is discussed in *Bodily Harm*, by Karen Conteiro and Wendy Lader (Hyperion Books, 1998).

The Brain and Self-Injury



Researchers believe that the neurotransmitter system, and in particular the cells that affect the production and use of serotonin, may predispose some people to self-injury by making them more aggressive and impulsive. Many teens who self-injure have experienced trauma in their childhood, which may also affect the hippocampus, a part of the limbic system where emotional memories are stored. The addictive quality of self-injury suggests that abnormalities in the

brain's production of dopamine, the neurotransmitter responsible for the sensation of pleasure, may contribute to a predisposition to self-injury, as well as other compulsive behaviors. It is also believed that the endocrine system, which includes the hypothalamus and the pituitary and adrenal glands, plays a role in self-injury. It is commonly believed that the act of self-injury causes the brain to release endorphins, which both diminishes the sensation of pain and produces a temporary "high." Some people theorize that people who self-injure also have a naturally high pain threshold.

Medication and Self-Injury

Self-injury is considered a symptom or behavioral expression of underlying disorders that often respond well to medication.

Most commonly, teens who self-injure are given medication for depression or anxiety. Selective serotonin reuptake inhibitors (SSRIs) are the most commonly prescribed medications for depression and are frequently used to treat anxiety disorders as well; brand names include Prozac, Lexapro, Zoloft, and Wellbutrin. Other anti-anxiety medications include benzodiazepines, such as Ativan, and azaspirones, such as BuSpar. It is important to note that the FDA has warned that antidepressant medication can actually trigger suicidal thoughts in teens, particularly in the first few months of use. Other medications, including antipsychotics, can also be useful, but care must be taken for adverse side effects and potential adverse drug interactions.

Resources for Helping Teens Who Self-Injure

Books for Parents

What Every Parent Needs to Know About Self-Injury. Tonja H. Krautter, FastPencil Inc., 2011

Helping Teens Who Cut: Understanding and Ending Self-Injury. Michael Hollander, Guilford Press, 2008

When Your Child Is Cutting. Merry McVey-Noble, New Harbinger Publications, available July 2006

Books for Teens

Cutting and Self-Injury (Straight Talk About). Rachel Eagen, Crabtree Publishing Company, 2010

Scars That Wound, Scars That Heal: A Journey Out of Self Injury. Jan Kern, Standard Publishing Company, 2007

Stopping the Pain: A Workbook for Teens Who Self-Injure. Lawrence Shapiro, Instant Help Books, 2006

Books for Professionals

Treating Self-Injury: A Practical Guide. Barent W. Walsh, Guilford Press, 2008

Identifying, Assessing, and Treating Self-Injury at School. David N. Miller, Springer, 2011

Adolescent Self-Injury: A Comprehensive Guide for Counselors and Health Care Professionals. Amelio A. D'Onofrio, Springer, 2007

See *My Pain: Strategies and Activities for Youth Who Self-Injure.* Susan Bowman and Kaye Randall, Youthlight, Inc., 2006

Recommended Websites

www.selfinjury.com This is the website of Safe Alternatives, one of the country's best known programs for treating SI. It includes a national list of therapists who specialize in treating SI.

www.nmha.org This is the website for the National Mental Health Association and is a good source for facts on self-injury and related disorders.

CAUTION

There are many websites and blogs run by teens and adults who self-injure. While most of these are well intentioned, they may contain graphic descriptions and personal histories that might actually contribute to a teen's hurting herself.