# Understanding Adolescent Self-Injury

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## Clip from the 2003 movie

# Thirteen

# Introduction

- Adolescent Self-Injury recently called "the new age anorexia."
- Prevalence Estimates have increased greatly in last 20 years
- Healthcare officials report that self-injury cases have doubled in the last 3 years and fear the numbers may rise as life gets more complex (Discovery Health, March 2005)

# Increased Estimates

- Conterio & Favazza (1986) reported 750 per 100,000
- Suyemoto & McDonald (1995) reported 1800 of every 100,000 young women between 13 & 35
- November 1995, during a television interview, Princess Diana disclosed a history of cutting her arms and legs.

# Ross and Heath 2002

- Study of 444 teens from two schools
- Used screening measure to identify students who SI
- Then conducted follow-up interviews
- 13.9% had engaged in SI

# Discovery Health, 3/27/05

- 10% of teenage girls
- 2 to 3 million Americans
- Numbers are rising

# More Teens or More Reporting

- It is hard to know if SI is becoming more prevalent or if more people are reporting it.
- Usually a secretive behavior

# Recent Cultural Attention

- 1995, Princess Diana
- 2003, Two movies, *Thirteen* and *Secretary*, have main characters who engage in SI
- 2003 & 2005, Discovery Health Documentaries
- 2004, MTV's Real World San Diego character discloses SI history

# 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.

# 3 Categories of SI
# Favazza and Rosenthal (1993)

- Major Self-Mutilation
- Stereotypic Self-Mutilation
- Superficial or Moderate Self-Mutilation

# 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

- Relatively little tissue damage
- Includes cutting, scratching, and burning skin, hitting self, interfering with wound healing and needle sticking

# Superficial or Moderate Self-Mutilation Continued

- Cutting arms or legs is most common form
- Teen cuts until pain is felt or blood is drawn
- Razor blades, knives, broken glass, utility knives, lighters, iron, curling iron, cigarettes

# Winchel and Stanley

- Moderate/superficial SI

  --the commission of 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

# Moderate Self-Injury
# 2 Categories

- Compulsive Self-Injury
- Impulsive Self-Injury

  a. Episodic Self-Harm

  b. Repetitive Self-Harm

Favazzo (1996)

# Compulsive Self-Injury

- More closely associated with OCD
- Includes Trichtillomania (Hair pulling), skin picking and excoriation when it is done to remove perceived faults in the skin

# 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

# 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

# Repetitive SI as an Impulse Control Disorder

- 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)

"I would say it is just like a drug. It 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

# Common Misconceptions

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

# SI as an Alternative to Suicide

"SI keeps me alive. Simple as that."

--Angela

# Favazza (1998)

- Self-mutilation is distinct from suicide
- A person who truly attempts suicide seeks to end all feelings whereas a person who self-mutilates seeks to feel better.

**“Self-injury is NOT a suicide attempt.  It is a way of making emotional pain into something physical that you can see and control.”**

**--Melissa**

# Solomon and Farrard (1996)

- Self-injurious and suicidal acts may blur but their meaning does not
- Link between the two is that SI is an alternative to suicide.

**"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**

# Diagnostic Oversight

- Emergency Medical Staff may assume the severity of the injury represents the severity of the condition
- Superficial wounds seen as "acting out"

# Diagnostic Oversight Cont.

- Often automatically assumed to have Borderline Personality Disorder but many other diagnoses have been associated with SI
- Often considered hopeless by mental health professionals

"All too often, therapists see it (SI) as the primary symptom of borderline personality disorder, even if the client doesn't meet the criteria in any other way. And borderlines are still seen as bad news for a therapist. I have heard many stories of therapists accusing their clients of trying to manipulate them or to get attention through self-injury."

--Linelle

# Attention Seeking

- People who engage in SI are often seen as being manipulative or seeking attention
- SI tends to be done in private
- Those who engage in SI tend to conceal their wounds

# Attention Seeking Cont.

- SI is the primary coping mechanism. If discovered, others might try to stop it.
- Not done for it's effect on others

"If it was attention I wanted, I'd take my clothes off and walk in the street."

--L.R.

“When no one listens to you, or you feel no one’s listening to you, all sorts of things start to happen. For instance, you have so much pain inside yourself that you try and hurt yourself on the outside because you want help, but it’s the wrong help you’re asking for.”

**... “People see it as crying wolf or attention-seeking, and they think because you’re in the media all the time you’ve got enough attention.  But I was actually crying out because I wanted to get better in order to go forward and continue my duty and role as wife, mother, Princess of Wales.**

"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

# Who Engages in SI?

- SI crosses racial, age, ethnic, gender and socioeconomic backgrounds
- However, SI is most commonly found in middle to upper class adolescent girls and young women.

# Conterio and Favazza 1986 Survey

- 97% female respondents
- Mid 20s to early 30s
- Hurting self since teens
- Middle or upper middle class
- Intelligent and well educated
- Often has an eating disorder

# Conterio & Favazza 1986 Cont.

- History of physical and/or sexual abuse or from a home with at least one alcoholic parent
- Half had been hospitalized

# From SelfInjury.com

- "Persons seeking treatment are usually from middle to upper middle class backgrounds, of average to high intelligence and have low self-esteem."
- Nearly 50% report physical and or sexual abuse in childhood

# From Selfinjury.com Cont.

- Many (as high as 90%) report they were discouraged from expressing emotions, particularly anger and sadness
- 1/2 to 1/3 also have an eating disorder

# Internet Survey of Adolescent Self-Injury

Murray, Warm and Fox (2005)

- 128 respondents
- Recruited via postings on 8 Internet SI discussion group sites
- Average age: 16.7 years
- 69 from USA, 26 from U.K., 12 from Australia, 12 from Canada
- Germany, Finland, Japan, Belgium, Israel and New Zealand

# Age at Onset of SI

- 13 years old: 25.8%
- 14 years old: 18.8%
- 15 years old: 13.3%
- 16 years old: 11.7%
- Others reported being 5 and 8

# Frequency of SI

- 90.7% monthly
- 75.8% weekly
- 26.6% daily

# Gender

- 113 or 88.3% female
- 14 or 10.9% male
- 1 did not respond to the question

# Prior History

- 50% Past suicide attempt
- 30.5% Physical abuse
- 28.9% Sexual abuse
- 29.7% Anorexia
- 25.8% Bulimia
- 32% Stealing
- 11.7% Alcoholism
- 11.7% Drug Addiction

# Sexuality

- 68% heterosexual
- 22.7% bisexual
- 3.9% homosexual
- 39.8% reported being in a romantic/sexual relationship at the time of the survey

# Feeling Sexually Attractive

- 33.6% reported never feeling sexually attractive
- 35% rarely
- 21.9% sometimes
- 6.3% often
- 3.1% always

# Satisfaction with Body Shape

- 39.8% reported never feeling satisfied with body shape
- 23.4% rarely
- 21.9% sometimes
- 6.3% often

# Sought Help for SI

- 68.8% had sought help from a variety of people including counselors, psychiatrists, psychologist, nurse, social worker
- 30.5% had not sought help

# Emotions Before and After SI

| | Before | After |
|---|---|---|
| Anxious | 76.6% | 14.8% |
| Confused | 63.3% | 27.8% |
| Depressed | 87.5% | 35.9% |

# SI as a Response to Stressors

- 89.1% family relationships
- 85.2% emotional abuse
- 39.1% romantic relationship
- 33.6% bereavement
- 28.1% physical abuse
- 27.3% sexual abuse
- 85.9% bad day, argument with friend

# SI Actions

- 98.4% Cutting
- 79.7% Scratching
- 63.3% Hitting
- 54.7% Burning
- 40.6% Overdosing
- 19.5% Scalding

# SI Instruments

- 89.1% Razor blades
- 78.9% Knives
- 38.3% Lighters
- 33.6% Broken glass
- 31.3% Matches
- 35.2% Other

# Body Parts Injured

- 92.2% Arms
- 85.2% Legs
- 59.4% Hands
- 49.2% Torso
- 25.9% Breasts
- 10.2% Face
- 3.9% Neck
- 3.1% Genitals
- 23.4% Other

# Hiding Scars

- 80% Often or always hid their scars from others
- 16.4% Sometimes hid scars from others
- 11% Often or always hid them from themselves

"I burn sometimes but cutting is what I prefer.  I need to bleed and see the blood in order to get relief."

--Kathy

# Cutting the Pain

www.med.umich.edu/prmc/radio/2003/cutting.htm

# Why SI?

- No one single cause
- Usually begins in adolescence

# Malon & Barardi (1987)

- Response to threat of separation, rejection or disappointment
- Feelings of overwhelming tension/anxiety and isolation deriving from fear of abandonment and self-hatred

## Malon and Barardi (1987) Cont.

- Anxiety increases to a sense of unreality and emptiness that produces an emotional numbness or depersonalization
- Cutting becomes a primitive means of combating the frightening depersonalization

"My main goal in self-injury has just been to feel something …anything."

--Jenny

# Van der Kolk et al. (1991)

- Studied patients who exhibited SI and suicidality
- Sexual abuse, physical abuse, emotional neglect and chaotic family conditions were "reliable predictors" of the amount and severity of the cutting

## Van der Kolk et al. (1991) Cont.

- Earlier the abuse began, the more likely to cut and the greater the severity of cutting
- Those who could not remember feeling special or loved as children were least able to control the self-destructive behavior

## Van der Kolk et al. (1991) Cont.

- Concluded:  While childhood trauma contributed heavily to the initiation of self-destructive behavior, lack of severe attachment maintains it
- However, many people who engage in SI have no history of childhood trauma

# Linehan (1993)

- Self-injurers grow up in homes with “invalidating environments.”
- While abusive homes are “invalidating,” so are many homes considered to be more normal.

# Invalidating Environment

- Communication of private experiences is met by erratic, inappropriate or extreme responses
- Expression of private experiences is not validated and often punished and or trivialized
- Experience of painful emotions is disregarded

# Invalidation: 2 Characteristics

- Child gets message she is wrong in her description and analysis of her own experiences, particularly her views of what is causing her emotions, beliefs and actions
- Child attributes experiences to socially unacceptable characteristics or personality traits

# Invalidating Statements

- "You're not trying hard enough."
- "I'll give you something to cry about."
- "Stop being such a pessimist."
- "Cheer up.  Snap out of it."
- "You're just lazy."
- "You're being too sensitive."
- "You just won't admit it."
- "You say no but mean yes."

# Invalidating Statements Cont.

- All of us receive statements like these but for children raised in invalidating environments, the messages are constant.
- Chronic invalidation can lead to self-invalidation, SIB, and feelings that one never mattered.

# Biology and Neurochemistry

- Depression positively identified as a long term consequence of physical abuse and a large number of those who engage in SI report a history of abuse
- SI may be related to decreases in neurotransmitters, esp. Serotonin

# Biology and Neurochemistry Cont.

- Simeon et al. (1992) found that self-injurers have fewer platelet binding sites which are related to serotonin activity.
- Coccaro et al. (1997) found that if serotonin levels are low, aggression increases and responses to irritation escalate into SI, suicide or attacks on others

# Biology and Neurochemistry Cont.

- Initially, SSRIs thought to have some effect on SI behavior but no long term effect has been found

# Behavioral Explanations

- **Positive Reinforcement Paradigm:** Sensory stimulation serves as a positive reinforcer and thus a stimulus for further self-injury

# Behavioral Explanations Cont.

- Negative Reinforcement Paradigm: SI removes some aversive stimulus or unpleasant condition, emotional or physical.

- In effect, SI is a way to escape otherwise intolerable pain.

“Often, (self) harm is a way of gaining relief from overwhelming emotions and sometimes the person feels a great sense of release after they have hurt themselves.”

Jayney Goddard, President, Complimentary Medical Association, United Kingdom

# Sensory Contingencies

- Long held belief that people who engage in SI are attempting to manage levels of sensory arousal
- SI can increase sensory arousal and many report they SI to feel more real or just to feel something
- SI can decrease sensory arousal by masking emotions that are even more painful than SI

"My goal of self-injury is to 'zone out' and feel absolutely nothing. I get excited when I see my blood running down my leg and then my head sort of detaches itself from my body and I feel like I'm floating."

--Deja

"Before I cut, things felt unreal. The thoughts were racing in my head. I felt dizzy and invisible; like I was just watching what was going on around me, but I wasn't really there."

--Anonymous

# SI as a Coping Mechanism

"SI is a coping mechanism that has many bad sides, but it works.  It is a way to deal with extreme emotional distress, a way to survive."

--Gerda

"I would say it is just like a drug. It 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

“I think SI serves various purposes and at different times I have done it for different reasons.  For instance, a deep cut might be in response to a bad feeling whereas picking or scratching until my skin is removed might be in response to a nagging feeling that is not really bad—just chronic.”

---Julie

# The History and Mentality of Self-Mutilation

- Audio Clip
- NPR Morning Edition, June 10, 2005

# Treatment

- Variety of treatment recommendations ranging from outpatient family therapy to specialized self-injury inpatient units

# General Consensus: Multimodal

- Medication for associated mental health issues
- Cognitive Behavioral Therapy
- Interpersonal Therapy
- Group Therapy
- Family Therapy
- Expressive Activities
- Skills Building Groups
- Services for associated problems

# Medications

- May be helpful in managing the associated depression, anxiety, racing thoughts and OCD behaviors.
- No evidence medications are effective in addressing SI itself

# Cognitive Behavioral Therapy

- Recognize and address triggering thoughts and feelings in healthier ways
- May use contracts, journaling and behavior logs to maintain self-control
- REBT, Dialectic Behavior Therapy

# Interpersonal Therapy

- Improving communication patterns
- Improving skills for developing and maintaining relationships
- Identification and expression of emotions

# Group Therapy

- Healthy expression of emotions in a supportive environment
- Improvement of interpersonal skills
- Share and learn alternative coping mechanism
- Express and explore underlying problems

# Family Therapy

- Learn to communicate more directly and nonjudgmentally
- Improve family conflict resolution & problem-solving skills
- Address family stress related to SI
- Enhance family relationships

# Expressive Activities and Skill Building Groups

- Development of healthier coping skills
- Anger management
- Relaxation training
- Art therapy
- Yoga

# Other Services

- Substance abuse counseling
- Therapy for abuse issues
- Domestic violence counseling

# Dialectic Behavior Therapy

- A Cognitive Behavioral Therapy
- Evidenced-based practice for SI and suicide
- Assumes SI behaviors are learned coping methods for intense negative emotions
- Outpatient service but has been adapted for hospital use

# DBT Cont.

- Long-term lasting a year or more
- Outpatient service but has been adapted for hospital use

- Includes
  - Individual Therapy
  - Skills Group
  - Phone Coaching

# 4 Stages of DBT

- Stage 1: Moving from being out of control of one's behavior to being in control
- Stage 2: Moving from being emotionally shut down to experiencing motions fully
- Stage 3: Building an ordinary life, solving ordinary life problems
- Stage 4: Moving from incompleteness to completeness/connection

# SAFE Alternatives

- SAFE stands for Self-Abuse Finally Ends
- First outpatient support group
- First structured inpatient unit
- Bodily Harm: The Breakthrough Treatment Program for Self-Injurers. (1998) Hyperion Press
- www.selfinjury.com

# SAFE Alternatives Inpatient Program

- Combines milieu therapy, CBT, and group and individual activities

# Admission Criteria

- Voluntary admissions only
- At least 12-years old
- Not actively psychotic or suicidal
- Pattern of SIB poses imminent danger to life and safety
- Unsuccessful Outpatient Treatment

# Course of Treatment

- Optimal length is 30-days of inpatient treatment and partial hospitalization
- Involves a "reliance on words" as the primary means of managing feelings, gaining self-awareness and gaining self-control
- Expensive
- Controversial no tolerance policy

# Barriers to Treatment

- Many find it extremely difficult to talk about SI and underlying problems
- Shame and guilt
- May finish therapy without SI being disclosed or discovered
- Therapist must be able to look at wounds without grimacing or passing judgment

# Barriers Cont.

- SI has an addictive quality
- Each time SI occurs, reinforces the belief that SI is the only way to solve problems
- Impulses to self-injure may last throughout adulthood

When a person self-harms, it does not mean they are going mad—it means they need some help because they are hurting inside."

--Steph

# Specific Alternatives to SI

- Ice Cube Therapy
- Line Therapy
- Impulse Control Log
- 15-minute Contract

- **Ice Cube Therapy**

  Holding ice cubes in hands to feel pain

- **Line Therapy**

  Drawing lines on one's body with a red marker

# Impulse Control Log

- Time and location
- Current feelings
- Current situation
- Consequences of engaging in SI
- Issue SI is communicating
- Action taken
- Outcome

# 15-Minute Contract

- Contract (with self or others) to wait 15-minutes before self-injuring
- Utilize pre-made list of diversional and tension-reducing activities
- At end of 15-minutes, praise self
- If impulse/urge persists, new contract
- Call crisis line or other support if believe cannot make the 15-minutes

# Immediate Support

- Telephone crisis lines
- On-line discussion groups

  www.healthyplace.com

  www.algy.com/anxiety/clinks.php

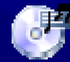
# Other Alternatives

- Go to the mall or restaurant
- Call a friend or therapist
- Journal
- Exercise
- Make mood tapes
- Watch a <u>funny</u> movie
- Paint or draw
- Cook or do chores

**“I keep a journal and am always writing.”**

**--Anonymous**

# Loving Others, Loving Ourselves



- Audio Clip
- NPR Morning Edition, June 10, 2005

# Signs of SI

- Cuts or burns on arms, legs, torso
- Knives, razor blades, broken glass etc. hidden in bedroom or in a “kit”
- Blood stained sharps
- Regularly locking self in bedroom or bathroom following negative encounters with peers or family
- Teen’s peers engage in SI
- Reports from siblings or friends

# Advice for Family and Friends

- Realize disclosure is a big step
- Don’t show horror or disgust
- Don’t judge or blame
- Be supportive without reinforcing the behavior
- Don’t avoid the subject.  Let teen know you are available to talk and listen

# Advice for Family and Friends Cont.

- Show concern for injuries—it is not helpful to withhold attention
- Offer hugs or sit by teen’s side
- Offer a “Physical Safe Place”
- Provide distractions as necessary
- Don’t give ultimatum
- Persist gently, no lecturing

# Advice for Parents

- If only suspect, share concerns in a nonjudgmental way
- Acknowledge teen's pain
- Inform will not get mad if discuss SI and then don't
- Let teen know you want a professional evaluation
- Ask about suicidal thoughts and plans
- Seek immediate help if present

# Advice for Parents Cont.

- Make spending more time together as a family a priority
- Create a calmer atmosphere
- Work together as a family to solve conflicts and deal with crises.

## Advice for Parents Cont.

**Don't….**

- Display anger
- Tell teen to just stop it
- Think of it as a phase or being for attention
- Punish or ground for SI
- Injure self to show them how you feel

**"My family made me feel very uncomfortable. They just didn't understand when I told them. They thought I was crazy and my Mom thought it was her fault that I was doing all this to myself. She shouted and told me it would get infected. I couldn't believe that she believed that would matter to me.."**

**--anonymous**

"My friend told me that she wouldn't talk to me again unless I stopped it. She did that because she cared, but it made everything a lot worse for me."

--Anonymous

# Advice for Teachers

- Often first to discover SI
- Let teen know available to listen
- Encourage them to talk to parents
- Encourage teen to discuss thoughts about SI
- Ask about suicidal thoughts and plans
- Seek immediate help if needed
- Encourage professional evaluation

# Advice for Clergy

- Ask teen how you can help
- Be available to listen, to pray for them or pray with them
- Ask teen if thinks God is punishing her—if yes, explore why
- Encourage teen to share angry thoughts she might have about God and why God would let bad things happen

## Advice for Clergy Cont.

- Let teen know many people are in pain and have such confusing thoughts
- Encourage teen to avoid isolation and to get involved in more activities such as the church youth group, volunteer work, group outings, etc.

"All I wanted was a shoulder to cry on and someone to tell me they would help me. What I got was panic about my health. Everyone seemed to take it that the cutting itself was the issue…the scars would always be there. No one asked me why, or what I was feeling. No one seemed to care. After that the cutting got worse."

--Anonymous