Treating adolescents who exhibit self-injurious behaviors

Christin Covello, PhD, LPC

Self-Harm: Self-Reflection

What is Self-harm?
What does it mean to you?
What might it represent for our clients?

What is Self-harm?
• Self-inflicted
• Deliberate
• Alters body tissue
• Purpose to cause harm to self

Self-injurious behavior

“Refers to the self-harming behavior that is not motivated by suicidal desire or intent” (#1, p. 76)

No suicide intent: Nonsuicidal self-injury

Prevalence

• 13.45% of adolescents report engaging in self-harm
• 4.28% of adults report a lifetime occurrence
• Most commonly begin between 12-14.
• Highest rates in high school
• Second highest rates in college-aged

I often question why I exist.

Rates have increased over the past 20 years

Possible increased stress levels in adolescence

Increased identification of self-injury in clinical settings

Social promotion of the behavior online (websites & social media)
• Concerns: promote, normalize, decrease desire to seek help, introduce to other forms of self-harm

#1
Forms of self-harm

- Cutting (most common)
- Scratching
- Carving
- Picking/pulling
- Burning
- Hitting themselves
- Swallowing or putting other things inside themselves
- Picking at wounds to prevent them from healing (rule out excoriation)
- Branding
- Any form of tissue damage

Myths

- Only females self-injure.
- Self-injury is a suicide attempt.
- People who self-injure are manipulating or seeking attention.
- Self-injury is untreatable.

Risk Factors

- No single risk factor, rather predispose

Biological

- Genetics
- Female sex
- Maternal depression
- History of physical or sexual abuse
- Maternal borderline personality disorder
Psychological
- Depression
- Anxiety
- Eating disorder
- Alcohol or other substance use disorder
- Disordered body image
- Low global sense of self-worth
- Poor coping skills
- Rumination
- Thought suppression

Social
- High conflict family
- Minority sexual orientation
- Peer rejection
- Bullying

Reasons for harming
- Physical violence
- Emotional abuse
- Sexual Abuse
- Neglect
- Separation from loved ones
- Bullying
- Assaulted
- Isolated
- Homeless
- Inpatient experiences

Common functions
- Social motivations
- Biological
- Anti-suicide
- Self-punishment
- Anti-dissociation
- Feeling generation
- Affect regulation

Consequences
- Treatment from emergency room
- Nerve damage
- Poor academic functioning
- Peer rejection
- Suicidal ideations
- Death by suicide
- Accidental death

Key issues to consider when disclose occurs:
- Severity of wound may be misleading
- Calm follow-up questions to inquire about suicidal intent
- Provide youth opportunity to explain without judgement
- Many who self-injure discontinue to mature out of behavior
- Confidentiality: create family environment for youth to share
Parent Reactions

- Shock
- Surprise
- Anger
- Guilty
- Dismissive

Clinician’s calm response is needed to ensure:

- That the injury is not life-threatening and properly cleaned
- Youth feels a sense of established trust
- Refrain from stigmatizing remarks
- Appropriate plan of intervention takes places

Therapeutic Stance

- NONJUDGMENTAL
- DO NOT MINIMIZE OR TRIVIALIZE
- VALIDATE EMOTIONAL DISTRESS WHILE NOT APPROVING
- GENUINE INTEREST & RESPECT
- NEUTRAL & CALM

Suicide Protective factors (SAMHSA)

- Overall resilience
- Problem solving skills
- Awareness & access to physical & mental health care
- Cultural or Religious beliefs that discourage suicide
- Positive peer relationships
- Positive adult relationships
- Safe environment
- Interpersonal & community connectedness

3 Goals of assessment

1. Engagement at present and past
2. Identify factors and functions of behavior
3. Monitor form and frequency over time

*Common challenge: Individuals are fearful of the consequences of disclosing the behavior
Co-occurring Diagnoses

- Depression
- Anxiety
- Substance use
- Conduct
- Eating
- Borderline personality disorder traits

Treatment

- Dialectical Behavior Therapy – Most commonly referenced
- Cognitive behavior therapy manual for self-harm
- Family Involvement

Mindfulness
Interpersonal Effectiveness
Emotion regulation
Distress Tolerance

Dialectical Behavior Therapy

Happiness
- Accumulate positive emotions
- Build mastery
- Cope ahead of time
- Trust Physical Illness
- Balanced Eating
  - avoid mood-altering drugs
  - balanced Sleep
- get Exercise
Distress Tolerance

- Five senses to self-sooth
  Imagery
  Meaning
  Prayer
  Relaxation
  One Thing
  Vacation
  Encouragement

Activities
Contributions
Comparisons
Emotions
Pushing Away
Thoughts
Sensations

Challenges

1. Reluctance to self-disclose
2. Reluctance to engage in treatment/decrease self-harm
   - Motivational interviewing – helpful with reluctance

2 Key pieces behind the “why”:

To feel something
To numb themselves from the pain

Warning Signs from professional experience

- Unexplained, frequent injuries
- Wearing long pant/sleeves in warm weather
- Low self-esteem
- Overwhelmed by feelings
- Inability to function at home, school or work
- Inability to maintain stable relationships

How can we support/protect?

- Holding space
- Exploring coping skills
- Express genuine empathy
- Safety plan
- Increase self-esteem

References

4. Images from google.com
Additional online resources

https://www.slideshare.net/ashihabeddlin/deliberate-self-harm

https://www.slideshare.net/deexancases/understanding-self-harm