

A PAIN TOO DEEP FOR TEARS: UNDERSTANDING NON- SUICIDAL SELF-INJURY

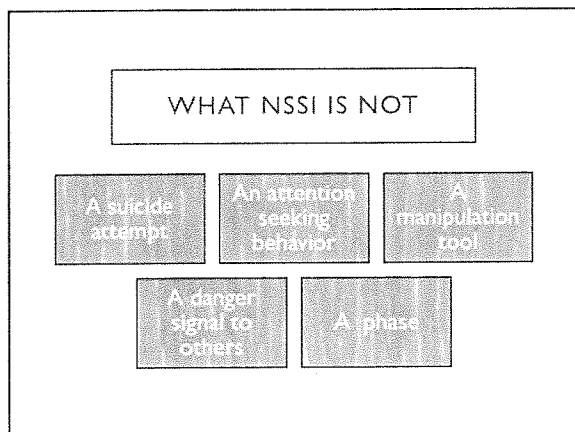
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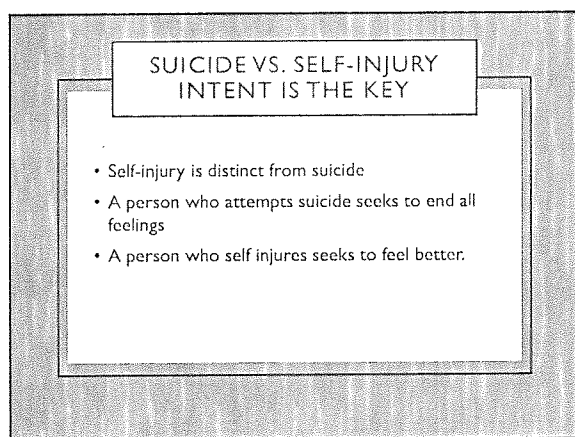
WHAT IS NON-SUICIDAL SELF-INJURY (NSSI)?

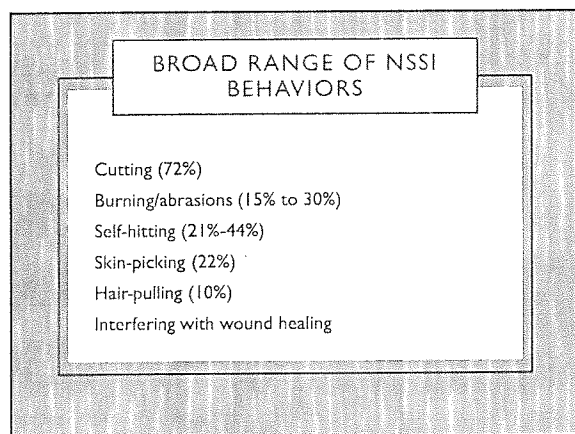
- "All behaviors involving the deliberate infliction of direct physical harm to one's own body **without the intent to die** as a consequence of the behavior" (Simeon and Favazza, 2001)

IN THEIR OWN WORDS.....

- *There are times when I hurt too deep for tears, so I cut myself and it lets out some of the hurt. It's like when you see the blood flowing out, the pain and fear are flowing out too."*







DSM V

- Added as a "condition for further study"
- There currently exists no place to record NSSI for assessment and treatment reimbursable by insurance companies

PREVALENCE OF NSSI

- Between 14 to 24% of adolescents engage in self-injury and 4% of adults
- Twice as prevalent in females than males
- Specific ethnicity prevalence rates inconclusive
- Usually starts in early adolescence

WHO SELF-INJURES?

- Up to 50% have suffered sexual abuse
- About 61% of self-injurers also have or have had an eating disorder
- Significantly more likely to meet the diagnostic criteria for depression than those who do not self-injure
- Abuse, abandonment or significant losses

PHYSICAL WARNING SIGNS

- Unexplained frequent cuts or burns
- Wearing long sleeves or pants in warm weather
- Not wanting to participate in activities where you must change clothes at school or around other people
- Wearing thick bracelets to cover wrists
- Having sharp objects in purse, book bag or bedroom

SOCIAL/EMOTIONAL WARNING SIGNS

- Withdrawal from close relationships
- Difficulty expressing feelings
- Sudden daily mood shifts
- Significant change in eating and sleeping patterns
- Explosive or withdrawn behaviors
- Tearfulness and sadness
- Anger, anxiety
- Negative self-talk

WHY DO THEY SELF-INJURE?

- To escape their feelings
- No coping skills for problems they perceive as unsolvable
- To express emotional pain
- Physical pain easier to deal with than emotional pain
- Acting out self-loathing

IN THEIR OWN WORDS.....

- *"I just couldn't take it anymore. I felt dead on the inside. You know, numb and empty. I stopped feeling part of the world. As soon as I made the first cut and saw the blood, I felt alive again."*

COMMON CHARACTERISTICS

- Depressed, powerless or anxious
- Low self esteem and self worth
- Difficulty expressing their emotions verbally
- Difficulty with relationships
- Perception of not good enoughLack impulse control
- Suppresses anger
- Lacks soothing and coping skills
- Possible trauma

COMMONLY PERCEIVES AN INVALIDATING ENVIRONMENT

- Expression of private experiences and feelings are not validated
- Feelings are trivialized, punished or ignored
- Experience of painful emotions are disregarded.
- Child's interpretation of his or her behavior is dismissed

IN THEIR OWN WORDS

- "I feel relieved and less anxious after I cut. The emotional pain slowly slips away into the physical pain."
- "It is a way to have control over my body because I can't control anything else in my life."
- "I usually feel like I have a black hole in the pit of my stomach. At least if I feel pain it's better than nothing."

COMORBIDITY

- Not all people who self-injure have a mental illness; most however have mental health difficulties
- Among clinical populations, NSSI is comorbid with borderline personality disorder, eating disorders, PTSD, depression, anxiety disorders and a history of abuse or trauma

NEUROLOGICAL CONNECTION

- When the body is injured, it releases natural opiates that help dull pain
- The brain secretes endorphins that are natural antidepressants
- Cutting inflicts a very real injury, and self-injurers may be seeking the neurochemical kick that follows
- While it is not considered an addiction it can become habit-forming

SCHOOL'S ROLE

- Schools are not responsible for treating the adolescent but to provide resource and referrals.
- It is the school counselor's role to detect the behavior, and react appropriately so as not to further isolate the student
- Create safe environment and foster a strong alliance with the student
- Elicit information from students with non-threatening questions

SPECIFIC RECOMMENDATIONS FOR SCHOOL COUNSELORS

- Communicate that it is okay to talk about self-injury
- Help them to understand that there is an underlying cause for the behavior
- Provide resources for community agencies and private practitioners who treat adolescents with SI
- Collaborate with therapist and continue to play a role in the student's treatment process

WHAT COUNSELORS SHOULD NOT DO

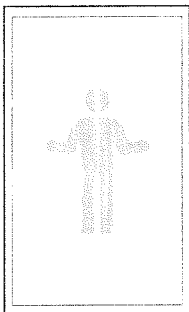
- Be afraid to ask the question, "Do you self-injure?"
- Visibly monitor their injuries
- Make eliminating the behavior the primary goal
- Use a contract as a reward or punishment

NOTIFYING PARENTS

- Legally school counselors are obligated to contact the student's parents or local authorities in helping the student
- Parent's rights vs. ethical responsibility to child client. "Ethically the child is the client but legally the parent is the client" (Ritchie and Norris Huss, 2000)
- Encourage students to share important information with parents

WHAT PARENTS CAN DO

- Respond when your calm
- Take a non-judgmental empathic stance by stating what you've observed and why you're concerned
- Be willing to talk and clarify you are not angry, you are here to help
- Share your feelings that this is something beyond what you as a parent know how to manage but you can get help together



WHAT PARENTS SHOULD DO

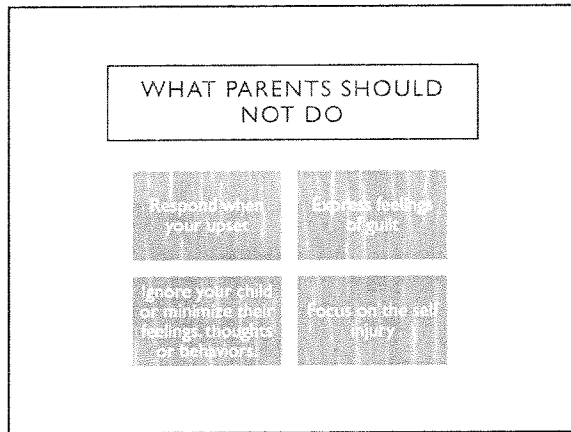
Get an evaluation from a licensed professional

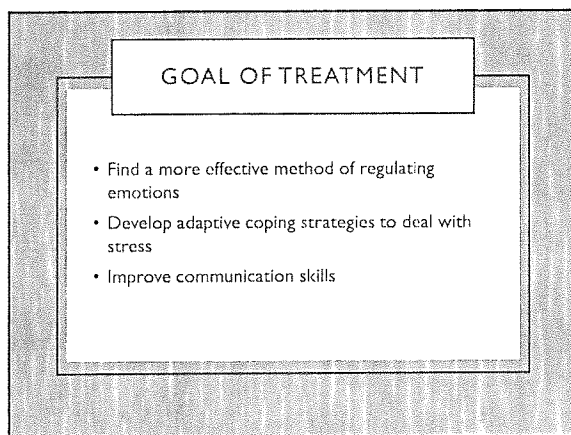
Listen to your child and how they feel

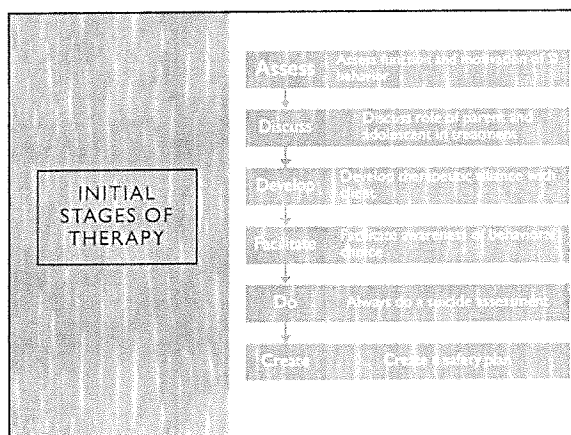
In immediate risk
Go to hospital

Be part of your child's recovery plan

Take care of yourself







EVIDENCE BASED TREATMENT MODALITIES

- Cognitive Behavior Therapy focuses on
 - fostering more adaptive coping strategies when stress occurs
 - modifying negative thinking styles that may perpetuate NSSI
 - considering thoughts about about NSSI as something that has to be done to cope with distress

EVIDENCED BASED TREATMENT MODALITIES

- Dialectical Behavior Therapy: Targets maladaptive thinking, enhances emotion regulation and fosters adaptive coping strategies.
- DBT teaches how to recognize negative emotions and how to talk about their feelings with others
- DBT helps people to cope with negative feelings when they happen and how to cope with self-injury urges.
- DBT also involves teaching mindfulness, meditation and relaxation skills

OTHER TREATMENT MODALITIES

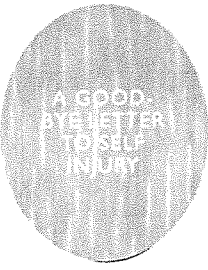
- Motivational Interviewing: addresses the ambivalence many clients who self-injure may have about stopping NSSI.
- Family Therapy: Improve family communication, teach conflict resolution skills, and help foster more supportive family relationships
- Medications: SSRI's

CREATIVE INTERVENTIONS

- Create a coping kit: Include positive and soothing items that appeal to the five senses in a decorated box which your client can use when they get the urge to self-injure.
- 15 minute rule
- Express your feelings by journaling, writing a letter to SI, to your future self, to someone close to you

MOST SIGNIFICANT MODALITY

"The capacity to derive comfort from another is the single biggest predictor of whether traumatized patients are able to give up their self destructive habits" (Bessel Van Der Kolk)



Dear SI

We were once so close but now we are through. It has taken so much courage to say this but it's over between us. I once thought that you were there to give me comfort, but I see now you had too much power over me.

You don't define me anymore. What I choose to do now defines who I am and who I will be in my future. This is OUR END, and MY NEW BEGINNING!

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