Course Objectives

Participants will be able to:

- Understand theoretical models of the development of Self-Injury (SI)
- Describe the warning signs/symptoms of SI and differentiate them from suicidal behavior
- Outline appropriate triage interventions to use in the school setting and understand treatment strategies that will likely be used by referral agencies
What is self-injury?

- SI has also been called self-harm, cutting, para-suicidal behavior, suicidal gestures and self-mutilation
- Cutting, scratching, carving, re-opening wounds, pinching, hitting, burning, scalding, hair pulling, ingesting objects, insertion, self-inflicted piercing/tattooing, head banging
What is Self-Injury?

- Injury can be done with knives, razors, glass, staples, erasers, pins/needles or any other sharp object
- Typical sites are hidden and include forearms, wrists, ankles, thighs, and abdomen
“Self injury is intentional, self-effected, low lethality bodily harm of a socially unacceptable nature, performed to reduce psychological distress.”

(Walsh, 2006)
Differential from “self-injurious behavior”?

- SIB most typically seen with:
  - Developmental delays
  - Autism
  - Neurological Disorders

- Typically involves stereotypies, is of longer duration, increased frequency and can involve more serious tissue/organ damage
Demographics

- Frequency of SI is believed to have increased by 120% in the past 20 years – 1,000 in 100,000
  - A person is 90x’s more likely to SI than commit suicide
  - 5x’s more likely to abuse ETOH than SI
Those who Self-Injure

- Typically female (64%)  
- Age of onset more common in middle school than high school  
- Cutting is the most common form, 10% - 16% general population reported using more than one method (50% in clinical pop.)  
- Intensity – typically involves significant tissue damage and/or permanent scarring
Those who Self-Injure

- 2/3 of those who self-injure report relief from negative mood states
- Anxiety and depressive symptoms are more common in cutters than non-cutters
- Those who report no pain typically begin at a younger age, repeat more often, cut for longer periods and are at a greater risk for suicide
Characteristics of a Self-Injurer

- Low Self Esteem
- Risk taking behaviors (substances, sexual)
- Hostility
- Acute stress
- 4% of the general psychiatric population
- 14%- 19% of the general population
- Among Borderlines, 80% self-injure
- Many maintain secrecy, at least from all but a select few
Comorbidities

- Borderline Personality Disorder
- Depression
- Anxiety Disorders
- Bipolar Disorder
- Eating Disorders
- Substance Abuse
- PTSD
- Schizophrenia
- Dissociative Disorders
Differential DX: Body Modification

- Tattoos, piercing, branding, etc.
- SI if self-inflicted, not aesthetic or antiseptic
- To differentiate “art” from SI
  - Check intent (reduce stress or look good?)
  - Precipitated by strong, uncomfortable feelings?
  - Check for other forms of direct or indirect self-harm
Self-Injury vs. Suicidality

- Intent/Level of Damage
  - Intent to terminate consciousness or modify it?
- Lethality
  - Method likely to result in death?
- Frequency
  - SI is more frequent and over longer period
  - Typically a couple of years 20-30x’s on average
Self-Injury vs. Suicidality

- Multiple methods
  - May vary depending on moods in same person
- Level of psychological pain
  - SI – pain is interruptible, intermittent
  - Suicidal – pain is permanent and intense
- Cognitive Flexibility
  - SI is an attempt to solve discomfort
  - Suicidal – all or nothing thinking
Self-Injury vs. Suicidality

- Helplessness/Hopelessness
  - SI have hope and self-efficacy because they can reduce distress through SI
  - Suicidal hopeless/helpless

- Core Problem
  - Suicidal – depression, rage, isolation
  - SI – body image, intense stress, inadequate self-soothing skills, peer influences
“I intended to kill something in me, this awful feeling like worms tunneling along my nerves. So when I discovered the razor blade, cutting, if you’ll believe me, was my gesture of hope. That first time, when I was twelve, was like some kind of miracle, a revelation. The blade slipped easily, painlessly through my skin, like a hot knife through butter. As swift and pure as a stroke of lightning, it wrought an absolute and pristine division between before and
after. All the chaos, the sound and fury, the uncertainty and confusion and despair—all of it evaporated in an instant, and I was for that moment grounded, coherent, whole. *Here is the irreducible self.* I drew the line in the sand, marked my body as mine, its flesh and its blood under my command.

(Kettlewell, 1999)
Biopsychosocial Model

- Environmental – abuse, chaos, neglect, invalidating environment
- Biological – genetic vulnerability to emotional dysregulation, limbic system dysfunction, serotonin level dysfunction, endogenous opioid system dysfunction, diminished pain sensitivity
Biopsychosocial Model

- Psychological
  - Cognitive – perfectionism, control, interpretation of events as aversive and/or disorganizing, self-blame, body dysmorphia
  - Affective – rage, shame, depression, fear, panic – all can trigger

- Behavioral – ritual of choosing location, tools, choice of self-care, telling others vs. concealing
Psychological models

- **Hostility Model**
  - Hostility is cathartic and brings relief from stress
  - Those who have an inability to overtly express anger and hostility are more likely to self-injure
  - Tension builds, they self-injure
  - Get relief from rising tension/anxiety
  - Direct anger on acceptable target - self
Psychological Models

- **Hostility Model, cont.**
  - Since anger not directed at source, it becomes internalized – plus no development of problem-solving skills
  - See self as “bad”, worthy of punishment
  - Unexpressed hostility=increasing tension=anxiety
Other Contributing Factors

- Cutting can become habitual
  - Cutters can become preoccupied with their cutting behavior
- There is a culture of cutting
  - The “contagion factor”
  - Teens know friends who cut and want to try it to see what it is like
  - Friends talk to each other about what they tried
Warning Signs

- Wearing long sleeves/pants in summer
- Cuts that seem too symmetrical
- Finding collections of sharp objects in child’s room
- Friends are hurting themselves
- Blood stains on clothing
- Unusual arm bands or other camouflage
- Seek isolation when distressed
Initial Intervention/Triage (How to React)

- Don’t be judgmental
  - Remember, she was trapped
  - Had limited resources/support
  - Had limited coping mechanisms

- She chose a response
  - That relieved anxiety/tension
  - Gave her a sense of control
  - And may have activated her social or psychiatric support network
In other words, cutting is an attempt at…

Adaptive Behavior
Common Myths for Professionals

- Cutting is a suicide attempt
- They are just attention seeking
- Cutting is manipulative behavior
- They aren’t suicidal so the risk is low
Initial Therapeutic Response

- Avoid use of suicidal terminology
  - Not a gesture or attempt
  - It is a significant act but not manipulation-adaptive
- Use the student’s terminology
  - Unless they significantly minimize
- Maintain a low-key dispassionate demeanor
  - Don’t want to build secondary gain esp. if student is emotionally deprived
Initial Therapeutic Response

- Maintain a low-key dispassionate demeanor (cont.)
  - Don’t want an emotional response that causes shame/embarrassment
  - May reduce likelihood of open communication in future if show shock and recoil

- Maintain “Respectful Curiosity”

- Non-judgmental compassion
  - More neutral and accepting than concerned
What You Can Do

- Provide acceptance
- Make sure there is no immediate medical emergency
- Help the family maintain a balanced perspective
  - Parents are often very angry
  - Help family members take a break from the drama temporarily
- Make sure not suicidal
Suicide Assessment

- Do they feel they would be better off dead?
- Do they have a wish to die?
- Do they have a plan for how to do it or just a fantasy they will die in their sleep?
- If there is a plan, is it reasonable/accessible?
- Is there a history of prior attempts?
- What has stopped them from trying?
- Recent suicides in family/community?
What You Can Do

- Do not require a “no self-injury” contract
- Help parents understand the likely gradual decline of cutting so they don’t expect immediate results
- Provide a safe zone in the school setting with unconditional access when the student needs a short break
- Refer
  - Psychologist
  - Psychiatrist
  - Inpatient if suicidal or not sure
What You Can Do

- Continue monitoring esp. prior to 1st appt.
- Work closely with outpt therapist to provide consistency across environments
- Contagion Management
  - Reduce communication about injury to peers
    - Explain it can cause harm
  - If they try to create chaos – discipline
  - Reduce visibility of scars – keep covered
What You Can Recommend

- Help them make a list of distraction techniques for future use
  - Call/text positive friend
  - Exercise
  - Journal
  - Music
  - Crafts
  - Walk outdoors
What You Can Recommend

- Distraction cont:
  - Dance
  - Time with pets
  - Draw
  - Poetry
  - Scream into a pillow
What You Can Recommend

- Distraction cont:
  - Yoga
  - Relaxation/Breathing techniques
  - Daily list of “Three Good Things”
  - Watch a funny movie
  - Online games
What You Can Recommend

- Replacement Techniques
  - Butterfly Project
  - Writing on skin
  - Snap rubber band
  - Ice
Use of Medication

- Medications are commonly used but must be tailored to underlying dx
  - Antidepressants are common
  - If delusional, second generation antipsychotics (ex: Risperdal) may be helpful and have shown efficacy for SIB with MR/DD populations
- Meds will be of limited benefit in a negative and pathologically reinforcing environment
- Mood stabilizers are not typically first line of defense unless mood instability is a primary issue
What Happens After Referral
Treatment

- Contingency Management
- Replacement skills training
- Cognitive/Behavioral therapy
- Body Image work
- Pharmacotherapy
- Family therapy
Websites

- **www.selfinjury.com**
  - Links to admission for inpt in Illinois, emails and phone calls answered by prof.

- **www.selfinjury.org**
  - SI Bill of Rights
Websites

- Peer generated sites
  - For your own use (may be too many triggers to recommend to pts)
    - [www.recoveryourlife.com](http://www.recoveryourlife.com)
    - [www.self-injury.net](http://www.self-injury.net)
Bibliography


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