

TEENS WHO SELF-INJURE HEALING THE WOUNDS

WORKBOOK WITH BLACK LINE MASTERS

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SECTION ONE

SELF-INJURY QUIZ

Test your knowledge before you watch the DVD. Mark all the answers that you think are most correct.

1. Self-injury is:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> deliberate | <input type="checkbox"/> infrequent |
| <input type="checkbox"/> non-lethal | <input type="checkbox"/> random |
| <input type="checkbox"/> repetitive | <input type="checkbox"/> suicidal |
| <input type="checkbox"/> impulsive | <input type="checkbox"/> addictive |
| <input type="checkbox"/> ritualistic | <input type="checkbox"/> self-punishment |
| <input type="checkbox"/> planned | <input type="checkbox"/> secretive |

2. Warning signs for self-injury are:

- | | |
|--|---|
| <input type="checkbox"/> low self-esteem | <input type="checkbox"/> eating disorder |
| <input type="checkbox"/> psychiatric disorder | <input type="checkbox"/> isolation |
| <input type="checkbox"/> unexplained frequent injuries | <input type="checkbox"/> suicidal ideation |
| <input type="checkbox"/> wearing long pants/sleeves
in warm weather | <input type="checkbox"/> less talkative |
| <input type="checkbox"/> poor emotional regulation | <input type="checkbox"/> unstable relationships |
| <input type="checkbox"/> poor functioning at school / home | <input type="checkbox"/> sexual abuse |
| <input type="checkbox"/> substance abuse disorder | <input type="checkbox"/> physical abuse |

3. Types of self-injury include:

- | | |
|--|---|
| <input type="checkbox"/> cutting | <input type="checkbox"/> punching self or objects |
| <input type="checkbox"/> burning | <input type="checkbox"/> bruising or breaking bones |
| <input type="checkbox"/> scratching | <input type="checkbox"/> interfering with wound healing |
| <input type="checkbox"/> infecting oneself | <input type="checkbox"/> some forms of hair pulling |
| <input type="checkbox"/> poisoning oneself | <input type="checkbox"/> inserting objects into body openings or skin |

SECTION THREE

ABOUT SELF-INJURY

What is Self-Injury?

A negative coping mechanism used to relieve painful or hard-to-express feelings:

- avoid emptiness, depression, or numbness
- mitigate feelings of depersonalization and dissociation
- divert attention from issues that are too painful to examine
- reduce emotional and physiological arousal by focusing on pain
- reduce anxiety, tension or stress
- act inwardly when afraid to express anger or rebellion outwardly
- obtain a feeling of euphoria
- prevent suicidal thoughts or acts

A form of problem avoidance:

- a quick fix for long-term problems
- self-injury escalates with stress, mood swings, and relationship problems

An addiction for some, not all, of those who try it:

- as with any other addictive process, a tolerance is built to the amount of injury needed to produce relief – most individuals will progress to more severe and frequent forms of self-injury
- alters levels of various neurotransmitters (serotonin, endorphins, dopamine) at the time of injury, thus creating a euphoric and soothing effect - in essence, harnessing the brain's natural capacity to feel calm, numb, or euphoria
- often substituted with other addictive behaviors (alcohol, drugs, sex, bingeing, purging, anorexia, working, gambling, cigarettes) until core issues are addressed

An indirect form of communication:

- express to the self: wounds and scars are evidence of real emotional pain
- express to others the level of emotional pain
- express to others a need for support
- obtain influence over the behavior of others

A type of control or punishment:

- exert a sense of control over one's body
- punish oneself for being "bad"
- continue abusive patterns: self-injurers may have been abused as children
- bargain that the self-injury will keep something worse from happening

A learned behavior that can be unlearned:

- behaviors most commonly seen are cutting, burning, and bruising
- self-injury is a treatable problem if the teen is motivated to change

Who is the “Typical” Self-Injurer?

Female:

- Typical onset occurs at puberty
- Any social or economic strata
- Mask of high achievement and pseudo-competence
- Most have a concurrent eating disorder, anxiety, mood disorder, or substance abuse
- Unsure of sexual orientation
- Many have dysfunctional families
- Some have a history of childhood trauma, abuse, and/or neglect
- Traits of borderline, histrionic, or narcissistic personality disorders

Male:

- Typical onset occurs at puberty
- Any social or economic strata
- Most have a concurrent anxiety, mood disorder, or substance abuse
- Unsure of sexual orientation
- Less likely to ask for help for self-injury than females
- Frequently self-injure more severely than females
- Many have dysfunctional families
- Act out feelings by fighting, stealing, and/or property destruction
- Traits of antisocial or narcissistic personality disorder
- Often have a history of incarceration

Does Self-Injury Hurt?

Yes and no. Some self-injurers report pain; others experience none. What is most important to understand is that self-injurers feel such intense emotions inside that it is a relief to feel and see pain on the outside. Many report that it is soothing, calming, and focusing to self-injure; others say it helps them to feel real and alive at times when they would otherwise feel numb and dissociate. The focus of cutting is not on the pain of the process, but the bio-chemical shift in the brain that results during the injuring process.

What Causes Self-Injury?

A useful way to discuss self-injury is to compare it to eating disorders. Typically, four variables are involved: 1) genetic predisposition; 2) personality characteristics; 3) family dynamics; and 4) social factors. If these four factors exist in combination, then a person is considered to be vulnerable to self-injury and/or eating disorders.

1. Genetic predisposition to mood disorders, anxiety, and eating disorders. When a self-injurer is unstable due to a psychiatric disorder, s/he will frequently injure as a form of “self-medication.”

What Causes Self-Injury? (cont.)

2. Personality characteristics most common to self-injurers include:

- perfectionism
- pseudo self-sufficiency
- low tolerance for change
- poor emotional regulation
- poor emotional expression
- inappropriate guilt
- easily disappointed
- feelings of worthlessness
- regressive behavior
- disconnection from others
- self-hatred
- controlling attitude
- secretive and distrustful
- poor boundaries
- extreme behavior or appearance
- all or nothing attitude
- ruminates
- impulsive or compulsive

3. Family dynamics most common to self-injurers include:

Under-parenting:

- unavailable parents due to physical or psychiatric illness, addiction, divorce, or work
- role reversal in which child assumes parental responsibilities
- little or no expression of emotion or affection within the home
- guilt is frequently used as motivation by parent rather than encouragement

Over-parenting:

- rigid, perfectionist, punitive, controlling, or very religious parents
- individuation and separation are seen as betrayal to the family
- frequent expression of anger (by the parent) which is perceived as dangerous
- teen is punished for showing strong emotion

Abusive-parenting:

- sexual; physical; emotional
- family secrets are the norm

4. Social factors which commonly affect self-injurers:

- pressures of early adolescence
- contagion factor found in groups of teens (the new “drug”)
- promotion of the “perfect” body by media

SECTION FIVE

WHAT ARE THE WARNING SIGNS FOR SELF-INJURY?

The signs of self-injury are often hard to see; social withdrawal or emotional reactivity are the most obvious indicators. Withdrawal can take the form of emotional and physical distance; the self-injurer may appear:

- distracted
- withdrawn
- secretive

Emotional reactivity would include:

- 1) hypersensitivity, which impairs relationships
- 2) being easily overwhelmed
- 3) a poor ability to tolerate daily stress.

More obvious signs of self-injury are implausible excuses for cuts, burns, or abrasions and an attempt to cover them up. Look for:

- long sleeves
- hoodies
- arm socks
- pants in warm weather
- a large number of bracelets and wristbands

Common instruments for injury that might be found are:

- straight-edge razor blades
- blades extracted from shavers
- lighters
- broken glass
- bent paper clips
- thumbtacks

Is Self-Injury Similar to Suicide?

Despite appearances, self-harm behavior does not necessarily indicate attempted suicide. On the contrary, it is a coping mechanism for the life being lived. Since self-injury is used to regulate difficult emotions, many injurers will harm themselves as a way to avoid committing suicide. Some self-injurers even describe it as a “compromise” to suicide. However, it is important to recognize that a high correlation exists between those who self-injure and those who attempt or complete suicide. Self-injury is violence, plain and simple, and is on the continuum of suicidal behavior. Therefore, it is essential to conduct a suicide assessment to determine the risk level for each self-injury situation. If suicidal ideation does co-exist with the desire to self-injure, then both issues need to be addressed in treatment. In particular, it is important to address any minimization by the injurer and state unequivocally that continued self-harm often leads to eventual suicide.

Risk Factors for Suicide:

- | | |
|---|---|
| <input type="checkbox"/> depression or bipolar disorder | <input type="checkbox"/> post-traumatic stress disorder |
| <input type="checkbox"/> substance abuse disorder | <input type="checkbox"/> psychosis |
| <input type="checkbox"/> aggression | <input type="checkbox"/> hopelessness |
| <input type="checkbox"/> impulsive disorder | <input type="checkbox"/> insomnia |
| <input type="checkbox"/> postpartum | <input type="checkbox"/> previous suicide attempt |
| <input type="checkbox"/> runaway behavior | <input type="checkbox"/> self-injury |
| <input type="checkbox"/> sexual orientation issues | <input type="checkbox"/> social withdrawal |
| <input type="checkbox"/> death of a loved one | <input type="checkbox"/> neglect |
| <input type="checkbox"/> high level of family conflict | <input type="checkbox"/> victimization |
| <input type="checkbox"/> inflexible family system | <input type="checkbox"/> parent psychopathology |
| <input type="checkbox"/> suicide in community/media | <input type="checkbox"/> suicidal behavior in family |
| <input type="checkbox"/> academic problems | <input type="checkbox"/> bullying |
| <input type="checkbox"/> disciplinary or legal crisis | <input type="checkbox"/> humiliating event |
| <input type="checkbox"/> recent loss of relationship | <input type="checkbox"/> medical issue |

Suicide Spectrum:



Dangers to Discuss:

Many self-injurers report derealization during the injury process and lose awareness of just how much damage they cause until after the episode. Some may lack control while injuring, and harm their body more than they intended to. Others will have reached a level of such high tolerance that they do not get the relief they seek despite injuring themselves in serious ways. Clearly, in all these situations, a person could place his or her life at risk without meaning to; a frank discussion of these dangers is an important part of treatment.



SECTION TWO

SELF-INJURY FEELINGS CHART

Very briefly put, self-injury is a negative coping skill...it is a quick fix for a long-term problem such as depression or abuse. We all engage in some behavior that is not good for us...that temporarily distracts us when we are stressed out. Think for a minute about what yours might be...when you are upset do you have a drink, smoke cigarettes, eat sweets, shop till you drop, gamble, sleep all day? Self-injury is not all that different, believe it or not. The act of injuring works on the brain just as these other negative coping mechanisms do by altering various neurotransmitters, specifically serotonin, endorphins, and dopamine. When these neurotransmitters are released, the person feels soothed, numb, or euphoric. Self-injury actually changes the mood state of the individual. Self-injury is a violent way to regulate one's brain. Since many teens do not understand why it helps them, they tend to continue using it to cope and eventually build a tolerance to it: one cut becomes two...becomes ten...becomes a hundred...becomes deep enough for stitches...becomes deep enough for staples.

That is why it is so very important to track the feelings that a person has before, during, and after the act of self-injury. By doing this, the self-injurer learns two things:

1. what feelings s/he is trying to medicate; and
2. how self-injury is not effective in medicating feelings in the long-term.

Ask the self-injurer to complete a Feelings Chart each time s/he wants to self-injure or actually does harm to him/herself. Specifically, help the teen to:

- ➔ Look for trends in the feelings that are identified most frequently; this can help in forming a diagnostic picture for an underlying psychiatric disorder
- ➔ Examine which feelings are linked to other feelings in a repeated pattern
- ➔ Identify how some “after” feelings lead a person right back to a “before” feeling and thus perpetuates the cycle of self-injury
- ➔ Hypothesize whether self-injury soothes, numbs, or enlivens the teen and for how long
- ➔ Demonstrate how the use of positive coping skills change the “after” feelings and interrupt the cycle of self-injury by reducing the occurrence of negative “before” feelings

Use the feelings chart until the self-injurer is able to spontaneously report and process the information highlighted above. This is an essential first step for recovery from self-injury.

Self-Injury Feelings Chart

Before	During	After
Ashamed	Ashamed	Ashamed
Sad	Sad	Sad
Powerful	Powerful	Powerful
Numb	Numb	Numb
Overwhelmed	Overwhelmed	Overwhelmed
Checked out	Checked out	Checked out
Bored	Bored	Bored
Relieved	Relieved	Relieved
Angry	Angry	Angry
Scared	Scared	Scared
Calm	Calm	Calm
Out-of-control	Out-of-control	Out-of-control
Suicidal	Suicidal	Suicidal
Guilty	Guilty	Guilty
Comforted	Comforted	Comforted
Trapped	Trapped	Trapped
Self-hatred	Self-hatred	Self-hatred
Worthless	Worthless	Worthless
Impulsive	Impulsive	Impulsive
Stressed out	Stressed out	Stressed out
Confused	Confused	Confused
Lonely	Lonely	Lonely
Irritated	Irritated	Irritated
Vulnerable	Vulnerable	Vulnerable
Hopeless	Hopeless	Hopeless
Secretive	Secretive	Secretive
Alive	Alive	Alive
Disappointed	Disappointed	Disappointed
Jealous	Jealous	Jealous
Worried	Worried	Worried

Tracing the Pathway of Transformation

Help the self-injurer to use non-pejorative, empathic language to interpret the self-injurious behavior. Use the *Transformation Chart* and *Feelings Chart* for **each episode** until the injurer can spontaneously identify the observable facts, which lead to self-injury.

Transformation Chart

Identify your **vulnerabilities** (mood swing, tired, lonely, hungry) leading to self-harm thoughts:

Identify any **events** (bad grade, test, break-up, fight, memories) leading to self-harm thoughts:

Identify the **triggers** (bedroom, self-harm tools, mirror) leading to self-harm thoughts:

Identify the feelings before, during, and after the self-injury – Use a *Feelings Chart* BLM

Time, date, and location:

Situation (alone, with others close by, with others in the room):

What are you trying to communicate with your self-harm? Use “I want...” or “I feel...”

What will be the results or consequences of your self-harm?

What action did you take (self-harm, self-soothing, or assertive communication)?
