See My Pain!
Helping Children and Adolescents Who Self-Injure

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American youth today are often considered to be in a state of crisis. Approximately half of all adolescents are at moderate to high risk of engaging in one or more self-destructive behaviors, including eating disorders, self-injury, unsafe sex, drug and alcohol abuse; under achievement, failure, or dropping out of school; and delinquent or criminal behaviors. Many of these problem behaviors are interrelated. Some of these behaviors are related to the multitude of physical, social, and emotional changes adolescents are experiencing. Some are related to dysfunction in families; violence in the streets and at home; and media which portrays alcohol and drug use, extramarital sex, and violence as often-occurring, normal behaviors.
Self Injury- A Definition:

The deliberate mutilation of the body or a body part, not with the intent to commit suicide but as a way of managing emotions that seem too painful for words to express. It can include cutting the skin, burning the skin, or bruising oneself through a premeditated accident. It can mean scratching the skin until it bleeds or interfering with the healing of wounds. In more extreme cases, self-injurers break their own bones, amputate their own digits, eat harmful substances, or inject their bodies with toxins.

Conterio&Lader
3 million Americans engage in some form of self-injury

An estimated 2 million Americans purposely cut or burn themselves

90% of people who self-injure begin cutting as teenagers

The average person who self-injures starts at age 14 and continues with increasing severity into her late 20's.

More than half of people who self-injure are victims of sexual abuse, and most report emotionally abusive or neglected childhoods

Self-injury is prevalent in ALL races and economic backgrounds

Although most are women, up to 40% are men
Shattered Images/Shattered Lives

Youth who self-mutilate share similar experiences

Physical, emotional, or sexual abuse
Parental (caregiver) alcoholism or other drug abuse
Neglect or abandonment by a parent (caregiver)
Loss of a parent (caregiver) through death or divorce
Tense or abusive relationship between parents (caregivers)

Personality traits that those who self-mutilate commonly share

Constant aim for perfection
Dislike of one’s body
Inability to cope with strong emotions
Inability to release or express emotions to others
Frequent mood swings

Episodes of self-mutilation result from the following feelings

Anger
Rejection
Sadness
Failure
Fear
Loss or abandonment
Helplessness
Shame
Anxiety
Exploring the Different Forms of SMB

What Self-Injury is Not

It is not always an indication of:

- Borderline Personality Disorder
- Childhood sexual or physical abuse
- Suicide attempts
- Being female
- Attention seeking behavior
Three Types of Self-Mutilation Behavior

1. **Major Self-Mutilation**
   - includes such things as castration, amputation of limbs, enucleation of eyes.
   - it is fairly rare and usually associated with psychotic states.

2. **Stereotypic Self-Injury**
   - comprises the sort of rhythmic head-banging, etc, seen in autistic, mentally retarded, and psychotic people.

3. **Superficial or Moderate**
   - most common form of self-mutilation.
   - includes cutting, burning, scratching, skin-picking, hair-pulling, bone-breaking, hitting, deliberate overuse injuries, interference with wound healing, and virtually any other method of inflicting damage on oneself.
   - most popular act is cutting; sites include wrists, upper arms, and inner thighs.

**Superficial/Moderate Forms of Self-Injury**

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<thead>
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<th><em>Compulsive</em></th>
<th><em>Episodic</em></th>
<th><em>Repetitive</em></th>
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3a. **Compulsive self-harm** - **Compulsive** self-injury differs in character from the other two types and is more closely associated with obsessive-compulsive disorder (OCD). This includes hair-pulling (trichotillomania), skin picking, and excoriation when it is done to remove perceived faults or blemishes in the skin. The person tries to relieve tension and prevent some bad thing from happening by engaging in these self-harm behaviors.

3b. **Impulsive self-harm** – **Episodic** self-harm is self-injurious behavior engaged in people who don’t think about it otherwise and don’t see themselves as “self-injurers.” It generally is a symptom of some other psychological disorder. Many practitioners believe that **Repetitive** self-harm (Favazza and Rosenthal, 1993) should be classified on Axis I as an impulse-control disorder.

Self-injury is seen differently by groups and cultures within society. This appears to have become more popular lately, especially in adolescents.
The causes and severity of self-injury can vary. Some forms may include:

- Cutting-72%
- Picking, and pulling skin and hair-22%
- Burning/abrasions-35%
- Self-hitting-30%
- Hair pulling-10%
- Bone breaking-8%
- Multiple methods-78%
  (Any combination above)

The SMB Cycle and Intervention Mapping

Figure A: The Addiction Model of SIV
Note: Although the model is cyclical, SIV typically begins at this point.

Triggering event/thoughts

Negative emotions:
alienation, frustration, rejection, anger, isolation, depression, sadness

Negative effects:
shame, guilt, depression

Positive effects:
endorphins present, tension and negative feelings reduced

Tension: inability to control emotions, thoughts of SIV

Dissociation: coping mechanism to reduce tension and later to mask physical pain

SIV act: cutting, burning, hitting, etc.

From The Scarred Soul: Understanding and Ending Self-Inflicted Violence by Tracy Alderman (1997)
Activity 4.3: My SIV and the Addiction Model

Understanding how your own cycle of SIV operates will help you later when you begin to change this pattern and decrease your self-injurious activities.

1. Think back to a specific time when you hurt yourself. You may want to use your most recent episode of SIV since it is probably freshest in your memory. In your journal, list the three emotions you feel most intensely before you hurt yourself. (If you’re unable to recall, you might want to review Activity 4.2) For example:
   1. Sadness
   2. Anger
   3. Disappointment

2. Now, try to describe in your journal how you felt when you began to think about hurting yourself. You were feeling bad and you got the idea to hurt yourself. Then how did you feel? Did you experience a change in your negative emotions? Did you become tense or excited or nervous? Or did you become numb or dissociated? Did your feelings change even more as you got closer to injuring yourself? What happened?

   For example:
   
   Once I decided to hurt myself, I felt really excited and full of energy. I didn’t feel sad anymore because I knew I was going to do something that would make me feel better. Right before I hurt myself I felt really zoned out, but even that was a calm and good feeling.

3. Describe as best you can what you went through when you injured yourself. Write about what you did, what instruments (if any) you used, how long the process took, your experience of pain and/or dissociation, how you felt, and anything else you think is important. How did you feelings change throughout the process? When were you more tense, less tense, and more dissociated? Do you have difficulty remembering the specifics of this stage of SIV? Describe whatever you felt or can remember.

4. Take a few minutes now to think about what happened after you hurt yourself. In your journal describe what you went through afterward. How did you feel? Were you calm, peaceful, tired, anxious? (Again, you might want to refer to the preceding activity to help you remember some of these feelings.)

5. Because relief is one of the primary feelings resulting from SIV, it is important to explore exactly how SIV causes this experience and
how you define relief. In your journal list all the ways that self-inflicted violence gave you relief.

6. Finally, you need to examine the ultimate stage of the SIV cycle—the negative results and return of your negative feelings. Knowing when you might experience the return of negative feelings will be very important when you try to stop hurting yourself. Using the same episode of SIV you’ve been following throughout this activity, think about how long it took after hurting yourself before you began to feel bad again. Was it minutes? Hours? Days? Weeks? Were the feelings the same as before you hurt yourself? If they weren’t, how did they change? Was it the intensity or the actual emotions that changed? How long do you usually go between episodes of SIV?

### Trigger Log

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<tr>
<th>Week</th>
<th>Mon</th>
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Place a Check Mark or Plus (+) Sign on every day that you **DO NOT** self-injure.

Place a Question Mark (?) on the day(s) that you **DO** self-injure.

*Then ask yourself these questions:*

1. If you did NOT self-injure…why not. What was going on that day, what did you do? Who did you have contact with that day? What worked for you on the day you did not self-injure.

2. If you did self-injure…What triggered the self-injury on this day? Was it internal thoughts or external factors or both.

3. Next try and identify a pattern. Do you mainly self-injure on a weekday? weekend? Is there a specific time of day? Can you identify what happens at these specific times?
Answers To  
Frequently Asked Questions

Is excessive body piercing and tattooing considered self-injury?

It is important to consider the motivation behind the act. Why is the child/adolescent engaging in the behavior? If the body piercing or tattooing is a response to some type of emotional discomfort, then yes, this would likely be considered SI.

Do no-harm contracts work?

No-harm contracts have the potential to do more harm then good. If the child/adolescent is not ready to give up SI, then they may agree to sign a contract in order to please you. This may cause him/her to feel guilty and isolated if he/she breaks the contract. Perhaps a variation of the no-harm contract may be considered. For example, a contract stating that the child/adolescent will use distraction techniques before engaging in SI.

Is self injury attention seeking behavior?

SI can be viewed as a form of communication, so in those terms, the child/adolescent is seeking attention as a means to express the internal pain they are experiencing. His/her feelings and experiences need to be validated rather then ignored.

Why is the act of self-injury an emotional release?

Compare this process to that of a volcano prior to erupting. The volcano is churning inside and building up pressure, then finally explodes. This is similar to a child/adolescent holding in his/her emotions for various reasons until he/she has to release the pressure. When he/she SI’s, this releases that internal pressure.

Is there a contagion factor among adolescents?

Anecdotal accounts suggest that there is contagion among adolescents. Children/adolescents share information and practice unhealthy behaviors to cope with their lives.

Why use rubber bands as a distraction technique?

Rubber bands can be used as a distraction technique to interrupt the cycle of SI. The sharpness of the snap of the rubber band can help to delay or serve as a substitute for SI. This can be used as a temporary measure while the child/adolescent is learning more advanced methods of coping such as relaxation techniques or journaling.
Does over protective parenting contribute to SI?

Just as neglectful parenting can contribute to SI behaviors, over protective parenting can as well. As parents we want to protect our children from hurt and pain, but if he/she never experiences hurt, pain or rejection then the child/adolescent will never learn how to cope with the inevitability of these emotions.

What is the connection between SI and poor impulse control?

Children/adolescents learn how to handle his/her emotions by what he/she has seen role modeled as a child in the environment in which he/she grew up. Children/adolescents are overwhelmed with messages of instant gratification through media, video games, and peer influences. This contributes to the need to immediately alleviate the emotional pain by SI.

Is SI a life long problem?

It can be. As with any addiction, SI is a coping mechanism that is always available as a choice. This behavior is an unhealthy way to cope with difficult emotions. The child/adolescent who engages in the behavior will always have the knowledge that this is an unhealthy coping mechanism that has worked to temporarily relieve the emotional pain.

Can group therapy be helpful?

Yes, group therapy can be helpful. However it is important for the facilitator to be experienced and that the sessions are structured but flexible. Group therapy offers the child/adolescent an outlet to share his/her experiences in an open and accepting environment while learning coping skills that may help him/her overcome the need to SI. Group therapy should be used in conjunction with individual counseling.

Why Do People Engage in Self-Inflicted Violence?

**Relief From Feelings**
One of the most common reasons for self-injuring is to get relief from intense emotions. Many people who self-injure are not able to regulate or control their emotions well. They may find it difficult to identify, express, or release their emotions. They may never have developed the ability to feel and experience emotions as others do, such as crying, yelling, or screaming. People who engage in self-injury commonly report that before the incident they felt isolated, alienated, depressed, and frustrated.

**A Method of Coping**
Many people use negative coping techniques to feel better. These include using alcohol or other drugs, violent behavior toward others, overeating, smoking, gambling, and self-inflicted violence.

**Stopping, Inducing, or Preventing Dissociation**
Dissociation is a psychological state in which a person experiences an alteration in consciousness, memory, and sometimes, identity. Everyone dissociates to some extent, however, for most people it is fairly mild, such as tuning out someone who is talking to you. Some people use dissociation as a defense mechanism to protect themselves from overwhelming emotional or physical pain. But these dissociative states themselves can become overwhelming. Self-inflicted violence is one method to reduce, prevent, or end a disturbing dissociative state.

**Physically Expressing Pain**
Many people who self-injure have difficulty expressing emotional pain. At a time when people can’t adequately express their emotions, they may turn to self-inflicted violence as a method of expression. The results of this violence (the cuts, bruises, burns), serve as an expression of the internal conflict. Physically expressing emotional pain allows a person to have concrete evidence of intangible or indefinable emotions.

**Communication**
Sometimes self-inflicted violence is used as a form of communication. People who have difficulty expressing their feelings to others verbally, may use self-injury to let those around them know what they are experiencing. Sometimes the violence may be used to carry a symbolic message, for instance, creating scars or wounds to mark a certain occasion.
Self-Nurturing
Some people use self-inflicted violence as an attempt to make internal wounds external and to nurture and heal these wounds. Once the emotional pain or trauma is made external through self-injury, it is easier to nurture and heal than when it existed only on the emotional level. They gratifying part of self-injury then becomes the self-care which a person can provide afterwards.

Self-Punishment
Research shows that many of the people who self-injure were abused as children. As children, they may have been taught that certain behavior, thoughts, or feelings deserved punishment. This lesson follows them into adulthood and may influence the way they treat themselves. Additionally, self-injurers are often over critical of themselves. This internal criticism facilitates their acts of self-injury.

Re-Enacting Previous Abuse
The reasons a self-injurer may re-enact abuse are varied. Some may replicate the abuse so they can feel a sense of control. Some may re-enact the abuse as part of post-traumatic stress during a flashback. Some self-injurers may not know why they act out the abuse, but simply feel the need to do so.

Establishing Control
Like everyone, when a self-injurer’s feelings of control are lessened, their emotional and physical discomfort is increased. During these times, self-inflicted violence may be used to decrease the tension and ease psychological or physical discomfort by allowing the person a sense of control.
How is self-mutilation/injury a way to cope?

Checklist for Identifying the Functions of Self-Mutilation/Injury

_____ I need to feel pain
_____ It helps me feel sensation
_____ It helps me stop feeling
_____ It’s a channel for my rage
_____ It lets me know I’m alive
_____ It helps me stay alive
_____ It helps me feel grounded
_____ It helps me space out
_____ It’s how I ask for help
_____ It helps me forget
_____ It helps distract me from memories
_____ It’s a safe way to let myself feel
_____ It’s a way to express what’s inside
_____ It helps me cry
_____ It releases tension
_____ It’s the only way I can feel sexual
_____ It makes everything more real
_____ It makes everything less real
_____ It’s what I learned to do

_____ It helps me remember
_____ I don’t know, I just have
_____ I get more focused
_____ It just happens
_____ It’s a way for my tears to come out
_____ I feel more in control then
_____ I can’t be angry any other way
_____ I need to feel punished
_____ It’s mine and no one else’s
_____ It’s a way to communicate
_____ It’s familiar
_____ I need to see the blood or marks
_____ It helps me “go away”
_____ It’s soothing and comforting
_____ I know where I begin and end
_____ I release my frustration this way
_____ I can’t remember why it’s important
_____ I just feel like I’m supposed to cut

(Revised from Trautmann & Connors, 1994, p. 30)
Describing Feelings and Triggers

1. What was happening just before self-mutilation behavior?
2. What was the link to body sensations?
3. How does the self-abusive behavior occur?

Checklist for the Cycle of My Emotions

Focusing on how you were feeling before you hurt yourself, write a **B** next to each of the emotions that you felt **before** you hurt yourself. Then, write a **D** beside any emotion you experienced **during** hurting yourself. Finally, write an **A** next to each emotion you felt **after** you hurt yourself.

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<tr>
<td>_____ Anger</td>
<td>_____ Wholeness</td>
<td>_____ Euphoria</td>
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<td>_____ Frustration</td>
<td>_____ Happiness</td>
<td>_____ Elation</td>
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<td>_____ Hopelessness</td>
<td>_____ Disconnection</td>
<td>_____ Pride</td>
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<td>_____ Sadness</td>
<td>_____ Depression</td>
<td>_____ Relief</td>
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<td>_____ Isolation</td>
<td>_____ Hostility</td>
<td>_____ Numbness</td>
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<tr>
<td>_____ Alienation</td>
<td>_____ Tension</td>
<td>_____ Loneliness</td>
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<td>_____ Shame</td>
<td>_____ Fear</td>
<td>_____ Emptiness</td>
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<tr>
<td>_____ Anxiety</td>
<td>_____ Guilt</td>
<td>_____ Other</td>
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*(Adapted from Alderman, 1997)*
Helping Young People Acknowledge and Address Their SMB

How do you know if you self-injure? It may seem an odd question to some, but a few people aren't sure if what they do is "really" self-injury. Answer these questions:

1. Do you deliberately cause physical harm to yourself to the extent of causing tissue damage (breaking the skin, bruising, leaving marks that last for more than an hour)?

2. Do you cause this harm to yourself as a way of dealing with unpleasant or overwhelming emotions, thoughts, or situations (including dissociation)?

3. If your self-harm is not compulsive, do you often think about SI even when you're relatively calm and not doing it at the moment?

If you answer #1 and #2 yes, you are a self-injurer. If you answer #3 yes, you are most likely a repetitive self-injurer. The way you choose to hurt yourself could be cutting, hitting, burning, scratching, skin-picking, banging your head, breaking bones, not letting wounds heal, among others. You might do several of these.

How you injure yourself isn't as important as recognizing that you do and what it means in your life. Self-injurious behavior does not necessarily mean you were an abused child. It usually indicates that somewhere along the line, you didn't learn good ways of coping with overwhelming feelings. You're not disgusting or sick; you just never learned positive ways to deal with your feelings.
The 8 questions

When I feel I need to cut

I ask myself the following questions:

1. Why do I feel I need to hurt myself? What has brought me to this point?
2. Have I been here before? What did I do to deal with it? How did I feel then?
3. What I have done to ease this discomfort so far? What else can I do that won't hurt me?
4. How do I feel right now?
5. How will I feel when I am hurting myself?
6. How will I feel after hurting myself? How will I feel tomorrow morning?
7. Can I avoid this stressor, or deal with it better in the future?
8. Do I need to hurt myself?

The questions differ a little bit every time, but I will not cut if I cannot answer them. At first I would write them down, but now I run through them in my head. The most important questions on the list are #s 4 to 6. In the beginning I would give myself little short answers, but as each month passed my answers to myself became more detailed and I began to learn things about myself. I also found out that I can lessen or avoid stress, rather than running blindly into it. It also used to be that #8's answer was always 'yes', but now it is way more often a 'no'.

From: http://www.palace.net/~llama/psych/injury.html
How do I know if I'm ready to stop?

Deciding to stop self-injury is a very personal decision. You may have to consider it for a long time before you decide that you're ready to commit to a life without scars and bruises. Don't be discouraged if you conclude the time isn't right for you to stop yet; you can still exert more control over your self-injury by choosing when and how much you harm yourself, by setting limits for your self-harm, and by taking responsibility for it. If you choose to do this, you should take care to remain safe when harming yourself: don't share cutting implements and know basic first aid for treating your injuries.

Alderman (1997) suggests this useful checklist of things to ask yourself before you begin walking away from self-harm. It isn't necessary that you be able to answer all of the questions "yes," but the more of these things you can set up for yourself, the easier it will be to stop hurting yourself.

While it is not necessary that you meet all of these criteria before stopping SIV, the more of these statements that are true for you before you decide to stop this behavior, the better.

- I have a solid emotional support system of friends, family, and/or professionals that I can use if I feel like hurting myself.
- There are at least two people in my life that I can call if I want to hurt myself.
- I feel at least somewhat comfortable talking about SIV with three different people.
- I have a list of at least ten things I can do instead of hurting myself.
- I have a place to go if I need to leave my house so as not to hurt myself.
- I feel confident that I could get rid of all the things that I might be likely to use to hurt myself.
- I have told at least two other people that I am going to stop hurting myself.
- I am willing to feel uncomfortable, scared, and frustrated.
- I feel confident that I can endure thinking about hurting myself without having to actually do so.
- I want to stop hurting myself.

# Emotional Bank Account

Deposits build and repair trust in relationships  
Withdrawals lessen trust in relationships

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<th>Deposits for me</th>
<th>Withdrawals for me</th>
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FEELING UMBRELLA

FEELING DICTIONARY

JOURNALING/BLOGGING
List of Emotions by Intensity

<table>
<thead>
<tr>
<th>Intensity of Feelings</th>
<th>HAPPY</th>
<th>SAD</th>
<th>ANGRY</th>
<th>CONFUSED</th>
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<tr>
<td>HIGH</td>
<td>Elated, Excited, Overjoyed, Thrilled, Exuberant, Ecstatic, Fired up, Delighted</td>
<td>Depressed, Disappointed, Alone, Hurt, Left out, Dejected, Hopeless, Sorrowful, Crushed</td>
<td>Furious, Enraged, Outraged, Aggravated, Irate, Seething</td>
<td>Bewildered, Trapped, Troubled, Desperate, Lost</td>
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<tr>
<td>MEDIUM</td>
<td>Cheerful, Up, Good, Relieved, Satisfied, Contented</td>
<td>Heartbroken, Down, Upset, Distressed, Regret</td>
<td>Upset, Mad, Annoyed, Frustrated, Agitated, Hot, Disgusted</td>
<td>Disorganized, Foggy, Misplaced, Disoriented, Mixed up</td>
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<tr>
<td>MILD</td>
<td>Glad, Content, Satisfied, Pleasant, Fine, Mellow, Pleased</td>
<td>Unhappy, Moody, Blue, Sorry, Lost, Bad, Dissatisfied</td>
<td>Perturbed, Uptight, Dismayed, Put out, Irritated, Touchy</td>
<td>Unsure, Puzzled, Bothered, Uncomfortable, Undecided, Baffled, Perplexed</td>
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<td>Intensity of Feelings</td>
<td>AFRAID</td>
<td>WEAK</td>
<td>STRONG</td>
<td>GUILTY</td>
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<td>Potent Super Forceful</td>
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<td>Rundown Insecure</td>
<td>Persuasive Sure</td>
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<td>Shaky Insecure</td>
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TROUBLES WRITTEN IN SAND...

A story tells that two friends were walking through the desert. During some point of the journey, they had an argument, and one friend slapped the other one in the face. The one who got slapped was hurt, but without saying anything, he wrote in the sand:

"Today My Best Friend Slapped Me In The Face."

They kept on walking, until they found an oasis, where they decided to take a bath. The one who had been slapped got stuck in the mire and started drowning, but his friend saved him. After he recovered from the near drowning, he wrote on a stone:

"Today My Best Friend Saved My Life."

The friend, who had slapped and saved his best friend, asked him, "After I hurt you, you wrote in the sand, and now, you write on a stone, why?"

The other friend replied, "When someone hurts us, we should write it down in sand, where the winds of forgiveness can erase it away, but when someone does something good for us, we must engrave it in stone, where no wind can ever erase it.

LEARN TO WRITE YOUR HURTS IN THE SAND AND TO ALWAYS CARVE YOUR BLESSINGS IN STONE.
Activity: Personal Timeline Assessment

Overview
Children/adolescents will describe when their self-harming behavior began and the past events that influenced their self-harming behavior.

Materials Needed
Personal Timeline Assessment
Colored pens or pencils
Separate piece of paper (optional)

Procedure
Review the timeline on the following page with the child/adolescent. Then, with a colored pen or pencil have the child/adolescent draw lines vertically from their timeline to represent any difficult events that took place such as: loss of some kind, a move, family changes, a frightening or traumatic event, a painful event, etc. If he/she remembers the year have him/her write that down. Then with a different color pen or pencil have him/her draw a line to show when his/her self-harming behavior began. If he/she remembers specific events that took place around that time, draw lines showing if the events happened before or after the SI.

Follow Up
Have child/adolescent share with you which events contributed to an increase in how often he/she SI and the severity of the SI.

Looking at the events that led up to the SI, have child/adolescent describe the reason he/she chose to SI.

My Personal Timeline

Directions: On the timeline below draw lines vertically from your timeline to represent any difficult events that took place such as: a loss of some kind, a move, family change, a frightening or traumatic event, a painful event, etc. If you remember the year write that down also. Then with a different color marker or pen draw a line to show when your self-harming behavior began.

{draw a timeline with space for dates at each end}
Suggestions for the Family

**DO**

- accept your child even though you do not accept his/her behavior.
- let your child know how much you love him/her, not only when he/she SI, but at other times as well.
- understand that this is his/her way of coping with the intense pain that he/she feels inside.
- encourage healthier methods of coping by allowing him/her to brainstorm other ways other than hurting him/herself.
- listen! Keep communication open by talking about things that would interest him/her even if it doesn’t interest you.
- ask open questions (what or how) to encourage him/her to open up. Allow conversations to revolve around what he/she wants to talk about no matter how silly or crazy it may seem to you.
- allow him/her to share what they’re feeling deep inside either with words (journaling) or in art (drawing, painting, creating, or any other way he/she can communicate their feelings).
- make your home a “Safe Place” by removing anything that could be used as a tool for SI.
- have fun together! Try to do some fun things together. (let him/her choose a fun activity that is interactive, not just going to the movies) Although he/she may complain at first, your child really does want to spend time with you.
- discover what his/her personal strengths are and encourage him/her to use those strengths during difficult times.
- help your child to get involved in some area of interest, after-school activity, a good cause or other good will effort.
- encourage some kind of outreach in the community. e.g., volunteering at a local animal shelter or wildlife sanctuary, helping an older person at a nursing home, tutoring a young child after school or mentoring a troubled younger child.

**DON’T**

- say or do anything to cause guilt or shame. (e.g., “Why would you do such a thing?” “How could you?”)
- act shocked or appalled by his/her behavior.
- talk about his/her SI in front of friends or with other relatives.
- try to teach them what you think they should do.
- use punishment or negative consequences when he/she SI. (The reason he/she feels they need to SI is because he/she is hurting emotionally about someone or something).
- overprotect by monitoring every move he/she makes but do notice what’s going on.
- deny that your child is self-injuring as a way of coping.
- keep your child from seeing friends but, monitor who he/she does see.
- blame yourself for your child’s behavior.

Helpful Responses to Self-injury

1. Show that you see and care about the person in pain behind the self-injury.

2. Show concern for the injuries themselves. Whatever 'front' they may put on, a person who has injured herself is usually deeply distressed, ashamed, frightened and vulnerable. It is cruel and counter-productive to 'withhold attention'. You have an opportunity to offer compassion and respect; to show them something different from the way they have been treated by most people in their lives.

3. Make it clear that self-injury is okay to talk about, and can be understood.

4. Convey your respect for the person's efforts to survive, even though this involves hurting herself. She has done the best she could.

5. Help her make sense of her self-injury. For example: ask when the self-injury started, and what was happening then. Explore how self-injury has helped the person to survive (physically and emotionally), in the past and now. Ask how she feels before she hurts herself, and how she feels afterwards. Retrace with her the steps leading up to an incident of self-injury - the events, thoughts and feelings which led to it.

6. Acknowledge how frightening it may be to think of living without self-injury.

7. Encourage the person to use the urge to self-injure as signals of buried feelings, memories, and needs. (These will be unfamiliar and frightening; go slowly and offer support.) Help her learn to express these things in other ways, such as through talking, writing, drawing, shouting, hitting something soft, etc. Encourage her to ask for support and to care for herself.

8. Help the person break down isolation and shame and to build support networks.

9. Don't see stopping the self-injury as the only or most important goal. A person may make great progress in many ways and still need self-injury as a coping method for some time (in the same way that others may smoke, eat chocolate etc). Self-injury may also worsen for a while when previously buried feelings are being explored, or when old patterns and ways of living are being changed. This can be frightening but is understandable.

10. It takes a long time for a person to be ready to give up self-injury. Encourage her and yourself by acknowledging each small step as a major achievement. Examples of very valuable steps might be: taking fewer risks (e.g. washing implements used to cut, avoiding drinking if it usually leads to more self-injury); taking better care of the injuries; putting off hurting herself for a day or an hour; reducing the severity or frequency of the injuries even a little. In all cases more choice is being exercised; the 'hold' of self-injury is being loosened.
The Sixty Second Reality Check

1. Take a deep breath, exhale, and silently count to 10.

2. Next, acknowledge that something upsetting has just happened and it probably touched an emotional chord. Say to yourself, “I want to get clear about this and keep a realistic perspective.”

3. Then, ask yourself the following questions:
   
a. Does this (what’s just happened) really matter to me?
   
b. In the grand scheme of things, how big a deal is it?
      
      Is it a true catastrophe?
      
      Is it likely to seem like a big deal in 24 hours?
      
      Is it likely to seem like a big deal in a week?
   
c. Am I taking it personally?
   
d. If I react now, will it:
      
      Probably be helpful?
      
      Probably make things worse?
   
e. Would it make sense to take more time to think through the situation and then decide how to react?
   
f. Are my thoughts and actions helping me or hurting me? What I am thinking or telling myself right now—is it helpful or is it hurtful?

Using Rational-Emotive Therapy

Although RET doesn't directly address self-harm as an issue, its precepts can be helpful in controlling the sometimes uncontrollable rage self-injurers feel. Rational-Emotive therapy was developed by Albert Ellis, among others, who believe that your feelings don't control your thoughts -- your thoughts control your feelings. Negative emotions are not inevitable, but come about as the result of patterns of thinking we've laid down over the years. If we can learn to rethink the situations, we can learn to control negative emotions. A. Jack Hafner (1992) gives some excellent examples of this process. Known in RET as the "ABC" format, it allows you to recognize triggering situations and cool down anger before it starts.

**An example of how you might use RET to prevent SIB**

Let's say that you're hurting really badly: for instance, you're very very angry at your boyfriend for doing something awful. Maybe he was supposed to call tonight, and he didn't, and this is the third night in a row that he's forgotten. This isn't a classic triggering situation for everyone, but it will suffice for illustration.

A=Situation

Your boyfriend has forgotten, for the third night running, to call when he said he would.

B=Beliefs

"If he really cared, he'd remember to call." "He should know that not calling hurts my feelings." "I need him to call; I can't go on if he doesn't."

C= Feelings and actions

You feel angry, and you call and yell at him or break up with him. This leaves you feeling worse than ever. You realize how worthless and horrible you are, and out come the blades (or whatever). You feel like hurting yourself is the only way to make it feel okay again.

D=Dispute the beliefs in B

"Maybe he's got something on his mind right now that's really bothering him. Maybe he doesn't attach as much importance to his phone calls as I do. Maybe he thinks that whether or not he calls is unrelated to whether or not he loves me."

E=Realistic goals

I want to convey to him that, in my mind, his keeping promises to call is connected to my belief that he loves and respects me.

F=Constructive options

I can use my interpersonal skills and write out my case as I prepare for a talk with him. I can try to explain that his calls are, to me, an important reminder of his love and that when he repeatedly fails to call when he said he would, I feel hurt and unloved (notice: there's no blaming here, no "you make me feel..."); it's just a simple statement of fact).
G=Put option into practice

The next time you see him, talk about how the missed phone calls make you feel, and explain that you really like having little reminders of his love and respect for you. Explain that you can understand if sometimes things get in the way of a prior commitment to call you, but that you wish he'd contact you later just to reassure you.

This isn't easy at first, and it takes a while to train yourself to look at situations in terms of the ABCs, but learning to use them can help reduce the suffering in your life.


Dialectical Behavioral Therapy

Marsha Linehan (1991) pioneered this treatment, based on the idea that psychosocial treatment of those with Borderline Personality Disorder was as important in controlling the condition as traditional psycho- and pharmacotherapy were. Concomitant with this belief was a hierarchical structure of treatment goals. Paramount among these was reducing para-suicidal (self-injuring) and life-threatening behaviors. Next came reducing behaviors that interfered the therapy/treatment process, and finally reducing behaviors that reduced the client's quality of life. In 1991, Linehan published results of a study that seems to do remarkably well at achieving these goals.

The Theory

Basically, DBT maintains that some people, due to invalidating environments during upbringing and due to biological factors as yet unknown, react abnormally to emotional stimulation. Their level of arousal goes up much more quickly, peaks at a higher level, and takes more time to return to baseline. This explains why borderlines are known for crisis-strewn lives and extreme emotional liability (emotions that shift rapidly). Because of their past invalidation, they don't have any methods for coping with these sudden, intense surges of emotion. DBT is a method for teaching skills that will help in this task.

How it works

Dialectical Behavioral Therapy (DBT) consists of two parts:

Once-weekly psychotherapy sessions in which a particular problematic behavior or event from the past week is explored in detail, beginning with the chain of events leading up to it, going through alternative solutions that might have been used, and examining what kept the client from using more adaptive solutions to the problem:

Both between and during sessions, the therapist actively teaches and reinforces adaptive behaviors, especially as they occur within the therapeutic relationship. . . the emphasis is on teaching patients how to manage emotional trauma rather than reducing or taking them out of crises. . . . Telephone contact with the individual therapist between sessions is part of DBT procedures.

(Linehan, 1991)
DBT targets behaviors in a descending hierarchy:

- decreasing high-risk suicidal behaviors
- decreasing responses or behaviors (by either therapist or patient) that interfere with therapy
- decreasing behaviors that interfere with/reduce quality of life
- decreasing and dealing with post-traumatic stress responses
- enhancing respect for self
- acquisition of the behavioral skills taught in group
- additional goals set by patient

Weekly 2.5-hour group therapy sessions in which interpersonal effectiveness, distress tolerance/reality acceptance skills, emotion regulation, and mindfulness skills are taught. Group therapists are not available over the phone between sessions; they refer patients in crisis to the individual therapist.

**Follow-up studies**

Since the 1991 paper, Linehan has been involved in several replication studies and has written a book and a skills training manual about DBT. Her results consistently show that DBT does seem to reduce the amount of self-injury and crisis among clients.

[www.palace.net/llama/psych/dbt.html](http://www.palace.net/llama/psych/dbt.html)
Things That Help Me to Avoid Hurting Myself

✧ I jump on the computer and find someone to email. We talk about everything and anything, and I try to avoid mentioning self-injury.
✧ I do productive things that keep me busy and active. I clean the back porch, a closet, or mop the floors.
✧ I walk a lot, and think.
✧ I write about self-injury. (Like now.) I write about my failures and successes both and it helps, if anything, just to keep me busy.
✧ Make an emergency box. Suggestions on what to include:
  • Crayons, or paint, and paper.
  • Little toys (happy meal toys) that you like.
  • A puzzle.
  • A word game book.
  • Your favorite book.
  • A tape of your favorite songs.
  • Pictures of friends.
  • Letters that are special to you (or cards).
  • A book or tape of inspirational messages.
  • A list of phone numbers and addresses of friends. (Make phone calls, or write letters.)
  • Stories about your special memories.

Only open your emergency box in an emergency, or it loses its special-ness. About once every two or three months entirely change the contents. Have a friend, or your family member pick something special to put into the box while you're not looking so that there will be a surprise for you when you do have to open it.
Many people try substitute activities as described above and report that sometimes they work, sometimes not. One way to increase the chances of a distraction/substitution helping calm the urge to harm is to match what you do to how you are feeling at the moment.

First, take a few moments and look behind the urge. What are you feeling? Are you angry? Frustrated? Restless? Sad? Craving the feeling of SI? Depersonalized and unreal or numb? Unfocused?

Next, match the activity to the feeling. A few examples:

**angry, frustrated, restless**

- Flatten aluminum cans for recycling, seeing how fast you can go.
- Hit a punching bag or bean bag.
- Use a pillow to hit a wall, pillow-fight style.
- Rip up an old newspaper or phone book.
- On a sketch or photo of yourself, mark in red ink what you want to do. Cut and tear the picture.
- Make Play-Doh, model magic or other clay models and smash them.
- Throw ice into the bathtub or against a brick wall hard enough to shatter it.
- Break sticks.
- Crank up the music and dance.
- Clean your room (or your whole house).
- Go for a walk/jog/run.
- Stomp around in heavy shoes.
- Play handball, tennis or karate.
- I’ve found that these things work even better if I rant at the thing I am tearing/hitting or punching. I start out slowly, explaining why I am hurt and angry, but sometimes end up swearing and crying and yelling. It helps a lot to vent like that.

**sad, soft, melancholy, depressed, unhappy**

Do something slow and soothing, like taking a hot bath with bath oil or bubbles, curling up under a comforter with hot cocoa and a good book, babying yourself somehow. Do whatever makes you feel taken care of and comforted. Light sweet-smelling incense. Listen to soothing music. Smooth nice body lotion into the parts or yourself you want to hurt. Call a friend and just talk about things that you like. Make a tray of special treats and tuck yourself into bed with it and watch TV or read. Visit a friend.
Craving sensation, feeling depersonalized, dissociating, feeling unreal

- Do something that creates a sharp physical sensation:
  - Squeeze ice hard (this really hurts). (Note: putting ice on a spot you want to burn gives you a strong painful sensation and leaves a red mark afterward, kind of like burning would.)
  - Put a finger into a frozen food (like ice cream) for a minute.
  - Bite into a hot pepper or chew a piece of ginger root.
  - Rub liniment under your nose.
  - Snap your wrist with a rubber band.
  - Take a cold bath.
  - Stomp your feet on the ground.
  - Focus on how it feels to breathe. Notice the way your chest and stomach move with each breath.

Wanting focus

- Do a task (a computer game like Tetris or minesweeper, writing a computer program, etc) that is exacting and requires focus and concentration.

- Eat a raisin mindfully. Pick it up, noticing how it feels in your hand. Look at it carefully; see the asymmetries and think about the changes the grape went through. Roll the raisin in your fingers and notice the texture; try to describe it. Bring the raisin up to your mouth, paying attention to how it feels to move your hand that way. Smell the raisin; what does it remind you of? How does a raisin smell? Notice that you're beginning to salivate, and see how that feels. Open your mouth and put the raisin in, taking time to think about how the raisin feels to your tongue. Chew slowly, noticing how the texture and even the taste of the raisin change as you chew it. Are there little seeds or stems? How is the inside different from the outside? Finally, swallow.

- Choose an object in the room. Examine it carefully and then write as detailed a description of it as you can. Include everything: size, weight, texture, shape, color, possible uses, feel, etc.

- Choose a random object, like a paper clip, and try to list 30 different uses for it.

- Pick a subject and research it on the web.

Wanting to see scars or pick scabs

- Get a henna tattoo kit. You put the henna on as a paste and leave it overnight; the next day you can pick it off as you would a scab and it leaves an orange-red mark behind.

Time Game

Another thing that helps sometimes is the fifteen-minute game. Tell yourself that if you still want to harm yourself in 15 minutes, you can. When the time is up, see if you can go another 15. I've been able to get through a whole night that way before.
A List from a Person Who Self Injures

What follows is my own list, which I have tried to make as practical as possible. They are mainly "on the moment" ideas, for the times when the urge to cut hits, and for trying to postpone that moment even for a short while. Here's the list that I carry with me:

- **Carry safe stuff in my pockets:** these can include stones, crystals, small books, stress relieving squishy things, anything that feels right to you. My own pockets have things that my therapists have given me, different shaped crystals, a Native American healing stone, or a small puzzle game... whatever fits.

- **Find something to do:** to keep both your hands and your brain occupied. The kind of puzzles where you have to re-arrange tiles into a whole picture help me.. I also have a game where you have to press buttons to turn off a pattern of lights. The idea of restoring order, of being in control of something can help me get through the unsafe, unbalanced, scary times.

- **Speaking of balance:** I have started to learn the Diablo... being able to keep it spinning on its string, balanced, correcting it as it tilts one way or the other is also a great way for me to focus on getting that same sort of balance internally. Plus the physical motion required to keep it spinning keeps my arms and my brain busy.. not to mention that learning new tricks is great fun. Many thanks to my friend Emilie for this one!

- **Writing and journaling:** I can't always do this, but am trying hard, as it does help. If I can, setting a timer for, say, 20 min., and then writing without lifting the pen from the paper for that time is a great way to let myself go into the writing. It also gives me a chance to listen to, and to dialogue with, all the different bits inside me, who may all be saying different things and feeling different things.

- **Collage work:** tearing bits from magazines, newspapers, and sticking them onto paper.. sometimes I try to pick colors or pictures or phrases that express what I'm feeling; some collages I have done around a particular person or family member.. other times I just tear out what appeals to me, without really thinking about it. This seems to be a way of creating something constructive out of what I'm feeling.. and looking at the finished collage gives me insights into what is going on too.

- **Calling a friend:** and talking to them. Sometimes I don't even say that I'm feeling like cutting.. I just either babble on about stuff, or listen to them. But connecting with another human being is a good thing. (Oh.. it really helps to make a list of phone numbers of people you can call before the crisis time hits, so that you're not frantically paging through your address book. Make several copies and keep them in the same place as your razor blades/knives/whatever.)
• **Make a Reality Check List:** I write down or make a mental list of all the things I can list about where I am now. My feet are feeling carpet, the walls are yellow, there is a table in front of me, this is 4.50pm on Wednesday July 16th, I am 28 years old, and so on.

• **Other Lists:** that can help are brainstorming ones of all the ways in which this situation is different from the past/triggery/difficult ones. I made a list like this when I had to go to the dentist for dental work. I avoided the dentist for over 10 years, because I didn't want anyone else putting stuff in my mouth. But by making a list of all the ways in which the situation was different and in which I was different, I was able to cope without needing to cut.

• **Getting Sensory Input:** aromatherapy oils are great for this, or even imagining a strong smell, like new mown grass, or coffee. I have an aromatherapy stick of lavender oil, about 3 times as thick as a lip balm, that I carry round, and when I feel panicked and spacey, just breathing it in is grounding for me.

_Other Suggestions...

• My first therapist recommended that I put elastic bands around my wrists, and flicked them when I felt like cutting. This didn't work for me, as my self-harm was more about seeing blood than about feeling pain. But if you need to feel sensation when you self-harm, then this might work, or else you could try brushing yourself with a toothbrush, or holding ice in order to get physical feedback.

• One of the things that helps me is to get a red crayon or piece of chalk and scribble on a large piece of paper or the sidewalk. Make it as red and as dark as you can covering the entire piece of paper or section of sidewalk. The energy it takes and the tension released through the fingers is incredible and really helps me.

• Or, if mental processes aren't working I found that some form of physical exercise is helpful. I always carry my skates with me. Other things that can be helpful are karate, running, walking, punching a punching bag, etc.
A Healing Sensory Grounding Exercise

[This was posted by Adagio on ASAR, it is what she does as a healing exercise.]

Here is a healing exercise I learned last year. I learned this while in the hospital and from a very kind nurse who befriended me when I thought there was no more hope.

It works for me when I know I have been triggered and catch myself in time.

When I was triggered, she would teach me to put something tangible within view. So she told me to trace my hand on a piece of paper and to label each finger as one of the five senses. And on each label to name something special and safe representing those five senses.

Here is my personal example:

<table>
<thead>
<tr>
<th>Thumb: sight</th>
<th>Index finger: touch</th>
<th>Middle finger: smell</th>
</tr>
</thead>
<tbody>
<tr>
<td>Butterflies</td>
<td>a nice soft blanket</td>
<td>Lilacs</td>
</tr>
<tr>
<td>Ring finger: taste</td>
<td>Mint tea with a touch of honey</td>
<td>Little finger: hearing Pachelbel's Canon in D</td>
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</table>

After writing and drawing all this on paper I was told to post it on my refrigerator or other safe place in the home where it could be easily seen so I could memorize it.

Anyway then she told me whenever I am triggered, to breathe deeply and slowly, and to put my hand in front of my face where I could really see it - to stare at my hand and then to look at each finger and try to do the 5 senses exercise from memory.

This exercise has helped bring me back to the present and to the here and now when I felt that the past would not die.

http://www.stardrift.net/survivor//senses.html
ICEBERG METHOD

CONTENT

PROCESS

What I think about what happened

Look at situation objectively
REFERENCES


Cloud, H., Townsend, J. (1999). *Boundaries: when to say yes when to say no, to take control of your life.*


Music will begin playing 60 minutes prior to the webinar, so please check your audio connection. If you are unable to access audio via your computer, you may dial-in at 1-603-769-4639, pin 5867368. (Long distance charges may apply.)
Cultural Considerations

- Our culture increasingly emphasizes the “quick fix.”
- We have become a nation of addicts and “-aholics.”
The collapse of the extended family and the increasing isolation of the individual has given people - especially children - fewer confidants in times of difficulty.
The deliberate mutilation of the body or a body part, not with the intent to commit suicide but as a way of managing emotions that seem too painful for words to express.
3 million Americans engage in some form of self-injury

An estimated 2 million Americans purposely cut or burn themselves

The average age of someone who self-injures is 14 and continues with increasing severity into her late twenties
More than half of people who self-injure are victims of sexual abuse, and most report emotionally abusive or neglected childhood.

Self-injury is present in ALL races and economic backgrounds.

Although most are women, up to 40% are men.
Youth who self-injure share similar experiences

- Physical, emotional or sexual abuse
- Parental (caregiver) alcoholism or other drug abuse
- Neglect or abandonment by a parent (caregiver)
- Loss of a parent (caregiver) through death or divorce
- Tense or abusive relationship between parents (caregivers)
Personality traits those who self-injure commonly share

- Constant aim for perfection
- Dislike of one’s body
- Inability to cope with strong emotions
- Inability to release or express emotions to others
- Frequent mood swings
Episodes of self-injury result from varied emotions such as:

- Anger
- Rejection
- Sadness
- Failure
- Fear
- Loss or abandonment
- Helplessness
- Shame
- Anxiety
## Feeling Identification

<table>
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<tr>
<th>Intensity of Feelings</th>
<th>HAPPY</th>
<th>SAD</th>
<th>ANGRY</th>
<th>CONFUSED</th>
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<td>Elated&lt;br&gt;Excited&lt;br&gt;Overjoyed&lt;br&gt;Thrilled&lt;br&gt;Exuberant&lt;br&gt;Ecstatic&lt;br&gt;Fired up&lt;br&gt;Delighted</td>
<td>Depressed&lt;br&gt;Disappointed&lt;br&gt;Alone&lt;br&gt;Hurt&lt;br&gt;Left out&lt;br&gt;Dejected&lt;br&gt;Hopeless&lt;br&gt;Sorrowful&lt;br&gt;Crushed</td>
<td>Furious&lt;br&gt;Enraged&lt;br&gt;Outraged&lt;br&gt;Aggravated&lt;br&gt;Irate&lt;br&gt;Seething</td>
<td>Bewildered&lt;br&gt;Trapped&lt;br&gt;Troubled&lt;br&gt;Desperate&lt;br&gt;Lost</td>
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<td><strong>MEDIUM</strong></td>
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<tr>
<td><strong>MILD</strong></td>
<td>Glad&lt;br&gt;Content&lt;br&gt;Satisfied&lt;br&gt;Pleasant&lt;br&gt;Fine&lt;br&gt;Mellow&lt;br&gt;Pleased</td>
<td>Unhappy&lt;br&gt;Moody&lt;br&gt;Blue&lt;br&gt;Sorry&lt;br&gt;Lost&lt;br&gt;Bad&lt;br&gt;Dissatisfied</td>
<td>Perturbed&lt;br&gt;Uptight&lt;br&gt;Dismayed&lt;br&gt;Put out&lt;br&gt;Irritated&lt;br&gt;Touchy</td>
<td>Unsure&lt;br&gt;Puzzled&lt;br&gt;Uptight&lt;br&gt;Bothered&lt;br&gt;Dismayed&lt;br&gt;Uncomfortable&lt;br&gt;Undecided&lt;br&gt;Baffled&lt;br&gt;Perplexed</td>
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ANGER
Feeling Umbrella

ANGER

REJECTION

SADNESS

FRUSTRATION
“Negative feelings are like stray cats.
The more you feed them, the more they hang around.”

Joyce Rupp
Self-Injury is NOT always an indication of:

Borderline Personality Disorder
Childhood Sexual or Physical Abuse
Suicide Attempt
Being Female
Attention-Seeking Behavior
Place a check mark on every day that you do **NOT** self injure.

Place a question mark on the days that you **DO** self injure.

Then ask yourself the following questions…
1. If you did NOT self-injure...why not. What was going on that day, what did you do? Who did you have contact with that day? What worked for you on the day you did not self-injure.

2. If you did self-injure...What triggered the self-injury on this day? Was it internal thoughts or external factors or both.

3. Next try to identify a pattern. Do you mainly self-injure on a weekday? Weekend? Is there a specific time of day? Can you identify what happens at these specific times?
Is excessive body piercing and tattooing considered self-injury?

Do no-harm contracts work?

Is self-injury attention-seeking behavior?

Why is the act of self-injury an emotional release?
Is there a contagion factor among adolescents?

Does over-protective parenting contribute to self-injury?

What is the connection between self-injury and poor impulse control?

Is self-injury a lifelong problem?

Can group therapy be helpful?
Why Do People Engage in Self-Inflicted Violence?

Relief From Feelings

A Method of Coping

Stopping, Inducing or Preventing Dissociation
Physically Expressing Pain

Communication

Self-Nurturing
Self-Punishment

Renacting Previous Abuse

Establishing Control
ICEBERG METHOD
ICEBERG METHOD

CONTENT

PROCESS

What I think/feel about what happened

Look at situation objectively
**Deposits:**
build and repair trust in relationships

**Withdrawals:**
lessen trust in relationships
<table>
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<th>Deposits for Me</th>
<th>Withdrawals for Me</th>
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<td>Deposits for Others</td>
<td>Withdrawals for Others</td>
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Helpful Responses to Self-injury

- Show that you see and care about the person in pain behind the self-injury.
- Show concern for the injuries themselves.
- Make it clear that self-injury is okay to talk about, and can be understood.
Helpful Responses to Self-injury

- Convey your respect for the person's efforts to survive, even though this involves hurting herself. She has done the best she could.

- Help her make sense of her self-injury.

- Acknowledge how frightening it may be to think of living without self-injury.
Helpful Responses to Self-injury

Encourage the person to use the urge to self-injure as signals of buried feelings, memories and needs.

Help the person break down isolation and shame and build support networks.

Don't see stopping self-injury as the only or most important goal.
COMFORT KIT

- Index card with next steps
  - Small journal
  - Hand lotion
- Names of people you can call
  - Sand timer/any timer
- Object representing personal strength
Healing Sensory Grounding Activity

Sight

Smell

Taste

Touch

Hearing

Sight
LEARN TO WRITE YOUR HURTS
IN THE SAND
AND
TO ALWAYS CARVE YOUR
BLESSINGS IN STONE.
Books by Kaye Randall, MSW, LISW-CP
See My Pain: Helping Young People Who Self-Injure

Grades 6-12

90-Minute Web-Based Training

Presented by:
Kaye Randall, MSW, LISW–CP

Please ask questions at any time! Click on the chat icon if you are using the java interface. Or email questions to dr@sc.rr.com