On the Cutting Edge: Self-Harm in Adolescent Girls

LCA Annual Conference 2015
September 27, 2015
Kellie Giorgio Camelford, Ph.D., LPC-S, NCC

Agenda

• Self-Harm
• Assessment & Interventions
• Working with the Parents
• Resources

Myths

• People who self-harm are trying to get attention
• People who self-harm are crazy or dangerous
• People who self-harm want to die
• If the wounds aren’t bad, it’s not that serious
Adolescents between ages 12-18 struggle with depression (9.1%) and anxiety (25.1%).

Between the ages of 12 and 15, the depression rate in girls TRIPLES, growing from 5 to 15%.

1 out of 5 women in the US will experience depression.

1 to 4% of the general population is estimated to self-harm, yet 14% of adolescents engage in self-harm.

40 to 60% of adolescents hospitalized in psychiatric settings report actively engaging in self-injurious behaviors.

From a self-report study on adolescents in the UK, 20% of females reported deliberate self-harm in lifetime and 13.4% within the past year.

Self-cutting (55.3%) is the most common form of self-harm.

72.8% of adolescents who reported self-harm in the past year positively endorsed the following motive, “I wanted to get relief from a terrible state of mind.”

46.3% endorsed “I wanted to punish myself.”

40.7% endorsed “I wanted to show how desperate I was feeling.”

87.4% did not present to a hospital after deliberate self-harm.

"I felt a warm sense of relief, as though all the bad things about me were flowing out of me and it made me feel alive, real."
Self-Harm
• Maladaptive coping method
• Psychological Bases of Self-Harm
  o Symptom within a psychiatric disorder
    • BPD, Eating Disorders, Dissociative Disorders, PTSD
    • Bipolar Disorder, Major Depression
  o Cognitive Distortions
    • Rigid or Perfectionistic Thinking
    • Inability to Verbalize Feelings / Communicate
• Biological Bases of Self-Harm
  o Serotonin
  o Endorphins
  o Cortisol and Norepinephrine

The Help of Self-Harm
• Expressing feelings one can’t put into words
• Releasing the pain and tension one feels inside
• Helping one feel in control
• Distracting one from overwhelming emotions or difficult life circumstances
• Relieving guilt and punishing oneself
• Making one feel alive, or simply feel something, instead of feeling numb

Purpose of Self-Harm
• cut to express pain and intense emotions
• cut to calm and soothe yourself
• cut to release tension or vent anger
• cut because you feel disconnected and numb
**Warning Signs**

- Blood stains
- Frequent accidents
- Covering up
- Isolation
- Unexplained wounds or scars
- Irritability
- Needing to be alone for long periods of time
- Sharp objects or cutting instruments in belongings

**Self-Harm & Suicide**

- Complex relationship
- Self-harm is not a suicide attempt
- Presence of self-harm does increase likelihood of suicidal consideration and is a risk-factor for suicide
- 2 important risk factors:
  - Experience of emotional distress
  - Experience of inflicting pain and injury on oneself

**Why Stop Self-Harm?**

- Creates more problems than solutions
- Relief is short lived
- Isolates oneself
- Addictive
- Misjudge depth of a cut or get infection
- Higher risk for bigger problems: depression, drug / alcohol addictions, & suicide
Interventions
“I’ve tried so many distraction techniques – from holding an ice-cube, elastic band flicking on the wrist, writing down my thoughts, hitting a pillow, listening to music, writing down pros and cons. But the most helpful to my recovery was the five minutes rule, where if you feel like you want to self-harm you wait for five minutes before you do, then see if you can go another five minutes, and so on till eventually the urge is over.”

Working with Clients
• Step 1: Develop client rapport
• Step 2: Assessment & psycho-ed
• Step 3: Assist client to figure out why
• Step 4: Discover healthy coping strategies

Assessment of Self-Harm
• Topics to cover when assessing adolescents with self-harm:
  o Life events and problems preceding the event
  o Suicidal intent
  o Other motives for the act
  o Psychiatric or personality characteristics
  o Family history
  o Alcohol/drug usage
  o Coping resources and supports
  o Exposure to self-harm or suicide by others
  o Risk of repetition
Interventions

- Safety plan
- Defining & discussing emotions
- Feelings scale
- Identifying strengths
- Pros/Cons of Self-harm Now/Future
- Self-harm log for functional analysis
- Thought records
- Self-harm timeline
- Role play / letter writing
- Planning positive pleasant events
- Progressive muscle relaxation
- Self soothing
- “First aid kit”

Alternative Coping Strategies

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<thead>
<tr>
<th>Pain &amp; Intense Emotions</th>
<th>Calm &amp; Soothe</th>
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<tbody>
<tr>
<td>Paint or draw Journal writing</td>
<td>Hot Bath or Shower</td>
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<tr>
<td>Compose poem or song Tear up the negativity</td>
<td>Pet your animal</td>
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<tr>
<td>Listen to music</td>
<td>Comfy clothes</td>
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<tr>
<td></td>
<td>Massage self</td>
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<td></td>
<td>Listen to music</td>
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<table>
<thead>
<tr>
<th>Disconnected &amp; Numb</th>
<th>Release Tension &amp; Vent Anger</th>
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<tbody>
<tr>
<td>Call someone</td>
<td>Exercise vigorously</td>
</tr>
<tr>
<td>Cold shower</td>
<td>Punch mattress</td>
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<tr>
<td>Hold ice cubes</td>
<td>Scream into pillow</td>
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<tr>
<td>Chew something flavorful</td>
<td>Stress ball or Play Doh</td>
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<tr>
<td>Self-help website</td>
<td>Rip paper</td>
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<td></td>
<td>Make noise</td>
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School Counseling

- Prevention Curriculum
  - Include with Suicide Prevention Curriculum
    - Skills based training: problem solving, self-esteem, coping with stress, awareness of mental health problems, seeking help from others, and helping others

- Screening
  - Comprehensive class screening on general behaviors and well-being
    - Columbia Teen Screen (Shaffer et al., 1994): mood disorders, substance abuse, and suicidal ideations; 3 levels
      - all students: students with abnormal scores complete a Diagnostic Interview Schedule for Children, and third step is a face-to-face interview.
    - Peer identification of at-risk adolescents

- Refer to an outside counselor
Working with Parents

“The one thing that always helps if I’m feeling really bad is to be around someone that I trust. I may look bad and not be very talkative – but just being around someone who doesn’t question my odd behavior and lets me be around them without talking or expectations helps.”

Tips to Give Parents

• Deal with your own feelings about your daughter
• Learn about self-harm
• Don’t judge
• Offer support, not ultimatums
• Open curiosity dialogue, not accusations
• Encourage communication
• Don’t place your teen on lock-down

When Child Seeks Parental Help, Teach Parents To Have an IDEA:

- Identify
- Distract
- Evaluate & Accept
Books for Clients & their Parents

- Freedom from Self Harm: Overcoming Self-Injury with Skills from DBT and Other Treatments by Gratz and Chapman
- Cutting Down: A CBT workbook for treating young people who self harm by Taylor, Simic, & Schmidt
- Stopping the Pain: A Workbook for Teens Who Cute and Self Injure by Shapiro
- Helping Teens Who Cut: Understanding and Ending Self-Injury by Hollander
- By Their Own Young Hand: Deliberate self harm and suicidal ideas in adolescents by Hawton & Radham

Resources & References

- Inventory Statements About Self-Injury Tool: http://www2.psych.ubc.ca/~klonsky/publications/ISASmeasure.pdf
- Self-harm Hotline 24/7: 1-800-DONTCUT (366-8288)

Discussion & Q/A
Contact Information

• Kellie Giorgio Camelford, Ph.D., LPC-S, NCC
• Thrive Counseling Center LLC
• 6660 Riverside Drive, Suite 202
• Metairie, LA 70003
• kcamelford@thrivecounselingcenterllc.com
• 504-390-9538