by

serving with uncompromising care, relentless compassion and an unconditional joyful spirit while helping our residents help themselves in their recovery
Adolescents and adults ages 12 and older struggling to overcome:

Eating Disorders
Substance Abuse
Mood Disorders
Self Injury
Trauma/Anxiety Disorders
Addictions
Axis II Diagnosis
Self Harm

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Learning Objectives

1. Participants will summarize the current research on the demographics of self injury

2. Participants will analyze the dynamics of para-suicidal behavior

3. Participants will analyze the contributing factors for self injury including the „contagion effect’ and its relationship to popular culture research.

4. Participants will review the research surrounding self injury and the associated treatment recommendations
Outline of Topics

- Definitions of Self Injury
- Demographics
- Prevalence
- Etiology
- Dynamics of Para-suicidal behavior
- Contributing factors
- Contagion Effect and Popular Culture
- Treatment Suggestions
- Prevention Suggestions
- Questions
Definition-AKA’s

• Self-Injury
• Deliberate self-harm
• Self-Mutilation
• Cutting
• Non-suicidal self-injury
Definition-AKA’s

- Favazza’s Definition: A variety of behaviors in which an individual intentionally inflicts harm to his or her body for purposes not socially recognized or sanctioned and without suicidal intent.

Definition: Examples

• Intentional carving or cutting of the skin
• Subdermal tissue scratching
• Burning
• Ripping or pulling skin or hair
• Swallowing toxic substances
• Self bruising
• Breaking bones

http://crpsib.com/whatissi.asp
Definition: Not Including

- Tattoos
- Body Piercing

Unless done with intention to harm the body
Definition

- 16 forms of self-injury documented
- Cutting most prevalent
- Number of forms varies by individual
- Significant variation


Definition

• **Significant variation**
  
  – 1 to 10 types per individual
  
  – Any part of the body
    • Typically hands, wrists, stomach & thighs
  
  – Superficial wounds to lasting disfigurements

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Definition

• **Significant variation**

• **Life time frequency:**
  – Single episodes
  – Hundreds of Incidents

Definition: Non-clinical samples

Greater number of low-lethality forms than clinical samples

- Greater capacity to cause tissue damage
  - Two year college study
  - 1 in 5 – hurt selves more than they intended at least one
  - 1 in 10 – hurt selves bad enough that should have been seen by medical professional
  - Only 6.5% had been treated for wounds

Who Self Harms: Demographics

- Multiple studies indicate females
- However other studies\(^1\) non-clinical samples indicate that males are equally likely

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Who Self Harms: Demographics

- Cornell Research Program on Self Injurious Behavior (www.crpsib.com) –
  - Subclass of men: “Self battery”
  - Shorter time frame
  - Heightened risk for adverse conditions
    - Suicidality
    - Psychological distress

Who Self Harms: Demographics

• Research consistent on connection between self injury and trauma\(^1\)
• Research inconsistent on other demographic factors
  – Race
  – Income Level

Prevalence

• Reported as high as 14%\(^1\) college sample
• Also 14% adolescent sample \(^2\)
• Research shows ranges (convenience-based samples) 4% to 38%


Prevalence

- 2006 study\(^1\) of two universities showed a 17% lifetime prevalence with 11% repeat self injury
- 2006 High School Studies showed 13% to 24%\(^2,3\)
- British Study estimates 10% of youth aged 11-25 self injure (Young People and Self-Harm: A National Inquiry, 2004)

Etiology

• Cornell research\(^1\) indicates:
  – Onset common around age 7
  – Most often begins middle adolescence (ages 12-15)\(^2\)
  – Duration of weeks, months, years
  – Cyclical
  – NOT a fleeting adolescent problem

1. http://crpsib.com What do we know about self-injury
Etiology

• Cornell research\(^1\) indicates:
  – NOT a fleeting adolescent problem
  – College studies\(^2\) suggest 30% - 40% initiate self-injury at age 17 or older
  • Most report stopping within 5 years of starting
  • Behavior can last through adulthood
  • NOT CLEAR if there are self-injury trajectories

1. http://crpsib.com What do we know about self-injury
Etiology – Why Start

- Cornell research\(^1\) indicates:
  - Emotional Triggers
    - Overwhelming sadness
    - Anxiety
    - Emotional numbness
- Coping with anxiety or negative feelings
- Relieve stress or pressure

Etiology – Why Start

- Cornell research\(^1\) indicates:
- Control Bodies and minds
- Express feelings
- Distract selves from other problems
- Communicate needs
- Create visible and treatable wounds
- Reenact a trauma
  - Resolve it or protect others from their emotional pain\(^2\)

Etiology – Why Start

• Cornell research\(^1\) indicates:
• Some report doing self harm because it feels good or provides an energy rush
• Few report that this is the only reason

Etiology – Why Start

• Cornell research\(^1\) indicates:
  • Self-Injury is a maladaptive coping mechanism
  • Effective in the short run

Is It a Suicidal Act?

• Bulk of research concludes that self harm is a way of avoiding suicide
• Reported as a means of relieving pain or feeling something in the presence of nothing
• However…
Is It a Suicidal Act?

• However not clear.
• Multiple studies – same findings
• Which group is more likely to report considering or attempting a suicidal act?
  • A. Self Harm without suicidal attempt
  • B. Self Harm with suicidal attempt
• The answer is: _______
Is It a Suicidal Act?

• Which group is more likely to report considering or attempting a suicidal act?
  • A. Self Harm without suicidal attempt
  • B. Self Harm with suicidal attempt

• The answer is: A
Is It a Suicidal Act?

• Individuals with history of non-suicidal self-injury (NSSI)\(^1\)
  – Nine times more likely to report suicidal attempts
  – Seven times more likely to report a suicide gesture
  – Six times more likely to report a suicidal plan
• As compared to individuals without a history of NSSI

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Is It a Suicidal Act?

• “Since the majority of individuals with self-injury history report not considering suicide, non-suicidal self-injury may best be understood as a symptom of distress that, if unsuccessfully mitigated, may lead to suicide behavior.”
Etiology: Contributing Factors

• Clinical Populations
  – Linked with childhood abuse, especially childhood sexual abuse\(^1\)

• Earlier the abuse, more severe abuse, & abuse by family member leads to greater dissociation and thus greater self injury

Etiology: Contributing Factors

• Clinical Populations
  – Also linked\(^1\) to:
    • Eating disorders
    • PTSD
    • Borderline Personality Disorder
    • Depression
    • Anxiety disorders

Etiology: Contributing Factors

• Assumption has been that self injurious behavior is a product of pre-existing disorder or trauma.
• Lack of empirical research to support this assumption
• Some general population research (compared to clinical population) challenges this assumption (e.g. Whitlock research cited earlier.)

Etiology: An Addiction?

• Research agrees that there are addictive qualities
• May serve as a form of “self medication”
• Cornell research among college students
Etiology: An Addiction?

• Cornell research among college students
  – College students describe SIB experience as an addictive practice
    • Feeling a strong need to injure in presence of NO triggers
    • Talk about having “injury-free” hours or days

Etiology: An Addiction?

• Some\textsuperscript{1} have propose an addiction hypothesis for SIB

• Addiction Hypothesis suggests that self-injurious behaviors may solicit the involvement of the endogenous opioid system (EOS)
  – EOS regulated pain perception and levels of endogenous endorphins which result because of an injury
  – Over stimulation of the EOS can lead to withdrawal symptoms which can lead to more SIB

Etiology: A Contagion?

- Since 1968 SIB has been noted to follow „epidemic-like” patterns in institutional settings
- 2006 study looked at life time prevalence in various subcultures
- 14 Sub-Cultures studied
- Goth – Dose-response relation to SIB
  - 53% self harm any method
  - 47% cutting, scratching, scoring
  - 47% suicide attempts

Etiology: A Contagion?

• Since 1968 SIB has been noted to follow “epidemic-like” patterns in institutional settings\(^1\)
• 2006 study\(^2\) looked at life time prevalence in various subcultures
• 14 Sub-Cultures studied
  – Goth, Punk, Heavy Metal, Mosher, Nu-metal, Skater, Grunge, Retro, Indie, Rave, Club, Garage, Hip-hop, Pop

Etiology: A Contagion?

• Goth- Dose response
• 53% Self harm - Any method
• 47% Cutting, scratching, scoring
• 47% Suicidal attempt
• Predictors
  » Being Female
  » Divorced or separated parents
  » Smoking
  » Drug Use
  » Prior Depression

Etiology: A Contagion?

- Goth Subculture
- Normative component of the subculture
- Explained by emulation of icons or peers
- Or by self-selection – attraction to the self harm component of the subculture
- Other sub-cultures had smaller % of SIB:
  - Punk
  - Mosher
  - Not predictive, however

Etiology: A Contagion?

• ALSO, incidental reports collected by Cornell Research Program indicates a ‘fad like’ quality\(^1\) in non-clinical settings

• Media Research\(^2\)
  – Internet
  – Popular movies (e.g. Girl Interrupted), books and newspaper report
  – May normalize or glamorize


Etiology: Increasing?

• Cornell current research = “YES”
• British research$^1$ in 2001 = 28% increase in SIB
• 2004 LA Daily News reported dramatic increase in SIB related hot line calls (600 in 18 months)$^2$
• Declining “capacity for hope” among adolescents and young adults

Detection

• Practice is secretive - involves body parts which are easy to hide

• Combination of current best advice available:
  – Unexplained burns, cuts, scars, or other clusters or similar markings on the skin can be signs of self-injurious behavior.
  – Arms, fists, forearms opposite the dominant hand
  – Can be on other body parts
Detection – Other signs

• Inappropriate dress for the season
• Constant use of wrist bands/coverings
• Unwillingness to participate in events which require less bodily coverage (gym class, swimming, etc.)
• Frequent bandages
• Unexplained paraphernalia (e.g. razor blades or other implements which could be used to cut or pound.)
• Heightened signs of depression or anxiety
Treatment Approaches

• Creating a safe environment

• Important elements-
  – Structure
  – Consistency
  – Predictability

Treatment Approaches

• Creating a safe environment

• Plans which incorporate-
  – Taking responsibility for the behavior
  – Reducing the harm inflicted by the behavior
  – Identifying and more positively reacting to self-injury triggers and physical cues
  – Avoiding objects which could be used to self-injure

Responses to Self Injury

- AVOID SHOWING:
  - Shock
  - Engaging in shaming responses
  - Showing great pity
  - All can reinforce self injurious behavior
Responses to Self Injury

• Listen to the self injurer
• Reserve shock or judgment
• Allows the self injurer to use their voice, rather than their body, as a means of self expression
Treatment

• Self injury serves a function
• Explicitly teach more appropriate coping strategies
• Drug therapy may help in relationship to underlying psychological disorders
  – Antidepressants
  – Mood stabilizers
Treatment – Evidence Based$^1$

- Cognitive Behavioral Therapy (CBT)
- Interpersonal Therapy (IPT)
- Problem Solving Therapy (PST)
- Dialectical Behavior Therapy (DBT)
  - US Federal Funded Phase II Trials going on now with adolescents who self harm
- All proven to help with underlying depression, anxiety disorders and other behavioral health problems.

PREVENTION

- Cornell Research Project recommends:
- Enhance capacity to cope and regulate emotional perceptions and impulses
- Enhance social connectedness
- Avoid strategies aimed primarily at raising knowledge of forms and practices
- Equip staff to recognize and respond to signs of self-injurious behavior
- Focus on increasing staff and student capacity to recognize distress
PREVENTION

- Cornell Research Project recommends:
- Promote and advertise positive norms relate to help-seeking and communication about mental and emotional status and needs
- Address sources of stress in external environments
- Educate youth to understand the role media plays in influencing behavior
Contact Information

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