Identifying, Assessing and Intervening with Cutters

How will you know I'm hurting if you cannot see my pain?
To wear it on my body tells what words cannot explain.
-C. Blount

What is cutting?

-Whose worked with this population? Whose afraid to work with this population?

-What do you know of the definition, from experience?

-Mental Health America of Texas, 2010: It is the most common method of self-injury, often done repetitively

-Conterio and Lader, 1998: 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.

‘Cutters’ are people who use their own skin to change their moods.

-Common terms for cutting: Self mutilation, self-harm, self injury, non suicidal self injury (NSSI)

-- Tools: razor blades, knives, shards of glass, needles, pens, safety pens, any other implementation to wound the skin

-- Frequency: Hourly, daily, weekly, monthly, upon high intense emotions (unable to manage)…. No pattern

-- Other methods: burn, bang, punch, break, starve, skin pick, etc.

-- Population: cutting has no boundaries; all races, cultures, genders, ages, sexual orientations, occupations

WHY?

- No one person has the same answer because each person is different, living a different life
- Those that have had the courage to share, report: shame, guilt, regret, physical abuse, sexual abuse, blame, habit of necessity, a need to be noticed, fear, frustration, sadness, abandonment, to feel alive, ritual/habit, to get out of disassociation, self punishment, low self-esteem, control, etc.
- 'They hurt themselves not really to inflict pain but, astonishingly enough, to relieve themselves of pain – to soothe themselves and purge their inner demons through a kind of ritual mortification of the flesh. Rather than a suicidal gesture, cutting is a symbol of the fight to stay alive. As a woman who has been cutting on and off for three decades told me, "I always felt I'd die if I didn't cut'" (Strong's preface, pg. xviii).

Motivations for Engaging in NSSI

The Prevention Researcher. February 2010, Volume 17(1), Table 1.1, Pg. 5

Automatic Reinforcement (Seeking release from internal emotions)

- To stop bad feelings
- To relieve feeling numb or empty
- To feel something, even if it is pain
- To punish yourself
- To feel relaxed

Social Reinforcement (Regulating an adolescent's external environment)

- To avoid school, work, or other activities
- To avoid doing something unpleasant
- To avoid being with people
- To avoid punishment or paying the consequences
- To get attention
- To try and get a reaction from someone, even if it's negative
- To receive more attention from your parents or friends
- To feel more a part of a group
- To get your parents to understand or notice you
- To get control of a situation
- To get other people to act differently or change
- To be like someone you respect
- To let others know how desperate you are
- To give yourself something to do when alone, or with others
- To get help
- To make others angry

Cutting vs. Suicidal Behavior

- 'Cutting is a form of planned injury where the intent is to feel better without having a goal of suicide. With suicide, the goal is to end life in order to not feel anything. Sometimes a person who cuts themselves may have thoughts of suicide, but usually they are not trying to kill themselves' (Mental Health America of Texas Handout on Cutting, 2010).
- 'Cutting is really a remarkable, ingenious solution to the problem of "not existing". It provides concrete, irrefutable proof that one is alive' (Strong, pg. 55).
- "There is no hazy line. If I'm suicidal I want to die, I have lost all hope. When I'm self-injuring, I want to relieve emotional pain and keep on living. Suicide is a permanent exit. Self-injury helps me get through the moment" (a 15 year old female interviewed, Strong, Pg. 32).
- 'Cutting accounts for a mere 1.4% of suicide deaths' (Skegg, 2005; Walsh, 2006).

Characteristics Differentiating NSSI and Suicide Attempts

The Prevention Researcher, February 2012, Volume 17(1), Table 2.1, Pg. 10

Characteristic	Non-Suicidal Self-Injury	Suicide Attempt
Intent/Purpose for Behavior	-To temporarily escape from psychological distress -To create change in self or environment	-To permanently terminate consciousness/end life -To escape unbearable psychological pain
Severity/Lethality of Method Used	Low	High
Behavior Frequency	High, sometimes more than 100 episodes. Often chronic and repetitive	Low, typically 1 to 3 episodes
Number of Methods Used	Multiple methods used across episodes	Single method used across episodes
Cognitive State During Self-Harm	-Distressed yet hopeful - Difficulty implementing adaptive problem-solving	-Hopeless/Helpless - Inability to problem solve
Consequences/Aftermath		
Intrapersonally	-Sense of relief, calm - Temporarily reduced distress	-Frustration, disappointment - Increased distress
Interpersonally	Rejection, Criticism from other	Others express care and concern

Assessing Level of Risk for Students Who Engage in NSSI

The Prevention Researcher. February 2010, Volume 17(1). Box 4.2, Pg. 15

- Suicide Risk Assessment
  - Youth should be immediately considered high risk if they show indications of: suicide intent, suicide plan, history of personal attempt or family/friend suicide
- Injury Risk Assessment
  - Determine the level of severity of physical injury
  - Despite not meeting criteria for suicide risk, the level of severity of NSSI may indicate that the youth is at a higher risk for severe physical injury or death
- Assessment of Co-Occurring Conditions
  - Can be complex and require a lot of time and expertise, but presence of co-occurring conditions can increase risk severity
  - Screening measures can be helpful for related conditions
    - Anxiety and/or depression
    - Borderline Personality Disorder
    - Trauma or abuse
    - Eating Disorder
    - Substance abuse

- High Risk:
  - Any associated suicide risk
  - Severity of NSSI is high
  - Co-occurring mental health issues or related conditions
  - Refer to emergency mental health services.
- Low Risk:
  - No suicidality
  - NSSI is relatively superficial
  - No co-occurring mental health issue or only mild
  - Continue with intervention but re-assess periodically.

As the Therapist: What you can do if your client is cutting?

- Help the family and client feel comfortable
- Open lines of VERBAL communication
- Help parents to not over-react, underoreact, and to be present in the moment with their child
- Remind the client that although cutting is a coping skill, it is a temporary, poor coping skill and remind the client that there are better coping skills instead
- Pros/Cons list for client: help them identify their battle
- Refer out if you are unable to handle the case. Remember your ethical boundaries.
- Provide resources for your families.
- Help your client vocalize their feelings to the people that can help make change. Practice with therapist first.
  - Journal/Write
  - Charts/Monitor self: handout
  - Tangible time lines/body scans/body traces: handout
- Help your client start to build a vocabulary for WHY they cut
  - Shame, Guilt, Anger, Sadness, Numbness, Victimization/Abuse
- Help build coping skills – behaviorally
  - Safe Alternative' (or more)
  - Example: listening to music, art, journaling, impulse control log, challenge distorted thoughts, cooking a meal, walking, playing an instrument, meditate, talk, practice being in the moment with emotions, grounding techniques

S.A.F.E. Program Alternative Coping Skills Self Abuse Finally Ends

- To start to understand your emotions surrounding self-injury
- Before: Tension, Worthlessness, Vulnerability, Loneliness, Confusion, Detachment
- During: Pleasure, Exhilaration, Satisfaction, Gratification, Relief, Control
- After: Guilt, Shame, Crushed, Pathetic, Disturbed, No control

- A connection between the Before and After Emotional States
- Take a look at the Impulse Control Log handout that S.A.F.E. Alternatives uses

- Conterio, K. and W. Lader, Ph.D. (1998). *Bodily Harm. The breakthrough Healing Program for Self-Injurers.* New York, New York: Hyperion.
- www.selfinjury.com (S.A.F.E. programs, in St.Louise, MO. With additional support groups, nation-wide)

S.A.F.E. Alternatives Impulse Control Log

Acting Out/Self-Injury: Thoughts (e.g., cutting, running away)	Time and Date (e.g., 9:00p.m. on 6/4/12)	Location (e.g., bedroom, bathroom)	Situation (e.g., I was by myself, thinking about getting better)	Feeling (e.g., scared)	What would Self-Injury Accomplish ? (e.g., more scares)

S.A.F.E. Alternatives Impulse Control Log

What would I be trying to communicate with my self-injury? (scared, I need attention, etc.?)	Outcome (what alternatives did I use? Confront my distorted thoughts? Challenge my feelings?)	Comments: (example: I noticed a decrease in my desire to act out.)

Tangible Time Line: A Body Scan

Scars are stories, history written on the body. - Kathryn Harrison

-Get paper that is the length of your client, trace them, and allow them to trace the inner thighs or parts of abuse (ie: A rib cage or a leg)

- Have your client start by simply identifying the trace as themselves. Give it facial features, clothes, hair, and a name.

- Have the client draw their scares from their self-injury on their paper body. Example: if scar on right thigh, have client draw with color of their choice, a mark on the right thigh of their paper body.

- Help the client start to identify their story behind the cut. When was it? What emotion where you feeling that initiated it? What tool did they use? How did they feel afterwards? How long did the relief last? What could have been an alternative choice of coping to use?

-Finish this process with every PAST and CURRENT cut, especially the ones that happen while client is in therapy, until the client have processed pain

-Assist with the switch out of old for new tools

As the Parent: What you can do if your child is cutting?

- Listen to your child with compassion and help them feel safe to speak about the things that are concerning them
- Do not get mad or beg your child to stop
- Help your child accept and receive help to do the work to change the behavior
- Be active in the child's recovery
- Do not use ultimatums, threats or punish the behavior
- Help children understand you are there to care.
  - Make yourself approachable
  - Open lines of communication
  - Help them aid their cut
  - Medical assistance if need
  - Let them know that they deserve to be happy and healthy
  - Help them find professional help to process pain/emotion

Parental Guidelines for Preventing and Constructively managing Inevitable Self-Injuring Slips

The Prevention Researcher. February 201, Volume 17(1) Box 5.1, Pg. 19

- Create home environments that are upbeat and steeped in positive emotions. Youth need to consistently know that they can count on their parents for emotional support and validation when they need it.
- Compliment your adolescent's daily accomplishments 3-4 times a day. Limit complaints to one a day, and only in the form of constructive criticism.
- Avoid using punishments; instead, use positive consequences. For example, when misbehaviors occur the adolescent must do a good deed for a neighbor or an act of kindness for a relative. Positive consequences build self-esteem, provide valuable life lessons, and teach the benefits of altruism. Conversely, taking away possessions or privileges, or lengthy grounding periods can foster resentment and lead to sneaky behaviors.
- Learn your teen's triggers for self-injuring and other self-destructive behaviors. Adolescents can educate their parents about their triggers as well as the coping tools and strategies which work for them. By having this important information parents can intervene early if they are concerned about a potential self-injuring episode occurring.
- Provide firm guidelines about internet usage and be aware of the Web sites your adolescent is visiting. Provide immediate consequences when adolescents do visit forbidden Web sites. There are many toxic Web sites that can serve as powerful triggers for self-injuring.
- Avoid playing detective with your son or daughter. For example, refrain from checking for new cuts or burn marks. These actions can lead to power struggles, put the adolescent on the defensive, and create mistrust in the relationship. In addition, avoid being over-protective and keeping the adolescent on a short leash when out of the house, or a prisoner in the house in an effort to safeguard against self-injuring. This leads to resentment and sneaky behaviors. Both of these parental actions can undermine parents' loving intention and inadvertently trigger self-injuring episodes.
- Spend quality time with your son or daughter on a daily basis, including having dinner together and doing something your adolescent enjoys doing. Establish family policy that at least once a week there will be a family outing doing something fun and enjoyable for everyone involved.
- Celebrate your adolescent's daily efforts and successes in refraining from self-injury. Honor these accomplishments with short and long term rewards such as special outings and privileges the adolescent has wanted.
- Check in regularly with your son or daughter about how well you are doing in the parenting department. Actions that are counter-productive and fueling negative emotions for the adolescent can be abandoned, further improving the quality of your relationship. At the same time, your adolescent will feel validated and appreciated, and recognize that you are trying to make the relationship better.

Helpful Resources

- Mental Health of America of Texas
  - www.mhatexas.org
  - www.TexasSuicidePrevention.org
- Texas Department of State Health Services
  - www.dshs.state.tx.us
- Suicide Prevention Lifeline
  - 1-800-273-TALK (8255)
- Mental Health of America
  - www.mentalhealthamerica.net
- Cornell Research Program on Self-Injurious Behavior in Adolescents and Young Adults
  - www.crpsib.com/researces.asp
- S.A.F.E. Alternatives (Self-Abuse Finally Ends)
  - www.selfinjury.com
- Self-Harm: Recovery, Advice and Support
  - www.thesite.org/healthandwellbeing/mentalhealth/selfharm
- Self-Injurious Behavior Webcast
  - *www.albany.edu/sph/coned/t2b2injurious.hmt*
- KidsHealth
  - www.kidshealth.org
- Christianity Today
  - www.christianitytoday.com/cl.2004/005/29.18.html
- American Academy of Child and Adolescent Psychiatry
  - www.aacap.org
- Book
  - Strong, Marilee (1998). A Bright Red Scream. New York, New York: Viking Press.
  - Conterio, K. and W. Lader, Ph.D. (1998). *Bodily Harm. The breakthrough Healing Program for Self-Injurers.* New York, New York: Hyperion.
- Magazine
  - The Prevention Researcher. *Parental Guidelines for Preventing and Constructively Managing Inevitable Self-Injuring Slips, 19, February 2010*

Writing on the Wall

"Ultimately, it celebrates not death but rather the will to live. It chronicles the struggle of humankind to maintain equilibrium. Empathize if you can with the victims of self-mutilation, but save your grieving for the dead".

Armando R. Favazza, M.D., July, 1998

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