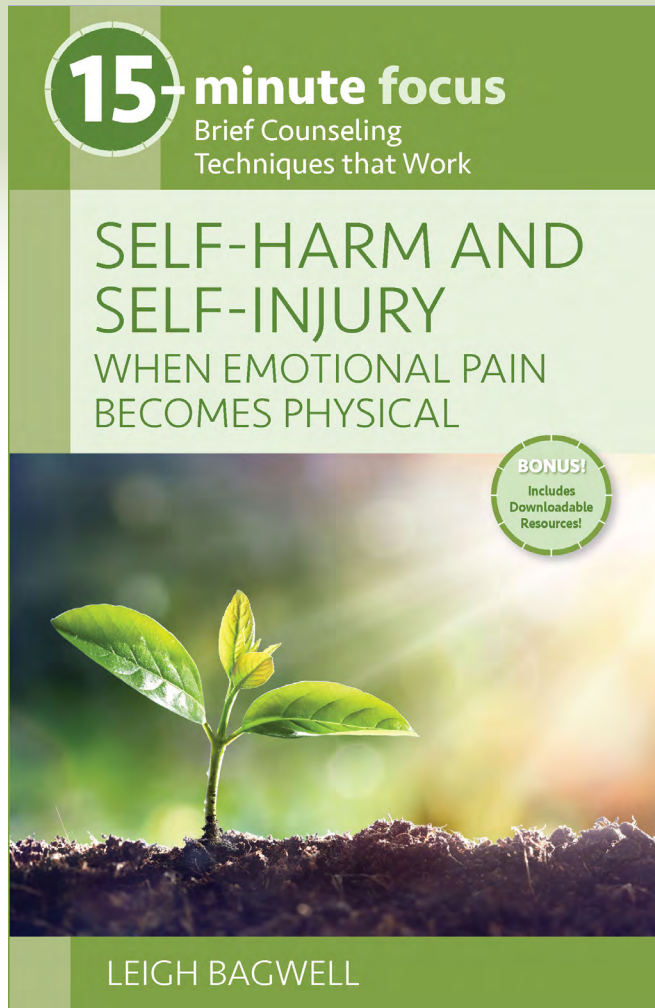


Reproducible Resources from



15-Minute Focus:
Self-Harm and Self-Injury: When
Emotional Pain Becomes Physical
Written by: Leigh Bagwell
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EMOTION REGULATION


What is it and how do we do it?




What is Emotion Regulation?

“Emotion Regulation” is a term generally used to describe a person’s ability to effectively manage and respond to an emotional experience. many people unconsciously use emotion regulation strategies to cope with difficult situations throughout the day.


Common **Healthy** Emotion Regulation Strategies



Talking with Friends




Exercizing




Meditation

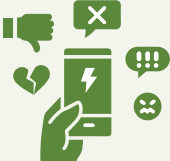
Common **Unhealthy** Emotion Regulation Strategies



Self-Injury



Substance Abuse

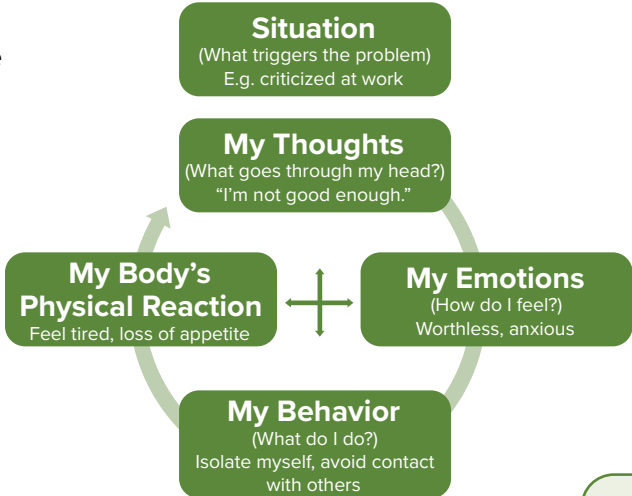


Excessive Social Media Use

“Vicious Cycle”

Emotion Dysregulation

- Inability to regularly use healthy strategies to diffuse or moderate negative emotions
- It is the interpretation of the emotion that tends to stir up feelings and a sense of not being able to tolerate them



Breaking the Cycle

- Learning how to understand and work with the relationships between thoughts, feelings, and behaviors
- Pay attention to the way the thought-emotion-behavior relationship works for each of us

Male and Female Differences in Emotion Regulation



- Experience both positive and negative emotions more intensely
- Greater difficulties with emotion regulation skills
- More difficulty controlling ruminating behaviors
- More prone to “reflection”

VS.



- Experience both positive and negative emotions less intensely
- Less difficulties with emotion regulation skills

Tips for Regulating Emotions

Take Care of Your Physical Needs

- Good night’s rest
- Eat healthy
- Exercise your body

Engage in Activities that Build a Sense of Achievement

- Do one positive thing every day
- Pay more attention to the positive events in our lives

Changing Thoughts is Easier than Changing Feelings

- Evaluate what you are thinkingthat is causing the emotion
- What is it that’s really pushing my buttons here?

For More Resources

Cornell Research Program on Self-Injury and Recovery
www.selfinjury.bctr.cornell.edu

Youth Risk and Opportunity Lab
www.yrocornell.com

Emotion Regulation Information Brief
Rolston, A., & Lloyd-Richardson, E.

What is emotion regulation and how do we do it?
Cornell Research Program in Self-Injury and Recovery

SELF-HARM

REPLACEMENT STRATEGIES

Reach Out to Others

- Phone a friend.
- Call 1-800-DONT-CUT.
- Go out and be around people.

Express Yourself

- Write down your feelings in a diary.
- Cry as a way to express your sadness or frustration.
- Draw or color.

Keep Busy

- Play a game.
- Listen to music.
- Read.
- Take a shower.
- Open a dictionary and learn new words.
- Do homework.
- Cook.
- Dig in the garden.
- Clean.
- Watch a feel-good movie.

Do Something Mindful

- Count down slowly from 10 to 0.
- Breathe slowly, in through the nose and out through the mouth.
- Focus on objects around you and thinking about how they look, sound, smell, taste, and feel.
- Do yoga.
- Meditate.
- Learn breathing exercises to aid relaxation.
- Concentrate on something that makes you happy: good friends, good times, laughter, etc.

Release Your Frustrations

- Throw ice cubes at a brick wall.
- Throw eggs in the shower.
- Rip apart an old magazine or phone book.
- Smash fruit with a bat or hammer..
- Throw darts.
- Punch pillows.
- Scream into a pillow.
- Slam doors.
- Yell or sing at the top of your lungs.
- Exercise.

Express Pain and Intense Emotions

- Paint, draw, or scribble on a big piece of paper with red ink or paint.
- Write in a journal to express your feelings.
- Compose a poem or song to say what you feel.
- Write down any negative feelings and then rip the paper up.
- Listen to music that expresses what you’re feeling.

Feel Guilty or Deserve Punishment

- List as many good things about yourself as you can.
- Read something good that someone has written about you.
- Talk to someone who cares about you.
- Do something nice for someone else.
- Remember when you’ve done something good.
- Think about why you feel guilty and how you might be able to change it.

Feel Sad or Depressed

- Take a bath or hot shower.
- Pet or cuddle a dog or cat.
- Wrap yourself in a warm/weighted blanket.
- Massage your neck, hands, and feet.
- Listen to calming music.
- Do something slow and soothing.
- Give yourself a present.
- Hug a loved one.
- Make a list of things that make you happy.
- Do something nice for someone else.
- Smell sweet-smelling essential oils.
- Smooth lotion onto the parts of yourself you want to hurt.
- Call a friend.
- Watch TV or read.

Feel Numb or Disconnected

- Call a friend (you don’t have to talk about self-harm).
- Take a cold shower or bath.
- Hold an ice cube in the crook of your arm or leg.
- Chew something with a very strong taste, like chili peppers, peppermint, ginger root, or a grapefruit peel.
- Go online to a self-help website, chat room, or message board.
- Squeeze ice.
- List the many uses for a random object. (For example, what are all the things you can do with a twist tie?)
- Put a finger into a frozen food (like ice cream).
- Slap a tabletop hard.
- Stomp your feet on the ground.
- Focus on how it feels to breathe. Notice the way your chest and stomach move with each breath.

Release Anger or Tension

- Exercise vigorously (run, dance, jump rope, or hit a punching bag).
- Punch a cushion or mattress or scream into your pillow.
- Squeeze a stress ball or squish Play-Doh or clay.
- Rip something up (sheets of paper, a magazine).
- Make some noise (play an instrument, bang on pots and pans).
- Slash an empty plastic soda bottle or a piece of heavy cardboard or an old shirt or sock.
- Squeeze ice.
- Do something that will give you a sharp sensation, like eating lemon.
- Make a soft cloth doll to represent the things you are angry at. Cut and tear it instead of yourself.
- Flatten aluminum cans for recycling, seeing how fast you can go.
- Pick up a stick and hit a tree.
- Use a pillow to hit a wall, pillow-fight style.
- On a sketch or photo of yourself, mark in red ink what you want to do. Cut and tear the picture.
- Make clay models and cut or smash them.
- Clean.
- Bang pots and pans.
- Stomp around in heavy shoes.
- Play handball or tennis.

Substitutes for the Cutting Sensation

- Use a red marker pen to draw on your skin where you might usually cut.
- Rub ice cubes over your skin where you might usually cut.
- Place rubber bands on your wrists, arms, or legs, and snap them instead of cutting.
- Putting stickers on the parts of your body you want to injure.
- Drawing slashing lines on paper.
- Paint on your skin with red watercolor or tempera paint.
- Drawing on the areas you want to cut using ice that you’ve made by dropping six or seven drops of red food color into each of the ice-cube tray wells.

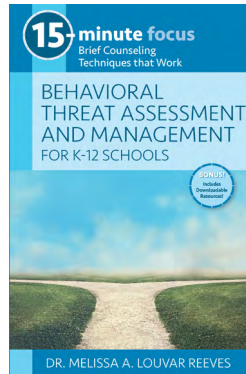
**These resources are
also available for download.
Click the links below.**

- [5 Action Steps for Helping Someone in Emotional Pain.pdf](#)
- [5 Things to Know About Stress.pdf](#)
- [Stress Catcher.pdf](#)
- [Assessing NSSI Severity.pdf](#)
- [NIMH Ask Suicide Screening Tool.pdf](#)
- [Info-for-parents-english.pdf](#)
- [Parent-dos-and-donts.pdf](#)

15-minute focus

Brief Counseling Techniques that Work

Other titles in this series

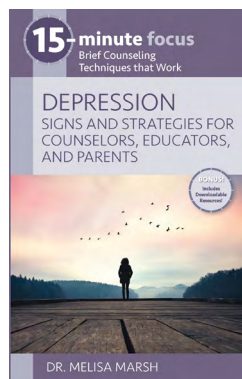


BEHAVIORAL THREAT ASSESSMENT AND MANAGEMENT for K-12 Schools

Dr. Melissa A. Louvar Reeves

ISBN 9781953945457

In this book, Louvar Reeves explains the interrelated factors that play a role in a person's decision to plan and carry out an act of violence. Learn about the role of BTAM in managing troubling behaviors, mitigating risk, and directing students onto more positive pathways.



DEPRESSION Signs and Strategies for Counselors, Educators, and Parents

Dr. Melisa Marsh

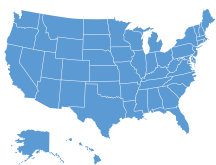
ISBN: 9781953945464

In this book, Marsh provides a comprehensive look at depression and its effects on children and teenagers. This book will equip counselors, educators, and family members with a detailed understanding of depression and offer tools for intervention so no student or peer goes unnoticed in their struggle.

15minutefocusseries.com

5

Action Steps for Helping Someone in Emotional Pain



In 2018, suicide claimed the lives of more than **48,000 people** in the United States, according to the Centers for Disease Control and Prevention (CDC). Suicide affects people of all ages, genders, races, and ethnicities.

Suicide is complicated and tragic, but it can be preventable. **Knowing the warning signs for suicide and how to get help can help save lives.**

Here are 5 steps you can take to **#BeThe1To** help someone in emotional pain:



1. ASK:

“Are you thinking about killing yourself?” It’s not an easy question but studies show that asking at-risk individuals if they are suicidal does not increase suicides or suicidal thoughts.



2. KEEP THEM SAFE:

Reducing a suicidal person’s access to highly lethal items or places is an important part of suicide prevention. While this is not always easy, asking if the at-risk person has a plan and removing or disabling the lethal means can make a difference.



3. BE THERE:

Listen carefully and learn what the individual is thinking and feeling. Research suggests acknowledging and talking about suicide may in fact reduce rather than increase suicidal thoughts.



4. HELP THEM CONNECT:

Save the National Suicide Prevention Lifeline number **(1-800-273-TALK)** and the Crisis Text Line **(741741)** in your phone so they’re there if you need them. You can also help make a connection with a trusted individual like a family member, friend, spiritual advisor, or mental health professional.



5. STAY CONNECTED:

Staying in touch after a crisis or after being discharged from care can make a difference. Studies have shown the number of suicide deaths goes down when someone follows up with the at-risk person.

For more information on suicide prevention:
www.nimh.nih.gov/suicideprevention
www.bethe1to.com



National Institute
of Mental Health

NIMH Identifier No. OM 20-4315
Revised 2020



Assessing NSSI severity

1. Assess form a) severity and b) number of forms used either by asking a simply question about the forms used or presenting a list of forms and ask youth to identify forms used. Here are the forms we assess:

- Severely scratched or pinched with fingernails or other objects to the point that bleeding occurs or marks remain on the skin
- Cut wrists, arms, legs, torso or other areas of the body
- Dripped acid onto skin
- Carved words or symbols into the skin
- Ingested a caustic substance(s) or sharp object(s) (Drano, other cleaning substances, pins, etc.)
- Bitten yourself to the point that bleeding occurs or marks remain on the skin
- Tried to break your own bone(s)
- Broke your own bone(s)
- Ripped or torn skin
- Burned wrists, hands, arms, legs, torso or other areas of the body
- Rubbed glass into skin or stuck sharp objects such as needles, pins, and staples into or underneath the skin (not including tattooing, body piercing, or needles used for medication use)
- Banged or punched *objects* to the point of bruising or bleeding
- Punched or banged *oneself* to the point of bruising or bleeding
- Intentionally prevented wounds from healing
- Engaged in fighting or other aggressive activities with the intention of getting hurt
- Pulled out hair, eyelashes, or eyebrows (with the intention of hurting yourself)
- I have never intentionally hurt myself in these ways
- Other: _____

* Note: Asking behavior-based questions in survey format to large youth populations is not advisable.

2. Assess lifetime frequency by (e.g. “Approximately on how many total occasions have you intentionally hurt yourself?”). This can be open ended or scaled such as we have here:

- Only once
- 2-3 times
- 4-5 times
- 6-10 times
- 11-20 times
- 21-50 times
- More than 50 times

Characteristics of high severity class:

- Greater than 11 lifetime incidents
- Use more than 2 forms (often more than 3 forms)
- Use at least one form likely to cause severe tissue damage: cutting or carving the body, burning areas of the body, breaking bones, dripping acid onto skin, and ingesting a caustic substance(s) or sharp object(s)
- Our study found that 42.7% of those who reported SI fell into this class and 71% of these were female.
- This class is more likely than no-SIers to report: suicidality, disordered eating, struggling with other mental health challenges / disorders, and to history of sexual, emotional and/or physical trauma. They are also more likely to have been in therapy or to clearly need therapy.
- Compared to the other SI groups, they are more likely to have friends who self-injure, to show strong habituation (addiction tendencies), and to have hurt themselves more severely than intended.

Characteristics of moderate severity class:

- 2-10 lifetime incidents
- 2-3 forms
- use at least one form likely to cause bruising or light tissue damage such as punching or banging oneself or other objects (with the express intention of hurting the self), sticking sharp objects into the skin (not including tattooing, body piercing, or needles used for medication use), and self-bruising.
- Our study showed that 38% of those who report SI fell into this group and 60% of this group were men
- More likely than non-SIers to report suicidality, disordered eating, emotional abuse, & history of therapy.

Characteristics of low severity class:

- Majority report fewer than 10 lifetime incidents (though about 25% report up to 50 lifetime incidents)
- Vast majority use only one form
- All forms use likely to cause superficial tissue damage such as scratching or pinching to the point that bleeding occurs or marks remain on the skin; intentionally preventing wounds from healing
- Our study showed that 15% of those reporting SI fell into this category; 72% female
- More likely than non-SIers to report suicidality, disordered eating, emotional abuse, & history of therapy (about the same magnitude of risk as moderate lethality class)

Taken from:

Whitlock, J.L., Exner-Cortens, D. & Purington, A. (under review). Validity and reliability of the non-suicidal self-injury assessment test (NSSI-AT).

Whitlock, J.L., Muehlenkamp, J., Eckenrode, J. (2008). Variation in non-suicidal self-injury: Identification of latent classes in a community population of young adults. *Journal of Clinical Child and Adolescent Psychology*. 37(4). 725-735.



Emotion Regulation

What is it and how do we do it?

What is Emotion Regulation?

"Emotion Regulation" is a term generally used to describe a person's ability to effectively manage and respond to an emotional experience. Many people unconsciously use emotion regulation strategies to cope with difficult situations throughout the day.

Common Healthy Emotion Regulation Strategies



Talking with Friends



Exercising



Meditation

Common Unhealthy Emotion Regulation Strategies



Self-Injury



Abusing Alcohol or Other Substances



Excessive Social Media Use

Emotion Dysregulation

- Inability to regularly use healthy strategies to diffuse or moderate negative emotions
- It is the interpretation of the emotion that tends to stir up feelings and a sense of not being able to tolerate them

"Vicious Cycle"



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- Learning how to understand and work with the relationship between thoughts, feelings and behaviors
- Pay attention to the way the thought-emotion-behavior relationship works for each of us



Male and Female Differences in Emotion Regulation



VS.



- Experience both positive and negative emotions **more** intensely
- **Greater** difficulties with emotion regulation skills
- More difficulty controlling ruminating behaviors
- More prone to "reflection"

- Experience both positive and negative emotions **less** intensely
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Tips for Regulating Emotions

Take Care Of Your Physical Needs

- Good night's rest
- Eat healthfully
- Exercise your body



Engage in Activities that Build A Sense of Achievement

- Do one positive thing every day
- Pay more attention to the positive events in our lives



Changing Thoughts is Easier Than Changing Feelings

- Evaluate what you are thinking that is causing the emotion
- What is it that's really pushing my buttons here?

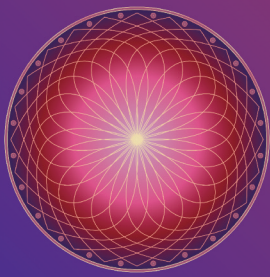


For More Resources

Cornell Research Program on Self-Injury and Recovery
<http://www.selfinjury.bctr.cornell.edu>

Youth Risk and Opportunity Lab
<https://www.yro.cornell.com>

Emotion Regulation Information Brief
Rolson, A., & Lloyd-Richardson, E. What is emotion regulation and how do we do it? Cornell Research Program on Self-Injury and Recovery



Cornell Research Program on Self-Injury and Recovery

BY MIRANDA SWEET & JANIS WHITLOCK

Who is this for?

Parents of those
dealing with
self-injury

What is included?

How do you know if
your child is self-
injuring?

Dealing with feelings
about this discovery

Talking to your child
about his/her self-
injury

What to avoid saying
to your child

Activities to help
others manage their
urges

Self-injury and your
relationship with
your child

Self-injury and the
home environment

Finding treatment

Supporting your
child while he/she is
getting help

Information for parents

What you need to know about self-injury.

Discovering Self-Injury

How do I know if my child is self-injuring?

Many adolescents who self-injure do so in secrecy and this secrecy is often the clearest red flag that something is wrong. Although it is normal for adolescents to pull away from parents during times of high involvement with friends or stress, it is *not* normal for adolescents to be withdrawn, physically and emotionally, for long periods of time. It is also important to note that not all people who self-injure become distant and withdrawn — youth who put on a happy face, even when they do not feel happy, may also be at risk for self-injury or other negative coping behaviors. Some other signs include:

- Cut or burn marks on arms, legs, abdomen
- Discovery of hidden razors, knives, other sharp objects and rubber bands (which may be used to increase blood flow or numb the area)
- Spending long periods of time alone, particularly in the bathroom or bedroom
- Wearing clothing inappropriate for the weather, such as long sleeves or pants in hot weather

What might I feel when I learn that my child is self-injuring, and how do I deal with these feelings?

If you learn your child is self-injuring, you are likely to experience a range of emotions, from shock or anger, to sadness or guilt. All of these are valid feelings.

- **Shock and denial**

Because self-injury is a secretive behavior, it may be shocking to learn that your child is intentionally hurting him or herself; however, to deny the behavior is to deny your child's emotional distress.

- **Anger and frustration**

You may feel angry or frustrated that your child has possibly lied to you about his/her injuries or because you see the behavior as pointless or because it is out of your control.

*As one parent said, "There is a frustration in terms of that little voice in the back of your mind that is saying 'just stop it!' It's very hard, I think knowing more about the condition and about the underlying factors makes it easier to push that little voice away."*¹

...but remember that *you can never control another person's behavior*, even your child's, and trying to do this does not make things better.

- **Empathy, sympathy and sadness**

Though empathy helps you to understand your child's situation, sympathy and sadness can sometimes be condescending because they imply that your child needs to be pitied. These feelings may also hinder your ability to understand the behavior.

- **Guilt**

You may feel as if you did not offer enough love and attention to your child. However, though your actions can influence your child's behavior, you do not *cause* their self-injury.

FYI

General stress-relieving techniques may help with managing these difficult emotions. For specific suggestions, visit http://www.selfinjury.bctr.cornell.edu/factsheet_coping_alternatives.asp

Opening the Lines of Communication

How should I talk to my child about his/her self-injury?

- Address the issue as **soon as possible**. Don't presume that your child will simply "outgrow" the behavior and that it will go away on its own. (Though keep in mind this can and does happen for some young people—some do mention "outgrowing" their self-injury. This typically occurs because they learn more adaptive ways of coping).
- Try to **use your concern** in a constructive way, by helping your child realize the impact of his/her self-injury on themselves and others.
- It is most important to **validate your child's feelings**. Remember that this is different from validating the behavior.
 - Parents must first make eye contact and be respectful listeners before offering their opinion
 - Speak in calm and comforting tones
 - Offer reassurance
 - Consider what was helpful to you as an adolescent when experiencing emotional distress
- If your child does not want to talk, **do not pressure** him/her. Self-injury is a very emotional subject and the behavior itself is often an indication that your child has difficulty verbalizing his/her emotions.

What are some helpful questions I can ask my child to better understand his/her self-injury?²

Recognize that direct questions may feel invasive and frightening at first—particularly when coming from someone known and cared for, like you. It is most productive to focus first on helping your child to acknowledge the problem and the need for help. Here are some examples of what you might say:

- "How do you feel before you self-injure? How do you feel after you self-injure?" Retrace the steps leading up to an incident of self-injury—the events, thoughts, and feelings which led to it.
- "How does self-injury help you feel better?"
- "What is it like for you to talk with me about hurting yourself?"

- "Is there anything that is really stressing you out right now that I can help you with?"
- "Is there anything missing in our relationship, that if it were present, would make a difference?"
- "If you don't wish to talk to me about this now, I understand. I just want you to know that I am here for you when you decide you are ready to talk. Is it okay if I check in with you about this or would you prefer to come to me?"

"...internal pain wasn't real and wasn't something you that you could heal. And if you make it external, it's real, you can see it... I needed to have it be in a place other than inside me."

—Interviewee

What are some things I should AVOID saying or doing?

The following behaviors can actually increase your child's self-injury behaviors:³

- Yelling
- Lecturing
- Put downs
- Harsh and lengthy punishments
- Invasions of privacy (i.e., going through your child's bedroom without his/her presence)
- Ultimatums
- Threats

Avoid power struggles. You cannot control another person's behavior and demanding that your loved one stop self-injuring is generally unproductive.

The following statements are examples of **unhelpful** things to say:

- "I know how you feel." This can make your child feel as if their problems are trivialized.
- "How can you be so crazy to do this to yourself?"
- "You are doing this to make me feel guilty."

Take your child seriously. One individual who struggles with self-injury described her disclosure to her parents in the following way: *"They freaked and made me promise not to do it again. I said yes just to make them feel better though. That settled everything for them. I felt hurt that they did not take me serious[ly] and get me help."*⁴



How do I know if I am doing or saying the right thing?

- Parents need to ask for feedback from their child about how well they are doing their job as parents.
 - This demonstrates that they are truly engaged in improving and strengthening their relationship with their child.
 - Parents can identify specifically what they can do to contribute to their child's success.

Are there any activities I can complete with my child to help them manage their urges to self-injure?

The Nillumbik Community Health Service has developed an activity for identifying who can be helpers and specifically how they can help. There is a worksheet to fill in who is available at different times throughout the day for support. To link to this worksheet, see http://www.nchs.org.au/Docs/SelfHarm_StuInfoPack.pdf. If your child has already developed a list of effective coping strategies for managing distress (for more on this, see http://www.selfinjury.bctr.cornell.edu/factsheet_coping_alternatives.asp), this information can be put together to create a “help card,” which includes your child's top coping strategies and phone numbers of support people, and can be easily carried around in a wallet for whenever the need for support may arise. Go to Appendix M of <http://www.sfys.infoxchange.net.au/resources/public/items/2004/12/00131-upload-00001.doc> to link to the help card activity.

“Parents, there is hope. If you are facing some of the difficulties we have... don't give up. You need to fight; many teachers, doctors and counselors may not have the knowledge or ability to help — keep fighting. Don't give up; there can be a bright light at the end of the tunnel.”

— Parent collaborators on CRPSIR team



To read more about the personal experiences of these parents, see

http://www.selfinjury.bctr.cornell.edu/factsheet_personal_stories.asp

“I stopped because I developed a sense of worth and, to some extent, love for myself. I also have come to understand that it is painful for those I love to know I cut myself, so I have partially stopped so I would not hurt them. I've learned better coping strategies as well.”

— Survey Participant



Understanding the Role of Relationships

Is my child's self-injury my fault?

No, no person causes another person to act in a certain way. Like most negative behaviors, however, self-injury is often a result of two things. That is, a person's belief that he or she cannot handle the stress they feel, and that self-injury is a good way to deal with stress. A history of strained relations with parents and/or peers, high emotional sensitivity, and low ability to manage emotion all contribute to these beliefs. This can lead to the use of self-injury in order to cope. Parent-child relationships strongly influence a child's (and parents') emotional state. Youth with high emotion sensitivity and few emotion management skills may be particularly sensitive to stressful dynamics within the relationship, especially if they

continue for a long time. For this reason, negative parent-child interactions are often powerful triggers for self-injury. However, they are also powerful in aiding recovery and, most importantly, to the development of positive coping skills. Parents who are willing to understand the powerful role they play, to directly confront painful dynamics within the family, to be fully present for their child, and to help their child see that he or she has a choice in how they cope with life challenges, will be allies in the recovery process. Parents who try to fix their child by taking responsibility for their child's problems may actually make recovery more difficult.

How might my relationship with my child affect his/her self-injury?²

- Extremes in the quality of the parents' attachment (such as a lack of boundaries or too much emotional distance, or extreme overprotective or hovering behavior) are common in today's society.
 - Many adolescents who struggle with self-injury report that their parents are either unavailable to them for emotional support or invalidate their feelings, which has led them to believe that they are worthless or not worthy of being loved.
 - Alternatively, parents who cope *for* their kids by seeking to closely control their behavior, attitudes and/or choices run the risk of undermining their children's capacity to develop effective ways of handling stress and adversity.

- The importance of secure attachments:
 - Adolescents who feel secure and positive attachment bonds with their parents are less likely to gravitate to negative peer groups or be victims of peer pressure.
 - Resilient children and adolescents, that is, those who have the ability to quickly rebound from painful life events, say that their secure attachments with their parents or key caretakers have a significant influence on their ability to cope effectively.

According to Selekman (2006), mothers tend to average 8 minutes a day in conversation with their adolescents. Fathers spend only 3 minutes.

How might my child's peer relationships affect his or her self-injury?

If children feel as if their needs are not being met at home, they may turn to a so-called "second family," such as a street gang or a negative peer group. This is particularly likely to happen if parents work long hours. Children may turn to this second family because they feel that their parents are too busy to spend time with them. What is particularly troubling

is that self-injury may sometimes be a part of the culture of the second family. For example, one adolescent described how she and her friends would play a game called "chicken," in which the participants superficially wounded themselves, and the winner was the individual who could inflict the most cuts without "chickening out."⁵

"I think probably one of the most difficult things for people who don't self injure to understand, what I've been asked time and time again, is why do you do it? It's so many years of depression behind it. You can't answer 'I cut because of this and this and this.' And also, how physically addictive it is. It feels so necessary and so right."

– Interviewee



Improving the Home Environment

What aspects of the home environment might be affecting my child's self-injury?⁶

- **Repression and/or mismanagement of emotion**
Self-injury is most commonly understood as an emotion regulation technique. This suggests that individuals who practice it have difficulty regulating emotional states healthfully. In some cases, this tendency is a result of a family history of repressing or mismanaging emotion, such as when family members either do not know how to constructively express negative feelings like anger or fear, or when they withhold demonstrations of love and tenderness with their children.
- **Family secrets**
All families have stories to tell, not all of which are easy to share or hear. When a child or adolescent is directly involved with negative events occurring within the family and then told or chooses not to share what is happening with someone he or she trusts, he/she may suffer—psychologically and physically. Depression, anxiety, and a variety of self-injurious behaviors are all potential consequences of keeping family secrets.

How can I foster a protective home environment?

- Model healthy ways of managing stress.
- Keep lines of communication and exchange open.
- Emphasize and uphold the importance of family time.
- Expect that your child will contribute to the family's chores and responsibilities.
- Set limits and consistently enforce consequences when these are violated. Consider positive consequences, such as working in a soup kitchen or other community service.
- Respect the development of your child's individuality.
- Provide firm guidelines around technology usage.
Many individuals who struggle with self-injury report spending several hours a day interacting on the Internet with other self-injurers (particularly via message boards—many of which are not regulated) while engaging in their harming behaviors. Though the majority of the information shared is supportive, some of these sites actually encourage self-injury and even share harming techniques.
- Do not take your child's self-injury tools away.
This suggestion is often surprising to parents. However, if your child has the strong urge to injure him/herself, he/she will find a way (and it may not be as safe). Also, using the same tools is sometimes part of the ritual of self-injury, so the panic of losing this aspect of control can actually trigger more harming episodes.
- Remember that respect is a two-way street.
 - Keep the atmosphere at home inviting, positive, and upbeat.
 - Positive emotion promotes resiliency and serves as a protective measure.
- Practice using positive coping skills together.
- Avoid over-scheduling your child and putting too much pressure on him or her to perform.
- Don't expect a quick fix. There will be setbacks along the way to recovery, and a slip does not mean that your child is not making progress; these are common during stages of change. See the next page for more information about the **five stages of change**, which has been applied to a broad range of behaviors.

"Easy access to a virtual subculture of like-minded others may reinforce the behavior for a much larger number of youth."

—Janis Whitlock, Ph.D., MPH



FIVE STAGES OF CHANGE

- 1 Precontemplation:** The individual is not seriously thinking about changing his/her behavior and may not even consider that he/she has a problem. For example, your child may defend the benefits of his/her self-injury and not acknowledge the negative consequences of harming him/herself.
- 2 Contemplation:** The individual is thinking more about the behavior and the negative aspects of continuing to practice it. Though the individual is more open to the possibility of changing, he/she is often ambivalent about it. For example, your child may be considering the benefits of decreasing his/her self-injury, but may wonder whether it is worth it to give up the behavior.
- 3 Preparation:** The individual has made a commitment to change his/her behavior. He/she may research treatment options and consider the lifestyle changes that will have to be made. For example, your child may look for a support group to plan for the difficulties of decreasing his/her self-injury.
- 4 Action:** The individual has confidence in his/her ability to change and is taking active steps. For example, your child might begin practicing **alternative coping mechanisms** (see http://www.selfinjury.bctr.cornell.edu/factsheet_coping_alternatives.asp), like journaling, rather than engaging in self-injury. Unfortunately, this is also the stage where the individual is most vulnerable to a relapse, because learning new techniques for managing your emotions is a gradual learning process. Support is vital to this stage—this is where you come in!
- 5 Maintenance:** The individual is working to maintain the changes he/she has made. He/she is aware of triggers and how these may affect his/her goals. For example, if your child knows that studying for an upcoming calculus test sometimes triggers the urge to self-injure, he/she might join a study group to reduce the likelihood of self-injuring.

“Therapy helped me deal with other issues which in turn helped me stop hurting myself. Hurting my self was not the central issue in my therapy sessions... I hurt myself because I was depressed, so we worked on getting the depression under control and then the intentional hurting myself ceased because not only was I no longer depressed but I knew myself better to know the correct way FOR ME to control problems that I would have later.”
— Survey Participant

Finding Treatment

Know that seeking help for someone, particularly a youth, is a sign of love, not betrayal. You can provide some choices about where to go and who to see. You can also include him/her in decisions about how and what to tell other family members if that becomes a necessity.

How can I find a therapist for my child?⁷

The S.A.F.E. Alternatives website (<http://www.selfinjury.com>) provides a thorough overview of how to find a therapist, specifically for the treatment of self-injury. It provides suggestions for how to obtain a referral, such as asking a member of the medical field, looking in the phonebook, and researching teaching hospitals (which may have low-cost alternatives). There is also a link to a section titled “Therapist Referrals” which provides specific names and information about experienced therapists in each state. To go directly to this page of referrals, see http://www.selfinjury.com/referrals_therapistreferrals.html.

Three different therapy models are explained, including psychodynamic therapy, cognitive-behavioral therapy and supportive therapy. There are recommendations for questions to ask a therapist—and yourself—to determine whether the relationship seems to be a good match. General tips for how to get the most out of therapy and some potential difficulties to expect are included throughout the overview.



How can I help my child get the most out of professional help?

- **Individual Therapy**

Avoid interrogating your child about what he/she talks about in individual therapy. The individual who self-injures is likely to need and want a measure of privacy as therapy progresses, but will also need to include significant others in some way over time. Don't expect too much in the beginning and continue working to keep lines of communication open.

- **Family therapy**

Individuals live in families and families typically have a host of belief systems and behaviors that influence individual behavior. Increasing all family members' awareness of how the family system may inadvertently feed an individual's self-injury can be a critical step in recovery.

- **Art therapy and other visualization/multi-sensory techniques**

Symbols and metaphors that appear in these modalities can be used to explore thoughts and feelings that may be hard to express in words. Many adolescents indicate that these therapies were most beneficial to them in their individual and family therapy sessions.

- **Group therapy**

This may be beneficial if your child is experiencing peer difficulties and can provide additional support outside of the home.

- **Consider inpatient treatment, if necessary**

S.A.F.E. Alternatives is currently the only inpatient treatment center for self-injury. For more information about what they offer, visit: <http://www.selfinjury.com>

FYI

Remember to take care of yourself as well! Set up your own support network. The National Alliance on Mental Health offers support groups for family members of individuals with a mental illness.

http://www.nami.org/Template.cfm?Section=Your_Local_NAMI&Template=/CustomSource/AffiliateFinder.cfm to find a group in your local area.

¹ Quote from *Self-harm: management and intervention* section of BNPCA Project Report (2004).

² Paraphrased from the preface of Selekman (2006).

³ List of examples from preface of Selekman (2006).

⁴ Quote from *In their own words* section of the Self-Injury: A Struggle website.

⁵ Example from *Self Harm: A peer-influenced behavior* section of BNPCA Project Report (2004).

<http://www.sphys.infoxchange.net.au/resources/public/items/2004/12/00131-upload-00001.doc>

⁶ Paraphrased from introduction of Selekman (2006).

⁷ Summarized from *How to find a therapist* section of the SAFE Alternatives website.

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FOR MORE INFORMATION, SEE: www.selfinjury.bctr.cornell.edu

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Suicide Risk Screening Tool

Ask Suicide-Screening Questions

Ask the patient:

1. In the past few weeks, have you wished you were dead? ☐ Yes ☐ No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead? ☐ Yes ☐ No
3. In the past week, have you been having thoughts about killing yourself? ☐ Yes ☐ No
4. Have you ever tried to kill yourself? ☐ Yes ☐ No

If yes, how? _____

When? _____

If the patient answers **Yes** to any of the above, ask the following acuity question:

5. Are you having thoughts of killing yourself right now? ☐ Yes ☐ No

If yes, please describe: _____

Next steps:

- If patient answers “No” to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (*Note: Clinical judgment can always override a negative screen).
- If patient answers **“Yes”** to any of questions 1 through 4, or refuses to answer, they are considered a **positive screen**. Ask question #5 to assess acuity:
 - ☐ **“Yes”** to question #5 = **acute positive screen** (imminent risk identified)
 - Patient requires a **STAT** safety/full mental health evaluation.
 - **Patient cannot leave until evaluated for safety.**
 - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient’s care.
 - ☐ **“No”** to question #5 = **non-acute positive screen** (potential risk identified)
 - Patient requires a **brief** suicide safety assessment to determine if a **full** mental health evaluation is needed. **Patient cannot leave until evaluated for safety.**
 - Alert physician or clinician responsible for patient’s care.

Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text “HOME” to 741-741





IF YOUR CHILD IS SELF-INJURING...

Guidelines developed by the International Consortium on Self-injury in Educational Settings (ICES)

Helpful Strategies

- Find support for yourself (ideally through informal networks and professional support)
- **Be clear about your expectations for your child about participating in family life and other activities**
- Be collaborative and include your child in choices wherever possible (e.g. therapist, house rules, technology use, etc.)
- **Acknowledge/Validate your son/daughter's pain/upset but remain calm throughout**
- Choose times and places for hard conversations to maximize comfort and minimize distraction
- **Keep lines of communication as open as possible**
- Know that as much as you feel your son/daughter's upset/pain it is more helpful to your child to separate yourself from his/her feelings in order to stay calm in the face of their intensity
- **Learn about self-injury and emotion/ emotion regulation**
- Ask your child open, honest questions -- questions without an agenda asked in a sincere and respectful way
- **Model healthy coping strategies**
- Understand and respect your child's readiness to change
- **Help your child identify and reinforce successes**
- Respect your child's wishes concerning sharing his or her self-injury with extended family, friends or school
- **Seek therapeutic support for you and for your family. Self-injury can cause family division; it helps for everyone to feel heard and understood**
- Recognize that self-injury serves a purpose; knowing about how it helps and what to expect in recovery can be helpful

Unhelpful Strategies

- Blaming them for their self-injury
- **Blaming yourself for your child's self-injury**
- Getting caught up in their intense emotions and moods
- **Taking sides with different family members about what is "right to do"**
- Engaging in unnecessary power struggles (limit unilateral decisions and work for shared agreements wherever possible)
- **Imposing a set of new "lock down" controls (e.g. monitoring whereabouts, requiring constant connection, limiting mobility)**
- Unnecessary punishments and ultimatums
- **Forcing conversation or requiring constant check ins about self-injury or emotions**
- Tiptoeing around the situation or setting reasonable expectations out of fear that you'll cause self-injury to happen.
- **Taking doors off hinges and removing all possible self-injury implements from your home**
- Insisting that your child cover old scars
- **Removing reasonable family expectations (e.g., washing the dishes) as a way to 'smoothing out' your child's emotional life**
- Regularly jumping in to "fix" situations you think may trigger your child



STRESS CATCHER

CATCH SOME GREAT COPING STRATEGIES AND SKILLS FOR MANAGING STRESS

From the **NATIONAL INSTITUTE of MENTAL HEALTH**

Life can get challenging sometimes, and it's important for kids (and adults!) to develop strategies for coping with stress or anxiety. This stress catcher "fortune teller" offers some strategies children can practice and use to help manage stress and other difficult emotions.

Follow the instructions to create a fun and interactive way for children to practice coping strategies.



CREATE YOUR STRESS CATCHER

- STEP 1.** Color the stress catcher (on page 2), and cut out the square.
- STEP 2.** Place the stress catcher face down. Fold each corner to the opposite corner, and then unfold to create two diagonal creases in the square.
- STEP 3.** Fold each corner toward the center of the square so that the numbers and colors are facing you. Turn over the square, and again fold each corner into the center so that the color names are visible.
- STEP 4.** Fold the square in half so that the color names are touching, and the numbers are on the outside. Now open it and fold it in half the other way.
- STEP 5.** Insert your thumb and first finger of each hand (pinching motion) under the number flaps.
- STEP 6.** Close the stress catcher so only the numbers show.

USE YOUR STRESS CATCHER

1. Pick a number, and open and close the stress catcher that number of times.
2. Next, pick a color and spell out the color name, opening and closing the stress catcher for each letter.
3. Then pick a color that is visible and open that flap.
4. Read what it says, and practice the coping strategy.
5. This game can be played with one or two players and is a way to practice coping strategies.



ADDITIONAL RESOURCES

5 Things You Should Know About Stress
www.nimh.nih.gov/stress

The Teen Brain: 7 Things to Know
www.nimh.nih.gov/teenbrain

5 Action Steps for Helping Someone in Emotional Pain
www.nimh.nih.gov/health/publications/5-action-steps-for-helping-someone-in-emotional-pain

National Suicide Prevention Lifeline
www.suicidepreventionlifeline.org
1-800-273-TALK (8255) for free 24-hour help

Crisis Text Line
www.crisistextline.org
Text HELLO to 741741 for free 24-hour help

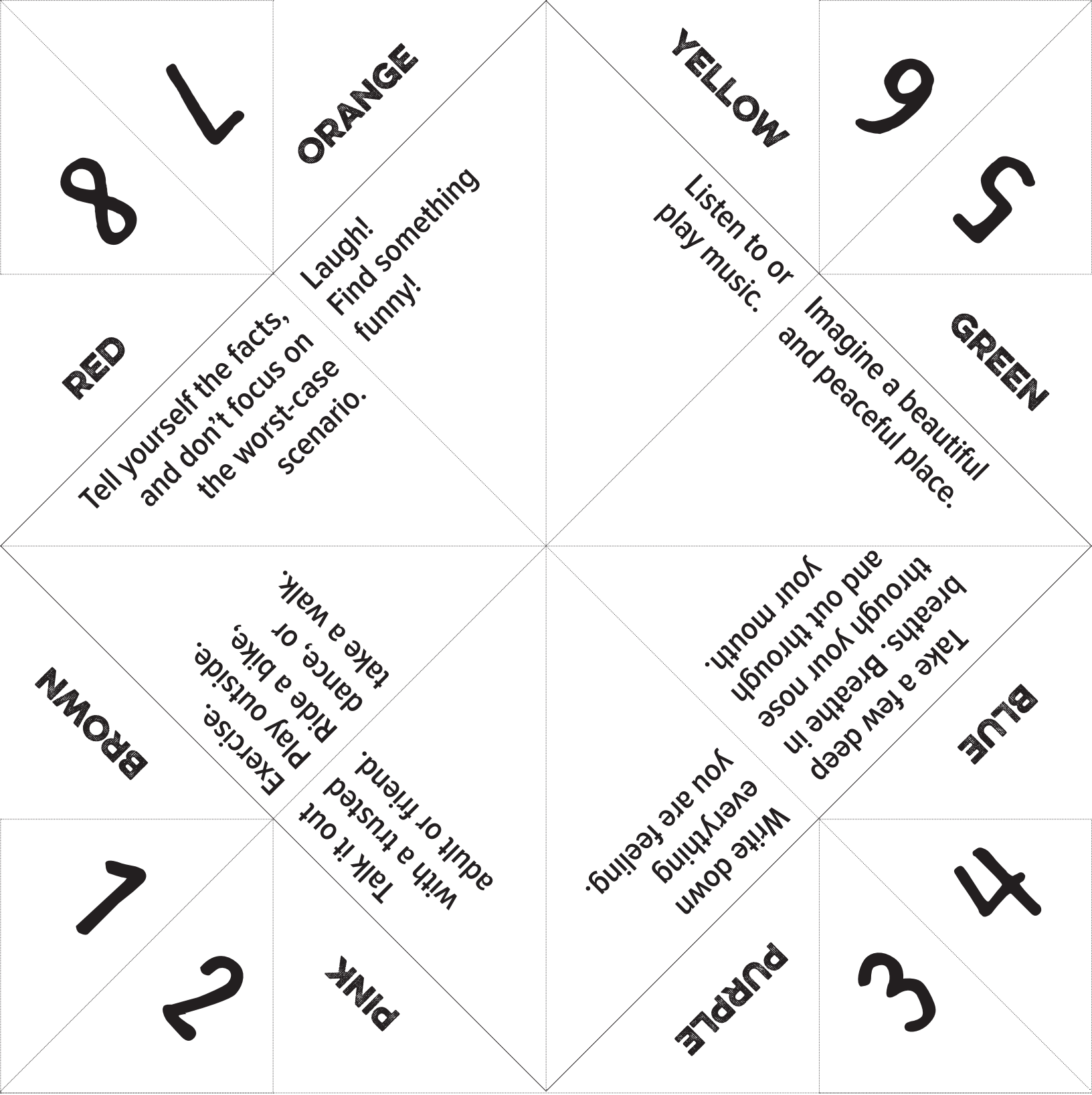
For more information about mental health, visit the NIMH website at www.nimh.nih.gov. For information on a wide variety of health topics, visit the National Library of Medicine's MedlinePlus service at <https://medlineplus.gov>.



National Institute
of Mental Health

www.nimh.nih.gov

NIH Publication No. 20-MH-8121





5 Things You Should Know About Stress

From the **NATIONAL INSTITUTE of MENTAL HEALTH**

Everyone feels stressed from time to time, but what is stress? How does it affect your overall health? And what can you do to manage your stress?

Stress is how the brain and body respond to any demand. Any type of challenge—such as performance at work or school, a significant life change, or a traumatic event—can be stressful.

Stress can affect your health. It is important to pay attention to how you deal with minor and major stressors, so you know when to seek help.

Here are five things you should know about stress.

1. Stress affects everyone.

Everyone experiences stress from time to time. There are different types of stress—all of which carry physical and mental health risks. A stressor may be a one-time or short-term occurrence, or it can happen repeatedly over a long time. Some people may cope with stress more effectively and recover from stressful events more quickly than others.

Examples of stress include:

- Routine stress related to the pressures of school, work, family, and other daily responsibilities.
- Stress brought about by a sudden negative change, such as losing a job, divorce, or illness.
- Traumatic stress experienced during an event such as a major accident, war, assault, or natural disaster where people may be in danger of being seriously hurt or killed. People who experience traumatic stress may have very distressing temporary emotional and physical symptoms, but most recover naturally soon after. Read more about Coping With Traumatic Events (www.nimh.nih.gov/copingwithtrauma).

2. Not all stress is bad.

In a dangerous situation, stress signals the body to prepare to face a threat or flee to safety. In these situations, your pulse quickens, you breathe faster, your muscles tense, and your brain uses more oxygen and increases activity—all functions aimed at survival and in response to stress. In non-life-threatening situations, stress can motivate people, such as when they need to take a test or interview for a new job.



3. Long-term stress can harm your health.

Coping with the impact of chronic stress can be challenging. Because the source of long-term stress is more constant than acute stress, the body never receives a clear signal to return to normal functioning. With chronic stress, those same lifesaving reactions in the body can disturb the immune, digestive, cardiovascular, sleep, and reproductive systems. Some people may experience mainly digestive symptoms, while others may have headaches, sleeplessness, sadness, anger, or irritability.

Over time, continued strain on your body from stress may contribute to serious health problems, such as heart disease, high blood pressure, diabetes, and other illnesses, including mental disorders such as depression (www.nimh.nih.gov/depression) or anxiety (www.nimh.nih.gov/anxietydisorders).

4. There are ways to manage stress.

If you take practical steps to manage your stress, you may reduce the risk of negative health effects. Here are some tips that may help you cope with stress:

- **Be observant.** Recognize the signs of your body's response to stress, such as difficulty sleeping, increased alcohol and other substance use, being easily angered, feeling depressed, and having low energy.
- **Talk to your health care provider or a health professional.** Don't wait for your health care provider to ask about your stress. Start the conversation and get proper health care for existing or new health problems. Effective treatments can help if your stress is affecting your relationships or ability to work. Don't know where to start? Read our Tips for Talking With Your Health Care Provider (www.nimh.nih.gov/talkingtips).
- **Get regular exercise.** Just 30 minutes per day of walking can help boost your mood and improve your health.
- **Try a relaxing activity.** Explore relaxation or wellness programs, which may incorporate meditation, muscle relaxation, or breathing exercises. Schedule regular times for these and other healthy and relaxing activities.
- **Set goals and priorities.** Decide what must get done now and what can wait. Learn to say "no" to new tasks if you start to feel like you're taking on too much. Try to be mindful of what you have accomplished at the end of the day, not what you have been unable to do.
- **Stay connected.** You are not alone. Keep in touch with people who can provide emotional support and practical help. To reduce stress, ask for help from friends, family, and community or religious organizations.
- **Consider a clinical trial.** Researchers at the National Institute of Mental Health (NIMH) and other research facilities across the country are studying the causes and effects of psychological stress as well as stress management techniques. You can learn more about studies that are recruiting by visiting www.nimh.nih.gov/joinastudy or www.clinicaltrials.gov (keyword: stress).

5. If you feel overwhelmed by stress, ask for help from a health professional.

You should seek help right away if you have suicidal thoughts, are overwhelmed, feel you cannot cope, or are using drugs or alcohol more frequently as a result of stress. Your doctor may be able to provide a recommendation. You can find resources to help you find a mental health provider by visiting www.nimh.nih.gov/findhelp.



Call the National Suicide Prevention Lifeline

Anyone can become overwhelmed. If you or a loved one is having thoughts of suicide, call the confidential toll-free National Suicide Prevention Lifeline at 1-800-273-TALK (8255), available 24 hours a day, 7 days a week. Lifeline chat is available at <https://suicidepreventionlifeline.org>.

The service is available to everyone.



National Institute
of Mental Health

www.nimh.nih.gov

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