

How is SIB handled in states with child protective services mandated reporting?

A: Sometimes SIB is an indicator of abuse; it is important to determine if there is a suspicion that this is the case. If it is, then there is a mandated reporting issue, as with mandated reporting there just needs to *be a reasonable suspicion* of abuse occurring. If you are convinced the behavior is a coping mechanism for major life stressors, the best course of action is to work with the child closely, and with the family as a support system, and any other adjunct professionals, so that everyone is acting as an interdisciplinarian treatment team of sorts. If the SIB behavior is superficial and then progresses to more impulsive danger self-harm, then intensive outpatient, residential or inpatient treatment might be required.

What are the most effective ways to dispute cognitive distortions about coping through cutting?

A: A common cognitive distortion is "I can't take this any more. I'm going to go crazy." You can talk with the client about their getting through it in the past and explore the ways they were able to do it in the past. If self-harm has been the way they have gotten through it, honor it and work with them on alternative coping methods that are not damaging to the body. Instead of the message "I can't take this any more" have them replace it with "I am getting stronger, and I can cope with these feelings." Instead of the message "I'm going to go crazy" replace it with "I'm getting better at understanding my feelings and myself, and I have new coping methods." If the distortion is "I'm a bad person and I need to be punished" they can replace that with "I do bad things sometimes but I am not a bad person" and work with them on ways to show they actually are good.

What has research shown about the incidence of cutting behavior among Veterans compared to nonveterans?

A: I have not found specific statistics with regard to differences between veterans and nonveterans and SIB, but there are references to veterans who suffer from moral injury due to serious inner conflict where they are at odds with the core of ethical and moral beliefs they have always held which is shattered by what they have been required to do in the combat theatre. This will sometimes translate to self-injurious behaviors which are not an element of nonveteran treatment.

What signs/behavior do clinicians need to have on their radar with respect to intervention between women and men?

A: With women and SIB you may want to watch for Borderline Personality Disorder and/or Eating Disorders; with men and SIB you may want to watch for Antisocial Personality Disorder where they also have impulse control problems or emotional instability.