Understanding and Treating Self-Harm

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There is help, there is hope

My Background and Services

- Individual counseling
- Family counseling
- Support Groups
  - Depression
  - Anxiety
  - ASD
  - Self-harm

My website and services

Now providing virtual and in-office appointment options
Objective:

For you to walk away being better

- Educated
- Equipped
- Empowered

to successfully treat self-harm

Today’s teen stressors
How they see the world differently

What some see as bizarre...we see as beautiful
What some see as painful...we see as pleasurable
What some see as crazy...we see as coping
What some see as suicidal...we see as survival
What some see as self destructive...we see as self expressive
What some see as scary...we see as our story
What some see as pity...we see as power
What some see as deviant...we see as deserving

Definitions

**Self-harm definition:** The intentional act of hurting oneself in order to ease psychological or emotional pain

**DSM-V: Non-suicidal self-injury (NSSI)**

Standard criteria, self-harm is diagnosed when “in the last year, the individual has on five or more days, engaged in intentional self-inflicted damage to the surface of his or her body [...] for purposes not socially sanctioned.”

**Practical definition:** Self-harm is an outward expression of an inward emotion
Comorbidity

- Anxiety
- Depression
- PTSD
- Borderline Personality disorder
- Autism
- Depersonalization
- Eating disorder

Self-harm Statistics

- About 17% of all people will self-harm during their lifetime
- The average age of the first incident of self-harm is 13
- 45% of people use cutting as their method of self-injury
- About 50% of people seek help for their self-harm but only from friends instead of professionals

Self-harm Statistics

• **Adults.** Aside from very young children, adults are the least likely group of people to follow through with self-injury. Only about 5% of adults have self-injured in their lifetime.

• **Teens.** Adolescents have the highest rate of self-injurious behaviors, with about 17% admitting to self-injury at least once in their life.

• **College Students.** Studies find that about 15% of college students report engaging in self-harm.

• **Women vs. Men.** While women are more likely to self-harm, males may represent at least 35% of total self-injury cases. Men are more likely to underreport self-injury and have other people hurt them than women.

• **Sexual Minorities.** Gay and bisexual people are at a high risk of self-injury. Nearly half of all bisexual females engage in self-injury.

[Additional source](https://www.therecoveryvillage.com/mental-health/self-harm/self-harm-statistics/)

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Self-Harm Statistics

• 2018 UK study showed that LGBTQ students are at higher risk for NSSI.
  
  • Two thirds of LGBTQ students had tried self-harm
  
  • One third reported had attempted suicide at least once

Studies

**Assessment of Somatosensory Function and Self-harm in Adolescents**

Tatham H. L. (et al.) (2023). "From the studies that we conducted, we can see that teenagers who have self-harmed five or more times in their past have a dramatically higher pain threshold, particularly in individuals that are living in care."

-- Dr. Dennis Gough,侪's MMH

"Once a person has become comfortable enough with pain, when they have raised the threshold far above what it would normally be in someone that hasn't self-harmed, it is at that point we can say that they are at greater risk of suicide."

https://www.kcl.ac.uk/news/teenagers-with-a-history-of-self-harm-have-a-significantly-higher-pain-threshold
Non-suicidal self-injury (NSSI) is characterized by causing harm to one’s own body without the intent of suicide. While major depressive disorder (MDD) has been associated with elevated cortisol (at least in some subgroups), prior studies in NSSI have suggested that NSSI is associated with blunted reactivity to stress of the hypothalamic-pituitary-adrenal (HPA) axis, possibly consistent with an allostatic load model. The present study used a multi-level approach to examine salivary cortisol in the context of a social stressor in 162 adolescents (ages 12 to 19 years old) with MDD with a history of repeated engagement in NSSI (MDD/NSSI) versus MDD without repeated NSSI (MDD), and healthy controls (HC). Observed (expressed) and self-reported (experienced) ratings of stress were also obtained during the social stress paradigm. The results showed that MDD/NSSI exhibited lower salivary cortisol levels and differed in cortisol trajectories in the context of a social stressor compared to HC and MDD. Observed stress, but not self-reported stress, during the social stress paradigm was greater for the MDD/NSSI than HC. Follow-up analyses suggested the possibility that this pattern of lower cortisol for those who engage in NSSI was present in females and males, and was more pronounced in those with repeated NSSI (but not subthreshold NSSI) and those with a history of NSSI and suicide attempts. Overall, these findings add to the prior literature and begin to show a consistent pattern for how stress is processed in atypical ways for those who engage in repeated NSSI. Importantly, these results suggest that some of the heterogeneity across adolescent depression may be better represented by these underlying biological processes, perhaps even representing subgroups that will benefit from different types of intervention. Hypothalamic-Pituitary-Adrenal Axis Dysregulation in Depressed Adolescents with Non-Suicidal Self-Injury.
**Risk Assessment**

**Scaling questions**

1. On a scale from 1-10 how suicidal do you feel?

2. On a scale from 1-10 what is your intent on following through with these feelings?

3. Do you have a specific plan?

4. Do you feel like you are safe between now and the next time we meet?

**Resiliency Indicators**

1. Supportive family
2. Has a hobby
3. Connected socially
4. Talks about their future
5. Doing ok academically
6. Plays sports or an instrument
7. Journals, creates art, uses creativity
8. Bright vs. Dark
9. Is self-aware (mindfulness, triggers, etc)
10. Faith or mediation practices
Why Self-harm?
Why People Self-Harm

Self expression

Why do you self-harm?  “I don’t know”

Key quote:  I don’t know why I hurt myself I just know it represents the pain I feel on the inside

Alexithymia :
  A- without
  Lexi - language
  Thymia- condition

Alexithymia:  The inability to puts words to one’s own emotions

Take away - If they say “I don’t know”, most likely the really don’t and need your help in figuring it out
Why People Self-Harm

Self expression

Control

A

R

S

Key Quote: “I cut because it’s the only thing I can control”

What are they trying to control?

- **Their own emotions** - self-harm allows them to focus on something other than their own emotional pain (distraction)

- **Others** - They can use self-harm as a way to manipulate others. ex. Parents, peers, school admin, etc.

- **Reclaiming the only power they perceive to have**
  - When, how, how much, how deep, where, who to tell, etc.
Why People Self-Harm

- Self expression
- Control
- Attention

2 types of people who self-harm
- Non-attention seeking
- Attention seeking
Who self-harms?

Key Quote: Please DON'T notice me

- Withdrawn and usually more quiet
- Make an intentional effort to blend in
- Uses clothing to hide scars (even if in summer)
- Secretive or mysterious
- Wants to be left alone
- Methodical and premeditated in their cutting
- Scars well hidden
- Usually higher frequency and quantity of scars

Why they are dangerous: Because they suffer in silence and self-harm is progressive, addictive, and can even be life-threatening
Attention Seeking

Key Quote: Why can’t everyone see how much I’m hurting?

- Usually self-harm with the intent of showing others
- Uses their self-harm as manipulation
- More inclined to peer conflict and drama
- Will “unintentionally” flaunt their scar(s)
- Usually more vocal and visible especially with SOCIAL MEDIA

Why they are dangerous: Because they are inclined to do whatever it takes to prove their point

Attention Seeking Quick Tips

Better to address sooner rather than later

Even if you believe they are self-harming for attention, never accuse them of it

Practical application: Help them understand healthier and more successful ways of getting appropriate attention
Attention Seeking

A third type of self-harm

• A cry for help

3 types of self-harm

My updated list of types of self-harming teens

3 Types of self-harming teens

• Attention seeking
• Non-attention seeking
• Help-driven attention
Why Teens Self-Harm

Self expression
Control
Attention
Relief
S

THE SELF-HARM ADDICTION CYCLE
Behind the Scenes of Self-Harm

Presented by: Christian T. Hill, MA, LPC

Emotional Suffering
- Depression/Anxiety

Secrecy

Guilt / Shame

Overload or trigger

Self-harm behavior

Relief
- Endorphin Release

Why People Self-Harm

Self expression

Control

Attention

Relief

Self-punishment
Self-punishment

Usually because of very rigid all-or-nothing thinking in:

- Shame
- Guilt
- Self-hate

The 7 most common lies they believe:

- I’m a failure
- I’ll never measure up
- I’m unlovable
- I’m unworthy
- I’m just a burden to everyone
- I’m better off alone
- The world is better off without me

In their view, self-harm is justified, because it’s simply what they deserve

“I deserve to be punished”
Why People Self-Harm

- Self expression
- Control
- Attention
- Relief
- Self-punishment

Benefits of S.C.A.R.S acronym:

- Easy for you to remember
- Easy to educate others
- Helps teens identify their own reasons for self-harm
HOW TO HELP

• 2 Key questions
• 2 Key objectives
• Alternatives to self-harm

2 Keys Questions

• What are they trying to say?
• Who are they trying to say it to?
What are they trying to say?

I'll never meet my parents expectations  
I hate myself  
I'll never succeed in school  
My future is hopeless  
I don’t matter  
I’ll never be enough  
No one cares  
I deserve pain

If you are working with, or care for a person who self-harms, what do you think they are trying to say?

Who are they trying to say it to?

Peers  
Parents  
Societal expectations  
God or religion  
Themselves  
Their future  
The world

If you are working with, or care for a person who self-harms, who are they trying to say it to?
Example

What are they trying to say?
• I will never be attractive enough for anyone to ever want to date me

Who are they saying it to?
• Myself and my peers

Inner dialog: I don’t love me…

2 Keys Questions for Self-Harming Teens

Let’s practice…

What are they trying to say?

Who are they trying to say it to?
How to help

2 Key Questions

• WHAT are they trying to say
• WHO are they trying to say it to

2 Key Objectives

• Separate the person from the problem
• Help them put WORDS to emotions
How to help

Separate the person from the problem

• Remember the person is not the problem, the problem is the problem

• Even though self-harm is the problem, you have to focus on the **person** for the problem to get better

How to separate the person from the problem while still focusing on the person and not the problem

Ask really good questions

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Asking really good questions

How does cutting help you?

What lie has cutting caused you to believe about yourself?

If your scars could communicate, what would they say?

If your parents could make one small change to help you overcome self-harm, what would it be?

If you could make one small change to overcome self-harm what would it be?
**Asking really good questions**

Some people use cutting as a way to control...do you control cutting or is cutting controlling you and how do you know?

If you could give yourself one piece of advice regarding self-harm what would it be?

What one person in your life have you struggled the most to forgive?

If you continue to self-harm will life improve, stay the same, or get worse?

If you could write a letter to your cutting as if were a person, what would you say? ex. “Dear Cutting”

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**How to help**

**2 Key Questions**

- WHAT are they trying to say
- WHO are they trying to say it to

**2 Key Objectives**

- Separate the person from the problem
- Help them put WORDS to emotions
Words to emotions

Painful emotions are going to come out one way or the other

It's our job to help them find a healthier way of doing it

Words to Emotions Ideas

Art
Music
Journal entries
Mood chart apps

White board or writing assignments

• Relationship map
• Advice to myself
• I wish, I feel
• Time lines
• Word collage
Word Collage

[Images of whiteboards with handwritten text]

Word Collage

[Image of a whiteboard with various words and phrases]

Presented by: Christian T. Hill, MA, LPC
Word Collage

Behind the Scenes of Self-Harm

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Word Collage

How to Help

2 Key Questions

• WHAT are they trying to say

• WHO are they trying to say it to

2 Key Objectives

• Separate the person from the problem

• Help them put WORDS to emotions

Provide Alternatives and action steps
Alternatives to Self-Harm

My top 5 suggested alternatives to self-harm

• None

The Goal:
To create a coping strategy based off past success, hobbies or interests, and social connectedness

Key Questions:

• Can you think of a time you wanted to self-harm but didn’t?

• What did you do, and how can you do more of that this?

• Can you try __________ when you feel tempted to self-harm this week instead of hurting yourself?
Alternatives to Self-Harm

Help them discover coping skills that ...

1) Distract
2) Relax
3) Entertain
4) Express
5) Connect socially
6) Physical activity
7) Change environment

How to Help Summary

2 Key Questions
• WHAT are they trying to say
• WHO are they trying to say it to

2 Key Objectives
• Separate the person from the problem
• Help them put WORDS to emotions

Provide Alternatives and action steps
How to help quick tips

1. As time allows, show them you care
2. Be patient
3. Focus on the person not the scars
4. Pursue progress not perfection (you don’t go back to square one)
5. Don’t spend too much time talking about the problem

Dear Cutting,

"You helped me tremendously over the past two years. In the beginning, the very first time, I used you for attention. As much as I don't like to admit it, that's what I did. It was negative attention and I found that I was uncomfortable by that attention. I felt like I deserved your darkness. When I was angry I used you to calm me down and felt that it was the only real way to express the rage. I cut when I was sad and broken, which was behind my anger. You became my addiction after two or three months. I couldn't change my family nor could I change the past. I never could and never will. But I could cut. I cut a lot. I had my own ritual and every time I followed my ritual I felt stronger at first, then ashamed. When I tried to cry, no tears came. So I cried bloody tears. I won't forget the sad, disgusted, angry looks of hospital staff, parents, and therapists. I haven't used you in a long time, but I never thought of writing you a letter. Now I am saying goodbye, Cutting. Goodbye to the security, the false control, the shame...and thank you for keeping me alive at my most difficult times."
Thank you

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