

# Self Harm in Adolescents

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# Spectrum of Self-Harm

- Drink-driving, reckless driving, sexual promiscuity, substance misuse
- Tattooing, piercing
- **Minor to moderate, repetitive, self-injurious behaviours**
  - Cutting, burning, hair pulling, skin picking, etc
- Severe, non-repetitive, self-injurious behaviours
  - Eye enucleation, self-castration
  - Typically associated with psychosis
- **Suicidal intent absent**

# Definition of Self-harm (Suyemoto, 1998)

- ... a direct, socially unacceptable, repetitive behavior that causes minor to moderate physical injury;
- ... the individual is in a psychologically disturbed state but is not attempting suicide or responding to a need for self-stimulation or a stereotypic behavior characteristic of mental retardation or autism

# Phenomenology (Suyemoto, 1998)

- Overwhelming emotion
  - Tension, anxiety, anger, or fear ... even loneliness and boredom
- Often, but not always, involves dissociation
- Self harm is typically controlled and lacking suicidal intent
- Wrists and forearms are the most common targets
  - Inside thighs and under breasts more “secretive” targets
- Majority report absence of pain during the act
- Self-harm acts to end the intense emotion and dissociation
- Typically followed by a sense of relief, calm, or satisfaction
- Often culminating in feelings of guilt, shame or disgust
  - Can perpetuate the cycle

# Self-Harming Adolescents

- Self-harm may be a means of negotiating a difficult adolescence
  - Not necessarily symptomatic of personality disorder
- a) Separation/individuation issues
- b) Learning to modulate emotions in face of physiological change
- c) Need to control the environment, develop autonomy
- d) Creating a stable identity

# Self-Harming Adolescents

- May have fewer resources or may lack early preparatory experiences
  - E.g., learning to self-soothe
- Majority report dysfunctional families and greater psychological difficulties
  - Does not necessarily equate to chronic psychological disorders, such as borderline personality disorder

# Suyemoto & MacDonald, 1995

- Self-harm may be a temporary coping mechanism, perhaps limited by developmental stage
- 70% of female outpatients stopped cutting completely
- Average duration of self-harm = 3.6 years
- Average age for ceasing self-harm = 18.8 yrs

# Environmental Explanations

- Sexual abuse common among BPD self-harmers
  - But not all self-harmers have BPD
- Sense of isolation and lack of control
- Family violence, abuse, neglect, chaotic family
- Poor attachment and inconsistent caregiver warmth/attention

# Environmental Explanations

- Self-harm may express or deflect attention away from systemic dysfunction
  - e.g, the family
- Explaining why attention is given to self-harmer, perhaps
  - The system (e.g., the family) thus unwittingly reinforces the behaviour

# Affect Regulation Model of Self-Harm

- Translates emotion into external injury that validates and expresses the emotion
- Regulates intolerable emotion by creating a sense of control
  - Turning the passive pain of (e.g.) abandonment into an active pain that can be controlled
- Validates the internal experience and expresses the depth of emotional pain to others
  - Serves a communication purpose
  - Self-harmers often have difficulty verbalising emotional experience

# Dissociation Model of Self-harm

- Dissociation and self-harm interact in order to regulate emotion
  - Escape and avoidance
- Self-harm to end dissociative states is discussed most often
  - Sight of blood
  - Physical pain
- But self-harm may also cause dissociation
  - Distancing and externalizing the emotion

# Addictiveness of Self-harm

- Tension reduction model of self-harming behaviours (Haines, Williams, Brain & Wilson, 1995)
- Psychophysiological evidence
  - HR
  - Respiration
  - Skin conductance
- Imaginal exposure to injury
  - Personalised scripts: self-harm vs accidental injury

# Factors Related to Successful Treatment Outcomes

(Suyemoto & MacDonald, 1995)

- **Therapists' perspective:**
  - a) Greater acceptance of emotions and learning to express feelings verbally,
  - b) Learning to tolerate intense emotion
  - c) Learning other ways to control emotions or interactions with others
  - d) Development of clearer boundaries
  - e) Learning alternative ways to affirm sense of self
- **Clients' perspective:**
  - a) A strong therapeutic alliance
  - b) Gaining a better understanding of the meaning and function of self-harm

# Dialectical Behaviour Therapy (DBT)

(Linehan, et al., 1991, etc)

- Cognitive and behavioural interventions
  - Behavioural skill training
  - Contingency management
  - Cognitive modification
  - Exposure to emotional cues
- Balanced with supportive techniques
  - Reflection
  - Empathy
  - Acceptance
- Typically involves individual therapy coupled with group skills training

# DBT Skills Training (Linehan, 1993)

## – Core Mindfulness Skills –

- Balancing “reasonable mind” and “emotional mind” with “wise mind”
- Observing, describing, participating
  - Emotions
- Non-judgmental stance, focus on one thing in the moment, being effective

# DBT Skills Training (Linehan, 1993)

## – Interpersonal Effectiveness Skills –

- Attending to relationships
- Balancing priorities vs demands
- Balancing wants-to-shoulds ratio
- Building mastery and self-respect

# DBT Skills Training (Linehan, 1993)

## – Emotion Regulation Skills –

- Identifying and labelling emotions
- Identifying obstacles to changing emotions
- Reducing vulnerability to “emotion mind”
- Increasing positive emotional events
- Increasing mindfulness to current emotions
- Taking opposite action
- Applying distress tolerance techniques

# DBT Skills Training (Linehan, 1993)

## – Distress Tolerance Skills–

- Tolerating and surviving crises
  - Distraction
  - Self-soothing
  - Improving the moment
  - Thinking of pros/cons
- Accepting life as it is
  - Radical acceptance
    - *Complete* acceptance from within
  - Turning the mind toward acceptance
    - *Choosing* to accept reality as it is
  - Willingness vs willfulness

# Contagion Effect

- Social learning theory
  - Modelling
  - Reinforcement
- Witnessing that self-injury is rewarded
  - Attention
  - Time off school
  - Being left alone
- Imitate the behaviour
  - May then be short-term involvement in self-harm if other risk factors absent

# Warning

- Dangerous to dismiss self-harm as attention-seeking
- Typically a reaction to internal feelings, not external events directly
  - Even though feelings may be in response to external events
- Self-harmer often lacks insight into the external influences on behaviour and may be unaware of the effect behaviour has on others
- **Self-harm as a symptom and a coping strategy**

# Managing Self-Harm

- Focus of attention should be the causes of self-harm rather than the self-harm behaviour itself
  - Attend to first aid (if needed)
  - Empathise with the emotional pain that necessitated replacement with physical injury
  - Validate experience
  - Build rapport
    - Necessary for trust when you suggest referral
  - Don't judge
  - Don't panic
  - Don't be a rescuer
    - Don't set yourself up to burn out!

# “Difficult” Parents

- Over-involved
- Intrusive
- Domineering
- Lack insight into own role in client’s issues
- Client wishes parent/s to “back off”
- Parent behaviours have potential to derail therapy

# Managing “Difficult” Parents

- Mature minors and confidentiality
- Parents actively discouraged from attending sessions
- Client involved in any contact with parent
  - Either via their presence or their consent for communication in their absence
  - Notified of contact from parents (and parents warned that this will occur)
- If necessary, bulk bill client so they can sign for sessions themselves
- Appointment confirmation/cancellation