


Welcome

Understanding and Treating
Self-Inflicted Violence

CESA2
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"I usually injure myself in an effort to get my mind off of terminating my life. In short, injuring myself is the only way I stay alive."

[female, age 30, 21 years of SIV, college graduate]


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"...self injury give me focus...I cannot seem to focus and stop the spinning or emotions/ideas and thoughts (mostly thoughts I don't want)...self injury gives me a temporary peace, and it works for any situation."

[male, 26, 1 year of SIV, some college]

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"I don't always know why I self-injure. Sometimes it's used as a distraction from the pain or anxiety I'm feeling. Sometimes I use it as a way of saying with my body what I can't say with words. At times there are no words for what is going on inside me..."

"...Other times I use self-injury as a way of releasing the anxiety and panic I am feeling. And sometimes I use it as a way of punishing myself for whatever it is at that moment for which I feel I need to be punished."

[female, 44, 24 years of SIV, BS]


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"It is very hard to describe. I liken it to a heroin addict in desperate need of a hit. Nothing else matters. Tunnel-vision sets in. Your heart-rate is pounding. I get the shakes, and I cannot focus on anything until I have a razor in my hand and have made the first cut. The pain causes me to flinch and gasp, but the more I do it, the calmer I become."

[female, age 26, college student]


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"I like the thought that it is ME causing the pain for once, not someone else."

[female, 14 <1 year of SIV, 9th grade]

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"(I self injure) because I feel so much internal pain that I need a way to release it all. So by cutting myself, it acts as an outlet for that internal pain, like it's all running out of me, like water out of a tap."

[female, age 17, 3 years of SIV, HS senior]

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"I hate myself, and I would rather have pain on the outside that I can understand, than the pain on the inside that's impossible to even conceive. I just want people to read what I've put, and realize that they don't want to end up like me. I'm only 16, I've been doing this for more than half my life, and I don't think I'll ever stop."

[female, age 16, 10 years of SIV, HS sophomore]

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Assessment Issues

Consider making an initial approach with clients to explore the possibility of self injury:

"I'm aware that when people are deeply hurting, they sometimes use behaviors like drug/alcohol use, food restriction, bingeing, purging or self injury to handle these painful feelings. I want you to know that if any of this is true for you, I would be happy to talk with you about your experience."

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Treatment Planning

Explore with clients the benefits they derive from self-injurious behaviors. Understand that clients obtain a significant degree of relief from self-injurious gestures. Work toward identifying how they might achieve these rewards in safe ways.

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Self-Inflicted Violence (SIV)

What is it?

Self-inflicted violence refers to the intentional harm of one's own body, without conscious suicidal intent, for the purpose of attempting to alter a perceived intolerable mood state.

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Self-Inflicted Violence (SIV)

- **Self-Inflicted:** the behavior is done by yourself to yourself.
- **Physical Violence:** commonly reported SIV behaviors include cutting, burning, self-hitting, scratching, interference with wound healing, hair pulling and bone breaking.


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Self-Inflicted Violence (SIV)

- **Intentional**: the person often follows a planned or ritualized pattern.
- **Without Suicidal Intent**: the primary intent behind SIV is not to die but to sustain life by providing the person with a way out of intolerable emotional pain.

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Alteration of Appearance

(Vs. Self-Inflicted Violence)

Typically, alteration of the body (e.g. piercings, tattoos, plastic surgery), are attempts to enhance the body. SIV has to do with easing psychological pain.

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Alteration of Appearance

(Vs. Self-Inflicted Violence)

Since alteration of one's appearance is usually performed by another person, usually someone trained and/or licensed to do so, the act is essentially *social*. With SIV, violent behavior is self inflicted. It not only begins with feelings of isolation, it increases alienation and disconnection.

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Alteration of Appearance

(Vs. Self-Inflicted Violence)

Alteration generally has the goal of making a person more noticeable or attractive. SIV typically is done to yourself, in private, and kept hidden.

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Who Typically Engages in SIV?

Gender:

Both men and women intentionally injure themselves, although research suggests that women tend to resort to the behavior more often than men do. This gender discrepancy may be in part due to cultural influences that encourage women to internalize anger while men are socialized to externalize it.

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Who Typically Engages in SIV?

Biology:

Biologic factors may play a role in SIV. Research in the area of temperament suggests that some persons, because of their biology, may have difficulty managing and regulating feelings, be slow to recover from emotional distress, prone to symptoms of hyper-arousal, and susceptible to anxious and/or dysphoric mood states.

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Who Typically Engages in SIV?

Family/Social Surrounds:

Persons who self injure often come from backgrounds that are traumatic and/or emotionally invalidating. Those who engage in SIV commonly report histories that include physical and/or sexual abuse, neglect, parental depression or addiction, rigid family rules that prevent open expression of feelings, loss of a parent through death or divorce, chaotic or inconsistent family rules, etc.


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Common Psychological Profile

- ✓ Poor affect regulation
- ✓ Difficulty self-soothing
- ✓ Unable to tolerate being alone
- ✓ Extremely negative/harsh self- evaluations
- ✓ Chronic/suppressed anger and/or anxiety
- ✓ Over-aroused by stimulating situations


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Common Psychological Profile

- ✓ Poor adaptability to change and slow recovery from emotional distress
- ✓ Obsessive worriers prone to anxious, dysphoric mood Inability to foresee consequences and make self-protective judgments
- ✓ Poor ability to introspect, to name feelings, needs and sensations
- ✓ Difficulty establishing flexible boundaries


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Common Psychological Profile

- ✓ Often feel unable to exert control over self and others
- ✓ Low self-esteem
- ✓ Tend to lack impulse control
- ✓ Rigid, negative "all-or-nothing" thinking
- ✓ Limited repertoire of coping skills
- ✓ Presence of co-existing disorders such as substance abuse, anxiety disorders and eating disorders

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Common Diagnoses

Associated With Self-Injury:

- **Depression** (the most common co-morbid diagnosis)
- **Anxiety Disorders** (including Post-Traumatic Stress Disorder, Panic Disorder and Dissociative Disorders)
- **Addictive Disorders** (including eating disorders, substance abuse, sexual addiction, etc.)
- **Borderline Personality Disorder**

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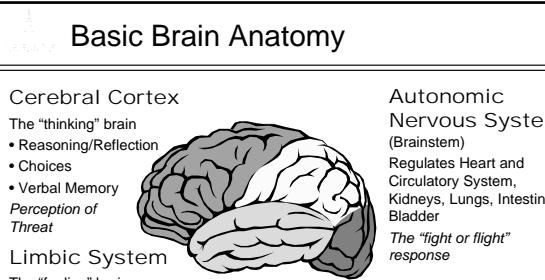


Brain Function and Self Injury

The brain is divided into three major areas:

1. the cerebral cortex
2. the limbic system, and
3. the brainstem or hindbrain

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Basic Brain Anatomy

Cerebral Cortex
The “thinking” brain

- Reasoning/Reflection
- Choices
- Verbal Memory
- Perception of Threat

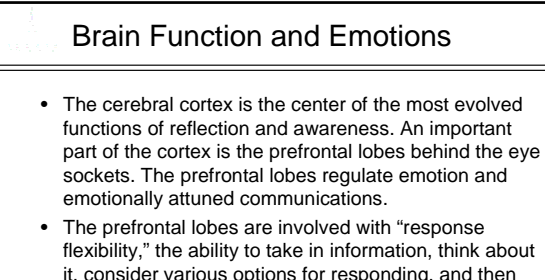
Limbic System
The “feeling” brain

- Triggers Fight or Flight Response
- Regulates Emotional Expression
- Stores and Processes Emotional Memory
- A Place of No Words/No Thoughts
- Sensory Memory
- Hormone Release (Adrenal Glands)

Autonomic Nervous System (Brainstem)
Regulates Heart and Circulatory System, Kidneys, Lungs, Intestines, Bladder

The “fight or flight” response

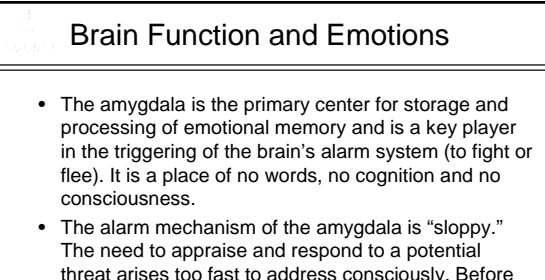
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Brain Function and Emotions

- The cerebral cortex is the center of the most evolved functions of reflection and awareness. An important part of the cortex is the prefrontal lobes behind the eye sockets. The prefrontal lobes regulate emotion and emotionally attuned communications.
- The prefrontal lobes are involved with “response flexibility,” the ability to take in information, think about it, consider various options for responding, and then produce an adaptive response. The pre-frontal lobes enable us to be mindful and to make intentional choices.

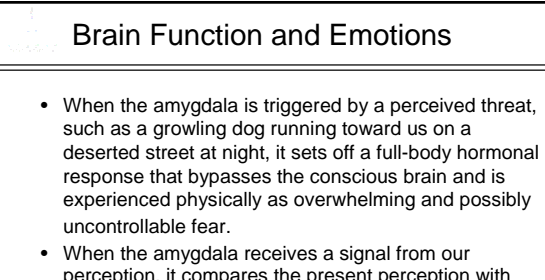
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Brain Function and Emotions

- The amygdala is the primary center for storage and processing of emotional memory and is a key player in the triggering of the brain’s alarm system (to fight or flee). It is a place of no words, no cognition and no consciousness.
- The alarm mechanism of the amygdala is “sloppy.” The need to appraise and respond to a potential threat arises too fast to address consciously. Before we are aware of what we are responding to, we respond emotionally, priming the brain and body for action.

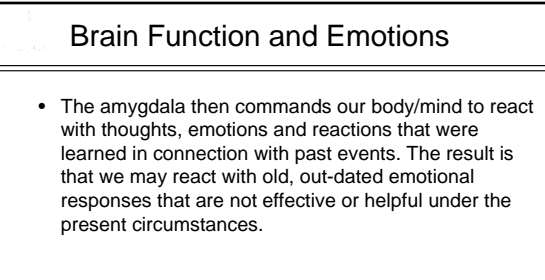
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Brain Function and Emotions

- When the amygdala is triggered by a perceived threat, such as a growling dog running toward us on a deserted street at night, it sets off a full-body hormonal response that bypasses the conscious brain and is experienced physically as overwhelming and possibly uncontrollable fear.
- When the amygdala receives a signal from our perception, it compares the present perception with past experience. When a key element of the present situation is associated with a past experience that was fearful or hurtful, it often makes a loose connection and finds a match.

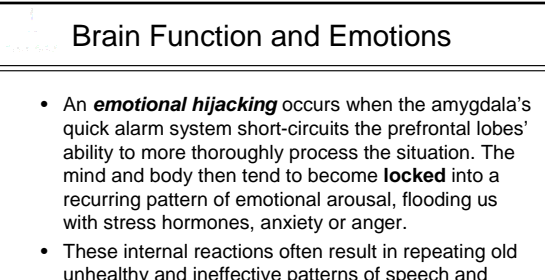
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Brain Function and Emotions

- The amygdala then commands our body/mind to react with thoughts, emotions and reactions that were learned in connection with past events. The result is that we may react with old, out-dated emotional responses that are not effective or helpful under the present circumstances.

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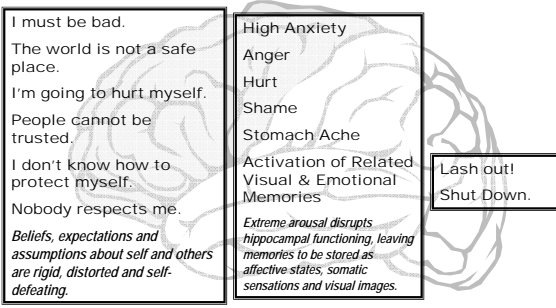


Brain Function and Emotions

- An **emotional hijacking** occurs when the amygdala’s quick alarm system short-circuits the prefrontal lobes’ ability to more thoroughly process the situation. The mind and body then tend to become **locked** into a recurring pattern of emotional arousal, flooding us with stress hormones, anxiety or anger.
- These internal reactions often result in repeating old unhealthy and ineffective patterns of speech and action. The impact on our relationships can be harmful and even disastrous.

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An "Emotional Hijacking" in Response to a Perceived Rejection



Thoughts:

- I must be bad.
- The world is not a safe place.
- I'm going to hurt myself.
- People cannot be trusted.
- I don't know how to protect myself.
- Nobody respects me.
- Beliefs, expectations and assumptions about self and others are rigid, distorted and self-defeating.*

Emotions:

- High Anxiety
- Anger
- Hurt
- Shame
- Stomach Ache
- Activation of Related Visual & Emotional Memories
- Extreme arousal disrupts hippocampal functioning, leaving memories to be stored as affective states, somatic sensations and visual images.*

Action:

- Lash out!
- Shut Down.

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Brain Function and Emotions

- Fortunately, our brains have a tremendous capacity to change, to reorganize neural connections and to form new neural connections over the entire life span.
- In order to restructure negative and ineffective neural connections, we need to learn how to step back, breathe and settle ourselves a bit before acting or speaking when we become overwhelmed with painful emotions and the quick alarm mechanism of the amygdala.

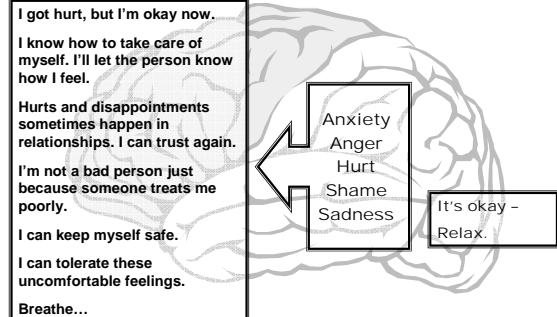
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Brain Function and Emotions

- In terms of brain operation, this literally gives the prefrontal lobes a chance to catch up with the alarm signals of the amygdala, to make a more thorough analysis of the present situation and avoid an emotional hijacking that results in repeating old patterns from the past.

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Adaptive Response to a Perceived Rejection



Thoughts:

- I got hurt, but I'm okay now.
- I know how to take care of myself. I'll let the person know how I feel.
- Hurts and disappointments sometimes happen in relationships. I can trust again.
- I'm not a bad person just because someone treats me poorly.
- I can keep myself safe.
- I can tolerate these uncomfortable feelings.
- Breathe...

Emotions:

- Anxiety
- Anger
- Hurt
- Shame
- Sadness

Action:

- It's okay - Relax.

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Brain Function and Emotions


The practice of mindfulness enable us to break our old emotional habits and replace them with more thoughtful and effective patterns. Mindfulness practice allows the old brain circuits conditioned by fear to die out as we replace them with new neural circuits created by our best intentions.

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Mindfulness Practice

Mindfulness is the ability to be "fully present" here-and-now with whatever is going on in our thoughts and emotions. It is cultivated by assuming the stance of an impartial, non-judgmental witness to our inner experience. Many of our negative patterns of thinking and feeling are so ingrained that we often get "hooked" or taken over by them before we realize it. Our thoughts are triggered and run off quite automatically down well-worn and predictable paths. Mindfulness enables us to loosen from our automatic tendencies so that we can begin to act with freedom.

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Mindfulness Practice

A 2007 brain-imaging study by UCLA psychologists found that mindfulness practice tended to activate the right ventrolateral prefrontal cortex while simultaneously dampening activity in the amygdala.

Simply paying attention to present-moment experiences and labeling emotions by saying, for example, "I'm feeling angry right now," was enough to change the brain response in the study participants.

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Mindfulness Practice

The authors concluded that "people who are mindful bring all sorts of prefrontal resources to turn down the amygdala. These findings may help explain the beneficial effects of mindfulness meditation on mood and health, and suggest a neurological reason for practicing mindfulness meditation. Our findings are consistent with what mindfulness meditation teachers have taught for thousands of years."

(Source: Shift: At the Frontiers of Consciousness, September-November, 2007, No. 16)

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Developing the Inner Witness


WISE MIND OR INNER WITNESS

Imagine the inner witness to be the light bulb or source of illumination on a movie projector.

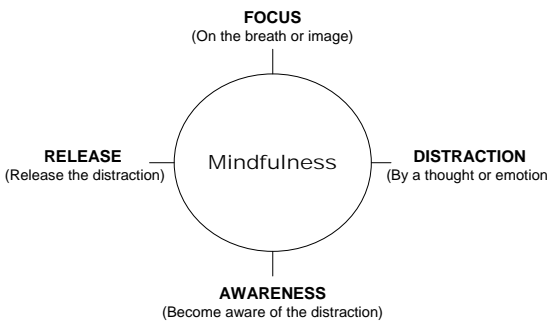
EMOTIONAL MIND OR PAIN BODY

Imagine the pain body to be the characters and scene (thoughts, emotions, and habitual negative patterns) playing out on the movie screen.


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Circle of Liberation



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Addictive Disease and SIV

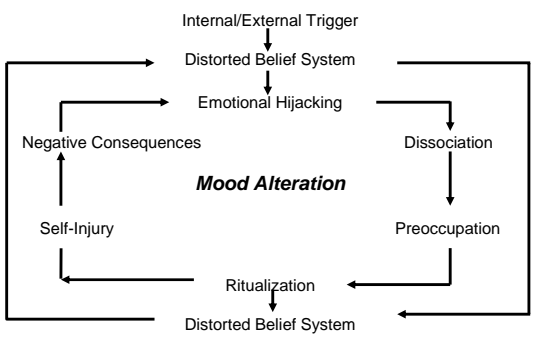
Addictive disease with regards to SIV can be defined as:

A pathological relationship of a person to a mood-altering process involving self-inflicted violence in expectation of a rewarding experience.


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The Addiction Cycle




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SIV Addiction Progression

1. Person struggles profoundly with feelings, desires, and needs.
2. Person engages in initial SIV act in an effort to cope, to “handle” intolerable affect.
3. Early experiences with self injury provide intense, positive mood alteration.


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SIV Addiction Progression

4. SIV behavior brings temporary relief, but uncomfortable feelings continue to surface.
5. Person relies more and more on SIV behaviors to manage feelings or to “fix” what is “wrong.” SIV becomes the primary way the person struggles with conflicts around feelings, needs and problems.


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SIV Addiction Progression

6. SIV becomes a simple solution to a complex problem.
7. Eventually the SIV gains a life of its own, and operates all by itself, regardless of any pre-existing conditions. The person now compulsively engages in SIV not only to handle negative feelings, but to deal with the recurring negative consequences of the SIV itself.


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SIV Addiction Progression

8. The person is now faced with two problems:
 - a. An active addictive process that is destroying his/her life, and
 - b. A disrupted, chaotic, empty interior life.

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SIV Recovery

SIV recovery is a process of self-integration involving two processes operating in tension:

1. the gradual surrender of self injurious behaviors (establishing “abstinence”); and
2. restoration of internal stability and cohesion; awakening and commitment to a new vision of self, a joyful way of being in the world (repair and redirection of the self).

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SIV Recovery

Gradual Surrender of SIV Behaviors
(Establishing “Abstinence”)

↕

Restoration of Internal Stability and Cohesion
Awakening and Commitment to a New Vision of Self
(Repair and Redirection of the Self)

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Arresting the Addictive Process

- Postponing SIV Behavior
- Turning Off the Alarm System
- Thinking Things Through
 - Challenging Self Destructive Beliefs
 - Negative Reminders
 - Reasons to Stay Safe
 - Affirmations
- A Letter to a Friend
- Distracting Behaviors

- Responding to an Episode of Self Injury
- Looking Ahead
- Staying Connected


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Postponing SIV Behavior

Encourage clients to practice postponing SIV behavior for 30 minutes each time they experience an urge to act out. Postponing behavior provides clients with a window of opportunity to slow down, appraise the situation, and consider alternative responses.


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Turning Off the Alarm System

Utilize imagery, breathing and relaxation techniques to decrease symptoms of hyper-arousal. Focusing on feelings and symptoms increases hyper-arousal, while focus on immediate experience in the body promotes decreased arousal.

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Turning Off the Alarm System

Strategies

- Act Immediately
- Grounding Techniques
- Relaxation Breathing
- Safe Place Visualization
- Utilizing a Mantra
- Focusing on the Heart
- Session/Voice Recording


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Thinking It Through

- What price will I pay later for temporary relief now?
- What are my reasons for staying safe?
- What affirmations can I use to stay safe?
- What am I telling myself right now to talk myself into hurting myself?
- What can I say to myself to challenge these negative messages and beliefs?
- What can I do to distract myself, to get my mind off of self injury?
- Can I tolerate the pain just a little longer, can I give myself a chance to think things through?


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Which Wolf Will I Feed?

Self-injurious behavior is typically perpetuated by distorted, negative beliefs that provide the person with easy justifications or rationalizations for acting out. In order to remain safe, the person in recovery must learn to recognize these negative beliefs and messages and challenge them with positive responses.

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Which Wolf Will I Feed?

Self Injury Wolf: "If I hurt myself, I'll feel better."

Recovery Wolf: "When I hurt myself, I feel temporarily better, but then the uncomfortable feelings always come back, and I end up feeling worse for losing control, scarring my body, and not dealing with the problem at hand. In the long run, I feel worse, not better when I hurt myself."

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Which Wolf Will I Feed?

Self Injury Wolf: "Hurting myself gives me a 'way out' when I can't handle things."

Recovery Wolf: There is no escape from life's problems and pain. When I "check out" of life by injuring myself, I always have to "check back in." The more I try to avoid discomfort by hurting myself, the weaker I become, and the less able I am to handle the next challenge that comes my way.

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Which Wolf Will I Feed?

Self Injury Wolf: "One time won't hurt."

Recovery Wolf: "When I hurt myself once, it makes it easier for me to hurt myself the next time and eventually I'll get back into the old destructive cycle. The negative thoughts will get stronger, and I will start thinking about when and how I can hurt myself again and again. I have to remember that when I hurt myself, negative consequences always follow. There is no free lunch."

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Which Wolf Will I Feed?

Self Injury Wolf: "I can't stand the pain – I have to hurt myself."

Recovery Wolf: "I am not a fragile thing that can break. I've been through a lot of pain in my life. I know how to deal with pain. The pain of my feelings will end. I can get through it and get on with my life. Trying to avoid the pain by hurting myself only makes the pain worse. I don't need to dump more onto myself. I deserve a better life."

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Which Wolf Will I Feed?

Self Injury Wolf: "It's no use. I always give in."

Recovery Wolf: "Urges are part of the process. Having urges does not mean that I am doing something wrong or that I must act out. I can change this pattern. I can be good to myself. I can let go."


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Negative Reminders

When the compulsion to engage in SIV occurs, self-injuring persons typically do not see past the anticipated relief of the SIV act to the consequences that follow. They are caught up in "euphoric recall;" i.e., they remember only the "high times" of the behavior.

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Negative Reminders

To offset this, clients are instructed to remind themselves of the negative consequences of SIV when the desire to engage in self injury is experienced.

Focusing on the “cost” of SIV behavior often reduces the intensity of cravings.

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Negative Reminders

After I engage in self injury...

- I will feel worse about myself, not better (*and I will strengthen the urge to hurt myself again*).
- Feelings of emptiness, loneliness and depression will increase.
- Suicidal thoughts are likely to increase, leading to a possible attempt and/or hospitalization.


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Negative Reminders

- Positive feelings such as joy, gratitude, love and caring will decrease.
- Negative thoughts such as “I’m bad, weak, defective, worthless, etc.” will intensify.
- I will become less motivated to take care of my responsibilities, to take care of myself and to reach my goals.


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Negative Reminders

- I will leave scars on my body that I will have to hide.
- The scars that must be hidden will remind me that I am damaged, defective, broken.
- I will have to cut deeper and more often in the future to achieve the desired effect.


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Negative Reminders

- My ability to tolerate painful feelings will weaken; i.e., I will be less able to handle the next episode of distress or frustration that comes my way.
- It will take less emotional pain the next time to trigger an episode of self injury.

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Negative Reminders

- I will be more likely to engage in other destructive behaviors such as alcohol/drug use and eating disorder behavior.
- I will never learn the problem solving skills I need to learn to live successfully.

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Negative Reminders	
<ul style="list-style-type: none">• I will cut myself off from emotions that might otherwise help me to take care of myself. For instance, hurting myself when I feel angry prevents me from using my anger to help me to say "no" to others, to set limits and protect myself.	
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Reasons to Stay Safe	
What are my reasons for staying safe?	
<ul style="list-style-type: none">• I want to break this pattern of victimization.• I want to feel loving, joyful and free.• I want to be free of the compulsion to hurt myself.• I want to learn to handle my feelings safely, to take care of myself.• I want to feel good about myself.• I want to be able to wear short sleeves and not be embarrassed.• I want to heal.	
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Affirmations	
<ul style="list-style-type: none">• My needs and feelings count, even if other people don't listen to me.• I do not have to punish myself just because I made a mistake.• I can stay safe, even when I feel bad about myself.• The urge to hurt myself will pass if I don't give in.• I can accept myself, exactly the way I am.	
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Affirmations	
<ul style="list-style-type: none">• I am loveable and acceptable mistakes and all.• I don't need to be perfect to deserve love and attention.• I have many options and choices.• Right now, it is enough just to stay safe.• That was then, this is now. I don't have to repeat the past.	
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A Letter to a Friend	
Invite clients to think about what they might say to a loved one (friend, child, spouse, etc.) who came to them for help in dealing with self injury urges. Instruct them to write a letter of support and encouragement to this person, using their "compassionate voice."	
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A Letter to a Friend	
When they have finished writing their letters, ask them to cross off their loved one's name and put their own name at the top. Invite them to read this letter when they experience self injury urges.	
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 <h2>Distracting Behaviors</h2>
<p>Clients are asked to list things that they can do immediately to distract themselves to take their minds off of a craving or urge to act out. If possible, clients should remove themselves immediately from the situation that has set off the craving response.</p>
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 <h2>Summary: Four Steps to Coping With Self Injury Urges</h2>
<h3>Step 1: Stop!</h3> <ul style="list-style-type: none">• Acknowledge that the craving or urge is present. Accept that it is there. Don't judge or analyze it. Let it be.• Be willing to postpone self injurious behavior for 30 minutes to de-escalate, think it through, and choose a healthy response.
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 <h2>Summary: Four Steps to Coping With Self Injury Urges</h2>
<h3>Step 2: Turn Off the Alarm System</h3> <ul style="list-style-type: none">• Utilize breathing, visualization and relaxation techniques to quiet down emotional escalation.
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 <h2>Summary: Four Steps to Coping With Self Injury Urges</h2>
<h3>Step 3: Think It Through</h3> <ul style="list-style-type: none">• Correct/Challenge Cognitive Distortions and Negative Beliefs• Use Affirmations and Reasons to Stay Safe• Read Letter to a Friend• Utilize Negative Reminders to Offset Euphoric Recall• Identify Triggers/Patterns
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 <h2>Summary: Four Steps to Coping With Self Injury Urges</h2>
<h3>Step 4: Choose</h3> <ul style="list-style-type: none">• What is the most loving thing I can do for myself right now?• Can I shift my old pattern and make a creative choice?• Do I need to distract myself and come back to this later?• Am I willing to let go? What's the worse thing that will happen? Will I get too happy...too healthy?
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 <h2>Responding to an Episode of Self Injury</h2>
<ul style="list-style-type: none">• Attend to any physical/medical needs a client may have after self-injury has occurred, but don't inadvertently reinforce the behavior by becoming overly concerned. Remain matter-of-fact.
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 <h3>Responding to an Episode of Self Injury</h3>
<ul style="list-style-type: none">• Avoid being drawn into a power struggle around the issue of safety in which the client advocates for self-harm and you become the spokesperson for safety. Clients need to struggle with their own ambivalence around safety issues.
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 <h3>Responding to an Episode of Self Injury</h3>
<ul style="list-style-type: none">• Don't withdraw your support from the person or use guilt to try to control your clients' behavior. Example: saying "I will no longer see you if you continue to engage in self injury" is unreasonable. However, saying "We may need to consider short-term hospitalization to stabilize your pattern of self injury before we can proceed further with out patient therapy," may be reasonable.
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 <h3>Responding to an Episode of Self Injury</h3>
<ul style="list-style-type: none">• Carefully analyze each event of self injury looking for possible triggers: "What do you think triggered this event?" "What were the early warning signs that would indicate to you that you were about to engage in unhealthy behavior?" "What thoughts did you use to talk yourself into injuring yourself?"
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 <h3>Responding to an Episode of Self Injury</h3>
<p>"Did you do anything to sabotage yourself; e.g., put yourself into an unsafe situation, over-stimulate yourself, etc.?"</p> <p>"What thoughts did you use to talk yourself into injuring yourself?"</p> <p>"What coping skills did your use?"</p> <p>"What could you do differently the next time to prevent yourself from hurting yourself?"</p>
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 <h3>Looking Ahead</h3>
<p>Learn to analyze upcoming events looking for potential triggers:</p> <p>"Looking forward to this upcoming event, what kinds of things do you anticipate might happen that could cause you to want to hurt yourself?"</p>
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 <h3>Looking Ahead</h3>
<p>"What are some of the things you have done in the past that have helped you to stay safe?"</p> <p>"Is there something new you might try this time around if you find yourself becoming over stimulated or overwhelmed?"</p>
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Staying Connected

- Help client focus on the self by listening to his or her inner messages, by writing in a journal, and by learning how to spend time alone.
- Help clients develop the capacity to connect with supportive images of other people (including the therapist), pets, etc. when alone.
- Utilize transitional objects to remind clients of: (1) the internal resources available to them for their healing and well-being, (2) your ongoing presence and concern for them in between.

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References


Alderman, T. (1997). *The Scarred Soul: Understanding and Ending Self-Inflicted Violence*. Oakland: New Harbinger.

Burns, David, D. (1980). *Feeling good. The new mood therapy*. William Morrow & Company, Inc., New York.

Dallam, S.J. (1997). The identification and management of self-mutilating patients in primary care. *The Nurse Practitioner*, 22(5), 151-158.

Favazza, A.R. (1987). *Bodies under seige: Self-mutilation in culture and psychiatry*. Baltimore: The John Hopkins University Press.

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References


Favazze, A.R. (1998). The coming of age of self-mutilation. *Journal of Nervous and Mental Disease*, 186(5), 259-268.

Favazza, A.R. & Conterio, K. (1988). The plight of chronic self-mutilators. *Community Mental Health Journal*, 24, 22-30.

Favazza, A.R. & Rosenthal, R.J. (1993). Diagnostic issues in self-mutilation. *Hospital and Community Psychiatry*, 44(2) 134-140.

Fralich, Terry. (2006) *Through the Path of Mindfulness*.

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References


Levander, Andrew A. (2004). *Self-injurious behavior: Assessment, treatment and the recovery process*. Workshop manual published in association with Cross Country Seminars.

Linehan, M.M. (1993) *Cognitive-behavioral treatment of borderline personality disorder*. New York: The Guilford Press.

McCann, I.L. & Pearlman, L.A. (1990). *Psychological trauma and the adult survivor: Theory, therapy and transformation*. New York: Brunner/Mazel.

Rothschild, B. (2000). *The body remembers: The psychophysiology of trauma and trauma treatment*. W.W. Norton and Company.

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References

Solomon, Y. & Farrand, J. (1996). "Why don't you do it properly?" Young women who self-injure. *Journal of Adolescence*, 19(2), 111-119.

Strober, M. (1991). *Disorders of the self in anorexia nervosa: An organismic-developmental Paradigm*. In Johnson, C. Ed., *Psychodynamic Treatment of Anorexia Nervosa and Bulimia*, The Guilford Press: London.

Walsh, B.W. and Rosen, P.M. (1988). *Self-mutilation: Theory, research and treatment*. New York: Guilford Press.

Winchel, R.M. & Stanley, M. (1991). Self-injurious behavior: A review of the behavior and biology of self-mutilation. *American Journal of Psychiatry*, 148 (3), 306

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