Recognition, Assessment & Therapeutic Interventions for Self-Injuring Behavior

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FOR INFORMATION:

For information regarding:
- Admission to Self-Injury Recovery Services (SIRS) programs
- Information about the SIRS or other hospital programs
- Speakers on self-injury, destructive self-harm or other topics
- Consultation regarding an individual case situation
- Services related to self-injury or other programs

Please contact our Clinical Liaison Staff:

- Don Mitckiss       630-441-6837   School, Community, Treatment Agencies
  - Eating Disorders & Self-Injury Community Liaison

- Steve Hunter       847-755-8018   Schools, Police Departments
Definition of Self-Injury

Formally called: Nonsuicidal Self-Injury
Defined as: “the intentional destruction of body tissue without suicidal intent and for purposes not socially sanctioned” (Klonsky & Muehlenkamp, 2007).

This means that the person purposefully harms their own body without intending to die, and that this behavior is not socially sanctioned, such as piercing or tattooing.
The behavior is more common than thought, although most are not referred for treatment.

**Research estimates**
- 1,400-1,800 of 100,000 people in general population
- National rates are estimated ranges from 127-182 events per 100,000 per year (Claassen et al., 2006)
- 90-99% present with one or more psychiatric disorders (Isacsson, 2001)
- Increasing in males, where the rate of SIB may be about 1.4 females to every 1 male (Hurry, J., 2000)
The behavior is more common than thought, although most are not referred for treatment.

“Head banging and cutting, burning, biting, and digging at wounds—behaviors that in the past were associated mainly with mental retardation or flagrant psychosis—are increasing radically among teenagers. As much as 1.4% of the general population commits self-mutilation, and most self-mutilators (85% to 97%), depending on the survey, are women and girls (Wallace, 1999)” (Nichols, 2000).
Estimated Prevalence of SIB

• Rate for admissions for children 5-9 years increased 0.4 to 2.1 per 100,000 (Claassen, et al., 2000)
• 4% Military recruits (Klonsky, Oltsmanns & Turkheimer, 2003)
• 19% Male inmates in maximum security settings (Jackson, 2000)
• 14%-21% High school students (Gratz, 2001)
• 17-35% Psychology students in large university settings (Gratz, 2001; Whitlock, 2006)
• 38% completed suicides over age 60 (Hawton & Harris, 2006)
Who Self-Injures?

Estimates that about 13.9% (Ross et al., 2008) of people in the community,
Up to 50% of teenagers,
And 35% of college students have admitted they have injured themselves.
In a study of college students, only 21% ever talked about to a counselor (Whitlock, Eckenrode & Silverman, 2006).
This highlights the importance of asking about the self-injurious behavior and thinking directly.

(Gratz, 2001; Lloyd-Richardson et al., 2007; Nock et al., 2007, Whitlock et al., 2006)

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Who Self-Injures?

In a study of college students, only 21% ever talked about to a counselor (Whitlock, Eckenrode & Silverman, 2006).

Intervention: This highlights the importance of asking about the self-injurious and destructive behavior and thinking directly.
Co-Morbid Conditions

One study suggested that up to 99% of people who self-injure have some kind of mental health problem (Isacsson & Rich, 2001).

In studies looking at teens in an inpatient hospital setting, 61% have a history of self-injury (Nock & Prinstein, 2004).

Intervention: Assess self-injury and self-destructive behaviors in all people.
Prevalence of SIB Admissions

Approximately 65% of those visiting emergency room for self-injury are eventually admitted (Claassen et al., 2006).

*Self-poisoning* is the most common self-injurious reason for admissions to the emergency room, followed by cutting or piercing of the skin (Claassen et al., 2006; Carter, Safranko, Lewin, Whyte & Bryant, 2006).

Intervention: This highlights the importance of assessment for all forms of self-destructive behaviors.
It defies RATIONAL LOGIC

Inflicting pain to feel or not feel doesn’t make sense.............

Self-inflicted & intentional injury or high risk behavior (single, patterns or clustered self-destructive behaviors),

Which serves a purpose to the person,
And changes internal intensity more manageable.

Intervention: Assess purpose or function of the behavior for the person
It serves a purpose to the person

It provides something that words may not

*Emotional pain* is abstract, nebulous - has own existence, feels like no end, intolerable internal experience

*Physical pain* makes the experience more manageable - tangible, controllable, translates the abstract internal experience into something concrete

Intervention: Developing affect tolerance, delay of gratification, & teach solution focused problem solving.
It serves a purpose to the person

**Purpose** is based on:
- **THOUGHTS** - Private beliefs and logic
- **BEHAVIOR** - Specific outcome sought
- **AFFECT** - Managing internal intensity
  Either increasing or decreasing it
- **ATTRIBUTION** - Meaning of the behavior to the individual

*Labeling the behavior should take into account the INTENT of the behavior* (Nock & Kessler, 2006).

**Intervention:** Address each of these as the foundation for solution focused problem-solving and affect tolerance.
It serves a purpose to the person

Self-injurious behavior also includes thinking, intentions and beliefs about the world.

Self-injurious behavior is connected to a pattern of thinking, feeling, belief-system, reacting and behaving.

Self-injurious symptoms can rotate, but the underlying management deficits and problems remain the same.
It serves a purpose to the person

It is not about the injury

*The Behavior Modifies Internal Intensity*

Simply put, self-destructive behaviors can be thought of serving at least one of four functions (Nock & Cha, 2009):

- To generate feelings, usually from a very numb or empty state
- To escape or lessen bad or negative feelings or thoughts
- To get attention or something from other people or relationships
  - To communicate (Nock & Kessler, 2006)
- To avoid or escape from demands
- To stay alive (Juzwin & Styer)
- To self-soothe (Juzwin & Styer)
It is not the same as suicide

Both hopelessness and thoughts of death may be present, but serve different goals

SIB is a paradoxical behavior where the purpose is TO STAY ALIVE
Suicide has the goal of dying, ending life or pain permanently
It is not the same as suicide

Suicidal individuals who self-injure typically make suicide attempts during periods in which they are *not actively* engaging in self-injury (Gratz, 2006).

These behaviors differ by:

- Mediation (thought processes)
- Purpose or intention of action
- Desired outcome

**Intervention:** Teach the different functions of suicide and self-injury. Teach the awareness of the increase for suicidal thinking and urges when they decrease their self-injury behavior.
“Deliberate self-harm is a serious clinical problem in England and Wales, accounting for 140,000 hospital presentations a year. About 15-23% of patients will be seen for treatment of a subsequent episode of deliberate self-harm within a year. About 4% of those who harm themselves die by suicide within 5-10 years”

(Beenewith et al., 2002).

Intervention: Teach significant others the risk for continued/future self-destructive risk as a foundation for understanding future risk.
It is not the same as suicide, but....,

These behaviors and thoughts help people stay alive and manage their feelings and relationships.

Current studies suggest that more than half (or ER admissions for SUICIDE ATTEMPTS (52.9%) reported they use the behavior to “stop bad feelings” and not to die (Nock & Kessler, 2006).

Intervention: Stress the importance of therapy and supportive intervention. Stress the importance of understanding developmental level.
Nonsuicidal Self-Injury Conceptualization

People who self-injure tend to have problems with managing the real and perceived demands of daily living, even if they are doing well in one or more areas.

It serves a purpose to the person to help them manage to:

1. Increase internal intensity; to feel alive
2. Decrease internal intensity; to quiet down
3. To connect, communicate, get attention
4. To avoid demands
5. To stay alive
6. To self-soothe
The behavior is only part of the problem

**Intervention:** Teach concepts that self-destructive behaviors reflect a WIDE constellation of problems

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The behavior is only part of the problem

Stopping the behavior alone won’t work because it is about *Self-Regulation Deficits and Affect Tolerance and Regulation*, otherwise it will evolve or rotate

**Intervention focuses on the need to:**

- Change the underlying problem
- Develop self-soothing
- Develop appropriate tolerance for frustration
- Develop tolerance for feelings
- Develop language for expression
Getting Help

They probably need professional support even if they say they can control it, or “it happened only once” or it is just a minor injury.

REMEMBER:
Research suggests almost 25% of people who have injured will be seen again by medical professionals for injuring within a year; and about 4% of die by suicide within 5-10 years.

(Beenewith, Stocks, Gunnell, Peters, Evans & Sharp, 2002).
Stopping the behavior without changing the underlying coping strategy won’t work because it is about SELF-REGULATION

Appropriate goals are to develop the ability to:

- Tolerate feelings and manage thoughts and behaviors so that behavior is purposeful.
- Manage even when there is tension or other intense feelings.
- Problem-solve in a way that is mindful and keeps one intact, despite internal feelings or thoughts.
- Get thoughts, feelings, behaviors, and all else, to be organized in a purposeful and healthy manner.

**SELF-REGULATION = SELF-MANAGEMENT**
It can develop into a lifestyle of coping because it changes internal intensity and becomes a pattern of coping and responding.

Research suggests it provides both or either:

- **Automatic reinforcement** to increase or decrease emotional or physiological experiences.
- **Social-reinforcement functioning** (connecting, attention, avoidance of demands) is a significant source for adolescents (Nock & Kessler, 2006, Nock & Cha, 2008).

- It can develop into a lifestyle of coping because it changes internal intensity and becomes a pattern of coping and responding.
NSSI & SIB can be Repetitive

“...there is considerable risk of repetition. About 10% of children under 16 years of age were found to repeat an act of deliberate self-harm within the year, increasing to 20% over seven years.” (Chitsabean, et al 2003)

“The study found that the majority of children who repeated did so within the first two months after the initial act of deliberate self-harm.” (Chitsabean, et al 2003)
Self-destructive behaviors take on many many (MANY) forms

Cutting
Hitting
Biting
Burning with fire
Burning with fluids
Skin picking
Punching
Banging Limbs
  or Head
Poking
Bruising
Lacerating
Piercing
Eating Problems
Substance Abuse

Abrading
Scratching
Pulling
Breaking Bones
Pinching
Self-poisoning with alcohol
Ingesting
Injecting
Embedding objects
Insertion of Foreign Materials
Interference with Healing Process
Atypical eating patterns
Substance abuse
Fighting to get hurt
High Risk Behaviors w/goal of harm
It can develop into an identity

• It can become a way to describe one’s self
• It is a descriptor of a behavior that becomes a definition
• This definition both defines the self and position in the world
• The position drives relationships and how they are participated in by the individual

PLEASE...DON'T CALL THEM ‘CUTTERS!’

Intervention: Focus on development of self-identity versus self-esteem
GOTH: Entry into A Lifestyle

Can be related to “GOTH” subculture (Nursing Standard)

Scottish research suggests that within the Goth subculture, lifetime self-harm prevalence rates are 53% percent, and attempted suicide rate at 47%.

“Robert Young... (Young et al., 2006): ‘One common suggestion is that they may be copying subcultural icons or peers. But since our study found that more reported self-harm than before, rather than becoming a Goth, this suggests that young people with a tendency to self-harm are attracted to the Goth subculture.’’
It can develop into an identity: Developmental Considerations

The individual lacks age-appropriate:
• Self-soothing
• Self-expression
• Capacity to tolerate affect
• Self-definition
• Capacity to manage consistently across settings

Intervention: Focus on acquisition of age-appropriate self-regulation, responsibilities and privileges they can handle

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It can develop into an identity:
Developmental Considerations

Important Intervention Foundation
Age-appropriateness
Developmentally appropriateness
Expectations
Consistency of expectations
Limits
Accountability
Feedback
Logical & Natural Consequences for actions
Healthy modeling

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It can be a way to manage relationships, establish connection and reflect attachment

“These individuals appear to use self-mutilation to communicate feelings and to ensure a tight, although temporary, bond within a relationship.” (Rosen & Walsh, 1989)

• Intimacy
• Connectedness
• Identity formation
• Emotional spacing

Intervention: Teach healthy boundaries and limits.
The **CONTAGION EFFECT**

Can cause an increase in deliberate self-harm:
In people who are influenced or predisposed to try new things for risk, to fit in or who are taxed emotionally.

Can cause self-harm to become suicidal thinking or actions, if the group-think mode drives and organizes thinking or behaving within the group.

Can be made worse by “distance” or “virtual” relationships, where rules of relationships differ.

**Intervention:** Teach healthy boundaries, self-care and recognize developmental contributions and stages (individual/separation).
Virtual relationships, such as online postings on message boards, “clearly provide essential social support for otherwise isolated adolescents, but they may also normalize and encourage self-injurious behavior and add potentially lethal behaviors to the repertoire of established adolescent self-injurers and those exploring identity options” (Whitlock, Powers & Eckenrode, 2006).
“It’s part of adolescent development to identify with a peer group as an intermediate step in the transition from family immersion to adult independence. The Goth subculture may be important, accepting social support for an otherwise isolated group of teenagers. To the degree it allows ventilation of emotional distress, socialization rather than withdrawal, acceptance of sexual conflicts, and a refuge from traditional standards of fashion and physical attractiveness, a Goth identification may be very helpful to provoke parents and lead to discussions about the limits of adolescent autonomy” (Fritz, 2006).
It can develop into a lifestyle of relating to the world

With continued use over time, deliberate self-harm can become a *compulsive pattern* of managing life; AND

The pattern of using a symptom *to regulate feelings* and managing the experience of increased internal intensity becomes the coping style; AND

The individual might begin to use the behavior as part of their IDENTITY, WORTH or SELF-DEFINITION.

**Keep DEVELOPMENTAL stage and tasks in mind! What is the goal of ADOLESCENCE?**
### Other Types of Self-Injury & Entry into the SIB Lifestyle

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<th>Overachieving Lifestyle</th>
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<tr>
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<td>Poor Self-Care</td>
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<td>Early sexualization</td>
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<td>Substance Use</td>
<td>Clothing, posturing and lifestyle that is provocative</td>
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<tr>
<td>Drug Experimentation</td>
<td>Hierarchy shift at home</td>
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<td>High-Risk Sex</td>
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<td>Sex before Ready</td>
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<td>Legal problems</td>
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<td>Poverty</td>
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<td>Attachment Issues</td>
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<tr>
<td>Inability to tolerate rules</td>
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14. It can be a way to manage developmental & maturational tasks the individual can’t otherwise manage

*Self-destructive behaviors reflect a WIDE constellation of problems*

Keep developmental tasks and stages in mind. Most kids who are self-destructive are meeting typical developmental tasks using maladaptive or immature strategies. This can become a cycle that prevents healthy attainment of more mature development.
WEB RESOURCES: http://
Focus Adolescent Services - focusas.com
Center for Parents and Youth for Understanding - CPYU.org
Something Fishy.org
Palace.net
Lifesigns.org
self-injury.org
diseaseworld.com
mirror-mirror.org/selfinj.htm
selfinjury.freeserve.co.uk
The Prevention Researcher - TPRonline.com

All references provided upon request.

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Books
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Self-Destructive Behaviors,

www.AuthorHouse.org

http://krjuzwin.wordpress.com/
Borders, Barnes & Noble, Go Hastings

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