Supporting young people with Self Harm behaviours A Guide for Parents, friends, family and supporters of young people

This information is compiled by Andrea Beres, Psychology4Life from information sourced from Eastern Health CYMHS Seminar Nov 2016, Australian Childhood Trauma group "At the Cutting Edge(Greg Nicolau) 13/9/13 and www.youthbeyondblue.com.au plus own knowledge and experience working with people who self harm. It was developed as an information and support tool only and is not designed for publishing.

What is self harm? Also referred to as "Non suicidal self injury" NSSI

It includes cutting, overdosing or self-injury that is not intended to result in death. NSSI is not typically associated with suicide intent. Most self injury is NOT about suicide but about problem solving and coping ie. It can be a coping strategy.

Who does it?

NSSI is more common in adolescents and young adults than in older adults. It is slightly more common in women than men.

What might you observe?

- Cutting or scratching skin that causes bleeding or an obvious mark, often on arms but may be hidden. May be scars as a result. Can use knives, sharpener blade, scissors, nail files, art tools, pens, other sharp tools.
- · Banging or punching objects resulting in bruising or bleeding.
- Ripping or tearing skins, picking sores, pulling hair. There is an Impulse control disorder called
 Trichotillomania (hair pulling) and Dermatillomania (skin picking). Some young people may do
 both, typical self harm like cutting and also pull hair/pick skin. Impulse control disorders occur
 for some of the same reasons as typical self harm but are not exactly the same.
- Carving words or patterns into skin.
- Burning skin with matches, cigarettes or hot water.
- Deliberate overdose when this is not meant as a suicide attempt but may result in accidental death.

Why do people self injure?

APART from diagnosable mental health disorders, young people may demonstrate maladaptive ways of coping with stress including NSSI and substance misuse.

Young people who self injure usually have difficulty tolerating strong feelings (particularly sadness, loneliness, anger and anxiety) and regulating their emotions in more adaptive ways.

There may be a lack of language around emotions.

Many young people report that they self harm as a way of replacing the emotional pain with physical pain.

Often young people can experience periods of low self worth, questioning self-concept and identity including their own gender or sexual preference.

Young people experience strong surges of emotion and find that self harm can be a release from tension. It has become popular amongst young people probably due to social media, a contagious effect in schools for example.

It can be a way of regaining control just like using food (eating disorders) and over-exercising can, a way of possibly eliciting support and are in an indirect way; communicating via this means rather than talking.

OVER time self-injury becomes associated with feeling better (relief from tension) and may become addictive/habitual. However it is a double edged issue whereby young person may feel bad as a result of the implications = a vicious cycle ie. Others' responses, the scars, disappointment in them-selves.

These attempts to deal with stress offer short term relief (hence why they are repeated, similar to short term gain from obsessive shopping for example) but do not provide helpful long term strategies for managing stress and strong feelings.

It is crucially important to find out the reason why the young person self harms so that the root of the cause can be worked with and they can be encouraged to develop better coping strategies.

Statistics on motivations for NSSI (Lawrence et al, 2015, The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Dept of Health, Canberra)

- reduce painful feelings 57%
- form of self punishment 25%
- to communicate with others 6%
- to feel detached from themselves, dissociate, getting away from emotional pain.
- To combat/avoid suicidal thoughts (less common)
- To seek a rush or high (less common)

Reasons for NSSI cited by young people (Brophy et al, 2006, Truth Hurts, London UK)

- Low self esteem / self worth
- bullied at school
- not getting on with parents and/or peers
- stress and worry around academic performance and exams
- issues with identity, can include sexuality, race, culture, religion
- parental divorce/constant arguing
- bereavement
- unwanted pregnancy
- experience of abuse in early childhood
- feelings of being rejected in their lives.

NSSI compared to suicidal self injury......whilst most self injury is non suicidal in nature, intent not to end life. People who self injure have higher rates of depression, suicide attempts and death by suicide than their peers who do not self injure. The only way to know whether or not the person has suicidal intent is to ASK THEM. Often a young person may say I want the emotional pain to go away, for everything to end – however this doesn't mean they are intending to end their life.

Young people's perspectives on what works and what doesn't work....

- "people who listen and respond in a natural way showing concern and wanting to support you"
- "reading articles / websites about self harm and to learn that they are not the only one feeling this way"
- "show me calmness, empathy, time and attention"
- "the only people who helped me were those that knew self harm was a positive thing, a way of staying alive"
- "Learning to recognize when you are vulnerable, what your triggers are and to have people, whoever just care and not giving up"
- It's a balancing act between focusing on the cause of their action and trying to stop the action. If the only time the person feels cared for is when they self harm then they will keep doing it.
- Often young people feel that their caregivers or parents are missing the point and focusing too much on watching their every move and checking in all the time, which then becomes insincere to them. They appreciate if questions and investigation is made in a genuine way as to the root cause see Reasons above. So for example if a young person is struggling with low self worth it would be worthwhile for carers and parents to do some research into how they can boost the young person's self esteem in a genuine way. This might mean doing reading and research behind the scenes.
- It's a two-pronged approach between looking at root cause for eg. Low self worth and working on strategies to divert thoughts away from self harm.

Manage your own feelings and response

- be non judgmental and supportive
- take care how you react, it can be distressing but try not to panic, become angry or ignore the
- stay calm and focus on help
- let the young person know you have observed their self injury.
- Attempt to understand why self injury is occurring and purpose it serves.
- Develop an understanding of the young person, understand person before addressing behavior
- Help young person make sense of it by helping them make connections
- Ask them what has been happening to make them feel upset.
- Listen and validate

- Encourage building of supports and social networks
- Remember that NSSI is likely to reduce as young person learns other ways to cope with distress

Managing your own feelings/response and the "mismatch dilemma"

- There can be a constant mismatch between how we naturally respond to NSSI and what is helpful for the young person.
- self harm can evoke strong distress in us so we become anxious and want to reduce risk and NSSI behaviours.
- However young people get irritated and frustrated by the focus on their injuries and lack of attention to their underlying distress
- The BEST WAY TO RESPOND is to validate the underlying distress/feelings/experience of the young person (empathic response), rather than focus on the VISIBLE behaviours, actual self injury.
- Hiding the cutting implements is only a band-aid approach as the core issue is still not addressed.

What can parents/caregives/friends do? Suggestions for helping – road to improved coping and problem solving

- enjoy each other's company (do something together that is enjoyable for the young person, within their interest realm)
- encourage new interests
- praise in a genuine & specific way ie. Instead of 'you look nice' try 'I really like the way you have had your hair cut' or I really like the way you offered to help with the dishes tonight
- ask how you can help them
- ask what you can do <u>more</u> of and what can you do <u>less</u> of (you may be surprised with the answer)
- don't expect perfection
- don't expect immediate responses to your questions; it may take a while if communication, honesty and openness has been difficult in the family or it is not a 'done' thing
- ask open questions ie. a closed question results in a yes or no answer, an open question requires more of a response
- give them space and privacy
- avoid constant focus on the behavior
- build their self esteem in a genuine way
- listen to / tune into your own thoughts, biases, self talk, and spoken words; could they be difficult for a young person to hear? Are they affecting how they respond, act with you, around you? A relationship is always a two way street.
- Recall your own teenage years, what did you need? What didn't you need? What were your own challenges? What annoyed you? What would you have preferred if you could have chosen it or asked your own parents/friends to do for you in challenging times?

Suggestions for further reading and supports (this list is not exhaustive).

https://www.headspace.org.au/clinical-toolkit/depression/for-family-and-friends/

https://www.headspace.org.au

www.livingisforeveryone.com.au

http://www.livingisforeveryone.com.au/uploads/docs/LIFE-Fact%20sheet%208.pdf

https://www.beyondblue.org.au/the-facts/self-harm-and-self-injury

https://www.youthbeyondblue.com/understand-what's-going-on/self-harm-and-self-injury

Apps: "Calm Halm", "Pause", headspace