

Answering God's Call Wounded Adolescents: Confronting Cutting (NSSI)

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Today we will cover the following:

- A. Understand the psychological and practical experience of the adolescent who self-mutilates – Current Statistics
- B. Examine its many forms
- C. Comprehend contributing factors
- D. Review facts
- E. Learn the cycle
- F. Signs of cutting
- G. Therapist Do's and Don'ts
- H. Therapist questions for cutting
- I. Selected Bibliography
- J. Suggested Websites

Cutting Defined

1. The act of deliberately destroying body tissue, at times to change a way of feeling.
 2. Any act which involves deliberately inflicting pain, injury to one's own body, but without suicidal intent. It is usually an attempt to stay alive in the face of emotional pain.
 3. The intent of the self injurer is to modify the pain. The self-injuring person wants to reduce distress in order to live another day.
 4. DSM V. TR
- ICD – 10 X78-9XXA Intentional Self-harm by unspecified sharp object initial encounter

Quiz on Self-Injury: True or False?

1. Teens who cut themselves are often likely to be anorexic as well.
2. People who cut themselves are trying to get attention.
3. More women than men think to self-injure.
4. Medication often will put an end to self-injuring.
5. Self-injury affects about 10 percent of American teenage girls.
6. People who self-injure tend to kill themselves.
7. It's often difficult to tell when someone is self-injuring.
8. The best way for parents to handle children who self-abuse is to remove all sharp objects immediately and then punish the child.
9. Self-injurers cut themselves because they're trying to release tension.
10. People who self-injure often have an underlying condition known as borderline personality disorder.

Results

Average score 81%

Video

Types of Self-Mutilation & A Study

- A. Scratching
- B. Impact with objects
- C. Impact with oneself
- D. Ripped skin
- E. Carving
- F. Interfering with healing
- G. Burning
- H. Rubbing objects onto the skin
- I. Hair-pulling (trichotillomania)

DSM-5 Symptoms of Non-suicidal Self-Injury

- A. The act is not socially acceptable
- B. The act or its consequence can cause significant distress to the individual's daily life
- C. The act is not taking place during psychotic episodes, delirium, substance intoxication, or substance withdrawal. It also cannot be explained by another medical condition.
- D. The individual engages in self-injury expecting to:
 - 1. Get relief from a negative emotion
 - 2. Deal with a personal issue
 - 3. Create positive feelings
- E. The self-injury is associated with one of the following
 - 1. The individual experienced negative feelings right before committing the act
 - 2. Right before self-injury, the individual was preoccupied with the planned act
 - 3. The individual thinks a lot about self-injury even if the act does not take place

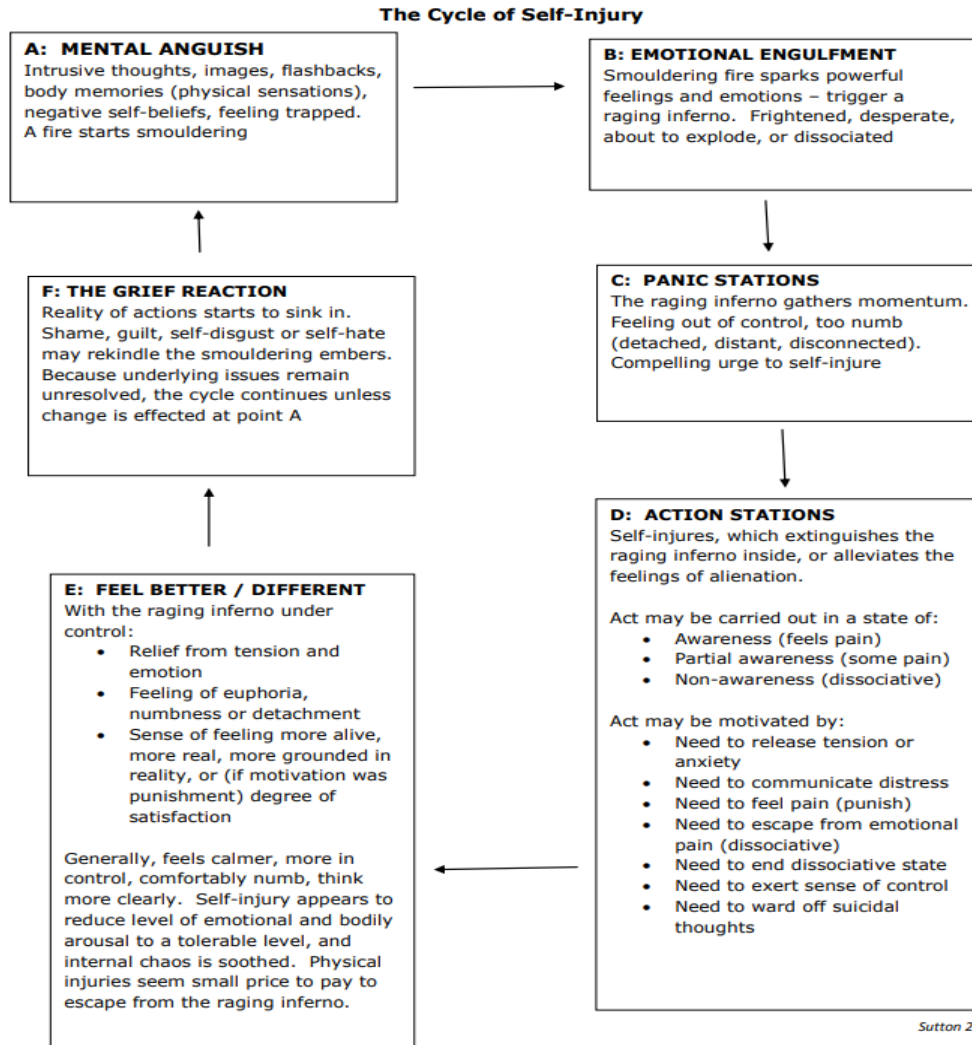
Why Adolescents Self-Mutilate

- A. A feeling of mental disintegration, inability to think
- B. A rage that cannot be expressed, or even consciously perceived toward a powerful figure (or figures) in their life, usually a parent.
- C. Combined with Borderline Personality Disorders, Posttraumatic Stress Disorder, Depression, Anxiety Disorders and a history of abuse or trauma (Alderman, 1997; Conners, 2000; Conterio & Lader, 1998; Holmes & Nadelron, 2000; Sansone & Levin, 2002; Yates, 2003).

Five Facts on Self-Mutilation

- A. Fact: The brain releases endorphins when the body is cut. They bring an immediate sense of calm and relief from emotional pain.
- B. Fact: Cutting can become a habit or addiction. When someone is in emotional pain again, the brain craves the relief endorphins give.
- C. For the self mutilator, the experience of one or both of these feelings is so unbearable and must be 'drowned out', by some immediate method. Physical pain and the sight of oneself bleeding becomes solutions because of their ability to overpower the strengths of these feelings.
- D. The SM can't regulate their emotional pain. They are unable to find relief from 'normal' coping mechanisms.
- E. SM behavior means the mind has slipped away from its ordinary context or perspective, losing sight of the impracticality of pain and danger in order to commit an act that will bring an immediate solution to emotional pain.

The Self-Mutilation Cycle



Self-Mutilation Profile

- A. Anyone (females fourfold greater risk than males)
- B. Homosexual, Bisexual or Different Sexual Orientation
- C. Low Self Esteem
- D. Takes Risks
- E. Rebel
- F. Rejects parental values
- G. Problems with individuality
- H. Problems with acceptance
- I. Desperation
- J. Anger
- K. Seeks Attention
- L. Demonstrates Hopelessness
- M. Demonstrates Worthlessness
- N. Suicidal Thoughts (although not typically a suicidal gesture, self-injury is statistically associated with suicide and can result in unanticipated severe harm or fatality (Claes, Vandereycken and Vestommen, 2003. Fevezza, DeRoear and Centerio, 1989)).
- O. Difficulty Expressing Emotions
- P. History of Severe Family Dysfunction

Uncovering the Secrets: What to Look For

- A. Unexplained wounds or scars from cuts, bruises and burns
- B. Blood stains on clothing, towels, or bedding; blood-soaked tissues
- C. Sharp objects or cutting instruments- razors from pencil sharpeners, knives, needles, glass shards or bottle caps in the person's belongings, sharpened fingernail. THE INDIVIDUAL WILL ALWAYS FIND A WAY TO CUT!
- D. Frequent "accidents." Someone who self-harms may claim to be clumsy or have many mishaps in order to explain any injuries
- E. Covering up. A person who self-injures may insist on wearing long sleeves or long pants, even in hot weather
- F. Needing to be alone for long periods of time, especially in the bedroom or bathroom
- G. Isolation and irritability
- H. Person has super glue on them

What You Can Do

A. Safety is First!

Check the injury. Down the arm is known as being a suicidal attempt. Across is usually not.

B. Does the person need stitches/hospital dressing?

C. Mindfulness techniques. Naming things in the room

D. Want to bring things into their conscious thinking. Bring the person into the present “Balance out the brain.”

E. More cognitive thinking

Do's and Don'ts

A. Do's

1. Act calm
2. Confident
3. Empathetic (no pity)
4. BE DIRECT AND SUPPORTIVE. Accept him or her even if you disagree with the behavior
5. IN THE MOMENT

B. Don'ts

1. DO NOT PANIC
2. NO JUDGEMENT OR CRITICISM
3. NO PITY
4. DO NOT LEAVE THE PERSON ALONE UNTIL SAFE

First Aid Essentials

1. AAAAAGGGGGHHHH Don't Panic!!!!
2. IF IN DOUBT CALL AN AMBULANCE
3. CONTROL THE BLOOD!

Has the person cut through an artery?

If the person loses a lot of blood they can go into shock resulting in potential brain damage.

Assess the damage. If blood is pumping out from the injured area, in time to your heartbeat then this means they have cut through an artery-not good.

Immediate direct-pressure is needed, elevate the area if necessary, and you must not remove pressure at all for at least 3-5 minutes – call an ambulance.

4. CALL FOR SCHOOL SUPPORT AT THE FIRST MOMENT YOU CAN
5. IF THE WOUND IS NOT LIFE THREATENING, TREAT THE WOUND AS YOU WOULD A NORMAL CUT. THE CUTTER WILL MOST LIKELY KNOW WHAT TO DO. ASK THEM TO SHOW YOU HOW THEY TREAT THEIR WOUNDS.

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