

what you

NEED TO KNOW

about...

Helping Children and Youth with Self-Harm Behaviours Information for Parents and Caregivers

What's happening with Mary? Part 1

Mary is a teenager who has always been a little quiet and shy, so her mother was surprised when she found out that Mary started dating a boy this year. But lately, Mary's been a lot moodier than usual. And just the other day, Mary's mother caught a glimpse of Mary's forearms and saw that they had scratches and cuts all over them. Like most parents might feel in such a situation, Mary's mother was overwhelmed, feeling scared and confused: "This is terrible! I've no idea how to deal with this! What am I supposed to do!???"



What is self harm?

Self-harm (also called 'non-suicidal self-harm') happens when youth try to hurt themselves on purpose. In most cases, they do this with no intention to commit suicide.

This fact sheet focuses on the kind of self-harm behaviours where youth do not intend to end their lives.

Common ways that youth (who do not have developmental delays or autism) harm themselves include:

- Cutting themselves
- Scratching themselves
- Burning their skin, e.g. with a cigarette
- Taking too much medication, but not enough to kill themselves ('minor overdosing')
- Hitting one's head (like against a wall)

How common are self-harm behaviours?

One study of Canadian youth found that almost 2 out of every 10 youth aged 14-21 had hurt themselves on purpose at one time or another. Self-injury behaviours usually start between 13 and 15 years of age, and happen most often in teenagers and young adults. Self-harm behaviours are twice as common in girls and young women, compared to males.

Why do people self-harm?

Many mental health professionals believe that in most cases, youth are using self-harm behaviours as a way to try to cope with stress. Some of the reasons behind self-harm include:

- Getting relief from painful or distressing feelings
- Dealing with feelings of numbness
- Communicating pain or distress to others

All of these underlying reasons are actually quite healthy; it's just that self-harm is an unhealthy way to achieve these goals.

How do self-harm behaviours develop?

Researchers (lead by N. Slee, in 2008) have mapped out a model to help us understand how self-harm behaviours develop:

Vulnerable person



Self harm happens more often in people who have:

- Family members who have self harmed
- Lived through negative or very difficult experiences

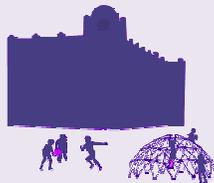
Stressful event or situation

The vulnerable person experiences internal or external stresses.



Common internal stresses (handling feelings):

- A lack of feelings (feeling numb or empty)
- Too many (distressing) feelings like anger, anxiety or depression



Common external stressors are:

- School (teachers, school work, peers)
- Relationships (boyfriends, girlfriends, friends, parents, brothers and sisters)
- Home (dealing with parents, divorce, separation, living in foster care or a group home, conflict with siblings)

Coping

Can be healthy or unhealthy.

Stress triggers unhealthy thoughts:

“I can’t believe that she said that! Nobody loves me! Nobody cares! I can’t deal with this!”

Healthier thoughts:

“I don’t like what she said... I’m going to take a break so I can calm down, and then I’ll deal with it. I’m not going to let this bother me...”

Unhealthy Coping, like Self-Harm

Youth use self-harm because they

- Feel overwhelmed
- Haven’t yet learned healthier ways to cope

On the positive side - at least they are trying to cope!

Healthier coping behaviour, like:

- Calling a friend for support
- Going to work out
- Listening to music
- Writing in a diary
- Dealing with the stress



For example, youth who feel numb or empty may cut to deal with these feelings. Or if they are feeling overwhelmed by their emotions, self-harm helps them turn the emotional pain into physical pain.

As youth harm themselves more often, the link between external stress and self-harm behaviours gets weaker. This means that after a while, a teen’s thoughts alone can become a trigger for self-harm. For example, just thinking, “No one cares about me” can lead to self-harm, without any stressful event at all.

How is self-harm treated?

Self-harm behaviours are usually treated through ‘talk therapy’. Effective treatments for self-harm all include these common elements:

- 1 Pin pointing ‘triggers’:** Helping youth figure out what stresses may be leading to self-harm.
- 2 Improving problem-solving:** Helping youth find better ways to deal with stressful situations (for example, using distraction when stressed, or by changing the situation to reduce stress).
- 3 Learning to control emotions:** Helping youth identify their feelings, and find healthier ways to handle them (for example, taking a bath to relax or reading a good book to keep their minds off worries).
- 4 Changing unhealthy thoughts:** Helping youth identify their unhelpful thoughts (for example, “nobody loves me”) and replace them with more positive ones (like, “its okay, I can get through this”)
- 5 Boosting ‘people’ skills:** Helping youth communicate better so that they can handle conflicts and get support from others, instead of using self-harm

Should we get professional help?

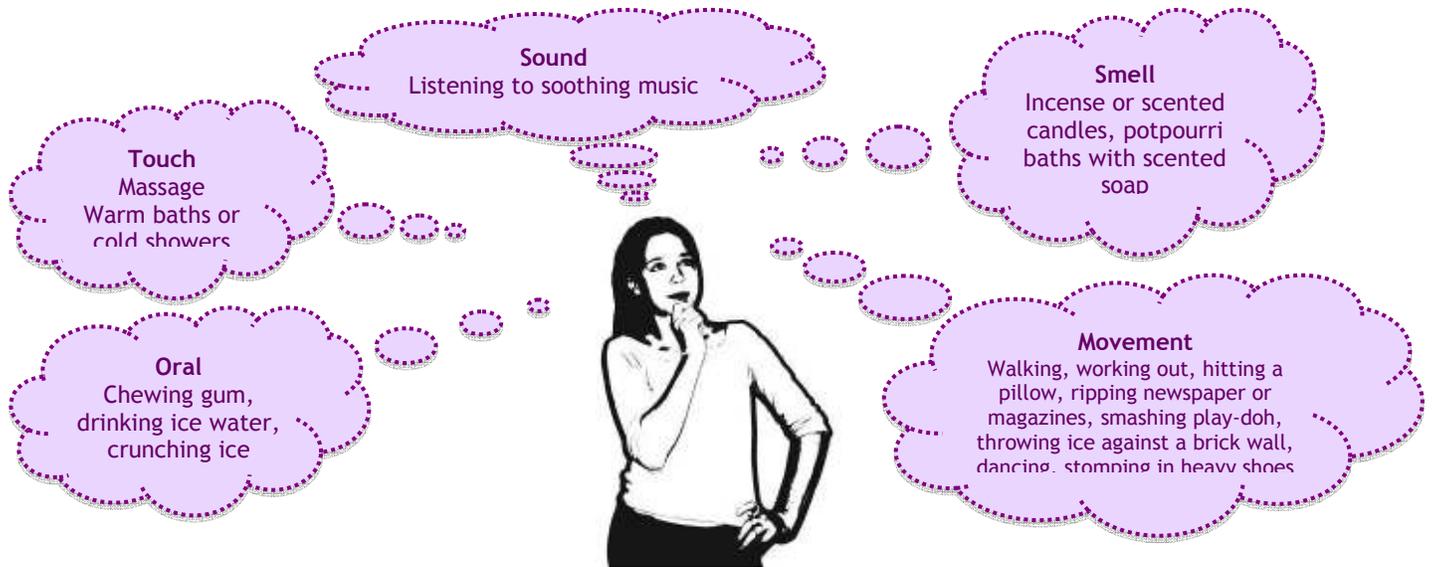
If you think your teen may be harming himself, take him to see a mental health professional (psychologist, doctor or children’s mental health centre). Self-harm is mostly your teen’s way of coping with stress, and is not the same as trying to end her life. But these behaviours can continue over time if the underlying stresses are not properly handled. In some cases, self-harm can even progress to active thoughts of suicide. For this reason, it’s important for a professional to assess your teen carefully to look for thoughts of suicide. In emergencies, contact a telephone crisis line, or local hospital emergency room.

Helping a child or teen who self harms (short term)

While effective treatment can take a while, there are many things you can do to help your child or teen right now:

-  **Show you care.** Let your child or teen know that you care, “I love you and I’m worried about you.”
-  **Accept your teen’s feelings.** Remember that your child or teen may be feeling very stressed or upset. Ask, “How can I help?” or “How can I support you?”
-  **Learn basic First Aid.** Learn how to take care of any cuts or other self-injuries. For minor cuts or injuries, wash with mild soap and water so that they don’t get infected. For more serious cutting that may need medical care (like stitches), offer to take your child or teen to the nearest walk-in clinic, doctor’s office, or hospital emergency room.
-  **Be non-judgmental.** Let your child or teen know that if they want to talk about their self-harm (and stress), that you are ready to listen without judging. You might say: “I’m worried about you. If there’s something you want to talk about, let me know. I promise I’ll listen, and I won’t get upset or angry with you, no matter what it is. I love you no matter what.”
-  **Suggest distractions.** While distractions are not long-term solutions, they can be good alternatives to self-harm in the short term.

'Self soothing' strategies: Here are some ideas youth can try when they are feeling stressed.



What doesn't help

Avoid guilt trips. Making your child or teen feel guilty or ashamed will not help. Showing youth how disgusted or repulsed you are by their behaviour will not help either. This can make youth feel bad about themselves, cause them to lose trust in you and not want to be with you.

Don't tell your child or teen to 'just stop' self-harming. Self-harm is a way of coping. It can even be dangerous to take away your child or teen's way of coping when they haven't yet learned healthier ways to cope. Without a way to cope, your child or teen may act on impulses to end his/her life. At the very least, telling your teen to 'just stop' can make it hard for your teen to trust you.

Supporting a child or teen over the long-term

Ask your child or teen about stresses that might be adding to the cutting (or other self-harm). Try saying something like,



If your child responds, "I don't know!", list some choices: "Well, people your age are often stressed about school (like teachers, school work and classmates), home (like brothers, sisters and parents), or friends (like boyfriends and girlfriends)."

You could then go through each one in more detail. You might say: "So how are things at school? How are the teachers? How are you finding the school work?"

Help your child or teen to solve problems that are causing stress.

1. **Find goals or solutions:** Ask, "What do you wish could be different (with the stress or 'trigger')?"
2. **Come up with possible solutions to try:** Ask, "What could we try? What could you try?"
3. **Try out a solution:** Ask, "What would you like to try first?"
4. **Evaluate whether or not the solution helped:** Ask, "How do you think that worked out?"
5. **If it didn't work, try something different:** Ask, "What other things could we try instead?"
6. **If it helped, keep on doing it:** Say, "It looks like that worked-what shall we keep on doing, then?"

“Extreme Parenting” Styles and Self-Harm

No matter what stresses led to the self-harm, positive parenting can help. Parenting styles that are at the extremes may add to stress for not only youth, but also for parents. The challenge is to find a balance between two opposing extremes. On the one side, being too permissive (parent educator Barbara Coloroso calls this being a ‘jellyfish’), and on the other, being too authoritarian (Coloroso calls this being a ‘brick wall’). The middle ground is a ‘backbone’ parent, or being ‘authoritative’.

Too permissive

- Not enough rules
- Not concerned enough
- Not taking problem behaviours seriously
- Not protecting enough
- Giving too much independence

Too authoritarian

- Too many rules
- Too concerned
- Taking behaviour problems too seriously
- Being over protective
- Not giving enough independence

Authoritative Balance



Children and youth do best when parents try to find an “authoritative” balance.

This means:

1. Giving your children and youth guidance and rules so they can figure out how to be responsible.
2. Giving your children and youth more freedom as they show more responsibility.
3. Spending time with your children and youth, talking, doing activities or just hanging out to build a healthy relationship.

How do I handle it if my teen threatens self-harm?

It is only natural that some youth who self-harm may try to use it to get more privileges, or to escape consequences. For example, a teen may say, “I’m going to feel depressed and cut myself if you don’t let me hang out with my friend this weekend.”

If you are feeling manipulated or pressured into doing something unreasonable, then ask yourself, “What would be the normal rules and limits for any other child?” If you feel your rules are fair, then don’t give in. By giving in, you end up supporting the unhealthy part of your teen.

As the responsible parent, you might say something like: “I’m sorry if you don’t agree, but it’s fair to expect you to be back by curfew time. It would be unhealthy for you if we **didn’t** have reasonable rules.”

At the same time, if your child is truly feeling overwhelmed from having too many things she must do, it makes sense to go easy for a bit. You might say, “I know that you’re a bit overwhelmed these days. So how about this - instead of having to take the dog out every day and do the dishes, you only have to do one of those things for the time being. You can choose which one you want to keep doing for now.”



“What’s happening with Mary?” Part 2

After seeing the cuts and scratches on Mary’s arm, Mary’s mother wasn’t sure what to do. Mary could see her mother was upset and broke down crying. “Mom, I would have told you sooner, it’s just that I thought you’d get angry at me.” Mary’s mother didn’t know what to say at first, so she just looked at Mary and gave her a hug. “Mary, I love you. Whatever it is, we’ll get through this. Now tell me what’s been going on...” Mary told her mother about the stresses she’d been going through. Her mother called the local crisis line and spoke with a crisis counsellor who asked her some questions to make sure that Mary would be safe that night. (Had there been concerns, Mary’s mother would have taken Mary to the local hospital Emergency Room, or called 911). The crisis counsellor gave them a number of a local children’s mental health centre to call the next day. Just to be sure, Mary’s mother also booked an appointment with her family doctor the following week.

Mary eventually started to see a mental health professional, and received counselling and therapy. Together, they worked on using healthier ways to cope with her stresses and handle her feelings. It’s now several months later and summertime, and Mary is wearing T-shirts again...

Where to find help in Eastern Ontario

- In a crisis?** Child, Youth and Family Crisis Line for Eastern Ontario, 613-260-2360 or toll-free, 1-877-377-7775
- Looking for mental health help?** www.eMentalHealth.ca is a bilingual directory of mental health services and resources for Ottawa, Eastern Ontario and Canada.
- Renfrew County:** Phoenix Centre for Children, Youth and Families, with offices in Renfrew and Pembroke. 613-735-2374 or toll-free 1-800-465-1870, www.renc.igs.net/~phoenix
- Leeds and Grenville County:** Child and Youth Wellness Centre, with offices in Brockville, Elgin, Gananoque and Prescott. 613-498-4844, www.cywc.net
- Lanark County:** Open Doors for Lanark Children and Youth, with offices in Carleton Place, Smiths Falls and Perth. 613-283-8260, www.opendoors.on.ca
- To find a Psychologist anywhere in Ontario:** College of Psychologists of Ontario, 1-800-489-8388, www.cpo.on.ca



Where to find help in Ottawa

- Youth Services Bureau**, for ages 12-20, 613-562-3004
- Family Service Centre of Ottawa**, 613-725-3601, www.familyservicesottawa.org
- Catholic Family Services**, 613-233-8418, www.cfssfc-ottawa.org
- Jewish Family Services**, 613-722-2225, www.jfsottawa.com
- The Children’s Hospital of Eastern Ontario and the Royal Ottawa Mental Health Centre** (by physician’s referral), 613-737-7600 ext. 2496. For more information on our programs, www.cheo.on.ca
- To find a Psychologist in Ottawa:** Call the Ottawa Academy of Psychology referral service, 613-235-2529. Listing many, but not all, Ottawa psychologists, www.ottawa-psychologists.org/find.htm

Support and Advocacy Groups

- PLEO (Parent's Lifelines of Eastern Ontario)**, a support group for parents of children and youth with mental health difficulties, www.pleo.on.ca
- Parents for Children's Mental Health**, a province-wide organization for parents supporting children and youth with mental health issues, www.parentsforchildrensmentalhealth.org

Want more information?

Useful websites

- www.selfharm.org.uk/default.aspa
- www.actforyouth.net/documents/fACTS_Augo=04.pdf

Useful books

- McEvey-Noble, M.E., Khemlani-Patel, S., & F. Neziroglu. (2006). *When Your Child Is Cutting: A Parents Guide to Helping Children Overcome Self Injury*. New York: New Harbinger Publications



Authors: Reviewed by the Mental Health Information Committee at the Children's Hospital of Eastern Ontario (CHEO) and by members of the Child and Youth Mental Health Information Network (www.cymhin.ca). Thanks to Sylvia Naumovski and Sarah Cannon, Parents for Children's Mental Health, www.parentsforchildrensmentalhealth.org

License: Under a Creative Commons License. You are free to share, copy and distribute this work as in its entirety, with no alterations. This work may not be used for commercial purposes. Contact the Mental Health Information Committee if you would like to adapt these for your community!



Disclaimer: Information in this fact sheet may or may not apply to your child. Your health care provider is the best source of information about your child's health.

Provided by:

Last reviewed / revised July, 2010

References

- Miller, A.L., Rathus, J.H., & Linehan, M.M. (2007). *Dialectical behavior therapy with suicidal adolescents*. New York: The Guilford Press.
- Nixon, M.K., Cloutier, P., & Mikael Jansson, S. (2008). Non-suicidal self-harm in youth: a population-based survey. *Canadian Medical Association Journal*, 178(3): 306-312.
- Slee, N., Garnefski N., van der Leeden, R., Arensman E, & Spinhoven, P. (2008). Cognitive-behavioural intervention for self-harm: randomised controlled trial. *British Journal of Psychiatry*, 192:202-11.
- Whitlock, J., & Knox, K. (2007). The relationship between self-injurious behaviour and suicide in a young adult population. *Archives of Pediatric Adolescent Medicine*, 161(7): 634-640.