

what you

NEED TO KNOW

about...

Helping Children and Youth with Self-Injury 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 in this 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-injury?

Self-injury (also called 'non-suicidal self-injury') 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-injury behaviours where youth do not intend to end their lives.

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

- Cutting themselves
- Scratching themselves
- Burning their skin, e.g. with a cigarette
- Punching walls

How common are self-injury 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-injury behaviours are more common in girls and young women, although an increasing number of males engage in self-injury behaviours.

Why do people self-injure?

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

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

All of the above goals are reasonable; but self-injury is an unhealthy way to achieve these goals.

How do self-injury behaviours develop?

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

Vulnerable person

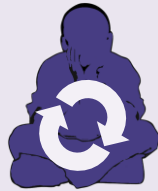


Self injury happens more often in people who have:

- Family members who have self injured
- Lived through negative or very difficult experiences
- Experience intense emotions

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 (anger, anxiety or depression)
- Often overwhelmed by emotions
- Find it hard to communicate distress
- Take longer to settle after experiencing emotions



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 distressing thoughts:

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

Unhealthy Coping, like Self-Injury

Youth use self-harm because they

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

On the positive side - if this unhealthy way is discovered, it can lead to getting the youth help.

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.”

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-injury turns their emotional pain into physical pain.

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

How is self-injury treated?

Self-injury behaviours are usually treated through ‘talk therapy’. All effective treatments for self-injury include these common elements:

- 1 Learning to identify, tolerate and cope with 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).
- 2 Pinpointing ‘triggers’:** Helping youth figure out what stresses are contributing to their feelings, which lead to self-injury.
- 3 Changing unhealthy thoughts:** Helping youth identify their unhelpful thoughts (for example; “nobody loves me”) and replace them with more positive ones (for example; “it’s okay, I can get through this”).
- 4 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).
- 5 Boosting ‘people’ skills:** Helping youth communicate better so that they can handle conflicts and get support from others - instead of using self-injury.

Should we get professional help?

If you think your teen may be injuring himself, take him to see a mental health professional (psychologist, social worker, doctor or children’s mental health centre). Self-injury may be your teen’s way of trying to cope with intense emotions triggered by stress, and is not the same as trying to end her life. But these behaviours can continue over time if the teen does not learn healthier ways to cope with their intense emotions and deal with underlying stresses. In some cases, self-injury 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 injures (short term)

While effective treatment can take a while, there are 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 and validate 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?” Validate their feelings and try to understand where they are coming from. Please note that validating their feelings is not the same as condoning their behaviour. Focus on the emotion, rather than the trigger (event).



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 (eg. stitches), take your child or teen to the nearest walk-in clinic, doctor's office, or hospital emergency room.

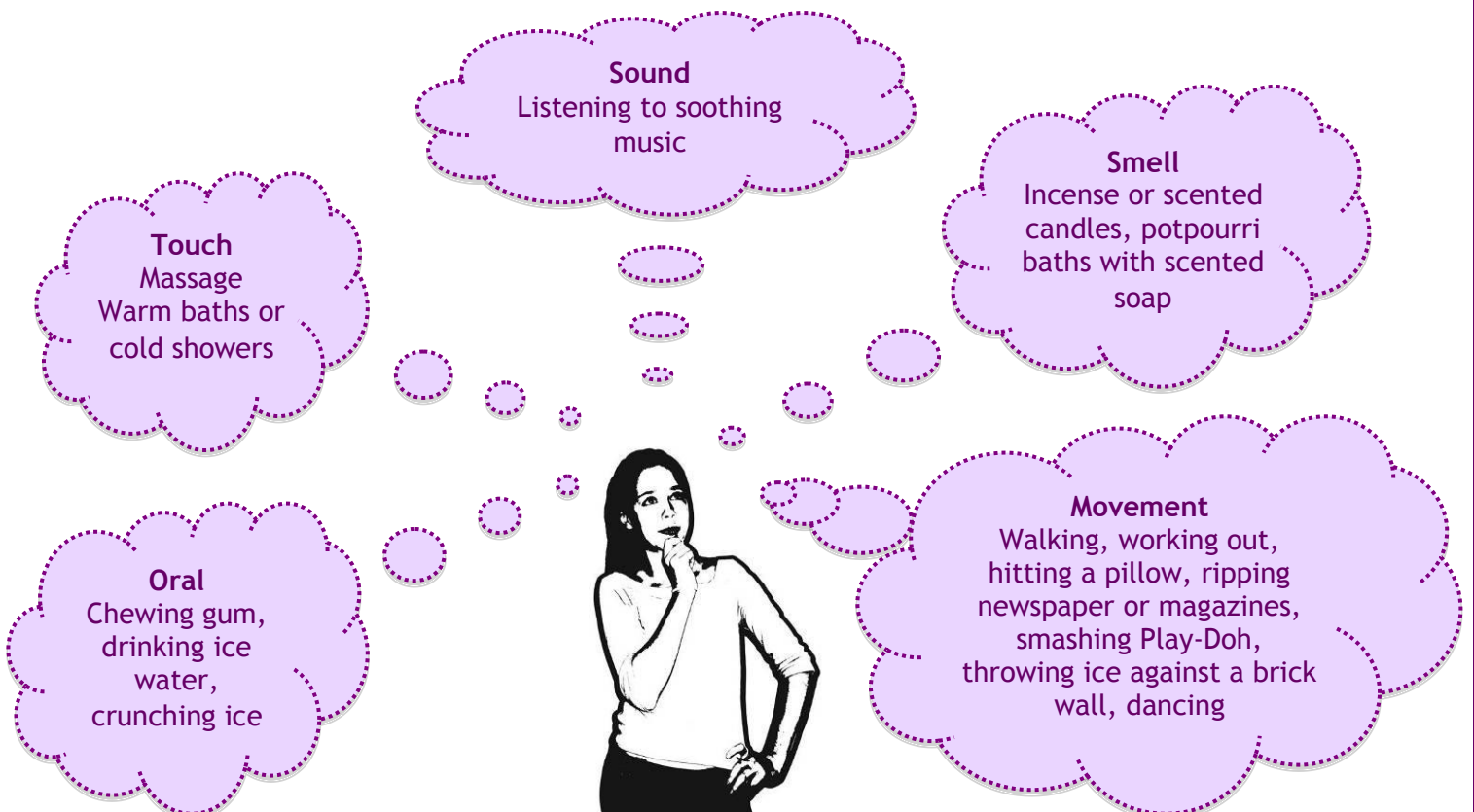


Be non-judgmental. Let your child or teen know that if they want to talk about their self-injury (and stress), you are ready to listen without judgment. You might say: "I'm worried about you. If there's something you want to talk about, let me know. I promise I'll listen, and I won't get upset or angry with you, no matter what it is. I love you no matter what."



Suggest distractions or self-soothing activities. Distractions are not long-term solutions, but good short-term alternatives to self-injury.

'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 upset or displeased 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-injuring. Self-injuring 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 self-injury, or other self-destructive behaviour. Try saying something like this,

“What makes you feel like hurting yourself?”

or,

“What's the problem that makes you feel like hurting yourself?”

or,

“What's the problem that made you feel like hurting yourself yesterday?”

If your child responds, “I don't know!”, then list some choices: “Well, people your age are often stressed about school (teachers, school work and classmates), home (brothers, sisters and parents), or friends (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. **Validate their emotions.** Say, “I didn't know you were feeling so bad... Thanks for telling me.”
2. **Offer support, but ask your child how he wants to be supported.** Ask, “How can I support you? How can I help you with this?”. Try to avoid giving advice if your child doesn't ask for it.
3. **Find goals or solutions:** Ask, “What do you wish could be different (with the stress or 'trigger')?”
4. **Come up with possible solutions to try:** Ask, “What could we try? What could you try?”
5. **Try out a solution:** Ask, “What would you like to try first?”
6. **Evaluate whether or not the solution helped:** Ask, “How do you think that worked out?”
7. **If it didn't work, try something different:** Ask, “What other things could we try instead?”
8. **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-Injury

No matter what stresses led to the self-injury, positive parenting can help. Extreme parenting styles may cause stress both for youth and for parents. The challenge is to find a balance between two opposing extremes. On the one side (or extreme) is being too permissive. Parent educator Barbara Coloroso calls this being a ‘jellyfish’. On the other side is being too authoritarian. Coloroso calls this being a ‘brick wall’. The middle ground is ‘backbone’ parenting, or being ‘authoritative’.

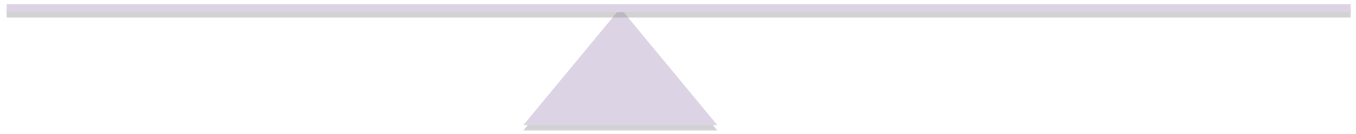
Too permissive

- 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 being together to build a healthy relationship.

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

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 behaviour of your teen.

As a responsible parent, you could say: “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 reduce their chores for a while. You could 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 stress she’d been going through. Her mother called the local crisis line. She spoke with a crisis counsellor who asked her some questions to make sure that Mary would be safe that night. (If there had been concerns, Mary’s mother would have taken Mary to the local hospital Emergency Room, or called 911). The crisis counsellor gave them the phone number for a local children’s mental health centre to call the next day. Mary’s mother also booked an appointment for Mary 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 stress and handle her feelings. It’s now several months later and summer time, and Mary is wearing T-shirts again...

Where to find help in Nova Scotia

- In a crisis? Mental Health Mobile Crisis Team, 902-429-8167 or toll-free, 1-888-429-8167
- To find a Psychologist anywhere in Nova Scotia: Association of Psychologists of Nova Scotia, 902-422-9183, www.apns.ca
- To find a Social Worker anywhere in Nova Scotia: Nova Scotia Association of Social Workers, 902-429-7799, www.nsasw.org
- Kids Help Phone, 1-800-668-6868, www.kidshelpphone.ca
- Feed Nova Scotia Helpline, 902-421-1188 (within HRM) or, 1-877-521-1188

Where to find help in Halifax Regional Municipality

- IWK Mental Health & Addictions, offers programs for ages up to 19, 902-464-4110 or toll-free, 1-888-470-5888 (ask to be connected to Central Referral), www.iwk.nshealth.ca/mental-health
- Laing House, offers programs for ages 16 to 30 living with a mental illness, 902-425-9018, www.lainghouse.ca

Outreach and Support Groups for Teens and Parents

- Self Injury Outreach and Support, coping strategies, information and other’s stories, www.sioutreach.org
- Healthy Minds Cooperative, offers resources for peer support, www.healthyminds.ca

Want more information?

Useful websites

- The Site, www.selfharm.org.uk/default.aspa
- Mental Health Canada, www.mentalhealthcanada.com
- About Kids Health, www.aboutkidshealth.ca
- Youth Beyond Blue, www.youthbeyondblue.com
- American Academy of Child & Adolescent Psychiatry, www.aacap.org

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
- Hollander, M. (2008). *Helping teens who cut: understanding and ending self-injury*. New York: The Guilford Press.
- Coloroso, B. (1994). *Kids are worth it!: giving your child the gift of inner discipline*. New York: W. Morrow.

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). Adapted with permission by the IWK Health Centre, Halifax. Thanks to Sylvia Naumovski and Sarah Cannon, Parents for Children’s Mental Health, www.parentsforchildrensmentalhealth.org

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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.

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