Understanding Self-Harm

Dr. Tiffany Brown, LMFT
Couples and Family Therapy
Dr. Tiffany Brown, LMFT

**Faculty and Clinical Director**

Oversight of the clinical training in the Couples and Family Therapy master’s program at the University of Oregon.

**Couples and Family Therapist**

Clinically has worked with self-harm, grief, substance use, and recovery.

**Community Minded**

Collaborated with mental health agencies, schools, and providers regarding self-harm.
Today's Plan

**General Understanding**
We will review what self-harm is, what it is not, the misunderstandings, and the stigma

**Recommendations**
We will discuss recommendations to best support people who self-harm
What to Call it

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Cutting

Self-injury

Non-suicidal self-injury

Self-harm
Definition

Most common behaviors:
- intentional cutting of the skin
- subdermal tissue scratching
- burning oneself
- banging head
- punching objects or oneself

Intention

What defines self-harm has less to do with the behavior and more about the intention one has when doing it.

Coping

Self-harm plays a role in reducing the emotional pain and serves as a coping mechanism.
Signs and Symptoms

**Internally Experienced**
- Increased anxiety / depression
- Numbing / dissociation
- Increased emotions

**Externally Noticed**
- Incongruent clothing to the season
- Constant use of wrist coverings
- Declining activities that may show body to others
- Frequent bandages / bruising
- Odd / unexplained paraphernalia (e.g., razors)
<table>
<thead>
<tr>
<th>Category</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescents</td>
<td>17%</td>
</tr>
<tr>
<td>Young Adults</td>
<td>13%</td>
</tr>
<tr>
<td>Adults</td>
<td>5.5%</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Gender</th>
<th>Race/Ethnicity</th>
<th>Sexual Orientation</th>
</tr>
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<tbody>
<tr>
<td>Studies often find that people self-harm at the same rates regardless of gender.</td>
<td>Very little research supports differences by race or ethnicity.</td>
<td>The only orientation that consistently shows up as a risk factor is being bisexual.</td>
</tr>
</tbody>
</table>
Many report being discouraged from expressing emotions.

**Emotions**

Those who self-harm also report doing so to feel in control, to express feelings, to distract themselves, to communicate, to create visible wounds, or to protect others from their emotional pain.

**Trauma**

In clinical populations, self-harm is strongly linked to trauma, especially childhood sexual trauma.

*It Helps...*

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Rhonda's Story

- Family trauma
- Star student and athlete
- Captain of her team
- VP Of student athlete advisory council
- President of Fellowship of Christian Athletes (FCA) in college
- D1 scholarship
- Self-harm in secret
- Was told she was "too much"

The Stigma

Assumption of Suicide
Studies find that most people with a self-harm history report not considering suicide at all.

Attention Seeking
Studies find that emergency departments have instructed their staffs to not offer “attention.”
My Way to Deal

"They’re different because suicide is a permanent solution to a temporary problem and self-harm is my way to deal with those temporary problems."

Never Suicidal

"I was never suicidal, ever, and that is not what needs to be treated. What needs to be treated is our inability to deal with things."

Didn't Learn to Ask for Help

"I would say that [the abuse] affected me, in the sense of not being able to handle things, not being able to cope. I didn’t learn that. I didn’t learn to cry safely. I didn’t learn how to share my emotions safely. I didn’t learn how to ask for help, in fact, I learned how to not ask for help."
When is it Suicide

There are important distinctions between those attempting suicide and those who use self-harm to cope, often to avoid suicide.

Studies find that suicide risk *increases* as sense of hope *decreases*.

Suicide risk *increases* as positive connection to parents *decreases*.

Role of *despair* and *isolation*.

One can self-harm to cope and be suicidal simultaneously.
Important Note

While self-harm does not cause or lead to suicide thoughts and / or behaviors, it does lower inhibition to suicide behaviors if one begins to feel suicidal.

Because of the experiences already of hurting their bodies one may find it easier to hurt themselves lethally.
Is it Addictive?

Doing What Feels Good
The release of feel-good chemicals in the body and the desire to get that feeling back, especially when feeling so bad.

Urges and Cravings
Internal signals to self-harm, even without a face of a trigger.

Tolerance
The impact of needing more or deeper injuries to get the same feel-good feeling as before.

Can't Just Stop
It's not a simple off switch - it's repetetively used and something needs to be in it's place for coping.
Family Dynamics

Abuse and neglect

Dysfunctional and invalidating

Poor attachment and bonding

Lack of emotions

Disconnection

"We just didn’t see any other emotions that we were supposed to display. Knew they were out there, I just didn’t know how to express them."
How to Help?

**Don't Demand**
Demanding to stop is a trigger.

**Add New Coping Strategies**
Need to find what works instead that is healthy and sustainable.

**Avoid Big Responses**
Adults need to be steady and trustworthy.

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Manage Your Reaction

Be aware of the messages you are sending with your tone and body language.
- Are you showing that emotion is okay?
- Do you sound compassionate?
- Are you taking in slow and simple?

Recognize The Function

Focus less on the self-harm behavior (besides ensuring they are safe) and more on what is underlying. Stress, anxiety, depression, trauma, etc.
Please

Don't

React with horror or discomfort

Ask abrupt and rapid questions

Threaten or get angry

Accuse attention seeking

Get frustrated if the behavior continues - know there is an ebb and a flow
Please Do

- Listen and acknowledge feelings
- Respond with compassion/empathy
- Acknowledge they must be hurting
- Take their concerns seriously
- Find your own support
Decrease Shame
"Don’t make the person feel worse about it. I think there is already enough shame that goes along with it."

Understand the Process
"Sure, [stopping] is that easy! If it was that easy I wouldn’t be here. Obviously it is not that easy, otherwise I would not come to [therapy]."
Safety Planning

Harm reduction

- Identify stressors & triggers
- Identify safe people and places
- Decrease access to self-harm tools
- Talk about it
Now

- Intensive therapy
- Married
- Has 2 amazing children
- Dedicated sports mom
- Nurse Practitioner
- Helps other adolescents
- Active in her church
- Continuous courage
Local Resources

Local Crisis Response Team: 1-888-989-9990
The Child and Adolescent Network (CAN)

Youth Crisis Line: (541) 689-3111

Looking Glass, The Child Center

“Reach Out Oregon” warmline – 1-833-732-2467
Call or Text Monday to Friday 12-7 PM (except holidays).
Leave a message at any time
Contact
Angi Meyer
Suicide Prevention and Risk Assessment Specialist

Phone Number
458-221-8354

Email Address
meyer_a@4j.lane.edu

Contact Your
School Counselor and/or
Pediatrician
The most effective prevention and intervention tools are caring adults.