

Working with Adolescents Who Practice Non-Suicidal Self-Injury

Thursday, November 3, 2011

Handout Materials



**New York State
Office of
Children & Family
Services**

New York State
Office of Children and Family Services
and
PDP Distance Learning Project

Working with Adolescents

Who Practice Non-Suicidal Self-Injury

November 3, 2011

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RESEARCH



The Cutting Edge: Non-Suicidal Self-Injury in Adolescence

by Janis Whitlock

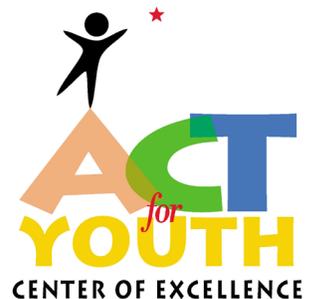
Young people and those who support them are increasingly aware of the practice of self-injury among adolescents. This article offers a brief overview of what is called non-suicidal self-injury (NSSI), and provides starting points for proactively addressing, detecting, and responding to NSSI in adolescents. I focus here on general adolescent populations; self-injury in individuals with clear and identified psychiatric disorders may look somewhat different.

What is Non-Suicidal Self-Injury (NSSI)?

The International Society for the Study of Self-injury defines non-suicidal self-injury as the deliberate, direct, and self-inflicted destruction of body tissue resulting in immediate tissue damage, for purposes not socially sanctioned and without suicidal intent. “Not socially sanctioned” is important because it implies that behaviors such as tattooing and piercings are not technically considered non-suicidal self-injury—although excessive tattooing and piercing may sometimes be harmful and may be undertaken with the same intentions. NSSI is, by definition, a set of behaviors undertaken without suicidal intent, although it may be related to suicide behaviors in some important ways (International Society for the Study of Self-injury, 2007).

The term “self-injury” refers to a broad range of behaviors (Whitlock, Eckenrode, & Silverman, 2006; Yates, 2004) that result in the damage of body tissue inside or outside of the body. Some of the most commonly known include:

- Severely scratching or pinching with fingernails or other objects to the point that bleeding occurs or marks remain on the skin



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- Cutting, ripping, or carving words or symbols into wrists, arms, legs, torso, or other areas of the body
- Banging or punching objects or oneself to the point of bruising or bleeding (with the conscious intention of hurting the self)
- Biting to the point that bleeding occurs or marks remain on skin
- Pulling out hair, eyelashes, or eyebrows with the overt intention of hurting oneself
- Intentionally preventing wounds from healing
- Burning the skin
- Embedding objects into the skin



This is not an exhaustive list—researchers have identified nearly 20 distinct forms of self-injury—but these examples offer a sense of the variety of forms in use. It is important to note that although “cutting” is the most well known of self-injury forms, it is not the only form used. Indeed, some studies suggest that cutting may not even be the most common form among some adolescent and young adult groups (Whitlock, Eckenrode, et al., 2006). Among individuals who engage in repeat self-injury, the vast majority use multiple NSSI forms.

There is no single self-injurer profile.

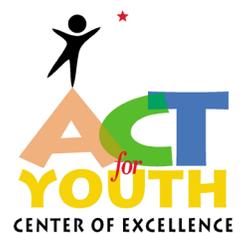
Prevalence

How common is self-injury? Estimates vary depending upon the population studied and assessment tools used. In general, studies suggest that about 13% to 25% of adolescents and young adults surveyed in schools have some history of self-injury (Rodham & Hawton, 2009). However, many of these young people engage in self-injury once or twice, then stop. Others become chronic self-injurers. Studies of self-injury in college populations suggest that about 6% of the college population are actively and chronically self-injuring, while many more have some history of self-injury. While there are no analogous statistics for adolescent populations, prevalence is likely to be roughly similar. Middle school populations may have somewhat higher prevalence since that is the age at which most individuals initiate self-injury. (Whitlock, Eckenrode, et al., 2006; Gollust, Eisenberg, & Golberstein, 2008).

Who self-injures?

There is no single “self-injurer” profile. Although many people associate self-injury with middle to upper class white females, few studies support this assumption. It does appear to be true, however, that self-injury is largely an adolescent phenomenon. There is broad agreement that the average age of onset is 14-16, but it is also true that individuals can begin injuring in childhood and adulthood. At least two college studies show that about a quarter of those reporting self-injury started in the college years (Whitlock, Eckenrode, et al., 2006; Jacobson & Gould, 2007; Whitlock, Muehlenkamp, et al., 2009).

The literature on self-injury prevalence and gender is mixed. While some studies show it to be more common among females, other studies suggest that it is as prevalent in males as in females. It is widely agreed, though, that self-injury is much more visible among females than among males (Whitlock, Muehlenkamp, et al., 2009). Similar



ambiguity exists in the literature of self-injury and race with some studies showing it to be most common among white youth and other studies suggesting no significant differences (Whitlock, Eckenrode, et al., 2006; Whitlock, Muehlenkamp, et al., 2009). There have been few studies of socioeconomic status and self-injury, and thus far few significant differences have been shown (Jacobson & Gould, 2007).

Indeed, the only demographic variable to be significantly linked to NSSI is sexual orientation. Sexual minorities appear to be at higher risk than their heterosexual peers. In fact, youth identifying as bisexual or questioning have been shown to be at significantly elevated risk for self-injury compared to both their heterosexual and homosexual peers (Whitlock, Eckenrode, et al., 2006; Whitlock, Muehlenkamp, et al., 2009). This is particularly true for females.

Youth identifying as bisexual or questioning are at significantly elevated risk for self-injury compared to their heterosexual and homosexual peers.



Self-injury and suicide

It is common for those unfamiliar with self-injury to assume that it is a suicide attempt or gesture. In fact, lack of suicidal intent is one of the defining characteristics of NSSI, and typically the intention of self-injury is exactly the opposite of suicide. Individuals who self-injure are generally aiming to feel better, not end life. While suicide attempts are undertaken with some intent to end life, NSSI is typically undertaken with the intention of self-integrating and preserving life (Walsh, 2006).

That said, it is important to note that individuals with a history of self-injury are at higher risk for suicide thoughts, gestures, and attempts and, because of this, need to be assessed for suicide risk. One study found that individuals reporting NSSI were nine times more likely to report having made a suicide attempt at some point in their life. Since both behaviors indicate underlying distress which may or may not be successfully mitigated through NSSI or other self-medicating or soothing behaviors, it is entirely possible for someone practicing self-injury to also be suicidal. Indeed, at least one study has shown that even individuals who have ceased practicing self-injury may be at heightened risk for suicidality at a later point in life (Whitlock & Knox, 2007).

Underlying causes and motivations

Current research suggests that self-injury shares many of the risk factors of other negative coping mechanisms: history of child trauma and/or abuse (particularly sexual or emotional abuse), poor family communication, low family warmth, and/or perceived isolation (Yates, 2004).

Why do people continue to self-injure? What purpose does it fulfill? Most often, NSSI is used to regulate intense negative emotion: individuals self-injure to calm down quickly



when feeling very emotional or overwrought. People who self-injure often have high sensitivity to emotion and difficulty handling negative feelings. Although the practice may dispel strong feelings in the short term, over time individuals with a history of self-injury are likely to experience intense shame or a sense of lack of control (Yates, 2004; Chapman, Gratz, & Brown, 2006).

Others use NSSI to evoke emotion when they feel numb or dissociated. Self-injury may also be used as a means of self-control, punishment, or distraction. Some people report self-injuring to increase energy or improve mood. Self-injury may also be used to solicit attention from adults or peers, or to be part of a group (Whitlock, Muehlenkamp, et al., 2009).

Those who self-injure cite a number of motivations; it is rare that self-injury fulfills only one function, particularly when practiced regularly (Whitlock, Muehlenkamp, et al., 2009).

Why self-injury seems to work so well to achieve these aims is not clear, but scholars theorize that it may have to do with chemicals that may be produced in the body as a response to injury or anticipated injury. If so, it is probably most correct to see self-injury as a form of self-medication (Klonsky, 2007; Nock & Prinstein, 2005; Sher & Stanley, 2009).

Contagion

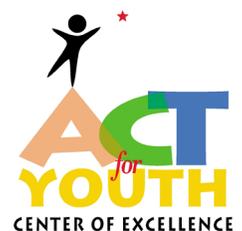
We will never know if self-injury rates actually increased over the past decade, but most people suspect they have. Since self-injurious behavior in youth was rarely tracked prior to the late 1990s and early 2000s, it is impossible to know for sure; however, youth-serving professionals consistently report an increase in NSSI among youth over the past decade (Whitlock, Purington, & Gershkovich, 2009).

Regardless of whether prevalence has increased, it is clear that awareness of self-injury has increased significantly. Since the 1980s, references to NSSI in media stories and popular culture have risen sharply, and may be contributing to an increase in prevalence (Whitlock, Eells, Cummings, & Purington, 2009). Self-injury appears to be more common among youth with high exposure to NSSI images, stories, or messages (Whitlock, Purington, et al., 2009; Whitlock, Powers, & Eckenrode, 2006). Although we can never empirically know whether media has influenced the spread of self-injurious behavior, many studies have shown that media do play a significant role in the spread of related behaviors such as suicidality, violence, and disordered eating (Whitlock, Purington, et al., 2009).

The Internet may be another vector for social contagion since it serves as a platform for hundreds of message boards, YouTube videos, and social networking sites where individuals with a history of or interest in self-injury provide informal support or share ideas. Parents and youth-serving professionals would be wise to become aware of how self-injurious youth socialize online. Although online communities can be important allies in cessation of self-injury, they can also serve to reinforce the behaviors and the stories that go along with it (Whitlock, Powers, et al., 2006; Murray & Fox, 2006; Whitlock, Lader, & Conterio, 2007).

Why do youth self-injure?

- To regulate intense negative emotion
- To evoke emotion when feeling numb
- To exert self-control or punishment
- As a distraction
- To stimulate a high or rush
- To get attention from adults or peers
- To attain group membership



Resources

Books

- Walsh, B. W. (2005). *Treating self-injury: A practical guide*. New York: Guilford Press.
- Conterio, K., & Lader, W. (1998). *Bodily harm: The breakthrough treatment program for self-injurers*. New York: Hyperion Press.
- Selekman, M (2009). *The adolescent and young adult self-harming treatment manual: A collaborative, strengths-based brief therapy approach*. New York: WW Norton.

Websites

- Cornell Research Program on Self-Injurious Behaviors (CRPSIB): www.crpsib.com
- Safe Alternatives: <http://www.selfinjury.com/index.html>
- The National Self-Harm Network (UK): <http://www.selfharm.org.uk/default.aspa>
- The Self-injury Foundation: <http://www.selfinjuryfoundation.org/>
- The American Self-Harm Information Clearinghouse (ASHIC): <http://www.selfinjury.org/indexnet.html>

CRPSIB Fact Sheets

<http://www.crpsib.com/resources.asp>

- [Top 15 Misconceptions about Self-Injury](#) (pdf)
- [Coping](#) (pdf)
- [Distraction Techniques](#) (pdf)
- [Information for Parents](#) (pdf)
- [How can I help a friend who self-injures?](#) (pdf)

Warning signs

How can you tell if someone is self-injuring? Often a person who is injuring will take steps to hide the injuries. Here are a few things to look for:

- Unexplained or clustered scars or marks
- Fresh cuts, bruises, burns, or other signs of bodily damage
- Bandages worn frequently
- Inappropriate dress for the season, such as long shirts or long pants worn consistently in summer
- Unwillingness to participate in events that require less body coverage (such as swimming)
- Constant use of wrist bands
- Odd or unexplainable paraphernalia such as razor blades or other cutting implements
- Physical or emotional absence, preoccupation, distance
- Social withdrawal, sensitivity to rejection, difficulty handling anger, compulsiveness
- Expressions of self-loathing, shame, and/or worthlessness

It is important to note that although many self-injurious youth do become emotionally withdrawn, not all do. There are a significant number of highly functional and socially engaged individuals who self-injure (Whitlock, Eckenrode, et al., 2006).

When you suspect self-injury

What do you do when you suspect someone is self-injuring? Most importantly, be direct and honest about what you are observing and your concerns. Ask directly: "I notice that you have wounds or scars on your arms and know that this can be a sign of self-injury/cutting. Are you injuring yourself?" If the individual indicates that they are, assess whether they have and use resources ("Are you talking with someone about your self-injury?"). If the individual says that they are not self-injuring or evades the question, do not push: It is important to respect privacy, unless, of course, you're worried about their life being in danger. If they deny self-injuring, just keep the door open: "If you ever want to talk about anything, I am available."

It is not uncommon for people in the life of someone who self-injures to stop asking or to pull away when they believe someone is



not being honest. It is important, however, to stay connected and to look for further opportunities to ask—particularly if there is continuing evidence that your suspicion is correct.

Whether or not you are able to directly address the behavior with self-injuring young people, you may be able to help by offering perspective on the importance of accepting emotion, and expanding their capacity to identify and use positive coping mechanisms. Look for opportunities to help them dispel negative emotion in ways that are comfortable and healthy.

It is also important to educate yourself. Understanding signs, symptoms, respectful response strategies, and local resources is helpful.

Encountering self-injury can be uncomfortable. If you are not sure how to react, try not to react at all, since no reaction may be better than a negative reaction. However, don't stop there. In addition to educating yourself, it is often helpful to talk about your reactions and feelings with someone you trust. Having the opportunity to vent to someone else may help to keep you emotionally balanced when you do directly raise the issue with a person who self-injures.



Helping someone who is self-injuring

What do we do when we are certain someone is self-injuring? It's important to remember that no one can "fix" another person. Our main contribution to someone who self-injures may be to provide support and honesty. These tips provide a starting point:

- Respond with calm concern, rather than with shock or emotional displays. One way to engage someone is to show what self-injury treatment veteran Barry Walsh identifies as "respectful curiosity"—asking simple questions that allow you to garner important information and provide an opening for sharing. Examples of "respectfully curious" questions (Walsh, 2006; Selekman, 2009) include:
 - "Where on your body do you tend to injure yourself?"
 - "Do you find yourself in certain moods when you injure yourself?"
 - "Are there certain things that make you want to injure yourself?"
- Assess immediate danger such as the severity of the injury (does it need immediate medical attention?). If you are a medical or mental health provider, it is also good to assess suicide risk and, if you are based in a school or youth group, risk of contagion (Walsh, 2006).
- Engaging the young person directly in assessment of the behavior, consequences, and next steps is important. It's also important, particularly if you are a friend or parent, to engage others who are in a position to offer support, guidance, and advice—for the young person, and for you as well (Walsh, 2006).





- Continue to educate yourself about self-injury. It is also useful to help self-injurious youth understand the risks of contagion and the importance of avoiding a behavior that could hurt a friend.
- Become aware of local resources for referring a self-injurious youth. Although some youth do recover from self-injury without psychological treatment, many really need that type of support to identify and address the underlying causes.

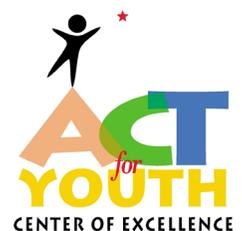
Identifying and preventing contagion

Studies of NSSI contagion among adolescents in community settings are rare—largely because it is very difficult to design an effective study. Studies conducted in clinical institutional settings, however, show that self-injury can be very contagious. A number of scholars have suggested that the same trends occur in school settings (Walsh, 2006; Walsh & Doerfler, 2009).

Although there is no magic bullet for preventing contagion in community settings such as schools and youth-serving organizations, here are a few practical pieces of advice based on what we know about self-injury contagion and about social contagion in general:

- Be sure staff are educated about NSSI characteristics and point people are identified with whom self-injurious students can speak
- Help self-injurious students—especially those who are considered “cool” or serve as role models—to understand that it hurts others when they talk about or show their self-injury to peers
- Ask students not to appear in school with uncovered wounds or scars (this may require extra sets of clothing to be kept at school)

Self-injury is a response to stress, and most of us develop healthy tools for handling stress as we grow and learn. Helping youth see and build on their strengths is an important step in helping them to learn the skills needed to flourish. ★



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Cornell Research Program on Self-Injurious Behavior in Adolescents and Young Adults

BY MIRANDA SWEET & JANIS WHITLOCK

Information for parents What you need to know about self-injury.

Who is this for?

Parents of those dealing with self-injury

What is included?

How do you know if your child is self-injuring?

Dealing with feelings about this discovery

Talking to your child about his/her self-injury

What to avoid saying to your child

Activities to help others manage their urges

Self-injury and your relationship with your child

Self-injury and the home environment

Finding treatment

Supporting your child while he/she is getting help

Discovering Self-Injury

How do I know if my child is self-injuring?

Many adolescents who self-injure do so in secrecy and this secrecy is often the clearest red flag that something is wrong. Although it is normal for adolescents to pull away from parents during times of high involvement with friends or stress, it is *not* normal for adolescents to be withdrawn, physically and emotionally, for long periods of time. It is also important to note that not all people who self-injure become distant and withdrawn — youth who put on a happy face, even when they do not feel happy, may also be at risk for self-injury or other negative coping behaviors. Some other signs include:

- Cut or burn marks on arms, legs, abdomen
- Discovery of hidden razors, knives, other sharp objects and rubber bands (which may be used to increase blood flow or numb the area)
- Spending long periods of time alone, particularly in the bathroom or bedroom
- Wearing clothing inappropriate for the weather, such as long sleeves or pants in hot weather

What might I feel when I learn that my child is self-injuring, and how do I deal with these feelings?

If you learn your child is self-injuring, you are likely to experience a range of emotions, from shock or anger, to sadness or guilt. All of these are valid feelings.

• Shock and denial

Because self-injury is a secretive behavior, it may be shocking to learn that your child is intentionally hurting him or herself; however, to deny the behavior is to deny your child's emotional distress.

• Anger and frustration

You may feel angry or frustrated that your child has possibly lied to you about his/her injuries or because you see the behavior as pointless or because it is out of your control.

As one parent said, "There is a frustration in terms of that little voice in the back of your mind that is saying 'just stop it!' It's very hard, I think knowing more about the condition and about the underlying factors makes it easier to push that little voice away."¹

...but remember that *you can never control another person's behavior*, even your child's, and trying to do this does not make things better.

• Empathy, sympathy and sadness

Though empathy helps you to understand your child's situation, sympathy and sadness can sometimes be condescending because they imply that your child needs to be pitied. These feelings may also hinder your ability to understand the behavior.

• Guilt

You may feel as if you did not offer enough love and attention to your child. However, though your actions can influence your child's behavior, you do not *cause* their self-injury.

FYI

General stress-relieving techniques may help with managing these difficult emotions. For specific suggestions, visit http://www.crpsib.com/factsheet_coping_alternatives.asp

Opening the Lines of Communication

How should I talk to my child about his/her self-injury?

- Address the issue as **soon as possible**. Don't presume that your child will simply "outgrow" the behavior and that it will go away on its own. (Though keep in mind this can and does happen for some young people—some do mention "outgrowing" their self-injury. This typically occurs because they learn more adaptive ways of coping).
- Try to **use your concern** in a constructive way, by helping your child realize the impact of his/her self-injury on themselves and others.
- It is most important to **validate your child's feelings**. Remember that this is different from validating the behavior.
 - Parents must first make eye contact and be respectful listeners before offering their opinion
 - Speak in calm and comforting tones
 - Offer reassurance
 - Consider what was helpful to you as an adolescent when experiencing emotional distress
- If your child does not want to talk, **do not pressure** him/her. Self-injury is a very emotional subject and the behavior itself is often an indication that your child has difficulty verbalizing his/her emotions.

What are some helpful questions I can ask my child to better understand his/her self-injury?²

Recognize that direct questions may feel invasive and frightening at first—particularly when coming from someone known and cared for, like you. It is most productive to focus first on helping your child to acknowledge the problem and the need for help. Here are some examples of what you might say:

- "How do you feel before you self-injure? How do you feel after you self-injure?" Retrace the steps leading up to an incident of self-injury—the events, thoughts, and feelings which led to it.
- "How does self-injury help you feel better?"
- "What is it like for you to talk with me about hurting yourself?"

- "Is there anything that is really stressing you out right now that I can help you with?"
- "Is there anything missing in our relationship, that if it were present, would make a difference?"
- "If you don't wish to talk to me about this now, I understand. I just want you to know that I am here for you when you decide you are ready to talk. Is it okay if I check in with you about this or would you prefer to come to me?"

"...internal pain wasn't real and wasn't something you that you could heal. And if you make it external, it's real, you can see it... I needed to have it be in a place other than inside me."

—Interviewee

What are some things I should AVOID saying or doing?

The following behaviors can actually increase your child's self-injurious behaviors:³

- Yelling
- Lecturing
- Put downs
- Harsh and lengthy punishments
- Invasions of privacy (i.e., going through your child's bedroom without his/her presence)
- Ultimatums
- Threats

Avoid power struggles. You cannot control another person's behavior and demanding that your loved one stop the self-injurious behavior is generally unproductive.

The following statements are examples of **unhelpful** things to say:

- "I know how you feel." This can make your child feel as if their problems are trivialized.
- "How can you be so crazy to do this to yourself?"
- "You are doing this to make me feel guilty."

Take your child seriously. One individual who struggles with self-injury described her disclosure to her parents in the following way: *"They freaked and made me promise not to do it again. I said yes just to make them feel better though. That settled everything for them. I felt hurt that they did not take me serious[ly] and get me help."*⁴



FYI

Attachment Parenting International offers support groups for parents in many cities around the country, with the aim of creating strong and healthy bonds between parents and their children. For a list of meetings in your state or go to <http://www.attachmentparenting.org/groups/groups.php>

How do I know if I am doing or saying the right thing?

- Parents need to ask for feedback from their child about how well they are doing their job as parents.
 - This demonstrates that they are truly engaged in improving and strengthening their relationship with their child.
 - Parents can identify specifically what they can do to contribute to their child's success.

Are there any activities I can complete with my child to help them manage their urges to self-injure?

The Nillumbik Community Health Service has developed an activity for identifying who can be helpers and specifically how they can help. There is a worksheet to fill in who is available at different times throughout the day for support. To link to this worksheet, see http://www.nchs.org.au/Docs/SelfHarm_StuInfoPack.pdf. If your child has already developed a list of effective coping strategies for managing distress (for more on this, see http://www.crpsib.com/factsheet_coping_alternatives.asp), this information can be put together to create a “help card,” which includes your child's top coping strategies and phone numbers of support people, and can be easily carried around in a wallet for whenever the need for support may arise. Go to Appendix M of <http://www.sfys.infoxchange.net.au/resources/public/items/2004/12/00131-upload-00001.doc> to link to the help card activity.

“Parents, there is hope. If you are facing some of the difficulties we have... don't give up. You need to fight; many teachers, doctors and counselors may not have the knowledge or ability to help – keep fighting. Don't give up; there can be a bright light at the end of the tunnel.”

– Parent collaborators on CRPSIB team

FYI

To read more about the personal experiences of these parents, see http://www.crpsib.com/factsheet_personal_stories.asp

“I stopped because I developed a sense of worth and, to some extent, love for myself. I also have come to understand that it is painful for those I love to know I cut myself, so I have partially stopped so I would not hurt them. I've learned better coping strategies as well.”

– Survey Participant

Understanding the Role of Relationships

Is my child's self-injury my fault?

No, no person causes another person to act in a certain way. Like most negative behaviors, however, self-injury is often a result of two things. That is, a person's belief that he or she cannot handle the stress they feel, and that self-injury is a good way to deal with stress. A history of strained relations with parents and/or peers, high emotional sensitivity, and low ability to manage emotion all contribute to these beliefs. This can lead to the use of self-injury in order to cope. Parent-child relationships strongly influence a child's (and parents') emotional state. Youth with high emotion sensitivity and few emotion management skills may be particularly sensitive to stressful dynamics within the relationship, especially if they

continue for a long time. For this reason, negative parent-child interactions are often powerful triggers for self-injury. However, they are also powerful in aiding recovery and, most importantly, to the development of positive coping skills. Parents who are willing to understand the powerful role they play, to directly confront painful dynamics within the family, to be fully present for their child, and to help their child see that he or she has a choice in how they cope with life challenges, will be allies in the recovery process. Parents who try to fix their child by taking responsibility for their child's problems may actually make recovery more difficult.

How might my relationship with my child affect his/her self-injurious behaviors?²

- Extremes in the quality of the parents' attachment (such as a lack of boundaries or too much emotional distance, or extreme overprotective or hovering behavior) are common in today's society.
 - Many adolescents who struggle with self-injury report that their parents are either unavailable to them for emotional support or invalidate their feelings, which has led them to believe that they are worthless or not worthy of being loved.
 - Alternatively, parents who cope *for* their kids by seeking to closely control their behavior, attitudes and/or choices run the risk of undermining their children's capacity to develop effective ways of handling stress and adversity.

- The importance of secure attachments:
 - Adolescents who feel secure and positive attachment bonds with their parents are less likely to gravitate to negative peer groups or be victims of peer pressure.
 - Resilient children and adolescents, that is, those who have the ability to quickly rebound from painful life events, say that their secure attachments with their parents or key caretakers have a significant influence on their ability to cope effectively.

According to Selekman (2006), mothers tend to average 8 minutes a day in conversation with their adolescents. Fathers spend only 3 minutes.

How might my child's peer relationships affect his or her self-injury?

If children feel as if their needs are not being met at home, they may turn to a so-called "second family," such as a street gang or a negative peer group. This is particularly likely to happen if parents work long hours. Children may turn to this second family because they feel that their parents are too busy to spend time with them. What is particularly troubling

is that self-injury may sometimes be a part of the culture of the second family. For example, one adolescent described how she and her friends would play a game called "chicken," in which the participants superficially wounded themselves, and the winner was the individual who could inflict the most cuts without "chickening out."⁵

"I think probably one of the most difficult things for people who don't self injure to understand, what I've been asked time and time again, is why do you do it? It's so many years of depression behind it. You can't answer 'I cut because of this and this and this.' And also, how physically addictive it is. It feels so necessary and so right."

– Interviewee

Improving the Home Environment

What aspects of the home environment might be affecting my child's self-injury?⁶

- **Repression and/or mismanagement of emotion**
Self-injury is most commonly understood as an emotion regulation technique. This suggests that individuals who practice it have difficulty regulating emotional states healthfully. In some cases, this tendency is a result of a family history of repressing or mismanaging emotion, such as when family members either do not know how to constructively express negative feelings like anger or fear, or when they withhold demonstrations of love and tenderness with their children.
- **Family secrets**
All families have stories to tell, not all of which are easy to share or hear. When a child or adolescent is directly involved with negative events occurring within the family and then told or chooses not to share what is happening with someone he or she trusts, he/she may suffer—psychologically and physically. Depression, anxiety, and a variety of self-injurious behaviors are all potential consequences of keeping family secrets.

How can I foster a protective home environment?

- Model healthy ways of managing stress.
- Keep lines of communication and exchange open.
- Emphasize and uphold the importance of family time.
- Expect that your child will contribute to the family's chores and responsibilities.
- Set limits and consistently enforce consequences when these are violated. Consider positive consequences, such as working in a soup kitchen or other community service.
- Respect the development of your child's individuality.
- Provide firm guidelines around technology usage. Many individuals who struggle with self-injury report spending several hours a day interacting on the Internet with other self-injurers (particularly via message boards—many of which are not regulated) while engaging in their harming behaviors. Though the majority of the information shared is supportive, some of these sites actually encourage self-injury and even share harming techniques.
- Do not take your child's self-injury tools away. This suggestion is often surprising to parents. However, if your child has the strong urge to injure him/herself, he/she will find a way (and it may not be as safe). Also, using the same tools is sometimes part of the ritual of self-injury, so the panic of losing this aspect of control can actually trigger more harming episodes.
- Remember that respect is a two-way street.
 - Keep the atmosphere at home inviting, positive, and upbeat.
 - Positive emotion promotes resiliency and serves as a protective measure.
- Practice using positive coping skills together.
- Avoid over-scheduling your child and putting too much pressure on him or her to perform.
- Don't expect a quick fix. There will be setbacks along the way to recovery, and a slip does not mean that your child is not making progress; these are common during stages of change. See the next page for more information about the **five stages of change**, which has been applied to a broad range of behaviors.

"Easy access to a virtual subculture of like-minded others may reinforce the behavior for a much larger number of youth."

—Janis Whitlock, Ph.D., MPH



FIVE STAGES OF CHANGE

- 1 Precontemplation:** The individual is not seriously thinking about changing his/her behavior and may not even consider that he/she has a problem. For example, your child may defend the benefits of his/her self-injury and not acknowledge the negative consequences of harming him/herself.
- 2 Contemplation:** The individual is thinking more about the behavior and the negative aspects of continuing to practice it. Though the individual is more open to the possibility of changing, he/she is often ambivalent about it. For example, your child may be considering the benefits of decreasing his/her self-injury, but may wonder whether it is worth it to give up the behavior.
- 3 Preparation:** The individual has made a commitment to change his/her behavior. He/she may research treatment options and consider the lifestyle changes that will have to be made. For example, your child may look for a support group to plan for the difficulties of decreasing his/her self-injury.
- 4 Action:** The individual has confidence in his/her ability to change and is taking active steps. For example, your child might begin practicing **alternative coping mechanisms** (see http://www.crpsib.com/factsheet_coping_alternatives.asp), like journaling, rather than engaging in self-injury. Unfortunately, this is also the stage where the individual is most vulnerable to a relapse, because learning new techniques for managing your emotions is a gradual learning process. Support is vital to this stage—this is where you come in!
- 5 Maintenance:** The individual is working to maintain the changes he/she has made. He/she is aware of triggers and how these may affect his/her goals. For example, if your child knows that studying for an upcoming calculus test sometimes triggers the urge to self-injure, he/she might join a study group to reduce the likelihood of self-injuring.

“Therapy helped me deal with other issues which in turn helped me stop hurting myself. Hurting my self was not the central issue in my therapy sessions... I hurt myself because I was depressed, so we worked on getting the depression under control and then the intentional hurting myself ceased because not only was I no longer depressed but I knew myself better to know the correct way FOR ME to control problems that I would have later.”
— Survey Participant

Finding Treatment

Know that seeking help for someone, particularly a youth, is a sign of love, not betrayal. You can provide some choices about where to go and who to see. You can also include him/her in decisions about how and what to tell other family members if that becomes a necessity.

How can I find a therapist for my child?7

The S.A.F.E. Alternatives website (<http://www.selfinjury.com>) provides a thorough overview of how to find a therapist, specifically for the treatment of self-injury. It provides suggestions for how to obtain a referral, such as asking a member of the medical field, looking in the phonebook, and researching teaching hospitals (which may have low-cost alternatives). There is also a link to a section titled “Therapist Referrals” which provides specific names and information about experienced therapists in each state. To go directly to this page of referrals, see http://www.selfinjury.com/referrals_therapistreferrals.html.

Three different therapy models are explained, including psychodynamic therapy, cognitive-behavioral therapy and supportive therapy. There are recommendations for questions to ask a therapist—and yourself—to determine whether the relationship seems to be a good match. General tips for how to get the most out of therapy and some potential difficulties to expect are included throughout the overview.



How can I help my child get the most out of professional help?

- **Individual Therapy**
Avoid interrogating your child about what he/she talks about in individual therapy. The individual who self-injures is likely to need and want a measure of privacy as therapy progresses, but will also need to include significant others in some way over time. Don't expect too much in the beginning and continue working to keep lines of communication open.
- **Family therapy**
Individuals live in families and families typically have a host of belief systems and behaviors that influence individual behavior. Increasing all family members' awareness of how the family system may inadvertently feed an individual's self-injury can be a critical step in recovery.
- **Art therapy and other visualization/multi-sensory techniques**
Symbols and metaphors that appear in these modalities can be used to explore thoughts and feelings that may be hard to express in words. Many adolescents indicate that these therapies were most beneficial to them in their individual and family therapy sessions.
- **Group therapy**
This may be beneficial if your child is experiencing peer difficulties and can provide additional support outside of the home.
- **Consider inpatient treatment, if necessary**
S.A.F.E. Alternatives is currently the only inpatient treatment center for self-injury. For more information about what they offer, visit: <http://www.selfinjury.com>

FYI

Remember to take care of yourself as well! Set up your own support network. The National Alliance on Mental Health offers support groups for family members of individuals with a mental illness.

http://www.nami.org/Template.cfm?Section=Your_Local_NAMI&Template=/CustomSource/AffiliateFinder.cfm to find a group in your local area.

¹ Quote from *Self-harm: management and intervention* section of BNPCA Project Report (2004).

² Paraphrased from the preface of Selekman (2006).

³ List of examples from preface of Selekman (2006).

⁴ Quote from *In their own words* section of the Self-Injury: A Struggle website.

⁵ Example from *Self Harm: A peer-influenced behavior* section of BNPCA Project Report (2004).

<http://www.sfys.infoxchange.net.au/resources/public/items/2004/12/00131-upload-00001.doc>

⁶ Paraphrased from introduction of Selekman (2006).

⁷ Summarized from *How to find a therapist* section of the SAFE Alternatives website.

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Cornell Research Program on Self-Injurious Behavior in Adolescents and Young Adults

BY ERICKA KILBURN & JANIS WHITLOCK

Distraction Techniques and Alternative Coping Strategies

Who is this for?

Those who struggle
with self-injury

What is included?

Identifying negative
feelings and
situations related
to self-injury

Distraction and
substitution
techniques

Self-injury is sometimes used as a way of coping with negative events and feelings. It is often used as a result of not having learned how to identify or express difficult feelings in a more healthy way. Finding new ways of coping with difficult feelings can help to suppress the urges that lead to self-injury and may help in the recovery process. Focusing on identifying feelings and challenging the thoughts that lead to self-injury can be helpful. Seeking outside professional assistance or engaging in individual therapy may be a good idea as well. Stopping is easier if you can find other ways of expressing or coping with your feelings.

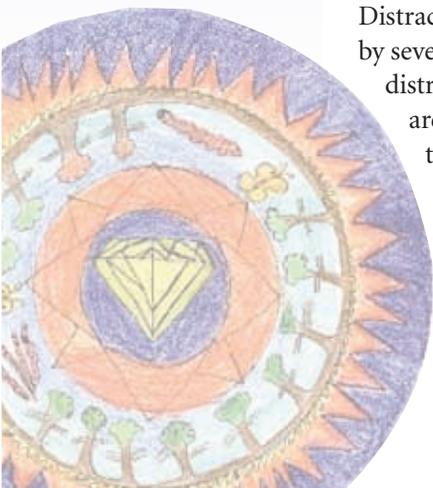
You can ask yourself the following questions which may help you to identify the negative feelings or situations that lead to self-injury:

- What was going on in my life when I first began to injure myself?
- How do I feel just before I want to injure myself?
- What are my habits and routines? Am I always in the same place or with a particular person when I get the urge to injure myself?
- Do I always feel the same emotion when I get the urge to injure myself?
- How can I better deal with the situations that trigger me?

You may want to keep a diary in which you write down your feelings at different times so that you can better answer these questions.

I want to stop self-injuring but I still have urges. What do I do instead?

Distract yourself or use a substitution behavior. Many report that just delaying an urge to self-injure by several minutes can be enough to make the urge fade away. One way to increase the chances of a distraction or substitution helping calm the urge to self-injure is to match what you do to how you are feeling at the moment. It may be helpful to keep a list on hand so that when you get the urge to self-injure you can go down the list and find something that feels right to you in the moment. See examples of alternatives on the next page.



Feeling angry:

- Flatten aluminum cans for recycling, seeing how fast you can go.
- Hit a punching bag.
- Use a pillow to hit a wall, pillow-fight style.
- Dance.
- Clean.
- Exercise.
- Bang pots and pans.
- Stomp around in heavy shoes.
- Play handball or tennis.
- Run, jump, skip, lift weights, ride your bike, swim – anything that helps you move the angry energy through and out of your body.

Feeling sad or depressed:

- Do something slow and soothing.
- Take a hot bath with bath oil or bubbles.
- Curl up under a comforter with hot cocoa and a good book.
- Baby yourself somehow.
- Give yourself a present.
- Hug a loved one or stuffed animal.
- Play with a pet.
- Make a list of things that make you happy.
- Do something nice for someone else.
- Light sweet-smelling incense.
- Listen to soothing music.
- Smooth nice body lotion into the parts of yourself you want to hurt.
- Call a friend and just talk about things that you like.
- Make a tray of special treats.
- Watch TV or read.
- Visit a friend.

Craving sensation/Feeling empty or unreal:

- List the many uses for a random object. (For example, what are all the things you can do with a twist-tie?)
- Interact with other people.
- Bite into a hot pepper or chew a piece of ginger root.
- Rub liniment under your nose.
- Take a cold bath.
- Stomp your feet on the ground.
- Focus on how it feels to breathe. Notice the way your chest and stomach move with each breath.

“... I made a mix of 10 happy songs I would listen to sometimes when I was rollerblading to put myself in a good mood... It was uplifting music. It was good. It was like ‘Walking on Sunshine’ and ‘It’s Raining Men’ and stuff like that. I was like, ‘Maybe I shouldn’t listen to depressing, abusive music when I’m feeling like this. Maybe I should try to get in a better mood.’”

– Interviewee

Wanting focus:

- Do a task that is exacting and requires focus and concentration.
- Eat a raisin mindfully. Notice how it looks and feels. Try to describe the texture. How does a raisin smell? Chew slowly, noticing how the texture and even the taste of the raisin change as you chew it.
- Choose an object in the room. Examine it carefully and then write as detailed a description of it as you can.
- Choose a random object, like a twist-tie, and try to list 30 different uses for it.
- Pick a subject and research it on the web.

Feeling guilty or like a bad person:

- List as many good things about yourself as you can.
- Read something good that someone has written about you.
- Talk to someone that cares about you.
- Do something nice for someone else.
- Remember when you’ve done something good.
- Think about why you feel guilty and how you might be able to change it.

Other General Distraction and Substitution Techniques:

Reach Out to Others

- Phone a friend.
- Call 1-800-DONT-CUT.
- Go out and be around people.

Express Yourself

- Write down your feelings in a diary.
- Cry – crying is a healthy and normal way to express your sadness or frustration.
- Draw or color.

Keep Busy

- Play a game.
- Listen to music.
- Read.
- Take a shower.
- Open a dictionary and learn new words.
- Do homework.
- Cook.
- Dig in the garden.
- Clean.
- Watch a feel-good movie.

Do Something Mindful

- Count down slowly from 10 to 0.
- Breathe slowly, in through the nose and out through the mouth.
- Focus on objects around you and thinking about how they look, sound, smell, taste and feel.
- Do yoga.
- Meditate.
- Learn some breathing exercises to aid relaxation.
- Talk to someone you trust and care about. It doesn't matter what you talk about, just talk.
- Find a child to play with. Ask to play a game.
- Do something kind for someone.
- Think about all the details of a time or place that made you happy – remember how all of your senses felt.
- Punch pillows.
- Scream into a pillow.
- Yell or sing at the top of your lungs.
- Exercise.

FYI

USEFUL LINKS:

http://www.bbc.co.uk/health/conditions/mental_health/coping_skills.shtml
http://www.helpguide.org/mental/self_injury.htm
<http://www.selfinjury.com>

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“Working With Adolescents Who Practice Non-Suicidal Self-Injury”

Air Date: November 3rd, 2011

Program Graphics

1. Learning Objectives:

- Define non-suicidal self-injury (NSSI) and its prevalence, associated behaviors, risk groups and function in children and adolescents.
- Identify the individual and environmental factors that may predispose youth to engage in NSSI
- Articulate the relationship between NSSI and suicide-related behavior
- Identify common behavioral and attitudinal symptoms of NSSI behavior as well as helpful and non-helpful responses to NSSI disclosure
- Use “respectful curiosity” and other helpful strategies in responding to NSSI disclosure
- Identify common treatment and intervention approaches as well as the role of CPS staff in when to refer a youth for evaluation

2. Non-Suicidal Self-Injury:

The deliberate, direct, and self-inflicted destruction of body tissue resulting in immediate tissue damage, for purposes not socially sanctioned and without suicidal intent

* The International Society for the Study of Self-injury

3. Types of Non-Suicidal Self-Injury:

- scratching or pinching with fingernails until bleeding or marking occurs
- cutting, ripping or carving symbols into skin
- banging or punching objects or oneself
- biting
- Removal of hair or eyelashes
- burning or embedding foreign objects into the skin
- intentionally preventing wounds from healing

4. **Who Self-Injures?**

- 13% - 25% of adolescents and young adults have a history of self-injury
- Similar prevalence between males and females
- 50% of bisexual females have history of self-injury
- Average age of onset is 15
- 25 – 40% of young adults say they started after age 17
- 6% of college students reported actively self-injuring

5. **Reasons People Self-Injure:**

Regulate negative affect or no affect:

- To cope with uncomfortable feelings (50.6%)
- To relieve stress or pressure (43.4%)
- To deal with frustration (37.1%)
- To change emotion into something physical (35.7%)
- To deal with anger (25.2%)
- To help me cry (11.1%)
- To feel something (26.1%)

Self-control:

- To exert control over oneself or life (19.6%)

Self-punishment:

- To atone for sins (18.2%)
- To express self-hatred (14.4%)

Addiction:

- Uncontrollable urge (16.8%)

Self distraction:

- To distract me from other problems or tasks (20.1%)
- To create an excuse to avoid something else (4.2%)

Sensation seeking:

- Because it feels good (15.7%)
- To get a rush or surge of energy (11.2%)

Social communication / belonging:

- In hopes that someone will notice (18.4%)
- To shock or get back at someone (11.0%)

Self-connection and preservation:

- So I don't hurt myself in other ways (5.7%)

*Klonsky, E. D., 2007; Nock, M. K. & Prinstein, M. J. , 2005

6. **Examples of respectfully curious questions:**

How long have you been hurting yourself for?

Where on your body do you typically hurt yourself?

How does it help you?

When you resist the temptation to hurt yourself, what do you tell yourself or do that works?

7. CPRISB

<http://www.crpsib.com/>

8. *Alternatives*

<http://www.selfinjury.com/>

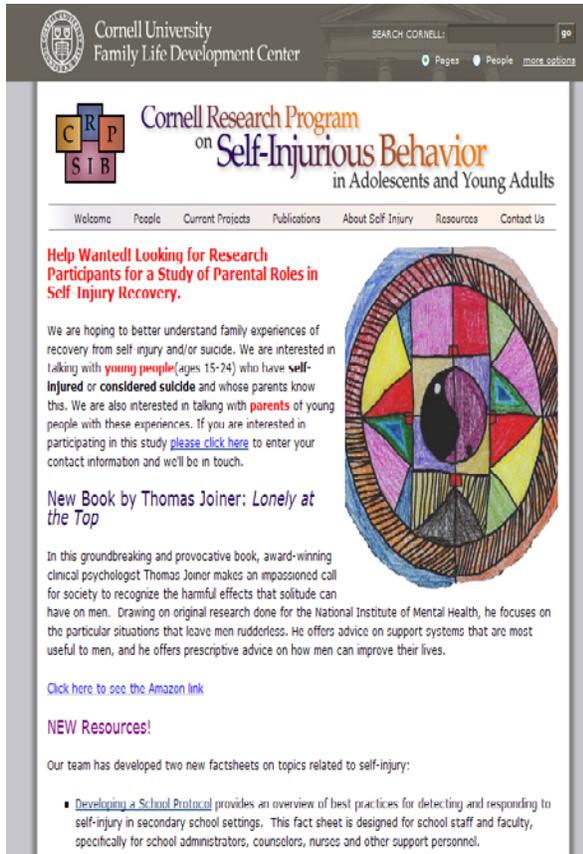
“Working With Adolescents Who Practice Non-Suicidal Self-Injury”

Air Date: November 3rd, 2011

Web-based Resources

The Cornell Research program on Self-Injurious Behavior

<http://www.crpsib.com/>



The screenshot shows the website's header with the Cornell University logo and search bar. The main title is "Cornell Research Program on Self-Injurious Behavior in Adolescents and Young Adults". A navigation menu includes "Welcome", "People", "Current Projects", "Publications", "About Self-Injury", "Resources", and "Contact Us".

Help Wanted! Looking for Research Participants for a Study of Parental Roles in Self-Injury Recovery.

We are hoping to better understand family experiences of recovery from self injury and/or suicide. We are interested in talking with **young people** (ages 15-24) who have **self-injured** or **considered suicide** and whose parents know this. We are also interested in talking with **parents** of young people with these experiences. If you are interested in participating in this study [please click here](#) to enter your contact information and we'll be in touch.



New Book by Thomas Joiner: *Lonely at the Top*

In this groundbreaking and provocative book, award-winning clinical psychologist Thomas Joiner makes an impassioned call for society to recognize the harmful effects that solitude can have on men. Drawing on original research done for the National Institute of Mental Health, he focuses on the particular situations that leave men rudderless. He offers advice on support systems that are most useful to men, and he offers prescriptive advice on how men can improve their lives.

[Click here to see the Amazon link](#)

NEW Resources!

Our team has developed two new factsheets on topics related to self-injury:

- [Developing a School Protocol](#) provides an overview of best practices for detecting and responding to self-injury in secondary school settings. This fact sheet is designed for school staff and faculty, specifically for school administrators, counselors, nurses and other support personnel.

Resources: Factsheets

Our team has developed a variety of [factsheets](#) for general use based on current self-injury research. Current topics include:

- [What is self-injury?](#)
- [Therapy: Myths and misconceptions](#)
- [Therapy: What to expect](#)
- [Recovering from self-injury](#)
- [Top misconceptions about self-injury](#)
- [General information on coping](#)
- [Alternative coping strategies](#)
- [Information about self-injury for parents](#)
- [Information about self-injury for friends](#)

"Faith is believing wholeheartedly in something good and taking action to ensure it. I keep that thought in mind every day as I struggle with depression and the thought of self injuring again. I have faith in myself even if I'm scared sometimes. I have faith in everyone. We can overcome the struggle."
- Message Board Post

Resources: Recovery and Therapy Presentations

In addition to the [factsheets](#) listed above, the research team has developed a web-based presentation about the recovery process and others that introduce several therapies commonly used to treat self injury:

- [Recovering from self-injurious behavior](#)
- [Cognitive Behavioral Therapy](#)
- [Dialectical Behavioral Therapy](#)
- [Mindfulness-Based Therapies](#)

Additional materials, designed for a more academic audience, have also been developed. These include:

- An [annotated bibliography](#) of academic literature regarding coping
- A [review](#) of academic literature regarding coping
- The open source journal article on basic self-injury facts is written especially for clinical providers and interested others.

For additional resources and helpful links please see the [RESOURCES](#) section of our website.

Please also see our [interview with filmmaker Wendy Schneider, creator of the film "CUT: Trauma and Self-Injury"](#)

S.A.F.E Alternatives

<http://www.selfinjury.com/>

The screenshot shows the homepage of S.A.F.E. Alternatives. The header is teal with navigation links: Foundation, Site Map, About Us, Contact Us, and social media icons for Facebook, Twitter, and YouTube. The logo on the left features a silhouette of a person reaching for stars, with the text "S.A.F.E. ALTERNATIVES®" and "Self Abuse Finally Ends". On the right, there is a "NEED HELP? 800-DONTCUT® (366.8288) INFORMATION LINE" button. Below the header is a horizontal menu with links: HOME, TREATMENTS, ADMISSIONS, LECTURES, RESOURCES, REFERRALS, SCHOOLS, STORE, and BLOG. A teal banner below the menu contains the text: "S.A.F.E. ALTERNATIVES® is a nationally recognized treatment approach, professional network, and educational resource base, which is committed to helping you and others achieve an end to self-injurious behavior." The main content area features a large image of a woman in a white shirt and glasses talking to a man. Text overlaying the image asks "Do you want to see a therapist in your community?" and provides a link "See S.A.F.E. Therapist Referrals". To the right of this image are four smaller photos: a woman and a man talking, a man smiling, two women smiling, and a woman in distress. Below the main image is a "A Real Testimonial" section with a quote: "I'm sneaking up on six months of taking great care of myself, and that includes no self injury!! Taking good care of myself hasn't been easy or pain-free, but it has been accompanied by amazing, rich, deep, lush growth!" attributed to "Anonymous". To the right of the testimonial is a "S.A.F.E. Lectures & Webinars" section featuring a photo of Dr. Wendy Lader and text: "Listen to Dr. Wendy Lader, co-author of *Bodily Harm: The Breakthrough Healing Program for Self-Injurers*, lecture on self-injury." Below the testimonial and webinar section are three columns: "News & Events" with a link to "Summer, 2011" and text about a Family Circle Magazine article; "Blog & Webinars" with text: "Visit our blog to join with others who either self injure or support someone who self injures." and a link "Click here"; and "Featured Product" with a book cover titled "SELF-INJURY: UNDERSTANDING AND RECOVERY".

