PARENT NETWORK UPDATE

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SPECIAL ISSUE ON
Adolescent Self-Harm --
From Risk to Resilience

For most parents, the idea of adolescent self-harm, such as cutting, is foreign and frightening. However, this way of dealing with emotional pain is more common than many of us might suspect. And in Brookline, as around the country, guidance counselors are seeing kids begin this practice at younger and younger ages. Though you may not be aware of children who self-harm, odds are good that your kids know peers who do.

In a compelling and informative March forum at the Devotion School, "Adolescent Self-Harm: From Risk to Resilience," McLean Hospital clinician Dr. Michael Hollander (author of "Helping Teens Who Cut") offered parents an opportunity to learn more about non-suicidal self-injury (NSSI) so that they can have open, honest conversations with their children, be on the look out for warning signs, and support adolescents who may be engaging in self-harm. According to Dr. Hollander (see bio below), 14-18% of children will have self-injured at least once by the end of high school. By the end of college, the rate rises to 12-35%. While age 11-14 is the usual span at which most kids start to self-harm, he knows children as young as 9.

WHAT EXACTLY IS SELF-HARM?

Common forms of self-harm include cutting, burning, scratching, skin picking, even breaking bones. For many years, self-harm by an adolescent regardless of severity was assumed to be a suicide attempt. In fact, most self-harm is non-suicidal, a short term "solution" to long term problem. However, a history of self-injury may be a predictor of suicide later in life, which can be one of the strongest motivations to address this behavior early on. The more one engages in the practice, the more it lessens inhibitions to go further ("behavioral rehearsal"). The common life span of self-injuring is about six years.

Adolescents who self-injure experience a lot of shame and usually hide their behavior from everyone, except perhaps a small group of friends. Cutting is the most common form of self-harm, and telltale signs include wearing long sleeves, even in the summer, and not going to the beach, bloody tissues and sheets, broken razor blades in the trash, and "scratches" that are too parallel and uniform. Piercings, tattoos, eating disordered behavior, and substance use are not considered self-injury, though some eating and substance use behaviors serve a similar function and may also go along with self-harm.

WHY DO KIDS SELF INJURE?

Though parents often think children self-injure for attention, the primary reason is to help regulate what feels like unmanageable emotions. Unfortunately, it works. For children experiencing a great deal of emotional pain, self-harm has a "down regulating" effect. Tissue damage releases opiate-like endorphins that calm and sedate, a form of self-medication. For those stuck in the disturbing mindset of numbness and emptiness, self-harm can be "up regulating," helping them feel alive again. Controlling physical pain can hijack emotional pain. These powerful reinforcements make self-injury extremely difficult for kids to stop.

The practice is exacerbated by issues of self-identity and deeply held core beliefs – those beliefs we hold about ourselves, others and how the world works. By nature, these core beliefs are resistant to change – we tend to look for evidence that confirms our beliefs, even when presented with the contrary. Both children and adults who feel vulnerable to overwhelming negative emotions can find themselves easily developing negative core beliefs -- I am stupid, worthless, deserve to be punished for something. This can create a synergy with the physiologic function of self-harm, so it's important to manage both behavior and self-identity in tandem.

GENERAL CHARACTERISTICS OF SELF-INJURERS

- More emotionally sensitive
- Have immediate and powerful emotional displays that are often experienced by others as exaggerated
- Alternately, they maybe very difficult to read emotionally as they can be quite good at masking emotional experience
- Have a more difficult time getting over disappointments, failures, frustrations, etc., to regulate and modulate emotions back to base line
- Have mood dependent behavior
- Appear depressed
- Anxiety is often part of the picture
- Perfectionistic
- Engage in other high-risk behaviors -- substance use, sex, thrill seeking, etc.
- Often have difficulty accurately labeling and identifying their emotions -- just describing emotions – "I feel sad, I feel like there's a weight on my chest," etc. – can actually activate the brain to modulate emotions

WHAT CAN PARENTS DO?

- Keep in mind that what you see as the problem (self-injury) the adolescent sees as the solution (emotional regulation).
- Interpersonal behavior can snowball, so keep a clear head and find a way to balance the intense emotions around the issue with firmness and kindness. If you freak out, that only adds to a child's emotional overload.
- Validate the feelings and experience, but reinforce that you don't view him/her as "defective" -- hold the clear expectation that the adolescent will find a way to stop the behavior.
- Learn how to set reasonable expectations/limitations.
- If your child is self-injuring, get a consultation from a professional who can help identify triggers and manage behavior.

IMPORTANT SKILL SETS FOR PARENTS

Dialectical Thinking

- See the wisdom in another's perspective and behavior even when it is flawed – "I see why you feel this works for you."
- Communicate that understanding in a real and genuine way while holding on to your own perspective.
- Find a synthesis of multiple perspectives – you can disapprove of behavior without polarizing.
- Tolerate the distress of trying to understand each other's minds and behaviors.
- Be open and curious – don't assume you understand.
- Believe that truth evolves as more understanding unfolds.

Validation

- Validation is communicating to another person that you have a tentative understanding of their emotional state, thinking or behavior, even though you may disagree. We ALL need it.
- Attentive, reflective listening can help someone open up and feel heard, understood. Make eye

contact, but don't force – let communication unfold.

- Self-validation is equally important – instead of encouraging someone not to feel guilt, shame, etc., accept their feeling and sympathize, then try to figure out where it comes from and how to manage it. Validation can help normalize feelings.
- Validation must be real and genuine and offered with a light touch.
- Validation is not problem solving, but is the first step.

Problem solving

- Remember that you cannot solve your child's problems, so don't rush in to try to "fix" things.
- Try to get invited to problem solve – think or yourself as a consultant, ask if the teen wants some help thinking things through.
- Try to offer multiple solutions.
- Don't abdicate your parental role when problem solving is called for by avoiding situations because they are likely to blow up.
- Avoid authoritarian control.
- You are limited in what you can do in terms of controlling the environment, but don't shy away from possible issues – keep the child engaged rather than avoiding.
- Pick your battles.
- Remember that what seems simple to do may not be easy for your child.

Distress tolerance

- Parents have to bear their own worry and emotional dysregulation – manage your own reactions.
- Take the long view.
- Radical acceptance -- willingly acknowledge the present reality (You only have to accept this moment and you cannot radically accept the future because it hasn't happened yet).
- Build into your life activities that bring joy, a sense of mastery and community.
- Remember that this is time in your life, too. You will need to get nourished and replenished to be at your best for your child and maintain energy for the long haul.

*(**Dr. Michael Hollander** is a clinician, instructor and Director of Training and Consultations at 3 East, the DBT program at McLean Hospital in Belmont. He is on the teaching faculty in the Department of Child Psychiatry at Massachusetts General Hospital and is a psychology instructor in Harvard Medical School's Department of Psychiatry. An expert in the treatment of self-injury, he has worked with adolescents and their families for more than 30 years. His most recent book, "Helping Teens Who Cut," has helped countless families searching for answers to painful and persistent questions about why teens self-harm and what schools, parents and communities can do together to help them.)*

LOCAL RESOURCES

Brookline and the Greater Boston area are blessed with a wealth of resources for helping parents understand and address adolescent mental health. Perhaps a parent's first step should be a conversation with a child's pediatrician, who will have a sense of an adolescent's overall health and can point to possible treatment options and sources within your health care network. In addition, consider:

- School Guidance Counselors/Deans
- Brookline Mental Health Center http://www.brooklinecenter.org/
- Boston Children's Hospital http://www.childrenshospital.org/
- B-PEN webpage "Teens and Mental Health" http://www.b-pen.org/mental-health-stressanxiety-depression.html
- BSAPP (Brookline Substance Abuse Prevention Program www.BCASA.org

WEB RESOURCES

www.helpguide.org
www.experiencejournal.com/depression
www.talklisten.org
www.familyaware.org
www.thebalancedmind.org
www.thetrevorproject.org
www.suicidepreventionlifeline.org
www.yourlifeyourvoice.org
www.hopeline.com

To sign up for B-PEN's quarterly "Parent Network Newsletter," visit http://www.b-pen.org/email-list.html

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