

THE PARENT LETTER



About Our Kids: A Letter for Parents by the NYU Child Study Center



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SELF-INJURY: DEFINITIONS AND DESCRIPTIONS

Self-injury is a growing concern among parents and mental health professionals alike. Fortunately, we are more aware of the potential causes and effective treatments for this behavior than ever before. In this article the authors will review important findings from research in this area.

Self-Injury: What Is It?

Many terms that are used to refer to self-injury fall under the umbrella term, “suicidal behavior.” These include self-harm, cutting, self-mutilation, parasuicide, suicidal gestures/behaviors, nonsuicidal self-injurious behavior (NSIB) and nonsuicidal self-injury (NSSI). Specifically, self-injury has been defined as “the deliberate, direct destruction or alteration of body tissue, without conscious suicidal intent but resulting in injury severe enough for tissue damage to occur” (Gratz, 2003). Therefore, we will refer to self-injury as an act which subsequently leads to some form of tissue damage where the teen does not have intent to die. Most commonly, teens will scratch, cut, or burn themselves. Typically, the behavior is done on their arms, thighs, or stomachs.

Who Exhibits this Behavior?

Self-injury is a behavior that usually begins in early adolescence, although the reason for this is not clear. Both male and female teenagers engage in self-injury. Males are more likely to self-injure by burning while females are more likely to report scratching or cutting oneself. Recent research has shown that 14-15% of teenagers report a minimum of one instance of self-injury (Ross & Heath, 2002). An even higher rate was reported in a recent study which found that between 40-80% of teens who were receiving psychiatric treatment acknowledged self-injury (Nock & Prinstein, 2004). Research in this area has demonstrated that some disorders co-exist more frequently with this behavior. Borderline Personality Disorder, Anxiety Disorders, Eating Disorders, Depression, and Psychosis are all commonly diagnosed in individuals who self-injure.

Why Does It Occur?

While some teens may engage in self-injury with intent to die, research has shown that many teens exhibit this behavior in an effort to regulate their emotions. Many adolescents self-injure only a few times; however, some of those who try the behavior will continue to engage in this behavior chronically. Of those that self-injure more regularly, the behavior is typically used as a coping strategy for emotion regulation. Most teens from this latter group report they are attempting to escape negative emotions (i.e., to stop from feeling bad) by engaging in self-injury (Nock & Prinstein, 2004). A smaller number of teens report they engage in the behavior to punish themselves when they are angry at something they did or as an attempt to influence others (i.e., to gain or avoid some sort of social attention).

How Is It Treated?

Cognitive behavioral therapies have shown the most success in decreasing this behavior. As noted above, self-injury may occur for a variety of reasons. It is imperative that the mental health practitioner understand the function of the teen’s self-injury in order to effectively develop strategies that may help him or her. For example, if a teen engages in the behavior in an attempt to regulate emotions (i.e., to stop negative feelings such as shame or guilt), gradual exposure to the experience of the negative emotion as well as the introduction of distress tolerance skills (i.e., distracting oneself when faced with difficult emotions) will likely be necessary aspects of treatment.

While self-injury can occur alone or in conjunction with a variety of psychiatric disorders, it currently is listed as a symptom of only one disorder, Borderline Personality Disorder. Teenagers are not eligible to meet criteria for Borderline Personality Disorder, as they are still maturing. However, it is agreed upon by many clinicians that adolescents can display traits of

Borderline Personality Disorder. In many cases, these teens have chaotic interpersonal relationships, engage in some form of self-injury or other dangerous and self-destructive behaviors (e.g., purging, sexual promiscuity, substance use), are emotionally reactive, and are sensitive to triggers and situations in their environment. For these teens, Dialectical Behavior Therapy (DBT) has been shown to be an effective treatment. DBT is a form of cognitive behavioral therapy which combines behavior analyses (to help determine the teen's pattern of self-injury or other risky behaviors) with skill instruction related to identified areas of difficulty (i.e., chaotic interpersonal relationships). DBT consists of weekly individual sessions for the teen and a weekly skills group which the parents and teen attend together.

What to Do If You Suspect Your Child is Self-Injuring:

- Stay calm! Although you will likely be distressed over this behavior, it is important to remain calm when approaching your child. It is likely this behavior is upsetting to your child as well. In many cases self-injury is an act done in private.
- Approach your child with concern and attempt to learn the reasons he or she may have engaged in the behavior. Attempt to validate their feelings over the situation by trying to understand how they might have felt. Often by putting yourself "in their shoes" you may be better able to grasp how they might be feeling.
- Teens experience more vacillations in emotions than adults do. Remember that they may be quicker to anger and get distressed easily over seemingly small matters. Now is not the time to minimize their concerns.
- Remove the instruments the teen used to self-injure. This may help minimize the likelihood of the behavior happening again in the immediate future.
- Seek professional help. Your child will benefit from learning coping skills that are more effective than self-injury. A skilled professional can assist this process. Do not hesitate to seek advice and support in this area.

For a thorough review of research in this area, please see the following research article: Klonsky, E. D. & Muehlenkamp, J. J. (2007). Self-Injury: A Research Review for the Practitioner, *Journal of Clinical Psychology: In Session*, 63, 1045-1056.

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ABOUT THE NYU CHILD STUDY CENTER

The NYU Child Study Center is dedicated to the research, prevention, and treatment of child and adolescent psychiatric disorders. The Center offers evaluation and treatment for children and teenagers with various disorders including anxiety, depression, ADHD, learning or attention difficulties, Autism, eating disorders, and trauma and stress-related symptoms.

We offer a number of treatment studies at no cost for specific disorders and age groups. To see if your child would be appropriate for one of these studies, please call (212) 263-8916 or visit <http://www.aboutourkids.org/professionals/research>.

If you or your child needs immediate assistance, mental health professionals are available 24 hours a day, 7 days a week by calling 1-800-LIFENET (1-800-543-3638), a program of the Mental Health Association of New York City. Help is available in several languages: Spanish: 1-877-298-3373, Chinese: 1-877-990-8585. For other languages, ask for a translator.

For further information, guidelines, and practical suggestions on child mental health and parenting issues, please visit the NYU Child Study Center's website, AboutOurKids.org.

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