



INNERCHANGESM

solutions for families

CLINICAL NEWS

An American brain researcher finds that only about 2% of the population has the cognitive ability to multitask in a manner that allows for the safe use of mobile phones while driving. Psychology professor Dave Strayer claims that this same 2% are those who would make good fighter pilots.

www.time.com

Use of antidepressants doubled in a decade, while the percentage of patients engaged in psychotherapy while taking antidepressants dropped by a third, according to an article in USA Today.

www.usatoday.com

Suppressing emotions may impede transition to college according to a study of freshman conducted by University of Oregon Professor Sanjay Srivastava. "People who were hiding or masking their emotions were having more difficult times forming close, meaningful, supportive and satisfying relationships," Srivastava said.

www.upi.com

SELF HARM

Dear Colleague:

Because of its copycat nature, self-harming behaviors have become epidemic in recent years. As clinicians, it can be difficult to gauge the severity and source of this behavior, and it can be equally difficult to assign an appropriate intervention. While most self-harm is not life-threatening, self-harm accompanied by severe dissociation, psychosis, or suicidal ideation can be.

We must, therefore, develop a keen diagnostic eye for what these behaviors mean, case by case, in order to offer effective treatment. In this issue of InnerChange Journal, you'll learn how some therapists are addressing self harm in their work with troubled adolescents. We hope you'll read, learn, and join the dialogue on treating self-harming behaviors. It's only through dialogue that we can hope to keep up with this and other burgeoning psychotherapeutic trends facing youth today.

Warmly,

Kathy Donovan, LCSW

Kathleen Donovan, LCSW, has worked in Washington, DC, as a trauma specialist, has served overseas for the YMCA and the Peace Corps, and spent the last several years working as a wilderness therapist with troubled teens. Kathy is currently the director of Fulshear Ranch Academy, a treatment program for young women in transition and part of the InnerChange family of therapeutic programs.



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SELF HARM: A COMPREHENSIVE SOLUTION

Despite what teens may report, acts of self-mutilation are not representative of typical or harmless adolescent behavior. Self-harming behavior is symptomatic of serious underlying emotional or mental health issues that should be addressed with the support of a comprehensive therapeutic milieu that has the expertise to effectively address self-harm.  Continued on pg 2



Jack Hinman, Psy.D., is the clinical director at Sunrise RTC, part of the InnerChange family of therapeutic programs.

ASK INNERCHANGE

Q: Is all cutting essentially the same, or are there significant variations within this behavior that would have implications for treatment?

A: I see three primary categories of “cutters” among the young women we work with at Fulshear.

1. True relief-seeking cutters

This cutting is more obsessive-compulsive in nature and is a method of relief from overwhelming feelings of anger, rage, and anxiety. Cutting relieves a sense of internal chaos; it allows the cutter to put her attention onto physical pain as a way to ground herself.

2. Controllers and punishers (behavioral)

These are the girls who have found a way to bring everyone to a grinding halt. They, too, are seething with rage when they cut, but it is at someone—usually their parents first, and then friends, boyfriends, teachers, etc. These cutters use the behavior to manipulate others. YOU hurt, upset, disappointed ME! Cutting works as a way to get the guilty party to undo something; maybe it's a parent who set a boundary, or a boyfriend who broke up. These girls are very conscious that they are striking back at someone through cutting,

3. Attention seekers (behavioral)

These girls are suffering in silence with some enormous emotional pain. They will describe an intense need for someone to “care” and provide warmth and nurturing for deep despair and loneliness. Cutting draws to them the warmth and concern of the adults in their lives to whom they feel unable to describe their pain.

Answered by Kathy Donovan, Director of Fulshear Ranch Academy.

COMPREHENSIVE SOLUTION, CONTINUED FROM P1

For a person who has had no experience with intentional self-harm, it is a confusing and frightening phenomenon. Most of us avoid pain and seek pleasure, but the cutter seems to avoid pain by seeking pain. Self-harming behaviors are often a method for avoiding unwanted and unpleasant emotions. It is often an attempt to drown out emotional pain by engaging in more manageable physical pain. Many teens report relaxation and emotional numbness after self-harming. It is easy for staff in a residential treatment setting to become so distracted by the cutting itself that efforts go toward controlling the behavior instead of addressing the problems underneath.

The self-harmer's environment is highly influential in reinforcing or extinguishing self-harming behaviors. Sunrise provides a comprehensive therapeutic approach that addresses the act of self harm and the underlying issues fueling the self-harming behavior and ideation. Young women who experience difficulties with emotional regulation and self harm participate twice a week in Dialectical Behavioral Therapy (DBT) Skills Training Group facilitated by a licensed psychologist. Our DBT groups are conducted in a format that facilitates the generalization of emotional regulation skills into the participant's environment. Milieu staff members are trained in the principles of DBT to help coach the young women in the moment and provide a culture that supports the use of DBT skills in their daily living. Sunrise takes an active approach to investigating the variables in the young women's environment that are possibly reinforcing her acting-out behavior; armed with this information we are better equipped to develop behavioral strategies that extinguish self-harm.

Our students are taught acceptance-based strategies to more effectively manage their overwhelming emotions. Sunrise views unpleasant emotions as a normal part of the human experience; the rejection or denial of pain is what leads to real suffering. Twice a week Yoga sessions create an opportunity for students to practice emotional and physical frustration tolerance. The meditation skills taught in our DBT Skills Training Group and Yoga classes help teach them to be in control of their thinking rather than controlled by their thinking. Mindfulness skills teach them to effectively manage thoughts of self-harm and increase their awareness of their emotions.

Sunrise's therapeutic milieu also utilizes DBT “diary cards” to monitor self-harming behaviors and ideation. The cards are a therapeutic staple in each girl's treatment at Sunrise. Students utilize diary cards in their DBT Skills Training Groups, daily community groups, and individual therapy sessions. In daily community groups, peers and milieu staff provide ongoing feedback to each student regarding their progress toward DBT target behaviors; DBT target behaviors are also an integral portion of the milieu's twice daily medical charting of each student. Our young women not only learn DBT distress tolerance and emotional regulation skills, but are also challenged to gain insight into the etiology of their self-harming urges. Sunrise balances change and validation-based strategies to promote a culture that helps young women effectively manage unpleasant emotions.



A SYSTEMIC INTERVENTION FOR SELF-HARM

“How badly do you want to give up cutting?” I asked a young woman during a recent family weekend event at New Haven. We were sitting in a circle of chairs in a bright room with fourteen other parents and students. The young woman had bandages around her arms where she’d cut her wrists a few days prior. Purple scars crossed her arms up to her elbows, one of which looked like the word “hate”.

“Bad,” she said.

“Then what are you willing to sacrifice?”

“What do you mean?” She looked up quickly at me. It was the first time she’d looked at my face during the session.

I noted her tear-streaked face and spoke with purpose. “I mean that you are not stupid. You cut for a reason, and it works. You feel better.”

She nodded, still looking at me.

“I mean that you will need to give up something when you stop cutting once and for all. Something you want terribly. Something you only get when you cut.”

She squirmed in her chair for a few moments, eyes down. Everyone else’s eyes were on her as she struggled to form an answer.

“I guess I need to give up ‘relief,’” she said.

I smiled at her, but shook my head no.

Often, when therapists address self-harming behaviors from a purely behavioral or cognitive-behavioral slant, we neglect to give them something to replace the void left when they stop cutting. This is why the rate of relapse is so high.

One way to help fill the void is to connect the cutter to others. No therapeutic tool is powerful enough on its own to make a serious cutter stop cutting. No mental acrobatics are enough. Even written reminders will eventually lose their potency. What is necessary is a connection to others, a relationship-based approach to healing that provides the lasting support and understanding we



all need to heal from the pain life hands us.

“When do you cut most often?” I asked.

“When I’m in my room.”

“Are you usually alone?”

“Always.”

“I want you to tell me if you are willing to give up being alone. Are you willing to sacrifice your loneliness?”

She paused, and then said, “Yes.”

“Are you willing to prove your willingness to sacrifice loneliness right now?”

Without hesitating she said, “Yes.”

I reminded each member of the group of their commitment to confidentiality, and then asked if each would be willing to support this young woman as she did something very difficult. They all responded positively.

The room became very quiet as I had the young woman sit in the center of the circle. I asked her to tell us about the fresh cuts on her wrists— when she’d made those cuts, why, and what the circumstances were that influenced her decision to cut. I could tell she was eager to be finished with self-harm, because she completely immersed herself in the experience we were creating together.

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WHAT WE’RE READING

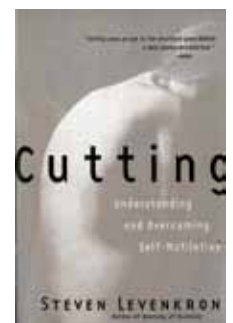
Cutting: Understanding and Overcoming Self-Mutilation, by Steven Levenkron, M.S. (W.W. Norton and Company, \$10.17)

Steven Levenkron, M.S., (www.levenkron.com) is a psychotherapist who practices in New York City and is the author of seven books, both fiction and non-fiction. His clinical work with patients, begun in 1970, is based on the Nurturant – Authoritative approach that he developed.

In *Cutting*, Levenkron has shed light into the dark corner of self-mutilation, revealing to readers a world of private emotional torment, shame, and secret self-reproach. He advises a common-sense approach to helping people stop cutting, engaging

them in a trusting, compassionate, and strength-based relationship with their therapist. Avoiding the extreme and the sensational, *Cutting* is a tactfully written book that can be read in a day, and that professionals and non-professionals can understand and benefit from.

Cutting was reviewed by Dustin Tibbitts, executive director of New Haven, a member of the InnerChange Family of Adolescent treatment programs.



A SYSTEMIC INTERVENTION FOR SELF-HARM, CONTINUED FROM PG 3

When she had finished describing the meaning behind the fresh cuts on her wrists, I asked her to choose someone in the circle to whom she felt close. I asked her to place that person's hand on her bandages. She chose her best friend, who walked solemnly over to her, knelt by her chair, and began to gently stroke her bandages. I asked the young woman to choose the "most meaningful" scars on her body and describe each one. Her mother began crying quietly as she listened to her daughter share painful stories she'd never shared with anyone before. After each story, the young woman chose someone from the circle to lay a hand gently on the scar. Soon, she was surrounded by five girls and women, each kneeling next to her with their hands on her wrists and arms. All of them were tearful, and the rest of us were sober.

"Tell me how you are feeling, now that you have shared all of this with these people," I said.

"Vulnerable." She added quickly, "But I'm not scared."

"What is it like for you to have their hands on your scars?"

"It feels . . . warm," she said. Her eyes were bright and her gaze was steady.

"Do you feel alone?"

She smiled. "No."

I allowed the others in the circle to express their feelings about what they had witnessed, and each one told the young woman how courageous she was and how impressed they were with her. Her mother embraced her tightly. I finished the session with a discussion of tools to combat loneliness. And then I asked her for a commitment to never cut again.

Even after a six month follow-up, the young woman had still not cut again. When I asked her why, she said she didn't need to - she could find the kind of support from her mother and friends that took away the pain better than cutting ever had.

It's important for us to remember that we are all connected, and that the most powerful, lasting forms of healing take place within the families, communities, and other relationships we crave and create as we move through life.



Dustin Tibbitts, LMFT, is the executive director for New Haven RTC, a member of the InnerChange Family of adolescent treatment programs.

HELPFUL RESOURCES

THE SITE ...

www.thesite.org/healthandwellbeing/mentalhealth/selfharm

A youth-oriented site with resources on self-harm and other topics. While potentially a valuable tool for the right young person, be aware of the potential of self-harm focused web sites to trigger behaviors.

S.A.F.E. ALTERNATIVES...

www.selfinjury.com

Offers clinics and workshops as well as therapist training. A good resource for aftercare support for teens coming home from treatment.

SELF-INJURY.NET...

www.self-injury.net

Offers an online community that can help self-harmers feel supported and less alone



InnerChange provides educational, treatment, and recovery programs for adolescent girls and young women experiencing emotional or behavioral difficulties. Our residential treatment and transitional living programs are clinically sophisticated and designed to facilitate whole-family healing. We are committed to restoring hope in the lives of those we serve.

CONTACT: 888-892-1298



Fulshear Ranch Academy helps young women prepare for independence through treatment, health and wellness education, academics and experiential life-skills training.

CONTACT: 866-661-3984



New Haven RTC treats adolescent females with severe anxiety/depression, budding personality disorders, PTSD, addiction, low self esteem, OCD, bereavement, and eating disorders.

CONTACT: 866-661-3981



Sunrise RTC serves adolescent females whose emotional or behavioral issues are interfering with their ability to succeed in school, at home, or in a mainstream setting.

CONTACT: 866-661-3982