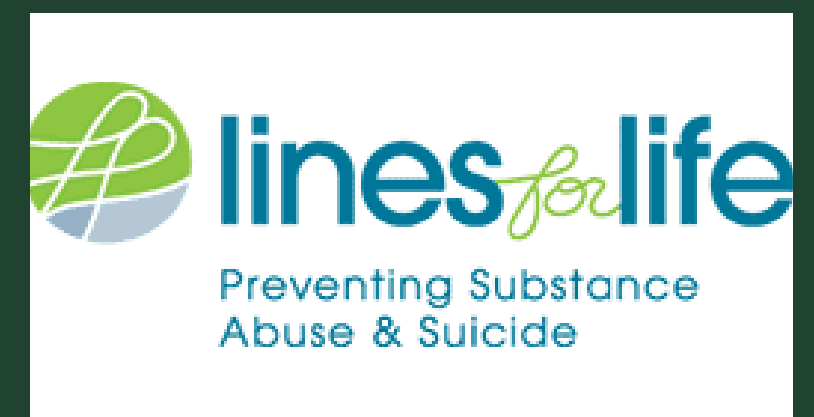
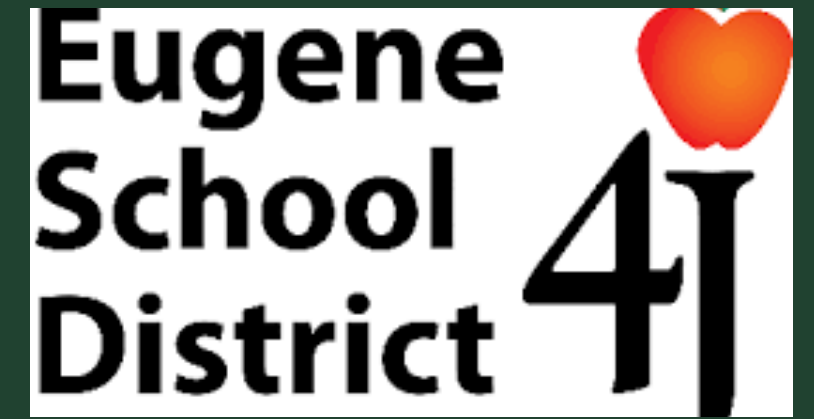


Understanding Self-Harm

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Couples and Family Therapy



University of Oregon

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

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

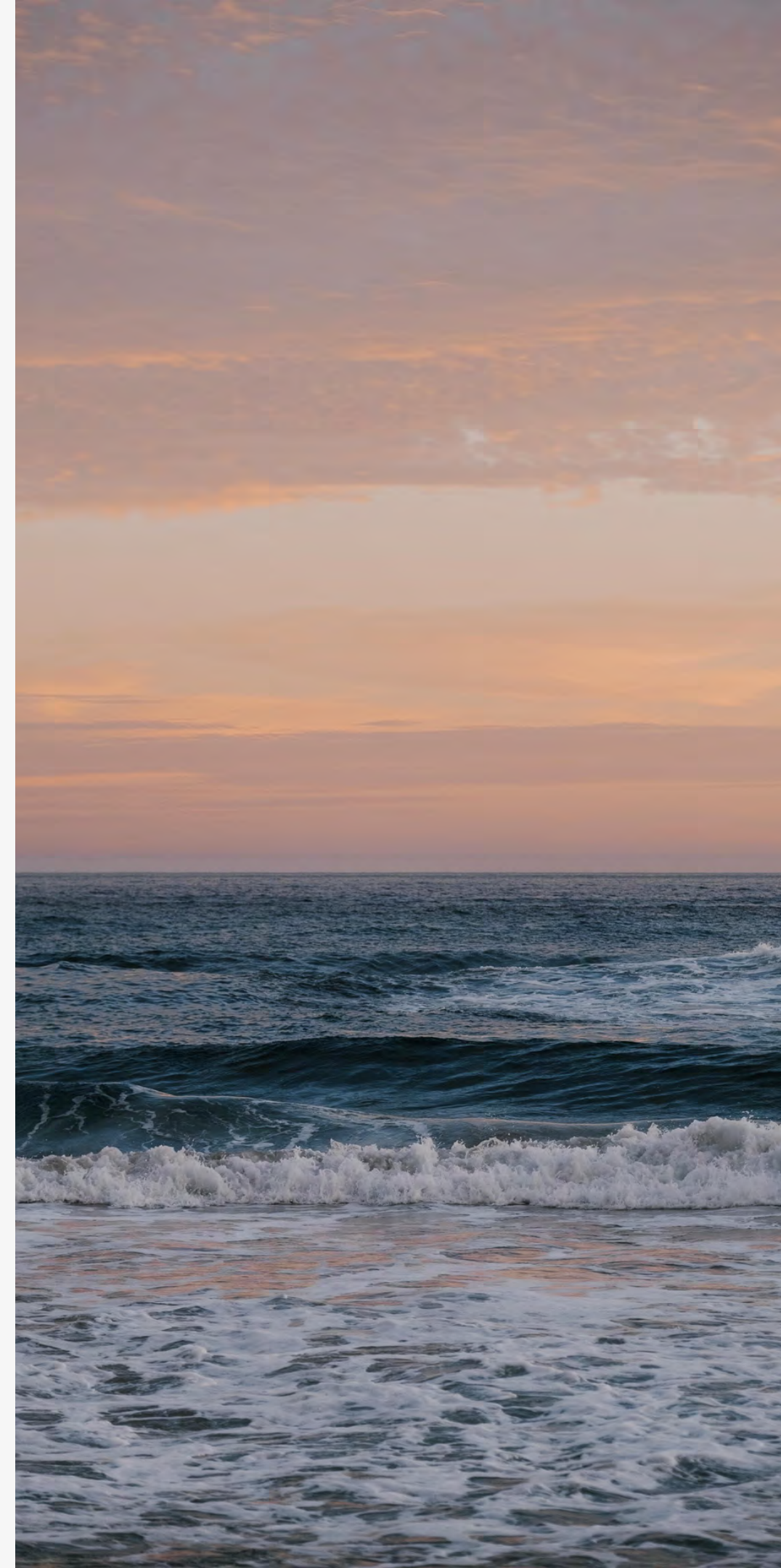
- Incongruent clothing to the season
- Constant use of wrist coverings
- Declining activities that may show body to others
- Frequent bandages / bruising
- Odd / unexplained paraphernalia (e.g., razors)

Rates

**17% of
Adolescents**

**13% of
Young
Adults**

**5.5% of
Adults**



Gender

Studies often find that people self-harm at the same rates regardless of gender.

Race/Ethnicity

Very little research supports differences by race or ethnicity.

Sexual Orientation

The only orientation that consistently shows up as a risk factor is being bisexual.

It Helps...

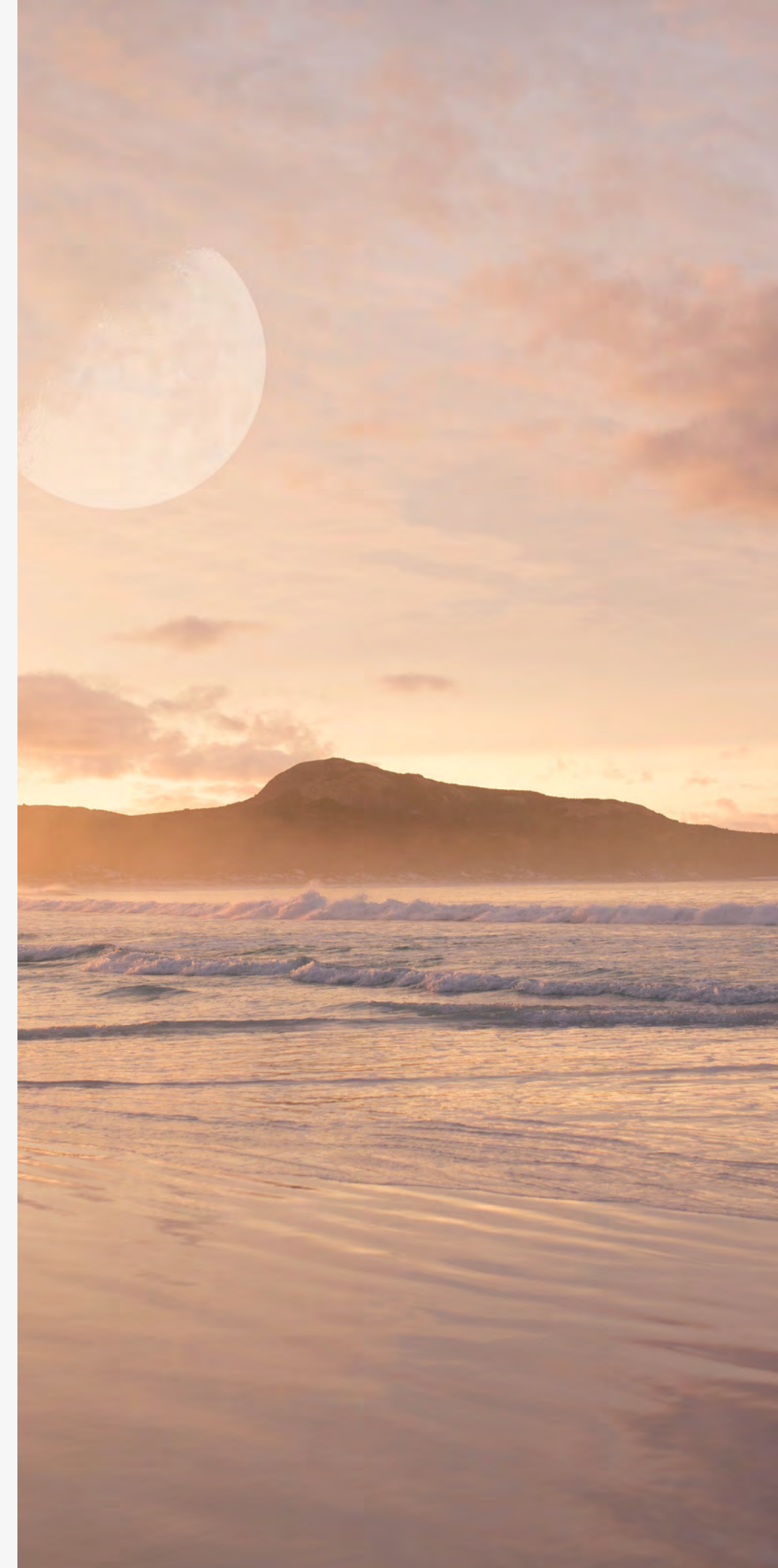
Those who self-harm also report doing so to feel in control, to express feelings, to distract themselves, to communicate, to create visible wounds, or to protect others from their emotional pain.

Emotions

Many report being discouraged from expressing emotions.

Trauma

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



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"

No. One. Knew.



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.

Tolerance

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

Urges and Cravings

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

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.



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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.



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

Story of Hope

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*

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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



Thank you.

The most effective prevention and intervention tools are **caring adults.**