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Zaklan	Brandeis	Gilham Elementary School	zaklan_b@4j.lane.edu	(541) 790-6200	Counselor

Lane County Mental Health & Suicide Prevention Resources

CRISIS

911: Imminent danger to self or others

CAHOOTS: Non-emergency mobile crisis intervention. 541-682-5111 (Eugene); 541-726-3714 (Springfield)

Hourglass Community Crisis Center: 541-505-8426
Short-term mental health crisis assessment & stabilization for adults, 24 hours/day

Youth Crisis Response Program: 1-888-989-9990 (for parents of children through age 17)

White Bird: 541-687-4000; 1-800-422-7558 (24-hour local crisis line)

Looking Glass Youth & Family Crisis Line: 541-689-3111

National Suicide Prevention Lifeline: 1-800-273-8255 (press 1 for Veterans Crisis Line)

The Trevor Project Lifeline: 1-866-488-7386 (for LGBTQ youth 24 and under)

The Trans Lifeline: 877-565-8860

Crisis Text Line: 741-741 (text "CONNECT" to access services) 24/7 support

Oregon YouthLine: 877-968-8491 or text 'teen2teen' to 839863 (for youth)

COUNSELING

Eugene/Springfield Metro Area
4J School-Based Health Centers (residents of 4J area, including siblings under 19): Churchill 541-790-5227, N. Eugene 541-790-4445

Bethel School District Mental Health Services: 541-607-1430 (Bethel district students only)

Springfield Schools Health Center: 541-682-3550* (Springfield district students and their family members)

Cascade Behavioral Health: 541-345-2800

Center for Family Development*: 541-342-8437 (mental health and substance abuse disorders)

Centro Latino Americano: 541-687-2667*

The Child Center: 541-726-1465 (ages 17 and under)

Child & Family Center, University of Oregon: 541-346-4805 (ages 2-17)

Direction Service Counseling*: 541-344-7303

Eugene Therapy: 541-868-2004; info@eugenetherapy.com

Lane County Behavioral Health: 541-682-3608*; Child & Adolescent Program: 541-682-1915

Laurel Hill Center: 541-485-6340 (Eugene)

Looking Glass Counseling Program*: 541-484-4428

Odyssey Community Counseling: 541-741-7107

Options Counseling: 541-687-6983* (Eugene); 541-762-1971 (Springfield)

Oregon Community Programs: 541-743-4340

PeaceHealth Counseling Services: 541-685-1794 (Eugene)

Relief Nursery Therapy Services: 541-343-9706 (Eugene, Springfield)

Vet Center: 541-465-6918 (combat veterans; also offers MST services)

VA Mental Health: 541-242-0440

Vista Counseling: 541-517-9733

White Bird Clinic*: 541-342-8255

Willamette Family: 541-343-2993 (services for mental health & substance abuse disorders)

Willamette Valley Counseling: 541-636-0885

Oregon Social Learning Center: 541-284-7560 (substance abuse treatment for 12-18 yr olds)

Junction City Area
Laurel Hill Center: 541-780-6361 (Junction City)

Looking Glass Counseling Program*: 541-484-4428 (Junction City)

Fern Ridge Area
Looking Glass Counseling Program*: 541-484-4428 (Veneta)

Orchid Behavioral Health: 541-234-3255 (Fern Ridge)

Florence Area
Emergence Counseling: 541-997-8509 (counseling for chemical dependency/gambling issues for adolescents/teens as well as family dynamics)

Options Counseling: 541-997-6261(Florence)

PeaceHealth Counseling Services: 541-902-6085 (Florence)

Reconnections Counseling: 541-997-1697

McKenzie River Area
Orchid Behavioral Health: 541-822-3341

Oakridge Area
Looking Glass Counseling Program*: 541-484-4428

Orchid Behavioral Health: 541-782-8304

South Lane Area

Emergence Counseling: 541- 767-3057 (Cottage Grove)

Gateway Counseling Center: 541-942-0040 (Cottage Grove, accepts teens)

Looking Glass Counseling Program*: 541-484-4428 (Cottage Grove)

South Lane Mental Health: 541-942-3939 (counseling & crisis services for South Lane County)

*Spanish-speaking staff available

SUPPORT GROUPS

National Alliance on Mental Illness (NAMI) Lane County: 541-343-7688; namilane.org

Oregon Family Support Network: 541-342-2876; brooked@ofsn.net

2-1-1 Info: local community resources: 211info.org or dial 211

SUICIDE BEREAVEMENT SERVICES

Suicide Bereavement Group: 541-747-2087 jenniferbakerfund.org
Free monthly support group in Springfield for survivors of suicide loss

Survivors of Suicide Support Group: 916-802-9705
Free weekly support group in Florence for survivors of suicide loss. Mondays from 5:30-7:00 at the Siuslaw Valley Fire & Rescue Station, 2625 Highway 101 Florence, OR 97439.

American Foundation for Suicide Prevention: survivingsuicideloss@afsp.org; afsp.org
Healing Conversations Survivor Outreach Program – Peer support for survivors of suicide loss

GENERAL BEREAVEMENT SERVICES

Cascade Health Solutions Grief Education & Support Groups: 541-228-3083
Free and open to adults living with the loss of a loved one

Grief Support Group: 541-726-4478
Free weekly general bereavement support group at McKenzie Willamette Medical Center

PeaceHealth Bereavement Support Group: 458-205-7400
Free general bereavement support groups at Sacred Heart Medical Center

Compassionate Friends: 541-689-0824
Free support for families grieving the death of a child

Courageous Kids: 458-205-7474; kpfeiffer@peacehealth.org
Grief support groups for children ages 6-17 who have experienced the death of a loved one

GriefShare: https://www.griefshare.org/countries/us/states/or
Weekly grief support groups across Oregon. See website for locations, dates, times.

GENERAL WEBSITES

Now Matters Now: nowmattersnow.org

Suicide Is Different: suicideisdifferent.org

Mental Health America: mentalhealthamerica.net

Mind Your Mind Project: mindyourmindproject.org

National Council for Behavioral Health: thenationalcouncil.org

National Institute of Mental Health: nimh.nih.gov/health

National Suicide Prevention Lifeline: suicidepreventionlifeline.org

Substance Abuse and Mental Health Services Administration: samhsa.gov

Suicide Prevention Resource Center: sprc.org

For additional resources and information, visit the website for
The Suicide Prevention Coalition of Lane County

suicidepreventlane.org

Cornell Research Program on
Self-Injury and Recovery

BY SASKYA CAICEDO & JANIS WHITLOCK

Top 15 misconceptions of self-injury

Although SI can be difficult to control or stop, most people who practice are able to stop.

1 Only females self-injure.
Studies show that 30%-40% of people who self injure are male.

2 Self-injury is a suicide attempt or failed suicide attempt.
Research into the underlying motivations for self-injury reveals important distinctions between those attempting suicide and those who self-injure in order to manage their stress and cope with overwhelming negative feelings. Most studies find that self-injury is often undertaken as a means of *avoiding* suicide.

3 Only teenagers self-injure.
While it is true that the majority of those who self-injure do so during their adolescent years, people of all ages practice self-injury. Cases of self-injury have been documented in children aged seven years or younger and a number of adults engage in self-injury, too.

4 Anyone who self-injures is crazy and should be locked up.
People who self-injure are no more psychotic than people who drown their sorrows in a bottle of liquor. For most who practice self-injury, it is used as a coping mechanism. However, it is a coping mechanism that is not understandable to many people and is not accepted by society.

5 Self-injury is just attention-seeking.
For some, self-injury is clearly an attention-seeking act. In this case, it is very important to honor the intent – if someone is injuring him/herself for attention then that person **clearly needs it** – this person is crying out for help. The majority of people who engage in self-injury, however, go to great extremes to hide their cuts, scars or burns. Although not overtly attention-seeking, hidden self-injury is still a symptom of underlying distress and it merits attention from others who are in a position to help.

6 Self-injury is untreatable.
Although self-injury can be difficult to control or stop, most people who practice it are able to stop at some point. There is, however, no "magic bullet" in the treatment of self-injury, as the behavior is most often a **symptom** of any of a variety of other underlying issues. Cognitive Behavioral therapies, Dialectical Behavior Therapy, and Group or Family therapy are those therapies most commonly used to treat self-injury. Anti-depressants or other psychiatric medications are also used to treat underlying depression or anxiety. Some who self-injure also successfully stop on their own, without ever seeking formal help. Because it is most often used as a coping mechanism, however, the practice of self-injury typically does not stop until the individual who uses it has other methods to cope and is fully ready to stop self-injuring – regardless of the treatment approach used.

7 People who self-injure are manipulative.
Self-injury is more about relieving tension and distress than it is about manipulating others.

Although some individuals report starting the practice as a means of getting attention from someone, very few report this as a primary reason for continuing the practice.

8 All people who self-injure have "Borderline Personality Disorder."

People who engage in repetitive self-injury have reported being diagnosed with depression, bipolar disorder, anorexia, bulimia, obsessive compulsive disorder, post-traumatic stress disorder, and/or anxiety and panic disorders. Many who self-injure may not have any diagnosable disorder at all; a recent study found that almost half of college students with current self-injury behavior show no other identifiable mental illness.

9 People who self-injure only cut themselves.

Although a common method of self-injury is cutting, there are many methods of self-injury. Studies also show that individuals who report repeat self-injury often report using multiple methods. Examples of other methods include: burning, scratching the skin, and/or hair pulling.

10 Anyone who self-injures is part of the "Gothic" or "Emo" subgroup.

Self-injury excludes no one. People who self-injure come from all types of groups, ethnicities, and economic backgrounds. People who self injure may be male or female, rich or poor, gay, straight, bisexual or questioning, be very well or less well educated, and live in any part of the world. They may be "jocks," "skaters," "preps," or "nerds." Some people who self-injure manage to function effectively in demanding jobs; they can be teachers, therapists, medical professionals, lawyers, professors, or engineers. It is impossible to classify someone as a person who self-injures (or not) based on what they look like, the type of music they listen to, or who their friends are.

11 People who self-injure enjoy the pain or they can't feel it.

Self-injury most often hurts. Sometimes feeling the pain is the whole point – a person may self-injure to reconnect with his or her body or just to *feel* something. There is no evidence that individuals who self-injure feel pain any differently than people who do not self-injure.

12 There's nothing I can do to help.

There are many ways you can help. The easiest way to help is by just listening. Don't judge and be as supportive and understanding as you can. Most importantly, don't give up. As one individual who self-injured advised, "A lot of the time, the people that do this do it for attention, so just give it to them…. Instead of scolding or looking down on someone for doing this, just let him or her know that one day it'll be okay." For more information, please see our Factsheets for friends at http://www.selfinjury.bctr.cornell.edu/perch/resources/how-can-i-help-a-friend-english.pdf and for parents at http://www.selfinjury.bctr.cornell.edu/perch/resources/info-for-parents-english.pdf.

13 All people who self-injure have been abused.

Some people who self-injure have been abused but certainly not all. Reasons for self-injuring are varied and unique to the individual.

14 Someone who self-injures can stop if they really want to.

This is true for some people but for others self-injury can be an addiction. There is emerging evidence that self-injury releases endorphins in the brain, a process which increases the possibility of becoming addicted to self-injury.

15 Someone who self-injures is a danger to others.

Self-injury is generally a private activity and many who practice it are accustomed to turning their anger and frustration inward rather than outward.

SOURCES CONSULTED:

http://selfinjury.org
http://www.youthnoise.com/page.php?page_id=1409
http://www.nshn.co.uk/facts.html
http://www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=141&id=2487
http://www.selfharmony.co.uk/text/myth.htm
http://www.studentdepression.org/site/self_harm.php
http://www.clinicalworkshops.com/self-injury.html
http://www.pinknews.co.uk/news/health/2005-7081.html
http://www.teachingexpertise.com/articles/peer-mentoring-and-self-harm-984
http://www.cnn.com/HEALTH/library/DS/00775.html

Gollust, S.E., Eisenberg, D., & Golberstein, E. (2008). Prevalence and correlates of self-injury among university students. *Journal of American College Health,* 56(5): 491-498.

Whitlock, J., Eckenrode, J., & Silverman, D. (2006). Self-injurious behaviors in a college population. *Pediatrics,* 117: 1939-1948.

Suggested Citation

Caicedo, S. & Whitlock, J.L. (2009). *Top misconceptions about self-injury.* The Fact Sheet Series, Cornell Research Program on Self-Injury and Recovery. Cornell University. Ithaca, NY

FOR MORE INFORMATION, SEE: www.selfinjury.bctr.cornell.edu

This research was supported by the Cornell University Agricultural Experiment Station federal formula funds, received from Cooperative State Research, Education and Extension Service, U.S. Department of Agriculture. Any opinions, findings, conclusions, or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the view of the U.S. Department of Agriculture.

Cornell Research Program on
Self-Injury and Recovery

BY SASKYA CAICEDO & JANIS WHITLOCK
TRANSLATED BY MARIA DEL ROSARIO DONOSO R.

15 concepciones erróneas acerca de la auto-lesión

A pesar que la autolesión puede ser difícil de controlar o detener, la mayoría de las personas que la practican son capaces de detenerse.

1 Sólo las mujeres se auto-lesionan.
Los estudios demuestran que el 30%-40% de las personas que se autolesionan son hombres.

2 La autolesión es un intento de suicidio o un intento de suicidio fallido.
La investigación sobre las motivaciones subyacentes para la autolesión revela diferencias importantes entre aquellos que intentan suicidio y aquellos que se auto-lesionan para manejar su estrés y hacer frente a sentimientos negativos abrumadores. La mayoría de los estudios encuentran que la auto-lesión a menudo se lleva a cabo como un medio para *evitar* el suicidio.

3 Sólo los adolescentes se auto-lesionan.
Si bien es cierto que la mayoría de aquellos que se auto-lesionan lo hacen durante sus años de adolescencia, personas de todas las edades practican la auto-lesión. Casos de auto-lesión han sido documentados en niños de 7 años de edad o menos, y muchos adultos también incurren en auto-lesión.

4 Alguien que se auto-lesiona está loco y debería ser encerrado.
Las personas que se auto-lesionan no son más sicóticas que las personas que ahogan sus penas en una botella de licor. La mayoría de quienes practican la auto-lesión la utilizan como un mecanismo de afrontamiento. No obstante, es un mecanismo de afrontamiento que no es entendible/comprensible para muchas personas, y que no es aceptado por la sociedad.

5 La auto-lesión es sólo para llamar la atención.
Para algunos, la auto-lesión es claramente un acto de búsqueda de atención. En este caso, es muy importante respetar la intención – si alguien se está lesionando a si mismo/a por atención, entonces esa persona **claramente la necesita** – esta persona está pidiendo ayuda a gritos. La mayoría de las personas que se involucra en auto-lesión, sin embargo, llega a los extremos para ocultar sus cortes, cicatrices o quemaduras. Aunque no sea abiertamente búsqueda de atención, la auto-lesión oculta es igualmente un síntoma de angustia subyacente y merece la atención de otros que estén en condiciones de ayudar.

6 La auto-lesión es intratable.
Aunque la auto-lesión puede ser difícil de controlar o detener, la mayoría de las personas que la practican son capaces de parar en algún momento. No existe, sin embargo, una "receta mágica" en el tratamiento de la auto-lesión, dado que este comportamiento la mayoría de las veces es un síntoma de algún otro problema subyacente. Las terapias más comúnmente utilizadas para tratar la auto-lesión son las terapias Cognitivo-Conductuales, la Terapia Conductual Dialéctica, y las terapias de Grupo o Familiares. Antidepresivos u otros medicamentos siquiátricos también son utilizados para tratar la depresión o ansiedad subyacentes. Algunas personas que se auto-lesionan también se detienen por si mismos exitosamente, sin necesidad de buscar ayuda formal. Sin embargo, dado que la mayoría de las veces es utilizada como un mecanismo de afrontamiento, la práctica de auto-lesión típicamente no se detiene hasta que el individuo que la usa tiene otros métodos para hacer frente y está completamente listo para dejar de auto-lesionarse – sin importar el método de tratamiento utilizado.

7 Las personas que se auto-lesionan son manipuladoras.

La auto-lesión se trata más de liberar tensión y angustia que de manipular a los demás. Aunque algunos individuos reportan haber comenzado la práctica como un medio para llamar la atención de otros, muy pocos reportan ésta como la principal razón para continuar la práctica.

8 Todas las personas que se auto-lesionan tienen un "Trastorno de Personalidad Limítrofe".

Las personas que se involucran en auto-lesión repetitiva han reportado ser diagnosticadas con depresión, trastorno bipolar, anorexia, bulimia, trastorno obsesivo compulsivo, trastorno de estrés post-traumático, y/o ansiedad y trastornos de pánico. Muchos de los que se auto-lesionan pueden no tener ningún trastorno diagnosticable; un estudio reciente encontró que casi la mitad de los estudiantes universitarios con comportamiento de auto-lesión no presentan ninguna otra enfermedad mental identificable.

9 Las personas que se auto-lesionan solo se cortan.

Aunque el corte es un método común de auto-lesión, existen muchos otros métodos. Estudios muestran que los individuos que reportan auto-lesión recurrente a menudo declarar usar múltiples métodos. Ejemplos de otros métodos incluyen: quemaduras, rascarse la piel, y/o tirar del pelo.

10 Alguien que se auto-lesiona es parte del subgrupo "Gótico" o "Emo".

La auto-lesión no excluye a nadie. Las personas que se auto-lesionan provienen de todo tipo de grupos, etnias, y niveles económicos. Las personas que se auto-lesionan pueden ser hombres o mujeres, ricos o pobres, homosexuales, heterosexuales, bisexuales o en cuestionamiento, estar muy educados o menos educados, y vivir en cualquier parte del mundo. Algunas personas que se auto-lesionan se las arreglan para funcionar eficazmente en trabajos demandantes; ellos pueden ser maestros, terapeutas, profesionales médicos, abogados, profesores, o ingenieros. Es imposible clasificar a alguien como una persona que se auto-lesiona (o no) basándose en cómo su apariencia, el tipo de música que escuchan, o quiénes son sus amigos.

11 Las personas que se auto-lesionan disfrutan el dolor o no pueden sentirlo.

La mayoría de las veces la auto-lesión duele. Algunas veces sentir el dolor es todo el objetivo– una persona puede auto-lesionarse para reconectarse con su cuerpo o simplemente para *sentir* algo. No hay evidencia de que los individuos que se auto-lesionan sienten el dolor de manera diferente que las personas que no se auto-lesionan.

12 No hay nada que yo pueda hacer para ayudar.

Hay muchas maneras en las que puedes ayudar. La manera más fácil de ayudar es simplemente escuchando. No juzgues y se lo más apoyador y comprensivo que puedas. Más importante aún, no te des por vencido. Tal como aconsejó un individuo que se auto-lesionaba, "Una gran parte del tiempo, las personas que hacen esto lo hacen por atención, así que solo dásela… En lugar de regañar o mirar hacia abajo a alguien haciendo esto, simplemente dile que algún día va a estar bien." Para mas información, por favor consulte nuestra Cartilla Informativa para amigos en http://www.selfinjury.bctr.cornell.edu/perch/resources/how-can-i-help-a-friend-english.pdf y para padres en http://www.selfinjury.bctr.cornell.edu/perch/resources/info-for-parents-english.pdf.

13 Todas las personas que se auto-lesionan han sido abusadas.

Algunas personas que se auto-lesionan han sido abusadas pero ciertamente no todas. Las razones para auto-lesionarse son variadas y únicas para cada individuo.

14 Alguien que se auto-lesiona puede detenerse si realmente lo quiere.

Esto es cierto para algunas personas, pero para otras la auto-lesión puede ser una adicción. Existe evidencia reciente de que la auto-lesión libera endorfinas en el cerebro, un proceso que aumenta la posibilidad de volverse adicto a la auto-lesión.

15 Alguien que se auto-lesiona es un peligro para los demás.

La auto-lesión es generalmente una actividad privada y muchos de lo que la practican están acostumbrados a dirigir su enojo y frustración hacia adentro en lugar de hacia el exterior.

Surgiste Citación:
Caicedo, S. & Whitlock, J. (2015). Top 15 concepciones erróneas acerca de la auto-lesión. The Information Brief Series. Cornell Research Program on Self-Injury and Recovery. Cornell University, Ithaca, NY.

This research was supported by the Cornell University Agricultural Experiment Station federal formula funds, received from Cooperative State Research, Education and Extension Service, U.S. Department of Agriculture. Any opinions, findings, conclusions, or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the view of the U.S. Department of Agriculture.

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?

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.selfinjury.bctr.cornell.edu/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-injury 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 self-injuring 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]

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.selfinjury.bctr.cornell.edu/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 CRPSIR team

FYI

To read more about the personal experiences of these parents, see
http://www.selfinjury.bctr.cornell.edu/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-injury?[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.selfinjury.bctr.cornell.edu/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 psychodymanic 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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Suggested Citation

Sweet, M. & Whitlock, J.L. (2009). *Information for parents: What you need to know about self-injury.* The Fact Sheet Series, Cornell Research Program on Self-Injury and Recovery. Cornell University. Ithaca, NY

FOR MORE INFORMATION, SEE: www.selfinjury.bctr.cornell.edu

This research was supported by the Cornell University Agricultural Experiment Station federal formula funds, received from Cooperative State Research, Education and Extension Service, U.S. Department of Agriculture. Any opinions, findings, conclusions, or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the view of the U.S. Department of Agriculture.

The Cornell Research Program
on *Self-Injury and Recovery*

Distraction Techniques *and Alternative Coping Strategies*

by Ericka Kilburn
& Janis Whitlock

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 the following examples of alternatives.

Feeling angry:

- Slash an empty plastic soda bottle or a piece of heavy cardboard or an old shirt or sock.
- Squeeze ice.
- Do something that will give you a sharp sensation, like eating lemon.
- Make a soft cloth doll to represent the things you are angry at. Cut and tear it instead of yourself.
- Flatten aluminum cans for recycling, seeing how fast you can go.
- Hit a punching bag.
- Pick up a stick and hit a tree.
- Use a pillow to hit a wall, pillow-fight style.

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"... I made a mix of 10 happy songs I would listen to sometimes when I was roller-blading 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

- Rip up an old newspaper or phone book.
- On a sketch or photo of yourself, mark in red ink what you want to do. Cut and tear the picture.
- Make clay models and cut or smash them.
- Throw ice into the bathtub or against a brick wall hard enough to shatter it.
- Dance.
- Clean.
- Exercise.
- Bang pots and pans.
- Stomp around in heavy shoes.
- Play handball or tennis.

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:

- Squeeze ice.
- 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.
- Put a finger into a frozen food (like ice cream).
- Bite into a hot pepper or chew a piece of ginger root.
- Rub liniment under your nose.
- Slap a tabletop hard.
- 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.

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.

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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.
- Concentrate on something that makes you happy: good friends, good times, laughter, etc.

Release Your Frustrations
- Break old dishes.
- Rip apart an old cassette tape, smash the casing.
- Throw ice cubes at a brick wall.
- Throw eggs in the shower.
- Rip apart an old phone book.
- Smash fruit with a bat or hammer.
- Throw darts.
- Punch pillows.
- Scream into a pillow.
- Slam doors.
- Yell or sing at the top of your lungs.
- Exercise.

If you still feel the urge to injure you might try:

- Putting stickers on the parts of your body you want to injure.
- Drawing slashing lines on paper.
- Drawing on yourself with a red felt-tip pen.
- Taking a small bottle of liquid red food coloring and warm it slightly by dropping it into a cup of hot water for a few minutes. Uncap the bottle and press its tip against the place you want to cut. Draw the bottle in a cutting motion while squeezing it slightly to let the food color trickle out.
- Drawing on the areas you want to cut using ice that you've made by dropping six or seven drops of red food color into each of the ice-cube tray wells.
- Painting yourself with red tempera paint.

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

This research was supported by the Cornell University Agricultural Experiment Station federal formula funds, received from Cooperative State Research, Education and Extension Service, U.S. Department of Agriculture. Any opinions, findings, conclusions, or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the view of the U.S. Department of Agriculture.

Suggested Citation
Kilburn, E. & Whitlock, J.L. (2009). *Distraction techniques and alternative coping strategies.* The Practical Matters Series, Cornell Research Program on Self-Injury and Recovery. Cornell University. Ithaca, NY

FOR MORE INFORMATION, SEE: www.selfinjury.bctr.cornell.edu

Cornell Research Program on
Self-Injury and Recovery

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Traducción por Beautiful Disaster, Alberta Salatino y Juan Faura para ASeFo, autolesion.com
Texto original: http://www.selfinjury.bctr.cornell.edu/perch/resources/distraction-techniques-pm-2.pdf

Técnicas de distracción y estrategias para hacerle frente a la autolesión

¿Para quién es esto?

Para los que luchan con la autolesión

¿Qué incluye?

Identificar sentimientos y situaciones negativas relacionadas con la autolesión

Técnicas de distracción y sustitución

La autolesión a veces es usada como un método para enfrentarse a sucesos o sentimientos negativos. A menudo ocurre por no haber aprendido a identificar o expresar sentimientos difíciles de una manera más saludable. Encontrando nuevas formas de hacer frente a los sentimientos difíciles puede ayudar a suprimir la necesidad de autolesionarte, y puede ayudarte en tu proceso de recuperación. Enfocandote en identificar sentimientos e ideas auto-lesivas puede ser de gran ayuda. Buscar ayuda profesional o terapia individual también son buenas opciones. Parar es más afácil si encuentras otras maneras de expresar o enfrentarte a tus emociones.

Puedes hacerte las siguientes preguntas para que te sea más fácil identificar los sentimientos o situaciones negativas que te llevan a autolesionarte:

- ¿Qué estaba ocurriendo en mi vida cuando empecé a autolesionarme?
- ¿Cómo me siento justo antes de querer autolesionarme?
- ¿Cuáles son mis hábitos y rutinas? ¿Estoy siempre en el mismo lugar o con una persona en particular cuando siento la necesidad de hacerme daño?
- ¿Siento siempre la misma emoción cuanto necesito autolesionarme?
- ¿Cuál puede ser una forma mejor de enfrentarme a las situaciones que me provoca??

Quizás podrías mantener un diario en el que anotes tus emociones a diferentes horas, así podrás responder mejor a estas preguntas.

Quiero dejar de autolesionarme, pero todavía tengo impulsos. ¿Qué hago?

Intenta distraerte o busca un comportamiento sustituto. Muchos reportan que delatando el deseo de auto-lesionarte por tan solo unos minutos es suficiente para que esos deseos desaparezcan. Un método para que mejores la probabilidad que una distracción o sustitución calme el deseo de autolesionar puede ser hacer corresponder una acción con la emoción que se estás sintiendo en el momento. Mantener una lista de emociones-acciones puede ser útil. Cuando sientas la necesidad de autolesionarte puedes revisar la lista y encontrar algo que te parezca mejor en ese momento. Por ejemplo:

Si te sientes enojado/a:

- Corta una botella de refresco de plástico vacía o un pedazo de cartón grueso o una camisa vieja o calcetín.
- Aprieta hielo.
- Haz algo que te dé una sensación aguda, como comer limón.
- Haz un muñeco de trapo suave que represente las cosas con las que estás enojado/a. Corta y rómpelo en vez de a ti mismo.
- Aplana latas de aluminio para el reciclaje, a ver lo rápido que puedes.
- Golpea un saco de boxeo.
- Coge un palo y golpea un árbol.
- Usa una almohada y golpea una pared al estilo de guerra de almohadas.
- Desgarra un periódico viejo o una guía telefónica.
- En un dibujo o foto de ti mismo, marca en tinta roja lo que te quieres hacer. Corta y desgarra la imagen.
- Haz modelos de arcilla y corta o aplástalos.
- Lanza hielo en la bañera o en contra una pared de ladrillos con fuerza suficiente para romperlo.
- Baila.
- Limpia.
- Haz ejercicio.
- Golpea ollas y sartenes.
- Pisa fuerte alrededor con zapatos pesados..
- Juega al balonmano o tenis.

Si te sientes triste o deprimido/a:

- Haz algo lento y tranquilizador.
- Toma un baño caliente con aceites o burbujas.
- Acurrúcate bajo una manta con un buen libro y tómate un chocolate caliente.
- Cuídate a ti mismo de alguna manera.
- Regálate algo a ti mismo/a.
- Abraza a tu peluche o a alguien que quieras.
- Juega con tu mascota.
- Haz una lista de cosas que te hacen feliz.
- Haz algo lindo para alguien.
- Enciende inciensos dulces.
- Escucha música relajante.
- Ponte crema en las partes de tu cuerpo donde quieres hacerte daño.
- Llama a algún amigo y habla de cosas que te gusten.
- Haz una bandeja de pasteles.
- Mira TV o lee.
- Visita a un amigo.

Si tienes sensación de deseo / Te sientes vacío/a, o irreal:

- Aprieta hielo.
- Haz una lista de distintos usos que le puedes dar a cualquier objeto. (Por ejemplo, ¿qué cosas puedes hacer con un broche
- Interactúa con otras personas.
- Pon un dedo dentro de comida congelada (como helado).
- Muerde un pimiento picante o mastica una raíz de jengibre.
- Ponte linimento debajo de la nariz.
- Da una palmada dura en una mesa.
- Toma un baño frío.
- Zapatea fuerte contra el suelo.
- Concéntrate en tu respiración. Fíjate en cómo se elevan tu estómago y tu pecho cada vez que respiras.

"... Grabé un CD con 10 canciones alegres que podría escuchar a veces cuando estaba patinando para ponerme de buen humor... Era música animadora. Era buena. Eran canciones como 'Walking on Sunshine' y 'It's Raining Men', cosas así. Pensaba, 'Quizás no debería escuchar música deprimente cuando me siento asi. Quizás debería intentar ponerme de buen humor.'" — Entrevistado

Si sientes ganas de concentrarte:

- Haz algo exigente que requiera concentración.
- Comete una pasa de uva atentamente. Fíjate en su apariencia y su textura. Intenta describirla. ¿A qué huele? Mastica despacio, fijándote en cómo cambian la textura y el sabor a medida que masticas.
- Elije un objeto de la habitación. Examínalo con cuidadosamente y luego descríbelo tan detalladamente como puedas.
- Elije un objeto al azar, como un broche e intenta hacer una lista con 30 usos distintos.
- Elige un tema y busca información en la web.

Si te sientes culpable o como una mala persona

- Lista todas las cosas buenas acerca de ti que puedas.
- Lee algo bueno que alguien haya escrito sobre ti.
- Habla con alguien que se preocupe por ti.
- Haz algo lindo para alguien.
- Recuerda algo bueno que hayas hecho.
- Piensa en por qué te sientes culpable y qué podrías hacer para cambiarlo.

Otras técnicas generales de distracción y sustitución:

Relaciónate con otras personas

- Llama a un amigo
- Llama a algún teléfono de ayuda.
- Sal a relacionarte con otras personas.

Exprésate

- Escribe tus sentimientos en un diario.
- Llora. Llorar es saludable y una forma natural de expresar la tristeza o la frustración.
- Dibuja o pinta.

Mantente ocupado/a

- Juega a algo.
- Escucha música.
- Lee.
- Dúchate.
- Abre el diccionario y aprende nuevas palabras.
- Haz tareas.
- Cocina.
- Excava en el jardín.
- Limpia.
- Mira una película que te haga sentir bien.

Haz algo que requiera concentración

- Cuenta lentamente desde 10 hasta 0
- Respira despacio, inspirando por la nariz y expirando por la boca.
- Concéntrate en los objetos que te rodean y fíjate en su apariencia, sonido, olor, textura o sabor.
- Haz yoga.
- Medita.
- Aprende ejercicios de respiración que ayudan a relajarte.
- Concéntrate en algo que te haga feliz: los buenos amigos, los buenos tiempos, la risa, etc.

Libera tus frustraciones

- Rompe platos viejos.
- Destroza una cinta vieja de casete, rompe la carcasa.
- Tira cubitos de hielo a un muro de ladrillos.
- Tira huevos en la ducha.
- Destroza una guía telefónica.
- Aplasta fruta con un bate o un martillo.
- Lanza dardos.
- Golpea almohadas.
- Grita contra una almohada.
- Grita o canta a todo pulmón.
- Haz ejercicio.

Si todavía sientes necesidad de herirte puedes intentar:

- Poner etiquetas en las partes de tu cuerpo que quieras herir.
- Dibujar líneas profundas en un papel
- Pintarte con un rotulador rojo.
- Coger un pequeño bote de colorante alimenticio rojo y calentarlo durante unos minutos ligeramente dejándolo caer en una taza de agua caliente. Destapa el bote y presiona la punta contra el lugar que deseas cortar. Dibuja con la botella en movimiento de corte mientras que aprietas un poco para dejar salir el colorante alimenticio.
- Dibuja en áreas que quieras cortar usando un hielo colorado que hayas hecho dejando caer seis o siete gotas de colorante alimentario rojo en cada uno de los huecos de la bandeja de cubitos de hielo.
- Píntate con tempera roja.

FYI

ENLACES ÚTILES:

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

Sugerencia de citación:

Kilburn, E. & Whitlock, J.L. (2009). Técnicas de distracción y estrategias para hacerle frente a la autolesión. The Practical Matters Series, Cornell Research Program on Self-Injury and Recovery. Cornell University. Ithaca, NY

Kilburn, E. & Whitlock, J.L. (2009). Distraction techniques and alternative coping strategies. The Practical Matters Series, Cornell Research Program on Self-Injury and Recovery. Cornell University. Ithaca, NY

Para más información, vee: www.selfinjury.bctr.cornell.edu

IF YOUR CHILD IS SELF-INJURING...

Guidelines developed by the International Consortium on Self-injury in Educational Settings (ICSES)

Helpful Strategies

- Find support for yourself (ideally through informal networks and professional support)
- **Be clear about your expectations for your child about participating in family life and other activities**
- Be collaborative and include your child in choices wherever possible (e.g. therapist, house rules, technology use, etc.)
- **Acknowledge/Validate your son/daughter's pain/upset but remain calm throughout**
- Choose times and places for hard conversations to maximize comfort and minimize distraction
- **Keep lines of communication as open as possible**
- Know that as much as you feel your son/daughter's upset/pain it is more helpful to your child to separate yourself from his/her feelings in order to stay calm in the face of their intensity
- **Learn about self-injury and emotion/ emotion regulation**
- Ask your child open, honest questions -- questions without an agenda asked in a sincere and respectful way
- **Model healthy coping strategies**
- Understand and respect your child's readiness to change
- **Help your child identify and reinforce successes**
- Respect your child's wishes concerning sharing his or her self-injury with extended family, friends or school
- **Seek therapeutic support for you and for your family. Self-injury can cause family division; it helps for everyone to feel heard and understood**
- Recognize that self-injury serves a purpose; knowing about how it helps and what to expect in recovery can be helpful

Unhelpful Strategies

- Blaming them for their self-injury
- **Blaming yourself for your child's self-injury**
- Getting caught up in their intense emotions and moods
- **Taking sides with different family members about what is "right to do"**
- Engaging in unneccessary power struggles (limit unilateral decisions and work for shared agreements wherever possible)
- **Imposing a set of new "lock down" controls (e.g. monitoring whereabouts, requiring constant connection, limiting mobility)**
- Unnecessary punishments and ultimatums
- **Forcing conversation or requiring constant check ins about self-injury or emotions**
- Tiptoeing around the situation or setting reasonable expectations out of fear that you'll cause self-injury to happen.
- **Taking doors off hinges and removing all possible self-injury implements from your home**
- Insisting that your child cover old scars
- **Removing reasonable family expectations (e.g., washing the dishes) as a way to 'smoothing out' your child's emotional life**
- Regularly jumping in to "fix" situations you think may trigger your child

The Cornell Research Program
on *Self-Injury and Recovery*

Dealing with *Power Struggles*

by Janis Whitlock &
Mandy Purington

Power struggles with parents and adults in authority are a normal part of adolescent development since it is during this time of life that young people are beginning to express independence and autonomy. They are thus more willing to question authority – especially their parents'. These struggles can be worsened by charged issues like self-injury. The fear and control issues that surround self-injury can create very tense situations for both the adult/parent *and* child. While it is virtually impossible to avoid all power struggles, adults can minimize them by staying aware of a few basic principles.

How do you know when a power struggle is happening?

A power struggle begins when your child refuses to do something you ask, follow a rule you have set, or participate in activities in which he or she is expected to join. Many times the resistance has less to do with the specific request and more to do with simply wanting to exercise control or power. It is VERY easy to take the bait as parents or other concerned adults particularly when what we believe we are asking is reasonable or has already been agreed upon. Doing what you can to *not* engage in a power struggle is the very best way to avoid one.

Strategy 1: Disengage early

The best way to avoid an argumentative power struggle is to simply not engage in one. The moment you realize that the struggle is starting is the moment to begin disengaging. This is not about giving in, but it is about taking the space to figure out how to deal with the resistance while you are calm and not feeling a lot of strong emotions. If your young person is becoming argumentative, it helps to keep your tone and voice calm and even. If you feel your emotions starting to rise, work on acknowledging and accept your feelings without reacting impulsively. Remember: *you have time.* In most cases, you can revisit things later. You can also let your young person vent or exhaust their negative feelings without reacting in-kind. Let your young person know that you are not ignoring him or her, but that you are just listening and want to take time to think about it all. Remember, it takes two to fight; you can simply decide that you will not participate!

Strategy 2: Create win-win situations

When you are calm, try asking yourself what could allow you both to get something you want from the situation. What do you see as the non-negotiable points in the situation and what are the areas in which you would be willing to compromise in order to get what is really important to you? Be clear with yourself and then, when you are ready, talk with your young person. Giving him/her options for achieving what he/she wants while also being clear about what is important to you can provide a workable middle ground in which everyone achieves something they want. If a young person can choose between options for when and how their obligations are met, he or she has more autonomy and decision-making abilities within a framework you have identified as acceptable.

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Dealing with *Power Struggles*

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Strategy 3: Collaboration

Try thinking of your young person as a partner in the negotiation process. It is really helpful if you create opportunities to have conversations about what is important to each of you *during a time in which you are both calm and able to have a conversation*. The goal of these conversations can be to come to agreements about expectations, needs, and consequences if expectations are not met. This could be specific to self-injurious behavior such as expectations about self-injury practices and tools, or it could relate to other issues likely to trigger intense emotion for parent or child. Having clear, *agreed-upon* consequences for not meeting a responsibility can also help circumvent an argumentative power struggle, or at least help to guide next steps when consequences become necessary. Consider using "positive consequences" (e.g. helping others or doing other forms of service) as an alternative to taking things away or restricting freedom. Positive consequences can help build needed skills and engender positive feelings between adults and young people. Referring to these consequences at the start of a power struggle, reminding your young person that he or she took part in defining them, and consistently holding him/her accountable for their actions can help stop or at least more quickly calm a power struggle.

Strategy 4: Patience and persistence

Keep in mind that these kinds of struggles are normal, and are actually a sign of a child's healthy development. Figuring out how to make room for a child's developing autonomy, independence, and limit-testing in a way that does not create conflict is something you can work on together. There will likely be moments when you feel like you are failing or when it seems like no matter how reasonable you are your child will take the path of *most* rather than least of resistance. The task (and opportunity!) for adults in these moments is to practice mindfulness and to trust the role that time and experience plays in helping young people mature. Slowing down, observing without doing, detaching from an immediate outcome, knowing you have time, and then taking the time you need to calmly assess the best course of action are all very useful skills. They are also useful for your child - who is learning by watching you – in developing skills for dealing with stress, conflict, and intense negative feelings.

Strategy 5: Gratitude

Power struggles pose unique challenges for adults working with youth who self-injure or who are in recovery for self-injury. The fear that natural boundary-setting may contribute to acting out by self-injuring is common and generates confusing and difficult feelings. Remember to acknowledge yourself and your young person for getting through hard situations with *any* grace. Every little reminder of a job well done is good for everyone – even if it is not a job done perfectly.

SUGGESTED CITATION
Whitlock, J. & Purington, M. (2013). *Dealing with power struggles.* The Practical Matters series, Cornell Research Program on Self-Injury and Recovery. Cornell University. Ithaca, NY

FOR MORE INFORMATION PLEASE SEE: www.selfinjury.bctr.cornell.edu

The Cornell Research Program
on ***Self-Injury and Recovery***

Family Policies

Safety Concerns and Contracts

by Mandy Purington
& Janis Whitlock

"Should I take her bedroom door off its hinges?"

"Should I take all of the knives out of the house?"

These are some of the questions we commonly receive from parents once they learn their child is self-injuring. As a parent, your instinct is to do whatever you can to protect your child from harm. Physical harm – even self-inflicted – is something parents are hardwired to prevent. This means parents sometimes jump to extremes such as taking doors off hinges to reduce privacy, removing all knives, scissors, and razor blades from the house so there are no implements to injure with, or never leaving their child alone. While all of these impulses are understandable, it is most helpful to pause for a moment and reflect on not only the practicality of making these changes, but about whether or not they are helpful for your child.

For many who engage in the behavior, self-injury is about *control*. It is a way of regaining a sense of emotional control and of bringing a sense of normalcy to oneself in moments that may otherwise feel completely out of control. People who self-injure tend to turn to it when they see it as the quickest and easiest route to self-soothing in moments of emotional distress or turmoil. Taking away all privacy or access to normal household items may actually *increase* this out-of-control feeling rather than make it better.

It is also important to consider your intentions. Give yourself permission to have these feelings but also think about your deeper intentions. If you want to be an ally for your child, you need to think about how to best show this in a way that is helpful to you both. Keep in mind that a major aspect of recovery from self-injury is being able to live and function in normal environments and most normal household environments include scissors, knives, etc. Even if you are able to temporarily remove all potential threats, your child will eventually need to learn to be and live in environments that include these things (and wouldn't it be handy to have a kitchen knife around when you're making dinner?)

In addition, people desperate to self-injure do not need specific tools or places to engage in the behavior – a variety of things you would not think to remove (e.g. staples from magazines) and things you cannot remove (fingernails) can be used to self-injure. Moreover, when really desperate to self-injure, a person will do it anywhere, even if this means others can see them do it.

This being said, our recommendation is that you use your desire to limit your child's access to self-injury tools or places to self-injure as the starting point for conversation. You can honestly share your feelings and talk about why you feel the need to limit access to self-injury. Asking your child to also share his or her perceptions will likely provide you with insights and even some surprises. Some young people on the road to recovery find some limitations

Family Policies

Safety Concerns and Contracts

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useful – having someone help restrict their ability to act on self-injurious urges might give them enough time to consider and try alternative coping methods in times of distress. Other young people may resent the suggestion that you could or should control this aspect of their lives. In either case, when discussed at the right time (that is, when you are both calm and have the time for a conversation), this topic can be an opportunity to come to agreement about limits that you are both comfortable with and to work together to identify supports that would be useful ***to both of you*** during the recovery process.

No-Harm Contracts

Parents may also consider requiring their child sign a "no-harm contract" (or enter into a similar verbal agreement), in which the child promises he or she will not self-injure. Clinicians working with self-injurious clients differ on their support for this kind of contract and youth who self-injure also have mixed responses to the idea.

For example, one self-injurious youth we talked with spoke about how it was useful for him to know that his father was going to ask if he had self-injured on a weekly basis. While this was not a formal contract or agreement, this on-going accountability to his father helped him in times of distress to keep the longer term goal of ceasing to self-injure in mind. On the other hand, reports from youth in familial or clinical settings where they felt coerced into signing no-harm contracts have described intense feelings of shame and guilt when they have a self-injury slip. In some cases, these feelings were so strong it led to them to not only hide their self-injury slip from their parents or clinicians, but caused them to further build a psychological wall between them and their caregivers.

Benefits of No-Harm Contracts

The benefits of no-harm contracts include: a) conveying a sense of responsibility and agency that underscores the seriousness of the issue and may increase the commitment level and sense of responsibility for oneself, b) providing structure and motivation for managing impulses that may become slips, and c) helping parents and others who care feel like they are allies in the recovery process.

Limitations of No-Harm Contracts

The limitations of no-harm contracts include: a) possibly becoming a symbolic power struggle when perceived as coerced, b) possibly inadvertently shifting the focus from gaining the skills needed to stop the motivation for self-injury in the first place to overly focusing on the self-injury behavior, c) feasibly setting the person who self-injures up to fail since it may not be possible to totally stop injuring right away, even with the best of intentions. The feelings that accompany such slips may exacerbate the very feelings that lead to self-injury in the first place.

Family Policies

Safety Concerns and Contracts

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Share Feelings and Ideas

The idea of a no-harm contract provides yet another opportunity for a conversation with your child. Share your feelings, thoughts, and desires about a no-harm contract (or no-harm contract alternative – be creative and responsive to each of your needs), and ask your child about whether or not this kind of external accountability would be useful. If your views on this differ widely, seek to reach a compromise and set a date to revisit the agreement. *Keeping the door open for further dialogue* about how to best support your child's recovery from self-injury is actually one of the best ways to support recovery!

SUGGESTED CITATION
Purington, M. & Whitlock, J. (2013). *Family policies: Safety concerns and contracts.* The Practical Matters series, Cornell Research Program on Self-Injury and Recovery. Cornell University. Ithaca, NY

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The Cornell Research Program
on ***Self-Injury and Recovery***

Respectful *curiosity*

by Janis Whitlock &
Mandy Purington

The notion of "respectful curiosity"[1] is powerful for parents and others who care for someone who self-injures. Indeed, it is a wonderful parenting technique all around – particularly in times when you feel perplexed about your child's attitude or behavior. Respectful curiosity is best described as a state of awareness characterized by a genuine curiosity and willingness to know and understand ***in combination with*** attention to assuring that one's curiosity is satisfied in a kind and respectful way.

Since you cannot know what will feel respectful to someone, even your own child, it is wise to ask permission to ask questions or to preface your questions with a statement, something like, "I want to do everything I can to help you feel supported and respected. I also want to better understand what you feel, think, and experience. Do you mind if I ask a few questions to help me better understand?" Even if one of more of your questions crosses the comfort zone for your child, they are likely to better trust your intention if you have been clear. Also, you being clear and honest models emotional honesty and clarity for them as well. Similarly, it is *really* important to honor your child's responses and disclosures. If they do not want to share something or anything, you will need to accept this with as much grace and humility as possible – even if it frustrates you or hurts your feelings.

Here are a few examples of respectfully curious questions specific to self-injury:

- "Why do you think self-injury works for you?"
- "How does self-injury make you feel?"
- "How do you feel before you self-injure?
- "How do you feel after?"
- "What are some reasons you might want to stop self-injuring?"
- "What are some reasons it would be hard to stop self-injuring?"
- "Is there anything stressing you out right now that I can help you with?"
- "Let's try to understand this slip. You've been successful in not self-injuring before – what do you think was different this time?"
- "What has been successful in the past that has helped you fight the urge to injure?"
- "How do you view yourself when you succeed at not injuring?"
- "Is there anything missing in our relationship, that if it were present, would make a difference?"

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 express her or his experience and feelings. This, in and of itself, is a step toward stopping. Sharing your own feelings, if they come up as you are listening, can be powerful and good as long as you can be authentic and centered. Take time to *observe*

1 First coined by Caroline Kettlewell in her book *Skin Games* (2000), St Martin's Griffin. and then popularized by Barant Walsh (2012) in *Treating Self-Injury: A Practical Guide*, 2nd Edition, Guilford Press.

Respectful *curiosity*

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what you are feeling and thinking as you hear your child's answers. If you notice that you feel judgmental, angry, or like you want to lash out, it would be better to take space and come back to the conversation when you are calm. If you have feelings that you can respectfully and calmly share, then it is really helpful to use "I" statements:

- I am sorry if I seem uncomfortable with some of this – it is hard for me to know that you hurt.
- I am so glad that we are finally talking about this; I have felt worried about it for awhile but have not known what to say
- I feel sad and sometimes worried that something I have done is making you want to hurt yourself.
- This scares me because I don't know what to do or how to help you.
- I am starting to feel upset and think I need to take a little space. I want to know more, though, and will let you know when I am ready.
- 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?"

Lastly, remember to thank your child and yourself for confronting what can be difficult and challenging. Since self-injury is a way of *speaking* strong emotion, actually using words to honestly share feelings can be very powerful and healing.

SUGGESTED CITATION
Whitlock, J. & Purington, M. (2013). *Respectful curiosity.* The Practical Matters series, Cornell Research Program on Self-Injury and Recovery. Cornell University. Ithaca, NY

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Cornell Research Program on
Self-Injury and Recovery

BY NETHAN REDDY, CALLIE SILVER,
& JANIS WHITLOCK

The Relationship between NSSI and LGBTQ Identities

Self-injury has been shown to be a relatively common coping skill for LGBTQ individuals, particularly LGBTQ adolescents. The following information brief will expand upon the relationship between LGBTQ identit(ies) and self-injurious behaviors and help to explain why a relationship exists in the first place.

Who is this for?

Anyone interested in learning more about non-suicidal self-injury (referred to here as "self-injury") and how it presents within the LGBTQ community

What is included?

A brief glossary on a number of sexual orientation and gender identity terms, information on why self-injury is disproportionately high within the LGBTQ community, and suggestions for assessment and response when an individual's self-injury started, is worsened, or maintained due at least partly to concerns related to their LGBTQ identit(ies).

I. LGBTQ Terms

Before reading this information brief, it might be helpful to look over these quick definitions to become more confident and considerate when using terms related to gender and sexual identity. Keep in mind that these guidelines are not a "one size fits all" protocol and it can be helpful to ask individuals in your life what words they prefer and identify with.

LGBTQ: An acronym for "lesbian, gay, bisexual, transgender and queer."

Gender Identity 101

Gender refers to the attitudes, feelings, and behaviors that a given culture associates with a person's biological sex. Behavior that is compatible with cultural expectations is referred to as gender-normative; behaviors that are viewed as incompatible with these expectations constitute gender non-conformity.

- **Gender identity:** One's innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth.[1]
- **Transgender:** An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc.[1]
- **Gender non-conforming**: A broad term referring to people who do not behave in a way that conforms to the traditional expectations of their gender, or whose gender expression does not fit neatly into a category.[1]
  - **Genderqueer**: Genderqueer people typically reject notions of static categories of gender and embrace a fluidity of gender identity and often, though not always, sexual orientation. People who identify as "genderqueer" may see themselves as being both male and female, neither male nor female or as falling completely outside these categories.[1]
  - **Cisgender:** A term used to describe a person whose gender identity aligns with those typically associated with the sex assigned to them at birth.[1]

Sexual Orientation 101

Sex refers to a person's biological status and is typically categorized as male, female, or intersex (i.e., atypical combinations of features that usually distinguish male from female). There are a number of indicators of biological sex, including sex chromosomes, gonads, internal reproductive organs, and external genitalia.[2]

- **Sexual orientation:** An inherent or immutable enduring emotional, romantic or sexual attraction to other people.[1]
- **Gay**: A person who is emotionally, romantically or sexually attracted to members of the same gender.[1]
- **Bisexual:** A person emotionally, romantically or sexually attracted to more than one sex, gender or gender identity though not necessarily simultaneously, in the same way or to the same degree (this broad definition of bisexuality includes pansexuality).[1]
- **Asexual:** A person who is emotionally, romantically or sexually attracted to members of the same gender.[1]

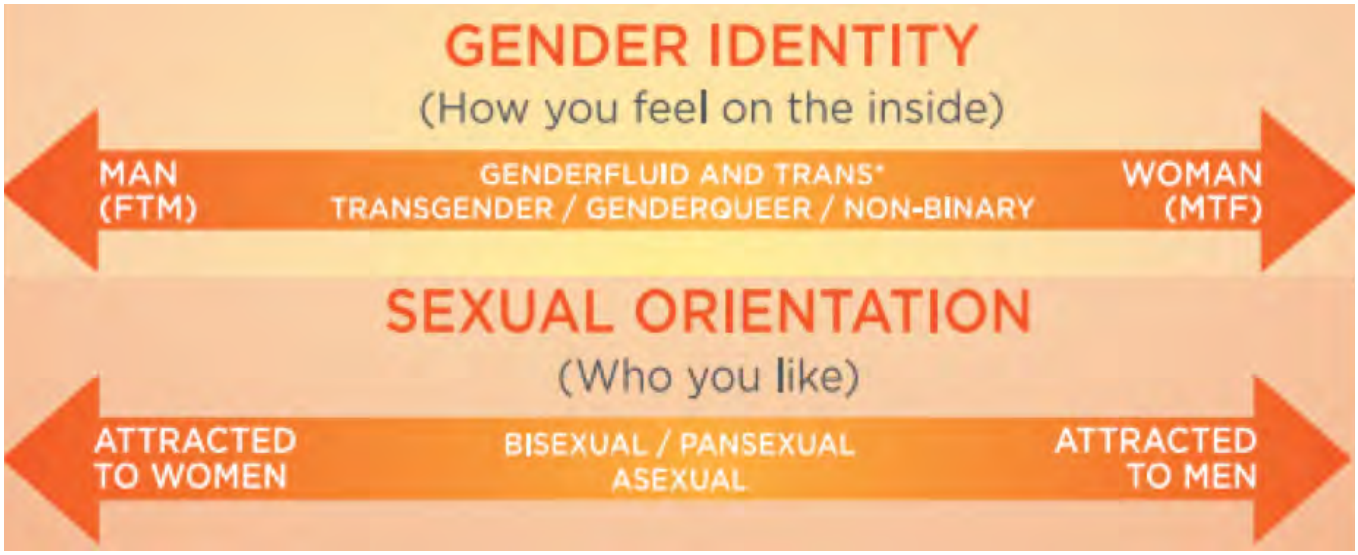
Though a lot of times the terms used to describe gender identity and sexual orientation are binary, it is more accurate to view both as a continuum that individuals lie on.

II. Are people within the LGBTQ community self-injuring more than heterosexuals?

The small but consistent body of study devoted to this area suggests that the answer to this is "yes". Across the small body of research in this field, there is a consensus that people within the LGBTQ community in general, self-injurious behaviors occur less so in heterosexual, cis-gendered individuals than in LGBTQ individuals:

- Researchers analyzing the 2007 Massachusetts Youth Risk Behavior Survey (n = 3,131) taken by high-schoolers across the state found that individuals who self-identified as lesbian, gay, bisexual and questioning adolescents comprised 7% of the total sample size, but they accounted for 67% of NSSI. More specifically, sexual minority adolescents and bisexuals were found to be at a particularly high risk.[4]
- In a random representative sample that surveyed college students from eight universities (n=14,372), individuals who had a sexual orientation other than heterosexual had a 2.6 times higher risk of engaging in self-injury. When narrowing in on bisexuals only, the rate climbs to a 3.8 times higher risk.[5]

It is important to note that of all sexual minorities studied, some studies suggest bisexual women are at highest risk of self-injury. The college study noted above found bisexual women to be at much higher risk of self-injury then their sexual minority peers, with nearly 50% reporting some history of NSSI.5 Furthermore, a review of fifteen studies related to sexual orientation and NSSI also found there was a trend of heightened NSSI rates among bisexual women.[6]



III. Why are LGBTQ youth at a higher risk of self-injury?

Although it is widely accepted that the LGBTQ community is at greater risk for self-injurious behaviors, there are few explanations for this phenomenon.

Minority Stress Theory:

The Minority Stress Theory is the most popular explanation for the relationship between NSSI and LGBTQ individuals. The logic behind this is that the experience of stress among sexual minorities, such as discrimination and prejudice, may lead to psychological distress, detrimental mental health effects, and at-risk behaviors, such as NSSI. This theory/model has been applied to other minority populations, including ethnic, racial, and minority religious communities.

Three particular categories of stressors have been identified that exemplify this theory within the LGBTQ community:[7]

- External stressful events: These events do not depend on an individual's perceptions or appraisals but from discriminatory events that happen in one's environment and which could be witnessed by another person. An example would be harassment experienced by a same-sex couple.

- Expectations of discriminatory events: These events are more subjective and difficult to see from the outside. They are also based in the self-identity and perspective of the LGBTQ individual. An example would be the apprehension a lesbian may have before entering the adoption process with her wife because of the discrimination they may face.

- Internalization of negative social attitudes: These events are also subjective and based in self-identity and perspective. The stress in this case comes from the self-directed negativity that aligns with that of society in relation to their identity. An example would be a transgender teen engaging in self-injury to cope with feelings of low self-esteem that have resulted from repeated harassment associated with being transgender.

Not all sexual minorities are subject to the same kinds of prejudice. Indeed, individuals identifying as bisexual have been singled out as a group or maybe at the ticket only high risk for discrimination, from both outside of themselves and inside of themselves. Biphobia, the term to use to refer to discrimination experienced by bisexuals in particular since they may experience discrimination from both the heterosexual majority and other members of the LGBTQ community who see bisexuality as an illegitimate identity. The combination of these two can lead to feelings of stress, confusion and low self-esteem,[4] all of which can subsequently heightened risk for self-injury.

IV. How can being LGBTQ lead to NSSI?

In general, the research suggest that LGBTQ can lead to NSSI when:

1. Engaging in self-injury to cope with tension caused by LGBTQ identities and/or
2. Experienced homophobia and/or transphobia pushes someone to engage in self-injury.

These can be exacerbated by a variety of other life challenges that lead to feelings of self-hatred and emotional distress, both of which are risk factors for NSSI. Life challenges that have been identified include:

- Stressful or traumatic early life experiences
- Feeling different
- Invisibility and invalidation

It should be noted that these feelings are prevalent amongst people who engage in self-injury regardless of whether or not they are LGBTQ. But people who are LGBTQ and who engage in self-injury may have a higher burden of stress because of multiple minority identities. There may, however, be unique meanings associated with both part of the LGBTQ and self-injury communities. The following themes were drawn from an interview-based study that explored the meaning of self-injury for 16 women who either identified as bisexual or as lesbian. [9]

Stressful of traumatic early experiences

- Many LGBTQ persons who also engage in self-injury can recall relationships in their childhood that were sexually, physically, and/or verbally abusive.
- This dysfunctional environment can had a profound effects on each interviewee's wellbeing. Overwhelming feelings of self-hatred and low self-esteem tended to continue into adolescence and beyond. These feelings can laid the groundwork for engaging in NSSI.
- This was exacerbated by the tensions and conflicts surrounding LGBTQ identities that started in adolescence. This caused internal conflict and further abuse and rejection. This exacerbated feelings of self-hatred and distress and increased the risk of engagement in NSSI.

"With my family it was mental and sexual (abuse), but later on it was mental and physical and sexual ... it was everything later on, I was treated really badly. "

Family is often seen as the most protective and supportive factor for LGBTQ youth, but if family is a source of abuse or rejection for an LGBTQ adolescent then it can be extremely damaging and lead to engagement in NSSI as well as other mental health problems.

Feeling different

- Many participants identified difficulty fitting in with their peers, identifying more with the opposite sex, feeling attracted to the same sex, being uncomfortable with typical gender roles, and/or bullying and harassment are all examples of common situations during childhood and adolescence in which one can feel different because of their LGBTQ identit(ies).
- This often stemmed from being in an environment that disapproved, either implicitly or explicitly, of one's LGBTQ identities. This led to feelings of isolation and intensified self-hatred and low self-esteem.

"I think when you are coming out as lesbian or bisexual you are challenging everything that you have ever grown up with."

"When people get into adolescence, all this shit that they've been burying throughout their childhood suddenly starts spewing out all over the place. That's when they're also going to start getting rocks chucked at them by their classmates, and getting all the 'backs to the walls' comments and stuff ... that's when they're going to start hacking themselves up. "

Invisibility and invalidation

- Invisibility and invalidation were mentioned often but was more implicit. It tended to come up most often when an interviewee felt like they could not talk about the feelings and emotions that were causing stress in their lives, that no one would listen to or believe them.
- Feeling not allowed to talk about conflicting or confusing sexual and/or gender identities out of expectations of being judged, dismissed, or ignored.
- These experiences discouraged healthy coping skills such as talking to others and asking for help. This failure to constructively work with these emotions and improve them can manifest into the utilization of a physical outlet, engagement in NSSI, to offset stress.

"[My child psychotherapist] said everyone goes through a state of being gay whether they're aware of it or not, but some people get stuck in this state because they've got emotional problems. They've got to work through their emotional problems to get out of this state because the state's not desirable. It's not a sign of a healthy, mentally healthy person."

"Sometimes you were really invisible, especially if you were a dyke, it's like 'it's only women that slapped you for god's sake, it's not a man', but at the end of the day, a slap is a slap, a kick is a kick. I just wanted someone to say 'oh god are you ok?'"

V. What's causing what?

Many researchers have found that, in general, the LGBTQ community is associated with higher levels of NSSI compared to the general population. However, bisexuality has been consistently associated with significantly higher levels of NSSI as compared to other LGBTQ identities, a "spike" along the sexuality spectrum. What are the minority stress theory still the most commonly applied framework for understanding this, there is not full consensus on this One reason for this is because bisexual women seem to be much more affected than bisexual men, at least with regards to self-injury. Bisexuality has been viewed as a transition point for many individuals, and inherently, a questioning identity has too. Essentially, realization that one is a lesbian or is gay is not always so clear-cut. In fact, between those who feel they have transitioned into lesbian and gay identities and those who have consistently identified as lesbian or gay, consistent identities are associated with much higher levels of self-acceptance and wellbeing than those who identify as bisexual or have had/are having a transitional experience. This is supported by research which suggests that bisexuality for some can be a manifestation of chronic stress and anxiety that spills over into overt concerns and confusion about sexual identity.[10] Whatever the case, it is important to recognize that the dialogue surrounding the connection between NSSI and LGBTQ identities is still very much ongoing.

VI. How can I best respond to an LGBTQ person engaging in NSSI?

Being a member of a sexual minority group does increased risk for self-injury, nevertheless, there are many things one can do to respond and support an LGBTQ person who also self-injures. Studies show that when self-esteem, perceived and/or actual discrimination, and perceived external support increases risk for self-injury decreases. In one study, for example, respondents reported significant decreases and self-injury when they began accepting themselves for who they are:

"I think basically I felt better for it. I definitely think that I felt more comfortable with myself. "

"I wasn't trying to squash myself into something that weren't right for me anymore. I felt so relieved."

Other advice for reducing NSSI risk among LGBTQ people include:

- Don't assume engagement in self-injury is mainly related to their LGBTQ identities. Consider other pressure points in their life as well (family, work, school, etc.).
- Be wary when recommending treatment, as many times treatment can further self-injurious behavior due to invalidating experiences with mental health professionals.
- Do not be afraid to ask questions about suicide. LGBTQ persons engaging in NSSI have been particularly linked to having suicidal thoughts too, a relationship supported by the minority stress model and the poor mental health outcomes within the LGBTQ community.
- Offer to be a source of support for this person, most likely what they most need. The more supportive factors one has, the less likely they are to engage in self-injury. Family support is extremely important. A positive and welcoming environment is important to preventing self-injury. Consider talking with them about their school experience and whether they are experiencing intolerance and bullying related to their identities, and whether a switch would be beneficial for the person.
- Ask about housing concerns. Homelessness amongst LGBTQ youths is a serious problem, up to 40% of homeless youth are LGBTQ who were disowned or abandoned by one's family.[11] This is outright rejection from people who could be their most protective source of support. Unsurprisingly, this rejection can be highly damaging, LGBTQ youth who were homeless 2.7 times more likely to engage in NSSI than those in stable housing.[12]

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Suggested Citation

Reddy, N., Silver, C. & Whitlock, J.L. (2016). *The Relationship between NSSI and LGBTQ Identities*. [Information Brief] Cornell Research Program on Self-Injury and Recovery. Cornell University. Ithaca, NY

FOR MORE INFORMATION, SEE: www.selfinjury.bctr.cornell.edu

This research was supported by the Cornell University Agricultural Experiment Station federal formula funds, received from Cooperative State Research, Education and Extension Service, U.S. Department of Agriculture. Any opinions, findings, conclusions, or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the view of the U.S. Department of Agriculture.

S.A.F.E. ALTERNATIVES®
Self-injury
Self Assessment

1.	I was often told as a child that I had to be strong.	True____	False____
2.	I do not remember much affection being displayed in my family.	True____	False____
3.	Anger was the feeling most often displayed in my family.	True____	False____
4.	I rarely felt I could express my feelings to my family.	True____	False____
5.	As a child I remember my mother and/or father as overly intrusive.	True____	False____
6.	As a child I remember being sexually abused.	True____	False____
7.	As a child I remember being physically abused.	True____	False____
8.	As a child I remember being emotionally abused	True____	False____
9.	As a child my mother and/or father was emotionally absent.	True____	False____
10.	I remember times when I was punished for strong feelings.	True____	False____
11.	When I was upset or frightened, I was ignored.	True____	False____
12.	I grew up in a very religious household.	True____	False____
13.	I had a parent who was unable to raise me due to a physical illness/trauma.	True____	False____
14.	I grew up with a lot of double messages.	True____	False____
15.	I often think of myself as a “bad” person.	True____	False____
16.	I often believe that I’m at fault for everything that goes wrong	.True____	False____
17.	I often think that everyone would be happier if I were dead.	True____	False____
18.	I hate change.	True____	False____
19.	I seem to have an all-or-nothing attitude,	True____	False____
20.	I usually can’t find words that explain how I feel.	True____	False____
21.	I am a perfectionist.	True____	False____
22.	I think I am a burden to others.	True____	False____
23.	I do not want to die; I just want to stop my emotional pain.	True____	False____
24.	My friends and family have become concerned about my body piercing.	True ____	False____
25.	I have decided to continue piercing despite the fact that one or more significant others have told me that they are repulsed by it.	True____	False____
26.	I become anxious when anyone tries to stop me or prevent me from getting a new piercing.	True____	False____
27.	I have problems with drugs or alcohol.	True____	False____
28.	I have sometimes neglected to seek medical attention for an illness or injury when part of me knows that I should have.	True____	False____
29	I have an eating disorder, or have had one sometime in the past.	True____	False____
30.	I have – or have had- a tendency to be promiscuous.	True____	False____
31.	I have overdosed on drugs.	True____	False____
32.	I often obsess about self-injury.	True____	False____
33.	I sometimes can’t explain where my injuries come from.	True____	False____
34.	I get anxious when my wounds start to heal.	True____	False____
35.	I often believe that if I don’t self-injure, I’ll go “crazy.”	True____	False____
36.	No one can hurt me more than I can hurt myself.	True____	False____
37.	I can’t imagine life without self-injury.	True____	False____
38.	If I stop self-injuring, my parents win.	True____	False____
39.	I often self-injure as a way to punish myself.	True____	False____
40.	Self-injury is my best friend.	True____	False____

41. I have self-injured: Only once__ 2-5 times__ 6-10 times__11-20 times__ 21-50 times__ More than 50 times__
42. When did you last harm yourself? Within the past week__Past month__ Past six months__ Past year__ More than one year ago__
43. I consider my tendency to self-harm an addiction. True____ False____
44. Many times I harm myself more out of habit than for any specific reason. True____ False____

Questions 1-14
The more questions you answered "true", the more likely it is that your early experiences were similar to those described by self-injurers.

Questions 15-23
The more questions you answered "true" in this section, the more your view of yourself matches the views commonly expressed by self-injurers.

Questions 24-31
If you answered "true" to any of these questions, it may signal that you have a problem with self-injury.

Questions 32-42
We suggest that anyone who answered "true" to any of these questions might benefit from consultation with a professional who understands self-injury. You may use the questionnaire as a tool for discussion during the consultation.

____I would like to speak with someone from S.A.F.E. ALTERNATIVES®

____Please send me information about S.A.F.E. ALTERNATIVES® and self-injury treatment

____I would like to make an appointment for a phone screening (it will take approximately 1 hour)

Name (optional)_____

Address (street, city, state, zip)_____

Phone Number_____Email Address_____

Best time to reach you_____

Please submit this form to S.A.F.E. ALTERNATIVES®
10 Bergman Court
Forest Park, Illinois 60130
Fax 708.366.9065
Email info@selfinjury.com

Self-Harm Resources

Information Online

- S.A.F.E. Alternatives http://www.selfinjury.com/
- Cornell Research Program on Self-Injury and Recovery http://www.selfinjury.bctr.cornell.edu/
- To Write Love On Her Arms http://twloha.com/
- Self-Injury Outreach and Support http://www.sioutreach.org/

Online Support Communities

- Recover Your Life- http://www.recoveryourlife.com/
- Scar Tissue- http://www.scar-tissue.net/
- Adullam Ministries- http://www.adullam-ministries.org.uk/site/
- Support Community for Self-Injurers- http://self-injury.net/
- Self-Injury Information and Support- http://www.psyke.org/
- Healthy Place- http://www.healthyplace.com/forum/self-injury/
- Reach Out- http://us.reachout.com/forums/
- Daily Strength- http://www.dailystrength.org/c/Self-Injury/support-group
-

Hotlines

- Boys Town- http://www.boystown.org/hotline
- National Suicide Prevention Lifeline- http://www.suicidepreventionlifeline.org/
- Self-Injury Foundation Hotline- http://www.selfinjuryfoundation.org/