

Working with people who cut or intentionally hurt themselves

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A Native American grandfather was talking to his grandson about how he felt. He said, "I feel as if I have two wolves fighting in my heart. One wolf is the vengeful, angry, violent one. The other wolf is the loving, compassionate one." The grandson asked him, "Which wolf will win the fight in your heart?" The grandfather answered, "The one I feed."

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What is your role?

- What does the person want of you? Is this appropriate?
- What is your responsibility, training and skill
- What do you want? What are your goals for this intervention?

Cutting is not a diagnosis

- **Superficial self-injurious behavior:** Acts of low lethality with little tissue damage that occur sporadically
- **Skin cutting, burning, scab picking, suture removal, bone breaking, punching, ...**

Cutting may, or may NOT be related to suicide or suicidal ideation

- Some people cut as part of a suicide attempt
- Some people cut as a way of "trying out" suicide
- Some people cut without any suicidal ideation or intention

Can suggest a range of problems, from fairly mild to very serious

Diagnosis associated with cutting

- Substance abuse
- Eating disorders
- PTSD
- Depression
- Personality disorders

Cutting relieves anxiety: can be almost “addictive”

- Many of us engage in some kinds of pain producing activity: such as picking at scabs even if they hurt

How many college students report at least one episode of self-harm?

- up to 35 % of college students report at least one episode of self-harm
- 14 % of college students report deliberate self-harm
- has become more prevalent in recent years

- skin cutting most common—70 % of self-harm
- bang or hit themselves- 21-44 %
- burn their skin 15-35 %

How many people in the general population would report cutting?

- 4 % of general population

Many people use more than one method of self-harm

- Age of onset typically between 14 and 24 y.o.

- May be more common in women

Study of 1986 air force recruits, 62 % men

- “When I get very tense, hurting myself physically somehow calms me down”
- I have hurt myself on purpose several times

4.2 % of men and 3.6 % of women answered “yes” to one of these questions

Cutting often serves a purpose

- Allows the person to feel something
- Helps deal with anger
- Part of problems with impulse control
- Decreases dissociation—out of body “not here” feelings
- Helps the person feel alive when they have lost touch with their own sense of self
- Feels “familiar”
- Allows some sense of self-control

How to be helpful

- LISTEN
- Do not over react or minimize
- Be careful about rescuing

How to understand the problem:

- Person may be very embarrassed
- Person may not understand it him or herself
- You may be concerned about uncovering more than can easily be coped with

How to Assess Cutting

Consider life from the person's point of view—

- How does the cutting feel?
- How does cutting help?
- How are you feeling now?

Why now? Or is it part of an ongoing pattern?

- Has the person cut before? Cut regularly?

How are other part's of the person's life going

- Friends
- Intimate relationships
- School
- Family

Major stressors

- School/exams/grades/expectations
- Illness/family illness
- Relationships
- External events

Please help me to understand about this

- How did it begin?
- Has it happened before?
- What are current stressors—why now?
- How are these stressors different than when you faced them before?
- Where did you first hear about cutting?
- How did you stop cutting?
- What is your own understanding of this

Interview vs Conversation

- Avoid a list of questions
- If question help, continue them to draw the person out
- If questions do NOT help, stop asking them

- Empathize with feeling
- Gentle assumptions: statements that invite conversation and even correction

Assessment of suicide

- When should you worry about suicide?
- When should you worry about other “out of control” behavior?
- and When should you just worry?

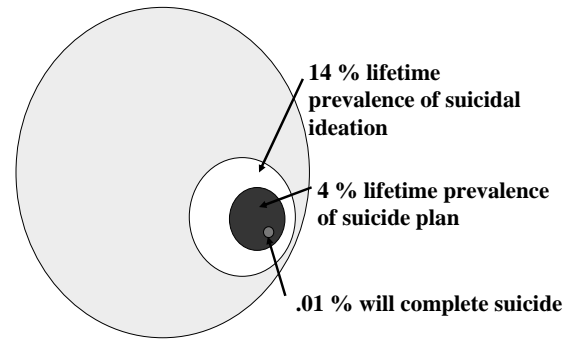
Suicide attempt:

ANY self harm attempt from someone expressing the intent to kill themselves
 para-suicide (rather than suicide gesture)
 non-lethal suicide attempt

Vs

Self harm attempt for some other reason

Suicide ideation, and even suicide attempts are fairly common



Be alert for the potentially suicidal patient

- Consider which patients may be depressed.
- Be alert for nonverbal feelings of hopelessness and despair.
- Ask about suicide directly.
- Feelings of wanting to hurt oneself are different from feelings of wanting to kill oneself--ask about each separately

Do not dismiss suicidal feelings with casual reassurance.

- Give the patient a chance to talk about both wanting to die and wanting to live, before helping the patient decide to live.
- Do not let patients become carried away with apologetic, remorseful or self-punitive behavior about their suicidal feelings.

Using the person's own strength

- How does this person normally cope?
- What helps, and what does not?

Suicide ideation is a behavioral event

Self-reported risk. (How long can you go on as you are?)

Ask in detail about suicide thoughts, plans and preparations.

- Note specificity, availability, and lethality
- go from general to specific.

Consider the client's perception of lethality, not just actual lethality

Evaluate current suicidal ideation (cont)

- Ask about preparations for death --
 - suicide note, giving away of possessions, etc.
- There is a small slip between "gesture" and death.
- The more specific and detailed the plan, the more available and lethal the method, the higher the risk.

How does suicide fit into the patients life

- Suicide commonly involves another person
 - What would the suicide mean, and to whom.
 - Consider both real and fantasized consequences.
- Is the patient's account consistent?
 - Look for gaps and ambivalence.
 - What assumptions is the patient making?

Assessment of alcohol and other substance abuse

Crisis Intervention:

- Is this a crisis?
- Whom is this a crisis for?

Initial steps in crisis intervention for the non-clinician

- Appear calm, whether you feel calm or not
- Be assertive: organize the chaos
- Getting the story in an orderly way organizes the chaos, as well as obtains needed information
- Get the story from everyone involved

General considerations in crisis intervention:

- Be interested in any recent change
- Be active
- Get a DETAILED story of what happened when
 - helps organize the sense of chaos
 - Provides critical information
- Listen and give the patient permission to talk
- Make sure everyone else also has a chance to tell their story

Assess person's support system

- People in crisis often fail to access their support system
- Diamond's dictum

If you are stuck, enlarge the field

Be directive if necessary

- Impose order
- Act as "traffic cop" to get an organized story
- Decide who talks when
- Is emergency medical attention required: what is the extent of the injury?

Consider the needs of everyone involved

Prioritize:

- first the person who is cutting,
- then the immediate people in the suite,
- then the rest of the dorm

Consider whom else to get involved:

- Family or friends with the person's permission,
- Other people in the school if risk warrants it
- Consider: is this already a public event?

Sad Person scale (Patterson et al. 1983)

- Sex
- Age
- Depression

- Previous Attempt
- Ethanol abuse
- Rational thought loss
- Social Support Lacking
- Organized Plan
- No spouse
- Sickness

Non-Pharmacological Treatments of Depression

- Exercise
- Cognitive/behavioral therapy (Mind over Mood)
- Interpersonal Therapy

Is a referral indicated?

- Does the person have a therapist?
- What resources are available?
- Does the person feel that treatment is required?
- Do you feel help is required? What is the risk?

Taking care of yourself and other members of the resident hall

- How are you feeling?
- What is most upsetting about what is going on?
- How responsible do you feel?
- Getting your own support
- Being realistic about what you can do

How needy or desperate does the person seem to be?

Is there more risk than you are comfortable with?

Do you feel there is more risk than the person is willing to admit?

Do you feel the person wants more than you are comfortable providing?

Is the relationship unusually intense, right from the very beginning?