

Trauma-Informed Interventions for People Who Self-Injure

A compilation from experts around the nation

Self-injury: Making pain visible

Self-injury can be understood as a coping mechanism to deal with less visible forms of pain. While there are perhaps self-harming behaviors that have greater repercussions on the person than cutting, burning, or biting does, self-injury (also called self-inflicted violence [SIV]) can provoke intense reactions from others, including helpers. It might be useful to consider self-injury to be one among many self-harming behaviors that people might engage in. Self-harm can be understood to include a range of behaviors from self-annihilation (suicide, unsafe sex, terminating essential treatment), to self-injury (cutting, burning, unhygienic tattooing or piercing), to self-defeating (isolating, anger, rejection of help). This broad understanding of self-harm encompasses substance abuse, unsafe relationships and sex, running away, isolating, disordered eating, hair plucking, dropping out of school as well as self-injuring actions like cutting, picking, burning, and self-punching.

There are many reasons people turn to self-inflicted violence. However, no one can determine why someone else is self-injuring. Since the reasons are myriad and people often use several forms of self-injury for different purposes, listening to the person becomes the only way to discover what the self-injuring actions mean for that person. Understanding the meaning behind the self-injury is the avenue into finding safer alternatives to the self-injuring behaviors for both the person struggling and the person helping.

Common reasons for self-injury:

- To displace emotional pain from the psyche to the body
- To reconnect with the reality of being alive today
- To distract from overwhelming emotion
- To end a dissociative response
- To show the pain or to make the pain visible to others
- To release endorphins for immediate (if temporary) relief
- To express self-hatred

Trauma

The repercussions of trauma can range from intense, painful emotions, dissociation, to flashbacks, trauma re-enactments, and many more. Trauma survivors are likely to turn to self-injury to manage trauma-related negative emotional states. A peer support consumer recently remarked that during 20 years of work every person engaging in self-injury had a history of trauma. In the academic literature, a clear

association between child maltreatment, especially child sexual abuse, and self-injuring has been established.¹

Traditional approaches

Traditionally, much of the available help for people who self-injure has been shame-based. Perhaps this is because many people find self-injury an out-of-control and repulsive act and, therefore, something needing to be controlled and stopped. However, when a person with self-injury feels that the helpers are trying to control her behavior, it may drive self-injury behavior more underground and make it more dangerous at times. Emergency or crisis intervention that forces someone to do something they are not ready to do can result in even more shame and increased reliance on behaviors that have developed around shame and pain: self-injury.

Behavior contracts

Many people with self-injury do not respond well to behavior contracts. Often, behavior contracts are one-sided: while the person promises not to self-injure, it is not clear what the person receives in exchange. A harm-reduction approach is recommended as a first line response. If a contract is used, the person struggling with self-injury should be able to either agree or disagree to the terms. If in disagreement, additional information regarding willingness to make changes should be discussed. If the person is not willing to make any changes, a harm-reduction approach is recommended, especially if it was not tried initially.

Harm reduction

Harm reduction ideas are helpful. In other words, helping the person to think of “safer” ways to self injure. For example, a therapist helped a client to develop a “safety kit” that had gauze, Band-Aids, antibacterial ointment, alcohol swabs and other self-care items, so that if she did self-injure, she was less likely to get an infection.

Harm reduction is a much more useful approach than coercive practices. It is important to let the person with the need to self-injure to determine whether they are motivated to stop self-injury. In many cases, there might be other self-harming behaviors that are more pressing or the person might be in an unsafe situation that needs to be addressed first before the self-injury can be tackled. Also, urges to self-injure might continue for years and decades, so harm reduction approaches can help a person many years later.

¹ Lang C, Sharma-Patel K. The Relation Between Childhood Maltreatment and Self-Injury: A Review of the Literature on Conceptualization and Intervention. *Trauma, Violence & Abuse* [serial online]. January 2011;12(1):23-37.

In the United Kingdom, there exists assisted self-injury whereby the helper takes precautions, such as making sure razor blades are sterile. A manual from the UK teaches people who live with self-inflicted violence to focus on safety, as much as possible, and tend to themselves after the action. *The Hurt Yourself Less Workbook* is also available for free download at <http://studymore.org.uk/hylw.pdf>. The *Self Injury Awareness Booklet* (2005) can be downloaded at <http://www.firstsigns.org.uk/files/lifesigns-si-awareness-book-2nd-edition-revised.pdf>.

Asking about self-injury

The first step to discussing self-injuring behaviors is to ask about them. Some people who are struggling might talk about them directly. However, many others will discuss them in indirect and vague ways.

Asking if the person has self-injured or is likely to self-injure in the future is the most direct route to take. It is also important to understand that choice in disclosing is key to creating a successful connection with the person who is self-injuring. Even if a person declines disclosing self-injuring, it is often helpful to discuss it more broadly as well: “I am glad to hear that you are not concerned with self-injuring (like cutting, burning, or other forms of self-inflicted violence), but I would like to say that it is a common way people in pain deal with overwhelming emotions, so if you do have any questions, I am here to talk with you about them.”

If the person chooses disclosure, ask about how and what self-injury helps *before* talking about stopping. When helpers are not afraid of self-injury and willing to talk about the benefits of self-injury, many clients are slowly able to consider other alternatives and perhaps eventually stop. It might be useful to remember that talking about self-injury is a first step toward managing the behavior.

Be curious:

- Ask, How does self-injury help?
- Ask, Why now?
- Ask, What might this behavior be trying to express?

Discuss patterns and self-awareness:

- Ask about times when the person was able to resist self-harm.
- Ask if the behavior is getting better (less) or worse (more).
- Ask the person to track the behavior on a calendar to see if it follows a pattern.

Discuss learning new behaviors:

- Make a list of other options that have been successful.
- Make a list of new behaviors to try (see Appendix A).
- Ask for agreement to try an alternative before reverting to self-harm.

Hotlines and crisis intervention²

“My experience has been that I've gotten more useful support from calling a women's crisis hotline (whose purpose is more for interpersonal violence) than I ever got when calling a mental health crisis hot line. For people in my local area who ask me about dealing/coping with self-injury, I still refer them to the women's crisis line than I do the mental health crisis line.” - A person who self-injured for more than 30 years from 8 years old:

People who work on hotlines are in a key position to support a person who is asking for help.

Priority One: The Person

In most cases, self-injury is a coping mechanism, not a suicide attempt. The person calling wants support for whatever is driving their need to self-injure. The struggle the person is having should be the priority, not the fact that they self-injure.

Organizationally, there might need to re-assess policies to prevent the immediate reactivity that results in police, ambulances, commitment, restraint and seclusion. It is important to teach about re-traumatization and, potentially, how re-traumatization can leave one liable for causing harm.

Priority Two: Informed Choices

Consumer education on hotlines and how they work, including liabilities and limitations, empowers callers to understand the workings of where they are calling and to make informed choices of their own when talking to hotlines. This can give clarity regarding how to express one's self, develop viable options, and identify the help they need.

Priority Three: Stopping a current crisis

A call where self-injury is threatened focuses the response. A hotline call is often an urgent situation plus anonymity. On the phone no one can see what the caller is actually doing or looking like or the level of injury that may imminently or actually be occurring. While most cases of self-injury do not end a life, there is still potential that suicide is an option. A hotline can assess for suicide, but also immediately shift to person-centered support once the assessment has been made, regardless of the threat of suicide. Grounding techniques to help the person detach from emotional pain and become more centered in the physical reality of the here-and-now often brings relief and provides an alternative to self-injury.

² Parts of this section are adapted from and used by permission of author Jody C. Layton.

If an ambulance or the police are an option, the hotline staff can kindly highlight that, while it sometimes makes sense to engage in extreme behaviors that temporarily end overwhelming negative emotions, extreme interventions like an ambulance are similarly used to temporarily end crisis. Both responses are temporary attempts to solve the current dilemma. Safer solutions are likely to be more productive in the long run.

“In Connecticut, the mental health unit sends a Mobile Crisis team clinician, sometimes with an MD in case they need a Physicians’ Emergency Commitment (psychiatric hold). If more urgent, Connecticut now has Crisis Intervention workers riding with police, who have received training and expressed interest in being involved in a Crisis Intervention Team (CIT). That way, the police are on site in case of an emergent situation, but a well-trained clinician can work with the client to see what alternatives there may be.” Pat Rehmer, Commissioner, Connecticut Department of Mental Health and Addiction Services.

Priority Four: Developing a plan

When someone calls stating a desire to stop self-injury and to get support to do things differently, the helper can focus on developing a plan.

- First, begin with what has worked in the past. Identifying successes can help the person shift away from hopelessness.
- Second, develop a short-term plan focusing on today: asking for help; identifying a safe person or resource (other than the hotline); making an agreement to call again in a specified amount of time.
- Third, list options for longer-term support (peer support, warm lines, harm reduction, treatment) that the person can think about and perhaps agree to contact during a future call.

Some hotlines create plans with frequent callers that include tailored self-care alternatives that can be discussed as a first response when the person calls the hotline.

Resources

Websites:

Self-Injury Information and Support: <http://www.palace.net/~llama/selfinjury/>

Healing Self-Injury: healingselfinjury.org

UK National Self Harm Network: <http://www.nshn.co.uk/resources.html>

Approaches:

Trauma-Informed Intentional Peer Support, Shery Mead

Engaging Women Trauma Survivors in Peer Support

Marsha Linehan Skill Training Manual

Publications:

Women Who Hurt Themselves, Dusty Miller (book)

Understanding Self Injury: A Workbook for Adults, Robin Connor (workbook)

Self-Injury: Psychotherapy With People Who Engage in Self-Inflicted Violence, Robin Connor (book)

The scarred soul: Understanding & ending self-inflicted violence, T. Alderman, (1997)

Bodily Harm: The Breakthrough Healing Program for Self- Injurers, Karen Cointerio and Wendy Lader (book)

The Tender Cut: Inside the Hidden World of Self-Injury, Patricia A. Adler and Peter Adler (2011)

The Hurt Yourself Less Workbook (UK) (workbook)

Self Injury Awareness Booklet (UK)

If you have any comments regarding this compendium, please contact Gabriella Grant, Director, California Center of Excellence for Trauma Informed Care at gabbygrant@me.com.

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Appendix A

Coping with Urges to Self-Harm

This kind of distraction isn't intended to cure the roots of your self-injury; you can't run a marathon when you're too tired to cross the room. These techniques serve, rather, to help you get through an intense moment of badness without making things worse for yourself in the long run. Use these interim methods to show yourself that you can cope with distress without permanently injuring your body. Every time you do you score another point and you make SI that much less likely next time you're in crisis.

Deciding means breaking the cycle, forcing yourself to try new coping methods. You do have to force yourself to do this; it doesn't just come. You can't just think about new ways to cope—when you pick up that knife or that lighter or get ready to hit that wall; you have to make a conscious decision to do something else. Even if you don't make that decision the next time, nothing can take away that moment of mastery. If you choose to hurt yourself next time, you will know that it is a choice, which implies the existence of alternative choices. It takes helplessness out of the equation.

Take a few moments and look behind the urge. What are you feeling? Are you angry? Frustrated? Restless? Sad? Craving the feeling of SI? Depersonalized and unreal or numb? Unfocused? Next, match the activity to the feeling. A few examples:

Angry, Frustrated, Restless

(These strategies work better sometimes if you talk to the object you are cutting/tearing/hitting. Start slowly, explaining why you're hurt and angry. It's okay if you end up ranting or yelling; it can help a lot to vent feelings that way.)

- Slash an empty plastic soda bottle or a piece of heavy cardboard or an old shirt or sock.
- 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. Or break sticks.
- Hit a punching bag.
- Use a pillow to hit a wall, pillow-fight style or beat up the pillow.
- 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 Play-Doh or Sculpey or other clay models and cut or smash them.
- Get a few packages of Silly-Putty or something similar and squeeze it, bounce it off a wall, stretch it, snap it.

- Throw ice into the bathtub or against a brick wall hard enough to shatter it. Throw water balloons at a wall.
- Crank up some music and dance.
- Clean your room (or your whole house).
- Go for a walk/jog/run or play a sport like handball or tennis. Swim laps.
- Stomp around in heavy shoes.
- Squeeze Koosh™ balls (this is really great and can be one in a meeting when you're struggling to pay attention. It also helps with anxiety.)

Sad, Soft, Melancholy, Depressed, Unhappy

- Do something slow and soothing, like taking a hot bath with bath oil or bubbles, curling up under a comforter with hot cocoa and a good book, pampering yourself somehow—whatever makes you feel taken care of and comforted.
- Light sweet-smelling incense.
- Listen to soothing music.
- Smooth nice body lotion into the parts of yourself you want to hurt. Put Band-Aids on the place you want to hurt.
- Call or visit a friend and just talk about things that you like.
- Make a tray of special treats and tuck yourself into bed with it and watch TV or read.

Craving Sensation, Feeling, Depersonalized, Dissociating, Feeling Unreal

Do something that creates a sharp physical sensation:

- Squeeze ice hard (this really hurts) or hold it where you want to burn. It hurts and leaves a slight red mark.
- Put a finger into a frozen food (like ice cream) or in a pitcher of ice, water, and salt for a few seconds.
- Bite into a hot pepper or chew a piece of gingerroot.
- Rub liniment under your nose.
- Slap a tabletop hard.
- Snap your wrist with a rubber band.
- Take a cold bath or shower.
- Stomp your feet on the ground.
- Focus on how it feels to breathe. Notice the way your chest and stomach move with each breath.
- Get a bowl and put several cups of rice (you can color the rice if you want), or sand. Run your hand through the rice/sand.

Wanting Focus

- Do a task (a computer game like Tetris, writing a computer program, needlework, etc.) that is exacting and requires focus and concentration.
- Eat a raisin mindfully. Pick it up, noticing how it feels in your hand. Look at it carefully; see the asymmetries and think about the changes the grape went through. Roll the raisin in your fingers and notice the texture; try to describe it. Bring the raisin up to your mouth, paying attention to how it feels to move your hand that way. Smell the raisin; what does it remind you of? How does a raisin smell? Notice that you're beginning to salivate, and see how that feels. Open your mouth and put the raisin in, taking time to think about how the raisin feels to your tongue. Chew slowly, noticing how the texture and even the taste of the raisin change as you chew it. Are there little seeds or stems? How is the inside different from the outside? Finally, swallow.
- Choose an object in the room. Examine it carefully and then write as detailed a description of it as you can. Include everything: size, weight, texture, shape, color, possible uses, feel, etc.
- Try coloring with crayons (okay so this one sounds child-like but it works sometimes).
- Pick a subject and research it on the web.

Wanting to See Blood

- Draw on yourself with a red felt-tip pen or lipstick.
- Take 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.
- Draw 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.
- Paint yourself with red tempera paint.

Wanting to See Scars or Pick Scabs

- Get a henna tattoo kit. You put the henna on as a paste and leave it overnight; the next day you can pick it off as you would a scab and it leaves an orange-red mark behind.

Delaying Tactics

- The fifteen-minute game: tell yourself that if you still want to self-harm in fifteen minutes, you can. When the time is up, see if you can go another fifteen minutes.
- Another version of the delaying tactic is to tell yourself you'll do it later. For some people having a time parameters can be a setup for failure. Each person is individual and what works for one, doesn't necessarily work for another.
- Make your tools hard to get at; commit to using only one particular set of tools and put them in a small box. Wrap the box completely in duct tape and a list of reasons not to hurt yourself to the outside. Put that box in another box and repeat; and then put the package on a high, out-of-the-way shelf.
- If you cut, fill a gallon jug halfway with water, freeze it, put your tools in, then fill the jug with water and freeze again. Since you've already told yourself you will only use those things, when an urge comes you have the amount of time it takes for the ice to thaw to try other distractions.

These ideas are only suggestions. If something isn't working for you, try something else. Some of these suggestions may work some of the time—but not all of the time. If you self-injure it doesn't mean that you are a bad, horrible person, it simply means your coping strategy wasn't helpful to you at the time. If a strategy is listed in one section, and you think it might work for you—try it. These ideas are not written in concrete and can be modified and adapted at any time.

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