Harm Reduction Strategies with People who Engage in Self-Injury

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CHICAGO HOUSE
Thank you!

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Agenda

1. Grounding Agreements
2. Opening Activity
3. Societal Perceptions
4. Presenting Behaviors & Factors
5. Language and Talking about Self-Harm
6. Prevalence
7. Function
8. Potential Harms
9. Potential Interventions
10. Questions and Answers
11. Resources
1. Grounding Agreements

List of Group Agreements from Language and Stigma discussion:
- We are committed to this group as a safe(r) space for anyone who wants to learn more about harm reduction, regardless of their current framework
- We assume the best intentions
- We respect that people are experts in their own lives
- We respect diversity of viewpoints
- We agree to ask for clarification if/when we feel offended or triggered
- We are committed to this group as a safe(r) space to admit that you don’t know about something and ask questions
- We will strive to “Step Up-Step Back”
- We continue to ask how we can do better

Additionally:
- We invite you to get up and take self-care time (bathroom, moving around, grounding, etc.)
- This is an emotionally-charged topic; we invite you to lean in to your negative and positive reactions while also taking care of yourself!
- GZA is available for 1-1 support.
2. Opening Activity

Grounding means to bring awareness into the body, into the senses, and into the present.

louiseqale.com

www.urbanclairvoyant.com
Notice:

● What were your responses?
● What did Abbie, Louise and Nicole vocalize as the function of self-injurious behavior?
● What were different methods of self-harm listed in the clip?
3. Perceptions

What comes up when we think about self-harm?

- suicidal?
- attention seeking?
- cutting?
- crisis?
- hospital?
- mental health diagnosis?
- enjoyment?
- age?
- gender?
- inpatient?
4. Presentation & Prevalence

Presentation

What are types of self-injurious behavior?

How might presentation vary by type of behavior? By function?
Perceptions

What kinds of self-harm do we see as not needing crisis intervention?

www.telegraph.co.uk

www.jointinterest.com

madeyourelevant.com
5. Language
Talking about Self-Harm

“Self-injury is the term used to describe deliberate acts of (physically) hurting yourself - so this may be cutting, burning, head banging, pulling out your own hair etc.”

“Self-harming behavior includes acts that cause short and long-term damage e.g. over/under eating, drug abuse, binge drinking, smoking and other things that may impact on your life later on.”

source: [http://www.selfharm.co.uk/](http://www.selfharm.co.uk/)
5. Language

Trauma Lens

How do we use a trauma lens to talk about self-injurious behavior?

"self-harm resilience" (YWEP article)

integral-options.blogspot.com

charactertherapist.blogspot.com
Talking about Self-Harm

What are guidelines?
How/when you bring up other things with your clients?

Everyone has different styles and ways of relating with their clients, but here are some things to keep in mind:

- ask open-ended questions
- find out where they are with their self-harm behavior
- how can you best serve them?
6. Prevalence

Why might it be hard to get accurate statistics on self-harm prevalence?

- Number of emergency department visits for “self-inflicted injury” in U.S. in 2010: **713,000** (includes suicide attempts)
  
  **Source:** National Hospital Ambulatory Medical Care Survey: 2010 Emergency Department Summary Tables, table 17


- 20-30% of those diagnosed with autism (Dominick, 2007; [http://www.selfharm.co.uk/](http://www.selfharm.co.uk/))

- 26% of LGBT “youth” (Mayock, 2009; [http://www.rainbow-project.org/mh/self-harm](http://www.rainbow-project.org/mh/self-harm))

- Around **90%** of people treated for self-harm in the U.K. will have taken an overdose, yet the most preferred method of harming is to cut ([http://www.selfharm.co.uk/](http://www.selfharm.co.uk/))

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Many people never seek treatment.

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7. Function

http://theawarenesscenter.blogspot.com/

What is it for the person who engages in self-harm?
7. Function

YWEP article:

- Using controlled self-injury was important to coping
- Not to hurt, but to feel better
- Body modification as reclaiming
- Control of their own bodies - “I get to hurt myself rather than someone else hurting me.”
- Help build resistance to violence

Some of the reasons that people who engage in self-injurious behavior have given for their acts include:

- Affect modulation
- Maintaining control and distracting from painful thoughts or memories
- Self-punishment
- Desire to take emotions out on self rather than harming others
- Self-reward
- Sexual pleasure
- Expression of things that can't be put into words
- Expression of feelings for which they have no label
- Needing to feel something
- Ritual
- Building community, cultural rites of passage or norms
- As a way of dealing with a double-bind or other situations in which one has limited options/is cornered

What do you think are potential harms?

- serious injury, death
- uncontrollable bleeding
- infection at injury site, transmittable infection if sharing implements
- scars that prevent one from obtaining job, social stigma
- compulsion, putting self-injury above other things

What else comes to mind?
When is hospitalization necessary?

A hospital visit is necessary:

● When one’s body is in physical danger, for example from:
  ○ loss of blood
  ○ infection
  ○ need for stitches
● If the blood is pumping or if the bleeding does not stop after 10 minutes of applying pressure - call 911 immediately.
● When one is a danger to oneself.
● When one has been assessed by a professional after voicing suicidal ideation.
Case Manager should be in contact with their supervisor and client’s doctor as much as possible during a crisis.

- If there is a crisis and someone feels the need to call 911, ask for the Chicago Police Crisis Intervention Team.
- If someone from CIT is not available, ask for a supervisor or sargent.
- Complete and have copies of clients’ Mental Health Advanced Directives.
- Safety Plan: Encourage client to know someone that would be quickly available to provide transportation or keep a few dollars/an extra CTA card for an emergency hospital visit.
Keep in mind that hospitalization be trauma-inducing.

Why?

- revocation of choices/autonomy
- replicate past trauma
- gender-binary facilities
- pressure to take medication
- labelled as suicidal

How could we reduce potential trauma of hospitalization?
9. Potential Interventions

How might intervention vary by function?

Strategies to decrease physical risk:

- know that injury to any vessel is dangerous
- buying new (disposable) blades
- sterilize implements
- dress wounds
- no depth is “safe,” but less deep is less risky
- lengthwise vs. across:

  “All the important bits and pieces in your arms and legs run up and down the length of each limb. Cutting any part of your body is never a good idea, but cutting lengthwise (as opposed to going across) reduces the risk of severing tendons, arteries and veins.”

(Source: http://selfharm.co.uk/get/staying_safe/harm_minimisation)
Recognizing Shock

Symptoms of shock include:

- Rapid, shallow breathing
- Skin discoloration
- Confusion and disorientation
9. Potential Interventions

Using the Buddy System

Use the buddy system:

● Let someone else know when you are engaging in self-harm behavior and check back in when you have finished so that someone would be aware if you lost too much blood, went into shock, etc.

● Have someone present when self-harming. Ensure that all parties know symptoms of shock and discuss when a trip should be made to the emergency room.

● Practice negotiation skills.
9. Potential Interventions

Replacement Methods

- Mindfulness
  - Mindful breathing
  - Meditation exercises - free guided meditations on the internet
- Grounding
  - Engaging one of the senses
  - Temperature control
  - Hold ice cubes
  - Put hands under hot water
  - Wear elastic bands and snap them as needed
- Writing on oneself
- Professional tattooing or piercing
- Pleasant Activity Scheduling

Continually using MI skills to help resolve ambivalence and support client in developing greater range of options.
“Self harm can be helpful! It is a path towards healing and control”

(YWEP study)
Handouts

1. Harm-Reduction Techniques
2. Grounding Exercises
3. Bill of Rights for Those who Self-Harm
4. Common Myths about Self-Harm
Resources

http://www.selfharm.co.uk/get/staying_safe/harm_minimisation
http://www.rainbow-project.org/mh/self-harm


Reducing Self-Harm worksheets via http://studentsagainstdepression.org/
http://www.rcpsych.ac.uk/pdf/limiting%20the%20damage.pdf

Self-harm: Limiting the Damage leaflet via www.rcpsych.ac.uk/cru/auditselfharm.htm


Information Reviewed by:

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Additional Resources

Listen to the Voices of People who Self-Harm


Various stories available at: http://www.selfharm.co.uk/share/words

Harmless Self-Harm Documentary
(trailer: http://www.youtube.com/watch?v=h1bhWtrgv-I)

Andrea Gibson Poem: http://www.youtube.com/watch?v=rfhr3Ba73no


Back to the knife.
I tear myself open, just to feel.
When no one talks to you, no one cares.
It’s the only thing that seems real.
I would reach out, if I dared.
If I dared go down that path.
Where no one reaches back.
They simply stared.
They’ll be your friends
For a day or two
But in the end
They don’t care about you.
Just move on.
Get a life.
I’ve tried and failed.
Back to the knife.
- by mtxh77
Review

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