INTRODUCTION

kids who deliberately hurt themselves

In more than 30 years as a psychologist, I have helped hundreds of teens with all manner of problems. And I have seen that nothing causes parents as much anguish as kids who deliberately cut, scratch, burn, or hurt themselves in some other fashion. Parents find their children’s self-injury to be one of the most painful experiences they have ever had, and one of the most confusing. If you find yourself in this situation, it’s only natural for you to be frightened, sad, and sometimes angry. Whatever you try to do to help your child may seem only to make the situation worse. And your frustration may have created tension between you and the child’s other parent, who might have very different ideas about how to manage the problem.

My intention in these pages is to clear up the confusion surrounding self-injury, to explain how it can be successfully treated with an intense, short-term program, and to show you what you can do to help. This is not a book about becoming the perfect parent or doing everything right—there’s no such thing. No matter how hard we try, we can’t always provide our children with what they need, whether it be discipline, empathy, validation, or guidance. We fail because our timing is off, or we misread a situation, or we’re tired or angry. We fail because the world has changed so much from when we were young, or because we didn’t get what we needed from our own parents, so we just don’t know how.

Children, especially emotionally sensitive ones, have a way of bringing our parental weak spots to the surface. I would like you to read this book with compassion for yourself as well as your child. Self-injury is a complicated problem with a multitude of causes. The first thing I want to tell you is, Do not blame yourself. You will probably be able to help your son or daughter the most if you don’t try to be perfect and instead focus on staying open to learning from your mistakes. Don’t underestimate your strengths. You may need to
do things somewhat differently from other parents, but you can learn the skills to be the parent your child needs.

Getting your child professional help will be an important component of what you need to do. In this book I want to introduce you to a relatively new therapy, dialectical behavior therapy (DBT), that has been shown to be effective in helping kids to stop hurting themselves. While it is impossible to predict how long any particular treatment will take, DBT seems to be the shortest and most effective route to wellness. While DBT is not a miracle cure, I've seen kids reduce self-injury in 3 to 6 months. Keep in mind that any therapy is a process of a few steps forward and a step back. It is not a smooth upward course. I also want to offer some tips about how you can be helpful as a parent and how to take care of yourself so you're able to tolerate what can be a very bumpy and uncomfortable ride. I hope by the time you finish this book, you will have a clearer understanding of self-injury and will be armed with the tools to help get your child back on track.

The second thing I want you to understand is that your child is self-injuring because it calms him or her—at least that's true for the vast majority. To us, that's a terrible solution. To your child, it's one that works. We don't know why it works—probably because of some combination of biological and psychological factors we don't fully understand. One of the main purposes of DBT is to help adolescents find other ways to calm and soothe themselves.

Rest assured that you're not alone on this journey. Most self-injury begins in early adolescence, around 13 or 14, and affects an estimated 9% of the teenage population. Let me share with you some brief moments in therapy with two adolescents who self-injure. You will probably find something of your own son or daughter in their responses.

SARA: “IT CALMS ME DOWN”

Sara, age 15, and her parents entered my office for their first consultation. Sara was neatly dressed, had an easy manner, and appeared quite comfortable in this situation. Her father had called earlier and requested the consultation on the advice of Sara's therapist. In the phone call he reported that the therapist wasn't sure they were making any real progress. Her father also said he thought Sara had a good relationship with her therapist, and that Sara said she liked to meet with him but was still cutting. Sara's dad went on to reassure me that the cutting was superficial and never required medical attention. Sara, her father related, was a good student who had many friends but often doubted her own abilities.

Very soon into the visit it was clear that Sara was a bright and person-
able young woman. She told me that she had been cutting herself since mid-

dle school and that she engaged in the behavior two to three times a week,
sometimes less—and in times of stress more frequently. When I asked her
what she meant by “stress,” she described feeling emotionally overwhelmed,
like she wanted to “jump out of her skin.” When I asked when her parents
learned of her behavior, Sara’s mom said she had learned of it only 8 months
ago, when the school nurse called and told her she had noticed superficial
cuts on Sara’s shoulders. A cloud of sadness swept across Sara’s face, and tears
begin to well in her eyes. Right at this moment Sara’s dad quickly asserted
that as soon as this came to their attention, they found a therapist and set up
an appointment for Sara.

I turned to Sara and asked her about her work with her therapist. She
told me that she liked him very much and found him very easy to talk to. I
asked what kind of things she and her therapist spoke about. “All kinds of
stuff,” she said, “like school stuff and friend issues.”

“Do you speak about your cutting?” I asked.

“No, not very often,” she replied, “but I know the doctor doesn’t want
me to do it. We’re trying to understand why I do it—you know, to figure out
what it means.”

I asked Sara if she felt a sense of relief from stress after she cuts. She re-
pied that she does feel better after she injures herself. “It calms me down.” I
asked her if she wants to stop cutting, and she assured me that she did.

“Why?” I asked.

She knows it’s unhealthy, Sara said, that it worries her parents, and that
she doesn’t want scars on her body. I told her that while these are very good
reasons to stop cutting, in my experience they rarely have been sufficient for
someone to stop. I asked her in more detail about the experience of being
emotionally overwhelmed. She described feeling “sort of crazy on the inside,
like I’m about to get out of control.” She let on that cutting had been the
only thing that had helped her calm down in these situations.

“How long does the relief last?” I inquired. “And what happens when the
relief is gone?”

“It depends,” she replied. “Sometimes it lasts a few days and sometimes
only a couple of minutes. Afterward I feel kind of guilty. I used to tell myself I
won’t ever do it again, but I don’t do that anymore. I know when I get into
that state I don’t have any control over myself.”

“So cutting really works at helping you manage powerful emotions. It is a
simple, relatively easy thing to do. Are you sure you want to stop?” I asked.
“Suppose I could convince your parents not to worry about the cutting and
reassure you that in the future cosmetic surgery will probably take care of the
scars? Would you still want to stop?”
A faint smile appeared on Sara’s face as she said, “No. In fact, I really don’t want to stop.”

Sara’s admission that she was not so sure she wanted to stop cutting clearly surprised her parents. It’s often the case, however, that adolescents who self-injure have come to realize how effectively the behavior helps them to soothe themselves. It’s not at all unusual for them to have mixed feelings about giving it up.

Sara’s story highlights two important themes. First, self-injury usually serves to help kids calm down from an intense emotional state. Second, sometimes even good therapists, the kind who really know how to relate to teenagers and are helpful in most situations, can miss the boat on self-injury. I’ll have a lot to say about both of these points in the opening chapters.

Your teenager may not look exactly like Sara. With almost one teenager in 10 having engaged at least once in what clinicians call “nonsuicidal self-injurious behavior,” it’s only natural that there would be a wide variation in the behavior and the kids involved with it. Not all teens who self-injure are girls; in fact, there’s some evidence that in the general teen population an equal percentage of boys and girls self-injure. In research samples of children who come to clinics, however, girls are much more likely to be in treatment for it. Therefore, I will usually refer to children who self-injure as females.

Kids have discovered a variety of ways to self-injure: with razors, scissors, pop-tops from cans, fingernails, bits of glass, and even broken CDs. For some adolescents it is a one- or two-time thing; others will do it many times. As I mentioned, deliberate self-harm often starts in early adolescence, but I have consulted with children who started self-harming as early as 10 years old. Without effective treatment the behavior can persist well into adulthood.

As you will come to see, deliberate self-harm is often a solution to how your child feels in the moment. It can become a stable way of managing painful emotions or a way to escape an awful feeling of numbness and emptiness. Interestingly enough, self-injury does not usually occur in the context of abusing substances, and frequently the adolescent does not feel pain at the moment of injury. Drugs and alcohol often serve a similar function, which might account for why they don’t often appear in concert with self-harm.

MARIE: “SOMETIMES I DON’T FEEL ANYTHING AT ALL”

Knowing that you’re not alone with this issue probably doesn’t make it any less worrisome, frightening, or confusing—especially if you can’t find effective treatment, as happened to Marie’s mother and father.
“It looks like you’re thrilled to be here,” I said to Marie in my office.
“I hate shrinks,” she replied.
Marie was an attractive young woman with purple hair and several face piercings. She was 17 years old, was date raped at 15, and has a long history of failed psychological treatments. She had had six inpatient admissions at local hospitals for cutting and two for overdosing on pills. She’d gone through seven therapists in the last 4 years. In addition, Marie had spent 9 months in one of the best long-term residential placements in the country. When she left there, she and her parents were quite hopeful about the progress she had made. She had stopped cutting and no longer felt that suicide was an option in her life. The gains she made when living away from home, however, disappeared upon her return. Clearly everybody was disappointed that Marie seemed to be right back where she started.

Her last therapist described her as “unwilling to get better” and as someone who appeared to like the role of patient. He referred her to me, but was clear that he felt she wasn’t ready to engage in therapy. It wasn’t too hard for me to imagine that Marie could be pretty stubborn. The therapist suggested that she cut to let people see how awful she felt about herself, and that self-injury had the added benefit of helping her receive attention from her friends.

“So why did you come today?” I continued.
With a scowl on her face she grumbled, “They made me.”
“And you do everything they tell you?” I asked innocently.
At this point Marie’s father interjected that if Marie doesn’t start to “get her act together,” he was going to send her back to the long-term residential placement where she had done so much better. While clearly he was fed up and at his wit’s end, it also seemed that he’d be willing to do whatever it took to help his kid. His statement was not so much a threat as an expression of his ongoing concern, perhaps an indication of how fearful he felt about his daughter’s future. Unfortunately, Marie heard it only as a threat and slumped deeper into her chair.

I asked Marie’s dad how he understood her problems. Without missing a beat he told me with certainty that her problem is that she keeps trying to get attention. He understood that the date rape may have been a factor in how she felt about herself, but if she just had a little more willpower about putting the past behind her, he said, she wouldn’t allow herself to suffer so much. Marie’s mother chimed in that her daughter has always been rather “dramatic” and overly sensitive, and while in some ways they are alike in that regard, she has done everything she could for her daughter and is running out of energy. She exclaimed that she has no idea what’s going on with her child and burst
into tears. Marie expressed her annoyance at having come to this “stupid” appointment and threatened to leave.

I asked Marie if she could stay for just a few more minutes, as I had a couple of questions to ask her. She reluctantly agreed to stay put for the moment.

I was relieved that Marie agreed to stay because there were some important questions that I needed to get answers to right up front. The first was about her experience of cutting and of overdosing. I wanted to determine if cutting and overdosing were similar or different ways of helping her cope. I told her that I was going to ask her a few questions that called for her opinion about herself, then I plunged in.

“When you cut yourself, is your goal to die?”

“No!” she replied without hesitation and with a hint of annoyance.

“I didn’t think so,” I responded.

“What about when you overdosed? Did you intend to die then?”

“Yes,” she mumbled. “I couldn’t stand it anymore.”

“So for you, cutting serves a different purpose than overdosing. Is that right? Cutting solves the problem of how you feel in the moment, and overdosing is about ending it all.”

“Yeah, that’s right.”

“Okay, Marie, just a few more questions. When you think about yourself compared to others, do you think you are more sensitive than most people?”

“Definitely,” she said.

“Do you think it takes longer for you to get over an emotional situation than other people? Do people tend to tell you things like ‘Get over it already, you’re stewing over something that happened days ago!’” The briefest of smiles and the beginning of some curiosity crossed her face as she responded, “Yes.”

“And finally, do you respond really quickly to emotional situations? That is, you know what you feel about something almost immediately, and if you can’t name the feeling you still know you feel something very strongly?”

“Totally, but sometimes I don’t feel anything at all. I just feel numb and empty,” she replied.

I asked her when she feels numb and empty if cutting makes her feel alive again. In other words, does it seem to bring her feelings back?

“Yes!” she replied.

The story about Marie highlights a couple of important points about self-injury in addition to what Sara’s story revealed. First, teenagers often have a different intention when they deliberately self-injure than when their intention is suicide. It is critical that a thorough suicide assessment be conducted by a mental health professional whenever self-injury is part of the picture. It is equally
important that self-injury not get mixed up as suicide because in some important ways each requires a different treatment approach.

The second point is the contention that self-injury is a deliberate attempt by the adolescent to get attention. In my experience this is one of the most frequent misconceptions about self-injury. Parents and therapists alike hold to this misunderstanding as they struggle to understand a very worrisome and perplexing behavior. I discuss both of these points in greater detail in Chapter 1.

WHY DO THEY DO IT?

If it’s not a cry for attention, then why do teenagers hurt themselves intentionally? The two most common reasons for self-injuring are (1) to control the extremely painful and frightening experience of overwhelming emotions, and/or (2) to escape from an awful feeling of being numb and empty. Unfortunately, it may not be easy to see that this is what’s going on with your son or daughter. A teen who goes straight to her room after school may not reveal the roiling emotion that’s tormenting her at the moment. And even if your teen has directly expressed the feeling of emptiness, you may not be able to tell exactly when she’s experiencing it. So you’re left confounded by the cutting or burning, feeling helpless and profoundly worried.

The paradox of self-injury is that what normally brings pain brings immediate emotional relief in these cases. The key concept in understanding self-injury for the vast majority of teens is that it is an emotional coping strategy. (There are adolescents who self-injure for other reasons, but they form a relatively small group.) Furthermore, as a short-term strategy to manage awful emotional experiences, it can be very effective. It’s certainly not an acceptable strategy, but understanding how it serves this function is a critically important first step.

When you—and your teen’s therapist—understand that your teen self-injures to get immediate relief from emotional pain or discomfort, you can start solving the problem. But without that understanding therapies may move in the wrong direction, leaving even the most competent therapist, the struggling adolescent, and the most dedicated parent feeling hopeless and frustrated. Professional help you’ve sought before may have led nowhere, and your own repeated pleas to your teen for an explanation of why she’s doing this horrible thing to herself can lead you right down the rabbit hole. My goal in this book is to keep you from falling into it.

Understanding your child’s worrisome behavior will help you in two im-
important ways. First, it will lessen your own anxiety. When we understand something, our fear and worry usually decrease. Don’t expect to become calm about your kid’s trouble, but odds are, once you understand it, you won’t panic as much. In addition, it will help you locate appropriate treatment and be better able to assess whether progress is being made.

WHAT YOU CAN DO

Like Sara and Marie, teenagers who self-injure often describe feeling as if they are losing their minds or spinning out of control. To the outside observer it sometimes seems that these kids are being overly dramatic, throwing a tantrum, or making an emotional mountain out of an inconsequential molehill. But being overwhelmed by emotions or not having his or her own emotions available to him or her can have an impact on every aspect of your adolescent’s life, from friendships to a sense of identity to what is sometimes described as “impulsive” behavior. Adolescents who cut, or who deliberately self-injure in other ways, lack the skills necessary to manage their feelings. Furthermore, their emotional systems are more highpowered than most people’s. They feel things very deeply. Even those who feel numb or empty have usually unconsciously flipped a switch to turn off the very intense feelings that tend to overtake them.

Self-injury is a way to regain emotional balance—it is a solution to the extremely disturbing emotional problem of feeling out of control—and it works. It’s critical that you understand that fact because it explains why your teen, like Sara, may not really want to stop the cutting. Why? It’s like aspirin.

What do you do when you get a headache? You take a pain reliever. What happens? Your headache goes away. How much time do you spend after the relief thinking about why you got a headache? Not much. It seems just human nature that when we solve a problem, we don’t spend too much time thinking about why it occurred. The same is true for self-injurers: once the problem (overwhelming emotion or devastating numbness) is solved, they go on with their lives. All too often they don’t devote any attention to understanding what set them off and/or developing the skill sets to solve the initial problem.

It is the purpose of this book to explain how your child can develop these skills and how you can reinforce them at home. The first section, “Understanding Self-Injury,” lays to rest several popular myths about why adolescents self-injure and introduces you to the facts about this worrisome practice, the factors that lead up to it, and the treatment that works best to help
your child overcome it. In the second section, “Helping Your Teen in Treatment and at Home,” I go into greater detail about how DBT works and how I conduct this therapy, offering concrete suggestions about what you can do to help your child and to avoid making the situation worse. I’ll also give you some pointers about how to remain relatively sane through the tough times. Taking care of yourself is a critical piece of the healing process. Finally, I’ll discuss figuring out how, and with whom, to share the problem.

DBT is not a “quick fix.” Many adolescents reduce or stop self-injuring in 3 to 6 months, but you will probably need to make a commitment of 1 year. Whether your child stops self-injuring altogether depends on other factors as well, such as his or her support system. As a type of cognitive-behavioral therapy, DBT does not require any special ability or insight. What it requires is recognizing the purpose the behavior has been serving and making a commitment to learning and practicing different ways of soothing a high-powered emotional system. Armed with knowledge and willingness, your child can learn to get past this very difficult time. And you can help. Reading this book is an important start.