

Breaking the Cycle of Self-Harm

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ESS partners with school districts to help them implement culturally inclusive mental health and behavioral support programs that improve care, strengthen outcomes, address trauma, and maintain students in their home district.

Housekeeping

- Break
- Using the Chat Box
- Please type specific questions in the Q&A and we will answer as many as we can at the end of the presentation.

What We Will Cover

- Overview of Trauma Invested Practices.
- Defining self-harm.
- Strategies and resources for families.

What are Trauma Invested Practices?

Defining Trauma

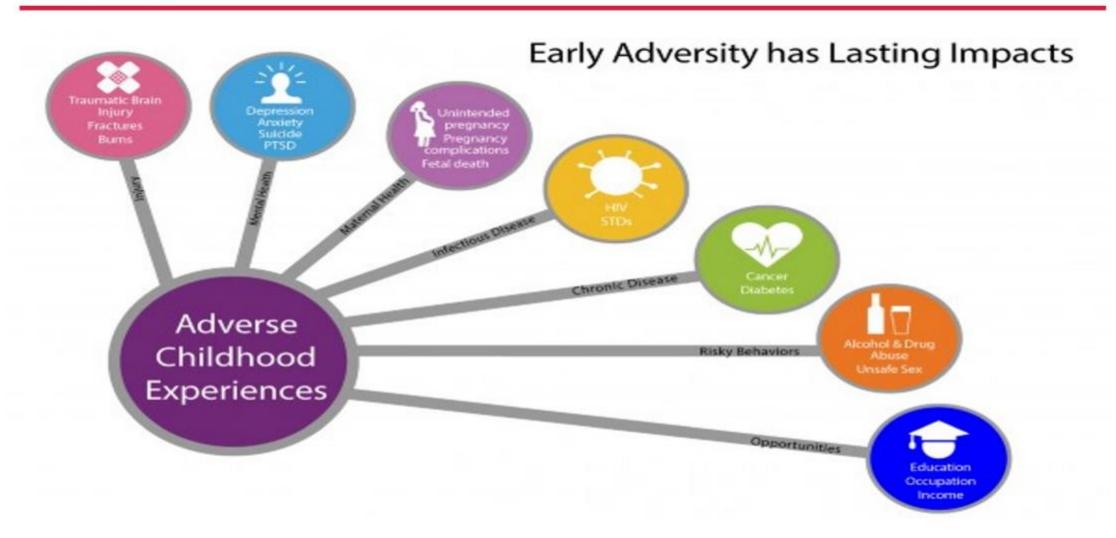
- Trauma is an exceptional experience in which powerful and dangerous events overwhelm a person's capacity to cope.
- Keep in mind the experience does not have to be life threatening to trigger a trauma response.



Adverse Childhead Experiencing Violence, abuse, or neglect

- Witnessing violence in the home or community
- Family member's attempt or death by suicide
- Substance use problems
- Mental health challenges
- Instability due to caregiver separation or household members in jail or prison

ACES



Traumatic Stress During COVD-19 Like adults, children are experiencing new or intensified stressors as a result of the

Like adults, children are experiencing new or intensified stressors as a result of the pandemic, that include:

- Isolation
- Loss of Routines (rituals)
- Separation from Friends and Family
- Substance Abuse (their own or Caregivers)
- Food insecurity
- Job loss (Caregiver)
- Bereavement: Loss of parent or loved one
- Extreme illness in the household
- Exposure to abuse
- Traumatic anniversaries

When stressors mount, they can often result in increased rates of anxiety, depression, frustration and anger.

Impact of Trauma

- Early childhood trauma affects every aspect of children's stress regulation. Trauma can attribute to a child's inability to find and sustain a comfortable level of arousal.
 - Low energy
 - Lack of motivation
 - Aggression
 - Defiance
- Fight, Flight, or Freeze:
 - Children who "fight" in stressful situations become hyper-aroused under stress. They may be defiant, noisy, and capable of prolonged acting out behavior.
 - Children who demonstrate "freeze" or "flee" behaviors downshift and zone out when their stress level becomes intolerable. They appear unmotivated, disinterested, and may even fall asleep.

Hand Model of the Brain



Trauma Invested Practices: The Foundation

Using the same language

+

Agreeing to common definitions

+

Cultivating a shared mindset

Providing a shared culture of safety where all can thrive

The Three Rs to Intervention

Relationship

 Just one safe, connected adult can help build resilience in a child

Responsibility

 Follow through on what you say or promise and express importance of following through even in difficult times

Regulation

 Emotional regulation strategies start in the body and move to the mind.

Whele for start? the School While we may be tempted to assume that we know what another needs, it is best to hear from them

- Encourage the development of the following socialemotional areas: self-awareness, self-management, responsible decision making, and relationship skills by asking the following questions.
 - What do you need?
 - Can you help me to understand?
 - How can I help?

directly.

Defining Self-Harm

What is self-harm?

 Self-injury is the act of deliberately harming body tissue (American Academy of Child and Adolescent Psychiatry 2019).

Top Misconceptions about Self-harm

- Only females self-injure
- Only teenagers self-injure
- Self-injury is a suicide attempt/failed suicide attempt
- Self-injury is just attention seeking
- Self-injury is untreatable
- People who self-injure are manipulative
- People who self-injure only cut

Why self-harm?

- Feelings of apathy
- Control
- Distraction
- Poor communication with caregiver
- Poor emotional regulation
- Poor social skills
- Peer pressure
- Trauma-related mental health conditions

How common is self-injury?

- Among secondary school and young adult populations, studies find 12% to 24% of young people have self-injured.
- Studies typically find that about 6%-8% of adolescents and young adults report current, chronic self-injury.

Type Effective School S

- Scratching
- Burning
- Carving words or symbols into the skin (very uncommon)
- Hitting or punching oneself (including banging one's head or other body parts against another surface)
- Piercing the skin with sharp objects such as hairpins
- Pulling out hair (on head or eyelashes/eyebrows)
- Picking at existing wounds

Indicate Self-Web School S

- Fresh cuts, burns, scratches, or bruises
- Wearing long sleeves or long pants, even in hot weather
- Difficulties with interpersonal relationships
- Inability to effectively communicate needs
- Inability to identify feelings
- Lack of connection to parents and other care givers.
- Avoidance
- Behavioral and emotional instability

Why Do People Self-Harm?

- Inability to regulate from heightened emotions
- Distract themselves from their negative feelings
- Feel something physical, due to apathy
- Develop a sense of control over their lives
- Self-hatred/Poor self-esteem
- Express emotions

Physical Effects of Self-Harm

- Permanent scars
- Uncontrolled bleeding
- Infection
- Poor emotional regulation
- Feelings of shame/low self-worth
- Accidental Death

Social Effects of Self-Harm

- Avoiding friends and loved ones
- Becoming ostracized from loved ones who may not understand
- Interpersonal difficulty from lying to others about injuries

Cycle of Self-Harm

Negative Emotions

(Sadness, anger, despair)

Negative Effects

(Shame and guilt over self-harm act)

Positive Effects

(Endorphins released, tension and feelings dispelled for short time)

Tension

(Inability to manage emotions, dissociation/detachment to cope with tension)

Self Harm Act

(Cutting, Burning)

Suicidal Ideation versus Self-Harm

Self-Harm

- Intent
- Method/Level of lethality and damage
- Frequency
- Level of psychological pain

Suicidal Ideation

- Intent
- Method
- Plan

5 Minute Break

Supportive Strategies

The Stages of Change Model

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance

Common Reactions in the Helpers

- Shock and denial
- Anger and Frustration
- Empathy sympathy and sadness
- Guilt

Things Caregivers Should AVOID

- Yelling
- Lectures
- Harsh punishments
- Invasion of privacy
- Ultimatums
- Threats

Things to Avoid

- Using language that may cause guilt or shame
 - "What did you do to yourself?" or "Why did you do that?"
- Acting shocked or appalled by their behavior
- Talking about self-injury in front of friends or with other relatives
- Trying to teach them what you think they should do
- Denial that your child is self-injuring as a way of coping
- Keeping your child from seeing friends
 - However, do monitor who they see.
- Self-blame for the child's behavior.

Helping Strategies

- Validate the child's feelings.
- Be a respectful listener before offering an opinion.
- Speak in calm, comfortable tone.
- Offer reassurance.

Helpful Questions to Ask

- How do you feel before self-injuring?
- How does self-injury make you feel better?
- What is it like for you to talk to me about hurting yourself?

Suggestions for Family Members

- Foster a protective home environment:
 - Model healthy ways of managing stress.
 - Keep lines of communication open.
 - Emphasize the importance of family time.
 - Expect your child to contribute to the family's chores and responsibilities.
 - Set limits and consistence with consequence.

Suggestions for Family Members

- Provide guidelines around social media.
- Do not take your child's self-injury tools away.
- 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.
- Practice your own self-care!

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

For Parents the Importance of Self-Care

by Mandy Purington & Janis Whitlock Learning that someone you love is self-injuring can be shocking and upsetting. And finding out is just the beginning – the road to recovery can be long and full of ups and downs. Of course, this process is often clearly stressful for your child, but it is important to acknowledge that this causes stress for you, too.

In our study of parents and children going through the recovery process, we have learned that parents spend a lot of time, energy, and resources helping their child; however, they tend to neglect putting additional supports in place for themselves. It is very important to establish support systems for yourself in this time. Times like these are when professional help and support are particularly useful and benefit everyone you live with and love. In addition to helping you manage your own health and wellbeing, it is an opportunity to model healthy coping for your child, too.

Resources

- http://www.selfinjury.bctr.cornell.edu
- Healing Self-Injury: https://www.audible.com/pd/Healing-Self-Injury-Audiobook/151593358X
- SAMHSA Disaster Distress Helpline at 1-800-985-5990 or text TalkWithUS to 66746
- The Crisis Text Line by texting TALK to 741741
- National Suicide Prevention Lifeline at 1-800-273-TALK
- Make a list of your own local resources (Hot lines, Warm lines, Crisis Response)





Questions?

Please enter your email in the chat to receive a Participant Handout!





Effective School Solutions

Thank You!