

***PATHWAYS TO SOLUTIONS WITH SELF-HARMING
ADOLESCENTS: A COLLABORATIVE, STRENGTHS-BASED
THERAPY APPROACH***

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**KEY AGGRAVATING FACTORS THAT FUEL
ADOLESCENT SELF-HARMING
BEHAVIOR TODAY**

THE TIPPING POINT

FITTING IN

GROWING UP TOO FAST

THE SEDUCTION OF QUICK FIX SOLUTIONS

**EMOTIONAL DISCONNECTION AND
INVALIDATION**

MOST COMMON REASONS WHY TEENS SAY THEY SELF-HARM

“It’s like a friend”

Tension release

To quickly alleviate emotional distress

To feel alive inside

To have control

To feel numb

“To get a rush”

Feel empty

Vent anger

To feel connected to friends

To re-associate

“To stop bad thoughts”

Scars represent that battles have been won

“The warm blood dripping down my arms calms me”

Self-punishment

Purge out bad feelings

To control or hurt others

ADOLESCENT SELF-HARMING STATISTICS

BY GENDER:

70% Females

30% Males

MOST COMMON METHODS:

Cutting & Scratching = 75%

Burning = 35%

Picking at Scabs/Preventing Healing = 25%

Self-Inflicted Tattoos/Piercing = 15%

Biting Oneself = 10%

Hair-pulling = 5%

Hitting Oneself = 2%

Bone-Breaking = 2%

ONCE THE DECISION IS MADE TO SELF-HARM:

Always Done = 30%

Almost Always = 50%

Sometimes = 20%

FEELING AFTER SELF-HARMING:

Immediately = 70% Feel Better

21% Feel Worse

9% No Change

Few Hours Later = 30% Feel Better

47% Feel Worse

23% No Change

Few Days Later = 18% Feel Better

50% Feel Worse

32% No Change

SELF-HARMING ADOLESCENTS AS EXPERT CONSULTANTS PROJECT

What role do parents play in why kids self-harm?

- **“Guilt trips!”**
- **“Made to feel like causing everyone pain.”**
- **“Always comparing you to your sisters and brothers.”**
- **“Too overprotective!”**
- **“Telling you that you are fat.”**
- **“Yelling at you all of the time.”**
- **“Not listening to you.”**
- **“Always blaming you.”**

Once parents discover that their kids are self-harming, what should they do that could be most helpful?

- **“Make them selves available with support.”**
- **“Try not to get angry when you self-injure.”**
- **“Listen to you when you are talking...don’t change the subject when you are trying to talk to them.”**
- **“Learn how to listen and don’t say anything back.”**
- **“Try to gain understanding why we cut.”**
- **“Don’t punish your kid for cutting herself.”**
- **“Be mellow and cool like a friend.”**
- **“Be caring and put forth the effort to be there.”**

What advice would you have for therapists about what they should do in their work with self-harming kids?

- **“Always need to hear about the good things that happened.”**
- **“Making kids aware of the tools built into them.”**
- **“Teach the value of family...it’s important to spend time**

together.”

- “Have a regular conversation...relaxed, not serious, not like counseling.”
- “The use of art was really relaxing...sometimes it’s just easier to draw out your feelings and thoughts, then to put words on them.”
- “Visualizing...it often calms me to visualize things that I find peace in. I visualize myself in a beautiful garden.”
- “When you have a slip, correctly determined what led to it...look at the progress that has been made.”
- “Broaden the picture for you...knowing that things will be okay.”
- “Accept what I offer... even if I don’t know.”
- “Chilling in the chilling out room!”

What kinds of things did former therapists and treatment program staff do with you that made you upset and/or made your situation worse?

- “Being lectured at!”
- “Always siding up with my parents and that makes me mad!”
- “After a relapse, don’t overemphasize it. “This is really awful you have gone back to the beginning.”
- “Don’t ask me that fucking question: “Tell me how you you feel about that?”
- “Too many questions...interrogating me!”

KEY ASSESSMENT QUESTIONS TO ASK SELF-HARMING ADOLESCENTS

- **Where did you learn how to cut/burn yourself?**
- **How long have you been cutting/burning yourself for?**
- **Where on your body do you typically cut/burn yourself?**
- **What does the cutting/burning mean to you?**
- **In what ways does it help you?**
- **Do you ever experience any particular thoughts, feelings, or bodily sensations that trigger you to cut/burn yourself?**
- **What are other triggers for you?**
- **What effect does your cutting/burning have on your relationships with your parents and siblings?**
- **If you could put a voice to your cutting, burning, or most meaningful scars, what would it say about you as a person or your situation?**
- **When you overcome the urge to cut/burn yourself, what do you tell yourself or do that works?**
- **What are the major obstacles that get in the way of your doing more of what helps you not cave into cutting/burning yourself?**

MULTIPLE INTELLIGENCES

LINGUISTIC

LOGICAL/MATHEMATICAL

MUSICAL

BODILY-KINESTHETIC

VISUAL-SPATIAL

INTERPERSONAL

INTRAPERSONAL

NATURAL

EXISTENTIAL

SPIRITUAL

MULTISYSTEMIC FAMILY ASSESSMENT FRAMEWORK

ADOLESCENT LEVEL:

- **Mood management and cognitive functioning**
- **Assess eating and body image issues**
- **Connectedness vs. disconnectedness to parents, siblings, and other significant adults**
- **Assess for self-generated pre-treatment changes**
- **Assess major concerns, treatment expectations, best hopes, main goal now**
- **Assess past treatment experiences (what worked & what didn't work)**
- **Attempted solutions (past & present successes + unsuccessful problem-solving efforts)**
- **Key resiliency protective factors**
- **Assess for any significant health conditions or on medication(s)**
- **Drinking and drug history**
- **Current stage of readiness for change**
- **Personal theory of change**
- **Assess key strengths/intelligence areas and meaningful flow state activities**
- **Assess triggers for self-harming (people, places, situations, music, objects)**

FAMILY LEVEL:

- **Parents' attempted solutions, including past treatment experiences**
- **Major concerns and treatment expectations**
- **Identify those patterns of interaction and beliefs that contribute to the problem life support system**
- **Assess if family members have experienced any significant losses in the recent past or serious illnesses**
- **Assess quality of parents' marital or post-divorce relationship**
- **Identify the family's pre-treatment changes and key solution-building family interactions**
- **Stages of readiness for change of each family member**

- **Theories of change of family members**
- **Assess key strengths/intelligence areas of family members**

PEER LEVEL:

- **Social competence skills**
- **Peer acceptance and rejection issues**
- **Parental and school concerns**
- **Peer concerns about the adolescent**

LARGER SYSTEMS LEVEL:

- **Identify key larger systems professionals involved, explore with them their stories of involvement, their most pressing concerns, their expectations, and best hopes for the adolescent, family, and the therapist**
- **Assess and involve key resource people from the adolescent and parents' social networks (concerned extended family members, friends of the family, and the adolescent's adult inspirational others)**

**A COLLABORATIVE, STRENGTHS-BASED
FAMILY THERAPY APPROACH**

INTEGRATIVE

THERAPEUTIC FLEXIBILITY

MULTISYSTEMIC

RESEARCH-INFORMED

SENSITIVE TO GENDER & CULTURAL ISSUES

HONORS THE ADOLESCENT'S VOICE

**THERAPIST SERVES AS THE CATALYST FOR
CONNECTION-BUILDING ACROSS MULTIPLE
SOCIAL CONTEXTS**

**THE MIND AS ALLY: THE POWER OF
MINDFULNESS MEDITATION AND
VISUALIZATION STRATEGIES**

THE MANTRA

SOUND MEDITATION

FOOD MEDITATION

CANDLE MEDITATION

VISUALIZING MOVIES OF SUCCESS

IMAGINARY CRYSTAL BALL

CENTERING STONE VISUALIZATION

OTHER DISTRESS MANAGEMENT TECHNIQUES

THE CHILLING OUT ROOM

CHANGING SENSATIONS BY PAMPERING ONESELF

DISPUTATION SKILLS

IMMERSE ONESELF IN FLOW STATE ACTIVITIES

USE OR CREATE A SELF-TALK TAPE

RANDOM ACTS OF KINDNESS

REVIEW MY TRIGGER LOG

**CONTACT A BEST FRIEND OR ADULT
INSPIRATIONAL OTHER**

FINDING PEACE OUT IN NATURE

GUIDELINES FOR HOW PARENTS CAN HELP PREVENT AND CONSTRUCTIVELY MANAGE THEIR ADOLESCENTS' SELF-HARMING EPISODES

PREVENTION STRATEGIES:

- 1. Parents need to create a home environment that is inviting, nurturing, and their adolescents know that they are available for emotional connection and support.**
- 2. Parents need to set limits and consistently enforce their consequences when their adolescents violate rules or get into trouble. However, we should have them experiment with the use of positive consequences—i.e, working in a soup kitchen or doing some other good deed in the community as their consequence.**
- 3. Parents need to model responsible use of nicotine, alcohol, and prescription medications.**
- 4. Parents need to be educated on how self-harming behavior differs from suicidal behavior.**
- 5. Parents need to understand that self-harming behavior can be complex and has been of benefit to their adolescents in helping them get quick relief from emotional distress and as a way to sooth themselves.**
- 6. Parents need to learn what their adolescents' triggers are for self-harming. The parents need to be educated on the specific therapeutic tools their adolescents are being taught and encourage them to practice using them**

at home and at school. Parents can practice using these tools with their adolescents, such as: meditating together, using disputation skills to combat self-defeating thoughts, and visualization strategies.

- 7. Parents need to closely monitor and provide limits on their adolescents' screen usage and the websites they are visiting. Immediate consequences should be delivered when their adolescents' visit forbidden websites that glorify and encourage self-harming and other self-destructive behaviors.**
- 8. Parents should reward their adolescents with praise and special privileges for staying on track with not having slips and for exhibiting better choice-making and responsible behavior in other areas of their lives. A short-term reward could consist of the adolescent being taken to his/her favorite restaurant. It is important to educate parents that slips are normal, inevitable, and go with the territory of change.**
- 9. Parents should avoid over-scheduling their adolescents in way too many extra-curricular activities and putting too much pressure on them regarding academic achievement and lofty performance expectations for them in concerts, theater, and athletics.**
- 10. Parents should solicit regular feedback from their adolescents on how well they are doing in the parenting department and welcome any advice or suggestions they may have for improving their relationships with them.**

CONSTRUCTIVE PARENTAL MANAGEMENT STRATEGIES:

- 1. Following a self-harming episode, parents should avoid at all costs responding with disgust, anger, hysteria, further overwhelming them with their anxiety, or threatening their adolescent with severe consequences like institutionalizing him/her. Instead, they should try and gain a better understanding of the trigger(s) for their adolescent's self-harming episode and provide support.**

- 2. Parents can ask their adolescents the following questions to gain a better understanding of why they are self-harming and what they can do differently to reduce the likelihood of future slips and prevent prolonged relapsing situations:**
 - **“How long have you been cutting?”**
 - **“How often do you cut?”**
 - **“Where on your body do you cut?”**
 - **“In what ways has it been helpful to you?”**
 - **“Have you tried to stop?”**
 - **“What happened when you tried to stop?”**
 - **“How can we best provide support or comfort to you right now?”**
 - **“Is there something going on right now in your life that's really stressing you out that you would really like help with?”**
 - **“Is there anything that we are doing that gets in the way of you opening up to us about these things?”**
 - **“Is there anything missing in our relationship with you that if it were present, would make a difference?”**
 - **“You know you tend to get triggered by Wendy when you respond to her e-mails. How about doing that sound meditation that you like?”**

**FAMILY CONNECTION-BUILDING
RITUALS AND SOLUTION-ORIENTED
EXPERIMENTS**

THE IMAGINARY TIME MACHINE

INVISIBLE FAMILY INVENTIONS

THE IMAGINARY FEELINGS X-RAY MACHINE

ADOLESCENTS MENTORING THEIR PARENTS

**FAMOUS GUEST CONSULTANTS FAMILY
EXPERIMENT**

MY FAMILY STORY MURAL

MY EXTRAORDINARY NEWSPAPER HEADLINE

THE COMPLIMENT BOX

THE GRATITUDE LETTER AND VISIT

SUPER SLEUTH OBSERVATION EXPERIMENTS

THE SECRET SURPRISE

DO SOMETHING DIFFERENT

PRETEND THE MIRACLE HAPPENED

THE QUESTION BOX

PEERS AS RESOURCES IN FAMILY THERAPY

**ASSIST WITH THE RE-BUILDING OF TRUST BETWEEN
THE ADOLESCENT AND HIS/HER PARENTS**

**PEERS PROVIDE “NEWSWORTHY” INFORMATION
REGARDING THE CLIENT’S IMPROVEMENT IN
MULTIPLE SOCIAL CONTEXTS OUTSIDE THE HOME**

**PEERS CAN SERVE AS GUEST CONSULTANTS IN
FAMILY THERAPY SESSIONS OFFERING FRESH
AND CREATIVE IDEAS**

PEERS CAN SRRVE AS A REFLECTING TEAM

**PEERS CAN PARTICIPATE IN AND SHARE THEIR
EXPERTISE IN FAMILY-MULTIPLE HELPER
COLLABORATIVE MEETINGS**

**PEERS CAN PAIR UP WITH THE CLIENT’S ADULT
INSPIRATIONAL OTHERS AND SERVE AS
A SUPPORT SYSTEM**

**PEERS CAN AID IN HELPING THE CLIENT STAY ON
TRACK AND REDUCE THE LIKELIHOOD FOR SLIPS**

**COLLABORATIVE TOOLS AND STRATEGIES
WITH HELPING ALLIES FROM
LARGER SYSTEMS**

ADOPT A “DON’T KNOW MIND”

ENCOURAGE EVERYONE TO CONTRIBUTE

HONOR EACH HELPER’S COMMITMENTS

EMPLOY SUSPENSION

**CRITICALLY EXAMINE YOUR ASSUMPTIONS AND
EMOTIONAL REACTIONS TO HELPERS’
IDEAS AND CONCERNS**

USE CURIOSITY

USE MULTIPARTIALITY

**LISTEN TOGETHER FOR PATTERNS, INSIGHTS, AND
DEEPER QUESTIONS**

PRESENT YOUR IDEAS IN A TENTATIVE WAY

**CROSS-FERTILIZE AND CONNECT
DIVERSE VIEWPOINTS**

**MAKE ROOM FOR CELEBRATING WHAT WE HAVE
APPRECIATED IN OUR WORK TOGETHER**

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