

A photograph of a woman with short blonde hair, wearing a white button-down shirt, looking on with a concerned expression. She is holding the arm of a young woman with blonde hair tied in a ponytail. The young woman is looking down, resting her head on her hand, appearing distressed or sad. The background is a bright, out-of-focus window with white blinds.

# Non-Suicidal Self Injury Intervention Strategies

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A growing number of adolescents and young adults are engaging in acts of non-suicidal self injury in order to cope with various aspects of their lives. While cutting, burning and other common forms of self harm do not remove the undesirable stimuli from their lives, these actions do effectively, in some individuals, produce a feeling of control, temporary euphoria and deserved punishment.

Even for the most experienced and skilled social workers and counselors, non-suicidal self injury (NSSI) clients present difficult and exhausting cases. For a portion of this growing population, disengaging from a pattern of self harm may prove to be relatively easy to do with the right type of therapy. For others, however, the behavior is more deeply ingrained and is more difficult to stop. The various emotions of frustration, anger, fear and resentment are present in both the client and family members involved. The implementation of proven intervention strategies is essential in the discontinuation of NSSI behaviors, particularly in adolescents and young adults.

### **Types of Intervention Strategy in the Treatment of NSSI**

In order to effectively treat clients presenting with NSSI and related behaviors, it is imperative that the proper approach be taken from the beginning of the case. The way that NSSI cases are addressed is inherently different than any other emotional or cognitive method of therapy. Social workers and counselors alike are strongly encouraged to assess the client

from various angles before deciding on a particular treatment method.

Though much more research is warranted in the field of NSSI treatment, the following methods have been shown to be effective at reducing self injury behaviors and the thought processes that elicit them.

### **Establishment of an Alliance with the Caseworker**

In a case in which a client engages in any type of self harm, the counselor needs first to understand the full background behind the behavior and to forge a genuine therapeutic alliance with the patient. Building this strong foundation of mutual trust is critical in the assessment and treatment of patients who utilize NSSI to cope with their emotions.

In the face of NSSI reality, which may include deep cuts, scratches, burns and bruises, many counselors find that they become emotionally detached from their patients in order to distance themselves from the unpleasantness before them. The opposite reaction is strongly preferred, particularly when working with adolescents. As a result of their NSSI behaviors and actions, many teens are faced with public ridicule, especially from their peers and authority figures. Rather than expose them to further embarrassment by admonishing or shaming the behavior, counselors must show authentic caring, compassion and understanding.

These direly needed emotions of acceptance are scarce in the life of someone suffering from NSSI compulsions and are met with a variety of reactions. Some clients are happily surprised but will hide this feeling behind a mask of resentment or misunderstanding. This is why the strong alliance between patient and counselor is so fundamental to success.

In order to move forward with any type of treatment plan, patients must feel accepted and understood by the professionals who are attempting to help them. To begin, the caseworker should realize that the majority of self injury patients desperately crave the ability to speak and be heard by someone who will not make them feel negatively judged. Based on clinical experience, therapeutic methods include exhibiting genuine empathy, respecting any and all differences in culture and maintaining visibly positive assumptions concerning the patient's potential.

Another imperative method in addressing the NSSI behavior involves the benefits of respectful curiosity. Caseworkers are encouraged to dedicate a substantial amount of time and energy toward focusing on the patient's thoughts, beliefs and perspectives regarding their behaviors.

As the case moves on, sometimes over the period of weeks, months or years, the client learns that the office of his or her caseworker is a safe place to open up completely and knows that an established sense of trust resides there.

## **Determination of Thought Process and Reasoning Behind NSSI Behavior**

While some NSSI patients may feel comfortable about opening up and expressing the thoughts and reasons that lead to their self harm, others may not be so forthcoming with these vital details. In fact, it has been seen in numerous cases that many patients are not even aware of the reason that they cut, burn or scratch themselves so violently, only that such behavior inevitably leads to some sort of release.

Social workers and counselors are, therefore, encouraged to help these patients identify the reason themselves, thus adding to their suffering sense of self-awareness. Common reasons for self injury include the following:

- Self-punishment, often linked to eating disorders or high levels of stress concerning success
- Distraction from problems with family, friends, money or school
- Communication of pent up emotions
- Development of a feeling of self-control
- Eliciting the adrenaline response to intense and sudden pain, thereby causing euphoric feelings

In order to determine the underlying cause of NSSI behaviors, the person counseling the patient should pose focused questions concerning trigger factors that surround the self injury event. Asking questions about environment and occurrences before, during and after the act of self harm will allow the client to formulate a pattern. This pattern can then be used to develop a plan of action to avoid future episodes.

### **Address Thought Processes and Beliefs Directly**

When a client engaging in NSSI fills his mind with negative self-talk constantly, the mind becomes a dangerous enemy, dividing the patient against himself. A suffering sense of individuality and self-confidence leads to feelings of bitterness and inadequacy, all of which are commonly cited attributes in NSSI cases.

At the appropriate time, caseworkers should begin challenging these negative beliefs, encouraging improved self-image, self-respect and self-understanding, all supported by a stronger sense of self-confidence. Positive self-talk exercises are incredibly effective, though many clients are notably hesitant to engage in anything that requires that they think well of themselves. In these cases, it is important to establish a daily routine of positive self-talk. Encourage the patient to realize his own worth through his eyes as well as through the eyes of important figures in life.

### **Address the Harmful Behavior Itself**

Owning up to the fact that a patient is engaging in maladaptive coping behaviors is often difficult, especially when the self harm acts are hurting others emotionally. Many patients refuse to admit that what they are doing is truly harmful. Addressing these behaviors teaches the patient that, while certain life situations may be out of the realm of control, it is possible to positively alter the manner in which the resulting stress is handled. It is often helpful to cooperatively develop a list of less destructive actions that can be used instead of the NSSI behavior in a triggering situation.

Alternative, less destructive behaviors may decrease the frequency with which the patient engages in self harm. Some such behaviors that have been proven effective include the following:

- Artistic expression, such as painting, singing, drawing or molding clay
- Physical exercise, particularly running and martial arts
- Dancing and aerobics
- Keeping a journal and self-monitoring
- Tearing paper or cardboard

In addition to encouraging these behaviors, NSSI experts suggest having the client remove all self harm tools permanently so as to decrease temptation in a stressful situation.

### **Education and Enrichment of the Support System**

In order to ensure lasting success with NSSI patients, it is imperative that their families and friends understand the condition fully and that they offer their unconditional support. Counselors and social workers are adept at managing an entire family at once, and this skill shows itself to be of great value when working with the support system of a patient with NSSI tendencies.

Educate the family in the various ways of positively reinforcing good behaviors and respectfully discouraging self harm. Parents and siblings who live with the client should attempt to gently push the patient toward a more positive self-image without becoming overbearing, as this can result in further

depression, anxiety and self injury. Confidence-building exercises, aimed at reminding the patient that self harm is not an acceptable coping mechanism, are also recommended.

### **Conclusion**

The process of managing and treating NSSI behaviors is undeniably painful and often confusing for both the sufferer and the caseworker. The information included here is meant to assist social workers in the process of understanding and addressing the various forms of non-suicidal self injury through proven intervention methods. In order to provide informed, quality care, counselors must remember that every case is, indeed, different, but that these techniques have been shown to be effective in a broad range of NSSI cases. The above methods are also useful in determining whether or not a referral to a psychiatric specialist is warranted for further treatment of particularly dangerous and harmful NSSI cases.

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