

Westland Middle School

## Self Injury Presentation

Joan Goodman, LCSW-C, BCD

[www.adolescentselfinjuryfoundation.com](http://www.adolescentselfinjuryfoundation.com)

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### MS. GOODMAN'S BACKGROUND:

Adolescent Self Injury Foundation (ASIF) was founded in 2009 by Licensed Clinical Social Worker Joan Goodman. During her 35 year career, Joan has worked with almost 600 self-injurious adolescents and young adults and their parents. Since 1996, Joan has been a pioneer in the research of understanding adolescent self injury. In October 2013, Joan was invited to participate as an expert panel member on suicide and non-suicidal self injury (NSSI) by the Population Mental Health Group of the Melbourne School of Population, the Global Health at the University of Melbourne and the Mental Health First Aid Australia to assist in the re-development of mental health first aid guidelines for members of the public in Australia. She has been called upon to serve as an expert witness for the Maryland State Attorney's Office, trained counselors, teachers, nurses and administrators of private schools and the Montgomery County Public School system, and has been the keynote speaker for professional and lay audiences. Joan specializes in the treatment of adolescent self-injury, depression and suicide, eating disorders, dual diagnosis, effective parenting, and group therapy.

Joan obtained her bachelor's degree in psychology from the George Washington University in 1976, and her Master's in Social Work from the Catholic University of America in 1979. Licensed in both Maryland and the District of Columbia, she has received extensive postgraduate training in the Advanced Studies Program from Georgetown University Medical Center from 1995-2002. Joan is a member of the Academy of Certified Social Workers, and is a designated Diplomate in Clinical Social Work, the highest level of recognition available through professional societies. In 2005, Joan joined a panel of experts at USA Today as well as provided training to the Montgomery County Fatality Committee on adolescent depression and suicide. Joan is a graduate of Leadership Montgomery Class of 1996, and was the Chairperson for the Montgomery County Youth Workers Training Committee for 17 years. She currently serves on the Board of Directors of the nonprofit foundation Foods4Thought. She has been interviewed for the Washington Post, the Bethesda Magazine, the Gazette newspapers, and has been featured on television news and radio shows throughout the East Coast. Today, Joan maintains a private practice as an adolescent specialist in Rockville, MD.

### PRESENTATION:

Spring is the most difficult season for teens. Ms. Goodman used to find that a challenging time for adolescents was Spring Break to the end of the school year, but now it seems to have shifted from Valentine's Day through the end of the school year.

In 1996, Ms. Goodman saw her first case of self injury. She had no understanding of it, and it did not make sense to her. There were very few resources available in the library to her.

Where do you start with an adolescent who self injures? Telling them to stop doesn't work. Kids feel like they are alone. They compare how they feel inside to how others look on the outside. They feel alienated and alone, so many of them turn to the internet.

Ms. Goodman stated that the biggest goal and mission of her foundation is to generate a positive message of **HOPE and RECOVERY**.

Teens carry around a tremendous amount of guilt and shame. These injuries are done alone and in private. Pressures are on-going in Montgomery County, not only to perform and excel, but also to develop their own personality and mind. Teens are figuring out “how am I like my family, and how am I different?” Middle School is a time for this question and a time for teens to find themselves. Kids at this age can have less tolerance for those that are different than them.

**Is self injury addiction?** Yes. It’s an endorphin release, like exercise. It’s like popping a balloon. It is not contagious. Kids might try it but not everyone who tries it makes it their own.

**Who does it?** Historically, it has been more prevalent in females than males, however the statistics are changing. Boys are starting to self injure as much as girls.

Ms. Goodman shared self-portraits some of her patients have made. These self-portraits show low self-esteem. They feel unprepared for life’s challenges. They feel empty and alone.

#### **Common forms of self injury:**

- Scratching/pinching
- Cutting
- Carving into skin
- Burning/scalding
- Biting
- Scab picking
- Ripping/tearing skin
- Head banging
- Hair pulling (trichotillomania)
- Bruising
- Hitting self
- Choking self
- Breaking bones
- Ingesting of toxic substances
- Placing objects under the skin (embedding)

#### **Where do teens self injure?**

- Arms
- Wrists
- Hands
- Hips
- Upper thighs
- Stomach
- Breasts
- Legs/ankles

#### **Common Warning Signs:**

- Wearing a lot of bracelets/wrist bands, hand warmers
- Wearing long sleeves, even when it is warm outside
- Accident prone (“my cat scratched me”, “I was climbing a fence”...)
- Carrying sharp objects in phone or purse
- Having sharp objects in their bedroom
- Pulling back when someone touches them (because it hurts)
- Bloody tissues in the bedroom or bathroom
- Teen has semi-colon (;) drawn on their wrist

**Semicolon Project:** You are the author and the sentence is your life.

**Disassociation:** the teen can be in a trance like state. They are there but not there. Self injury can put someone into this state or possibly pull them out of this state.

### **Functions of self injury:**

- Self-medication
- Dysfunctional coping mechanism (it will take someone away from what they are upset about)
- Emotional regulation (return to homeostasis)
- Self-soothing
- Gives them a feeling of control when life feels out of control
- It's a distraction
- Communicates difficulty
- Turns passive into active – doing something with the pain and allows to focus on the healing
- Proves to self that teen is alive, not dead
- Every scar tells a story
- Marks a situation in their life
- Provides teen with an identity – “I am a cutter”
- To nurture self, or seek nurturing from someone else
- Disassociation – trance like state
- Punishment
- Escape from difficult feelings
- Teen proves to self and to world that his/her pain is real
- Reaction to boredom (ie. depression)
- Releases internal pressure
- Something to “be good at”
- Gives a reason for their sadness
- Proves to teen they are strong
- Internally feels broken

**SI teen's explanation:** “Physical pain is better than emotional pain”

### **Is SI an attempt of suicide?**

- Most times it's the opposite of suicide. But you can never assume that the teen is not suicidal.
- Self injury is usually a way for a teen to stay alive and not die
- Self injury can be a sense of “flirting with suicide”
- Suicide risk is 30 to 130 times higher, compared to the general population, within 1 year after an emergency room visit for self harm

### **Highest risk populations teens:**

- Being bullied
- Adopted teens (good book: Beneath the Mast: By John Meeks/Debbie Riley)
- Gay/lesbian/transgendered teens
- Teens who are perfectionists, overscheduled, high achievers – always doing “something”
- Teens unable to “self-soothe” when upset
- Feeling that it's not okay to have problems – it is not okay to not be okay

### **Triggers:**

- See handout

**Comorbidity:**

- Self injury co-exists with eating disorders, anxiety disorders, depression, bipolar, OCD, drug/alcohol abuse
- Happy kids do not self injure
- Teens who self injure have a higher risk of mental health issues later in life

**Do's for parents:**

- See handout
- Every feeling you are having is what your child is having. It is important to keep in mind, kids are (for different reasons) not reaching out for help. Tend to cope with problems on their own. These teens may help others, but won't go to a parent for help.

**"Getting work done"**

- Teens who self injure don't know how they feel. Therapy helps them to identify feelings without judgment.
- Parents must learn to mirror their kids. "Are you angry? You sound angry. How are you feeling?" Parents need to validate their children's emotions. If the teen could "snap out of it" they would have. They do not know how to. They need to be taught how to talk about feelings.
- Focus on their strengths: support the full treatment plan. Medical and medication evaluation with a psychologist as the professional.

**Don'ts for parents:**

- See handout
- Teens are very literal: if you don't ask specific questions, he/she will not tell you. "Have you ever in your whole life hurt yourself on purpose?"
- Ask broad, open ended questions: "What happened? Can you tell me about it?"

**Teen SI is very treatable:**

- These teens are crying out for help
- These teens are ripe for treatment
- They want someone to hear their pain and help them despite saying they don't want help
- They DO get better
- Use the team approach: teen, parent, school, therapist, psychologist, psychiatrist, individual/group therapy

Ms. Goodman shared her contact information with those who attended the presentation:

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JOAN GOODMAN IS A VALUABLE RESOURCE ON THE TOPIC OF SELF INJURY. WE ARE SO GRATEFUL THAT SHE TOOK TIME OUT OF HER BUSY SCHEDULE TO PRESENT TO OUR WESTLAND COMMUNITY.  
THANK YOU MS. GOODMAN, ON BEHALF OF THE WESTLAND COMMUNITY!