California Center of Excellence for Trauma Informed Care
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Self-Injury

A compendium of trauma informed interventions for people who self injure

Making Pain Visible

Self-injury can be understood as a coping mechanism to deal with less visible forms of pain. There are many reasons why a person may turn to self-inflicted violence. Finding the purpose behind the self-injury is the avenue to finding safer alternatives to the self-injuring behaviors for both the person struggling and the person helping. Only the person who is self injuring can determine the motivations and meaning behind their own behavior. Since the reasons are myriad and people may use several forms of self-injury for different purposes, listening to the person discuss self-harm becomes the way to discover what the self-injuring actions may mean to that person.

Below are some of the reasons why a person might self injure:

- To end a dissociative response
- To distract from overwhelming emotion
- To express self-hatred through punishment
- To reconnect with the reality of being alive today
- To show the pain or to make the pain visible to self and others
- To release endorphins for immediate (if temporary) relief
- To displace emotional pain from the psyche to the body
- To manage psychiatric symptoms (e.g., voices)

Trauma: A large body of evidence

Trauma survivors are more likely than people without a trauma history to turn to self-injury to manage negative emotional states. A peer support consumer/survivor remarked that, during her 20 years of work, every single person engaging in self-injury had a history of trauma. In 2013, the American Psychiatric Association added "reckless or self-destructive behavior" as a new PTSD diagnostic symptom under the "alterations in arousal and reactivity" category due to the significant role of self-harming behaviors within PTSD's symptomology (American Psychiatric Association, 2013).

In the academic literature, a clear association between child maltreatment—especially child sexual abuse—and self-injuring has long been established. A large body of evidence clearly shows that trauma exposure and—even more predictability—ongoing PTSD symptoms increase the risk of engaging in a wide variety of self-harming behaviors. Trauma exposure severity is shown to increase the severity of both self-harming behaviors and mental health symptoms. Research demonstrates that when someone is engaging in one unsafe behavior, they are highly likely to engage in other self-harming behaviors. These overlapping layers result in a detrimental dynamic that cumulatively burdens the person who, left to struggle on their own, is at risk of more self-harm. (Lusk, Sadeh, Wolf, & Miller, 2017; Tull, Weiss, & McDermott, 2016; Weiss, Tull, Sullivan, Dixon-Gordon, & Gratz, 2015; Contractor, Weiss, Dolan, & Mota, 2020; Contractor & Weiss, 2019; see References).

Self-Harm: A range of unsafe behaviors

It is useful to consider self-injury or self-inflicted violence to be one category among many types of self-harming behaviors that people might engage in. A broader understanding of self-harm encompasses the many forms of substance abuse, unsafe relationships and sex, running away, isolating, disordered eating and dropping out of school as well as physically self-injuring actions such as cutting, picking, burning and hair plucking.

Self-Harm Intensity Scale

Self-harm includes a range of behaviors that can be placed on an intensity scale.

Highest: Self-annihilation
- suicide, unsafe sex, terminating essential treatment, drunk driving, unlimited substance use

High: Self-injury
- cutting, burning, fist fighting, head banging

Lower: Self-defeating
- isolating, anger, rejection of help, no seat belt on

No Harm: Seldom, slight or silly
- very few, only occasional or low risk behaviors

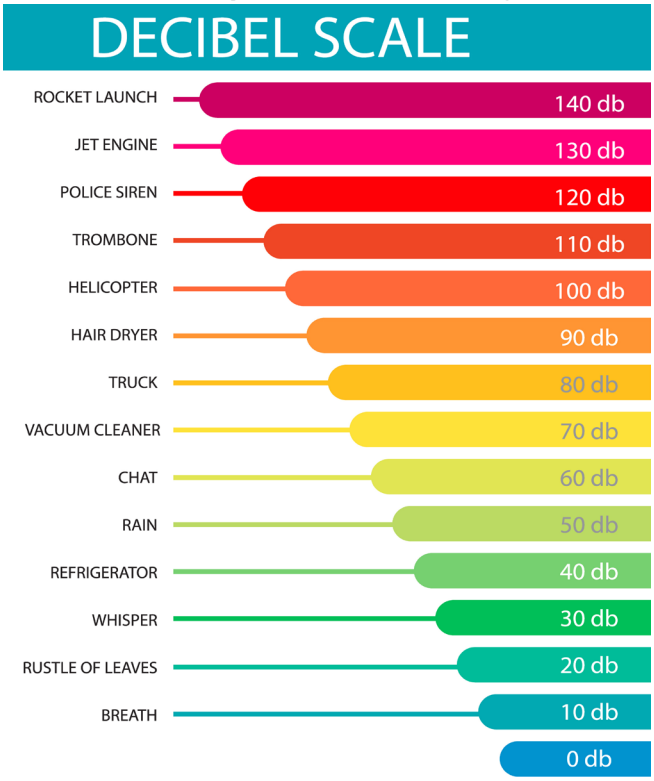
Self-harm, including self-injury, can be scaled in terms of how intense or serious the harm is to the person. At the **Highest** level, self-harm can be so intense that it could likely result in people killing themselves (as in suicide or drunk driving). The second most intense category of **High** self-harm includes behaviors that physically injure the person (soft tissue damage, broken bones). Next, the **Lower** category encompasses behaviors that are self-defeating, such as not paying bills or fines, giving money away or over-isolating. A final **No Harm** category includes behaviors that are rare and/or do not cause real harm (drinking to excess at a wedding once a year or an innocent practical joke).

Scaling self-harming behaviors of all sorts, especially self-injury, is enhanced by using an intensity scale (0–10) to chart whether the behaviors are coming down (i.e., safer) or going up (i.e., more dangerous). While it might seem counter-intuitive, measuring how intense the unsafe behavior is and charting its intensity over time is one of the most helpful safety skills a self-harming individual can learn.

The Decibel Sound Levels Chart

Using an already established scale can be an effective teaching tool. For example, the decibel scale is used for the intensity of sound. The decibel scale increases from 0 (no sound at all) to 140 (rocket launch). This method allows people to scale "how loud" or "how destructive" their unsafe behaviors are. Other intensity scales include the Richter scale (intensity of earthquakes), the Scoville scale (intensity of heat) and the Saffir-Simpson Hurricane Wind Scale (intensity of wind).

A visual example of an intensity scale:



(Image by brgfx on Freepix)

Therapeutic Concepts

Dialing down the intensity level:
Once a scale is introduced, the person who self injures can learn how to dial down the behavior by making it less serious, less often, less costly. (See Appendix A for ways to dial it down.)

Noticing the intensity dialing up:
Noticing the intensity dialing up is another safety skill. Becoming aware of how dangerously one is behaving can be a flag to remind the person to reach out or to engage their safety plan.

Traditional Treatment: Control the uncontrollable

While there are arguably self-harming behaviors that have greater repercussions on the person and society than injuries from cutting, burning or biting, self-injury provokes strong reactions from others, including helpers. Perhaps because many people find self-injury an out-of-control, shameful or repulsive act, it seems to need to be controlled and stopped. When a person who self injures feels that helpers—such as parents, school personnel or therapists—are trying to control their behavior, it may drive self-injury behavior more underground and make it more dangerous as a result.

> Shame-based approaches typically force the behavior underground, where it becomes more dangerous.

Traditionally, interventions for people who self injure have the goal of total and immediate elimination of the behavior. Emergency or crisis intervention that forces someone to do something they are not willing to do can result in even more shame and, as a result, increased reliance on behaviors that have developed around shame and pain: more self-injury.

Behavior Contracts: 100% voluntary

Many people who self injure do not respond well to behavior contracts. Behavior contracts are one-sided: while the person promises not to self-injure, it is not clear what the person receives in exchange. If a contract is used, the person struggling with self-injury should be able to either agree or disagree to the terms. In case of disagreement, additional information regarding the person's willingness to make changes should be discussed. If the person is not willing abstain, a harm-reduction approach is recommended, especially if it was not tried initially.

Harm Reduction: Safety First

> A harm-reduction approach is recommended as a first-line response.

Harm reduction is a much more useful first-line approach than any coercive practice. Harm reduction ideas are creative, helpful and measured over time. In other words, it is helping the person to think of "safer" ways to self injure and to measure the result of safety changes in their own lives. According to the federal Substance Abuse and Mental Health Services Administration (SAMHSA), "Harm reduction is a practical and transformative approach that incorporates community-driven public health strategies—including prevention, risk reduction and health promotion—to empower people…with the choice to live healthy, self-directed and purpose-filled lives" (SAMHSA, 2023).

It is important that people themselves determine whether they are motivated to stop a specific self-injurious behavior. In many cases, other, possibly unidentified self-harming behaviors are more pressing (e.g., suicide); or the person might be in an unsafe situation that needs to be addressed before the self-injury can be effectively tackled (e.g., homelessness). Since urges to self injure might continue for years or decades, harm reduction approaches can continue to help a person many years later.

A Safety Kit: A therapist helped a client to pack a "safety kit" with gauze, Band-Aids, antibacterial ointment and alcohol swabs, so that when she did self-injure, she could care for herself and reduce the chance of infection. More strategies were then added. Over time, the client measured reductions in self-injury occurrences.
(See lists in Appendix A for many more ideas.)

A Workbook: In the United Kingdom, assisted self-injury exists whereby a helper takes safety precautions, such as making sure razor blades are sterile. *The 'Hurt Yourself Less' Workbook* is a free manual from the UK that teaches people who live with self-inflicted violence to focus on safety as much as possible and to tend to themselves after the action.
(See Resources section below.)

Asking About Self-Injury

> It might be useful to remember that talking about self-injury is a first step toward managing the harmful behavior.

Some people who are struggling may speak about their own self-injurious behaviors openly; many others will only discuss them in indirect and vague ways. Asking directly if the person has self injured or is likely to self injure in the future is the safest route to take. It is important to emphasize the voluntariness of the choice to disclose. Only by informing the client of their right *not* to disclose can any disclosure of self-injuring be ethically addressed.

- Is self-injury a concern for you in any way?

Even if a person declines to disclose self-injuring, it is still helpful to discuss it more broadly:

- "I am glad to hear that you are not concerned with self-injuring or self-inflicted violence, but I would like to say that it is a common yet hidden way people in pain deal with overwhelming emotions; so if you do have any questions, I am here to talk with you about self-harm and other difficult topics."

If the person chooses disclosure, ask about how and what self-injury helps with *before* talking about stopping. When helpers are unafraid to talk about self-injury and willing to discuss the taboo but beneficial aspects of self-injury, many clients can start to consider other alternatives and may eventually cease self-harming entirely.

Be respectfully curious:

- Ask "How does self-injury help?"

Explore underlying purpose or meaning:

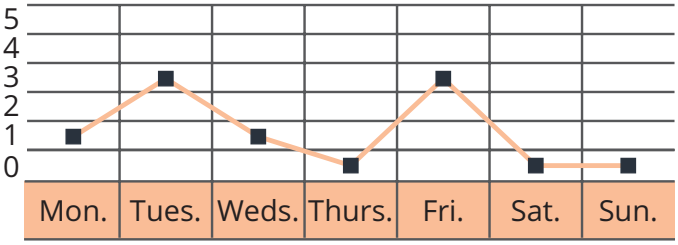
- Ask "What might this behavior be trying to say to you?"

Notice patterns:

- Ask "Why now?" "Why then?"

Discuss trends, patterns and self-awareness:

- Ask about times when the person was able to resist self-harm.
- Ask "Is the behavior is getting better (less frequent or severe) or worse (more frequent or severe)?"
- Ask if the person would track the behavior on a calendar to see if it follows a pattern:



Hotlines and Crisis Intervention

> "My experience has been that I've gotten more useful support from calling a women's crisis hotline (whose purpose is more for interpersonal violence) than I ever got when calling a mental health crisis hotline. For people in my local area who ask me about dealing/coping with self-injury, I still refer them to the women's crisis line more than I do the mental health crisis line."
>
> —A person who self-injured (for more than 30 years) since 8 years old

Priority 1: Put the person first

People who work on hotlines are in a key position to support the person who is asking for help. In most cases, self-injury is a coping mechanism, not a suicide attempt. The person calling wants support for whatever is driving their need to self injure. The struggle the person is having should be the priority, not the fact that they self injure.

Organizationally, there might be a need to re-assess policies that cause an immediate reaction resulting in police, ambulances, commitment, restraint and seclusion. It is important to teach staff about reducing re-traumatization and about how re-traumatization can potentially leave a professional or their agency liable for causing needless harm.

Priority 2: Inform on choices and rights

Consumer education about hotlines and how they work—including disclosures, liabilities and limitations—empowers callers to understand the workings of the service they are calling and to make informed choices of their own when talking to hotlines. This can give clarity regarding expressing one's self, developing viable options and identifying the precise help they need. Focus on rights.

Priority 3: Stop a current crisis

> "In Connecticut, the mental health unit sends a Mobile Crisis team clinician, sometimes with an MD in case they need a Physicians' Emergency Commitment (psychiatric hold). If more urgent, Connecticut now has Crisis Intervention workers riding with police, who have received training after expressing interest in being involved in a Crisis Intervention Team (CIT). That way, the police are on site in case of an emergent situation, and a well-trained clinician can work with the client to see what alternatives there may be."
>
> —Pat Rehmer, Former Commissioner, Connecticut Department of Mental Health and Addiction Services

A call where self-injury is threatened focuses the hotline response. A hotline call is often an urgent situation combined with anonymity. On the phone, no one can see what the caller is actually doing or looking like or the level of injury that may be imminent or actually occurring. While most cases of self-injury do not end a life, there is still potential that suicide is an option.

If an ambulance or the police are an option, the hotline staff can kindly highlight that, while it sometimes makes sense to want to end overwhelming negative emotions by engaging in extreme behaviors, extreme interventions like an ambulance are similarly used to end a crisis. Both responses are attempts to solve the current dilemma, at least temporarily. Safer solutions than extreme options are likely to be more productive in the long run.

> A hotline worker can assess for suicide and then immediately shift to person-centered support once the assessment has been made, regardless of the level of suicide threat.

Grounding techniques to help the person safely detach from emotional pain and become more centered in the physical reality of the here-and-now often bring real relief and provide an alternative to self-injury.
(See Seeking Safety treatment for guidance.)

Priority 4: Develop a safety plan

> Safety planning can be used to prepare for unsafe situations:
>
> - Before
> - During
> - After

A safety plan is a written guide to help a person through a known risky or dangerous situation. Safety planning is useful whenever a dangerous or crisis situation is known to be a risk. It also helps prepare a person to react more safely to unknown risks.

Research supports the use of safety planning to reduce danger. In a recent study, users of the safety planning intervention myPlan app demonstrated significant reductions in suicide risk and indications of a reduction in interpersonal violence over time when compared to no-safety-plan controls. In other studies, interventions consisting of a structured screening, basic written materials on safety planning and follow-up calls to suicidal patients and their significant others found a 30%–45% decrease in suicide attempts and showed patients to be more than twice as likely to attend mental health treatment (Glass et al., 2022; Miller et al., 2017; Stanley et al., 2018).

Key Questions for Safety Planning

When someone calls stating a desire to address self-injury by getting knowledgeable support to do things differently, the helper can focus on developing a safety plan.

1. Some hotlines create agreed-upon safety plans with frequent callers that include tailored self-care alternatives that can be discussed as a first response when the person calls the hotline again. Offer to write it down.
   - "Do you already have a safety plan?"
2. Begin with what has worked in the past. Identifying successes can help the person shift away from hopelessness. Make a written list of options that have been successful.
   - "May I ask you what has worked in the past?"
3. Develop a short-term 24-hour safety plan focused on now. Identify a safe person or resource in addition to the hotline. Make an agreement to call again in a specified amount of time. Make a list of new behaviors to try. Provide additional local resources. (See Appendix A.)
   - "Can we develop a safe action plan for today?"
   - "Who is available to help today?"
4. List options for longer-term support that the person can think about and perhaps agree to contact in case of a future crisis (peer support, warm lines, harm reduction, clinical treatment).
   - "May I provide you with a list of resources and safety skills for you to read over?"
   - "Would you be willing to try a safe coping skill from the list before self-injury?"

> Safety Planning: If needed, write it down, look at it, say it out loud, then destroy it.

Conclusion

Working with people who self injure is challenging yet rewarding. By seeing self-injury as a trauma symptom, which is well supported in the academic literature, professionals and peers can better assist those in pain. Measuring the behavior is a humane and effective approach that works to reduce self-destructive actions. Safety planning and harm reduction approaches work the best with most people who self harm. Safety, stability and self-care are the keys to trauma recovery and reducing self-harm. Safety is the best way forward.

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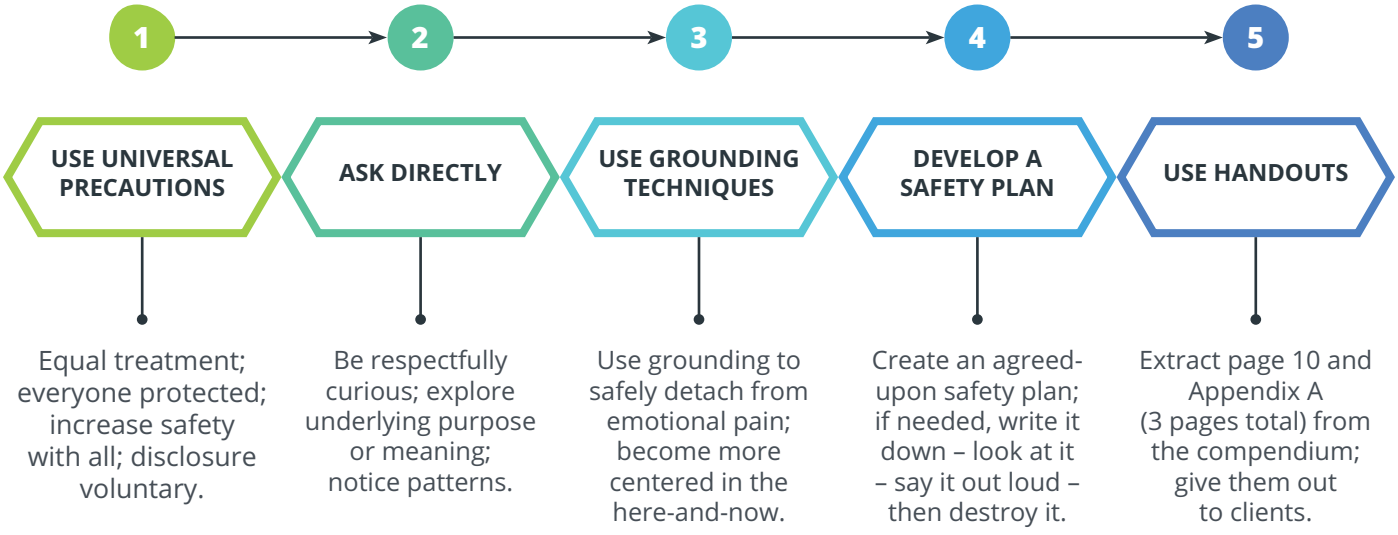
Recommended Trauma Informed Intervention Process



Resources for People Who Self Injure

988 Suicide & Crisis Lifeline: call 988

(official website https://988lifeline.org)

Treatment Approaches

- *Intentional Peer Support: An Alternative Approach* (book) by Shery Mead, updated 2017 (https://www.intentionalpeersupport.org/product/intentional-peer-support-an-alternative-approach/)
- *DBT Skills Training Manual, Second Edition* (book) by Marsha Linehan, 2014 (https://www.guilford.com/books/DBT-Skills-Training-Manual/Marsha-Linehan/9781462516995)
- *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse* (book) by Lisa Najavits, 2002 https://www.treatment-innovations.org/seeking-safety.html

US Web Resources

- myPlan app by Johns Hopkins School of Nursing, https://myplanapp.org/
- Harm Reduction page from SAMHSA, https://www.samhsa.gov/find-help/harm-reduction
- Bill of Rights for People Who Self Harm, http://www.fortrefuge.com/SelfInjuryBillOfRights.html
- California Center of Excellence for Trauma Informed Care, https://www.trauma-informed-california.org

UK Web Resources

- National Self Harm Forum, https://www.nshn.co.uk/
- Self-Injury Support service, https://www.selfinjurysupport.org.uk/
- Self-harm page from Mind, https://www.mind.org.uk/information-support/types-of-mental-health-problems/self-harm/about-self-harm/

Free Online Workbooks

- *Engaging Women in Trauma-Informed Peer Support: A Guidebook*, published by the National Center for Trauma-Informed Care (NCTIC), 2012, https://www.nasmhpd.org/sites/default/files/PeerEngagementGuide_Color_REVISED_10_2012.pdf
- *The 'Hurt Yourself Less' Workbook*, published by The National Self-Harm Network, London, 1998, https://www.selfinjurysupport.org.uk/FAQs/the-hurt-yourself-less-workbook
- *The truth about self-harm*, published by Mental Health Foundation, England and Wales, 2016, modified 2023, https://www.mentalhealth.org.uk/explore-mental-health/publications/truth-about-self-harm#paragraph-19136

Books

- *Healing Self-Injury: A Compassionate Guide for Parents and Other Loved Ones*, by Janis Whitlock, PhD and Elizabeth Lloyd-Richardson, PhD, 2019
- *The Tender Cut: Inside the Hidden World of Self-Injury*, by Patricia A. Adler and Peter Adler, 2011
- *Women Who Hurt Themselves: A Book of Hope and Understanding*, by Dusty Miller, 10th anniversary edition, 2005
- *Self-Injury: Psychotherapy with People Who Engage in Self-Inflicted Violence*, by Robin E. Connors, 2000
- *Bodily Harm: The Breakthrough Healing Program for Self-Injurers*, by Karen Conterio and Wendy Lader, PhD with Jennifer Kingson Bloom, 1999
- *The Scarred Soul: Understanding & Ending Self-Inflicted Violence*, by Tracy Alderman, PhD, 1997

(Idea: Ask your local library to order a copy!)

Appendix A
Coping with Urges to Self Harm

This kind of distraction isn't intended to cure the roots of your self-injury (SI); you can't run a marathon when you're too tired to cross the room. These techniques serve, rather, to help you get through an intense moment of badness without making things worse for yourself in the long run. Use these interim methods to show yourself that you can cope with distress without permanently injuring your body. Every time you do, you score another point and you make SI that much less likely next time you're in crisis.

Deciding means breaking the cycle, forcing yourself to try new coping methods. You do have to force yourself to do this; it doesn't just come. You can't just think about new ways to cope—when you pick up that knife or that lighter or get ready to hit that wall; you have to make a conscious decision to do something else. Even if you don't make that decision the next time, nothing can take away that moment of mastery. If you choose to hurt yourself next time, you will know that it is a choice, which implies the existence of alternative choices. It takes helplessness out of the equation.

Take a few moments and look behind the urge. What are you feeling? Are you angry? Frustrated? Restless? Sad? Craving the feeling of SI?

Depersonalized and unreal or numb? Unfocused? Next, match the activity to the feeling.

A few examples:

Angry, Frustrated, Restless

(These strategies work better sometimes if you talk to the object you are cutting/tearing/hitting. Start slowly, explaining why you're hurt and angry. It's okay if you end up ranting or yelling; it can help a lot to vent feelings that way.)

- Slash an empty plastic soda bottle or a piece of heavy cardboard or an old shirt or sock.
- Make a soft cloth doll to represent the things you are angry at. Cut and tear it instead of yourself.
- Flatten aluminum cans for recycling, seeing how fast you can go. Or break sticks.
- Hit a punching bag.
- Use a pillow to hit a wall, pillow-fight style or beat up the pillow.
- Rip up an old newspaper or phone book.
- On a sketch or photo of yourself, mark in red ink what you want to do. Cut and tear the picture.
- Make Play-Doh or Sculpey or other clay models and cut or smash them.
- Get a few packages of Silly Putty or something similar and squeeze it, bounce it off a wall, stretch it, snap it.
- Throw ice into the bathtub or against a brick wall hard enough to shatter it. Throw water balloons at a wall.
- Crank up some music and dance.
- Clean your room (or your whole house).
- Go for a walk/jog/run or play a sport like handball or tennis. Swim laps.
- Stomp around in heavy shoes.
- Squeeze Koosh balls (this is really great and can be done in a meeting when you're struggling to pay attention. It also helps with anxiety.)

Sad, Soft, Melancholy, Depressed, Unhappy

- Do something slow and soothing, like taking a hot bath with bath oil or bubbles, curling up under a comforter with hot cocoa and a good book, pampering yourself somehow—whatever makes you feel taken care of and comforted.
- Light sweet-smelling incense.
- Listen to soothing music.
- Smooth nice body lotion into the parts of yourself you want to hurt. Put Band-Aids on the place you want to hurt.
- Call or visit a friend and just talk about things that you like.
- Make a tray of special treats and tuck yourself into bed with it and watch TV or read.

Craving Sensation, Feeling, Depersonalized, Dissociating, Feeling Unreal

Do something that creates a sharp physical sensation:

- Squeeze ice hard (this really hurts) or hold it where you want to burn. It hurts and leaves a slight red mark.

- Put a finger into a frozen food (like ice cream) or in a pitcher of ice, water, and salt for a few seconds.
- Bite into a hot pepper or chew a piece of ginger root.
- Rub liniment under your nose.
- Slap a tabletop hard.
- Snap your wrist with a rubber band.
- Take a cold bath or shower.
- Stomp your feet on the ground.
- Focus on how it feels to breathe. Notice the way your chest and stomach move with each breath.
- Get a bowl and put in several cups of rice (you can color the rice if you want) or sand. Run your hand through the rice/sand.

Wanting Focus

- Do a task (a computer game like Tetris, writing a computer program, needlework, etc.) that is exacting and requires focus and concentration.
- Eat a raisin mindfully. Pick it up, noticing how it feels in your hand. Look at it carefully; see the asymmetries and think about the changes the grape went through. Roll the raisin in your fingers and notice the texture; try to describe it. Bring the raisin up to your mouth, paying attention to how it feels to move your hand that way. Smell the raisin; what does it remind you of? How does a raisin smell? Notice that you're beginning to salivate, and see how that feels. Open your mouth and put the raisin in, taking time to think about how the raisin feels to your tongue. Chew slowly, noticing how the texture and even the taste of the raisin change as you chew it. Are there little seeds or stems? How is the inside different from the outside? Finally, swallow. Repeat.
- Choose an object in the room. Examine it carefully and then write as detailed a description of it as you can. Include everything: size, weight, texture, shape, color, possible uses, feel, etc.
- Color with crayons (okay, so this one sounds child-like but it works).
- Pick a subject and research it on the web.

Wanting to See Blood

- Draw on yourself with a red felt-tip pen or lipstick.
- Take a small bottle of liquid red food coloring and warm it slightly by dropping it into a cup of hot water for a few minutes. Uncap the bottle and press its tip against the place you want to cut. Draw the bottle in a cutting motion while squeezing it slightly to let the food color trickle out.
- Draw on the areas you want to cut using ice that you've made by dropping six or seven drops of red food coloring into each of the ice-cube tray wells.
- Paint yourself with red tempera paint.

Wanting to See Scars or Pick Scabs

- Get a henna tattoo kit. You put the henna on as a paste and leave it overnight; the next day you can pick it off as you would a scab and it leaves an orange-red mark behind.

Delaying Tactics

- The fifteen-minute game: tell yourself that if you still want to self harm in fifteen minutes, you can. When the time is up, see if you can go another fifteen minutes.
- Another version of the delaying tactic is to tell yourself you'll do it later. For some people, having a time parameters can be a setup for failure. Each person is an individual, and what works for one doesn't necessarily work for another.
- Make your tools hard to get at; commit to using only one particular set of tools and put them in a small box. Wrap the box completely in duct tape and tape a list of reasons not to hurt yourself to the outside. Put that box in another box and repeat; and then put the package on a high, out-of-the-way shelf.
- If you cut, fill a gallon jug halfway with water, freeze it, put your tools in, then fill the jug with water and freeze again. Since you've already told yourself you will only use those things, when an urge comes you have the amount of time it takes for the ice to thaw to try other distractions.

These ideas are only suggestions. If something isn't working for you, try something else. Some of these suggestions may work some of the time—but not all of the time. If you self injure, it doesn't mean that you are a bad, horrible person, it simply means your coping strategy wasn't helpful to you at the time. If a strategy is listed in one section, and you think it might work for you, try it. These ideas are not written in concrete and can be modified and adapted at any time.
