

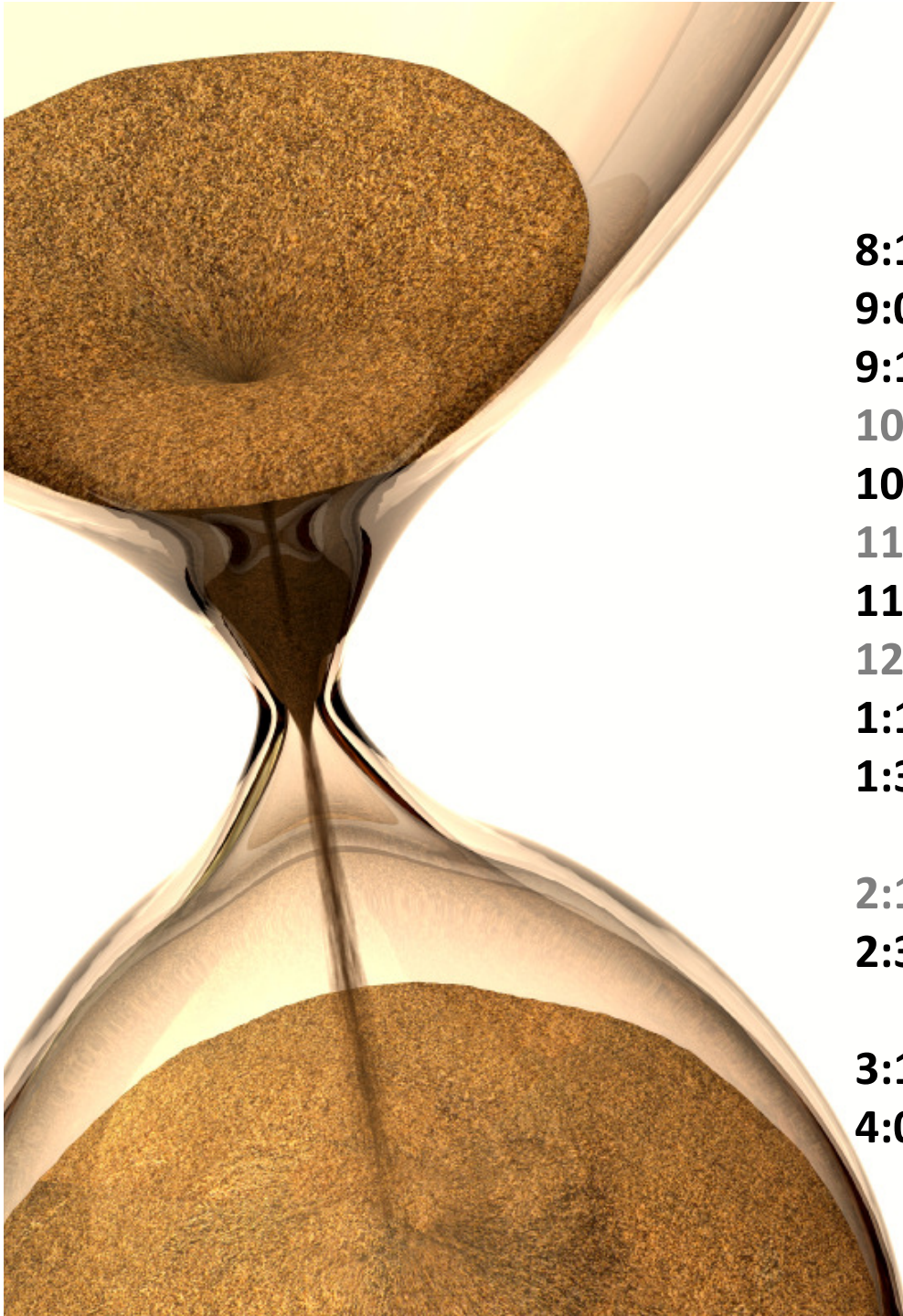


Red Rage

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- Come and go as you need
- Conversation, but...
- Restrooms
- Lunch Plan
- Swap Certificates for Evaluation Form



Today

- 8:15** Sign-in and Continental breakfast
- 9:00** Introductions & Overview
- 9:15** Facts / Myths / Definitions
- 10:00** Break (15 mins.)
- 10:15** Etiology: Psychosocial
- 11:00** Break (15 mins.)
- 11:15** Therapeutic Interventions
- 12:00** Lunch
- 1:15** Questions
- 1:30** Dr. Bhargave:
 - Etiology - Biological Determinants
- 2:15** Break (15 mins.)
- 2:30** Dr. Bhargave:
 - Medication Interventions
- 3:15** Q&A / Evaluation Completion
- 4:00** End of conference

Dr. Suvrat Bhargave, MD



- child, adolescent and adult psychiatrist
- lectures locally and nationally on anxiety, depression, developmental disorder and ADHD.
- undergraduate degree in Psychology from the University of Georgia
- graduated from the Medical College of Georgia
- residency training and specialty fellowship in Child and Adolescent Psychiatry from Duke University
- voted repeatedly as best Psychiatrist by Lifestyles Magazine



Suzanne Maiden, LPC

- M.A. in Counseling with an emphasis in Depth Psychology, from Pacifica Graduate Institute in Santa Barbara, California
- clinical experience includes: self-Injury, substance abuse, sexual abuse, sudden/anticipatory death, eating disorders, and catastrophic illnesses
- blends theories from the imaginal to the concrete
- integrates Jungian techniques from Dream Analysis and Sandplay to Hypnotherapy and Family Systems



Vanessa Lua



Gage Skidmore

Pop Quiz

Who has
has
been
a Cutter?



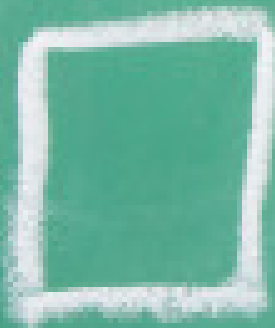
YortW



Leah Mark



TRUE



FALSE



- 40% of kids have experimented with self-injury
- 90% of self-injurers begin cutting as teenagers
- average SI starts at age 14 and continues with increasing severity into the late 20's
- >50% SI's are victims of sexual abuse
- Affects all races and economic backgrounds
- 60% female - 40% male



51%

of *Seventeen* readers
say they've
**intentionally
harmed
themselves.**

SOURCE: A JUNE 2009
SEVENTEEN.COM POLL



- Self Injury is a Suicide Attempt
- Diagnosis - Borderline Personality Disorder
- Psychotic
- Body Modification – Tattoos
- Attention Seeking
- They'll grow out of it
- Sexual Pleasure

Definitions

(Favazza 1996 – 3 Categories)

- I. Major Self-Mutilation
- II. Stereotypic Self-Mutilation
- III. Moderate/Superficial Self-Mutilation

Definitions

(Favazza 1996 – 3 Categories)

I. Major Self-Mutilation

- Sudden onset
- Big tissue damage, i.e. castration, eye enucleation
- Most commonly associated with psychosis
 - Schizophrenia
 - Mania
 - Depression
 - Intoxication

Definitions

(Favazza 1996 – 3 Categories)

II. Stereotypic Self-Mutilation

- Monotonously repetitive and rhythmic
 - head banging
- Driven by biology such as
 - Autism
 - Mental retardation
 - Lesch-Nyhan syndrome
 - deLange syndrome
 - Retts disorder
 - Tourettes syndrome

Definitions

(Favazza 1996 – 3 Categories)

III. Moderate/Superficial Self-Mutilation

1. Compulsive
2. Episodic
3. Repetitive Self-Mutilation (RSM)

Definitions

(Favazza 1996 – 3 Categories)

III. Moderate/Superficial Self-Mutilation

1. Compulsive

- SI behavior many times per day
- hair pulling
- acne picking
- wound interference

Definitions

(Favazza 1996 – 3 Categories)

III. Moderate/Superficial Self-Mutilation

2. Episodic

- occasional behavior
- decrease tension
- increase a feeling of control
- increase or decrease sexuality

Definitions

(Favazza 1996 – 3 Categories)

III. Moderate/Superficial Self-Mutilation

3. Repetitive Self-Mutilation (RSM)

- most clients fall into this category
- recurrent failure to resist impulses
- without conscious suicidal intent
- over-whelming pre-occupation
- identities self as a 'cutter' or 'burner'
- addicted to self-harm



Definitions

Self-inflicted wounds
significant enough
to cause
tissue trauma
without suicidal intent

Definitions

NSSI – Non-Suicidal Self-Injury

- Self-mutilation
- Self-harm
- Cutting
- Self-Abuse
- Auto-aggression
- Delicate Self-cutting

Methods

72%



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35%



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Methods

- Cutting: 72%
- Burning: 35%
- Self-hitting: 30%
- Interference with wound healing: 22%
- Hair pulling: 10%
- Bone breaking: 8%
- Multiple methods: 78%

Take 15





Etiology

3 Psychosocial Factors

- Religion
- Abuse
 - ❖ Sexual
 - ❖ Physical
- Attachment



Religion

- Archetype of Sacrifice
- Martyrdom



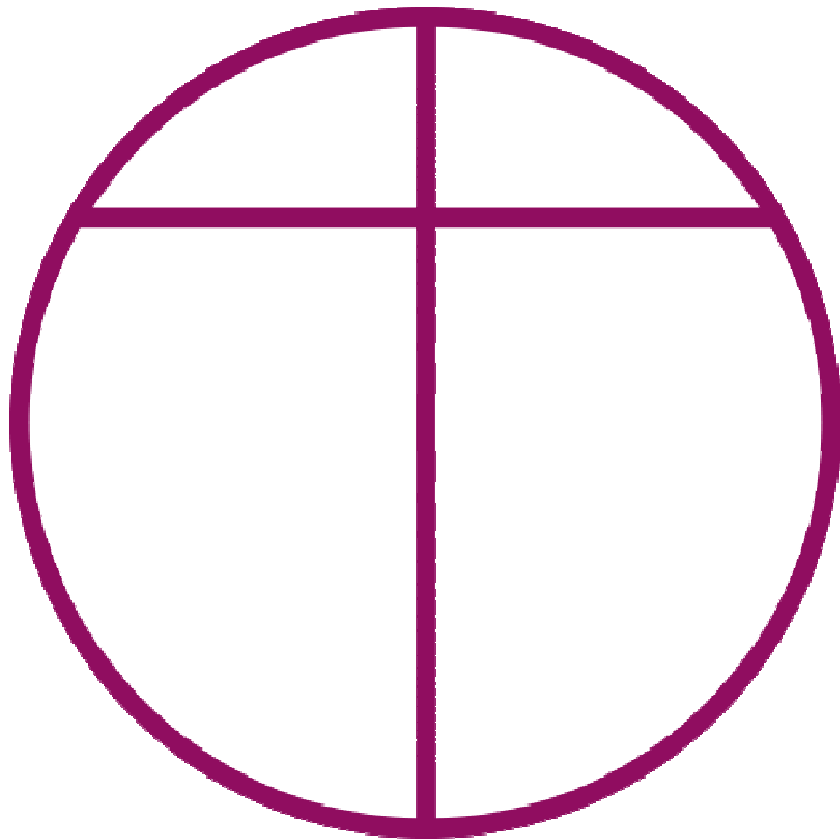
Religion

Saint Agatha



Sioux Indian
man bears
scars from a
ritualistic Sun
Dance.

Opus Dei - The Work of God



- Spiked chains around thighs
- Whip buttocks
- Scratchy Hair Shirts
- Sleep on Wooden boards
- Endorsed by Pope John Paul II (1992)

IP

=

Sacrificial
Lamb





Etiology

Psychosocial 2

– Abuse

- Sexual
- Physical



Etiology

Psychosocial 2

77 % of NSSI

**Positive History
for Sexual Abuse**



Etiology

Psychosocial 2

50 % of NSSI

**Positive History
for Physical
Abuse**



Dissociative Disorder

Photo by AliBurÅŖin-Titzel

Etiology



Psychosocial 3

- **Ambivalent Attachment**

Etiology



- **Invalidating Environment**
- **Inadequate Mirroring**



Etiology

3 Psychosocial Factors

- Religion
- Abuse
 - ❖ Sexual
 - ❖ Physical
- Attachment

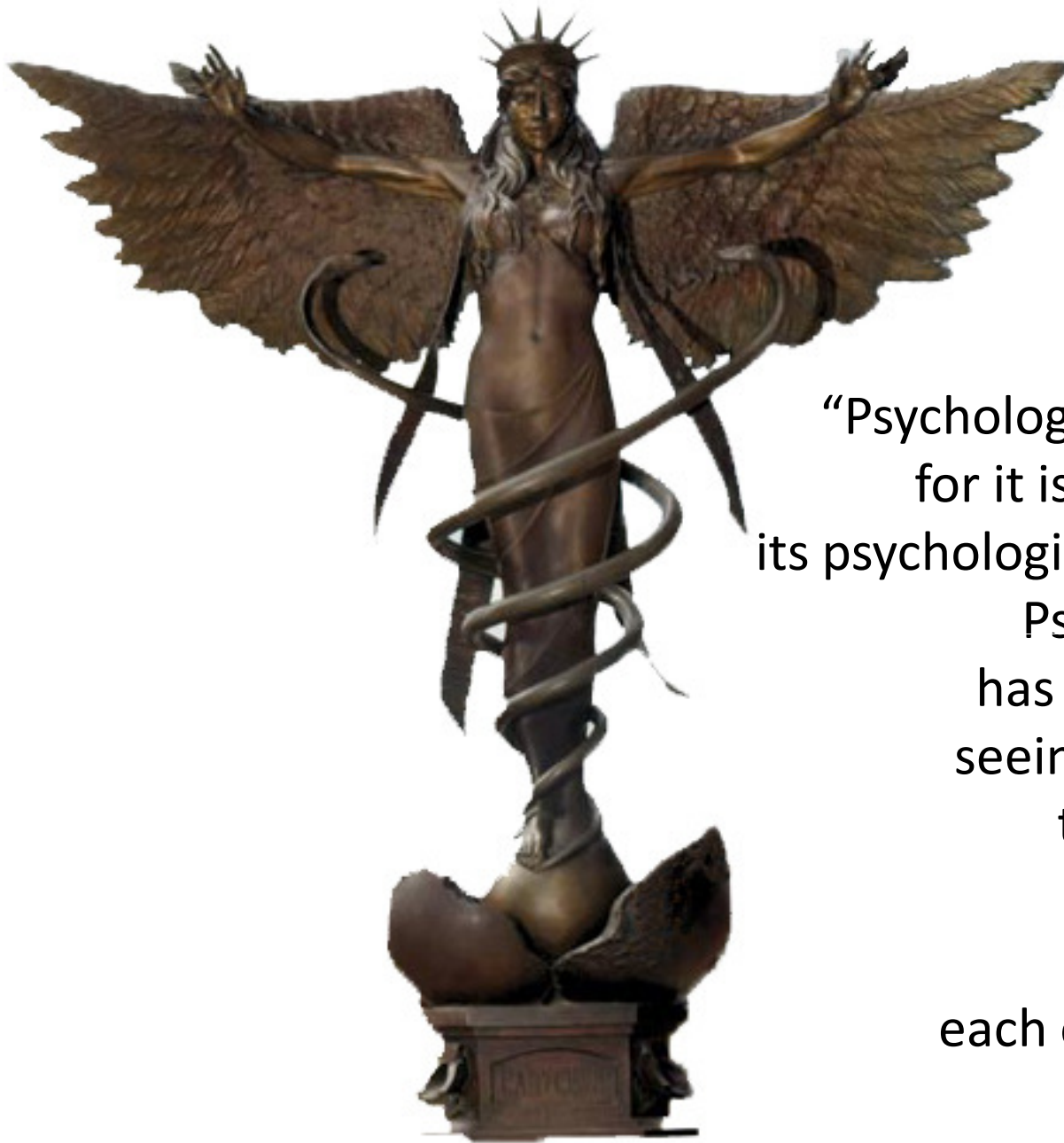


Take 15

What's a therapist to do?



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James Hillman

“Psychology is its own worst enemy,
for it is easily caught in its tools,
its psychological methods and insights.

Psychology’s task therefore
has to start on home ground:
seeing through its own tools –
the unconscious, the ego,
the case history,
the diagnostic label –
each of which can obstruct the
soul by its literalism.”



Treatment

- **DBT** – Dialectical Behavioral Therapy
- **CBT** – Cognitive – Behavioral Therapy
- **Depth Psychology**



Treatment

DBT

- Marsha Linehan
- Individual Group Therapy
- Emotional Regulation
- Distress Tolerance
- Core Mindfulness
- Self Management



Photo by Oliver McCloud

Treatment

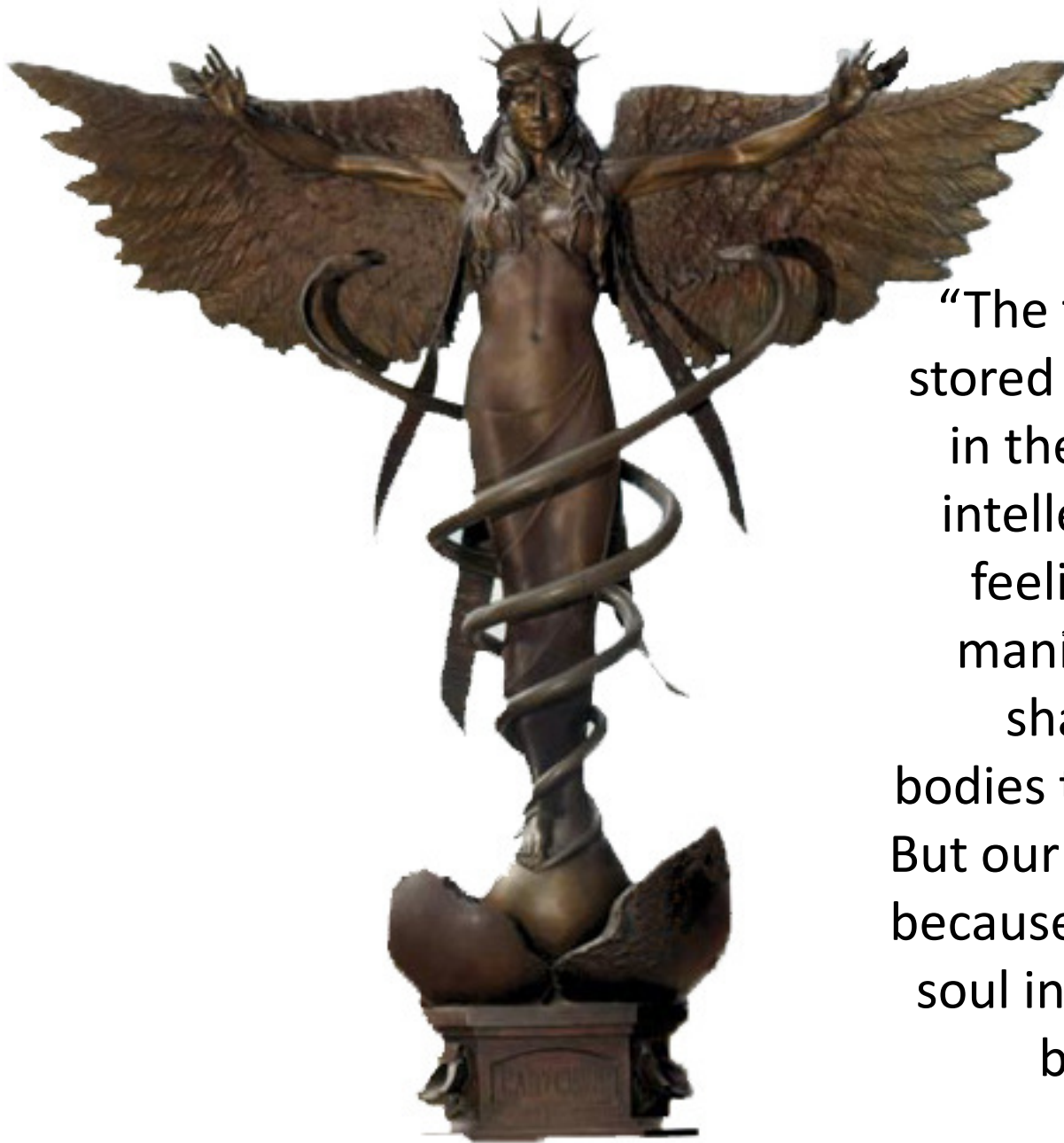
CBT

“While CBT is very satisfying to the intellect, Psyche doesn’t give two shits.”

Barry Williams, Psy. D



**How is the
symptom
serving
the soul?**



“The truth about childhood is stored up in our body and lives in the depth of our soul. Our intellect can be deceived, our feelings can be numbed and manipulated, our perception shamed and confused, our bodies tricked with medication. But our soul never forgets. And because we are one, one whole soul in one body, someday our body will present its bill.”

Photo by Oliver McCloud

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Alice Miller

- Contract for Safety
- Log SIB Episodes
- Use Identified
Self-Soothing
Behaviors / Distracters
- Journal



Self Injury Log

Date _____

	Before Triggers	Alternatives Attempted	Did What? Number Patterns Intensity	After
External Environment Triggers				
Mind Thoughts				
Body Physical				
Spirit Feelings				
Behaviors Actions				

	Before Triggers	Alternatives Attempted	Did What? Number Patterns Intensity	After
External Environment Triggers	Fight with boyfriend	Tried to call friend – not there		
Mind Thoughts	“I am worthless”		I can’t stop myself	This is the last time. I have to hide my wounds.
Body Physical	Tired	Tried to take a nap		
Spirit Feelings	Rage, angry, rejected, hurt			Felt calmer but still sad
Behaviors Actions	Hid from everyone in dorm	Ran back to dorm	Stabbed upper thighs 50x pencil on both legs. Small cuts and bruising.	Washed area and went to sleep

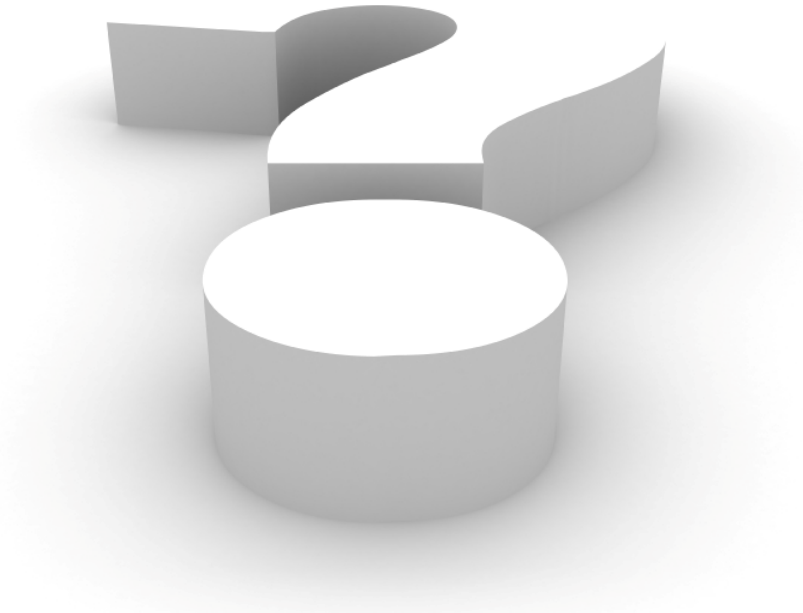


**How is the
symptom
serving
the soul?**



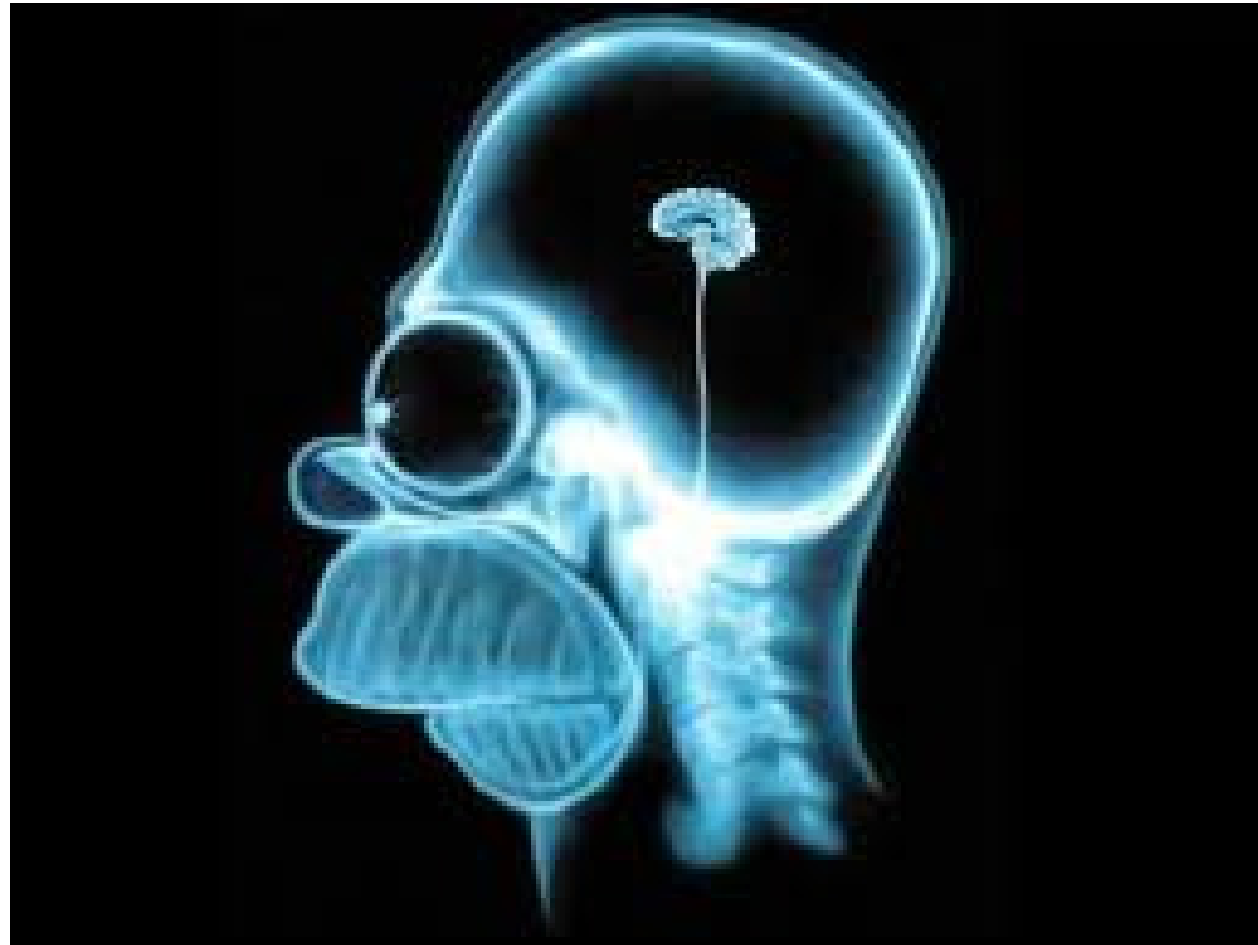
Lunch

Photo by FotoosVanRobin

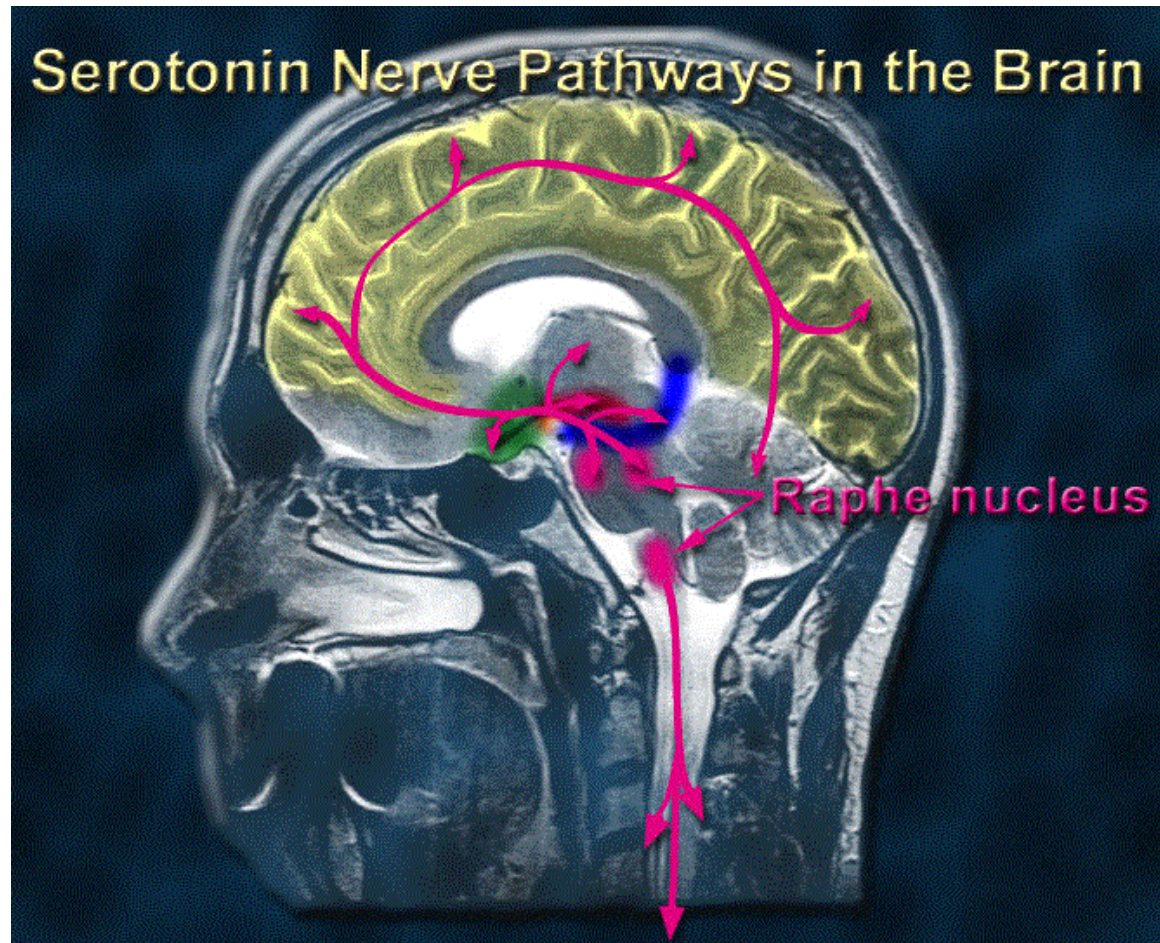


A fluorescence microscopy image of a neuron. The cell body (soma) is centrally located and contains a bright, circular nucleus. The cytoplasm and various organelles are stained with a green fluorescent dye, appearing as a complex network of fine, interconnected lines and spots. The background is dark, making the green-stained structures stand out prominently.

NEUROBIOLOGY and NSSI



SEROTONIN and NSSI



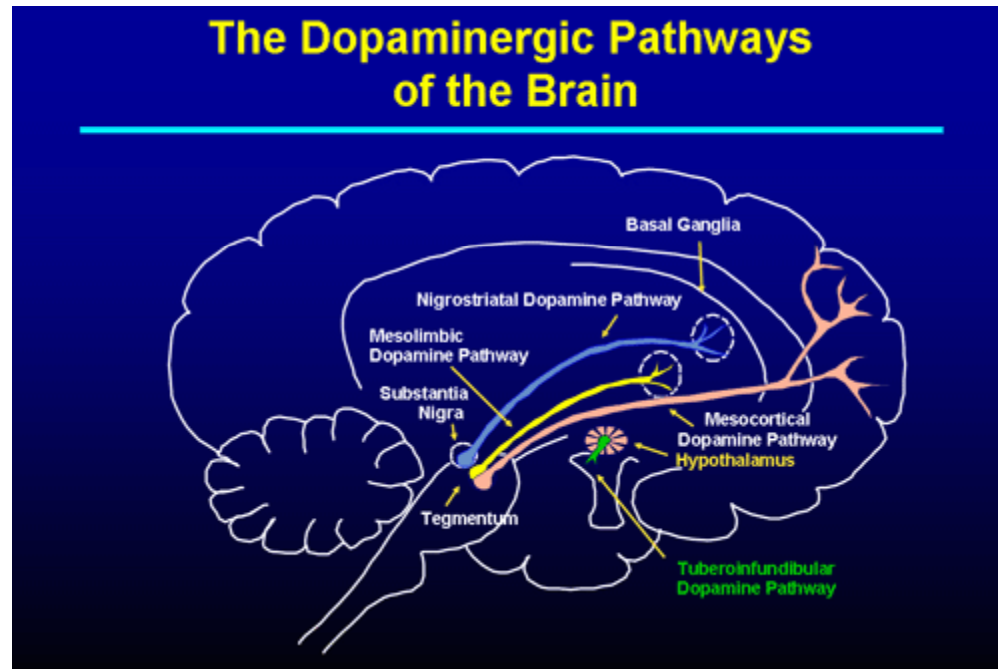
Role of SEROTONIN

- The Leader
- 2 techniques to measure serotonin indirectly
- Low levels of serotonin functioning are related to self injury
 - Simeon et al (1992)
 - Crowell et al. (2008)
 - Herpertz et al. (1997)

Role of OPIOIDS

- Complex system that includes Enkephalins and Endorphins
- Suppress pain and give a feeling of well-being
- Two theories of opioid involvement
 - Pain Tolerance theory: increased opioid response leads to decreased perception of pain
 - Favazza and Conterio (1989)
 - Addiction Model: incorporates concepts of tolerance and withdrawal

DOPAMINE and NSSI



Role of DOPAMINE

- Often interacts with Serotonin and other neurotransmitters
- Implicated in Stereotypic self injury
 - Lesch-Nyhan Syndrome: the deficiency of HGPRT
 - Drug induced stereotypic behaviors: amphetamine abuse

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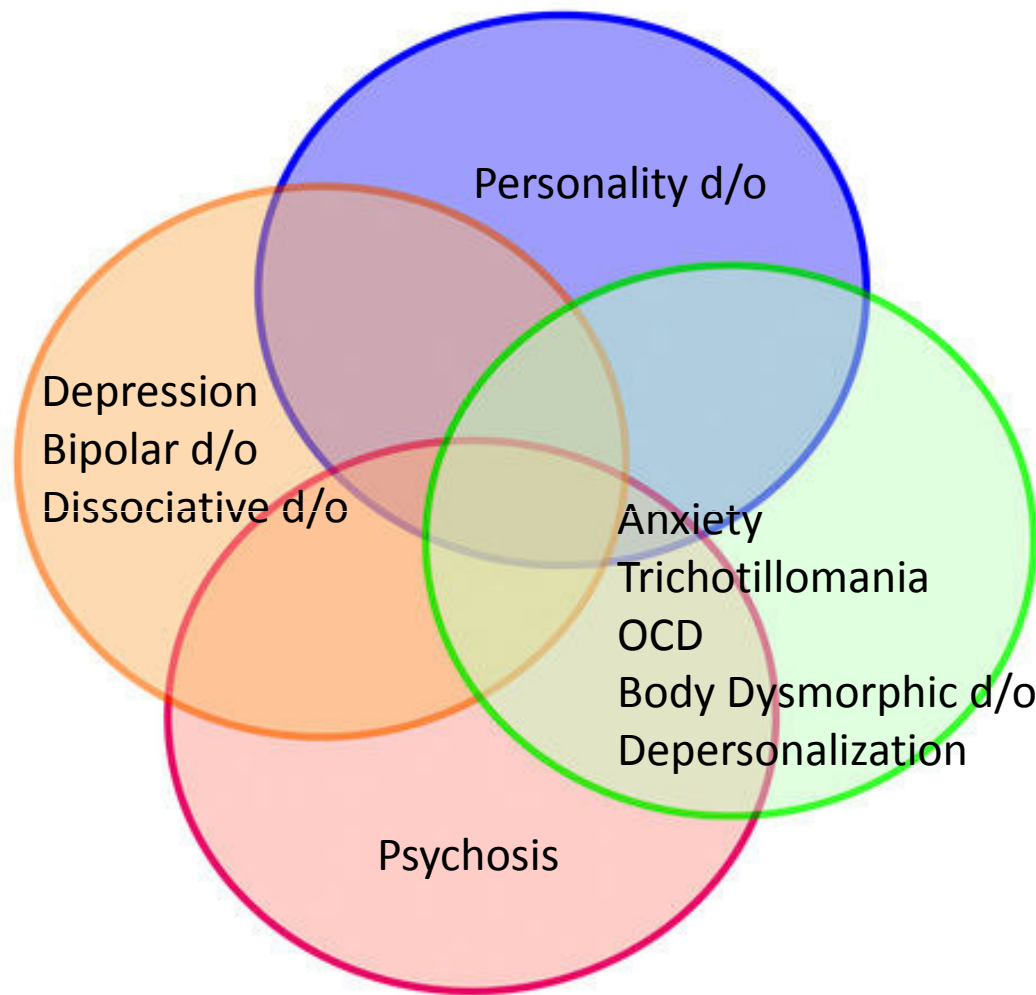


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"I GAVE IT A HEALTHY DOSE OF DENIAL, BUT IT DIDN'T HELP."

PSYCHOPHARMACOLOGY

- There are NO FDA approved medications for NSSI; these are all OFF LABEL uses
- Medications should be used as adjuncts to psychosocial treatments
- Multiple medications are more the rule than the exception
- Unique stories, target symptoms



DEPRESSION

SSRI's

Mood

Stabilizers

Atypical

Antipsychotics



ANXIETY

SSRI's

TCA's

Beta Blockers

Benzo's



PERSONALITY DISORDERS



NSSI Specific Treatments

Naltrexone

N-acetyl
cysteine



Self injury is a way to cope, so unless you have lived my life hush, because the scars on the outside aren't as many as the scars on the inside.





Suzanne Maiden, LPC

404-790-6270


Suzanne@SuzanneMaiden.com

Suvrat Bhargave, MD

770-486-1011

tcffp.org





Swap your
Evaluation form
for your
Certificate of Completion

An hourglass with brown sand, positioned on the left side of the slide. The top bulb is mostly empty, while the bottom bulb is filled with sand, with a thin stream of sand falling from the neck.

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