

# Hurting teens hurting themselves

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I am not the know all end all and invite you to share your own thoughts and experiences throughout the seminar

Story of the three students with cutting, suicidal ideation (ideation is thinking obsessively about it)

Kids did not fit the “emo” mold

# What is the problem?

- Self Injury (Parasuicide)
- Suicide
- Our role in intervention



# Self Injury / Parasuicide

- Cutting usually lasts 10 minutes
- Can be sharp or blunt object
- Also may include scratching, burning, other forms of mutilation

# Self Injury / Parasuicide

- Symptom of a larger family illness
  - What is going on in family system?
  - Do the other members have depression?

# Teen depression

- Looks different than adult depression
  - More irritable and moody
  - Hard to distinguish from normal teen problems/development
  - Don't over pathologize nor ignore signs

## Self Injury / Parasuicide

- Expression/Control
  - May be very elaborate
- Pain is close to pleasure center
- Release from dissociative state
- Anhedonia

Dissociative: Inability to firmly connect with reality. Things feel unreal, like they are disconnected from their own life  
When someone cuts, euphoric endorphins are released

# Suicide

- To alleviate suffering
- To change fundamentally the environment
- Person may have lost ability to see beyond the immediate repercussions
- See self flawed in important ways and others as unsupportive / rejecting. Believe no resources to improve, hopeless
- To preserve what resources they have, become withdrawn, seek assurances



# Suicide

## Why?

- Memory biased to remember only failures
- Focused on immediate over long term consequences
- Don't reward self but punish self
- See things in black and white
- Difficulties with social problem solving
- Stigma of treatment

# Risk Factors for suicide

- Early abuse history
- High levels of dissociative defenses
- Highly chaotic family environments
- Lack of sufficient parental support
- Extensive psychosocial stressors
- Severe mood disorder
- Substance abuse

## Test of risk (continued)

- Previous attempts
  - By firearm, jumping, or drowning
  - Made in warm months
  - At own or another's home
  - During daylight
  - Attempter reports almost immediately
  - Denies attempt to kill self
  - Suicide note, other references

## What is our role?

- Seek out the outcasts (be intentional)
- Follow up! (How is that situation we prayed about)
- Take notice of behaviors like arm bands, unseasonably long sleeves, music listened to, loss of interests, slowed movement, sudden demand for attention or rejecting attention, pessimistic outlook of hopelessness

## What is our role?

- It's okay to ask questions and talk about it, in fact they need to talk about it to move on
- Be available. Most self injury happens at night when resources feel limited.
- Pursue policy of confidentiality

I have a policy that “You can tell me anything without limits and it stays with me, unless you are a threat to yourself or someone else.” To maintain trust you may have to choose wisely when something harmful to them is reported and at what level you are assured they are on path to recovery. Be advised: there are legal repercussions if you don't act when you should, and ethical considerations if you report when inappropriate.

## What is our role?

- Damage control. Educate parents and youth of the problem, especially when it is a trend
- If suicide occurs, help family to resolve earlier adversities and also see if connection to depression elsewhere in family
- Assess genograms and family triangles

Genogram: a family tree that contains members problems, histories, for the use of assessing larger patterns affecting the individual members

Family triangle: Family pattern where two focus energies towards another. In a conflict for instance, Billy and Dad may agree against Mom and Billy may learn to treat Mom as he sees Dad treat her.

# Tools

## Long term goals

- Reconnect with family and others in healthy ways
- Resolve grief, improve coping skills
- Reduce helplessness, refocus locus of control
- Promote desire to live
- Involvement in social activities with genuine connection to others

Locus of control: Internal locus says I am in control of my decision. External lets others control me

We are very fortunate in the church that we have a built in way to get people connected and practicing social skills.

# Tools

## Short term goals

- Identify where the depression is coming from (individual/family)
- Follow up on intervention and changes
- REBT
- Express anger constructively (depression is anger turned inwards)

Rational Emotive Behavior Therapy (REBT) challenges distorted cognition and replaces with positive affirmation. Theory is that it is not so much the event or thing that upsets you so much as what you tell yourself about it.



# Interventions

- Teach how depressed anger can lead to avoidance, passive aggressiveness, depression
- Role-play
- Journal
- Popsicle

Passive aggressive: I won't hurt you by my actions but by my inactions

Holding a piece of ice or a popsicle can substitute for the feeling that the cutter is looking for. Just don't make it a red popsicle!

# Tools

- Blind walk
- Explain difference between lateral and vertical cuts
- Paradoxical intervention
- Refer
- Family and you check ins
- Activities that involve whole family

Blind walk: lead someone with their eyes closed without talking and discuss feelings, fears, doubts, sense of trust, enjoyment

# Tools

## Assessment

- What reasons do they have for ideation?  
Relive problems, change others, attention, revenge?
- Other disorder?
- Depressed, hopeless, anxious, hostile, suspicious, evasive?
- Do they see hope they can change things?

# Tools

## Assessment

- Was rescue anticipated or likely?
- Do they have adaptive coping ability or maladaptive? Have they been able to manage stressful situations in the past?
- What social supports available? Anyone to confide in? What do they perceive others think of their attempt?
- What do they feel about death and suicide?

# Suicide Assessment

- What are their reasons for living?
- Are there unstated beliefs maintaining their desire to die?
- Can they come up with solutions? Accept alternatives or reject them outright?