# Ep. 39: Shedding light on self-harm

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Good day gladiators, thank you for listening to another episode of the Sword and Shield podcast. It's Francis Martinez, director of psychological health for the 960th Cyberspace Wing, here with two guests from San Antonio Behavioral Healthcare Hospital. I have Dr. Henry Polk. He's a board certified child and adolescent psychiatrist. And Sara Broussard, licensed professional counselor. So thank you guys for joining us today. - Hi, thank you for having us. - Absolutely. Yeah, so we wanted to have you guys today, um, you know March is self-harm awareness month and I think it's one of the things that's a little bit most misunderstood and that's why, you know, I wanna, you know, have a podcast on and discuss, like what it is, what it's not, and, um, you know, what it looks like. - Yeah. Well, I mean, we definitely agree with that and I appreciate you letting us be a part of this forum. I know that, you know, typically, as a child and adolescent psychiatrist, and I know with Sara as a therapist, we, we often kind of get that, that, that, that bewilderment from parents about really trying to understand some abusive behaviors and what it really means. And, you know, like you said, a lot of times, a lot of times that self-harm, isn't about a, a, kiddo wanting to end their life and really trying to help focus on kind of, what it means for families, what it means for that individual kid, and what they're really struggling with, and trying to really find and get that right, that picture and looking at those symptoms and getting down to the bottom of things of why, it's truly a kind of important. - Yeah, and then when we talk about self-harm, right, we're looking at self-injurious behaviors, cutting, hitting, burning, biting yourself, you know, pulling hair. Those are the things that we're really, you know, talking and focusing on. And I know you guys like to focus a lot on kids because it really is prevalent in kids. I know about 17% of teens have admitted to one time in their life, self-harming. - Very, very prevalent in kids, but I, you know, a lot of times, and even with the research, we see it a lot more often in kids but, it's probably been happening a lot over the years, and a lot of, you know, parents or adults even kind of in secrecy have engaged in those type of behaviors. A lot more prevalent now because of the kids and the tweens, as we call them, kind of see more of that stuff in kind of the mainstream medium media. So we see a lot more often than in that population. - And so where do you think that it really starts as far as age that it really is, you know, average age of, of a child or adolescent that we see self-harming behaviors? - Well, that's a tough question to answer because obviously it's going to be different for every child, probably 12 or 13, would you say, and this is just from our own experience, but it's pretty young-ish, 11, 12, 13. Probably when it starts. - Definitely that range, that 12 to 14 year old range. And even nowadays it's, we could even see it in, even starting

from nine years old, but probably on average, it is the 12 to 14 year old age range when it becomes most noticeable. - Mhm. - And do you see it more in certain genders? Or is it, you know, focused on, on, or equal between the two? - Well, I guess it depends on how you operationalize self-harming, right? I primarily work with teenage girls and that's going to look like cutting, but when we work with boys, I think it presents differently in boys and so sometimes we'll see, even like punching and head banging. It's going to look like that. But I think when we think of stereotypical self-harm, we think of teenage girls and it looks like cutting. - And what are some risk factors that we're looking for when we're talking about self-harm? - I think when we kind of really look at self-harm, and we kind of discuss risk factors, it's a, a, a lot of times it's that, you know, from a parent's perspective, they look at it as, you know, their, their, their kid is in distress, they're suicidal, you know, they need this immediate help. But from, from our standpoint is, it's, we kind of look at cutting as almost a symptom of something more. - Mhm. - Whether it's an underlying anxiety disorder, depression, a personality disorder. A lot of times we look for those cues and signs of any type of trauma whether it's the physical, sexual, or emotional. So, so generally, you know, you look for those warning signs related to, you know, are they wearing long sleeves at school, or are they being more isolative, or having more friendship difficulties or, or decreased grades and, and wearing, wearing the winter clothes during the summer time. So those are some of those signs that, that we really try to tell parents to really to help to identify, you know, this, this, this change in behavior or change in kind of their appearance at times. - And is it something that, you know, when we're talking about self-harm with kids is it something that we continuously see throughout? Okay, well, if my kid's a cutter at 13, when they're 25 they're still doing that, or is it, you know, post some people might think, oh they're gonna outgrow whatever. Or, you know, the, for those people that don't believe in any type of, you know, mental health conditions or disorders, what does that look like? - Yeah, so, um, lately I've been working a lot with older teenage girls. And when I asked them about their history of self-harm, when they say, no I don't do that anymore, I stopped. I always ask them what helped you stop, or why did you stop? And 99% of the time it's peers. So I don't know, you know I don't know exactly why. I don't know if it's adolescent brain development or it's, um, you know, changing values, changing social situations. But we started to see it sort of taper off by the time adolescents get into the older teenage years. Right? Wouldn't you say Dr. Polk? - Yeah, yeah, and we think that probably has a lot to do with it and it just doesn't magically just disappear. It's one of those things that, you know, as that, that, that adolescent brain matures, and that, that emotional age finally catches up with that chronological age, they're able to, to kind of instill more coping strategies, instead of kind of using that self-harm as a way of managing their emotions. - Mhm, mhm. - Yeah, for sure. You know, you said Dr. Polk, the coping skills or strategies I don't think people realize that cutting or hitting or burning and biting yourself, you know, those self-injurious behaviors are really coping skills. They're just maladaptive, right. And so replacing those behaviors with something positive is what we're, you know, looking to, to work on. And so what are some, um, ways that you guys find has been beneficial with substituting, um, you know, negative, um, coping skills, with positive? - Oftentimes I talk to the girls about, um,

well I'm really into yoga and exercise, right. And so oftentimes I talk to the girls about getting that um, appropriate receptive and somatic feedback through exercise, because it still burns, you still get the endorphin kick. So that's something that I, I really push, and we do, we do movements in my groups as well but, I think any sort of expressive therapy, anytime the kids are expressing themselves, whether it be through music, or art, or dancing, that's really helpful especially for teenagers, writing, journaling, yeah. They just gotta get it out, right. And so, something that we really encourage them to do here is to practice expressing themselves in other ways and practice experiencing what that dopamine kick might feel like it's, you know, if they're doing pushups or if they're playing volleyball, like what does that feel like, how do you feel afterwards? - Mhm. - And just kind of to, to, to kind of piggyback on what Sara said, I absolutely agree is that, you know, that self harm behavior is actually kind of when it hits those receptors and kind of a simplified version, and then they kind of get this endorphin rush. - Mhm. - Which kinda, you know, causes them to kind of go back to that behavior because, you know, a lot of times, those kids that are really struggling with those, those, that ability to be able to have, you know, coping skills that are more productive than nature. They kinda go to the cutting, and they kinda, kinda, reinforces that feeling with the increase in the endorphins and really being able to understand that and help the parents to understand that, and kind of all those, those, other healthy coping mechanisms that Sara was talking about kinda helps to replace those things to kinda mitigate them having that response over time. - Mhm. It's actually really interesting. The kids talk about it as if it's addiction. Have you noticed that? They'll be like, oh I've been clean from cutting for four months, and they use addiction language and recovery language, which to me, just, you know, even more receptive, focusing about that neurofeedback and just the way that it's really affecting their little bodies. - And I think when we talk about self-harm, a lot of people want to connect it to suicide. Oh my gosh, you know, they're doing this, they're going to hurt themselves or commit suicide. Is that a myth? I mean, is that something that we look at, that just because you're doing this, is, does it mean that you are going to you know, commit suicide, or what are, what are the risk factors there? - I think that, you know, when we look at, um, self-harm behaviors, really trying to get a better sense of what the true underlying problem is and, and assessing that. And always, you know, making sure to, um, err on the side of safety and kind of, you know, looking at all the different risk factors for each individual, um, that's experiencing self-harm behaviors, and really trying to get a good assessment to see whether or not it is, is it, is it this parasuicidal behavior or is it this way of developmental coping where they're not really doing well with the emotions of being able to verbalize it, and you know, they'd rather feel this physical pain as opposed to this emotional pain and kind of taking each, each individual and really trying to assess that to, to make sure it's not that, that, that type of suicidal behavior that, you know, needs more intensive treatment, like a inpatient setting. - Mhm. - And is it something that, you know, I'm worried my daughter's friend is doing something, right. And then now my daughter is starting to do that. I know there's a theory of, you know, like suicide contagion, is it the same with self-harm? - Oh, I, I should probably think one of the most important things is that, you know, it's one of those things that, you know, when kids and adolescents are around each

other, it's like I said, if we kind of use that addiction model, then you know, you have these kids that they hear their friends try it so they want to try it. And, and so I think the main takeaway point, especially for parents, is to have that really open, honest discussion if you know that your child is self-harming, to be, you know, to be very open, and supportive, and acknowledging, and direct, and really try to address that in, in a, in a way that's gonna help them open up and communicate to kinda make sure they're getting the right treatment and, and having better ways of coping. - Mhm, mhm. - And what is the treatment model really look like for helping people to recover from, from self-harm? - I know Sara and I were talking about this earlier and, you know, kind of the, you know, some of those main things and, you know it's, it's getting down to the underlying issues whether it be major depressive disorder, bipolar disorder, personality disorder, sexual trauma, eating disorder, or any other type of addictions, and, and really kind of addressing those underlying things and making sure that if medications are indicated, doing those. - Mhm. - But then really trying to help them develop a more appropriate coping skills and really trying to get you know, we were talking about kind of families involved because it's something that doesn't change overnight. It's something that has to be a, a family approach. - Absolutely. Any therapy with adolescents and children is really family therapy, right? Because they don't exist in a vacuum, and, and parents can play such a crucial role in, in facilitating that healing and that recovery. It just takes a lot of work on the parent's part too, right? So oftentimes we suggest that parents get treatment, um, that family therapy is involved, um, so that everyone can be on the same page. Everybody can be communicating non-violently and just really supporting the child as much as possible. - What do you guys feel like the biggest challenges when you, you're working with kids, um, that do self-harm? What are our most at risk kids, or the biggest challenge in working with this population? - I always kinda go back to communication. Communication, and, and when I say communication, that's, that's all around, so when we're kinda looking at the, the child individually, them being able to kinda communicate with themselves. And what I mean by that is, kind of learning that self-care, learning that self-love. We kinda have that, that philosophy here is that, you know, you need to learn how to, to love yourself, so you can have a better relationship with yourself. You're able to communicate what those emotional needs are to others and that communication with, with family, making sure they're understanding, and having a, a good treatment support team around them is, is what it really takes for, for, for those things to get better. - Mhm. - And so, if someone is coming in, um, and is needing you know, treatment, um, how do they go about getting that, that treatment there at the, at the San Antonio Behavioral? - I think it depends on, um, the level of care that they need, right? So if they're coming in and maybe they self-harm every once in a while, or they're not really posing a big risk to themselves or to others, then we would send them over to our partial hospitalization program. And there, they would engage in an outpatient program where they meet in groups and with individual therapists throughout the day and then go home and have dinner with their families and rest and, um, spend time with their families and recuperate. However, um, if their self-harm behaviors are posing a bigger risk to their safety, or, um, it's coupled with some, some pretty severe suicidal ideation, then we would admit them here and they would start treatment

here. I think it really depends if you want, if you can keep yourself safe or not, right. So, um, one of the benefits of inpatient psych is that we can keep you safe. And we do provide a really supportive and safe environment where folks don't have access to things that might hurt them. So, um, I think that's kind of, right, where we win. How we would help folks get started. - Yeah, like in looking at those, those, those individuals that are, are struggling and, um, and really kind of trying to, you know, assess that individual kid to see kind of what level of care they need. If those, we, you know, of course we see those, they're more suicidal, there's more risk factors, and you know, going to that least restrictive environment that's gonna keep them safe is definitely what we always kind of, um, indicate. - Mhm. - Especially when you have kiddos that are still trying to develop that their, their, their self identity and, and, and trying to help them to kind of struggle, or to help them to be able to kinda communicate those emotions and needs more to family. And it's a, it really is not only just the family of course but you know, as a community as well, making sure that families have access to the different resources available to them, whether it be through a school counselor, whether it be through their pediatrician, or a friend. But really kinda having open discussions like we're having now about, you know, and, and not just, you know, making it a secret, but really kind of talking about those things, so, so kids and families feel more comfortable in seeking help and care. - Yeah, absolutely. You know, I don't think um, so, here at the, the 960th Cyberspace Wing, every month we try to recognize any type of awareness or prevention. And there's just not a whole lot of data on self-harm in itself, right? Like it's a phenomenon that hasn't been studied for a very long period of time. And it doesn't have a lot of, you know, a whole lot of data to support it, or a lot of even recognition. So, I don't think a lot of people really know about this, you know, maladaptive coping skill. And so, you know, that's why we're really just trying to educate and that's, we're trying to get on the forefront, right, of education, prevention, um, before it turns into, um, an actual act. - Yeah. And, and kinda that goes back to, you know, the, the, the families with their children kind of learning to have that open dialogue and, and, and talk about, you know, changes, talk about, you know, do you have a friend that engages in this type of behavior, and really kind of helping them feel more comfortable in opening up with how their, how their children or, or loved one is, is, is coping. - Mhm, mhm. Yeah, I still get, um, kids who come in and say, oh, my parents say I'm just doing it for attention, and that's a, a cue to me that we need some education and we need to kind of all get on the, on the same page, like Dr. Polk said with communication and understanding that, I mean maybe it's a cry for help, but it's also a maladaptive coping. And it's unfortunately, like we talked about earlier, effective coping. So the conversation needs to shift away from intention and toward, towards healing and coping. - Yeah. - And so, um, you know, we, we've talked earlier in the month about, um, cultural diversities as it relates to, to, um, mental health, right. And so, those are gonna be some of the challenges that our kids are facing when trying to get, you know, treatment or their parents don't believe in treatment. Can you guys talk a little bit about those struggles that you guys might see for the kids that want the help? - Yeah, it's tough. Um, I think that sometimes parents think, um, the kids don't need help, but after going through our services, you know, their eyes open a little bit more and I do a lot of work with families and in

trying to bring attention to the stigma and try and move through it, you know, acknowledge that there's a stigma there and move through it. Obviously, race and ethnicity are quite tied to socio, socioeconomic class. And, um, I think a lot of the barriers that we see is really about, um, income and, and financial status, unfortunately, um, that's just where we're at right now as a society. That also plays a huge factor in access to healthcare, to being able to afford it, and transportation to get there, right. - Absolutely. And then, you know, one last thing, you know, the pandemic has put a big, you know, strain on the lives of kids, right. Especially those that have to attend virtual schooling, can't see their friends, can't, you know, do much, um, activities. And so have you guys seen like a rise in this last year as it relates to self-harm? - Yeah, absolutely. With the, with the pandemic we are, you know, without kids having that normal socialization and being able to navigate life and be able to learn how to interact and cope appropriately instead of being isolated related to the pandemic, it really kind of, um, hinders their ability to be able to kind of have that brain development to be able to kind of mature in a way that, that's healthy. And so we're definitely seeing a, an, an increase number within our acute and other settings that, we're, we're seeing a lot more of the self-abusive behaviors because of how, how the kiddos are, are, are coping with the, the current situation. - Mhm. - Yeah. Well, we're really trying to get ahead of it, you know, trying to educate, like I said, educate people on different, um, preventative measures and different, um, you know, negative coping skills and then flip that into, you know, teaching those positive, this positive coping skills. And so, listeners, gladiators, if, you know, you're needing to, um, reach out for help for your children, or even yourself, right. Because, um, some adults say they still, um, have those maladaptive coping skills. Please reach out and we can put you in contact with San Antonio Behavioral if you're local to the, um, JBSA area. Um, and if not, we can go ahead and definitely, um, get you some, um, treatment options in your, um, local area. So I want to thank you, um, guys for joining in today. - Yeah, thank you. - We really appreciate you, yeah. - Well thank your for letting us, um, be apart of this. - Yeah, absolutely. And so to my gladiators, if you or someone you know are contemplating suicide, contact the national suicide hotline at 1-800-273-8255. Again, that's 800-273-8255. And thank you guys again for joining in, um, with us today, um, gladiators out. (Slow music)