

Oakleaves

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Understanding self-harming behaviors in teens

by Daniel Kinsey, M.D.

It is difficult to differentiate between the current trend in youth to self-harm (often cutting or scratching) and the risk of suicide. Typically cutting behavior is long-standing, with the intent to help self-soothe or decrease emotional pain by creating physical pain/injury. (As one teen told me, "It makes my inner pain an open wound and I can watch it heal.") But often cutting is associated with a higher risk of suicidal behavior when the cutting does not relieve the pain "enough."

It is important to understand the intent and purpose of the cutting behavior and not lump all self-harm into the suicidal intervention plan. Certainly self-harm is not a desired mental health intervention, but understanding the significance of the pain, the purpose of the self-harm coping behavior, and developing more adaptable and acceptable coping skills is a long-term goal of treatment and safety.

There is increasing understanding and work being done in the area of adolescent self-harm. It is vital that clinicians ask about, monitor (both verbally and physically), and discuss self-harming behaviors in teens as

part of routine treatment. This becomes especially important with treatment of known diagnoses that are often associated with self-harm and suicide risk.

Self-mutilation is categorized as an impulse control disorder in the DSM-IV-TR and is described as repeated skin picking, cutting, or bodily damage that is done in a compulsive manner. The incidence and prevalence of self-injury is increasing across the U.S. and locally.

Favazza's best selling book *Body Under Siege* (1996) helped publicly establish self-mutilation as a maladaptive form of self-help and relief from inner pain. It is categorized under the umbrella of deliberate self-harm or self-injurious behaviors, which encompasses self-mutilation, suicide, and parasuicide. Since the release of this often quoted book, the literature regarding self-mutilating behaviors in teens is beginning to increase, but currently lags behind the epidemic of self-injury.

The incidence of self-mutilations among adolescents has increased during the past 10 years. Only a few studies have been conducted

in the United States, and the results indicate that 4-38 percent of the samples engaged in self-injurious behaviors. Larger studies in Britain estimate that approximately 10 percent of youth ages 11 to 25 years have self-injurious behaviors.

With easy access to the internet, many adolescents are more computer savvy than their parents. They can now connect and communicate with people across the globe to develop friendships and share ideas and feelings. More than 80 percent of American youth ages 12 to 17 use the internet, and nearly half of this population logs on daily. Very little formal study has been done regarding self-injury in the adolescent population, but the recent studies revealed that the internet is a powerful way for teens (and adults) with self-injurious behaviors to come together. Hundreds of message boards specifically designed to provide a forum for individuals with self-injurious behaviors have come into existence in the past five years. All it takes is a quick Google of "self-injury" and you will find thousands of sites related to the (See *Self-harm*, continued on page 2)



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FYI

New Foundation leadership



Gregory Schnepf, M.S., joined the Oaklawn staff last August as vice president of organizational advancement, with responsibility for Oaklawn Foundation

for Mental Health as well as volunteer services. He holds a master's degree from Purdue University, West Lafayette. His office is at 330 Lakeview Drive, Goshen. For information about giving opportunities to Oaklawn, contact Greg at (574) 537-2645.

Oaklawn Spring Spectacular

Steven Ford will be the speaker at Oaklawn Foundation's 9th annual Spring Spectacular fundraiser on May 9, 2008, at the Matterhorn Banquet and Conference Center in Elkhart. Ford is the son of former president Gerald R. Ford and Betty Ford. In his talk is entitled "Alcoholism: My Story," Mr. Ford will share a broad range of inspirational stories. For information on tickets for the Spring Spectacular, call (574) 537-2645.

Vice president sought

Oaklawn is seeking a vice president of intensive services. As a member of Oaklawn's management team, this person will oversee the adult & senior inpatient programs, the access center, and five child and adolescent residential programs. Candidates may send a resume by email to humanresources@oaklawn.org; by mail to Human Resources, PO Box 809, Goshen, IN 46527; or call (574) 537-2675 for a job description.

(Self-harm, continued from page 1)

topic. The sites are diverse, but relatively unknown to most teachers and child care workers and therapists.

One in every five adolescents has a diagnosable mental, behavioral, or emotional problem. While coexisting mental disorders and abuse may be underlying causes for self-mutilation, studies indicate that individuals who self-injure usually start during early adolescence and continue for an average of 10 to 20 years. The behavior may predate any diagnosable illness or behavior.

Self-injury is often misunderstood. It differs from suicide gestures in that there is no intent to take one's life or a preoccupation with death; rather, it is an act that is used to relieve an inner feeling of emotional pain, tension, or anxiety. Although there is no single diagnosis of self-mutilation, it is generally considered a symptom of multiple disorders, including depression, anxiety, substance abuse, eating disorders, and adjustment disorders, post traumatic stress disorder, and personality disorders. There are also described forms of self-injury common with autism and mental retardation which have a different quality and intensity associated with them.

Diagnosing self-mutilation involves not only looking for the above mental disorders, but also looking at other risk factors and family dynamics. Risk factors include being an adolescent, having a history of domestic violence, physical or sexual abuse, substance use and increased isolation. Studies also seem to point to teens involved with the legal system as having higher rates of self-injury, but this is likely related to better identification and monitoring of the behavior.

Warning signs to parents, teachers, and others can include teens dressing in long sleeves and pants, even in the summer months, or refusing to undress or change for gym class or swimming. Sometimes they hide the sharp objects in the baggy clothing so they can self-mutilate away from home or at school. There are even "cutting parties" in our community, where teens seek connectedness through the behavior.

There are scientists who feel self-injury may have genetic links and be associated with other impulse and body image disorders, such as eating disorders and perhaps some obsessive compulsive traits, but this is not established or documented. Still, there is often a disregard of self or body noted, so teens who are highly self-critical or dissatisfied with themselves (and what teen isn't at some point), should be monitored for self-injury.

Patients who self-injure describe a sense of depersonalization prior to the act and a relief of anxiety, tension, or inner pain after the act. Often, it is like an emotional roller coaster of ups and downs; the self-injury is an episodic behavior when the teen is bored, isolated, lonely and feeling misunderstood and "hollow or empty." The cutting is a way to "feel" or punish one's self.

Therefore, it is important for adolescents to decrease environmental stress, increase connectedness to parents and social activities, improve communication skills, and develop effective measures of self-soothing and self awareness. Improved emotional and mood regulation is the goal. There are a number of therapeutic interventions available for treatment, but the basis relies on trust and understanding. It takes time to break old habits and develop more socially acceptable coping strategies. Discussing sports, music, art and other forms of self-expression is often helpful in identifying and communicating feelings and building alternative forms of expression other than pain. The better the therapeutic community around the teen, the better the chance of success at changing this type of behavior.



Daniel Kinsey, M.D. is medical director at Oaklawn. In the next issue of Oakleaves, Dr. Kinsey will address suicidal behavior in teens.

The professionals at Oaklawn



John Bouska



Claire Gisel



Tammy McDonald



Pat Parker



Leslie Sackett



Mike Spangler



Guy Tatay



Jessica Uhl

John Bouska has been named coordinator of Oaklawn's supervised group living program in its new facility on Lakeview Drive, Goshen. He has been at Oaklawn more than six years.

Claire Gisel, M.S.W., is a social worker with the family intervention team at 2600 Oakland Avenue, Elkhart. She received her master of social work degree from Temple University, Philadelphia, PA.

Tammy McDonald, M.A., is a therapist with the family intervention team at 2600 Oakland Avenue, Elkhart. She received a master's degree in community agency counseling from Western Michigan University, Kalamazoo.

Pat Parker, CADAC IV, CAC I, is an addictions counselor with the addictions intensive outpatient program at 2600 Oakland Avenue, Elkhart. She is a certified alcohol and drug addiction counselor.

Leslie Sackett, Ph.D., LCSW, is team leader for the adult case management program at 2600 Oakland Avenue, Elkhart. She holds a master of social work degree and a doctorate in social work and psychology from the University of Michigan, Ann Arbor.

Mike Spangler, B.A., is team leader for the Bashor/Oaklawn program and is located at Bashor Children's Home in Goshen. He holds a bachelor's degree in telecommunications and speech from Indiana University, Bloomington.

Guy Tatay, M.S., is a therapist in the child and adolescent residential program at Oaklawn, 330 Lakeview Drive, Goshen. He has a master's degree in education from Indiana University, South Bend.

Jessica Uhl, M.S.W., is a social worker in the outpatient program at 101 Marilyn Avenue, Goshen. She received a master of social work degree from Andrews University, Berrien Springs, MI.

Oaklawn Education Events

Oaklawn is committed to providing education events for professionals and the general public and to collaborating with other community agencies. Information about education events can also be found on our web site at www.oaklawn.org.

Professional training events

Faith After Combat: Pastoral Care of Returning Veterans

Speakers: Hugh F. Reusser, LCSW, Fort Wayne Vet Center, and Michele Babin, M.D., Oaklawn

When: Thursday, February 14, 2008, 7:15–11:15 a.m.

Where: Oaklawn, 330 Lakeview Drive, Goshen

Cost: No charge, but RSVP required to (574) 537-2680 or info@oaklawn.org.

CEUs: 2.5

Who should attend: This seminar is designed for pastors, church lay leaders, and others interested in the topic.

Description: This seminar will identify problems and concerns faced by veterans and their families and provide resources and support to pastors.

Sponsored by: Oaklawn, Goshen Health System, and Indiana Congressman Mark Souder

For more information: Call (574) 537-2680

Building Healthy Marriages

Speakers: Mike Aemmer, M.A., LSW, LMFT, and Jeff Stueve, Ph.D., of Family Christian Development Center, Nappanee

When: Thursday, March 27, 2008, 7:15–11:15 a.m.

Where: Oaklawn, 330 Lakeview Drive, Goshen, IN

Cost: \$10

CEUs: 2.5

Who should attend: therapists, social workers, pastoral counselors, pastors, and others who work with couples

Description: Participants will learn about marriage mentoring for their engaged, married or divorce-seeking clients.

Sponsored by: Family Christian Development Center and Oaklawn

For more information: Call (574) 537-2680

Reflections on 2007 —looking to 2008

by Laurie Neumann Nafziger, ACSW
Oaklawn president & CEO



As we end the calendar year 2007, it's an opportunity to reflect on the challenges and accomplishments at Oaklawn. I'd like to share some of the highlights with you.

- Early in the year we combined senior and adult inpatient services on one unit with separate programming.
- We ended a long partnership with Child and Parent Services (CAPS) by closing the therapeutic preschool and started a new collaborative preschool program with Elkhart Community Day Care.
- We expanded the Juvenile Community Transition Program working with youth as they come back from the Department of Corrections.

- We opened our fifth child and adolescent residential program which provides treatment to young sexual offenders.
- We built a child and adolescent group home in Elkhart, adding 10 beds to our continuum of services for youth.
- Due to demand for the service, we revived our adolescent substance abuse program, an intensive outpatient service held in our Elkhart offices.
- Our Assertive Community Treatment team for adults has seen steady growth in client enrollment.
- We expanded our partnership with the Amish, providing clinical services at

Horizons of Hope, a residential facility for Amish women in Middlebury.

- In October we opened a new facility for our supervised group living program for adults on our Goshen campus, which increased that program's bed capacity to 15.

- In November we made the tough financial decision to close our inpatient unit for children and adolescents.

- We were surveyed by the Joint Commission in December at which time our programs and procedures were evaluated according to their standards. We fully expect to receive another three-year accreditation.

We have accomplished a lot this past year! We continue to value your feedback and suggestions about our services at Oaklawn. Our collaborative relationships with many of your agencies are very important to us, as is your trust and confidence in our services. We look forward to a continued working relationship with you in 2008.

Oakleaves is published three times a year and is designed to address timely mental health and addictions clinical issues as well as inform professionals of Oaklawn's services and educational events.

Send changes of address, letters, and requests for free subscriptions to:

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Toward Health and Wholeness

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