



Help! My Teen is Self-Injuring

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A Crisis Manual for Parents

DR. MARK MAYFIELD

Help! My Teen Is Self-Injuring: A Crisis Manual for Parents

by Dr. Mark Mayfield

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INTRODUCTION: MY STORY

I share commonality with many people when I say that the years I spent in middle school were not kind to me. I was different, an odd kid by society's social measuring stick. I saw and experienced the world through my own lens. As an overly sensitive child, I struggled with day-to-day life and ended up as the castoff, always left to sit in the corner, failing over and over at my desperate attempts to fit in. As one of twelve students in my class at a small Christian school in northern Colorado, fitting in was something I just couldn't ever achieve.

Just two years earlier we had moved from California where I had close friends and family who knew me and accepted me completely. After the move to Colorado, I became distinctly aware of my differences. I dressed like an odd white version of Steve Urkel from the 1990s sitcom *Family Matters*. The combination of my pants up around my chest, my braces, my glasses, my clumsiness, my sensitivity, and my awkwardness garnered me a lot of attention. Unwanted attention. Yes, I wanted to be seen, but not in the way that singled me out and humiliated me on a daily basis.

The bullying (or abuse, as it should be named) began during the last semester of my fifth-grade year and escalated during the last semester of my sixth-grade year. Three new boys had joined our school, and I became their personal target for ridicule and cruelty. The bullying started out as teasing, name-calling, and intentional embarrassment. After they saw the impact of their actions and my physical and

emotional response, the bullying turned physical. I was shoved hard into lockers, pushed into trash cans, and on occasion they would turn me upside down and give me a swirly in the toilet.

Some of what I experienced could almost seem comical. We watch countless TV shows or movies where “boys will be boys,” where the cool, tough kids target the scrawny, nerdy kid. It’s seen as the classic rite of passage for childhood. The experience makes you tough, stronger, and able to handle the difficulties life will throw at you. Or does it?

From my experience, the torture did not make me tough or strong. Nor did it provide wisdom to handle life’s difficulties. My fear of being invisible was validated and shame overwhelmed my heart. As classroom paraphernalia was thrown at me and I was knocked to the ground and shoved under a desk, the teacher was oblivious. I was subjected to the entire class’s ridicule and used for a good laugh.

I began to curl up in my soul, and I believed the lies spoken over me. The slander and smears became my reality and truth. The straw that broke the camel’s back was the humiliation of being pantsed. One of the boys pulled down my pants in front of the entire class, underwear and all. Luckily, my shirt was long enough to cover me up, but the damage was done.

Being an adolescent, I was still developing the cognitive skills I needed to process my pain and humiliation. I did not know how to communicate with my parents about my abuse so, instead, I turned inward. Attending school, alone, produced so much anxiety and stress that I can remember the sensation of feeling as if my heart was going to beat out of my chest. Then, the migraine headaches set in.

My migraines started promptly after Christmas break of my sixth-grade year. The headaches developed quickly and grew to the

point that I could not function or attend classes. My parents, in their concern, took me to the doctor's office and I was given a prescription for migraine medication. Unfortunately, my pain was untouchable. We saw specialists who checked my blood for toxins, performed spinal tap tests to check my spinal fluid for disease, and scanned my brain via an MRI and EEG. All the tests provided little to no information on the cause of my headaches.

One night the pain grew to the point that I decided to handle it myself. I was overwhelmed with the weariness of being poked and prodded and taking medication that didn't work. I was tired of the relentless anxiety that was my daily companion. I made a plan to end my pain.

I waited until everyone went to bed to raid the medicine cabinet and swallow every acetaminophen pill in the bottle. Did I actively want to die or did I just want the pain to end? I'm not 100 percent sure of that answer. Either way, as a twelve-and-a-half-year-old boy, I attempted to end my life. After completing my plan, I went back to bed expecting that I would not wake up the next morning. However, the shock of stabbing stomach pains hit ten to fifteen minutes later. My dad found me rolling on the floor in agony and my parents rushed me to the emergency room where I was forced to drink a horrible concoction that numbed my mouth and throat. Eventually, that liquid caused me to vomit everything in my stomach.

That night was when we all realized that my battle was more than just headaches. The migraines were a physical representation of my internal distress. That next week, I began to see a wonderful counselor who understood my trauma and its physical, spiritual, and emotional affects. He helped me see my value and we began to work through the complexities of my story. I started to find healing. I was

finally seen and validated as the person I was, not the identity I had formed inside my experience.

Not until years later did I begin to understand my purpose in all my pain. The summer between my ninth- and tenth-grade years, I had the opportunity to go on a life-changing mission trip to a reservation in Wyoming. During our week there, I was put in charge of working with third-, fourth-, and fifth-grade students in Vacation Bible School. It was in those moments that I heard God whisper in my ear that my purpose was to care for others.

Fast-forward six years and I had become a youth and family pastor in the mountains of Colorado. I found joy daily in caring for middle school and high school students in my youth group. I was given the privilege of helping students understand their purpose in life. My experience built empathy and compassion in me that may not have developed had I not walked through my own version of hell. I could recognize the lies and I could understand the circumstances in my students' personal stories. But even though my experience helped me relate to these kids, I was not trained to handle what was to come.

As I worked in my office, studying for a typical Wednesday night in youth group, the phone rang. A teenager who had visited our youth group had chosen to take her life. I was completely shocked. What should I do with this information? What should I say? How do I help this small community make sense of this tragedy? I was at a loss and it deeply bothered me. I continued to lead my youth group to the best of my ability but still felt that I lacked what I needed to properly care for these kids.

Another year passed. I married my best friend and two months later we were surprised to find we were going to be parents! I felt that

I was being given all I dreamed of in my life. However, still working as a youth pastor, I carried a heaviness in my heart and could not shake what had happened a year earlier. So, after many hours in prayer, my wife, Sarah, and I felt it was time for me to follow God's calling to go back to school to become a counselor. I wanted to make a difference; I wanted a chance to make the world a little better.

The counselor who had helped me navigate my story made an impression on my young heart. I knew that counseling would help me help others rediscover their identity and purpose. Two years later, I earned a Master of Arts in counseling from Denver Seminary and then went on to earn a PhD in counselor education and supervision from Walden University.

During the completion of my PhD, our family of four (with the addition of our second child) decided to move to Colorado Springs and in 2015, Mayfield Counseling Centers opened. We grew to fourteen counselors in under two years. Each of our counselors brings unique life experience and counseling expertise to Mayfield Counseling.

This book has been written from inside the trenches of the battle for mental wellness. El Paso County, Colorado, has been hit with dozens of teen suicides over the past four years. Currently, Mayfield Counseling Centers is responding to the epidemic of teen and adult suicides by opening a counseling center in northern Colorado Springs. Our north center focuses on partnering with local schools and churches.

The inspiration for this book stems from the deep desire I have to see teenagers thrive. I write this book to share hope and information that can possibly be a lifeline to those dealing with self-harm and suicidal thoughts.

How to Use This Book

Many times when we are faced with a dire situation we want someone to tell us what to do so that the situation will be fixed. In essence we want an $A+B=C$ formula. But this is not how the world works. The content of this book, though thorough and informative, is not a simple formula that will fix every situation.

Instead this book is meant to be a practical guide for you to support teenagers who struggle with self-harm or suicidal thoughts. It can also be used as a resource to support a neighbor, a family member, or a friend who has a struggling teenager. Though each chapter can act as a stand-alone chapter, I would advise you to read the book in its entirety. Every chapter will build upon the previous chapter, providing a comprehensive practical framework of support. It is my hope and prayer that you will be empowered and equipped to be a part of the solution for those struggling with suicidality and that this book would ultimately save lives.

Dr. Mark Mayfield, PhD, LPC, NCC
President and CEO
Mayfield Counseling Centers

You Are Reading This Book for a Reason

Tom* and Jen sat across from me on my office couch. Jen was distant, staring out the window to the mountains beyond. Tom was just mad. His arms were tightly crossed, his face was red, and his lips were tightly pursed as he attempted to talk. “I . . . I . . . I just don’t understand,” he stammered. “Why would Allie do this? Why would she hurt herself like that? Is she just doing this for attention? I don’t get it!” As he talked, I noticed Jen retreating further away as she continued to stare toward the mountains.

“Jen?” I quietly asked.

Turning back to the room, she looked at me, tears streaming down her face. “I was thinking about when Allie was a little girl. She was so full of life, so excited about the world around her, and now . . .” Jen paused, “Now I don’t know what to think.”

Tom and Jen had contacted me a week prior when they found a bloodied razor blade in Allie’s bathroom trash can. According to Jen’s description, Allie was a kind, intelligent, sensitive high school

* All names in this book have been changed to protect privacy.

sophomore who deeply cared for those around her. Jen stated that when they confronted Allie about the razor blade, she initially denied it was hers. As they pressed, Allie broke down and showed Tom and Jen a series of cuts on her thighs, several fresher than others. Overall, a dozen cuts marred her skin.

Tom, in his frustration, exclaimed, “I can’t believe we didn’t see this sooner! We feel totally helpless! What do we do?”

I wonder if you feel the same way. Maybe, like Tom and Jen, you have discovered that your child is self-harming. You may feel that the whole concept of self-injury is foreign to you and you have no idea what to think and what to do. Maybe you are like Tom and you are reacting out of anger, frustration, and fear. Maybe you are like Jen and are almost paralyzed with sadness, fear, and uncertainty about what is happening with your precious child. Or perhaps you have been on this journey with your child for a while and you are picking up this book as an additional resource.

But you are obviously picking up this book for a reason. Whatever your reason, I am glad you and I are going on this journey of understanding and restoration together.

Checkpoint

Before we go any further, you need to make sure your loved one is safe. If you recently found out that your teenager is self-harming, you might be thinking, “No, my son (or daughter) is *not* safe!” I understand that this is how you feel in this moment and how you feel is valid. But at this point, I want you to assess for suicidality because self-harming does not automatically mean that your child is suicidal.

Is your child currently suicidal? By that, I mean is your child currently thinking about suicide and is he or she making plans?

If you know this to be true, skip ahead to the final two chapters, which will walk you step by step through this scary time.

If you are uncertain about whether your child is suicidal, turn to chapter 5 and follow the steps. This chapter will walk you through how to effectively assess for suicidality.

This book is meant to guide you in the ways that will best support your child and your family through these issues. Please note that this book does not replace counseling therapy. I highly recommend that you find a therapist in your area who specializes in working with teenagers, self-injury, and suicidality. If you need help finding a qualified therapist, Focus on the Family maintains a referral network of Christian counselors. For information, call 1-855-771-HELP (4357) or access FocusOnTheFamily.com/counseling. The National Suicide Prevention Lifeline is 1-800-273-8255.

Tom and Jen needed help with their daughter Allie. The first step in finding that help was to seek out a therapist. When they came to see me, I guided them through the initial suicide assessment for Allie and we determined that she was not actively suicidal. Next, we established a comprehensive safety plan for both Tom and Jen to abide by in case Allie's behavior escalated. Our session finished with creating action steps for both Tom and Jen—they needed to know what to do right then. (Note: some of these action steps will be expanded in chapter 4.)

First, I encouraged Tom and Jen to go home and remove any objects that could potentially contribute to Allie's self-harm (such

as knives and razors). The family should discuss collaboratively what objects pose danger. It is important to do this with your child because he or she needs to speak into the process. The action of removing dangers does not solve the problem, but it does provide some safety in the short term. I conveyed to Tom and Jen that if Allie had a strong enough desire to cut herself, she would find a way, so removing sharp objects from the house was not foolproof. If they were really concerned about her safety, I suggested a line-of-sight contract for a couple of days—this would mean that Allie would not be allowed out of a parent's sight at any time during these two days.

Second, I encouraged Tom and Jen to find someone, apart from a therapist, who could provide a safe, judgment-free zone to help them process their experience. They both needed that safe place to “freak out” and talk through things away from Allie's presence.

Third, I encouraged them to create a safe place for Allie to talk and process. This can be a difficult task for parents as they want to know the “why” and then create an immediate solution to the problem. However, rushing to fix the problem too quickly will actually push your child further away. It is imperative that your child feels safe to talk to you without judgment.

Leaning on Your Faith

It can be difficult to watch your child go through difficult times, especially when it comes to self-harming behavior. Make sure you take a moment, take a step back from the situation, and lean into your faith. As a parent myself, I am constantly surrendering my children to God. I have to realize that He loves them much more

than I do, and He will meet them in their pain. Remembering this truth will make all the difference in how you move forward through this crisis.

Chapter 1 Action Steps

1. Assess for suicidality (use chapter 5 as your guide).
2. Seek out a qualified therapist.
3. Don't lose control in front of your child. Instead find a safe place or a safe person with whom you can work through your emotions.
4. Remove and lock up all objects that could lead to your child's specific type of self-injury. Remember that the removal of the objects doesn't take away the issue. (This can be a controversial topic. Some feel that if objects are removed, your child will look for other ways to self-harm. Though this can be true, I feel that the safest course of action is to remove objects that you know could be used for self-harm.) It's also a good idea to monitor your child's social media and phone use.
5. Create a safe place for your child to talk and to process his or her feelings.

Questions

1. What are you feeling right now as you read this? Take some time to use *Appendix C: Emotions Worksheet* to better understand your feelings.

2. What is it that you want to say to your teenager at this moment? Write down what you'd like to say without editing your writing. This gives you a chance to write out your fears, frustrations, and concerns. However, do not give this to your teenager as it could be hurtful, confusing, or overwhelming for him or her. This exercise is a way for you to process your own thoughts and feelings.

Exploring the World of Pain

Self-injury is a complex struggle. For many parents, the idea that a child would injure him or herself does not make sense. It can be a difficult concept to understand and validate. This was the case for Tom and Jen. On the outside, Allie seemed like a girl who had everything together. She was a good student, was involved in the drama club, played volleyball, and was an active leader in her youth group. From the outside, everything seemed okay. From the outside, Allie appeared to be thriving. But that was just appearance. Allie's inner reality was much different than the outward appearance of her life. On the inside—behind the veil of appearance—Allie was experiencing profound difficulties. To truly understand the complexities of self-injury we will explore what is happening behind the veil when people self-injure.

The human being is a complex organism designed to be in intimate, trusting, and secure relationships with others. Many of the teenagers I work with will link their self-injury to a relational cause, whether it be suffering abuse or neglect, feeling misunderstood or insecure, or even being bullied, overlooked, or invalidated. The

concept is broad, but it really comes down to a person feeling connected, safe, and seen, while, at the same time, being given the space to explore his or her story. In later chapters, I will give you a glimpse of what is “behind the veil” in order to provide understanding and context. You will also find practical and effective tools to engage your child as you walk alongside him or her toward healing and wholeness.

Behind the Veil

To understand what is “behind the veil” is to understand what is happening with a person physiologically, emotionally, and relationally. This concept is crucial to exploring the inner, and often, unseen world of your child. Most human beings are masters at hiding behind a veil of “fine” or “okay,” when in essence they are falling apart on the inside. As parents, it is our job to explore and engage this inner world.

Allie was an intelligent, vibrant young lady who had high hopes for her future. But she put on an appearance of being okay. We all know that appearances can be deceiving. Allie revealed in family therapy that she felt enormous pressure to keep it all together and so she continued to persevere through her emotional chaos. As her feelings of anxiety and the perception of “pressure” continued to build in her life, she did not know how to express herself to her parents in a way that would make sense or convey the depth of her emotions. Instead of asking for help, she chose to retreat further into herself. During the time when her stress, pain, and pressure intensified, Allie was introduced to cutting by one of her friends at school. It was effective in releasing the pressure, but it did not heal the symptoms.

The Teen Brain

You may be thinking, “Allie seems to have good, attentive parents. Why didn’t she talk with them?” Before we can truly understand the emotions teenagers experience, we must explore their physiological development. The development of the teen brain is a complex process. Hang in there with me for a couple of minutes. I am not going to ask you to dust off your high school biology books, but I do think it is important to have a basic framework for what is going on inside the teenage brain. When you understand the basic functioning of the developing brain, then you can better understand how to effectively support your struggling teenager.

The teenage brain is an intricate, developing, and ever-changing organism. We often say that the brain is “plastic,” meaning that the brain has the capability to grow and adapt based on interactions with the environment, relationships, and positive or negative stimuli. Interestingly, the brain does not fully develop until the ages of 25 to 27. Some research is saying that the age of development is becoming more and more delayed because of our technological culture. Nevertheless, the teenage brain is at a critical stage of development, prepped for explosive growth.

However, there is one part of brain development that is often overlooked. The teenage brain, while not fully developed, is primed for strong emotional reactivity and impulsivity. Teenagers, essentially, are emotionally reactive beings who will struggle to cognitively make sense of their intense emotional experiences. For some readers, this is a revelation, for others this is a “duh” statement. Either way, this is a fundamental concept that must be grasped if you want to understand teenagers, whether they are struggling or not. Their brains

are constantly bringing in information that will be assimilated into both the conscious and subconscious parts of who they are. This is important because

1. If the information being received is difficult, stressful, negative, or traumatic, it has the potential of becoming a toxic force within the teenage brain leading to a potentially destructive mindset that is unknown to the teenager.
2. Due to the structure of the developing brain, the teenager needs a trusting, stable, and safe adult to help him or her make sense of what is going on. We need to know more about our kids than they know about themselves. This is the only way we can guide and teach them as they develop physically, spiritually, and mentally.

Emotions

Understanding how the teenage brain is developing is significant to understanding how your teenager processes emotion. In the heat of an argument, have you ever asked your teen what he or she was thinking when your teen did _____? What was the response? Teenagers respond with “I don’t know!” Those words most likely infuriated you as a parent. But what if I told you their response might be an accurate statement. Why? Because as previously stated, the teenage brain is learning to connect its emotional side to its cognitive side, known as the frontal cortex, which is responsible for insight, forethought, and reasoning.

When teenagers react emotionally, they often struggle to make sense of the why. When I work with parents and teens in my counseling practice, I encourage parents to ask their teens what they were *feeling* instead of what they were *thinking*. This provides a process

whereby teens can identify an emotion and then begin to trace back to what they were thinking prior to reacting.

There is a caveat with this. You as the parent must be emotionally intelligent for this to work. Emotional intelligence is the ability to recognize one's own emotion, to communicate that emotion in an appropriate way, and to ask for the support one needs from others. Emotional intelligence also means the ability to recognize and understand emotions in others as well. Parents need to help their children develop emotional intelligence.

Let's consider how this played out with Allie and her mom, Jen. One evening after school Allie came home from practice and was in a terrible mood. Jen noticed that Allie was a bit off but couldn't put her finger on what precisely was going on. Instead of ignoring it or overreacting, Jen used her emotional intelligence and stated, "Allie, it doesn't seem like you are okay. You haven't said much since I picked you up. Your constant sighing and body language tells me you are angry. What's going on?"

That perceptive question helped Allie recognize how she felt and to feel safe enough to open up to her mom and share the frustrations of her practice and some of the issues she was having with her teammates. Jen was able to listen to her daughter's frustrations, provide feedback, and comfort her. If Jen had confronted her daughter's attitude instead of being sensitive to her emotion, there could have been a completely different outcome.

Understandably, it can be difficult to support a teenager who is fighting an inner battle. But if you can be aware of your own emotions, recognize his or her emotions, and support your son or daughter where he or she is, all while attempting to provide understanding, then you are on the right track (we will discuss this further in chapter 4).

TIP: Have you ever had this experience? Your child gets upset about something. Then you get upset because your child is upset, and then it just continues to escalate until everyone's really upset. If so, find comfort in the fact that you're not alone. This is a common experience. It's really easy for us to get sucked into one another's emotions.

There's a scientific explanation for this. It's called "mirror neurons."

This concept arose out of the study of monkeys. Researchers attached electrodes to one monkey and gave it a banana to eat. At the same time, they attached electrodes to another monkey who watched the first monkey eat the banana. The researchers found that the same neurons were firing in both monkeys' brains. Essentially, the observing monkey's brain experienced the banana in much the same way as the monkey who was actually eating the banana.

Humans experience this same phenomenon. This is really profound because it shows that we pick up on the experiences of others and that our brains actually respond to those observations in physiological ways.

Now this can work against you if you're not paying attention. If you are not fully aware of your own emotional experience, you can easily get sucked into your teen's emotional upset. However, if you are in-tune with your own emotions *and* recognize your child's emotions, you can use the power of mirror neurons to help him or her calm down. This takes practice, work, and intentionality.

Attachment

Another key factor to a teenager's development is attachment. Attachment is the basic building block for how we relate, interact, and engage with the world around us. Our earliest connections build the neural pathways (brain structure) for all our relationships. By 12 to 18 months of age, much of how we learn to relate or attach is imprinted in our brains. We develop an internal system of relating to the world and to others that can dictate how we will relate throughout our entire lives. When our early experiences are less than ideal, those subconscious patterns of attachment continue to shape the perception and responses of the brain as we attempt to develop new relationships.

The good news is that this attachment is a work in progress and is not permanent. Our brains are considered to be plastic because we have the ability to grow and change over time. When we engage in a new thought, emotion, or behavior we grow a new neural pathway. This is also true in relationships. When we engage in a loving, safe, and trusting relationship our neural pathways for relating grow, change, and strengthen thus replacing old, negative, toxic patterns with new healthy ones. In his book *Brainstorm*, Dr. Daniel Siegel writes about three keys to secure relational attachments.¹

1. An individual must be SEEN. Being seen means being noticed, validated, and understood. It encompasses the physical needs as well as emotional needs that are embedded in the core of every person. Being seen goes beyond the "Hi, how are you?" concept when you greet someone—it means paying attention to an individual's tone of voice and body language (which includes making eye contact). It involves being aware

of what a person says and doesn't say. Being seen goes beyond the surface and engages what is happening in a person's internal world.

2. An individual must feel **SAFE**. Safety includes having one's needs met, and it also means not being afraid of one's caregiver. However, safety involves much more than a sense of physical safety. I once worked with a family where the dad was upset that his child was acting out. He stated, "I don't know what his problem is. I give him a place to sleep, and he gets to eat three meals a day. He should be grateful!" This dad was only attending to the physical needs of his child, which only accounts for 30 percent of safety needs. A child also needs to know that he or she will be mentally and emotionally cared for, which makes up the other 70 percent of safety needs.
3. An individual must be **SOOTHED**. Being soothed means that the caregiver will provide understanding, care, comfort, and resolution. This concept is pretty straightforward. Will my caregiver create a space for me to explore my feelings and struggles, and will I walk away from that experience feeling better than I did originally?

These three components lead to secure, healthy attachments. With healthy attachment, teenagers have a secure base from which to explore the world around them. However, life has a way of disrupting secure attachment and can leave teenagers in a confusing place. If teens do not feel like they have a safe place to be themselves, the pressure will continue to build.

Success

Another possible component to the building of pressure in teenagers is the imposed societal push for success. How do you define success? How does your family define success? Our definition of success can deeply impact how teenagers view themselves in relation to the world around them.

Culturally, the American definition of success is often equated to wealth, power, and position. Just turn on the television and you will find individuals striving to be the best, the richest, and the most powerful. Reality television perpetuates this ideology through contests that pit individuals against one another to win a coveted position or a million dollars.

In our teenagers' lives, success might look like earning good grades to get into a good college, to get a good job, or to swiftly attain the life their parents lead. Success also might look like being a sports protégé, getting a scholarship to a notable college, or simply feeling worthy of their parents' love and pride. The unspoken formula might look like this:

$$\begin{aligned} &\text{Good Grades} + \text{Talent} + \text{Popularity} + \underline{\hspace{2cm}} \\ &= \text{Success and Happiness.} \end{aligned}$$

This framework for success puts a lot of pressure on your teenager and has the potential to keep him or her in a fixed mindset. A fixed mindset is the individual's belief that one's basic qualities, such as intellect and talent, are fixed traits. Essentially, this means that what you are born with is what you are stuck with. This mindset causes the

individual to compare him or herself to others and experience deep disappointment when he or she falls short because he or she has no hope for changing or growing.

A fixed mindset combined with the cultural definition of success will almost always leave teenagers frustrated and disappointed because they will never feel they can measure up to this impossible expectation. A survey of college students reported a significant increase in experiencing anxiety and depression symptoms²; 30 percent of students described feeling “more than average” or “tremendous” stress over the two weeks.³ The desire to excel or to succeed in a standardized way is adding to the pressure teenagers experience.

Overexcitability

Finding out what is “behind the veil” of our teenagers’ thinking is important to understanding why they may be choosing to self-injure. Exploring brain development, emotional acuity, attachment, and success are all important pieces of the puzzle. Another integral component is the concept of overexcitability.

Overexcitability (OE) is a concept coined by Kazimierz Dabrowski.⁴

MINDSET: A mindset is an established set of attitudes held by an individual. One can have a fixed mindset, which is the belief that an individual’s basic qualities, such as intellect and talent, are set at birth and do not change. In contrast, one can have a growth mindset, which is the belief that an individual’s basic qualities, such as intellect and talent, are just a starting point for future growth.

Those who experience OE engage and interact differently with the world around them. Their experiences are deeper, more vivid, more complex, more acutely sensed, and more richly textured with others. Though this type of experiencing can be a gift, teenagers can easily become overwhelmed. This can be manifested through extreme emotions or through retreating from social situations. Often their behavior can be misunderstood as inappropriate or challenging. According to Dabrowski, OE can be split up into five categories:

1. **Psychomotor:** This is identified through movement, restlessness, being driven, and is coupled with the capacity for being active and energetic. These people need a lot of movement and athletic activity. This is often manifested in a lot of physical energy, fast talking, large gestures, impulsive behavior, and sometimes nervous tics. These individuals might have a difficult time sleeping.
2. **Sensual:** This is identified through the enhanced refinement and aliveness of sensual experiences (the five senses). These people have a unique love for sensory things (such as textures, smells, and tastes). They are often sensitive to bright lights, harsh sounds, or strong smells. On a positive note, they have a deep connection to the beauty of art, music, and nature, which often makes them breathless or emotional.
3. **Intellectual:** This is identified by a thirst for knowledge, discovery, and questioning; a love of ideas and thematic analysis; and a search for truth. This is typically the definition of “giftedness.” These people love brain teasers, puzzles, philosophy, rhetoric, and all things academic.
4. **Imaginational:** This is identified by a vividness of imagery; a richness of association; and the ability for dreams, fantasies,

and inventiveness. These people tend to daydream. They are strong visual thinkers, use metaphors in their speech, and have a knack for creativity.

5. **Emotional:** This is identified through a great depth and intensity of emotional life expressed in a wide range of feelings, great happiness to profound sadness or despair, compassion, responsibility, and self-examination. These people have deep emotions that, at times, can seem dramatic to others (even though they are not). These people have a need for deep connections with other people or animals. Empathy and compassion are cornerstones.

Exploring overexcitability as a possibility in how your teenager operates is an important step in confirming or ruling out anxiety or depression. It effectually provides a baseline from which to expand your evaluation into your teenager's unique needs.

When a child with overexcitability experiences the world with deep intensity and deep sensitivity in any of the categories, and he or she does not have a working understanding of what is going on inside, the pressure has the potential to continue to build, thus leaving him or her feeling overwhelmed and in need of relief. Self-injury has the potential to be a common response for individuals with overexcitability, especially if the overexcitability has gone undiagnosed.

Trauma

Another potential contributing factor to your teenager's self-injuring behavior is trauma. Trauma can be broken up into two categories, big "T" trauma and small "t" trauma. Big "T" trauma includes experiences such as sexual assault, rape, or a major car accident. Essentially,

this type of trauma is linked to a perceived or actual situation. People who experience big “T” trauma develop a heightened sense of awareness and no person, place, situation, or event feels completely safe. The pressure continues to build with nowhere to go.

The second type of trauma, small “t” trauma, includes experiences such as bullying (which I call abuse), emotional manipulation or abuse, and shaming. This type of traumatic experience can be subtle but very powerful.

When a person experiences a traumatic event (big “T” or small “t”) his or her body goes into a protective fight-or-flight mode. The traumatic event is broken up into its sensory pieces—the smells, tastes, sounds, etc. associated with the event. If the trauma is not processed effectively, the body will hold on to the idea that it is not safe and will protect itself at all costs, often by forming a trigger response.

A trigger response happens when the body reacts protectively to a sensory experience that is similar to the sensory experience from the initial trauma. For example, if you have ever been in a car accident, you will never forget the smell of the airbag. Months later you might smell something similar to the sulfuric smell of the airbag and be taken back to the memory of the accident. The body cannot discern between the current sensory experience and the original trauma.

If your teenager has experienced trauma without fully processing it, that trauma can be another catalyst for self-injury. As the pressure continues to build, it will eventually need to be released.

Mind Health

Discussing mental health can be difficult because of the stigma associated with it. So instead of talking about mental health from a

deficiency model or a medical model, let's talk about it from a wellness perspective. I personally like to use Dr. Caroline Leaf's terminology of mind health or mind wellness.⁵ Rephrasing "mental health" in this way allows us to view it from a perspective of growth, development, change, and sometimes choice. I will talk more about this in chapter 4.

The reason I bring up mind health here is that it might feel like your teenager has a "mental health" struggle when he or she potentially has a mind-wellness deficiency. Reflect back on this chapter and you will see a variety of stumbling blocks that your teenager may encounter. Instead of quickly dismissing your teenager's situation as a "disorder," slapping on a diagnosis, and putting your son or daughter on medication, take a step back to see the bigger picture. Do not get me wrong, a diagnosis and medication may be helpful, but they are rarely a long-term solution. You must consider the entire picture before you rush to judgment.

Conclusion

It is evident that today's teenager faces a lot of adversity. It is essential that you consider all the factors that might be contributing to your child's current self-injury. Understanding what is "behind the veil" is a crucial first step in the process. It is important to reflect on how teenagers view success, what types of pressures they are putting on themselves, their emotional development, and their attachment schemas. Furthermore, it is essential that their mental, emotional, and spiritual well-being are explored as potential contributing factors. Once a clearer picture is established, it is much easier to develop restorative action steps.

Leaning on Your Faith

Being a parent can be a difficult task, especially in this digital age. Trying to understand your teenager can seem daunting. Remember this: Who was the One that carefully and intentionally created your teenager? Take some time to reflect on Psalm 139 and prayerfully surrender your teen to God.

Chapter 2 Action Steps

1. Start the process of evaluating your family's culture.
 - a. How do you view relationships?
 - b. How do you view success?
2. Reflect on your own emotional intelligence and the overall emotional intelligence of your family. How are emotions received, experienced, and dealt with?
3. Take stock of your child's life up to this point. Are there any significant events that might have shaped his or her current way of thinking?

Questions

1. As you've reflected on your family culture, what small changes could you make toward health and connection? For example, do you need to spend more time off your devices so that you can be fully present? Do you need to rework your family's definition of success so that the pressure of perfection is lifted? Write down some ideas. The list does not need to be definitive.

2. Do you have a family verse or mission statement? If not, begin to think about God's promises and how they impact your family. Write out the promises that mean the most to you and begin to pray them for your family.

Defining Self-Injury

During an individual counseling session with Allie, I began to look for the origin of her self-harm behavior. She told me, “Several months ago, I had a series of things go wrong. My boyfriend broke up with me over text, I didn’t get the starting position I wanted in volleyball, and I failed an important test. I felt like everything around me was falling apart. I didn’t know how to express my feelings . . . In some ways I didn’t even know what my feelings were.”

She went on to tell me that a friend found her in the bathroom crying during passing period and introduced her to the self-harm behavior of cutting. Allie stated, “At first I was scared to try. But as the pressure continued to build, I thought I was going to have an emotional or mental breakdown in school, so I cut for the first time.” With a deep sigh, she continued, “It was a weird sensation. On one hand it really hurt and on the other hand it was like my body took a big sigh of relief.”

From the outside looking in, self-injury is perplexing. Why would someone choose to hurt him or herself? How could self-injury help someone feel better? How does self-injury solve anyone’s problems? Self-injury doesn’t seem to make logical sense.

In this chapter I will provide you with the latest clinical understanding of self-injury. Then in chapter 4 I'll give you practical steps to best support your teenager.

Defining the Problem

Self-injury is a deliberate and intentional, self-induced, non-lethal act of bodily harm, which is done to reduce, avoid, and/or communicate mental, emotional, physical, and/or spiritual distress.

Let's explore each component of this definition:

1. **Deliberate and Intentional:** making a conscious, purposeful decision to self-harm. Understand that self-injury is not done by accident.
2. **Self-Induced:** doing harm to oneself—no one else is doing it to you. This helps differentiate between self-injury and abuse.
3. **Non-Lethal:** self-harming without a plan to attempt suicide. Most types of self-harm do not include a lethal component.
4. **Act of Bodily Harm:** actively causing damage to one's body. This can take many forms. Examples include scratching with fingernails or other objects, scab picking, biting, cutting with a sharp object, and punching or hitting to cause bruising.
5. **Reduce, Avoid, and/or Communicate Mental, Emotional, Physical, and/or Spiritual Distress:** We talked about this at length in the previous chapter. Those who self-injure are struggling to make sense of their distress and for whatever reason are unable to communicate in a different way.

Current Prevalence

Self-injury is not a new phenomenon. In the 1980s, statistics reported that 400 per 100,000 participated in self-injuring behaviors. Toward the end of the 1980s, numbers increased to 750 per 100,000 and then drastically jumped to 1400 per 100,000 in the late 1990s to early 2000s.¹ This was a 350 percent growth rate in only twenty years. Other research indicates that self-injury has increased in prevalence from 18 percent in 2000 to 25 percent in 2011.² Moreover, the general population rates of self-injury have increased from 18 percent to 46.5 percent in the past thirty years.³

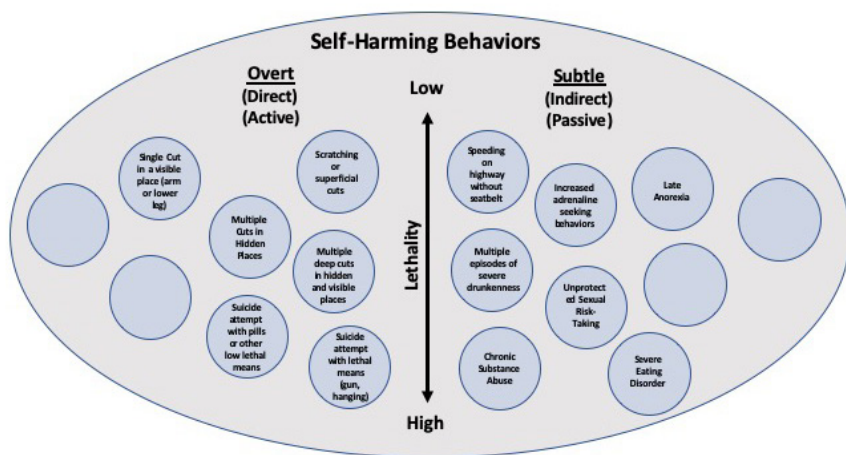
Research shows that as many as 10 to 25 percent of teenagers who self-injure relate their behavior to extreme stress, depression, anxiety, and other mental illness.⁴

Conceptualizing Self-Injury

I am making an assumption here, but I am guessing that you are frustrated and overwhelmed by trying to understand why your teenager is choosing to self-injure. I can only imagine how scared and helpless you might feel. Trying to understand the content in this book while assessing your own teenager is a daunting process, especially if you are trying to assess the potential lethality of his or her behavior.

The following diagram should help you assess the lethality of your teenager's self-injury. This diagram is adapted from Pattison and Kahan's work "The Deliberate Self-Harm Syndrome" and still remains the best model for assessing self-injury.⁵

Let's take some time to break down this diagram. First, what is the type of self-injury? Is it overt or subtle?



Overt or direct self-injury is what was defined early in this chapter as a deliberate and intentional, self-induced, non-lethal act of bodily harm, which is done to reduce, avoid, or communicate mental, emotional, physical, and/or spiritual distress. Overt self-injury can range from low lethality (scratching, biting, superficial cuts, single cuts) to high lethality when there are active and intentional suicide attempts. Overt self-injury can be easier to see as the wounds are often visible.

Subtle or indirect self-injury can be much more difficult to recognize until it reaches critical levels. Forms of indirect self-injury include:

1. **Substance Abuse:** Not all substance use is subtle self-harm. However, using a form of substance abuse to escape or avoid distress can become dangerous. Far too often, teenagers will be introduced to a substance and realize that the high helps them escape from their present distress. When the high of a

certain substance does not do the trick anymore, there is a tendency to try something more potent. Your teenager might try a new drug and, without knowing it, put him or herself in grave danger. The escalated danger of this behavior moves the lethality meter higher.

2. **Eating Disorders:** As stated with substance abuse, not all eating disorders are subtle self-harm. When it comes to bingeing, purging, and restricting food, many disorders can eventually become a form of self-injury. Both substance use and eating disorders have a marked impact on the physical well-being of the individual.
3. **Risk Taking:** This category is somewhat ambiguous as it can be difficult to assess what is normal or typical teenager behavior and what becomes subtle self-harm. Risk-taking behaviors should be split into two categories:

Physical: Physical risk taking can look different for each teenager, but some examples are jumping off buildings, doing flips, hanging off ledges on skyscrapers, sitting on the edge of a tall building or bridge, running into traffic, or rock-climbing without proper equipment. This differs from extreme sports, as a slight miscalculation could mean death.

Sexual: Just like physical risk taking, sexual risk taking can take many forms. This could involve having unprotected sex with complete strangers, having multiple partners, or having sex with known intravenous drug users or with individuals with known sexually transmitted diseases.

4. **Medication Mismanagement:** Teenagers who are on medication for whatever reason may be tempted to manipulate or experiment with their medications by either upping the dosage or by discontinuing altogether. This type of behavior is extremely dangerous without a doctor's strict monitoring.

Conclusion

The prevalence of self-injury appears to be growing, with symptoms first appearing at age 12 to 13 and peaking at age 15 to 17. Teenagers are 120 times more likely to self-injure than they are to die by suicide and are four times more likely to self-injure than to abuse alcohol.⁶ Understanding the basics of self-injury is key to developing a framework of support, care, and healing. As parents, there might be difficulty connecting with your teen who is choosing to self-injure. However, developing a working definition of self-injury begins to bridge the gap. Chapter 4 will provide key action steps for support.

Leaning on Your Faith

This is a difficult chapter to read. Take a moment to release your anxieties and fears to God. You can do this by journaling or through prayer. Remember that He wants to carry your burdens.

Chapter 3 Questions

1. What surprised you about this chapter?
2. What questions do you have about your own child and his or her experience with self-injury?

- a. Where on the Overt or Subtle scale is your child's behavior?
 - b. How might you approach your child with your questions?
3. What are your greatest fears about this process? Write them out in their entirety. Then brainstorm: Who in your life is a safe person with whom you can share these fears?

What Do I Do? How Do I Help?

Right now, you feel like your family is in crisis, and you want to find ways to fix your teenager.

However, before we continue, I want to encourage you with the idea that your teenager is not broken. Yes, your teen is struggling. But conveying the message that he or she needs to be “fixed” might not be the best way to help your child right now.

Instead, your teen needs to be seen, heard, and loved.

Your teen is not the only one in your family affected by his or her self-injury. *You* may also be struggling with the thought that you are somehow the cause of your teenager’s self-injuring behaviors. Regardless of the situation, please realize your teenager has a choice in the matter as well. You may have made mistakes as a parent (we all have). Remember, though, that you have an opportunity right now to make repairs and adjustments to your relationship with your child.

Discovering your teenager is self-harming can be disturbing. Often the initial response is to dismiss self-harming as attention-seeking behavior. Research suggests that more than 90 percent of parents who initially dismiss their child’s self-injury come to regret

it later.¹ So make sure you explore all the options to best care for your teenager.

Another common response is to react to the act of self-harm rather than to the person. As parents, we have the tendency to get so caught up in the behavior that we lose sight of our child. This is a mistake. When we focus on the behavior instead of our child we might be tempted to ask questions such as:

“Why can’t you just stop?”

“What were you thinking?”

“What is wrong with you?”

Or, in an eager attempt to validate your teen’s feelings, you may ask questions of a shaming nature:

“We probably need to get you help, right?”

“Do you need to go on medication?”

Finally, because you are caught off guard you may ask questions or make statements such as:

“Can I see your scars?”

“I know exactly how you feel!”

“I understand what’s going on.”

Though many of these questions and statements come from a caring and concerned heart, the words have a tendency to be misunderstood and could cause more damage by creating a chasm of hurt. Self-injury does not operate out of reason. The emotions that lead to self-injury don’t follow a logical path. If you are confused by what’s happening in your teenager’s life, stop and consider the pain and chaos your teen is experiencing.

Doing the best thing for your teenager in the midst of chaos and crisis can be difficult. You can begin by creating a safe place for communication. When you show your teenager that it’s safe for him

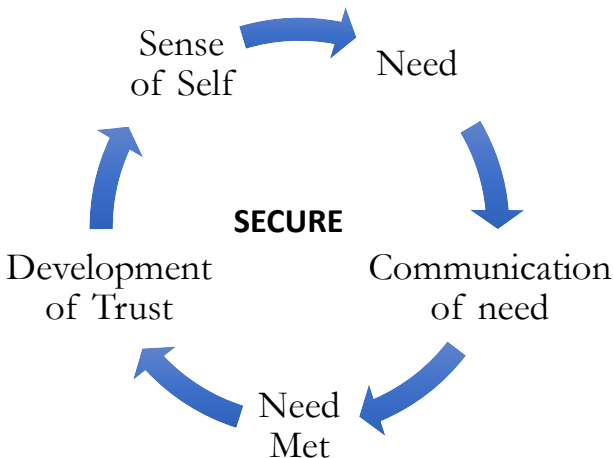
or her to communicate with you, you'll begin to earn the right to be heard.

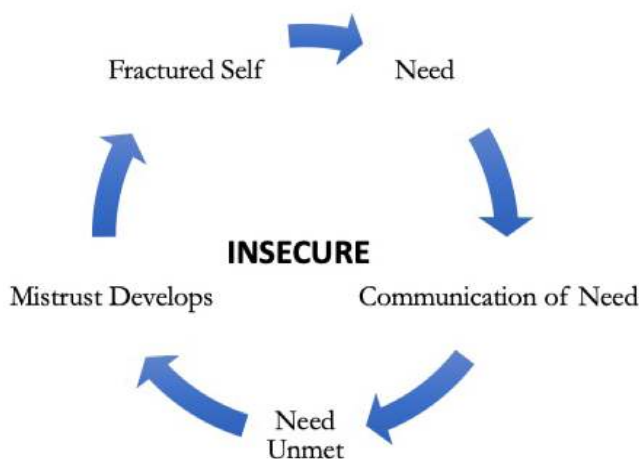
The Importance of Attachment

In chapter 2, I briefly discussed the importance of relational attachment when it comes to walking with your teenager during this tough time. Attachment theory was originally researched and developed by John Bowlby and Mary Ainsworth.² Together, they explored the key relationships between a child and his/her primary caregiver.

They suggested that, with a solid attachment, the child has the freedom to explore his or her world, knowing that there is a secure base to come back to. A sense of identity and self is developed from this secure base.

However, when a child does not have a secure attachment, he or she interacts with the world through fear, anxiety, and avoidance rather than confidence. As a result, a fractured identity or sense of self will be developed.





Our early attachment imprinting is key to laying the foundation to how we relate in the future. If our early attachment models were less than ideal or we experienced adverse circumstances or trauma, there still is the ability to change. Moreover, if you as a parent have made decisions or if things happened in your family that contributed to an adverse attachment, the ability to correct and heal this broken attachment is still possible.

This is where the idea of rupture and repair is crucial. A rupture in our relationship with our teens means that we do or say something that misses the mark. For example, you may raise your voice inappropriately or you may become caustic with your words or tone. Another way to rupture the relationship with a teenager is to ignore or overlook an important need. In order to restore a healthy attachment, the rupture must be repaired. Repairing a rupture means owning and admitting your actions, comments, tone of voice, inaction, or your lack of understanding. Repairing a rupture requires humility and vulnerability. Understanding the importance of rupture and repair is a vital first step in bridging the gap between you and your teenager.

To build and maintain a healthy and secure attachment with your teenager, pay attention to these three concepts: Seen, Safe, Soothed. These three concepts were previously discussed in chapter 2 and are originally developed by Dr. Daniel Siegel in his book *Brainstorm*.

Let's discuss in greater detail how each of these three concepts can help you to help a struggling teenager.

Seen

Being seen means that you sense the inner mental, emotional, and spiritual life beneath your teen's external behavior. Essentially, you are able to hear your teen's cry for help, figure out what that need is, and help him or her make sense of it.

How well do you know your teenager? If you were to look into his or her eyes, could you tell if something was wrong? Would you be able to see into the depth of your teen's angst?

How well you know your teenager depends on how much time you spend with him or her. As a counselor who specializes in working with teenagers, I often work with the entire family. This allows me to see specific family dynamics and how they affect the child. I frequently ask parents, "How often do you spend one-on-one time with your child?" I typically get blank stares back, as if this concept is a strange one. That's when I say, "Let me make you a deal. Spend fifteen minutes a day for the next three to four weeks with your child doing something that is enjoyable for him or her, and I guarantee you the behavior you're concerned about will significantly improve. If the behavior does not change, I will refund your session fees."

I have never needed to give a refund to a family for their

counseling fees. Why? Because when teenagers know that they are seen, they begin to feel heard, loved, and accepted.

Starting this now, in the midst of what feels like a crisis, can feel overwhelming and daunting. Yet, this change is central to forming a deeper connection with your teen.

In the Jewish tradition, when someone passes away they begin the process of sitting Shiva. This is a grieving process whereby friends, family, or the community come by the house, sit with the family, share a meal, cry, talk, laugh, or just practice the art of “being.” This idea can be easily translated into sitting with a child who is hurting. Instead of trying to “fix” the situation, just be with your child.

As you spend time together and your child begins to feel comfortable, there will be times when it’s appropriate to open a dialogue between you. Here are some questions that could jump-start this process:

“In what ways does your self-injury benefit you?”

“If your scars could talk, what would they say?”

“If I, as your parent, could make one small change to help you overcome your self-injury, what would that be?”

“If you could make a small change to overcome your self-injury, what would that be? How can I help?”

“What lie do you believe about yourself?”

“Often people use self-injury to cope with some type of emotional, mental, or spiritual distress. What distress are you trying to cope with?”

These questions can act as information-gathering questions as well as relational points of contact. Your stance needs to be one of genuine, nonjudgmental listening along with gentle curiosity, love, and acceptance.

Here are five practical steps for connecting with your teen:

1. **Listening:** Make sure that you are modeling healthy communication and listening. We often associate listening just with hearing the words that are coming out of someone's mouth. But listening is so much more than hearing words. Healthy listening means listening with your whole body. We listen with our ears, but also with our facial features, our body language, and our emotions. Are you calm, collected, and prepared to hear what is said along with what is not being said? Remember that listening is also the ability to read the other person's body language. For example, if your teenager has his or her arms crossed and is appearing surly, the time is probably wrong to attempt healthy communication.
2. **Nonjudgment:** Nonjudgment means fully listening to your teenager's heart without making assumptions or drawing conclusions about what is being said. You must not react negatively to anything your teenager says, so begin working on your poker face. As you both learn to communicate with each other, give grace as your teen learns how to express him or herself. It will take time for your teen to find the words that will properly communicate what he or she actually means or feels.
3. **Curiosity:** Curiosity means having a desire to understand the other person's point of view. Your goal is to seek to understand instead of trying to correct, to fix the problem, or to prove that you are right. This can be difficult; however, please note that showing curiosity is of the utmost importance if you want your teenager to maintain open communication.
4. **Love:** Unconditional love is at the core of the healing process. I vividly remember a story a dear friend once told me.

“My daughter was having some medical issues and asked if I would take her to the doctor’s office to get checked out. What I thought was just a routine infection turned out to be much more. After the visit, my daughter jumped into the car and I felt a deep sense that this visit was not about an infection. I turned toward her and said, ‘It’s not an infection, is it?’ She looked at me and with tears in her eyes said, ‘No, I’m pregnant.’ In that split second, I had a choice to make. The Holy Spirit quietly whispered, ‘How you handle this situation will determine the relationship you have with her for the rest of your life.’”

My friend went on to say, “In my flesh, I wanted to yell, scream, and be angry, but in that moment, I knew I had a choice. I turned toward her and with tears in my eyes I said, ‘I love you, and we will figure this out.’ I can emphatically say that I have a better relationship with my daughter now than I did before, and I have a beautiful granddaughter!”

Yes! I understand this might be a challenging stance to take, but remember, this struggling teenager is your child and he or she desperately needs your unconditional love.

5. **Acceptance:** To accept your teenager does not mean you have to agree with him or her. Acceptance ties in directly with love. Picture you and your teen, sitting together, just being still. No pretense, no expectations. Just being present with the person you love. To care for your teenager in the way he or she needs is to provide the affirmation of your support, love, and acceptance. This provides an unshakable place of safety for your teen in tumultuous circumstances.

Safe

To be safe is deeper than just physical safety. Being safe also includes mental, emotional, and spiritual safety, and it involves a sense of being cared for.

Providing for your teen's safety is an important next step as you strive to see and understand your teenager's hurts, struggles, and fears. Have you been able to look past your teen's physical scars and create a safe place for him or her to process? The critical question is, does your teenager have a safe person to confide in?

To develop this type of safety you must listen intentionally and take on the role of empathic comforter. True empathy requires care and understanding where there is no intention of fixing the person or the problem. Instead, you take on the role of intercessor on behalf of your teen, creating and establishing a safe environment.

Soothed

The final step or component to the development of a secure foundation is the idea of being soothed. This is quite simple in concept and yet can be difficult in action. Basically, feeling soothed means that our caregiver's response makes us feel better when we are distressed.

We have the power to affect those around us positively or negatively. Reflect back to a time when your child was acting out and consider your response to your child. If you responded with calmness and were in control of your own emotions, it's likely that your child eventually responded with calmness and self-control. But if you responded with anger and extreme emotion, it's likely that your child mirrored your response and the situation escalated.

As a parent, you have a responsibility to model self-control. Remember, you control your brain, your brain does not control you. Emotional intelligence is the first step in providing a space where your teenager will feel safe and soothed. Emotional intelligence is the ability to recognize emotion in another person and seek deeper meaning, while, simultaneously, exploring how you are feeling. After that insight into yourself, then you make the decision on how to respond to the situation. Emotional intelligence also requires you to pay attention to and read body language and facial expressions. When you are mentally, emotionally, and spiritually healthy, your children will have a better chance of becoming mentally, emotionally, and spiritually healthy.

Speaking Life

There is no doubt that your teenager is stuck in the mire of lies. How struggling teens see themselves, how they see the world, and how they interact with both are under attack. The lies they believe are like a megaphone in their ears.

As a parent, it is your job to speak and pray life over your teenager. You must be persistent and tenacious in this. In my opinion, it takes five positive truths to combat one lie. This will not be easy, especially if your teenager struggles to hear truth. The best-case scenario is that your teen will open up to you and begin to verbalize his or her struggle. More realistically, however, your teen will struggle to put words to what he or she is feeling. This is your opportunity to gently dialogue with your teen and help him or her make sense of the chaos. The worst-case scenario is that your teen won't engage

with you and will have nothing to do with you. If this is your teenager's current stance, don't lose heart. Remain steadfast in speaking and praying life over him or her, because it will eventually break through.

If you struggle to speak life over your teenager, I would suggest writing it out first. What makes your teenager special and unique? If you cannot look past the current behavior of the moment, think back to when your teen was a small child. What does the Bible say? When we struggle to realize truth, the best place to turn is to the source of truth itself. Ask the Holy Spirit to guide you as you write out the truths that you will be consistently praying for your teenager.

Practical Tools for Support

Everyone wants practical, step-by-step tools to “fix” his or her struggling teen. I get it, you want a foolproof way to make sure your teenager will be okay. Though I wish I had a magic formula for you, a one-size-fits-all solution will not work. I can, however, provide you with several key components that will aid you in supporting your teen.

1. **Monitor Safety:** If your teen is self-harming, it is important that you regularly assess the overall safety of your home.
2. **Visit a Counselor:** Is your teen seeing a counselor? Having a skilled, like-minded counselor is an essential support for you, your teen, and your family.
3. **Practice Seen, Safe, Soothed:** What are you doing to ensure your home is a place where these three things are front and center? The best way to do this is to receive feedback from your spouse or one of your other children.

4. **Seek Spiritual Support:** Do you have a pastor or a small group that can support and encourage you? Are they praying for your family?
5. **Practice Speaking Life:** Your teen needs to hear truth. Make sure you become a prolific truth speaker.
6. **Assess Your Own Mental, Emotional, and Spiritual Well-Being:** To ensure your teen's safety you will be continually pouring yourself into him or her. It is important that you find ways to care for yourself. Who is or what is pouring into you? Do you have a friend to vent to? Are you getting any sleep? Exercise? Are you eating well? Do you have hobbies you enjoy? Do you have a counselor of your own?

This is not an exhaustive list. These are practical suggestions gleaned from education, research, and experience, yet they must be tailored to your unique situation. This is why I am so adamant about finding a qualified, experienced, and like-minded counselor to guide you. In your dealings with your teenager, remember to focus on the person and the relationship, not the self-harm. Help your teenager put words to his or her emotions. Love your teenager wherever he or she is on the journey through this struggle. Finally, find hope in the fact that teens who self-harm find healing all the time. Stay the course!

Leaning on Your Faith

This is a difficult time. You may feel that everything you try is rejected by your teenager. Don't give up! Sometimes the simplest thing to do is to pray for your teenager while he or she is sleeping. Intentionally pray words of healing, wisdom, and life for your teenager. Trust that your prayers don't fall on deaf ears.

Chapter 4 Questions

1. What do you need to remove from your vocabulary and interactions with your child?
2. At this moment how would you describe your attachment to your child? Does your teen feel seen, safe, and soothed? What steps might you take to make your attachment to your child more secure?
3. How could you speak life over your teenager?
4. Reflect on the “Practical Tools for Support” section. What are you currently doing well? What needs to improve?

When It Is More than Self-Injury: Assessing for Suicidality

Up to this point we have been talking primarily about non-suicidal self-injury. But what happens when the behavior escalates? You may be wondering if something more is going on with your teenager. Deep down you are scared to even say it: *What if my teenager is thinking about suicide? What do I do? How do I help?*

This chapter is a very practical guide on how to effectively assess for suicidal ideation (intent).

If your child is actively suicidal, chapter 6 is a step-by-step guide on how to help.

How do you know if your teen is suicidal? Good question! The answer can be a bit complicated. Why? Because assessing for suicidality is much more difficult now than it was thirty or forty years ago. Back then you could pretty much run down a predetermined list of signs and determine the level of severity. Today, this has changed because of social media and its propensity to hide things. Therefore, it is essential that you pay attention to your teenager: how he or she presents on the outside, what he or she presents on social media, and anywhere in between.

There are several ways to assess for suicidality. The first way is to assess the severity of his or her self-harm. Yes, I did state earlier in this book that self-harm and suicide are two separate entities. Yet, there can come a point where self-harm could escalate in severity. Between 10 percent and 37 percent of teens who engage in self-harm will have a suicide attempt.¹ Teens who have self-injured in the past four weeks are 41.6 times more likely to have had a suicide attempt in the past twelve months.²

There is no causation between self-harm and suicide—self-harm doesn't *cause* suicidal behavior. However, there is correlation—individuals who self-harm have a higher propensity to suicidality than those who do not self-harm. This distinction is important because we often assume that because a child is self-injuring, he or she is automatically suicidal, and this is not always the case.

Here are six criteria to use in your assessment of your teenager's self-harming behaviors. If your teenager is experiencing three or more of these criteria, take your son or daughter to a professional to receive a full assessment.

1. **Frequency and Intensity:** Typically, when working with a teenager who is self-harming, I would suggest that parents not focus on the self-harming behaviors but rather on the person and the relationship. Though this remains true, it can change for two reasons. First is in relation to the frequency of the self-harm and second to the intensity of the self-harm. Are there multiple cuts a day several times a day or does it happen once every two to three weeks? Is it a go-to coping strategy?
2. **Intent:** Understanding your teen's intent is a key determining factor. Why? Typically, the intent for those who self-harm is to relieve distress. Suicidal intent is defined as a desire to

die, to not be around, to cease to exist. By itself, suicidal intent is just a thought or idea. Coupled with a plan and with the means to accomplish the plan, it becomes very serious.

3. **Method:** First, consider the level of physical damage being caused. How severe is the self-harm? I have worked with many teenagers who were hospitalized because the level of tissue damage was so great that they unintentionally attempted suicide. Second, consider the level of lethality. Review chapter 3 and the diagram on lethality. Is your teen's self-harm direct or indirect? Has there been a single episode or multiple episodes? Third, is he or she choosing to use multiple methods of self-harm? The use of multiple methods indicates that there may be suicidal intent, plan, and means.
4. **Type or Level of Distress:** Consider the various things that might be happening with your teenager (review chapter 2). Many teenagers who have died by suicide in my region were individuals who appeared to be popular, successful, and okay. Yet they each were keeping a dark secret. Self-harm is an indicator of distress. Use this opportunity to explore what is going on "behind the veil" of your teen's life. You may find it helpful to monitor your teen's social media and phone use. Looking "behind the veil" can be a difficult area to assess as the term "distress" can be a relative term. Do your best to understand how your child manages stress normally, assessing his or her level of resiliency and grit, and then determining if he or she is distressed. However, just because a situation doesn't feel distressful to you doesn't mean it isn't distressful to your teenager. It is imperative that you seek to understand your teenager's experience prior to making a judgment call.

5. **Hopeless and Helpless:** These are two words that every parent should be listening for because they indicate that your teen is giving up. Hopelessness is a feeling of despair and inadequacy while helplessness is the inability to defend or fight for oneself. Both words point to a lack of desire to be alive and these words and their alternatives should be taken seriously.
6. **Thinking:** How we think is essential to how we live and feel. Your teenager's thinking patterns will tell you a lot about his or her level of suicidality. Is your teenager fatalistic? Does he or she have all-or-nothing thinking? Does he or she have tunnel vision? Is your teenager impulsive? I know it might feel like every teenager on the planet experiences this kind of thinking; however, there are levels of impulsivity that can be reflected upon. Most teenagers are impulsive and will eventually recognize it and have a willingness to be teachable. Where this becomes concerning is when impulsivity becomes careless. All these components are strong indicators of a suicidal state of mind.

Columbia-Suicide Severity Rating Scale

There are many ways to assess for suicidality. However, assessments found in an internet search might miss some of the bigger questions and areas of concern.

If you suspect your teen is thinking about suicide, I recommend using an assessment called the Columbia-Suicide Severity Rating

Scale. This will help you determine whether intent, plan, and means are present.

The Columbia-Suicide Severity Rating Scale (C-SSRS) is a unique instrument that uses simple questions to help determine an individual's suicide risk. I use this assessment in my practice and find it to be very user-friendly.

When actively assessing for suicidality, you must take into consideration:

1. Suicidal intent (ideation)
2. The intensity of that idea
3. The suicidal behavior
 - a. Has there been an attempt?
 - b. Was there an attempt that was interrupted?
 - c. Was there an attempt that was abandoned?
 - d. Is there an active plan?

If you feel your son or daughter may be suicidal, download the assessment and use it with your child. The assessment begins with two important questions.

1. Have you wished you were dead or wished you could go to sleep and not wake up?
2. Have you actually had any thoughts about killing yourself?

If the answer to these two questions is YES, then ask questions 3, 4, and 5.

You can download the Columbia-Suicide Severity Rating Scale at <http://cssrs.columbia.edu/the-columbia-scale-c-ssrs/cssrs-for-families-friends-and-neighbors/>

3. Have you thought about how you might do this?
4. Have you had any intention of acting on these thoughts of killing yourself, as opposed to you having thoughts but you definitely would not act on them?
5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?

ALWAYS ask question 6.

6. Have you done anything, started to do anything, or prepared to do anything to end your life?

You'll ask your teenager to consider two different timeframes for question 6: during his or her lifetime or within the last three months.

When you download the assessment, you'll see that the answer key is color coded, progressing from yellow to orange to red, letting you know how serious the question and its potential answer is.

There are two possible results—see the assessment online to understand how to know which result applies to your teenager.

Result 1: Your teenager is actively suicidal and is a danger to him or herself. STOP what you are doing right now and either transport your son or daughter to the hospital yourself, or if he or she is uncooperative call 911 and have dispatch send police and EMTs. Then skip directly ahead to chapter 6.

Result 2: Your teenager is not actively suicidal but is in the ideation phase. This means that he or she has contemplated what it would be like if he or she were no longer alive, but has no current plan for killing him or herself. Seek out a competent, experienced, and like-minded counselor to support you, your teen, and your family.

Conclusion

Assessing for active suicidal ideation is not an easy task. The situation can become even more complicated when you are attempting to wade through myriad variables presented by self-harm.

Nevertheless, this is an essential step when it comes to keeping your teenager safe and alive. In my opinion, if you suspect your child is thinking about suicide, do not guess whether he or she is okay. Use the six criteria in the beginning of this chapter to assess the severity of his or her self-harm, and then download the Columbia-Suicide Severity Rating Scale assessment and use it to determine your child's level of suicidality. Finally, do not forget to find support. You cannot and should not do this alone.

Leaning on Your Faith

Don't try to navigate this moment of crisis by yourself. Ask your pastor, a small group leader, or a friend to support you and your family. Perhaps your church has a prayer group that you could call. Reach out to your church and make use of the resources it offers.

Chapter 5 Questions

1. What was your child's result on the Columbia-Suicide Severity Rating Scale assessment?
2. If your teen is actively suicidal follow the steps in chapter 6.
3. If your teen is not actively suicidal, what steps are you doing to ensure his or her continued safety? Do you have a counselor? Are you monitoring your child's social media, texts, etc.?

My Child Is in Crisis . . . I Need Help Now!

My phone rang, and I looked down to see if I recognized the number. I didn't, but it was coming into my work line, so I answered the call.

"Dr. Mayfield, we need your help," the woman said. "Our daughter has been acting differently these past couple of weeks and we just received a call from the school that she threatened to kill herself."

I could hear the desperation in her voice. She was caught up in myriad emotions from worried and scared to confused and frustrated, all at once.

"Thank you for calling," I said gently, "I know this is not easy for you. Your call tells me how much you care about your daughter."

I heard a deep breath on the other end, and then she said with emotion, "Thank you for your validation. I didn't know what to do, so I called you."

My caller, Joan, was on her way to pick up her daughter at school. We agreed that Joan would bring the daughter, Samantha, to my office for an evaluation.

If Samantha had done more than exclaiming that she wanted to die—if she had a plan, and if she had the means to complete

the plan—my conversation with Joan would have been considerably different.

But the school had been unsuccessful in getting Samantha to talk. Because she would not communicate, the school counselors could not determine whether she had a plan or the means to carrying out a plan. That's why the school had given Joan my number.

Twenty minutes after Joan's phone call, she and Samantha sat down in my office for the evaluation. I spent the next seventy-five minutes with Samantha gently gleaning information so I could give the help she needed. After several standardized tests, as well as the Columbia-Suicide Severity Rating Scale, I was able to determine that there were several risk factors presented and Samantha needed a higher level of care. Samantha had expressed a desperate cry for help.

Together, Joan, Samantha, and I came up with a comprehensive plan. To ensure Samantha's safety we decided that she would be admitted to the hospital for a 72-hour hold. There she would receive a comprehensive medical evaluation with a respected psychiatric colleague of mine.

Eventually, we determined that Samantha was struggling with major depressive disorder and would need ongoing care. The psychiatrist chose not to put her on medication but rather encouraged her to take several supplements based on deficiencies from her blood panel. Once she was released from the hospital, Samantha, Joan, and I, in collaboration with her doctor, developed a comprehensive plan. She continued seeing me for therapy twice a week for several months and is now successfully enrolled in a local art school.

If Samantha had been actively suicidal with ideation (intent), had a plan to complete suicide, and had the lethal means to carry out her plan, I would have used the following crisis plan.

Crisis Plan

Step 1: Do your best to remain calm

Being calm in this situation seems impossible, and yet your ability to stay calm is of the utmost importance. Your calmness will greatly affect this situation.

If you can remain calm, it will provide space for your emotionally tumultuous child to experience calm. On the other hand, if you escalate your emotional status in front of your child, that excitability has the potential to escalate the situation.

To remain calm, I suggest practicing mindful breathing. Follow these steps:

- ☐ Breathe in through your nose and allow your belly to extend like a balloon.
- ☐ Make sure you breathe in as much as you possibly can and hold for four to six seconds.
- ☐ Then exhale through your mouth, pushing all the air out until there is nothing left. Repeat these steps three to four times.

This type of breathing is scientifically proven to take you out of the “fight, flight, or freeze” response and into a stable and calm “thinking” response. It will help you think through difficult situations rather than simply reacting out of emotion.

Saying and repeating a quick prayer can also be very beneficial as it will help keep you focused on God, thus externalizing the internal emotional crisis.

Step 2: Do not go it alone

Discovering that your child could be suicidal is devastating. The temptation is to keep this information to yourself because you are

afraid of what people may say or think. There is no need to make your experience public. Instead, draw in a close friend, your spouse, a trusted family member, a pastor, or a counselor to walk with you through this process. You will need all the support you can get.

Step 3: Assess the situation

How did you come to the knowledge that your child is actively suicidal? Did you find a note? Did a friend of your child or his or her parent call? Did the school call you? Did you see something on your teen's social media accounts that concerned you? Whatever the reason, you are now faced with a choice of what to do. Here are a couple of immediate action steps to use.

Action Steps

Call 911: If your child is in immediate danger, calling 911 will dispatch the fire, police, and paramedics to provide immediate support.

Examples of immediate danger include situations such as these:

- ☐ you've caught your child in a suicide attempt
- ☐ your child has come to you with deep cuts that need medical attention
- ☐ your child has come to you with ideation and a plan
- ☐ you were concerned enough to do the Columbia-Suicide Severity Rating Scale assessment with your child and have determined that your child is actively suicidal. (You can find the assessment at <http://cssrs.columbia.edu/the-columbia-scale-c-ssrs/cssrs-for-families-friends-and-neighbors/>)

First responders who come will do an assessment of your child's state of mind and well-being. If they determine that your child is an

active threat to him or herself, they will put your son or daughter on an M-1 hold (also known as a mandatory 72-hour hold). Most often they will transport your child to the hospital, and then have a mental health professional perform a standardized assessment. If severe symptoms progress or persist beyond the 72 hours, they may suggest admitting your child to an in-patient psychiatric hospital. I will talk more about how to navigate this process later in the chapter.

Transport your child to the hospital: If your child is somewhat compliant and is in your care, you can transport him or her to the hospital yourself. When you get to the emergency room, you will need to let the front desk know your child is actively suicidal and is in need of a psychological or mental health assessment. The most widely used assessment is the Columbia-Suicide Severity Rating Scale. Even if you have already completed the C-SSRS on your own, the medical professional will most likely do it again as a part of his or her own protocol.

Call your local crisis line: Another option is to call your local crisis line. Only use this option if you know your child **does not** have a plan or the lethal means to carry out a plan but is only active in his or her thoughts. What do I mean by this? It's possible for teens to be in so much turmoil and pain that, while they may want to die or want the pain to be over, they may not have planned how to follow through or they may not have access to lethal means (for example, access to pills, drugs, or a lethal weapon). In this situation, it would be appropriate to call and get professional advice.

Transport your child to a counseling center: The final option is to transport your child to a counseling center that offers immediate crisis evaluations. These comprehensive evaluations typically include specific recommendations for you and your family. If your child has

suicidal ideation (thoughts) but is not actively suicidal (as discussed above), this is the best option. Why? First, it places the child in the neutral zone of the counselor's office, which can provide a measure of safety and perspective. Second, you are able to be with a person who is professionally trained to help. Third, you have not escalated to 911 or the hospital, which could create unnecessary trauma. Fourth, this step allows you to have an active, collaborative role in your child's well-being and plan for safety.

If Hospitalization Is the Only Option

Here is what you need to know if your child needs to be admitted to the hospital.

1. **M-1 (72-hour) hold:** An M-1 or 72-hour hold is a legal way to hold your child under mandatory supervision so that his or her safety is ensured. This means that your child will typically be under the watchful care of both medical and mental health professionals. They will conduct several evaluations and develop a comprehensive plan of care. At the end of a 72-hour hold, your child will be released to your care with a comprehensive plan or your child will be transferred to a specialized psychiatric facility.
2. **Being transferred to a psychiatric facility:** If it is determined that your child is not safe to return home, it is highly likely he or she will be transported to an extended care psychiatric facility. This process can be either voluntary or involuntary depending on the mental and emotional status of your child. Regardless, after a 72-hour hold, if your child

is actively suicidal, he or she will need to go to a safe place. Here are several key points to consider:

Request that your child is placed in an adolescent ward. This will ensure that your child is not placed in an adult ward where the staff could be dealing with more significant mental health disorders.

Find out who your child's psychiatrist will be, as it is highly likely your child will be placed on some form of mood stabilizing medication. Mood stabilizers can be a crucial aid in your child's well-being during the emergency so that individual, family, and group therapy can have the maximum effect while your son or daughter is in the hospital. However, many medications will numb the mind and create a disconnect from the very problem that is trying to be fixed.

The more informed you are, the better equipped you will be to ensure the best care for your child. Mental health care providers should always be willing to help you fully understand what is going on. You have the right to ask as many questions as you need to. Ask questions until you are sure that you understand. If the psychiatrist does not provide you with the answers you need, find someone who will.

Questions to ask:

- ☐ "What is my child's diagnosis?"
- ☐ "Could you please share why you chose that particular medication?"
- ☐ "What specifically does that medication treat?"

- ❑ “What is the purpose for that medication?”
- ❑ “What are the potential side effects of that medication?”
- ❑ “What are the alternatives to psychotropic medications?”

Be prepared for a lot of therapy. Therapy will become an integral part of your child’s time at the hospital. Your child will be required to attend individual therapy and group therapy. The entire family will be encouraged (and sometimes required) to attend family therapy. At this stage in the process, therapy of any kind is very important.

You might wonder, “What good will therapy do if my child is in the hospital for less than a week?” This is a good question as the therapeutic relationship often takes time to develop. However, therapy, in this setting, consists of skill-based interventions to ensure immediate safety and the development of practical life skills for continued safety. My professional suggestion is to take advantage of all the therapy provided as it will provide a foundation that will be built on after discharge.

After a lot of concentrated therapy, several medication management appointments, and a collaborative comprehensive plan, your child will be released into your care. This is a joyous occasion, but it can also instill fear in parents. This is a normal reaction, and there are several steps you can take in preparation for discharge.

First, make sure you have a counselor ready for sessions, upon discharge. The hospital will provide a list of their “approved” counselors, but I often encourage families to find, interview, and secure a counselor prior to discharge.

In fact, I suggest that families leave the hospital with their child and go directly to the first appointment with the new counselor. This builds on the momentum established in the hospital and paves the way toward successful treatment.

Second, make sure you have an external medication management appointment scheduled with a psychiatrist or psychiatric nurse practitioner. This ensures you will have a provider monitoring your child's medication, and it is always good to get a second opinion. What I mean is find a doctor who will test your child for root causes (e.g., hormone imbalances, vitamin deficiencies, etc.). Most likely if the root cause is found and treated, many of the secondary symptoms will subside and your child will be better equipped to learn coping and management techniques in therapy.

Third, make sure you have created a safe place for your child at home. If you have weapons, make sure they are secured in a locked safe. If you have medication that is Tylenol or stronger, make sure that medication is secured in a locked cabinet. If you have alcohol, it also needs to be locked up. In essence, make sure your home is ready to receive a child who needs all the help and support he or she can get.

Moving Forward

Aaron and Meg sat across from me in my office. My couch seemed to swallow them as they tried anxiously to make themselves comfortable. Meg had her legs tucked up under her body as if she were a child on her mother's lap. Aaron was on the edge of his seat as if he were awaiting important instructions. Aaron and Meg had been seeing me since their son Joey was admitted to the local psychiatric hospital a couple of weeks earlier. I had been working with the couple twice a week to help them understand their son's struggles. We worked to develop a deeper emotional intelligence as a family and to provide them with tangible tools to create a life-giving home.

Today, they were sitting in front of me with a mixture of

emotions. Excitement, confusion, fear, and anxiety were all balled up into one because Joey was getting discharged that very next day. Both Aaron and Meg were unsure if their family was ready to receive him home.

Joey was a gifted kid with amazing emotional range. Entering his junior year of high school, Joey was faced with taking AP classes, preparing for college applications, and working on his ACT/SAT tests. Joey was also a leader in his youth group and played both fall and spring sports. The internal and external pressures became too much for Joey and he sought an end to the chaos. Joey attempted suicide by taking an entire bottle of Tylenol PM. After about twenty minutes, Joey understood the permanence of his choice and, in fear, confessed to his dad what he had done. His parents, in a frenzy of terror and concern, immediately rushed him to the emergency room.

“What if he’s not ready to come home? What if we are not ready for him to come home?” Aaron asked. “Does that sound bad?” Meg added.

“No, it doesn’t.” I assured, “It sounds honest. I am guessing that you are scared you might miss something and he’ll attempt again.”

Meg immediately sat up on the couch and exclaimed, “That is exactly right! We had no idea he was struggling so much to begin with and we missed it. I don’t want that to happen again.”

I encouraged them to reflect on the progress they had both made as parents and the newfound skills they had acquired. The anxiety and fear Aaron and Meg were feeling are completely normal. They wanted to do what was right for themselves, for their family, and, most of all, for their son.

I wonder if you can relate to Aaron and Meg.

There is nothing more important than the well-being of our

children. Our confidence can be shaken when we miss something. To some degree, we have all been there, and we feel like we have failed.

Ralph Waldo Emerson states, “The greatest glory of living lies not in never falling, but in rising every time we fall.”¹ Failure should not define you, it is what you do *after* that defines you. Do not let what has transpired with your child define your family, yourself, or your child. Instead let it inform how you act, react, and interact with your child in the future.

Appendix A:

When Your Marriage Struggles

No one said raising children would be easy, and yet I don't think anything can fully prepare you for dealing with a child who self-harms or is suicidal. This can put a tremendous strain on your marriage. What do you do when your marriage begins to fall apart?

Marc and Kate were referred to me by a colleague who had been seeing their son following his second suicide attempt. My colleague noted in the referral that the couple had discussed divorce but were still willing to give their marriage one last shot.

At their first appointment, they walked into my office radiating toxic energy, sat down on the extreme opposite ends of the couch, and each refused to acknowledge the other's existence. Their communication consisted of, "Well, you tell *her* . . ." and "You tell *him* . . ."

The first couple of sessions were difficult to say the least. What we eventually came to realize is that they didn't blame each other for their son's struggles, but instead they each blamed themselves.

"I felt like I failed our son and like I failed you," Marc stated with tears in his eyes. "Every time you would say something, ask a question, or make a statement, I would take it personally and get defensive." Marc went on to say that in his emotions and his tainted thinking, divorce was what he deserved. Kate felt similarly about herself. Once they were able to communicate their feelings, the healing in their marriage began to take shape.

I want to talk briefly about the potential struggles that could be present in a marriage when you are struggling with a teenager who is

self-harming or suicidal. The remainder of this section will also provide practical action steps to strengthen your marriage.

Potential Struggles

It can be extremely burdensome on a marriage to have a child who is struggling in this way. Here are some of the most common struggles I see:

1. **Hypervigilance:** When you find out your child is in danger you can have the tendency to become hypervigilant. As a result your sensitivities increase and in some ways, your fight or flight response kicks in as you attempt to protect your child.
2. **Exhaustion:** When hypervigilance is sustained for a period of time you can quickly become exhausted emotionally, mentally, and spiritually. Not only do you forget to care for yourself, you will also forget to care for anyone else in your family.
3. **Looking for Someone to Blame:** This is a very common response as you try to make sense of your child's choices and behavior. Often it is easier to externalize the blame to your spouse or another family member for his or her contributions to the situation. And in the case of Marc and Kate, their blame turned inward.
4. **Control:** When it feels like your world is falling apart, the easiest thing to do is to try to control everything around you.

This is not an exhaustive list of the potential struggles facing a marriage, but these are the most common ones I've seen.

Marc and Kate saw me for several months to reestablish a strong

marriage. As we worked together, several important themes became evident:

1. **Keep the Lines of Communication Open:** Find safe and creative ways to maintain healthy communication. Healthy communication is built on trust, vulnerability, a desire to understand, and an attitude of assuming the best about the other person. It is also important to be able to talk about hard things without getting defensive.
2. **Recognize that You Will Process Differently than Your Spouse:** Processing differently is not bad, it is just different. So be gracious and seek to understand your spouse's processing style.
3. **Grieving Is Okay:** Grief is a normal, necessary process, and it is healthy.
4. **Take Time to Recharge:** Self-care is vital to successfully navigating this crisis. Make time for activities that fill you up and give you life. Take time to visit with friends who will allow you to vent.
5. **Spend Time in Prayer Daily Together:** Staying spiritually connected and grounded is essential.
6. **Find a Marriage Counselor:** Having a like-minded third party (who is not your child's counselor) is essential to navigating these unknown waters.

Keep in mind that you can expect that this will be a difficult time for your marriage. Taking a proactive stance is important because it will provide you with the necessary tools for success. With work, Marc and Kate's marriage became stronger because of the crisis they experienced with their son. Now they are actively helping others going through similar situations.

Appendix B:

Siblings

When a child struggles with self-injury and/or suicidality, the entire family unit feels the strain. Far too often I find families who are so focused on the “identified-patient” that the other siblings are left in the background. This can be very damaging to the sibling(s) who are not the center of attention because of a severe struggle.

There are six family roles that tend to show up in a family when one member struggles.¹ Originally, this model assumed that the struggling individual was an addict; however, over the past three decades, the model has been applied to other struggles. Reflect on how your other children might be filling one of these roles.

1. **Family Hero:** This individual typically takes on the role of caretaker. On the outside, the family hero will be a high achiever who responsibly follows the rules and wants the approval of his or her parents. However, on the inside, the family hero is filled with guilt, hurt, inadequacy, and shame.
2. **Mascot:** This individual is the family clown or comedian. On the outside he or she is immature, fragile, funny, distracting, sarcastic, hyperactive, and cute. However, on the inside, he or she is filled with fear, anxiety, and deep insecurity.
3. **Chief Enabler:** This individual is closest to the “victim” (this is typically the sibling who is self-injuring or suicidal) and can be considered the protector of the family. On the outside, he or she is self-righteous, responsible, sarcastic,

passive-aggressive, and sometimes a martyr. However, on the inside he or she is filled with anger, hurt, guilt, shame, and low self-esteem.

4. **Lost Child:** This individual is the forgotten child. Not because he or she is of no value, but because he or she fades to the background and on the outside is shy, quiet, solitary, has a deep fantasy life, and attaches to things not people. However, on the inside he or she is consumed with rejection, hurt, and anxiety.

The last two examples could describe a sibling, or they describe the child who is self-injuring or suicidal.

5. **Scapegoat:** This individual is often known as the problem child. On the outside he or she is hostile, defiant, always in trouble, and the rulebreaker. However, on the inside he or she is filled with hurt, rejection, guilt, shame, jealousy, and anger.
6. **Victim:** This individual is typically the one who struggles with self-injury or suicidality. On the outside he or she is hostile, manipulative, aggressive, blaming, charming/seductive, and rigid. However, on the inside he or she is filled with shame, guilt, fear, pain, and hurt.

So, what do you do with this information? In my opinion, let it inform your current family situation without allowing shame or guilt to permeate. Your current situation is a difficult one, and I know you are doing your best to make sure everyone in your family is cared for well. If you suspect that one of your other children is assuming one of these roles, use the information in chapter 4 to speak life into your child. Validating your child and speaking life into him or her can go a long way to healing your son's or daughter's hurts.

Appendix C:

Emotions Worksheet

This is a fantastic tool to explore your emotions. You can use it for yourself or you can have your child go through it. It is important to engage all five of your senses as you work through this exercise. When you use the emotions wheel explore what the main or primary emotion is. Then as you move your way to the two outer circles, explore what your second (secondary) and third (tertiary) emotions might be. This will provide depth of emotional exploration and allow you to deepen your emotional intelligence.

Instructions

Choose a memory and think about the emotions you felt during that memory; begin by describing that feeling in words.

What Emotion Did You Feel?

- ☐ In the next five sections you will be asked to describe that emotion through five senses: Smell, Taste, Touch, Sight, and Hearing.
- ☐ First choose a color to associate the emotional sense with and then follow the instructions for each section.
- ☐ At the end of each section you will be asked to write down the Primary, Secondary, and Tertiary emotions associated with the memory using the emotions wheel at the back of this worksheet.
- ☐ At the very end of this process, find the strongest Primary, Secondary, and Tertiary emotions that describe the emotion above and write them below the emotions wheel.

Smell

With a color, describe or draw what the emotion would smell like:

Using the emotions wheel at the end of this worksheet, find the Primary, Secondary, and Tertiary emotions associated with the sense of this emotion.

Primary	Secondary	Tertiary

Taste

With a new color, describe or draw what the emotion would taste like:

Using the emotions wheel at the end of this worksheet, find the Primary, Secondary, and Tertiary emotions associated with the sense of this emotion.

Primary	Secondary	Tertiary

Touch

With a new color, describe or draw what the emotion would feel like if you could hold it in your hand:

Using the emotions wheel at the end of this worksheet, find the Primary, Secondary, and Tertiary emotions associated with the sense of this emotion.

Primary	Secondary	Tertiary

Sight

With a new color, describe or draw a visual representation of the emotion:

Using the emotions wheel at the end of this worksheet, find the Primary, Secondary, and Tertiary emotions associated with the sense of this emotion.

Primary	Secondary	Tertiary

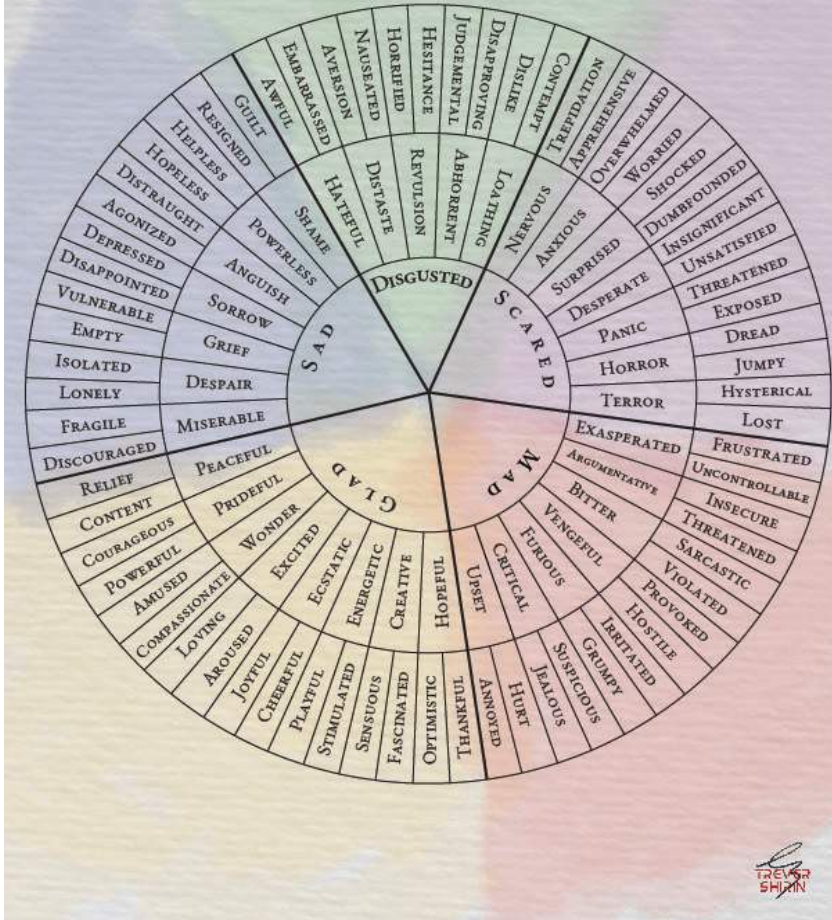
Hearing

With a new color, describe or draw an auditory representation of the emotion:

Using the emotions wheel at the end of this worksheet, find the Primary, Secondary, and Tertiary emotions associated with the sense of this emotion.

Primary	Secondary	Tertiary

I FEEL...



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Chapter 4

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