

What do you do when your child does the unthinkable?

The idea of deliberately hurting ourselves is strange to most people, and would go against our most primitive instincts. We cannot fathom using a razor to repeatedly scar our body, drawing blood, and feeling soothed by it. But for 1 to 4 percent of individuals in the U.S. self-harm is a way of life. They cut, burn, bite, puncture and hit themselves as a means of controlling feelings of anger, frustration, and sadness that are too intense for them to handle, or in order feel something other than numbness.

Who Cuts?

The authors of the book *When Your Child Is Cutting* (New Harbinger, July 2006) explain that people cut for a variety of reasons, as well as for a variety of results. For example, they say, some people are prone to self-injury and, once they begin, find that it soothes them more than anything else. Others, particularly adolescents, may not enjoy cutting, per se, but find that it is "a means of self-expression that is more powerful than any other they know."

The Mixed Emotions of Parents

"When an injured child comes to a parent," the authors say, "an array of emotions, questions, and plans of action will likely begin swirling in the parent's head." Some of the emotions (excerpted from *When Your Child Is Cutting*) include:

Disbelief: "My child's guidance counselor called and said that he thinks that she is cutting herself. Her friends apparently went to him because they're 'concerned' about her. I can't believe that she would be hurting herself on purpose. Couldn't they just be out to get her?"

Denial: "I cannot accept that my otherwise well-adjusted teen would hurt herself for no reason. Her life is fine. She must have gotten scratched by the cat. There must be some kind of mistake. There is no way she would hurt herself."

Anger: "We work so hard to give her everything she wants and needs! How could she just turn around and do something like this? She knows that this is unacceptable behavior. She's acting crazy! Doesn't she know that people are going to think she's nuts?"

Embarrassment: "People will think that our family is messed up because she's hurting herself. What will they think of us as parents?"

Fear and anxiety: "Does this mean that she wants to kill herself? I don't know how to keep her safe and I'm so worried that something even worse may be happening."

Helplessness: "This is so out of my realm of experience. I have no idea what to do. I don't think I can even talk to her about this."

Guilt: "Did I make her do this to herself? Maybe I don't spend enough time with her, or maybe she's doing this because I punished her for her lousy grades."

Signs Your Child May Be Cutting

- * A change in his/her behavior (eating, sleeping, school performance, level of socialization, appearance)
- * A dramatic change in mood (hostile, angry, sad, or tearful)
 - * Erratic mood changes from one moment or day to the next
 - * More secretive than usual
- * Spending more time alone or with a different group of friends
- * Wears different clothes or jewelry that might camouflage scars or injuries
 - * Wears more adhesive or gauze bandages lately, or you've noticed missing medical supplies from your medicine cabinet or first-aid kit
 - * Talks about self-injury
- * Has more cuts or scratches than usual
 - * Has begun avoiding sports or other activities that would require others to see more of his/her body or be in close physical contact
- * Refuses to go for his/her yearly doctor's appointment
 - * Carries implements that could be used for self-harm, such as paper clips, scissors, razors, safety pins, tweezers, and/or knives
 - * Makes excuses for unexplained scratches, bruises, or marks on his body
- * Seems to be in frequent conflict with his friends
 - * Withdrawing from things that he previously enjoyed
- * Has friends who engage in self-injury
 - * Your child's friends, other family members, or school personnel has expressed concern about your child or his safety
 - * They have spoken about suicide
- * Appearance has changed dramatically
 - * Has been sexually abused

About the Authors of *When Your Child Is Cutting*



Merry E. McVey-Noble, Ph.D., is a psychologist at the Bio-Behavioral Institute in Great Neck, NY, where she treats a number of adolescents and adults who engage in self-injurious behaviors. Dr. McVey-Noble served for ten years as a Professor of Psychology at Hofstra University. She currently works in the Student Counseling Services Center at Hofstra University.

Sony Khemlani-Patel, Ph.D., (right) is a licensed clinical psychologist at the Bio-Behavioral Institute in Great Neck, NY, where she specializes in the treatment and research of obsessive-compulsive spectrum, anxiety, and mood disorders as well as self-injury. She received her doctorate from Hofstra University in Hempstead, NY.



Fugen Neziroglu, Ph.D., ABPP, (not pictured) is a board-certified cognitive and behavior psychologist, involved in the research and treatment of anxiety disorders, obsessive-compulsive spectrum disorders, trichotillo-mania, hoarding, body dysmorphic disorder, and hypochondriasis at the Bio-Behavioral Institute in Great Neck, NY. She is coauthor of *Overcoming Compulsive Hoarding*.

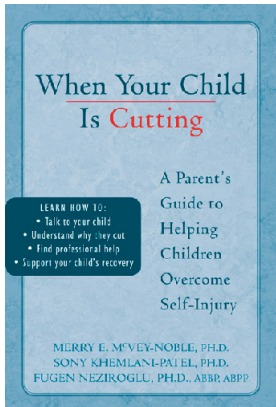
Suggested Interview Questions

1. What are some signs that their child may be cutting that parents should be aware of?
2. Some parents may think that this is behavior designed to "get attention." Is there any truth to that?
3. What are the first steps a parent should take in addressing their child's self-injuring behavior?
4. What are the most common obstacles parents face when first approaching their child with the issue of self-injury?
5. In your experience, what can happen when self-injury goes untreated?
6. Do certain methods of self-injury tend to correlate with specific emotional or psychological conditions (e.g. are cutters more likely to be bipolar than someone who injures him- or herself via burning)?
7. Would you say that self-injurious behavior is more strongly associated with biological or cultural factors? What are some of the most common biological or environmental factors that are associated with self-injury?
8. What sorts of treatment options are available to families? Are certain options generally more effective than others?
9. Are there any specific courses of action parents can take to help their children avoid cutting in the future, once therapy has helped them cease the behavior?
10. Is there any advice you can offer to parents of adult children who cut?

**FOR AN INTERVIEW REQUEST OR MORE INFORMATION CONTACT:
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**When Your Child Is Cutting: A Parent's Guide to Helping Children Overcome Self-Injury
by Merry E. McVey-Noble, Ph.D., Sony Khemlani-Patel, Ph.D., & Fugen Neziroglu, Ph.D., ABPP
ISBN: 978-1-57224-437-5 / 1-57224-437-2, \$15.95, 6 x 9, 192 pages
Published in July 2006, by New Harbinger Publications, 800-748-6273, www.newharbinger.com**

Raves for *When Your Child Is Cutting*



When Your Child Is Cutting is an excellent resource for both parents and professionals. It presents the facts about cutting and how to manage this problem. It is written in an accessible and readable format. The book takes a good deal of the fear out of dealing with cutting behaviors and provides a needed appendix of frequently asked questions. This text is pragmatic and to the point and can be of real help to many concerned parents and health service providers.

—**Robert W. Motta, Ph.D., ABPP**, director of the
Doctoral Program in School-Community Psychology
at Hofstra University

I remember the first time I had to say “self-mutilation.” I was so naïve. I quickly learned all that this diagnosis entailed. It meant that my daughter and I would be at odds through her early and mid-teens. It meant late night emergency rooms and psychiatric wards. And, for me, it meant anger, guilt, sadness, failure, hopelessness, loneliness—but mostly it meant fear. But slowly, ever so slowly, the rain stopped, the clouds lifted, and the sun was visible. It has been four and a half years now. The sun shines; my daughter and I walk hand in hand. Don’t get me wrong. There are cloudy days. But when it rains, my daughter has an umbrella and knows how to use it. The umbrella is the key—not the weather.

First I had to accept my daughter’s emotional problems. Then I had to accept and believe that they were real. Then I had to make a commitment to give whatever it took, at whatever cost. But I believed in Dr. McVey. I still have a piece of her note paper hanging on my refrigerator with the words, “This will not last forever.” I believed in her, in my daughter, and in myself. Every month now, without fail, we celebrate the day my daughter stopped cutting. It has been fifty-five months now. And every month is as important as the last.

—S.S., **client of author McVey-Noble**

My divorce hit both of my daughters hard. They were two and five at the time. My older daughter later reacted by being afraid of going to school and by expressing other anxiety behaviors. My younger daughter, Nicole, reacted by being the “good little girl.” When I had to travel, or when I would come home late after a nighttime presentation for my job, I’d find a paper plate pressed with lipstick-kisses on my pillow. Nicole was five then. During the summer when she was fourteen she began cutting herself. We tried to get help from a couple of therapists with limited success.

Then, as luck—or God—would have it (I truly do believe in divine intervention), I was talking to a colleague who needed to find an alternative school for her daughter. I told her about the school my older daughter went to. She told me her daughter cut herself and gave me Dr. McVey’s phone number. That’s how I found help. Nicole saw Dr. McVey twice a week. This gave her the support and insights she needed to control the cutting. Dr. McVey encouraged Nicole to call her, even beyond office hours, when she needed her. Nicole learned how to release the pressure valve of her own feelings when they threatened to boil over. She learned to understand her feelings so that she could manage and live with them.

—J.D., **client of author McVey-Noble**

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