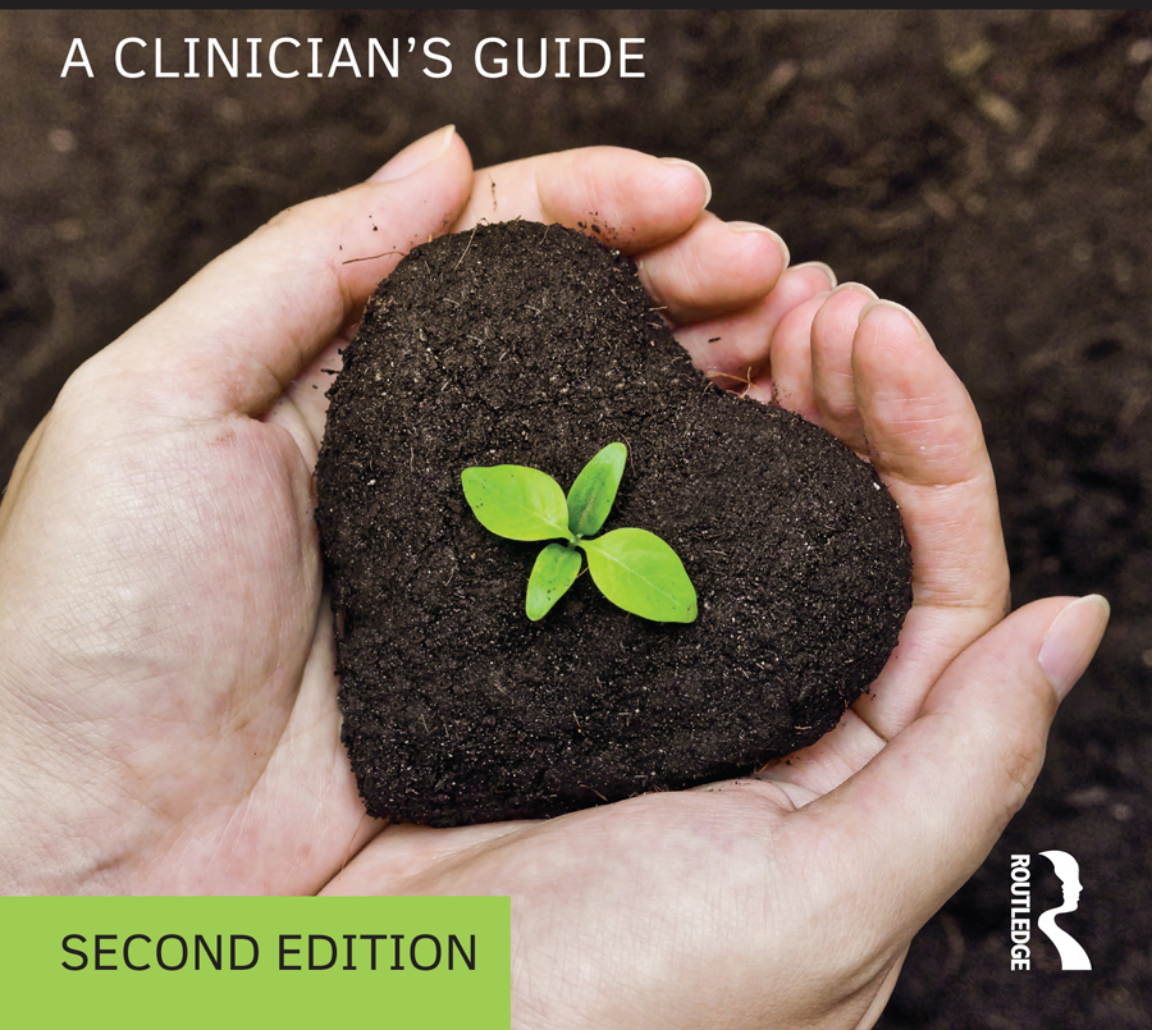
LISA FERENTZ

Treating Self-Destructive Behaviors in Trauma Survivors

A CLINICIAN'S GUIDE



SECOND EDITION

ROUTLEDGE

TREATING SELF-DESTRUCTIVE BEHAVIORS IN TRAUMA SURVIVORS

Treating Self-Destructive Behaviors in Trauma Survivors, Second Edition, is a book for clinicians who specialize in helping trauma survivors and, during the course of treatment, find themselves unexpectedly confronted with client disclosures of self-destructive behaviors, including self-mutilation and other manifestations of deliberately "hurting the body" such as bingeing, purging, starving, substance abuse, and other addictive behaviors. Arguing that standard safety contracts are not effective, renowned clinician Lisa Ferentz introduces viable treatment alternatives, assessment tools, and new ways of understanding self-destructive behaviors using a strengths-based approach that distinguishes between the "experimental" non-suicidal self-injury (NSSI) that some teenagers occasionally engage in and the self-destructive behaviors that are repetitive and chronic. In the new edition, many of the treatment strategies are cross referenced to a useful workbook, giving therapists and clients concrete ways to integrate theory into practice. In addition, Ferentz emphasizes the importance of assessing and strengthening clients' self-compassion, and explains how nurturing this idea cognitively, emotionally, and somatically can become the catalyst for motivation and change. The book also explores a cycle of behavior that clinicians can personalize and use as a template for treatment. In its final sections, the book focuses on counter-transferential responses and the different ways in which therapists can work with self-destructive behaviors and avoid vicarious traumatization by adopting tools and strategies for self-care.

Treating Self-Destructive Behaviors in Trauma Survivors, Second Edition, can be used on its own or in conjunction with the accompanying client-focused workbook, *Letting Go of Self-Destructive Behaviors: A Workbook of Hope and Healing*.

Lisa Ferentz, LCSW-C, is the president and founder of the Institute for Advanced Psychotherapy Training and Education, which provides continuing education to mental health professionals. She is an internationally acclaimed speaker and highly sought after clinical consultant. She has been in solo private practice specializing in trauma for more than thirty years, and in 2009 was named social worker of the year by the Maryland Society for Clinical Social Work.

TREATING SELF-DESTRUCTIVE BEHAVIORS IN TRAUMA SURVIVORS

A Clinician's Guide, Second Edition

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DEDICATIONS

This book is dedicated, with much love, to my parents, siblings, husband, and children. Everything I am grateful for "makes sense" given where I've come from, and the immeasurable love, support, and joy you bring to my life.

And to all of my clients—past and present teachers—for the countless ways in which you have educated me with your wisdom and inspired me with your courage, resiliency, and grace.

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PREFACE

I am delighted that this book has piqued your curiosity! I know you will find the clinical philosophy and creative treatment approaches genuinely helpful as you strive to effectively and compassionately work with the very challenging issue of treating your clients' self-destructive behaviors. One of the new components to this second edition is the cross referencing that links many of the treatment strategies to exercises from my second book, *Letting Go of Self-Destructive Behaviors: A Workbook of Hope and Healing*.

The workbook is written for people who struggle with eating disorders, addictions, and acts of self-mutilation and self-harm. It can be used as a companion piece as you integrate the treatment philosophy and techniques described in this second edition. As you read about various strategies that can be used, you'll be given the coinciding pages in the workbook where clients can put the techniques into practice. You can use these exercises as homework assignments to be processed in subsequent sessions, or you can incorporate the writing, drawing, collaging, and visualization prompts to create content for an actual therapy session.

The great advantage to this approach is that you and your clients will be "on the same page" in terms of the way you think about and treat self-destructive behaviors. Your open-hearted and open-minded willingness to read this book means you will bring a strengths-based approach to a presenting problem that is often frightening or confusing. As your clients identify, explore, and process the workbook material, their insights will also be rooted in this strengths-based approach.

In the workbook, those who are struggling are encouraged to do their work with the guidance, wisdom, and support of therapists who can address their symptoms with compassion and creativity. This book will enhance your ability to do just that! One of the most powerful byproducts will be a strengthened trusting therapeutic alliance, which can create a context for safe and non-judgmental healing.

Publishing a second edition of this book provides a great opportunity to highlight a component of this work that is crucial for clinicians to focus on and for clients to eventually embrace and integrate in their healing journeys. Clinicians should pay close attention to the issue of *self-compassion* when working with traumatized clients who use self-destructive behaviors to cope. As you'll see in future chapters, many of these clients don't come into therapy with the ability to see themselves through a compassionate lens. They usually hold feelings of guilt, anger, disappointment, frustration, and shame, and those emotions are typically directed at themselves. Keep in mind that if your clients struggle at times with the strategies presented in this book, it might be because you haven't adequately addressed their inability to access and hold self-compassion.

You've probably noticed that these clients are often able to feel and express compassion towards other people: engaging in acts of kindness, forgiving others when they make mistakes, hurt them, or let them down. When they see people "beating themselves up" they might try to be encouraging or offer a more realistic perspective. They can gently say, "You're human, we all make mistakes, don't worry about it, you can let it go." Ironically, being empathic comes so easily and naturally, as long as they are directing those words of kindness and encouragement *to someone else*.

It's interesting that people who find it relatively easy to be kind, supportive, and understanding to others actually score fairly low on self-compassion tests (Neff, 2011). They are more likely to chastise themselves for shortcomings or for poor choices made in the past. They may also berate themselves for an inability to integrate new behaviors. Many clients actually believe the best

way to motivate themselves is by evoking feelings of guilt. They think that being hard on themselves is a way to make changes or succeed in life. If they are too easy on themselves everything will eventually fall apart. I frequently see this in clients who have abuse or pain narratives. They attempt to move ahead in life by listening to an inner voice that is bullying, embarrassing, or shaming.

Unfortunately, this mindset is probably reinforced by our culture which still sees positive self-talk as too "touchy feely." People are afraid they won't get things done, won't be competitive or successful enough unless they are relentlessly driven (Seppala, 2011; Neff, 2013). Our society supports the notion of motivating through constant reminders of flaws and deficits, rather than through words of encouragement. We think this will get us to try harder. Or we keep comparing ourselves to others, focusing on how we fall short, so we don't become complacent and get left behind. As you teach your clients the strategies in this book, pay attention to the extent to which they are using shame as a source of motivation, and recognize that this will inevitably backfire and never create sustained changes. Since some of this book is also focused on you, the helping professional, notice the ways in which you internally use shaming words in an effort to push or chastise yourself when treatment isn't progressing fast enough.

Additionally, clients shy away from self-compassion because they equate positive self-talk with being self-indulgent (Neff, 2004). They may come into therapy believing they are inherently crazy or out of control, and if they coddle themselves with kindness, they won't be able to stay in check or prevent their "true" negative selves from surfacing. So, they constantly berate themselves, pointing out their inadequacies and focusing on what they haven't accomplished, rather than giving themselves credit for what they have accomplished. I call this the "yeah, but" syndrome. I'll say, "Wow you did this great thing" and they'll say, "Yeah, but I haven't done this other thing yet!" As a result, positive accomplishments get minimized and even discounted, trumped by the fact that they haven't realized some other goal yet. And usually this becomes a bottomless

well of "something else," so it never really feels acceptable to celebrate. Often this is a mindset taught to them by a harsh or abusive caretaker.

If your clients have this attitude, then it might resonate for them to feel defeated, give up, or label a challenge as overwhelming and not doable. The more self-criticism, the more fearful clients become about the possibility of failing. This fear of failure can be crippling, leading clients to the conclusion that it's not worth trying because failing is too devastating an outcome. If your clients seem hesitant to move forward in their work consider the possibility that they are being held back, in part, by this fear of failure. When clients focus on all of their shortcomings, often exaggerating them, it will never motivate them to succeed. It just creates the self-fulfilling prophecy of doing less, which, sadly, generates new "evidence" and perpetuates the idea that they can't measure up. As the helping professional and guide in their healing journey, it's important to point out this paradox. The reality is, clients are *more* motivated when they talk to themselves with self-compassion, rather than bullying or shaming themselves into doing a desired behavior or making an important change. The more they beat themselves up and self-criticize the *less* likely they are to feel motivated to change.

When your clients frequently criticize themselves they begin to lose an accurate sense of self. Struggling with self-destructive behaviors means there are arenas ripe for growth and change. But these clients "can't see the forest for the trees" so their objective, realistic view of their strengths and weaknesses overlap, become blurred and indecipherable. Research shows that self-critics are more likely to be anxious and depressed, and have less self-confidence in their abilities (Neff, 2011).

Conversely, people who feel higher degrees of self-compassion statistically have lower rates of stress, anxiety, and depression, are more likely to gravitate towards healthier behaviors, seek medical attention when they need it, report greater levels of happiness, and ultimately, accomplish more in their lives (Neff, 2011). Additionally, people who are self-compassionate are less

likely to feel incompetent or humiliated, or take things too personally (Neff, 2011). This is critically important for those who struggle with self-destructive acts. When they can talk about their behaviors with empathy or de-personalize their triggers, this goes a long way towards mitigating and reducing the anxiety and shame that perpetuates the self-harm cycle.

I also believe that people who are kind to themselves are less likely to be in emotionally unavailable or abusive relationships and more likely to leave a toxic, unfulfilling workplace. They tend to be more patient with their children, less haunted by shame, better able to handle challenges in life, and overall feel a greater sense of inner peace.

Neff (2011) talks about compassion being associated with the alleviation of suffering. This is critical for clients who hurt themselves as a way to cope and survive. When they can feel a sense of compassion and empathy for the pain that comes from self-destructive acts, poor choices, inadvertent mistakes, falling short in some way, dysfunctional coping strategies, or unresolved trauma, they are motivated to want to heal that pain. This can be an important step in finding the courage to try the new behaviors offered in this book. *Self-compassion becomes the catalyst for motivation and change.* It motivates through a desire to be healthy, rather than motivating through guilt, shame, or the fear of self-punishment.

When clients operate from self-compassion it also helps them recognize that failure is an inevitable part of life (Emel, 2013; Neff, 2011). That's important because some of the resistance to self-compassion is the idea that it sugarcoats everything. Being self-compassionate doesn't mean being in denial about what a client has done or what they need to start doing differently. It's just a better, gentler way of processing those things and coming to new insights about how to move forward.

When clients can look at "failure" through a lens of self-compassion they can see that "failing" at something actually creates an opportunity to learn and grow (Seppala, 2011.) It's not something they need to run from or bully themselves into avoiding. It's actually something they can embrace when they see it as

an opportunity for growth. Helping clients to assess their disappointing actions in a compassionate way can motivate them to make positive changes because they want to be happier and believe they deserve that happiness.

You will see how important it is to incorporate self-compassion into the work when we look at the cycle of self-destructive behaviors and talk about re-framing "failures" and other negative thoughts. The notion of "failing" is replaced with the idea of a "teaching moment." Rather than getting stuck on the "hamster wheel" of self-blame, we move clients forward by teaching them to nonjudgmentally ask, "What could I have done differently? If I could 're-wind the tape' what would I see that could help me make different choices next time?" "Did I have an option other than hurting myself?" One of the things that will help your clients get off that hamster wheel and move forward will be the conscious awareness of incorporating self-compassion when answering those questions.

When assessing for your clients' levels of self-compassion look for how they react when faced with challenging life experiences, and how they view themselves when they do any form of self-inventory. Since most clients chronically engage in self-destructive acts even when they don't want to, you will have many opportunities to track their reactions and assess for self-compassion.

If they handle a situation poorly, repeat an unwanted behavior, or react in ways that are not effective, notice if they become judgmental or self-critical. How do they respond when they focus on qualities they don't particularly like about themselves? When they identify a personal flaw notice if they get stuck in obsessive thinking rather than addressing it in a pro-active way. Can they find ways to be patient and understanding about their shortcomings and self-harming acts or do they become angry or intolerant of them?

Clients' self-perceptions and self-talk will go beyond their reactions to destructive behaviors. Listen closely as they process their experiences at work, their inter-personal dynamics, the challenges they face as parents, the narratives they hold about family-of-origin experiences, and prior trauma or abuse. Clients

who are lacking in self-compassion will always home in on their mistakes. And they tend to beat themselves up more after identifying them. When you point out their suffering notice if they minimize their pain, engage in self-blame, or seem unwilling to self-soothe with words of comfort or hope. Assess for the extent to which they exhibit any empathy for their struggles.

Let me give you a few examples from my work as I think this will bring these issues to light for you. A 23-year-old client recently had her first baby. She still had some of her pregnancy weight on and every time she looked in the mirror she heard herself saying, "I am so fat. I can't believe I gained all of this weight and I still can't get it off. I hate my body and I'm going to starve it until I lose the extra pounds." A 17-year-old boy missed a goal in soccer and re-lived it over and over in his mind saying, "I let down the entire team. I totally embarrassed myself in front of everyone. No one is going to want me on their team next season. I'm a loser and I'm just gonna cut myself." Or the 55-year-old client suffering from panic who berated himself after every episode saying, "I'm crazy. No one else suffers from these attacks the way I do. I'll never be able to get them under control. The only thing left to do is drink."

You can hear how their self-talk is unfair, critical, judgmental, and detrimental to their sense of self. In all three cases, guilt and shame are the prevailing emotions rather than kindness and empathy, and as a result, these clients are primed to hurt themselves. The total lack of self-compassion sets them up to actually perpetuate a self-destructive behavior, which, in turn, will continue to fuel feelings of failure and self-loathing.

If instead, these clients learned to approach their struggles with kindness, understanding, patience, and a higher level of tolerance for the inevitable difficulties that everyone encounters in life, self-compassion would begin to emerge. Recognizing that countless people grapple with the same issues helps to engender self-compassion and empathy (Emel, 2013; Seppala, 2011). If these clients could bring a more balanced perspective to their experiences it would begin to diminish the intensity and power

of their shortcomings. This includes the ability to recognize that what's happening is not the end of the world, is typically time-limited, and can be addressed and resolved with a forward thinking action plan.

Staying with those same examples, notice the profound shift in thinking after clients integrate the concept of self-compassion. These are exciting examples to share because these clients did not start out from a place of self-compassion, yet they all landed there in time. And I can tell you that it has made a huge, positive difference in their lives.

The 23-year-old new mother was able to eventually say, "It's amazing that my body created, carried, and birthed a baby! My baby is only nine months old so it makes sense that I wouldn't be at my pre-pregnancy weight yet. It's probably unfair to beat myself up about it. I know, in time, I'll lose the weight and starving myself would be a mean thing to do."

The 17-year-old soccer player changed his internal tape, too. He was able to start telling himself that *everyone*, even professional players, occasionally misses goals. He realized that everyone on his team had missed goals throughout the season, and no one else was worried about being kicked off the team so he probably shouldn't worry either. He was even able to focus on the goals he *had* made during the season and realized he never really celebrated those before. He also recognized how much soccer meant to him and if he began cutting again it would jeopardize his position on the team.

The 55-year-old client with panic attacks actually figured out the more he beat himself up for the attacks and abused alcohol the more his panic increased and the longer his episodes lasted. He said, "When I breath and accept what I'm feeling it actually shortens the attacks. So I figured out I *can* manage them without drinking, and actually it's kind of moving that I have suffered for so long and been alone in my pain for much of my life."

So, how can we help our clients move forward in this quest for increased self-compassion? As I discuss in a later chapter, there is nothing more powerful than the way clients talk to themselves

about themselves. I absolutely believe this to be true. Clients often think that their level of happiness and sense of well-being is contingent upon how other people talk to them and treat them, but the honest truth is, they are most affected by the way they talk to and treat themselves. This is actually great news because it is the one thing in life they can control and change! It's not possible to get other people to always say and do things that are validating or positively reinforcing. Ultimately, a healthy, loving sense of self has to be internally based.

I often say that other people may try to give them "tickets" for a guilt trip. They may wave those tickets in their faces and beg them to take the trip. But ultimately each person decides if they are going to take the tickets, get on the bus, and take that ride. When it comes to a lack of self-compassion, they are not only grabbing the tickets, they are actually driving the bus! They can choose to crash it into a tree or choose to move on a path towards inner peace, self-acceptance, and positive change. Many of the strategies in this book will give you and your clients opportunities to re-frame negative and self-effacing thoughts and feelings. Let your clients know that the intention is to build self-compassion. This is a key that unlocks many doors for them.

Obviously, the opposite of self-compassion is self-criticism. Help your clients to identify, without judgment, the way or ways in which they do their inner criticism. Teach them to notice when they start to go to that place and help them to realize that, in the end, it won't be helpful. This is a powerful first step. They might be amazed by how often that destructive voice kicks in throughout the day. Many of my clients discover certain words or phrases they internalize when they become self-critical. Some of the more common thoughts include:

"I can't do this," "I shouldn't do this," or "I should do this."

"I can't believe I screwed up again."

"I'm stupid."

"I need to be like everyone else."

"This is not good enough."

"I am being lazy."

"I don't deserve to be loved."

"What the hell is wrong with me?" "Everyone is better than me."

"Everyone knows there is something wrong with me."

"I made a horrible mistake."

"I am so disgusting."

In addition to recognizing the words, help your clients pay attention to their tone of voice. Is it harsh, mean, cold, enraged? Is it reminiscent of someone from their past who was relentlessly critical of them, too? Once they have an awareness of their own process, you can begin to help them shift that voice and those messages. In the chapter that addresses negative thoughts you will learn about helping clients to create a healthier "inner tape." Again, the key idea is to soften criticism and eliminate a feeling of shame. Help your clients to approach this task, as well as other strategies designed to re-frame negative thoughts and feelings, with *kindness*. Help them to recognize that the intention—to motivate, protect, or move forward—is actually being hampered by a self-critical approach. Again, they are back on the hamster wheel and not moving forward!

As you embark on this journey with your clients, keep in mind that when they notice their negative, critical inner messages, and learn to shift them to thoughts that are kinder and more supportive, they actually increase the likelihood that they *will* be motivated to try harder, be happier, and experience more inner peace and self-confidence. Focusing on self-compassion can help change a long-standing cultural belief that the way to promote change and growth is through bullying and intense criticism. Letting go of this mindset will have a positive effect on our clients, making the idea of engaging in self-destructive behaviors more and more dissonant. Sometimes therapy may feel stalled. This is an inevitable and normal part of the journey. Help your clients to have compassion about that, too. Continue

to revisit the concept of self-compassion. You will discover that it is a great way to jumpstart the process and inspire a genuine desire to heal. And continue to tap into your own feelings of self-compassion. This work is very rewarding, and at times, very challenging. Your clients are fortunate to have your wisdom, encouragement, guidance, and sense of hope. You don't have to have all of the answers all of the time. One of your most important contributions will be modeling self-compassion!

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PART I

IT MAKES SENSE GIVEN WHERE THEY'VE COME FROM

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1

TOWARD A NEW UNDERSTANDING OF SELF-DESTRUCTIVE BEHAVIORS

See if you can relate to the following clinical scenario: There are 5 minutes to go at the end of a seemingly calm and productive therapy session with a trauma survivor. Suddenly, the client rolls up her sleeve, exposes her wrist and forearm, and reveals five deep, angry-looking scratches and a cigarette burn. Her affect is a combination of intense shame and pride. She says she spent the whole session internally debating about whether to show you what she had done the night before. She discloses that she has been hurting her body off and on for years. She is worried that you will be angry, disgusted, or afraid. She is even more terrified about the possibility of you wanting to put her in the hospital. You are trying to maintain an outwardly calm facade, yet your heart is racing, and you are unsure of how to proceed. Although you have been working competently and comfortably with trauma survivors and their issues, when faced with client disclosures of chronic self-destructive behaviors, you are on less confident ground.

Those of us who work with trauma have many tools in our toolbox. We understand the importance of building a therapeutic alliance, incorporating mind–body approaches, addressing cognitive distortions, creating safety, assessing for attachment, focusing on affect regulation, and offering clients reparative experiences. However, much of this sound clinical knowledge can be overshadowed by anxiety and other countertransferential responses that get activated when challenging and tenacious self-destructive behaviors such as eating disorders, addictions,

and acts of self-mutilation (cutting, burning, inserting objects into the body, etc.) are brought into the therapy room. As a result, we are put into a state of emotional disequilibrium, trying to balance genuine compassion and concern for the client with our own fears and hyperarousal. Walking this tightrope can deplete our energy and focus and potentially compromise our clinical efficacy.

Much of the time, self-destructive acts are not articulated as the presenting problem or revealed to us in the early stages of treatment. In fact, many clients who have experienced significant traumatic events do not initially identify themselves as trauma survivors. When these issues surface in treatment, they can catch well-meaning and well-qualified clinicians off guard. This book offers guidance to therapists who may feel blindsided or understandably overwhelmed by disclosures of childhood abuse and subsequent behaviors that harm the body.

It would be inaccurate to state that all clients who engage in self-destructive behaviors have prior histories of trauma, abuse, or neglect. However, this book is designed to specifically explore the connections between trauma and self-destructive behaviors, offering creative ways to work with the large cohort of people who chronically harm or injure their bodies and who do come from significantly dysfunctional and abusive backgrounds. The correlation between abuse, neglect, and self-destructive behaviors has been well documented in the literature and is worthy of our attention (Briere & Jordan, 2009; Cozolino, 2006; Gladstone et al., 2004; Glassman, Weierich, Hooley, Deliberto, & Nock, 2007; Goulding & Schwartz, 2002; Gratz, 2003; Hollander, 2008; Miller, 1994; Najavits, 2001; Nock & Prinstein, 2005; Sansone, Gaither, & Songer, 2001; van der Kolk, McFarlane, & Weisaeth, 2006; van der Kolk, Perry, & Herman, 1991; Yates, 2004).

We will focus on male and female adolescent and adult clients who engage in self-destructive acts that are repetitive, chronic, and diversified and who, on closer inspection, come from backgrounds where abuse, neglect, and traumatic experiences were the norm. In these cases, acts that compromise the body can

be attributed to severe affect dysregulation, loss of attachment, feelings of worthlessness, distorted self-blame that evokes the need to self-punish, and the profoundly debilitating effects of a breach of caretaker trust and protection. In later chapters we will explore these issues in greater detail. Their identification and resolution become an important part of the treatment process.

Regarding acts of self-mutilation (cutting, burning, etc.), some well-respected researchers and clinicians emphasize the importance of focusing on and treating the function of the behavior (Hollander, 2008; Mikolajczak, Petrides, & Hurry, 2009; Nock and Prinstein, 2005). Yates (2004) also supported a more in-depth understanding of the functionality and treatment needs of this population when he said, "[A] negative response to self-injurious behavior has fueled a multitude of treatment paradigms that endeavor to eliminate the behavior, but place comparatively little emphasis on understanding its developmental origins and adaptational functions." (p. 63). Klonsky (2007) echoed this concept as well when he said, "Understanding the function of self-injury, or in other words, the variables that motivate and reinforce the behavior, could greatly improve prevention and treatment." (p. 228).

I feel it is equally essential to process the meaning of the behavior, particularly as it relates to unresolved trauma. Yates (2004) echoed this sentiment, suggesting that the treatment of self-injurious behavior (SIB) should integrate behavioral methods with "psychodynamic techniques to foster a greater understanding within the individual of the meaning of SIB" (p. 64). Swales (2008) also acknowledged that "some therapists advocate addressing the underlying problems in the past (and also in the present) that lead to the behavior, rather than focusing on the behavior itself. They argue that when these problems are resolved the behavior will cease" (p. 6). Glassman et al. (2007) theorized that if treatment focused on family interventions designed to eliminate the maltreatment of children, this would translate into a reduction of nonsuicidal self-injury in that population.

The treatment debate between addressing the function of the behavior versus addressing the meaning of the behavior can be