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Cutting Through the Confusion (Review)

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Review of: Self-Injury
By: Wendy Lader, Washington, DC: American Psychological Association, 2006. American Psychological Association Video Series, Specific Treatments for Specific Populations, Item No. 4310758. $99.95

Frances (1987) once described how clinicians who work with self-mutilating clients often struggle with helplessness, horror, guilt, disgust, furor, and sadness. Although today self-mutilation is more commonly referred to as self-injury, the clinician's response remains the same. Self-injury behavior (SIB) includes, among other behaviors, “intentional carving or cutting of the skin and subdermal tissue, scratching, burning, ripping or pulling skin or hair, swallowing toxic substances, bruising, and breaking bones” (Cornell Research Program, 2006).

Over the last two decades self-injury reports have risen noticeably because of increased SIB in adolescents, more clients seeking help, and increased reliability in diagnosis among professionals. The alarming numbers indicate a desperate need to understand how to diagnose and treat SIB clients effectively.

In response to this escalating need, guest expert Wendy Lader is featured in this video segment of the American Psychological Association Video Series, Specific Treatments for Specific Populations. The video intends to present Lader's brief analytic approach to working with SIB clients. Lader has refined this approach as codirector of the program S.A.F.E. Alternatives (Self-Abuse Finally Ends), founded over 20 years ago by the program's administrative director, Karen Conterio. The program uses inpatient treatment and partial hospitalization to ensure the structure necessary to support therapeutic change while emphasizing the voluntary nature of treatment, a time-limited length of stay, behavioral rewards for no-harm behavior, challenging beliefs that connect emotions to negative behavior, and increased tolerance for mood swings. Treatment is facilitated “through therapy, education, setting limits and boundaries, enforcing consequences, offering encouragement and praise, and holding patients responsible for their actions” (Conterio, Lader, & Bloom, 1998, p. 224).

This video sets out to demonstrate Lader's clinical approach of the S.A.F.E. Alternatives program with Rachel, an adolescent identified as a self-injurious client. The video has three sections. The first section is a 13-minute introductory interview of Lader by interviewer Jon Carlson. The second section is approximately 48 minutes of an initial clinical session with the client, Rachel. This section is available with or without Lader's therapist narration. The final section is approximately 37 minutes of summary review with Carlson and Lader discussing session segments and Lader's techniques. The video quality and layout is suitable for training and introduction to the topic.

The first section begins with Lader describing the history of self-injury and the various theoretical orientations that guide Lader in her work. Given the time limitations of a video, the discussion is expectedly incomplete and provides a weak introduction to Lader's therapeutic approach. Lader describes her multistep program as a combination of analytic and behavioral interventions that address “the core affect and early childhood belief systems and their relationship to others” in tandem with psychoeducational strategies and cognitive–behavioral techniques. She distinguishes the first step of treatment as requiring the client to recognize that impulses are important and that the defenses must slowly be given up. However, she fails to clearly delineate the remaining stages of therapy yet indicates that at some point the client's feelings become a “mishmash” requiring some nondescript form of holding therapy to learn that feelings are okay and that uncomfortable feelings can be survived. This description of the treatment regimen is amazingly vague, leaving the viewer with no clarity on how treatment progresses or how long treatment may last.

The introductory statements about treatment length also conflict with what the video jacket describes as Lader's demonstration of her “brief analytic approach to working with clients who purposefully injure themselves.” Lader acknowledges that treatment “will take quite a long time,” often exacerbated because many clients with self-injury histories are also diagnosed with borderline personality disorder, bipolar disorder, or schizoaffective disorder that will complicate a rapid treatment. According to Lader, because many of the clients, including Rachel, are highly defended, individual treatment should be at least weekly, often with adjunctive programs of group work or family therapy.

Lader identifies her personal style as similar to the television detective character, Columbo. She suggests her key role is to ask open-ended questions searching for answers by “looking for the key issue, identifying patterns of thought or feelings,” watching for patterns in family history (especially mixed messages), and addressing whether the client presents with a sense of congruence or genuineness in her emotions and thoughts. Lader describes SIB as a coping strategy, and she no longer approaches self-injury as a suicide attempt. She expressly does not promote the

use of alternatives such as rubber bands, ice, and writing with red pens, all of which she calls “substitutive behavior” and counterproductive to her treatment goal of focusing on the feelings behind the behavior.

The second segment of the video begins with Lader and Rachel moving quickly from introductions to exploring Rachel's history, including the issues that led to the onset of self-injury as a form of emotional management. Lader deftly identifies the family issues contributing to Rachel's use of SIB as a coping skill. However, Rachel responds in such an impassive manner that it seems Lader's approach may have been too quick or forced to be adequate to develop a substantive therapeutic relationship. The most notable sabotage of clinical rapport comes when Lader awkwardly introduces Rachel to the “impulse control log,” a psychoeducational tool commonly used in Lader's work at S.A.F.E. Alternatives. Rachel reacts politely but curtly, giving the viewer a sense that the tool is unlikely to be used after this session. The response is likely attributable, in part, to the staged therapy session, but self-injurers are notorious for their therapeutic resistance, and it is expected that Lader's experience could provide the tools to allow her to demonstrate how clinicians can address this clinical feature. While the viewer is given a clear understanding of where the behavior developed, unfortunately, Lader's treatment fails to establish noticeable improvement by the end of the session.

A familiar alternative treatment for SIB is found in dialectical behavioral therapy (DBT; Linehan, 1993a, 1993b; Linehan, Heard, & Armstrong, 1993), which has significant empirical support for its use in managing self-injury in clients, especially those diagnosed with borderline personality disorder. Linehan's course of therapy combines behavioral and cognitive techniques and teachings of mindfulness to reduce SIB. Linehan has published a number of easily utilized books for clinicians and clients. Although Lader's program may share similarities with the DBT approach, it is unclear from this video where there is overlap and where there are differences. What is greatly missing is an overview of the course of treatment more readily found in other resources such as Linehan's.

My initial interest in this video sprang from the hope that Lader would present a clear picture of how brief work with SIB clients could be effective. From the video jacket, I assumed that Lader would present a treatment outline and demonstrate specific intervention techniques. Regrettably, the demonstrations were limited to initial history gathering and a psychoeducational tool. Lader presents some concise analysis of Rachel's situation, primarily focusing on the denial and circular reasoning Rachel uses to manage her memories and intense feelings related to the loss of her father and the recent emotional loss of her mother to a remarriage. The session does illustrate the confused cognitive defense system that many clients use to manage their emotions and how challenging it is to get someone this “defended” to explore core issues and develop personal insight into their behavior.

Although Lader's commentary enhances the presentation, it is not enough to illustrate the treatment techniques and goals clearly. If Lader is proposing a novel treatment regimen, it is unclear how this brief analytic approach has any of the strength found in the more popular DBT approach. Although some clinicians may find the presentation helpful to reduce fears of working with this population, the video primarily offers an introduction to basic concepts. Along with Linehan's work, I would suggest three books as alternative or adjunct resources that provide a better foothold for working with SIB clients.

First on my list is *Treating Self-Injury: A Practical Guide*, by Walsh (2006), which Conterio et al. (1998) also recommended for its unparalled addition to the treatment literature on SIB. This comprehensive guide allows those treating SIB to explore Walsh's research and different treatment models from a cognitive–behavioral perspective. I also recommend Conterio et al.'s (1998) *Bodily Harm*, which more clearly illustrates the therapy regimen of S.A.F.E. Alternatives. Although nearly a decade old, the book is informative and readable for both clinicians and their clients, offering assignment lists and suggestions for their use. Finally, I recommend *See My Pain*, by Bowman and Randall (2004), as a valuable strategy book that suggests detailed activities for use in treatment and between treatments to “help children/adolescents who self-injure to express their feelings, understand what motivates them to self-injure, and explore new methods of coping” (p. 8). This book is primarily for work with children and adolescents; however, some of the strategies can be adjusted for work with older populations.

Overall, this video presentation on SIB fell short of my expectations, primarily because Lader provides too little detail of her treatment regimen to help the viewer identify effective interventions. The most beneficial part of the video is the interview with Rachel, which teaches by example how historical events often contribute to a client's emotion mismanagement. For practitioners needing more than a basic introduction, however, there are several better resources dealing with this topic, including Lader's own book based on the same program. This video is best used as an adjunct resource with other tools for working with SIB clients.

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