



Cornell Research Program on Self-Injury and Recovery

BY MIRANDA SWEET AND JANIS WHITLOCK

Therapy: What to expect

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Individuals interested in information about therapy

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Goals of therapy

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INDIVIDUAL THERAPY: WHAT TO EXPECT

Usually, meeting with an individual therapist is the first step in seeking treatment. This section answers frequently asked questions about seeing an individual therapist for the treatment of self-injury.

What are the goals of individual therapy for the treatment of self-injury?

While stopping self-injury is a main goal, before approaching this, the individual first needs to gain a better understanding of the functions of his or her self-injury. According to Wendy Lader, co-founder of S.A.F.E. Alternatives, one goal of treatment is to recognize the impulse to harm oneself as a clue that something bigger is going on. Each time the individual has an urge to self-injure, he or she should ask him/herself, “Why at this moment do I have this impulse? What am I trying to push away or not feel?” (W. Lader, personal communication, April 15, 2009). This will help the person identify common triggers and underlying issues at work. This is the first step in coming up with more positive ways of coping. Becoming aware of self-injury triggers, motives behind them, and productive strategies for resolving underlying issues are typically central goals of treatment.

I am ready for therapy. What is the first step?

If you are in touch with someone who may know of a counselor, therapist, psychologist, or other mental health professional in your area who might be a good fit for you, asking for a recommendation is a good first step. Most communities have listings of local therapists with brief summaries of their areas of expertise as well – even web-based searches of mental health providers in your region are likely to pull up something useful. For help find-

ing someone with particular expertise in self-injury you can visit the S.A.F.E. Alternatives website. There you will find a thorough overview of how to find a therapist specifically for the treatment of self-injury. This document is available at http://www.selfinjury.com/referrals_findatherapist.html. There is also a page of therapist referrals by state, available at http://www.selfinjury.com/referrals_therapistreferrals.html.

Once you have identified a potential therapist or therapists, it is often useful to have a phone consultation or preliminary meeting to assess general fit. The therapist may ask about your reasons for seeking therapy and, if so, will be particularly interested in knowing what has prompted you to seek therapy now. In addition to being asked questions, you will have the chance to ask questions yourself. Since getting a sense of fit between you and the therapist is one goal of this conversation, it is worth your while to use the first phone call and/or appointment to find out more about how the therapist tends to work. Here are some topics you might consider raising:

- Does the therapist have experience working with other individuals who struggle with self-injury and related issues? If so, do they generally find their approach to dealing with these issues to be helpful for their clients?
- What is the therapist’s treatment modality or orientation? For more information about some of the different types of therapy used to treat self-injury, please see our presentations on CBT (<http://breeze.cce.cornell.edu/cbt>) and DBT (<http://breeze.cce.cornell.edu/dbt>).

It is also necessary to discuss the subject of fees and payment plans and the therapist's policy on insurance. If both you and the therapist feel good about the conversation you can proceed together by setting up a formal appointment at a mutually convenient time.

NOTE: These are general guidelines. Each therapist may have his or her own procedure for new clients, but he or she will explain these once the initial phone call is made.

I have made the appointment. What can I expect during the first session?

A new client should show up at least 10 minutes before the scheduled time to fill out necessary paperwork, including a form which must be signed to consent to the therapeutic relationship. Though a therapy session is generally called an "hour," the typical appointment length is 50 minutes. At the beginning of the session, the therapist will usually go over office policies (cancellation policy, confidentiality, etc.) and answer any questions you might have about the paperwork and process. Although this all takes time, these steps are an important part of building a trusting relationship.

The therapist will typically begin by asking you to describe specifically why you are seeking therapy (if this has not been thoroughly covered during the phone call or initial meeting). This is often followed by a series of questions designed to better understand your life story as it relates to the present issues with which you are struggling including, but not limited to, self-injury. Because it is common for individuals who struggle with one negative behavior, such as self-injury, to also be experiencing or practicing other negative feelings or behaviors, the therapist is likely to ask about other behaviors, thoughts, and feelings as well. He or she will also ask about your life in

general. This may include questions about your childhood, education, past and current relationships with family and friends, and school or work life. It will likely take more than just the initial appointment to complete this history, but the therapist uses this information to come up with a treatment plan tailored to your particular life and situation. In the last few minutes of the session, the therapist usually summarizes his or her understanding of what you have shared and reviews any agreements you may have made together. The therapist will probably ask you again how you feel after the first session and you may decide on a schedule for regular appointments at this time if the relationship seems like it is a good fit.

What can I expect in subsequent sessions?

The initial appointments are necessary so that the therapist can gather information and begin to establish rapport with the client, but after this, the real work begins! Usually, appointments are scheduled on a weekly basis, but more frequent or extended appointments may be necessary. Each person's experience of therapy is unique so it is difficult to describe what the nature of one's specific therapeutic relationship will be like. Likewise, the course of treatment is different for each individual and is based on his or her personal goals and issues. Keep in mind that research shows the single most curative factor in therapy is the *relationship* between the therapist and the client. It is essential that one honestly shares any feelings or issues one may have about how the course of treatment is going with one's therapist in order to maximize the benefits one will receive from therapy. **Be aware that it is common to feel worse before one starts to feel better, and this is not a reason to stop therapy.** This happens because sometimes certain problems may surface for the first time; this can be painful but it is also a clear sign that one is making progress!

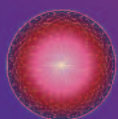
FAMILY THERAPY: WHAT TO EXPECT

At some point in the course of therapy, a therapist working with someone who self-injures may determine that family therapy would be helpful. This may be particularly important if the individual is living with family members. This section answers frequently asked questions about seeing a family therapist. Information learned from interviews with Barent Walsh and Wendy Lader, leading therapists in the treatment of self-injury, is also included.

What is family therapy?

Family therapy is focused on working with all individuals in a family (this sometimes includes extended families or even friends) to create a more supportive environment for the individual family member with whom the therapist is primarily working. Family therapy capitalizes on the important role that family relationships play in overall psychological wellbeing. Because of this, family therapy

typically focuses on identifying and addressing patterns between family members that lead to the negative thoughts, feelings, or actions of one or more members of the family. It is intended to provide a safe place for family members to share thoughts and feelings that they might not otherwise share and also to practice new ways of communicating and interacting.



What family therapy is *not*

Family therapy is *not* about playing the blame game; rather, all family members are encouraged to identify steps that they can take to create a home environment that is healthy for everyone involved. Family therapy is not about making assumptions about the processes in one's family. No one family pattern "breeds" self-injury.

Why use family therapy to treat self-injury?

When working with someone who self-injures, the main goal of inviting family members to participate in therapy is to explore how family patterns may be inadvertently supporting the behavior. Since self-injury is often a way of expressing emotion without words (W. Lader, personal communication, April 15, 2009), family therapy sessions are also intended to increase the capacity of families to communicate honestly and openly about what works and does not work in their interactions. Since it is common for individuals who struggle with self-injury to come from families who find sharing emotions difficult, the family therapist can be very helpful in helping all family members express thoughts and emotions to one another. The therapist also often has useful suggestions for improving

A family therapist can help family members express thoughts and emotions to one another and often has useful suggestions for improving communication in everyday life.

communication in everyday life. The family therapy sessions can also be used to identify family strengths and strategies for using them in new ways when faced with family challenges.

Involving the family may help a person to feel less "invisible" in his or her family system. Also, working together with the individual helps the parents and other family members better understand what triggers self-injury episodes. When family members begin to understand what triggers an act of self-injury, they can work together to develop more effective and productive family strategies for dealing with potentially triggering family dynamics. The goal here is not to avoid self-injury triggers but to learn how to work with them differently as a family. Helping family members become aware of triggering dynamics increases opportunities to practice new ways of coping and relating individually and collectively (B. Walsh, personal communication, April 9, 2009).

What can I expect in a family therapy session?

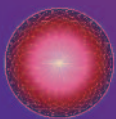
Family therapy is generally short in duration, lasting an average of 12 sessions. It is also typically highly goal-oriented. In the first sessions, the family therapist will observe how family members communicate and interact with one another and will also take note of non-verbal cues about the quality of family relationships (W. Lader, personal communication, April 15, 2009). The therapist may ask about each family member's expectations for therapy in order to outline goals for treatment. The therapist is also likely to ask about strategies family members have tried in the past to increase positive exchange, support, and communication. Family members can expect some education about self-injury and the process of recovery, particularly if the topic is new to them. In following sessions, clients are asked to provide feedback to the therapist about the quality of these family relationships and generally how the process of change is progressing.

What are some common issues that come up in family therapy for the treatment of self-injury?

Privacy: Families may struggle over privacy. The issue of parent-child boundaries is often made more complicated by parents' fears that their child is injuring him or herself behind closed doors. Parents may also feel like their child is sending mixed messages—verbally asking to be left alone while their behaviors appear to be asking for help.

Coercion and confiscation: Parents, unsure of how to help their child, may be tempted to use coercion or to take away their child's self-injuring tools. However, Barent Walsh suggests that this is generally not helpful (personal communication, April 9, 2009). For more information on how parents can help their children recover from self-injury, please see our factsheet on this topic (<http://www.selfinjury.bctr.cornell.edu/userfiles/File/Parent%20REV.pdf>) and advice for parents available in books by treatment specialists Barent Walsh, Matthew Selekmán, Wendy Lader, and Michael Hollander.

Suicide and serious harm: Acts of self-injury often raise fear that a child is either suicidal or at risk for suicide. Although self-injury is almost never a suicidal gesture, individuals who self-injure may be experiencing levels of distress that can lead to suicidal feelings or actions. Parents may worry about this and about how to best keep their child safe from serious self-injury. Because of this, parents may feel deep conflict about how and when to set limits – particularly if they are worried that the act of limiting their child's freedom in some way may also provoke a self-injurious episode.



Friends and love interests: The increased desire to spend time with peers is a normal developmental aspect of adolescence. However, it can be difficult for parents to negotiate boundaries with their children. This conflict may be more pronounced in a family where an individual is struggling with self-injury—particularly when a family member is worried that self-injury episodes are triggered or worsened by peer interactions.

Self-Injury and blame: The tendency for family members to blame themselves and/or others for negative family dynamics or behaviors, such as self-injury, is very common but is not helpful to anyone. It is the therapist's job to help reframe these accusations.

How does a family therapy session compare to an individual therapy session?

As with individual therapy, a family therapist will devote the first session to understanding the meaning of self-injury within the family context with a particular focus on understanding the role family dynamics play in triggering or reinforcing the self-injury behavior. By soliciting the perspectives of all family members present, the therapist will gain a much deeper understanding about

how the individual's self-injury fits in the family system (B. Walsh, personal communication, April 9, 2009). This understanding will be central in identifying strategies for recovery.

How is confidentiality protected in the family therapy session?

This varies from therapist to therapist and often depends on his or her assessment of the degree of danger the client poses to him or herself. In situations where a therapist deems a client at risk for suicide or lethal self-injury, he or she may need to share these concerns with a client's family (B. Walsh, personal communication, April 9, 2009). In situations where this is not the case, it is most typical for a therapist to ask the client's permission to raise issues not shared with the family while in family therapy. It is common for a therapist to discuss confidentiality with a client at the outset and the client should raise this with his or her therapist if the therapist does not. Confidentiality is a crucial aspect to trust between the client and the therapist—a therapist is both highly motivated and legally obligated to protect trust and confidentiality at all times.



For more information on therapy, see *Therapy: Myths and Misconceptions*
http://www.selfinjury.bctr.cornell.edu/factsheet_therapy_myths.asp

Special thanks to Wendy Lader and Barent Walsh for their contributions to this factsheet.

FOR MORE INFORMATION, SEE:

- Conterio, K., Lader, W., & Bloom, J. K. (1998). *Bodily harm: The breakthrough healing program for self-injurers*. New York: Hyperion.
- Hollander, M. (2008). *Helping teens who cut: Understanding and ending self-injury*. New York, NY: Guilford Press.
- Plante, L.G. (2007). Specialized approaches and adjuncts in treating self-injury. In Plante, L.G., *Bleeding to ease the pain: Cutting, self-injury, and the adolescent search for self*. (pp. 89-102). Westport, CT: Praeger Publishers.
- Selekman, M. D. (2006). *Working with self-harming adolescents: A collaborative, strengths-based therapy approach*. New York: W.W. Norton.
- Walsh, B. W. (2006). *Treating self-injury: A practical guide*. New York, NY: Guilford Press.

References

- http://www.lifespring.co.uk/some_myths_answered_htm.htm
- <http://life.familyeducation.com/marriage/conflict-resolution/45627.html>
- http://www.huffingtonpost.com/joyce-mcfadden/10-reasons-not-to-feel-em_b_86519.html
- <http://www.stchas.edu/students/mentalhealth/MythsofTherapy.shtml>
- <http://www.helium.com/items/338714-common-psychotherapy-myths>
- http://www.therapysandiego.com/what_to_expect.htm
- <http://thetherapyandcounselingblog.blogspot.com/2008/05/what-to-expect-in-your-first-individual.html>
- <http://self-injury.net/stopping/therapy/>

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