Welcome to the Nimble Youth Podcast. We explore the real challenges facing kids and teens today, and how we as adults can show up with insight, compassion, and action. I'm your host, Matt Butterman. And today, we're diving into a topic that can seem overwhelming, frightening, and often isolating for parents, cutting and non suicidal self injury, also known as NSSI. This episode was inspired by an insightful book called, appropriately named, Holy s h I t, My Kid is Cutting by psychologist doctor JJ Kelly.

If you've discovered that your child or teen is engaging in self harm or you've heard this term and aren't quite sure what it means, let me say this right away, you're not alone and you're not powerless. While NSSI can be incredibly distressing to witness as a parent or caregiver, it's not the end of the story. In fact, with the right understanding and tools, we can approach this behavior not with fear but with care, clarity, and connection. There are a couple statistics that illustrate why this conversation matters right now. Studies show that approximately seventeen percent of adolescents have engaged in some form of self injury.

And, it seems to trend more for girls. Alarmingly, nearly one in four girls between the ages of 14 and 18 report having intentionally hurt themselves without suicidal intent. So in this episode, we're going to unpack what self injury actually is, starting with a clear definition of cutting and other common forms of NSSI. We're gonna talk about why teens engage in this behavior and what it's not. It's not just about getting attention and it's not always a suicide attempt.

And most importantly, what actually helps when it comes to responding in a supporting and non shaming way. Whether you're navigating this issue in your own home or you're a teacher, coach, or a mentor who wants to better understand it, you're in the right place. Let's start by being grounded in the facts, and then we'll move towards hope and healing. To help us break it down, I'm again joined by doctor Gretchen Hoyle, a pediatrician with a special interest in youth mental health. And before we get into it, we remind you that the content of this podcast is intended for informational purposes only and should not be construed as medical advice.

While we aim to provide valuable insights on pediatric mental health, it's very important to consult with a qualified health care professional for any concerns or questions regarding your child's mental well-being. So, doctor Hoyle, let's define NSSI. What is NSSI? And cutting is perhaps the the leading form of it, but there it's not the only form. Right?

That's correct. I mean, so NSSI stands for non suicidal self injury. Cutting is the most common form, but there are other ways that folks engage in this. So burning, scratching, hitting yourself, that kind of thing, or interfering with wound healing. Those are all, kinda considered in that NSSI group, but cutting is by far the most common version of this that I see, and I see it a lot.

And and really what I want to sort of clarify to folks is that by and large, you can think of this non suicidal self self injury or cutting as I think the best way to describe it is is a maladaptive coping strategy. Right? Like, most of the time, kids who are cutting, you know, they do not want to die, they want to feel better. Right. There's a there's a statistic, only a very small percentage, about four to seven percent of, those who self harm go on to attempt suicide, which is which is not to

say that you don't take, you know, the the threat of suicide seriously, but it's a a relatively small amount of of kids who will will go go on to attempt suicide.

Yeah. And this, of course, is the hardest part of dealing with this because you're like, well, okay. It is, you know, I think that it is logical for parents to go to think to themselves, okay. This is the first step in a series of increasingly harmful things that this person is going to do to themselves until they eventually end their life. Right?

And I completely understand how that is logical. And and there are certainly people who have who who are engaged in cutting, and they also have suicidal ideation, and those things definitely overlap. And so it does make it very challenging in the clinical setting to try to tease out, you know, are you having suicidal ideation and then you're cutting for this more, like, as a coping mechanism, or are you really, like, sort of working your way into a place where you're moving towards developing a plan to end your life? And that is where it's just super; it's complicated and challenging. But for the most part, what there is is a coping strategy that where there where the intent, you know, by definition is is not that they're going to die, but that they want to figure out a way to feel better.

But it is always hard when you're in the clinical setting to determine which person is in front of you. Right? Sure. Like and so that is why I definitely want to, you know, recognize the fact that there is overlap between these symptoms, and that it is just super important to have this evaluated, you know, by somebody who is gonna be able to help make it a risk assessment as to what is actually happening. But my experience with cutting is that it is a really common way that folks who are having that particularly teenage, mostly girls, typically have a diagnosis of anxiety and depression sort of already in the mix.

But this is a way for them to try to cope with their feelings that are available to them. Right. So it's a maladaptive coping mechanism. Right. But it's a response to, what are often for teens, very overwhelming emotions.

Right. And so this is a way to, sort of, distract from the intensity of those emotions. Right? Yeah. And so I'll tell parents, like, you know, I will, like well, when I'm presented with a kiddo who's having this problem is that I will, you know, split them up from their parents and talk to them alone.

And, and I will say to them, this is where the conversation typically goes. I'm like, okay. So, are you able to describe to me what is going on in your brain before this behavior happens? And I am most often met with a shrug. Like, they're like, I don't I don't know.

I can't. I don't know what I'm doing. I can't explain it. And so then I will say to them, okay. So some people will tell me that they are feeling so much pain emotionally and psychologically that they want to distract themselves from that with physical pain. And sometimes people will say to me that they feel numb, like they don't feel anything, and they want to feel something.

So sometimes it's something else. And so it and so then I'll ask them, are either one of those things true for you or is it something else? And a lot of times, they'll be like, it's the first one or it's the second one or it's neither one of those things, but I still can't explain it. I mean, it's those that are kind of a lot of times, it's ineffable for them. Like, they're unable to really explain what it is that's happening.

But there's enough times where they will say things like I'm trying to distract my brain from the emotional pain that I'm in or I'm trying to feel something. But I am not typically met with, I'm trying to kill myself. Right. Right? So Right.

So the reasons are often inscrutable, and yet there's still sort of a mechanism at play that leads to this behavior, something that mental health professionals call the cognitive triangle Right. Where thoughts and emotions lead to these maladaptive behaviors. Talk a little bit about that if you would. Right. So, yeah, this cognitive triangle is really helpful in a lot of different things, but particularly with something like this maladaptive coping strategy.

So, you know, behaviors often start with thoughts. So, folks will have a thought, especially with people who are having trouble with anxiety, depression, or mental illness. They will have a negative thought that is often inaccurate. Right? So sometimes it's a specific thing, like, oh, I'm, you know, I'm I'm gonna fail this test, and they'll sort of ruminate on that.

And that may or may not be true. But sometimes it's sort of a vague thing, and it's like, I'm not good enough or I'm a terrible person or no one loves me. And those kinds of that thought will sort of get stuck in their head, and it will become sort of a circuit in their brain where they are just sort of ruminating on it and thinking about it. And when you do that long enough in your thinking, then your emotions, your mood will start to decline. Right?

And so you'll start to have anxiety and depression that's being driven by that negative thinking. And then that can trigger this behavior to try to feel better. And so it can be helpful for folks to sort of recognize that we need to sort of take it all the way back to the thought and be like, okay. Can we really evaluate, you know, that thinking that's going on in your head and see if, first of all, is that even true? Is that even factual?

Is that something that is supported by anything at all? And, like, how can we help rewire that circuit so that you're either recognizing that that thought is inaccurate, and negative and not helpful, and try to engage your brain in other things that will make it so that you don't then follow through the course of negative thought, decreased mood and emotion that then leads to a coping behavior that's maladaptive. Right. And so, honestly, you know, this is the kind of thing that happens with a lot of maladaptive coping strategies. Right?

So if you think about it, you know, essentially in the book, she talks about how, you know, sometimes she's having this conversation with a parent about their child's cutting while the parent is pouring themselves an alcoholic beverage. Right. Right. So, like, that that is that can be a maladaptive coping strategy. Sure.

As can other other things that we think of as sort of vices that can be maladaptive. But if you think about it for kids, a lot of those things that adults have available to them as coping strategies that may be adaptive or maladaptive are not really available to kids. And so, this is something that is available to them, typically. I mean, we talk about ways to make it less available by making sure that they don't have access to different, you know, things that they can use for cutting. But, you know, I've had kids take apart a pencil sharpener in order to get the razor blade out.

I mean, like, we need to get to the problem and not necessarily, you know, sort of focus on, well, we're just gonna take this away as an option. Right? So we need to sort of get to the root of the problem. But, you know, a lot of times, kids are feeling like, well, this is something that's available to me, and I am in control of it. Right?

So there's some control aspect to it. And, and and sort of if I'm in pain anyway, I wanna be the one to inflict it. Right. Right? So there's sort of that thinking as well where there's some degree of agency almost in this.

There's agency and there are also some physiological rewards if you wanna put it that way. Some things that are happening Yep. Physiologically that will increase the likelihood and and and maybe lead to, this behavior becoming compulsive. Right? Yeah.

That's right. That's sort of the problem as well. So if you think about, like, you know, when we are in pain, like, there this is kinda controversial as to what overall version of this is that when we are in pain, our brain helps us deal with that pain, our experience of that pain by releasing a chemical called endorphin or endorphins, different types of molecules there. And, and that can actually give us some temporary relief, in that it may not really necessarily cut down on the pain itself, but it helps us with our experience of the pain. And so this is, you know, what's happening a lot of times with maladaptive coping strategies.

It's also the kind of thing that happens with, like, I think this is so interesting, but like, you know, people who are like, oh, I'm able to get a runner's high. It's not something I've ever been able to do or never been interested in doing. But, like, I I know that that happens. And so, and so, presumably, what's happening there is that they're able to activate that pathway there that's releasing endorphins because they put their body into such a sort of stressful slash painful slash uncomfortable situation that they're releasing endorphins in order to deal with that. And they, you know, it's definitely a real thing.

People talk about it quite a bit. Sure. It's like the marathon runner who finished the marathon, you know, their feet bloody, and they can't wait to start talking about the next marathon. Yeah. So exactly.

So, you know, we can argue about whether that's an adaptive coping strategy or or not. But, like, but I would say that, like, you know, we know it's a physiologic thing. And, and so there's

some thought that in addition to, like, distracting yourself from your psychological pain, making yourself not feel numb anymore, making it so that, you know, they'll they'll tell me, like, I was I wanna feel something so that I, you know, so I know that I'm alive kind of thing. So they'll say those kinds of things. And then that endorphin, you know, all those things together is kind of making it so that the cutting behavior then becomes sort of positively reinforced for them.

And so now that once you've found something that works, however maladaptive that is, it can become a compulsive thing. Right? So they will start to engage in it, you know, each time that they have, like, a you know, when they reach sort of that state of sort of extreme anxiety, depression, because that that adaptive maladaptive behavior has worked in the past, then they will engage in it, in order to alleviate their symptoms. Sure. Yeah.

Sure. So, let's talk a little bit about, we've we've talked about what cutting or nonsuicidal self injury is, but let let's talk a little bit of what what it's not because it's it's not, as we mentioned, always, linked to suicide. It's also not something to shame or punish. But also, I think an important thing to point out is not something that teens will necessarily grow out of without help. Right?

Right. Right. It definitely, you know, requires intervention. I mean, I would say, like, it is not the kind of thing that you want to do, it's something that you need to, you know, bring them in for. I mean, this and this is how I usually get involved is that somebody, either their friend or family or somebody has seen this on the person's body and has recognized it as being if they're not accidental things.

And typically, the way to, you know, recognize it is that it's just linear cuts typically on the forearm, the nondominant forearm. So if you're right handed, you're often cutting your left forearm. That's where it often happens. Or the thighs or different, you know, places on the body that can sometimes be hidden by clothes. But that is and and they're linear and they're sort of, like, it it it most people will recognize it as being non accidental.

Right? Just because of the way that it looks. And so that then and and they can be in different stages of healing. Right? So you can have, you know, older ones that have healed up, and just to sort of have a scar and then more fresh wounds that are still sort of open and, and in the process of healing up.

And so, all that is really important to, you know, to be able to have somebody assess. I mean, in the first place, you have to make sure that they haven't done physical damage enough that they need either, you know, they need stitches or they need antibiotics for you know, to make sure they're not getting secondary infection. I mean, those kinds of, like, real practical things that need to be evaluated. But then also in the context of this, when I'm doing my physical exam for them, I can tell, like, a lot of times if this has been going on for a while, and most of the time it has. So usually, they hardly ever present on the first episode of cutting.

Right? So it usually takes a while for this to come to somebody's attention. And so by that point, you know, that triad of negative thought, neg you know, decreased mood slash emotions, and then behavior is kinda ingrained pretty deep in there, and we're gonna have to do some things to upset that, you know, pattern. Right. So, as with many of these mental health conditions, it's important to get to see a provider as soon as you can.

But, as a parent, if you come across, you know, signs of your child cutting, there can often be a lot of panic that results. Right. And I think it's important for parents to stay calm. Right. But also, you know, don't be afraid of it necessarily.

Don't don't back away. Right? Because, the cutting behavior often decreases when the kids feel that they're being listened to. Right? Correct.

Yeah. Yeah. You don't wanna ignore it. You do want to try to open the lines of communication and try to, you know, make it so that you know, a lot of times kids are either sometimes they're able to describe what it is that's sort of setting this off. Sometimes that's hard for them to do.

That's really a trained therapist. It is a huge benefit, you know, once they see me, like, I typically, they're gonna also meet criteria for a diagnosis of anxiety and depression. And we may or may not, depending on what's going on with them, move down the pathway of, you know, doing medication that we talked about with previous, you know, podcasts. But I will say for sure what they're gonna be doing is seeing a therapist. I mean, there's you know, that that is kind of non negotiable because we really do need to try to work on ways to shift that maladaptive coping strategy into one that is, you know, safe and appropriate and adaptive. Right.

So there's no medication that treats, cutting or or nonsuicidal self injury directly, but sometimes medication that addresses the underlying concerns is potentially an option. Right? Yep. So there are some coping skills that that parents can also employ, to help their child who is self injuring. Mhmm.

A a couple of things that have been mentioned are just simple distractions. Mhmm. Putting an ice cube in their hand, snapping a rebel rubber band. These are simple things that can often, you know, provide the same endorphin release as, self injury, but without the, obviously, the bad effects, the trauma. Exactly.

Yeah. Yeah. Yeah. But then also things like, this was mentioned before, things like, artistic expression. Right?

Right. Yeah. Journaling. Yeah. A lot of kids really benefit from that.

And so, you know, encouraging that and, you know, having a good therapist or someone who is intervening with them to try to encourage different ways of self expression, can be extremely helpful. Mindfulness is a big helpful thing, and that is sort of the idea that, you know, we're going to, be able to be present in the in the moment, recognize what those negative thoughts and

feelings are, and try to change the behavior so that it's not a maladaptive thing. I will say that, like, one of the things she talks about in the book that I think is really sort of underrecognized. I think a lot of times, one of the the one of the triggers for this type of behavior, typically, is seen in kids who are who are already struggling for any, you know, any number of reasons or have a diagnosis of anxiety or depression or may have not yet yet been diagnosed. But a lot of times, the one of the triggering events is that it is sort of the end of a romantic relationship in teenagers.

Mhmm. And, and, yeah, that all tracks with what I've experienced in clinic in clinic is that, a lot of times that it's preceded by that. So if they are able to describe to me a trigger, oftentimes, it's that's the thing that sort of sets it up. And so Because it's overwhelming. It's an overwhelming emotional experience.

It's a big deal. I think that, you know, for years that, you know, we would kind of, I mean, sort of even belittle adolescent, relationships or or romantic relationships that look like terms like, well, this is puppy love or something. But in reality, it's In their mind, in their perspective. Big deal. It's everything.

It is. It is a big deal. And so I will, you know, tell parents that, you know, these kinds of triggers are things that, you know, potentially can bring this out. And if we are able to then, again, get in there and work with their, you know, thoughts and emotions that we can typically get it better. Right.

And I I think that's important to point out is that, cutting and self injury, it's, it's very treatable. Mhmm. It is. Yeah. It is.

And and, and I think that, like, it's just so, like, scary and off putting for folks that, that it really raises huge alarm bells. And it should. Right? I mean, it is definitely something that, that is, you know, gets people's attention. And, of course, when you hear that, you think to yourself, oh, well, this that's the reason the child is doing that.

It's attention seeking behavior. Right? And so we often will or in the past, we've been like, oh, well, you know, they're doing this to get attention. And to some extent, you know, what they're doing is saying that, you know, a lot of times what has happened is that they have potentially tried other ways to deal with their distress or other ways to cope. And those ways have not been fruitful for whatever reason.

And that this is what they have moved on to. And so, and and, you know, it definitely gets attention because it is, you know, very distressing to other people when they recognize that this it's happening. Right. So it's been pointed out that it's often more than attention Mhmm. Seeking.

It's a seeking of connection. Correct. Whether that's to, you know, their own impulses to create, to express, you know, how they're feeling Mhmm. Or or to other people as well and to you as a parent. Correct.

Yep. That is all very true. And I do recommend that book a lot. It's really good, it's not super long. I mean, but it gets to the heart of it.

And it's really reassuring, you know, it's a really common thing. I think it's one of those sort of taboo subjects that people, you know, probably just don't really wanna talk about a whole lot. But it is so common that if it is happening, you know, for your child or in your household that, you know, that there are definitely resources that can help you who have a lot of experience with it because it's just so common. Right. Yeah.

I guess the end goal of all these interventions is to build both emotional literacy, just a greater understanding of what's happening, you know, for the child, and then also just distress tolerance. Right? Right. Their ability to handle the, you know, the slings and arrows of fortune. Right.

Which is just a life skill. Right. Right? Being able to figure out ways to manage your distress, which is just inevitable. Right?

I mean and so being able to manage that, to help your child learn how to manage that, to be able to find the techniques that work for them, to try to find activities that help distract them from the sort of negative ruminations. And, again, there are emerging, you know, therapies in this space that, yeah, may work even better than traditional things that we've done. But a lot of it is this idea that, you know, when your brain gets stuck in a loop, it is it it can take quite a lot of effort to pull out of that. Right. Right.

Yeah. Mhmm. So coming away from this, again, it's important to remember that cutting is very much treatable. But there are things to remember as a parent, a few things that will help you guide your child through this. But also for yourself, it's important to remember that things may get worse before they get better.

It's Right. Healing is not necessarily linear. Yep. But come up with a plan, with the help of your therapist, and or or pediatrician. Work on that plan, and, you know, if things don't immediately work out, stay with it.

Right? Because, you know, consistency is the key. And, some of these kids will stop the cutting when these, these new tools they've been exposed to, work better, than cutting and and and, dealing with the emotional distress. Right? Yeah.

They don't they typically do not want to be doing this, and they have a lot of shame over doing it. And they would like to be able to stop, but they just don't have a replacement. And I would also just say just, you know, in general from from the, physician perspective is that it is, you know, it's

hard for me when I'm when I am, meeting somebody who is having this kind of, you know, this these kind of symptoms to determine whether this is entirely non suicidal self injury or whether suicidal ideation is playing a role and this is actually something more. So I would never, like, imply that parents should be able to figure that out. Right.

Right. So I would say that there may be, you know, that that if you are in, like, in any way thinking that this could be a a suicidal attempts, then you do need to seek immediate help. Absolutely. Absolutely. Be in an emergency room, for evaluation evaluation, like, their physical injuries, but then also get, like, an evaluation of where they are, psychologically.

And, and so they have overlap. For the most part, we find that as a coping mechanism, but it is very hard to figure out who is using it as a coping mechanism and who may be considering trying to end their life. And that's where you do need some sort of emergent evaluation under those circumstances. Absolutely. Mhmm.

So, you know, as parents, you wanna take it seriously. Mhmm. You wanna stay curious about, you know, how cutting is treated. And, as with everything, as with any mental health condition, for your child, approach it with love and compassion because those work their own set of wonders as well. That's it for today's episode of Nimble Youth Podcast.

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Better support is possible. Take care. We'll see you next time.