



Extreme Reactions

Working with clients
who self-injure

Deep Release Counsellor Survey

- 60% personally have experienced self-injury

Counsellors were most concerned about:

- Personal resonance with the topic (66.7%)
- Holding risk (53.3%)
- If self-injury continues despite therapy (33.3%)
- Feeling not 'expert' enough (20%)
- Hearing/seeing injuries (13.3%)
- Saying the wrong thing (13.3%)

Today is about both our clients and us



What is Self-Injury?

- An expression of acute psychological distress
- There are reasons why people self-harm but they may not know themselves why they do it
- A coping mechanism – emotional pain is transferred into physical injuries (easier)
- Not usually designed to end one's life



Extreme Reactions

- Cutting, slashing, carving (words, symbols, dates, designs)
- Burning, scalding, scrubbing
- Skin picking (neurotic excoriation and dermatillomania)
- Excessive scratching (bleeding)
- Punching, hitting, slapping, biting, bruising the self
- Stabbing with sharp objects (pins, needles, compasses, nails)
- Head banging
- Hair pulling – scalp, eyelashes, eyebrows (trichotillomania)
- Inserting objects into the anus, penis, uterus, vagina to cause harm (non-sexual intent)

What did you want to do? Show your workings

I wanted to mother her, to tend to her wounds...

I want to cover her arms to hide the scars she seems to flaunt...



I want to stop her doing it...

I wanted to shout, What the hell have you done?

She went for the blades and I yelled, "Don't you dare!"

I feel I have a duty to protect the inner child... like social services stepping in...

It impacts me massively... I wanted to cry...

“A them-and-us position pathologises ‘them’ and leaves ‘us’ untouched. Separating ourselves out from such a process makes it harder for us to connect in therapy... Quite simply, it is a shared human experience...”



Working with Risk in Counselling & Psychotherapy” Andrew Reeves (Sage, 2015)

Pause for Reflection

- Anorexia, Bulimia, Compulsive Eating
- Alcohol abuse, illegal drugs, misuse of prescribed drugs
- Overdosing
- Extreme risk-taking (reckless driving, high risk sports)
- Over-exercising (use of steroids)
- Smoking
- A few glasses of wine after a stressful day
- Biting your nails
- Over-working
- Perfectionism
- Self-neglect (always putting other people's needs first)



Alex's Story

Possible Ideas to share in Buddy Groups

- Share your own experience, as far as feels safe, personally and professionally, of self-harm



TAKE A BREAK

5:00



Understanding Self harm with less shame

- Chronically stressed animals may over-groom, self-bite, or develop repetitive behaviours that cause injury
- We don't see this as moral failure, but as nervous system distress and an attempt at regulation
- Human self-harm can be understood similarly - as a coping strategy when someone is overwhelmed
- Humans *in addition* face shame, self-criticism and existential questions about worth or adequacy, which can intensify self-injury

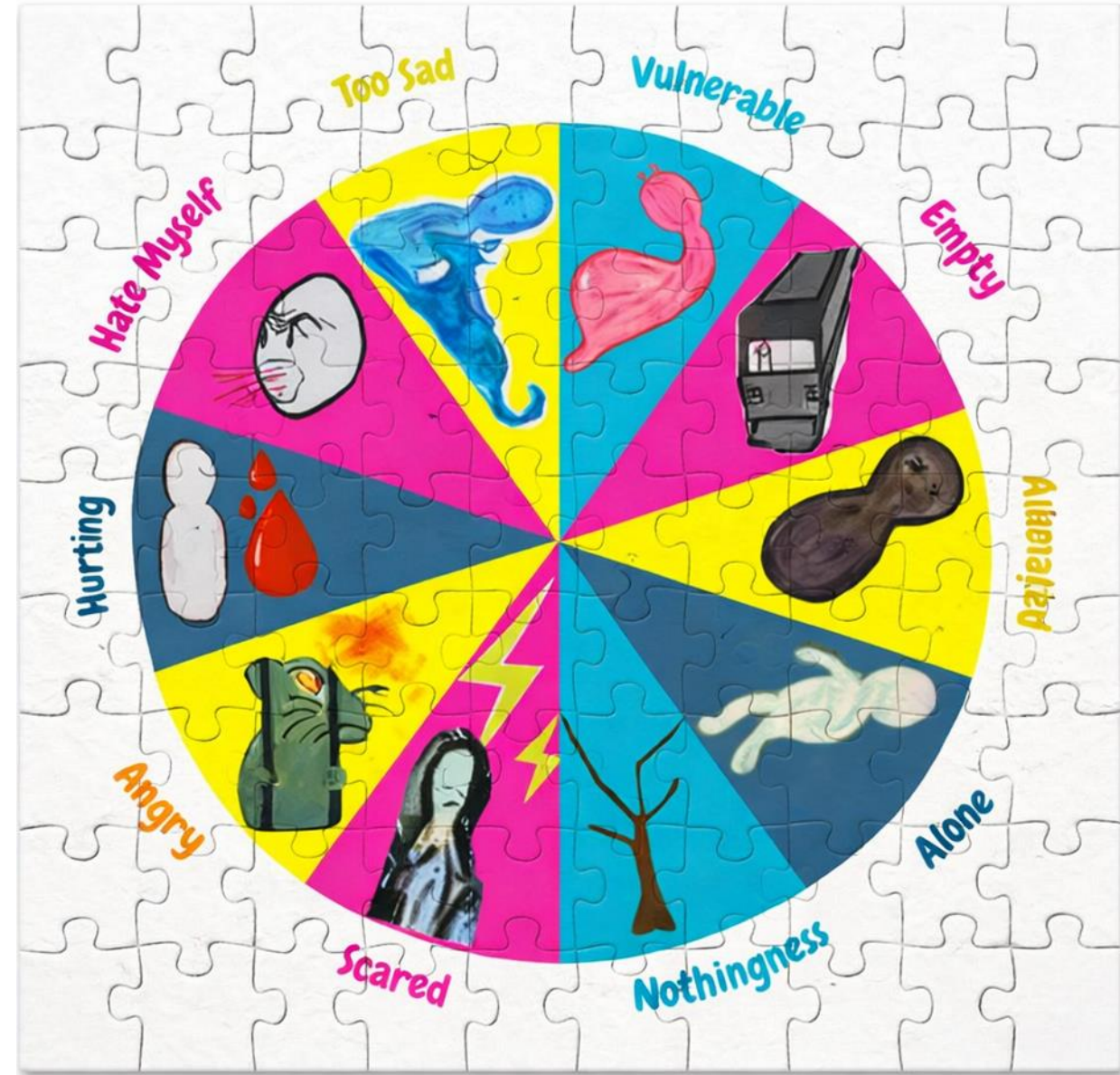


Self-Harm: A Jigsaw

Self-harm is usually a **coping strategy**, not a suicide attempt (though risk can overlap).

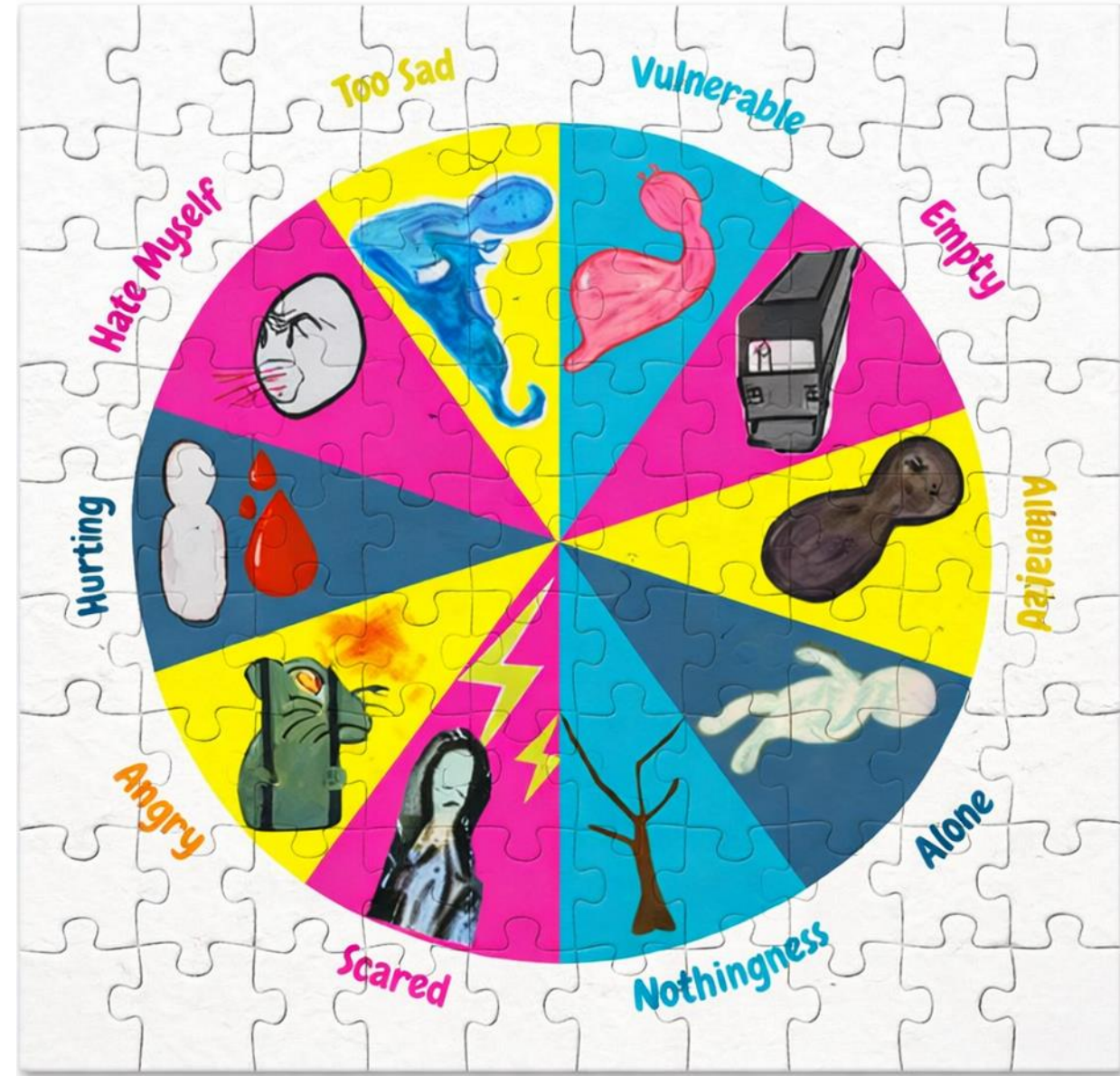
It often activates when someone feels:

- Overwhelmed
- Emotionally numb
- Ashamed
- Out of control
- Unable to express distress safely



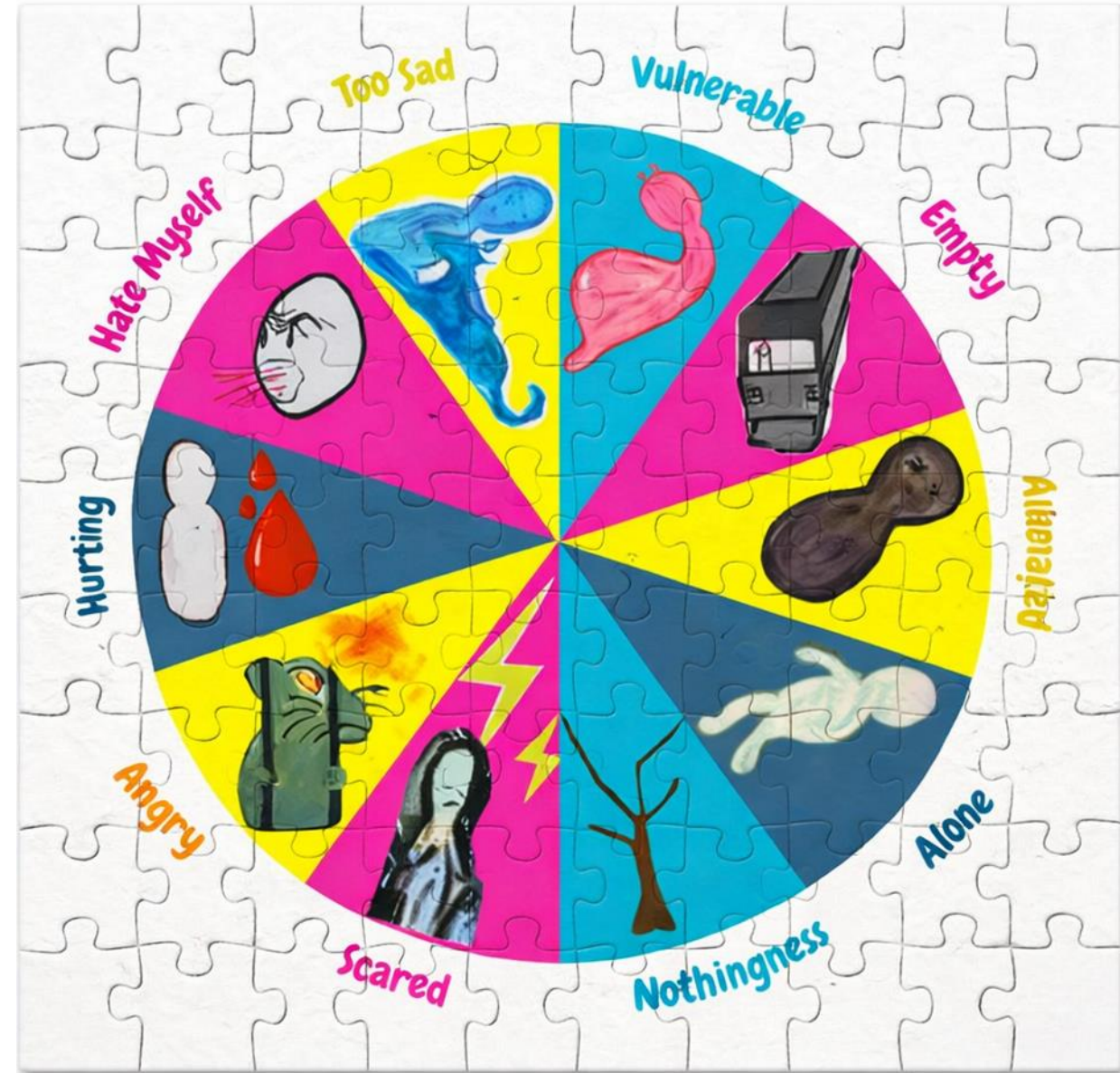
Self-Harm: A Jigsaw

- **Often caused by a combination of factors** (Katy's story – growing up, moving multiple times, family issues, Attachment, role in family, school, peers)
- **Activation** - teenage 'energy', Attachment seeking, Erikson's Life Stages



Self-Harm: A Jigsaw

- **What does it help ‘achieve’?**
 - No single answer
 - Instant relief, (Katy: felt like daytime drinking), dissociating, something that was entirely mine, a helper)
 - Can be a constellation of behaviours
- **A stress response**
- **A safety brake**
- **A way to *not* kill myself**
- **A way to not inflict myself on other people**

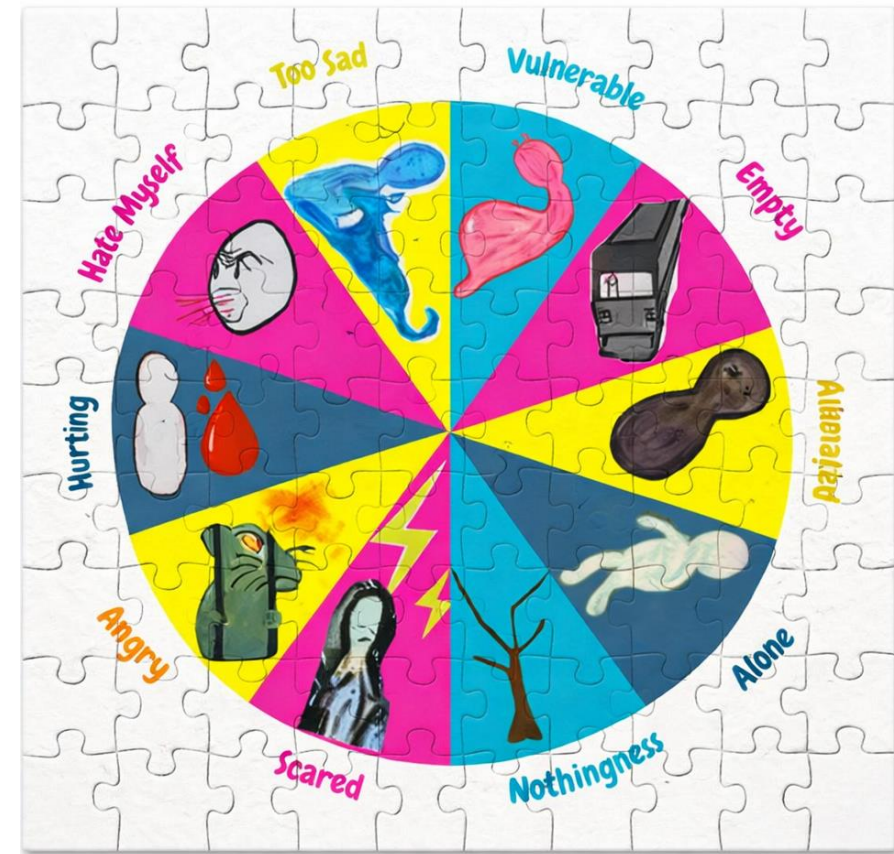


Self-Harm: A Jigsaw

- Most common onset 12 - 14 years old
- Peak prevalence: 15 - 19 years old

However:

- It can begin as early as 9 – 10 years old
- Many adults who self-harm began in adolescence



Adult onset can occur during **trauma**, times of **severe stress** and **postpartum** periods (hormonal changes, postpartum depression/anxiety, severe sleep deprivation, loss of self, trauma activation (including birth trauma), social isolation and in rare cases - postpartum psychosis)

COUNSELLOR CONFIGURATIONS OF SELF (which parts of me are in the room?)



My inner teenager:

"I can empathise because this is in my own experience."



Needs close supervision!

Angry mother part:

*"Why are you being so irresponsible?
Why are you doing this to yourself?
You're causing a lot of pain for others.
Maybe you could stop if you wanted to."*

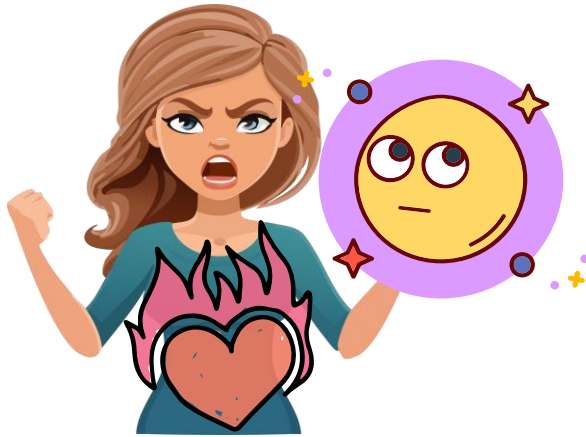


Trained counsellor self:

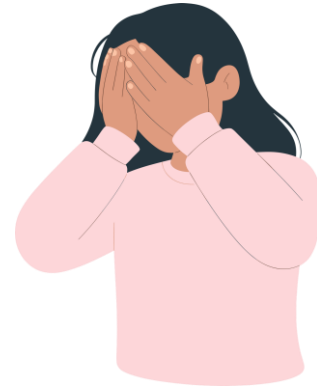
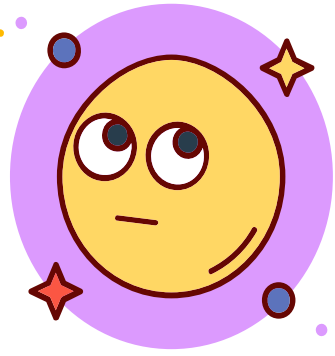
"I have read the books, been on courses. I have learnt about this subject. I want to offer you the core conditions."

"I hate the thought of you doing that to yourself, but I don't want you to think I don't understand."

COUNSELLOR CONFIGURATIONS OF SELF (which parts of me are in the room?)



- **Compassion for our own parts and slowing down to hear their messages (eg angry mother part is loving, as well as stressed)**
- **Taking the temperature of our own stress levels (and perhaps self-harm)**
- **What do the parts of us that are finding it more difficult need to say, hear, receive?**



Possible Ideas to share in Buddy Groups

- Share your responses to the Exercise, and what it feels like to be faced with a client who self-harms



TAKE A BREAK

5:00





Questions
Comments
Discussion

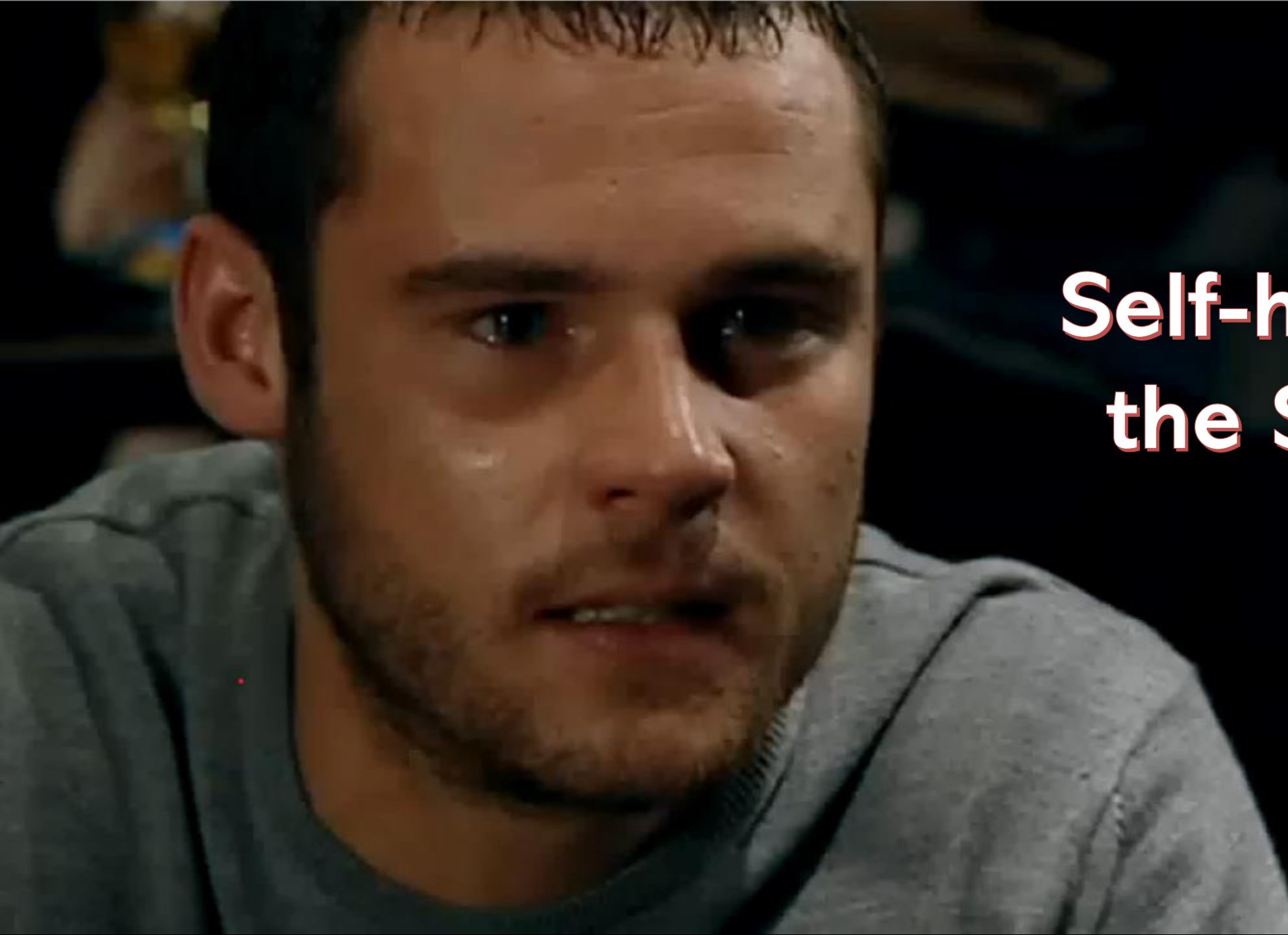
Other factors to consider

Self-injury can be:

- **CALMING**
- A way of feeling in **CONTROL** - *“It stops the voices...”*
- **CLEANSING** eg after abuse
- **CONFIRMATION** that I exist
- **COMFORTING** - a numbness settles on me
- **CHASTISING** - I’m a bad person who deserves to be hurt
- **COMMUNICATION** - Help me... I feel bad
- A way of **COPING** in a crisis



Sometimes the goal isn't to die —
it's to survive the moment.



Self-harm in the Soaps

Accompanying Clients

- Shame - in our own past
- Empathic strain
- Vicarious traumatisation (intrusive thoughts)
- Supervision so important
- Strength fully enter client's world, but also to get back into our own



Deep Release Counsellor Survey

Q: If you have supported a client (or friend/family member) who self-injures, what did you notice seemed to help most? If you yourself have sought help, what helped?

1 A Non-Judgemental, Calm Presence

- Listening without shock or panic, or visible fear or disgust
- No pressure to stop
- Being steady and emotionally regulated as counsellors

Core theme: *Feeling safe rather than managed*

2 Permission to Talk Openly

- Confidential space (or as confidential as possible)
- No threat of overreaction or immediate escalation
- Freedom to disclose at the client's pace
- Not fearing hospitalisation or punishment

Core theme: *Safety to speak reduces secrecy and shame*



Deep Release Counsellor Survey – what helps

3 Autonomy & Collaboration

- Not being told to stop
- Not being coerced
- Collaborative conversations about safety
- Respecting the client's control

Core theme: *taking control away can make it worse*

4 Understanding the Function (Not Just the Behaviour)

- Exploring *why* the self-injury happens
- Recognising it as emotional regulation
- Understanding the relief cycle
- Seeing it as part of the person's coping system

Core theme: *Curiosity about meaning is more helpful than behavioural elimination*



Deep Release Counsellor Survey – what helps

5 De-Shaming & Normalising

- Not demonising the behaviour
- Recognising it as a survival strategy
- Seeing the whole person, not just the scars
- Not defining someone by the behaviour

Core theme: *Shame reduction is therapeutic in itself*

7 Therapist Transparency & Self-Disclosure (When Appropriate)

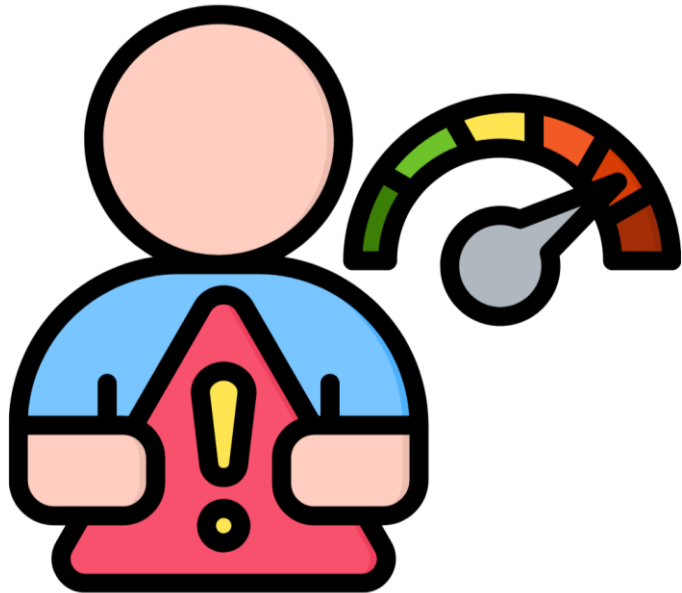
- Boundaried lived experience disclosure
- Clear safeguarding communication
- Repair after ruptures

Core theme: *Authenticity can deepen trust*

6 Emotional & Regulation Work

- Window of tolerance work
- Sitting with feelings
- Exploring triggers
- Psychoeducation about distress cycles
- Developing alternative soothing strategies

Core theme: *Expanding regulation capacity gradually*



Deep Release Counsellor Survey

If you have supported a client (or friend/family member) who self-injures, what did you notice seemed least helpful - or made things worse? If you yourself sought help, what didn't help, or made things worse?

1 Pressure to Stop

- Telling someone to stop
- Counting “sober days”
- Bribing, rewarding, or shaming
- Framing stopping as a requirement for therapy

Impact: *Increases shame, secrecy, and distress.*

2 Overreaction & Panic

- Visible fear or alarm
- Immediate safeguarding without context
- Treating all self-harm as crisis-level
- **Impact:** *Reinforces the belief that the behaviour is intolerable or monstrous.*



Deep Release Counsellor Survey – what doesn't help

3 Judgement (Subtle or Overt)

- Disapproval in tone or facial expression
- Moralising responses
- Pathologising the person ('what's wrong with them?', rather than 'what's happened to them?')
- Making the client feel “too much” or “too complex”

Impact: *Deepens shame and reduces honesty*

4 Taking Away Autonomy

- Forcing disclosure
- Threatening reporting
- Imposing solutions
- Making decisions without collaboration

Impact: *Replicates the loss of control that often underlies the behaviour*

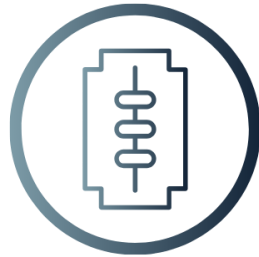


Deep Release Counsellor Survey – what doesn't help

5 Focusing Only on the Behaviour

- Treating self-harm as the primary problem
- Ignoring emotional function
- Offering superficial substitutes (e.g., “just use an elastic band”)
- Trying to “fix” rather than understand

Impact: *Misses the underlying distress and invalidates coping attempts*



6 Abandonment or Avoidance

- Being dropped as “too complex”
- No signposting
- No relational repair after rupture

Impact: *Reinforces fears of rejection and unmanageability*



Claire's Story

Self-harm: assessment, management and preventing recurrence

NICE guideline | NG225 | Published: 07 September 2022



UNDERSTAND THE FUNCTION

Self harm helps:

- Regulate emotion
- Express distress
 - Feel control
 - Cope with overwhelm

Explore why it happens before trying to stop it.

NOTICE YOUR OWN ANXIETY

This work can trigger:

- Rescue feelings
- Fear of suicide
- Fear of complaint

Take it to Supervision – reflection, not escalation

BE CLEAR IN YOUR CONTRACT

- What counts as imminent risk
- When you would break confidentiality
- Who you would contract

Knowing your threshold helps you stay steady

You are not responsible for eliminating all risk

You are responsible for:

- Careful assessment
- Ethical practice
- Ongoing review

AVOID DEFENSIVE PRACTICE

Fear can lead to:

- Over-referring
- Over-reporting
- Escalating too quickly
- Ending therapy early

SELF HARM DOES NOT MEAN THERAPEUTIC FAILURE

- Often a coping strategy
- Often reduces gradually
- Not inevitable suicidal ideation

PROTECT YOURSELF PROFESSIONALLY

- Clear contracting
 - Written safeguarding policy
 - Documented consultation
- Supervision records

Self-harm: assessment, management and preventing recurrence

NICE guideline | NG225 | Published: 07 September 2022

Common Protective Factors

Relationships

- A trusted adult/close friend (connection is one of the strongest protective factors)

Reasons for Self Care

- Family responsibilities, future plans, pets, faith/spiritual beliefs, personal values

Emotional Regulation Skills

- Ability to name emotions, coping strategies that work, help-seeking ability, ability to tolerate stress



Self-harm: assessment, management and preventing recurrence

NICE guideline | NG225 | Published: 07 September 2022

Common Protective Factors

Identity and Strengths

- Talents, sport, creative outlets, sense of purpose

Practical Stability

- Safe housing, financial security, access to school/work, regular routines



Self-harm: assessment, management and preventing recurrence

NICE guideline | NG225 | Published: 07 September 2022

Common Protective Factors

Protective Factors are not:

- A reason to minimise risk
- ‘Proof’ that someone is safe
- **Static:** they can weaken under stress (eg exams)

What constitutes an emergency?

Severe or life-threatening injury

- Deep wounds needing attention
- Significant blood loss
- Overdose (especially unknown quantity or substance)
- Loss of consciousness
- Breathing difficulty
- Seizures

Rapid escalation in risk

- Sudden increase in frequency or severity
- Shift from non-suicidal self-harm to suicidal thinking
- Increased access to lethal means
- Marked deterioration in mental state (psychosis, extreme agitation, intoxication)

What constitutes an emergency?

Loss of capacity for safety

- Unable to agree to keep themselves safe, even short-term
- Intoxicated and impulsive
- Dissociated and not grounded
- Refusing all support

Imminent suicide risk

- Clear suicidal intent (*"I am going to kill myself"*)
- A specific plan
- Access to means
- Preparatory behaviours (goodbyes, giving things away, rehearsals)
- Inability or unwillingness to engage in a safety plan

What is **NOT** automatically an Emergency

- **Superficial self-harm with no suicidal intent**
- **Ongoing self-harm used as coping (without escalation)**
- **Historical self-harm disclosure**
- **Thoughts of self-harm without intent or plan**
- **Emotional distress alone**

These require assessment — not automatic crisis response.

**You are not responsible for eliminating all risk.
You are responsible for making a reasonable, structured,
defensible clinical judgment.**

Vicarious Traumatization

The emotional and psychological impact that can occur when professionals are repeatedly exposed to other people's trauma, distress, or self-harming experiences

When counsellors work empathically, they:

- Listen deeply
- Imagine the client's internal world
- Hold intense emotional narratives
- Absorb themes of shame, anger, fear and hopelessness

Over time, this can:

- Alter how they see the world
- Increase hypervigilance
- Shift beliefs about safety or trust
- Lead to emotional exhaustion



The Importance of Supervision



“You want them to develop healthier coping strategies, certainly...

So you’re really looking into how they cope: what works for them when they’re stressed? Maybe that’s cutting themselves, or maybe that’s burning themselves. That may not sound very good to you, but for them it’s working. And when it’s working is not when they’re going to die.”



Dr Lisa Firestone PhD

You want to slowly replace it. You want to work with them on developing healthier strategies so that those other behaviours can fall out... But you don't want to do things to expose them more to their pain. You've got to deal with their pain. The deep underlying psychological pain they're experiencing often has to do with their early pains and hurts, and feelings that they don't deserve to live – these core beliefs that they should basically be dead, that they shouldn't have been born in the first place..."

Dr Lisa Firestone PhD



Possible Ideas to share in Buddy Groups

- Share your responses to the Survey, and to Risk Assessment.

15 minutes





Questions
Comments
Discussion

MAR
12



(🔊) 9:30 am - 1:00 pm

When Dreams Speak: Meeting the Self in Night-Time Stories

MAR
21



(🔊) 9:30 am - 1:00 pm

Spiritual Wounds and Spiritual Dimensions in the Counselling Room

APR
24



April 24 @ 4:00 pm - April 26 @ 3:00 pm

Conference: The Healing Dance: TA & Gestalt Together

The Healing Dance: TA & Gestalt Together

24-26 April 2026

A warm,
experiential
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Resources

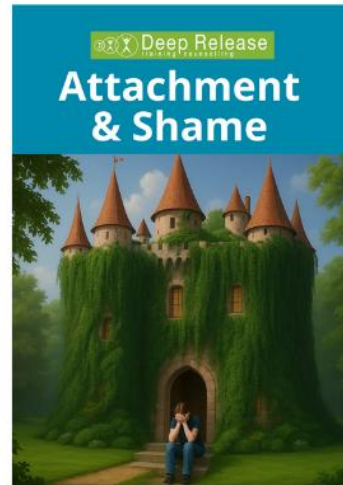
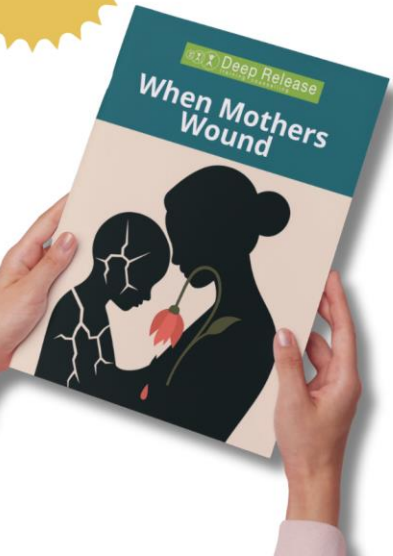
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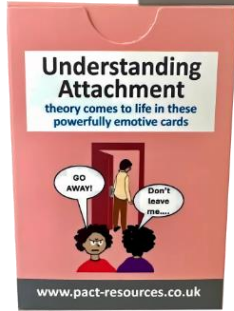
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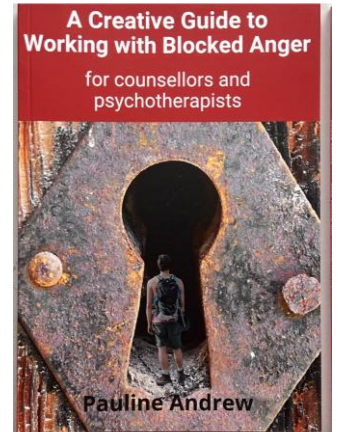
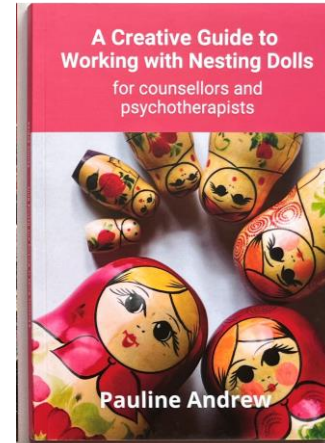


Extra Set A characters available!



Books

Also available on Kindle



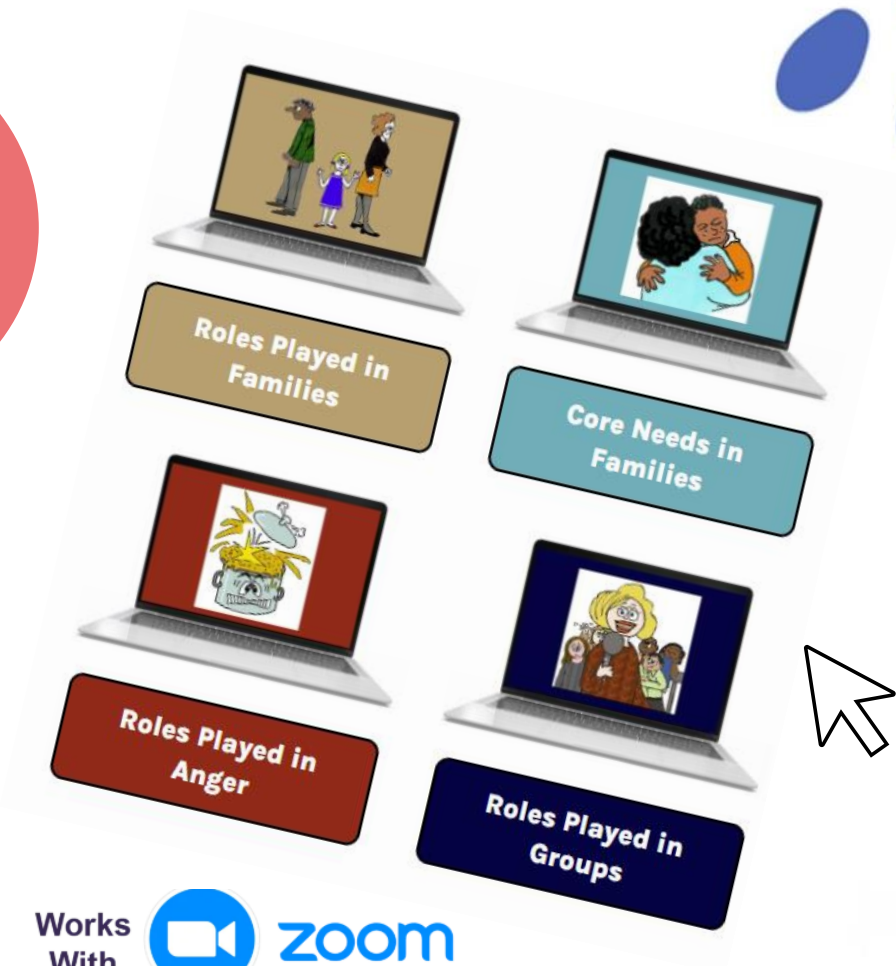
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**HARD
FEELINGS**

hardfeelingsc

Inspired by the song The Day I Tried to Live
by Soundgarden

Maybe?

- being in or 'with' the world feels difficult?
- it's hard to know what "normal" even means?
- connection feels out of reach, even when you try?
- everyone else seems to know how to do life, while you're left unsure?
- something else?

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I use the cards and find them an excellent tool. They enable clients to express emotions that they are unable to verbalise. – Peter, Counsellor

**HARD
FEELINGS**



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Pauline Andrew Creative Counselling

Working with fairy tales
in counselling



Choosing your Nesting Dolls



Working with aspects of self
using nesting dolls



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nesting dolls in counselling



How to introduce creative
interventions in counselling



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How to work with animal figures
in counselling

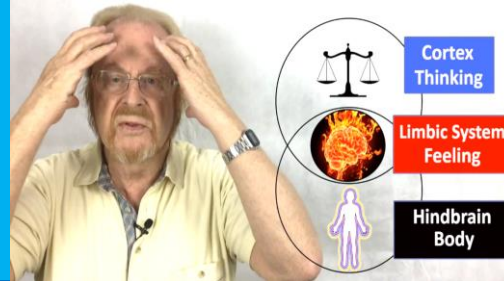


Brain Body & Beyond

Left and Right Brain



The Top Down Brain



Catch Up



The Left and Right Axes

Sciences
Objective
Prose
Particular
Analyse
By the book
Hardware
Law
Quantitative
Zoom in

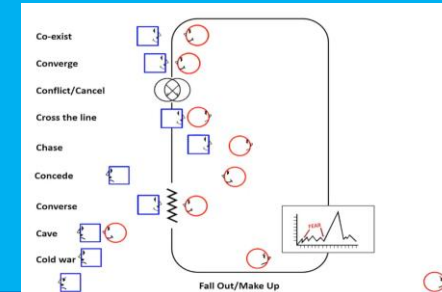


Arts
Subjective
Poetry
General
Synthesise
Extemporise
Software
Liberty
Qualitative
Zoom out

The Warzone



Fixing Broken Relationships Part 1



Fixing Broken Relationships Part 2



Please send
us your
feedback!



Thank you so much for joining us and supporting our work! If you have found the day helpful, please would like leave some feedback in the Deep Release Facebook group, or send us an email at info@deeprelease.org.uk. It would mean so much to us! 😊

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Thank you