

CUTTING

Helping my preteen daughter overcome her need to self-harm

BY HOLLY COOPER

An oversized hoodie. I see it now for what it truly was. Not a fashion statement or default pick from the top of the laundry pile. It was a disguise my 12-year-old daughter wore to conceal her pain. The emotional pain of a preteen coping with divorcing parents on top of all of the changes and uncertainties of adolescence—this I expected. But it was the self-inflicted physical pain I could not comprehend.

I'll forever be grateful for that warm and sunny spring day during an otherwise rainy beach week. In a bathing suit for the first time that year, she couldn't hide the fresh pink scratches or web of thin white scars that crisscrossed her torso and arms. That day I finally, clearly, saw my daughter's cry for help.

Out in the Open

Cutting has been in the headlines and part of TV storylines in recent years. But this and other forms of self-harm and nonsuicidal self-injury aren't new behaviors. They're just becoming more normalized, explains Sara Groff Stephens, PhD, a UVA pediatric licensed clinical social worker.

"There's more awareness of self-harm than there used to be," Groff Stephens says. Among teens, this is primarily because of social media, which, she warns, can be a double-edged sword.

"It allows people who are struggling to find support and know they're not alone," she says. "But it also allows kids to self-select peer groups whose primary connection

is through self-harm, which makes it more acceptable."

Of course, my daughter's decision to harm herself—this incredible, beautiful being I'd spent over a decade trying to protect—was far from acceptable to me as a mom. It was heartbreaking. I needed to understand why.

Why Kids Cut

The reason is different for everyone, but according to UVA pediatric psychologist Haley Stephens, PhD, some key functions of nonsuicidal self-injury include:

- ➔ Using self-harm to numb strong emotions or find some release for them, distracting the brain from intense feelings.
- ➔ Finding comfort in controlling physical pain because of feeling powerless over something causing emotional pain.
- ➔ Injuring to inflict harm as a means of punishment for feelings of guilt, shame or worthlessness.

Teens and adolescents are more likely to turn to self-harm because they have poor stress tolerance and have not yet developed adequate coping skills, Groff Stephens says.

"Some kids will try it once and seek help," she says. "Others will find it works for them, so they keep doing it, and it becomes a behavioral pattern."

Like talking to a friend or listening to music, Stephens adds, self-harm becomes a primary coping strategy. "Unfortunately, it's not a good long-term strategy," she says. "They're not managing the underlying



Haley Stephens, PhD, UVA Children's psychologist



Sara Groff Stephens, PhD, UVA Children's clinical social worker

OPING

Teen Depression: Risks and Signs

Teen depression was on the rise before the coronavirus pandemic. But as the springtime shutdown turned into a long-term quarantine—with schools going virtual, sports getting canceled and gatherings with friends being put on hold—teens were cut off from many of the resources and outlets they rely on as coping mechanisms. Some kids are at increased risk for depression and anxiety, notes UVA pediatric psychologist Haley Stephens, PhD:

- Girls are about two to three times as likely as boys to experience depression.
- Kids who encounter adverse childhood events and have less access to resources have greater mental health concerns.
- Children who are questioning their gender identity or dealing with social pressures around being their authentic self often have higher rates of depression and self-harm.

Behaviors that may signal your teen is struggling with depression:

- Social isolation or not engaging with friends and family
- Irregular sleep habits, either sleeping too much or too little
- Anger or irritability
- Self-harm
- Increased substance use
- Talking or writing about death or suicide

For Immediate Support in Times of Crisis

Encourage your teen to contact the

CRISIS TEXT LINE:
text HOME to 741741
or call the

NATIONAL SUICIDE PREVENTION LIFELINE:
800-273-8255

reasons for those strong emotions. It's a quick fix that can be really dangerous for the body."

When to Worry

For those who continually turn to self-harm, there is a risk of serious injury—a cut may be too deep or a burn severe. And even though self-harm is not typically thought of as a precursor to suicide, it can be.

"Self-harm helps someone acquire the capability to die by suicide," Stephens says. "Through practice, they're becoming acclimated to that feeling of harming themselves. We're not wired to hurt ourselves; we're wired to protect our bodies."

This is why it's important to take self-harm seriously. No matter how difficult the conversation, parents should confront their child, Groff Stephens says. "You have to ask them straight out: 'Are you having thoughts of killing yourself? If you have had those thoughts, how would you do it?'" Then you have to think of safety measures. Remove firearms, lock away pills and other potentially harmful items," she says.

How to Help

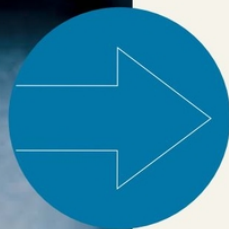
What parents should not do: assume or insinuate that self-harm is all about the child seeking attention.

"Most often, we see people engage in self-harm in a way that's discoverable," Stephens says. "They want someone to intervene and take them seriously and say, 'Hey, your life matters to me. You matter to me. Let's do something about this emotional pain you're experiencing.'"

For my daughter, counseling was what she needed to pinpoint how she was feeling about all of the changes happening to her and around her. She has found other ways to handle her emotions when she's feeling overwhelmed.

It's been more than a year, and her scars remain. They may never fade. But I hope they are reminders for her that she is strong enough to rise above, no matter how deep the hurt. •

VIM & VIGOR SUMMER 2021





HEROES

for Our Time

**Healthcare is a calling, as is military service.
Meet three UVA Health team members honored to serve—
in wartime and also in the fight against an invisible foe**

BY KELLY CASEY

SUMMER 2021 VIM & VIGOR

Jody Reyes worked as a nurse on the battlefields of Iraq in the aftermath of 9/11. Min Park, MD, was the sole neurosurgeon in a large swath of Afghanistan during Operation Enduring Freedom. Steven Wiseman was called to the trenches of a Texas hospital overrun by victims of COVID-19. Relying on their military training, each one has persevered in challenging times.

Jody Reyes

Growing up on a small farm in central Illinois, Jody Reyes always knew she wanted to be a nurse. Her passion was set at an impressionable age when she lost her grandmother to cancer. She graduated high school, got a four-year nursing degree and settled down in a small town close to home. She loved caring for cancer patients, but when she discovered that the military could introduce her to a world she had never seen, she reached out to a recruiter.

Reyes was commissioned in the U.S. Navy and was among only a handful of experienced nurses to be chosen that year as a nurse corps officer. A few days before Christmas in 2002, her commanding officer called to say she was being assigned to support the Marines and would be deploying to the Middle East in less than a week.

"We started training in January and by mid-February we were in Kuwait," she says. By March, her unit had moved to the war front in Iraq. "I was assigned to a shock trauma platoon—a mobile ER, paired with a forward resuscitative

surgical system. They would follow closely behind the Marines and set up wherever there were wounded. It was frightening but, nonetheless, one of the best and most special experiences of my life," she says.

"It helped me to put into perspective and to solidify the importance of training and developing teams and process improvement," Reyes continues. "Because everywhere we went, we were learning along the way, and we kept getting smarter and faster."

Reyes credits her military background—and especially her time on the battlefields of Iraq—with her resilience during a constantly changing situation this past year. "The leader that I am today, without question, has been shaped by my experience in the military," she says. "For that, I'm incredibly grateful."

Min Park, MD

Min Park, MD, was serving as a lieutenant commander and staff neurosurgeon at Naval Medical Center San Diego when he was deployed to Afghanistan in support of Operation Enduring Freedom. Stationed there in 2010 for six

months, he was the sole neurosurgeon for the southern half of the combat theater and performed more than 150 lifesaving operations. His service was recognized with U.S. Navy and Marine Corps Commendation Medals, Navy Unit Commendation, the Afghanistan Campaign Medal and the NATO Medal, among other awards.

After an honorable discharge from active duty service, he completed an endovascular neurosurgery fellowship at the Barrow Neurological Institute in Phoenix. Dr. Park first joined the neurosurgery faculty at the University of Utah but was soon recruited by the UVA Department of Neurosurgery. Today, among his many titles, he is director of cerebrovascular and endovascular neurosurgery at UVA and co-director of the UVA Comprehensive Stroke Center.

"I will forever cherish my time in uniform serving the brave men and women of the United States Armed Forces, including a deployment to Kandahar Airfield to provide neurosurgical care to our deployed service members, coalition partners and the local Afghani population," Dr. Park says.

"The best mentors I had in the military reinforced the value of teamwork and the importance of all members of the team," he continues. "What we need to recognize is that anyone is capable of identifying



Jody Reyes,
UVA Health
chief operating
officer



Min Park, MD,
UVA Health
neurosurgeon