

# childPSYCH News

A newsletter for professionals and parents

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We are now consulting in Springfield and Ipswich!



## Concentration and Attention Problems?

The cogmed program consists of 25 training sessions of 30-40 minutes each, done over 5 weeks. It is the intensity of this training schedule that is critical to the program's success. The user/family sets the training schedule with the Cogmed Coach, with plenty of flexibility.

## Nonsuicidal Self Harm by Philip Gosschalk, Clinical & Educational Psychologist | Director

Self harming behaviour is associated with non-suicidal and suicidal intentions. This means, that not everybody who engages in self harming behaviour intends to take their own life. In fact one study found that 88% of adolescents with depression, who were hospitalised, had their cutting self harming behaviour mis interpreted as a suicidal gesture.

Research estimates that 15-20% of adolescents at some point will engage in some form of self harm. So what exactly is non-suicidal self harming behaviour? Researchers have defined self harming behaviour as intentional self inflicted damage to oneself with the expectation that it will lead to only minor or moderate harm. A new mental health diagnosis called Non-suicidal Self Injury Disorder has been proposed and researchers are refining the criteria for this disorder.

### Sex differences

Girls are twice as likely than boys to engage in nonsuicidal self harm. Researchers are not sure of the reason for this but hypothesise that an early history of trauma (particularly sexual abuse) may be a cause. Other researchers have hypothesised that late stage puberty, common in girls, results in the emergence of depression which leads to nonsuicidal self harming behaviours. As an aside, girls with depression tend to entertain suicidal thoughts twice as much as depressed boys and three times more likely to attempt suicide than boys. These girls are more likely than boys to engage in *suicidal* self harming behaviour.

### What happens over time?

Not surprisingly then, the age when self harm behaviours emerge tend to be between 12 and 15 on average. More than half of adolescents will cease self harming behaviour by adulthood. But this means they have been self harming on average for 10-15 years. Reasons given for stopping have included: determining it is un-



*"if non suicidal self harming behaviour is not ceased or addressed quickly, it can lead onto suicidal attempts"*

healthy behaviour, unwanted attention from others, the level of distressed caused to family and friends, scarring and feelings of shame.

Of concern however is that if non suicidal self harming behaviour is not ceased or addressed quickly, it can lead onto suicidal attempts in some patients. In fact, nonsuicidal self harm is a better predictor of attempting suicide than an actual history of suicide attempts.

### Why do people engage in nonsuicidal self harming behaviour?

It appears that an adolescents tendency to be self-critical and some sort of stress (such as a critical parent) can increase the chances the adolescent will engage in self harming. All of these factors interacting with an adolescent who is emotional in their mood. There are other theories and one theory that explains this behaviour in nearly 50% of self harmers is that their peers are doing this. This social learning theory explains that for this group of self harmers, they are likely to do so because of the attention they receive. This of course is not why all adolescents self harm and we do have to be very careful about calling self harming "attention seeking" (as the lay person would say). Instead it seems that they feel cared for and valued. Some adolescents continue to self harm because it seems to actually improve their relationship with their parents after each episode (particularly fathers), whereas others self harm because it is an automatic way of coping with stress or negative moods. For example, in our practice

we have seen adolescents who self harm to stop obsessive thoughts, others who self harm to stop feeling numb from their depression.

### What sort of adolescent self harms?

As alluded to earlier in this article, self harmers (suicidal and nonsuicidal) seem to have a self critical thinking style. These adolescents place high standards and expectations on themselves, particularly socially. Some adolescents are victims of bullying or experience peer rejection. Studies have found that some adolescents tend to be poor communicators and have a poor understanding of how to express their emotions. In addition, "impulsiveness" has been shown to be associated with self harming behaviour. The presence of alcohol and/or drug use also increases the risk of self harming as this increases impulsivity and a tendency to act without thinking properly. We usually encourage parents to engage in surveillance of their adolescents. This surveillance cannot be obvious however as it will worsen the relationship between parent and child. Instead, being familiar with where your adolescent is out with and where they are, are appropriate parenting behaviours.

### Management and Treatment

Individuals with nonsuicidal self harm can often be managed as outpatients rather than being hospitalised. The treatment of such individual's however requires early identification and treatment. Most self harmers are secretive about this behaviour. It is important to determine the underlying cause of the self harming behaviour. For example, if it is because of depression then treatment would not only need to teach the adolescent appropriate coping skills with stress, but also address the depression. Medication may be necessary as well as psychological treatment focussing on communication skills. Family therapy may be helpful also.

Witnessing your child self harming is devastating. However, seeking help quickly is important.

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## Does Martial Arts teach self control?

A common question we are asked by parents, is "will martial arts teach my child self control and self discipline?"

The answer, like most things to do with human behaviour, is not simple. The short answer would be, "yes it can, but it can also do more harm".

Researchers from the University of Bergen in Norway looked at boys participation in "power sports". Power sports was defined as wrestling, martial arts, and boxing. The researchers were interested in whether involvement in these sports led to increases in aggression. Looking at 477 boys between the ages of 11-13, and following them over two years, the researchers found that participating in such sports does increase aggression. Now it could be argued that children higher in aggression tend to select such sports, but this particular research design took that into account. It seems that exposing children to aggressive role models may enhance aggressive impulses.

However, does this mean sports such as boxing and martial arts are not good for children?

The answer is no. There are a lot of studies that suggest "power



sports" can be effective in teaching self control but certain conditions must exist. In particular, the importance of managing self control must be emphasised. There is a significant body of research on the effectiveness of

martial arts in decreasing violence in youth. In fact the Gentle Warrior Program is a traditional martial arts program taught to students in schools. Research on this program has shown that bullying in schools can be reduced. The program emphasised the psychological, spiritual and non-aggressive aspects of the martial art. Not the aggression and competition that could be emphasised.

The importance of the instructor cannot be over emphasised. Research has suggested that an instructor that emphasises self control as well as the defensive nature of the martial art tend to have students who have better self control. More importantly, *traditional* martial arts instruction is better. Traditional is defined as those martial arts that have ancient Taoist/Buddhist origins and philosophies. The word *do* in the name of the martial art is a clue that it may be a traditional form of martial art (though absence of the word does not mean it isn't). *do* refers to a calm and centered mind.



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## Understanding a Child's Temperament



Spend time at your local park and observe the way in which each child behaves and responds to objects and events. Each child behaves uniquely – some will cautiously climb up the slide, while others will rush up the ladder and launch themselves down. "Temperament" is the term we use to refer to a person's style of behaviour. How a person's temperament is shaped by life experiences is what we tend to call "personality". Temperament can be thought of as inborn or inherited.

Many parents make the mistake of thinking they can change a child's temperament through the use of discipline and rewards.

While we can certainly manage our child's temperament (and our own), we can never really completely change it. Therefore it is important to try and improve the fit between a child's temperament and their various environments (school, home etc). A failure to ensure a good fit between the child's temperament and their environment can lead to misdiagnosis, health and behavioural problems. For example, an overly active child may have trouble sitting still in a typical classroom and may be misdiagnosed as ADHD in the absence of any brain abnormality (the cause of ADHD). It is important to note that a "good fit" means that the expectations of the adults are in keeping with the capabilities of the child. For example, an overly active child may be given extra breaks during a classroom lesson and extra time to settle down after a play break.

So what characterises temperament? It is generally agreed by researchers that there are nine temperament traits. These are

such things as your energy level, ability to adapt to changes in your environment, comfort with new experiences, persistence/attention and mood. So you can imagine that a temperamentally challenging infant is one who exhibits behaviours such as a poor sleep-wake cycle, is excessively distressed when held by anyone other than the mother, is difficult to settle and so on. I should point out that it is important not to confuse the symptoms of a medical condition, such as reflux, with your infant's temperament.

It is important to think of a temperament trait as having both negative and positive aspects. For example, a child who is highly active (not hyperactive) can be easily distracted from a school task but by the same token actively explores their environment. Try not to label your child's behaviour using descriptive phrases such as "lazy", "stubborn" and so on. Think about your child's behaviour in terms of temperament!