

Episode 90. Mental Health Series Part 4 | Self Harm with Eri...

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SPEAKERS

Deana Thayer, Erica Whitfield, Future Focused Parenting, Kira Dorrian

- E** Erica Whitfield 00:00
Kids will shut down and stop talking, if they feel like what they're saying is not valued by the adults that they're sharing it with. And that's why they stop talking. It's almost like a protective mechanism for their ego. Their self-esteem is already so fragile. And so they can't afford to tell you all of their thoughts and feelings if they feel like it's just gonna get shut down. And I'll have kids come in, their parents will think that they're in absolute turmoil. These kids come in and tell me they're just fine. And they're, it's just they don't feel comfortable sharing anymore. So they're over here living their best lives, but their parents think something's wrong because they never talk, but the kids are saying, look, I would talk I just don't feel like it's gonna be validated or understood.
- K** Kira Dorrian 00:44
Hi, FFPs. We just wanted to issue a trigger warning for today's episode, and suggest that you maybe listen when your kids aren't around and also to just be aware of some of the topics that we're going to cover in case they feel sensitive for you personally. This episode does deal with the topic. of self harm. So we do talk about things like cutting. And Erica Whitfield, who's our guest does an amazing job of helping us understand the difference between self harm and actual suicidal ideation. So we do talk about suicide as well. And she does give a case example where the patient that she's talking about experienced

sexual abuse. So if any of those topics feel hard or heavy for you, or would trigger you in some way, we ask that you think about that before continuing to listen. I will also say that the first half of the episode before the break is heavier than the second half. So that's a good thing to know as well. It is a fantastic episode really filled with useful information, tools and tips on what can feel like a very hard subject. So we do hope that you'll be able to listen but wanted to warn you just in case. Welcome to Raising Adults, the groundbreaking parenting podcast that starts with the end in mind.

D Deana Thayer 01:54
We're your co-hosts, Deana Thayer,

K Kira Dorrian 01:56
and Kira Dorrian. We created Future Focused Parenting to take families from surviving to thriving.

D Deana Thayer 02:01
So join us as we help you stop raising kids and start Raising Adults.

K Kira Dorrian 02:13
Well, Hi everyone, and welcome back to Raising Adults. Kira and Deana here with another episode in our mental health series. And this is such a big one and an important one. And I'm just so excited to get to share with all of you the amazing knowledge of our guest today who's going to just help us talk about this issue in a way that can just prepare us to know what we're looking for and to help us figure out as parents, how do we support our kids if they're dealing with any form of self-harm? So, Deana, how are you doing today?

D Deana Thayer 02:47
I am well, I'm looking forward to this one as it's something we've dealt with in our family and I know that for a lot of parents, this one feels really delicate and vulnerable. So we're really grateful that we do have someone who is far more of an expert than the two of us to share with us today.

K Kira Dorrian 03:06
Absolutely. Do you want to introduce her? She's so fabulous. I'm so excited.

D

Deana Thayer 03:10

Yes, I'd love to. So today, we have Erica Whitfield with us and Erica Whitfield is a licensed mental health counselor who has a master's in counseling psychology and over a decade of experience working with children and adolescents. She is the founder of Positive Development, LLC, a counseling practice for youth that's located in Jacksonville, Florida. Erica combines expressive therapies using art, music, physical movement and writing with evidence based therapeutic modalities such as CBT, solution focused and positive psychology approaches to help children and adolescents process past trauma, transition during difficult life adjustments, form healthier relationships, perform better in school, and work through self harming behaviors. She specializes in providing strengths-based counseling and has helped hundreds of youth unleash their capabilities, transform obstacles into opportunities, and find healthy ways to express their energy and creativity. So we are so grateful to have you with us today. Welcome to the show, Erica.

E

Erica Whitfield 04:18

Thank you so much Deana and Kira. I'm so excited to be here.

D

Deana Thayer 04:22

We are glad to have you and appreciate your willingness to share with our audience of parents who I'm sure are curious about this topic or may have some experience with it themselves and would love some of those strategies. But before we dive into the talk about self-harm specifically, we'd love to just hear a little bit more about you. So if you don't mind introducing yourself a little bit more, maybe some personal tidbits and also we'd love to hear how you got into this work.

E

Erica Whitfield 04:52

Absolutely. So as you stated, fresh out of graduate school I had my Master's in counseling psychology and I immediately went to work for this nonprofit organization, it was called Family Foundations. And they provided financial counseling and mental health counseling. Well, I of course, was on the mental health counseling team. And we were partnered with the United Way to do this really cool program called Full Service Schools. And so within this program, we were able to go out to kids at their schools and provide mental health counseling to them. It was great because this eliminated the need for kids who could not afford counseling services because we provided the services for free. And also parents who had to work maybe two jobs in order to make a living for the family, and didn't have time to take their kids to counseling. We were able to go on site. And so we

worked with kids with all kinds of different issues like depression, anxiety, behavioral issues in the classroom, and we saw a lot of trauma too. And with that, a lot of self-harm, a lot of self injurious behavior. And when You asked me what really got me into this, it was one child in particular, I'm going to call her Anne. And when I met Anne it was, it was so funny because, you know, she was referred for cutting, but when she saw me, she wanted absolutely nothing to do with me. And she said, you know, I was told that, you know, counselors aren't helpful, and this isn't going to help me. But after I just listened to her, and got an idea of what her interests were, and we shared and we continue to build rapport, all of those defenses just melted away. And I remember around session five, she was telling me about some of the things that had happened over the weekend. And so she went on to say things like, yeah, I went to the mall with my mom. Then I went to see a movie with my sister. Then I told my mom that I had been sexually abused. And then we went to a festival the next day, and I said, Whoa, Anne, wait a minute, go back! And She, she kind of just breezed over it. But when we went back to it, she said, Yeah, you know, I've been in counseling for a while. And I finally felt comfortable to tell my mom, this thing that had happened to me. And she went on to say how she had been abused for years, and how the trauma was so significant for her. And it was so hard to kind of get it out of her mind that she felt that's what led to the cutting. And then she went on to say, I think about taking my life every single day. Now, I'm new at this at this point. And so all I'm hearing is okay, we've got a kiddo in here who was referred for cutting. There's been significant trauma. And she's telling me that she thinks about this every single day. But something just said, listen. And as I listened, I realized that she was not wanting to actually die with this self injurious behavior she was actually wanting to feel. And we can go into that a little bit more about what I mean by that. But so what we did, you know, we got with her mom, fortunately, her mom had already contacted the authorities, so we let Children's Services know. But we continued with the counseling process. And as we continued, she was able to start to talk more about what happened. And she was able to start healing. And we actually saw that self injurious behavior decline, and she had a very successful school year. And so, especially being a new counselor, I think that there's this tendency of wanting to immediately hospitalize and make sure that we, you know, check the kid into be evaluated, and that's, it should be done in certain cases. But I think that we can't eliminate the idea of the concept of just being present with these kids and just listening to what's happening because from my experiences what I think found is that many of them aren't actually wanting to take their lives with this self injury. They're trying to achieve a different need. Yeah. And so that's what really got me involved in this.

K

Kira Dorrian 09:10

Wow, that's really powerful stuff. Erica, I'm really blown away. That's really cool. So let's talk a little bit about because I think you've nailed it. What we really want to talk about

today is that oftentimes non suicidal self injury, that self-harm isn't suicidal ideation. Right? It's, it's something else... it's wanting to feel so can you talk a little bit about how do you separate those two and how do you define NSSI specifically, and that link, that distinction from suicidal ideation?

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Erica Whitfield 09:41

Absolutely. So I like to think of it kind of like in three categories. So we have our suicidal acts. This is when someone is hurting themselves with the intent to die. They do not want to be here anymore to the extent that the goal that they are trying to achieve is death itself. Now when we talk about suicidal ideation, this is thinking about death. And so just because you're thinking about it doesn't necessarily mean that you are now ready to take the steps to actually implement that. I mean, I think about it with other things, you know, how often do we say we want to do things, but it's a different level to actually start to put the steps in place to do them. So suicidal ideation is thinking about it. You know, I can think about going on a diet, but it takes me a lot more motivation and effort to actually do it and fulfill that. So suicidal, or non suicidal self injury is when one may be hurting oneself. But the goal is not death. The goal is to meet another need. And what we usually see are two different themes with this. So you can have someone who's saying, I feel so much emotional pain, that I need to replace that emotional pain, with physical pain. And so the self injurious behaviors The cutting the burning whatever it is, is a way to distract themselves from intense feelings of depression, anxiety, whatever that emotional state may be that is not pleasurable to them. Or you can be on the other side of this, where you don't feel anything. So this person says, I feel numb, I don't even feel like I'm here. And so this physical pain reminds me that I'm present. It reminds me that I'm actually alive. And that's what I love to hear. Because this person isn't saying they want to die. This person is saying they want to be present and they want to feel like they're here with us. And there's a go to question I really like to ask, whenever I'm trying to, you know, kind of decipher where someone's at, and it's on a scale of one to 10. With one being, you're in a lot of pain right now, and you're thinking about dying, but you have no intention to actually take your life and 10 being you're in a lot of emotional pain and you have every intention of taking your life and following through with this plan, where would you rate yourself? And a great example was Anne. So after Anne told me that she thought about dying every single day, I posed that scaling question to her. And you know what her answer was? Negative 20! She said, I have no intention whatsoever taking my life. It's just when I have these trauma memories, it just makes me think that I would feel better, you know, if I wasn't here if I didn't have to be here and deal with this. So those are your major differences. There's suicidal acts is the intent of wanting death. Ideation is just thinking about it. And then non suicidal self injury is self harming behaviors, but the intention is not to die, it's to achieve another need.

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Deana Thayer 12:45

That is an excellent explanation. And I've also heard and you touched on this, which I appreciate that when it is about all of that emotional pain, that it's sometimes described as I wanted to make my outside match my inside. I hurt so much on the inside, but I there's no visible proof of it. Nobody knows I'm walking through the world like this. So that is really helpful. Thank you. And I'd love to talk a little bit about what brings this on. Are there causes, are there triggers, but also because as you know, we're a parenting podcast. What are those things parents should be looking for? I know for me, when I first discovered I had a child self-harming, I was completely caught off guard. And I think that almost made it worse. Just that feeling of the rug being pulled out from under you, and how did I not know? I felt that I was close to this child, so what was I missing? And so could you talk a little bit about that both...the causes, if we know of any causes and triggers, but also what should parents be watching for? Are there things we can pick up on?

E

Erica Whitfield 13:57

Absolutely. Well, you know, In more severe cases, we may see things happening with kids. And I say in more severe cases, because stress is on a continuum, so we can have kids who are self harming, who may have gone through tremendous trauma. And then we can have kids who are self harming who, what we may think, have it easy, they, they're living the good life, but to them in their world, there's something happening that it you know, it's, it's particularly stressful for them, and it's hard for them to deal with it. And sometimes it's modeled, you know, we see kids who maybe a family member was doing it or a friend was doing it, and it was just modeled as a way to solve an everyday problem. So there's not a significant trauma, but it's just like a habit that's been formed. Or sometimes there can be significant trauma like we may see things like sexual abuse, physical abuse, poor family communication, low family warmth or perceived isolation, and this one is the tricky one, because this is where you may have a family that's amazingly awesome. They love each other to death. But for some reason, that kid feels like maybe they're not understood in some way, or they just feel isolated for some reason they feel like for whatever reason that they can't reach out and get that support. And that's why it can it can be...it can be so inconspicuous, and I've heard that so many times, parents who had no idea that their kids were in distress like this, and it's hard because it's being hidden, you know, the kids are harming themselves or covering it with maybe long sleeves, jackets, jeans, and we don't know what's happening. So we've got those significant stressors that we can be paying attention to. But we got to remember too, that sometimes again, it's just a way to solve a problem. So you can have a kid who's stressed out about homework, and they may start cutting, or a kid who's having problems with a conflict with a friend and that's particularly overwhelming for them. And they may start burning or something like that. There are also signs that you can be looking out for that are a bit more obvious such as bloodstains on

clothes, unexplained bruises, cuts or burns. And then like we said before wearing the long sleeves in hot weather, things like that.

K

Kira Dorrian 16:19

Okay, so we are going to take a little break here. And when we come back, Erica is going to share with us what kind of help we should be looking for for kids that are dealing with this and most importantly, how we as parents can support a child who's going through this and what we should be doing and what we shouldn't be doing. So we'll be right back.

D

Deana Thayer 16:39

Well, we are really excited to talk to you about something brand new that we're offering at Future Focused Parenting, and that is the ability to become a member and really, we want to welcome you into the Future Focused Parenting family. And we now have a way for you to do that. So we're offering membership. And this is so exciting because it allows you a way to really connect with us more and enables you to get some awesome free resources. So there are three tiers. And the first is really just a way to support the show. And kind of to say thank you if you're valuing the content and enjoying it, and if you feel like what you're getting with the podcast, and what we do here is worth a cup of coffee a month, literally than that first tier is for you.

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Kira Dorrian 17:20

And if you want more bang for your buck, then we have two more tiers, that's going to give you a whole bunch of cool stuff. So our second tier, which is the all access tier, gives you exclusive access to our Future Focused in Five video and audio library. This is something brand new that we're rolling out, and it is only for our members. So it's pretty cool. It's a series of videos that are five minutes or less, talking about all the different things that we talk about here at Future Focused Parenting but doing it in like a one stop shop where you can just get in, get the information you need, get your qand uick tips walk away knowing exactly what to do on that particular topic in five minutes or less and you can watch the videos or listen to audio. Plus, you also get 50% off of all of our online stuff. So our courses, our workbooks, our printables, everything 50% off if you become an all access member, but if you want even more, you can become a VIP member. And at that level, not only do you get everything I just said, plus a shout out on the show, and the exclusive access to the Future Focused in Five library, but you also get a coaching call with us every single month. We are going to hop on with all of our VIP members and do a q&a session once a month. That's like just getting parent coaching once a month, whatever you need, whatever you want, we're going to answer your questions. And that's

included at that VIP level. Plus at the VIP level, you get all of our online resources for free. You don't have to pay for any of our courses. You don't have to pay for the printables, it's all yours just for being a VIP member. So if you're interested in becoming a member of the FFP family, even if you just want to show support for the show, we would be so incredibly grateful to you. You can visit [patreon.com slash FFP](https://patreon.com/slash/FFP). That's [patreon.com slash FFP](https://patreon.com/slash/FFP) or go to our website FutureFocusedParenting.com and click on membership, we are so excited to welcome you to the FFP family. Okay, so can you talk a little bit about what quality help for this issue should look like? What can parents be seeking out? And what should they be looking for when they're going to get that help, so that they avoid just getting a quick diagnosis. They don't get long term support, or maybe I see this happen all the time. They get long term support, but it's not great support. Right? So what should they be looking for specifically?

E

Erica Whitfield 19:35

Sure. And I'll start off with the question about how parents can avoid the quick diagnosis because this is what I used to see often. We'd have a child in the school system, and everyone is so concerned about making sure that this child stays safe and that's a good thing. But sometimes we can jump the gun a bit too quickly. And what can happen is we don't want to start this cycle of hospitalization without long term follow up care so, I've seen kids who go into the hospital. And these individuals at the hospital, they're doing their job, you know, their job is to stabilize and then refer the child for ongoing care so that they can have space to bring in the next kids who are going through crisis. But, you know, that hospital visit in itself and that evaluation in itself usually is not enough. You know, we need to follow up, parents need to follow up on what that hospital is suggesting about the long term care. So what does that look like? What's quality long term care look like? You know, I definitely suggest getting with someone who's licensed and certified in their field, a licensed mental health counselor, social worker, marriage and family therapist, someone who specializes in providing mental health counseling. And also try to find someone who specializes in working with kids because it's a different... it's a different nature, kids and adults. You know, there are things that can be dramatically different in working with these two populations. And then I really suggest at least at first, finding yourself a professional who can work with your child at least once a week, maybe even two times a week, if necessary, depending on the severity of what's going on. because our goal is we want to have this child have an outlet. You know, when kids come in, and they say things to me, like, I don't want to be here anymore, the world would be a better place without me, or they're not talking at all. Once they get into the counseling room, I am totally fine by that. I'm not spooked by that. Because I know that this is finally going to be a place where they can come and have that unconditional positive regard. I'm not going to judge them for that cutting. I'm not going to judge them for not using a coping strategy

that we talked about, this is a safe place. And usually when they know that they're in that safe place, we will see these behaviors start to dramatically decline. We just need to have some consistency in there. And then active communication. So you want to find a licensed professional who's also going to be communicating with you about safety planning strategies about how to talk to your kids, and then about how to deal with things when they come up. So if you see an incident of cutting, and it's not an active emergency how to handle that, so we don't get caught up in this cycle of hospitalize and release. Well, that didn't do anything. So now we're hospitalizing and releasing again the next time an incident arises. So that's what I recommend.

D

Deana Thayer 22:25

Now, for our parents listening, we want to know what to do, and Kira and I really emphasize providing parents these tools and strategies...and this is a tricky one. And so could you share what loved ones can do to support a child, a teenager that's dealing with this and maybe on the flip side, what are things that parents and other caregivers should maybe avoid so that they don't fall into a trap of maybe doing something that's not helpful after all?

E

Erica Whitfield 22:59

Sure. The number one thing is to listen without judgment. And that doesn't mean that you have to agree with something that you feel doesn't sit well with you or doesn't fall within your values. But just to listen and to validate can be critical. So I like to recommend the ACT model. What this is, is you acknowledge the feeling-that's A, you communicate the limit -that's C, and then you target the alternative - that's T. So what does that look like? Let's say you have a teenager and you know, she says, Mom, I want to dye my hair pink. Okay, let's acknowledge that feeling. Okay, I know you want to dye your hair pink because that's gonna look really cool. Okay, you think that's gonna look really, really cool. So then you can communicate the limit. So you can say, well, you cannot dye your hair pink. Okay, because that's just not something that I'm ready to do. You know, maybe when you're 18. Then you go to T - target the alternative. So you say, well, you know, you cannot dye your hair pink. But you can sit with me and we can look at some different hairstyles, and you can choose from the ones that we both agree on. So the idea is you're validating the feeling and letting them know, look, I see you and I hear you. And I know this is very important to you, you're communicating the limit. So when you have to set a boundary, you set that boundary appropriately. And then at the end, you target the alternative. And that's so huge because nobody wants to be told what they can't do. But people love it when you can help them brainstorm options, and tell them what they can do. So let's not focus on what we can't do. Let's look at what we can do. So using that model can be

incredible when we're talking with our kids about anything. Things to avoid, I would suggest things like you know, really make sure that you kind of take any judgment out of what it is that you're saying. I have stone cold, give you the silent treatment kids that come into counseling all the time. And what I'm learning from them is that kids will shut down and stop talking, if they feel like what they're saying is not valued by the adults that they're sharing it with. And that's why they stop talking. It's almost like a protective mechanism for their ego. Their self esteem is already so fragile. And so they can't afford to tell you all of their thoughts and feelings if they feel like it's just gonna get shut down. And I'll have kids come in, their parents will think that they're in absolute turmoil. These kids come in and tell me they're just fine. And they're just they don't feel comfortable sharing anymore. So they're over here living their best lives, but their parents think something's wrong because they never talk, but the kids are saying, look, I would talk I just don't feel like it's going to be validated or understood. And then the last thing I'll say about that is to just pay attention to the need versus the behavior. So when we see like I say, cutting because it's one of the most common In forms of self harm, that's why I'm using it so much. But when we see things like cutting, pay attention to the need of why that's happening. I always like to ask people, you know, why did the Titanic sink? Anybody want to humor me on this one? Why the Titanic sank?

K

Kira Dorrian 26:13

It hit an iceberg?

E

Erica Whitfield 26:16

Now, the thing too, is the captain actually saw the tip of this iceberg. And the captain was successfully, well, he thought successfully maneuvering the ship to miss the iceberg. But little did he know. So he's like moving this wheel. He thinks he's in the clear, but little does he know there is a giant massive chunk of ice underneath the water that he couldn't even see. The Titanic sank not because of what was on the surface, it sank because of what was underneath. So we have to stop focusing so much on surface behaviors and really look at like, okay, what's causing this? What need is not being met here that's leading to the self injury? So those are the things I would recommend.

D

Deana Thayer 26:59

Wow. I have...you are blowing my mind Erica, you know? So this is incredible. But also can I just tell you how you have fed my word nerd spirit by giving an acronym?

K

Kira Dorrian 27:14

Yes! You got an acronym!

D

Deana Thayer 27:16

Yes, I love acronyms. I love it. And plus how practical these things are, like I'm hearing from you actual takeaways that a parent could go, Oh, you know what I can grab on to that; that's something I can do even when I feel maybe so helpless because my child's in pain or I feel helpless, because I don't know how to manage this. And these are just game-changing techniques that you're sharing. So thank you so much. I'm just...I can't say enough about it.

K

Kira Dorrian 27:44

Well, and I hope, I hope our listeners are hearing because Erica, you know, this is a part of a series. You're the last episode in this four part mental health series that we're doing and the theme amongst every expert that we've spoken to and it matches what Deana and I say all the time is that, the listening piece, every single person on all the different mental health topics that we've discussed, has talked about how important it is to listen, to validate, to listen, to just be present in it and not shut it down. And I really hope that our listeners are hearing that theme. That is I think, if you take anything from this series, yeah, it's that. Incredible. I love the Titanic analogy. Oh, my goodness, that is so profound. And so I have a mental health background too. And I work a lot with habits like nail biting and hair pulling and those kinds of things. And you said exactly what I say all the time. It's, It's trying just trying to meet a need. It's just doing it in this kind of ineffective way, right? It's effective, but then it has all these negative side effects. And really, what we want to do is figure out how do we meet that need in a positive way, but it's just the kid brain trying to figure out how do I meet this need, and it's a kid brain so kid brains aren't always the most logical, the most functional, you know. So I I love that you've said that because I think I mean, it's in my humble opinion spot on. So I'm curious, can you share a little bit about how listeners can find you if they have more questions? If maybe they're interested in working with you? Do you have social media? Like just tell our listeners all the things because I have a feeling people are gonna want to connect with you?

E

Erica Whitfield 29:17

Absolutely. So you can definitely go to my website. It's www.positivedevelopmentllc.com. We are on Facebook under Positive Development. And you can also look me up on Psychology Today. If you just search my name Erica Whitfield. Jacksonville, Florida.

K Kira Dorrian 29:35
Amazing. Wow. Thank you so much, Erica. This has been phenomenal. What a way to finish out our series.

D Deana Thayer 29:41
Really awesome.

E Erica Whitfield 29:42
Thank you so much for having me.

D Deana Thayer 29:43
It's like an exclamation point at the end of the series. I feel like at the end of the sentence, wonderful, wonderful. Thanks so much for being willing to share with our audience Erica, and for providing your expertise and experience to give us some of these great tools about such an important topic.

E Erica Whitfield 29:59
Thank you.

K Kira Dorrian 30:00
Wow, that was incredible. She is, she's amazing and like what a gift to her community I, I kind of wish I lived in Jacksonville. She's great.

D Deana Thayer 30:10
I couldn't agree more and I really wish I had known her or had access to her when I was walking through this because I felt like those strategies would have been helpful and I hope that we're going to have some listeners who just can grab on to some things and use them because she really brought some wisdom to bear today.

K Kira Dorrian 30:34
Yeah, and you know, what struck me: two things. The first one was that this is a topic I think, and I'm sure you would agree with this having gone through it, but that parents

would have a kind of internal or external gasp in discovering this, right? Like, oh my gosh, right? What do I do? What do I do like it would send I think any parent into a kind of panic mode. And I loved that anybody who listened to today's episode if they end up walking down this path, are going to have her words in their mind, which is sometimes it's just trying to meet a need. And that, you know, obviously we want to redirect into a different behavior, but that it might not have to be something that you internally or externally gasp about, that there's a little bit of permission there to be like, you know, even in loving families, this happens, this isn't a reflection on me as a parent, this isn't right? This isn't the end of the world. This could just be that my child is trying to meet a need and I need to help them figure out how to meet it differently. And that permission, I think as a parent is, is really important. And then of course, what I said before about the listening piece that it just, it reiterates how important it is as parents, that we are listening and validating, listening and validating, that that is what's going to make our kids feel safe to communicate with us. It just....yeah.

D

Deana Thayer 31:48

Well and I just appreciate this discussion about paying attention to the need and getting our eyes off and our focus and attention off the behavior because the behaviors - and some of the behaviors we've done in this series that we've been talking about - could be alarming to parents. But to be willing to lean in to do the work to look at what's underneath that, like her Titanic analogy, that was awesome. I think. I just think that's a very important piece. And that essentially what she did, the gift she gave, I think was normalizing this a little bit if you come across this, and we talk about this all the time - normalizing. But if you come across this, remember, they might just be working something out, trying to meet a need, and how can you listen without judgment then and lean into that? So I think that's important. And I think it's an angle that isn't always talked about with self-harm.

K

Kira Dorrian 32:41

Yeah, I totally agree. Well, FFPs we hope that you found not just this episode helpful, but our whole mental health series, be sure if you enjoyed it to tell your friends; share the episodes. These are important topics that need to be out there. Parents need to be thinking about them. And even if you're not in the thick of one of these topics, it's important that we have that information so that if we find ourselves in the thick of it, we know what to do. So don't forget if you like the show, be sure to hit subscribe. Follow us on Facebook and Instagram @FutureFocusedParenting and for more information, you can always go to our website, futurefocusedparenting.com, that's future focused with an E-D. Raising Adults is produced by Kira Dorrian and Deana Thayer and recorded partially in my

laundry room and partially in Deana's office. Music by Seattle band Hannalee. Thanks for listening.



Future Focused Parenting 33:23

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