

UNDERSTANDING SELF-INJURY: What it is and How to be Helpful

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Non Suicidal Self Injury (NSSI)

- Deliberate injury to one's body without the intention to die.
- The behavior has very strong positive correlation with completed suicide through the life span.
- Often has damaging effects on current and future relationships.
- Fundamentally is an “effective short-term solution” to long-term problems.

Common forms of NSSI

- Cutting
- Burning
- Scratching
- Some forms of skin picking
- Breaking bones

Behaviors that Generally Do Not Meet Criteria for NSSI

- Tattoos
- Piercings
- Eating Disordered Behavior
- Substance Use
- Eating Disordered Behavior and Substance use can have similar Functions to NSSI

Prevalence of the Problem

- Community Studies for High School Students
- 18% of High School Students (YRBS, 2003)
- 15.9 of High School Students (Muehlenkamp et al 2002)
- 13.9 of High School Students (Ross & Heath, 2002)

Prevalence of the Problem

- University and College Students
- 12% (Favazza et al, 1998)
- 35% (Gratz, 2001)

Prevalence of the Problem

- Age at onset of the behavior 11-14 years.
- Some evidence from community samples indicates that an equal number of boys as girls will self-injure.
- In clinic populations girls are over represented.

Some General Characteristics of Self-injurers

- More emotionally sensitive
- Have immediate and powerful emotional displays that are often experienced by others as exaggerated.
- Alternately they maybe very difficult to read emotionally as they can be quite good at masking emotional experience.
- Have a more difficult time getting down to emotional base line.
- Self-Critical

Getting on the same Page

- What clinicians and family members see as the problem the self-injurer may see as the solution to the problem
- Must find the wisdom in the behavior and be able to validate your understanding to the person engaged in NSSI.

Assessing Self-injury

- First assess whether self-injury was a suicide attempt.
- NSSI-non suicidal self-injury is intentional injury without the intention to die.
- Usually the self-injurer will know the difference between a suicide attempt and NSSI

What to Assess

- Function of the Behavior
- Core Beliefs
- Contextual Factors
- Co-occurring Psychiatric Problems
- Capacities for emotional experiencing

What is Behavior

- From the perspective of a Radical Behaviorist behavior is anything a person does. This includes action, thoughts, fantasies and emotions.
- When making assessments keep all aspects of behavior in mind.

What is an emotion?

- An emotion is a full on physiological and psychological event that includes; body sensations, thoughts, and an action urges.
- There are a delimited number of emotions (usually corresponding to specific facial expressions)
- It is critical that clinicians assess the adolescent's capacities to label and identify emotions. (DO NOT ASSUME THAT THESE ADOLESCENTS CAN DO THIS!)

Emotions

- Joy
- Anger
- Fear (anxiety)
- Sadness
- Guilt
- Shame
- Disgust
- Surprise

Functions of Emotions

- Data source about ourselves and others
- Call to action
- Communicates quickly and effectively our subjective experience to others.
- Important aspect of self-validation

Emotions

- Emotions can be primary or secondary
- People who self-injure often do not have the capacities to label and/or identify their emotional experience.
- Without the capacity to label and identify emotions these people are severely compromised in the tasks involved in emotional regulation.
- Often self-injury is a means to end emotional suffering.

Non-Suicidal Self Injury

- Self-injury is by and large an emotional regulation strategy which influences and is influenced by a person's core beliefs.

Functions of Self-Injury

- Down regulation of emotional experiencing (automatic negative reinforcement) This is the feeling of being emotionally overwhelmed.
- Up regulating of emotional experiencing (automatic positive reinforcement) Often solves the problem of numbness or emptiness.
- Avoidance (social negative reinforcement)
Attention seeking (social positive reinforcement)
(careful not to confuse the effect of behavior with intention) (Nock and Prinstein, 2004)

SELF-INJURY AS RESPONDENT LEARNING

- Self-injury can be controlled by the stimuli.
- The result of removing the cue can be mistaken for a treatment success.

Functions of Self-injury

- Strategy to control interpersonal relationships
- Communication of Distress (MBT perspective pre-mentalistic mode of relating)

Core Beliefs

- Core beliefs are deeply held views about ourselves and others that are often immutable to change.
- They often influence our behaviors in ways that are not congruent with the “facts” of a situation.

Core Beliefs

- Need to be Punished (This can be the case even when there is no pain at the time of injury).
- Management of physical pain is easier than managing emotional distress.
- Suicide prevention strategy (most likely a blend of belief and emotion regulation strategy) (for some people even thinking about can lower emotional arousal)
- Self-injury becomes an important aspect of the adolescent's identity. "I am a cutter."
- Extreme Self-Loathing and deeply self-critical

Core Beliefs

- Some studies have indicated that it is the degree of self-criticalness and self-loathing that differentiates those who self-injure from those who do not.

Neurobiological Mechanisms

- Release of opiate like endorphins at the time of tissue damage
- Pain off-set theory
- Transaction with Core Beliefs

Assessment

- Contextual Factors
- Co-occurring Psychiatric Illness
- Functions
- Controlling Variables

Contextual Factors

- Where and When
- What is the method of self harm and is the method tied to functions or a core belief.
- Example of adolescent who burned herself for one reason and cut herself for another. The girl burned herself after sex to end numbness and cut herself when overwhelmed with intense emotions.

Contextual Factors

- The Psychological topography of self-injury
 - First started including method and environmental context.
 - Changes in frequency over time
 - Is the adolescent needing to increase the number of wounds in each episode.
 - Does the adolescent carry or routinely search the environment for means to self harm.

Contextual Factors

Severity of the self-injury (trauma survivors are more likely to seriously self-injure)

Location of the injuries (face cutting is often presumptive evidence for Psychosis)

Co-occurring Psychiatric Disorders

- Borderline Personality Disorder
- Bi-Polar Disorder
- Depression
- Psychosis
- Pervasive Developmental Disorders
- Anxiety Disorders
- Conduct Disorders

How to be helpful

- Assume a matter of fact attitude about the behavior.
- Behavior is just behavior.
- All behavior has inevitable consequences—some short term and some long term.
- Consequences are often both positive and negative.
- Your attitude is one of curiosity without judgment.

How to be Helpful

- Be open and Curious
- Remember that minds are opaque
- Being locked into certainty about someone else's intention is a time for reappraisal.
- Validation is key to keeping dialogue open.

Validation

- Levels of Validation:
 - Staying awake
 - Accurate reflection
 - Giving voice to the unspoken
 - Validating in terms of past history or biological factors
 - Normalizing adolescents response
 - Being Radically Genuine

How to maintain your balance through tough times

- Distress Tolerance Skills:
 - Basic Principles of Accepting Reality:
 - Radical acceptance
 - Turning the mind
 - Generating willingness
 - Crisis Survival Strategies
 - TIPP
 - Wise Mind Accepts
 - IMPROVE
 - Self sooth with the 5 senses
 - Pros and Cons

Other Useful DBT Skill Sets

- Mindfulness—capacity for attentional control.
The ability to see things as they are
- Emotion Regulation—capacity to lower the intensity and/or duration of emotional experiencing
- Distress Tolerance—capacity to tolerate distress without making the situation worse
- Interpersonal Effectiveness

Mindfulness

- States of Mind
- WHAT SKILLS (what we do to be mindful)
 1. observe
 2. Describe
 3. Participate

MINDFULNESS

- HOW SKILLS
 1. Nonjudgmental
 2. One mindfully
 3. Effectively

Emotion Regulation Skills

- Long Term skills—Pleasant Events and Please Skills
- Short Term skills—Mindfulness of Current Emotion and Opposite Action to Current Emotion

Interpersonal Effectiveness

- Being clear about objectives of interpersonal encounter
- Are you asking for something or saying no?
- Are you needing to repair the relationship?
- Are you setting a limit (in a way that is going to maintain your self-respect)?

Interpersonal Effective

- Objective relationship Skill—DEAR MAN
- Describe
- Express
- Assert
- Reinforce
- (stay) Mindful (of objectives)
- Appear Confident
- Negotiate

Interpersonal Effectiveness

- Relationship Effectiveness—GIVE
- (be) Gentle
- (be) Interested (in the other person's perspective)
- Validate
- (use) An Easy Manner

Interpersonal Effectiveness

- Self-Respect Skill—FAST
- (be) Fair
- (no excessive) Apologies
- Stick to your values
- (be) Truthful (This is different from being brutally honest)