Nonsuicidal self-injury

Dale Wisely, Ph.D.

Director of Student Services

Mountain Brook Schools

Mountain Brook, Alabama

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What to call this?

- “Cutting”
- Self-injury
- Self-harm
- Self-inflicted violence
- Self-injurious behavior
- Self-mutilation
- Parasuicide
- Autoaggression

Nonsuicidal Self-Injury

NSSI

Definition

the deliberate, self-inflicted destruction of a physical aspect of self without suicidal intent & for purposes not socially sanctioned.

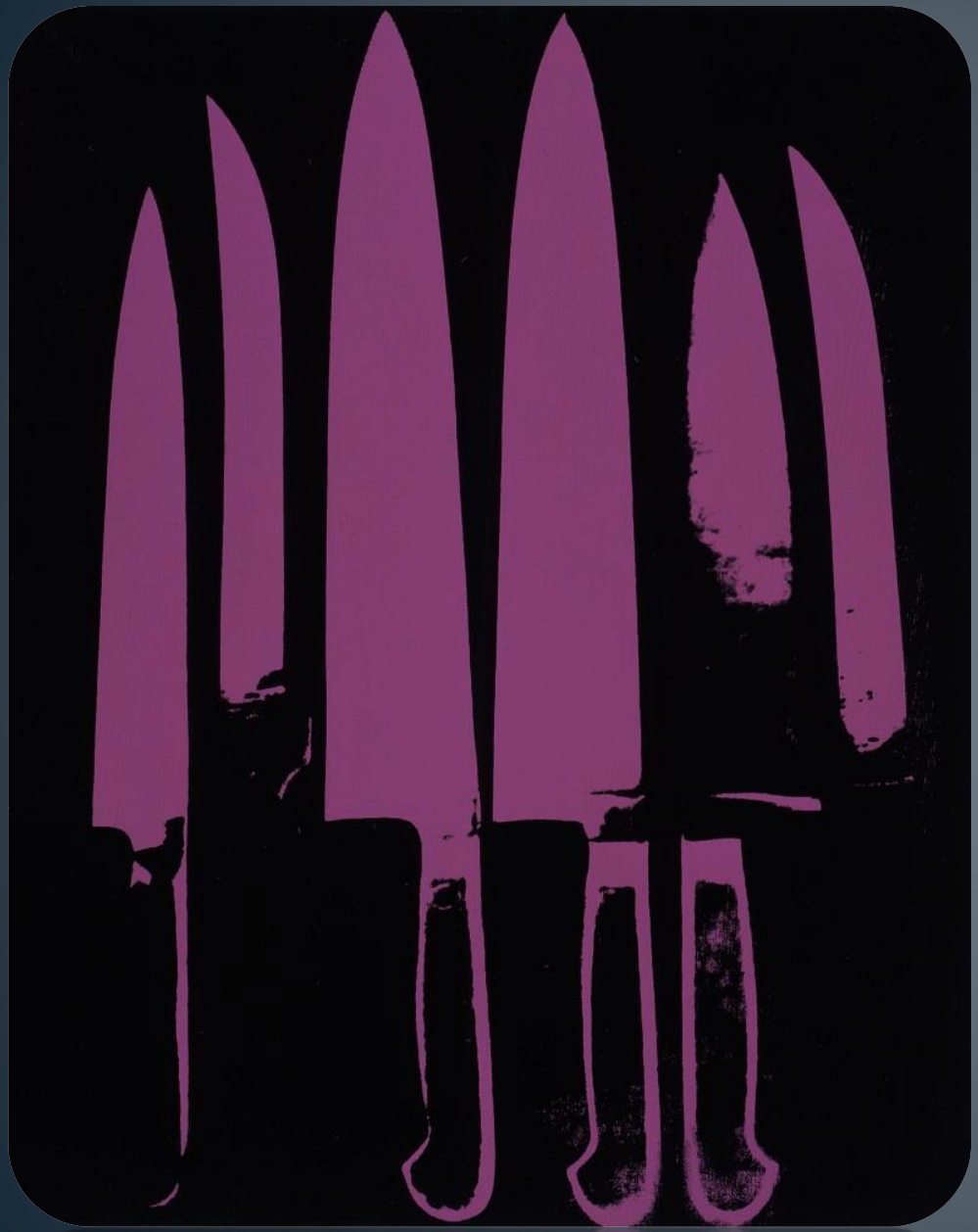
Some assumptions

Self-injury is often a
coping mechanism
to deal with
psychological pain/distress.
May be an attempt to
regulate emotions.

Some assumptions

Most
self-injury involves
low or moderate physical damage,
leaves little, if any, long-term scarring.

A substantial minority of injuries are serious.



Methods

Cutting

Hitting

Punching/hitting walls

Pinching

Scratching

Biting

Burning

What we know.

- Most common among adolescents/young adults
- Rates among youth 15-20% and <6% among adults
- Onset around age 13-14.

What we know.

- Highest rates among psychiatric populations:
  - Emotional distress
  - Negative emotionality
  - Depression/Anxiety
  - Emotional dysregulation
- Gender differences may be more about method than actual rates of self-harm

What are we talking about?

People hurt themselves.

Is it fair for us to be judgmental about this?

Co-morbidity

1. Depressive disorder most common, in around 90%
2. Anxiety disorders, PTSD
3. Personality disorder (70%)
4. Externalizing disorders (70%)
5. Substance abuse, including

Nicotine (60%)

History of child abuse? A modest link

- Most people with NSSI have no history of abuse.
- Many with a hx of abuse engage in NSSI.

Major contributors

- Mood disorders/anxiety/behavior problems/substance abuse
- Family problems
- Different and/or Alone
- Genetics + Chronic Stress

Major contributors

- Mood disorders/anxiety/behavior problems/substance abuse
- Family problems
  - Poor attachment to both parents.
  - Poor communication & dysfunctional emotional expression
  - Higher parental criticism & emotional over-involvement
  - Maternal invalidation
- Feeling Different and/or Alone (T
- Genetics

Major contributors

- Mood disorders/anxiety/behavior problems/substance abuse
- Family problems
- Feeling Different and/or Alone
  - LGBTQ
  - Early OR late puberty, socially-nonsanctioned sexual activity + depression=very high risk for NSSI
  - Social isolation, bullying, disconnected/unhappy at school
- Genetics

Major contributors

- Mood disorders/anxiety/behavior problems/substance abuse
- Family problems
- Feeling Different and/or Alone
- Genetics + Chronic Stress
  - **5-HTTLPR** (serotonin-transporter-linked polymorphic region) is a region in the gene that is related to serotonin transport (implicated in a number of neuropsychiatric disorders) PLUS
  - Chronic interpersonal stress

What does self-injury *do*?

- It relieves, at least partly and temporarily, overwhelming emotional pain.
- Or, in others, it ends numbness, depersonalization, derealization.
- NOT attention seeking, typically.
- NOT manipulative, typically.

There is no profile.

So, here's a profile.

- Emotional and somewhat self-oriented.
- Emotional environment discourages expression of anger, sadness.
- Highly sensitive about interpersonal status. Sensitive to rejection.
- Lack of healthy outlet (perhaps combined with romanticizing of personal pain)

Social media

YouTube

- Half were tutorial (here's how you can do it.)
- Half melancholic in tone.

Blogs about NSSI tended to be more helpful, less triggering (but there are problem blogs)

Contagion effects

- Enough evidence that it's a danger in a school setting to be cautious about it.
- Widely recognized as a problem in clinical settings.
- Females more prone to "catch" than males.

Reducing contagion effects

- Avoid detailed discussion of NSSI in school newspaper articles & other student venues. Discourage youth who engage in NSSI from showing their scars, discussing details.
- Educators should refrain from school-wide programs on this topic: NO ASSEMBLIES!

Reducing contagion effects

- Reduce exposure to media presentations that glamorize
- Don't do "cutting" counseling groups. Rather, do groups on empowerment, exercise, tension relief, grief resolution.

Lieberman, Toste, et al., in Nixon & Heath (2009)

NSSI and suicidality

“ a form of partial suicide, to avert suicide.”

Karl Menninger, 1938

NSSI and suicide

- NSSI by cutting routinely mistaken for suicidal gesture/attempt

NSSI and suicide

- Acts of NSSI can be a way of coping with suicidal feelings, even preventing, suicide.

NSSI and suicide

- *An act* of NSSI is not suicidal in intent, but acts increase suicide risk over time.

NSSI and suicide

- Recent evidence has accumulated that people who self-injure are at higher risk for suicide. Patterns of nonsuicidal self-injury are a very good predictor of suicide.

However…

A sizeable proportion of those who engage in NSSI will attempt suicide at some point.

- Risk goes up:
  - in clinical over community populations
  - in individuals who have tried a variety of NSSI methods
  - and in those who have engaged in a larger number of previous NSSI events

(Brunner et al. 2007; Klonsky & Olino 2008; Lloyd-Richardson 2007; Nock et al. 2006; Zlotnick et al. 1997).

Longitudinal relationship

As many as half of those who complete suicide have a history of NSSI.

Adolescents who report LESS physical pain & lower numbers of NSSI episodes, fewer methods, have MORE suicide attempts.

Recommendation

If NSSI is present, assess for suicidality.

If suicidality is present, assess for NSSI.

Re-assess over time. Monitor closely.

Helping

Repeated NSSI is an absolute indicator of need for skilled and intensive intervention.

Key issues

- Response to the initial disclosure.
- Alliance.
- Assessment.
- Comorbidity.
- Suicide risk.
- Respect.
- Family considerations.
- Special ethical considerations.
- “Technique”

Ethical Considerations

- Therapist self-assessment: Do I have:
  - Skillset?
  - Experience?
  - Ability to resist negative judgment?
  - Supervision?
- Management of chronic and acute suicide risk
- Confidentiality
- Negotiating appropriate parental involvement

Responses to youth disclosing self-injury

- Collaborative, nonjudgmental, trusting, working relationship.
- Avoid bundling self-injury with suicidality. Consider a separate suicide assessment.
- Avoid labeling it as "suicide gesture" or "suicide attempt." Avoid the language of suicidality when referring to the behavior.
- Default to the position that the behavior is ***not*** attention-seeking and ***not*** manipulative.

Responses to youth disclosing self-injury

Try to determine the parameters of the self-injury:

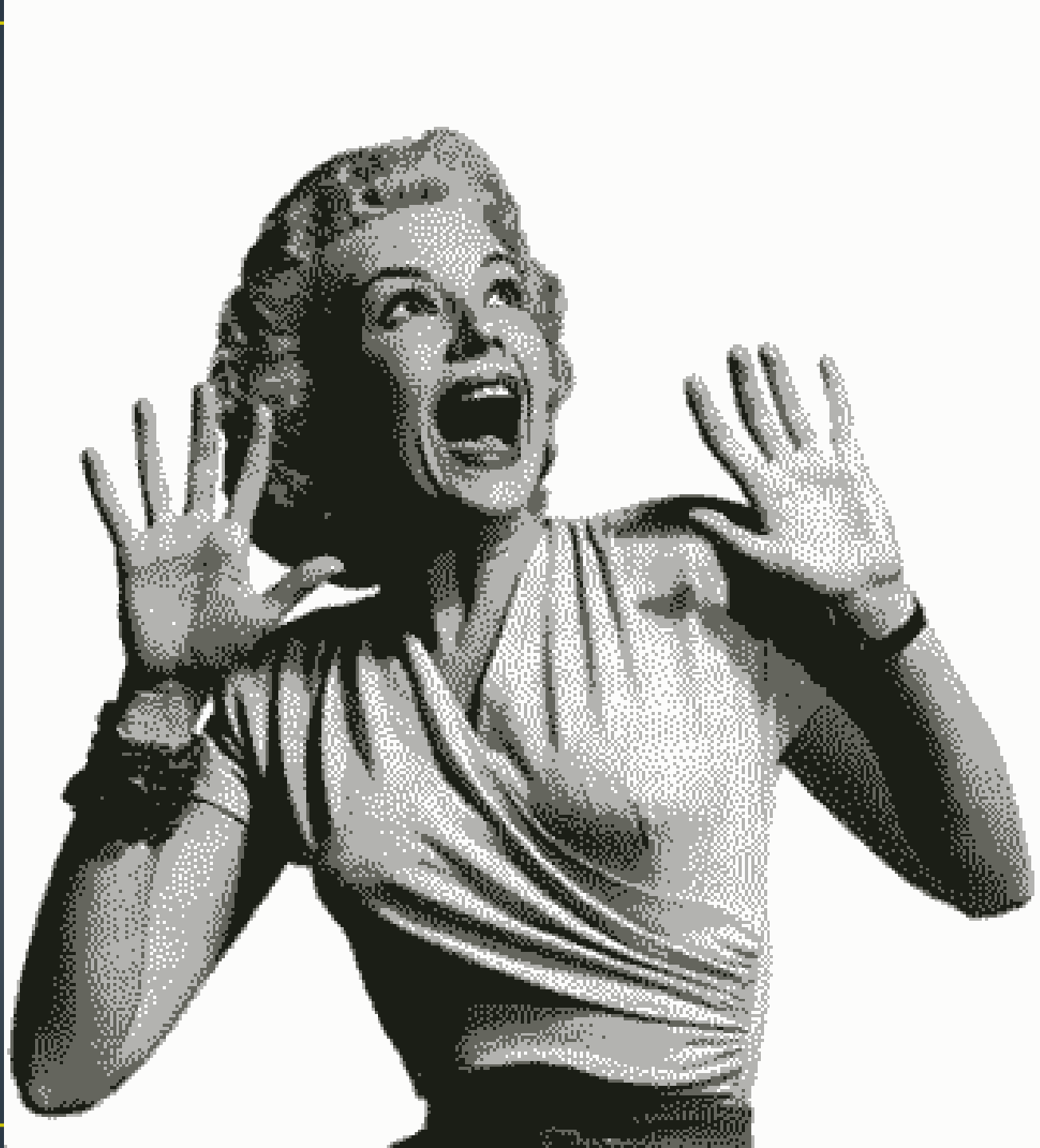
- Methods
- Patterns
- **Precursors**
- Mental experience leading up
- What feelings trigger it?

Responses to disclosure of self-injury

Helper's demeanor

Typical

- Overly intense concern
- Condemnation, ridicule, threats
- Recoil, shock, avoidance, judgment
- Anguish, fear, panic



- The hot response
- The cool response
  - “Big deal.” “So what.” “What else you got?”

Balanced response

- Low key, calm, but not minimizing
- Concerned but not panic.
- Responsible
- ***Respectful***
- Nonjudgmental compassion
- Humility
- Refrain from premature conclusions, labeling, interpretation, refraining.
- *I have seen this before and I want to help and I'm not going to add my anxiety to your problems*

Some things to say…

- A lot of the people I've met who do this do it because it helps them feel better when they're really upset. Is that true of you?
- Sometimes people start feeling spacey and kind of zoned out and this brings them back to reality. Is that true of you?
- I won't tell you I understand what you're feeling, *but I want to*.

Care plan

- Role of school counselors, parents, therapists, physicians, etc.
- Communication among the parties.
- Ongoing suicide assessment will be part of therapy.

Big questions

- Is there *specific* treatment of self-injury?
- Or does one do what one normally does to try to
  - Ease the patient's psychological pain/find better ways to regulate own emotions.
  - Help with cognitive distortions
  - Support problem-solving
  - Help with interpersonal skills (interpreting others and healthier pro-social behavior.

Big questions

- How much should the therapy focus on/attend to the self-injury?
- What stance does the therapist take toward the behavior?
  - Acknowledge
  - Discourage
  - Contractually “disallow”

Major therapeutic approaches

- Dialectical Behavior Therapy
- Dealing with interpersonal world
- Replacement skills
- Body image work
- Finding new ways to vent, express the psychic pain/cope
- Educating others in their lives, helping people manage their responses.
- Family treatment
- Identifying trigger events
- Helping find a way to understand what happens.

Treatment/Prevention

- Enhance ability to cope with strong negative feelings
- Regulation of emotion & impulses
- Work on emotional perceptions (cognitive-behavioral)
- Social connectedness & more rational response to behavior of others
- Address broader clinical status
- Stay on top of suicide risk

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