Managing Non-Suicidal Self-Injury in Teens

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Objectives

- Understand non-suicidal self-injurious behavior (NSSI)
- Identify clinician characteristics that impact treatment outcomes for NSSI in teens
- Review strategies for engaging, assessing and treating NSSI

What is Non-Suicidal Self-Injury (NSSI)?

- NSSI is any physically self-damaging act performed:
  - without intent of killing self
  - with full intent of inflicting physical harm to self

- Examples:
  - scratching
  - cutting
  - burning

O'Carroll et al., 1996; CDC, 2012

How Common is NSSI in Adolescents?

14-39% of community adolescent samples

40-60% of adolescent psychiatric samples

Whitlock et al., 2006;
Klonsky et al., 2003;
Darche 1990

Which Adolescents Engage in NSSI?

- Most often begins in early adolescence
- Associated with:
  - Axis I diagnoses
    - 63% externalizing
    - 52% internalizing
    - 60% substance use disorders
  - Axis II diagnoses
    - 67%; primarily cluster B
- No sex, race or SES differences

For a review, see Nock 2009

Characteristics of NSSI in Adolescents

- 89% report thinking about NSSI for a few minutes or less before engaging in the behavior
- 80% report experiencing little to no pain during NSSI
- 18% endorse alcohol or drug use during NSSI

Nock & Prinstein, 2004

Contagion Effects

- Several studies support “contagion” among adolescents in inpatient psychiatric settings (e.g., Rosen & Walsh, 1989)

- Longitudinal study of both community and outpatient psychiatric samples of adolescents indicates:
  - peer socialization effects for girls but not for boys
  - stronger peer socialization effects for younger youth
  - peer selection effects

Prinstein et al., 2010

Why Do Adolescents Engage in NSSI?

Overwhelmingly, teens report they engage in self-injury to escape or reduce painful emotions:

- to cope with feelings of depression: 83%
- to release unbearable tension: 74%
- to cope with nervousness/fear: 71%
- to express frustration: 71%

Nixon et al., 2002

Why do Adolescents Engage in NSSI?

Other reasons adolescents report for engaging in NSSI:

- to feel something, even if it was pain (34%)
- to punish oneself (31%)
- to get other people to act differently or change (15%)
- to get attention (14%)
- to get help (14%)

Nock & Prinstein, 2004

Why do Adolescents Engage in NSSI?

The behavior is reinforced (i.e., it works)…

- 60% report emotional relief afterwards

  (Kumar et al., 2004; Nock & Prinstein, 2004)

- social reinforcement

  e.g., attention, help, removal of expectations/demands

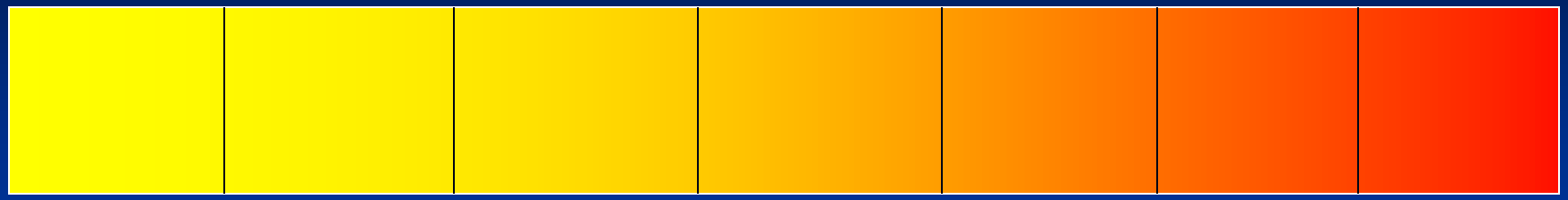
NSSI and Suicidal Behavior

- NSSI and suicidal behavior commonly co-occur in teens
  - 70% of teens who engage in NSSI report lifetime history of suicidal behavior

- NSSI as risk factor for suicidal behavior
  - longer history of NSSI
  - more methods
  - absence of physical pain during NSSI

Nock et al., 2006

Suicide Continuum



Thoughts of death

Passive death wish

Suicidal ideation without plan or intent

Suicidal ideation with plan and/or intent

Aborted/ Interrupted Suicide Attempt

Suicide Attempt

Suicide

Suicidal Ideation

Non-suicidal self-injury

Brent et al., 1988
Posner et al., 2007
CDC, 2012

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Clinician Characteristics

Two categories of skills:

- Interpersonal
  - Be willing and able to collaborate
  - Create a validating environment
  - Bring a non-judgmental presence
  - Communicate self-confidence
  - Demonstrate assertiveness
  - Be flexible
  - Incorporate appropriate “use of self”
- Technical

Brent, Poling & Goldstein, 2011

Collaboration

- Partner with the teen to identify problems and treatment goals
- Empower the teen to “own” the treatment
- Importance of autonomy for adolescents
- The teen’s input is essential at the outset *and* throughout treatment

Create a Validating Environment

Levels of Validation (Linehan, 1993; Miller & Comtois, 2002)

- Unbiased listening and observing
- Accurate reflection
- Articulating the “unverbalized”
- Validation in terms of past learning or biological dysfunction
- Validation in terms of present context
- Radical genuineness

The Importance of Maintaining a Non-Judgmental Approach

- Therapist validates the emotional need behind the behavior

  AND

- Elicits consequences about specific problem behaviors from the teen

- All in a non-judgmental manner, e.g.:

  "You're doing the best you can, and you can do better"
  (Linehan, 1993)

Communicate Self-Confidence

- Project self-confidence about ability to help the teen
- If the teen senses the therapist is uncomfortable, he/she may feel hopeless about change
- Self-confidence does not mean we have all the answers; It means that, together with the teen, we will figure out a plan

Demonstrate Assertiveness

- Model effective communication strategies be being:
  - straightforward
  - direct
  - assertive

Flexibility

- Allows therapist to respond to the teen's current needs, rather than sticking with a predetermined agenda
- Therapist flexibility models for the teen how to prioritize and respond to life's fluctuating challenges

Incorporate Appropriate “Use of Self”

- Models feeling comfortable with self
- Sets the foundation for a genuine relationship
- Demonstrates the notion of “human-ness”; we all have problems we have to solve
- Owning our mistakes

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Getting the Teen “On Board”: Engagement Strategies

Many teens do not request help for their problem behaviors themselves.

So, it is critical for the therapist to help the teen see how he/she can benefit from treatment.

For example:

- increase feelings of autonomy and control
- decrease suffering
- get more of what they want (and less of what they don't)

Engagement Strategies

Initially, teens may not be able to agree to stop the problem behavior entirely

Explore teen's concerns about their problem behavior

- why would he/she want to decrease or stop the behavior?
- pros/cons of stopping versus continuing to engage in the behavior
- envision the future

Engagement Strategies

- Negotiate with the teen to try specific emotion regulation strategies when he/she notices the urge and ***before*** he/she engages in NSSI

- Negotiate with teen to avoid triggers associated with NSSI

Assessing NSSI: General Guidelines for the Clinician

- An ongoing process
- Do not be afraid to ask direct questions about self-harm
- Begin with general questions, move to more specific
- Be gently persistent in seeking details

What is a Chain Analysis?

- A chain analysis is a detailed assessment of any behavior
- Often teens have difficulty identifying precipitants or contributing factors for their NSSI

  ("I don't know *why* I cut myself, I just did")
- The chain helps orient the teen to the idea that NSSI, like all behaviors, happens for valid reasons – even if we are not initially aware of those reasons
- The chain helps you and the teen make sense of NSSI; This can help the teen develop a better sense of control

Linehan, 1993

How to Conduct a Chain Analysis

- Start by asking teen to describe in detail the events (both internal and external) that led up to the most recent incident of NSSI

- As the teen tells the story, the therapist records the details on paper as a way of really *seeing* the chain of events

- Goal: to recreate the day in such detail that it is as if watching a movie of the events of the day

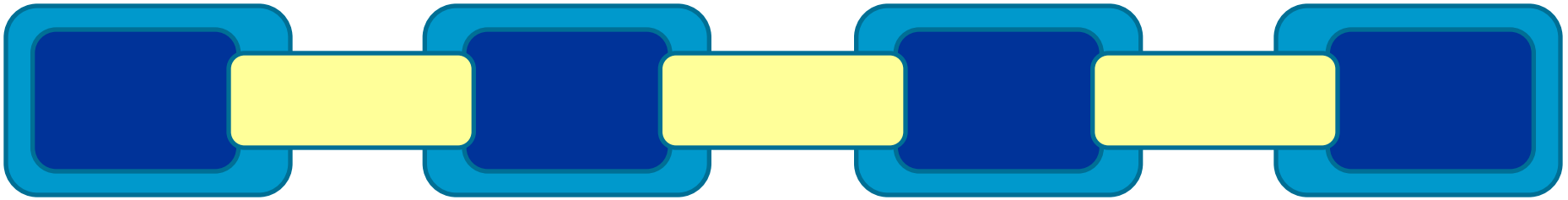
Brent, Poling & Goldstein, 2011
Stanley et al., 2009

Chain Analysis

What was the problem behavior?

For each link below, consider:

- Events
- Thoughts
- Feelings



What were your vulnerability factors?

What were the consequences?

What were your protective factors?

How to Conduct a Chain Analysis

Figure out the problem you are targeting (i.e., self-injury)

- Choose a specific incident of the behavior
- Preferable to choose a recent incident

Brent, Poling & Goldstein, 2011
Stanley et al., 2009

How to Conduct a Chain Analysis

Prompt for:

Thoughts:	What were you thinking? What went through your head?
Feelings:	How were you feeling? What kind of a mood were you in? What did you notice in your body?
Behaviors:	What did you do? How did you act?
Vulnerabilities:	Why then? Consider sleep, eating, prior events
Consequences:	What happened afterwards? Consider reinforcement and punishment

Brent, Poling & Goldstein, 2011
Stanley et al., 2009

How to Conduct a Chain Analysis

While you go through the chain together:

- notice the chain of events moment-to-moment over time
- highlight, observe patterns, and comment on implications

Brent, Poling & Goldstein, 2011
Stanley et al., 2009

How to Conduct a Chain Analysis

- Identify on the chain the “point of no return”
- Determine how to “break links” between prompting event and “point of no return”
- Identify ways to “break links” between problem behavior and consequences

Brent, Poling & Goldstein, 2011
Stanley et al., 2009

How to Conduct a Chain Analysis

- Review the chain carefully with the teen
- Ask: “what emotional NEEDS were you attempting to meet through the behavior, even if the results were not what you might have wanted?”

Brent, Poling & Goldstein, 2011
Stanley et al., 2009

How to Conduct a Chain Analysis

- Explore with the teen how he/she feels about having the identified emotional needs
- Help the teen develop respect for his/her emotional needs
- Foster self-validation of emotional needs
- Explore alternative ways he/she can go about getting his/her needs met

Brent, Poling & Goldstein, 2011
Stanley et al., 2009

Case Example

Background: "Jackie," 16 years old

Diagnosis: Major Depressive Disorder

Jackie reports that her depression began approximately 6 months ago, soon after her family moved (her father was transferred by his company). She reported that she doesn't like the kids at her new school, doesn't feel like she fits in, and she misses her old friends and neighborhood. She began cutting herself 3 months ago; she reports cutting several times per week with sharp objects ("whatever I can find").

Treatment: She is prescribed a SSRI, and has attended approximately 4 individual therapy sessions to date.

Jackie's most recent episode of NSSI was yesterday (a Monday) at school. She stated that 2 girls with whom she was beginning to become friendly did not speak to her in homeroom and were whispering with one another. She was convinced they were talking about her.

Jackie had gone back to her hometown over the weekend where she had a good time with her old friends; however, she didn't sleep much, forgot to take her medicine, and didn't do any schoolwork.

She then went to math class and realized that she had forgotten to do an important assignment that was due. She knew her parents would take away her computer privileges when they found out (her main way of staying in touch with her old friends), and she started to feel hopeless. Her grades had plummeted since moving and the onset of her depression—she used to be an "A' student but says she doesn't care about school any more and it's too much effort to try.

In art class, she was quietly working on her painting and overheard some girls talking about the school dance that had taken place over the weekend. She felt left out and started feeling angry at her parents for making her move when her old life had been better and happier. She started to tear up. One of the girls saw her crying and said, "what's your problem?" Jackie mumbled "nothing" and the girl just ignored her.

Jackie then went and got the exacto knife from the art supply cabinet, secretly placed it in her pocket, and asked to go to the bathroom. She locked herself in a stall, cried for awhile, and cut herself on the arm. After she cut herself, she said she felt less sad, angry and sorry for herself.

Summary

- NSSI serves a function for the teen
- Importance of therapist characteristics
- Use of chain analysis to understand NSSI
  - triggers
  - vulnerability factors
  - emotional needs
  - consequences

Acknowledgements

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Resources

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