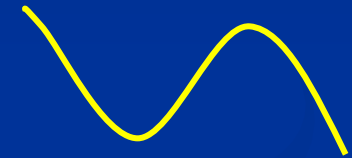
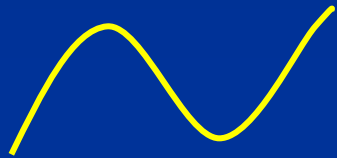


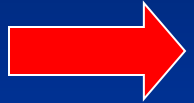
Understanding Non-Suicidal Self-Injury in Teens



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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

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

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

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

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%

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%)

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

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



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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

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 by 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

How to Conduct a Chain Analysis

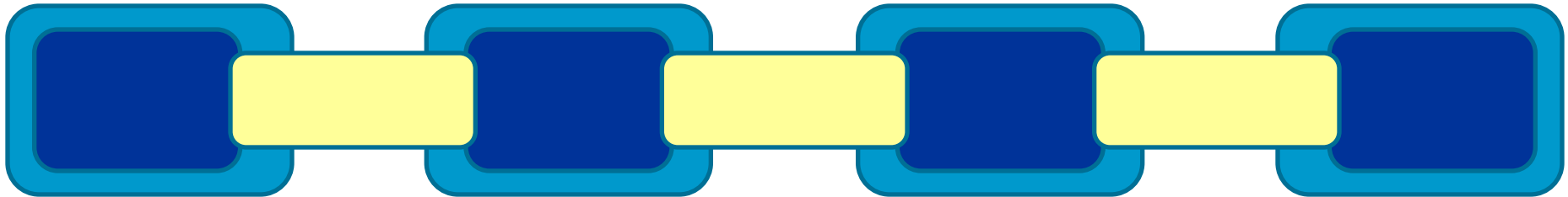
- Start by asking teen to describe in detail the events (both internal and external) that led up to the most recent incident of NSSI
- As the teen tells the story, the therapist records the details on paper as a way of really *seeing* the chain of events
- Goal: to recreate the day in such detail that it is as if watching a movie of the events of the day

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

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

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

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

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?”

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

Case Example

Background: “Abby,” 16 years old

Diagnoses: Major Depressive Disorder and Generalized Anxiety Disorder

Abby described herself as “a worrier” and states she has always been that way.

Her depression began approximately 6 months ago. She began cutting herself 3 months ago; she reports cutting approximately 1x per week, usually with a razor blade.

Treatment: She is prescribed a SSRI, and has attended approximately 8 individual therapy sessions to date.

Three days ago (on a Friday), Abby had a difficult day at school. She received a “D” on a Chemistry exam and became concerned that she may not pass the class for the semester. She has been struggling in school due to concentration difficulties and difficulties falling and staying asleep at night. She was particularly tired on Friday because she only slept about 4 hours the previous night. Upon coming home after school on Friday, Abby called her boyfriend, Matt, to see what his plans were for the night. She got into a verbal argument with him over the phone. Matt had already made plans with his friends for the evening and Abby wanted him to come to her house to watch a movie. Abby has long standing problems with her self-esteem and she has a tendency to blame herself when she is involved in interpersonal conflict. Abby felt sad and angry about what happened over the course of the day. She went to her bedroom and cut herself on the arm using a razor she keeps in her nightstand. After she cut herself, she did not feel much relief; she also felt guilty for cutting herself because she has been working on trying to stop this behavior.

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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