

THERAPEUTIC STRATEGIES FOR MANAGING NON-SUICIDAL SELF-INJURY IN TEENS

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Objectives

- ➔ Understand non-suicidal self-injurious behavior (NSSI)
- Discuss use of chain analysis to identify treatment targets
- Review strategies for addressing common treatment targets

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

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

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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

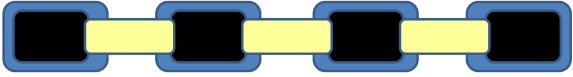
- Start by asking teen to describe in detail the events (both internal and external) that led up to the most recent incident of NSSI
- As the teen tells the story, the therapist records the details on paper as a way of really *seeing* the chain of events
- Goal: to recreate the day in such detail that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

From: Treating Depressed and Suicidal Adolescents by David A. Brent, Kimberly D. Poling, and Tina R. Goldstein. Copyright 2011 by the Guilford Press

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

- 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

To identify treatment targets:

- ▣ 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

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 1. Vulnerability Factors
 2. Distress Tolerance
 3. Emotion Regulation



Common Treatment Target #1: Vulnerability Factors

Consider:

- ▣ Sleep
- ▣ Eating
- ▣ Substance use
- ▣ Medication/treatment adherence
- ▣ Social media

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



Common Treatment Target #2: Distress Tolerance Skills

- A crisis survival strategy--"getting through without making things worse"
- Vital skill to teach teens because we are not always able to decrease painful emotions or get what we need interpersonally

Linehan, 1993
Miller et al., 2007

Distress Tolerance Skills

Teach teens to "accept" painful feelings vs. get rid of them

3 Myths about acceptance (Miller, 1997)

- If you refuse to accept something, it will magically change
- If you accept your painful situation, you will become soft and just give up (or give in)
- If you accept your painful situation, you are accepting a life of pain

Distress Tolerance Skills

- Main emphasis is teaching teens how to soothe themselves
- Teens may be resistant to this, as they primarily relate to the world in an action- and other- oriented manner
- Self-soothing skills involve neither action in the external behavioral sense nor an explicit relation with others

Distress Tolerance Skills: Self-Soothing

- Some teens have the belief that others should soothe them when they are distressed; they may have difficulty believing that they can depend on themselves
- Others may feel that they don't deserve to be soothed and may feel guilty, ashamed, or angry when they try to self-soothe (Linehan, 1993)

Distress Tolerance Skills: Self-Soothing (5 senses)

An accessible and easily taught distress tolerance skill is the use of the 5 senses:

- vision
- hearing
- smell
- taste
- touch

Usually at least 2 of the 5 senses are engaged or capable of being engaged at any given moment as a distraction from distress

Linehan, 1993
Miller et al., 2007
Brent, Poling & Goldstein, 2011
Stanley et al., 2009
Wexler, 1991

Distress Tolerance Skills: Relaxation

- Deep Breathing with a Self-Statement, Counting Backward
- Deep Breathing with Pleasant Imagery
- Leaving the scene for a break
- Guided Imagery for Relaxation (Spaceship to the Moon and back; Falling Leaf...)
- Progressive Muscle Relaxation

Brent, Poling & Goldstein, 2011
Stanley et al., 2009
Wexler, 1991



Common Treatment Target #3: Emotion Regulation Skills

Starts with emotional awareness

- Teach teen how to observe and describe emotions without labeling them as good or bad
- Goal is simply to be aware of one's emotions
- Emotion dysregulation may result when teen is overly harsh toward self for having strong feelings, or for judging specific feelings as wrong or bad—they then feel more distressed as a result

Emotion Regulation Skills

Action urges and choices

- All emotions come with "action urges" that tell us to do something
- Negative emotions can be associated with urges to act in a self-destructive manner
- Teach teen that just because we have an urge to act on a distressing emotion, that does not mean we have to act on it
- Distinguish between action "urge" and the action/behavior itself

Brent, Poling & Goldstein, 2011

Emotions Regulation Skills: Emotions Thermometer

Goal: Increase awareness of "emotional temperature"

Steps for teaching the Emotions Thermometer

1. What do you call it when you're about to lose control?
Label one end of the Emotions Thermometer with this term and the opposite end with "feeling in control" or "relaxed"
2. "What makes you [emotion, e.g., furious]?"
Ask him/her to remember when he/she last felt [emotion].
Have the teen identify associated:
thoughts (e.g., "I'm going to lose it")
physical sensations (e.g., feeling hot, balling up my fists)
action urges
consequences

Brent, Poling & Goldstein, 2011

Emotions Regulation Skills: Emotions Thermometer

Steps for teaching the Emotions Thermometer

3. What is the highest point at which you are still in control?
Label just above this the "boiling point"
Identify specific steps for avoiding the boiling point
4. What is the highest point the point at which you could still use skills to avoid the boiling point?
Label this the "action point"
Explain that at the action point, the teen needs to do something to calm down to prevent getting to the boiling point.
5. What could you agree to try at the action point?
Identify skills

Brent, Poling & Goldstein, 2011

Safety Plan or Chain Analysis First?

- ☐ Ideally, the chain analysis come first
- ☐ However, often there is not time to do a complete chain analysis, but you need to do a safety plan which will be revised further when more information is available
- ☐ We present a safety plan first.

Safety Plan: Definition and Conditions

Definition: Plan for coping with suicidal thoughts and urges

1. Commits to family and clinician not to engage in *suicidal behavior*
2. Will implement safety plan if becomes suicidal
3. Safety plan based on review of precipitants, vulnerabilities, cognitions, emotions leading to behavior

Safety Plan Strategies

1. Avoid activities or situations that may trigger suicidal thoughts (“Truce”)
2. Review Reasons for Living
3. Self: Emotion regulation, distraction, exercise
4. Social support: Contact friend, parent
5. Clinical: Contact therapist, crisis line, ER
6. Write it down
7. Assess confidence to implement, anticipate barriers

▣ Samra & Bilsker, 2007; Stanley & Brown, 2008

Safety Plan

- ▣ If you are having thoughts of hurting yourself go through these steps
- ▣ Remember suicidal thoughts usually pass with time
- ▣ Keep a written copy of this plan accessible since when you are stressed, it may not be easy to remember it

▣ Samra J & Bilsker D, 2007, www.comh.ca

Safety Plan

- ▣ **Personal strategies:** Activities that can calm/comfort me; truce/Distance from stressors; review Reasons for Living
- ▣ **Interpersonal:** Call friend/family member
- ▣ **Professional:** Call professional, crisis line
 - Go somewhere safe
 - Go to ER/call for transport

Samra & Bilsker, 2007

Test Driving a Safety Plan

- ☐ “On a scale of 1-10, how likely are you to implement ____?”
- ☐ “What might get in the way of doing____?”
- ☐ “What might help facilitate ____?”
- ☐ “What alternatives might you consider that you would be more likely to implement?”

Case Example

- ☐ Ariel was seen the ER after an overdose with her mother accompanying her
- ☐ She identified fighting with her mother about her schoolwork as the main precipitant
- ☐ What might be a reasonable safety plan?
- ☐ What are some of the things that could derail it?

Summary

- ☐ NSSI serves a function for the teen
- ☐ Use of chain analysis to identify treatment targets via:
 - vulnerability factors
 - emotional needs
 - consequences
- ☐ Strategies for addressing common treatment targets
 - Decrease vulnerability factors
 - Distress tolerance skills
 - Emotion regulation skills

Acknowledgements

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Resources

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