Understanding, Managing, and Treating Non-Suicidal Self-Injury

Barent Walsh, PhD

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- This meeting is being recorded and an archive of this recording will be sent out to all participants after the session.
Introductory Polls
Our Presenter

Dr. Barent Walsh
Understanding, Managing, and Treating Non-Suicidal Self-Injury

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# Differential Classification of Self-Harm Behaviors

<table>
<thead>
<tr>
<th></th>
<th>Direct</th>
<th>Indirect</th>
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<tbody>
<tr>
<td><strong>High Lethality</strong></td>
<td>Suicidal Behavior</td>
<td>Late Phase Anorexia; Serious Addiction</td>
</tr>
<tr>
<td><strong>Medium Lethality</strong></td>
<td>Atypical, Severe Self-Injury</td>
<td>High Risk Stunts; Sexual Risk-taking; Acute Intoxication</td>
</tr>
<tr>
<td><strong>Low Lethality</strong></td>
<td>Common, Low Lethality Self-Injury</td>
<td>Bulimia; D/C Psychotropic Medications</td>
</tr>
</tbody>
</table>

Modified, Pattison & Kahan (1983)
Checklist for Direct Self-Harm

- **Suicide Attempts**
  - Use of a gun
  - Overdose
  - Hanging
  - Self-Poisoning
  - Jumping from height

- **Major Self-mutilation**
  - Self-enucleation
  - Autocastration
  - Other

- **Atypical Self-Injury**
  - Injury to face, eyes, genitals, breasts
  - Damage involving multiple sutures
  - Foreign body ingestion

- **Common Forms of Self-Injury**
  - Wrist, arm, and leg cutting
  - Self-burning, self-hitting, excoriation
Checklist for Indirect Self-Harm

- **Substance Abuse**
  - __ Alcohol Abuse
  - __ Cocaine Use
  - __ IV Drug Use
  - __ Methamphetamine
  - __ Marijuana Use
  - __ Inhalant Use (glue, gasoline)
  - __ Hallucinogens, Ecstasy
  - __ Other (specify)

- **Eating Disordered Behavior**
  - __ Anorexia Nervosa
  - __ Bulimia
  - __ Obesity
  - __ Use of laxatives
  - __ Other (specify)
Checklist for Indirect Self-Harm (cont...)

- **Physical Risk-Taking**
  - e.g., Walking on high-pitched roof
  - Walking in fast traffic

- **Situational Risk-Taking**
  - e.g., Getting into strangers’ cars
  - Walking alone in dangerous areas

- **Sexual Risk-Taking**
  - Having sex with strangers, unprotected anal sex

- Unauthorized discontinuance of psychotropic meds.
- Misuse/Abuse of prescribed psychotropic meds.
## Differentiating Suicide from NSSI

<table>
<thead>
<tr>
<th></th>
<th><strong>Suicide</strong></th>
<th><strong>NSSI</strong></th>
</tr>
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<tbody>
<tr>
<td><strong>Prevalence</strong></td>
<td>2010: 12.4 per 100,000 (.012%) in U.S. 11.9 per 100,000</td>
<td>7.3% - 12 month U.S prevalence (Taliaferro in press)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18.0% mean lifetime prevalence NSSI;</td>
</tr>
<tr>
<td><strong>Intent</strong></td>
<td><em>Permanently</em> end intense psychological pain, misery; terminate consciousness</td>
<td><em>Temporarily</em> modify emotional distress; effect change with others</td>
</tr>
<tr>
<td><strong>Lethality of Method</strong></td>
<td>High lethality: gunshot, hanging, O.D., jumping, ingesting poison</td>
<td>Low lethality: cutting, self-hitting, burning, picking, abrading</td>
</tr>
</tbody>
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# Differentiating Suicide from NSSI

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<tr>
<th>Cutting as a method for suicide vs. NSSI</th>
<th>Suicide</th>
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<td>Cutting by cutting/ piercing is rare: 1.8% of suicides die by cutting/ piercing; Therefore, 98.2% use other methods.</td>
<td>Suicide by cutting/ piercing is rare: 1.8% of suicides die by cutting/ piercing; Therefore, 98.2% use other methods.</td>
<td>Cutting is the most common NSSI method almost universally in both community &amp; clinical samples</td>
</tr>
<tr>
<td>Frequency</td>
<td>Low rate behavior even in severely mentally ill persons</td>
<td>Frequently high rate: scores of episodes per person</td>
</tr>
<tr>
<td>Number of methods</td>
<td>Repeat attempters generally employ one method, often overdose</td>
<td>In both community &amp; clinical samples most use multiple methods; e.g. Whitlock (2008) 78%</td>
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Differentiating Suicide from NSSI

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<tr>
<td>Ideation</td>
<td>Suicidal ideation predominates; less positive Reasons for Living and Attraction to Life (Muehlenkamp 2010)</td>
<td>Suicidal ideation infrequent; concerning when present; more positive RFL and AL</td>
</tr>
<tr>
<td>Cognition &amp; Affect</td>
<td>Helplessness and hopeless predominate; poor problem solving</td>
<td>Helplessness and hopelessness less likely as long as NSSI “works”; more intact problem solving</td>
</tr>
<tr>
<td>Aftermath</td>
<td>Continued despair; often high lethality</td>
<td>Immediate relief; reduction in negative affect</td>
</tr>
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# Differentiating Suicide from NSSI

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<td><strong>Reaction of others</strong></td>
<td>Most others express concern and support; move towards protection</td>
<td>Ongoing NSSI may be condemned, judged negatively; therapy-interfering behaviors are common (aka counter-transference)</td>
</tr>
<tr>
<td><strong>Restriction of means?</strong></td>
<td>Often an important preventive intervention</td>
<td>Often ill-advised, counterproductive</td>
</tr>
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Cautionary Notes: Self-Injury vs. Suicidal Behavior

While self-injury is generally not about suicide, NSSI is a risk factor for suicidal behavior.

It is important to emphasize that while the behaviors are distinct, both can occur within the same individual.
Nock and Kessler (2006) reported that individuals who cited suicide as their “reason” for self-injuring (as opposed to emotion regulation or interpersonal functions) were more likely to ultimately die by suicide.
The Relationship between NSSI and Suicide Attempts

Klonsky et al. (2013) reported on the relationship between NSSI and suicide attempts in four different samples:

• Adolescent high school students (n = 426)
• Adolescent psychiatric inpatients (n = 139)
• University undergraduates (n = 1364)
• Random-digit dialing of sample of U.S. adults (n = 438)
NSSI and Suicide Attempts

In all four samples, NSSI exhibited a robust relationship to attempted suicide (median phi = .36)

Only suicidal ideation yielded a stronger relationship (median phi = .47)

Associations were smaller for:

• Borderline personality disorder (.29)
• Depression (.24)
• Anxiety (.16)
• Impulsivity (.11)
Conclusion re: Suicide and NSSI

NSSI is substantially different from suicide,

yet....

NSSI is a major risk factor for suicide attempts
NSSI and Suicide Attempts

Good clinical practice suggests:

- Understand, manage, and treat the behaviors differentially
- Carefully cross-monitor; assess interdependently
- Intervene early with NSSI to prevent emergence of suicidality.
- Remember: NSSI can be “double trouble”
Demographics in the U.S.

- In community samples, a range of 6 to 25% of youth report self-injuring at least once.
- In clinical samples, more females report SI than males; in community samples there is no gender difference.
- Age of onset for the majority is 12 to 14; for a minority it can be younger.
- SI may be more common among Caucasians & GLBTQ youth (Nixon & Heath, 2008).
- Females may be more likely to cut or pick; Males may prefer more aggressive methods such as self-hitting, punching walls (Whitlock 2008; Martin et al. 2010; Green, 2013).
More U.S. Demographics

• Data from the 2011 Massachusetts YRBS indicated that 18% of high school students and 13% of middle school students reported having self-injured during the past year (Mass. DOE, 2012)

• Also, a study from Cornell and Princeton Universities, using a sample of almost 3000 students, found that 17% indicated having self-injured (Whitlock et al. 2006b).

-- And in a follow up study involving 8 colleges and more than 11,000 students, Whitlock (2008) found that 15.3% reported some NSSI lifetime; 29.4% reported more than 10 episodes
NSSI Internationally

High rates of “deliberate self-harm” (e.g. 2.5 to 11.8% of adolescents) have also been reported in other developed countries:

• UK
• Australia
• Japan
• Ireland
• Belgium
• Norway
• Germany

-- (Rodham & Hawton, 2009)
Assessment and Treatment
Clinical Definition of Self-Injury

"Self-Injury is intentional, non-life-threatening, self-effect ed bodily harm or disfigurement of a socially unacceptable nature, performed to reduce and/or communicate psychological distress."

(Walsh, 2010)
Assessment of NSSI

Atypical, Severe Self-Injury is in a different category....

- Unusual level of physical damage, e.g. multiple sutures or other medical response
- Atypical, alarming body Location, i.e. face, eyes, breasts, genitals
- Foreign body ingestion
Assessment of NSSI

Formal Assessment (Questionnaires)

- Advantages:
  - Provides measurable data permitting monitoring of change & progress
  - Thoroughness; Asks questions an interviewer may not

- Especially recommended for clinical purposes: the FASM (see Walsh, 2012)
Formal Assessment

Self-Report Scales

- Functional Assessment of Self-Mutilation (Lloyd-Richardson) *Recommended clinically.*
- Ottawa Self-Injury Inventory (Cloutier & Nixon) *Recommended for research.*
- Inventory of Statements about Self-Injury (Klonsky & Glenn)
- Self-Harm Behavior Questionnaire (Gutierrez)
- Deliberate Self-Harm Inventory (Gratz)
Formal Assessment cont.

- Alexian Brothers Urge to Self-Injure Scale (Washburn). *Recommended clinically.*

Structured Interviews:
- Suicide Attempt and Self-Injury Interview (Linehan)
- Self-Injurious Thoughts and Behaviors Interview (Nock). *Recommended for research.*

See Muehlenkamp in Walsh (2012) for a review.
Cognitive-Behavioral Assessment

1. Antecedents (events in environment)
2. Antecedents (biological elements)
3. Antecedents (thoughts, feelings, behaviors)
4. Strength of urges (0 - 4 scale can be used)
5. # Wounds
6. Start and end time of SI episode
7. Physical pain?
8. Extent of physical damage (length, width; sutures obtained? If yes, how many?)
9. Body Area(s)
Cognitive-Behavioral Assessment

10. Hidden or exposed?
11. Use of words, symbols?
12. Use of tool- (Yes/No-If Yes, Type)
13. Room or place of SI
14. Alone or with others during SI
15. Aftermath of SI (thoughts, feelings, behaviors)
16. Aftermath of SI (biological elements; self-care?)
17. Aftermath of SI (events in environment)
18. Motivation to stop? Rebound responses?
19. Other idiosyncratic details (standard)
**Summary: Comprehensive Assessment of NSSI**

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<tr>
<th>Positive Self-Reinforcement</th>
<th>Negative Self-Reinforcement</th>
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<td>e.g. “I get high off SI.”</td>
<td>e.g. “SI provides such relief from stress!”</td>
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<th>Positive Social Reinforcement</th>
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<td>e.g. “My boyfriend reengages whenever I self-injure.”</td>
<td>e.g. “People leave me alone when I self-injure” (Nock &amp; Prinstein, 2004)</td>
</tr>
</tbody>
</table>
Four Steps in Treating NSSI

Replacement Skills Training

- Negative Replacement Behaviors
- Mindful Breathing
- Visualization
- Non-Competitive Physical Exercise
- Writing - Playing/Listening to Music - Artistic Expression
- Diversion Techniques
Treatments for NSSI

- Replacement skills training (Walsh, 2012)
- Cognitive-behavioral treatment (Walsh, 2012)
- Dialectical behavior therapy (Linehan, 1993; Miller et al. 2007)
- Family treatment (Miller et al., 2007)
- Psychopharmacology (Plener, 2009; Sandman, 2009)
Basic Features of a School Protocol to Manage NSSI

Staff Training

1. This protocol can only be implemented with adequate advance training of school staff.

2. Staff is trained regarding the forms of direct and indirect self-harm and how to provide a thorough assessment.

3. Staff is trained to understand how self-injury and suicidal behavior are markedly different.
1. School Administration identifies point persons to be contacted when self-destructive behavior surfaces within the school. Point persons are usually guidance counselors, social workers and/or school nurses.
2. Staff refers all students with self-destructive behavior or plans to the designated point persons. Point persons assess the behavior or plans.
Basic Features of a School Protocol to Manage NSSI

3. If the behavior or plan is deemed to be:
   - Suicidal
   - Atypical severe self-injury
   - Or otherwise life-threatening...

   Emergency procedures are followed.
4. If the behavior is deemed to be common, low lethality self-injury, the point person calls the student’s parent while the student is present.

5. The point person explains that he/she has learned the child has self-injured and explains that the behavior is cause for concern but not usually about suicide.
Basic Features of a School Protocol to Manage NSSI

Responding to Self-Injury in Individuals

6. The point person requests that the parent follow up immediately with outpatient counseling for the child and family.

7. The point person requests that the parent call back to confirm that the outpatient appointment has been made.
Basic Features of a School Protocol to Manage NSSI

Responding to Self-Injury in Individuals

8. If the parent does not call back, the point person re-contacts the parent and requests that the outpatient referral be pursued.

9. If after repeated requests the parent fails to act, mandated reporting for neglect or abuse must be considered.
10. The point person generally stays in periodic contact with the parent to monitor progress.

11. Ideally, the point person obtains consent from parent and child to communicate with the outpatient clinician.
1. Point persons should assess if multiple students are triggering the behavior in each other. This is known as **social contagion** of self-injury.
2. Contagion may be due to the following influences:

a. Limited communication skills
b. Desire to change the behavior of others
c. Response to caregivers, family members
   - Competition for caregiver resources
   - Anticipation of aversive consequences
Basic Features of a School Protocol to Manage NSSI

Responding to Self-Injury Among Groups

2. Contagion may be due to the following influences:

   d. Other peer group influences
      - Direct modeling influences
      - Disinhibition
      - Competition
      - The role of peer hierarchies
      - Desire for group cohesiveness
1. Point persons identify the primary high status peer models. The persons reach out to these influential peers.
2. Point persons explain to peer models that they are hurting their peers by communicating about SI to others.

Self-injurers are encouraged to talk with the point persons, family, therapists, but not to peers about SI as such talk is “triggering.”
Basic Features of a School Protocol to Manage NSSI

Managing & Preventing Contagion

3. Students are asked not to appear in school with visible wounds or scars.

4. Point persons involve parents when necessary.

5. Some students may need to have extra sets of clothing in school to cover wounds or scars.

6. In rare cases, students may have to be dealt with disciplinarily.
For more info:

- On the High School Self-Injury Prevention Program:

www.mentalhealthscreening.org

Click on “Signs of Self-Injury” Program
Today’s Presenter

- Barent Walsh
- barryw@thebridgecm.org
- 508-755-0333

Book cited throughout this presentation:
Other Resources re: NSSI

- Cornell Research Program on Self-Injury and Recovery:
  http://www.selfinjury.bctr.cornell.edu/
- Matthew Nock’s publications at Harvard:
  http://www.wjh.harvard.edu/~nock/nocklab/publications.html
- International Society for the Study of Self-Injury website:
  http://itriples.org/isss-aboutself-i.html
Other Resources

Other major researchers on NSSI:

- E. David Klonsky, University of British Columbia.
- Jennifer Muehlenkamp, U. of Wisconsin, Eau Claire.
- Janis Whitlock, Cornell U.
- Kim Gratz, U. of Mississippi.
- Nancy Heath, McGill U.

and many more.....
References


ICRC-S Discussion Forum

http://suicideprevention-icrc-s.org/forums/non-suicidal-self-injury
To Post a New Topic

Alcohol Abuse and Suicide Forum

- New topic

Welcome to the Alcohol Abuse and Suicide Forum by Bailey Triggs » January 28, 2014

- New topic

- Forum Tools -
Welcome to our online discussion forum featuring our speaker Ken Conner. Dr. Conner will be online between 3:00 - 3:30 PM ET on January 29 to answer your questions about alcohol abuse and suicide.

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Use Breadcrumbs to Navigate

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Forum Posting Policy

Posted comments do not necessarily represent the views of ICRC-S. Our goal is to share ideas and information with as many individuals as possible. Our policy is to accept the majority of comments made in our forum.

A post will be deleted if it contains:

• Hate speech
• Profanity or nudity
• Name-calling or personal attacks
• Comments that sell products, infringe on copyrighted material, or are spam
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ICRC-S Discussion Forum

http://suicideprevention-icrc-s.org/forums/non-suicidal-self-injury