



Self-Injurious Behaviors



Self-Injurious Behavior

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Disclosures

- We have no relevant financial relationship with a commercial interest to disclose.
- This topic deals with situations that may make participants uncomfortable.
- There will be no images of self-injury.

Learning Objectives

- Consider a self-injury "Spectrum"
- Biopsychosocial aspects of self-injury
- Management of various levels of self injury

Self Injurious Behavior (SIB)

- Most SIB associated with mood and anxiety disorders
- SIB can Be Suicidal or Non-suicidal
 - Possible SIB also with:
 - psychosis
 - severe OCD
 - Intellectual Disability
 - intoxication
 - genetic disorders (Lesch-Nyhan).

Non-Suicidal Self-injury (NSSI)

An intentional act to damage the skin to cause pain (cutting, burning, freezing, erasing) but not to die

Rates of Non-Suicidal Self Injury in Youth: Age, Sex and Methods In a **Community Sample** - *Pediatrics* (2012)

8.0% of all youth (9.0% of girls vs. 6.7% of boys)

7.6% of third-graders, 4.0% of sixth-graders

12.7% of ninth-graders (19% girls vs. 5% boys)

- Most girls cut or carve skin.
- Most boys hit themselves.

How common is SIB in psychiatric patients?

15% of outpatient sample of teens have self-injured

2010 → 2020 ED visits for teen SIB tripled

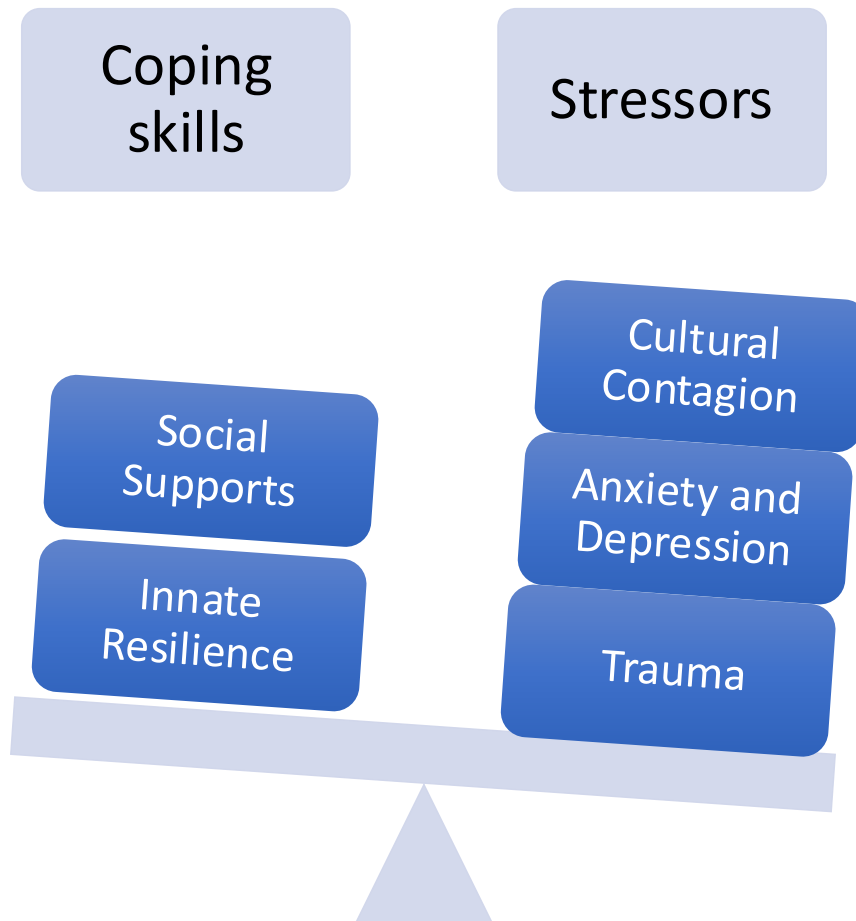
50% acute clinical sample (inpatient, partial) have self-injured

2% of the population are “serious cutters” (all ages)

Associated Diagnoses

- No Diagnosis!
- Borderline Personality Disorder
- PTSD
- Other Dissociative Disorders
- Depression
- Anxiety and Panic Disorders
- Eating Disorders
- Substance Use Disorders

Why cut the first time?



Physical (bio) “Reasons”

- To relieve emotional tension (dopamine/endogenous opioids)
- Get a rush or high from pleasure centers
- To replace emotional pain with physical pain
- To feel “real” instead of derealization, depersonalization

Internal (psycho) “Reasons”

- To self punishment
- To stimulate and excite
- To relieve or distract from moods/feelings/memories
- In response to “voices” or compulsive urges

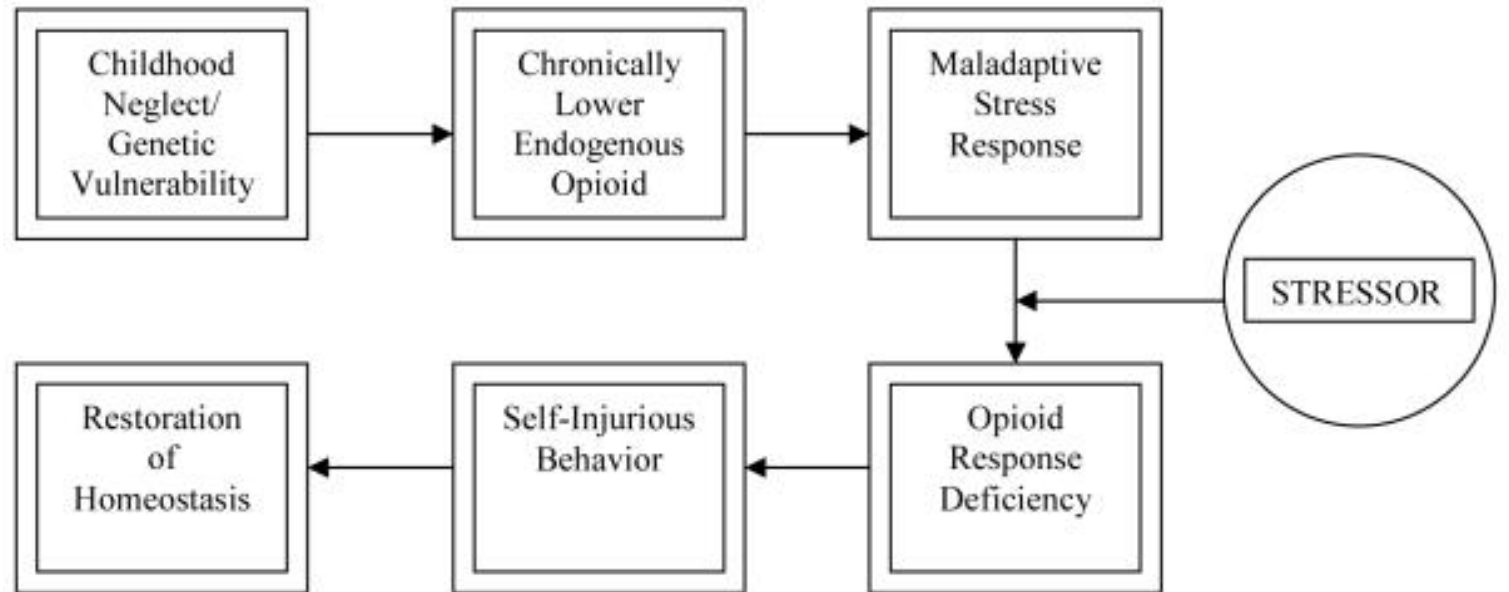
Interpersonal (social) “Reasons”

- To get care and attention
- To get out of trouble or responsibility
- To avoid a task and lower expectations
- To have control of something
- To belong to group

NSSI Contagion

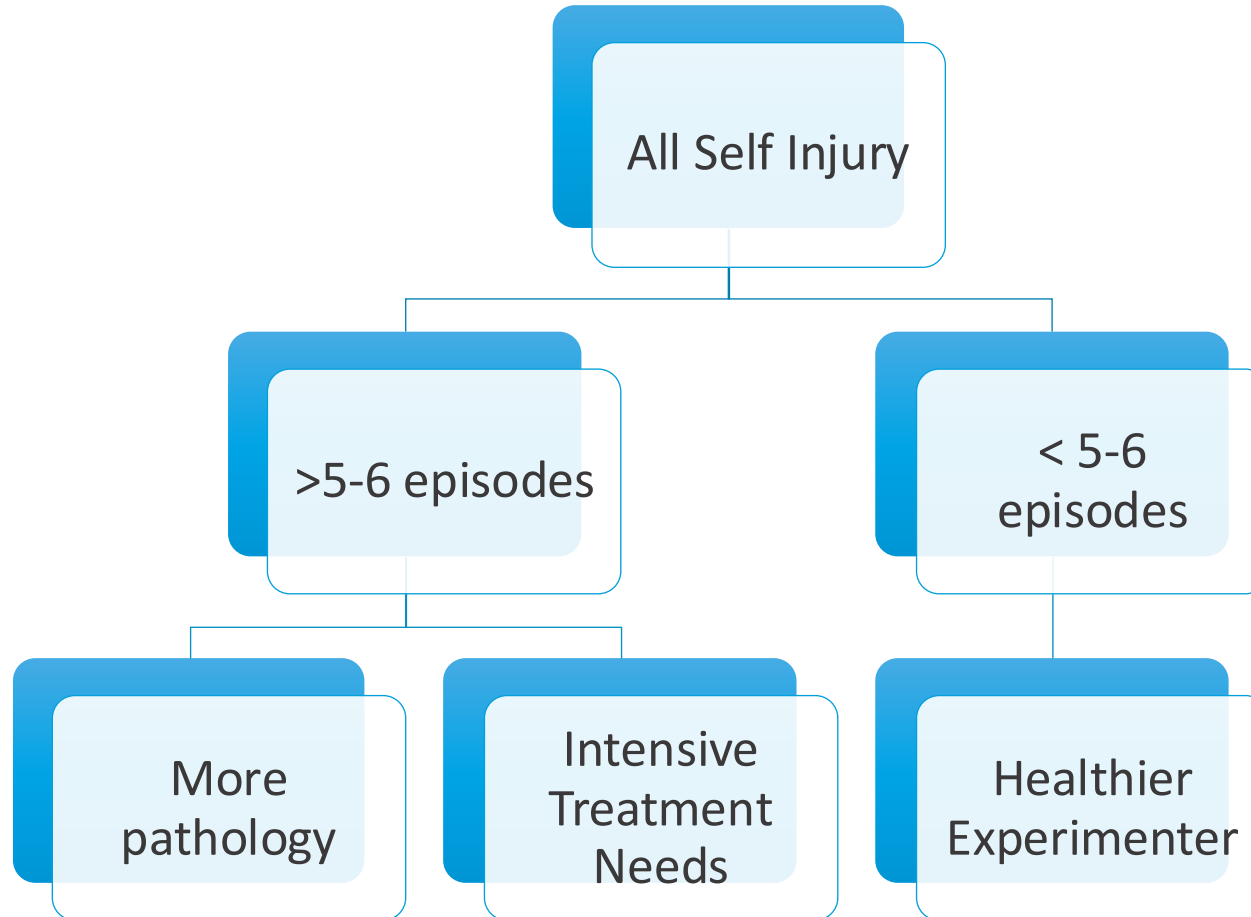
- Self-injury spreads
- Schools, treatment programs, college dorms, “circle of friends”, siblings/cousins
- Media can increase contagion through music, movies, TV shows, You-tube, internet, novels, celebrity cutting

Chronic Toxic Stress (ACES)



Two Distinct Groups!

(Nixon/Cloutier 2008)



Assess New Cutting Behavior

- Often females in a social setting associated with social media
- Often superficial scratches on non-dominant forearm
- Many do not have a psychiatric disorder
- Often disinhibited by alcohol and/or sleep deprivation
- Often in response to contagion – peer, media, social media

Manage New Cutting Behavior

- Involve parents immediately unless abuse is suspected
- Guide caretakers to intrude on risk: Limit phone, social media, sleep overs, unsupervised outings with peers, locked bedroom door, etc.
- Discuss the impact if child/teen died: on grandma, the dog, her cat, baby brother, your coach and teammates, etc.
- Build safety plan: Stanley Brown template – **over do it!!!**

STANLEY-BROWN SAFETY PLAN (ADAPTED)

STEP 1. Thoughts, feelings, situations, or behaviors that indicate a crisis may be developing:	
School:	Home:
STEP 2. Activities that soothe me or provide distraction that I can do alone:	
School:	Home:
STEP 3. People and social settings that provide distraction (include contact information):	
School:	Home:
STEP 4. People whom I can ask for help (include contact information):	
School:	Home:
STEP 5. Professionals or agencies I can contact during a crisis (include contact information):	
<ul style="list-style-type: none"> • Suicide & Crisis Lifeline: 9-8-8 (call or text) • Local Mental Health Center: 	<ul style="list-style-type: none"> • Mental Health Provider(s): • Primary Care Physician:
STEP 6. Ways to make my environment safe and calm:	
School:	Home:

The one thing that is most important to me and worth living for is: _____

Manage Chronic “Serious” Cutting

- Reduce drama and secondary gain (**under do it!**)
- Make the therapist the hub of care
- Dialectical Behavior Therapy (DBT)
 - Mindfulness, Interpersonal Effectiveness, Emotional Regulation and Distress Tolerance
- Trauma-Informed CBT
 - explore trauma gradually as coping skills develop

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Is Non-suicidal Self-injury (NSSI) a Risk Factor for Suicidal Behavior?



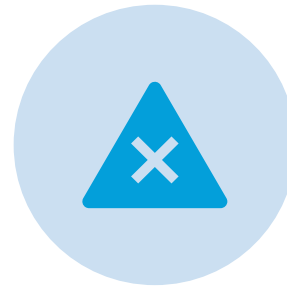
Yes!



You need to ask, probe



Not all self-injury necessitates an ER visit or psychiatric admission.



But sometimes NSSI is a “rehearsal” for suicidal behavior.

What Should Primary Care Clinicians Do?

- Involve parent(s) - safety over-rides HIPAA
- Youth with new cutting may work with school counselor or less intensive outpatient plan
- Primary care follow-up and support are central
- Refer SIB youth who are suicidal (ASQ) for emergency services
- Refer youth with chronic cutting to DBT/TF-CBT therapists with wraparound supports
- Be part of the team

Discussion & Questions

References

- Meta-analysis of risk factors for nonsuicidal self-injury. *Clin Psychol Rev.* 2015 Dec; 42: 156–167. Kathryn R. Fox, Joseph C. Franklin, Jessica D. Ribeiro, Evan M. Kleiman, Kate H. Bentley, and Matthew K. Nock.
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- Slides adapted with permission from a presentation “Self injury and trauma: An overview for families and community providers” by Dr. Robert Kallinicos, MD.

References

- Rates of Non-Suicidal Self Injury in Youth: Age, Sex, and Behavioral Methods In a Community Sample- *Pediatrics* (2012)
- Youth 3rd, 6th, or 9th grades, 60% participation rate
- Assessment: Self Injurious Thoughts and Behaviors Interview. (Research tool).
- Methods of NSSI included: “cutting/carving skin,” “hitting oneself,” “inserting sharp objects into the skin or nails,” “burning oneself,” or “picking one’s skin”