Self-Injurious Behaviors

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Disclosures

I 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 SIB shared.
What is SIB?

- Defining self injury?
- Self injury exists on a spectrum: NSSI vs suicidality
- Social/cultural aspects of cutting
- Neurobiology of self injury
Self Injury

• For the purpose of this discussion, we will focus on SIB as it pertains to depression/anxiety/social phenomenon.

• However, SIB can also result from conditions such as psychosis, OCD, Intellectual Disability, intoxication, or genetic disorders.

• Similarities stem from pain/injury leading to some stimulation of the reward system…
NSSI or SIB

- Although not categorized in DSM5, can be part of the clinical picture/experience in many common, typically adolescent mental health concerns.
  - Depression
  - Substance Use Disorders
  - Trauma
  - Maladaptive coping/personality disorders

- Social contagion behavior —> more awareness of self harm in the community.
Rates of Non-Suicidal Self Injury in Youth: Age, Sex, and Behavioral Methods In a Community Sample- *Pediatrics* (2012)

- Youth recruited for the study from school, letters sent home to families with child in 3rd, 6th, or 9th grades
- 60% participation rate
- Of the 40% nonparticipants (some families/children excluded) –1% autism spectrum disorder, 3% non-english speaking (the structured interview was in English), 71% declined
- 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”
Associated MH Diagnoses

• Borderline Personality Disorder
• PTSD
• Dissociative Disorders
• Depression
• Eating Disorders
What Puts Them at Higher Risk\(^1\)?

- In descending level of significance:
  - Prior NSSI
  - “Cluster B” personality traits
  - Feelings of hopelessness
  - Prior SI/actions
  - Exposure to peer NSSI
  - Depression
  - Eating Disorder pathology
  - Female
  - Externalizing psychopathology
  - Internalizing psychopathology
  - General psychopathology
  - Affect regulation
We Need to be Screening!

- Between 2010 - 2020, Emergency Dept. visits for self injury tripled in the child & adolescent population.

- Anecdotal, but likely given rise in ED presentations during COVID for associated concerns, that rate is likely higher now.
How Does SIB Help?

Negative experience/emotion

→

Self Injury

→

Feelings of satisfaction/relief, possibly guilt/anger
Neurobiological Feedback

• SIB releases dopamine & endogenous opioids locally and in the brain.

• Can have a calming effect, and behavior is reinforced-emotional and physical distress reduces.

• For many though- that hurt & didn’t help- behavior not reinforced & stops.
Clinical Considerations

What experiences have participants had/seen in their practice regarding NSSI/SIB?
Seeking System

• Why do some people keep cutting?

• Activates the dopaminergic “seeking system” and gets reinforced.
  • very similar to addiction.
Endogenous Opioid System

- **Mu & delta receptors** – B-endorphin and met-enkephalin: involved in stress induced analgesia, “pain signal blocking” effects

- Mu receptor “agonists”
  - Analgesia
  - Euphoria
  - Sedation
  - Calming effect
Mental Health Issues = Chronic Stress
Is it NSSI or Suicidal Ideation?

Need to ask, probe, contextualize… not all self injury necessitates psychiatric admission.
Discussion & Questions
References


Slides adapted with permission from a presentation “Self injury and trauma: An overview for families and community providers” by Dr. Robert Kallinicos, MD.