

The Cutting Edge: Understanding & Managing Self Harm Behaviors

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UTAH CENTER
FOR EVIDENCE BASED
TREATMENT

About Me

- ▶ Child and Adolescent Psychologist
 - ▶ PhD in School Psychology from Columbia University
 - ▶ Clinical interests in working with anxiety and mood disorders, oppositional children, and youth who've endured trauma.
 - ▶ Established Assessment and Testing program at UCEBT
- ▶ Psychologist at the Utah Center for Evidence Based Treatment (www.ucebt.com)
 - ▶ Comprehensive treatment for complex clients
 - ▶ Full DBT program offered
 - ▶ Children, adolescents, and adults

My Perspective

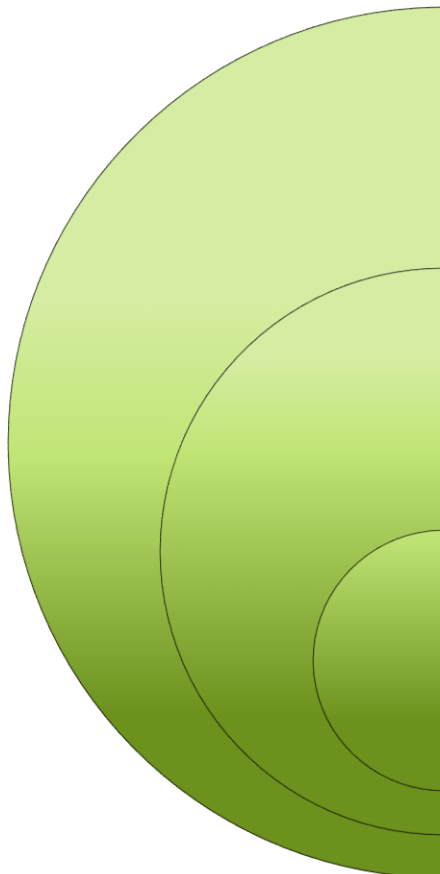
- ▶ Trained in Dialectical Behavior Therapy (DBT)
 - ▶ Non-judgmental stance
 - ▶ Dialectical thinking (AND/BOTH rather than BUT/OR)
 - ▶ Balancing change with acceptance
 - ▶ Unique communication strategies (warmth AND irreverence)
 - ▶ Genuine, two-way relationship
 - ▶ Consultation is essential
 - ▶ Case formulation around skills deficits and lack of supports
 - ▶ Out-of-session contact is expected
 - ▶ Small case loads are the norm



Defining and Understanding Self-Harm Behaviors



Definitions



Ideation	<ul style="list-style-type: none">• Thoughts• Highest prevalence
Non-suicidal self-injury	<ul style="list-style-type: none">• Behavior• Causes bodily harm• No intent to die
Suicidal self-injury	<ul style="list-style-type: none">• Behavior• Causes bodily harm• Some intent to die

Understanding SI

- Self-injurious behaviors fall along a continuum of intent
- These behaviors ARE related
- Many teens engage in suicidal and non-suicidal self-injury
- Following ideation:
 - Transition to behavior is roughly 6-12 months
 - NSSI and suicide attempts are equally common as first behaviors
- Suicidal and non-suicidal behaviors serve different functions

Non-suicidal self-injury

Ambivalent Self-Injury

Suicide Attempt

SUICIDE

Zero Intent

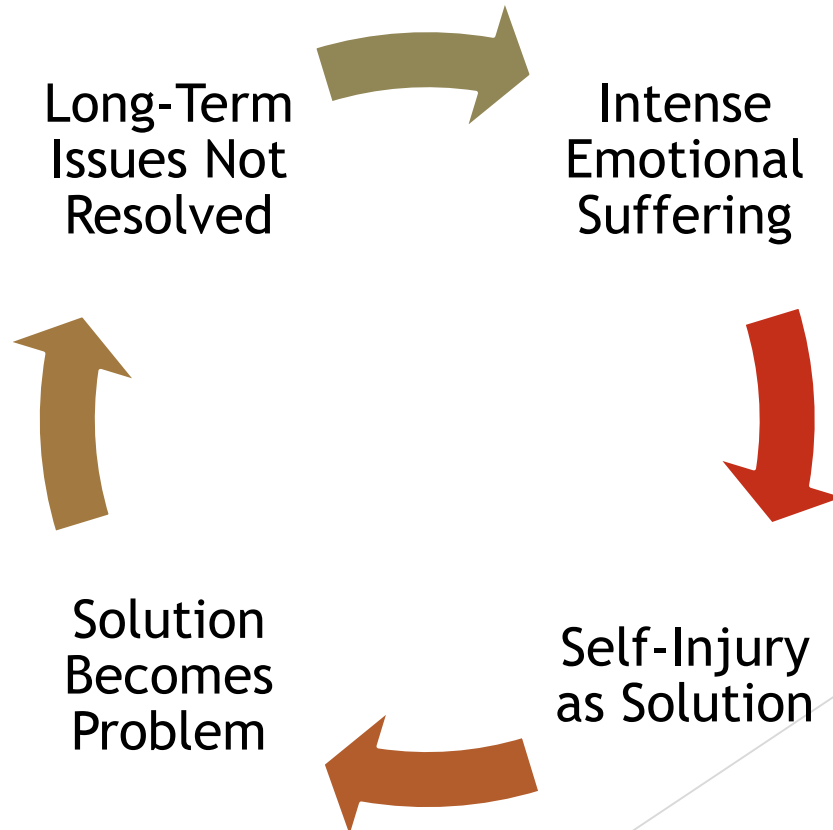
Mixed Feelings

Certain Intent

Unknown

Understanding SI

- Non-suicidal self-injury (NSSI) is not a “cry for help” or a bid for attention
- The reasons and functions for NSSI and suicidal behaviors are complicated
- Over time NSSI predicts suicide attempts and suicide attempts predict NSSI



Sensitivity Theories

- ▶ Children are either
 - ▶ Highly sensitive to context
 - ▶ Less sensitive to context
- ▶ Highly sensitive children are like “orchids”
 - ▶ In low-risk contexts, orchids thrive
 - ▶ In risky contexts, orchids do poorly



Sensitivity Theories

- ▶ In contrast, less sensitive children are like “dandelions”
- ▶ Dandelion children should do well in most developmental contexts



Boyce & Ellis, 2005; Caspi et al., 2010

Biosocial Theory



Crowell, Beauchaine, & Linehan, 2009; Linehan, 1993

Diagnostic issues

- ▶ There is no single diagnosis associated with suicide risk
 - ▶ ALL diagnoses come with elevated risk. Yes, ALL.
- ▶ Multiple diagnoses can increase risk
- ▶ Cross-diagnostic factors
 - ▶ Anger, impulsivity, aggression, attention problems
 - ▶ Hopelessness, helplessness, difficulty controlling strong emotions
 - ▶ Lack of coping skills and strategies, lack of social supports or difficulty asking for help

Ask, ask, ask

- ▶ Many people are afraid to ask questions about depression, anger, stress, self-harm, and suicide
 - ▶ What if I give them the idea?
 - ▶ What if I don't know what to say?
 - ▶ What if I seem awkward?
 - ▶ What if I don't know what to do?
 - ▶ What if I have to tell somebody?
- ▶ Ask anyway



Summary

- ▶ Know the difference between ideation, NSSI, and suicide attempts
- ▶ Understand that causation is not simple, therefore perfect prediction is not possible
- ▶ Know about links between self-harm behaviors and later suicide
- ▶ Be prepared to ask; be prepared to act

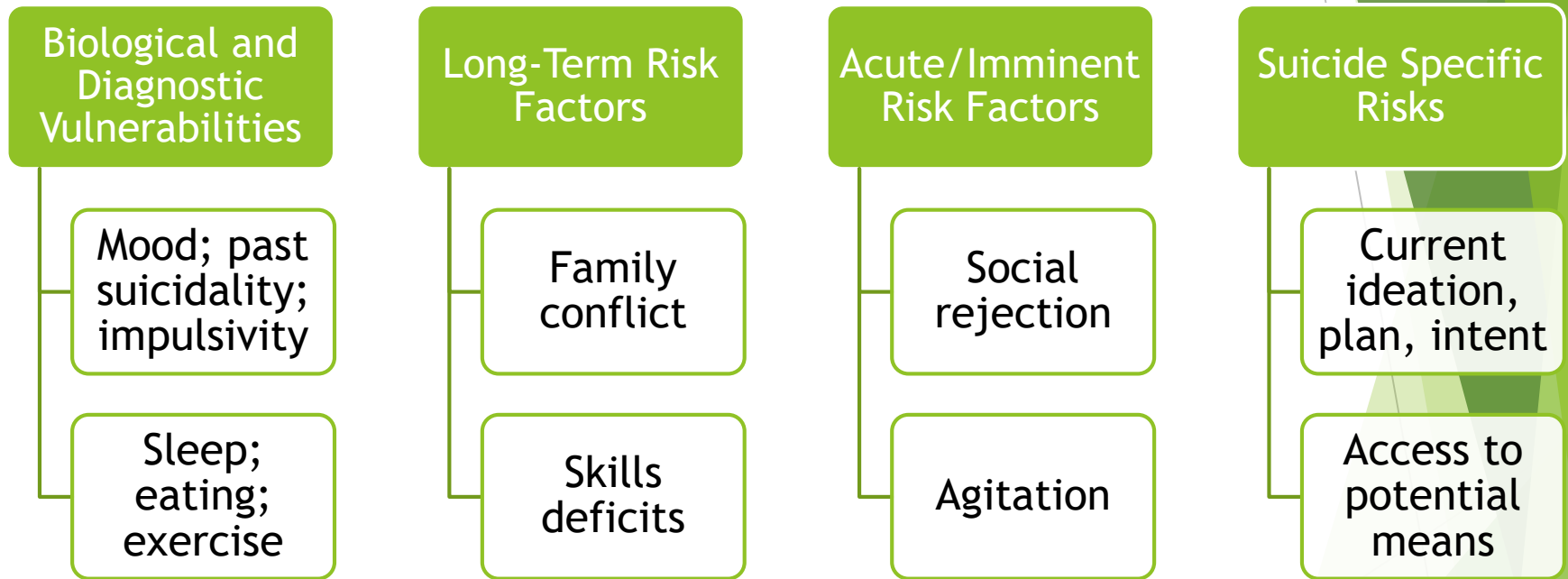
Risk Assessment & Management



What to Ask

- ▶ Small group break-out (2-3 people)
- ▶ Generate at least 20 questions you might ask of an adolescent who might be at risk

Your Questions



Summary of What to Ask

- ▶ NEVER be afraid to ask:
 - ▶ “Some kids, when they feel this way, will also have thoughts of death or dying. Have you had any thoughts like that?”
- ▶ Assess ideation
 - ▶ “Tell me more about your thoughts.”
- ▶ Assess plans
 - ▶ “Do you think you would ever act on those thoughts? What would you do?”

Summary of What to Ask

- ▶ Assess access to means
 - ▶ “How would you go about acting on this plan?”
 - ▶ “Do you have access to [a gun, pills, rope]?”
- ▶ Assess likeliness of success versus interruption
 - ▶ “What time were you thinking of doing this?”
 - ▶ “Would anybody be around to help you?”
- ▶ Help the teen begin to conceptualize this as an attempt to **find relief from a problem**
 - ▶ “We have the same goal, to help you feel relief from this difficult problem. Our solutions are different...”

How to Conduct Risk Assessments

- ▶ Respect autonomy
 - ▶ “We will figure this out together.”
- ▶ Do not make promises to keep secrets
 - ▶ “I will respect your privacy but my most important job is to keep you safe.”
- ▶ Don't freak out
 - ▶ “I've heard these things before. I'm here to help.”
- ▶ Validate emotion AND emphasize a different pathway to relief
 - ▶ “It sounds like you are in so much pain. Let's find another solution”

How to Conduct Risk Assessments

- ▶ Identify events that prompted crisis
 - ▶ “Help me understand what happened.”
- ▶ Listen carefully and summarize problem situation
 - ▶ “It sounds like X happened and then Y?”
- ▶ Generate a more skillful plan of action
 - ▶ “What’s worked in the past? What if we tried...?”
- ▶ Emphatically tell them not to commit suicide or self-harm
 - ▶ “I care about you and you must not die.”
- ▶ Generate hope
 - ▶ “Right now you feel stuck, but we will absolutely figure this out.”

Evidence Based Practices for Intervention



What Evidence Based Treatment IS

- Evidence-based treatment is a *flexible, open minded, hypothesis-driven, and informed* approach to client care.
- It is guided by the following principles:
 - Blending the art of therapeutic healing, the latest scientific understanding, and trust/faith in the experiences of one another
 - Therapist and client both bring unique expertise into the therapy relationship
 - Informed consent is foundational
 - Therapy is work, and the work is often painful
 - Consultation and support for the therapist is essential
 - Accurate diagnosis is important
 - Therapy shouldn't last forever
 - Tracking outcomes is a means of enhancing communication
 - Ongoing training and learning is required
 - A scientific mindset to treatment. Practice-based evidence is highly valued!

What Evidence Based Treatment **IS NOT**

- It is **NOT**
 - Rigid adherence to protocol over process
 - Identical for every client
 - Blind to race, ethnicity, culture, identity, faith, life history, etc.
 - Cold, heartless, or boring
 - The perfect approach for all clients
 - Endorsement of the DSM or standard psychiatric practice

You Are Not Alone!

- The most important benefit of evidence-based practice is you benefit from the support and wisdom of others
 - Treatment developers
 - Online community and resources
 - Trainings
 - Consultation team
- These benefits are especially important in the context of working with high-risk and/or suicidal youth
- Not only does your community provide support, this support also lowers liability

About DBT

D B T

About Dialectical Behavior Therapy

What is Dialectical Behavior Therapy?

DBT is a treatment for severe and persistent emotional and behavioral difficulties






Suicide
Personality Disorders
Affective Disorders
Eating Disorders
Substance Abuse
Self-Injury

About Dialectical Behavior Therapy

FULL DBT:

- Once or twice weekly individual sessions
- 2-hour skills group every week (6-12 months)
- Phone coaching outside of session
- Weekly consultation team for providers

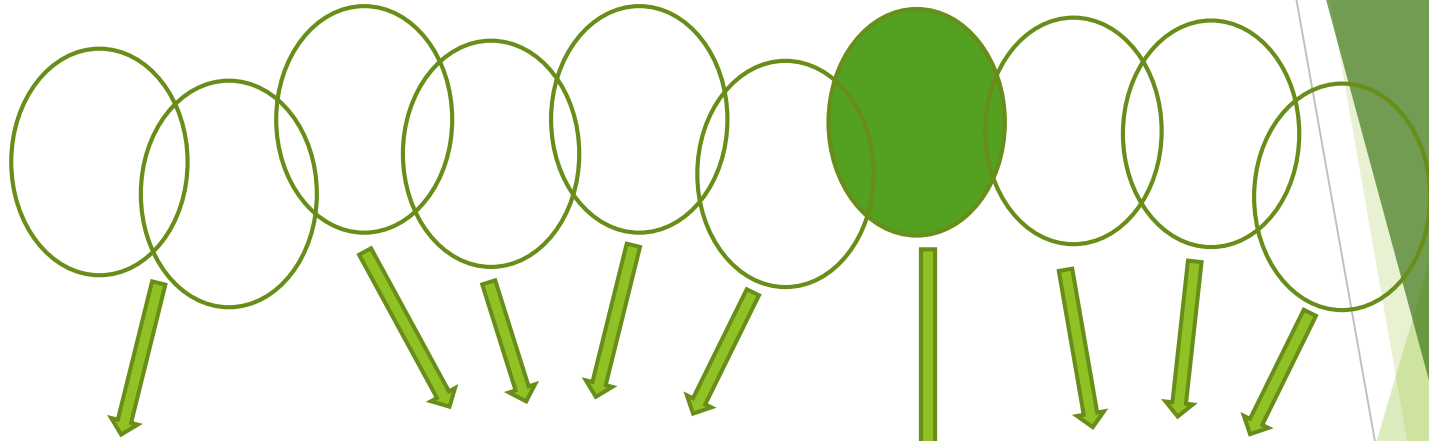
- Without all of these elements, it is not a full DBT program
- Partial DBT, especially if called DBT, *may* have iatrogenic effects

SELF-HARMING		N
Sense of relief/release		
Decrease in – emotions, increase in + emotions		
Perspective/insight		
Support from family/friends		
Self-punishment – balance the scale		
Validates the pain I feel internally		
		

PROS

CONS

Chain Analysis



Vulnerability factors:

Poor sleep, recent breakup, chronic school stress, poor eating habits, substance use

Links (emotions, thoughts, physiological responses, behaviors):
"I'm a disappointment," high anxiety, worthlessness, yelling at parents, "WTF," "might as well really show them how I feel."

Consequences:

Fight with parents, bleeding, scar, long sleeves, had to do chain analysis

Target Behavior:
Cuts arm

DBT SKILLS: SPEED DATING

SPEED DATING

Tell me a bit about yourself

Do you like Halloween?



No

NEXT!!



DBT Skills

Mindfulness

Distress
Tolerance

Interpersonal
Effectiveness

Emotion
Regulation

Mindfulness

Wise mind

- Inner wisdom, counteracts prior invalidation

“What” skills

- Observe, describe, participate

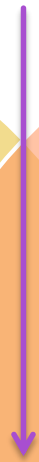
“How” skills

- One-mindfully, non-judgmentally, effectively

WISE MIND

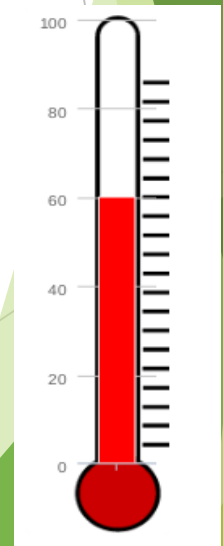
Reason
Mind

Emotion
Mind



Distress Tolerance

- **FUNCTION:** To get through a crisis without making things worse
- These skills are a temporary fix and don't solve problems in the long run
- Ask client to rate their subjective units of distress (SUDS) before and after
- **Benefits:** quick relief; **Drawbacks:** overreliance



Favorite DT skills

- Self-soothe: Use the 5 senses to experience positive emotions
- **STOP**
 - S**top (do not react, freeze, stay in control)
 - T**ake a step back (take a break, let go)
 - O**bserve (notice situation and feelings)
 - P**roceed mindfully (ask wise mind)



Favorite DT skills

- **TIPP**

Temperature (tip your face into cold water)

Intense exercise (run around the block)

Paced breathing (square breathing)

Paired muscle relaxation (squeeze then relax)



Interpersonal Effectiveness



Interpersonal Effectiveness



Interpersonal Effectiveness



Emotion Regulation Skills

Understand Emotions

Identify prompting events and responses

LABEL THE EMOTION!!!



Check the Facts

Is the emotion valid?

Is the emotion effective?



Act Opposite (Opposite Action)

Identify action urge...

Do the exact opposite

Build a Life Worth Living

Ultimate goal of DBT is to help teens want to live their life

- This is different from “happiness”
- Requires ongoing commitment and effort
- Skills alone ≠ DBT

Importance of Accurate Assessment

- ▶ Sometimes as clinicians we feel lost and stuck
 - ▶ Seek consultation
 - ▶ Get your client a re-evaluation!
 - ▶ Often this is most helpful if done by someone other than you!
 - ▶ Diagnostic assessment for progress and treatment planning
 - ▶ Full psychological assessment and battery

Thank you!

- ▶ Slides available at:

www.UCEBT.com

- ▶ Currently accepting clients. We also offer trainings, consultation, and supervision.

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Questions?

