A Smile on Her Lips, and Cuts on Her Hips

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With thanks to Dr. Karina O'Brien

Outline

- **Dr. Tyler Black**
  - The Language, Numbers, and Causes of Self-Injury
  - Asking About Self Injury
  - Treatment Approaches to Self Injury

The Language of Self-Injury

Unintentional Self-Injury

* Self-Injurious Behaviours (SIB)
* Non-Suicidal Self-Injury (NSSI)
* Suicide Attempt
* Suicide

Accidents and traumas with no intention of self-injury.

Includes risk-taking behaviours:
- accidental alcohol overdose
- accidental firearm discharge
- choking out injuries

May even result in death.

The Language of Self-Injury

* Unintentional Self-Injury
* Self-Injurious Behaviours (SIB)
* Non-Suicidal Self-Injury (NSSI)
* Suicide Attempt
* Suicide

Usually the terminology used for persons with intellectual disabilities.

-Hair Pulling
-Skin PickingHead Banging
-Self-biting

The Language of Self-Injury

* Unintentional Self-Injury
* Self-Injurious Behaviours (SIB)
* Non-Suicidal Self-Injury (NSSI)
* Suicide Attempt
* Suicide

The preferred nomenclature for any intentional self-injury which has a mnotivation other than death.

Formerly “parasuicide”.

Therapeutic Cutting, Burning, Purging, Strangulation, Non-lethal Overdoses, Running away unsafely

The Language of Self-Injury

* Unintentional Self-Injury
* Self-Injurious Behaviours (SIB)
* Non-Suicidal Self-Injury (NSSI)
* Suicide Attempt
* Suicide

Any self-directed behaviour with the intent of death of self. Lethality of the behaviour must be present, unless the person is impaired by age of intellectual disability.

The behaviour must have been undertaken.

The Language of Self-Injury

* Unintentional Self-Injury
* Self-Injurious Behaviours (SIB)
* Non-Suicidal Self-Injury (NSSI)
* Suicide Attempt

Suicide

An intentional self-directed behaviour that results in death of self.

The Numbers of Self Injury

* Among adults, NSSI is rare:
  * 4-6% in early adulthood, decreasing to < 1%

* Among adolescents, likely much more common
  * Studies vary: general agreement between 15-30% in any year
  * "Have you ever tried?"
    * Numbers are definitely rising
    * Recent studies suggest 35.6% to 50% (!)

Giletta, Matteo, et al. "Adolescent non-suicidal self-injury: A cross-national study of community samples from Italy, the Netherlands and the United States." *Psychiatry Research* (2012).

The Numbers of Self Injury

	Grade 9	Grade 12
Perform NSSI	Females 2x	Females 4x
Threaten NSSI	Females 2x	Females 5x
Talk about NSSI	Females 4x	Females 4x

Plener et al. (2009) *An international comparison of adolescent non-suicidal self-injury and suicide attempts: Germany and the* USA**, Psychological Medicine,** 39: 1459 - 1558

The Numbers of Self Injury

* Age of Onset
  * Consistently found to be 12-14 years of age

Jacobson, CM et al. (2007) *The Epidemiology and Phenomenology of Non-Suicidal Self-Injurious Behavior Among Adolescents: A Critical Review of the Literature*, **Archives of Suicide Research**, 11: 2, 129 — 147

The Numbers of Self Injury

* The Course of NSSI:
  * Very few studies
  * McLean Study of Adult Development (18-35)
    * Borderline Personality Disorder
    * 81% engaged in NSSI at baseline
    * 26% engaged in NSSI at 6-year follow-up

* ?? Peaks in adolescence, declines thereafter ??

Jacobson, CM et al. (2007) *The Epidemiology and Phenomenology of Non-Suicidal Self-Injurious Behavior Among Adolescents: A Critical Review of the Literature*, **Archives of Suicide Research**, 11: 2, 129 — 147

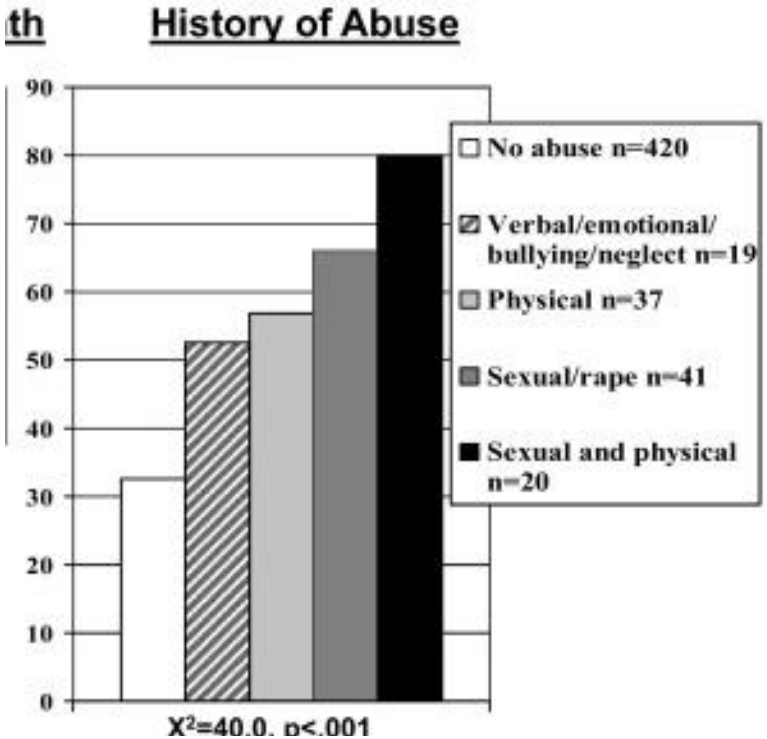
The Numbers of Self Injury

* Risk factors for Self-Injury
  * Depressive Symptoms
  * Family Loneliness
  * Victimization

Giletta, Matteo, et al. "Adolescent non-suicidal self-injury: A cross-national study of community samples from Italy, the Netherlands and the United States." *Psychiatry Research* (2012).

Abuse and NSSI

* Study of 1,432 Adolescents with ED (Stanford)
  * 40% engage in SIB regularly



Peebles, Rebecka, Jenny L. Wilson, and James D. Lock. "Self-injury in adolescents with eating disorders: Correlates and provider bias." *Journal of Adolescent Health* 48.3

The Numbers of Self Injury

* Feelings and Experiences Associated with NSSI

* Before
  * anxiety and hostility > sadness > anxiety > hostility
* After
  * Relief
  * Guilt
  * Disappointment

Jacobson, CM et al. (2007) *The Epidemiology and Phenomenology of Non-Suicidal Self-Injurious Behavior Among Adolescents: A Critical Review of the Literature*, **Archives of Suicide Research**, 11: 2, 129 — 147

The Science of Self-Injury

* Does NSSI come from biology?
  * Most repetitive self-injurers have impulsivity problems
    * Shoplifting
    * Drug and alcohol abuse
    * Bulemic eating disorders
    * Sexual Promiscuity
* Impulsivity is a highly genetic trait that relates to a known brain region (frontal lobe)

Sher, Leo and Stanley, Barbara H.(2008) 'The Role of Endogenous Opioids in the Pathophysiology of Self-Injurious and Suicidal Behavior', Archives of Suicide Research, 12: 4, 299 — 308

The Science of Self-Injury

* Endorphins and NSSI
  * Low opioid levels in individuals with NSSI
  * Release of opioids during episodes of NSSI
  * Altered pain sensitivity during episodes of NSSI

  * Suicide victims' brains had 9x more endorphin receptors than did non-suicide victims

Sher, Leo and Stanley, Barbara H.(2008) 'The Role of Endogenous Opioids in the Pathophysiology of Self-Injurious and Suicidal Behavior', Archives of Suicide Research, 12: 4, 299 — 308

How can Self-Injurious Behaviours "Make you feel better?"

Pain

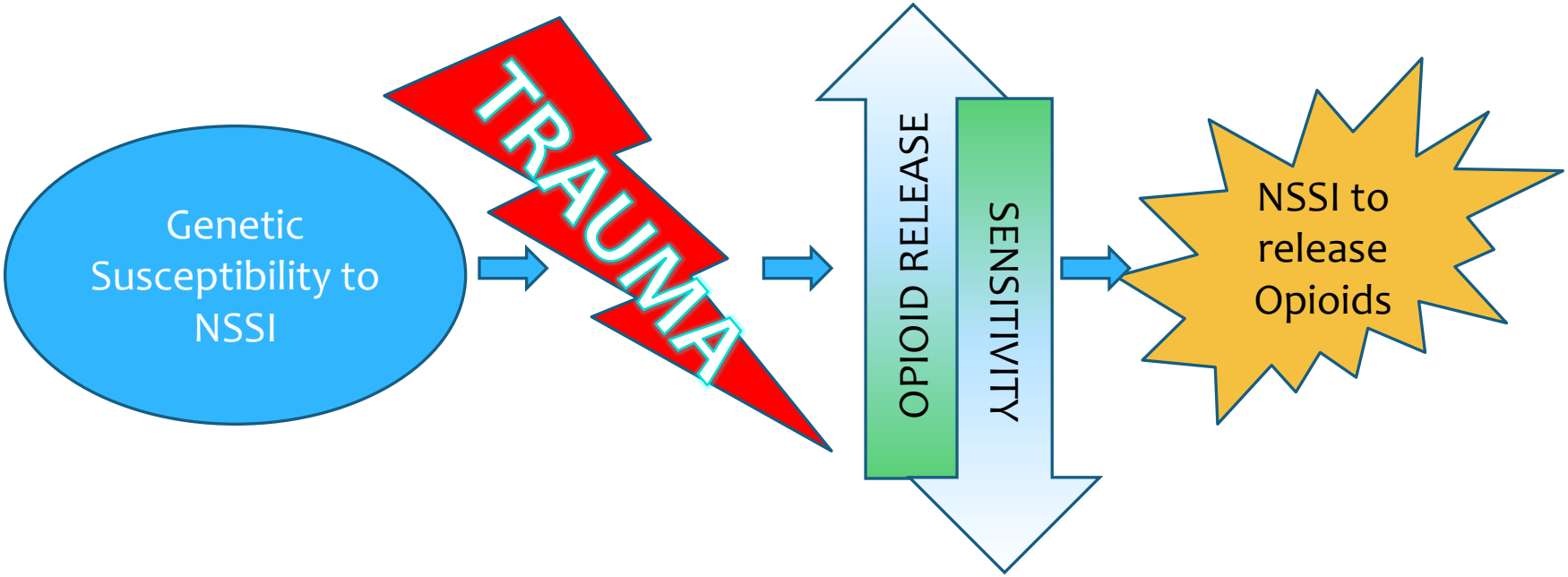
Endorphins

B-endorphin & met-enkephalin

Relief

The Science of Self-Injury

* Endorphins and NSSI



Sher, Leo and Stanley, Barbara H.(2008) 'The Role of Endogenous Opioids in the Pathophysiology of Self-Injurious and Suicidal Behavior', Archives of Suicide Research, 12: 4, 299 — 308

The Science of Self-Injury

* Those who have a *history of suicidality* ***and self harm*** have less endorphins in their spinal fluid than those who only have a history of suicidality.

Stanley, B., et al., Non-suicidal self-injurious behavior, endogenous opioids and monoamine neurotransmitters, J. Affect. Disord. (2009), doi:10.1016/j.jad.2009.10.028

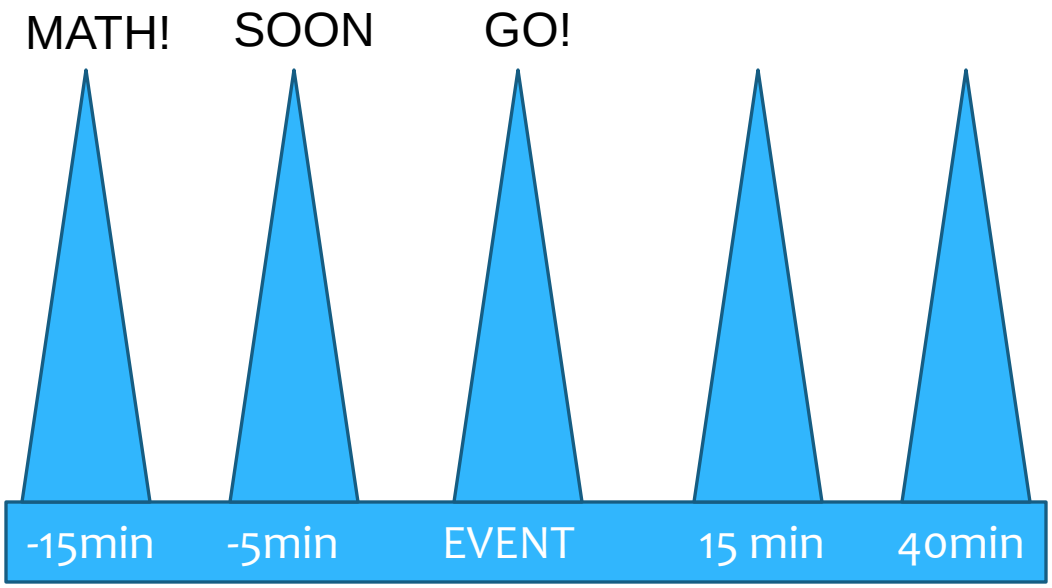
* People who self-injure **report greater euphoria** when given synthetic opioids than those who do not.

Sher, Leo and Stanley, Barbara H.(2008) 'The Role of Endogenous Opioids in the Pathophysiology of Self-Injurious and Suicidal Behavior', Archives of Suicide Research, 12: 4, 299 — 308

* Endorphins also trigger the **dopamine reward pathway**, suggesting a biological cause for "addictive patterns"

Sher, Leo and Stanley, Barbara H.(2008) 'The Role of Endogenous Opioids in the Pathophysiology of Self-Injurious and Suicidal Behavior', Archives of Suicide Research, 12: 4, 299 — 308

The Science of Self-Injury



Kaess, Michael, et al. "Alterations in the neuroendocrinological stress response to acute psychosocial stress in adolescents engaging in nonsuicidal self-injury." *Psychoneuroendocrinology* 37.1 (2012): 157-161.

The Science of Self-Injury

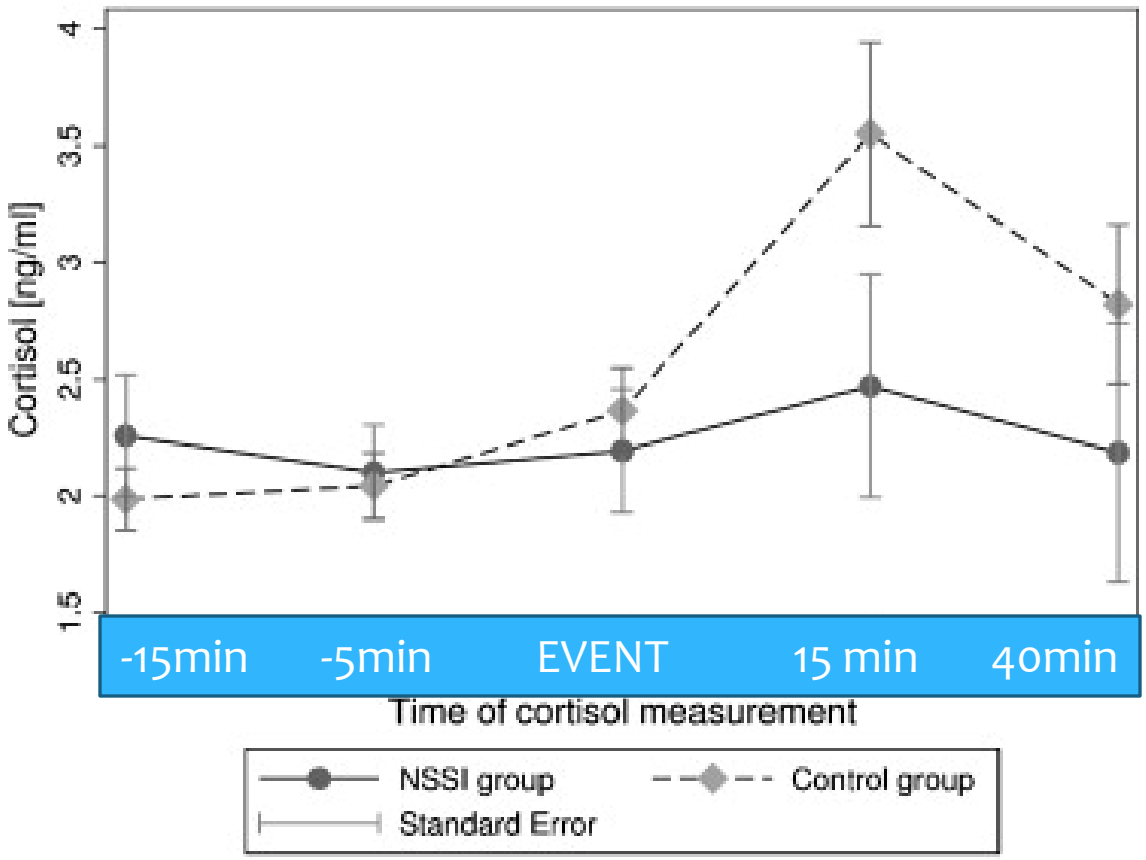
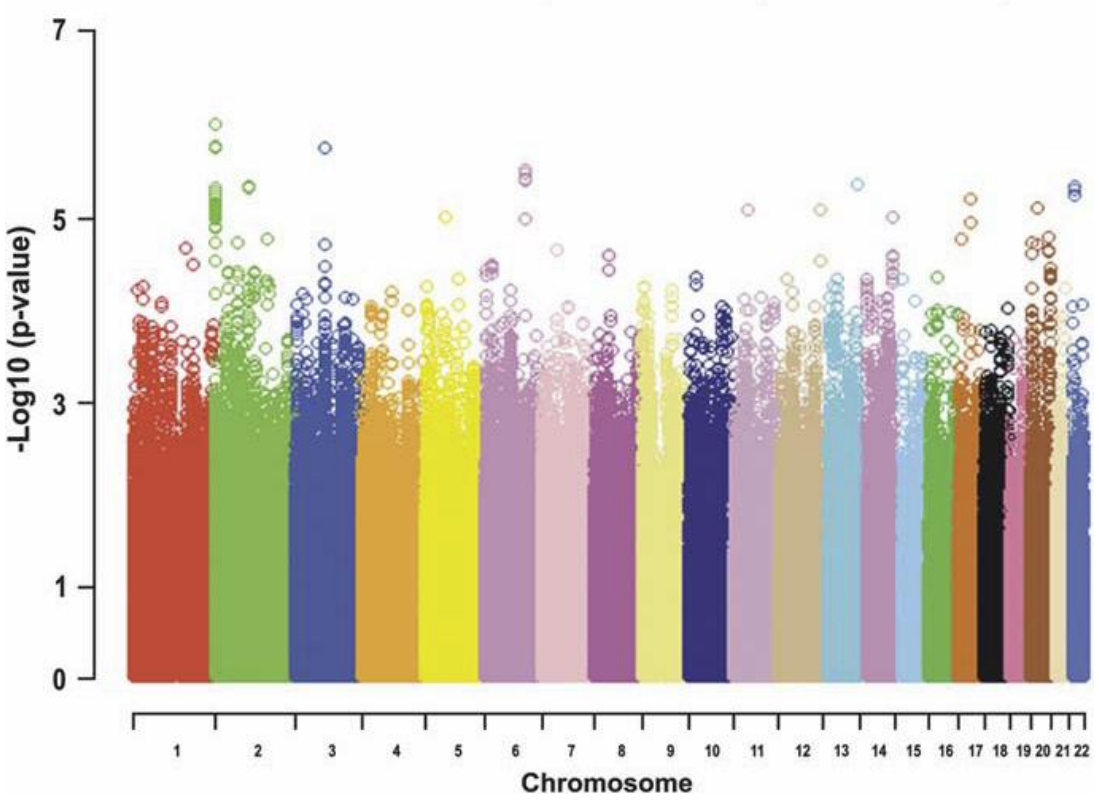


Figure 1. Mean salivary cortisol levels including their standard errors in the NSSI group (n = 14) and the healthy control group (n = 14) during the TSST. Times of cortisol measurement were 15 min before (T0) and again shortly before (T1) the TSST, as well as 0 (T2), 15 (T3), and 40 min (T4) after the stressor.

Kaess, Michael, et al. "Alterations in the neuroendocrinological stress response to acute psychosocial stress in adolescents engaging in nonsuicidal self-injury." *Psychoneuroendocrinology* 37.1 (2012): 157-161.

The Science of Self-Injury

* It gets messy…



Willour et al. Molecular Psychiatry advance online publication 22 March 2011; doi: 10.1038/mp.2011.4

Motivations Behind Self-Injurious Behaviour

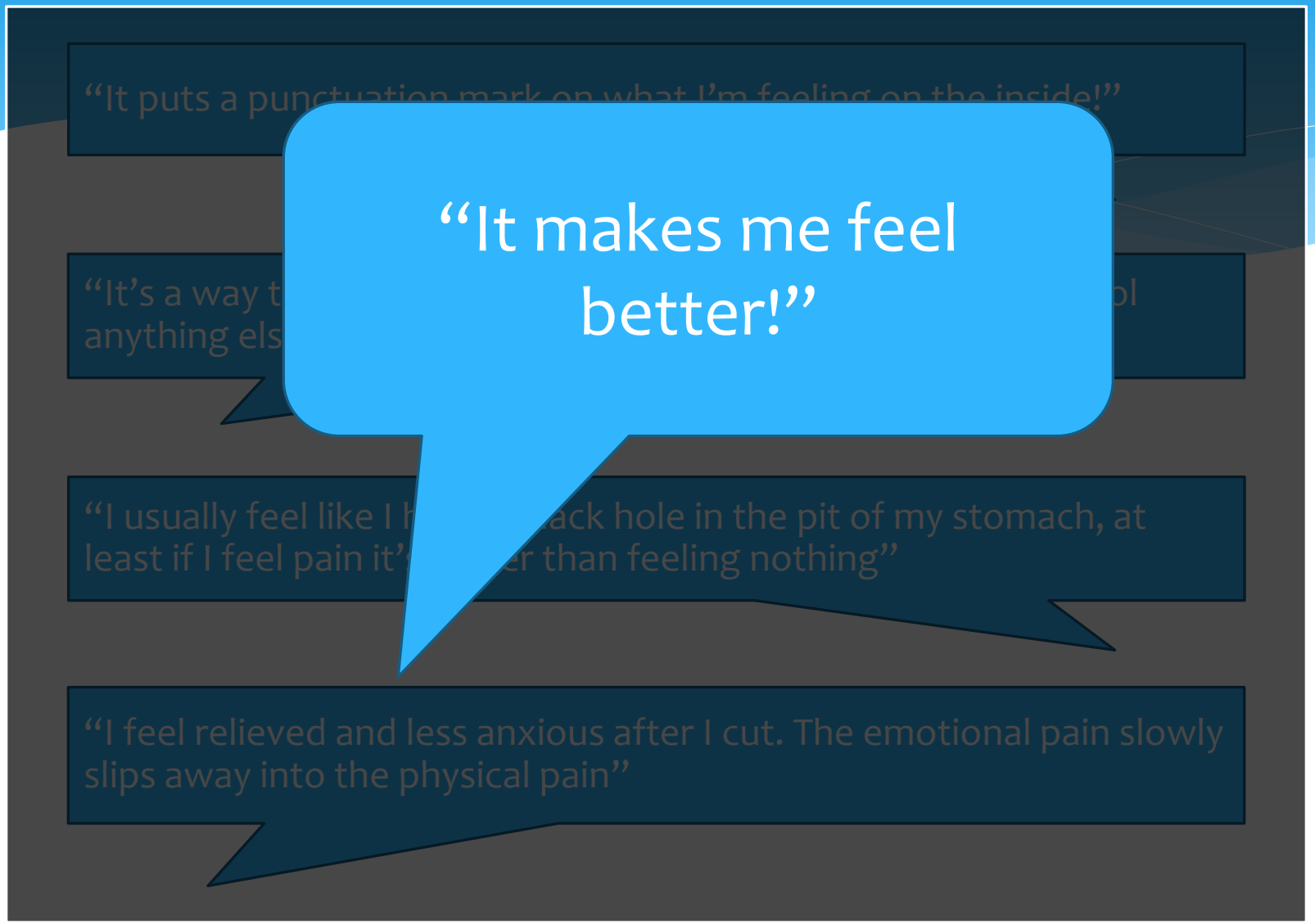
"It puts a punctuation mark on what I'm feeling on the inside!"

"It's a way to have control over my body because I can't control anything else in my life"

"I usually feel like I have a black hole in the pit of my stomach, at least if I feel pain it's better than feeling nothing"

"I feel relieved and less anxious after I cut. The emotional pain slowly slips away into the physical pain"

Motivations Behind Self-Injurious Behaviour



The Tyler Black Theory of Youth Self Injury © ® ™

Every youth wants to succeed.

Self Injury is the youth's best attempt at success.

We need to redefine success and help direct towards it.

NO CHILD WANTS TO BE A FAILURE!

The Case for Suicide and Self-Injury Screening Expansion

Youth Distress

The following questions and discussion items are based on the McCreary Centre AHS

* BC Study! (4th one done, 2008)
* 29,000 BC Students Grade 7-12
  * 50 of BC's 59 School districts.

Prevalence

"so much stress [they] could not function"

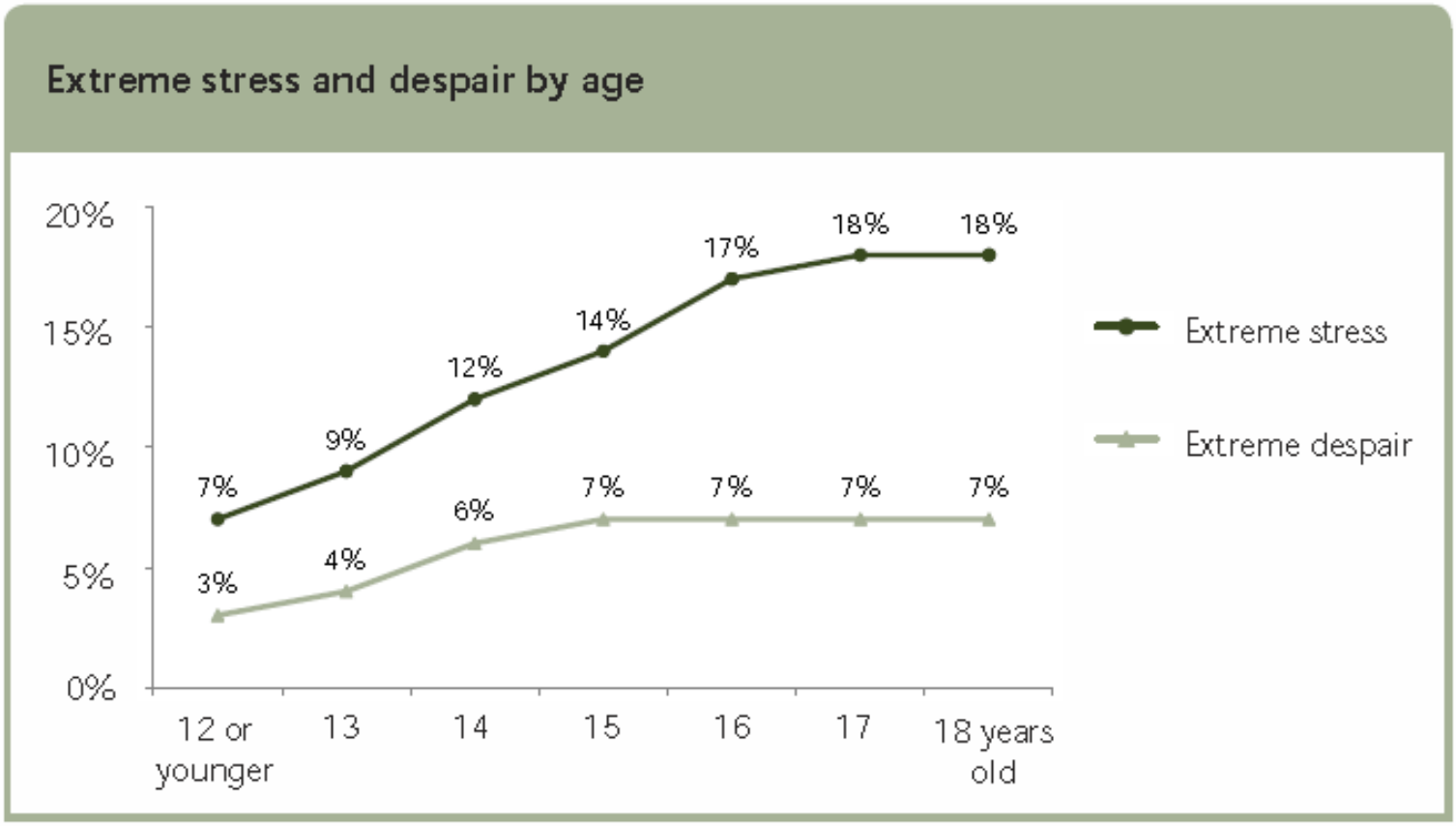
14% (1 in 7 adolescents)

"despair such that [they] wondered if anything was worthwhile"

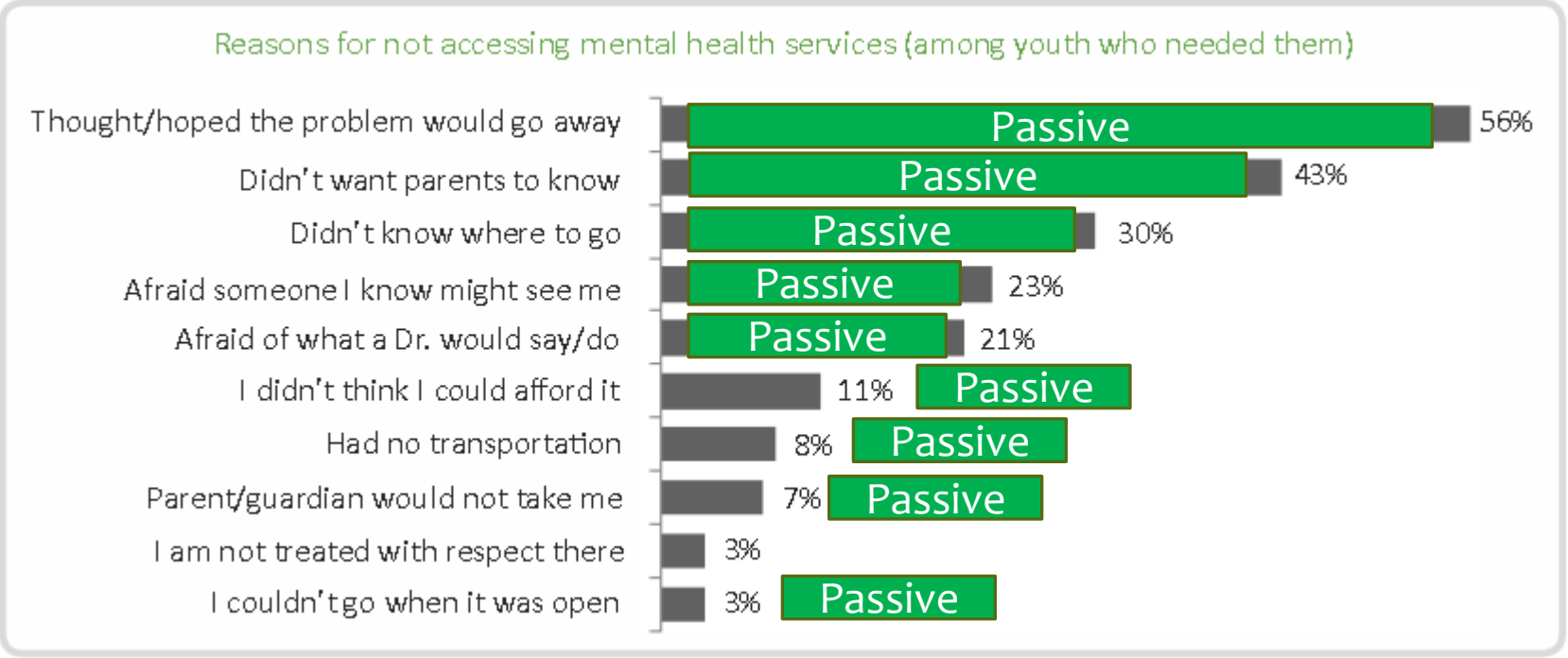
6% (1 in 17 adolescents)

Females 2x as likely to report the above

Prevalence


Extreme stress and despair by age
20%
15%
10%
5%
0%
7%
9%
12%
14%
17%
18%
18%
3%
4%
6%
7%
7%
7%
7%
12 or younger
13
14
15
16
17
18 years old
Extreme stress
Extreme despair

Why don't these children see us in Mental Health?



Screening for Suicide and Self Injury

Early Detection and Screening

Early Signs of Suicide

"IS PATH WARM"	
I	Ideation
S	Substance Abuse
P	Purposelessness
A	Anxiety
T	"Trapped"
H	Hopelessness
W	Withdrawal
A	Anger
R	Recklessness
M	Major Mood Change

Age-appropriate considerations

* Risk of completed suicide <10y is **very** low

  Therefore, asking about suicidal thinking should likely start after age 10

* Rate of **significant stress** <10y is ~3-5%
* Rate of **despair** <10y is 2-4%

  Therefore, it makes sense to consider asking about stress and feeling hopeless at any age!

Can I harm youth by asking about suicide?

* Studies tell us "no"
* The best study (n=2500) in 2005 showed:
  * No distress at the time of asking
  * No distress 3 days or 3 weeks after asking
  * **Children who were depressed or suicidal felt better after being asked this question even in a survey.**

Gould MS, M. F. (2005). Evaluating iatrogenic risk of youth suicide screening programs: a randomized controlled trial. *Journal of the American Medical Association*, 293:1635-1643.

Should we ask about suicide?

* Most studies tell us "yes"
* Screening vs. spontaneous report
  7x more likely to discover suicidal thinking or self injury
* Only **25% of completed suicides** occur in people who have recently accessed mental health services

We are missing the majority of truly at-risk kids!

AACAP. (2001). American Academy of Child and Adolescent Psychiatry Practice parameter for the assessment and treatment of children and adolescents with suicidal behavior. *J Am Acad Child Adolesc Psychiat*, 40:24S–51S.

How easy is it?

* It's normal to feel uncomfortable asking about mental health issues, **especially suicide and self injury**.
* In reality, anybody can do it.
* Many successful crisis programs use *youth volunteers* who are as young as 13!

Don't be intimidated.

How to do it?

* Check in with stress and distress
  * “How have things been going for you?”
  * “Anything stressing you out right now?”
* Check in with despair/hopelessness
  * “How do you think things are going?”
  * “What things are you looking forward to? “
  * “Anything you’re worried about?”

How to do it?

* Every now and then(*), check in with suicidal thinking:
  * Normalize: “Every now and then, people can have really low, sad thoughts.”
  * Support: “It’s important to reach out during these times to get help.”
  * Ask: “Have you had any really negative thoughts, like about death or dying?”

* This isn’t a script! The “normalize, support, ask” model is the important part

Treatment

THIS SPACE LEFT INTENTIONALLY BLANK

Assessment

* Engage in assessment with the youth regarding the functions of the self harm
* Common purposes of self harm (from Gratz & Chapman, 2009)
  * To feel better (e.g., distract from emotional pain, express an intense emotional experience, release negative feelings and tension
  * To make emotional pain clearer (e.g., have a visual image on their body)
  * To punish oneself
  * To end dissociation
  * To get a rush of adrenaline
  * To communicate feelings/needs to others

Assessment

* Learn about what the youth does when he or she self harms (what do they use, where do they damage their body and under what circumstances, when)
* Internet usage
* Chain analysis can be another useful strategy, both as an assessment tool and as an intervention strategy
* Problem solving is done during or after chain analysis during treatment
* Asking the teen to begin self monitoring of self harm urges

Psychoeducation

* Psychoeducation is important for the youth and for parents
* Model compassion, non-blaming, non-stigmatizing
* Teaching about the functions of self harm
* Teaching that the patient needs to learn new ways of coping

Motivational Enhancement

* Pros & Cons
* Teaching about how habit forming self harm can be
* Self harm doesn't solve problems (and can create new ones!)

Motivational Enhancement

Tolerating Distress	
Pros	Cons
Not Tolerating Distress	
Pros	Cons

Treatment Planning

* We do not want to engage in REINFORCING unintentional self-harming behaviour
* It is important to not focus on the *self-injury itself*, rather the distress, difficulties, emotions, or events that *led to the self-injury*.
* Self-Injury should not:
  * Terminate treatment of other conditions
  * Result in "expulsion" from any health, school, or social program
  * Activate a "crisis response system" with mega-attention

Resources

* www.sioutreach.org

* Psychoeducation, self help strategies