


Self-Injury: Once An Obscure Psychiatric Symptom, Now A Mainstream Problem




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ISSS Definition



Non-suicidal self-injury (NSSI) has been defined by the International Society for the Study of Self-Injury as the deliberate, self-inflicted destruction of body tissue without suicidal intent and for purposes not socially sanctioned (ISSS, 2007)


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DSM 5

- Non Suicidal Self –Injury Disorder (NSSID) has been added to the DSM-5 as a disorder of it's own: Section III of the DSM-5 includes non-suicidal self-injury and suicidal behavior disorder as "conditions for further study." In the DSM IV NSSI was classified as a symptom of Borderline Personality Disorder.
- Criteria for NSSI include:
 - five or more days of self inflicted harm over the course of one year without suicidal intent
 - the individual must have be motivated by seeking relief from a negative state, resolving an interpersonal difficult, or achieving a positive state.

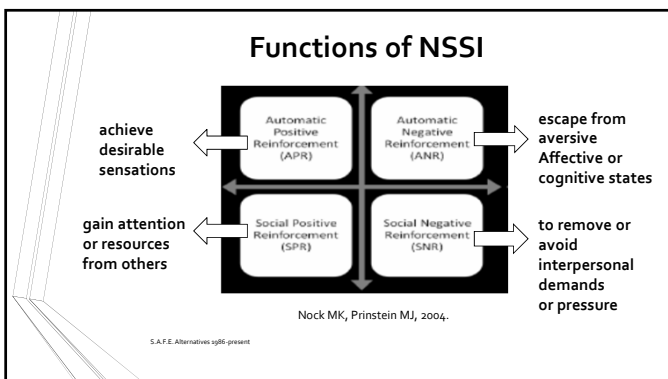
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Examples of NSSI



- Scratching/ Excoriation
- Cutting
- Burning
- Head banging
- Biting
- Interfering with wound healing
- Trichotillomania
- Facial picking/skinning
- Ingesting/ Injecting /Inserting sharp objects or toxic substances
- Breaking bones
- Amputation/ Blinding

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Function of NSSI

The main reason people self-injure as supported by numerous research studies is for:

EMOTIONAL REGULATION

Intrapersonal Function

In other words, to help themselves feel better emotionally
not for the attention of others (social function)

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Purpose of NSSI :Emotional Regulation

Palliative	<ul style="list-style-type: none"> • Calms Fears/Anxiety • Works Quickly
Analgesia/ Hyperalgesia	<ul style="list-style-type: none"> • Dissociation • Heightened Sensitivity to Pain
Survival	<ul style="list-style-type: none"> • Rockies • Self-Injury Scares Us

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Purpose of NSSI: Communication

Boundaries	<ul style="list-style-type: none"> • Where Do I begin and End? • Breaking Skin / Watch Heal
Bulletin Board	<ul style="list-style-type: none"> • Is NSSI related to Body Art? • "Spicing Up the Cover"
Belonging	<ul style="list-style-type: none"> • Desire to know if people care • Fear of rejection/ pushes away

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Increase in Body Art

- In 1936 Life magazine estimated that about 6% of the population had at least one tattoo.
- Harris Polls :
 - 16% in 2003
 - 14% in 2008
 - 21% in 2012

➤ 43% : Percentage of people with tattoos who think a tattoo with a personal meaning is the most important

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Purposes of NSSI: Religious Themes

Self-Sacrifice	<ul style="list-style-type: none"> • Martyrs
Overcoming One's Body	<ul style="list-style-type: none"> • Transcendence: Overcoming the limitations of physical existence.
Self-Punishment	<ul style="list-style-type: none"> • Atonement for one's sins

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Prevalence in Youth

Grade	Boys (%)	Girls (%)
7th	~8	~6
8th	~6	~2
9th	~5	~19

- A study of 665 youth ages 7-16 found that 8% reported engaging in NSSI: 9% of girls and 6.7% of boys
- Significant grade by gender interaction: girls in the 9th grade (19%) reported significantly greater rates of NSSI than 9th grade boys (5%)


Barrocas, Hankin, Young and Abela, July 2012

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Prevalence in College Students

A recent research study of 14,372 college students showed an overall lifetime prevalence of 15.3%. 18.9% for females and 10.9% for males. (Whitlock, 2011).

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New Zealand

Lifetime history of NSSI in the sample of students 16 and older (N=1162) was 48.7% (females 49.4%, males 48%). Consistent with previous international research, NSSI was associated with higher Alexithymia, depression, anxiety, bullying, impulsivity, substance abuse, abuse history and sexuality concerns as well as lower mindfulness, resilience and self-esteem.

- Garisch and Wilson. Child and Adolescent Psychiatry and Mental Health (2015) 9:28 DOI 10.1186/s13034-015-0055-6
- * Correspondence: Marc.Wilson@vuw.ac.nz School of Psychology, Victoria University of Wellington, P.O. Box 600 Kelburn Parade, Wellington, New Zealand

NSSI & Suicide

- A key reason for proposing a distinct disorder for NSSI was to distinguish the behavior from suicide attempts (i.e., self-harm with intent to die).
- Klonsky (Klonsky et al. 2013) believes that NSSI has a strong relationship with suicide attempts for two reasons:
 - NSSI correlates with variables, such as depression, known to increase risk for suicidal ideation; and
 - NSSI facilitates habituation to self-inflicted violence and pain, which in turn increases the capacity to attempt suicide.

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NSSI and SUICIDE

Self-injurers are nine times more likely to report suicide attempts than non self-injurers. (Whitlock et al, 2011)

Any history of NSSI prior to Suicidal Thoughts/Behaviors (STB) nearly triples the risk for concurrent or later STB and shows a dose-response relationship (Whitlock et al., 2012), consistent with the habituation hypothesis; that is, that practicing NSSI leads to reduced inhibition to suicide action (Joiner, 2006).


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NSSI as a Gateway to Suicide

NSSI → GATEWAY → SUICIDE

Whitlock's longitudinal study (3 years) of 1,466 students at 5 colleges on the relationship between NSSI and suicide found that NSSI preceded or co-occurred with suicide in 61.6% of cases. (Whitlock, 2012)

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NSSI and Suicide

- ❖ Self-injurers can kill themselves accidentally. This is the number one reason given for motivation to attend the S.A.F.E. program
- ❖ Self-injurers can become hopeless when their coping strategy fails to work or their stressor is perceived to be too large. They can then choose suicide as an option.

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NSSI and Suicide

Overall:

- 70% of adolescents engaging in NSSI reported a lifetime suicide attempt
- 55% reported multiple attempts.


Characteristics of NSSI associated with making suicide attempts included

- a longer history of NSSI,
- use of a greater number of methods, and
- absence of physical pain during NSSI.

(Nock, et al. 2006 Psychiatry Research vol. 144, Issue1)

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Risk for Suicide



Research suggests that those at risk for concurrent or later STB have a higher lifetime NSSI frequency and feel less socially connected to critical supports (such as parents). (Whitlock, 2012)

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Correlates to Suicide

NSSI is a stronger predictor of Suicide than traditional risk factors

- Borderline Personality Disorder
- Depression
- Anxiety
- Impulsivity
- And preliminary research on military indicates that it might even be stronger than a past suicide attempt.

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Differentiating NSSI from a Suicide Attempt

What do they tell you about their intent?


Where did they injure?


Did they use their usual method of injury?


It's important to note that 98.6% of people who die by suicide use methods other than cutting. (Guns, hanging, overdose, jumping etc.) (Statistics from the CDC as reported in Walsh 2006)

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ETIOLOGY

 CULTURAL


 FAMILIAL

 BIOLOGICAL

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Collapse of The Extended Family


- Divorce
- Working Mothers
- Babysitters
- Latch key
- Dinner Time?
- Loss of Rights of Passage
- Loss of Mentoring

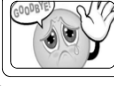


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Disenfranchised Society



 Changing Business Environment

 Transient Lives

 Loss of Long Term Relationships



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Emphasis on Quick Fix

- NOW** Need for Immediate gratification
-  Belief that everything should be fast, easy and painless
-  Cell Phones/ instant messaging

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The "A-Holic" Society

-  Dysfunctional has become chic
-  Victim mentality

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Body Focused Culture

- Women in particular are bombarded with messages about the "perfect body"
- Most (Caucasian) women are dissatisfied with their body



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NSSI and Eating Disorders

The prevalence of NSSI in eating disorder (ED) patients ranged from 17% in restrictive anorexia nervosa to 43% in patients with bulimia nervosa and 19% in healthy controls (HC). ED patients from the bulimia nervosa type showed significantly more NSSI compared to restrictive ED and HC participants, this is likely because research has shown the bulimia type to be more impulsive.

Claes L., et al. (2015) The Relationship between Non-Suicidal Self-Injury and the UPPS-P Impulsivity Facets in Eating Disorders and Healthy Controls. PLoS ONE 10(5): e0126083. <https://doi.org/10.1371/journal.pone.0126083>

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Relationship Between NSSI & Eating Disorders

- CONTROL:** Both master what others can't
 - Tough enough to handle pain...or conquer hunger*
- PROTECTION:** Both interfere with social activities
- REMED:** Both get rid of perceived toxins (e.g. food, blood)


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Individualized Activities


VIDEO GAMES 

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Individualized Activities



HEADPHONES



Kids are exposed to everything
20% of teens responding to a recent survey (National Campaign to prevent teen unplanned pregnancy) said they have sent or posted nude pictures of themselves.

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NSSI & Internet Danger

Self-Injury Sites, Chat Rooms, Blogs

- Sexual Predators
- Cyberbullying

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Relationship between Bullying and NSSI


Children who are bullied are 3x more likely to self-injure by the time they are 12 yrs. old

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Bullying and NSSI

A study of 399 Canadian adolescents grades 8-10 indicated that involvement in cyber bullying, as either a victim or a bully, uniquely contributed to the prediction of both depressive symptomatology and suicidal ideation, over and above the contribution of involvement in traditional forms of bullying (physical, verbal, relational).

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Stress, Health and Connectivity

(American Psychological Association Report 2015)

- While the connection between stress and health is clear, both appear to be affected by the social and emotional support we perceive in our lives.
- Survey findings show that Americans who say they have emotional support — specifically, that they have someone they can ask for emotional support if they need it, such as family and friends — report lower stress levels and better related outcomes than those without emotional support.

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Stress, Health and Connectivity

(American Psychological Association Report 2015)

- However, finding that support when you need it can be difficult: One in five Americans (21 percent) say they have no one to rely on for emotional support. A similar percentage of Americans (18 percent) say money is a taboo subject in their family and more than one-third (36 percent) say that talking about money makes them uncomfortable.

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According to an American Psychological Assoc. Report (2015)

- Millennials and Gen Xers report higher levels of stress about money compared to Americans overall (Millennials: 5.4 on a 10-point scale; Gen Xers: 5.5; all adults: 4.7).

NSSI and Secrecy

Dr. Whitlock's at study of 14,000 college students found that almost a quarter of those who reported that they had self-injured had told no one. And only 16.9% of self-injurers who had attended therapy reported disclosing their NSSI to a health professional.

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Direct Communication

- What would one expect to happen when internal experiences build but they are unable to identify and communicate what they are feeling to others, to feel connected and understood?
- Perhaps they discharge through action, using their bodies, their "bulletin boards" to "spice up the cover" so that someone might take the time to read the book That is to listen , understand and help.

Sexual Abuse

- My experience: Approximately 95% of the men and women who come to our program state that they have been sexually abused. However, we treat the most severe cases of NSSI
- A Meta-Analysis (Klonsky and Moyer) of 43 studies found the relationship between childhood sexual abuse and self-injurious behavior is relatively small. "It appears that the two are modestly related because they are correlated with the same psychiatric risk factors."

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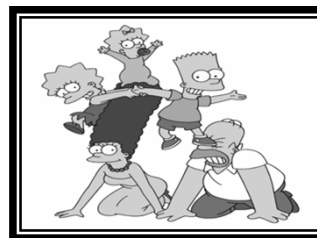
Risk Factors

- LGBTQ
- LEARNING DISABILITIES
- BULLYING
- HISTORY OF ABUSE
- ADOPTION
- WEIGHT / PHYSICAL ISSUES
- ANY PERCEPTION OF BEING DIFFERENT

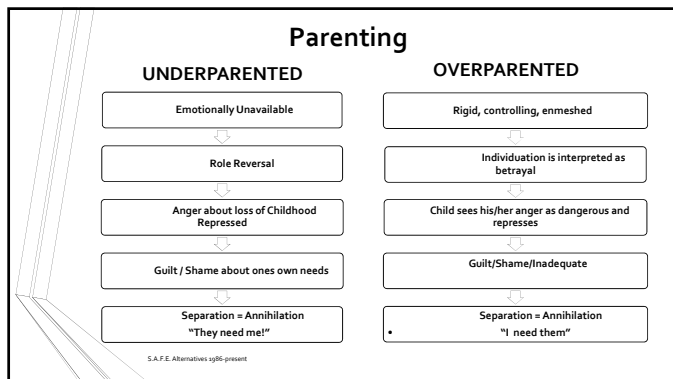
- Interpreted an Inadequate

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FAMILIAL



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Biological Fragility

Intrauterine Environment

- Maternal Stress/ Illness/ Substance Abuse....

Post Partum/ Attachment Issues/ Childhood Stress

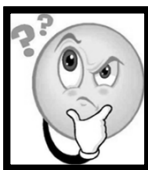
- Maternal Post Partum Depression/ Traumatic Event

Temperament

- Nature vs Nurture

The Neurobiology of Non-suicidal Self-injury (NSSI): A review
RC. Groschwitz, P. Plener (2012)

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Now that you know what self-injury is and why people engage in it

What Do You Do About It???

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Must Maintain Empathy



How Can Non Self-Injurers Understand and Maintain Empathy?




What's Your Worst Fear?



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How To Intervene With Clients Who Don't Think NSSI is a Problem



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Denial :


How can people think this isn't a problem?

As the behavior becomes more common, it's not difficult for kids to find like minded peers, thus reinforcing that "everyone's doing it"

- Whitlock study

Many teens who self-injure believe it to be a valid coping strategy and that they need it to survive

- Dog Analogy



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Challenge Irrational Thoughts

The following are justifications youth use for maintaining self-injurious behaviors:

• (from Bodily Harm: The Breakthrough Healing Program For Self-Injurers, 1998)

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"Self-Injury Doesn't Hurt Anyone"



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"It's my body and I can do what I want with it"



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igiverse.com

"I don't understand why it upsets others"



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"No one knows that I injure anyway"



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"It's not my fault it just happens"



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"I'd rather hurt myself than someone else"



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"The scars remind me of the battle"



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"It keeps people away"



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"Negative attention is better than none"



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"It's the best way for others to see my pain"



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"It's the only way to know if people care about me"



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"I'm stronger than others, I can tolerate the pain"



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"It's the only way to get rid of uncomfortable feelings"



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"Giving up self-injury will only make me hurt more"
(Cancer Analogy)

FEAR
is nothing but the anticipation of pain.
Whether it's...
physical, mental,
spiritual or emotional.

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"I need to be punished, I'm bad"



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I need to be punished, I'm bad

Challenge the idea that punishment brings about positive change: How would you teach your own children?



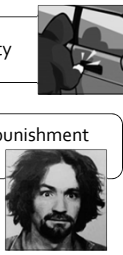
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"I need to be punished, I'm bad"

Challenge omnipotence of responsibility


- Car

Our society doesn't condone corporal punishment even for our most violent criminals




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"If I don't injure, I'll end up killing myself"



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S.A.F.E. Philosophy

Begins with the assumption that, although temporarily helpful, self-injurious behavior is ultimately a dangerous and futile coping strategy which interferes with intimacy, productivity, and happiness.

There is no "safe" or "healthy" amount of self-injury

Self-injury can be transformed from a seemingly uncontrollable compulsion to a choice.

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NSSI and Addiction

- At S.A.F.E. we have always considered NSSI "addictive like" but not an actual addiction. There is some evidence for this belief.
- Craving is not as high for NSSI as it is for substances. (Victor et al., 2012)
- NSSI is maintained almost totally by negative reinforcement which is more consistent with an emotion regulation rather than an addiction model of NSSI (Victor et al. 2012).

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Goals for Intervention



Treatment without **goals** is like shooting in the dark... you just hope you hit your target.

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Goals of Treatment

- To get through defenses to core affect.
- To help clients identify and communicate experiences to others verbally, in an age appropriate manner.
- To challenge irrational thoughts

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Goals of Treatment

- To learn to differentiate thoughts, feelings & behaviors
- To increase the "window of opportunity" between an impulse (thought) and an action (behavior).
- To experience a feeling (e.g., anger) without an action (e.g., violence)

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Goals of Treatment

- To Face fears directly rather than running from/medicating with self-injury
- Mourn the loss of the idealized childhood
 - See parents in a more realistic light


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Why Kids Blame Themselves

- Narcissism**
 - All kids believe that everything that happens in the home is their fault
- Control**
 - If it's their fault they can change and then their parents will love them
- Safety**
 - It's too dangerous to believe that parents might not be capable of taking care of them

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S.A.F.E. TOOLBOX




INTERVENTION STRATEGIES AND GUIDELINES

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Therapeutic Milieu

Stability and empathy are among the most important ingredients for success in decreasing self-injury within a confined setting (e.g. school, hospital, prison).




- ↑ Unstable, Unpredictable or Invalidating environments
- ↑ Anxiety and Frustration, which in turn, can serve to
- ↑ Self Injurious Impulses and Behaviors

EVERYONE in the system is responsible for providing a caring environment.

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Interaction With Clients Should Be:



Neutral : Non-judgmental or punitive.	Validating: Accept client's feelings	Open: Display a willingness to listen
Calm: Be a role model	Consistent: Follow Through	Confidential: Respect client's privacy
		Safe: Boundaries, Non-threatening

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No Harm Contract

- Supports our belief in our clients strength.
- Sends a message to think *before* acting.
- We won't collude with escape through self-medication.
- Contagion
- D/JC confirms that NSSI brings about loss.
- Same policy as most drug and ETOH programs.

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Five Alternatives



Not really alternatives...Rather, temporary distraction to increase "window of opportunity" between impulse and action



Alternatives to be chosen by client

- Should be soothing
- Should be accessible in current environment

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Impulse Control Logs

- Helps dispel the belief that impulses come from nowhere.
- Helps structure the problem solving process during periods of emotional distress.
- Helps clients become more aware of impulses and to make connections between thought, feelings and behaviors.

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Impulse Control Log® – Side 1

ACTING OUT/SELF INJURY THOUGHTS: (e.g., cutting, running away)	TIME AND DATE: (e.g., 9:00pm 2/15/13)	LOCATION: (bedroom, bathroom, etc.)	SITUATION: (e.g., I was by myself, thinking about getting better.)	FEELING: (e.g., scared)	WHAT WOULD BE THE RESULT OF SELF-INJURY? (e.g., more scars, loss of trust of family and friends)

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Impulse Control Log® - Side 2

WHAT WOULD I BE TRYING TO COMMUNICATE WITH MY SELF-INJURY? (e.g., I'm scared and I need attention.)	ACTION TAKEN: How were thoughts /feelings communicated or coped with? (e.g., I used my five alternatives and confronted my distorted thoughts.)	OUTCOME: (e.g., I noticed a decrease in my desire to act out.)

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Negative Thinking Log®

Used to challenge cognitive distortions



Example:

Question/Statement: *Why do I think of myself as "bad" or "stupid" or "need to be punished", etc.*

Belief: *I think I am bad because I caused my parents to divorce.*

Challenge: *Maybe my parents just could not get along and their divorce had nothing to do with me.*


Question/Statement:

Belief: _____

Challenge: _____

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Confrontation Log®




Learning to Confront Effectively: What is a confrontation?
 A confrontation is the act of stating one's opinion, thoughts and/or feelings in order to bring about change.
 Example 1: *Telling another person that you experienced their behavior or comment as hurtful/abusive.*

- Who am I confronting and why?
- What do I hope to accomplish by confronting this person(s)?
- Plan to confront this person(s) and when?
- Negative thoughts about myself?
- What questions or challenges do I need to ask of myself?

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Dilemma Log®




What is a dilemma?
 A dilemma is an undesirable or unpleasant problem.
 Example: *A friend just told you something that could cause harm and asked you to not tell anyone.*

- What is my dilemma?
- Have I shared this dilemma with someone? Yes ___ No ___
 If yes, with whom and why?
- What are potential solutions to this dilemma?
- What are my fears surrounding potential solutions?
- How have I decided to handle this dilemma?
- What do I see as potential the outcome(s) for my plan?

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Productive Risk Taking Log®



Productive risk taking is engaging in a behavior which is out of one's comfort zone.
 Example(s): *Volunteering, joining cause, going to a social event alone*

- Describe the risk.
- What is my fear(s) about this risk?
- How I plan to take this risk and when?
- What do I hope to accomplish by taking this risk?

OUTCOME:

- Describe how the risk turned out.
- What did I learned about myself by taking this risk?

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Keeping Myself Safe: A promise to be discussed and signed in front of someone you trust

Here are 5 things I can do if I have impulses to hurt myself:

Here are three people I can call for support if I have impulses to hurt myself

Instead of hurting myself, I can nurture myself by:

Your safety is our main concern. We want to be certain that you are feeling safe. If you have thoughts of hurting yourself or someone else, please:

1. Call the teen hotline at 877-332-7333
2. Call 911
3. Go to your nearest emergency room

I understand that I need to contact 911 or go to the nearest emergency room if I want to hurt myself or someone

Signed _____ Witness _____

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NSSI Assignment

(Post choice to Act Impulsively)

(Please use another piece of paper to answer these questions.)

What precipitated the behavior?

What was the feeling?


Why did you choose destructive behavior?

What could you have done differently?

What will you do differently in the future?

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Writing Assignments



- Help organize thoughts on issues which often underlie self-injury.
- Develop self-awareness and identifies feelings that surround these issues.
- Clients often state that writing makes things more "real".

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Writing Assignments

- Autobiography
- How do I see myself?
- The female (male) most important to me.
- The emotions surrounding self-injury
- The anger inside of me.

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Writing Assignments

- What I can't stand about the people in my life?
- Compensation for life's injuries.
- Nurturing Myself
- A time I was comfortable in someone else's presence
- The person I want to be

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Writing Assignment

- How I feel about being a woman (man).
- Saying good-bye to self-injury.
- What I have learned about myself through these assignments
- Future plans

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Journals

CAUTION: Not to be utilized in a primitive, unchecked fashion

Better used as a tool to understand the intensity of the client's reaction

- (past patters, transferences, etc.)

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Group Rules

- No explicit descriptions of self-injury.
- 'Last night I cut myself'*
- Speak in "I" statements
- Use respectful language
- Provide time to wind down

- 5-10 minute warning

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Common Practices Which Should Be Reconsidered

The following replacement behaviors are widely recommended to self-injuring youth, but we at S.A.F.E. ALTERNATIVES® have always had grave concerns about both their effectiveness and safety

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Not Recommended: Harm Reduction Techniques

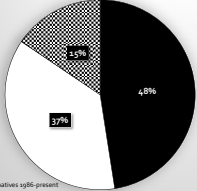
- SNAPPING RUBBER BANDS
- PUTTING HANDS IN ICE H₂O
- DRAWING ON BODY WITH RED MAGIC MARKER
- BREAKING AN EGG OVER THE SKIN TO SIMULATE BLOOD



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Poll on Replacement Behaviors

If you answered yes to using substitute behaviors, how did it affect your impulse to injure? (n=424)



Response	Percentage
Increased Impulse	45%
No Change in Impulse	57%
Decreased Impulse	5%

S.A.F.E. Alternatives 1986-present
www.selfinjury.com as of 9/2/10

Not Recommended

- PUNCHING PILLOWS
- USING BATAKAS
- THROWING SOFT OBJECTS

↑ Aggression

S.A.F.E. Alternatives 1986-present

Don'ts	Do's
Engage in power struggles	Help client see consequences of his/her choices
Address affectively laden issues before the relationship is solidified and client has tools to manage affective storms	Help client learn to accept and tolerate uncomfortable feelings
Focus on the showing of scars	Help client understand what s/he would be communicating through her scars.
Try to "rescue" client or make promises you can't keep.	Allow clients to mourn losses

S.A.F.E. Alternatives 1986-present

Transference and Projective Identification

You know the difference between you and what the client is eliciting in you

Use counter-transference and projective identification to maintain an empathic stance

Be aware of all the different roles / reenactments that take place in the relationship

- Both yours and the client's

S.A.F.E. Alternatives 1986-present

DON'T	DO
Minimize the behavior	Take NSSI seriously. It is always a "clue" that the youth is struggling emotionally.

S.A.F.E. Alternatives 1986-present