

Project ECHO

Emotion Regulation and Self-Harming Behaviors in Children and Adolescents

Billings Clinic

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A QUICK REVIEW

- Most common MH diagnoses in youth?
 - Based on lifetime prevalence up to age 18yrs:
 - Anxiety disorders (~30%)
 - Behavioral disorders (~20%)
 - Mood disorders (~15%)
 - Substance use disorders (~10%)

GETTING ON THE SAME PAGE

- Self-harm is a public health problem.
 - 1-year prevalence rate is 24%
 - Common language is critical
 - Assessment
 - Treatment
 - Research
- Are we all talking about the same thing?

GETTING ON THE SAME PAGE

- Suicide attempt (SA) vs. non-suicidal self-injury (NSSI)
 - Different (purpose)
 - Same (risk continuum)
- NSSI only listed under BPD in DSM IV
 - Not all NSSI means BPD!

GETTING ON THE SAME PAGE

- **NSSI and the DSM 5: Proposed Criteria.**
 - **Criterion A: Intentional, self-inflicted damage to surface of body, likely to induce bleeding, bruising or pain**
 - eg. cutting, burning, stabbing, hitting, excessive rubbing
 - Expectation that injury will lead to only minor or moderate physical harm, no suicidal intent

GETTING ON THE SAME PAGE

- NSSI and the DSM 5: Proposed Criteria.
 - Criterion B: Self-injurious behavior with one or more of following expectations
 - Obtain relief from negative feeling
 - Resolve interpersonal problem
 - Induce a positive feeling state

GETTING ON THE SAME PAGE

- **NSSI and the DSM 5: Proposed Criteria.**
 - **Criterion C: Intentional self-injury associated with at least one of the following**
 - Interpersonal difficulties, negative feelings or thoughts (eg. depression, anxiety, anger, tension, distress, self-criticism)
 - Before the act, preoccupation with the intended behavior
 - Frequently thinking about the behavior

GETTING ON THE SAME PAGE

- NSSI and the DSM 5: Proposed Criteria.
 - Criterion D: Behavior is not socially sanctioned and not restricted to picking a scab or nail-biting
 - Criterion E: Behavior associated with clinically significant distress, interfering in interpersonal, academic or other areas of functioning

GETTING ON THE SAME PAGE

- NSSI and the DSM 5: Proposed Criteria.
 - Criterion F: Does not occur exclusively during psychotic episodes, delirium, substance intoxication or withdrawal. Not part of repetitive stereotypies in neurodevelopmental disorders. Not better explained by other disorder (medical or psychiatric).

WHAT DRIVES NSSI?

- Relieve intense, distressing affect.
 - eg. sadness, guilt, flashbacks, depersonalization
 - Sharp physical pain distracts from unbearable feelings
 - This represents the most common reason.

WHAT DRIVES NSSI?

- Self-punishment.
 - Youth feels it was ‘deserved’
- Interpersonal.
 - Concrete, non-verbal signal to others
 - Try to influence others’ behaviors via guilt
 - Fit in with peers who also engage in NSSI

CONSEQUENCES

- It works in the short-term: relief from distress.
- NSSI is a problem in the long-term.
 - Complex feelings of guilt and shame
 - Teasing from peers
 - Shock and over-protection from parents
 - Infection and scarring

NSSI CORRELATES AND RISK

- What diagnoses are associated with NSSI?
- How is NSSI related to suicide risk?

NSSI CORRELATES AND RISK

- 2006 paper based on 89 adolescents 12-17yrs, psych inpatient, NSSI in prior 12 mos

NSSI CORRELATES AND RISK

- 88% met criteria for at least 1 DSM-IV diagnosis (mean = 3 diagnoses).
 - 63% ANY externalizing d/o (CD or ODD)
 - 52% ANY internalizing d/o (MDD, PTSD, GAD)
 - 60% ANY substance-use disorder (39% nicotine dependence, 30% cannabis)
 - 67% ANY personality disorder (52% BPD, 31% avoidant, 21% paranoid)

NSSI CORRELATES AND RISK

- NSSI and suicide risk.
 - 70% reported 1+ past suicide attempts
 - 55% reported 2+ past suicide attempts
 - On average, 2.8 past suicide attempts
- NSSI and gender.
 - no significant difference in chronicity or number of NSSI events

ABUSE, NEGLECT, SELF-CRITICISM

- 2008 paper based on 86 adolescents, 12-19yo.
 - Relationship between abuse/neglect and NSSI
 - Explore self-criticism as a mediator between abuse/neglect and NSSI

ABUSE, NEGLECT, SELF-CRITICISM

- Emotional abuse and sexual abuse were correlated with NSSI ($p < 0.01$).
- Physical neglect was also associated with NSSI ($p < 0.05$).



ABUSE, NEGLECT, SELF-CRITICISM

ACEs !!!

ABUSE, NEGLECT, SELF-CRITICISM

- Self-critical cognitive style emerged as a mediator, a mechanism through which early abuse is associated with subsequent NSSI.
- Abuse during formative years could result in tendency to INTERNALIZE critical thinking toward self.

THANKS. NOW WHAT?

- Assess suicide risk.
 - Past attempts? How many? Most serious? Relieved to be alive? Why not now?
 - Future-oriented? Hopelessness? Trapped?
 - Intensity of SI? What would drive it higher?
 - Level of distress?
 - Quality of sleep?
 - Use of drugs or alcohol?

THANKS. NOW WHAT?

- Identify and address modifiable risk factors.
 - Sleep
 - Co-morbid psychiatric signs and symptoms
 - Ongoing psycho-social stressors
 - Home
 - School

THANKS. NOW WHAT?

- Address school-based stressors:
 - Academic failure
 - Bullying
 - ADHD or learning disability

THANKS. NOW WHAT?

- Therapeutic approaches
 - Mentalizing
 - CBT
 - Motivational Interviewing