NEW YORK SCHOOL-BASED HEALTH FOUNDATION

Addressing the Self-Harm Cycle with Adolescent Clients

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Today's Speaker

Scott Bloom

- 33 years in the mental health field working with children and families.
- Created opportunities for children and youth to overcome emotional and behavioral barriers to academic achievement, multiple community agencies.
- Founding Director of School Mental Health Services for the New York City Department of Education for the last 15 years
- Serves on advisory boards for cities, state, and national mental health initiatives around the country.

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Program Overview

- A 2-year program funded by the New York Community Trust and The New York State Health Foundation, serving 10 Sponsoring Organizations (SOs) each year.
  - Grant year runs for entire calendar year, e.g., January – December 2023

- Goal: To enhance the capacity of the New York State's School-Based Health Centers (SBHCs) to respond to the increase in students' behavioral health needs resulting from the COVID-19 pandemic.

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AGENDA

- Welcome & Introduction
- Statistics
- Self-harm
- Warning Signs
- The Continuum of Self-Harm
- Interventions & Strategies
- Levels of Risk
- Supports & Resources
- Wrap Up

https://www.helpguide.org/articles/suicide-prevention/suicide-prevention.htm

Self-Harm Terms

- Self Inflicted Violence
  - Cutting
    - Self Injury
      - Self Mutilation

Epidemiology

1988

- < 1% of the general population (Walsh & Rosen)

1998

- 4% of the general population
- 21% of clinical population (Briere & Gil)

2007

- 10-28% of adolescents in the community in past year (Lloyd-Richardson et al.)
- 40-80% of adolescent psychiatric inpatients (Nock & Prinstein, 2004)

2012

- **18% of adolescents lifetime** (Muehlenkamp et al.)

2014

- 17.2% of adolescents, **13.4% young adults**, **5.5% adults lifetime** (Swannell et al.)

2018

- 22.9% of adolescents lifetime internationally (Gillies et al.)
- 17.6% of high school adolescents in past year (Monto et al.)

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- About 17% of all people will self-harm during their lifetime
- The average age of the first incident of self-harm is 13 years old
- 45% of people use cutting as their method of self-injury
- About 50% of people seek help for their self-harm but only from friends instead of professionals

https://www.therecoveryvillage.com/mental-health/self-harm/self-harm-statistics/

The Percentage of High School Students Who:*	2011 Total	2013 Total	2015 Total	2017 Total	2019 Total	2021 Total	Trend
Experienced persistent feelings of sadness or hopelessness	28	30	30	31	37	42	
Experienced poor mental health†	—	—	—	—	—	29	—
Seriously considered attempting suicide	16	17	18	17	19	22	
Made a suicide plan	13	14	15	14	16	18	
Attempted suicide	8	8	9	7	9	10	
Were injured in a suicide attempt that had to be treated by a doctor or nurse	2	3	3	2	3	3	

www.cdc.gov/yrbs.

What is Self-Harm?

- Self injury is **the intentional harm of one's own body without conscious suicidal intent.** (Aldeman, 1998, Favazza, 1998, van der Kolk, et al., 1991)

- *Since we cannot answer the question definitively of what counts as 'deliberate' we define self harm as '**what happens when someone hurts or harms themselves***

- Though self-harm is not a mental health disorder, it is a common **symptom** of many psychological conditions.

What Self Harm is NOT

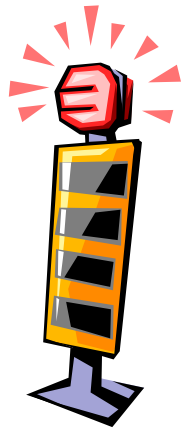
- It is not a suicide attempt
  (attempting to feel better, not escape all feelings)
- It is not usually attention seeking
- It is not a danger signal to others

SH Behaviors

- Cutting
- Scratching
- Abrading
- Burning
- Some forms of hair pulling
- Biting
- Inserting foreign objects into the body
- Interference with wound healing
- Ingesting toxins

Warning Signs

- Unexplained frequent cuts or burns
- Wearing long sleeves or pants in warm weather
- Avoiding swimming pools or the beach
- Wearing thick bracelets to cover wrists
- Having sharp objects in purse, book bag, or bedroom
- Difficulty expressing feelings
- Withdrawal from close relationships



Teens who self-harm explain they self-harm because…

- ***…..it's a way of dealing with***

unbearable feelings or unbearable stress

- ***…..it's a way of carrying on living***

- ***….. people can come to depend on self-harm as a coping strategy***

Why Do Youth Self-Harm?

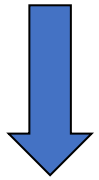
- Punish them
- Relieve tens
- Communicat
- Take control
- Make thems rom the world
- Nurture ther

Why Do Teens Harm Themselves?

- To release intense feelings
- The physical pain may be easier to deal with than the emotional pain
- Acting out self punishment
- Relieve tension or stress
- Communicate their distress to other people
- Take control when they feel powerless
- Make themselves feel real, if they feel numb and remote from the world
- Nurture themselves, through caring for the wounds

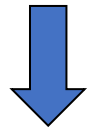
The Cycle of Self-harm

Negative emotions



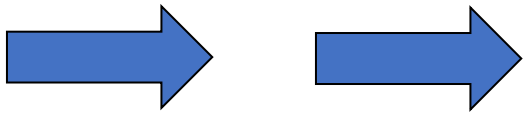
Tension

Self-harm act



Positive effects (endorphins and tension released)

Negative effects



Children may find asking for help difficult because……

- They want to
- Don’t want to
- Are worried t
- Concerned th
- They’re worri

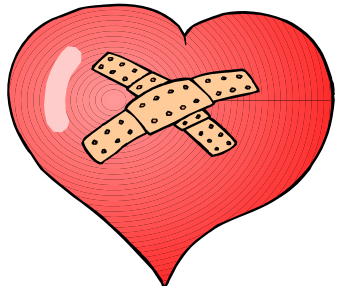
Good reasons for early intervention

- Early intervention may tackle

  the cause of the emotional pain,

  or offer alternative ways of coping
- Some people may want to stop self harming, but they need advice and/ or encouragement
- Early intervention can prevent escalation

Therapeutic Goals



- Encourage communication about self-injury and relevant aspects of the child's life.
- Improve the quality of client's life as it relates to self-injury.
- Explore themes of guilt and shame.
- Diminish use of self-injury as the coping skill when client desires to make changes. (Conners, Rubin, et, al,2002).

HOW CAN WE HELP YOUTH THROUGH TOUGH TIMES?

- Normalise feelings of despair
- Teach and / or model coping skills
- Improve the situation
- Teach strategies to reduce tension
- Identify positive and physical activities
- Teach / model self talk – rehearse this
- Promote belonging and sense of connectedness

Interrupting the Cycle

- Dispute irrational thoughts, feelings
- Triggering event
- Unbearable tension, anxiety
- Dissociation
- Self-Injury
- Relapse

Alternatives to Self-Harm

DBT Distress Tolerance: TIP Skills for Managing Extreme Emotions. These include:

- Clenching ice cubes (make them with fake blood)
- Draw red lines on your skin
- Elastic bands on wrist
- Harmless pain – eating a chilli

Looking at these together reduces shame and increases sharing and the feeling of being understood

Your role in helping youth

- Unique position to intervene!

- Core tasks are to:
  - Ask the question!
  - Understand patient's self-harm
  - Assess severity of behavior
  - Present options for alteratives
  - Monitoring the status, ensuring continuity of care, and reconnect with behavioral health as needed

When Client Reveals they Self Harm…

Do

- Make sure they are safe
- Listen
- Show concern
- Use a matter of fact, curious communication style
- Debrief in supervision

Don't

- Tell them to stop
- Encourage them to carry on
- Rush to tell parents – take care!
- Show fear, revulsion or panic
- Feel responsible or ashamed
- Make eliminating the behavior the primary goal

Understanding Self-Harm: Communication Strategies

- Ask questions needed to assess the behavior can also generate change (e.g., Motivational interviewing)
- Facilitate discussion
- Prompt patient to think about change

Example questions:

1. *This behavior must be serving a function for you. Are there disadvantages to continuing?*
2. *Is there anything that's motivating you to stop hurting yourself?*
3. *There are a lot of options for getting help for this problem. What do you think you would need to stop?*

Understanding Self-Harm (continued)

- Use a matter of fact, curious yet dispassionate communication style
- **Validation** – a communication strategy that communicates understanding and their actions make sense given their current context
- Validate the valid: find the kernel of truth

  - *It has been really stressful and you are not sure how to handle the stress.*

  - *It's hard to think of other solutions in the moment of stress because cutting has been immediately effective in the short term, though it has problems in the long term.*

Core Assessment Questions: STOPS FIRE (Kerr et al., 2010)

What to Assess	How to Assess	Indication of High Risk
Suicidal Ideation	Do you have thoughts of killing yourself? Does this occur when you are engaging in [bx] or other times?	Intense thoughts of suicide while NSSI ; Thoughts of suicide before/ after NSSI
Types	What have you used? What ways do you injure yourself?	>3 methods
Onset	When did you first begin X?	Early onset; > 6 mo
Place/Location	What parts of your body have you X?	Genitals; face
Severity	Has X ever caused bleedings/ scarring? Have you ever gone to the ED due to X?	Hospitalization, reopening of wounds
Function	What does X do for you? How do you feel before? After?	Any relationship to suicide
Intensity	How strongly would you rate your urge to X on a typical day (0-100)?	70 or above
Repetition	How many times have you done this?	> 10
Episodic frequency	How often do you do this in a typical week?	Multiple times per week; Multiple times per episode

SAMHSA
Substance Abuse and Mental Health Services Administration

Risk Assessment Tools for Self-Harm

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

RISK ASSESSMENT VERSION	Past Month	
Ask questions that are in bold and underlined.	**YES**	**NO**
Ask Questions 1 and 2		
1) Wish to be Dead: *Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.* **Have you wished you were dead or wished you could go to sleep and not wake up?** If yes, please explain:		
2) Non-Specific Active Suicidal Thoughts: *General non-specific thoughts of wanting to end one's life/die by suicide without general thoughts of methods, intent, or plan.* **Have you had any actual thoughts of killing yourself?** If yes, please explain:		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Active Suicidal Ideation with Any Methods/Means (Not Plan) without Intent to Act: *Person endorses thoughts of suicide and has thought of at least one method. e.g. "I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it….and I would never go through with it."* **Have you been thinking about (how) you might do this?** If yes, how? (means) If yes, do you have access to the methods/means?		
4) Active Suicidal Ideation with Some Intent to Act, without Specific Plan: *Active suicidal thoughts of killing oneself and reports having some intent to act on such thoughts.* *e.g. "I have the thoughts but I definitely will not do anything about them."* **Have you had these thoughts and had some intention of acting on them?** If yes, please explain:		
5) Active Suicidal Ideation with Specific Plan and Intent: *Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.* **Have you started to work out or worked out the details of how to kill yourself?** If yes, do you intend to carry out this plan? If yes, do you have a timeframe (when)? If yes, do you have a location (where)?		
6a) Preparatory Acts or Behavior: *Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.* **Have you done anything, started to do anything, or prepared to do anything to end your life?** If yes, please explain:	**Lifetime**	
6b) If yes, ask: Was this within the past 3 months?	**Past 3 Months**	

TABLE 1 ASSESSING SELF-INJURY

WHAT TO ASSESS	SAMPLE QUESTIONS
The function of self-injury	○ What does your self-injury help you with? ○ Do you remember how you were feeling before you injured yourself? How did that change afterward?
The method of self-injury	○ How do you do it? ○ What instrument do you use? ○ How often do you do it? ○ What part of your body is involved?
The potential for medical complications	○ Have you required medical attention (eg, stitches)? ○ Do you use a clean blade or have you shared a blade with anyone? ○ When was your last tetanus shot?
Other dangerous behaviors	○ Do you do anything else to make yourself feel better that might be risky in the long run? ○ Have you used drugs or alcohol to make yourself feel better? ○ Do you find yourself restricting your food or purging after meals? ○ Are you sexually active? Do you feel comfortable with your level of sexual activity?
Abuse or bullying	○ Has anyone hurt you—physically or mentally—in a way that is still affecting you? ○ Do you feel safe at home? ○ Do you feel safe at school?
The risk of suicide	○ Have things ever gotten so bad that you thought you might be better off dead? Have you thought about killing yourself? ○ Are you thinking of killing yourself now? ○ Do you have a plan for how you might do it? What is the relationship between your self-injury and thoughts of suicide?
Areas of strength	○ What is going well in your life? ○ Who are the people you can count on? ○ Who or what do you turn to for comfort?

SOARS Model

SAFE-T

Suicide Assessment Five-step Evaluation and Triage

1
IDENTIFY RISK FACTORS
Note those that can be modified to reduce risk

2
IDENTIFY PROTECTIVE FACTORS
Note those that can be enhanced

3
CONDUCT SUICIDE INQUIRY
Suicidal thoughts, plans, behavior, and intent

4
DETERMINE RISK LEVEL/INTERVENTION
Determine risk. Choose appropriate intervention to address and reduce risk

5
DOCUMENT
Assessment of risk, rationale, intervention, and follow-up

SAMHSA
Substance Abuse and Mental Health Services Administration

http://store.samhsa.gov/product/SMA09-4432

RISK LEVEL	RISK/PROTECTIVE FACTOR	SUICIDALITY	POSSIBLE INTERVENTIONS
High	Psychiatric diagnoses with severe symptoms or acute precipitating event; protective factors not relevant	Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal	Admission generally indicated unless a significant change reduces risk. Suicide precautions
Moderate	Multiple risk factors, few protective factors	Suicidal ideation with plan, but no intent or behavior	Admission may be necessary depending on risk factors. Develop crisis plan. Give emergency/crisis numbers
Low	Modifiable risk factors, strong protective factors	Thoughts of death, no plan, intent, or behavior	Outpatient referral, symptom reduction. Give emergency/crisis numbers

(This chart is intended to represent a range of risk levels and interventions, not actual determinations.)

Questions

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