ASSESSING AND TREATING SELF-INJURY

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Who are your kids?

- Trauma
- Neglect
- Interpersonally Sensitive
- Easily Emotionally Dysregulated
- PDD

How do they get referred?

- Mandated to treatment
- Voluntary patients

ASSESSMENT

- Compassionate detective work
- Goal of assessment is to develop understanding and solution

Key concepts in making assessment

- What clinicians see as the problem the adolescent sees as the solution to the problem
- Must find the wisdom in the behavior and be able to validate your understanding to the adolescent.

Assessment

Assessment requires Two Distinct Skill Sets:

What to Assess

How to Assess

ASSESSMENT

- First assess whether self-injury was a suicide attempt.
- NSSI-non suicidal self-injury is intentional injury without the intention to die.
- Usually adolescents will know the difference between a suicide attempt and NSSI

What to Assess

- Function of the Behavior
- Core Beliefs
- Contextual Factors
- Co-occurring Psychiatric Problems
- Capacities for emotional experiencing

What is Behavior

- From the perspective of a Radical Behaviorist behavior is anything a person does. This includes action, thoughts, fantasies and emotions.
- When making assessments keep all aspects of behavior in mind.

What is an emotion?

- An emotion is a full on physiological and psychological event that includes; body sensations, thoughts, and an action urges.
- There are a delimited number of emotions (usually corresponding to specific facial expressions)
- It is critical that clinicians assess the adolescent's capacities to label and identify emotions. (DO NOT ASSUME THAT THESE ADOLESCENTS CAN DO THIS!)

Emotions

- Joy
- Anger
- Fear (anxiety)
- Sadness
- Guilt
- Shame
- Disgust
- Surprise

Functions of Emotions

- Data source about ourselves and others
- Call to action
- Communicates quickly and effectively our subjective experience to others.
- Important aspect of self-validation

Emotions

- Emotions can be primary or secondary
- Adolescents who self-injure often do not have the capacities to label and/or identify their emotional experience.
- Without the capacity to label and identify emotions these adolescents are severely compromised in the tasks involved in emotional regulation.
- Often self-injury is a means to end emotional suffering.

Emotions

- Self-injury is by and large an emotional regulation strategy which influences and is influenced by a person's core beliefs.

Functions of Self-Injury

- Down regulation of emotional experiencing (automatic negative reinforcement) This is the feeling of being emotionally overwhelmed.
- Up regulating of emotional experiencing (automatic positive reinforcement) Often solves the problem of numbness or emptiness.
- Avoidance (social negative reinforcement)

  Attention seeking (social positive reinforcement) (careful not to confuse the effect of behavior with intention) (Nock and Prinstein, 2004)

SELF-INJURY AS RESPONDENT LEARNING

- Self-injury can be controlled by the stimuli.
- The result of removing the cue can be mistaken for a treatment success.

Functions of Self-injury

- Strategy to control interpersonal relationships
- Communication of Distress (MBT perspective pre-mentalistic mode of relating)

Core Beliefs

- Core Beliefs are not easily challenged in this group of adolescents. The usual CBT paradigm of working with cognitive distortions often fails. It is around beliefs that MBT strategies are more effective then CBT strategies. (Stop and Rewind)
- Look for the disjunctions in the adolescent's narrative.

Core Beliefs

- Need to be Punished (This can be the case even when there is no pain at the time of injury).
- Management of physical pain is easier then managing emotional distress.
- Suicide prevention strategy (most likely a blend of belief and emotion regulation strategy) (for some people even thinking about can lower emotional arousal)
- Self-injury becomes an important aspect of the adolescent's identity. "I am a cutter."
- "The voices in my head told me to do it"

Contextual Factors

- Where and When
- What is the method of self harm and is the method tied to functions or a core belief.
- Example of adolescent who burned herself for one reason and cut herself for another. The girl burned herself after sex to end numbness and cut herself when overwhelmed with intense emotions.

Contextual Factors

- The Psychological topography of self-injury
  - First started including method and environmental context.
  - Changes in frequency over time
  - Is the adolescent needing to increase the number of wounds in each episode.
  - Does the adolescent carry or routinely search the environment for means to self harm.

Contextual Factors

Severity of the self-injury (trauma survivors are more likely to seriously self-injure)

Location of the injuries (face cutting is often presumptive evidence for Psychosis)

Co-occurring Psychiatric Disorders

- Borderline Personality Disorder
- Bi-Polar Disorder
- Depression
- Psychosis
- Pervasive Developmental Disorders
- Anxiety Disorders
- Conduct Disorders

The Clinical Stance: The how piece of assessment

I will draw heavily from Dialectical Behavior Therapy (DBT) and Mentalization Based Therapy (MBT)

- DBT is a balance of Cognitive-Behavior Therapy (change strategies) with Zen acceptance strategies.
- MBT is a psycho-dynamically oriented treatment with an emphasis on the quality of the early infant-caretaker dyad as understood through the lens of attachment theory.
- Both treatments are here and now oriented.

The Clinical Stance

- Assume a matter of fact attitude about the behavior.
- Behavior is just behavior.
- All behavior has inevitable consequences—some short term and some long term.
- Consequences are often both positive and negative.
- The clinical stance is one of curiosity without judgment.

The Clinical Stance

- DBT assumptions about patients:
  Patients are doing the best they can.
  Patients must try harder and be more motivated to change.
  Patients may not have caused all of their problems and they are responsible for solving them.
  Our patients live very difficult and painful lives

The Clinical Stance

- Assessment and treatment work best when conducted in a collaborative relationships.
- It is the clinician's job to make this happen! (and you may fail with this population more then you want).
- Minds are opaque.
- You are an expert about how minds work in general and the adolescent is the expert about how their own mind operates. (Which might need some tuning)

The Clinical Stance

- Open and Curious
- Certainty on your part or the adolescent's is a cue for reappraisal.
- Therapist must have the courage to raise and confront issues which are impeding treatment progress.
- Therapist must be skillful in validation and contingent marking of emotions and ideas.

Treatment

- Beginning phase of treatment

  Understanding and refining the adolescents goals—both long term and short term.

  Selling the idea that self-injury is not in the service of adolescent's goals. (What to do when the teen has no goals?)

Beginning Phase of Treatment

- Getting a commitment to stop
  - Pros and cons
  - Devils advocate
  - Freedom to choose and absence of alternatives
  - Foot in the door and door in the face
  - Make sure to trouble shoot the commitment
  - Remember that commitments wax and wane

Beginning Phase of Treatment

- Orienting the adolescent to treatment
- Offer the adolescent your hypothesis about why they self injure (skills deficit model)
- Do not assume that adolescents understand what is expected of them in therapy
- Be clear about what you will provide
- Specifically orient adolescent to chain analysis
- Orient adolescents that treatment will have a skills component
- Devise a means to monitor emotional experiencing and self-injury

Treatment Proper

- Start each session with a little chit chat
- Review diary card for incidents of self-injury
- Chain analysis if necessary
- Stay present and validating
- Maintain an open and curious stance
- Stay non-defensive
- Validate current emotional states BEFORE moving to problem solving

Treatment Proper

- Levels of Validation:
  - Staying awake
  - Accurate reflection
  - Giving voice to the unspoken
  - Validating in terms of past history or biological factors
  - Normalizing adolescents response
  - Being Radically Genuine

Treatment Proper

- Contingently Using the Relationship.
- Using Chain Analysis.
- Pushing for Change.
- Validate when all else fails.
- Therapists need support!

Chain Analysis

- Think Columbo
- Make very small steps and do not assume you know what was in the mind of the adolescent
- Start with the Target Behavior and work backwards (include vulnerability factors)
- Assess Consequences of behavior (both long and short term and positive and negative).

Useful DBT Skill Sets

- Mindfulness—capacity for attentional control. The ability to see things as they are
- Emotion Regulation—capacity to lower the intensity and/or duration of emotional experiencing
- Distress Tolerance—capacity to tolerate distress without making the situation worse
- Interpersonal Effectiveness

Mindfulness

- States of Mind
- WHAT SKILLS (what we do to be mindful)
  1. observe
  2. Describe
  3. Participate

MINDFULNESS

- HOW SKILLS
  1. Nonjudgmental
  2. One mindfully
  3. Effectively

Emotion Regulation Skills

- Long Term skills—Pleasant Events and Please Skills
- Short Term skills—Mindfulness of Current Emotion and Opposite Action to Current Emotion

Distress Tolerance

- Basic Principles of Accepting Reality

1. Radical Acceptance
2. Turning the Mind
3. Finding willingness over willfulness

Distress Tolerance

- Crisis Survival Strategies
  1. wise mind ACCEPTS
  2. IMPROVE
  3. Soothing with the 5 senses
  4. Pros and Cons

Interpersonal Effectiveness

- Being clear about objectives of interpersonal encounter
- Are you asking for something or saying no?
- Are you needing to repair the relationship?
- Are you setting a limit (in a way that is going to maintain your self-respect)?

Interpersonal Effective

- Objective relationship Skill—DEAR MAN
- Describe
- Express
- Assert
- Reinforce
- (stay) Mindful (of objectives)
- Appear Confident
- Negotiate

Interpersonal Effectiveness

- Relationship Effectiveness—GIVE
- (be) Gentle
- (be) Interested (in the other person's perspective)
- Validate
- (use) An Easy Manner

Interpersonal Effectiveness

- Self-Respect Skill—FAST
- (be) Fair
- (no excessive) Apologies
- Stick to your values
- (be) Truthful (This is different from being brutally honest)