Interventions for Self-Harm: What Works and What Does Not

Barent Walsh, PhD
Executive Director
The Bridge
4 Mann Street, Worcester, MA 01602
barryw@thebridgecm.org
### Differential Classification of Self-Harm Behaviors

<table>
<thead>
<tr>
<th></th>
<th>Direct</th>
<th>Indirect</th>
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<tbody>
<tr>
<td><strong>High Lethality</strong></td>
<td>Suicidal Behavior</td>
<td>Late Phase Anorexia; Serious Addiction</td>
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<tr>
<td><strong>Medium Lethality</strong></td>
<td>Atypical, Severe Self-Injury</td>
<td>High Risk Stunts; Sexual Risk-taking; Acute Intoxication</td>
</tr>
<tr>
<td><strong>Low Lethality</strong></td>
<td>Common, Low Lethality Self-Injury</td>
<td>Bulimia; D/C Psychotropic Medications</td>
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</table>
# Differentiating Suicide from NSSI

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<tr>
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<th>Suicide</th>
<th>NSSI</th>
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<tr>
<td><strong>Prevalence</strong></td>
<td>2012: 12.9 per 100,000 (0.012%) in U.S.</td>
<td>7.3% - 12 month U.S prevalence (Taliaferro et al. 2012)</td>
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<tr>
<td></td>
<td>8.0 per 100,000 in Netherlands. (Japan, 24)</td>
<td>18.0% mean lifetime prevalence NSSI; (Muehlenkamp et al. 2012)</td>
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<tr>
<td><strong>Intent</strong></td>
<td><em>Permanently</em> end psychological pain; terminate consciousness</td>
<td><em>Temporarily</em> modify emotional distress; effect change with others</td>
</tr>
<tr>
<td><strong>Lethality of Method</strong></td>
<td>High lethality: gunshot, hanging, O.D., jumping, ingesting poison</td>
<td>Low lethality: cutting, self-hitting, burning, picking, abrading</td>
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<td>Cutting as a method for suicide vs. NSSI</td>
<td>Suicide by cutting/ piercing is rare: 1.8% of suicides die by cutting/ piercing;</td>
<td>Cutting is the most common NSSI method</td>
</tr>
<tr>
<td>Frequency</td>
<td>Low rate behavior even in severely mentally ill persons</td>
<td>Frequently high rate:</td>
</tr>
<tr>
<td>Number of methods</td>
<td>Repeat attempters generally employ one method, often overdose</td>
<td>In both community &amp; clinical samples most use multiple methods; e.g. Whitlock (2008) 78%</td>
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<tr>
<td>Ideation</td>
<td>Suicidal ideation predominates;</td>
<td>Suicidal ideation infrequent;</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>Cognition &amp; Affect</td>
<td>Helplessness and hopeless predominate;</td>
<td>Helplessness and hopelessness less likely as long as NSSI “works”;</td>
</tr>
<tr>
<td></td>
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<tr>
<td>Aftermath</td>
<td>Continued despair; often high lethality</td>
<td>Immediate relief; reduction in negative affect</td>
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<td><strong>Reaction of others</strong></td>
<td>Most others express concern and support; move towards protection</td>
<td>Ongoing NSSI may be condemned, judged negatively; therapy-interfering behaviors are common (aka counter-transference)</td>
</tr>
<tr>
<td><strong>Restriction of means?</strong></td>
<td>Often an important preventive intervention</td>
<td>Often ill-advised, counterproductive</td>
</tr>
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NSSI and Suicide Attempts

Good clinical practice suggests:

- Understand, manage, and treat the behaviors differentially
- Carefully cross-monitor; assess interdependently
- Intervene early with NSSI to prevent emergence of suicidality.
- Remember: NSSI can be “double trouble”
Suicidality vs. NSSI

- Outpatient treatment is often sufficient for common, low lethality NSSI.
- Suicide often requires more protective interventions such as inpatient psychiatric hospitalizations or residential care.
Basic Steps in Treating Self-Harm

Replacement Skills Training

- Negative Replacement Behaviors
- Mindful Breathing
- Visualization
- Non-Competitive Physical Exercise
- Writing - Playing/Listening to Music - Artistic Expression
- Diversion Techniques
- Self-talk;
Basic Technique for Teaching Skills

• Teach the client/student the Subjective Units of Distress Scale (SUDS Scale)...
  0 = the most relaxed you’ve ever been...
  100 = the most distressed you’ve ever been

1) Identify your SUDS before practicing a skill
2) Identify your SUDS immediately after
3) Develop a list of skills that reliably reduce SUDS
Negative Replacement Behaviors

Some frequently used examples:

- Snapping a rubber band on the wrist
- Holding a frozen orange or picnic cooler freeze pak (not ice!)
- Marking the body with a red felt-tipped marker
- Stroking the body with a soft cosmetic brush or other implement
More Negative Replacement Behaviors

- Writing or journaling about self-injury
- Creating artwork that depicts self-injury
Some Breathing Techniques

1) “I am here, I am calm.”
   (i.e. “I am here in the present moment without judgment...”)

2) 1-10 Exhalation Breathing (2500 years old!)

3) Jon Kabat-Zinn:
   “Seeing [emotion, e.g. anger] letting be,”
   “Seeing [emotion, e.g. anger] letting go....”
Visualization

Suggestions:

• Have clients create their own rather than using boilerplate examples
• Suggest that clients use all five senses in creating the visualization
• Have them create several to choose from over time
• Encourage ownership and individualization. Reference your own examples.
Non-Competitive Exercise

- Matthew Nock (Harvard U.) has shown that vigorous exercise can be an effective strategy for fending off urges to self-injure
- Help the client identify type of exercise, time, and location
- Ensure that the circumstances are safe
- Emphasize that this form of exercise is not about achievement or enhanced conditioning
- Walking meditation, Yoga, Tai Chi,
Writing, Journaling

- Can be effective coping techniques
- Can be shared with therapist in the moment via text or during therapy sessions
- Should NOT be shared with peers due to potentially triggering content
- Should NOT focus primarily on details of self-injury as this may triggering and a rehearsal
- Emphasis should be on identifying emotions, changing thoughts, using coping behaviors
Music or Sounds as a Coping Skill

Encourage the client to identify and store music that consistently reduces SUDs

- Create a category on one’s music device labeled “relaxation” or “soothing”
- Consider using an phone app such as:
  - “Rain, Rain, Sleep Sounds” or
  - “Relax Melodies.”

They’re both free!
Artistic Expression

• Should be a soothing activity
• Depictions of self-injury may be triggering or a rehearsal. Assess for whether the activity is contraindicated
• Self-injury themes should not be shared with peers
• Painting, coloring, crocheting, clay work
• Perfectionism is counterproductive
Diversion Techniques

Examples: watch a comedy, cook, surf the net, go shopping, do a puzzle, etc.

Note: these are *distract skills*. They do not teach:

Sitting with emotions; rather they are more *avoidance behaviors*.

Therefore, clients need more than such skills. They may be useful early in treatment, but are not sufficient.
Overall Message re: Skills

- Clients should develop a diverse toolkit of skills
- **Practice is crucial** with the therapist and on their own
- Structured monitoring of practice is important, i.e. homework.
- SUDs can be used for all skills
- Clients should carry a list of skills on their person, via phone, wallet, knapsack etc.
Concise Dos and Don’ts - 1

- Re: suicide vs. self-injury, pay close attention to method!
- Remember NSSI is a strong predictor of suicide attempts. Assess for both!
- Ideally, assessment should involve standardized questionnaires and a detailed behavioral analysis
Concise Dos and Don’ts - 2

- Both Suicide and NSSI involve pervasive emotion dysregulation and social deficiencies
- Treatment should emphasize teaching alternative emotion regulation & social skills
- Restriction of means is important with suicidality but not so for NSSI
- Outpatient treatment is often sufficient for common, low lethality NSSI. Suicide often requires more protective interventions.
Concise Dos and Don’ts - 3

- Dialectical Behavior Therapy (DBT) is one of most empirically validated treatments that addresses suicidal behavior and NSSI in combination.

- My own study showed its efficacy in all but extinguishing suicidality and NSSI in residential treatment with adolescents (N=66). (Walsh, Doerfler & Perry, 2012).
Concise Dos and Don’t - 4

Consult Linehan’s newly released (2015):

- “DBT Skills Manual,” &
- “DBT Skills Training Handouts & Worksheets”

-- First published revisions since 1993!

Consult also Rathus and Miller’s (2015):

- “DBT Skills Manual for Adolescents.”
Concise Dos and Don’ts - 5

- Social contagion is a common phenomenon with NSSI and can occur with suicidality.
- Avoid discussion of the details of NSSI or suicide attempts in treatment milieux or groups.
- Encourage clients not to share such with peers.
- Remember: Atypical NSSI may be an especially alarming form of the behavior.
References


http://www.doe.mass.edu/cnp/hprograms/yrbs/


