

Cutting to the Chase: The Facts About Self-Injury

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Objectives

- Identify what is meant by self-injury
- Recognize signs of self-injury as well as causes for self-injury
- Utilize resources to help treat self-injury and prevent its furtherance



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March 1: Self Injury Awareness Day



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Self-Injury

- Describes a pattern of behavior in which a person causes harm to themselves
- Termed non-suicidal self injury (NSSI)
 - Most often found in patients with personality disorders (borderline personality predominantly)
 - Also found in some psychotic disorders and severe depressive disorder
 - Sometimes also called self-injurious behaviors (SIBs)
 - Most often seen in autism spectrum disorders
- Self-injury can also occur when a patient wishes to complete suicide (suicidal self-injury)



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Self Injury Populations

- Most common among adolescents and young adults with lifetime rates approaching 15%.
 - Onset occurs around 13yo
 - Rates are similar across different countries
- Highest rates among psychiatric populations
 - Patients often report negative emotionality, depression, anxiety and emotional dysregulation
- Rates nearly equal between men and women
 - Difference occurs in methods used (women – cutting, men – hitting/burning)



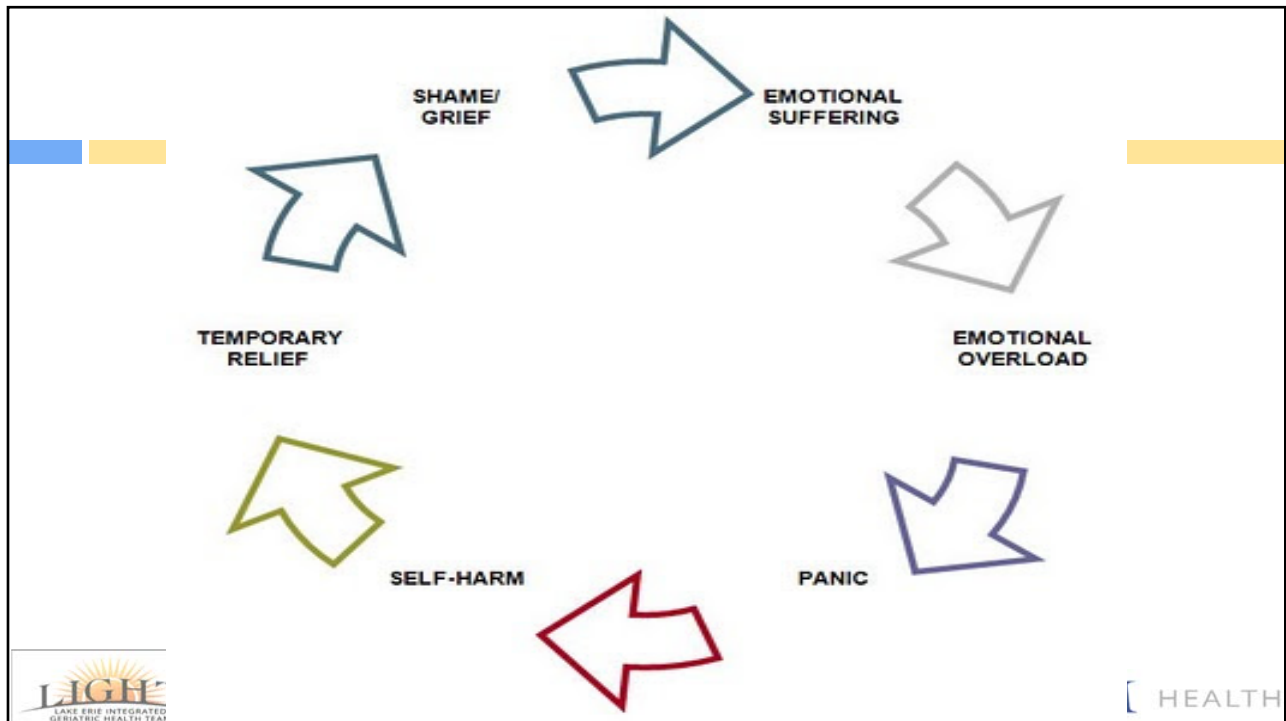
Statistics of NSSI

- 7.3% - 12 month U.S prevalence (Taliaferro et al. 2012)
- 18.0% mean lifetime prevalence NSSI; (Muehlenkamp et al. 2012)
- Nearly equal male:female ratio
 - Females more likely to admit to NSSI



Why NSSI?

- NSSI has many potential causes
 - To alleviate negative emotion
 - To demonstrate self-loathing or hatred
 - To manipulate to achieve a goal (attention, maintaining a relationship)



Rationale for NSSI

- To alleviate negative emotions
 - The most commonly reported cause
 - Preceding NSSI is a sense of intense negative emotions and performing NSSI reduces these emotions and provides a sense of calm and relief
 - May stave off desire to cause further permanent harm such as suicide



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Rationale for NSSI

- To demonstrate self-loathing and/or need for punishment
 - About 50% of patients report NSSI as a form of self-punishment for having angry thoughts or as a form of self-criticism for failing to perform as expected in life



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Rationale for NSSI

- To manipulate to achieve a goal
 - ▣ Although self-injury is often cited as a means to manipulate others, it is more often the threat of self-injury rather than actual NSSI that is a manipulation
 - ▣ Performed NSSI more likely related to the aforementioned causes



Causes of NSSI

- NSSI rarely occurs without some form of emotional difficulty
 - ▣ Not necessarily needing a diagnosis of borderline personality or a history of childhood abuse/neglect as has been commonly reported
- Patients with a history of emotional difficulty or coping with emotions are at higher risk for utilizing NSSI as a coping mechanism



NSSI and Suicide

- There appears to be a causal relationship between NSSI and suicide
 - NSSI may be a stronger prognostic factor than the presence of depression, anxiety, impulsivity or borderline personality disorder for the likelihood of suicide attempts
 - May even be a stronger predictor of future attempts than past suicide attempts



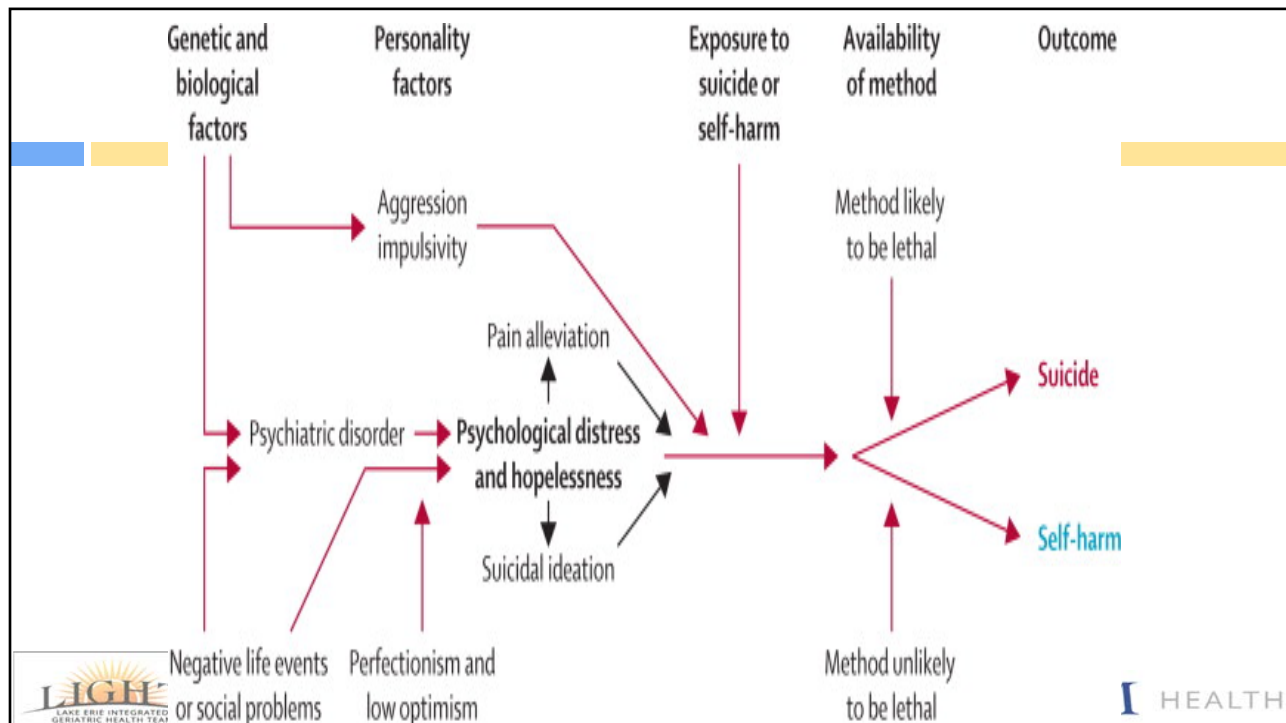
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NSSI and Suicide

- The interpersonal theory of suicide derived from the works of Thomas Joiner states that people must possess the desire for suicide and the capability to act on this desire
 - People tend to avoid pain and discomfort
 - NSSI is a form of alleviating this discomfort and overcoming pain
 - NSSI is a tangible act and demonstrates a capability to act further



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Presentation of NSSI

- Not always obvious
 - ▣ NSSI is most commonly performed when in private.
 - ▣ May be hidden under shirt sleeves, pants, makeup.
 - ▣ May consist of lacerations, excoriations, burns and/or bite marks

Signs of Self-Injury

- Unexplained or clustered wounds/scars
- Fresh cuts, burns, bruises
- Bandages worn frequently
- Inappropriate clothing for the season (e.g. long pants, long-sleeved shirts in summer heat)
- Unwillingness to participate in events that require less body coverage (e.g. swimming)
- Constant use of wristbands or jewelry that covers the wrists or lower arms



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Example of NSSI



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Examples of NSSI



Gender and Ethnic Differences

- While men and women may equally self-injure (no appreciable majority of either gender), the presentations may vary
 - Men more likely to burn or bruise selves
 - Women more likely to cut selves
- Those that self-injure tend to be Caucasian and nonheterosexual (bisexual, homosexual, nonbinary)



NSSI as a Diagnosis

- Historically NSSI has been viewed as a symptom of other diagnostic entities (e.g. borderline personality disorder)
- The Diagnostics and Statistics Manual version 5 (DSM-5) reclassified NSSI as its own entity as it often occurs independent of other entities and causes significant clinical distress in its own right



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Talking about NSSI

- Once identified, the NSSI should be brought up with the patient
 - Tends to lessen the likelihood of recurrence as it forces the emotions “out into the open”
 - Also tends to lower suicide risk when addressed
 - Allows the person to feel respected and heard
 - Caution: must be done in a dispassionate way so as to build rapport, stronger emotions (e.g. disgust, admiration) likely to shut down further dialog



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Talking about NSSI

- “Respectful curiosity”
 - Refers to a way of asking questions and listening that demonstrates care and respect
 - Does not reinforce the behavior
- Examples of respectful curiosity
 - “where on your body do you tend to injure yourself?”
 - “do you find yourself in certain moods when you injure yourself?”
 - “what does self injury do for you?”



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Talking about NSSI

- Self-injury contagion
 - Refers to a relatively rare phenomenon in which self-injurers encourage others either actively or passively to self injure
 - Often cited as a reason not to talk about NSSI out of fear it would encourage more NSSI
 - Can be lessened by explaining to self-injurers how self-injury hurts others



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Treatment Options

- The treatment of NSSI involves identification of the cause and ways to interrupt the cycle
 - Includes psychotherapies (most effective), medications (mildly effective) and ECT (effective for SIBs in autism, may be effective in NSSI)



Psychotherapy and NSSI

- The goals of treatment for psychotherapy are:
 - 1) Tolerance of the present moment
 - 2) Identification and acceptance of feelings
 - 3) Distraction of emotions
 - 4) Self soothing of emotions
 - 5) Development of positive social skills



Psychotherapy Questions

- Be curious
 - How does self-injury help?
 - Why now?
 - What might this behavior actually represent?
- Discuss patterns and encourage self-awareness
 - When were you able to resist self-injury?
 - Is the behavior getting better or worse?
 - Can you track this behavior on a calendar to see if it follows a pattern?



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Psychotherapy Questions

- Discuss learning new behaviors
 - What else have you used that was helpful in preventing self-injury?
 - What else might be successful in preventing self-injury?
 - Can we agree to try an alternative before reverting to self-injury?



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Psychotherapy Skills

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



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Dialectical Behavioral Therapy

- Devised by Margaret Linehan to address issues seen in borderline personality disorder
 - Includes methods to lessen NSSI via mindfulness training and diary cards detailing alternatives and scaling severity
 - Not easily implemented in outpatient setting, requires a team approach and requires roughly 12 months of commitment.



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Medication Options

- Very few well-documented or researched options available
 - ▣ Medications may target the underpinning anxiety or depression associated with NSSI
 - ▣ Some may target the rewards system believed to be a factor in NSSI



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Antidepressants

- Believed to work against NSSI by targeting the anxiety circuits within the brain
 - ▣ Do not appear to directly influence urges to self harm but does appear to reduce emotional intensity
 - ▣ SSRIs and TCAs most studied for this purpose
 - SSRIs are well tolerated but limited empirical data to support use in NSSI without depression
 - TCAs not well tolerated, dangerous in overdose but may reduce anxiety associated with NSSI more than SSRIs



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NEW
FDA-approved
for PTSD

Still fighting
monsters

Paxil
The courage to dream

PROVEN on the CAPS-1*
including all symptom clusters:
• Hypervigilance
• Hyperarousal
• Avoidance/numbing

PROVEN across trauma types:
• Physical/sexual assault
• Accidental injury
• Witnessing traumatic death/injury
• Conflict
• Natural disaster

ONE DAY PAXIL PAROXETINE HCI
The anxiolytic antidepressant

**THREE IMPORTANT THINGS TO LOOK FOR
IN DEPRESSION AND ANXIETY DISORDERS:**

LOCATION
LOCATION
LOCATION

Don't let things "float" with you until you're "floating" in a state of depression or anxiety disorders. That's why there's EFFEXOR XR. It helps calm both emotional responses and physical responses of the body.

ASK YOUR PHARMACEUTICAL SPECIALIST ABOUT EFFEXOR XR.
Make when you feel right!

LIGHT
LAKE ERIE INTEGRATED
GERIATRIC HEALTH TEAM

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Antipsychotics

- Have been used to reduce reckless behaviors and impulsivity, particularly in borderline personality disorders
 - Do not appear to target the emotions but rather the urges to self-harm; implies a dopaminergic basis for the self-harm activity as these block dopamine
 - Clozapine best studied, may have most efficacy but is a high risk option due to agranulocytosis, metabolic syndrome, sedation and need for frequent monitoring



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Mood Stabilizers

- Have been used to lessen impulsivity and even out moods, particularly in borderline personality disorder patients
 - Uncertain mechanisms of action on NSSI for antiepileptic mood stabilizers (Depakote, Tegretol, Lamictal)
 - Topamax often used but empirical data is lacking to support its use; may act via disruption of reward pathways
 - Lithium best studied, demonstrated to reduce suicidality and limited data suggest similar effects on NSSI



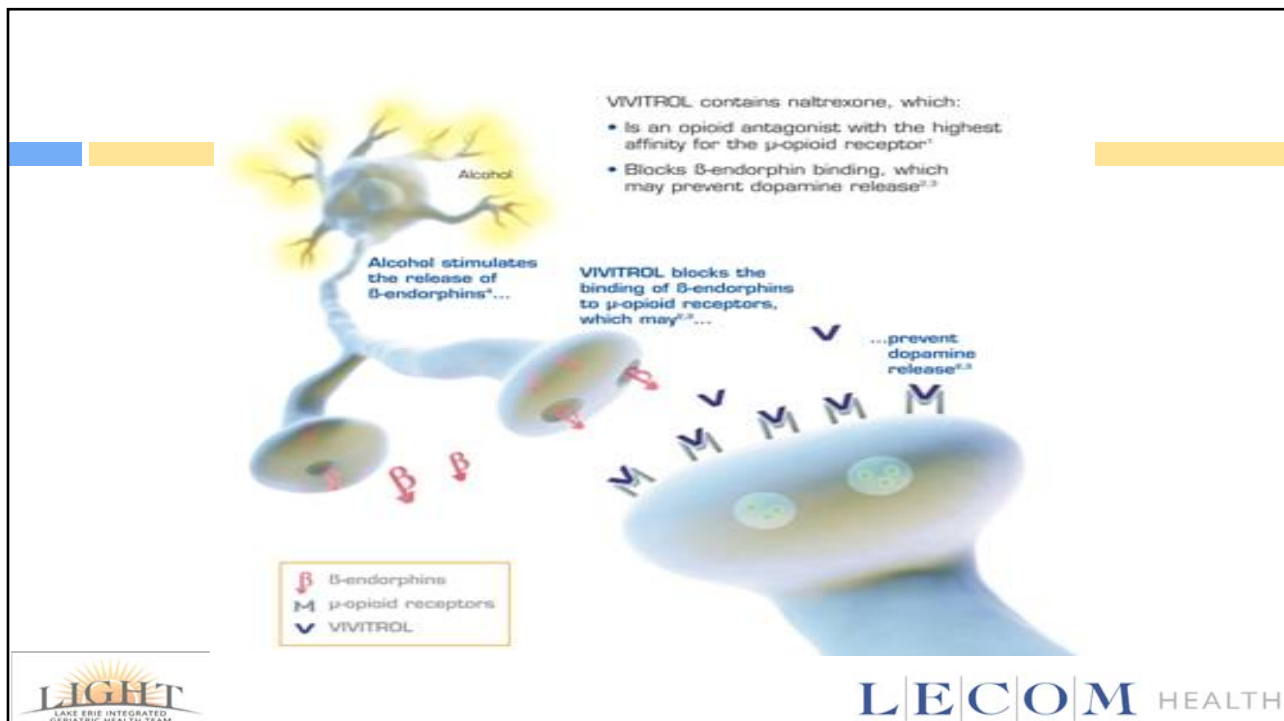
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Naltrexone

- Novel agent proposed for NSSI
 - Believed to work by interrupting the reward system for self harm, similar to its effects on opiate and alcohol dependence
 - Lowers dopamine response in the ventral tegmental area leading to less reward for similar actions in the future
 - Data sparse on efficacy in NSSI



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Electroconvulsive Therapy (ECT)

- An alternative to medications or therapy is ECT
 - Well documented and studied to reduce suicidal impulses and attempts in depressed patients
 - Beginning to see more data suggestive of efficacy in NSSI
- Wide body of evidence suggestive of positive benefits in reducing SIBs in autism
 - Similar to NSSI in appearance though causes are different



ECT and Depression

- ECT well documented as effective treatment for remission of depression
 - Believed to work via BDNF “rework” of neural connections
 - Also appears to lessen suicidal impulses likely via similar means
- ECT proven to reduce suicidality
 - NSSI may be a strong predictor of suicidality therefore ECT may be able to intervene and disrupt this pattern



ECT and NSSI

- A Turkish article in 2008 described the case of a 32yo male with bipolar depression who had torn out his incisors, crushed two of his fingers, burned his palm and severed a portion of his penis.
- After 4 ECT sessions his NSSI diminished to the point of being “almost non-existent” and he was started on Lithium and Haldol as adjuncts which sustained a remission of NSSI



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Conclusions

- NSSI is more than attention seeking behavior and more often signifies a deeper need for help
- People who self-injure are willing to discuss the whys and why nots with individuals open to listening
- NSSI may be a strong predictor for suicide in the near future, identify those who may need additional interventions
- Psychotherapy, medications and ECT may be means to prevent future harm



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Questions?

