BC Children's Hospital
Provincial Health Services Authority

Compass Mental Health Supporting Providers

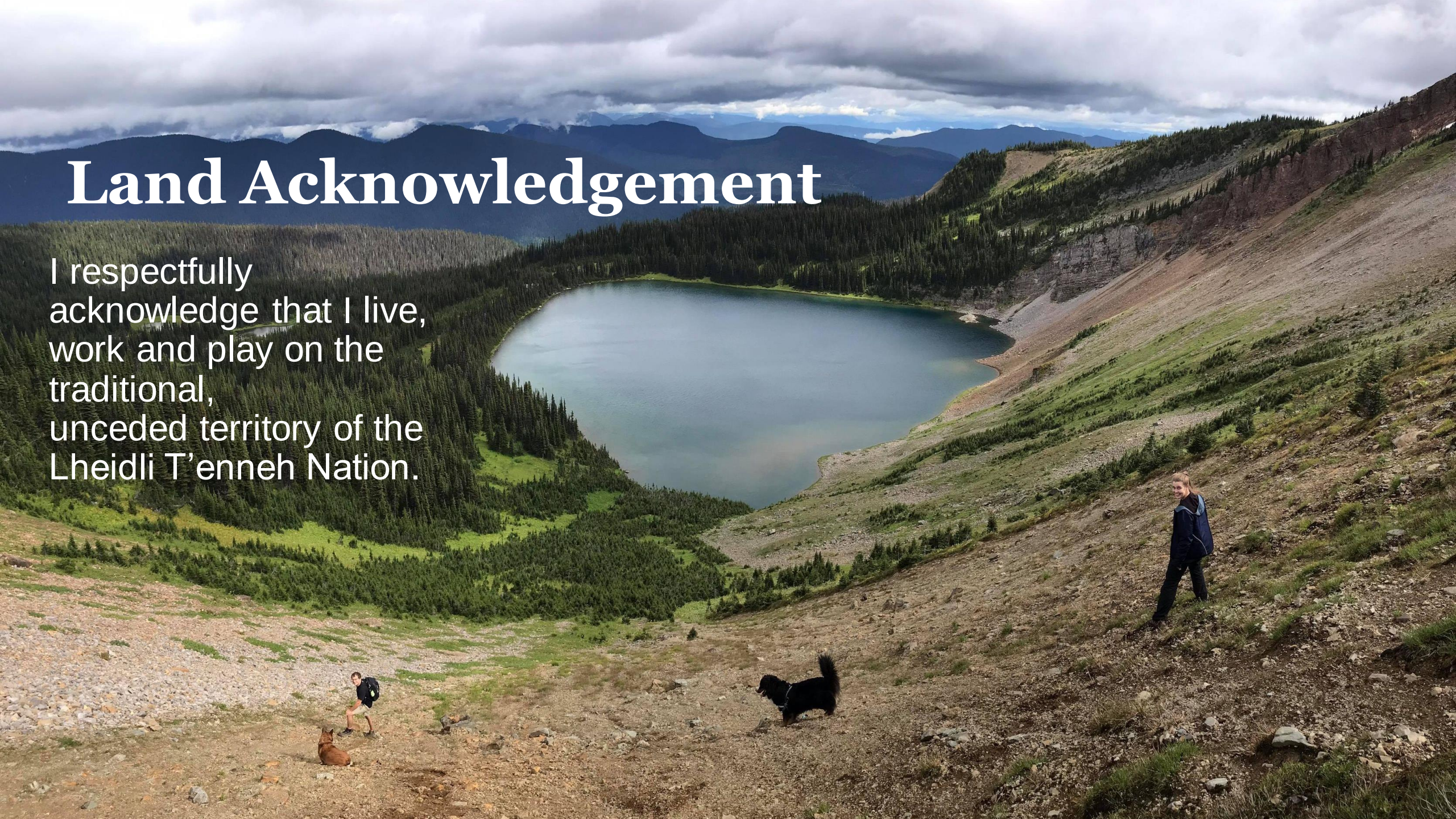
CHILD HEALTH BC
LEAD BENEFACTOR
save on foods

Non-Suicidal Self-Injurious Behaviours in Children and Adolescents

Presented by: Dr. Dayle Ostapiuk
UBC Child and Adolescent Psychiatry Fellow, PGY5
Compass, BCCH

Land Acknowledgement

I respectfully acknowledge that I live, work and play on the traditional, unceded territory of the Lheidli T’enneh Nation.



BC Children's Hospital
Provincial Health Services Authority

Compass Mental Health
Supporting Providers

CHILD HEALTH BC
LEAD BENEFACTOR
save on foods

About Compass

- Connection
- Information
- Advice
- Resources
- Focus: Mental Health/Substance
- Population: Up to 25 years old

BC Children's Hospital
Provincial Health Services Authority
Compass Mental Health Supporting Providers
CHILD HEALTH BC
LEAD BENEFACTOR
save on foods

Disclosures

None besides my employment in psychiatric services.

BC Children's Hospital
Provincial Health Services Authority
Compass Mental Health Supporting Providers
CHILD HEALTH BC
LEAD BENEFACTOR
save on foods

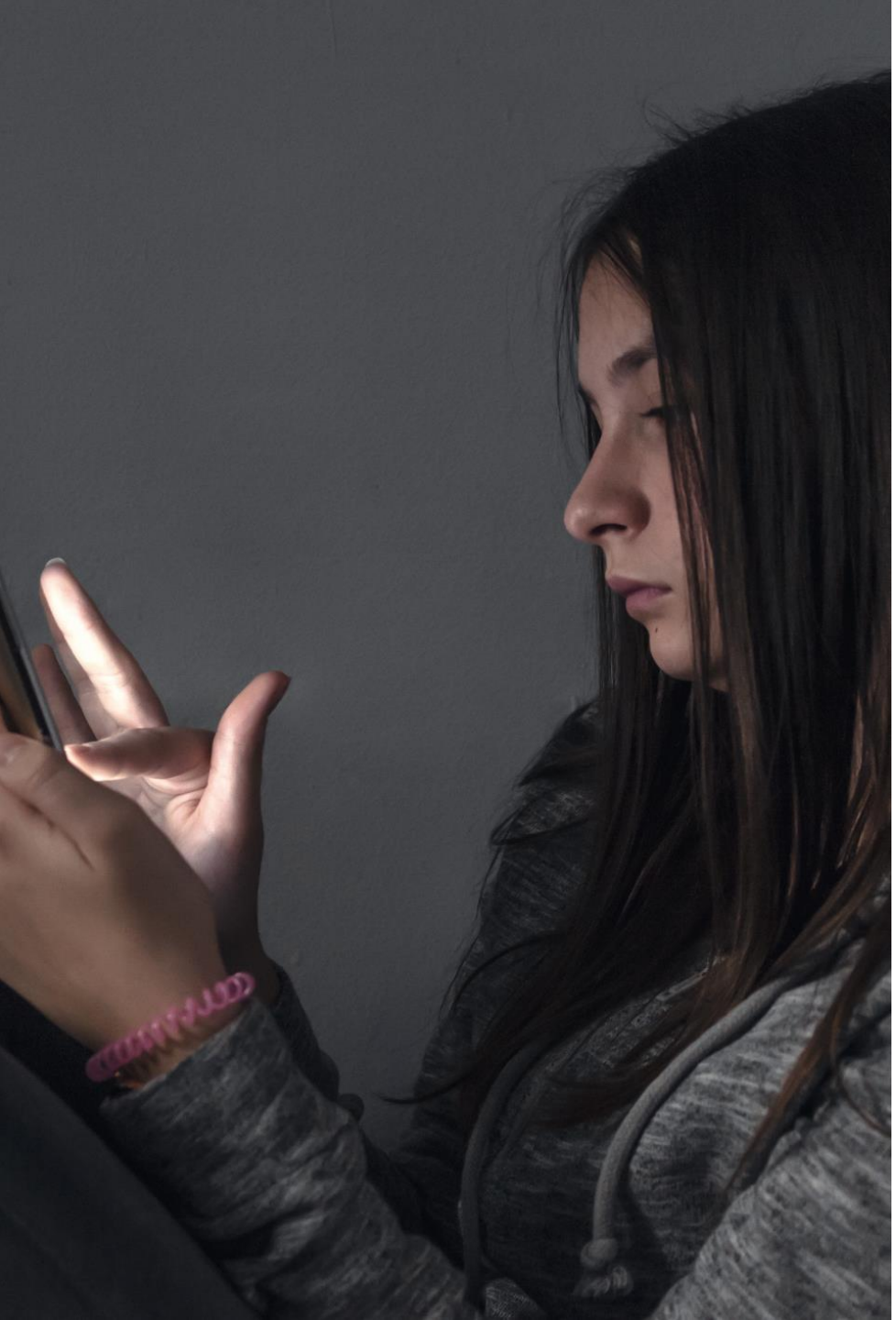
Learning Objectives

1. Describe child and youth non-suicidal self-injury (NSSI), including risk factors and clinical signs of self-injury.
2. Distinguish between NSSI and suicidal ideation/behaviours.
3. Review strategies for assessment and intervention.
4. Identify clinical tips for engagement and treatment planning.

BC Children's Hospital
Provincial Health Services Authority
Compass Mental Health Supporting Providers
CHILD HEALTH BC
LEAD BENEFACTOR
save on foods

Outline

1. Definition
2. Prevalence
3. Risk Factors/Etiology
4. Mechanism
5. Assessment
6. Treatment



Case:

- 15 y/o with mother in office
- Chart: last appointment 2 years ago - anxiety
- Mother booked the appt per MOA for: mental health

- On entering the room:
- Youth – on phone, not making eye contact
- Mother – making eye contact, forced smile

Case Continued

- Mother's Concerns:
- Youth is in the bathroom for 2+ hours crying
- Mother found razor blades taken out of the razors
- "I am worried she is trying to kill herself"

- What do you do?

Terminology Common to Self-Harm[1]

- **Non-Suicidal Self Injury (NSSI)**
- Self-Injurious Behaviour (SIB)
- Self-Harm
- Cutting
- Others?

BC Children's Hospital
Provincial Health Services Authority

Compass Mental Health
Supporting Providers

CHILD HEALTH BC
LEAD BENEFACTOR
save on foods

What is NSSI?[1]

- Harming oneself
- No aim to end life
- May have suicidal thoughts
- Coping/communicating distress
- Not socially sanctioned

BC Children's Hospital
Provincial Health Services Authority
Compass Mental Health Supporting Providers
CHILD HEALTH BC
LEAD BENEFACTOR
save on foods

What is NSSI?[1]

- E.g., cutting, scratching, opening or picking wounds, burning, biting, hair pulling, pinching, self-hitting, head banging.

- Where: Often arms, legs and front torso, but can occur anywhere on the body.

What is NOT NSSI?

- Passive/Active Suicidal **Ideation***

- Body piercings/tattoos, etc.
- Religious/Culturally/Sexual sanctioned practices

- Grey Area:
  - Indirect self-injurious behaviours – substance use/eating disorders

BC Children's Hospital
Provincial Health Services Authority
Compass Mental Health Supporting Providers
CHILD HEALTH BC
LEAD BENEFACTOR
save on foods

Prevalence

- Limited Data – First study was 2005
- Prevalence peaks mid-adolescence (15-16)
- Varies by influencing factors:
  - Social contagion
  - Interpersonal stressors/ACEs
  - Co-occurring mental illness
  - Emotional dysregulation

Why Does NSSI Matter?[1]

- 3-7 fold increased risk of suicide attempts
- Increased risk of suicide completion
- Ceased repetitive NSSI correlated to increased substance use
- 75% engage in many episodes
    - Lifetime frequency ranges from 2-10 episodes
- It is a communication/sign of underlying, treatable mental disorder

Risk Factors NSSI*[1-4]

Higher IQ	Female gender	Dysfunctional Relationships (Peers>Parents)	Hopelessness
Social Contagion – risk for initial NSSI engagement	Insufficient Sleep	Substance Use	Lower levels of extraversion
Non-heterosexual identification	Parental critique/apathy	Child emotional abuse	Sexual abuse

Transition from NSSI to Suicide Attempt[4]

- Cannabis Use
- Other Illicit Drug Use
- Insufficient Sleep

- *Weak evidence for:
  - Waking in the night
  - Lower levels of personality type extraversion

Psychiatric Diagnoses Associated with NSSI[1-5]

***SELF HARM # BORDERLINE**

Depression	15-42%
Anxiety/OCD	12-48%
Neurodevelopmental Diagnoses	24-50%
Trauma/ADHD/Substance Use	Unclear
Eating Disorders	26-55%
Personality Disorders	33-75%

Why do NSSI?

- NSSI can be understood as a way of COPING with INTOLERABLE stressors
- Outer stressors (e.g. trauma, abuse, discrimination)
- Inner stressors
  - dissociation, agitation, self-critique, boredom, shame, loneliness, hopelessness, etc.

Why do NSSI?

- Coping provides relief, in the form of:
  - Attracting support
  - Reduce numbness – e.g. "feeling alive"
  - Increase numbness – e.g. "turn down the volume" on extreme distress and agitation
  - Increase sense of control
  - Address need to punish self

Endogenous Opioid System – Inflicting pain to get pain relief[1]

- Individuals who engage in NSSI have lower levels of endogenous opioids
- Multiple studies have shown an increase in endogenous cerebral opioid levels following noxious stimuli
- Similar elevations seen following NSSI

BC Children's Hospital
Provincial Health Services Authority
Compass Mental Health Supporting Providers
CHILD HEALTH BC
LEAD BENEFACTOR
save on foods

What are some signs that a child/youth may be self-harming?[7]

- **Social Media**
- **Friends**
- **Physical Injuries**
- **Behaviour Change**
- **Avoidance**

- NSSI tools – many of them but insufficient evidence for clinical application[7]

BC Children's Hospital
Provincial Health Services Authority
Compass Mental Health Supporting Providers
CHILD HEALTH BC
LEAD BENEFACTOR
save on foods

Outline

- ✓ Definition
- ✓ Prevalence
- ✓ Risk Factors/Etiology
- ✓ Mechanism
- Assessment
- Treatment

Case Example

- Mother and Youth in the room
- What do you do?

- Your next steps are part of the intervention

Case Example

- Opportunity for validation/psychoeducation
- Modeling parallel process
  - Contain the affect of parent; parent contains youth
- Adolescent Autonomy
- Confidentiality → safety

Responding to Disclosure – Case[1]

- Non-verbals – Youth are experts
- "**Low key**" compassionate stance
- **Validate**, state the importance of what the behavior is communicating
- Ensure rapid **assessment** and attention to injury
- **Screen** for suicidal ideation

Case Example

- Aligning yourself with youth – rapport/team
- Later aligning mother with you and by extension youth

- Depending on readiness, this may be painfully slow

Investigative Questions

1. Trauma Awareness

❖ Trauma is an overwhelming experience that you cannot cope with. This is resulting in maladaptive coping. By definition, underlying NSSI is trauma

- Ask your youth about stresses. "What makes you feel like hurting yourself?"
- Do you notice patterns in what triggers you?
- What does it do for you?
- Psychiatric Screen

Investigative Questions

2. Emphasis on Safety and Trustworthiness – explain what you are doing; physical, emotional/cultural safety.

- Have you ever injured yourself so badly you were worried about whether the wound would heal or become infected?
- What do you do to care for wounds?
- I want to understand your experience. Tell me more.
- I am your physician, not your family's. I want to understand your stressors.

Investigative Questions

3. Choice, Collaboration and Connection – BUILD the trust.

- “What could we try together? What could you try?”
- “What would you like to try first?”
- “How do you think that worked out?”
- “What other things could we try instead?”
- “It looks like that worked-what shall we keep on doing, then?”

Investigative Questions

4. Strength-Based Discussion and Skills Building.

- Ask about supports. “Who else knows that you have hurt yourself?”
- Find goals or solutions. “What do you wish we could change about your stress or trigger?”

BC Children's Hospital
Provincial Health Services Authority

Compass Mental Health Supporting Providers

CHILD HEALTH BC
LEAD BENEFACTOR
save on foods

NSSI Interventions/Treatments

1. Safety Planning
2. Psychotherapy (DBT, TIPP skills)
3. Medications

BC Children's Hospital
Provincial Health Services Authority

Compass Mental Health
Supporting Providers

CHILD HEALTH BC
LEAD BENEFACTOR
save on foods

Developing a Safety Plan

- Stressors
- Protective Factors
- Warning Signs
- Coping Tools
- Extra Help

CHILD HEALTH BC
LEAD BENEFACTOR
save on foods

Welcome to the SELF Toolkit!

This toolkit was created for you to work through with your team to help you understand what things tend to cause you stress, what stress looks like for you, and what tools you can try to help you feel better.

To use the toolkit, look at each page and think about what makes sense for you:

- In your life, what can be Stressors for you?
- What are your Warning Signs when you are feeling stress? What signs happen early, and what signs might be more serious?
- Which Tools to Feel Better do you like to use? Are there others that you might like to try?

BC Children's Hospital
Provincial Health Services Authority

Compass Mental Health
Supporting Providers

My Safety Plan

CHILD HEALTH BC
LEAD BENEFACTOR
save on foods

If I feel stressed and/or unsafe I will...

1. Use my tools to feel better, which are...

-
-
-
-
-
-

2. Speak to a trusted adult...

Name: Phone:

Ways I would like them to support me are:

-
-

Name: Phone:

Ways I would like them to support me are:

-
-

3. Call my community team...

Name: Role: Phone:

Name: Role: Phone:

4. Call my local crisis line:

- Crisis Centre BC: 1-800-SUICIDE (1-800-784-2433)
- 310 Mental Health Support: 310-6787 (no area code required)
- 24 hour Crisis line: 604-872-3311 (Greater Vancouver)
- Kids Help Line: 1-800-668-6868 or KidsHelpPhone.ca
- www.youthinbc.com online chat available from 12:00 noon until 1:00 am
- Other:

5. Go somewhere I feel safe...

-

6. Go to the Emergency Room at the nearest hospital

BC Children's Hospital
Provincial Health Services Authority

Compass Mental Health Supporting Providers

CHILD HEALTH BC
LEAD BENEFACTOR
save on foods

Things that make me go towards green:

Things that make me go towards red:

<u>Red Light</u>

How I feel:

What I do:

What I need:

<u>Yellow Light</u>

How I feel:

What I do:

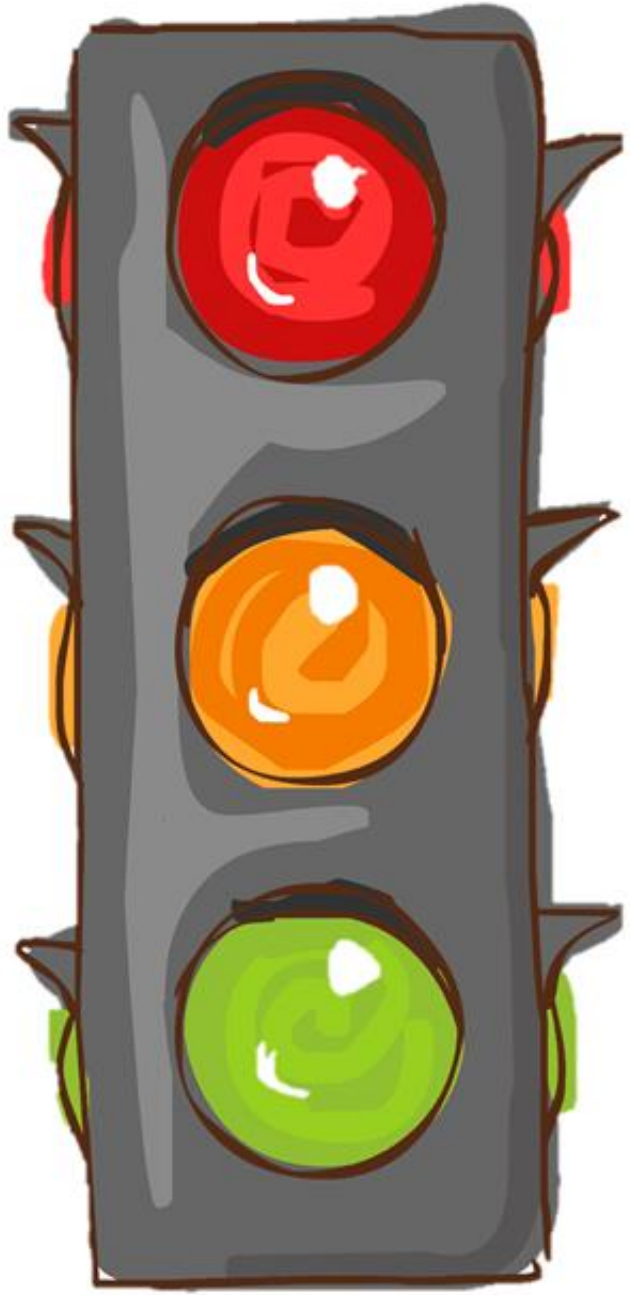
What I need:

<u>Green Light</u>

How I feel:

What I do:

What I need:



Coping Plan Questions

Distraction

- What activities help me cope when I am struggling? How can I distract myself?
- What can my parents do to be helpful to me? What can they say to me?
- What activities help me cope when I am struggling? How can I distract myself?
- What will I do to structure my time at home?

Investigative

- How can my parents tell the difference between when I need space and when I'm becoming withdrawn and unsafe?
- What do my parents do that is not supportive to me?
- How can I keep safe at home? At school?
- How can my parents tell if I am becoming particularly depressed, overwhelmed or unsafe?

Coping Plan Questions

Validation

- What can my parents do to be helpful to me? What can they say to me?
- What do my parents do that is not supportive to me?

Cognitive

- What are some phrases I can use to challenge my negative thoughts that make me want to hurt myself?

Collaboration

- What are my goals for therapy? What am I currently working on?

BC Children's Hospital
Provincial Health Services Authority
Compass Mental Health Supporting Providers
CHILD HEALTH BC
LEAD BENEFACTOR
save on foods

Evidenced-based Treatments for NSSI

- **Dialectical Behavioural Therapy (DBT)**

- Cognitive Behaviour Therapy (CBT)
- Interpersonal Therapy (IPT)
- Problem Solving Therapy (PST)
- Motivational Therapy (MI)
- Mindfulness-Based Cognitive Therapy (MB-CBT)
- Mentalization-Based Treatment (MBT)

TIPP Skills

- Temperature
  - Holding an ice pack to the back of the head, sucking on an ice cube
- Intense Exercise
  - Run up and down the stairs, jumping jacks, etc
- Paced Breathing
  - Box Breathing
- Progressive/Paired Muscle Relaxation
  - Curl up toes/hands tightly and unfurl slowly to relaxed position

Pharmacotherapy

- Indicated for treating comorbidities
- Identify triggers/time of NSSI → TIPP skills

- If TIPP/safety kit not effective, consider PRN

BC Children's Hospital
Provincial Health Services Authority

Compass Mental Health
Supporting Providers

Key Takeaways

1. Trauma Informed Approach
2. Safety – Is this a suicide attempt?
3. Safety Plan – Structured intervention
4. Instill hope

BC Children's Hospital
Provincial Health Services Authority

Compass Mental Health Supporting Providers

CHILD HEALTH BC
LEAD BENEFACTOR
save on foods

Questions?

You can always call Compass!

1 855 702 7272

Resource Support

1. Compass Toolkits: https://compassbc.ca/toolkits
2. Kelty Mental Health Resource Centre Self-Injury Webpage for Parents/Caregivers: https://keltymentalhealth.ca/self-injury
3. SIoutreach.org
4. www.selfinjury.bctr.cornell.edu
5. https://www.cheo.on.ca/en/resources-and-support/resources/P4926E.pdf
6. HereToHelp.BC.ca
7. Calm Harm App
8. https://keltymentalhealth.ca/sites/default/files/resources/Adolescent%20Toolkit%20Provincial.pdf

Literature Cited

1. Understanding Non-Suicidal Self-Injury in Children and Youth. Martha J. Ignaszewski, MD FRCPC: Compass Psychiatrist; Katharine Thomson, PhD: Compass Psychologist.

2. Brown, R., and Plener, P. Non-suicidal self-injury in adolescence. *Current Psychiatry Report* (**2017**): 19-20.

3. Gander, M., Fuchs, M., Franz, N., Jahnke-Majorkovits, A., Buchheim, A., Bock, A., and Sevecke, K. Non-suicidal self-injury and attachment trauma in adolescent inpatients with psychiatric disorders. *Comprehensive Psychiatry* (**2021**): https://doi.org/10.1016/j.comppsych.2021.152273.

4. Mars, B., Heron, J., Klansky, E., Moran, P., O'Connor, R., Tilling, K., Wilkinson, P. and Gunnell, D. Predictors of future suicide attempt among adolescents with suicidal thoughts or non -suicidal self-harm: a population-based cohort study. *Lancet* (**2019**): 6:327-337.

5. Ho, T., Walker, J., Teresi, G., Kulla, A., Kirshenbaum, J., Gifuni, A., Singh, M., and Gotlib, I. Default mode and salience network alterations in suicidal and non-suicidal self-injurious thoughts and behaviours in adolescents with depression. *Translational Psychiatry* (**2021**): https://doi.org/10.1038/s41398-020-01103-x.

6. Voss, C., Hoyer, J., Venz, J., Pieper, L., and Beesdo-Baum, K. Non-suicidal self-injury and its co-occurrence with suicidal behaviour: An epidemiological-study among adolescents and young adults. *Acta Psychiatrica Scandinavica* (**2020**): 142: 496-508.

7. Lustig, S., Koenig, J., Resch, F., and Kaess, M. Help-seeking duration in adolescents with suicidal behavior and non-suicidal self-injury. *Journal of Psychiatric Research* (**2021**): 140: 60-67.

8. Faura-Garcia, J., Orue, I., and Calvete, E. Clinical assessment of non-suicidal self-injury: A systematic review of instruments. *Clinical Psychology and Psychotherapy* (**2020**): https://doi.org/10.1002/cpp.2537.

Nonsuicidal Self-Injury

Proposed Criteria

A. In the last year, the individual has, on 5 or more days, engaged in intentional self-inflicted damage to the surface of his or her body of a sort likely to induce bleeding, bruising, or pain (e.g., cutting, burning, stabbing, hitting, excessive rubbing), with the expectation that the injury will lead to only minor or moderate physical harm (i.e., there is no suicidal intent).

Note: The absence of suicidal intent has either been stated by the individual or can be inferred by the individual's repeated engagement in a behavior that the individual knows, or has learned, is not likely to result in death.

B. The individual engages in the self-injurious behavior with one or more of the following expectations:

1. To obtain relief from a negative feeling or cognitive state.
2. To resolve an interpersonal difficulty.
3. To induce a positive feeling state.

Note: The desired relief or response is experienced during or shortly after the self-injury, and the individual may display patterns of behavior suggesting a dependence on repeatedly engaging in it.

C. The intentional self-injury is associated with at least one of the following:

1. Interpersonal difficulties or negative feelings or thoughts, such as depression, anxiety, tension, anger, generalized distress, or self-criticism, occurring in the period immediately prior to the self-injurious act.
2. Prior to engaging in the act, a period of preoccupation with the intended behavior that is difficult to control.
3. Thinking about self-injury that occurs frequently, even when it is not acted upon.

D. The behavior is not socially sanctioned (e.g., body piercing, tattooing, part of a religious or cultural ritual) and is not restricted to picking a scab or nail biting.

E. The behavior or its consequences cause clinically significant distress or interference in interpersonal, academic, or other important areas of functioning.

F. The behavior does not occur exclusively during psychotic episodes, delirium, substance intoxication, or substance withdrawal. In individuals with a neurodevelopmental disorder, the behavior is not part of a pattern of repetitive stereotypies. The behavior is not better explained by another mental disorder or medical condition (e.g., psychotic disorder, autism spectrum disorder, intellectual disability, Lesch-Nyhan syndrome, stereotypic movement disorder with self-injury, trichotillomania [hair-pulling disorder], excoriation [skin-picking] disorder).