

Understanding Self Harm Behavior

barbara kleine MS

Title & Objective

- Understand the core elements of self harm behavior and how to manage this behavior in a variety of settings
- Barbara Kleine MS
- Childrens Hospital Department of Child Psychiatry, Outpatient clinic
- Dialectical Behavior Therapy Team

Topics of Discussion

- Defining Self Harm
- Suicide vs. Self Harm
- Prevalence
- Who does this and Why
- What to do

SELF HARM

- Non-fatal, intentional self- injurious behavior resulting in actual tissue damage, illness or risk of death or any ingestion of drugs or other substances not prescribed or in excess of prescription with clear intent to cause bodily harm or death.
- Kreitman 1977

SELF HARM VS SUICIDE

- Self harm is a major risk factor for completed suicide
- The more the self harm the higher the risk
- Self harm – without intent to die
with ambivalent intent
with intent to die

Suicidal Urges & Suicidal statements

Self Harm & Eating Disorders

- E.D. is not ITSELF considered a self harm behavior -
- 24% - 35% of eating disordered adolescents reported at least one incident-of these, 42% reported it as a current problem.

PREVALENCE

- There are limited data.
- Seems to be northern hemisphere issue
- 10% of Adolescents
- CATEGORIES:
- Transient and peer inspired
- occasional strategy for major life events
- Persistent strategy
- Intractable, very frequent, severe, disrupting life

WHO ARE THEY?

- Negative emotional states & labile affect
- Life events and changes without skill to manage them
- Interpersonal conflicts
- Being alone Fear of abandonment
- Impulsivity
- Confused sense of self
- Can be normally developing and traumatized or with psychopathology

WHAT IS THE FUNCTION

- To regulate emotion – to feel numb, to feel calm
- To let people know how much pain you are in
- To feel alive, present, focused, euphoric
- To punish myself
- May be different for any one individual
- Research questionnaires name 31 “whys”

ADDITIONAL CONSIDERATIONS

- It continues because it works
- Differing attitudes toward stopping
- “It’s manipulative”
- Hospitalization?

Social contagion

Tattooing and piercing

Electronic vulnerability

NOW WHAT ?

- Assessment Don't assume that you have the whole picture
- Focus on reducing misery and developing a better life
- Reduce exposure to triggers
- Skills training: ways to handle distress, regulate emotions, manage interpersonal conflicts and challenges

More...

- Identify reinforcers :
- eliminate or make them less powerful
- Make sure there are stronger reinforcers for functional behavior
- Get rid of lethal means
- Change expectancies
- Tell them not to harm themselves anymore
- VALIDATION

More...

Treatment Options:
Hospitalization?
supportive counseling
DBT

Resources

- DBT program at CHRMC
- DBT Center of Seattle (website, DBTSeattle.com)
- Souselfhelp
- Linehan, M. Cognitive Behavioral Treatment of Borderline Personality Disorder and Skills Training Manual
- Alderman, T. The Scared Soul