

Responding To Patients' Behavioral Health In General Medical Settings: Non-Suicidal Self Injury

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Disclosure

- The presenter has no financial arrangement related to the content of this continuing education activity.

Objectives

At the completion of this activity, participants will be able to:

- Identify the key issues in detecting and assessing non-suicidal self injury (NSSI);
- Describe the general etiology of NSSI;
- Apply strategies to assist patients with a plan for self care or further treatment.

Participant Survey

- What is your work setting?
 - Primary Care
 - Specialty Care
 - Emergency Department
 - Medical/Surgical hospital
 - ICU
 - Health Promotion
 - Behavioral Health
 - Social Work
 - Other, please specify:

Participant Survey

- What is your current position?
 - Physician or mid-level provider
 - Nursing
 - Medical Support/Medical Assistant
 - Manager/director
 - Administrative Support
 - Community Health Worker or Health Education
 - Behavioral Health Clinician or Social Worker
 - Other, please specify:

Why address behavioral health in general medical settings?

- 18% of all general hospital discharges have a BH disorder coded as a secondary condition.
- Nearly 45% of ED patients screened positive for a DSM-IV diagnosis
- 13% of ED patients not presenting with psychiatric complaints screened positive for suicidal ideation.
- 18% of patients met criteria for PTSD 6 months after cardiac surgery.
- Only 41% of people with a mental disorder use mental health services in any given year.
- The median length of delay from symptom onset to seeking behavioral health treatment is 10 years.

Why address behavioral health in general medical settings?

- BH conditions significantly affect treatment adherence and health outcomes.
- Health care providers and staff have a unique potential to encourage patients to:
 - Access appropriate professional care;
 - Engage in self-help and other support strategies

Defining the Problem

- Behavioral health problems that most significantly impact health and health behavior across population:
 - Anxiety
 - Substance Use Disorders
 - Depression
 - Trauma

How to assess and assist

- Assess for risk of suicide or harm:
 - Suicidal thoughts and behaviors
 - Severe substance intoxication or withdrawal
 - Aggressive or violent behavior (perpetrator or victim)
 - Non-suicidal self-injury

Definition of Non-Suicidal Self Injury (NSSI)

- Deliberate, self-inflicted destruction of body tissue resulting in immediate damage, without suicidal intent and for purposes not culturally sanctioned.
- Self-injury can include a variety of behaviors but these are most common:
 - intentional carving or cutting of the skin
 - subdermal tissue scratching
 - burning
 - banging or punching objects or oneself with the intention of hurting oneself
 - embedding objects under the skin

All of the following are considered non-suicidal self-injury except:

- A. Self-asphyxiation.
- B. Intentional cutting, burning or deeply scratching the skin without suicidal intent.
- C. Piercing the skin for culturally sanctioned reasons.
- D. Both A and C.

Prevalence of Non-Suicidal Self Injury

- 4% in general adult population
- 21% in adult psychiatric inpatient population
- Findings range from 14-39% in adolescent community samples
- Findings range from 40-61% in adolescent psychiatric inpatient samples
- 17% of US college students
- 30-40% of people who self-injure are male.

Correlates and Contextual Factors

- NSSI has been associated with:
 - Depression and anxiety
 - History of trauma or traumatic loss
 - History of suicide attempts
 - Loneliness or social isolation
 - Perfectionism
- NSSI is likely to:
 - Be impulsive, rather than premeditated;
 - Not cause much physical pain;
 - Perform a stress coping function

Four-Function Model of Self-Injury

	Positive Reinforcement	Negative Reinforcement
Automatic (Intrapersonal)	<p>“To feel something – to get a rush.”</p> <p>Correlates: PTSD, MDD</p>	<p>“To get rid of bad feelings...to distract myself from bad thoughts.”</p> <p>Correlates: Hx of suicide attempts, hopelessness</p>
Social (Interpersonal)	<p>“To get attention...to let others know how bad I’m feeling.”</p> <p>Correlates: perfectionism, social concerns, MDD</p>	<p>“To get others to leave me alone...get out of having to do something.”</p> <p>Correlates: perfectionism, social concerns, MDD</p>

Note: Each cell contains examples of reasons adolescents commonly endorse for each function, as well as several correlates of each function (See Nock & Prinstein, 2004, 2005).

Implications of the Functional Model

- Motivations for self-injury vary, and are not limited to “manipulation” or attention-seeking.”
- Self-injury can be understood in a stress-response paradigm.
- Self-injury is an attempt to cope with stress and resulting distress.
- Emotion dysregulation is a central feature of self-injury.
- Other maladaptive coping behaviors may co-occur with self-injury.
- Because of the functional role of NSSI, stress and distress should be addressed before stopping the NSSI behavior.

The Four-Function Model of Self-Injury shows that for the person who self-injures, NSSI is:

- A. Primarily a means to control other people.
- B. A suicide attempt.
- C. An attempt to obtain a desired state or escape a distressing state.
- D. A life-threatening behavior that must be immediately stopped.

Self-injury: Clarifying the Misconceptions

- NSSI occurs among both adolescents and adults, males and females.
- Although people who self-injure are at higher risk for suicidal behavior, NSSI is a distinct, separate behavior.
- Self-injury is a (maladaptive) coping behavior and does not indicate the presence of a particular mental disorder.
- Self-injury may or may not be related to a history of trauma.
- Self-injury is not just manipulation or attention-seeking, but it indicates the presence of significant emotional distress that warrants healthcare attention and response.

Treatment Approaches

- Behavior Therapy
 - Functional analysis and behavior change plan
 - Extensive literature with developmentally disabled populations
- Dialectical Behavior Therapy
 - Elements of behavioral, cognitive, interpersonal, and client-centered therapy
 - Balance between behavior change and acceptance
- Outpatient psychotherapy
 - May be as effective as DBT if well-designed and delivered
- Pharmacotherapy
 - For related depression, anxiety, or trauma-related disorders

Assessment of NSSI in the General Medical Setting

- Approach as you would any other clinical assessment, with calm, concerned interest.
- Always assess for suicide risk while bearing in mind that for the patient, NSSI may be quite distinct from suicidal thought and behavior.
- Screen for substance use, especially alcohol.
- Brief assessment of NSSI in a medical setting:
 - Type(s) of NSSI and parts of the body affected;
 - Level of physical damage and need for medical care;
 - Duration and frequency;
 - What is the functionality of NSSI for the patient?
 - What is the patient's level of motivation for change?
- For more thorough assessment to support treatment, see Walsh (2007).

How to assess and assist

- Listen nonjudgmentally
 - Key **nonverbal skills** to show you are actively listening:
 - Attentiveness
 - Comfortable eye contact
 - Open body posture
 - Being seated
 - Sitting next to the person rather than directly opposite
 - Refocus attention from computer, writing, etc.
 - Focus on understanding the symptoms for what they are.
 - Empathize with emotions the person is feeling about his or her beliefs and experiences.
 - Take care not to make assumptions; ask first.

How to assess and assist

- Give reassurance and information
 - Basic info about their specific problem;
 - General info about potential resources;
 - Recognize the person may have struggled with the problem for a long time, and feels ashamed to talk about it.
 - While expressing concern and recognition of the person's distress, also try to convey a sense of hope and normalizing of their experience, e.g.:
“This is something many people have experienced, and there are things that can help.”
 - Look for simple, practical ideas that will help.

When assisting a patient in the general medical setting who engages in non-suicidal self injury :

- A. Respond calmly and nonjudgmentally.
- B. Assess what purpose the behavior serves.
- C. Help them identify a practical way to cope effectively with stress/distress.
- D. Do all of the above.

How to assess and assist

- Encourage appropriate professional help
 - Provide a simple explanation of medical or pharmacological treatments or counseling/therapy.
 - Describe specific resources in the area you are familiar with, or a person such as a social worker who has more detailed knowledge of services.
 - Offer to help with a referral
 - Consider any specialized peer support programs in the area.
 - Consider traditional or culturally-based healing if appropriate to the person's values.

How to assess and assist

- Encourage self-help and other support strategies, for example:
 - Exercise
 - Relaxation and Meditation
 - Support groups
 - Self-help books based on cognitive behavioral therapy (CBT)
 - Family, friends, faith, and other social networks
 - Community groups and cultural activities

Instilling hope

- Adopt and transmit a recovery and resilience perspective:
 - Persons with behavioral health challenges can live full and rewarding lives and contribute to their community.
 - The person is not a problem to be fixed.
 - Symptoms may fluctuate in severity or remit entirely.
 - Functional abilities can increase even if symptoms are still present.
 - Nonlinear change processes can be influenced by building strengths, creating access to supports, and fostering a holistic approach to health.

Being Effective

- Consistently support the patient over time
 - Identify a simple action step the patient is likely to successfully complete, and build it into the care plan.
 - Support patient behavior that builds recovery.
 - Support patient behavior that builds resilience.
 - Team communication
 - Appropriate documentation
 - Dealing with staff turnover

Being Effective

- Making effective referrals
 - Be prepared
 - Ask the patient
 - Give encouragement and information
 - Be thorough in communicating the referral
 - Follow up
 - Re-evaluate and try again

Being Effective

- Use a team approach
 - Utilize individual strengths
 - Consider capacities of specific disciplines
 - Establish leadership/management support
- Divide tasks
 - Screening
 - Data management
 - Identifying information and resources
 - Communication
 - Managing referrals

Being prepared

- Data – patient and population
 - Query your clinic/hospital data systems, if possible
 - Literature on BH co-morbidity for your clinical population
- Screening
 - Use the available tools – alcohol and depression screens are commonly available
 - Compile screening data
- Resources
 - Collect and organize info
 - Utilize social services and “local experts”
 - Take advantage of available consultation
- Training, e.g. Mental Health First Aid

Find or Host a Course

www.MentalHealthFirstAid.org



The screenshot shows the website's navigation bar with links for 'BLACK DOG RIDE', 'TAKE A COURSE', 'BECOME AN INSTRUCTOR', 'ABOUT', and 'NEWS & UPDATES'. A social media icon for Facebook and a 'SIGN UP' button are also present. The main content area features a 'WHAT YOU LEARN' section with 'COURSE TYPES' for 'ADULT' and 'YOUTH'. A 'FIND A COURSE' button is prominently displayed. Below this, there's a 'DONATE TO BLACK DOG RIDE' button. The page also includes a testimonial from a responder, a 'DONATE NOW' button, and a 'FIND A COURSE' button. The footer contains a quote from a responder: "I've taken regular first aid, and I've used both, but certainly the opportunities to use Mental Health First Aid are much more abundant."

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Mental Health First Aid is an in-person training that teaches you how to help people developing a mental illness or in a crisis.

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Sign up for a Mental Health First Aid class near you

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DONATE NOW

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