



Self Injury-Why Pain is Not a Deterrent

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Objectives

- To review the concept of self injury
- To review the different types of non suicidal self injury
- To review treatment approaches to managing non suicidal self injury



What is Self Injury?

- **Deliberate, socially unacceptable, direct, non-life threatening harm inflicted on one's own body.**
- **Frequently repetitive in nature**
- **Multiple methods involved**
- **No intent to die**



Ways of Self Injury

- carving
- scratching
- branding
- marking
- picking, and pulling skin and hair
- burning/abrasions
- cutting
- biting
- head banging
- bruising
- hitting



Myths About Self Injury

- A failed suicide attempt
- Just attention seeking
- A sign of madness
- People who self injure are a danger to others
- Self injury is an attempt to manipulate others
- Only people with Borderline Personality Disorder self injure.
- Self injury as a diagnosis – the 'cutter'



Types of Self Injury

- **Stereotypic**
- **Major self injury**
- **Compulsive**
- **Impulsive**



Types of Self Injury

Stereotypic Self Injury:

- **Method:** biting, head banging, lip or hand biting
- **Frequency:** very repetitive
- **Pattern:** driven, fixed, rhythmic
- **Degree of damage:** mild to severe
- **Seen in:** mental retardation, autism, Lesch-Nyhan, Cornelia de Lange



Types of Self Injury

Major Self Injury:

- **Method:** autoenucleation, castration, limb amputation
- **Frequency:** rare
- **Pattern:** impulsive or planned, symbolic
- **Degree of damage:** severe to life threatening
- **Seen in:** psychosis, intoxication, gender identity



Types of Self Injury

Compulsive Self Injury:

- **Method:** skin biting or chewing, hair pulling
- **Frequency:** repetitive
- **Pattern:** compulsive, ritualized, sometimes symbolic
- **Degree of damage:** mild to moderate
- **Seen in:** trichotillomania, stereotypic movement disorders, high anxiety



Types of Self Injury

Impulsive Self Injury:

- **Method:** cutting, burning, hitting
- **Frequency:** isolated or habitual, not highly repetitive
- **Pattern:** impulsive, ritualized, generally symbolic
- **Degree of damage:** mild to moderate
- **Seen in:** trauma and abuse survivors, dissociative disorders, PTSD, eating disorders, borderline and antisocial personality disorders

Epidemiology of Self Injury



- Likely underreported
- Prevalence in general pop.: 0.75 – 4%
- Prevalence in clinical pop.: 21-40%
- In Borderline PD: up to 80%
- Female:Male ratio: 20:1
- Begins in mid adolescence and may continue for years
- Some studies show 80-90% of cutters have a hx of childhood sexual abuse
- Associated with a variety of psychiatric diagnoses

Warning Signs of Self Injury



- **Unexplained wounds or scars** from cuts, bruises, or burns, usually on the wrists, arms, thighs, or chest.
- **Blood stains** on clothing, towels, or bedding; blood-soaked tissues.
- **Sharp objects or cutting instruments**, such as razors, knives, needles, glass shards, or bottle caps, in the person's belongings.
- **Frequent "accidents."** Someone who self-harms may claim to be clumsy or have many mishaps, in order to explain away injuries.
- **Covering up.** A person who self-injures may insist on wearing long sleeves or long pants, even in hot weather.
- **Needing to be alone for long periods of time**, especially in the bedroom or bathroom.
- **Isolation and irritability**



Neurobiology of Self Injury

- Generally not well understood
- Aggression and SIB linked to low Serotonin levels in the brain (Coccaro, 1997)
- Trauma disrupts normal development of various pain pathways potentially leading to different structures and functional connectivity in the CNS (Pao, 2005)
- fMRI studies suggest differences and similarities in brain sites that process physical pain and 'social pain' (Pao, 2005)
- Combined PET and MRI studies show dysregulation in the Orbital Medial Striatal areas of the brains of patients with Lesch Nyhan Syndrome (Harris, 2005)

SELF INJURY





Functions of Self Injury

Relief from feelings:

- Regulates distress and anxiety
- Anger Management
- Distraction/refocusing



Functions of Self Injury

Self Punishment and Sacrifice:

- Punishment for badness/dirtiness
- Cleansing and excising
- Punishing the abuser
- Shame and confusion about sexuality



Functions of Self Injury

Communication

- Communication with self testimony
- Communication with others



Functions of Self Injury

Organization of the Self

- Self nurturing
- Self soothing
- Control
- Autonomy



Functions of Self Injury

Maintaining or Managing Dissociation

- Brings one into the present
- Keeps one distant, numb and detached



Functions of Self Injury

Reenactment

- Body as Battleground
- Secrecy
- Unable to protect oneself

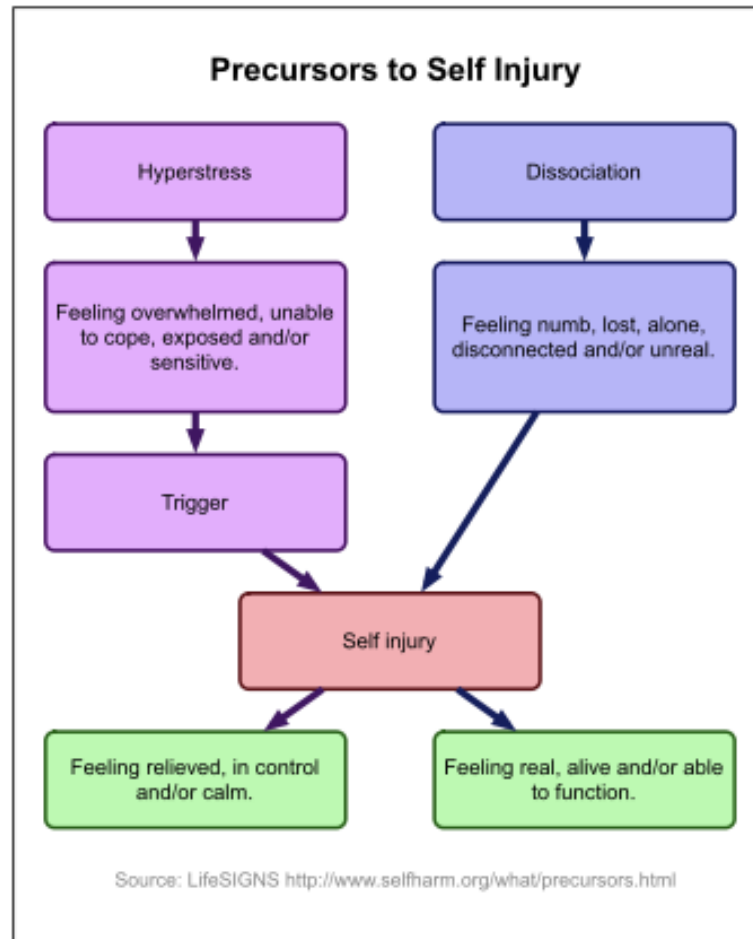


Four Function Model

Nock 2005

	Positive reinforcement	Negative reinforcement
Automatic (intrapersonal)	To feel something – to get a rush	To get rid of bad feelings
Social (interpersonal)	To get attention – to let others know how I am feeling	To get others to leave me alone – to get out of something

Pathway of Self Injury





Functions of Self Injury

- “People who self injure often never developed healthy ways to feel or express emotion or to tolerate distress. Studies have shown that self harm can put a person at a high level of physiological arousal back to a baseline state.”

American Self Harm information Clearing House www.selfinjury.org



Treatment for Self Injury

Psychotherapies:

- Dialectical Behaviour Therapy
- Cognitive Behaviour Therapy
- Psychodynamic Therapy

Pharmacotherapy

- SSRI's/SNRI's
- TCA's
- MAOI's
- Antipsychotics
- Opioid Antagonists
- Beta Blockers
- Mood stabilizers
- Benzodiazepines



Alternatives to Self Injury

- accept reality and find ways to make the present moment more tolerable.
- identify feelings and talk them out rather than acting on them.
- distract themselves from feelings of self-harm (for example, counting to ten, waiting 15 minutes, saying "NO!" or "STOP!," practicing breathing exercises, journaling, drawing, thinking about positive images, using ice and rubber bands)
- stop, think, and evaluate the pros and cons of self-injury.
- soothe themselves in a positive, non-injurious, way.
- practice positive stress management.
- develop better social skills

Dialectical Behaviour Therapy



- Group Based
- Support Oriented
- Cognitive Based
- Collaborative



Dialectical Behaviour Therapy

- 1. Mindfulness training (becoming aware of emotions).
- 2. Emotional regulation (reducing or eliminating negative emotions).
- 3. Distress tolerance (learning to tolerate painful emotions).
- 4. Interpersonal effectiveness (interpersonal skills training).
- Patients use "diary cards" to record emotional experiences, behaviors, and the DBT skills they practice. Patients also complete "Behavioral chain analysis" forms where they record sequences of situations, internal reactions, and maladaptive behaviors. Each week, patients discuss this information in the first hour of their group session. In the second hour, patients learn and practice new skills. Each patient also has one individual therapy session per week.



Dialectical Behaviour Therapy

- 1. Mindfulness training: Learning to fully experience thoughts, emotions, and action urges without attempting to suppress them or judge them, and without experiencing secondary emotions such as guilt or shame.
- 2. Identifying the antecedents and consequences of emotions.
- 3. Becoming aware of the bodily responses that accompany negative emotions.
- 4. Understanding the relationship between cognitions and emotions, and modifying cognitions that evoke negative emotions.
- 5. Learning adaptive methods of coping with negative emotions: relaxing, taking walks, socializing, taking a warm bath, listening to soothing music,
- 6. Getting adequate sleep and reducing excessive exercise and the use of drugs and alcohol.
- 7. Reducing negative emotions, for example by facing rather than avoiding feared situations, and by revealing rather than hiding feelings of shame.



Treatment for Self Injury

Other

- Acupuncture
- Sensory diet



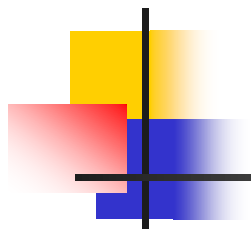
Self Injury-Why Pain is Not a Deterrent

- Behaviour serves several other purposes
- Pain is processed and experienced differently
- Pain has a different meaning and value – may be indistinguishable from other non physical forms of pain
- Pain may not be experienced at all or may have a paradoxical soothing effect



The Bill of Rights for Those Who Self Harm

- The right to caring, humane medical treatment.
- The right to participate fully in decisions about emergency psychiatric treatment so long as other are not in danger.
- The right to body privacy.
- The right to have the feelings behind the SI validated.
- The right to disclose to whom they choose only what they choose.
- The right to choose what coping mechanisms they will use.
- The right to have care providers who do not allow their feelings about SI distort the therapy.
- The right to have the role SI has played as a coping mechanism validated.
- The right to not be automatically considered dangerous simply because of self inflicted injury.
- The right to have SI regarded as an attempt to communicate, not manipulate.



Questions?