Assessment and Management of Non-Suicidal Self-Injury (NSSI) and Suicidal Ideation and Behaviors

ELENA M. DOSKEY, PH.D.
LICENSED PSYCHOLOGIST
THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER
CENTER ON CHILD ABUSE AND NEGLECT – CHILD STUDY CENTER

If you or someone you know is in crisis, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or contact the Crisis Text Line by texting TALK to 741741.

Prevalence

- NSSI occurs in 17.2% of non-clinical adolescents ages 10-17
- Suicide was the second leading cause of death for youth and young adults ages 10-34 in 2016
- Suicide rates increased more than 30% in half of states between 1999 and 2016
- Youth Risk Behavior Survey in 2017 found that 17.2% of students in grades 9-12 had seriously considered attempting suicide, 13.6% had made a plan, and 7.4% had attempted

- Child maltreatment is a significant risk factor for NSSI, suicidal ideation, and suicide attempts

What to do?

Distinguish NSSI behaviors from suicidal behaviors.

Assess and manage these behaviors in the context of TF-CBT.

Implement a safety plan as a method for managing these behaviors.

What is the main difference between NSSI and suicidal behavior?

NSSI vs. Suicidal Behavior

NSSI

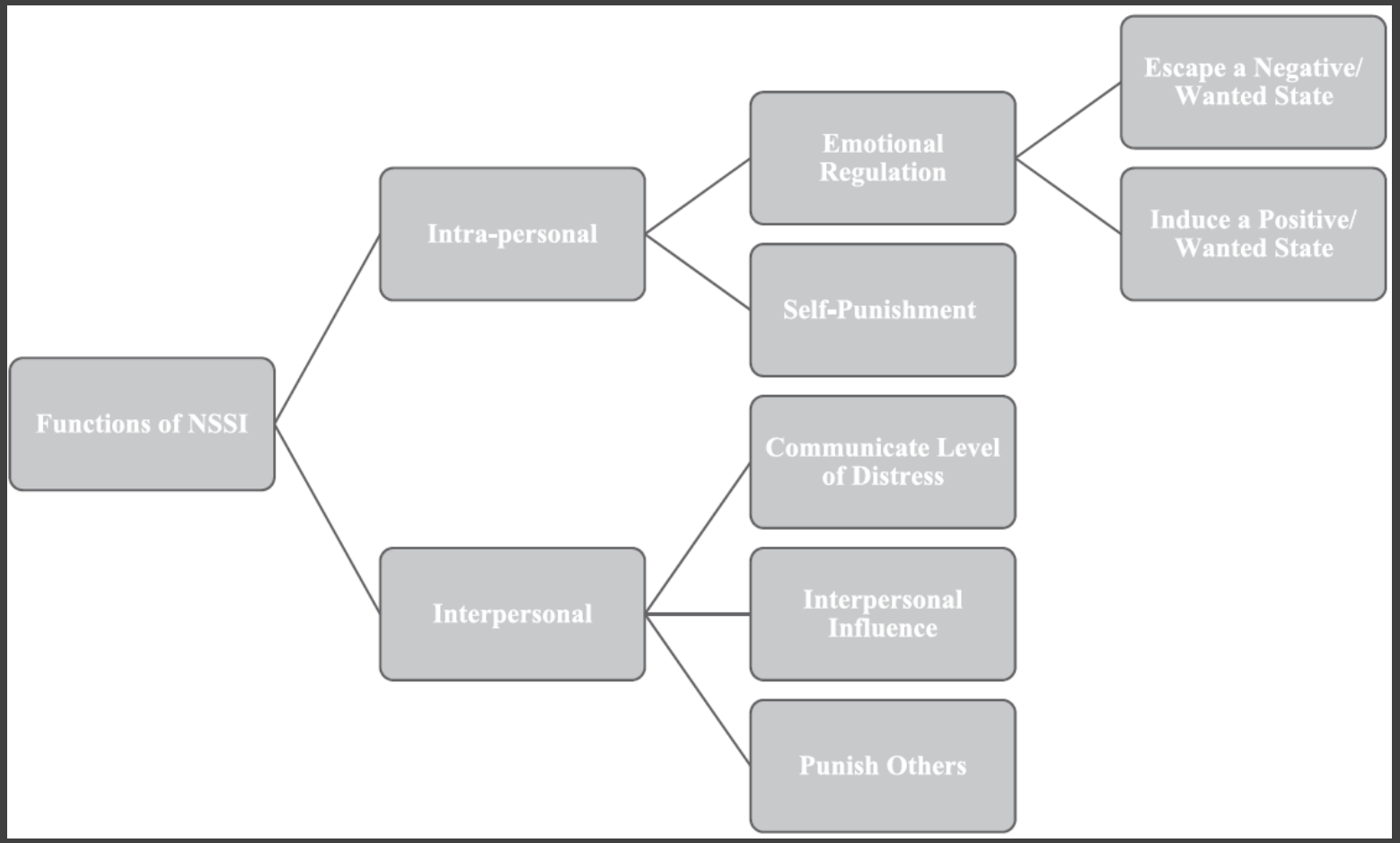
- No intent to die
- Desire to alleviate distress
- High frequency
- Multiple methods
- Low lethality injuries
- Reactions of disgust, fear, and hostility from others

SUICIDAL BEHAVIOR

- Intent to die
- Accompanied by thoughts of death and/or wanting to die
- Low frequency
- Single method
- High lethality injuries
- Reactions of care, compassion, and concern from others

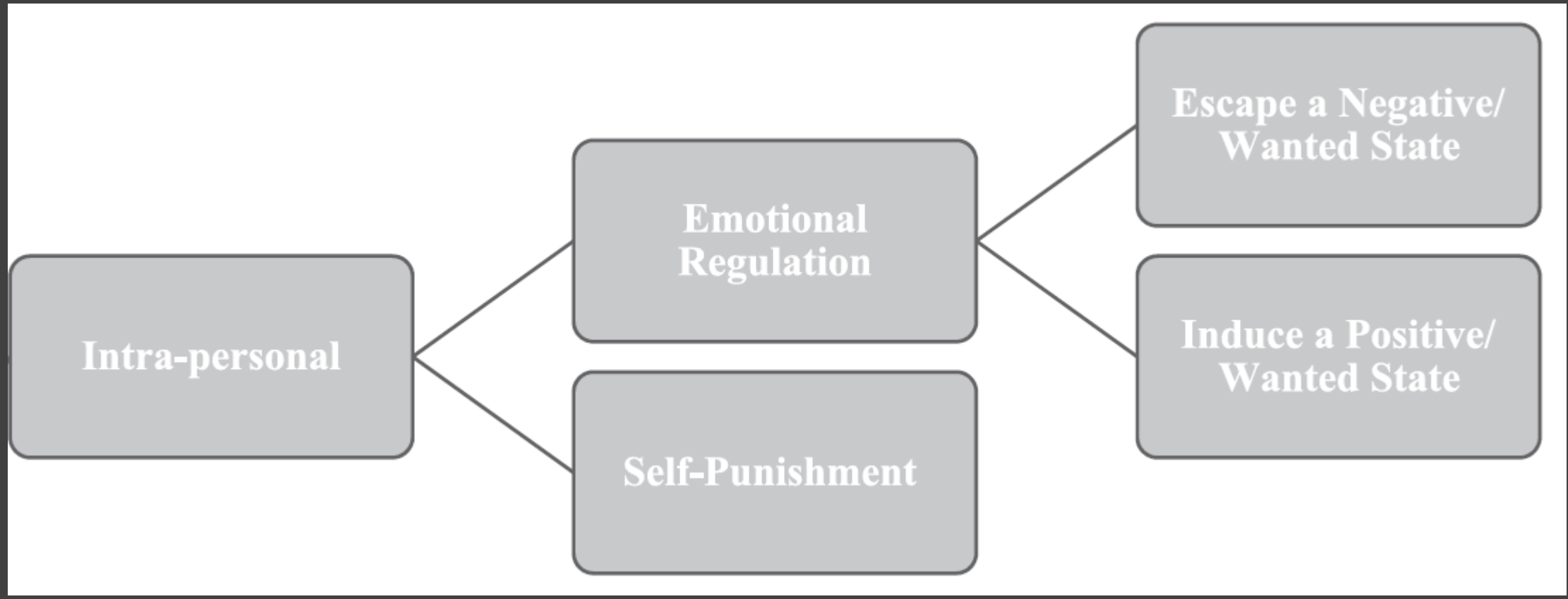
Distinguish NSSI behaviors from suicidal behaviors

Functions of NSSI

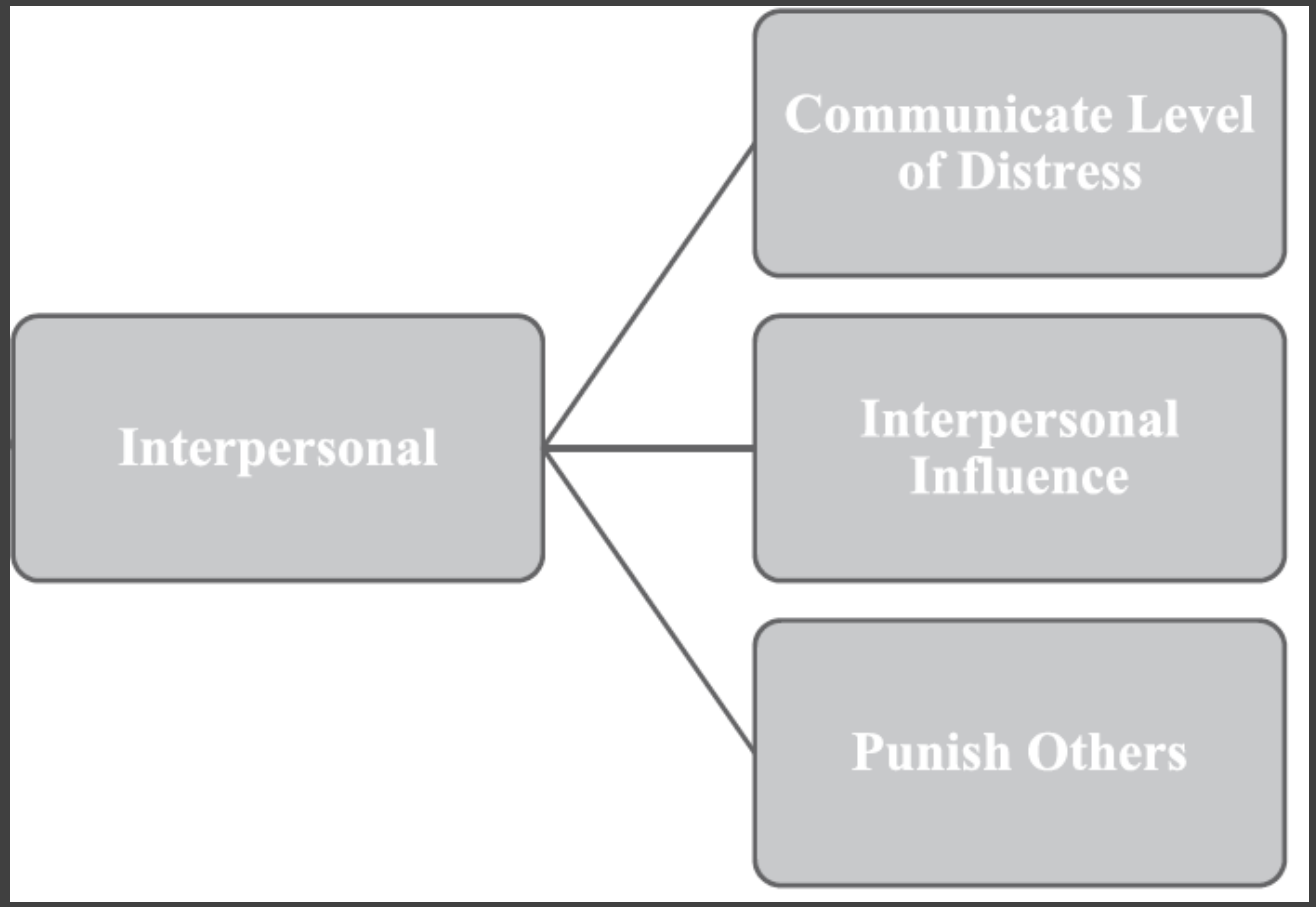


Distinguish NSSI behaviors from suicidal behaviors

Functions of NSSI (cont.)



Functions of NSSI (cont.)



Now what?

Psychoeducation and **P**arenting skills

Relaxation

Affective modulation

Cognitive coping

Trauma narrative and processing

***I**n vivo* mastery of trauma reminders

Conjoint child-parent sessions

Enhancing future safety and development

Assess for these behaviors in the context of TF-CBT

Assessment

It is important to assess for thoughts of death, desire to be dead, suicidal ideation, suicidal behavior, and NSSI

- Each of these domains need to be assessed as separate entities

Thoughts of death	Thoughts about being dead but no desire to be dead
Desire to be dead	Wish to be dead but no desire to kill oneself
Suicidal ideation	Thoughts of wanting to kill oneself with or without plan or intent
Suicidal behavior	Thoughts of wanting to kill oneself and attempts to do so
NSSI	Actions intended to harm oneself without intent to kill oneself

Assess for these behaviors in the context of TF-CBT

Assessment (cont.)

Use a normalizing frame

- In the context when asking about mood and coping with different emotions
- Thoughts of death
  - "I know some kids feel so sad, hopeless, or angry they sometimes think about what it would be like to be dead. Have you ever thought about what it would be like to be dead?
- Desire to be dead
  - "I know some kids feel so sad, hopeless, or angry that they wish they were dead. Have you ever wished you were dead?"

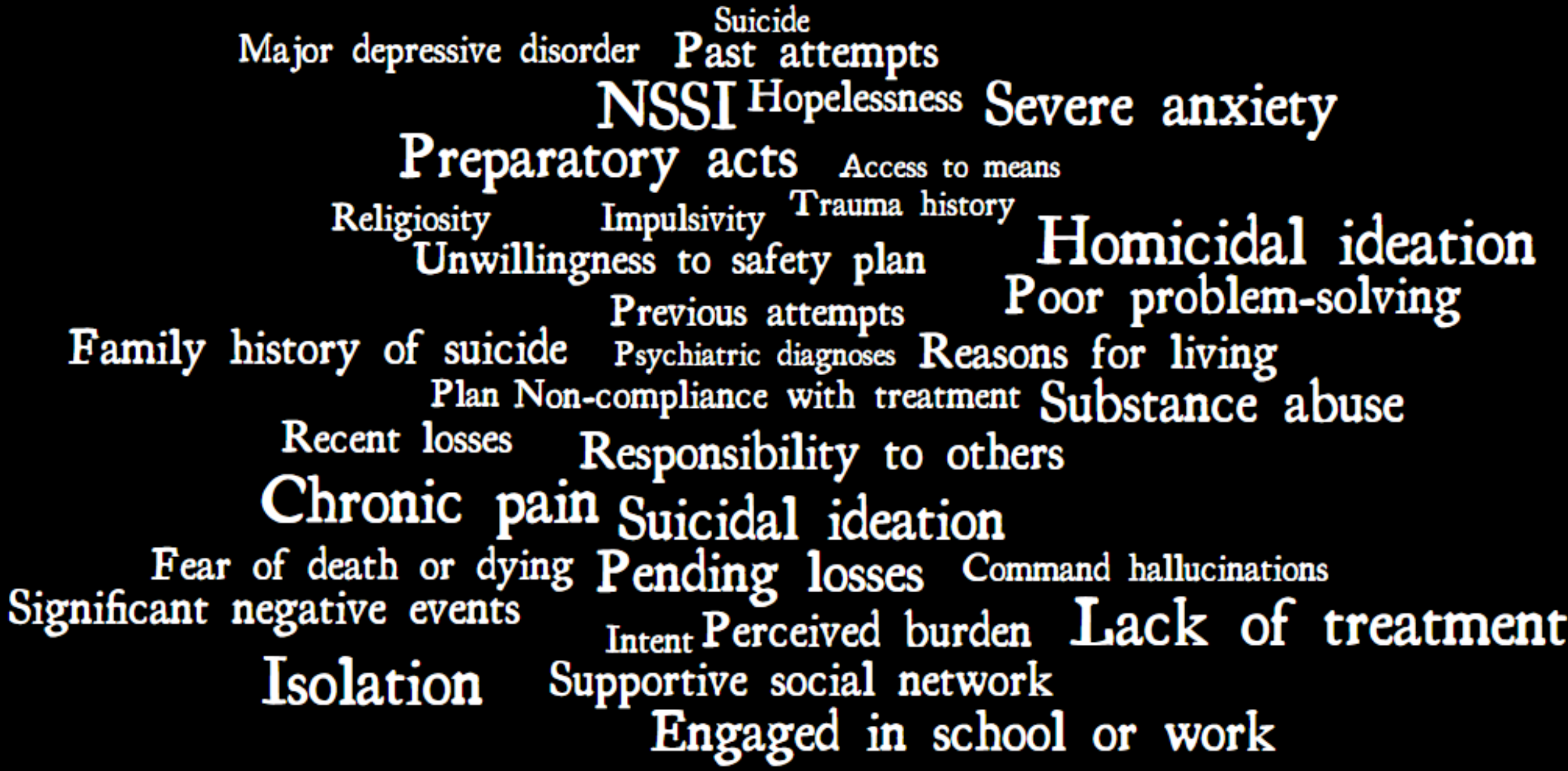
Assessment (cont.)

- Suicidal ideation
  - “Sometimes some kids feel so sad, hopeless, or angry that they think about killing themselves. Have you ever thought about killing yourself?”
  - (Depending on the answer to this question, then assess for plan to kill oneself and intent to kill oneself)
    - When you have had thoughts of killing yourself, have you ever come up with a plan as to how you would do it?
    - When you came up with this plan, have you ever thought it was something you would actually follow through with and do?
- Suicidal behavior
  - (Depending on the answer to the question above) “Have you ever tried to kill yourself?”
- NSSI
  - “Sometimes some kids try to hurt themselves on purpose without wanting to kill themselves. Have you ever tried to do that?

Assess for these behaviors in the context of TF-CBT

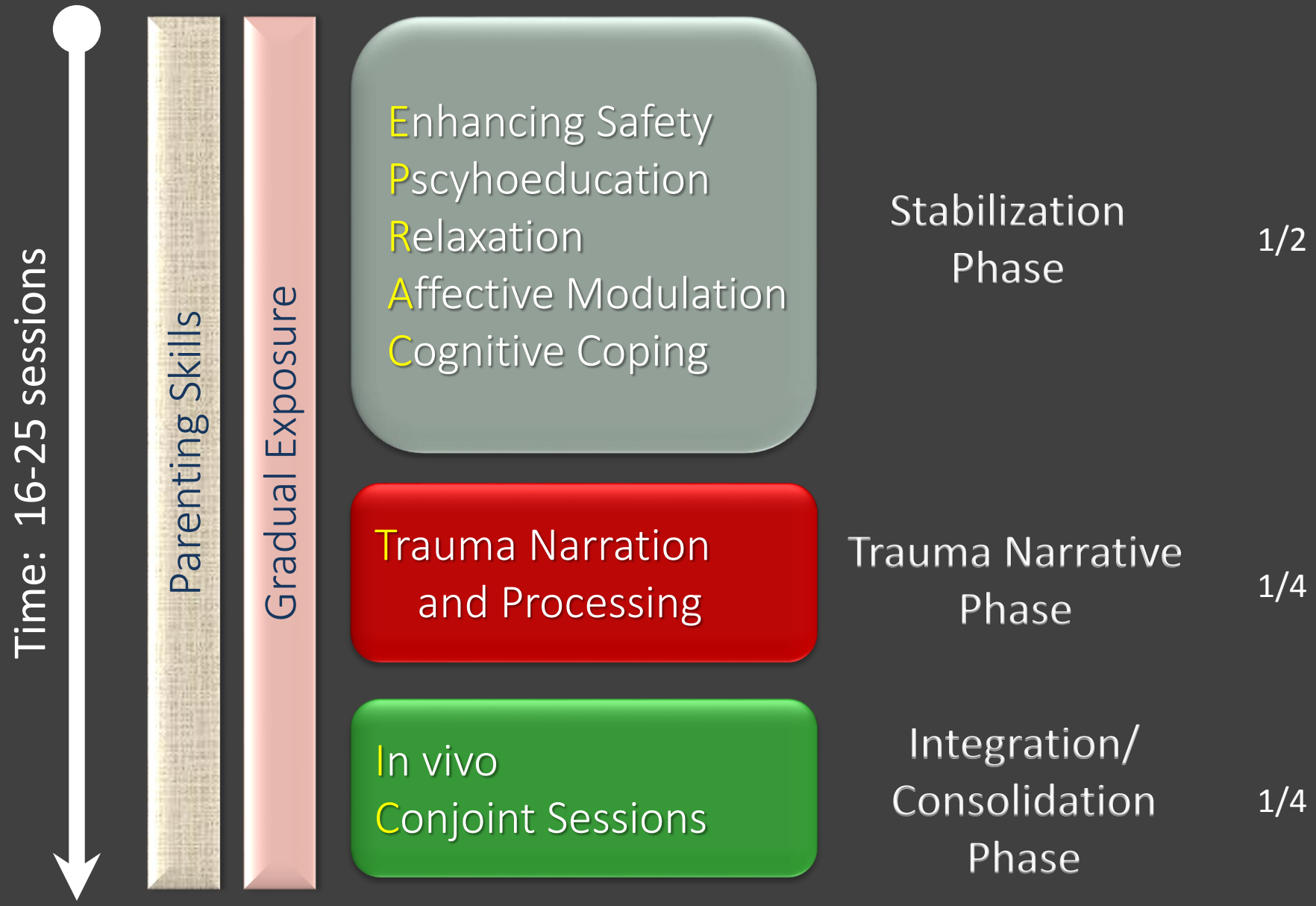
Assessment (cont.)

Refer to the supplemental handout for additional assessment information


Suicide
Major depressive disorder
Past attempts
NSSI
Hopelessness
Severe anxiety
Preparatory acts
Access to means
Religiosity
Impulsivity
Trauma history
Homicidal ideation
Unwillingness to safety plan
Poor problem-solving
Previous attempts
Family history of suicide
Psychiatric diagnoses
Reasons for living
Plan
Non-compliance with treatment
Substance abuse
Recent losses
Responsibility to others
Chronic pain
Suicidal ideation
Fear of death or dying
Pending losses
Command hallucinations
Significant negative events
Intent
Perceived burden
Lack of treatment
Isolation
Supportive social network
Engaged in school or work

Is TF-CBT the right model for youth with self-harm behaviors?

Assess and manage these behaviors in the context of TF-CBT



Assess and manage these behaviors in the context of TF-CBT

Parenting

- Does the caregiver have the capacity to keep the child safe?
- Coach on response to disclosures of NSSI, suicidal ideation, and suicidal behaviors
  - Calm, gentle, empathetic
- Safety measures are put in place out of concern, not out of mistrust
- Validate tension between enhancing safety and honoring autonomy
- Validate emotional responses of the caregivers
- Teach active listening

Assess and manage these behaviors in the context of TF-CBT

Relaxation & Affective modulation

Add tools that address the function of the behavior

Enhance ability to identify *and* monitor heavy and light emotional experiences
- Wave analogy
- "This too shall pass"

Escaping the negative *while* enhancing the positive
- We cannot take away without simultaneously adding

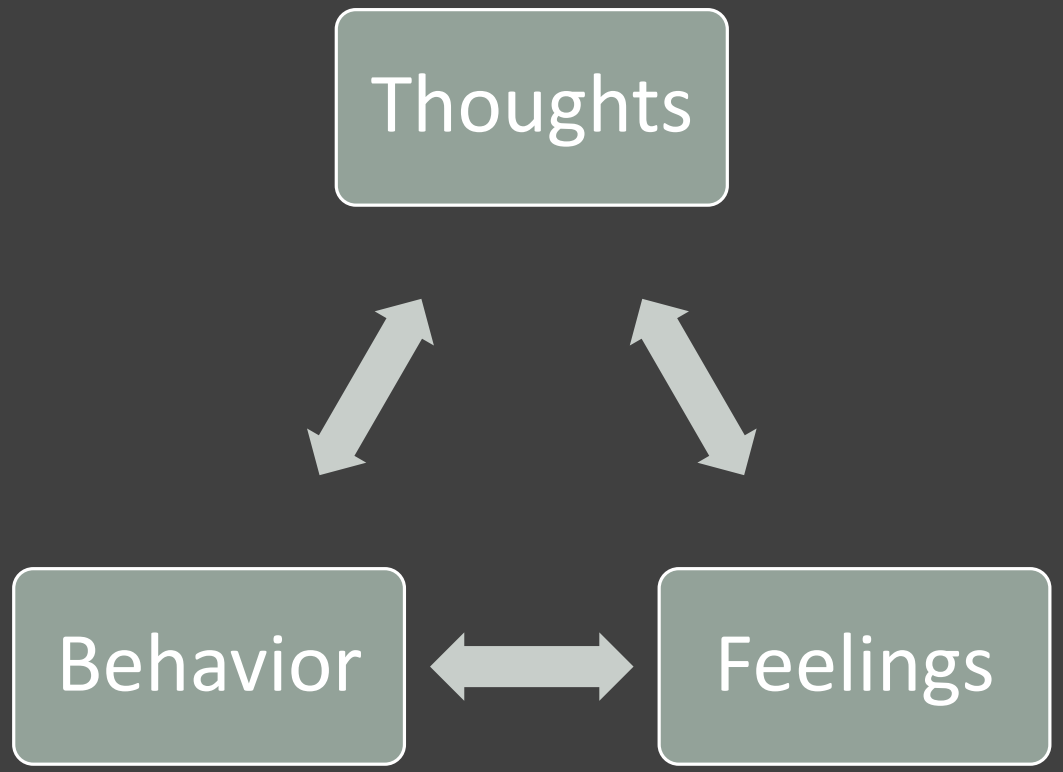
Teach problem-solving

Identify times of successful emotion management

Enhance connections with others

Incorporate caregivers

Cognitive coping



- Address the function of the behavior
- Identify the core thoughts and/or beliefs that fuel the distressing feelings and maladaptive behavior
- Provide an alternative, balanced, more helpful coping thought
- Channel changing technique
- Grounding techniques
- Distraction by themselves and with others

Assess and manage these behaviors in the context of TF-CBT

Relaxation, Affective modulation, & Cognitive coping

If…

- something's bothering you that you might be able to change → use problem-solving
- something's bothering you that you can't change → use a coping strategy
- a negative thought is causing you to feel bad → challenge and balance the thought

Trauma narrative and processing

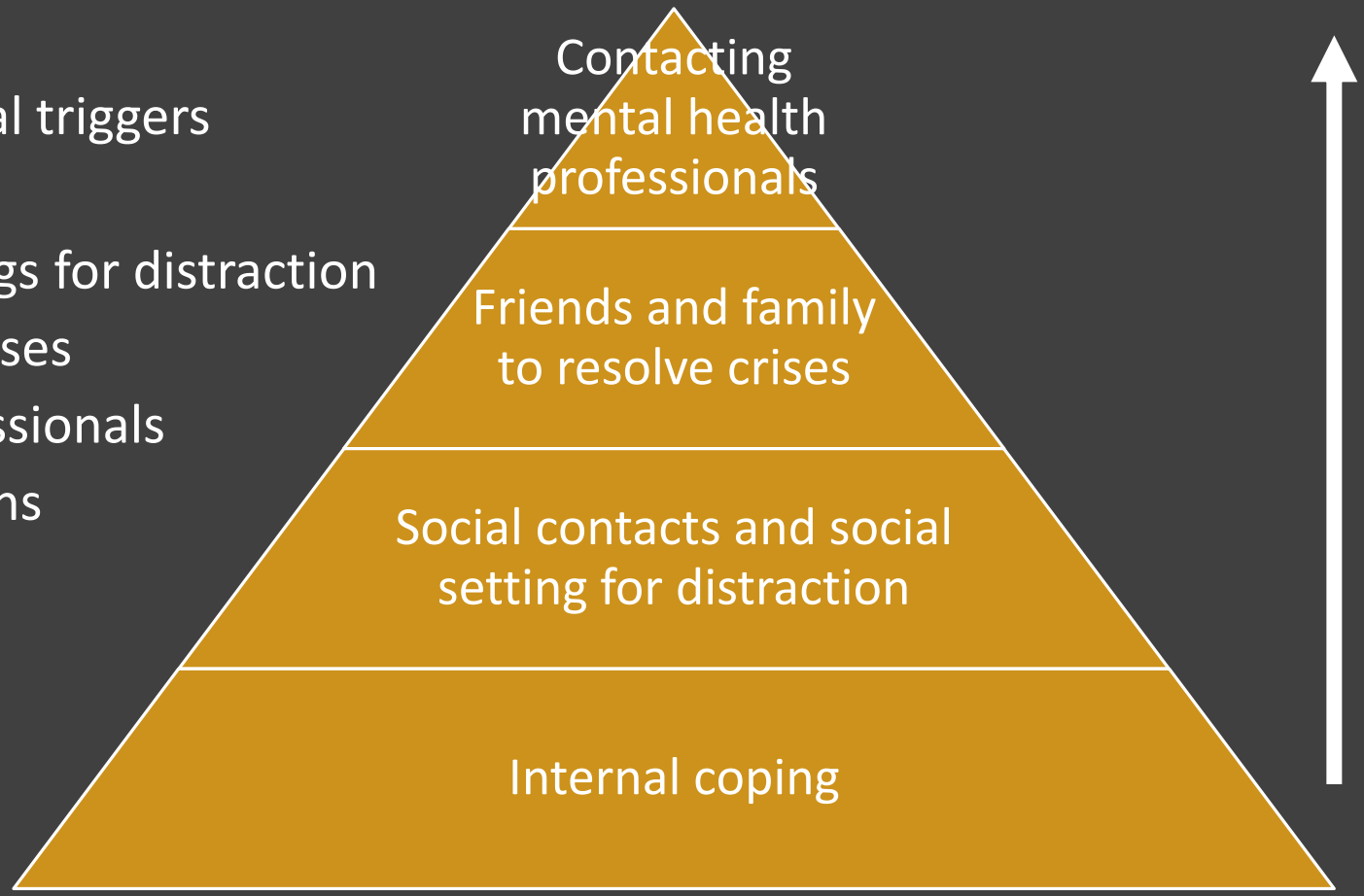
- Spend additional time making a plan for session and outside of session
- Emphasize previous successes and treatment progress moving into this phase
- Promote distress tolerance in session
- Consider additional phone check-ins between sessions
- If NSSI or suicidal ideation or behaviors occurring during TN,
  - it probably means the client is in the correct treatment!
  - revisit your gradual exposure hierarchy.
    - Consider slowing down but not stopping
  - revisit your in-session trauma narrative plan.
  - continue enhancing safety.

Assess and manage these behaviors in the context of TF-CBT

Safety Planning

Components of a safety plan

- Warning signs of suicide/internal triggers
- Internal coping strategies
- Social contacts and social settings for distraction
- Friends and family to resolve crises
- Contacting mental health professionals
- Restricting access to lethal means



Implement a safety plan as a method for managing these behaviors

Safety Planning (cont.)

Safety plan product should be 1 page and should include these sections

- My Reasons for Living
- Making the Environment Safe
- Identifying Warning Signs
- ''On my Own'' Coping
- "With Someone'' Coping
- "Tell Someone" Coping
- Names, numbers, and addresses to receive emergency medical services
- Crisis line numbers

Implement a safety plan as a method for managing these behaviors

Safety Planning (cont.)

- Client safety plan template
  - Google “Brown and Stanley Safety Plan”
  - https://www.sprc.org/resources-programs/patient-safety-plan-template

Implement a safety plan as a method for managing these behaviors

Elena M. Doskey, Ph.D.
Licensed Psychologist
Center on Child Abuse and Neglect
University of Oklahoma Health Sciences Center
elena-doskey@ouhsc.edu

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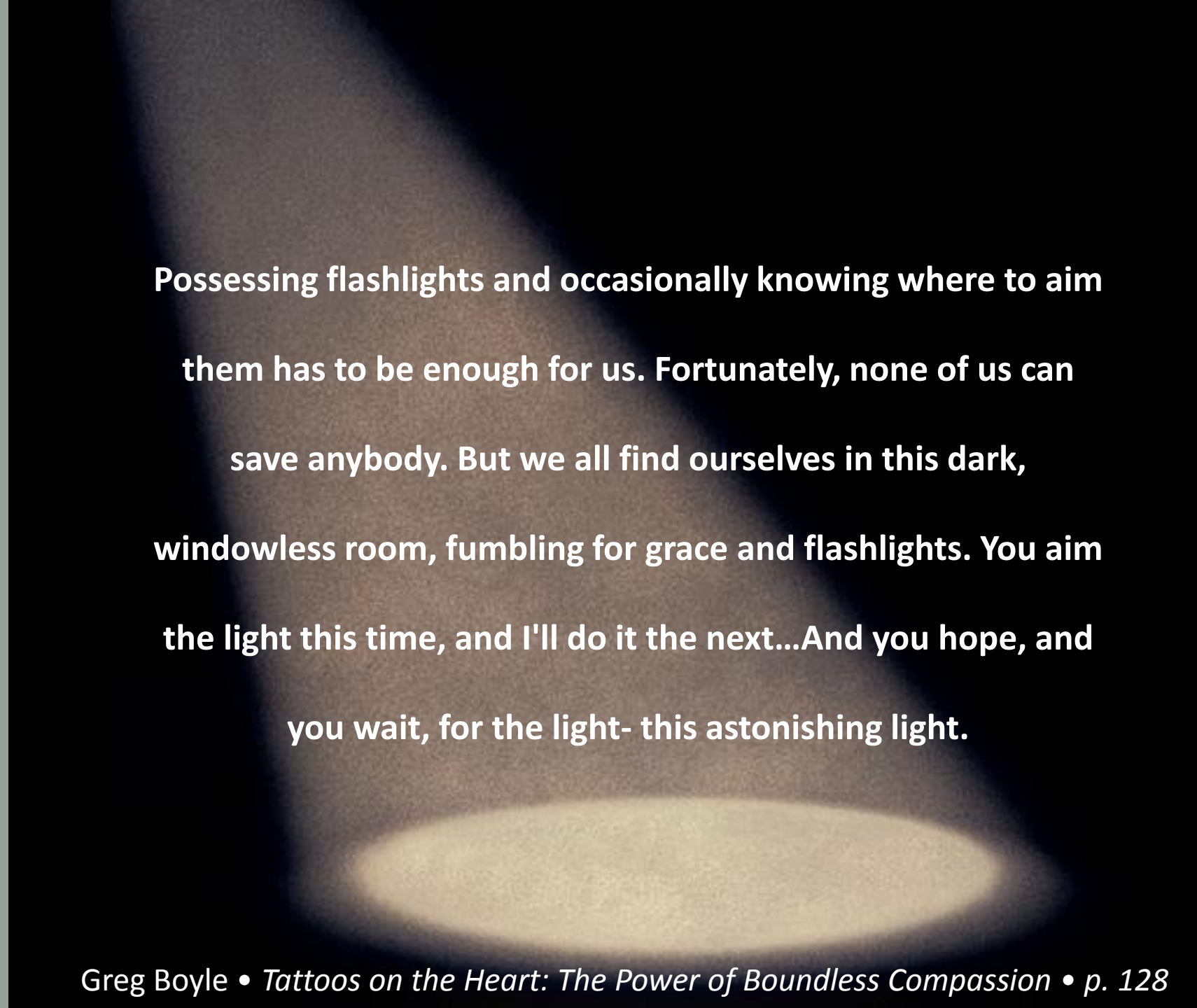

Possessing flashlights and occasionally knowing where to aim them has to be enough for us. Fortunately, none of us can save anybody. But we all find ourselves in this dark, windowless room, fumbling for grace and flashlights. You aim the light this time, and I'll do it the next…And you hope, and you wait, for the light- this astonishing light.

Greg Boyle • *Tattoos on the Heart: The Power of Boundless Compassion* • *p. 128*