Adolescent Self-Harm: Red Flag or Teenage Angst?

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Learning Objectives

1. Describe adolescent self-harm
2. Effectively assess intentional self-injury
3. Make treatment recommendations
Case Presentation

- KB – 16F MDD, hx of 2 suicide attempts, had experimented with cutting/scratching using seashells, plastic, etc. (x4 total)

Self-Harm: intentional self-injury*

• Suicidal attempts (non-zero intent to die)
• Non-Suicidal Self-Injury (NSSI)
• Self-injury w/undetermined intent

• Example self-injurious behaviors
  – Cutting, burning, rubbing, pinching, hitting, etc.
  – Intentional poisoning, strangulation, overdosing, etc.

*Excluding self-stimulating or repetitive behaviors that may inflict significant injury in individual with significant developmental delay or autism.
Background – Prevalence & Significance

• SH, regardless of intent, among the strongest predictors of suicide death (increases risk x10)
• Minimum 17% Lifetime prevalence

Annual increase in ER visits for self-harm in the US, by age*

<table>
<thead>
<tr>
<th>Age</th>
<th>Girls</th>
<th>Boys</th>
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<tbody>
<tr>
<td>10-14</td>
<td></td>
<td>1%</td>
</tr>
<tr>
<td>15-19</td>
<td>7.2</td>
<td>0.5</td>
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<tr>
<td>20-24</td>
<td>2</td>
<td>-0.1</td>
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</tbody>
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* 2008/09 to 2015

Risk factors
  – Female gender (esp. clinical samples)
  – Age (peaks in middle adolescence, decreases in young adulthood)
  – Previous SH behavior
  – Depression & Anxiety
Assessment – the 5 W’s

• **What** – SH behavior and severity of injury
  – *What do you do to hurt yourself? What do you cut with?*

• **When** – recency, primacy, chronicity
  – *How often do you SH? When did you start?*
  – *How long have you been cutting? Have you ever tried to quit?*

• **Where** – location of injury, location of SH behavior engagement
  – *Where do you cut on yourself?*

• **Why** – function of behavior (e.g., emotion regulation, suicide intent)
  – *Did you have thoughts about killing yourself or hoped that you might die?*
  – *What does SH do for you? Does it help?*
  – *People SH for many different reasons, why do you do it? (e.g., for relief, to fee something, to calm down, to let me feelings out, to communicate/express myself, it’s a habit/addicted)*

• **Who** – who knows? (e.g., parents, friends, no one)
  – *Who knows about your cutting? Have you told anyone?*
Assessment Pitfalls

Dos

• F/u on questionnaires (PHQ9)
• Interview teen alone
• Be matter of fact
• Show concern
• Validate
• Make a f/u plan (possibly...)
  – Inform parents
  – Safety planning
  – Consult
  – Refer
  – Reassess

Don’ts

• Ignore or do nothing
• Use euphemisms
• Be alarmist or reactive
• Lecture or be judgmental
• Over normalize SH
• Promise to keep the teen’s secret no matter what
• Forget to assess for suicidality
Treatment Recommendations

• Adolescent self-harm does improve with treatment

• **DBT**, CBT, Mentalization-Based Therapy

• Components most predictive of improvement: Family involvement and treatment dose
  – Get parents involved
  – Get teen into a bone fide treatment

• Parent recommendations:
  – Remove means: Unscheduled, regular, but transparent room sweeps
  – Non-reactive response, minimal attention
Questions?

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References


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