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Psychiatry and Addictions Case Conference
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Welcome!

Today's Topic:

Adolescent Self-Harm: Red Flag or Teenage Angst?

How do I help with an adolescent patient who is self-harming?

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Red Flag or Teenage Angst?

Freda F. Liu, PhD

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DISCLOSURES

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LEARNING OBJECTIVES

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

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CASE PRESENTATION

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

- KS – 16 (natal female, “transgender: non-binary”) MDD, GAD, Soc Anx, Borderline traits, hx of multiple suicide attempts and extensive self-harm. Inpt psych admission after swallowing 30 straight pins.

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 (heat, chemical, friction), pinching, hitting, scratching, 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. Also not referring to tic-like or trichotillomania-related skin-picking or hair-pulling (and swallowing) behaviors

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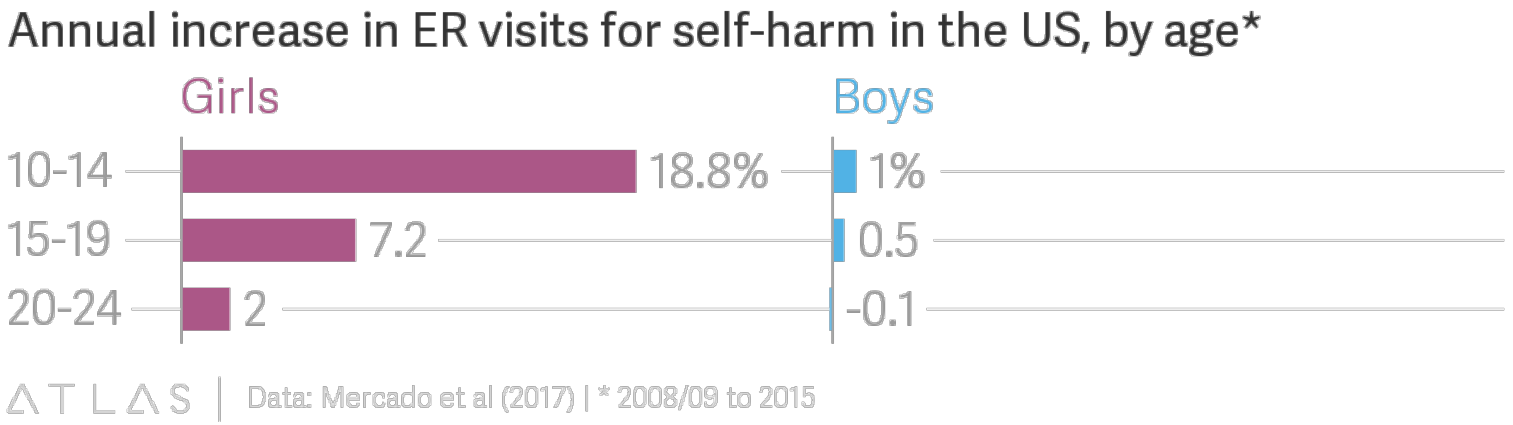
BACKGROUND – PREVALENCE & SIGNIFICANCE

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



- Risk factors
  - Female gender (esp. clinical samples)
  - Age (peaks in middle adolescence [~14ish], decreases in young adulthood)
  - Previous SH behavior
  - Depression & Anxiety

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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? Where are you usually when you're SH-ing?*
- Why – function of behavior (e.g., emotion regulation, suicide intent)
  - *Did you have thoughts about killing yourself or hoped that you might die?*
  - *People SH for many different reasons, why do you do it? (e.g., for relief, to feel something, to calm down, to let feelings out, to communicate/express yourself, it's a habit/addicted)*
  - *What does SH do for you? Does it help?*
- 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 (not alarm)
- 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

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TREATMENT RECOMMENDATIONS

- Adolescent self-harm does improve with treatment
- **DBT** (gold standard), CBT, Mentalization-Based Therapy
- Components most predictive of improvement: Family involvement and treatment dose
  - Get parents involved
  - Get teen into a bona fide treatment
- Parent recommendations:
  - Remove means: Unscheduled, regular, but transparent room sweeps
  - Non-reactive response, minimal attention

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QUESTIONS?

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