Working with Individuals who Self-Harm: Ethical Considerations in Non-Suicidal Self-Injury (NSSI)

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Objectives

1. Get my 3 Ethics CEUs (am I right?)
2. Describe three tools for ethical decision making
3. Identify areas of personal and professional conflict in ethical decision making
4. Review at least three ethical conflicts that relate to suicidal ideation and/or suicidal behavior
5. Apply ethical decision making tools to real world scenarios
6. Develop a resource list for guidance in ethical decision making
Today’s Schedule

- Part II (90 minutes)
  - Brief review of Part I
  - Treatment Recommendations/Options when Working Long-Term with Individuals with NSSI
  - Case Vignettes and Examples
Non-Suicidal Self-Injury (NSSI): intentional destruction of one’s body tissue without suicidal intent, for purposes not socially sanctioned.

The individual engages in self-injury expecting to:

- Get relief from a negative emotion
- To deal with a personal issue
- To create a positive feeling
The self-injury is associated with one of the following:

- The individual experienced negative feelings right before committing the act.
- Right before self-injury, the individual was preoccupied with the planned act.
- The individual thinks a lot about self-injury even if act does not take place.
Review: Definition/Criteria

- Disordered eating is not considered NSSI
- Alcohol and substance, smoking and overdosing is not considered NSSI
- Masochistic acts are not considered NSSI
- Tattooing and Piercing is not considered NSSI

- Included in DSM-5 as “Conditions for Further Study” pg 803-5
NSSI is often mistaken for attempted suicide.
NSSI is complex and often misunderstood.
NSSI can occur across a variety of mental health disorders and in people who do not meet criteria for any disorder.
Understanding why people self-injure is essential to accurate diagnosis and treatment.
NSSI serves practical functions in contexts where it makes sense.
Research supports the idea that NSSI “spreads” through social forces. (social learning theory/contagion)

Understanding NSSI’s interpersonal context is essential in accurate diagnosis and treatment.

Understanding the impact of professional and systemic bias and stigma of NSSI is important in successful rapport building and treatment.
Review: Common Ethical Dilemmas

1. Confidentiality vs. Reporting for safety
   1. Assessing suicidality
   2. Respecting client right to self-determination
2. Determining protocol to follow
   1. Assessing for Safety
   2. Knowing policy and procedure
   3. Seeking supervision
3. Resolving countertransference Issues
   1. Establishing and maintaining rapport
   2. Confronting our own bias and assumptions
   3. Balance between being overly curious and gathering pertinent information
The important question is not "What’s wrong with you?" Rather, it’s “What happened to you?”

Five guiding principles of trauma-informed practice:
1. Safety
2. Trustworthiness
3. Choice
4. Collaboration
5. Empowerment
In a 2012 study with 12 Master-level interns who were working with at least 1 person with NSSI the following themes emerged:

1. Clinicians use common sense to construct a working understanding of NSSI
   - NSSI is seen as a way to cope
   - Empathy is the correct response to distress
     - Facilitates alliance building
     - Assists clinician with dealing with their own emotions
     - Created openness to disclose
2. Work with individuals with NSSI both stress and challenge clinicians at many levels.
   - NSSI provokes powerful and contradictory emotions
   - Working with individuals that disclose NSSI creates focused attention and heightened alertness
   - Working with the uncertainty of NSSI stirs-up feelings of incompetence
   - Resolving ethical/legal conflicts allows the clinician to focus on the client’s needs
3. Experience creates new but incomplete learning
   - Keeping some interventions while questioning others
   - Supervision provides mixed benefits
Part II.2b: Diagnosis and Tx Implications

- **Assessment**
  - Important to differentiate between experimental and chronic NSSI
  - No firm criteria... but assessment should include
    - Common co-occurring conditions
    - Suicidality
    - Frequency, Intensity & Duration of NSSI (>5 over 12 mo.)
    - Method
    - Social context

- **Target of Treatment**
Dx and Tx Implications (cont.)

- **Level of Treatment**
  - Careful Monitoring w/o Formal Tx
    - Frequency = 1-2x
    - Context = social
    - Intensity of Injury = low
    - Distress = low
    - Method = single type
    - SI = no
    - Co-occurring Issues = no
  - Inpatient or Partial Tx
    - Frequency = high
    - Context = private
    - Intensity = high/severe
    - Distress/Intrusiveness = constant
    - Method = multiple types
    - SI = high
    - Co-occurring Issues = yes
Target of Treatment

When to target the symptoms (NSSI) or the underlying issues (strong negative emotions)?

- Client Preference
- NSSI severity
Part II.2c: Tx Recommendations

- Trauma-Informed Lens
- Interpersonal Approach
- CBT – Most researched (DBT, Problem-Solving, and Manual-Assisted CBT)
- Psychodynamic – Second most researched
Specific Interventions:

- Functional Assessment / FIT Circle
  - Diary Cards/Thought Journal/Activity Sheet
- Motivational Interviewing
  - Assessing Stage of Change
  - 5 Principles of MI
- Emotion Regulation
  - Psychoeducation
  - Dealing with Dissociation/Depersonalization/Derealization
  - Mindfulness
Specific Interventions (cont.)

- Interpersonal Skills
  - Attachment Concerns
  - Family Therapy (Particularly recommended with adolescents)
- Exercise – 65% of individuals with NSSI report this method as “very helpful”
- Group Therapy – in conjunction with individual tx, particularly for skills acquisition (with ground rules to control contagion)
- Medication – insufficient empirical evidence
- Eclectic Approach
- Efficacy and Prognosis
Risk Reduction/Means Restriction

- While separate, NSSI increases risk for suicide. NSSI-specific indicators for Suicide Warning Signs (Taken from AAS’s IS PATH WARM):

  - Ideation - Increasing intensity/severity
  - Substance Abuse - Escalating frequency
Tx Recommendations (cont.)

- Purposelessness - Increased perseverance
- Anxiety – Decreased ability to cope
- Trapped - Decreased effectiveness of NSSI
- Hopelessness – Difficulty identifying goals
- Withdrawal – Heightened levels of anhedonia
- Anger – Intensifying self-hate, body-hate
- Recklessness – Decreased fear of pain
- Mood Changes – Increase in methods of NSSI
Barriers to Tx

- Managing therapist reactions
- Rapport and trust
- Requests for immediate cessation (door in face or foot in door technique)
- Confidentiality
- Client motivation
- Peer influences and contagion (internet usage)
- Viewing wounds (not recommended)
- Family concerns
- Intersections of Diversity Considerations
Part II.3: Case Examples

- Amber (18 year old, 1\textsuperscript{st} year at college, oldest of 3 daughters)
  - NSSI Began at 17
  - Strong academic performance
  - Socially active
  - “nervous type” and “sensitive”
  - Recent changes
    - 78 year old maternal grandmother just died
    - Ended h.s. romance right before starting college
    - Failing math
John (18 year old, recent h.s. graduate, adopted at age 4)
- Cutting started at age 12
- ADHD dx in elementary school, alt. ed. In h.s.
- Cigarettes, alcohol, and occasional marijuana in h.s. (began burning wrists in h.s.)
- Multiple hospitalizations and group home placement
- Recent changes
  - Released from group home
  - Contacted birth-mother
  - Contact by adoptive family unwelcome
Part II: Summary

Tools and Resources

- Self-Injurious Thoughts and Behaviors Interview (SITBI; Nock et al., 2007)
- Inventory of Statements About Self-Injury (ISAS; Klonsky & Glenn, 2009)
- ?
- ?
- Questions
References

- Evans, Evans, Morgan, Hayward, & Gunnel. (2005).
Stefano, Atkins, Nobel, Heath (2012).