Self Injurious Behavior: Implications for the School Nurse

School Management Strategies

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Disclosure

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Case of self harm

Adolescent:

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You have learned that she is between peer groups. She had a set of friends from elementary school, but she has begun to spend more time with a group of girls who get into trouble at school. Any attempt to discuss this with her receives a silent response or, “I don’t know.”

As you do a brief abdominal exam and you are about to tell her to rest 5 minutes, drink some fluids, and return to class, you see scratches on her lower abdomen that are in an upward direction.

You inquire about them and she quietly says that she had cut herself with a pencil sharpener blade on two occasions. She begged you not to tell her parents.
Case of Self Harm

School age:

- Thomas, an 8 year old male with a history of ADHD and ODD, presented to your office by request of the teacher because he had been banging his head in class. Thomas was redirected to stop a play activity and begin math work when he became angry, refused, and required further redirection from the teacher. This quickly escalated from frustration to yelling, to him stating “everyone hates me”, and subsequently banging his head on the floor. He calms when he is told that he needs to see you.

- You evaluate his head and learn from the teacher that the banging was not very hard. He had an increase in classroom outbursts over the past two weeks. While examining him, you see that he also has a few minor puncture wounds on his arm. He reveals that he gets frustrated at home and has stabbed his arm with a pencil.

- He further notes that home has had “a lot of yelling lately” and he has been getting into trouble more. He stated that he feels sad and cries sometimes.
Non-Suicidal Self Injury and Prevalence

- Non-Suicidal Self Injury (NSSI)- are self injurious behaviors that do not have the intent of suicide, but serve the purpose of relief from emotional distress.
  - Usually low lethality (cutting, burning, head banging, etc)
- 13-29% of adolescents engage in NSSI, based on psychiatric clinical samples.
- Onset in Adolescence and most commonly between 13-15 years old.
- Early adolescence demonstrates that females have a higher rate of NSSI, but gender differences disappear by adulthood.
- Girls are more likely to cut, while boy are more likely to hit themselves or burn themselves.
- Ethnic differences show increased rates in Caucasians, but based on the fact that most data sets have little ethnic variability.
Suicidal Ideation and Suicide Attempt Prevalence

- Suicidal ideation is defined as thoughts about suicide. May be with or without a plan. May be with or without intent on suicide.
  - Passive SI- When there are thoughts of suicide, but without intent or plan. May be a general wish to die or not exist
- Suicide attempt is self harm in which the teen engages intending on or believing the act will be fatal.
- Suicide attempts have the highest rate of onset in late adolescence and teens have the highest rate of suicidal ideation of other age groups.
- Suicide completion is at its highest in middle adulthood, however.
- Girls have a higher rate of suicide attempts, while boys have a higher likelihood of suicide completion.
Is it contagious?

Social identity theory- (De Leo and Heller 2008)

- When people identify as members of a group and observe other members of said group engaging in suicidal behavior they may perceive this as being a characteristic of the group.
- A person's social identity in the group then could influence their individual identity, and cause them to associate suicidal behavior with themselves.
- Implicit and explicit behaviors can impact suicidal and self harm behavior.
Relationship Between NSSI and Suicide

- In outpatient clinical samples, 33-37% of adolescents who engage in NSSI have had at least 1 attempt.
- 16-25% of adults with NSSI have had an attempt.
- There is a unidirectional link by NSSI placing a teen or adult at higher risk of suicide attempt at a future date. After controlling for age, gender, ethnicity, and SES
- Per Andover and Gibb, NSSI is more predictive of suicide attempt than depression, hopelessness, and borderline personality traits.
- More frequent NSSI is correlated with more frequent suicide attempts.
- More severe self injurious behaviors (cutting, burning, carving) are 10 times more correlated with later suicide attempts and moderate self injury (pulling hair, severe nail biting, skin picking) are 3 times more correlated.
- Can also be an indicator of increased psychosocial stressors (history of abuse and family conflict).
Risk Factors for Suicide

- Family history of suicide completion
- Prior suicide attempt
- History of abuse
- Access to lethal means of suicide
- Psychiatric diagnosis
- Not connected with mental health provider
- Alcohol or drug use (active)
- Impulsivity or aggression
- Loss (relational, environmental, or school)
- Physical illness
- Cultural beliefs that suicide is noble
- Local increases in incidents of suicide
Protective Factors for Suicide

- In mental health treatment
- Ready access to a variety of community options for treatment (different levels of care)
- Family and community support
- Skills in problem solving and non-violent ways of managing conflict
- Cultural and religious belief that discourage suicide
Suicide Screening

- 1) Identify Risk Factors
- 2) Identify Protective Factors
- 3) Conduct Suicide Inquiry
- Determine Risk level for Suicide
- Document
Suicide Screening

Suicide Inquiry:
- Ideation
- Plan
- Behaviors
- Intent

Risk Assessment:
- High- Diagnosis with severe symptoms, acute event; potentially lethal attempt or ideation with plan and intent
- Moderate- Many RF with few protective factors; SI with plan, but no intent or behaviors
- Low- RF can be addressed, many protective factors; SI without intent or plan

<table>
<thead>
<tr>
<th>RISK LEVEL</th>
<th>RISK / PROTECTIVE FACTOR</th>
<th>SUICIDALITY</th>
<th>POSSIBLE INTERVENTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Psychiatric disorders with severe symptoms, or acute precipitating event; protective factors not relevant</td>
<td>Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal</td>
<td>Admission generally indicated unless a significant change reduces risk. Suicide precautions</td>
</tr>
<tr>
<td>Moderate</td>
<td>Multiple risk factors, few protective factors</td>
<td>Suicidal ideation with plan, but no intent or behavior</td>
<td>Admission may be necessary depending on risk factors. Develop crisis plan. Give emergency/crisis numbers</td>
</tr>
<tr>
<td>Low</td>
<td>Modifiable risk factors, strong protective factors</td>
<td>Thoughts of death, no plan, intent or behavior</td>
<td>Outpatient referral, symptom reduction. Give emergency/crisis numbers</td>
</tr>
</tbody>
</table>
What do you do?

- HIGH RISK- call 911.
  - Do not allow parents to take child.
- MODERATE RISK- Call 211, consider emergency evaluation to more fully assess.
  - May Call ACCESS Mental Health, for second opinion on assessment
- LOW RISK- Use community supports
  - Call ACCESS Mental Health
  - Provide information for connection to community supports (Intensive Outpatient Program, IICAPS, Extended Day treatment, Outpatient therapy)
  - Provide in-office support to child and caregiver during the visit.
Finding Meaning in the Present Moment: Mindfulness Strategies
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- Mindfulness helps regulate emotions
- Mindfulness creates connection between the body and mind
- Reduces worry and stress
- Reduces racing and negative thoughts
- Mindfulness helps one to look at life more positively
- Mindfulness increases self esteem and decreases self judgement
- We can bring Mindful Presence to any part of our daily life
- We feel more connected to ourselves and others
- Mindfulness helps us learn how to calm ourselves and relax
- Mindfulness is something everybody can learn
Finding Meaning in the Present Moment: Mindfulness Strategies

- Mindful Breathing
  - Being aware of your breath and the air’s movement through your body
- Counting Breaths
  - Counting breaths for set number with focus on breath and number
- Grounding Exercise to relax the body and mind
  - Being aware of your body in the moment and in space
- 4-7-8 Breathing
  - Inhale for count of 4, hold for count of 7, exhale for count of 8
- Progressive Muscle Relaxation Technique
  - Systematically tighten and relax muscle groups from top to bottom
- Mindful Breathing and Positive Self Talk
  - Mindful breathing with exhalation, think a positive statement about self.
Finding Meaning in the Present Moment: Mindfulness Strategies

Alternatives to Self Harm:
Art Therapy and Mindfulness- A Coping Skills Toolbox-
- Keep things to help you calm down.
- Easier to remember to use your coping skills rather than using negative behaviors.
- Examples: journal and pens/crayons, pictures of people or places, poems, books, personal soothing items.
ALTERNATIVES

FOR SELF-HARM

- Scribble on photos of people in magazines.
- Tear apart newspapers, photos, or magazines.
- Go to the gym, dance, or exercise.
- Splatter paint.
- Write your feelings on paper and rip it up.
- Slam an empty plastic soda bottle or a piece of heavy cardboard.
- Break sticks.
- Run your hands under freezing cold water.
- Snap a rubber band or hair band against your wrist.
- Clap your hands until it stings.
- Splish your face with cold water.
- Take a hot shower/bath.
- Write or paint on yourself.
- Take a bath with ice cubes (numbing sensation).
- Bite into a hot pepper.
- Count ceiling lights or tiles.
- Play a musical instrument.
- Doodle on sheets of paper.
- Write out lyrics to your favorite song.
- Browse eBay or Amazon.
- Memorize a poem with meaning.
- Learn to swear in another language.
- Go outside and watch the clouds roll by.
- Re-organize your room.
- Draw or paint.
- Buy a cuddly toy.
- Wander aimlessly through a bookstore.
- Watch a favorite TV show or movie.
- Eat something ridiculously sweet.
- Remember a happy moment and relive it in your head.
- Look at things that are special to you.
- Watch funny videos.
- Let yourself cry.
- Write words in the sand and let them be washed away.
- Meditate (do yoga).
- Hug a pillow or soft toy.
- Crunch ice.
- Feel your pulse to prove you’re alive.
- Create a safe place and tell yourself there.
- Light a candle and watch the flames.
- Remember that you don’t have to hurt yourself just because you’re thinking about self-harm.
- Make a notebook of song lyrics you relate to.
- Paint yourself with red tempera paint.
- Repeat to yourself “I don’t deserve to be hurt until you believe it.”
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Centers for Learning and Practicing Mindfulness:

- Using Meditation and Yoga for Teens with Chronic Pain: http://childstudycenter.yale.edu/clinics/anxiety/research.aspx
- http://psychiatry.yale.edu/stresscenter/mindfulness/
- Robert Feeley, MD Addiction Psychiatry Fellow Yale New Haven Hospital- www.skymeditation.org
- Yale Center for Emotional Intelligence- http://ei.yale.edu/
- CBT/DBT Resources- http://therapistaid.com/
- http://copingskillsforkids.com/calming-anxiety/
- http://neurosciencenews.com/memory-fear-breathing-5699/
- UCLA- http://marc.ucla.edu/
- Jon Kabat-Zinn, PhD- www.Umassmed.edu
- Henry Benson, MD- http://www.massgeneral.org/bhi/
- Tara Brach, PhD- www.tarabrach.com
  http://brainimaging.waisman.wisc.edu/ http://psyphz.psych.wisc.edu/
- www.Mindfulness4mothers.com
- www.stopbreathethink.org/
- www.mindfulnessinschools.org
Mindfulness, Meditation, and Loving Kindness on UTUBE:

- https://www.youtube.com/watch?v=sz7cpV7ERsM

**Meditation Apps to Download:**
- Headspace, Happily, Calm, Just Breathe, The Mindfulness App

**Mindfulness Games for All Ages:**
Books to assist Children, Adolescents, Families:

- *The Plastic Mind*, by Sharon Begley (New Science Reveals the Extraordinary Potential to Transform ourselves)
- *The Mindful Child*, by Susan Kaiser Greenland (How to help you kid manage stress and become Happier, Kinder and More Compassionate)
- *The Whole Brain Child*, by Daniel J. Siegal (Tips and Fun Exercises)
- *Sitting Still like a Frog*, by Eline Snel (Simple Mindfulness Exercises to help your child deal with anxiety, improve concentration, and handle difficult emotions)
- Mindfulness in Plain English, by Henepola Gunartana (Good for Beginners and Parents)
- *The Mindful Teen*, by Dzung X. Vo (Powerful Skills to Help you Manage Stress)
Beginners Mindfulness Books:

► *The Emotional Life of Your Brain*, by Richard Davidson, PhD
  (How its unique patterns affect the way you think, feel, and live)

► *The Relaxation Response*, by Herbert Benson, MD
  (Associate Professor Harvard Medical School, Classic Mind/Body approach)

► *Mindfulness in Plain English*, by Henepola Gunartana
  (Good for Beginners and Parents)

► *The Mindful Way through Depression*, by Daniel Siegal
  (Freeing Yourself From Chronic Unhappiness)

► *The Miracle of Mindfulness*, by Thich Nhat Han

► *The Brain that Changes Itself*, by Norman Doidge, PhD
Thank you!
Questions?