

UNC School of Social Work Clinical Lecture Series;
UNC Injury Prevention Research Center; and
North Carolina Society for Clinical Social Work
present:

Self-Harm Behaviors in Adolescents and Adults

Nov 5, 2012

Jill S. Compton, PhD jill.compton@cbt-triangle.com
Prudence F. Cuper, PhD prudence.cuper@cbt-triangle.com

Cognitive Behavioral Therapy Center of the Triangle, PLLC
5007 Southpark Drive, Suite 250, Durham, NC 27713 (919) 402-7987

UNC at Chapel Hill – School of Social Work – Clinical Lecture Series

Today's agenda:

- General information about self-harm
- Overview: Dialectical Behavior Therapy (DBT)
- Strategies from DBT
- Videos and questions

Self-harm vs. Suicidality

Self-harm

- Intentional
- Would normally cause pain
- No intent to die or ambivalence

Suicidality

- Intentional
- May or may not be painful
- The intent is to die

“Non-Suicidal Self Injury”

Why self-harm?

- The function of self-harm varies.
- To assess the function for a specific client in a specific context, consider both **internal** and **external** reinforcement.
 - Internal: Self-reinforcement
 - External: Reinforcement from the environment

Common **self-reinforcing** reasons:

- To feel something, even if it's pain
- To stop feeling anger, sadness, self-hatred
- To get away or escape
- To punish oneself
- To relieve anxiety or terror
- To give one something, anything to do

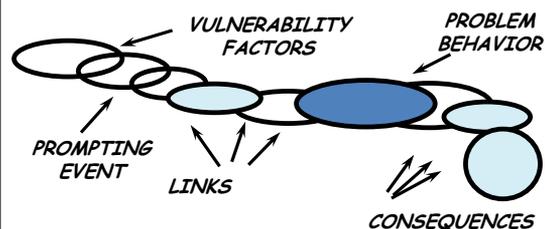
Common **socially-reinforcing** reasons:

- To let others know how desperate one is
- To get other people to act differently
- To get back at or hurt someone
- To gain admission to treatment
- To demonstrate to others how wrong they are
- To get out of doing something

Basic Behavior Therapy Paradigm



Chain Analysis



Example: Prompting Event

- An 18-year-old high school senior has an argument on the phone late at night with her boyfriend and he hangs up on her

Example: Vulnerability Factors

- Situational
 - Fatigued, earlier argument with Mother about college applications
- Biological
 - Low frustration tolerance, emotionally intense

Example: Private Events

- Thoughts
 - He doesn't care about me
 - He's going to break up
 - No one will ever love me, I'm hideous
- Emotions
 - Sad, Lonely, Angry, Empty
- Action Urges
 - Scream, Cry, Skip School, Self-harm, End it all

Example: Behavior Response

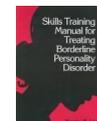
- Cried, stayed up all night
- Scratched arm with an ink pen, wrote "I hate me"
- Told her parents that she was not feeling well in the morning and stayed home from school

Example: Consequences

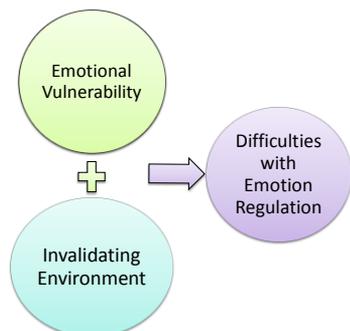
- Reduction in immediate tension by crying and scratching
- Reduction in anxiety by avoiding school and boyfriend
- Relief when boyfriend calls at lunch to see if she is okay
- Shame associated with scratching

Dialectical Behavior Therapy

- Developed by Marsha Linehan
- Treatment and Skills Training Manuals published in 1993 by Guilford Press
 - *Cognitive-Behavioral Treatment of Borderline Personality Disorder*
 - *Skills Training Manual for Treating Borderline Personality Disorder*



DBT: The Biosocial Theory



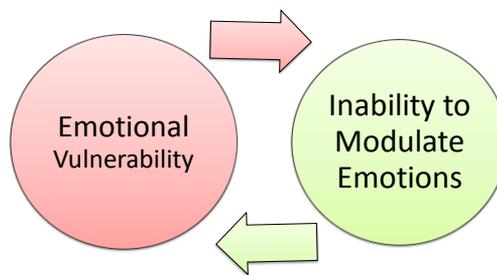
Emotional Vulnerability

- **High Sensitivity**
 - Immediate reactions
 - Low threshold for reactions
- **High Reactivity**
 - Extreme Reactions
 - Cognitive processes impaired by high arousal
- **Slow Return to Baseline**
 - Long-lasting reactions
 - Contributes to high sensitivity to next stimulus

Invalidating Environment

- Optimally, a family publicly validates a private experience
- When family members have difficulty understanding a child's emotional reaction, they may have a hard time validating

Pervasive Emotion Dysregulation



DBT Principles Applied to Self-Harm

- DBT therapists observe the dialectic of **acceptance and change**
- **Validation strategies (acceptance)** are important in working with emotionally aroused clients
- High emotional arousal interferes with the ability to:
 - Process information
 - Solve problems
 - Manage behavior
 - Focus on current
- Therapists assume that clients are doing the best they can, given current circumstances and skills set, AND . . .

DBT Principles (cont.)

- . . . DBT therapists assume that clients can **change** and cope with emotions in more adaptive ways
- **Change** is promoted by:
 - Teaching skillful behavior (skills group)
 - Generalizing skillful behavior (coaching calls)
 - Reinforcing skillful behavior; not reinforcing unskillful behavior (coaching calls, group, individual)

DBT Principles (cont.)

- Self-harm is a Level 1 target
 - If self-harm is on the diary card, it is addressed before any other topic
 - A chain analysis is used to uncover function(s)

Steps to being Effective

- Identify targets or goals
- Take time to be emotionally balanced
- Adopt a non-judgmental stance
- Target being effective (win/win) rather than on right or wrong

Adopting a Non-Judgmental Stance

- Recognize the client's struggle and accept that he/she is doing the best they can given the circumstances
- Admit that you may not fully understand how difficult, painful, scary or crazy the situation is for him or her

Adopting a Non-Judgmental Stance (cont.)

- Assume that emotional arousal is blocking effective behavior NOT malevolent intentions
- Remember that this is an opportunity to help the client get what they need
- Listen carefully and let go of being right

Strategies to Manage Client's Emotion Dysregulation

- Validate aspects of client's experience that are valid
 - Stress level, emotions, desired outcomes
- Redirect attention to neutral stimuli to reduce emotion intensity
- Avoid problem-solving or redirecting to task

How to Validate

DBT Levels of Validation:

- **Level 1:** Unbiased listening and observing
- **Level 2:** Accurate reflection
- **Level 3:** Articulating un verbalized emotions, thoughts, and behaviors

How to Validate (cont.)

- **Level 4:** Validation in terms of past learning or biological dysfunction
- **Level 5:** Validation in terms of present context or normative functioning
- **Level 6:** Radical Genuineness

How to Invalidate

What **NOT** to do:

- Reject self-description as inaccurate
- Reject response to events as incorrect or ineffective
- Dismiss, ignore, or disregard
- Pathologize normative responses
- Attribute response to social undesirable characteristics

Tasks to Modulate Emotions

- Decrease (or increase) physiological arousal associated with the emotional state
- (Repeatedly) Turn attention to present goals
- Inhibit mood-dependent action
- Organize behavior in the service of valued goals

Teaching Distress Tolerance Skills

- Crisis Survival Strategies
 - Distraction, Self-soothe, IMPROVE the moment, Pros and Cons
- Guidelines for Accepting Reality
 - Radical Acceptance, Willingness over Willfulness

Factors that Reduce Effectiveness

- Strong emotions (for the therapist)
- Misattributions about what the client does or why it is done
- Judgments about the client or family
- Focusing on being “right” and that the client’s behavior is “wrong”
- If you’re feeling ineffective, **consult**
 - Consultation Team is an important component of DBT

Questions and Video

- Do you have questions?
- Do you have a case you’d like to discuss?

THE END

Thanks for your attention!