
Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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SELF-INJURY & SUICIDE RISK

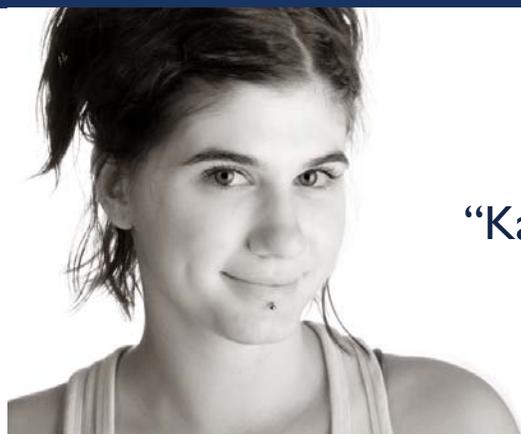


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SELF-INJURY OR SUICIDE?



“Kassie”

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DEFINING NSSI



Purposefully inflicting injury upon oneself that results in immediate tissue damage, done without suicidal intent and not socially sanctioned within one's culture nor for display. Usually engaged in to obtain relief from overwhelming distress.

Suicide:

- Intent is to die or end consciousness
- Feel hopeless and helpless
- Feel no better after attempt
- Usually one primary method; typically different method than that of NSSI
- High lethality, requiring medical attention

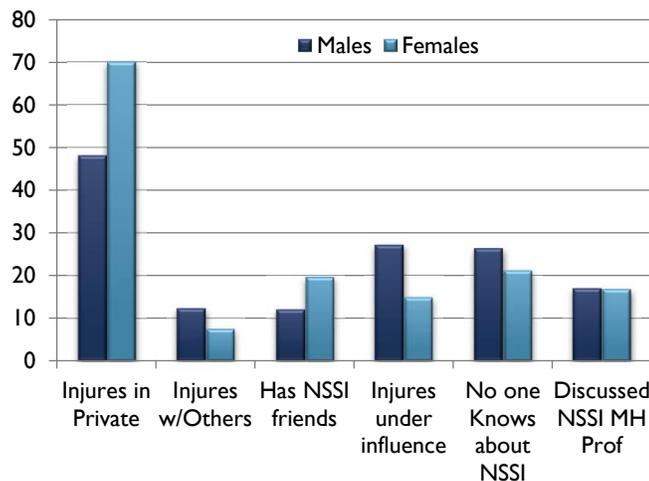
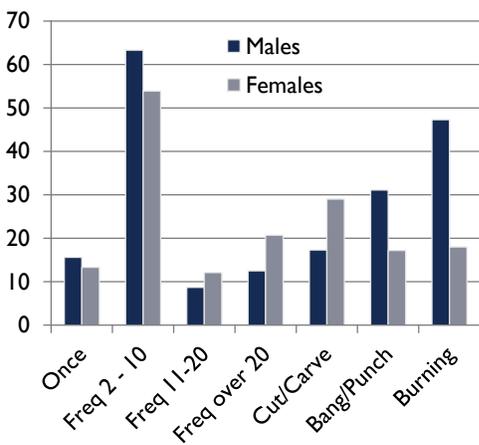
NSSI:

- Intent is to feel alive, cope with life, and/or avoid suicide
- Experience periods of hope
- Typically experience relief after the act
- Multiple methods are often used
- Low lethality, rarely requiring medical attention

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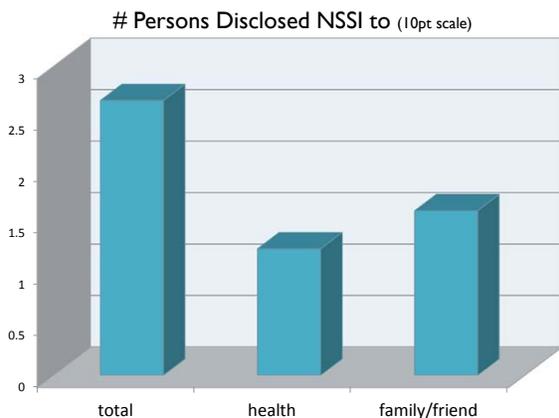
(Muehlenkamp, 2005; Walsh, 2012)

GENDER DIFFERENCES

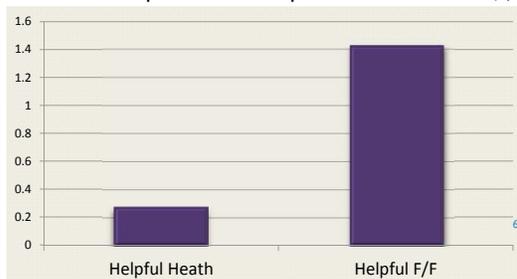


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INITIAL RESPONSE IS ESSENTIAL COMPONENT



Perceived Helpfulness of Response to Disclosure (3pt scale)



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Muehlenkamp et al., in prep.

RESPONDING: INTERPERSONAL STYLE



“She never liked to talk about it. If I brought it up, or worse, if I walked into her office with short sleeves on, her face kind of scrunched up and she looked all stressed out. She would start moving around in her chair and breathing weird. Then she would make me promise never to do it again and say something like, ‘Let’s move on to more positive things... I just stopped saying anything.’”

(Poor Responses)

“Are you trying to kill yourself?”

“There are better ways to get a tattoo.”

“You’re not going to do it again are you?”

- Low Key, dispassionate demeanor
- Respectful curiosity
- Validation

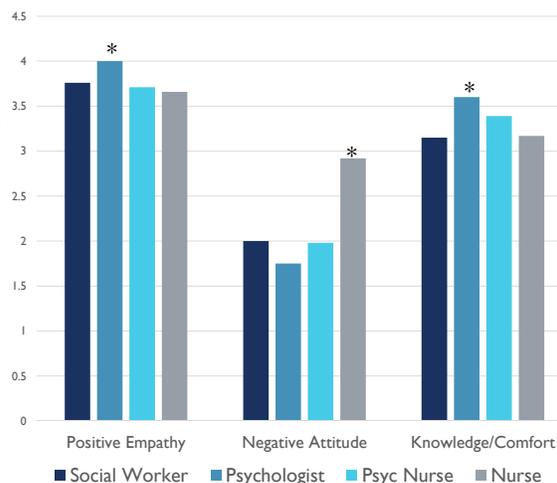
Walsh, 2012

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RESPONDING: BEST PRACTICE



- Best practice intervention – 3 steps
 1. Evaluate own values and beliefs about NSSI
 2. Focused, detailed assessment of NSSI**
 3. Implement therapeutic strategies
 - Emotional
 - Social
 - Biological



(Hicks & Hinck, 2009; Muehlenkamp et al., 2013)

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ASSESSING TO PROMOTE INTERVENTION (SOARS)



Westers & Muehlenkamp, in prep.

- Suicidal Ideation
- Onset & Frequency
- Aftercare
- Reasons
- Stage of Change

Alternative assessment models:

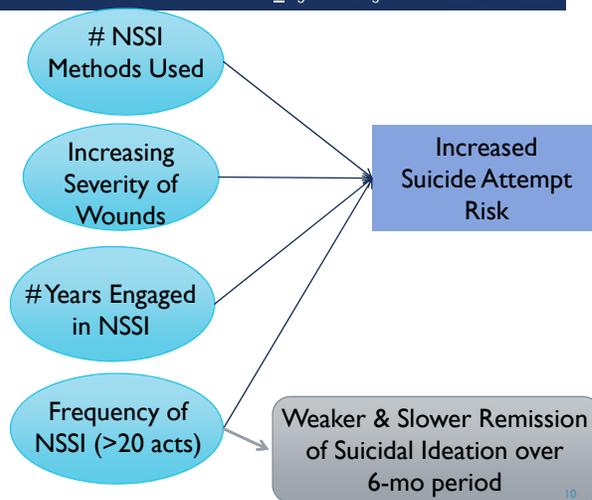
- HIRE (Buser & Buser, 2013)
- STOPS FIRE (Kerr, Muehlenkamp, & Turner, 2010) ⁹

SUICIDAL IDEATION

Suicidal Ideation
Onset & Frequency
Aftercare
Reasons
Stage of Change



- Why
 Risk of NSSI, Depression, and Suicide Attempts combined
- How to ask
 Some people may think about suicide when they are self-injuring. Do you ever think about ending your life when you self-injure?

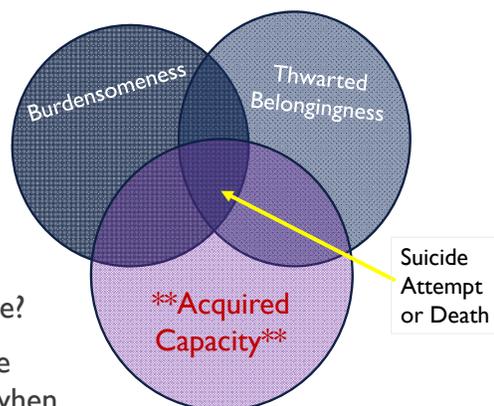


ONSET & FREQUENCY

Suicidal Ideation
Onset & Frequency
Aftercare
Reasons
Stage of Change



- Why
 - Interpersonal Theory of Suicide (Joiner, 2005)
- How to ask
 - When did you first injure yourself?
 - When was the last time you self-injured?
 - How many times a week/month do you self-injure?
 - Have you found that you have begun to self-injure more often or more deeply than a year ago (or when you first started)?



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AFTERCARE

Suicidal Ideation
Onset & Frequency
Aftercare
Reasons
Stage of Change



- Why
 - Infection, Scarring, Self-Care
- How to ask
 - How do you handle/manage the wounds afterward?
 - Have you ever hurt yourself so badly that you could have used medical attention, like stitches?
- If you seen an injury upon assessment
 - Do you have any other wounds?
 - I need to assess your wounds so we can be sure to provide the proper care and avoid infection. (if you are medically trained)

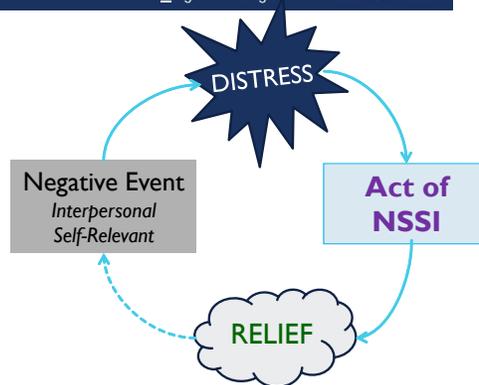
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REASONS

Suicidal Ideation
Onset & Frequency
Aftercare
Reasons
Stage of Change



- Why
 - Validation, Inform treatment plan, Severity
- How to ask
 - It sounds like this has been helpful for you. In what ways does it help you?
 - What does it do for you?
 - Tell me how self-injury works for you.
 - How much physical pain do you typically feel?



“Self-injury is a way of making emotional pain into something physical that you can see and control.”
“I’m so ashamed of this behavior, but for now it’s the only way I can cope with this feeling. If I don’t do this, I might hurt others. If there is one thing you can do to help me, it would be to understand this and to listen, really listen when I do try to express myself.”
“Sometimes I think I just deserve this because I’m such a crappy, useless piece of shit of a person. You screw up, you get what you deserve.”¹³

STAGE OF CHANGE

Suicidal Ideation
Onset & Frequency
Aftercare
Reasons
Stage of Change



- Why
 - Transtheoretical Model of Change,
 - Therapy referral/approach
- How to ask
 - Is this something you would like to stop?
 - Have you ever considered stopping?
 - On a scale from 1 (no interest) -10 (desperate to stop), how much would you like to stop this behavior or find something else instead of self-injury?

Maintenance
-prevent relapse, no NSSI

Action
-actively trying to stop NSSI

Preparation
-want to stop, small steps taken

Contemplation
-ambivalent about stopping

Pre-Contemplation
-no intent to stop, see no problem

TREATMENT OPTIONS



- **Effective Treatments exist & being developed**
 - Adjunct groups; Individual approaches
 - Emotion Identification, Acceptance, Management
 - Cognitive Restructuring (self & body perceptions)
 - Delay Behaviors
 - Problem Solving (esp. *implementation*)



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CONTACT INFORMATION



Questions & Discussion



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RESOURCES

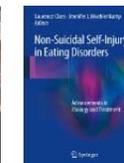
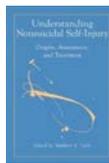
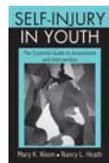
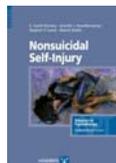


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- <http://sioutreach.org/>

- <http://www.selfinjury.com/>

- www.crpsib.com



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MOTIVATING TOWARD CHANGE



MOTIVATIONAL
INTERVIEWING

PRINCIPLES
&
STRATEGIES

- **Expressing Empathy**
 - Suspend own opinions/advice: authentic listening
 - Reflect implicit meaning & emotion
- **Avoiding Argumentation**
 - Emphasize choice to change: recognize may not be ready
- **Rolling with Resistance**
 - Acknowledge pros, "go with it"
 - "The choice to self-injure is yours, it doesn't directly hurt anyone else, and you find it very useful."
- **Supporting Self-Efficacy**
 - Students need to feel able to change
 - Start where student is & what they feel can do
- **Developing Discrepancy**
 - Collaborative, Socratic: look forward into future
 - Life they have w/NSSI: Life have w/o NSSI

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