UCSF Benioff Children's Hospitals

Non-Suicidal Self-Injury & DBT

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Learning Objectives

As a result of this training, participants will be able to:

- Conceptualize and assess NSSI from a DBT perspective
- Implement means restriction and safety planning strategies
- Know when to refer to DBT and explain how DBT can help
- Inform teens/parents about DBT resources

Dialectical Behavior Therapy (DBT)

What is DBT?

- Developed by Dr. Marsha M. Linehan
- Designed for chronically suicidal and self-harming patients

- Draws heavily from cognitive and behavioral therapy practice
- Designed for multi-diagnostic patients
- Views BPD as a disorder of emotion dysregulation
- Teaches skills to address skills-deficits

- Therapeutic Program
  - Comprehensive, Flexible, Principle-based, Time-limited

What is DBT-A?

- Adaptation co-developed by Drs. Alec Miller & Jill Rathus
- Addition of family component
- Modification of skills
- Greater use of environmental intervention (as is appropriate for developmental stage)
- Treats multi-problem adolescents (and their parents!)

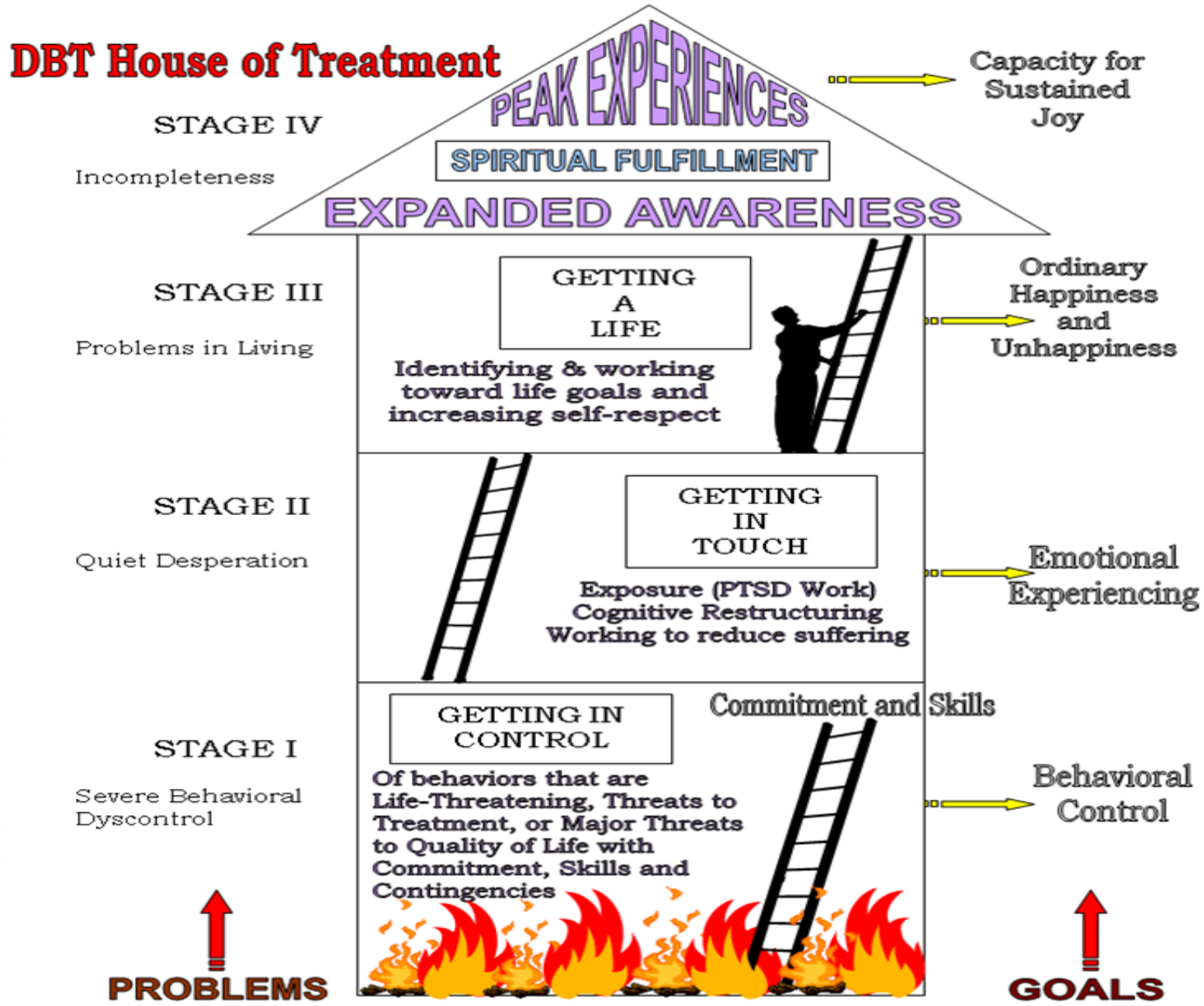
What the heck is DBT?

UCSF Benioff Children's Hospitals

What is DBT-C?

- DBT for Children (DBT-C) was developed by Dr Francheska Perepletchikova
- Pre-adolescent children with severe emotional dysregulation and corresponding behavioral dyscontrol
- Main goals of DBT-C
  - teach children adaptive coping skills and effective problem-solving
  - teach parents how to create a validating and change-ready environment
    - DBT-C adds an extensive parent training component

https://www.childdbt.com/


DBT House of Treatment
PEAK EXPERIENCES
Capacity for Sustained Joy
STAGE IV
Incompleteness
SPIRITUAL FULFILLMENT
EXPANDED AWARENESS
STAGE III
Problems in Living
GETTING A LIFE
Identifying & working toward life goals and increasing self-respect
Ordinary Happiness and Unhappiness
STAGE II
Quiet Desperation
GETTING IN TOUCH
Exposure (PTSD Work)
Cognitive Restructuring
Working to reduce suffering
Emotional Experiencing
STAGE I
Severe Behavioral Dyscontrol
GETTING IN CONTROL
Commitment and Skills
Of behaviors that are Life-Threatening, Threats to Treatment, or Major Threats to Quality of Life with Commitment, Skills and Contingencies
Behavioral Control
PROBLEMS
GOALS

"Full Model" DBT-A (Stage 1)

Modes	Functions
Skills Groups	Skill acquisition & strengthening
Individual Therapy	Skill application & enhance motivation/willingness
Family Therapy*	Structure the environment Decrease invalidation, increase parental effectiveness
Phone coaching	Skill generalization 24/7
Consultation Team	Enhance therapist capabilities & motivation
Other Interventions	Provide specialized services that augment therapy

DBT Treatment Hierarchy

1. **Life-threatening behaviors**
   - Suicidal behaviors
   - Self-harm behaviors (NSSI)
   - Other high-risk behavior
2. **Therapy interfering behaviors**
3. **Quality of life**

DBT Principles

- Dialectics
- Behaviorism
- Bio-social model of emotion dysregulation
- *Problem behaviors are result of skills deficits*

Acceptance and Change

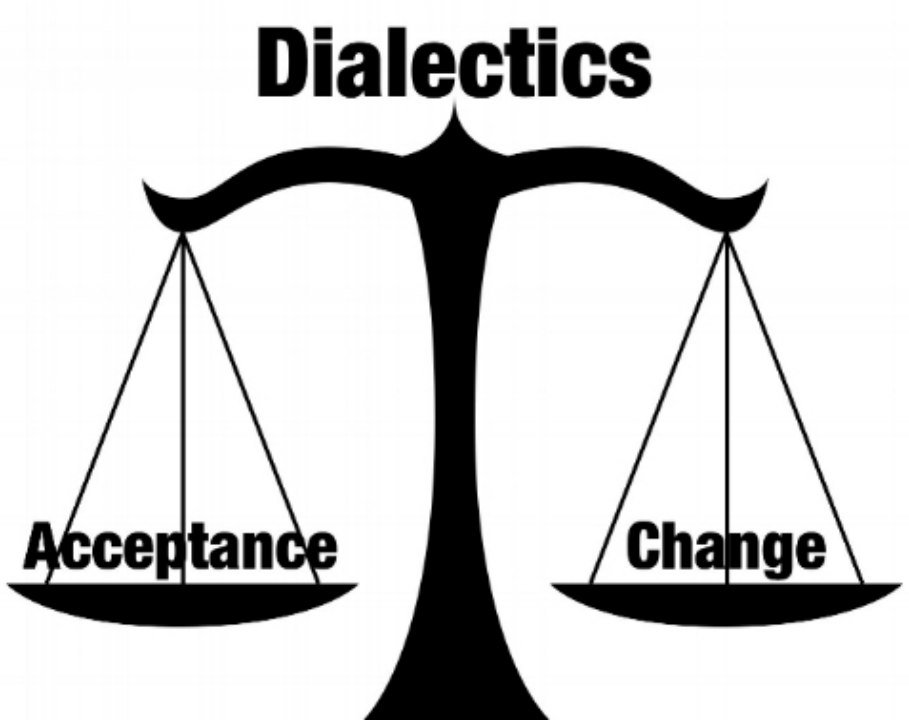
Acceptance

Mindfulness

Distress Tolerance

Validation

Zen Buddhism



Change

Emotion Regulation

Interpersonal Effectiveness

Problem-Solving

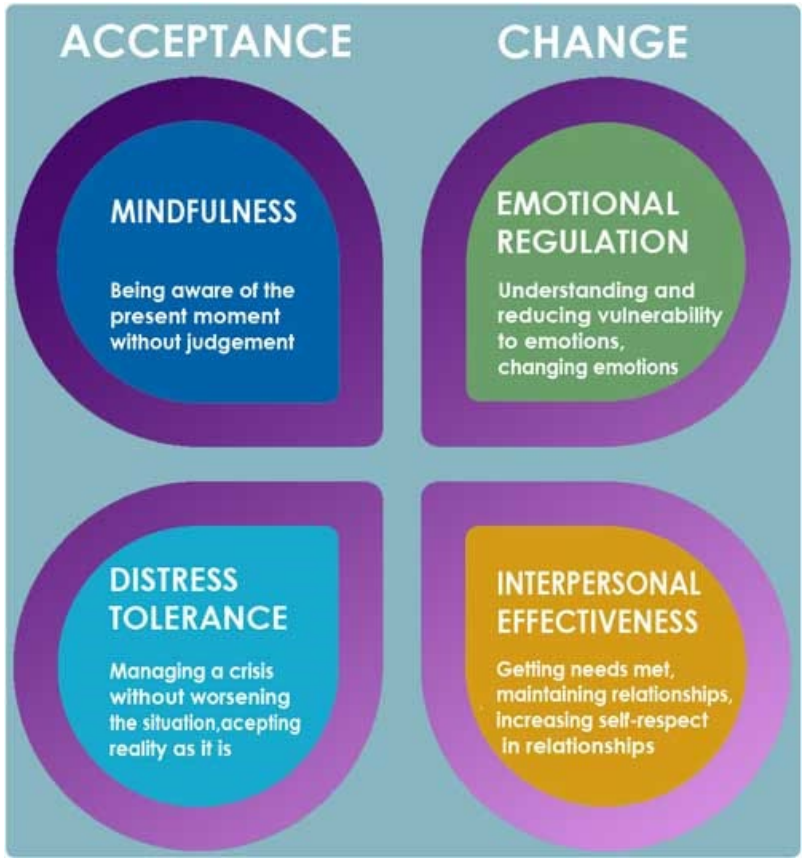
CBT and Behaviorism

Borderline Personality Disorder: DSM-V Criteria

- ***Mindfulness Skills***
  - **Self Dysregulation**
    - Identity Disturbance
    - Chronic feelings of emptiness
    - Dissociative behavior or transient paranoia
- ***Distress Tolerance Skills***
  - **Behavioral Dysregulation**
    - Recurrent suicidal behavior or self-mutilating behavior
    - Impulsivity in two OTHER areas
- ***Middle Path Skills***
- ***Emotion Regulation Skills***
  - **Emotion Dysregulation**
    - Affective instability
    - Inappropriate, intense anger
- ***Interpersonal Effectiveness Skills***
  - **Interpersonal Dysregulation**
    - Unstable and intense relationships
    - Frantic efforts to avoid abandonment

DBT Skills

- **Mindfulness**
  - Paying attention, in the present moment, non-judgmentally, see reality for what it is
- **Emotion Regulation**
  - Identify/ understand emotions, increase positive emotions, decrease intensity and/or reduce frequency of negative emotions
- **Distress Tolerance**
  - Tolerate distress / practice acceptance – and not make things worse
- **Interpersonal Effectiveness**
  - Assertiveness training – objective, relationship, self-respect
- **Middle Path (in DBT-A)**
  - Behaviorism, validation, dialectics



DBT Take Home Message

- Goals-focused, skills-based behavioral treatment
- Developed to address NSSI and suicidal behaviors
- Target behaviors (like NSSI) are viewed as solution to a problem
- Problem is often emotion dysregulation (core of BPD)
- Addressing emotion regulation is central to DBT
- Target behaviors (like NSSI) happen as a result of skills deficits
- DBT teaches skills to increase effective coping and decrease ineffective coping methods
- Ultimate goal is to “build a life worth living”

UCSF Wavefront DBT-A Patients

In order to join our program….

- Ages 13 to 23, with at least one parent
- At least 3 traits of borderline personality disorder
- At least one prior suicide attempt
- At least one "target behavior" they are interested in changing (self-harm most common)
  - Self-harm, suicidal behaviors/comments/thoughts, risky sexual behavior, binge/purge, aggressive behaviors, substance use
- A commitment to the treatment (hard-won!)

Non-Suicidal Self-Injury (NSSI)

Definitions

- **Suicide** is defined as death caused by self-directed injurious behavior with intent to die as a result of the behavior.
- A **suicide attempt** is a non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior. A suicide attempt might not result in injury.
- **Suicidal ideation** refers to thinking about, considering, or planning suicide.
  - Passive versus active

- **Non-suicidal self-injury (NSSI)** refers to the intentional destruction of one's own body tissue without suicidal intent and for purposes not socially sanctioned.

NSSI Disorder: DSM-V

Summary of Proposed Diagnostic Criteria

A: Self-inflicted acts such as cutting, burning, or hitting intended to cause moderate physical damage to the body (e.g., bruising, bleeding, or pain) occurring on 5 or more days over the past year.

B: Engagement in self-injurious behavior is done with the expectation that at least one of the following consequences will occur shortly afterwards:
1. Relief from negative feelings or thoughts.
2. Resolution of an interpersonal problem.
3. Creation of a positive mood state.

C: At least one of the following occurs immediately before the act of intentional self-injury:
1. Negative thoughts or feelings (eg, distress, depression, anger, anxiety, tension, or self-criticism).
2. Preoccupation with the planned self-injurious behavior that is hard to control.
3. Frequent thoughts of self-injurious behavior – even if no action is taken.

D: Socially sanctioned behavior such as tattooing or body piercing is excluded, as is self-inflicted damage that is enacted in a cultural or religious context. Common and mild behaviors such as nail biting and scab picking are also excluded.

E: Engagement in nonsuicidal self-injury results in clinically significant distress or causes problems in social or occupational functioning or impairments in other important areas of life.

F: The self-damaging behavior cannot be better explained by another mental disorder or medical diagnosis. It is also required that the self-injurious behavior not occur only during psychotic episodes, intoxication, periods of delirium, or be stereotyped and repetitive.

NSSI in Adolescents

- Average age of onset: 12-14 years
- ~20% general population
- ~50% inpatient population

- Gender differences
  - Girls > Boys
  - Different behaviors
- LGBTQ youth
  - Higher rates of NSSI
  - (and of suicidal behaviors)

- Some youth try it a few times, and then stop

- Some repeatedly engage in NSSI
  - Multiple methods
  - Multiple functions
- Usually higher risk

NSSI is significant risk factor for suicide attempts

NSSI Behaviors

- Cutting
- Hitting/ Banging self
- Biting
- Burning
- Carving
- Pinching
- Pulling hair
- Severe scratching

- Interfering with wound healing
- Rubbing skin against harsh surface
- Sticking self with needles
- Inserting objects under skin/nails

- *Engaging in activities (physical fight, sports) to get hurt intentionally*
- *Punching /hitting object (walls)*

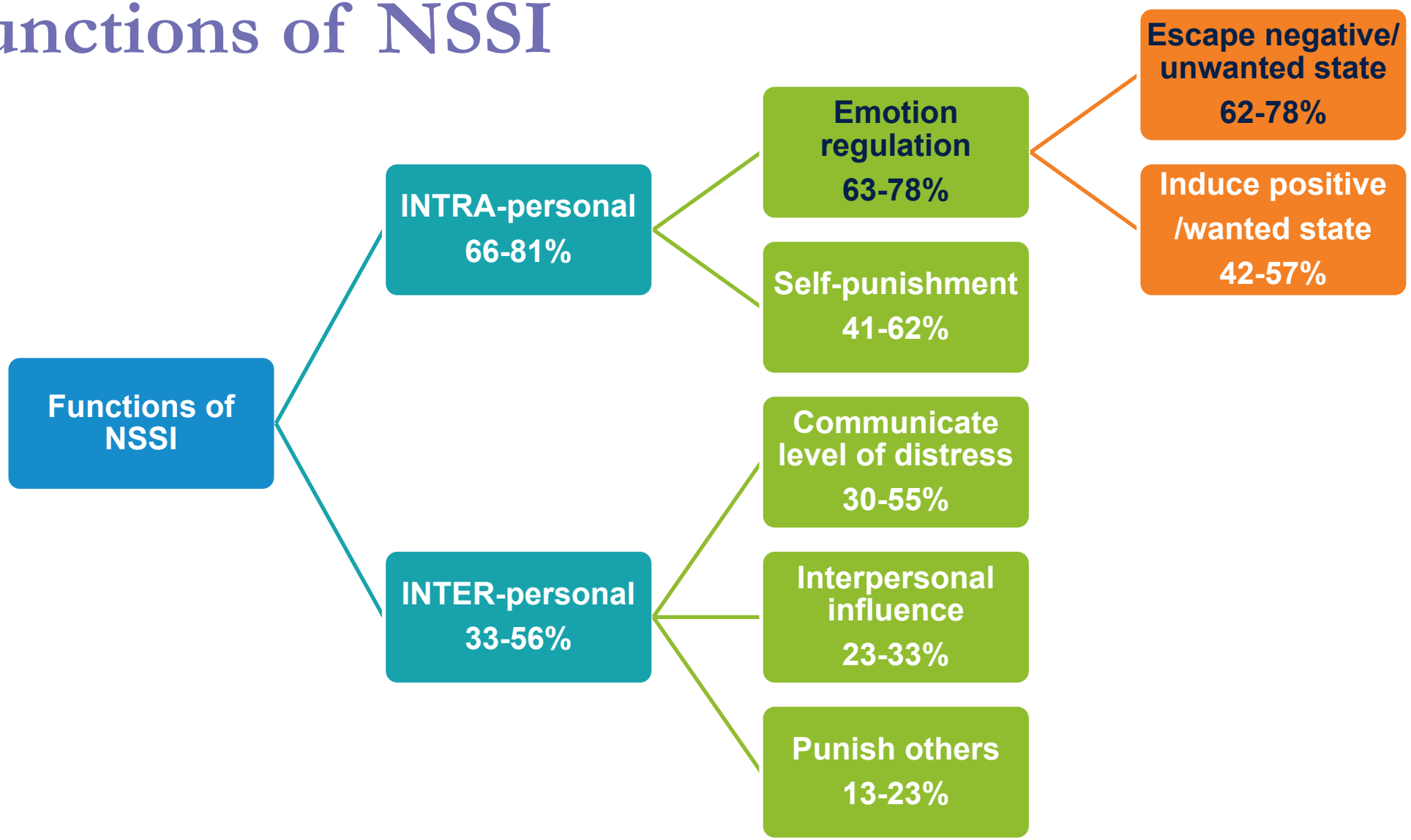
Functions of NSSI

- Behaviors that happen repeatedly are reinforced – they serve a function
- If we know the function, we can tailor how we intervene

- Four Function Model
  - Autonomic (autonomic-negative and autonomic-positive reinforcement)
  - Social (social-negative and social-positive reinforcement)
- Two Function Model – Intrapersonal and Interpersonal
- **Intrapersonal functions (affect regulation) are most common**, especially to avoid/decrease unwanted emotional state.
- Intrapersonal functions also more common for ongoing, repeated NSSI

Klonsky et al., 2015; Reinhardt et al., 2021; Taylor et al., 2018

Functions of NSSI



Taylor et al., 2018 (meta-analysis)

Assessment of NSSI

NSSI Assessment Tools

Structured Interviews

- SITBI – Self-injurious Thoughts and Behaviors Inventory (Nock et al., 2007)
- SASII – Suicide Attempt Self Injury Interview (Linehan et al., 2006)

Self-Report Measures

- ISAS – Inventory of Statements about Self-harm (Klonsky & Glenn, 2009)
- DSHI – Deliberate Self Harm Inventory (Gratz, 2001)
- NSSI-AT - Non-Suicidal Self-Injury Assessment Tool (Whitlock et al., 2014)

How to Ask about NSSI

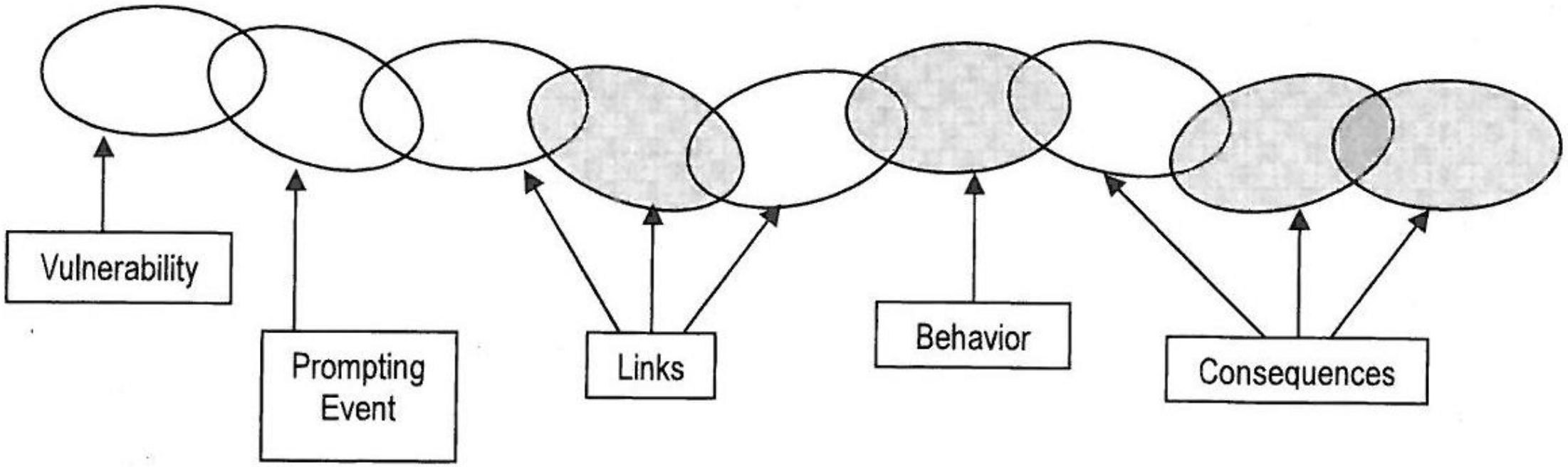
- Just as with suicidal behavior, important to directly ask about NSSI
- Non-judgmental, matter of fact approach
- Can provide psychoed about NSSI while assessing
  - Conceptualize as a solution to a problem
  - Problem is often emotion dysregulation/ distress
  - There are other ways to solve the problem!
    - DBT Distress Tolerance skills (TIPP, Distract, Self-Soothe etc)
- If they have stopped NSSI, ask what they are doing instead (current coping strategies)
- Will likely get more information if asking teen alone
  - May want to bring in parent later for help with management and treatment

What to Ask?

No official recommended NSSI screening protocol for primary care

In our DBT initial assessment (SITBI):

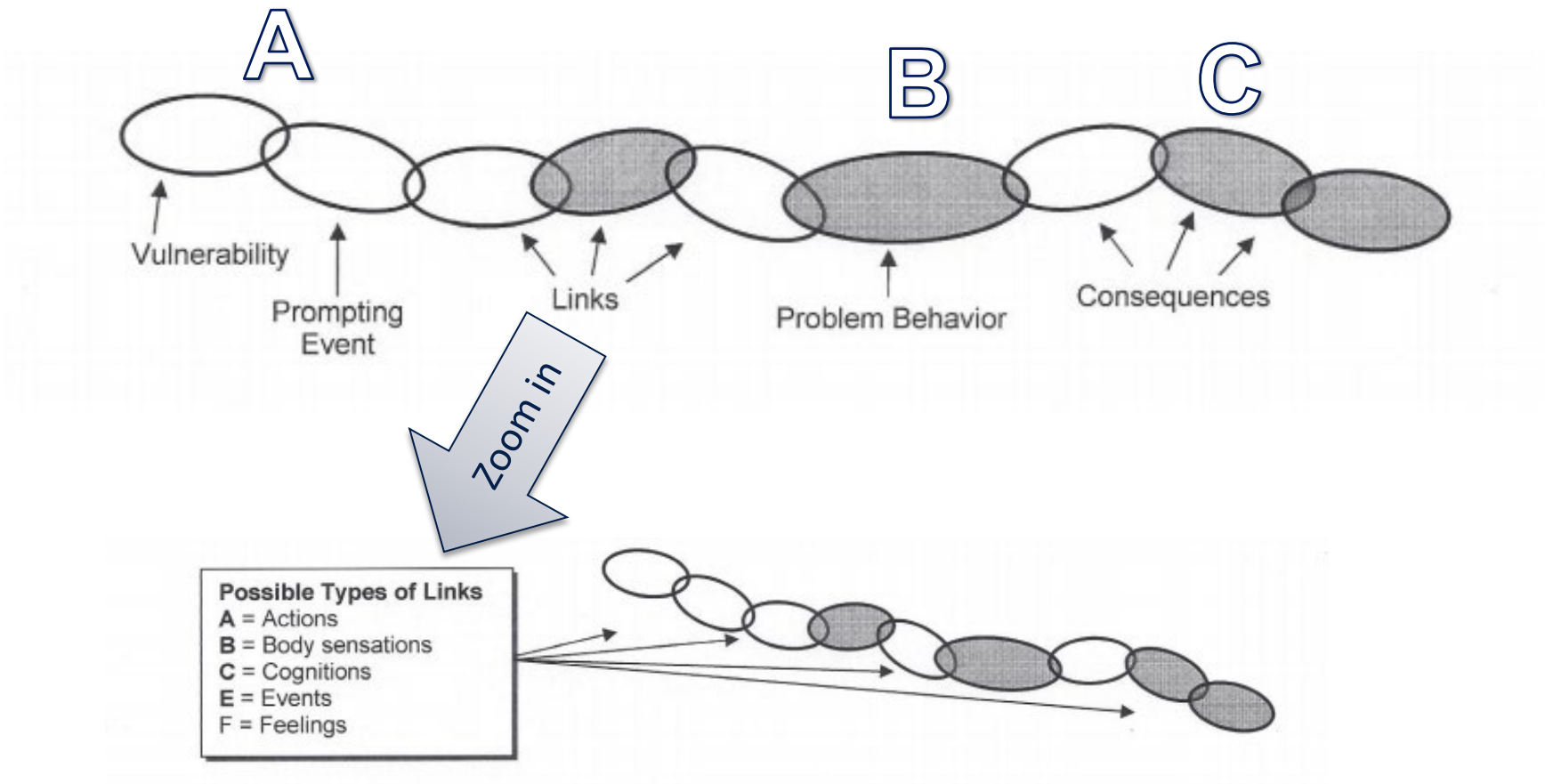
- **Timeline** – When did NSSI start? Frequency? When was most recent?
- **Behaviors –** What are they doing? Where on body? Severity?
- **Instruments –** What tools are they using? (Still have access?)
- **Prompting Event –** What prompted them to engage in NSSI? What was going on at the time?
- **Consequences –** What happened after? Medical intervention? Emotions, thoughts, interactions with other people?
- **Future** – How likely is it that they will do it again? Do they want help stopping?



Functional assessment of target behavior in DBT

Linehan,1993

Behavior Chain Analysis



Behavior Chain Analysis

- What exactly is the major **PROBLEM BEHAVIOR** that I am analyzing?
- What **PROMPTING EVENT** in the environment started me on the chain to my problem behavior?
- What things in myself and my environment made me **VULNERABLE**?
- What were the **LINKS** in the chain (Actions, body sensations, cognitions, feelings & events)? What linked the prompting event to the problem behavior?
- What were the **CONSEQUENCES** of this behavior?

All in the service of forming a solution analysis:

- Is there a more skillful solution to the problem?
- What is your prevention strategy for the future?
- What harm did my problem behavior cause?

STOPS FIRE

- Provides STOPS FIRE as assessment guide for NSSI for family medicine and primary care providers
- Article summarizes NSSI clinical features, epidemiology, assessment methods, and existing treatments

Kerr et al., 2010

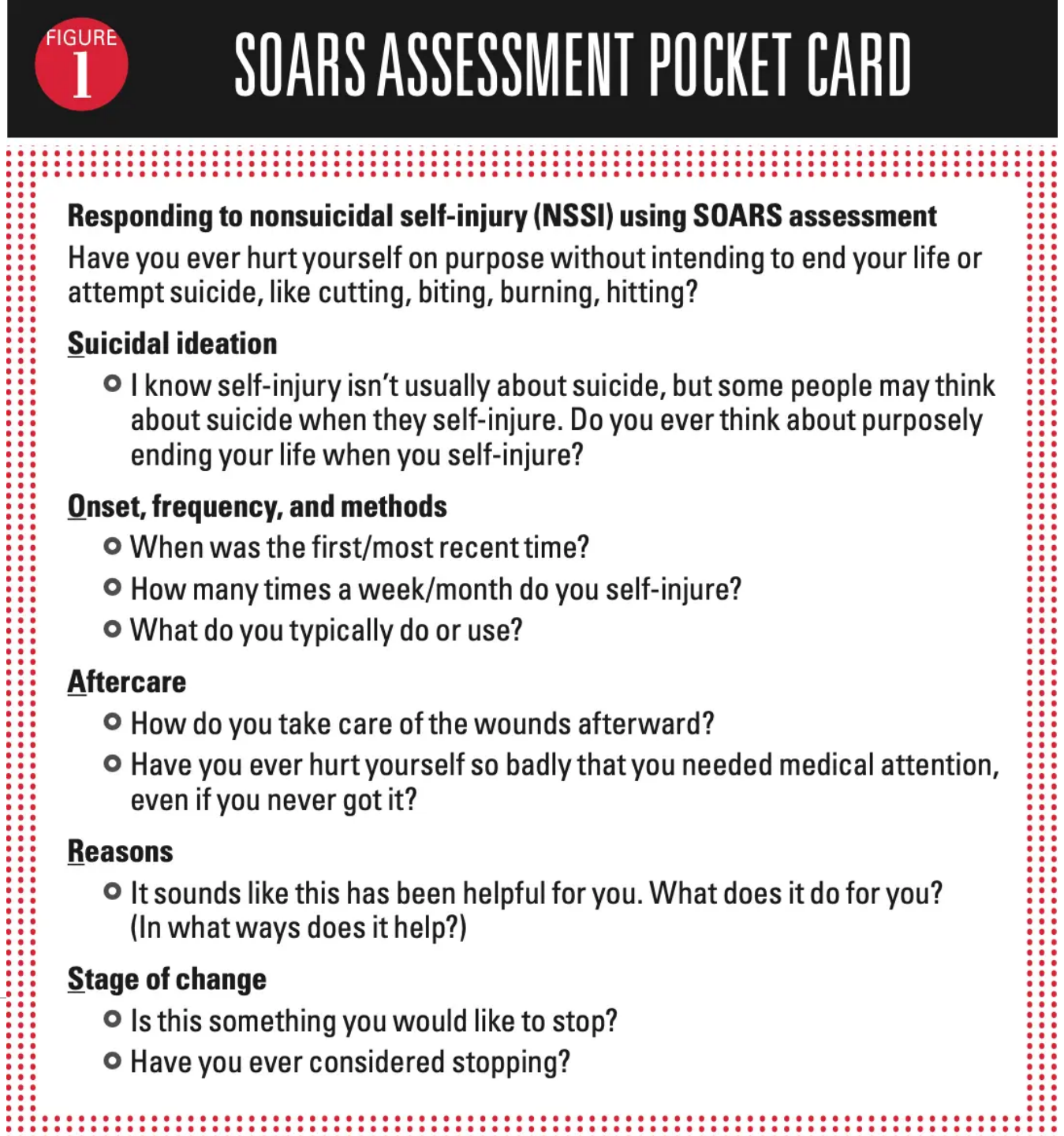
Table 2. Evaluating Risk for Self-Injury: STOPS FIRE Assessment Guide

What to Assess	How to Assess It	High-Risk Indicators Warranting Referral for Behavioral Health Services
Suicidal ideations	• "[Specific behavior] might be different than trying to kill yourself, but for some people they're related. Do you ever think about killing yourself when you [specific behavior]? • Do you think about killing yourself when you don't [specific behavior]?"	• Intense thoughts about suicide while self-injuring • Thoughts about suicide before or after self-injuring
Types	• "What have you used to [specific behavior]?" • "In what ways do you injure yourself?"	• Multiple types • ≥3 methods
Onset	• "When did you first [specific behavior]?"	• Early/childhood onset • Extended duration or history ≥6 months
Place/location	• "What parts of your body have you [specific behavior]?"	• Genitals or breasts • Face
Severity of damage	• "Has [specific behavior] ever caused any bleeding/bruising/scarring?" • "Have you ever had to go to the hospital after you [specific behavior]?" • "How do you handle the wound after you [specific behavior]?	• Hospitalization or suturing required • Neglect of wounds • Reopening of wounds
Functions	• "What does [specific behavior] do for you?" • "How do you usually feel before [specific behavior]?" • "How do you usually feel after [specific behavior]?" • "Would it help you in any way if you stopped [specific behavior]?"	• Any relationship to suicide (eg, compromise between living and dying; reduces suicidal thoughts or urges)
Intensity of self-injury urges	• "How strongly would you rate your urges to [specific behavior] in a typical day from 0 to 100?"	• 70 or higher
Repetition	• "About how many times would you say you [specific behavior] since you started?"	• 11–50 (moderate risk) • ≥50 (high risk)
Episodic frequency	• "How often do you [specific behavior] in a typical day? What about a typical week?"	• Multiple times per week • ≥5 wounds per episode

SOARS

- Assessment tool (SOARS) to help physicians screen adolescents for NSSI
- Some information on addressing and treating NSSI
- Single session didactic curriculum on NSSI for pediatric residents

Westers et al., 2016; Westers et al., 2023



Pros & Cons of NSSI

PROS of NSSI	CONS of NSSI
PROS of Stopping NSSI	CONS of Stopping NSSI

Informing Parents

- When possible, inform parents about NSSI
  - Especially when NSSI is recent, chronic, severe
- Do it collaboratively with teen
  - Agree together what to tell parents
  - Consider pros/cons
- Why tell parents? Will need/want their help with:
  - Accessing treatment
  - Means restriction
  - Participation in DBT

When to Refer to DBT?

- Chronic suicidality/self-injurious behavior
- History of suicide attempts
- Symptoms consistent with Borderline Personality Disorder seem to be most explanatory of current presentation
- Commitment to program may be feasible (at least 6 months)
- Has caregiver willing to participate (for DBT-A)

- *Non-UCSF programs often have lower criteria thresholds*

Higher Levels of Care?

Inpatient

- Inpatient typically not indicated for NSSI
- DBT uses hospitalization as last resort
  - Is not treatment, just short-term solution
  - Use only when cannot be kept safe
- Iatrogenic effects of hospitalization
  - Increased risk of self-injurious behaviors
  - Stress and trauma
  - Possible reinforcement of ineffective coping
- Pros/Cons with teen and parents

Residential

- Typically not recommended in DBT
- Used when outpatient not sufficient/ significant safety concerns
- Very few recommended DBT programs
  - Clearview (18+)
  - Sunrise RTC

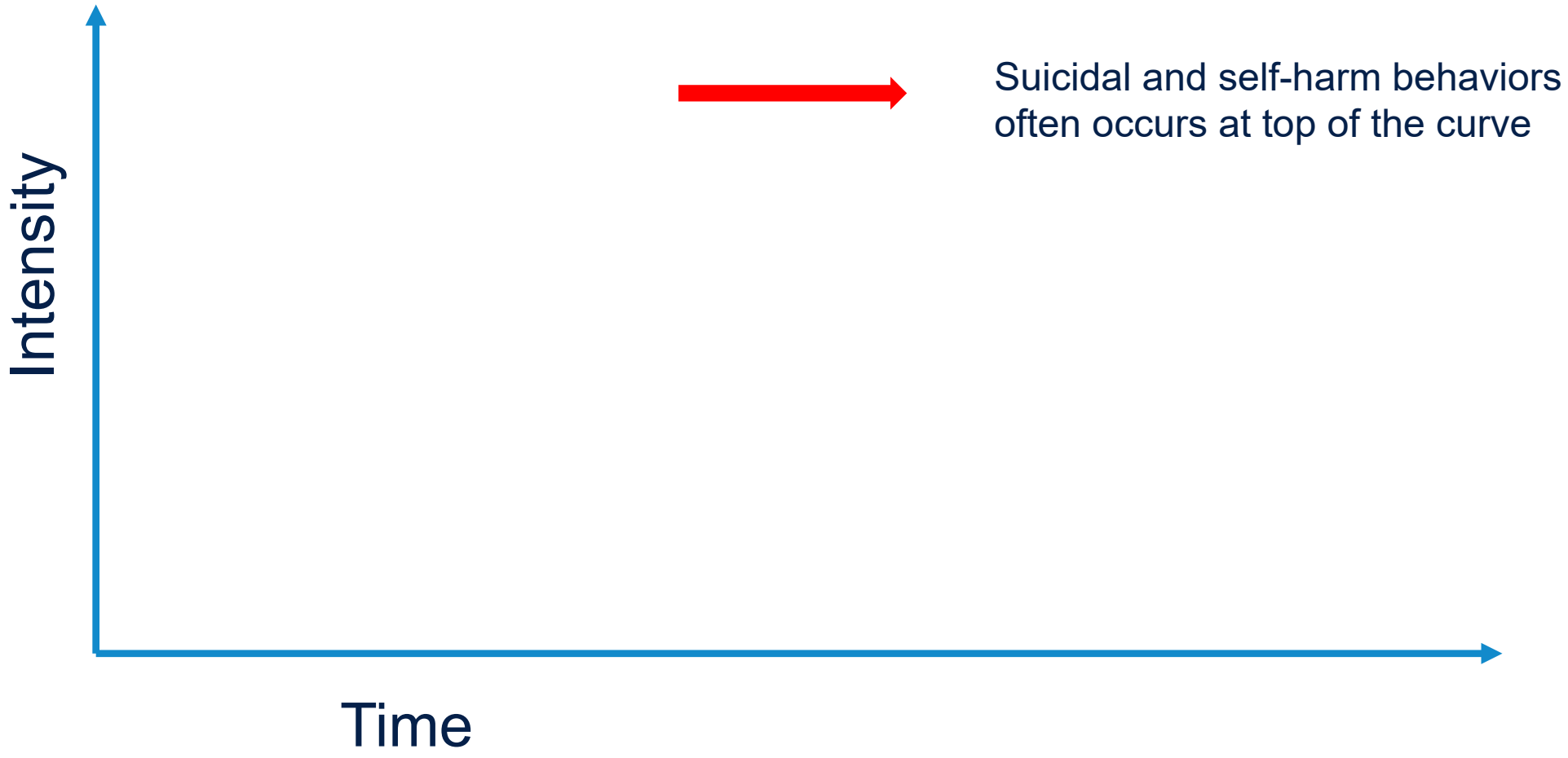
PHP/IOP

- Can be effective way to receive intensive treatment in short amount of time
  - RISE DBT
  - Others include DBT skills, but not full DBT

Ward-Ciesielski & Rizvi, 2020

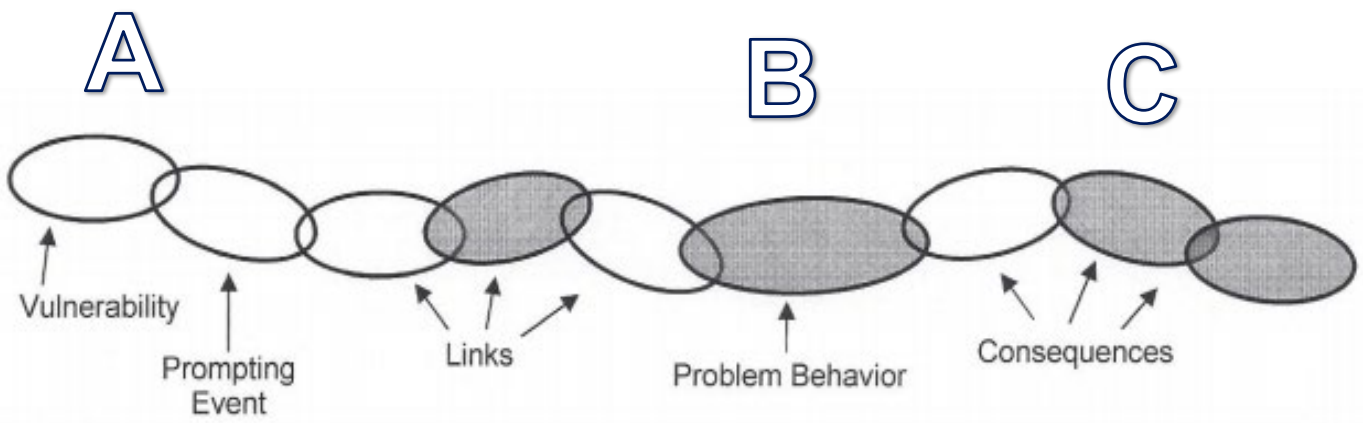
Safety Planning and Means Restriction

Model of Emotion



Ways to Intervene for Self-harm

- **A**ntecedent Interventions
  - Means restriction
  - ”Wise Mind” reminders
- **B**ehavior
  - Give them something else to do!
    - DBT skills, identify specific behaviors
- **C**onsequences
  - Decrease reinforcement of self-harm
  - Increase reinforcement for effective behaviors



Means Restriction Key Points

- Self-harm is often impulsive
- Risk is increased when preferred method is available
  - What is their preferred method?
  - Is it available?
- Get rid of means
  - Separate the person from the method
  - Reduce ease of access

- Gives time for emotions to go down
- Self-harm object won't serve as a prompt

Reducing access to highly lethal means is always advised!

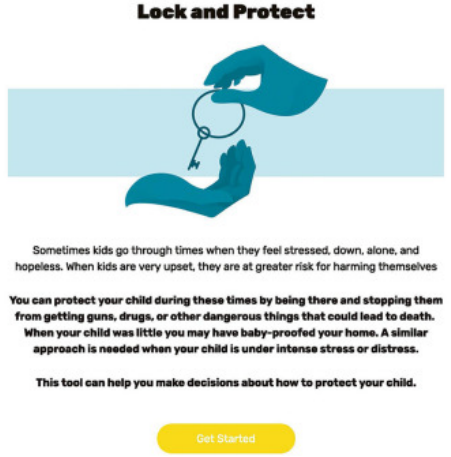
How Parents can Restrict Access to Means

- Gun safety
- Remove implements for hanging

- Restrict access to prescription & OTC medications
- Lock up sharps (razors, scissors, knives, pencil sharpeners, etc)
- Securely store poisonous household cleaning products

- Parent monitoring
  - Room sweeps, take locks/doors off bedroom, location services on phone, car keys

A First page of the "Lock and Protect" Decision Aid



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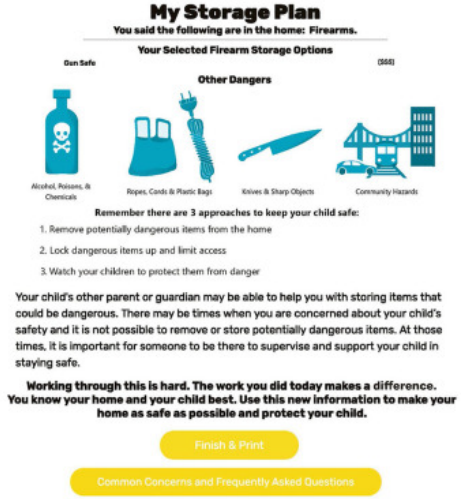

https://ucla.chsprc.com/

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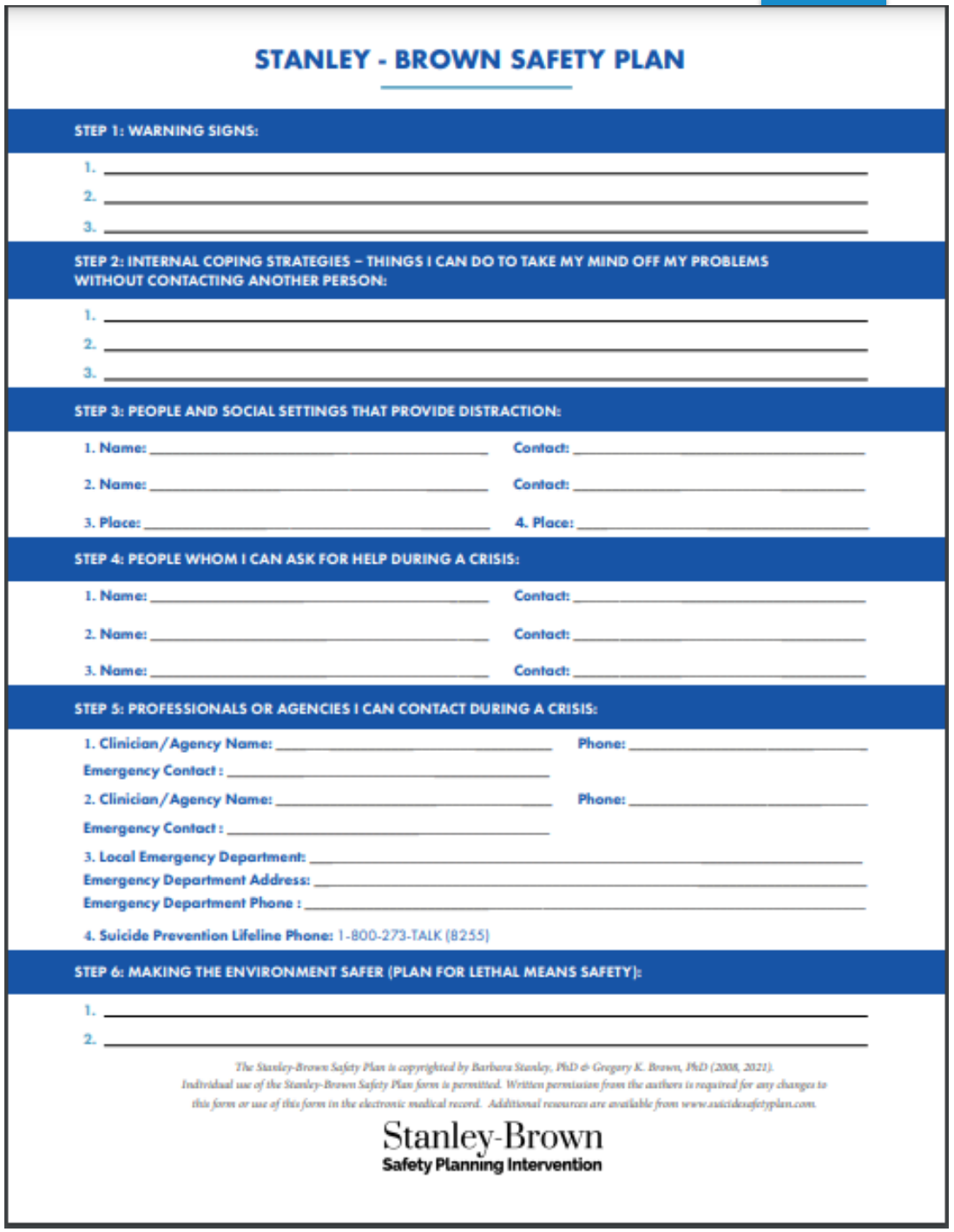
Stanley Brown Safety Plan

- Provide concrete way to mitigate risk and increase safety
- https://suicidesafetyplan.com/
- Suicide Prevention Resource Center (www.sprc.org)



STANLEY - BROWN SAFETY PLAN

STEP 1: WARNING SIGNS:

1. _____
2. _____
3. _____

STEP 2: INTERNAL COPING STRATEGIES – THINGS I CAN DO TO TAKE MY MIND OFF MY PROBLEMS WITHOUT CONTACTING ANOTHER PERSON:

1. _____
2. _____
3. _____

STEP 3: PEOPLE AND SOCIAL SETTINGS THAT PROVIDE DISTRACTION:

1. Name: _____ Contact: _____
2. Name: _____ Contact: _____
3. Place: _____ 4. Place: _____

STEP 4: PEOPLE WHOM I CAN ASK FOR HELP DURING A CRISIS:

1. Name: _____ Contact: _____
2. Name: _____ Contact: _____
3. Name: _____ Contact: _____

STEP 5: PROFESSIONALS OR AGENCIES I CAN CONTACT DURING A CRISIS:

1. Clinician/Agency Name: _____ Phone: _____
Emergency Contact : _____
2. Clinician/Agency Name: _____ Phone: _____
Emergency Contact : _____
3. Local Emergency Department: _____
Emergency Department Address: _____
Emergency Department Phone : _____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

STEP 6: MAKING THE ENVIRONMENT SAFER (PLAN FOR LETHAL MEANS SAFETY):

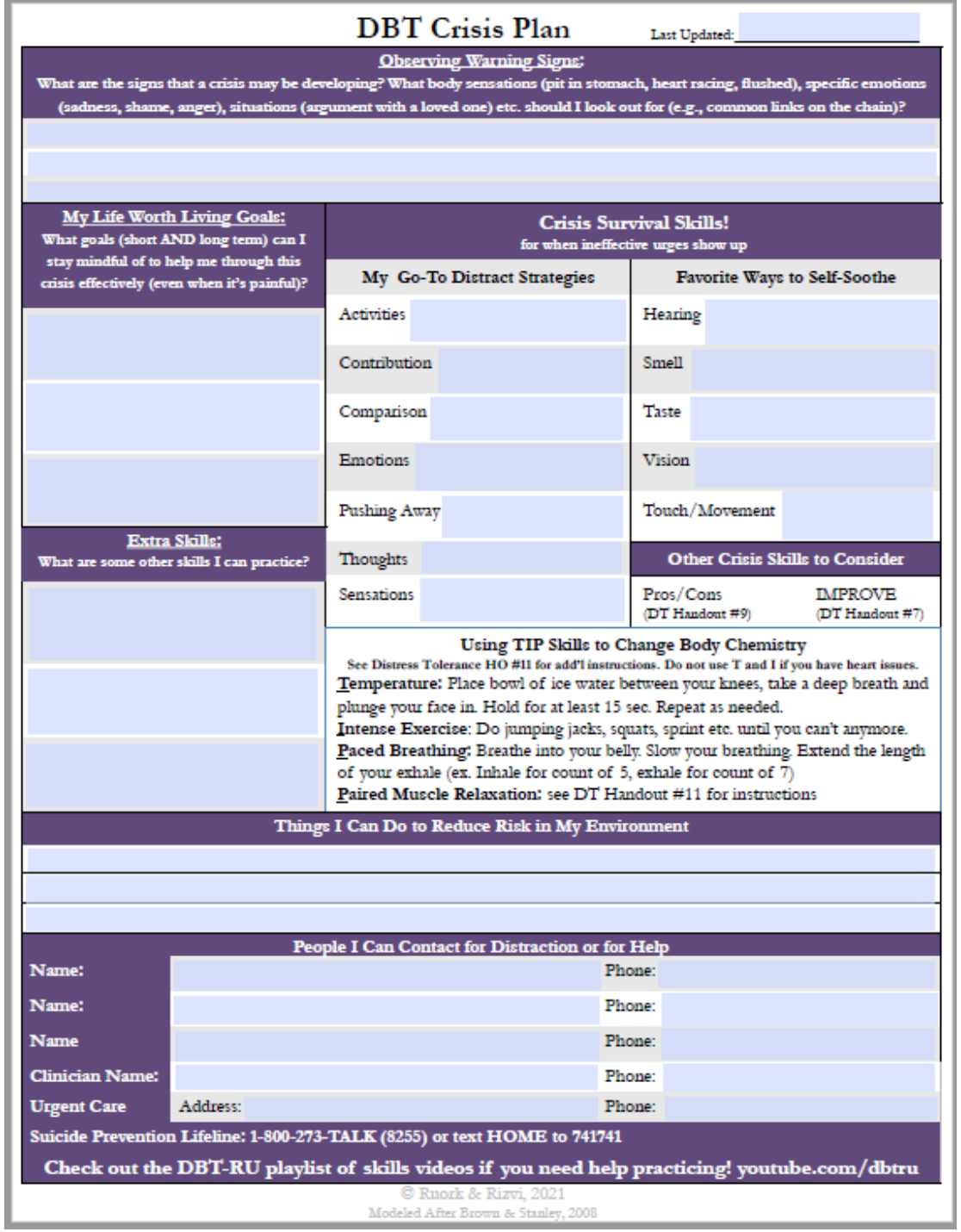
1. _____
2. _____

Stanley-Brown
Safety Planning Intervention

DBT Crisis Plan

- Shireen Rizvi and colleagues at Rutgers University
- Based on Stanley and Brown
- Fillable PDF

- Give copy to patient, parent, other providers



DBT Crisis Plan

Last Updated: _____

Observing Warning Signs:
What are the signs that a crisis may be developing? What body sensations (pit in stomach, heart racing, flushed), specific emotions (sadness, shame, anger), situations (argument with a loved one) etc. should I look out for (e.g., common links on the chain)?

My Life Worth Living Goals:
What goals (short AND long term) can I stay mindful of to help me through this crisis effectively (even when it's painful)?

Crisis Survival Skills!
for when ineffective urges show up

My Go-To Distract Strategies		Favorite Ways to Self-Soothe	
Activities		Hearing	
Contribution		Smell	
Comparison		Taste	
Emotions		Vision	
Pushing Away		Touch/Movement	
Thoughts			
Sensations			

Extra Skills:
What are some other skills I can practice?

Other Crisis Skills to Consider

Pros/Cons (DT Handout #9)	IMPROVE (DT Handout #7)

Using TIP Skills to Change Body Chemistry
See Distress Tolerance HO #11 for add'l instructions. Do not use T and I if you have heart issues.
Temperature: Place bowl of ice water between your knees, take a deep breath and plunge your face in. Hold for at least 15 sec. Repeat as needed.
Intense Exercise: Do jumping jacks, squats, sprint etc. until you can't anymore.
Paced Breathing: Breathe into your belly. Slow your breathing. Extend the length of your exhale (ex. Inhale for count of 5, exhale for count of 7)
Paired Muscle Relaxation: see DT Handout #11 for instructions

Things I Can Do to Reduce Risk in My Environment

People I Can Contact for Distraction or for Help

Name:		Phone:	
Name:		Phone:	
Name		Phone:	
Clinician Name:		Phone:	
Urgent Care	Address:	Phone:	

Suicide Prevention Lifeline: 1-800-273-TALK (8255) or text HOME to 741741

Check out the DBT-RU playlist of skills videos if you need help practicing! youtube.com/dbtru

Modeled After Brown & Stanley, 2008

Choose skills based on emotion, intensity, and long-term goals!

100
95
90
85
80
75
70
65
60
55
50
45
40
35
30
25
20
15
10
5
0

Distress Tolerance:
Crisis Survival Strategies
-Emotions are really high
-You can't change the situation

General Examples:
-It's hard to think or focus – TIPP (ice)
-It's hard to stop crying – TIPP (paced breathing)
-You feel sad or spaced out – TIPP (intense exercise)
-You feel agitated – Self-soothing (scented lotion)
-You feel hopeless – IMPROVE (meaning-making)
-You are ruminating – Distraction (contributing)
-You have ineffective urges – STOP
-You are feeling impulsive – Pros and Cons

Back & forth, as needed!

Emotion Regulation:
-Increase resilience
-Change emotions
-Accept emotions

Increase Resilience (use often):
-Accumulate positives (short-term) – add more pleasure
-Accumulate positives (long-term) – build a life worth living
-Build mastery – feel competent and confident
-Cope ahead – prepare for difficult situations
-PLEASE – increase biological resilience

Change Emotions (use when needed):
-Model of emotions – figure out emotion, urge, intensity
-Check the Facts – is this due to situation, thoughts, or both?
-Opposite Action – change emotions via behavior
-Problem-solving – change a situation

Back & forth, as needed!

Accept Emotions (use often):
-Mindfulness of current emotion
-Radical acceptance, turning the mind, willingness, half smile

Interpersonal Effectiveness:
-Use when emotions are low
-Balance self and others

-Clarifying priorities – what is my top priority?
-DEAR MAN – objective effectiveness (ask/say no)
-GIVE – relationship effectiveness
-FAST – self-respect effectiveness
-Options for intensity – how firm to ask/say no

Core Mindfulness:
-Taking hold of your mind
-Practice all the time
-Use with all other skills

-States of mind – emotion mind, reasonable mind, wise mind
-Observe, describe, participate – "what" to do while mindful
-Non-judgmentally, one-mindfully, effectively – "how" to do it

Situations for Me to Practice:

Melissa L. Miller, PhD, 2017

DBT Resources

Local DBT-A Treatment Options

Outpatient

- UCSF Wavefront DBT Clinic: https://wavefront.ucsf.edu/DBT
- UCSF Wise Mind Skills Group: rachel.kramer@ucsf.edu
- UCSF Benioff Childrens Hospital Oakland: 510-428-8428 (DBT skills groups and DBT-informed)
- Stanford University – DBT for Adolescents: https://med.stanford.edu/psychiatry/patient_care/adbt.html
- RISE IOP: https://www.chconline.org/rise/
- San Francisco DPH – Seneca (Medi-Cal, Healthy Families): DBTClinic@senecacenter.org (Spanish services available)
- Child and Adolescent Behavioral Health Contra Costa County (Medi-Cal): Floris Mendoza LMFT (925) 608-8755

Outpatient Private Practice

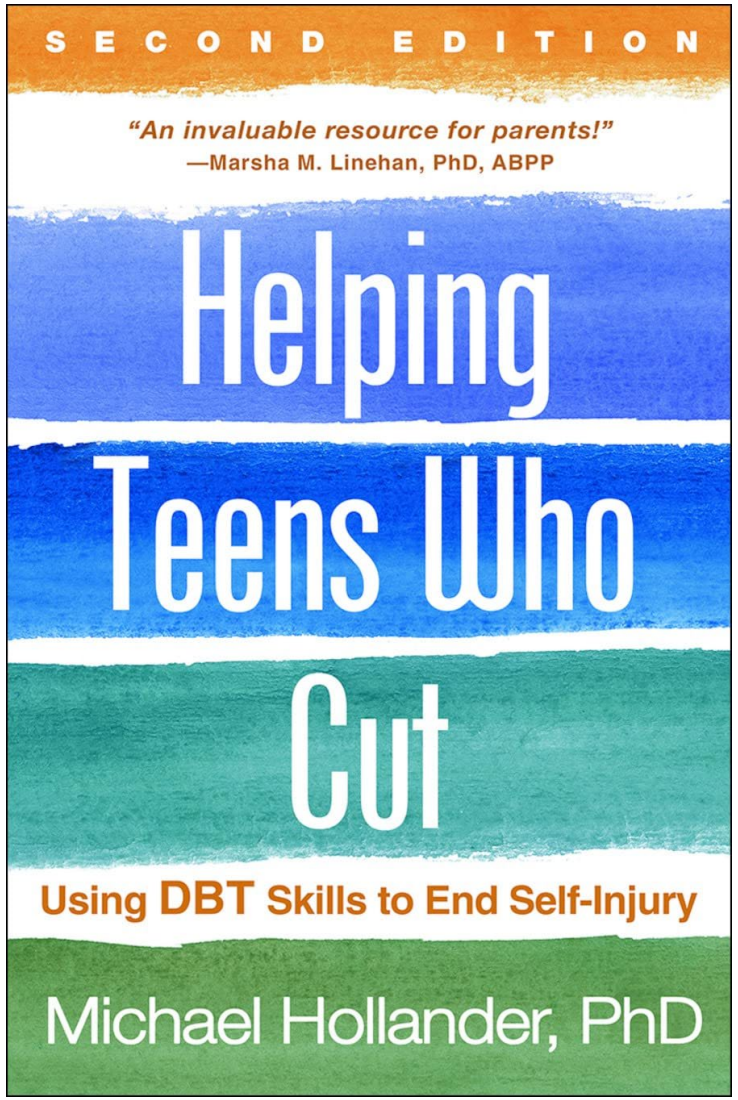
- Wise Mind Institute: https://www.thewisemindinstitute.com/
- Clearwater Clinic: https://www.clearwaterclinic.com/
- MindFit DBT Center: https://www.mindfitdbt.com/
- Child Mind Institute: https://childmind.org/care/areas-of-expertise/mood-disorders-center/dialectical-behavior-therapy-california/
- SF DBT Center (18+): https://www.sfdbt.center/

Residential

- Sunrise RTC in Utah: www.sunrisertc.com
- Clearview Treatment Programs in Los Angeles (18+): https://www.clearviewtreatment.com/

Helpful Websites

- Rutgers University- DBT Skills Videos: https://www.youtube.com/dbtru
- Lock and Protect: Guidance on means restriction: https://ucla.chsprc.com/
- Family Connections – Online DBT skills groups for friends and family: https://www.borderlinepersonalitydisorder.org/family-connections/
- Behavioral Tech – What is DBT? https://behavioraltech.org/dialectical-behavior-therapy-dbt/
- University of Washington – Behavioral Research and Therapy Clinics https://depts.washington.edu/uwbrtc/about-us/dialectical-behavior-therapy/
- Cornell University – Self Injury and Recovery Resources (SIRR): https://www.selfinjury.bctr.cornell.edu/



Books

Parents

- ***Helping Teens who Cut: Using DBT Skills to End Self-Injury*** by Michael Hollander
- ***Parenting a Teen Who Has Intense Emotions*** by Pat Harvey and Brit Rathbone

Teens

- ***Stopping the Pain: A Workbook for Teens Who Cut and Self-Injure*** by Lawrence Shapiro
- ***The DBT Skills Workbook for Teen Self-Harm*** by Seri Van Dijk

UCSF Benioff Children's Hospitals

Questions?

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