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Non-Suicidal Self-Injury

Christy Matta, MA
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- **Christy Matta, MA**
- 3 kids, currently all are teenagers
- Non-profit and city government experience, prior to Stanford
- Intensively trained in Dialectical Behavior Therapy in 2002
- DBT program development for youth; author of “The Stress Response”



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Disclosure Statement

- I don't have any disclosures to make.
- There is no commercial interest support for this educational activity.

Disclaimer

The views expressed in this presentation are those of the speaker and do not necessarily represent the views, policies, and positions of the Indian Health Service (IHS), or the U.S. Department of Health and Human Services (HHS).



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What is non-suicidal self-injury

The deliberate alteration or destruction of one's own body tissue of a socially unacceptable nature without expressed intent to die



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Characteristics

- Increase in prevalence
- Estimated 14% of youth and young adults
- Considered as occurring in the “general population”
- Past non-suicidal self-injury associated with suicidal ideation, plan and attempt



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Characteristics

- Most common method: skin cutting, followed by hitting and burning
- Age of onset: 12-14
- 25% onset prior to age 12
- Frequency: varies from once, a few times, to repeatedly
- Females report more than males*



* depends on population studied



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Why do people self-injure?

1. To reduce painful emotions and overwhelming internal experiences
2. To communicate and have interpersonal impacts



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Tips to approach self-injury

- Use the client's own descriptive language.
- Use a dispassionate, low-key demeanor and remain aware of risks of inadvertently reinforcing self-injury
- Convey respectful curiosity



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Assessing self-injury

- [Functional Assessment of Self Mutilation \(FASM\)](#)
- [LIFETIME – SUICIDE ATTEMPT SELF-INJURY COUNT \(L-SASI\)](#)
- [SUICIDE ATTEMPT SELF-INJURY INTERVIEW \(SASII\)](#)



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Treatment Approaches

Type of self-injury/related problem	Step	Intervention
Self-injury education and prevention	0	Management/prevention of contagion; education around current or common self-injury "games" and related phenomena (tide pods, choking game etc.).
First/early episode of self-injury	1	Demeanor: low key, dispassionate; formal assessment; Cognitive behavioral assessment; contingency management; continue with step 2 or 3 depending on assessment
Recurrent, common, low lethality self-injury	2	Skills training; Cognitive treatment; family therapy; psychopharmacological treatment
Persistent and/or atypical, with other conditions (e.g., suicidal ideation and attempts, PTSD symptoms, body alienation, eating disorder, substance abuse)	3	Body image work, exposure treatment, cognitive restructuring; hospitalization/respice
Chronic/recurrent/atypical/severe self-injury with recurrent suicidality, foreign body ingestion, or other conditions (e.g., aggression, risk taking, failure to self-protect)	4	Intensive treatment such as DBT, Intensive outpatient treatment Residential Supported housing, day treatment, recovery program



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Treatment Approaches - DBT

1. **Assessment**
2. **Commitment** to treatment and agreement on goals to eliminate self-injury and other high risk behaviors
3. On-going **tracking** of incidents of self-injury (diary cards)
4. Exhaustive **behavioral analysis** of self-injury (chain analysis)
5. **Skills training**, Distress Tolerance, Mindfulness, Emotion Regulation, Interpersonal Effectiveness
6. **Trauma work** – (exposure therapy) only after self-injury behaviors are more in control



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Learning Objectives

At the end of this presentation, participants will be able to:

- Understand the function of non-suicidal self-injury and strategies to respond to self-injurious behavior
- Identify at least 2 tools for assessing and treating non-suicidal self-injury behavior



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Questions for the Audience

- o What are risk factors specific to indigenous youth, such as systemic racism, economic insecurity, substance use/family substance use, adverse childhood experiences, historical trauma?
- o How might cultural interpretations of self-harm differ with indigenous youth?
- o What are protective factors specific to Native youth (for example with black youth strong racial identity is protective).



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Presenter Contact Information

- Christy Matta, MA
- Clinical services and Training Manager
- Stanford University
- christymatta@Stanford.edu



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