

# Pediatric Psychiatry in the Primary Care Setting ECHO<sup>®</sup>



ECHO SESSION 5: 9/7/2022

# *Self-injury and Suicide Management*

*Maine Pediatric & Behavioral Health Partnership 2022*

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**Maine Suicide Prevention Program**

**In partnership with: NAMI Maine**

Education, Resources and Support—It's Up to All of Us.

# Presentation: Self-injury and Suicide Management



**Greg Marley, LCSW**  
Clinical Director  
NAMI Maine

Greg has practiced in the field of community mental health and prevention in Maine for over 30 years, as a clinician, clinical supervisor, manager, and consultant.

Since 2007, he has delivered training and consultation in suicide prevention and self-injury management supporting the needs of a diverse set of statewide partners. Greg has presented across Maine and New England to a variety of audiences in suicide prevention, substance abuse prevention, mental health, and other topics.

For 2 decades he has supported schools, community agencies and families seeking support and resources in the aftermath of a suicide. Greg lives in Rockland with his family and spends his off time messing about with wild mushrooms.

# *Objectives*

- Provide an overview of trends in self-injury and suicidal behavior in children and adolescents.
- Review best-practice approach to the identification, assessment, and management of self-injury and suicide in children and adolescents.
- Highlight the AAP suicide prevention and management toolkit

# Non-Suicidal Self-Injury

“Intentional tissue-damaging, pain-inducing action taken without the intent to die”

Often separate from suicide, but closely related.



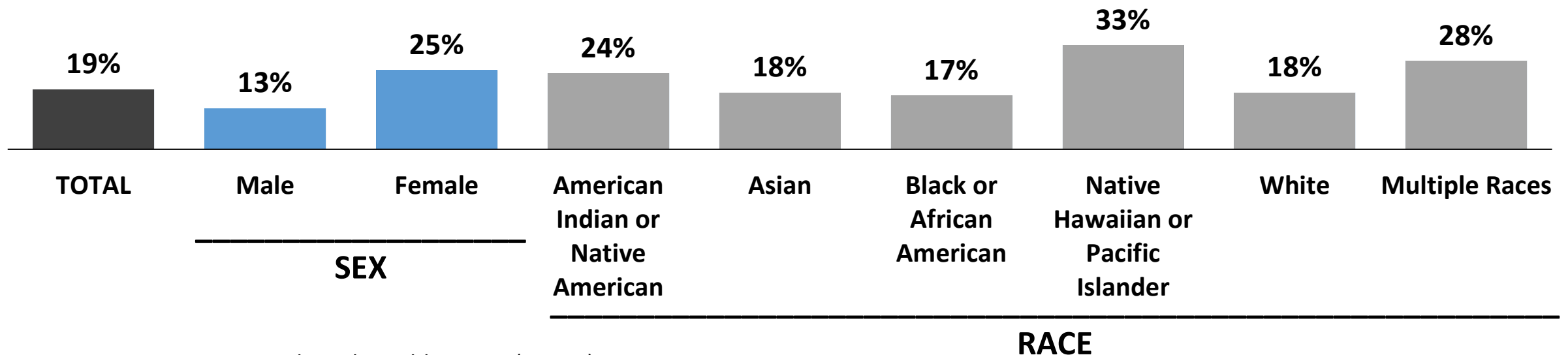


# Non-Suicidal Self-Injury

- Distinct from suicidal intent, and yet.....
  - Those who self-injure are at increased risk for suicidal behavior
- The drivers of Self-injury:
  - Usually as a way to manage stress and emotional overload:
    - *Release of tension and anxiety*
    - *Physical pain versus emotional pain*
    - *“To feel something” for those emotionally numb*
  - *Self punishment*
  - *To affect change in others (sometimes)*
  - *To belong to the group (in young adolescents)*

# Twenty five percent of female and thirteen percent of male high school students acknowledged NSSI over the past year in Maine

**Prevalence (%) of Self-injurious Behavior among Maine High School Students, by Sex and Race, 2019**  
*(Students reporting at least one incident of self-injury without the intent to die in the past 12 months)*

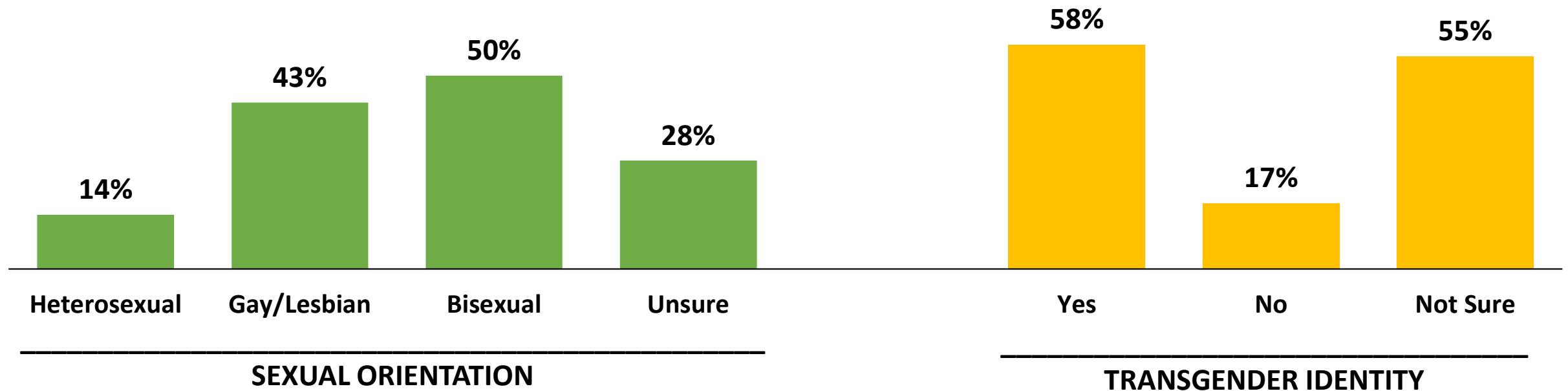


Data source: Maine Integrated Youth Health Survey (MIYHS), 2019



# Gay/lesbian, bisexual and transgender students as well as those unsure of their gender identity are more likely to purposely hurt themselves.

**Self-injurious Behavior among Maine High School Students, by Sexual Orientation and Gender Identity, 2019**  
*(Students reporting at least one incident of self-injury without the intent to die in the past 12 months)*



Data source: Maine Integrated Youth Health Survey (MIYHS), 2019



# The Paradox: Self Injury and Suicide

- Self Injury often seen as a way to avoid suicide:
  - As a means to cope with negative emotions
- Those who self injure are:
  - 9 times more likely to report suicide attempts
  - 6 times more likely to report a plan and
- ***Recent self-injury may be the most predictive of future suicide risk***
- Maine Youth who report making a suicide attempt in the past year(MIYHS Data):
  - 24% report occasional self-injury
  - 53% report repetitive self injury

# The Relationship between Suicide Attempts & Self Injury

**Self Injury is associated with increased suicide attempt risk when the following are present:**

- Higher levels of concurrent suicidal ideation
- History of suicide attempts
- Increased severity of depression and anxiety
- Diagnosed Borderline Personality Disorder (features)
- Impulsivity is high
- Greater levels of negative affect and negative self-talk
- Self-hate/lack of self-acceptance
- Apathy & hopelessness

**Brausch & Gutierrez (2009); Muehlenkamp (2010)**

# Initial Responses to Self-Injury

## When talking with a patient who self-injures....

### • Do

- *Remain calm and caring*
- *Accept the person*
- *Understand that NSSI is about coping with pain*
- *Use the student's words to describe the behavior*
- *Be willing to listen*
- *The stance of non-judgmental compassion*

### • Avoid:

- Over-reaction
  - Panic, shock, revulsion
- Threats/ultimations/power struggles
- Asking for details of the actions
- Discussions of their NSSI in front of peers
- Keeping secrets

***Remember; What we see as the “problem”  
they see as the solution to the problem***



# Responses to Self-Injury

- **Address it** in a direct, non-judgmental manner (respectful curiosity)
- **Assess** level of damage and respond accordingly
- **Ask about the pattern of Self-injury:**
  - When was the first time? How often? The most recent?
  - In response to what?
  - What were you hoping would happen?
  - What does happen as a response?
  - Who else knows?
- **Ask about suicidal thoughts and any history of suicidal behavior.**
- **Refer for professional help** to understand triggers and associated emotions and thoughts and help learn new and healthy ways to relieve stress and to cope. CBT & DBT highly recommended treatment modes.

Because suicide is often  
preventable...

**Working toward Suicide  
Safer Care**

# Systematic Suicide Care Plugs the Holes in Health Care

**Suicidal  
Person**

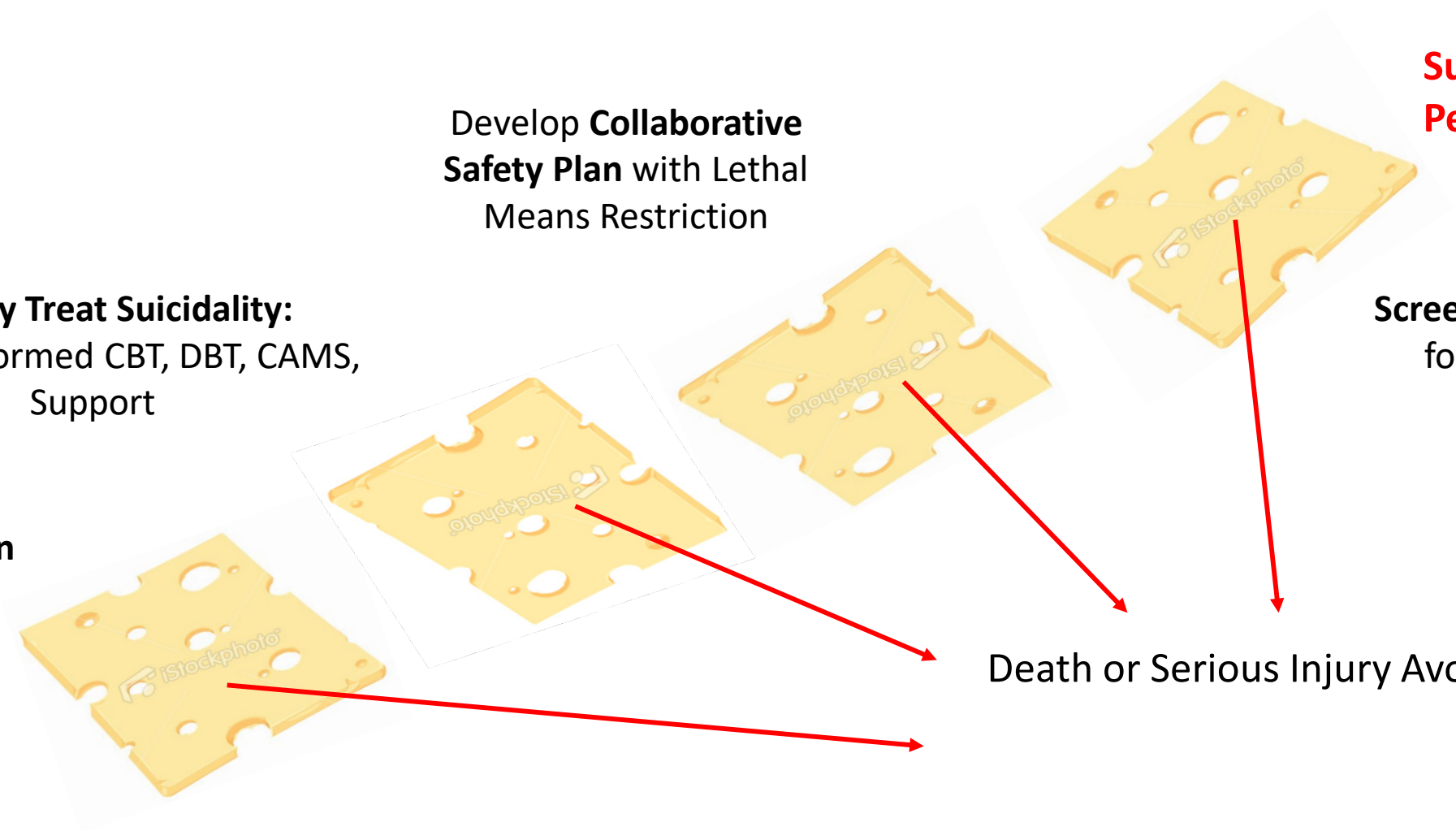
Develop **Collaborative  
Safety Plan** with Lethal  
Means Restriction

**Screen, then Assess  
for Suicidality**

**Directly Treat Suicidality:**  
Suicide-Informed CBT, DBT, CAMS,  
Support

**Assure Excellent  
Follow-up, and Stay in  
Touch**

Death or Serious Injury Avoided



# Developing a Suicide-Informed Practice

- All staff see suicide prevention as part of their work and within their role.
- Training and support is available for their roles.
- **Protocols** are in place guiding screening, identification, assessment, management of risk
  - A standardized **assessment** tool is used (**C-SSRS screen and assessment versions**)
  - **Referrals** are made for treatment as indicated
  - **Collaborative Safety Planning** is used as a management tool
  - Continuity of care is assured through **proactive follow-up** for those identified as at risk.

# New AAP Toolkit Available

**Suicide is complex  
but often preventable.**

Learn what you can to do at [aap.org/suicideprevention](https://aap.org/suicideprevention).

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# MSPP Training and *Technical Assistance*

- *Suicide Prevention Gatekeeper Training (Virtual Option)*
- *Practice-level Lunch and Learn (Virtual Option)*
- *Suicide Prevention Protocol Development Training & TA*
- *Suicide Assessment for Clinicians (Virtual Option)*
- *Collaborative Safety Planning*
- *Non-Suicidal Self Injury*

Contact NAMI Maine Training Coordinator for more details: [mspp@namimaine.org](mailto:mspp@namimaine.org)

# Maine Suicide Prevention Program

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