Suicidal and Non-Suicidal Self-Injury in Adolescents

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DBT: Evidence-Based Treatment

- More than 2 dozen studies
- 14 randomized controlled trials
- Adults (including elderly) & adolescents
- Women and men
- Outpatient, inpatient, day tx., forensics
- BPD, BPD features, mixed PD
- Suicide attempts, parasuicidal behaviors
- Substance abuse, eating disorders, depression, dissociation, panic & other anxiety disorders
Initial Outpatient Studies

DBT better than “treatment as usual”:

- **Decreased:**
  - # of parasuicides, % with parasuicide, medical risk of parasuicide
  - Psychiatric inpatient days
  - Anger
  - Overall costs

- **Increased:**
  - Treatment retention
  - Social adjustment
  - Global adjustment

Costs and Efficiency

- Clear one-year cost savings
- Several studies suggest DBT costs about 50% of treatment as usual
- Savings comes primarily from lower inpatient, emergency, and medical utilization
- Treatment with high utilizers saves more
- Cost savings compounds over time
Diagnosis and Assessment
Issues
Borderline Personality Disorder

**Emotion Dysregulation**
- Affective lability
- Problems with anger

**Interpersonal Dysregulation**
- Chaotic relationships
- Fears of abandonment

**Self Dysregulation**
- Identity/difficulties with sense of self
- Sense of emptiness

**Behavioral Dysregulation**
- Parasuicidal behavior
- Impulsive behavior

**Cognitive Dysregulation**
- Dissociative behavior/transient transient paranoia
Parasuicide

• Descriptive term: function must be assessed (may lead to fewer pejorative assumptions about intent)

• Involves an *intent* to cause harm to self (some deliberate action)

• Results in *acute* or immediate injury
  – Tissue damage (internal or external)
  – Ingestion of poisons or drugs or medicine over a reasonable dose or prescription
  – May be risk in the absence of medical intervention
Bio-social or Transactional Model for the Development and Maintenance of Borderline Personality Disorder
In DBT, Borderline Personality Disorder is:

A Pervasive Dysfunction of the Emotion Regulation System
Biosocial Theory of BPD

Emotion Dysfunction

Invalidating Environment

Pervasive Emotion Dysfunction
Transactional Model: Factors Influence Each Other (Reciprocal)

- Individual
- Emotion
- Dysregulation
- Invalidating Responses
Emotion Vulnerability Requires the Presence of All Three Factors:

1. **High sensitivity**
   - High level of discrimination of stimuli with an emotional valence

2. **High reactivity**
   - When discriminated, reactions are extreme

3. **Slow return to baseline**
   - Slow return leaves the individual vulnerable to the next emotional stimulus
Emotion Modulation

- Physiological modulation (increasing or decreasing physiological arousal associated with emotional arousal)
- Attention modulation
- Urge, impulse, and habit modulation/inhibition
- Cognitive modulation (focus on goals, objectives and values rather than short-term escape from discomfort/pain)
- Self-awareness and self-modulation
Emotion Vulnerability

Inability to Modulate Emotions
Severe Distress is Predicated On:

1. Combination of all three:
   a) Sensitivity
   b) Reactivity
   c) Slow return to baseline

PLUS

2. Inability to modulate emotions (lack of skillful self-management)

PLUS

3. Invalidating social/family environment
Invalidating Environment

*Pervasive* communication that valid responses of the individual, especially private ones (e.g., emotions, thoughts, wants) are incorrect, inaccurate, faulty, inappropriate or otherwise invalid
Validating Family Environment

- Legitimates the experiences of the members of the family, especially private ones (emotions, wants & desires, thoughts, beliefs, sensations, etc.)
- Validates those experiences EVEN when they are quite discrepant from others’
- Accepts: tolerates/appreciates differences; does not try to change or control
- Does not use aversive control strategies
- Communicates acceptance and caring
- Facilitates problem solving and coping
Validating Behaviors

- Validate the “valid”
- *Invalidate* the “invalid”
- Do not require agreement
- Are not necessarily without criticism
- Are not necessarily pleasant
Invalidating Social/Family Environment

- Employs high levels of aversive control
- Pervasively rejects/punishes valid behaviors, especially “self” behaviors
  - Intrinsically motivated or free-operant behavior
- Punishes “accurate” and/or normative expressions of emotion & pain
- May intermittently reinforce problem or pain escalation
- May minimize the difficulty of tasks or of tolerating pain, or over-simplify problem solving
Invalidation is More Likely When:

- Behavior communicates private experience
- Behavior is “self-generated” (i.e., not under control of the immediate social environment)
- Behavior puts demands on others above the level they prefer
- Others do not have the ability to meet the level of need communicated
- Individual has different wants, emotions, beliefs, activities, etc., from the others
Consequences of Pervasive Invalidation

- The individual does not learn to:
  - Label her or his private experiences in a normative way
  - Express emotions accurately
  - Communicate pain effectively
  - Seek help effectively
  - Tolerate distress en route to alleviating distress
  - Effectively regulate emotions
  - Solve moderate to difficult problems
  - Trust her or his own experiences as valid
  - Develop a coherent “self”
• Instead, the individual learns to:
  – Actively self-invalidate and look to her or his social environment for cues about how to feel, think, what to want, how to respond
  – Oscillate between inhibition/self-invalidation (e.g., minimizing own distress) and the extreme expression of suffering (requiring others to assist)
  – Paradoxically hold perfectionistic standards, and often unrealistic goals and expectations
  – Judge own “failure” harshly
  – Respond to “failures” with rapid negative arousal
In DBT, problem behaviors are assumed to function to regulate emotions, or are a natural consequence of emotion dysregulation. So, even those behaviors that push limits must be addressed within this assumption (chain analysis, solution analysis, commitment, practice), not primarily with aversive control or simple contingency clarification.