Welcome to UVM/AHEC ECHO: Children’s Mental Health

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David Rettew, MD
Kathy Mariani, MD, MPH
Liz Cote

Guest Speaker:
Maya Strange, MD
• RECORDING OF SESSION TO BEGIN
Agenda

• Introductions
• Objectives
• Didactic Presentation (20-25 min)
• Case presentation
  • Clarifying questions
  • Participants – then faculty panel
• Discussion
• Recommendations
• Summary
• Closing Announcements
  • Submission of new cases
  • Completion of evaluations
CME Disclosures

University of Vermont (UVM) Office of Continuing Medical and Interprofessional Education (CMIE) is approved as a provider of Continuing Medical Education (CME) by the ACCME. UVM designates this internet live activity for a maximum of 1.0 AMA PRA Category 1 Credits. Participants should claim only the credit commensurate with the extent of their participation in the activity.

Interest Disclosures:

• As an organization accredited by the ACCME to sponsor continuing medical education activities, UVMCMIE is required to disclose any real or apparent conflicts of interest (COI) that any speakers may have related to the content of their presentations.
Series Objectives

• By the end of this series, the learners should be able to:

  • Feel more comfort and confidence in **identifying**, **treating**, and **referring** a variety of complex children's mental health presentations.
Lecture Objectives

• By the end of this activity, the learners should be able to:
  • Identify risk factors for non-suicidal self-injury
  • Describe how to assess for safety
  • Understand general treatment approaches to NSSI
Non-suicidal Self-Injury
DSM – 5 Criteria (Condition for Further Study)

- Engaging in NSSI for 5+ days over past year
- Purpose = solve interpersonal problem, provide relief from unpleasant thoughts/emotions or lead to positive emotional state

- 1+ of the following:
  - Interpersonal problems/negative thoughts just before NSSI
  - Preoccupation w/NSSI that’s hard to manage
  - Frequent thoughts about NSSI
  - Not socially-sanctioned or restricted to minor self-injury
  - A/w clinically significant distress or affect multiple domains
  - Not better accounted for by other condition
Epidemiology

• Variable data on males vs. females and rate of injury

• At least 35% of those who self-injure are male

• However:
  • Females more likely to start earlier, behavior more persistent, engage in more serious injury
  • Males more likely to self-harm while intoxicated and in social setting

• No difference based on SES or racial/ethnic identity

• Sexual orientation = strong predictor
Prevalence

• US:
  • 12 – 37% adolescents
  • 12 – 20% adults

• Worldwide:
  • 1.3 % children
  • 17.2 % adolescents
  • 13.4% young adults
  • 5.5% adults
Associated Diagnoses

- Major Depression
- PTSD
- Borderline Personality Disorder
- Substance Use Disorder
- Anxiety Disorder
- Eating Disorder
- Trauma History
Rationale for Self-Injury

Turn emotional pain into physical pain

Stress relief
- Feel in control of body/mind

Cope with trauma hx
- Distraction

Habit
- Feels good/rush

Self punishment
- No clear reason
Risks

- Can become habit
- Risk factor for later suicide attempts
- Behavior contagion
- More serious injury than intended
- Scarring/disfigurement
- Infection
- Death
Assessment

• Rating scales
  • Many still investigational
  • Some developed prior to the advent of this proposed dx
# The Functional Assessment of Self-Mutilation (FASM)

### A. In the past year, have you engaged in the following behaviors to deliberately harm yourself? (Check all that apply)

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Yes</th>
<th>No</th>
<th>How many times?</th>
<th>Have you gotten medical treatment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cut or carved on your skin</td>
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<tr>
<td>2. Hit yourself on purpose</td>
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<tr>
<td>3. Pulled your hair out</td>
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<td>4. Sliced yourself with a knife</td>
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<td>5. Rubbed your body with a sharp object</td>
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<td>6. Burned your skin (e.g., with a cigarette, match or other hot objects)</td>
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<td>7. Inserted objects under your nails or skin</td>
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<td>8. Bit yourself (e.g., your mouth or lip)</td>
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<td>9. Poked areas of your body with the point of a sewing needle</td>
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<td>10. Scrapped your skin</td>
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<tr>
<td>11. Pinched your skin</td>
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<tr>
<td>12. Other:</td>
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</tbody>
</table>

**B. If not in the past year, have you (ever) done any of the above acts?**

<table>
<thead>
<tr>
<th>Answer</th>
<th>Yes</th>
<th>No</th>
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If you are at all bothered by any of the above behaviors, please complete the questions C through H below.

### C. While doing any of the above acts, were you trying to kill yourself?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Yes</th>
<th>No</th>
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### D. How long did you think about doing the above act(s) before actually doing it?

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<thead>
<tr>
<th>Thought</th>
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### E. Did you perform any of the above behaviors while you were taking drugs or alcohol?

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<thead>
<tr>
<th>Answer</th>
<th>Yes</th>
<th>No</th>
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### F. Did you experience pain during this self-harm?

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<tr>
<th>Pain level</th>
<th>Yes</th>
<th>No</th>
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### G. What did you tell yourself when you first harmed yourself in this way?

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<tr>
<th>Guideline</th>
<th>Yes</th>
<th>No</th>
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### H. Did you have any of the following reasons for any of the above behaviors listed below? (Check all that apply)

<table>
<thead>
<tr>
<th>Reason</th>
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### Note:

- 1 = Never; 2 = Rarely; 3 = Sometimes; 4 = Often

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**Thank you for your responses.**

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**The University of Vermont**

**Larner College of Medicine**

**Office of Primary Care & AHEC Program**

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**ECHO University of Vermont**
Clinical Presentation

• Unexplained, frequent injuries to UE, esp. leading to scarring on nondominant side
• Unusual/inappropriate dress
• Layers of jewelry covering forearms
• Long sleeves in hot weather
• Avoiding activities that require exposure of skin (PE, swimming, etc.)
Clinical Approach

• Meet w/ pt and parent/guardian(s) together and separately
• Ask about it directly
• Nonjudgmental stance
• Assess intent
• How long, frequency, methods, triggers, severity
• Assess for suicidality
• Address ambivalence
Treatment Considerations

• Treatment indicated
  • Multiple episodes of NSSI
  • Single episode that is medically serious
  • Other comorbid psychiatric conditions

• NSSI usually will not resolve suddenly
  • Harm reduction
  • Encourage development of more adaptive coping skills

• Family involvement

• Confidentiality
Treatments

- DBT
- CBT
- Other psychotherapy
  - Family
  - Interpersonal
  - Mentalization-based
  - Group
- Psychoeducation
- Treat comorbid conditions
Treatment - Pharmacotherapy

• *No somatic treatments are FDA approved for NSSI*

• Antidepressants

• Opioid antagonists

• Lithium

• Second-generation antipsychotics

• N-acetylcysteine

• Neuromodulation

• Acupuncture
Monitoring

- Mood/thought logs
- Chain analysis
Chain Analysis of Problem Behavior

Due Date: __________ Name: ______________________ Date: __________

1. What exactly is the major PROBLEM BEHAVIOR that I am analyzing?

2. What PROMPTING EVENT in the environment started me on the chain to my problem behavior? Include what happened RIGHT BEFORE the urge or thought came into my mind.
   Day prompting event occurred: __________________________

3. Describe what things in myself and in my environment made me VULNERABLE.
   Day the events making me vulnerable started: ____________

(continued on next page)
Safety Planning

• Warning signs/triggers
• Alternative coping strategies
• Identify supports
• Increasing safety of environment
• Consider peer, online, social media influence
Level of Care

- Inpatient
  - Severe medical harm
  - Lack of sufficient monitoring at home
  - Additional Sx making unsafe at home
- Day treatment/intensive outpatient
- Outpatient treatment
Prognosis

• Higher incidence of NSSI a/w increased risk of suicide attempts

• Functional impairment
References


References


Resources

Cornell Research Program of Self-Injury and Recovery

Website: http://www.selfinjury.bctr.cornell.edu/
Facebook: www.facebook.com/CRPSIR
Twitter: https://twitter.com/selfinjurybctr
Cases/HIPAA

- Names
- Address
- DOB
- Phone/Fax #
- Email address
- Social Security #
- Medical Record #

The discussion and materials included in this conference are confidential and privileged pursuant to 26VSA Section 1441-1443. This material is intended for use in improving patient care. It is privileged and strictly confidential and is to be used only for the evaluation and improvement of patient care.
• RECORDING TO BE STOPPED FOR CASE PRESENTATION
Questions and Concerns:
Conclusion:

- Volunteers to present cases (this is key to the Project ECHO model)
  - Please submit cases to Michael.Hoffnung@uvmhealth.org
- Please complete evaluation survey after each session
- Claim your CME at www.highmarksce.com/uvmmmed
- Please contact us with any questions, concerns, or suggestions
  - Michael.Hoffnung@uvmhealth.org
  - Elizabeth.Cote@uvm.edu
  - ahec@uvm.edu