

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

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Guest Speaker:

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- 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



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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

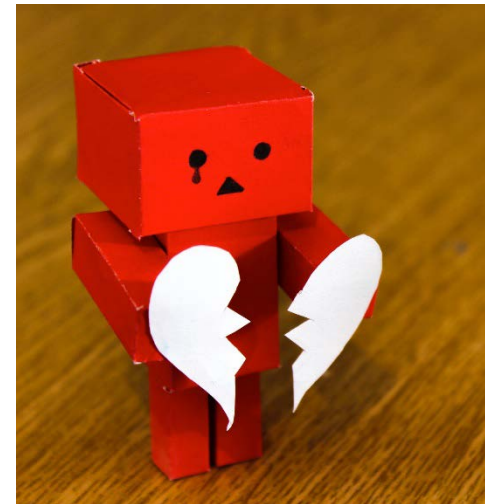
Distraction

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):

	Yes	No	How many times?	Have you gotten medical treatment?
1. Cut or carved on your skin				
2. Hit yourself on purpose				
3. Pulled your hair out				
4. Gave yourself a tattoo				
5. Picked at a wound				
6. Burned your skin (ie, with a cigarette, match or other hot object)				
7. Inserted objects under your nails or skin				
8. Bit yourself (eg, your mouth or lip)				
9. Picked areas of your body to the point of drawing blood				
10. Scraped your skin				
11. "Erased" your skin				
12. Other: _____				

B. If not in the **past year**, have you **EVER** done any of the above acts?
 Yes
 No

If yes to any of the above behaviors in the past year, please complete the questions (C through H) below:

C. While doing any of the above acts, were you trying to kill yourself?
 Yes
 No

D. How long did you think about doing the above act(s) before actually doing it?
 None
 "A few minutes"
 <60 minutes
 >1 hour but <24 hours
 More than 1 day but less than a week
 Greater than a week

E. Did you perform any of the above behaviors while you were taking drugs or alcohol?
 Yes
 No

F. Did you experience pain during this self-harm?
 Severe pain
 Moderate pain
 Little pain
 No pain

G. How old were you when you first harmed yourself in this way? _____

H. Did you harm yourself for any of the reasons listed below? (check all reasons that apply):
 0 = Never; 1 = Rarely; 2 = Some; 3 = Often

Reasons:	Rating
1. To avoid school, work, or other activities	
2. To relieve feeling "numb" or empty	
3. To get attention	
4. To feel something, even if it was pain	
5. To avoid having to do something unpleasant you don't want to do	
6. To get control of a situation	
7. To try to get a reaction from someone, even if it's a negative reaction	
8. To receive more attention from your parents or friends	
9. To avoid being with people	
10. To punish yourself	
11. To get other people to act differently or change	
12. To be like someone you respect	
13. To avoid punishment or paying the consequences	
14. To stop bad feelings	
15. To let others know how desperate you were	
16. To feel more a part of a group	
17. To get your parents to understand or notice you	
18. To give yourself something to do when alone	
19. To give yourself something to do when with others	
20. To get help	
21. To make others angry	
22. To feel relaxed	
23. Other: _____	

Thank you for your responses!

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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

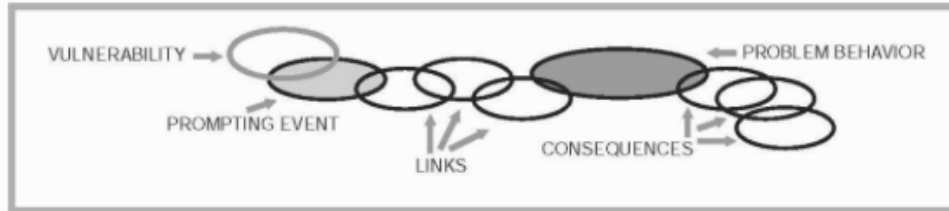


Monitoring

- 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

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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:



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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/uvmmed
- Please contact us with any questions, concerns, or suggestions
 - Michael.Hoffnung@uvmhealth.org
 - Elizabeth.Cote@uvm.edu
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