Differentiating Suicidality & Self-Harm &
Use of DBT as an Intervention for Emotional Dysregulation in a Therapeutic School Milieu

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Our Mission and Goal

- To provide the highest quality care possible to students with emotion disturbance and mental health concerns which interfere with learning in a therapeutic educational setting.

- To help prepare students for return to a mainstream school environment and improve daily functioning.
Committed Professional Staff

- Program Administrator
- Educational Administrator
- Senior Program Secretary
- 3 Full Time Social Workers
- Social Work Intern
- 3 Full and 2 Part Time Special Education Teachers
Accreditation and Expertise

- Approved by the Joint Commission for Accreditation of Hospitals (JCHAO).
- Approved Therapeutic Day School by the Illinois State Board of Education.
- All instructional staff approved by the State of Illinois for Special Education.
- All social work staff are Licensed Clinical Social Workers.
Target Populations Served

- 25 Students ranging in age from 12 to 19 from 7th through 12th grade.

- Students, with a Special Education eligibility of Emotional Disturbance, Learning Disabilities, Other Health Impairment or Autism Spectrum Disorder.

- Referring school districts vary among 30 or more in the North and Northwest suburban area and Chicago.
Meeting Individualized Student Needs

Emotional and Behavioral

- IEP driven holistic student interventions.
- Milieu treatment utilizing observation, role modeling, self esteem building and social skills development.
- Relationship based program.

Academic and Functional

- Core Curriculum based course offerings.
- Instruction reflects student needs with DBT/CBT styled therapeutic instruction.
- Differentiated Instructional presentations.
- Study Island data collection and progress monitoring.
Program Service Design

- Highly specific and process driven Individualized Education Plans.
- Educational Assessment.
- Case management coordination with School District teams and health care providers.
- Weekly family therapy and parent support groups.
- Health Screenings.
- Individualized treatment plans with consulting adolescent psychiatrist.
- Life Skills education and transition planning.
- Cognitive Behavioral Therapy and Dialectical Behavioral Therapy
Non-Suicidal Self-Injury (NSSI): Myths and Realities

Defining and distinguishing between self-harm and suicidality; relationship between the two

- How to manage this behavior in a therapeutic school environment
- Dialectical Behavioral Therapy (DBT) – an empirically supported treatment of choice for adolescent NSSI and emotional dysregulation
Definitions

- Suicidal behavior – completed suicide, suicide attempts, and suicidal ideation
- Non-Suicidal Self-Injury (NSSI) – deliberate self-injury with lack of intent to die
Distinguishing Self-Harming Behavior from Suicide Risk

• Intent to die: The key distinguishing variable

• Difficult to assess
  • Can change moment to moment
  • Can change over time within same person
Self-Harming Behaviors in Adolescents

(adapted from Rathus, 2014)

• Onset of self-harming behavior most often occurs during adolescence

• About 10% of adolescents in clinical samples will repeat the NSSI within a year
Myths About Self-Injury

• They do it to get attention
• Peer pressure is the main culprit: “everyone is doing it”
• Drugs and alcohol increase the likelihood of self injury
• Certain kids manage physical pain better than emotional pain
• It’s a failed suicide attempt
Self-Harm Behaviors in Adolescents
(Adapted from Rathus 2014)

• Less than 1 in 4 adolescents who report self-harm receive medical treatment

• NSSI w/lack of intent can still be lethal (i.e., accidental death)

• NSSI without intent can be a predictor of eventual suicide, Habituation to self-harm behaviors occurs over time, and so teens need to engage in increasingly more severe acts to attain the same effect
Risk Factors for Self-Injury

- Biological vulnerability-- “sensitive child”
- Emotional dysregulation
- Impulsivity
- Emotional Illiteracy: inability to identify and label emotions
- Inability to ask for help
- Dwelling on negative situations
Common Motives for Self-Harm Behaviors in Adolescents

• To alleviate emotional pain and distress
• To stop bad thoughts
• To "feel something" or stop numbness
• Self punishment
• To have control
• To vent anger
• To see if people care
• Tension release; releases endorphins
Risk Factors for Suicide

- Psychiatric diagnosis (Major Depression, Bipolar disorder)
- Substance use
- A recent loss: death of a family member, break up of a romantic relationship, etc.
- Struggling with sexual orientation
- Recent suicide of another adolescent in the community
- Feelings of hopelessness
- Access to firearms
Suicide Warning Signs

- Suicide threats
- Obsession with death
- Dramatic change in personality or appearance
- Overwhelming sense of shame or guilt
- Severe drop in school performance
- Giving away belongings
Emotional Dysregulation

Suicide attempts and NSSI go hand in hand with a cluster of high-risk behaviors including:

- School problems
- Family problems
- Risky sexual behaviors
- Substance abuse
- Eating Disorders
- Externalizing behaviors
Why Use DBT?

- DBT skills have practical applications and are not abstract.
- DBT focuses on the here and now. It does not deal with the “why” until a person is safe.
- DBT targets symptoms such as suicidal behavior and self-injury.
DBT Assumptions about Patients

• Patients are doing the best they can
• Patients want to improve
• Patients must learn new behaviors in relevant contexts
• Patients may not have caused all of their problems, but they have to solve them anyway
Validation

- Conveys legitimacy and acceptance of the other’s experience or behavior
- Three ways to validate:
  - Attentive listening
  - Active listening
  - Giving voice to the unspoken

Invalidation

- Delegitimizes valid experiences or fails to acknowledge their existence and/or legitimacy
- Makes problems appear easier to solve than they actually are (for that person)
DBT Skills Modules

- Mindfulness
- Interpersonal Effectiveness
- Distress Tolerance
- Emotion Regulation
Mindfulness

• WHAT skills
  1. Observe
  2. Describe
  3. Participate

• HOW skills
  1. Without judgment
  2. Focusing on one thing in the moment
  3. Effectively
Wise Mind

• Three primary states of mind are presented:
  – Rational mind
  – Emotion mind
  – Wise mind

• “Wise mind” is the integration of “emotion mind” and “rational mind”
  – Your “gut” feeling
Distress Tolerance

• DBT emphasizes learning to bear pain skillfully

• The ability to tolerate and accept distress is as essential to mental health as pain and distress are a part of life

• Without the ability to tolerate distress, impulsive actions will interfere with efforts to establish desired changes

• Skills such as: Self-Soothing, Improving the Moment (prayer, distraction), Thinking of Pros and Cons, Radical Acceptance
Emotional Regulation

• Emotions tend to be intense and labile (all emotions!!)
• Emotions just are (just like our senses—we teach patients not to judge them)
• The patient can control the behavior but not necessarily the primary emotion
• All emotions have action tendencies
• Skills include managing the duration and intensity of the emotion, recognizing the vulnerability factors to emotional states, and learning to experience positive emotions
• P.L.E.A.S.E. MASTER skills are critical
  – treat Physical illness, balance Eating, avoid mood-Altering drugs, balance Sleep, get Exercise, build Mastery
Interpersonal Effectiveness

- Skills help to take care of or repair relationships
- To balance priorities; to balance the person's needs with others’ needs
- To balance wants (things that a patient wants to do) with shoulds (things they ought to do)
- To build mastery and promote self respect
- To teach about cognitive distortions that interfere with relationships (black and white thinking, all-or-nothing thinking, assumptions become realities, discounting the positives, fortune telling, mind-reading, catastrophizing)
- Skills such as DEAR MAN, GIVE, and FAST
Interpersonal Effectiveness

• DEAR MAN
  • Describe
  • Express
  • Assert
  • Reinforce
  • (Stay) Mindful
  • Appear Confident
  • Negotiate
Interpersonal Effectiveness

• **GIVE**
  • (Be) Gentle
  • (Act) Interested
  • Validate
  • Easy Manner

• **FAST**
  • (Be) Fair
  • (No) Apologies
  • Stick to your values
  • (Be) Truthful
Middle Path

- Focuses on teaching adolescents and their parents the concepts of dialectics, validation, and behavioral therapy
- Specific emphasis on the relationship between parents and teens
- Targets the power struggles of adolescent-parent life
Role of School Personnel in Management of Self-Harming Students

- Teachers and other school personnel need to be educated about how self-harming behavior is different from suicidal behavior.

- Since teachers are often the first to notice that a student has self-injured, how they respond initially is critical for building trust and getting the student help.

- Teachers and other school personnel need to avoid responding with disgust, anxiety, and fear; avoid lecturing students about the dangers of this behavior.
Questions?
Role of School Personnel in Management of Self-Harming Students

- Teachers need to give the message that they care about the student and are available for emotional connection and support.

- Students engaging in self-harming behavior should be assessed to determine if they need a psychiatric evaluation.

- Follow schools individual policy to maintain consistency of response.