

The Intersection of Suicide and Self-Injury: Addressing Nonsuicidal Self-Injury in School Settings

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Introductions

- In what ways do you engage in self-harming behaviors?
- What adaptive coping mechanism serves the same function as your self-destructive habit?

Four primary functions of nonsuicidal self-injury (NSSI)

- Emotion regulation
- Anti-numbness
- Anti-suicide
- Self-punishment

Four “parts” of suicidal ideation

- Wanting to die – also consider thoughts of not wanting to live
- Non-specific thoughts of killing self
- Plan – consider method and access
- Intent – differentiating between suicidal and nonsuicidal behaviors

Intrapersonal vs. interpersonal functions

- Intrapersonal – reinforced through negative reinforcement
- Interpersonal – reinforced through positive reinforcement (e.g., interpersonal influence, peer bonding)
- Negative vs. positive reinforcement
 - Removal of aversive experience increases behavior
 - Application of reward increases behavior

Basic tenets of Cognitive Behavioral Therapy

- Cognitive model → Experiential perspective (emphasis on feelings) → E-T-P-B
- Automatic thoughts → Intermediate beliefs (if/then statements, cognitive distortions) → Core beliefs (feelings of worthlessness)
- Perceptions of one’s self, the world, and the future

Providing psychoeducation – what do parents, friends, and family members need to know?

1. Don’t freak out – respond with emotional neutrality
2. Find the function (focus on underlying feelings and thoughts)
3. Reflect, validate, and *then* problem-solve

Three primary areas of psychoeducation:

1. Why individuals engage in self-injurious and suicidal behaviors
2. How parents and family members can help
 - a. Creating environments of emotional safety
 - b. Setting boundaries for physical safety
 - c. Effective consequences for self-injurious behaviors
3. What happens during therapy and how it works