

## Self Injury, Eating Disorders, and Effective Treatment

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March 2, 2007

## What is Self- Injury

- ☞ Deliberate Injury
- ☞ Directed at self
- ☞ Directed at body
- ☞ Social taboo

## DSM- IV

- ☞ Not a diagnosis
- ☞ Appears in BPD
- ☞ Appears in Eating Disorders

## Types of Self-Injury

- ☞ Cutting
- ☞ Burning
- ☞ Pinching
- ☞ Hitting
- ☞ Choking
- ☞ Biting
- ☞ Picking
- ☞ Stabbing
- ☞ Overdosing
- ☞ Purging
- ☞ Starving
- ☞ Compulsive mutilation

## Self Harm vs Self Injury

- ☞ Self-harm refers to all damaging activity
- ☞ Self-injury refers to deliberate desire to injure
- ☞ Speaks to motivation
- ☞ No actual diagnostic criteria

## Where do people cut

- ☞ Arms
- ☞ Legs
- ☞ Breasts
- ☞ Pubic areas

## Prevalence

- ☞ Likely 1-2% of population
- ☞ Up to 10% of teens
- ☞ Up to 30% self injure with the broadest definition- head banging, punching, scratching

## Females vs Males

- ☞ More females cut
- ☞ More males punch
- ☞ More females report
- ☞ Males likely underreport
- ☞ Males hurt hands

## Risk Factors

- ☞ Depression
- ☞ Trauma
- ☞ Substance use
- ☞ Eating Disorder
- ☞ Conduct disorder
- ☞ Personality Disorder

## Possible Social Factors

- ☞ Abuse
- ☞ Loss of parent
- ☞ War
- ☞ Poverty

## Psychology of Self-Injury

- ☞ Stop emotional pain
- ☞ Get relief
- ☞ Experience control
- ☞ Relieve emptiness
- ☞ Relieve numbness
- ☞ Wake up
- ☞ Reduce tension
- ☞ Self-loathing
- ☞ Punishment

## What Isn't Self- Injury

- ☞ Tattooing
- ☞ Piercing
- ☞ Suicide
- ☞ Attention Seeking

## Experience of Cutting

- ☞ Numbing
- ☞ Creative
- ☞ The best I can do
- ☞ Effective

## Age Factors

- ☞ Every year matters
- ☞ Often resolves over time
- ☞ Different reactions at different ages and stage of treatment

## Treatment

- ☞ DBT is the only treatment that directly addresses self-injury
- ☞ CBT can address Axis I issues that may impact self-injury

## What Is Dialectical Behavior Therapy (DBT)?

- ☞ Behavioral treatment approach
- ☞ Uses dialectical thinking
- ☞ Focus on problem solving and skill building
- ☞ Embraces validation and change
- ☞ Highly Organized
- ☞ Easy to start
- ☞ Hard to master

## Why DBT is Exciting

- ☞ Approach is validating, non-judgmental
- ☞ Focus on Positive, not Negative behaviors
- ☞ Patients cannot fail
- ☞ Skills based
- ☞ Brings back team
- ☞ Requires motivation/commitment

## Why DBT

- ☞ Patients do not fail therapy, therapy fails patients
- ☞ Therapy can fail even when the therapist does not
- ☞ The goal of therapy is to create a life worth living

## Criteria for DBT Therapy

- ☞ Enhance and maintain motivation to change
- ☞ Enhance capabilities
- ☞ Ensure new capabilities can be generalized
- ☞ Enhance therapist's motivation
- ☞ Structure the environment so treatment can take place

## Borderline Personality Disorder

- ☞ Disorder of dysregulation
- ☞ Not attention Seeking
- ☞ Not Splitting

## BPD and Treatment

- ☞ Highest rates of self harm
- ☞ Highest rates of suicide
- ☞ Little evidence of help by traditional mental health therapies

## Origins of DBT

- ☞ Linehan and studies of Suicide in women
- ☞ How does the mental health system reinforce self harming behaviors
- ☞ Identification of BPD as a key risk factor

## Contingency Management

- ☞ “Every response within an interpersonal interaction is a potential form of reinforcement, punishment, or extinction. This is no less true in psychotherapy than in any other relationship, and holds true whether the therapist and patient intend it or not.” Linehan, p. 297

## Research Basis

- ☞ DBT more effective than TAU- 1991- Linehan et al
  - ☞ Less likely to drop out of treatment
  - ☞ Less parasuicidal behaviors
  - ☞ Less medically severe behaviors
  - ☞ Less hospitalizations
  - ☞ Fewer hospital days
  - ☞ Less substance abuse

## Necessary Components of DBT

- ☞ Individual Therapy
- ☞ Skills Group
- ☞ On call availability/consultation
- ☞ Consultation Team

## Skills Modules

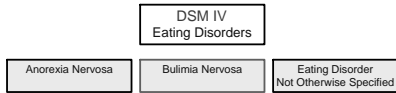
- ☞ Mindfulness
- ☞ Emotional Regulation
- ☞ Distress Tolerance
- ☞ Interpersonal Effectiveness

## Stages of Treatment-Stage I

- ☞ Decrease life threatening and therapy-interfering behaviors
- ☞ Decrease quality of life interfering behaviors
- ☞ Move to behavioral control

## Stage II

- ☞ Address trauma issues
- ☞ Achieve full range of emotional expression in a safe process



### Anorexia Nervosa: Key Features

- ☞ Weight loss or failure to gain weight
- ☞ Amenorrhea (in females)
- ☞ May binge/purge
- ☞ Denial of problem
- ☞ Prevalence: .5-1%

### Bulimia Nervosa: Key Features

- ☞ Binge eating
  - ☞ large amount of food
  - ☞ loss of control
- ☞ Compensatory behavior(s)
  - ☞ purging, fasting, excessive exercise
- ☞ Prevalence: 1-3%

### BED: Key features

- ☞ Binge eating
- ☞ No regular compensatory behavior
- ☞ Usually overweight
- ☞ Prevalence: .7-4%
- ☞ 60:40 Women:men

## ED Not Otherwise Specified (ED NOS)

- ☞ Eating difficulties that do meet criteria for any specific disorder:
  - ☞ All criteria for AN are met except that current weight is in the normal range
  - ☞ Engage in purging behavior but not binge eating

## Prevalence

- ☞ Anorexia Nervosa .5-1%
- ☞ Bulimia Nervosa 1-3%
- ☞ Binge Eating Disorder .7-4%

## Symptoms are Common

- ☞ As many as 10% of college age women report some symptoms of eating disorders

## Why DBT?

- ☞ ED patients have impaired emotion regulation
- ☞ Emphasizes validation and acceptance
- ☞ Treatment for the treaters
- ☞ Strategies to reduce recidivism
- ☞ Targets difficult to treat populations

## What Can DBT Add to CBT?

- 👉 Keep patients in treatment
  - 👉 Balances change with validation and acceptance strategies
  - 👉 Addresses treatment interference as part of the treatment

## What Can DBT Add to CBT?

- 👉 Treating the therapist
  - 👉 Consultation Team
  - 👉 Theoretical stance can decrease therapist frustration

## Targeting- What to Work On When

- 👉 Pre-treatment and Commitment
  - 👉 Evaluate the pros and cons
  - 👉 Foot in the door & door in the face
  - 👉 Relate present commitment to how DBT can help

## Targeting- What to Work On When

- 👉 Pre-treatment and Commitment (cont.)
  - 👉 Accentuate freedom to choose and absence of alternatives
- 👉 Be clear about what committing to:  
e.g., weight gain, decrease purging, stop diet pills

## Targeting- What to Work On When

### ☞ Stage 1

- ☞ Target 1: Life threatening behaviors
  - ☞ Eating disorders included when they are life threatening
- ☞ Target 2: Treatment interfering behaviors

## Targeting- What to Work On When (con't)

- ☞ Target 3: Quality of life
  - ☞ Eating disorder behaviors
  - ☞ Other quality of life behaviors
- ☞ Stage 2
  - ☞ PTSD
  - ☞ Residual body image dissatisfaction

## DBT Diary Card

**The importance of self-monitoring cannot be stressed enough**

Skills Diary Card (Circle the days you practiced each skill)							
<b>CORE MINDFULNESS SKILLS</b>							
Wise Mind	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Observe: just notice	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Describe: put words on	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Nonjudgemental stance	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
One-mindfully: in the moment	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Effectiveness: focus on what works	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
<b>INTERPERSONAL EFFECTIVENESS SKILLS</b>							
Objective Effectiveness: DEAR MAN	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Relationship Effectiveness: GIVE	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Self-Respect Effectiveness: FAST	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
<b>EMOTION REGULATION SKILLS</b>							
Reduce Vulnerability: PLEASE	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Build MASTERY	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Build Positive Experiences	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Opposite to emotion action	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
<b>DISTRESS TOLERANCE SKILLS</b>							
Distract	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Self-Soothe	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
IMPROVE the moment	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Pros and Cons	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Radical Acceptance	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun



## Mindfulness

### ☞ The "What" skills

- ☞ Observe
- ☞ Describe
- ☞ Participate

## Interpersonal Effectiveness

### ☞ Cheerleading Statements (e.g.)

- ☞ It is OK to want or need something from someone else.
- ☞ I can stand it if I don't get what I want or need.
- ☞ The fact that someone says no to my request doesn't mean I should not have asked in the first place.

## Emotion Regulation

### ☞ Acting Opposite to

- ☞ Fear
- ☞ Guilt or shame
- ☞ Sadness or depression
- ☞ Anger

## Distress Tolerance

### ☞ Distraction

- ☞ Wise Mind ACCEPTS

Dialectical synthesis

**Finding the middle  
path**

**Needs balanced actions, emotions,  
and thoughts.**