

Self-Injury and Meditation

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Self-injury! Why it calls for our attention?



Rates of Non-Suicidal Self-Injury in Adolescents

Outside Korea

7.5~46.5%

Based on 53 research results on self-injury from 1998 to 2016

In Korea

5.8%

Based on results from investigation of dynamics into 4,057 students (elementary, middle & high school) in four major areas (Seoul, Goyang, Daegu & Jeju) from Sep. 2016 to Dec. 2017

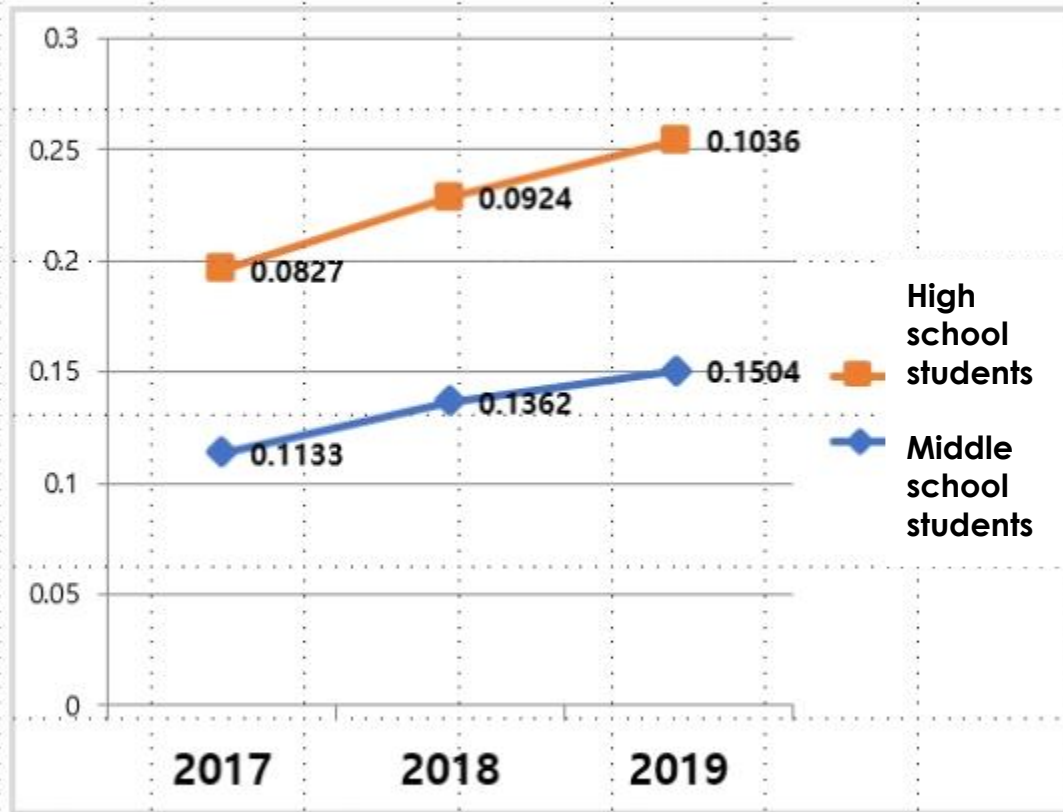
20.98%

In the research targeted for girls in middle school, 103 out of 491 reported incidents of NSSI

35.9%

244 out of 680 adolescents (middle & high school) reported incidents of NSSI

Rates of Non-Suicidal Self-Injury in Adolescents



(Based on the comprehensive analytical report issued by the Ministry of Education in 2019)

It's on the rise every year.
Adolescents' self injury is
getting ever more serious.

To the question "I have inflicted self-injury before" the answers have been graded and averaged as follows: (Not at all = 0) (Yes, a little = 1) (Yes I have = 2) (Yes a lot = 3)

Rates of Hospital ER Presentation for Self-Injury

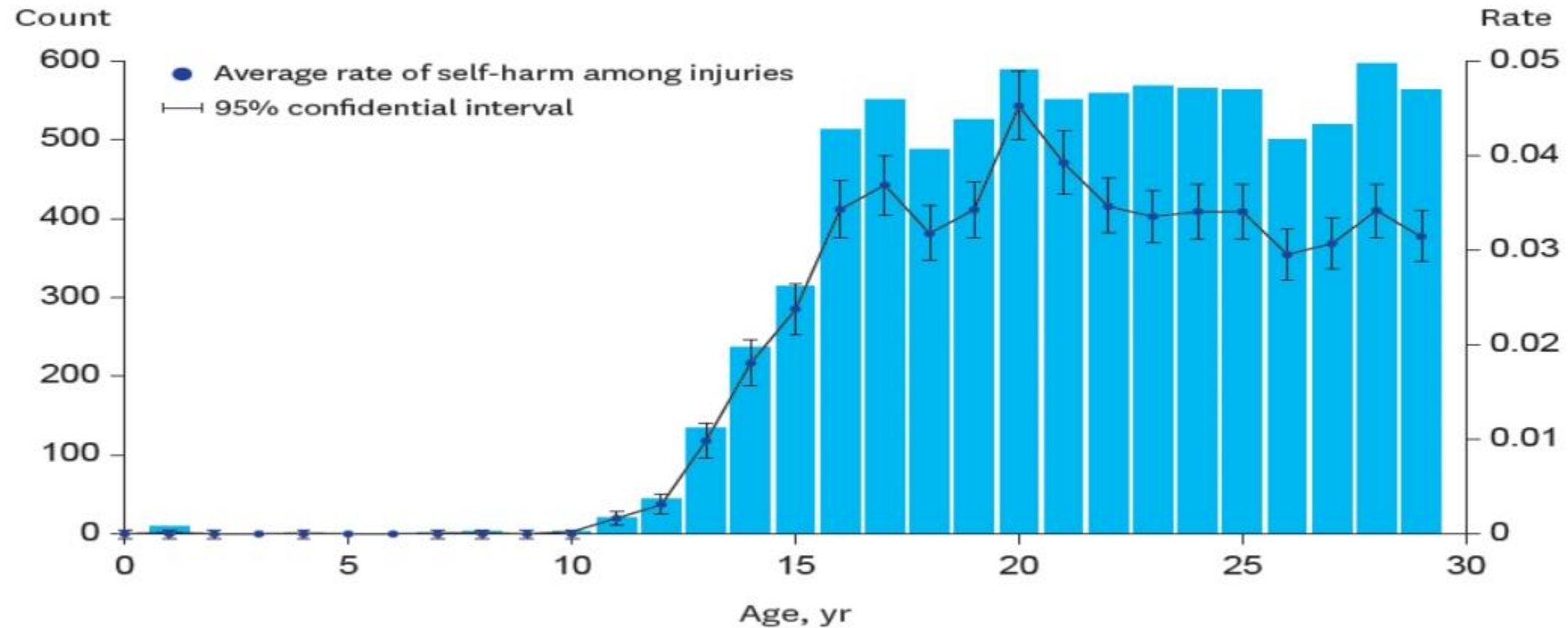
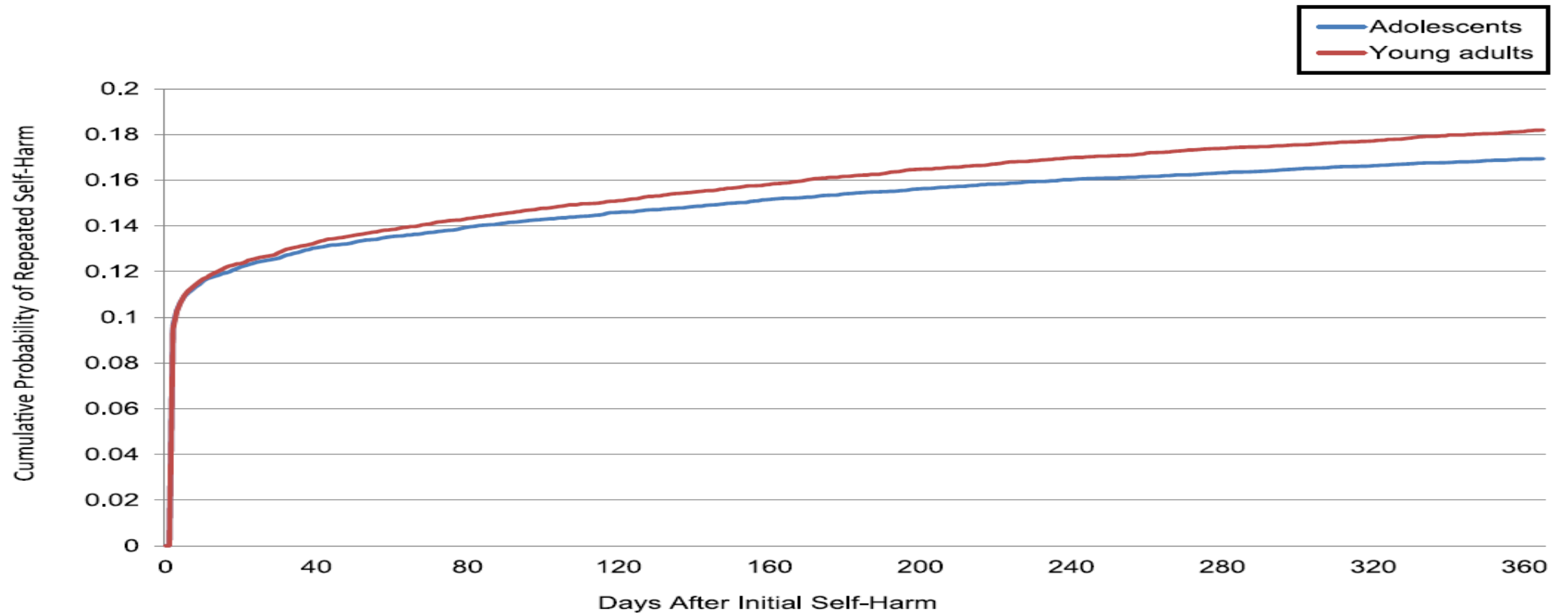


Fig. 2. Incidence rate of deliberate self-harm in all age of 0-29.

365-Day Cumulative Rates of Self-Harm in Adolescents and Young Adults after their First Self-Harm Incidents



Negative Impacts of Non-Suicidal Self-Injury



Physical risks

- physical tissue damage
- higher infection risk
- scar



Social risks

- academic loss (lowered performances)
- relationship loss (taunt, bullying)
- inducing negative responses and shock to parents and people around them

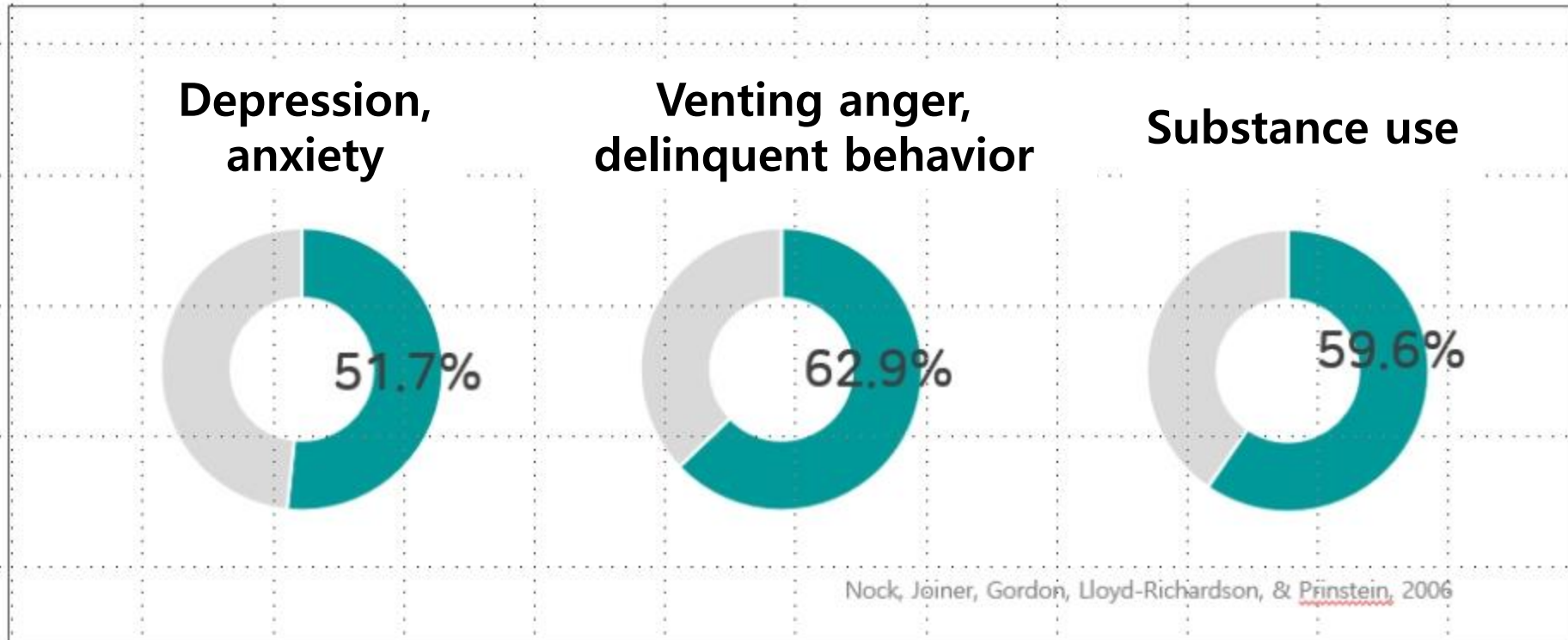


Mental risks

- depression & anxiety
- guilt, shame & stress
- increased vulnerability
- reduced self-esteem

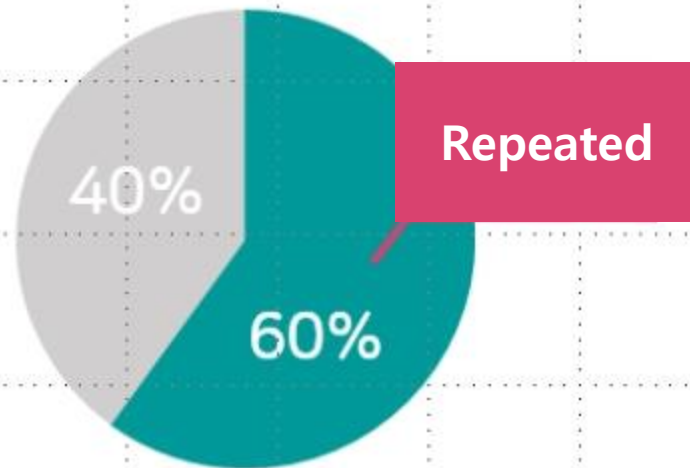
Risks of **nssi** : Psychiatric Issues

- Eating disorder, depression disorder, anxiety disorder, substance abuse, PTSD, personality disorder

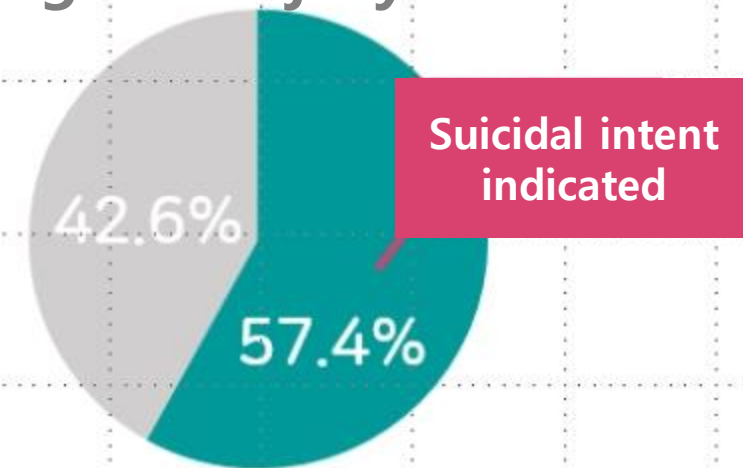


Risks of NSSI : Suicide

Whether self-injury behavior is repeated or not



Whether suicidal intent is indicated or not for middle and high school students showing self-injury behaviors



Non-suicidal self-injury is different from suicidal attempt, but **long-term, repeated** attempts of NSSI may lead to **suicide**.

Self-Injury, Non-Suicidal Self-Injury

Several thin, parallel white lines of varying lengths and slopes are positioned in the bottom right corner of the slide, creating a modern, abstract graphic element.

Suicidal Behavior Spectrum

Non-Suicidal Self-injury: NSSI(비자살적 자해)

Suicide ideation(자살사고)

Aborted suicide attempt(중단한 자살시도)

Disrupted suicide attempt(중단된 자살시도)

Completed suicide(자살사망)



NON-SUICIDAL SELF-INJURY

▶ Self-injury, self-harm, NSSI

▶ Definition

- ▶ Intentionally
- ▶ Self-inflicted
- ▶ Harmful behaviors of low fatality which are not socially acceptable
- ▶ Performed to reduced mental suffering or to communicate

NON-SUICIDAL SELF INJURY (DSM5)

A. Deliberately harming one's own body, for the past 5 days or a year to inflict bleeding, wounds and pain (ex: cutting, burning, excessive rubbing). This results from an intent to inflict self-harm of slight or moderate physical damage.

(In short, no suicidal intent)

※ Note: No intent of suicide has been reported by an individual. Or one is assumed to have known that repeated self-injury won't lead to death or to learn this at some point in the course of repeated self-harm attempts.

B. One inflicts self-injury under one or more expectations from the following:

1. To get sense of relief from negative feelings or negative cognitive state
2. To resolve difficult relationships
3. To induce positive mood

※ Note: One experiences desired responses or sense of relief during or after self-injury behaviors. One may also show behavior pattern suggesting dependence on repeated self-injury behaviors.

NON-SUICIDAL SELF INJURY (DSM5)

C. Deliberate self-injury is attempted in connection with at least one of the following.

1. Relationship difficulties or negative feelings or thoughts such as depression, anxiety, anger, generalized suffering, and self-abasement arise immediately before the self-injury behaviors

2. Before self-injury behaviors, there is a period one is occupied with intended behaviors, which is hard to control.

3. One frequently thinks of self-injury even when they don't inflict self-injury

D. Most behaviors are not socially acceptable (ex. Body piercing, tattoo, part of religious or cultural rituals) and are not limited to removing scabs or biting nails

E. One's behaviors and their impacts bring about clinically significant suffering or disturbance in their relationship, academic performance or other important functional domain.

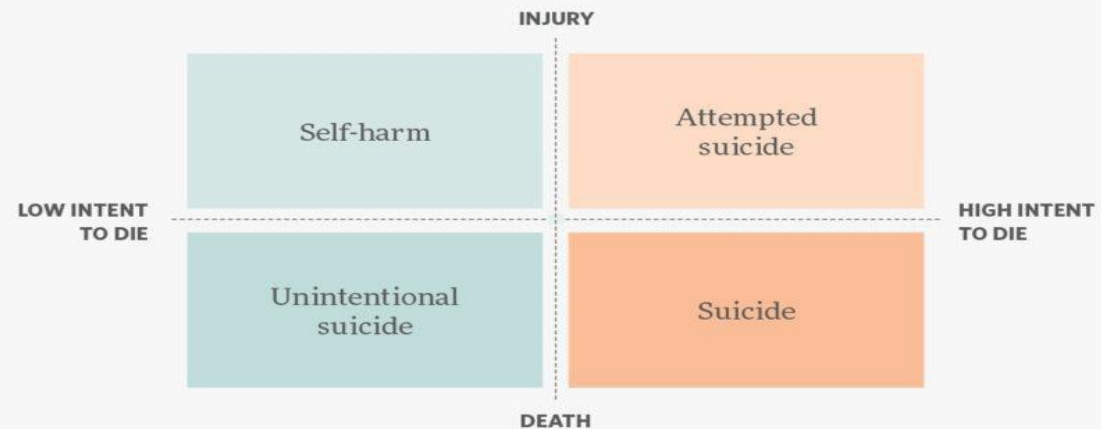
F. Self-injury behaviors are not limited to the periods of psychotic episodes, substance addiction or substance withdrawal. For individuals with neurodevelopmental disorder self-injury does not appear as part of repeated stereotypy. Self-injury behaviors is not better explained with other psychosis or medical condition. (ex: psychotic disorder, autism spectrum disorder, intellectual disabilities, Lesch Nyhan syndrome, stereotypic movement disorder accompanied by self-injury, trichotillomania, skin picking disorder)

Self-Injury vs Suicide

Self-injury and attempted suicide must be distinguished as approaches to them, treatments and prevention are different.

Suicidal intent & lethality are most critical point of differentiation.

Self-harm is not suicide, but it may become suicide



(Centre for Suicide Prevention (CSP), 2016)

Self-Injury vs Suicide

- Self-injury and attempted suicide must be distinguished as their approaches, treatments and preventions are different.
- Suicidal intent and degree of fatality are critical factors in differentiation



Why does one self-harm?





Reasons of Non-Suicidal Self-Injury

- High academic stress
- For temporary relief from unbearable, strong emotional pain
- To avoid numb and empty feelings
- To punish oneself
- To make others feel sense of guilt and thereby change their behaviors
- To hang out with self-harming friends
- To let others know one's pain
(to draw attention - under 4%)

Adolescents say?

"When I self-harm, my distressing, complex thoughts seem to subside."

"I hate numb feelings. When I self-harm, I can feel being alive again."

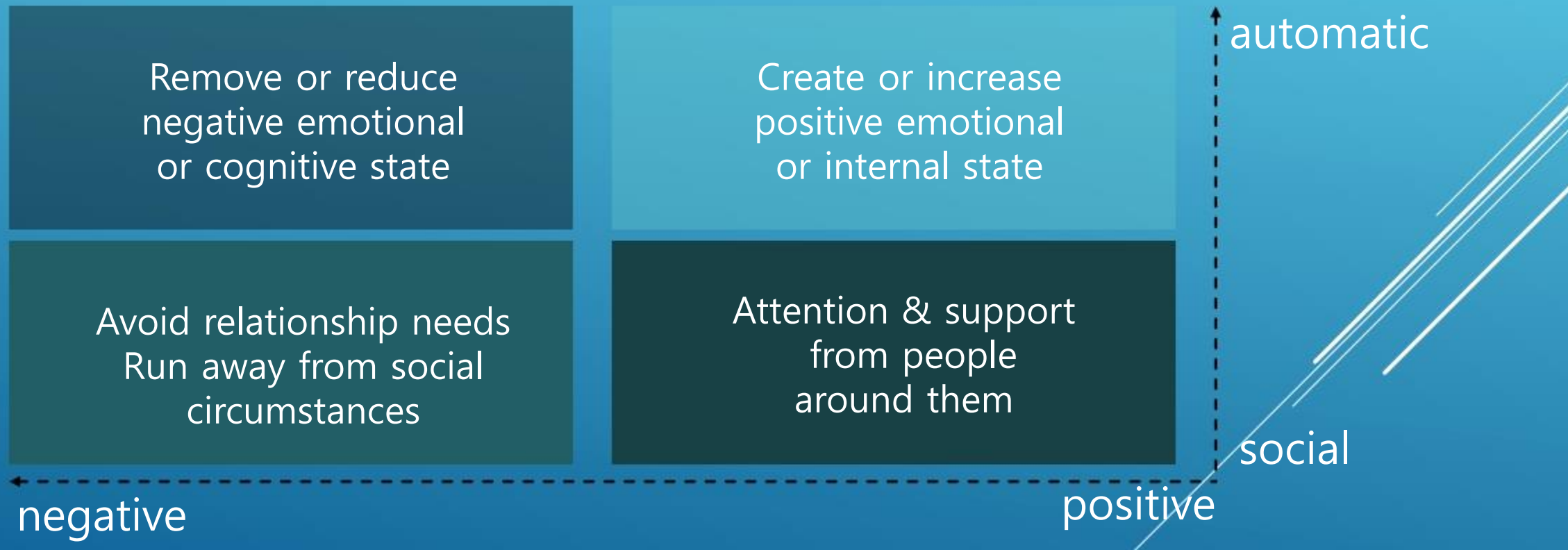
"When I self-harm, I seem to be released from irritation and anxiety."

Before their attempts of self-injury, they had somehow very difficult emotions.

And they initiate their own effort to resolve these in an unhealthy manner.

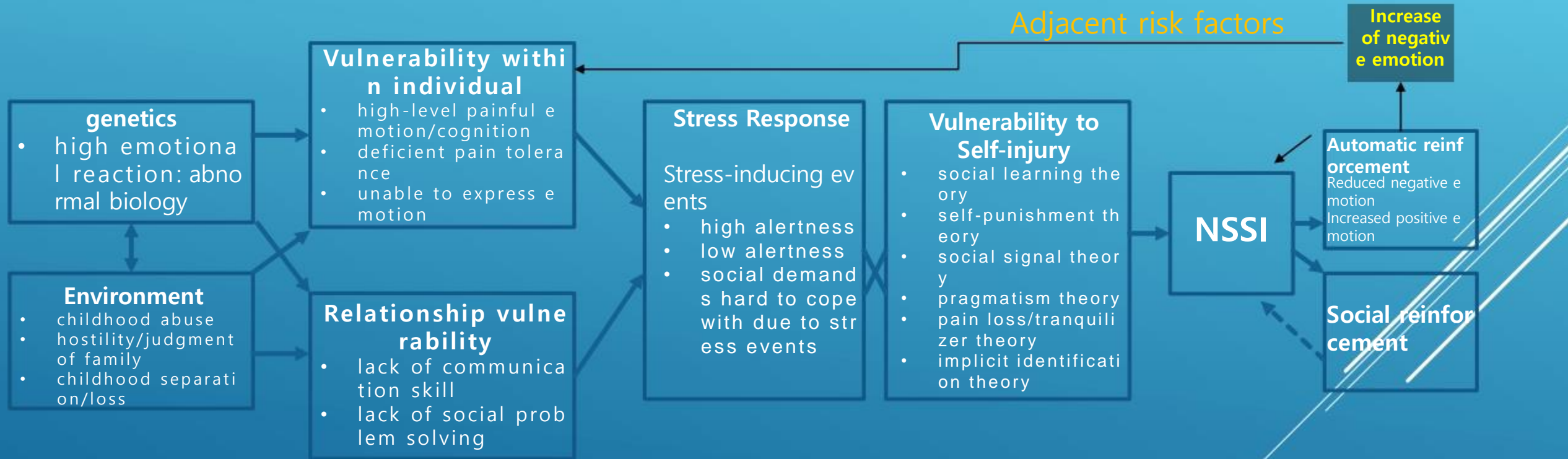
Why does one self-harm?

The Four-Function Model of NSSI (Nock, Prinstein. 2004)



WHY SELF-HARM?

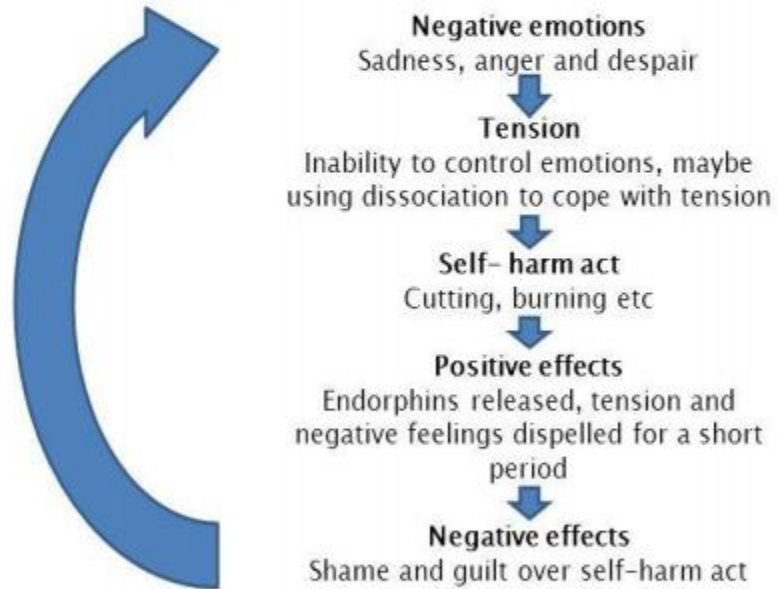
Integrated theory model



Jacobson, C. M., & Batejan, K.(2014). Comprehensive theoretical models of nonsuicidal self injury. In M. K. Nock(Ed.), The Oxford Handbook of Suicide and Self-injury. P. 317

WHY SELF-HARM?

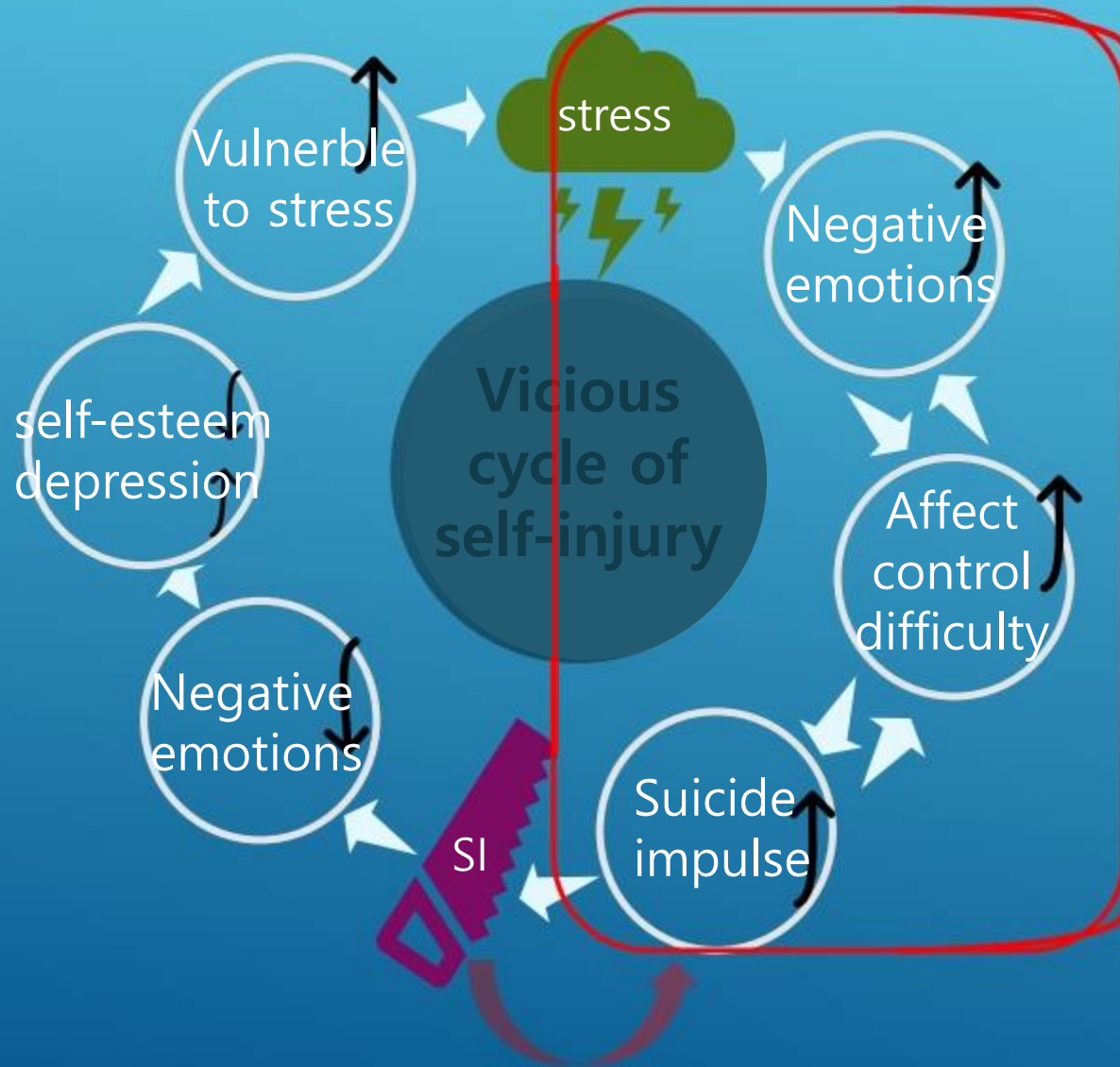
Cycle of self-harm



Addictive Cycle



WHY SELF-HARM?

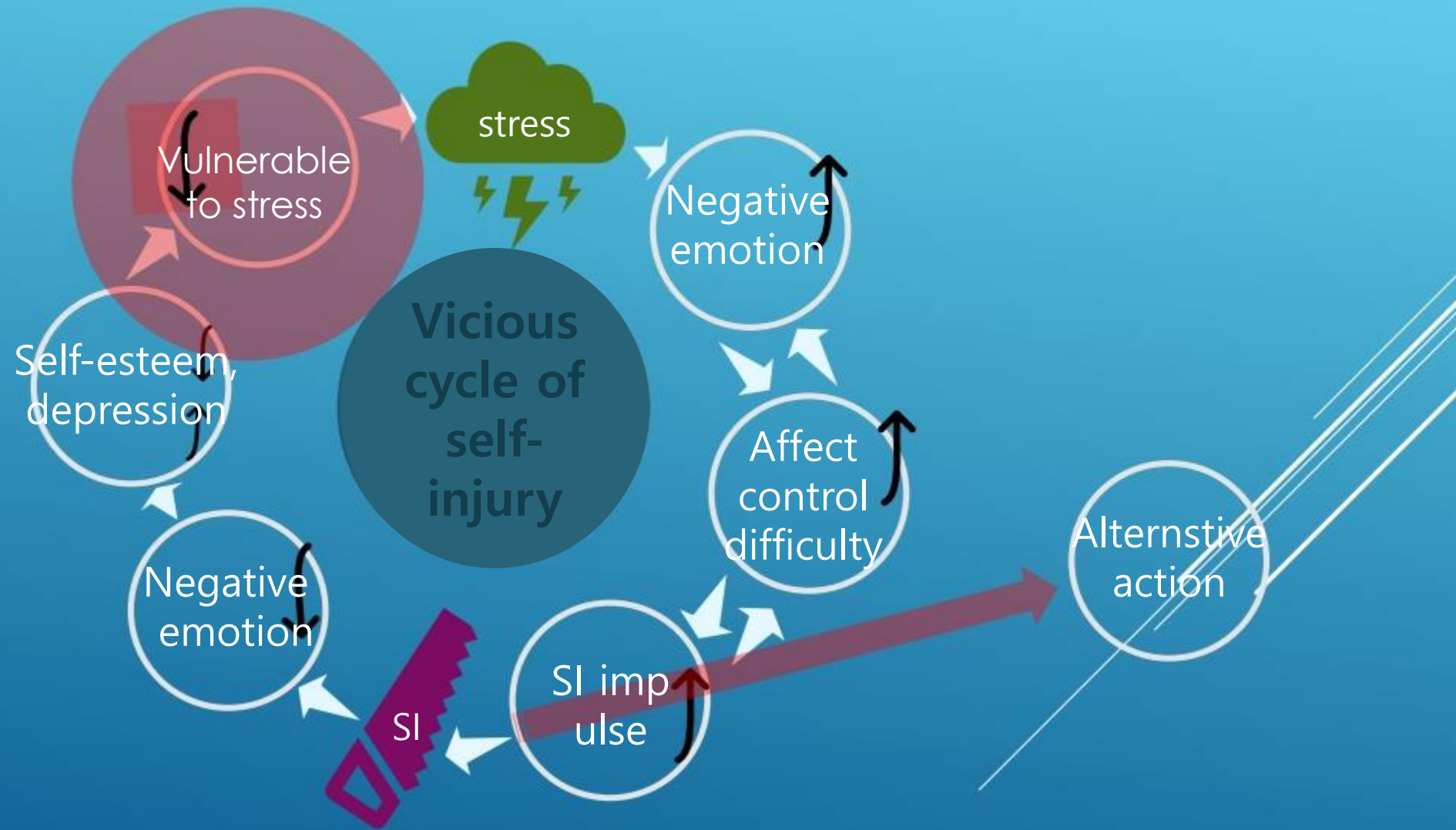


- Self-harming adolescents have lower tolerance of stress due to their higher vulnerability to stress
- They can't find proper coping strategies and attempt to resolve mental pain from self-injury.

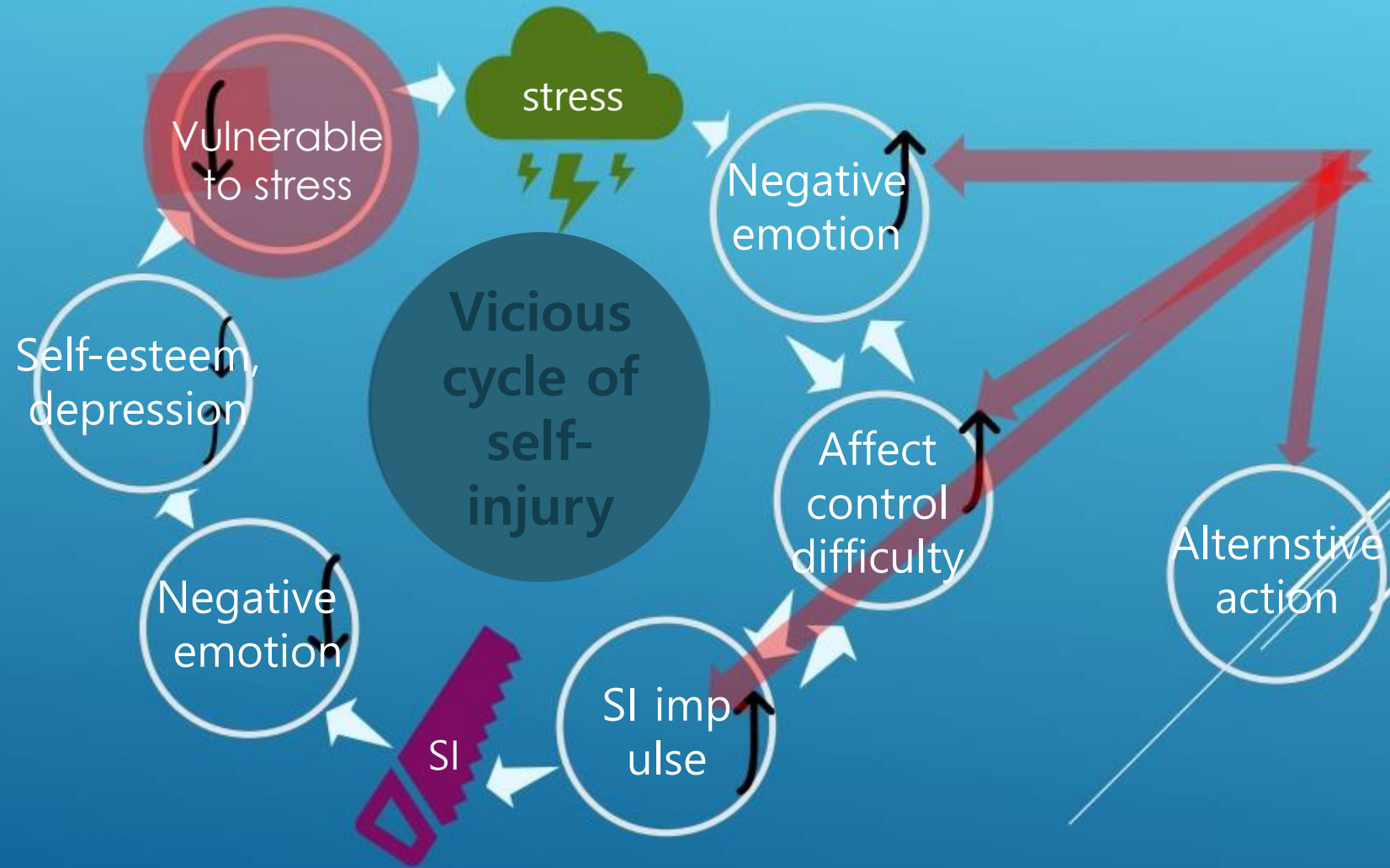
How to Intervene?

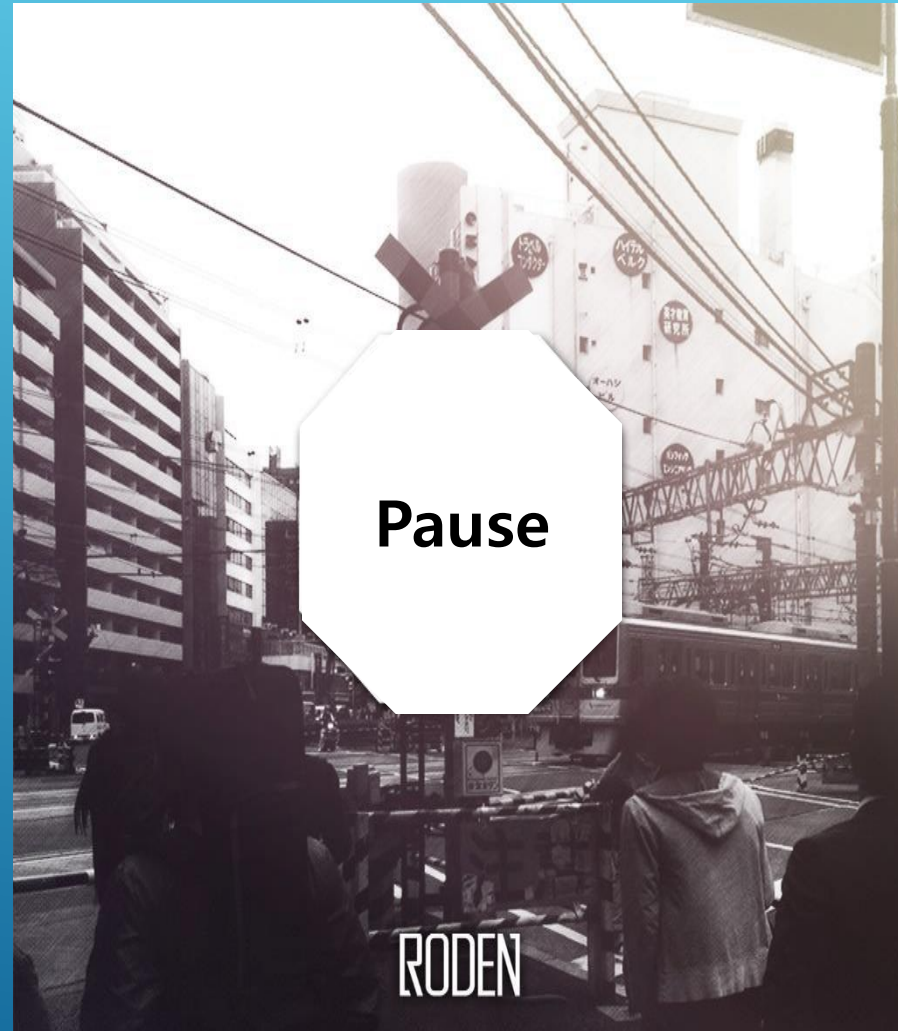


Self-Injury Intervention: Existing Treatment

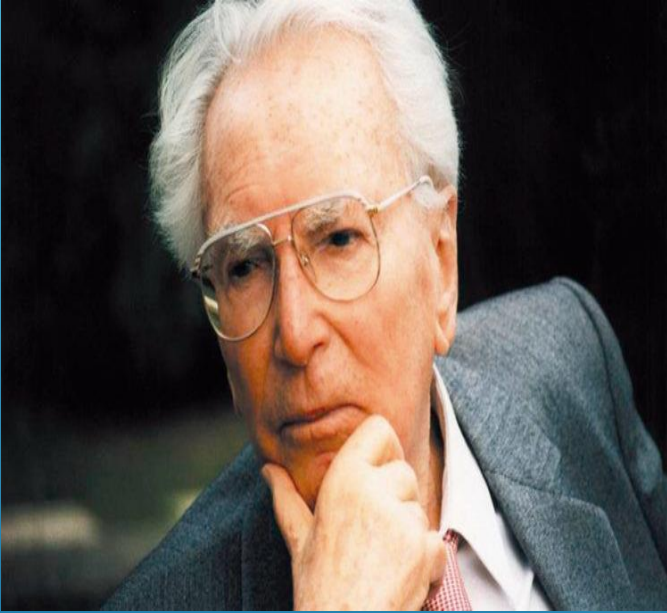


Multi-Dimensional Intervention Needed



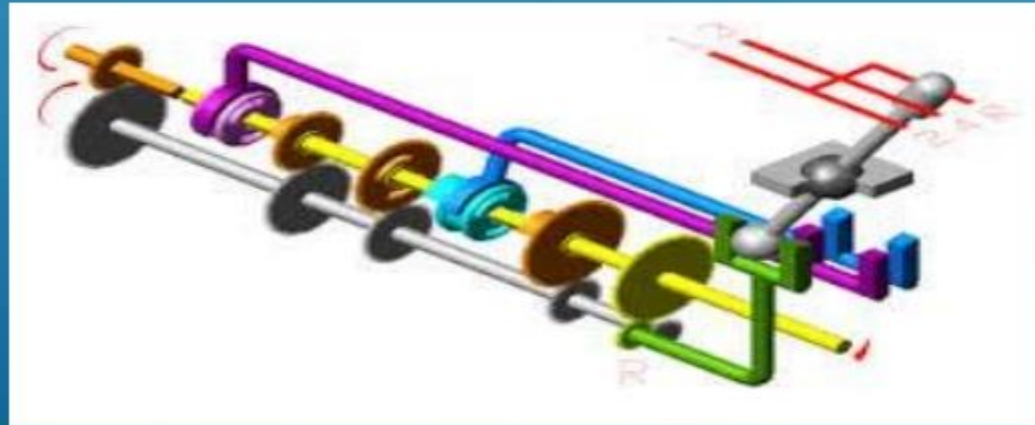


Space



Viktor Emil Frankl (1905 – 1997)

“ Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.”





Mindfulness is awareness cultivated through meditation and other mind-body practices to regulate and shape our attention and emotions.

AUTOPILOT

Automatic thoughts & feelings trigger unhelpful habits of mind & lead us to react in unskillful ways.

stimulus > reaction

MINDFULNESS

Mindful awareness disrupts automatic tendencies to create space to choose a different response.

stimulus > mindfulness > response

Mindfulness trains our minds, which over time, trains our brains.

PROVEN BENEFITS

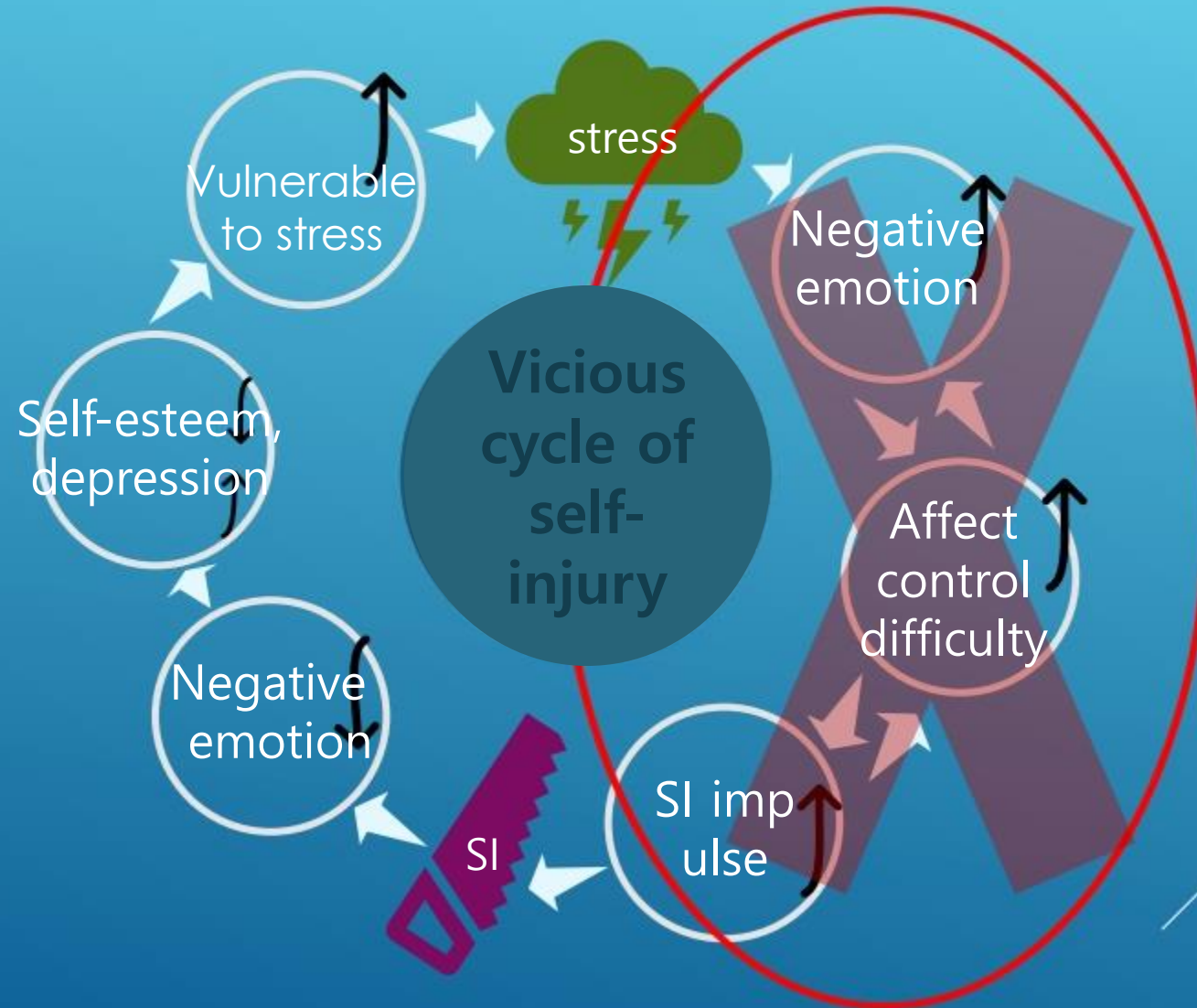
- o Reduces stress & anxiety
- o Improves mood & working memory
- o Prevents relapse of depression
- o Increases emotional intelligence
- o Develops awareness & resilience

Pause


**Awareness &
alternative
choices**



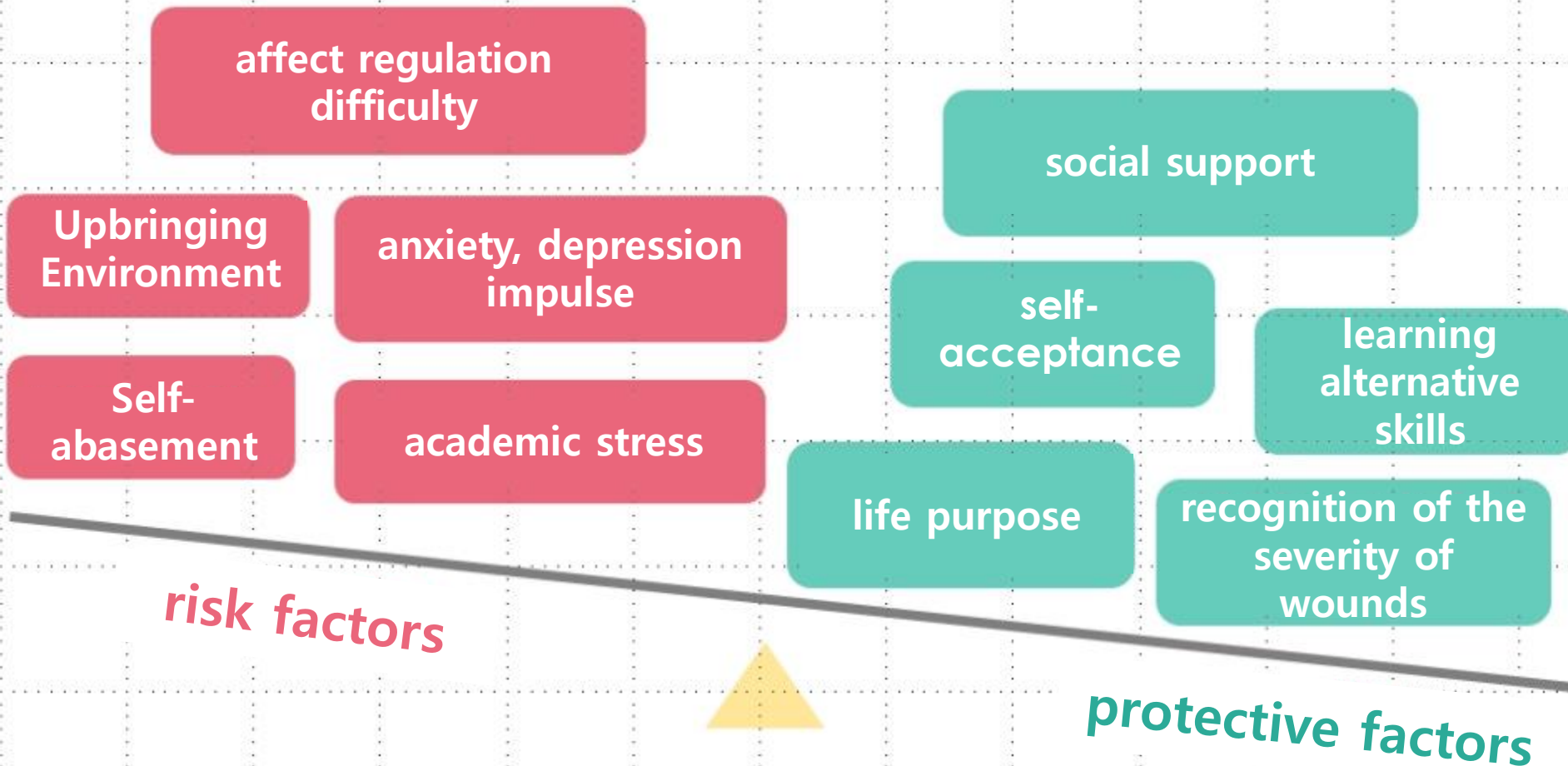
Self-Injury Intervention: Role of Meditation



Benefits of Mindfulness

- ▶ Increased attention regulation
 - ▶ Increased awareness
 - ▶ Increased acceptance of thoughts and emotions
 - ▶ Increased cognitive regulation
 - ▶ Increased emotional regulation
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Risk Factors & Protective Factors for Adolescents Inflicting NSSI



- <위험요인>
- ¹김수진, 2017; 백선희, 2019; 이동귀 외, 2017; 임선영 외, 2017; Klonsky et al., 2008
 - ²구훈정 외, 2014; 김수진, 2017
 - ³김수진, 2019; 탁창훈 외, 2017; 안영신 외, 2017; 이동귀 외, 2016; 임선영 외, 2017
 - ⁴김수진, 2017; 백선희, 2019; Klonsky et al., 2008
 - ⁵백선희, 2019; 서미 외, 2019
- <보호요인>
- ¹김수진, 2019; 서미 외, 2019; 이동귀 외, 2017
 - ²김수진, 2017; Kool et al., 2009
 - ³이동귀 외, 2017; Kool et al., 2009
 - ⁴김수진, 2017; Rotolone et al., 2012
 - ⁵김수진, 2017; 서미 외, 2019

Pause

Recognize
Accept

+

α



Mindfulness-Based Therapy



Mindfulness-Based Therapy

- Dialectical Behavior Therapy (DBT)
- Mindfulness-Based Cognitive Therapy (MBCT)
- Acceptance and Commitment Therapy (ACT)
- Mindfulness-Based Stress Reduction (MBSR)

Therapeutic Interventions for Suicide Attempts and Self-Harm in Adolescents: Systematic Review and Meta-Analysis

Dennis Ougrin, MBBS, MRCPsych, PGDip(Oxon), PhD, Troy Tranah, BSc, MSc, PhD, Daniel Stahl, PhD, Paul Moran, MBBS, BSc, MSc, DLSHTM, MD, MRCPsych, Joan Rosenbaum Asarnow, PhD

Objective: Suicidal behavior and self-harm are common in adolescents and are associated with elevated psychopathology, risk of suicide, and demand for clinical services. Despite recent advances in the understanding and treatment of self-harm and links between self-harm and suicide and risk of suicide attempt, progress in reducing suicide death rates has been elusive, with no substantive reduction in suicide death rates over the past 60 years. Extending prior reviews of the literature on treatments for suicidal behavior and repetitive self-harm in youth, this article provides a meta-analysis of randomized controlled trials (RCTs) reporting efficacy of specific pharmacological, social, or psychological therapeutic interventions (TIs) in reducing both suicidal and nonsuicidal self-harm in adolescents.

Method: Data sources were identified by searching the Cochrane, Medline, PsychINFO, EMBASE, and PubMed databases as of May 2014. RCTs comparing specific therapeutic interventions versus treatment as usual (TAU) or placebo in adolescents (through age 18 years) with self-harm were included.

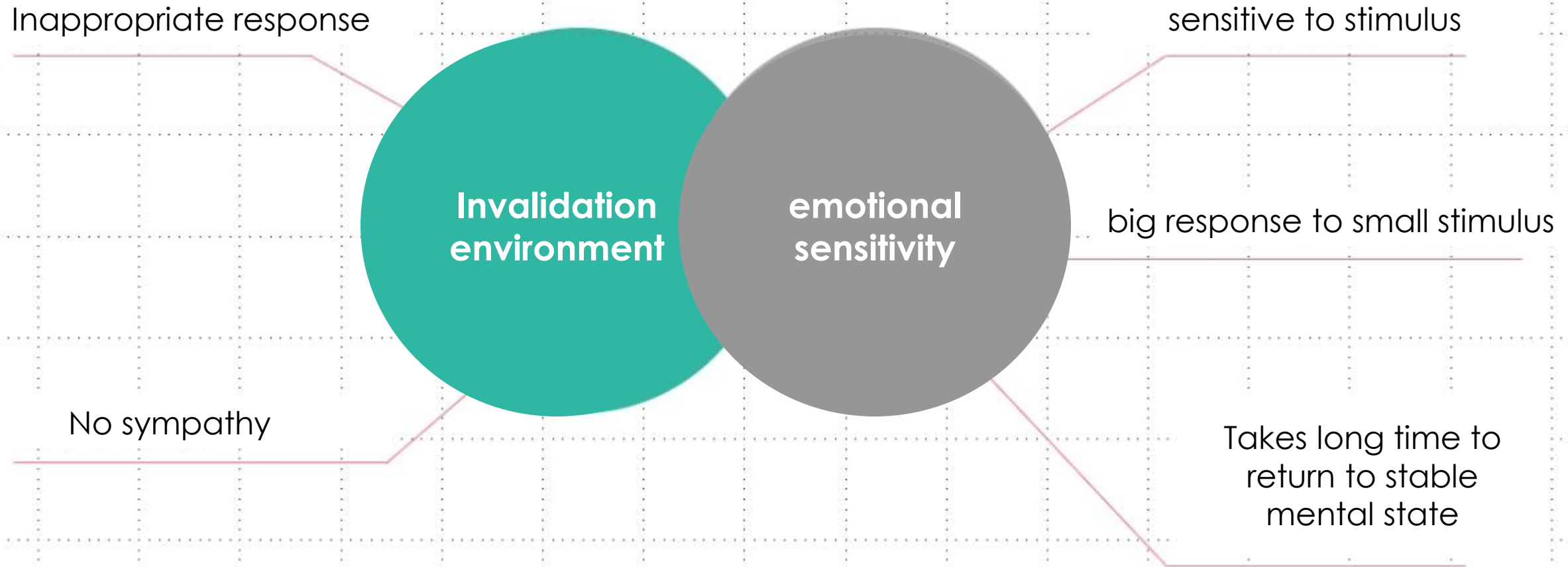
Results: Nineteen RCTs including 2,176 youth were analyzed. TIs included psychological and social interventions and no pharmacological interventions. The proportion of the adolescents who self-harmed over the follow-up period was lower in the intervention groups (28%) than in controls (33%) (test for overall effect $z = 2.31$; $p = .02$). TIs with the largest effect sizes were dialectical behavior therapy (DBT), cognitive-behavioral therapy (CBT), and mentalization-based therapy (MBT). There were no independent replications of efficacy of any TI. The pooled risk difference between TIs and TAU for suicide attempts and nonsuicidal self-harm considered separately was not statistically significant.

Conclusion: TIs to prevent self-harm appear to be effective. Independent replication of the results achieved by DBT, MBT, and CBT is a research priority.

Key Words: self-harm, randomized controlled trials, meta-analysis

J Am Acad Child Adolesc Psychiatry 2015;54(2):97–107.

Emotional Regulation and Emotional Weakness



DBT Treatment Targets

1. Life-threatening behaviors ↓

- Suicidal or homicidal behaviors → Non-suicidal self-injury → Suicidal ideation and communications → Suicide-related beliefs → Suicide-related affect

2. Therapy-interfering behaviors ↓

- Client: not coming to sessions, deficient capacity to work or rejection to work, excessive demands, disturb other clients, no respect for the limitations of therapists, demoralizing or demotivating therapists
- Therapist: Dwelling on one extreme, disrespectful behavior to clients

3. Quality of life behaviors ↓

- Severe mental disorder: mood or anxiety disorder, substance abuse, eating disorder, symptoms of psychosis or dissociation

4. Skills acquisition ↑

- Mindfulness skills
- Distress tolerance skills
- Emotion regulation skills
- Interpersonal effectiveness skills

STUDY PROTOCOL

Open Access



Group mindfulness based cognitive therapy vs group support for self-injury among young people: study protocol for a randomised controlled trial

Clare S. Rees^{1*}, Penelope Hasking¹, Lauren J. Breen¹, Ottmar V. Lipp¹ and Cyril Mamotte²

Abstract

Background: Non-suicidal self-injury (NSSI) is a transdiagnostic behaviour that can be difficult to treat; to date no evidence based treatment for NSSI exists. Mindfulness Based Cognitive Therapy (MBCT) specifically targets the mechanisms thought to initiate and maintain NSSI, and thus appears a viable treatment option. The aims of the current study are to test the ability of MBCT to reduce the frequency and medical severity of NSSI, and explore the mechanisms by which MBCT exerts its effect.

Methods/Design: We will conduct a parallel group randomised controlled trial of Mindfulness Based Cognitive Therapy (MBCT) versus Supportive Therapy (ST) in young people aged 18–25 years. Computerised block randomisation will be used to allocate participants to groups. All participants will meet the proposed DSM-5 criteria for NSSI (i.e. five episodes in the last twelve months). Participants will be excluded if they: 1) are currently receiving psychological treatment, 2) have attempted suicide in the previous 12 months, 3) exhibit acute psychosis, 4) have a diagnosis of borderline personality disorder, or 5) have prior experience of MBCT. Our primary outcome is the frequency and medical severity of NSSI. As secondary outcomes we will assess changes in rumination, mindfulness, emotion regulation, distress tolerance, stress, and attentional bias, and test these as mechanisms of change.

Discussion: This is the first randomised controlled trial to test the efficacy of MBCT in reducing NSSI. Evidence of the efficacy of MBCT for self-injury will allow provision of a brief intervention for self-injury that can be implemented as a stand-alone treatment or integrated with existing treatments for psychiatric disorders.

Trial registration: Australian New Zealand Clinical Trials Registry Number ACTRN12615000023550. Registered 16 January 2015.

Keywords: Non-suicidal self-injury, Mindfulness based cognitive therapy, Randomised controlled trial

Efficacy of Acceptance and Commitment Therapy in Reducing Suicidal Ideation and Deliberate Self-Harm: Systematic Review

Monitoring Editor: John Torous

Reviewed by Kathy McKay and Michael Levin

Methods

We systematically reviewed studies on ACT as intervention for SI and self-harm. Electronic databases, including MEDLINE, PubMed, EMBASE, PsycINFO, SCOPUS, Cochrane Central Register of Controlled Trials, and the Cochrane Database of Systematic Reviews, were searched. The reference lists of included studies and relevant systematic reviews were examined to identify additional publications. Search terms were identified with reference to the terminology used in previous review papers on ACT and suicide prevention. The study design was not restricted to randomized controlled trials. Screening was completed by 2 reviewers, and all duplicates were removed. Publications were excluded if they were not published in English, were multicomponent therapy or were not based on ACT, or lacked a validated measure or structured reporting of SI/DSH outcomes.

Results

After removing the duplicates, 554 articles were screened for relevance. Following the screening, 5 studies that used ACT as an intervention for suicidal or self-harming individuals were identified. The studies used diverse methodologies and included 2 case studies, 2 pre-post studies, and 1 mHealth randomized controlled trial.

Conclusions

The review found that ACT is effective in reducing SI in the 2 pre-post studies but not in other studies. However, given the small number and lack of methodological rigor of the studies included in this review, insufficient evidence exists for the recommendation of ACT as an intervention for SI or DSH.

Compassion Cultivation Training



Dr. Kristen Neff: 3 Elements of Self-Compassion

Self-Kindness:

Understanding,
not punishment

Sense of Common Humanity:

Everybody
goes through
this

Mindfulness:

Neither
ignoring nor
exaggerating
feelings of
failure

WHY PRACTICE SELF-COMPASSION?

Research shows that people who are more self-compassionate are...

HAPPIER

Practising self-compassion leads to more happiness, optimism, gratitude and better relationships with others.



MORE RESILIENT

Self-compassionate people bounce back more easily from set-backs are more likely to learn from their mistakes



LESS STRESSED

Self-compassion is a powerful antidote to the self-criticism and perfectionistic thinking that can lead to stress, anxiety and depression.



COMPREHENSIVE REVIEW

WILEY

Self-compassion, self-forgiveness, suicidal ideation, and self-harm: A systematic review

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Abstract

Self-compassion has been implicated in the aetiology and course of mental health with evidence suggesting an association between greater self-compassion and lower emotional distress. However, our understanding of the nature and extent of the relationship between self-compassion and self-harm (self-injury regardless of suicidal intent) or suicidal ideation remains unclear. This review, therefore, aimed to critically evaluate the extant literature investigating this relationship. To do so, a systematic search, including terms synonymous with self-compassion, was conducted on three main psychological and medical databases (Web of Science, PsycINFO, and Medline). Only studies investigating self-compassion or self-forgiveness and self-harm or suicidal ideation were found to be relevant to the review. Eighteen studies were included in the final narrative synthesis. Heterogeneity of studies was high, and the majority of studies were quantitative and cross-sectional ($n = 16$) in design. All studies reported significant associations between higher levels of self-forgiveness or self-compassion and lower levels of self-harm or suicidal ideation. Several studies suggested that self-compassion or self-forgiveness may weaken the relationship between negative life events and self-harm. In conclusion, this review highlights the potential importance of self-compassion in the aetiology of suicidal thoughts and self-harm. We discuss the clinical and research implications.

KEYWORDS

self-compassion, self-forgiveness, self-harm, suicidal ideation, suicide attempt

Summary

Intervention for Self-Injury Behavior: Roles of Meditation

