Putting the Science into Self-Injury Risk Assessment and Prevention

July 15th | 2:00 PM EST

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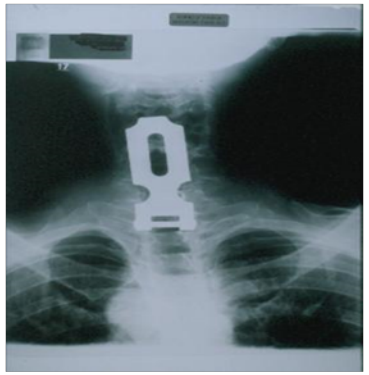
Foreign Body Ingestion

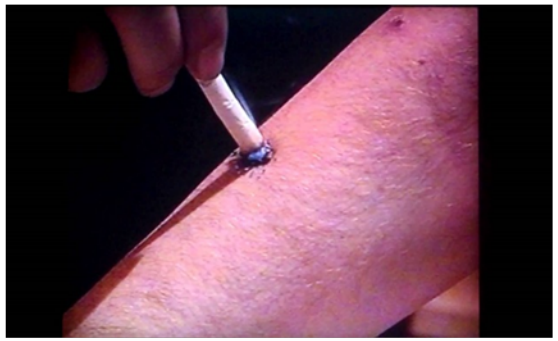


Poisoning

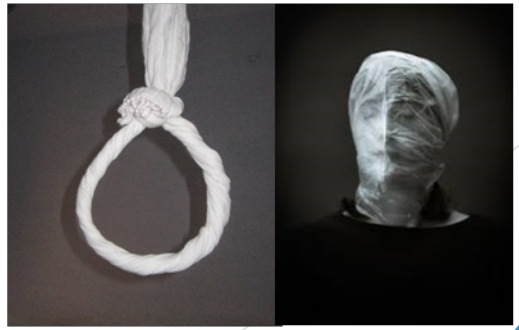
Cutting

Drug Overdose

Burning



Asphyxia



Polling Questions

- Which correctional setting do you work in?
  - A. Community
  - B. Jails
  - C. Juvenile
  - D. Prisons
  - E. Other
- Which field of work are you in?
  - A. Administration
  - B. Case Manager
  - C. Medical/Mental Health
  - D. Operational Staff
  - E. Other

Learning Objectives

- Understand how to manage serial self-injurious behaviors consistent with Best Practices
- Develop a risk-based information system for identifying SIB risk
- Create Inmate Self-Injury Profiles

Polling Question

- Self-injurious behavior occurs weekly in what % of U.S. prison systems?
  - A. 1 - 20%
  - B. 25 - 45%
  - C. 50 - 75%
  - D. 80 -100%

It Happens Every Week in 85% of Prison Systems

Please ensure that the volume is turned up on your computer/tablet in order to hear the video.

Self-Injurious Behaviors in State Prisons: Findings From a National Survey

Surveys were mailed to mental health professionals working in state facilities that provided mental health services and housed 100 plus inmates. Data were received from 230 respondents representing 473 prison facilities. **The average prevalence of inmate self-injury was 2.4%, and it was 0.7% for serious self-injury.** Cutting was reported as the most frequent act of self-injury, with considerable concern for the importation of self-injury tools reported. Treatment responses were typically therapeutic or punitive, with a significant portion of facilities employing suicide protocols to address self-injurious behaviors.

Criminal Justice and Behavior 2011 38: 26 DOI: 10.1177/0093854810385886
Hayden P. Smith ; SmithHP@mailbox.sc.edu Robert J. Kaminski

“This is Why We Cut Our Wrists”

~ An Anonymous Inmate

Self-Injury Serves Different Functions

- A sense of control over one's emotions and environment
- Communication to other people
- Demonstrating a need for help
- Control of other people in power
- Intrapersonal communication
- Making intangible emotions tangible
- Release and relief from intolerable distress
- Calm the mind, removing repetitive thoughts
- Calm the body, physiological reduction in tension

The Face of Serial Self-Injury

Please ensure that the volume is turned up on your computer/tablet in order to hear the video.

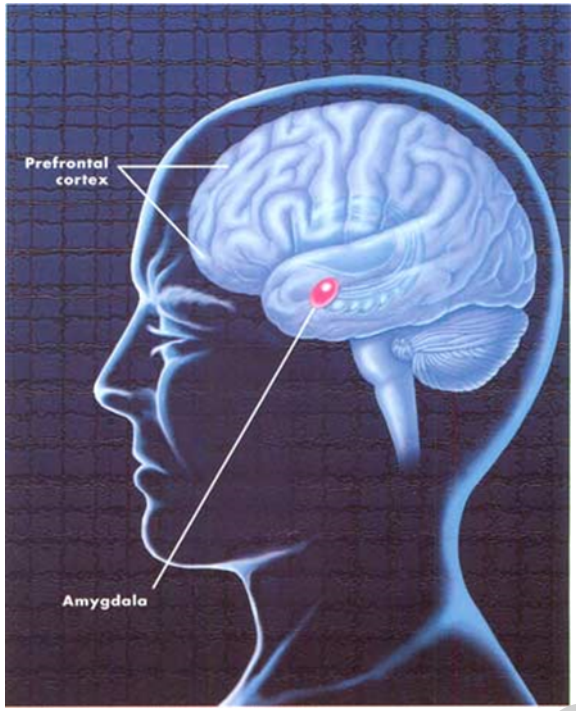
Polling Question

- Does the inmate featured in this video take part in self-injurious behavior due to a severe and persistent mental illness?
  - A. Yes
  - B. No

Polling Question

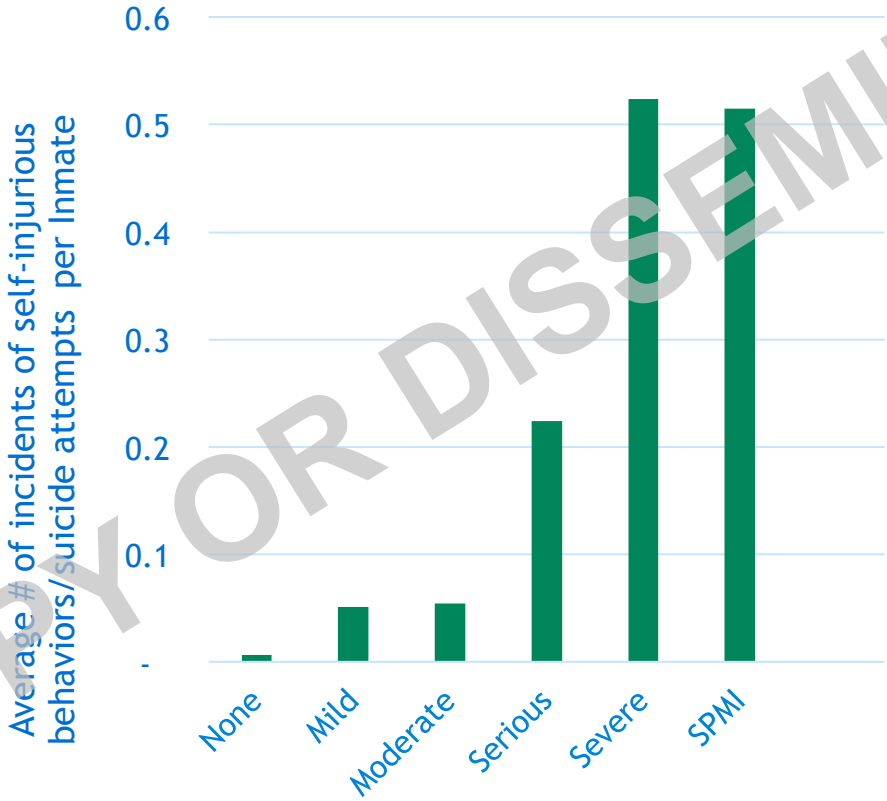
- If an inmate does not have suicidal intent and cuts themself to get out of a confinement setting, they probably don't have a severe mental illness.
  - A. True
  - B. False

The Brain and Self-Injury



- The disruption of the circuit linking the limbic system with the prefrontal cortex could contribute to impulsiveness, lack of control and emotional dysregulation.

Mental Illness and Self-Injury



- Mentally Ill inmates engage in Self-Injurious Behaviors at a much higher rate than Non-Mentally Ill inmates.

Avoid the "Mad" or Bad" Dichotomy

Bad/Slick

- Manipulative
- Behavioral
- Malingering
- Attention seeking

Mad/Sick

- Due to mental illness
- Severely depressed
- Dissociative
- Truly suicidal

- From a risk assessment perspective, labeling according to a taxonomy of intent misses the point.
- From a diagnostic perspective, very different types of behaviors get lumped together under "bad"
- From a clinical perspective, such labeling can result in dismissive attitudes and actions

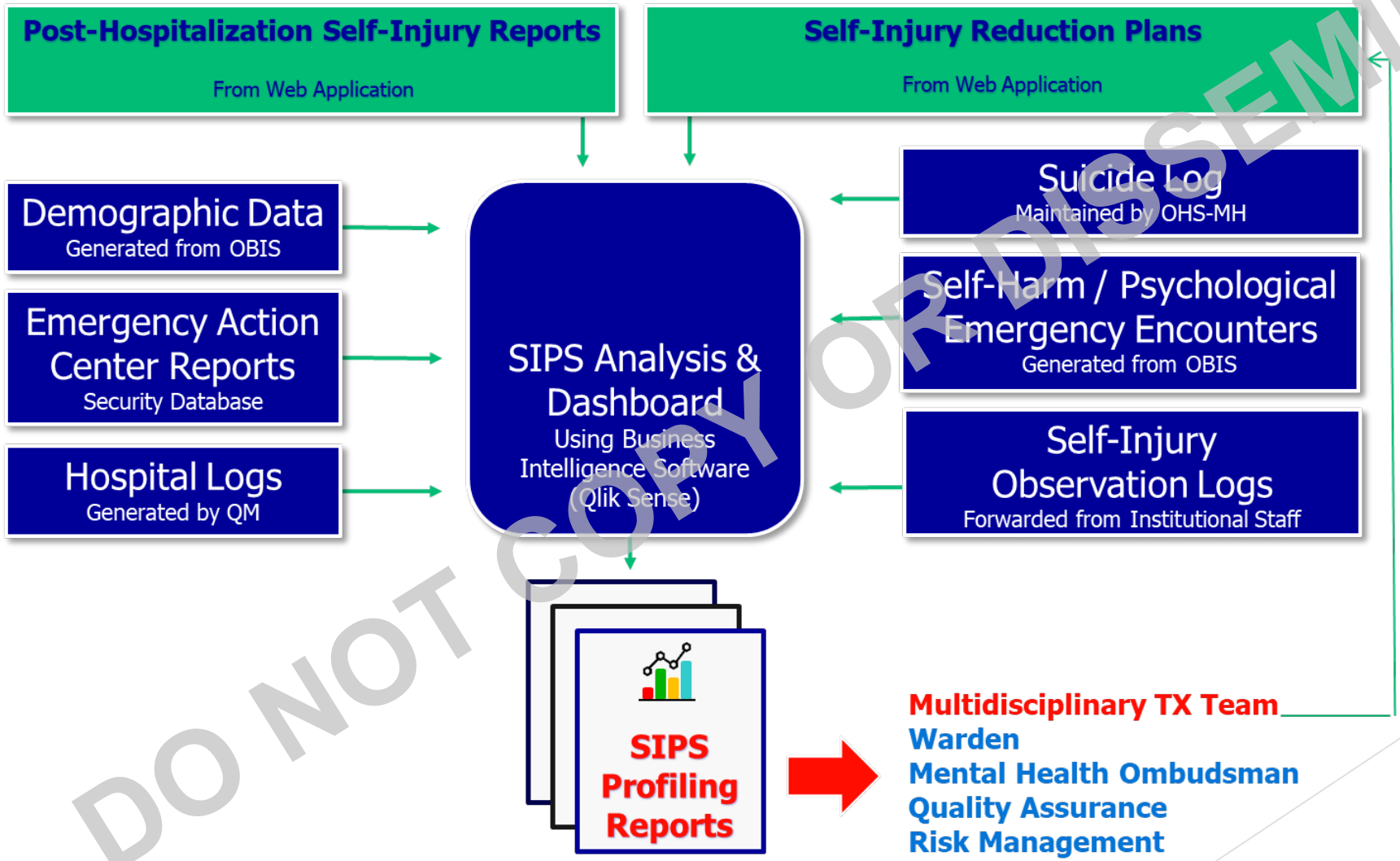
Defining the Problem

- No Universal Paradigm for a Standardized Classification System to Conceptualize Self-Injurious Behaviors
  - Intentionality vs. Non-Intentionality (Suicide=SIB / SIB ≠Suicide)
  - Discrete vs. Continuum (SIB|Suicide / Suicide ∑ SIB)
  - Etiological Factors - motivational factors, neurobiology, DX, etc.
- Lack of Uniform Nomenclature to Define Self-Injurious Behaviors
  - Suicide Attempts, Threats, Acts, Gestures, Self-Harm, Self-Mutilation, Self-Inflicted Violence, Deliberate Self-Harm, Para-suicide
- Vulnerable to the "Mad or Bad" Dichotomy
  - Suicidal/Due to Mental Health Reasons vs. Manipulative, Feigning, Malingering, Instrumental, Secondary Gain
  - Creates anger, frustration, apathy, burn-out in staff
  - Extraordinary costs in money, human resources, and time
- Very Limited Quantifiable Data

Purpose of SIPS

- Identify inmates with a history of engaging in repeated incidents of self-injurious behaviors.
- Identify common personality traits and patterns of behavior associated with individuals involved in serial self-injurious behaviors.
- Identify risk factors associated with serial self-injurious behaviors.
- Construct individual profiles to assist in:
  - assessment and accurate diagnoses,
  - determination of appropriate levels of care, and
  - effective treatment and management interventions.
- Conduct trend analyses of factors related to these behaviors including but not limited to such things as location, seasonal issues, demographics, housing assignments, precipitating events, etc.
- **Assist in reducing costs associated with medical care for serial self-injurious behaviors.**

Self-Injury Profiling System (SIPS) Process



Into the SIPS Portal
Provides Aggregate and Individual Data

*** WARNING ***

All the following data and statistical information presented is hypothetical and should not be used or interpreted as factual information

Examples of Aggregate Data

Level of Mental Health Care and Housing at time of SIB

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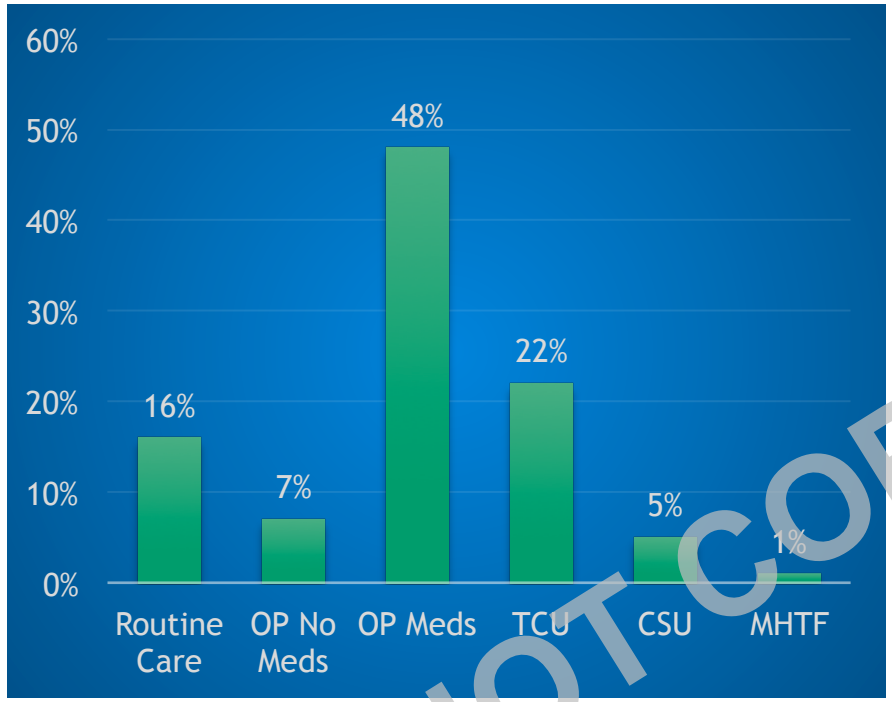
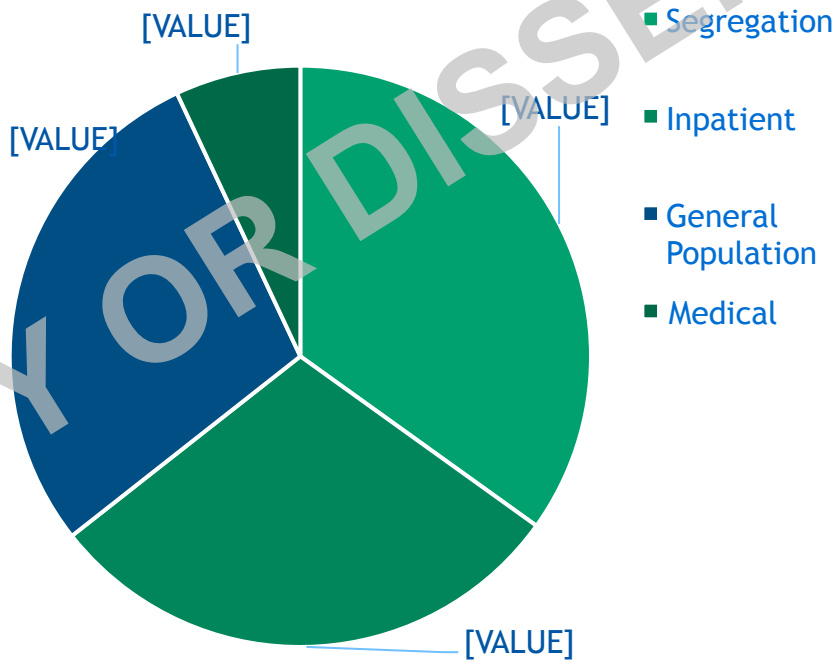


48% of the SIB's were completed by inmates receiving psychiatric care in an outpatient setting. 75% had SMI.



30% of the SIB's were completed by inmates receiving care in an inpatient setting.

Diagnosis and Type of Injury

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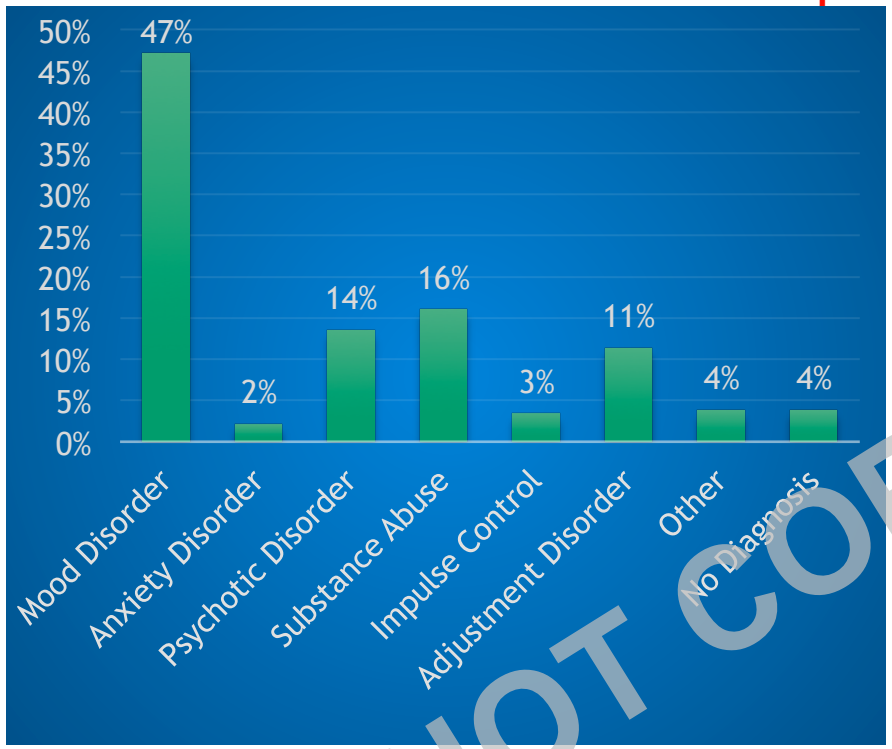

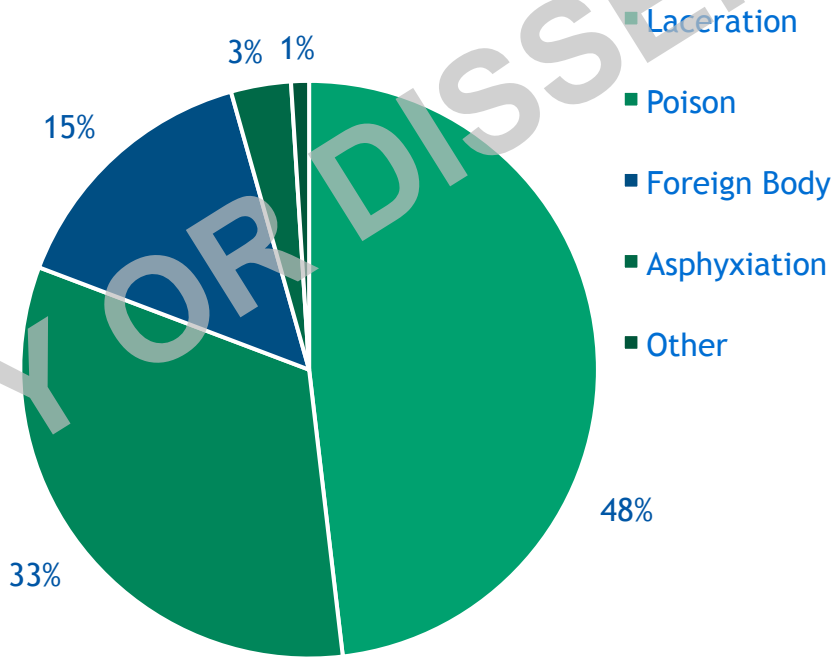

Nearly 50% of incidents of SIB were committed by an inmate with some form of mood disorder.

Half of the SIB's were lacerations.

Mental State and Motivation

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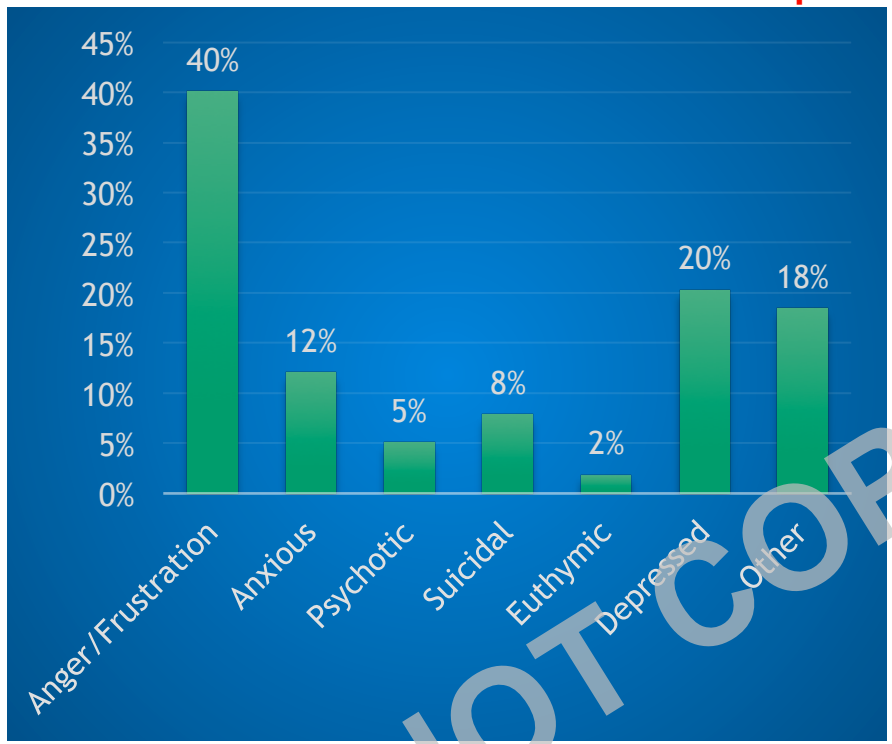
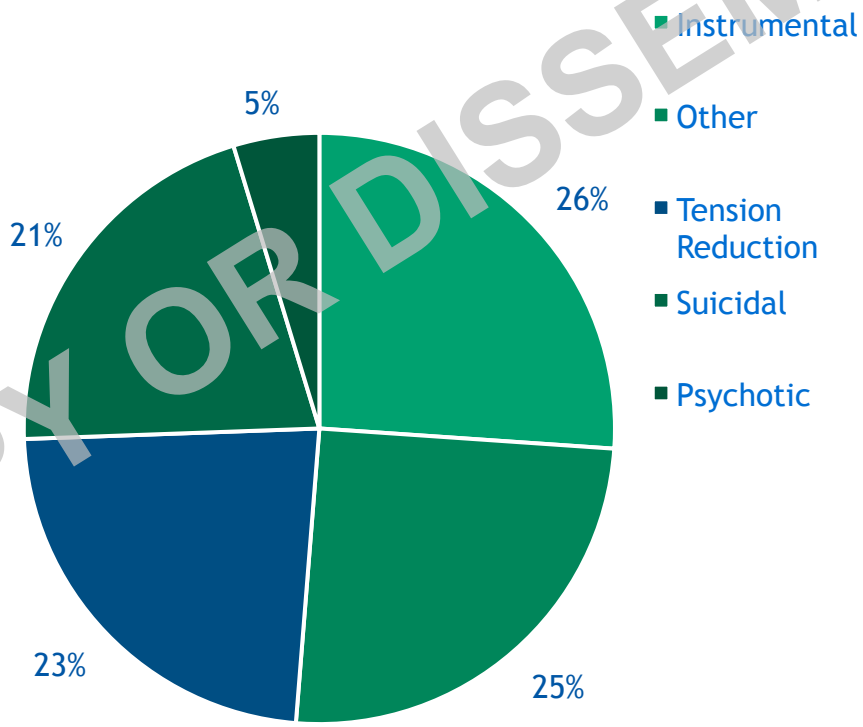


Anger/frustration was reported by the inmate in 40% of the SIB's and a third reported anxiety or depression.



Only 5% of the SIB's were related to a psychotic process.

Global Assessment of Functioning(GAF) and Age at time of SIB

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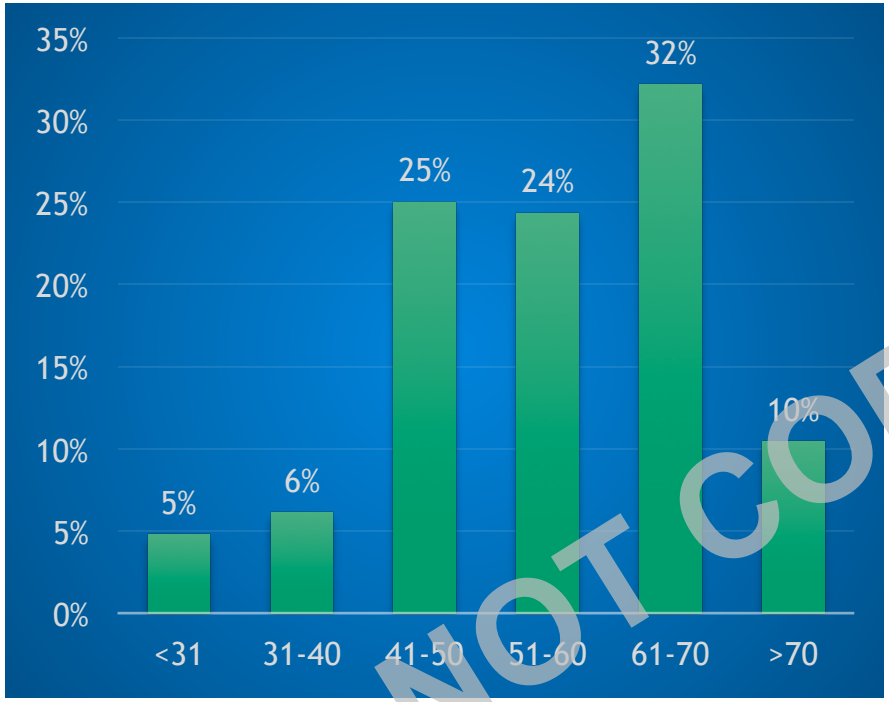

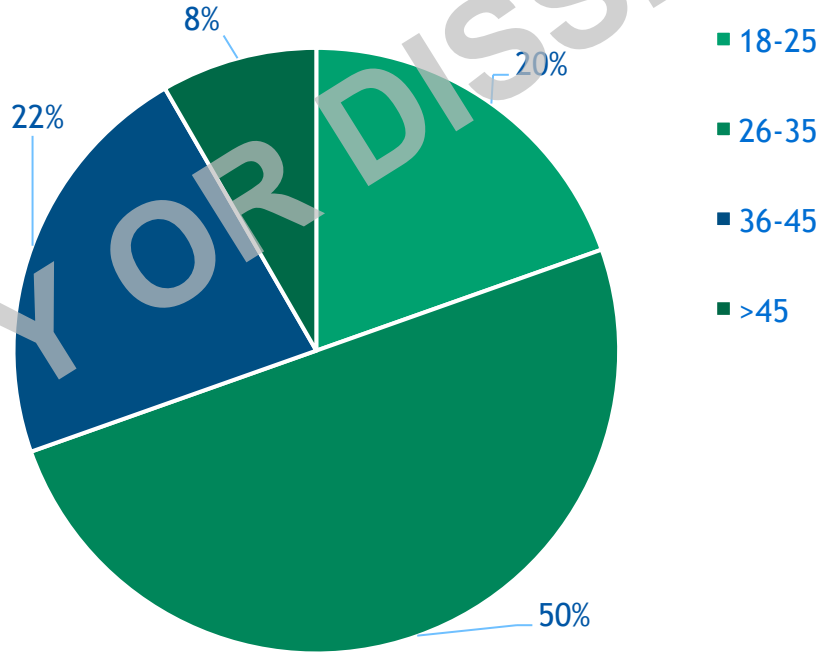

About 60% of the inmates had a GAF less than 60 prior to the SIB.

70% of the SIB's were committed by inmates younger than age 36.

Polling Questions

- What type of self-injurious behavior most commonly leads to hospitalization?
  - A. Asphyxia
  - B. Burn
  - C. Foreign Body
  - D. Laceration
  - E. Poison
  - F. Other
- What type of self-injurious behavior is the most costly?
  - A. Asphyxia
  - B. Burn
  - C. Foreign Body
  - D. Laceration
  - E. Poison
  - F. Other

Summary of Costs by Type of Self-Injury

Reason for Hospitalization	Burn	Asphyxia	Foreign Body	Laceration	Other	Poison	Total
Number of Hospitalizations	2	9	433	471	133	159	1207
Total cost	$10,559.84	$13,082.50	$3,303,512.14	$1,616,189.10	$647,801.62	$654,414.96	$6,245,560.16
Average cost per visit	$ 5,279.92	$ 1,453.61	$ 7,629.36	$ 3,431.40	$ 4,870.69	$ 4,115.82	$ 5,174.45
Percent of visits	0.2%	0.7%	35.9%	39.0%	11.0%	13.2%	100.0%
Percent of cost	0.2%	0.2%	52.9%	25.9%	10.4%	10.5%	100.0%

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The “Instrumental” Profile

- “I’ll do what I have to do to get out of here.”
- “It don’t matter to me whether they take me out in a box, or whether I walk out of here.”
- “I ain’t going to stay here.”

At a Glance

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What	• Serial Self-Injury resulting in outside hospitalizations
When	• Seasonal? • Weekends, evenings, holidays, etc…?
Where	• Special Housing Units • Inpatient Mental Health Units
How	• Poison/Overdose • Foreign Body Ingestion/Insertion • Laceration
To What Extent	**• 22 Outside Hospitalizations related to SIB (2000-2010)** **• Total Estimated Outside Hospital Costs $262,525.00**
Why	• To avoid unpleasant housing assignments • To “go on vacation” to the hospital.

Institutional Adjustment

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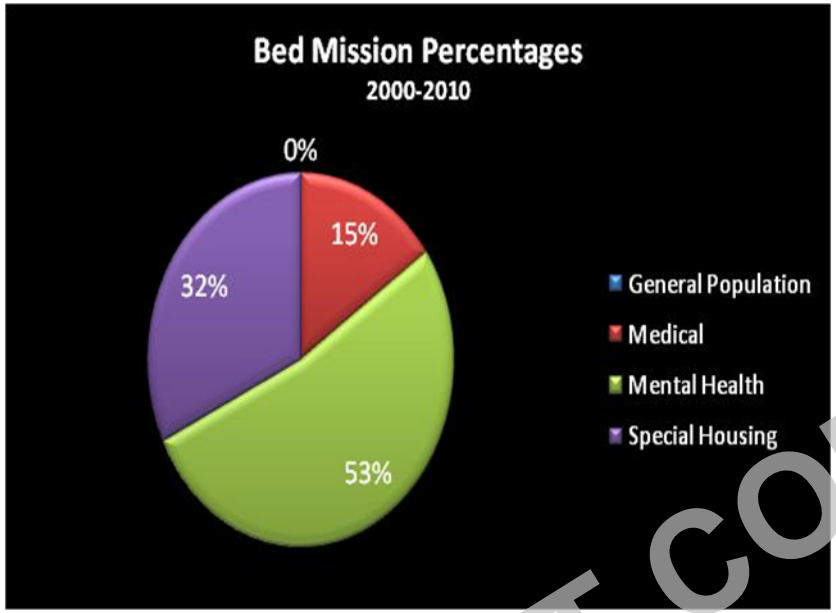

The bed mission percentage represents the percentage of time spent in a bed with a designation/mission in one of the four categories. This inmate did not spend any time in general population during the past 10 years.

From 2000-2005 the inmate spent most of his time housed in a segregation unit with intermittent stays in inpatient mental health units. Beginning in 2006 to present he has been housed almost exclusively in inpatient mental health units.

Discipline Record

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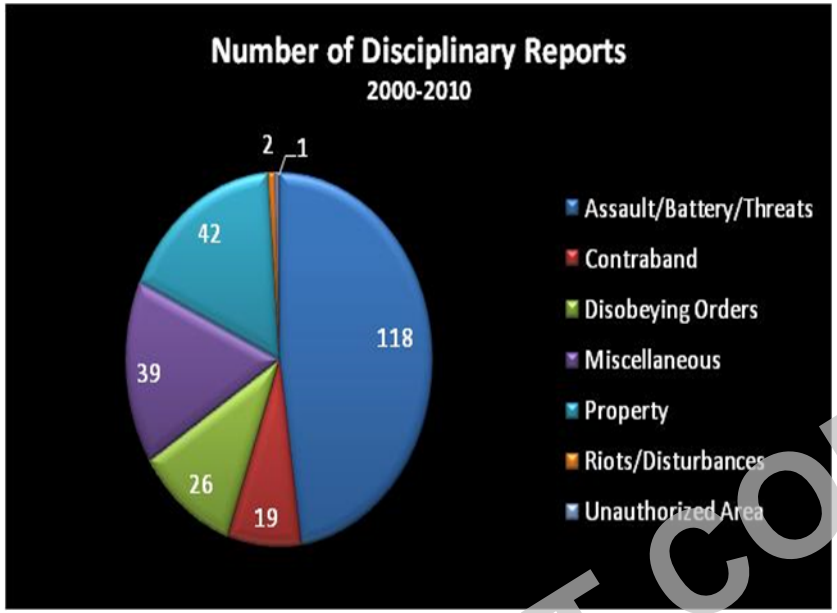

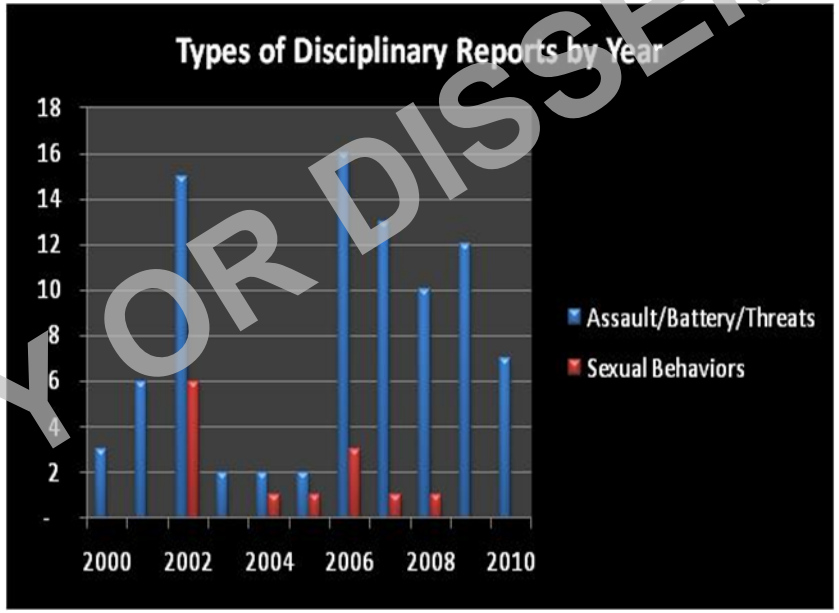

The inmate received 247 disciplinary reports over a 10 year period. Nearly half of the incidents involved serious acts of violence including **assault/battery/threats**.

The inmate's assaultive behaviors significantly increased when he was housed in an inpatient mental health unit.

Diagnostic Profile

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DATE	AXIS I	AXIS II
1/21/1994	Trichotillomania	Antisocial Personality Disorder
2/4/1994	Dysthymic Disorder	Antisocial Personality Disorder
12/12/1995	Depressive Disorder NOS	Antisocial Personality Disorder
4/1/1999	Adjustment Disorder With Mixed Disturbance of Emotions and Conduct & Polysubstance Dependence	Antisocial Personality Disorder
12/24/2002	Bipolar Disorder NOS & Impulse-Control Disorder NOS	Personality Disorder NOS
12/30/2002	Impulse-Control Disorder NOS & Polysubstance Dependence	Personality Disorder NOS
3/15/2005	Adjustment Disorder With Depressed Mood & Polysubstance Dependence	Personality Disorder NOS
5/17/2005	Impulse-Control Disorder NOS & V	Antisocial Personality Disorder
4/8/2008	Dysthymic Disorder & Polysubstance Dependence	Antisocial Personality Disorder
5/28/2010	Depressive Disorder NOS	Antisocial Personality Disorder & Borderline Personality Disorder

The history of diagnoses has been characterized primarily by minor mood or impulse control disorders and Antisocial Personality Disorder.

Self-Injurious Behaviors

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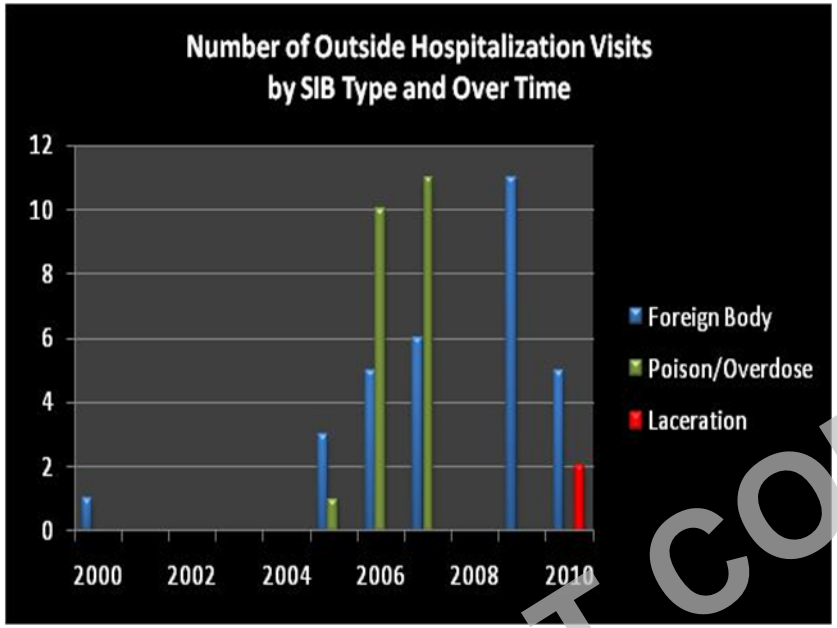
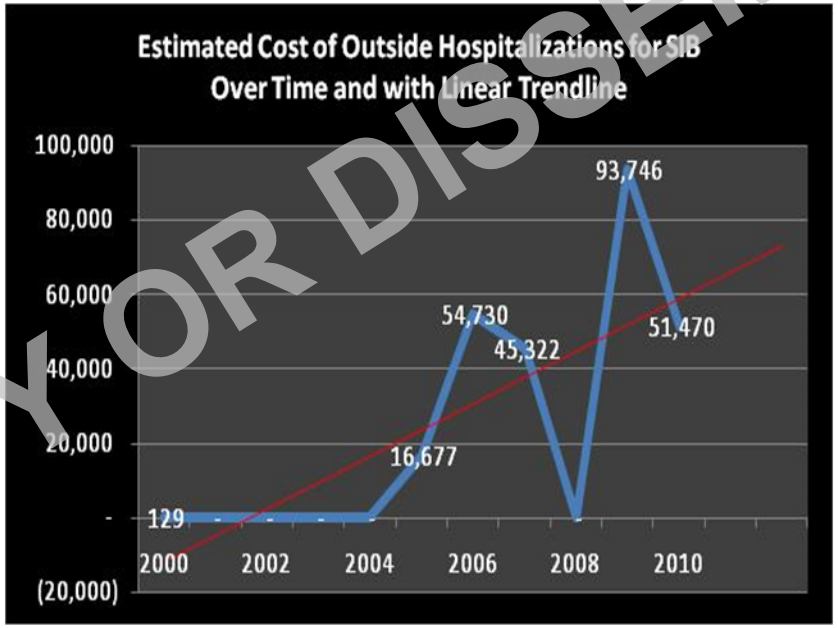




The inmate began engaging in SIB's by foreign body ingestion/insertion. He progressed to poisoning/overdose behaviors. Recently the inmate used laceration as the means of SIB's.

The frequency and associated costs have been consistently increasing over time. This graph includes a trend line to further illustrate the increasing costs and associated behaviors.

The Violence is Always There

- Research suggests that aggression and self-harm frequently co-occur.

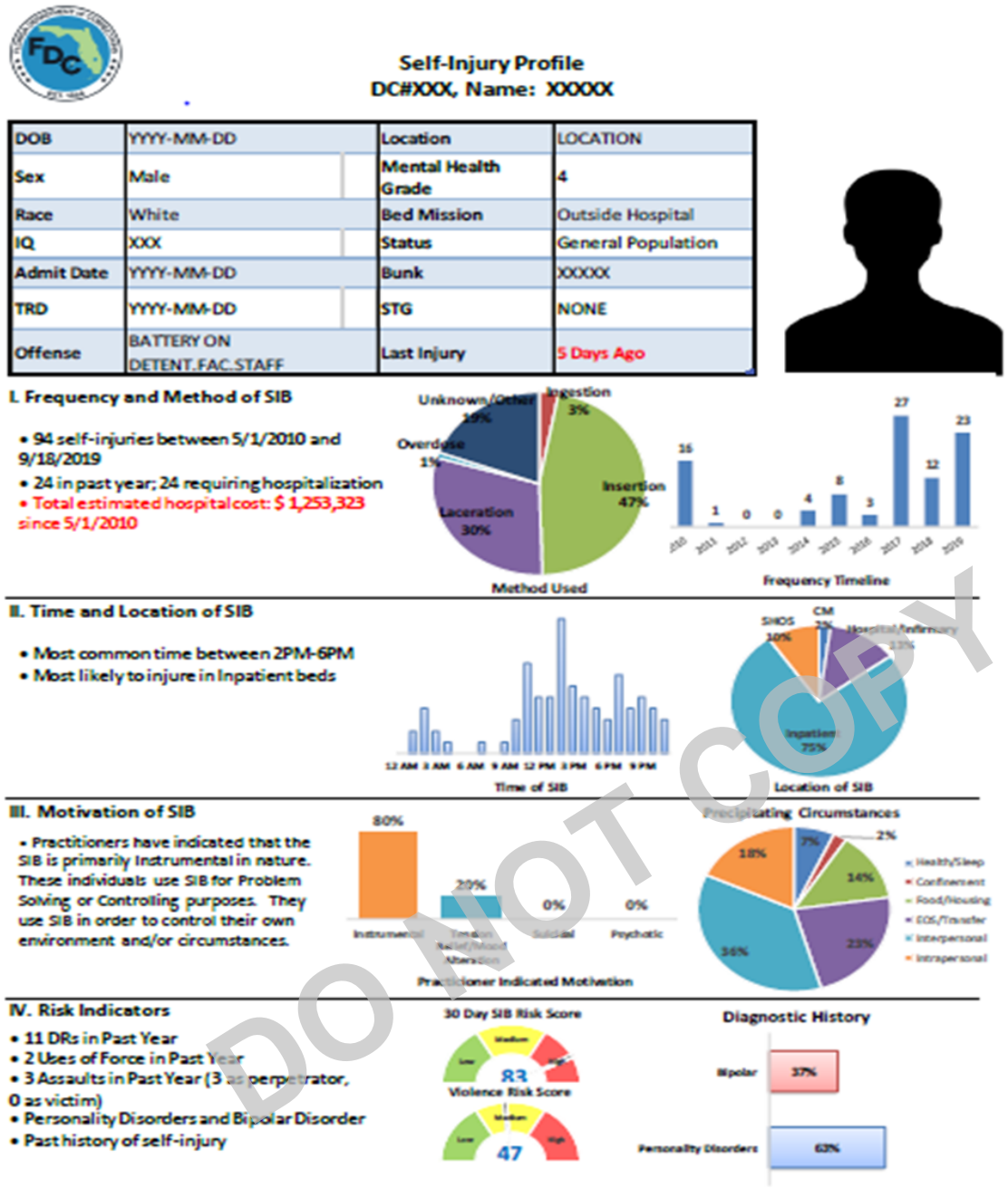
- Deliberate self-harm (DSH) is associated with diverse mental illness and multiple forms of violent behavior toward others.

The Case of the Confiscated Note

O'Donnell, Orla; House, Allan; Waterman, Mitch. The co-occurrence of aggression and self-harm: Systematic literature review. Journal of Affective Disorders Volume 175, 1 April 2015, Pages 325-350

Vaughn Michael; Salas-Wright, Christopher; DeLisi, Matt; Larson, Matthew. Deliberate self-harm and the nexus of violence, victimization, and mental health problems in the United States. Psychiatry Research Volume 225, Issue 3, 28 February 2015, Pages 588-595.

Using the SIPS Information



Self-Injury Profile
DC#XXX, Name: XXXXX

DOB	YYYY-MM-DD	Location	LOCATION
Sex	Male	Mental Health Grade	4
Race	White	Bed Mission	Outside Hospital
IQ	XXX	Status	General Population
Admit Date	YYYY-MM-DD	Bunk	XXXXX
TRD	YYYY-MM-DD	STG	NONE
Offense	BATTERY ON DETENT.FAC.STAFF	Last Injury	5 Days Ago

I. Frequency and Method of SIB

- 94 self-injuries between 5/1/2010 and 9/18/2019
- 24 in past year; 24 requiring hospitalization
- Total estimated hospital cost: $ 1,253,323 since 5/1/2010

Method Used

Frequency Timeline

II. Time and Location of SIB

- Most common time between 2PM-6PM
- Most likely to injure in Inpatient beds

Time of SIB

Location of SIB

III. Motivation of SIB

- Practitioners have indicated that the SIB is primarily instrumental in nature. These individuals use SIB for Problem Solving or Controlling purposes. They use SIB in order to control their own environment and/or circumstances.

Practitioner Indicated Motivation

Precipitating Circumstances

IV. Risk Indicators

- 11 DRs in Past Year
- 2 Uses of Force in Past Year
- 3 Assaults in Past Year (3 as perpetrator, 0 as victim)
- Personality Disorders and Bipolar Disorder
- Past history of self-injury

30 Day SIB Risk Score

Violence Risk Score

Diagnostic History

The SIPS database provides Administration, Security, and Mental Health staff with a profile that gives a picture of the individual's history, pattern and typology self-injury.

SIPS Profile Analysis

SIB Analysis

Inmate XXXX has had 24 self-injuries in the previous year, all requiring outside hospitalization. He has a total of 94 documented incidents of self-injury since February of 2010. His most recent self-injury occurred on September 18, 2019. The medical and security costs associated with these outside hospitalizations are estimated to be $1,253,323.00.

Over the course of the past year, he has been housed primarily in a Mental Health Inpatient bed, while still accruing 11 Disciplinary Reports. 7 of these would be considered acts of aggression toward others (i.e. Fighting, Assault on Staff, Battery on an Inmate, Possession of Weapons, Lewd & Lascivious Exhibition, and Spoken Threats). These resulted in 2 uses of force and 3 incidents of assault with the inmate as the perpetrator.

The most common methods of injury have been Insertion and Laceration. He normally self-injures between 2 pm and 6 pm. His last hospital visit involved a re-injury via insertion and perforation of his intestine. He has used various available materials to affect the injury. The most recent injury involved his insertion of pieces of fence into his abdomen and then two weeks later used his fingers to re-open the wound. The precipitating circumstances surrounding his self-injuries are generally interpersonal in nature. He will get angry at perceived slights, such as not receiving the type of medical treatment he desires or not being given the batteries he wanted for his radio.

Clinical Formulation

His current diagnosis is Bipolar Disorder, with Antisocial and Borderline Personality Disorders The practitioner indicated motivation style identified for Inmate XXXX's self-injury has been Instrumental. Individuals utilizing this motivation style use self-injury behavior to control or influence their environment. A common theme for him is getting angry at not getting his way in a timeframe that he deems appropriate or disagreeing with medical practitioners about care. He has commented that "it's more dramatic" to self-injure and produces his desired result. In most instances, his disagreements are with his own clinicians about his care. In other instances, he reported being "bored" and wanting to be transferred as his reasoning for his self-injuring.

Alerts and Precautions

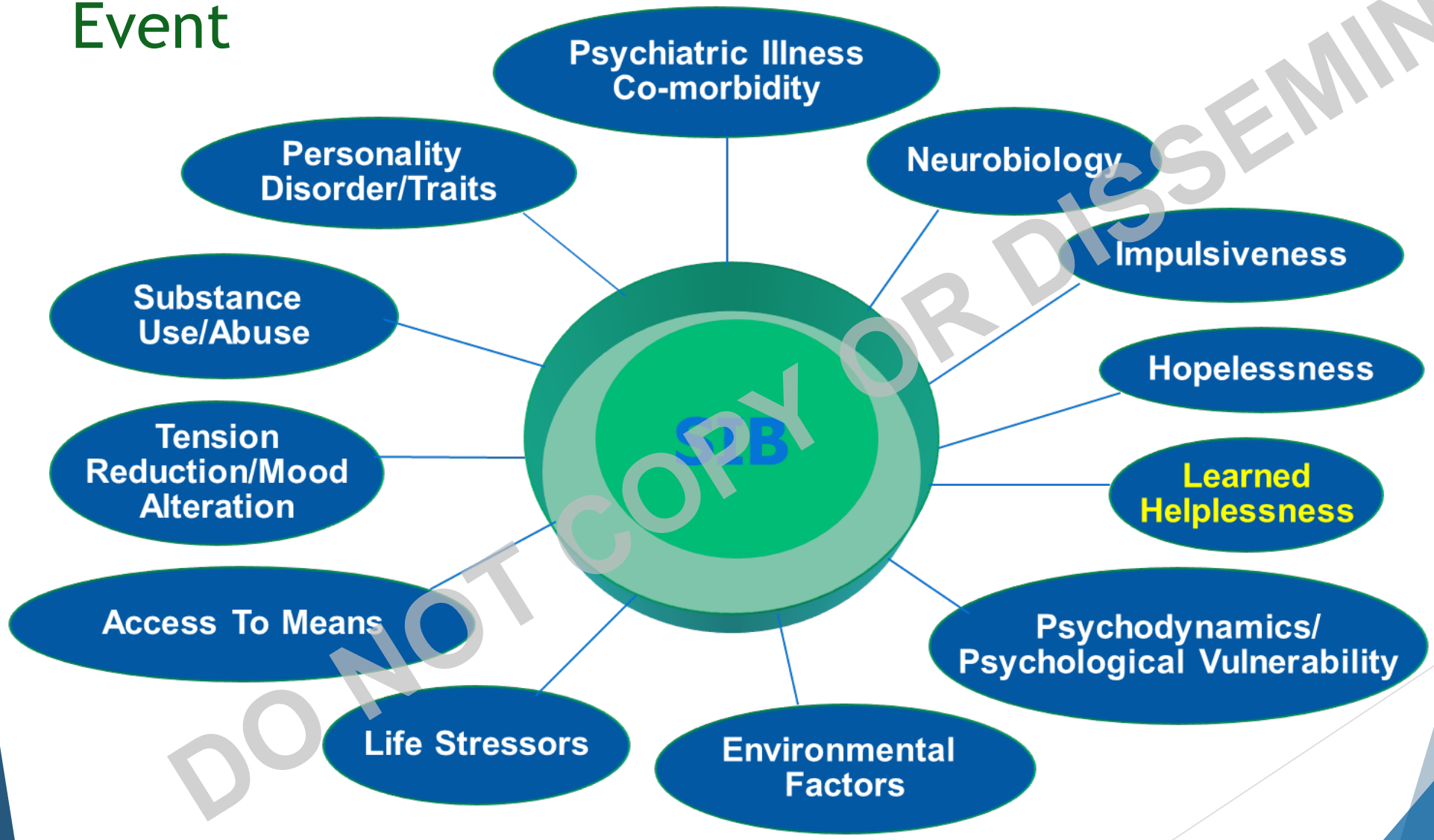
- Low frustration tolerance
- Triggers usually involve staff
- Function of his behavior is to effect a change in his environment
- Self-Injury Reduction Plans (SIRPS) reinforce the intervals between incidents of self-injury
- SIRPS should review and create incentives for abstaining from self-injurious behavior
- Be cautious with behavioral contracts and relating outcomes solely to timeframes
- Patterns of coping and use of pro-active strategies to achieve his goals should be encouraged
- Designate one staff member to be a single point of contact for coordinating the SIRP

The SIPS Profile Analysis provides clinicians guidance by analyzing the SIB coupled with the clinical presentation to assist with development of Self-Injury Reduction Plans (SIRPs).

The Self-Injury Reduction Plan (SIRP)

- Incorporated into the inmate's Individualized Treatment and Services Plan
  - Functional Risk Assessment
  - Behavior Safety Plan
  - Interventions for differential reinforcement of behaviors
- Systematic measurement, monitoring, and supervision of plans
- Multidisciplinary collaboration

Self-Injurious Behaviors are a Multi-Factorial Event

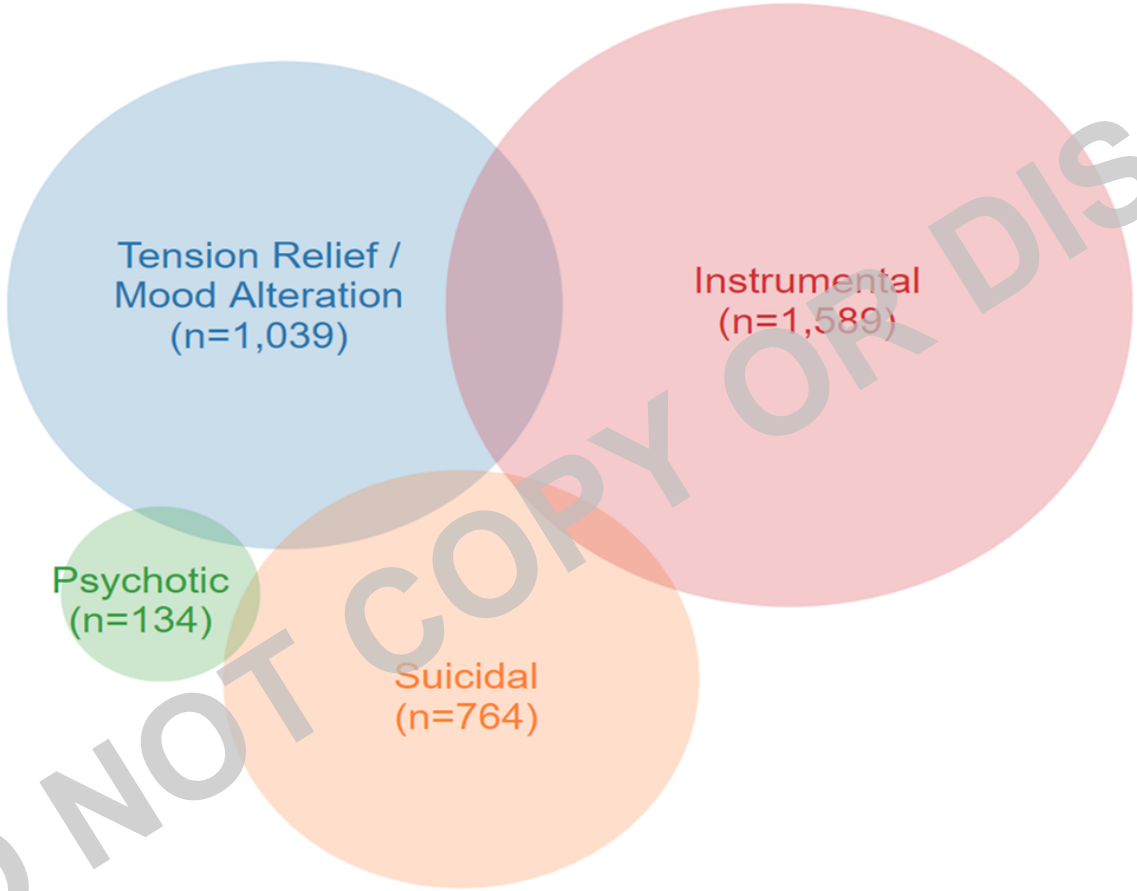


We Found Four Self-Injury Vectors

- Self-Injurious Behaviors connected to **suicidal intent**. The SIB is a suicide attempt.
- Self-Injurious Behaviors connected to **mood alteration or tension reduction**. The SIB is often associated with a mood disorder and borderline personality disorder.
- Self-Injurious Behaviors connected to a **psychotic process**. The SIB is the response to delusions and/or command hallucinations.
- Self-Injurious Behaviors connected to attempts at **controlling some aspect of their environments or situation**. The SIB is often associated with minor mood disorder s and antisocial personality disorder. Usually labeled as manipulative.

Self-Injurious Behavior Profiles

Discrete? Continuum? Shared Variables?



Different Typologies - Changing

Concluding Remarks

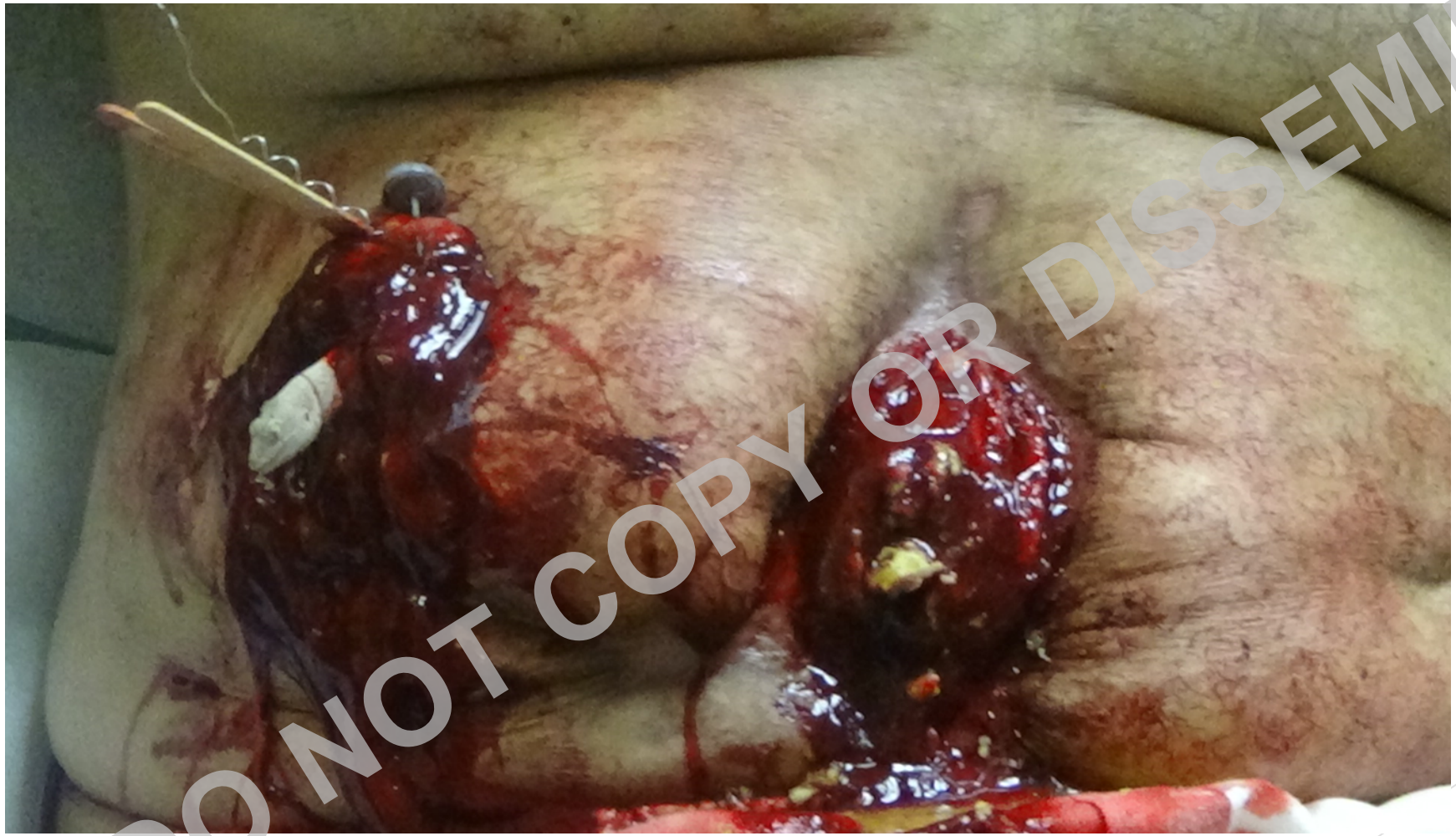
Suicidal or Self-Injurious Behavior

- Is there a difference?
- If so, what is the difference?
- What is it if you have no intent and high lethality?

Polling Question

- If an inmate repeatedly engages in highly potential lethal self-injurious behavior, but is consistently assessed as denying suicidal intent, would you categorize him as suicidal or self-injurious?
  - A. Suicidal
  - B. Self-injurious

No Intent – High Lethality



“I wanted to give them a proper burial.”

You Make the Call…

Suicidal Gesture or Self-Injurious Behavior?

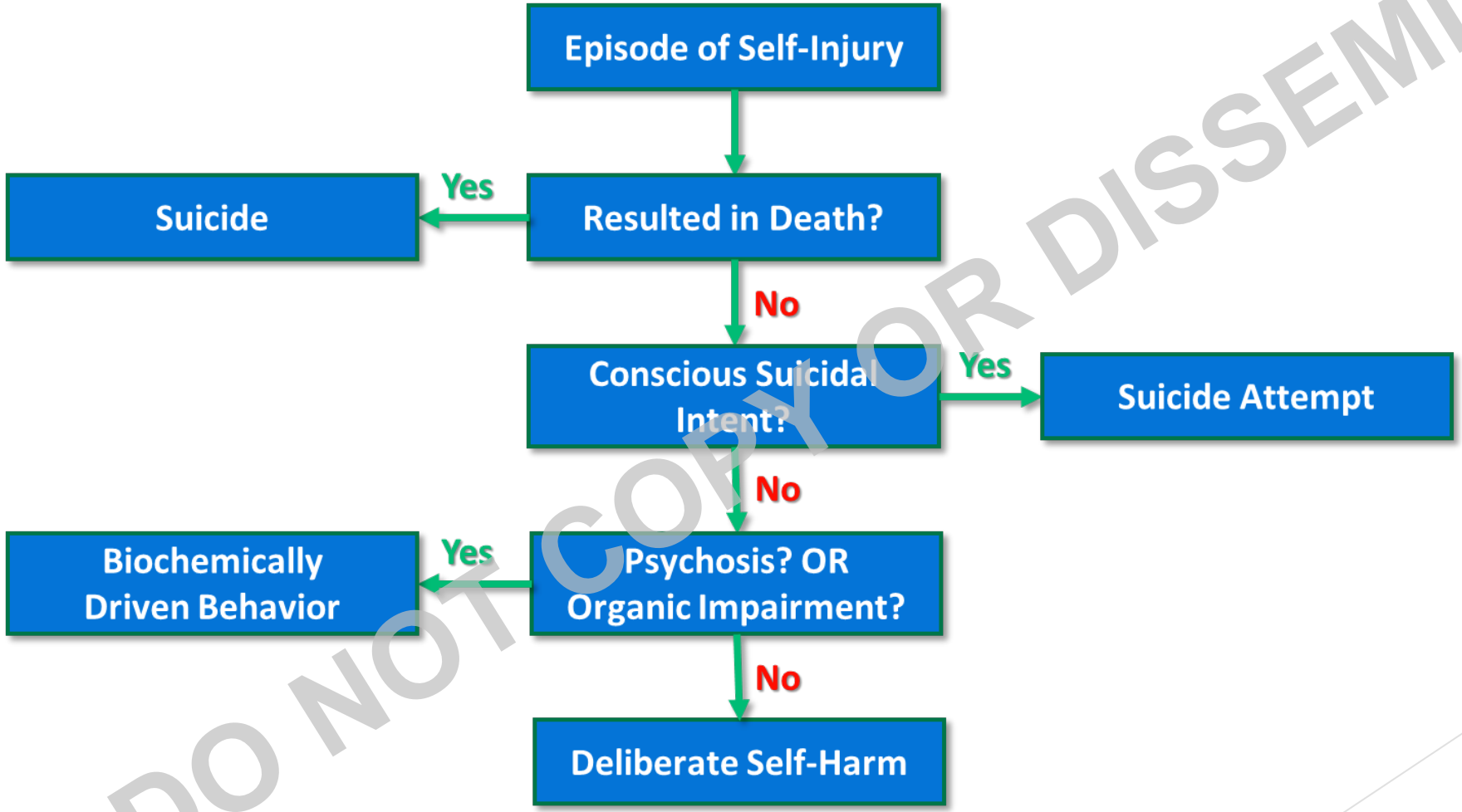
Please ensure that the volume is turned up on your computer/tablet in order to hear the video.

Differentiating Suicide Attempts from Self-Injurious Behavior

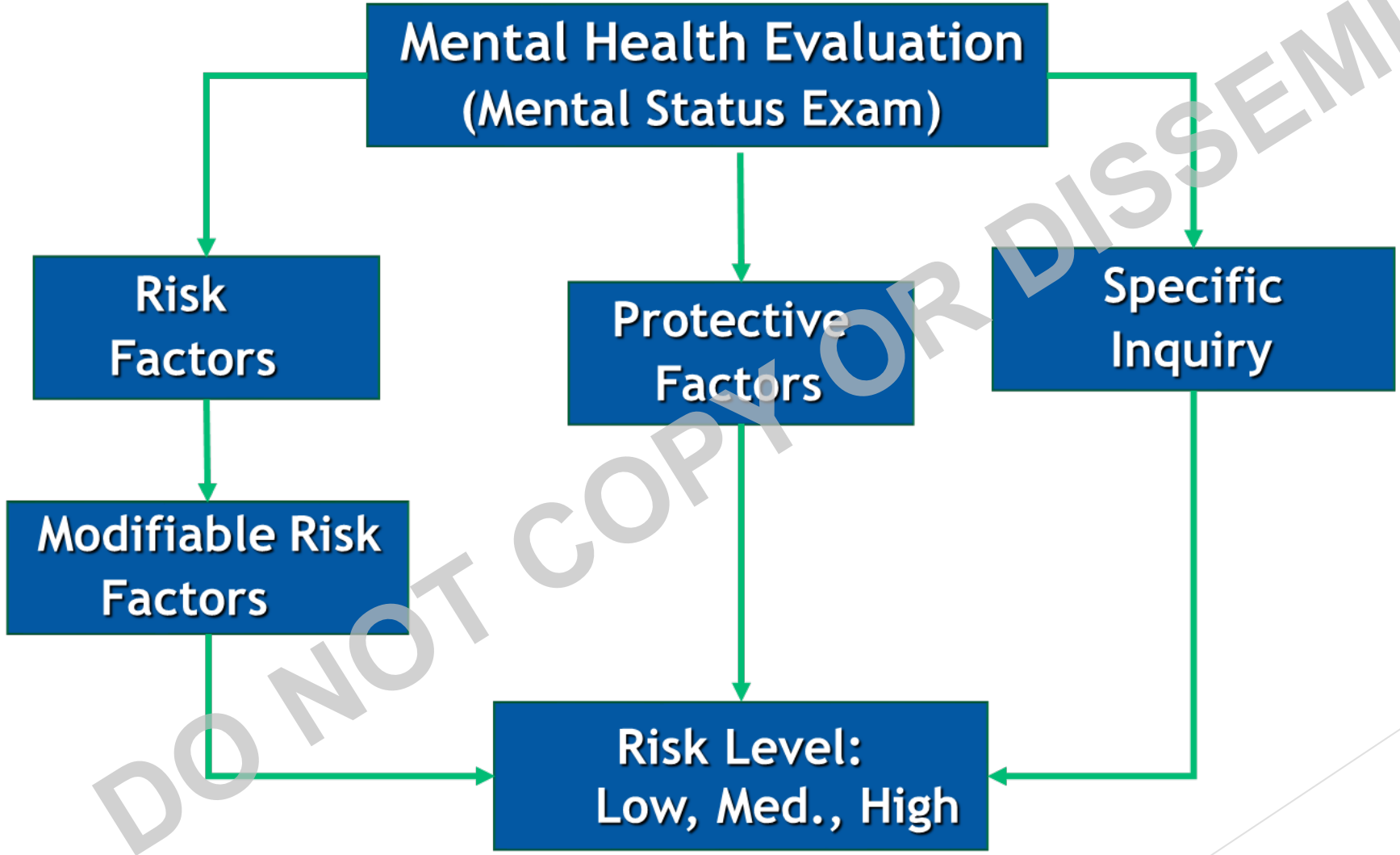
Assessment Focus	Suicide Attempt	Self-Injury
What was the expressed and unexpressed intent of the act?	To escape pain; terminate consciousness	Relief from unpleasant affect (tension, anger, emptiness, deadness)
What was the level of physical damage and potential lethality?	Serious physical damage; lethal means of self-harm	Little physical damage; nonlethal means used
Is there a chronic, repetitive pattern of self-injurious acts?	Rarely a chronic repetition; some overdose repeatedly	Frequently a chronic, high-rate pattern
Have multiple methods of self-injury been used over time?	Usually one method	Usually more than one method over time
What is the level of psychological pain?	Unendurable, persistent	Uncomfortable, intermittent
Is there constriction of cognition?	Extreme constriction; suicide as the only way out; tunnel vision; seeking a final solution	Little or no constriction; choices available; seeking a temporary solution
Are there feelings of hopelessness and helplessness?	Hopelessness and helplessness are central	Periods of optimism and some sense of control
Was there a decrease in discomfort following the act?	No immediate improvement; treatment required for Improvement	Rapid improvement; rapid return to usual cognition and affect; successful "alteration of consciousness"
What is the core problem?	Depression, rage about Inescapable, unendurable pain	Body alienation; exceptionally poor body image in clinical populations

Suicide Attempt (Shneidman, 1985); Self-Injury (Walsh & Rosen, 1988)

Suicide Attempt – Self-Injury Decision Tree



The Risk Assessment



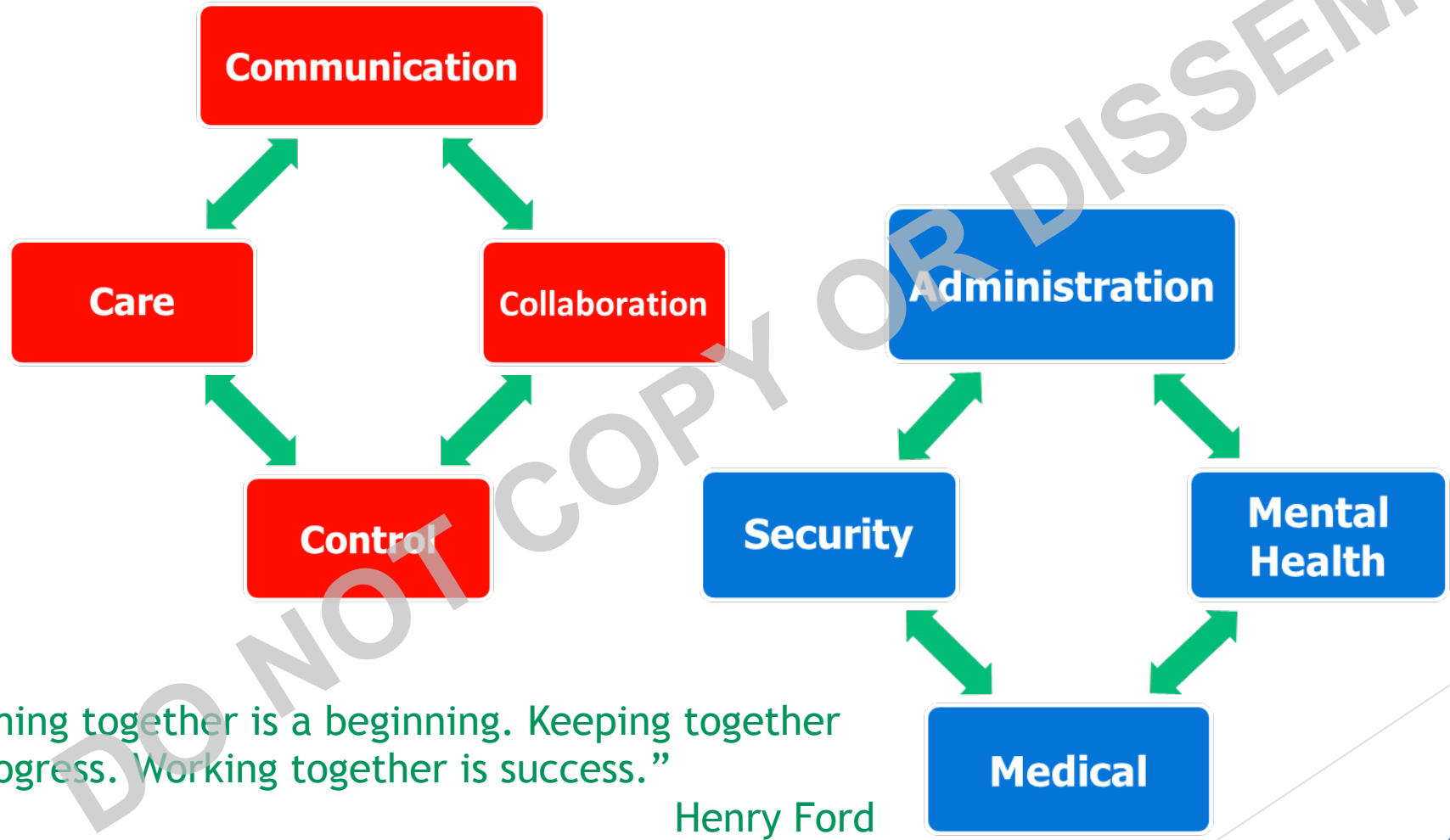
WHAT TO DOCUMENT IN A SELF-INJURY ASSESSMENT

- DOCUMENT:
  - The behavior, function and consequences of the behavior
  - The risk level and basis for the risk level
  - The treatment and management plan for reducing the risk

- EXAMPLE:
  - S: Inmate X engaged in an act of self-injurious behavior (laceration) for the apparent reason of gaining a sense of control over his emotions and environment.
  - O: The SIB low risk of lethality, but required medical attention. MSE remarkable for constricted affect and psychomotor agitation. Denied suicidal intent.
  - A: He is experiencing his third incident of SIB within the past 6 months. In spite of his denial of current SIB ideation, he is at moderate to high risk for SIB, because of the frequency of SIB within a relatively short interval and his diagnostic characteristics (MDD and BPD).
  - P: The plan is to implement SIB precautions and develop a self-injury reduction plan (SIRP). Re-assess tomorrow.

How to 4C Success

Communication - Collaboration - Control - Care



"Coming together is a beginning. Keeping together is progress. Working together is success."

Henry Ford

Contact Us!

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Thank you!

Thank you for your participation today! Please visit the National Institute of Correction's website for more information about additional trainings and webinars.

www.nicic.gov

Questions?

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