

# Mindful Continuing Education

## Evidence-Based Treatments for Self-Injurious Behaviors in Youth

### Introduction

1. In the behavioral health field, recent focus has been placed on the distinction between suicidal and nonsuicidal self-injurious thoughts and behaviors, based on key differences in the behaviors' prevalence, frequency, severity and:

- A. Chronicity
  - B. Function
  - C. Context
  - D. Course
- 

2. Millions of adolescents engage in suicidal and nonsuicidal self-injurious thoughts and behaviors (SITBs) each year, and such behaviors usually begin between the ages of 14-16.

- A. True
  - B. False
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### Review of Interventions for Self-Injurious Thoughts and Behaviors

3. Many interventions designed for children and adolescents incorporate a family component, and they may include the family as the primary focus, a focus on individual skills training that is augmented with family therapy sessions, or treatments where the adolescent is the main focus of the intervention and family sessions are optional or not presented as integral to the treatment plan.

- A. True
  - B. False
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### Cognitive-behavioral therapy (CBT)-CBT Individual

4. Each of the following is an accurate statement about individual cognitive-behavioral

therapy for nonsuicidal self-injurious thoughts and behaviors EXCEPT:

- A. From a CBT perspective, maladaptive behaviors, such as SITBs, result from distorted thinking patterns and deficits in specific skills
  - B. CBT aims to reduce SITBs by challenging and modifying cognitive distortions, and by strengthening skills to adaptively cope, communicate, and solve problems
  - C. Results from clinical trials indicate that individual CBT is superior to supportive therapy for reducing suicide ideation and attempts in youth with a history of suicide attempts
  - D. Based on study findings, individual CBT was classified as Level 4: experimental for deliberate self-harm (DSI) and suicide ideation (SI) in youth
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## CBT-Individual + CBT-Family + Parent Training

5. In a randomized controlled trial (RCT) of adolescents with suicide attempts (SAs) or significant SI and comorbid substance use disorders, I-CBT led to reductions in suicidal behavior compared to treatment as usual, and in addition to fewer SAs, the I-CBT group also reported less heavy drinking and marijuana use over the course of treatment.

- A. True
  - B. False
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## Dialectical Behavior Therapy (DBT)

6. The goal of DBT is to help individuals avoid using harmful strategies such as SITBs to manage their emotional and interpersonal difficulties, but rather to regulate such difficulties in ways that are:

- A. Practical
  - B. Genuine
  - C. Stimulating
  - D. Adaptive
- 

## DBT-Group Only

7. In a pilot study that adapted a DBT skills group intervention for children ages 8-11, significant reductions in suicide ideation from pre- to post-treatment were reported, and these SI reductions were clearly attributed to DBT.

- A. True

**B. False**

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## **Family-Based Therapy (FBT)- FBT-Attachment**

**8. Which of the following accurately describes Attachment-Based Family Therapy (ABFT) for treating suicidal and nonsuicidal self-injurious thoughts and behaviors?**

- A. ABFT aims to reduce SITBs by improving family relationships, and especially the parent-adolescent relationship**
  - B. ABFT aims to reduce self-injurious thoughts and behaviors by increasing family education about SITBs, enhancing effective parenting, and decreasing family conflict and stress**
  - C. ABFT targets adolescents' problematic behaviors within the entities thought to cause and/or maintain these behaviors**
  - D. ABFT targets family problems hypothesized to contribute to adolescents' self-injurious thoughts and behaviors**
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## **Interpersonal Psychotherapy (IPT)**

**9. In a study that randomized 73 at-risk students with depression to attend intensive interpersonal therapy in school or treatment as usual school services for six weeks, adolescents receiving IPT reported greater reductions in SI from pre- to post-treatment compared to those receiving TAU, and they reported significant reductions in depression, anxiety, and hopelessness over the course of treatment.**

- A. True**
  - B. False**
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## **Psychodynamic Therapy**

**10. Mentalization-Based Treatment for Adolescents (MBT-A) proposes that deliberate self-harm is a reaction to interpersonal stress when individuals are unable to mentalize, or understand how their own and others behaviors are related to prior experiences and current perceptions.**

- A. True**
  - B. False**
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## **Other Intervention Techniques-Support-Based Interventions**

**11. Characteristics of support-based interventions for youth with SITBs include:**

- A. Youth support teams are used to decrease SITBs by increasing adolescents connections with supportive others who can buffer against stressors in their environment**
  - B. Adolescents nominate individuals who complete psychoeducation sessions about suicide risk and safety planning are encouraged to maintain weekly supportive contact with the adolescent**
  - C. Support is generally provided for 3-6 months**
  - D. All of the above**
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## **Summary of Evidence-Based Treatment- Efficacious Treatment Components**

**12. Which of the following is NOT one of the components of efficacious treatments for SITBs in youth?**

- A. They target relationship or interpersonal functioning, particularly within the family, and almost all include the family or parents in treatment and improving interpersonal functioning to reduce clinical symptoms**
  - B. They are tailored to the unique needs of the individuals being treated**
  - C. They involve skills training and are intensive**
  - D. They address other maladaptive behaviors or risk factors for SITBs**
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**13. Research clearly indicates that skills training in the areas of affect regulation and problem-solving are the most effective for reducing SIBTs in youth.**

- A. True**
  - B. False**
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## **Considerations When Evaluating Treatment Efficacy**

**14. Issues that must be considered when evaluating the treatment efficacy must include SITB outcome(s), comparison or control condition, general decline in SITBs over time, single trials used to evaluate most treatment families, and high attrition rates as well as low, and differential, rates of treatment dose.**

- A. True**
  - B. False**
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**15. Although brief interventions examined to date, including crisis management and**

increasing hospital access, have not proven effective for reducing SITBs in adolescents, future research is needed to examine brief interventions that may be useful for reducing risk for SITBs during early high-risk periods.

- A. True
  - B. False
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## **Does Insurance Matter? Implementing Dialectical Behavior Therapy**

16. Commonly cited functions of self-harm without suicidal intent include emotion regulation, expression and alleviation of psychological distress, and:

- A. Distracting from relationship issues
  - B. As a coping mechanism that provides comfort
  - C. Refocusing away from negative stimuli
  - D. To relieve intense pressure
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## **DBT Training and Procedure**

17. Generally speaking, the goals of Adolescent DBT include understanding where the problems or symptoms came from, learning to recognize maladaptive emotions and actions, and changing self-destructive patterns that don't work while developing healthier ones.

- A. True
  - B. False
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18. In a study that compared the outcomes of an intensive outpatient DBT program for self-harming adolescents with private versus public insurance, parent education groups that focused on teaching, reinforcing and generalizing DBT skills in a parental context were a practical necessity of the program.

- A. True
  - B. False
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## **Discussion**

19. Study results assessing DBT's promise in improving overall clinical functioning in adolescents with DSH indicated that within an average treatment period of a little more than three months, across all domains of functioning, youth showed:

- A. Practical improvement**
  - B. Slight improvement**
  - C. Moderate improvement**
  - D. Statistically significant improvement**
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**20. While study findings suggest that youth from higher risk backgrounds who don't have private insurance can similarly benefit from DBT if given equal access to treatment, results also show that these youth are at higher risk for not completing treatment.**

- A. True**
  - B. False**
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**21. Premature withdrawal from the DBT treatment program was clearly attributed to sociocultural factors that influenced youth and parents.**

- A. True**
  - B. False**
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## **Conclusion**

**22. In addition to pursuing efforts that will keep youth and their families engaged in DBT treatment to prevent early withdrawal, the authors suggest:**

- A. Using the judgment of trained clinicians to determine clinical eligibility for DBT treatment**
  - B. Examining determinants of treatment success specific to DBT**
  - C. Further research with more diverse clinical samples and greater follow-up**
  - D. None of the above**
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