Non-suicidal Self-injury (NSSI) in adolescents

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NIMHANS

What is NSSI?

NSSI is the direct, deliberate destruction of one's own body without any intent to die

It is not socially approved

PREVALENCE OF NSSI

- Lifetime NSSI estimates range from 7% – 25.6% (up to 65% in clinical populations).
- Recent litearture shows:
  - 17.2% among adolescents (of 25 kids, 4 may SI)
  - 13.4% among young adults
  - 5.5% among adults
  - 75-80% of all report NSSI is repeat (25% single incident)
  - An estimated 6-10% are current and repeat
  - A global phenomenon

NSSI AND SUICIDAL BEHAVIOURS

- The relationship between NSSI and suicide is frequently misunderstood
- Few researchers consider NSSI as a form of suicidal behaviour
- Others feel that there is little overlap
- NSSI is more common than suicidal behaviours
- NSSI is more frequent and usually via multiple methods
- Less medically severe damage
- NSSI predicts suicidal attempts

CLINICAL FEATURES

Signs of self-injury – cut marks, bruises, burn marks

Local infection of wounds caused by self-injury

Pain caused by self-injury

Hiding self-injury – wearing long sleeves even if uncomfortable , using bandages, hiding sharp objects

Emotional /behavioural changes – being withdrawn , being restless, changes in sleep and eating habits, lack of interest, lack of concentration, feelings of sadness, anxiety,guilt, helplessness, worthlessness, hopelessness

In few adolescents – suicidal ideas and suicidal attempts (Overlap between NSSI and Suicidial behaviours)

COMMON MISCONCEPTIONS

NSSI is the same as suicidal attempt
Only girls engage in NSSI
Persons who engage in NSSI attention seeking and manipulative
NSSI is almost always associated with child abuse and personality disorder
Asking about self-injury may induce NSSI
NSSI is a phenomenon seen in western countries
No one can help the persons who self-injure
All those who engage in NSSI are mentally ill

PROFESSIONAL HELP-SEEKING

- Up to 50-60% of adolescents who engage in NSSI do not seek professional help.
- Barriers to help-seeking :
  * Lack of awareness about professional resources
  * Feelings of helplessness and hopelessness
  * Parents being unaware about NSSI
  * Parents may see the NSSI as a “phase” or “ teen angst” or “drama”
  * Apprehension about misconceptions
  * Stigma – concern about being labelled as “mentally ill”
  * Concern among adolescents that they will be blamed

PRESENTATION OF ADOLESCENTS WITH NSSI IN THE CLINICAL SETTINGS

- Consultation in the Emergency Services for treatment of the injury
- Consultation with a Psychiatrist in the Emergency services
- Consultation in an out-patient setting
  - For medical issues unrelated to NSSI – NSSI detected during the process of evaluation
    eg. : multiple superficial cut marks on forearms
  - For medical issues related to NSSI – eg. : local wound infection
  - For psychological symptoms
- In-patient care for management of NSSI and/or associated emotional and behavioural symptoms

RISK FACTORS/ CLINICAL CORRELATES OF NSSI

Biological

- Age (13 to 15 years)
- Females
- Elevated pain tolerance
- Ineffective stress responses at brain level
- Temperament

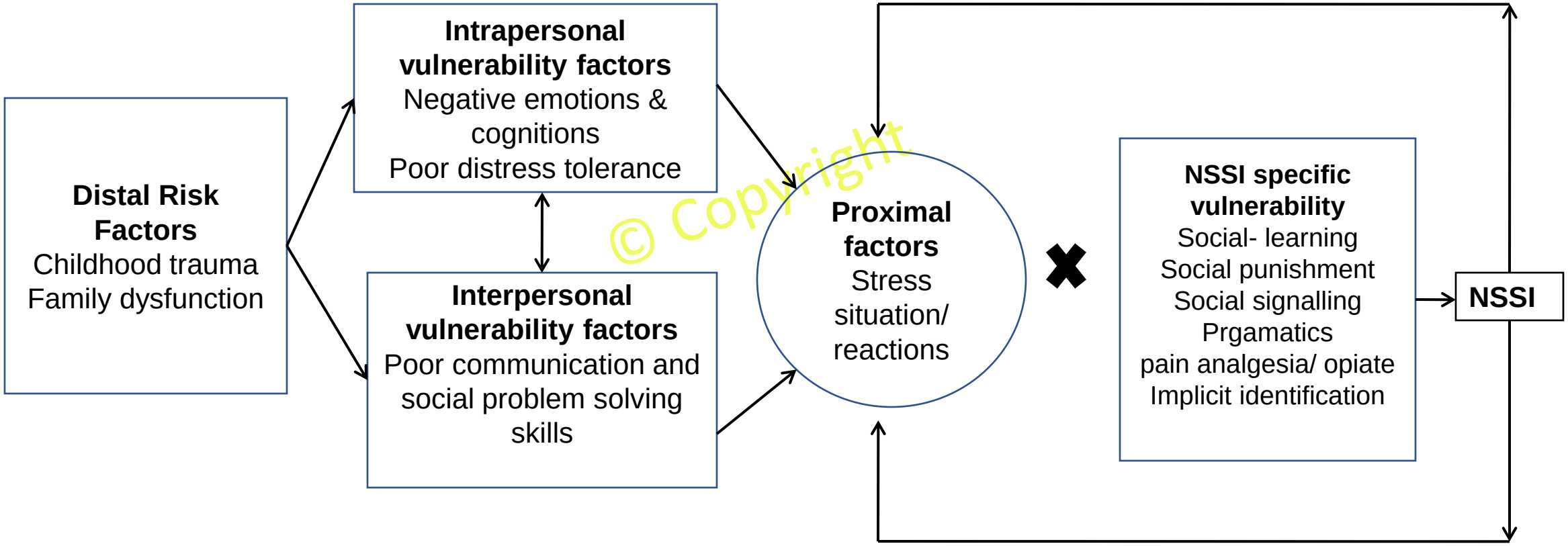
Psychological

- High impulsivity and emotional reactivity
- Hopelessness/ negative view of self, others and future
- Dysfunctional relationships
- Bullying experiences
- Mental health needs

Family/social

- Parental neglect, abuse (emotional), or deprivation
- Parental critique or apathy
- Domestic violence
- Social contagion
- Influence of media

THEORETICAL MODEL OF THE DEVELOPMENT AND MAINTENANCE OF NSSI



Flaherty (2021) Child & Youth Services, DOI: 10.1080/0145935X.2021.1938525

SPECIFIC PURPOSE OF NSSI

- **Intrapersonal ("personal")**
  - Decreases negative feelings or thoughts (i.e., anger, tension, lack of control, replacement for emotional pain)
  - Increases experience of pleasant or positive feelings or thoughts (i.e., feeling alive)

- **Interpersonal ("social")**
  - Relief from unpleasant social participation (i.e., ending an argument, not attending a task)
  - Reinforcing social interaction (i.e., getting attention or sending a message to others)

HOW TO ASK ABOUT NSSI

- It is important to ask about self-injury in a way that makes the person feel comfortable instead of making the individual feel more ashamed or guilty.
- Ask about self-injury in private, away from other people.
- Make sure you have plenty of time
- Avoid discussing the topic at a time when one or the other of you is already upset.
- Tell the person that you've noticed that he or she is having a hard time, that you care and that you want to help.
- It's important to be clear and direct.

QUESTIONS TO ASSESS SEVERITY

- What specific methods of self-injury have you used?
- How often have you been self-injuring?
- Have you ever needed medical attention for self-injury?
- Have you ever thought you needed medical care for self-injury, but didn't get it?
- Have you had thoughts about other kinds of self-injury methods? If so,which ones?

QUESTIONS TO ASSESS MOTIVATION

- What usually happens right before you self-injure?
- How do you feel before you self-injure?
- How do you feel right after?
- What does self-injury do for you?
- What about your self-injury is helpful to you? What isn't as helpful?
- Do you want to stop self-injuring? Why (or why not)?

ASSESSMENT TOOLS

- Inventory of Statements About Self-Injury
- Ottawa Self-Injury Inventory
- Self-Injurious Thoughts and Behaviors Interview
- Non-suicidal Self-Injury Disorder Scale

ROLE OF PARENTS

- If you suspect self-injury , ask
- Feeling awkward or nervous to have a discussion about NSSI is normal
- Ask in a way that doesn’t make the young person more guilty
- Allot time for discussion
- Before you start asking questions, tell the person that you’ve noticed that he or she is having a hard

ADDRESSING NSSI IN SCHOOLS

- Teachers and school counsellors may be the first care providers for a child with NSSI
- The child may disclose or it may be revealed by peers or parents
- Goal is to respond in a calm, non-judgmental manner
- Self-injury is an attempt to cope with a problem and not the problem itself
- Self-injury is often a cry for help
- Key is to focus on underlying issues rather than the behaviour itself

“CARING ENVIRONMENT” IN SCHOOLS

- Neutrality
- Availability of staff
- Accepting the child’s emotions
- Staff serve as models for emotional regulation , problem solving skills and conflict resoulution
- Dependable
- Consistent
- Confidential

TRAINING FOR SCHOOL STAFF

- Identifying self-injury
- Ensuring immediate care for injuries
- Differentiating between NSSI and suicidal behaviour
- Responding with “respectful curiosity”
  - It appears you have hurt yourself, do you want to talk about it?
  - I am concerned about you and want to be sure you have the support you need,”
  - If you can’t talk to me about it, I hope you will find someone else you trust to talk to
  - Okay, well if you ever want to talk about anything, I am available
  - How does self-injuring make you feel better?
  - What kinds of situations or types of things make you want to injure?
  - When did you begin injuring and why?
  - What role does self-injury play in your life right now?

MANAGEMENT AT SCHOOL

- with stress

- Respond
  - Use respectful curiosity
  - Avoid shock or emotional displays
  - Don’t minimize
- Assess
  - Immediate danger
  - General severity
  - Suicide risk
  - Risk of contagion
  - NSSI prevalence in student population

MANAGEMENT AT SCHOOL

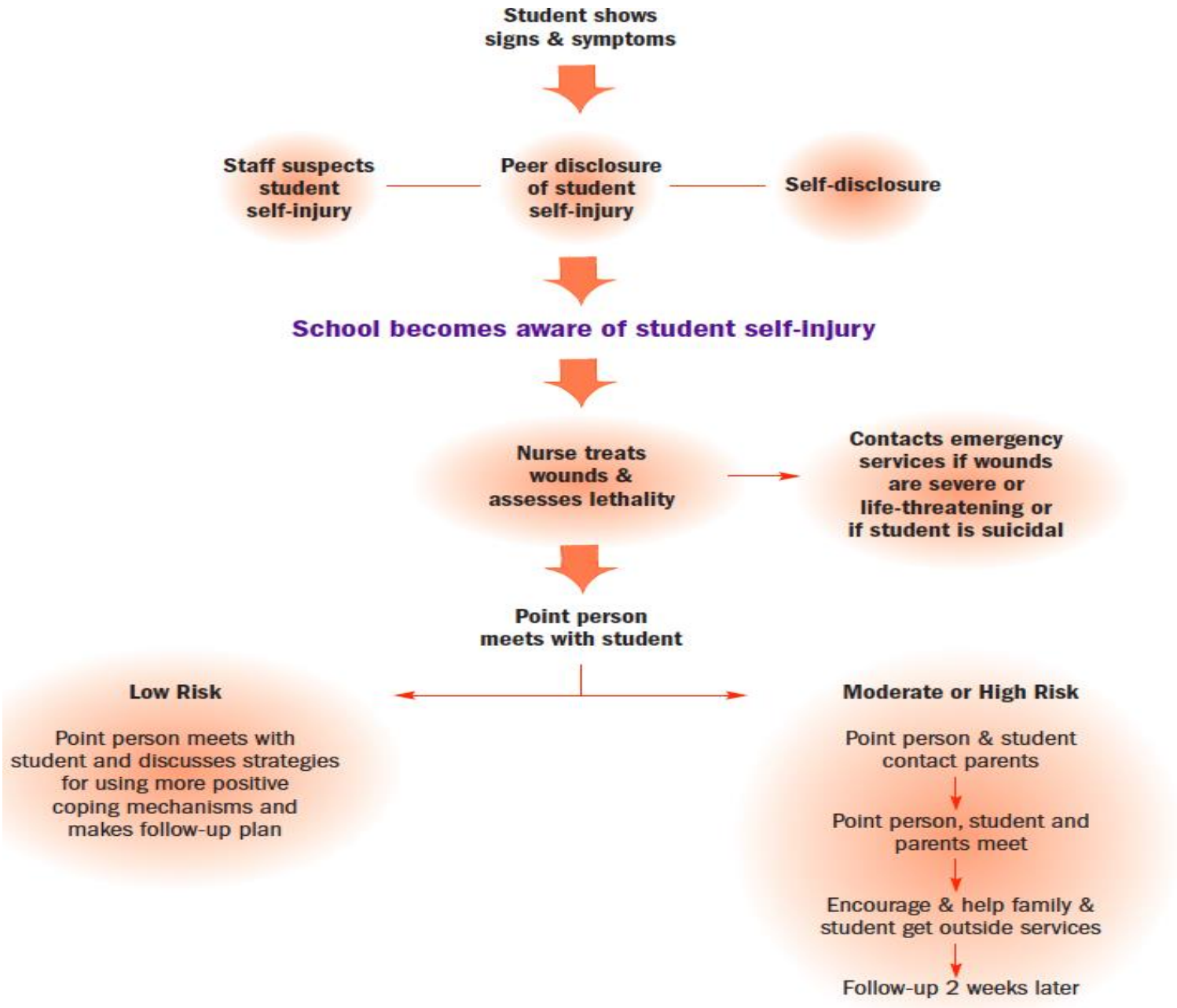
- Engage
  - Self-injurious student and supportive peers in directly addressing issue and underlying causes
  - Point people on staff or in community with expertise or knowledge in this area
  - Self-injurious student family if NSSI is frequent and/or of high lethality quality or if school protocol warrants parental notification
- Educate
  - Staff regarding signs, symptoms and appropriate response strategies
  - Self-injurious students about risk for contagion and the importance of not inadvertently a behavior that could hurt a friend
  - All students ab
- Refer

Self-injurious student and family to community-based therapist asut symptoms of distress (not just NSSI) in self and others and positive strategies for coping

SETTING UP OF CRISIS TEAM IN SCHOOL

- Crisis team should include school counsellor, few teachers
- Crisis team needs in-depth training to respond to NSSI – periodic training from mental health professionals
- Crisis team responsible for immediately attending to NSSI
- Liaison with parents and mental health professionals
- Effective liaison with all the school teachers
- Assessment of NSSI
- Addressing “social contagion”
- Risk assessment for suicidal behaviour – low risk or high risk
- Arranging referrals to mental health professionals

ALGORITHM OF SCHOOL PROTOCOL



SUPPORTING ADOLESCENTS

- Engaging the adolescents in conversations
- Motivating for behavioural change
- Availing formal support
- Challenges
  - Difficult to make them open up (*not, impossible though*)
  - Stigma/ sense of hopelessness
  - Sense of autonomy
  - Minimization

EFFICACY OF INTERVENTIONS

- There are five levels (1-5) of efficacy, namely, **1)**. ***well-established, 2). probably efficacious, 3). possibly efficacious, 4). experimental, and 5). treatments of questionable efficacy***

(Southam-Gerow a & Prinstein, 2013)

- The ***probably and possibly efficacious*** **interventions** (**level 2-3**) are CBT, interpersonal psychotherapy, family therapy and psychodynamic therapy (Glenn et al., 2015); dialectical-behaviour therapy (DBT), mentalization-based therapy (MBT) (Calati, & Courtet, 2016; Rossouw & Fonagy, 2012), cognitive analytic therapy (CAT) (Chanen et al., 2008), solution-focused brief therapy (SFBT) and, acceptance and commitment therapy (ACT) (Lamprecht et al., 2007; Tapolaa, Lappalainen & Wahlström, 2010; Tighe, Nicholas, Shand & Christensen, 2018)

PROCESSES AND MECHANISMS OF INTERVENTION

- Structured psychotherapeutic approaches focusing on **collaborative therapeutic relationships**, **motivation for change** and **directly addressing NSSI behaviours** seem to be most effective in reducing NSSI.

Turner et al., CanJPsychiatry 2014;59(11):576–585

Calati, R., & Courtet, P. (2016). *Journal of psychiatric research*, *79*, 8–20.

COLLABORATIVE APPROACH FOR EVALUATION AND MANAGEMENT

- Most important person is the adolescent himself or herself
- Other relevant persons :
  - Parents
  - Physician (in emergency setting)
  - Psychiatrist
  - Clinical Psychologist
  - Psychiatric Social Worker

MANAGEMENT IN THE EMERGENCY SETTINGS

- Immediate attention to the wounds caused by NSSI – local disinfection, pain relieving medication, dressing of the wounds, antibiotics if there is local infection.
- Immediate psychological support by MHP
  - Assessing any acute or chronic stress
  - Assessing mental health status of adolescent
  - Counselling for the adolescent
  - Counselling parents/caregivers
  - Planning follow-up consultation in out-patient setting

EVALUATION AND MANAGEMENT IN OUT-PATIENT SETTING

Formal clinical evaluation

* Pattern of Self-injury
* Evaluation of developmental, psychological and behavioural aspects
* Assessment of family,school and other contextual factors
* Assessment of mental status of the adolescent
* Assessment of level of functioning (self-care, academic, interpersonal etc.)
* Assessment of suicide risk
* Diagnosis of psychiatric disorders (if any)
* Physical examination

EVALUATION AND MANAGEMENT IN OUT-PATIENT SETTING

- Management
  - Individual Psychotherapy – CBT/DBT/Supportive therapy
  - Group therapy
  - Family intervention
  - Liaison with School (School counsellor/ teacher/management)
  - Pharmacotherapy for specific psychiatric symptoms
  - Regular follow-up sessions

INDICATIONS FOR IN-PATIENT CARE

- Frequent NSSI – eg : more than once every day
- Significant impairment of functioning
- Severe level of co-occurring psychiatric disorders
- Co-occurrence of suicidal behaviours
- Lack of adequate support in home context

IN-PATIENT CARE

- Constant supervision by the nursing staff
- Ensuring safe environment
- Daily sessions by the team of MHPs
- Enabling a structured daily routine
- Improving the level of functioning
- Thorough assessment of mental status and risk of recurrent self-injury /suicide
- Addressing the stressors (academic/family/peer-related etc.)
- Intensive treatment of co-occurring psychiatric disorders
- Family therapy

NSSI AND PSYCHIATRIC DISORDERS

- NSSI itself is NOT a psychiatric disorder
- High rates of co-occurring Depression and Anxiety in adolescents with NSSI
- NSSI doesn't mean that the adolescent has Personality Disorder esp. Borderline Personality Disorder
- Effective evaluation of co-occurring psychiatric disorders and their management is vital for optimum outcome


Thank you