

Non-Suicidal Self-Injury (NSSI) in Adolescent Patients

Presenting Problem:

A concerned PCP contacted the Wisconsin Child Psychiatry Consultation Program (WI CPCP) seeking guidance regarding a 15-year-old female patient exhibiting signs of non-suicidal self-injury (NSSI). Although she attributed them to her pet cat, the PCP and parents are worried about intentional self-injury. The PCP seeks information on self-injury and guidance on how to proceed.

Consultant's Response:

Non-suicidal self-injury (NSSI) refers to deliberate self-inflicted harm without suicidal intent for purposes not deemed socially acceptable. Common methods include cutting, burning, scratching, and hitting, often serving as coping mechanisms for overwhelming negative emotions. NSSI typically emerges in early adolescence and affects a significant portion of the adolescent population, with prevalence rates estimated at 20% or more in the United States.

Non-suicidal self-injury (NSSI) primarily serves to temporarily alleviate overwhelming negative emotions, providing individuals with a sense of calm and relief. Additionally, around half of individuals engage in NSSI as a means of self-directed anger or punishment. While NSSI may also serve other functions such as influencing others or signaling emotional distress, these purposes are relevant to a minority of individuals who self-injure.

Differentiating NSSI from suicidal behavior: It is important to differentiate NSSI from suicidal behavior. While NSSI is a means of coping and staying alive, individuals who engage in NSSI are at increased risk of suicidal thoughts and attempts. Therefore, screening for both NSSI and suicidal ideation is essential to provide appropriate interventions and support. It is also important to note that patients may become severely distressed if they are blocked from using NSSI before healthier replacement skills and coping behaviors are in place.

Assessment and Screening: Directly screening for NSSI yields more accurate results than broad questioning.

- Example: *"I know that some people who experience stressors similar to yours think about hurting themselves on purpose without intending suicide. Have you ever hurt yourself on purpose without intending to end your life or attempt suicide, like cutting, biting, burning, or hitting?"*

The [SOARS model](#) offers a structured approach to assess NSSI comprehensively. By evaluating suicidal ideation, patterns of self-injury, reasons behind the behavior, and readiness for change, primary care providers can develop tailored interventions.

SOARS model:

Suicidal ideation

Onset, frequency, and methods

Aftercare

Reasons

Stage of change

Interventions and Referrals: Prompt referral to mental health professionals is essential for adolescents with NSSI. Counseling, particularly behavior therapies, has shown efficacy in addressing NSSI and underlying mental health conditions. Primary care providers can play a crucial role in facilitating these referrals and providing ongoing support and monitoring.

Support for Patients: [Crisis Text Line](#) - text **CONNECT** to **741741** for free 24/7 help.

Support for Parents: Parents of adolescents who self-injure require guidance and support in navigating this challenging situation. Emphasizing empathy, understanding, and patience is key to fostering a supportive environment at home. Encouraging involvement in positive activities and seeking guidance from mental health professionals can help parents support their child's well-being more effectively.

DO:

- Connect with compassion, calm, and caring
- Understand that this is their way of coping with pain
- Encourage participation in positive activities and community outreach
- Emphasize the child's strengths
- Monitor social media use to mitigate exposure to pro-NSSI content
- Seek help from a mental health professional

DON'T:

- Act shocked or overreact
- Judge, pity, condescend, or "out" them
- Pressure them to talk or invade their privacy
- Block NSSI without alternative coping strategies already in place
- Make deals or promises you can't keep

Conclusion:

Addressing NSSI in adolescent patients requires a collaborative approach involving primary care providers, mental health professionals, and parents. By understanding the nature of NSSI, implementing appropriate screening tools, and providing timely interventions and support, primary care providers can effectively assist adolescents in managing their emotional distress and promoting their overall well-being.

Teaching Points:

- NSSI is a coping skill.
- Removing coping skills without replacement skills can be dangerous.
- Behavior therapies are effective in addressing NSSI.

REFERENCES:

- [Global prevalence and characteristics of non-suicidal self-injury between 2010 and 2021 among a non-clinical sample of adolescents: A meta-analysis](#) (Qingqing Xiao et al., 2022)
- [Non-suicidal Self-Injury: What We Know, and What We Need to Know](#) (E David Klonsky, PhD et al., 2014)