
 Pine Grove  
Self Injurious Behaviors  
...a challenge for  
children and adolescents  
Pat Calabrese, PMH-NP



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Self Injurious behaviors are apparent in a number of different disorders of childhood, such as Autism Spectrum Disorder, intellectual disabilities, OCD and borderline personality disorder to name a few...



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What is SIB?  
SIB – Self Injurious Behaviors  
Self-injurious behavior is “any behavior that can cause tissue damage, such as bruises, redness, and open wounds”, (Edelson, 1995) for example, head banging, self biting, or hand scratching or “any behavior that results in physical injury to a child’s own body.”

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
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The most common ways that people self-injure are:

- cutting
- burning (or "branding" with hot objects)
- picking at skin or re-opening wounds
- hair-pulling (trichotillomania)
- hitting (with or without an object)
- head-banging (more often seen in children with autism spectrum disorder, or developmentally delayed individuals)

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The treatment approach varies significantly depending on the situation in which it presents itself and the developmental age of the child.



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Although we are going to talk primarily about self harm in teenagers, this behavior happens elsewhere.

For instance, self injurious behaviors, also known as SIB or self harm can be seen in children with autism spectrum disorder.

It is seen as head banging, self scratching, self biting, hair pulling, hand mouthing ....

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This type of SIB is referred to as stereotyped SIB, which is a highly repetitive behavior. These behaviors can be episodic, when they re-occur under highly specific stimulus contexts.

These are usually pervasive and chronic problems.



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Risk of SIB is higher in children who lack verbal communication, have greater social skills deficits, motor impairments and sleep disturbances.



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Self Injurious behaviors are also seen in Obsessive Compulsive disorders with excessive washing, and hair pulling in Trichotillomania. And skin-picking in Excoriation disorder.



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## Non Suicidal Self Injury (NSSI)

...is not considered a disorder in the DSM-5, but instead a "Condition for Further Study" Diagnostic & Statistical Manual of Mental Disorders.



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## DSM-5 (proposed) NSSI Criteria for diagnosis:

In the last year the person has on 5 days, engaged in intentional self inflicted damage to the surface of the body, causing bleeding, bruising or pain.  
(Cutting, burning, stabbing, hitting, excessive rubbing)



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DSM-5  
The intent is for minor or moderate physical harm..... there is no suicidal intent

...the absence of suicidal intent is either stated by the individual or inferred by the fact that person knows from previous behavior that this action would not result in death.



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DSM-5  
The person engages in SIB with one or more of the following expectations:

- To obtain relief for a negative feeling or cognitive state
- May utilize manipulation to gain needed help
- To resolve an interpersonal difficulty
- To induce a positive feeling state
- \* The desired relief is experienced during or shortly after the self injury

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DSM-5  
The intentional SIB is associated with at least one:

- Interpersonal difficulties or negative thoughts or feelings (anxiety, tension, anger, distress or self criticism in the period immediately prior to the SIB)
- Prior to engaging in the act, a period of preoccupation with the intended behavior that is difficult to control
- Thinking about self injury that occurs frequently , even when it is not acted upon.

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DSM-5  
The behavior is not socially sanctioned (such as body piercing, tattooing, actions related to religious or cultural rituals), and is not restricted to picking scabs, or biting nails)

...although it is notable that excessive tattoos or piercing should be considered in context of their presentation.

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DSM-5  
The behavior or its consequences causes critically significant distress or interference in interpersonal, academic, or other important areas of functioning.



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DSM-5  
The SIB does not occur exclusively during,

- Psychotic episodes
- Delirium
- Substance intoxication
- Substance withdrawal
- Patterns of repeated stereotypies

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DSM-5  
And the SIB is not better explained by another mental or medical condition.

- Psychotic disorder
- Autism spectrum disorder
- Intellectual disability
- Stereotypic movement disorder
- Trichotillomania
- Excoriation disorder

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For many years, there has been discussion about how to diagnose NSSI... It has long been described only as a symptom of Borderline Personality Disorder. Called many different things, NSSI was described as Suicidal behavior, gestures, threats, or self mutilating behavior.

In the 1980's it was first proposed as a separate, deliberate, self harm syndrome. In 2005, was the first time, it was described as a repetitive self harm syndrome without suicidal intent.

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There is general consensus now, that although there is correlation between NSSI and Borderline Personality disorder, NSSI is not unique to BPD and is actually associated with other diagnoses, personality disorders and in fact may stand on it's own with no other psychiatric disorder.



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Critics also argue the issue of suicidality, when discussing self injury, since suicidal intent is a very difficult assessment, especially in adolescents.

In general consensus, Suicide attempts are purposeful, self inflicted non-fatal injuries performed with the intent to die.

NSSI is a deliberate, self inflicted destruction of body tissue without suicidal intent

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Suicide attempts are associated with thoughts of death and dying. While NSSI is associated with alleviation of distress. \*\*

Suicide attempts tend to occur with low frequency, a single method, and high lethality injuries.

NSSI tends to occur chronically, with high frequency, multiple methods, and low lethality injuries.

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Suicide attempts usually elicit reactions of care, compassion and concern. Often attempters report "wanting to see if anyone loved them".



NSSI often elicits responses of disgust, fear and hostility.

But the teen feels calm, relieved and even satisfied upon completion, pushing people away.

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Many adolescents report both. Thoughts of suicide co-occur with urges to self injure in both clinical and non-clinical samples.

"Over 40% of adolescents receiving emergency crisis services report thoughts of suicide along with thoughts of NSSI in the prior 24 hours."

Cloutier, P et al Characteristics and co-occurrence of adolescent non-suicidal self injury and suicidal ideations in pediatric emergency crisis services. J Youth Adolescence, 2016, 45, 255-266

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Adolescents with a history of both suicide attempts and NSSI, have an increased number of suicide attempts, increased number of NSSI methods used, and the increased number of years engaged in NSSI



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Joiner and colleagues report that lethal suicidal behavior requires both the desire to die by suicide and the ability to carry out lethal self injury.

It is theorized that this ability is acquired through habitual physical pain, emotional pain and fear, which takes place through repeated exposure to activities such as suicide attempts, risk taking behaviors and multiple NSSI.

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“NSSI may habituate an individual to physical and emotional pain, and the act of self injury, itself, thereby increasing the risk for death by suicide.”

Joiner, T. *Why People Die by Suicide*. 2005. Cambridge, MA: Harvard University Press.

Van Orden, KA. Interpersonal psychological precursors to suicidal behaviors: A theory of attempted and completed suicide. *Current Psychiatry Reviews*. 2005; 1:187-195

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Though **not exclusively**, individuals are **usually** from a middle to upper class background, of average to high intelligence, with low self-esteem. Nearly 50% report physical and/or sexual abuse during his or her childhood. Many report (as high as 90%), that they were discouraged from expressing emotions, particularly anger and sadness.



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In community samples of adolescents, 17%–18% report NSSI, whereas in clinical samples, 40% of teens report engaging in NSSI.



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Adolescents with NSSI are associated with co-morbid diagnoses of:

- Oppositional defiant disorder
- Major depressive disorder
- Dysthymia
- Borderline Personality Disorder
- PTSD
- Physical abuse
- Sexual abuse
- Less parental support



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Adolescents with NSSI are also associated with greater:

- Hopelessness
- Loneliness
- Risk-taking
- Anger
- Reckless behaviors
- Alcohol use
- **More** Than teens with suicide attempts only




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Teens with both NSSI and suicide attempts show more:

- Negative self evaluation
- Lower self esteem
- Greater impulsivity


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Factors associated with NSSI + SA	Factors associated with NSSI	Factors associated with SA
Depressive symptoms [11]	Depressive symptoms [11]	Depressive symptoms [11]
Loneliness [12]	Loneliness [12]	Loneliness [12]
Risk-taking [13]	Risk-taking [13]	Risk-taking [13]
Alcohol use [14]	Alcohol use [14]	Alcohol use [14]
Hopelessness [15]	Hopelessness [15]	Hopelessness [15]
Reckless behaviors [16]	Reckless behaviors [16]	Reckless behaviors [16]
Anger [17]	Anger [17]	Anger [17]
Negative self evaluation [18]	Negative self evaluation [18]	Negative self evaluation [18]
Lower self esteem [19]	Lower self esteem [19]	Lower self esteem [19]
Greater impulsivity [20]	Greater impulsivity [20]	Greater impulsivity [20]
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
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Risk factors that Predict NSSI Behavior & Suicide Attempts:

<ul style="list-style-type: none"><li>• Risk for NSSI</li><li>• Abuse</li><li>• Female gender</li><li>• Hx of SA</li><li>• Non-heterosexual interest</li><li>• Low self worth</li><li>• Sex intercourse &lt;15</li><li>• NSSI history</li><li>• Anxiety</li><li>• Younger age</li></ul>	<ul style="list-style-type: none"><li>• Risk for Suicide Attempt</li><li>• Hopelessness</li><li>• Female gender</li><li>• Hx of SA</li><li>• Non-heterosexual interest</li><li>• Low self worth</li><li>• Suicidal ideation</li><li>• Conduct problems</li><li>• Poor family functioning</li></ul>
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Psychiatric Disorders and Self Injury



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Psychiatric Disorders

- Borderline Personality Disorder BPD
- Dissociative Disorders
- Eating Disorders
- Major Depressive Disorders
- Alcohol Dependence

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
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Approximately 70-75% of patients with Borderline Personality disorder exhibit self injury.

Up to 96% of patients with BPD reports relief of negative unpleasant emotions. Many patients get relief from the release of endorphins, thus reinforcing the behavior.

And self injury is associated with the reduction of dissociative symptoms.

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In BPD, the peak age of onset is 12-14 years old and 18-19 years old.

But research also suggests that self injury is greatest at its onset and decreases dramatically over the next 6 years.

Research with BPD seems to show decrease after age 30.

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Dissociative symptoms are common in patients with BPD and Post traumatic Stress Disorder



Approximately 69% of patients with dissociative disorder report that they self injure

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It was found that 41% of adolescents psychiatric inpatients who self injured met criteria for Major Depressive Disorder

...and although not well-studied, it is suggested that 1/3-1/4 of patients with alcohol dependence, self injure.

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### Self Injury and the Internet



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Youth and young adults access the internet more than any other age group. This is also the age group that engage in NSSI most often.

So it is not surprising that there has been an influx of NSSI content online.

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Research indicates that the Internet is the preferred medium for isolated youth to communicate with each other, especially those that self injure.

It is appealing due its anonymous nature, especially to those in emotional distress and those who engage in self injury.



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Engaging NSSI content on the Internet has very little benefit to adolescents that self injure.



There is some peer support on certain sites that emphasize recovery.



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Conversely, there are many more risks from this type engagement on the Internet.



Many NSSI sites emphasize emotional pain and suffering, and do not convey a recovery oriented model.



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## NSSI Online Experiences

- Personal websites
- Discussion boards
- E-communities
- Video-Sharing websites



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NSSI online sites that are hopeless, and melancholic or not recovery models further reinforce the act of self injury.

Many of these sites contain graphic video depictions of self injury.



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Many websites or forums teach methods and tips regarding self injury.



...such as cleaning the razor and how to provide first aid to wounds.  
This reinforces the self injuring activity as opposed to encouraging avoidance.



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Some NSSI websites post warnings that the content may trigger urges to self injure.

Teens report that self injuring behavior escalates after viewing many of these sites.

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
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When working with teens who self injure , important to understand the scope of the online activity.

- Have general awareness and understanding of online NSSI activity
- Be aware of the pervasiveness of online activity
- Be aware that online use is , inherent part of their culture, highly accessible and attractive.

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Asking an adolescent to **JUST STOP** their online activity is unrealistic!

And instead may lead to secrecy and further impede treatment. Assessing the motivation to change, is very similar to treatment for Internet Addiction

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If there is some motivation from the teen to change their online activity in order to improve their NSSI behaviors....

....start with a functional assessment.



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- Log of their online use, and types of online activity
- Thoughts and feelings around the use of websites (before, during, after)
- Assess frequency, duration, and time of day

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In seeking to make changes, substituting healthier online activities may be more effective than trying to eliminate all online activity.

Goal is to replace with online behaviors that are not harmful or triggering NSSI.

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## NSSI and Social Contagion



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Social contagion refers to the presence of self injury in least two people in the same group within a 24 hour period of time

...sometimes referred to as modeling, imitation, copy cat...

Contagion happens when groups share similarities and vulnerabilities.

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Social contagion effects adolescents and young adults in many areas. Teens are particularly susceptible to the contagion of delinquency but less so as adults.



Girls are particularly susceptible to the contagion of social anxiety and depression.

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Engaging in NSSI helps a teen to gain social reinforcement through attention, and social support from others that are similar

.....Also copying someone who appears to have self injured "successfully"....may contribute to a teen initiating this behavior for the first time....



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
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Some of the older literature on contagion, studies "epidemics" in both psychiatric inpatient units and prisons.

Studies show that most teens that self injure in the hospital were exposed to NSSI by a close friend before coming to the hospital, and may be triggered while hospitalized by other patients emotional similarities.



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Contagion is also evident through the media, such as the internet, movies and television.

Adolescents can initiate NSSI and can also be triggered by the media. Studies report that teens report learning the "how to" of NSSI through the media....

Media acting as Contagion



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### Take Away Tips

- Teens who self injure may not have engaged in any other misbehavior prior to this time
- Self Injury can be very secretive
- Adolescents who self injure are in pain
- NSSI and Suicide are different but related
- Chronic NSSI may lead to a suicide attempt
- Teens who self injure require careful internet supervision




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### Questions...Comments

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