What is Nonsuicidal Self-Injury?

The deliberate, self-inflicted destruction of body tissue without suicidal intent and for purposes not socially sanctioned

International Society for the Study of Self-Injury

By any other name...

- Parasuicide
- Self-Harm
- Self-Harm Behavior
- Self-Directed Violence
- Self-Abuse
- Suicide Gesture
- Self-Mutilation
- Deliberate Self-Harm
- Self-Inflicted Injury
- Cutting or Self-Cutting
- Suicide-Related
- Self-Destructive
## Why do People Self-injure?

Two overarching reasons:
- Intrapersonal (affective regulation)
- Interpersonal/Social

Specific reasons:

<table>
<thead>
<tr>
<th>Reason</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Autonomy (A)</td>
<td>Calming myself down.</td>
</tr>
<tr>
<td>Anti-Dissociation (AD)</td>
<td>Expressing anger towards myself for being worthless or stupid.</td>
</tr>
<tr>
<td>Affective Regulation (AR)</td>
<td>Putting a stop to suicidal thoughts.</td>
</tr>
<tr>
<td>Anti-Suicide (AS)</td>
<td>Causing pain so I will stop feeling numb.</td>
</tr>
<tr>
<td>Interpersonal Boundaries (IB)</td>
<td>Letting others know the extent of my physical pain.</td>
</tr>
<tr>
<td>Interpersonal Influence (II)</td>
<td>Doing something to generate excitement or exhilaration.</td>
</tr>
<tr>
<td>Marking Distress (MD)</td>
<td>Creating a physical injury that is easier to care for than my emotional distress</td>
</tr>
<tr>
<td>Peer Bonding (PB)</td>
<td>Fitting in with others.</td>
</tr>
<tr>
<td>Revenge (R)</td>
<td>Getting back at someone.</td>
</tr>
<tr>
<td>Self-Care (SC)</td>
<td>Demonstrating I do not need to rely on others for help.</td>
</tr>
<tr>
<td>Self-Punishment (SP)</td>
<td></td>
</tr>
<tr>
<td>Sensation Seeking (SS)</td>
<td></td>
</tr>
<tr>
<td>Toughness (T)</td>
<td></td>
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## Inventory of Statements About Self-Injury (ISAS)

“When I harm myself, I am…

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<td>Self-Care</td>
<td>Creating a physical injury that is easier to care for than my emotional distress</td>
</tr>
<tr>
<td>Marking Distress</td>
<td>Creating a physical sign that I feel awful.</td>
</tr>
<tr>
<td>Interpersonal Boundaries</td>
<td>Creating a boundary between myself and others.</td>
</tr>
<tr>
<td>Toughness</td>
<td>Seeing if I can stand the pain.</td>
</tr>
<tr>
<td>Revenge</td>
<td>Getting back at someone.</td>
</tr>
<tr>
<td>Autonomy</td>
<td>Demonstrating I do not need to rely on others for help.</td>
</tr>
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Relative Endorsement of Functions

Figure 2. Proportion of Primary Functions  N=808

Is it all cutting?
How Severe is the Injury?

Isn’t this Just Borderline Personality Disorder?
What is Borderline PD?
A - Abandonment fears
M - Mood instability
S - Suicidal / self-injurious behavior
U - Unstable, intense relationships
I - Impulsivity
C - Control of anger poor
I - Identity disturbance
D - Dissociative / paranoid symptoms
E - Emptiness

Pinkofsky, 1997

BPD in Adolescence

Strong support
• Longitudinal continuity
• Genetic basis
• Overlap in the latent variables
• Common risk factors
• Marked separation of course and outcome

Trauma?
Do All Self-Injurers Have BPD?

Borderline Evaluation of Severity over Time

Is NSI a Re-Enactment of Abuse?

No

Meta-analysis of 40+ studies:
Small association between NSSI and childhood sexual abuse ($\phi = .23$)

Approximately 1/3 of ABBHH patients indicate prior physical or sexual abuse

Klonsky & Moyer, 2008, *British Journal of Psychiatry*
How Common is NSI?

Rates vary dramatically by definition and sample

Adolescents:
- Single NSI episode: 17-35%
- Repeated NSI (5+): 6.7%

Adults:
- Single NSI Episode: 5.9%
- Repeated NSI (5+): 2.7%

Age of onset: 12-15

Klonkay (2011); Zetterqvist (2013)

What are Risks for Self-Injury?

- Exposure to frequent/intense negative emotional experiences
- Poor distress tolerance or coping skills
- High emotional reactivity
- Ruminative cognitive style
- Dissociation
- Maltreatment
- Parenting conflict or lack of support
- Highly critical and derogatory sense of self
- Social isolation & poor social skills
- Poor problem-solving skills
- Identity confusion
Nock’s Integrative Model

Why Self-Injury?

NSI reflects internal experience
  • Self-derogation theory

NSI is effective
  • Pain offset relief mechanism
  • Emotional cascade model

NSI is a learned and reinforced behavior

Pain tolerance

NSI is less aversive
**NSI IN DSM 5®**

**DSM-5® Diagnostic Reliability: Child**

**DSM-5®:**
*Nonsuicidal Self-Injury Disorder*

**Criteria A:** 5+ days of NSI in past year

**Criteria B:** NSI for 1 or more:
- Relief from negative cognitions or emotions
- Resolve social problems
- Create a positive feeling

**Criteria C:**
- NSI associated with social problems or negative feelings or thoughts
- Preoccupation with NSI that is hard to control, prior to NSI
- Thinking often about NSI

**Criteria D:** Not socially sanctioned

**Criteria E:** NSI causes distress or functional impairment

**Criteria F:** Not associated with psychosis, delirium, substance-related problems, and not a repetitive stereotypy

APA (2013)

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**Examining NSI Disorder**

511 acute care psychiatric patients

Predominantly female (90.0%), mostly non-Hispanic White (83%)

- Mean age 17.3 years (SD=6.2)
- Adolescents: 72.0%
- Emerging adults: 15.5%
Alexian Brothers Assessment of Self-Injury

In the past year (12 months), how often did you:

1. Have negative feelings or thoughts (distress, anger, sadness, anxiety, tension, self-criticism, etc…) immediately before self-injuring
   - Some of the Time □ □ □ □ □
   - Half of the Time □ □ □ □ □
   - Most of the Time □ □ □ □ □
   - All of the Time □ □ □ □ □

2. Have difficulties or problems with other people immediately before self-injuring
   - Some of the Time □ □ □ □ □
   - Half of the Time □ □ □ □ □
   - Most of the Time □ □ □ □ □
   - All of the Time □ □ □ □ □

3. Experience a strong desire or urge to hurt yourself that was difficult to resist before self-injuring
   - Some of the Time □ □ □ □ □
   - Half of the Time □ □ □ □ □
   - Most of the Time □ □ □ □ □
   - All of the Time □ □ □ □ □

4. Think about hurting yourself
   - Some of the Time □ □ □ □ □
   - Half of the Time □ □ □ □ □
   - Most of the Time □ □ □ □ □
   - All of the Time □ □ □ □ □

When I self-injure, I expect that it will:

1. Provide relief from negative feelings or thoughts
   - Strongly Agree □ □ □ □ □
   - Agree □ □ □ □ □
   - Unsure □ □ □ □ □
   - Disagree □ □ □ □ □
   - Strongly Disagree □ □ □ □ □

2. Provide relief from problems with other people
   - Strongly Agree □ □ □ □ □
   - Agree □ □ □ □ □
   - Unsure □ □ □ □ □
   - Disagree □ □ □ □ □
   - Strongly Disagree □ □ □ □ □

3. Create or increase positive feelings (happy, joyful, excited, cheerful, etc…)
   - Strongly Agree □ □ □ □ □
   - Agree □ □ □ □ □
   - Unsure □ □ □ □ □
   - Disagree □ □ □ □ □
   - Strongly Disagree □ □ □ □ □
74% met all criteria for NSI disorder.

### Comorbid Disorders

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Prevalence</th>
</tr>
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<tbody>
<tr>
<td>Any Depression</td>
<td>75.9%</td>
</tr>
<tr>
<td>Major Depression</td>
<td>63.0%</td>
</tr>
<tr>
<td>Any Anxiety</td>
<td>46.0%</td>
</tr>
<tr>
<td>Impulse Control Disorder</td>
<td>24.4%</td>
</tr>
<tr>
<td>Mood Disorder NOS</td>
<td>22.4%</td>
</tr>
<tr>
<td>Drug Use Disorder</td>
<td>22.0%</td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>20.6%</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>17.1%</td>
</tr>
<tr>
<td>Alcohol Use Disorder</td>
<td>12.6%</td>
</tr>
<tr>
<td>ADHD</td>
<td>11.8%</td>
</tr>
<tr>
<td>PTSD</td>
<td>8.9%</td>
</tr>
<tr>
<td>Disruptive Behavior Disorder</td>
<td>2.0%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>1.6%</td>
</tr>
</tbody>
</table>
When is Treatment Needed for Self-Injury?

- Repeated self-injury
  - 5+ times in past year
- Any serious self-injury
  - Serious = medical care
  - Injury is more serious than expected
- Any suicidal thoughts or behaviors
- If another disorder is present
- Injuring when drunk or high
- Strong urge to self-injure
Assessment of Nonsuicidal Self-Injury

Identifying Self-Injury

- Number of injuries
- Repetition of injuries
- Stage of healing
- Placement of injuries
  - arms, legs or stomach, especially in reach dominate hand
- Injury clusters
- Shape, size, and direction of injury
- Type of wound
Asking about Self-Injury

- “I notice that you have some wounds and scars…”
  - Can you tell me where these came from?
  - It looks like you are hurting yourself; can you tell me how you hurt yourself?
  - How often do you hurt yourself?
  - Where else do you have wounds or scars?

Assessment Tools: Self-Injury

- Assess history and severity:
  - Alexian Brothers Assessment of Self-Injury
- Assess functions:
  - Inventory of Statements about Self-Injury
- Assess Urge to self-injure:
  - Alexian Brothers Urge to Self-Injure scale
Treatment for Nonsuicidal Self-Injury

Self-Injury Treatment

- Currently no gold standard
- What about DBT?
- Other approaches:
  - CBT
  - Treatment for Non-Suicidal Self-Injury in Young Adults (T-SIB)
  - IPT for self-injury
  - Exercise!
**Self-Injury Treatment**

- Emotion Regulation Group Therapy
  - Emotional awareness, understanding, and acceptance
  - Engaging in goal-directed behaviors
  - Inhibiting impulsive behaviors in response to negative emotions
  - Modulating emotional intensity and duration using situationally appropriate strategies
  - Tolerating and experiencing negative emotions

Gratz, 2013
Self-Injury

- Avoid referring to students as “cutters”
  - Focus on the behavior
- Control reactions of teachers, students
- Dispel myths of self-injury
  - “Self-Injury is just a way to get attention”
  - Replacement behaviors aren’t effective
- Prevent social contagion
  - Avoid discussion of specific acts, war stories
  - Use a code word around other students
- Teach the Functional Model of self-injury

www.abbhh.org/selfinjurybook

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