Nonsuicidal Self-Injury CE

Gail Hornor, RNC, DNP, CPNP

ABSTRACT

Nonsuicidal self-injury (NSSI) is a serious and prevalent problem within the adolescent population. NSSI is associated with a variety of psychiatric diagnoses and behavioral concerns. The *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition, has recognized NSSI as its own separate diagnosis. Although there are unique differences between NSSI and suicidal behaviors, a link exists between these behaviors. It is crucial that pediatric nurse practitioners who provide care for adolescents possess a thorough understanding of NSSI. In this continuing education article, NSSI will be discussed in terms of epidemiology, diagnosis and co-morbidity, risk factors, relationship with suicidal behaviors, and implications for practice. J Pediatr Health Care. (2016) *30*, 261-267.

KEY WORDS

Self-injury, mental health, adolescent

OBJECTIVES

1. Identify diagnostic criteria for nonsuicidal self-injury (NSSI) from the *Diagnostic and Statistical Manual of Mental Disorders,* 5th edition.
2. Discuss risk factors related to NSSI.
3. Understand the relationship between NSSI and suicidal behaviors.
4. Understand possible motivations for NSSI behavior.
5. Describe assessment and screening questions for NSSI.
6. Identify NSSI prevention strategies the pediatric nurse practitioner can incorporate into practice.

Gail Hornor, Pediatric Nurse Practitioner, Nationwide Children's Hospital, Center for Family Safety and Healing, Columbus, OH.

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Correspondence: Gail Hornor, RNC, DNP, CPNP, Nationwide Children's Hospital, Center for Family Safety and Healing, 655 E Livingston Ave, Columbus, OH 43205; e-mail: gail.hornor@nationwidechildrens.org.

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Nonsuicidal self-injury (NSSI) is defined as the deliberate infliction of damage, pain, or both to one's own body tissue without the intention of suicide (Nock & Favazza, 2009). NSSI is a serious and prevalent problem within the adolescent population. It is crucial that pediatric nurse practitioners (PNPs) who provide care for adolescents possess a thorough understanding of NSSI. This continuing education article will explore NSSI in terms of epidemiology, diagnosis and comorbid symptomatology, risk factors, relationship with suicidal behaviors, and implications for practice.

EPIDEMIOLOGY

It is estimated that 7% to 14% of adolescents deliberately injure themselves at least once (Wilkinson, 2013). Recent studies suggest NSSI is on the rise, perhaps up to a 24% 1-year prevalence (Miller & Smith, 2008). Onset of NSSI typically occurs in early adolescence between the ages of 11 to 15 years and can continue into adulthood (Rodav, Levy, & Hamdan, 2014). It is estimated that 4% of the adult population engages in NSSI (Selby, Bender, Gordon, Nock, & Joiner, 2012). The prevalence of NSSI is slightly higher in females than in males. Common forms of NSSI include cutting, skin carving, biting, scratching, hitting, head banging, and interfering with wound healing (Rodav et al., 2014). Gender differences exist for the methods of NSSI employed: burning and self-hitting are endorsed more frequently by males, with cutting and scratching more common in females (Rodav et al., 2014). Persons who engage in NSSI tend to use more than one method and repeat the behavior. Behaviors such as body piercing or tattoos, which are more socially accepted, are not considered examples of NSSI. Scab picking or nail biting are also not considered forms of NSSI.

DIAGNOSIS AND COMORBID SYMPTOMATOLOGY

NSSI is associated with a wide range of severe clinical psychiatric diagnoses and other dysfunctional behavioral problems (Vaughn, Salas-Wright, Underwood, & Gochez-Kerr, 2015). NSSI is in fact a diagnostic criterion for borderline personality disorder (Selby et al., 2012). However, NSSI can also be present in persons without borderline personality disorder. NSSI can occur as a

symptom of other psychiatric diagnoses including anxiety and depressive disorders, substance abuse, eating disorders, post-traumatic stress disorder, and personality disorders other than borderline personality disorder (Vaughn et al., 2015).

NSSI can exist in persons with no other diagnosable psychopathology. The *Diagnostic and Statistical Manual of Mental Disorders,* fifth edition (DSM-V; American Psychiatric Association [APA], 2013), lists NSSI as a separate diagnosis, whereas prior editions of the DSM included NSSI only as a symptom of borderline personality disorder and not as a distinct diagnosis (APA, 1994). According to the DSM-V, in order to meet the criteria for the NSSI diagnosis, a person must engage in 5 or more days of intentional self-injury to the body surface without suicidal intent within the past year. The self-injurious behavior must be associated with one of the following criteria: interpersonal difficulties or negative thoughts/feelings (such as depression or anxiety) occurring right before the act, premeditation (i.e., planning the self-injury), and repetitive thoughts or rumination on the NSSI. Premeditation means that right before the act of self-injury, the individual was preoccupied with thoughts about the planned act. Even when the individual does not engage in the self-injurious behaviors, he or she is frequently thinking about them. Crucial to the behavior meeting the criteria for the NSSI diagnosis is that the self-injurious behavior is not socially acceptable and often can result in significant distress to the individual's life. In addition, the self-injurious behavior does not take place during psychosis, delirium, substance intoxication, or substance withdrawal.

RISK FACTORS

Adolescence is a vulnerable period of development when changes occur that can result in stress for the individual. Stress occurs when mental, emotional, and/or physical demands exceed the regulatory capacity of the organism (Cohen, Tottenham, & Casey, 2013). Adolescents are transitioning from dependence on parents to relative independence, which places new demands on them (Cohen et al., 2013). It is a time marked by incredible change with increased responsibility and choices that can result in rewards as well as stresses. Most adolescents have adequate coping mechanisms to process their changing lives and can transition through adolescence without experiencing NSSI. However, a variety of external factors (e.g., adverse childhood experiences, poor parenting practices, and negative peer influences) and internal factors (e.g., emotional dysregulation and psychological distress) can place adolescents at risk for NSSI.

Adolescents who experience adverse childhood experiences are at increased risk to develop cognitive distortions that can lead to the endorsement of NSSI behaviors (Vaughn et al., 2015). Severe childhood adversity is linked to psychopathology, leading to more frequent or severe NSSI behaviors (Vaughn et al., 2015). See Box 1 for familial psychosocial factors that can place a person at increased risk for NSSI. Parenting behaviors that are not necessarily abusive in nature can also influence NSSI. Problematic caregiver-child attachment can predispose to the development of NSSI (Gonzales & Bergstrom, 2013). Studies have shown that high parental support coupled with low parental control are associated with higher levels of child/adolescent adaptive psychosocial functioning (Barber, Stolz, & Olsen, 2005; Bureau, Freynet, Poirier, Lafontaine, & Cloutier, 2010). Parental control is defined as behavior wherein a parent wishes to influence the behavior of the child either by harsh physical punishment or psychological control (Baetens et al, 2014). Parental support refers to a parent showing warmth, acceptance, and understanding to the child. Parenting styles reflecting high behavioral control and low support have been found to be a risk factor for the development of NSSI behaviors (Baetens et al., 2014).

> Persons with a diagnosis of borderline personality disorder, dissociative disorders, eating disorders, and major depressive disorders have more NSSI symptomatology.

As previously discussed, the existence of certain mental health disorders can certainly predispose an adolescent to engage in NSSI behaviors. Persons with certain psychiatric disorders have a higher prevalence of NSSI than do persons with other disorders. Persons with a diagnosis of borderline personality disorder, dissociative disorders, eating disorders, and major

BOX 1. Psychosocial risk factors for nonsuicidal self-injury

Child maltreatment
- Sexual abuse
- Physical abuse
- Emotional abuse
- Neglect

Parental drug/alcohol use
Exposure to domestic violence
Parental mental health concerns
- Mental retardation/low functioning
- Anxiety
- Depression
- Other diagnosis

Poverty

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