

# CHILD MENTAL HEALTH FOR PRIMARY CARE



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## Non-Suicidal Self-Injurious Behavior

Self-injurious behavior, also known as non-suicidal self-injury (NSSI), typically occurs when a child or adolescent is experiencing deep emotional pain, has difficulty expressing that pain, and uses self-injury as a way to release the pain. It often creates a cycle where the youth then feels guilt and shame around the act of self-injury, which then can intensify the original emotional pain and subsequently develop into a cycle. While typically not an indication of suicidal intent or ideation, self-injurious behavior can worsen in severity and ultimately lead to suicidal behavior. Approximately half of U.S. adolescents have engaged in some type of self-harming behavior [1, 2]. The most common forms of NSSI include intentional cutting or carving of the skin, scratching, burning, banging, punching, or embedding objects under the skin (e.g., paperclips) [3].

### Suggestions for Talking with Parents about NSSI

- Encourage parents to be open to talking with their child at the first sign of concern. NSSI does not go away on its own, and very often having an understanding person to talk to will potentially help reduce the likelihood it will worsen. However, pressuring a teenager to talk also can backfire so encourage parents to work to manage their own anxiety and concern around the behavior while they reach out to their child. In fact, parents may benefit from a referral to a therapist for short-term therapy around helping their child through this time in their life.
- Parents can watch for particular symptoms or warning signs of a child or adolescent who is injuring themselves. Warning signs include but are not limited to scars or other physical wounds, change in clothing in an effort to hide marking (e.g. long sleeves in hot weather), wearing bandages frequently, reported or discovered difficulties in interpersonal relationships, as well as the presence of impulsive or unpredictable behaviors [4].
- Providers can share with caregivers some of the risk factors that increase the odds for NSSI, such as relational conflict within the family or partners, being a victim of bullying [5], and being the victim of emotional, physical or sexual abuse [6, 7, 8].
- Providers can let parents know that NSSI typically begins in the pre-teen and teenage years. Providers can help them understand that these years are full of intense emotions, though the reasons can be unclear at times, some adolescents choose to cope with these intense emotions through this type of behavior.

## Suggestions for Talking with Parents about NSSI

- Talk with parents or caregivers about managing their response and judgment if they suspect or confirm that their child has been injuring themselves. Encourage them to remain open to what their child has to say as their role in seeking treatment and their child's healing will be instrumental.
- Encourage parents to also watch out for indications of anxiety, depression, or substance use as these can co-occur along with NSSI.
- Encourage parents to be open to being present in their child's appointments with a therapist should a referral result in outpatient behavioral therapy. Help parents understand that they can be a part of the healing process for their child and the stronger their relationship is with their child the better.
- Encourage parents to ask questions about the therapist they choose for their child and family. The therapist should have experience in treating those who are engaging in self-injurious behavior. This experience should include awareness around providing immediate behavioral alternatives when the desire to self-harm occurs in addition to exploring the underlying issues. Finding a therapist trained in dialectical behavior therapy, one of the most effective therapies in treating NSSI, would also be helpful.
- If it is discovered that a child or teen is engaging in NSSI, talk with parents or caregivers about how to make sure any wounds that are inflicted are taken care of so that they do not get infected.

### Resources and References

[Cornell University Infographic on NSSI](#)

[Cornell University Myths about Self-Injury](#)

[The Mighty's Guide to Understanding Self-Harm for Parents and Loved Ones](#)

#### References

1. Lloyd-Richardson EE, Perrine N, Dierker L, Kelley ML. Characteristics and functions of non-suicidal self-injury in a community sample of adolescents. *Psychol Med*. 2007. August;37(8):1183-1192.
2. Yates TM, Tracy AJ, Luthar SS. Nonsuicidal self-injury among "privileged" youths: longitudinal and cross-sectional approaches to developmental process. *J Consult Clin Psychol*. 2008.76(1):52-62.
3. [Cornell Research Program on Self-Injury and Recovery Website Resources](#)
4. [Mayo Clinic: Self Injury Symptoms and Causes](#)
5. Heerde JA, Hemphill SA. Are bullying perpetration and victimization associated with adolescent deliberate self-harm? A meta-analysis. *Archives of Suicide Research*. 2019;23:353-81.
6. Liu RT, Scopelliti KM, Pittman SK, Zamora AS. Childhood maltreatment and non-suicidal self-injury: a systematic review and meta-analysis. *Lancet Psychiatry*. 2018;5:51-64.
7. Madge N, Hawton K, McMahon EM, Corcoran P, Leo D, Wilde EJ, et al. Psychological characteristics, stressful life events and deliberate self-harm: Findings from the Child and Adolescent Self-harm in Europe (CASE) Study. *European Child & Adolescent Psychiatry*. 2011;20:499-508.
8. Witt K, Milner A, Spittal MJ, Hetrick S, Robinson J, Pirkis J, et al. Population attributable risk of factors associated with the repetition of self-harm behaviour in young people presenting to clinical services: a systematic review and meta-analysis. *European Child & Adolescent Psychiatry*. 2019;28:5-18.