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Nonsuicidal Self-Injury (NSSI): Helping Handout for Home

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INTRODUCTION

Nonsuicidal self-injury (NSSI) among adolescents is gaining increased recognition, in social media in particular, and parents are often concerned about how to respond to this complex behavior. NSSI has been referred to by many names, including parasuicide, self-mutilation, deliberate self-harm, and self-inflicted violence. NSSI includes a variety of behaviors in which individuals intentionally inflict harm to their bodies without the intention of dying. It is important for parents to realize that youth do not engage in these behaviors as a suicide attempt. A young person who is suicidal wants to be out of pain. A person who cuts wants to feel better. An estimated 14–18% of teenagers engage in this behavior to manage overwhelming emotions and psychological distress (Whitlock & Rodham, 2013).

NSSI behaviors can include cutting, burning, carving, bruising, hair pulling, scratching, needle pricking, or interference with wound healing, as well as punching objects or oneself. Youth may use a variety of objects including razors, scissors, knives, pen tops, pieces of glass, fingernails, and broken objects. Arms, legs, and the abdomen are commonly targeted because these can be easily concealed by clothing.

Parents may first notice changes in mood, withdrawal from people and activities, and secretive and/or avoidant behaviors. However, parents should be alert to unexplained cuts, burns, or bruises; inappropriate dress for the climate and season; avoidance of activities that require removal of clothing; and art, poems, or essays that focus on self-injury. Such behaviors indicate that parents should take action.

There is no typical profile of an individual who self-injures. Although people often assume that NSSI occurs more frequently in girls, these behaviors actually occur in boys and girls at equal rates. Most NSSI behaviors begin around 13–14 years of age and, without treatment, can persist into adulthood (Nock, 2009). The majority will use NSSI episodically, or every once in a while, to seek relief from distressing thoughts. Some adolescents will engage in NSSI repeatedly, with the result of new scars mixed with old. These youth may have experienced serious trauma or may be coping with mental illness. Although adolescents with mental illness make up an estimated 9 out of 10 cases (Nock, Joiner, Gordon, Lloyd-Richardson, & Prinstein, 2006), there has been an increase in NSSI in youth without psychiatric disorders. These youth are challenged by intense stress, inadequate self-soothing skills, negative thoughts about themselves, and peer influences that support self-injury (Walsh, 2012).

The overwhelming majority of youth have regular access to the Internet, therefore it is not surprising that teens who engage in NSSI have increasingly used this avenue to gain information and connect to others who also self-injure. Engaging in online NSSI activity may reinforce the behavior and could trigger injurious behaviors. However, emerging evidence indicates that online activity associated with NSSI also can have the beneficial effect of providing needed social support (Mahdy & Lewis, 2013).

WHAT TO CONSIDER WHEN SELECTING INTERVENTIONS AND SUPPORTS

NSSI behaviors serve different functions for youth, and these functions provide clues as to how parents and therapists should proceed with treatment plans. The two most common functions of NSSI are to create a desirable state of relief and to get the attention of

a peer or peers (Lieberman & Poland, 2016). Many youth who self-injure have difficulty regulating their emotions and experience distress that they find intolerable. They are overwhelmed by emotions such as anger, shame, guilt, anxiety, tension, sadness, frustration, or even contempt. For many, self-injury results in an immediate sense of calm and relief, almost like a painkiller, which is likely the result of the body's release of opiate-like substances and other chemicals in the brain to manage the pain (Hasking et al., 2016). Some youth report social reasons for self-injury. They feel invisible to others and use self-injury to compensate for not receiving the affirmation they need. NSSI also may occur when youth see the behavior modeled by friends, peers, or the media (Nock, 2009).

RECOMMENDATIONS

Intervening to change behavior is a complex task. Determining the function of self-injury behavior and understanding the challenges surrounding self-injury are important in planning appropriate treatment and guiding youth to more appropriate alternatives. Caution should be taken to avoid thinking of treatment in too narrow a manner. Typically, adolescents report more than one reason for self-injury, and the majority employ more than one method (Walsh, 2012). Also the reasons for self-injury may change over time (Hasking et al., 2016). Parents should take action quickly when NSSI behaviors occur.

1. ***Listen and validate.*** Address the issue of self-injury with your teen as soon as possible. Communicate understanding of their perspective and experience, even if they prefer to communicate in writing or text, rather than face-to-face at first. Listening and validating include the following features:
    - Pick a good time to start the dialogue and plan some talking points, writing them down if necessary. Perhaps say, "I really care about you. I have noticed that you seem to be having a hard time lately. You seem (insert observed feelings). I want to help. It's hard for me to say this, but I am worried that you may be hurting yourself or thinking about it. Can we talk?"
    - Ask open-ended questions to encourage free sharing of feelings (Lieberman, 2004). For example, ask "How do you feel before you self-injure?" or "How does self-injury help you feel better?"
    - Listen attentively with open body posture, eye contact, and a singular focus. Stay curious, be open, and try to listen to your adolescent's views.
    - Reflect back, or mirror, what your adolescent has said to show your understanding. Refrain from adding anything new to the discussion, but stay on point about what is being expressed so as to clarify and validate simultaneously. For example, "I understand that it can be very annoying to be questioned about something so difficult and personal. You seem uncomfortable." Resist saying anything blaming or shaming.
    - Bring out things that you notice from body language or facial expression that have not been said verbally. Tentatively offer your observation from a position of curiosity, not certainty, and if your adolescent does not confirm what you suggested, let it go. For example, "When you sighed so heavily it made me think that you are surprised that I am asking, but maybe you are also a bit relieved?"
    - Describe in a nonjudgmental manner the behavior that has you concerned. For example, "I have noticed a couple of changes these last few weeks. You keep to yourself, you have avoided piano lessons, you have been wearing jackets even though it's warm out, and yesterday, I found some tissues with blood on them in your bathroom."
    - Validate by acknowledging that you have heard and understood what your child is communicating verbally and with his or her facial expressions and body language. This is important because youth who engage in self-injury are often more sensitive to even minor incidents of invalidation. In discussion, avoid using examples from your own experience. Avoid negating feelings with the word "but," such as "I can see how sad you are, but there is no reason for it." Validating does not mean that you have to agree with your child's mind-set; it just means that you can understand it. Maintain eye contact and focus to acknowledge the experience as your child is describing it. You will know that you are successfully validating when your adolescent feels understood, shares more information, and seems more relaxed and open.

2. ***Refrain from negative responses.*** Take care not to be critical, overreact, or say things that may result in feelings of guilt or shame, as in the following suggestions (Lieberman, 2004):
    - Respond in a neutral manner, without appearing shocked or appalled. Show a respectful willingness to listen in a nonjudgmental fashion.
    - Strike a balance of understanding the behavior while emphasizing the need for change. For example, "I understand how cutting helps you deal with things in your life. Let's try to come up with other things you do that have worked, too."
    - Do not discourage NSSI behaviors until you help identify appropriate coping strategies. Never say "Just stop doing that."
    - Refrain from offering solutions to problems until your adolescent feels validated. Youth are more likely to accept advice when they first feel understood.
    - Refrain from making judgments or "being right" while listening as it distracts from taking your adolescent's perspective.
    - Avoid power struggles and telling your adolescent what to do. Show you understand that this behavior is a way of coping. For example, say "If you don't want to talk to me about this now, I understand. I just want you to know that I am here for you when you decide you would like to talk."
    - Avoid giving examples from your own life because it shifts the focus away from your adolescent.
    - Accept your adolescent independent of the self-injurious behavior. Look for opportunities to catch your child doing good things and acknowledge them. Avoid focusing solely on negative behaviors.
3. ***Seek professional help.*** Respond immediately when you observe or suspect NSSI behaviors to lessen the overwhelming, disturbing thoughts associated with trauma or co-occurring mental illnesses that your teen may be trying to manage. Immediately make an appointment with a mental health professional to assess and treat your child. Keep in mind the following points and steps to follow when seeking professional help:
    - Select a practitioner who has a few years of specialized experience treating self-injury, as well as experience working with adolescents.
    - Expect treatment to be based on a thorough evaluation, with a focus on immediate safety issues and identification of any co-occurring psychiatric conditions. The therapist will try to identify the needs that the behavior fulfills.
    - Expect the mental health professional to assess risk of suicide. NSSI is one of the strongest predictors of a future suicide attempt, making it critically important to assess for suicidal thoughts and history of suicidal behavior. Risk for suicide should be assessed on an ongoing basis throughout treatment (Hasking et al., 2016).
    - Make sure that the practitioner is a good fit with both you and your adolescent to allow effective collaboration. Select someone who is willing to answer questions that you and your child may have. Consider factors that are important to your child, such as the professional's gender. Ensure that your child feels comfortable and is able to relate to the mental health professional being considered.
    - Expect the practitioner to explain how treatment will specifically address the issue of NSSI. Both cognitive–behavioral therapy (CBT) and dialectical behavior therapy (DBT) have demonstrated improvements with NSSI (Mazza, Dexter-Mazza, Miller, Rathus, & Murphy, 2016).
    - If medications are prescribed, work closely with the medical provider and monitor your child for changes in behavior. There are no medications that directly address NSSI; however, there are effective medications for depression and anxiety disorders, which may be recommended. The protective effects of medication outweigh the risks, but careful monitoring is critical.
    - Involve the school in monitoring your adolescent's behavior. Contact the school psychologist or other mental health service provider at school to develop a safety plan.
    - If factors within the family are contributing to your child's difficulties, consider family therapy as well as individual therapy.
    - Consider inpatient treatment if necessary. S.A.F.E. Alternatives is an inpatient center specifically focused on treatment for self-injury (https://selfinjury.com).
4. ***Work collaboratively with school staff.*** Communicate with key school personnel, including at least one

school-based mental health professional (e.g., school psychologist, school social worker, school counselor). Consider signing a release to allow the private provider and designated school staff to share confidential information. Other suggestions for collaborating include the following:

- Create a circle of care that includes the school. Talk with the school psychologist, and identify trusted adults your child can approach confidentially. Ensure that peers at school are not victimizing your teen.
- Arrange to meet with the designated school staff to develop an appropriate support plan, particularly if your child misses school for treatment or hospitalization.
- Ask about school policies that may affect your adolescent. These policies will likely require monitoring what your child can bring to school (such as no razor blades or other sharp objects). Remind your child that the policies are important for safety, and have direct conversations to ensure that school materials do not contain any prohibited items.

5. ***Foster a supportive home environment.*** Praise your adolescent for efforts in shaping new behaviors, notice trends of improvement, and do not get discouraged by setbacks. It is also important to model healthy ways to manage stress and conflict, because negative family interactions are often powerful triggers for NSSI (Sweet & Whitlock, 2009). Other elements of support include the following:
   - Create opportunities to practice skills learned from treatment and reinforce your adolescent for these efforts. Consider making a "help card" that lists easy-to-access coping strategies and contact information for positive support people.
   - Improve emotional literacy in your family. Identify and accurately label your feelings and those of your child to lessen their intensity and improve how the family modulates them.
   - Teach your adolescent how to modulate emotions. Speaking calmly, more softly, and slower can lower the intensity of emotions. Encourage your child to speak this way when overwhelmed. Model and practice perspective-taking to generate alternative explanations for the behavior of others. Speak gently and immediately repair negative exchanges when they result in hurt feelings to avoid emotional dysregulation. Consider that your adolescent may not be able to let go of overwhelming feelings, thus dwelling on situations for a long time. Focusing on negative feelings often results in ineffective coping behaviors. You also can teach your teen to lower the emotional temperature of overwhelming situations by taking an emotional time out. Suggest walking away from an upsetting situation to get absorbed in something else, or use distraction to shift attention.
   - Help your adolescent check the facts about emotional experiences to see if the feelings fit the facts. To decrease negativity, encourage them to reassess their emotional experience by finding an alternative reason for their initial feelings. For example, if your child felt ignored by a friend at lunch, and now is very upset and thinks that the friendship is over, suggest other possible reasons for the friend's behavior. Perhaps the friend was busy, or preoccupied about the exam the following class period, or just momentarily unaware of the behavior.
   - Encourage your adolescent to "act the opposite" of feelings in the moment—for example, being active instead of lying down in a depressive state—in order to change the duration of the negative feelings.
   - Model effective communication skills with your teen. When starting a conversation, if you have more than one goal in mind, choose the most important one first. Describe what you want to talk about and then focus on the facts of the situation. This can reduce conflict that could lead your child to shut down or avoid the discussion. Your teen may learn to do the same when engaged in problem-solving discussions.
   - Be mindful of your objective when making requests. Learn to make requests by expressing your feelings about the situation and appearing confident without being controlling. For example, "I know it may not seem fair but I need you to come home straight after school today before going to your friend's house so I can make sure you are doing okay." Reinforce compliance by acknowledging and thanking your adolescent for his or her cooperation.
   - When things go wrong in a conversation, be gentle and interested in hearing your

adolescent's viewpoint; use an easy manner to bring a lightness to the discussion (Hollander, 2017).

- Encourage your adolescent to give you feedback. For example, ask: "Is there anything that is really stressing you out right now that I can help you with?" (Lieberman & Poland, 2016).
- Set limits when your values have been violated. Be fair, stick to your core values, and be truthful in a sensitive manner (Hollander, 2017). For example, "I can see that you think it is unfair, but the answer is still no because I don't think that choice is safe."
- If possible, monitor viewing of movies, TV programs, and Internet sites that address self-injury, because these can trigger behavior in at-risk students (Lieberman, 2004).
- Provide firm guidelines on the use of technology. Enforce consequences. Set up an appropriate library of NSSI sites that focuses on recovery.

6. ***Take care of yourself.*** Parenting a child who is engaging in self-harm requires a refinement of typical parenting skills. Be patient with yourself as well as your adolescent. Understand the stages of change and their progression rather than expecting a quick fix (Sweet & Whitlock, 2009). Maintain hope by knowing that services and strategies that can help are available.

RECOMMENDED RESOURCES

Websites

www.nami.org/Find-Support/Family-Members-and-Caregivers/Taking-Care-of-Yourself

The National Alliance on Mental Illness (NAMI) offers support groups for family members.

http://www.selfinjury.bctr.cornell.edu/perch/resources/parenting-2.pdf

This links to the website of the Cornell Research Program on Self-Injury and Recovery. This handout is written by leading researchers in the field of self-injury and offers parents information about how to address NSSI with teens, how to manage urges for self-injury, and how to support teens with treatment.

http://sioutreach.org/learn-self-injury/parents-and-families/

The Self Injury Outreach and Support website provides information about self-injury to those who self-injure, those who have recovered, and those who want help, as well as specific resources for parents.

http://www.selfinjury.com.

The S.A.F.E. Alternatives website offers links to finding a therapist in each state. It provides a nationally recognized treatment approach, professional network, and educational resource base targeted toward ending self-injurious behavior.

Books

Ashfield, J. (2016). *Teenagers and self harm: What every parent and teacher needs to know*. Australia: You Can Help Publishing.

This short, easy-to-read publication written for parents, teachers, and health professionals provides current information on understanding and responding appropriately to teenagers who engage in self-harm.

Hollander, M. (2017). *Helping teens who cut: Using DBT skills to end self-injury* (2nd ed.). New York, NY: Guilford Press.

The author, a psychologist who specializes in dialectical behavior therapy (DBT), offers practical DBT methods aimed at parents in an easy-to-read format. The book covers how to address self-injury behavior with teens, methods for teaching coping skills, how to find help, and methods for reducing family stress.

McVey-Noble, M. E., Khelmlani-Patel, S., & Neziroglu, F. (2006). *When your child is cutting: A parent's guide to helping children overcome self-injury*. Oakland, CA: New Harbinger Publications.

This book offers information for parents about how self-injury occurs, how to identify the behavior, how to obtain professional help, and how to support the teen's recovery.

RELATED HELPING HANDOUTS

Anxiety: Helping Handout for School and Home
Suicidal Thinking and Threats: Helping Handout for Home
Depression: Helping Handout for Home
Depression: Helping Handout for School

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