

Non-suicidal Self Injurious Behaviors

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Outline of Presentation

- I. Introduction
- II. Assessment
- III. Intervention
- IV. Conclusion
- V. Questions



Importance to Nurse Practitioner Faculty



- Statistics Overview of NSSI
- Observed Across Disciplines
- Importance of Integrated Practice

Understanding

❖ What is Self- Injury (NSSI)?

❖ What Constitutes (NSSI)

❖ When, Where, How?













Warning Signs

- ❖ Frequent Injuries
- ❖ Long pants/shirts
- ❖ Low self esteem
- ❖ Relationship problems
- ❖ Making poor grades
- ❖ Secretive behaviors
- ❖ Substance Abuse
- ❖ Social Isolation
- ❖ Signs of depression



Assessment

- ❖ Visualization
- ❖ Informal Discussions
- ❖ Formal Assessment



Table 1	Interview for adolescent MSH
Assessment Goals	Diagnosis
Screening for MSH	<ul style="list-style-type: none"> • Have you ever had or done other damage to your skin or yourself? • What methods have you used to hurt yourself? • Where on your body do you have scars?
Determine frequency of MSH	<ul style="list-style-type: none"> • Why do you hurt yourself? • What are you trying to communicate just to attract when you injure yourself? • Do you feel any physical pain when you injure yourself? • Do you ever think about or use things when you hurt yourself?
Explore social context and relationships	<ul style="list-style-type: none"> • How did you begin to hurt yourself? • Do you injure yourself alone or with others? • Who else knows about this issue?
Assess frequency and severity of behavior	<ul style="list-style-type: none"> • How often do you injure yourself and how much time do you spend thinking about it or planning? • Do you usually do it on your own?
Assess suicide risk	<ul style="list-style-type: none"> • Do you experience suicidal thoughts related to the self-harm?
Initiate planning about change	<ul style="list-style-type: none"> • Do you think the self-harm is a problem? • What morning signs would let you know this is a problem? • What would have to happen for you to think this is a problem?
Examine benefits and barriers to change	<ul style="list-style-type: none"> • Why do you want to stop engaging in self-harm? • If you have tried to stop, what did you do instead of hurting yourself, and how successful was it? • What are the barriers today that keep you from changing?
Support the client for feeling in control <small>MSH.com/MSH.org</small>	<ul style="list-style-type: none"> • Who is in control of your life—the self-harm or you?

III. Intervention for Nurse Practitioners

Therapeutic Approaches

- ❖ Active Listening/ Support
- ❖ Self- Injury Log
- ❖ Teaching Effective Coping Skills
- ❖ Referral for Counseling
 - ❖ DBT Therapy
 - ❖ CBT Therapy



Pharmacotherapy

- ❖ No labeled treatment
- ❖ **Naltrexone** (Revia)- addictive qualities
- ❖ **Fluoxetine** (Prozac)- serotonin
- ❖ **Olonzapine** (Zyprexa)- dopamine
- ❖ **Intuniv & Clonidine** - decrease impulsivity
- ❖ Other SSRI, SNRI – serotonin, dopamine

Conclusion

- ❖ Always ask about NSSI
- ❖ Therapeutic
- ❖ Refer out
- ❖ Teach coping
- ❖ Watch for infection
- ❖ Be aware of your own bias !



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