

Addressing Adolescent Non-Suicidal Self -Injury in Nurse Practitioner Curriculum: What Students Need to Know

Cara Young, PhD, RN, FNP

Diane Tyler, PhD, APRN, FNP, FAAN

Donna Rolin-Kenny, PhD, APRN, PMHNP-CNS

The University of Texas at Austin, School of Nursing

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Purpose

- Provide learner with current evidence regarding non-suicidal self-injury (NSSI) in youth
- Propose innovative teaching strategies to incorporate content into NP curriculum



Definition

- NSSI refers to the direct, deliberate destruction of body tissue without suicidal intent¹
- Examples include
 - Cutting, burning, scraping skin, hitting oneself, biting oneself



Significance & Scope

- Average age of onset 12-14 years¹
- Rates from 13% to 45% reported in US samples^{2,3}
 - 12 mo prevalence range 7.3% to 39%²
- World-wide prevalence
 - China: 24.9%- 12 mo prevalence⁴
 - Denmark: 21.5%% - 12 mo prevalence⁵
 - Belgium: 29.9% - lifetime prevalence⁶



NSSI & DSM-5

- Proposed diagnosis intended to differentiate patients who engaged in intentional self-inflicted damage to the surface of the body from those mutilating with serious suicidal risk
- 5x in one year intentional self-inflicted damage to the surface of the body
- Moved to Section 3 of the DSM-5 for further study^{7,8}
 - Unsuccessful field trials prevented this from becoming a disorder



Suicidal Behavior Disorder & DSM-5

- Proposed diagnosis characterized by behaviors with the expectation that it would lead to the individual's own death
- Diagnosis would last for two years after the suicide attempt
- Also moved to Section 3 of the DSM-5 for further study^{8,9}
 - Proponents believed that it was a way to track risk since a suicide attempt is most predictive of future suicidal behavior, as well as distinguish from NSSI in lethality
 - Opponents believed that the diagnosis was stigmatizing and unnecessary since being suicidal is almost always accompanied by other symptoms, particularly major depression & somatization disorders



Self-Harm V-code in DSM-5

- V-codes in DSM-5 section called “Other conditions or problems that may be a focus of clinical attention or that may otherwise affect the diagnosis, course, prognosis, or treatment of a patient’s mental disorder”
- V-codes do not equate a mental illness, but they indicate relational or coping difficulties for which treatment is indicated
- New code found in DSM-5 is “Personal history of self-harm” (V15.59)
 - may allow for insurable treatment of NSSI without full mental illness, which a person might carry with them for life.



Why must we address in NP curriculum?

- Major risk factor for suicide attempts and completions
- Associated with other psychiatric disorders
- Risk of emotional, social, and physical morbidity



Theoretical Models of NSSI

- Four Function Model^{10,11}
 - Positive & Negative Reinforcement
 - Automated or social contingencies
- Diathesis-Stress Model¹
 - Diathesis: vulnerabilities
 - For example: high emotional reactivity, poor distress tolerance, rumination, early abuse, poor communication skills
 - Stress: stressful event or event presents high social demands
 - NSSI specific factors: high self-criticism, modeling of peers/media, need for strong/honest signal



Interpersonal & Biological Factors

- Interpersonal Factors¹
 - Intense loneliness
 - Rejection or loss
 - Recent conflict with family, friends, romantic partner
 - Poor social problem-solving skills
- Biological Factors¹
 - Endogenous opioid deficiency
 - Reduced serotonergic transmission
 - Altered HPA axis functioning
 - Reduced dopamine



Identifying and Assessing NSSI

- Acknowledge any personal biases and feelings regarding NSSI
- Non-judgmental approach key to establishing trust
- If NSSI identified¹:
 - Assess the functions of NSSI
 - Identify factors or events that maintain NSSI behaviors
 - Use data about functions to guide treatment options
 - Assess and address specific influences on NSSI
 - Assess the client's context



Confidentiality¹²

- Must carefully weigh rights of adolescent vs. parent/caregiver desire to protect and care for the adolescent
- Consultation with senior colleagues, psychiatric experts
- If confidentiality must be broken, involve adolescent in discussion of how and why



TWO ASSIGNMENTS FOR CONTENT INTEGRATION

Special Thanks to Sabrina Watkins & Michelle Kobdish



Clinical Guideline Assignment

- **Clinical Practice Guidelines**: “Systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances,” (IOM) represent an attempt to distill a large body of medical knowledge into a convenient, readily useable format.
- **Purpose of Assignment**: Work in partnership with fellow students to *develop, update or evaluate Clinical Practice Guideline for practice*.
 - PICO method used to generate researchable clinical question
 - Primary outcome: Paper
 - Secondary outcome: In class Presentation



Grading Criteria

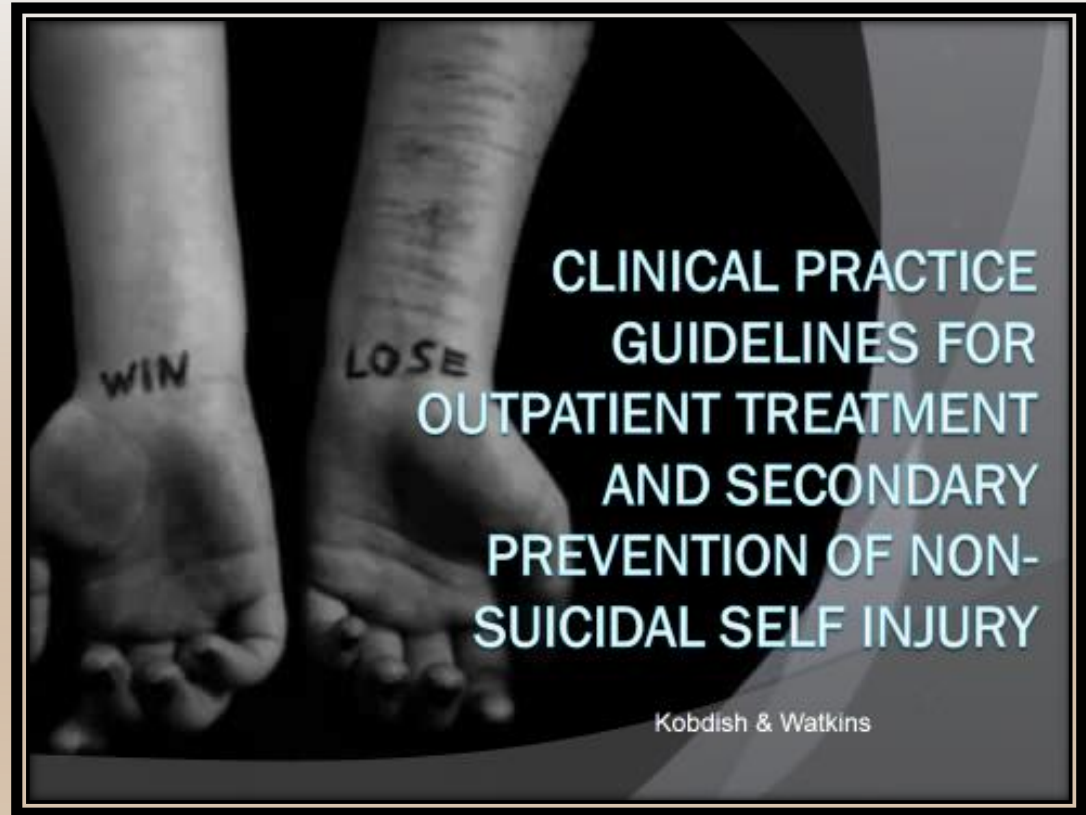
Paper Format: Complete a typewritten double-spaced paper on a selected guideline using the format/template identified by NGC <http://www.guideline.gov/about/template-of-attributes.aspx>
Up to 10 points will be deducted for violations of APA, grammar, spelling rules.

Section	Requirements	Points
A	CPG summary is comprehensive, concise, evidence based and complete	50
B	Methodology includes: Methods used to assess quality, Rating scheme for strength of evidence, Methods used to analyze	20
C	Recommendations include: Type of evidence supporting the recommendations, Methods used to formulate the recommendations, Rating scheme for strength of recommendations, Benefits/harms of implementing recommendations, Qualifying statements	20
D	Equal participation points and group presentation points by each member	10
Total Points		100



Assignment Outcome

“Which treatments are proved most efficacious for prevention and reduction of NSSI according to research?”



General Approach to Treatment of NSSI

- **B-:** Conduct a functional behavioral analysis of NSSI
- **C:** Treat primary psychiatric disorders first
- **C:** Complete a comprehensive psychiatric evaluation
- **C:** Keep a high index of suspicion and assess for suicidal ideation
- **C:** Develop a therapeutic alliance based on acceptance and validation



Therapeutic Interventions

- **A+:** DGP (developmental group psychotherapy) effective on reducing rates of repetition
- **A-:** Problem solving therapy shows trends towards reduced self-harming behaviors
- **A-:** MACT (manual-assisted cognitive-behavioral therapy) may be effective in reducing self-harming behaviors
- **A-:** MBT (Mentalization-Based Therapy for adults)
- **A-:** MBT-A (Mentalization-Based Therapy for Adolescents), found to be more effective in reducing self-harm and depression than TAU
- **B+:** DBT (Dialectical Behavior Therapy) reduces frequency of episodes of self-harm
- **B+:** Time limited (8 to 12 sessions) CBT therapy
- **B-:** Personal construct therapy may be effective in reducing frequency of repetition



Psychopharmacological Interventions

- **A+:** Lithium reduces NSSI behaviors
- **A+:** Benzodiazepines should not be used, may increase NSSI behaviors.
- **A+:** Avoid medications with high potential for lethality in overdose
- **A+:** No single pharmacological treatment suitable for all NSSI patients.
- **B+:** Naltrexone may reduce NSSI behaviors.
- **B+:** Selective serotonin reuptake inhibitors (SSRI), specifically fluoxetine and sertraline, may reduce NSSI behaviors; however, may increase NSSI and suicidal behavior in some patients.
- **B-:** Clonidine may reduce NSSI behaviors.
- **D:** Buprenorphine may reduce NSSI behaviors.
- **D:** Mood stabilizers may help reduce NSSI behaviors



Assignment: Student-led Seminar

- **Purpose:**

- To explore specific issues in health promotion and risk reduction focusing on effective interventions with individuals, groups, and communities.

- **Guidelines:**

	<u>Points</u>
• Appropriate topic selection with focus on primary care (PC)	10
• Discuss the clinical guideline or recommendations for PC practice	20
• Post on Bb a minimum of two research articles \leq 5 years old	20
• Integrate 2 research-based interventions into presentation	10
• Lead seminar discussion effectively	10
• Time management: limit presentation to 15-20 minutes	10
• Overall presentation style	10
• Provide a handout with key points of presentation and references	10



Student-Led Seminar Grading Criteria

Students in Group _____

Presentation Topic _____

Student Evaluator _____

Criteria	Points Available	Points Given
Appropriate topic selection for primary care (PC)	10	
Discuss the clinical guideline or recommendation for PC practice	20	
Post minimum of two research articles no older than 5 years	20	
Integrate 2 research-based interventions in presentation	10	
Lead seminar discussion effectively	10	
Time management: limit presentation to 15-20 minutes	10	
Overall presentation style	10	
Provide a 1-2 page handout with key points of presentation and references. Focus on "take-home message" and/or screening tools.	10	
Total	100	

Comments/Recommendations:|



References

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