

Closing in on Crisis: Informing Clinical Practice Regarding Nonsuicidal Self-Injury in Youth

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ABSTRACT

Nonsuicidal self-injury (NSSI) in youth is a major public health concern. A retrospective chart review was conducted within a hospital system to examine (a) youth self-reports of reasons for engaging in NSSI and (b) additional contextual

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circumstances that may contribute to youth NSSI. Detailed history, physical examination, and treatment/discharge data were extracted by thoroughly reviewing all electronic documents in each medical record. The final sample ($N = 135$) were predominantly female (71.1%), and well over half (63.8%) reported Medicaid or uninsured status. Qualitative content analysis of youth self-reports and hospital progress notes showed that NSSI served as an emotional and functional coping mechanism. Five primary themes characterized the contextual influences on youth engaging in NSSI: (1) *Personal Emotions*, (2) *Trauma*, (3) *Relationship Quality*, (4) *Sense of Loss*, and (5) *Risk Behaviors*. Practical clinical practice suggestions for working with youth are discussed using these themes as a template for assessing risk and protective factors. *J Pediatr Health Care.* (2016) ■, ■-■.

KEY WORDS

Nonsuicidal self-injury, youth, risk factors

Suicidal and self-injurious behaviors in youth are a major public health concern. For youth in the United States between the ages of 10 and 24 years, suicide is the third leading cause of death, and more than one in six high school students (Grades 9–12) have reported seriously considering suicide in the past year (Kann et al., 2014). Nonsuicidal self-injury (NSSI), defined as deliberate, socially unacceptable self-inflicted damage to one's body without suicidal intent (Guerry & Prinstein, 2010; Nock & Prinstein, 2004), is also widely prevalent. As a distinct phenomenon related to suicidal behavior, NSSI is characterized by significant morbidity (e.g., pain, risk of infection, and scarring), and it is associated with increased risk for mortality

via suicide attempts (Nock, Joiner, Gordon, Lloyd-Richardson, & Prinstein, 2006; Wilkinson & Goodyer, 2011). People who deliberately harm themselves are 30 times more likely to commit suicide than those who do not (Cooper et al., 2005).

Lifetime prevalence rates of NSSI ranging from 13% to 45% have been reported in community-based samples of youth (Lloyd-Richardson, Perrine, Dierker, & Kelley, 2007; Plener, Libal, Keller, Fegert, & Muehlenkamp, 2009), with clinical samples reporting an even higher prevalence ranging from 40% to 75% (Darche, 1990; Guerry & Prinstein, 2010). The inclusion of NSSI criteria within the Emerging Measures and Models section of the *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition (American Psychiatric Association, 2013) points to an increasing awareness of NSSI as a distinct disorder and suggests a need for more empirical research to document the unique characteristics of NSSI and its associated risk factors.

BACKGROUND

Over the last decade, research on NSSI has begun to document the unique characteristics and functions of NSSI in both psychiatric in-patient and community-based samples of youth nationally and internationally (Jacobson & Gould, 2007; Lloyd-Richardson et al., 2007; Nock, 2010; Nock, Prinstein, & Sterba, 2009). The most commonly mentioned function of NSSI is affect regulation, with youth reporting NSSI as a way either to escape negative emotions or to feel something (Di Pierro, Sarno, Gallucci, & Madeddu, 2014; In-Albon, 2015; Klonsky, 2007; Nock & Prinstein, 2004). In addition, Klonsky and Muehlenkamp (2007) have identified two primary psychological characteristics of those who engage in NSSI: negative emotionality (represented by the emotions of depression, anxiety, stress) and self-derogation. These psychological characteristics combine with additional risk factors to increase the risk that youths may engage in NSSI. Childhood abuse and psychiatric diagnoses are common aggravating life circumstances that increase the likelihood of NSSI (Klonsky & Muehlenkamp, 2007). NSSI is also associated with issues of self-esteem, problems in interacting with peers and family members, and poor academic performance (In-Albon, 2015). Bullying has been found to have a mediating relationship with NSSI as well (Claes, Luyckx, Baetens, Van de Ven, & Witteman, 2015).

Although recent research has focused increasingly on NSSI in youth (Cloutier, Martin, Kennedy, Nixon, & Muehlenkamp, 2010; García-Nieto, Carballo, Díaz de Neira Hernando, De León-Martínez, & Baca-García, 2015; Giletta, Scholte, Engels, Ciairano, & Prinstein, 2012; Gulbas, Hausmann-Stabile, De Luca, Tyler, & Zayas, 2015), studies have so far typically used patients' retrospective reports. This methodology

introduces a risk for bias as the time span between the original act or ideation of NSSI and the later evaluation of precipitating factors widens. We are aware of only two studies that have examined youths who engage in NSSI at the point of crisis; Cloutier et al. (2010) investigated the incidence of NSSI and the distinct characteristics of those who engage only in NSSI and those who attempt suicide in an emergency department, and Nock et al. (2009) used an ecologic momentary assessment method to measure self-injurious thoughts and behaviors in real time. Nock et al.'s (2009) findings provided detailed reports about the context in which NSSI occurred; however, it is imperative to gain an accurate picture of the immediate reasons and contexts associated with engaging in NSSI and the additional circumstances that youth and their caregivers report as having contributed to the NSSI behavior. Such data can help inform the development of clinical training and practice protocols for pediatric health care providers in primary and acute care settings who must develop a comfort level with assessing their clients for NSSI and who need to establish procedures for coordinating care with mental health professionals once NSSI has been identified. This study was therefore undertaken to examine the self-reports of youths with NSSI who presented to the emergency department for treatment—to determine their reasons for engaging in NSSI and to evaluate additional contextual circumstances that may have contributed to their self-injurious behaviors.

METHODS

Study Design, Setting, and Sample

After institutional review board approval, a retrospective chart review was conducted, using medical records of youth who presented in the emergency department at two separate hospitals in a Southern U.S. state for NSSI. Over 1,900 patient encounters were initially identified for another study examining youth suicide that fit the following inclusion criteria: (a) patients who were older than 4 and less than 19 years and (b) patients who presented because of self-injury from January 1, 2011, through August 31, 2012. For the present study, the 1,900 patient encounters were coded for suicide attempt, self-harming ideation, or self-harming act to

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