Psychiatric Consultation to Primary Care
A behavioral health integration partnership program of Vista Hill, funded by San Diego County Department of Behavioral Health Services
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E-WEEKLY NEWSLETTER
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****NONSUICIDAL SELF-INJURY****

Also known as self-injury and self-harm, nonsuicidal self-injury (NSSI) refers to the deliberate and direct alteration or destruction of healthy body tissue without suicidal intent. This can range from skin cutting or burning to amputation of body parts. There can be a cultural component to the self-injury. While NSSI acts are done without suicidal intention, the person may also be experiencing suicidal thoughts or vague thoughts of dying.

NSSI can be classified as non-pathological or pathological. Non-pathological NSSI is culturally sanctioned, and includes acts like piercings and tattoos. Pathological NSSI is used by some as a method for emotional regulation to attempt to provide rapid but temporary relief from disturbing thoughts, feelings, and emotions. Pathological NSSI can be used to provide self-stimulation during times of dissociation and depersonalization. Pathological NSSI can be used to signal distress and elicit a caring response from others. Factors associated with pathological NSSI include: high levels of unpleasant thoughts or feelings; poor communication skills and problem-solving abilities; abuse or maltreatment during childhood; and under- or over-arousal responses to stress.

There are different ways to classify pathological NSSI: a functional approach and a medical approach. The functional approach focuses on the function that the behavior serves. For most people who engage in NSSI, the function it serves is as an autonomic positive reinforcement (removal or escape from an aversive affective or cognitive state). For some people, NSSI functions as an autonomic negative reinforcement (to generate feelings when one feels dissociated or numb). NSSI can serve as a social positive reinforcement (as a signal of distress to gain attention) or as a social negative reinforcement (to escape from intolerable social situations).

In the medical approach, pathological NSSI falls into 4 major categories, which are associated with specific psychiatric disorders. The 4 categories are: major, stereotypic, compulsive and impulsive. Major NSSI includes infrequent acts that destroy significant body tissue (like eye enucleation or amputation of a major body part). The majority of these occur during psychotic states and the explanation provided defies logic and displays delusional thinking. Stereotypic NSSI is repetitive and can have a rhythmic pattern, and includes acts like head banging, biting skin and face or head slapping. It is most commonly seen with intellectual disabilities and autism spectrum disorders. Compulsive NSSI, seen in certain anxiety disorders, includes excessive nail biting, hair pulling, and skin picking.

Impulsive NSSI consists of acts like skin cutting or burning, sticking pins under the skin, and interfering in wound healing. It is more common in females and typically starts during the teen years. One or two isolated incidents of minor impulsive NSSI may not be cause to worry, but it is concerning if it develops into a repetitive, addictive pattern. Many patients with borderline personality disorder engage in impulsive NSSI but not everyone with impulsive NSSI has borderline personality disorder. Impulsive NSSI can exist in patients with mood disorders, anxiety disorders and psychotic disorders, as well as other cluster B personality disorders. Other impulsive acts, like bulimia or substance abuse, may alternate or coexist with NSSI.

The first line treatment for NSSI includes psychotherapy. Dialectical behavioral therapy is an important component of treatment for impulsive NSSI. Behavioral therapy can be an important component of treatment for stereotypic NSSI. In addition, while there is no medication that treats NSSI directly, psychotropic medication to address the underlying psychiatric disorder, whether it be a psychotic disorder, anxiety disorder, or mood disorder, is also important.

Resources:

Nonsuicidal self-injury: how categorization guides treatment. Armando R. Favazza, MD. Current Psychiatry; March 2012

***REMINDER*: Our SmartCare team can now provide referral information and assistance for individuals of all ages. Patients can call 858-956-5900**

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