Working with Individuals who Self-Harm:

Ethical Considerations in Non-Suicidal Self-Injury (NSSI)
Objectives

1. Get my 3 Ethics CEUs (am I right?)
2. Describe three tools for ethical decision making
3. Identify areas of personal and professional conflict in ethical decision making
4. Review at least three ethical conflicts that relate to suicidal ideation and/or suicidal behavior
5. Apply ethical decision making tools to real world scenarios
6. Develop a resource list for guidance in ethical decision making
Today’s Schedule

Part I (90 minutes)

\- Definition, Prevalence, and Key Issues of NSSI
\- Ethical Dilemmas during Assessment, Diagnosis, and Early Treatment of Individuals with NSSI
\- Application of Trauma Informed Lens for Individuals with NSSI
Today’s Schedule

- Part II (90 minutes)
  - Brief review of Part I
  - Treatment Recommendations/Options when Working Long-Term with Individuals with NSSI
  - Case Vignettes and Examples
Non-Suicidal Self-Injury (NSSI): intentional destruction of one’s body tissue without suicidal intent, for purposes not socially sanctioned. Common methods include:

- Cutting
- Skin Abrading
- Burning
- Hitting/Banging
NSSI subtypes:

- **Major NSSI**
  - Extreme but rare usually one-time (self-castration)
  - Typically observed in severe psychoses

- **Stereotypic NSSI**
  - Frequently (head-banging)
  - Typically observed in developmental disability or neuropsychiatric disorder

- **Superficial to Moderate NSSI**
  - Can be compulsive, episodic, or repetitive (hair pulling vs. cutting a few x year vs. cutting weekly)
Definition/Criteria (cont.)

- Disordered eating is not considered NSSI
- Alcohol and substance, smoking and overdosing is not considered NSSI
- Masochistic acts are not considered NSSI
- Tattooing and Piercing is not considered NSSI

- Included in DSM-5 as “Conditions for Further Study” pg 803-5
According to the DSM-5 NSSI diagnostic criteria:

- Over the past year, the person has for at least 5 days engaged in self-injury, with the anticipation that the injury will result in some bodily harm. No suicidal intent (either directly stated or inferred).
- The act is not socially acceptable.
- The act or its consequence can cause significant distress to the individual’s daily life.
- The act is not taking place during psychotic episodes, delirium, substance intoxication, or substance withdrawal. It also cannot be explained by another medical condition.
The individual engages in self-injury expecting to:

- Get relief from a negative emotion*
- To deal with a personal issue
- To create a positive feeling

*This relief is felt immediately after the act.
*The individual may exhibit signs of dependency on the act.
The self-injury is associated with one of the following:
- The individual experienced negative feelings right before committing the act.
- Right before self-injury, the individual was preoccupied with the planned act
- The individual thinks a lot about self-injury even if act does not take place.
Part 1.1b: Prevalence

- Lifetime rate of self-injury as high as 5.9%
- NSSI more than 5 times as high as 2.7%
- Most severe form of NSSI as high as 1%
- Cutting type is most prevalent (70%)
Men and Women have comparable rates
  - Men most often report burning and hitting
  - Women most often report cutting and burning

Increased rates in adolescents
  - 17% in community samples
  - 40% in clinical samples

Approximately 17% of university students report self-injury at least once. 1/3 of these students began NSSI after age 17
Evidence of increased rates among American Indian and Hispanic youth compared to African American and White adolescents

Some research indicates higher rates of NSSI among LGBT individuals and those questioning their gender identity or sexual orientation.

Longitudinal studies, while scarce, indicate
  ▪ Largest predictor of continued NSSI is previous NSSI
  ▪ Treatment (DBT, CBT, etc.) does reduce reoccurrence
Increased Prevalence of NSSI:

- Rates of NSSI have markedly increased over the past decade (especially among adolescents and young adults)\(^1\)
- NSSI is more prevalent in music, movies, television, and social media contexts
- International Society for the Study of Self-Injury founded in 2006 (www.ISSSweb.org)
Part I.1c: Key Issues

- NSSI is often mistaken for attempted suicide.
- NSSI is complex and often misunderstood.
- NSSI can occur across a variety of mental health disorders and in people who do not meet criteria for any disorder.
- Understanding why people self-injure is essential to accurate diagnosis and treatment.
- NSSI serves practical functions in contexts where it makes sense.
Research supports the idea that NSSI “spreads” through social forces.
Understanding NSSI’s interpersonal context is essential in accurate diagnosis and treatment.
Understanding the impact of professional and systemic bias and stigma of NSSI is important in successful rapport building and treatment.
1. An older gentleman with cancer is refusing his treatment. He has been depressed and saying he doesn't want to live anymore. His family wants to involuntarily commit him.
   - Is this NSSI?
   - What are the ethical dilemmas present?
   - How would you proceed?
2. A young person in elementary school has cut herself, but says she isn't suicidal. Her friends say she was talking about who would go to her funeral if she died. Her mother says she's never seen this type of behavior from her before and doesn't want her "in the system"

- Is this NSSI?
- What are the ethical dilemmas present?
- How would you proceed?
3. A 50 year old female attends her outpatient therapy appointment. She reports taking 15 Xanax four days before because she was suicidal. She says she is better now and realizes it was a mistake. She declines an offer to go the hospital or crisis residential. Should you do an involuntary commitment?

- Is this NSSI?
- What are the ethical dilemmas present?
- How would you proceed?
4. A 16 year old expressed some suicidal thoughts with no plan, but says she's been feeling worse. Her biggest stressor is her relationship with her parents. She asks that you not tell them about her thoughts because she thinks it will make it worse.

- Is this NSSI?
- What are the ethical dilemmas present?
- How would you proceed?
5. In the middle of a couple’s counseling session, a verbal disagreement occurs. One of the couple, a 32 year old man, stands up and starts punching the wall while yelling “you (punch) always (punch) do (punch) this (punch) to (punch) me (punch)! I get so angry (punch) I don’t know what to do! (punch)”

- Is this NSSI?
- What are the ethical dilemmas present?
- How would you proceed?
6. You receive a call from the father of a 16 year old female client you’ve been working with. He is calling to cancel your session for later today stating “I caught her cutting herself again and so I called the police and had her admitted. I’m not putting up with this crap anymore.”

- Is this NSSI?
- What are the ethical dilemmas present?
- How would you proceed?
The important question is not “What’s wrong with you?”

Rather, it’s “What happened to you?”
Five guiding principles of trauma-informed practice:

1. Safety
2. Trustworthiness
3. Choice
4. Collaboration
5. Empowerment
1. Safety
   - Both physical and emotional
   - Where, when, and how are services delivered?
     - Potential triggers
   - Attending to a client’s discomfort or unease
2. Trustworthiness
   - Providing services with clarity and consistency
   - Maintaining healthy interpersonal boundaries
   - Communication/negotiation of service provision
3. **Choice**
   - Inviting clients to participate in decision-making regarding their services
   - Building in small choices can make a difference
   - Helping clients have a sense of control

4. **Collaboration**
   - Communicating respect for life experience and history
   - Communicating respect for individuals being the expert on their own experiences
   - Identifying tasks that can be worked on together
5. **Empowerment**

- Continually ensuring that clients have some control over their care
- Recognizing strengths and skills
- Helping clients to continue to develop additional skills
Part I: Summary

- This brings us to the end of Part I
- Any questions at this point?
References

- Evans, Evans, Morgan, Hayward, & Gunnel. (2005).
- Prinstein, Guerry, Browne, & Rancourt. (2009).