Guidelines For Physicians, Nurse Practitioners & Nurses
Acute Care Management of Patients with Wounds from Nonsuicidal Self-Injury

Nonsuicidal self-injury (NSSI) is a coping behavior that 4% of the population has engaged in sometime during their lifetime. NSSI involves deliberate infliction of direct physical injury to one's own body without intent to die as a consequence (i.e. not a suicide attempt). These types of injuries do not fall into the realm of more culturally acceptable behaviors, (body modifications such as piercings, tattoos, brandings, or plastic surgery). Surprisingly, some patients will tell you that they hurt themselves in order to feel better. Common types of NSSI are cutting, burning, hitting or banging, and self-embedding of objects. Men's/boys' self-injuries may appear more accidental, such as a sports or work injury.

The wounds of nonsuicidal self-injury are usually the 'tip of the iceberg' of problems that the patient suffers from. A typical patient who self-injures is trying to cope with deeper emotional and psychological 'wounds' from childhood trauma and neglect. Common challenges for these survivors are emotional dysregulation, alexithymia (literally 'no words for feelings'), dissociation, and impulse control. These challenges may affect your interaction with patients who self-injure making them sometimes appear difficult to work with. Don't take unpleasant or uncooperative behaviors personally. Recognize self-injury wounds as indicators of deeper problems.

Working with a patient who has self-injured:

- Focus on the patient as you would when treating accidental wounds. By staying neutral and nonjudgmental you may get the person you're treating to be more open with you. He or she may tell you things you need to know about the method of injury, and may disclose about other wounds that also need attention. If all needed treatment is received during this appointment, the person will be less likely to suffer complications which could result in them having to return.
- Treat self-injury wounds as you would treat accidental wounds. Use anesthetic, gentle touch, and compassion. Check-in with the patient during the procedure.
- Don't try to talk the person out of repeating self-injury as it is unlikely to help. Prevention usually requires long-term contact with a counselor and/or mental health services.
- Provide information on wound care and suture removal (if applicable) as you would for other patients.
- Give the patient a copy of the 'Patient Information Sheet about Nonsuicidal Self-Injury' that includes questions about other concerns, and a list of resources.

If this patient has to wait, keep in mind he or she is also suffering from emotional distress (even if the distress is not apparent):

- Let the patient know about how long the wait will be.
- Try to ensure the reception room staff is respectful.
- Provide reading material to help them pass the time. Consider allowing the use of a telephone so they can call their support people.
- Provide an ice pack to help ease pain and decrease inflammation even if you "don't think the injury looks that bad".

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Assessment Recommendations:

- Ask about method of injury.
- Be sure to ask if the injury presented to you is "the only one you'd like looked at". The person may have more wounds but feel afraid to show you due to location, fear, or for other reasons.
- Ask about suicidality. 55% to 85% of self-injurers have made at least one suicide attempt in their lifetime and 10% die by suicide. Consider giving the patient a self-report for depression that includes questions about suicidality such as the PHQ-9[1]. Offer the person guidelines from the 'Patient Information Sheet' about what to do if he or she becomes suicidal in the future.
- Ask about mental health problems and if they are currently receiving psychiatric care. Encourage follow-up with their existing mental health services, or resources listed on the 'Patient Information Sheet'.
- Interview, using the shorter 'Patient Information Sheet', or the longer PSP Diagnostic Assessment Interview (S^2IGECAPS…) in the Assessment Module of the Cognitive Behavioural Interpersonal Skills Manual (CBIS)[2].
- If the patient identifies other concerns such as use of drugs or alcohol, or mental health problems, point out the resources at the bottom of the sheet. If their concerns are more acute and serious refer immediately to ER Psychiatry.

Additional information that may be helpful to know about your patient:

- Someone who self-injures may seem reluctant to tell you how the injuries happened. It is often hard for people to talk about their self-injury because they don't have language to talk about feelings (alexithymia), and because of fear, shame, and/or guilt.
- He or she may dissociate[3] during your treatment. Consider the dissociation to be a necessary and temporary coping strategy. However do ensure the person is grounded before leaving the office, by asking about what usually works for him or her to achieve this. If patients are at a loss to identify strategies, you may ask them a neutral question unrelated to the wound (such as plans for the day), and suggest remaining in your waiting room until they feel better. If you have time, coach them in grounding skills and/or abdominal breathing from the PSP Cognitive Behavioural Interpersonal Skills Manual (CBIS) Relaxation Module.

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[1] Patient Health Questionnaire for depression – see footnote 2, PSP.

[2] Practice Support Program is a joint initiative of the BCMA & BC Ministry of Health Services. Look for the Mental Health Module: www.impactbc.ca/practicesupport (Physicians can contact mdelacruz@bcma.bc.ca for login directions.) Our new Kamloops PSP Coordinator is Sheila Bermiller: 250-314-2100 x. 3755.

[3] Dissociation is an experience of disconnection from oneself and/or the surrounding environment that can range from temporarily losing touch with things that are currently happening (like what happens when daydreaming), to having no memories for a prolonged period of time. Dissociation is often associated with a diagnosis of Posttraumatic Stress Disorder. A smaller percentage of patients will have Dissociative Identity Disorder (multiple personalities), including child parts.

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