

Non-Suicidal Self Injurious Behaviors (NSSIB)

Behavioral Health Tips

Non-suicidal self injurious behavior or NSSIB is a group of potentially dangerous acts or behaviors undertaken by individuals in response to internal emotional states or external events. The majority of individuals who engage in NSSIB started doing so as adolescents. While the reasons behind NSSIB are diverse and different, most people state that NSSIB helps alleviate emotional pain or conflict, even while its very act causes physical pain or distress. There are various types of NSSIB, including cutting, hitting one's self, hair pulling, scratching, burning, skin picking, and medication or illegal substance ingestion or injection. NSSIB is typically a symptom or manifestation of a larger psychological issue. Besides the dangers of NSSIB, there is always a major concern that NSSIB could lead to greater injury than the individual intended or even death. Treatment for NSSIB typically revolves around getting the individual treatment for any underlying psychological issues while simultaneously helping them modify their behavior to find less dangerous ways to alleviate their emotional pain.

Warning Signs:

Parents should be on the look-out for injuries or behaviors that seem inconsistent with what the child or adolescent reports. For example, typical accidental cuts are non-linear, comes in groups of one or two breaks in the skin, and are of different depths and severity. Non-accidental cutting is more often linear, grouped together on the non-dominant arm or leg (as it's easier to cut across the body), and all visible cuts have similar appearances. Individuals often attempt to conceal the injuries afterwards, i.e. children or adolescents might start wearing long-sleeve clothing or long pants in warmer temperatures without a clear and plausible explanation. Noticing medication bottles in your child or adolescent's room without a good reason or finding razors, knives,

or other sharps could also be a sign of past or planned NSSIB. Children and adolescents who have a history of NSSIB are at greatest risk to engage in future episodes of NSSIB.

How Parents Can Help:

Parents can take the lead in advocating for their children to get diagnosed correctly and then treated. Parents can help their children attend therapy sessions and take any medications prescribed by a doctor. Parents should pro-actively remove at-risk

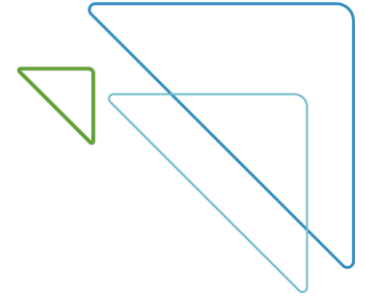
For more information

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objects from their children's possession and securely lock household medications and sharps. Children at-risk for NSSIB should only be allowed to use such objects under parental supervision. In children are of shaving age, razors should only be provided to them while in the bathroom and the bathroom door should be unlocked. The razor should be returned to the parent immediately after shaving is complete. Parents can also work with their child's therapist to help their child learn less dangerous ways to cope with emotional stress or pain. These strategies include deep breathing, punching a pillow, snapping a rubber band on the arm, splashing oneself with cold water, distracting oneself, calling a friend, or self-soothing using one's senses.

Additional Resources:

Self-Injury Outreach and Support: <http://sioutreach.org/>

Self-Injury The Trevor Project:

https://www.thetrevorproject.org/trvr_support_center/self-injury/

AACAP Facts for Families:

https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Self-Injury-In-Adolescents-073.aspx

Cornell University Self Injury and Recovery Research and Resources:

<http://selfinjury.bctr.cornell.edu/resources.html>