

UNDERSTANDING NON-SUICIDAL SELF-INJURY

By: Daya Patton, PhD, LCAS, CCS, LCMHCA

Presentation Objectives



- Define non-suicidal self-injury.
- Summarize the prevalence and trends of non-suicidal self-injury.
- Identify risk factors that could lead to non-suicidal self-injury.
- Identify functions of non-suicidal self-injury.
- Identify signs that students may be engaging in non-suicidal self-injury.
- Describe best practices for intervention and treatment of students who engage in non-suicidal self-injury.

WHY THIS TOPIC?

- Studies reveal that mental health professionals are feeling ill-prepared in this matter.
- The purpose of this presentation is to ensure that school counselors feel prepared to appropriately intervene.

DEFINING NON-SUICIDAL SELF-INJURY

- The deliberate destruction of bodily tissue without conscious suicidal intent.
- Also called self-harm, self-mutilation, or self-inflicted violence (SIV), NSSI is defined as the purposeful destruction of bodily tissue to alleviate emotional pain.
- Acronym: NSSI



And what about.....

- Ripping or tearing of skin
- Pulling out hair (eyelashes & eyebrows included)
- Preventing wounds from healing
- Burning parts of the body
- Rubbing glass into skin
- Sticking skin with needles

Prevalence



- Between 13% - 25% of adolescents and young adults surveyed in schools have some history of non-suicidal self-injury
- Average age of onset between 11 and 15 years.
- Middle school populations have a somewhat higher prevalence .
- The more common type of self-injury, seen often in middle and high schools, is called “episodic” or “superficial” self-injury.

Cultural Influences

- Based on international case studies conducted in the U.S., Canada, and Europe NSSI is a global phenomenon
- No evidence of influence of socioeconomic status.
- Research has consistently shown a link between sexual orientation and this behavior.
- Students who are within the questioning phase are more likely to engage in this behavior.
- Evidence suggests that African American males are also at high risk of engaging in self-harm.

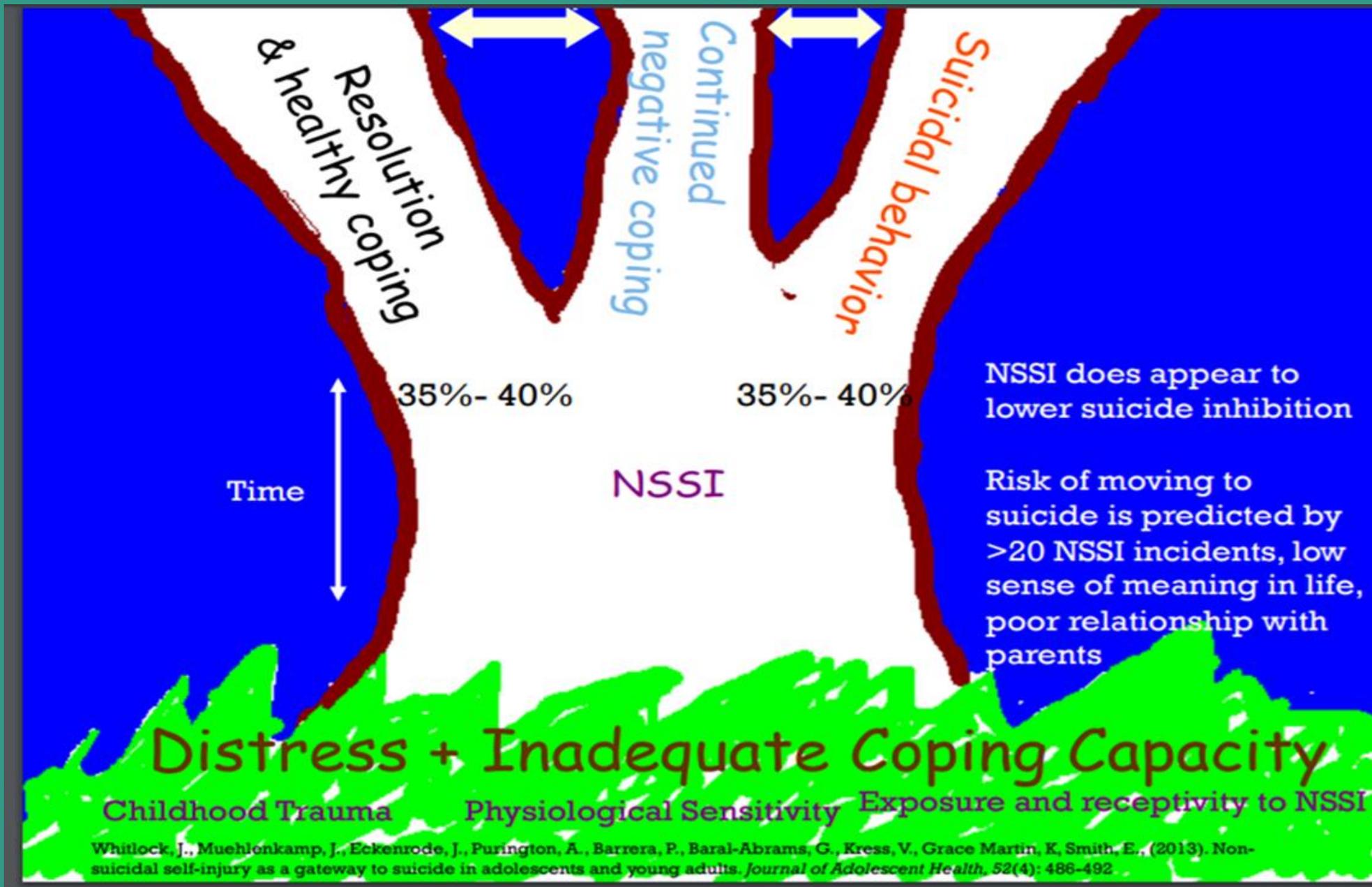
Detection of NSSI

- Fresh cuts, bruises or any physical marks of bodily damage.
- Unexplained marks and clusters of bruises. Frequent bandages.
- Excessive accessory wear (e.g. scarves, big bracelets, bands). Inappropriate dress for the season.
- Unwillingness to participate in activities that require less body coverage. (e.g. swimming)
- Participation in an exclusive subgroup. (i.e. Goth or Emo)

UNDERSTANDING NSSI

- Reframing the problem and working towards empathy. The primary need for students engaging in NSSI is to be heard, validated, and understood.
- NSSI is not suicidal behavior, even though it can sometimes look like it.
- If self-injury goes untreated for long enough, eventually those intense feelings can lead to despair, and suicide is a possible outcome.

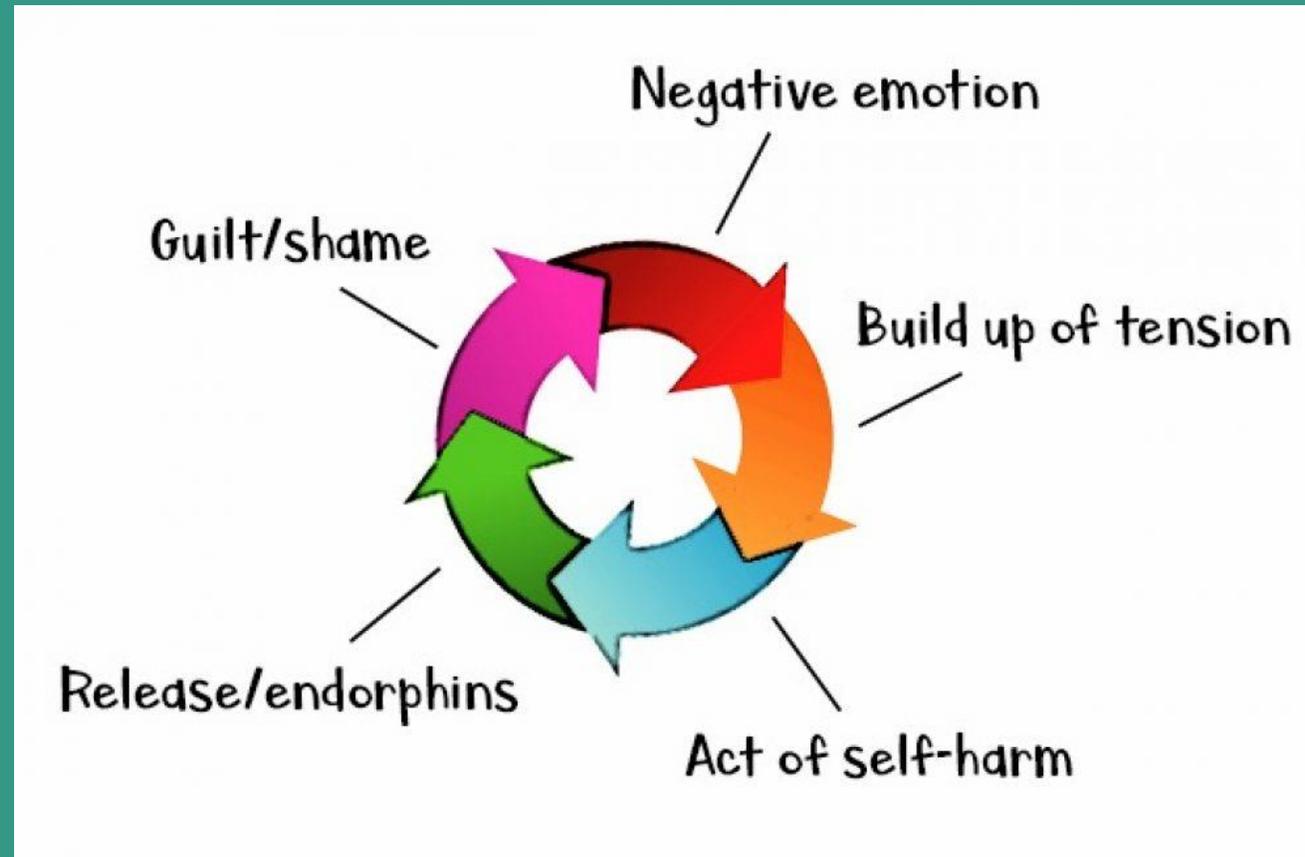
- Non-suicidal self-injurious behavior is often an attempt by an adolescent to re-establish emotional agency.
- A common reason for NSSI is to get relief from intense emotions.
- For some NSSI is a form of communication if they have difficulty expressing their feelings verbally. Difficulty in identifying and describing their own feelings, may increase the risk of NSSI.
- NSSI is a coping mechanism, the problem is NSSI is an unhealthy maladaptive coping mechanism.



Risk Factors for NSSI

- History of trauma/abuse/neglect
- Family dynamics and changes
- Peer dynamics
- History of emotional dysregulation or sensitivity (high in detection but low in regulation)
- Negative thought patterns (rumination)
- Presence of other mental health problems (e.g. anxiety, depression)
- Family environment that is low in affect

CYCLE OF NSSI



Prevention Before Intervention!

EDUCATE STAFF AND PARENTS REGARDING SIGNS, CAUSES AND RESPONSE.

ESTABLISH CONNECTIONS WITH LOCAL MENTAL HEALTH AGENCIES.

ENSURE THAT STUDENTS ARE BEING TAUGHT APPROPRIATE COPING STRATEGIES.

DEVELOPING YOUR PLAN OF ACTION

- Who is the point of contact for NSSI cases?
- When and how would you contact the parents?
- How would you assess for severity? Who would do this?
- Who would you refer the child to for mental health services in a severe case?
- How would you re-integrate the child back into the school environment?



What can we do?



Respond

Assess

Engage

Refer

Responding Appropriately

- Respond with calm and concern, rather than shock or emotional display.
- Be empathetic
- Medically-focused
- Clear and direct

Assess: Key Questions to Ask Student

- Where on your body do you tend to injure yourself?
- Do you find yourself in a certain mood when you self-injure? Are there certain things that make you want to self-injure?
- What do you typically use to injure yourself?
- How do you care for your wounds?
- Have you ever hurt yourself more severely than intended?

NSSI

- Assess immediate danger and severity of the injury. Does the student need medical and/or psychological attention?
- Inventory of Statements About Self-Injury (ISAS)

[ISAS TOOL](#)

Suicide Risk

- Is the behavior at risk of elevating to suicide?
- Columbia University's Suicide Severity Rating Scale

Engage: Parental Involvement

- It is necessary engage the parents of the student because of our ethical duty to the student.
- Limit to confidentiality - harm to self.
- Basic fact sharing.
- Student should be encouraged to talk openly and honestly with their parent. If student is reluctant, it is our responsibility.

Parent Involvement Cont.

- Helps to ensure that intervention/treatment is occurring across settings.
- Initial meetings after discovery should be held along with follow-up meetings after intervention/treatment.
- The school also has a responsibility to report parent neglect to local child protection agency.

Refer

- Check-in with the referral agency to see if the student has started therapy. Develop a close relationship with the therapist.
- Stay in touch with the student's parents. Establish a helping relationship.
- Check-in with the student occasionally. Continue to teach and encourage effective coping skills.
- Be vigilant and control contagion.
- Continue prevention.

PREVENTING CONTAGION

- Reduce communication about NSSI amongst peer group members.
- Reduce public display of wounds/scars in school setting.
- Do not use school-wide assemblies, newsletters, school newspapers to address an “outbreak” of NSSI.
- Treat the behavior using individual counseling sessions and not group session (w/ an exception).
- Discuss the behavior in its broader context; as an unhealthy coping strategy among several others (such as substance abuse).

Potential Treatments

- Dialectical Behavioral Therapy (DBT)
- Cognitive -Behavioral Therapy (CBT)
- Motivational Interviewing
- Cognitive Intervention Skills Building
- Emotion Regulation Skills Building
- Art Therapy
- Pharmacological treatment (when psychiatric disorders are also present)

District Protocols

- Consult with your school crisis team.
- If you determine that there is further assessment needed, follow your district suicide intervention protocol.

RESOURCES

Cornell University Research Program on Self-Injury and Recovery

<http://www.selfinjury.bctr.cornell.edu/>

Self-Injury Outreach and Support

<http://sioutreach.org/>

S.A.F.E Alternatives

<https://selfinjury.com/>

National Self-Harm Network

<http://www.nshn.co.uk/index.html>

COMFORT KIT

(CINDY MORTON)

- The goal of a comfort kit is to provide a distraction for students who engage in self-injurious behaviors.
- Fill the kit with a few tactile tools and sensory items.
- It is more effective if you limit the kit to three to four items.

HOW TO USE THE KIT?

- Start out strong by allowing the distressed student to come into your office and use his or her kit for about 20-30 minutes.
- As time goes on during the year, slowly reduce the student's time with the kit and progressively move the location of the kit so the student can access it without your presence (you can include a sand timer).
- The goal is to place the kit in his or her possession where the student can look at the items and become distracted from the act of NSSI.

ITEMS TO INCLUDE IN A KIT:

- **Glue** - Glue gives the sensation of pulling on the skin which mimics the sensation students desire when cutting, burning, or picking the skin.
- **Highlighters** (suggested colors are yellow and green)- Highlighters can be used for the student to make visual marks on the skin which is often another desired result of NSSI.
- **Tape**- Like glue, tape also provides a sensation of pulling on the skin which mimics the sensation students desire when cutting, burning, or picking the skin.
- **Band aids**- Like glue and tape, band aids also give the sensation of pulling on the skin which mimics the sensation students desire when cutting, burning, or picking the skin.
- **Bag** with sand and rocks, a manipulative like clay or play doh, or stress ball

DISTRACTION TECHNIQUES

(KILBURN & WHITLOCK; NATIONAL SELF HARM NETWORK)

- Reach out to others (students can call **SAFE Alternatives 1-800-DONT-CUT**).
- Encourage students to express themselves creatively through a journal, a song, or drawing, or writing poetry.
- Students can nurture themselves by taking a bubble bath, watching a funny movie, listen to music, or take a shower.
- Find constructive activities like cooking, cleaning, doing homework, organizing their room or dying their hair.

MORE DISTRACTION TECHNIQUES

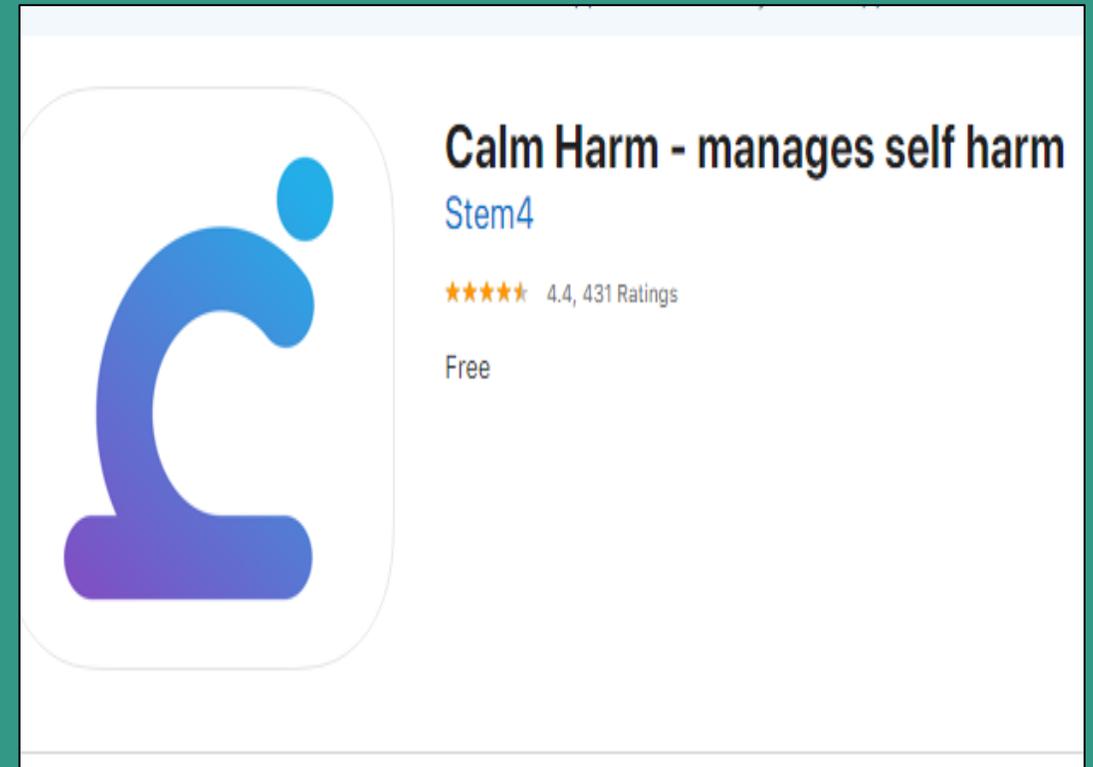
- Do something fun like finger painting, going to the movies, playing on the computer, or going out for ice cream.
- **Physical activity**-exercise, dancing, deep breathing exercises, scream, or punch a pillow.
- **Displacement**-draw a red line on themselves, snap a rubber band on their wrist until the urge to SI subsides, put bandaids on where they want to self-harm, take a photo of themselves and write how they feel on it, when they want to self-injure hold an ice cube in their hand as long as they can.
- **Reinforcement**-think about not wanting scars in the summer or set a target time of how long they will not self-harm.

CALM HARM APP

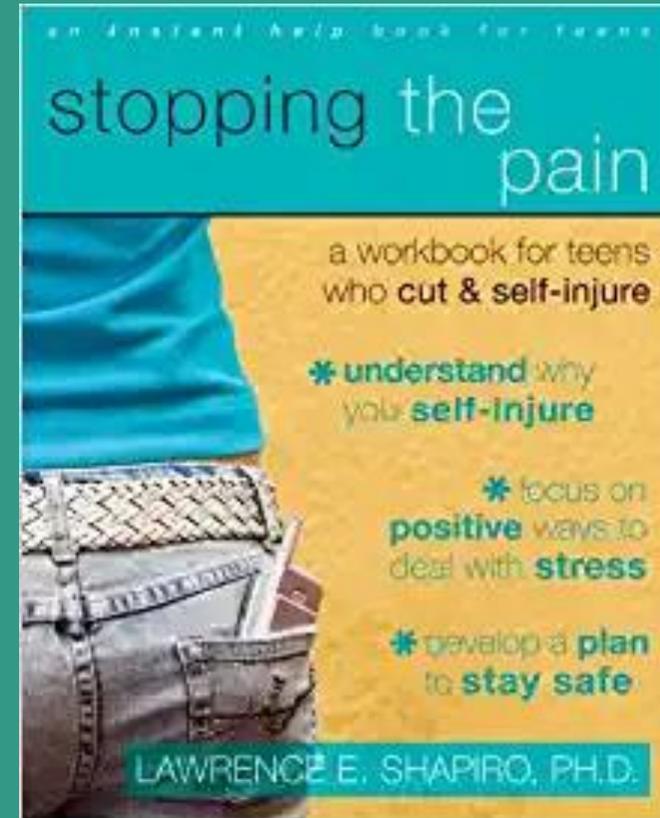
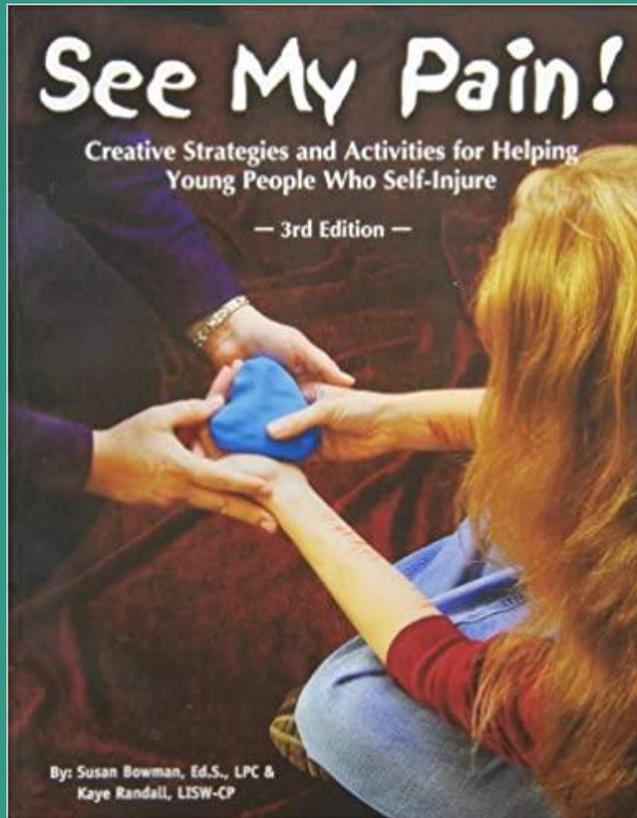
Calm Harm is an app designed to help people resist or manage the urge to self-harm. It's private and password protected.

Calm Harm is designed for people who are trying to manage urges to self-harm. Calm Harm is based on the principles of dialectical behavior therapy (DBT).

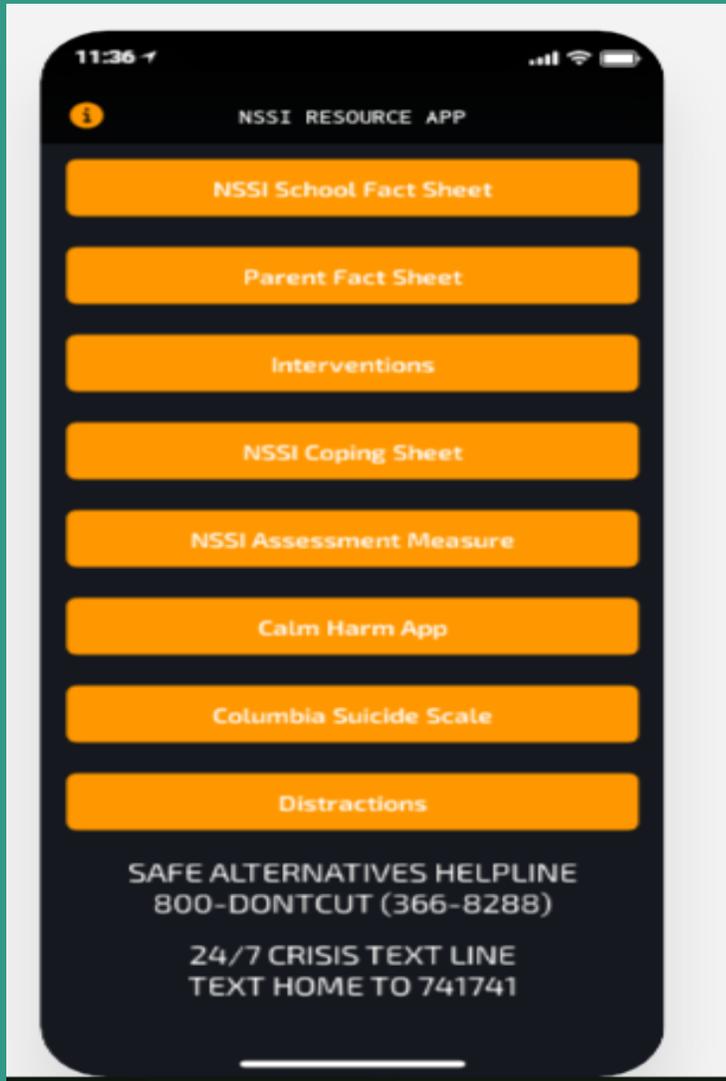
The app provides tasks that encourage users to distract themselves from urges to self-harm and help manage their "emotional mind" in a more positive way.



BOOK RESOURCES



NSSI RESOURCE APP



<https://rncyj.glideapp.io/>

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