# TREATMENT GUIDELINES FOR HEALTH STAFFNon-Suicidal Self-Injury (NSSI) Behavior

**DO NOT LEAVE student alone at any time if concerned about suicidality!**

NSSI is the deliberate, self-inflicted destruction of body tissue resulting in immediate damage without suicidal intent and not for culturally or socially sanctioned reasons (such as tattoos and body piercings). Examples include cutting or carving into the skin, scratching, burning, and hitting oneself or objects.

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| **COMMON FACTS** |
| Self-injury may be performed on any part of the body, but most often occurs on:HANDSARMSSTOMACHTHIGHS | Severity can range from:A picture containing map, text, drawing  Description automatically generatedSuperficial to Lasting DisfigurementA picture containing mirror  Description automatically generated |
| Female Symbol Silhouette clipart, cliparts of Female Symbol ...Females tend to start younger, injure longer and use more serious forms (cutting). | A close up of a logo  Description automatically generatedMales are more likely to injure while high/drunk and are more likely to injure in a social setting. |
| A picture containing drawing  Description automatically generatedSelf-injury is performed by people of all economic groups and ethnicities. | bi symbolSexual orientation is a potent predictor of self-injury. Bisexuality is a very strong risk factor for self-injury, especially in females. |
| **COMMON SIGNS AND SYMPTOMS OF SELF-INJURY** |
| * Scars, often in patterns
* Fresh cuts, scratches, bruises, bite marks or other wounds
* Excessive rubbing of an area to create a burn
* Keeping sharp objects on hand
* Wearing long sleeves or long pants, even in hot weather
* Frequent reports of accidental injury
* Difficulties in interpersonal relationships
* Behavioral and emotional instability, impulsivity, and unpredictability
* Statements of helplessness, hopelessness, or worthlessness

Resource: [Mayo Clinic – Self-injury/cutting symptoms and causes](https://www.mayoclinic.org/diseases-conditions/self-injury/symptoms-causes/syc-20350950) |

**Authorized health and wellness staff may treat students with acute injuries related to NSSI as follows:**

## WHAT TO DO FIRST

1. Stay calm and provide a private, supportive space to assess the severity of the injuries and where the student feels safe to talk.
2. Immediately assess whether any self-injury has occurred.
3. If the self-injury is life-threatening and/or the student cannot cooperate with the assessment, call 911 or immediately transport the student to the nearest emergency room per your center operating procedure (COP) for Mental Health Emergencies. **Do not leave the student alone until they are safely transferred to medical care. Alert HWD about the situation, if needed.**
4. If the self-injury is not life-threatening, treat the physical injuries per the center's medical protocol and treatment guidelines.
5. After assessing obvious injuries, ask *“****Do you have any other wounds?****”* then state matter-of-factly, ***“I need to assess your wounds so we can be sure to provide proper care and avoid infection.”*** Complete your physical assessment.

## ASSESS SYMPTOMS AND BEHAVIORS

1. Listen to the student nonjudgmentally and with empathy and genuine concern. Self-injury is usually carried out in secret and can be associated with a lot of shame and guilt, so a student may not initially be willing to talk.
2. Give the student as much personal space and sense of control as possible.
3. Allow the student to express their current feelings and concerns. Acknowledge the student’s feelings. For example: ***“I can see you’re having a hard time right now.”***
4. Speak clearly and use short sentences in a calm and reassuring tone of voice. Do not overwhelm the student with words as this will likely cause the student to become more stressed and anxious.
5. Avoid giving specific advice, lecturing, or trying to “fix” the situation.
6. After any physical injuries have been addressed, determine whether the student needs an immediate emergency mental health evaluation by assessing for the presence of past and current suicidal ideation. **Note**: In general, most students who engage in NSSI will **not** require an immediate emergency evaluation because NSSI is, by definition, without conscious suicidal intent.
7. Say:
* ***“I know that self-injury isn’t usually about suicide, but some people may think about suicide when they self-injure. Were you thinking about ending your life when you were injuring yourself?*** *[wait]*
* ***"Have you ever thought about trying to end your own life?***
* If student answers “yes,”ask:***"Are you feeling that way now?"***
* If suicidal thoughts or intent are present or questionable, follow the [Suicidal Self-Directed Violence Treatment Guideline](https://supportservices.jobcorps.gov/health/Documents/TGs/tg_suicide.docx) (“What to Do Next”). **Do not leave the student alone.**
1. If there is no concern for suicide, then help the student explore what may have triggered the self-injury episode. Ask:
* ***“What’s going on for you right now to make you feel this way?”***
* **“*On a scale of 1-10, where 10 is the worst, how would you rate your*** ***feelings of*** [*sadness/anger/anxiety*] **right *now?***
* **“*On a scale of 1-10, where 10 is the worst, how would you rate your*** ***urge to injure yourself* *right now?***
1. If the student is not able to describe why they are feeling or reacting the way they are, consider asking the following 2 questions, as appropriate:
* ***“Have you recently taken any of your own medications or someone else’s prescription medications?”*** If the student answers “yes,” ask about the names of the drinks, how much the student drank and how much they usually consume. If the student reports, or is suspected of, having consumed energy drinks in excess, involve the Center Physician (CP).
* If there are concerns about possible alcohol/drug use, ask **“*Have you recently used any alcohol or drugs?”*** If the student answers “yes,” ask about the names of the medications, the number of pills/capsules they took, and what time they were taken. If the student reports, or is suspected of, mis-using their own or someone else’s medications, involve the CP.
1. If the student is not willing to participate in the assessment, ask the student if they would like to speak with the CMHC (if available) or if there is a trusted staff member who could provide support, then determine if that staff member is available to come assist.
2. After the acute distress has been addressed, discuss with the student how a referral to the CMHC could be helpful to develop healthy alternatives to substitute for self-injury behaviors and manage stress better.

## WHAT TO DO NEXT

1. If assistance is needed to determine whether an emergency psychiatric evaluation is needed, contact the CMHC and/or CP for consultation. CMHCs may want to assess for specific risk factor for suicide in individuals who self-injure including: a history of suicide attempts; current suicidal thoughts, intent, or plans; increased frequency of NSSI behaviors; use of a variety of NSSI methods; a significant increase in psychosocial stressors; and few positive supports or coping skills.
2. **Students who engage in self-injury to manage their emotions or stress should be encouraged to meet with the CMHC**, so that the CMHC can determine whether an evaluation and/or treatment such as brief therapy and/or medication would be helpful.
3. If the student is already in treatment, determine whether the student has been adherent with medications and/or therapeutic interventions.
4. Students who express an interest in starting medication to assist management of their mood should be referred to the CMHC for assessment, and the CP for follow-up.
5. If the student does not want to meet with the CMHC, it is recommended that health and wellness staff alert the CMHC so that the student can be discussed at the next case management meeting and help identify ways for the counselor to support the student. The counselor can refer the student to the CMHC in the future, if needed.
6. If the student has received treatment for a mental health disorder in the past, consider obtaining a signed *Authorization for Release of Information* from the student (or, if minor, parent/guardian) so that prior treatment records can be obtained and reviewed.