THE CUTTING EDGE: UNDERSTANDING AND ADDRESSING NON-SUICIDAL SELF-INJURY IN YOUTH

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LEARNING OBJECTIVES

Background	• Definition and taxonomy • Basic prevalence and function
Common presentation in youth	• Forms and locations • Risk factors
Comorbidity	• Comorbidity • Relationship to suicidality
Detection and intervention	• Detection • RAEER model • Common treatment
Resources	

WHY DO I STUDY THIS?

"I think my greatest fear is to be forgotten. A teacher I had last year doesn't even remember my name -- it makes me think that no one remembers me. How do I know I exist? At least I know I exist when I cut"

-- Self-Injury Message Board Post

NON-SUICIDAL SELF-INJURY (NSSI)

Deliberate, direct, and self-inflicted destruction of body tissue resulting in immediate tissue damage, for purposes not socially sanctioned and without suicidal intent.

WHY WORRY ABOUT IT?

Harbinger of other more lethal conditions

- **Indicates underlying distress that may increase risk for suicide thoughts and behaviors and / or other chronic conditions**

It can cause unintended severe injury

It can lead to lasting disfiguration

It can be contagious

It is stressful for those who love and/or live with someone who uses it

BASICS

Lifetime NSSI estimates range from 7% – 25.6% (up to 65% in clinical populations). Recent review shows:

- 17.2% among adolescents
- 13.4% among young adults
- 5.5% among adults
  - 75-80% of all report NSSI is repeat (25% single incident)
  - An estimated 6-10% are current and repeat

Much more likely to report being bisexual or in non-binary identity categories.

MOST COMMON SELF-INJURY BEHAVIORS (17%-50%)

- Severely scratching or pinching skin with fingernails or other objects
- Cutting wrists, arms, legs, torso or other areas of the body
- Banging or punching objects to the point of bruising or bleeding
- Punching or banging oneself to the point of bruising or bleeding
- Biting to the point that bleeding occurs or marks remain on skin

LESS COMMON SELF-INJURY BEHAVIORS (8%-12%)

- Ripping or tearing skin
- Pulling out hair, eyelashes, or eyebrows with the overt intention of hurting oneself
- Intentionally preventing wounds from healing
- Burning wrists, hands, arms, legs, torso or other areas of the body
- Rubbing glass into skin or stuck sharp objects such as needles, pins, and staples into the skin

MOST COMMON LOCATIONS

- Arms
- Wrist
- Hands
- Thighs
- Stomach
- Calves
- Ankles

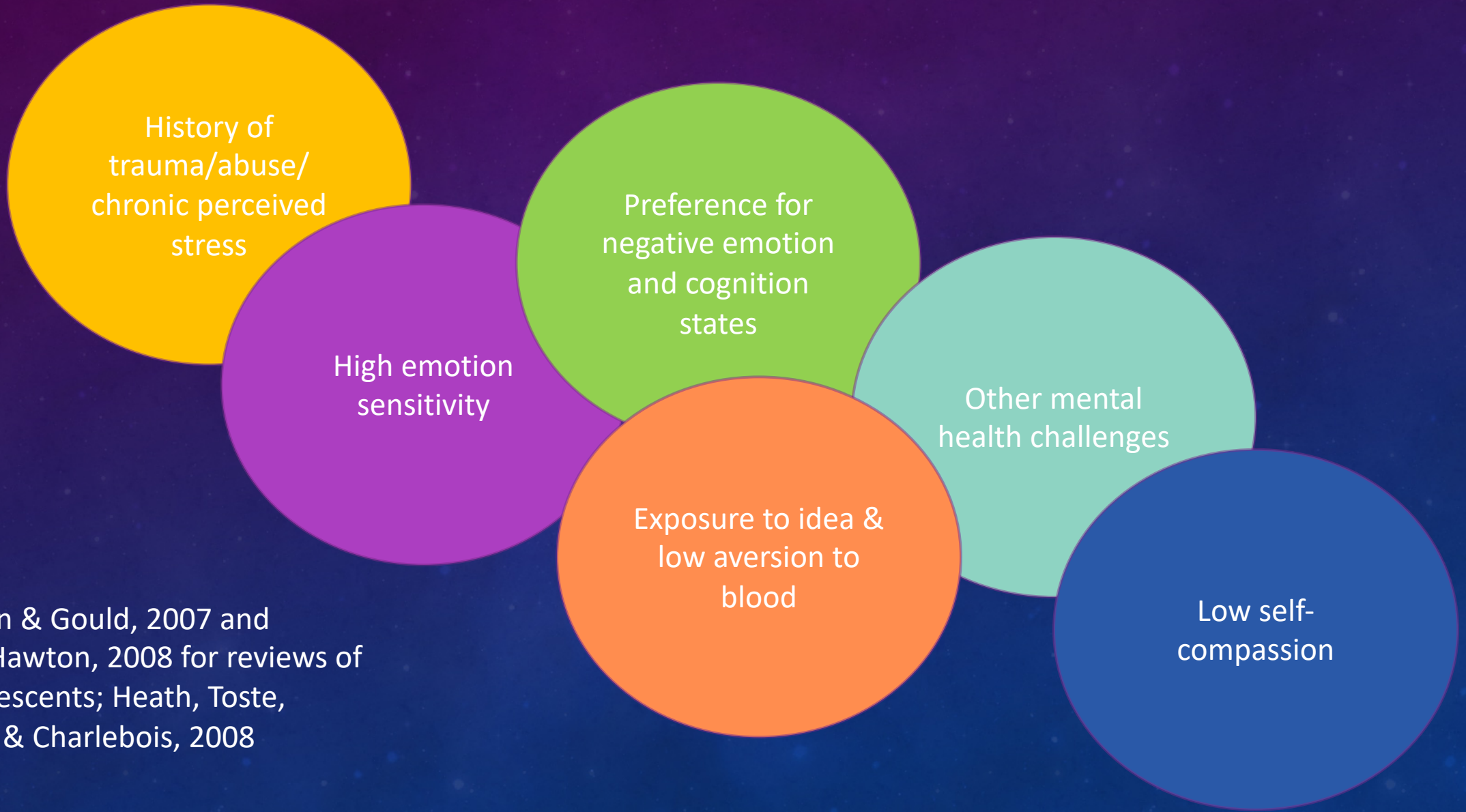
DIFFERENCES IN SELF-INJURY BY GENDER

- Females are more likely than males to cut and scratch
- Males are more likely to punch themselves or objects with conscious self-injury intention
- Females are more likely to injure alone than males
- Males are more likely to injure in groups or to let others injure them as part of their ritual
- Females are much more likely to seek and receive mental health treatment

A FEW OTHER THINGS TO NOTE

About 20% of individuals who SI, report doing so more severely than intended	• Assess for experience with this • Discuss safety measures
Most (68%) report injuring in private but some do injure as part of group membership or ritual	• Assess extent of group engagement
Often episodic; periods of high or low activity	• Do not assume out of risk zone even if long lapse since last injury episode • Assess periodically
Can become habitual or “addictive” for about 1/3 of individuals – most common high prevalence users and those with forms considered high lethality.	• Assess degree of entrenchment and use harm reduction models as needed

RISK FACTORS



see Jacobson & Gould, 2007 and Rodham & Hawton, 2008 for reviews of NSSI in adolescents; Heath, Toste, Nedecheva, & Charlebois, 2008

LINK TO OTHER CONDITIONS AND SUICIDE

COMORBIDITY

Associated in clinical samples with:

- PTSD
- Anxiety disorders
- Depression
- Disordered eating
- Obsessive-compulsive disorder
- Substance abuse

Was added to the DSM V as a condition in need of additional research

DOES SELF-INJURY LEADS TO SUICIDE?

No

Self-injury is a way of managing feelings

Self-injury is a risk factor for suicide so suicidal intent should be assessed

A history of self-injury can make it easier to actually take the steps of attempting or committing suicide if the individual begins to feel suicidal

WHY?

Regulate negative affect or no affect (to deal with feelings)

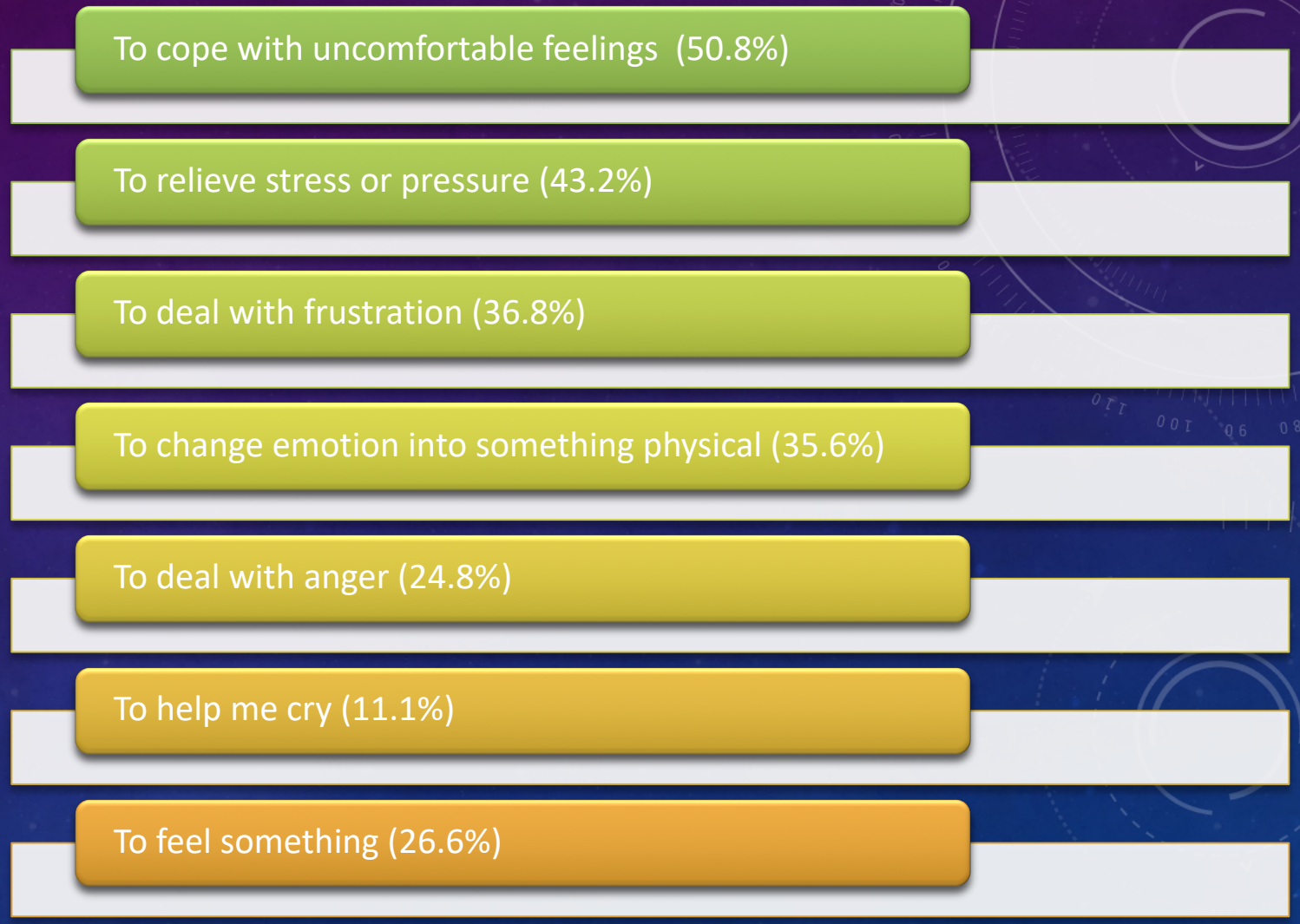
Social communication / belonging

Self-punishment and deterrence

Sensation seeking

Self-distraction

REGULATE NEGATIVE AFFECT



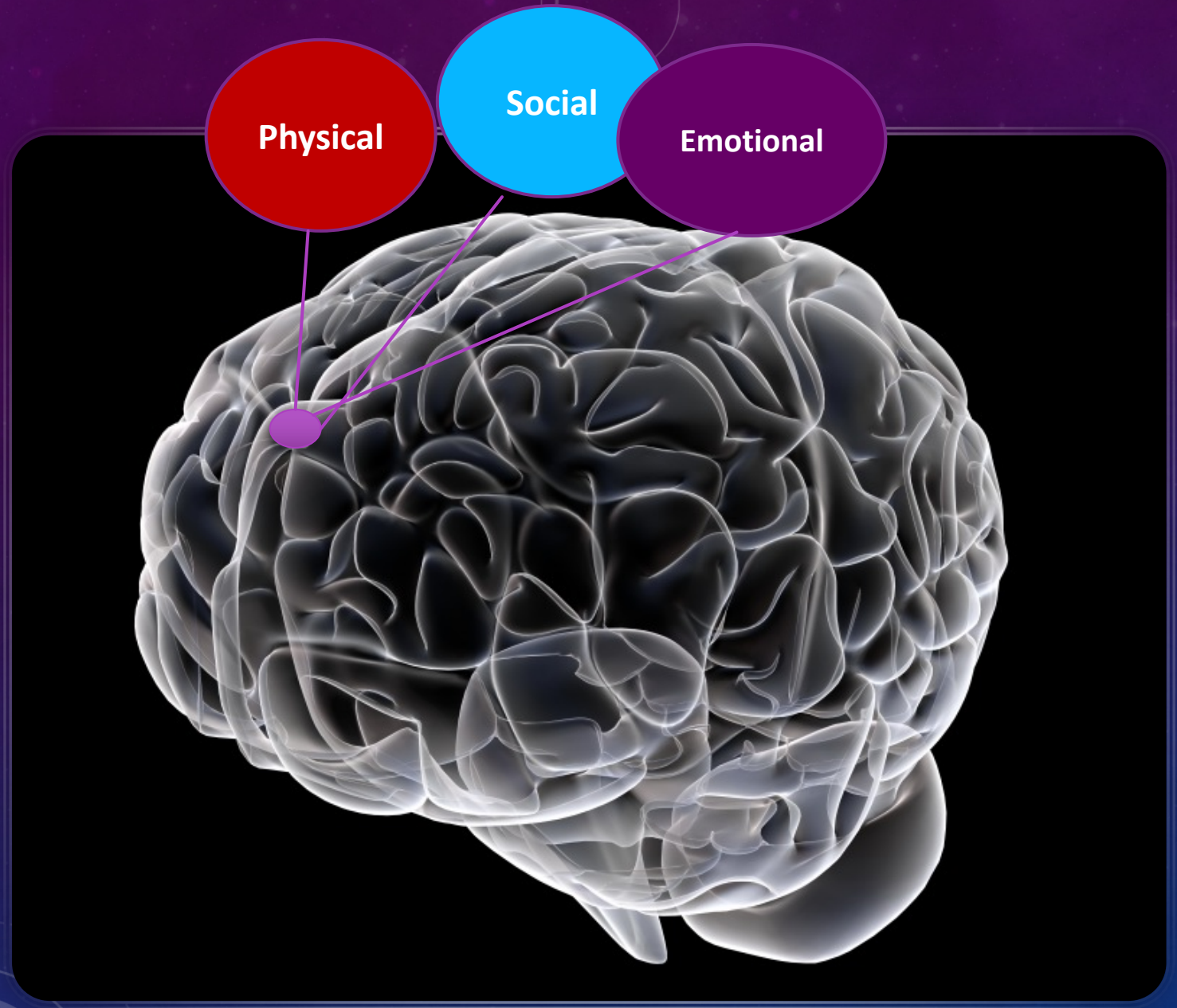
HOW DOES SELF-INJURY HELP SOMEONE FEEL BETTER?

Based on a talk presented by J. Franklin, 2012 at the International Society for the Study of Self-Injury

WHAT BIOLOGICAL AND NEUROLOGICAL STUDIES TELL US

Studies of the biological and neurological basis of self-injury show that people who self-injure possess:

- Higher physiological reactivity to emotional stimulus
- Difficulty down regulating negative emotions regardless of source / association
- Less physical pain perception when emotionally aroused

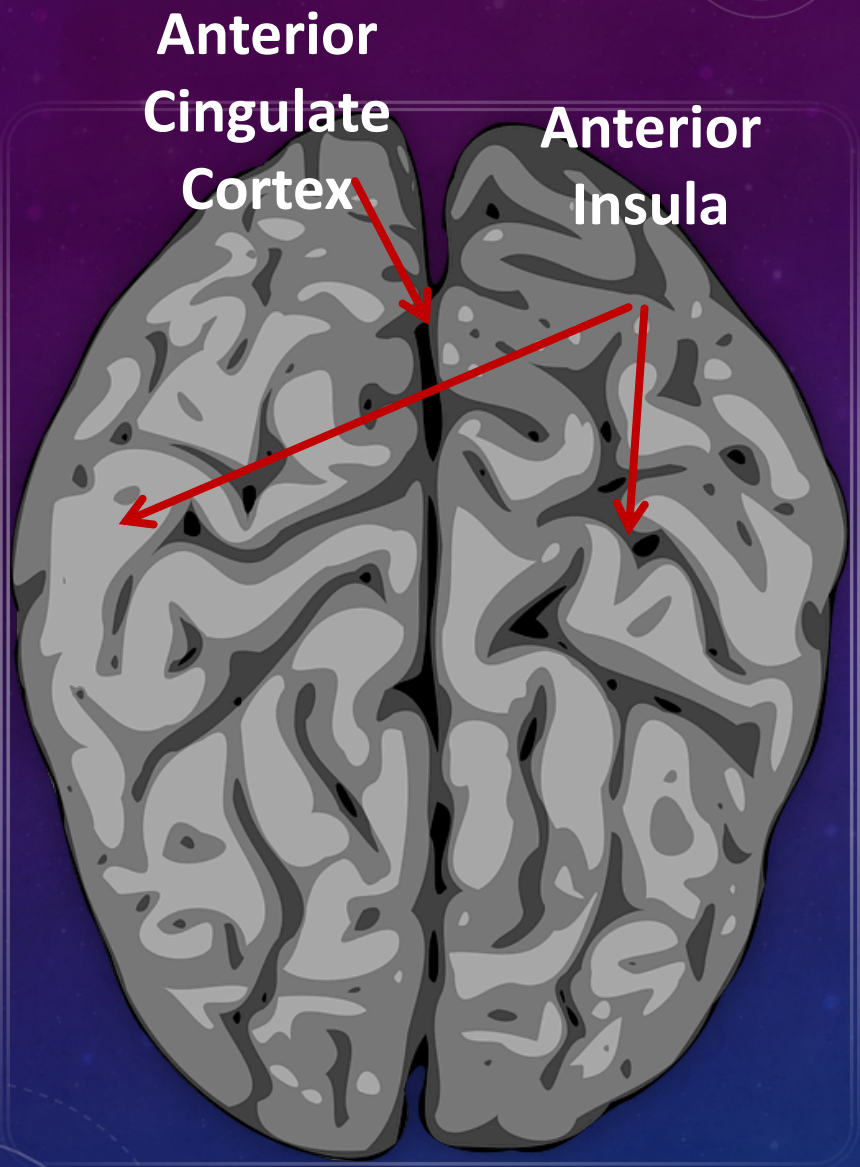


PAIN OFFSET

Neural Reuse Theory

- Neural circuits established for one purpose become redeployed during evolution to serve additional purposes

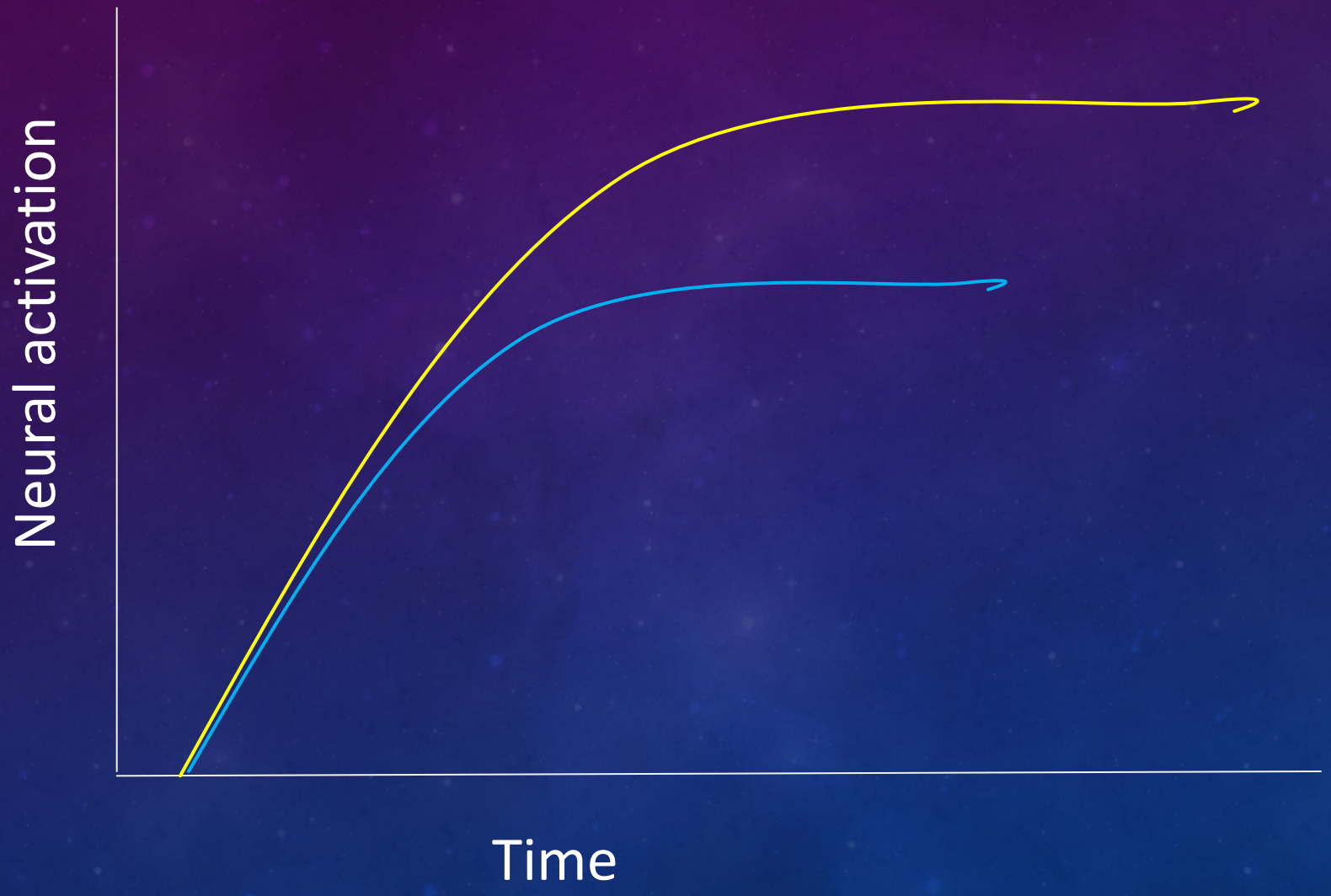
- One neural circuit can serve multiple functions and these can be very general



KEY BRAIN PLAYERS: ACC AND AI

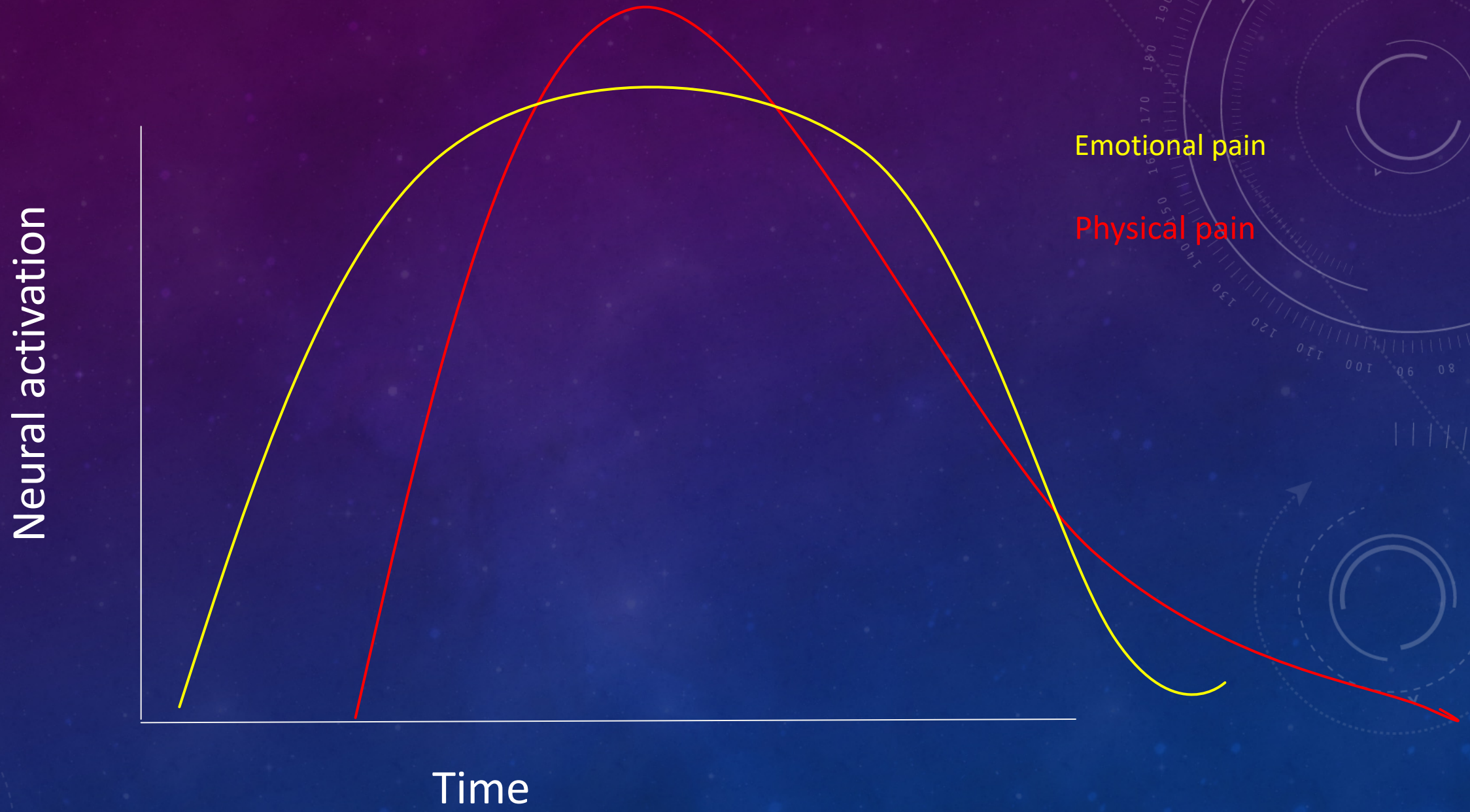
Both regulate a) physical perception of physical stimuli and b) perceptions of emotion, particularly social exchange

Holding a cup of warm coffee while meeting someone new tends to increase likelihood of describing that person as “warm” ” (Bargh et al., 2010)



Perceived emotional distress and duration NSSI +

Perceived emotional distress and duration no NSSI


Neural activation
Time
Emotional pain
Physical pain

SO…….

Emotional and physical pain perception are yoked. Physical and emotional pain are processed in the same part of the brain. When one decreases so does the other .

Small Decrease in Pain Intensity
=
Powerful Decrease in Pain Perception

Why is it so hard to stop?

WHAT HELPS?

MOST **COMMON** METHODS FOR RESISTING URGES

Keeping busy (82.4%)

Being around friends (80%)

Talking to someone about how you feel (74.3%)

Writing about how you feel (74.3%)

MOST **HELPFUL** METHODS FOR RESISTING URGES

Doing sports or exercise (65.2%)

Removing the means/instruments used for self-harm (63.6%)

Finding someone who is understanding (60.9%)

Turning to religion/spirituality (50%)

SOMEWHAT HELPFUL

Writing	Writing poetry (73.3)
Taking	Taking a hot shower or bath (71.4)
Interacting	Interacting with someone who is nice to you (70.8)
Closing	Closing eyes and thinking calming thoughts (69.2)
Doing	Doing household chores (66.7)

NOTICING AND RESPONDING

DETECTION

- Fresh cuts, bruises, burns or other physical marks of bodily damage
- Unexplained or clustered scars or marks
- Parental reports of blood in the sink/shower/tub
- Frequent bandages
- Odd/unexplained paraphernalia (e.g., razor blades or other cutting implements)
- Constant use of wrist bands or bracelets
- Inappropriate dress for season
- Unwillingness to participate in events that require less body coverage (e.g., swimming)
- Association with “goth” or”emo” subgroups

INTERVENTION AND TREATMENT

CORE COMPONENTS

- Emotion literacy, acceptance and regulation
- Working with negative cognition and self-regard
- Low aversion to pain, blood
- Tolerating distress / adversity
- Present moment awareness
- Increase coping repertoires
- Engages social ecology and contexts
- Skill practice in untriggered environment

INSTITUTIONAL RESPONSE

Understand that self-injury is most often a statement of perceived disconnection and is associated with shame. Try not to make it worse	Need a specific protocol for managing NSSI separately from suicide	Establish point people on staff equipped to triage difficult cases
Work with clinical staff to determine best response and support approach for each case	Meet with compassion, connectedness, clarity, and resources for support	Suggested protocol elements

RESPOND

Respond non-judgmentally, immediately and directly

Remain calm and dispassionate

Use “respectful curiosity”

- ✓ How does self-injury help you?
- ✓ Who do you feel comfortable talking to about what you are feeling?

Be clear about what has to happen next and provide choices when possible

Sarah, I noticed the cuts on your arms just now. It looks like you may be cutting. Usually people do this to feel better when they have feelings they do not want or like. Is this what is happening for you?

I understand that it may be hard for you to share your feelings, this can be a hard thing to talk about. How about if you and I go talk to the guidance counselor together about what you are feeling? I am sure we can come up with good ways to help.

RESPECTFUL CURIOSITY

"It seems like you may be having strong feelings right now. Can you help me understand what you are feeling?"

"Can you help me understand how self-injury helps you feel better?"

"Can you help me understand what kinds of things trigger a desire to hurt yourself?"

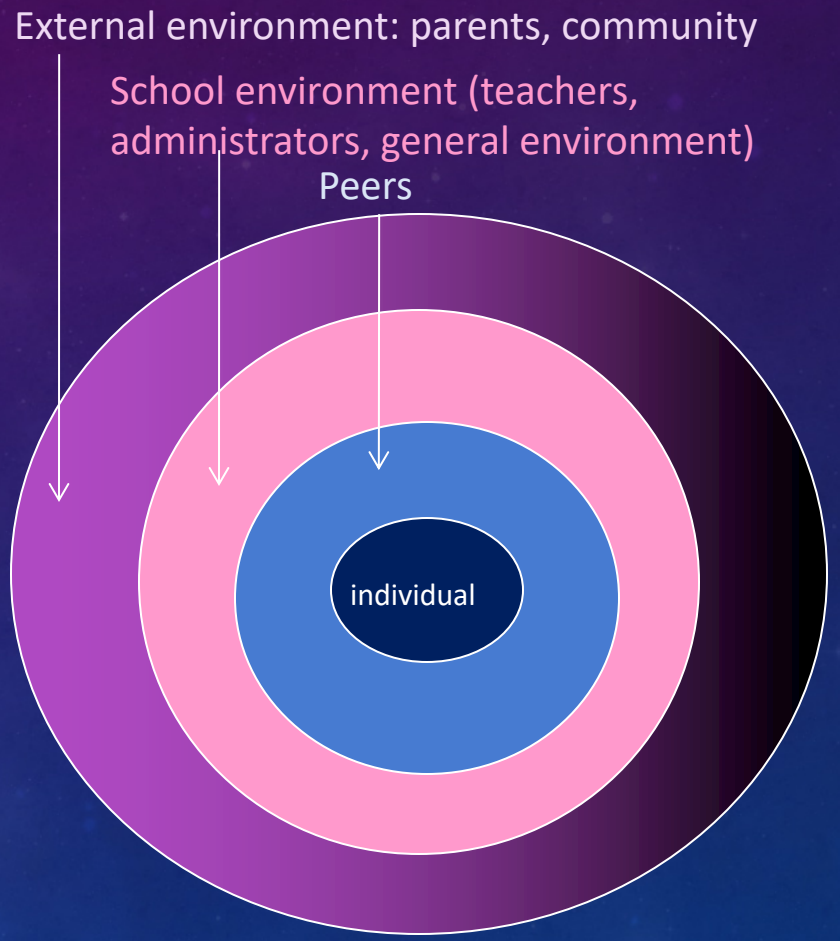
"When you resist the temptation to hurt yourself, what do you tell yourself or do that works?"

FOCUS ON PREVENTION

- DO NOT provide broad NSSI education to students; DO provide this to staff

Enhance:

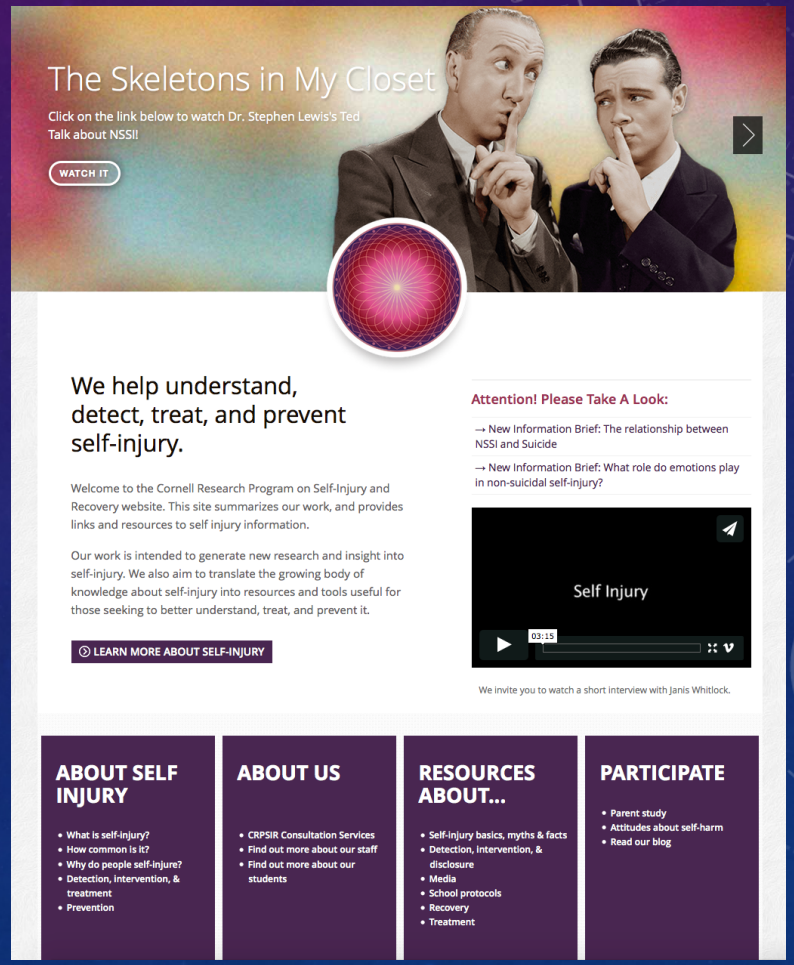
- Awareness of signs of global psychological distress, including but not limited to NSSI among *all* social ecologies (including peers and parents)
- Emotion perception, literacy, tolerance, regulation and transformation
- Social connectedness
- Cognitive reframing: recognizing patterns, questioning and reframing negative thoughts and narratives
- Facilitate development of sense of life purpose and meaning



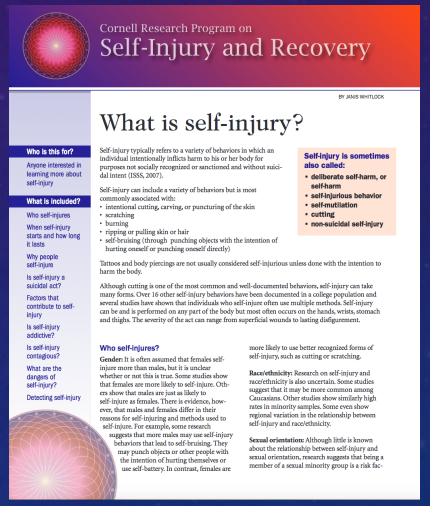
RESOURCES

CRPSIR WEBSITE

www.selfinjury.bctr.cornell.edu



WRITTEN MATERIALS



Cornell Research Program on
Self-Injury and Recovery

BY JANIS WHITLOCK

What is self-injury?

Who is this for?

Anyone interested in learning more about self-injury

What is included?

Who self-injures

When self-injury starts and how long it lasts

Why people self-injure

Is self-injury a suicidal act?

Factors that contribute to self-injury

Is self-injury addictive?

Is self-injury contagious?

What are the dangers of self-injury?

Detecting self-injury

Self-injury typically refers to a variety of behaviors in which an individual intentionally inflicts harm to his or her body for purposes not socially recognized or sanctioned and without suicidal intent (ISSS, 2007).

Self-injury can include a variety of behaviors but is most commonly associated with:

- intentional cutting, carving, or puncturing of the skin
- scratching
- burning
- ripping or pulling skin or hair
- self-bruising (through punching objects with the intention of hurting oneself or punching oneself directly)

Self-injury is sometimes also called:

- **deliberate self-harm, or self-harm**
- **self-injurious behavior**
- **self-mutilation**
- **cutting**
- **non-suicidal self-injury**

Tattoos and body piercings are not usually considered self-injurious unless done with the intention to harm the body.

Although cutting is one of the most common and well-documented behaviors, self-injury can take many forms. Over 16 other self-injury behaviors have been documented in a college population and several studies have shown that individuals who self-injure often use multiple methods. Self-injury can be and is performed on any part of the body but most often occurs on the hands, wrists, stomach and thighs. The severity of the act can range from superficial wounds to lasting disfigurement.

Who self-injures?

Gender: It is often assumed that females self-injure more than males, but it is unclear whether or not this is true. Some studies show that females are more likely to self-injure. Others show that males are just as likely to self-injure as females. There is evidence, however, that males and females differ in their reasons for self-injuring and methods used to self-injure. For example, some research suggests that more males may use self-injury behaviors that lead to self-bruising. They may punch objects or other people with the intention of hurting themselves or use self-battery. In contrast, females are more likely to use better recognized forms of self-injury, such as cutting or scratching.

Race/ethnicity: Research on self-injury and race/ethnicity is also uncertain. Some studies suggest that it may be more common among Caucasians. Other studies show similarly high rates in minority samples. Some even show regional variation in the relationship between self-injury and race/ethnicity.

Sexual orientation: Although little is known about the relationship between self-injury and sexual orientation, research suggests that being a member of a sexual minority group is a risk fac-

PRACTICAL MATTERS

The Cornell Research Program on *Self-Injury and Recovery*

Understanding and Using *the* Stages of Change *Model*

by Janis Whitlock & Mandy Purington

Sometimes it can be difficult to understand why your child doesn't *just stop* self-injuring. Keep in mind that self-injury can become a firmly rooted habit that is used in response to a multitude of stressors. This can make change hard and slow to come. Understanding the Stages of Change model (Prochaska et. al., 1994), particularly as it relates to self-injury, can help you better understand where your child is in the pathway to recovery and how to best help along the way.

1. **Precontemplation**: During this stage, the person is not considering change at all and may not see self-injury as a problem. In fact, a self-injurious person in this stage may defend the benefits of self-injuring and ignore the negative outcomes of it.
2. **Contemplation**: In this stage, a person is becoming open to the idea of change, though likely feels ambivalent about it. A self-injurious person may see some of the negative aspects of self-injury, consider some of the benefits of stopping, but wonder if it is worth giving it up.
3. **Preparation**: Once in Preparation, a person has made a commitment to change and begins to consider lifestyle changes that need to be made. During this stage, a person may seek out therapy or other supports.
4. **Action**: During this stage, a person is taking active steps towards change and is becoming more confident that he or she can be successful. However, it is during this stage that slips or backslides can often occur – beginning to practice new coping skills inherently means they have not yet been mastered. Support is critical at this stage.
5. **Maintenance**: In this stage, a person is working to maintain the changes made. A self-injurious person is aware of triggers, has developed other positive coping skills, and is capable of turning to these other methods of coping in times of distress.

How do you determine which Stage of Change your child is in?

If your child is working with a therapist, it is likely that he/she has already put some effort into figuring this out – particularly if self-injury is a primary reason for being in therapy. This may be something you can all talk about in family sessions if the self-injury behavior is a major stressor for the family. Self-injury usually arises as part of a complex set of challenges and it can take time to let it all go. Understanding where your child is in their process can help you figure out what might be the most supportive role to play. To assess overall readiness, for example, you might ask:

- **On a scale from 1-10 where 1 is "not at all" and 10 is "I definitely want this", how much do you want to stop self-injuring?**

Lower numbers on the scale generally indicate less readiness to change. You can ask this

Cornell Research Program on
Self-Injury and Recovery

KATE BUBRICK, JACLYN GOODMAN & JANIS WHITLOCK

Non-Suicidal Self-Injury in Schools:
Developing & Implementing School Protocol

Who is this for?

School staff and faculty, specifically for school administrators, counselors, nurses and other support personnel

What is included?

- How to develop a protocol
- How to implement a protocol
- Questions and issues that might come up
- Flowchart to aid in decision-making

Non-suicidal self-injury is an increasingly common behavior among school-aged youth and occurs with regularity in secondary school and college settings. It is uncommon, however, for schools to have well-articulated protocols for detecting, intervening in, and preventing self-injury. Although specific protocols and practices are likely to vary considerably from school to school, this report provides an overview of best practices for detecting and responding to self-injury in secondary school settings.

The information presented here has been adapted from the work of Barent Walsh, Matthew Selekman, Nancy Heath and Mary K. Nixon, in addition to our Program's own research.

Non-suicidal self-injury (NSSI) is defined as:
the deliberate, self-inflicted destruction of body tissue without suicidal intent and for purposes not socially sanctioned.[1]

Why is a self-injury protocol important?

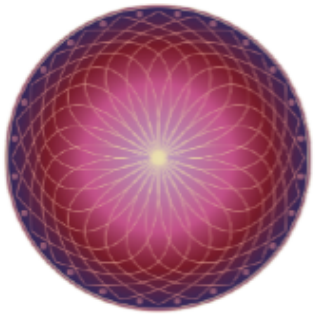
Protocols are useful in guiding school personnel responses to situations that many find uncomfortable or unable to manage. Additionally, they provide a means of assuring that a school's legal responsibilities and liabilities are addressed even in situations where personnel may not have this as their primary concern. In his discussion of self-injury protocols, Walsh (2006) explains that "the advantage of having a written protocol is that staff know how to respond to self-injury systematically and strategically."[2] It is essential to note that although a self-injury protocol may be similar to one used to manage suicide-related behavior, it is not the same. The two types of protocols may, however, share common elements and suicide-related protocols are often a good starting point for development of non-suicidal self-injury protocols.

What is included in the school protocol?

A functional school protocol for addressing self-injury incidents should include steps for the following processes:

- Identifying self-injury
- Assessing self-injury
- Designating individuals to serve as the point person or people at the school for managing self-injury cases and next steps
- Determining under what circumstances parents should be contacted

PROTOCOL



The Corn
on Self-Inj

**The Brief Non-Suicidal S
Tool (BN**

**Developed by: Janis W
The Cornell Research P**
www.sc

Research Program
Injury and Recovery

HOME RESOURCES RECOVERY
ABOUT US ABOUT SELF-INJURY PROJECTS

Resourc

- Resources for & about
- Helpful websites
- Books & articles
- **Tools & assessments**
- Audio & video resources
- Project press

CRPSIR tools and assessments:

- NSSI-AT (**Brief version / Full Version**): The NSSI-AT and the B-NSSI-AT are the full and brief versions of an assessment tool created by CRPSIR. The use of this tool is described in more detail here: (**Validity and reliability of the non-suicidal self-injury assessment test, NSSI-AT**) and can be used to assess primary NSSI characteristics, such as form, frequency, and function, as well as secondary characteristics (such as habituation, context in which NSSI is practiced, and perceived life interference, treatment and impact). This assessment is primarily used in research, but may also be useful in service settings.
- **CRPSIR School Protocol Guidelines**: The CRPSIR school protocol for NSSI is intended for individuals working in school settings. This protocol provides a model from which schools can draw to develop tailored protocols to fit their unique settings.
- **CPRSIR Severity Assessment**: This tool is designed to assess NSSI severity. This can be used in primary service settings (e.g. Clinical, school, etc.) Characteristics of high, moderate and low severity classes are included along with implications for intervention.
- **Helpful questions to assess sharing about self-injury practices online** . Th
document is adapted from Whitlock, Lader, & Conterio, 2007, and includes
questions for clinicians to use when assessing the extent of a client's on
habits about self-injury.

Other useful tools and assessments:

Suicide Attempt Self-Injury Interv

The Cornell Research Progr
on *Self-Injury and Recove*

Assessing NSSI severity

1. Assess form a) severity and b) number of forms used either by asking a simply question about the forms used or presenting a list of forms and ask youth to identify forms used. Here are the forms we assess:

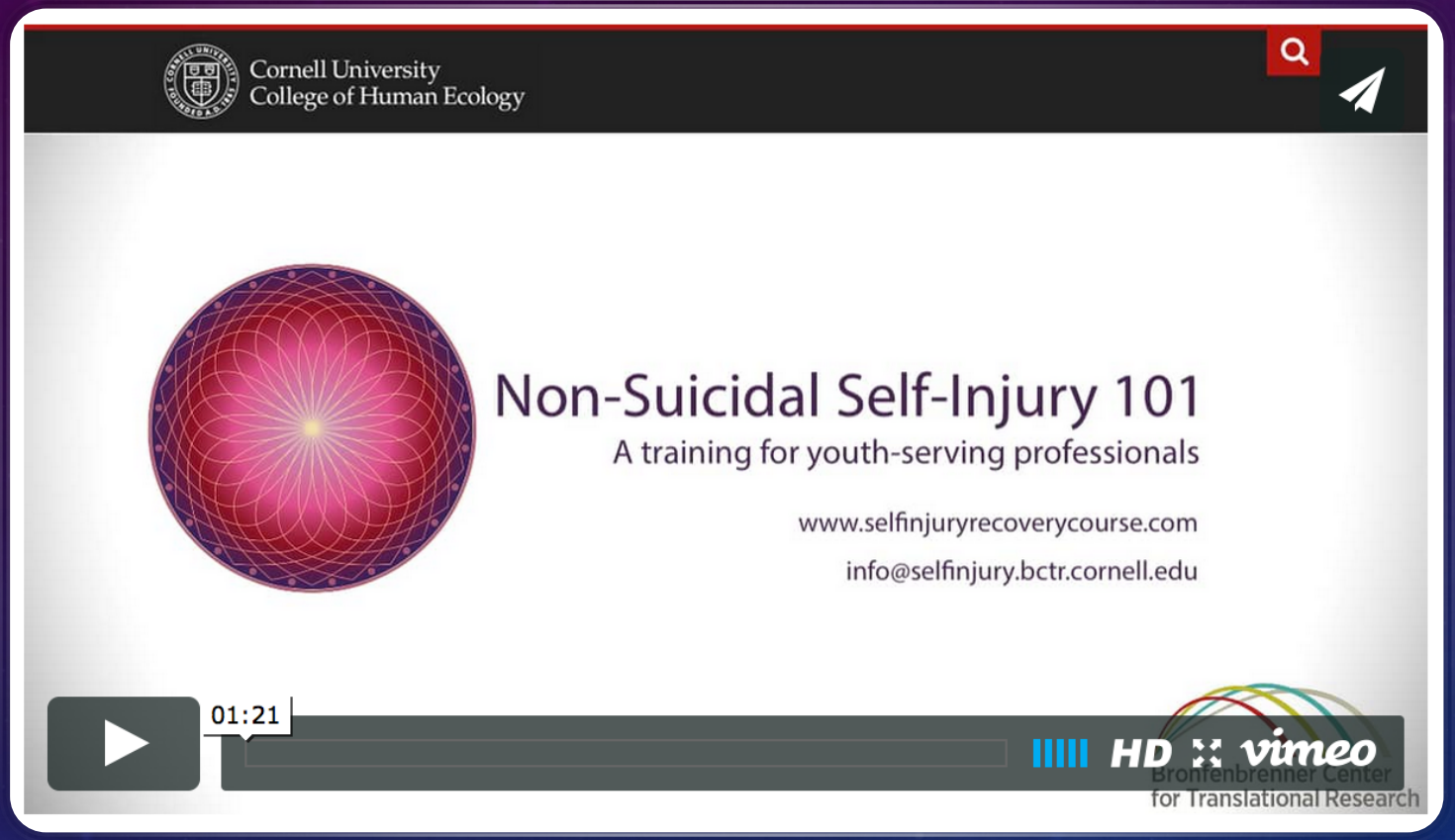
   - Severely scratched or pinched with fingernails or other objects to the point that bleeding occurs or marks remain on the skin
   - Cut wrists, arms, legs, torso or other areas of the body
   - Dripped acid onto skin
   - Carved words or symbols into the skin
   - Ingested a caustic substance(s) or sharp object(s) (Drano, other cleaning substances, pins, etc.)
   - Bitten yourself to the point that bleeding occurs or marks remain on the skin
   - Tried to break your own bone(s)
   - Broke your own bone(s)
   - Ripped or torn skin
   - Burned wrists, hands, arms, legs, torso or other areas of the body
   - Rubbed glass into skin or stuck sharp objects such as needles, pins, and staples into or underneath the skin (not including tattooing, body piercing, or needles used for medication use)
   - Banged or punched *objects* to the point of bruising or bleeding
   - Punched or banged *oneself* to the point of bruising or bleeding
   - Intentionally prevented wounds from healing
   - Engaged in fighting or other aggressive activities with the intention of getting hurt
   - Pulled out hair, eyelashes, or eyebrows (with the intention of hurting yourself)
   - I have never intentionally hurt myself in these ways
   - ther: _____

   king behavior-based questions in survey format to large youth populations is not advisable.

   e frequency by (e.g. "Approximately on how many total occasions have you
   rt yourself?"). This can be open ended or scaled such as we have here:

ASSESSMENT TOOLS

WEB-BASED TRAINING



NSSI 101

- 8-9 hour
- Self paced or facilitated
  - Certificate (Cornell certificate &/or NASW CEU, .8)
- Brief primer
- Parent psychoeducatioal workshop

RESOURCES

Websites:

- Cornell Research Program on Self-Injurious Behaviors: www.crpsib.com
- CRPSIR training page: http://www.selfinjury.bctr.cornell.edu/training.html
- S.A.F.E. Alternatives: http://www.selfinjury.com/index.html
- The National Self-Harm Network (UK): http://www.selfharm.org.uk/default.aspa
- The American Self-Harm Information Clearinghouse (ASHIC): http://www.selfinjury.org/indexnet.html
- Resources for addressing mental health issues in schools: http://smhp.psych.ucla.edu/
- Heart math: :http://www.heartmath.org/about-us/overview.html
- Collaborative for academic, social and emotional learning http://www.casel.org

Books & articles:

- All books by Barent Walsh and Matthew Selekman and
- Conterio, K., & Lader, W. (1998). *Bodily harm: The breakthrough treatment program for self-injurers*. New York: Hyperion Press
- Whitlock, J.L., Lader, W., Conterio, K. (2007). The internet and self-injury: What psychotherapists should know. *Journal of Clinical Psychology/In Session 63*: 1135-1143. (available at www.crpsib.com)