

**Non-Suicidal Self Injury (NSSI):**  
Intervening with self-injurious youth at school

Scott Poland, EdD, NCSP  
Co-Director of the Suicide and Violence Prevention  
Office  
NOVA Southeastern University  
spoland@nova.edu

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**Scenario**

- Julie was dared to burn herself at a middle school sleep over
- She felt a small rush and a sense of power
- Three months later after an argument with her friend she saw a candle and knew immediately what she wanted to do!

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**Case Situation**

- A teacher notices fresh cuts on the forearm of a 6<sup>th</sup> grade student
- What should the teacher do?
- Does your school have students engaging in self-injury?
- Does your school have any guidelines for dealing with self-injury?

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### Case Situation

- A teacher has referred a 13 year old girl to the counselor for self-injury concerns.
- The girl readily admits to you that following an argument at home she cut her arm last night to feel better and shows you the bandages.
- What do you do as she begs you not to tell her parents?

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### Lawsuit over Notification

- Coulter Vs. Washington N.J. Township
- Issues
- Parent deposition
- Counselor deposition
- My testimony

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### Confidentiality Suggestions

- Collaborate with colleagues/seek supervision
- Contact the parents
- Practice within limits of abilities
- Know ethics and relevant laws
- Keep records
- Maintain liability coverage
- Develop local guidelines

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### Another Scenario

- Another student has been referred to the counselor for depression and anxiety.
- The 13 year old admits to cutting in the past and shows you an old scar and states that she doesn't do it anymore.
- What do you do?

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### What is non-suicidal self-injury (NSSI)?

*...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 -It's complex and fulfills a multitude of needs and has gone by a multitude of terms.*

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### What is non-suicidal self-injury (NSSI)? Most commonly

- Cutting, carving or puncturing the skin
- Not letting wounds heal
- Burning
- Picking, poking, scratching the skin
- Hair pulling, nail biting
- Wall punching

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### Signs of NSSI

- Frequent or unexplained bruises, scars, cuts, or burns.
- Consistent, inappropriate use of clothing designed to conceal wounds
- Secretive behaviors, spending unusual amounts of time in the bathroom
- Refusal to swim or dress out for PE
- General signs of depression, social-emotional isolation and disconnectedness
- There may be signs in artwork, poetry and essays

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### Just the U.S. facts

- Most often begins in middle adolescence between the ages 12-15.
- Generally assumed females engage in NSSI more than males but...
- 12-24% of youth have self injured and one quarter of youth who have self injured report injuring just once
- 6-8% report repetitive NSSI with high prevalence of trauma in history

***In one study, 92% of school counselors reported working with a student engaging in NSSI at some point in their career***

HANDOUT: Cornell NSSI Program What is Self-injury? <sup>11</sup>

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### U.S. facts: J. Whitlock, Cornell

- 15% History of NSSI
- 43% Engaged in NSSI 6 times or more
- 86% Engaged in NSSI more than once
- Average age 15
- Females more likely than males to report NSSI
- LGBTQ reported higher levels of NSSI
- Females more likely to use cutting/burning
- Males more likely to use punching/other risky behaviors
- Most report NSSI behaviors used to regulate emotions

***"Self-injury is an overlooked public health issue"***  
(Janis Whitlock)

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### What factors contribute?

- NSSI can be associated with childhood abuse or trauma, particularly sexual abuse
- NSSI is linked to eating disorders
- NSSI can be associated with many forms of mental illness such a borderline personality, depression, and anxiety disorders such as post traumatic stress disorder

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### Common issues

- These young people are sensitive and experience emotions very deeply
- Under intense stress use NSSI to mangle their powerful emotional system
- Have inadequate coping skills and self denigrating thoughts
- Have peers that reinforce their NSSI
- Without treatment NSSI likely will persist into adulthood

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### Key points

- School personnel may be the first to notice the behavior
- It is a destructive behavior but is a coping mechanism
- The DSM 5 (2013) listed is as a condition for further study
- Having a friend who engages in NSSI is a strong predictor
- Schools may be faced with NSSI contagion

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### Why do kids self-injure?

- Want to feel concrete pain when psych pain is overwhelming
- Reduces numbness
- Keeps trauma from intruding
- I cut so I will not kill myself
- Gets attention of others
- Discharges tension
- Gain a sense of control
- Punish myself
- Cutting is better than going out and getting drunk

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### Functions of NSSI

- Biological and Psychological
  - Positive reinforcement: Creates a desirable state as endorphins are released and is addictive
  - Negative reinforcement: Release tension or distract/remove from disturbing thoughts to regulate emotions

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### Excerpts from Poem

- "Turn up the music and set the mood
- Once is never enough
- Quivering with anticipation
- Watch it the drop spills over and runs down my arm
- Crimson orgasm---you seduce me every time Mr. Knife"

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Factors that contribute to NSSI

***“Self injury is the result of a very complex, opportune and clever interaction between cognitive, affective, behavioral, environmental, biological and psychological factors.”***

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Social media/internet

- Gain information about NSSI and connect with others engaging in it
- Focus is more on pain and distress rather than on treatment
- Online content could trigger NSSI as it may be portrayed as effective, acceptable and glamorous
- School personnel are challenged to keep up with online content about NSSI

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Talking to kids about NSSI:

- Connect with compassion, calm and caring.
- Understand that this is his/her way of coping with pain.
- Show a “respectful curiosity”
- Refer and offer to go with the student to your school counselor, psychologist, social worker or nurse.
- Discover the student’s strengths
- Help to create circle of care at school.

HANDOUT: <sup>21</sup>  
[http://www.selfinjury.bctr.cornell.edu/documents/pm\\_respectful](http://www.selfinjury.bctr.cornell.edu/documents/pm_respectful)

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Responding to students who self-injure  
Tips for Educators: **DON'T**

- Discourage self-injury, threaten hospitalization, use punishment or negative consequences.
- Act shocked, overreact, say or do anything to cause guilt or shame.
- Publicly humiliate the student or talk about their NSSI in front of class or peers.
- Agree to hold NSSI behavior confidential.
- Make deals in an effort to stop NSSI.
- Make promises you can't keep.

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Responding to NSSI

- Limiting contagion
  - Rite of Togetherness
  - Divide students and assess individually
  - Identify friends who engage in NSSI
  - Identify "alpha" students
    - Female: Borderline personality disorder
    - Male: Antisocial personality disorder
  - Identify moderate risk students (students adverse childhood experiences)

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Substitute Strategies

- Carry safe stuff---stress relievers
- Find something to do -keep brain & hands busy
- Journaling
- Collage work
- Call friend----suck on hot candy
- Snap a rubber band

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### More Strategies

- Get sensory input---aromatherapy, lip balm or lotions
- Scribble with red crayon on arm or paper
- Brush skin with toothbrush
- Get exercise---carry skates with me
- Make a list of surroundings and details for reality check

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### Additional Strategies

- Tear paper
- Use play-dough
- Brush teeth and hair
- Squeeze stress balls
- Scribble on paper
- Take hot shower
- Scratch clothes

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### Suicide & NSSI

- NSSI is an unhealthy, maladaptive attempt to cope with distressful thoughts and events
- 35-40% of individuals who use self-injury also report some suicidal thoughts or actions
- There is evidence that the practice of NSSI lowers the inhibition to suicide behaviors since it provides "practice" damaging the body. Joiner's habituation.
- Suicide is more common among individuals who have self injured chronically and who use multiple methods to self injure.

**A "gateway" behavior that reduces inhibition through habituation"**  
*Janis Whitlock*

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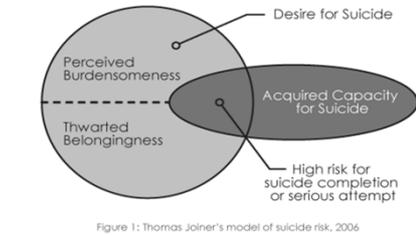
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### Joiner's Model of Suicide Risk, 2006



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### NSSI and Suicide

- NSSI is a strong predictor for suicide
- Suicide risk is associated with using multiple methods for NSSI, disassociating when engaging in NSSI, experiencing little pain when engaging in NSSI and having a long history of NSSI
- It is critically important to assess for suicide risk on an ongoing basis

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### Suicide v. NSSI

#### Suicide

- Want to end all feelings
- Precipitating event
- One method
- Give advance warning
- Pain unendurable-persistent
- Infrequent

#### NSSI

- Want to feel better
- Precipitating event
- Multiple methods
- Rarely give warning
- Pain uncomfortable-intermittent
- Repeat behavior

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### What We Do?

- Increase faculty awareness
- Dispel the myth that it is only for attention
- Instruct students on dangers of sharing blades and getting adult help if a friend is cutting
- Increase student coping skills/impulse control
- Develop NSSI school protocols

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### School Protocol

- Increase staff awareness and identify a point person for NSSI referrals
- Assess NSSI and support student
- Determine policy for parent contact
- Manage active NSSI (nurse)
- Establish external referral procedures
- Follow up and support at school

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### What Protects Kids?

- Good relationships with other youth
- Seeks adult help when needed
- Lack of access to suicidal means
- Access to mental health care
- Religiosity
- School environment that encourages help seeking and promotes health

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### What Protects Kids?

- Family cohesion and stability
- Coping and problem solving skills
- Positive self worth and impulse control
- Positive connections to school and extracurricular participation
- Successful academically

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### What should the mental health professional do?

- Approach in a calm and caring way
- Be accepting/non-judgemental even though you may not accept the behavior
- Let your student know you care
- Understand that this is a way of coping
- Show a respectful willingness to listen
- Help them set a goal of diminishing the frequency

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### Helpful Questions?

“How do you feel before you self-injure? How do you feel after you self-injure?” Retrace the steps leading up to an incident of self-injury—the events, thoughts, and feelings which led to it.”

“How does self-injury help you feel better?”

“What is it like for you to talk with me about hurting yourself?”

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### Helpful Questions?

"Is there anything that is really stressing you out right now that I can help you with?"

"If you don't wish to talk to me about this now, I understand. I just want you to know that I am here for you when you decide you are ready to talk."

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### What you shouldn't do?

- Be overly reactive
- Respond with panic, revulsion, shock, or averted gaze
- Try to stop the behavior through punishment
- Talk in front of peers
- Say you won't tell
- Tell them to "just stop!"

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### What are the treatments for NSSI?

#### Communication skill building

- Learn and develop healthy coping strategies
- Encourage to talk with trusted adults
- Journals or art projects
- Trigger log

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**What are the treatments for NSSI?**

Tension release and alternative behaviors

- Empower with alternatives
- Control over responses
- Diaphragmatic breathing, mediation, visualization
- Physical exercise
- Substitute behaviors

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**What are the treatments for NSSI?**

Cognitive Behavioral Therapy

- Connect thoughts, feelings, & behaviors
- Controllable thoughts
- Speak about overwhelming emotions
- Replace negative perceptions
- Make sense of self-injury

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**What is DBT?**

Dialectical Behavior Therapy

- Skills training & psychotherapy
- Therapist is available via phone
- Reduce high-risk behaviors
- Cope with traumatic stress
- Enhance self-respect
- Develop coping skills
- Teach & reinforce adaptive behaviors
- Manage emotional trauma

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**School-Wide Prevention**

<p><b>Signs of Self-Injury</b></p> <p>Help students recognize signs of distress in themselves or peers</p> <p><a href="http://www.mentalhealthscreening.org">http://www.mentalhealthscreening.org</a></p>	<p><b>S.A.F.E. Alternatives</b></p> <p>Information for school-based professionals working with youth who engage in NSSI</p> <p><a href="http://www.selfinjury.com">http://www.selfinjury.com</a></p>
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**Resources**

Understanding Self-Injury:  
[http://www.human.cornell.edu/hd/outreach-extension/upload/CHE\\_HD\\_Self\\_Injury-final.pdf](http://www.human.cornell.edu/hd/outreach-extension/upload/CHE_HD_Self_Injury-final.pdf)

Mayo Clinic: <http://www.mayoclinic.com/health/self-injury/DS00775>

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**Resources**

NOVA Southeastern University Training Video on Self-Injury: Critical Insight and Testimony  
<http://www.nova.edu/suicideprevention/>

Office on Women's Health, Department of Health and Human Services Self-injury:  
<http://www.girlshealth.gov/feelings/sad/cutting.cfm>

Listing of Therapists by U. S. States:  
<http://www.selfinjury.com/referrals/therapists/>

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