

Providing for School and Student Safety II: Non-Suicidal Self-Injury

Linda M. Kanan, Ph.D.

Ohio School Psychologists Association

Fall Conference
November 9, 2017

Different Terms for Self-Injurious Behavior

- Self-harm
- Self-injury
- Self-mutilation
- Repetitive Self-Mutilation Syndrome (RMS)
- Para Suicidal behavior
- Cutting
- Self-abuse
- Self-inflicted violence (SIV)
- Self-injurious behavior (SIB)
- Non-suicidal self-injury (NSSI) 2009**

Kanan & Finger, 2010

Definitions

Self-injury is a volitional act to harm one's body *without intention to die* as a result of the behavior.
(Favazza, 1996, 1987; Simeon & Favazza, 2001)

The deliberate, impulsive mutilation of the body, or body part, *not with the intent to commit suicide, but as a way of managing emotions that seem too painful for words to express.*
(Conterio, 1998)

Ohio School Psychologists Association
November 9, 2017

Methods

These behaviors exist on a continuum

- › Cutting
- › Scratching
- › Burning
- › Preventing the skin from healing
- › Bruising or breaking bones
- › Head banging
- › Biting
- › Hair pulling
- › Punching self or objects
- › Hitting the body with objects or against objects
- › Swallowing harmful objects or substances
- › Constricting the flow of air passages
- › Limiting the blood supply to body parts
- › Cutting off body parts

Kanan & Finger, 2010

Self-Harm Behaviors

Direct

- › Suicide attempts
- › Major self-mutilation
- › Stereotypic self-injury
- › Moderate/superficial self-injury

Indirect

- › Substance abuse
- › Eating Disorders
- › Physical risk-taking
- › Situational risk-taking
- › Sexual risk-taking
- › Unauthorized discontinuance or misuse of psychotropic medications

Kanan & Finger, 2010; Walsh & Muelenkamp, 2013)

Risk Behaviors and Teens

- › Teens take risks as normal part of growing up
- › Healthy risk taking
 - Sports, developing artistic abilities, travel, making new friends, other positive activities that may have a risk of failure.
- › Unhealthy risk-taking
 - Drinking, smoking, unsafe sex, drug use, stealing, gang activity, disordered eating, AND self-injury may also fall into this category
- › Watch for “Red Flags” for dangerous risk taking
 - Problems at school, criminal activity, anxiety, depression

Kanan & Finger, 2010

Ohio School Psychologists Association
November 9, 2017

Incidence & Prevalence Vary Across Studies

- ▶ Most common among adolescents and young adults
- ▶ Lifetime rates in these populations are about 15% - 20%
- ▶ Age of onset about 12-14 years.
 - In contrast, only about 6% of adults report a history of NSSI
- ▶ Generally more females than males (64% v. 36%)
- ▶ All races, socio-economic groups, and countries

(Ross & Heath, 2002; Nock & Prinstein, 2004; Whitlock, Eckenrode & Silverman, 2006; Nock, Gordon, Joiner et al., 2006)

Possible Contributing Factors in Society

- Movies
- Television
- Books – fiction, non-fiction
- Popular teen icons and other role models
- Music



**Is the behavior considered deviant?
Is there a perception of risk?**

Kanan L. , Finger, J. & Plog, A., 2008

Possible Contributing Factors in Society

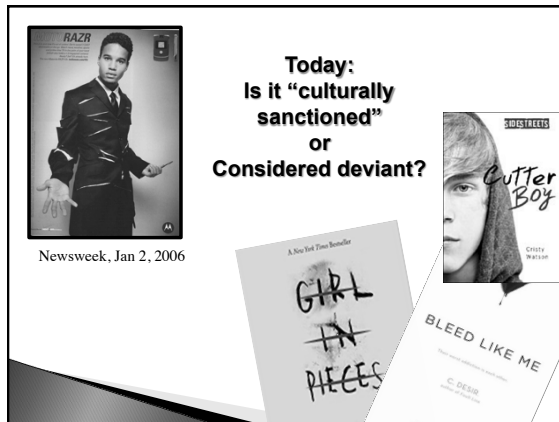
- Internet and YouTube



- Triggering content in chat rooms, websites, message boards
- Assess how time is spent in cyberspace

Kanan & Finger, 2010; Lewis et al., 2012

Ohio School Psychologists Association
November 9, 2017



Be Aware of the Myths

- › Cutters are suicidal
- › Self-decoration is self-injury
- › All have been physically or sexually abused
- › Self-injuring adolescents have borderline personality disorder
- › These kids need to be hospitalized

Kanan L., Finger, J. & Plog, A., 2008

Possible Motivators

Self-injury is seen as a maladaptive coping mechanism

- › To control or express emotions
- › To numb themselves
- › To ground themselves
- › To release endorphins

Kanan L., Finger, J. & Plog, A., 2008

Interpersonal Functions of the Behavior

- › Avoiding punishment or negative actions from others
- › Trying to get a reaction out of someone



(Purington & Whitlock, 2004; Yates, 2004; Nock & Prinstein, 2004)

Students Report They Cut To:

- | | |
|---|------------------------------|
| › relieve tension | › gain euphoria |
| › feel alive inside | › stop bad thoughts |
| › gain control | › purge out bad feelings |
| › numb themselves | › hurt and/or control others |
| › vent anger | › feel the warm blood |
| › re-associate | › see "red" |
| › relieve emotional distress or overwhelming feelings | › to release emotional pain |

Kanan & Finger, 2010

More Reasons


- › because their friends all do it
- › scars show battles won
- › self punishment
- › for ritualistic nature
- › replace emotional pain with physical pain
- › immediate release for anger
- › stop racing thoughts
- › elicit a non-intimate caring response
- › re-enact abuse



Kanan & Finger, 2010

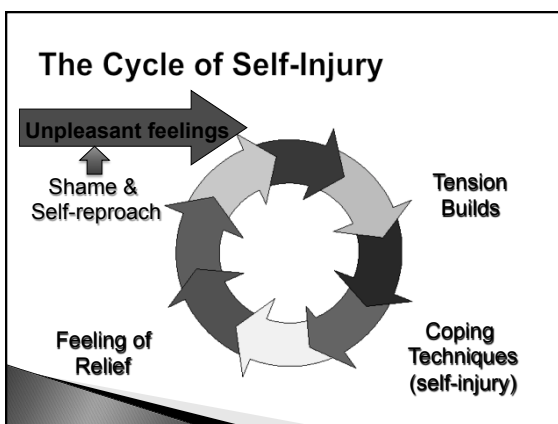
Can Be Ritualistic in Nature

- ▶ Certain times
- ▶ Certain rooms
- ▶ Certain objects




▶ Thirteen...

Kanan L., Finger, J. & Plog, A., 2008



Role of Traumatic Events or Perceived Traumas

- ▶ History of trauma
 - Physical abuse
 - Sexual abuse
- ▶ Other perceived traumas
 - Loss, conflict, etc.



Kanan L., Finger, J. & Plog, A., 2008

Ohio School Psychologists Association
November 9, 2017

Physical Signs

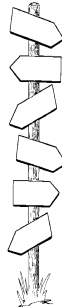
- Inappropriate clothing for the weather
- Blood stains on clothing
- Unexplained scars, bruises, or cuts
- Possession of sharp implements (razor blades, thumb tacks, knives, etc.)
- Secretive behavior - spending unusual amounts of time in bathroom, other isolated areas



Kanan L., Finger, J. & Plog, A., 2008

Emotional Signs

- Unable to cope with strong emotions
- Excessive anxiety and fears
- Excessive rage, depression
- Poor self-esteem or self-loathing
- Not connected with positive support system
- Increased isolation and withdrawal
- Art and writing displaying themes of pain, sadness, physical harm
- Changes in social interactions or interests



Kanan L., Finger, J. & Plog, A., 2008

Co-morbid Disorders

- Anxiety
- Obsessive-Compulsive Disorder
- Depression
- Bi-Polar
- PTSD
- Eating Disorders
- Substance Abuse
- Borderline Personality



Kanan L., Finger, J. & Plog, A., 2008

Ohio School Psychologists Association
November 9, 2017

Kathy

The Field Hockey coach contacts you concerned about some changes she has noticed in an athlete's behavior and affect.

She shares these facts:

- Age 16, 11th grade
- Has started to wear baggy clothes
- Not taking care of herself physically
- Used to be a straight A, very involved student, and is now distracted on the field and with her school work
- Missing days of school
- Only child living with mom and step-dad

Ashley

Her mother, a teacher's assistant at your school, comes to talk with you about her daughter.

- Test anxiety noted in her cumulative file
- Started to have "migraines" and refusing to come to school last spring
- Parents marriage is splitting up
- Having trouble sleeping
- Has recently learned that her father is really her step-father
- Hospitalized once for suicidal ideation
- Now mom has noticed cuts on her arms

Annie

A counselor comes to you and asks you to see a student whom other students have reported as having cuts on her arms.

- In your office, she tells you that her mother works at a halfway house, and her father is in another country, so she is staying with her sister and her sister's five kids
 - NOTE: Obtaining these details took much repeated prompting and many clarifying questions.
- Annie is having a hard time telling you about the circumstances surrounding the last cutting experience

Components of Therapeutic Intervention

- ▶ Address any co-morbid disorders
- ▶ Address trauma, if related
- ▶ Increase communication skills
- ▶ Teach alternative coping strategies



Kanan & Finger, 2010

Types of Therapy

- Cognitive Behavioral Therapy
- Dialectical Behavioral Therapy (DBT)
- Family therapy
- Addiction treatment
- Trauma/abuse treatment
- Medication
- Combination of above
- Group therapy
(caution is needed, see following slides)
- Time.....



Kanan L., Finger, J. & Plog, A., 2008

Cognitive Behavioral Treatment

Listen for examples of distortions in thinking:

1. Self-injury is acceptable
2. One's body and self is disgusting, and deserving of self-punishment
3. Overt action is needed to tolerate unpleasant feelings and communicate feelings to others
4. Self-injury doesn't hurt anyone
5. It's the only way to know people care
6. It keeps people away
7. If I don't have it, I will kill myself. It's the only thing that works.
8. I can't control it.

Kanan & Finger, 2010

Cognitive Behavioral Approach

- ↓
A = Actual event
B = Beliefs about the event
C = Consequences (healthy or unhealthy)
-
- ↓
D = Dispute negative thoughts/irrational beliefs
E = More effective beliefs



Kanan & Finger, 2010

Dialectic Behavioral Therapy (DBT) Linehan, M. (1993)

- Empirical data for use with borderline patients
- Now used to treat many disorders
- Specific training may be required
- Traditional v. non-traditional uses
- Four components:
 - Core mindfulness skills
 - Distress tolerance
 - Interpersonal effectiveness
 - Emotion regulation

Kanan & Finger, 2010

Effective Group Therapy

SAFE Alternatives Example:

- Has extreme level of structure
- All participants are also in individual therapy in addition to group
- No telling of war stories
- No-harm contracts are signed
- Emergency contacts are provided
- Provides both coping and problem-solving skills

Kanan & Finger, 2010

Ohio School Psychologists Association November 9, 2017

Group Therapy in Schools

PROS

- › Students do not feel like they are alone in their feelings and actions.
- › Provides services to those receiving none outside of the school setting
- › Allows you to interact with numerous students at one time

CONS

- › Contagion effect
- › Lack of access to therapist/ emergency services
- › Does not provide the in-depth therapeutic interventions that most need
- › Can't provide the extreme structure needed to keep all participants safe

Kanan & Finger, 2010

Examples of Positive Coping Strategies

- › Communication strategies
- › Exercise programs
- › Relaxation, stress management
 - Mindful Breathing (Kabat-Zinn, 1990)
 - Meditation, Visualization
- › Art therapy
- › Journaling
- › TALK TO SOMEONE!!!
- › Students should be in school during treatment - they respond well to structure, normalcy, safety



Kanan L., Finger, J. & Plog, A., 2008

Other Self Help Measures


- › Identifying the sources of stress
- › Learning to tolerate feelings
- › Learning to handle or cope with feelings
- › Identifying healthy support people
- › Use of an Impulse Control Log
- › Develop a **Tool Box**



Kanan & Finger, 2010

Examples of Unhealthy or Unhelpful Coping Techniques

- Drawing on self
- Ice
- Rubber Bands




Most students should be in school during treatment - they respond well to structure, normalcy, safety

Kanan & Finger, 2010

Best Practices for Schools

(Kanan, Finger & Plog, 2008)

1. Provide awareness and knowledge to staff
2. Educate students about need to report
3. Use a team approach, when necessary
4. Provide appropriate school support for students
5. Assess for co-morbid disorders and suicide
6. Notify and provide resources to parents
7. Develop short-term plans for safety
8. Collaborate with community support
9. Control the contagion effect



1. Awareness and Knowledge

It is our professional & ethical obligation to:

- Practice within the boundaries of our competence
- Be able to identify students who self-injure
- Differentiate self-injury from suicide attempts
- Know that it is not “just attention getting” behavior
- Understand the contagion effect
- Know our community resources to make appropriate referrals
- Understand our legal & ethical obligation to report

(Kanan, Finger & Plog, 2008)

Educate School Staff

- Educate them about the warning signs
- Understand self-injury as coping attempt, not usually a suicide attempt
- Train staff to identify and appropriately respond to these students
- Staff should not just tell the student to “stop”
- Report the behavior to school mental health or counseling personnel

(Kanan, Finger & Plog, 2008)

2. Educate Students to Report

- Report **all dangerous behaviors** to an adult who can help.
- Do not use large awareness campaigns about this topic or describe the behaviors to students.



3. A Team Approach May Be Needed in Schools

- To insure physical safety
- When cuts are severe or need medical treatment
- Include the school nurse
 - If nurse is first to see the behavior-- they should treat and refer
- Use consultation with colleagues



(Kanan, Finger & Plog, 2008)

4. Appropriate School Support

1. Address medical needs, insure physical safety
2. Screen for suicidal ideation and/or assess co-morbidity
3. Develop short-term plans for safety
4. Notify and collaborate with parents
5. Control the contagion effect

(Kanan, Finger & Plog, 2008)

Responding to the Teen

Do

- Acknowledge the behavior as something with which you are familiar
- Forge and alliance with the teen
- Listen and acknowledge feelings
- Take the child's concerns seriously
- Respond without being directive or judgmental
- Create a safe and caring place for student to talk, cry, or rant without criticism about feelings
- Provide hope

Adapted from SAFE Alternatives



More Do's

- › Help them to see the consequences of behavior/ choices
- › Help to think through choices
- › Help to tolerate/accept feelings
- › Help to separate anger from violence
- › Utilize what the person has access to
- › Try to understand the meaning and them help to communicate more directly

Adapted from SAFE Alternatives



Responding to the Teen



Don't

- React with horror or discomfort to the disclosure
- Ask abrupt and rapid questions
- Threaten or get angry
- Engage in power struggles & demand that they just stop
- Accuse them of attention-seeking
- Get frustrated if behavior continues after treatment has begun
- Ignore other warning signs

Adapted from SAFE Alternatives

More Don'ts



- Engage in power struggles
- Try to rescue the patient
- Focus on the showing of scars
- Use cathartic methods
- Use substitute behaviors
- Use hypnotherapy for memory recovery
- Minimize the behavior

Adapted from SAFE Alternatives

No Harm Contracts v. Safety Plans

- What is a no-harm contract?
Promising to stop behavior
- Not recommended as a strategy for working with these students in schools without other intervention



5. Assess for Co-morbidity and Screen for Suicide Risk

- ▶ Check for signs of other co-morbid disorders such as depression or drug use.
- ▶ Screen for suicidal ideation/risk
 - Plan, preparation, access to means, past attempts, other significant history
- ▶ Be direct with questioning about topics involving danger to self or others



(Kanan, Finger & Plog, 2008)

6. Notify Parents and Provide Resources

Parent & staff reactions may depend on the severity of the injury

- Anger
 - they believe that the behavior is manipulative
- Recoil in disgust
- Scared
 - they fear that the behavior is contagious or that the child will seriously harm themselves
- Discouraged
- Rescuer

(Kanan, Finger & Plog, 2008)

Ethical Considerations

NASW, NASP and APA

- ▶ Do no harm
- ▶ Provide services within competency and enlist assistance of others
- ▶ Inform of limits to confidentiality
- ▶ Promote parental participation in designing services provided to children
- ▶ Refer for outside service when treating the behavior is outside of competency area

7. Develop a Short-term Safety Plan

- ▶ Short term plan serves to help **stabilize** student until community support can begin
- ▶ Do not over-emphasize expectation that student is not to self-injure or stop behavior
- ▶ Help students to identify the **triggers** for the behavior and possible **physical cues**

(Kanan, Finger & Plog, 2008)

7. Develop a Short-term Safety Plan

- ▶ Help them to understand the **function of the behavior**
- ▶ Encourage student to talk to someone and use an identified strategy from their toolbox before cutting (give help line phone numbers)
- ▶ Remove objects when appropriate

(Kanan, Finger & Plog, 2008)

Safety Plan Components

1. Triggers
2. Cues
3. Functions
4. Toolbox contents
5. Who to call



Kanan & Finger, 2010

Ohio School Psychologists Association

November 9, 2017

Case Example: Developing a Safety Plan



Meet Beth

- A 5th grade gifted girl who started to cut herself after reading a book about it in the school library with one of her friends, McKenna.
- Has a talented older sister who is closer to mother
- Born prematurely, has had some health issues
- Always struggled with anger
- Not as popular as her sister
- Doesn't feel like her parents care
- Parents gave her a cell phone as a reward for NOT cutting

Kanan & Finger, 2010

Beth's Safety Plan

- 1. Triggers-** Parents yelling about her grades, hanging out with McKenna, people comparing her to her older sister
- 2. Cues-** watering eyes, fists clenched
- 3. Function-** to calm down, to fit in
- 4. Toolbox Strategies-** I will try at least one of the following techniques before I engage in self-injury...walk Rocky, listen to Panic at the Disco, take a bath, write feelings on the computer, draw a room.
- 5. People to call-** School Social Worker & 1-800-273-TALK

Kanan & Finger, 2010

Cycle of Emotions Exercise

<input type="checkbox"/> Anger	<input type="checkbox"/> Pride	<input type="checkbox"/> Alienation
<input type="checkbox"/> Frustration	<input type="checkbox"/> Depression	<input type="checkbox"/> Wholeness
<input type="checkbox"/> Hopelessness	<input type="checkbox"/> Elation	<input type="checkbox"/> Numbness
<input type="checkbox"/> Disconnection	<input type="checkbox"/> Sadness	<input type="checkbox"/> Isolation
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Fear	<input type="checkbox"/> Hostility
<input type="checkbox"/> Shame	<input type="checkbox"/> Guilt	<input type="checkbox"/> Loneliness
<input type="checkbox"/> Relief	<input type="checkbox"/> Emptiness	
<input type="checkbox"/> Happiness	<input type="checkbox"/> Euphoria	

(Alderman, 1997)

8. Collaboration Between School and Community Support

- ▶ Get releases signed for communication between student's school and therapist.
- ▶ Treatment goals and techniques must be understood in order to reinforce in the school environment.
- ▶ School observations and feedback can often be helpful to therapists.



9. Controlling the Contagion Effect

Assess factors that may be contributing:

- Direct modeling influence of others
- Disinhibition
- Competition with others
- Peer or group hierarchies
- Desire for group cohesiveness
- Pseudo-contagion episodes
- Role of graphic videos or You Tube

(Walsh, B., 2005)

9. Controlling the Contagion Effect

Strategies for managing and preventing contagion:

1. Identify the primary status peer models.
2. Communicate to them that they are hurting their peers by communicating about self-injury.
3. Encourage them to communicate directly with school supports, family, or therapist.
4. Assess the role of gangs and/or cliques.
5. Ask them not to appear in school with visible wounds or scars.
6. In rare cases, students may have to be dealt with in a disciplinary manner.

(Walsh, B., 2005)

Ohio School Psychologists Association

November 9, 2017

Understanding Your Personal Reactions to Self-Injury

- The violent nature of self-injury can be unnerving. Watch for anger, disgust or sadness responses.
- Growth and change can be slow.
- Requires a large emotional investment. Watch for helplessness, guilt or betrayal responses.
- Watch for over-empathy or over-reaction.
- Watch for “attention-seeking” behaviors from students.
- Get support for yourself !!!

Consult with others as needed!!

Some Helpful Web Resources

- **Mayo Clinic:**
<http://www.mayoclinic.org/diseases-conditions/self-injury/symptoms-causes/syc-20350950>
- **Mental Health America**
<http://www.mentalhealthamerica.net/conditions/self-injury-and-youth>
- **National Self-Harm Network, UK:** www.nshn.co.uk/
- **SAFE Alternatives:** <https://selfinjury.com>
- **Self Injury Foundation** www.selfinjuryfoundation.org
- **To Write Love on Her Arms:** www.TWLOHA.com
- **Lifesigns: Self-injury Guidance and Network Support**
<http://www.lifesigns.org.uk>

Selected references:

- Kanan, L., Finger, J. & Plog, A. (2008, Winter). Self-injury and youth: Best practices for school intervention. *School Psychology Forum: Research in Practice*, 2(2), 67-79.
- Miller, D.N. & Brock S.E. (2011). Identifying, assessing & treating self-injury at school. Springer, NY: NY.
- Walsh, B. & Muehlenkamp, J. (2013, Winter). Managing non-suicidal self-injury in schools: Use of a structured protocol to manage the behavior and prevent social contagion. *School Psychology Forum: Research in Practice*, 7(4), 161-171.
- Whitlock, J. & Rodham, K. (2013, Winter). Understanding non-suicidal self-injury in youth. *School Psychology Forum: Research in Practice*, 7(4), 98-110.

Ohio School Psychologists Association
November 9, 2017

- ▶ Linda M. Kanan, PhD.
- ▶ School Psychologist
- ▶ School Safety and Educational Consultant
 - 303-910-3628
 - lmkanan@comcast.net