Ohio School Psychologists Association
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Providing for School and Student Safety II:

Non-Suicidal Self-Injury

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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)

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	Indirect
Suicide attempts	Substance abuse
Major self-mutilation	Eating Disorders
Stereotypic self-injury	Physical risk-taking
Moderate/superficial self-injury	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

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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

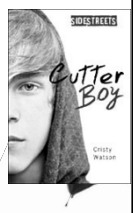
- Internet and YouTube

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

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

Newsweek, Jan 2, 2006

Today:
Is it "culturally sanctioned"
or
Considered deviant?



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

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

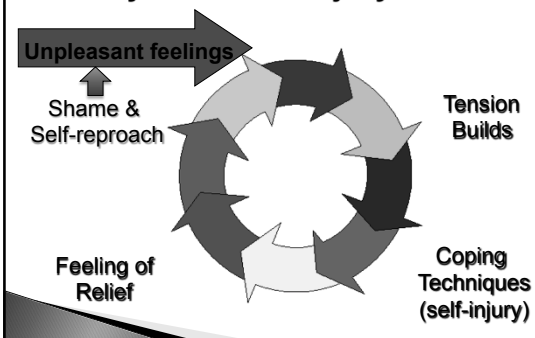
Can Be Ritualistic in Nature

- Certain times
- Certain rooms
- Certain objects

- Thirteen…

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

The Cycle of Self-Injury



Role of Traumatic Events or Perceived Traumas

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

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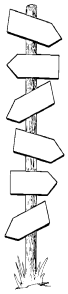
Physical Signs

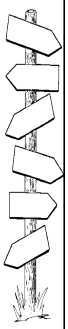
- Inappropriate clothing for the weather
- Blood stains on clothing
- Unexplained scars, bruises, or cuts
- Possession of sharp implements (razor blades, thumb tacks, knives, etc.)
- Secretive behavior - spending unusual amounts of time in bathroom, other isolated areas



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



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Co-morbid Disorders

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

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

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 cummulative 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

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Group Therapy in Schools

PROS	CONS
‣ 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	‣ 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

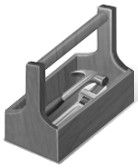
- Communication strategies
- Exercise programs
- Relaxation, stress management
  - Mindful Breathing (Kabat-Zinn, 1990)
  - Meditation, Visualization
- Art therapy
- Journaling
- TALK TO SOMEONE!!!
- Students should be in school during treatment - they respond well to structure, normalcy, safety

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)

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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

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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

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

__Anger	__Pride	__Alienation
__Frustration	__Depression	__Wholeness
__Hopelessness	__Elation	__Numbness
__Disconnection	__Sadness	__Isolation
__Anxiety	__Fear	__Hostility
__Shame	__Guilt	__Loneliness
__Relief	__Emptiness	
__Happiness	__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)

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

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