

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

Linda M. Kanan, Ph.D.

Ohio School Psychologists Association

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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**

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

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

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



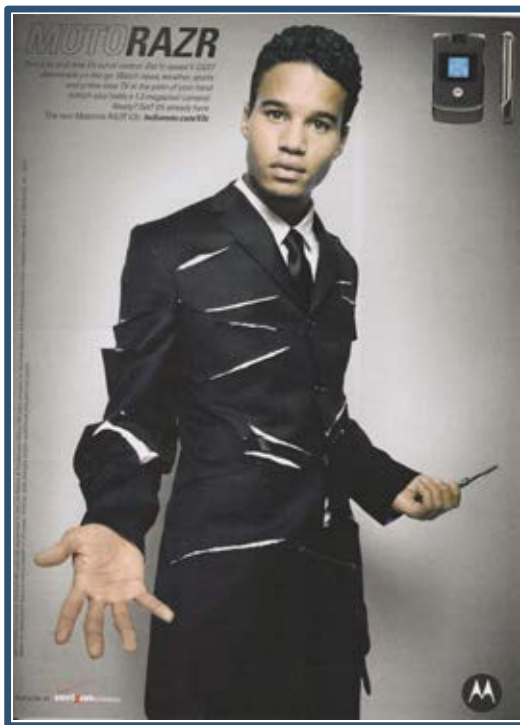
Is the behavior considered deviant?
Is there a perception of risk?

Possible Contributing Factors in Society

- Internet and YouTube

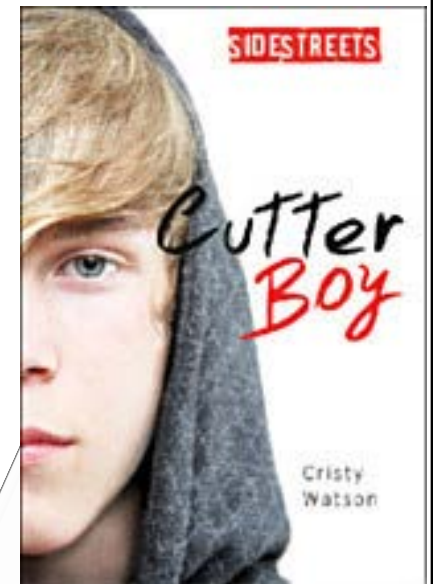


- Triggering content in chat rooms, websites, message boards
- Assess how time is spent in cyberspace



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

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

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

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



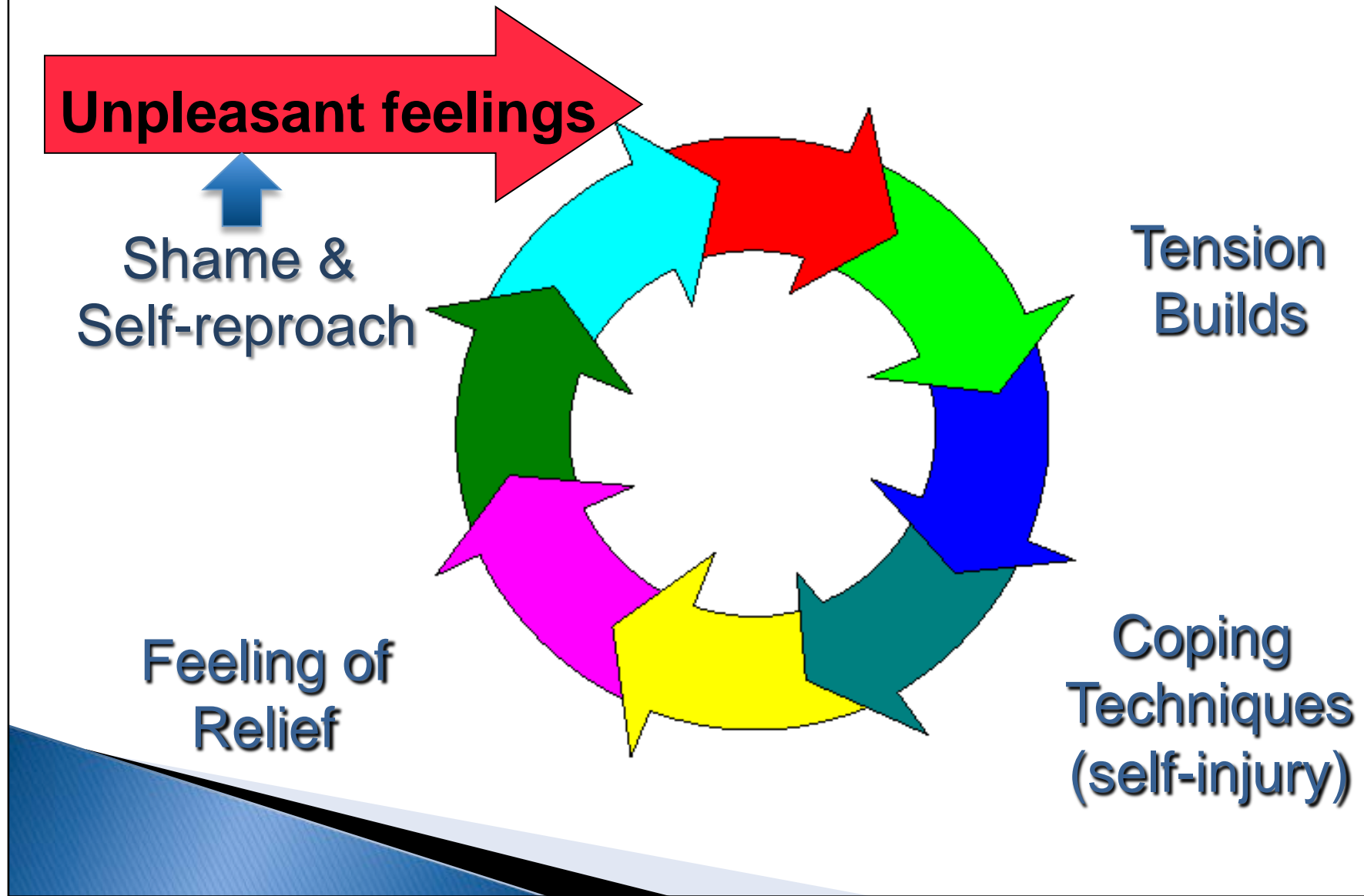
Can Be Ritualistic in Nature

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



- ▶ Thirteen...

The Cycle of Self-Injury



Role of Traumatic Events or Perceived Traumas

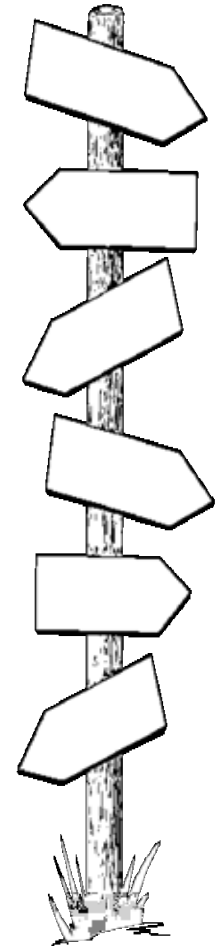
- ▶ History of trauma
 - Physical abuse
 - Sexual abuse

- ▶ Other perceived traumas
 - Loss, conflict, etc.



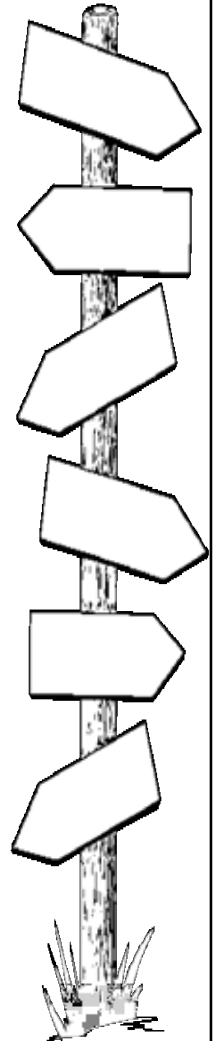
Physical Signs

- ▶ 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



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



Co-morbid Disorders

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



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

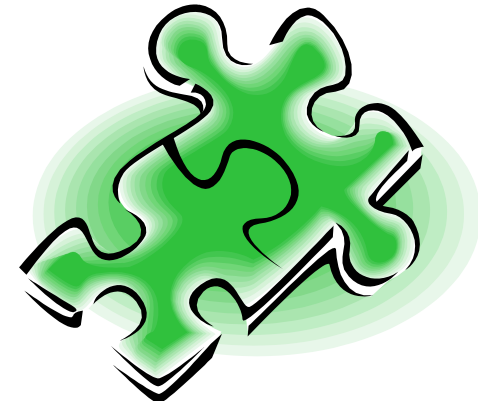
Annie

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

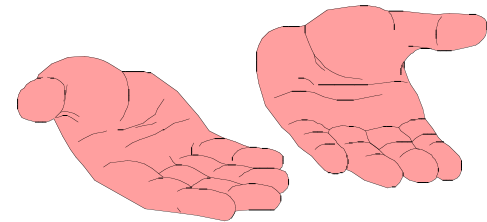
- ▶ Address any co-morbid disorders
- ▶ Address trauma, if related
- ▶ Increase communication skills
- ▶ Teach alternative coping strategies



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.....



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.

Cognitive Behavioral Approach

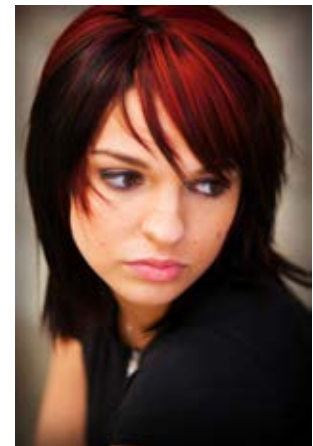
A = Actual event

B = Beliefs about the event

C = Consequences (healthy or unhealthy)

D = Dispute negative thoughts/irrational beliefs

E = More effective beliefs



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

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

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

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



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**



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

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 an 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 then 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

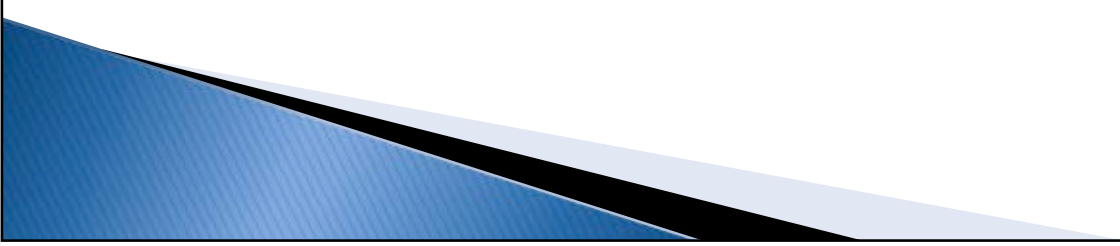
Parent & staff reactions may depend on the severity of the injury

- 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



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

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

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.

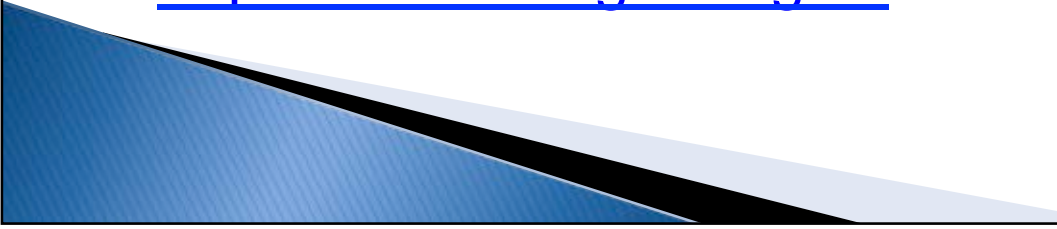
Understanding Your Personal Reactions to Self-Injury

- ▶ 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 !!!

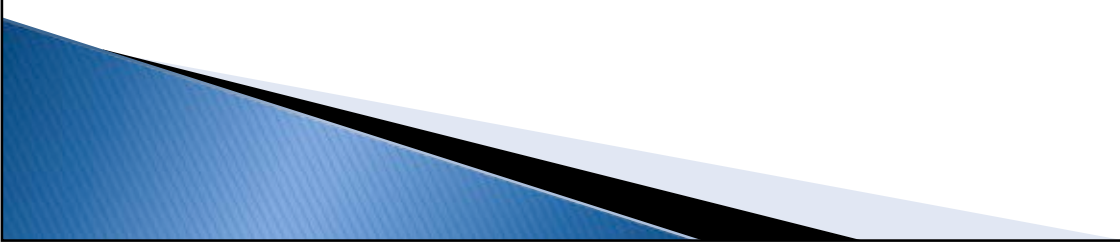
Consult with others as needed!!



Some Helpful Web Resources

- ▶ **SAFE Alternatives:** <https://selfinjury.com>
 - ▶ **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>
 - ▶ **Self Injury Foundation** www.selfinjuryfoundation.org
 - ▶ **To Write Love on Her Arms:** www.TWLOHA.com
 - ▶ **National Self-Harm Network, UK:** www.nshn.co.uk/
 - ▶ **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), 93-110.
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- A decorative graphic element in the bottom-left corner of the slide, consisting of overlapping blue and black geometric shapes that form a triangular, abstract design.

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

