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# Non-Suicidal Self Injury (NSSI): Intervening with self injurious students



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Richard Lieberman, NCSP  
Loyola Marymount University  
rlieberm@lmu.edu

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

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*...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*

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

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- Cutting, carving or puncturing the skin
- Burning
- Picking, poking, scratching the skin
- Hair pulling, nail biting
- Choking game
- Jumping from high places

# Classifications of NSSI



- Compulsive SI
  - Eating disorders
  - Trichotillomania
  - OCD: Hair pulling/nail biting
- Impulsive SI
  - Episodic
    - Temporary respite from distressing thoughts/emotions
  - Repetitive
    - Significant risk for Borderline/Antisocial PD
    - High incidence of adverse childhood experiences and complex trauma

# Just the 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***

(Duggan et al, 2011)

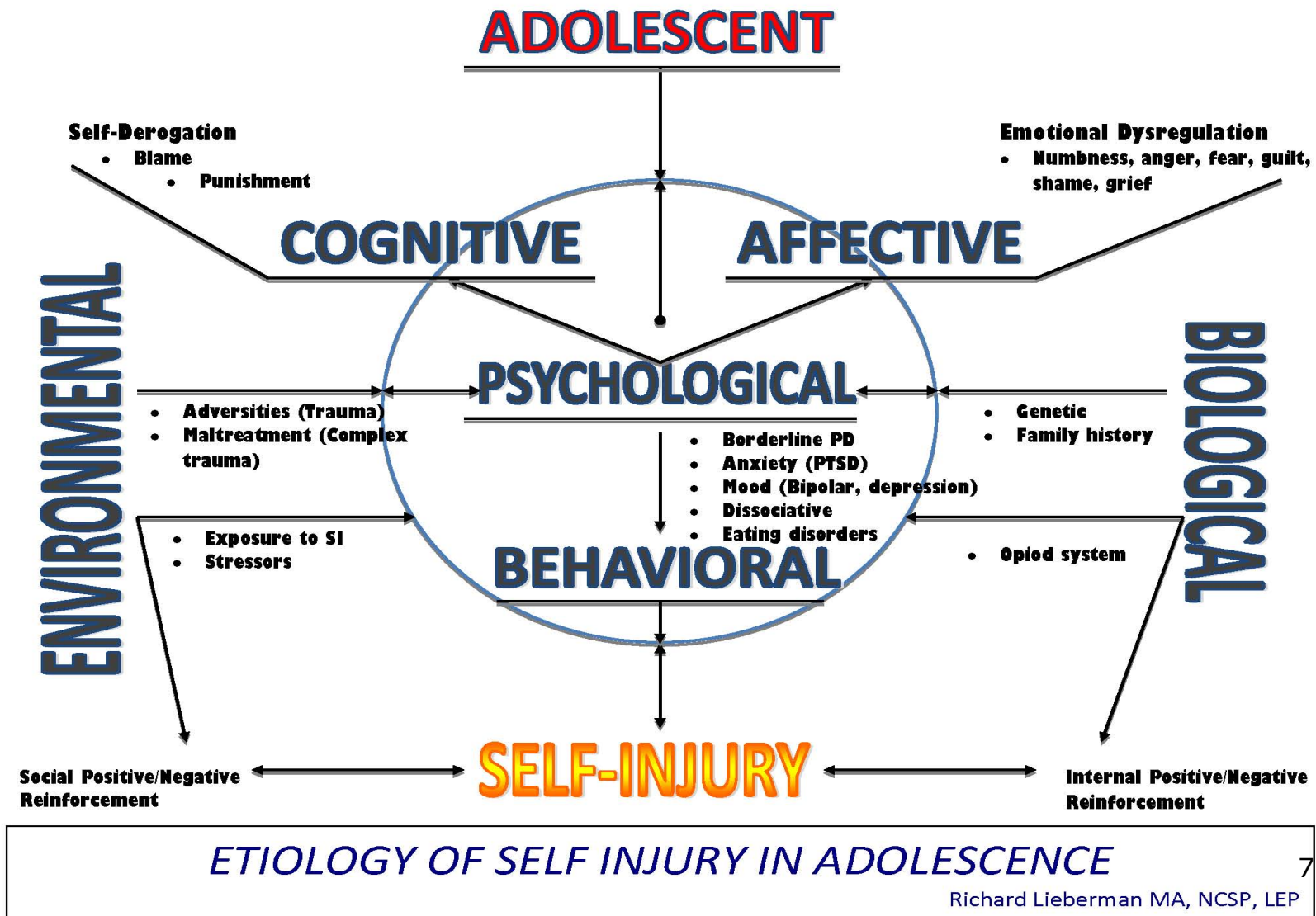
Factors that contribute to NSSI



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

# Factors that contribute to NSSI



# Etiology of Self-injury

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- Cognitive
  - Irrational thoughts, beliefs, assumptions
  - Self-derogation
  - Self-blame
  - Self-punishment
- Affective
  - Emotional dysregulation/tension
- Behavioral
  - Antecedents
  - External positive/negative reinforcement



# Etiology of Self-injury

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- Environmental
  - Invalidating environments
  - Childhood adversity: trauma
  - Maltreatment: complex trauma
  - Exposure through siblings/peers/  
media
  - Stressors

# Risk factors of Self-injury

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- ❑ Situational crises
  - ❑ Victimization/exposure to violence
  - ❑ Loss (Death, divorce, transience, **romance**, dignity)
  - ❑ School crisis (disciplinary, academic)
  - ❑ Family crisis (abuse, domestic violence, running away, argument with parents)

# Etiology of Self-injury

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- ❑ Biological
    - ❑ Opioid system
      - ❑ Controls pain, reward and addictive behaviors
      - ❑ Can signal need for greater frequency/depth
    - ❑ Internal positive/negative reinforcement
    - ❑ Sexuality/Sexual identity
      - ❑ Parental rejection, bullying, harassment
      - ❑ Higher rates of depression, substance abuse, exposure to violence
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# Etiology of Self-injury

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- ❑ Psychological
  - ❑ Borderline Personality Disorder
  - ❑ Depression (Bipolar Disorder)
  - ❑ Anxiety Disorder (Post traumatic stress disorder)
  - ❑ Dissociative Disorder
  - ❑ Eating Disorders

# Why do kids self-injure?

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- 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

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- ❑ Internal contingencies
    - ❑ Positive reinforcement: Creates a desirable state
    - ❑ Negative reinforcement: Release tension or distract/remove from disturbing thoughts
  - ❑ External or social contingencies
    - ❑ Positive reinforcement: Provides attention from others
    - ❑ Negative reinforcement: Offers escape from interpersonal tasks or demands
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# Signs of NSSI

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- ❑ Frequent or unexplained bruises, scars, cuts, or burns.
- ❑ Consistent, inappropriate use of clothing designed to conceal wounds (often found on the arms, thighs, abdomen; wrist bands)
- ❑ Secretive behaviors, spending unusual amounts of time in the student bathroom or isolated areas on campus.
- ❑ Refusal to swim or dress out for PE
- ❑ General signs of depression, social-emotional isolation and disconnectedness

# Signs of NSSI

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- ❑ Substance abuse
- ❑ Possession of sharp implements (razor blades, shards of glass, thumb tacks, clips)
- ❑ Evidence of self-injury in work samples, journals, art projects
- ❑ Risk taking behaviors such as gun play, sexual acting out, jumping from high places or choking game.



# Talking to kids about NSSI: *A Respectful Curiosity*



- ❑ 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.

What are some helpful questions?



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“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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What are some helpful questions?



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

“Is there anything missing in our relationship, that if it were present, would make a difference?”

“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.”

## Responding to NSSI

### Tips for Educators: **DON'T**

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- 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 SI in front of class or peers.
  - Agree to hold SI behavior confidential.
  - Make deals in an effort to stop SI.
  - Make promises you can't keep.
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# NSSI: School Interventions



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*“Schools must provide interventions that not only address the student’s individual needs but the impact of their behavior on peers as well.”*

# NSSI: Suggestions for school mental health staff

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- ❑ Limiting contagion
    - ❑ Rites of Togetherness
    - ❑ Divide students and assess individually
    - ❑ Identify friends who engage in SI
    - ❑ Target classrooms, grade levels
    - ❑ Identify “alpha” students
      - ❑ Female: Borderline personality disorder
      - ❑ Male: Antisocial personality disorder
    - ❑ Identify moderate risk students (students with past behaviors) and target for follow up mental health services
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# NSSI: Suggestions for school mental health staff

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- Assess for NSSI & suicide risk
- Warn and involve parents
- Utilize school/community resources. Tighten the circle of care
- Limit contagion
- Do not discourage self harm
- Treatment plans should focus on cognitive, affective, behavioral, biological, environmental, psychological contributing factors.

# What are the treatments?

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## Cognitive Behavioral Therapy

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



# Responding to NSSI: COGNITIVE

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- Establish goals
  - Re-framing
  - Homework (commitment)
    - Journaling
    - Self care
    - Reading
  - Communication skill building
    - Help seeking dialogue
  - Drawing/collage work
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# Responding to NSSI: AFFECTIVE

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- Emotional Regulation (continued):
  - Grounding: Connection with the sensory perceptions of the here and now (Name 5 things you see/hear/feel exercise)
  - Relaxation: Techniques or exercises designed to induce physiological calming.
    - Diaphragmatic breathing:
    - Progressive muscle relaxation:
    - Mental imagery/visualization techniques (The Lemon Tree)
  - Emotion identification and expression: Feelings vocabulary; matching feelings to physiological response

# Responding to NSSI: BEHAVIORAL

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- Get active: Exercise
    - Martial Arts, Tai Chi
    - Cycle/handball/tennis/soccer
    - Pillow fight
    - Punching bag
    - Dance
    - Flatten cans for recycling
  - Practice affect regulation skills (e-mail reminders)
  - Eat/sleep right
  - Play or listen to music
  - Artistic expression
  - Utilize multiple diversion techniques
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# Responding to NSSI: BEHAVIORAL

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## □ Replacement behaviors

- Get sensory input---aromatherapy, lip balm or lotions
- Suck on hot candy
- Scribble with red crayon on arm or paper
- Brush skin with toothbrush
- Tear/scribble paper
- Use play-dough
- Squeeze stress balls
- Take hot shower/cold bath
- Scratch clothes

# Responding to NSSI: BEHAVIORAL

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- ❑ Negative replacement behaviors
  - Rubber bands
  - Substitute ice or magic marker for sharp implement
  - Temporary tattoos
  - Holding books out at arms length
  - Standing on tip toes

❖ Parent permission!

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# Responding to NSSI: ENVIRONMENTAL



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- Trigger log: Self assessment Sheet
    - Was there a trigger for you? (Was there something that upset you?)
    - What were you thinking at the time? (What was going through your head?)
    - How upset were you? (Rate 1-5, Very to Not at all)
    - What did you do? (How did you handle the situation?)
    - How well do you think you handled yourself? (Rate 1-5, Poorly to Great)
    - What were the consequences?
    - Would you do anything differently and if so, what would you do?

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Self injury in youth: The essential guide to assessment and intervention. New York, NY:  
Routledge.

# Responding to NSSI: BIOLOGICAL

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- Serotonin (SSRIs)
    - Prozac, Paxil, Zoloft
    - Preferred treatment for depression and anxiety disorders.
    - Best utilized when in combination with Cognitive behavioral therapy
  - FDA advisory
  - TADS
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# Medication Management



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- Teens should see the physician once a week for the first 4 weeks on the medication
  - Teens should see the physician at an interval of every two weeks after the first month
  - Teens should see the physician even more often if problems or concerns arise
  - School personnel should persuasively ask for a release of information to communicate with physicians and outside providers



# What are the treatments?

## PSYCHOLOGICAL

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### Dialectical Behavior Therapy

- Skills training & psychotherapy
  - Hierarchical structure
  - 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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# Resources

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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>

# Resources

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NOVA Southeastern University

<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 State:

<http://www.selfinjury.com/referrals/therapists/>

# Responding to self injury in the school



## References

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- ❑ A Bright Red Scream by Marilee Strong
- ❑ [www.selfinjury.com](http://www.selfinjury.com)
- ❑ [www.self-injury.net](http://www.self-injury.net)
- ❑ [www.selfharm.org](http://www.selfharm.org)
- ❑ [www.gaspinfo.com](http://www.gaspinfo.com)
- ❑ 800.DONTCUT