



# *Self Injury (NSSI) and Schools*



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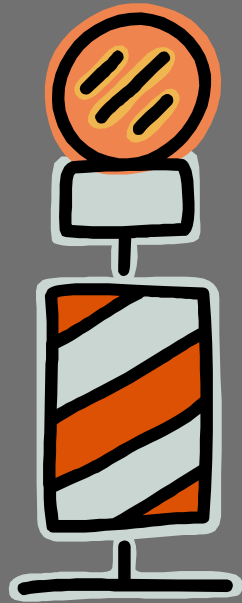


- Julie was dared to burn herself at a middle school sleep over
- She felt a small rush and a sense of power
- Three months later after an argument with her friend she saw a candle and knew immediately what she wanted to do

# *School Reactions and Misperceptions*

- Overwhelmed and ill-prepared
- Difficulty refraining from first reaction
- Negative emotional reactions:
  - Feelings of shock and repulsion
  - Alarm and panic
  - Horrified
  - Discomfort and anxiety
- NSSI always indicator of suicidality
- Attention seeking, not of serious concern
- Underestimate the prevalence
- Lack information about how to identify and respond
- Rarely have policies regarding NSSI
- Even mental health professionals often feel unprepared

# Warning Signs



- ▶ Physical Evidence
  - Unexplained bruises
  - Scars
  - New cuts or burns
- ▶ Wear long sleeves/bulky clothing
- ▶ Refuse to reveal skin
- ▶ Evidence in writings/drawings as have difficulty verbalizing feelings



## *Prevalence*

- ▶ Age of onset: 12-15 years
- ▶ 15-20% among middle and high school students have engaged in NSSI
- ▶ 6-7% currently engaging in NSSI
- ▶ 92% of school counselors reported working with a student engaging in NSSI



## *Scenario for Teacher*

- ▶ You have noticed Julie, one of your students who has never worn a short sleeve shirt has bandaged forearms on several occasions
- ▶ What should you do?



# *Self Mutilation/NSSI Definition*

## *Issues*

- ▶ Multitude of terms
- ▶ Distinguished from culturally sanctioned (intent and purpose)
- ▶ Major type infrequent/severe associated with psychotic population
- ▶ Stereotypic such as head banging/biting assoc. w. developmentally disabled
- ▶ Moderate/superficial such as cutting found in non-hospitalized and “normal population”
- ▶ Preference for NSSI Term



## *Repetitive Self Mutilation/Self Injury/NSSI Syndrome*

- ▶ Recurrent failure to resist impulses to harm one's body physically without suicidal intent—Favazza
- ▶ New Axis I was proposed RSM/RSI/NSSI





## *Associated Diagnoses*

- ▶ Borderline Personality
- ▶ Mood and Anxiety Disorder
- ▶ Impulse Control Disorder



## *Understanding and Responding to Students who Self-Injure*

- ▶ Very complex behavior that fulfills a multitude of needs
- ▶ Contagious: often runs in peer groups
- ▶ Respond individually
- ▶ Assess for suicide risk as estimates are up to 40% attempt suicide



## *Contagion*

- ▶ Rite of togetherness
- ▶ Popularized by movies such as “Thirteen”
- ▶ Separate the dominant female
- ▶ Individual counseling preferred over group
- ▶ My body expresses what words can not!



# *Understanding and Responding to Students who Self-Injure*

- Warn and involve parents
- Increase circle of care and involve school nurse
- Assess for co-morbidity
- Utilize school/community resources
- Do not demand self harm stop or get into power struggles----focus on reducing it and the underlying behavior
- Do teach substitute behaviors that focus on help-seeking/communication skills, reduction of tension and isolation

# *Suicide Vs. Self Injury*

- ▶ Suicide----want to end all feelings
- ▶ Precipitating event
- ▶ One method
- ▶ Give advance warning
- ▶ Pain unendurable-persistent
- ▶ Less frequent
- ▶ Assess for suicide risk
- ▶ Use Safety contract
- ▶ Notification of parent essential
- ▶ Referral and follow up
- ▶ Self Injury---want to feel better
- ▶ Precipitating event
- ▶ Multiple methods
- ▶ Rarely give warning
- ▶ Pain uncomfortable-intermittent
- ▶ Repeat behavior
- ▶ Assess for suicide risk
- ▶ Use Safety contract
- ▶ Controversy parent notification
- ▶ Referral and follow up



## *Self-Injury*

- There is diversity among those who self-injure
- Associated with: sexual abuse, emotional abuse, attachment disorder, substance abuse and eating disorders
- Similarities are in trauma and some event has been difficult to process leaving emotional scars



## *Safety Contract and NSSI*

- ▶ Helps student to take control over impulses
- ▶ Increases connection with adults
- ▶ Provides alternatives/replacement behaviors
- ▶ Reduces anxiety
- ▶ Hotline numbers 800-SUICIDE and 800 DONTCUT
- ▶ Include asking them not to talk with friends about NSSI



## *Cutting Often Associated With*

- ▶ Adolescent girls
- ▶ Affluence
- ▶ Girls present as likable, intelligent and functional
- ▶ Under high stress—can't think—feel powerless and angry
- ▶ Often have difficulty verbalizing feelings





## *New Breed*

- ▶ Normal attitude towards body image without hatred/alienation
- ▶ Onset ages 11 or 12 use single method
- ▶ 2 to 1 female to males engaging in NSSI
- ▶ Little or no history of psychiatric treatment
- ▶ More receptive to treatment



# *THEORIES*

- ▶ Releases Endorphins
- ▶ Helps Regulate Emotions
- ▶ Anger Directed Inward for Catharsis



## *Case Situation*

- ▶ A teacher has referred a 13 year old girl to you, 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.
- ▶ You are the counselor-- what do you do as she begs you not to tell her parents?



## *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?



## *Confidentiality Suggestions*

- ▶ Clarify limits
- ▶ Model importance of parent communication
- ▶ Practice within limits of abilities
- ▶ Know ethics and relevant laws
- ▶ Keep records
- ▶ Maintain liability coverage
- ▶ Develop local guidelines



## *Lawsuit Over NSSI Parent Notification*

- ▶ Coulter Vs. Washington Township
- ▶ Student deposition/insight into factors
- ▶ Parent deposition
- ▶ Counselor deposition



## *What Do Kids Report?*

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



## *Excerpts from Cutter's 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”
- ▶ Sight of blood flow is central to experience





## *Helping Those Who Self Injure*

- ▶ Care about the person and the pain behind the injury
- ▶ Respect their efforts to cope
- ▶ Emphasis it is important to talk about it and NSSI can be understood and overcome
- ▶ Recognize it takes a long time for individuals to give up NSSI



## *Helpful Counselor Response*

- ▶ Matter of fact
- ▶ Low key but compassionate
- ▶ Utilize trigger logs to help students understand the antecedents of NSSI
- ▶ Encourage parents to focus on stress child is experiencing
- ▶ Know community resources



## *Strategies Students Suggest*

- ▶ 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



## *More Suggestions*

- ▶ 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



## *Additional Suggestions*

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



## *What Can Support Staff Do?*

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



## *Factors To Reduce Self Injury*

- ▶ Help students develop the ability to identify and express feeling verbally
- ▶ Increase their use of behavioral alternatives
- ▶ Recognize that adults attempting to intervene are often very distressed by this behavior and only demand it stop!
- ▶ Provide prevention activities such as group counseling for at risk students prior to their engaging in self injury



## *Promising Therapy*

- ▶ Dialectical Behavior Therapy---skill training for mindfulness, interpersonal effectiveness, emotion regulation and distress tolerance
- ▶ Frequent contact and record keeping such as diaries to help manage emotions and understand triggers for NSSI
- ▶ Family educated and involved as ally for assessment and intervention



# Conclusions

- Challenge of responding to students who engage in NSSI
- School personnel feel overwhelmed and ill-equipped
- Better able to support students after training and guidelines for response are developed





## *Web Sites:*

- ▶ [www.selfharm.org](http://www.selfharm.org)
- ▶ [www.self-abuse.com](http://www.self-abuse.com)
- ▶ [www.self-injury.bctr.cornell.edu](http://www.self-injury.bctr.cornell.edu)
- ▶ [www.psi-solutions.org](http://www.psi-solutions.org)



*Video of Dr. Poland interviewing  
two young woman about their  
struggle with NSSI*

- ▶ Self Injury: Insight, testimony and critical issues available at [www.nova.edu/suicideprevention](http://www.nova.edu/suicideprevention)



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