Self Injury (NSSI) and Schools

Dr. Scott Poland
PSI Expert Partner
scottpoland@psi-solutions.org

Dr. Colleen Lorber
PSI Executive Director Client Services
colleenlorber@psi-solutions.org
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
- www.self-abuse.com
- www.self-injury.bcctr.cornell.edu
- www.psi-solutions.org
Video of Dr. Poland interviewing two young women about their struggle with NSSI

Self Injury: Insight, testimony and critical issues available at www.nova.edu/suicideprevention
Contact Information:

- Colleen Lorber, PhD: colleenlorber@psi-solutions.org
- Scott Poland, EdD: spoland@nova.edu
- Karen McKelvey, EdS: karenmckelvey@psi-solutions.org