Agenda

• Explain models and theories behind non-suicidal self-injurious behavior
• Describe recent developments in defining non-suicidal self-injury as a separate category in mental health
• Explore treatment options for children and adolescents who self-injure without suicidal intent
• Discuss how schools can support students who self-injure
• Identify the role of school psychologists in assisting schools and students in the area of non-suicidal self-injury
Myth or Fact?

1. Self-injury is a sign of severe mental illness.
2. People who self-injure are always also suicidal.
3. Self-injury is a problem for female students only.
4. Self-injury is a way for adolescents to get attention.
5. It is important to insist that a person who self-injures stops their behavior immediately.
What is Non-Suicidal Self-Injury?

• **Non-suicidal self-injury (NSSI)** is defined as “deliberately harming the skin or body *without suicidal intent*” (Nock & Favazza, 2009).

• Also called
  - Deliberate self-harm (DSH)
  - Self-injury, self-injurious behavior (SIB), direct self-injurious behavior (D-SIB)

• NSSI is often repeated and over time increases in severity. (Nock & Prinstein, 2005)

• NSSI is generally differentiated from the types of behaviors that are seen in individuals with autism or other developmental disabilities

• NSSI is also differentiated from culturally sanctioned practices
Types of NSSI

• Types of NSSI include:
  • Cutting of skin (arms, thighs, etc.)
  • Scratching
  • Burning/rubbing of skin
  • Hair pulling
  • Skin picking
  • Head banging
  • Pin pricking/stabbing skin

• Cutting is the most common type of self-injury reported (70-90% of self-injurers) (Bentley, Nock, & Barlow, 2014).
Incidence of NSSI

- Research indicates (Whitlock & Rodham, 2013)
  - 15-20% of people have self-injured in their lifetime
  - Up to 45% of adolescents have self-injured (Kaess et al, 2013)
  - NSSI is increasing in children and pre-adolescents (Bem et al, 2017)
  - The onset of NSSI is generally between 11 and 15 years old
  - NSSI is more common in females than males, at a ratio of up to 4:1 (DSM, 2013)
  - 75% of people who self-injure engage in the behavior more than once
Affect Regulation Model

Negative affect → Self-injury → Decreased negative affect and relief

(Freeman et al, 2016)
Four Function Model of NSSI

Automatic

Negative (ANR) - decrease or eliminate aversive or cognitive state or states

Positive (APR) - increase or generate desired affective or cognitive state or states

Social

Negative (SNR) - decrease or eliminate aversive social event or events

Positive (SPR) - increase or generate desired social event or events

(Bentley, Nock, & Barrow, 2014)
Cognitive-Emotional Model

(Hasking, Whitlock, Voon, & Rose, 2017)
Adolescents and NSSI

- There is no one profile of adolescents who self-injure
  - Those who exclusively self-injure versus those who also exhibit other problem behaviors differ in areas such as self-esteem and self-efficacy (Goldberg & Israelashvili, 2017)

- Adolescents who self-injure are more likely to have
  - Increased emotional suppression
  - Poor parental attachments (Tatnell et al, 2017)
  - Difficulty identifying and expressive emotions (Cerutti, Zuffiano, & Spensieri, 2018)
Social Influences on NSSI

• **Influence of social contagion** (Walsh & Muehlenkamp, 2013)
  • Social contagion occurs when multiple people who know each other self-injure in the same time period
  • Reasons for social contagion with NSSI
    • Group cohesiveness
    • Communication
    • Provoke responses

• **Influence of social media** (Mahdy & Lewis, 2013)
  • Information seeking
  • Sharing and connecting with others
  • Study on NSSI on Instagram (Brown et al, 2018)
NSSI and Trauma

- Child abuse and maltreatment increase the risk for NSSI (Tatnell et al, 2017; Swannell et al, 2012)
  - All types of abuse increase risk—physical, sexual, and neglect
  - Mediators that explain the link between abuse and NSSI
    - Dissociation (disruption or normal integration of memory, consciousness, identity, or perception; “emotional numbing”)
    - Alexithymia (inability to identify and describe feelings)
    - Self-blame and self-criticism

- Adolescents who report at least one adverse childhood experience (ACE) are at increased risk for NSSI (Kaess et al, 2013)
  - More ACEs in adolescents who self-injure is related to an increased chance of being diagnosed with borderline personality disorder (BPD) (Hessels et al, 2018)
NSSI and Mental Health

• Approximately 50% of individuals who have engaged in NSSI have a concurrent mental health issue (Schatten, Morris, Wren & Andover, 2013)
  • Borderline personality disorder (BPD)
  • Eating disorders
  • Internalizing disorders (depression, anxiety)
  • Externalizing disorders (conduct disorder, oppositional defiant disorder, attention deficit hyperactivity disorder)
  • Substance abuse disorders
  • Developmental disabilities
Long-Term Outcomes of NSSI

- Longer duration of NSSI results in
  - Increased severity of injury
  - Different types of methods
  - Decreased ability to regulate emotions

- NSSI is, by definition, devoid of suicidal intent; however, it is considered a risk factor and predictor for suicidality (Walsh & Muehlenkamp, 2013).

- Adolescents who stop self-injuring return to baseline and are no longer at increased risk for suicide (Koenig et al, 2017)

- Other outcomes are difficult to determine because of comorbidity with other disorders and risk factors (trauma, etc.)
NSSI and the DSM

- In the Diagnostic and Statistic Manual of the American Psychiatric Association, Fourth Edition (DSM-IV, 1994), self-injury was included as a symptom of borderline personality disorder.

- In the current revision, the DSM 5 (2013), “Non-suicidal self-injury disorder” is listed as a condition that requires further study. The proposed criteria are based on current research, but are not intended for clinical use at this time.
DSM 5 Proposed Criteria

A. In the last year, the individual has, on 5 or more days, engaged in **intentional self-inflicted damage** to the surface of his or her body of a sort likely to induce **bleeding, bruising, or pain**…with the expectation that the injury will lead to only **mild or moderate physical harm** (i.e. there is no suicidal intent).

B. The individual engages in the self-injurious behavior with **one or more** of the following expectations:
   1. To obtain relief from a negative feeling or cognitive state
   2. To resolve an interpersonal difficulty
   3. To induce a positive feeling state
DSM 5 Proposed Criteria

C. The intentional self-injury is associated with at least one of the following:

1. Interpersonal difficulties or negative feelings or thoughts, such as depression, anxiety, tension, anger, generalized distress, or self-criticism, occurring immediately prior to the self-injurious act

2. Prior to engaging in the act, a period of preoccupation with the intended behavior that is difficult to control

3. Thinking about self-injury that occurs frequently, even when it is not acted upon

Research with adolescents indicates the frequency criteria may be too low in order to differentiate between those with a disorder and those without (Muehlenkamp, Brausch, & Washburn, 2017)
Assessment of NSSI

- Instruments are limited, as the focus has been on suicidality over NSSI
  - **Self-Injurious Thoughts and Behaviors Interview** (SITBI; Nock, Holmberg, Photos, & Michel, 2007); Available at [https://nocklab.fas.harvard.edu/tasks](https://nocklab.fas.harvard.edu/tasks)
  - **The Non-Suicidal Self-Injury Assessment Tool** (NSSI-AT; Whitlock & Purlington, 2013) and The Brief Non-Suicidal Self-Injury Assessment Tool (BNSSI-AT). Both are available at [http://www.selfinjury.bctr.cornell.edu/resources.html#tab7](http://www.selfinjury.bctr.cornell.edu/resources.html#tab7)
  - **Clinician-Rated Severity of Nonsuicidal Self-Injury**. Created by the APA to assist with research and clinical evaluation of emerging areas. Available at [https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures](https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures)
  - Other measures found at the International Society for the Study of Self-Injury [https://itriples.org/category/measures/](https://itriples.org/category/measures/)
Assessment of NSSI

- Important questions to ask in initial assessment of NSSI
  - Reason(s) for NSSI*
    - Initial motivation? Has it changed?
  *If there is suicidal intent or ideation clinicians should stop questions and follow protocol for suicidal clients
  - Duration of NSSI
    - How did s/he learn about NSSI?
  - Frequency of NSSI
    - Has it changed?
  - Method and instruments used
    - Locations of injuries
  - Mental health history
    - Has s/he received treatment for this or any other reason?
  - Trauma/abuse history
Treatment of NSSI in Clinical Samples

- Dialectical behavioral therapy (DBT)
  - Emotion regulation, interpersonal effectiveness, distress tolerance, and mindfulness
  - Most common treatment because of comorbidity with BPD
  - Unclear which components specifically affect NSSI; is more intervention than most adolescents will require

- Emotion regulation group therapy (ERGT)
  - Emotion regulation and acceptance-based skills
  - Studies have primarily focused on female samples with BPD also receiving individual therapy

- Cognitive behavioral therapy (CBT)
  - Adjust cognitive distortions and improve self-perceptions
  - Studies have not identified specific components that affect improvement in NSSI

- Mindfulness
  - Focuses on self-acceptance in the present
  - Has shown promise in helping with acceptance of emotions and reducing NSSI in young adults

- Cognitive reappraisal
  - Teaches clients how to think about emotion-inducing stimuli in a way that reduces their impact
  - Have shown promise in reducing NSSI in young adults

(Bentley et al, 2017)
NSSI Treatment for Adolescents

- A recent meta-analysis of therapy for SI and NSSI showed no effects of outpatient therapy for adolescents with just NSSI; however, only 8 studies met criteria (Calati & Courtet, 2016).

- In summary, while there is limited research on a specific therapy to help adolescents specifically with NSSI, treatment is likely to be effective that:
  - Helps clients reduce negative emotions that directly lead to self-injury
  - Targets clients’ feelings of low self-worth and self-esteem
  - Attacks clients’ cognitive distortions, particularly relating to feelings of guilt, self-blame, or self-concept
  - Teaches them how to be mindful and focus on the present
  - Teaches them problem-solving skills that will improve relationships with peers and others
Roles of Schools in Addressing NSSI

- NSSI is becoming increasingly more visible in schools, and while the numbers are unknown, staff report that NSSI occurs on campus (Toste & Heath, 2010).

- School counselors report interactions with students who self-injure, but lack in knowledge, training, and schoolwide policies (Duggan, Heath, Toste, & Ross, 2011).

- The first school protocol for self-injury was created in 1999 and was later incorporated into the Signs of Self-Injury Program (Walsh & Muehlenkamp, 2013).
  - While some schools have protocols for how to what to do when a student self-injures on campus, or a wound is seen by a staff member, there is no consistency in policy or procedures
  - Prevention programs are rare, with most schools focusing on suicide prevention
What Does NSSI Look Like in the Schools?

• There is little research on what is happening in schools with regards to NSSI behavior.

• The Psychological and Social Services (PSS) department of Dallas Independent School District surveyed school-based mental health professionals and other school staff to gather more information on what was happening in the school district.

• 86 district staff members participated; 76.7% were mental health providers (school psychologists, social workers, mental health center clinicians, and school counselors).

• 51 of the 86 participants stated that they had knowledge of the NSSI incidence in their schools; their responses are given in the following graphs.

• Results indicate NSSI during the 2013-2014 school year.

• Analyses indicated no differences in NSSI due to race or ethnicity.
NSSI by Age and Gender in DISD

<table>
<thead>
<tr>
<th>Grade and Gender</th>
<th>Percentage of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elementary School Males</td>
<td>27%</td>
</tr>
<tr>
<td>Elementary School Females</td>
<td>64%</td>
</tr>
<tr>
<td>Middle School Males</td>
<td>73%</td>
</tr>
<tr>
<td>Middle School Females</td>
<td>92%</td>
</tr>
<tr>
<td>High School Males</td>
<td>61%</td>
</tr>
<tr>
<td>High School Females</td>
<td>95%</td>
</tr>
</tbody>
</table>
Locations of School NSSI in DISD

- Bathroom: 48%
- Hallway: 17%
- Playground/Outside: 15%
- Classroom: 35%
- Gym or auditorium: 13%
Types of NSSI in DISD Schools

Percentage of Respondents

<table>
<thead>
<tr>
<th>Type of Self-Injury</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cutting</td>
<td>85%</td>
</tr>
<tr>
<td>Hair pulling</td>
<td>25%</td>
</tr>
<tr>
<td>Hitting self</td>
<td>31%</td>
</tr>
<tr>
<td>Skin picking</td>
<td>45%</td>
</tr>
<tr>
<td>Burning</td>
<td>28%</td>
</tr>
<tr>
<td>Pin pricking</td>
<td>6%</td>
</tr>
<tr>
<td>Head banging</td>
<td>29%</td>
</tr>
<tr>
<td>Biting</td>
<td>17%</td>
</tr>
<tr>
<td>Swallowing foreign objects</td>
<td>5%</td>
</tr>
</tbody>
</table>

BE BOLD. Shape the Future.
Prevention of NSSI in Schools

- **Primary Prevention**
  - Create protocols and policies
  - Train all school staff
  - Provide health and safety information about NSSI to students
  - For younger students in particular, teach emotional regulation
    - Identifying feelings
    - Using breathing and other mindfulness techniques
    - Identifying positive coping strategies
  - Ensure that students know where to go for support
  - Provide information to parents
Guide to Creating a Protocol for NSSI

- Include information for all school staff who might come across self-injury
- Determine the point person to assess the self-injury (counselor, school psychologist, etc.)
  - Be sure there is a plan in place if suicidal intent/ideation is disclosed
- Decide how parents will be involved
  - Will a meeting be required?
  - How will the parent receive information on outside resources?
- Consider school-based interventions
  - Check in-check out
  - Increased monitoring
  - Individual or group counseling
Protocols and Policies

LAUSD protocol: 

LAUSD Staff Handout
Prevention of NSSI in Schools

• Secondary prevention
  • Once social contagion has occurred or there are clusters of students who self-injure
  • Classroom guidance lessons
    • Signs and symptom of NSSI
    • How to respond to a friend who self-injures
    • When to get help from an adult
  • Lessons from the school nurse or a health teacher on physical injury or risks
  • Lessons from the school counselor or school psychologist on coping skills, emotional regulation, and how to support friends
  • Individual meeting to determine severity of NSSI and level of support needed
  • Individual and group counseling
    • Coping skills lessons for groups
    • Individualized skill-building based on assessment of function of NSSI
    • Target the identified hub of the social network where NSSI has spread
    • DO NOT meet with students along with the hub of the social network
Prevention of NSSI in Schools

• Tertiary prevention
  • Focused on individuals who engage in NSSI as a primary coping strategy
  • Communicate with parents
  • Refer for outside services
    • Request a release of information to communicated with outside mental health provider
  • Support student at school through interventions and collaboration with outside service provider
Role of School Psychologists

• Act as a mental health expert related to NSSI and suicidality
  • Train teachers, staff, and administration
  • Help develop procedures and policies
  • Provide support and guidance to school counselors and school social workers

• Provide individual and group counseling

• Consult on cases where students self-injure to ensure referrals are made when needed and make sure school supports are in place

• When systemic NSSI occurs, assist school to be proactive in addressing causes of the behavior as well as recommend areas for improvement
Summary

✓ Non-suicidal self-injury is a behavior often related to the inability to use adaptive coping skills to regulate emotions that is primarily seen in pre-adolescents, adolescents and young adults.

✓ NSSI is currently not a stand-alone DSM diagnosis but is often comorbid with other mental health disorders, and is being studied for possible future inclusion in the manual.

✓ The research into how to best treat NSSI in adolescents is still being developed, but mental health professionals can adapt existing treatments such as DBT and CBT to meet the needs of their clients.

✓ There are many ways in which schools can address NSSI both in prevention and intervention.

✓ School psychologists can play a major role in helping schools meet the needs of students who self-injure.
Questions?

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