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



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



...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)?



- 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

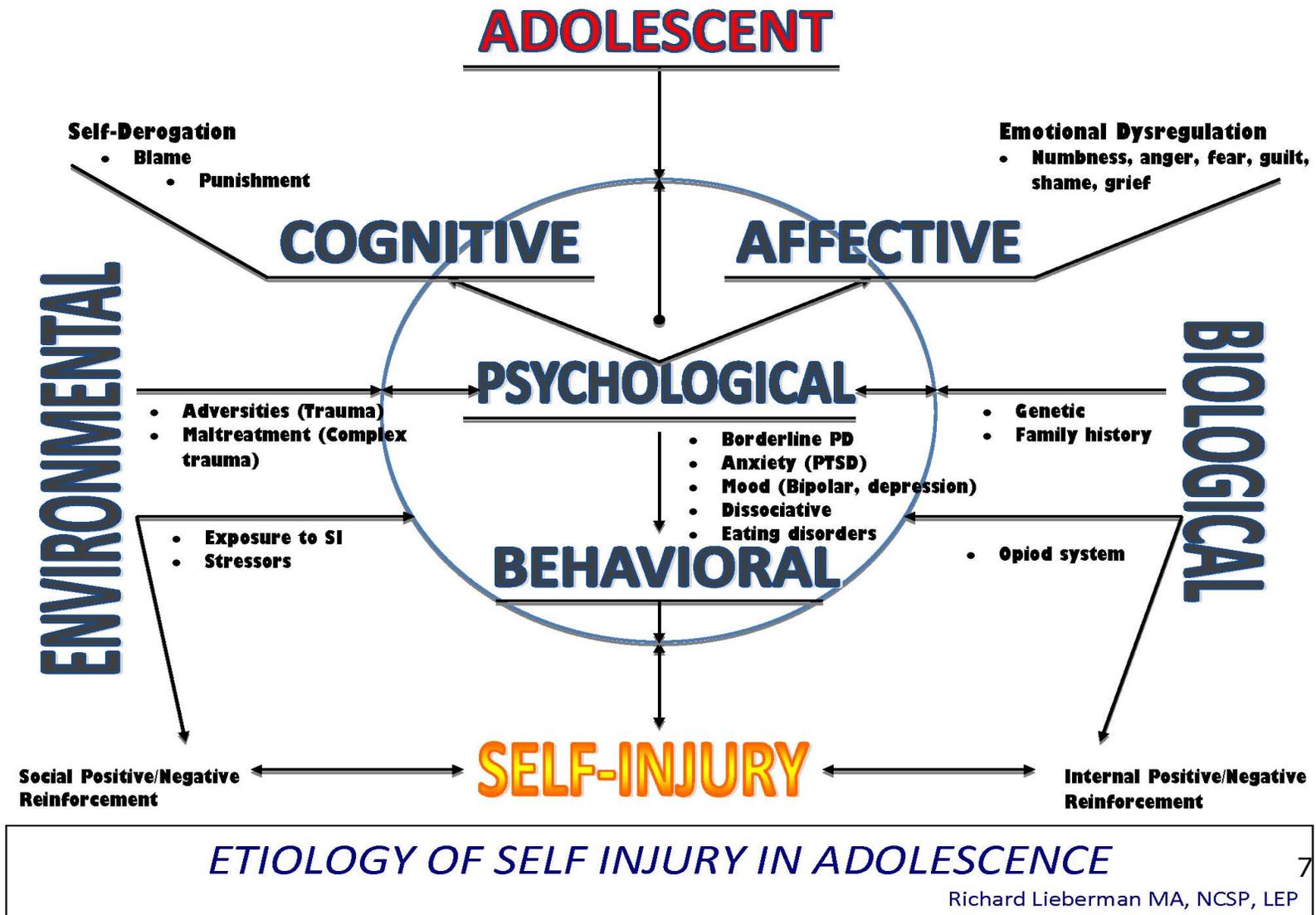
(Duggan et al, 2011)

Factors that contribute to NSSI



“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

- 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

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

Risk factors of Self-injury

- ❑ 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

- ❑ 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

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

Why do kids self-injure?

- 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

- ❑ 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

- ❑ 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

- ❑ 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?



“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?”

What are some helpful questions?



“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**



- 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



“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



- ❑ 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



- 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?

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

- 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



- 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

- 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



□ 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

- ❑ 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!

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?

Heath, N.L. & Nixon, M. K. (2008). Assessment of NSSI in Youth. In M.K. Nixon & N. Heath (Eds.), 30
Self injury in youth: The essential guide to assessment and intervention. New York, NY:
Routledge.

Responding to NSSI: BIOLOGICAL

- 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



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

Understanding Self-Injury:

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

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

- ❑ The Scarred Soul by Tracy Alderman
- ❑ A Bright Red Scream by Marilee Strong
- ❑ www.selfinjury.com
- ❑ www.self-injury.net
- ❑ www.selfharm.org
- ❑ www.gaspinfo.com
- ❑ 800.DONTCUT