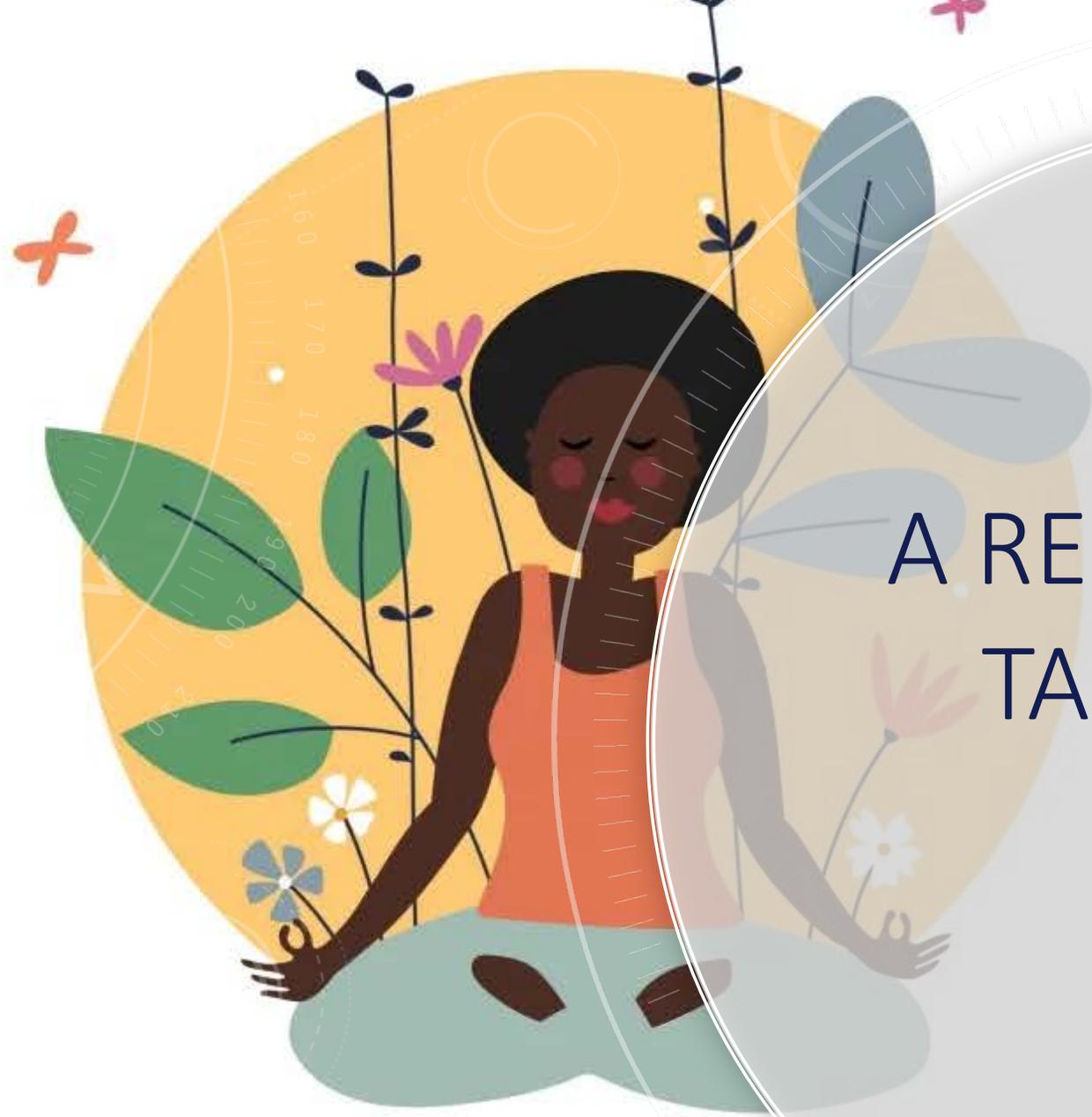




THE CUTTING
EDGE: UNDERSTANDING AND
ADDRESSING NON-SUICIDAL
SELF-INJURY IN YOUTH

JANIS WHITLOCK
CORNELL UNIVERSITY



A REMINDER TO
TAKE CARE OF
YOURSELF

LEARNING OBJECTIVES

Background

Common presentation in youth

Comorbidity

Detection and intervention

Resources

Q & A

NON~SUICIDAL
SELF~INJURY
(NSSI)

Deliberate, direct, and self-inflicted destruction of body tissue resulting in immediate tissue damage, for purposes not socially sanctioned and without suicidal intent.

WHY WORRY ABOUT IT?

Harbinger of other more lethal conditions

- Indicates underlying distress that may increase risk for suicide thoughts and behaviors and / or other chronic conditions

It can cause unintended severe injury

It can lead to lasting disfiguration

It can be contagious

It is stressful for those who love and/or live with someone who uses it

PREVALENCE

Lifetime NSSI estimates range from 7% – 25.6% (up to 65% in clinical populations) Recent review shows:

- 17.2% among adolescents (in most studies 12-18)
- 13.4% among young adults (most studies 18-25)
- 5.5% among adults
 - 75-80% of all report NSSI is repeat (13% single incident)
 - An estimated 6-10% are current and repeat

MOST COMMON SELF-INJURY BEHAVIORS (17%~50%)

- ✧ Severely scratching or pinching skin with fingernails or other objects
- ✧ Cutting wrists, arms, legs, torso or other areas of the body
- ✧ Banging or punching objects to the point of bruising or bleeding
- ✧ Punching or banging oneself to the point of bruising or bleeding
- ✧ Biting to the point that bleeding occurs or marks remain on skin



LESS COMMON SELF-INJURY BEHAVIORS (8%~12%)



- ✦ Ripping or tearing skin
- ✦ Pulling out hair, eyelashes, or eyebrows with the overt intention of hurting oneself
- ✦ Intentionally preventing wounds from healing
- ✦ Burning wrists, hands, arms, legs, torso or other areas of the body
- ✦ Rubbing glass into skin or stuck sharp objects such as needles, pins, and staples into the skin

MOST
COMMON
LOCATIONS

Arms

Wrist

Hands

Thighs

Stomach

Calves

Ankles

A FEW OTHER THINGS TO NOTE

Most (68%) report injuring in private but some do injure as part of group membership or ritual

- Assess extent of group engagement

Often episodic; periods of high or low activity

- Do not assume out of risk zone even if long lapse since last injury episode
- Assess periodically

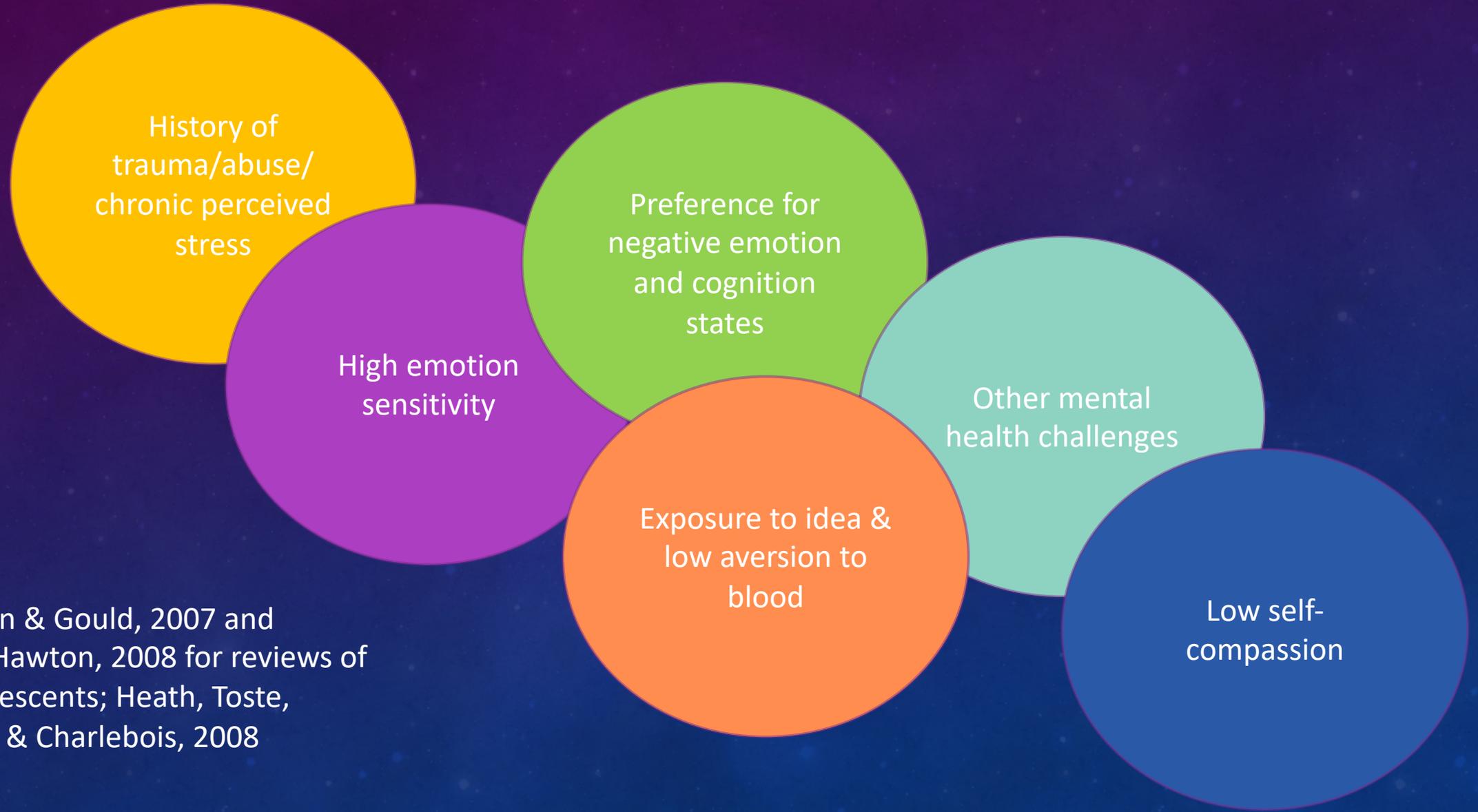
Can become habitual or “addictive” for about 1/3 of individuals – most common high prevalence users and those with forms considered high lethality.

- Assess degree of entrenchment and use harm reduction models as needed

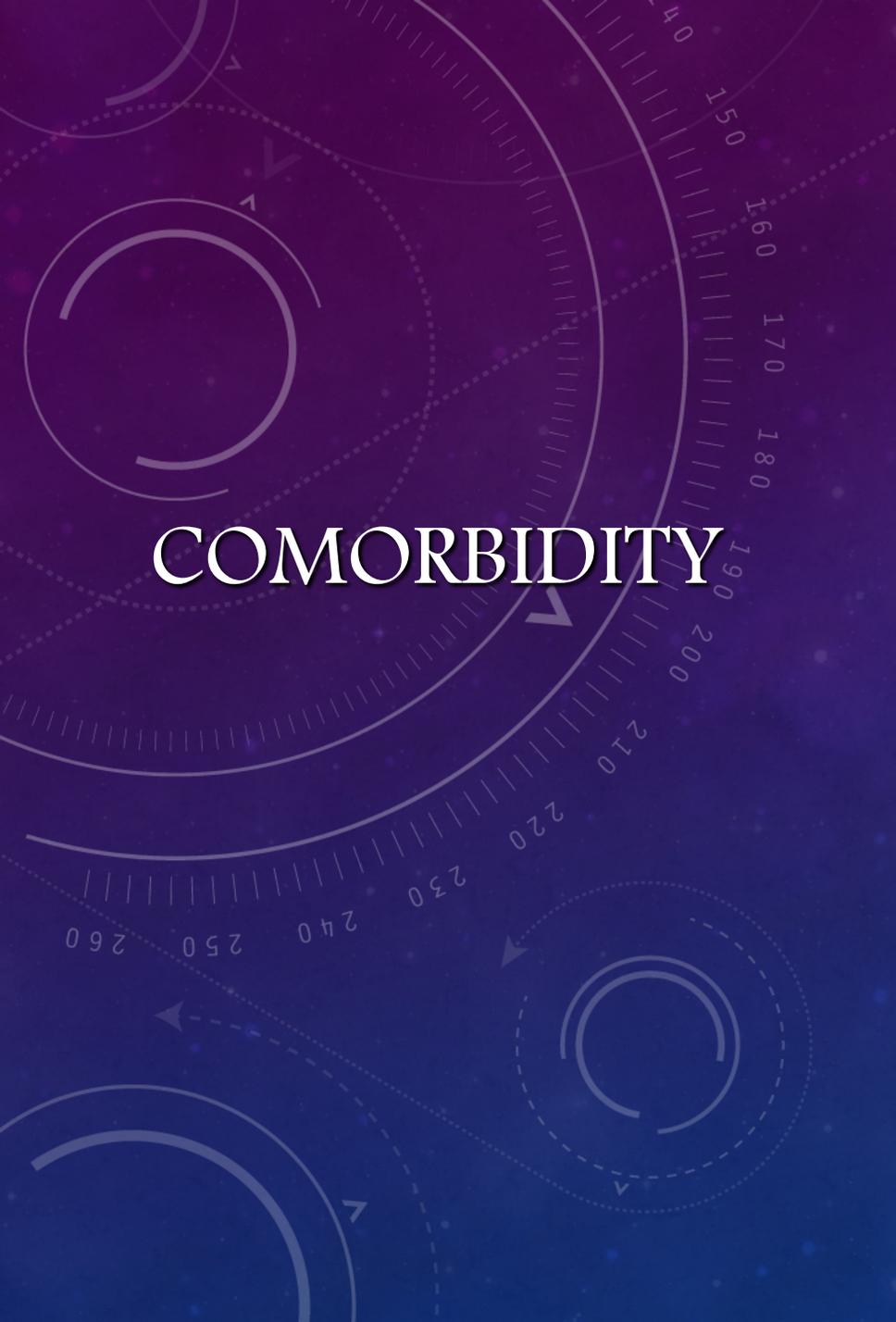
About 20% of individuals who SI, report doing so more severely than intended

- Assess for experience with this
- Discuss safety measures

RISK FACTORS



see Jacobson & Gould, 2007 and
Rodham & Hawton, 2008 for reviews of
NSSI in adolescents; Heath, Toste,
Nedecheva, & Charlebois, 2008

The background of the slide features a dark purple to blue gradient. It is overlaid with several concentric circular patterns, some solid and some dashed, resembling a technical or scientific diagram. Numbers ranging from 140 to 260 are scattered across the background, often following the curves of the circles.

COMORBIDITY

Associated in clinical samples with:

- PTSD
- Anxiety disorders
- Depression
- Disordered eating
- Obsessive-compulsive disorder
- Substance abuse

Was added to the DSM V as a condition in need of additional research

DOES SELF-INJURY LEADS TO SUICIDE?

No

Self-injury is a way of managing feelings

Self-injury is a risk factor for suicide so suicidal intent should be assessed

A history of self-injury can make it easier to actually take the steps of attempting or ending life by suicide if the individual begins to feel suicidal

WHY?

HOW DOES IT HELP?

Regulate negative affect or no affect (to deal with feelings)

Social communication / belonging

Self-punishment and deterrence

Sensation seeking

Self-distraction

WHAT BIOLOGICAL AND NEUROLOGICAL STUDIES TELL US

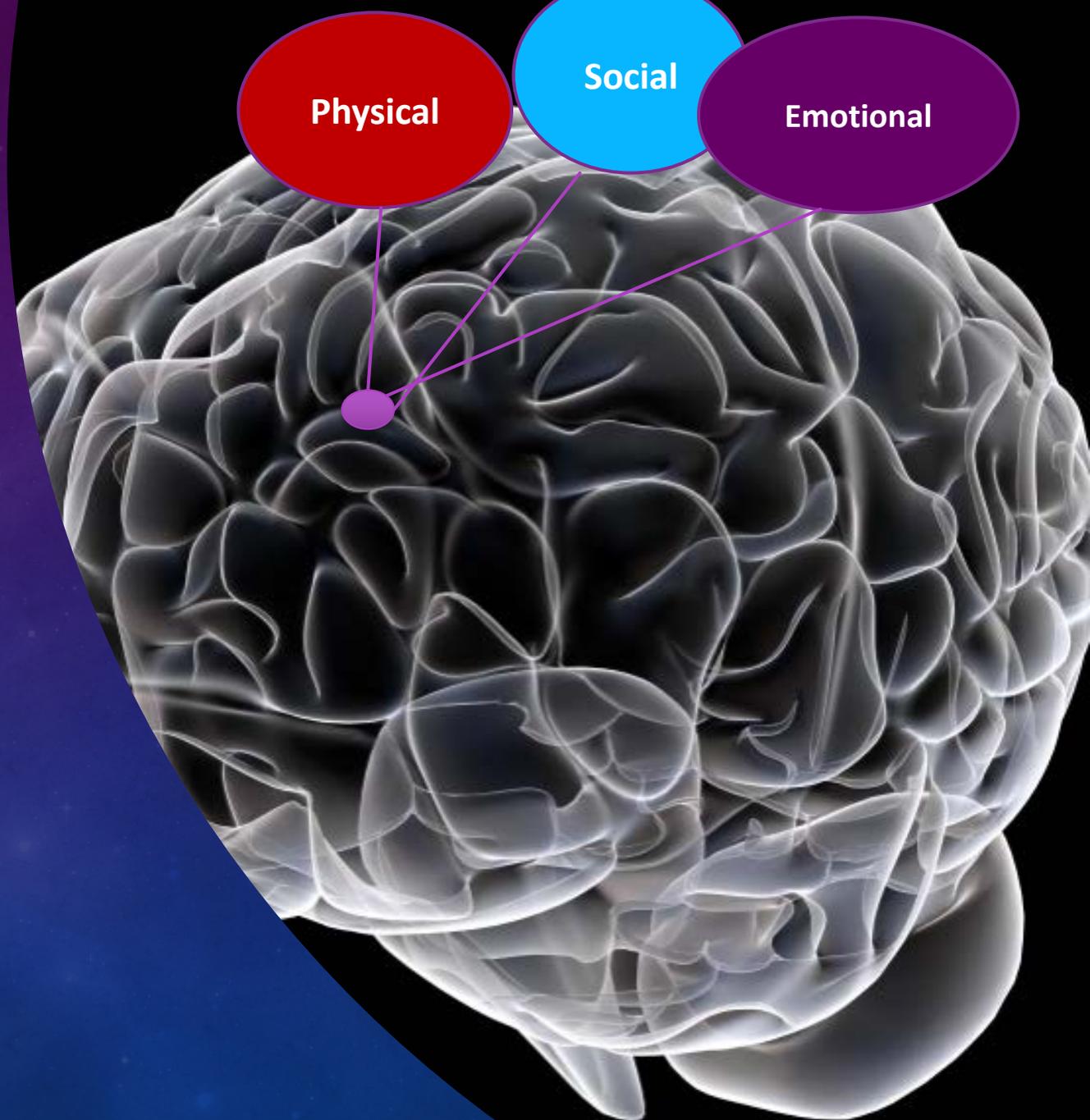
Studies of the biological and neurological basis of self-injury show that people who self-injure possess:

- Higher physiological reactivity to emotional stimulus
- Difficulty down regulating negative emotions regardless of source / association
- Less physical pain perception when emotionally aroused

PAIN OFFSET

Physical, social and emotional pain use same brain circuitry

The capacity to use physical pain offset to reduce emotional pain is why self-injury is so appealing to some individuals



SO.....

Emotional and physical pain perception are yoked. Physical and emotional pain are processed in the same part of the brain. When one decreases so does the other .

Small decrease in physical pain intensity
=
Big decrease in emotional pain perception



NOTE

- NSSI affects physiological response to stress even when imagined (can be used to arouse or down regulate even when not actively engaged in)
- Downregulation can be trained
- Many individuals who self injure report an immediate sense of calm and or integration

Why is it so hard to stop?



NOTICING AND RESPONDING



DETECTION

- Fresh cuts, bruises, burns or other physical marks of bodily damage
- Unexplained or clustered scars or marks
- Parental reports of blood in the sink/shower/tub
- Frequent bandages
- Odd/unexplained paraphernalia (e.g., razor blades or other cutting implements)
- Constant use of wrist bands or bracelets
- Inappropriate dress for season
- Unwillingness to participate in events that require less body coverage (e.g., swimming)
- Association with “goth” or “emo” subgroups



RESPONDING

Respond non-judgmentally, immediately and directly

Remain calm and dispassionate

Use “respectful curiosity”

- ✓ How does self-injury help you?
- ✓ Who do you feel comfortable talking to about what you are feeling?

Be clear about what has to happen next and provide choices when possible





Sarah, I noticed the cuts on your arms just now. It looks like you may be cutting. Usually people do this to feel better when they have feelings they do not want or like. Is this what is happening for you?

I understand that it may be hard for you to share your feelings, this can be a hard thing to talk about. How about if you and I go talk to the guidance counselor together about what you are feeling? I am sure we can come up with good ways to help.

RESPECTFUL CURIOSITY

“It seems like you may be having strong feelings right now. Can you help me understand what you are feeling?”

“Can you help me understand how self-injury helps you feel better?”

“Can you help me understand what kinds of things trigger a desire to hurt yourself?”

“When you resist the temptation to hurt yourself, what do you tell yourself or do that works?”

DEVELOP PROTOCOLS FOR GUIDING INSTITUTIONAL RESPONSES TO SELF-INJURY



Who is responsible for assessing intention (e.g. suicidal vs non-suicidal), lethality approach to care, and next steps?



What are the approach to care options that best balance institutional protocols and needs re: risk and liability with respectful engagement of the youth and, if applicable, family/guardian?



How will the institution handle general education needs of all staff related to detection & intervention, response, protocols and prevention?

INSTITUTIONAL RESPONSE

Understand that self-injury is most often a statement of perceived disconnection and is associated with shame. Try not to make it worse

Need a specific protocol for managing NSSI separately from suicide

Establish point people on staff equipped to triage difficult cases

Work with clinical staff to determine best response and support approach for each case

Meet with compassion, connectedness, clarity, and resources for support



Cornell Research Program on Self-Injury and Recovery

KATE BUBRICK, JACLYN GOODMAN & JANIS WHITLOCK

Non-Suicidal Self-Injury in Schools: Developing & Implementing School Protocol

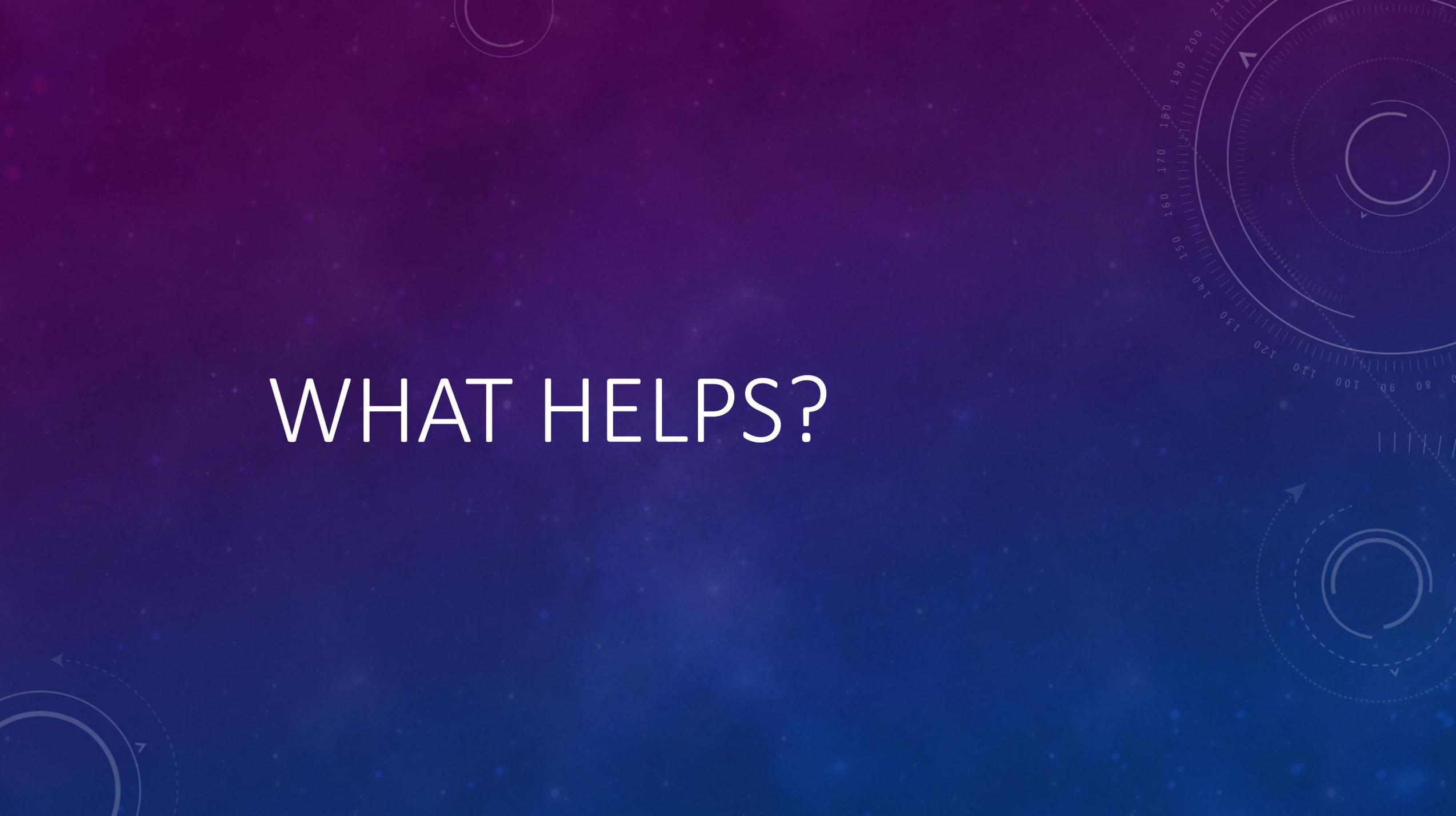
Who is this for?

School staff and faculty, specifically for school administrators, counselors, nurses and other support personnel

Non-suicidal self-injury is an increasingly common behavior among school-aged youth and occurs with regularity in secondary school and college settings. It is uncommon, however, for schools to have well-articulated protocols for detecting, intervening in, and preventing self-injury. Although specific protocols and practices are likely to vary considerably from school to school, this report provides an overview of best practices for detecting and responding to self-injury in secondary school settings.

Who is included?

The information presented here has been adapted from the work of Barent Walsh, Matthew Selekman, Nancy Heath and Mary K. Nixon, in addition to our Program's own research.

The background is a gradient from dark purple on the left to dark blue on the right, overlaid with a pattern of small white stars. On the right side, there are several technical diagrams: a large circular gauge with a scale from 80 to 210 and a needle pointing to approximately 190; a smaller circular gauge with a scale from 100 to 140 and a needle pointing to approximately 120; and a dashed circular arrow indicating a clockwise cycle. There are also some faint, partial circular diagrams on the left side.

WHAT HELPS?

MOST **COMMON** METHODS FOR RESISTING URGES

Keeping busy
(82.4%)

Being around
friends (80%)

Talking to someone
about how you feel
(74.3%)

Writing about how
you feel (74.3%)

MOST HELPFUL METHODS FOR RESISTING URGES

Doing sports or exercise
(65.2%)

Removing the
means/instruments used
for self-harm (63.6%)

Finding someone who is
understanding (60.9%)

Inward focus on
connection to something
bigger than oneself
(religion/spirituality)
(50%)

SOMEWHAT HELPFUL

Writing	Writing poetry (73.3)
Soothing	Taking a hot shower or bath (71.4)
Interacting	Interacting with someone who is nice to you (70.8)
Calming	Closing eyes and thinking calming thoughts (69.2)
Acting	Doing household chores (66.7)

CORE COMPONENTS

↑ Emotion literacy, acceptance and regulation

↑ Working with negative cognition and self-regard

↑ Low aversion to pain, blood

↑ Tolerating distress / adversity

↑ Present moment awareness

↑ Coping repertoires

- Engages social ecology and contexts
- Skill practice in untriggered environment



HELPFUL TOOLS

CREATE “COPING KITS”

Possible contents may include:

- Soothing tools for the 5 senses
 - A favorite book, movie, or piece of art
 - A favorite CD, or playlist of favorite songs
 - A favorite snack
 - A favorite scented soap, candle, or lotion
 - A favorite stuffed animal or other soothing tactile item
- Mindfulness reminders and guided exercises
- Puzzles or other tactile, thought-engaging activities
- Compassionate letters to yourself from when you were feeling good, letters from others, lists of good things or reasons not to self-injure, etc.

Do not include anything that could be used to self-injure as it may be reinforcing

TRIGGER LOG

Category	Mon	Tues	Wed	Thu	Fri	Sat	Sun
# of wounds							
Episode Start time							
Episode end time							
Extent of physical damage (length, width, sutures?)							
Body areas							
Pattern to wounds?							
Use of tool (implement)							
Trigger							
Reason (function)							
Pattern to wounds?							
Room or place							
Alone or with others?							

Be sure to a) ask about omissions and b) have clients place a “0” in boxes where no injury occurred – this is good positive reinforcement; see Dr. Barent Walsh’s forthcoming book, “Treating Self-Injury”

Date	What I did	My parents / siblings	Friends	Others involved	How it specifically helped

From Matthew Selekman's book, "The Adolescent and Young Adult Self-Harming Treatment Manual" (2009)

Date	My Epiphany	Sparked by	Wisdom Gained	Applied to

From Matthew Selekman's book, "The Adolescent and Young Adult Self-Harming Treatment Manual" (2009)

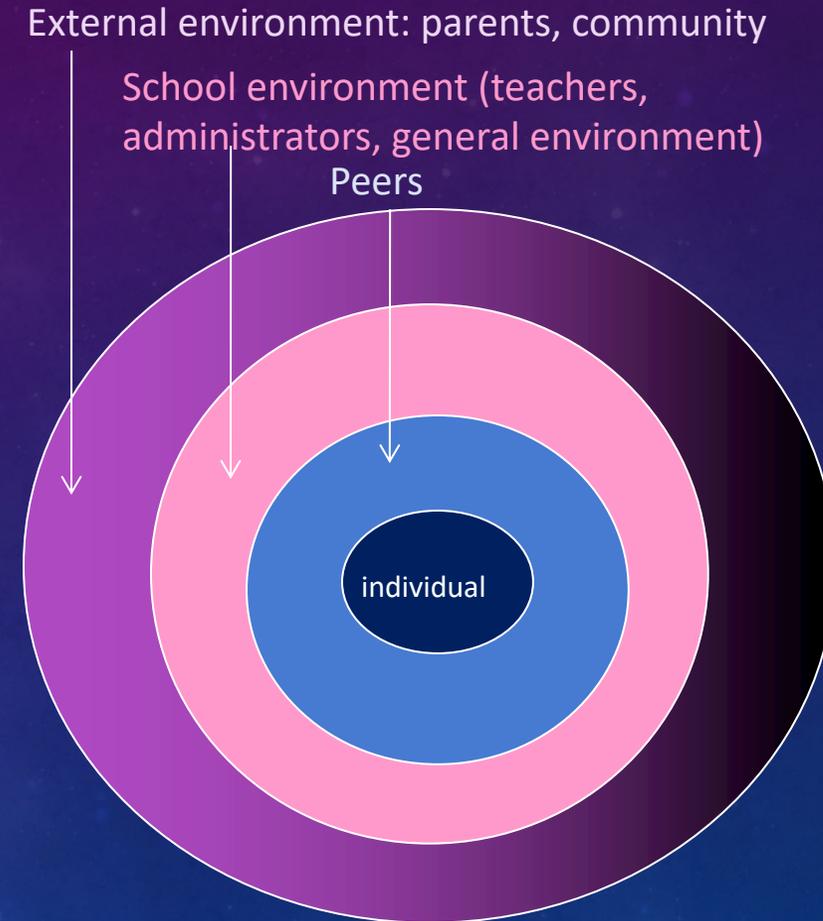
POSITIVE TRIGGER LOG

FOCUS ON PREVENTION

- ✦ DO NOT provide broad NSSI education to students; DO provide this to staff

Enhance:

- ✦ Awareness of signs of global psychological distress, including but not limited to NSSI among *all* social ecologies (including peers and parents)
- ✦ Emotion perception, literacy, tolerance, regulation and transformation
- ✦ Social connectedness
- ✦ Cognitive reframing: recognizing patterns, questioning and reframing negative thoughts and narratives
- ✦ Facilitate development of sense of life purpose and meaning



RESOURCES

The background features a gradient from dark purple to blue, overlaid with a field of small white stars. Technical graphics include a large circular scale on the right with numerical markings from 80 to 210, and several circular arrows and dashed lines scattered across the page.

CRPSIR WEBSITE

www.selfinjury.bctr.cornell.edu



The Skeletons in My Closet

Click on the link below to watch Dr. Stephen Lewis's Ted Talk about NSSI!

[WATCH IT](#)



We help understand, detect, treat, and prevent self-injury.

Welcome to the Cornell Research Program on Self-Injury and Recovery website. This site summarizes our work, and provides links and resources to self injury information.

Our work is intended to generate new research and insight into self-injury. We also aim to translate the growing body of knowledge about self-injury into resources and tools useful for those seeking to better understand, treat, and prevent it.

[LEARN MORE ABOUT SELF-INJURY](#)

Attention! Please Take A Look:

- New Information Brief: The relationship between NSSI and Suicide
- New Information Brief: What role do emotions play in non-suicidal self-injury?



We invite you to watch a short interview with Janis Whitlock.

ABOUT SELF INJURY	ABOUT US	RESOURCES ABOUT...	PARTICIPATE
<ul style="list-style-type: none">• What is self-injury?• How common is it?• Why do people self-injure?• Detection, intervention, & treatment• Prevention	<ul style="list-style-type: none">• CRPSIR Consultation Services• Find out more about our staff• Find out more about our students	<ul style="list-style-type: none">• Self-injury basics, myths & facts• Detection, intervention, & disclosure• Media• School protocols• Recovery• Treatment	<ul style="list-style-type: none">• Parent study• Attitudes about self-harm• Read our blog

WRITTEN MATERIALS

Cornell Research Program on Self-Injury and Recovery

What is self-injury?

Who is this for?
Anyone interested in learning more about self-injury.

What is included?
Who self-injures
When self-injury starts and how long it lasts
Why people self-injure
Is self-injury a disorder and if so, how does it contribute to self-injury?
Is self-injury contagious?
What are the dangers of self-injury?
Defining self-injury

Self-injury typically refers to a variety of behaviors in which an individual intentionally inflicts harm to his or her body for purposes not usually recognized as intentional and without suicidal intent (Lisak, 2007).

Self-injury can include a variety of behaviors but is most commonly associated with:

- intentional cutting, carving, or puncturing of the skin or scratching
- burning
- tying or pulling hair or hair
- self-hypnosis (through puncturing objects with the intention of having oneself or punching oneself directly)

Tattoos and body piercings are not usually considered self-injurious unless done with the intention to harm the body.

Although cutting is one of the most common and well-documented behaviors, self-injury can take many forms. Over 16 other self-injury behaviors have been documented in a college population and several studies have shown that individuals who self-injure often use multiple methods. Self-injury can be used as a punishment on one part of the body but more often occurs on the hands, wrists, stomach and thighs. The severity of the act can range from superficial wounds to lasting disfigurement.

Who self-injures?
Gender: It is often assumed that females self-injure more than males, but it is unclear whether or not this is true. Some studies show that females are more likely to self-injure. Others show that males are just as likely to self-injure as females. There is evidence, however, that males and females differ in their reasons for self-injuring and methods used to self-injure. For example, some research suggests that most males may use self-injury behaviors that lead to self-harming. They may punch objects or rub their palms with the intention of burning themselves or use self-harm. In contrast, females are more likely to use better recognized forms of self-injury, such as cutting or scratching.

Researchability: Research on self-injury and suicidality is also unclear. Some studies suggest that it may be more common among Caucasians. Other studies show similarly high rates in minority samples. Some even show regional variations in the relationship between self-injury and suicidality.

Sexual orientation: Although little is known about the relationship between self-injury and sexual orientation, research suggests that being a member of a sexual minority group is a risk fac-

PRACTICAL MATTERS

The Cornell Research Program on Self-Injury and Recovery

Understanding and Using the Stages of Change Model

by Janis Whitlock & Mandy Purington

Sometimes it can be difficult to understand why your child doesn't just stop self-injuring. Keep in mind that self-injury can become a firmly rooted habit that is used in response to a multitude of stressors. This can make change hard and slow to come. Understanding the Stages of Change model (Prochaska et. al., 1994), particularly as it relates to self-injury, can help you better understand where your child is in the pathway to recovery and how to best help along the way.

- Precontemplation:** During this stage, the person is not considering change at all and may not see self-injury as a problem. In fact, a self-injurious person in this stage may defend the benefits of self-injuring and ignore the negative outcomes of it.
- Contemplation:** In this stage, a person is becoming open to the idea of change, though likely feels ambivalent about it. A self-injurious person may see some of the negative aspects of self-injury, consider some of the benefits of stopping, but wonder if it is worth giving it up.
- Preparation:** Once in Preparation, a person has made a commitment to change and begins to consider lifestyle changes that need to be made. During this stage, a person may seek out therapy or other supports.
- Action:** During this stage, a person is taking active steps towards change and is becoming more confident that he or she can be successful. However, it is during this stage that slips or backslides can often occur – beginning to practice new coping skills inherently means they have not yet been mastered. Support is critical at this stage.
- Maintenance:** In this stage, a person is working to maintain the changes made. A self-injurious person is aware of triggers, has developed other positive coping skills, and is capable of turning to these other methods of coping in times of distress.

How do you determine which Stage of Change your child is in?

If your child is working with a therapist, it is likely that he/she has already put some effort into figuring this out – particularly if self-injury is a primary reason for being in therapy. This may be something you can all talk about in family sessions if the self-injury behavior is a major stressor for the family. Self-injury usually arises as part of a complex set of challenges and it can take time to let it all go. Understanding where your child is in their process can help you figure out what might be the most supportive role to play. To assess overall readiness, for example, you might ask:

- On a scale from 1-10 where 1 is "not at all" and 10 is "I definitely want this", how much do you want to stop self-injuring?

Lower numbers on the scale generally indicate less readiness to change. You can ask this



Cornell Research Program on Self-Injury and Recovery

KATE BUBRICK, JACLYN GOODMAN & JANIS WHITLOCK

Non-Suicidal Self-Injury in Schools: Developing & Implementing School Protocol

Who is this for?

School staff and faculty, specifically for school administrators, counselors, nurses and other support personnel

Non-suicidal self-injury is an increasingly common behavior among school-aged youth and occurs with regularity in secondary school and college settings. It is uncommon, however, for schools to have well-articulated protocols for detecting, intervening in, and preventing self-injury. Although specific protocols and practices are likely to vary considerably from school to school, this report provides an overview of best practices for detecting and responding to self-injury in secondary school settings.

The information presented here has been adapted from the work of Barent Walsh, Matthew Selekman, Nancy Heath and Mary K. Nixon, in addition to our Program's own research.

What is included?

- How to develop a protocol
- How to implement a protocol
- Questions and issues that might come up
- Flowchart to aid in decision-making

Non-suicidal self-injury (NSSI) is defined as: the deliberate, self-inflicted destruction of body tissue without suicidal intent and for purposes not socially sanctioned.¹

Why is a self-injury protocol important?

Protocols are useful in guiding school personnel responses to situations that many find uncomfortable or unable to manage. Additionally, they provide a means of assuring that a school's legal responsibilities and liabilities are addressed even in situations where personnel may not have this as their primary concern. In his discussion of self-injury protocols, Walsh (2006) explains that "the advantage of having a written protocol is that staff know how to respond to self-injury systematically and strategically."² It is essential to note that although a self-injury protocol may be similar to one used to manage suicide-related behavior, it is not the same. The two types of protocols may, however, share common elements and suicide-related protocols are often a good starting point for development of non-suicidal self-injury protocols.

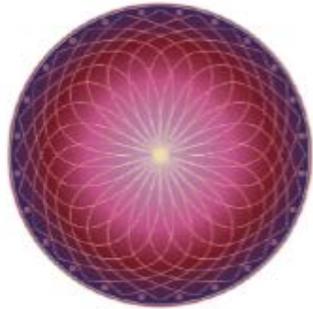
What is included in the school protocol?

A functional school protocol for addressing self-injury incidents should include steps for the following processes:

- Identifying self-injury
- Assessing self-injury
- Designating individuals to serve as the point person or people at the school for managing self-injury cases and next steps
- Determining under what circumstances parents should be contacted



PROTOCOL



The Cornell
on Self-Inj

The Brief Non-Suicidal Self-Injury Tool (BNSS)

Developed by: Janis W
The Cornell Research P
www.selfinjury.com

Resources for & about

Helpful websites

Books & articles

Tools & assessments

Audio & video resources

Project press

CRPSIR tools and assessments:

- o **NSSI-AT (Brief version / Full Version):** The NSSI-AT and the B-NSSI-AT are the full and brief versions of an assessment tool created by CRPSIR. The use of this tool is described in more detail here: [\(Validity and reliability of the non-suicidal self-injury assessment test, NSSI-AT\)](#) and can be used to assess primary NSSI characteristics, such as form, frequency, and function, as well as secondary characteristics (such as habituation, context in which NSSI is practiced, and perceived life interference, treatment and impact). This assessment is primarily used in research, but may also be useful in service settings.
- o **CRPSIR School Protocol Guidelines:** The CRPSIR school protocol for NSSI is intended for individuals working in school settings. This protocol provides a model from which schools can draw to develop tailored protocols to fit their unique settings.
- o **CRPSIR Severity Assessment:** This tool is designed to assess NSSI severity. This can be used in primary service settings (e.g. Clinical, school, etc.) Characteristics of high, moderate and low severity classes are included along with implications for intervention.
- o **Helpful questions to assess sharing about self-injury practices online.** This document is adapted from Whitlock, Lader, & Conterio, 2007, and includes questions for clinicians to use when assessing the extent of a client's online sharing habits about self-injury.

Other useful tools and assessments:

- o **Self-Harm - Suicide Attempt Self-Injury Intentionality Scale (SASIS)**

The Cornell Research Program
on Self-Injury and Recovery

Assessing NSSI severity

1. Assess form a) severity and b) number of forms used either by asking a simply question about the forms used or presenting a list of forms and ask youth to identify forms used. Here are the forms we assess:
 - o Severely scratched or pinched with fingernails or other objects to the point that bleeding occurs or marks remain on the skin
 - o Cut wrists, arms, legs, torso or other areas of the body
 - o Dripped acid onto skin
 - o Carved words or symbols into the skin
 - o Ingested a caustic substance(s) or sharp object(s) (Drano, other cleaning substances, pins, etc.)
 - o Bitten yourself to the point that bleeding occurs or marks remain on the skin
 - o Tried to break your own bone(s)
 - o Broke your own bone(s)
 - o Ripped or torn skin
 - o Burned wrists, hands, arms, legs, torso or other areas of the body
 - o Rubbed glass into skin or stuck sharp objects such as needles, pins, and staples into or underneath the skin (not including tattooing, body piercing, or needles used for medication use)
 - o Banged or punched *oneself* to the point of bruising or bleeding
 - o Intentionally prevented wounds from healing
 - o Engaged in fighting or other aggressive activities with the intention of getting hurt
 - o Pulled out hair, eyelashes, or eyebrows (with the intention of hurting yourself)
 - o I have never intentionally hurt myself in these ways
 - o Other: _____
- Asking behavior-based questions in survey format to large youth populations is not advisable. Please use the following questions to assess frequency by (e.g. "Approximately on how many total occasions have you hurt yourself?"). This can be open ended or scaled such as we have here:

ASSESSMENT TOOLS

WEB-BASED TRAINING



The screenshot shows a video player interface. At the top left, the Cornell University logo and 'Cornell University College of Human Ecology' are displayed. The main content area features a pink and purple mandala on the left. To its right, the title 'Non-Suicidal Self-Injury 101' is prominently displayed, followed by the subtitle 'A training for youth-serving professionals'. Below this, the website 'www.selfinjuryrecoverycourse.com' and email 'info@selfinjury.bctr.cornell.edu' are listed. At the bottom left, a play button and a progress bar showing '01:21' are visible. At the bottom right, there are logos for 'HD', 'vimeo', and the 'Bronfenbrenner Center for Translational Research'.

NSSI 101

- 8-9 hour
- Self paced or facilitated
 - Certificate (Cornell certificate &/or NASW CEU, .8)
- Brief primer
- Parent psychoeducational workshop

RESOURCES

Websites:

- Cornell Research Program on Self-Injurious Behaviors: www.crpsib.com
- CRPSIR training page: <http://www.selfinjury.bctr.cornell.edu/training.html>
- S.A.F.E. Alternatives: <http://www.selfinjury.com/index.html>
- The National Self-Harm Network (UK):
<http://www.selfharm.org.uk/default.aspx>
- The American Self-Harm Information Clearinghouse (ASHIC):
<http://www.selfinjury.org/indexnet.html>
- Resources for addressing mental health issues in schools:
<http://smhp.psych.ucla.edu/>
- Heart math: <http://www.heartmath.org/about-us/overview.html>
- Collaborative for academic, social and emotional learning
<http://www.casel.org>

Books & articles:

- All books by Barent Walsh and Matthew Selekman and
- Conterio, K., & Lader, W. (1998). *Bodily harm: The breakthrough treatment program for self-injurers*. New York: Hyperion Press
- Whitlock, J.L., Lader, W., Conterio, K. (2007). The internet and self-injury: What psychotherapists should know. *Journal of Clinical Psychology/In Session 63*: 1135-1143. (available at www.crpsib.com)