

Marina Niznik, PhD

**Understanding and Responding to Self-injury in the Schools**

Niznik, 2019

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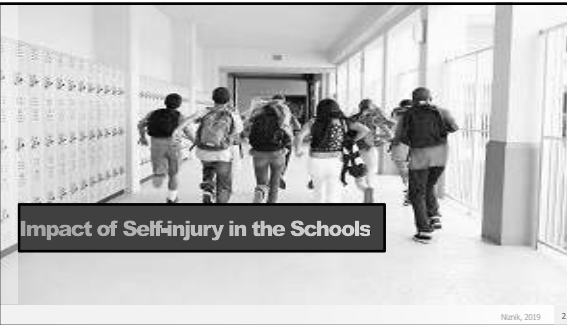
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**Impact of Self-injury in the Schools**

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- **14-18%** of teenagers in the school environment engage in self-injury  
(Hasking et al., 2016; Glenn, Franklin, & Nock, 2016)
- **92%** of counselors report that they have counseled a student who has engaged in self-injury yet the majority feel ill-equipped to do so  
(Duggan et al., 2011)
- **80%** of identified students in need of mental health services did not receive them and those that did, received them at school  
(Mazza, Deater-Deckard, Miller, Rathus, & Murphy, 2016)



**Why We Need a School-based Solution**

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- School is most suitable place for prevention of self-injury and suicide because:
  - The behavior is common among adolescents
  - Accessibility to at-risk adolescents at school
  - Prevention and treatment are less stigmatizing at schools than treatment facilities (Shaffer & Gould, 2000)

### Reasons for School-based Efforts

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### Signs of Self-Injury Noted by School Staff

Physical	Situational	Expressive
<ul style="list-style-type: none"> <li>• Cuts</li> <li>• Burns</li> <li>• Bruises</li> <li>• Scratches</li> <li>• Torn or punctured skin</li> <li>• Carvings</li> <li>• Interference with wound healing</li> </ul>	<ul style="list-style-type: none"> <li>• Inappropriate dress for the climate</li> <li>• Avoidance of activities that require removal of any clothing</li> <li>• Risk taking behaviors (e.g., wall punching, jumping from high places or running into traffic)</li> <li>• Implausible stories that may explain one, but not all, physical injuries</li> </ul>	<ul style="list-style-type: none"> <li>• Creative work focused on self-injury, such as:               <ul style="list-style-type: none"> <li>• poems, stories, drawings</li> </ul> </li> <li>• Social-emotional isolation, disconnectedness, withdrawal</li> <li>• Mood changes</li> <li>• Secretive behaviors (e.g., spending unusual amounts of time in isolated areas on campus)</li> </ul>

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NSSI is a variety of behaviors in which an individual intentionally inflicts harm to their body for purposes not socially recognized or sanctioned and without suicidal intent

### Definition of NSSI

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**Previous Terms**

“ ”

Deliberate self-harm

“ ”

Self-mutilation

“ ”

Parasuicide



**Current Term**

**Nonsuicidal Self-Injury (NSSI)**

Under Conditions for Further Study (DSM-5, 2013)

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History of Self-injury

History of Attempted Suicide



**Self-injury and Suicide**

**Self-injury is one of the strongest predictors of a future suicide attempt**

(Auerbach, & Lewinsohn, 2010; Glenn et al., 2017)

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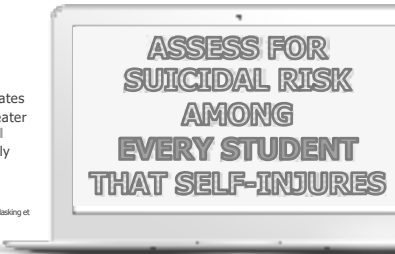
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Emerging research indicates that self-injury is a greater risk factor for suicidal behavior than previously believed

(Auerbach, & Lewinsohn, 2010; Glenn et al., 2017; Hasking et al., 2010; Walsh 2012)



**ASSESS FOR SUICIDAL RISK AMONG EVERY STUDENT THAT SELF-INJURES**

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### Comparison of High School vs Inpatient Samples

#### Community

Among a high school sample:

**21%** reported having self-injured

**16%** reported suicidal ideation

**5%** reported a suicide attempt  
(Wahl, 2012)

#### Clinical

Among an inpatient sample:

**70%** of those that had self-injured had made a suicide attempt in their lifetime  
(Nock, Jones, Gordon, Lloyd-Richardson, Prindle, 2006)

**55%** had done so multiple times

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### Differences Between Self-injury and Suicide

	SELF-INJURY	SUICIDE
INTENT	"I cut to feel better."	"I want to die so the pain will end."
LETHALITY	Commonly use low-lethality, sharp objects	Firearms, hanging, poison, jumping, <2% from cutting
FREQUENCY	20-30 episodes per year	<2 episodes a year
ONSET	Early adolescence (12-14 years of age)	Later adolescence
# of METHODS	70% use multiple methods	Most use same method repeatedly

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### Differences (continued)

	SELF-INJURY	SUICIDE
PSYCHOLOGICAL PAIN	To alleviate intermittent, uncomfortable distress	To escape from excruciating intolerable pain accompanied by cognitive distortions
THINKING	Disorganized thinking	Constricted thinking
HOPELESSNESS	Maintain a sense of control and hope for future	Feel a loss of control and no future
AFTERMATH	Immediate relief of distress	Feel no better or feel worse
REMOVAL OF MEANS	Virtually impossible & contraindicated	Removal of means saves their life

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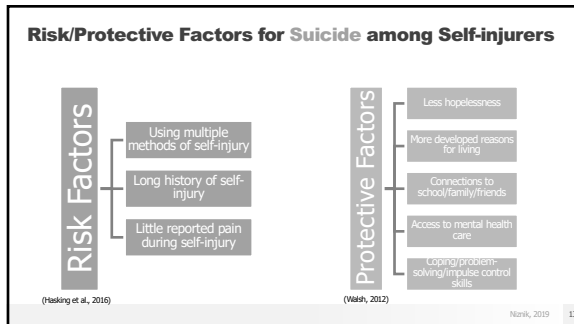
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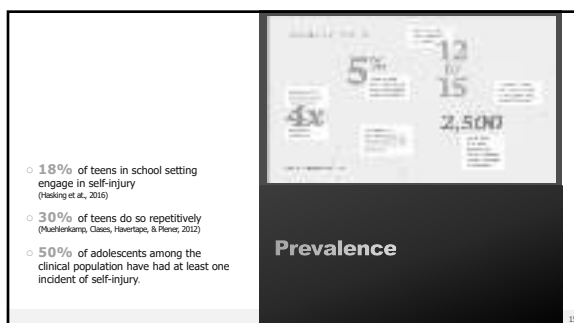
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- Self-injury behavior begins around 13–14 years of age (Nock, 2009)
- Without treatment, self-injury can persist into adulthood
- Self-injury occurs at equal rates for boys and girls (Nock, James, Gordon, Lloyd-Richardson, & Prinstein, 2006).
- Females present with more severe methods of self-injury and are more likely to be in treatment (Holtzner, 2017)
- Adolescents who repeatedly engage in self-injury are at greater risk for long-term mental health issues, suicidality, and risk-taking behaviors



**Developmental Course**

There is no typical profile of an individual who self-injures

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### DSM-5 Proposed Criteria

A. *In the past 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 or bruising or pain (e.g., cutting, burning, stabbing, hitting, excessive rubbing), with the expectation that the injury will lead to only minor or moderate physical harm. The absence of suicidal intent is either reported by the patient or can be inferred by individual's repeated engagement in a behavior that the individual knows, or has learned, is not likely to result in death.*

B. *The individual engages in the self-injurious behavior with one or more of the following expectations:*

- To obtain relief from a negative feeling or cognitive state
- To resolve an interpersonal difficulty
- To induce a positive feeling state



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### DSM-5 Proposed Criteria—continued

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

- Interpersonal difficulties or negative feelings or thoughts, such as depression, anxiety, tension, anger, generalized distress, or self-criticism, occurring in the period immediately prior to the self-injurious act.
- Prior to engaging in the act, a period of preoccupation with the intended behavior that is difficult to control
- Thinking about self-injury that occurs frequently, even when it is not acted upon.

D. *The behavior is not socially sanctioned (e.g., body piercing, tattooing, part of religious or cultural ritual) and is not restricted to picking a scab or nail biting.*

E. *The behavior and its consequences cause clinically significant distress or interference in interpersonal, academic, or other important areas of functioning.*

F. *The behavior does not occur exclusively during states of psychosis, delirium, intoxication, or substance withdrawal. In individuals with a neurodevelopmental disorder, the behavior is not part of a pattern of repetitive stereotypes. The behavior is not better explained by another mental or medical disorder (e.g., psychotic disorder, pervasive developmental disorder, mental retardation, Lesch-Nyhan Syndrome, stereotypic movement disorder with self-injury, trichotillomania, excoriation).*

(DSM-5, 2013 p. 803-805)  
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### Nonclinical Population Factors

There has been an increase in self-injury in teens without psychiatric disorders

- Environmental Influences:
  - High stress at school
  - Multitasking expectation
  - Diminished sense of community
- Internal Psychological Elements:
  - Need for sense of control
  - Need for tension release
  - Inadequate self-soothing skills
- Peer Group Influences:
  - Normative rites of passage
  - Peers that support self-injury
  - Desensitization due to increased social acceptability of piercings/body art
- Direct Media Influences:
  - Graphic depictions glorifying self-injury
  - Online groups dedicated to self-injury

(Vahia, 2012)

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### Comorbidity

The rate of diagnosable mental disorders among those engaging in self-injury (88%) approximates the rate of mental disorders among those engaging in suicide attempts. (Nock, James, Gordon, Lloyd-Richardson, Friedman, 2009)

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- To feel physical pain when psychological pain is overwhelming
- To feel physical pain to combat numbness
- To keep trauma from intruding
- To prevent killing themselves
- To gain the attention of others
- To discharge tension
- To gain a sense of control
- To punish themselves
- To avoid doing other things to cope (i.e., using substances)

**"Self injury is the result of a very complex, opportune and clever interaction between cognitive, affective, behavioral, environmental, biological and psychological factors."**  
(Lieberman & Poland)

### Reasons why adolescents self-injure

Reasons vary over time and most adolescents report more than one reason for self-injury

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- Adolescent age
- Female gender
- Contact with others who self-injure
- Bullying
- Adverse Child Experiences (i.e., abuse or neglect)
- Neurobiological differences in:
  - HPA axis
  - Opioid system
  - Processing of emotionality

(Brown & Pines, 2017)



### Associated Factors

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- Having a friend who self-injures is a strong predictor of self-injury, therefore adolescents may trigger self-injury in each other  
(Walsh & Muehlenkamp, 2013)
- Social contagion is exacerbated in environments such as schools, which is one reason for the increased prevalence of self-injury  
(Parks, 2007)

**"Social contagion is when multiple students in the same group, engage in acts of self-injury within a short period of time."**  
(Lieberman & Roland, 2006)

### Contagion

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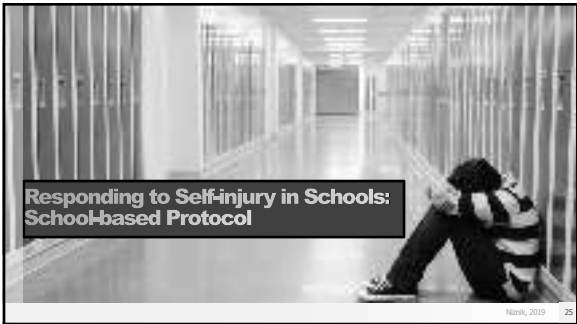
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**Staff the team appropriately**

Establish a Crisis Response Team and outline specific roles and responsibilities for members

**Administrator**  
Establishes procedures and ensures the team follows them consistently

**School-based Mental Health Provider**  
Assesses, notifies, and refers

**School Nurse**  
Assesses extent of self-injury damage and determines the need for medical treatment

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**Teach staff to recognize the signs of self-injury**

Identify both direct and indirect signs of self-injury

<b>Direct self-injury:</b> cutting of the wrist, arm, or body severe self-scratching or picking of wounds self-burning self-hitting crude self-inflicted tattoos disfiguring hair pulling and removal communication regarding self-harm/suicidal themes, talk of suicide; poetry, writings, artwork, texts, postings	<b>Indirect self-injury:</b> eating-disordered behavior substance abuse or addiction risk-taking behaviors, such as physical risks (e.g., standing on the edge of a roof); situational risks (e.g., walking alone at night in a high-crime area); sexual risks (e.g., unprotected sex with strangers) unapproved discontinuation of prescribed medications
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**Teach staff how to respond to student who is self-injuring**

Convey a willingness to listen and understand

- Respond with a calm, reassuring, and nonjudgmental compassion
- Show concern and connectedness while not invading the student's space
- Reassure the student that the self-injury is a coping skill to manage intense emotions
- Consider saying: "You must be feeling upset about something. I'd like to help you."
- "It's probably hard to imagine right now, but many people learn healthier ways to cope. Let's find someone to help."

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**Teach staff how to respond to student who is self-injuring (continued)**

Offer reassurance for hope and support

- Match language the student uses in describing their self-injury
- Do **NOT** promise confidentiality
- Emphasize hope for the future and remind the student that self-injury is treatable
- Supervise and accompany the student to the school mental health professional to share knowledge of the self-harming behavior

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**Assess student**  
**Notify parent**  
**Refer for treatment**

Self-injury is one of the strongest predictors of a future suicide attempt

**Risk Assessment**

- Assess student individually for suicidal risk
- Assess co-existing disorders
- Supervise until deemed safe
- Document all actions

**Parental Notification**

- Required to inform parent if behavior is harmful to self (except when would endanger student)
- Share basic education about self-injury

**Appropriate Referral**

- Guide parent toward possible referrals: to community resources, outpatient treatment, or emergency assistance if imminent risk
- Request signed release to exchange information

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**Provide follow-up support**

**On-going support**

- Follow up upon their return to campus
- Implement a **safety plan**—identifying supports, triggers, appropriate coping strategies, and emergency contacts at school
- Coordinate interventions between private practitioners, families, and school staff to identify triggers, key functions, and severity of the self-injury

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**Teach coping strategies to replace self-injury behaviors**

Collaborate with community partners

- Replacement skills can include mindful breathing, visualization techniques, physical exercise, artistic expression, writing, listening to music, connecting with others, and diversion methods
- Use **cognitive restructuring** to change negative thinking and cognitive distortions. For example, challenging automatic thoughts, identifying core beliefs, and recognizing thought distortions
- Help students plan ahead for situations that trigger emotional responses
- Help students connect the function of their behavior with a proven strategy
- Teach students how to reduce emotional intensity quickly

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**Minimize contagion**

Take steps to avoid triggering self-injury in others

- Meet one-on-one about self-injury, **NOT** in groups; focus on treatability
- Refrain from publicizing incidents, such as through class assemblies, articles in school newspapers, or video sessions
- Monitor social media focused on self-injury
- In collaboration with parents, suggest that self-injuring students cover new wounds

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**Cultural Considerations**

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**Ecological Perspective—Nonlinear & Dynamic**



Macrosystem	<ul style="list-style-type: none"><li>• Political/social/economic factors</li><li>• Policies, norms, expectations</li></ul>
Mesosystem	<ul style="list-style-type: none"><li>• Intersection of cultures</li><li>• Intersection of home/school</li></ul>
Microsystem	<ul style="list-style-type: none"><li>• Social environment of ind.</li><li>• Impact of individual's feelings/behaviors</li></ul>

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Self-injury Prevalence in the World		
Country	Lifetime Prevalence	Research
Australia	14%	Martin, et al. (2010)
Canada	15%	Laye-Gindhu & Schonert-Reichl (2005)
China (city of Dujiang-yen)	26% 29%	Liu, et al. (2018) Tang, et al. (2018)
Germany	18%	Donath et al., (2019)
Hong Kong	15%	You et al. (2011)
Japan	32%	Shek & Yu (2012)
Korea	20%	Tresno & Mearns (2016)
	12%	Lee (2016)

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- Definition of self-injury
- Sample population description
- U.S. or abroad
- Ecological framework conditions

Cautions Regarding Generalizations

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Emerging Research : Asian Countries

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### Self-Injury Risk Factors among Asian Samples

CHINESE	KOREAN	VIETNAMESE	JAPANESE
<ul style="list-style-type: none"><li>Female gender</li><li>Adverse life events--trauma</li><li>Poor relationships</li><li>Loneliness</li><li>Father's education</li></ul> <small>Tang, et al. (2018) Kang, et al. (2015)</small>	<ul style="list-style-type: none"><li>Depression/Emotional distress</li><li>Alexithymia--difficulty identifying feelings</li><li>Academic stress</li><li>Poor relationship: parents</li><li>Poor relationship: peers</li></ul> <small>Lee (2018)</small>	<ul style="list-style-type: none"><li>Female gender</li><li>Depression</li><li>Urban residency</li><li>Feeling hopeless</li><li>Feeling unsafe or victim of domestic violence</li><li>Alcohol consumption</li></ul> <small>Le &amp; Blum, (2011)</small>	<ul style="list-style-type: none"><li>Child maltreatment</li><li>Difficulty with mood regulation</li><li>Poor relationship: limited paternal support</li><li>Negative home environment</li><li>Bullying at school</li></ul> <small>Tsuno &amp; Nishino, (2018)</small>

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### Protective Factors from Self-Injury (Combined)

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Asian American Students

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### Self-injury Treatment Issues among Asian American Students

Upton, S.K., Kern, A., Eisenberg, D., & Braland-Nobel, M. (2018).

- Asian American students with mental health conditions have the lowest prevalence of treatment (20%)
- 80% of cases going untreated
- International Asian students are even less likely to seek treatment
- Asian college students have the highest rates of distress at intake—delays from symptom onset to treatment may be resulting in higher levels of need
- Missed opportunities for prevention and early intervention

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### Factors Impacting Depression Among Asian Americans, Native Hawaiians, and Pacific Islander

Wyatt et al., (2015)

Risk Factors	Protective Factors
◦ Discrimination	◦ Emotional support
◦ Marginalization in Asian culture	◦ Peer support
◦ Acculturation	◦ Family support and cohesion
◦ Discrepancy in acculturation between parents and children	◦ Strong ethnic identity
◦ Parental conflict	◦ Longer stay in U.S./English proficiency
◦ Unsupportive parenting/low parental warmth/alienation	◦ School involvement
	◦ Spirituality

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### Social Media and Self-injury

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### Online Self-Injury Activity

Majority of youth have regular access to the Internet so teens who engage in self-injury have increasingly used this avenue to connect to others who also self-injure

Engaging in online self-injury activity may reinforce the behavior and could trigger injurious behaviors

Emerging evidence shows that online activity associated with self-injury can have a beneficial effect of providing needed social support

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### Online Activity Surrounding Self-injury

Google

- 42 million searches of self-injury per year on Google

2 million views of the top 100 YouTube videos with self-injury

- 90% showed photographs
- 28% of videos showing self-injury action

Yahoo!

- 30% of questions posted to "Yahoo! Answers" database on self-injury were posted with the intent of seeking validation for it

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**Facebook takes steps to stop suicides on Live**  
**Jessica Guynn, USA TODAY** Published 6:03 a.m. ET  
 March 1, 2017 | Updated 4:56 p.m. ET March 1, 2017

In January, a 14-year-old girl hung herself in her Florida foster home and a 33-year-old aspiring actor shot himself in a car on a Los Angeles street, both on Facebook Live. A young Turkish man who had broken up with his girlfriend told viewers before committing suicide on Facebook Live in October: "No one believed when I said will kill myself. So watch this."

**Need for Social Media Platform Responses**

Sample of news stories that have lead to formal responses

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### Social Media Policies on Posting Self-Injury Images



- We will not allow any graphic images of self-harm, such as cutting on Instagram – even if it would previously have been allowed as admission.
- We will not show non-graphic, self-harm related content – such as healed scars – in search, hashtags and the explore tab, and we won't be recommending it.
- We are blurring any non-graphic self-harm related content with a sensitivity screen, so that images are not immediately visible.



- Experts unanimously reaffirmed that Facebook should allow people to share admissions of self-harm and suicidal thoughts, but should not allow people to share content promoting it.
- Experts also advised that some graphic images of self-harm, particularly cutting, can have the potential to unintentionally promote self-harm even when they are shared in the context of admission or a path to recovery. As a result, we will no longer allow graphic cutting images.



- After we assess a report of self-harm or suicide, we will contact the reported user and let him or her know that someone who cares about them identified that they might be at risk. We will provide available online and hotline resources and encourage them to seek help.
- Is this person posting comments about death or feelings that death is the only option?
- Is he or she posting comments about having attempted suicide in the past?
- Is he or she describing or posting photos of self-harm or identifying him or herself as suicidal?

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## Resources

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### Resources—Websites

 <p><b>Cornell Research Program on Self-Injury and Recovery</b> www.selfinjury.cornell.edu</p> <p>Site shares new research and insight about self-injury and translates the growing body of knowledge about self-injury into resources and tools useful for those seeking to better understand, treat, and prevent it.</p>	 <p><b>SAFE (Self-Abuse Finally Ends)</b> www.safeinjury.com</p> <p>Site offers resources to help end self-injurious behavior, based on a nationally recognized treatment approach, professional network, and educational resource base.</p>	 <p><b>Self-Injury Outreach and Support</b> www.selfinjuryoutreach.org</p> <p>Website provides resources about self-injury to individuals who self-injure, those who seek recovery, as well as their caregivers and families, friends, teachers and the health professionals who work with them.</p>	 <p><b>Harmless</b> www.harmless.org.uk</p> <p>A user led organization that provides a range of services about self-harm and suicide prevention including support, information, training and consultancy to people who self-harm, their friends and families and professionals.</p>	 <p><b>International Society for the Study of Self-Injury</b> www.issii.org</p> <p>Group promotes the understanding, prevention, and treatment of non-suicidal self-injury (NSSI) and foster well-being among those with lived NSSI experience and those impacted by NSSI.</p>
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### Resources—Crisis Lines

				
<b>1-800-TLC-TEEN</b>	<b>1-866-488-7386</b>	<b>1-800-DONT-CUT</b>	<b>1-800-334-HELP</b>	<b>1-800-273-TALK</b>
<b>Teen Line</b> Phone lines are answered by teen peers. Emails answered by adults or peers.	<b>The Trevor Project (LGBTQ)</b> Crisis intervention and suicide prevention for LGBTQ young people under 25. TrevorText Text "START" to 678678	<b>S.A.F.E. Alternatives</b> Help and information are available by calling or on website. This is <b>not</b> a crisis hotline.	<b>Self Injury Foundation</b> 24-hour national crisis line. Provides 24/7, free and confidential support for people in distress, and best practices for professionals.	<b>JED foundation</b> A nonprofit that exists to protect emotional health and prevent suicide for teens and young adults. Text "START" to 741-741

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### Resources—Books for Educators

				
Mazza, J., Devlin-Mazza, C., Miller, A., Rathus, J. & Murphy, M. (2016) <b>DBT® Skills in Schools: Skills training for Emotional Problem Solving for Adolescents</b>	Miller, D., & Brock, S. (2016) <b>Identifying, assessing, and treating self-injury at school</b>	Walsh, B. (2012) <b>Treating Self-Injury: Second edition</b>	Hollender, M. (2017) <b>Helping teens who cut: Using DBT skills to end self-injury: Second Edition</b>	Rock, M. (2009) <b>Understanding nonsuicidal self-injury: Origins, assessment, and treatment</b>

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### Resources—Books for Parents

				
Whitlock, J. (2019) <b>Healing Self-Injury</b>	Ashfield, J. (2016). <b>Teenagers and self-harm: What every parent and teacher needs to know</b>	McVey-Noble, M. E., Khedmat-Poost, S., & Nemeroff, P. (2006) <b>When your child is cutting: A parent's guide to helping children overcome self-injury.</b>	Gratz, K., & Chapman, A. (2009) <b>Freedom from self-harm: Overcoming self-injury with skills from DBT and other treatments</b>	Lovenheim, S. (1998) <b>Cutting: Understanding and overcoming self-mutilation</b>

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### Resources—Handouts for School and Home

Lieberman, R., Poland, S., & Niznik, M. (2019). Nonsuicidal self-injury (NSSI): Helping Handout for Home/School. In G. Bear & K. Miske (Ed.) *Helping Handouts: Supporting Students at School and at Home*. NASP.

#### Nonsuicidal Self-Injury (NSSI): Helping Handout for Home

**DEFINITION**

Nonsuicidal self-injury (NSSI) is a person's self-inflicted physical harm without suicidal intent. It is often done to cope with negative emotions, such as stress, anxiety, or depression. NSSI is not a mental disorder, but it can be a sign of a mental health problem. It is important to seek help if you or someone you know is experiencing NSSI.

**SYMPTOMS**

Common symptoms of NSSI include cuts, scratches, burns, and bruises on the arms, legs, and torso. These symptoms are often hidden from others. Other symptoms include feelings of guilt, shame, and isolation.

**CAUSES**

NSSI can be caused by a variety of factors, including stress, anxiety, depression, and trauma. It can also be a result of learning from others or media.

**HOW TO HELP**

If you or someone you know is experiencing NSSI, it is important to seek help from a mental health professional. They can provide support and help develop coping strategies. It is also important to create a safe and supportive environment at home.

#### Nonsuicidal Self-Injury (NSSI): Helping Handout for School

**DEFINITION**

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Niznik, 2019

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### Resource—Students of Color

Recommendations for Colleges and Universities to Support the Mental Health of Students of Color



<https://equityinmentalhealth.org>

Niznik, 2019

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### Thank You!



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Niznik, 2019

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