

Workshop presented to Williamson County Schools School Counselors

8/4/14

**Non-Suicidal Self Injury Defined**

Intentional, non-life-threatening, self-effected bodily harm or disfigurement of a socially unacceptable nature, performed to reduce and/or communicate psychological distress

* **Cutting or carving**
* **Scratching or rubbing**
* **Hitting self or punching objects**
* **Burning**
* **Scalding**
* **Picking at the skin**
* **Breaking bones**
* **Other** (biting, pulling hair, running into walls, throwing body into sharp objects)

What about:

* **Tattoos**
* **Trichotillomania.**
* **Body piercing**
* **Scarification**

**Research**

**Lifetime prevalence**

* + Childhood (grade 3) 7%
	+ Preadolescents (grades 6-8) 4% to 8%
	+ Adolescents (grades 9-12) 12% to 23%
	+ College >38%
	+ Adults: 5.9%

**Typical Age of Onset** 11-15 years old

**Gender Differences:** emerge in adolescence

**No significant increase in the past 5 years**

**Correlations**

* + Suicide attempt
		- Strongest predictors of suicide attempts (Victor and Klonsky, 2014)
			* Suicidal ideation
			* NSSI frequency
			* Number of methods
			* Hopelessness
	+ Suicidal ideation
	+ Eating disorder
	+ Borderline Personality Disorder
	+ Depression
	+ Anxiety
	+ Impulsivity
	+ Existing mental health problems
	+ Antisocial behavior
	+ Emotional Distress/dysregulation
	+ Anger Problems
	+ Health Risk Behaviors
	+ Decreased Self-esteem
	+ (Low level body regard: perceives, experiences and cares for the body)
	+ Lack of perceived meaning in life (hopelessness)
	+ Poor family support/fewer people to seek advice from

Muehlenkamp, J., Claes, L., Havertape, L. & Plener, P. L. (2012). International prevalence of Adolescent non-suicidal self-injury and deliberate self-harm. Child and Adolescent Psychiatry and Mental Health, 3/12; 6:10

Washburn, J. J., Richardt, S. L., Styer, D. M., Gebhardt, M, Juzwin, K. R., Yourek, A. & Aldridge, D. (2014). Psychotherapeutic approaches to non-suicidal self-injury in adolescents. Child and Adolescent Psychiatry and Mental Health, 6:14.

Bo Møhl, Peter la Cour, Annika Skandsen. *Non-Suicidal Self-Injury and Indirect Self-Harm Among Danish High School Students*. Scandinavian Journal of Child and Adolescent Psychiatry and Psychology, Vol. 2(1):11-18 (2014)

Laye-Gindhu, A & Schonert-Reichl, K. A. (2005) Nonsuicidal self-harm among community adolescents: Understanding the “Whats” and “Why’s of self-harm. Journal of Youth and Adolescence, v. 34:5, pp 447-457

Barrocas, A. L., Hankin, B. L., Young, J. F. & Abela, J. R. Z. (2012). Rates of Nonsuicidal Self-injury in Youth: Age, Sex and Behavioral Methods in a Community Sample. Pediatrics, 130:39 <http://pediatrics.aappublications.org/content/130/1/39.full.pdf>

Victor, S. E. & Konsky, E. D. (2014) Correlates of suicide atttempts among self-injureres: a meta-analysis. Clinical Psychology Reviewu, 34, 282-297)

Sutton J. (2007) Healing the Hurt Within: Understand Self-injury and Self-harm, and Heal the Emotional Wounds. Oxford: How To Books

**NSSI Theories**

* **Attack on the self**
* **Modeling**
* **Identity**
* **Control**
* **Communication**
* **Toughness**
* **Distraction**
* **Self-punishment**
* **Release endorphins**
* **Dissociation**
* **Reenacting abuse**
* **JGW Personal observations**



**NSSI Therapeutic Techniques**

**Match the emotion**

* + **Angry, frustrated, restless**

cut, slash soda bottle, dolls; make Play-Doh sculptures and smash them, break ice against a solid wall, break sticks, crank up the music and dance, exercise

* + **Sad, soft, melancholy, depressed, unhappy**

sooth yourself with bath, curl up under a comforter and read, baby yourself somehow, sweet incense, soothing music, smooth lotion on the parts of yourself you want to hurt, visit a friend

* + **Craving sensation, feeling depersonalized, dissociating, feeling “unreal”**

squeeze ice hard or putting it on the spot you want to injure, put finger in frozen food for a minute, bite into a hot pepper or ginger root, take a cold bath, snap wrist with a rubber band, intense scents like mentholated rubs, etc.

* + **Wanting focus**

do a difficult task, write as detailed a description of an object in the room as you possibly can, list as many uses for a random object

* + **Wanting to see blood**

draw on yourself with a red felt tip pen or tempera paint, take a small bottle of red food coloring, warm it and draw it across the area you want to injure, draw on areas with ice you’ve made by adding red food coloring

* + **Wanting to see scars or pick scabs**

leave henna tattoo paste on overnight and then pick it off the next day, put Elmer’s glue and let it dry then pick it off.

**Emotional self regulation**

* + Relaxation training
	+ Visualization
	+ Safe place
	+ Guardian angel
	+ Movies of success
	+ Meditation
	+ Mindfulness
	+ Exercise

**Cognitive Skills Training**

* **ABC**
* **Self talk**
* **Thought Stopping**
* **Changing Feelings**
* **Changing Sensations**
* **Changing Behavior**

**Intervention**

**Talking to the student**

* **Language & Demeanor**
* **Clarify limits**
* **Ask**
* **How can I help you?**
* **How has the cutting helped you?**
* **How does cutting fit into your life right now?**
* **I'm happy to be there for you, but I also need to connect you with one of our social workers because of our school policy. Would you like to see a male or a female social worker (when the option is available)?**
* **If I can arrange it, would you like me to sit in on your first meeting with your social worker.**
* **Respectful curiosity**
* **Provide perspective**
* **Reframe it.**

**Making an assessment**

* **NSSI DSM-V**
* **5 or more days in past year**
* **intentional self-inflicted damage to the surface of the body of a sort likely to induce bleeding or bruising or pain performed with the expectation that the injury will lead to only minor or moderate physical harm**
* **Absence of suicidal intent**
* **Presence of at least 2 of the following**
	+ **Negative feelings or thought occurring immediately before the self-injurious act**
	+ **A period of preoccupation with the intended behavior that is difficult to resist**
	+ **Frequent urge to engage in the behavior**
	+ **Activity is engage in for a purpose (relief of negative feelings, induction of positive feelings)**
* **Clinically significant stress**
* **Doesn’t occur exclusively during states of psychosis, delirium or intoxication**
* **Not a part of repetitive stereotypies in individuals with a developmental disorder**

**Trichotillomania**

**Subclinical**

* **Severity**
* **Amount of physical injury (e.g., frequency, depth, etc.)**
* **Location (e.g., face, eye, breasts, genitals)**
* **Foreign body ingestion**
* **Depression**
* **Five (or more) of the following symptoms for 2-weeks**
* **One symptom is either (1) depressed mood or (2) loss of interest or pleasure**

**(1) depressed (or irritability in children) mood most of the day, nearly every day
(2) markedly diminished interest or pleasure in activities
(3) significant weight loss or decrease or increase in appetite nearly every day
(4) insomnia or hypersomnia
(5) psychomotor agitation or retardation
(6) fatigue or loss of energy nearly every day
(7) feelings of worthlessness or excessive or inappropriate guilt
(8) diminished ability to think or concentrate or indecisiveness
(9) recurrent thoughts of death, suicidal ideation or a suicide attempt**

* **Not accounted for by other diagnosis (bereavement, mixed mood diagnosis, etc.)**
* **Anxiety**
* **Suicide**

**Worrisome**

* + **Major loss (especially social rejection or breakup of important dating relationship)**
	+ **Humiliation or major blows to self-confidence**
	+ **Recent arrest or other embarrassing, failure experiences**
	+ **Target of bullying or harassment**
	+ **Reactive aggression**
	+ **Decrease in grades and academic interest**
	+ **Alcohol or drug abuse**
	+ **Feeling stuck or trapped**
	+ **Dramatic mood changes**
	+ **Sleeplessness**
	+ **Social withdrawal or isolation**
	+ **Loss of interest in things**
	+ **Stressed out overachievers**

**At-risk**

* + **Family history of suicide**
	+ **Previous suicide attempts or thoughts**
	+ **Prior psychiatric hospitalization**
	+ **Diagnosed with depression, bipolar disorder, or schizophrenia**
	+ **Persistent bullying and harassment by peers**
	+ **Dangerous, reckless, or very high risk behavior**
	+ **Expressing hopelessness, worthlessness, the meaninglessness of life, etc.**
	+ **Coming out of profound depression**
	+ **Running away from home or ongoing intense family conflict**
	+ **Acting out and rebelling (especially if it is uncharacteristic)**
	+ **Recent prominent suicide or homicide**

**Danger**

* + **Talking, writing, or drawing about suicide, death, dying, sleeping forever**
	+ **Saying good byes, acting as if leaving soon**
	+ **Giving away or throwing away favorite possessions**
	+ **Idealizing or romanticizing death**
	+ **Joking about suicide**
	+ **Lots of worrisome and at-risk signs**

**Referring to MHP**

* **List of resource people**
* **Supporting outpatient therapy**

**Providing support for Parents**

* **Information, Education and Optimism**
* **List of resources**

**Providing school based support**

* **Stress management groups**
* **Specific support groups**
* **Mentor teacher/school personnel**

**Personal self-care**

* **Consultation**
* **Ongoing collegial supervision**
* **Compassion fatigue**
	+ **Excessive blaming**
	+ **Bottled up emotions**
	+ **Isolation from others**
	+ **Receives unusual amount of complaints from others**
	+ **Voices excessive complaints about administrative functions**
	+ **Substance abuse used to mask feelings**
	+ **Compulsive behaviors such as overspending, overeating, gambling, sexual addictions**
	+ **Poor self-care (i.e., hygiene, appearance)**
	+ **Legal problems, indebtedness**
	+ **Reoccurrence of nightmares and flashbacks to traumatic event**
	+ **Chronic physical ailments such as gastrointestinal problems and recurrent colds**
	+ **Apathy, sad, no longer finds activities pleasurable**
	+ **Difficulty concentrating**
	+ **Mentally and physically tired**
	+ **Preoccupied**
	+ **In denial about problems**
* [**http://www.proqol.org/ProQol\_Test.html**](http://www.proqol.org/ProQol_Test.html)

**Follow Up**

**Check ups**

**Indirect monitoring**

**Casual contact**

**Primary Prevention**

**Educate yourself**

**School wide programs**

* **Stress management**
* **Inclusion, kindness and Encouragement**
* **Helping peers in trouble**

**Community Awareness**

**Unintended consequences**

* **Bullying programs**

**Non-Suicidal Self-Injury Resources**

**Professional books**

The Bright Red Scream by M. Strong (1998).

An excellent and VERY dense book written by an award-winning journalist. Strong presents SI in light of her extensive research and interviews with people (primarily women) who self-injure. I found this book difficult to read straight through. I had to keep putting it down because of it’s intensity. It is very strongly influenced by the SAFE Alternatives Program.

Cutting by Steven Levenkron (1998).

Levenkron is an important early therapist and writer about in self-injury. His background is in the range of body image disorders beginning with eating disorders. He has a clear, strongly held view of SI that arises out of interpersonal and psychodynamic therapies. I found the focus of his characterization of SI and treatment too narrow.

Living on the Razor’s Edge Solution-oriented Brief Family Therapy with Self-harming adolescents by Matthew D. Selekman.

*This book represents an approach I use to treat self-injury. Selekman also has a school-based stress management program called Stress Busters that is useful for kids who self-injure but is also useful for any kid dealing with stress.*

**Books for School Personnel**

Self-injury: Manual for School Professionals by S.A.F.E Alternatives (<http://www.selfinjury.com/>)

*This is the resource to start with if you are a school counselor or work with kids in the school setting. You probably should have just purchased this book instead of attending my workshop.*

Treating Self-Injury: A Practical Guide by Barent W. Walsh (2005)

*Another good book on therapy for kids who self injure. While it is primarily for the outpatient therapist, it has a section on dealing with this issue in the school setting.*

**Books for Parents**

*Helping Teens Who Cut: Understanding And Ending Self-injury by Michael* Hollander (2008)

*This is a book written for parents of kids who self-injure. It is a good overview and has a range of suggestions for ways they can help their kid let go of self-injurious behavior. It is strongly based on the Dialectical Behavior Therapy approach (which is a good thing and is consistent with most NSSI therapeutic approaches).*

The Parent’s Guide to Self-harm: What Parents Need to Know by Jane Smith. (2012)

*Lots of information on self-injury and much of it is provided through the words of parents with kids who were self-injuring. A very validating and informative book for parents.*

Healing the Hurt Within: Understand Self Injury and Self Harm and Heal the Emotional Wounds by Jan Sutton

*This book is in its third edition; namely, it has been around a while, keeps current through new editions and is a solid resource. Comprehensive resource to learn about all the different aspects of self-injury and treatment.*

**Books for kids**

The Scarred Soul by T. Alderman (1997).

This is a good book for people who self-injure, their families, and the larger public. It is written as a self-help guide. It provides succinct but comprehensive information about the behavior and the why’s and wherefore’s of SI. There is a practical, strategy oriented approach that is consistent with my own general therapy approach (i.e., problem-focused, solution oriented). This is the first book to buy.

Stopping the Pain: A Workbook for Teens Who Cut and Self-injure by Lawrence Shapiro

This is a good workbook for kids to actually help them stop NSSI. In general, I don’t recommend people try self-help for NSSI.

**Young Adult Fiction**

\*Cut by Patricia McCormick

\*The Luckiest Girl in the World by Steve Levenkron

\*Red Tears by Joanna Kendrick

\*Willow by Julia Hoban

13 Reasons Why by Jay Asher

It’s Kind of a Funny Story by Ned Vizzini

Speak by Laurie Halse Anderson

Scars by Cheryl Rainfield (shock value rather than helpful)

The Perks of Being a Wallflower by Stephen Chbosky

Looking for Alaska by John Green

Saving Daisy by Phil Earle

**Online Resources**

<http://www.selfinjury.com/>

<http://www.scar-tissue.net/index.html>

<http://www.lifesigns.org.uk/publications/> (Great fact sheets for parents, teachers, kids, friends, family)

<http://www.headspace.org.au/media/27559/self-harm_mythbuster.pdf> (Great pamphlet about NSSI)

**NSSI Music-ography**

from <http://www.listal.com/list/songs-about-self-harm> and <http://thelifeofaselfharmer.tumblr.com/songs>

**Hurt** (9 Inch Nails)

**Breathe Me** (Sia)

**Few Small Bruises** (Maria Mena)

**Strawberry Gashes** (Jack Off Jill)

**Razor** (Foo Fighters)

**Bad Habit** (The Dresden Dolls)

**Dirty Magic** (The Offspring)

**Medication** (Garbage)

**The Last Night** (Skillet)

**Iris** (Goo Goo Dolls)

**Scar Tissue** (Red Hot Chili Peppers)

**How To Fix Everything** (Bayside)

**Perfectly Flawed** (Otep)

**Scream** (Zoegirl)

**Hero** (Superchick)

**Cut** (Plumb)

**Through the Pain** (Medina Lake)

**All That I’ve Got** (The Used)

**Ohio Is For Lovers** (Hawthorne Heights)

**The Way She Feels** (Between The Trees)

**Pain** (Three Days Grace)

**To Write Love On Her Arms** (Helio)

****