


The cutting edge: Understanding and addressing non-suicidal self-injury in youth


Part 2

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## Overall learning objectives

- Background
- Common presentation in youth
- Comorbidity
- Function
- Detection and intervention
- Recovery and treatment
- Resources



## Part 2: Learning objectives

### Detection and intervention

- Signs and symptoms
- Responsive intervention
- Institutional protocols

### Recovery and treatment

- Recovery processes
- Help seeking
- Common treatment approaches
- Prevention

### Resources



## Detection Intervention







## Self-injury: what you might notice

- ❖ 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,

## Intervention: Respond, Assess, Engage, Educate, Refer

- Respond**
  - Use respectful curiosity
  - Avoid shock or emotional displays
  - Don't minimize
- Assess**
  - Immediate danger
  - General severity
  - Suicide risk
- Engage**
  - Self-injurious student and supportive peers
  - Point people on staff
  - Family
- Educate**
  - Staff regarding signs, symptoms and appropriate response strategies
  - Key staff point people
  - Self-injurious students about risk for contagion
  - All students about symptoms of distress (not just NSSI) in self and others and positive strategies for coping with stress
- Refer**
  - Self-injurious student and family to community-based therapist as needed



## Institutional Response



### Critical questions 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

[Suggested protocol elements](#)





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

**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.<sup>1</sup>**

**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."<sup>2</sup> It is essential to

Development of systems level responses  
Protocol frameworks

## Process: NSSI protocol elements

A functional 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
- ✓ Managing active student self-injury (with self-injurious student, peers, parents, and external referrals)
- ✓ Determining when and how to issue an outside referral
- ✓ Identifying external referral sources and contact information
- ✓ Educating staff about self-injury





## Individual response






## Respond

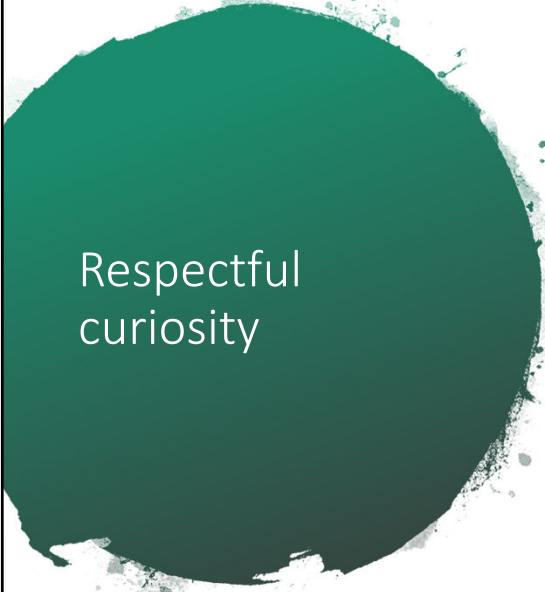
- Focus on the feelings rather than the behavior
- Remain calm and dispassionate; use calm tones
- Use “I” messages whenever possible
- Invite rather than demand
- Use “respectful curiosity”
- Be clear about what has to happen next and provide choices when possible

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. Can you help me understand what is happening inside for you right now?”

---


“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?”







Recovery and  
treatment





The infographic consists of four horizontal grey bars, each with an icon on the left and text on the right. The first bar has an icon of two overlapping cards with a heart and a person, representing informal help. The second bar has a stethoscope icon, representing formal sources. The third bar has an icon of a person with a stethoscope, representing hospital treatment. The fourth bar has a speech bubble icon, representing online forums. A speaker icon is located at the bottom right of the infographic.

|   |  |  |
|---|--|--|
|  | <b>Most commonly informal</b>                            | Friends<br>Family  |
|  | <b>Formal sources</b>                                    | Psychologists or psychiatrists<br>School nurses<br>Teachers<br>Social workers<br>General practitioners |
|  | <b>Fewer than 13% seek help from hospital treatment.</b> |  |
|  | <b>Online forums</b>                                     | YouTube (comments) commonly used for disclosure rather than for seeking or providing help              |

Rowe, S. L., French, R. S., Henderson, C., Ougrin, D., Slade, M., & Moran, P. (2014). Help-seeking behaviour and adolescent self-harm: a systematic review. *Australian & New Zealand Journal of Psychiatry*, 48(12), 1083-1095.

The infographic consists of three stacked rounded rectangular boxes. The top box is light green and contains text about gender differences. The middle box is a darker green and also contains text about gender differences. The bottom box is blue and contains text about age differences. A speaker icon is located at the bottom right of the infographic.

- Females more likely than males to seek help after a self-harm episode
- Females more likely to receive informally help from friends and family, while males more likely to go to the hospital
- Younger students more willing to access school-based supports

## Common barriers to help-seeking



## A few additional things to know

Even when it does not seem like it, most youth want to be reached

Adults matter a lot

Responses do not have to be perfect, but they should convey authentic care

Having clear protocols is important


When you can involve parents, do





*Reflections:  
Why stop?*

- “Just grew up”
  - Developed healthier coping mechanisms
  - Began to see the behavior as juvenile
  - Treatment of underlying issue
- Made or experienced positive external changes in life
- Stopped needing external validation, love, and approval from negative others
- Developed positive relationships
- Became hard to hide
- Connected with something larger than the self
- Hurt self worse than intended



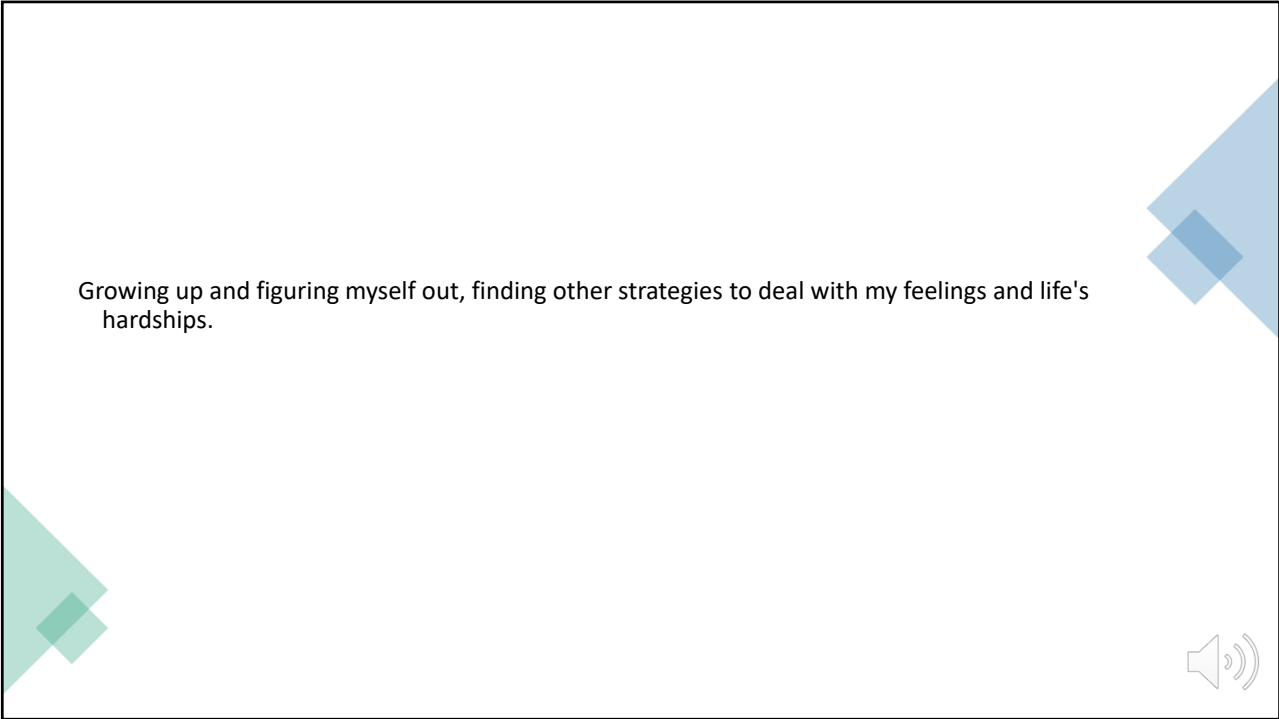

Because it was stupid and I didn't want to have to go to therapy or deal with people's nonsense anymore. Also, I didn't feel like being a stupid, self absorbed person who is always feeling sorry for him/herself.



Being happier, nothing more specific than that.  
Leaving home, going to college. Accepting the fact that I'm gay.



Growing up and figuring myself out, finding other strategies to deal with my feelings and life's hardships.



I stop because I just looked at myself in the mirror and really looked at my self and told myself that I was better than that



I stopped because I developed a sense of worth and, to some extent, love for myself. I also have come to understand that it is painful for those I love to know I cut myself, so I have partially stopped so I would not hurt them. I've learned better coping strategies as well.



## 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%)

Turning to  
religion/spirituality  
(50%)



## Somewhat helpful

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



## Core Treatment/ Intervention Components

### Help youth:





## Helpful tools



### 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
  - Capacity for emotion regulation and intelligence
  - Perceived social connectedness (particularly with parents and peers)
  - Capacity for reframing negative thoughts and narratives



Self-injurers seek what we all seek: an ordered life, spiritual peace – maybe even salvation – and a healthy mind in a healthy body. Their desperate methods are upsetting to those of us who try to achieve those goals in a more tranquil manner, but the methods rest firmly on the dimly perceived bedrock of the human experience.

Favazza, pp.322-232:  
Bodies Under Siege



# CRPSIR website

- [www.selfinjury.bctr.cornell.edu](http://www.selfinjury.bctr.cornell.edu)

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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 Barrett Walsh, Matthew Seidman, Nancy Heath and Mary K. Nixon, in addition to our Program's own research.


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**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 ensuring 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."<sup>2</sup> 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 cases and next steps
- Determining under what circumstances parents should be contacted<sup>3</sup>
- Managing active student self-injury (with self-injurious students)

protocol



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 simple question about the forms used or presenting a list of forms and ask youth to identify forms used. Here are the forms we assess:

- Severely scratched or pinched with fingernails or other objects to the point that bleeding occurs or marks remain on the skin
- Cut wrists, arms, legs, torso or other areas of the body
- Deep and/or long cuts
- Carved words or symbols into the skin
- Scraped or caustic substances (or sharp objects) (Dioxin, other cleaning substances, pins, etc.)
- Bitting yourself to the point that bleeding occurs or marks remain on the skin
- Tied to a desk (or other hard surface)
- Scared your own blood
- Kipped or torn skin
- Burned wrists, hands, arms, legs, torso or other areas of the body
- Rubbed glass into skin or stuck sharp objects such as needles, pins, and staples into or underneath the skin (not including drawing, body piercing, or needles used for medications use)
- Ranged or pounded objects to the point of bruising or bleeding
- Punched or banged oneself to the point of bruising or bleeding
- Intentionally prevented wounds from healing
- Engaged in fighting or other aggressive activities with the intention of getting hurt
- Pulled out hair, eyelashes, or eyebrows (with the intention of hurting yourself)
- Used any intentionally hurt myself in these ways
- Other \_\_\_\_\_

\* Note: Adding behavior-based questions in survey format to large youth populations is not advisable.

2. Assess lifetime frequency by (e.g. "Approximately on how many total occasions have you intentionally hurt yourself?"). This can be open ended or scaled such as we have here:

- Only once
- 2-3 times
- 4-10 times
- 11-20 times
- 21-50 times
- More than 50 times

The Cornell on Self-Injury

## The Brief Non-Suicidal Self-Injury Tool (BNS)

Developed by: Janis Whitlock  
The Cornell Research Program on Self-Injury and Recovery  
[www.selfinjury.bct](http://www.selfinjury.bct)

Revised: Marci

The Cornell Research Program on Self-Injury and Recovery

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ABOUT US ABOUT SELF-INJURY PROJECTS PUBLICATIONS

## Resources

Resources for & about

Helpful websites

Books & articles

**Tools & assessments**

Project press


**CRPSIR tools and assessments:**

- **NSSIAT (Brief version / Full Version):** The NSSIAT and the B-NSSIAT 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 tool, NSSIAT**, and can be used to assess primary NSSI characteristics such as form, frequency, and function, as well as secondary characteristics (such as indicators, 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.
- **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.
- **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.
- **Helpful questions to assess sharing about self-injury practices online:** This document is adapted from Whitlock, Laster, & Cornejo, 2012, and includes helpful questions for clinicians to use when assessing the extent of a client's online sharing habits about self-injury.

**Other useful tools and assessments:**

- **SADIR - Suicide Attempt Self-Injury Interview:** Lombar, M.M., Cornejo, K.A., Brown,

Assessment tools



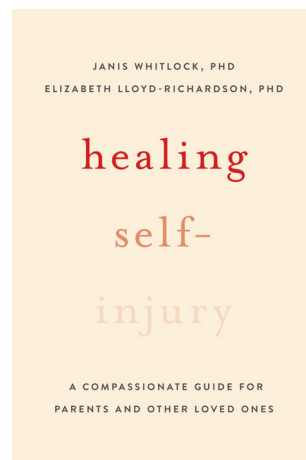
## Web-based training

### NSSI 101

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



A book for parents: release date February 1, 2019



## resources

### Websites:

- Cornell Research Program on Self-Injurious Behaviors: [www.crpsib.com](http://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](http://www.crpsib.com))

