

The cutting edge: Strength-based approaches for understanding and addressing self-injury in youth

The Cornell Research Program on Self-Injury and Recovery (CRPSIR)

Presented by: Janis Whitlock

jlw43@cornell.edu

www.selfinjury.bctr.cornell.edu

Agenda

- ✧ Review: What is it and where did it come from?
- ✧ Update: How does self-injury help someone feel better?
- ✧ Update: What goes along with it and what is its relationship to suicide?
- ✧ Let's talk: What do we do about it? Strength-based orientations for responding

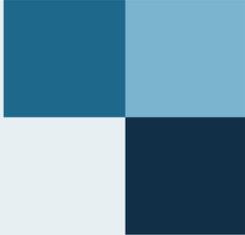
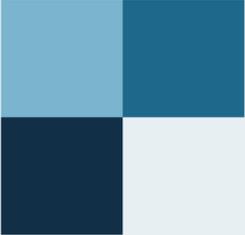


Who are you and why are you here?

- Introduce yourself to someone nearby
 - Why did you come today?
 - In what personal or professional capacity are you here?
 - One thing you do in your life that promotes the feeling that you are thriving

Using Poll Everywhere

1. Take out your phone (simply need to have text capacity)
2. Send text to: 22333
3. Have text read: JANEPOWERS949
4. Wait for confirmation



Your poll will show here

1

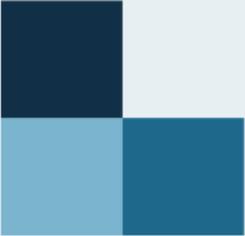
Install the app from
pollev.com/app

2

Make sure you are in
Slide Show mode

Still not working? Get help at pollev.com/app/help
or

[Open poll in your web browser](#)



A review:

*What is it and what do we know about
it?*

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.

International Society for the Study of Self-Injury (ISSS, 2007)



NSSI in context: Direct and indirect self-harm

- **Direct self-harm**
 - Suicide attempts
 - Major self-injury (e.g. self-enucleation, autocastration)
 - Atypical self-injury (mutilation of the face, eyes, breasts, genitals or multiple sutures)
 - Common forms of SI
- **Indirect self-harm**
 - Substance abuse
 - Eating disorders
 - Unhealthy risk taking
 - Use or misuse of prescription drugs
 - Other



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



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

✧ Stomach

✧ Wrist

✧ Calves

✧ Hands

✧ Ankle

✧ Thighs

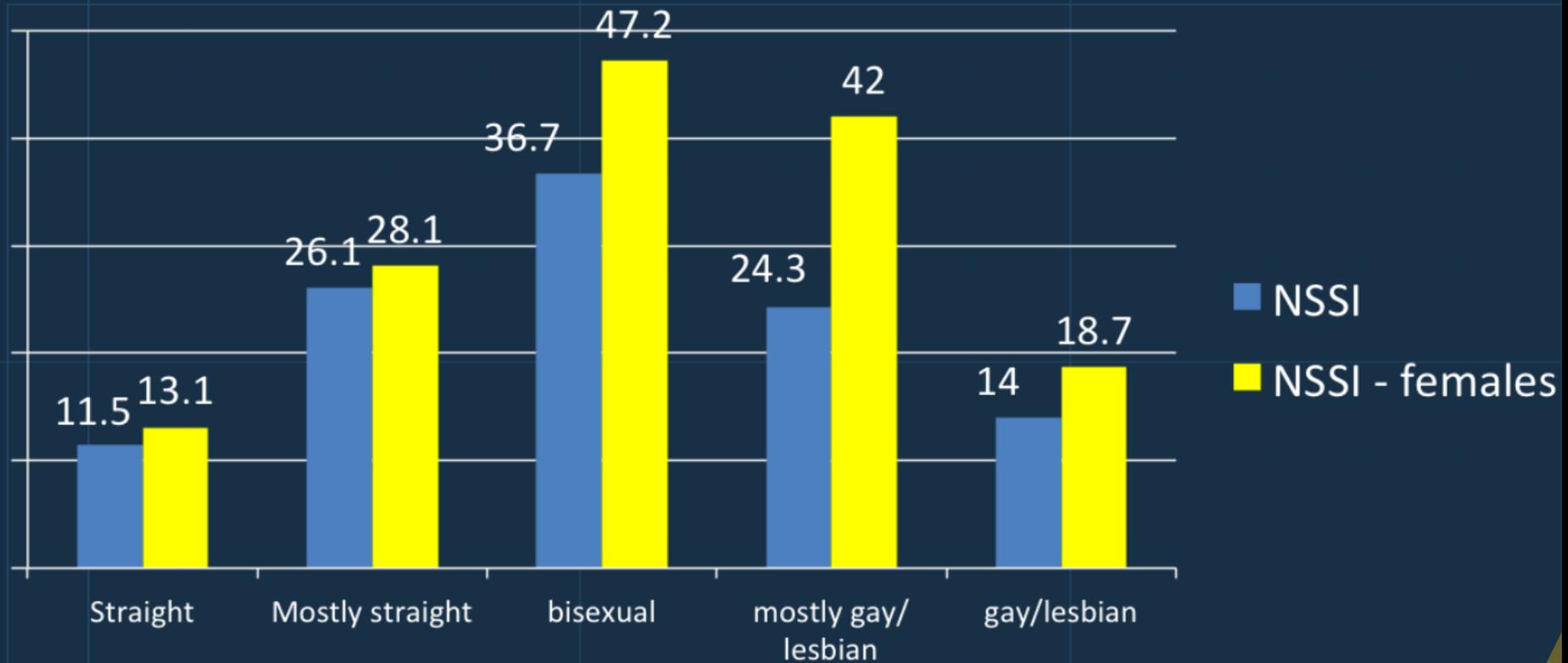


Prevalence and demographics

- ✧ Lifetime NSSI estimates range from 7% – 25.6% (up to 68% in clinical samples). Recent meta-analysis shows:
 - 17.2% among adolescents
 - 13.4% among young adults
 - 5.5% among adults
- ✧ 75~80% of all report NSSI is repeat (25% single incident)
- ✧ An estimated 6~10% are current and repeat
- ✧ No or low association with SES, ethnicity/race, gender
- ✧ Strong association with trauma/stress history and sexual orien



SI and sexual orientation



Self-injury and gender

Compared to males, females are more likely to report:

- Scratching and cutting
- Always injuring in private and injuring episodically
- Habituation and perceiving life influence
- Seeking medical treatment for injuries
- Seeking mental health treatment

Compared to females, males are more likely to report:

- Starting for social reasons or because drunk or high
- Injuring in the presence of others, letting others cause injuries, or injure another as part of a routine
- Injuring while intoxicated (and reporting this as a factor when they hurt themselves more severely than intended)

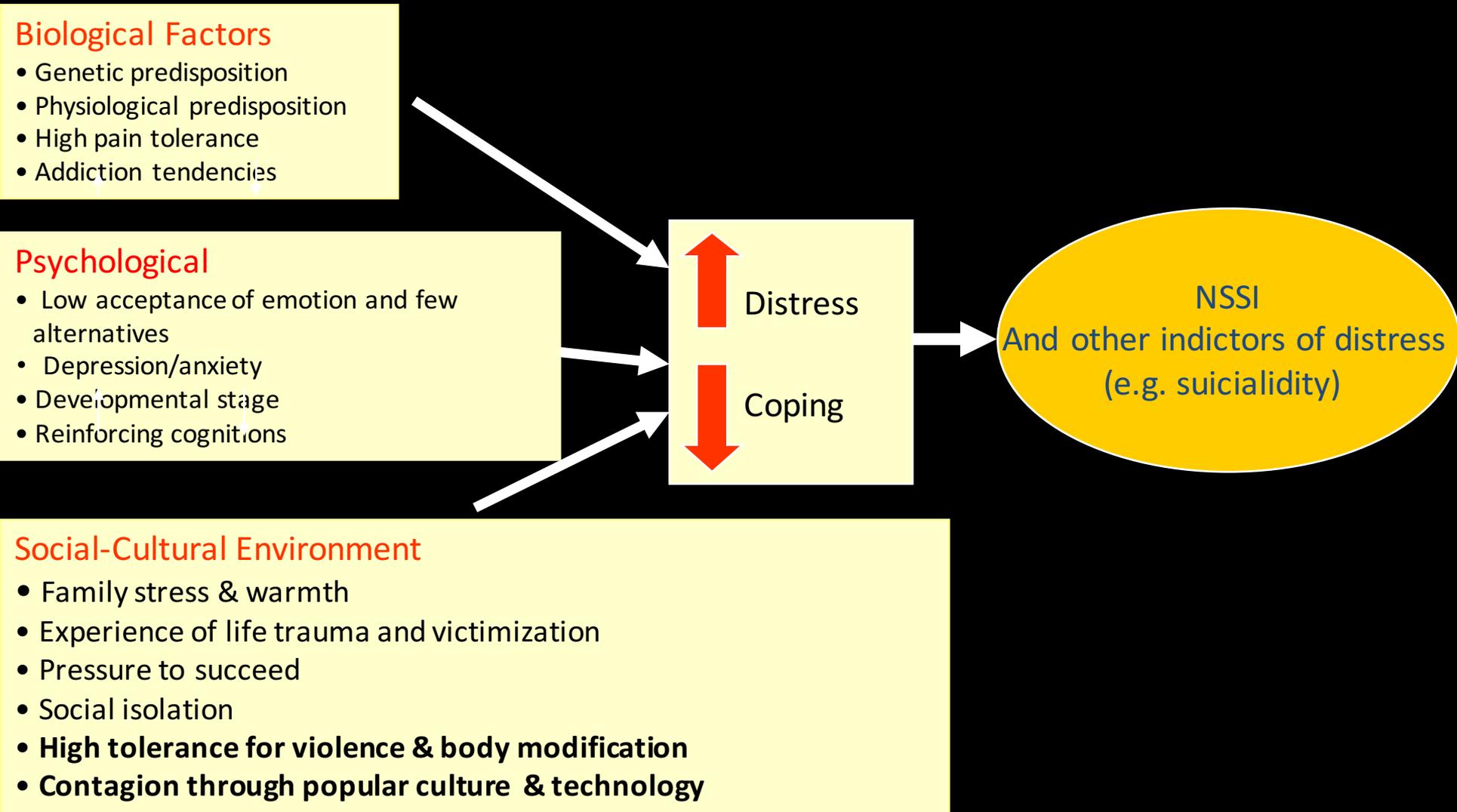
A few other things to note

- ✧ 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

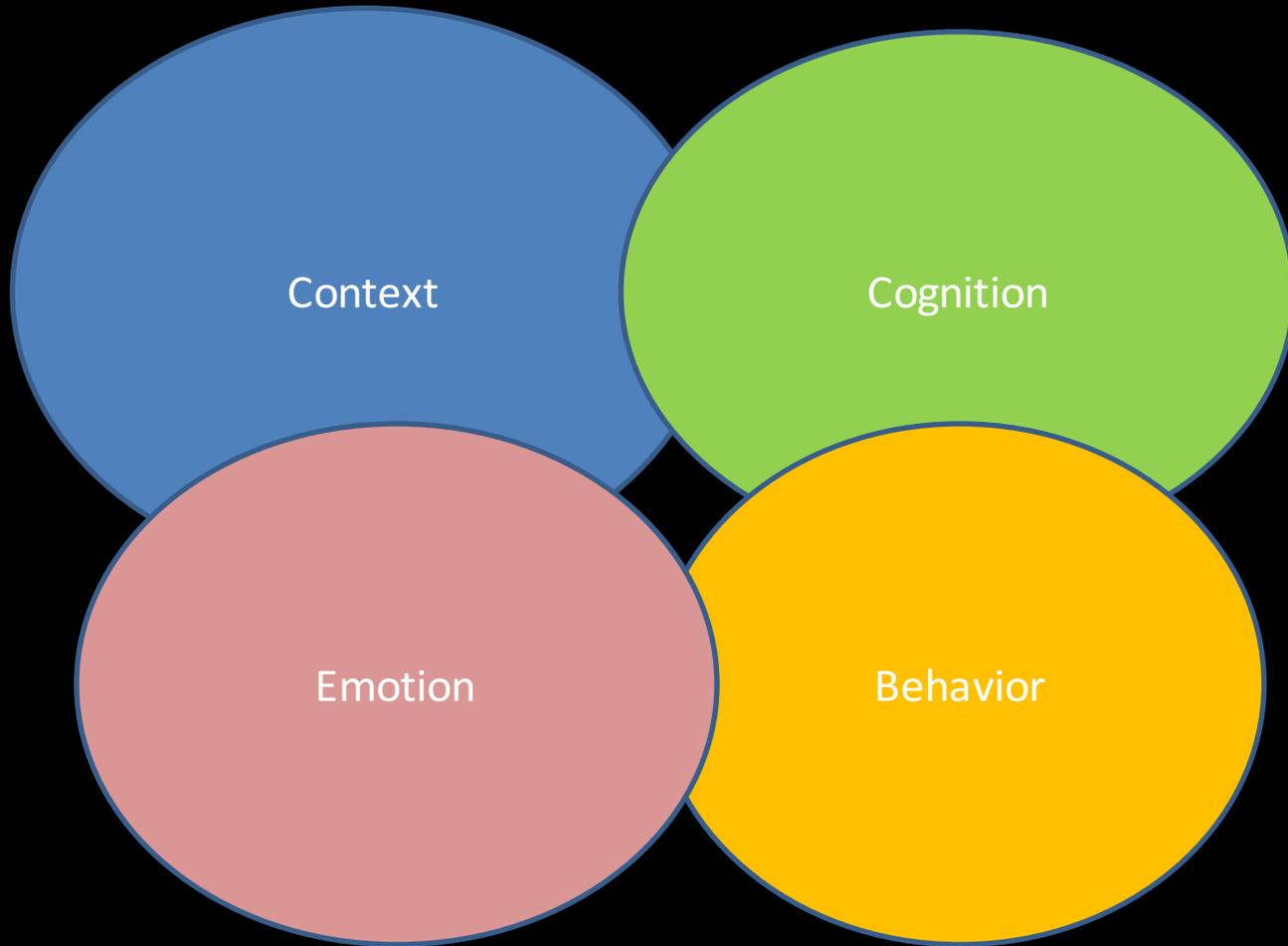


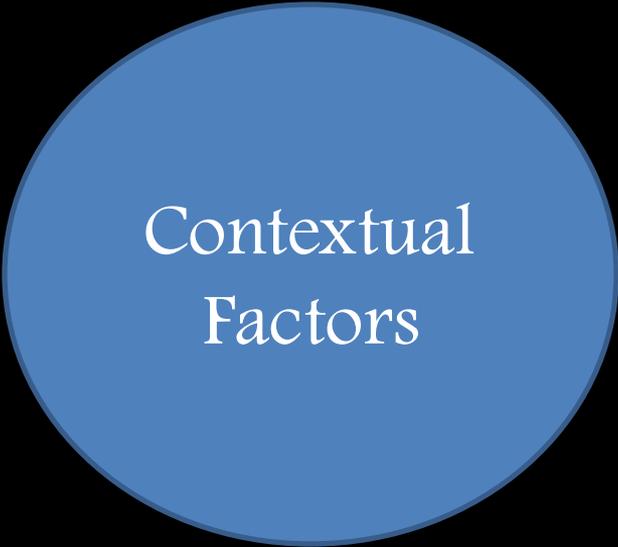
Where did it come from?

Etiology

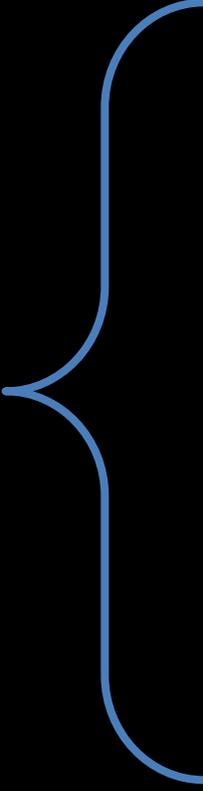


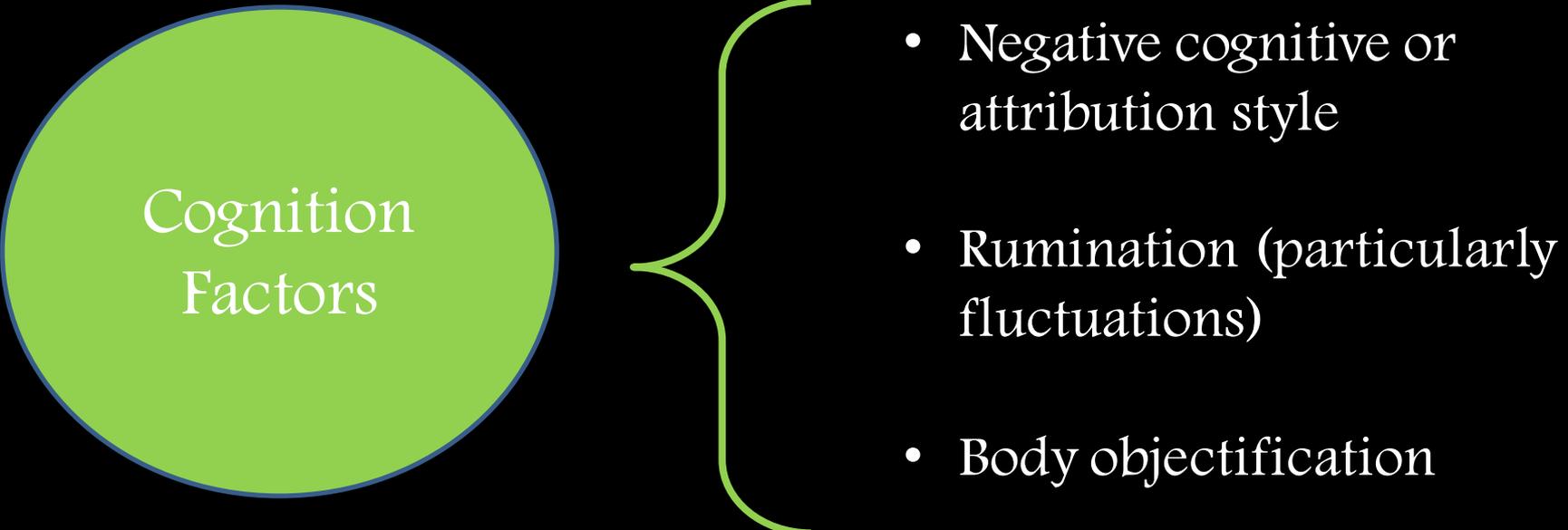
The big picture





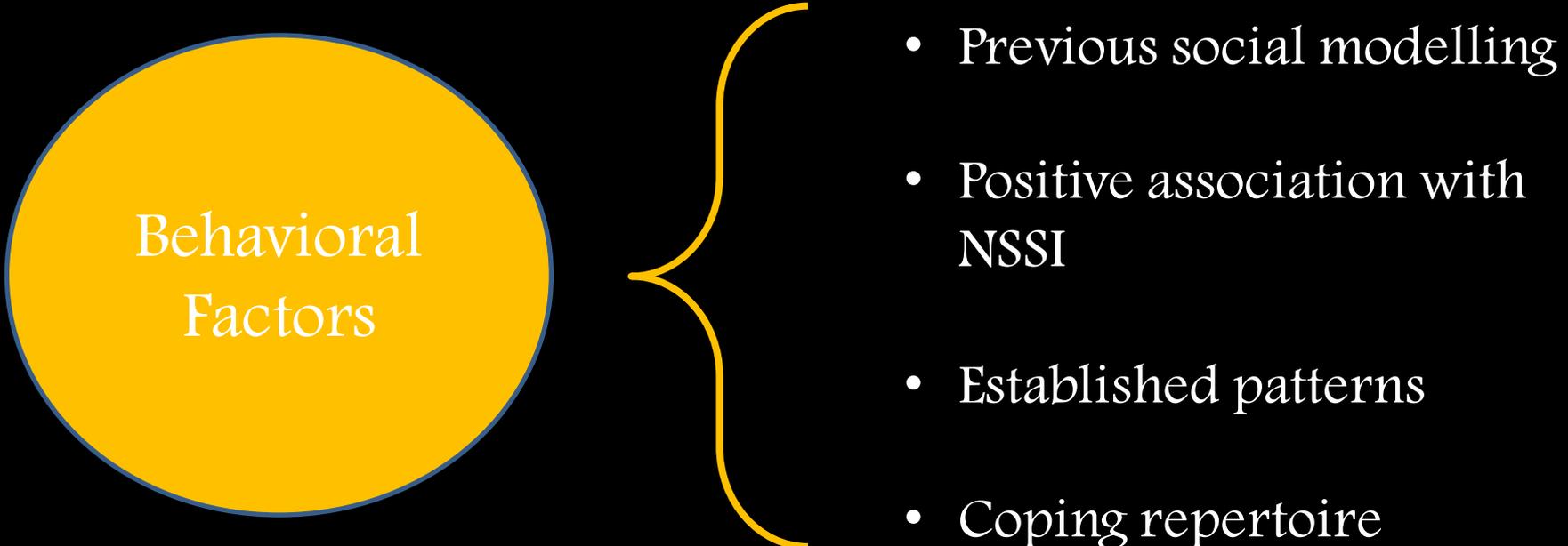
Contextual Factors

- 
- History of emotional, sexual, or physical abuse
 - Traumatic event(s)
 - Chronic perceived stress or disruption (usually family, peers, performance)
 - Low expressed emotion in family environment
 - Exposure to NSSI as a positive activity



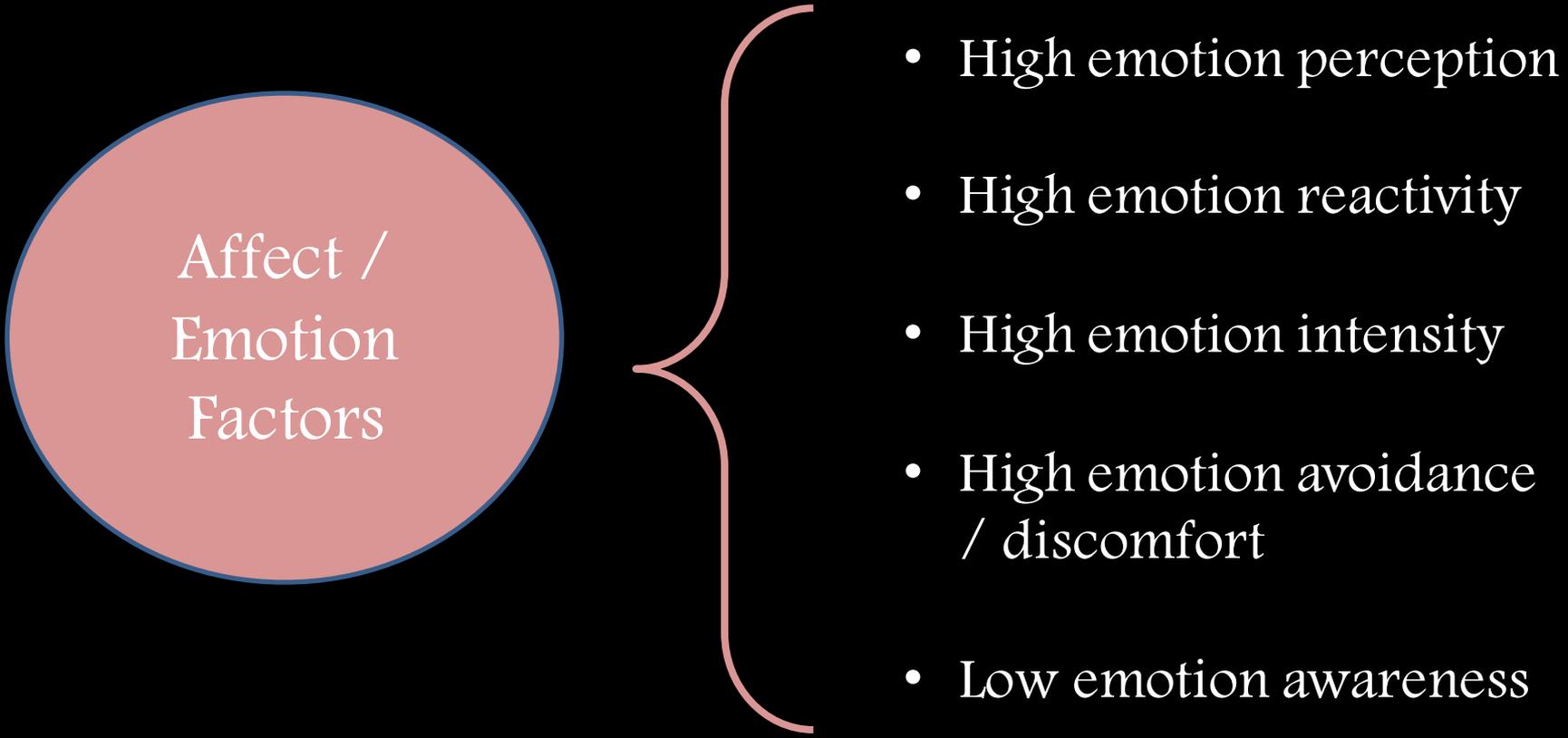
Cognition
Factors

- Negative cognitive or attribution style
- Rumination (particularly fluctuations)
- Body objectification



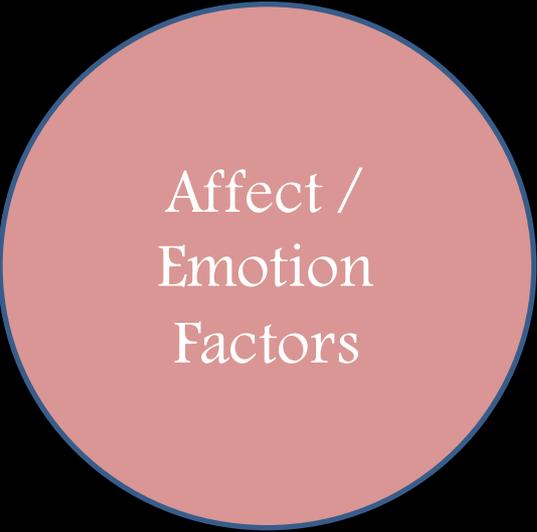
Behavioral
Factors

- Previous social modelling
- Positive association with NSSI
- Established patterns
- Coping repertoire



Affect /
Emotion
Factors

- High emotion perception
- High emotion reactivity
- High emotion intensity
- High emotion avoidance
/ discomfort
- Low emotion awareness



Affect /
Emotion
Factors

- High emotion perception
- High emotion reactivity
- High emotion intensity
- High emotion avoidance / discomfort
- Low emotion awareness

Focus on negative
emotion



Ambivalent
relationship to positive
emotion (confused
capacity to perceive
and respond)

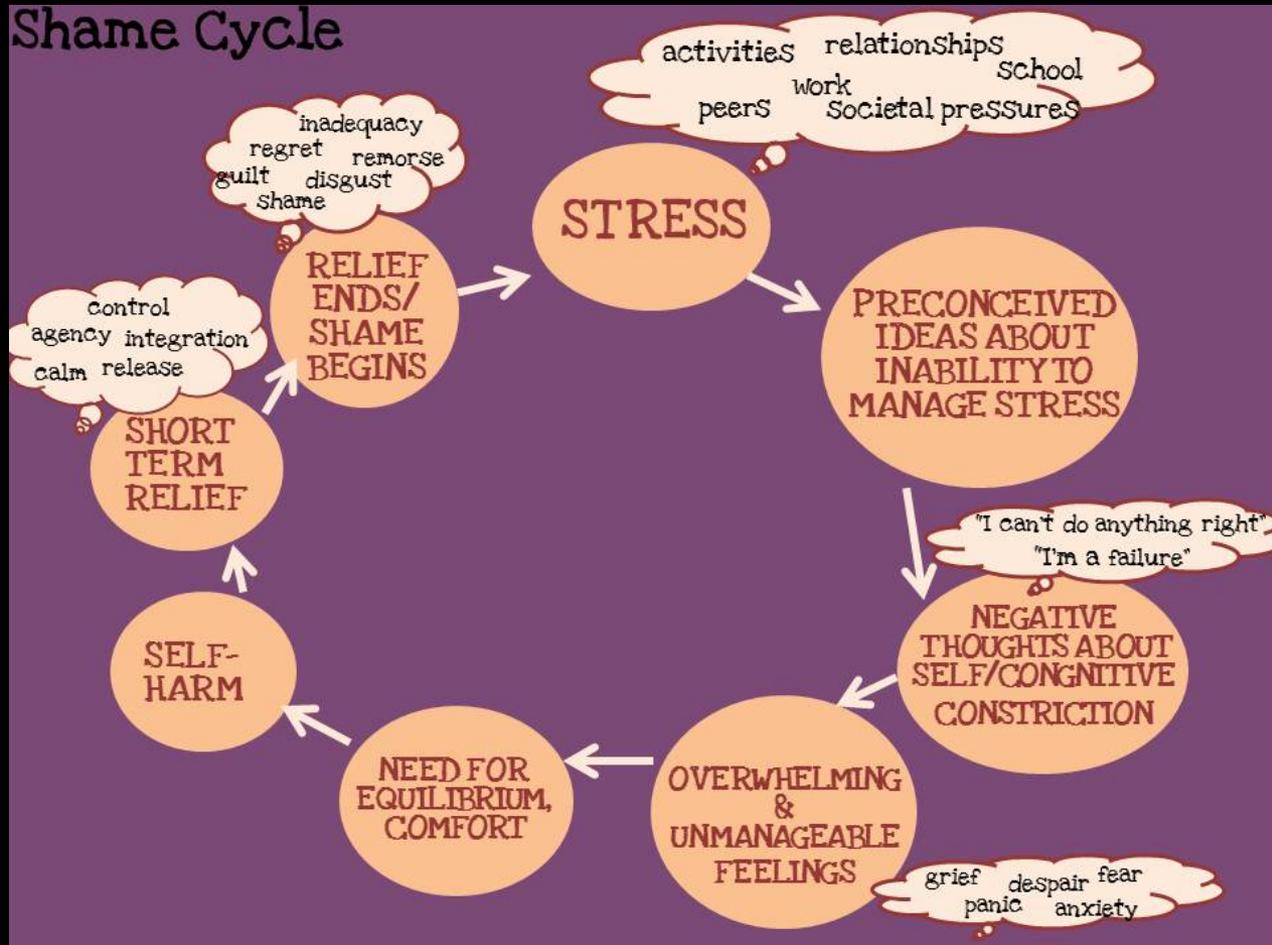


Positive
perceptual
association with
blood and other
NSSI imagery



Positive
perceptual
association with
blood and other
NSSI imagery

Shame cycle



Vectors for contagion

Siblings or parent history of NSSI – current or past

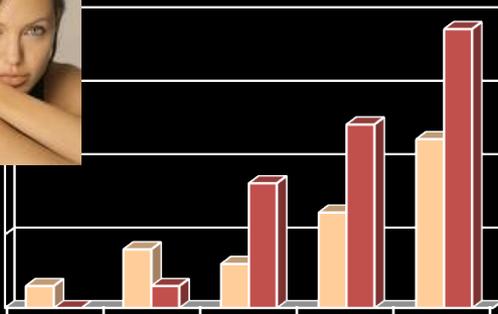
Family

High status peers

Can be a ritual for group membership

Media

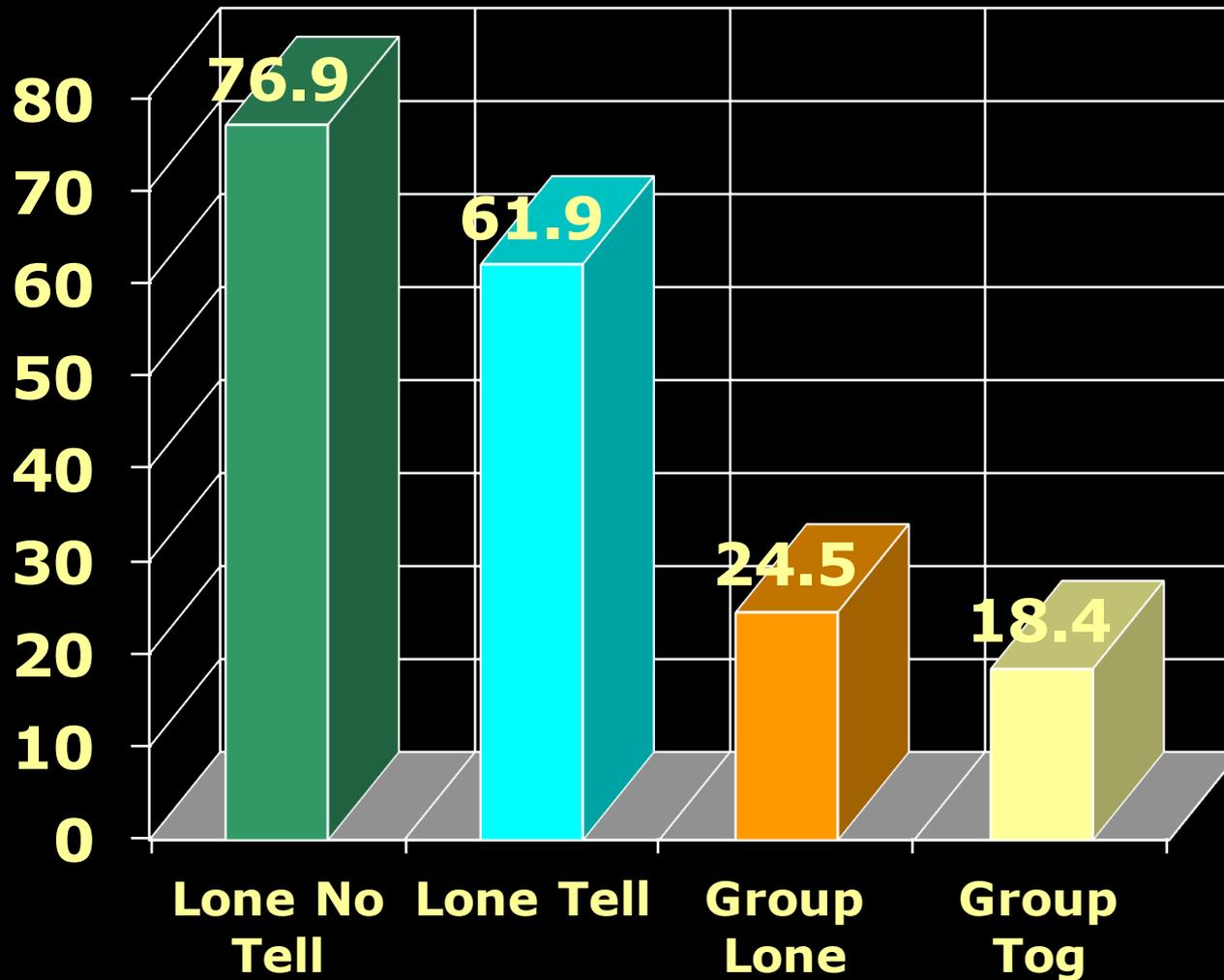
Peers / peer culture



Internet

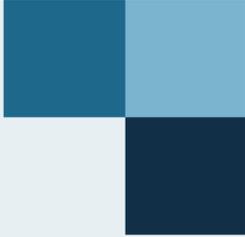
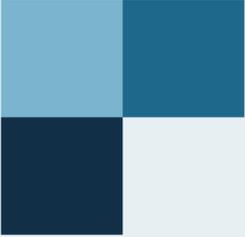
Allows for anonymous / concealed gathering and sharing

NSSI in school settings



Q & A

Why? How does it help?



Your poll will show here

1

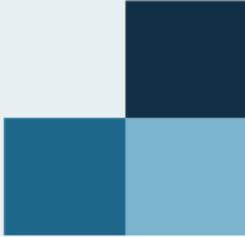
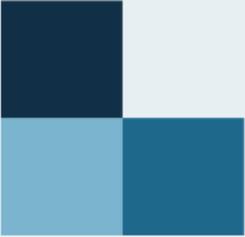
Install the app from
pollev.com/app

2

Make sure you are in
Slide Show mode

Still not working? Get help at pollev.com/app/help
or

[Open poll in your web browser](#)



Described function

Regulate negative affect or no affect

- ✓ To cope with uncomfortable feelings (50.8%)
- ✓ To relieve stress or pressure (43.2%)
- ✓ To deal with frustration (36.8%)
- ✓ To change emotion into something physical (35.6%)
- ✓ To deal with anger (24.8%)
- ✓ To help me cry (11.1%)
- ✓ To feel something (26.6%)

Social communication / belonging

- ✓ In hopes that someone will notice (18.3%)
- ✓ To shock or hurt someone (5.9%)
- ✓ Because my friends hurt themselves (2.5%)

Self-punishment & deterrence

- ✓ To atone for sins (18.2%)
- ✓ To express self-hatred (14.4%)
- ✓ So I don't hurt myself in other ways (5.7%)
- ✓ To avoid committing suicide (4.5%)

Sensation seeking

- ✓ Uncontrollable urge (16.8%)
- ✓ Because it feels good (15.7%)
- ✓ To get a rush or surge of energy (11.2%)
- ✓ Because I like the way it looks (5.0%)

Self distraction

- ✓ To distract me from other problems or tasks (20.1%)
- ✓ To create an excuse to avoid something else (4.2%)



Why Self-Injure?

Vulnerability

low levels of 5-HIAA;
Lower serotonin
activity and higher
impulsivity and
aggression;
Blunted cortisol
responses

Physiological
arousal

Neurological
patterning

High emotion
sensitivity/ reactivity;
reduced opioid
receptors (trauma hx)
environmental
exposure

Self degenerating
narratives

Stories about self
and others that
reinforce negative
attribution for
events and
emotions

Prefrontal cortex –
limbic system
disjuncture

High levels of limbic
activation;
dysfunctional
transmission
between prefrontal
cortex and limbic
system



Developmental processes

In a nutshell, neuro / physio studies show:

- Higher physiological reactivity to emotional stimulus
- Difficulty down regulating negative emotions regardless of source / association
- This emotion dysregulation blunts physical pain perception
- Physical pain down regulates “upregulated” areas of the brain
 - Hence: NSSI is a means of downregulate these regions and returning to stasis

Interestingly..

- 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

How does self-injury help someone feel better?

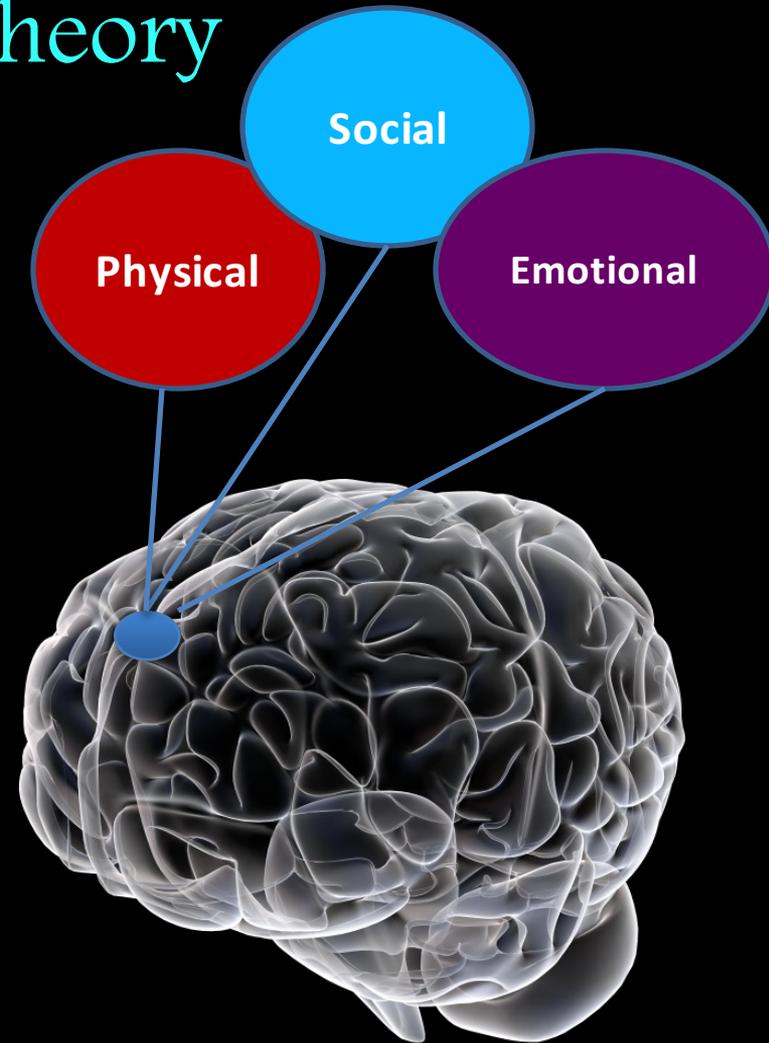


A neurological explanation

Based on a talk presented by J. Franklin, 2012 at the International Society for the Study of Self-Injury

Neural Reuse Theory

- Neural circuits established for one purpose become redeployed during evolution to serve additional purposes
- One neural circuit can serve multiple functions and these can be very general (e.g., core affect)



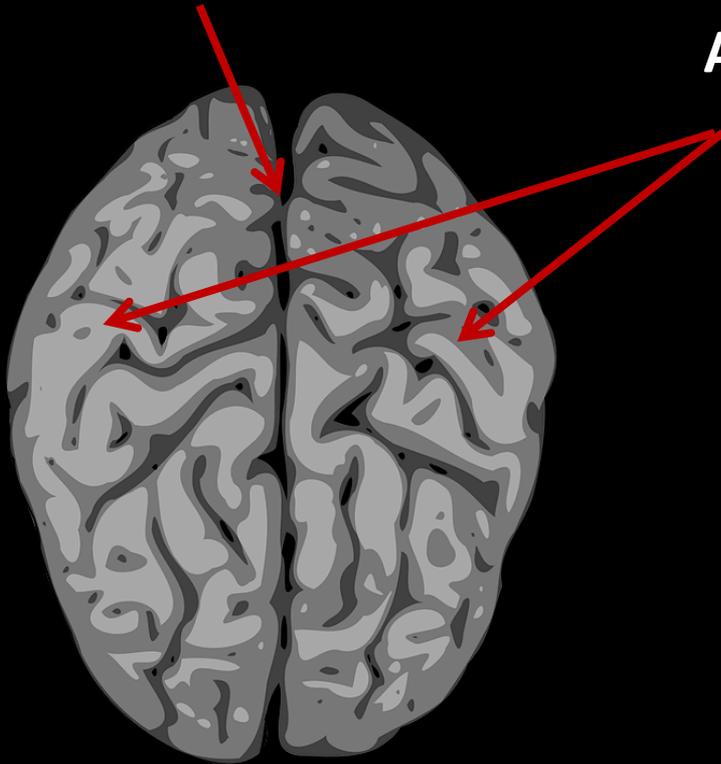
Key brain players: ACC and AI

**Anterior
Cingulate
Cortex**

Leads to some odd interpretations and brain tricks:

**Anterior
Insula**

Holding a cup of warm coffee while meeting someone new tends to increase likelihood of describing that person as “warm” ” (Bargh et al., 2010)



Social and Physical Pain Overlap

- ACC/AI are pain perception areas and targeted for pain reduction by some medications (e.g. Tylenol)
- Targeting these areas also leads to decreases in perceived social / emotional pain! (DeWall et al., 2010)
- Even simple touch reduces AI/ACC activity and reduces both physical and emotional pain perception (Eisenberger et al., 2011)



So.....

- Physical pain spills over into emotional/social pain
- Physical pain *relief* spills over into emotional/social pain relief

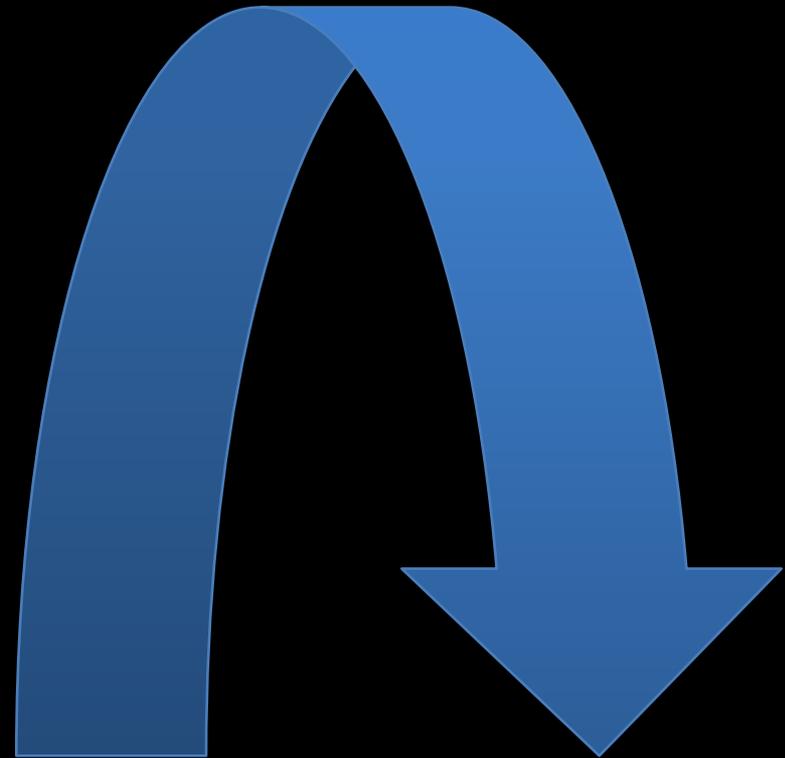
Small Decrease in Pain Intensity

=

Powerful Decrease in Pain Perception

=

Reduced negative feelings and Enhanced positive feelings



What goes along with it?

CoMorbidity

- ✧ Associated in clinical samples with:
 - ✓ PTSD
 - ✓ Anxiety disorders
 - ✓ Depression
 - ✓ Disordered eating
 - ✓ Obsessive-compulsive disorder
 - ✓ Substance abuse

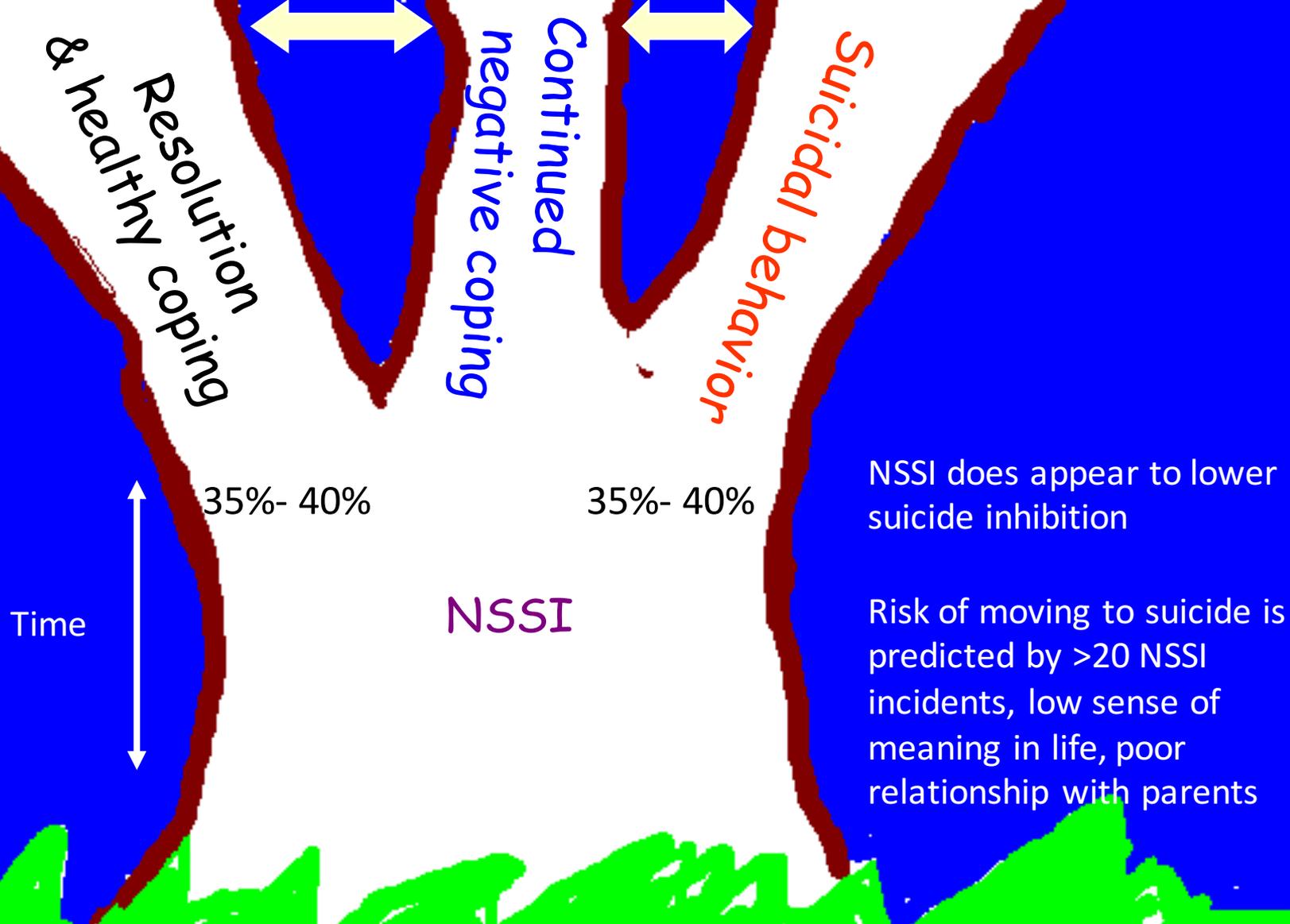
- ✧ Moderate association with non-psychiatric risk behaviors
 - ✓ Sexual risk taking
 - ✓ Alcohol use
 - ✓ Non-prescription medical drug use

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



Is NSSI a Suicide Attempt?

- ✧ No
- ✧ NSSI is most often used as a means of self regulation, medication, and preservation not as a means of ending one's life. A few differences:
 - ✧ Expressed intent
 - ✧ Acuity of distress
 - ✧ Presence of cognitive constriction
 - ✧ Level of physical damage
 - ✧ Aftermath
- ✧ Since NSSI and suicidality do indicate underlying distress it is important to assess whether self-injurious youth are also suicidal



Distress + Inadequate Coping Capacity

Childhood Trauma

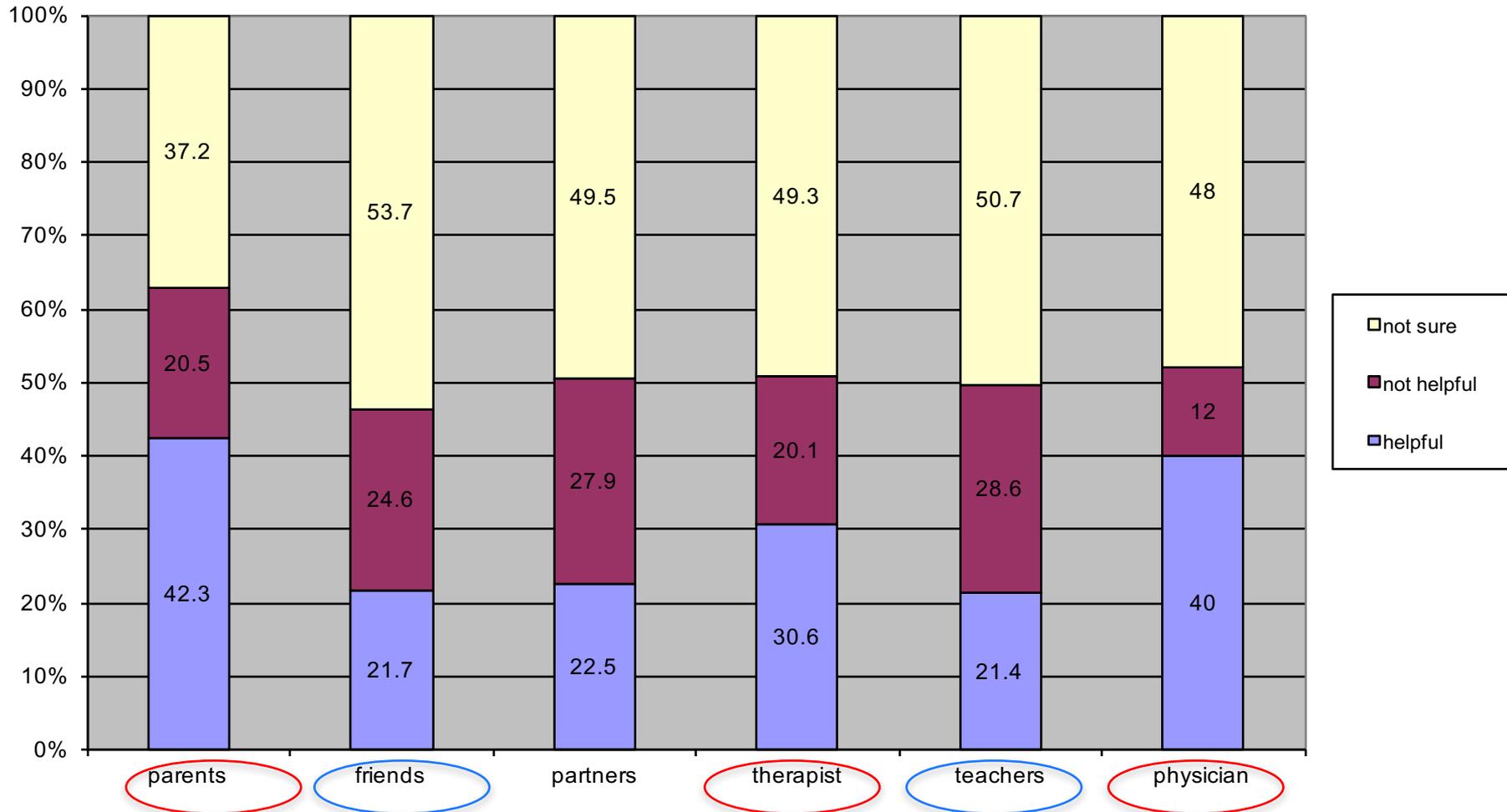
Physiological Sensitivity

Exposure and receptivity to NSSI

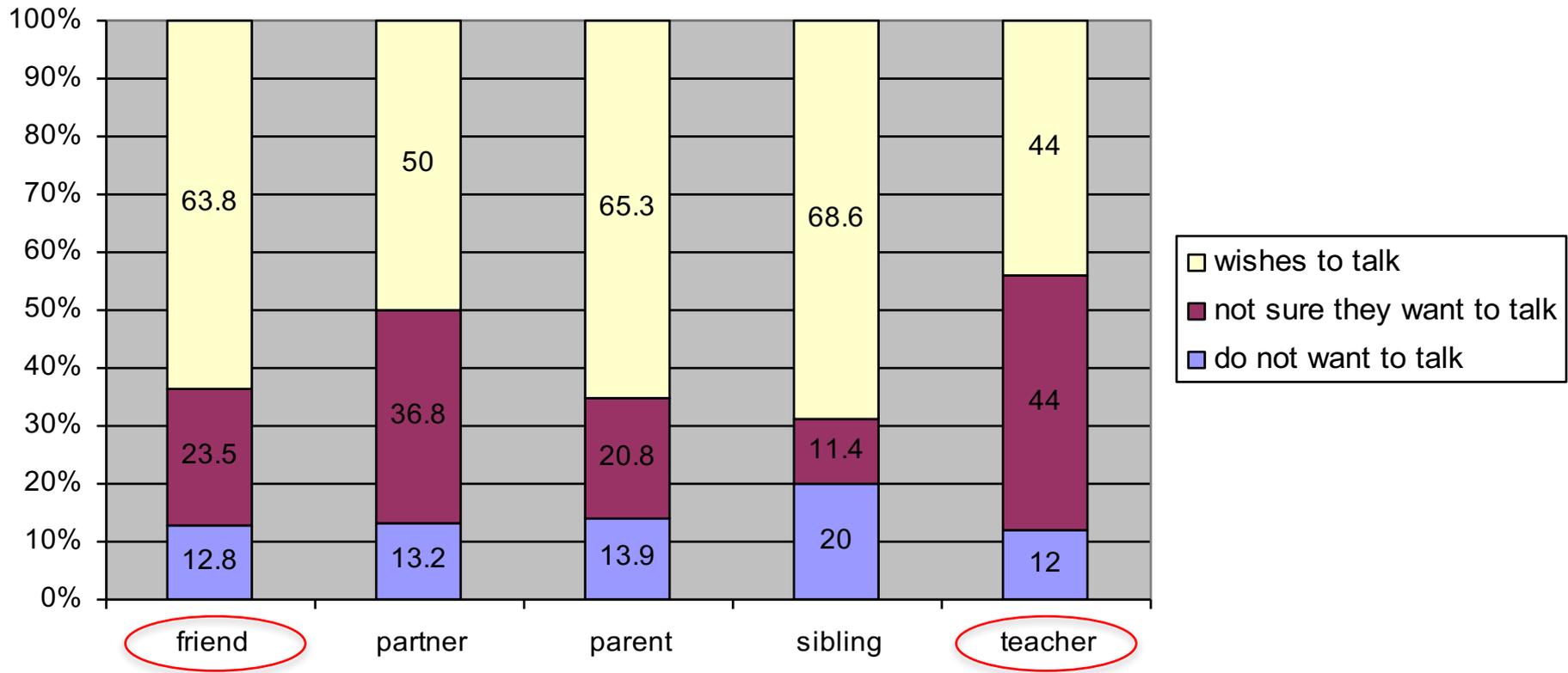
Q & A

What do we do about it?

Points of intervention: Who knows and how helpful was it?



Of those who think someone knows or suspects but who have not had a conversation:



Disclosure avenues

Direct observation



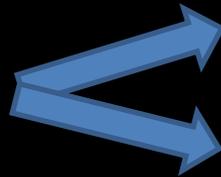
Visual observation
(seeing wounds or
scars or detecting
more subtle changes)

Direct verbal disclosure



Individual who injures
verbally discloses or
confirms

Indirect verbal disclosure



Peer disclosure

Parent or guardian
disclosure



Detection

Direct

Fresh cuts, bruises, burns or other physical marks of bodily damage

Unexplained or clustered scars or marks

Blood in the sink/shower/tub/room

Odd/unexplained paraphernalia (e.g., razor blades or other cutting implements)

Frequent bandages

Indirect

Constant use of wrist bands or bracelets



Inappropriate dress for season

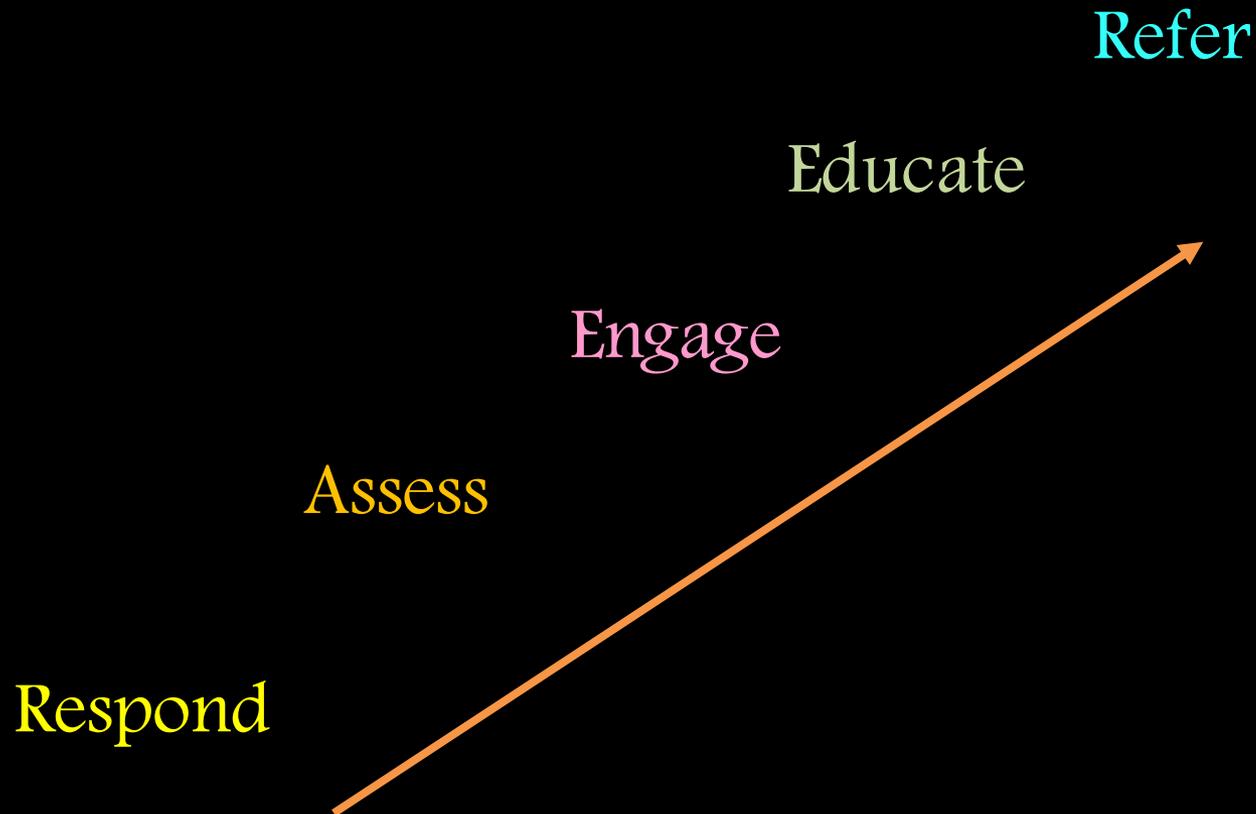
Unwillingness to participate in events that require less body coverage (e.g., swimming)

Association with peer groups who injure

Physically or emotionally absent, preoccupied, or distant

Chronic moodiness or swings in emotion that never really seems to go away

Our basic intervention model: RAEER



Consciousness: understand, frame and reframe

- For most individuals NSSI emerges from developmentally normal impulses:
 - To feel better
 - To emotionally regulate
 - To self-integrate
 - To exercise agency
- NSSI serves to bring *equilibrium* – at least for a short period of time.
- Individuals who practice NSSI are often emotionally perceptive but struggle with regulating their perceptions and their responses
- NSSI is symbolically “agentic” – it reflects physically what the injurer wishes to do emotionally – namely to successfully endure and heal pain
- Success in interactions will be enhanced when approached with responsiveness, respect, and collaboration. This should be a goal for individuals and institutions

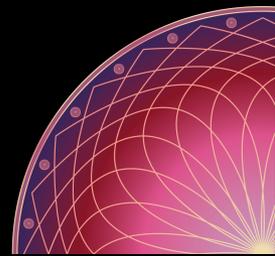
Respond

Respond non-judgmentally, immediately and directly

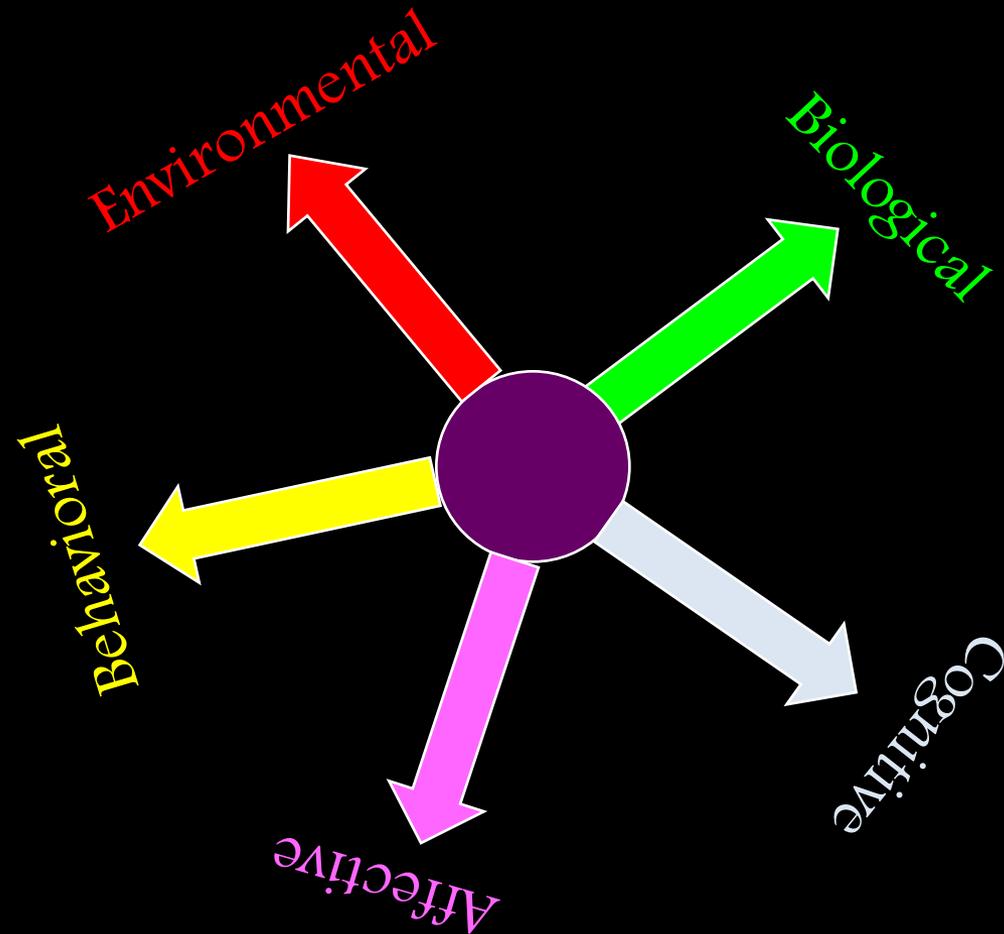
- ~ Avoid shock or emotional displays
- ~ Don't minimize
- ~ Assure rapid attention and assessment (suicide assessment indicated)



See Walsh, Barent (2008), *Treating Self-Injury: A Practical Guide*



The biopsychosocial model of assessment for documenting antecedents, behavior, consequences



Special thanks to Dr. Barent Walsh for allowing me to adapt his model. See his forthcoming book, "Treating Self-Injury" for more detailed information

Assess

BioPsychoSocial Model of Assessment

- **Environmental**
 - Past and present context
 - Trauma history
- **Biological**
 - Serotonin or endogenous opioid level dysfunction?
- **Cognitive**
 - Interpretation bias, flashbacks
- **Affective**
 - Preference for negative emotion
 - Aversion to positive emotion
- **Behavioral**
 - Identification with tools or rituals
 - Body as canvas behaviors

See Walsh, Barent (2008), *Treating Self-Injury: A Practical Guide*



Assess: Respectful Curiosity

- ✓ Where on your body do you typically hurt yourself?
- ✓ How does self-injury help you?
- ✓ What do you feel right before you self-injure?
Right after?
- ✓ When you resist the temptation to hurt yourself, what do you tell yourself or do that works?

Also assess

- **Indications of recency:**

- Is the individual currently self-injuring or are the marks observed or indirect disclosures you hear referring to past self-injury?

- **Indications of chronicity:**

- How chronic or common is this? Are there many scars or wounds, perhaps a mix of both or just a small number? Does the individual admit using self-injury often or “once in awhile”? How much does what they say (or what you hear from others) correspond to what you see?

- **Lethality of forms used:**

- How much damage can the forms used to self-injure do to the body? (e.g. scratching with fingernails is often a lower severity form than cutting with a knife or razor blade)

- **Number of forms used:**

- In general, individuals who injure chronically often use more than one form to injure (though often do not admit this or minimize it). The more forms used and the higher severity they are, the more important it will be to assure direct therapeutic intervention.

Engage

- Point people on staff or in the community with expertise or knowledge in this area
- The self-injurer and supportive peers – directly address the issue and contagion
- Family – determine whether NSSI is frequent or high lethality quality or if protocol warrants parental notification.

Educate

- Staff
- Parents if indicated
- Individual who self-injures
 - Managing unintended damage
 - Resources for understanding why he/she injures and how to manage / stop (do not assume they know)
 - Importance of treatment in stopping (in moderate to high severity cases)

Refer

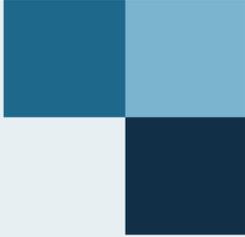
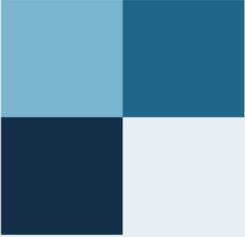
- Local treatment specialists if indicated
- Longer term inpatient treatment for complex cases

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





Your poll will show here

1

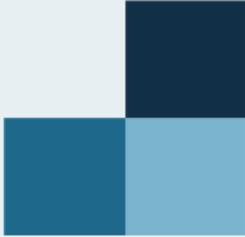
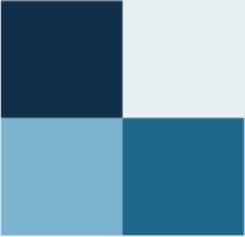
Install the app from
pollev.com/app

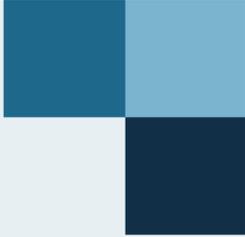
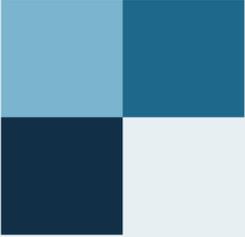
2

Make sure you are in
Slide Show mode

Still not working? Get help at pollev.com/app/help
or

[Open poll in your web browser](#)





Your poll will show here

1

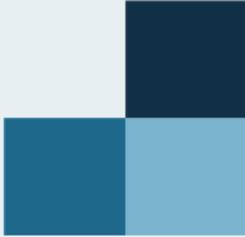
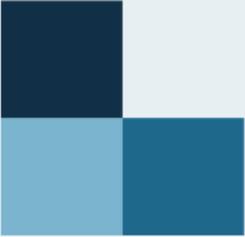
Install the app from
pollev.com/app

2

Make sure you are in
Slide Show mode

Still not working? Get help at pollev.com/app/help
or

[Open poll in your web browser](#)



A conversation with parents..

- ✧ Choices for self-injurious students
- ✧ Conversation often goes something like:

It has come to my/our attention that your child is self-injuring. It is important for you to know that self-Injury is not a suicidal act. In fact, it is quite common these days and is usually a way to cope with strong emotion. He/she is safe.

Intervention and treatment

Common treatment approaches

Treatment modality	Focus / components
Brief intervention	Information, practical advice
Interpersonal psychotherapy	Targets interpersonal and family problems
Problem solving therapy	Promotes positive and rational problem solving
Dialectical behavioral therapy	Focus on mindfulness, present centered awareness, self-awareness
Cognitive behavioral therapy	Focus on surfacing core beliefs & questioning
Family therapy / systems therapy	Systems approach to understanding and intervening in family dynamics
Collaborative therapy / Illness management and recovery model	Consumer focused goals, strength based, Engagement of social ecology

Washburn, J.J., et al. (2012). Psychotherapeutic approaches to non-suicidal self-injury in adolescents. *Child and Adolescent Psychiatry and Mental Health*, 6(1), 1-8.

Hussain, N., et. al. (2014). Brief psychological intervention after self-harm: Randomized controlled trial from Pakistan, BJP



Core components

- ↑ Self-awareness and acceptance
- ↑ Engagement of social ecology, particularly parents
- ↑ Emotion literacy, acceptance and regulation
- ↑ Working with negative cognition and self-regard
- ↑ Aversion to pain, blood
- ↑ Tolerating distress / adversity
- ↑ Present moment awareness
- ↑ Increase coping repertoires
- ↑ Engages social ecology and contexts
- ↑ Skill practice in untriggered environment



Self-injury 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

Positive trigger log

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"

My Epiphany Journal

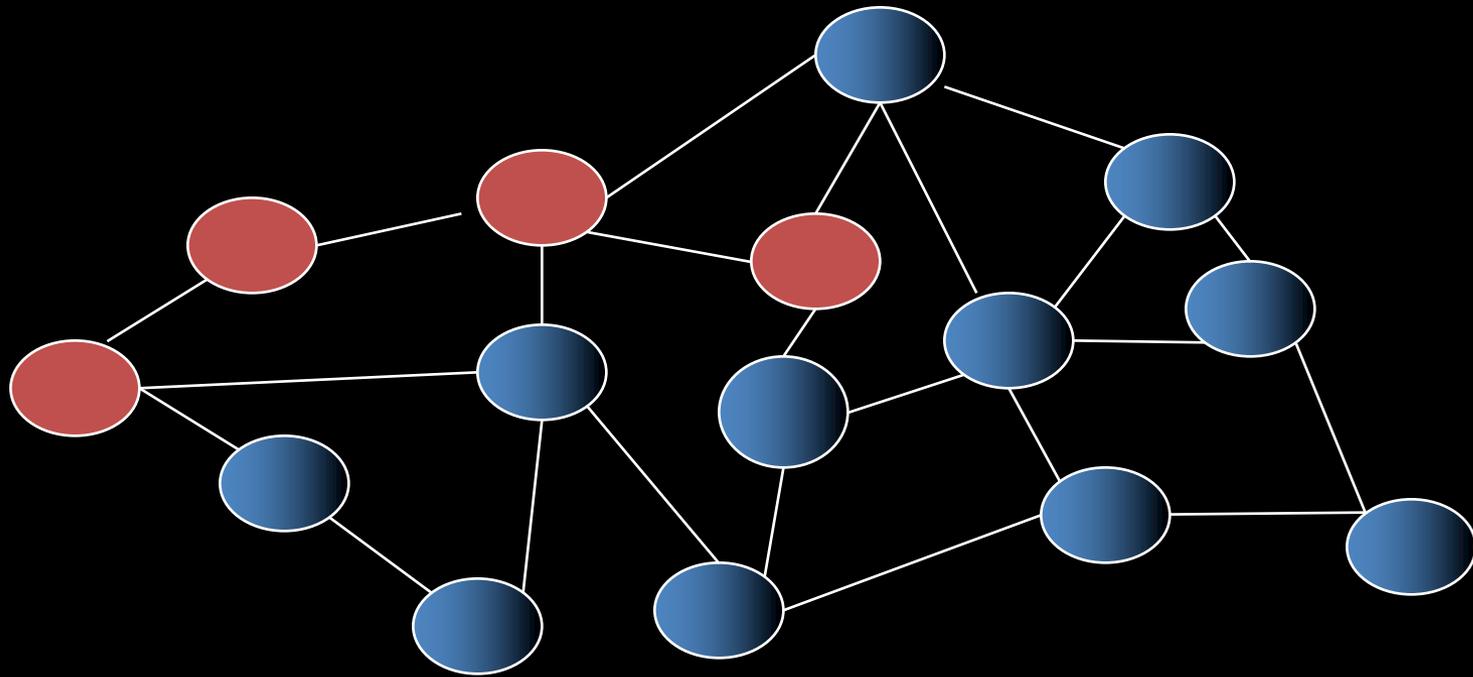
Date	My Epiphany	Sparked by	Wisdom Gained	Applied to

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

The copycat phenomenon

Is common in schools

Is best managed by appealing to core student's best self



Psychological growth as a product of adversity

Findings from this aspect of the study suggested that approximately one-third (33 %) of the past self-injury sample perceived any benefit to the experience with 5 % indicating growth in all areas measured (closeness to others, self-awareness, desire to help others).

Of note, conversations with others about NSSI experience, having felt a high dependence on NSSI, and experience with suicide-behavior were the most powerful predictors of growth which suggests that there may be something in the very intensity of adversity coupled with the benefits of processing difficult experiences with others that contributes to a growth orientation.

(Whitlock, Prussien, Pietrusza, 2015)

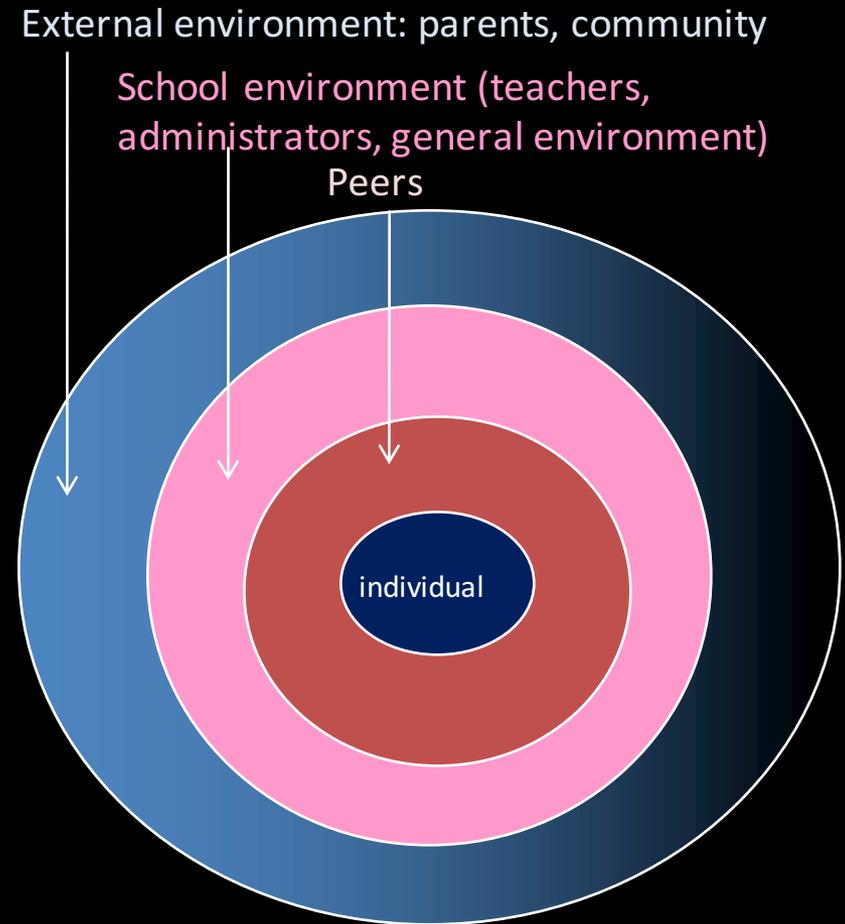
**What I'm taking away
from this experience...**

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
- ✦ Mindfulness skills
- ✦ Social connectedness
- ✦ Cognitive reframing: recognizing patterns, questioning and reframing negative thoughts and narratives
- ✦ Facilitate development of sense of life purpose and meaning



Q & A

Resources and training

CRPSIR website

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

- What is self-injury?
- How common is it?
- Why do people self-injure?
- Detection, Intervention, & treatment
- Prevention

ABOUT US

- CRPSIR Consultation Services
- Find out more about our staff
- Find out more about our students

RESOURCES ABOUT...

- Self-injury basics, myths & facts
- Detection, intervention, & disclosure
- Media
- School protocols
- Recovery
- Treatment

PARTICIPATE

- Parent study
- Attitudes about self-harm
- Read our blog

NEW! Web-based training

NSSI 101

- 8-9 hour
- Self paced or facilitated
 - Certificate (Cornell certificate &/or NASW CEU, .8)
 - Audit
- Frameworks:
 - Psychoeducational
 - Interactive adult learning



Next instructor Led first course: Aug. 8

Facilitated by Dr. Elizabeth Lloyd Richardson

Found out more or register:

<http://www.selfinjury.bctr.cornell.edu/training.html#tab2>

NEW! Web-based training

Coming Soon:

NSSI 101: A mini course

Non-suicidal self-injury
for parents



Non-Suicidal Self-Injury 101

A training for youth-serving professionals

Welcome! This is the entry point to a brief web-based primer on non-suicidal self-injury in adolescents and young adults. This distilled version of the larger Non-Suicidal Self-Injury 101 course offered by the Cornell Research Program on Self-injury and Recovery in collaboration with e-Cornell will be useful for teachers, camp counselors, front line staff in community centers, high school or college students, afterschool staff or anyone else who needs to know how to recognize and effectively respond to non-suicidal self-injury in youth and young adults.

If you have any questions about this program now or later, please contact:

info@selfinjury.bctr.cornell.edu

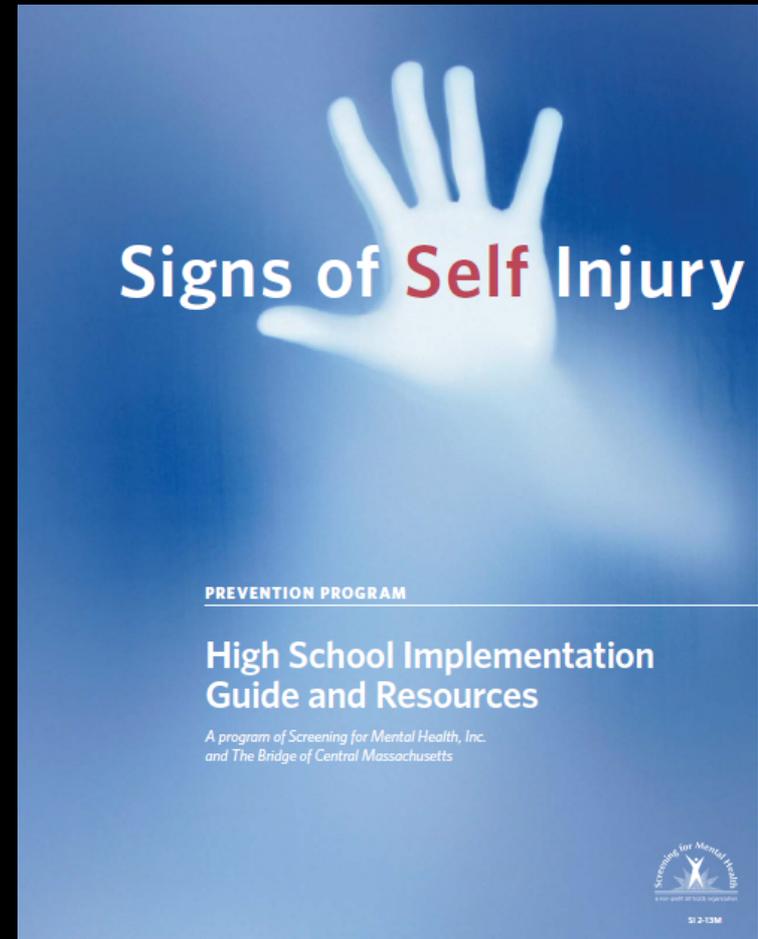


Signs of Self-Injury Program

- ✧ Capitalize on student proximity by teaching them to
 - ✓ Ask
 - ✓ Care
 - ✓ Tell
- ✧ DVD with 2 tracks
 - ✓ 1 for staff/parents
 - ✓ 1 for students
- ✧ Implementation Binder
- ✧ Student Follow up Cards

For more information, please contact:

youth@mentalhealthscreening.org



Thank you! and 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.aspa>
- ✓ 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)

