

Assessing Self-Injurious Behavior (Cutting): A Primer for Mental Health Workers

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Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network
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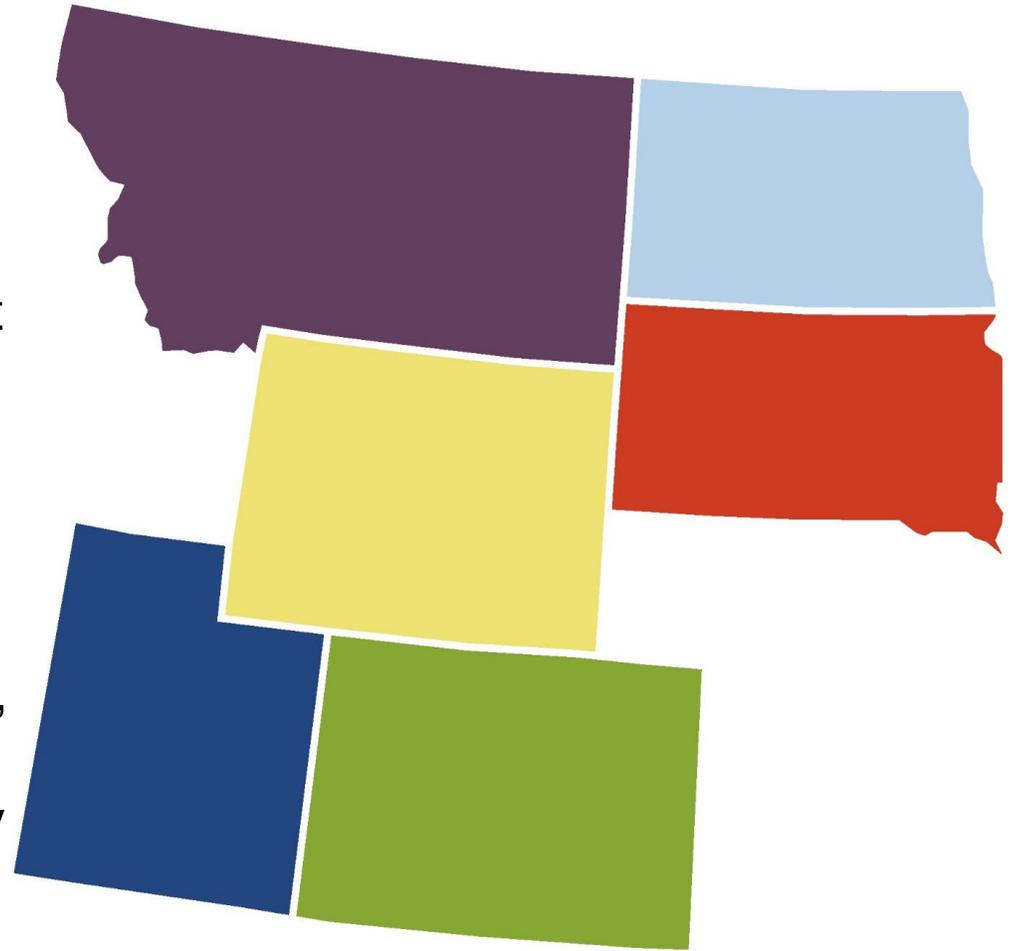
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The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

**STRENGTHS-BASED
AND HOPEFUL**

**INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES**

**HEALING-CENTERED AND
TRAUMA-RESPONSIVE**

**INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS**

**PERSON-FIRST AND
FREE OF LABELS**

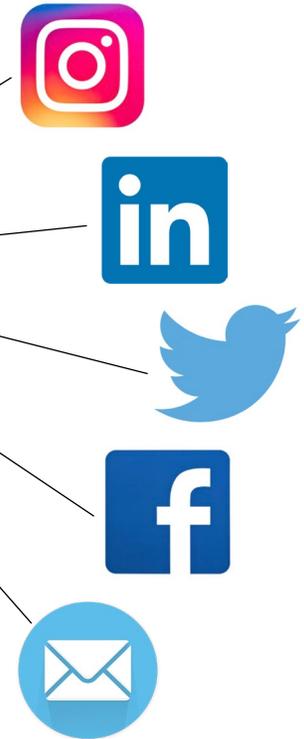
**NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS**

**RESPECTFUL, CLEAR
AND UNDERSTANDABLE**

**CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS**

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Before we begin...

- ▶ While this is a very important topic to discuss, it is possible that the presentation may stimulate a range of feelings such as discomfort or stress.
- ▶ **This is a TOUGH TOPIC to discuss.**
- ▶ **Also, some of the pictures I use are graphic in nature.**
- ▶ Please feel free to get up and take a break at any point in the presentation.

Objectives



Learning Objectives:

- ▶ Increase knowledge of what is *and isn't* self-injury
- ▶ Increase knowledge of causes of SIB
- ▶ Increase knowledge of what to look for in students/warning signs
- ▶ Learn effective replacement behaviors (managing liability)
- ▶ Increase knowledge of components of a good interview (HIRE model) and a good school protocol for SIB
- ▶ Increase knowledge of therapeutic approaches for youth who self injure, particularly DBT

Why do we need this presentation?

- ▶ The act of self-injury (or cutting) is an all too common practice for many of our youth who experience emotional distress.

Why do we need this presentation? Prevalence

- ▶ Age of onset is usually between the ages of age 12-14
- ▶ More females than males, however, significantly present in both genders.
- ▶ All races and socio-economic groups



DEFINITIONS: What is self-injury?

- ▶ “Nonsuicidal self-injury consists of a broad class of behaviors defined by **direct, deliberate, socially unacceptable destruction of one’s own body tissue without intent to die**” (Lloyd-Richardson, 2010, p. 3).

DEFINITIONS: What is self-injury?

- ▶ Barent Walsh has defined self- injury as,
“...the intentional, self-effected, low-lethality bodily harm of a socially unacceptable nature, **performed to reduce psychological stress**” (2008, p. 4).

- The *Diagnostic and Statistical Manual of Mental Disorders, DSM-IV-TR*, mentioned NSSI only as a symptom of borderline personality disorder (BPD)
- But research suggests that NSSI often occurs independently of BPD; for example, in patients with depression or substance abuse ^{1,2}
- NSSI is now recognized as a distinct condition in the *DSM-5*.³

(taken from <https://www.contemporarypediatrics.com/view/self-injury-why-teens-do-it-how-help>)

1. Kerr PL, Muehlenkamp JJ, Turner JM. Nonsuicidal self-injury: a review of current research for family medicine and primary care physicians. *J Am Board Fam Med.* 2010;23(2):240-259.
2. Wilkinson P. Non-suicidal self-injury. *Eur Child Adolesc Psychiatry.* 2013;22(suppl 1):S75-S79
3. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, DSM-5. 5th ed.* Arlington, VA: American Psychiatric Publishing; 2013.

Various forms of self-injury

- ▶ cutting
- ▶ punching
- ▶ biting
- ▶ burning one's skin
- ▶ picking at skin
- ▶ even deliberately breaking a bone



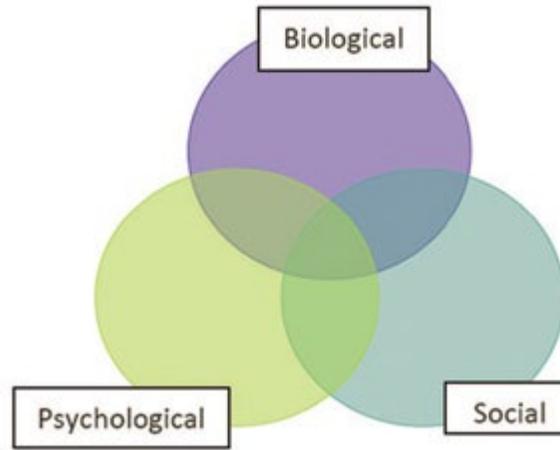
(Simeon & Favazza, 2001; Walsh, 2008; Wood, 2005, Kerr, Muehlenkamp & Turner, 2010).

Why Adolescents Say They Self-Injury

- ▶ relieve tension
- ▶ feel alive inside
- ▶ gain control
- ▶ numb themselves
- ▶ vent anger
- ▶ re-associate
- ▶ relieve emotional distress or overwhelming feelings
- ▶ gain euphoria
- ▶ stop bad thoughts
- ▶ purge out bad feelings
- ▶ hurt and/or control others
- ▶ feel the warm blood
- ▶ see “red”
- ▶ to release emotional pain
- ▶ because their friends all do it
- ▶ scars show battles won
- ▶ self punishment
- ▶ for ritualistic nature
- ▶ to replace emotional pain with physical pain
- ▶ immediate release for anger



Causal Models: Biopsychosocial Theory



Biopsychosocial Theory

Biologic Emotional Vulnerability

+

Invalidating Environment (causes one to become self-invalidating)

=

Pervasive emotional, behavior, interpersonal, cognitive, and self dysregulation (confusion about self, impulsivity, emotional instability, and interpersonal problems)

(Linehan, 1993a&b)

But wait...aren't teens who self-injure trying to kill themselves, slowly?

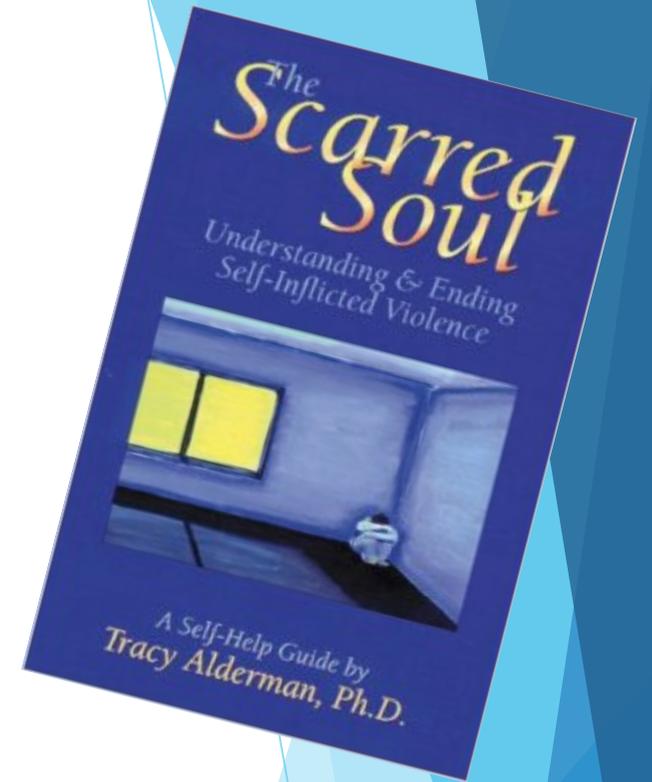
- ▶ Actually, NO!
- ▶ It is imperative to point out that self-injury is not a suicidal act (Simeon & Favazza, 2001; Wood, 2009).

Suicide vs Self-Injury

- ▶ In Tracy Alderman's 1997 book *The scarred soul: Understanding and ending self-inflicted violence*, she emphasized the crucial distinction that

self-injury should be considered a life sustaining act,

whereas suicide is a life ending act.



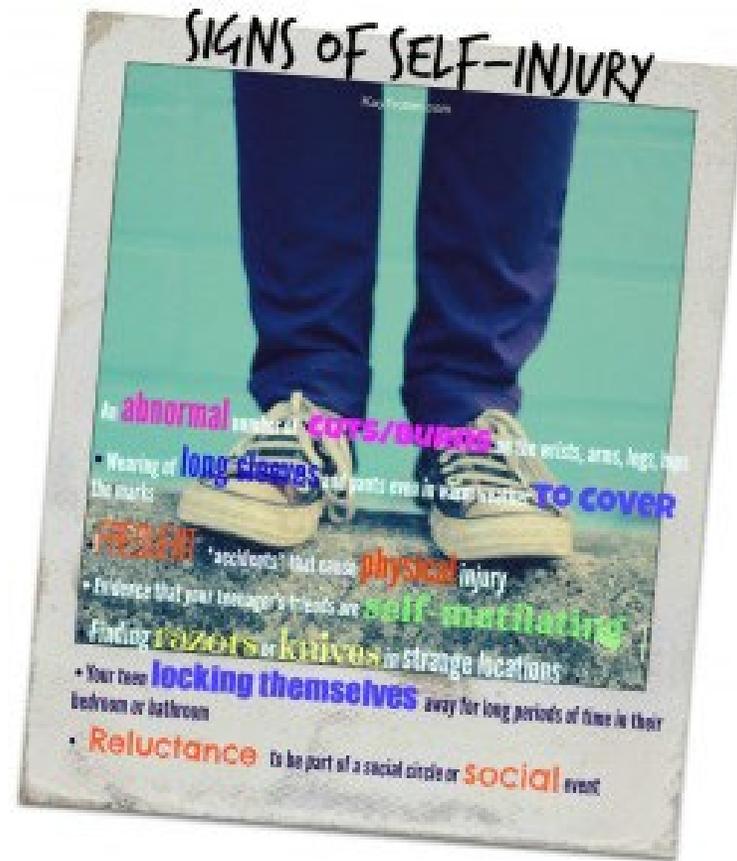
“In the moment, people who engage in... self-injury are not exhibiting suicidal behavior. On the contrary, they often use NSSI as a way to make being alive more bearable. Nevertheless, NSSI is a risk factor for later suicide attempts.”

(taken from <https://www.contemporarypediatrics.com/view/self-injury-why-teens-do-it-how-help>)

“Adolescents who engage in NSSI should be assessed for immediate suicide risk as part of their clinical evaluation, even if suicide is not necessarily the sole or central focus.”

(taken from <https://www.contemporarypediatrics.com/view/self-injury-why-teens-do-it-how-help>)

What To Look For



Emotional signs

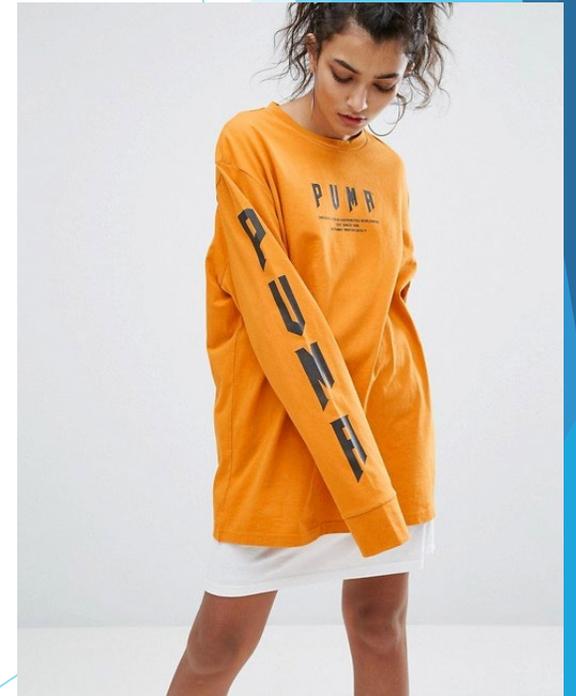
- ▶ Unable to cope with strong emotions
- ▶ Excessive anxiety and fears
- ▶ Excessive rage, depression
- ▶ Poor self-esteem or self-loathing
- ▶ Not connected with positive support system
- ▶ Increased isolation and withdrawal
- ▶ Art and writing displaying themes of pain, sadness, physical harm
- ▶ Changes in social interactions or interests



Physical Signs



- ▶ Inappropriate clothing for the season (sweatshirt in June)
- ▶ Blood stains on clothing
- ▶ Unexplained scars, bruises, or cuts
- ▶ Possession of sharp objects (razor, knife, thumb tack)
- ▶ Secretive behavior (spending long amount of time in bathroom/in isolation)



Risk Factors



- ▶ Depression
- ▶ Anxiety
- ▶ Impulsivity
- ▶ Low self-esteem
- ▶ Perfectionism
- ▶ Confused sense of self, including sexual orientation
- ▶ Stressors in areas of family, school, work, athletics or extracurricular activities
- ▶ Criminal history
- ▶ Having friends/family members who self-injure and communicate about the behavior extensively (contagion)

Protective Factors

- ▶ Healthy emotion regulation skills
- ▶ Ability to self soothe
- ▶ A strong support network
- ▶ Positive body image
- ▶ Positive thoughts and beliefs



Best practice strategies for NSSI

- ▶ Assessment : Suicide Risk Assessment
HIRE model
- ▶ SIB protocol for schools
- ▶ Harm reduction & recommended replacement behaviors (managing liability)
- ▶ Treatment: Brief overview of DBT

Assessment

You have a student in front of you who is suspected of self-injurious behavior...

- ▶ Validate the student (“It sounds like you’re having a tough time emotionally”)
- ▶ Let the student know that you care and want to help

A word about confidentiality

- ▶ This is a situation in which confidentiality **MUST** be broken
- ▶ Explain that their safety is paramount
- ▶ You can help mediate telling the parents (I usually call the parents on speaker phone, with the student in the room)

Suicide Risk Assessment Summary Sheet

Instructions: When a student acknowledges having suicidal thoughts, use as a checklist to assess suicide risk. Items are listed in order of importance to the Risk assessment.

	<i>Risk present, but lower</i>	<i>Medium Risk</i>	<i>Higher Risk</i>
1. Current Suicide Plan A. Details B. How prepared C. How soon D. How (Lethality of method) E. Chance of intervention	<input type="checkbox"/> Vague. <input type="checkbox"/> Means not available. <input type="checkbox"/> No specific time. <input type="checkbox"/> Pills, slash wrists. <input type="checkbox"/> Others present most of the time.	<input type="checkbox"/> Some specifics. <input type="checkbox"/> Has means close by. <input type="checkbox"/> Within a few days or hours. <input type="checkbox"/> Drugs/alcohol, car wreck <input type="checkbox"/> Others available if called upon.	<input type="checkbox"/> Well thought out. <input type="checkbox"/> Has means in hand. <input type="checkbox"/> Immediately. <input type="checkbox"/> Gun, hanging, jumping. <input type="checkbox"/> No one nearby; isolated.
2. Pain	<input type="checkbox"/> Pain is bearable. <input type="checkbox"/> Wants pain to stop, but not desperate. <input type="checkbox"/> Identifies ways to stop the pain.	<input type="checkbox"/> Pain is almost unbearable. <input type="checkbox"/> Becoming desperate for relief. <input type="checkbox"/> Limited ways to cope with pain.	<input type="checkbox"/> Pain is unbearable. <input type="checkbox"/> Desperate for relief from pain. <input type="checkbox"/> Will do anything to stop the pain.
3. Resources	<input type="checkbox"/> Help available; student acknowledges that significant others are concerned and available to help.	<input type="checkbox"/> Family and friends available, but are not perceived by the student to be willing to help.	<input type="checkbox"/> Family and friends are not available and/or are hostile, injurious, exhausted
4. Prior Suicidal Behavior of... A. Self B. Significant Others	<input type="checkbox"/> No prior suicidal behavior. <input type="checkbox"/> No significant others have engaged in suicidal behavior.	<input type="checkbox"/> One previous low lethality attempt; history of threats. <input type="checkbox"/> Significant others have recently attempted suicidal behavior.	<input type="checkbox"/> One of high lethality, or multiple attempts of moderate lethality. <input type="checkbox"/> Significant others have recently committed suicide.
5. Mental Health A. Coping behaviors B. Depression C. Medical status D. Other Psychopathology	<input type="checkbox"/> History of mental illness, but not currently considered mentally ill. <input type="checkbox"/> Daily activities continue as usual with little change. <input type="checkbox"/> Mild; feels slightly down. <input type="checkbox"/> No significant medical problems. <input type="checkbox"/> Stable relationships, personality, and school performance.	<input type="checkbox"/> Mentally ill, but currently receiving treatment. <input type="checkbox"/> Some daily activities disrupted; disturbance in eating, sleeping, and schoolwork. <input type="checkbox"/> Moderate; some moodiness, sadness, irritability, loneliness, and decrease of energy. <input type="checkbox"/> Acute, but short-term, or psychosomatic illness. <input type="checkbox"/> Recent acting-out behavior and substance abuse; acute suicidal behavior in stable personality.	<input type="checkbox"/> Mentally ill and not currently receiving treatment. <input type="checkbox"/> Gross disturbances in daily functioning. <input type="checkbox"/> Overwhelmed with hopelessness, sadness, and feelings of helplessness. <input type="checkbox"/> Chronic debilitating, or acute catastrophic, illness. <input type="checkbox"/> Suicidal behavior in unstable personality; emotional disturbance; repeated difficulty with peers, family, and teacher.
6. Stress	<input type="checkbox"/> No significant stress.	<input type="checkbox"/> Moderate reaction to loss and environmental changes.	<input type="checkbox"/> Severe reaction to loss or environmental changes.
Total Checks			

The HIRE Model: A Tool for the Informal Assessment of Nonsuicidal Self-Injury

Domain	Specific Foci	Some Sample Screening Questions
“H” = History	Frequency and methods	<ul style="list-style-type: none"> • “Tell me about the experience of cutting. What is it like for you?” • “What kinds of wounds does it leave on your skin?” • “Where on your body do you cut yourself?” • “What do you use?” • “How often do you cut yourself?” • “What others ways of hurting yourself, besides cutting, have you used this year?”
“I” = Interest in change	Motivation to reduce self-injury; negative outcomes	<ul style="list-style-type: none"> • “What would you like to be different about your use of cutting?” • “How has cutting affected your relationships?” • “What do you perceive as the down sides of cutting?” • “Tell me about a time when you were able to reduce your use of cutting.”
“R” = Reasons behind behavior	Interpersonal and/or intrapersonal functions of self-injury	<ul style="list-style-type: none"> • “What feelings do you notice before you cut?” • “What thoughts go through your mind before cutting?” • “Where do you engage in cutting?” • “Are you always alone when you cut?” • “Who else knows about your cutting?”
“E” = Exposure to risk	Severity; addictive features; sense of control; suicidal ideation	<ul style="list-style-type: none"> • “Have you ever harmed yourself so badly that you could have used medical attention, such as stitches?” • “Have you ever injured yourself more than you expected?” “Have you ever used alcohol or drugs while cutting?” • “Have you ever had an out-of-body experience while cutting?” “Have you ever used cutting as a way to avoid thoughts about suicide?”

Buser, T. J., & Buser, J. K. (2013). The HIRE model: A tool for the informal assessment of nonsuicidal self-injury. *Journal of Mental Health Counseling, 35*(3), 262-281.

Referral Process and Ongoing Support

Does your school have a SIB Protocol?

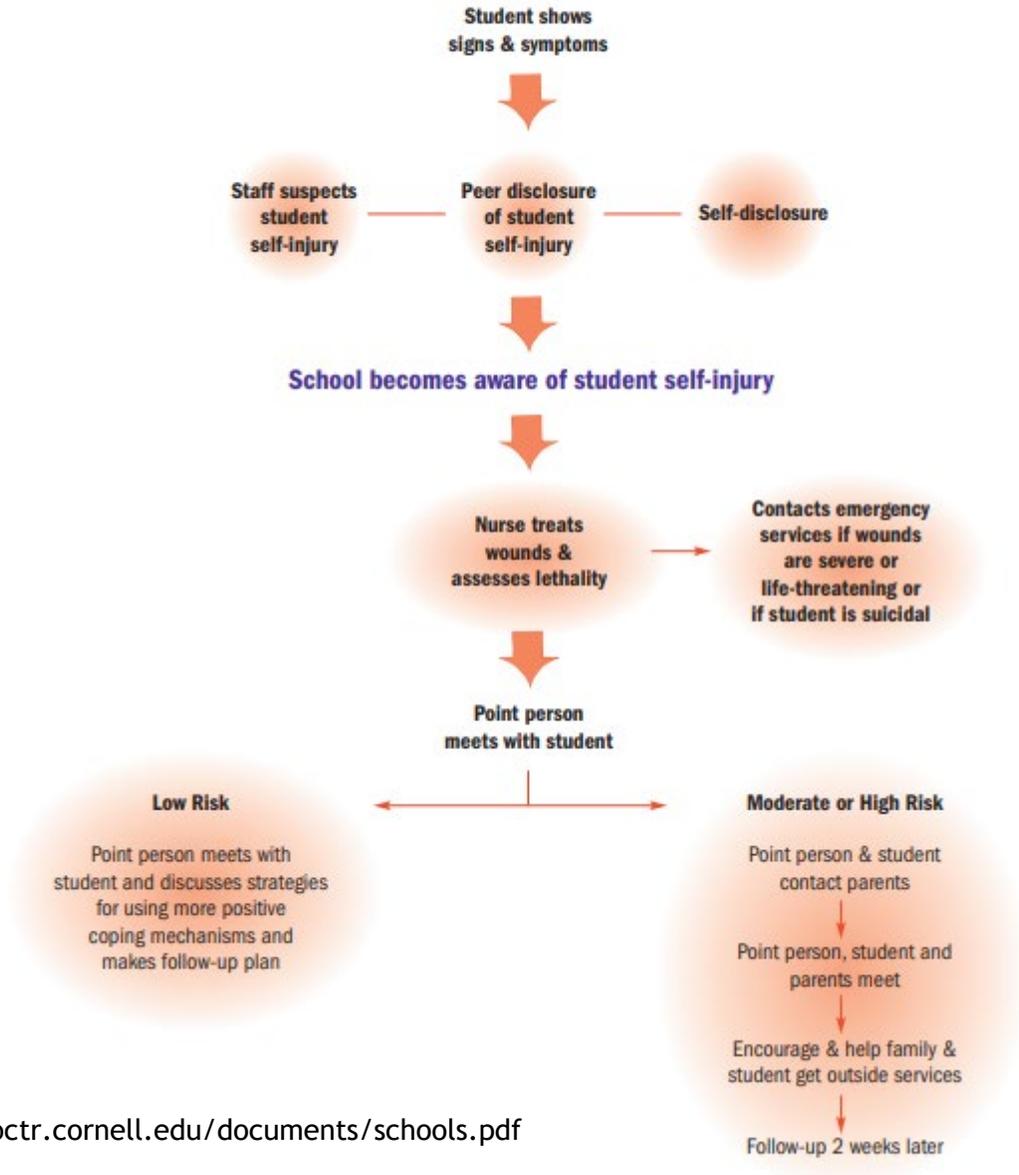
Key Issues to be addressed in the protocol:

- ▶ 1. When school personnel should report a student suspected of self-injuring, and to whom this should be reported (point person). All school personnel should know who the designated mental health professional is as well as who the replacement is in the event of an absence.
- ▶ 2. Identification of the roles of each member of the school personnel team.
- ▶ 3. Policies to guide the initial risk assessment.
- ▶ 4. When a student should be referred to outside services.
- ▶ 5. A policy regarding parental notification and contact.

Taken from <http://www.sioutreach.org/>

School Protocol Process

The flowchart below can help school staff decide what action(s) to take after discovering that a student may be engaging in self-injury.



Harm Reduction: Replacement Behaviors

FEELING ANGRY:

- ▶ Rip up an old newspaper or phone book.
- ▶ On a sketch or photo of yourself, mark in red ink what you want to do. Cut and tear the picture.
- ▶ Make clay models and cut or smash them.
- ▶ Throw ice into the bathtub or against a brick wall hard enough to shatter it.
- ▶ Dance.
- ▶ Clean.
- ▶ Exercise.
- ▶ Bang pots and pans.
- ▶ Stomp around in heavy shoes.
- ▶ Play handball or tennis.
- ▶ Squeeze ice.
- ▶ Do something that will give you a sharp sensation, like eating lemon.
- ▶ Make a soft cloth doll to represent the things you are angry at. Cut and tear it instead of yourself.
- ▶ Flatten aluminum cans for recycling, seeing how fast you can go.
- ▶ Hit a punching bag.
- ▶ Pick up a stick and hit a tree.
- ▶ Use a pillow to hit a wall, pillow-fight style.

Feeling sad or depressed:

- ▶ Do something slow and soothing.
- ▶ Take a hot bath with bath oil or bubbles.
- ▶ Curl up under a comforter with hot cocoa and a good book.
- ▶ Baby yourself somehow.
- ▶ Give yourself a present.
- ▶ Hug a loved one or stuffed animal.
- ▶ Play with a pet.
- ▶ Make a list of things that make you happy.
- ▶ Do something nice for someone else.
- ▶ Light sweet-smelling incense.
- ▶ Listen to soothing music.
- ▶ Smooth nice body lotion into the parts of yourself you want to hurt.
- ▶ Call a friend and just talk about things that you like.
- ▶ Make a tray of special treats.
- ▶ Watch TV or read.
- ▶ Visit a friend.

Craving sensation/Feeling empty or unreal:

- ▶ Squeeze ice.
- ▶ List the many uses for a random object. (For example, what are all the things you can do with a twist-tie?)
- ▶ Interact with other people.
- ▶ Put a finger into a frozen food (like ice cream).
- ▶ Bite into a hot pepper or chew a piece of ginger root.
- ▶ Rub liniment under your nose.
- ▶ Slap a tabletop hard.
- ▶ Take a cold bath.
- ▶ Stomp your feet on the ground.
- ▶ Focus on how it feels to breathe. Notice the way your chest and stomach move with each breath

Wanting focus:

- ▶ Do a task that is exacting and requires focus and concentration.
- ▶ Eat a raisin mindfully. Notice how it looks and feels. Try to describe the texture. How does a raisin smell? Chew slowly, noticing how the texture and even the taste of the raisin change as you chew it.
- ▶ Choose an object in the room. Examine it carefully and then write as detailed a description of it as you can.
- ▶ Choose a random object, like a twist-tie, and try to list 30 different uses for it.
- ▶ Pick a subject and research it on the web.

Feeling guilty or like a bad person:

- ▶ List as many good things about yourself as you can.
- ▶ Read something good that someone has written about you.
- ▶ Talk to someone that cares about you.
- ▶ Do something nice for someone else.
- ▶ Remember when you've done something good.
- ▶ Think about why you feel guilty and how you might be able to change it (e.g. brainstorm a list of things to fix the situation: write the person a letter, apologize face to face).

Other distractions/Substitute behaviors

Reach Out to Others

- Phone a friend.
- Call 1-800-DONT-CUT.
- Go out and be around people.

Express Yourself

- Write down your feelings in a diary.
- Cry - crying is a healthy and normal way to express your sadness or frustration.
- Draw or color.
- Sing

Keep Busy

- Play a game.
- Listen to music.
- Read.
- Take a shower.
- Open a dictionary and learn new words.
- Do homework.
- Cook.
- Dig in the garden.
- Clean.
- Watch a feel-good movie.

Do Something Mindful

- Count down slowly from 10 to 0.
- Breathe slowly, in through the nose and out through the mouth.
- Focus on objects around you and thinking about how they look, sound, smell, taste and feel (grounding).
- Do yoga.
- Meditate.
- Learn some breathing exercises to aid relaxation.
- Concentrate on something that makes you happy: good friends, good times, laughter, etc.

Release Your Frustrations

- Break old dishes.
- Rip apart an old cassette tape, smash the casing.
- Throw ice cubes at a brick wall.
- Smash fruit with a bat or hammer.
- Punch pillows.
- Scream into a pillow.
- Yell or sing at the top of your lungs.
- Exercise.

Evidence Based Treatments

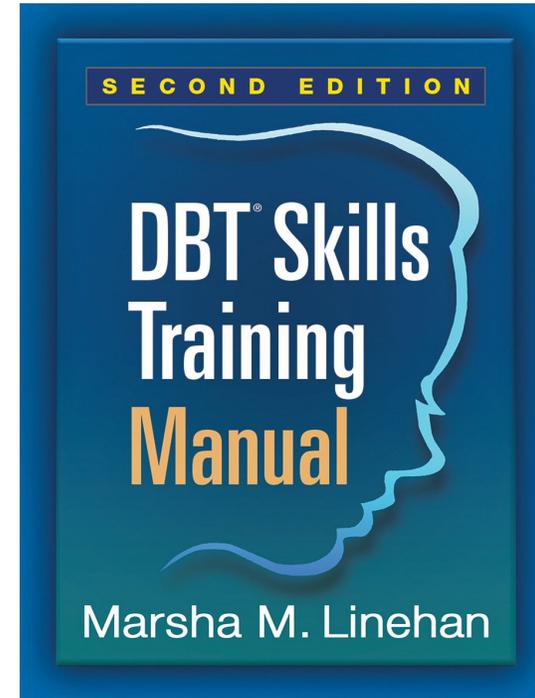
- ▶ **Dialectical Behavioral Therapy (DBT)**
- ▶ Cognitive Behavior Therapy (CBT)
- ▶ Multi Systemic Therapy
- ▶ Family therapy
- ▶ Addiction treatment
- ▶ Trauma/abuse treatment
- ▶ Medication
- ▶ Combination of above



DBT: Skills Overview

DBT therapy specifically targets self-harm behaviors using

- *Individual therapy
- *Skills Training and Homework
- *Diary cards
- *Chain analyses



Four Main Components of DBT:

1) Mindfulness

2) Distress Tolerance

- ▶ surviving crises
- ▶ accepting reality

3) Emotion Regulation

- ▶ reduce vulnerability
- ▶ reduce emotion episodes

4) Interpersonal Effectiveness

- ▶ assertiveness



Helpful resources:

SIARI: Self-Injury and Related Issues

▶ www.siari.co.uk

S.A.F.E. Alternatives (Self-Abuse Finally Ends)

▶ www.selfinjury.com

American Self-Harm Information Clearinghouse

▶ www.selfinjury.org

HOTLINE: 1-800-DON'T-CUT

Helpful resources:

- ▶ www.selfharm.org
- ▶ <http://www.selfinjury.bctr.cornell.edu/>
- ▶ www.gaspinfo.com
- ▶ <http://www.sioutreach.org/>
- ▶ www.dbtselfhelp.com
- ▶ UCLA Mindfulness Awareness Research Center- download meditation audio <http://marc.ucla.edu/>
- ▶ Downloadable relaxation tapes:
<http://www.utexas.edu/student/cmhc/RelaxationTape/index.html>

Program from
Barent Walsh
www.thebridgecm.org



Signs of Self-Injury DVD (SOSI)

- ▶ Self-assessment form for students
- ▶ Lesson plan and discussion guidelines for teachers
- ▶ Lecture for staff training
- ▶ Guidelines for planning a parent training
- ▶ Templates for educational and communication materials for staff, parents, and students

Books for professionals

- Bowman, S. & Randall, K. (2006). *See my pain! Creative strategies and activities for helping young people who self-injure*. Chapin, SC: YouthLight, Inc.
- D'Onofrio, A. (2007). *Adolescent self-injury: a comprehensive guide for counselors and health care professionals*. New York, NY: Springer Publishing Company, LLC.
- McVey-Noble, M. E., Khemlani-Patel, S., & Neziroglu, F. (2006). *When your child is cutting: a parent's guide to helping children self-injury*. Oakland, CA: New Harbinger Publications, Inc.
- Walsh, B. W. (2008). *Treating self-injury: A practical guide*. New York, NY: Guilford Publications, Inc.
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Thank you so much!

▶ **Questions?**

▶ **Comments?**



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