Self-Injury

Presented by
Meleia Sides - Chaffee Jr/Sr High School
Dr. Jan Ward – Southeast Missouri State University
Christy Colyer – Dexter Junior High School

Warning: This presentation contains graphic photos
What is Self-injury?

- NSSI – Non-Suicidal Self-Injury
  - Self-injury with no intent of suicide
- Deliberately injuring oneself
- Maladaptive or unhealthy attempt to regulate emotions
  - Headbanging
  - Cutting
  - Burning
  - Embedding
  - Self-Hitting
  - Pinpricking
  - Intentionally keeping wounds from healing
  - Scratching
  - Drinking something harmful
- Tattoos and body piercing are not typically considered self-injurious unless undertaken with the intention to harm the body.
Is self-injury addictive?

• Cornell Research program states that self-injury has addictive qualities. Many people who self-injure claim they have strong desires to self-injure even when there are no obvious triggers.

• Addiction hypotheses states that self-injurious acts may involve the system that regulates pain perception. The activation of this system can lead to an increased sense of comfort or integration. Repeated activation of this system can cause tolerance effect.
NSSI and the DSM5 (Section 3)

• "Non-Suicidal Self Injury

A. In the last year, the individual has, on 5 or more days, engaged in intentional self-inflicted damage to the surface of his or her body, of a sort likely to induce bleeding or bruising or pain (e.g., cutting, burning, stabbing, hitting, excessive rubbing), for purposes not socially sanctioned (e.g., body piercing, tattooing, etc.), but performed with the expectation that the injury will lead to only minor or moderate physical harm. The absence of suicidal intent is either reported by the patient or can be inferred by frequent use of methods that the patient knows, by experience, not to have lethal potential. (When uncertain, code with NOS 2.) The behavior is not of a common and trivial nature, such as picking at a wound or nail biting.

B. The intentional injury is associated with at least 2 of the following:
   1. Negative feelings or thoughts, such as depression, anxiety, tension, anger, generalized distress, or self-criticism, occurring in the period immediately prior to the self-injurious act.
   2. Prior to engaging in the act, a period of preoccupation with the intended behavior that is difficult to resist.
   3. The urge to engage in self-injury occurs frequently, although it might not be acted upon.
   4. The activity is engaged in with a purpose; this might be relief from a negative feeling/cognitive state or interpersonal difficulty or induction of a positive feeling state. The patient anticipates these will occur either during or immediately following the self-injury.

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

D. The behavior does not occur exclusively during states of psychosis, delirium, or intoxication. In individuals with a developmental disorder, the behavior is not part of a pattern of repetitive stereotopies. The behavior cannot be accounted for by another mental or medical disorder (i.e., psychotic disorder, pervasive developmental disorder, mental retardation, Lesch-Nyhan Syndrome).
Fact or Myth

- Myth: People who cut and self-injure are trying to get attention.
  Fact: The painful truth is that people who self-harm generally do so in secret. They aren’t trying to manipulate others or draw attention to themselves. In fact, shame and fear can make it very difficult to come forward and ask for help.

- Myth: People who self-injure are crazy and/or dangerous.
  Fact: It is true that many people who self-harm suffer from anxiety, depression, or a previous trauma—just like millions of others in the general population. Self-injury is how they cope. Slapping them with a “crazy” or “dangerous” label isn’t accurate or helpful.

- Myth: People who self-injure want to die.
  Fact: Self-injurers usually do not want to die. When they self-harm, they are not trying to kill themselves—they are trying to cope with their pain. In fact, self-injury may be a way of helping themselves go on living. However, in the long-term, people who self-injure have a much higher risk of suicide, which is why it’s so important to seek help.
Fact or myth

- **Myth:** If the wounds aren’t bad, it’s not that serious.
  - **Fact:** The severity of a person’s wounds has very little to do with how much he or she may be suffering. Don’t assume that because the wounds or injuries are minor, there’s nothing to worry about.

- **Myth:** Self-injury is an Emo thing
  - **Fact:** Self-injury isn't a lifestyle choice. Self-injury, as we define it, is a coping mechanism, a way of dealing with emotional distress. Those who identify or identified with goth or emo culture and music were drawn to the ‘look' and the people for social and self-identity reasons, not ‘because' of self-injury.
Equal opportunity issue

• approx 12%-24% of adolescents and young adults have self-injured
• 6%-8% report current, chronic self-injury
• some individuals continue to engage in these behaviors well into adulthood, especially when they do not receive treatment
• Not specific to socioeconomic, status, gender, or race
  • Women – cutting
  • Men – hitting or head banging
Reasons

- Distract emotional pain
- End feelings of numbness
- Calm overwhelming feelings
- Maintaining control
- Self-punish
- Feel in control of body and minds
- Express thoughts that cannot be put into words
- Purify themselves
- Avoiding acting out on thoughts or urges related to suicide
Warning Signs of NSSI

- Unexplained cuts, burns, bruises; typically on arms, legs, and stomach.
- Possession of sharp objects
- Wearing clothes that is inappropriate for the weather or situation
  - Long sleeves in summer
  - Lots of wide rubber bracelets
- References to self-injury in student’s work (e.g. journals, projects, writings)
- Blood on clothes
- Frequent “accidents”
- Needing to be alone for long periods of time
- Aggression, repressed anger, emotional numbness, or emotional pain
Emotional attachment

• “The idea of stopping for good terrifies me. I don’t know what I would do without that release. I’m afraid I’ll go back to abusing alcohol (too messy) food (too shame-filled) or pot (too numbing) so until I can deal with why I am hell bent on my own destruction – the cutting is best coping mechanism I have.”

• “You have it wrong: I’m not trying to kill myself. It’s what I do to stay alive.” (Client to a residential counseling center worker.)

• “Injury gives me focus.....i cannot seem to focus and stop the spinning or emotions/ideas and thoughts (mostly thoughts that i don’t want)......it gives me a temporary peace, and it works for any situation.” (26 year old man with one year of self-injurious behavior)
My scars are fading and I feel lost without them.

Some of us cut.
Some of us used to cut.

We are not proud of what we did, but we are not ashamed of our scars. Each and every scar has its own story, and the fact that the wounds healed reminds us that things get better.
How to approach

• DO NOT reprimand the student, display shock, engage in shaming responses, or show great pity
• Respond in a calm, non-judgmental way
• Don’t be afraid to bring it up
• Ask if they have thought about or attempted suicide
• Fresh wounds - have them see the nurse
• Validate emotions
• Calm and consistent
• Contact parent
  • Not DFS reportable unless parent shows neglect
What you are fighting against

- http://pro-cutting.webs.com/
- http://pro-si.livejournal.com/
What is your school’s protocol for self-injurious behaviors?
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. 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 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 and students about self-injury
STUDENT SHOWS SIGNS SYMPTOMS OF SELF-INJURY

FACULTY/staff suspects student self-injury

Peer disclosure of student self-injury

Self-disclosure

School becomes aware of student self-injury

Nurse treats wounds and assess severity

Contact parent and emergency services if wounds are severe or life-threatening

Counselor meets with student and assess if student is suicidal

Low risk
Counselor meets with student and discusses strategies for using more positive coping methods. Make a follow-up plan. Discuss how to tell parents. Make parent/guardian contact.

Moderate or high risk
Counselor meet with student and parent. Encourage & help student and family make contact with outside services. Make a follow-up plan.

Follow up 1 week later and modify follow-up plan if needed.
References

- http://www.selfinjury.com/schools/
Conference Announcements.........

• For all conference related information, download the Conference Yapp App. The Yapp ID is MSCA18.
• Please complete the Workshop Evaluation: http://bit.ly/2pS2YKq
• Please complete the Full Conference Evaluation: http://bit.ly/2yGVzBy
• Support this year’s Annual Project through raffles, bingo, Monday reserved seating, Monday power hour, and service project. Visit the activities desk for additional information.
• Make plans to participate in evening activities:
  • Hospitalities from 4:30 to 6:30 p.m.
  • Service Project Activity beginning at 7:00 p.m.
  • Trivia Night beginning at 7:00 p.m.
  • Dance beginning at 10:00 p.m.
• For more information on MSCA, like us on Facebook (mymasca) and follow us on Twitter (@myMSCA).