Self-Injury in Students
Simple Answers to Complex Questions

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www.abbhh.org/selfinjurybook

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Chapters
1. Understanding Self-Injury
2. Why People Self-Injure
3. Types of Self-Injury
4. Assessing Self-Injury
5. Determining Need for Treatment
6. Evidence-Based Treatment for Self-Injury
7. Practical Approach to Treating Self-Injury
8. Treating Self-Injury on an Inpatient Unit
9. Physician Treatment of Self-Injury
10. Understanding Suicide in Self-Injury
11. Advocating, Supporting, and Parenting People Who Self-Injure
What is Nonsuicidal Self-Injury?

The deliberate, self-inflicted destruction of body tissue without suicidal intent and for purposes not socially sanctioned

International Society for the Study of Self-Injury

By any other name...

- Parasuicide
- Self-Harm
- Self-Harm Behavior
- Self-Directed Violence
- Self-Abuse
- Suicide Gesture

- Self-Mutilation
- Deliberate Self-Harm
- Self-Inflicted Injury
- Cutting or Self-Cutting
- Suicide-Related
- Self-Destructive
Why do People Self-injure?

Two overarching reasons:
- Intrapersonal (affective regulation)
- Interpersonal/Social

Specific reasons:

<table>
<thead>
<tr>
<th>Function</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autonomy (A)</td>
<td>Marking Distress (MD)</td>
</tr>
<tr>
<td>Anti-Dissociation (AD)</td>
<td>Peer Bonding (PB)</td>
</tr>
<tr>
<td>Affective Regulation (AR)</td>
<td>Revenge (R)</td>
</tr>
<tr>
<td>Anti-Suicide (AS)</td>
<td>Self-Care (SC)</td>
</tr>
<tr>
<td>Interpersonal Boundaries (IB)</td>
<td>Self-Punishment (SP)</td>
</tr>
<tr>
<td>Interpersonal Influence (II)</td>
<td>Sensation Seeking (SS)</td>
</tr>
<tr>
<td>Marking Distress</td>
<td>Toughness (T)</td>
</tr>
</tbody>
</table>

Inventory of Statements About Self-Injury (ISAS)

*When I harm myself, I am...

<table>
<thead>
<tr>
<th>Function</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affect Regulation</td>
<td>calming myself down.</td>
</tr>
<tr>
<td>Self-Punishment</td>
<td>expressing anger towards myself for being worthless or stupid.</td>
</tr>
<tr>
<td>Anti-Suicide</td>
<td>putting a stop to suicidal thoughts.</td>
</tr>
<tr>
<td>Anti-Dissociation</td>
<td>causing pain so I will stop feeling numb.</td>
</tr>
<tr>
<td>Interpersonal Influence</td>
<td>letting others know the extent of my physical pain.</td>
</tr>
<tr>
<td>Sensation Seeking</td>
<td>doing something to generate excitement or exhilaration.</td>
</tr>
<tr>
<td>Peer Bonding</td>
<td>fitting in with others.</td>
</tr>
<tr>
<td>Self-Care</td>
<td>creating a physical injury that is easier to care for than my emotional distress</td>
</tr>
<tr>
<td>Marking Distress</td>
<td>creating a physical sign that I feel awful.</td>
</tr>
<tr>
<td>Interpersonal Boundaries</td>
<td>creating a boundary between myself and others.</td>
</tr>
<tr>
<td>Toughness</td>
<td>seeing if I can stand the pain.</td>
</tr>
<tr>
<td>Revenge</td>
<td>getting back at someone.</td>
</tr>
<tr>
<td>Autonomy</td>
<td>demonstrating I do not need to rely on others for help.</td>
</tr>
</tbody>
</table>

Relative Endorsement of Functions

Figure 2. Proportion of Primary Functions  

N=808
Is it all cutting?

Method of Self-Injury

- Cutting
- Scraper/Scratch
- Bang head/limb
- Self-choke
- Burning
- Healing prevention
- Draw blood

How Severe is the Injury?

Severity

- Mild
- Moderate
- Severe

Isn't this Just Borderline Personality Disorder?
What is Borderline PD?
A - Abandonment fears
M - Mood instability
S - Suicidal / self-injurious behavior
U - Unstable, intense relationships
I - Impulsivity
C - Control of anger poor
I - Identity disturbance
D - Dissociative / paranoid symptoms
E - Emptiness
Pinkofsky, 1997

BPD in Adolescence
Strong support
• Longitudinal continuity
• Genetic basis
• Overlap in the latent variables
• Common risk factors
• Marked separation of course and outcome

Trauma?

Do All Self-Injurers Have BPD?
Borderline Evaluation of Severity over Time

n=559
Is NSI a Re-Enactment of Abuse?

No

Meta-analysis of 40+ studies:
Small association between NSSI and childhood sexual abuse (phi=.23)

Approximately 1/3 of ABBHH patients indicate prior physical or sexual abuse

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How Common is NSI?

Rates vary dramatically by definition and sample

Adolescents:
- Single NSI episode: 17-35%
- Repeated NSI (5+): 6.7%

Adults:
- Single NSI Episode: 5.9%
- Repeated NSI (5+): 2.7%

Age of onset: 12-15

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What are Risks for Self-Injury

- Exposure to frequent/intense negative emotional experiences
- Poor distress tolerance or coping skills
- High emotional reactivity
- Ruminative cognitive style
- Dissociation
- Maltreatment
- Parenting conflict or lack of support
- Highly critical and derogatory sense of self
- Social isolation & poor social skills
- Poor problem-solving skills
- Identity confusion

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Nock's Integrative Model

Why Self-Injury?
NSI reflects internal experience
  • Self-derogation theory
NSI is effective
  • Pain offset relief mechanism
  • Emotional cascade model
NSI is a learned and reinforced behavior
Pain tolerance
NSI is less aversive

NSI IN DSM 5®
DSM-5® Diagnostic Reliability: Child


DSM-5®: Nonsuicidal Self-Injury Disorder

Criteria A: 5+ days of NSI in past year
Criteria B: NSI for 1 or more:
  • Relief from negative cognitions or emotions
  • Resolve social problems
  • Create a positive feeling
Criteria C:
  • NSI associated with social problems or negative feelings or thoughts
  • Preoccupation with NSI that is hard to control, prior to NSI
  • Thinking often about NSI
Criteria D: Not socially sanctioned
Criteria E: NSI causes distress or functional impairment
Criteria F: Not associated with psychosis, delirium, substance-related problems, and not a repetitive stereotypy

APA (2013)

Examining NSI Disorder

511 acute care psychiatric patients

Predominantly female (90.0%), mostly non-Hispanic White (83%)
Alexian Brothers Assessment of Self-Injury

74% met all criteria for NSI disorder.
Comorbid Disorders

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Depression</td>
<td>75.9%</td>
</tr>
<tr>
<td>Major Depression</td>
<td>63.0%</td>
</tr>
<tr>
<td>Any Anxiety</td>
<td>46.0%</td>
</tr>
<tr>
<td>Impulse Control Disorder</td>
<td>24.4%</td>
</tr>
<tr>
<td>Mood Disorder NOS</td>
<td>22.4%</td>
</tr>
<tr>
<td>Drug Use Disorder</td>
<td>22.0%</td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>20.6%</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>17.1%</td>
</tr>
<tr>
<td>Alcohol Use Disorder</td>
<td>12.6%</td>
</tr>
<tr>
<td>ADHD</td>
<td>11.8%</td>
</tr>
<tr>
<td>PTSD</td>
<td>8.9%</td>
</tr>
<tr>
<td>Disruptive Behavior Disorder</td>
<td>2.0%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

When is Treatment Needed for Self-Injury?

- Repeated self-injury
  - 5+ times in past year
- Any serious self-injury
  - Serious = medical care
  - Injury is more serious than expected
- Any suicidal thoughts or behaviors
- If another disorder is present
- Injuring when drunk or high
- Strong urge to self-injure

Alexian Brothers Level of Care Criteria
Assessment of Nonsuicidal Self-Injury

Identifying Self-Injury
- Number of injuries
- Repetition of injuries
- Stage of healing
- Placement of injuries
  - arms, legs or stomach, especially in reach
dominate hand.3-5
- Injury clusters
- Shape, size, and direction of injury
- Type of wound

Asking about Self-Injury
- “I notice that you have some wounds and scars…”
  - Can you tell me where these came from?
  - It looks like you are hurting yourself; can you tell me how you hurt yourself?
  - How often do you hurt yourself?
  - Where else do you have wounds or scars?
Assessment Tools: Self-Injury

- Assess history and severity:
  - Alexian Brothers Assessment of Self-Injury
- Assess functions:
  - Inventory of Statements about Self-Injury
- Assess Urge to self-injure:
  - Alexian Brothers Urge to Self-Injure scale

Treatment for Nonsuicidal Self-Injury

Self-Injury Treatment

- Currently no gold standard
- What about DBT?
- Other approaches:
  - CBT
  - Treatment for Non-Suicidal Self-Injury in Young Adults (T-SIB)
  - IPT for self-injury
  - Exercise!
**Self-Injury Treatment**

- Emotion Regulation Group Therapy
  - Emotional awareness, understanding, and acceptance
  - Engaging in goal-directed behaviors
  - Inhibiting impulsive behaviors in response to negative emotions
  - Modulating emotional intensity and duration using situationally appropriate strategies
  - Tolerating and experiencing negative emotions

Gratz, 2013

**Classroom Approaches to Nonsuicidal Self-Injury**

- Avoid referring to students as “cutters”
  - Focus on the behavior
  - Control reactions of teachers, students
  - Dispel myths of self-injury
    - “Self-Injury is just a way to get attention”
    - Replacement behaviors aren’t effective
  - Prevent social contagion
    - Avoid discussion of specific acts, war stories
    - Use a code word around other students
  - Teach the Functional Model of self-injury

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Gratz, 2013