



# Cutting: What Every Teacher Needs to Know about Non-Suicidal Self –Injury

Presented by  
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With content from the NSSI Working Group

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## Endorsements




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## Objectives

- For educators to have a clearer understanding of NSSI
- For educators to better understand the varying reasons for why children self injure
- For educators to learn the do's and don'ts of responding when a student's self harming behaviour comes to their attention



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## Defining NSSI

Non-suicidal self-injury (NSSI) is the deliberate and direct destruction of one's body tissue, without suicidal intent and for reasons not socially or culturally sanctioned. This definition excludes tattooing or piercing, and indirect injury such as substance abuse or eating disorders.



Source: SIOS (Self Injury Outreach and Support) University of Guelph and McGill University

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## What it is not:

- NSSI should be distinguished from self-injurious behaviour (SIB) that is commonly seen among individuals with intellectual and developmental disabilities (e.g., repetitive, stereotyped head banging)
- Not referring to self-injuring behaviour done during a psychotic episode
- Not referring to addictions nor eating disorders



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## How common is NSSI?



- Reports of 14 to 24% of youth engaging in self-injury
- 25% report engaging in self harm numerous times
- More girls than boys **report** that they self-harm, however boys are just as much at risk
- Frequency appears to lessen in young adulthood

(Statistics from SIOS University of Guelph and McGill University Research Consortium)

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## Common Myths and Misconceptions

Mistaken belief that students who self injure do it:

- Only for Manipulation or Attention-Seeking
- For pleasure/fun as a group
- Only if they have a mental illness
- As a way to fit in with the "Goth" or other sub-culture
- As a suicide attempt



(Statistics from SIOS University of Guelph and McGill University Research Consortium, 2013 retrieved April 16, 2015 <http://sioutreach.org/learn/general> )

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## Possible Related Conditions

- Depression
- Psychosis
- Anxiety disorders including Post Traumatic Stress Disorder (PTSD)
- Eating disorders
- AD/HD
- Personality Disorders
- Substance Abuse



SIOS <http://sioutreach.org/learn/medical-professionals>

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## Relationship to Suicide

With Suicide and NSSI:  
the **intent** is distinctly different,



**HOWEVER**

- There is a risk of accidental death
- Continual monitoring is important, as the risk of suicidal ideation increases for those who engage in NSSI without treatment

(Muehlenkamp, J. J., & Gutierrez, P. M. 2007)

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## How do Kids Self-Injure?

- Cutting skin
- Hitting self
- Pulling hair
- Scratching
- Biting self
- Burning
- Inserting or injecting things under one's skin
- Agitating wounds
- Ingesting Sharp or Toxic Objects
- Breaking bones
- Intentional head banging

(Whitlock, J., Eckenrode, J., & Silverman, D., 2006)




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## Areas of the body

- Arms
- Hands
- Wrists
- Thighs
- Stomach
- Neck

(Whitlock, J., Eckenrode, J., & Silverman, D., 2006)




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## Why do it?

There are numerous reasons, including:

- To cope with intense negative emotions
- To generate feeling (versus numbness)
- To communicate distress

(SIOS <https://youtu.be/8taIQ9dhcvg>)




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## A personal account...from a public figure



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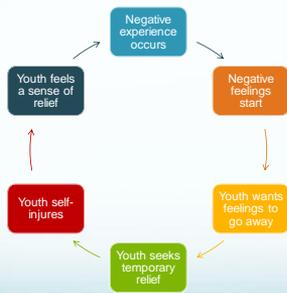
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## Pattern of Emotion Regulation



Adapted from Cornell University "What Role do Emotions Play in NSSI?"

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## In their own words...



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## Levels of Risk

### Minor Risk:

Possible indicators:

- Surface level injuries
- Infrequent self-harming behaviour
- No plan to repeat self-harm
- Student identifies healthy coping strategies to employ

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## Levels of Risk

### Moderate Risk:

**Possible Indicators**

- Self-harming behaviour is a pattern
- Intensity may be increasing or is maintained
- Student may not express a desire to stop or reduce use
- Student sees NSSI as a useful coping strategy

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## Levels of Risk

### Severe Risk:

**Possible Indicators**

- Self Injury is accompanied by suicidal ideation
- In combination with a chaotic environment
- Method used is severe
- Student presents with serious mental health distress
- There is known active intoxication or addiction issues
- Facial injuries are present

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## Practice Time!

- Review the stories of Taylor, Luke and Jasmine
- What risk level would you determine each student to be at?
- What factors are you considering?
- What else would you want to know?

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## Taylor's Story




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**Taylor** is a student in grade 6. She is described by her grade 6 home room teacher as "quite dramatic" in her reactions to every day occurrences. Her gym teacher noticed the marks Taylor had on her arms, thighs and stomach region that looked like old and newer marks from cutting. None of the cuts appeared to be very deep. Taylor agreed to meet with the school point person. Taylor said "When I cut, it helps me feel something in the moment. After I do it, I feel a lot better." Taylor said she first started cutting herself when she was in grade 5, and did it a few times when she was feeling especially upset about her parents separating. She admits she secretly hoped that this would get their attention and that they would stop the divorce proceedings. Taylor has found that she sometimes thinks about doing it a lot and looks forward to when she is alone to be able to cut. Taylor did not say that she wanted to stop the behaviour, except that she hopes she won't be badly scarred when she is older. She added "it is nobody else's business because it is my body!" Taylor denied feeling suicidal, but said she might start to feel that way if she could not cut.

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## Luke's Story



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**Luke** is a bright student in grade 8 who is well liked yet seems to keep to himself much of the time. Mr. Dean, his art teacher, noticed that Luke had swelling and what appeared like burn marks on his hands. During art class, Mr. Dean asked Luke what was going on with his hands. Luke sank down in his seat and said "Oh, just an old injury" then changed the subject. Mr. Dean was concerned about Luke's overall demeanour, so connected him to Mrs. Gray, the school point person.

When Luke met with Mrs. Gray, he admitted that he had been cutting himself as well as burning himself. He tearfully said "I just am feeling too much, and this feels like a way to deal with it". When asked if he was suicidal, Luke hesitated and said "not really when I am cutting or burning...but sometimes I am really really tempted to close my eyes and walk out into traffic". He expressed that he wasn't sleeping well and felt really tired...tired of struggling.

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## Jasmine's Story



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The guidance counsellor asked to speak with **Jasmine** after another student found to be cutting said that Jasmine was cutting too. Jasmine appeared very frightened about getting into trouble for this, as she had never been called in to a school office before. Jasmine said she once joined Taylor near the beginning of the school year in making some light cuts across her stomach, as she was curious about what Taylor was feeling. Jasmine said that after she did it she regretted it...." I just felt stupid for doing it". Jasmine expressed she is worried about what how her parents would react if the school called them. She said she will never do it again. When asked how she copes with strong feelings, Jasmine said she likes to jog or talk to friends. Jasmine said the start of grade 7 was very hard for her but she is feeling more settled in and happier, and has more friends now. She said she has distanced herself from Taylor as "she is just too much for me to handle". Jasmine denied ever feeling suicidal, adding "my parents would kill me...wait, that sounds weird!" then laughed.

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### Guidelines for Speaking with the Student:

DO: ✓

- Speak with the student in a private location
- Use language that is supportive
- Listen actively and calmly to build rapport




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### Guidelines for Speaking with the Student:

DO: ✓

- Let the student know how much you care about him or her and believe in his/her potential
- Validate the student's feelings
- Use a respectful curiosity
- Recognize your position of trust




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## Guidelines for Speaking with the Student:

**DO:** ✓

- Be non-judgmental in your interactions and responses
- Offer reassurance that people care and want to help
- Explore the meaning and the purpose of the injury and underlying issues
- Think of the actions as a form of coping (not manipulation)
- Refer the student to the identified point person in your school



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## Guidelines for Speaking with the Student

**DON'TS:**



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## Guidelines for Speaking with the Student

**DON'T:**

- Speak publicly about the student's injury
- Show or verbalize negative reactions
- Say anything that may result in the student feeling guilt or shame
- Give ultimatums or threats



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## Guidelines for Speaking with the Student

### DON'T:

- Ask students to relive the experience by describing the details
- Promise confidentiality
- Overreact or underreact
- Bargain or make deals to get the



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## Contagion Effect



- NSSI is not "contagious" per se
- A struggling student may be influenced by peers or media
- Some media depictions can be triggering for those who self-injure

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## Managing Contagion



- Discourage students from sharing detailed information about NSSI
- Do not use school-wide assemblies, newsletters, school newspapers to address an 'outbreak' of NSSI
- Educate students by discussing NSSI in a broader context
- Highlight the importance of seeking support
- Address students individually, versus in a group

(Adapted from SIOS Guide for School Professionals)

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## Talking to Parents

If you are the school official designated to speak to the parent, consider:

- Many parents may be entirely unaware and may react with strong emotion
- Having a guide sheet along to provide to them to review
- Emphasizing the importance of keeping an open channel of communication with their child and with the school



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## Following your School Protocol

- Development of a School Protocol
- Identified Point Person(s) at your school



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## History of the School NSSI Protocol



- Local school boards were experiencing an increased number of requests for support relating to NSSI
- Local emergency departments were seeing increases in the number of children and adolescents sent with NSSI as the primary concern.
- The need for an NSSI protocol to support schools was identified and a working group formed.

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## Asking the Questions

### Role Play Time!!

- Be curious
- Use non-judgemental language
- Examples:
  - "Are you comfortable sharing with me where on your body you are self-injuring?"
  - "What kind of thing or things are you using to do it?"
  - "Are you doing it with others?"
  - "Tell me a bit about what happened today, or before this, that made you feel that this was helpful for you?"




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## Taking Care of Yourself

- Take the time you need to process your own emotions
- System point people and principals are available to you
- Reach out to your own support network
- Ask for help if you need it
- Think about self-care activities that may support you

*"You can't give from an empty well."*




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## Further Learning

- Recommended sources of info about NSSI and student mental health
  - Miller and Brock, 2011, Identifying, Assessing, and Treating Self-Injury at School)
  - Mental Health Online Resources for Educators (<http://www.hmhc.ca/more.html> ) Current topics and archived modules.
  - <http://www.selfinjury.bctr.cornell.edu/>
  - <http://www.sioutreach.org/>
- See other resource sheets associated with the prerequisite MORE module for research articles, books, etc.

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