SOS Signs of Suicide® Prevention Program

Self-Injury Prevention Training for Trusted Adults

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NEWESD 101

What is Screening for Mental Health?

SMH is…

a national non-profit organization whose mission is to provide innovative mental health and substance abuse resources, linking those in need to quality treatment options.

The SOS Signs of Suicide® Prevention Program is…
an award-winning, evidence-based educational and screening tool used in middle and high schools across the country.

What we will cover today:

1. Non-Suicidal Self-Injury (NSSI)
   - Myths and facts
   - National and local statistics
   - Risk factors and warning signs
2. Best practices for responding to students in need
3. What can schools do?
   - Implementing an evidence-based, universal prevention program
4. Q&A

National Suicide Prevention Lifeline: 1 (800) 273-TALK (8255)

True or False?

Self-Injury, such as cutting on arms and legs, should be considered a suicide attempt

Truth: Self-Injury is generally not about suicide. 98.2% of youth who die by suicide use a method other than cutting (Walsh, 2014).

Self-injury is mostly about attention-seeking or manipulating others.

Truth: "Attention-seeking" or "manipulation" is not an adequate explanation for self-injury. There are far more effective ways to gain attention than to physically hurt one's body. Use of language such as "manipulate or "attention-seeking" usually suggests caregiver frustration with the self-injuring person.

Self-injury is mostly a problem in females

Truth: Various studies show rates of self-injury in school populations to be almost equal across the sexes: 60-65% female, 35-40% male.

Individuals who self-injure are separate and distinct from suicidal people

Truth: Self-injurious behavior is distinct from suicidal behavior but the two behaviors can and do occur in the same individual. Recent research has show that persistent self-injury is a strong predictor for suicide attempts (but not death by suicide).

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Defining Non-Suicidal Self-Injury

Self-injury is when people intentionally hurt their bodies, generally without suicidal intent, in order to reduce psychological distress (Walsh, 2014)

- Note that there is an aspect communication in the actions of self-injurers.

- Risk factor for suicide

Prevalence of Self-Injury

- 14% of Massachusetts high school students and 14% of Massachusetts middle school students reported self-injuring during the previous year. (MA YRBS, 2013)
- Recent research has shown an 18% lifetime prevalence of self-injury for adolescents internationally (Muehlenkamp, et al., 2012)
- While middle school students are known to engage in self-injury, the average age of onset is around 15 (Whitlock, & Selekman, 2014)

Risk Factors for NSSI

- Mental illness, such as depression, anxiety disorders, post-traumatic stress disorder, eating disorders, and borderline personality disorder
- Alcohol or drug misuse
- Previous NSSI or suicide attempts
- Lack of optimism
- Low self-esteem
- Ineffective coping or problem solving skills
- Reduced ability to tolerate distress
- A heightened sense of perfectionism
- Bullying
- Relationship problems with family or peers
- Age (generally adolescents and young adults)
- Gay, lesbian, bisexual, or transgender sexual orientation or identity
- Low academic achievement
- Poor school attendance
- Low socio-economic status
- Parental separation or divorce
- Childhood trauma, maltreatment, or neglect
- Emotional, physical, or sexual abuse in childhood
- Unstable or dysfunctional family background
- Family or friend self-injury or suicide attempt

Common Forms of Self-Injury

- 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/bleeding
- Punching or banging oneself to the point of bruising/bleeding
- Biting to the point that bleeding occurs/marks remain on skin
- Abrading the skin (burning with an object, such as an eraser)

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Other Behaviors to Monitor and Assess

- Spending time on websites, message boards, or social media devoted to self-injury.
- Consuming books, movies, and other popular media focused on self-injury.
- Frequently exchanging texts devoted to self-injury topics.
- Exchanging photos of self-injury wounds.
- Talking about self-injurious behaviors in general or about self-injurious thoughts.
- Dressing to cover arms and legs

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Developing a Self-Injury Policy - Key Points

1. Identify point persons to be contacted in the case of self-injurious behavior
2. All staff refer students with these behaviors to point person
3. Point persons assess risk for NSSI vs. suicide
4. If the student is not deemed suicidal follow appropriate steps
   - Avoid use of suicide terminology
   - Use student's own descriptive language
   - Employ a low-key dispassionate demeanor and convey respectful curiosity
   - Remain non-judgmental and respectful

Developing a Self-Injury Policy- Key Points

5. Point person calls parents
   - With student present for open conversation
   - Explains behavior is not usually about suicide but is a cause for concern
   - Utilizes “low-key dispassionate demeanor” with parent
   - Initiates a request for outpatient counseling for child within 24 hours
   - Provides parent with referral resources

6. Point person stays in contact with parents
   - If necessary, reiterates request for outpatient services
   - Stays in contact with parent regarding ongoing therapy
   - Seeks consent from parent to continue to assess the child and to communicate directly with the outpatient clinician

Responding to Self-Injury Contagion in Schools

While self-injury is generally about emotion regulation, social contagion can also play a role. Some individuals self-injure in order to communicate with or influence others. Peer group influences can include:

- Modeling (imitation of high-status peers)
- Disinhibition (self-control of behavior is undermined by observing same behavior in others)
- Competition (as to who is “best” at self-injuring)
- Role of peer hierarchies (status related to degree of self-injury)
- Desire for group cohesiveness (“blood brother” phenomenon)
- Electronic media contagion influences (websites, instagram, devoted to self-injury)
- Movies, music videos with self-injury (can be triggering)

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Strategies for Managing and Preventing Self-Injury Contagion

Identify the primary high-status peer models.

- Teachers are often the best source for this information.

Reduce communication about self-injury among members of the peer group.

- Explain to students that by talking about self-injury with their peers they may be unintentionally hurting their friends.
- Encourage self-injurers to talk with trusted adults, family, and therapists, but not to talk with peers about self-injury as such talk is “triggering.”
- Elicit the cooperation of high-status peer models.

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Strategies for Managing and Preventing Self-Injury Contagion

Reduce the public exhibition of scars or wounds in the school as these can trigger other students.

- Students must cover visible wounds, scars, or bandages in school
- Partner with parents to address peer communication or wound exhibition outside of school.
- In rare cases, students may require disciplinary actions, such as when one student provides a razor to another or actively encourages another to “try self-injury” or if students do not comply with expectations outlined above.

Treat the behavior using individual counseling methods.

- Discussion of self-injury details in group therapy can trigger social contagion.
- Group methods can be used to teach alternative coping skills but no discussion of self-injury should be allowed.

Non-Suicidal Self Injury Best Practices

If a child is self-injuring:

- Talk the child in a calm and caring way and try to stay low-key
- Understand that self-injury is generally not about suicide
- Understand that self-injury is generally about managing emotional distress
- Seek professional help
- Intervene early to prevent suicidality
- Mitigate contagion

SOS Signs of Self-Injury Program

School Staff Goals

- Learn about the issue of self-injury including
  - signs and symptoms,
  - appropriate responses,
  - and treatment options.
- Learn key distinction between self-injury and suicide
- Engage and educate parents

School & Community Goals

- Develop a school protocol for responding to self-injury that is strategic, compassionate, and effective

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What's the difference between suicidal behavior and self-injury?

NSSI vs. Suicidal Behaviour

	Non-suicidal self-injury	Suicidal behaviour
Intent	To get immediate relief from negative emotions	To die in order to permanently escape emotional pain
Repetition	More frequent	Less frequent
Lethality	Often involves less lethal methods but with a potential for lethality	Tends to involve more lethal methods
Psychological consequences	Often used to relieve psychological pain	Often aggravates psychological pain
Gender	May or may not occur often in women, depending on sample	Occurs more often in women but men are more likely to die by suicide

Empower Students to ACT

Acknowledge

- **Acknowledge** that you are seeing signs of depression or suicide in a friend, and that it is serious

Care

- Let you friend know you **care** about them and that you are concerned that he or she needs help you cannot provide

Tell

- **Tell** a trusted adult that you are worried about your friend

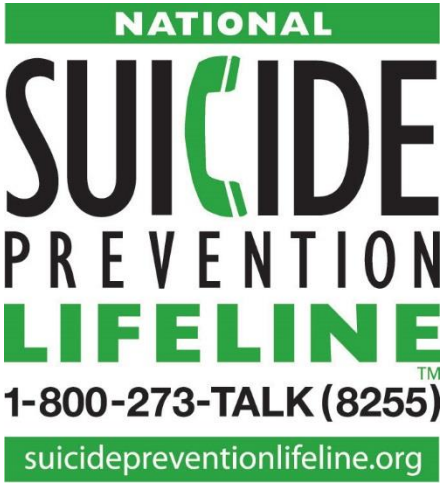
Resources

- Crisis text line: Home to 741-741
  OR https://www.crisistextline.org/topics/self-harm/#what-is-self-harm-1
- National crisis line 988
- https://www.k12.wa.us/student-success/health-safety/mental-social-behavioral-health/youth-suicide-prevention-intervention-postvention
- https://www.mentalhealthfirstaid.org/2018/12/how-to-help-someone-who-self-harms/
- https://www.nasponline.org/publications/periodicals/spf/volume-2/volume-2-issue-2-(winter-2008)/self-injury-and-youth-best-practices-for-school-intervention
- https://www.thetrevorproject.org/resources/article/support-for-self-harm-recovery/

Questions?

"School systems are not responsible for meeting every need of their students. But when the need directly affects learning, the school must meet the challenge."

(Carnegie Task Force on Education, 1985)



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