An Introduction to School-Based Crisis Response: Suicide & Self-Harm

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Presentation Outline

• Introductions
• Tough Topics: Critical Conversations
• Youth Suicide: A Brief Overview
Presentation Outline, cont.

• **Self-Harm (Non-Suicidal Self Injury)**
  – Definitions
  – Who Engages in NSSI?
  – Triggers & Potential Motivations
  – What to Look For
  – Myths vs. Fact
  – Treatment and Best Practices for Schools

• **Resources**

• **Questions / Comments / Discussion**
Introductions

NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS
Helping Children Thrive • In School • At Home • In Life

WS 2 Crisis Intervention & Recovery:
The Roles of School-Based Mental Health Professionals (2nd ed.)

Welcome! Please complete the workshop presenters' feedback. Thank you.
## PREPaRE CONCEPTUAL FRAMEWORK

<table>
<thead>
<tr>
<th>P</th>
<th>Prevent and prepare for psychological trauma</th>
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<tbody>
<tr>
<td>R</td>
<td>Reaffirm physical health and perceptions of security and safety</td>
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<td>E</td>
<td>Evaluate psychological trauma risk</td>
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<td>P</td>
<td>Provide interventions and</td>
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<td>a</td>
<td>Respond to psychological needs</td>
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<td>R</td>
<td>Examine the effectiveness of crisis prevention and intervention</td>
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www.nasponline.org/professional-development/prepare-training-curriculum
TOUGH TOPICS:
CRITICAL CONVERSATIONS
Tough Topics: Critical Conversations

• There is a growing awareness and concern about youth self-harm, suicide, and related issues (Trauma-Informed Schools movement).

• Suicide and self-harm pose significant challenges for school personnel and school crisis teams.

• There are many misconceptions about self-harm and suicide that inhibit appropriate treatment.
Tough Topics: Critical Conversations

• Schools often do not have well-articulated protocols for detecting, intervening, and preventing self-injury and suicide (Bubrick, Goodman, & Whitlock, 2011).

• Intervening on these sensitive topics can be frightening, upsetting, intimidating, and perplexing.

• School mental health professionals are likely to encounter these behaviors.
Tough Topics: Critical Conversations

“School mental health practitioners need strategies and skills to work with these students in schools, to communicate about the problem with caring adults in these youths’ lives, and to collaborate with treatment professionals.”

- Linda M. Kanan
YOUTH SUICIDE: A BRIEF OVERVIEW

Images: www.nasponline.org/suicideprevention
Youth Suicide: A Brief Overview

- **Youth suicide is a serious problem.**
  - Suicide is the leading cause of death among school age youth.
  - In 2015, approximately 18% of 9th to 12th graders seriously considered suicide with 9% having made an attempt one or more times.
  - Suicide rate for older teenagers increased by 76% between 2007 and 2017.
  - Suicide rate for children ages 10-14 nearly tripled in the last decade.

Youth Suicide: A Brief Overview

• **Suicide is preventable.**
  – Risk Factors
  – Warning Signs

• **There are protective factors that can lessen the effects of risk factors.**
  – Family and Peer Support
  – Healthy Problem-Solving Skills
  – Easy access to effective medical and mental health services
Youth Suicide: A Brief Overview

- Schools have an important role in preventing youth suicide.
  - Children and youth spend the majority of their day in school.
  - Schools need trained mental health staff and clear procedures for identifying and intervening with students at risk for suicidal behavior.
  - Schools need to ensure students feel connected and cared for.

www.nasponline.org/suicideprevention
Youth Suicide: A Brief Overview

There are many excellent models, curricula, and resources for schools to implement Suicide Prevention in the schools.
Youth Suicide: A Brief Overview

**Suggested Resources:**

- American Foundation for Suicide Prevention
- National Association of School Psychologists
- National Suicide Prevention Lifeline
  - 1-800-273-TALK (8255)
- OSDE Suicide Prevention Specialist (Project OK AWARE) and Engage Counselors Crisis Team Training
  - Cheryl McGee
  - Cheryl.mcghee@sde.ok.gov
- Trevor Project for Youth and LGBTQ
SELF HARM
(NON-SUICIDAL SELF INJURY)
Non-Suicidal Self-Injury (NSSI)

Many terms have been used to describe this behavior in the literature, including cutting, self-harm, self-injury, self-mutilation, self-violence, self-inflicted violence, parasuicidal behavior, and repetitive self-mutilation syndrome (RSM).

Non-Suicidal Self-Injury (NSSI) is defined as:

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

(Note: For the purposes of this presentation, not Major Self-Mutilation or Stereotypic Self Mutilation)

Bubrick, Goodman, & Whitlock, 2011.
NSSI: Important Considerations

• Research is limited – particularly in school settings.

• Those who engage in NSSI are diverse (not one trigger, not one diagnosis, not one profile).

NSSI: Potential Triggers

- Recent loss
- Perceived rejection
- Family conflict
- Intimacy problems
- Peer pressure
- Academic pressures
- Dissociation or body alienation related to trauma.

*The most common trigger for self-injury in youth seems to be interpersonal conflict*
NSSI: Motivations

Youth have described the behavior as a way to:

- “Feel less” or “Feel more”
- Reduce tension
- Communicate
- Control or express emotions
- Vent anger
- Physically express emotional pain
- Numb or dull pain
- Catharsis
- Feel “real”
- Feel a “rush” or pleasure state
- Engage in a “morbid form of self-help”

NSSI: Motivations

Rarely is the behavior:

• Public
• A social function to avoid punishment/negative actions
• Trying to get a reaction out of someone
• Painful to the individual

Simeon & Favazza, 2001, Lieberman, 2004
NSSI Cycle

“The cycle of self-injury tends to be one that includes increasing tension, anger, or distress before the injury, followed by a sense of relief or release after self-injury. After the act, guilt tends to build and tension repeats....”

-Linda Kanan

“A student who is actively self-mutilating often does not report feeling pain, but rather a sense of relief, release, calm, or satisfaction. They also often feel isolated and ashamed afterward.”

-Richard Lieberman
The most common method of injury is cutting the skin

- Burning
- Hitting one’s self
- Hitting objects
- Scratching the skin

- Biting
- Preventing wounds from healing
- Pulling out clumps of hair
- Placing objects under the skin
- Head banging

Who Engages in NSSI?

- Difficult to get accurate statistics
- 12-14% of adolescents have engaged in self harm

Kanan, Finger, & Plog, 2008; Simeon & Favazza, 2001; Lieberman, 2004; Image: Google Images
Who Engages in NSSI?

- Generally it appears that females are only somewhat more likely than males to self-injure
- Middle School, High School, and College women
- Average to high average intelligence
- Research does not appear to indicate any consistently reported significant differences for youth across ethnicities or socioeconomic backgrounds.

<table>
<thead>
<tr>
<th>Myth</th>
<th>Fact</th>
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<tr>
<td>All youth who self-injure are suicidal.</td>
<td>• Self-injuring youth are attempting to manage emotions; suicidal</td>
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<tr>
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<td>youth want to end all feelings.</td>
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<td></td>
<td>• Self-injurers do not typically express a desire to die.</td>
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<td>• Due to increased risk of suicide, lethality of thinking must be</td>
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<td>evaluated.</td>
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<td>Self-decoration is self-injury.</td>
<td>• The purpose of self-decoration is to fit in or find acceptance with</td>
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<td></td>
<td>a particular cultural or peer group.</td>
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<tr>
<td></td>
<td>• The purpose of self-injury includes the management of emotions or</td>
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<td></td>
<td>expression of feelings.</td>
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<tr>
<td>All youth who self-injure have</td>
<td>• Research is limited in generalizability and scope, as it typically</td>
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<tr>
<td>been sexually or physically abused.</td>
<td>comes from adult or clinical populations. The connection with</td>
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<td>trauma in youth is not clear.</td>
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<td>• Youth should be encouraged to tell their own histories, as</td>
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<td>perceived trauma may also play a role.</td>
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# NSSI: Myth vs. Fact

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<tr>
<th>Myth</th>
<th>Fact</th>
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<tr>
<td>All youth who self-injure have borderline personality disorder (BPD).</td>
<td>• This diagnosis should be discussed with great caution in school-age populations as it requires a pervasive pattern of behavior.</td>
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<tr>
<td></td>
<td>• The relationship between BPD and self-injury is likely exaggerated because self-injury is one of the BPD diagnostic criteria.</td>
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<tr>
<td></td>
<td>• Self-injury exists separate from BPD.</td>
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<tr>
<td>All youth who self-injure need to be hospitalized.</td>
<td>• Barring life-threatening injuries, accompanying suicidal intent/behavior, or another serious, comorbid disorder, a student is more likely to benefit from remaining in his or her normal routine with access to support for healthy coping skills.</td>
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Kanan, Finger, & Plog, 2008
NSSI vs. Suicide

- Self-injury and suicide are distinct in terms of their intent, mode of injury, lethality, chronicity, and age of onset.
- When youth are suicidal they are seeking to end all feeling and have given up on life.
- Engaging in self-injury is reported as trying to "feel better" and "cope with life," and the intent is to avoid suicide and remain alive.

NSSI Treatment

The goal of treatment should be to identify the source of distress, the function and maintenance of the self-injurious behavior, and to help the adolescent develop more appropriate replacement coping strategies.

Lieberman, 2004
NSSI Treatment

Empirically Supported Treatments:

- Cognitive–Behavioral Therapy / Dialectical Behavior Therapy / Manual Assisted CBT
- Family Therapy
- Medication to treat co-morbid conditions
NSSI Treatment

Contraindicated Treatments:

- No-Cutting Contracts
- Group Psychotherapy
- Physical Restraints
- Hypnosis
- Faith Healing
- Relaxation Therapy
- Electroconvulsive Therapy

# Treatment and Best Practices for Schools

## Levels of School Crisis interventions

<table>
<thead>
<tr>
<th>Indicated Crisis Interventions</th>
<th>Universal Crisis Interventions</th>
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<tbody>
<tr>
<td>Provided to those who were severely traumatized</td>
<td>Provided to all students who were judged to have some risk of psychological trauma</td>
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<tr>
<td>Typically a minority of crisis survivors; however, depending upon the nature of the crisis can include a significant percentage</td>
<td>Depending on the nature of the crisis, can include an entire school</td>
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<table>
<thead>
<tr>
<th>Selected Crisis Interventions</th>
<th>Tier 1</th>
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<tr>
<td>Provided to those who were moderately to severely traumatized</td>
<td>Caregiver Trainings</td>
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<tr>
<td>Following highly traumatic crises, can include an entire school</td>
<td>Classroom Meetings</td>
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<tr>
<th>Tier 2</th>
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<tr>
<td>Individual Crisis Intervention</td>
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<tr>
<td>Classroom-Based Crisis Intervention</td>
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<td>Student Psychoeducational Groups</td>
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<th>Tier 3</th>
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<tr>
<td>Psychotherapy</td>
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For more information, visit [www.nasponline.org/professional-development/prepare-training-curriculum](http://www.nasponline.org/professional-development/prepare-training-curriculum)
NSSI Treatment

Considerations for School Professionals:

• School personnel are not encouraged to be the primary treatment provider for students who self-injure.

• Only practice within the boundaries of training and competence.

• However, knowledge of effective interventions is necessary for school professionals to make appropriate treatment referrals and support school functioning.
Non-Suicidal Self-Injury (NSSI)

Avoid:

• Reacting with criticism, fear, or horror.
• Telling students to “just stop.”
• Assuming or allowing others to assume the behavior is attention-seeking.
• Techniques such as snapping a rubber band around the wrist, placing one’s hand in ice water, or using other methods that reinforce the student’s need to feel pain.
NSSI: Best Practices for Schools

1. Be able to identify youth who self-injure (physical and emotional signs).

### SIGNS OF RSM

Detecting students with RSM is difficult because of the secretive nature of the behavior. Adults can look for certain signs, however, that may also indicate other risk factors such as depression or abuse:

- Frequent or unexplained scars, cuts, bruises, and burns, (often on the arms, thighs, abdomen) and broken bones (fingers, hands, wrists, toes)
- Consistent, inappropriate use of clothing designed to cover scars
- Secrecive behavior, spending unusual amounts of time in the bathroom or other isolated areas
- General signs of depression
- Social and emotional isolation and disconnectedness
- Substance abuse
- Possession of sharp implements (razor blades, thumb tacks)
- Indications of extreme anger, sadness, or pain or images of physical harm in class work, creative work, etc.
- Extreme risk taking behaviors that could result in injuries.

Lieberman, 2004
NSSI: Best Practices for Schools

2. Correctly differentiate self-injury from suicide attempts.

3. Screen for co-morbid disorders

4. Provide awareness and knowledge to school personnel.

Non-Suicidal Self-Injury (NSSI)

5. Be aware and train others of their professional and ethical obligation to report dangerous behavior to parents and caregivers.

6. Educate students about the need to report.

7. Use a team approach to responding to students at school.

8. Develop understanding of recent stressors to aid in intervention planning.

Non-Suicidal Self-Injury (NSSI)

9. Provide appropriate school support for students. School practitioners are encouraged to respond initially by listening and acknowledging the feelings of these students.

10. Treat students individually and avoid contagion.

Kanan; Finger, & Plog, 2008; Yates, 2004; Purington & Whitlock, 2004
Non-Suicidal Self-Injury (NSSI)

11. Notify and provide resources to parents.

   - It is also important to help students identify at least one adult at school to whom they can turn if the impulse to self-injure occurs at school.
   - Strategies that can be included in safety plans are: journaling, listening to soothing music, going for a walk or any other kind of exercise, calling a support person, creating artistic expressions, practicing deep breathing, and imagining oneself in a safe place.

Kanan; Finger, & Plog, 2008; Yates, 2004; Purington & Whitlock, 2004
Non-Suicidal Self-Injury (NSSI)

13. Collaborate with community support.
   - Obtain a release to communicate with the student’s treatment provider in the community.
   - Make appropriate referrals

Lieberman, 2004; Bubrick, Goodman, & Whitlock, 2011
14. Develop a protocol and incorporate NSSI into safety and crisis team plans:

- Protocols are useful in guiding school personnel responses to situations that many find uncomfortable or unable to manage.

- Assures that a school’s legal responsibilities and liabilities are addressed

- Staff know how to respond to self-injury systematically and strategically.

Lieberman, 2004; Bubrick, Goodman, & Whitlock, 2011
Example Protocol

Bubrick, Goodman, & Whitlock, 2011
Non-Suicidal Self-Injury (NSSI)

15. School-based helpers of students with severe behaviors are also encouraged to find their own support system as personal reactions may need monitoring over time (Self-Care; Caring for Caregivers)

Resources

- American Self Harm Information Clearinghouse
- National Mental Health Association (Fact Sheet)
- Sample School Policies/Protocols and Publications Giving Guidance
- Secret Shame/Self-Injury Information & Support
- Seeking Solutions to Self-Injury: A Guide For School Staff
- Self-injury Outreach and Support
- Self-injury Recovery & Resources
Resources: Online Trainings

• Cornell Research Program for Self-Injury and Recovery Training (Non-Suicidal Self-Injury 101)

• Signs of Self-injury Prevention Program
Questions / Comments / Discussion
Contact Us!

• Erika Olinger
  – Erika.olingar@sde.ok.gov

• Trisha Goga
  – Trisha.goga@sde.ok.gov

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References


References

Suicide Prevention Resource References:

• American Foundation for Suicide Prevention:
  – https://afsp.org/

• National Association of School Psychologists:

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

• OSDE Suicide Prevention Specialist (Project OK AWARE) and Engage Counselors Crisis Team Training:
  – https://sde.ok.gov/prevention-education

• Trevor Project for Youth and LGBTQ:
  – http://www.thetrevorproject.org/
NSSI Resource References:

- American Self Harm Information Clearinghouse:  
  - http://selfinjury.org/
- National Mental Health Association (Fact Sheet)  
- Sample School Policies/Protocols and Publications Giving Guidance  
  - www.selfinjury.bctr.cornell.edu/documents/schools.pdf
- Secret Shame/Self-Injury Information & Support  
  - http://www..palace.net/~llama/psych/injury.html
- Seeking Solutions to Self-Injury: A Guide For School Staff:  
- Self-injury Outreach and Support  
  - http://sioutreach.org/
- Self-injury Recovery & Resources  
  - http://www.selfinjury.bctr.cornell.edu/
NSSI Online Trainings:

• Cornell Research Program for Self-Injury and Recovery Training (Non-Suicidal Self-Injury 101)
  – Available at www.selfinjury.bctr.cornell.edu/training.html

• Signs of Self-injury Prevention Program.
  – Available from Screening for Mental Health, Inc. at www.mentalhealthscreening.org/products/signs-of-self-injury-/youth-prevention-programs-1