



**McGill**

Faculty of  
Education



# UNDERSTANDING NON-SUICIDAL SELF-INJURY

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# INTRODUCTION

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PhD Student, Counselling Psychology

**Laurianne Bastien, B. A.**

M.A. Student, Educational Psychology - Human Development



# BACKGROUND: SOURCE OF INFORMATION

## Self-Injury Outreach and Support

Over 165 countries

- 2000+ new visits every month



## ISSS: International Society for the Study of Self-Injury

- Founders: Heath, Whitlock, Nock, Gratz, Klonsky, Muehlenkamp, Walsh, Lader

# ISSS O

INTERNATIONAL SOCIETY FOR THE STUDY OF SELF-INJURY

## ICSES : International Consortium on Self-Injury in Educational Settings:

- Hasking, Heath, Lewis, Plener, Whitlock, Walsh, Muehlenkamp, Kress, Wilson



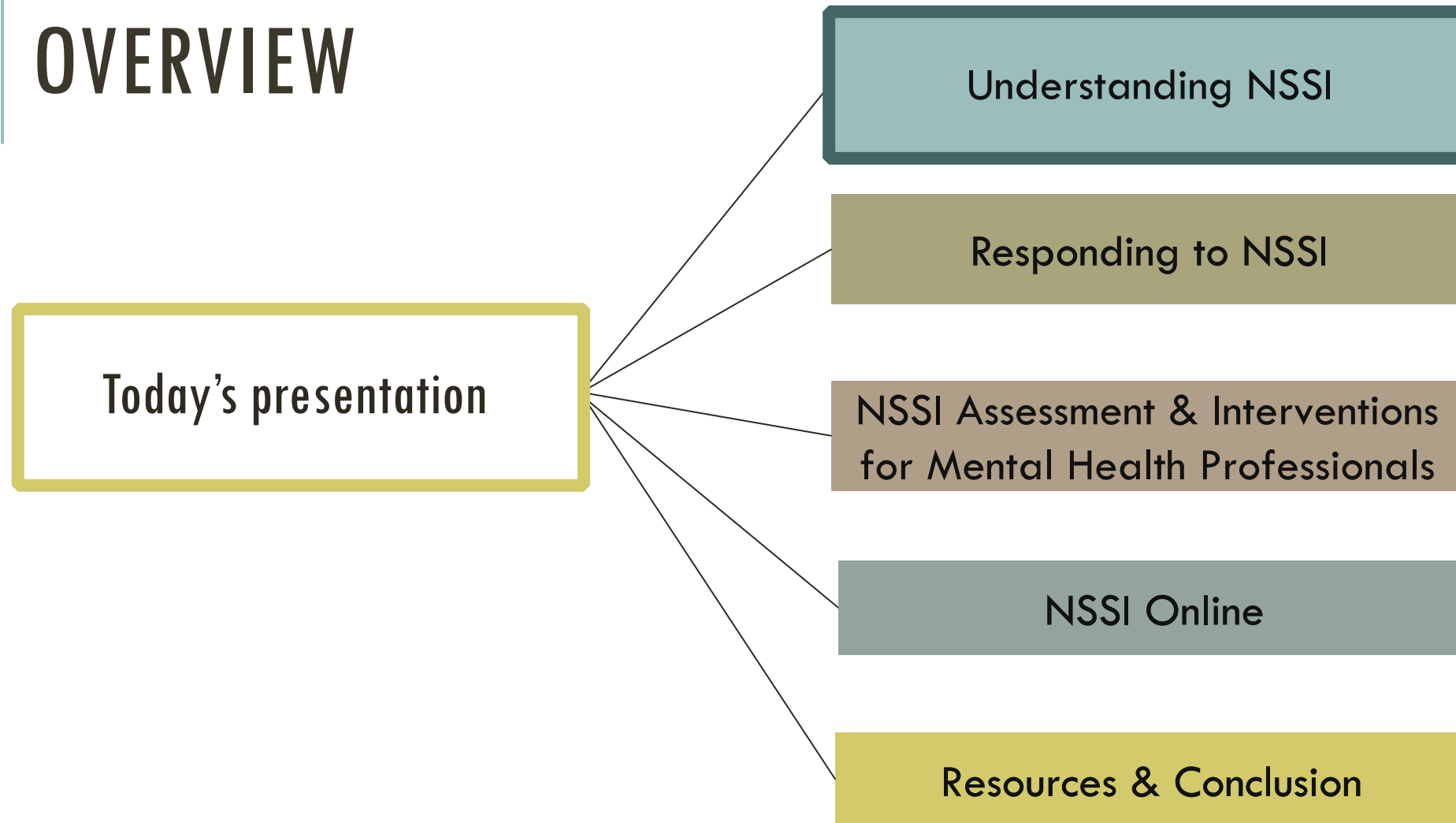
# WHAT ROLE DO YOU IDENTIFY WITH?



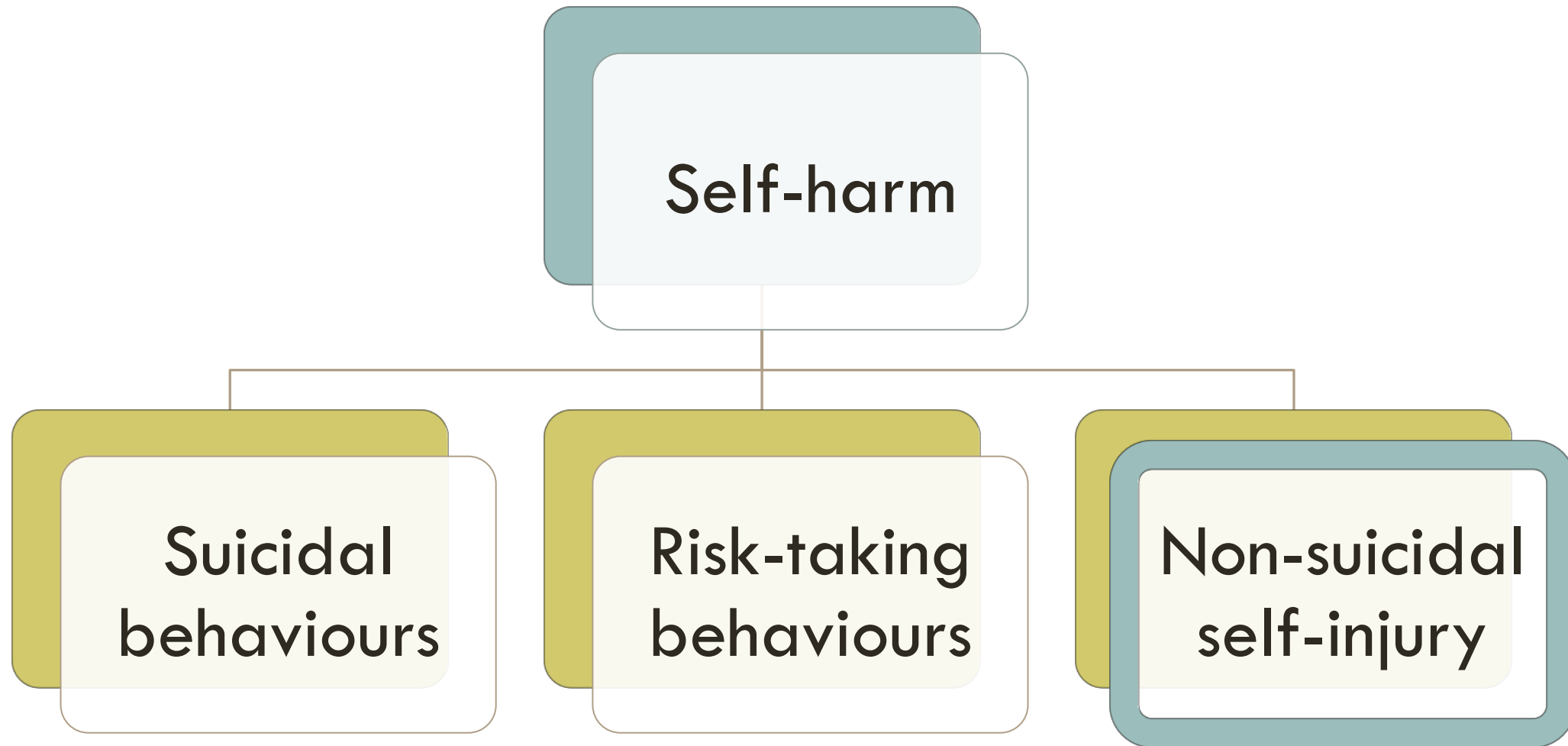
- Educator/teacher
- Mental health professional
- Parent
- Friend/partner/someone with lived experience of self-injury
- All of the above
- Other

❖ Please respond to the poll

# OVERVIEW



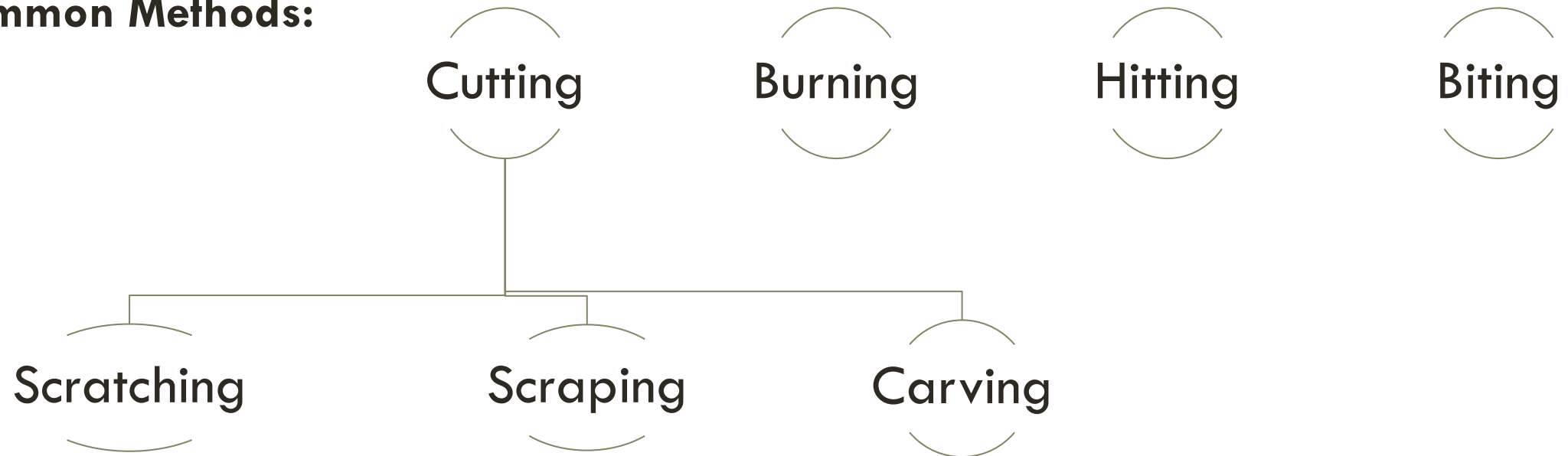
# SELF-HARM VS NSSI



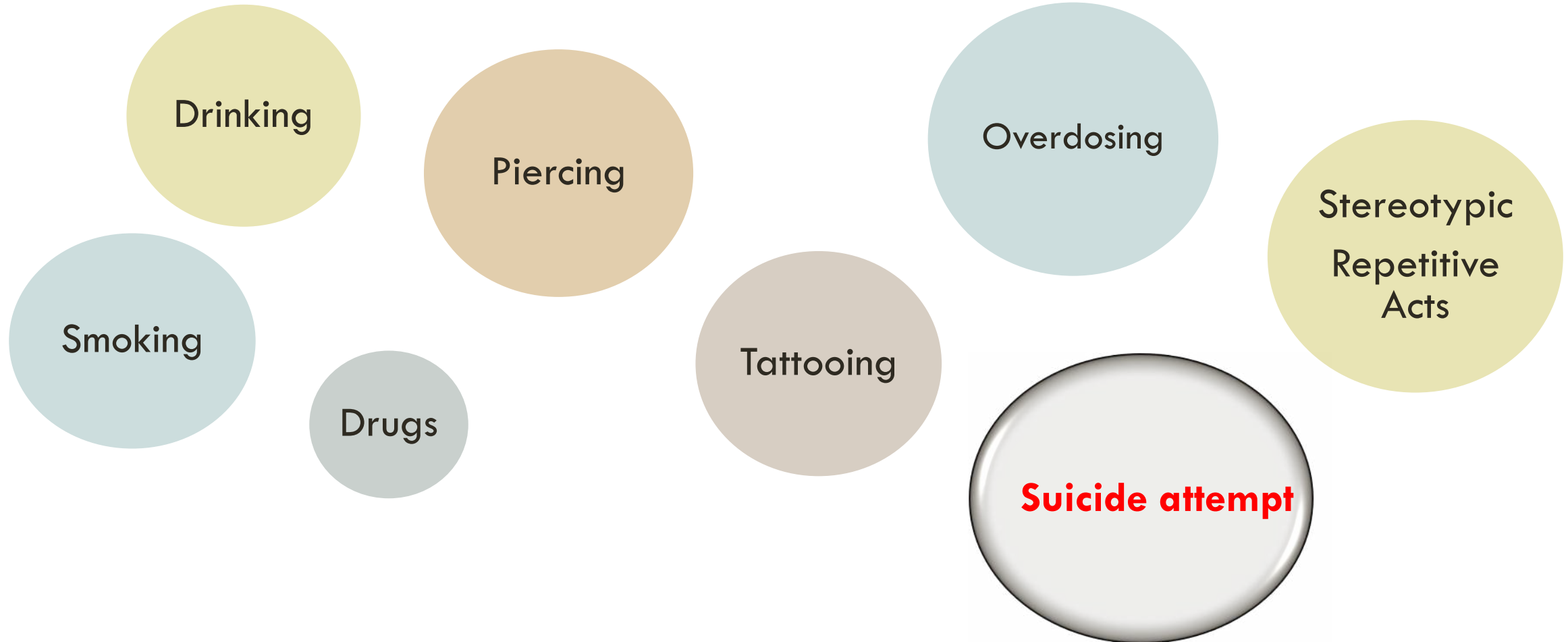
# NON-SUICIDAL SELF-INJURY (NSSI)

Deliberate immediate destruction of body tissue in the absence of suicidal intent and for reasons that are not culturally/socially acceptable

## Common Methods:



# EXCLUSIONS

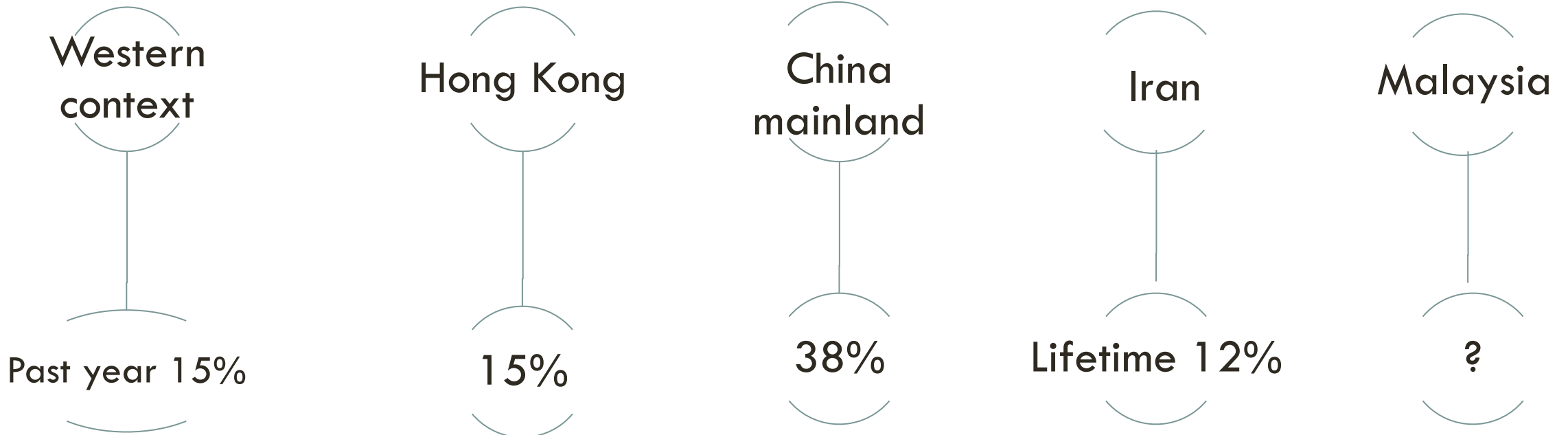




# NSSI PREVALENCE

**Challenge across cultural contexts:  
under reporting due to stigma**

**Need to study this  
anonymously**



(Gholamrezaei, Heath, & Panaghi, 2017; Hankin & Abela, 2011; Heath et al., 2011; Lewis & Arbutnott, 2012; Klonsky, 2011; U.S. Center for Disease Control & Prevention, 2011; You, Leung, & Fu, 2012)

# COMMON MYTHS

## Myth #1

Only teenage girls self-injure



## Fact #1

People of all ages, genders, cultures, and education levels self-injure.  
In university settings, males & females equally engage in NSSI (prevalence=16-24%)

## Myth #2

People who self-injure are attention seeking



## Fact #2

For most people, self-injury is a means of coping with intense or unwanted emotions, and they will go to great lengths to conceal the self-injury

# COMMON MYTHS CONT'D

## Myth #3

Self-injury is a phase or a teen fad that people grow out of



## Fact #3

Self-injury is NOT a trend, a fad, or a phase. Self-injury is an attempt to cope with some very difficult feelings. It is often referred to as an 'unhealthy coping strategy.'

## Myth #4

People who self-injure are mentally ill or have a personality disorder



## Fact #4

Sometimes self-injury is a symptom of borderline personality disorder. However, many people who self-injure do NOT have a personality disorder or any diagnosable mental health disorder

## Myth #6

People who self-injure are suicidal



## Fact #6

While the relationship between self-injury and suicidality is complex, self-injury does not necessarily mean suicidality

# NSSI AND SUICIDE

	<b>NSSI</b>	<b>SUICIDE</b>
<b><i>Expressed intent</i></b>	To feel better	To stop feeling/end life
<b><i>Methods used/level of damage</i></b>	Cause superficial damage to body	More lethal
<b><i>Frequency</i></b>	Regular use/off and on	Infrequent
<b><i>Level of psychological pain</i></b>	Level of distress is usually lower	Greater level of distress

# NSSI AND SUICIDE

NSSI confers **7 fold increase** in risk for suicide



**Individuals Who Self-injure NEED A  
Suicide Risk Assessment  
Initially & on an ongoing basis**

# UNDERLYING MOTIVATIONS FOR NSSI

*Why do we self-injure?*

“Well, it’s rather simple...because we’re feeling such immense emotional pain that the physical pain is nothing...if anything, it relieves it for a time...”



# MAIN REASON: EMOTION REGULATION

**NSSI =**  
*unhealthy coping strategy & a sign of  
distress*

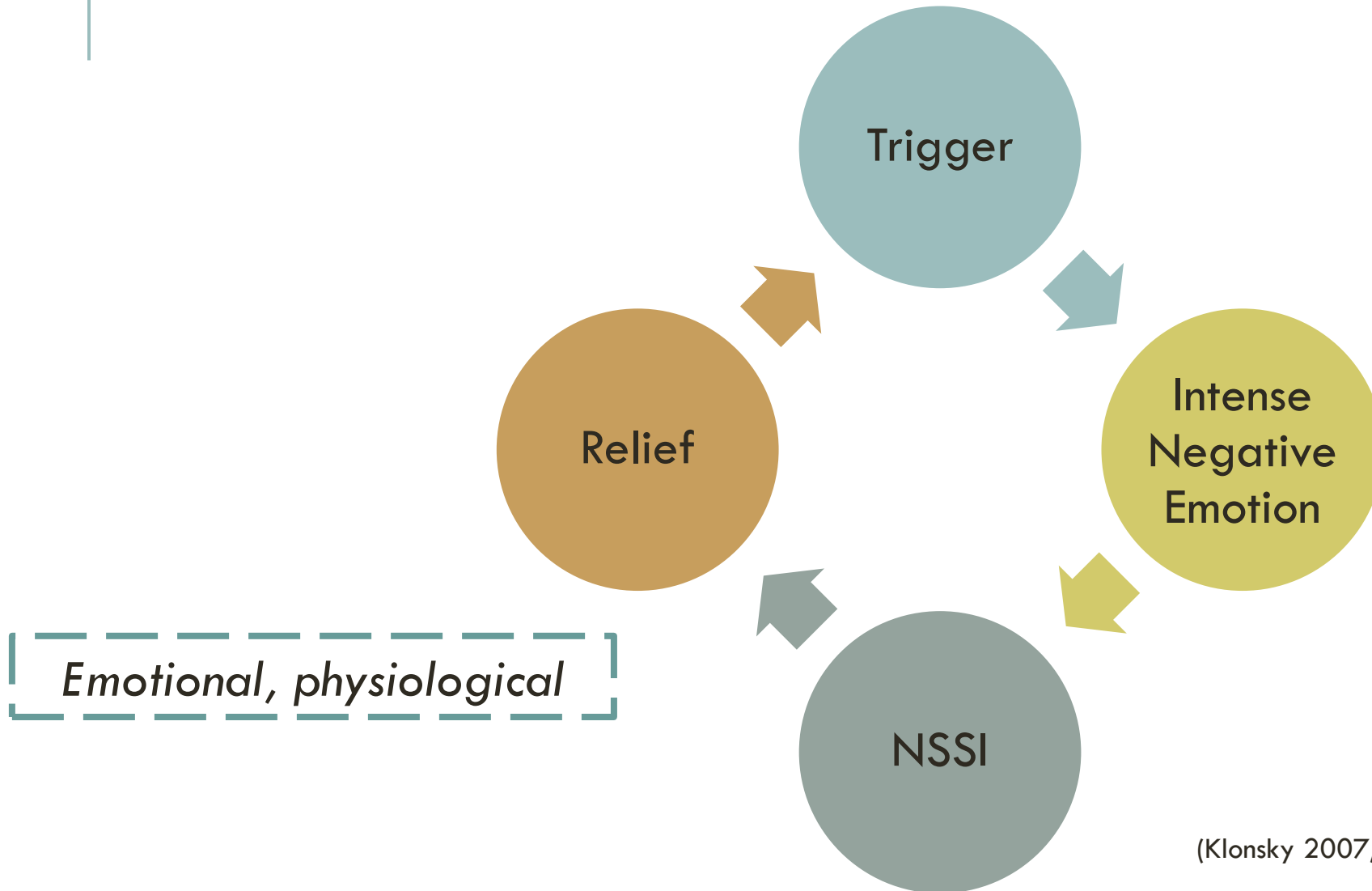
**Emotional  
reactivity**

**Emotional  
intensity**

**Slow  
recovery**

***Emotionally these individuals have a Ferrari engine with a  
Toyota transmission (Hollander, 2008)***

# PATTERN SUPPORTED BY SIGNIFICANT EVIDENCE



(Klonsky 2007, 2009; Klonsky et al., 2011; Lewis & Santor, 2010; Nock & Prinstein, 2004, 2005)



# MOTIVATIONS FOR NSSI

## Internal

### Emotion Regulation

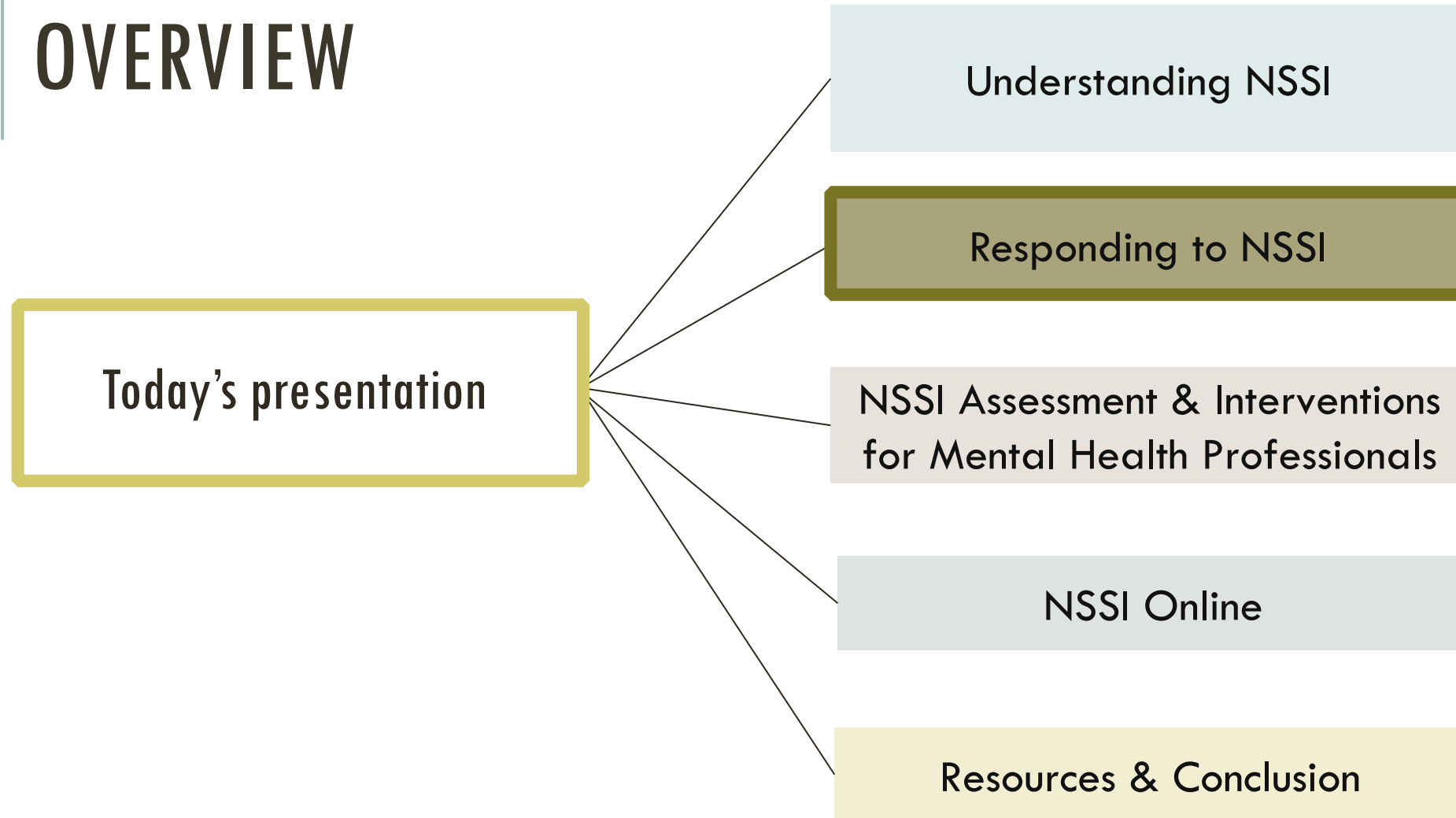
- ❖ Reduce a feeling/ thought (anxious, inner critic, tension, numbness)
- ❖ Feel something (calm, alive)
- ❖ Avoid suicide impulses
- ❖ Distract from problems

## Social

- ❖ Communicate distress to others
- ❖ Get a response from others (help, caring)
- ❖ Create bond
- ❖ Stop a consequence (e.g., a relationship from ending)

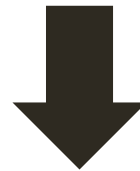
**Key Points: Seldom one function; these are not static and may change over time.**

# OVERVIEW



# HOW TO IDENTIFY WHEN NSSI IS OCCURRING?

The most common way to identify the behaviour is through **indirect disclosure** (e.g., friend, family, loved ones)



Given that there is a lot of stigma around self-injury individuals may feel shame/embarrassment and will keep the behaviour a secret. Thus, it is very difficult to spot/identify that someone is engaging in self-injury.

# HOW TO RESPOND TO NSSI



**First response** can influence the individual's future help-seeking, willingness to discuss their NSSI, and accepting of support

Do	Don't
✓ Communicate caring and concern <b>calmly and respectfully</b>	X Communicate shock, horror or anger
✓ Be honest about how worried you are	X Encourage descriptions of the self-injury
✓ Listen <b>non-judgmentally</b>	X Give ultimatums or try to “force” them to stop
✓ Use their language	X Judge or analyze what is going on
✓ Make the individual aware that you know the difference between NSSI and suicide	X Ask why questions (e.g., “But why are you doing this to yourself?”)
✓ Decrease stigma by framing NSSI as an <b>unhealthy coping behaviour</b>	X Go silent or not talk about the self-injury X Give advice or tell stories of other individuals with NSSI

Do not make the first response about stopping self-injury

# POLL



## 1. Have you interacted with someone engaging in NSSI?

- Yes
- No

## 2. If yes, in what context?

- My child
- My friend
- Romantic partner
- Client/patient/student
- My own lived experience with self-injury
- All of the above
- Other

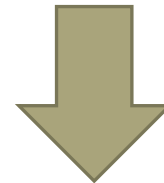
# HOW TO RESPOND AS A FRIEND/PARTNER



Same as general  
first response



Getting your own support &  
learning about the behaviour



Understand that ...

They are **NOT** trying to **manipulate** or **control** you. They may engage in the behaviour when something happens with you (e.g., argument/fight), but they are only trying to **cope with the negative emotions**.

# HOW TO RESPOND AS A PARENT



**As a parent, you can't control your child. Your child is not trying to manipulate you by engaging in self-injury**

1. Do not ignore the problem
2. Build trust with your child and provide them with support
3. Listen without trying to correct the problem
4. If your child is not at immediate risk, talk to them before taking them to a professional or encourage them to see a professional
5. Maintain a positive outlook when communicating with your child
6. Seek support for yourself (e.g., from a professional or supportive other)
7. Learn about self-injury

# HOW TO RESPOND IN SCHOOLS

**If you are seeing NSSI in school...**

1. Resources need to be made available to students
2. Need to have a school protocol in place

**NSSI is a common occurrence in schools  
BUT we are not seeing it  
because of stigma**



# Sample school protocol



See:

❖ SioS: <http://sioutreach.org>

❖ ICSES: <http://www.icsesgroup.org>



## NON-SUICIDAL SELF-INJURY PROTOCOL

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### What are the signs of self-injury?

Because self-injury is so secretive, there are not a lot of easy signs to recognize. However, the following should concern you:

- Signs of cuts, scratches, burns, or bruises
- Frequently wearing clothing that is inappropriate for the weather e.g., wearing long sleeves in heat
- Reluctance to take part in activities that require a change of clothing e.g. gym class, swimming, sports
- Expressing ideas of self-injury in classwork, personal writing, or conversations

### Why do students engage in self-injury?

Those who self-injure most commonly report that self-injury helps them cope with overwhelming stress or difficult and/or painful emotions like anxiety, anger, or numbness. Some people use self-injury to punish the self, or to communicate difficult feelings they are experiencing.

### Why is a Non-Suicidal Self-Injury (NSSI) school protocol important?

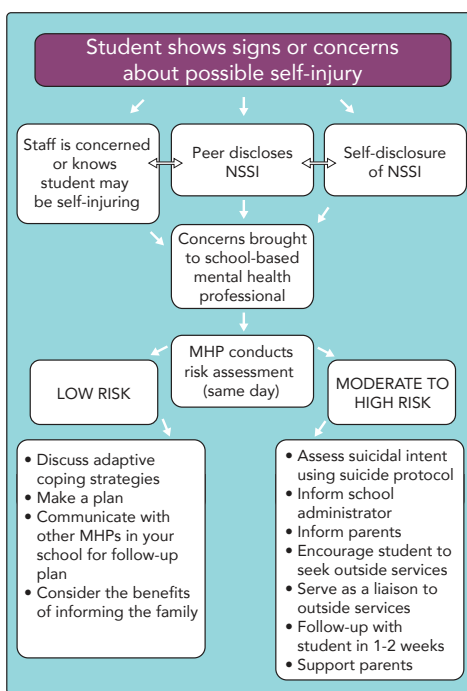
The NSSI protocol is meant to help school staff develop guidelines based on best practices, so that they are better equipped to handle situations related to NSSI. Given the high degree of emotional distress that can be present in youth who engage in NSSI, following the protocol ensures students and staff receive appropriate supports in a timely fashion. The school-based mental health professional will use clinical judgment in implementing the protocol based on the situation and context.

### Who is my school-based mental health professional (MHP)?

Individuals equipped to conduct an evaluation of youth who engage in NSSI include a school psychologist or guidance counselor. In the event that these members of the team are absent from the school, a back-up plan can be discussed by contacting the Director of Student Services.

Following an evaluation of severity and intensity of NSSI, students will be identified as either low risk or high risk.

- **Low risk** refers to students with manageable amounts of stress, some alternative positive coping skills, and some established external supports. The coping method of NSSI is used on a short-term basis.
- **Moderate to high risk** refers to students with chronic and long-term stressors, few positive supports, few alternative coping strategies, and more frequent and long-term use of NSSI as a coping method.



### When are parents notified?

Following an evaluation of NSSI by the school MHP, they will decide if and when to contact parents. An overview of risk and protective factors is taken into consideration in determining the urgency of parental involvement. Resources shared in this protocol may be shared with parents.



For all questions and concerns, please contact your school based mental health professional(s).

### What should I say to a student who tells me about a friend who self-injures?

DO	DON'T
Reassure the reporting student that they are being a good friend by finding their friend support.	Don't approach the student or ask other students questions.
Try to elicit information from the reporting friend without prying. For example, you can ask them: What makes you think that your friend self-injures? What do you know? How do you know? Can you tell me more?	Don't promise the reporting friend confidentiality.
Encourage the reporting student to talk to someone for his/her own support.	Don't share identifying information about the student to anyone.

### What should I say to a student who tells me about their self-injury?

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### General best practices in supporting students who self-injure.

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For a more complete list of Dos and Don'ts, refer to: [http://sioutreach.org/learn/school-professionals#\\_rstrresponse](http://sioutreach.org/learn/school-professionals#_rstrresponse)

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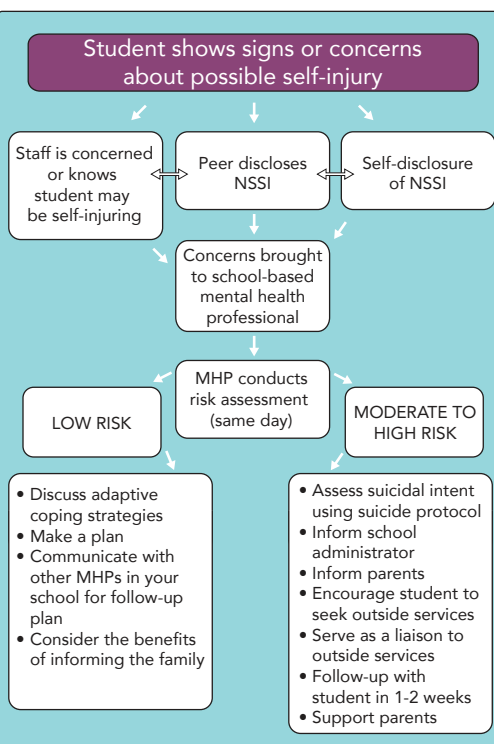
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This protocol was created in collaboration with Dr. Nancy Heath's research team at McGill University.





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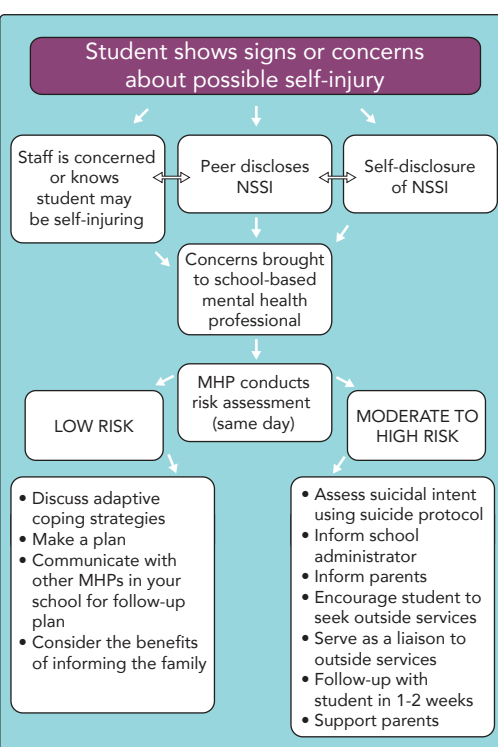
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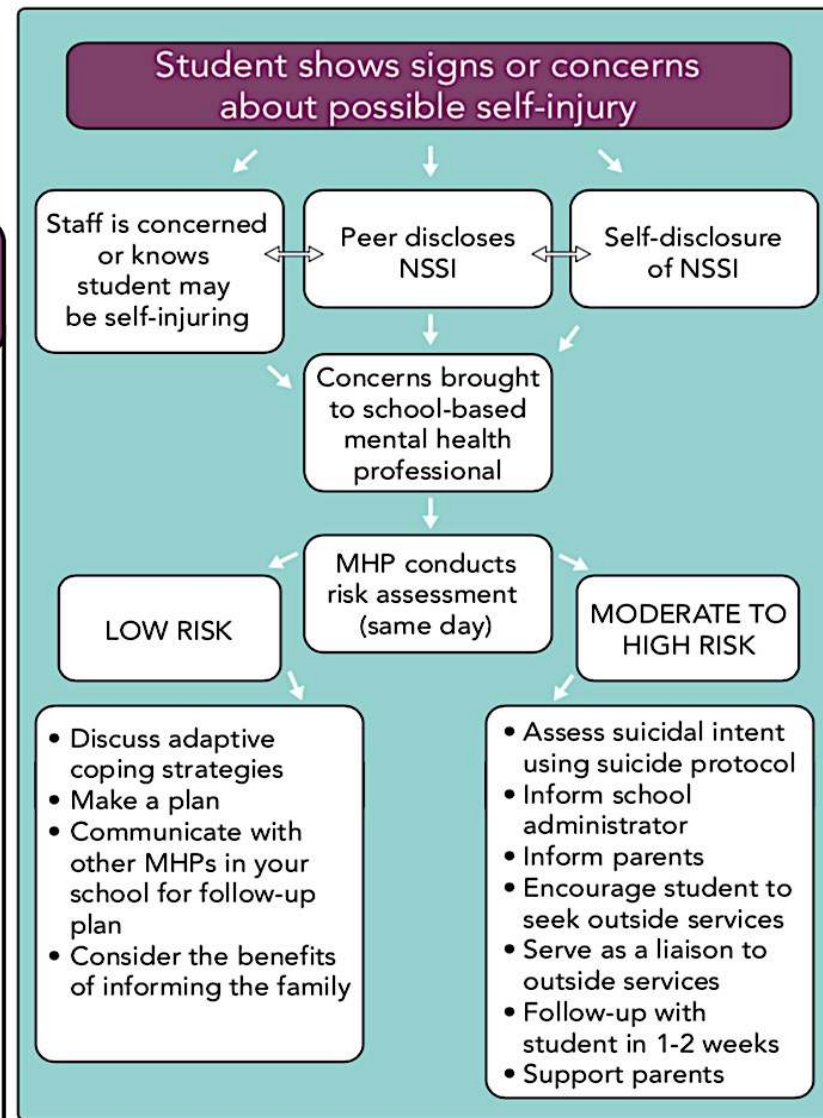
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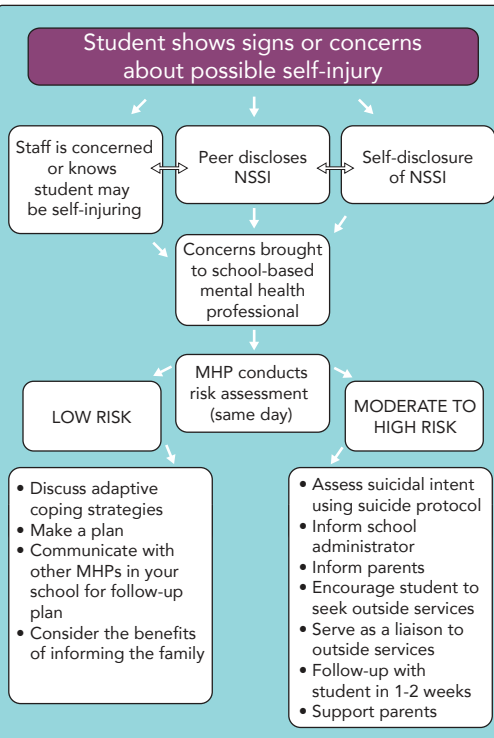
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Document in detail your conversation with the reporting friend.

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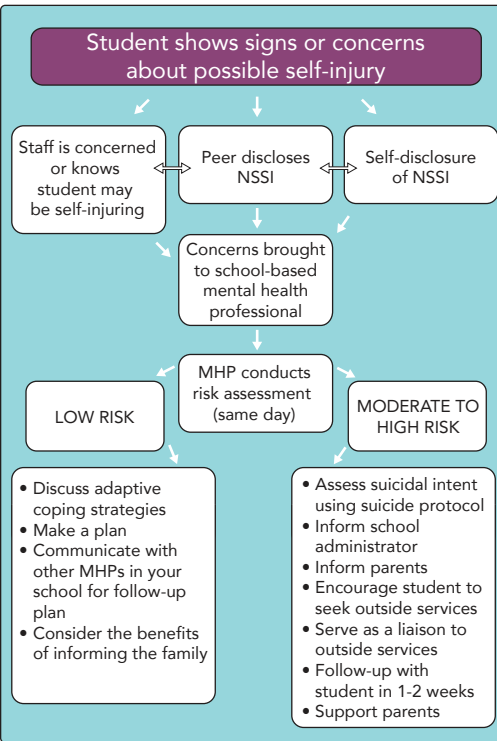
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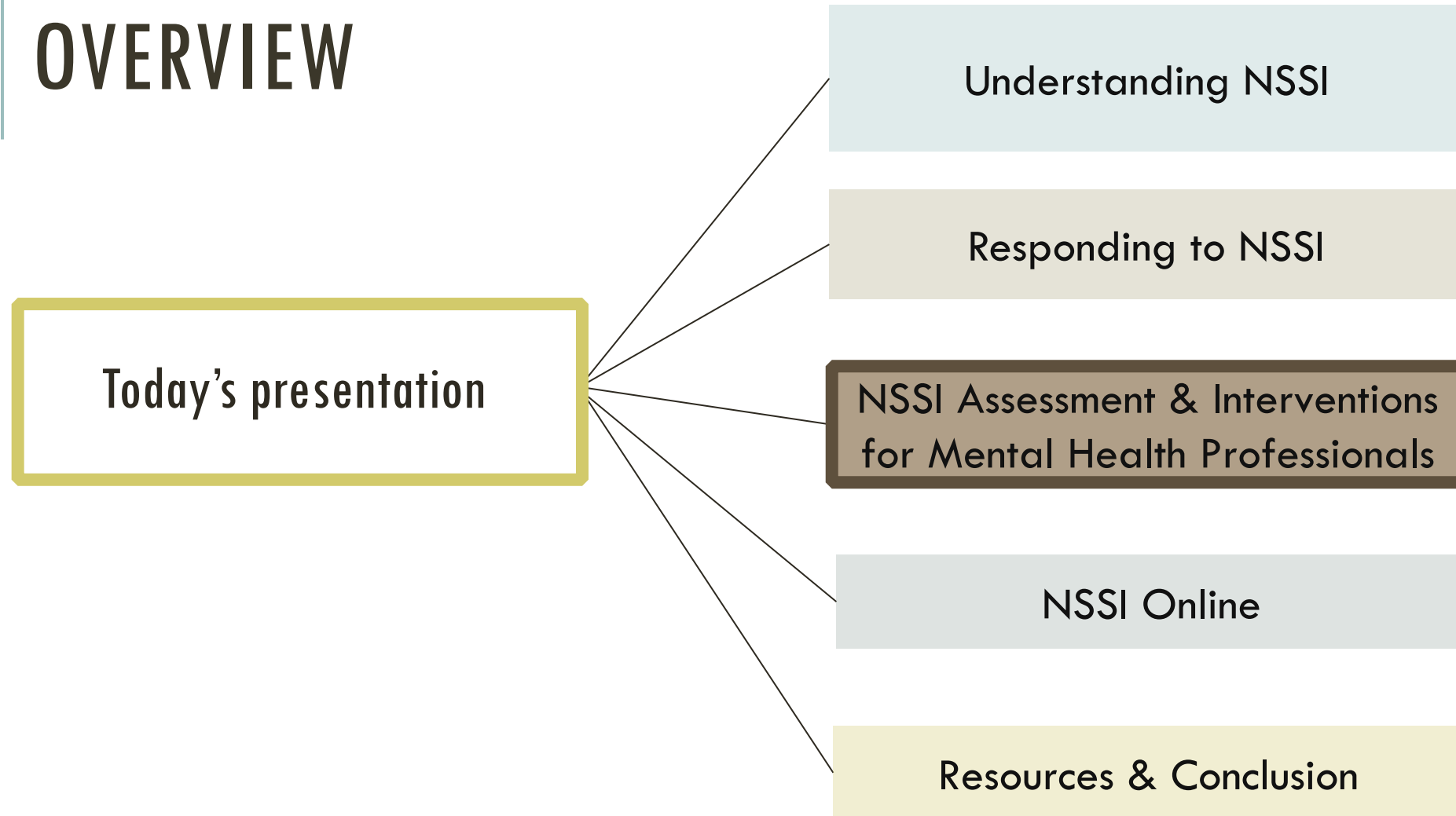
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Revised on October 7, 2018

# OVERVIEW



# INITIAL RISK ASSESSMENT



## KEY ELEMENTS TO ASSESS

Stress level

Alternative coping mechanisms

Perceived level of social support

Suicidal thoughts/behaviours (as part of a larger suicide risk assessment)

**Individuals should never be forced to reveal their self-injuries**

# RISK PROFILE



## Low Risk

## High Risk

Manageable amount of stress

Chronic and long-term stress

Some alternative healthy coping skills

Few alternative healthy coping skills

External support

Little support

NSSI is used on a short-term basis

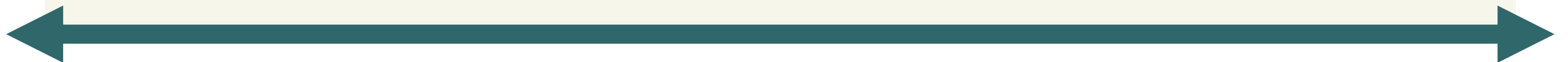
Frequent and long-term use of NSSI as coping

NSSI superficial scratching

NSSI requires medical care

Hopeful for change

Hopeless for change



# RISK ASSESSMENT

## Suicide Risk Assessment

- ❖ Standard Suicide Risk assessment
- ❖ Clarify with the individual that you are aware that NSSI is not Suicide but that many of those who self-injure may also have thoughts of suicide
- ❖ Repeat over time, explain to individual that you need to check in, because feelings change

# RAPPORT/ALLIANCE

## Challenges:

- Stigma associated with the behaviour
- Fear of being judged (e.g., shame from family)
- Cultural resistance to seeking mental health support



## Result:

Disconnect in their presentation to you and their inner thoughts about the process



## Need to provide psycho-ed:

- Make them understand that self-injury is not as uncommon as they may think
- Stopping the behaviour is not the primary aspect

# INTERVENTION WITH LIMITED RESOURCES

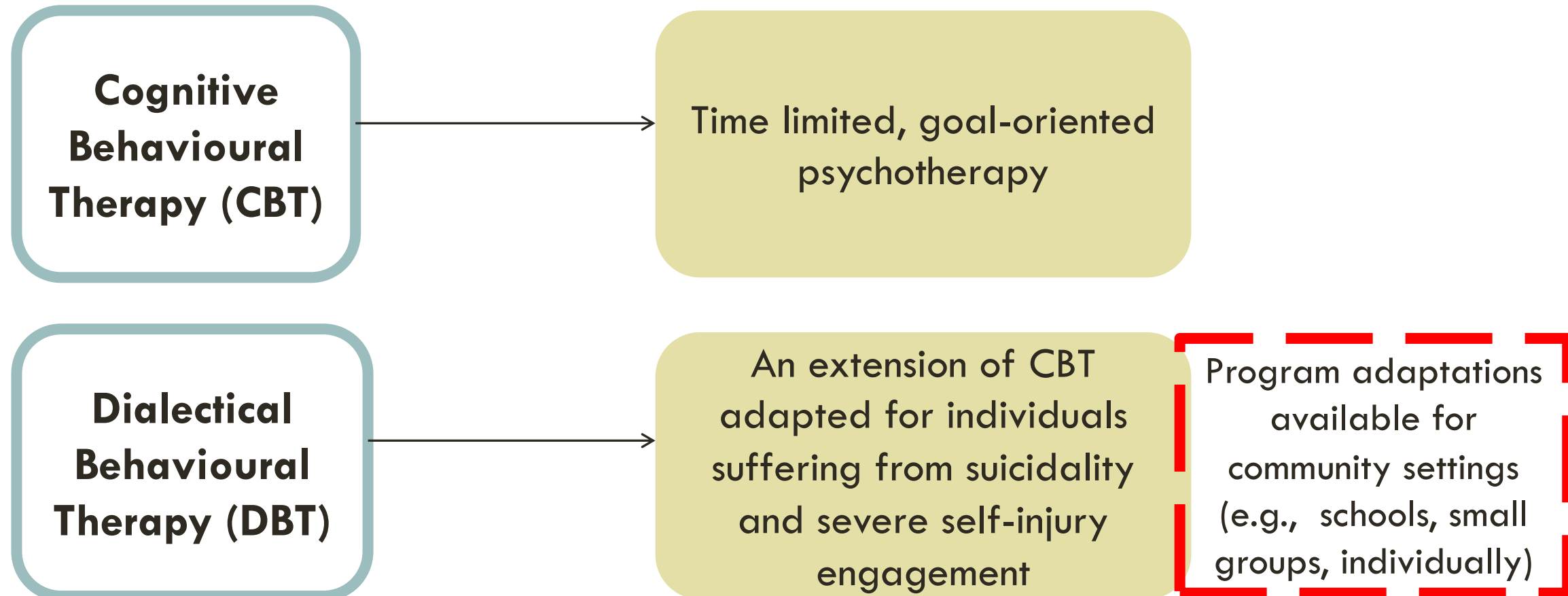
A little makes a huge  
difference

**A good first response on its  
own can lead to change**

If there is absence of  
suicidality

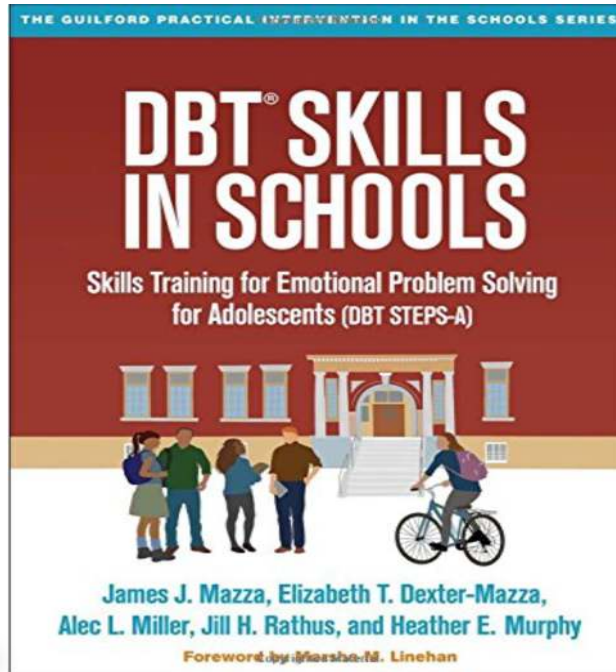
**Ongoing risk monitoring  
&  
short term skills building**

# RECOMMENDED INTERVENTION: BEST PRACTICES

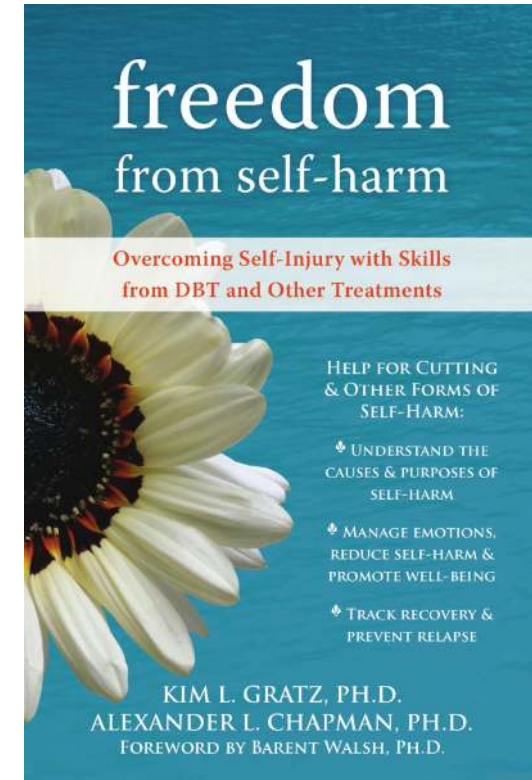




# RECOMMENDED INTERVENTIONS



Available through Amazon



Mazza, J. J., Dexter-Mazza, E. T., Miller, A. L., Rathus, J. H., & Murphy, H. E. (2016). Guilford Publications.

Chapman, A. L., & Gratz, K. L. (2009). New Harbinger Publications.

# STRENGTHS OF THE PROGRAM



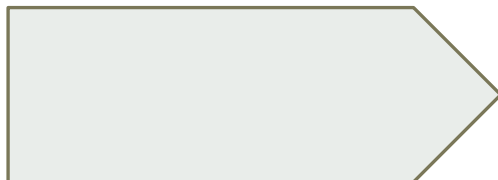
Social emotional skills based universal program - no special training needed!



Can be used as a universal or targeted group program

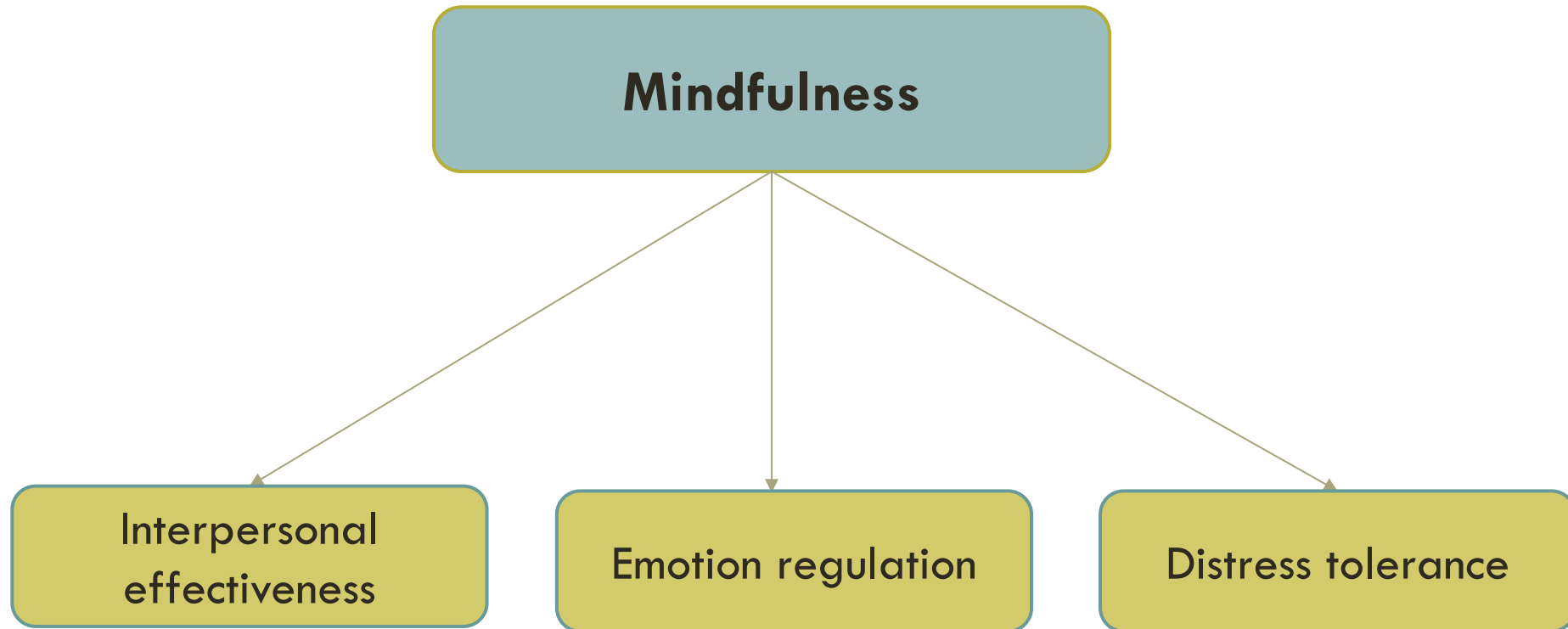


Can be used as resource in your one-on-one skills-based intervention



Manualized “lessons”, with homework and specific skills

# KEY RECOMMENDED ELEMENTS OF THE PROGRAM



# EXAMPLE #1

## Distress Tolerance

## TIP

### Distress Tolerance: TIP Skills for Managing Extreme Emotions

Use these skills when emotional arousal is very high!

- You are completely caught in emotion mind.
- Your brain is not processing information.
- You are emotionally overwhelmed.

**TIP your body chemistry to reduce extreme emotion mind quickly with:**

#### TEMPERATURE

**Tip the temperature of your face with cold water to calm down fast.**

Holding your breath, put your face in a bowl of cold water; keep water above 50°F. Or hold a cold pack or zipper-lock bag with ice water\* on your eyes and cheeks, or splash cold water on your face. Hold for 30 seconds.

#### INTENSE EXERCISE

**To calm down your body when it is revved up by emotion.**

Engage in intense aerobic exercise, if only for a short while. Expend your body's stored-up physical energy by running, walking fast, jumping rope or jumping jacks, playing basketball, weightlifting, or putting on music and dance. Don't overdo it!

#### PACED BREATHING

**Slow your pace of breathing way down** (to about 5-7 in- and out-breaths per minute). Breathe deeply from the abdomen. Breathe out more slowly than you breathe in (e.g., 4 seconds in and 6 seconds out). Do this for 1-2 minutes to bring down your arousal.

# EXAMPLE #2

## Emotion Regulation

# WAVE SKILL



### Emotion Regulation: The Wave Skill— Mindfulness of Current Emotions

#### EXPERIENCE YOUR EMOTIONS

- When you have an emotion, observe it.
- Step back and just notice it.
- Get unstuck.
- Experience it as a WAVE, coming and going.
- Don't try to GET RID of it or PUSH it away.
- And don't try to HOLD ON to it.

#### PRACTICE MINDFULNESS OF EMOTIONAL BODY SENSATIONS

- Notice WHERE in your body you are feeling emotional sensations.
- Experience the SENSATIONS as fully as you can.

#### REMEMBER: YOU ARE NOT YOUR EMOTIONS

- You don't need to ACT on a feeling.
- Remember times when you have felt differently.

#### DON'T JUDGE YOUR EMOTIONS

- Radically accept an emotion as part of you.
- Invite it home for dinner; name the emotion.
- Practice *willingness* to experience the emotion.

# FAMILY/PARENTAL INVOLVEMENT

Help parents/caregivers understand

Psycho-education re: de-  
stigmatize NSSI

Help parents/caregivers communicate  
& ensure they are supported

Open, willing & attending to  
emotional needs of the individual

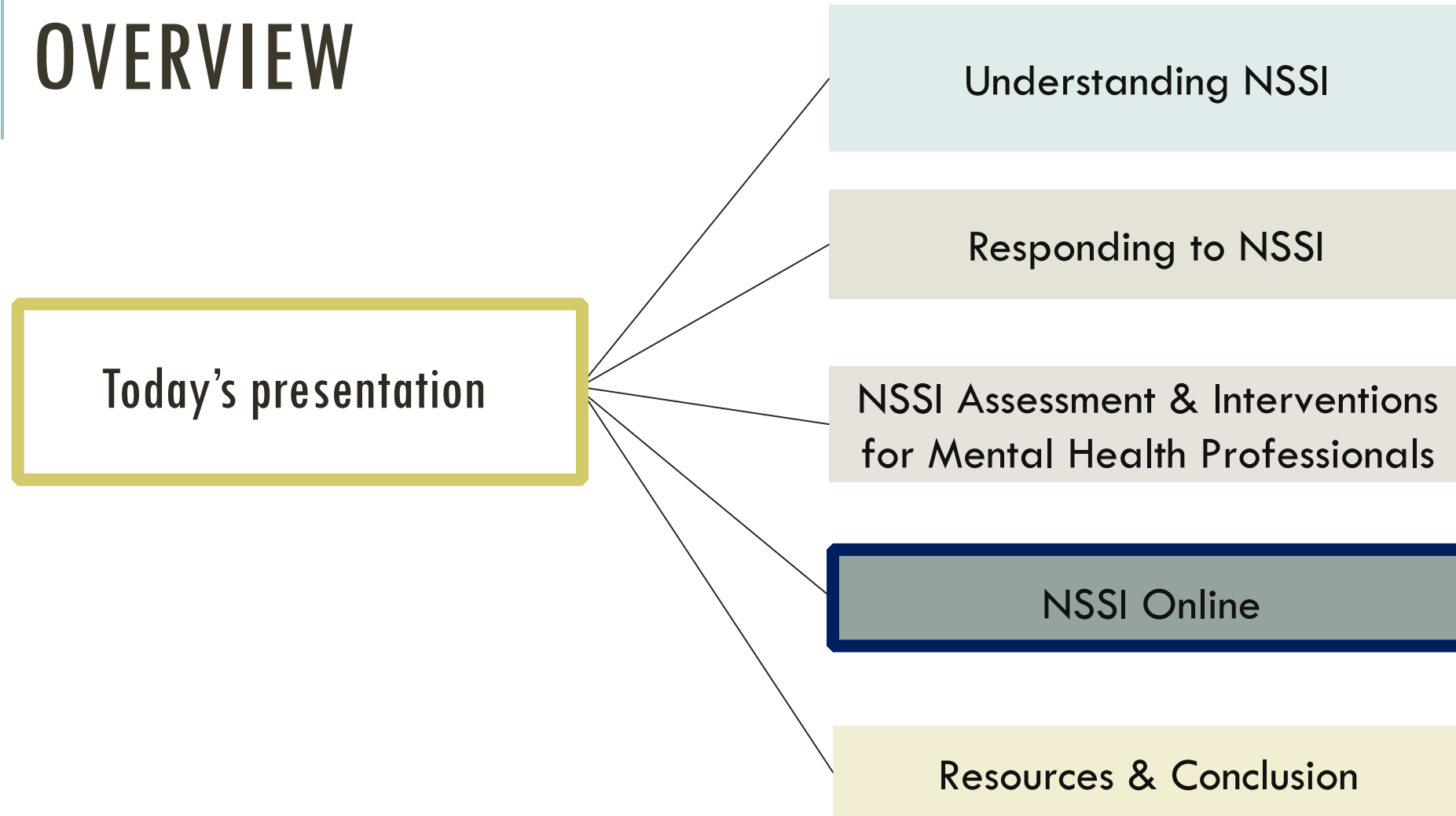
Provide parents/caregivers with additional resources to (a)  
better understand NSSI (b) support themselves and their child

**See article:** “Helping schools support caregivers of youth who self-injure: Considerations and recommendations” (Whitlock et al., 2018)

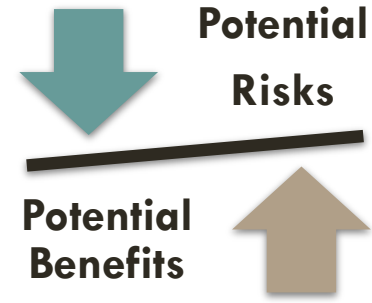
**See book:** “Healing Self-Injury: A Compassionate Guide for Parents and Other Loved Ones” (Whitlock & Lloyd-Richardson, 2019)

(Miller et al., 2007)

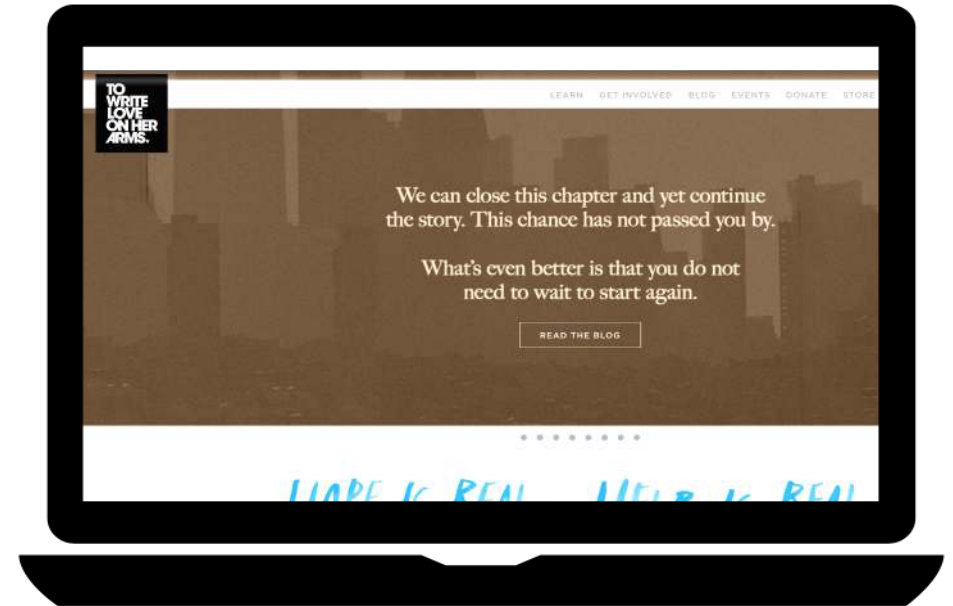
# OVERVIEW



# CHALLENGES: NSSI ONLINE



<https://twloha.com/>



Unhealthy

Healthy



# NSSI ONLINE

## Recommendations:

Be aware of NSSI e-material (websites, YouTube, social media) and monitor activities

Familiarize yourselves with recovery-oriented websites

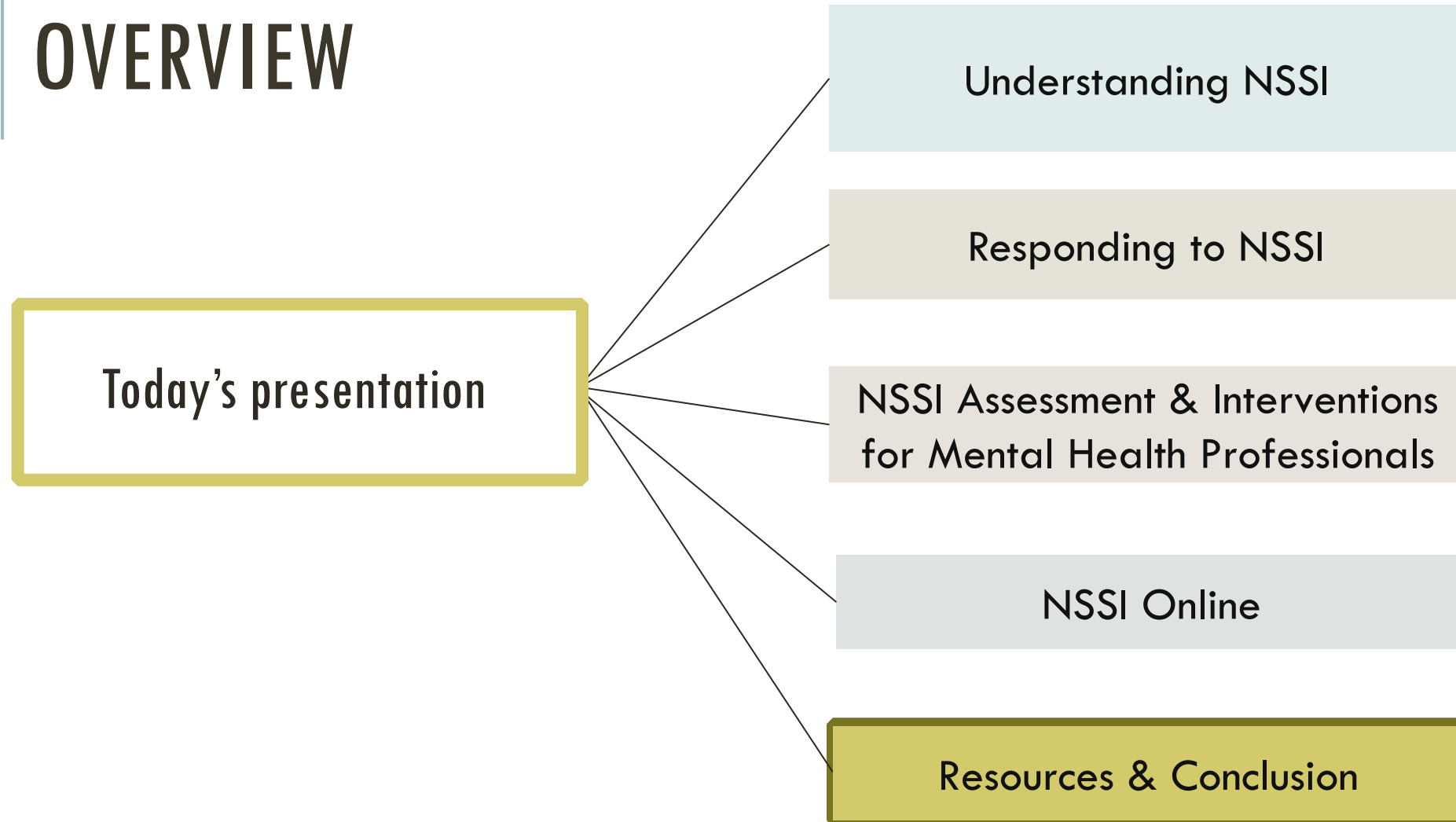
Help redirect to healthier online activities and promote offline supports

The goal **IS NOT** to eliminate online activities



See article “Non-suicidal self-injury, youth, and the Internet: What mental health professionals need to know” (Lewis et al., 2012):  
<https://doi.org/10.1186/1753-2000-6-13>

# OVERVIEW



# RESOURCES FOR PARENTS

## Websites:

### ❖ Self-Injury Recovery Research and Resources (SIRRR):

<http://www.selfinjury.bctr.cornell.edu/index.html>

Cornell Research Program on Self-Injury and Recovery

BY MIRANDA SWEET & JANIS WHITLOCK

## Information for parents

What you need to know about self-injury.

**Who is this for?**  
Parents of those dealing with self-injury

**What is included?**  
How do you know if your child is self-injuring?  
Dealing with feelings about this discovery  
Talking to your child about his/her self-injury  
What to avoid saying to your child  
Activities to help others manage their...

**Discovering Self-Injury**

**How do I know if my child is self-injuring?**  
Many adolescents who self-injure do so in secrecy and this secrecy something is wrong. Although it is normal for adolescents to pull involvement with friends or stress, it is *not* normal for adolescents emotionally, for long periods of time. It is also important to note distant and withdrawn — youth who put on a happy face, even risk for self-injury or other negative coping behaviors. Some other

- Cut or burn marks on arms, legs, abdomen
- Discovery of hidden razors, knives, other sharp objects and rub blood flow or numb the area)
- Spending long periods of time alone, particularly in the bathroom
- Wearing clothing inappropriate for the weather, such as long sleeve...

**What might I feel when I learn that my child is self-injuring?**

Cornell Research Program on Self-Injury and Recovery

BY NETHAN REDDY, LINDSAY ROKITO & JANIS WHITLOCK

## What is the link?

### The Relationship Between Non-Suicidal Self-Injury and Social Media

For adolescents who engage in self-injury, social media can be a significant part of life. The following factsheet explores what we know (and don't know!) about social media and its effect on self-injury behaviors.

**Who is this for?**  
Anyone interested in learning more about non-suicidal self-injury (also simply referred to here as "self-injury") and social media interactions.

**What is included?**  
Information on social media and its different effects on non-suicidal self-injury behavior.  
Suggestions for assessment and response when an individual's self-injury is worsened by their use of social media.

**Why self-injury and social media?**  
Using social media and forming online connections particularly appeals to adolescents who experience feelings of isolation, a feeling common among individuals who self-injure. They may be hesitant or unwilling to discuss self-injury with the people in their physical lives, be it parents, siblings, teachers, or friends. Many youth (and adults) who self-injure turn to the Internet with the expectation that anonymous social media interactions will help them form meaningful relationships with others who can relate to their experience'.

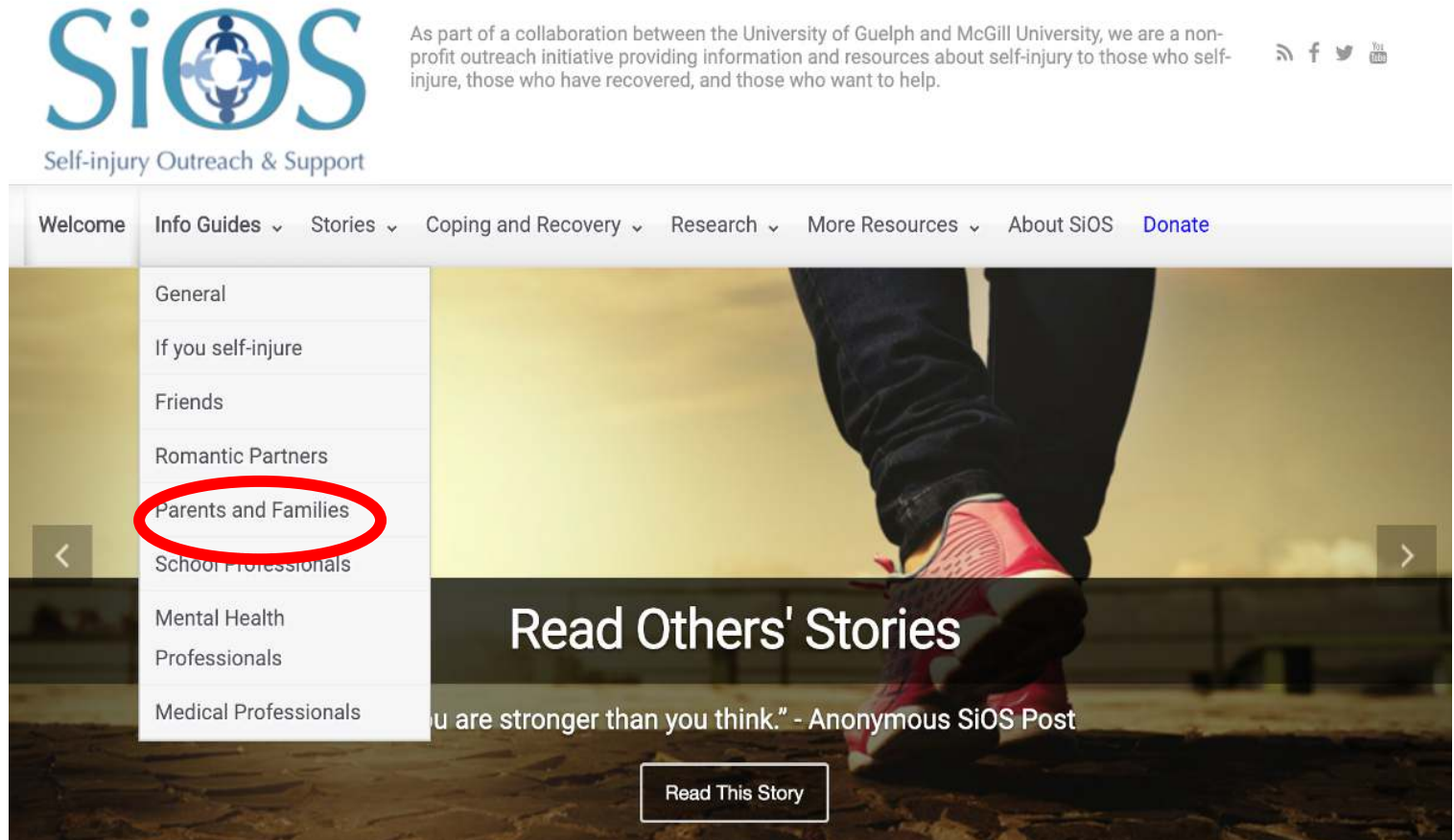
Self-injury and social media usage are both significant aspects of the modern adolescent's life. Adolescents engage in online activities more than any other age group. A 2015 study conducted by the Pew Research Center reports that 92% of teenagers go online daily, and a total of 24% admit going online "almost constantly." Social media is the most common online activity adolescents engage in, with 71% of adolescents regularly using more than one social media platform'. Since a large number of adolescents also self-injure (an estimated 14 to 21%), it is not surprising that there are many social media forums in which self-injury is a topic or *the only* topic of conversation and exchange'.

In addition to the role the Internet and other forms of social media may be playing in the lives of youth who self-injure, it is important to note that self-injury in an increasingly common staple in print and visual media as well. Prior to the 1980's, references to self-injury in media were rare. When it was shown, self-injury was largely depicted as part of other serious mental illnesses. Now, references to self-injury in movies, songs, and books are not only common but are depicted as a relatively normal part of growing up in modern times'. While the normalization of self-injury in the media may help those who engage in the behavior feel less isolated, it may also increase interest in trying or adopting the practice as a way of coping with stress or distress.

# RESOURCES FOR PARENTS

## Websites:

- ❖ **SioS:** <http://sioutreach.org>
  - See "A guide for parents and families"



**SioS**  
Self-injury Outreach & Support

As part of a collaboration between the University of Guelph and McGill University, we are a non-profit outreach initiative providing information and resources about self-injury to those who self-injure, those who have recovered, and those who want to help.

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Welcome | Info Guides ▾ | Stories ▾ | Coping and Recovery ▾ | Research ▾ | More Resources ▾ | About SioS | [Donate](#)

- General
- If you self-injure
- Friends
- Romantic Partners
- Parents and Families**
- School Professionals
- Mental Health Professionals
- Medical Professionals

**Read Others' Stories**

"You are stronger than you think." - Anonymous SioS Post

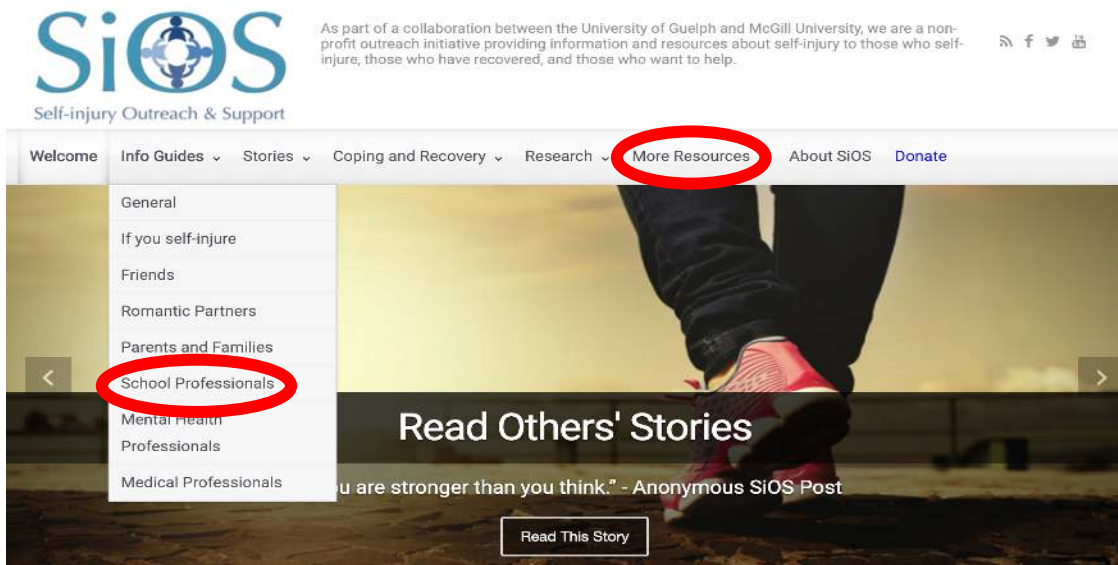
[Read This Story](#)

# RESOURCES FOR EDUCATORS

## Websites:

❖ **SiOS:** <http://sioutreach.org>

- See ICSES Guidelines: “Guides for Responding to Self-Injury in Schools” & “Talking to Individuals About Self-Injury”



*How to start the conversation...*

If you have reason to believe a someone is self-injuring, approach the topic with a respectful curiosity. Rather than diving in with questions that might seem judgemental or interrogating, share your concerns in a way that invites discussion. For example, you could say:

"I notice you've been a bit agitated/withdrawn/upset (insert concern here) lately and/or I've noticed these marks/cuts/burns (insert method here). I don't mean to pry but I'm concerned about you. I know that sometimes people who have difficulty coping might self-injure. Is this something that is going on for you?"

<p><i>What doesn't work?</i></p> <p><b>OVERREACTING</b></p> <p>Self-injury may bring about a range of emotions. However, reacting with a lot of emotion (e.g., shock, being very upset) when talking to individual about self-injury is unhelpful. These kinds of reactions can convey that you are uncomfortable with the discussion. This may shut down future conversations. Other reactions, such as reacting with too much concern can also be unhelpful. In some cases, these reactions to self-injury can also reinforce the behavior.</p>	<p><i>What does work?</i></p> <p><b>USING A CALM, LOW-KEY TONE AND APPROACH</b></p> <p>This involves a calm and empathic approach that does not convey judgement of any kind.</p> <ul style="list-style-type: none"> <li>• It seems like it's been really hard for you recently. I understand that sometimes people self-injure to cope with difficult feelings and experiences. Is this the case for you?</li> <li>• If the individual starts to talk about self-injury, validate their willingness to do so. For example, you could say "I appreciate that you're willing to talk to me about this. I am sure it is not easy to do."</li> </ul>
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## Do & Don't List

FOR NSSI IN SCHOOLS

● Teaching Staff ●

<p><b>DO</b></p> <p>Offer, and encourage, training and resources to all school staff</p>	<p><b>DON'T</b></p> <p>Restrict education and training about NSSI to mental health staff only</p>
<p><b>DO</b></p> <p>Encourage all school staff to adopt a compassionate, non-judgemental approach and respectful curiosity when talking to students about NSSI</p>	<p><b>DON'T</b></p> <p>Openly display negative, judgemental, or unhelpful responses to NSSI</p>
<p><b>DO</b></p> <p>Appoint a point person or team who are trained to address NSSI, can confidently perform a risk assessment, and work with young people who self-injure</p>	<p><b>DON'T</b></p> <p>Allow untrained, or inexperienced, staff to work closely with students who self-injure</p>

*Also, avoid overly effusive responses to self-injury (which may reinforce the behaviour)*

# RESOURCES FOR EDUCATORS

## Websites:

- ❖ **SiOS:** <http://sioutreach.org>
  - See: “A Guide to Self-Injury for School Professionals”
- ❖ **ICESES:** <http://www.icesesgroup.org>

A guide to understanding  
**SELF-INJURY**  
for school professionals

**SiOS**  
Self-injury Outreach & Support

**Disclaimer:** All information found on SiOS is provided for information and education purposes only. The information is not intended to substitute for the advice of a physician or mental health professional. You should always consult your doctor for specific information on personal health matters, or other relevant professionals to ensure that your own circumstances are considered.

● Teaching Staff ●

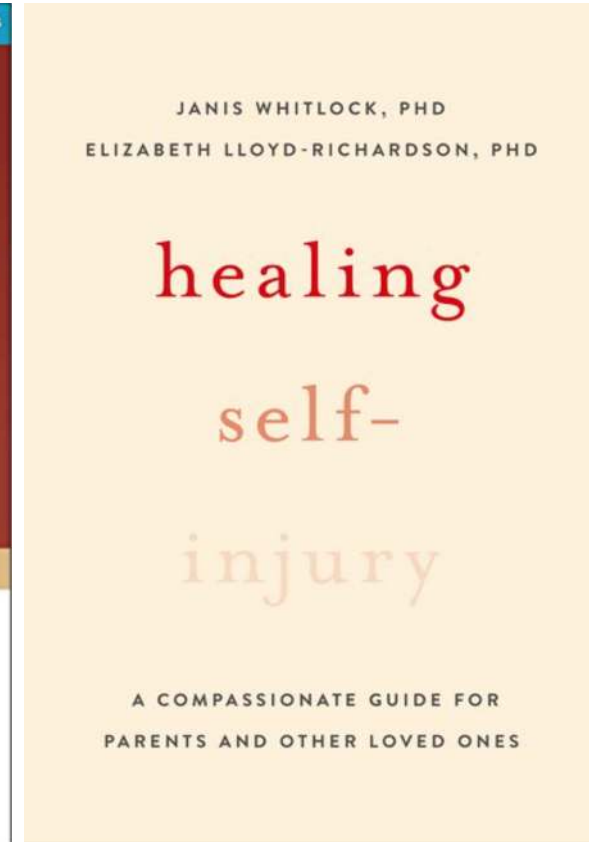
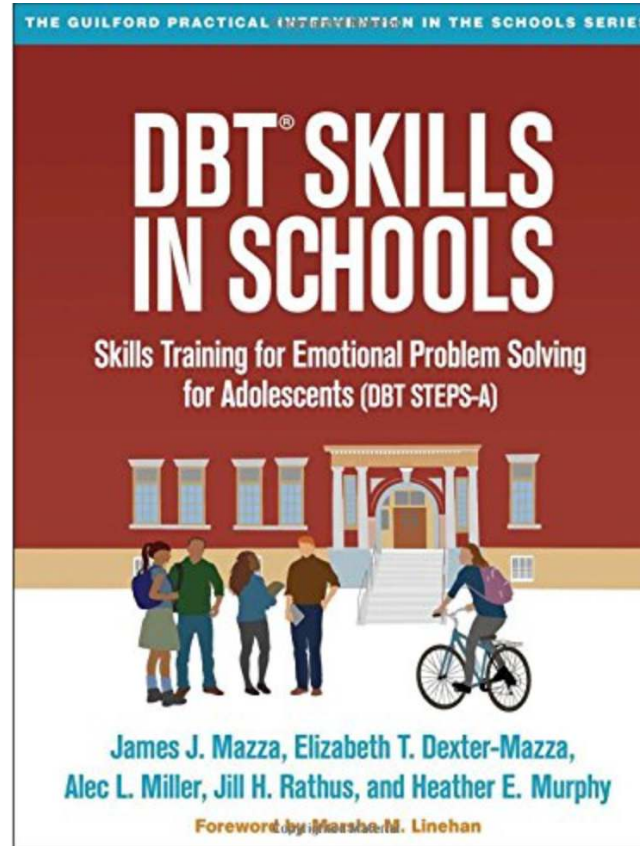
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<p><b>DO</b> Appoint a point person or team who are trained to address NSSI, can confidently perform a risk assessment, and work with young people who self-injure</p>	<p><b>DON'T</b> Allow untrained, or inexperienced, staff to work closely with students who self-injure</p>

Also, avoid overly effusive responses to self-injury (which may reinforce the behaviour)

# RESOURCES FOR CLINICIANS

## Books:

- ❖ **DBT STEPS-A** By Mazza et al., 2016
- ❖ **Healing self-Injury: A Compassionate Guide for Parents and Other Loved Ones** By Whitlock & Lloyd-Richardson, 2019



# RESOURCES FOR CLINICIANS

## Articles:

- Whitlock, J. L., Baetens, I., Lloyd-Richardson, E., Hasking, P., Hamza, C., Lewis, S., ... & Robinson, K. (2018). Helping schools support caregivers of youth who self-injure: Considerations and recommendations. *School Psychology International*, 39(3), 312-328.
- Lewis, S. P., Heath, N. L., Michal, N. J., & Duggan, J. M. (2012). Non-suicidal self-injury, youth, and the Internet: What mental health professionals need to know. *Child and Adolescent Psychiatry and Mental Health*, 6(1), 13.

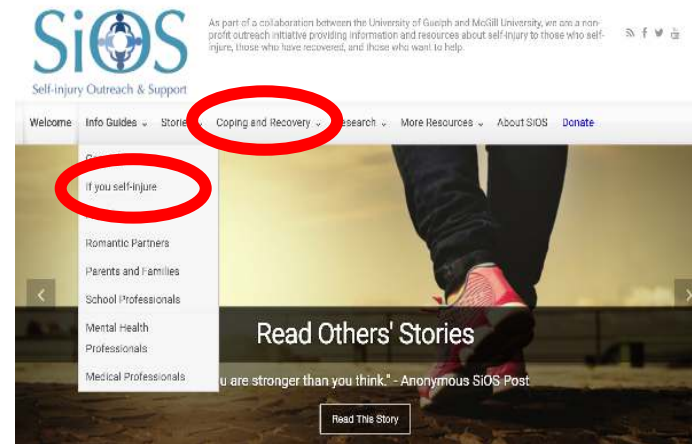


# RESOURCES FOR YOURSELF OR LOVED ONE



## Websites:

- ❖ **Relate Malaysia:** <https://relate.com.my>
- ❖ **SiOS:** <http://sioutreach.org>
- ❖ **Self-Injury Recovery Research and Resources (SIRRR):**  
<http://www.selfinjury.bctr.cornell.edu/index.html>



An overview of recovery
The recovery process
Why stop?
What to expect
<b>Strategies for stopping</b>
Supporting someone you love

### Helping yourself stop

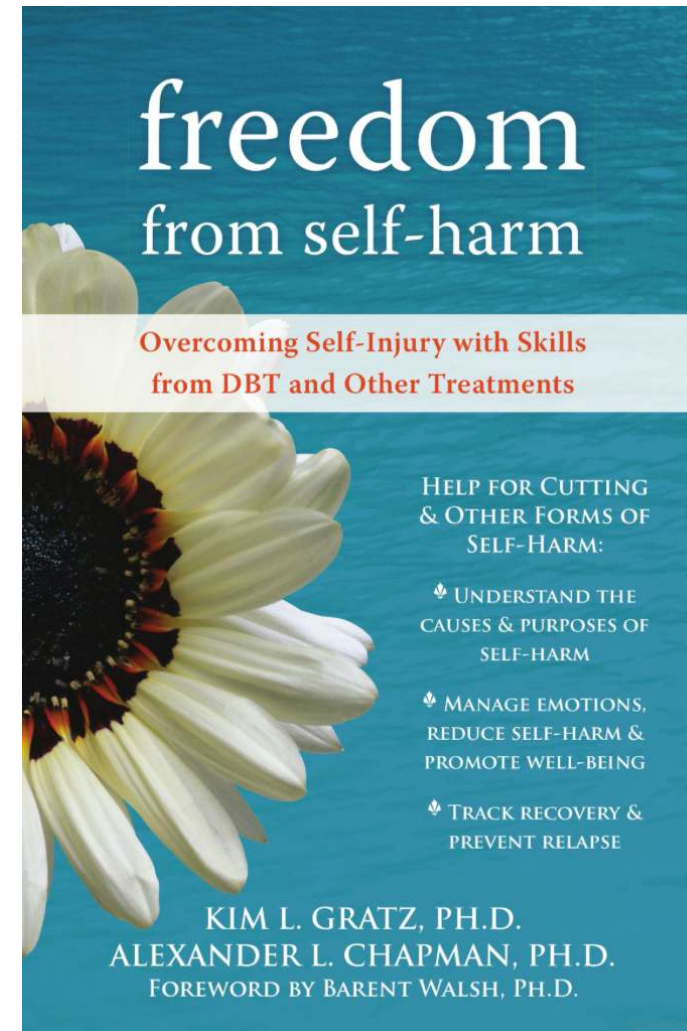
Learning to help yourself stop injuring can be difficult at first, but it is a skill that is well worth the effort it takes to learn about their ability to support themselves outside of self-injury when it has been such a quick and easy fix. Beliefs of worth and/or a lack of confidence that often go along with self-injury may have left you feeling incapable or unable to help others in similar situations understand and move through the experience.

An important thing to remember is that your capacity for growth and change is only limited by your own thoughts — beliefs are very powerful, particularly if they have been reinforced by other people around you. It is also important to believe that we are unworthy or unable to motivate and help ourselves without realizing that this belief is not an absolute truth and that there are other possible ways to explain hard times in the future.

# RESOURCES FOR YOURSELF OR LOVED ONE

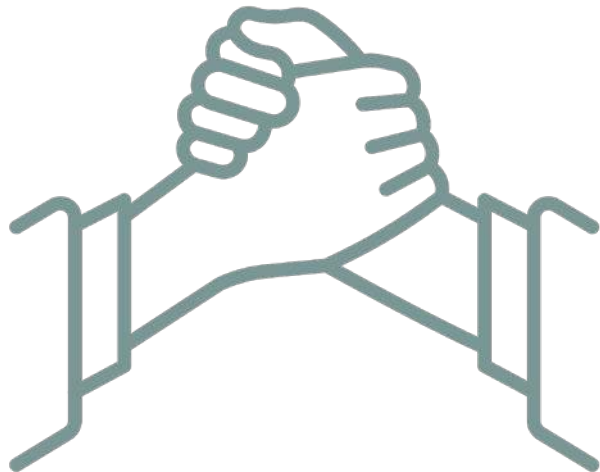
## Books:

- ❖ Chapman, A. L., & Gratz, K. L. (2009). *Freedom from self-harm: Overcoming self-injury with skills from DBT and other treatments*. New Harbinger Publications.



# FINAL COMMENTS

Better understanding of this terribly misunderstood behaviour will result in increased help-seeking behaviours, reduced stigma, and individuals getting the support they need.



“

*I used to think no one would get it...so I kept it a big secret..no one knew. I wanted to tell people but I was scared. I eventually said “just do it!” And I did. You know what? It helped...and now I feel I have the support to beat this.*

”

# THANKS!

## Any questions?



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<http://dairheathresearchteam.mcgill.ca>

