



Some notes on Non-Suicidal Self-Injury (NSSI): The YWS Survey Yr 9 and Yr 10 St Mary's College May 2015

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Youth Wellbeing Study

- Longitudinal survey with secondary school students.
- Non-Suicidal Self-injury
- Primarily investigating
 - Risk and protective factors for the development of non-suicidal self-injury
 - Barriers to help-seeking



2012-2016



Safety...



Let's get started!
Tell us a bit about yourself...

1. How do you feel right now?

- Very unhappy
- Unhappy
- Neither happy nor unhappy
- Happy
- Very happy

Participants indicated how they felt at the start, and again at the end, of the survey.



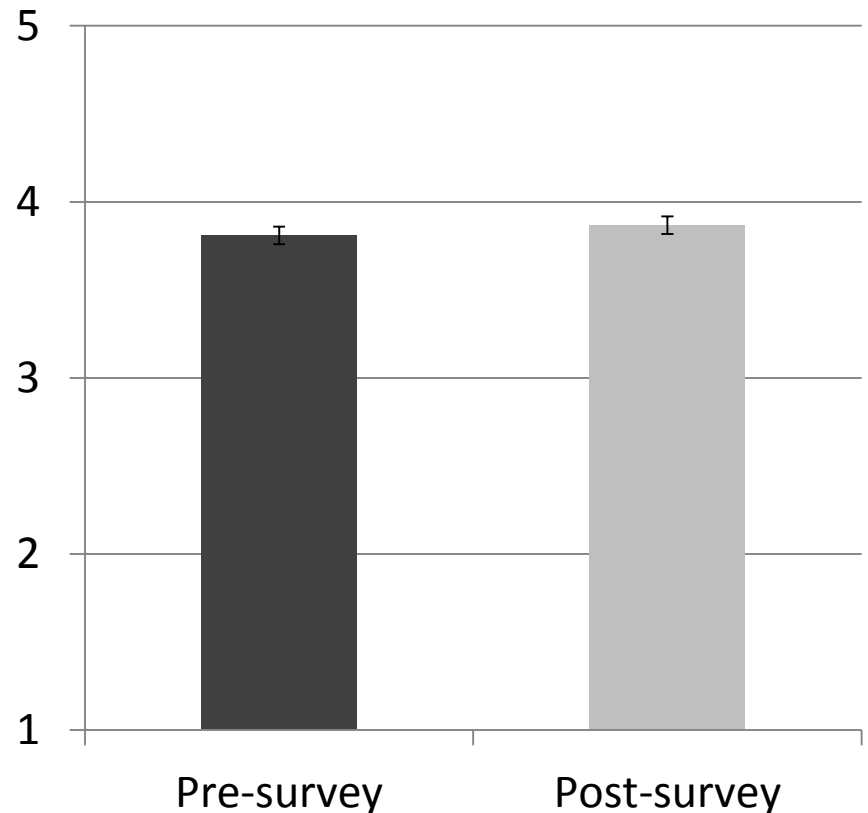
Let's get started!
Tell us a bit about yourself...

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Participants indicated how they felt at the start, and again at the end, of the survey.

If anything, participants report feeling on average happier at the end.



So what are we talking about...?

Non-Suicidal Self-Injury (NSSI) is... (from the International Society for Study of Self-injury, 2007):

“...the deliberate, self-inflicted destruction of body tissue without suicidal intent and for purposes not socially sanctioned. It is also sometimes referred to as self-injurious behavior, non-suicidal self-directed violence, self-harm, or deliberate self-harm (although some of these terms, such as self harm, do not differentiate non-suicidal from suicidal intent).”

“As such, NSSI is distinguished from suicidal behaviors involving an intent to die, drug overdoses, and socially-sanctioned behaviors performed for display or aesthetic purposes (e.g., piercings, tattoos). Although cutting is one of the most well-known NSSI behaviors, it can take many forms including but not limited to burning, scratching, self-bruising or breaking bones if undertaken with intent to injure oneself. Resulting injuries may be mild, moderate, or severe.”



Prevalence...

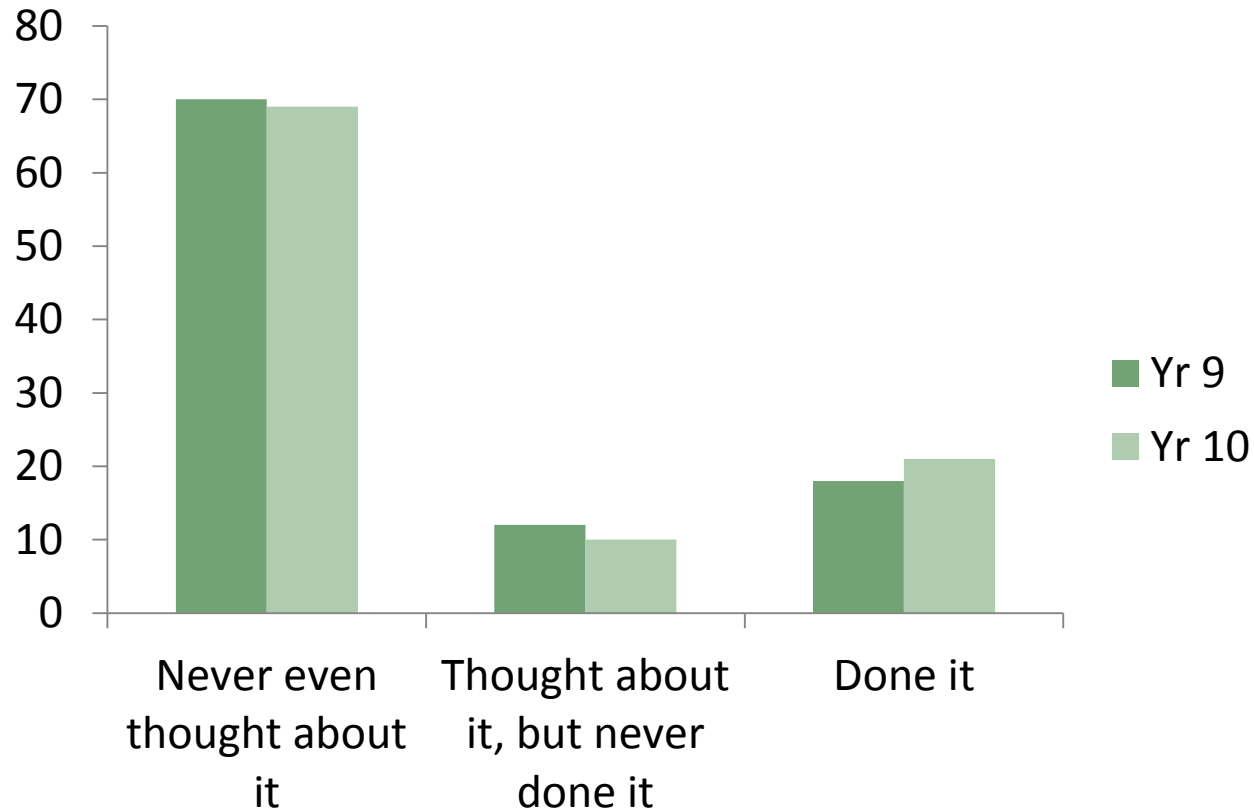
Sample	N	Measure	# items	Lifetime Prevalence
1. 100-level PSYC students	285	Sansone et al's (1998) SHI	22	78.9%/54.9%†
2. 16-18 year-old School students	325	De Leo & Heller (2004)	1	14.8%
3. 16-18 year-old School students	1,162	Lundh et al's (2007) DSHI	14	48.7%
4. 100-level PSYC students	593	Lundh et al's (2007) DSHI	14	43.7%
5. 100-level PSYC students	722	Lundh et al's (2007) DSHI (SV)	7	39.7%‡

† $r=.40$ with suicidal behaviour

‡ correlates .79 with the full 14-item DSHI



Frequency of NSSI over time...



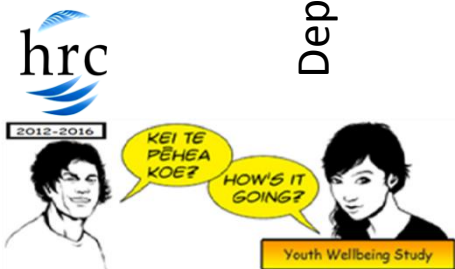
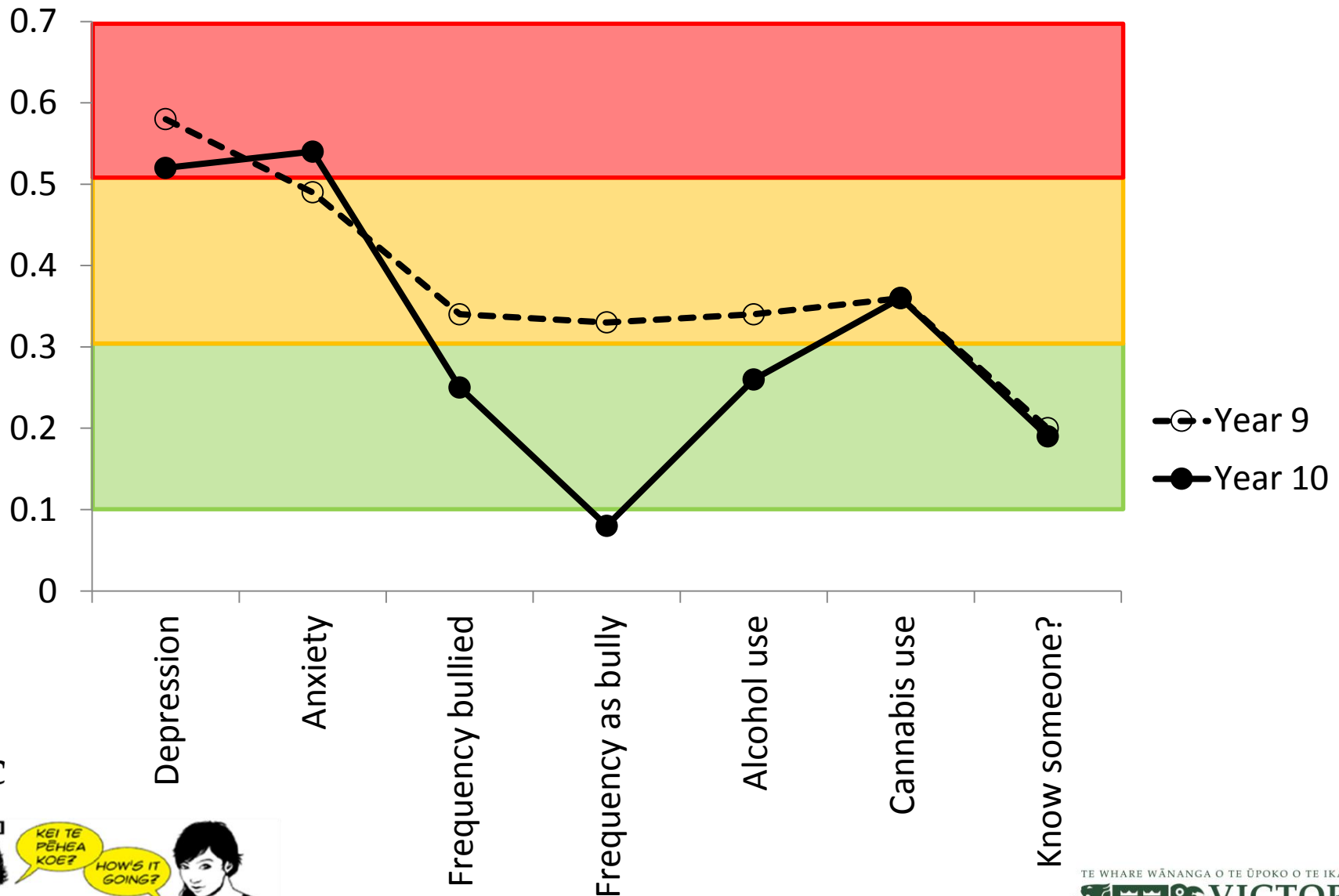
- YWS Wave 1 results
 - N=1027 (991 responded to questions on NSSI)
 - 213 (21%) engaged in NSSI at least once
 - 81.6% had engaged in NSSI in the past year
- Senior secondary school students
 - N=1162
 - 48.7% had engaged in NSSI at least once
 - 53.6% had engaged in NSSI in past year
 - » 46.4% over a year ago



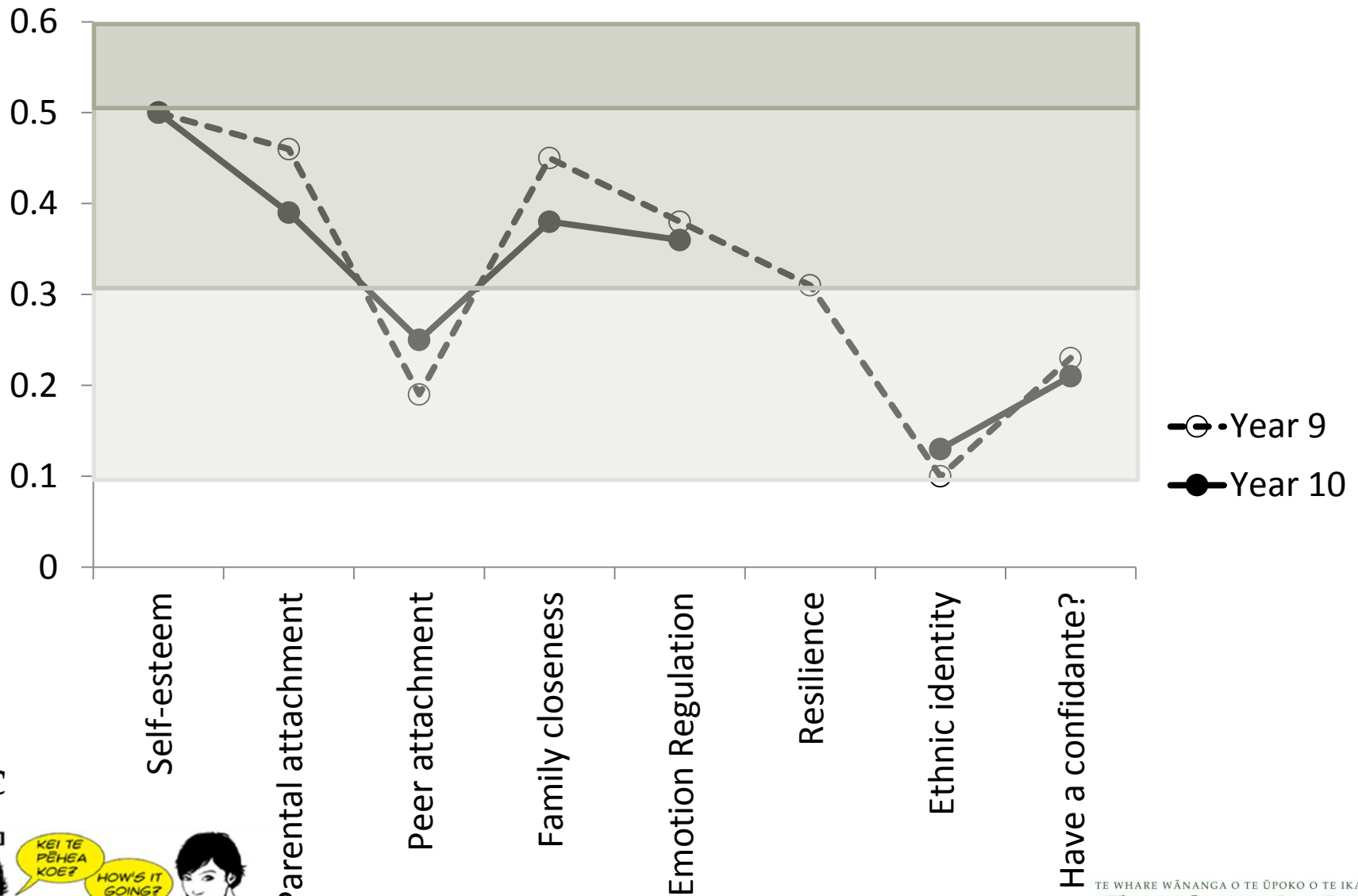
YWS wave 1: Further information on prevalence...

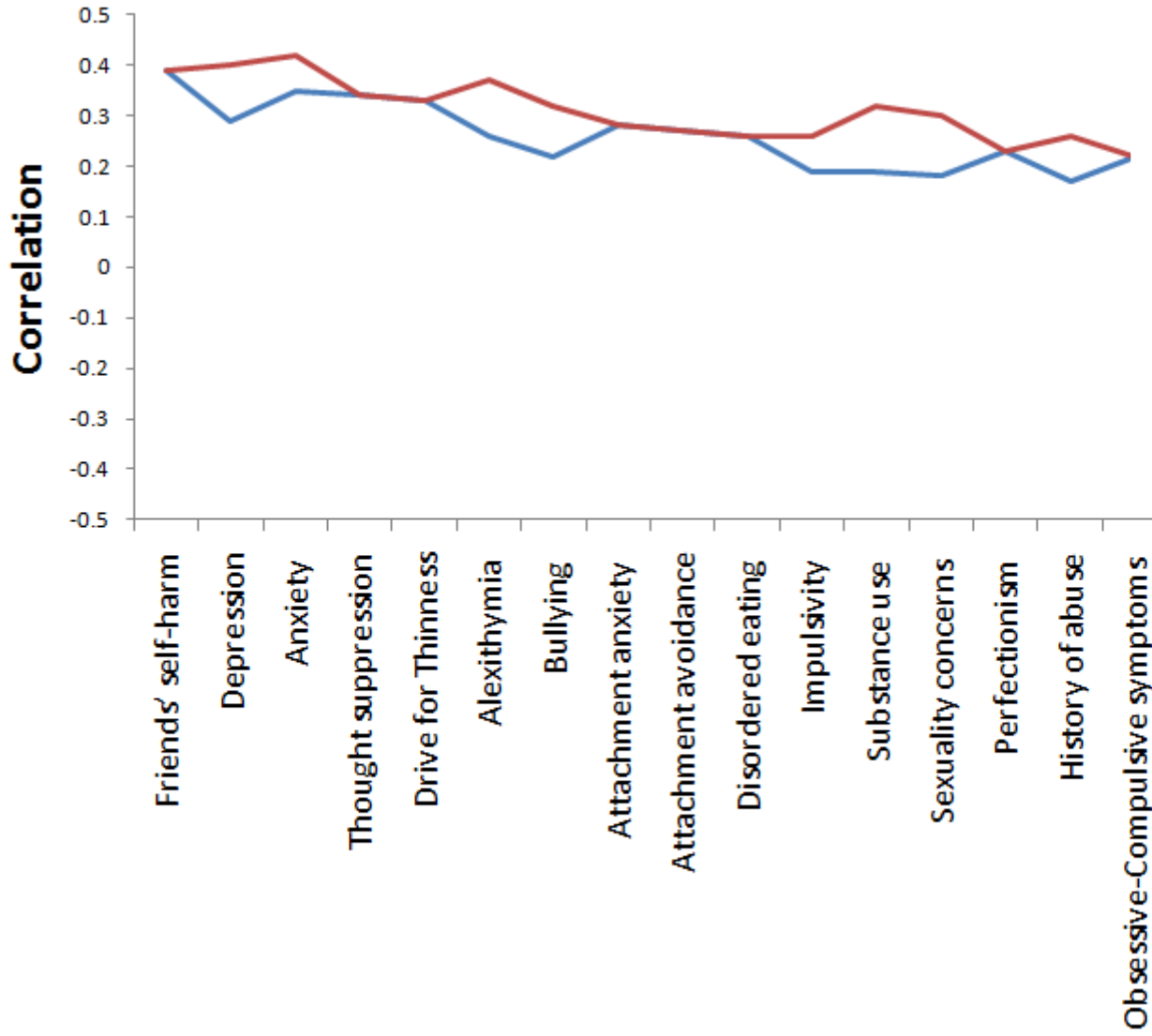
Type of NSSI	Never thought about	Thought about, never done	Have done once	Have done a few times	Have done many times
Cut	80.2	6.0	3.8	6.2	3.8
Scratched	87.5	2.7	3.8	4.0	1.9
Carved	89.2	2.3	3.7	3.0	1.7
Punched/ banged	90.3	2.5	3.7	2.7	0.7
Stuck sharp objects	91.1	2.1	3.4	2.4	0.9
Prevent healing	91.8	1.5	3.3	1.9	1.4
Bitten self	93.8	2.4	2.4	1.0	0.4
Burn	94.3	2.7	1.5	1.0	0.5
Rubbed glass	96.0	1.4	1.5	0.8	0.3
Broken bones	97.1	1.6	0.7	0.4	0.2
Rubbed sandpaper	97.7	1.1	0.8	0.3	0.1
Dripped acid	99.2	0.3	0.2	0.0	0.0
Used bleach/ cleaning agent	99.2	0.7	0.1	0.0	0.0

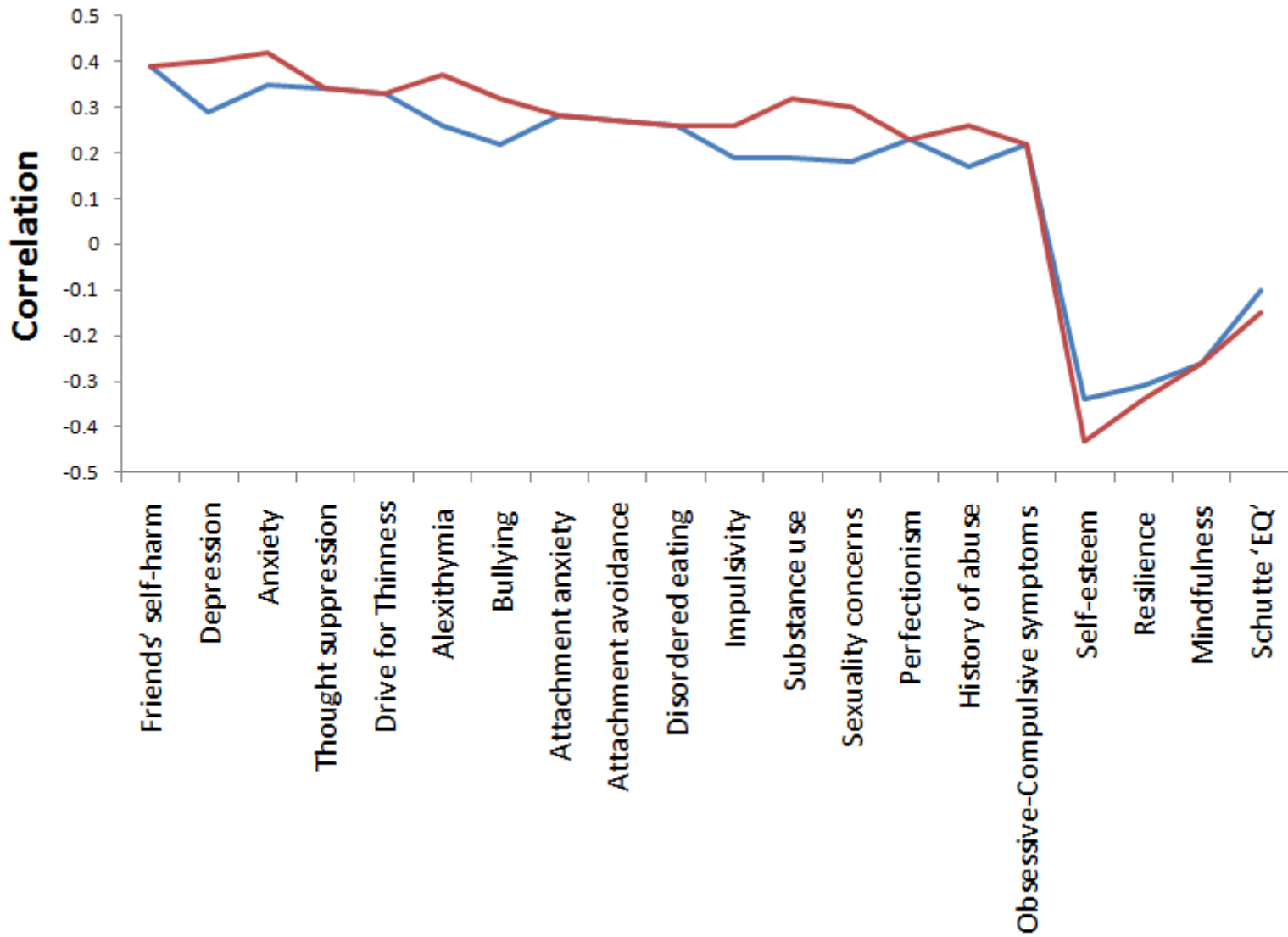
YWS Predictors of Self-Injury: Risk factors



YWS Predictors of Self-Injury: Protective factors







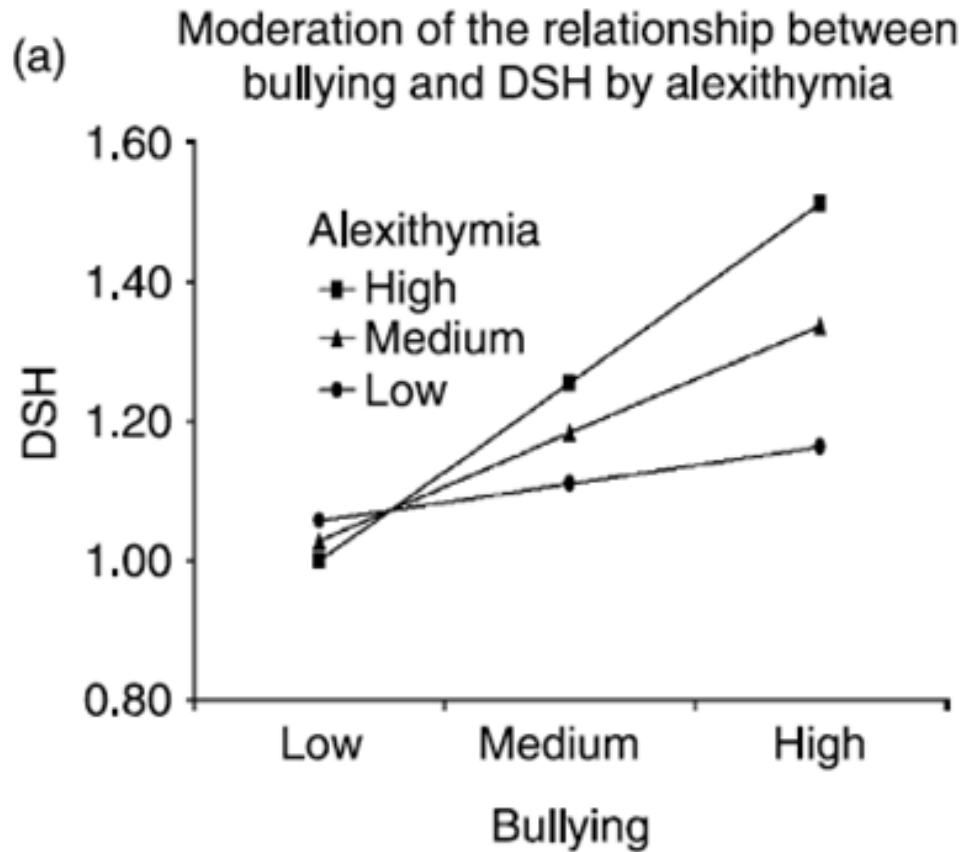
These things tend to be connected...

For example:

- the better your self-esteem, the better our emotion regulation.
- The closer your family, the better your attachment to your friends
- The more depressed you are, the less resilient you tend to be
- The stronger your family attachment, the more likely you are to say you have a confidante



The importance of Alexithymia



‘Alexithymia’ is a term for difficulties with identifying, describing, understanding and dealing with one’s emotions.

Self-injury is most likely when...

...one is experiencing bullying AND one has difficulties with emotional understanding

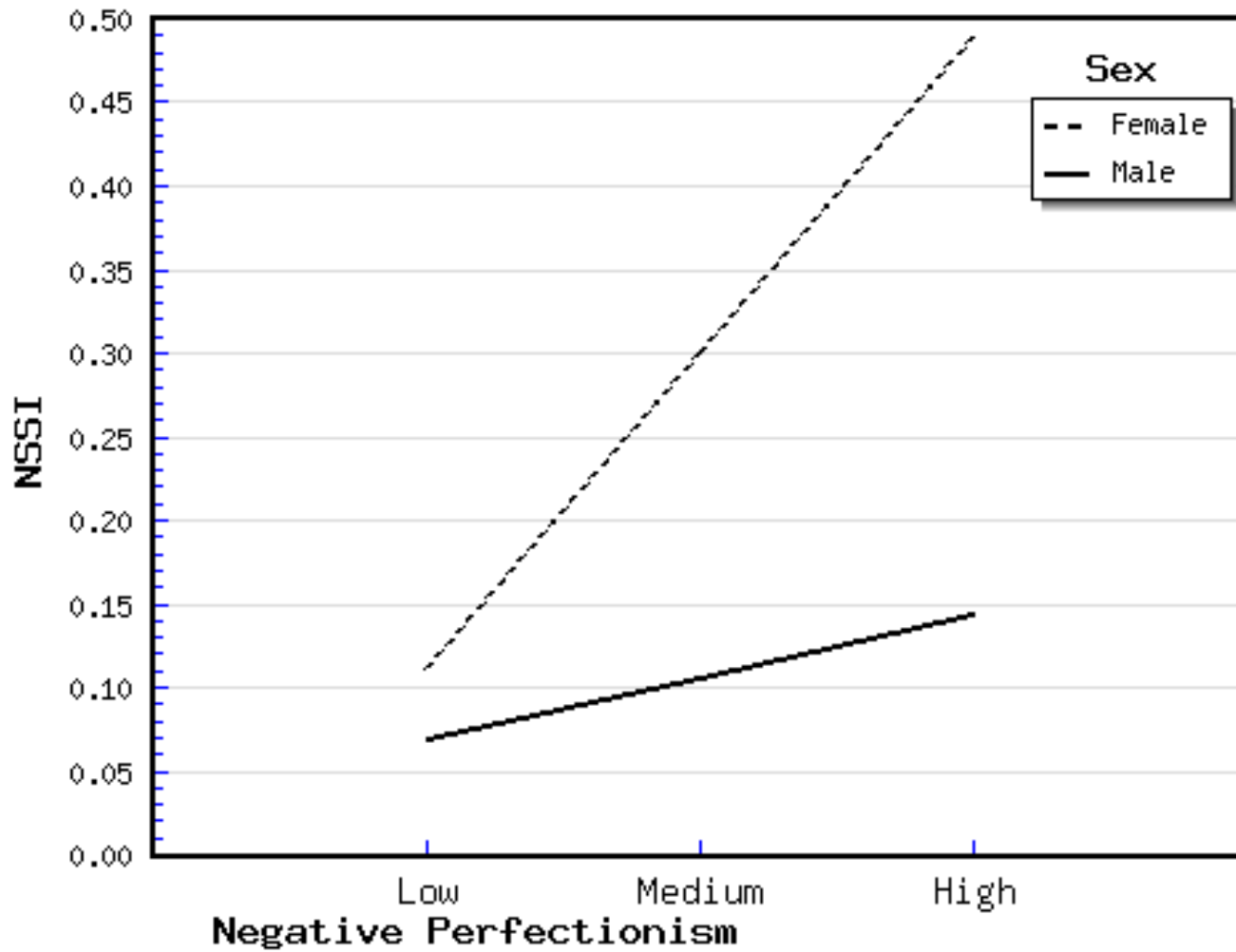


Perfectionism:

Two flavours... Positive and negative



sex by negative perfection moderation of NSSI



2012-2016



NSSI and eating-disordered attitudes/behaviours...

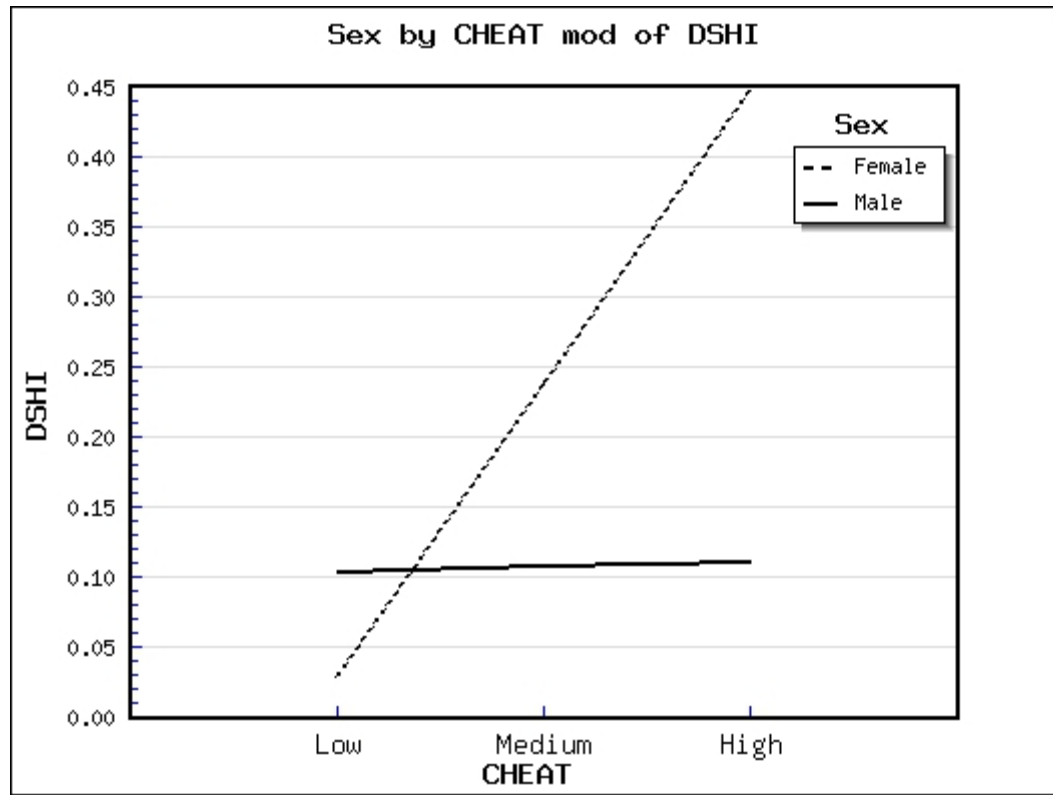


- YWS Wave 1 1,000ish Year 9 students, average age 13, 203 reporting lifetime NSSI.
- YWS Wave 2, average age 14, 9.5% reporting recent (last 9-14 months) NSSI

14-item DSHI

26-item Child-EAT26 (DiETING, Restricting/Purging, Preoccupation with food, and oral control) 8.7% ≥ 20 (\rightarrow ED)





Why do people hurt themselves?



These are all psychological, contextual and interpersonal predictors of SI

Why do those who self-injure, self-injure?

→ Functional approaches to self-injury

We ask people to tell us why they hurt themselves. In an early study, this involved completing the Functional Assessment of Self Injury (FASM)

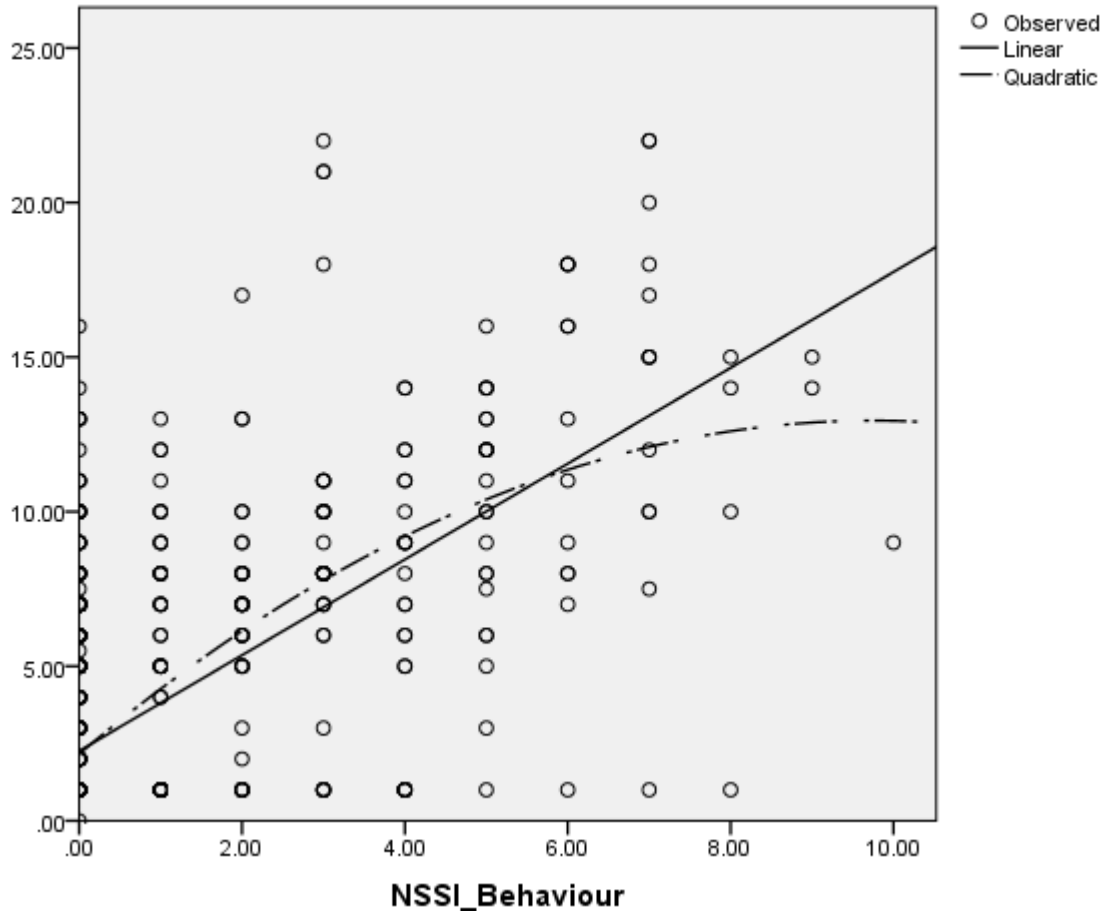


FASM EFA of 565 participants reporting history of self-injury	Attention / Understanding	Emotional relief/ control	Avoidance / manipulation
3. To get attention.	.75		
7. To try to get a reaction from someone, even if it is negative.	.68		
8. To receive more attention from your parents or friends.	.82		
11. To get other people to act differently or change.	.73		
12. To be like someone you respect.	.61		
15. To let others know how desperate you are.	.75		
16. To feel more a part of a group.	.60		
17. To get your parents to understand or notice you.	.77		
19. To get help.	.51		
2. To relieve feeling numb or empty.		.84	
4. To feel something, even if it is pain.		.78	
6. To get control of a situation.		.62	
10. To punish yourself		.76	
14. To stop bad feelings.		.77	
21. To feel relaxed.		.68	
1. To avoid school, work, or other activities.			.65
5. To avoid doing something unpleasant you don't want to do.			.77
9. To avoid being with people.			.68
13. To avoid punishment or paying the consequences.			.73
18. To give yourself something to do when alone.			.51
20. To make others angry.			.47
Percentage of variance explained by each factor	25.1	20.6	17.8

- Teachers, guidance counsellors, and non-self injurious students stereotype self-injury as attention-seeking
- Emotional relief / control was the most highly endorsed ‘function’



SBQ_Total



The NUMBER of types of self-injury engaged in is strongly predictive of suicidal ideation:

For each additional form, SBQ scores increase:

1 form → SBQ = 3.5ish

2 forms → SBQ = 5ish

3 forms → SBQ = 7ish

7 is the recommended cutoff for concern...



Implications for clinical practice

- Results congruent with the idea that NSSI begins in early adolescents, and continues into early adulthood for some individuals
- Forms of NSSI: multiple behaviours need to be queried.
- Functions
 - Heterogeneity
 - Affect regulation most prevalent



Implications for clinical practice continued...

- Functions can point to skills required...
 - Affect regulation
 - Distress tolerance skills
 - Labelling and communicating emotions
 - Understanding beliefs regarding experiencing (and showing) emotion



Acknowledgements

- Participating schools + students
- HRC

Thanks for listening 😊

Any questions? Comments?



Summary...



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Any questions? Comments?



Non-Suicidal Self-Injury (NSSI) Among Youth



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School of Psychology
Victoria University of Wellington



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Outline

- Myth-busting
- Why do people self-injure
- Barriers to help seeking
- The Experiential Avoidance model of NSSI
- Triggers for NSSI
- Pressure cooker model of stress
- Helpful ideas for managing
- Family/Whānau factors
- Resources Available



Myth Busting

- Self-injury is about getting attention
- Self-injury is a teenage phenomenon
- Self-injury is a female phenomenon
- Self-injury is contagious
- People who self-injure are mentally ill
- People who self-injure suffer from Borderline Personality Disorder
- People who self-injure are a danger to others
- Self-injury is a response to child abuse
- If the wounds are minor, the problem is not major
- People who self-injure are a burden on society
- Tattooing or body art/adornment is self-injury



Myth Busting

- **NSSI is about getting attention...?**
 - Most is secretive
 - Hidden areas of the body
 - Impact of this myth...
- Interviewing youth and guidance counsellors in the Wellington region (Gilbertson & Wilson, 2008) : issue of ‘attention seeking’
 - ‘Real’ self-injury is private but worthy of assistance, while ‘attention-seeking’ self-injury is public and unworthy
 - To seek help entails moving from one category (private, worthy) into the other category (public, unworthy) => catch 22: if you seek help indicates your NSSI is ‘attention seeking’ and not ‘real’.
- Interviews with counsellors 2009/2010
 - NSSI is attention seeking, immature, unworthy, inappropriate....
 - “[NSSI] is seen as attention seeking therefore not worthy and not appropriate and therefore you know it needs to be stopped...um that all bad behaviour is just about attention seeking and that really if these kids bucked up their ideas and- and if you tell them enough then they’ll do it” - counsellor



Myth Busting

- **Self-injury is a female phenomenon...?**
 - Survey research with about 1600 Wellington adolescents aged 16-19 found no significant sex difference.
 - Males and Females were likely to engage in different types of NSSI
 - Females: Cutting, scratching
 - Males: Rubbing glass into the skin, dripping acid onto the skin
 - Very recent research with younger adolescents (12-14 years) has found a significant sex difference: more females were likely to report a history of NSSI than males
 - Related to developmental factors?
 - Females experience adolescent physical and emotional changes earlier than males



NSSI and Suicide

- Distinguishing between NSSI and suicide
 - Past research investigating ‘deliberate self-harm’ typically does not disentangle suicidal and non-suicidal intent.
 - Non-suicidal self-injury is distinct from suicidal behaviour
 - Majority of people (approx. 60%) who self-injure do not consider suicide
 - But there is a relationship between NSSI and suicidality
 - People may attempt to manage suicidal thoughts through self-injuring (Klonsky, 2007).
 - Repeated NSSI may desensitize people to the physical and psychological cues (e.g., pain, the sight of blood) that ordinarily inhibit engaging in suicidal behaviours (Joiner, 2005).
 - AND compared to people without self-injury history, people with history more likely to report:
 - Suicide plan - almost six times
 - Suicide gesture - seven times
 - Suicide attempts - over nine times (Whitlock & Knox, 2007)



Why do people self-injure?

- Correlates of NSSI (factors that exist alongside)
 - Low self-esteem, self-defeating thoughts
 - Sexuality concerns (GLBT youth at risk)
 - Depression
 - Anxiety
 - Poor ability to understand and express emotion
 - Being bullied
 - Abuse history
 - Impulsivity
 - Drug and alcohol abuse
 - Low mindfulness
 - Low resilience



Why do people self-injure?

- International research shows:
 - People self-injure for many different reasons
 - Often multiple reasons for one episode
 - Most common function is emotion regulation
 - Self-injuring to escape from intolerable distress



Participants' reasons for NSSI

- Most common: Emotional reasons

5 sub-categories:

1. *Negative emotion* (participant listed a negative emotion) e.g. 'When I felt lost and couldn't find any hope or when I felt nervous' (university student).
2. *NSSI to escape or externalise emotion* e.g. 'Some kind of transference of another pain (emotional/experiential) into this physical out..'(teacher).
3. *To vent frustration/ anger* e.g. 'I was just venting some of the frustration I was feeling' (University student).
4. *To feel something* e.g. 'As a way of 'feeling' if they are depressed & nothing seems to have any impact...' (teacher).



How does someone begin to engage in NSSI

- Contagion?
 - This is linked to fears of talking about NSSI; due to concerns this will lead to an increase in the behaviour.
 - No evidence of iatrogenic effects in NSSI research studies:

“A common concern is that asking about the presence of self-injury will have an iatrogenic effect by giving individuals the idea to engage in this behavior when they would not have otherwise thought to do so. However, recent research has shown that asking questions about self-injurious behaviors does not increase the likelihood of self injurious thoughts or behaviors or even lead to increased levels of distress (Gould et al. 2005, Reynolds et al. 2006)... Nevertheless, it is recommended that the assessment of self-injurious thoughts and behaviors follows the assessment of less sensitive constructs... in order to gradually work up to questions that may be more difficult to discuss.”

(Nock, 2010, Annual Review of Clinical Psychology, p.15.5)

- There is evidence to support social learning
 - Friends and family NSSI a consistent correlate
 - Self-report

– Come upon by accident: accidental self-injury and distraction from (?) distress



Barriers to help-seeking

- Often a secretive behaviour
 - Tell nobody
 - Don't seek help beforehand
 - Concealed body area (e.g. thigh); Clothing
 - Shame and guilt
- Personal factors
 - Low self-esteem, poor ability to articulate emotions to others
- Factors in social environment
 - Fear of others' reactions
 - Fear
 - Disgust
 - Anger
 - bullying
 - Taboo
 - Fear of being labeled/stereotyped e.g. 'Emo'
- Friendships
 - Have less friends to talk to + Friendship network deterioration

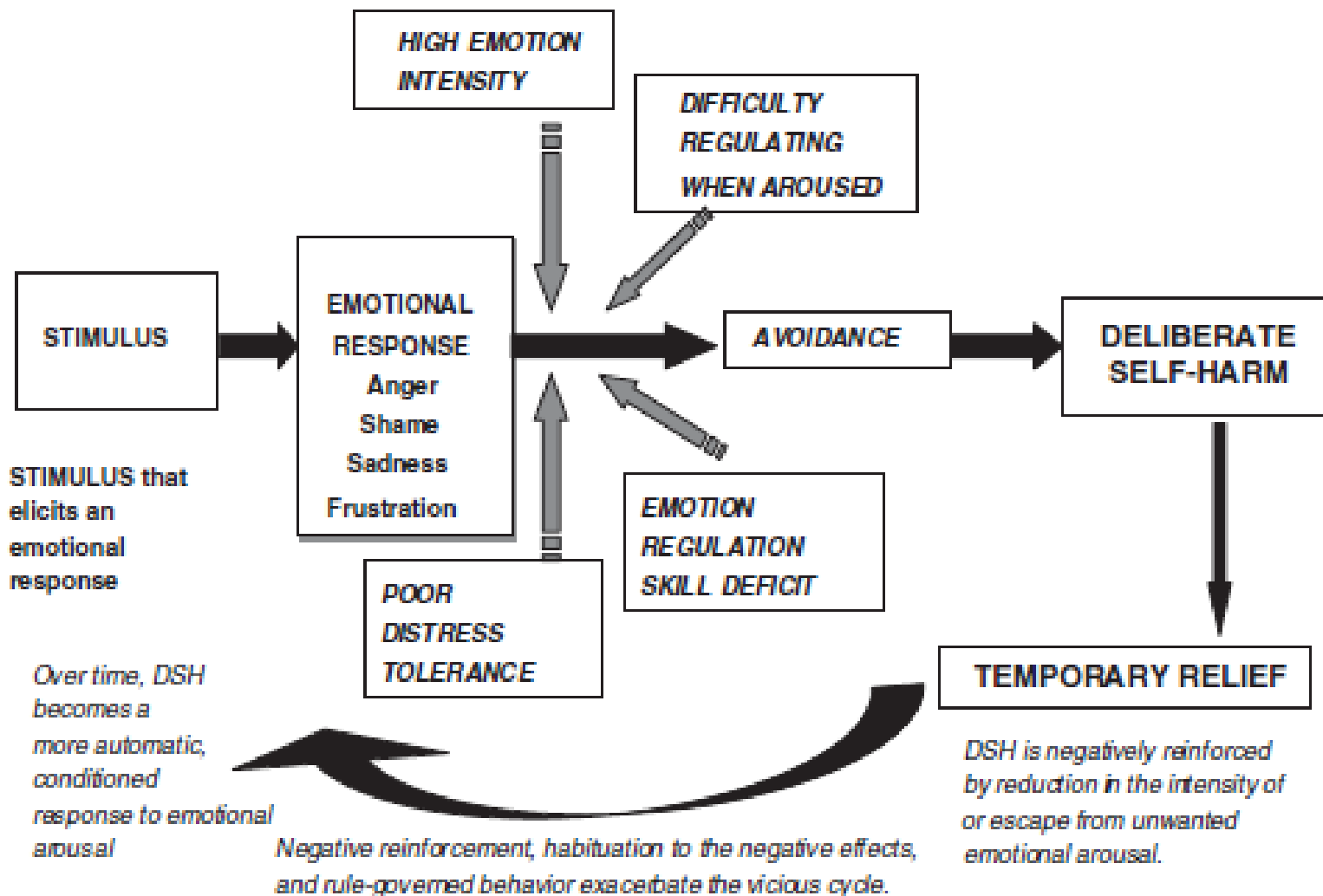


Experiential Avoidance Model (EAM)

- **Premise:** NSSI is an avoidance behaviour to escape unwanted emotion, somatic experiences, thoughts, or memories.
- **What triggers NSSI?:** An individual experiences unwanted negative emotion and engages in NSSI to alleviate or eradicate the emotion, which negatively reinforces the NSSI behaviour.
- **Why do people keep doing it?:** Over time the association between negative emotion and NSSI is strengthened (repeated pairings), and self-harming in response to negative emotion may become automatic. (related to experience of NSSI becoming habitual)
- **Support for the EAM?**
 - NSSI is significantly related to other avoidance behaviours (e.g. Drug and alcohol use) (for a review see Chapman et al., 2006).
 - NSSI is associated with a lack of skills necessary to appropriately manage emotional turmoil (e.g. correlated with ‘alexithymia’)



THE EXPERIENTIAL AVOIDANCE MODEL (EAM) OF DELIBERATE SELF-HARM



Chapman, A.L., Gratz, K.L., & Brown, M.Z. (2006). Solving the puzzle of deliberate self-harm: The experiential avoidance model. *Behaviour Research and Therapy*, 44, 371-394.

Precipitants/Triggers for NSSI

- (intolerable) emotional experience
- Negative events
 - Arguments with loved ones
 - Trauma (memories of)
 - Life stressors



Can we minimise triggers?

– Role of environment

- Environmental triggers
 - Access to means/immediacy of means
 - Relational triggers (i.e. Arguments, etc.)
-
- Improve ability manage stressful (triggers)
 - Improve insight into triggers and Early Warning signs
 - Work on unresolved interpersonal issues that may be triggering NSSI (e.g. ongoing arguments, disagreements, ongoing sources of conflict)
 - Building a strong relationship so issues can be discussed and resolved early



Given the emotion regulation component...what will help?

- Open communication
- Developing a strong, trusting relationship
- Developing other coping strategies
- Validation
 - Is NOT agreeing
 - Is about showing understanding for the person's perspective



Expressing Emotion

- Letting the 'lid' off/ releasing steam (see 'pressure cooker')
- Encouraging emotion language in your home
- What is the culture of emotional expression in your home?
- Mood diary (monitor positive and negative triggers)
- Thankfulness journal
- Mood shifters
 - Movies/ YouTube clips
 - Photos
 - Quotes

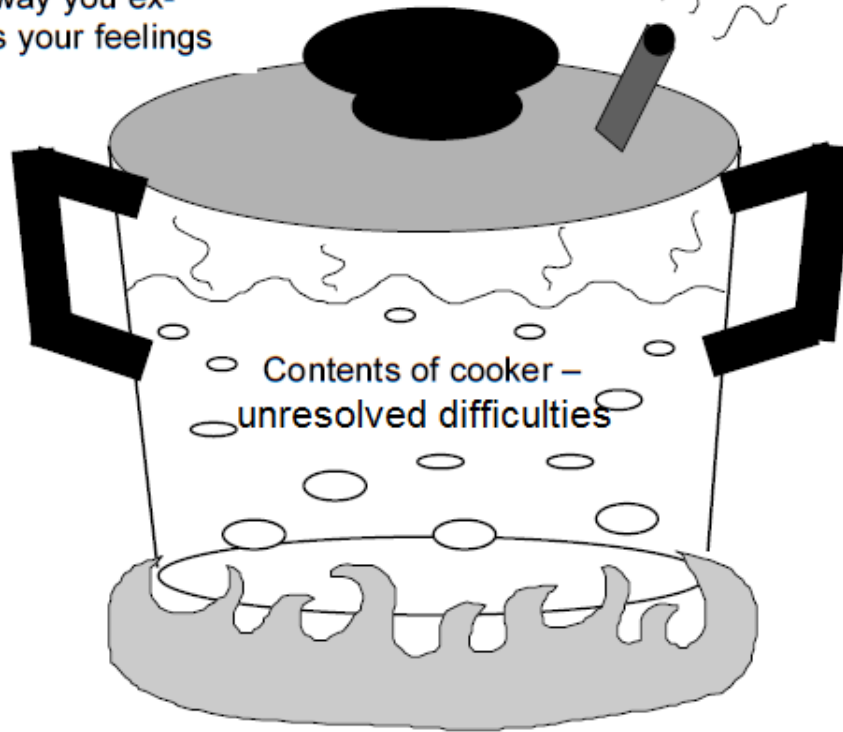


Pressure Cooker Model (of Stress/Anger/Emotions)

Talk things through?
Write things down?
Sing?
Joke?

Loose or tight lid –
The way you express your feelings

Steam release –
What you do with physical tension



Arguments/
relationship
breakdown
Physical
Illness
Exams
Poor sleep

Relaxation?
Exercise?
Sport?
Hot bath?

“They’re trying to make me look stupid”

“I can’t do this anyway, so why try?”



“Just In Case Plan”

- Used in relapse prevention in therapy
- Helpful for everyone!
- Can include
 - What I’m like when I’m well...
 - Social? Active? Regular sleeping patterns?
 - What helps keep me well?
 - Activities
 - People to be around
 - Things to avoid
 - What I’m like when I start to get stressed...
 - Wake regularly at night? Start skipping meals?
 - What helps when I’m stressed
 - Talking to X? Taking the dog for walks?
 - Who can remind me of these helpful strategies
 - Make an agreement + plan when things are going well (if possible)
 - Who can help me notice my EWS – what can they say when they notice?
 - (as above)
 - Contact details of support people, agencies, etc.



Relaxation

- Breathing techniques
 - Diaphragmatic breathing
 - “Belly breathing” “Bubble breathing”
- Progressive Muscle relaxation
 - Tense and relax you muscle groups one-by-one
- Meditation
- Mindfulness
- Visualisation (e.g. of calm scene)
- (Noticing tension – part of EWS)
- What do you find helpful?



Unhelpful thoughts

- Unhelpful ways of thinking
 - Mindreading
 - Jumping to conclusions
 - All or Nothing thinking
- Challenging unhelpful thoughts
 - What is the evidence of this thought? What's the evidence against this thought?
 - Is this a style of thinking I've fallen into? Does it represent an unhelpful thought pattern (see above types of thinking)
 - What might a friend say?
 - Is this a helpful thought?



Managing Behaviour

- What types of unhelpful behaviours does your child or rangatahi engage in when stressed?
- Reward systems:
 - Praise/Reward desired behaviour/ effective stress management
 - Praise insight when they choose to engage in healthy behaviours.
- Engage in discussion
 - Does this behaviour help them? In the short term? In the long term? What life goals or values does it get in the way of (if the behaviour is unhealthy)?
 - Encourage insight (rather than jumping to ‘fix’)



Self care

- Self care box
- Important factors for self care
 - (balanced) Exercise
 - (balance) Food
 - Sleep hygiene
 - Limits/set boundaries
 - Being able to say no
 - Assertiveness
 - When..... (you follow me when I'm angry)
 - I feel... (even angrier!)
 - I would like.... (you to give me space to calm down..)



Family/Whānau factors related to NSSI

- Protective factors:
 - Having a family/whānau confidante
 - Whānau/family cohesion (emotional bonding)
 - Open communication
 - Responsibilities in the family/whānau
- Risk factors:
 - Family/whānau criticism
 - Poor communication with parents
 - Especially for youth with more internal locus of control (? self-blame)
 - Associated with lack of family confidante
 - Invalidating environment
 - Self-injury and suicidal behaviours

The impact of these factors can depend on features of the adolescent/rangatahi – a matter of fit...

Tulloch, Blizzard & Pinkus (1997)

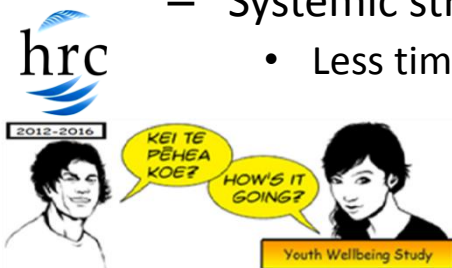
Wedig & Nock (2007)



This emotional impact takes it's toll on parents' and whānau...

- Initially may accept implausible explanation (e.g. “cat scratched me”)
 - Hope it'll go away
 - NSSI sometimes seen as a ‘fashion’, time-limited/phase
 - Parents’ own emotion gets in the way of delving further
- Parents report that they ‘walk on egg shells’
- Worries about ‘triggering’ NSSI
- => impacts on...
 - Parenting style
 - Setting limits
 - Maintaining boundaries
 - Parent self care
 - Hypervigilance
 - Systemic stress
 - Less time for siblings; less time for marital relationship; increased parental stress

Oldershaw, Richards, Simic & Schmidt, 2008



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Managing your own reactions and stress

- We can also apply same strategies as adults!
 - The 'Just in Case plan'
 - Knowing our early warning signs
 - Self care



In closing...

- Self-care
- Useful resources
 - <http://www.crpsib.com/>
 - <http://www.sparx.org.nz>
 - <http://www.lifesigns.org.uk/>
 - <http://www.getselfhelp.co.uk/>
 - <http://www.insync-group.ca/>
- Youth Wellbeing Study
 - Contact us on youth-wellbeing@vuw.ac.nz
 - <http://www.victoria.ac.nz/psyc/research/youth-and-wellbeing-study>



Acknowledgements

- Dr Barbara Woods, Guidance counsellor at St Mary's College
- St Mary's College for hosting this evening
- Health Research Council of New Zealand
- Participants who contributed to the research underpinning the information presented this evening
- Participating schools and pastoral care staff involved in the YWS

