Developing and Implementing School Protocol for Non-Suicidal Self-Injury (NSSI)

Kate Bubrick, Jaclyn Goodman, & Janis Whitlock

Cornell Research Program on Self-Injurious Behaviors

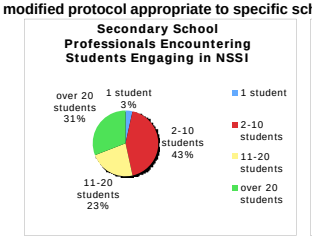
College of Human Ecology, Cornell University

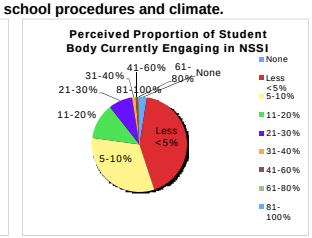
What is NSSI?

Non-suicidal self-injury (NSSI) typically refers to a variety of behaviors in which an individual intentionally inflicts harm to his or her body for purposes not socially recognized or sanctioned and without suicidal intent (The International Society for the Study of Self-Injury, 2007). Primarily used as a coping method, NSSI can take many forms, such as cutting or scratching to burning or bone-breaking.

Why is an NSSI school protocol important?

Protocols are useful in guiding school personnel responses to situations that many find uncomfortable or unable to manage. Additionally, they provide a means of assuring that a school's legal responsibilities and liabilities are addressed even in situations where personnel may not have this as their primary concern. In providing guidance on how to assess and support students in the immediate aftermath of disclosure and in the longer term, self-injury protocols are beneficial for both students and staff. In his discussion of self-injury protocols, Walsh (2006) explains that "the advantage of having a written protocol is that staff know how to respond to self-injury systematically and strategically." It is essential to note that although a self-injury protocol may be similar to those used in other situations like suicide, they are not the same. It is possible, however, for each school to have a modified protocol appropriate to specific school procedures and climate.





What to include in an NSSI school protocol?

Designating Crisis Team and Point Person

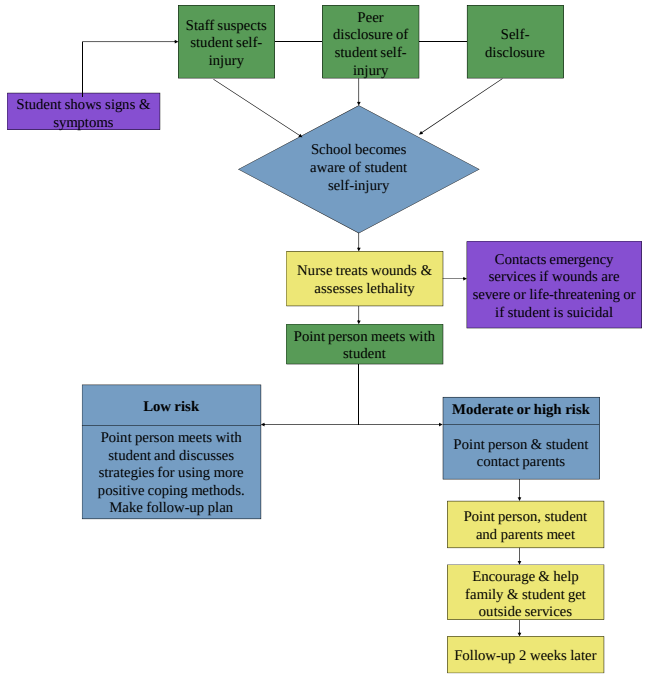
Ideally, the responsibility of developing and carrying out a NSSI protocol, which outlines the steps for detecting and managing self-injuring students, resides with the school crisis team. Many schools may already have a crisis team in place; if not, the first step would be to assemble a team of diverse individuals, ideally some combination of the school's guidance counselor, nurse, social worker, psychologist, administrator and/or teachers. Once this team is in place, it is important to determine a point person to serve as the main liaison between the student, his/her parent(s) or guardian(s), and the school. In addition, the crisis team should receive in-depth training on recognizing and managing self-injurious students and possible contagion effects. They should also be tasked with the development of strategies for providing general education about self-injury for school staff and faculty. The main responsibilities of the crisis team/point person are:

- Responding to any disclosures of NSSI and serving as a resource to faculty or staff
- Making contact with the student and directing them to the nurse for assessment and care of wounds
- Ensuring the student suicidality is assessed at the point of identification and later
- Acting as a liaison between the student, parents or guardians, faculty/staff, peers, and outside referral agents
- Establishing a productive and supportive relationship with the self-injuring student

Education

All members of the school staff and faculty should be trained in the basics of NSSI. This training is necessary before any school protocol for NSSI can be put in place. Students should <u>not</u> be included in this education session. The most important part of staff training is how to identify signs and symptoms of NSSI. It also imperative that staff members are trained to recognize the difference between NSSI and suicidal behavior, and to be aware of the conditions under which NSSI requires immediate attention. All staff members should also be trained to comfortably initiate conversation with or respond to students who disclose NSSI. Finally, staff must know the point person to contact when they become aware of a student who is engaging in NSSI.

Protocol Model



Identification

There are several ways that a school might discover that a student is engaging in NSSI. This can be accomplished through student self-disclosure, peer notification, or a faculty or staff member may notice signs and symptoms suggesting that a student is engaging in NSSI. Recognizing the signs and symptoms of NSSI is important for identifying students who may be engaging in NSSI. These signs and symptoms often include:

- Unexplained burns, cuts, scars, or other clusters of similar makings on the skin, particularly on the arms, hands, and forearms opposite the dominant hand
- Inappropriate dress for the season, such as long sleeves in warm weather
- Constant use of wrist bands or coverings
- Unwillingness to participate in activities which require less body coverage
- Frequent bandages and possession of odd or unexplained paraphernalia such as razor blades
- Heightened signs of depression or anxiety

When a student's NSSI is first made aware to a staff or faculty member, he or she should send the student to the nurse for treatment of wounds and assessment of their NSSI. The crisis team and/or point person should be made aware that a student is engaging in NSSI and prepare to meet with the student.

If a staff member learns or suspects that a student is engaging in NSSI, he or she should contact the designated point person or a member of the crisis team. The student should be approached with "respectful curiosity," which is an attitude of wanting to understand the problem instead of just wanting it to go away (Walsh, 2006). In this situation, it is important to use "I" statements.

Assessment

Assessment of student needs and next steps will require input from the designated point person and crisis team as well as from the nurse if there are wounds that require attention. The first step is to assess and treat any immediate wounds. This should precede any additional conversation with the student about the non-physical aspects of their NSSI. Wound severity, implements used, location and number of scars from older wounds observed should all be noted during treatment and discussed with the designated point person or crisis team when triaging next steps.

While it is uncommon for actively self-injurious students to be suicidal (NSSI is most often used to *cope* with emotional distress), suicide assessment is warranted if assessment deems that the student may be actively suicidal. In this case suicide assessment should occur immediately and, if detected, suicide protocols should be followed from this point. While a self-injurious student may not be or have ever been suicidal at the point at which NSSI is detected, NSSI does serve as a warning sign for some students that suicide may become an option later.

After the physical assessment, one must gauge the student's intention behind engaging in NSSI. Collecting basic information about a student's self-injury practices and history will be important in determining the need for parental involvement and engagement of outside resources. These questions should aim to assess:

- History
- Frequency
- Methods
- Triggers
- Psychological purpose
- Disclosure, help-seeking, and support
- Suicidal behaviors

Research suggests that not all self-injury is equally severe. One study documented three self-injury classes (Whitlock, Muehlenkamp, Eckenrode, 2008)):

- <u>Superficial</u>: characterized by low lifetime frequency, superficial tissue damage, few forms, low lethality
- <u>Battery/light tissue damage</u>: characterized by low lifetime frequency, light tissue damage, use of several forms, higher risk of suicidality
- <u>Chronic/high severity</u>: characterized by high lifetime frequency, high tissue damage, use of several forms, higher risk of suicidality, history of trauma, most likely to fit classic "cutter" stereotype

With all of the above information, students are usually associated with one of two categories: low or high risk. Please see the protocol model to the left. The next step in assessment is for the point person to talk to the student to determine next steps.

Engaging Parents and the Referral Process

While each school may have a different policy regarding parental disclosure and student confidentiality, the *student* should still be encouraged to call his or her parent(s) or guardian(s). A student's reluctance to inform parents should be handled with the utmost sensitivity. The student should be involved in the process of contacting parents. Often a meeting with the school will be scheduled to plan next steps as necessary. This meeting should include parent(s) or guardian(s), the student and the point person and/or members of the crisis team. During this meeting, it is important for the crisis team to educate the parents/guardians about NSSI. One important goal of this meeting is for the crisis team, parents, and student to discuss how to create and maintain a supportive, appropriate environment for the student. Finally, this meeting should serve to encourage parents to seek outside counseling and support for the student and family, if necessary. Schools should maintain a current list of local therapists and counselors that are trained in treating and / or are familiar with adolescent self-injury. A follow up to the meeting should be scheduled for 1-2 weeks after the initial meeting.

Conclusion

School staff, teachers and administrators are becoming increasingly aware of student self-injury. In order to identify and respond to student self-injury, it is essential that schools develop a protocol. This protocol should contain the processes for developing a crisis team and point person to streamline NSSI response, educating all school faculty and staff (including information on NSSI detection), assessing student NSSI, engaging parents, referring to outside resources, and planning follow-up steps.

References

International Society for the Study of Self-injury. (2007). *Definitional issues surrounding our understanding of self-injury.* Conference proceedings from the annual meeting.

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