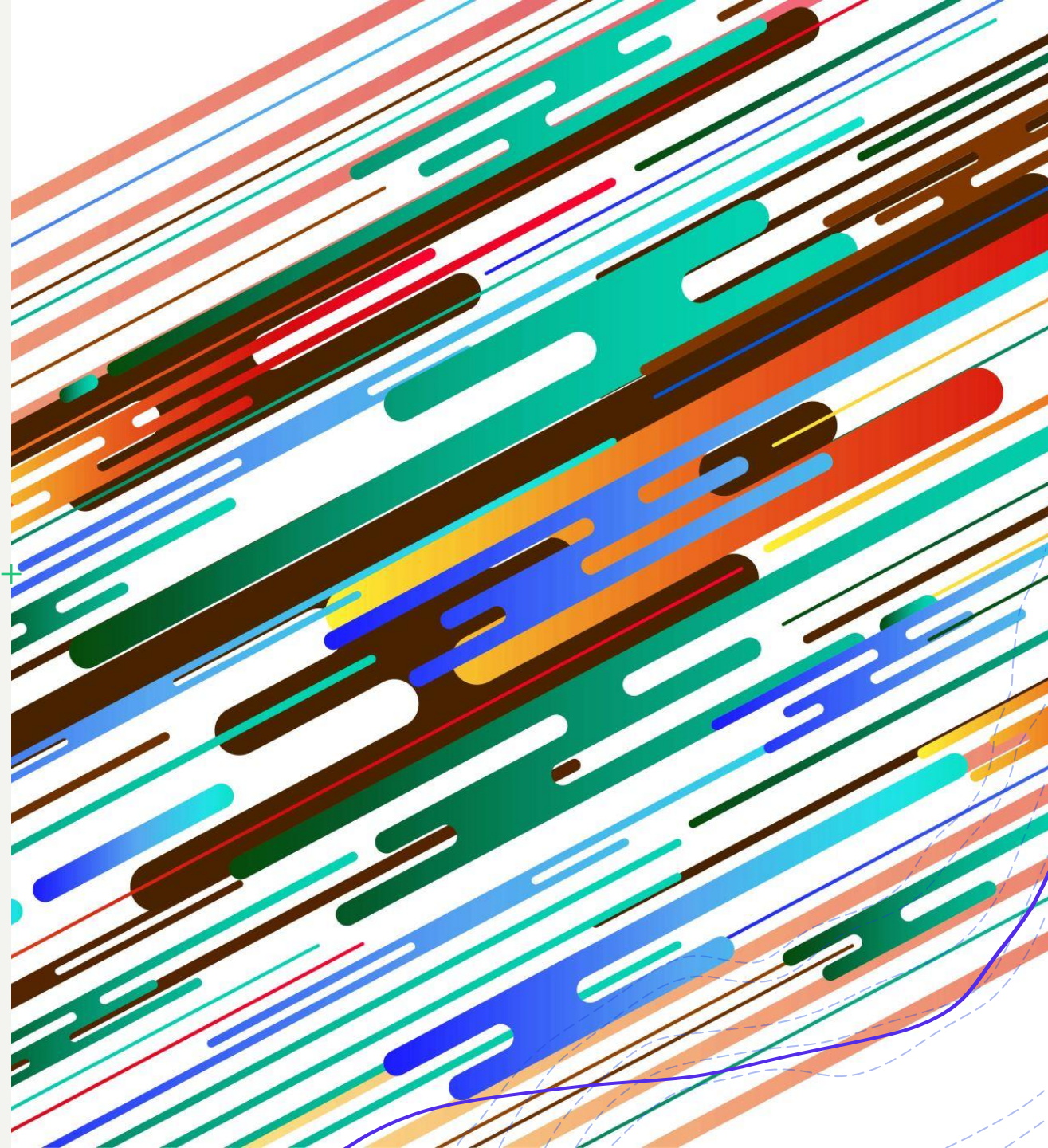


Nonsuicidal Self-Injury and Suicide

Dr. Laura Mueller

Licensed Educational Psychologist

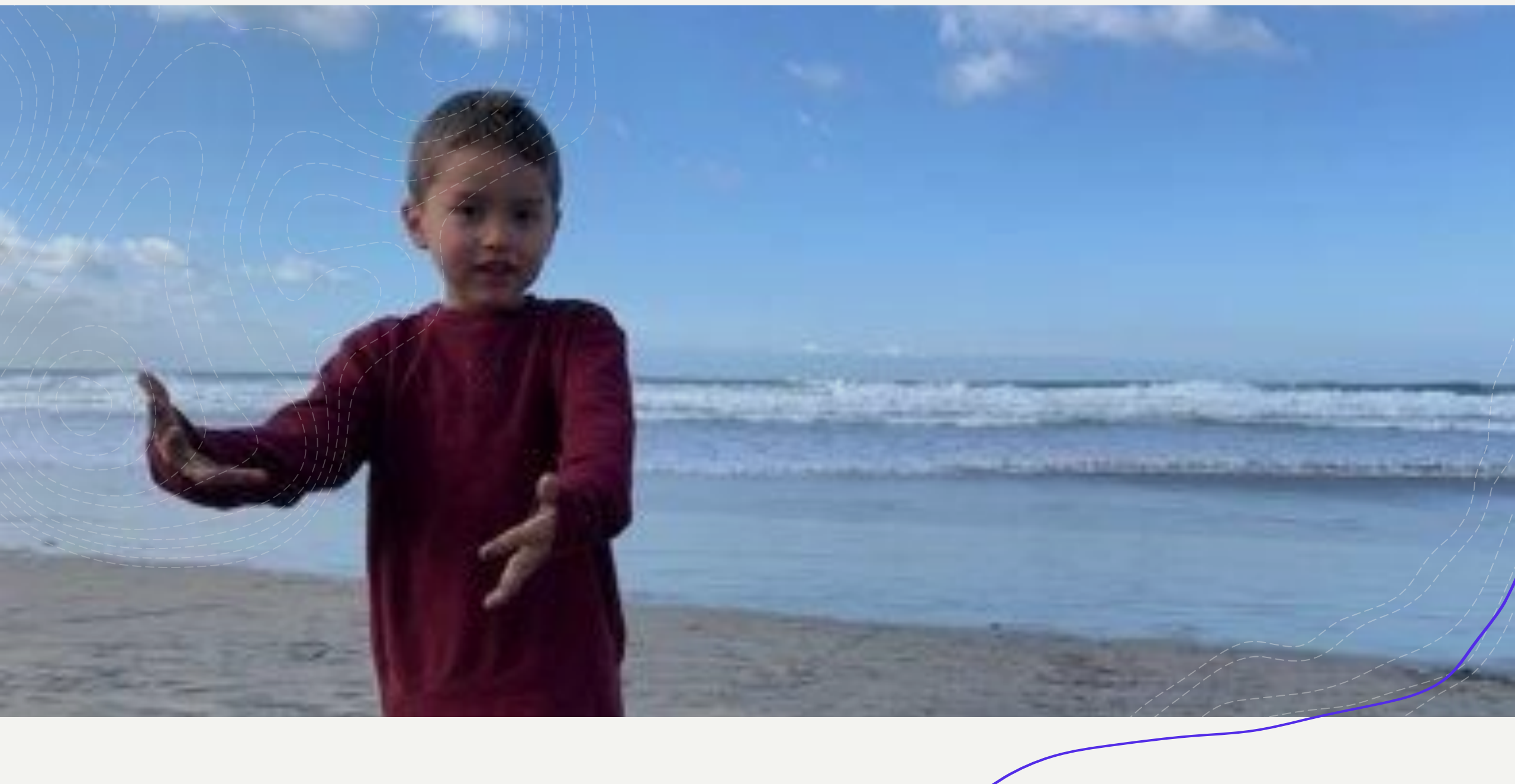
Program Specialist, Poway Unified
School District



A little bit about me

- + 11 kids total– ages 21–31 (almost 22–32), 2 grandkids– ages 2 and 4
- + Adjunct Professor at Alliant International University
- + Doctoral Degree in Educational Psychology
- + History in PUSD: Music Accompanist, Instructional Aide, Substitute Teacher, Practicum Student, Intern, School Psychologist, Behavior Specialist, and now Program Specialist







Self-Injury: Definitions

- + ***Self-Injury*** is deliberately harming oneself as a coping mechanism. It is caused by the emotional stress that the person is incapable, for whatever reason, of dealing with. For these people, Self-Injury is an escape, a way to relieve numbness, and an expression of pain.
- + Self-Injury has recently begun to be widely referred to as: Nonsuicidal self-injury

+ From survivingthememories.com



Self-Injury: Prevalence

- + Self-injury is a phenomenon that impacts up to 25% (reporting at least one incident) of today's students, often beginning around the ages of 13-15, but sometimes starting as early as elementary school.
- + Most recent studies continue to point to a prevalence between 12 and 25% with occurrence within the past 4 years. 6-7% of adolescents and young adults report recent self-injury (within the past 6 months).
- + With numbers like these, it is likely that most educators will encounter students who self-injury during their careers.

Why?

+ *It is unknown with any certainty why this is chosen over other coping strategies. Factors noted in research include:*

- Childhood trauma
 - Family dynamics and changes
 - Emotion regulation capacity
 - Negative cognition
 - Sexual Identity
 - Comorbidity with other mental health disorders
- + Taken from *Understanding Nonsuicidal Self Injury in Youth*. Whitlock and Rodham (School Psychology Forum: Research in Practice Volume 7 Issue 4 Winter 2013)





Cornell Research

- + 67% of the parents reported their child had stopped self-injuring, 36% of youth reported they had stopped self-injuring
- + Youth commonly identified self-injury as an immediate way to cope with and relieve emotional pain and stress
- + Parents talked more about immediate reasons
- + Parents reported shock and guilt when learning about their child's self-injury- questioned themselves about why they hadn't noticed earlier

Cornell Research, cont.

- + “Youth reported that it was easiest for them to discuss their self-injury with their parents when the parents expressed concern, tried not to judge, and showed respect, patience, and curiosity about their experiences: ‘They try to let me know that they’re there if I want to talk or they start a conversation with me or come downstairs and visit with me.’”

Myths about Self-Injury (from Cornell)

- + Self-Injury is a suicide attempt or a failed suicide attempt
- + Self-Injury is done to seek attention
- + Anyone who self-injures is part of the Goth or emo subgroups
- + Someone who self-injures can quit if they really want to stop
- + Someone who self-injures is a danger to others

Link Between Nonsuicidal Self-Injury and Acquired Capability for Suicide: A Longitudinal Study

Teena Willoughby, Taylor Heffer, and Chloe A. Hamza
Brock University

Other Recent Research

Despite recent findings that nonsuicidal self-injury (NSSI) is a strong predictor of suicide attempts, little empirical attention has been given to the mechanism through which NSSI increases suicide risk. The present 2-year longitudinal study represents the first critical test of Joiner's (2005) hypothesis that NSSI is linked to lower pain sensitivity and fear of death over time (i.e., NSSI leads to acquired capability for suicide). Undergraduate students ($N = 782$) at a mid-sized Canadian university completed measures of NSSI and acquired capability for suicide at 2 time points (1 year apart). Path analyses revealed that higher frequency of NSSI engagement in the past year was associated with greater acquired capability for suicide 1 year later, and that this link was unidirectional. This study provides the first longitudinal evidence that a potential mechanism for the link between NSSI and suicide attempts may be acquired capability for suicide, and suggests that targeting NSSI engagement could help to prevent individuals from acquiring the ability to enact more lethal forms of self-injury.

Adolescent Non-Suicidal Self-Injury (NSSI) Interventions

Ariel Henrie Gonzales, P/MHNP, MSN, and Linda Bergstrom, RN, CNM, PhD, FACNM

Ariel Henrie Gonzales, P/MHNP, MSN, is an alumnus, University of Utah, Salt Lake City, Utah, USA. Linda Bergstrom, RN, CNM, PhD, FACNM, is Associate Professor (Clinical), College of Nursing, University of Utah, Salt Lake City, Utah, USA

Researchers who conducted small qualitative studies and case studies of adult clients with NSSI have identified stages of healing. They have also described which interventions clients found valuable and which were perceived as harmful. Understanding the meaning of the NSSI was identified as an important part of healing in two studies. Higher education and a relationship with one long-term provider were perceived as helpful. High unit expectations and an excess of attention directly following an NSSI incident were perceived as unhelpful. Women in a small qualitative study felt that encouragement to relax during NSSI urges increased their NSSI behavior. Medication was also perceived to be counterproductive by clients in a small qualitative study. One woman wrote that harm-reduction oriented patient education provided when she was 18 empowered her to use infection control measures and avoid cutting important anatomical structures.

Common Pathways to NSSI and Suicide Ideation: The Roles of Rumination and Self-Compassion

Penelope Hasking, Mark E Boyes, Amy Finlay-Jones, Peter M. McEvoy & Clare S. Rees

- + We investigated whether rumination and self-compassion moderate and/or mediate the relationships between negative affect and both non-suicidal self-injury (NSSI) and suicide ideation. Undergraduate university students (n = 415) completed well-validated measures of negative affect, rumination, self-compassion, NSSI, and suicide ideation. Neither rumination nor self-compassion moderated associations between negative affect and NSSI and suicide ideation. *However, both rumination and self-compassion mediated associations between negative affect and lifetime history of NSSI and suicide ideation. Self-compassion additionally mediated the association between negative affect and both 12-month NSSI and suicide ideation. The salience of self-compassion, particularly in predicting recent NSSI and suicide ideation, offers promise for early intervention initiatives focusing on less judgmental or self-critical means of self-relation.*

+ “While rates of past year MH symptoms were high overall, these rates were even higher among those 10% of students who reported internet use/computer gaming that had been problematic for their academic functioning. *Significantly elevated rates were observed for all MH indicators examined, including those related to mood and anxiety (e.g., felt overwhelming anxiety and felt so depressed it was difficult to function) as well as suicidality (e.g., self-harm, suicidal ideation, and suicide attempts). These findings are consistent with prior research linking problematic video game use to more severe levels of depression, anxiety, and other MH outcomes* (Kim et al., [2016](#); Maras et al., [2015](#); Mentzoni et al., [2011](#); Yang, [2001](#)) but highlight this relationship specifically in a US undergraduate college sample and using a large data set that allowed controlling for a range of demographic covariates.”

Stevens, C, Zhang, E, Cherkerzian, S, Chen, JA, Liu, CH. Problematic internet use/computer gaming among US college students: Prevalence and correlates with mental health symptoms. *Depression and Anxiety*. 2020; 1– 10. <https://doi.org/10.1002/da.23094>

2020 Research: Problematic Internet Usage- Mental Health Connection

Educators and Self-Injury: The missing manual for understanding and dealing with students who self-harm

Website

[Download e-Book](#)

Introduction to Educators and Self-Injury

Nonsuicidal self-injury (NSSI) is a phenomenon that impacts up to 12-25% of today's students, often beginning around the ages of 13 to 15, but sometimes starting as early as elementary school.* With numbers like these, it is likely that most educators will encounter a minimum of one case during their careers. This website has been developed as a resource for educators. It provides information in a brief format regarding how to recognize, understand, and respond to self-injury.

Educators requiring more extensive information are encouraged to use the links to books, websites, journal articles, and resources throughout the website.

**All of the information on this website is derived from a review of literature conducted by the author in 2010 and from the School Psychology Forum, Research in Practice: Nonsuicidal Self-Injury Volume 7, Issue 4 Winter 2013. All of the references for the information are listed within the books and journal articles tab.*

KEEP READING:

[1. Introduction](#)[2. Definition](#)

NEWS & BLOG

[Not JUST January 5, 2021](#)[Mindfulness Strategies
December 4, 2020](#)

RESOURCES

[Books and Journal Articles](#)[Contact the Author](#)

STAY INFORMED

Receive regular updates from Dr. Laura Mueller at Educators and Self Injury right in your inbox.

[SIGN UP](#)

EDUCATOR'S GUIDE

[1. Introduction](#)[2. Definition](#)[3. Causes](#)[4. Recognizing Self-Injury](#)[5. Common Reactions](#)[6. Educator Response](#)

Blog

Not JUST

📅 January 5, 2021 👤 Dr. Laura Mueller 📁 Updates

How often have you heard someone say something like the following:

"I am *just* a bus driver."

"Joey is *just* going to community college first."

"Sarah is *just* going to a state school, nothing prestigious."

"She's not planning to get a degree, she's *just* going to be a florist."

This has been a pet peeve of mine for a very long time. Once I dove into the research around self-injury and suicide and after I had the opportunity to watch "[Race to Nowhere](#)", I became increasingly convinced of the need to *change the narrative* and *shift the elitist mindset* around conversations about education and careers *society-wide* and *especially* in education.

On a personal note:

1. One of my eleven children self-injured (and was sometimes suicidal) *specifically around* her felt need to *achieve* at a high level. This, despite reassurance from myself and the rest of her adoptive family that it was not at all necessary.
2. Only two of my eleven children began their college education at *other than* a community

STAY INFORMED

Receive regular updates from Dr. Laura Mueller at Educators and Self Injury right in your inbox.

SIGN UP

EDUCATOR'S GUIDE

1. Introduction

2. Definition

3. Causes

4. Recognizing Self-Injury

5. Common Reactions

6. Educator Response

7. Suicide and Self-Injury

The background features a light gray field with several wavy, dashed blue lines that resemble topographical contour lines. A small green plus sign is positioned above the word "Suicide". In the top-left and bottom-right corners, there are partial views of white circles.

Suicide

Definitions

- + Suicide is a major public health concern. Suicide is among the leading causes of death in the United States. Based on recent nationwide surveys, suicide in some populations is on the rise.
 - + **Suicide** is defined as death caused by self-directed injurious behavior with *intent to die* as a result of the behavior.
 - + A **suicide attempt** is a non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior. A suicide attempt might not result in injury.
 - + **Suicidal ideation** refers to thinking about, considering, or planning suicide.
- + From the National Institute of Mental Health



Statistics

Leading Cause of Death in the United States (2017) Data Courtesy of CDC								↓
	Select Age Groups							
Rank	10-14	15-24	25-34	35-44	45-54	55-64	All Ages	
1	Unintentional Injury 860	Unintentional Injury 13,441	Unintentional Injury 25,669	Unintentional Injury 22,828	Malignant Neoplasms 39,266	Malignant Neoplasms 114,810	Heart Disease 647,457	
2	Suicide 517	Suicide 6,252	Suicide 7,948	Malignant Neoplasms 10,900	Heart Disease 32,658	Heart Disease 80,102	Malignant Neoplasms 599,108	

APRIL 11, 2015

Frank Bruni

PALO ALTO, Calif. — I HAD heard about all of the dying, about all of the grief, and still I didn't immediately understand what I was seeing when, at a railroad crossing here, I spotted a man in a blaring orange vest, the kind that road crews and public-safety workers wear. He wasn't carrying any equipment. He wasn't engaged in any obvious activity. He shuffled his feet, staring into the distance.

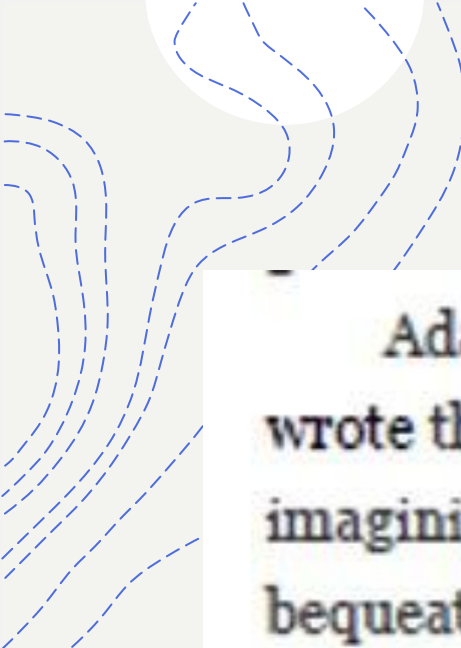
Hours later, at the same crossing: an orange-vested woman. Like the man, she just stood there, without evident purpose.

"They're on the lookout," a friend of mine who lives here explained.

"For what?" I asked.

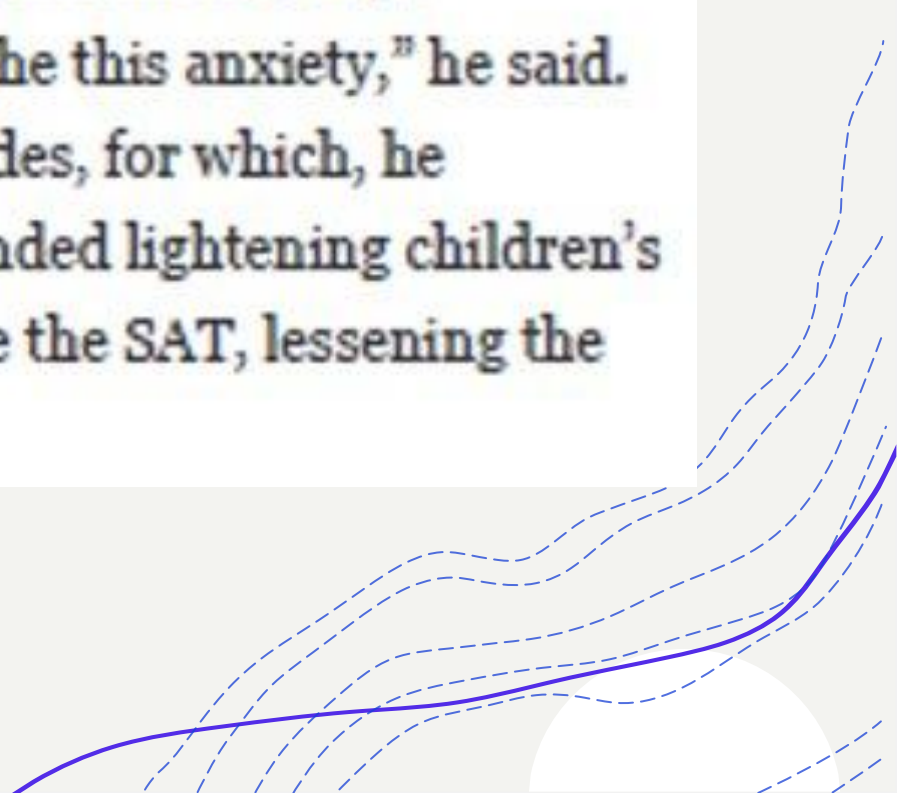
"Suicides," my friend said.

Between May 2009 and January 2010, five Palo Alto teenagers ended



Adam Strassberg, a psychiatrist and the father of two Palo Alto teenagers, wrote that while many Palo Alto parents are “wealthy and secure beyond imagining,” they’re consumed by fear of losing that perch or failing to bequeath it to their kids. “Maintaining and advancing insidiously high educational standards in our children is a way to soothe this anxiety,” he said.

He made these observations apart from the suicides, for which, he emphasized, “There is no single cause.” He recommended lightening children’s schedules, limiting the number of times that they take the SAT, lessening the message that it’s Stanford or bust.



Risk Factors

- A teen might feel suicidal due to certain life circumstances such as:
- Having a psychiatric disorder, including depression
- Loss of or conflict with close friends or family members
- History of physical or sexual abuse or exposure to violence
- Problems with alcohol or drugs
- Physical or medical issues, for example, becoming pregnant or having a sexually transmitted infection
- Being the victim of bullying
- Being uncertain of sexual orientation
- Exposure to the suicide of a family member or friend
- Being adopted
- Family history of mood disorder or suicidal behavior

+ From the Mayo clinic

Signs

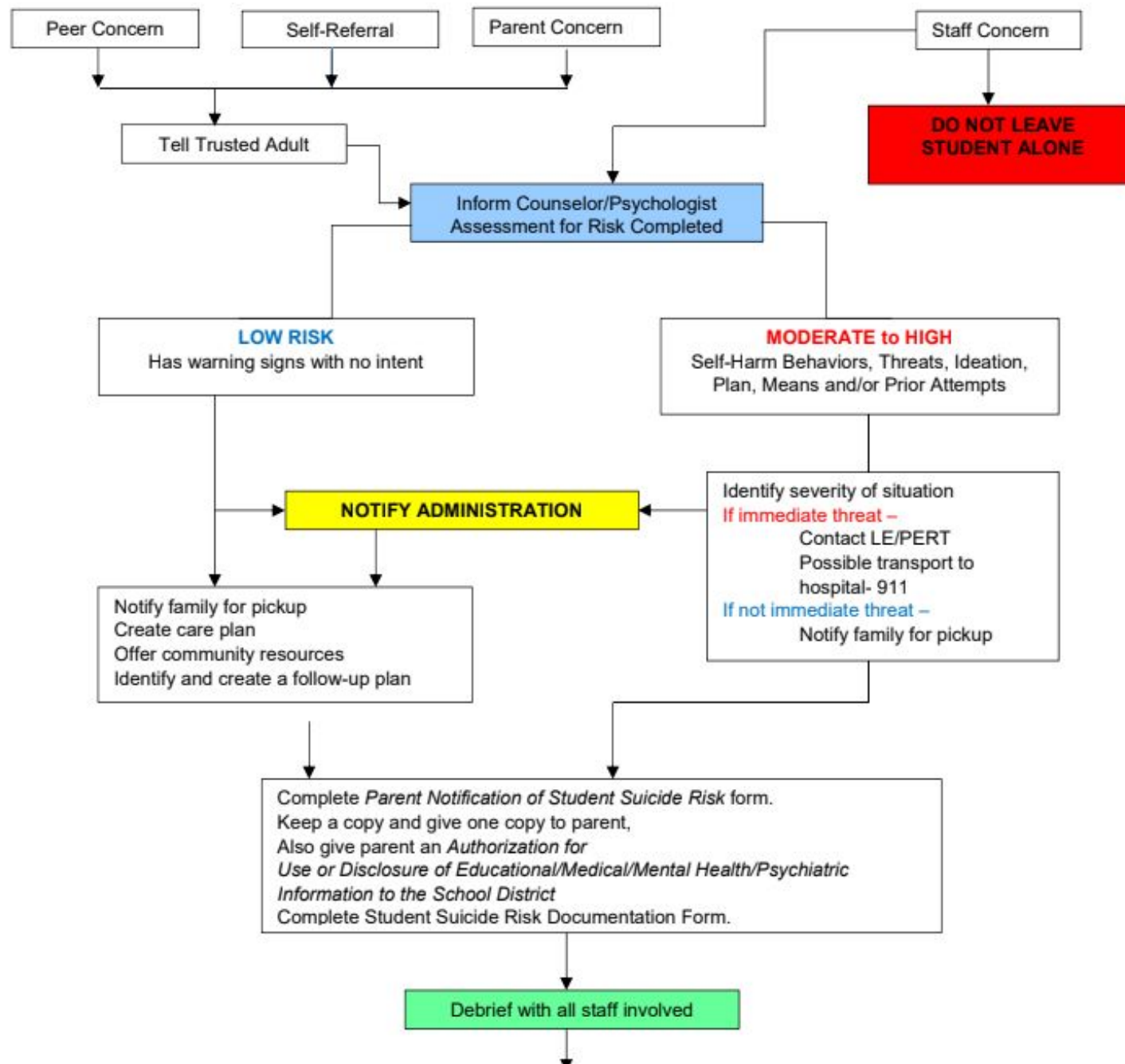
- Warning signs of teen suicide might include:
- Talking or writing about suicide — for example, making statements such as "I'm going to kill myself," or "I won't be a problem for you much longer"
- Withdrawing from social contact
- Having mood swings
- Increasing use of alcohol or drugs
- Feeling trapped or hopeless about a situation
- Changing normal routine, including eating or sleeping patterns
- Doing risky or self-destructive things
- Giving away belongings when there is no other logical explanation for why this is being done
- Developing personality changes or being severely anxious or agitated when experiencing some of the warning signs listed above

+ From the Mayo Clinic



Columbia –Suicide Severity Rating Scale

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
	YES	NO
Ask questions that are bolded and <u>underlined</u> .		
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>	Yellow	
2) <u>Have you actually had any thoughts of killing yourself?</u>	Yellow	
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u> E.g., "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."	Orange	
4) <u>Have you had these thoughts and had some intention of acting on them?</u> As opposed to "I have the thoughts but I definitely will not do anything about them."	Red	
5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>	Red	
6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.	Red	Yellow
If YES, ask: <i>Was this within the past three months?</i>		





Stress and Anxiety in Teens



Contributors to Stress and Anxiety

- + High emphasis on academic achievement (AP classes, 4.0+ GPAS, high test scores)
- + High emphasis on involvement in extracurricular activities and to excel in those areas (sports, dance, theater, music lessons)

Contributors to stress and anxiety

- Over-availability and abundance of screens: Smart Phones, TVs, Computers, Tablets
- TV, Netflix, HULU, Facebook, Snapchat, Instagram
- Not enough face to face time with adults and therefore: lack of training and role-modeling in two key areas- social interaction and emotional regulation/coping (adult to child ratio too high from infancy onward).
- Please consider watching Dr. Bruce Perry: <https://www.youtube.com/watch?v=vkJwFRAwDNE> and a variety of other videos you can find by googling his name.
- <http://childtrauma.org/>

What helps?

- + As far as YOU are able, make sure there is DOWNTIME in kid's schedules
- + Help kids learn to name, accept, and process their emotions: Mental Health providers should be utilizing CBT to address negative thinking styles.
- + Help kids learn to identify adaptive coping strategies that are meaningful to them (walking, singing, listening to music, talking with friends, swimming, swinging...)
- + Don't be part of overloading a student with inappropriate expectations: Fight the notion of overachievement at any cost. (RACE TO NOWHERE- google it!)

What helps?

- + Encourage kids to follow their own goals, dreams, and ideas (don't cave to "the man")
- + Promote the acceptance and validity of all jobs- trash collectors, beauticians, cashiers, ride operators, and gardeners are all VALID, needed, and meaningful
- + Promote human relationships and time with people as the most valuable *thing*
- + Promote responsible screen time- any time spent with a screen is time NOT growing socially and emotionally
- + Mindfulness: <http://thehawnfoundation.org/mindup/>
- + Meditation: <https://www.headspace.com/>

Any
1.1
Questions