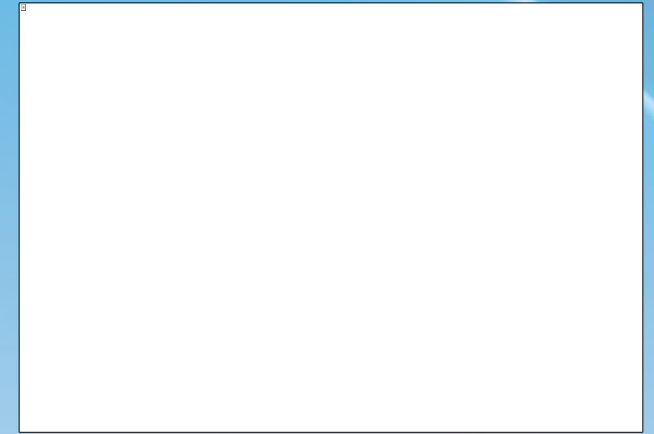


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RETHINKING ADOLESCENT NONSUICIDAL SELF-INJURY: USING A TRAUMA-INFORMED LENS

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NATIONAL SCHOOL-BASED HEALTH CARE CONFERENCE


SESSION A1



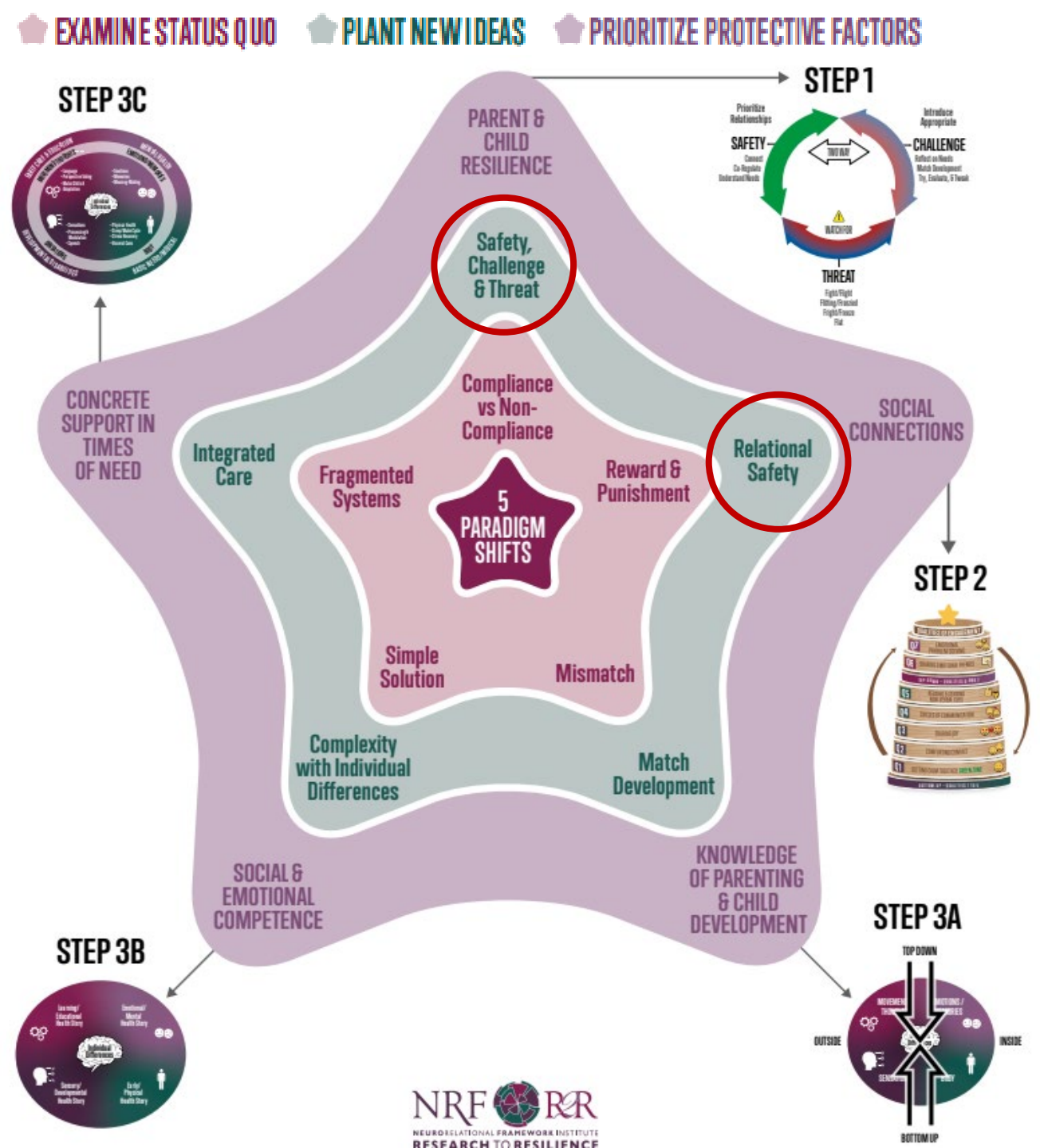


OVERVIEW

Participants will be able to explain the various regulatory and communicative functions of nonsuicidal self-injurious (NSSI) behaviors in adolescents and describe relationship-based, trauma-informed treatment considerations for working with self-harming youth.



Paradigm Shifts in Thinking about Behavior via NeuroRelational Framework (NRF)



DEFINITION

- “**Nonsuicidal self-injury (NSSI)** is the deliberate, self-directed damage of body tissue without suicidal intent and for purposes not socially or culturally sanctioned.” (Laye-Ghindu & Schonert-Reichl, 2005; <https://www.itriples.org/aboutnssi>)
- “While self-harming behavior is a visible manifestation of the person’s pain, it is really an **intervention** against that pain and not a **symptom**.” (Murray, 2007, p.71)



PREVALENCE OF NSSI

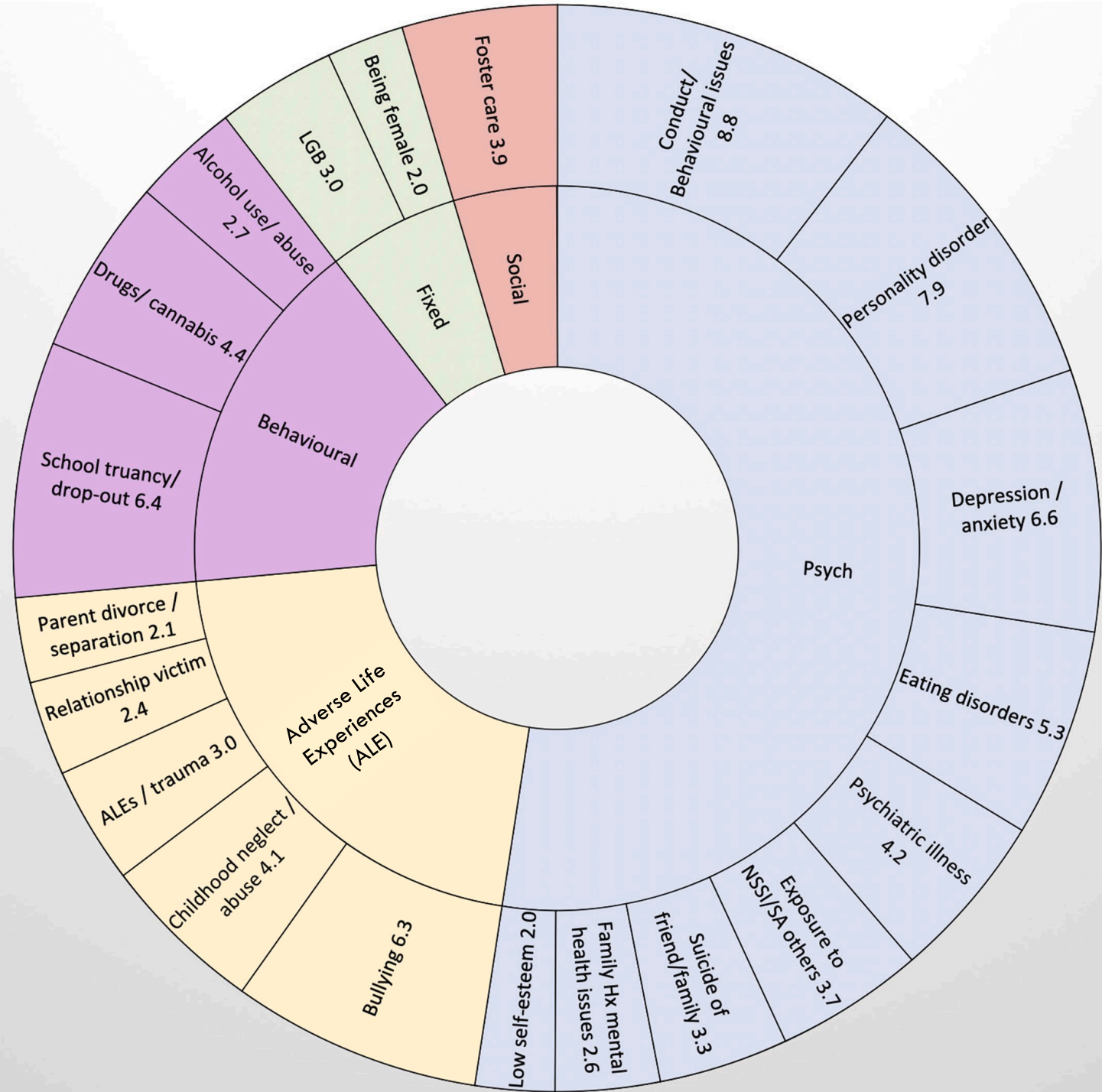


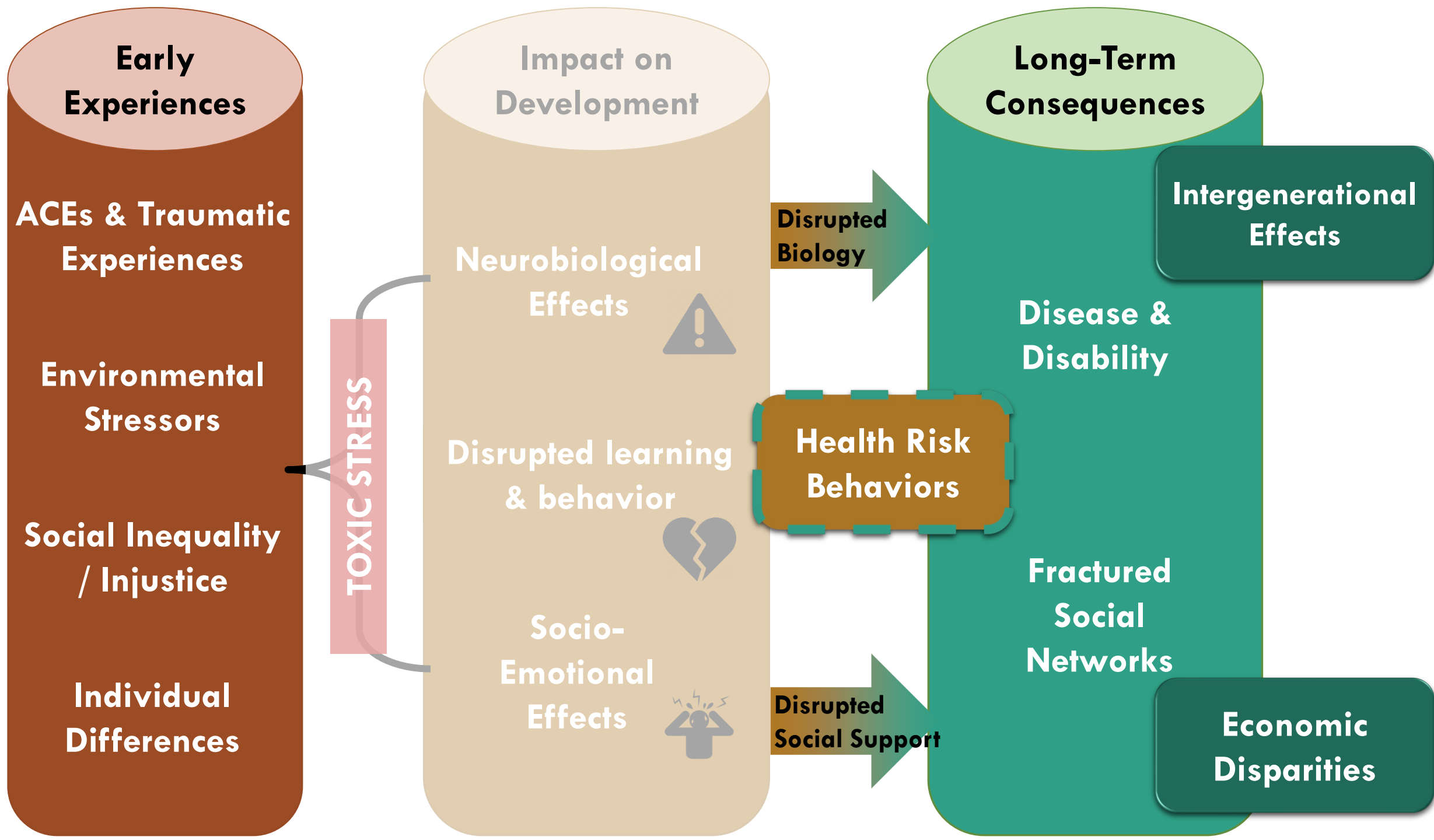
- Adolescent NSSI occurs in 5-39% of the general adolescent population,
 - Thought about NSSI: ~40% of youth
 - Tried NSSI at least 1 x: 14-18% of youth
 - Ongoing, clinical NSSI: 1.5-7% of youth
- Recent meta-analysis including 650K youth → NSSI rate of ~22%
- Clinical populations: 20-60%
- Prevalence increases among college students (from 15-35%).

CHARACTERISTICS OF NSSI

- Average age of NSSI onset:
12-15 yrs (range 8-18)
- When engaging in NSSI:
 - Usually impulsive
 - Little to no pain felt
 - Drug / alcohol not usually involved
 - Mixed feelings afterward
 - Guilt, shame, relief, etc.

RISK FACTORS FOR NSSI





NeuroRelational Framework (NRF): Building Resilient Brain Architecture

3

Step 3: Assess individual differences
(FOUR BRAIN SYSTEMS)

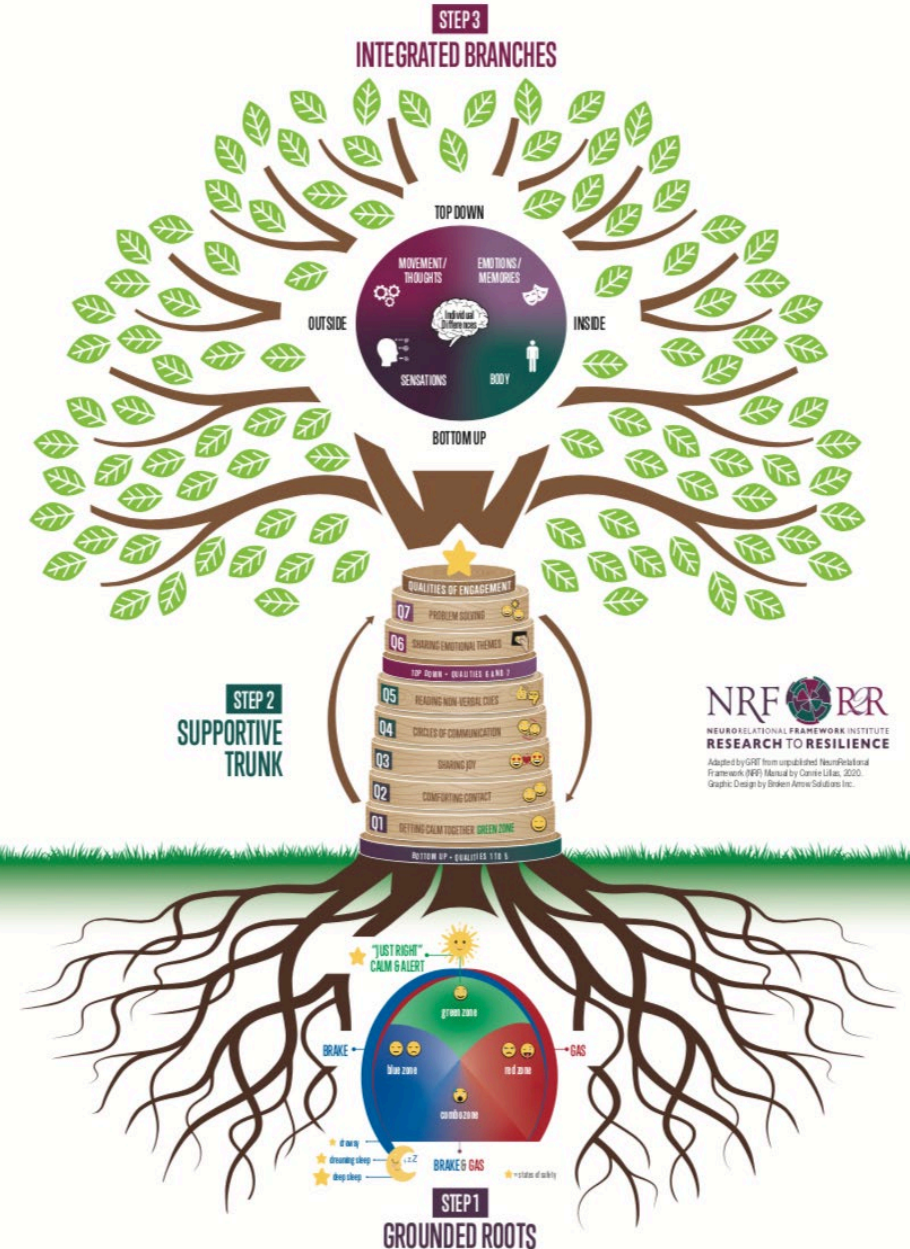
2

Step 2: Assess relationship (engagement)
quality (SOCIAL EMOTIONAL MILESTONES)

1

Step 1: Assess states of arousal & sleep
capacity (ZONES!!!)

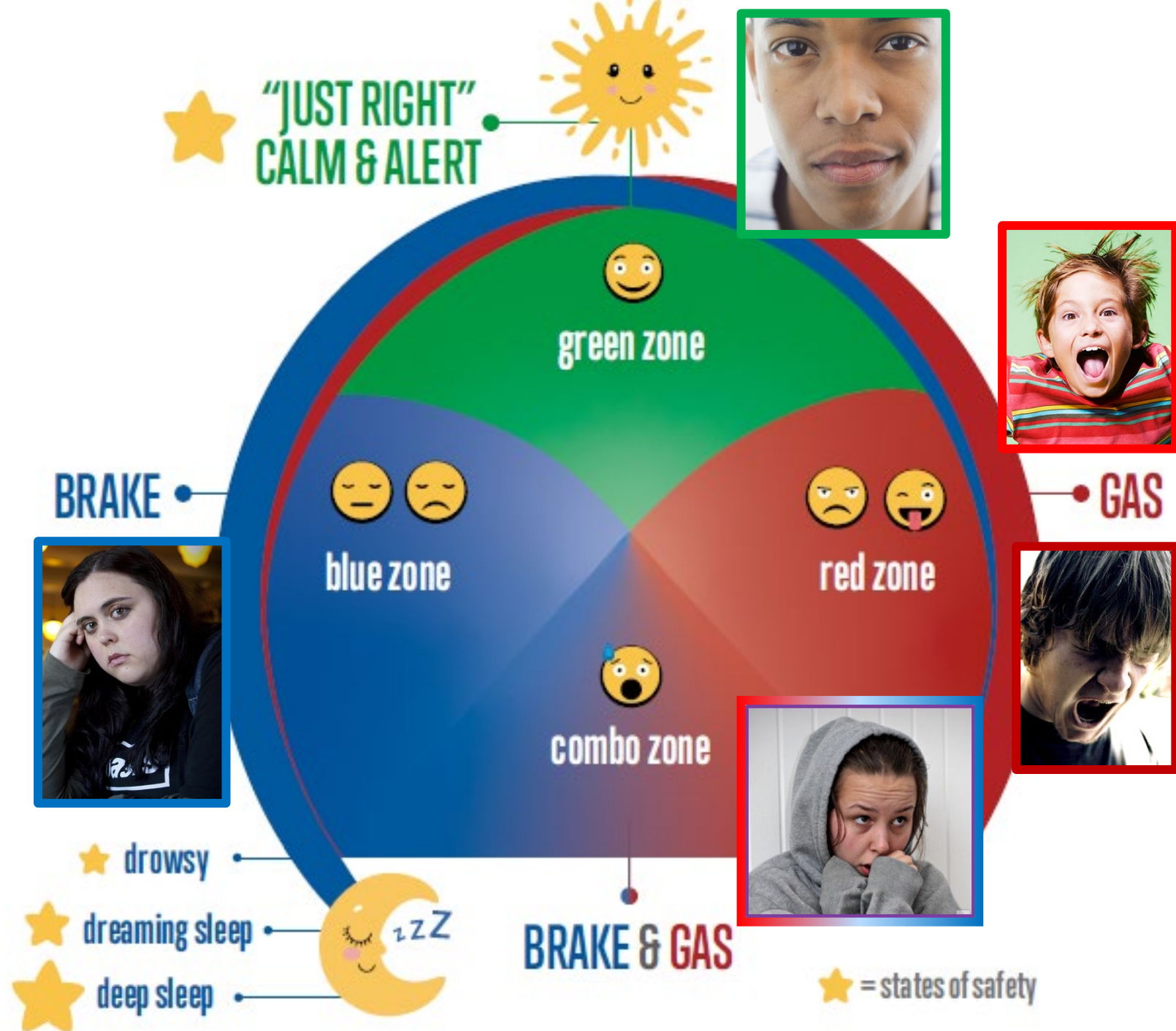
THE NEURORELATIONAL FRAMEWORK'S Three Steps to Resilience



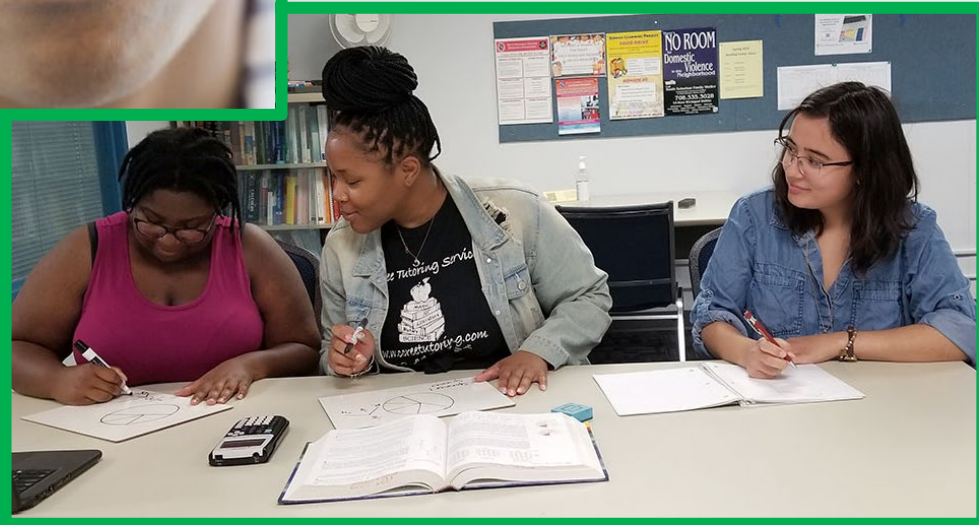
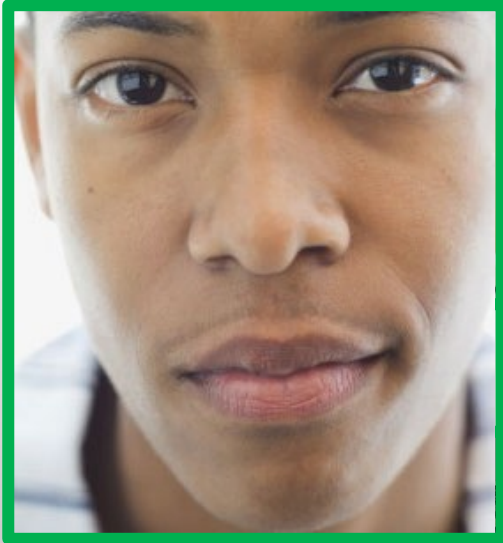
(Lillas & Turnbull, 2009; Lillas, 2014)

AROUSAL STATES & TOXIC STRESS

- SAFETY = GREEN (AND SLEEP)
- CHALLENGE & THREAT → SHIFT TO OTHER ZONES (RED, BLUE, COMBO)
- ALL ZONES ARE NORMAL AND HEALTHY
- TOXIC STRESS = ANY OF RED, BLUE, COMBO ZONES
 - TOO OFTEN
 - TOO LONG
 - STUCK



**GREEN ZONE =
ENGAGEMENT & LEARNING**



**IN STRESS RESPONSE =
NEEDS SUPPORT, NO LEARNING**



WHY DO YOUTH ENGAGE IN NSSI?

REGULATION

SAFETY

vs.

THREAT

“feel something”

“make the pain go away”

COMMUNICATION



“See me...accept me”

IN PRACTICE: STEP 1

GETTING BACK TO GREEN

WHAT IS HAPPENING IN MY BODY?

- Day-to-day?
- On a hectic day?
- When encountering a student who engages in NSSI?

WHAT IS HAPPENING IN THIS STUDENT'S BODY?

- When visiting the clinic?
- When sitting in class?
- Before, during, and after an NSSI episode?
- How is their sleep?

Next level:

- Teach them about the colors and ask them to reflect.
- Consider the frequency, intensity, and duration of their stress responses/arousal states.

STEP 2: RELATIONSHIPS AS PROTECTIVE FACTORS

- Family support is a strong predictor of NSSI engagement
- Supportive relationships are critical protective factors
 - Disclosure of NSSI (by youth) to parents can increase informal help-seeking, improve coping, and reduce suicide risk



IN PRACTICE: STEP 2

SUPPORTING YOUTH WHO ENGAGE IN NSSI

Compassion

- Show empathy
- Be judgement free
- Use authentic listening

Connection

- Be calm together
- Share sensory experiences
- Identify other positive relationships (for support)

Curiosity

- Consider safety needs
- Rethink behavior as communication
- Ask, “When is this person “green”?”

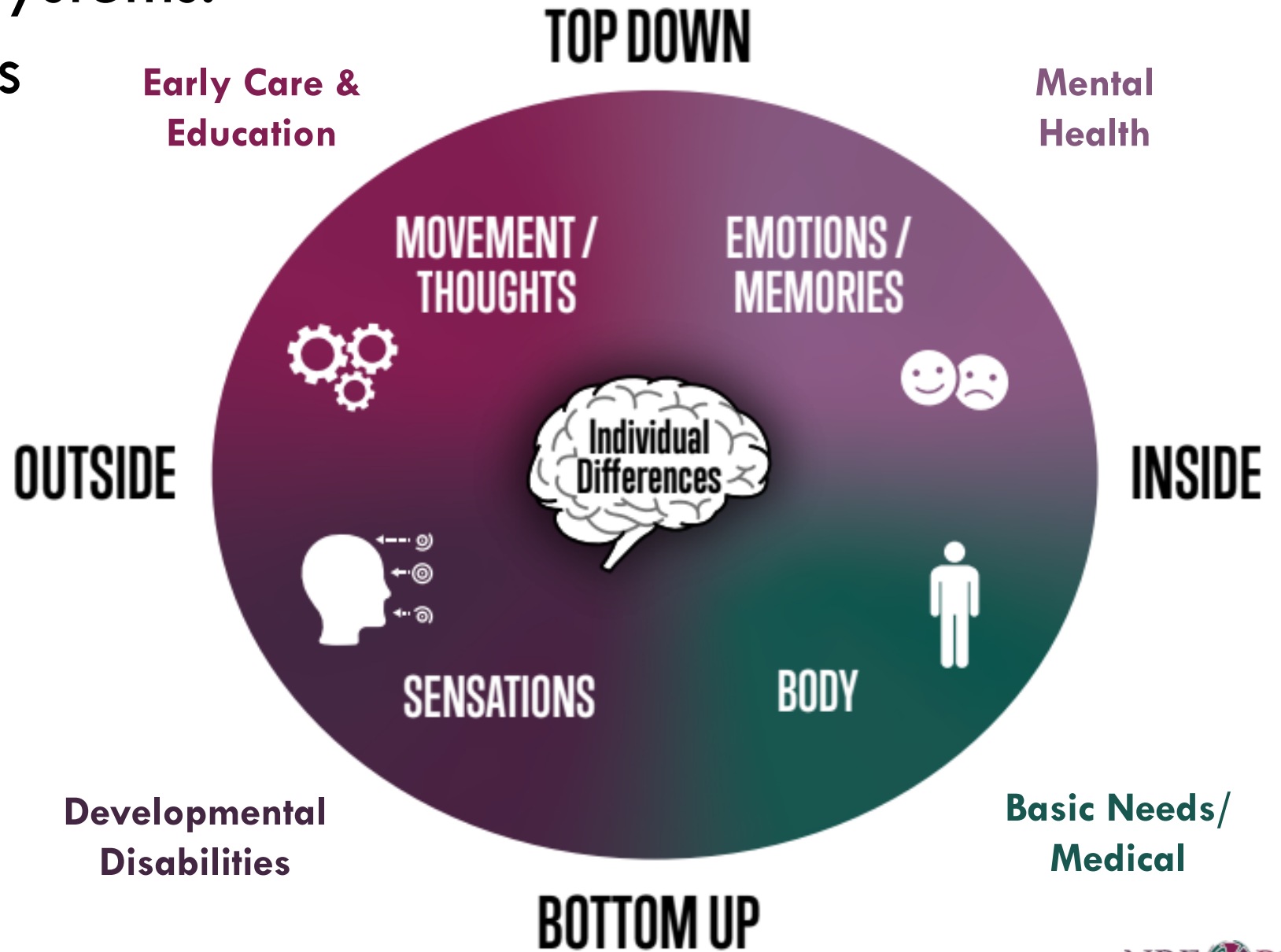
Step 3 - Four Brain Systems: Macro & Micro Levels

Individual differences

- Risk/protective factors
- Triggers
- Toolkits

Systems of care

- Diagnosis
- Interventions



BODY (REGULATION SYSTEM)

Risk Factors

- Trauma history/abuse (allostatic load patterns)
- Sleep issues
- Genetic disorders
- Neurochemical imbalance
- Feeding/nutritional difficulties
 - Eating disorder
- Substance use/dependence
- Poor distress tolerance (e.g., increased EDA when under distress)
- Differences in interoception (internal experience of pain; e.g., interoception deficits)

Function

- Regulate arousal states (decrease or increase nervous system activation)
 - Automatic reinforcing functions of NSSI
- Pain analgesia / opioid hypothesis

SENSATION (SENSORY SYSTEM)

Risk Factors

- Over-/under-sensitivity to pain
- Over-/under-reactive to sensory stimuli
 - E.g., More sensation avoiding of visual and auditory stimuli
- Difficulty processing sensory input, including reading cues
- Difficulty modulating sensory input

Function

- Use sensory system (tactile, proprioceptive, or visual input) to regulate arousal & mood.

EMOTIONS/MEMORIES (RELEVANCE SYSTEM)

Risk Factors

- Emotional abuse or neglect
 - Parental criticism
- Low self-esteem
- Depression or anxiety
- Difficulty verbalizing feelings
- High aversive emotions
- Low distress tolerance
- Poor interpersonal boundaries
- Feeling burdensome or ostracized

Function

- Regulate affective experience
- Reinforce negative appraisal of self (e.g., Self-punishment)

MOVEMENT/THOUGHTS (EXECUTIVE SYSTEM)

Risk Factors

- Low cognitive functioning
 - Poor academic achievement
- Difficulty navigating social situations
 - Poor social communication
 - Poor social problem solving
- Difficulty using hindsight, insight, and foresight for self-reflection and problem-solving
- Lacks cause-effect reasoning
- Low self-efficacy

Function

- Social signaling/communication
 - Social reinforcing functions of NSSI

ACUTE OR CHRONIC TRIGGERS – WHAT RESULTS IN A STRESS RESPONSE?

THOUGHTS & MOVEMENT (EXECUTIVE)

- Abrupt transitions
- Disorganization
- Unclear / Too many directives or demands
- Difficulty with executing ideas
- Difficulty prioritizing
- Overwhelmed

EMOTIONS/MEMORIES (RELEVANCE)

- Hurt feelings (need unmet, unheard)
- Negative emotions (brought on internally or externally)
 - Sad, anxious, nervous
 - Lonely or unwanted
 - Frustration, anger, annoyance
- Reminder of past traumatic experience

SENSATION (SENSORY)

- Sound - too loud
- Sound - too quiet
- Visual (too busy, too empty)
- Posture (uncomfortable)
- Not enough stimulation

BODY (REGULATION)

- Hungry
- Tired / Poor sleep
- Sick / Chronic pain
- Elimination challenges (Constipation / Diarrhea)
- Resources threatened or inadequate

External Milieu

Internal Milieu

ASSESSMENT CONSIDERATIONS FOR NSSI

Within **HEADSSS** assessment [**H**ome environment, **E**ducation and employment, **E**ating, peer-related **A**ctivities, **D**rugs, **S**exuality, **S**uicide/depression, **S**afety from injury and violence]

- Suicidal Ideation
 - Onset, frequency & methods
 - Aftercare
 - Reasons
 - State of change
- Contextual Triggers (e.g., environmental, relational)

<https://www.contemporarypediatrics.com/view/soars-model-risk-assessment-nonsuicidal-self-injury>

(Nock, 2010, pp.184-185; Westers, Needham, & Walsh, 2023)

FIGURE
1

SOARS ASSESSMENT POCKET CARD

Responding to nonsuicidal self-injury (NSSI) using SOARS assessment

Have you ever hurt yourself on purpose without intending to end your life or attempt suicide, like cutting, biting, burning, hitting?

Suicidal ideation

- I know self-injury isn't usually about suicide, but some people may think about suicide when they self-injure. Do you ever think about purposely ending your life when you self-injure?

Onset, frequency, and methods

- When was the first/most recent time?
- How many times a week/month do you self-injure?
- What do you typically do or use?

Aftercare

- How do you take care of the wounds afterward?
- Have you ever hurt yourself so badly that you needed medical attention, even if you never got it?

Reasons

- It sounds like this has been helpful for you. What does it do for you? (In what ways does it help?)

Stage of change

- Is this something you would like to stop?
- Have you ever considered stopping?

FIGURE
2

SAR: 3 KEY QUESTIONS

Suicidality

Are you thinking about suicide when you self-injure?

Aftercare

How do you take care of your injuries?

Reasons

In what ways is this helping you?

TYPES OF NSSI TREATMENT APPROACHES

THOUGHTS & MOVEMENT (EXECUTIVE)

- Cognitive approaches (CBT, DBT)
 - Change thinking about NSSI
 - Change cognitive strategies for coping with stress
- Mindfulness

EMOTIONS/MEMORIES (RELEVANCE)

- Psychotherapy
- Relationship work
- Affect regulation (e.g., ERGT, DBT)
- Expanding emotional themes and vocabulary
- Narrative therapy

SENSATION (SENSORY)

- Sensory-based relaxation or coping techniques
 - (e.g., holding ice in DBT)
- Reduce sources of overstimulation
- Voice Movement Therapy (VMT)

BODY (REGULATION)

- Increase green zone, including addressing sleep
- Biofeedback
- Nutrition
- Psychotropic interventions
- Body movement (e.g., yoga)

External Milieu

Internal Milieu

- MANY STRATEGIES ARE OFTEN BLENDED

INDIVIDUAL TOOLKITS – HOW DO WE GET BACK TO GREEN?

THOUGHTS & MOVEMENT (EXECUTIVE)

- Using a calendar or phone to organize
- Making lists
- Mindfulness – noticing thoughts and feelings
- Cognitive reappraisal

EMOTIONS/MEMORIES (RELEVANCE)

- Journaling
- Calling a friend, trusted adult, hotline
 - Suicide – Call 988
 - Crisis – Text CONNECT to 741741
- Taking social media breaks

SENSATION (SENSORY)

- Headphones or music
 - Using ink or paint to draw on oneself
 - Holding an ice cube
 - Watching ASMR videos
- (Touch, smell, taste, auditory, olfactory, proprioceptive, vestibular)

BODY (REGULATION)

- Eat
- Sleep
- Exercise (e.g., walk)
- Medication
- SDoH support


External Milieu

Internal Milieu



STEP 3: INDIVIDUAL DIFFERENCES **HOLDING THE COMPLEXITY**

Use the four brain systems to:

- Consider the student's history, including risk and protective factors
 - Consider individual triggers & toolkits
 - Consider treatment approach to match individual differences
- 

TOOLS & BOOK RESOURCES

- Online Resources

- S.O.A.R.S. Assessment tool - <https://www.contemporarypediatrics.com/view/soars-model-risk-assessment-nonsuicidal-self-injury>
- International Society for the Study of Self-Injury – <https://itriples.org/>
- Nock's lab @ Harvard – <https://nocklab.Fas.Harvard.Edu/tasks>
- Cornell - <http://www.selfinjury.bctr.cornell.edu/>
- SI outreach & support - <http://sioutreach.org/>
- NeuroRelational Framework - <https://nrfcare.org/>
-

- Books:

- *Bodies Under Siege: Self-mutilation And Body Modification in Culture and Psychiatry*
- *Understanding Nonsuicidal Self-injury: Origins, Assessment, and Treatment*
- *A Bright Red Scream: Self-mutilation and The Language Of Pain*

“There is no more effective neurobiological intervention than a safe relationship.”

Dr. Bruce Perry

Thank you!

Jacquelyn.S.Christensen@gmail.com

