

**Addressing Self-Injury in Schools, Part 1: Understanding Nonsuicidal Self-Injury and the Importance of Respectful Curiosity in Supporting Youth Who Engage in Self-Injury**

Lloyd-Richardson, Elizabeth E.; Hasking, Penelope; Lewis, Stephen; Hamza, Chloe; McAllister, Margaret; Baetens, Imke; Muehlenkamp, Jennifer

*Published in:*  
NASN school nurse

*DOI:*  
[10.1177/1942602X19886381](https://doi.org/10.1177/1942602X19886381)

*Publication date:*  
2020

*License:*  
Unspecified

*Document Version:*  
Accepted author manuscript

[Link to publication](#)

*Citation for published version (APA):*  
Lloyd-Richardson, E. E., Hasking, P., Lewis, S., Hamza, C., McAllister, M., Baetens, I., & Muehlenkamp, J. (2020). Addressing Self-Injury in Schools, Part 1: Understanding Nonsuicidal Self-Injury and the Importance of Respectful Curiosity in Supporting Youth Who Engage in Self-Injury. *NASN school nurse*, 35(2), 92-98. <https://doi.org/10.1177/1942602X19886381>

**Copyright**

No part of this publication may be reproduced or transmitted in any form, without the prior written permission of the author(s) or other rights holders to whom publication rights have been transferred, unless permitted by a license attached to the publication (a Creative Commons license or other), or unless exceptions to copyright law apply.

**Take down policy**

If you believe that this document infringes your copyright or other rights, please contact [openaccess@vub.be](mailto:openaccess@vub.be), with details of the nature of the infringement. We will investigate the claim and if justified, we will take the appropriate steps.

### **Abstract**

Nonsuicidal self-injury (NSSI) is defined as the deliberate, self-inflicted damage of body tissue without suicidal intent and for purposes not socially or culturally sanctioned. School nurses are often a first point of contact for young people experiencing mental health challenges, and yet they often report they lack knowledge and training to provide care for persons who engage in NSSI. In the first of two parts, this paper provides school nurses with a better understanding of NSSI and the distinctions between NSSI and suicidal behaviors; discusses the role of nurses' knowledge and attitudes on their ability to care for their patients' mental health needs; and discusses approaches for developing a respectful, empathic manner for working with and supporting youth who engage in self-injury. Part two will offer a strategy for brief assessment of NSSI, and reflect on two case studies and their implications for school nursing practice.

Keywords: nonsuicidal self-injury; NSSI; self-injury; respectful curiosity

## ADDRESSING SELF-INJURY IN SCHOOLS

### Addressing Self-Injury in Schools, Part 1: Understanding Nonsuicidal Self-Injury and the Importance of Respectful Curiosity in Supporting Youth Who Engage in Self-Injury

The International Society for the Study of Self-Injury (ISSS) defines nonsuicidal self-injury (NSSI) as the deliberate, self-inflicted damage of body tissue without suicidal intent and for purposes not socially or culturally sanctioned (ISSS, 2018). Common methods include: self-cutting, burning, self-battery, severe scratching/skin abrading, and wound interference (Klonsky & Muehlenkamp, 2007; Swannell, Martin, Page, Hasking, & St John, 2014). Adolescents and young adults are those most likely to engage in NSSI, with lifetime prevalence estimates ranging from 13-18% among community samples (Muehlenkamp, Claes, Havertape, & Plener, 2012; Wester, Trepal, & King, 2018). These rates are substantially higher among clinical outpatient and inpatient samples. The prevalence rates of NSSI among children under the age of 12 are hard to determine given a lack of research, but select studies estimate that around 6% of children report engaging in NSSI at least once (Barrocas, Hankin, Young, & Abela, 2012). This is of particular concern given that a younger age of onset is associated with more severe NSSI and suicidal thoughts and behaviors (Ammerman, Jacobucci, Kleiman, Uyeji, & McCloskey, 2017; Muehlenkamp, Xhunga, & Brausch, 2018).

Males are as likely to engage in NSSI as females (Victor et al., 2018). There are few differences in the features and correlates of NSSI between males and females, with the exception that males are significantly more likely than females to use self-burning/branding as a method of self-harm, to engage in NSSI while under the influence of substances, and to injure on their torso/chest (Victor et al., 2018). The most commonly endorsed reason to engage in NSSI is to self-regulate intense emotional distress, although self-punishment motives are very common as well (Taylor et al., 2018; Hooley & Franklin, 2018).

## ADDRESSING SELF-INJURY IN SCHOOLS

### ***Distinguishing between NSSI and suicidal behaviors***

The relationship between NSSI and suicidal thoughts and behaviors is complex. The core distinction between the behaviors lies in the motives; NSSI is engaged in to cope with life's demands, while suicidal behavior is prompted by a desire to end life. Individuals typically engage in NSSI more frequently than suicidal behaviors, and the methods used also tend to differ, with more lethal forms of injury used in suicidal behaviors (Hamza, Stewart, & Willoughby, 2012). However, while NSSI by definition lacks conscious suicidal intent, NSSI is the most reliable predictor of subsequent suicidal thoughts and behaviors (Ribeiro et al., 2016; Whitlock et al., 2013). People with a history of NSSI are 2-5 times more likely to report later suicidal thoughts and behaviors (Kiekens et al., 2018).

### ***The role of the school nurse: An important link between physical and mental health***

The American Academy of Nursing asserts that all students must have daily access to a full-time registered professional school nurse (Maughan et al., 2018), noting that rates of chronic health conditions, outbreaks of communicable diseases, and mental and behavioral issues are all on the rise. Indeed, the World Health Organization (WHO) has indicated that school health services are a sustainable approach for addressing the varied health needs of youth and for promoting healthy behaviors (Baltag, Pachyna & Hall, 2015). School nurses are uniquely positioned to meet student health needs, requiring they serve multiple responsibilities and roles (National Association of School Nurses, 2016). They are often burdened with serving as the public health educator on a range of topics and issues (e.g., sexual health, substance use and prevention, bike safety, healthy self-care), in addition to providing varying degrees of medical assistance and support for students. Given these demands, it is critical that school nurses view themselves as vital to a healthcare team that includes administrators, teachers, school

## ADDRESSING SELF-INJURY IN SCHOOLS

psychologists and social workers, all of whom play important roles in maintaining the health and wellness of students. The National Association of School Nurses (NASN) asserts that school nurses lead efforts in their schools to develop student-centered, evidence-based programs; advocate for individual students; and serve as a critical administrative member in developing safety plans and protocols for the school (NASN, 2016). With this in mind, developing a response plan for addressing adolescent self-harming behaviors is a responsibility of the school nurse.

### *The effect of nurses' knowledge and attitudes on patients' perceptions and behavior*

Nurses and other healthcare providers often report that they lack knowledge and training, and are ill-equipped to provide care for persons who engage in NSSI (Conlon & O'Tuathail, 2012; Shaw & Sandy, 2016). As many as 80% report having *never* received formal training on caring for those who self-injure (Karman, Kool, Poslawsky, & van Meijel, 2015). A lack of knowledge and confidence among nurses can contribute to negative attitudes and misconceptions around NSSI (Karman et al., 2015; McAllister et al., 2002; McHale & Felton, 2010). Further, research suggests that a limited understanding of basic mental health needs among health practitioners can lead to an overreliance on addressing physical care needs and a lack of provision of a high standard of care for patient's mental health needs (Conlon & O'Tuathail, 2012).

With regard to NSSI, nurses' attitudes have been shown to be an important predictor of both the quality of care provided and patient outcomes (McAllister, Zimmer-Gembeck, Moyle, & Billett, 2008). Across various health care settings (e.g., acute care settings, emergency department, community care), nurses commonly report negative attitudes towards individuals who engage in NSSI (Karman et al., 2015; Saunders, Hawton, Fortune, & Farrell, 2012).

## ADDRESSING SELF-INJURY IN SCHOOLS

Specifically, regardless of age, gender, and years of experience, nurses often report feelings of frustration, anger, and hopelessness in response to caring for persons who engage in NSSI, particularly individuals who self-injure repeatedly (Conlon & O'Tuathail, 2012; Taylor, Hawton, Fortune, & Kapur, 2009).

Research suggests that persons who self-injure are often resistant to seeking help, in part because of fear of being misunderstood or perceived as attention-seeking (Fortune, Sinclair & Hawton, 2008; Rosenrot & Lewis, 2018). Among those who do seek help, negative interactions with health practitioners can lead to feelings of alienation and frustration, distrust in health care practitioners, and discourage further help seeking (Shaw & Sandy, 2016).

### ***Knowledge provision and its impact on nurses' attitudes towards those who self-injure***

Nurses have clearly articulated their needs for greater knowledge and training to support persons who self-injure (Karman et al., 2015). Nurses who receive training on NSSI report less negative attitudes toward persons who self-injure (Tapola, Wahlström, & Lappalainen, 2016) as well as greater empathy, self-efficacy, reduced stigma, and deliver improved quality of care (McAllister, Billett, Moyle, & Zimmer-Gembeck, 2009; Thornicroft et al., 2016). Taken together, these findings suggest the importance of educational training in supporting improved care for persons who engage in NSSI, and the need for a non-judgmental, empathic approach.

### ***Structuring School-Based Educational Training on NSSI***

Education-based training should focus on increasing nurse understanding of: what NSSI is (and is not); the nature and extent of NSSI; the importance of emotion regulation, assessment, referral and intervention; and the importance of self-care. School nurses should be encouraged to reflect on their own feelings and thoughts about NSSI and how these influence their reactions. Training should emphasize developing clear and constructive communication skills, enhancing

## ADDRESSING SELF-INJURY IN SCHOOLS

ability to offer non-judgmental responses. Excellent models of these training programs are available online (for example, see The Cornell Research Program for Self-Injury Recovery (NSSI 101: A Web-Based Training; <http://www.selfinjury.bctr.cornell.edu/training.html#tab2>) or The Jason Foundation (<https://learn.jasonfoundation.com/courses/non-suicidal-self-injury/>). In addition to serving the young person at risk, school nurses may need to consider how best to support staff responses to NSSI: serving as a role model who speaks kindly and respectfully about young people; publicly praising mental health in-reach and outreach efforts; and educating staff on strategies for growing empathy and mutual respect.

### ***Growing a nonjudgmental, empathic approach within the traditional medical model***

The medical model orients the clinician's gaze towards the patient's physical or mental difficulties and provides a framework for thinking through best treatment options. Patients are usually categorized according to diagnoses and then triaged in relation to how seriously the problem is affecting their health and functioning. This approach offers efficiency and focus when clinical judgment is required promptly. Problem-solving within this model requires detached concern, as one rationally and systematically rules out hypotheses until a diagnosis is made.

There are a number of challenges that arise when this model is used exclusively to assist those struggling with NSSI. The first is that the patient may tend to be categorized as an undeserving patient because their problem has arisen via their own 'deliberate' action (Tarlier, 2004). While the clinician may not explicitly articulate this, the patient may come to believe they have been negatively labelled because they may perceive unfair interactions that are constraining, invalidating, stigmatizing or even dehumanizing. Encounters such as this are preventable, if clinicians realize the limitations of the problem-focused medical model for care in

## ADDRESSING SELF-INJURY IN SCHOOLS

this particular context – and practice empathy rather than detached concern (Allen, Gilbert, & Onyett, 2009).

Empathy involves an awareness that detachment or pity cannot move the clinician closer to understanding how the patient feels, lives, thinks, or behaves (Wiseman, 2007). It involves the adoption of a humble stance of not completely understanding the particular perspective of the other, and yet there is a desire or a curiosity to find out more about their experience in a kind and respectful way. Kettlewell (1999) and Walsh (2012) describe this process as *respectful curiosity*. Examples of respectfully curious questions specific to self-injury include:

“Can you help me understand...”

- “Why self-injury works so well for you?”
- “How does it make you feel emotionally afterward?”
- “What kinds of feelings or experiences make you want to self-injure?”
- “What can I do to support you?”
- “What kinds of things happen here at school, or at home, that trigger you?”

By expressing and growing empathy towards others, it becomes clear that every individual has co-existing vulnerabilities and strengths. For a person who is struggling with NSSI, they may be doing the best they can under trying circumstances. Halpern (2001) suggests that empathy often requires appreciating the complexity of a situation and tolerating emotional ambivalence. We encourage framing these empathic communications within a collaborative, personalized context, asking yourself:

1. *What is happening here that could be changed?*
2. *How can we give more space to re-imagining change?* Even the most challenged person or issue has positive aspects. By harnessing those strengths, and building them up,



## ADDRESSING SELF-INJURY IN SCHOOLS

the “problem” part will start to become less dominant or pervasive, and people can begin to see themselves as more capable.

3. *What are the steps being made towards change that need to be noticed and reinforced?*

By thinking about strengths in a situation, people start to develop a hopeful vision of themselves, which is motivating and empowering (McAllister, 2013). Figure 1 contains specific suggestions on what to do and what not to do in these communications.

### **Implications for Practice**

Regardless of how the school nurse comes to be aware of a student’s NSSI, the nurse’s demeanor is critical. NSSI should not be dismissed as attention-seeking, nor should the individual be labelled as ‘undeserving’ of support. Person-centered language should be used that avoids defining people by their behavior (e.g., self-injurers; cutters) (Hasking, & Boyes, 2018; Lewis, 2017). Adopting a *respectful curiosity* that conveys a genuine desire to understand what is happening with the young person is important. Ideally, the relationship between school nurses and students is an ongoing one: repeated injuries may require first aid, providing opportunities for ongoing monitoring, and a continuing conversation that can make a young person feel validated and supported (Berger, Hasking, & Martin, 2013; 2017). Part two of this series will offer strategies for brief assessment of NSSI, and reflect on two case studies and their implications for school nursing practice.

## ADDRESSING SELF-INJURY IN SCHOOLS

### References

- Allen, R., Gilbert, P., & Onyett, S. (2009) *Leadership for personalisation and social inclusion in mental health*, London: SCIE.
- Ammerman, B.A. Jacobucci, R., Kleiman, E.M., Uyeji, L.L., & McCloskey, M.S. (2018). The relationship between nonsuicidal self-injury age of onset and severity of self-harm. *Suicide & Life-Threatening Behavior*, *48*, 31-37.
- Baltag, V., Pachyna, A. & Hall, J. (2015). Global overview of school health services: Data from 102 countries. *Health Behavior and Policy Review*, *2*(4), 268-283.
- Barrocas, A.L., Hankin, B.L., Young, J.F., & Abela, J.R.Z. (2012). Rates of nonsuicidal self-injury in youth: Age, sex, and behavioral methods in a community sample. *Pediatrics*, *130*, 39-45.
- Berger, E., Hasking, P. & Martin, G. (2017). Adolescents' Perspectives of Youth Non-Suicidal Self-Injury Prevention. *Youth & Society*, *49*(1), 3-22.
- Berger, E., Hasking, P., & Martin, G. (2013). 'Listen to them': Adolescents' views on helping young people who self-injure. *Journal of Adolescence*, *36*(5), 935-945.
- Conlon, M., & O'Tuathail, C. (2012). Measuring emergency department nurses' attitudes towards deliberate self-harm using the Self-Harm Antipathy Scale. *International Emergency Nursing*, *20*(1), 3-13.
- Fortune, S., Sinclair, J., & Hawton, K. (2008). Help-seeking before and after episodes of self-harm: a descriptive study in school pupils in England. *BMC public health*, *8*, 369.
- Halpern, J. (2001). *From Detached Concern to Empathy: Humanizing Medical Practice*. New York: Oxford University Press.

## ADDRESSING SELF-INJURY IN SCHOOLS

- Hamza, C.A., Stewart, S.L., & Willoughby, T. (2012). Examining the link between nonsuicidal self-injury and suicidal behavior: A review of the literature and an integrated model. *Clinical Psychology Review, 32*(6), 482-495.
- Hasking, P., & Boyes, M. (2018). Cutting words: A commentary on language and stigma in the context of non-suicidal self-injury. *Journal of Nervous and Mental Disease, 206*, 829-833.
- Hooley, J.M., & Franklin, J.C. (2018). Why do people hurt themselves? A new conceptual model of nonsuicidal self-injury. *Clinical Psychological Science, 6*, 428-451.
- International Society for the Study of Self-injury (ISSS). (2018, May). What is self-injury? Retrieved from: <https://itriples.org/about-self-injury/what-is-self-injury>.
- Karman, P., Kool, N., Poslawsky, I. E., & van Meijel, B. (2015). Nurses' attitudes towards self-harm: A literature review. *Journal of Psychiatric and Mental Health Nursing, 22*(1),
- Kettlewell, C. (2000). *Skin Game: A memoir*. New York, NY: St. Martin's Griffin.
- Kiekens, G., Hasking, P., Claes, L., Boyes, M., Mortier, P., Auerbach, R.P., ... Bruffaerts, R. (2018). The associations between non-suicidal self-injury and first onset suicidal thoughts and behaviors. *Journal of Affective Disorders, 239*, 171-179.
- Klonsky, D. E., & Muehlenkamp, J. J. (2007). Non-suicidal self-injury: A research review for the practitioner. *Journal of Clinical Psychology/In Session, 63*, 1045-1056.
- Lewis, S.P. (2017). I cut therefore I am? Avoiding labels in the context of self-injury. *Medical Humanities, 43*, 204.
- Maughan, E.D., Cowell, J., Engelke, M.K., McCarthy, A.M., Bergren, M.D., Murphy, M.K., ... Vessey, J.A. (2018). The vital role of school nurses in ensuring the health of our nation's youth. *Nursing Outlook, 66*(1), 94-96.

## ADDRESSING SELF-INJURY IN SCHOOLS

- McAllister, M. (2013). Solution focused nursing. In Stickley, T. and Wright, N. (Eds.) *Theories for mental health nursing*. Sage: London.
- McAllister, M., Billett, S., Moyle, W., & Zimmer-Gembeck, M. (2009). Use of a think-aloud procedure to explore the relationship between clinical reasoning and solution-focused training in self-harm for emergency nurses. *Journal of Psychiatric and Mental Health Nursing*, *16*(2), 121–128.
- McAllister, M., Zimmer-Gembeck, M., Moyle, W., & Billett, S. (2008). Working effectively with clients who self-injure using a solution focused approach. *International Emergency Nursing*, *16*(4), 272–279.
- McAllister, M., Creedy, D., Moyle, W., & Farrugia, C. (2002). Nurses' attitudes towards clients who self-harm. *Journal of Advanced Nursing*, *40*(5), 578–586.
- McHale, J. & Felton, A. (2010). Self-harm: What's the problem? A literature review of the factors affecting attitudes towards self-harm. *Journal of Psychiatry and Mental Health Nursing*, *17*(8), 732-40.
- Muehlenkamp, J.J., Xhunga, N., & Brausch, A.M. (2018). Self-injury age of onset: A risk factor for NSSI severity and suicidal behavior. *Archives of Suicide Research*.
- Muehlenkamp, J. J., Claes, L., Havertape, L., & Plener, P. L. (2012). International prevalence of adolescent non-suicidal self-injury and deliberate self-harm. *Child and Adolescent Psychiatry and Mental Health*, *6*, Article ID 10.
- National Association of School Nurses. (2016). *The role of the 21st century school nurse* (Position Statement). Silver Spring, MD: Author.
- Ribeiro, J.D., Franklin, J.C., Fox, K.R., Bentley, K.H., Kleiman, E.M., Chang, B.P., & Nock, M.K. (2016). Self-injurious thoughts and behaviors as risk factors for future suicide

## ADDRESSING SELF-INJURY IN SCHOOLS

- ideation, attempts, and death: a meta-analysis of longitudinal studies. *Psychological Medicine*, 46, 225-236.
- Rosenrot, S. A., & Lewis, S. P. (2018). Barriers and responses to the disclosure of non-suicidal self-injury: A thematic analysis. *Counselling Psychology Quarterly*, 1-21.
- Saunders, K. E. A., Hawton, K., Fortune, S., & Farrell, S. (2012). Attitudes and knowledge of clinical staff regarding people who self-harm: A systematic review. *Journal of Affective Disorders*, 139(3), 205–216.
- Shaw, D. G., & Sandy, P. T. (2016). Mental health nurses' attitudes toward self-harm: Curricular implications. *Health SA Gesondheid*, 21, 406–414.
- Swannell, S. V., Martin, G. E., Page, A., Hasking, P., & St John, N. J. (2014). Prevalence of nonsuicidal self-injury in nonclinical samples: Systematic review, meta-analysis and meta-regression. *Suicide and Life-Threatening Behavior*, 44, 273–303.
- Tapola, V., Wahlström, J., & Lappalainen, R. (2016). Effects of training on attitudes of psychiatric personnel towards patients who self-injure. *Nursing Open*, 3(3), 140–151.
- Tarlier, D. (2004). Beyond caring: the moral and ethical bases of responsive nurse-patient relationships. *Nursing Philosophy*, 5(3), 230–241.
- Taylor, P.J., Jomar, K., Dhingra, K., Forrester, R. Shahmalak, U., & Dickson (2018). A meta-analysis of the prevalence of different functions of non-suicidal self-injury. *Journal of Affective Disorders*, 227, 759-769.
- Taylor, T. L., Hawton, K., Fortune, S., & Kapur, N. (2009). Attitudes towards clinical services among people who self-harm: Systematic review. *British Journal of Psychiatry*, 194(2), 104–110.

## ADDRESSING SELF-INJURY IN SCHOOLS

Thornicroft, G., Mehta, N., Clement, S., Evans-Lacko, S., Doherty, M., Rose, D., ... Henderson,

C. (2016). Evidence for effective interventions to reduce mental-health-related stigma and discrimination. *The Lancet*, 387(10023), 1123–1132.

Victor, S.E., Muehlenkamp, J.J., Hayes, N.A., Lengel, G.J., Styer, D.M., & Washburn, J.J.

(2018). Characterizing gender differences in nonsuicidal self-injury: Evidence from a large clinical sample of adolescents and adults. *Comprehensive Psychiatry*, 82, 53-60.

Walsh, B.W. (2012). *Treating self-injury: A practical guide 2nd ed.* New York, NY: The Guilford Press.

Wester, K., Trepal, H., & King, K. (2018). Nonsuicidal self-injury: Increased prevalence in engagement. *Suicide & Life-Threatening Behavior*, 48, 690-698.

Whitlock, J., Muehlenkamp, J., Eckenrode, J., Purington, A., Abrams, G. B., Barreira, P., & Kress, V. (2013). Nonsuicidal self-injury as a gateway to suicide in young adults. *Journal of Adolescent Health*, 52, 486-492.

Wiseman, T. (2007). Toward a holistic conceptualization of empathy for nursing practice. *Advances in Nursing Science*, 30(3), E61-E-72.

## ADDRESSING SELF-INJURY IN SCHOOLS

Do	Don't
<p><b>Use a non-judgemental and empathic tone</b> Example: <i>It sounds like you've been going through a rough time lately. I appreciate that you're open to talking to me about this.</i></p> <p><b>Use a respectful curiosity</b> Example: <i>Students may self-injure for a number of reasons. I'd like to understand your experience. Can you help me understand what self-injury does for you?</i></p> <p><b>Validate that self-injury serves a purpose</b> Example: <i>It sounds like self-injury helps you to feel less upset when you're really distressed. A number of students also say that.</i></p> <p><b>Validate NSSI can be difficult to talk about</b> Example: <i>I recognize this conversation is probably not easy so I appreciate that you're willing to talk to me about this.</i></p> <p><b>Use student's own language</b> Students may use a number of different terms to refer to their self-injury. Adopting their term reflects back that you are listening to what they are saying.</p> <p><b>Focus on overall wellbeing</b> Example: <i>There is often a lot going on when students self-injure. For some it's stress, sadness, a break-up. Can you help me understand what's going on for you?</i></p>	<p><b>Don't over-react</b> Self-injury may elicit various emotions. However, it is important to respond to students in a calm, empathic manner.</p> <p><b>Don't interrogate</b> Avoid questions that can come across as interrogating (e.g., why did you do this). Questions like this can invalidate students, leaving them feeling ashamed and stigmatized.</p> <p><b>Don't focus too much on the details of self-injury</b> Focusing the conversation too much on the self-injury without putting it into the context of a student's overall wellbeing may leave students feeling misunderstood. And, too much interest in the behaviour may also be triggering for some students.</p> <p><b>Don't convey a detached concern</b> A detached concern (devoid of or with minimal empathy) may signal to students that there is something wrong with them, which may engender shame or the believe that one is not deserving of care. Students who self-injure may have experienced adverse interactions in the past or may anticipate others not understanding self-injury.</p>

Figure 1. Responding to nonsuicidal self-injury (NSSI) using respectful curiosity.

Accepted Manuscript