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

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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 NSSI 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 will 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-injuring 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 for 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 not 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 assess students in response to the self-injury without altering 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. Point person must know to whom to contact when they become aware of a student who is engaging in NSSI.

**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 school becomes aware of student self-injury.

**Protocol Model**

**Student shows signs & reports**
- Nurse treats wounds & assesses lethality
- Point person meets with student

**Low risk**
Point person meets with student and discusses strategies for using more positive coping methods. Make follow-up plan

**Moderate or high risk**
Point person & student contact parents
- Encourage & help family & student get outside services
- Follow-up 2 weeks later

**Assessment**
Assessment of student needs and next steps will require input from the designated point person, the student, and outside services personnel may not have this as their primary concern. In providing guidance on how to assess and support students in the immediate aftermath of NSSI 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 will 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.

**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.