Cutting Contagion in Schools

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References

Kerr P, Muehlenkamp J, Turner J. “Nonsuicidal Self-Injury: A Review of Current Research for Family Medicine and Primary Care Physicians.” *Journal of the American Board of Family Medicine*. 2010 March-April; 23(2):240-259. Includes 128 references.

Whitlock, J. “Self-Injurious Behavior in Adolescents.” *Public Library of Science: Medicine*. 2010 May;7(5): e1000240. doi:10.1371/journal.pmed.1000240

OUTLINE

Etiology and Epidemiology of Teen Cutting

Risk Factors and Co-Morbidities for Cutting

Established Treatments for Cutting

Phenomenon of Cutting Contagion in Schools

School-Based Cutting Interventions

Why Do Kids/Teens Cut?

Many Theories

Cry for Help/Conveying Pain

Expression of Anger/Fear of Harming Others

Tension Relief/Coping Skill

Numbing Pain vs. Feeling Something

Difficulty Expressing/Communicating Emotions

Attempt to Influence the External Environment

History of Abuse/Internalized Self-Loathing

Lack of Social Supports

Question 1

Overall what percentage of teenagers report some form of self injury?

A) 1%
B) 5%
C) 15%
D) 25%
E) 50%

Answer 1

C: 15%

Question 2

What percentage of teenagers with mental health conditions report self injury?

A) 5%
B) 10%
C) 20%
D) 30%
E) 70%

Answer 2

E: 40-80% of adolescent psychiatric patients report self-injury

Numbers

Population	% Reporting Self-Injury
All Adults	1-4% (1%: chronic and severe self-injury)
All Adolescents	15%
All College Students	17-35%
All Psychiatric Patients	2-20%
Youth Psychiatric Patients	40-80%

Question 3

Which of the following mental health conditions has the highest rate of self-injurious behavior?

A) Major Depressive Disorder
B) Borderline Personality Disorder
C) Dissociative Disorders
D) Eating Disorders
E) Alcohol Dependence

Answer 3

B: Borderline Personality Disorder

Condition	Prevalence of Self-Injury
Borderline Personality Disorder	70-75%
Dissociative Disorder	Up to 69%
Eating Disorders (esp BN)	13-61%
Major Depression	42%
Alcohol Dependence	25-33%

Question 4

What percentage of people who injure themselves have attempted suicide at least once?

A) 10%
B) 20%
C) 40%
D) 60%
E) 100%

Answer 4

Answer D:

50-85% of people who injure themselves have attempted suicide at least once, and 40% of people have thoughts of suicide while engaging in self-injury

There is a significant literature base linking self-injury with suicidal thoughts and attempts, making self-injury a significant risk factor for suicide

Question 5

Which of the following best describes the course for self-injury in patients with BPD?

A) Continues to increase over the life time
B) Stays relatively stable over the lifetime
C) Decreases over the lifetime
D) Increases and decreases over the lifespan based on environmental/life stressors

Answer 5

D: Decreases over the lifespan.

A study by Zanarini showed that the rates of self-injury in BPD patients decreased from 80% initially to 28% over the course of 6 years. For other personality disorders a similar trend existed, 16.7% to 1.6% over the same 6 year period.

Course/Outcome

Self-Injury tends to be bimodal with peaks at ages 12-14 and then again 18-19 years of age

Types of self-injury tend to increase from childhood to the mid-20s and then remain stable through the 6th decade of life

Course/Outcome

The vast majority of people who have a lifetime history of self-injury have self-injured < 10 times.

Feature	Indicator	Severity/Risk
Number of Types Used	1	Low
	2-3	Moderate
	>3	Severe
Number of Episodes	<10	Low
	11-50	Moderate
	>50	High

How to Talk About Self-Injury

Questions/Information Gathering

“Where do you hurt?”

ALWAYS screen for SI

Ask about Types of Injury, Onset, Place of Body, Severity/Extent of Damage, Functions of Self-Injury, Frequency, Repetition

Screen for Co-Morbid Mental Health Conditions

Screen for environmental stressors and abuse

Therapeutic Approaches

Psychodynamic Psychotherapies	Cognitive-Behavioral Psychotherapies
Transference-Focused Psychotherapy	Manual Assisted CBT
Mentalization-Based Therapy	Dialectical Behavior Therapy

Question 6

Which of the following medications has shown effectiveness in reducing self-injurious behavior?

A) Fluoxetine

B) Clonazepam

C) Lamotrigine

D) Naltrexone

E) Haloperidol

Answer

D: Naltrexone.

Naltrexone, Topamax, and Clozapine all have “Level 3” Evidence with a grade of a C in terms of the literature base. One could argue Naltrexone has the least side effects of the others mentioned above (need to check LFTs).

Always assess for underlying conditions to treat

Phenomenon of Cutting Contagion in Schools

Phenomenon of Cutting Contagion in Schools

Definition: clusters of cutting behaviors within a school setting, beware of using term “trend” or “fad”

Youth may be cutting at younger ages (middle school)

Increase in male cutting behavior

Phenomenon of Cutting Contagion in Schools

Cutting may spread through:

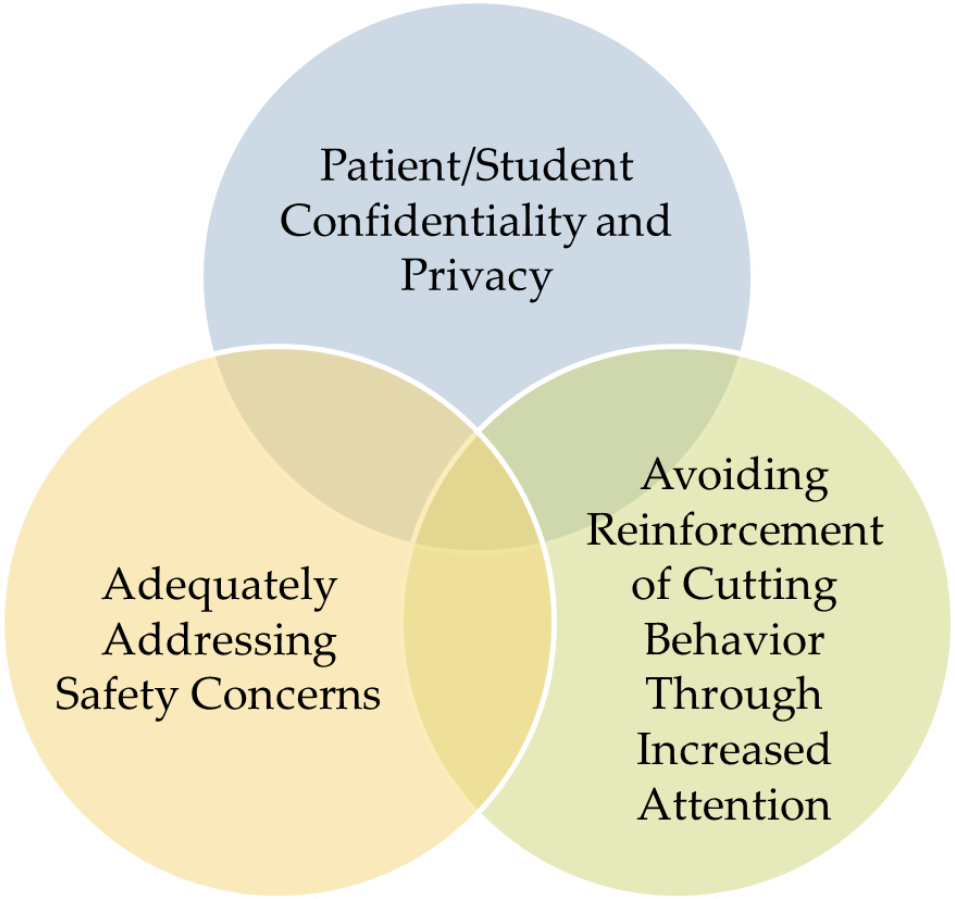
Direct observation of cutting (bathroom)

Seeing cut marks on other students

Social media or other communication

Often close friend group → student body

Ethical Dilemma



Hypothetical Case

You are the primary mental health provider of a large public high school's school-based mental health center. The district superintendent has asked for your recommendation for a protocol around a recent increase in cutting behavior in the student body.

What would be your first course of action?

Hypothetical Case

You hold a meeting to gather more information from the teachers, who identify a core group of approximately 4-5 students with cutting behaviors. Teachers note that most of these students are friends or acquaintances. The teachers aren't sure how to address this in the classroom.

How would you instruct teachers to approach this in the classrooms? What would you do with the students?

Hypothetical Case

You decide to call the students in one by one to maintain their personal confidentiality. You screen the students for suicidality and also call the family to request a meeting with the family.

Hypothetical Case

While your initial efforts result in a lull in cutting activity for several months, the cutting seems to expand again, only this time involving up to 15 students. A meeting with the teachers is called again in which teachers now relate that all involved are not friends and from different social circles.

What practices might you consider to deter cutting behavior in the school, and to be able to identify students who are truly at risk for suicide?

Actual Suggested Solutions from School Officials

Consensus toward sensitive individual interviews rather than group interviews

Avoid general or public announcements

Act quickly and identify social networks

Immediate head to toe nurse checks (notify parents prior to doing so)

Actual Suggested Solutions from School Officials

Any cutting which is on display must be covered

Public Health vs. Student Autonomy

Covering prevents spread of infection

Sharing razors → order labs and rule out diseases such as HIV/HCV

“Quiet time” away from peers when studying to allow for “de-stressing” but really to deter reinforcement from peer attention. Could backfire with students cutting because they want to get away from class

Actual Suggested Solutions from School Officials

Remind students that bringing any sharp object to school is against the law and could be considered bringing a weapon to school

School law enforcement personnel can deliver this message to students and parents, but again try to avoid a general assembly/address

Providing a sharp object to another student with the knowledge that it could be used for harm is highly punishable

Actual Suggested Solutions from School Officials

The challenge for all of us is to remain empathic, supportive, and on the alert for students at high risk for serious self-harm

All students with cutting behavior need to be screened for self-harm

Try to do a needs assessment in the community to insure there are enough providers for students endorsing self harm

Any other thoughts/suggestions?

Questions???

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