Cutting Contagion in Schools

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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

<table>
<thead>
<tr>
<th>Population</th>
<th>% Reporting Self-Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Adults</td>
<td>1-4% (1%: chronic and severe self-injury)</td>
</tr>
<tr>
<td>All Adolescents</td>
<td>15%</td>
</tr>
<tr>
<td>All College Students</td>
<td>17-35%</td>
</tr>
<tr>
<td>All Psychiatric Patients</td>
<td>2-20%</td>
</tr>
<tr>
<td>Youth Psychiatric Patients</td>
<td>40-80%</td>
</tr>
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</table>
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**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Prevalence of Self-Injury</th>
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<tbody>
<tr>
<td>Borderline Personality Disorder</td>
<td>70-75%</td>
</tr>
<tr>
<td>Dissociative Disorder</td>
<td>Up to 69%</td>
</tr>
<tr>
<td>Eating Disorders (esp BN)</td>
<td>13-61%</td>
</tr>
<tr>
<td>Major Depression</td>
<td>42%</td>
</tr>
<tr>
<td>Alcohol Dependence</td>
<td>25-33%</td>
</tr>
</tbody>
</table>
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 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 lifetime
B) Stays relatively stable over the lifetime
C) Decreases over the lifetime
D) Increases and decreases over the lifespan based on environmental/life stressors
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.
The vast majority of people who have a lifetime history of self-injury have self-injured < 10 times.

<table>
<thead>
<tr>
<th>Feature</th>
<th>Indicator</th>
<th>Severity/Risk</th>
</tr>
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<tbody>
<tr>
<td>Number of Types Used</td>
<td>1</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>2-3</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>&gt;3</td>
<td>Severe</td>
</tr>
<tr>
<td>Number of Episodes</td>
<td>&lt;10</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>11-50</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>&gt;50</td>
<td>High</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Psychodynamic Psychotherapies</th>
<th>Cognitive-Behavioral Psychotherapies</th>
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<tr>
<td>Transference-Focused Psychotherapy</td>
<td>Manual Assisted CBT</td>
</tr>
<tr>
<td>Mentalization-Based Therapy</td>
<td>Dialectical Behavior Therapy</td>
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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
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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

- Patient/Student Confidentiality and Privacy
  - Adequately Addressing Safety Concerns
  - Avoiding Reinforcement of Cutting Behavior Through Increased Attention
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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