

Using the NSSI Assessment Tool to Guide Treatment & Monitor Progress

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Presentation Objectives

- Review of the Stage Model of NSSI
- Readiness for Change
- Assessment Tool Introduction
- Case Study & Practice
- Supplemental Aspects Scales & Applicability to Treatment
- Treatment Implications of Stage of Change & NSSI Assessment Tool Results
- Repeated Administrations & Progress Monitoring
- Safety Contracts vs Treatment Agreements
- Questions

The prevalence of NSSI

- 81% of school counselors reported working with a self-injurer in their career. (Roberts-Dobie, S & Donatelle, RJ (2007).
- Among secondary school and young adult populations, studies find 12-24% of young people have self injured. About $\frac{1}{4}$ of these youth report injuring only once in their lives (Whitlock, 2010).

The prevalence of NSSI

- Of all youth reporting any NSSI, 75% report repeated NSSI and an estimated 6-7% report current repetitive NSSI- engaging in more than one episode in the last year.
- Of those who report repeating NSSI, 79.8% report stopping the behavior within five years of onset and 40% report stopping within one year (Whitlock, 2010).

Common forms of NSSI

- Cutting, scratching and stabbing
- Intentional carving of the skin and sub dermal tissue
- Abrading (burning with objects, such as an eraser, ice, lighter or marijuana pipe)
- Picking at existing wounds
- Biting
- Self-hitting
- Ripping or pulling of the skin or hair
- Head banging
- Self-inflicted tattoos

**Childhood Trauma
(abuse, neglect, loss, chronic
invalidation)**



**Melting pot of unexpressed emotions and
emotional pain**



Emotional Overload

Emotions become:

**Too Real
Out of Control
Overwhelming**



Person Feels

**Unable to cope
About to explode**



**Self-injury Aim: To change the
focus from internal to external and
re-establish a sense of control and
emotional balance**

Consequences - Temporary relief



Person Feels

**Better
More in Control
More able to cope/function**

Emotional Shutdown

Numbing and Dissociation:

**Coping strategies are used to
ward off overwhelming
emotions**



Person Feels

**Unreal
Dead inside
Separated from body
Not connected**



**Self-injury Aim: To terminate
frightening episodes of
depersonalization, dissociation,
derealization, and/or emotional
numbness**

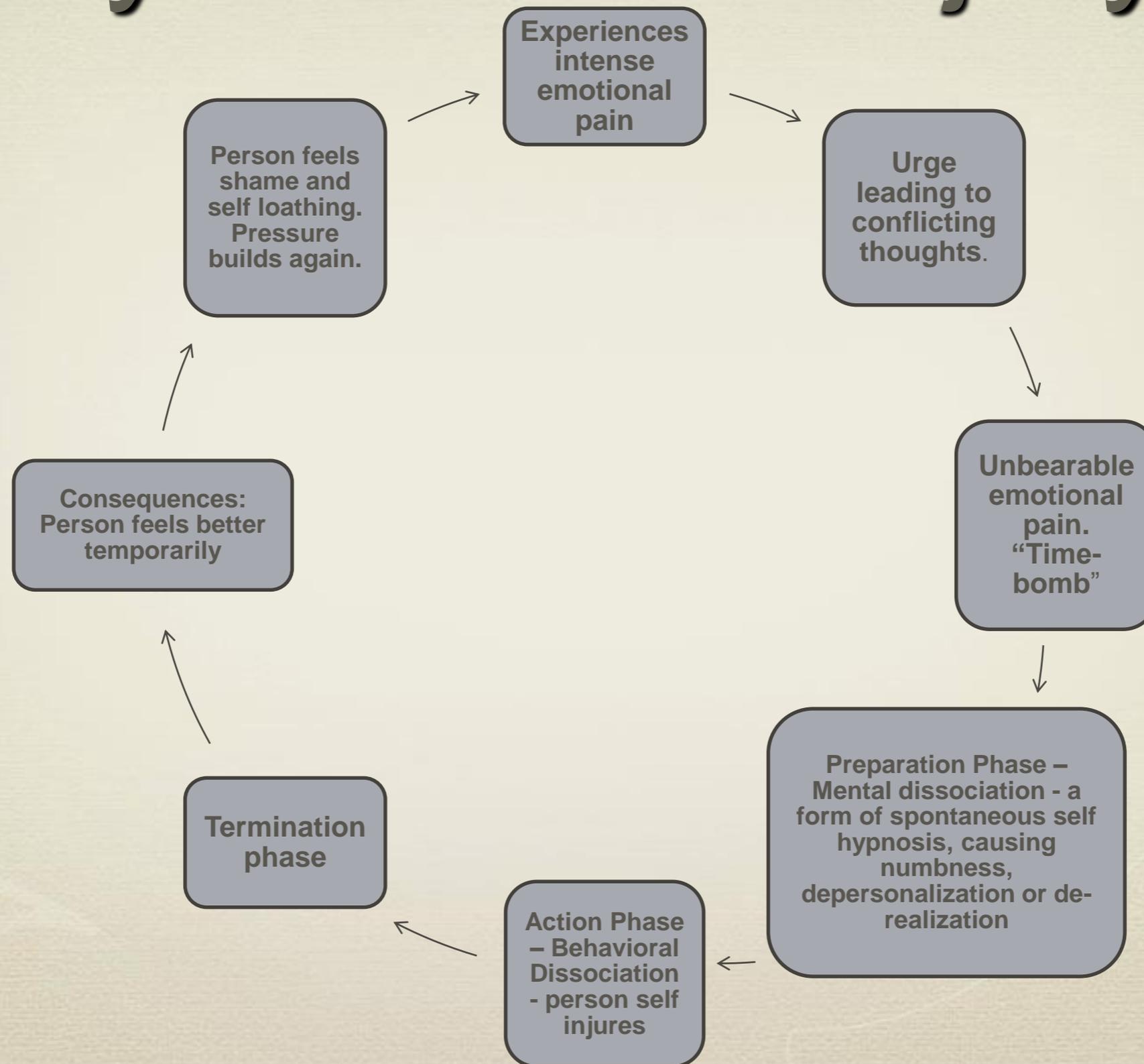
**Consequences - Proof of
existence**



Person Feels

**I do exist
I am alive/real
Grounded in reality**

Cycle of Self Injury



Stage Model of NSSI

- Williams, E.C., et. al., (2012)

- Williams has developed a 5-Stage Model of NSSI
 - **Stage 0:** No Self-Injurious Behaviors
 - **Stage 1:** Experimental NSSI
 - **Stage 2:** Exploration
 - **Stage 3:** Encapsulation
 - **Stage 4:** Pervasive Dysfunction

Stage Model of NSSI

- Williams, E.C., et. al., (2012)

- **This model parallels the development of other addictive behaviors. Using this model allows us to both understand the behavior, as well as design treatment options to be delivered at the most effective time.**
- **Stage 0: No Self-injurious Behavior**—The lowest level of self-injury with no present or past self-injury.

Stage Model of NSSI

- **Stage 1: Experimental NSSI**—Stage 1 comprises adolescents' first act(s) of self-injurious behavior; this experience will help determine whether or not they choose to repeat this behavior. Adolescents in Stage 1 are not yet committed to NSSI as a coping behavior, nor have they taken on the identity of a person who self-injures. This stage is one of **experimentation** with the behavior.

Stage Model of NSSI

- **Stage 2: Exploration**— Self-injury is considered an important method of dealing with daily stressors and negative internal states. Adolescents may hide necessary tools—such as sharp instruments and bandages—to ensure access when the need arises to engage in NSSI. This stage is a period of **exploring** NSSI, discovering their own physical and psychological responses to the behavior. Peer communities online or at school may be sought out; such communities can provide positive support to self-harming teens, but also strengthens identification with NSSI behavior, potentially making this behavior more difficult to stop.

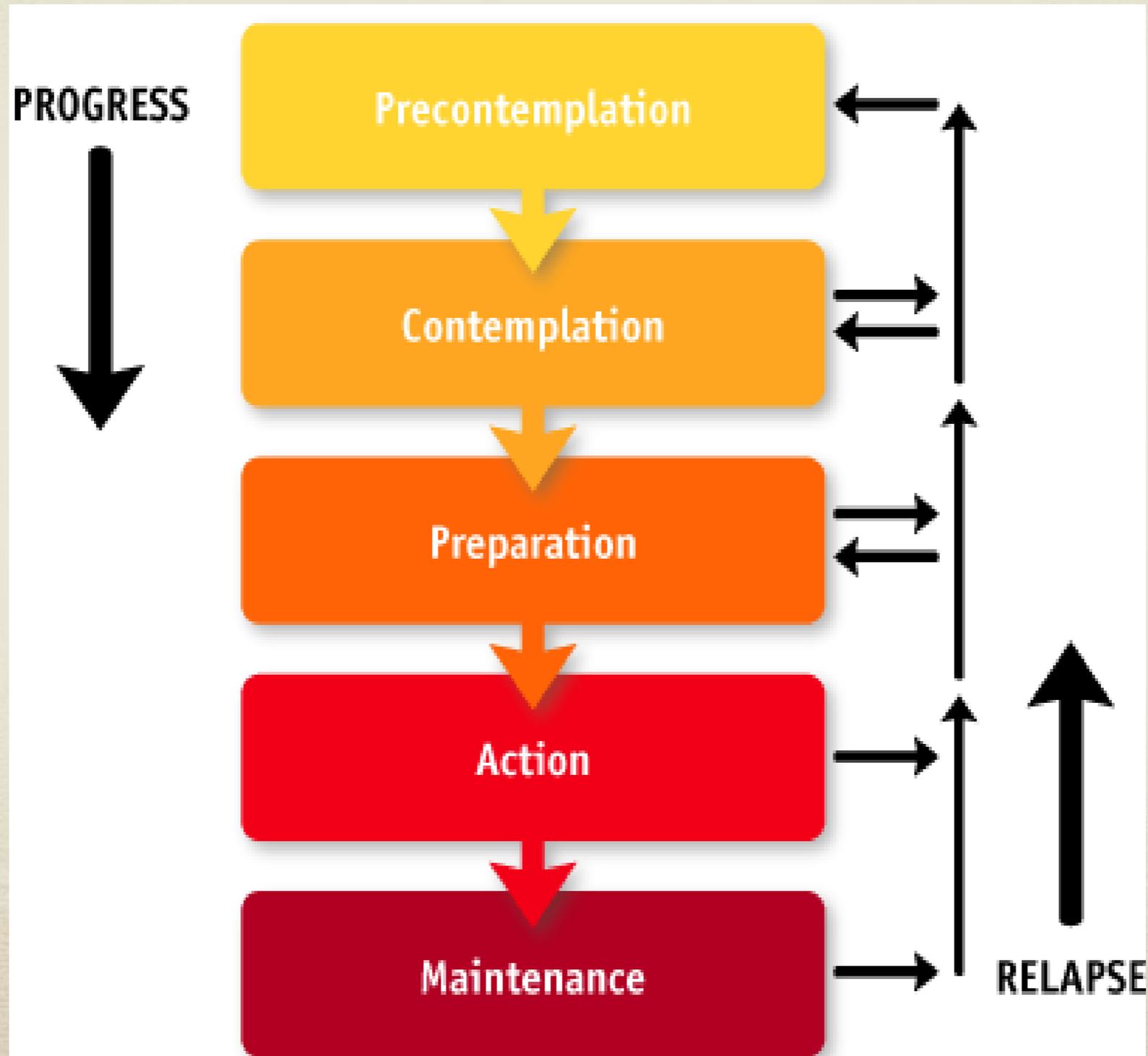
Stage Model of NSSI

- **Stage 3: Encapsulation**—Adolescents in Stage 3 are no longer experimenting with or exploring NSSI. At this point, NSSI is not one of many coping strategies used but, rather, the **primary** (if not the only) method used to control negative feelings. NSSI happens regularly, and these adolescents may construct elaborate plans regarding how and when self-injury will occur. In this stage, urges strike at inconvenient times and become more difficult to control; the behavior becomes increasingly difficult to hide.

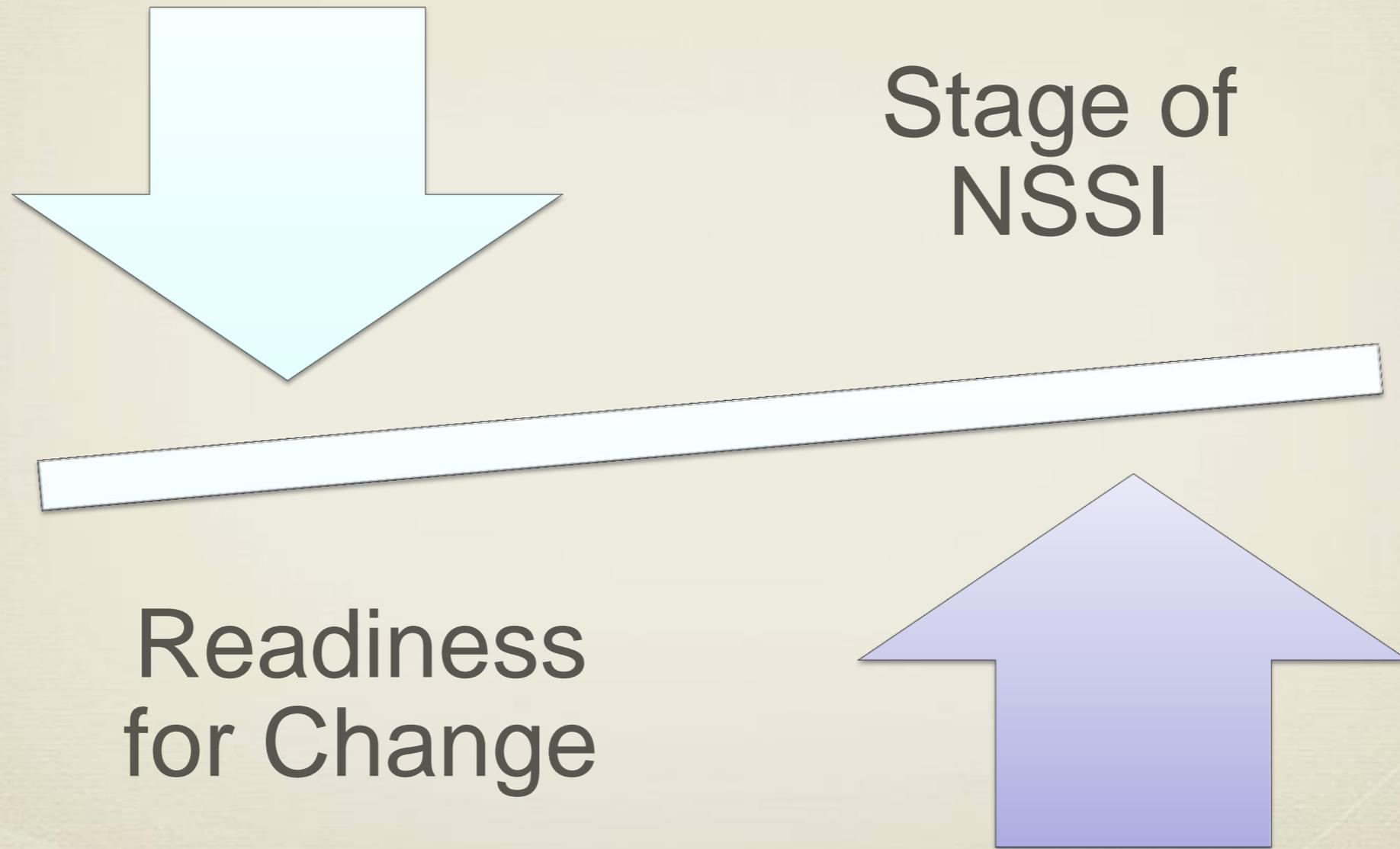
Stage Model of NSSI

- **Stage 4: Pervasive Dysfunction**—The final stage of NSSI behavior is characterized by nearly constant self-injurious thoughts and actions. At Stage 4 the behavior is barely under an adolescents' control. Such extreme behavior is found almost exclusively in clinical populations and is atypical of adolescents who engage in NSSI. Probability of suicidal thoughts and plans is higher in Stage 4 than in Stage 3.

Readiness for Change Review



Inverse Relationship between NSSI & Readiness of Change



NSSI Assessment Tool

- An assessment tool was developed to expedite assessment and assist in determining initial therapeutic direction and most appropriate level of care.
- It is a semi-structured 11-page clinician administered interview.
- A parallel version is currently being utilized in a K-12 residential school setting.
- It also includes items intended to assess for and rule-out suicidality.
- A summary chart is included at the end of the interview which guides clinicians in considering key factors related to safety and treatment.

In-Depth Review of NSSI Assessment Tool

- Assessment Tool Review
- Hands-On Experience Utilizing Case Study

Role-Play of Assessment

- Presenters will role play administration
- Participants will score along during the role-play

Scoring & Discussion of Results

- Review scoring procedures
- Review scoring sheet
- Complete summary sheet
- Share and discuss results
- Discuss Supplemental Aspects Scales

Scoring Sheet

Stage of NSSI*					
Question #	Stage 0 Awareness	Stage 1 Experimental	Stage 2 Exploration	Stage 3 Encapsulation	Stage 4 Pervasive Dysfunction
Q. 7	A	A/B	A/B	C	D
Q. 8	A	B	C	D	E
Q. 9	A	B	C	D	E
Q. 10	A	B	C	D	E
Q. 12	A	B	C	D	E
Q. 13	A	B	C	D	E
Q. 14	A	B	C	D	E
Q. 15	A	B	C	D	E
Q. 16 (Total # endorsed)	A = None	B = 1-3 methods	C = 4 methods	D = 5-6 methods	E = 7 or more methods
Q. 17	A	B	C	D	E
Q. 19	A	B	C	D	E
Q. 20	A	B	C	D	E
Q. 22	A	B	C	D	E
Q. 23	A	B	C	D	E
TOTAL:					
*Stage of NSSI is determined by the column with the highest TOTAL. If more than one column has the same TOTAL Score, Stage of NSSI is the <u>SECOND</u> column with that score.					

Readiness for Change Factor*					
(Based on questions 11, 18, 21, 24 & 25)					
	Precontemplation (Not ready to Change)	Contemplation (Thinking of Change)	Preparation (Ready to Change)	Action (Making Changes)	Maintenance (Staying on Track)
Q. 11	A1 / A2	B	C	D	E
Q. 18	A	B	C	D	E
Q. 21	A	B	C	D	E
Q. 24	A	B	C	D	E
Q. 25	A	B	C	D	E
TOTAL:					
*Stage of Readiness for Change is determined by the column with the highest TOTAL. If more than one column has the same TOTAL Score, Stage of Readiness for Change is the <u>FIRST</u> column with that score.					

NSSI Assessment Tool

NSSI Assessment Tool Summary Sheet

Student Name:	Date:	Age:
Clinician Name:		

If NSSI present, without Suicide Risk, determine the following:

Stage of NSSI (Based on Results from Page 8)							
Stage 0 No Hx of NSSI/ Awareness	Stage 1 Experimental	Stage 2 Exploration	Stage 3 Encapsulation	Stage 4 Pervasive Dysfunction			
*Stage of NSSI is determined by the column with the highest TOTAL. If more than one column has the same TOTAL Score, Stage of NSSI is the <u>SECOND</u> column with that score.							
Readiness for Change Factor (Based on Results from Page 8)							
Precontemplation (Not ready to Change)	Contemplation (Thinking of Change)	Preparation (Ready to Change)	Action (Making Changes)	Maintenance (Staying on Track)			
*Stage of Readiness for Change is determined by the column with the highest TOTAL. If more than one column has the same TOTAL Score, Stage of Readiness for Change is the <u>FIRST</u> column with that score.							
Identification and Frequency of Use of Alternative Strategies (Based on questions 20 & 21)							
Coping Strategies Identified (Based on question 20)			Frequency of Use of Coping Strategy (Based on question 21)				
			Never	Rarely	Sometimes	Often	Almost Always
1.			Never	Rarely	Sometimes	Often	Almost Always
2.			Never	Rarely	Sometimes	Often	Almost Always
3.			Never	Rarely	Sometimes	Often	Almost Always
Safety & Risk Factor (Based on questions 1-6, 26 & 27)							
Q. 1. Have you ever had thoughts that you wanted to die?			No		Yes		
Q. 2. Did you ever have a plan?			No		Yes		
Q. 3. Did you ever act on that plan?			No		Yes		
Q. 4. Are you thinking about killing yourself at this moment?			No		Yes (If Yes: further assess for Suicide)		
Q. 5. Have you ever thought about hurting your body?			No		Yes – Over 3 months ago Yes – Within the last 3 months		
Q. 6. Have you ever actually hurt yourself on purpose without wanting to die?			No		Yes – Over 3 months ago Yes – Within the last 3 months		
Q. 26. Can you be safe at home?			Yes		No (If No: <i>STOP INTERVIEW: pursue immediate evaluation</i>)		
Q. 27. Do you agree to follow-up with a counselor tomorrow?			A. Follow-up not indicated	B. YES	C. Refusal (Notify parent/guardian & seek professional consultation. Pursue immediate evaluation if safety continues to be a concern.)		
Assess Level of Impulsivity (Consider History & Current Presentation as listed below)							
Mild Impulsivity		Moderate Impulsivity		Severe Impulsivity			
Placement Decision							
Return to Normal Activities		Return to Guardian with Safety Plan		Refer for Immediate Assessment for Inpatient Hospitalization			
Date & Time Parent/Guardian Notified:							

Supplemental Aspects & Treatment

- Review samples of completed Supplemental Aspects Scales
- Dialogue regarding appropriate treatment interventions based on Supplemental Aspect Scale profile.

NSSI Assessment Tool

Supplemental Aspect Scale Scoring Sheet					
	Stage 0 Awareness	Stage 1 Experimental	Stage 2 Exploration	Stage 3 Encapsulation	Stage 4 Pervasive Dysfunction
Thoughts & Urges					
Q. 7	A	A/B	A/B	C	D
Q. 14	A	B	C	D	E
Q. 22	A	B	C	D	E
TOTAL:					
Behavior/Frequency					
Q. 7	A	A/B	A/B	C	D
Q. 13	A	B	C	D	E
Q. 19	A	B	C	D	E
TOTAL:					
Identity/Peers					
Q. 9	A	B	C	D	E
Q. 17	A	B	C	D	E
TOTAL:					
Sophistication					
Q. 8	A	B	C	D	E
Q. 16	A	B	C	D	E
Q.23	A	B	C	D	E
TOTAL:					
Result/Effect					
Q. 12	A	B	C	D	E
Q. 15	A	B	C	D	E
TOTAL:					
Coping Skills					
Q. 10	A	B	C	D	E
Q. 20	A	B	C	D	E
TOTAL:					

* Since Question 7 assesses thoughts and behaviors, it will be scored under the Thoughts & Urges factor as well as the Behavior/Frequency factor. For question 7 an endorsed answer of "A" should be carried across stages 0-2; an endorsed answer of "B" should be carried across stages 1 & 2 and should be included in the frequency count for those stages.

NSSI Assessment Tool & Treatment

- The NSSI Assessment Tool is a good first step in identifying both the Stage of NSSI and the student's Readiness for Change, helping the clinician target appropriate interventions for these important clinical aspects of NSSI.

Repeated Administrations & Progress Monitoring

- The NSSI Assessment Tool can be administered once a month and scores can be compared to previous administrations.
- Changes occurring across Stage of NSSI, as well as Readiness for Change, can be used to guide the focus of treatment and also monitor successful progress.

Repeated Administrations & Progress Monitoring

- As treatment progresses it would be expected that Readiness for Change increases while Stage of NSSI decreases.
- The target for Stage of NSSI would be to revert to the Experimental Stage.
- The target for Readiness for Change would be the Maintenance stage.

NSSI Assessment Tool

NSSI Assessment Tool Summary Sheet

Student Name: KM | Date: 4/8/14 | Age: 15
 Clinician Name: _____

If NSSI present, without Suicide Risk, determine the following:

Stage of NSSI (Based on Results from Page 8)							
Stage 0 No Hx of NSSI/ Awareness	Stage 1 Experimental	Stage 2 Exploration	Stage 3 Encapsulation	Stage 4 Pervasive Dysfunction			
*Stage of NSSI is determined by the column with the highest TOTAL. If more than one column has the same TOTAL Score, Stage of NSSI is the SECOND column with that score.							
Readiness for Change Factor (Based on Results from Page 8)							
Precontemplation (Not ready to Change)	Contemplation (Thinking of Change)	Preparation (Ready to Change)	Action (Making Changes)	Maintenance (Staying on Track)			
*Stage of Readiness for Change is determined by the column with the highest TOTAL. If more than one column has the same TOTAL Score, Stage of Readiness for Change is the FIRST column with that score.							
Identification and Frequency of Use of Alternative Strategies (Based on questions 20 & 21)							
Coping Strategies Identified (Based on question 20)			Frequency of Use of Coping Strategy (Based on question 21)				
			Never	Rarely	Sometimes	Often	Almost Always
1. <u>Listening to Music</u>			Never	Rarely	Sometimes	Often	Almost Always
2. <u>Journaling</u>			Never	Rarely	Sometimes	Often	Almost Always
3. <u>Drawing on myself</u>			Never	Rarely	Sometimes	Often	Almost Always
Safety & Risk Factor (Based on questions 1-6, 26 & 27)							
Q. 1. Have you ever had thoughts that you wanted to die?		No	Yes				
Q. 2. Did you ever have a plan?		No	Yes				
Q. 3. Did you ever act on that plan?		No	Yes				
Q. 4. Are you thinking about killing yourself at this moment?		No	Yes (If Yes: further assess for Suicide)				
Q. 5. Have you ever thought about hurting your body?		No	Yes – Over 3 months ago Yes – Within the last 3 months				
Q. 6. Have you ever actually hurt yourself on purpose without wanting to die?		No	Yes – Over 3 months ago Yes – Within the last 3 months				
Q. 26. Can you be safe at home?		Yes	No (If No: STOP INTERVIEW: pursue immediate evaluation)				
Q. 27. Do you agree to follow-up with a counselor tomorrow?		A. Follow-up not indicated	B. YES	C. Refusal (Notify parent/guardian & seek professional consultation. Pursue immediate evaluation if safety continues to be a concern.)			
Assess Level of Impulsivity (Consider History & Current Presentation as listed below)							
Mild Impulsivity		Moderate Impulsivity		Severe Impulsivity			
Placement Decision							
Return to Normal Activities		Return to Guardian with Safety Plan		Refer for Immediate Assessment for Inpatient Hospitalization			
Date & Time Parent/Guardian Notified: _____							

4/8/14

NSSI Assessment Tool

Supplemental Aspect Scale Scoring Sheet					
	Stage 0 Awareness	Stage 1 Experimental	Stage 2 Exploration	Stage 3 Encapsulation	Stage 4 Pervasive Dysfunction
Thoughts & Urges					
Q. 7	A	A/B	A/B	C	D
Q. 14	A	B	C	D	E
Q. 22	A	B	C	D	E
TOTAL:	0	0	1	1	1
Behavior/Frequency					
Q. 7	A	A/B	A/B	C	D
Q. 13	A	B	C	D	E
Q. 19	A	B	C	D	E
TOTAL:	0	1	1	0	1
Identity/Peers					
Q. 9	A	B	C	D	E
Q. 17	A	B	C	D	E
TOTAL:	0	0	1	1	0
Sophistication					
Q. 8	A	B	C	D	E
Q. 16	A	B	C	D	E
Q. 23	A	B	C	D	E
TOTAL:	0	0	1	2	0
Result/Effect					
Q. 12	A	B	C	D	E
Q. 15	A	B	C	D	E
TOTAL:	0	0	0	0	2
Coping Skills					
Q. 10	A	B	C	D	E
Q. 20	A	B	C	D	E
TOTAL:	0	0	1	1	1

* Since Question 7 assesses thoughts and behaviors, it will be scored under the Thoughts & Urges factor as well as the Behavior/Frequency factor. For question 7 an endorsed answer of "A" should be carried across stages 0-2; an endorsed answer of "B" should be carried across stages 1 & 2 and should be included in the frequency count for those stages.

Using Results to Guide Treatment

- Based on the results from the first administration (4/8/2014) there are four supplemental aspects in which she scored within the Pervasive Dysfunction stage.
- Beginning treatment, interventions should target these aspects: Thoughts & Urges, Behavioral Frequency, Result & Effect and Coping Skills.
- For Result & Effect we focused on the development of increasing pleasurable activities.
- We also focused on the develop of healthier coping skills.
- We utilized an impulse control log to increase the time between the impulse and acting on the urge.
- Over time, this decreased the behavioral frequency.

NSSI Assessment Tool

NSSI Assessment Tool Summary Sheet

Student Name: KM | Date: 5/15/15 | Age: 16
 Clinician Name: _____

If NSSI present, without Suicide Risk, determine the following:

Stage of NSSI (Based on Results from Page 8)						
Stage 0 No Hx of NSSI/ Awareness	Stage 1 Experimental	Stage 2 Exploration	Stage 3 Encapsulation	Stage 4 Pervasive Dysfunction		
*Stage of NSSI is determined by the column with the highest TOTAL. If more than one column has the same TOTAL Score, Stage of NSSI is the SECOND column with that score.						
Readiness for Change Factor (Based on Results from Page 8)						
Precontemplation (Not ready to Change)	Contemplation (Thinking of Change)	Preparation (Ready to Change)	Action (Making Changes)	Maintenance (Staying on Track)		
*Stage of Readiness for Change is determined by the column with the highest TOTAL. If more than one column has the same TOTAL Score, Stage of Readiness for Change is the FIRST column with that score.						
Identification and Frequency of Use of Alternative Strategies (Based on questions 20 & 21)						
Coping Strategies Identified (Based on question 20)		Frequency of Use of Coping Strategy (Based on question 21)				
1.	Music	Never	Rarely	Sometimes	Often	Almost Always
2.	Talking w/ friends	Never	Rarely	Sometimes	Often	Almost Always
3.	Running / showering	Never	Rarely	Sometimes	Often	Almost Always
Safety & Risk Factor (Based on questions 1-6, 26 & 27)						
Q. 1. Have you ever had thoughts that you wanted to die?		No		Yes		
Q. 2. Did you ever have a plan?		No		Yes		
Q. 3. Did you ever act on that plan?		No		Yes		
Q. 4. Are you thinking about killing yourself at this moment?		No		Yes		
Q. 5. Have you ever thought about hurting your body?		No		Yes – Over 3 months ago		
Q. 6. Have you ever actually hurt yourself on purpose without wanting to die?		No		Yes – Within the last 3 months		
Q. 26. Can you be safe at home?		No		Yes – Over 3 months ago		
Q. 27. Do you agree to follow-up with a counselor tomorrow?		Yes		Yes – Within the last 3 months		
		Yes		No		
		Yes		(If No: STOP INTERVIEW: pursue immediate evaluation)		
		Yes		C. Refusal		
		Yes		(Notify parent/guardian & seek professional consultation. Pursue immediate evaluation if safety continues to be a concern.)		
Assess Level of Impulsivity (Consider History & Current Presentation as listed below)						
Mild Impulsivity		Moderate Impulsivity		Severe Impulsivity		
Placement Decision						
Return to Normal Activities		Return to Guardian with Safety Plan		Refer for Immediate Assessment for Inpatient Hospitalization		
Date & Time Parent/Guardian Notified: _____						

NSSI Assessment Tool

Supplemental Aspect Scale Scoring Sheet					
	Stage 0 Awareness	Stage 1 Experimental	Stage 2 Exploration	Stage 3 Encapsulation	Stage 4 Pervasive Dysfunction
Thoughts & Urges					
Q. 7	A	A/B	A/B	C	D
Q. 14	A	B	C	D	E
Q. 22	A	B	C	D	E
TOTAL:	1	1	0	0	1
Behavior/Frequency					
Q. 7	A	A/B	A/B	C	D
Q. 13	A	B	C	D	E
Q. 19	A	B	C	D	E
TOTAL:	0	2	0	0	1
Identity/Peers					
Q. 9	A	B	C	D	E
Q. 17	A	B	C	D	E
TOTAL:	0	0	2	0	0
Sophistication					
Q. 8	A	B	C	D	E
Q. 16	A	B	C	D	E
Q. 23	A	B	C	D	E
TOTAL:	0	1	1	1	0
Result/Effect					
Q. 12	A	B	C	D	E
Q. 15	A	B	C	D	E
TOTAL:	0	0	0	1	1
Coping Skills					
Q. 10	A	B	C	D	E
Q. 20	A	B	C	D	E
TOTAL:	1	0	0	1	0

* Since Question 7 assesses thoughts and behaviors, it will be scored under the Thoughts & Urges factor as well as the Behavior/Frequency factor. For question 7 an endorsed answer of "A" should be carried across stages 0-2; an endorsed answer of "B" should be carried across stages 1 & 2 and should be included in the frequency count for those stages.

Using Results to Guide Treatment

- At the first follow-up administration (5/15/2015) there was most notable improvement in the area of behavioral frequency with scores moving from Pervasive Dysfunction down to Experimentation.
- The trend in Thoughts & Urges was also a positive movement toward lower stages of NSSI development.
- Positive coping skill use had also increased and stage of NSSI development improved as a result.

NSSI Assessment Tool

NSSI Assessment Tool Summary Sheet

Student Name: K.M. | Date: 9/22/15 | Age: 16
 Clinician Name: _____

If NSSI present, without Suicide Risk, determine the following:

Stage of NSSI (Based on Results from Page 8)						
Stage 0 No Hx of NSSI/ Awareness	Stage 1 Experimental	<u>Stage 2 Exploration</u>	Stage 3 Encapsulation	Stage 4 Pervasive Dysfunction		
*Stage of NSSI is determined by the column with the highest TOTAL. If more than one column has the same TOTAL Score, Stage of NSSI is the SECOND column with that score.						
Readiness for Change Factor (Based on Results from Page 8)						
Precontemplation (Not ready to Change)	Contemplation (Thinking of Change)	Preparation (Ready to Change)	<u>Action (Making Changes)</u>	Maintenance (Staying on Track)		
*Stage of Readiness for Change is determined by the column with the highest TOTAL. If more than one column has the same TOTAL Score, Stage of Readiness for Change is the FIRST column with that score.						
Identification and Frequency of Use of Alternative Strategies (Based on questions 20 & 21)						
Coping Strategies Identified (Based on question 20)		Frequency of Use of Coping Strategy (Based on question 21)				
		Never	Rarely	Sometimes	Often	<u>Almost Always</u>
1. <u>Music</u>		Never	Rarely	Sometimes	Often	<u>Almost Always</u>
2. <u>Playing with dog</u>		Never	Rarely	Sometimes	Often	<u>Almost Always</u>
3. <u>Drawing</u>		Never	Rarely	Sometimes	Often	<u>Almost Always</u>
Safety & Risk Factor (Based on questions 1-6, 26 & 27)						
Q. 1. Have you ever had thoughts that you wanted to die?		No		<u>Yes</u>		
Q. 2. Did you ever have a plan?		No		<u>Yes</u>		
Q. 3. Did you ever act on that plan?		<u>No</u>		Yes		
Q. 4. Are you thinking about killing yourself at this moment?		<u>No</u>		Yes (If Yes: further assess for Suicide)		
Q. 5. Have you ever thought about hurting your body?		No		<u>Yes</u> - Over 3 months ago <u>Yes</u> - Within the last 3 months		
Q. 6. Have you ever actually hurt yourself on purpose without wanting to die?		No		<u>Yes</u> - Over 3 months ago <u>Yes</u> - Within the last 3 months		
Q. 26. Can you be safe at home?		<u>Yes</u>		No (If No: STOP INTERVIEW : pursue immediate evaluation)		
Q. 27. Do you agree to follow-up with a counselor tomorrow?		<u>A. follow-up not indicated</u>	B. YES	C. Refusal (Notify parent/guardian & seek professional consultation. Pursue immediate evaluation if safety continues to be a concern.)		
Assess Level of Impulsivity (Consider History & Current Presentation as listed below)						
<u>Mild Impulsivity</u>		Moderate Impulsivity		Severe Impulsivity		
Placement Decision						
<u>Return to Normal Activities</u>		Return to Guardian with Safety Plan		Refer for Immediate Assessment for Inpatient Hospitalization		
Date & Time Parent/Guardian Notified: _____						

NSSI Assessment Tool

Supplemental Aspect Scale Scoring Sheet					
	Stage 0 Awareness	Stage 1 Experimental	Stage 2 Exploration	Stage 3 Encapsulation	Stage 4 Pervasive Dysfunction
Thoughts & Urges					
Q. 7	A	A/B	A/B	C	D
Q. 14	A	B	C	D	E
Q. 22	A	B	C	D	E
TOTAL:	1	2	2	0	0
Behavior/Frequency					
Q. 7	A	A/B	A/B	C	D
Q. 13	A	B	C	D	E
Q. 19	A	B	C	D	E
TOTAL:	1	3	1	0	0
Identity/Peers					
Q. 9	A	B	C	D	E
Q. 17	A	B	C	D	E
TOTAL:	0	1	0	1	0
Sophistication					
Q. 8	A	B	C	D	E
Q. 16	A	B	C	D	E
Q. 23	A	B	C	D	E
TOTAL:	0	0	2	1	0
Result/Effect					
Q. 12	A	B	C	D	E
Q. 15	A	B	C	D	E
TOTAL:	0	0	1	0	1
Coping Skills					
Q. 10	A	B	C	D	E
Q. 20	A	B	C	D	E
TOTAL:	0	1	1	0	0

* Since Question 7 assesses thoughts and behaviors, it will be scored under the Thoughts & Urges factor as well as the Behavior/Frequency factor. For question 7 an endorsed answer of "A" should be carried across stages 0-2; an endorsed answer of "B" should be carried across stages 1 & 2 and should be included in the frequency count for those stages.

Using Results to Guide Treatment

- At the third progress monitoring administration (9/22/2015) there was further evidence of improved levels of functioning.
- In the area of Thoughts & Urges she moved from Pervasive Dysfunction (Stage 4) to Exploration (Stage 2).
- On the aspect of Behavioral Frequency she remained in the Experimental stage but all individual scores loading on that factor now grouped consistently within Stage 2.
- On the Result & Effect aspect her scores remained within the Pervasive Dysfunction stage as the level of pain she experienced when she engaged in NSSI did not change over time, though she no longer engaged as frequently.
- The Coping Skills supplemental aspect continued to evidence development of positive coping strategies and increased use of those newly acquired skills over NSSI.

Treatment Implications of Stage of Change & NSSI

- Contemplation – Intellectual awareness that NSSI is dangerous.
- Treatment Implication: Short term emotional gains outweigh desire to change. Treatment strategies may include increasing the student's pleasurable activities and building relationships.

Treatment Implications of Stage of Change & NSSI

- Refer to the Handout entitled: “*Application of Prochaska’s Stage of Change Model to NSSI*”
- Precontemplation - Lack of Knowledge or failure with previous attempts to change; Don’t consider behavior important enough to change; may not even discuss it;
- Treatment Implication: Thinking about future consequences is not enough motivation to change current behavior. Therefore, strategies such as Motivational Interviewing should be used.

Treatment Implications of Stage of Change & NSSI

- Preparation - Committed to making an attempt to reduce NSSI and beginning to experiment with small changes.
- Treatment Implication: When change is experienced as success, confidence is fostered to make bigger changes. Do not be discouraged if episodic NSSI occurs. Introduce the use of the impulse control log and active discussion on success and relapses. Cheer successes!

Treatment Implications of Stage of Change & NSSI

- Action - Actively engaged in new behaviors.
- Treatment Implication: Completing Impulse Control logs regularly and sharing progress in treatment; working through urges and using alternative coping strategies. Introduce new behaviors such as grounding techniques, breathing and distraction.

Treatment Implications of Stage of Change & NSSI

- Maintenance - Stronger levels of confidence at being able to manage NSSI urges
- Treatment Implication: Less need for external support; Able to rely on internal motivation to remain NSSI-free. Less frequent sessions and can move to a “booster session” model.

Safety Contracts vs. Treatment Agreements

- Contracts are not recommended as some episodes of relapse are an expected part of treatment.
- Contracts place the client in a one-down position, forcing them to admit they have “violated” the contract.
- It is better for the client to be honest and move forward and examine what the relapse taught them.

Treatment Agreements

- The Treatment Agreement is an agreement to engage in the therapeutic process which is in addition to the consent to participate in treatment, also known as informed consent.
- We should not require or expect that the client will be immediately cured of self-injury simply because they have entered into treatment.

Sample Treatment Agreement

- I am willing to make an agreement to explore the issue of NSSI with my therapist.
- I recognize, or am willing to consider, that self-injury is not the healthiest way to manage strong emotions. I also know that, like any other behavior, the process of change often includes setbacks along with progress.
- My role in this relationship is to come to therapy and be honest, even when that means talking about relapses in my behavior and other difficult situations and feelings. Therapy is a place for us to develop a trusting relationship and I will be truthful with my therapist and myself regarding self-injury, my mood and how I am doing between sessions.
- I agree to actively engage in the treatment process which includes keeping regular appointments, identifying goals and coping strategies collaboratively.

Closing thoughts/questions



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Resources

<http://www.selfinjury.com/>

<http://www.harmless.org.uk/>

<http://www.wjh.harvard.edu/~nock/nocklab/>

<http://strongkids.uoregon.edu/strongstart.html>

http://www2.massgeneral.org/schoolpsychiatry/for_educators.asp

<http://www.kasp.org/Documents/impulsecontrollog.pdf>

Resources

- <http://beta.samhsa.gov/women-children-and-families/training-and-conferences/girls-matter-2>
- <https://apha.confex.com/apha/140am/webprogram/Paper263579.html>
- <http://www.capmh.com/content/6/1/10>
- <http://www.uri.edu/research/cprc/transtheoretical.htm>
- http://medschool.creighton.edu/fileadmin/user/medicine/images/Creighton_FIRST/s_Stages_of_Change_Theory.pdf

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