The Intersection of Suicide and Self-Injury: Addressing Nonsuicidal Self-Injury in School Settings
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Introductions
• In what ways do you engage in self-harming behaviors?
• What adaptive coping mechanism serves the same function as your self-destructive habit?

Four primary functions of nonsuicidal self-injury (NSSI)
• Emotion regulation
• Anti-numbness
• Anti-suicide
• Self-punishment

Four “parts” of suicidal ideation
• Wanting to die – also consider thoughts of not wanting to live
• Non-specific thoughts of killing self
• Plan – consider method and access
• Intent – differentiating between suicidal and nonsuicidal behaviors

Intrapersonal vs. interpersonal functions
• Intrapersonal – reinforced through negative reinforcement
• Interpersonal – reinforced through positive reinforcement (e.g., interpersonal influence, peer bonding)
• Negative vs. positive reinforcement
  o Removal of aversive experience increases behavior
  o Application of reward increases behavior

Basic tenets of Cognitive Behavioral Therapy
• Cognitive model ➔ Experiential perspective (emphasis on feelings) ➔ E-T-P-B
• Automatic thoughts ➔ Intermediate beliefs (if/then statements, cognitive distortions) ➔ Core beliefs (feelings of worthlessness)
• Perceptions of one’s self, the world, and the future

Providing psychoeducation – what do parents, friends, and family members need to know?
1. Don’t freak out – respond with emotional neutrality
2. Find the function (focus on underlying feelings and thoughts)
3. Reflect, validate, and then problem-solve

Three primary areas of psychoeducation:
1. Why individuals engage in self-injurious and suicidal behaviors
2. How parents and family members can help
   a. Creating environments of emotional safety
   b. Setting boundaries for physical safety
   c. Effective consequences for self-injurious behaviors
3. What happens during therapy and how it works