

International Network of Self-Injury Prevention, Intervention, Research, and Education

July 13 - 14, 2006

Cornell University

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Summary

In January of 2005 the findings of the Adolescent Mental Health Initiative sponsored by the Annenberg Foundation Trust at Sunnylands and the Annenberg Public Policy Center (APPC) of the University of Pennsylvania, were disseminated in a book entitled, *Treating and Preventing Adolescent Mental Health Disorders: What We Know and What We Don't Know* (Evans, et.al., 2005)¹. Intended to summarize the state of the field in adolescent mental health disorders, six commissions established by the Sunnylands Trust and APPC pooled their collective wisdom with the goal of establishing an adolescent-focused mental health treatment and research agenda for the next decade or more. Despite mounting evidence over the past decade that self-injury is a significant and widespread behavior in adolescent populations, the volume includes no more than a ¼ page on self-injury – largely devoted to dismissing self-injurious behavior as something warranting attention.

In large part, the absence of self-injury in this volume reflects its nominal presence in academic journals in the several years leading up to its publication. Although this is quickly changing, self-injury as a field of research has an irregular history, growing less linearly than in fits and starts. However, over the past several years, the steady and significant presence of self-injury in clinical and non-clinical settings, such as schools and colleges, has commanded the attention of a small but increasing group of scholars from diverse disciplines. Although acquainted with each others' work, few forums existed in which these scholars regularly, if ever, came together as a group.

In an effort to encourage communication among self-injury scholars within and outside of the US, researchers from Cornell University invited a small group of published self-injury researchers and treatment specialists to attend a 1.5 day meeting devoted to discussion of issues and strategies related to developing a new field of study. The gathering was intended to foster discussion related to: a) assessment of strengths and gaps in SIB knowledge and research approaches, b) funding needs and sources for SIB research, c) mechanisms for building linkages with other related areas of research in our respective disciplines, and d) possibilities for future collaboration.

Planning for the meeting began in August of 2005 and on July 13 of 2006, 17 self-injury researchers and treatment specialists and two note-takers gathered to launch what we hoped would be a first step in developing a field of study. In attendance were:

Dr. John Eckenrode	Dr. Jennifer Muehlenkamp
Dr. Greg Eells	Dr. Michael Nunno
Dr. Kim Gratz	Dr. Jane Powers
Dr. Lynne Haverkos	Amanda Purington
Dr. Nancy Heath	Dr. Karen Rodham
Martha Holden, M.S.	Dr. Daniel Silverman
Dr. E. David Klonsky	Dr. Barent Walsh
Dr. Efi Kokaliari	Dr. Victoria White Kress
Dr. Wendy Lader	Dr. Janis Whitlock

Dr. Matthew Nock, Dr. Keith Hawton, Dr. Shyamala Nada-Raja, Dr. Tuppett Yates, and Dr. Kerry Knox, though unable to be physically present for the meeting, contributed preliminary

¹ Evans, D.L. et al. (Eds.). (2005). *Treating and preventing adolescent mental health disorders: What we know and what we don't know*. New York: Oxford University Press.

materials and participated in subsequent discussion about action items emerging from the meeting. Note takers Alexis Matusiewicz and Johanna Kingson dutifully recorded the entire event.

In order to assure that all invitees had the opportunity to acquaint themselves with their colleagues' work, all invited participants were asked to submit a biographical sketch and recent SIB-related articles. Although a small number of participants were asked to present material germane to core meeting objectives, the vast majority of meeting time was devoted to large group discussion of the issues raised by or related to presented material – all of which related to field development. Informal socializing events allowed participants to share more content-focused interests.

The opportunity for exchange engendered by the gathering was well received and very productive. By the end of the second day, five workgroups had emerged: a) Ethics and IRB, b) Definition and Terminology, c) Developing International Connections / Research Academy, and d) Maintenance of Research Meetings, and e) Advocacy. A chair person, committee members, and initial tasks for each group were identified. What follows is a summary of presentation and discussion throughout the 1.5 day gathering. Links to presenter power point slides are provided where available.

The meeting was concluded with a list of next steps agreed upon by the group. A summary of actions to date will be provided in an independent document.

Wendy Lader

Dr. Lader opened the conference with an overview of the last 20 years of self-injury treatment. Generally, there has been little progress in understanding or treating the behavior. Clinicians may confuse self-injury and suicidality resulting in frequent hospitalizations. In DBT, where hospitalization is contraindicated, practitioners are unsure how to treat self-harm outpatient. People are unsure whether self-injury merits a diagnosis unto itself or whether it is a symptom of another disease.

In the past 20 years, the people who are engaging in self-harm have changed: initially it was older people who were secretive about the behavior. They initiated the behavior in childhood but only sought treatment in adulthood. Now self-injurers tend to be adolescents who know other people who do it. However, the issues behind the self-harm have remained largely the same. As was the case years ago, males are less likely to be seen for self-injury. Perhaps they are incarcerated, or maybe there is a cultural norm that overlooks self-injury in males.

Dr. Lader commented on how pleased she was that this group had gathered. The remainder of this time was spent doing personal introductions. A summary of biographies can be found at the end of these proceedings.

Janis Whitlock

The study of self-injury is appealing, in part, because its contemporary manifestation stands at the juncture of several fields and gives rise to a variety of interesting questions. Although broadly recognized as a psychiatric disorder, recent research shows it to be prevalent in populations outside those regarded as clinical in nature. It is also clear that in many cases the behavior goes largely undetected by formal and informal help networks. Despite the many questions about the presence, nature, trajectory, and life course significance of self-injury in individuals otherwise exhibiting few obvious clinical pathologies, to date the study of self-injury lies primarily the domain of psychiatry and clinical psychology. The information generated by researchers with these disciplinary foci has been essential in advancing knowledge and has contributed to understanding of self-injury etiology, function, detection, intervention, and treatment in clinical populations. Questions remain, however and broadening understanding of self-injury in non-clinical populations will benefit from seeking and expanding contributions from developmental psychology, public health, social work, anthropology, neurological science, women's health, feminist studies, history, and sociology. For example, additional work in developmental psychology promises to deepen understanding about processes and trajectories for SIB onset and cessation, developmental pathways and the role of self-injury in the lifecourse. It also contributes unique methods for examining interlocking contributions of personality, social and emotional factors. Similarly, utilizing public health paradigms and methods will enhance understanding of etiology, detection, intervention in non-clinical populations, elucidate vectors for contagion and supply promising methods for advancing community-based prevention.

The problem at this point is that with the exception of Psychiatry, Clinical Psychology, and to some extent Medicine, few disciplines currently recognize SIB as a pertinent field of study. This poses problems when SIB scholars want to publish in or present at conferences in areas outside of those associated with these disciplines. The emergence of SIB in non-clinical populations and settings necessitates broader disciplinary engagement.

As a result of subsequent discussion, participants agreed to:

- Collaborate in submission of papers and panels to discipline-specific journals and conferences, even of outside of their field, as a means of heightening the visibility of the topic;
- Pursue investigative methodologies likely to lower risk of investigation-initiated contagion;
- Advocate for creation of special issues devoted to self-injury in journals capable of reaching SIB-naïve audiences
- Collaborate on development of boilerplate text that can be included in IRB protocols aimed at addressing reviewer concerns about the study of SIB;
- Link with international scholars also doing work in this area including Japan, Germany, Turkey, Israel, France, Sweden, Greece and Russia.

John Eckenrode

Because self-injury is, in many ways, a nascent field of research, it faces a variety of methodological challenges. First and foremost, the study of SIB suffers from a lack of clarity and consistency in definition and operationalization. We need a common label for the phenomenon—what to include, what to exclude, what units of measurement. We also need widely accepted screening questions and protocols for data-gathering: face-to-face interviews, semi-structured interviews, online. For example, should a screening question ask, “have you ever deliberately hurt yourself?” or “have you ever cut yourself or burned yourself?” What is asked will invariably affect recorded prevalence rates. The reliability of self-report data remains a concern due to the influence of social desirability: findings indicate that with each subsequent questioning, reports of self-injury increase. However, little other data are available since primary care doctors may not chart self-injury or may not provide access to adolescent patients’ medical records.

In thinking about how to advance methodological complexity and comprehensiveness of SIB research, we need to systematically consider a variety of factors including but not limited to:

- a. Age of onset/Age of cessation
- b. Frequency
- c. Severity
- d. Use of multiple types
- e. Affective triggers
- f. Social context
- g. Function
- h. Informal help-seeking and treatment history

For young, non-clinical samples, protocol for reporting, intervening and managing the contagion effect should be established to reflect the standards of ethics review boards and address concerns of parents and school staff.

Following Dr. Eckenrode’s presentation, the focus of discussion became generating and selecting a common term for the phenomenon to establish consistency in the field. The group also sought a collective definition and specifically debated the inclusion in the definition of the intent, severity or frequency of the behavior. The decision was sent to the work group, with the understanding that a new term would be approved and adopted by consensus.

The phrases suggested include:

- a. *Self-injurious behavior (SIB)*, which may be linked to populations with mental retardation or developmental disabilities.
- b. *Non-suicidal self-injury (NSSI)*, which does not capture the correlation between suicidal ideation and self-injurious behavior.
- c. *Self-harm* has been adopted in Europe but may include suicide and substance abuse.
- d. The introduction of subtypes (developmental disability subtype, non-suicidal subtype).

The group rejected several terms:

- a. self-mutilation
- b. parasuicide
- c. self-inflicted violence

As a result of subsequent discussion, participants agreed to:

- Convene a working group intended to devise a definition and term with which all members of this meeting agree
- Convene a working group intended to identify ethical issues in methodology related to the study of self-injury in non-clinical populations

Dr. Eckenrode's Power Point slides are available at the Conference Proceedings website:
<http://www.crpsib.com/conference.asp?page=proceedings>

Linking Treatment and Research

Barent Walsh

As someone who has treated and studied self-injurers for close to 30 years, it is intriguing to see the current diversity in those presenting for treatment. In therapeutic settings, there presently appear to be three rather different populations who are self-injuring. These are:

- 1) the mentally ill, who are substantially compromised in their level of functioning in the realms of relationships, work, and overall stability. These individuals frequently receive multiple psychiatric diagnoses. Not uncommonly, they have endured extensive histories of trauma;
- 2) those who are functioning moderately well in society and are not incapacitated by their illnesses, but who nonetheless merit psychiatric diagnoses; These individuals may or may not have trauma histories;
- 3) a new emerging group of high functioning young people (who are by and large the focus of this professional meeting at Cornell). These individuals frequently do not receive psychiatric diagnoses or tend to fall into the category of "adjustment disorders." Many of these youth are quite successful academically and socially. Moreover, this group often comes from capable, caring families in which trauma has not been a problem.

Not surprisingly, given the differences across these groups, effective treatment strategies may differ. As noted by Muehlenkamp (2006) in her recent review article of empirically supported treatments of self-injury, cognitive-behavioral approaches appear to be the most effective to date. More specifically, dialectical-behavior therapy and problem-solving therapy have the most evidence in support of the therapeutic efficacy. Both are manualized treatments that emphasize careful behavioral analysis and skills training. A disadvantage of DBT is that it is expensive and time-consuming to learn and may require at least a year of twice weekly therapy to be effective. Alec Miller's revision (and abbreviation) of DBT may be a particularly attractive alternative. Problem-solving therapy is generally briefer than DBT, but the evidence in support of its effectiveness is more equivocal. Another promising treatment may be Gratz and Gunderson's acceptance-based emotion regulation group intervention, although results are still preliminary. It should be noted that none of the above treatments has been found to eliminate self-injury for the majority of study subjects.

Therapy for the more compromised, mentally ill clients often involves treatment of trauma, after the CBT skills approaches have been completed. Clients need to have a strong repertoire of skills to endure the challenges of confronting past traumatic experiences. Effective treatment of this type includes the exposure therapy empirically validated by Foa (2000) and Follette (1998).

In my opinion, certain strategies are important in launching into any therapy with self-injurers. The first is approaching self-injury with a “low-key, dispassionate demeanor” that neither reinforces nor condemns the behavior. Too often clients describe therapists who are horrified by self-injury, or those who condemn it and demand clients immediately stop. Other clinicians are so effusively sympathetic as to inadvertently make the problem worse.

A second important stylistic feature I learned from Caroline Kettlewell, author of Skin Game (1999). She stated that what helped her in treatment was when a therapist presented with “respectful curiosity” rather than negative judgments and attempts to “contract for safety.” Examples of respectfully curious questions that aid in the assessment of self-injury are, “What does self-injury do for you?” or “What other areas of your body do you hurt?”, or “Do you use a tool?”

Another key element in understanding self-injury in today’s diverse clientele is the role of contagion. Contagion has long been a factor in influencing the spread of self-injury in group settings such as hospitals, group homes, or schools (Walsh, 2006). However, there are now unique contagion factors at play via the internet as recently documented by Whitlock and colleagues (2006). Increasingly, the evidence is that self-injury is epidemic in middle and high schools and universities, as a number of researchers at this meeting have shown.

When should we initiate prevention? Probably during the second half of middle school when self-injury emerges. Even so, caution must apply in that too much information about the specifics of self-injury may be triggering and serve to make the problem worse. Over the next two years I will be working on a self-injury prevention DVD for high school students. I look forward to receiving your input as I shape this project. Many thanks for allowing me to be part of this invigorating professional experience.

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Karen Rodham

Research conducted by Dr. Rodham on a project directed by Keith Hawton at the Centre for Suicide Research in Oxford, finds a variety of factors linked to self-harm, including: a) history of self-harm- (self or in family), b) co-morbid mental health conditions, c) engagement in other health risk behaviors (for example, drinking, smoking and substance abuse), d) adverse life events- (family break-up, abuse, bereavement), e) poor environment and social economic status, f) problems with inter-personal relationships, g) gender (being female increases risk), h) ethnicity (Asian girls may be less likely to report self-injury than White girls, no significant difference in rates of self-harm amongst different ethnic groups for boys). She notes that some research by Neeleman & Wessely (1999) suggests that the risk of such behavior is associated with population density. So, there may be a stronger association between self-harm and those who are in ethnic groups that live in areas where they are in the minority, compared to those same ethnic groups who live in areas where they constitute a larger part of the population.

The UK has placed significant efforts in the area of prevention. In the study of adolescent self-harm that was completed at the Centre for Suicide Research in Oxford, they found that almost half of those who reported self-cutting and over a third of those who reported taking overdoses said that they had thought about harming themselves for less than an hour beforehand. This leaves little time for intervention, as such Hawton and Rodham have documented a need to assist individuals in finding new coping strategies to utilize when they have the urge to self-injure (these should fulfill need for stress release without harming the individual). One possibility is that schools could introduce mental health awareness programs that could help young people to recognize and understand psychological distress both in themselves and among their peers. In particular, it is important to teach young people when it is appropriate to break the confidence of a friend.

The UK has made self-harm the focus of several national policies. It is included in the National Suicide Prevention Strategy for England (NICE, 2002). In particular, Clinical Guideline 16: Self-harm (NICE, 2004) specifies that all young people who enter the hospital due self-injury should be admitted and stay overnight and referred to appropriate medical staff. In addition, research conducted by Ofsted, (2005) into the extent to which UK schools are aware of national health standards has revealed low awareness of emotional health and well-being strategies in schools.

Dr. Rodham also touched upon clinical issues. She pointed out the need for adolescent friendly services; self-harm services in all hospitals, and further development and evaluation of effective treatments for the aftercare of adolescents who have self-harmed.

Current UK research needs include: a) longitudinal studies of adolescents in the community, b) studies of the differences between those who continue to self-harm and those who stop self-harming, c) contagiousness of self-harm, d) evaluation of treatments for self-harm, e) impact of the media on self-harming behavior, f) impact of the Internet on self-harming behavior, g) development of a term that we as researchers and practitioners could use with one definition to facilitate comparable research.

References

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See Dr. Rodham's Power Point presentation at the Conference Proceedings website:
<http://www.crpsib.com/conference.asp?page=proceedings>

Building a Field: Opportunities and Challenges

Nancy Heath

Dr. Heath began her talk with an overview of the Heath Research Team. The team addresses self-injury in schools by providing teachers and counselors knowledge, skills and training, recommending school-based protocols and legal considerations, and by providing information packages for parents, educators and mental health professionals in schools. The Health Research Team also address self-injury in the community by identifying who is at risk, triaging different types of self-injury, identifying developmental trajectories in self-injury, and examining self-injury cross-culturally in youth.

Until recently, clinicians and researchers in the field did not know how to connect with each other because there were few experts and they were not unified by any group. The International Self-Injury Research Network evolved out of a sense that a means for connecting scholars around the globe would be useful. The network currently represents 62 members in 12 disciplines, and 10 countries. It provides opportunity for collaboration, leadership and intellectual and professional stimulation among its members. It has been a useful vehicle for facilitating communication but there have been obstacles including deciding who, exactly, belongs to the network (e.g, researchers, practitioners, self-injurers), how one becomes part of the network, and how to control the volume of posts to avoid overwhelming participants.

Dr. Heath also suggested that one model on which this group might base future meetings is the International Academy for Research in Learning Disabilities. The Academy was convened by invitation and all members pay a \$70 membership fee. Regardless of whether or not this model is followed, the advantages of acting soon are clear since it a) creates mechanisms for gathering provides dialogue and connection in a time when cross disciplinary, international collaborations are critical for funding, b) demonstrates international leadership in a growing field may influence research, practice, and policy, and c) provides opportunities for learning, professional excitement and enthusiasm in an area that is specialized.

Challenges associated with building a field include: a) funding, b) balancing collaborative with competitive realities, c) deciding who to include (practitioners, researchers, students, all), d) minimizing overload on participants, e) creating mechanisms for facilitating more meetings like this, f) identifying fruitful and visible venues for publishing and for creating SIGs.

As a result of subsequent discussion, participants agreed to:

- Convene a working group intended to explore the viability of creating a self-injury Academy or another vehicle for maintaining the works started here.

See Dr. Heath's power point presentation at the Conference Proceedings website:
<http://www.crpsib.com/conference.asp?page=proceedings>

National Institute of Health Funding Opportunities

Lynne Haverkos

Dr. Haverkos presented on funding mechanisms available thorough the National Institute of Child Health and Human Development. The areas of interest for the Institute with relevance here include health risk behaviors, health promotion and cross-cutting issues (health communication, adherence to therapeutic regimens). With a "constrained" funding environment at NIH, the most successful proposals are for smaller grants among collaborating researchers. Persistence and communication with NIH staff and administrators are critical.

Dr. Haverkos's slides contain a great deal of information about individual grants and the application and review processes. Please refer to this document at the Conference Proceedings website: <http://www.crpsib.com/conference.asp?page=proceedings>

Where Do We Go From Here?

Jane Powers

Dr. Powers summarized progress to date and posed a number of questions to the group about moving forward. She asked:

1. What do we want to become?
2. Do we want to continue to meet? *Yes.*
3. How much time do people want to give?
4. What products will we create?

The bulk of this session was spent in large group dialogue about these and related issues. As a result of subsequent discussion, participants agreed to:

- Create the working group devoted to development of a common term and definition
 - Kim Gratz offered to chair this group
 - Agreed to work by consensus rather than democracy
 - Agreed to make the CDC aware of our decision and process
- Pursue a special issue of a journal dedicated to self-injury
 - John Eckenrode agreed to check in with the editor of *Developmental Psychopathology*
 - Jennifer Muehlenkamp is on the board of AAS with the editor of *Suicide and Life Threatening Behaviors* and will check there
 - Vickie Kress White has connections to counseling journals and has offered to check there as well

- It was also offered that a non-peer reviewed journal may be a good way to reach each other and the public with information
- Pursue collaborative research projects. Possibilities include:
 - Add schools to the College Health and Wellbeing survey
 - Conduct secondary analyses of existing data sets
 - Connect with residential facilities or understudied populations of self-injurers
 - Connect with SAFE Alternatives—patients are willing to participate in research but SAFE doesn't have funding.
- Facilitate access to existing research:
 - Develop a clearinghouse to give practitioners/clinicians access to research.
 - This would require dealing with copyright issues
 - Have grad students write review articles on a regular basis. Anyone on a website can order it and see what the “academy” says is most current, cutting edge.
- Develop a committee intended to advance inclusion of individuals with a history of self-injury in INSPIRE and other professional SI field related activities:
 - Efrosini Kokaliari agreed to chair this committee
 - Committee will make inquiries into whether the American Association of Suicidology has an organized survivor branch
 - e. Kokaliari, Walsh and Lader have nominations for self-injurer/participants
 - f. All agree that self-injurer involvement cannot be token—participation has to be meaningful.
- Examine the feasibility of submitting papers to the American Association of Suicidology meets in New Orleans for 11-14 April 2007 or 2008. Call for 2007 papers is now available online. Ideally, the ethics/IRB/definition pieces we develop would be ready for submission here at some point.

Working Groups Composition

Ethics

Chair: White Kress

Rodham

Heath

Eells

Muehlenkamp

Definition and Terminology Group

Chair: Gratz

Muehlenkamp

Rodham

Heath

Kokaliari

Eckenrode

Lader

Klonski

Whitlock

Developing International Connections / Research Academy

Chair: Heath

Whitlock

Lader

Gratz

Rodham

Kokaliari

Maintenance of Research Meetings

Chair: Whitlock

Heath

Gratz

Klonsky

Powers

Haverkos

Purington

Lader

Advocacy

Chair: Kokaliari

Purington

Walsh

INSPIRE Mailing List

John Eckenrode

Family Life Development Center
Beebe Hall
Cornell University
Ithaca, NY 14853
607-255-0467
jje1@cornell.edu

Greg Eells

Gannett Health Services
Ho Plaza
Cornell University
Ithaca, NY 14853
gte3@cornell.edu

Kim Gratz

2103-G Cole Field House
University of Maryland, College Park
College Park, MD 20742
617-688-0435
KLGratz@aol.com

Lynne Haverkos

haverkol@mail.nih.gov

Nancy Heath

McGill University/Faculty of Education
Department of Educational and Counselling
Psychology
3700 McTavish Street
Montreal, Quebec H3A 1 Y2
Canada
514-398-3439
nancy.heath@mcgill.ca

Martha Holden

Family Life Development Center
Beebe Hall
Cornell University
Ithaca, NY 14850
607-254-5337
mjh19@cornell.edu

E. David Klonsky

122 Psychology B
SUNY Stony Brook

Stony Brook, NY 11794-2500
631-632-7801
E.David.Klonsky@stonybrook.edu

Kerry Knox

Data Laboratory
University of Rochester Medical Center
Community and Preventative Medicine
601 Elmwood Ave, Box 644
Rochester, NY 14642
585-273-2589
kerry_knox@urmc.rochester.edu

Efrosini Kokaliari

Elms College
291 Springfield Street
Chicopee, MA 01013
kokaliarie@elms.edu

Wendy Lader

Linden Oaks Hospital at Edward
852 S. West Street
Naperville, IL 60540
wladersafe@aol.com

Shyamala Nada-Raja

Department of Preventative and Social Medicine
University of Otago
P.O. Box 913
+64-3-479-7204 x 8518
Dunedin, New Zealand

Jennifer Muehlenkamp

Corwin-Larimore
319 Harvard Street
Grand Forks, ND 58202
jennifer.muehlenkamp@und.nodak.edu

Matthew K. Nock

Department of Psychology
Harvard University
William James Hall 1280
33 Kirkland Street
Cambridge, MA 02138
617-496-4484
nock@wjh.harvard.edu

Michael Nunno

Family Life Development Center
Beebe Hall
Cornell University
Ithaca, NY 14850
607-254-5127
man2@cornell.edu

Jane Powers

Family Life Development Center
Beebe Hall
Cornell University
Ithaca, NY 14853
607-255-3993
jlp5@cornell.edu

Karen Rodham

Dr Karen Rodham
Department of Psychology,
University of Bath,
Bath,
BA2 7AY.
UK
psskr@bath.ac.uk

Daniel Silverman

215 McCosh Health Center
Washington Road
Princeton, NJ 08544
609-258-2300
silvermd@princeton.edu

Barry Walsh

4 Mann Street
Worcester, MA 01602
barryw@thebridgecm.org

Victoria White Kress

Youngstown State University
3305 Beeghly College of Education
Room 3403
One University Plaza
Youngstown, OH 44555
330-941-3259
vewhite@ysu.edu

Janis Whitlock

Family Life Development Center
Beebe Hall
Cornell University
Ithaca, NY 14853
607-254-2894
jlw43@cornell.edu

Tuppett Yates

Wellesley Centers for Women
Wellesley College
Stone Center Rm 209
106 Central Street
Wellesley, MA 02481
tyates@wellesley.edu

John Eckenrode, Ph.D. Professor, Department of Human Development, Director, Family Life Development Center, Cornell University

John Eckenrode is Professor of Human Development and Director of the Family Life Development Center. He is also Director of the National Data Archive of Child Abuse and Neglect. His research concerns child abuse and neglect, the effects of preventive interventions, and stress and coping processes. He is a social psychologist (Tufts, 1979), has authored numerous journal articles and chapters, and has edited three books, *Stress Between Work and Family* (with Susan Gore), and *The Social Context of Coping*, and *Understanding Abusive Families* (with James Garbarino). In 1997 he and his collaborators on the Nurse Home Visitation Project received the annual research award from the National Institute for Health Care Management in the maternal and child health care category. In 1995, he received the Robert Chin Memorial Award from the Society for the Psychological Study of Social Issues (SPSSI) for the best paper on child abuse and neglect that year. He is a fellow of the American Psychological Association (Div. 7).

Greg Eells, M.D. Director, Counseling & Psychological Services, Associate Director, Gannett Health Services, Cornell University

I have worked for 12 years in college mental health. Eight of those years have been as a director of a university counseling service. My professional interests include a variety of mental health systems issues and clinical issues. I have presented at national conferences and contributed to articles on such topics as mental health triage systems, fostering staff morale, the collaboration of psychiatry and psychotherapy, perceptions and prevalence of self-injury, managing difficult students, and leave of absence policies.

Other professional activities have included teaching at the undergraduate and graduate level, conducting forensic and civil commitment evaluations, and doing clinical training and supervision. I am also interested in involvement and leadership with national organizations. I am currently a member of the Governing Board of the Association for University and College Counseling Centers.

I have been married for 14 years to my partner Michelle and we have three wonderful children: two sons Cade 3 and Cole 7 and a daughter, Kayla 8. I enjoy hiking on the many wonderful trails in Ithaca, jogging, swimming and downhill skiing.

Kim Gratz, Ph.D., Research Assistant Professor, Department of Psychology; Director, Center for Addictions, Personality and Emotion Research, University of Maryland

Dr. Gratz is Research Assistant Professor and Director of the Personality Disorders Division of the Center for Addictions, Personality, and Emotion Research (CAPER) in the Department of Psychology at the University of Maryland. Dr. Gratz received her Ph.D. in Clinical Psychology from the University of Massachusetts Boston in 2003, where her research focused on the risk factors for and functions of self-harm behavior. She completed her pre-doctoral internship training, with an emphasis on the treatment of BPD, at McLean Hospital/Harvard Medical School. In July 2003, she was awarded the Psychosocial Fellowship from McLean Hospital/Harvard Medical School. In her role as Clinical and Research Fellow, Dr. Gratz conducted a study examining the efficacy of a new emotion regulation group therapy for the treatment of self-harm among women with BPD and developed a research program to assess the effectiveness of the Borderline Center, McLean Hospital's specialty clinical services for BPD. During this time, she also served as a primary clinician within McLean Hospital's DBT program, providing individual and group DBT to clients with BPD and related disorders. In 2004, Dr. Gratz received a grant from the Psychosocial Foundation of McLean Hospital to conduct a preliminary experimental investigation of emotion dysregulation in BPD. She joined the Clinical Psychology Program at the University of Maryland in September 2005.

Lynne Haverkos, M.D., Director, Behavioral Pediatrics and Health Promotion Research Program, Child Development and Behavior Branch, Center for Research for Women and Children, National Institute of Child Health and Human Development

Since 1998, Dr. Haverkos has directed the Behavioral Pediatrics and Health Promotion Research Program at the National Institute of Child Health and Human Development (NICHD), one of the institutions comprising the National Institutes of Health (NIH). The research program supports research and research training on biobehavioral and developmental aspects of health risk behaviors, health promotion, and cross-cutting issues from infancy to young adulthood. Risk behaviors of interest include self-injurious (SIB) and antisocial behaviors, early sexual behaviors, substance use, academic underachievement and school drop-out, gambling, and eating disorders. Proposals submitted for consideration of funding include basic, descriptive, interventional, preventive, and translational research and secondary data analysis. Dr. Haverkos recognizes the need for additional research in the area of self-injurious behavior and welcomes the opportunity to attend the SIB conference at Cornell, to meet researchers in this field, and to present information on the NIH grant application and review processes.

Nancy Heath, Ph.D., Associate Professor, Department of Educational and Counselling Psychology, McGill University

Dr. Heath is an Associate Professor in the Department of Educational and Counselling Psychology at McGill University in Montreal, Canada. She is the Director of the Inclusive Education and Special Populations Programs, as well as being cross-appointed in the School/Applied Child Psychology program. Approximately 6 years ago, while conducting research on depression in youth with and without learning disabilities the occurrence of self-injurious behaviour was brought to the attention of Dr. Heath's research team through self-reports of participants. The absence of information concerning self-injury (SI) in the schools prompted the team to do a prevalence study in high schools and examine two common models of SI, the anxiety reduction model and the hostility turned inward model. Since that time the team has continued to study aspects of SI in the schools including teachers' attitudes towards SI, school counsellors' understanding and treatment of SI, as well as exploring college students' reports concerning prevalence and development of SI. An additional area of interest for Dr. Heath is the cross-cultural study of SI amongst youth in the community. Dr. Heath has developed and maintained the International Self-Injury Research Network with support from her graduate students, in particular, Ms. Jessica Toste. She looks forward to working to develop the network to better serve the research interests of the members

E. David Klonsky, Ph.D., Assistant Professor, Department of Psychology, Stony Brook University

I am an Assistant Professor of Psychology at Stony Brook University. I received my Ph.D. from the University of Virginia in 2005, and completed my clinical internship at Western Psychiatric Institute and Clinic. I currently serve on the boards of the Society for a Science of Clinical Psychology (SSCP) and APA's Division 12 (Society of Clinical Psychology). My current work examines the epidemiology, psychosocial correlates, and functions of self-injurious and suicidal behaviors. Regarding my work on self-injury, my research has found that self-injurers in a large sample of young adults are distinguished by measures of negative but not positive temperament. In other words, whereas self-injurers experience more frequent and intense negative emotions than those who do not self-injure, they appear to have an equivalent capacity for positive emotions. This study confirmed the link between Borderline Personality features and self-injury, but suggested that eccentric perceptions/schizotypal personality features also have a disproportionately large correlation with self-injury. Finally, anxiety exhibited a significantly larger association with self-injury than did depression.

Efi Kokaliari, Ph.D., Associate Professor and Field Director, Department of Social Work, Elms College

My name is Efi Kokaliari I am a Clinical Social Worker of Greek nationality. I completed my professional qualification of Social Work in Greece. I earned my PhD in Clinical Social Work at Smith College School for Social Work. I currently hold the position of Assistant Professor and Field Director in the Social Work Department at Elms College. My responsibilities include teaching such social work courses as social work practice, group work, mental health, and human behavior. My scholarly and research interests include mental health, self-injurious behaviors, suicide prevention, women issues, trafficking, attachment theory & anti-discriminatory practice. My dissertation, *Deliberate self-injury: An investigation of its prevalence and psychosocial meanings in a non-clinical female college population*, was on self injurious behaviors in a college community. I was particularly interested in looking at a population of relatively psychologically healthywomen who nonetheless engaged in self injury, exploring the phenomenon from a sociological and psychological perspective.

Jennifer Muehlenkamp, Clinical Psychologist, Assistant Professor, Department of Psychology, University of North Dakota.

Jennifer Muehlenkamp is a clinical psychologist and assistant professor of psychology at the University of North Dakota..Dr. Muehlenkamp's primary area of research focuses upon understanding the phenomenology of non-suicidal self-injury in adolescents and young adults, identification of risk and protective factors for non-suicidal self-injury, differentiation of non-suicidal self-injury from suicidal behavior, and examination of effective intervention and prevention strategies for reducing non-suicidal self-injury. Dr. Muehlenkamp's research in the area of non-suicidal self-injury is expanding to include the variables of body-esteem and disordered eating as risk factors. Her published research to date has consisted of theoretical discussions of the diagnostic features of non-suicidal self-injury, highlighting some barriers to our current understanding of the behavior, and a review of the (limited) research on effective treatments for non-suicidal self-injury. In addition to these pieces, Dr. Muehlenkamp has published research identifying phenomenological differences between self-injury and suicidal behavior along with research examining a risk-taking model of self-injury in university women. She is acting chair of the Research Division on the Council of Delegates for the American Association of Suicidology

Matthew K. Nock, Assistant Professor of Psychology and Director of the Laboratory for Clinical and Developmental Research in the Department of Psychology at Harvard University

Dr. Nock is a professor of psychology at Harvard University where he teaches courses on self-injurious behaviors, statistics, and research methodology. He is a Collaborator on the World Health Organization (WHO) World Mental Health (WMH) Survey Initiative and is Co-Chair of the WMH Suicide Workgroup. For the past ten years his research has focused primarily on the etiology, assessment, and treatment of self-injurious and aggressive behaviors.

Dr. Nock serves on the editorial boards of several scientific journals including *Suicide and Life-Threatening Behaviors* and has served as a reviewer for over 15 different scientific journals and several book publishers including the American Psychological Association and Harvard University Press.

Karen Rodham, Ph.D., Chartered Health Psychologist, Royal National Hospital for Rheumatic Diseases; Lecturer, Health Psychology, University of Bath

My interest in the field stems from my work as a Research Fellow at the Centre for Suicide Research, which is based in the University of Oxford, Department of Psychiatry. I worked there for three years from 1999 – 2002 and had the privilege of working alongside Professor Keith Hawton. My job was to implement a large scale study focusing on the prevalence of deliberate self-harm in adolescents in schools in England. The team working on this project surveyed over 6000 young people aged 15 & 16 years and explored the prevalence of self-harm and the factors associated with it. In addition to the study, the team also conducted a systematic review of the international literature on adolescent self-harm. I am also currently exploring the use and impact of online message boards which have a specific focus on deliberate self-harm.

I am a Chartered Health Psychologist. I work one day a week at the Royal National Hospital for Rheumatic Diseases with patients who have Chronic Regional Pain Syndrome (CRPS). I am based at the University of Bath for the remainder of the week, where I work as a lecturer in Health Psychology. In addition to these roles, I am also the Honorary Secretary for the Division of Health Psychology (a division of the British Psychological Society).

Daniel Silverman, M.D., Chief Medical Officer, Director, University Health Services, Princeton University

Dr. Silverman earned his BA degree at the University of Michigan, completed medical training at Northwestern University School of Medicine, residency training in psychiatry. At Boston's Beth Israel Hospital and is a graduate of the Boston Psychoanalytic Institute. He received his Masters degree in Public Administration in 1995 from the Kennedy School of Government at Harvard University, specializing in strategic management of healthcare organizations.

Beginning in 1998, Dr. Silverman served as Vice President for Clinical Effectiveness at BJC Healthcare, the healthcare system partner of Washington University School of Medicine. In this role, he was responsible for the design, development and implementation of population-based healthcare programs across the system's continuum of care. Building upon his interest in teaching about concepts of quality improvement in healthcare systems, he has participated often as a lecturer in medical school, physician executive training and health services management courses teaching principles of clinical effectiveness, patient safety and continuous quality improvement in healthcare. Dr. Silverman has had extensive experience as a clinical program director and medical educator at Harvard Medical School and Beth Israel Hospital in Boston. In his role as Associate Chairman of Psychiatry and Director of Ambulatory Psychiatric Services at Boston's Beth Israel Hospital, he facilitated access to mental health services as well as developed student focused programs for eating disorders, rape crisis intervention and depression.

Barent Walsh, Ph.D., CEO, The Bridge, Worcester, MA

I am a social worker who is the CEO of The Bridge, an agency in Worcester, MA consisting of 33 programs for clients of all ages. My programs include residential, supported housing, and special education services for individuals with mental illness or developmental disabilities. We also operate a homeless program and a drop in center for GLBTQ youth. My favorite involvement with the topic of self-injury is treating self-injuring persons. They have been my greatest instructors. I currently see about 6 self-injurers in my private practice. Most of my writing efforts over the past four years have focused on completing my book, "Treating Self-Injury: A Practical Guide" (Guilford, 2006).

Victoria White Kress, Associate Professor, Youngstown State University

My SIB related publications have been mainly conceptual, models/literature reviews, but I have put my other research interests aside, and am in the process of developing a research agenda related to SIB. I am especially interested in people's reactions (family, counselors /therapists, etc.) to people who engage in SIB, and as such I have written several articles, which address the issue of therapists' personal reaction to clients who engage in SIB. I am also interested in the developmental process, and course of peoples' self-injurious behavior. Finally, I am especially interested in researching effective ways to counsel people who engage in SIB.

Since 1994 I have been counseling clients who self-injure, and I have worked in various clinical settings including hospitals, private practice, college counseling centers, and residential treatment centers. While working in residential treatment, all of my caseload/clients engaged in SIB; this is where my initial interest in this topic derived. Additionally, as I specialize in counseling sexual abuse survivors many of my clients also engage in SIB, which also developed my interest in this issue.

Janis Whitlock, Ph.D., Director Cornell Research Program on Self-Injurious Behavior in Adolescents and Young Adults; Senior Research Associate, Family Life Development Center, Lecturer, Department of Human Development, Cornell University.

The study of social and emotional development, particularly as manifest in the adolescent years and in mental health, is the current centerpiece of my academic work. I am particularly interested in the social, cultural, and contextual factors which influence adolescent development and identity formation. My doctoral research examined the relationship between adolescent development and school and community contexts. My concern with the relationship between context and connection resulted in a second research stream dedicated to investigation of the epidemiological and psychological contours of self-injurious behavior in youth in January of 2004. What started as a small research program has since developed into a multi-component research project. Now known as the Cornell Research Project on Self-Injurious Behavior in Adolescents and Young Adults, the project has active studies focused on SIB epidemiology and risk and protective factors in college and secondary school populations, representation of SIB in pop culture, the role of the Internet in SIB, and mental health provider observations of SIB in college and secondary school settings.

Tuppett Yates, Ph.D., Assistant Professor of Psychology, University of California Riverside

Tuppett Yates, PhD, is a developmental and clinical psychologist with interests in how adversity broadly, and child maltreatment in particular, influences developmental pathways toward psychopathology and competence. Her work offers a theoretical conceptualization of self-injurious behavior within the integrative framework of developmental psychopathology, as well as empirical studies of self-injurious behavior in community settings. As an assistant professor of psychology at the University of California, Riverside, future studies will focus on issues of specificity and sensitivity in understanding developmental pathways towards and away from self-injurious behavior in diverse community samples.