



INTERNATIONAL SOCIETY FOR THE STUDY OF SELF-INJURY

Academic Conference

*Hosted by
Fordham University*



CONFERENCE PROGRAM

Welcome

*to New York City
and the
2011 ISSS Academic Conference*

**Hosted by
Fordham University**



Peggy Andover, Program Committee Chair
Jason Washburn, Program Committee Member
E. David Klonsky, Program Committee Member
Barent Walsh, Program Committee Member
Paul Plener, Program Committee Member
Heather Schatten, Program Committee Member
Blair Morris, Program Committee Member
Abigail Wren, Program Committee Member
Valerie Photos, Program Committee Member

SATURDAY, JUNE 25, 2011

MORNING

8:00-9:00	<i>Registration/Continental Breakfast, Platt Atrium</i>
9:00-9:15	Welcome and Opening Remarks Peggy Andover
9:15-10:30	Prevalence and Characteristics of NSSI NSSI and co-occurring non-suicidal self-harm in a longitudinal sample of youth. Mary K. Nixon, Paula Cloutier, Gordon Barnes, Mikael Jansson, & Bonnie Leadbeater Some notes on self-injury in New Zealand: Prevalence, correlates, and functions. M.S. Wilson, R. L. Langlands, J. A. Garisch, & T. Gilbertson Non-suicidal self-injury in federally sentenced women. Jenelle Power & Amelia Usher Self-harm during adolescence: Differences between community and treated population in demographic, psychosocial risk factors, and method of self-harm. Eileen McCafferty & Robert Young
10:30-11:10	Risk and Resilience The role of resilience in the relationship between predisposing factors and self-injury. Penelope Hasking, Graham Martin, Sophie Aitken, Victoria Andrews, Emily Berger, Teryn Callaway, Lauren Friend, & Alicia Tanner Parent experiences of child self-injury: Key processes and events. Janis Whitlock & Amanda Purington
11:10-11:30	<i>Discussion/Break</i>
11:30-1:00	Keynote Address David Shaffer, MD

SATURDAY, JUNE 25, 2011

AFTERNOON

1:00-2:30	<i>Lunch on your own</i>
2:30-3:00	International Considerations Beyond our borders: Unique challenges in research and practice in the international context. Nancy Heath
3:00-4:40	Comorbidity Non-suicidal self-injury in an adolescent clinical sample: Examining overlap with borderline personality disorder. Catherine R. Glenn & E. David Klonsky The scars of the inner critic: Perfectionism and non-suicidal self-injury in eating disorders. Laurence Claes, Bart Soenens, Maarten Vansteenkiste, & Walter Vandereycken
3:40-3:50	<i>Brief Break</i> Discriminating pathways to NSSI versus substance abuse in adolescents: A cross-sectional analysis. Jennifer J. Muehlenkamp & Lindsay A. Taliaferro Motivational dynamics among eating-disordered patients with and without non-suicidal self-injury: A self-determination theory approach. Laurence Claes, Maarten Vansteenkiste, Bart Soenens, & Walter Vandereycken NSSI comorbidity models for the 21st century: Beneath the surface of the phenotype. David G. Kamen
4:50-5:00	<i>Discussion/Break</i>
5:00-7:00	Poster Session & Cocktail Hour

SUNDAY, JUNE 26, 2011

MORNING

7:30-8:30	<i>Business Meeting, Room 216</i>
8:15-9:00	<i>Continental Breakfast, Platt Atrium</i>
9:00-9:15	Presidential Address Nancy Heath
9:15-10:45	Assessment and Treatment, Part I A novel method of assessing NSSI severity. Peggy Andover, Blair W. Morris, Heather T. Schatten, & Abigail Wren Differences between current and past self-harmers: How and why do people stop self-harming? Graham Martin, Michelle Horgan, & Cassandra Rotolone How can we stop our children from hurting themselves? Application of the transtheoretical model of change, motivational interviewing, and exposure therapy to childhood NSSI David G. Kamen, Ph.D. Ecological momentary intervention in NSSI: A novel approach to treatment. Michael Armey Voice and movement therapy for non-suicidal self-injury. Graham Martin, Sarah Swannell, Sophie Martin, Belinda Lequertier, & Anna Follent
10:45-11:00	<i>Discussion/Break</i>
11:00-12:00	Assessment and Treatment, Part II Defining level of care criteria for patients with NSSI: A practice guideline proposal for ISSS. Delia Aldridge, Adrienne Yourek, Christopher Hummel, Kammie Juzwin, Denise Styer, Michelle Gebhardt, Kate Hamilton, & Jason Washburn Crossing the bridge from NSSI to suicide: Some reflections on Shneidman, Joiner, and the pragmatics of working with self-destructive persons. Barent Walsh

SUNDAY, JUNE 26, 2011

AFTERNOON

12:00-1:30	<i>Lunch on your own</i>
1:30-2:00	Public Policy NSSI on YouTube: New insights and future directions. Stephen P. Lewis & Nancy L. Heath
2:00-3:15	Student Presentations The roles of the behavioral activation and inhibition systems in NSSI. Abigail L. Jenkins, Abigail C. Seelbach, Bradley T. Conner, & Lauren B. Alloy Childhood maltreatment, subsequent NSSI, and the mediating role of self-blame. Sarah Swannell, Graham Martin, Andrew Page, Penelope Hasking, Philip Hazell, Anne Taylor, & Melinda Protani Emotion regulation of others and self in non-suicidal self-injury. Katie J. Dhingra, Peter Totterdell, Digby Tantam, Paul B. Naylor, & Michael Campbell A cross-sectional investigation into the continuation and cessation of non-suicidal self-injury among community adolescents. Tori Andrews & Graham Martin Assessing protective factors for NSSI: The Barriers to Self-Injury Inventory. Brianna Turner & Alexander Chapman
3:15-3:30	Closing Remarks



INTERNATIONAL SOCIETY FOR THE STUDY OF SELF-INJURY

2011 CONFERENCE
POSTER ABSTRACTS

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Poster No. 01

The Role of Negative Emotionality and Self-Derogation in Self-Injury

Brianne K. Layden, Brianna J. Turner, Charlotte R. McGinnis, & Alexander L. Chapman

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Klonsky (2008) suggests that the combination of negative emotionality (NE) and self-derogation (SD) increase the likelihood that an individual will self-injure as a coping strategy. This study examined whether these factors also play a role in determining frequency of self-injury. Undergraduates who engaged in self-injury (N=236) completed self-report measures of self-injury, negative emotionality and self-derogation at baseline and three month follow-up. Controlling for lifetime frequency of self-injury, the interaction between NE and SD explained significant variance in frequency of self-injury at T2 ($\beta=.43$, $p=.01$; overall model $R^2 = .52$ $p < .01$). Thus, NESD plays an important role in determining whether an individual will self-injure, and how often, which has clinical implications for treatment targets in self-injuring individuals.

Poster No. 02

The Role of Body Perspectives in the Association of Depression with Self-Injury

Brianne K. Layden, Charlotte R. McGinnis, Brianna J. Turner, & Alexander L. Chapman

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Research supports a relationship between depression and self-injury, but depressive symptoms alone cannot explain why individuals choose self-injury to regulate emotions. This study examined whether self-objectification (SO) moderates the association of depressive symptoms (DS) with frequency of self-injury. Self-injurers (N=175) completed self-report measures of self-injury, depression, and self-objectification. A hierarchical regression with the interaction DS*SO was significant ($R^2 = .117$, $p < .001$), as was the interaction term ($\beta = .165$, $p = .023$). A median split of SO scores revealed that DS and self-injury were significantly correlated at high ($r = .353$, $p = .001$), but not low ($r = .160$, $p = .146$), SO. These findings suggest that body perspectives play an important role in explaining why depressed individuals engage in self-injury.

Poster No. 03

Substance Use Problems in Individuals who Engage in Non- suicidal Self-injury

**Brianna J. Turner, Brianne K. Layden, & Alexander L.
Chapman**

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Although self-injury and substance use (SU) are reportedly used to regulate emotions, few studies have examined both behaviors in a single population. Individuals who engage in self-injury and SU ($n=76$) were more impulsive ($t=-3.24$, $p<.01$), with more difficulties inhibiting impulsivity when distressed ($t=-2.18$, $p=.03$) than non-SU self-injurers ($n=130$). SU was associated with frequent self-injury ($r=.37$, $p<.01$), and feeling generation functions of NSSI ($r=.33$, $p<.01$). Feeling generation functions, but not affect regulation, were also associated with use of more substances ($r=.33$, $p<.01$). Although neither affective intensity nor impulsivity were associated with SU problems, their interaction explained significant variance in SU problems ($\beta=-.24$, $p=.05$). This suggests that impulsivity and affective intensity play a key role in explaining SU problems among self-injurers.

Poster No. 04

Characteristics of Non-Suicidal Self-Injury in Asian versus Caucasian Undergraduates

Brianna Turner, M.A., Shalini Arya, Shuyu V. Qiu & Alexander Chapman, Ph.D.

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We investigated differences in non-suicidal self-injury (NSSI) among Asian (n=80) and Caucasian (n=93) undergraduates. Caucasian students reported more frequent NSSI ($t=3.46$, $p<.01$) and earlier onset of NSSI ($t=2.01$, $p=.04$). Caucasians were more likely to cut ($\chi^2=4.20$, $p=.04$), burn ($\chi^2=4.93$, $p=.03$) and scald themselves ($\chi^2=4.71$, $p=.03$), while Asians were more likely to bang their heads ($\chi^2=4.80$, $p=.03$) and abuse medication ($\chi^2=5.41$, $p=.02$). Positive Reframing was associated with less frequent NSSI in Caucasians and more frequent NSSI in Asians ($r=.24$, $r=-.22$, respectively, $p's=.04$), while the reverse was true for a lack of emotional awareness ($r=-.21$, $r=.23$, respectively, $p's=.04$). Asians more strongly endorsed situational barriers, hopefulness, loss of relationships, loss of control and body concerns as motivations to refrain from NSSI ($t's=4.33-2.05$, all $p's<.05$).

Poster No. 05

Differential Parasympathetic and Dissociative Responses to Social Rejection Between Individuals who Engage in NSSI and Controls

**Katherine L. Dixon-Gordon, Natalie A. Harrison,
Brianna J. Turner, & Alexander L. Chapman**

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Psychophysiological and self-report measures were compared between self-harmers ($n=35$) and non-self-harming controls ($n=53$) following social rejection. Baseline measures were collected (self-report questionnaires; heart rate, skin conductance and respiration during a relaxation task and a social problem solving task), and then participants listened to an automated social rejection scenario and imagined themselves as the protagonist of the story. Finally, post rejection measures were collected (psychophysiology, questionnaires and a social problem solving task). Self-harmers reported significantly more dissociative symptoms following social rejection compared to controls ($t=-2.43$, $p=.02$). Further, there was a significant group*time interaction for parasympathetic arousal ($F=4.43$, $p<.01$); self-harmers reported significantly higher parasympathetic arousal following the recovery period compared to controls ($t=-2.07$, $p=.04$), suggesting greater efforts to reduce their emotional arousal.

Poster No. 06

Predicting Self-Injury: The Relationship between Borderline Personality Features, Emotion Regulation and Self-Injury

Charlotte R. McGinnis, Brianna J. Turner, Brianne K. Layden, & Alex L. Chapman

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Research has demonstrated that emotion dysregulation and borderline personality (BP) features are positively associated with self-injury. Few studies have explored this relationship prospectively within a sample of self-injurers. We examined whether BP features and emotion dysregulation predicted repeated self-injury at a three month follow-up in self-injuring undergraduates (N=47). Controlling for baseline frequency of self-injury, individuals who self-injured at time-point two were significantly higher on BP features and emotion dysregulation ($F=4.10, p=.02$; $F=5.52, p<.05$ respectively). Non-acceptance of emotion and impulsivity are particularly important aspects of emotion dysregulation as these subscales were associated with greater likelihood of engaging in self-harm at time-point two ($t=-2.4, p=.02$; $t=-2.5, p=.01$ respectively). These findings have clinical implications for the prediction and treatment of self-injury.

Poster No. 07

Exploring the Relationships between NSSI and Axis I Disorders

Abigail L. Jenkins and Lauren B. Alloy

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Non-suicidal self-injury (NSSI) is commonly viewed as pathognomonic of borderline personality disorder, leading many to examine NSSI only in that context. Emerging research, however, is beginning to explore the prevalence of NSSI among other disorders. The current study examined the prevalence of NSSI in over 20 Axis I disorders, as assessed by the SADS diagnostic interview. Participants were 200 young adults involved in a longitudinal investigation of developmental precursors of bipolar disorder. A series of preliminary χ^2 tests revealed that NSSI was significantly ($p < .05$) associated with several disorders, including ADHD, alcohol dependence, drug abuse, drug dependence, anorexia nervosa, and PTSD/acute stress disorder. Furthermore, NSSI was present in all of the disorders examined in this study, highlighting its pervasiveness.

Poster No. 08

Non-Suicidal Self-Injury among College Undergraduates: Exploring the Link with Borderline Personality Disorder

Hannah P. Richter, Christina M. Temes, & Kenneth N. Levy

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Objective: The present study explores the relationship between Borderline Personality Disorder (BPD) traits and non-suicidal self-injury (NSSI) in a sample of young adults. **Method:** Participants (n = 746) were assessed for BPD traits and NSSI using the McLean Screening Instrument for BPD and the Deliberate Self-Harm Inventory, respectively (MSI-BPD; Zanarini et al., 2003 & DSHI; Gratz, 2001). The sample was split into a group high in BPD traits and a group low in BPD traits, using methods outlined in Scott et al. (in press). **Results:** Chi-square analyses revealed that NSSI was significantly more likely in the high-BPD group; additionally, there were significant differences between the high and low BPD groups in the methods of NSSI used.

Poster No. 09

Stigma and Non-Suicidal Self Injury

Tatyana Kholodkov, M.S. and James M. Henson, Ph.D.

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Individuals who engage in Non-Suicidal Self-Injury (NSSI) may internalize the negative reactions of the public and experience the consequences associated with being a stigmatized member of society, given negative attitudes towards self-injury (e.g. DeHart et al., 2009).

The present study applied Modified Labeling Theory of Stigma (Link et al., 2002) to examine Public and Self Stigma among individuals who engage in NSSI, depending on length of time since last self-injury. Results from 576 with NSSI history indicate that both Public and Self-Stigma were relevant for NSSI. Self-Stigma was higher for those who cut in last week, and both Public and Self-Stigma were higher for those who cut in last 30 days. Both Stigma components were correlated with depression severity.

Poster No. 10

How I Deal with Stress (HIDS): Evidence for the Use of an NSSI Screening Questionnaire Among Young Adults

Jessica R. Toste, Marianne Christie, & Nancy L. Heath

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The How I Deal with Stress (HIDS; Heath & Ross, 2007) questionnaire was designed as a screener to assess for reported non-suicidal self-injury (NSSI) among youth and young adults. Due to concerns about suggestibility, the scale assessed NSSI by using one item that was embedded in a list of 29 coping strategies generated through a review of the literature. The present study sought to examine the factor structure of the HIDS, as completed by 4,311 first-year university students ($M = 19.74$ years, $SD = 2.24$; 61% female). A subsample of participants ($n = 202$) completed the HIDS approximately six months following initial administration; this included 101 individuals who reported engaging in NSSI and a matched comparison group ($M = 19.45$ years, $SD = 1.28$; 72.3% female). Principal components factor analysis supported a four-factor solution, explaining 33.29% of the variance. Four categories of coping were considered: passive-avoidant, constructive-active, maladaptive, and emotional expression or social. Test-retest reliability of the “hurt myself on purpose” item response was found to be high, $r(229) = .83$. These findings provide initial evidence for the validity and reliability of the HIDS as a screener for NSSI among young adults.

Poster No. 11

NSSI and gender: An analysis of prevalence, methods and locations among adolescents and young adults

**Michael J. Sornberger, Jessica R. Toste, Nancy L. Heath,
& Rusty McLouth**

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Research in clinical samples describes NSSI as a predominantly female behavior. However, results have not been conclusive regarding gender differences in community samples. The current study compared females and males on features of NSSI within two samples: 7,126 adolescents ($M = 14.92$ years, $SD = 1.61$; 50.8% females) and 3,565 young adults ($M = 19.78$ years, $SD = 2.34$; 60.3% female). More adolescent females engaged in NSSI than their male counterparts; this difference was not found in the young adult sample. Females in both samples reported injuring arms and legs more than males; males reported more injuries to the chest and face. Overall, results indicate a partially consistent pattern of gender differences across two age samples, suggesting possible developmental differences.

Poster No. 12

Prevalence of Non-Suicidal Self-Injury Among Adolescents in Amman, Jordan

Joan Hanania, Amber A. Emms, Rick N. Noble, Jessica R. Toste, & Nancy L. Heath

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Although previous research has demonstrated that reports of stress and coping are culturally variable, research on non-suicidal self-injury (NSSI) conducted in non-Western cultures is sparse. To date, there have been no studies exploring the prevalence of NSSI in the Middle East. Thus, the current study investigated the prevalence and characteristics of NSSI, including frequency, gender, methods, age of onset, and continuity, in a school-based community sample of adolescents in Amman, Jordan. Participants ($n = 964$; 49.8% female) ranged in age from 11-19 years ($M = 14.55$, $SD = 1.71$) from five private high schools. Results revealed a markedly different profile of NSSI despite a similar overall prevalence of 22.2%, with significantly more males than females reporting NSSI and burning as equally common between males and females. Additional differences will be highlighted. The current findings expand on the largely Western-based understanding of NSSI.

Poster No. 13

Non-Suicidal Self-Injury and Disordered Eating Behavior: A Comparison of Coping Strategies Among Female Undergraduate Students

Elyse K. Dodd, Alan Lescheid, Olga Heath, Jamie M. Duggan, Jessica R. Toste, & Nancy L. Heath

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Non-suicidal self-injury (NSSI) and disordered eating behaviour (DEB) are difficulties that commonly affect young women. Both behaviors have been found to be associated with common risk factors, and are suggested to be coping mechanisms that serve similar emotion regulatory functions. The purpose of the present study was to examine the relationship of selected maladaptive coping strategies (impulsive, avoidant and substance use) as well as adaptive and neutral strategies with NSSI and DEB. Participants were 92 female undergraduate students ($M = 18.5$ years; $SD = 2.73$) who completed the How I Deal with Stress Inventory (HIDS: Heath & Ross, 2007). Participants were grouped based on self-reports of: NSSI only ($n=23$), DEB only ($n=23$), co-occurring NSSI and DEB ($n=23$), and a comparison group ($n=23$). Results revealed a complex pattern of specific maladaptive coping strategies being associated with NSSI versus DEB, whereas adaptive strategies did not differ. Discussion focuses on the need to further elucidate the relationship between self-injury and disordered eating behaviours.

Poster No. 14

Examining the Role of Emotion Regulation and Social Learning in the Initiation and Maintenance of Non-Suicidal Self-Injury Among University Students

Shareen Holly and Nancy L. Heath

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To better understand the role of risk factors and social influences in the development of non-suicidal self-injury (NSSI), the present study examined how emotion regulation and social learning predicted the likelihood of initial engagement in NSSI, as well as high frequency NSSI. A series of psychosocial measures were completed by first-year university students, and results indicated that self-injurers reported more difficulties with emotion regulation and a higher level of social learning overall. While social learning was the strongest predictor of initial NSSI engagement, only emotion regulation was a significant predictor of high frequency NSSI. This possible shift in functional reinforcement is explored in relation to recent publications in the field, and implications for researchers and service providers are discussed.

Poster No. 15

Practice-Based Outcome Data for the Alexian Brothers Self-Injury Recovery Services

**Denise Styer, Psy.D., Michelle Gebhardt, Psy.D.,
Kammie Juzwin, Psy.D., Delia Aldridge, MD,
Adrienne Yourek, MD, Christopher Hummel, MD, &
Jason Washburn, Ph.D.**

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The evidence base for the treatment of NSSI lags behind the need for such services. The Alexian Brothers Self-Injury Recovery Services (ABSIR) was created approximately 10 years ago to address the need for NSSI treatment in the Chicagoland area. This poster will review the ABSIR treatment model and present clinical outcome data (n=1038) for inpatient and partial hospitalization levels of care. For example, the urge to self-injure evidences a moderate within group effect size on the inpatient unit ($d_w=0.61$) and in the partial hospitalization program ($d_w=.59$). We will also present data on variables that moderate treatment outcome, focusing on demographic variables, functions of NSSI, suicidality, substance abuse, family functioning, emotional lability, and emotional reactivity. For example, preliminary analyses indicate that age is negatively associated with positive clinical outcomes at discharge.

Poster No. 16

Insulin Manipulation as a form of Non-Suicidal Self-Injury

**Juzwin, K. R., Styer, D., Aldridge, D., Gebhardt, M.,
Devlin, C., Dietzen, N., Smith, C, Styer, D., Yourek, A.,
Hummel, C., Gebhardt, M., & Washburn, J.J.**

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This presentation will focus on the use of diabetes management as a form of NSSI. Three cases of patients with diabetes who manipulate their insulin as a form of NSSI will be presented. Case #1 is a 20-year old college student with a history of sexual abuse and mood lability who misuses insulin to “numb out” and regulate distressing feelings. Case #2 is a 37-year old female with a long history of trauma, depression, suicidal ideation, and transient psychotic episodes who used her diabetes symptoms to dissociate from affective experiences. Case #3 is an adolescent with a complex set of eating disorder, substance abuse and NSSI symptoms who manipulates her insulin to induce pain. The presenters will focus on the functions of diabetes mismanagement as a form of NSSI, as well emphasize strategies for intervention with this unique form of NSSI.

Poster No. 17

I have a question: What do people ask about self-injury online?

**Stephen P. Lewis, Shaina A. Rosenrot, Michelle Messner,
& Michele L Davis**

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Online activity regarding NSSI is receiving increasing empirical attention but research investigating questions asked about NSSI online is scant. We examined what was asked about NSSI on Yahoo! Answers, the most popular question-and-answer website. Most posts contained open NSSI-disclosures and pertained to seeking support and validation. Unfortunately, the responses provided by the Yahoo! Answers community were not always supportive or validating. Findings suggest that, in addition to NSSI-specific websites, general e-communities are used for NSSI support. The nature of responses provided by some e-communities is worrisome and may have consequences for those seeking support (e.g., thwarted help-seeking, helplessness). The Internet represents an important medium with which to reach youth who self-injure. Empirical and clinical implications are discussed.

Poster No. 18

Once you start, you can't stop: Is self-injury an addiction?

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Notwithstanding theoretical and empirical arguments for and against conceptualizing NSSI as an addiction, references to the addictive nature of NSSI are common among youth's online accounts of NSSI. Descriptions of NSSI as addictive may offer insight into the perceived addictive properties of repetitive NSSI engagement; however, describing one's NSSI experiences as addictive may also function to justify the behaviour. This may have consequences for those who post these narratives and who access them online (e.g., NSSI reinforcement, messages that NSSI cannot be stopped). The current presentation will review arguments for and against viewing NSSI as an addiction, with particular emphasis on our recent research examining how youth communicate about NSSI online. Theoretical, empirical, and clinical implications will be discussed.

Poster No. 19

Childhood or Adolescent NSSI and Suicide Attempt Predict Adult Suicide Attempt Among Individuals with Mood Disorder

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& Barbara Stanley**

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Individuals with a history of NSSI, like individuals with a history of suicide attempt (SA), represent a group at risk for future suicidal behavior. Understanding of the relationship between NSSI and subsequent suicidal behavior is incomplete. This study aimed to improve understanding of the relationship between childhood and adolescent NSSI and SA and adult SA. Archival data from 272 depressed individuals who completed clinical ratings as part of a two-year prospective study was used. Cox regression analyses, which controlled for minority race and aggression, showed both childhood and adolescent NSSI and SA predicted adult SA. These results are discussed in light of crescendo models and kindling hypotheses of suicidal behavior and in terms of their implications for clinical practice.

Poster No. 20

NSSI in Swiss youths in residential care

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Despite a growing number of epidemiological studies on Non-suicidal Self Injury (NSSI), little is known about the prevalence in residential settings. The present study analyzed a representative sample of Swiss youths in residential care (n=198, age: 11-18years) and assessed the knowledge of professionals about the occurrence of NSSI in a follow-up design (8 months). The 3-months-prevalence of NSSI was 32% and dropped significantly during follow-up. Caregivers reported less NSSI in youths than youths themselves. Youths with NSSI showed significant higher scores in YSR-scales and abnormal scores in the CBCL scales delinquent- and aggressive. This study shows, that youth in residential care are a high risk population for NSSI. Screening for such behaviors can improve identification and care.

Poster No. 21

The relationship between non-suicidal self-injury and personality traits

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In an on-line survey we examined the relationship between non-suicidal self-injury (NSSI) and personality traits in a sample of 700 medicine students at a german university. About 14 % of the students reported NSSI at least once in their life. Those students with NSSI showed measured with the german version of the NEO-FFI lower scores in the traits Extraversion and Conscientiousness and higher scores in the traits Neuroticism and Openness-to-experience than students without NSSI. Clinical implications of these results are discussed in relation to dimensional models of personality disorders.

Poster No. 22

Is the prevalence of NSSI increasing? Answers from a German follow-up school study

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Recent results indicate that Germany is among the European countries with the highest prevalence rates of NSSI. Our study analyzed the lifetime prevalence of NSSI in a German school sample (n=243, mean age: 14.9 years) and compared it with the results from a former assessment in 2006, using the same instruments. With a lifetime prevalence rate of 24.7% rates have neither dropped nor increased but remained stable. In accordance with other findings this study provides evidence that rates of NSSI did not increase over the last years.

Poster No. 23

Stigma in the Maintenance of Adolescent Self-injury

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Nonsuicidal self-injury remains a highly stigmatized behavior. The extent to which adolescent self-injurers internalize this stigma may have important implications for their self-injury maintenance. Research demonstrates that greater internalization of some stigmatized conditions is associated with concealment of that stigma, contributing to poorer psychological outcomes such as depression and low self-esteem. Building on this literature, we present a heuristic model for understanding stigma and the maintenance of adolescent self-injury and associated mental health difficulties. Our model posits that greater internalization of stigmatized attitudes about self-injury fuels self-injury concealment. Concealment contributes to higher emotional distress, which is temporarily modulated by self-injury. We highlight the need for greater clinical and research attention to this process, including valid assessments of self-injury stigma.

Poster No. 24

Psychosocial Correlates of NSSI and Smoking among University Students

Chloe Hamza, Teena Willoughby, & Marie Good

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We examined the psychosocial correlates of direct (i.e., nonsuicidal self-injury - NSSI) and indirect (i.e., cigarette smoking) forms of self-injury among first-year university students. Participants included 150 students who engaged in NSSI, 150 students who engaged in smoking, 150 students who engaged in both NSSI and smoking, and 150 abstainers matched on age, sex, and SES. Respondents completed measures of adjustment (i.e., depression, self-esteem, daily hassles), behavioral inhibition, suicidality, friendship quality, problems with parents, and problem behaviors (i.e., alcohol, drug use, unprotected sex). Students who engaged in NSSI reported significantly higher levels of behavioral inhibition and suicidality, but significantly lower levels of problem behaviors than students in the smoking group. Students who engaged in both behaviors were at highest risk on all variables.

Poster No. 25

Motivations for Engaging in Nonsuicidal Self-Injury

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Researchers suggest that motivations for engaging in nonsuicidal self-injury (NSSI), such as affect regulation, may be similar to other coping behaviors (e.g., smoking). It is unclear, however, when individuals are most likely to choose a particular coping behavior. To explore this issue, 150 undergraduate students with a history of NSSI (but not smoking) and 150 students with a history of smoking (but not NSSI) were compared on behaviors they used to regulate affect, fit in with peers, and self-punish. Overall, smokers reported using more externalizing coping behaviors (e.g., drinking and marijuana) than the NSSI group, though the NSSI group still reported more externalizing coping behaviors than NSSI behaviors. Those in the NSSI group were also more likely to report the need to self-punish.

Poster No. 26

Relations between Sexual Orientation and Non-Suicidal Self-Injury: A Meta-Analytic Review

Kristen L. Batejan, Stephanie M. Jarvi, & Lance P. Swenson

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Non-suicidal self-injury (NSSI) commonly occurs among adolescents and young adults. However, only recently has research examined whether lesbian, gay, and bisexual (LGB) persons demonstrate increased risk for NSSI engagement. The primary aim of this meta-analysis is to objectively determine whether LGB persons evidence elevated NSSI risk. Thirty-four sexual-orientation and 82 NSSI search terms were entered into abstract databases, yielding 442 potentially relevant abstracts for further review. Next, these abstracts were independently examined by 2 researchers using established inclusionary and exclusionary criteria, yielding 35 abstracts appropriate for further evaluation. In this initial coding, all articles were pulled for review. To date, six articles with results on an LGB population who also engaged in NSSI can be included in the proposed analyses.

Poster No. 27

Remediation of Risk Factors and Enhancement of Protective Factors Against Childhood Nonsuicidal Self-Injury

David G. Kamen, Ph.D.

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With childhood nonsuicidal self-injury (NSSI), motivation for treatment is a fundamental clinical concern. Counseling impediments are known in the NSSI literature, and typically referenced as NSSI risk factors. By contrast, protective factors encourage NSSI children to seek help and engage in psychotherapy. The most prevalent barriers to NSSI protective factors include: 1) the child's belief that NSSI is not problematic; 2) fear of disclosing NSSI due to shame or guilt; 3) lack of resources for getting help; 4) lack of knowledge about where to get help; and 5) familial discord. This poster reviews NSSI risk and protective factor research, with reference to an intervention model known as therapeutic assessment that may empower children and their families to actively address NSSI.

Poster No. 28

Bioethical Safeguarding and Practice Risk Management with Nonsuicidal Self-Injurious Children and Adolescents

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Treatment of children with nonsuicidal self-injury (NSSI) typically requires synergistic, multidisciplinary teamwork. Coordination of care amongst treating clinicians, assessment specialists, educators, family members and anyone integrally involved in a child's life. Collaboration is key, as NSSI intervention may impact the children and their entire psychosocial system. Ethical quandaries are inevitable as the children and families who face NSSI present as relatively complex, high risk cases. Intervention must be safeguarded with sound understanding of bioethical principles and codes of conduct. Most healthcare professionals are legally and ethically bound to protect their patients and the public welfare by treating with beneficence, nonmaleficence, autonomy, fidelity, and justice. These principles impact clinical assessment, treatment, and therapist-patient boundaries, which are quite relevant in the instance of childhood NSSI. Issues such as vicarious traumatization and therapist burn-out, duty to warn, safe-guarding of clinical records, safety planning with clientele, and forensic issues can all compromise the delicate nature of childhood NSSI treatment. Regard for these ethical mandates is essential for practitioners to effectively address this problem. This presentation will review these critical risk management issues with case study exemplars.

Poster No. 29

Reasons versus Functional Causes of Nonsuicidal Self-Injury: A Theoretical Examination of the Etiology of Deliberate Self-Harm

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The literature on nonsuicidal self-injury (NSSI) mainly addresses the behavioral topography and reinforcing consequences of deliberate self-injury. Behaviorists have discussed a four-factor model of automatic and socioemotional, positive and negative reinforcement systems that drive NSSI. Emphasis is placed on the functional analysis of NSSI reinforcements, and examination of the neurobiological processes thought to cause NSSI. This is a medicalized approach, which has greatly extended our understanding of the NSSI phenotype. However, there is a difference between knowing the functional causes of NSSI and appreciating the reasons for it. This poster examines theoretical motives of self-defeatism, masochism, pathological narcissism, and impediments to family system separation and individuation that may also constitute NSSI etiology.

Poster No. 30

NSSI Conceptual Evolution: From Behavioral Topography to Etiological Analysis

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The concept of nonsuicidal self-injury (NSSI) has evolved from empirical examination of its behavioral topography and biopsychosocial reinforcement mechanisms. Such analysis has helped distinguish between NSSI, suicide, and other pathologies, such as borderline personality disorder. The next step is to recognize NSSI antecedent conditions and intrapsychic motives that make NSSI a compulsive, masochistic and self-defeatist behavior. NSSI that is psychologically addictive, is distinct from NSSI that is gestured, imitated, threatened, and/or provoked. NSSI that is psychotic is borne from a different clinical pathos than NSSI that is passive-aggressive or socially instigated. Recognizing these variant motives will enhance our understanding of NSSI etiology. NSSI motive analysis will also aid the clinical assessment and treatment of self-injurious risk and protective factors.

Poster No. 31

Prevalence of NSSI and Co-occurring Mental Health Needs in Children and Youth Accepted into State Custody

Paula Cloutier, John Lyons, Nick Barrowman, Cassandra Kisiel, & Mary K Nixon

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The prevalence of NSSI and co-occurring mental health needs of youth in state custody was explored. All children and youth accepted into custody of the State of Illinois received an assessment within 30 days of custody and following this assessment, the Child and Adolescent Needs and Strengths tool (CANS; Lyons, 1999) was completed. Of the 11,988 children and adolescents assessed between July 2005 and November 2010, 2871 were between the ages of 12 and 21 with 19.6% of this group having an identified need related to NSSI. Important co-occurring mental health needs were identified specifically in the area of trauma. This study will provide a significant contribution to the limited research on NSSI and co-occurrence.

Poster No. 32

Addictive Features of NSSI: Measurement and Treatment Implications

Jodi Martin, Mary K Nixon, Paula Cloutier, Jean-François Bureau, & Marie-France Lafontaine

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The factor structure, reliability and validity of the addictive features sub-scale of the Ottawa Self-Injury Inventory (OSI) were explored in a university sample of young adults. Students (n=47; 17-25 years) completed the OSI, which assesses characteristics of NSSI including addictive features, as part of a larger study of online questionnaires. One factor explaining 53.1% of variance was identified (loadings=.66-.79; alpha=.89). Convergent validity was demonstrated with significant correlations between total addictive features and frequency of NSSI in the past month ($r=.55$, $p<.001$). This study provides initial support for the reliability and validity of the OSI's addictive features subscale in young adults. Implications for the use of this subscale in assessment and treatment of NSSI in young adults will be discussed.

Poster No. 33

Comparing the Functions of NSSI and Disordered Eating Behavior

Naomi L. Peyerl, Jennifer J. Muehlenkamp, & Laurence Claes

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NSSI and disordered eating behaviors co-occur at a high rate, share similar risk factors, and both have been conceptualized as emotion regulation strategies. There is momentum in the field to identify shared symptom sets among co-occurring disorders to enable more efficient treatments. The purpose of the current study was to examine the self-reported functions of NSSI and disordered eating behavior in a sample of 1219 individuals recruited from social networking, disordered eating, and NSSI themed websites. Factor analyses revealed substantial similarities in the functions endorsed for both behaviors along with some clinically useful differences. Implications are that these behaviors are motivated and maintained by similar processes and that targeting the functions underlying disordered eating and NSSI behaviors may improve treatment.

Poster No. 34

Health professionals' knowledge & attitudes towards non-suicidal self-injury in Europe and USA

Jennifer J Muehlenkamp, Laurence Claes, Katherine Quigley, Steffi Claes, Dorien Jans, & Emily Prosser

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This study examines the relationship between knowledge, attitudes, and training needs among a variety of health care professionals involved in the treatment of patients with non-suicidal self-injury (NSSI). A questionnaire survey was completed by male/female healthcare professionals (nurses, psychologists, psychiatrists) working with self-injurious patients in different treatment settings in Belgium and the USA. The results of the study show that there exist significant differences in knowledge between different types of health care professionals. Concerning attitudes, female professionals and professionals with personal experience with NSSI (self, family member) have more positive attitudes towards NSSI compared to male and staff with no experience with NSSI. Furthermore, health care professionals who have more knowledge about NSSI have less feelings of burn-out and feel less negative towards self-injurious patients. More than half of the health care professionals wanted further training in dealing with NSSI among self-injurious patients.

Poster No. 35

A novel animal model for the exploration of neurochemical factors in NSSI

Christopher M. Bloom, Ph.D. & Brittany Blumenthal

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Recent work reported decreased levels of CSF endogenous opioids in self-injurers. Opioids have long been implicated in the regulation of pain and modify sensitivity in response to stress, fear and physical damage. Changes in pain sensitivity have been reported in some self-injurers making this a potential area of exploration in understanding the role of opioids in NSSI.

The current experiment explores a novel animal model of NSSI for the investigation of the role of endogenous opioids in this phenomenon. The current experiment quantifies changes in pain sensitivity in rodents exposed to multiple environmental stressors that represent the proposed human experience in NSSI. Results are discussed in the context of the potential physiological mechanisms involved in NSSI.

Poster No. 36

Subgroups of Young Adult Self-injurers based on Relationship Quality: An Analysis of Function, Addiction, and Coping Strategy

**Jodi Martin, Jean-François Bureau, Paula Cloutier, &
Marie-France Lafontaine**

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The association between NSSI and quality of parent-child relationships has been well documented in the literature. However, the potential for subgroups of self-injurers based on various indicators of relationship quality remains uninvestigated. A cluster analysis, based on indicators of parent-child relationship quality, yielded the following subgroups from a university sample of self-injurers: 1. Overprotective/Controlling (n=49), 2. Frightening/Abandonment (n=44), 3. Lack of Father Care (n=10), and 4. Autonomous/Caring Support (n=26). Subgroups were then contrasted based on motivations for NSSI, addictive features of NSSI, and coping strategies. Results indicated that groups 2 and 3 were more likely to report affect regulation and anti-suicide as motivations for NSSI, and endorsed more negative, and fewer positive, coping strategies. No differences were found regarding addictive features of NSSI.

Poster No. 37

Perceived reasons for self-injury among college students: The impact of gender of self-injurer and perceiver.

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This study examined the perceptions of college students concerning their attitudes towards non-suicidal self-injury (NSSI). Specifically, we examined whether participants would rate the motivation factors behind self-injury differently based on their gender and the gender of the self-injurer presented in a vignette. Participants were 285 college students at a small private college (48.3% male). Participants read one of two vignettes, each describing an act of self-injury (one by a male, one by a female) and rated the extent to which they believed the self-injurious act was motivated by a wish to attract attention (compared to relieve stress). There was no significant effect found based on the gender of the self-injurer and no significant interaction. However, the difference in the attention seeking motivation rating between male and female participants neared significance, with the males' attention seeking ratings being higher than the females' ($p=.06$).

Poster No. 38

Verbally Expressed Emotion and NSSI among College Students

**Colleen Jacobson, OJ Sizemore, Laura Hackimer,
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Difficulty expressing emotions is associated with an increased risk for depression and suicide attempts among adolescents (Jacobson et al., in press). A limited amount of empirical research has identified a link between difficulties expressing emotions and engagement in non-suicidal self-injury (Gratz, 2006). This presentation will present psychometric data (n=60, 69.4% female) on the Measure of Verbally Expressed Emotion (MOVEE), a newly developed measure to assess comfort expressing both positive and negative emotions. We will report on the results of a Principal Components Analysis, internal reliability assessment, and correlations assessing convergent and discriminant validity. Data is currently being collected at three large ethnically diverse universities to assess the link between the MoVEE and engagement in NSSI.

Poster No. 39

Which types of aggression are elevated among those who engage in NSSI?

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Research on the relationship between aggression and NSSI is mixed; we hypothesize that these differences are due to discrepancies in measurement of aggression. We investigated the relationship between NSSI and aggression in an all-female psychiatric sample. Participants completed two self-report measures of aggression; clinician ratings of physical aggression and history of violent crimes were also assessed. No significant differences were found between participants with and without NSSI on self-report aggression measures, except aggression towards self. Participants with NSSI histories were significantly more likely to have a clinician-rated physical aggression than those without NSSI. No differences were found in violent crime history. These results indicate that the relationship between aggression and NSSI depends on the particular aspects of aggression being assessed.

Poster No. 40

Emotion Regulation and Reactivity among Adults with a History of Self- Injury

**Tchiki S. Davis, Allison S. Troy, Pa'Ticia Moion, & Iris B.
Mauss**

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Theories of self injurious behavior suggest that these individuals are both highly emotionally reactive and poor at regulating emotions. However, little research has assessed these theories with valid laboratory measures of both emotional reactivity and regulation. Thus, the current study extends the existing research by individually measuring both emotional reactivity and regulation in 24 adults with a history of SIB and 24 controls matched on age, sex, race and depressive symptoms. Results show that those with a history of SIB do not exhibit higher emotional reactivity. However, they do exhibit lower emotion regulation ability. These results suggest that SIB may be more closely related to poor emotion regulation ability than high emotional reactivity.

Poster No. 41

Validity and Reliability of the Non-Suicidal Self-Injury Assessment Tool (NSSI-AT)

Janis Whitlock and Amanda Purington

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In this poster, validity and reliability of the Non-Suicidal Self-Injury Assessment Tool (NSSI-AT) is detailed. Psychometric properties of the assessment tool are reported for a large, primary sample of students (n=14385) across eight universities. Reliability was assessed using a test-retest methodology in which a subsample of participants completed the NSSI-AT twice, six weeks apart. Validity was assessed comparing results from the NSSI-AT with other existing measures of NSSI behaviors and experiences, including the SITBI, the FASM, and the DSHI. Convergent validity was assessed by comparing results from the NSSI-AT with results from items assessing co-morbid behaviors, such as disordered eating. Initial analyses indicate that the NSSI-AT has high internal consistency, high reliability, and high validity.

Poster No. 42

Reaching out: The role of formal and informal disclosure in non-suicidal self-injury cessation

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Little is known about the factors that predict cessation of self-injury. Findings suggest that NSSI often goes untreated and undetected. This mixed method analysis research draws from cross-sectional data from an eight-college survey of 13,504 students and longitudinal data from 1466 of these same individuals, 6.5% of whom reported having recovered from NSSI. Current analyses are intended to understand the role of formal and informal help seeking as well as other predictors of NSSI cessation. Preliminary results suggest that enhanced emotion regulation, a sense of connectedness to others, and a sense of responsibility to other people are potent predictors of cessation. Ongoing analyses will examine the longitudinal role of therapy and informal disclosure in NSSI cessation.

Poster No. 43

The ethics of self-report surveys assessing self-injury and other sensitive topics

**Ailish Hanly, Michelle Gluck, Amanda Purington, &
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This research addresses concerns that web-based self-report survey items assessing sensitive topics, such as NSSI, cause distress to respondents. To address this question, we included items aimed at assessing participant experience of distress and wellbeing on a large multi-site college study intended to document the epidemiology of NSSI and other sensitive mental health challenges in college populations. Nearly three quarters of all respondents report no negative effect and 42.2% reported that it caused them to think more deeply about their lives. Responses about feeling upset did vary significantly by self-injury status and presence of a psychiatric illness. Analyses of the qualitative fields for both items revealed that the vast majority of participants felt the survey to be beneficial overall.

Poster No. 44

Adolescents who self-injure with suicidal or non-suicidal intent: Differences in social background, triggers and psychiatric problems

Colette Hamilton and Robert Young

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Self-injury can occur with or without suicidal intention. We report a study of 723 young people attending a Glasgow-based self-harm service; 331 self-injured with suicidal intention (SSI) and 392 without (NSSI). No differences regarding sexual orientation, family structure, ethnicity, gender or rates of repeated self-injury were found. When comparing groups, the SSSI group were more likely to come from a poorer socioeconomic/educational background, with prior care-service contact. The SSSI group were twice as likely to have a psychiatric problem (mood or eating disorder). Few differences were found regarding triggers for self-harm (e.g. arguments). However, when looking at where the 'idea to self-harm' originated from, the NSSI group more often mentioned 'copying a friend' or NSSI as an 'effective coping strategy'.

Poster No. 45

Do schools differ in risk of suicide and self-harm? The influence of school and neighbourhood on attempted suicide, suicidal ideation and self-harm among secondary school pupils

Robert Young

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A longitudinal school-based survey of 1698 young people surveyed when age 11, age 15 and in early adulthood (age 19). At age 15 pupils provided data about suicidality; attempted suicide and suicide-risk and at age 19 self-harm. Data were collected at age 11, social background (religion, etc), and at age 15, perception of local area (neighbourhood cohesion, etc.), school-connectedness (school engagement, etc.) and school context (size, etc.) and religious ‘mismatch’, where pupils hold a different faith from their school denomination. Pupils with low school engagement were more likely to attempt suicide, be a suicide-risk or self-harm. Being ‘Catholic’ was protective, but attending a Catholic school a risk-factor. Religiously ‘mismatched’ pupils were 2-4 times more likely to attempt suicide, or self-harm.

Poster No. 46

Risk factors for repetition of self-harm: A systematic review of prospective hospital-based studies

Celine Larkin, Dr. Zelda Di Blasi, & Dr. Ella Arensman,

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Self-harm (regardless of suicidal intent) entails high costs to individuals and society in terms of suicide risk and healthcare expenditure. This review identified risk factors for self-harm repetition among those utilizing emergency services. A systematic procedure located, quality-assessed and synthesized 114 relevant prospective studies. Strong predictors of repetition were: being aged 25-54, higher hopelessness; previous psychiatric treatment; personality disorder; alcohol misuse; previous self-harm; and self-injury involvement in the index episode. Emerging risk factors were: poorer problem-solving; history of violence/criminality; lower self-efficacy; lower sense of coherence; lower serotonergic functioning; family dysfunction; sociopathy; homelessness; epilepsy; suicidal ideation; and Manchester Self-Harm Rule score. Despite extensive study, familial suicide, education level, depression scores, and lethality of the index episode fail to reliably predict repetition.

Poster No. 47

The Experience of Nonsuicidal Self-Injury in Mexican Youth

**Laura Martinez Salas, Belem Martinez Escalona, &
Dianela Meza Luna**

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The aim of this study was to explore and provide an in-depth vision of nonsuicidal self injury from the perspective of nine mexican young adults who deal with this issue. Ethnographic interviews were conducted and audiotaped in order to compose stories for further content analysis. Results revealed that characteristics such as age of onset, methods, frequency, functions, etiology, and a clear distinction between self-injury and attempted suicide, were similar to those found in studies conducted in other populations. Despite the fact that many people in Latin America struggle with non-suicidal self-injury, it remains an underrated line of research in Mexico and other countries, this qualitative study represents an early effort to approach this outstanding health problem.

