

Questions & Answers

Are there primary strategies that work better as replacement behaviors?

- Different strategies work better for different people, and the strategy people use may depend on the feeling(s) they are trying to cope with. Some alternative strategies that people might use include exercising, taking a hot bath, mindfully eating or breathing, squeezing ice, meditation, or journaling.
- For more information, see the Cornell Research Program for Self-Injury and Recovery's (CRPSIR) information brief on distraction techniques and coping strategies: <http://selfinjury.bctr.cornell.edu/perch/resources/distraction-techniques-pm-1.pdf>
- We also have an infographic on the same resource, here: <http://selfinjury.bctr.cornell.edu/perch/resources/distraction-techniques-and-coping-strategies-2.pdf>

Do you see differences in presentation or have alternate treatment strategies with older adolescents with Borderline Personality Disorder symptomatology?

- While NSSI is sometimes a symptom of BPD, self-injury alone is not enough to diagnose BPD.
- Individuals who practice self-injury and who also have BPD tend to injure more severely and with a greater variety of forms, they also tend to have greater suicidal ideation compared to self-injurers without BPD.
- **DBT** is useful in treating both NSSI and BPD--but people with BPD + NSSI may not benefit from **CBT** as much as those with NSSI but no BPD
- A few articles and fact sheets discussing BPD and NSSI symptomology
 - [https://www.psy-journal.com/article/S0165-1781\(15\)00515-6/pdf](https://www.psy-journal.com/article/S0165-1781(15)00515-6/pdf)
 - <https://bpded.biomedcentral.com/articles/10.1186/2051-6673-1-14>
 - <https://static1.squarespace.com/static/56aab18d4bf11837b0fa5fe9/t/59ab7d1bd55b41cd8b0af7c3/1504410911748/BPD+Fact+Sheet+%28Suicide%29v.4.pdf>
 - <https://www.tandfonline.com/doi/abs/10.1080/13811118.2013.809040>

Have you noted any relationship between self-injury and being transgender?

- While we pretty consistently find that sexual orientation (especially identifying as a bisexual female) predicts NSSI behavior, our program hasn't done any research with transgender youth/young adults specifically. Others, however, have started doing this research--here is a great article that summarizes (and cites) research on NSSI across the gender spectrum: <https://steinhardt.nyu.edu/appsyh/opus/issues/2015/fall/moser>
- An excerpt from the article "Lesbian, gay, bisexual, and transgender (LGBT) adolescents engage in higher levels of NSSI overall as compared to their heterosexual peers (Bakken & Gunter, 2012; Reisner, Biello, Perry, Gamarel, &

Mimiaga, 2014). **Out of the LGBT community, bisexual and transgender adolescents are the most likely to engage in NSSI** (Bakken & Gunter, 2012). **In terms of transgender youth, trans men engaged in NSSI significantly more than trans women** (Claes et al., 2015). It is unknown why LGBT youth engage in NSSI more frequently than heterosexual youth; however, there are some theories as to why this gap exists.”

When comorbid with an eating disorder is there research on which should be treated as the primary concern? For example does treating one behavior reduce the other?

- This is really different for each person, and each clinician. The underlying issues for both ED and NSSI may be the same and therefore might both be treated simultaneously, they may need to be worked on separately, and the most primary/pressing concern is dependent on the person being treated. Some clinicians do think that EDs should be treated first, as they are often more *life-threatening*.
- For more on eating disorders and NSSI, look at Jennifer Muehlenkamp and Laurence Claes’s work.
- CRPSIR’s information brief on EDs and NSSI:
<http://selfinjury.bctr.cornell.edu/perch/resources/whats-the-relationship-nssi-and-ed.pdf>

Is body art - piercing/tattoo - whether professional or self-taught under the definition of SIB in any degree

- Piercings and tattoos are considered socially sanctioned and therefore not included in the definition of NSSI *unless* tattoos and body piercings are done with the express intent to harm.

Has there been research that examines the ACC/AI phenomenon in healthy sensory stimulation as a coping strategy?

- Not that we are aware of

Do you know of any research linking the more severe NSSI in adolescents with Borderline Personality Disorder in adults? Also including the difference in the brain activation of Borderline Personality Disorder?

- Great questions and I am not aware of research in this area, though it may exist - this is not an area of expertise. Sorry!