NSSI in the schools: A tiered prevention approach for reducing social contagion

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Abstract:

Despite rising rates and prevalence of nonsuicidal self-injury (NSSI) and growing awareness in schools of NSSI social contagion, little discussion has taken place regarding ways to prevent and react to this prevalent issue occurring among youth in a school. The authors address how to prevent social contagion using a tiered response to intervention including primary prevention, secondary prevention, and tertiary care. This article discusses each level of prevention and provides school counselors with intervention methods that have the potential to reduce or even avert social contagion among youth in school settings.

Keywords: nonsuicidal self-injury (NSSI) | social contagion | adolescents | multitiered system of supports (MTSS)

Article:

Nonsuicidal self-injury (NSSI) has been discussed in the literature for decades and is considered a socially normed behavior (Adler & Adler, 2007; Rosen & Walsh, 1989; Wester & Trepal, 2017). Over the years, NSSI gradually found its way into mainstream media through an increased presence in television shows, movies, pop culture references, and magazines. The overwhelming prevalence of media and social media, particularly for adolescents, can work to normalize NSSI by disseminating instances of it to a large number of individuals in a short amount of time (Jarvi, Jackson, Swenson, & Crawford, 2013). Pro-NSSI websites and forums that provide information about celebrities who have reportedly engaged in NSSI behaviors add to the social phenomenon surrounding NSSI. Students who self-injure report learning about NSSI from these avenues, from content provided in certain high school classes such as health, and from peers (Adler & Adler, 2007; Hodgson, 2004). One of the reasons NSSI may be increasing in prevalence is social contagion, which has been noted by White Kress, Gibson and Reynolds (2004) as a problem in schools. Despite this recognition of NSSI as a problem, few suggestions have been made about how to contain or minimize NSSI social contagion. The purpose of this article is to provide school counselors with a framework to address social contagion of NSSI through a multitiered system of supports (MTSS) perspective, an approach suggested for use in schools by the American School Counselor Association (ASCA; 2014).

NSSI is defined as the direct, intentional infliction of tissue damage to oneself without the intent to die (American Psychiatric Association, 2013) and is a problem in school settings (Latzman et al., 2010). With an age of onset of approximately 13 years old (Wester & McKibben, 2016), NSSI is highly prevalent among adolescents. Outside of those in inpatient psychiatric and crisis settings, youth in high school have the highest rates of NSSI, with prevalence of NSSI behaviors ranging from 18% to 37% (see summary in Wester & Trepal, 2017).

The primary reason for engaging in NSSI is emotion regulation (Wester & McKibben, 2016). This includes individuals experiencing high levels of depression or anxiety and those who are under-aroused (i.e., feeling numb or disconnected). Nock and Prinstein (2004) theorized four functions to NSSI, specifically noting that individuals could be either positively or negatively reinforced for both affective and social functions. Although NSSI is typically used to regulate affect (Klonsky, 2011; Nock, Prinstein, & Sterba, 2009), NSSI can also be used for social reasons. For example, individuals can use NSSI to isolate themselves or withdraw from social situations, or it can help an individual gain attention from others. Although less research has explored the purpose of these social functions in relation to NSSI, they have been supported in the literature (Hodgson, 2004; Nock & Prinstein, 2005; Wester & Trepal, 2017).

The concept of NSSI having a social function has led to exploration into understanding social contagion. Social contagion is defined as the presence and spread of behavior in at least two people in the same social network within a short period of time (Rosen & Walsh, 1989) or statistically significant clusters of people who engage in the same behavior (Walsh & Rosen, 1985). Social contagion should not be confused with assortative relating, which refers to self-selecting a friend group from peers who engage in similar behaviors and may have similar experiences. Both social contagion and peer selection exist among youth who self-injure (Moyer & Nelson, 2007; Prinstein et al., 2010).

Empirical evidence indicates that self-injuring in peer groups due to social learning and selection processes does exist (White Kress et al., 2004). Social learning NSSI behaviors have been found to exist in smaller groups, such as two youths or peer to peer (Moyer & Nelson, 2007), and among larger groups, such as residents of psychiatric treatment facilities (Boxer, 2010). For example, one third of youth who entered a psychiatric treatment facility and were exposed to others who self-injured began self-injuring behaviors within two months of entering the program (Boxer, 2010). Research on populations outside of treatment facilities found that 43% of those who engage in NSSI learned it from other people and 21% learned through a form of media (Heath, Ross, Toste, Charlebois, & Nedecheva, 2009). Individuals who self-injure have higher rates of friends who were known to or perceived to engage in NSSI behaviors (Nock & Prinstein, 2005; Prinstein et al., 2010).

Social Learning and NSSI

Social learning underscores the concept of social contagion. Bandura (1973) posits that individuals learn behaviors from peers whom they perceive to be influential. The social ties model proposed by Cohen and Wills (1985) extends social learning theory by proposing mechanisms in which social relationships influence health and behavioral outcomes. They

specifically discuss two models, a main effects model and a stress buffering model. The main effects model theorizes that social ties and networks can have a beneficial (or detrimental) effect regardless of whether the individual is experiencing stress. The stress buffering model proposes that social ties or networks are related to positive outcomes only when an individual is experiencing stress and has a need for support. Kawachi and Berkman (2001) add to the relevance of these models by suggesting that they are not mutually exclusive and that social influence is at the heart of these social ties models. Social influence is the way in which members of a social network obtain normative guidance about health-related behaviors (Kawachi & Berkman, 2001).

Although Kawachi and Berkman (2001) primarily discuss the social ties model from a positive health-related perspective, the model can also be viewed as having negative outcomes including maladaptive coping strategies like NSSI. Specifically, as individuals reach out to their social network for support in coping with a negative affective state, if the normative behavior in the social network is NSSI, the individual (or others in the group) are more likely to use NSSI to cope with the current emotive or social situation. Social ties may be more harmful than helpful for individuals with low resources (Belle, 1983). For example, individuals who do not have adequate internal problem-solving or communication abilities or who lack external support systems could be more easily influenced by a social network of peers who engage in NSSI. As part of their day-to-day work, school counselors can combat these influences by working with students to build problem-solving skills, forming small groups to support prosocial interpersonal communication skills, or facilitating peer support or mentoring groups. Similarly, working with classroom teachers and families to reinforce newly developed skills inside and outside of school can build students' internal resources, which could also decrease risk of NSSI.

Addressing NSSI in Schools

As mentioned above, social contagion of NSSI has been identified as a problem (Richardson, Surmitis, & Hyidahl, 2012; White Kress et al., 2004) that can be particularly challenging in school settings (Bubrick, Goodman, & Whitlock, 2010; Toste & Heath, 2010). However, little has been done to address this issue in schools other than discussing the chain of command that should be followed in reporting, how to involve parents (Bubrick et al., 2010), or how to help students identify appropriate school professionals to seek out in moments of distress (Toste & Heath, 2010). This is clearly an area where school counselors can deliver needed services as a part of the delivery system of the ASCA National Model, taking a leadership role in assessing NSSI incidences in the school and, as necessary, infusing prevention strategies into the school counseling curriculum (ASCA, 2012). Walsh (2006) recommends three strategies for school professionals to minimize risk contagion: reducing communication about NSSI in the school or among peer groups, reducing public exhibit of scars and wounds, and providing short-term psychosocial treatment (short-term counseling and assessment) individually to students. However, Walsh (2006) underestimates the school counselor's ability to provide the psychoeducational training and support that would help prevent or ameliorate NSSI behaviors. Furthermore, simply avoiding conversation about NSSI may do little to prevent the injurious behaviors or contagion, given that NSSI has become more of a socially normative behavior (Adler & Adler, 2007). Although school-based response protocols and education about resources are important, they do not help school personnel determine a course of action in dealing with the

social contagion of NSSI. One of the many responsibilities of school counselors is to assist the principal in identifying and resolving students' issues, needs, and problems (ASCA, 2012).

White Kress et al. (2004) made suggestions about how school counselors can intervene and prevent NSSI behaviors, specifically noting needs for assessment, identifying risk factors, and advocating for students by educating school staff and parents. Addressing NSSI in a school is certainly one area where school counselors can intervene by not just recognizing individual and peer group cases, but providing follow-up support and preventive programming to ameliorate this problem. The information provided in this article is meant to help school counselors conceptualize social contagion of NSSI through an MTSS perspective. This in turn will support school counselors taking action with a variety of approaches that meet the unique needs of multiple students (ASCA, 2014), including those who may already be self-injuring and those at risk of adopting self-injury through social contagion.

APPLICATION OF A MTSS APPROACH TO ADDRESS NSSI

Table 1. General Examples of Primary, Secondary, and Tertiary Intervention Strategies Within the Multi-Tiered System of Support (MTSS)

	Primary Prevention	**Secondary Prevention**	**Tertiary Care**
Tier 1 Level of Support	• Creating school-wide policies and procedures • Providing staff education at all levels • Classroom guidance focusing on emotion regulation and coping skills	• Classroom guidance aimed at discussing self-harm, wounds, and physical care	
Tier 2 Level of Support		• Small group intervention focused on coping skills and emotion regulation • Social network identification	
Tier 3 Level of Support		• Individual student meeting to determine function of NSSI to determine if referral for tertiary care is needed or if brief intervention is sufficient	• Referral of student to extended services • Check in with student

School attendance in the United States is compulsory and schools consistently serve between 93% and 99% of school age youth (National Center for Educational Statistics, 2015). Given this fact, the school setting is an ideal place to implement NSSI prevention efforts that address NSSI and its social contagion. Thinking of NSSI prevention practices through the lens of an MTSS model may be helpful for school personnel. In an MTSS model, all students receive Tier 1 services, a smaller group with more specific needs receive Tier 2 services, and only students with specific need for strategic intervention receive Tier 3 services (ASCA, 2014). These tiers of support occur across the various levels of prevention efforts (primary, secondary, and tertiary; see Table 1). Successful primary prevention efforts, such as providing information on NSSI to students and teachers during classroom guidance lessons or school assemblies, would most often occur on a Tier 1 level of support and would thwart NSSI and ultimately extinguish the possibility of social contagion. In secondary prevention, school staff would target students who

are already engaging in NSSI. Secondary prevention could occur at any of the three tiers of support. Targeted tertiary prevention, which typically occurs in Tier 3, engages with students who chronically or severely self-injure and requires a much more systemic and targeted intervention than most schools can feasibly offer (ASCA, 2012, 2015); however, school personnel still have a role to play in helping identify and refer students who need wrap-around services to address chronic NSSI. Addressing chronic NSSI can also assist in decreasing social contagion in a peer group. Although schools have roles in each of the three levels of prevention, the most strategic and effective use of school resources would be to intervene at the primary and secondary levels of prevention.

Even though the primary mission of most schools is academic in nature, schools must also address students' personal, social, or mental health issues because these can prevent students from reaching their full academic potential (Adelman & Taylor, 2006; Schulte-Korne, 2016). School counselors can work within the context of the school setting acting as leaders, advocates, collaborators, and systemic change agents to support the development of healthy coping skills and explicitly work to reduce NSSI (ASCA, 2012). Because schools also serve as the primary mental health provider for many students (Burns et al., 1995), school counselors are often responsible for providing a continuum of mental health services, including prevention and intervention strategies to enhance student success (competency I-A-9; ASCA, 2012). However, school counselors cannot shoulder this burden alone- nor should they. Collaboration with other school personnel is vital (ASCA, 2012). For example, even though students who self-injure do not frequently seek out teachers for help, those teachers who are contacted can be helpful in discussing and helping to reduce occurrences of NSSI (Wester, Clemens, & McKibben, 2015).

According to the stress buffering model proposed by Cohen, Underwood, and Gottlieb (2000) and adapted for mental health purposes by Kawachi and Berkman (2001), NSSI behaviors could be prevented altogether by using primary prevention strategies within schools. In adapting this model to NSSI specifically, school professionals must explore both primary and secondary prevention (see Figure 1). Activating events in this model can be found in similar NSSI models (Chapman, Gratz, & Brown, 2006; Nock, 2009). These activating events suggest that students have, to some degree, the ability to cope with resultant consequences (behaviors, thoughts, and emotions) of the event. This appraisal may include how the student deciphers the event, what internal coping strategies and abilities they have, and what external resources they can utilize. Depending on their perception of the event and the subsequent consequences, students may either cope with the stress and continue with their day, or they may perceive stress in a way that leads to negative responses such as engaging in NSSI. Primary and secondary prevention efforts can alter students' appraisals and perceptions associated with these events. Although primary and secondary prevention efforts typically are distinct, at times they can overlap. What may be primary prevention for one student who does not self-injure may be secondary prevention for another student who already self-injures.

School-based Primary Prevention Strategies

Primary prevention is defined as a strategy designed to deter disease or injury before it occurs (Caplan, 1964). In the case of NSSI, this would mean providing supports that prevent the onset of NSSI behaviors by offering information to bolster other adaptive coping skills and reduce

NSSI, thus eliminating the possibility of social contagion. Although some primary prevention programs are already available to schools (e.g., Signs of Self-Injury [SOSI; Jacobs, Walsh, McDade, & Pigeon, 2009]), one major gap left by those programs is attention to emotion regulation, specifically, how to help schools incorporate psychoeducation on emotion regulation for students. Emotion regulation is important in prevention strategies because it results in decreasing self-injuring behaviors in clinical settings (Goldstein et al., 2015; Gratz & Gunderson, 2006; McKenzie & Gross, 2014).

Schools have a variety of methods to incorporate primary prevention strategies into the curriculum without unintentionally glorifying NSSI. One key strategy for primary prevention is to make sure students are exposed to the information they need while also being introduced to the individuals within the school who are most important for student health and safety. Thus, the students are given both information and a reminder of the supports they have at school. Methods to provide primary prevention include, but are not limited to, protocols and in-service trainings, classroom guidance and identification of ways that pre-existing classes (e.g., physical education, art) or clubs (e.g., running, book) can reinforce prosocial coping skills, emotion identification, and emotion regulation. Primary prevention will most often occur on a Tier 1 level of support.

Protocols and in-service. Current NSSI protocols and policies for schools generally include how to respond to self-injury, the referral process, and whom to include and contact (administration, family members). This information is important for school personnel to better understand what NSSI is, how to respond, and to whom the student is referred; however, some of this information is also imperative for students to know. Students typically interact with teachers on a daily basis, thus teachers may likely be first responders while the school counselor may be less frequently contacted by a student simply due to lack of existing relationship. Helping students identify mental health professionals in the school-through photographs, office locations, and ways to contact them- can help in bridging this connection for students. Identifying and delineating the various roles of student service providers and best practices for collaborating to affect student success is generally done by the school counselor (competency I-B-4c; ASCA, 2012). Furthermore, since students may be more likely to reach out to teachers, ensuring that teachers have adequate information to provide to their students for primary prevention about NSSI can be helpful. Therefore, staff in-service should include what NSSI is, how to identify it, how to respond to the student, how to talk with students about coping strategies that are effective, and how students can reach out for help within the school.

Classroom guidance. Although attention to policy and warning signs is important, equally important is attention to the driving forces behind NSSI and how to defuse those before they take hold. NSSI is related to emotion dysregulation, negative cognitions, and inadequate coping responses. Therefore, primary prevention efforts in the schools can target these aspects to train individuals at a young age how to identify and regulate emotions and cognitions. One way of doing this would be to provide classroom guidance in elementary school, prior to the onset of NSSI behaviors, with lessons on emotion identification, labeling, and methods to regulate emotions (Moyer & Nelson, 2007). Primary prevention efforts that include emotion identification are helpful given the relationship between NSSI and inability to identify and label emotions (Cerutti, Calabrese, & Valastro, 2014). Classroom guidance could include handouts and discussion of feeling faces worksheets or posters. Another tool is board games that include

feeling and affective words and ask students to identify times when they have felt these emotions so they can begin to connect actual experiences to feeling words. A mindfulness-based curriculum created for classroom or group settings is the Learning to BREATHE (L2B) curriculum, which has met the criteria for being an effective social and emotional learning program in the Collaborative for Academic, Social and Emotional Learning guide (Broderick, 2017). L2B is considered a prevention program that helps students cultivate mindfulness, which in turn would assist with emotion identification and regulation. It has not been directly tied or shown to be effective in regard to NSSI behaviors, but it would assist students in becoming mindful, aware of their feelings, and thus able to identify and label feelings, which is difficult for individuals who self-injure (Cerutti et al., 2014).

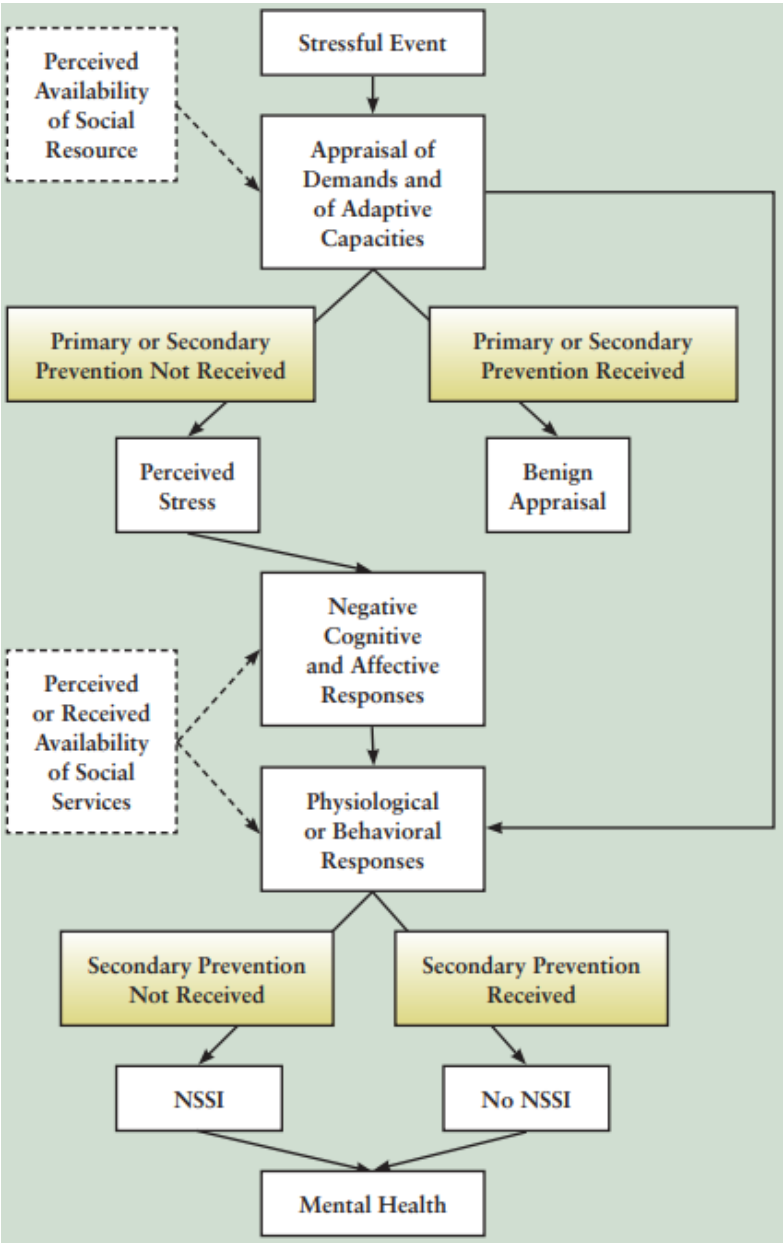

Figure 1. Stress Buffering Model Applied to NSSI (Adapted from Cohen, Underwood, & Gottlieb, 2000; Kawachi & Berkman, 2001).

Primary prevention efforts also need to include a step-by-step process for how to cope. Although mental health professionals and school personnel want students to engage in adaptive coping strategies, Trepal, Wester, and Merchant (2015) discovered that, regardless of engagement in NSSI, the more adaptive coping strategies young adults used, the more maladaptive coping strategies they also used. Further, individuals who self-injured reported the greatest number of coping strategies employed. This suggests that individuals who utilize multiple coping methods are potentially not using them effectively but are jumping from one method to another in hopes that one will work. Therefore, primary prevention efforts can be vital because they increase a youth's perception of their ability to effectively manage a stressful event (Figure 1). This process of walking through coping strategies may include breaking down coping step by step. For example, instead of suggesting students take a walk when they experience a high level of anxiety, school counselors can teach the students how to take a walk mindfully. What do they see? What do they hear? What are they feeling both internally and on the surface of their skin? This breakdown of coping may also entail some guided imagery, such as how they can they imagine some of the intense emotion being pushed out of their pores while they are walking until it reaches a manageable level (Wester & Trepal, 2017). If students are provided with this information and education prior to engaging in NSSI, their appraisal of the situation may be altered when a stressful event occurs because they may have the tools to engage in effective coping strategies. This could then prevent the engagement in NSSI altogether, eliminating the possibility of contagion to others.

Schools looking for opportunities to integrate primary prevention strategies should consider that the typical age of onset of NSSI is in middle school; therefore, to truly address primary prevention, looking for opportunities to provide some of this programming in elementary schools is advisable (Moyer & Nelson, 2007). This is not to say that middle and high school settings are too late for primary prevention, just that by middle and high school, some students will likely already be actively self-injuring. Preventing NSSI among students automatically eliminates social contagion of the behavior. Furthermore, increasing student coping behaviors, emotion regulation skills, and feeling identification has the ability to increase not only abilities within an individual but also the social resources around the student, given that their peers would also have increased their capacity and resources, resulting in either a benign appraisal by the student or strengthening the perception of social resources (Figure 1). Ultimately, either of these outcomes would decrease the use or contagion of NSSI behaviors.

School-Based Secondary Intervention Strategies

Secondary prevention is focused on early detection and treatment of an injury or disease that has already developed (Caplan, 1964). Once social contagion is determined to have occurred, or the school recognizes clusters of individuals who self-injure (e.g., assortative relating), engaging in secondary prevention efforts is imperative to reduce the occurrences and social contagion of NSSI. Even if one student is found to engage in NSSI, secondary prevention efforts would be important, but when larger peer groups are found to engage in NSSI, it can become a more systemic concern. Secondary prevention efforts can occur on any level of tiered support. For example, if NSSI is a known concern in the school but school counselors have not been able to identify specific students who engage in NSSI, secondary prevention efforts at a Tier 1 level of

support can be helpful in identifying specific students. However, once students have been identified, focusing interventions at a Tier 2 or Tier 3 would be more appropriate.

Secondary prevention of NSSI is done through targeted identification, education, and encouraging personal strategies to prevent or reduce the engagement of NSSI. School-based secondary prevention strategies have three intervention components, each of which should take a targeted approach: classroom guidance, social network identification, and group and/ or individual interventions. Each is discussed below and connected back to the social ties and stress buffering model.

Classroom guidance. NSSI can be addressed more specifically in classroom guidance with secondary prevention than through primary prevention because secondary prevention functions more on a Tier 2 level. For example, although not labeled specifically as a secondary prevention strategy, SOSI (Jacobs et al., 2009) was designed to be implemented within one class period. This lends itself well to implementation as a classroom guidance lesson and provides basic information to students about the signs and symptoms of NSSI, how to respond to a friend engaging in NSSI, and when to seek out an adult within the school. School counselors can deliver classroom guidance with SOSI using informational slides, brief video vignettes, and a guided discussion. The SOSI program increases student knowledge of NSSI and help-seeking behaviors (Muehlenkamp et al., 2010). SOSI is an example of classroom guidance that can function as both primary and secondary prevention because some students may self-injure while others within the same classroom do not.

Another consideration for targeted classroom guidance at the secondary prevention level is a combination of psychoeducational programming about physical injuries and risks from a school nurse or health teacher, combined with information about coping skills, emotion regulation, and how to help friends in need of support from the school counselor. To assess learning and identify students at increased risk for NSSI, the program presenter could give students a notecard at the end of the session and ask them to write anonymously the most important thing they learned and the names of any students they are particularly concerned about. In this manner, every student is writing and the student services staff receives both immediate feedback about points that were most relevant to the students and private referrals for students particularly in need of support. The goal of classroom guidance around NSSI and/or risk and injury is to increase the students' perceptions of available support resources, including both peers (i.e., how peers can respond) and school personnel (i.e., whom to reach out to). According to the stress buffering model (Kawachi & Berkman, 2001), perceiving the availability of or receiving these resources can alter one's cognitive, emotional, and behavioral responses to stressful situations-which could alter whether a student utilizes NSSI.

Individual and/or group interventions. Once students are known to engage in NSSI behaviors, targeting interventions becomes essential. Although provision of long-term mental health services is not the domain of school counselors (ASCA, 2012), in secondary prevention, counselors can make some efforts on the individual level to enhance coping strategies. This includes using individual meetings with students to assess and determine the function of NSSI behaviors. The true reason for social contagion is not understood and has never been explored, but Nock and Prinstein (2004) suggested four functions of NSSI; these include negative and

positive reinforcement of affective and social situations. Peers relating to one another because they engage in a similar behavior (i.e., NSSI) would be considered positive reinforcement of social functions of NSSI. Once the school counselor knows the function of a student's NSSI, they can identify specific interventions to help the student. For example, if NSSI is used for social reasons, then helping a student with prosocial communication skills may help alleviate the need to engage in NSSI; if engaging in NSSI is for affective reasons, helping the student learn how to effectively regulate emotions may be the best intervention. Some activities to consider in individual meetings are guided imagery, coloring mandalas, and expressive arts. Practicing coping methods with students is particularly important so that the school counselor can recognize when students are coping effectively versus when they may need help, thus using secondary intervention to increase students' available internal resources.

NSSI discussions can potentially be triggering for students; therefore, these discussions should take place on an individual basis. Discussions of NSSI in group formats increases social contagion (Richardson et al., 2012; Walsh & Doerfler, 2009), but group treatment formats can be effective when the group is used more for psychoeducation about adaptive coping and emotion regulation strategies (Gratz & Gunderson, 2006; Slee, Spinhoven, Garnefski, & Arensman, 2008). However, pulling the larger peer group where social contagion has occurred into the same group to discuss prosocial or communication strategies is not recommended.

Social network identification. Knowing where in a group to target an intervention to impact the larger peer group is a challenge in occurrences of social contagion and larger peer groups who engage in NSSI. When considering larger social networks, Golbeck (2013) suggested determining the connectivity of each member in the group. More specifically, school counselors could determine if one person is the hub of the social network. Targeting this person individually for treatment to reduce NSSI behaviors could ultimately impact the larger group due to this group member's connections in the network with other students. The most salient member of the group may not be the central student in the group, but a student with connections to both the larger peer group and a subnetwork within or outside of the group. Working with this student can help to immediately minimize the effect of social contagion by dissolving subgroups if they were connected based on assortative relating or halting the ability for contagion to spread to additional students in the network and the larger school. This form of secondary intervention targets students at the individual level, but ultimately can impact the larger peer network through peer connections. This targeted approach of individual students is not publicized at the peer level, but simply can impact the peer social network through shared behaviors and social contagion of positive coping skills rather than NSSI behaviors alone.

School-Based Tertiary Prevention Strategies

Tertiary prevention typically targets an individual or group who has ongoing, chronic illness or injury that has lasting effects (Caplan, 1964). In the case of NSSI, this typically is an individual who already engages in NSSI as a primary coping strategy in response to stressful situations or aversive emotions or cognitions, or may engage in NSSI utilizing severe methods. An individual who needs tertiary care may have never received, or perceived, primary and secondary prevention. Thus, at this point in the NSSI stress buffering model (Figure 1), the student is already utilizing NSSI behaviors and experiencing mental health needs.

Tertiary intervention typically involves longer term, more intensive treatment and therefore is usually outside the scope of services provided by school counselors. Typically, these students and their families are referred for services outside of the school setting (Lemberger, Wachter Morris, Clemens, & Smith, 2010). If appropriate, requesting a release of information to communicate with an outside mental health provider can help school counselors identify specific ways that they can reinforce the student's work to reduce NSSI. The school counselor's next steps may entail continued NSSI assessment, determining stress levels in school, reinforcing coping abilities and incremental progress, and celebrating strengths.

Before a referral can even be made, school staff need to be able both to identify any students who chronically self-injure and to work with those students and their families to identify potential community resources to support the students' needs. Students needing tertiary prevention may selfidentify; be identified by peers; or be referred by parents, teachers, or coaches. Once a student is identified as needing ongoing support for NSSI, school personnel will likely need to communicate directly with the student's parents/guardians to inform them about the NSSI. This may necessitate providing information to the student's parents/guardians about the functions of NSSI to reduce reactivity to the NSSI behavior and cultivate support for the student requiring treatment for NSSI outside the school. Part of the role of tertiary prevention is to reduce the instances or severity of NSSI for specific individuals. By reducing the attraction of NSSI as a coping skill, school counselors can decrease instances of NSSI and the likelihood of social contagion.

FUTURE DIRECTIONS

While social contagion of NSSI has been acknowledged as an ongoing concern in schools, little guidance is available regarding what school staff and student services personnel can do to combat social contagion of NSSI. This article includes ways that schools can engage in primary and secondary prevention of NSSI and disrupt social contagion by looking through a stress buffering model lens. The next steps for school counselors would include determining which of the primary and secondary prevention efforts best fit the structure and needs of their school, and beginning to incorporate them into the curriculum using multitiered systems of support to increase students' knowledge of available resources internally, among peers, and at the school level. These primary and secondary intervention efforts, based on the stress buffering model, would prevent or decrease NSSI behaviors, and that in turn would decrease social contagion of NSSI while potentially increasing social contagion of more helpful coping strategies.

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