



Resource Sheet For:

*Beyond The Behavior: Understanding The Function of
Non-Suicidal Self-Injury*

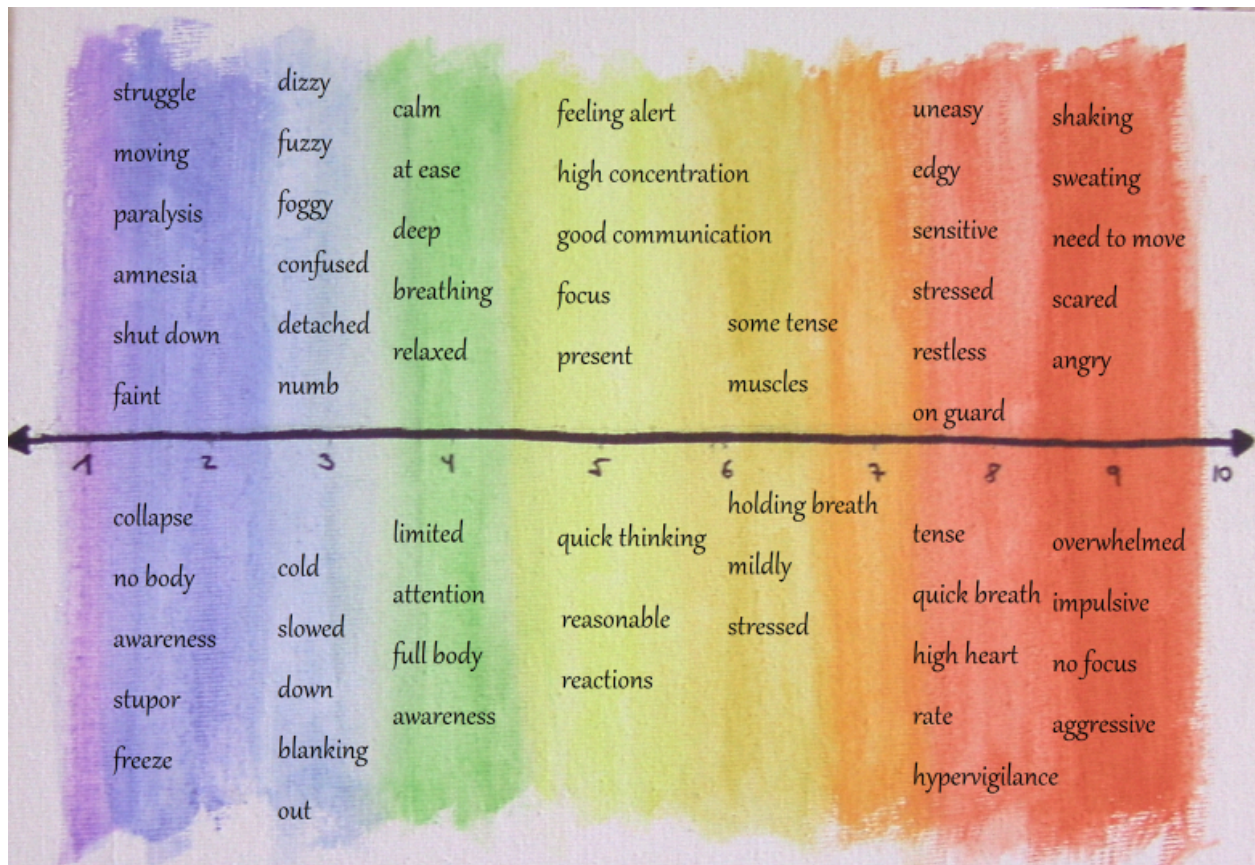
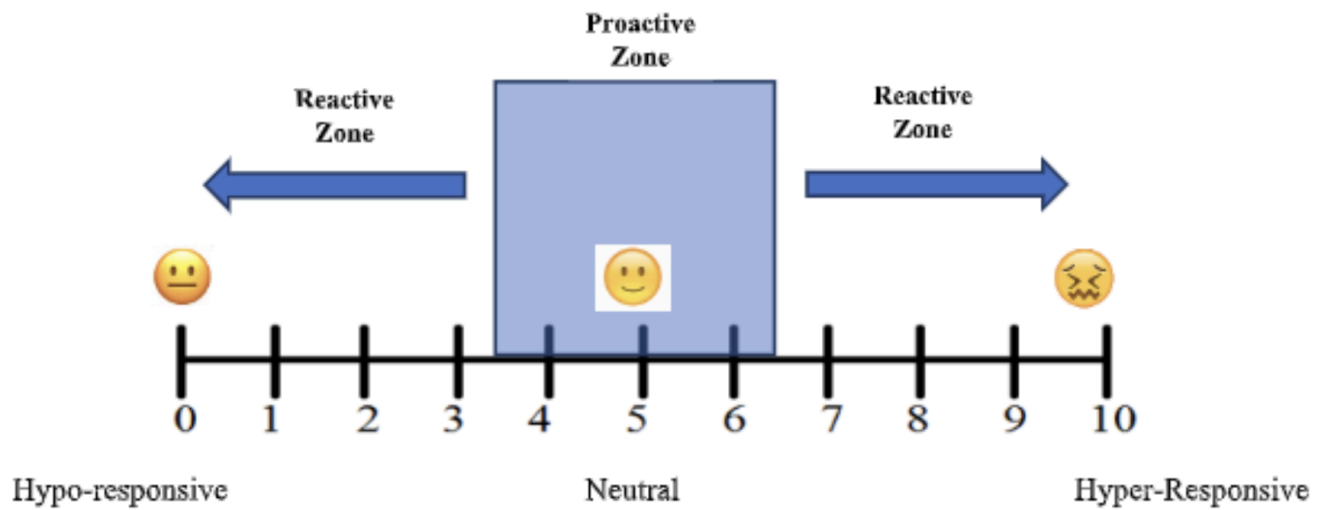
Facilitator:

Dakota Lawrence LCP-MHSP, NCC
FoundBetween Training Institute by
Mind The Gap LLC

Contact Info:

Dakota@MindTheGapTN.com
www.FoundBetween.com
615-510-4597

The Responsiveness Scale



Case Studies: Pt 1

Case Study 1

Emily, 19, White, female, college sophomore. Diagnosed with PTSD and Generalized Anxiety Disorder. History of childhood sexual abuse and family invalidation around emotional needs.

"I honestly wasn't expecting this weekend to go so badly. I had been doing okay for a few weeks—hadn't self-injured since my last bad night about a month ago. I was feeling hopeful.

But my mom called to remind me about my aunt's birthday dinner. She guilted me into going—said the family would notice if I wasn't there, that I needed to 'show up and stop isolating.' I didn't want to go, but I felt like I had no choice.

I tried to get ready and calm myself down. I used some of the grounding stuff we'd talked about in therapy. But as soon as I walked into the restaurant, I knew it was too much. The lights were too bright, the place was packed, music was blasting. I could already feel my heart racing and my chest tightening.

I told myself to stay for a little while. I kept my eyes on the floor and sat at the edge of the table. But then my uncle walked up behind me and hugged me—tight, without warning. It was like everything in my body screamed at once. My skin went cold. I couldn't breathe.

I remember standing up and muttering that I needed to use the restroom, but instead I left the restaurant and got in my car. I don't even remember the drive home. It's like my body was moving, but my brain wasn't there.

When I got to my apartment, I locked the door, turned off all the lights, and sat on my bed. But nothing felt real. It was like I was floating somewhere outside my body—numb, disconnected, frozen. I couldn't cry. I couldn't feel my hands or feet.

I turned on the TV, hoping the noise would anchor me, but it was just more noise. I tried texting my roommate but deleted the message. I felt like no one would understand.

After what felt like hours of this numb nothingness, I couldn't take it anymore. I needed to feel something—to know I was still here. I went to the bathroom, took my razor out of the cabinet, and cut deep across my thigh. The sting was sharp and immediate.

For the first time all evening, I felt connected to my body. The blood, the sensation—finally, something that made sense. It pulled me back from somewhere else.

I know it's not the answer. I hate that I still go there. But in that moment, it was the only thing that cut through the numbness and panic."

Case study 2

Jordan, 24, Black, nonbinary, works in tech support. Diagnosed with Major Depressive Disorder and BPD traits. History of childhood emotional neglect and attachment trauma. Struggles with intense shame, unstable relationships, and self-worth issues.

"I wasn't planning to hurt myself this week. Things had been going okay. I even felt like maybe I was making progress—noticing my triggers, trying to use the DBT skills we've worked on. But last night, it all went out the window.

It started with a stupid argument with Sam. We're best friends. They're one of the only people who really gets me. But sometimes I say the wrong thing. I was texting them about this new job I might apply for, and they made a comment that hit me wrong—something about not getting my hopes up. I got defensive. I fired back something snarky.

Then... nothing. They stopped responding. I stared at my phone for an hour. The messages showed as read, but no reply.

That's when the spiral started. My brain went into overdrive. *'You ruin everything. You're too much. You'll always be alone. You screw up every relationship. They hate you now.'* The thoughts felt like they were screaming in my head. My chest felt tight, and my skin was buzzing.

I tried to stop it. I opened my journal and started writing—telling myself to breathe, to think about other things. But it didn't help. The words in my head were louder than anything I could write. I felt trapped in my own body.

I texted another friend, hoping to distract myself. But they didn't answer either—it was late. That just made the voice in my head even stronger: *'See? No one cares. You deserve this. You're worthless.'*

By then, it felt unbearable. I was shaking and pacing around my apartment. The shame wasn't just in my head anymore—it was in my whole body, this sick heavy feeling that made me want to crawl out of my skin. I needed to do something to stop it, to make it quiet down.

I went to the bathroom, grabbed my razor, and cut deep across my upper arm. The pain was sharp and immediate. For a few seconds, it cut through the noise. The shame didn't vanish, but it faded into the background enough that I could breathe.

Afterward, I sat on the floor and stared at the cuts. I felt disgusting, guilty, weak. But also, in a twisted way, relieved—at least the storm inside me had calmed for a while.

I know this isn't sustainable. I hate that this is still my go-to when I can't cope. But in the moment, it felt like the only way to survive that shame."

Case study 3

Ava, 16, Latina, high school student. Diagnosed with ADHD and Sensory Processing Sensitivity (SPS). History of early academic struggles and peer bullying. Currently in therapy for emotion regulation and self-harm. Struggles with school-based overwhelm and difficulty advocating for sensory needs.

“It happened yesterday at school. I really thought I had a handle on it. I’ve been trying so hard to use the skills we’ve talked about, but it felt like my whole system got hijacked.

The day started okay. I had a math test first thing in the morning, which already had me anxious because math is my worst subject. I barely slept the night before—my brain just wouldn’t shut off.

Then the fire alarm went off during second period. The sound was so sharp and loud, it felt like it was drilling into my skull. Everyone was laughing and shouting and shoving through the hallway. I was already shaking when we got back to class.

We had a substitute teacher who didn’t know the routine and couldn’t get the class under control. People were yelling, scraping chairs, tossing papers. The fluorescent lights were flickering. My ears were ringing, and my whole body felt tight and buzzy. I couldn’t process what was happening—I just wanted to run away.

I kept trying to tell myself to breathe, to ground, but it didn’t help. It was like every sound and sensation was crashing over me all at once. My heart was pounding so fast it hurt. I couldn’t even hear my own thoughts.

I asked to go to the bathroom. I barely made it there. I locked the stall door and sat on the floor, shaking. It felt like my skin was on fire and my brain was spinning. I needed it to stop. I needed to ground myself somehow.

I started scratching my arm—first lightly, then harder. The sharpness of it gave me something to focus on. The burning in my arm was real, something I could control. It was like turning the volume down on everything else.

For a few minutes, I could breathe again. My body stopped buzzing so much. The noise in my head faded enough that I could get through the rest of the day.

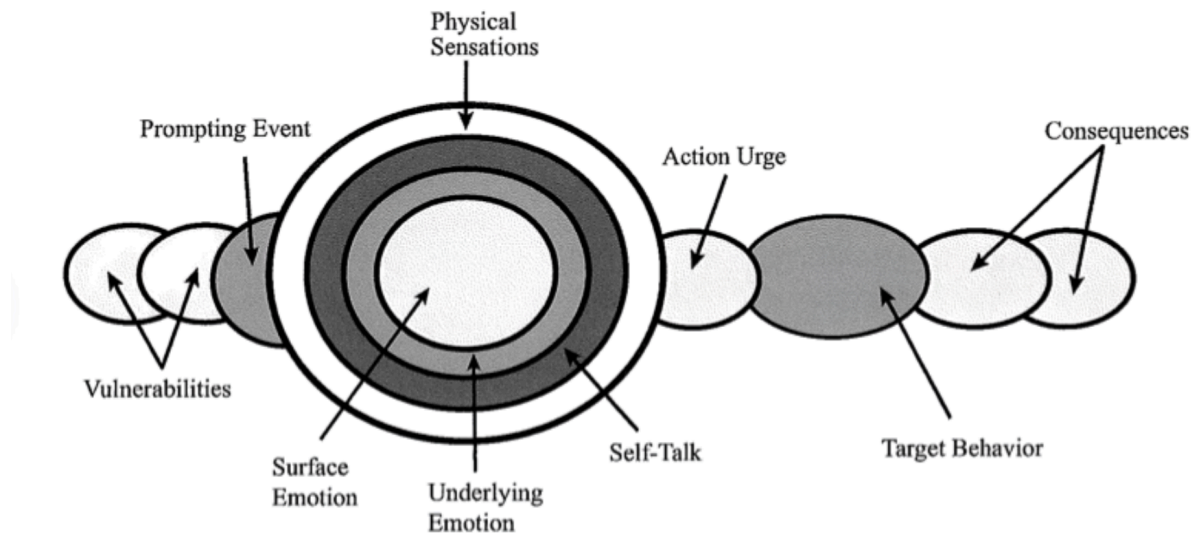
I know it’s not the best way to cope, but in that moment, it felt like the only thing that worked. When everything gets that loud and out of control, I can’t think straight enough to use other strategies.

I hate that I went back to self-harming, but sometimes the sensory overload is too much and I don’t know how else to manage it.”

General Reflection Questions for All Case Studies

1. What stood out to you about this client's experience?
2. What emotions did you notice arising as you read the narrative?
3. **What function was the NSSI serving in this situation?**
4. How might trauma history, sensory processing differences, or attachment wounds be influencing this behavior?
5. What treatment priorities would you focus on in early therapy with this client?

Behavior Chain Analysis Worksheet



Instructions:

Use this worksheet to analyze a recent instance of **Non-Suicidal Self-Injury (NSSI)** or another target behavior. The goal is to increase awareness of how the behavior developed over time and to explore possible interventions at each point in the chain.

1) Vulnerabilities

What factors made you more vulnerable to reacting strongly? (Examples: poor sleep, illness, hunger, stress, trauma reminders, sensory overload, invalidating environment)

- _____
- _____
- _____

2) Prompting Event

What triggered the chain? What was the specific situation that set off your response?

- _____
- _____

3) Emotions

Surface Emotion:

What emotion(s) did you first notice?

- _____

Underlying Emotion:

What deeper emotions may have been present?

- _____

4) Physical Sensations

What did you notice in your body? (Heart rate, muscle tension, numbness, sensory sensitivity, dissociation, etc.)

- _____
- _____

5) Self-Talk

What were you telling yourself about the situation? About yourself? About others?

- _____
- _____
- _____

6) Action Urge

What urges to act did you notice? What did you feel compelled to do?

- _____

7) Target Behavior

What behavior did you actually engage in? Be specific about the form of NSSI or other behavior.

- _____

8) Consequences

Short-Term:

What immediate relief or effects did the behavior have?

- _____

Long-Term:

What were the longer-term effects on your emotions, body, relationships, or self-perception?

- _____

9) Reflection & Alternative Strategies

Looking back, what might have helped at each step in the chain? What are possible alternative coping strategies you could try in the future?

- _____
- _____
- _____

Case Studies Pt. 2

Case Study 4: Riley

Riley, 21, identifies as nonbinary and uses they/them pronouns. They are in their third year of college, majoring in art. Riley has a history of C-PTSD stemming from childhood emotional neglect and bullying, and they were recently diagnosed with Sensory Processing Sensitivity. They've struggled with self-harm on and off since age 16, and though they've been trying hard to use DBT skills, the past few weeks have been rough.

Riley hadn't slept well the night before — they'd stayed up late working on a project and woke up already tired, with a headache. They skipped breakfast, telling themselves they'd grab something later. They'd also been fighting off a cold for a few days, which left them feeling physically run down.

When Riley got to campus, the art building was packed with students preparing for finals. The lights in the studio were bright and buzzing. A construction crew outside added loud, jarring noises to the mix. Riley felt their body tightening as they tried to focus, but the sounds and lights were making it nearly impossible.

Later that afternoon, they got a text from their mom saying: *"Don't forget you promised to come for dinner tonight."* Riley had completely forgotten and immediately felt a wave of guilt. They knew they weren't up to going but felt trapped by the obligation.

At 5 PM, after the studio closed, Riley sat in their car feeling anxious and tense. They texted their mom that they weren't feeling well and wouldn't make it. Her reply came fast and sharp: *"I'm tired of you bailing on us. You never follow through. You're so selfish."*

Riley's stomach dropped. Their chest felt heavy, their face flushed, and they started shaking. The words "You're so selfish" echoed in their mind. Their inner critic took over: *"She's right. You're useless. You ruin everything. You'll never be good enough."*

By the time they got home, Riley was completely dysregulated — a mix of shame, guilt, and overwhelm. Their body felt numb and disconnected. Their head buzzed with self-loathing thoughts.

They paced around their apartment, trying to distract themselves by scrolling through social media, but nothing helped. The noise in their head and body just kept building. Their skin felt itchy and their chest tight.

Finally, Riley went to the bathroom, pulled out a piece of broken ceramic they had hidden in a drawer, and cut several deep lines across their thigh. The pain and the sight of blood instantly brought relief and focus. The tightness in their chest eased, and the inner critic's voice went quiet for a few minutes.

Afterward, sitting on the floor, Riley felt a mix of relief, shame, and resignation. Part of them felt better, calmer. But part of them hated that they'd done it again. They put the ceramic piece away, telling themselves they needed to "get it together," but also feeling stuck and helpless.

Self-Harm Treatment & Support Resource Sheet

Core Clinical Tools & Worksheets

- **DBT Chain Analysis Worksheet**
 - Downloadable from: [DBT Self-Help](#)
 - **Emotion Regulation Skills**
[DBT Emotion Regulation Handouts \(PDF\)](#)
 - **Distress Tolerance Skills**
 - [DBT Distress Tolerance Handouts \(PDF\)](#)
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Key Articles & Guides

- **Self-Injury Outreach & Support (SIOS)**
 - <https://sioutreach.org>- Evidence-based information for clinicians, clients, and families.
 - **International Society for the Study of Self-Injury (ISSI)**
 - <https://itriples.org>- Leading research organization with resources, publications, and guidelines.
 - **Non-Suicidal Self-Injury: A Review of Current Research for Clinicians**
 - PDF from the American Psychological Association (APA): [APA NSSI Review Article](#)
 - [APA Webinar](#) on NSSI & Suicide
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Recommended Books for Clinicians

- **Treating Self-Injury: A Practical Guide (2nd Ed.)**
 - By Barent W. Walsh, PhD
 - Link: [Amazon](#)
 - **Healing Self-Injury: A Compassionate Guide for Parents and Other Caring Adults**
 - By Janis Whitlock & Elizabeth Lloyd-Richardson
 - Link: [Oxford University Press](#)
 - **The Dialectical Behavior Therapy Skills Workbook**
 - By Matthew McKay, Jeffrey C. Wood, Jeffrey Brantley
 - Link: [New Harbinger](#)
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Crisis & Support Resources for Clients

- **National Suicide & Crisis Lifeline (US) → 988**
 - <https://988lifeline.org>
- **Crisis Text Line → Text HOME to 741741**
 - <https://www.crisistextline.org>
- **Self-Injury Outreach & Support (Client-Facing)**
 - <https://sioutreach.org>
- **Lifeline Chat for Immediate Support**
 - <https://988lifeline.org/chat>

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