

Educators & Self Injury

How to recognize, understand, and respond to self injury.

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Self Injury or Suspected Self Injury*

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Downloaded from www.EducatorsAndSelfInjury.com

Introduction

Self-injury is a phenomenon that impacts up to 15% of today's students, often beginning around the ages of 13 to 15, but sometimes starting as early as elementary school.* With numbers like these, it is likely that most educators will encounter a minimum of one case during their careers. This website has been developed as a resource for educators. It provides information regarding how to recognize, understand, and respond to self-injury.

Definition

Self-injury is defined in various ways, but the definition utilized by this website is as follows:

Self-injury consists of self-inflicted deliberately destructive acts resulting in tissue damage that are not intended as an act of suicide, are not widely socially acceptable, and are not due to mental retardation, autism, or other developmental disorders.

This definition is important. For one thing, it helps distinguish self-injury from suicide attempts. The two behaviors are very different and have very different motivations. In short, suicide is an attempt to die, and self-injury is coping mechanism for survival. This definition also helps to differentiate between pathological self-injury and social self-injury such as tattoos and body piercing. It may sometimes be difficult to tell whether or not the behavior is socially motivated, but the student may be able to provide this information. Finally, the self-injury referred to on this website is not that which is often found in cases of mental retardation, autism, or other developmental disorders- it is self-injury that is done by someone who is fully aware of what they are doing.

Causes

It is impossible to pinpoint the exact cause of self-injury. It can manifest itself in the lives of students who otherwise seem well adjusted and to be living in secure environments. However, research indicates that there are three recurring themes reported by self-injurers who participated in the studies. Life events often reported by self-injurers include:

Sexual and Physical Abuse

The connection is tenuous, with researchers finding conflicting results. It is possible that when this factor is combined with other factors, such as an invalidating environment, self-injury is more likely

to occur. One individual stated, “I definitely think that if I hadn’t been abused it’s very unlikely that I would be a self-harmer.” (Alexander & Clare, 2004).

Invalidating Environments

Self-injury is often connected to invalidating environments where children’s thoughts and behavior are met by erratic, insensitive, or inappropriate responses from their parents. (Linehan, 1993) This finding was corroborated by a later study which suggested that perceived parental criticism and a sense of alienation were significantly related to the presence of self-injury.

Sexuality/Sexual Identity

A study including 16 interviewees who identified as lesbian or bisexual found themes of common experience emerging from the analysis of the interviews, including: 1) Bad experiences, 2) Invisibility and Invalidation, and 3) Feeling different. One research participant commented, “I grew up taking it for granted that there was something wrong with me.” (Alexander and Clare, 2004)

Contagion is also a concern in dealing with self-injury. Studies indicate that many self-injurers also have a friend who self-injures. The Internet creates another source of information and “camaraderie” for self-injurers that may encourage beginning or continuing the behavior through social networking. In the past, group therapy was utilized in self-injury interventions. It has been discovered that the contagion factor often negates any possible positive effects of group therapy.

Recognizing Self-Injury

Students may self-injure in a variety of ways, some of which may be very difficult for parents, friends, and educators to detect. Don’t blame yourself if you don’t notice the impossible, but don’t ignore anything you have a question about either. If a student has strangely even cuts on his or her arms, don’t allow, “My cat scratched me” to go unquestioned. You may be the first adult to push for an accurate answer and become a link to support. Rather than present a detailed list of every known type of self-injury being practiced at this time, here are some types of self-injury you may encounter and some general guidelines to follow.

(See list on next page)

Common forms of self-injury:

- Cutting in lines on the arms or legs (with razor blades or knives)
- Repeatedly picking at scabs or other injuries
- Erasing burns unto any part of the body
- Using matches or cigarettes to burn the body
- Hair-pulling
- Head banging
- Punching walls or other hard surfaces repeatedly- may also take the form of hitting oneself (look for bruised and/or bloody knuckles)

General guidelines:

- Trust your instincts- if something seems unusual or out of place, don't hesitate to ask questions
- Allow the student to define whether or not the injury was social or stemmed from anxiety or stress or other intrinsic causes

Common Reactions

Even trained doctors, nurses, psychologists, and psychiatrists can have an unsympathetic reaction to self-injury. It is not surprising that even professionals can be repulsed by this seemingly unnatural act. Though destructive in nature, self-injury must be viewed as the coping mechanism it actually is before a sympathetic understanding can be reached.

First, give yourself a break. Remember that even mental health professionals struggle with a feeling of repulsion when presented with this behavior. Take a minute to let yourself feel upset and even disgusted. Once you have had a chance to feel your original reaction, remind yourself of the complicated nature of self-injury. The student has often suffered from various difficulties in their life histories. Self-injury has become an effective coping mechanism for him or her and you need to approach them sympathetically and with a listening ear. Do not judge their behavior or state that they should stop.

Educator Response

Educators of all types are in a unique position to help kids. Many students may not have all of their basic needs recognized and met within their home environments. Do not assume that parents or caregivers are noticing and taking care of your students' needs.

Don't ignore it- trust your gut

There are two major principles to keep in mind when encountering a student whom you know or suspect is self-injuring. The number one thing to remember is that you should not ignore anything suspicious. If your gut instinct tells you that something is going wrong with a particular student, follow up on it. It is easy to tell yourself that it is not what it appears to be, to accept flimsy explanations, and to hope that someone else is helping the student. The fact is that you may be the only one who has noticed and you may be the first one to provide valuable links to support and intervention.

Extend an attitude of calm understanding

The second major thing to keep in mind is to do your very best to present an understanding and sympathetic attitude. It may seem incomprehensible to you that this behavior is useful to the student, but it does serve a purpose for those who practice it. While unhealthy, it is very different from suicide- suicide is a choice to end one's life, whereas self-injury is a coping mechanism to continue living.

Any educator who encounters self-injury should keep the two above principles in mind. Other important principles include:

In ongoing cases, be willing to be a link between the student, onsite mental health staff, and offsite mental health professionals

Educators may need to become flexible in terms of allowing a self-injuring student to access the school counselor or school psychologist by means of a simple signal or short statement of request. Many students will feel uncomfortable if they are required to give a lengthy explanation for why they need to leave a classroom or other school activity. Onsite and offsite mental health professionals may be able to work together to make plans for the student to follow at school when he or she is feeling distressed or feeling like self-injuring. These plans will necessarily require your compassionate cooperation.

Self-Injury is not something that can be treated solely within the school environment.

Self-injury is a problem that requires professional attention. School staff may provide a sympathetic ear, may develop a plan for students when the urge to self-injure occurs within the school day, and may offer other services through the school psychologist or school counselor, but the school alone cannot provide adequate intervention or the long-term therapy required to remediate this complicated phenomenon.

Teachers and other educators should routinely refer self-injuring students to the school psychologist or school counselor for further assessment.

Teachers and other non-mental health educational staff can play a key role in the well being of students who self-injure by identifying and listening to these students as they are able. However, they should never try to handle the situation on their own. Students should be referred to either a school counselor or school psychologist to assess the situation and make referrals to outside resources.

Mental Health staff at school sites must develop a list of outside referrals.

It is outside the scope of this website to suggest professionals in areas throughout the United States and beyond. Mental health staff at school sites should make it a priority to do the research necessary to have a list of information about counselors and therapists in the area who feel comfortable addressing self-injury in children and adolescents.

Schools should develop a specific protocol for dealing with cases of self-injury.

See the appendix for a suggested protocol.

Important concepts for school counselors and school psychologists

It is beyond the expertise of most school counselors and school psychologists to provide adequate intervention for self-injury solely within the educational setting. Cases of self-injury should routinely be viewed similarly to cases of expressed suicidal ideation or intent in the following three ways- 1) In almost all cases you need to inform the parent, 2) The student and his or her family should be referred to professional help, and 3) Follow up: a few days after providing referral information find out if the student is getting help.

It is also important to remember that the student should be told the limits of confidentiality at the outset of any counseling sessions. The student must understand the counselor or school psychologist's responsibility to break confidentiality when there is a potential of "harm to self."

While a student who self-injures should not be treated solely within the school environment, the following skill-sets would be appropriate for school counselors and school psychologists to address if they do work with self-injuring students:

(See list on next page)

- Coping skills
- Identifying and appropriately expressing emotions
- Self-acceptance

It is also important to remember that because of the contagion factor, self-injuring students should not be seen in homogeneous groups. They may be included in a group addressing a relevant skill such as those listed above, but should not be aggregated into a single group of self-injurers.

Suicide and Self Injury

It is important to note that while acts of self-injury as defined in this website are not suicide attempts, those who self-injure are far more likely to commit an act of suicide than the general population. Research indicates that between 55% and 85% of those who self-injure will attempt suicide at least one time. Further, some self-injurers have died as a result of their self-inflicted wounds. As an educator, you must always err on the side of caution -- never be afraid to ask questions and always refer students to the school counselor or school psychologist for follow up.

Protocol for Immediate Response to Self-Injury or Suspected Self-Injury

Teachers (and all other non-mental health staff)

- When interacting with a student whom you know or suspect is self-injuring, always maintain a sympathetic attitude.
- Ask simple questions in order to help determine whether the student has purposefully hurt himself or herself. Even if you are unsure whether the injury was self-injury or a possible suicide attempt, always refer the student to the school psychologist or counselor for further assessment.
- If there is a fresh wound or injury, refer the student directly to the school nurse and also immediately notify the school psychologist or school counselor of the situation.

School Nurse

- Give direct care to any wounds.
- Ensure that the school counselor or school psychologist follows up with the student.

School Psychologist or School Counselor

- Discuss the limits of confidentiality with the student.
- Utilize your suicide assessment to rule out possible suicidal intent. Follow suicide protocol if you determine that suicidal ideation or intent is present.
- Use an informal interview format to assess whether or not the student is intentionally self-injuring.
- Make a plan with the student to discuss the matter with his or her parent(s).

Note: Use your professional judgment to determine whether this may be a rare case where this is not safe for the student. If you determine it to be unsafe for the student, you may need to call Child Protective Services or use other methods of intervention available to you in your area.

- Contact the parent(s) and inform them of the situation. Ask them to come to the school as soon as possible to receive information regarding follow-up care and to sign a document stating that they have been informed that their student is self-injuring and should receive follow-up care.
- Provide the parent with the referral information your mental health team has collected and have the parent sign a form indicating that they have been notified of their student's self-injury and have received referral information.
- Follow up within 5-7 days. You may check in with both the student and parent(s) to ensure that they are accessing assistance.

Parent Fact Sheet

Self-Injury

What is Self-injury?

Self-injury occurs when an individual chooses to inflict wounds upon themselves because of psychological distress. Although it is difficult to understand, this behavior becomes a coping mechanism for some people. Feelings of anxiety and distress, being “outside” one’s body, and a need for self-punishment are among the reasons self-injurers cite for their behavior.

Why do they do it?

Research has not been able to clearly define the life factors that lead to self-injury. Some self-injurers come from loving homes. There is evidence that sexual and physical abuse, feeling invalidated, and sexual identity issues may play a role in the self-injury of some. The theme that is repeated throughout the research is that self-injurers are using the self-injury to relieve extremely uncomfortable feelings.

What do I do now?

- Take a deep breath- this is tough, but it is better that you know about it.
- Realize that you cannot solve the problem, but you can access help.
- Access help!! Find a mental health professional and make an appointment as soon as possible.
- Do NOT tell your child that they must stop self-injuring- it won’t work and will just create frustration.
- DO remove readily available items for cutting, but realize your child will probably find something else.
- DO immediately attend to physical damage and take your child to professional medical care when needed.
- DO provide a listening ear when your child needs someone to talk to- create an accepting atmosphere for him or her.
- DO help coordinate safety plans for your child between your mental health professional and the school mental health staff.
- DO keep the school updated about any changes in your child’s intervention plan and his or her overall status.

Self-Injury Notification

Parent/Guardian Notification

School Name: _____

District Name: _____

I have been notified that my child, _____, has stated that s/he is engaging in self-injury. It has been strongly recommended that I seek immediate psychological assistance for my child and that _____ School District will NOT assume responsibility for this serious concern. I have been provided with contact information for mental health professionals in this area and I have received the form "Parent Fact Sheet: Self-Injury."

In order to assist my child, I

_____ agree

_____ disagree

to immediately take him/her to a qualified mental health professional for assistance.

* Parent's/Guardian's Name: _____

*Parent's/Guardian's Signature: _____ Date: _____

Witness Name: _____ Title: _____

Witness Name: _____ Title: _____

Law Enforcement Witness Name/Title: _____

** If the parent refuses to sign, law enforcement and/or child protective services may be contacted.*

Note: Please provide the school with documentation from a physician or mental health professional specifying the assessment date & any information the school may need in order to assist your student.