



**Middle
School
Program**

SELF-INJURY PACKET

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Framingham, Massachusetts 01701.

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Introduction and Acknowledgements

We are providing materials about self-injury as part of the SOS Signs of Suicide® Middle School program to address the increased prevalence of this growing phenomenon among youth in middle schools. We have provided these materials to help raise awareness about the signs of self-injury and to establish action steps for teachers, parents, and school-based clinicians.

We encourage you to reproduce and distribute the materials designed for teachers, parents of students who self-injure, and school-based clinicians as part of your self-injury prevention efforts.

Schools who wish to raise awareness *among students* about the signs of self-injury can teach them that the action steps are the same for any individual who encounters or experiences the signs of depression, suicide, or self-injury: **ACT**: **A**cknowledge your friend has a problem, tell the person you **C**are, and **T**ell a trusted adult.

We are grateful to Barent Walsh, PhD, Richard Lieberman, PhD, and Kathy Cowan for their guidance in developing these materials. We'd like to thank Susan Bowman and Kaye Randall, authors of the book, "*See My Pain! Creative Strategies and Activities for Helping Young People who Self-Injure*" for their permission to provide schools with the materials for teachers and family members.

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Facts about Self-Injury Self-injury is one of the least understood risky behaviors of adolescence and presents a significant challenge to parents, mental health professionals, and school personnel. It appears to be growing at an alarming rate, is fairly high on the spectrum of harmful behaviors and, although not usually an attempt at suicide, is a clear indication of a troubled youth. School personnel can help students who self-injure by recognizing those at-risk and providing appropriate support.

- Self-injury is a maladaptive behavior that troubled teens use to deal with extreme and painful emotions.
- Behaviors include cutting, burning, hitting, poking, picking, hair pulling and head banging; the most common form is cutting.
- Those who self-injure are typically not attempting suicide. By expressing their inner pain through injury, they may be keeping themselves from suicide; however, those who self-injure can become suicidal or accidentally kill themselves.
- Between 150,000 and 360,000 adolescents in the United States self-injure.
- It is estimated that 60% or more of those who self-injure are girls.
- Youth who self-injure have low self-esteem and difficulty regulating their emotions.
- Those who self-injure can have underlying personality or mood disorders and depression.
- Self-injury appears to have a contagious effect among peer groups.
- Although the individual who self-injures may not be driven by suicidal intention during the act, he or she may, at some point, consider suicide or try to harm themselves more seriously.
- Self-injury is generally separate and distinct from body modification such as tattoos and body piercings from professionals.

Signs of Self-Injury Detecting students who self-injure is difficult because of the secretive nature of the behavior. Adults can look for certain signs, however, that may also indicate other risk factors such as depression or abuse:

- Frequent or unexplained scars, cuts, bruises, and burns, (often on the arms, thighs, abdomen) and broken bones (fingers, hands, wrists, toes).
- Consistent, inappropriate use of clothing designed to cover scars.
- Secretive behavior, spending unusual amounts of time in the bathroom or other isolated areas.
- General signs of depression.
- Social and emotional isolation and disconnectedness.
- Substance abuse.
- Possession of sharp implements (razor blades, thumb tacks).
- Indications of extreme anger, sadness, or pain or images of physical harm in class work, creative work, etc.
- Extreme risk-taking behaviors that could result in injuries.

Intervention Recommendations The best role for schools is to identify students who self-injure; refer them to and coordinate with, community mental health resources; and offer safe, caring, and nonjudgmental support. Interventions should be conducted individually, never in a group, to avoid contagious behavior.

Incorporate self-injury training into your crisis team responsibilities. Include the school psychologist, counselor, social worker, the school nurse, and the appropriate administrator. The crisis team should address medical needs, assess the suicide risk, determine appropriate support resources, notify parents (or, if necessary, child protective services), and coordinate with relevant community resources. (See: *Suggestions for School Counselors/Social Workers/Psychologists*). Students should always be dealt with individually and supervised until deemed safe or put in the care of their parents.

Provide information to all adults on how to recognize signs of self-injury. Parents and certain school personnel, especially coaches and PE teachers, are often in the best position to detect the physical evidence of self-injury.

Train all staff members to respond appropriately. (See: *Suggestions for Teachers*)

- Staff members should not further alienate or isolate students who self-injure.
- Don't react with criticism or horror.
- The responding staff member must let the student know that he or she is required to inform a parent or guardian, not as a punishment, but to help the student get help.
- Clearly differentiate the roles and responsibilities of crisis team personnel (risk assessment and ongoing support) and other school staff members (identification and initial intervention).

Use caution when educating students.

- Keep information about self-injury very general and within the context of seeking help from a trusted adult. The action steps are the same for students: **ACT: Acknowledge, Care, Tell.**
- With students, focus on self-injury as a mental health problem that can be treated, the signs of emotional stress and risk behaviors, alternative coping strategies, and identification of adults within the school who are trained to help students.
- Descriptions of why or how students hurt themselves should be avoided because of their potentially suggestive effect.

Notify and involve parents. (See: *Suggestions for the Family*)

- When a student is at risk for harm through self-injury, the school is responsible for warning parents and providing resources to help the student.
- Call parents while the student is present so everyone hears what is said.
- If there is danger or a history of abuse in the family, the school's duty to warn parents is satisfied through contact with the local children's protective services agency.

Collaborate with the student's parents and psychologist.

- The school mental health professional should coordinate with the student's private clinician and parents to reinforce alternative coping mechanisms and implement appropriate interventions.
- Students should know at least one adult in the building to whom they can go if they feel the impulse to hurt themselves. Usually this would be the school psychologist, nurse, social worker, or counselor.

Limit contagion.

- Limit activities that detail or focus on self-injuring behaviors.
- The best approach is one that is low key and individually focused to prevent imitative behaviors.
- Refrain from assemblies dedicated to the topic.
- To the extent possible, monitor movies (such as *Thirteen*) or television programs that address self-injury, because these can also trigger self-injuring behavior in at-risk students.

Responding to a Student Who Self-Injures No matter how unnerving their behavior, it is critical not to alienate a self-injuring teen but rather to build trust. Teachers can offer reassurance and support but should always refer the student to school mental health personnel. Students should be supervised at all times until they have been assessed as safe or handed into the care of their parents. (See: *Suggestions for School Counselors/Social Workers/Psychologists*)

- Notify parents.
- Address medical needs first, as necessary.
- Do not react in horror or discomfort.
- Encourage connectedness without invading their space.
- Don't be directive or judgmental. Reassure them that there is nothing to be ashamed of.
- Acknowledge their feelings. Offer to listen.
- Empathize but do not pretend to "know" how they feel.
- Emphasize hope.
- Emphasize that self-injury is a mental health problem that is treatable.
- Take them to the crisis team member but reassure them that they are not in trouble.

Source: Richard Lieberman. Richard Lieberman is a school psychologist who leads the Los Angeles Unified School District's Suicide Prevention Unit and co-chair of the National Emergency Assistance Team of the National Association of School Psychologists (NASP). This fact sheet was created for the SOS Program in cooperation with NASP. Adapted with permission from "Understanding and Responding to Students Who Self-Mutilate" in *Principal Leadership*, 2004 National Association of Secondary School Principals. The complete article can be accessed at www.naspcenter.org/principals.

Reaching and Helping Youth Who Self-Injure (SI)

Suggestions for School Counselors/Social Workers/Psychologists

- Self-injury is generally separate and distinct from suicide. Self-injury is when people deliberately harm their bodies, usually without suicidal intent, in order to reduce psychological distress. However, since self-injury can be a risk factor for future suicides, referral to a professional with expertise in the area of self-injury is indicated for any student who self-injures.
- Avoid being effusively sympathetic or judgmentally condemning when learning that someone is self-injuring. Excessive sympathy may inadvertently reinforce the behavior. Condemning the behavior may make an already distressed person feel worse.
- Responding initially to the behavior with a “respectful curiosity” can be helpful and reassuring to someone who is self-injuring. An appropriate, respectfully curious question is, “What does self-injury do for you?”
- Attempting to “contract for safety” is contraindicated. Asking youth to give up self-injury when it is their best emotion regulation technique is unrealistic. Expecting or demanding that youth quickly give up self-injury can result in their lying or becoming evasive.
- Work with the individual's therapist to support specific agreed-to alternatives to self-injury while in school. Identify a designated adult for the student to contact if he or she feels the impulse to self-injure while in school. Likewise, the school should clearly communicate to parents and the student how the school is required to respond (Lieberman, 2004).
- Most forms of self-injury can be helped in outpatient counseling. Exceptions that should be referred for emergency psychiatric evaluation include self-injury that causes extensive tissue damage (e.g. wounds that require suturing) or that involves face, eyes, breasts in females, and genitals.
- Self-injury can be contagious. Evaluate whether the student has friends who self-injure. If so, they may be reinforcing the behavior in each other. Ask that these students stop communicating with each other about self-injury, indicating that they may be inadvertently “hurting their friends.” Also, determine if the student is spending time on websites or in chat rooms devoted to self-injury. These activities can also be triggering.
- Self-injury is a complex bio-psychosocial phenomenon. Biological, psychological, and environmental factors combine to produce the behavior and must be addressed to eliminate the behavior.
- Counseling for self-injury often proves effective. Effective counseling focuses on reducing the environmental factors that trigger self-injury (e.g. conflicts with parents, peer isolation, dating problems, academic or athletic perfectionism). Counseling also teaches replacement skills that enable youth to deal with emotional distress using healthier, more effective strategies (e.g. breathing techniques, visualization, journaling, communicating with adults, physical exercise, artistic expression, etc.).
- Psychological treatment, often combined with medication, has been successful in treating self-injury.

Source: Barent Walsh, PhD. Barent Walsh is the Executive Director of The Bridge of Central Massachusetts, Inc. in Worcester, Massachusetts.
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Reaching and Helping Youth Who Self-Injure (SI)

Suggestions for Teachers

By Susan Bowman, Ed.S, L.P.C. & Kaye Randall, LMSW
from *See My Pain: Creative Strategies and Activities for Helping Young People Who Self-Injure*
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Teachers have many more responsibilities today than they did years ago. If you are a teacher I'm sure you would agree that it wasn't the same ten years ago when schools could focus more on teaching and not dealing with all the other problems that are in today's classroom. It is virtually impossible for teachers to discern which students have psychological problems, know the red flags of a student with hidden rage, or know which students are on medication and the side effects. In addition, some teachers are expected to know how to handle tragedies such as a terrorist attack, school shooting, or suicide. Faced with many of these concerns, teachers are still receiving limited training in how to effectively handle these challenges. SI is now another growing problem to add to that list. Many teachers have not been trained in SI and do not know how they should handle a student who shows signs of this behavior. Often students will come to a teacher that he/she trusts and either tell the teacher about the SI behavior, or show where on their body he/she self-injured.

It is important for teachers to know the Do's and Don'ts of how to handle such situations. Teachers need to know that in following these suggestions, they cannot stop the SI and they need to refer any student who they suspect of this behavior to the school guidance counselor, school social worker, or the school nurse. The following Do's and Don'ts are suggestions for helping teachers respond to any student they think may be involved in self-injurious behavior.

Do

- Try to approach the student in a calm and caring way.
- Accept him/her even though you do not accept the behavior.
- Let the student know how much you care about him/her and believe in his/her potential.
- Understand that this is his/her way of coping with the pain that he/she feels inside.
- Refer that student to your school's counselor, social worker, and/or nurse.
- Offer to go with that student to see the professional helper.
- Listen! Allow the student to talk to you. Be available.
- Discover what the student's personal strengths are and encourage him/her to use those strengths.
- Help him/her get involved in some area of interest, a club, sport, peer program, outreach project, e.g., volunteer at a local animal shelter or wildlife sanctuary, help an older person at a nursing home, tutor a young child after school, or mentor a child with low self-esteem.

Don't

- Say or do anything to cause the student to feel guilt or shame (e.g., "What did you do to yourself?", "Why did you do that?").
- Act shocked or appalled by his/her behavior.
- Talk about their SI in front of the class or around his/her peers.
- Try to teach him/her what you think he/she should do.
- Judge the student even if you do not agree with him/her.
- Tell the student that you won't tell anyone if he/she shares self-harming behaviors with you.
- Use punishment or negative consequences if a student does SI.
- Make deals in an effort to get the student to stop SI.
- Make promises to the student that you can't keep.

Reaching and Helping Youth Who Self-Injure (SI)

Suggestions for the Family

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Parents/guardians already have a difficult time trying to understand the behavior of a normal adolescent, so dealing with an adolescent who self-injures can be very difficult and confusing. The way in which parents respond to SI can make a difference in the outcome. For example, some parents/guardians tend to feel that they are the reason for their child's SI. When feelings of guilt are communicated to the child/adolescent, this can exacerbate the situation and cause the young person to alienate even more from the parent/guardian. If parents/guardians are educated on what SI is and the reasons why young people feel the need to SI, they may be able to respond in a more helpful way by seeing beyond the behavior itself. Here are some suggestions you can share with parents/guardians and other family members who have someone in their family who self-injures.

First, be sure that the family is undergoing counseling with a therapist or other professional helper who has experience in SI. Parents/guardians cannot expect that by following these or other suggestions they can stop SI from happening. It is important for the family to have a strong support system of their own. Also, remind families that just because they have a child who self-injures does not make them "bad parents." Blaming themselves will not make the behavior go away. They also need to know that they are not alone. Many other parents struggle with this same problem.

Do

- Accept your child even though you do not accept his/her behavior.
- Let your child know how much you love him/her, not only when he/she SI, but at other times as well.
- Understand that this is his/her way of coping with the intense pain that he/she feels inside.
- Encourage healthier methods of coping by allowing him/her to brainstorm other ways other than hurting him/herself.
- Listen! Keep communication open by talking about things that would interest him/her even if it doesn't interest you.
- Ask open questions (what or how) to encourage him/her to open up. Allow conversations to revolve around what he/she wants to talk about no matter how silly or crazy it may seem to you.
- Allow him/her to share what they're feeling deep inside either with words (journaling) or in art (drawing, painting, creating) or any other way he/she can communicate their feelings.
- Make your home a "Safe Place" by removing anything that could be used as a tool for SI.
- Have fun together! Try to do some fun things together. (let him/her choose a fun activity that is interactive, not just going to the movies) Although he/she may complain at first, your child really does want to spend time with you.
- Discover what his/her personal strengths are and encourage him/her to use those strengths during difficult times.
- Help your child to get involved in some area of interest, after-school activity, a good cause, or other good will effort.
- Encourage some kind of outreach in the community, e.g., volunteering at a local animal shelter or wildlife sanctuary, helping an older person at a nursing home, tutoring a young child after school, or mentoring a troubled younger child.

Don't

- Say or do anything to cause guilt or shame (e.g., "Why would you do such a thing?", "How could you?").
- Act shocked or appalled by his/her behavior.
- Talk about his/her SI in front of friends or with other relatives.
- Try to teach them what you think they should do.
- Use punishment or negative consequences when he/she SI. (The reason he/she feels the need to SI is because he/she is hurting emotionally about someone or something).
- Overprotect by monitoring every move he/she makes, but do notice what's going on.
- Deny that your child is self-injuring as a way of coping.
- Keep your child from seeing friends, but monitor who he/she does see.
- Blame yourself for your child's behavior.
- Conduct room searches. They produce resentment (Walsh).
- Minimize SI by saying "you're just doing it for attention" or "it's just a fad" (Walsh).

Websites Related to Self-Injury*

There are scores of websites that focus on self-injury. They fall into two main categories: 1) websites designed by professionals to assist self-injurers, and 2) websites created by self-injurers intended to offer peer support. This list is meant to be representative, not exhaustive.

Self-Injury and Related Issues (SIARI): www.siari.co.uk

S.A.F.E. Alternatives: www.selfinjury.com

American Self-Harm Information Clearinghouse: www.selfinjury.org

There is No Shame Here: <http://www.palace.net/~llama/psych/injury.html>

Self-Injury: <http://www.mirror-mirror.org/selfinj.htm>

Self-Injury Guidance and Network Support: <http://www.lifesigns.org.uk/>

Additional Resources

Bowman, Susan, & Randall, Kaye. *See My Pain! Creative Strategies and Activities for Helping Young People Who Self-Injure*. Chapin, SC: YouthLight, Inc., 2005. To order go to www.youthlightbooks.com.

Lieberman, Richard (2004). Understanding and Responding to Students Who Self-Mutilate. *Principal Leadership*. 4(7). National Association of Secondary School Principals. This complete article can be accessed at http://naspcenter.org/principals/nassp_cutting.html.

Walsh, Barent. *Treating Self-Injury: A Practical Guide*. New York, NY: Guilford Press, 2005. To order go to www.amazon.com.

*Thanks to Barry Walsh for providing these useful resources.



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