

Educators & Self Injury

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

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Introduction

Nonsuicidal self-injury (NSSI) is a phenomenon that impacts up to 12-25% 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 in a brief format regarding how to recognize, understand, and respond to self-injury.

Educators requiring more extensive information are encouraged to use the links to books, websites, journal articles, and resources throughout the website.

** All of the information in this ebook is derived from a review of literature conducted by the author in 2010 and from the School Psychology Forum, Research in Practice: Nonsuicidal Self-Injury Volume 7, Issue 4 Winter 2013. All of the references for the information are listed within the books and journal articles tab.*

Definition

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

Nonsuicidal self-injury (NSSI) 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 intellectual disability, autism, or other developmental disorders.

This definition is important.

For one thing, it helps distinguish self-injury from suicide attempts. This distinction has resulted in the term nonsuicidal self-injury (NSSI). 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 intellectual disability, 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)

But.... *Why?**

Once a student self-injures, why do they continue?

There are several models to explain the function and purpose of NSSI in a student’s life. Broadly, NSSI is a coping strategy for emotional stress. There are three models to address why the behavior continues.

Psychological:

- To avoid psychological pain
- To express psychological distress
- To refocus one’s attention away from negative stimulus

Social:

This model describes NSSI when it is undertaken to seek social connection or attention in some way. The fact that NSSI can be contagious also suggests a social factor for some who engage in self-injury.

Biological:

This model focuses on the chemicals theorized to change with acts of NSSI. A homeostasis model suggests that those who self-injure may have chronically low levels of endogenous opioids. There is also a study (Plener, Bubalo, Fladung, Ludolph, and Lule, 2012) which indicates that the emotion-regulation deficits present in those who self-injure may be neurologically based.

** Information for this section taken from Understanding Self Injury in Youth, Whitlock and Rodham, 2013*

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.

Please see the Educator Response section for more information about Contagion.

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.

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 onto 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

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. Calmly meet with the

student and let the student define his or her behavior in terms of whether or not it was a suicide attempt.

Take appropriate action based on the information gleaned in your discussion with the student.

Any educator who encounters NSSI 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 should work together whenever possible 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.

NSSI is not something that should be treated solely within the school environment.

NSSI 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.

Even with expert intervention and loving family support, NSSI may persist for many years. There are cases where the school may become the only place for intervention. When this occurs, the school psychologist or school counselor should consider utilizing the following resources:

- Safe Alternatives School Resources
- Cutting Down by Lucy Taylor

Teachers and other educators should routinely refer self-injuring students to the school nurse, and 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 the school nurse and either a school counselor or school psychologist to assess the situation and make referrals to outside resources.

Assessment includes determining risk-level status by considering risk of suicide, physical injury, and the presence of other co-occurring risk-factors (such as mental health disorders).

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

It is outside the scope of this ebook 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.

Click [here](#) for a suggested protocol (or [download the PDF](#)).

Click [here](#) to download a parent notification form (PDF).

Click [here](#) to download a parent fact sheet (PDF).

Click [here](#) for a detailed protocol from Cornell Research (or download here: [Cornell-University-Self-Injury-Protocol-for-Schools.pdf](#))

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 whenever practicable, the following skill-sets would be appropriate for school counselors and school psychologists to address when they work with self-injuring students:

- 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.

Richard Lieberman, school psychologist and consultant for Los Angeles County, provides the following information regarding contagion in a pamphlet developed for his district:

- Each student should be assessed and triaged individually. If the activity involves a group "rite of togetherness," the peer group should be identified and each student interviewed separately.
- When numerous students within a peer group are referred, assessment of every student will often identify an "alpha" student whose behaviors have set the others off. The "alpha" student should be assessed for more serious emotional disturbance. While most students participating in a group event

will assess at low risk, identifying moderate and high risk students and targeting them for follow up is critical

- Respond individually, but try to identify friends who engage in SI.
- School mental health professionals should refrain from running specific groups that focus on cutting rather focusing on themes of empowerment, exercise/tension relief and grief resolution.
- Health educators should reconsider the classroom presentation of certain books, popular movies, and music videos that glamorize such behaviors and instead seek appropriate messages in the work of popular artists.
- Monitor the internet chat and websites.
- SI should not be discussed in detail in school newspapers or other student venues. This can serve as a “trigger” for individuals who SI.
- Those who SI should be discouraged from revealing their scars because of issues of contagion. This should be discussed and explained and enforced.
- Educators must refrain from school wide communications in the form of general assemblies or intercom announcements that address self-injury.
- In general, designated person should be clear with the student that although the fact of SI can be shared, the details of what is done and how, should not be shared as it can be detrimental to the well being of the student’s friends.

** Adapted from: Lieberman, R., Toste, J.R., & Heath, N.L. (2008). Prevention and intervention in the schools. In M.K. Nixon & N. Heath (Eds.), Self injury in youth: The essential guide to assessment and intervention. New York, NY: Routledge.*

For school psychologists or school counselors looking for more extensive self-injury resources, you will find an in-depth manual and accompanying student workbook at selfinjury.com.

Additionally, Richard Lieberman with Suicide Prevention Services in the Los Angeles Unified School District has collaborated on creating the following resources:

- [Intervening with Self Injurious Youth 2009 \(PDF\)](#)
- [SOS Self injury packet 2009 \(PDF\)](#)

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.

For more information and resources related to suicide, visit the following links:

- SPRC.org
- AFSP.org
- suicidology.org

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.

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: _____

Witness Name: _____

Witness Name: _____

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.

What is Self-injury?

Parent Fact Sheet

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.