

## Self-Injury Interventions for School Psychologists



MISTY BONTA  
SHERRY JANKANS  
LIANA LOPES  
DELIA VILLASENOR



## Outline of Presentation

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## Introduction

- Terms used for Self-Injury : cutting, self-harm, self-mutilation & non-suicidal self-injury (NSSI)
- Today's presentation will use the term Self-Injury (SI)
- SI can take many forms: The most common is cutting the skin followed closely by burning and hitting oneself.
- Other forms: scratching the skin, biting, preventing wounds from healing, pulling out clumps of hair, placing objects under the skin, and head banging

## Prevalence

- 15-20% of adolescents admitted to engaging in SI at least once
- When students were provided with a checklist of behaviors, 30% indicated that they have cut, carved, burned, or hit themselves on purpose
- SI is prevalent in all cultures and races and cuts across SES
- Age of onset: (59% grades 7-8) (24.6% in grade 6 or lower)

## Gaining Knowledge by Dispelling Myths

- Myth #1—*All youth who self-injure are suicidal.*
- Students who self-injure are doing so in an attempt to make themselves feel better whereas the suicidal students wants to end all feelings
- Out of 208 participants who engage in SI, 11% of them also exhibited high risk of suicide.
- Many students who engage in SI may suffer from an underlying mental health disorder:
- Depression, Anxiety, Border Personality Disorder

## Gaining Knowledge by Dispelling Myths

- Myth #2—*Students who self-injure are attention-seeking*
- Researchers have actually found that the function of SI is one or combination of the following:
  1. Feeling concrete pain when physic pain is too much
  2. Communicating, expressing, or attempting to control emotions
  3. Reducing tension or numbness, promoting a sense of feeling real.
  4. Self-punishing

## Gaining Knowledge by Dispelling Myths

- Myth #3—*All youth who self-injure have been sexually or physically abused.*
- Risk Factors:
  - losing a parent, being sexually and/or physically abused, having a sibling and/or parent who SI, and/or witnessing family violence
  - Research conducted on clinical populations. We recommend that you allow students to tell their own stories

## Warning Signs of Self-Injury

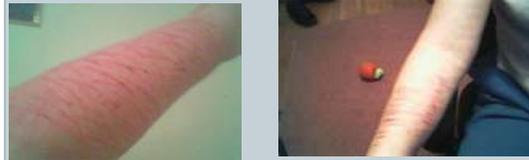
- Unexplained frequent injury including cuts and burns
- Wearing long pants and sleeves in warm weather
- Low self-esteem, difficulty handling feelings, & relationship problems
- Poor school functioning
- Secretive behaviors such as spending unusual amounts of time in student bathroom or isolated areas

## Warning Signs

- Possession of sharp implements (i.e., razor blades)
- Expression of self-injury via art and or/writing samples
- Risk taking behavior
- Substance and/or alcohol abuse
- General signs of depression, social-emotional isolation and disconnectedness

## Cutting

- “Cutting” is the most prevalent, look for cuts on arms, wrists, abdomen, legs



Pictures Taken from: Myspace (Self-Injury Awareness)

## Part Two: Referral

- i. Increasing Awareness
- ii. Response to students/School Psychologist Role

## Increasing Awareness

- Crisis team- should have a well developed response protocol that allows for appropriate and rapid response that addresses the following.
  - -When should school personnel report suspected self injury?
  - -Who does the teacher report to?
  - -What is the role of the school nurse and school psychologist?
  - -What is the policy on notifying and involving parents?
- Update mental health resources on a regular basis. Make sure crisis team is knowledgeable of the characteristics of self injury.
- In service days to educate staff.

## Working With Students Who Self-Injure

- Be aware of your own reactions and feelings.
- Monitor and manage reactions.
- Assess your comfort in working with students who SI.
- If there is discomfort, immediately refer student to another mental health professional and provide resources to the student.
- Only work with a few students who SI at a time.
- Share with colleagues, seek collaborative support from crisis team, and guidance from your supervisor.

## Responding to Student Self-Disclosure

- Students may disclose if they can find an adult who they trust.
- Initial response will play critical role in future help seeking behavior and participation in intervention.
- -Build supportive and trusting relationship with youth.
- -Show respect and willingness to listen in a non-judgmental fashion.
- -Do not express shock, revulsion, or discomfort.
- -Do not show too much concern- it can alienate youth or damage trust.
- -Do not show too much interest in the behavior itself.

## Responding to Student Disclosure

- Use the student's own language.
- Avoid using suicide terminology.
- Do not tell the student to "just stop!"
- Do not pretend to "know" how they feel.
- Reassure student that there is nothing to be ashamed of and that they are not in trouble.
- Emphasize hope.
- Don't assume trauma or abuse is present.
- Supervise at all times until risk has been assessed.
- Create a safe and caring place for the student to talk.

## Part Three: Assessment

- i. Assessing for High/Low risk/Immediate Risk
- ii. Contacting Parents/Outside Referrals

## The Primary Role of School Psychologist

- ❖ Assessing for immediate risk
- ❖ Communicating with parents (if necessary)
- ❖ Providing appropriate community and/or district mental health resources

Adapted from Lieberman et al. (2004)

## Assessing for Immediate Risk

- ❖ Individuals should be assessed for immediate risk of suicide and other mental health issues.
- ❖ Risk is considered high when:
  - Adolescent is at risk for suicide
  - There is a comorbid mental health issue
  - There is abuse or trauma, substance abuse, and/or an eating disorder
  - There is severe tissue damage or indication of infection (involve school nurse)

Adapted from Lieberman et al. (2004)

## Responding to Assessment

### ❖ High Risk adolescents

- Treatment should begin with care of the wound for both risk levels
- Confidentiality must be broken and parents contacted immediately if adolescent is at risk for harm to self or others
- Referrals should be made immediately for appropriate treatment (i.e. medical attention and/or mental health services)

### ❖ Low Risk adolescents

- Provide appropriate interventions in school setting (i.e., counseling, no harm agreements, etc.)
- Risk level should be reassessed periodically (may change)
- Contacting student's parents may or may not be required (may differ depending on the school's SI protocol)

## Contacting Parents

- Contacting parents about their child's self-injurious behavior must be done with patience, tolerance, and cultural sensitivity
- Advise student that parents must be notified for their own safety (when necessary)
- Notify the parents while the student is present
- Be supportive
- Facilitate positive communication between adolescent and parent

## Outside Referrals

- Referrals should be conducted in a sensitive manner to increase likelihood that adolescent will utilize services and so adolescent does not feel unsupported by adult he or she confided in.
- Adolescents considered at high risk should be referred to outside services to receive the most effective treatment (requires more intense and individualized treatment).
- Obtain a release of information to monitor student's progress and be involved in facilitating communication between the adolescent, school, parents, and community mental health agencies.

## Part Four: Intervention

- i. School-Based/Non-School Based Treatments
- ii. Individual/Group Counseling

## Intervention in the School Setting

### • Individual Counseling

- Communication Skill Building
  - Encourage student to use communication to express emotions
  - Use journals to express emotions through writing
  - Trigger Log – student tracks each time he or she engages in SI and the events leading up to it
- Behavioral Interventions
  - Stress Management and Tension Release
  - Diaphragmatic and Controlled breathing
  - Meditation and Visualization
  - Exercise, specifically aerobic

## Intervention in the School Setting

### • Individual Counseling

- Cognitive Restructuring
  - Explore the student's cognitions and help him or her challenge the maladaptive thoughts that are maintaining the SI
- No Harm Agreement
  - The student and school psychologist make an agreement that the student will choose alternative behaviors that he or she will do instead of SI
  - It is not a contract, it develops as the student learns the alternative behaviors

## Intervention in the School Setting

- **Counseling Groups**
  - Groups should focus on developing problem-solving techniques, adaptive coping strategies, self-esteem building, communication and social skills, *not* on SI behavior due to contagion effect
- Solution Focused Therapy
  - **Selekman's Stress Busters' Leadership Program**
    - Specifically designed to work with self harming adolescents in a group setting

## Non-school Based Intervention

- **Cognitive Behavior Therapy (CBT)**
  - Based on the premise that cognitions influence mood and behavior and targets both the faulty cognitions of the adolescent and the maladaptive behaviors that result
    - **Dialectical Behavior Therapy (DBT)**
      - Goal is to reduce self-destructive behavior, learn adaptive coping and problem-solving skills, and to accept self while changing
    - **Problem-Solving Therapy (PST)**
      - Goal is to identify and resolve problems and teach coping and problem-solving skills
    - **Manual Assisted Cognitive Behavior Therapy (MACT)**
      - Short-term problem-solving intervention that teaches how to manage negative thoughts and emotions

## Non-school Based Intervention

- Group Therapy
  - Helps the student learn problem-solving skills
  - Enhances peer relationships and communication skills
- Family Therapy
  - Provides the student with family support
  - Family learns about SI and helps the family cope
  - Not likely to be effective alone
- A combination of cognitive behavioral therapy, assertiveness training, and modeling and practicing adaptive ways of expressing negative feelings has been found to be most effective.

## Non-school Based Intervention

- **Medication**
  - Antidepressants
    - Selective Serotonin Reuptake Inhibitors (SSRI)
      - For example: Prozac, Celexa, Zoloft
- **Hospitalization**
  - This is discouraged and only used during extreme cases
    - Partial hospitalization, usually 6 to 12 hours a day
    - Inpatient hospitalization

## Part Five: Prolonged Care for the Student

### i. School Accommodations

## Care for Adolescent Who Engages in SI

- Treatment for the adolescent who self-injures will likely be a difficult time for them and our role as School Psychologists is to help them while they are at school
- We should let them know that they could come to our office or the counselors office when they need to talk and we must provide them with empathy, caring, unconditional acceptance, trust, and rapport among other things already mentioned (Bowman & Randall, 2006).

## Care for Adolescent Who Engages in SI

- As School Psychologists, we must keep in contact with their outside mental health worker (i.e., therapist, counselor) to be aware of where they are in their treatment and be notified of any changes in their level of risk
- The student will be trying to balance therapy with everyday challenges of being a teenager. Maintaining a routine around therapy interventions and schoolwork may seem impossible for the student.

## Care for Adolescent Who Engages in SI

- School Psychologists should make sure that the crisis team is aware of this and create flexibility in their protocol for how to accommodate the student during their treatment.
- The needs of the student must be monitored and the crisis team should consider 504 accommodations if the SI is impacting their academic achievement.

## Care for Adolescent Who Engages in SI

- Keep up with local resources and mental health professionals that specifically help Self-Injurious Youth or that specialize in the type of therapies we recognized as being most successful with this population. The following are some helpful online resources:
- <http://www.selfinjury.org/>
- <http://www.safe-alternatives.com/>
- <http://www.palace.net/~llama/psych/fself.html>
- <http://www.recoveryyourlife.com>
- <http://www.selfinjury.net>
- <http://coolnurse.com/self-injury.htm>
- HOTLINE: 1-800-DON'T-CUT

## Questions?

- Thank You for your time, do you have any questions?



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