

Adolescent Self-Injury: What High School Teachers Need to Know

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Adolescent Self-Injury: What High School Teachers Need to Know

Session Objectives

To answer the following questions:

- I. How common is SI?
- II. Who engages in SI?
- III. Why do students SI?
- IV. How do I identify a student who SI?
- V. What to do and not do with students who SI?
- VI. What are my legal responsibilities?
- VII. What should my school do to handle this behaviour?

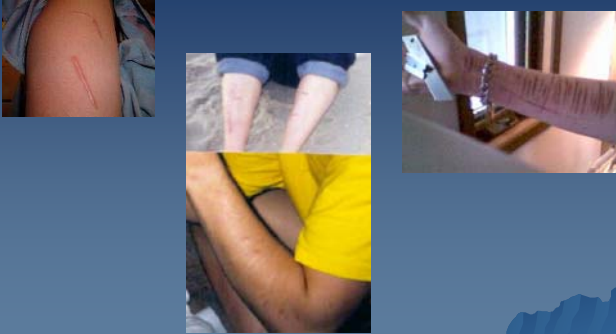
Overview

- I. Introduction
 - SI defined
 - Myth & Reality Check (activity)
- II. SI Essentials / General Information
 - Background Information
 - How common is SI?
 - Who engages in SI?
 - Why do students SI?
- III. Practice Recommendations
 - How do I identify a student who SI?
 - What to do and not do with students who SI?
 - What are my legal responsibilities?
 - What should my school do to handle this behaviour? (activity)
- IV. Concluding Discussion

I. Introduction

Self-injury (SI) defined: Self-injury is involves the deliberate destruction or alteration of body tissue. Self-injurious acts include skin cutting (which is most common), skin burning, self-hitting, pinching, scratching, biting, and hair pulling (Gratz, 2003; Ross & Heath, 2002).

Examples of Self-Injury



I. Introduction

- ◆ Myth & Reality Check
 - Complete the one page "Self-Injury Myth & Reality Check" questionnaire (5-10 min)

II. SI Essentials

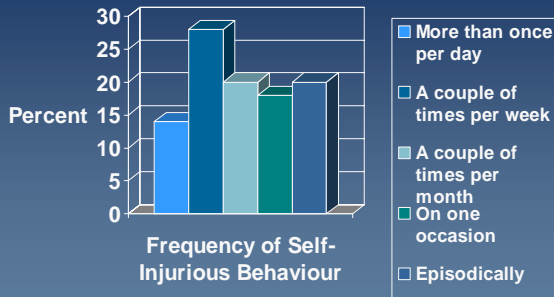
- ◆ Background Information:
 - Historically understood as being largely or exclusively associated with Borderline Personality Disorder or Intellectual Disability (e.g., Dulit et al., 1994; Griffin et al., 1985)
 - In the late 1980s Favazza (1987, 1988) explored the full range of this behaviour and suggested it was not limited to psychiatric populations
 - In the 1990s it was noted that SI was increasing in hospital settings AND in the community (Conterio & Lader, 1998; Favazza, 1998; Pipher, 1994)
 - Further piece of the definition: SI is a low lethality behaviour that does NOT have suicidal intent

II. SI Essentials

How common is SI?

- ◆ In regular high schools it has reliably been found that between 14-16% of all students admit to having self-injured at least once (Ross & Heath, 2002; Laye-Gindhu & Schonert-Reichl, 2005)
- ◆ And many of those admit to engaging in SI frequently....

Severity of SI, Reported Frequency



How common is SI?

- ◆ Currently, in adolescence SI peaks and then decreases into adulthood, when by about age 25 fewer and fewer individuals are engaging in SI. Although some continue.
- ◆ However, there is a lot of information suggesting that this behaviour is increasing. Thus students in high school now are far more likely to engage in SI than 20 years ago, or even five years ago.
- ◆ The reason for this is unclear although media attention and the awareness of this behaviour is thought to contribute to the increase.

II. SI Essentials

Who engages in SI?

- ◆ SI is beginning earlier and earlier, students in elementary schools are engaging in SI.
- ◆ SI used to be largely limited to psychiatric populations and largely a female behaviour (except in prisons). Now in the community, while females still engage in SI more than males, anywhere from 25%-50% of adolescent self-injurers are male! (Best, 2004; Laye-Gindhu & Schonert-Reichl, 2005; Ross & Heath, 2002)
- ◆ In clinical samples it has been found that those who SI were far more likely to have childhood sexual abuse or trauma, this is not as clear in school samples. Adolescents in the schools who SI may or MAY NOT have a poor family history!
- ◆ In all settings, people who SI have been found to have great difficulty with feeling and expressing their emotions (termed emotion regulation).

II. SI Essentials

Why do students SI?

- ◆ **Maladaptive coping:**
 - To manage overwhelming emotions, to reduce tension. Tension may be due from unmanageable anger, anxiety, often unnamed emotion
- OR**
- To bring yourself back to yourself- end a dissociative state

Statements by individuals' who SI

- ◆ As soon as I cut, it was like all the anger was let out and I felt so much better.
- ◆ After cutting arms or legs, all the tension leaves my body and I can go to sleep.
- ◆ People who self-injure are human beings. We aren't abnormal, we aren't freaks, we don't corrupt people and try to turn them to self-injury. We just have a different way of handling things because we've never learned another way.
- ◆ I hurt myself to cope with the overwhelming stress and frustration I feel because of my inability to express myself outwardly in an effective manner. I am afraid that if I let the pain out, I will hurt others. For now, this is the only way I can cope with this feeling. If there is one thing you can do to help me, it would be to understand this, to listen when I do try to express myself, and to gently encourage me to express my feelings in a healthy manner so that one day I will no longer rely on self-injury to cope with my feelings.
- ◆ Self-injury is NOT a suicide attempt. It is a way of making emotional pain into something physical that you can see and control.
- ◆ That it is not attention seeking behavior and how shameful it feels. Most of the people I am aware of who self-injure hide their behavior and are afraid to talk about it. There are even some who are afraid to seek medical care because of the shame involved.

III. Practice Recommendations

◆ How do I identify a student who SI?

- Students will frequently "tell" on another student.
- Students will sometimes write something about someone who SI.
- You may see the cuts on the arm or leg.

III. Practice Recommendations

How to identify SI

- ◆ **When is it SI and when is it a suicide attempt?**
 - Individuals who cut to attempt suicide do not feel better after the cutting.
 - Certain methods suggest suicide attempt: Firearm, suffocation (hanging), poisoning (overdose, carbon monoxide), fall/jump, drowning
 - In adolescents only .4% of suicides occur due to cutting and 99.9% of those .4% are from cutting the neck
 - So cutting arm and legs RARELY means suicide.

III. Practice Recommendations

What to do and not to do with students who SI

- ◆ **Do not** minimize or say it is "for attention" or "it's a fad". SI is a sign of a serious difficulty in coping.
- ◆ **Do** be very calm and matter of fact when a student is telling you about it.
- ◆ **Do not** permit discussion of exactly what they do.
- ◆ **Do not** assume that it is an indication of childhood abuse or psychiatric illness.
- ◆ **Do** have discussions in private
- ◆ **Do not** allow a class discussion of SI, nor a school wide discussion, SI is contagious. EX. The Globe and Mail
- ◆ **Do** limit any material or discussion to understanding that it suggests an inability to cope and a need to seek help.
- ◆ **Do** refer to the designated mental health professional in your school (guidance or social worker or psychologist).

III. Practice Recommendations

What are my legal responsibilities?

1. Ultimately this is a mental health issue and needs to be referred... but how fast?
2. When the SI first becomes apparent you should try to determine the degree of distress (suicide risk?). Talk to them, does the SI help reduce tension? Have they thought of killing themselves? Do they have a plan/ is it feasible?
3. Usually with SI you will NOT find a suicide risk, in which case you can refer at leisure with the student's knowledge if not consent.
4. If suicide risk is present then you cannot refer at leisure but immediate. In the event that your mental health professional is not on site you must personally ensure through another designated person or yourself that this student is evaluated by a mental health professional- if need be you take them to emergency.
5. It is not your responsibility to contact parents.

III. Practice Recommendations

What should my school do to handle SI?

- ◆ **School protocol**
 - Distribute handout and discuss

IV. Concluding Discussion

- ◆ Self-injury in adolescents is increasing.
- ◆ Frequently no one knows - it is secretive.
- ◆ BUT they are in need of help to learn more adaptive coping skills.
- ◆ Understanding and help can make a huge difference, we need to be more open to this increasing behaviour.

What do you think most people need to know about SI?

Rachael: Well, I suppose any book that would portray an intelligent background into self-injury would help take away the "stigma" that people often feel towards any issue that they do not fully understand. To be more specific, I guess I have often wished in the material that I have read that they had gone more into detail in to the productive lives that many self-injurers lead: to make it clear that many self-injurers have very productive lives and yet have coping skills such as self-injury to make it through the day.

