

**Some Basic Features of a School Protocol
to
Manage Self-Injury and Prevent Contagion**

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A. Staff Training

1. This protocol can only be implemented with adequate advance training of school staff.
2. Staff is trained regarding the forms of direct and indirect self-harm and how to recognize a thorough assessment.
3. Staff is trained to understand how self-injury and suicidal behavior are markedly different in terms of 9 characteristics.

B. Responding to Self-injury in Individual Students

1. School administration identifies point persons to be contacted when self-destructive behavior surfaces within the school. Point persons are usually guidance counselors, social workers, and/ or school nurses.
2. Staff refers all students with self-destructive behavior or plans to the designated point persons. Point persons assess whether the behavior should be considered suicidal behavior, other life-threatening behavior, or “common, low lethality self-injury.”
3. If the behavior or plan is deemed to be suicidal or otherwise life-threatening, emergency procedures are followed.
4. If the behavior is deemed to be common self-injury, the point person calls the student’s parent while the student is present.
5. The point person explains that he/ she has learned the child has self-injured and explains that the behavior is cause for concern but not usually about suicide.
6. The point person requests that the parent follow up immediately with outpatient counseling for the child and family. The point person provides the parent the specific names and contact information for therapists where possible.
7. The point person requests that the parent call back to confirm that the outpatient appointment has been made.
8. If the parent does not call back, the point person re-contacts the parent and requests that the outpatient referral be pursued.
9. If after repeated requests the parent fails to act, mandated reporting for neglect or abuse must be considered.
10. The point person generally stays in periodic contact with the parent to monitor progress.
11. In some cases, the point person obtains consent from parent and child to communicate with the outpatient clinician.

C. Responding to Self-Injury Contagion Among Groups of Students

1. Point persons should assess if multiple students are triggering the behavior in each other.
2. Contagion may be due at least the following influences
 - a. Limited communication skills
 - Desire for acknowledgement
 - Desire to punish
 - b. Desire to change the behavior of others
 - Desire to produce withdrawal
 - Desire to coerce
 - c. Response to caregivers, family members or significant others
 - Competition for caregiver resources
 - Anticipation of aversive consequences
 - d. Other Peer Group Influences
 - Direct modeling influences
 - Disinhibition
 - Competition
 - The role of peer hierarchies
 - Desire for group cohesiveness
 - e. Electronic media contagion influences: websites, chat rooms, television, movies, music videos
 - f. Pseudo-Contagion Episodes

D. Strategies for Managing and Preventing Contagion

1. Point persons identify the primary high status peer models.
2. Use of a contagion map or sociogram can be helpful.
3. Point persons explain to peer models that they are hurting their peers by communicating about self-injury to others. Self-injurers are encouraged to talk with the point persons, family, and therapists, but not to peers about self-injury as such talk is “triggering.”
4. Students are asked not to appear in school with visible wounds or scars as these visible reminders are also very triggering.
5. Point persons involve parents when necessary to alter the behaviors of communication or wound exhibition.
6. Some students may need to have extra sets of clothing in school to cover wounds or scars.
7. In rare cases, students may have to be dealt with disciplinarily such as when one student provides a razor to another or encourages another to “try self-injury.”

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