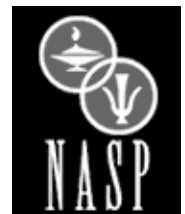




Self-injury: Critical Issues

Dr. Scott Poland
Crisis Coordinator

NOVA Southeastern University
spoland@nova.edu

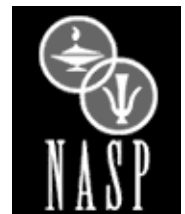




Self-injurious Students:

Challenges to School Site Crisis Teams

- Overwhelming numbers of referrals
- Low risk suicide assessment
- Behaviors appear contagious





Common Myths of SI

- **Myth #1. *Self-mutilators use this behavior to manipulate other people.***
- **Myth #2. *Self-mutilation is synonymous with suicide.***
- **Myth #3. *Self-mutilators are dangerous and will probably harm others.***
- **Myth #4. *Self-mutilators just want attention.***

-
- Adapted from: Froeschle & Moyer (2004). Just cut it out: Legal and ethical challenges in counseling students who self-mutilate. *Professional School Counseling*, April, 2004.





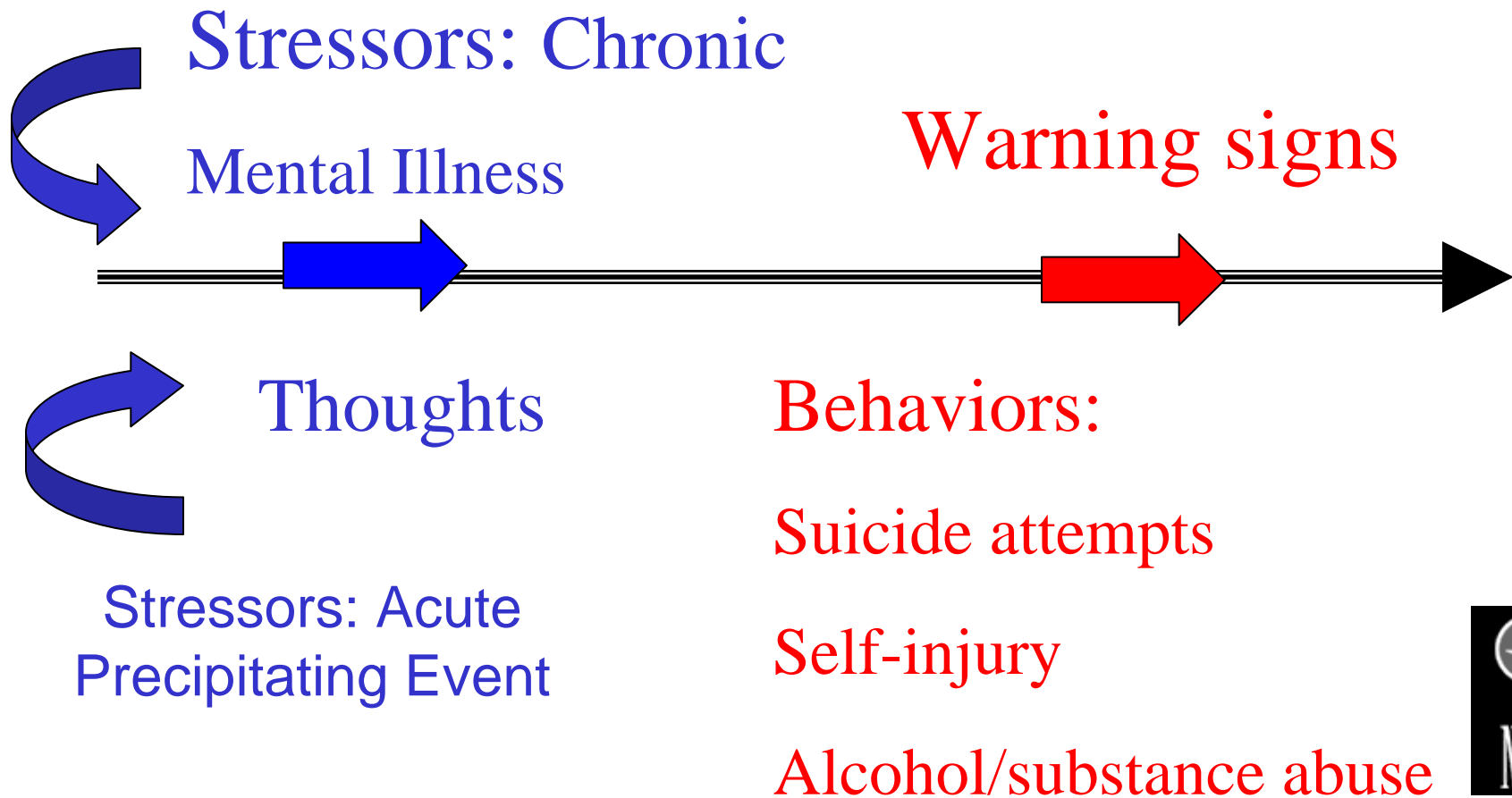
Suicide vs. Self-injury

- Suicide----want to end all feelings
 - Precipitating event
 - One method
 - Give advance warning
 - Pain unendurable-persistent
 - Less frequent
 - Assess for suicide risk
 - Use No Harm contract
 - Notification of parent essential
 - Referral
- Self Mutilation---want to feel better
 - Precipitating event
 - Multiple methods
 - Rarely give warning
 - Pain uncomfortable-intermittent
 - Repeat behavior
 - Assess for suicide risk
 - Use No Harm contract
 - Controversy parent notification
 - Referral





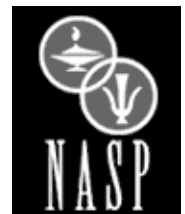
Continuum of Self-destructive Behavior





Choking Game

- There were at least 40 deaths attributed to this game in the United States during 2006 (Dylan Blake Foundation).
- Medical Examiners have historically been quick to label suffocation deaths as suicides.
- Suffocation overtook gunshot in 2005 as the number one way 10-24 year old females take their own lives (CDC, 2004).
- Accidental Asphyxiation





Choking Game

- Average age of participation ranges from 9-14 years of age.
- Evidence indicates that participation in this activity ranges from age seven-late twenties.
- Behavior more common among white middle class boys
- More prevalent in youth not demonstrating other risk behaviors



Key Points

- Most youth learn about the game at school
- Should not be referred to as a game
- Adolescents attracted to it for thrill seeking
- It is not illegal like drugs
- Parental supervision is important
- Schools and communities need to provide safe outlets for adventure and thrill seeking

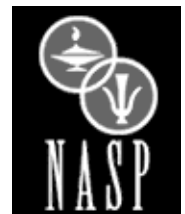




Choking Game

Also known as:

- Suffocation Roulette
- Fainting Game
- Space Monkey
- Pass-out Game
- Flatliner
- Space Cowboy
- Cloud Nine
- Blackout Game
- Choking Game
- Air planing
- Breath play
- California high
- Choke out
- Dream game
- Funky chicken
- Gasp
- Hawaiian high
- Rising sun

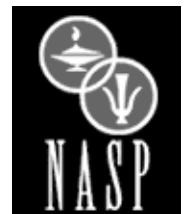




Choking Game

- **Definition:** “The object is to cut off blood flow to the carotid artery causing the player to nearly or completely pass out, then releasing the pressure allowing the rush of blood back into the brain causing a lightheaded feeling resembling a quick high.” (Games Adolescents Shouldn’t Play)
www.gaspinfo.com

- **Method:** Manual manipulation or hanging.





Choking Game

Potential Consequences:

- Headaches
- Seizures
- Brain damage
- Retinal damage
- Stroke
- Physical disfigurement
- Lifelong Disabilities
- Death



Choking Game

Warning Signs:

- Frequent complaints of headaches.
- Bruises, abrasions, burns or scabs on the neck.
- Blood shot eyes
- Flushed face
- Changes in personality; agitation, aggression
- Presence of strap, rope or belt without reason



Definitions

- Inclusion of other Self-Injurious Behaviors (SIB)
- Distinguish from ritual tattooing, branding and piercing
- Not related to cognitive impairment





Definitions

Repetitive Self-mutilation Syndrome (RSM)

***RSM** is recurrent failure to resist impulses to harm one's body physically without conscious suicidal intent.*

Bodies Under Siege Self-mutilation and Body Modification in Culture and Psychiatry

Armando R. Favazza, M.D.
Hopkins University Press
Baltimore/London

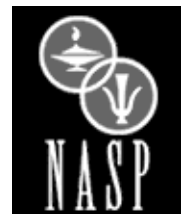




Classifications:

Moderate/Superficial Self injury

- Most common: skin cutting, burning
 - Compulsive: Hair pulling, scratching.
 - Episodic: Rapid respite from distressing thoughts/emotions/tension; regain sense of self control.
 - Repetitive: Addiction to self harm.





Self-injury and Mental Illness

Repetitive self injury can be associated with many disorders: No single cause exists.

- Borderline personality disorder
- Depression: Major, Dysthymia, Bi-polar
- Post traumatic stress disorder
- Dissociative disorders
- Eating disorders





Self-injury and Mental Illness

Environmental factors

- Trauma
- Exposure to family violence
- Exposure through sibling, peer, media
- Invalidating child rearing environments
- History of alcoholism, mental illness or suicide in family





Self-injury and Mental Illness

Environmental factors

- Having a sibling who engages in SM
- Perfectionist tendencies/dissatisfaction with body
- Early history of hospitalization/surgery
- Inability to tolerate and express emotions
- Onset linked to stressful situations (argument with peers/parents; fear of abandonment; loss of romance; academic/disciplinary crisis; bullying; rejection of human connection)





Self injury and Mental Illness

- Impulse disorders:
Episodic/gratifying
 - Alcohol & substance abuse
 - Suicide attempts
 - Eating disorders
 - Repetitive self-mutilation





Cut to feel more Cut to feel less *What Do Kids Report?*

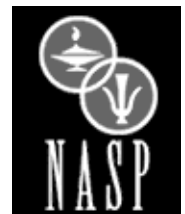
- Want to feel concrete pain when psychological pain is overwhelming
- Reduces numbness
- Keeps trauma from intruding
- It is safer than alcohol
- Gets attention of others
- Discharges my anger and despair
- Gain a sense of control
- A way to punish myself





Excerpts from Cutter's Poem

- “Turn up the music and set the mood
- Once is never enough
- Quivering with anticipation
- Watch it the drop spills over and runs down my arm
- Crimson orgasm---you seduce me every time Mr. Knife”
- Sight of blood flow is central to experience





SI: *Prevalence & Onset*

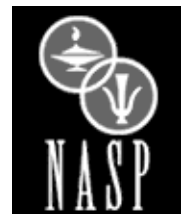
- Onset: late childhood-early adolescence
- Rates higher in adolescence: approximately 13%
- As high as 17% in college aged students and majority know someone who engages in SI
- Rates higher in females
- Behaviors may become chronic and persist for 5-10 yrs. or longer if left untreated.
- MA. 2007 YRBSS found 19% high school students engaged in SI in last year





Phenomenology

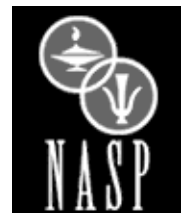
- Isolation
 - Engages in SM in isolation
 - Masks behaviors and injury with clothes
 - Having friends that are not friends with each other places at greater risk
- Alpha teens





Phenomenology

- Contagion
 - Teens at height of imitative behavior. “Rite” of togetherness
 - Exposure to SM and parasuicidal behavior raises risk in youth
 - May spread among peer groups, grade levels, clubs
 - Modeling, disinhibition and competition are factors
- Monitoring personal reactions
 - Caregiver’s emotional responses to SM
 - Caregiver responses to student
 - Recognize limitations





Prevention

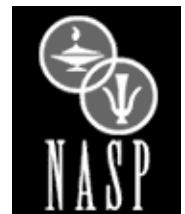
- Protective factors
 - Connectedness; access to mental health; spiritual life; stable families
- Crisis preparation
 - Crisis teams; referral procedures; updating local resources (DCFS)
- Training
 - Psycho-education: Raise awareness
- Primary prevention programs
 - Depression screening; alcohol and substance abuse; bullying prevention





Signs of Self-injury

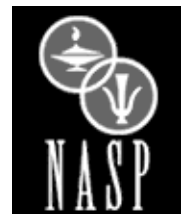
- Frequent or unexplained bruises, scars, cuts, or burns.
- Consistent, inappropriate use of clothing designed to conceal wounds (often found on the arms, thighs, abdomen)
- Secretive behaviors, spending unusual amounts of time in the student bathroom or isolated areas on campus.
- General signs of depression, social-emotional isolation and disconnectedness





Signs of Self-injury

- Substance abuse
- Possession of sharp implements (razor blades, shards of glass, thumb tacks, clips)
- Evidence of self-injury in work samples, journals, art projects
- Risk taking behaviors such as gun play, sexual acting out, jumping from high places or running into traffic.

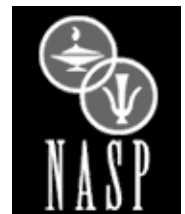




New Breed (Walsh 2006)

- Normal attitude towards body image without hatred/alienation
- Onset ages 11 or 12 use single method
- 2 to 1 female wide range backgrounds
- No history of psychiatric treatment
- More receptive to treatment

Treating Self-injury: A Practical Guide by Barent Walsh
Guilford Press, 2006

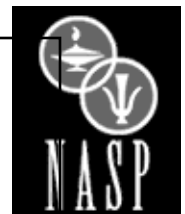




Responding to students who self-mutilate: Suggestions for school mental health staff

- Dispel myths:
 - SI is a complex bio-psychosocial phenomenon distinct and separate from suicide.
 - Biological, psychological and environmental factors combine to produce the behavior and must be addressed to eliminate the behavior.
- Counseling can be effective when focusing on reducing the environmental factors that trigger SI.
- Avoid effusive sympathy or judgment.

Lieberman, R. & Poland, S. (2006). Self-mutilation. In G. Bear & K. Minke, Children's needs III. Bethesda, MD: National Association of School Psychologists.





Responding to students who self injure: Suggestions for school mental health staff

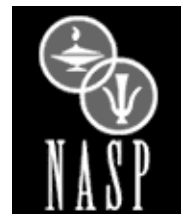
- Limit contagion
 - Health educators should reconsider the classroom presentation of certain books, popular movies, and music videos that glamorize such behaviors and instead seek appropriate messages in the work of popular artists.
 - Divide students who are referred for a group rite of passage and have each assessed and responded to individually. 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. This 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.
 - 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. Respond individually but try to identify friends who engage in SI.
 - Monitor the internet chat and websites





Responding to students who self injure: Suggestions for school mental health staff

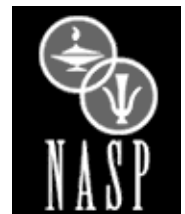
- Limit contagion
 - SI should not be discussed in detail in school newspapers or other student venues. This can serve as a “trigger” for individuals who SI.
 - Those who SI should be discouraged from revealing their scars because of issues of contagion. This should be discussed and explained and enforced.
 - 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.
 - Educators must refrain from school wide communications in the form of general assemblies or intercom announcements that address self-injury. Respond individually but try to identify friends who engage in SI.





Responding to students who self-mutilate: Suggestions for school mental health staff

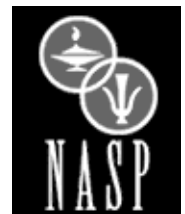
- Assess for suicide risk
- Warn and involve parents
- Utilize school/community resources. Tighten the circle of care
- Do not discourage self harm
- Do not rush to “contract for safety” but identify caring adults at school and appropriate replacement skills.
- Do teach substitute behaviors that focus on communication skill building (journaling), reduction of tension (exercise) and limit isolation





Scenario for Teacher

- You have noticed one of your students who has never worn a short sleeve shirt has a bandaged wrist on several occasions
- What should you do?





Case Situation

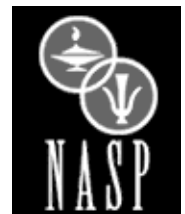
- A teacher has referred a 13 year old girl to you for self mutilation concerns
- The girl readily admits to you that following an argument at home she cut her arm last night to feel better and shows you the bandages.
- You are the counselor-- what do you do as she begs you not to tell her parents?





Another Scenario

- Another student has been referred to the counselor for depression and anxiety.
- The 13 year old admits to cutting in the past and shows you an old scar and states that she doesn't do it anymore.
- What do you do?





Lawsuit over Notification

- Coulter Vs. W.Township
- Issues
- Student deposition/insight into factors
- Parent deposition
- Counselor deposition





Responding to Students who Self-Mutilate

Tips for Parents: DO

- ✓ Accept your child even though you do not accept his/her behavior.
- ✓ Let your child know you love him/her.
- ✓ Understand that this is your child's way of coping.
- ✓ Make your home a safe place by removing anything that could be used as a tool for self-injury.
- ✓ Encourage participation in extracurricular activities and outreach in the community (e.g. volunteering with animals, nursing homes, tutoring or mentoring)
- ✓ Reach out to the school and tighten the circle of care.





Responding to Students who Self-Mutilate

Tips for Parents: DON'T

- ✓ Discourage self-injury, threaten hospitalization, use punishment or negative consequences.
- ✓ Overreact, say or do anything to cause guilt or shame and never publicly humiliate your child.
- ✓ Forbid your child to see friends but monitor who he/she does see. Contact other parents.
- ✓ Overprotect or blame yourself for your child's behavior.

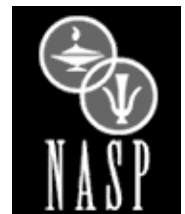




Responding to Students who Self-Mutilate

Tips for Teachers: DO

- ✓ Connect with compassion, calm and caring.
- ✓ Understand that this is his/her way of coping with pain.
- ✓ Refer and offer to go with the student to your school counselor, psychologist, social worker or nurse.
- ✓ Encourage participation in extracurricular activities and outreach in the community (e.g. volunteering with animals, nursing homes, tutoring or mentoring)
- ✓ Discover the student's strengths





Responding to Students who Self-Mutilate Tips for Teachers: DON'T

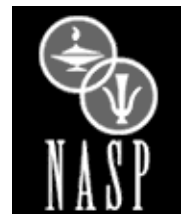
- ✓ Discourage self-injury, threaten hospitalization, use punishment or negative consequences.
- ✓ Act shocked, overreact, say or do anything to cause guilt or shame.
- ✓ Never publicly humiliate the student or talk about their SI in front of class or peers.
- ✓ Agree to hold SI behavior confidential.
- ✓ Make deals in an effort to stop SI.
- ✓ Make promises you can't keep.





Treatment Goals

- If a client struggles with self injury a host of other issues clamor for attention- R. Connors
- Encourage communication about past and present issues
- Develop help seeking behaviors and communication skills
- Focus on improving quality of their life and diminishing SI

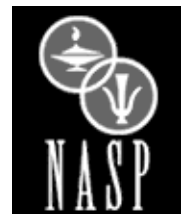




Responding to Students who Self-Mutilate

Intervention: Tension Release

- Get active: Exercise
- Stress management techniques
 - Relaxation, Yoga, breathing, meditation, visualization, martial arts, Tai Chi
- Alternative therapies include art and play therapy





Responding to Students who Self-Mutilate

Intervention: Substitute behaviors

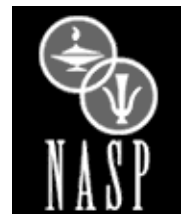
- Rubber bands
 - Holding books out at arms length
 - Standing on tip toes
 - Substitute ice or magic marker for sharp implement
- ❖ **Parent permission!**





Strategies Students Suggest

- Carry safe stuff---stress relievers
- Find something to do –keep brain & hands busy
- Journaling (Trigger log)
- Collage work
- Call friend----suck on hot candy
- Advocacy, reach out to others
- Pets





More Suggestions

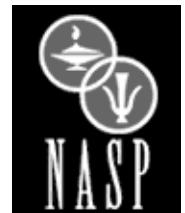
- Get sensory input---aromatherapy, lip balm or lotions
- Scribble with red crayon on arm or paper
- Brush skin with toothbrush
- Get exercise---carry skates with me
- Make a list of surroundings and details for reality check





Additional Suggestions

- Tear paper
- Use play-dough
- Brush teeth and hair
- Squeeze stress balls
- Scribble on paper
- Take hot shower
- Scratch clothes





Counselor Responses

Helpful

- Matter of fact
- Low key but compassionate
- Respectful curiosity
- Encourage parents to focus on stress child is experiencing

Non-helpful

- Isolating SM from person's history
- Hospitalization
- Setting requirement that client not self injure (i.e. to be in therapy)
- Responding with horror and disapproval





Brown University Research 2005

- Strong link between RSM and sexual at-risk behavior
- Cautions not to view depression as only cause for cutting
- Inability to manage emotions may lead to at risk sexual behaviors
- Study found some kids do it to be cool and 25% share cutting instruments and show scars as battles won





Treatments

- Biological
- Cognitive Behavioral Therapy
- Dialectical Behavior Therapy

*“There is no single, correct
therapeutic approach.
Prevention is key.”*

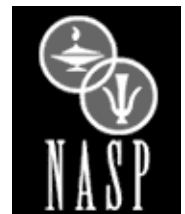
Favazza





Treatments: Biological

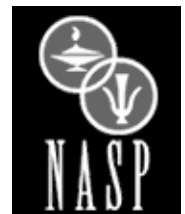
- Serotonin (SSRIs)
 - Prozac, Paxil, Zoloft
 - Preferred treatment for depression and anxiety disorders.
 - Primarily affect on impulsivity/compulsivity
- FDA advisory





Treatments: Cognitive Behavioral Therapy

- Connection between thoughts and behaviors
 - Facilitated by directing attention away from environment and towards thoughts
 - Replace negative perceptions with focus on positive qualities.





Treatments: Dialectical Behavioral Therapy

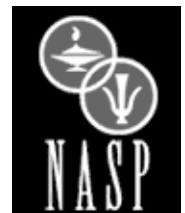
- Pioneered by Marsha Linehan in work with Borderline personality disorder
- Combination of individual, group and skills training
- Hierarchical structure of treatment goals
- Success in reducing parasuicidal, SM behaviors as well as reducing behaviors that interfere with therapy





Treatments: Dialectical Behavioral Therapy

- “Mindfulness” skills
 - Awareness and insight
- “Emotion Regulation” skills
 - Decreasing emotional suffering
 - Opposite Action: reducing impulsive behavior
- “Distress Tolerance” skills
 - Crisis survival strategies
- “Interpersonal Effectiveness” skills
 - Improving relationships and social supports





Responding to Students who Self-Mutilate References:

- **Lieberman, R. & Poland, S. (2006).** Understanding and responding to students who self-mutilate. In G. Bear & K. Minke, Children's needs III. Bethesda, MD: National Association of School Psychologists.
- **Lieberman, R. (2004).** Understanding and responding to students who self-mutilate. National Association of Secondary School Principals: *Principal Leadership* 4(7) 10-13.
- **Bowman & Randall (2004).** See My Pain: Creative strategies and activities for helping young people who self- injure. Chapin: SC Youthlight, Inc.
- **nasponline.org**





Web Sites and Books

- Selfharm.org
- Self-abuse.com
- Palacenet/llama/psych/injury.html
- *The Scarred Soul* by Tracy Alderman
- *A Bright Red Scream* by Marilee Strong

