

SELF-INJURIOUS BEHAVIOR: RECOMMENDATIONS FOR TEACHERS AND SCHOOL PSYCHOLOGISTS

1. Be aware of potential warning signs of self-injurious behavior. These warning signs may include:

- Fresh or healing wounds or scars (particularly if the wounds appear in a precise, repetitive, or unusual pattern)
- Refusal to participate in activities where the student must change their clothing in front of other students; i.e., changing for gym class
- Blood or burn stains on the inside of clothing
- Repetitively wearing long sleeves or pants, even in warm weather
- Leaving class to go to the restroom for long periods of time
- Becoming defensive when questioned about wounds or scars

2. Know which types of self-injury are most common; be aware of what to look for and where. Cutting is by far the most common form of self-injury. Other types include burning, pinching, scratching, self-hitting, and interference with wound healing. The arms and wrists are the most commonly injured areas, followed by the legs, abdomen, chest, head, and genitals. These injuries will often occur in areas of the body that can easily be hidden, which may make detection of self-injury difficult.

3. Be aware of the demographics of self-injury; recognize which students are at greatest risk for this behavior. These behaviors generally begin in middle adolescence, with freshman year of high school being the average age of onset for self-injurious behavior. Girls appear to be more likely to engage in this behavior than boys.

4. Try to determine what purpose the self injurious behavior serves. Use a Functional Behavior Assessment to do so. Common functions are self-stimulation, communication, escape/avoidance from negative stimuli and to get attention. Self-injury may also function as a method of managing or releasing tensions and emotion. Examine: Who was present? What happened before, during and after the behavior? When did it happen? Where did it happen? Closely examine both the antecedents and consequences of the behavior.

5. Encourage the student to express emotions in more positive ways. Studies report that up to 90% of individuals who engage in self-injurious behavior have difficulty with emotional expression or have been discouraged from displaying emotion. Help the student create a feeling vocabulary bank and encourage him or her to describe their feelings before, during, and after the self-harming act.

6. Look into the possibility of other serious problems in the student's life. Self-injury is often associated with other serious problems. Around 50% of people who self-injure

experienced physical or sexual abuse as a child. Self-injury is also often related to the presence of an eating disorder. **Where appropriate, assess presence of depression, suicidal ideation, social support, family history and recent stressors. Report the self-injurious behavior if the behavior is doing serious harm, (if you do not have the resources or ability to help the child), or you suspect suicide.**

7. Modify the student's physical environment, when appropriate. Items to be changed include setting, lighting, smells and sounds, especially if they influence the occurrence of the behavior.

8. Give the child structure, consistency and predictability in all environments in which they function.

9. Recognize that states of arousal can influence self injurious behavior. Under-arousal can lead to self-stimulation. Increasing activity level may be helpful. Over-arousal can be due to frustration or stress and can be addressed through relaxation techniques, scripting, and removal from high-arousal situations.

10. Validate the student's emotions. Self-injury often occurs in response to distressing feelings; let the student know that you understand he or she is dealing with difficult emotions and that those emotions are valid and justified.

11. Let the student know that he or she is not alone. Approximately 1% of the population in the United States engages in self-injurious behavior. Furthermore, recent surveys have shown that approximately 13% of adolescents have self-injured.

12. Teach the child replacement behaviors that will serve the same function. Help them come up with ways to manage their unpleasant moods by discovering positively pleasurable activities than can be controlled.

13. Do not display discomfort from, or judgment of, the student. Instead, establish a level of connectedness by offering to listen to the student's feelings.

14. Focus on the child's feelings and motives instead of the wound itself. Do not force the student to show you his or her cuts, burns, or other marks of self-injury, unless you believe the injuries are serious and that it is absolutely necessary to do so.

15. Do not make a contract with the student in an attempt to force them to stop the behavior. Recognize that self-injury may continue even while the student is receiving treatment.

16. Consider the use of medication if there is little to no relationship between physical or social environment and self-injurious behavior. Drug treatment or changes in diet can reduce the problem behavior. Refer to physician or psychiatrist.

- 17. Be aware that sporadic self-injury can represent the presence of illness or pain.** Some people who have self-injurious behavior are unable to communicate that they are in pain. Medical exams can eliminate the pain and cause of the behavior or rule out illness or pain as the function of the behavior.
- 18. Where appropriate, teach functional communication skills and auditory integration training (AIT) to improve hearing and processing.** Some children struggle with receptive or expressive language and the inability to communicate may cause him/her to self-injure.
- 19. Emphasize the use of positive techniques to teach or increase behavior,** such as positive reinforcement, shaping, and modeling. Use aversive intervention (i.e. punishment) judiciously. Be consistent when using any intervention.
- 20. Be available for the student; let them know that they can come to you for help or to talk.**
- 21. Maintain a safe environment.** Prevent opportunities for physical harm.
- 22. Allow the student to leave the classroom if they begin to feel overwhelmed or excessively anxious.**
- 23. Educate parents, teachers and students about self-injurious behavior.** Information should be general and should be tailored towards seeking help from a trusted adult. Stress to students to tell an adult if they think a friend is performing acts of self-harm. Filter websites at home and school which may negatively reinforce the behavior through communication with other individuals that self-harm
- 24. Refer to a specialist if you do not have the resources or ability to help the child.**
- 25. Where appropriate, use physical restraint,** doing so judiciously, ethically, and following local guidelines.

Resources:

Alderman, T. (1998) Self-Inflicted Violence: Helping Those Who Hurt Themselves.
<http://www.selfhelpmagazine.com/articles/depress/violence.html>

Allen, C. (1995). Helping with deliberate self-harm: Some practical guidelines. *Journal of Mental Health, 4*, 243-248.

Craigien, L.M., Foster, V.
<http://counselingoutfitters.com/vistas/vistas05/Vistas05.art66.pdf>

Edelson, Stephen M. (2004). Understanding and Treating Self-Injurious Behavior.
www.autism.org

Ferentz, L.R. (2002). Understanding self-injurious behavior. Performance Resource Press. http://www.prponline.net/School/SAJ/Articles/understanding_self_injurious_behavior.htm

Horner, R.H., Carr, E.G., Strain, P.S., Todd, A.W. & Reed, H.K. (2002) Problem Behavior Interventions for Young Children with Autism: A Research Synthesis. *Journal of Autism and Developmental Disorders*, 32(5), 423-446.

Kress, V.E.W., Gibson, D.M. & Reynolds, C.A. (2004). Adolescents Who Self-Injure: Implications and Strategies for School Counselors. *Professional School Counseling*, 7(3), 195-201.

Lieberman, R. (2004). Understanding and responding to students who self-mutilate. <http://nasponline.org/resources/principals/Self-Mutilation%20March%2004.pdf>

<http://self-injury.net>

<http://www.focusas.com/selfinjury.html>

http://www.naspcenter.org/principals/nasp_mutil.pdf

<http://www.selfinjury.com>

<http://www.nmha.org/infoctr/factsheets/selfinjury.cfm>

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