

School Response to Non-Suicidal Self-Injury

By Jessica R. Toste, M.A., and Nancy L. Heath, Ph.D.

Non-suicidal self-injury (NSSI) has been referred to as a new epidemic among youth, with an alarming number of adolescents reporting that they have intentionally cut, scratched, hit, or burned their skin. NSSI is defined as the deliberate self-inflicted damage to body tissue without conscious suicidal intent, and does not include culturally sanctioned or socially normative practices, such as body piercings or tattoos (Favazza, 1996). Current prevalence estimates of NSSI among middle and high school students range from 15% to 20%, and some studies reporting rates of up to 39%. Through retrospective reports, we have a clear indication that the typical age of onset for self-injury occurs during middle school, roughly age 12 to 15 years (Nixon & Heath, 2009; Nock, 2009).

Unfortunately, many teachers report negative attitudes toward NSSI, including feelings of horror or repulsion. These negative reactions or misconceptions can be detrimental to the quality of support and treatment provided to youth who engage in NSSI (Best, 2006; Heath, Toste, & Beettam, 2006; Roberts-Dobie & Donatelle, 2007). Even though school-based professionals are increasingly encountering NSSI in the schools, they feel that they lack general information about NSSI and how to deal with this behavior. This article seeks to address this need by providing the reader with essential information for both school personnel and systems-level response to NSSI.

IMPORTANT ISSUES FOR SCHOOL PERSONNEL

Warning Signs

The ability of school personnel to recognize when an adolescent is engaging in NSSI is a critical element in providing an appropriate response and effective support. However, recent surveys of various school personnel (i.e., teachers, counselors, school psychologists) have revealed that these professionals feel that they are lacking information about NSSI in general, and specifically about how to identify students who may be engaging in NSSI (e.g., Heath et al., 2006; Roberts-Dobie & Donatelle, 2007). Aside from clear warning signs, such as observing physical evidence of NSSI in frequent or unexplained bruises, scars, or new cuts or burns, it can be difficult to identify youth who engage in NSSI if they choose not to disclose. Nevertheless, there are a few relatively simple warning signs. Students may (a) continually wear long sleeves or bulky clothing when not appropriate (e.g., sweaters in hot weather), (b) refuse to be involved in activities that involve revealing skin or to change for Physical Education, or (c) show evidence of self-injury and/or emotional distress in their creative writing, journals, or art projects (Nixon & Heath, 2009; Walsh, 2006).

One of the most significant hurdles to effective identification of NSSI in the schools is a lack of awareness and knowledge about the behavior. The majority of school personnel underestimate the prevalence of NSSI, believing that students rarely engage in this behavior or that it occurs only amongst a small number of students who have significant problems. Teachers, administrators, and school mental health professionals (e.g., psychologists, counselors, social workers) should recognize the high rate of occurrence for NSSI in youth and that the behavior extends beyond certain groups of students. That is to say, NSSI does not occur only among certain social cliques like "emos" or "goths." Identification is critical as NSSI is often an indication of more serious difficulties with coping. Any adolescent who engages in self-injury requires attention.

Disclosure and Initial Response

Following identification of NSSI or disclosure by the student, school-based professionals must understand how to respond

effectively. Initial response to disclosure will play a critical role in an adolescent's future help-seeking behavior. School personnel have reported that it is difficult to restrain their first reactions to NSSI; it is common to experience horror, repulsion, fear, sadness, and helplessness (Best, 2006). For many adults, the act of repeatedly cutting, burning, or otherwise causing damage to one's own body seems incomprehensible. However, it is necessary for school personnel to monitor themselves to ensure that negative reactions are not being expressed if a student discloses NSSI. Providing professional development within the schools will help to familiarize all staff about this behavior, the functions it serves, and also understand the personal stories of youth who struggle with self-injury. General guidelines for initial response are presented in Box 4.1.

Additionally, it is important for school mental health professionals to honestly acknowledge their own level of comfort in working with students who engage in NSSI. An alternate plan of immediate referral to an identified colleague should be in place in case an individual does not feel comfortable or fully informed about the behavior.

Primary Assessment and Effective Referral

Following the initial response to identification or disclosure, a school mental health professional should meet with the student for a primary assessment that focuses on determining immediate risk, as well as intervention planning and/or referral. Basic steps for primary assessment of risk are provided in Box 4.2. This assessment must consider risk for suicide, physical injury, and the presence of other co-occurring risk factors. While this information

Box 4.1

Initial Response to Students Engaging in NSSI

→ DO

- Try to approach the student in a calm and caring way
- Accept him/her even though you may not accept the behavior
- Let the student know that there are people who care about him/her
- Understand that this is a way of coping with the pain that he/she feels inside
- Use the student's language for NSSI
- Show a respectful willingness to listen
- Have a non-judgmental compassion for their experience

→ DON'T

- Be overly reactive as this could alienate students and damage the developing alliance
- Respond with panic, revulsion, shock, or averted gaze
- Try to stop the behavior with threats or ultimatums
- Show excessive interest in the self-injurious behavior
- Permit the student to relive the experiences of NSSI in detail, as this can be triggering
- Talk about their NSSI in front of the class or around peers
- Tell the student that you won't tell anyone if he/she shares their NSSI with you (you may be required to break confidentiality based on school protocol and/or mandatory reporting)

seeks to determine risk level status, it is important to acknowledge that there is no simple formula for differentiating whether a youth is high or low risk. However, if there is increased risk for suicide or physical injury, or if there are significant mental health concerns, then the risk level status of the student increases.

Despite the extensive list of factors that may contribute to an adolescent who self-injures being considered "high risk," many remain in the low risk category. These low risk youth may have mild levels of depression, anxiety, negative body image, or self-derogation that are not severe enough to reach clinical levels. Furthermore, many students who engage in NSSI appear to be functioning extremely well academically and socially, and have caring home environments. Nevertheless, engaging in NSSI (even if only a few times) signals a need to understand the function of this behavior for the student and to help the student explore more adaptive coping strategies (Nixon & Heath, 2009). Follow-up is important for all youth who engage in NSSI as their level of risk may change over time.

The majority of school personnel underestimate the prevalence of NSSI.

If a youth is considered at low or moderate risk, the school mental health professional may elect to continue with a more complete assessment and intervention planning, if circumstances permit. In the event that time constraints or other considerations make school intervention unrealistic, it is advisable to have a referral list prepared in advance, with the contact information for practitioners in the area who have experience working with youth who engage in NSSI. If a youth is determined to be "high risk," an immediate referral should be made to the appropriate emergency mental health services through community or hospital resources.

In summary, although school mental health professionals may be qualified to intervene with youth who engage in NSSI, their role should focus on primary assessment of risk, appropriate referral based on this assessment, as well as providing support to the student.

SYSTEM-LEVEL ISSUES

School-Wide Prevention Strategies

Currently, there are no evidence-based prevention programs for NSSI; although two programs exist for use within the schools. The first is the "Signs of Self-Injury" prevention program developed by Mental Health Screening (www.mentalhealthscreening.org) that is designed to help students recognize signs of distress in themselves or their peers. The second program was developed by S.A.F.E. Alternatives (www.selfinjury.com) and provides information for school-based professionals working with youth who engage in NSSI. While these programs have been developed in collaboration with world renowned clinicians in the field of NSSI and have considerable face validity, evidence has yet to be collected examining their effectiveness.

The development and evaluation of effective NSSI prevention programs remains an area for future research; although, there exists a wealth of information related to "best practices" for school-based professionals looking to develop, evaluate, or implement a prevention program for use in their schools (e.g., Durlak, 1997). Specifically, a prevention program must be drawn from research and theory on factors contributing to a behavior. It needs to be socially and culturally relevant to the target group, and the most effective programs are delivered across multiple contexts (i.e., individual, family, school, and community). All aspects of a prevention program should focus on the same skills targeted

Box 4.2

Assessing Level of Risk for Students Who Engage in NSSI

→ Suicide Risk Assessment

Youth should be immediately considered *high risk* if they show indications of:

- Suicide intent
- Suicide plan
- History of personal attempt or family/friend suicide

→ Injury Risk Assessment

- Determine the level or severity of physical injury
- Despite not meeting criteria for suicide risk, the level of severity of NSSI may indicate that the youth is at a higher risk for severe physical injury or death

→ Assessment of Co-Occurring Conditions

- Can be complex and require a lot of time and expertise, but presence of co-occurring conditions can increase risk severity
- Screening measures can be helpful for related conditions
 - ◆ Anxiety and/or depression
 - ◆ Borderline Personality Disorder
 - ◆ Trauma or abuse
 - ◆ Eating disorder
 - ◆ Substance abuse

Based on the above information, assess risk:

High Risk

- Any associated suicide risk
- Severity of NSSI is high
- Co-occurring mental health issues or related conditions

If risk is high, refer to emergency mental health services. Note that individuals who work with children and adolescents are legally mandated to report suspected child abuse.

Low Risk

- No suicidality
- NSSI is relatively superficial
- No co-occurring mental health issues or only mild

If risk is low, continue with intervention but re-assess periodically. In particular, changes in life situation can create circumstances where an adolescent who self-injures becomes a suicide risk.

in effective treatments for the behavior. Finally, they should be intensive enough to effect change and target multiple behaviors.

For prevention of NSSI, these directives would suggest that programs should focus on associated risk factors of this behavior, such as emotion dysregulation, communication, and self-derogation (Klonsky, 2007; Muehlenkamp, 2006). Therefore, school prevention programs should focus on providing support and training to youth in emotion regulation and stress management. Mindfulness, distress tolerance, and enhancing emotional intelligence have been found to be effective in helping youth cope with difficult emotions (Lantieri, 2008), although no research has been done to evaluate the effectiveness of these approaches directly in the area of NSSI.

Contagion Management

A serious concern within the school setting is the possibility of contagion or spread of NSSI amongst the students. Social contagion of NSSI has been defined as a series of events beginning with an individual engaging in NSSI, who is subsequently imitated by others (Walsh, 2006). There appear to be multiple avenues for the spread of NSSI in this manner. Adolescents report having first heard about NSSI through a friend, entertainment media (television and film), Web sites or discussion boards, school newspaper articles, or even from discussions in health class. Most commonly, it is through communication between peers about the behavior. In response to these findings, it has been traditionally recommended that there should be no open discussion about NSSI in the schools. However, it is becoming increasingly clear that adolescents do not maintain this reticence; many are discussing NSSI with their friends, there are hundreds of Internet sites, and thousands of videos on the topic "self-injury" on YouTube (some with over 200,000 views).

If contagion occurs with exposure to the behavior, we are not solving the issue by reducing discussions because youth are being regularly exposed to information about NSSI. In addition, research findings indicate that only a small percentage of youth ever tell a trusted adult about their NSSI (e.g., Heath, Ross, Toste, Charlebois, & Nedecheva, 2009). In essence, it is becoming necessary for adults with knowledge and training in NSSI to get involved in this youth "conversation" in order to provide information, resources, and support.

The following cautious approach is recommended for discussing NSSI in the schools. First, all references to NSSI should be contextualized and self-injury should be noted as one of many maladaptive coping behaviors of youth. For example, in health class or during workshops, information can be shared that high school students are reporting increasing levels of difficulty with overwhelming emotions—they feel they have intolerable levels of stress, anxiety, anger, and/or depression. This can lead into a discussion regarding maladaptive coping strategies that youth employ in an attempt to manage these emotions—alcohol and/or substance abuse, unhealthy eating behaviors (e.g., restriction or binging/purging), self-injury (e.g., cutting, scratching, or burning), and other risk-taking behaviors (e.g., getting into fights, driving recklessly). Students should be encouraged to seek support if they, or their friends, are engaging in these types of behaviors.



It is necessary for school personnel to monitor themselves to ensure that negative reactions are not being expressed if a student discloses NSSI.

Second, students should be encouraged to speak to identified professionals within the school and be assured that they understand these kinds of overwhelming emotional difficulties and maladaptive strategies. Many adolescents who are secretive about their NSSI believe that the school personnel or trusted adults would be shocked or repulsed if they found out about the behavior. Demonstrating awareness that this is a fairly common maladaptive coping strategy can serve to make help seeking less intimidating (Nixon & Heath, 2009).

The final consideration regarding contagion issues is that school-based professionals must be aware that some materials and discussion topics or content may serve as a trigger for NSSI. It is important that NSSI is discussed within the broader context of understanding the underlying functions or purpose of the behavior; as such, students should not be sharing explicit or detailed information about the act of self-injury. Further, revealing scars or showing self-injury related images (e.g., photos of scars, wounds, blood, or tools) should never be permitted within these discussions or group settings.

It is important for schools to have clear guidelines and policies in the form of an NSSI response protocol.

School Response Protocol

The process of responding to NSSI within the school setting is critical to ensuring appropriate interventions and treatment for youth who engage in this behavior. The effectiveness of this process may have long-reaching consequences and, as such, it is important for schools to have clear guidelines and policies in the form of an NSSI response protocol. A response protocol documents the school's local procedures for dealing with incidents or reports of NSSI; it should be developed and agreed upon by all administrators, teachers, and school mental health or health professionals. This collaborative approach, in addition to school personnel's knowledge and understanding of the NSSI response protocol, is essential to the successful implementation of the protocol.

Although school response protocols will differ by region and school, there are some central issues that must be addressed¹. There should be a clear procedure laid out to inform school personnel of when they should report a student suspected of self-injuring, and to whom. Further, the roles of each member of the school personnel team must be understood (e.g., To what extent is the school administration involved with students who engage in NSSI? When is the student referred to the school mental health professional?). There should be policies in place to guide primary assessment and indicate when a student must be referred to outside mental health services.

Parent Contact

Parent contact remains a controversial issue amongst school-based professionals. It is critical that the policy regarding parental notification is decided at the local level and outlined in the school response protocol. Contacting parents about this issue is something that must be done with patience and open-mindedness, as well as an understanding of NSSI and related behaviors. Following a primary assessment, the school mental health professional must contact parents if the adolescent is deemed to be at serious risk to him/herself or others. However, if the assessment suggests low risk for suicide and no serious mental health concerns, then NSSI may not require parental contact (keeping in mind that the student should receive a follow-up assessment to ensure that his or her risk

¹ Sample school response protocols have been described by Nixon & Heath (2009) and Walsh (2006).

level has not changed). If the parents are already aware that their child is engaging in NSSI or if the adolescent is willing to discuss it with them, it can be helpful for the school-based professional to open the lines of communication so that the student has additional support within the home environment.

CONCLUDING COMMENTS

School-based professionals are being faced with the challenge of responding to students who engage in NSSI, and managing issues related to this behavior that arise within the school setting. The research findings in this area are slowly being translated into best practice guidelines; however, school personnel feel overwhelmed and ill-equipped to respond to this worrisome behavior. This article focused on the management of NSSI within the schools, including critical information for the personnel who will be responding to students who self-injure and for policy development to manage issues related to NSSI at the school-level. Teachers, administrators, and school mental health professionals will become better able to

support students when clear guidelines for appropriate and effective response to NSSI are established and maintained within the school. Most importantly, school-based professionals must demonstrate awareness, understanding, and compassion in order to open the doors to communication with students who struggle with NSSI and provide opportunities for them to access support.



Jessica Toste



Nancy Heath

Jessica R. Toste, M.A., is completing her Ph.D. in Human Development in the Department of Educational and Counselling Psychology at McGill University. Her research interests focus on resilience factors related to school success and social-emotional functioning of youth at-risk. She can be reached at jessica.toste@mail.mcgill.ca

Nancy L. Heath, Ph.D., is a James McGill Professor in the Department of Educational and Counselling Psychology at McGill University. Her research program explores adaptive functioning in youth at-risk; with her most recent work focusing on non-suicidal self-injury in the schools.

Copyright © 2010, Integrated Research Services, Inc.

References

- Best, R. (2006). Deliberate self-harm in adolescents: A challenge for schools. *British Journal of Guidance and Counselling, 34*, 161-175.
- Durlak, J.A. (1997). *Successful Prevention Programs for Children and Adolescents*. New York, NY: Plenum Press.
- Favazza, A.R. (1996). *Bodies Under Siege: Self-mutilation and Body Modification in Culture and Psychiatry*. London: The John Hopkins University Press.
- Heath, N.L., Ross, S., Toste, J.R., Charlebois, A., & Nedecheva, T. (2009). Retrospective analysis of social factors and non-suicidal self-injury among young adults. *Canadian Journal of Behavioural Science, 41*, 180-186.
- Heath, N.L., Toste, J.R., & Beettam, E. (2006). "I am not well-equipped": High school teachers' perceptions of self-injury. *Canadian Journal of School Psychology, 21*, 73-92.
- Klonsky, E.D. (2007). The functions of deliberate self-injury: A review of the empirical evidence. *Clinical Psychology Review, 27*, 226-239.
- Lantieri, L. (2008). *Building Emotional Intelligence: Techniques to Cultivate Inner Strength in Children*. Boulder, CO: Sounds True.
- Muehlenkamp, J.J. (2006). Empirically supported treatments and general therapy guidelines for non-suicidal self-injury. *Journal of Mental Health Counseling, 28*, 166-185.
- Nixon, M.K., & Heath, N.L. (2009). *Self-Injury in Youth: The Essential Guide to Assessment and Intervention*. New York, NY: Routledge Press.
- Nock, M.K. (2009). *Understanding Nonsuicidal Self-Injury: Origins, Assessment, and Treatment*. Washington, DC: American Psychological Association.
- Roberts-Doble, S., & Donatelle, R.J. (2007). School counselors and student self-injury. *Journal of School Health, 77*, 257-264.
- Walsh, B. (2006). *Treating Self-Injury: A Practical Guide*. New York, NY: Guilford Press.