

Maryland School Mental Health Alliance*

Self-Injurious Behavior in Children and Adolescents Information for School Clinicians

Definition

Students who exhibit self-injurious behavior perform deliberate and repetitive acts of injuring their own body as a way to cope with overwhelming feelings and thoughts. Some forms of self-injurious behavior include cutting, carving, scratching, burning, branding, biting, bruising, hitting, and picking and pulling skin and hair. Self-injury is a serious illness that is often accompanied by other mental health conditions like Depression, Post-Traumatic Stress Disorder, Obsessive Compulsive Disorder, or Anorexia Nervosa.

Why do we care?

- Students who exhibit self-injurious behavior have the inability to verbally communicate their feelings with others.
- Students who exhibit self-injurious behavior are more likely to engage in other types of risky behavior, such as substance or alcohol abuse.
- Students who exhibit self-injurious behavior are more likely to isolate themselves from classmates.

What can we do about it?

- **Confirm Diagnosis with a thorough evaluation**
 - Self Harm Behavior Questionnaire
http://www.leanline.com/doi/pdf/10.1207/S15327752JPA7703_08
 - Self Harm Inventory
<http://www3.interscience.wiley.com/cgi-bin/fulltext/75632/PDFSTART>
 - Identify co-morbid disorders
 - Self-harm behavior can be a symptom of several psychiatric illnesses: Personality Disorders (esp. Borderline Personality Disorder); Bipolar Disorder (Manic-Depression); Major Depression; Anxiety Disorders (esp. Obsessive-Compulsive Disorder); as well as psychoses such as Schizophrenia
- **Once diagnosed a comprehensive approach can be taken**
 - School mental health personnel should coordinate with a student's private clinician and parents on appropriate interventions and responses, depending on the course of treatment
 - The best approach is one that is low key and individually focused to prevent imitative behaviors.
- **Specific Clinical Strategies include:**
 - Identify the underlying cause of their pain and help them develop alternative coping and communication skills that will build their self-esteem and create a sense of connectedness.
 - Choosing the best treatment for that student/child
http://www.helpguide.org/mental/self_injury.htm#treatment
 - Effective treatment of self-injury is most often a combination of medication, cognitive/behavioral therapy, and interpersonal therapy, supplemented by other treatment services as needed.
- **Educate teachers and other school staff about the signs of self-injurious behaviors.** Students who participate in self-injurious activities may wear long sleeves regardless of warm weather in an effort to conceal their injuries. Signs of aggression, repressed anger, emotional numbness, or

emotional pain in class work or in interactions with teachers or peers may also be exhibited by students who self-injure.

- **Train all staff members to respond appropriately.** Staff members must inform someone once the student's behavior has been identified and is deemed to be harmful. Educate school staff in the process of reporting their behavior to the appropriate adult(s), and encourage them to assure a student that notification is not to punish but to help them.
- **Use caution when educating students.** Emphasize self-injury as a mental health problem that can be treated. Educate students about the signs of emotional stress and risk behaviors, alternative coping strategies, and adults within the school who are trained to help troubled students. Avoid descriptions of why or how students hurt themselves because of their potentially suggestive effect.
- **Collaborate with the student's private clinician and parents on appropriate interventions and responses, depending on the course of treatment.** By coordinating with the student's private clinician and parents, alternative coping mechanisms and the implementation of appropriate interventions can be reinforced. (Coping mechanisms may include building better communication skills and teaching coping strategies such as exercise programs, relaxation, meditation, imagery, and art therapy.)

Key Resources

American Academy of Child and Adolescent Psychiatry. (1999). *Facts for Families No. 73: Self-Injury in Adolescents*.

<http://www.aacap.org/publications/factsfam/73.htm>

Brown, M. *The Behavioral Treatment of Self- Mutilation*.

<http://lists.w3.org/Archives/Public/www-amaya/2001JanMar/att-0235/01-DBT.html>

Ferentz, Lisa R. (2002). *Understanding Self-Injurious Behavior*

http://www.prponline.net/School/SAJ/Articles/understanding_self_injurious_behavior.htm

Research Facts and Findings: http://www.actforyouth.net/documents/fACTS_Aug04.pdf

Royal College of Psychiatrists. (2004). *Mental Health and Growing Up Factsheet No.26: Deliberate self-harm in young people*. <http://www.rcpsych.ac.uk>

Santa Mina, E (2005). *The Self- Injury Questionnaire: evaluation of the psychometric properties in a clinical evaluation*. <http://www.blackwell-synergy.com/doi/pdf/10.1111/j.1365-2850.2006.00944.x>

Helpful Links

- National Association of School Psychologists
www.nasponline.org/resources/principals/Self-Mutilation%20March%2004.pdf
- National Mental Health Association Fact Sheets:
<http://www.mentalhealthamerica.net/go/information/get-info/self-injury>
- S.A.F.E. Alternatives (Self-Abuse Finally Ends): <http://www.selfinjury.com>
- Focus Adolescent Services: Self- Injury: <http://www.focusas.com/SelfInjury.html>

*Developed by the Center for School Mental Health (<http://csmh.umaryland.edu>) in collaboration with the Maryland School Mental Health Alliance.