

Los Angeles County Youth Suicide Prevention Project

INTERVENING WITH SELF-INJURIOUS YOUTH*

GENERAL INTERVENTIONS FOR CRISIS TEAMS

- Dispel myths:

Self-injury (SI) is a complex bio-psychosocial phenomenon, separate and distinct from suicide. Cognitive, affective, behavioral, biological, psychological, and environmental factors combine to produce the behavior and must be addressed in any treatment plan. Counseling can be effective when focused on reducing the cognitive thoughts and environmental factors that trigger SI.

- Crisis preparedness:

Educate and train staff in warning signs of SI. Develop referral procedures and resources at your school site. You may also work with your Local County Office of Education to get updated mental health resources.

PROCEDURES FOR SCHOOL MENTAL HEALTH PERSONNEL

- Assess for suicide risk. While students who self-injure are generally low risk for suicide, they often have complex mental health histories.
- Warn and involve parents if active wounds appear or student assesses at any risk level for suicide.

*Adapted from: Lieberman, R., Toste, J.R., & Heath, N.L. (2008). Prevention and intervention in the schools. In M.K. Nixon & N. Heath (Eds.), *Self injury in youth: The essential guide to assessment and intervention*. New York, NY: Routledge.

LA COUNTY RESOURCE
877.7.CRISIS or 877.727.4747
Suicide Prevention Center

<http://preventsuicide.lacoe.edu>

NATIONAL RESOURCE
800.273.TALK (8255)
National Suicide Prevention
Lifeline

Los Angeles County

Youth Suicide Prevention Project

- Utilize school and community resources. Tighten the circle of care by obtaining appropriate signed releases of information.
- Document all actions.
- Encourage appropriate coping and problem-solving skills, do not discourage self-harm.
- Identify caring adults at school and appropriate replacement skills utilizing safety plans.
- Teach substitute positive behaviors (e.g. rubber bands, ice), communication skill building (journaling, help-seeking behavior), reduction of tension (exercise/stress management), limiting isolation, regulation of emotions, and distress tolerance.

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, and abdomen).
- Secretive behaviors, such as spending unusual amounts of time in the student bathroom or isolated areas on campus.
- Bruises on the neck, headaches, and red eyes; ropes, clothing, and belts tied in knots (signs of the “Choking Game”).

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- General signs of depression, social-emotional isolation and disconnectedness.
- Possession of sharp implements (razor blades, shards of glass, thumb tacks, clips).
- Evidence of self-injury in work samples, journals, art projects, and social media posts.
- Risk-taking behaviors such as gun play, sexual acting out, jumping from high places, or running into traffic.

SUGGESTIONS FOR SCHOOL PERSONNEL: DO

- Connect with compassion, calm, and caring.
- Understand that this is the student's 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.

SUGGESTIONS FOR SCHOOL PERSONNEL: DON'T

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- Discourage self-injury, threaten hospitalization, use punishment, or negative consequences.
- Act shocked, overreact, or say or do anything to cause guilt or shame.
- Publicly humiliate the student or talk about their SI in front of class or peers.
- Agree to hold SI behavior confidential.
- Make deals or promises you can't keep in an effort to stop SI.

SUGGESTIONS FOR SCHOOL PERSONNEL TO LIMIT CONTAGION

- SI behaviors are imitated and can spread across grade levels, schools/campuses, clubs, and peer groups.
- Each student should be assessed and triaged individually. If the activity involves a group "rite of togetherness," the peer group should be identified and each student interviewed separately. 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. The "alpha" 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.
- Respond individually but try to identify friends who engage in SI.

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- 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.
- 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.
- Monitor the internet chat, social media posts, and websites.
- SI should not be discussed in detail in school newspapers or other student venues. This can serve as a trigger for individuals who self-injure.
- Those who self-injure should be discouraged from revealing their scars because of issues of contagion. This should be discussed, explained, and enforced.
- Educators must refrain from school-wide communications in the form of general assemblies or intercom announcements that address SI.
- In general, the designated staff person should be clear with the student that although the facts 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.
- Prepare a re-entry plan. All students returning from mental health hospitalization should have a re-entry meeting where parents, school, and community mental health personnel make appropriate follow-up plans.

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