

Self-Injury: What Schools Can Do

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One of the more baffling and upsetting behavior problems that health care providers and educators encounter is self-injury. The difficulties that this problem causes are numerous. Schools are faced with reports of self-injury that disrupt the school day and the ability of other students affected by self-injury to concentrate on their classes. Parents wonder what they should do about it. When is it a problem? What are the appropriate steps to take when a child self-injures? Here are some ideas about how you might approach the issue:

What is self-injury?

It is the deliberate nonfatal act of injuring one's body. It is rarely suicidal in intent. Self-injurious behavior is varied. Most commonly, it entails an individual deliberately cutting or burning skin. People use a number of different kinds of instruments: car cigarette lighters, curling irons, razor blades, pins, knives, pop tops, broken glass. Other people may put stinging chemicals in their eyes or drink poisonous chemicals in small amounts not lethal enough to cause death. Still other might bruise themselves with hammers or bang their head.

What are the causes of self-injury?

Psychotic thought processes—although uncommon, some individuals harm themselves because they are having hallucinations which are directing them to do so. It is important to ask *why* someone self-injured.

- ❖ Stereotyped behavior such as head-banging –autistic and severely cognitively disabled individuals engage in this type of behavior. A behavior management program can often eliminate the behavior, as well as protective head gear.
- ❖ Impulsivity/poor judgment—often, self-injury occurs when an individual with poor control of impulses is in a situation that is upsetting. Some incidents of self-injury are so grave that there is evidence of very poor judgment. An assessment will determine how great a problem impulsivity or poor judgment is.
- ❖ Peer influences –adolescents, in particular, are vulnerable to the power of peer suggestion. Some groups of teens will experiment with carving the names of their boyfriends in their skin like tattoos. It can give an immature person the sense that their love involves some poetic-type sacrifice.
- ❖ Inappropriate release of emotional pain - by far the majority of individuals report that the reason they self-injure is to achieve temporary relief from emotional pain that they do not have the means to diminish in other ways. The act of injuring the body diverts attention and focus away from distressing thoughts. If the wounds are superficial, the diversion is shorter. If the wound are more serious, the diversion is more lengthy. The problem with this is that self-injury can become a rigid habit that prevents people from learning and developing their emotional resilience. Also, over time, people report that their pain threshold increases, leading them to self-injure more severely to achieve the level of distraction they think they require.
- ❖ Message to others that a person is in crisis—some individuals do not have the means to assertively address their needs. Some people who feel strong levels of depression and/or anxiety do not know how to express this to their loved ones. Still others have tried, but were ignored. Some might call this type of self-injury manipulative. There is disagreement in the mental health field on how to

frame this type of self-injury. However, many teens and adults receive services *because* they self-injured. The issue highlighted the need for mental health services. From this vantage point, self-injury can be seen as a useful tool to alert parents and loved ones to a serious problem.

Self-injury is, by definition, not a suicide attempt. However, some individuals will try to convince others that a failed suicide attempt was only “self-injury.” That is why it is necessary to have a trained professional determine the nature of the injury.

When is self-injury a problem?

Self-injury is always a problem to be addressed. Usually, if the wounds are superficial and not life-threatening, it is useful to address it by pursuing evaluation by a mental health professional. This person can determine if there is suicidal intent, how severe the problem is and what might be causing the behavior. Obviously, severe self-injury should be attended to at an ER or outpatient clinic. Timely referral to a mental health professional can serve to interrupt the problem before it becomes a harmful habit or before the individual becomes hopeless about getting help.

What are helpful ways to react to self-injury?

A calm reaction on the part of a parent or other adult is always essential. This can be difficult when one is trying to squelch shock and distress. Express concern, but it is best not to *demand* that the injury stop. Your honest concern provides a helpful dose of reality. Try not to label the person or the behavior in a negative way, using words such as “sick” or “disgusting”. It is helpful to label the behavior as a sign that further outside help or someone to talk to might be useful next steps.

Example: “I am worried about you and wonder if you don’t need to talk with a professional about your self-injury.”

Then offer to help make that happen.

Example: “How can I help you in seeing someone professional?”

Compassion, not judgment, will help the person take a more honest look at this problem. Therapy will seek to help the individual form his/her own judgment of the problem. Try to reign in any guilt feelings you may have about the person self-injuring. An upsetting conversation or relationship does not *cause* self-injury. Otherwise, everyone would be doing it.

How does psychotherapy help with self-injury?

A mental health professional will help to evaluate when and how self-injury is occurring, frequency, severity and other related features of the problem. Once a clear understanding of the problem is reached, most professionals will devise with the person a plan for eliminating self-injury. Usually, this includes a personalized list of alternatives to self-injury that a person may use when emotionally upset. This can help the person develop a greater tolerance for emotional distress. Family members may need support and education as well during treatment. The mental health professional that is working with you can make recommendations about seeking collateral help.

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