LOS ANGELES COUNTY
YOUTH SUICIDE PREVENTION PROJECT

General Guidelines for Administrators
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/train staff in warning signs of self-injury.
  - Develop referrals procedures and resources at your school site. You may also work with your Local District Organization Facilitator 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.
- Utilize school/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 No Harm Agreements.
- Teach substitute positive behaviors (i.e. 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, abdomen)
- Secretive behaviors, spending unusual amounts of time in the student bathroom or isolated areas on campus.
- Bruises on the neck, headaches, red eyes, ropes/clothing/belts tied in knots (signs of the “Choking Game”).
- General signs of depression, social-emotional isolation and disconnectedness
- Possession of sharp implements (razor blades, shards of glass, thumb tacks, clips)

*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
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- Evidence of self-injury in work samples, journals, art projects
- 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 his/her 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

- Discourage self-injury; threaten hospitalization, use punishment or negative consequences.
- Act shocked, overreact, 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 behaviours 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.
- 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 behaviours and instead seek appropriate messages in the work of popular artists.
- Monitor the internet chat 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 SI.

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- Those who SI should be discouraged from revealing their scars because of issues of contagion. This should be discussed and explained and enforced.
- Educators must refrain from school wide communications in the form of general assemblies or intercom announcements that address self-injury.
- In general, designated person should be clear with the student that although the fact 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.
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- 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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