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Self-injury and the school counselor

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Self-injury and the school counselor

Abstract

Self-injury is an issue that has increasingly attracted the attention of school counselors in recent years. School counselors have daily contact with students and are thus an important resource for working with adolescents who self-injure. This paper provides an overview of self-injury including demographics and risk factors, followed by ethical considerations for school counselors such as confidentiality, professional competence, and referral. The school counselor's role is addressed, providing suggestions for assessment, prevention, and interventions for use with students who self-injure.

SELF-INJURY AND THE SCHOOL COUNSELOR

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Self-injury is an issue that has increasingly attracted the attention of school counselors in recent years. School counselors have daily contact with students and are thus an important resource for working with adolescents who self-injure. This paper provides an overview of self-injury including demographics and risk factors, followed by ethical considerations for school counselors such as confidentiality, professional competence, and referral. The school counselor's role is addressed, providing suggestions for assessment, prevention, and interventions for use with students who self-injure.

School counselors are responsible for assisting students with a variety of issues on a day-to-day basis. Many of these issues are constantly changing and new issues arise, compelling school counselors to continuously educate themselves. One issue that has recently been gaining attention from school counselors and other school personnel is that of self-injury. Since self-injury generally begins in adolescence (Reece, 2005; White, Trepal-Wollenzier, & Nolan, 2002; White Kress, 2003; Froeschle & Moyer, 2004; Malon & Berardi, 1987, White Kress, Gibson, & Reynolds, 2004; Ross & Heath, 2002), school counselors are in a position to have a significant impact on the phenomenon.

While statistics on self-injury are varied and difficult to obtain given the number of unreported cases and the shame associated with the behavior, many researchers report the increasing need to address the issue. Dunkle (as cited in Froeschle & Moyer, 2004) estimates that 700 of every 100,000 Americans engage in self-harm and Lloyd (as cited in Froeschle & Moyer, 2004) found that 39% of high school students surveyed had self-injured at least once within a year. Other estimates state that self-injury occurs within 4-5% of the population regardless of age (Lader, 2006; White Kress, Drouhard, and Costin, 2006) and Strong (1998) estimates that at least two million Americans self-injure on a regular basis. Ross & Heath (as cited in White Kress, Gibson, & Reynolds, 2004) noted that 13% of adolescents in one study had self-injured. While these research estimates do not agree on just how many individuals self-injure, there is a lack of empirical research on the topic providing current estimates. However, estimates do indicate that self-injury is an issue that deserves the increased attention it is getting.

Due to the fact that self-injury often begins in adolescence, the incidence of self-injury is on the rise, and that school counselors have daily contact with adolescents, school

counselors are one of the best resources for addressing self-injury. This paper will first address the definition of self-injury as well as myths that school counselors can address while educating school personnel and administrators and advocating for students. Risk factors such as child abuse and family problems, personality traits, and peer influence will be introduced to indicate how school counselors can look for signs of self-injury. This paper will also address ethical considerations and responsibilities for school counselors such as maintaining confidentiality and level of professional competence. Finally, this paper will present the school counselor's role in self-injury. Information on assessment, prevention, small groups, interventions, developing healthy coping strategies, and an overview of the S.A.F.E. Alternatives program (Conterio & Lader, 1998) will be discussed to give school counselors more tools for working with students who self-injure.

Overview

Definition

Research on the topic of self-injury offers an array of different definitions and terminology. Some researchers use the terms self-harm (Turp, 2003), self-mutilation (Stanley, Gameroff, Michalsen, & Mann, 2001), or cutting (Reece, 2005). Cutting is not always accurate, as there are many other methods used to self-injure. Throughout this paper, the term self-injury will be used. Turp (2003) defines self-injury as injury resulting from unavoidable harm to the self which elicits a strong emotional response. Conterio and Lader (1998) define self-injury as deliberate mutilation of the body as a way of managing emotions but without the intent to commit suicide. White, Trepal-Wollenzier, and Nolan (2002) define self-injury as an act to harm the body without the intention to die as a result. These definitions differ slightly in their wording, but there is

one important piece of information in each that must be given attention: that the behavior is not intended to be lethal. This paper will use a combination of the above definitions of self-injury. For the purposes of this paper, self-injury is defined as an intentional act of harming oneself not with suicidal intent but to manage painful emotions.

Types of self-injury

There are many different ways that individuals self-injure. Some of the most common means of self-injury include, but are not limited to cutting, scratching, branding, carving, self-hitting, burning, biting, hair-pulling, and picking at skin or scabs to interfere with healing (White Kress, Drouhard, & Costin, 2006; White, McCormick, and Kelly, 2003; Rayner, Allen, & Johnson, 2005; Stanley, Gameroff, Michalsen, & Mann, 2001; Walsh, 2006; Conterio & Lader, 1998). Other means of self-injury used less frequently include breaking bones, chewing lips, tongue, or fingers, ingesting sharp objects or toxic substances, facial skinning, removal of eyes, and amputation of limbs, digits, breasts, or genitals (Conterio & Lader, 1998). It is not uncommon for individuals who self-injure to use a number of the methods listed above as well as a variety of tools, such as razors, nails, sharp glass, the sharp edge of a pie plate, anything with a flame or a sharp edge (Conterio & Lader, 1998; McCormick, 2000). As Conterio and Lader (1998) stated, family and friends of self-injurers are surprised by the self-injurers' resourcefulness in turning ordinary items into weapons of self-injury. Self-injury is typically performed on arms, wrists, or legs (White Kress, Drouhard, & Costin, 2006) but can also be done on breasts, thighs, stomach, or other areas not likely to be seen.

Reasons for Self-Injuring

Many reasons for self-injury have been identified, and Wegscheider Hyman (1999) listed twenty-five reasons. Some of the most common reasons individuals self-injure are feeling too much, the inability to feel emotional pain, to see visible signs of invisible pain, wanting to feel something, inability to regulate emotions, lack of coping skills, to release tension, and to see blood. These reasons for self-injury are often difficult for those who have never self-injured to understand, but they make perfect sense to a self-injurer. There may be many reasons why one individual self-injurers, and reasons will vary from person to person.

Gender Differences

There is little evidence as to whether gender plays a major role in self-injury or even why. However, some researchers report statistics showing higher instances of self-injury for females than for males. Ross and Heath (as cited in Walsh, 2006) reported a study of 440 adolescents of which 13% had self-injured, and 64% of those who self-injured were female. According to Herpertz (as cited in White Kress, Gibson, & Reynolds, 2004), most studies indicate that the majority of hospitalized patients who self-injure are female. However, Briere and Gil (as cited in White Kress, Gibson, & Reynolds, 2004) conducted a study that found no gender differences among individuals who self-injure. More research is needed to determine what, if any, gender differences exist with regard to self-injury.

Myths and Stereotypes

One of the major tasks facing school counselors is that of sifting through information about self-injury to find the truths and the myths. Many people are misinformed about

self-injury, including parents, school personnel, and even students. School counselors will need to educate staff, parents, and students about self-injury to dispel myths while advocating for students who self-injure. One common myth about self-injury is that the intent of the behavior is to gain attention from others. However, according to Froeschle and Moyer (2004), most individuals who self-injure do so in private and are often ashamed of their scars and injuries. The behavior is not something individuals want to share. Self-injurers go to great lengths to keep others from finding out, often wearing long sleeves even in warm weather to hide their injuries and scars. Another common myth about self-injury is that the behavior indicates that an individual is suicidal (Froeschle & Moyer, 2004). Self-injury is meant to mask or control emotional pain using physical pain but the individual does not intend to die. While the behavior may seem dangerous considering the risk of accidentally cutting too deep or developing an infection from the wound, self-injurers do not have lethal intent. Another myth is that if a person is willing to harm oneself, then that person may also harm others. Again, self-harm is a private act most often performed in private. The behavior is aimed at controlling emotional response through physical pain and is not violence toward others (Froeschle and Moyer, 2004).

While some people think that self-injury is used to manipulate others, Froeschle and Moyer (2004) explain that individuals who self-injure go out of their way to hide the self-injurious behavior and rarely use the behavior to manipulate others. School counselors must take care to correct the mistaken assumptions about self-injury of others immediately to prevent the spread of inaccurate information. One final myth about self-injury is that body piercing and tattooing are forms of self-injury (Walsh, 2006). In

reality, these forms of body art are a popular trend among young people. Parents and other adults should not assume that an adolescent is self-injuring solely based on the fact that he or she becomes interested in tattoos and body piercings.

Precipitants and Characteristics

Child Abuse

While there may be many reasons why individuals self-injure, one precipitant to self-injury often noted by researchers is past abuse or trauma (Hyman, 1999; Conterio & Lader, 1998; Strong, 1998; White Kress, Gibson, & Reynolds, 2004; Solomon & Farrand, 1996; Haines & Williams, 2003; Kam-shing Yip, 2006; White, Trepal-Wollenzier, & Nolan, 2002). Individuals use self-injury as a coping mechanism for the difficult emotions resulting from past abuse or trauma (Rayner, Allen, & Johnson, 2005). While many note past abuse or trauma as a cause of self-injury, school counselors are cautioned not to assume that a student who self-injures has been abused. Favazza (as cited in Turp, 2003) expressed concern that therapists and counselors who could not find reason for a client's self-injury assumed abuse was the cause. Incorrect assumptions about self-injury could stand in the way of treatment. Therefore, school counselors are encouraged to be aware of possible reasons for self-injury while avoiding judgment and unnecessary assumptions about students.

According to Froeschle and Moyer (2004), adolescents who self-harm are likely to also have eating disorders, to abuse drugs and alcohol, and to have above average intelligence. Kehrberg (as cited in Froeschle and Moyer, 2004) found that the most common events leading and individual to self-injure are a recent loss or death, failure of some sort, a rejection, peer conflict, impulse disorder, or intimacy problems. Other risk

factors include observing family violence, romantic breakup, depression, or having a family member who self-injures (Froeschle and Moyer, 2004).

Characteristics

There are a number of ways a school counselor might identify a student who self-injures. While school staff, parents, and other students may refer a self-injuring student, school counselors need to be aware of what to look for themselves. According to Conterio and Lader (1998), self-injurers may have low impulse control, fear change, have difficulty maintaining stable relationships, history of personal or family illness, difficulty caring for oneself, low self-esteem with a need for acceptance from others, child abuse or trauma, and rigid thinking. School counselors should be aware that it is unlikely that a student will exhibit all of these characteristics at once, and some may not exhibit any. These adolescents may have few friends, and rely upon themselves since accepting help from others may be difficult for them (Froeschle and Moyer, 2004). Physical signs of self-injury include wearing long sleeves in warm weather and visible injuries or scars.

Peer Influence

Adolescence is a time when risk-taking behaviors are tried out and peers have a great deal of influence on one's choices and behaviors (Papalia, Olds, and Feldman, 2007). School counselors should be aware that students will often try out self-injury because their friends self-injure, only to find that it is too physically painful for them. These students who try self-injury once and never do it again have the necessary coping strategies their friends do not. Walsh (2006) found that adolescents are usually introduced to self-injury by a friend and then quickly come to rely on self-injury to manage and reduce emotional pain.

While peer influence may send some adolescents down the path toward self-injury, Walsh (2006) also emphasized the positive impact of peer influence. For instance, if a small group of peers stops self-injuring, an individual may give up self-injury as well. Therefore, peer support and influence can be a positive resource for school counselors working with self-injuring students.

Ethical Considerations

Confidentiality

School counselors have a responsibility to help students, and part of helping students includes developing trust through confidentiality. School counselors must build trust with students before they are able to talk about difficult issues such as self-injury. However, another important responsibility of school counselors is to ensure the safety of students. School counselors have a difficult decision to make when deciding to inform parents about self-injury. Ethics obligate school counselors to keep information confidential unless disclosure is necessary to prevent clear and imminent danger to the student and others (ASCA, as cited in White Kress, Drouhard, and Costin, 2006). However, Remley, Hermann, and Huey (as cited in White Kress, Drouhard, and Costin, 2006) stated that parents also have the right to information about their children, and thus school counselors should consider breaching confidentiality even when they do not perceive the student to be in imminent danger. It is essentially up to the school counselor to determine whether a student is in imminent danger and this can be a difficult decision to make. Consultation with other counselors is encouraged when in doubt, and school counselors should always have the best interest of students in mind when making the decision to break confidentiality.

Professional Competence

School counselors have an obligation to promote the personal and social development of all students, and therefore may feel compelled to help a self-injuring student while lacking proper training, experience with, and knowledge of self-injury. Since self-injury is a new issue that is rapidly growing and requires certain skills, it is essential that school counselors continue to learn more about it (White Kress, Drouhard, & Costin, 2006; White, McCormick, & Kelly, 2003). If a school counselor encounters a student who is self-injuring, he or she must first determine if competency is an issue. If the school counselor does not feel competent working with the self-injuring student, then he or she has several options. The first option is to consult with a professional who is knowledgeable about self-injurious behavior (White Kress, Drouhard, & Costin, 2006; White, McCormick, & Kelly, 2003). If, after consulting with a more knowledgeable professional a school counselor still does not feel competent enough to work with a self-injuring student, the next step is referral.

It will be helpful for school counselors to be aware of mental health professionals in the community who specialize in self-injury, as well as other issues that may warrant referral. If a student is referred, the school counselor should maintain close contact with the mental health professional to ease the student's transition back into the school (White Kress, Drouhard, & Costin, 2006; White, McCormick, & Kelly, 2003). In some cases, referral to a mental health professional may not be an option. Parents may not have the means to pay for treatment or even simply refuse to admit that a problem exists. Thus, upon learning of the self-injurious behavior of a student, the school counselor should

begin consulting with others and learning as much as possible about self-injury in order to best serve the needs of the self-injuring student.

The School Counselor's Role

Assessment

When a school counselor is presented with a student who is self-injuring, or suspects a student may be engaging in self-injurious behaviors, the school counselor needs to conduct an initial informal assessment of the student. Since this is such a delicate issue that individuals often feel ashamed of their behavior and may be reluctant to admit the problem (Froeschle and Moyer, 2004), the school counselor must show care and concern while maintaining respect and a nonjudgmental manner (White, Trepal-Wollenzier, and Nolan, 2002). It is necessary to ask direct, open-ended questions in a non-threatening way to determine the frequency, the duration, the onset, and the intensity of the self-injurious behaviors (White Kress, 2003). The counselor should ask if the student has ever physically hurt herself in any way. If the school counselor has noticed injuries or scars, he or she should ask the student what the injury is from. Ask the student to elaborate on what happened, and inquire as to whether it has happened before. To get a clear picture of how often the student is self-injuring, construct a chart or journal enabling the student to self-monitor. The student will monitor the frequency, triggers, cues, and reducers of the self-injurious behavior for a week (White, Trepal-Wollenzier, & Nolan, 2002). Talk to the student about how he or she felt prior to the incident and how he or she felt afterward (White Kress, Gibson, & Reynolds, 2004). Walsh (2006) encourages school counselors to use the student's own language, be compassionate, and to convey respectful curiosity.

According to White Kress, Gibson, and Reynolds (2004), it is the school counselor's primary responsibility to ensure the immediate safety of the student. Explore issues of preventing disease transmission by using rusty cutting instruments or sharing them with others, as well as exploring the possibility of infection at the wound sites. Note the severity of the injuries to eliminate the possibility of accidental death (White Kress, Gibson, & Reynolds, 2004). The counselor should consider doing a depression assessment, looking into the student's social support system, assessing the family situation, and recent stressors (White Kress, Gibson, & Reynolds, 2004; White, Trepal-Wollenzier, & Nolan, 2002; Froeschle & Moyer, 2004, White Kress, 2003).

Prevention

Much of the research on self-injury suggests that individuals use physical pain to manage emotional pain due to a lack of healthy coping skills (Muehlenkamp, 2006; White Kress, Gibson, & Reynolds, 2004; Lader, 2006; White, McCormick, & Kelly, 2003; White, Trepal-Wollenzier, & Nolan, 2002; Froeschle & Moyer, 2004; Haines & Williams, 2003; Kam-shing Yip, 2006; Ross & Heath, 2002). Therefore, it makes sense that much of the literature on prevention of self-injury focuses on teaching healthy coping skills. School counselors are in an excellent position to work with students on coping skills. Most elementary and even middle school counselors have a comprehensive program that includes information on how to cope with stressors in life. Secondary school counselors should work closely with elementary school counselors to ensure that these skills are being taught and to determine what areas still need work at the high school level. Helping students learn to express, identify, and manage their feelings in

healthy ways is very important (White Kress, Gibson, and Reynolds, 2004; White, Trepal-Wollenzier, & Nolan, 2002).

School counselors should work with the student to determine what interests them or interested him or her in the past. These interests will then be converted into coping strategies the student can use to manage emotions. Listening to music, exercising, journaling, reading, writing poetry or songs are all examples of interests that students can use as coping skills. By tailoring the coping skills to the interests of the student, the school counselor can feel confident that the student is more likely to use these coping skills in place of self-injuring.

Walsh (2006) described skills that self-injurers can be taught in place of self-injurious behaviors. Breathing skills, visualization, artistic expression, playing or listening to music, physical exercise, writing, communicating with others, and diversion techniques are among those recommended. Diversion techniques are a means of distracting oneself from the urge to self-injure, and can include activities such as cooking, cleaning, or even playing games (Walsh, 2006). It may be helpful to have the student make a list of at least five things he or she can do instead of self-injuring, listing activities that will work in various circumstances. These skills are all simplistic enough that school counselors do not need specialized training to use them, yet effective enough to have a profound impact for self-injuring students.

Interventions

No-harm contracts. Some researchers recommend the use of no-harm contracts when working with self-injuring students or clients (Conterio & Lader, 1998; White Kress, Drouhard, & Costin, 2006). The details of a no-harm contract are tailored to the

specific client when treatment begins. The basics of a no-harm contract state that the individual will not self-injure during treatment. A school counselor may wish to include what actions will require the school to take specific actions, such as notifying parents. It is a good idea to state that the student may not bring sharp objects to school as a safety measure for all students. The no-harm contract is meant to protect the student while he or she is at school and should be signed by both student and counselor.

While some recommend the use of no-harm contracts, Walsh (2006) and Strong (1998) advise against the use of no-harm contracts. Walsh (2006) believes it is impossible for self-injurers to change their behaviors before learning new coping skills and that the behaviors will take place anyway. In addition, demanding that the self-injurious behaviors cease may create power struggles. School counselors should make decisions about no-harm contracts with students, and if the choice is made to use a no-harm contract the student should be involved in writing the contract.

Problem-solving therapy. An intervention that may be useful for school counselors working with self-injuring students is problem-solving therapy (Muehlenkamp, 2006). The premise of problem-solving therapy is that self-injurers lack general coping and problem-solving skills. School counselors can teach basic steps such as identifying problems, goal setting, assessing potential solutions, choosing a solution, and evaluating the process. This will give the student the necessary tools to deal with future problems instead of self-injuring. As with any counseling relationship, the school counselor must first build trust and know the student before attempting to use this intervention.

Writing assignments. A simple but effective intervention school counselors can use often is writing. Writing works with many issues and many clients. According to White, Trepal-Wollenzier, and Nolan (2002), writing helps self-injurious students to be aware of, label, and manage feelings instead of self-injuring. In addition, writing can be used to document impulses to self-injure, triggers, and the outcome of either self-injuring or not self-injuring on a daily basis. School counselors can use writing assignments without any specialized training or expensive materials, and teaching self-injuring students to use writing gives them a tool for monitoring and managing their own behaviors long after they leave the school.

Advocacy and education. A major role of any school counselor is to educate students, parents, and staff as a means of advocating for students, and self-injuring students certainly need advocates. School counselors need to use their knowledge of self-injury to dispel myths and educate others who may be able to help self-injuring students. While the school counselor may be the primary person treating a self-injuring student, it will be necessary for other school staff to be knowledgeable as well. White Kress, Gibson, and Reynolds (2004) recommend faculty in-services and parent groups as well as classroom guidance to educate students. Bringing in mental health professionals who specialize in self-injury can make faculty in-services much more effective. Advocacy and education is an area school counselors cannot ignore, especially when the issue of self-injury is so often misunderstood.

School policies. White Kress, Drouhard, and Costin (2006) recommend school counselors construct a school policy detailing how to handle self-injury during the school day. The policy will outline when school staff should report suspected self-injurious

behaviors and to whom the behaviors will be reported, how the school's administration will be involved, the school counselor's involvement as well as nurse's involvement, and when to notify parents. Developing this policy before any issues with self-injury arise will help the school counselor to handle self-injury more smoothly and professionally.

What Not to Do

What school counselors may not realize is that what to do with students who self-injure is equally as important as what not to do. Conterio and Lader (1998) advise against focusing on scars or wounds, as it may glorify the self-injurious behavior and distract from underlying issues. While Walsh (2006) suggests alternative behaviors such as writing on the skin with red marker and snapping the wrist with a rubber band, Conterio and Lader (1998) discourage these substitute behaviors. These behaviors distract from underlying issues by focusing on actions rather than on managing feelings, according to Conterio and Lader (1998). School counselors should avoid trying to convince the self-injuring student to stop the behavior as well as trying to control the student. This will prevent power struggles and facilitate the counseling relationship, according to White Kress, Gibson, and Reynolds (2004).

A potential resource for school counselors requiring some discretion is a youth fiction book by Patricia McCormick (2000) called *Cut*. Some school counselors wish to keep this book from their school libraries, believing it gives students new ideas on how to self-injure. The book details a teen girl's hospital stay following her parents' discovery of her self-injurious behaviors. Much of the text focuses on how the girl is feeling and thinking, and there is little focus on actual self-injurious behaviors. The book ends with the girl beginning the healing process. This may or may not be a resource for school counselors,

but it is a popular book for teens and therefore it is certainly a book school counselors must be aware of.

S.A.F.E. Alternatives

While most school counselors will probably not see a case of self-injury severe enough to warrant hospitalization or in-patient treatment, a program worth noting is the S.A.F.E. Alternatives program in Chicago. The acronym stands for Self Abuse Finally Ends, and the major emphasis of the program is treating clients with respect and empathy and placing responsibility with them to make the choice to change (Conterio & Lader, 1998). Patients sign a No-Harm Contract upon admission and are given more attention for not injuring than they normally get for injuring. Patients maintain an impulse control log and are encouraged to think about why they engage in self-injurious behaviors during their stay, which may last up to six weeks. The program emphasizes that there is no quick fix for self-injury and that “Self-injurers simply must learn more productive and realistically usable means for regulating their emotional temperature (Conterio & Lader, 1998, p. 221).

Conclusion

Self-injury among adolescents is on the rise, meaning that many school counselors will see at least one case of self-injury in their schools. This means that school counselors must ready themselves with the knowledge and tools necessary for helping self-injuring students. Ethical considerations require school counselors to be aware of limitations to confidentiality as well as to their own professional competence and are encouraged to make referrals when necessary. School policies on self-injury should be established before the need arises in order to keep all students safe. School counselors

can use a number of interventions when working with self-injuring students, including teaching healthy coping skills, problem-solving therapy, no-harm contracts, and writing assignments. It is essential that school counselors dispel the many myths about self-injury to educate parents, staff, and students and should always advocate for self-injuring students. Self-injury will continue to be an issue among adolescents, and school counselors are one of the best resources for prevention and early intervention if armed with the proper knowledge about self-injury.

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