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Self-injury behavior in adolescents: An education and prevention model

Leslie Desrosiers
University of New Hampshire, Durham

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Self-injury behavior in adolescents: An education and prevention model

Abstract
Many research studies have been focused on self-injury pertaining to adolescents in an in-patient community. There has been little research conducted on adolescents in normative populations that are engaging in self-injurious behavior which is on the rise. The importance of educating an entire community concerning self-injurious behavior is vital in order to help prevent this growing trend. Educators in our schools are not fully prepared to deal with self-injurers and how to help them through intervention and treatment. The need for a developed curriculum in the schools to educate the students, faculty, and staff is crucial in addressing the increasing rise of self-injury behaviors and the overall well being of adolescents.

Keywords
Education, Guidance and Counseling, Education, Health, Psychology, Behavioral

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SELF-INJURY BEHAVIOR IN ADOLESCENTS: AN EDUCATION AND PREVENTION MODEL

BY

LESLIE DESROSIERS
Bachelor of Arts, University of New Hampshire, 2006

THESIS

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in
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This thesis has been examined and approved.

Thesis Director, David J. Hebert, Ph.D.
Professor of Education

Dwight Webb, Ph.D.
Associate Professor of Education

Loan T. Phan, Ph.D.
Associate Professor of Education

Date

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ABSTRACT

SELF-INJURY BEHAVIOR IN ADOLESCENTS: AN EDUCATION AND PREVENTION MODEL

by

Leslie Desrosiers

University of New Hampshire, May, 2009

Many research studies have been focused on self-injury pertaining to adolescents in an in-patient community. There has been little research conducted on adolescents in normative populations that are engaging in self-injurious behavior which is on the rise. The importance of educating an entire community concerning self-injurious behavior is vital in order to help prevent this growing trend. Educators in our schools are not fully prepared to deal with self-injurers and how to help them through intervention and treatment. The need for a developed curriculum in the schools to educate the students, faculty, and staff is crucial in addressing the increasing rise of self-injury behaviors and the overall well being of adolescents.
CHAPTER I

INTRODUCTION

Purpose of Study

This paper is designed to address the growing concern of self-injury behaviors in adolescents. The prevalence of this phenomenon among young adolescents has been increasing rapidly over the past decade and there has been little research applied to this younger population. As an educator it is alarming to see so many young individuals mutilating their bodies. School staffs appear to be unprepared to deal with this growing epidemic. The goal of this study will be to identify the prevalence of self-injury behavior and design a curriculum that can be implemented in schools to help prevent self-injury behavior. The high-risk behavior of self-injurers is reportedly on the rise and still there has been little research focused in on the adolescent in a non-clinical setting. In order to help understand this phenomenon better, the-is thesis examines the reasons adolescents are moving towards self-injury behaviors as a coping strategy. In addition, this thesis examined whether the increasing rise of young adolescent self-injury is more prevalent by automatic reinforcements such as emotion regulation by oneself or by social reinforcement such as reinforcement by others (i.e., attention, avoidance) (Nock & Prinstein, 2004). Obtaining data to support an explanation of the increasing behavior will help eliminate self-injurers who are reinforced by automatic or social reinforces.

Research findings have examined many different aspects of self-injury behaviors. Few studies have looked at the effects of various ethnic, cultural, and economic dynamics
on individuals who engage in self-injury behaviors. Research investigations indicate that people who self-injure have identified the following as reasons for engaging in self-injurious behaviors: (a) feeling concrete pain when psychic pain is too overwhelming; (b) reducing numbness and promoting a sense of being real; (c) keeping traumatic memories from intruding into the consciousness; (d) affect modulation; (e) receiving support and caring from others; (f) discharge of anger, anxiety, despair, and expression of disappointment; (g) gaining a sense of control; (h) self-punishment for perceptions of being bad; and (i) an enhancement of self-esteem (Himber, 1994; Shearer, 1994).

Various life factors and mental illnesses are related to self-injurious behaviors in adolescents. Self-injury is often associated with childhood sexual abuse and subsequent post-traumatic stress disorder reactions (Darche, 1990; Favazza & Rosenthal, 1993; Ghaziuddin, Tsai, Naylor, & Ghaziuddin, 1992), as well as anxiety and depression and eating disorders (Ross & Heath, 2002). Many other life conditions, including loss of a parent, childhood illness, physical abuse, marital violence, and familial self-injury, are related to self-injury and can be contributing factors as well. Nevertheless, a history of sexual abuse and family violence is the best predictor of self-injury (Favazza & Rosenthal, 1993). Research also identifies adolescents’ experiences that trigger self-mutilation, including the following: a recent loss, peer conflict and intimacy problems, body alienation or dissociation related to abuse, and impulse control problems (Conterio, Lader, & Bloom, 1998). All of these behaviors can be useful in identifying at-risk adolescents for the purposes of intervention and prevention.

The majority of studies have used populations from in-patient psychiatric units, where trained professionals document these behaviors. Many of the participants in
sample groups have been compensated for their participation. Also many of the participants have been under the age of 18 and needed the consent of the legal guardians. This reimbursement may have led to biased results if the participants did not feel that their answers were anonymous and confidential. It is necessary to fine-tune the limitations of previous studies and avoid the same drawbacks.

Studies suggest that 1,400 out of every 100,000 people in the general population have engaged in some form of self-injury. “One survey of 245 college students found that 12% admitted to having harmed themselves deliberately” (Conterio & Lader, 2002). It is important to note that self-injury is not yet formally recognized as a disorder in the Diagnostic and Statistical Manual of Mental Disorders IV. Self-injury can be misdiagnosed and underreported due to the secrecy the individual’s actions, and the statistics most likely are more prevalent. The rapid growth of self-injury behaviors in such a crucial part of a female adolescent’s development gives emphasis for the need to enhance our understanding of why female adolescents are engaging in self-injury behavior and how to effectively assess and treat the behavior.

**Overview and Method**

In order to examine the reinforcements behind these behaviors I will be adapting the four-function model of self-mutilative behavior developed by Nock and Prinstein (2004), which focuses on the negative and positive reinforcers of automatic and social reinforcement. Automatic reinforcement will be defined as situations in which behaviors are maintained by voluntary behaviors independent of the social environment. Automatic reinforcement is predicted to be less prevalent than social reinforcement. Social reinforcement will be defined as behaviors that are reinforced by others such as peers.
who influence the self-injurers’ actions toward deliberate damage to their bodies. Adolescents who learn to engage in self-injury behaviors for attention-seeking purposes or to manipulate others is often discussed in theoretical articles on self-injury behaviors, but it has received little empirical support (Nock & Prinstein, 2004).

The research conducted by Hilt, Cha, and Nolen-Hoeksema (2008) on non-suicidal self-injury explored the level of specificity between type of distress and function by examining depressive symptoms (i.e., internal distress, hypothesized to be specifically related to automatic functions) and peer victimization (i.e., interpersonal distress, hypothesized to be specifically related to social functions) (Hilt, Cha, & Nolen-Hoeksema, 2008).

With the current research that is available, the author has made some references about why the rates of self-injury are increasing. Is there a growing problem or is there just more attention and sensitivity to the matter? The author hypothesized that self-injurers who engage in self-injury behaviors due to influences from others through social reinforcement are more frequent than automatic reinforcement. Due to the increase in public awareness of cutting and other self-inflicted bodily harm from the media, the author also hypothesized that self-injurers who engage in self-injury behavior due to automatic reinforcement will engage in self-injury behavior to eliminate bad feelings. The author also hypothesized that cutting and/or carving of the skin will be the most preferred method of self-injury for self-injurers who are reinforced by automatic and/or social reinforcements. In order to gather a solid understanding of how prevalent self-injury behaviors exist within adolescents, it is essential to also look at the frequency of self-injury. By researching published studies that have used adolescents in their sample
groups, possible reasons for the increase in self-injury behavior and the reasoning behind this growing trend were discussed.

There are two assessment tools which are widely used to collect data. The Functional Assessment of Self-Mutilation (FASM; Lloyd, 1998), which is a self-report measure of the methods, frequency, and functions of self-injury behavior, the FASM addresses various methods used, the frequency of certain behaviors, and why their students use self-injury as a coping strategy. Another assessment tool, the Coping Strategy Indicator (CSI; Amirkham, 1990), assesses the drive behind the action. The CSI is a 33-item self-report inventory used to measure the degree to which respondents use three specific coping strategies during a recent stressful event. These coping strategies include problem solving, seeking social support, and avoidance (Amirkham, 1990

**Definition of Terms**

The following terms are defined for the proper understanding of their use in this thesis.

**Self-injury behaviors** - is defined as self-inflicted deliberate damage to the body’s skin by cutting, carving, burning, rubbing, scraping, picking, biting, or hitting to the skin tissue, and hair pulling.

**Automatic-negative reinforcement** - an individual’s use of self-injury behavior to achieve a reduction in tension or other negative affective states (i.e., “to stop bad feelings”).

**Automatic-positive reinforcement** - individuals who engage in self-injury behaviors to create a desirable psychological state (i.e., “to feel something, even if it is pain”).
Social-negative reinforcement - an individual’s use of self-injury behaviors to escape from interpersonal task demands (i.e., “to avoid punishment from others” or “to avoid doing something unpleasant”).

Social-positive reinforcement - self-injury behaviors that involve gaining attention from others or gaining access to materials (i.e., “to try to get a reaction out of someone, even if it’s negative” or “to let others know how unhappy I am”).

As for the various forms of self-injury behaviors, there are a range of methods. Probably the most common form of self-injury involves making cuts in the skin of the arms, legs, abdomen, or inner thighs, where the marks are less visible to others. This is commonly referred to as “cutting”; a person who routinely does this may be colloquially called a “cutter.” Punching, rubbing and scratching are also very common forms of self-injury behavior. I have found in my own experience in the middle school setting that rubbing of the skin with an eraser is extremely prevalent with the male population. Picking and re-opening of wounds is also a frequent method of self-harm to the individual’s body. By doing so the individual is preventing the skin from healing adequately and the skin will be left with a permanent scar from the wound. This can be dangerous since the risk for infection increases greatly with the wound constantly being exposed. Hair pulling is more commonly associated with impulse control along with obsession and compulsions; however, this is also a self-injuring behavior to the individual’s body.

Assumptions

This research is designed to address the growing prevalence of self-injury behavior among adolescents. Many of the sample groups in current research studies are
gathered from inpatient settings or involve compensation for their participation. The assumption made for this research is that the results from these findings can be applied to more normative populations such as a public school system.

**Limitations**

The research obtained will be used to create a specific curriculum targeted at educating adolescents on the dangers of self-injury and teaching them how to use appropriate coping strategies to deal with difficult or stressful situations in their lives. Although many of the existing research did not involve a school setting, the author believes that there may be effective interventions which have strong evidence of being useful in a school setting.
CHAPTER II

REVIEW OF LITERATURE

The review of literature on self-injury behaviors will include: (a) prevalence and theory of why these behaviors are increasing, (b) social reinforcements and to what extent are they affecting adolescents, (c) emotion regulations such as coping strategies and problem solving, and (d) treatment options. The importance of preventative measures to help educate students on proper coping strategies and the dangers of self-injury will also be discussed.

**Prevalence of Self-Injuring Behaviors**

Self-injury behavior in this study refers to self-inflicted, deliberate damage to the body’s skin by cutting, carving, burning, rubbing, scraping, picking, biting, or hitting to the skin tissue and hair pulling. Researchers do not always define self-injury behavior in the same way. Nock and Prinstein (2004) described it as self-mutilative behavior, which is deliberate damage to one’s own body tissue without suicidal intent and is part of the larger class of self-injurious behavior which includes actions ranging from stereotypic skin rubbing to complete suicide. Hilt, Cha, and Nolen-Hoeksema (2008) described self-injuries as non-suicidal self-injury (NSSI) which was defined as direct, deliberate destruction of one’s own body tissue, without suicidal intent. These various definitions all focus on the same phenomenon of the increasing prevalence of self-injury behavior among young adolescents.
Studies have suggested that 14-39% of adolescents in the female community and 40-61% of adolescents in psychiatric inpatient settings are engaging in these destructive behaviors (Lloyd, 1998). There is a great demand for more information in regards to why self-injury behavior is becoming a growing problem and what treatments can be designed and implemented to help these struggling individuals. Much of the current research available speaks of the need for better assessments and treatment models. There is still much to discover in terms of the frequency of the behavior, why individuals are engaging in these behaviors, different methods used to inflict harm, as well as an average onset age bracket for when these individuals can be diagnosed, not to mention populations most affected relative to gender, race, ethnicity, and socioeconomic status.

The majority of the current research has utilized populations in a clinical psychiatric inpatient setting, which excludes the general population and only focuses on individuals who may have more severe symptoms (Darche, 1990). Other research that has been conducted on young adolescents has also been limited and sample groups that have been used were compensated with payment, which may have influenced participants’ responses. These selective participants are not necessarily reflective of the general population. When the stigma is lifted of these self-injury behaviors and more information is provided to the public, then more participants may be willing to partake in such research. Until then, studies are limited to populations which are easily accessible and willing to participate.

A study completed in England in 2002 attempted to establish the prevalence of adolescent self-injury by using an anonymous self-report questionnaire with over 6,000 pupils aged 15-16 in 41 secondary schools. The study showed that 13.2% of respondents...
reported a “lifetime history of self-injury” with just under 7% of respondents reporting having deliberately self harmed during the previous year (Hawton et al., 2002).

Nock and Prinstein’s (2004) four-function model of self-mutilative behavior, which focuses on the negative and positive reinforcers of automatic and social reinforcement; automatic-negative reinforcement, automatic-positive reinforcement, social-negative reinforcement, and social-positive reinforcement. Based on the author’s observations, the increasing popularity of self-injury behaviors fit into the social-positive reinforcement. Female adolescents who learn to engage in self-injury behaviors for attention-seeking purposes or to manipulate others is often discussed in theoretical articles on self-injury behaviors, but it has received little empirical support (Nock & Prinstein, 2004). The following is a breakdown of 22 reasons associated with engaging in self-injury behavior, which is broken into the four function model used in the study done by Llyod-Richardson, Perrine, Dieker, and Kelley (2007) on characteristics and functions of non-suicidal self-injury in a community sample of adolescents:

Automatic-negative reinforcement
- To stop bad feelings
- To relieve feeling numb or empty

Automatic-positive reinforcement
- To feel something, even if it was pain
- To punish yourself
- To feel relaxed

Social-negative reinforcement
- To avoid school, work or other activities
- To avoid doing something unpleasant you don’t want to do
- To avoid being with people
- To avoid punishment or paying the consequence

Social-positive reinforcement
- To get attention
- To try to get a reaction from someone
- To receive more attention from your parents or friends
- To feel more apart of a group
- To get your parents to understand or notice you
To get control of the situation
To get other people to act differently or change
To be like someone you respect
To let others know how desperate you were
To give yourself something to do when alone
To give yourself something to do with others
To get help
To make others angry

Lloyd et al. (2007) indicated that self-injury behavior is on the rise with 46% of their community sample, which consisted of 633 anonymous adolescents, reporting engaging in self-injury behavior. Their research also indicated that the most common reasons for self-injury behavior included “to get a reaction out of someone,” “to get control of the situation,” and “to stop bad feelings.”

The high-risk behavior of self-injurers is reportedly on the rise and still there has been little research focused on the adolescent female or male in a non-clinical setting. In order to help understand this phenomenon better, it is important to examine the reasons why adolescents are moving toward self-injury behaviors as a coping strategy. Obtaining data which might offer an explanation of the increasing behavior will help eliminate self-injurers who are reinforced by automatic or social reinforcers. However, I am extremely interested in examining the co-tangent factor that seems to be closely linked with self-injuring behavior. The documentary “CUT: Teens and Self Injury,” directed and produced by Wendy Schneider, is a moving film that goes straight to the source and interviews a handful of teens and young adults who battle this compulsive need to inflict harm to their bodies. The film provides perspectives of males and females, whites, African Americans, Asian Americans, and celebrities. “CUT” provides an intimate look at a problem that affects thousands of young people, their families and friends. The film “CUT” is incredibly moving and so much of its power comes from the voices of the teens
themselves as they describe what it was like to go through life as a self-injurer. Artwork created by the teens, as well as music about self-injury from famous musicians who have also fought their own battles with self-injuring, are used throughout the film. The individuals in the film describe the sources of their cutting, their experiences of alienation and inadequacy, their deep desire to feel, and their sense of cutting as a part of the world they can control. The resistance and denial with which these teens are faced when they do attempt to talk about their feelings and actions cannot be understood or comprehended by their loved ones.

One of the most influential pieces of the film is the light of hope each individual provides to the viewer when describing the ways in which they began to confront, and often overcome, their urge toward self-harm. “CUT” issues a call to bring the problem of self-injury out of the shadows and reminds us that the first step toward healing is an honest acknowledgement of reality (Schneider, 2007).

This film would provide a wonderful and greatly needed tool to inform the general public as well as other self-injurers of some motives behind self-injuring as well as comforting others who may think they are alone in this battle. However, there is a strong resistance to bringing such awareness of this issue since many individuals learn these behaviors from their friends and the media. There are concerns that rates of self-injurers would increase with more awareness of the problem, but what is interesting with this theory would be to examine the rates of individuals who continue to self-injurer after seeing a documentary such as “CUT.”
Social Reinforcements and How They Affect Adolescents

In Hilt, Cha, and Nolen-Hoeksema’s (2008) study of adolescent females between the ages of 10 and 15, they explored different types of distresses in the female’s lives by examining depressive symptoms (i.e., internal distress) caused by peer victimization. Such internal distress, including feeling badly about oneself and experiencing negative emotions, can be extremely hard for self-injurers to deal with so they turn to the coping mechanism to which they have grown accustomed, self-injury.

Many interpersonal concerns begin to develop with female adolescents and their sensitivity to criticism and rejection is heightened (Rudolph & Conley, 2005). Starting in middle school, females’ concerns of how their peers view them and accept them become extremely important, and so they become increasingly concerned about how they measure up against one another. Adolescent girls may be especially sensitive to weight-related teasing while their bodies begin to change and go through puberty (Brooks-Gunn & Warren, 1998).

Nock and Prinstein’s (2004) research of assessment of self-mutilative behaviors describe a four-function model of assessing the primary functions of self-injury; two functions are geared to modifying or regulating one’s own environment. Social-negative reinforcement refers to an individual’s use of self-injury behaviors to escape from interpersonal task demands (i.e., "to avoid punishment from others" or "to avoid doing something unpleasant"). Nock mentions in his study, which was conducted by Brown, Comtois, and Linehan (2002) with women who have borderline personality disorder, that supports the social negative reinforcement idea that their behavior is to avoid reality. Social-positive reinforcement refers to self-injury behaviors which involve gaining
attention from others or gaining access to materials (i.e., "to try to get a reaction out of someone, even if it's negative" or "to let others know how unhappy I am").

The existing research suggests that the increasing rise of self-injury behaviors may be linked or associated with the individual’s peers. Many self-injurers acknowledge they began self-injuring by learning it from a friend (Schneider, 2007). Adolescence is an extremely difficult time in anyone’s life, but particularly for females (Brooks-Gunn & Warren, 1988). A combination of low self-esteem, peer influence, and greater sensitivity to their surroundings are all motives for these self-injuring behaviors to begin to manifest.

**Emotion Regulation**

Researchers have suggested that self-injury behavior may be related to poor emotion regulation skills (Brown, Comtois, & Linehan, 2002). Avoiding unwanted emotions by engaging in these self-injury behaviors has become a form of coping strategy to deal with the current problem or situation that the individual does not know how to handle. Prior research has shown a correlation between depressive symptoms and automatic functions of self-injury behavior (Nock & Prinstien, 2004). These negative feelings that young female adolescents are harboring and not properly expressing can turn into maladaptive behaviors such as self-injury. When an individual cannot regulate his or her emotions, studies have shown that he or she will be more apt to engage in self-injury (Hilt, Cha, & Nolen-Hoeksema 2008) or avoid the emotional state all together and replace it with self-harming to numb the feeling (Chapman, Gratz, & Brown, 2006).

Self-injury serves a function for the individuals who cannot figure out a way to effectively and safely relieve stress, anxiety, or other emotions. Teaching more appropriate coping strategies is the most effective way to provide self-injurers with other
alternatives. Self-injury is most common in youth having trouble coping with anxiety, depression, or other conditions which overwhelm their capacity to regulate their emotion (Nock & Prinstien, 2004). Thus, it is important to focus on enhancing awareness of the environmental stressors which trigger self-injury and helping individuals identify, practice, and use more productive and positive means of coping with their emotional states.

Hilt, Cha, and Nolen-Hoeksema (2008) make reference to the relationship between self-injury and impulsive behaviors such as binge eating. They use the term *rumination*, which they define as the tendency to brood and reflect on one’s negative affect and behaviors and the consequences of one’s depression (Hilt, Cha, & Nolen-Hoelsema, 2008, & Harrell, 2002). Another concern to recognize is that a retrospective study conducted with adults found that 79% of self-injurers reported a childhood history of abuse or neglect (Gratz, Conrad, & Roemer, 2002). These individuals may not be equipped to deal with internal and external distress due to their traumatic past. Without learning proper coping skills while growing up, individuals will turn to whatever can become a quick fix to halt the feelings that are aroused.

One safety concern with self-injury is that it tends to become an addictive behavior, a habit that is difficult to break even when the individual wants to stop. Therapies focused on reducing the levels and amount of anxiety and stress can begin to teach better coping skills and problem strategies. A cognitive behavioral approach would also be effective in helping the self-injurer recognize triggering events or situations that would lead to self-injuring (Conterio & Lader, 2002).
**Intervention and Treatment**

Schools, parents, medical practitioners, and other youth-serving professionals all have an important role to play in identifying self-injury and in assisting youth in getting help. Unfortunately, lack of information on self-injury has hampered the creation of informational materials and/or treatment options. The SAFE Alternatives program in the Linden Oaks Hospital in Edward, Illinois, is one of the few existing inpatient treatment program specific to self-injury in the nation (Conterio & Lader, 2002).

Focusing on eliminating the self-injury behavior without enhancing positive means of regulating emotion may simply lead to adoption of other self-destructive behavior, such as drug abuse (Conterio & Lader, 2002). Medication in conjunction with therapy may help in some cases as well. Therapy may be useful in exploring the underlying causes of self-injury. A combination of the above treatments may significantly reduce or completely eliminate self-injurious behavior.

According to SAFE Alternatives there are successful treatment options for self-injurers. Treatment options include outpatient therapy, partial and inpatient hospitalization. When the behaviors interfere with daily living, such as employment and relationships, and are health or life threatening, a specialized self-injury hospital program with an experienced staff is recommended. The 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. Medication is often useful in the management of depression, anxiety, obsessive-compulsive behaviors, and the racing thoughts that may accompany self-injury. Cognitive-behavioral therapy helps individuals understand and manage their destructive thoughts and behaviors. Contracts,
journals, and behavior logs are useful tools for regaining self-control. Interpersonal therapy assists individuals in gaining insight and skills for the development and maintenance of relationships.

Teachers, school nurses, and counselors are often the front line for detecting early warning signs of self-injurious behaviors. The fact that some parents prefer that the school take the lead is a further reason for raising teachers’ awareness and providing them with the knowledge and skills necessary to help a student in need.

The kind of training needed is varied. Facts about the prevalence and various forms which self-injury takes is a helpful start; but negative reactions to awareness-raising can be counter-productive. It is important that factual material is presented on the reasons why people harm themselves and the dividing line between what is self-injury behavior and what isn’t. Students engaging in self-injury behaviors as a coping mechanism are aware of the stigma associated with inflicting harm to their bodies. In order for students to reach out for help, it is necessary for educators to use a non-judgmental approach and actively listen while responding in an empathic and supportive way.

**Prevention**

There are a variety of early warning signs which may help prevent further harm to the individuals. Unexplained frequent injuries such as cuts and burns are probably the most obvious signs to watch for. The individual may try to cover up the scars by wearing long pants and sleeves even in warm weather. How individuals cope with stress in their lives and if they are unable to function at home, school, or work may be clear cut signs that they are overwhelmed by some stressor in their lives. Lastly, their self-esteem and
relationships with others around them are important to observe and recognize if there is any cause for concern.

Designing a specific curriculum aimed at addressing self-injury is essential since there are limited resources available to school counselors on how to tackle effectively the growing problem. Many schools teeter on the idea of whether or not to implement a curriculum to educate students on proper coping strategies or to put on a one-time presentation. As schools stand currently, the one-time approach appears to be more accepted and applied. A presentation can be informative on the dangers and the signs to look for, but it is not teaching students appropriate strategies to cope with stressful events on a long-term scale.
CHAPTER III

PREVENTATIVE TECHNIQUES FOR DESIGNING A SELF-INJURY CURRICULUM

Introduction to Self-Injury Behavior Curriculum

Research has indicated that managing internal emotions within adolescent years can be very trying and without necessary coping techniques, individuals will alleviate this stress in maladaptive ways. Preventative programs should be geared toward positive coping skills in the realms of open communication of emotion, stress management, and building a network of strong social support at school and home (Richardson-Lloyd, Perrine, Dieker, & Kelley, 2007). As noted in their research, a strong social support system should not be underestimated since poor social relations have been associated with depression, poor self-esteem, suicidal ideation and attempts. Also stated in their study was the lack of empirically supported models of proven treatment for self-injury behaviors, but that an understanding of specific motivations behind the behavior may help to develop more effective treatment and prevention plans.

Very little has been written on effective ways of preventing self-injurious behaviors. However, with a better understanding of why adolescents are engaging in the maladaptive coping strategies and the reasons behind why it has become a growing trend will help design an effective curriculum to educate adolescents on the dangers as well as more appropriate strategies.
Identifying the sequence of events which lead to self-injury will help begin to understand why they are engaging in self-injury and determine key interventions to help break the cycle. According to Bowman and Randall (2007), the sequence begins with an activating event marked with distress. The loss of a relationship, peer rejection, or conflict with a parent, teacher, or friend can all create anxiety for the individual. Irrational thoughts can develop about the event and may lead to increased emotions such as anger, frustration, sadness, and/or loneliness. The internal tension and pressure within the individual can be too overwhelming and relief through self harm is sought. This sensation can be compared to a volcano on the verge of erupting; at some point the pressure needs to be released. “The result of the self-injurious act is a release of endorphins that flood the body and give the person a sense of relief” (Levenkron, 1998, as cited in Bowman & Randall, 2007). The next stage of the sequence tends to be feelings of shame and/or guilt caused by the self-injury behavior in which they have engaged. These feelings again may be too overwhelming and can offset the cycle to begin again. By developing strategies to target each stage of the cycle, treatment can be more effective for the self-injurer.

**Positive Coping Strategies**

When adolescents feel that they are not in control of their emotions they may try to find ways of coping with their strong negative feelings. This can often lead to self-injury behaviors in order to alleviate the anxiety or depressed feelings (Chapman, Gratz, & Brown, 2006). These reasons provide evidence for focusing on teaching adolescents how they currently handle difficult situations, such as previously listed, and to become aware of their ability to cope with strong negative feelings. Building on existing strengths and
acknowledging negative coping strategies within the curriculum will help adolescents explore diverse methods of coping with negative feelings.

**Social Skills and Communication**

As mentioned earlier in the documentary “Cut,” many individuals who engaged in self-injurious behaviors talked about feeling very alone and isolated. They felt that they couldn’t reach out to a support group such as their family, friends, or teachers. It was also noted earlier that many self-injurers have been traumatized by sexual abuse in their childhood and exhibit post-traumatic stress disorder symptoms. Issues regarding their self-esteem and feelings of seclusion and shame can be attributed to why adolescents may want to disengage from their social networks and support system. Learning to reach out and connect with others in a genuine and meaningful way and participating in activities that allow them to feel meaningfully linked to something larger than themselves may help to shape a more positive view of the self. Feeling connected to others and learning to feel comfortable with reaching out for support will hopefully eliminate damaging coping mechanisms.

Teaching students the need to communicate to an adult about a fellow peer who may be engaging in self-injury behaviors is very important. Many adolescents have been taught through their social networks that their loyalty to one another is essential in order to remain on good terms with their peers. Teaching students to recognize distress and reaching out to an adult is important in building trust so the student will know the difference between seeking help and tattletaling.
Raising Awareness

The need for a specific curriculum to help prevent self-injurious behaviors by teaching positive coping techniques instead of a presentation that is geared towards raising awareness and knowledge of self-injury is crucial. Presentations of self-injury behaviors are usually aimed at large audiences with a lot of information about specific risk behaviors, practices, forms and consequences. In their review of eating disorder prevention strategies and research, Levine and Smolak (2005) summarize research which suggests that single-shot awareness raising strategies (e.g., educational assemblies or workshops) are, at best, either not effective or only effective in raising short term knowledge and are, at worst, linked to increases in the behavior they intend to stop. Adolescents may not be developmentally prepared for an information gathering presentation that may be geared to more of an adult audience such as college students. For instance, lectures which raise awareness about the role the media has on our society’s obsession to be thin are not the same as a specific curriculum designed to teach acceptance and education about the prevalence, forms and practices associated with a specific issue. Instead, teach and implement positive coping techniques which are likely to be more effective in positively raising awareness.

Additionally, while a few examples might be useful in explaining what is meant by self-injury, detailed description of forms should be avoided. In addition to educating about how to recognize distress, students should be encouraged to seek assistance and coached on specific strategies for getting help.

The effect media has on adolescent behavior has consistently showed in profound ways (Huesmann, Moise-Titus, Podolski, & Eron, 2003). The role media plays in
spreading the idea of self-injurious behavior is a fear that many administrators, educators, and parents fear. Media coverage has drastically changed over the past decade with more provocative, aggressive, and disturbing images portrayed in vast quantities compared to 10 to 15 years ago.

Highly visible public displays of self-injury behavior such as Frankie on MTV’s Real World, may teach audience members dangerous behaviors during a time of self-exploration and identity formation. With ads and television shows forming lasting impressions on their minds, it is very important that children and adolescents are made media literate, so that they can understand what they see, how the ads are made and why they are made. Helping adolescents and young adults to become critical consumers of media may lessen their vulnerability to falling victim to the glamorized portrayal of dangerous behaviors.

**Training Faculty and Staff**

Training faculty and staff to recognize and respond to signs of self-injury behavior is very important since they interact with students daily. School counselors are not capable of seeing every student multiple times throughout the day, so it is vital that all faculty and staff are informed of the signs and symptoms to look for. It is also important for faculty and staff to be aware of what to do if they suspect or know someone is self-injuring. Educating faculty and staff on established protocols and to whom to refer the student is imperative for those working directly with students.

This is not limited to just faculty and staff; it is just as important to teach the students how to recognize the same signs and symptoms since peers are most often the first to know about someone who is self-injuring. Teachers are often the frontline in
detection and intervention and, with the help of their students, more self-injurers can be helped if the students are able to recognize signs and symptoms that a fellow classmate may be in distress.

Many professionals do not know how to help an individual who is self-injuring because they may not understand the behavior. With any experience level of helping someone, the first step is trying to connect with the individual. Creating an environment that provides empathy, caring, unconditional acceptance, and trust will help make the individual at ease with sharing (Conterio & Lader, 2002). The primary objective with working with self-injurers is to make them feel heard, understood, validated and taught healthier ways of coping with their emotions (Bowman & Randall, 2007). In the book *See My Pain* by Bowman and Randall (2007) they provide a list of the do’s and the don’ts of how to connect with and help someone who self injures (Appendix A). There are two versions of the do’s and don’ts, the first to help counselors approach working with self-injurers and the second for teachers to help respond to students they think may be involved in self-injury behavior (Appendix B).
CHAPTER IV

A PROPOSED EDUCATIONAL AND PREVENTION MODEL OF SELF-INJURY

The following is an outline of the proposed training model. This outline will serve as a guide for school counselors working with adolescents in a middle school or high school setting. Many of the activities have been created from existing material on self-injury behavior. The importance of this prevention model of self-injury curriculum is focused on the topics covered and the activities centered on addressing each issue.

The remaining part of this chapter is an outline of a five-week curriculum with various lessons on addressing what self-injury is, positive coping skills in the realms of open communication of emotion, stress management, and building a network of strong social support at school and home. The school counselor should plan on meeting with small class sizes once a week for five weeks.

It is important to talk with students before beginning the lessons and address the notion that topics being covered are sensitive issues to many. Acknowledge that they may be affected personally by the topics discussed, or may know someone else who is. Remind the students to be respectful and thoughtful of others, and treat the topic responsibly. Also let the students know that if they would like to talk to someone after the lesson, you, the counselor, will be available.
**Week 1 – What is Self-Injury?**

The goal of week one is to inform students of what self-injury behavior is and what it is not. Also to help explain why some people deliberately hurt themselves as a way of dealing with intense emotions and feelings. Lastly to begin to brainstorm positive ways to deal with difficult situations that may be overwhelming and lead to strong feelings and emotions.

**Objectives**

- To understand what self-injury is
- To understand why people self-injure
- To demonstrate positive ways to cope with strong feelings

**Materials**

- White board, and Understanding Self-Injury Quiz (see Appendix C)

Introduction – Sometimes situations in our lives can be very difficult to handle and coping with difficult feelings and emotions can be very overwhelming. Oftentimes pressures can be too great and lead to emotional health problems. Today’s topic is about understanding self-injury and to begin to understand why someone might self-injure.

**Brainstorm on the board**

- What is self-injury? What do you know about it?
- Do you know any other words for it?
  - self harm
  - cutting
• What are the different ways people self injure?
  - punching a wall
  - pulling your hair out
  - cutting the body
  - putting yourself in danger
  - burning yourself
  - eating or drinking drugs or chemicals

• Recognize behaviors that are not self-injury
  - injury for the purpose of belonging to a particular group (i.e., rituals)
  - tattoos or body piercing
  - suicide attempts

Definition: Self-injury is when someone deliberately hurts or injures him or herself.

Starter Exercise

Identify some reasons why someone may want to self injure and what that might be like for them in order to help gain a better understanding of why people engage in self-injury.

- "It's like screaming without opening my mouth."
- "The words used to echo in my mind, over and over, you're stupid, you're useless."
- "It's a way of taking control when I can't get it any other way."

Ask the students if there is ever a time where they have been so angry or upset that they may have thought about hurting themselves or engaging in activities like hitting a pillow or punching a wall. Beginning a discussion on negative ways of coping with negative feelings and come up with a list on the board. Next brainstorm and identify
positive coping strategies. Ask the students to describe a feeling word like sad, mad, or angry. Next ask the students to think about how some people may respond to these feelings. For example, a person with sad feelings may want to be alone, cry, or talk to a friend. As a class determine which response are healthy or unhealthy. If unhealthy think of a positive way to respond.

Understanding Self-injury Quiz

Pass out the Understanding Self-Injury Quiz and the students complete it independently. Once they have completed it, go over the answers together as a class and discuss the student’s reasoning behind their answers (see Appendix C).

Discussion Questions

• How has this lesson changed your understanding of self-injury?
• Would you know where to go for support?


Week 2 – Positive Coping Strategies Versus Negative Coping Strategies

Objectives

• To identify positive coping strategies, negative coping strategies, neutral coping strategies, and time out strategies.

Materials

Coping strategies overhead (see Appendix E), cards with each coping strategy on an individual card, and white board.
Introduction

Briefly review the topics from week one and discuss the basic difference between negative and positive coping strategies. Next use an overhead to help define and identify positive coping strategies, negative coping strategies, neutral coping strategies, and time out strategies and explain them (see Appendix F).

• Positive coping strategy. This is a strategy that enables you to restore emotional balance; feel better about yourself; is respectful of you, others, and property; and helps you to solve the problem.

• Negative coping strategy. This is a strategy that does not restore emotional balance; may be harmful to yourself, others, or property; does not solve the problem, and may create additional problems.

• Neutral coping strategy. This is a strategy that is neither positive nor negative, but used to excess, could be harmful.

• Time-out strategy. This is a strategy that helps you to calm down and restore emotional balance. It is only temporary and must be used with another positive strategy in order to solve the problem.

Group Activity

1. Divide the class into four groups. Each group will receive a portion of cards with various coping strategies listed on the overhead titled coping strategies (see Appendix E).

2. On the white board create four columns, each labeled as one of the four coping strategies (positive, negative, neutral, and time-out).
3. Allow the members of the group to work on deciding which coping strategy fits under each category. This may take some time and the group facilitator should allow at least 15 minutes for this exercise.

4. Have all the groups place their cards with the various coping strategies in the columns their group has decided fits best.

5. As a class go through each column and decide whether people agree on where the coping strategies have been categorized. Some items may appear on more than one list. Point this out and invite the class to discuss the strategy further. For example, is watching TV negative, positive, neutral or time out? Why?

Discussion questions

- Which strategies do you see people using most often? What is the effect of this?
- Which positive coping strategies have you tried when you experienced strong emotions? How have they helped?
- What happened when you used some of the negative strategies on the list?
- Are there times when some of the negative strategies might be appropriate?
- Which time-out behaviors are helpful for you?

Week 3 – Stress Management

Objectives

• To identify students own personal strengths

• To explore healthy relaxation techniques

Materials

My Personal Strengths are… worksheet (see Appendix G), relaxing music.

Introduction

Explain to the class how each student has his/her own personal strengths that make up who he/she is. Sometimes he/she uses his/her personal strength and doesn’t even realize it. Share how they can learn to recognize what their personal strengths are, as well as how to tap into their strengths when dealing with difficult situations or problems they may be facing.

1. Handout the My Personal Strengths Are… worksheet. Have the students place a check in front of each word that describes him/her.

2. Ask for volunteers who would like to share some of their personal strengths.

3. Describing these personal strengths could help to:

   a. survive an emergency situation

   b. cope with someone who mistreated you

   c. work through a personal tragedy

   d. work toward a personal goal

   e. be successful at school and home

   f. deal with stressful situations
g. overcome feelings of helplessness

h. communicate your feelings to others

i. connect with others

To wrap up the lesson emphasize to the students all of the wonderful qualities that they possess and to remember how their own personal strengths can help them overcome many tough situations. End with teaching the students about ways to help calm themselves through deep breathing.

Review the students’ positive and negative coping techniques and how when they feel overwhelmed, frustrated, sad, or angry people don’t always know how to handle these feelings and emotions. By learning deep breathing it can help them relax the intense feelings they are having internally.

Directions

1. Sit up in your chair so that you’re comfortable with your eyes closed and nothing in your hands. Play calming music to help the students to become more relaxed.

2. Breathe in deeply through your nose to the count of 5.

3. Now exhale through your mouth slowly to the count of 5, repeat.

4. Notice the changes in your body, for example your arms, shoulders, neck, head, and stomach.

5. Think of only pleasant thoughts and concentrate on your breathing.
Discussion Questions

• How can deep breathing help in difficult situations?

• When could deep breathing come in handy at school, at home, at work, etc.


**Week 4 – Signs to Look for and How to Help**

Objectives

• To identify signs and symptoms of someone who might be self-injuring

• To practice how to help support someone who is self-injuring

Materials

• Overhead with various responses (see Appendix H).

Introduction - Supporting someone who self-injures

Students now know what self-injury is and why people do it. This section is aimed at learning how to support someone who self-injures. Review that self-injury is a way of coping with pressure people feel inside. Often they prefer to talk about whatever is causing the pain than about the injury. Sometimes someone may feel very low and be thinking about suicide. If you think someone may be suicidal don't ignore it, ask them how they're feeling. If you need to, tell someone you are worried.

• Some signs and symptoms that are associated with self-injury are:

  • unexplained cuts or bruises

  • kids who have trouble controlling emotional states especially sadness, fear and anger are at higher risk for self-injury
• low self-esteem
• arms and legs are always covered such as wearing cold weather clothes such as long sleeves and pants in warm weather
• presence of an eating disorder and possible substance abuse

With an overhead, show various responses that an individual may or may not use when finding out about someone who self-injures. What might you say to him/her if he/she was your friend? Is this a good thing to say to the person and why? Discuss the positives and negative effects the response may have.

• “Ewww! That’s gross.”
  + You've acknowledged the cutting.
  – You are letting your feelings get in the way and are making he/she feel worse.

• “Oh no, you should go to a doctor or the school counselor knows about this stuff.”
  + You're letting them know where there is support.
  – It might sound like you're saying, “Talk to someone else - not me!”

• “You're crazy, cutting yourself like that. Just pull yourself together and stop doing it.”
  + You've acknowledged the cutting.
  – Is he/she really crazy? Is it really that easy just to stop?

• “You want to be careful, those cuts will get infected you know.”
  + You've acknowledged the cutting.
  – You're avoiding the issue. Better to ask how he/she's feeling.
• "If you tell me what's wrong, I swear I won't tell anyone."

  + You are encouraging him/her to talk about what's going on. You let her know he/she can trust you.
  
  – Some of what he/she says may be upsetting. You may worry this is serious and want to tell someone.

• "How are you feeling?"

  + You are encouraging him/her to talk about what's going on.
  
  – "I feel fine." He/she may not be ready to talk, let her know you will be there if he/she wants to.

Discussion Question

• Is there a right or wrong way to let someone know you care?

  - **DON'T**: Ignore it or stop talking to him/her.
  
  - **DO**: ask them how they're feeling; let them know you'll be there for them, talk when they're ready to talk, and tell an adult you trust about your concerns.

• Who can you talk to if you are concerned about a friend or fellow student?

(Adapted from Understanding self-injury (2009) Samaritans.org)
Week 5 – Becoming Media Literate

Objectives

• To help children recognize both the good and the bad in the media
• To learn media’s persuassive techniques
• To learn how to be critical media consumers

Materials

• Magazines

Introduction

Advertisements and media programs are carefully created to sell values, behaviors, and consumerism through entertaining and shocking topics. Begin a discussion with a group of students about what is good and what is bad about different examples of media and the ideas and images the media portrays.

There are many techniques the media utilizes to attract attention from consumers. Discussing these techniques with students provides an opportunity to analyze advertising’s emphasis on toys, sugary foods, caffeinated drinks, and more importantly to talk about stereotypes, the promotion of addictive behavior, or issues surrounding violence or body image. Allow the students to browse through a variety of magazines to try and identify advertisements that may be sending negative messages. It is also important to recognize and acknowledge positive media portrayals. Asking tough questions and beginning to use critical thinking skills when looking at the media is the first step in becoming media literate (Lane, 2007).
- "For who is this message intended?"
- "Who wants to reach this group and why?"
- "What emotional "hook" is being relied on to grab the attention of consumers?"
  (e.g., - Feeling popular or fear of embarrassment).
- "Who produced this piece of media? For what purpose?"
- "Who profits from it?"
- "Who loses?"
- "What view is being promoted? What view is missing?"

Encourage the students to discuss any commercials, television programs, or movies where they can re-evaluate with these questions in mind.

**Week 6 – CUT: Teens and Self-Injury**

The last and final week will require a greater amount of time in order to screen the film *CUT: Teens and Self Injury*. The film is a great depiction of what life is like for someone who self-injures from first hand accounts of individual struggles. More importantly the film does not portray any visual images of harm done to the bodies. Instead the visuals are centered on pieces of artwork, poems, and music that have been completed by individuals who have self-injured.

The idea of showing this film can be controversial to many due to the notion that it will only increase the growing problem of self-injury. The contagion component of raising awareness of self-injury is a fear of many, but this film elicits a positive educational understanding of self-injury and will help individuals identify and be able to
connect with the individuals portrayed in the film. The film is tastefully done and will help people to gain a better understanding of why people self-injure, how to support someone who is, and how it is portrayed in the media.

“CUT: Teens and Self Injury provides an intimate look at a largely unacknowledged problem that affects thousands of young people, their families and friends. Using the words, music and artwork of the teens themselves, director Wendy Schneider draws back the curtain on the sensationalism and secrecy surrounding the cycle of self-harm and brings this hidden issue into sharp, clear focus. As teens articulate their experience with self-injury, we see them begin to confront both their urges and their deepest feelings. Personal struggles are offset by interviews with parents and mental health professionals who address the problem from a broader context, and by rock icon Shirley Manson, who shares her own experience with self-injury. Compelling, incisive and profoundly moving, CUT issues a call to bring the problem of self-injury out of the shadows and reminds us that the first step towards healing is an honest acknowledgment of reality.” (Schneider, 2007)

To conclude the six-week curriculum, it is essential to debrief after the film any thoughts, concerns, and questions the students and staff may have. It is important to assess the effectiveness of the curriculum with a one-page assignment on how to identify self-injury behavior and how to support someone who self-injures. Concluding the unit this way will be a nice way to wrap up the discussion and also find out what information was retained by the students. Whether it is an outline that can be filled out by the students or a free writing exercise, this will allow the students to process the curriculum and help the counselor address what was effective with the students. Lastly, it is essential to let the students know if they have any concerns about themselves or others to seek out the school counselor. It may be helpful to suggest that they leave a note in your mailbox about another classmate they are concerned about if they do not feel comfortable coming directly to an adult.
CHAPTER V

SUMMARY AND CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS OF THE EDUCATIONAL MODEL

The model in this thesis was designed to address the growing concern of self-injury behaviors in adolescents. The prevalence of this phenomenon among young adolescents is on the rise and the majority of studies have only focused their research on inpatient samples. The objective of this model was to prevent the increase of self-injury behaviors among young adolescents within a student population who are motivated by automatic reinforcements such as emotion regulation by oneself or by social reinforcement such as reinforcement by others.

In order to evaluate the effectiveness of this educational model, it is important to document the positive and negative aspects of each lesson plan, what worked and what needs improvement, answer further questions or topics that weren’t addressed as well as incorporate new techniques to help prevent students from engaging in self-injury behaviors, and making sure the topics covered are age appropriate and that the students are provided with instructed discussions during a debriefing session following the activity.

The purpose of this thesis was to implement a prevention strategy to help deal with the growing occurrence of self-injury behaviors in youth and adolescent populations. The education model is likely to positively affect the students by informing them of vital information and teaching them to cope with their emotions. While the research available...
indicates there is a growing problem with adolescents' self-injuring, little has been put in place to help deal with the epidemic. By creating a curriculum in schools where an individual can feel supported and not isolated; information on how to deal with difficult emotions or complicated situations is the primary step to tackling self-injury head on. Understanding self-injury and the sequence self-injurers engage in is the fundamental basis of this educational model. Developing strategies to help prevent the cycle from occurring will help eliminate negative coping strategies. “Self-harm involves all of us on some level. We may all punish, distract or numb ourselves, as a way of dealing with difficult situations” (Anonymous).

Counselors hold keys in prevention and in treatment, for they can help educate society and lead their patients toward healing. With love and respect from family and friends and guidance from qualified professionals, adolescents can feel nurtured and appreciated; and they can realize and enjoy life while they live it (Kyle, 1999).

Providing the environment where children and adolescents feel that they can share true feelings without being judged or criticized will open the doors for communication. Open communication allows counselors to educate children and adolescents about their own personal strengths and support them through positive choices.


_Psychotherapy, 31_, 620-631.


http://medialiteracy.suite101.com/article.cfm/media_literacy#ixzz0CaCLP6J9


Schneider, W. (Film maker). (2007) CUT: Teens and self-injury. [Motion picture] (Available at wendy@cutthemovie.com)


APPENDICES
APPENDIX A

DO’S AND DON’TS FOR COUNSELORS

By: Susan Bowman and Kaye Randall

“See My Pain”
Youthlight, Inc.

Do:

• Show the child/adolescent unconditional acceptance.
• Accept him/her as a person regardless of the behavior.
• Make understanding the underlying cause for the behavior a goal.
• Encourage a commitment to try positive alternative behaviors for coping.
• Suggest a list of coping techniques to be used rather than self-injury.
• Understand that the list is flexible and can always be changed.
• Encourage open communication no matter what the behavior is.
• Acknowledge his/her efforts to cope with very difficult emotions.
• Show that you care about the injuries.
• Communicate that it is okay to talk about self-injury.
• Help him/her discover their identity.
• Remember that you are not responsible for the child/adolescent’s behavior.

Don’t

• Be afraid to ask the question, “Do you self-injure?”
• Make eliminating the behavior the primary goal.
• Tell the child/adolescent to stop the self-injuring behavior.
• Use contracting as a reward or punishment system.
• Make a safety contract. This may create a need to please you and further the feelings of inadequacy for the child/adolescent.
• Make him/her feel ashamed or guilty about his/her behavior.
• Feel responsible for the child/adolescent decision to self-injure.
• Be the only source of support for the child/adolescent.
• Leave the family out of the healing process.

APPENDIX B

DO’S AND DON’TS FOR TEACHERS

By: Susan Bowman and Kaye Randall

“See My Pain”
Youthlight, Inc.

Do

- Try to approach the student in a calm and caring way.
- Accept him/her even though you do not accept the behavior.
- Let the student know how much you care about him/her and believe in his/her potential.
- Understand that this is his/her way of coping with the pain that he/she feels inside.
- Refer that student to your schools’ counselor, social worker, or nurse.
- Offer to go with that student to see the professional helper.
- LISTEN! Allow the student to talk to you. Be available.
- Discover what the student’s personal strengths are and encourage him/her to use those strengths.
- Help him/her get involved in some area of interest, a club, sport, peer program, outreach project, e.g., volunteer at a local animal shelter, or wildlife sanctuary, help an older person at a nursing home, tutor a young child after school or mentor a child with low self esteem.

Don’t

- Say or do anything to cause the student to feel guilt or shame (e.g., “What did you do to yourself?” “Why did you do that?”)
- Act shocked or appalled by his/her behavior.
- Talk about the self-injury in front of the class or around his/her peers.
- Try to teach him/her what you think he/her should do.
- Judge the student even if you do not agree with him/her.
- Tell the student that you won’t tell anyone is he/her shares self-harming behaviors with you.
- Use punishment or negative consequences if a student does self-injure.
- Make deals in an effort to get the student to stop self-injuring.
- Make promises to the student that you can’t keep.

APPENDIX C

UNDERSTANDING SELF-INJURY QUIZ

www.Samaritans.org

Understanding Self-injury: Understanding Self-injury Quiz

Don’t worry about getting the ‘wrong’ answer. Just answer each question as best you can by circling your response, and then we will discuss it all together.

1. People who self injure are attention seeking
   True    False    Don't know

2. People who self injure use it as a way of releasing pressure and feelings
   True    False    Don't know

3. It is easy to stop injuring yourself
   True    False    Don't know

4. People who self injure are feeling suicidal
   True    False    Don't know

5. People who injure themselves hide it from others
   True    False    Don't know

6. People who self injure are selfish
   True    False    Don't know

*Copied with permission from Samaritans.org (2009).
APPENDIX D

Counselor/Teacher Copy

UNDERSTANDING SELF-INJURY ANSWERS
www.Samaritans.org

1. People who self injure are attention seeking.
   **False:** People are trying to cope with pain or pressure they are feeling.

2. People who self injure use it as a way of releasing pressure and feelings.
   **True.** People say the physical pain releases some of the emotional pressure.

3. It is easy to stop injuring yourself.
   **False:** People often injure themselves because it is the only way they can find to cope. Only by working through the underlying feelings can the pressure be taken away, and people are able to stop self injuring.

4. People who self injure are usually feeling suicidal.
   **Mostly false:** Self-Injury is a way of dealing with pain or strong feelings, not an attempt at suicide. However it is true that people who self injure may be at greater risk of attempting suicide at some stage.

5. People who hurt themselves hide it from others.
   **Mostly true:** They may do so as they feel self conscious or don't want others to find out, though not always the case.

6. People who injure themselves are selfish.
   **False:** People who self injure are often trying to cope with a lot of internal emotional pressure.

7. Self-Injury is a cry for help.
   **Mostly false:** Not necessarily. Self-Injury is a person's chosen way of coping, even whilst they are working through problems or difficult emotions. However, if someone is self injuring, ask if they want to talk about it.

Reflect and Discuss

*Copied with permission from Samaritans.org (2009)
### Coping Strategies Overhead

What do you do when you experience a strong emotion?

<table>
<thead>
<tr>
<th>Action</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stamp my feet</td>
<td>Gossip</td>
</tr>
<tr>
<td>Think / reflect</td>
<td>Sit down and think</td>
</tr>
<tr>
<td>Threaten someone</td>
<td>Help someone</td>
</tr>
<tr>
<td>Drink water</td>
<td>Drink</td>
</tr>
<tr>
<td>Throw a tantrum</td>
<td>Play a game</td>
</tr>
<tr>
<td>Sleep</td>
<td>Talk to a trusted adult</td>
</tr>
<tr>
<td>Telephone a friend</td>
<td>Ride a bike</td>
</tr>
<tr>
<td>Throw things</td>
<td>Be with friends</td>
</tr>
<tr>
<td>Count to 10</td>
<td>Go see a movie</td>
</tr>
<tr>
<td>Count to 100</td>
<td>Talk to myself</td>
</tr>
<tr>
<td>Watch TV</td>
<td>Clean my room</td>
</tr>
<tr>
<td>Tell my parent</td>
<td>Curse</td>
</tr>
<tr>
<td>Break things</td>
<td>Skateboard</td>
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<tr>
<td>Take deep breaths</td>
<td>Feel sorry for myself</td>
</tr>
<tr>
<td>Talk to a counselor</td>
<td>Try meditation</td>
</tr>
<tr>
<td>Scream/yell</td>
<td>Sing</td>
</tr>
<tr>
<td>Walk away</td>
<td>Beat up my brother or sister</td>
</tr>
<tr>
<td>Play sports</td>
<td>Cry</td>
</tr>
<tr>
<td>Listen to music</td>
<td>Stare at people</td>
</tr>
<tr>
<td>Run</td>
<td>Become silent</td>
</tr>
<tr>
<td>Write in my journal</td>
<td>Develop an attitude</td>
</tr>
<tr>
<td>Try to hurt someone</td>
<td>Take a shower or a bath</td>
</tr>
<tr>
<td>Tell jokes</td>
<td>Meditate</td>
</tr>
<tr>
<td>Exercise</td>
<td>Talk with the person involved</td>
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<tr>
<td>Punch pillows</td>
<td>Have fun</td>
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<tr>
<td>Hide</td>
<td>Go to a peaceful place</td>
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<tr>
<td>Shop</td>
<td>Relax</td>
</tr>
<tr>
<td>Take a walk</td>
<td>Get a massage</td>
</tr>
<tr>
<td>Shop</td>
<td>Hurt myself</td>
</tr>
<tr>
<td>Draw / paint</td>
<td>Hit someone</td>
</tr>
<tr>
<td>Hug a teddy bear</td>
<td>Play</td>
</tr>
<tr>
<td>Read a book</td>
<td>Visit grandparent</td>
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<tr>
<td>Eat</td>
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APPENDIX F

OVERHEAD FOR LESSON ON POSITIVE COPING STRATEGIES VERSUS NEGATIVE COPING STRATEGIES

http://www.teachablemoment.org/middle/copingstrategies.html

- **Positive coping strategy.** This is a strategy that enables you to restore emotional balance; feel better about yourself; is respectful of you, others, and property; and helps you to solve the problem.

- **Negative coping strategy.** This is a strategy that does not restore emotional balance; may be harmful to yourself, others, or property; does not solve the problem, and may create additional problems.

- **Neutral coping strategy.** This is a strategy that is neither positive nor negative, but used to excess, could be harmful.

- **Time-out strategy.** This is a strategy that helps you to calm down and restore emotional balance. It is only temporary and must be used with another positive strategy in order to solve the problem.
APPENDIX G

MY PERSONAL STRENGTHS ARE . . . WORKSHEET

By Bowman and Bowman (1998)

“Learning about one’s personal strengths is an important step toward building the kind of self-confidence and positive motivation that can last a lifetime.” – Anonymous

Directions: Place a check before all the words that describe your personal strengths.

<table>
<thead>
<tr>
<th>A.</th>
<th>B.</th>
<th>C.</th>
<th>D.</th>
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<tbody>
<tr>
<td>Accepting</td>
<td>Bold</td>
<td>Calm</td>
<td>Dedicated</td>
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<td>Brave</td>
<td>Caring</td>
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<td>Cooperative</td>
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<td></td>
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<td></td>
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<td>E.</td>
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<td>G.</td>
<td>H.</td>
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<td>Eager</td>
<td>Fair</td>
<td>Generous</td>
<td>Hard worker</td>
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<tr>
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<td>Faithful</td>
<td>Gentle</td>
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<td>Flexible</td>
<td>Giving</td>
<td>Honest</td>
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<td>Forgiving</td>
<td>Good sport</td>
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<td>Laid back</td>
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<td>Self-Aware</td>
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SUPPORTING STATEMENTS

UNDERSTANDING SELF-INJURY

www.Samaritans.org

Supporting someone who self injures

- “Eww! That’s gross.”
  + You've acknowledged the cutting
  – You are letting your feelings get in the way and are making he/she feel worse.

- “Oh no, you should go to a doctor or the school counselor knows about this stuff.”
  + You're letting them know where there is support.
  – It might sound like you're saying, “Talk to someone else - not me!”

- “You're crazy, cutting yourself like that. Just pull yourself together and stop doing it.”
  + You've acknowledged the cutting.
  – Is he/she really crazy? Is it really that easy just to stop?

- “You want to be careful, those cuts will get infected you know.”
  + You've acknowledged the cutting.
  – You're avoiding the issue. Better to ask how he/she's feeling.

- “If you tell me what's wrong, I swear I won't tell anyone.”
  + You are encouraging him/her to talk about what's going on. You let her know he/she can trust you.
  – Some of what he/she says may be upsetting. You may worry this is serious and want to tell someone.

- “How are you feeling?”
  + You are encouraging him/her to talk about what's going on.
  – "I feel fine". He/She may not be ready to talk, let her know you will be there if he/she wants to.

*Copied with permission from Samaratans.org (2009).