

SELF-INJURY: ASSESSMENT & INTERVENTION

Psychological Services - LAUSD

February 25, 2016

Non-Suicidal Self-Injury

Definitions

Prevalence

Signs/Symptoms

Treatment/Intervention

District Best Practices

Definition

What is Self-Injury?

- Sometimes referred to as Repetitive Self-Mutilation Syndrome, Self-Harm, “Cutting” and Non-Suicidal Self-Injury.
- Self-Injury is a prevalent, pervasive, clinically significant behavior seen mostly in adolescents, frequently associated with serious social, physical, and psychological consequences. It is characterized by high comorbidity with various disorders. Therefore, self-injury has been included as a research diagnosis in the *DSM-V*.

There are several classifications of pathological self-injury:

- Cutting- **Most Common**
- Scratching
- Burning
- Head banging
- Picking/Poking skin or wounds so they do not heal
- Purposely bruising or breaking one’s bones
- Hair pulling

Most Common

Self-Cutting is by far the most-prevalent form of self-injury. Parts of body most-commonly cut:

- Arms, legs and front of torso due to their ease of reach and ability to be hid under clothing. But any area of the body may be used.
- People who self-injure may use more than one method to harm themselves and harm themselves on more than one part of their body.

Prevalence

As self-injury frequently occurs in private, rates of self-harm are difficult to determine. Estimates vary widely:

- 3% to 38% in adolescents and young adults
- 13% to 24% high school age.
- Age of onset usually between ages 12 to 15, but can occur as young as 7 years old
- Self-injury (SI) may also begin during the college years, with surveys reporting that 30% to 40% of college students report engaging in self-harm after the age of 17.
- SI is prevalent in all cultures and races and cuts across SES

Further Statistic Estimates:

- Each year, females comprise up to 80% of those who self-injure.
- 90% of those who engage in self harm begin during adolescence.
- About 50% of those who engage in self injury have been sexually abused.
- About 50% of those who engage in self injury begin around age 14 and continue into their 20's
- Approximately 2 million cases are **reported** annually in the U.S.
- Many of those who self injure report learning how to do so from friends (can occur in clusters) or websites that promote self injury.
- May continue into adulthood, although most stop by their 20's

Causes

There's no one single or simple cause that leads someone to self-injure. In general:

- Self-injury is usually the result of an inability to cope in healthy ways with psychological pain related to issues of personal identity and having difficulty "finding one's place" in family and society.
- The person has a hard time regulating, expressing or understanding emotions.
- There may be feelings of worthlessness, loneliness, panic, anger, guilt, rejection, self-hatred or confused sexuality.
- People self injure to cope with overwhelming internal emotions
- To relieve emotional numbness

Causes (continued)

- To obtain a sense of belonging
- To communicate distressful feelings; a desperate need for relief from emotional pain. Some people cut to express strong feelings of rage, sorrow, rejection, desperation, longing or emptiness.
- Feel a sense of control over his/her body.
- To self-punish due to feelings of shame, guilt, perceived faults.
- Some psychiatrists believe that for teens with emotional problems, self-injury has a drug-like effect due to release of endorphins that create a feel-good sensation by the cutting. Takes attention away from the severe *emotional* pain.
- Considered an Impulse Disorder with similar characteristics to other impulse disorders (i.e., substance abuse, suicidality, shoplifting, eating disorders)
- Intermittent in nature and gratification is subsequently achieved by the behavior- it therefore becomes repetitive and addictive in nature.

Pre-disposing/Risk Factors

- Co-existing Mental Health Issues- related to people who are ***impulsive***, explosive and highly-critical, and with poor problem-solving abilities. Also associated with personality or mood disorders; depression, anxiety and PTSD; eating disorders.
- Related to difficulty regulating mood and emotions.
- A history of abuse, either emotional or sexual.
- Age- Mostly teens and young adults.
- Being female- more common among girls than boys.
- Several studies have identified families characterized by poor parental connectedness.
- Contagious effect among peer groups- students who have friends that self-injure are more likely to begin self-injuring.
- Alcohol/Drug use- people who self-harm reportedly often do so while under the influence of alcohol or illegal drugs.

Symptoms/Warning Signs

- Linear cuts; often parallel to each other; sometimes words and may reflect poor body image, i.e., “Fat”, “Ugly”. Typically escalates over time and like a drug addiction, you build more tolerance to the pain.
- Unexplained cuts and scratches- “the cat did it”.
- Mood changes, out-of-control behavior, changes in relationships.
- Students who are unable to manage day-to-day stressors of life are vulnerable to cutting.

Symptoms/Warning signs cont'd

- Wearing long pants and sleeves in warm weather
- Low self-esteem, difficulty handling feelings, & relationship problems
- Poor school functioning
- Secretive behaviors such as spending unusual amounts of time in student bathroom or isolated areas
- Possession of sharp objects

Dispelling Myths

- *Myth 1- Students who self-injure are suicidal:*
 - Students who self-injure are doing so in an attempt to make themselves feel better whereas the suicidal students wants to end all feelings
 - A small percentage of students who engage in SI are at high risk of suicide
- *Myth 2- Attempt to Manipulate/Attention Seeking:*
 - typically *not* trying to manipulate others- instead, trying to express what they cannot put into words.
 - The injury places the pain externally, thereby helping them feel more in control of their emotions and their body.
- *Myth 3-That they are in control of their behavior:*
 - most students who self-mutilate cannot stop on their own without intervention and support.

iSTAR and RARD: Bulletin 5269.2

- ***Incident System Tracking Accountability Report (ISTAR) is an electronic tool to report and document incidents involving students, employees, or the school community. Check with the Principal to see who is a “designee” responsible for entering data.***
- ***Tabs include: Incident, Persons Involved, Issue Type, Incident Summary, Injury/Illness Report, Risk Assessment Referral Data (RARD)***
- ***If incident involves injury report must be completed within 24 hours.***
- ***If an incident involves psychiatric hospitalization or exhibiting suicidal behaviors, ideation, or self-injury a RARD must also be completed (see Bulletin 2637.1 “Suicide Prevention, intervention, and Postvention (Students)” for reference.***

BUL-2637.1: Suicide Prevention, Intervention, and Postvention (Students)

- The purpose of this bulletin is to outline administrative procedures for intervening with suicidal and self-injurious students and to offer guidelines to school site crisis teams in the aftermath of a student death by suicide.
- [Attachment A - Protocol for Responding to Students at Risk for Suicide/Self-Injury](#)
- [Attachment B - Suicide Risk Assessment Checklist](#)
- [Attachment C - Resource List](#)
- [Attachment D - General Guidelines for Parents \(Elementary\)](#)
- [Attachment E - General Guidelines for Parents \(Secondary\)](#)
- [Attachment F - Parent Authorization for Release/Exchange of Information](#)
- [Attachment G - Student Re-Entry Guidelines](#)
- [Attachment H - Medical Clearance for Return to School](#)
- [Attachment I - Risk Assessment Referral Data \(RARD\)](#)
- [Attachment J - Self-Injury and Youth-General Guidelines for Parents](#)
- [Attachment K - Sample Letter to Parent/Guardian RE: Self-Injury](#)
- [Attachment L - Postvention: Protocol for Responding to a Student Death by Suicide](#)



Los Angeles Unified School District

STUDENT HEALTH AND HUMAN SERVICES

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RISK ASSESSMENT REFERRAL DATA (RARD)

TO BE COMPLETED BY THE SCHOOL SITE CRISIS TEAM MEMBER

LOCATION OR COST CENTER NAME: _____	EDUCATIONAL SERVICE CENTER: _____	DATE: _____
DATE OF INCIDENT: _____	TIME OF INCIDENT: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM
INCIDENT OCCURRED:	EXACT LOCATION OF INCIDENT: _____	
<input type="checkbox"/> ON CAMPUS <input type="checkbox"/> OFF CAMPUS		
<input type="checkbox"/> DISTRICT FACILITY <input type="checkbox"/> DISTRICT SCHOOL BUS/VEHICLE		
NAME OF STUDENT: _____	STUDENT ID: _____	
(Last, First Name)	(10-digit number ONLY)	

TYPE OF INCIDENT/ISSUE (An Injury Report must also be completed for issue in red.)

SUICIDAL BEHAVIOR

- | | |
|--|--|
| <input type="checkbox"/> 5150 Hospitalization | <input type="checkbox"/> Self-Injury/Cutting |
| <input type="checkbox"/> Suicidal Behavior/Ideation (injury) | <input type="checkbox"/> Suicidal Behavior/Ideation (non-injury) |

INFORMATION FOR RARD TAB ON ISTAR

Reason for Referral: (Check one or more)

- | | | |
|---|---|--|
| <input type="checkbox"/> Current Attempt | <input type="checkbox"/> Sudden changes in behavior | <input type="checkbox"/> Frequent complaints of illness/
body aches |
| <input type="checkbox"/> Direct Threat | <input type="checkbox"/> Drug or alcohol abuse | |
| <input type="checkbox"/> Indirect Threat | <input type="checkbox"/> Self-injury | <input type="checkbox"/> Psychosocial stressors |
| <input type="checkbox"/> Giving away prized possessions | <input type="checkbox"/> Mood swings | <input type="checkbox"/> Previous attempt(s) |
| <input type="checkbox"/> Signs of depression | <input type="checkbox"/> Truancy or running away | <input type="checkbox"/> Other (Specify) _____ |

Student Referred By: (Check one or more)

- | | | |
|---|--|--|
| <input type="checkbox"/> Self | <input type="checkbox"/> Administrator | <input type="checkbox"/> PSA Counselor |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Teacher | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Student/Friend | <input type="checkbox"/> Psychiatric Social Worker | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> K-12 Counselor | <input type="checkbox"/> Other (Specify) _____ | |

Was a previous RARD submitted for this student? ☐ Yes Date: _____ ☐ No ☐ Unknown

**DO NOT MAIL. SUBMIT COMPLETED RARD TO SCHOOL SITE ADMINISTRATOR
WITHIN 24 HOURS OR BY THE END OF THE NEXT SCHOOL DAY FOR SUBMISSION ON ISTAR.**

Psychological Services PD

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RISK ASSESSMENT REFERRAL DATA (RARD)

INFORMATION FOR RARD TAB ON ISTAR

The following action items are MANDATORY.

Refer to BUL-2637.1 Suicide Prevention, Intervention & Postvention for guidelines and attachments.

Was the student assessed for risk using the District guidelines and procedures?

☐ Yes ☐ No If NO, please explain: _____

Was the parent/guardian notified?

☐ Yes Name of person notified: _____ Relationship to student: _____

☐ No If NO, please explain: _____

If parent/guardian was not notified due to suspected child abuse, please follow the mandates of BUL-1347.2 Child Abuse and Neglect Reporting Requirements, by completing the Suspected Child Abuse (SCAR) form and calling the appropriate authorities.

Was the parent/guardian provided the appropriate handouts – General Guidelines for Parents?

☐ Yes ☐ No If NO, please explain: _____

What services were provided and/or resources offered to the student/family: (Check one or more)

- ☐ Contacted Psychiatric Mobile Response Team for evaluation
☐ Referral to School Mental Health Clinic
☐ Referral to school-based group counseling
☐ Referral to school-based individual counseling
☐ Referral to Community Mental Health Agency
☐ Recommendation for program modification (i.e., smaller class, IEP,...)
☐ Other (please specify) _____

Assessed by Crisis Team Member:

Employee No.: _____ Email Address: _____

Name: _____ Contact No.: _____

Date student was assessed: _____ Date RARD was completed: _____

Assessor Job Title:

- ☐ PSW ☐ Psychologist ☐ Counselor
☐ Nurse ☐ Administrator ☐ Other (please specify) _____
☐ PSA ☐ School Police

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ASSESSMENT

CONCERNS/LONG TERM IMPACT

- Feelings of shame, guilt and poor self worth.
- Infection, either from wounds or from sharing tools.
- Permanent scars.
- Possibly fatal injury.
- Suicide Risk
- Mental Health issues
- Excessive Drug or Alcohol use

INTERVIEW SAMPLE QUESTIONS

- When did you first begin harming yourself?
- What methods do you use to harm yourself?
- What feelings and thoughts do you have before, during and after self injury?
- How often do you cut or injure yourself?
- What seems to trigger or causes you to self harm?
- Do you have a support network? Friends, family, therapy?

Interview Sample Questions (continued)

- What issues are you facing?
- Have you or are you under treatment for self-injury?
- How do you feel about the present and how do you feel about the future?
- Do you have suicidal thoughts when you are feeling down?
- How and where did you first learn how to self injure?

INTERVENTIONS and COPING SKILLS

- No harm contract
- Safety plan for return to school (see bulletin)
- RARD (see bulletin)
- Recognize the situations or feelings that trigger to self-injure.
- Connect with others who can support you.
- Learn to express your emotions in non-harming ways.

COPING SKILLS (continued)

- Avoid illegal drugs/alcohol.
- Avoid social media/websites that glamorize self injury.

Self Injury and Trauma

- Individuals who self-harm appear to have higher rates of PTSD and other mental health difficulties
- Those who self-harm have high rates of:
 - Childhood sexual abuse, childhood physical abuse, emotional neglect, bonds with caregivers that are not stable, long separations from caregivers
 - In one study, 93% of people who engaged in self-injury reported that they had been sexually abused in childhood

Self-Injury and Trauma

- Things to consider:
 - 1 in 6 boys will be sexually abused by age 16
 - 1 in 4 girls are sexually abused
 - 1 in 3 women are victims of domestic violence
 - Many who disclose one type of trauma are often victims of other crimes as well
 - Across socioeconomic status and race

Self-Injury and Trauma

- Trauma impacts sense of world and self
 - Common responses of child victims:
 - Sense of hopelessness, helplessness, isolation, loss of power and control
 - Pervasive feelings of guilt, shame, anger
 - Sense of distrust in people and institutions
 - something to consider when discussing our reporting requirements with various disclosures
 - Emotional Numbing
 - if no one is going to help take care of these feelings, I better not feel them
 - Dissociation: feeling like one is outside of his or her body

Safety Planning

- “What feeling are you trying to get rid of/change when you cut?”

Possible Feelings	Possible Function of Self Injury	Replacement
May feel pervasive feelings of guilt, shame	To express pain and intense emotions	-Paint, draw, scribble -Express feelings in a journal -Compose a poem
May feel overwhelmed, loss of power and control	To calm and soothe	-Take a bath or hot shower, Wrap yourself in a warm blanket, Massage your neck, hands, feet, Listen to music
May feel emotionally numb, dissociated, isolated	To feel connected	Grounding Exercises: call a friend (talk about anything!), take a cold shower, chew something with a strong taste
May feel rage, shame, anger	To release tension or vent anger	-Exercise, Run, Jump rope, Dance, Punch a cushion or mattress, Squeeze a stress ball, Rip a magazine, play an instrument
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Interventions at School - Basics

- Adults on the crisis team should offer safe, caring and non-judgmental support – Keep Calm
- Students who self-injure should be referred to community mental health resources
- The crisis team point person should get a release of information and coordinate with the community mental health provider
- The student should continue attending school and have the option to leave the classroom should they become overwhelmed
- Allow students to connect to staff with whom they feel comfortable

Interventions – Crisis Team Response

- Crisis team should include the school psychologist, counselor or social worker, school nurse and administrator
- Self-injury should be initially handled as a suicide risk
- The crisis team should:
 - Notify parents (or, if necessary, child protective services)
 - Address medical needs
 - Assess for suicide risk
 - Determine appropriate resources
 - Coordinate with relevant community resources

Interventions – Train Adults on the Signs of Self Injury

- Be aware of students wearing long sleeves regardless of warm weather
- Frequent or unexplained bruises, scars, cuts or burns
- Secretive Behaviors – spending unusual amounts of time in the restroom or isolated areas on campus
- Possession of sharp implements (razor blades, pins, shards of glass, etc.)
- Signs of aggression, repressed anger, emotional numbness or emotional pain in class work or interactions with teachers and peers

Interventions – Train Staff to Respond Appropriately

- Create a safe place for the student to talk openly without judgment
- Do not react with criticism or horror so as to not further alienate your student
- The reporting staff should make it clear that he/she is required to inform someone of the self-harm – not as a punishment, but to help the student

Interventions – Notify and Involve Parents

- It is the school's responsibility to inform parents and provide them with resources to help their children
- It is best to contact the parents with the student is present so everyone hears the same thing
- Crisis team members should always collaborate to determine if notifying parents will place the student in any danger
- If there is danger or a history of abuse in the family, the crisis team should consult with child protective services

Intervention – Collaborate with Parents and Outside Mental Health Providers

- A release of information should be generated and signed by the parents
- The school-based mental health professional should coordinate with the private clinician and parents to reinforce positive coping mechanisms and implement interventions.
 - Building Communication Skills
 - Teaching Coping strategies such as exercise programs, relaxation, mediation, imagery and art therapy
- There should be at least one point person on campus that the student can go to if they feel like hurting themselves
- Reminders for parents
 - Don't yell, threaten, or accuse
 - Do express concern, connect with community resources, and ask for help if needed

Intervention – Limit Contagion

- Limit activities that detail or focus on self-injurious behaviors
- An individualized, low-key approach is necessary in order to prevent imitation of behaviors by other students
- Refrain from assemblies or videos on the topic
- Monitor movies, television shows, YouTube videos, Facebook posts, that address self-injury as these can trigger self-harm behaviors in at-risk students
- Middle and Secondary staff should consult and collaborate with health teachers to discuss what should and should not be presented in class

Interventions – Teach Students To:

- Recognize the situations or feelings that trigger the desire to self-injure
- Connect with others who can support you so that you don't feel alone
- Express their emotions in positive ways
- Avoid alcohol and illegal drugs
- Avoid websites that support or glamorize self-injury
- Use a 'trigger log' (track SI and events leading up to it)
- Utilize stress management and tension release (exercise, visualization and controlled breathing)

Interventions – Use Caution When Educating Students

- Information about self-injury should be very general and kept within the context of getting help
- Students should be encouraged to report if their friends also self-injure
- Focus on how it is a treatable mental health problem
- Discuss the signs of emotional stress and risk factors and identify alternate coping strategies as well as adults on campus whom they can turn to
- Avoid descriptions of why or how students hurt themselves due to potentially suggestive effect

Safety Planning

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Clinical Interventions

- Psychotherapy
 - Cognitive Behavioral Therapy – helps identify unhealthy, negative beliefs and behaviors while replacing them with healthy, positive ones
 - Dialectical Behavior Therapy – a type of cognitive behavioral therapy that teaches behavioral skills to help tolerate distress, manage and regulate emotions and improve interpersonal relationships
 - Psychodynamic Psychotherapy – focuses on past experiences, hidden memories or interpersonal issues at the root of emotional difficulties
 - Mindfulness-Based Therapies – teach how to live life in the present and avoid misperceptions about the thoughts and actions of those around you to reduce anxiety and depression

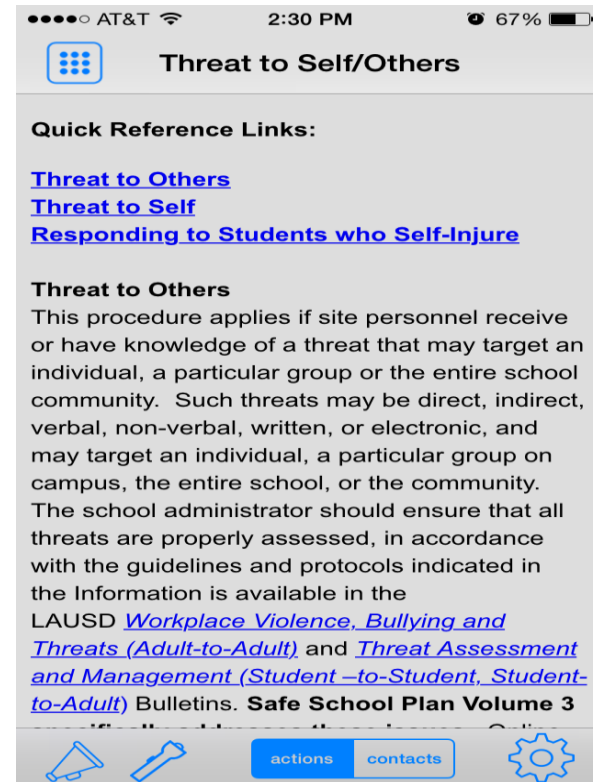
Medication Intervention

- There are no medications that specifically treat self-injury
- A student's doctor may recommend treatment with antidepressants or other psychiatric medications to treat depression, anxiety or other mental disorders associated with self-injury.
- The school nurse should be made aware of any medication treatment that needs to be taken at school or that may have side effects that could impact school performance
- *Remember that we don't recommend medication*

Psychiatric Hospitalization

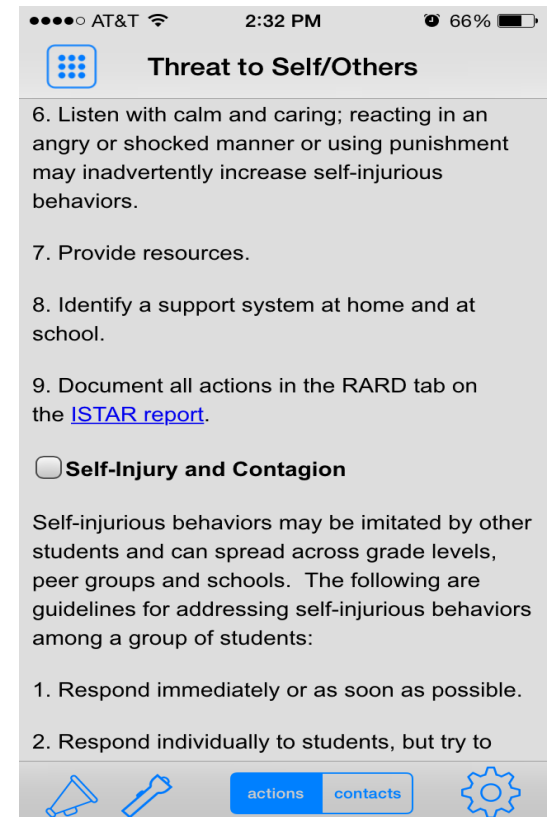
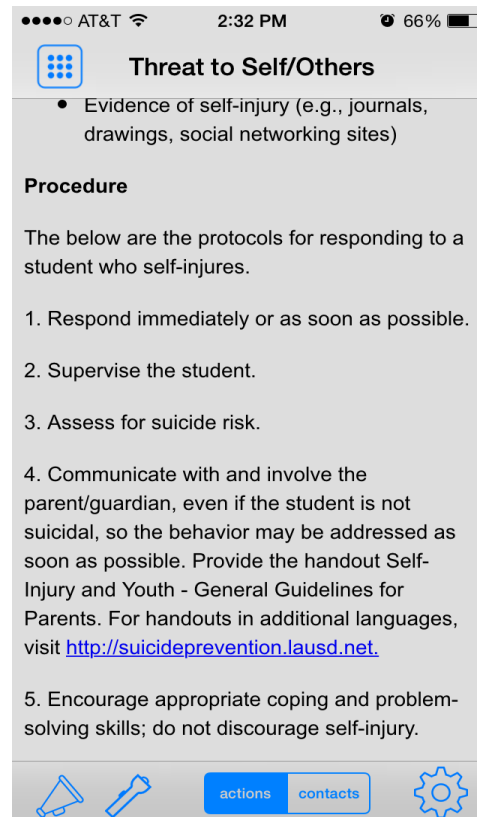
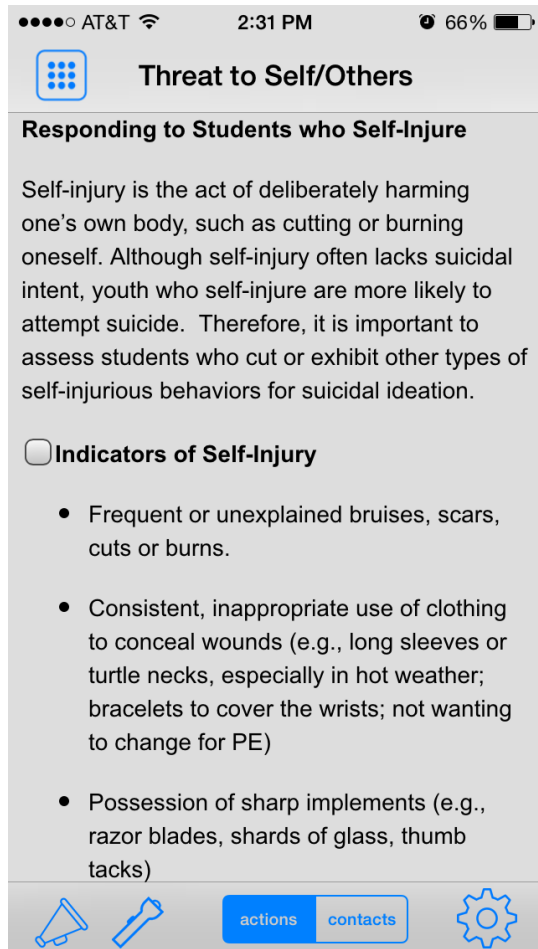
- If the self-injury is accompanied by suicidal ideation and/or a suicide attempt, involuntary hospitalization is necessary to get the student through the immediate crisis
- If a student self-injures severely or repeatedly, the doctor may recommend the student be admitted to a hospital for psychiatric care
- Hospitalization can offer a safe environment with more intensive treatment
- It is a short-term intensive intervention that is meant to get an individual through a crisis

There's an App for that!



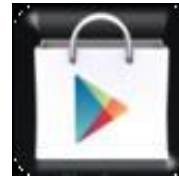
Provides: Topic information, Procedure, and Direct links

to contacts



How Do We Get This Great Tool?

1. On your smartphone or tablet, visit the Apple App Store or the Google Play Store.



- Search for: In Case of Crisis Education



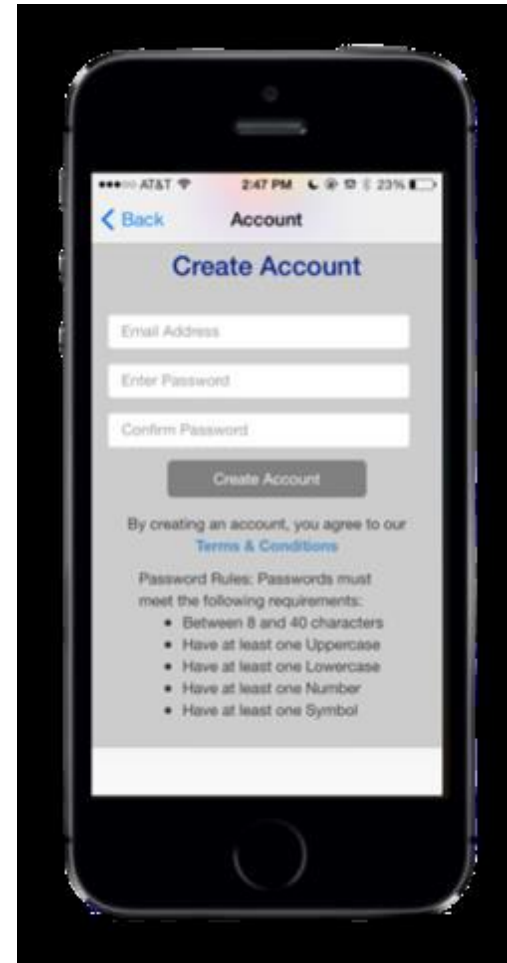
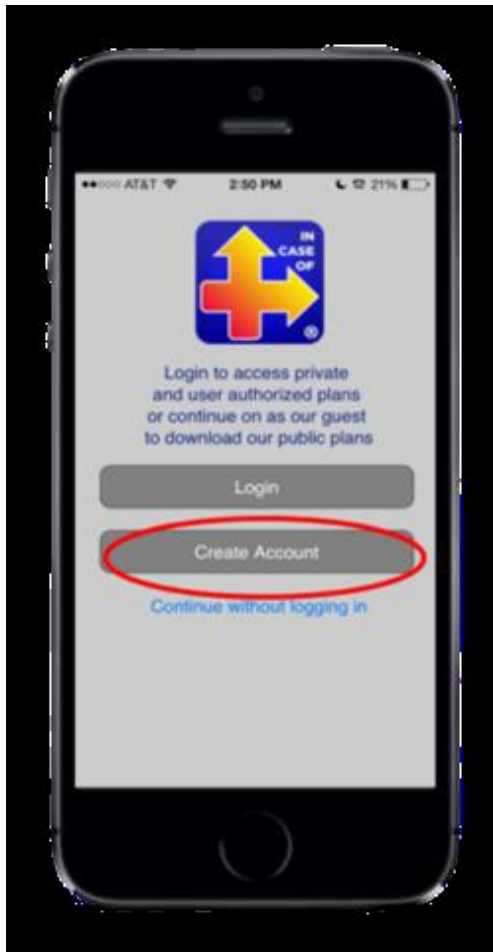
In Case of Crisis - Education
RockDove Solutions, Inc. >

Tap “FREE” or “INSTALL” to begin the download; once installed, tap “OPEN”.



Tap "Create Account".

Use your LAUSD email but NOT your single sign-on password



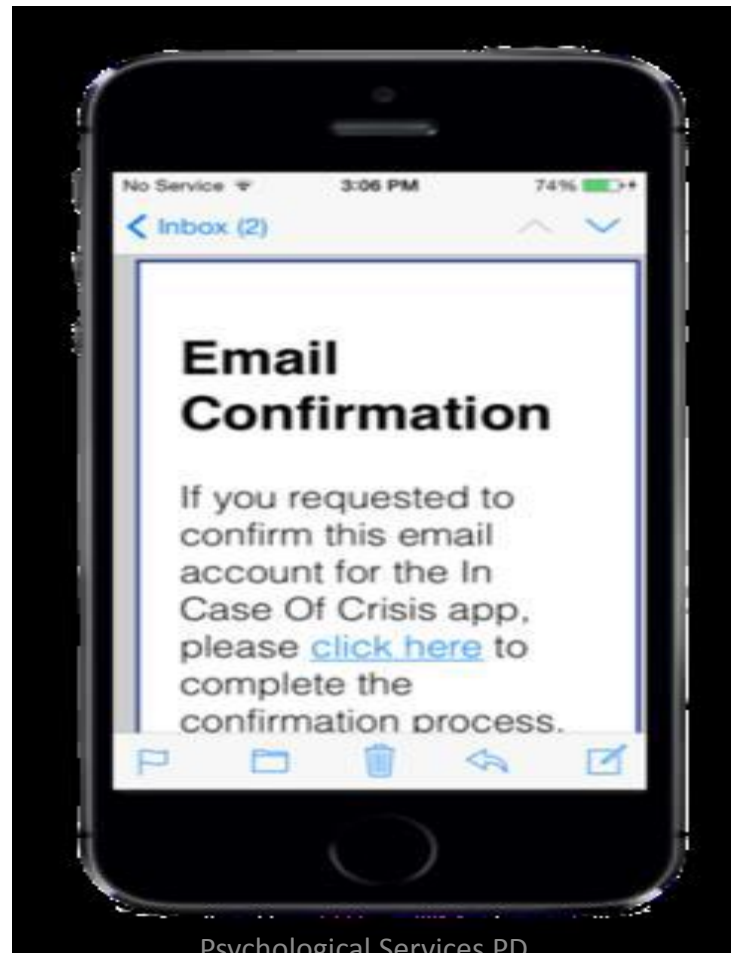
Create a password meeting these criteria:

8 characters or more, including at least:

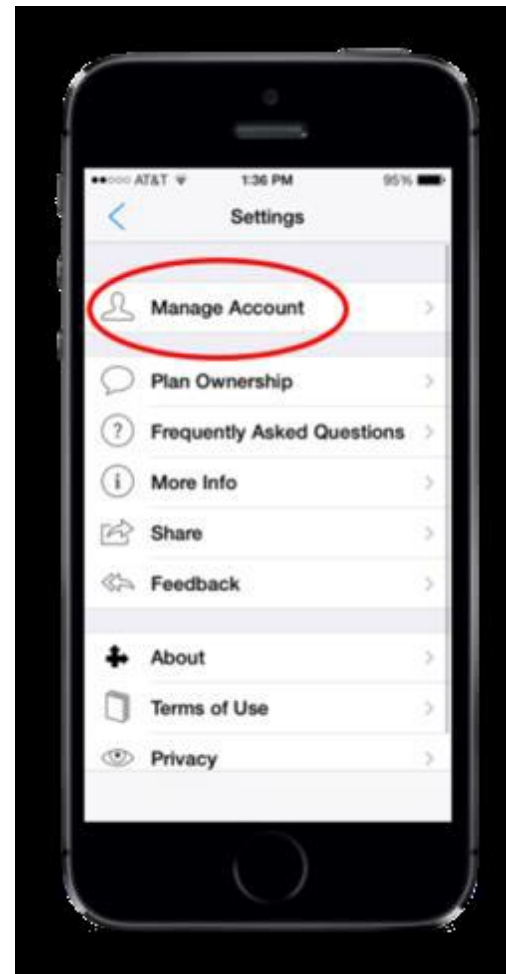
- 1 uppercase letter
- 1 lowercase letter
- 1 Number
- 1 Symbol

You will receive a verification email from In Case of Crisis

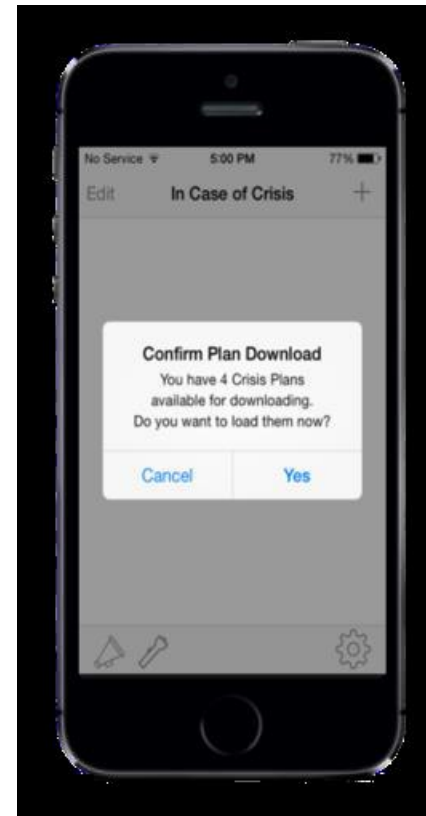
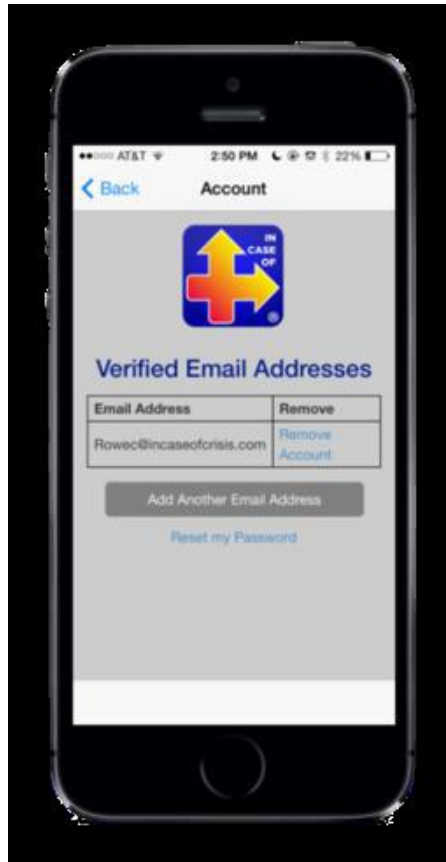
Tap “click here” in the email to confirm your account; you will then see a screen notifying you that your email address has been verified



Tap the In Case of Crisis icon on your device.
Log in (you may need to select “Manage Account”
within the Settings/Gear icon on some devices)



Once you are logged in and a box appears with your email address, tap your Back button then tap Yes



Tap “LAUSD Employee Emergency Plan” and have all the resources at you fingertips!



Follow Up Care & Resources

- Instructions for downloading the application (app) are also available on the achieve.lausd.net website
- Other helpful websites:
- <http://www.selfinjury.com>
- <http://www.mayoclinic.org>
- HOTLINE:1-800-DON'T-CUT

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