Protocol for Addressing Self Injury in Schools: Practical and Legal Considerations

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Overview

- Understanding self-harm behaviors
- Responding to crisis
- Communication skills
- Special considerations within school settings
- Self-care, supervision and referral
Self-injury is an increasingly common behavior among school-aged youth and occurs with regularity in secondary school and college settings. Uncommon for schools to have well-articulated protocols for detecting, intervening in, and preventing self-injury. Presentation provides an overview of best practices for detecting and responding to self-injury in schools.

Why is a School Protocol Important?

- Protocols are useful in guiding school personnel responses to situations that many find uncomfortable or unable to manage.
- Provide a means of assuring that a school’s legal responsibilities and liabilities are addressed even in situations where personnel may not have this as their primary concern.
- Advantage of having a written protocol- staff know how to respond to self-injury systematically and strategically (Walsh, 2012).
What is Included in the school Protocol?

A functional school protocol for addressing self-injury incidents should include steps for the following processes:

- Identifying self-injury
- Assessing self-injury
- Designating individuals to serve as the point person or people at the school for managing self-injury cases and next steps
- Determining under what circumstances parents should be contacted
- Managing active student self-injury (with self-injurious student, peers, parents, and external referrals)
- Determining when and how to issue an outside referral
- Identifying external referral sources and contact information
- Educating staff and students about self-injury

Pre and post-workshop reflection

0 = NOT AT ALL CONFIDENT
1 = SOMEWHAT CONFIDENT
2 = CONFIDENT

How confident do you feel:
* Working with students who have engaged in self-harm?
* Being able to differentiate a crisis from more intermediate and mild incidents?
* Understanding best-practice treatment approaches for self-harm?
* That you could handle a crisis?
Self-harm is

- Deliberate cutting, burning, scratching with the intent of causing bodily tissue
- For the purpose of affect regulation (to feel ‘better’, ‘calmer’ or just ‘different’)
- Almost always non-suicidal
- Usually repetitious
- Usually associated with powerful, rewarding psychophysiological responses
- A maladaptive, but effective coping strategy

Assessing Self Injury

- Assessment of student needs and next steps will require input from the designated point person/team and the nurse if there are open wounds that require attention.
- Unless the student is in obvious emotional crisis, kind and calm attention to assuring that all physical wounds are treated should precede additional conversation with the student about the non-physical aspects of self-injury.
Assessing Self Injury Cont.

The wound severity, implements used, location of the injury and observed number of scars from old wounds can all be noted.

Asking straightforward medically-focused questions at this stage may also be appropriate if student is calm and willing to share.

Questions of value in assessing severity and next steps include:
- Where on your body do you typically injure?
- What do you typically use to injure?
- What do you do to care for the wounds?
- Have you ever hurt yourself more severely than intended?
- Have your wounds ever become infected?
- Have you ever seen a doctor because you were worried about a wound?

Predisposing factors

Stressful events

Self-harm specific factors

Self-harm outcome

Cognitive-emotional-biological vulnerability
- High emotion reactivity
- Emotional numbing
- Poor distress tolerance
- Thought suppression
- Rumination

Social vulnerability
- Early abuse/maltreatment
- Familial hostility/criticism
- Poor communication skills
- Poor problem solving

Stressful event
- Triggers over or under arousal
- Automatic functions

Event presents high social demands

Self-criticism
- Modelling of peers/media
- Need for strong/honest signal

Regulation of emotional experience

Regulation of social situation

Psychological model of the development and maintenance of self-harm (Nock & Cha, 2009)
Who does it?

* Appears to be 3 possible pathways

1. ‘One-off’, non-rewarding response (about 30%)
2. Tension reduction* response (about 70% will repeat)
3. Atypical, excitation** response (seen in Borderline PD; or a least a subtype of BPD, unknown % but likely very low)

*Well established in literature  
**Less well established in literature, still speculative

‘Typical’ response: tension reduction model

Increased levels of negative emotions

Depersonalization occurs

Individual reaches a level they are no longer able to tolerate

Engage in act of self-harm with little/no pain (injury opens access to the brain’s 24 hour pharmacy of endorphins & opiates)

Re-personalization occurs (negative reinforcing property)
Typical response

- Poor coping skills
- Low tolerance for negative emotions
- Impulsive, want instant relief
- Perceived lack of control
- High levels of dissociation
- Often unable to utilize problem solving once distress reaches a certain threshold

Typical response

- Experience interpersonal conflict, rejection, separation, anger, self-hatred, depression, loneliness and abandonment
- Experiences may be real or imagined
- As self-harm become habitual, cutting is often precipitated by more minor events
Most people have a hard time explaining “why” they cut (content)
- But can describe what, where, how led to the behavior (process)
- Does the “why?” change anything?
- Fundamentally, self-harm is a maladaptive coping strategy
- It’s an attempt to communicate distress
- Counselors should try to prioritize process over content

**Faulty Assumptions- “why?”**

**Non-immediate crisis**

- *A student reveals that s/he has engaged in self-harm (but no current crisis)*
  1. Simply ask the student what s/he wants to have happen now (talk now, or later?).
  2. Make sure a follow up time is scheduled (preferably by the end of the day).
  3. Aim to clarify the intent (“so the cutting was about feeling overwhelmed, but not about taking your life?”).
Non-immediate crisis cont.

4. Encourage parental communication.
5. Encourage a referral to an external provider through follow up plan with the family.

Send students home?

* No, not unless absolutely necessary
* Tends to reinforce the behavior
* Increases feelings of rejection & isolation
Self-harm in groups & cliques

* Represents a unique but not unusual occurrence in ‘institutional’ settings (schools, hospitals, prisons)
* Contagion effect
* Important to correct any misinformation and address ‘us vs. them’ phenomena
* Work towards strengthening alliance between parents, adolescents and mental health supports

Addressing the Issue: Groups?

* Can be effective if student has a circle of non self-harming friends
* Similarly, older students who have recovered are a strong source of modeling and support
* Groups with only people who self-harm need to be selected very carefully, they need to be highly structured and run by an experienced therapist
**Risks with Groups**

- False assumption that all members want to change; or that the motivation for change is stable/consistent
- Participant matching issues in school setting
- Members can often provide false validation rather than support
- Extra challenges with personality disorder, trauma, eating disorder and substance use
- Risk of re-triggering & re-traumatization
- Risk of ‘one-upmanship’ behaviors
- Biased motivations for participating
- ‘Sharing’ not as effective as structured skill-based groups

**Communication skills**

- Immediacy
- Neutral tone of voice, face and statements
- Try to avoid the temptation to get into lengthy discussions with students or parents about “why” people self-harm
- Teach/model skills in emotion identification, labeling and explaining
- Focus on the factual information about the mechanics or the process (i.e., reduces heart rate, body releases natural feel-good opioid hormones)
Legal Considerations

* Student Privacy with Other Staff Members
  - Consider student privacy rights during any debriefing (even with other staff members)
  - Remember the difference between want to know and an educational need to know
* Student privacy is particularly challenging in situations where self-harm occurs in public (e.g., in class)
  - Carefully balance needs of students who witnessed self-harm with privacy rights of the student who engaged in self-harm

Legal Considerations

* Student privacy and other rights in groups
  - Students joining a group are giving up a certain measure of privacy
  - Critical to ensure that students (and parents) are aware of the nature of the group, how discussions will be run and the expectation of privacy (or lack thereof)
  - If students who formerly engaged in self-harm are included, make sure these students (and parents) are aware of the expectations
Parent Notification

- Staff members working with student who has engaged in self-harm should not promise that parents will not be notified.
- In most instances, parent notification is essential for student to receive proper treatment.
- Information shared with school staff members is protected by FERPA and can be released to parents of minor student.

Parent Notification (cont’d)

- Student “medical” information is not protected by HIPAA.
- Schools are not providing medical services; thus, there is no HIPAA protection.
- This information can (and should) be disclosed to parents.
- Liability concerns if information about self-harm is known by school and not disclosed.
IDEA and Section 504 Considerations

- Self-harm can be evidence of a mental health condition that would qualify a student for services under either the IDEA or, more likely, Section 504 of the Rehabilitation Act of 1973
  - Do not ignore the IDEA and Section 504 implications of self-harm
    - If there is sufficient information to suspect a disability, make the referral for an evaluation
    - Failing to do so can lead to liability

IDEA and Section 504 Considerations

- Use caution when making referrals to outside agencies for services for students
  - Need to consider district’s obligation to provide services
  - Also consider whether referral could result in district responsibility for the services
Working with Outside Providers

- Collaboration between district providers and outside providers is encouraged and often results in better outcomes for students
  - Be mindful of need for release to communicate
  - Communicate in conformity with boundaries agreed on by all parties
    - E.g., all communication to be in writing; parent to be copied on all communication; parent to be on phone for any calls to provider, etc.

Mandated Reporting Duties

- School employees are mandated reporters of suspected child abuse and/or neglect
  - Potential for report to Department of Children and Family Services (DCFS) in situation where student reports self-harm based on events at home that rise to the level of abuse
  - Potential for report to DCFS if parent refuses to provide medical or mental health services for child
### Realistic options for school mental health services

- Crisis management, putting out ‘spot fires’
- Educating others, translating knowledge
- Explain behavior curve- delay, distract, decide
- Ongoing motivational interviewing
- Encourage replacement skills early on, but acknowledge their limited use & use as a tool for encouraging long-term strategies

### Summary

- Self-harm is *almost always* non-suicidal
- Maladaptive but effective coping strategy
- Is a way of communicating distress
- The psychophysiology of self-harm is very powerful
- Is incredibly difficult to treat. Follows similar patterns to other addictive behaviors
- Addressing motivation to change is crucial first step
Summary

- Familiarize self with facts, practice neutral communication
- Differentiate immediate crisis from more mild or intermediate events
- Consider how to make transition from self-harm incident back to regular activities more seamless
- Consider how to tackle cliques (talk to each member one on one to reduce contagion)
- Legal Responsibilities

Post-workshop reflection

How confident do you feel:
- Working with students who have engaged in self-harm?
- Being able to differentiate a crisis from more intermediate and mild incidents?
- Understanding best-practice treatment approaches for self-harm?
- That you could handle a crisis?
- Understand your District’s legal responsibilities?