AN EXPLORATION OF SELF-INJURIOUS BEHAVIORS AND TRAINING FOR SCHOOL SOCIAL WORKERS

Melissa M. Planas
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A Project

by

Melissa M. Planas

Approved by:

____________________________, Committee Chair

Dr. Santos Torres, Jr.

____________________________

Date
Student: Melissa M. Planas

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__________________________, Graduate Coordinator

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Division of Social Work
Abstract

of

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This study explores self-injurious behaviors among adolescents and provides training for school social workers, school staff, and others working with this population. The purpose of this study is to identify the main topics needed in order to train school social workers on this topic since the literature shows that there is a lack in education of self-injury (Dahir, Sheldon, & Valiga, 1998; Kress et al., 2004; LifeSigns, 2008). Numerous sources were analyzed focusing on prevalence rates, the importance of understanding, explanations for why self-injurious behaviors are used, challenges for school environments, and the expectation of competency among social workers. This researcher collected data from twelve experts working in the field of social work and education, which inquired about the interviewee’s past and present experience working with this population, risk factors, opinion of the level of awareness among other groups, and opinions on best practices and training needs. The findings of this study concluded with identifying similarities and differences found between this study and the literature, and implications for future research and practice.

_______________________, Committee Chair
Dr. Santos Torres, Jr.

_______________________
Date
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Chapter 1

INTRODUCTION

Self-injurious behaviors are becoming more common in popularity by young adolescents (Dyle, 2008). Self-injurious behaviors are described as deliberate and voluntary physical self-injury that is not life threatening and is without any conscious suicidal intent (Dyle, 2008; Plante, 2007; Favazza, 2006; Gindhu & Schonert-Reichl, 2004). The DSM IV states these behaviors usually can manifest by individuals diagnosed with a mental health disorder, such as, borderline personality disorder, depression, and PTSD (DSM IV, 1994). There have been numerous terms applied to this practice such as delicate cutting, parasuicide, self-mutilation, intentional injury, symbolic wounding, and self-aggression (Plante, 2007), but the term self-injurious behaviors will be used throughout this research.

Self-injurious behaviors are most often seen occurring in early adolescence (13 or 14 years of age) and often persist for many years (Plante, 2007). Self-injurious behaviors can become a secreted problem that leaves a legacy of permanent scars, both internal and external (Plante). Professionals who work with self-harmers on treatment, either medically or therapeutic sense, are often perplexed about the condition and are hesitant to treating self-harmers due to their inability to understand such behavior (Warm & Fox, 2003). Professionals are not the only ones who have confusion about this phenomenon; schools do not have the response or education necessary to deal with this issue of self-injurious behaviors (Best, 2006). Schools need to be aware of self-injurious behaviors, not only to assist their students in treatment, but also to recognize those who may be at
risk of self-injurious behaviors and prevent those behaviors from occurring (Hawton, Rodham, Evans & Weatherall, 2002).

This researcher has realized through working as a social worker that self-injurious behaviors are apparent to teachers, administrative staff, and other students. These staff members are having difficulty in the schools since there is a lack of training on this topic, and these of these school officials are looking to the school social workers to address this issue (Best). For the success and treatment of this issue, school social workers need to prepare the school environment for the stigma, and pain felt by the youth that use self-injurious behaviors.

This reader will notice that self-injurious behaviors are a complex issue that will be the focus of this study. Chapter one will explain the background of the problem, the purpose of this study, and its importance to school social work. Within the chapter, a description of the ecological systems theory, the object relations theory, and the social learning theory guides the reader with the purpose of this study and shows how these theories benefit the project. The chapter will conclude with a definition of terms used, as well as the researcher’s assumptions, limitations, and justifications for the study.

**Background**

Self-injurious behaviors are not a new phenomenon, and throughout biblical time, documentation showed these behaviors as a way to feel the divine, or suffer for one’s sins (Conterio & Lader, 1998). Many people have studied this topic of self-injurious behaviors, the reasons behind these behaviors, and their cultural impact. Lori Plante (2007), author of *Bleeding to Ease the Pain: Cutting, Self-Injury, and the Adolescent*
Search for Self, explains how the documentation of self-injurious behaviors occurs throughout history (p. 5-9). First, Musafar found that most cultures have used self-harming behaviors to imply important meanings, such as, rites of passage, creation of lifelong peer bonding, symbols of status, bravery, courage, initiation into greater mysteries of life, to protect from evil or harm, rebalancing of the body, community connection, and the healing of a diseased body. As reported by Schildkrout, he acknowledges these behaviors as a “visual language” that is physical proof of a passage into adulthood. During the 1800’s, a shift in thought occurred that made self-harming behaviors viewed as madness instead of a visual language or rite of passage. It was not until Karl Menninger’s (1938) publication gave a different picture of self-injurious behaviors that viewed cutting as an effort to purge negative feelings and heal the self. Currently, Favazza has been the leader in treatment and recovery of self-injurious behaviors. He has drawn comparisons between shamanic healing, religious mortification, adolescent’s rites of passage, and the modern day cutting as other forms of self-injurious behaviors. He focuses on the significance of scar tissue that provided the visual representation of healing and survival, which records of one’s personal struggles; Favazza and colleagues’ redefined self-injurious behaviors to the modern definition viewed today.

Favazza (1987) explains that self mutilation can be divided into two groups, “culturally sanctioned” and “pathologic,” this behavior can serve three purposes: (1) to attain grace and improve relationships with God; (2) to maintain social stability; and (3)
to achieve physical healing (p.226). Later, in his second edition of *Bodies under Siege* (1996), he redefined that definition into four sections

1. Major (eye enucleation and amputations), which is rare and associated with psychosis, transexualism, and intoxications;
2. Stereotypic (head-banging and self-biting), which is not uncommon in mental retardation and Tourette’s syndrome;
3. Compulsive (severe excoriation of the skin and nail biting);
4. Impulsive, repetitive, and episodic (skin cutting, burning, and carving), which is common and associated with a variety of mental disorders such as depression, anxiety, posttraumatic stress disorder, and personality disorders. (p. 234-258)

These behaviors are commonly known to professionals working in the mental health and social work fields, and those employed in constraining institutions, such as, prisons and psychiatric secure units. The news that significant numbers of people, young and old, engage in self-harming behaviors may be unsurprising to them since it ‘goes with the territory’ (Best, 2006). Those who work in ‘mainstream’ institutions catering to the ‘normal,’ such as schools, may be similar to how child abuse was viewed 20 years ago: Something unknown or, if known about, thought of as something which could not happen in one’s own institution (Best). Violence in our schools and communities has prompted interest in prevention and intervention efforts to reduce aggression and bullying behaviors.

Since 2003, schools have started reaching out for guidance on how to handle this behavior. In the study done by Ron Best (2006) titled, “An Educational Response to
Deliberate Self–Harm: Training, Support, and School-Agency Links”, Best started working with schools to see how education and resources can be received by the mainstream agencies. The school that showed the most concern was an independent church girls’ school, which is predominantly middle-class, and the idea that self-harm might be sufficiently prevalent in such a school as to require a formal policy for dealing with it was striking (p. 276). Through his work with policy making and training of school professionals, a great deal of information identified on how the implementation of this education occurs in all school systems.

**Statement of the Problem**

Training needs to be required for school social workers to help identify at risk youth, assess the needs of that youth, and work with school environments to develop procedures for handling self-injurious behaviors. School social workers need to be prepared to handle this issue; one way to be prepared is through education and attention to early warning signs portrayed by self-injurers. The problem consist of a lack of training and resources provided for school social workers on this issue and, therefore, the lack of confidence portrayed by school social workers on this topic.

**Purpose of the Study**

The researcher will explore self-injurious behaviors and acquire an understanding on this topic since this researcher believes school social workers need to be aware and understand the issue. Through the information gathered, a training brochure will be produced to assist school social workers identify risk factors, support these youth as a first responder, and assist the school in procedures of handling this issue.
The research shown in this paper will explore the current prevalence of self-injurious behavior in youth attending middle school and high school, and define the reasons youth perform these behaviors. This researcher has realized by working as a social worker that self-injurious behaviors become apparent to teachers, administrative staff, and other students. Youth are calling out for help and coping in the only way that works for them.

This topic of self-injury is not a pretty topic to discuss, but it is affecting our youth, starting to come into our schools, and will eventually become more visible in the community. As a school counselor for the Roseville Police Department and Placer County Children System of Care, this researcher has seen the affects that self-injurious behaviors can have on an individual, their family, and the community. Shock, embarrassment, confusion, curiosity, helplessness, disgust, anger, sadness, and relief are just some of the emotions felt by the individual, family, and community. With awareness and education on this topic, decreased stigma and initial shock of these behaviors appears in order for recovery and treatment to occur. By starting at the school level, this researcher hopes to reach those who work with youth and keep their eyes and hearts open for these self-injurers. The researcher hopes to use Fakir Musafar’s words as a guide for the presentation of this paper,

If we can take a broad, multicultural view of this whole web, the phenomenon (of self-injury) may very well snap into focus. However, to truly understand may also require an adjustment in our mindset – perhaps a calculated and deliberate attempt to rise above the cultural biases. (Favazza, 1996, p. 325)
Theoretical Framework

The theoretical framework will discuss the three theories, the ecological systems theory, the object relations theory, and the social learning theory. These three theories will guide the reader by looking at self-injurious behaviors as a coping mechanism, view this problem through a systems lens, and can be a learned behavior. First, the ecological systems theory will prepare the reader to view this problem not only as an individual problem, but also as a family, school, and community problem. Then, a discussion of the object relations theory provided education and reasons to why self-injurious behaviors are used. Lastly, the social learning theory will explain why specifically youth are involved in this issue.

The ecological systems theory focuses on youth’s development within systems of relationships that form his or her environment (Clancy, 1995). This perspective focuses on the point at which independent systems meet and interact (Allen-Aeurs et al., 1986). It is important for school social workers to use the ecological systems theory since the focus is not on the individual “problem”, but rather that range of social interplays that occur between the school environment, and other environments that affect that youth (Clancy, 1995).

The youth’s immediate system, called the microsystem, involves family such as guardians, siblings, and any other close relationships that the youth interacts with continuously. The mesosystem includes the social environment such as the neighborhood, school, church, or any other system that may come into contact on a daily basis for that youth. Lastly, the macrosystem is comprised of culture, the community as a
whole, society, and other external factors that can affect the youth. The use of the ecological systems theory shows that these systems interact with one another. When one system is affecting the youth in a negative way, the entire ecological system is affected.

Since school social workers interact with youth mostly on a mesosystem level, it is important to recognize other systems that are affecting that individual. This could be family violence in the microsystem, oppression in the macrosystem, or bullying in the mesosystem (Clancy, 1995). To assist youth in a single area, involvement of all areas of the ecological system need to occur in a positive way.

Another theory used as a basis for this research is the object relations theory, which is a branch of the psychodynamic theory and emphasizes interpersonal relationships (Daniels, 2007). Within the modern object relations theory, objects can be people (mother, father, siblings, etc.) or things, such as transitional objects (stuffed animals, toys, and pets) with which children form an attachment. The relationship the child develops with these objects becomes the building blocks of the self. Later in life, some people form intense and even self-destructive relationships with food and alcohol, as well as with other people. Therefore, the term object is a more inclusive way to understand how humans form and preserve a sense of self, as well as relationships with others (Klee, 2007).

The self is formed early in life through our relationships with objects. Once formed, modification of the self could occur, but our basic tendency is to seek out others (friends, spouses, and coping mechanisms) who will reaffirm these early object relationships. A creation of a script can occur and people can spend the rest of their lives
seeking out others to play the parts they know and understand. This script is changeable, but the earlier development of a traumatic self-object relationship, the more resistance people can have to change these familiarities (Klee, 2007).

Object relations theory explains how those who self-injure perceive abandonment as a threat, which creates intense emotions that engulf the self. The key premise of attachment theories is that there is a biologically based attachment system characteristic of each species that attaches the newborn to its caretaker in order to protect it from predators in the environment and to promote the development of self-regulatory functioning (Faber, 2007). This lack of positive relational development leads to experiencing the loss of others as a loss of self; self-injury soothes this loss of self (Suyemoto, 1998).

Doctors (1981) states that self-injurers experience an early failure of parental empathy that interferes with the child’s ability to achieve stable object representations, so that boundaries become blurred and fear of attachment occurs (p. 544). When confronted with abandonment by an object in the normal course of development, this abandonment results in fear of losing one’s identity and self-injury is an attempt to maintain that identity. Self-injury may be particularly good at defending against feelings of loss, as many object relations theorists see self-injury as a transitional object (Klee, 2007). Finally, self-injury may also serve to produce an identity that helps to create a unique sense self. Often, these adolescents identify with their self-injurious behaviors in terms such as, cutters (Suyemoto, 1998).
The last theory that supports the research provided in this paper is the social learning theory. This theory, explored first by Albert Bandura, explains the way people learn through a social context. Through this social context, individuals learn from one by observation, imitation, and modeling (Ormrod, 1999). Albert Bandura explained that people learn from others behaviors because of the belief of reinforcements for that behavior; these reinforcements can include reduction of tension, gaining financial rewards, gaining the praise of others, or building self-esteem (Siegel, 1992).

Social learning theory is very prevalent in our school systems, because through the classrooms, teachers are able to recognize good behaviors that can receive positive reinforcements. The model can reinforce students, such as the group will accept a student who changes their dress to fit in with others. A third person will also reinforce the student when that youth tries to model the same behavior as a leader; the teacher will compliment that student and encourage their modeling. Thirdly, imitated behavior can lead to satisfying results for that student, such as when a student does extra work and realizes they had fun doing that project (Ormrod). Forth, and lastly, vicarious reinforcement occurs when the modeled behavior if frequently noticed, in which student would par take in that behavior more often (Ormrod). The use of these reinforcements in the school system is a way to teach children which behaviors are socially acceptable.

Social learning theory explains this growth in prevalence of self-injurious behaviors. Adolescents look to their peers to fit in with the current social behaviors, and currently, self-injury is the accepted behavior by some youth. Youth are receiving reinforcement for this modeling of self-injury by experiencing care, attention, belonging,
and emotional regulation. Self-injury is a behavior modeled in the social context of schools. Self-injury is hard to disguise, but these youth are receiving vicarious reinforcement due to the teaching model they have followed since kindergarten.

With these three theories in mind, this researcher encourages the reader to view self-injury as a problem that is understandable with education and hopeful for treatment. These theories show school social workers how this problem is influencing the whole system, how and why self-injury serves as a purpose, and explains the reason for the growth in these behaviors. Throughout this study, these theories provide the foundation to give hope for change in school social work, and as a tool to develop this project.

Definition of Terms

The use of these definitions is to help readers understand language that may not be common knowledge, or be used in a different meaning for this study. Robert Barker’s (1991), *The Social Work Dictionary* provided the literature for these terms.

**Anxiety.** A feeling of uneasiness, tension, and sense of imminent danger. When anxiety reoccurs frequently and interferes with effective living or a sense of well-being or is otherwise maladaptive, it can lead to an anxiety disorder.

**Attachment.** With respect to this project, attachment is the relationship or bond between the child and the parent that may or may not occur. Healthy attachments include love and nurture, while unhealthy attachments include abandonment and/or abuse.

**Child abuse.** Recurrent infliction of physical or emotional injury on a minor, through intentional beatings, corporal punishment, persistent ridicule or degradation, or
sexual abuse by an adult. Child abuse is found in four forms: physical abuse, sexual abuse, emotional abuse, and neglect.

**Child neglect.** The failure to provide the resources needed for healthy physical, emotional, and social development to a child from an adult responsible for that child.

**Defense mechanisms.** A mental process that protects the personality from anxiety, guilt, or unacceptable thoughts. Psychoanalytic theorist believe these mechanisms are unconscious. Some well known defense mechanisms are denial, displacement, idealization, overcompensation, projection, and repression.

**Depression.** A group of emotional reactions frequently characterized by sadness, discouragement, despair, pessimism about the future, reduced activity, sleep disturbance or excessive fatigue, and feelings of inadequacy, self effacement, and hopelessness.

**Dissociation.** A defense mechanism in which the individual has thoughts or feelings that allow that individual to cope with a distressing situation.

**Internalization.** The process incorporating the norms of one’s culture; taking in and accepting one’s own values, attitude, style, and social responses of one’s primary groups or other reference group.

**Psychoanalytic theory.** The hypothesis and treatment applications about human personality and its development as proposed by Sigmund Freud, with elaborations and modifications from Carl Jung, Alfred Adler, Otto Rank, Wilhelm Stekl, Melanie Klein, Ernest Jones, and others. Most concepts recognized as psychoanalytical are concepts such as the id, ego, and superego. Other theorists added defense mechanisms, object
relations theory, inferiority complex, and collective unconscious and archetypes to this theory.

**Repression.** A defense mechanism that describes the unconscious action of pushing out certain memories, ideas, or desires from consciousness that are unacceptable or cause high anxiety.

**Self.** An individual’s identity as a unique being; that part of the personality or character that distinguishes the person or entity from all others.

**Self awareness.** With respect to this project, self awareness is the individual’s conscious ability to be cognizant of his or her being.

**Self control.** With respect to this project, self control is the individual’s ability to restrict impulses or behaviors to appropriate circumstances in the environment.

**Stress.** Any influence that interferes with the normal functioning of an organism and produces some internal strain or tension. “Human psychological stress” refers to environmental demands or internal conflicts that produce anxiety. People tend to seek escape from the source of these influences, called stressors, and use defense mechanisms, avoidance, somatization, rituals, or constructive physical activity.

**Trauma.** An injury to the body or psyche by some type of shock, violence, or unanticipated situation. Symptoms of psychological trauma include numbness of feeling, withdrawal, helplessness, depression, anxiety, and fear.

**Assumptions**

Assumptions are topics taken for granted, are common use, or usually accepted. Through this project, this researcher has used these assumptions in order to portray the
purpose and due to the location of the project. The first assumption made is that self-injurious behaviors, though they may be hard to talk about, is a growing trend and is affecting the youth population. Even though the prevalence rates have a wide range and do not show concrete numbers, this researcher is assuming that this problem is on the rise. Another assumption made is that self-injurious behaviors are a maladaptive coping mechanism youth are using that can cause psychological, physical, and dangerous circumstances for youth.

The assumption is that professionals working with these youth, specifically for this study, school social workers, should make an effort to understand and assist these youth. Thirdly, the researcher is assuming this problem is influencing the practice of school social work, and causing these social workers to encounter possible ethical and safety issues. The last assumption made is that there is a lack of training for school social workers to be prepared to deal with this problem. With these assumptions outlined, this researcher will focus on a project that can assist school social workers in their practice with self-injurers.

**Justifications**

This research is necessary for school social workers since school professionals are expecting social workers to be the expert on this issue. Social workers need to prepare and educate themselves on these issues since the prevalence rates and reports from schools show that this is occurring. Even though this issue of self-injurious behaviors is not a new phenomenon of the youth culture, school social workers need to become more aware of how these behaviors affect the youth and provide an intervention strategy.
Through this study, this researcher developed a training brochure to assist school social workers in their education and to support their work with youth in schools. In addition, this brochure prepares school social workers to become the experts that school professionals expect them to be. Training is necessary and ongoing for social workers, so self-injurious behaviors are one of the topics that professionals who work with children should acquire.

The expectation for social work professionals is to carry out the basic values, ethical principles, and ethical standards of the profession. The *NASW Code of Ethics* sets forth these values, principles, and standards to guide social workers’ conduct. The *Code* is relevant to all social workers, regardless of their functions, settings, or populations they serve (NASW, 2008). A defining feature of social work is the focus on individual wellbeing in a social context; this directly affects the work of school social workers since they are working in the social context (NASW). The research of this paper emphasizes the importance of code 1.04 in reference to the competence of the social worker (NASW). This code obligates social workers to provide services that represent themselves as competent only within the boundaries of their education and training.

Social workers should provide services in areas or use intervention techniques or approaches that are new to them only after engaging in appropriate study, training, consultation, and supervision (NASW). School social workers will need to broaden their competence level of practice by receiving more training and resources for this population.

This researcher hopes to have school social workers benefit from this research and training, and school professionals, school environment, and youth attending schools.
This training is set up in a systems perspective; therefore, all those impacted by the youth should be able to receive education and training on this issue. This researcher hopes that the stigma will be reduced that is felt by these youth who self-injure due to the understanding and empathy from the school social workers. Lastly, the prevention of self-injurious behaviors is an important step in acknowledging these behaviors, so this researcher hopes to see school social workers putting an effort into looking at those youth whom are at risk of self-injurious behaviors.

Limitations

The limitations explained here are not to discredit the information found in this study, but to prepare the reader for a guideline when looking at the findings and the project overall. Since the study utilized a small sample and been conducted in one location, Placer County, themes found through the interviews may be seen as Placer County concerns, not a concern for this problem as a whole. The findings may be too small to make wide generalizations, but this researcher hopes some information could be helpful for most school social workers since the questions are not specific to Placer County. In addition, this research used the subject interview process to collect data; this information will adhere to the experiences of the interviewees and their time in working with those who self-injure. Lastly, this data will only explore risk factors and intervention techniques, not treatment modalities that have been successful for working with self-injurers. With these limitations outlined for the reader, this researcher hopes this knowledge will be beneficial to not only Placer County social workers, but also all those working within this problem including schools, communities, and families.
Summary

Through chapter one, this researcher prepared the reader by explaining a background of the problem and the purpose of this study. The ecological systems theory, object relations theory, and social learning theory provide the theoretical framework for this study. Defined terms guide the reader through words that may not be used in everyday language, or will be defined differently for the purpose of this study. Justifications for this study inform the reader how this researcher has used this information. The organization of this study starts with chapter two that will include a review of the literature and has been divided into six themes: I - Prevalence rates of self-injurious behaviors, II - Significance of the body, III - Reactions to self-injurious behaviors, IV - Importance of understanding this topic in schools, V - Explanation of why youth self-injure, and VI - Challenges schools have when dealing with self-injurious behaviors. Chapter three will describe the mythology of this study including the design, subjects, instrumentation, data gathering procedures, and information about the protection for human subjects. Chapter four will show the results of this study and explain the overall findings of this research. Here, a resource guide and training brochure on how to prevent, how to intervene, and how to assist those youth with self-injurious behaviors will be presented. Chapter five will consist of the conclusions, and recommendations of the research. The appendices and references will follow this chapter.
Chapter 2
LITERATURE REVIEW

Self-injurious behaviors have had a long history of use in many cultures, but the study of the phenomenon seen today occurred within the last forty years, starting in the 1970’s. Currently, self-injurious behaviors are defined as deliberate and voluntary physical self-injury that are not life threatening and are without any conscious suicidal intent (Dyle, 2008; Plante, 2007; Favazza, 2006; Gindhu & Schonert-Reichl, 2004). This behavior includes burning, sniffing, head banging, bruising, and cutting with razors, knives, scissors, glass, paper clips, sharp fingernails, or any other sharp object (Dyle).

Throughout the literature, similar themes organize most of the studies, articles, and books that capture self-injurious behaviors. The themes discussed during this literature review include prevalence rates, significance of the body, reactions to self-harm, importance for school social workers to understand self-injurious behaviors, reasons why youth self-injure, and how self-injurious behaviors are challenging for schools.

Prevalence rates will discuss a broad view of rates from different sources. The significance of the body section will help readers understand how the act of self-injury is powerful and gives more history on these behaviors. In addition, reactions to self-harm will explain how schools have dealt with self-injurious behaviors in the past and currently. This review will explore an understanding of why this topic is important for school social workers scope of practice. Then, three reasons will be discussed on why youth use these behaviors, which include external distress, social groups, and family factors. Lastly, challenges of self-injurious behaviors in schools settings are identified.
These themes are seen throughout the research and will prepare the project to be specified to school social work. These themes are significant since they are the basis for educating school social workers on the phenomenon of self-injurious behaviors.

**Prevalence**

Even though there has been a surge of attention focused on self-injurious behaviors through images in the media, there exists little empirical data on self-harming behavior among community samples of adolescents (Gindhu & Schonert-Reichl, 2004). It is hard to find a fixed number of how many adolescents have committed and are committing acts of self-injurious behaviors. For each analyzed study, self-injurious behaviors are defined differently and encompass many types of self-harming behaviors committed by adolescents. These other self-harming behaviors include suicide attempts, eating disorders, substance abuse, and sexual promiscuity. Jeffery and Warm (2002) suggest the reason for the addition to these other self-harming behaviors in studies that have been conducted is due to the idea that those adolescents who commit these acts are more likely to be referred to a psychiatrist than those who only use self-injurious behaviors. This could explain why there has not been many studies focused directly of self-injurious behaviors.

Even though most youth who use self-injurious behaviors not referred to psychiatrist for treatment, that does not take away from the phenomenon that self-injurious behaviors are on the rise, and have been continuously rising since the 1980’s. Conterio and Lader (1998) started a program to treat those who self-harm in 1980, and they believed it would be a challenge to find people who were seeking treatment for self-
harm. As reported by Conterio and Lader (1993), they found it difficult to have spots open for those seeking treatment. The numbers do vary on a wide spectrum of what the prevalence rates of self-injurious behaviors currently are in the United States. Dyle (2008) reported rates of 5% to 47% of community based adolescent samples who admitted to self-harming behaviors. Conterio and Lader stated that 1,400 out of every 100,000 people in the general population have engaged in some form of self-injury. In a study conducted by Tantam and Whittaker (as cited in Warm, Murray, & Fox, 2003), they found that one out of 600 people seek treatment at a hospital in a result of harming themselves. A more common number of prevalence rates among adolescents show to be close to 15% in exploratory studies (Gindhu & Schonert-Reichl, 2004).

As shown in the research, self-injurious behaviors are more prevalent among adolescent girls compared boys. As reported by Conterio and Lader (1998), more women than men have sought treatment from their center, though they are starting to see an increase in male attendance. An explanation for this disparity in treatment is due to the socialized way men deal with their emotions; men are more likely to turn their emotions outward, and more specifically in violent ways that end up in prison rather than psychiatric treatment (Conterio & Lader, 1998; D’Onofrio, 2007). Miller states “Men act out; women act out by acting in” (as cited in Plante, 2007). On the other hand, Plante (2007) reiterates that men are closing the gender gap, which may be a result of this current phenomenon of self-injurers, and less gender biased studies.
Significance of the Body

The body is very significant for those who use self-injurious behaviors. As human beings, we tend to use our body as an outward projection of whom we are on the inside and who we want to portray to the outside world. Self-injury is especially difficult and disturbing to understand since these individuals are using this outward projection of their body violently (D’ Onofrio, 2007). Fakir Musafar started the modern primitive movement, which allowed its followers to take risks with their bodies to see how much pain their body could undergo. Through these rituals, people experienced a sense of relief and pure ecstasy while participating in these behaviors. He has been able to become prominent in the research of self-injurious behaviors due to his historical perspective and current knowledge of this culture. Through his movement, he has shown the vast power and healing that occur when inflicted pain takes place on the body. Some state that he is the starter to the tattoo and body piercing industry that we see today (Favazza, 1996). He has made the tattoo and piercing community realize the significance of their bodies. He showed how tattoos and piercings are not forms of “rebellion art,” but rather a way to heal within the self and feel more attune with one’s body.

Research also states that the body is a billboard for the individual (Plante, 2007; Favazza, 1996). The body is used as a billboard for self-expression; not all self-harmers have a pathological reason why they cut, but they use their body as a way to communicate, catharsizes, or otherwise express themselves during periods of distress (Plante). Self-injurious behaviors are distinctly different from suicide attempts, but the boundaries can seem faint and look to the outside world to be the same behavior
Self-injurers do have suicidal thoughts or have committed acts aimed at ending their lives, but only on occasion self-injurers may step too far in the behavior and inadvertently cause death (Conterio & Lader). It is important to recognize that those who are using their body to communicate their distress, are not attempting to commit suicide, but are using their body as a billboard of their pain. Not only does the body become a billboard, but also the markings become a “visual language” for others to see. This language can represent the status that individual feels they have, or depict the struggles and triumphs that they have overcome.

Favazza (1996) explains the significance of the skin that keeps the internal self away from the external world. The act of cutting the skin allows the outside world to come into the inner self as a way to feel a sense of living or being alive. This act of cutting into the skin also makes self-harmers get a physical symbol of where their body ends and where the outside world begins; this is a way to exit or enter a state of disassociation. The skin is the main thing that self-injurious behaviors affect, and when the injury happens to the skin with intent to feel something other than pain, self-harmers get relief and have a scar to remember their success and overcoming.

Reactions to Self-Injurious Behaviors

When looking at self-injurious behaviors from the outside, those who are not familiar with these actions may be shocked, disgusted, and scared by the violence it can cause on a young person’s body. When looking at schools and their reactions to self-injurious behaviors, Ron Best (2006) conducted a study in the UK to interview school personnel with the purpose of finding their awareness of self-injurious behaviors. He
found that most teachers and school staff were aware of negative behaviors such as bulimia and substance abuse, but became wary when asked specifically about self-injurious behaviors. One teacher stated:

The first time she showed us, she showed me her arm; I was really taken aback at the extent of the damage that she’d done to herself. Although she’d always maintained they’re surface wounds, but I think it was the quantity, more than anything. There isn’t a single piece of skin on her lower arm that wasn’t damaged. And that really/took me aback. And I kept thinking, I know she used (a) razor-blade, and I just kept thinking how much it must sting as well. I mean the physical sensation of it. And I really tried hard not to show it, but I was repulsed by it actually. (p. 168)

Another teacher reported in Plante’s *Bleeding to Ease the Pain* (2007), “She was just a quiet, sweet, hardworking student. I had no idea she had so much going on until she came to class with short sleeves; her scarred up arms really shook me up” (p. 2).

A more recent study conducted by Susan Roberts-Dobie (2005) also suggested this finding. After randomly selecting counselors from the American School Counselor Association, participants responded with having 81% that had reported working or having worked with those who self-injure. Unfortunately, only 6% of that 81% found them feeling highly knowledgeable and prepared to assist these students (Roberts-Dobie, 2005). This realization shows that even though school counselors are at the unique position to intervene and assist youth with self-injurious behaviors, the counselors do not
feel competent and confident with this topic (D’ Onofrio). These reactions are common and normal for those who are encountering self-injurious behaviors for the first time.

Self-injurious behaviors can be hard to react to since there is so much underlying that one scar on the adolescent. As stated in Conterio and Lader’s book *Bodily Harm, The Breakthrough Healing Program for Self-Injurers* (1998), usually self-harms do not see their actions as a problem, so outside viewers are the ones who will make the choice to get that individual help. Sometimes the family will notice that there is a change in their child, notice them withdrawing or constantly staying indoors, but sometimes the family does not want to focus on the problem. The family may also deny the problem, think it is absurd or crazy, or not want to confront the issue since it may look bad on the family (Conterio & Lader). That is why the reaction from the school can be so important and necessary for the healing of that adolescent.

On the other hand, research has shown that teachers and schools want to learn and help the youth struggling with this issue. FirstSigns (Self-Injury Guidance & Network Support) is an online, user-lead voluntary organization founded in 2002. It started in the UK to raise awareness about self-injury and provide information and support to people of all ages using self-injury. FirstSigns also assists professionals, including schools, with training, awareness, and policy making on self-injurious behaviors. They suggest that school professionals want to learn about this topic, but do not have the resources, guidance, or idea of how to retrieve this information. FirstSigns is a consumer run organization, therefore, they understand the difficulty to comprehend and recognize the frustration felt by professionals working with youth on this issue, especially during a time
when resources are limited (FirstSigns, 2008). Most professionals look to social workers for information (Roberts-Dobie, 2005; Best, 2006), and FirstSigns suggest that school professionals are waiting, ready and willing to hear this information, receive the education, and feel hopeful for those youth using self-injurious behaviors.

**Importance of School Social Work Understanding for Prevention and Intervention**

Understanding self-injury and the affect it has on youth using these behaviors, especially young women, can be very helpful when looking at treatment and intervention. Abrams (2003) conducted a study to evaluate the importance of looking at all external factors that could lead to the cause of this problem. She uses the National Association of Social Workers (NASW) to reiterate that all social workers are ethically obligated to understand the origins of presenting problems to form the most effective and responsive set of practice interventions (NASW, 2008). These external factors that are included in the presenting problem is related to the experience of being a female, poverty and racism, family systems and dysfunction, and individual differences in personality or coping styles (Abrams, 2003). Understanding the origins of the self-injurious behaviors comes from numerous factors that adolescent girls manage on a daily basis. It is important that social workers understand current etiology and the interactive influence of micro and macro factors that cause young women psychological adaptation to be extremely complex (Abrams). Understanding the reasons youth feel a need to hurt themselves give school social workers the knowledge and insight on how to assist that youth with treatment and possible further prevention of self-injuring behavior and is also required in the social work profession.
The National Association of Social Workers developed a code of ethics, which guide social work practice. One code explains that social workers should accept responsibility only based on existing competence or the intention to acquire necessary competence (NASW, 2008). In addition, social workers should strive to become, and remain, proficient in the professional practice and performance of the profession. Social workers should keep current with emerging knowledge that is relevant to the field they are practicing, whether it is the population, the diversity challenges, the external challenges, or global challenges that are facing those they work with (Corey, Corey, & Callanan, 2007). These codes are important for all social workers to accomplish, since these codes allow social workers to be as proficient as possible. The code of ethics refers to actions that need to develop in reference to self-injurious behaviors. Currently, there is not enough education or resources to educate social workers on this topic, but this topic needs to be added to the scope of practice of school social workers.

Not only should school social workers be independently seeking out education for their own practice, but also collaboration with the school, especially with this topic of self-injurious behaviors, is important to understand. Not many school social workers have the scope of practice to be familiar with all known conditions that affect students through their academics (Webb, 2003). Collaboration is an important tool for school social workers, which allows this profession to communicate with other professionals and make a valid intervention plan (Webb). However, in regards to self-injurious behaviors, school social workers are considered the expert on the treatment and intervention of this topic. Teachers, staff, and principals are looking to school social workers to help them
figure out how to intervene with students who self-injure (Roberts-Dobie, 2005; Best, 2006; FirstSigns, 2008). The team approach mandates communication, collaboration, and cooperation from all parties involved, which creates success for the youth (Webb, 2003). Even though most teachers and staff agreed that school social workers were the person to go to on this topic, school social workers were not informed of needing this specialization (Roberts-Dobie, 2005; Best, 1996; D’Onofrio, 2007; FirstSigns, 2008). School social workers need to recognize their role given by the profession and their expectation by the other systems they work with.

Social workers play many roles, such as a professional, a specialist, and a collaborator. The school expectation of school social workers is to assist students who are dealing with a variety of mainstream mental health concerns. Some of these include divorce, substance abuse, sexual abuse, dating violence, sexual identity exploration, and bullying; unfortunately, self-injurious behaviors are becoming another issue school social workers must assist (D’Onofrio, 2007). The consequences of these behaviors are psychological patterns that persist into adulthood. These patterns lead to long term and severe mental health problems, and aggressive or delinquent behaviors, which may restrict their life options (Abrams, 2003). This problem of self-injurious behaviors is not just an adolescent problem, but cause for concern in the future; understanding of this topic will allow for prevention and intervention in order to ameliorate a long term, persistent mental health condition.

Most school social workers are expected to provide specialization in prevention and intervention of behaviors like self-injury through programs that offer awareness and
intervention tools used through peer-to-peer interaction. Some youth that self-injure use their self-injury as a socialization to feel part of a group. For this type of self-injury, school social workers should get the policies and training of this behavior to the students as a way to provide intervention and future prevention. Curriculum focused programs prove to be an effective way get the word out to youth and their peers about intervention and outreach for students needing therapeutic assistance.

Ciffrone (2007) explored this theory by evaluating a curriculum-based program on suicide prevention in schools. The result of Ciffrone’s study showed that curriculum-based prevention programs in schools using a mental illness model could in fact change unwanted attitudes toward suicide and positively influence the help-seeking attitudes of those concerned about themselves and their peers. The curriculum demonstrated the linkage between suicidal thoughts and gestures to a mental illness that causes irrational beliefs, but is treatable. The students that attended these presentations were able to recognize in themselves or in their peers that their thoughts were not “normal” and there is treatment for their depressive feelings. Since school social workers are the individuals that are informed about mental illness, they are the professionals to organize, lead, and follow up with these trainings and the outcome it brings to the school. There are many skeptical positions on this type of presentation, but school social workers should follow up on the current research and question if this type of program is usable with the topic of self-injurious behaviors.
**Explanation of Self-Injurious Behaviors**

The prevention and intervention of self-injurious behaviors is important to focus on due to the severity of this issue. Self-injury in middle and high school students should not be minimized or dismissed as “attention seeking” or “just a fad”. When people take the radical step of harming their bodies, they should be taken seriously, and the sources of their stress should be addressed (Walsh, 2006). Below are risk factors that not only explain why youth use self-injurious behaviors, but can also be used as preventative tools used by school social workers. This section will explain how emotional distress, social groups, and external factors, such as family can identify those using self-injurious behaviors or those who could be at risk of using self-injurious behaviors.

**Emotional distress.** Adolescents are using self-harming behaviors as a way to cope with stress, relieve negative emotions, and gain attention (Conterio & Lader, 1998). Those who self-harm are attempting to cure some emotional distress that is out of their control. Gunhi and Richl (2004) conducted a study to understand how and why youth self-harm. The most common reasons for self-harm, stated by 50% of the sample, included depression, lonliness, negative feelings toward the self (i.e., anger, self-dislike, inadequacy), and distraction. Nock and Prinstein (cited in Dyle, 2008) also reported similar findings in their study; they found adolescents hurt themselves to get a positive or negative internal reinforcement. This positive reinforcement may consist of thoughts such as “to feel something, even if it is pain,” “to punish yourself,” or “to feel relaxed.” Negative reinforcements that self-harmers can receive while they are using self-injurious behaviors are “to stop bad feelings,” or “to relieve feeling numb or empty.” Nock and
Prinstein’s (2004) study acknowledged the strong relation between internal factors and psychiatric impairment since these statements were acquired from an adolescent sample residing in an inpatient setting. Adolescents, when feeling this emotional distress, use self-injurious behaviors as a way to cope with their emotions.

Some mental health diagnoses relate to self-injurious behaviors, but this writer suggests using caution since not all those with a mental health diagnoses use self-injury, but their diagnosis is a risk factor. The Diagnostic and Statistical Manual of Mental Disorders (DSM IV) reveals through the Borderline Personality Disorder criteria that those who are diagnosed with this disorder can use self mutilation during dissociative experiences and bring relief by reaffirming the ability to feel or ridding the individual of evil thoughts (Gunderson & Hirschfeld, et al., 2000). Penny Dublin (1992) writes about how those with borderline personality diagnosis or traits, are one of the most difficult clients to assist due to the violent, self-destructive, attacking behavior, frequent suicide attempts, and the need for repeated hospitalizations. She suggests through her research and client work that these behaviors, such as the self-injurious behaviors, can discontinue with the introduction of interventions. Even though those under eighteen are not allowed to be diagnosed with a personality disorder like Borderline Personality Disorder, youth who are diagnosed with Borderline traits can be assessed for self-injurious behaviors since it is a risk factor.

Another diagnosis related to those who use self-injurious behaviors is Post Traumatic Stress Disorder (PTSD). PTSD is a disorder of the memory, because that person cannot leave the past behind (D’ Onofrio, 2007); that memory follows the person
wherever they go, including school. This could lead that person into having limited other life experiences that surround that traumatic event, the feeling of consumption to get through the day, and the paralyzing feeling that the future will be too similar to the past (Cloitre, Cohen, & Koenen, 2006). Symptoms include re-experiencing the trauma through nightmares, obsessive thoughts, and flashbacks (feeling as if you are actually in the traumatic situation again). There is an avoidance component as well, where the individual avoids situations, people, and/or objects that remind him or her about the traumatic event (All Psych, 2009). Finally, there is increased anxiety, possibly with a heightened startle response, which could involve being very jumpy or startled easily by noises. By definition, PTSD always follows a traumatic event that causes intense fear and/or helplessness in an individual. Typically, the symptoms develop shortly after the event, but may take years to develop (All Psych, 2009). Self-injurious behaviors allow students to continue throughout their day and either stop the flooding of their emotions, or make them feel as though they exist.

The literature stated that emotional distress and regulation is one of the main reason students self-injure. The school setting has become one of the primary venues adolescents feel comfortable expressing their emotional distress (Dollarhide & Saginak, 2003). During adolescence, emotions are already irregular due to hormones and new life changes; for those adolescents who do not know how to regulate these emotions, self-injury has become their coping mechanism. School social workers can look to see how these students cope with every day emotions in a regular class setting to see if their ability to control emotions is high or low.
These diagnostic labels often fail to capture the essence of the individual’s psychological dynamic and can often be misleading (D’Onofrio, 2007). It is important for school social workers to realize the reason self-injurious behaviors are used is to cope with their emotional pain, since these youth do not have another mechanism to allow them the same success. These diagnoses and identifying that youth’s coping mechanisms can assist school social workers with a broad understanding of that youth’s emotional pain, but those who self-injure are unique in their emotional needs. School social workers should also look to see how that youth’s family deals with emotions, and who is the student’s peer group.

**Family factors.** Child abuse and neglect are directly related to self-injurious behaviors. These behaviors have been found to be a coping mechanism, such as a form of dissociation, for the adolescents who have been survivors of abuse. Favazza (1996) described this idea of disassociation, and this process can be seen with abuse survivors. Those adolescents who have survived neglect, sexual abuse, physical abuse, and emotional abuse are more likely to self-harm. A direct correlation is formed between this lack of control and the sense of power adolescents feel when they perform cutting on their skin. Self-injurious behaviors are not only a way for adolescents to cope with emotional distress but also to feel they have power over themselves that may have been taken away in an act of violence. Plante (2007) states that 62% of sexual abuse survivors have engaged in self-injurious behaviors; again this is linked to the feelings of depression, low self esteem, body-image conflicts, and self destructive patterns. Human beings become attached to pain and suffering that they cannot imagine living without it;
this explains how the dissociative processes resulting from trauma become wired into the brain to give rise to self-harm (Faber, 2007). It is important to state that those who do self-injure do not automatically have a history of abuse, and survivors of childhood abuse do not have the automatic tendency to self-injure; but it is also important as school social workers to recognize and be aware of the powerlessness that accompanies abuse. Childhood abuse occurs far too often in the world and can lead to adulthood difficulties, but a more common and not as noticeably abusive behavior that also can cause difficulty through adulthood is the way parents teach their children how to feel and express emotion.

The linkage between external distress and the process of how parents regulate emotional responses of their adolescent children relates to why adolescents use self-injurious behaviors. Sim, Adrian, Zeman, Cassano, & Friedrich (2009) conducted a study that found this very notion to be true. Through their study, they found that parental denial of emotions, invalidation, and emotional under-involvement are significant predictors of self-harm. Living in this type of environment, adolescent girls have difficulty identifying and expressing negative emotions, and are less likely to manage their negative emotional experiences in an adaptive way. They predict that living in this emotionally invalidating environment could also affect an adolescents emotional competence skills such as decoding others’ emotions, developing empathy, and emotion perspective taking. The results of this study support the conceptualization of self-injurious behaviors as a maladaptive strategy to regulate emotion.
Society is also an external factor that has influenced the family and has made self-injurious behaviors more prevalent in the last twenty years (D’Onofrio, 2007). Some have argued that self-injurious behaviors are a direct result of a social disorder characterized by alienation and disfranchisement (Conterio & Lader, 1998; Walsh, 2006).

Our culture has been set up to have children be independent and be on their own. If one experiences disenfranchisement from this reality and feels diminished, self-injury becomes the child’s message board (D’Onofrio, 2007).

Our ideas of what a “normal family” is, and ways we raise our children have changed dramatically within the last thirty years. This change includes having both parents working for financial necessity, and they have less time to devote to caring for their children; parents are pulled in multiple areas and could find it difficult to be present for their children in the way they would like (D’Onofrio, 2007). Children may feel neglected, because of the inconsistent psychological presence of their parents, or children may feel psychologically intruded upon by their parents’ inconsistent attempts to be involved in, and perhaps control, their child’s life (D’Onofrio, 2007). This inconsistency does not allow the child to develop those early relational connections that allow children to self-sooth, be comforted, and feel psychologically “held.” This lack of self-soothing ability and feeling “held” as a child, in turn could develop into self-injury during adolescence. External stresses surround adolescents, such as, competition in school, multitasking, the emphasis on accumulation of material goods, and needing to fit into the cultural style and norm (D’Onofrio, 2007). Adolescents who did not receive that self-regulating ability as a child are more susceptible to using self-injury as a self-
soothing mechanism. Faber (2000) suggests for those adolescents whose lives are organized around self-injury:

Is that “there is no one” there for them, which is a theme that speaks of a lack of secure attachments; earlier in life there was no one home emotionally in a consistent and reliable way. To have nobody (no body) makes one turn aggressively to one’s own body in order to feel that there is some body there. “I feel alone and I am afraid that nobody is there anymore…I cannot trust anyone and nobody puts his trust in me. Nobody, nobody!” (p. 353)

**Social group.** Today, there has been a gaining widespread attention in the mainstream culture, as evidenced by popular media (e.g., films *Thirteen, Manic, Girl Interrupted*) of these self-harming behaviors (Gindhu & Schonert-Reichl, 2004). Even popular celebrities such as Princess Diana, Alfred Kinsey, and Johnny Depp have acknowledged their struggle with this problem. The problem of self-injurious behaviors has been an issue specifically with adolescent youth that correlates to their development of autonomy and an image of the self. Adolescence has the hallmark of being the “rebellious years” of development. In the 60s and 70s, the “tousled hippie” look shaped the fashion of adolescence, then into the 80s where we see a “sexed up material/valley girl” fashion, in the 90s where we see the beginning of the “grunge” fashion (Conterio & Lader, 1998), and lastly, in the millennium, where we see the rise of the Goth/Emo culture (Fritz, 2006). The Goth culture does not automatically make all members self-harms, but this culture is more welcoming of individuals who do self-harm (Fritz, 2006).
Rutledge, et al. (2008) found that the Goth culture attracts depressed teens, which feel persecuted, have a distrust of society, or have suffered past abuse. They then surround themselves with people, music, web sites, and activities that foster angry or depressed feelings. They have a higher prevalence of depression, self-harm, suicide, and violence than non-Goth teens (Rutledge, et al., 2008).

It is also important to recognize that adolescents will self-harm for social negative reinforcement that Nock and Pristine (2004) discovered. They found that some adolescents may self-harm for a negative reinforcement such as “to avoid doing something unpleasant you do not want to do,” or “to avoid being with people,” or a positive reinforcement such as “to get attention” to “let others know how desperate you are,” and to “feel more part of a group.” This is where self-injurious behaviors can be learned from peers and friends; some adolescents have reported that they started self-harming because they had a peer that was a self-harmer and wanted to know how it felt. Not only do peers mimic these behaviors for other youth, the cultural messages that adolescents receive can also cause self-injurious behaviors.

These adolescent girls fall into the cultural message that “beauty equals happiness” (D’ Onofrio, 2007). When these adolescent girls are not able to mimic these unrealistic portrayals of beauty, some turn to abusing or actively causing harm to their bodies (Conterio & Lader, 1998). Some adolescents will rebel from this “culture of beauty” by more acknowledged self-harming behaviors such as eating disorders. These eating disorders allow teens to make themselves either fall into this culture of beauty, or try to account for some control over their image. The co-occurrence of eating disorders
and self-harming behaviors are extremely high (Walsh & Rosen, 1988; Conterio & Lader, 1998; Favazza, 1998; Sansone & Levitt, 2002, 2004). These two behaviors have numerous similarities and the research has speculation that these may function from the same psychological processes (Conterio & Lader, 1998; Farber, 2000). Currently, self-injurious behaviors have been coined as the “new anorexia” (Conterio & Lader, 1998) by those who work with adolescents who have eating disorders, and this transition has been linked to the “culture of the ugly” (D’ Onofrio, 2007). Our society has not only used these extreme beauty images as something to obtain and mimic, but adolescents have been using these images as a way to rebel. Conterio and Lader (1998) argue that the society our culture has developed makes it possible for the evolution of self-injurious behaviors. With this idea, Shaw writes (cited in Walsh, 2006):

Self-injury is uniquely distressing because it reflects back to the culture what has been done to girls and women. Whether or not it is a conscious process, by refusing to remain silent, by literally carving, cutting, and burning their experiences of violations and silencing in their arms and legs, girls refuse to relinquish what they experience as true. This is a radical and threatening act because part of what holds patriarchy in place is girls and women’s silence. (p. 44-45)

At Cornell University, through the Family Life Development Center, the university is currently conducting research on self-injurious behaviors in order to understand this evolution of behaviors. Some reports from adults working with youth in a school setting suggest a “fad” quality to this behavior (Heath, Toste, & Beettam, 2006;
Walsh, 2006), which was also seen with the issue of eating disorders. This “fad” quality is referring to the concept that this behavior has become a type of group socialization, and a sense of belonging for these youth. Survey results of secondary school nurses, counselors, and social workers suggest that there may be multiple forms of self-injury in middle and high school settings, which include groups of youth injuring together or separately as part of a group membership. Group self-injury is often a means of group bonding and membership that may have other motivations attached to it, compared to those who self-injure for emotional distress, these group self-injury motivations are strongly associated more with belonging and attaching to others (Cornell University Family Life Development Center, 2009). Cornell’s study found that self-injurious behaviors can be contagious in school settings and identifying and intervening in-group self-injurious activities is important.

Throughout school history, group socialization and learning from friends how to belong to a group can be a positive and negative experience. Researchers have explored how friendships affect students’ adjustment at school. Studies show that children and adolescents often exhibit behaviors that are similar to their friends—both positive and negative (Furman, Collins, & Swansen, 2003). Berndt and Keefe (1995) observed that as the school year progressed, students became more like their friends regarding disruption in class and grades. If a student had friends who were not disruptive and received good grades (or vice versa), he or she would tend to behave in a similar manner. Students themselves perceived that their level of disruption in school was similar to that of their friends.
This group membership and participation can lead to the fulfillment of the need to have interpersonal relationships. Supportive friendships are essential for psychosocial development, school and social functioning, emotional health, and can lead to resiliency in many client populations (Furman, Collins, & Swansen, 2003). The American family structures have changed over time, and people are relying upon friendships to meet various psychosocial needs (Furman, Collins, & Swansen). As cited in Social work practice innovations: Helping clients understand, explore, and develop their friendships (Wright, 1978) social rewards that friendships offer are identified as:

First, a friend can be willing to help one meet needs and goals. Friends can affirm positive ideas about oneself while providing ego support—helping a friend see him or herself as a competent, worthwhile person.

Friends can also introduce new ideas and experiences while expanding knowledge and perspectives. (p. 19)

Furman and Buhrmester (1992) observed children of all ages in regards to their friendships and found that seventh graders place more importance on empathic understanding and less on mutual activities than third graders. As children mature, they move from competitive and activity-driven friendships to ones characterized by more emotional connectedness and intimacy. They also found differences between the friendships of boys and girls. Boys were more concerned with status among friends and described their peers in relation to their authority and achievements. Girls were concerned with affiliation and described their peers in terms of how nice and reciprocal they were (Furman and Buhrmester, 1992).
Not only do children benefit emotionally from friendships, but also researchers found that these positive relationships could be the most important factor in promoting resiliency throughout a life span (Norman, 2000). Resiliency allows these youth to bounce back from their feelings, or events that have occurred in their life, and if a supportive person is involved in their emotional development, prevention of psychosocial problems can be possible. Research shows that friendships can serve as a protective factor during times of stress (Furman, Collins, & Swansen, 2003). Friendships might be more important to decreasing one’s stress than familial relationships. Some people, especially adolescents, are more likely to discuss stressful events with friends than with family members, since they often have more expectations and judgments than friends do.

Not only do the need and importance of friendships cause self-injurious behaviors to be more prevalent, but also Cornell (2009) has explored the notion of the internet, media, and its impact on youth regarding self-injury. The research suggests that the Internet and the increasing appearances of self-injury in popular media, such as movies, books, and news reports (Whitlock, Powers, & Eckenrode, 2006) play a role in the spread of self-injury (Cornell University Family Life Development Center, 2009). Society plays a big part to show what is accepted and allowed as an identity for youth. Youth are influenced through the images on advertisements, movies, television, and friends. These influences shape how youth act, think and behave; schools should be prepared for mimicking of behavior of that of the society and of social groups. This is a concern in schools that faculty and staff should be aware of so they can recognize the social factors that can influence self-injurious behaviors.
The Challenge for School Environments

During the 1990s, disturbing messages concerning the condition of American adolescent females started being known through research, literature, and policy formation that have explained the reason for higher prevalence of self-injurious behaviors (Abrams, 2003), and causes this issue to be difficult to control in school settings. Researchers from the American Association of University Women (1991) and Peggy Orenstein (1994) found that the policies used in schools currently “shortchange” girls by undermining their confidence and self-esteem concerning their career and educational aspirations (Abrams, 2003). Popular texts such as Mary Pipher’s (1994) *Reviving Ophelia* and Naomi Wolf’s (1992) *The Beauty Myth* revealed how the mass media and dominant social expectations lead to self-destructive psychological patterns for young women and place an inordinate amount of pressure on young women to fulfill a sexy, thin “ideal” (Abrams). Schools are just one environmental setting that adolescent girls spend time to develop their values, sense of identity, and what is considered to be right or wrong. The National Institute of Justice and Centers for Disease Control and Prevention (1998) found that young women are the fastest growing population of new cases of HIV, are smoking tobacco more frequently compared to boys, and still constitute 90% of eating disorder cases. They also report that one out of six American women have been or been attempted to be sexually assaulted in their life time which is often a precursor to severe and persistent mental health problems (National Institute of Justice and Centers for Disease Control and Prevention, 1998).
Even though there are many other environments, including the media, friends, and family, that are affecting adolescent girls, school environments are a critical environment for youth, and keeping the youth safe is one of the top properties for schools. School counselors are one of the people ensuring that students are safe and that students have the resources they need to develop academically and emotionally (Dahir, Sheldon, & Valiga, 1998). Self-injurious behaviors can be challenging for school environments due to this concern and the responsibility schools have to the safety of their students. Some factors can cause self-injurious behaviors to be challenging for school including the ethical and legal obligations for staff, the lack of policy on dealing with this issue, and the safety factors that make self-injurious behaviors so high risk.

School social workers are among the first to be made aware of students' self-injurious behaviors, and they play an important position to effectively intervene with those students using self-injurious behaviors (Kress et al., 2004). However, in the process of intervening, providing referrals, and advocating for self-injurious students, school social workers will be faced with many complicated ethical issues. School social workers, who act as school counselors, are in a unique and challenging position where they have responsibilities to students, but also have responsibilities to parents and the school (ASCA, 2004; Glosoff & Pate, 2002). School social workers are ethically responsible to keep student-reported information confidential unless disclosure is required to prevent clear and imminent danger to the student or others (NASW, 2008). School social workers must consider at what point parents and school administrators have the right to demand access to confidential information.
In addition, school social workers are recommended to develop a school policy that addresses this concern of self-injurious behaviors. School polices related to student self-injurious behavior might address some or all of the following issues: When should school faculty/staff report suspected student self-injurious behaviors, to whom should faculty/staff report these behaviors, to what extent is the school administration involved with students who self-injure, to what extent are the school counselors involved, what is the school nurse's involvement, and finally what is the policy on parental notification and involvement (Costin, 2006). A cautionary suggestion is that the school policy should be developed with the understanding that there is a great deal of variability in underlying dynamics, issues, and needs of students who self-injure; therefore, the policy should be flexible. An overly strict or rigid policy may not serve the best interests of some students. Costin (2006) uses the example of comparing a help seeking seventeen-year-old senior student who engages in delicate self cutting, who is from an emotionally neglectful family, has appropriate wound care, and denies any history of suicidal ideation. She will have very different needs than a twelve-year-old student who engages in severe self-injury (including burning and head banging), does not utilize appropriate wound care, and is not help seeking. These students are both in need of interventions and resources, but both students will need a social worker that has a flexible policy guiding their plans, and work with these students.

Making this policy is important for school social workers because not only does it guide the interventions and work of the social worker, but it will allow the school environments to be prepared for this behavior. Self-injurious behaviors have been
compared to the problem of bullying in schools (LifeSigns, 2008). Currently, bullying is recognized as a problem, and there are many anti-bullying policies put in place at schools. It took many years for this policy to be developed and practiced, and there has been a collective awareness and prevention on the issue of bullying. Agencies, such as LifeSigns, prepare schools to develop policy and are hopeful the issue of self-injurious behaviors will soon have the similar reaction to bullying.

Policy implementation is important, but challenging for schools due to the safety factors that make self-injurious behaviors a high risk for students’ safety. DiClemente et al. (1991) found that over one quarter of hospitalized adolescents who self-injured, reported that they had shared cutting implements with others. Not only are the hazards of disease transmission or infection paramount, but bringing dangerous objects to school can lead to detention or suspension. The idea of group self-injury shows the importance for early intervention and prevention due to the risk of serious unintentional injury or infection that could occur for individuals of the group, and/or individuals who begin to self-injure for group membership that could develop a dependency to practice over time (Cornell University Family Life Development Center, 2009). Identifying who is involved, the nature and lethality of the self-injurious activities used, and the purpose served for individuals and the groups, constitute important first steps in effective detection and intervention (Cornell University Family Life Development Center, 2009). Those who self-injure, as well as those charged with detecting and intervening in self-injurious behaviors, need to adopt strategies for reducing the harm that can result as a consequence of sharing implements or using objects which might introduce infections.
(Cornell University Family Life Development Center, 2009). These challenges are hard for schools to undertake, but are important to understand when dealing with self-injurious behaviors.

**Summary**

Through this literature review, a beginning understanding of self-injurious behaviors has been explored. The themes discussed in this review of the literature have showed how complicated and challenging self-injurious behaviors are for schools, families, and youth. Prevalence rates showed that there is a lack in research conducted on this topic; therefore, the severity of this topic has not been found in numbers. Significance of the body portrayed how this behavior came about, and the response the body feels once these behaviors are inflicted. Reactions to self-injurious behaviors explained how schools and parents react to these behaviors. The importance of this reaction is discussed as not only significant for the youth in the moment of disclosure, but also for the future intervention and treatment. The explanation of self-injurious behaviors provided an understanding to why youth inflict this behavior on their bodies that can be divided into three categories: emotional distress, social groups, and family factors. Lastly, the importance of school social workers understanding and the challenges self-injurious behaviors cause schools depicted the need for school social workers to be knowledgeable, but also expressed the struggle that comes along with this role as a first responder. These themes have guided this project, and have been the starting point for this research. During chapter three, the mythology of this project will be discussed to show how this researcher collected data.
Chapter 3

METHODS

This chapter discusses the design, sample information used, the instrumentation, the data collection and analysis process, and the protection of human subjects, for this project.

Research Design

The exploratory model is the research design for this study. This project explored the use of self-injurious behaviors by youth, as well as explored information included in a training presentation for school social workers (See Appendix C). Self-injurious behaviors have been documented throughout history and the current phenomenon is an uninformed issue affecting school social work (Conterio & Lader, 1998; Roberts-Dobie, 2005; Best, 2006; D’ Onofrio, 2007; FirstSigns, 2008). The use of exploration studies discover new topics like self-injurious behaviors and make general findings for more research to be conducted in the future (Rubin & Babie, 2008). This researcher explored the risk factors of self-injurious behaviors, identified concepts that can assist school social workers in prevention of this issue, and established a training presentation (See Appendix C) to allow school social workers to be the lead professionals on this issue. As an exploratory study, new concepts and insights are found that future researchers can expand further.

Data Collection Process

Data was collected through a volunteer interview process from community persons in the Placer County area. These interviewees included private therapists, county
social workers, and school counselors. This researcher conducted these interviews with the intent of expert opinions and added to the importance of this topic. The conducted interviews were at the interviewee’s places of business or in a community location. Creekside Counseling Center, Children System of Care Placer County, and Roseville High School are some of the agencies that considered these interviewees experts on this topic. The conducted interviews were on a scheduled date and time convenient for the interviewee and the researcher between the months of December 2009 and March 2010, and included twelve interviewees.

**Instrumentation**

The instruments used to acquire information from the sample were semi-structured interviews conducted in person. The interview process allows the data to have less “no” answers or “I don’t know” answers, and can help clarify confusion about the questions for the interviewees (Rubin & Babie, 2008). To acquire true validity throughout the sample, open-ended questions and closed-ended questions were prepared prior to the interview. The questions asked were with the same verbiage for each interview, and were given to each interviewee in order to provide the interviewee with knowledge of the study, expectations for the interview, and to ease confusion about any questions. The interviews began with collecting demographic information, while further questions asked for critical and creative thinking. By giving the questions to the subjects prior to the interview, interviewees were able to provide accurate data and provide in depth answers with creative thoughts on this topic. This researcher recognized that
participants felt confident in their responses, and were able to provide precise information.

All asked questions were in the same manner, and the researcher familiarized herself with the questions prior to collecting data. This allowed the researcher to have a conversation interview with the subjects in order for the subjects to feel comfortable and heard while discussing this difficult topic. This researcher recorded the interview responses by using a tape recorder, and then transcribed all responses in order to collect accurate information. Questions asked throughout the interview process included each professional’s idea on prevalence of self-injurious behaviors with the given population, reactions to self-injurious behaviors, a general description who they believe is a self-injurer, and how they believe schools could deal with self-injurious behaviors.

During the collection process, this researcher took each individual question and used tallying to identify common wording stated during the interviews. Then, this researcher used the word search program to identify additional common wording and topics throughout the entire interview process. This allowed the researcher to understand and explore the common themes when discussing self-injury. This researcher then added some of these common topics into tables and graphs in order to give the reader a visual representation of the interview responses.

In addition, this researcher conducted an evaluation of existing programs, intervention techniques, and prevention strategies. They were found through the literature review and using Google in order to identify existing programs used throughout the world. This researcher used wording such as “self-injurious behaviors,” “self-
injurious behaviors and schools,” “prevention of self-injury,” and “evidenced based practice for self-injury,” in order to accumulate this data. Lastly, this researcher downloaded and reviewed program materials, blog entries, and consumer and community comments about these programs, preventions, and interventions.

**Protection of Human Subjects**

During the Fall semester of 2009, this researcher completed the application for Protection of Human Subjects and submitted the application to her thesis advisor for revision. Revisions included adding the demographics of the research subjects and informing the subjects to look over the research questions prior to the interview in order to have the most accurate information. The risk level was included in the application, and this researcher explained that these research questions would cause minimal risk to subjects. After the revisions were completed and the thesis advisor signed the application, this researcher submitted it to the School of Social Work departmental committee for Protection of Human Subject for final approval. The committee found this study to be of no risk due to the research subjects included experts. After final approval from the committee, this researcher made appointments with the research subjects to conduct the interviews.

**Data Analysis Plan**

The data analysis of this study included finding themes in the responses of the interviewees and concluded results from these themes, therefore using a qualitative design. The accumulated qualitative data was analyzing by transcribed notes and written notes of the interviews. First, this researcher analyzed each question and was able to
identify similar responses by all interviewees. Tallying showed how many times commonly used words occurred as an answer. This tallying provided a visual reference for this researcher by showing how many times a certain word was used, such as depression, withdrawal, or treatment methodologies. This visualization was also helpful to decipher between the more common answers, and the more creative answers that were used by some interviewees. This researcher was able to set aside those more creative answers and conclude that they were unique responses. Secondly, the researcher conducted analysis of the interviews as a whole through taking the transcribed and written notes, and identifying similar themes that appeared throughout the interview process. This researcher conducted a word search of the transcribed notes, and was able to tallying how many times a certain topic was discussed throughout the whole interview. These topics were searched in all transcribed interviews, and were tallied for a visual representation of how many times that topic was discussed during all interviews. This was able to give the researcher a clearer picture of what topics arise when self-injurious behaviors are discussed.

This researcher also conducted analysis of the existing programs and resources that refer to this issue of self-injurious behaviors. Through this analysis of existing programs and resources, this researcher identified common best practices for schools and school social workers. The evaluation of these programs occurred through yearly reports about the programs, articles recognizing the program or technique, and evidenced based research conducted on a certain training technique and effectiveness of a program, intervention, or prevention tactic. This researcher found these programs through Google
by typing “self-injurious behaviors” and “self-injurious behaviors and schools.” Then, this researcher collected data from the program’s website, literature, and evaluations from consumers and community reports. This researcher also analyzed blog entries from those youth who self-injure and collected data from their personal entries of success stories, and successful interventions. After the collection of this information, this researcher compared the interview data and internet data. Tallying these similar topics, and setting aside the more creative and unique answers assisted this researcher in exploring this topic and finding the best practices.

The themes identified through the interview process and internet data analysis provided this researcher the opportunity to develop a training on this topic for school social workers. This presentation includes information on intervention techniques, prevention strategies, policy development, and resources for youth.

**Summary**

This mythology chapter explained the research design, data collection process, instruments used, protection of human subjects’ process, and data analysis plan for this study on self-injurious behaviors. First, a description of the exploratory research design gave the foundation for this research project. The data collection process explained the role of the research subjects and the number of participants included in this study. The instruments used that provided accurate data for this research project incorporated the semi-structured interview process, tallying, and word search in order to provide the physical support for data analysis. In this section, an explanation of the semi-structured interview process occurred and described how this process is a positive research
instrument. The protection of human subjects’ process was revealed, and the reader was able to understand the steps this researcher took in order to protect the interviewees in this study. Lastly, the data analysis plan included how this researcher used the instruments explained, and how she was able to identify common themes through the interviews and best practices. Chapter four will explore the results of this mythology, provide visuals for the data collected, and include the training presentation (See Appendix C) developed.
Chapter 4

RESULTS

The results chapter discusses the findings of the interviews conducted by this researcher with twelve professionals working with those who have self-injured. First, this researcher will describe the demographics and experience level of all twelve interviewees. Table 1 and Figure 1 will assist the reader with a numerical and visual representation of the findings. Secondly, this researcher describes the opinions of these interviewees on the subject of their first reactions when encountered with self-injury, their sense of competence on this issue, and their opinion around the prevalence of self-injury. These answers are compared to the literature, and distinct differences and similarities will be identified. Next, this researcher will recognize and compare to the literature the opinions of these interviewees in regards to the awareness level of other professional categories. Table 2 and Figure 2 will numerically and visually assist the reader with these findings. Then, the opinions of the interviewees on how to implement an awareness program on self-injury in the community and the different feelings identified by the interviewees on having an awareness program will be discussed. Lastly, this researcher will identify the common and unique answers of the interviewees on the topics such as risk factors of self-injury, what have been the most beneficial interventions working with this population, and opinions on training needs. This researcher reminds the reader to consider that these findings are based on the opinions of twelve interviewees, and compared to various literatures.
Interviewee Information and Demographics

This researcher identified the interviewees’ gender, title, and type of profession (see Table 1). This study contains two male interviewees, while most of the interviewees consisted of women participants. Not only should this reader focus on the gender and number of participants, but also the type of title the interviewees obtained. The largest representation of the twelve interviewees was Licensed Clinical Social Workers (LCSW) or Associated Social Workers (ASW), about 42% (n=5) of interviewees contained this title. Marriage Family Therapists (MFT), Marriage Family Therapist intern (MFTi) professionals and school psychologists represented 50% (n=6) of the interviewees, which provides a range of professional values, practices, and education.

Table 1

<table>
<thead>
<tr>
<th>Gender</th>
<th>Type of Title</th>
<th>Type of Professional</th>
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<tr>
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<td>n</td>
<td>%</td>
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<tr>
<td>Male</td>
<td>2</td>
<td>16.6</td>
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<tr>
<td>Female</td>
<td>10</td>
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This researcher wants the reader to recognize that these interviewees were chosen due to the type of professional education they obtained. Table 1 separates these
professionals into three categories: Community based worker, county school therapist, and school based professionals. 50% (n=6) of the interviewees were county school therapists that work with school aged children until graduation of high school or reaching twenty one years old. These professionals reported working with youth whose emotional mental health affects their educational success. Community based workers make up about 25% (n=3) of the interviewees for this study. These professionals work as a private therapist, a Child Protective Service (CPS) worker, and a group program coordinator. These professionals serve youth ranging in age from zero to nineteen, and affected by environmental challenges such as childhood abuse, the juvenile justice system, family challenges, or social skill development. The school based professionals make up 25% (n=3) of the interviewees and work directly with high school aged youth whom work from school campuses. Their duties consist of one on one counseling, group therapy, crisis intervention, family support, and academic advising.

**Experience Level of Interviewees**

Figure 1 portrays the experience level of the interviewees in the field and at their current job placement. This reader should recognize that most of the interviewees that participated in this study had at least two years of experience in the helping profession of either social work, psychology, or other similar fields. The average number of years working in the helping profession is about fourteen years (see Figure 1). This reader should notice that most of these twelve interviewees have had prior experience in the field than their current position. In addition, this reader can recognize the wide range of experience these interviewees have acquired. Interviewee number nine has had about
eighteen years of experience, but has been in her current job placement for six years. For interviewee number ten, the experience level is about ten years, while the years in the current position are only a few months. The reader should consider that this study interviewed a small sample of twelve subjects, but these twelve subjects encompass a wide range of experience and knowledge as helping professionals.

**Figure 1.** Level of Experience of Interviewees

**First Reactions**

Reactions to self-injury are important for the beginning of treatment for these behaviors. These interviewees were asked, “What was your reaction when you first started working with those who self-injure?” This section will explain some of the reactions they had when they first started working with this population. Here, the reader will notice some specific statements from the interviewees.

The literature states that when looking at self-injurious behaviors from the outside, those who are not familiar with these actions may be shocked, disgusted, and
scared by the violence it can cause on a young person’s body (Plante, 2007). An interviewee explained this similar reaction and the literature states:

I can’t remember exactly, but I would probably say it was disgust, and I was probably thinking, “What are you thinking, why would you do that, you are so stupid.” I am sure that I didn’t say that to the kids, but I am sure that is what I was thinking.

For the other interviewees, these feelings of disgust and shock seemed to be a common internal reaction, meaning they did not show these feelings in their body language, but felt them in their own body. In addition to these internal feelings, most interviewees explained a fear of not knowing what to do, or how to treat this behavior. One interviewee stated:

Just fear and not knowing how to deal with it made me really nervous. I would say recently, within the last year or two, with more experience with self injury, I would say fear for them because I didn’t know if it was life threatening, and fear more for me because I didn’t know what to do.

Another interviewee explained her uncomfortable feelings and her internal self-talk by stating:

I don’t remember being shocked, I think it was more like “what the hell do I do with this,” and almost came from a place of hopelessness, because I knew it was an issue and I really had no idea on how to approach it. And for me, it brings up “well maybe I don’t know what I am doing,” so all that internal stuff.
A third interviewee explained her reaction that since her first client that self-injured was so severe, suicide was such a focus for her, and stated:

Well especially because that individual was so severe, it scared the heck out of me! I really was afraid she would kill herself, by accident, not suicidal, but by accident before I could help her with it, so it was very scary. I know therapists are grossed out by it or disgusted by it, but I was not. I was just more scared of her really going to kill herself.

The literature relates to this topic as being a common concern, but also refocuses professionals to understand that self-injurious behaviors are distinctly different from suicide attempts, but the boundaries can seem faint and look to the outside world to be the same behavior (Conterio & Lader, 1998). Self-injurers do have suicidal thoughts or have committed acts aimed at ending their lives, but only on occasion self-injurers may step too far in the behavior and inadvertently cause death (Conterio & Lader).

**Competency Level**

The interview included a question stating, “Do you feel competent in working with this population?” in order to assess the comfortableness and skill level these interviewees felt when working with those who self-injure. This question was identified as a significant topic since the literature reiterated importance of school social workers and counselors for school sites when confronted with issue. Most teachers and staff agreed that school social workers were the person to go to on this topic, but the school social workers were not informed of needing this specialization (Roberts-Dobie, 2005; Best, 1996; D’ Onofrio, 2007; FirstSigns, 2008).
After randomly selecting 1,000 counselors from the American School Counselor Association, Susan Roberts-Dobie (2005) conducted a study to find that 81% of the participants had reported having worked or working with those who self-injure. Unfortunately, only 6% of that 81% responded with feeling highly knowledgeable and prepared to assist these students on this issue (Roberts-Dobie, 2005). This realization shows that even though school counselors are at the unique position to intervene and assist youth who use self-injurious behaviors, the counselors do not feel competent and confident in working with this topic (D’ Onofrio, 2007).

For the purposes of this study, conducted of only twelve interviewees, 58% (n=7) of the interviewees felt competent in their work with this population, while 41% (n=5) of the interviewees did not feel competent with this population. Since this sample is only twelve interviewees, and this researcher picked these specific interviewees, these numbers are comparably high considering the Roberts-Dobie (2005) study. The interviewees seemed to have gained their confidence and competency in working with this population throughout the years. One interviewee described her feeling of obligation to go seek training and consultation due to one of her clients presenting with self-injurious behaviors; after the question, “Do you feel competent in working with this population?” she stated:

I do now! Why? Well largely because the first self-mutilating client that I had was very severe, so I started with the worst-case scenario, the worst I have seen. So immediately, I went out and got as much information, as much training, as much reading, and consultation I could find at the time.
Most of the interviewees explained that they had not been to a formal training on this issue, but others explained that they had sought out consultation, information sessions on all types of self-injury (including substance abuse, suicide, eating disorders), and resources in order to obtain their education. One interviewee explained that she felt competent in some aspects of this issue, but not necessarily everything. She explained:

I feel competent in the fact that I can address the safety issues, that I am doing my best to make sure there is a safety plan in place, and that family or social supports are being utilized, and that follow up is being provided. But, I do feel though that it still provides me with a lot of anxiety for kids that are doing this. And even though maybe we have a plan in place, I don’t feel that secure over the weekend when I am not around the student, that they are safe even though we put some of that stuff in place. I do not feel that they will totally follow through, and sometimes they do not so that makes me feel uncomfortable.

All of the interviewees expressed their desire and need for more training on this issue. The literature also suggests that, not only counseling professionals are wanting this education, but school professionals are waiting, ready and willing to hear the information, receive the education, and feel hopeful for those youth using self-injurious behaviors (FirstSigns, 2008).
Change in Prevalence and Speculation for this Change

Prevalence of self-injurious behaviors is a topic that is discussed throughout the literature, therefore added to this study’s interview questions. Prevalence of this topic has not been as concrete as other issues affecting youth, but this researcher asked the question, “Have you noticed a change in prevalence of self-injury; if so, what; and do you have speculation for this change?” in order to record the interviewees options on what they have seen through their work with youth. This section will identify the interviewee responses, explain the reasons given for the change in prevalence, and relate these findings with the literature.

All interviewees agreed that these behaviors are seen more often in adolescent girls compared to adolescent boys. One interviewee agreed with this finding, but currently all four of her cases that use self-injurious behaviors are male. The literature agrees with this disparity among the genders. As reported by Conterio and Lader (1998), more women than men have sought treatment from their center, but they are starting to see an increase in male attendance.

Sixty-six percent (n=8) of the interviewees stated that there has been an increase in prevalence of self-injurious behaviors. These eight interviewees were able to identify a number of reasons for this increase in prevalence including: more experience working with that population, that the issue is not as stigmatizing, therefore youth are seeking help more often, and the knowledge of this topic is more broad and well known. This researcher advises the reader to make note that these interviewees were chosen for this study due to their experience in working with this population. Other interviewees stated
that the increase of prevalence is due to the increase in awareness among the media and technology, and label this behavior as the “fad of our time.” The literature agrees with these opinions and explains that today, there has been a gaining widespread attention in the mainstream culture, as evidenced by popular media of these self-harming behaviors (Gindhu & Schonert-Reichl, 2004). This problem has been more prevalent in adolescence and is correlated to their development of autonomy and an image of the self. The literature identifies adolescence as the “rebellious years” of development, and self-injurious behaviors have been linked to the more “rebellious” social groups throughout time (Conterio & Lader, 1998). During the millennium, the literature suggests that there has been a rise in members of the Goth/Emo culture which caters to the needs of the self-injuring population (Fritz, 2006).

In addition, interviewees explained that society values, and parental availability has changed throughout the years, giving more independence and free time to the youth. The literature explains that society is also an external factor that can impact the family and has made self-injurious behaviors on the rise for the last twenty years (D’ Onofrio, 2007). Some have argued that self-injurious behaviors are a direct result of the alienation and disfranchisement of our children (Conterio & Lader, 1998; Walsh, 2006). Our culture has been molded into a world of independent children where these children feel disenfranchised from reality, therefore self-injury becomes the child’s message board to the outside world (D’ Onofrio, 2007). Our ideas of what a “normal family” is have changed dramatically within the last thirty years, and the importance and ways we are told to raise our children has also changed. This change includes having both parents
needing to have a job for financial necessity and parents have had to devote less time into caring for their children; parents are pulled in multiple areas and could find it difficult to be present for their children in the way they would like (D’ Onofrio, 2007).

About 33% (n=4) of the interviewees stated that they believe self-injurious behaviors have not increased in prevalence but stayed the same throughout the years. One interviewee stated, “These behaviors have always been around, but today we have more aware of it due to the media, technology, and youth making these behaviors known.” Another interviewee mentioned that most of her experiences have been at an intensive day treatment school; therefore, these behaviors were very common. Even though the literature is not able to identify the exact prevalence rate of these behaviors, the studies show that there has been an increase (Conterio & Lader, 1998; Gindhu & Schonert-Reichl, 2004; Favazza, 2006; D’ Onofrio, 2007; Plante, 2007).

**Rating Level of Awareness of Identified Groups**

During this portion of the interview, interviewees were asked their opinion on the level of awareness of these identified groups: counseling professionals, school teachers, school personnel, coaches, students, parents of self-injurers, and other parents. Since this question was asked by the researcher to be given as an opinion, the interviewees seemed to be comfortable rating the groups. On the other hand, this researcher noticed that those with more experience in working with this population, or school sites, that the interviewee was faster to respond and felt more confident in their responses. This portion of the questionnaire resembles the study conducted by Best (2006) in order to relate to
the literature. This researcher developed Table 2 and Figure 2 in order to provide the reader with the numerical data and a visual reference for these ratings.

Table 2 displays the numerical outcome of opinions from the interviewees regarding their thoughts on the level of awareness of the identified groups. Counseling professionals were stated to be most aware about this topic of self-injury; 91% (n=11) of the interviewees believed counseling professionals had a high level of awareness. One (8%) interviewee stated that counseling professionals had a medium level of awareness. The majority of the interviewees (n=7, 58%) stated that school teachers had a low level of awareness. About 33% (n=4) stated that they believed school teachers had a medium level of awareness. While school teachers were found to have a low to medium level of awareness, school personnel were believed to have a medium to high level of awareness by a majority of the interviewees. Three interviewees stated they believed school personnel had a low level of awareness (n=2, 16%) or their response was unknown (n=1, 8%). Best (2006) conducted a study in the UK to interview school staff with the purpose of finding their awareness level of self-injurious behaviors. He found that most teachers and school personnel were aware of negative behaviors such as bulimia and substance abuse, but became wary when asked specifically about self-injurious behaviors (Best).

The majority of interviewees believed that coaches had a low level of awareness (n=6, 50%), while some interviewees believed they had a high level of awareness (n=4, 33%), and lastly, two interviewees responses were unknown (16%). These responses seemed to be a slightly different result when relating to the literature. In Ron Best’s (2006) study, he found that interviewees rated PE teachers and coaches as most aware
compared to school personnel and counselors (p. 279). Students were rated by ten (83%) interviewees to have a high level of awareness, very similar to the level of awareness of the counseling professionals. One (8%) interviewee rated students with a low level of awareness, and one (8%) interviewee was unknown in their response. In contrast, seven interviewees rated parents of self-injurers as a medium level of awareness and five interviewees rated these parents as having a low level of awareness. Interviewees rated parents of students in general with mostly a low (n=7, 58%) and medium (n=2, 16%) level of awareness; three (25%) interviewees were unknown on their responses.

Table 2

*Interviewees Opinion of the Level of Awareness of Professionals working with Youth, of Students, and of Parents*

<table>
<thead>
<tr>
<th></th>
<th>Counseling Professional</th>
<th>School Teacher</th>
<th>School Personnel</th>
<th>Coaches</th>
<th>Students</th>
<th>Parent of Self-Injurer</th>
<th>Other Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td></td>
<td>7</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Med</td>
<td>1</td>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>High</td>
<td>11</td>
<td></td>
<td>5</td>
<td>4</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>
This researcher uses Figure 2 to visually input these responses for the reader and this researcher directs the reader to compare the student and counseling professional bars, and to take notice to the similarity in length. The reader should also identify the ratings that are not present in some categories, such as for parents of self-injurers, the interviewees only rated their awareness level as medium or low while counseling professionals were rated as high or medium level of awareness. These questions, the table, and the figure should allow the reader to depict the disparity of knowledge about this topic among these groups.

*Figure 2. Interviewee’s Opinion of the Level of Awareness of Professionals working with Youth, of Students, and of Parents*
Implementation Plan for Awareness

When the question, “Do you believe the community would benefit from more awareness of this topic, if so, how would you see this awareness implemented?” the interviewees had mixed responses. Some became very hesitant in their answers due to the idea that self-injury is a learned behavior, so spreading awareness could do the opposite of the intended effect. Others made their responses a general “yes” but with parameters on how the awareness of implementation should occur and to whom.

For interviewees that hesitated on implementation of awareness on this topic of self-injury, they recognized the social learning theory and the impact self-injury can have on peers. One school psychologist stated, “Self-injury has a contagious affect to it, so if you just focus on the one that is really in need, and limit the affect, generally that self-injury between the group will cease.” In the literature, Nock and Pristine (2004) found that some adolescents self-harm for a positive reinforcement such as to get attention or feel part of a group. This is where self-injurious behaviors can be learned behavior from peers; some adolescents have reported that they started self-harming because they had a peer or friend that was a self-harmer and wanted to know how it felt. These interviewees cautioned that awareness of this topic should be developed thoroughly with thought taken into the audience, the visuals, and to make sure the implementation does not become a “how to guide for self-injury” as one interviewee cautioned.

On the other hand, the majority of interviewees suggested that awareness on this topic can be beneficial and should occur in our community. The interviewees suggested a variety of places to enforce this implementation that include: “In service trainings for
teachers, parenting classes, a school bulletin or newspaper, parent forum, community forum, the Parent Teacher Association (PTA), service clubs, and hospital programs.” A few interviewees suggested using existing programs on similar topics such as “Every 15 Minutes” for drunk driving, the bullying intervention program in schools, or the suicide prevention programs, to model this implementation plan on self-injury. The literature identified that curriculum focused programs that get the word out to youth and their peers has been proven to be an effective way of intervention and outreach for students that need therapeutic assistance (Ciffrone, 2007). This notion was tested with the topic of suicide and a mental illness model that in fact changed unwanted attitudes towards suicide and positively influenced the help-seeking attitudes of those concerned about themselves and their peers (Ciffrone). The curriculum demonstrated that suicidal thoughts and gestures are linked to a mental illness that causes irrational beliefs, but is treatable. The students that attended these presentations were able to recognize in themselves or in their peers that their thoughts were not “normal” and there is treatment for their depressive feelings (Ciffrone).

**Risk Factors**

The risk factors portion of the interview was directed at what early warning signs or prevention strategies that the interviewees have used, or seen in their practice. All of the interviewees were able to identify three main warning signs, and therefore prevention tools to focus on, including depressive symptoms, appearance, and emotions. The literature shared some of these same themes, and will be explained in reference to the interviewees’ answers.
All interviewees identified depressive symptoms as a main early warning sign for a youth that may be self-injuring. These depressive signs can be in the form of withdrawal or isolation, flat affect, or a sense of unhappiness. Along with depression comes a change in sleep patterns, and a shift in interest of daily activities; one interviewee stated, “If you see a youth doing something they love, and then the next week not going near that thing, it could be a signal something is up.”

In addition, appearance was a common answer to this topic of risk factors for self-injurious behaviors. Most interviewees stated to be aware of what youth are wearing, whether it is long sleeves in the summers, or not wanting to dress down for PE; this could be an indicator that youth is self-injuring. One interviewee stated in reference to appearance and depression, “You think of those kids in the corner with their hoods up, and those are the kids that don’t get any attention. They are quiet and behaving, and the ones that are being aggressive and acting out are the ones getting the attention but are not the ones cutting.” In the literature, Fritz (2006) identifies not only appearance, but also correlation between the youth’s dress and social group could be a risk factor for self-injury. He identifies that the Goth culture does not automatically make all members self-harms, but this culture is more welcoming of individuals who do self-harm (Fritz, 2006). Rutledge, et al. (2008) also found that the Goth culture attracts teens who are depressed, feel persecuted, have a distrust of society, or have suffered past abuse. They then surround themselves with people, music, web sites, and activities that foster angry or depressed feelings. They have a higher prevalence of depression, self-harm, suicide, and violence than non-Goth teens (Rutledge, et al., 2008).
Lastly, most interviewees stated a common indicator of not being able to express their feelings. They stated youth that “have the inability to express their emotions,” or inability to show emotional pain, may also be using self-injury to cope with this challenge to express themselves. One interviewee stated, “Not only expressing their feelings, but the challenge of verbalizing their feelings could be an indicator.” Another interviewee explained, “I guess one risk factor for girls, are girls who are not allowed to be angry, they are for whatever reason, they have been taught that anger is bad so instead of acting it out, they act it out some themselves.”

More unique answers from the interviewees for risk factors included being openly defiant, extreme risk taking, or life transitions that can be very difficult (divorce, changing schools, sexual identity). One interviewee mentioned being exposed to cutting behaviors through friends, or media, or technology. This directly corresponds to the literature, which states that this behavior has a mimicking affect and can spread throughout schools as suggested by the social learning theory. This social learning theory emphasizes the need for student to be reinforced (Siegel, 1992), and since youth are reinforced by their peers, self-injury could be a behavior that becomes an accepted or expected behavior. Another similar idea from an interviewee to the literature is the presence of a dysfunctional family, or trauma in a youth’s past that can be a risk factor. Youth who have been through trauma or currently reside in a chaotic home could be flooded with emotions that cause them to use self-injury in order to reduce this flooding (All Psych, 2009). Interviewees and the literature agree that these are risk factors and
early warning signs of self injury, but not all youth who encompass these factors will use self-injury.

**Beneficial Practice Techniques**

The interviewees were asked, “What have you found most beneficial in working with those who self-injure?” as a way for this researcher to develop a more comprehensive training. This section will describe some of those common interventions and describe unique answers given by the interviewees.

The most common theme given as a beneficial intervention when working with this population is the attributes such as compassion, empathy, building trust, and developing the therapeutic relationship. One interviewee described her relationship with one of her clients that use self-injurious behaviors, and due to the trust they have built, and the patience of the practitioner, the client has been open and honest with the interviewee. Another common theme is to provide these youth with the skills and coping strategies to supplement the self-injurious behaviors. “Identify triggers, have the youth articulate what the behavior does for them, finding an outlet for their feelings, and using their words instead of their actions to express themselves” were common responses for intervention strategies.

One interviewee explained the importance of group process for these youth who self-injure. She stated:

Group, I believe, is the most beneficial thing I have found when working with this population because I really keep the drama level down and not give the cutting the attention; give the underlying triggers the attention. I
do not allow them to “you know I cut like fifteen times, the fifteenth time I cut I made this pattern,” I do not give any energy to that. I am sorry that happened to you but I want to talk more about those feelings or those events that caused you to feel that way.

On the other hand, all three school psychologists believed that one on one therapeutic work benefits the adolescent more due to the contingent affect and the theory of socially learning the behavior.

More unique responses to this question involved a more ecological look at this issue of self-injury and involved more of the external causes and supports for this behavior. One interviewee suggested involving the parents in order to give support to that youth at home, and give the parents awareness and confidence in working with this issue. Also, another interviewee mentioned the idea of getting these youth involved in their community to give them a sense of purpose and positive self worth. She stated:

Get her grounded and confident in herself in her potential and have her feel more self respect and get her too busy to think about how miserable she is and bored she is. I think the biggest key for a lot of these kids is not allowing them to have as much boredom. Getting her involved in something productive like service. A service usually builds self esteem and some activities build their skills and their confidence.

Lastly, another interviewee described the importance of the narrative process, and getting more knowledge of the trauma that youth may have endured. The literature relates to this notion of trauma as not only an early warning sign but an identifying trigger. Child abuse
and neglect are directly related to self-injurious behaviors since this behavior has been considered to be a coping mechanism for these adolescents who are survivors of abuse. Favazza (1996) described this idea of disassociation, and this process can also be seen with abuse survivors. Those adolescents who have survived sexual, physical, emotional abuse and neglect are more likely to self-harm. This lack of control can be directly correlated to the sense of power adolescents feel when they perform cutting on their skin.

To be Included in Training on Self-Injury

One of the questions asked during the interview stated, “What would you include in a training” in reference to self-injurious behaviors. Most of the interviewees were confident in their responses, expressed their interest for further training, and showed some creative thinking skills.

The most common answers from the interviewees involved early warning signs, treatment modalities, and intervention tools. Since these interviewees all have or work with those who self-injure, this reader should recognize that these interviewees were focusing on how to help that youth in the most beneficial way. One interviewee summed up her opinion by stating:

I would want to leave that training knowing what the warning signs are, what are some of the underlying reasons, what to look for in terms of knowing if there is some self cutting going on, how to engage with the child around it, how to approach them that is going to allow them to trust me, interventions, referrals, hot lines.
One common theme that was unique to the literature was the opinion of interviewees that suggested a timeline of self-injury, or severity levels. One interviewee stated, “Some kind of breakdown of stages and maybe patterns that are there just so I think there is a better understanding of where that person you are working with is at rather than just on a kind of day to day safety plan that is kind of hard.” Another interviewee responded:

The range of severity would be helpful, so how severe it can get and how mild it usually is. I am sure the research has shown that there is some predictable time line, and I think that would be helpful so that they would know where in that timeline their kid is, kind of like substance abuse, there’s a predictable course that it takes, so just really educate them on all that stuff that gives them tools. Think of it as tools that I can give these parents and teachers that will help them, just like we do in therapy, try to give tools of coping mechanisms and things.

Instead, the literature emphasizes that there is not one way to look at youth who self-injure. These youth are all unique in how to work with each one, and two youth who have the same severity level of cutting may not work well with the same intervention. The literature recognizes that it is important to recognize not only the severity level, but the reasons for their cutting behaviors. The presenting problems could be related to the experience of being a female, some to poverty or racism, some to family systems and dysfunction, and some to individual differences in personality or coping styles (Abrams, 2003). Understanding the origins of the self-injurious behavior comes from numerous
factors that adolescent girls manage on a daily basis. It is important as social workers to understand current etiology and the interactive influence of micro and macro factors that cause a young woman’s psychological adaptation to be extremely complex (Abrams).

Some interviewees also shared some more unique answers that could be beneficial in training on self-injury. These interviewees were focused on how it works for that individual youth, how to normalize the process, and how to start talking about the self-injury. One interviewee stated in reference to normalizing the process for the youth, and the therapist. One interviewee stated, “I think some sort of breakdown of what a client goes through in order to show the process of normalizing for the client. And, what normal feelings the therapist/social worker goes through since it is really tough.” Many interviewees shared their own feelings around talking about this topic and the wariness that surfaces when this topic is identified. One interviewee stated:

But I think some people are uncomfortable asking about self injury, because once you know you kind of have to deal with it. And when you are sitting there with a client and this is actually one of the questions I ask in an assessment, once I ask you it is out there and has to be dealt with.

**Summary**

These findings identified the opinions from the twelve interviewees who participated in this study on self-injurious behaviors. This researcher described the demographics and experience level of these interviewees in order to give the reader a sense of the sample and show the range of experience levels. Next, this researcher identified the interviewees’ first reaction to those who self-injure, if they felt competent
working with this population, and if they believed the prevalence of self-injury has increased, decreased, or stayed the same. The interviewees had similar first reactions as identified in the literature, and this section quoted some of the interviewees in order for the reader to feel a sense of the interviewees’ emotions around this topic. Interestingly, these interviewees felt competent in working with this population, while the literature suggests that most professionals working with this population do not feel competent. On the other hand, this researcher cautions the reader to take notice that the researcher chose these interviewees due to their work with the self-injuring population. Then, the interviewees agreed with the literature on the subject that this issue has increased in prevalence; interviewees suggest reasons for this increase are due to media awareness, more education of the interviewees, and more field experience of the interviewees.

These findings also explained the opinion of interviewees when asked, “Do you think these group have a high, medium, or low level of awareness?” The findings related similarly to literature especially concerning the level of awareness of counseling professionals and students. The literature and the interviewees differed when discussing the level of awareness of coaches. Interestingly, the literature and the interviewees agreed that the implementation of awareness on this topic should be considered as important, but is recommended to use caution due to the social learning affect or the contingent affect. Lastly, these findings described the interviewees’ expert opinions on the risk factors of these topics, the beneficial interventions they have used in their practice with self-injurers, and what they would like to receive in further training. These
findings have been accumulated in a power point format as training for school professionals, counseling professionals and parents.

The main findings that will be discussed in chapter five will focus on the themes that are discussed in the training of this project (See Appendix C). The main findings that will be included in the training first explore the increase and speculation of increase in prevalence of this issue. Then, the awareness levels of counseling professional and students will be discussed. Risk factors and early warning signs will provide a basis of why youth self-injure and how this issue can be recognized. Lastly, a discussion of the competency level, and feeling among counseling professionals will be compared to these findings. In chapter five, this researcher will identify further similarity and differences between these findings and the literature, will explore implications for social work practice and future social work research, and will summarize this project as whole.
Chapter 5
CONCLUSIONS AND IMPLICATIONS

The purpose of chapter five is to make conclusions about the data analysis, and identify implications for future social work research and social work practice. This summary of the study will explore the similarities and differences between the findings and the literature. Then, this researcher will describe the implications these findings cause for future research on this topic of self-injury, and implications for social work practice. Lastly, this researcher will conclude with her feelings about this topic, this study, and identify expected and unexpected goals obtained throughout the process of this study.

Similarities and Differences between this Study and the Literature

As chapter four explained, there are many similarities between the literature and the findings of this study, but also some differences. One of the main similarities that this researcher believes is important to identify and explain further is the first reactions explained by the interviewees. As chapter four identified, during Best’s (2006) study, his interviewees had very similar responses to self-injury. Understanding the shock, disgust, curiosity, and fear that this issue brings up is vital to the treatment of self-injury. The first reaction from a helping professional to that youth is not only normalizing, but also a starting guide for the youth to seek further assistance with this issue. The literature and this study acknowledge that this topic of self-injury is not a pretty topic to discuss; it is very alarming and unique, therefore hard to deal with. However, as this study and the literature acknowledges, this problem is becoming more prevalent. This increase in
prevalence was both explained by this study and the literature as a combination of media attention, the “fad” of our time, the knowledge that professionals obtain with time, and the willingness of the youth to seek treatment. This similarity of prevalence shows this researcher that even though we as a community understand this increase, and have identified the reasons for this increase, there seems to be a disparity in awareness levels.

As this study identified visually through Figure 2, the awareness level of counseling professionals and students were measured to be very similar, which was the highest reports of awareness by the interviewees. The literature also made this awareness disparity known since counseling professionals are the ones to deal with this issue, while students usually see it first either in themselves or in their peers (FirstSigns, 2008). The literature and this study concluded that there is little awareness among first responders, such as school teachers, coaches, and parents, which causes concern for implications of this issue and will be discussed further in this chapter.

Another similarity that was identified through these findings and the literature are risk factors/early warning signs to be aware of for self-injury. As identified by the literature, emotional distress, family factors, and social groups play a significant part in recognizing these early warning signs. Emotional distress refers to the emotional pain that a youth may feel, but are unable to release through more positive coping mechanisms. Family factors refer to our change in familial roles that society has impressed on the nuclear family, and the high correlation rate between child abuse and neglect and those who self-injure. Lastly, social groups refer to the impact of peers on youth, and the role appearance and clothing can play in the secrecy of self-injury. Both
the literature and these findings caution this reader that even though these are risk factors of self-injury, these attributes do not identify a youth that possess one of these behaviors as a self-injurer. Instead, these are signs teachers, parents, schools, and counseling professionals can identify and use as an assessment tool for self-injury.

There are two main differences identified among the literature and these findings. One of these differences includes the awareness level of coaches, PE teachers, or other recreational professionals. In these findings, the interviewees’ opinions stated that coaches would have a low to medium level of awareness; on the other hand, the literature identified coaches to have high level of awareness (Best, 2006). Interestingly, the three school psychologist interviewees identified coaches as having a high level of awareness similar to that of the research for similar reasons. The literature and these school psychologists agree that coaches and PE staff are more available to see scars or behaviors that could set off red flags when considering self-injury. Some of the red flags that coaches and PE staff can obtain include not dressing down for class, unexplained scars, withdrawing behaviors, or change in mood or interest. Most general education teachers, school staff, and counseling professionals do not see youth in this type of setting; therefore, the concern and eyes of these professionals could be important to assess with considering treatment for a youth. This researcher recommends that there be more research conducted on this notion, and clarification made among coaches and PE staff since the literature and this study did not include these professionals as interviewees.

The last main difference that this researcher identified was the high competency level that these interviewees felt they obtained. The literature explains through other
studies findings that those in the helping profession working with this topic of self-injury do not feel competent in their work with this population (Roberts-Dobie, 2005; Best, 2006; D’ Onofrio, 2007; FirstSigns, 2008). On the other hand, the interviewees who participated in this study identified that they felt competent in their work, but felt uncomfortable with this issue. Therefore, even though they did feel as though they could work with a youth who self-injured, they identified their nervousness or fear which was similar to the first reactions section. One reason for this difference could be due to the small sample size of twelve interviewees; this size of sample may have not been enough to match other studies such as the Roberts-Dobie (2005) study that collected data from 1,000 randomly selected school counselors. These differences are important to recognize when comparing this study to further research.

Implications for Future Research and Social Work Practice

Implications for future research and social work practice are important for this researcher to identify, especially since this study was done only in the Placer County area, and with a small sample size of twelve. For future research, this researcher would like others to explore how the awareness of this topic should be implemented, and if it should be implemented. This researcher identified many conflicting comments and feelings around this topic of implementation of awareness on self-injury. Interviewees had a sense of hesitancy and confusion on whether or not implementation would be a good idea, and some questioned why self-injury was not already talked about in schools, just like bullying, drugs, and alcohol. Since this subject generated more animated conversation during almost all the interviews, this researcher recommends further
exploratory data on this topic, especially since the prevalence rates of self-injury are increasing though there are few conversations about problem solving on the issue.

Another implication to recognize for future research is the disparity of awareness levels. These findings, and the findings of past studies, suggest that counseling professionals and students have the highest level of awareness. Future exploratory research on why this is true and how this disparity can be minimized should be considered. The researcher’s hypothesis for this gap in awareness between the first responders (teachers, school personnel, parents) and the counseling professional and students, is the notion of “don’t see, don’t do.” One of the interviewees in these findings stated, “I think a lot of people are afraid to ask, because once they know, they have to do something about it.” This researcher acknowledges that this topic is a nerve-racking topic to discuss and recognize; on the other hand, teachers, school staff, and parents should be aware of the early warning signs and first reaction responses in order to fulfill the ecological approach when working with youth. Youth are not only affected by themselves; but their families, their school, and their peers affect them. This researcher believes that since self-injury is still a stigmatizing behavior among adults, peer to peer knowledge is high because youth feel connected and understood by fellow peers. In addition, counseling professionals are trained to feel compassion and empathy, and to assist youth who are stigmatized for their behaviors and emotional needs. This knowledge and training by both peers and counseling professionals explains this high awareness level. If parents, school staff, and teachers were also educated and taught how
to recognize this behavior, this researcher believes the prevalence rates would go down and youth would be more willing to seek treatment and assistance.

**Researcher’s Reflection on this Study**

This researcher believes that the purpose of this study was accomplished and further research was identified. This researcher has an empathetic passion for this issue of self-injurious behaviors due to her own experience in working as a school counselor, feeling the pressure from the school system to treat this issue of self-injury, and the lack of awareness by school staff. After completing this study, this researcher realizes that the low level of awareness is due to multiple factors including the stigma of mental illness, the first reaction and internal self-talk when recognizing this issue and the hopelessness professionals feel when they are asked to assist a youth with this behavior.

This study identified a strong foundation for the introduction to training on self-injury and can be used as a base for teaching school staff, school teachers, counseling professionals, and parents. One goal this researcher obtained was the observation that training on this topic is not provided for professionals working with those who self-injure, but these professionals voiced through this study and past studies, that they are willing and wanting of training. Fear of the unknown is a common human instinct, but can be resolved through awareness and education. This study provides a foundation of training for that unknown behavior of self-injury and this researcher hopes future research can expand on these findings.

One unexpected goal that this researcher obtained through this study was further passion for this topic. By researching this topic, this researcher found numerous blog
sites, program sites, and other interactive sites that gave a more personal view to self-injury. In addition, when talking with the interviewees of this study, a shared compassion and empathy was identified; this gave a futuristic hope for this issue of self-injury. Even though self-injury is the “new anorexia” of our decade, this researcher believes that this issue will be addressed and those using this behavior will be able to be at peace with their bodies and minds.

Summary

This project has been an exploration of self-injury used by youth and has focused on the impact this issue can cause in schools. First, the introduction discussed the definition of self-injury, background of the issue, purpose of the study, the theoretical framework used, defined terms, and explored the assumptions, limitations, and justifications of this study. In chapter two, this researcher provided a review of the literature that provided that basis for this project. The literature was separated into six themes: Prevalence, significance of the body, reactions to self-injury, importance of school social work understanding for prevention and intervention, explanation of self-injurious behaviors, and lastly, the challenge that self-injury provides for schools. This review of the literature explored past studies, articles, and website information on self-injury, which provided the background information in order for this researcher to continue with this study. In chapter three, a review of the research design, data collection strategy, instrumentation used, the human subject’s process, and data analysis plan was explained to provide the reader with the specifics of the research conducted. Chapter four explained the results found through the twelve semi structured interviews conducted.
by this researcher. The results were separated into ten themes: Included in training on self-injury, beneficial practice techniques, risk factors, implementation plan for awareness, rating the level of awareness of identified groups, change in prevalence and speculation for this change, competency level, first reactions, experience level of interviewees, and interviewee information and demographics. These themes were compared to the literature, and the similarities and differences were identified in chapter five. In addition, chapter five explained the implications of the findings to social work practice and future social work research. The main findings were compiled in a training for school social workers, counseling professionals, and others working with youth on this issue (See Appendix C). This study has provided a journey of exploration on self-injury; the findings indicate that self-injury is a continuing issue for some youth and reiterate the importance of training for first responders. This researcher hopes this study has provided some explanation, useful information, and more empathy for those struggling with this issue.
APPENDICES
APPENDIX A

Consent to Participate in Research

You are being asked to participate in a research study conducted by Melissa Planas, a Master’s of Social Work student at Sacramento State University. The purpose of this study is to explore how school social workers can be better prepared in working with youth who use self-injurious behaviors.

This study consists of an interview that will be administered to individual participants in the location of their choice. You will be asked to provide answers to a series of questions related to prevalence rates of self-injurious behaviors, intervention strategies, and prevention strategies that you believe would be helpful for those working with youth who self injure. The questions will be given to the participants before the scheduled interview, so participants can prepare themselves thoroughly. This researcher will be using a tape recorder to document the interview along with note taking for further documentation of the interviews.

Some questions may seem too sensitive, and you do have the opportunity to pass any question you do not feel comfortable answering. This researcher does not perceive more than minimal risk from your involvement in this study. In the rare event that your participation does bring about any emotional concerns, you are welcome to not participate in the study.

The benefit anticipated for this research is to generate a greater understanding of the best practices school social workers can use when working with youth who self injure. There is limited research on this topic, and the research in this study may initiate further research in the future. This researcher hopes that you gain additional knowledge and awareness of this issue, as you share your experiences and ideas.

To preserve confidentiality of you and your clients, your name and agency will remain anonymous throughout the study. The results of this project will be coded in such a way that your identity will not be attached to the final form of this study. All data will be stored in a secure location accessible only to this researcher. Upon completion of the study, all information that matches up individual respondents with their answers including audio tapes will be destroyed.

Your participation is greatly appreciated, and is voluntary. You are free to choose not to participate. Should you choose to participate, you can withdraw at any time without consequences of any kind.

If you have questions or concerns during or after your participation in this study, please contact Melissa Planas at (916)768-4519 or melissa_planas@hotmail.com; or contact researcher advisor Dr. Santos Torres Ph.D., ACSW, and Professor at (916) 278-7064.

Your participation in this research is voluntary. Your signature below indicates that you have read this page and agree to participate in this study.

__________________________    __________________________
Name of Participant (Signed)       Date
APPENDIX B

Semi Structured Interview on Self-Injurious Behaviors

Name: ___________________________________ Title/Degree: __________________________
Experience: _____ years/months at current job Agency: ________________________________
Experience: _____ years/months in field of : ___________________________ ( i.e. Social Work, Psychology, Counseling)

Professional Experience
1) What are the demographics (age, gender, and ethnicity) of the population you serve?
2) What has been your experience in working with youth who self injure?
3) Do you feel competent in working with this population? Yes or no, and why?
4) What was your reaction when you first started working with those who self injure?
5) Can you describe some of the behaviors these youth have reported?
6) Have you noticed a change in prevalence of self injury, if so what, and do you have speculation for this change?

Risk Factors
1) Do you believe there are signs parents, teachers, and school personnel can see that could benefit youth who self injure, if so what are some of those risk factors?
2) What has been your experience in working with schools and this issue?
3) In what ways could schools assist youth with self injury? Policy, Prevention, Intervention?

Level of Awareness
1) Do you think the awareness of this subject is important, if so why?
2) How do you feel about the level of awareness among these groups of people?
   Counseling professionals (county workers, private, school)
   School teachers and personnel
   Coaches
   Students
   Parents of self injurers
   Other parents

Training and Education
1) Have you attended trainings on youth who self injure, if so, when were these trainings held?
2) Did you feel as though these were educational and helpful to your work with this population?
3) Do you believe the community would benefit from more awareness of this topic, if so how would you see this awareness implemented?
4) What would you include in that training?
5) What have you found most beneficial in working with those who self injure?
6) What agencies do you know of that you have referred to for self injury?

Is there anything else you would like to share about your experience, concerns, or ideas on working with those who self injure?
APPENDIX C

Self Injurious-Behaviors: Training

Slide 1

Self-Injurious Behaviors

Training for school social workers, counseling professionals, and others working with youth using self-injury

Melissa Planas, MSW

Slide 2

What are self-injurious behaviors?

Self-injurious behaviors are described as deliberate and voluntary physical self-injury that is not life threatening and is without any conscious suicidal intent
Slide 3

**Training Objectives**

- To understand the severity of the issue
- To identify who is aware of the issue
- To explain reasons for self-injury, identify risk factors, and early warning signs
- To describe counseling and school based interventions
- To provide resources

Slide 4

**Presentation Photography and Art**

The photographs and art pieces used in this presentation were posted online by those using self-injury
Slide 5

Prevalence

Rates
- 5% to 47% of adolescents have tried or use self injurious behaviors
- Research is vague on an exact prevalence
- Almost all research indicate an increase

Speculation
- “Fad of our time”
- Media attention
- More awareness of professionals

Slide 6

Are people aware of this issue?

- Best (2005,2006) study concluded that teachers, school staff, coaches, and parents are aware but did not feel comfortable
- All reports indicate these professionals look to counseling professionals to be the expert
- Roberts-Dobie (2005) study, 81% of the 1,000 randomly selected counselors reported working with this population but 6% of the 81% felt highly knowledgeable and prepared
Slide 7

**Awareness Cont.**

Professionals acknowledged as having some awareness and could be a tool for assessment of youth:

- **Teachers and school administration**
  - Don’t feel competent, but willing to work on the issue

- **PE staff and coaches**
  - Recognize those risk factors: not dressing down, lack of interest at practice, mood change, unexplained scars

- **Friends/social group**
  - Assessing the youth’s social group could provide useful information

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Slide 8

**Exploration study Findings**

This graph shows the disparity of awareness levels. There is a gap of knowledge between first responders who can provide the beginning treatment with empathy, compassion, and support.

Since counseling professionals and students have similar awareness levels, training and preparation of those first responders should be considered to address the disparity between awareness levels.
Slide 9

**Explanation for Self-injury**

- Emotional Distress
- Family Factors
- Social Group

These three categories not only can cause self-injury but are risk factors to assess when suspecting a youth of cutting behaviors.

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Slide 10

**Emotional Distress**

- Expressing emotions
- Anger as a specific emotion that is difficult to express
  - “Girls act in while boys act out”
- Depression is also a consistent theme when discussing those who self-injure

**Depression Symptoms**

- Withdrawal
- Extreme sadness
- Lack of interest
- Lack of appetite
- Sleep disturbance
- Other depressive symptoms

*All my thoughts have become blurred— I cannot make sense of them. This worries me.*
Slide 11

Family Factors

- Childhood abuse or neglect
  - 62% of sexual abuse survivors engaged in self-injurious behaviors
- The “Normal Family” has changed
  - Society roles have changed, children are asked to be more independent and alone while the parents both work in order to succeed financially
- Parental denial of emotions, invalidation, and emotional under-involvement
  - Recognize how the parents express emotion

Slide 12

Social Group

- Adolescence has the hallmark of being the “rebellious years” of development where we see in the 60s and 70s the “tousled hippie” look, then into the 80s we see a “sexed up material/valley girl” look, in the 90s we see the beginning of the “grunge” look, and lastly in the millennium we see the rise of the Goth/Emo culture
- Friendship is a key development need
- Contagious affect
Slide 13

**Other Factors**

- Appearance of that youth
  - Long sleeves, bracelets, collects cutting objects
- Life transitions
  - Divorce, new sibling, moving
- Society impact on youth
  - Exploring sexual identity, Isolation

Caution: Not all youth who possess these factors equal the use of self-injury, but these factors could be an early warning sign or risk factor professionals, schools, and parents should consider.

Slide 14

**SO WHAT DO WE DO**

I want to be able to spread my wings and fly again...

...I would like to get my colours back...
Slide 15

**Counseling Interventions**

- Listening, building the relationship, patience
- Group therapy: but caution due to the contagious affect
- Counseling techniques such as CBT, DBT, or Mindfulness-Based Therapies
- Activities in the community
  - Give them a purpose:
    - Big brother Big sister
    - Volunteer-SPCA
    - Art
    - Music
    - Sports
    - RPAL

Slide 16

**School Interventions**

- Advocate for the youth between “the book” and the student’s emotional needs
  - Generally the administration is able to understand and allow the counselor to privately deal with the issue
- Identify a helping person on campus not related to discipline (teacher, aide, counselors)
- Have the student identify what their triggers are at school, and have the school counselor work out a more successful schedule
- Help the youth to identify places of “peace” on campus, that have supervision, so when they are triggered, they can utilize that place
- Help them verbalize their feelings through writing or talking in order to practice more positive expression
Resources

- S.A.F.E. Alternatives Website: www.selfinjury.com
- First Signs Website: www.firstsigns.org.uk
  Factsheets, Precursors, “Helping You” page
- Artwork Copyright
- Cornel Research Site: www.crpsib.com
- Self-Injury Foundation: www.selfinjuryfoundation.org
- Hot lines
  - Mental Health America: 800-273-TALK (8255)
  - Teen Hotline: 877-332-7333
  - Trevor Helpline: 866.4.U.TREVOR
  - S.A.F.E. Helpline: 800-Don-tCut
REFERENCES


http://www.ojp.usdoj.gov/nij/pubs-sum/172837.htm


http://hdl.handle.net/1957/twelve966


