

Addressing Self-Injury in Schools, Part 2: How School Nurses Can Help With Supporting Assessment, Ongoing Care, and Referral for Treatment

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Abstract

Nonsuicidal self-injury (NSSI) is defined as the deliberate, self-inflicted damage of body tissue without suicidal intent and for purposes not socially or culturally sanctioned. School nurses are often a first point of contact for young people experiencing mental health challenges, and yet they often report they lack knowledge and training to provide care for persons who engage in NSSI. In the second of two parts, this paper offers a strategy for brief assessment of NSSI, as well as reflection on two case studies and how to offer support, ongoing care, and referral for treatment to youth who engage in self-injury.

Keywords: nonsuicidal self-injury; NSSI; self-injury; respectful curiosity

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Addressing Self-Injury in Schools, Part 2: How School Nurses can Help with Supporting Assessment, Ongoing Care, and Referral for Treatment

The International Society for the Study of Self-Injury (ISSS) defines nonsuicidal self-injury (NSSI) as the deliberate, self-inflicted damage of body tissue without suicidal intent and for purposes not socially or culturally sanctioned (ISSS, 2018). The most common methods include self-cutting, burning, self-battery, severe scratching/skin abrading, and wound interference (Klonsky & Muehlenkamp, 2007; Swannell, Martin, Page, Hasking, & St John, 2014), with adolescents and young adults most at risk for engaging in NSSI (Muehlenkamp, Claes, Havertape, & Plener, 2012; Wester, Trepal, & King, 2018). The most typically endorsed reason to engage in NSSI is to self-regulate intense emotional distress, although self-punishment motives are very common as well (Taylor et al., 2018; Hooley & Franklin, 2018). While suicidal behavior is prompted by a desire to end one's life, NSSI on the other hand is engaged in to cope with life's demands. Nevertheless, NSSI is the most reliable predictor of *subsequent* suicidal thoughts and behaviors (Ribeiro et al., 2016; Whitlock et al., 2013). Part two of this series on NSSI is designed to provide guidelines and recommendations for brief assessment and augment school nurses' knowledge of how to work with and support youth who engage in self-injury.

The SOARS model: A blueprint for brief screening and assessment of NSSI

While a framework of empathic listening and curiosity offers a compassionate backdrop for questioning and conversation with an individual who has self-injured (Walsh, 2012), Westers, Muehlenkamp and Lau (2016) provide a specific, brief screening tool for medical providers that allows rapid identification of critical issues to address in the case of NSSI. Each letter of SOARS represents an area to assess: **S**uicidal ideation; **O**nsset, frequency, and methods; **A**ftercare; **R**easons;

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and Stage of change. SOARS (Figure 1) is designed to help build rapport, communicate empathy, and efficiently obtain the necessary medical information to make an informed care plan.

Implications for school nursing practice: What nurses need to know about NSSI

How school nurses reach out to students who engage in NSSI will, in large part, depend on how they first come to be aware of the student's self-injury. In some cases, students may be seeing the school nurse for first aid as a result of NSSI, and/or may disclose their NSSI in an effort to seek support. In other cases, school nurses might notice scars and/or wounds during a routine visit. It is also possible that another student may report on a peer who is self-injuring, seeking intervention from the school nurse, or support for their own wellbeing. In each case, navigating first conversations about NSSI raises different issues. While voluntary disclosure of NSSI provides an opening for a conversation, inadvertent disclosure might be met with shame, embarrassment, and a resistance to talking about NSSI (Rosenrot & Lewis, 2018). Disclosure by another student raises issues around confidentiality, duty of care, and the support needs of the disclosing student.

Consistent with the National Association of School Nurses (NASN, 2016) position statement on the multiple responsibilities and roles school nurses play, exemplary responses to youth NSSI will involve regular check-ins with youth to provide support and validation, demonstrate concern, and move beyond the traditional illness model. Recognizing that each school will want to determine what will work best for their needs and available resources, Figure 2 offers suggestion for responding to disclosure of self-injury and the necessary follow-up. Critical to this model are questions of which staff are essential to this self-injury protocol and what the specific course of action will be for who will be checking in with the youth and how often this will take place. While school nurses may often be the point of first contact for these issues, they need not

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feel alone in handling them. This may serve to begin a conversation within the school system on how best to handle these situations. Two case vignettes follow for further discussion:

The case of Joseph:

Joseph, a 15-year old in the 9th grade, comes to the nurse's office one afternoon complaining of pain and swelling in his arm. Upon examination, the wound appears to be infected. Joseph reports he had an "accident", burning himself the week before, but is vague about the details. After cleaning and bandaging the wound, Ms. Leon, the nurse, asks Joseph to return the following day so that she can check the wound, clean and replace the bandage. At this time, Ms. Leon talks with Joseph about the wound. She discusses wound infection precautions and conducts SOARS screening. Joseph admits that he has been burning himself regularly for the past several months. He reports feeling down, has few friends that he can relate to, and sometimes imagines ending his life. Ms. Leon is aware of her reactions to this information and takes care to avoid making Joseph feel ashamed or embarrassed for talking with her about his self-injury. She informs Joseph that she is concerned about him and his safety. While Joseph does not feel comfortable talking with his parents about these issues alone, he is willing to have a conversation with his parents if Ms. Leon is also present.

Important Points to Consider:

- Medical care of wounds resulting from NSSI should be done in a neutral, non-judgmental way. After the first aid, we recommend Ms. Leon make an appointment either for later that day, or the day after to talk to the student and conduct SOARS. It is imperative that self-care also be taught to Joseph (e.g., how to care for the wound and prevent infection) and that he be provided with a medical kit to take care of the wounds himself at home.
- It may be the case that a student has not disclosed their NSSI to others. Given Joseph's age and his regular and ongoing engagement in NSSI, Ms. Leon felt it important that his parents be made aware of the situation. Rather than alerting them on her own, she was able to work with Joseph and keep him involved in the process of disclosing to his parents. Legislation on the age mandating disclosure varies across country and region. It is important to be familiar with area guidelines and to take these into account and adapt as local laws would indicate.

The case of Alexxa:

Alexxa is a 16-year old in the 10th grade. She is an excellent student. She is driven and perfectionistic and frequently gives herself a hard time if she doesn't meet the high standards she sets for herself. Alexxa uses self-injury to help herself focus on her school work and when she is feeling frustrated with her interactions with friends. She recently told her close friend, Bianca, that she had been cutting, with growing concern about how often she is now injuring herself. Bianca was scared for her friend and didn't know what to do to help her. Bianca's parents found

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out about Alexxa's self-injury while scanning some of Bianca's text messages. A school counselor is infrequently available, so Bianca's parents called the school nurse, Ms. Jones, about Alexxa. They were worried for Alexxa, but also concerned about their daughter and the associated risk to their daughter for spending time with Alexxa. Ms. Jones called Alexxa into her office for questioning. She initially denied the behaviors, but then admitted to some experimentation. Ms. Jones asked if Alexxa would be willing to talk with her the next day about self-injury. Ms. Jones then used this next meeting to talk with Alexxa about NSSI, what it does for her, and common risks associated with it. She discussed the idea that self-injury may become progressive, with Alexxa needing to engage in it more often to get the same effect. Despite being willing to talk to Ms. Jones about her self-injury, Alexxa refused to involve her parents and, given that she was over the age of consent in her country, the school couldn't legally require her to include them in the conversation. Ms. Jones was uncomfortable with Alexxa refusing to either pursue treatment or inform her parents. Ms. Jones was able to get Alexxa to agree to talk with the school counselor, who, while not always available at the school, proposed a series of regular meetings that were designed to focus on stress management. As a result, Alexxa's self-injury stabilized. After a couple of months of meeting with the school counselor, Alexxa, while noting the benefits she experienced from stress management, agreed to begin seeing a counselor outside of school to help her with learning to manage her emotions and work to reduce her self-injury.

Important Points to Consider:

- Bianca is scared for Alexxa, and Bianca's parents worry about the effects of Alexxa's self-injury on Bianca.
- Escalating severity of NSSI increases subsequent suicide risk. Alexxa initially refused treatment, putting the school nurse in an uncomfortable situation. This case illustrates that there may be several paths (although not always direct) to educate and initiate therapy.
- Ms. Jones was able to rely on other members of her support team, including administrators and the school counselor, to help Alexxa manage academic stress and eventually see the benefits of meeting with a counselor outside of school.
- It is important to know the legal statutes of your locale, so that you are aware of the age of consent, mandated reporting requirements, etc...

Regardless of how the school nurse comes to be aware of a student's NSSI, the nurse's demeanor is critical. Adopting a *respectful curiosity* that conveys a genuine desire to understand what is happening for the young person and what is maintaining their self-injury is important. Using person-centered language that avoids defining people by their behavior (e.g., self-injurers; cutters) is critical (Hasking, & Boyes, 2018; Lewis, 2017).

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While first conversations are important, the relationship between school nurses and students is an ongoing one. Repeated injuries may require repeated first aid, providing opportunities for ongoing monitoring, and a continuing conversation about strategies students could use to cope with intense or unwanted emotions. The school nurse can also take it upon themselves to check in with students every now and then (while not excessively monitoring behavior) to offer support and encouragement. Knowing that someone is there, if needed, can help a young person feel validated and supported (Berger, Hasking, & Martin, 2013; 2017). These steps by the school nurse, in combination with collaboration with the school psychologist or counselor, are critical to supporting efforts to refer for mental health care.

Implications for Practice

There may be many reasons motivating a person to self-injure, most often as a way to ease painful feelings. Such behavior may be useful to a person in the short term, but dangerous and unhealthy in the longer term given the associated risk for suicidality, as well as a sense of powerlessness to move on from self-injury that may develop, leading to worsening mental health. Thus, NSSI should not be dismissed as attention-seeking and the individual should not be labelled as ‘undeserving’ of support. School nurses and other school personnel can play an important role in helping youth to seek appropriate supports and services. It is possible and likely for a person who self-injures to cease the behavior, to process and understand their personal stressors and tensions, and to widen their coping and well-being repertoires so that they successfully transition into a stable way of living.

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References

- Berger, E., Hasking, P. & Martin, G. (2017). Adolescents' Perspectives of Youth Non-Suicidal Self-Injury Prevention. *Youth & Society, 49*(1), 3-22.
- Berger, E., Hasking, P., & Martin, G. (2013). 'Listen to them': Adolescents' views on helping young people who self-injure. *Journal of Adolescence, 36*(5), 935-945.
- Hasking, P., & Boyes, M. (2018). Cutting words: A commentary on language and stigma in the context of non-suicidal self-injury. *Journal of Nervous and Mental Disease, 206*, 829-833.
- Hooley, J.M., & Franklin, J.C. (2018). Why do people hurt themselves? A new conceptual model of nonsuicidal self-injury. *Clinical Psychological Science, 6*, 428-451.
- International Society for the Study of Self-injury (ISSS). (2018, May). What is self-injury? Retrieved from: <https://itriples.org/about-self-injury/what-is-self-injury>.
- Klonsky, D. E., & Muehlenkamp, J. J. (2007). Non-suicidal self-injury: A research review for the practitioner. *Journal of Clinical Psychology/In Session, 63*, 1045-1056.
- Lewis, S.P. (2017). I cut therefore I am? Avoiding labels in the context of self-injury. *Medical Humanities. 43*, 204.
- Muehlenkamp, J. J., Claes, L., Havertape, L., & Plener, P. L. (2012). International prevalence of adolescent non-suicidal self-injury and deliberate self-harm. *Child and Adolescent Psychiatry and Mental Health, 6*, Article ID 10.
- National Association of School Nurses. (2016). *The role of the 21st century school nurse* (Position Statement). Silver Spring, MD: Author.
- Ribeiro, J.D., Franklin, J.C., Fox, K.R., Bentley, K.H., Kleiman, E.M., Chang, B.P., & Nock, M.K. (2016). Self-injurious thoughts and behaviors as risk factors for future suicide ideation,

ADDRESSING SELF-INJURY IN SCHOOLS

- attempts, and death: a meta-analysis of longitudinal studies. *Psychological Medicine*, 46, 225-236.
- Rosenrot, S. A., & Lewis, S. P. (2018). Barriers and responses to the disclosure of non-suicidal self-injury: A thematic analysis. *Counselling Psychology Quarterly*, 1-21.
- Swannell, S. V., Martin, G. E., Page, A., Hasking, P., & St John, N. J. (2014). Prevalence of nonsuicidal self-injury in nonclinical samples: Systematic review, meta-analysis and meta-regression. *Suicide and Life-Threatening Behavior*, 44, 273–303.
- Taylor, T. L., Hawton, K., Fortune, S., & Kapur, N. (2009). Attitudes towards clinical services among people who self-harm: Systematic review. *British Journal of Psychiatry*, 194(2), 104–110.
- Walsh, B.W. (2012). *Treating self-injury: A practical guide 2nd ed.* New York, NY: The Guilford Press.
- Wester, K., Trepal, H., & King, K. (2018). Nonsuicidal self-injury: Increased prevalence in engagement. *Suicide & Life-Threatening Behavior*, 48, 690-698.
- Westers, N.J., Muehlenkamp, J.J. & Lau, M. (2016). SOARS model: Risk assessment of nonsuicidal self-injury. *Contemporary Pediatrics*, 33.7 (July 2016): p25+.
- Whitlock, J., Muehlenkamp, J., Eckenrode, J., Purington, A., Abrams, G. B., Barreira, P., & Kress, V. (2013). Nonsuicidal self-injury as a gateway to suicide in young adults. *Journal of Adolescent Health*, 52, 486-492.

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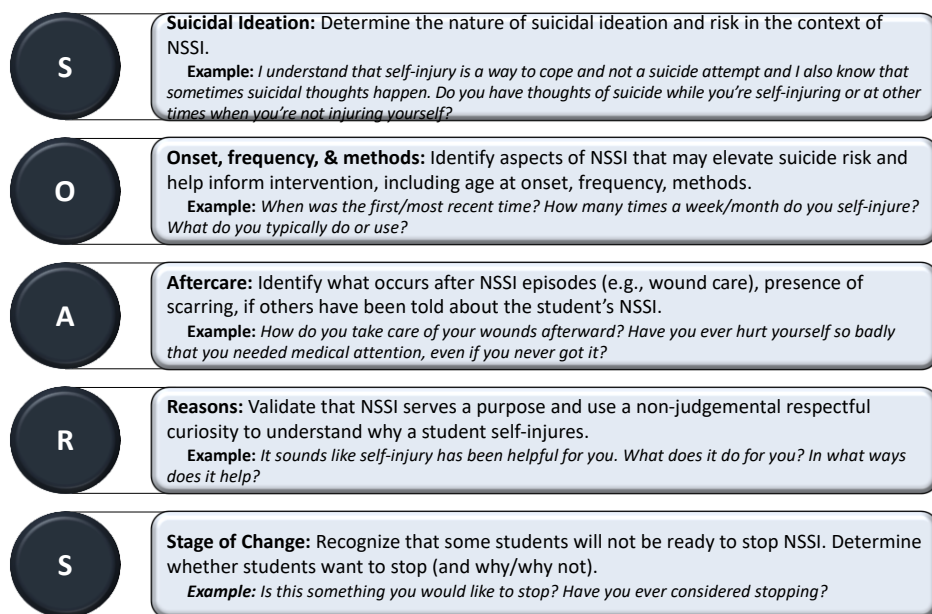


Figure 1. Using SOARS for screening and assessment of nonsuicidal self-injury (NSSI).

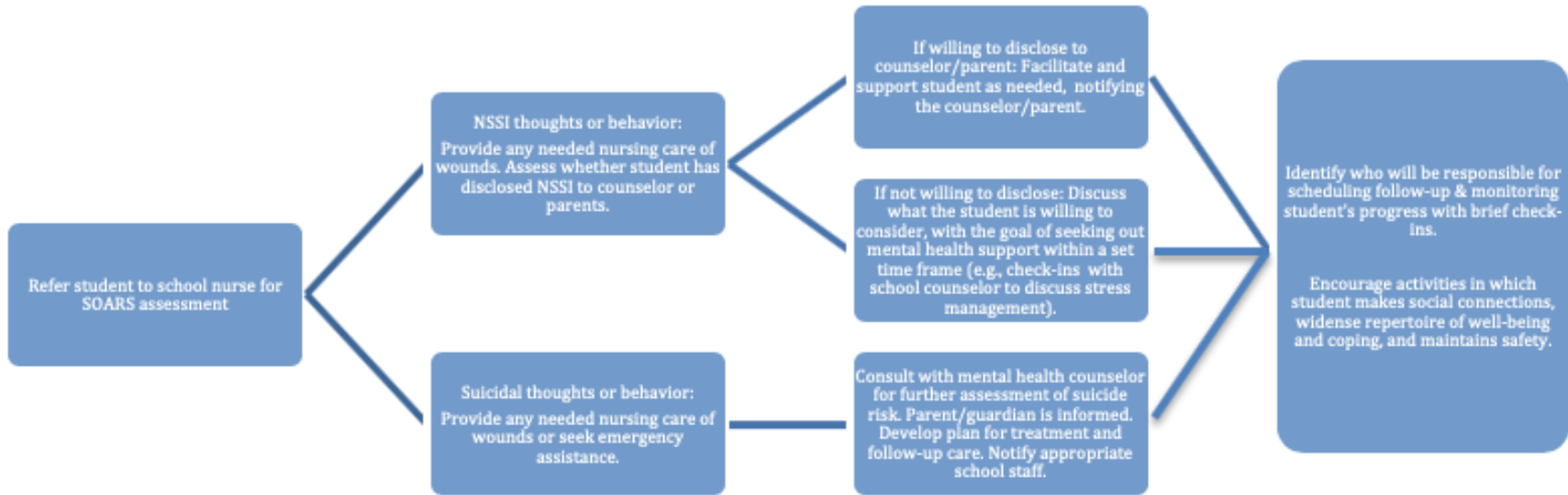


Figure 2. Proposed Self-injury Disclosure and Follow-up Protocol