



## SCOPE Tip of the Week Member Newsletter

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### How to Stop Self-Injury

Self-injury manifests in variety of ways. Some students cut themselves with razors, sharp objects or pins while, others punch or burn themselves. In most cases, suicide is often not the desired outcome of the behavior. Rather, students who self-injure may seek a brief respite from their emotional pain. They may be looking for others to notice their behavior and talk to them about their pain, a “cry for help” of sorts. Then again, some students who self-injure are very private about their actions and have no desire for others to know.

Given these different motivations and methods, helping a student who engages in self-injurious behavior (SIB) can be difficult. In some cases, efforts to assist can escalate the behavior or push the student further from seeking intervention. A common theme to help anyone who is engaged in a behavior of concern (e.g. cutting themselves, discussing suicidal thoughts, sharing hurtful stories or gossip) is to engage him or her in a caring discussion about your concern for their wellbeing. Too often, we jump to acting out of fear, or not acting at all, when we encounter a behavior with which we don’t know how to help. Asking an individual about their behavior and sharing your concern is a good place to start.

Here are some general guidelines when trying to help a student who is engaging in self-injurious behavior:

**I don’t want to talk about it.** Understand that SIB is often an embarrassing behavior about which students struggle to talk. As with making that first counseling appointment, the stigma associated with talking about problems with someone you don’t know can be difficult to overcome. Once the first conversation happens, SIBs are often reduced and the process of healing can begin.

**An addictive mind.** Depending upon how long the student has engaged in SIB, there may be an addictive quality to their behavior. Cutting produces chemicals in the brain that can increase the desire to cut in the future. As with exercise, those who engage in SIB report a “high” that accompanies their cutting. They often describe a release that occurs following SIB. The problem, as with other addictions (alcohol, gambling, substances and the like) is the life impact it has on the student (losing a job because of scars, not wearing short sleeves or shorts, feeling different or broken and isolating).

**Give it time.** SIB often occurs more frequently with female students and during high school. With counseling, students with SIB often reduce the frequency of their behavior in college. “Getting better” can be a developmental process where a student grows out of the SIB behaviors that formed during their teenage years, often because they had trouble expressing their pain verbally to others. As mentioned earlier, there are many ways students work through SIB; over time some simply find better ways to cope with their pain, frustration and anger.

**Sometimes, SIB is more dangerous.** The best way to help a student is to help them form a connection to counseling. While not common, SIB can transfer into more dangerous behavior related to suicide or students who hurt themselves related to a thought disorder (e.g. hearing voices with schizophrenia) or obsessive-compulsive disorder (OCD). Students may suffer from other mental health problems that will require counseling and medication.

**Another way to see it.** Some consideration needs to be given to those who are self-injuring, but have different reasons for engaging in this behavior. There are several religious practices that have a history of seeing self-injury as a way to reach a higher level of reflection, commitment and direction in life. Likewise, some students engage in body modifications (such as tattoos and piercings) that share some similar qualities. For some, practices such as body piercing or religious fasting may be similar to behaviors of students engaging in SIB.

**A Connection to Therapy.** The best way to help someone who is struggling with SIB is to assist him or her in connecting to a therapist or psychologist. There are many reasons and motivations for students to engage in SIB. There are different levels of SIB (from superficial scratches to students who spend hours cutting into their skin, tendons and muscles). The course of treatment can best be planned and monitored when the student is connected to a counseling center.

*Tip of the Week authored by Brian Van Brunt, Ed.D., SCOPE President & Senior Vice President for Professional Program Development, The NCHERM Group, LLC. [brian@wearescope.org](mailto:brian@wearescope.org)*

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