

**Table 2**  
**Responding to Self-Injury: Best Practice Recommendations for Schools**

From: Kanan, L., Finger, J. & Plog, A. (2008, Winter). Self-injury and youth: Best practices for school intervention. *School Psychology Forum: Research in Practice*, 2(2), 67-79. Retrieved January 9, 2009 from [http://www.nasponline.org/publications/spf/Issue2\\_2/kanan.pdf](http://www.nasponline.org/publications/spf/Issue2_2/kanan.pdf)

<b>1. Provide awareness and knowledge to school personnel.</b>	<ul style="list-style-type: none"> <li>● Physical signs</li> <li>● Emotional Signs</li> <li>● Obligation to report behavior to parents</li> <li>● Understanding self-injury as a coping attempt</li> </ul>
<b>2. Educate students about the need to report.</b>	<ul style="list-style-type: none"> <li>● Large awareness campaigns are not recommended</li> <li>● Educate students to report <i>all dangerous behavior</i> and early warning signs</li> </ul>
<b>3. Use a team approach to responding to students.</b>	<ul style="list-style-type: none"> <li>● Collaborate with school nurse when needed.</li> <li>● Consultation is encouraged</li> </ul>
<b>4. Provide appropriate school support for students.</b>	<ul style="list-style-type: none"> <li>● Listen and acknowledge feelings</li> <li>● Individualized support is recommended</li> </ul>
<b>5. Screen for co-morbid disorders and suicidal ideation</b>	<ul style="list-style-type: none"> <li>● Determine indicators of co-morbid disorders</li> <li>● Behavior should be differentiated from suicidal behavior unless screening indicates otherwise</li> </ul>
<b>6. Notify and provide resources to parents</b>	<ul style="list-style-type: none"> <li>● Gather additional relevant history</li> <li>● Document contact</li> <li>● Refer to knowledgeable community therapists</li> </ul>
<b>7. Develop short-term plans for safety</b>	<ul style="list-style-type: none"> <li>● Identify possible triggers &amp; physical cues</li> <li>● Identify alternative behaviors to try to interrupt cycle of self-injury</li> <li>● Identify at least one supportive adult at school if impulse to cut returns</li> <li>● Plans should not require a promise to “no-harm” until replacement behaviors are in place</li> <li>● Introduce healthy coping techniques, stress management, anger management skills</li> </ul>
<b>8. Collaborate with community support</b>	<ul style="list-style-type: none"> <li>● Communicate with treatment providers</li> <li>● Reinforce treatment goals and techniques in the school environment</li> </ul>
<b>9. Control the contagion effect, as needed</b>	<ul style="list-style-type: none"> <li>● Identify the leader of peer group engaging in self-injury</li> <li>● Identify interventions for that student</li> <li>● Set limits on behavior at school when needed</li> </ul>

Sources: Alderman, 1997; Conterio et al., 1998; Heath & Beettam, 2005; Heath, et al., 2005; Kanan & Finger, 2006; Lieberman, 2004; Nock & Prinstein, 2005; Onacki, 2005; Purington & Whitlock, Powers, 2005; Simeon & Favazza, 2001; Walsh, 2006; White Kreiss et al., 2004; Whitlock & Knox, 2007; Whitlock, et al., 2006.