

Table 1: Myths and Facts About Self-Injury

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

<i>Myth</i>	<i>Fact</i>
All youth who self-injure are suicidal	<ul style="list-style-type: none"> • Self-injuring youth are attempting to manage emotions; suicidal youth want to end all feelings. • Self-injurers do not typically express a desire to die. • Due to increased risk of suicide, lethality of thinking must be evaluated.
Self-decoration is self-injury	<ul style="list-style-type: none"> • The purpose of self-decoration is to fit into or find acceptance with a particular cultural or peer group. • The purpose of self-injury includes the management of emotions or expression of feelings.
All youth who self injure have been sexually or physically abused	<ul style="list-style-type: none"> • Research is limited in generalizability and scope as it typically comes from adult or clinical populations. The connection with trauma in youth is not clear. • Youth should be encouraged to tell their own histories, as perceived trauma may also play a role.
All youth who self-injure have borderline personality disorder (BPD)	<ul style="list-style-type: none"> • This diagnosis should be discussed with great caution in school-age populations as it requires a pervasive pattern of behavior. • The relationship between borderline personality disorder and self-injury is likely exaggerated because self-injury is one of the BPD diagnostic criteria. • Self-injury exists separate from BPD.
All youth who self-injure need to be hospitalized	<ul style="list-style-type: none"> • Barring life-threatening injuries, accompanying suicidal intent/behavior, or another serious co-morbid disorder, a student is more likely to benefit from remaining in his or her normal routine with access to support for healthy coping skills.

Sources: Best (2005b); *DSM-IV-TR* (2000); Conterio et al. (1998); Gratz & Chapman, 2007; Heath et al. (2005); Heath & Beetam (2005); McVey-Noble, et al., (2006); Muehlenkamp (2005); Nock & Prinstein (2004); Purington & Whitlock (2004); Wester & Trepal, (2005); Whitlock & Knox (2007); Whitlock, Powers, et al., 2006; Yates, 2004.