Understanding Non-Suicidal Self-Injury:

Perceptions of School Counselors

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Abstract

This national exploratory study examined the perceptions of secondary school counselors' (*n* = 81) understanding of non-suicidal self-injury (NSSI). Two one-way ANOVAs revealed no statistically significant differences between middle and high school counselors on their perceptions of the prevalence of NSSI. Descriptive analyses revealed that a majority of participants lacked confidence in providing information about NSSI to school personnel. Recommendations for school counselors are provided.

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Perceptions of Secondary School Counselors

Non-suicidal self-injury (NSSI) has proven to be a baffling and misunderstood phenomenon among medical, mental health, and school personnel alike. Glenn and Klonsky (2010) point to the fact that NSSI was once thought to occur only in psychiatric populations. However, data indicates that approximately 15% of adolescents and 17% of college age students in the general population report participating in at least one act of non-suicidal self-injury. NSSI is now considered a significant public health concern particularly among adolescents, teens, and young adults (Hilt, Nock, Lloyd-Richardson, & Prinstein, 2008; Laye-Gindhu & Schonert-Reichl, 2005; Whitlock, Eckenrode, & Silverman, 2006).

This concern extends to school settings. School personnel, particularly school counselors, are anxious that the use of NSSI is increasing. In fact, evidence exists that the rate of self-injury has increased over the past decade (Olfson et al., 2005). While an abundance of confusion appears to exist in regard to this behavior, there is relatively little research that has been conducted in school settings. Furthermore, there is little known about the perceptions of school counselors who often serve as first responders (Heath, Toste, & Beettam, 2006). Consequently, the purpose of this study is to learn of perceptions and attitudes among school counselors about non-suicidal self-injury (NSSI).

Non-Suicidal Self-Injury in Adolescence

Non-suicidal self-injury (NSSI) can be defined as the process of purposefully hurting oneself without the conscious intent to die (Favazza, 1998). Until recently, the

behavior has been referred to as self-injurious behavior (SIB), self-mutilation, or even parasuicide (Burgess, 1991; Favazza, 1998). However, a more evolved term, non-suicidal self-injury (NSSI) prevails. The current term serves to distinguish this behavior from that associated with suicidal behavior. While a relationship between self-injury and suicide appears to exist, few studies exist that examine the difference between individuals who only commit acts of NSSI and those who also have made a suicide attempt (Brausch & Gutierrez, 2010). Roberts-Dobie and Donatelle (2007) identify that individuals who seek to cease feeling commit suicide while those who self-injure seek to feel better.

Examples of self-harm may include but are not limited to cutting, burning, picking, and scratching. The self-injurious adolescent may use seemingly benign objects such as pencil erasers to create burns or a paperclip to puncture the skin. Of course these are examples. The instruments that may be used to self-harm are limited only by the individuals' imagination. Signs of self-injury include repeated or unexplained cuts, bruises, burns or scars on the arms, thighs or abdomen. Self-injuring adolescents and teens often wear long sleeves or other fully-covering clothing to conceal their injuries. A self-injurious student might isolate herself by staying in the bathroom for longer than usual amounts of time or be secretive about her activities. Furthermore, students who self-injure may be hesitant to engage in physical activities like physical education or intramural activities that could potentially expose self-inflicted injuries to the skin. Additionally, signs of self-injury may be observed in student's artistic endeavors like paintings, drawings or sketches (Toste & Heath, 2010). Possessing sharp objects such as razor blades or thumb tacks is a possible sign of self-injury. Depression can be

present although this alone is not a significant warning sign. The literature also suggests a relationship between the existence of self-injury and eating disorders (Favazza, 1998; Lieberman, 2004).

Current prevalence rates of NSSI among middle and high school students range from 15% to 25% (Brausch & Gutierrez, 2010; Toste & Heath, 2010). Studies suggest that the onset of non-suicidal self-injury is between 11 and 15 years (Favazza, 1998; Ross & Heath, 2002). While this does appear to be a behavior that occurs primarily in adolescent and young adult populations, there is evidence that self-injury occurs in the sixth and younger grades (Ross & Heath, 2002). Research in clinical samples suggests that the behavior is far more prevalent among girls than boys (Hawton et al., 2000; Suyemoto, 1998).

A confounding variable of NSSI is the socially unacceptable nature of the behavior. Adolescence is a time in development when individuals seek to fit in to the social norm (Greenspan, 1993). Adolescents and young adults are often hesitant to reveal self-injurious behavior to caregivers or peers for fear of being labeled or ostracized (Hollander, 2008; Walsh, 2006). Conversely, there is growing concern about the spread of self-injury among adolescent populations. The behavior is more often being referred to as “epidemic” suggesting that in some cases adolescents and teens learn to self-injure by observing others (Derouin & Bravender, 2004; Heath, Toste, & Beettam, 2006; Machoian, 2001). In any case, this is a short-term, but effective strategy in emotional coping. In a heightened state of extreme emotion, self-injury reportedly provides a sense of calm (Favazza, 1998; Walsh, 2006). In contending with the payoff

of this behavior for adolescence, identifying and confronting those who self-injure may be difficult.

School Counselor Responsibilities and Challenges

Effectively distributing the professional services provided by school counselors is a challenging task. School counselors are expected to possess the knowledge, skills and abilities to provide responsive services with expertise to address student needs as they arise. The demands placed on school counselors are constantly changing as a response to the dynamic nature and needs of the students they serve and the increasing expectations of public schools (ASCA, 2005; Erford, 2007). Increasing the difficulty of the school counseling occupation is the debate that exists over the duties of school counselors. The Education Trust National Initiative for Transforming Schools promotes the view that the primary focus of school counselors should be academic achievement rather than addressing mental health needs. The American School Counselor Association (ASCA) National Model provides a more balanced approach that is broader in scope and includes integration of counseling services that address educational achievement and mental health needs. The lack of uniformity among school districts around the country as to the primary duties of school counselors further complicates providing appropriate services to the self-injuring student. Understandably confusion exists over the types of services that should be provided (Alexander et al., 2003).

Regardless of this debate, the responsibilities of professional school counselors continue to evolve in response to dynamic student concerns, societal demands, and professional expectations (Paisley & Milsom, 2007). Currently, in response to the No

Child Left Behind Act (U.S. Department of Education, 2001), school counselors are being challenged to authenticate the impact of their counseling programs on student academic achievement and behavior (Campbell & Brigman, 2005; Stone & Dahir, 2007). They are expected to provide services to all students including those with special needs (Balkin & Leddick, 2005).

School counselors are often first responders to a wide range of student mental health issues including non-suicidal self-injury. Providing appropriate responsive services presents complex legal, ethical and practical dilemmas for school counselors and other school personnel. These professionals are confronted with the decision of working with the self-injurious behavior directly or focusing on the underlying emotions that lead to the behavior. A current consideration in the mental health field is whether to treat NSSI as a disorder or as a symptom. Studies have associated self-harm with depression, anxiety, suicide, and borderline personality disorder (Jacobson & Gould, 2007; Klonsky & Olino, 2008). In fact, the prevalence of NSSI across different mental health concerns and populations has lead work groups to consider if this behavior should possess its own diagnosis in the DSM-V (Glenn & Klonsky, 2010). With the dearth of information available about NSSI in school settings, knowing the appropriate course of action can be difficult.

In addition to determining best practices in working with the self-injuring student, school counselors have ethical and legal ramifications to consideration. Legal and ethical implications of NSSI require counselors to balance the legal concept of duty to warn with the ethical obligation to uphold confidentiality. School counselors have a legal and ethical duty to be knowledgeable about NSSI and a responsibility to develop and

implement appropriately responsive protocols to accurately assess risks for determination of necessary services for those who self-injure (Froeschle & Moyer, 2004).

School counselors are bound by the American Counseling Association Code of Ethics as well as the American School Counselor Association Ethical Standards for School Counselors. The ACA Code of Ethics acknowledges the element of trust in a counseling relationship as essential. Counselors following ethical practices should only release confidential client information with permission of the client or in situations with legal or ethical justification (ACA, 2005). The ASCA Ethical Standards for School Counselors requires school counselors to be mindful of the primary obligation to the student while honoring the legal rights of parents to be informed about their child. Ethically, school counselors must inform student clients of the meaning of confidentiality and its limitations in understandable and developmentally appropriate language. School counselors have a duty to notify parents if the child is a danger to himself or others and minimize threat. If notification is necessary, the student should be informed and involved in the process in some capacity (ASCA, 2004). Although confidentiality is essential in working with the self-injuring student, school personnel may have to break confidentiality in order to ensure that parents are informed of potential harm to their child. This presents a conflict between best practices in working with NSSI in a school setting and maintaining ethical practice.

School Counselors Perceptions and Attitudes

While little research has been conducted about school counselors' attitudes and perceptions in particular, studies have indicated that health professionals including

nurses, counselors and psychologists in clinical environments have reported the perception that non-suicidal self-injury is a pathological and manipulative behavior (Favazza, 1996; Reece, 2005; Walsh, 2006). Individuals who self-injure often report a lack of understanding by these professionals. Consequently, the individual perceives a lack of empathy, loneliness, and shame frequently resulting in further self-harming behavior (Conterio & Lader, 1998; Himber, 1994). School personnel in general report negative attitudes toward NSSI, which include feelings of “horror” or “repulsion” (Toste & Heath, 2010, p. 14). Slaven and Kisely (2002) report negative attitudes toward self-injuring individuals may be a result of lack of understanding about the behavior.

The purpose of this study was to obtain school counselors’ perceptions and attitudes about non-suicidal self-injury among students in middle and high school settings. The researchers sought school counselors’ general understanding about the behavior, school counselors’ self-perceptions about knowledge as well as perceptions of knowledge among other school personnel. In conclusion, the researchers sought information about school counselors’ attitudes about students who self-injure.

Method

No appropriate survey questionnaires were found in the literature that addressed non-suicidal self-injury (NSSI) issues of focus in the current study. Therefore, based on previous literature that included empirical studies and relevant articles, a survey questionnaire was developed to explore the current perceptions and practices of secondary school counselors with students who engage in NSSI. In addition to demographic items, the instruments included statements with Likert scale response choices, and open-ended questions. The survey questions focused on participants’

awareness of NSSI in their schools, their perceptions of teacher/administrator understanding of NSSI, participants' understanding of and confidence with NSSI, their perceptions of race and gender of NSSI students, and other related behavioral and emotional issues they have seen with NSSI.

Two counselor educators reviewed the questionnaire and provided feedback to the researchers regarding face and content validity. One counselor was a former school counselor and the other has presented on and published on the topic of NSSI. Based on their feedback, the questionnaire was revised. In addition, a pilot study was conducted with secondary school counselors in four school districts in a large metropolitan area in a southwestern state. Pilot participants (n = 10) provided feedback about format and content and further revisions were made to the questionnaire. After receiving feedback from counselor educators and pilot participants, a total of five items were modified to provide better clarity and one item was deleted. Once the revisions had been completed, the survey was mailed to a random sample of 500 secondary school counselors who were members of the American School Counselor Association (ASCA). To improve the response rate of the survey, a follow-up mailing was sent to non-respondents.

Results

The research design of the current study was an exploratory, descriptive quantitative design, which helps to "define the existence and delineate the characteristics of a particular phenomenon" (Heppner, Wampold, & Kivlighan, 2008, p. 224). The NSSI questionnaire was mailed to 500 randomly selected school counselors and 81 usable questionnaires were returned. The response rate was slightly more than

16% despite a follow-up mailing to improve the rate. Given the exploratory nature of the study, this response rate was determined to be adequate but the external validity (generalizability) of the study was adversely affected by the low rate.

Demographics

The demographics of the secondary school counselors were: level- 39 middle school and 42 high school counselors; school size- median number of students in their school was 660; median number of years as serving as school counselor for was seven years.

When asked about the demographic characteristics of students committing NSSI in their schools, the vast majority of respondents (75%) indicated that in their experience NSSI was a white, female problem. In fact, 28% of respondents stated that 100% of the NSSI students they had encountered were female. Other races were represented but in small numbers with African American females a distant second in comparison to white females.

Preliminary Analyses

Two one-way ANOVAs were conducted to examine the difference between perceptions of middle versus high school counselors on their perceptions of the prevalence of NSSI in their respective schools. When asked how many students in your school participated in NSSI, there was no statistically significant difference between middle and high school counselors, F (1, 79) = .725, p = .397. Similarly, there was no statistically significant difference between middle and high school counselors when asked the number of NSSI students they had personally encountered, F = (1, 79) = 1.096, p = .298.

Descriptive Analyses

The primary purpose of this study was to examine the perceptions of school counselors regarding the understanding and prevalence of NSSI in middle and high schools. According to Heppner et al. (2008), the "basic aim of descriptive survey research is to document the nature or frequency of a particular variable" (p. 226). As Table 1 indicates, approximately half of the participants in this study reported they understand the causes (52%) and symptoms (53%) of NSSI. Similarly, about half of the respondents (52%) indicated they could identify students who commit NSSI.

Table 1

Percent of School Counselors Indicating Agreement With Statements About Their Understanding and Confidence Regarding Non-Suicidal Self-Injury (NSSI)

Statements	Percent
I understand	
The causes of NSSI	52
The symptoms of NSSI	53
The treatment of NSSI	23
I feel confident in	
Identifying students who commit NSSI	52
Providing individual counseling to students who commit NSSI	36
Providing group counseling to students who commit NSSI	21
Providing information to faculty and staff about NSSI	43
Providing information to students about NSSI	37
Referring students with NSSI to outside resources	79

The role of consultant is an important one for school counselors in several areas including information about issues such as NSSI. According to respondents, over half of administrators and teachers (56%) in their buildings lack an understanding of NSSI.

However, participants did not indicate they were confident in addressing this lack of understanding. Only 42% of respondents indicated they were confident in providing information to faculty and staff and only 37% of participants stated they were confident in providing information to students about NSSI.

Regarding counseling for NSSI students, participants indicated a lack of confidence in providing services for this population. As Table 1 indicates, approximately one-third (36%) reported they were confident in providing individual counseling and less than one-fourth (21%) expressed confidence in providing group counseling to this population.

Participants were also asked about other issues that they had observed with students who commit NSSI including substance abuse, eating disorders, and a history of emotional abuse. In addition, respondents were asked if they had observed NSSI students experiencing a sense of relief after NSSI, a sense of self-punishment after NSSI and if they had observed students who learned of NSSI from other students. Over half of the participants (56%) indicated NSSI students they had observed also struggled with substance abuse and almost two-thirds (65%) stated they had observed NSSI students with eating disorders. An even larger number of respondents (80%) reported observing NSSI students with a history of emotional abuse.

An overwhelming majority of school counselors (90%) stated they had observed NSSI students experiencing a sense of relief after committing NSSI and approximately two-thirds of respondents (65%) indicated NSSI students they had observed feeling a sense of self-punishment. Similarly, 64% of participants reported they had observed students who learned of NSSI by observing another student.

Discussion

The purpose of this study was to investigate school counselors' perceptions and attitudes about non-suicidal self-injury among students in middle and high school settings. The majority of respondents (75%) indicated that non-suicidal self-injury was primarily a white, female issue in their respective settings. This perception is consistent with past findings. Interestingly, many of the early clinical studies on NSSI were conducted among primarily female populations (Favazza & Conterio, 1989; Herpertz, 1995). More recent data suggests that the prevalence of NSSI among females and males to be comparable in non-clinical environments. For example, one study of adolescents found that over half (54%) reporting a history of NSSI were male (Hilt et al. 2008; Muehlenkamp & Gutierrez, 2004). However, the literature suggests that while prevalence rates appear to be comparable there is little known about the differences between males and females "in method, function, and severity of NSSI behaviors" (Andover et al. 2010, p. 80). In regard to ethnicity, similar findings have been observed. Past research yields few findings in regard to prevalence of certain ethnicities in individuals who commit NSSI. However, more recent studies have reported findings in which samples were ethnically diverse (Jacobson et al. 2008). While perceptions of participants in this study appear to be consistent with previous studies, new information would suggest that non-suicidal self-injury is actually a more gender and ethnically diverse behavior.

Prevalence of NSSI

When participants were asked how many students in their respective schools participated in NSSI, there was no statistically significant difference between middle and

high school counselors. Additionally, there was no statistically significant difference between middle school and high school counselors in the number of NSSI students personally encountered. The lack of significant difference between these two groups serves to confirm the onset of NSSI between 11 and 15 years of age as reported by Favazza (1998) and Ross and Heath (2002). School counselors in middle school and high school appear to experience relatively similar numbers of students who participate in self-harming behavior. This provides some insight into the equal amount of urgency middle and high school counselors assign to the behavior.

Understanding NSSI

In regard to descriptive analyses, approximately half (52% and 53% respectively) of the respondents reported an understanding of the causes and symptoms of NSSI. With the median number of seven years of service as school counselors, respondents have likely experienced multiple opportunities to refine these skills through student self-report and self-education. With 52% of respondents also reporting they could identify students who self-injure, this suggests that many school counselors in this sample have sought resources to help in identifying NSSI students. A plentiful amount of literature exists that assists the reader in cause, symptoms and identifying the self-injuring individual (Toste & Heath, 2010). While it is encouraging that approximately half of respondents feel comfortable in understanding the causes and symptoms of NSSI and identifying the self-injuring student, this also identifies that almost half of the respondents do not feel comfortable in understanding the causes and symptoms or recognizing signs of self-injury.

Furthermore, respondents reported that more than half of school personnel (56%) did not understand the behavior. One incident in particular illustrates the importance of school personnel clearly understanding the motivation for NSSI. In Mississippi in 2006, a female high school student was disciplined for suspected NSSI through administrative oversight solely. The student had been reported by a fellow student to the counselor as possibly engaging in NSSI. The counselor interview was included in determining if the student's scratches on her arm had been intentionally inflicted. When an administrator was notified, the student in question was given a choice of expulsion or alternative school as required by school policy for students suspected of being a danger to themselves or others. This student was not allowed to return to school until proof was provided from a licensed mental health professional stating that the she was not a danger to herself or others (Zirkel, 2009). This account is an example of the lack of understanding that exists around NSSI. If the administrator in this account simply understood that NSSI is not an attempt at suicide or a sign of dangerousness to others, perhaps non-punitive actions may have been taken and further harm to the student could have been avoided. With only 42% of respondents reporting comfort in informing school personnel on the subject of NSSI, the danger of mishandling situations involving the non-suicidal self-injurious student persists. Clearly, further education for school counselors and fellow school personnel would be beneficial for all involved.

Responsive Services

In addition to training and consulting with school personnel on a variety of topics including NSSI, school counselors are responsible for providing responsive services to students. This presents a challenge for school counselors. While the needs of the self-

injuring student are many, the variety of responsibilities and lack of time available to school counselors on a daily basis limits their ability to meet these needs (Alexander et al., 2003; Conterio & Lader, 1998). It would stand to reason that only one-third (36%) of respondents reported confidence in providing individual counseling to this population when providing individual services for any mental health issue may not be advised or permitted in respective districts.

In regard to only 21% of respondents feeling confident in delivering group counseling, discomfort may be a rational response when working with a group of NSSI students. While group counseling has been shown to be a prudent form of delivering services in school settings, it might not be indicated for this population (Crespi, Gustafson, & Borges, 2005). NSSI groups have proven to be effective in inpatient or intensive outpatient environments (Conterio & Lader, 1998). However, NSSI groups in an outpatient setting pose a variety of risks like providing participants with new methods of self-harming or leaving the individual with no avenue for process after the group session has concluded. School counselors would need to provide an extensive set of safety measures to ensure group success with NSSI in a school setting.

Problems Related to NSSI

Fifty-six percent of participants indicated NSSI students they had observed also struggled with substance abuse while 65% stated they had observed NSSI students with eating disorders. As Matsumoto and Imamura (2008) indicate, non-suicidal self-injury and substance abuse have common features and both serve as a strategy for reducing intolerable affect. These behaviors frequently coexist. Interestingly, sixty-five percent of respondents reported a relationship between NSSI and eating disorders.

Current research confirms the respondents' observation. Much like NSSI and substance abuse, NSSI and eating disorders are also similar in that they provide stress relief. Both of these behaviors are often present in individuals who have difficulty managing their emotions but also see their bodies as a means of controlling overwhelming affect. (Favaro & Santonastaso, 1996; Lader, 2006; Ross, Heath, & Toste, 2009).

A large number of respondents (80%) reported observing NSSI students with a history of emotional abuse. The concept of abuse has long been associated with NSSI (Weismoore & Esposito-Smythers, 2010). In a cross-sectional, community study conducted by Zoroglu et al. (2003), childhood physical abuse was found to be a predictor of NSSI in adolescents. However, results of a meta-analysis conducted by Klonsky and Moyer (2008) suggest that the relationship between childhood sexual abuse and NSSI to be relatively small and possibly inflated by publication bias. Levenkron (1998) suggests that abuse may contribute to the existence of NSSI. But he also indicates that NSSI may be a coping skill used in response to a debilitated caregiver (examples would be: alcoholism, depression, cognitive disability). The child may perceive that the caregiver is unable or unwilling to provide support. Consequently, the child would turn inward, as opposed to, outwardly expressing the variety of childhood feelings. The number of reports suggesting a relationship between abuse and NSSI would be consistent with the report of respondents of this study. However, recent studies would suggest that other possible explanations likely exist for the occurrence of non-suicidal self-injury in addition to abuse. In any case, expanded studies on the motivation for NSSI would be advisable.

The high rate of respondents (90%) that observed NSSI students experienced a sense of relief after committing an act of self-injury is consistent with the literature. Of the references used to complete this study, one hundred percent (100%) implied relief of intolerable affect in the definition of the behavior. This response suggests that NSSI truly is an attempt to feel better as opposed to an attempt to end one's life (Roberts-Dobie & Donatelle, 2007).

In conclusion, approximately two-thirds of respondents indicated they had encountered students learning of NSSI by observing other students. This observation by the participants in the current study is consistent with concerns in clinical settings. It is an alarming possibility that the existence of NSSI among student populations can be spread by observation. However the researchers were unable to find any data supporting the fact that observing a fellow student and committing a self-injurious act equates to habitual use of NSSI.

Limitations and Future Research

The use of self-report in the current study limits the study because researchers cannot be assured that respondents were truthful. In addition, the response rate was low, which detracts from the external validity of the study. The researchers sought strong generalizability in the study and used a national, random sample but the response rate is a definite limitation.

Future research is needed to better understand this critical issue and to provide the basis for improved practice among school counselors in addressing NSSI. Topics for future research include comparing the differences between males and females in method, function, and severity of NSSI behaviors. According to Andover et al. (2010),

prevalence rates of NSSI among males and females appear comparable. However, there remains much to learn about the differences in how males and females commit NSSI. Additionally, research indicates that NSSI is becoming more prevalent among elementary school students (Ross & Heath, 2002). Future studies in prevalence, method and severity within this population would be advised. And finally, virtually no research exists on the effect of classroom guidance on the NSSI student. With classroom guidance playing such a large part in the duties of school counselors, further research on effect and methodology would also be advised.

Recommendations

School counselors are often the first responders in working with NSSI. While facilitating individual or group counseling services may not always be possible in school settings, counselors still have the ability to be instrumental in assisting students struggling with self-injury. To begin, most schools have implemented crisis plans for responding to a variety of student crises. Non-suicidal self-injury should be included in school crisis plans. Schools need additional information and training regarding student self-injury and appropriate responsive protocols to provide appropriate services, interventions, and referrals (Kibler, 2009).

An informed and thorough response plan to NSSI is suggested in school settings as well as proper training of school counselors and others who provide responsive services. Training should be inclusive of instruction regarding the range of self-destructive behaviors including differentiating between self-injury and suicide and understanding what is not self-injury. This training for school staff should address issues of identifying those personnel designated to respond and make necessary assessments

to ensure that the immediate needs of the self-injuring student are met while maintaining a low-key, nonjudgmental, and respectful appearance. In the event that emergency medical or psychiatric care is required, an established plan of action is recommended.

When encountering non-suicidal self-injury, school counselors must first remember to be sensitive to the needs of the student. Initially, counselors must avoid appearing shocked or overwhelmed by the behavior. Being overly reactive could lead to the student feeling alienated and unresponsive to potential helpers. When students reveal themselves, counselors should remember the behavior is more an attempt to regulate intolerable affect than an attempt at suicide. School counselors are encouraged to look at the feelings behind the behavior. Providing the student with an outlet for expression of feelings (not self-injury itself) is advised over attempting to stop the student from the physical act of self-injuring. It is important to remember that self-injury is a way of coping with feelings and a non-judgmental attitude is imperative.

There are certain procedures that should be avoided when addressing the self-injuring student. To begin, counselors should avoid trying to stop the behavior with threats or ultimatums. As previously mentioned, threats often serve to encourage self-injurious behavior as opposed to stopping it. Additionally, counselors should avoid talking about NSSI in front of other students. Confidentiality should be maintained, but not promised. Depending upon school policies, counselors may be required to break confidentiality. Discussing or reliving acts of self-injury in detail may serve as a trigger for individuals who self-injure. Avoid “story-telling,” but instead emphasize expressing feelings beneath the behavior (Toste & Heath, 2010).

School counselors have the power to offer preventive measures through classroom guidance. Guidance lessons on such topics as feelings, grief and bereavement, divorce, healthy relationships, friendship, and self-care are a few examples of how counselors can offer alternatives to self-harming behaviors. Of course, these lessons are particularly helpful at the elementary level, but alternative methods of coping with feelings of anxiety and stress are useful at any point in development.

In conclusion, school counselors are faced with the challenge of serving students with mental health as well as academic concerns. In regard to non-suicidal self-injury, counselors should certainly be concerned with students displaying this behavior. However, it is important to note that procedures can be followed to promote the health and well-being of NSSI students. Starting with improving their own knowledge base on the subject of NSSI, school counselors can educate fellow school personnel and promote an atmosphere of awareness and support for the self-injuring student.

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