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EDUCATION PROFESSIONALS' PERCEPTION OF ADOLESCENT SELF-INJURY

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

---

by

Celeste Kathleen Stevens

June 2012

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June 2012

Approved by:

Ray Liles, Faculty Supervisor
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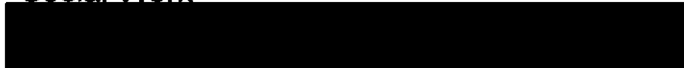
6/5/12
Date



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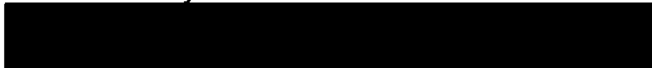

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ABSTRACT

Adolescent self-injury has gained increased public awareness in the past few decades. Self-injury generally starts in early adolescence and is a serious problem in the lives of those who experience it. This study surveyed ninety education professionals from four different school settings to examine their perceptions of adolescent self-injury. Major findings include the majority of education professionals disagreed that adolescent self-injury is a symptom of mental illness. However, the majority of participants agreed that students who self-injure are suffering from a mood disorder and would benefit from mental health services. Also, education professionals' perceptions of adolescent self-injury varied across different school settings. Non-public school employees were more likely than other school setting employees to agree that they would be able to identity self-injurious behavior, had adequate training about self-injury, and believed that self-injury was a symptom of a mental illness. Implications of this study are that education professionals have a number of misconceptions about adolescent self-injury and they need more training on this important topic.

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DEDICATION

Dedicated in memory of my mother,

Heather Stevens.

TABLE OF CONTENTS

ABSTRACT iii

ACKNOWLEDGMENTS iv

LIST OF TABLES vii

CHAPTER ONE: INTRODUCTION

Problem Statement 1

Purpose of the Study 4

Significance of the Project for Social Work 5

CHAPTER TWO: LITERATURE REVIEW

Introduction 7

Education Professionals' Perception of Adolescent Self-Injury 7

Other Implications of Adolescent Self-Injury in Schools 10

Theoretical Frameworks 11

Summary 14

CHAPTER THREE: METHODS

Introduction 15

Study Design 15

Sampling 16

Data Collection and Instruments 16

Procedures 18

Protection of Human Subjects 18

Data Analysis 19

Summary 20

CHAPTER FOUR: RESULTS

Introduction 21

Presentation of the Findings 21

Summary 26

CHAPTER FIVE: DISCUSSION

Introduction 27

Discussion 27

Limitations 32

Recommendations for Social Work Practice, Policy and Research 33

Conclusions 35

APPENDIX A: QUESTIONNAIRE 37

APPENDIX B: INFORMED CONSENT 40

APPENDIX C: DEBRIEFING STATEMENT 42

APPENDIX D: LETTERS OF CONSENT 44

APPENDIX E: LETTER OF LEGITIMACY 49

REFERENCES 51

LIST OF TABLES

Table 1. Self-Injury Perception Response Percentages (%) 25

CHAPTER ONE

INTRODUCTION

This chapter will discuss the general problem of adolescent self-injury. Demographic and other statistics on self-injury will be reported. Also, difficulty of diagnosing self-injury will be explored and implications for social work practice will be discussed.

Problem Statement

Adolescent self-injury has been a problem with increasing recognition the past few decades. Prevalence of nonsuicidal self-injury is difficult to accurately capture due to the sense of shame usually associated with the behavior. Researchers have discovered that approximately 14% of adolescents have participated in self-injurious behaviors at least one time, the majority being female (Ross & Heath, 2002). In 2009 in California, 2,321 adolescents aged 10-19 years old required an emergency visit to a hospital for self-injury (State of California Department of Public Health, 2010).

Self-injury has been referred to by many different terms such as deliberate self-harm (Best, 2005; Hawton & Harriss, 2008), self-mutilation (Ross & Heath, 2002; Nock & Prinstein, 2004, 2005), nonsuicidal self-injury (Nock & Favazza, 2009; Heath, Toste, Sornberger & Wagner, 2011) and parasucide (Nock & Favazza, 2009). Deliberate self-harm is an umbrella term that may be used to include self-injury with both suicidal and nonsuicidal intent

(Nock & Favazza, 2009), whereas, nonsuicidal self-injury and self-mutilation refer to injury performed on the self without the intent of death. Though the different names suggest some differences in behavior, they all generally refer to the same set of behaviors.

Self-injury can be defined as deliberate, intentional, and purposeful damage inflicted on one's own body. Self-injury is not limited to "cutting" though that is the most frequent form of self-injury in adolescents (Klonsky & Olino, 2008). Self-injury also may include behaviors such as burning, biting, self-hitting, hair pulling, picking, excoriation and head banging, (Nock & Prinstein, 2004; Walsh, 2008, p.10). Researchers assert that of those who have engaged in self-injury approximately 40% to 74% have tried cutting at least one time, and 46% to 61% have hit themselves at least one time (Klonsky & Olino, 2008; Nock, Prinstein, & Sterba, 2010). Other forms of self-injury are much less prevalent. However, other self-injurious behaviors are commonly associated with specific psychiatric disorders (Klonsky & Olino, 2008).

It has commonly been assumed that self-injury is a symptom of a mental illness. Some researchers have even asserted that a majority of self-injurers suffer from a mental illness (Ross & Heath, 2002). Multiple disorders, such as borderline personality disorder, major depressive disorder, mental retardation, posttraumatic stress disorder, and anxiety, have all been linked to self-injury as a possible symptom (Klonsky & Olino, 2008; Nock & Prinstein,

2005). One study reports upwards of 75% of self-injurers suffer from psychiatric disorder (Nock, Prinstein, & Sterba, 2010). However, another study reports only 26 to 29% suffer from a psychiatric disorder and another 8 to 13% suffer from a personality disorder (Haw & Hawton, 2008). Perhaps the disparity is due to the lack of a proper diagnosis for self-injury. It has been proposed that self-injury should have a separate diagnosis in the Diagnostic and Statistical Manuel (DSM) as 'Deliberate Self-Harm Syndrome' and was later refined to 'Repetitive Self-Harm Syndrome', which included three specific levels of self-injury (Derouin & Bravender, 2004). However, the diagnosis of self-injury has not yet been added to the DSM. Another diagnosis proposed for self-harm is 'Impulse Control Disorder, Not Otherwise Specified' (Nock & Favazza, 2009). Until a diagnosis for self-injury is defined and assigned a specific set of diagnostic criteria, it may be difficult to gauge the extent of which mental illness is comorbid with self-injury.

In general, females self-injure more than males (Hawton & Harriss, 2008; Ross & Heath, 2002). The gender discrepancy in self-injury reportedly peaks during the ages of 15 to 19 years old when females self-injure eight times more than males. Self-injury is not highly correlated with suicidal ideation from ages 10 to 19 years old. (Hawton & Harriss, 2008).

Haw and Hawton (2008) found that major life problems contributing to self-harm in females aged 15 to 24 years old were relationship problems with family, friends, and partners, and employment and financial issues. In males

15 to 24 years-old major life problems contributing to self-harm were alcohol, employment and financial problems, and relationships with family and partners (Haw & Hawton, 2008). These specific life problems in relation to self-injury may indicate that mental illness does not necessarily accompany self-injury. In fact, self-injury may be a maladaptive coping skill that is utilized even in the absence of mental illness.

Social workers, psychologists, psychiatrists, physicians, education professionals and general mental health workers are professions involved in treating adolescent self-injury. Current research about self-injury mainly focuses on the individuals who engage in acts of self-injury. However, it is also important to examine societal perceptions and possible stereotypes of self-injury. When self-injury elicits negative reactions from others there may be adverse effects to the self-injurer directly related to those reaction. Self-identity is forming during adolescence, so it is important that social workers, mental health professionals, education professionals and others understand the implications that negative stigma may have on the developing sense of self.

Purpose of the Study

The purpose of the current study is to examine education professionals' perception of adolescent self-injury. Current research in this area focuses on the stigma of mental illness and reports symptoms such as decompensation, among others, (Corrigan, Watson, & Barr, 2006) that are associated with self-injury.

A number of studies have examined teachers and other school staffs' perceptions of adolescent self-injury (Best, 2005; Carlson, DeGreer, Deur & Fenton, 2005; Heath, Toste, Beettam, 2006; Heath, Toste, Sornberger & Wagner, 2011). In general, teachers did not feel well prepared to work with students who engaged in self-injurious behavior. Many professionals had negative reactions to adolescent self-injury, such as being horrified, shocked, alarmed or repulsed (Best, 2005; Heath, Toste, Sornberger & Wagner, 2011). These findings about the reactions make it essential to discover what stereotypes and other perceptions education professionals have about self-injury.

The current study focuses on discovering education professionals' perception of the relationship between self-injury and mental illness. It is well documented that mental illnesses are heavily stigmatized (Corrigan, Watson, & Barr, 2006); therefore, it is important to discover if self-injury is viewed as a symptom or indicator of mental illness. The current study surveyed education professionals to examine their perceptions of the relationship between self-injury and mental illness.

Significance of the Project for Social Work

Social workers are dedicated to working with the vulnerable, the oppressed, and those living in poverty (National Association of Social Workers, 1999). Fewer than ten articles specifically addressing self-injury

have been published in professional social work journals. This study examined negative perceptions associated with self-injury in an effort to have social workers better recognize self-injurers as a vulnerable population. As social workers become more informed about the nature of adolescent self-injury they may be able to help education professionals and others identify adolescents who have this problem so they can receive appropriate services.

Professional social workers are committed to advocating for oppressed and vulnerable populations. Individuals who self-injure are clearly a vulnerable population and may be an oppressed population due to negative stereotypes and other mental health issues which make it very difficult for them to disclose their symptoms and receive appropriate and helpful responses from others.

Social workers should advocate for the best interest of self-injurers. In 1998, a Bill of Rights for People who Self-Harm was developed to empower self-injurers (Favazza, 2011, pp. 246-248). In this Bill of Rights, self-injurers are given the right to body privacy, to chose their coping skills, and to disclose their self-injury to whom they want and only want they want (Favazza, 2011, p. 247). It is important that social workers disseminate this information to mental health professionals, doctors and education professionals so that self-injurers are empowered and validated. Also, as social workers act as change agents it is important for them to emphasis the importance of education about and de-stigmatization of self-injury.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter discusses prior research on education professionals perceptions' of adolescent self-injury. Other implications for schools, such as ethical and legal concerns will be addressed. The Four-Function Model of Self-Injury and Labeling Theory will be introduced and explained.

Education Professionals' Perception of Adolescent Self-Injury

Few studies have specifically researched perceptions of adolescent self-injury. This limited information is generally about teachers' perceptions and does not take into account perceptions of other school employees. Only four studies have explored perceptions of teachers about adolescent self-injury (Best, 2005; Carlson, DeGreer, Deur & Fenton, 2005; Heath, Toste, Beettam, 2006; Heath, Toste, Sornberger & Wagner, 2011). Information on the topic of adolescent self-injury is very limited and further research in this area is needed.

Best (2005) conducted a qualitative in which school employees, including teachers, were asked about their own and coworkers levels of awareness about adolescent self-injury. It was difficult for participants to generalize their coworkers' awareness levels, some reporting that some colleagues might not even be aware of the issue. Best (2005) found that

physical education teachers, counselors and administrators were perceived to be most aware of self-injury. Teachers' reactions to self-injury included terms such as "alarm, panic, anxiety, shock, scared, upset, distressed, repulsed, bewildered, frustrated, mystified, and sorry" (Best, 2005).

Best also observed that teachers did not feel able or competent to handle self-injury issues and that referrals of self-injury were quickly made to more competent colleagues. Also, it was noted that many schools failed to provide adequate training on the subject of self-injury to employees other than nurses. Implications of this study were that teachers do not have adequate training on self-injury and that teachers do not feel competent enough in self-injury to properly assist students who self-injure (Best, 2005).

Negative responses to adolescent self-injury are less likely at schools that have high levels of awareness of the problem and training provided to teachers. Teachers and other school employees with immediate contact with students should have access to clinical advice from school counselors to learn how to best handle mental health issues such as self-injury (Best, 2006).

Another study investigated the levels of awareness and knowledge of adolescent self-injury among teachers, and teachers' level of confidence in intervening with a self-injuring student (Carlson, DeGreer, Deur & Fenton, 2005). It was found that the majority (59.3%) of the teachers surveyed did not believe self-injury was a suicide attempt. However, 63% of the teachers surveyed did think that self-injury was performed for attention seeking. Also,

49% of teachers surveyed reported that they thought that drug use influenced self-injury. Surprisingly, 87.4% of teachers surveyed agreed that self-injury was a coping skill. Additionally, only 21% of teachers surveyed thought that students who engaged in self-injury were likely to have high grade point averages or have high success rates in school; however, historically self-injury has had strong correlations with high academic achievement (Carlson, DeGreer, Deur & Fenton, 2005). Alarmingly, 64% of teachers reported that they did not feel knowledgeable about self-injury, and 57% said they would not be confident in responding to a student who self-injures. Teachers in this study also reported that they believed self-injury to be only a minor problem (56.7%).

Heath, Toste, Sornberger and Wagner (2011) found that the majority of teachers they surveyed did not believe self-injury was done for attention seeking (57%) and that they also did not believe that it was done to manipulate others (66%). Teachers in their study also reported being comfortable when students approached them about self-injury (67%). Higher rates of perceived knowledge about adolescent self-injury (64%) were also found in this study. However, 57% of teachers reported not being confident in responding to a student who self-injures. About 60% of teachers reported that they found self-injury "horrifying" (Heath, Toste, Sornberger & Wagner, 2011).

Heath and colleagues (2006; 2011) surveyed teachers to assess for confidence, perceived knowledge and attitudes about adolescent self-injurers. One major finding in the later study was that teachers' perceived knowledge of

self-injury had drastically increased from 20% in 2006 to 64% in 2011 (Heath, Toste, & Beetam, 2006; Heath, Toste, Sornberger & Wagner, 2011). This more current study provides hope that teachers are increasingly more aware of self-injury and are becoming more comfortable in addressing students about these issues. Heath and colleagues (2011) did not attempt to explain the cause of this increase of perceived increase knowledge of self-injury. However, self-injury awareness has been increasing over the past decade.

Other Implications of Adolescent Self-Injury in Schools

There are many ethical and legal issues encountered when dealing with self-injury in schools. Confidentiality and mandated reporting are core issues when dealing with minors. Froeschle and Moyer (2004) posit that the legal rights of parents are not always clear in terms of when they should be informed about their child's self-injury. Counselors have a difficult decision to make whether to report the self-injurious behavior to the parents or administration, especially when there is no clear indication of suicidal intent (Froeschle & Moyer, 2004). Though maintaining the confidentiality of the client is important, safety is always the ultimate concern. Counselors have an ethical obligation to maintain confidentiality; however, not warning administration or parents of a students' self-injurious behavior may have legal consequences.

White Kress, Drouhard, and Costin (2006) recommend that schools should maintain clear policies on how to handle self-injury to limit liability related to adolescent self-injury. However, policies that are too rigid may prove

detrimental as well, so it is recommended that some flexibility in the policy should be maintained (White Kress, Drouhard, & Costin, 2006). One suggestion to deal with self-injurers is to implement a "no harm contract" to protect schools from legal repercussions. Contracts made with the student can detail the consequences of bringing items to perform self-injury on campus, self-injuring on campus, and alternatives to self-injury while at school (White Kress, Drouhard, & Costin, 2006).

School-based interventions for adolescents who self-injure are important because self-injury is often reported or discovered by school staff. Heath, Baxter, Toste, & McLouth (2010) found that only 15% of middle school students who self-injure would be willing to seek help at school, and only 10% of high school students who self-injure would be willing to seek help at school. Consequently, school staff may not be able to effectively work with adolescents if they are not willing to receive help. However, school counselors are in an ideal position to address self-injury with a student engaging in self-injurious behavior because self-injury generally starts and stops during the middle school and high school years (White Kress, Gibson, & Reynolds, 2004).

Theoretical Frameworks

Nock and Prinstein (2004; 2005) proposed the Four-Function Model of Nonsuicidal Self-Injury to describe the various functions that self-injury serves for self-injurers. Self-injury provides different types of reinforcement to the self-

injurer. They suggest that the functions of self-injury are an interaction between positive or negative reinforcements and automatic or social reinforcements. Positive reinforcements provide a reward for the self-injurious behavior; a reward is something desired that is received after performing an act of self-injury, such as feelings of happiness. Negative reinforcements remove an aversive stimulus, which motivates individual to perform the self-injurious behavior; an example could be after performing an act of self-injury something unwanted is gone, such as feelings of emptiness. Personal gratification from self-injury is an automatic reinforcement; this means the individual is being provided personal satisfaction due to self-injury. Gratification from reactions from community members is social reinforcement; the individual would be gaining social approval due to self-injurious acts.

The majority of self-injurers (52%) report that the main reason they engage in the behavior is "to stop bad feelings" (Nock & Prinstein, 2004). Which results in negative reinforcement that increase the likelihood the behavior will occur again. Another common reason for self-injury is to avoid feelings of emptiness (Nock & Prinstein, 2004). The majority of self-injurers who report they self-injure for negative reinforcement also report that they generally perform self-injurious acts when they are alone (Nock, Prinstein, Sterba, 2010; Klonsky & Olino, 2008).

Nock and Prinstein (2004) stated that 24% of self-injurers reported they received automatic positive reinforcement from performing self-injurious acts.

Individuals in this category reported reasons for self-injury such as punishing themselves or to feel something [even if it was pain]. Automatic positive reinforcement is performed to elicit feelings not present before the self-injurious act (Nock & Prinstein, 2004). An example would be after performing self-injury individuals may report feeling calm or relaxed when before the incident they were feeling stressed or upset.

A less common (14%) category of self-injury is social negative reinforcement (Nock & Prinstein, 2004). Individuals in this category report that they are trying to avoid specific social situations. Self-injurers reported that they would perform acts of self-injury in an attempt to avoid punishment, work, school, or people in general (Nock & Prinstein, 2004). An adolescent self-injurer may cut his/her arm in hopes that his/her parents will not send his/her to school with visible injuries.

A common misconception about self-injury is that self-injurers are seeking attention. However, only a small percentage (4%) of self-injurers report they perform the behavior for a positive social reinforcement (Nock & Prinstein, 2004). Self-injurers who report receiving positive social reinforcements as the primary motivation to self-injure are the smallest group. A self-injurer seeking social positive reinforcement desires a reaction from others such as pity, anger, acceptance, or to simply be noticed.

Howard Becker developed labeling theory in the 1960s when studying social deviance (Becker, 1997). The theory postulates that people who are

given a negative societal label are likely to internalize that label and develop qualities consistent with the labels' expectations. A self-fulfilling prophecy may be the psychological phenomenon responsible for labeling effects. Studies have shown that the self-stigma of mental illness may have negative effects on self-esteem and self-efficacy (Corrigan, Watson, & Barr, 2006). Also, it has been noted that parents' perception of their adolescent child's mental illness may also have negative effects on self-stigma (Moses, 2010). No specific studies have been examined labeling effects in relation to self-injury; however, it can be assumed that labeling effects of self-injury are similar to labeling effects of mental illness.

Summary

This chapter discussed prior research on education professionals perceptions' of adolescent self-injury. Other factors such as ethical and legal considerations for school addressing adolescent self-injury were introduced. The importance of educating education professionals about how to identify and respond to adolescent self-injury was also discussed. Two theories, the Four Function Model of Self-Injury and Labeling Theory, were also discussed to provide insight to both self-injury and social labels.

CHAPTER THREE

METHODS

Introduction

This chapter describes how the data were collected and analyzed for this study. Study design, sampling, instrument, procedures, protection of human subjects, and data analysis are covered.

Study Design

This study measured education professionals' perceptions of adolescent self-injury. A quantitative research design employing survey methods was used in order to reach a large sample and examine meaningful averages and correlations. Some limitations of this study were the small sample size and limited geographical range. A study with a larger sample that was nationwide may be more generalizable than the current study.

The study investigated education professionals' perceptions of adolescent self-injury in relation to topics such as mental illness, knowledge of adolescent self-injury and the need for more training. One hypothesis for this study was that education professionals would associate adolescent self-injury with mental illness. Another hypothesis was that education professionals would report wanting additional training on adolescent self-injury.

Sampling

The data was collected directly from education professionals such as teachers, administrators, and other school employees who filled out the survey. School site administrators allowed questionnaires to be distributed en masse at staff meetings. A purposive sampling method provided guidelines for recruiting participants for this study. This method ensured all faculty and school staff were presented the opportunity to participate in the study. Teachers, administrators, nurses, counselors/psychologists, proctors, clerical staff and various other school employees were all considered potential participants in the study. Another purposive guideline was to sample from different types of schools such as public, alternative, private, charter and non-public. Sampling criteria was limited to persons currently employed at a school site listed above and teachers accounted for no more than 50% of the participants.

Data Collection and Instruments

The independent variables in this study were age, years of experience, position, school site, and gender. The dependent variables in this study were various perceptions of adolescent self-injurers such as considering self-injury a symptom of mental illness, thinking self-injurers were at high risk for suicide, thinking self-injurers will benefit from mental health services, and wanting more training about adolescent self-injury. The measurement tool utilized in

this study (Appendix A) was a self-constructed measurement tool developed with selected questions from a study by Heath, Toste, and Beetam (2006).

The questionnaire was structured in such a way as to collect elicit data first, such as age, gender, years of experience in a school setting, type of school setting in which the respondent was employed, and position at school. Subsequent questions asked participants to rate statements on a 5-item Likert scale ranging from "strongly disagree" to "strongly agree." The first sub-section of questions inquired about the respondents' personal comfort of a student approaching them about self-injury, being able to identify self-injurious behaviors in students, and knowledgeable about why students engage in self-injury. The second subsection of questions assessed participants' perceptions of the relationship between self-injury and mental illness. Questions elicited participant agreement or disagreement with statements such as: students who self-injure would benefit from mental health services; self-injury is a symptom of a mental illness; and self-injurers often suffer from a mood disorder such as anxiety or depression. The final subsection inquired about participants' perceived knowledge level and training about adolescent self-injury. Questions asked participants if they agreed or disagreed that their school district has provided adequate training on adolescent self-injury, and if they feel they would benefit from additional training on the topic of adolescent self-injury.

Procedures

School site administrators were contacted to obtain permission to survey school employees. Once written permission was obtained on official school letterhead, a school site visit was scheduled for the researcher to distribute surveys. The researcher visited each school site during a regularly scheduled staff meeting and surveys were dispersed to employees. The researcher was introduced to the school site staff and faculty as a graduate student who would administer a short survey. The researcher informed the staff that participation in the survey was voluntary and anonymous. The researcher also explained why participation in the survey would be beneficial to better understand social views of self-injury. The researcher then passed out the survey with the informed consent as a cover page. School employees were given instructions on how to return to the survey once it was completed. Each school site allocated a space either in the school office or employee lounge for a small box where employees could return the survey discretely. The researcher returned to the school site after a few days to collected the completed surveys. At that time, debriefing statements were dropped off for employees after the researcher had collected all completed surveys. The survey took approximately fifteen minutes to complete.

Protection of Human Subjects

In order to protect the human subjects who participated in this study participants remained anonymous. No identifying information (such as names)

was collected during the study. In order to protect the participants, only aggregate data was reported. Completed surveys will remain in a locked box until they are destroyed. Participants anonymously marked an informed consent to take part in the study. The informed consent (Appendix B) provided contact information for questions, the purpose of the study, description of expectations, risks and benefits of participation, explanation of the voluntary and anonymous nature of the study, and information about how to obtain the results of the study. A debriefing statement (Appendix C) was also provided to study participants after surveys were collected. The debriefing statement explained the purpose of the study, disclosed the specific interests of the researchers, how to obtain results, and additional resources on adolescent self-injury in the school setting.

Data Analysis

Data was analyzed using Statistical Package for the Social Sciences (SPSS) software. Qualitative analysis methods were used to find correlations between independent and dependent variables. Both bivariate and multivariate tests were run on the data. Also, aggregate data was analyzed. Some important aggregates included questions directly related to perceptions of adolescents' mental health. Correlations of demographics versus perceptions of mental health were examined from various sample populations.

Summary

This chapter described the methods of the current study. Specifically, the study design, sampling, instrument, procedures, protection of human subjects, and data analysis were discussed. Also, the hypotheses of the study were defined.

CHAPTER FOUR

RESULTS

Introduction

Pearson's *r* was utilized to examine correlations among the ages of participants and their years of experience versus their responses about their perceptions of adolescent self-injury. An analysis of variance (ANOVA) test was run to compare means between the type of school site the participant was from and the position they held at school versus their responses about their perceptions of adolescent self-injury. Also, means for responses of perceptions of self-injury are presented.

Presentation of the Findings

Participants consisted of ninety education professionals currently employed at a school. A total of seventy-seven females (85.6%) and thirteen males (14.4%) participated in the study. Participants ranged from 25 years old to 69 years old (M = 44.3; SD = 10.65). Years of experience in a school setting ranged from one week to forty-five years (M = 14.7; SD = 9.4). Participants were from four different school settings: thirty-seven from a public school (41.1%), twenty-one from an alternative school (23.3%), seventeen from a non-public school (18.9%) and fifteen from a charter school (16.7%). Participants held different positions at their respective school sites: seven

administrators (7.8%), fifty teachers (55.6%), one nurse (1.1%), four counselors (4.4%), and twenty-eight from other positions (31.1%).

Pearson's *r* was utilized to examine correlations among age of participants and years of experience versus responses about perceptions of adolescent self-injury. A positive correlation was observed between the age of participants and their perception of self-injury being a symptom of a mental disorder. As age increased the participants were more likely to report that self-injury was a symptom of a mental disorder ($r = .3$, $p < .01$).

A negative correlation was observed between the age of participants and their perception feeling knowledgeable about the area of self-injury. As age increased the participants were less likely to report that they felt knowledge about the area of self-injury ($r = -.25$, $p < .05$).

A positive correlation was observed between the age of participants and their perception of having adequate training about self-injury. As age increased the participants were more likely to report that they have had adequate training about self-injury ($r = .22$, $p < .05$).

A positive correlation was observed between participant's years of experience in a school setting and their perception of self-injury being a symptom of a mental disorder. As age increased the participants were more likely to report that self-injury was a symptom of a mental disorder ($r = .29$, $p < .01$).

A negative correlation was observed between participant's years of experience in a school setting and their report of how many times they have encountered an adolescent self-injurer. As age increased the participants were less likely to report they have an encountered an adolescent self-injurer ($r = -.03$, $p < .01$).

An analysis of variance (ANOVA) test was run to compare means between participant groups. The type of school site and position held at school were tested against responses about perceptions of adolescent self-injury. There was a significant difference between school sites and the perception that that self-injury was a symptom of a mental disorder F (3, 87) = 4.625, $p < .01$. Non-public school employees were more likely to agree (M = 3.47; SD = 0.94) that self-injury was a symptom of a mental disorder than public school employees (M = 2.59; SD = 0.93) and charter school employees (M = 2.5; SD = 0.94).

There was a significant difference between school sites and the perception of being able to identify self-injurious behavior F (3, 89) = 3.724, $p < .05$. Non-public school employees were more likely to agree (M = 3.88; SD = 0.86) that they would be able to identify self-injurious behavior then public school (M = 3.14; SD = 0.95) and alternative school employees (M = 3.00; SD = 1.18).

There was a significant difference between school sites and the perception of feeling knowledgeable about the area of self-injury F (3, 87) =

2.951, $p < .05$. Charter school employees felt more knowledgeable about self-injury (M = 3.57; SD = 1.01) than did public school teachers (M = 2.78; SD = 0.98).

There was a significant difference between school sites and the perception of being provided adequate training about the area of self-injury $F(3, 86) = 2.600$, $p < .05$. Non-public school employees felt they had been provided adequate training about the area of self-injury (M = 2.53; SD = 1.06) more than did charter school employees (M = 1.69; SD = .63).

A large majority of participants (78.9 %) reported they strongly agreed or agreed that they would feel comfortable if a student spoke to them about self-injury. A large majority of participants (77.6%) reported that they strongly agreed or agreed that the term cutter was commonly used in the school setting to refer to students who self-injured. An overwhelming majority of participants (97.8%) reported they strongly agreed or agreed that students who self-injure would benefit from mental health services. A large majority of participants (73.9%) reported they strongly agreed or agreed that students who self injure are usually suffering from a mood disorder. A large majority of participants (70.1 %) reported they strongly disagreed or disagreed that their school district has provided them adequate training about self-injury. An overwhelming majority of participants (90.9%) reported they strongly agreed or agreed that they would benefit from additional training on adolescent self-injury.

Table 1. Self-Injury Perception Response Percentages (%)

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Comfortable talking about SI	2.2	6.7	12.2	53.3	25.6
Confident responding to SI	3.3	17.8	18.9	45.6	14.4
Identify SI	3.3	18.9	30	36.7	11.1
Difficult to understand SI	17.8	44.4	20	16.7	1.1
SI to seek attention	2.3	30.7	23.9	37.5	5.7
"Cutter"	0	7.1	15.3	48.2	29.4
SI symptom of mental illness	8	30.7	29.5	29.5	2.3
Benefit from counseling	0	1.1	1.1	41.6	56.2
SI mood disorder	2.3	5.7	18.2	60.3	13.6
SI high suicide risk	0	10.5	33.7	43	12.8
Knowledgeable about SI	6.8	27.3	33	28.4	4.5
Adequate training on SI	25.3	44.8	23	5.7	1.1
Additional SI training	1.1	1.1	6.8	59.1	31.8

A majority of participants (60%) reported that they strongly agreed or agreed that they would know how to respond to a student who self-injured. A majority of participants (62.2%) reported that they strongly disagreed or disagreed that they found it difficult to understand why adolescents self-injure. A majority of participants (55.8%) reported that they strongly agreed or agreed that students who self-injure are at a high risk for suicide.

There were no significant statistical differences between job positions of participants and their responses on the self-injury questionnaire. Also, there were no significant statistical differences between males or females on the self-injury questionnaire.

Summary

This chapter included statistically significant findings discovered in the data set. Some significant findings were that non-public school employees differed from public school employees, charter school employees, and alternative school employees in multiple areas. Also, a positive correlation was observed between participants' age and their years of experience on their perception that self-injury was a symptom of mental illness.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will discuss the significant results of the study and compare the results to previous studies. Also, the limitations of the study and the implications for social work practice will also be discussed.

Discussion

This study suggests that there is a stigma related to self-injury. A large majority of education professionals agreed that the term "cutter" was commonly used to describe students who self-injure. The label of cutter applied to adolescent self-injures may have negative effects for the individual such as internalizing the stigma and affecting self-esteem. Previous research examining the effects of labeling mentally ill individuals has suggested negative consequences (Corrigan, Watson, & Barr, 2006).

The question related to self-injury as a symptom of a mental illness had a spread of different responses. As with other studies (Heath, Toste, Beettam, 2006; Heath, Toste, Sornberger & Wagner, 2011), this question did not seem to have an overwhelmingly consistent response, and the responses were almost evenly split among the agrees, disagrees, and neutral responses. The reason for the range of responses is unclear. Though, the negative stigma attached to term mental illness may have dissuaded participants from

reporting that they view self-injurers as mentally ill. However, an overwhelming majority of education professionals agreed that students who self-injured would benefit from mental health services (ie: counseling) which seems to indicate that education professionals in fact do view self-injury as a form of mental illness. Also, a majority of participants also agreed that self-injury was a symptom of a mood disorder (ie: depression). The negative stigma associated with "mental illness" may be the reason that education professionals did not agree that it was a symptom of mental illness; however, counseling services and mood disorder were reported to be related to self-injury perhaps because the label was less stigmatizing.

The majority of education professionals reported they would feel comfortable if a student spoke to them about self-injury, which is consistent with previous research findings (Heath, Toste, Beettam, 2006; Heath, Toste, Sornberger & Wagner, 2011). The current research had a slightly higher percentage of education professionals who agreed they would be comfortable with a student talking to them about self-injury than was found in previous studies. The differences may be due to the sample population, geographical location of participants, or perhaps that within the past six years self-injury has gained more awareness.

A majority of education professionals reported that they would feel confident they would know how to respond to a student who appeared to be self-injuring. Previous studies found that the majority of education

professionals did not feel confident they would know how to respond to a student who appeared to be self-injuring (Heath, Toste, Beettam, 2006; Heath, Toste, Sornberger & Wagner, 2011). As mentioned before, the reason for the discrepancy may be due to the sample population, geographical location of participants, or increasing self-injury awareness. Also, training and education may have influenced these education professionals' perceptions of their confidence in responding to a student who is engaging in self-injury.

The current study also was similar to prior research, in that it found that a very small portion of participants responded that they felt knowledgeable about self-injury (Carlson, DeGreer, Deur & Fenton, 2005; Heath, Toste, Beettam, 2006; Heath, Toste, Sornberger & Wagner, 2011). Consistent with findings from other studies, approximately half of participants reported they feel they would be able to identify self-injurious behaviors. (Heath, Toste, Beettam, 2006; Heath, Toste, Sornberger & Wagner, 2011). Also, the large majority of education professionals responded they would benefit from more training on the topic. Education professionals reporting they would benefit from additional training about self-injury was also consistent with prior research findings (Best, 2005; Carlson, DeGreer, Deur & Fenton, 2005).

A slightly higher percentage of education professionals reported that they agreed students who self-injured were trying to seek attention than those who reported they disagreed. However, there was not a majority response. Previous studies found that participants reported that they agreed students

who self-injured were trying to seek attention (Heath, Toste, Beettam, 2006; Heath, Toste, Sornberger & Wagner, 2011), while other studies found that a majority of participants disagreed students who self-injured were trying to seek attention (Carlson, DeGreer, Deur & Fenton, 2005). Perhaps participants interpreted this question differently, thus causing the various responses. While seeking attention could be viewed as a cry for help, it could also be seen as an annoying attempt to be noticed. Therefore, some participants may view self-injury as a way to seek help, not attention. Also, participants may have recognized the shame accompanying the behavior and presumed that self-injury is generally not for attention.

The type of school setting appeared to be a large influencing factor on perceptions of self-injury. Non-public school employees were more willing to agree that self-injury was a symptom of a mental illness, to agree that they would be able to identify self-injurious behaviors, and reported they had received more training than other school settings. Charter school employees agreed that they felt more knowledge about self-injury than other school settings. One reason that non-public school employees may be more willing to report that self-injury is a symptom of mental illness could be because many of the students at non-public school have a mental illness diagnosis. Also, many (if not all) of the teachers from the non-public school are special education certified for moderate to severe emotional disturbance. Therefore, the non-public school teachers have more training and knowledge of mental illness

than teachers at other school settings. Also, students suffering from a mental illness may have failed to succeed in traditional school settings, and have been placed a non-comprehensive school such as a non-public or charter school. Therefore, teachers at alterative settings may have more experience encountering self-injuring students.

Age and years of experience were also factors of perception about adolescent self-injury. Older participants were more likely to report that they agreed that self-injury was a symptom of mental illness. Also, older participants were more likely to agree that they had received adequate training about self-injury as compared to younger participants. Older participants also reported feeling less knowledgeable about self-injury as compared to younger participants. This is interesting because older participants feel they have had more training, yet feel less knowledgeable. Older participants may also be more willing to report that self-injury is a symptom of mental illness because of the negative stigma associated with self-injury. Older participants are more likely to have received more training in general over their career than younger participants, which may account for the discrepancy about reporting having adequate training about self-injury.

Years of experience was also related to perceptions of self-injury as a symptom of mental illness. More experienced education professionals were more likely to agree that self-injury was a symptom of mental illness as compared to participants with less experience. Also, years of experience was

related to not having encountered as many students who self-injured. This is counterintuitive, as education professionals with more years of experience would have more of an opportunity to encounter self-injury than teachers with less experience. Due to rising awareness of self-injury, students may be more willing to talk about their self-injury now than in past generations. Also, students may feel more comfortable talking with younger teachers about their self-injury than with older teachers.

The first hypothesis of the study, that education professionals would associate self-injury with mental illness, was not supported by the data. Education professionals did not report that they agreed that self-injury was a symptom of mental illness. However, it was revealed that the majority felt self-injury was associated with a mood disorder and that students who self-injure would benefit from mental health services. The second hypothesis of the study, that education professionals would report that they would benefit from additional training about self-injury, was supported by the data. A large majority of education professionals reported they would benefit from additional training about adolescent self-injury.

Limitations

A limitation of this study was that it did not ask participants to indicate their specific job titles. Approximately 30% of the sample reported working in an "other" position at the school. This category may have included sectaries, proctors, aides, and various other positions. This study also did not gather

information on ethnicity. Therefore, no information about culture and perceptions of self-injury were examined. Also, another limitation of this study was that is was geographically limited, as all schools were located in Southern California. Both the gender and job position ratios of participants in the sample may not be representative of the general population, which may limit the generalizability of the study.

The survey was based on a questionnaire utilized in a previous study examining teachers' perceptions of adolescent self-injury. The self-constructed survey instrument may compromise the validity and reliability of the data. Also, due to the sensitive nature of the questions, some participants may have been hesitant to be truthful about their perceptions, training, or knowledge of self-injury. Self-injury and mental illness both have a negative stigma attached to them and participants may have not wanted to stigmatize either group. Also, participants may have not wanted to admit that they were not knowledgeable or adequately trained in self-injury.

Recommendations for Social Work Practice, Policy and Research

Clinical social workers have undoubtedly worked with numerous clients who self-injure. However, professional social workers recognized self-injury as an issue within their professional scope only within the past decade. Many professional articles and research about adolescent self-injury come from different disciplines, such as psychology and education. Social workers should

recognize self-injurers as a vulnerable population, and consider them a population for clinical practice.

Social workers should advocate for the rights of and services for adolescent self-injurers. School based social workers should educate education professionals about how to identify self-injury and the proper procedure to work with a student who is self-injuring. School based social workers should develop an action plan to be implemented in their schools when a student is discovered to be self-injuring. It has been established that students who self-injure are labeled in school settings in ways that may be damaging. Social workers should try to better inform and raise the awareness of education professionals about self-injury to dispel myths or misconceptions about adolescent self-injury.

Education professionals expressed an interest in more training opportunities to learn about adolescent self-injury. School based social workers should offer training seminars and consultation about adolescent self-injury for those education professionals who are interested in learning more about the topic. Social workers should work to increase knowledge about adolescent self-injury in the school setting and help development more appropriate and effective interventions.

Future research should examine additional social perceptions and possible stigma of self-injurers outside of the school setting. Also, research should be conducted on the effects of stigma on self-injurers. It is particularly

important to understand how self-injury affects adolescent self-injurers' self-image because adolescents are in the process of forming their identity. Identities and inappropriate responses to their self-injury by those around them may lead to life-long difficulties.

Conclusions

Self-injury in adolescence is a problem being increasingly identified in school settings. Lack of policies to specifically address self-injury issue may produce many legal and ethical difficulties (White Kress, Drouhard, & Costin, 2006) for school districts and their employees. Only four other studies have investigated teachers' perceptions of adolescent self-injury (Best, 2005; Carlson, DeGreer, Deur & Fenton, 2005; Heath, Toste, Beettam, 2006; Heath, Toste, Sornberger & Wagner, 2011). However, none of these studies have examined the impact of various school settings or job positions on response to adolescent self injury.

The Four-Function Model of Nonsuicidal Self-Injury asserts that a majority of adolescents self-injure for automatic reinforcement and not for social reactions (Nock & Prinstein, 2004, 2005). However, many participants in this study reported that they believed that self-injury was an often an attempt to seek attention. Furthermore, many participants agreed that students who self-injure were often labeled as "cutter." Labeling theory provides insight on the negative effects of labeling (Becker, 1997).

These theoretical frameworks may lead to a belief that adolescents mainly self-injure as a coping skill and negative perceptions may impact their self-identity. It is crucial to better understand education professionals' perceptions of adolescent self-injury and how those perceptions impact social treatment of the self-injurer. Negative stigma related to mentally ill persons may result in a self-fulfilling prophecy and may have negative effects on self-image, self-esteem, and self-stigma (Corrigan, Watson, & Barr, 2006).

Social workers should work to advocate for adolescent self-injurers in the school setting. Social workers should develop a procedural action plan to be implemented by school staff when adolescent self-injury is discovered. Also, school based social workers should provide resources and referrals to parents of self-injuring students to better meet their emotional needs. School based interventions for adolescent self-injurers could be developed and implemented by social workers and school counselors. Social workers should work with students, families, and education professionals to have an impact on the vulnerable population of adolescents who injure themselves.

APPENDIX A

QUESTIONNAIRE

Education Professionals' Perceptions of Adolescent Self-Injury

Definition of self-injury: Deliberate, intentional, and purposeful damage to one's own body tissue.

1. What is your age? ________

2. How many years have you worked in a school setting? ________

3. What is your gender?

   □ Male □ Female

4. What is your position at the school?

   □ Administrator □ Teacher □ Nurse □ Counselor □ Other

5. Which type of school site do you work at?

   □ Public □ Alternative □ Non-Public □ Charter

6. During your career how many students have you encountered who self-injured?

   □ None □ 1-2 □ 3-5 □ 6-9 □ 10+

7. I would feel comfortable if a student spoke to me about his/her self-injury.

   □ Strongly Disagree □ Disagree □ Neutral □ Agree □ Strongly Agree

8. I feel confident I would know how to respond to a student who appeared to be self-injuring.

   □ Strongly Disagree □ Disagree □ Neutral □ Agree □ Strongly Agree

9. I believe I would know how to identify self-injurious behavior.

   □ Strongly Disagree □ Disagree □ Neutral □ Agree □ Strongly Agree

10. I find it difficult to understand why adolescents self-injure.

    □ Strongly Disagree □ Disagree □ Neutral □ Agree □ Strongly Agree

11. In the school setting, the term "cutter" is often used to refer to students who self-injure.

    □ Strongly Disagree □ Disagree □ Neutral □ Agree □ Strongly Agree

12. I believe that students who self-injure are often trying to seek attention.

    □ Strongly Disagree □ Disagree □ Neutral □ Agree □ Strongly Agree

Celeste Stevens, 2011

13. Self-injury is a usually a symptom of a mental disorder.

□ Strongly Disagree □ Disagree □ Neutral □ Agree □ Strongly Agree

14. Students who self-injure would benefit from mental health services (counseling).

□ Strongly Disagree □ Disagree □ Neutral □ Agree □ Strongly Agree

15. Students who self-injure are usually suffering from a mood disorder (for example: depression or anxiety).

□ Strongly Disagree □ Disagree □ Neutral □ Agree □ Strongly Agree

16. Students who self-injure are usually at high risk for suicide.

□ Strongly Disagree □ Disagree □ Neutral □ Agree □ Strongly Agree

17. I feel knowledgeable about the area of self-injury.

□ Strongly Disagree □ Disagree □ Neutral □ Agree □ Strongly Agree

18. I feel my school district has provided adequate training on adolescent self-injury.

□ Strongly Disagree □ Disagree □ Neutral □ Agree □ Strongly Agree

19. I feel I would benefit from additional training on adolescent self-injury.

□ Strongly Disagree □ Disagree □ Neutral □ Agree □ Strongly Agree

*Questionnaire adapted from: Heath, N., Toste, J., & Beettam, E. (2006). "I am not well equipped" High school teachers' perceptions of self injury. *Canadian Journal of School Psychology*, 21, 73-92.

Celeste Stevens, 2011

APPENDIX B

INFORMED CONSENT

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

College of Social and Behavioral Sciences
School of Social Work

INFORMED CONSENT

The study in which you are being asked to participate is designed to investigate education professionals' perceptions of adolescent self-injury. This study is being conducted by Celeste Stevens under the supervision of Dr. Ray Liles, Lecturer in Social Work at California State University, San Bernardino. This study has been approved by the School of Social Work Subcommittee of the Institutional Review Board, California State University, San Bernardino.

PURPOSE: The purpose of the study is to examine education professionals' perceptions of adolescent self-injury.

DESCRIPTION: Education professionals will receive a survey querying personal perceptions of adolescent self-injury, experience with working with self-injuring adolescents and training received about adolescent self-injury.

PARTICIPATION: Participation in this survey is completely voluntary and refusal to participate will involve no penalty. Participants may discontinue participation at any time without penalty.

ANONYMITY: All surveys will remain completely anonymous. No names, or other identifying information will be collected during the survey.

DURATION: It will take approximately 15 minutes to complete the survey.

RISKS: There are no foreseeable risks in participating in this survey.

BENEFITS: There are no benefits to participating in this survey.

AUDIO/VIDEO/PHOTO: There will be no audiotape, videotape, or photographs taken during the survey.

CONTACT: If you have questions or comments about this study please contact Dr. Ray Liles at (909) 537-5557or rliles@csusb.edu .

RESULTS: Results of this study will be available in June 2012. To obtain a copy of the results please contact Celeste Stevens at CeleStevens@gmail.com

ANONYMOUS SIGNATURE: I understand the above criteria, and agree to participate in this survey.

□Yes □No

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SOCIAL WORK INSTITUTIONAL REVIEW BOARD SUB-COMMITTEE
APPROVED 1/18/12 VOID AFTER 1/18/13
IRB# SW1210 CHAIR [signature]

909.537.5501
5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

fornia State University · Bakersfield · Channel Islands · Chico · Dominguez Hills · East Bay · Fresno · Fullerton · Humboldt · Long Beach · Los Angeles
Academy · Monterey Bay · Northridge · Pomona · Sacramento · San Bernardino · San Diego · San Francisco · San Jose · San Luis Obispo · San Marcos · Sonoma · Stanislaus

APPENDIX C

DEBRIEFING STATEMENT

Debriefing Statement

The study you have just completed was designed to investigate education professionals' perceptions of adolescent self-injury. We are particularly interested in how education professionals view the relationship between self-injury and mental health.

Thank you for your participation! If you have any questions about the study, please contact Celeste Stevens or Dr. Ray Liles at (909) 537-5557. If you would like to obtain a copy of the group results of this study, please contact Celeste Stevens at CeleStevens@gmail.com at the end of June 2012.

Additional Resources On Self-Injury at Schools:

- EducatorsAndSelfInjury.com
- Walsh, B. (2006). A protocol for managing self-injury in school settings. In *Treating Self-Injury: A Practical Guide.* New York, NY: Guilford Press.
- Miller, D. & Brock , S. (2011). *Identifying, Assessing, and Treating Self-Injury at Schools.* New York, NY: Springer.
- Lieberman, R., Toste, J.R., & Heath, N.L. (2008). Prevention and intervention in the schools. In Nixon & Heath (Eds.), *Self-Injury in Youth: The Essential Guide to Prevention and Intervention.* New York, NY: Routledge.

APPENDIX D

LETTERS OF CONSENT

the Joan Macy School

1350 Third Street
La Verne, CA 91750
(909) 596-3173 Fax (909) 596-8492

November 30, 2011

Dr. Ray Liles, School of Social Work
California State University, San Bernardino
5500 University Ave.
San Bernardino CA 92407

Dear Dr. Liles,

This letter is to endorse the research project of Ms. Celeste Stevens, a student at the School of Social Work at California State University, San Bernardino.

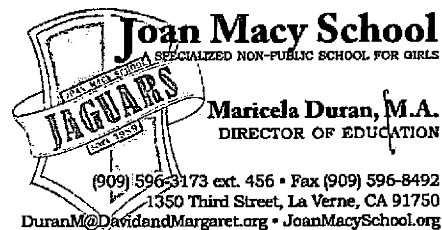
Ms. Stevens has explained the research project to me and I feel that our school would be a valuable addition to her study. As the Principal of Joan Macy School, I grant permission for Ms. Stevens to conduct this research project with the following conditions:

1. Participation of school employees will be voluntary.
2. Confidentiality and anonymity of school employees will be maintained.
3. Researcher will inform subjects that Joan Macy School has no involvement other than providing this opportunity for research.
4. Upon completion of the study, results will be available to study participants if requested.

If you have any questions regarding the above authorization, please contact me at (909) 596-3173.

Sincerely,

Maricela Duran, Principal



A Tradition of Academic Excellence

December 5, 2011

Dr. Ray Liles,
School of Social Work
California State University, San Bernardino
5500 University Ave.
San Bernardino CA 92407

Dr. Liles,

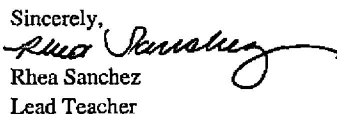
This letter is to endorse the research project of Ms. Celeste Stevens, a student at the School of Social Work at California State University, San Bernardino.

Ms. Stevens has explained the research project to me and I feel that our school would be a valuable addition to her study. As the Lead Teacher of Options for Youth Public Charter Schools- Rancho Cucamonga School Site, I grant permission for Ms. Stevens to conduct this research project with the following conditions:

1. Participation of school employees will be voluntary.
2. Confidentiality and anonymity of school employees will be maintained.
3. Upon completion of the study, results will be available to study participants if requested.

If you have any questions regarding the above authorization, please contact me at rsanchez@ofy.org.

Sincerely,



Rhea Sanchez
Lead Teacher

Options For Youth
Public Charter Schools
Empowering Minds by Inspiring Hearts

7965 Vineyard Avenue, Unit F3, Rancho Cucamonga, California 91730 P. 909.466.9082 F. 909.466.9083 ofy.org

Capistrano Unified School District
· Excellence in Education

Bernice Ayer Middle School

1271 Sarmentoso • San Clemente • California 92673
(949) 366-9607 • FAX (949) 366-1519

November 30, 2011

Dr. Ray Liles,
School of Social Work
California State University, San Bernardino
5500 University Ave.
San Bernardino CA 92407

Dear Dr. Liles:

This letter is to endorse the research project of Ms. Celeste Stevens, a student at the School of Social Work at California State University, San Bernardino.

Ms. Stevens has explained the research project to me and I feel it would be appropriate for Bernice Ayer Middle School to participate in her study. As the Principal of Bernice Ayer Middle School, I grant permission for Ms. Stevens to conduct this research project with the following conditions:

1. Participation of school employees will be voluntary.
2. Confidentiality and anonymity of school employees will be maintained.
3. Researcher will inform subjects that Joan Macy School has no involvement other than providing this opportunity for research.
4. Upon completion of the study, results will be available to study participants if requested.

If you have any questions regarding the above authorization, please contact me at (949) 366-9607.

Sincerely,

Holly Feldt
Principal

A California Distinguished School

Park West High School

Pomona Unified School District

1540 W. Second Street
Pomona, CA 91766
Bus (909) 397-4485 Ext.400
Attendance: 410 Counselor 213
Fax (909) 865-2423

December 6, 2011

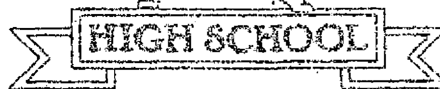
Dr. Ray Liles
School of Social Work
California State University, San Bernardino
5500 University Ave.
San Bernardino, CA 92407

Dr. Liles,

As the Principal of Community Day School, Park West High School, and Pomona Alternative School, I grant permission for Ms. Stevens to distribute surveys to school employees for her research project with the following conditions:

1. The survey be shared with Mr. Brown prior to making it available to school employees.
2. Participation of school employees will be voluntary.
3. Confidentiality and anonymity of school employees will be maintained.
4. Upon completion of the study, results will be available to study participants if requested.

Sincerely,



Neville Brown
Principal

NB:ma

APPENDIX E

LETTER OF LEGITIMACY

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

College of Social and Behavioral Sciences
School of Social Work

November 21, 2011

Ms. Holly Feldt
Bernice Ayer Middle School
1271 Sarmentoso
San Clemente, CA 92673

Ms. Feldt,

This letter is to recognize Celeste Stevens as a student of the School of Social Work at California State University, San Bernardino. As a graduate student, Celeste is required to perform a research study as a part of the curriculum to meet graduation requirements. Ms. Stevens will have her research project approved by the School of Social Work Subcommittee of the Institutional Review Board at California State University, San Bernardino. This will ensure that any research conducted at your agency will be reviewed by faculty and adhere to California State University, San Bernardino research policies.

Please contact me at (909) 537-5557 if you have any further questions. Thank you.

Sincerely,

Ray Liles, DSW, LCSW
Chair, Micro Practice Curriculum Sub-committee
MSW Program Admissions Coordinator

909.537.5501
5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

The California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • East Bay • Fresno • Fullerton • Humboldt • Long Beach • Los Angeles Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

REFERENCES

Becker, H. (1997). *Outsiders: Studies in the sociology of deviance.* New York, NY: Free Press.

Best, R. (2005). An educational response to deliberate self-harm: training, support and school agency links. *Journal of Social Work Practice, 19,* 275-287.

Best, R. (2006). Deliberate self-harm in adolescence: a challenge for schools. *British Journal of Guidance and Counselling, 34,* 161-175.

Carlson, L., DeGreer, S., Deur, C., & Fenton, K. (2005). Teachers' awareness of self-cutting behavior among the adolescent population. *Praxis, 5,* 22-29.

Corrigan, P. Watson, A., & Barr., L. (2006). The self-stigma of mental illness: implications for self-esteem and self-efficacy. *Journal of Social and Clinical Psychology , 25,* 875-884.

Derouin, A., & Bravender, T. (2004). Living on the edge: the current phenomenon of self-mutilation in adolescents. *MCN: American Journal of Maternal Child Nursing, 29,* 12-18.

Favazza, A. (2011). *Bodies under siege (3rd ed.).* Baltimore, MD: John Hopkins University Press.

Froeschle, J., & Moyer, M. (2004). Just cut it out: Legal and ethical challenges in counseling students who self-mutilate. *ASCA: Processional School Counseling, 7,* 231-235.

Haw, C., & Hawton, K. (2008). Life problems and deliberate self-harm: association with gender, age, suicidal intent and psychiatric and personality disorder. *Journal of Affective Disorders, 109,* 138-148.

Hawton, K., & Harriss, L. (2008). The changing gender ratio in occurrence of deliberate self-harm across the life cycle. *Crisis, 29,* 4-10.

Heath, N., Baxter, A., Toste, J., & McLouth R. (2010). Adolescents' willingness to access school-based support for nonsuicidal self-injury. *Canadian Journal of School Psychology, 25,* 260-276.

Heath, N., Toste, J., & Beettam, E. (2006). "I am not well equipped" High school teachers' perceptions of self injury. *Canadian Journal of School Psychology, 21,* 73-92.

Heath, N., Toste, J., Sornberger, M., & Wagner, C. (2011). Teachers' perceptions of non-suicidal self-injury in the schools. *School Mental Health, 3,* 35-43.

Klonsky, E. D., & Olino, T. (2008). Identifying clinically distinct subgroups of self-injurers among young adults: A latent class analysis. *Journal of Consulting and Clinical Psychology, 76,* 22-27.

National Association of Social Workers. (Approved 1996, Revised 1999). *Code of Ethics of the National Association of Social Workers.* Washington, DC: Author.

Nock, M., & Favazza, A. (2009). Nonsuicidal self-injury definition and classification. In *Understanding Nonsuicidal Self-Injury: Origins, Assessment, and Treatment* (pp. 9-18). Washington DC: American Psychological Association.

Nock, M., & Prinstein, M. (2004). A functional approach to the assessment of self-mutilative behavior. *Journal of Consulting and Clinical Psychology, 72,* 885-890.

Nock, M., & Prinstein, M. (2005). Contextual features and behavioral functions of self-mutilation among adolescents. *Journal of Abnormal Psychology, 114,* 140-146.

Nock, M., Prinstein, M., & Sterba, S. (2010). Revealing the form and function of self-injurious thoughts and behaviors: A real-time ecological assessment study among adolescents and young adults. *Psychology of Violence, 1,* 36-52.

Ross, S., & Heath, N. (2002). A study of the frequency of self-mutilation in a community sample of adolescents. *Journal of Youth and Adolescence, 31,* 67-77.

State of California Department of Public Health. (2010). *California non-fatal emergency department visit (treat & release, or transfer to another facility) by cause and age in 2009.* Accessed online at http://epicenter.cdph.ca.gov

Walsh, B. (2006). *Treating self-injury: A practical guide.* New York, NY: Guilford Press.

White Kress, V., Drouhard, N., & Costin, A. (2006). Students who self-injure: school counselor ethical and legal considerations. *ASCA: Processional School Counseling, 10*, 203-209.

White Kress, V., Gibson, D., & Reynolds, C. (2004). Adolescents who self-injure: strategies and implications for school counselors. *Professional School Counseling, 7,* 195-201.