Nonsuicidal Self-Injury

According to Cornell University, self-injury also known as self-harm or nonsuicidal self-injury (NSSI) "is the deliberate, self-inflicted destruction of body tissue resulting in immediate damage, without suicidal intent and for purposes not culturally sanctioned." Cornell University is one of the leaders of NSSI research in the United States. Since the 1990s there has been increased attention given to NSSI in the media. Researchers in the field believe the prevalence of self-injurious behavior has increased since the early 2000s, but it is difficult to tell whether this is related to the increase in attention given to the behavior or if the behavior truly is more prevalent. Based on current world-wide research, it is estimated that 17.2% of adolescents self-injure and 13.4% of young adults self-injure. However, some US studies estimated that the prevalence in adolescents is as high as 37%.

Self-injurious behavior can begin at any age, but typically begins between ages 11 and 15 years. It is estimated that the majority stop the behavior within 5 years. It can be difficult to identify a person who self-injures because they often attempt to hide their injuries. Self-injury commonly occurs on the hands, wrists, stomach and thighs. Individuals who self-injure are more likely to wear long sleeve shirts and long pants in the summer to hide injuries or scars. They may also want to be alone for long periods of time or report accidents frequently. Common behaviors associated with self-injury include the following:

- Intentional cutting of the skin
- Burning
- Punching objects to hurt oneself
- Picking skin
- Hitting
- Head Banging

Skin cutting is the most common way people self-injure (70-90%), followed by hitting or head banging (21-44%) and burning (15-35%). There are numerous ways people self-injure that are not listed above. The most important aspect of NSSI is the reason why a person self-injures, not necessarily how the person self-injures.

Individuals have reported that self-injuring "provides a way to manage intolerable feelings or a way to experience some sense of feeling" (Cornell University). Self-injurious behavior can also be a way to cope with anxiety, depression, trauma or overwhelming emotions. Those who have experienced childhood abuse or sexual abuse are more likely to self-injure. There is also an association between eating disorders and self-injurious behavior. Individuals who self-injure reported feeling a need for control and to protect themselves from emotional pain, which self-injuring satisfies temporarily. Self-injury can provide a release for a person who has difficulty dealing with emotions.

Individuals who self-injure do not typically self-injure with the intention of completing suicide. However, they are at a higher risk for suicidal thoughts. It is critical to talk to the individual about their behaviors and intentions before ruling out suicidal ideation.

Some schools have reported a fad quality to self-injurious behaviors. Though it is more common for individuals to hide their behaviors and injuries, influential videos and images can and do circulate among

youth. Youth who do not have strong relationships with parents or peers, or have a co-occurring disorder, like depression, are at risk for recognizing injurious behaviors as an effective coping strategy. Schools need to be cautious when discussing NSSI to reduce contagion. It is not appropriate to discuss NSSI at a school assembly.

Schools are encouraged to implement a protocol for addressing NSSI. Having a crisis team in place or a point person assigned to work with self-injurious students is also beneficial. To read more about implementing school protocol use this link http://www.selfinjury.bctr.cornell.edu/perch/resources/non-suicidal-self-injury-in-schools.pdf. If you believe one of your students is self-injuring, help them find a safe space and contact your crisis team or point person to do an assessment.

Parents, if you believe your child is self-harming, talk to your child in a calm and nonjudgmental manner. Use the questions listed in this article http://www.selfinjury.bctr.cornell.edu/perch/resources/info-for-parents-english.pdf to gain a better understanding of why your child is engaging in this behavior. Speak to your SCIP team about setting up an appointment for a SCIP screening. Identify and practice healthy coping strategies and stress management strategies together.

Resources:

http://www.mentalhealthamerica.net/self-injury

http://www.nami.org/Learn-More/Mental-Health-Conditions/Related-Conditions/Self-harm

http://www.selfinjury.bctr.cornell.edu/index.html

https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Self-Injury-In-Adolescents-073.aspx

SCIP
SCHOOL COMMUNITY INTERVENTION & PREVENTION
"Family, School & Community Supporting Student Behavioral & Emotional Health."

"Poverty, Health & Learning"

We know, from research, that low-income/poverty level families and middle-income families have many of the same values, such as, the importance of an education and the importance of working hard. Yet, research shows that students from low-income or poverty level families don't perform as well in school as those students that come from middle-income families.

Poverty is a real and often times uncomfortable topic for teachers. Many times, teachers are unsure what to do differently to help support low-income/poverty impacted students in their classroom.

There are some identifiable differences between middle-class and low-income students that impact these students at school. By understanding and addressing some of these differences, teachers can help lessen some of the negative effects of poverty.

What We Know

We know cognitive capacity is not just a matter of genetics, and it can be clearly affected by external factors such as physical health, nutrition, and exposure to stress. All of these are more prevalent in low-income households and affect cognitive development from the prenatal stage through adulthood.

Physical Health

In a general sense, those in poverty are less likely to exercise, seek out proper health diagnoses, receive appropriate and timely medical attention, or be prescribed appropriate medications or interventions. A study by two prominent neuroscientists suggested that intelligence is linked to health (Gray & Thompson, 2004). Children in poverty have more untreated ear infections and hearing loss issues (Menyuk, 1980); greater exposure to lead (Sargent et al., 1995); and a higher incidence of asthma (Gottlieb, Beiser, & O'Connor, 1995) than middle-class children. Each of these health-related factors can affect attention, reasoning, learning, and memory. Conversely, research also indicates that healthy students perform better on academic measures than unhealthy students.

Nutrition

Nutrition also plays a crucial role. Children who grow up in poor families eat foods with less nutritional value. We also know poor nutrition at breakfast affects gray matter mass in children's brains (Taki et al., 2010). According to the Society for Neuroscience, recent studies reveal that diets with high levels of saturated fats actually impair learning and memory. Unfortunately, foods with saturated fats are often the most affordable while healthier foods are more expensive.

When students experience poor nutrition and diminished health practices, it's harder for kids to listen, concentrate, and learn. We also know exposure to lead is linked to a poor memory and lower ability to link cause and effect. Kids with ear infections may have trouble with sound discrimination, making it tough to clearly hear, understand and follow directions. This can hurt reading ability and other skills. Poor diets also affect behavior. Students can often appear lethargic or hyperactive because of their poor diet.

Stress

Research also shows us those in poverty are much more likely to have higher levels of stress. The body and the brain respond to stress with a complex flow of hormones and neurotransmitters. When a child's senses perceive danger, their hypothalamic-pituitary-adrenal (HPA) system releases steroid hormones. This includes the primary stress hormone, cortisol, which has a direct effect on the heart, lungs, circulation, metabolism, immune system and skin. The HPA also stimulates the release of catecholamine neurotransmitters like dopamine, norepinephrine and epinephrine (adrenaline), which activates the amygdala, which in turn triggers a fearful response. The brain then releases neuropeptide S, which increases alertness and feelings of anxiety.

While our HPA stress response may be good for life or death situations, this stress response often times makes learning difficult because acute stress prevents memory storage. According to a 2008 study by University of California Irvine researchers, when cortisol reaches the hippocampus, the brain's primary structure for merging information from short term into long term memory, the structure's dendritic spines disintegrate rapidly. That's important, because dendritic spines are the protrusions that branch off of neurons. Learning and memory storage happens effectively when neurons are repeatedly activated across their synapses — a process that effectively tells the brain that a stimulus, behavior or habit is important to retain. When dendritic spines degrade, the brain's ability to identify and store important information is significantly inhibited.

What Can Schools Do?

While schools certainly can't eliminate the ongoing factors mentioned above, there are some steps schools can take to reduce the impact of the factors mentioned above.

Physical Health

The two primary foods for the brain are oxygen and glucose; oxygen reacts with glucose to produce energy for cell function. Having students slowly stretch while taking slow deep breaths can increase their oxygen levels in their blood. Yoga has been shown to increase metabolic controls so children can better manage themselves.

Furthermore, recess, physical education (P.E.) and athletic programs provide kids with opportunities for greater oxygen intake that helps with better learning. Withholding recess and/or P.E. from kids for a disciplinary reasons can be very counter-productive and so it might be better to tap into other ways to let them know they behaved inappropriately. Children need physical education programs at every level to perform well academically.

In addition, the use of games, movement, and drama will trigger the release of glucose, stored in the body as glycogen. Proper glucose levels are associated with stronger memory and cognitive function. In short, physical activity will reduce some of the issues associated with poor nutrition and will build student health.

Nutrition

Many schools already participate in several programs that provide healthy food to children such as the National School Lunch Program, School Breakfast Program, Summer Food Service Program, Fresh Fruit and Vegetable Program, and Special Milk Program. Administered by state

agencies, each of these programs helps fight hunger and obesity by reimbursing organizations such as schools, child care centers, and after-school programs for providing healthy meals to children.

Taking it a step further by discussing the benefits of good nutrition and incorporating nutrition lesson plans can lead to kids taking a more on-hands approach to their own nutritional health when away from school.

Stress

While we never can truly produce a stress-free environment and eliminate stress, teachers can help students alleviate some of the effects of stress by providing opportunities throughout the day for students to relax. It can be as simple as setting aside time each day for students to stretch, breathe deeply and/or close their eyes for a couple of minutes.

Also, providing time for students to express their concerns, fears and feelings helps reduce stress levels. This can be done through simple class discussion (when appropriate) and/or through journaling. Students should be allowed to decide whether or not they want to share their concerns, fears and feelings with the class or with the teacher.

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The Influence of Video Games on Youth

It's no secret that today's youth have a love of video games. Video gaming is a multibillion-dollar industry bringing in more money than movies and DVD's. While video games have been around for decades, they are much more sophisticated than the early days of Pac Man, Zelda and Super Mario Brothers. Today's video games engage youth both physically and emotionally as they become entwined in the realistic graphics, stories and adventures that make up some of today's playing experiences. According to a national survey from the Pew Internet & American Life Project, 97% of young people play video games. The survey also found that young people are routinely able to get their hands on games that are rated "M" for mature or "AO" for adults only. While three quarters of parents who were surveyed said they "always" or "sometimes" check the ratings on their kids' games, half of the boys who were questioned listed a game with an "M" or "AO" rating as one of their favorites (compared to only 14% of girls).

When it comes to the impact that video games has on children and adolescents, many researchers are hesitant to label games as "good" or "bad" as multiple factors can influence how gaming impacts youth. For example, the type of games being played, the time that kids spend playing games as well as the setting in which they are playing (isolated or with others, online "friends" or face to face) can be influential factors in both positive and adverse impacts of video gaming. According to Pew researchers, how young people play a game is just as important as what they play. Likewise, it is recommended that parents take time to play the same games as their children are playing or even better, play with them.

According to the American Academy of Child & Adolescent Psychiatry, studies of children exposed to violent media (such as violent video games) have shown that they may become numb to violence, imitate the violence and show more aggressive behavior. However, it should be noted that aggressive behavior is linked to the amount of time kids are allowed to play (Journal of Adolescence). Additionally, younger children and those with emotional, behavioral or learning problems may be more influenced by violent images. According to the Center on Media and Child Health, research shows that video game violence can significantly increase anxiety and aggressive thoughts, emotions, and behaviors in children over the long-term and short-term. Specifically, children who suffer from anxiety or other mental health issues may be more likely to suffer the adverse health effects that some video gaming can inflict. For example, youth who may already suffer from anxiety or depression can be adversely influenced by excessive video gaming when it leads to social isolation and fuels existing antisocial tendencies. Additionally, anxious children have a tendency to foster fear and worry about things or stories created in their head rather than focusing on reality. While gaming can give anxious children an escape from worry, it also removes them further from reality and can instill

unrealistic fears about their own safety. Likewise, video gaming can overstimulate the nervous system which can create even more fear in an already anxious child (Psychology Today).

Thus, while we should be cautious in not labeling all video gaming with a negative stereotype, parents should consider the individual characteristics of their children when considering video games, be mindful of what games their children are exposed to and the amount of time children spend engaging in the gaming world.

Tips for Parents:

- Know the rating of the video games your child plays (Video games are currently rated by the ESRB- The Entertainment Software Rating Board. Check out the ESRB Website for more details).
- Do not install video game equipment in your child's bedroom (playing video games before bed can disrupt sleep).
- Set limits on how often and how long your child is allowed to play video games.
- Monitor all your child's media consumption.
- Supervise your child's Internet Use- there are now many "video games" available to play online.
- Take the time to discuss with your children the games they are playing or other media they are watching. Ask your children how they feel about what they observe in these video games, television programs or movies.
- Share with other parents information about certain games or ideas for helping each other in parenting.

References: ***American Academy of Child & Adolescent Psychiatry; Journal of Adolescence; Pew Internet & American Life Project (Pew Research Center), The Center on Media and Child Health; Psychology Today; www.boystown.org***