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Non Suicidal Self Injury Counseling Group Proposal

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Introduction

As school districts are moving away from a traditional school counseling model and towards a Developmental model of school counseling many changes will need to take place. Whereas the traditional school counselor focuses on academics, course scheduling and administering standardized tests, the developmental school counselor will need to take a more personal and vested interest in each student being counseled. Developmental school counselors may undertake such responsibilities as counseling students in matters of personal or social growth and career exploration or preparation while still maintaining a focus on the student's academic success.

Ideally, a developmental school counselor would be able to work with each student for some time one on one in each of these areas but quite often counselors in schools do not have the time or the resources to engage in such practices. This, however, does not mean that the developmental school counselor must give up hope for counseling students; there is another means by which counseling can be done. This can be done through the process of group counseling.

The practice of group counseling can be a great alternative for school counselors who find themselves with limited time or resources. Groups allow for several administrative benefits, such as saving time by meeting with several students at once, pooling resources with other facilitators and being able to reuse an established curriculum with multiple groups, groups also provide benefits for the members being counseled but these benefits will be discussed later. While the idea of individually counseling a client may seem to be the most effective, studies have shown that not only is group counseling effective for its group members but in some cases group counseling may even be more effective than individual counseling (Gladding, 2008, p.15).

So if group counseling can be so effective why are more schools and school counselors using groups to reach out to their students?

One possibility may be that the school counselors have not received the proper training to be able to utilize group counseling techniques. While on the surface group counseling may appear similar to individual counseling, leading a group can present several unique and challenging obstacles that can overwhelm the untrained counselor. For these reasons it is important that any school counselor who wishes to lead groups, even those who have received extensive training in individual counseling, to be trained and certified in group work. School counselors looking to run groups in their schools should consult the standards and competencies developed by the Association for Specialist in Group Work (ASGW) prior to beginning any group work (Gladding, 2008).

While there are numerous types of groups in existence and group curriculums available for trained counselors to implement, it is important to select and develop groups that are appropriate to the population of students being served. Not all groups are appropriate for all student bodies. The groups that are most appropriate for a particular student population may depend on gender, age, culture, socioeconomic status, or common life experience among a variety of other factors. The current proposal will focus on providing school counselors with a rationale and resources to implement a counseling group for students identified as Non-Suicidal Self Injurers.

Before a school counselor can make the decision to implement a group for Non-Suicidal Self Injury (NSSI) into their school counseling curriculum they must be properly informed on the subject. NSSI may be referred to commonly as self injury or cutting, but these labels should be kept separate in the minds of school counselors because of slight differences in their definitions.

From now on the working definition of NSSI will be “the direct and deliberate destruction of one’s own body tissue in the absence of intent to die and outside the context of socially or medically sanctioned procedures” (Nock & Mendes, 2008, p.28). While running a group with students more common place terms such as self injury, deliberate self harm, self mutilation, cutting, etc. may be used by group members, it will be up to the counselor to determine or clarify the meaning each of these words has to a group member.

While a shared definition of NSSI is now in place, the specifics of NSSI behaviors may still be unclear. Counselors wishing to run NSSI groups should take time to familiarize themselves with as many NSSI behaviors as they can find information on. Typically NSSI behaviors will include cutting, scratching or burning skin; preventing wounds from healing, pricking with needles, damaging body parts, or carving words/symbols into flesh (Klonsky, 2007). These behaviors may appear to be similar to other adolescent behaviors such as tattooing, body piercing or other forms of body modification, however it is important to not mistake these behaviors for NSSI. Forms of body modification may be socially sanctioned, if even by a sub culture, for the intent of personal expression. Other behaviors such as eating disorders and substance abuse may result in damage to the body, but this damage is typically not the intent of the behavior so it should not be included under the banner of NSSI (Klonsky, 2007).

Another important behavior sometimes associated with individuals who engage in NSSI behaviors is suicide. While the definition provided above clearly separates NSSI behavior from suicidal behavior the two can often bear a striking resemblance. While not all individuals who engage in NSSI behaviors will attempt or contemplate suicide, there will be individuals who are identified as NSSI who will at one point in their life turn suicidal. A study of self injurers who were involved in an outpatient community counseling program found that nearly 50% had

attempted suicide at one point during their life (Klonsky & Muehlenkamp, 2000, p.1049). This margin of self injurers who will attempt suicide at least once is far too large to overlook. Aside from those self injurers who will intentionally attempt suicide, there is a possibility that while engaging in a NSSI behavior an individual may unintentionally commit suicide. Perhaps the individual will cut too deep or in the wrong place and the behavior that was intended as NSSI has turned into a self inflicted death. Other similar situations that leave an individual seriously, though unintentionally, wounded are not difficult to imagine. These physical and sometimes fatal consequences of NSSI clearly establish its importance as a behavior that should be confronted.

Now that NSSI has been defined and its harm examined, it will be important to ask who is at risk for NSSI. Non-Suicidal Self Injury can be a serious problem in nearly any high school, middle school and in some cases even elementary schools (Nock, Teper & Hollander, 2007). While cases of Non-Suicidal Self Injury are found in nearly all age ranges from childhood to late adulthood, primary age of onset has been found to be around the age of twelve years old (Nock, Teper & Hollander, 2007). It has been further noted that while NSSI can be seen in many age groups, adolescents are, for one reason or another, particularly at risk for participating in NSSI behaviors (Klonsky & Muehlenkamp, 2007). In the general population research has shown “approximately 4% of adults ... report a history of self injury” whereas research suggests between 14-17% of adolescents in the United States report NSSI behaviors (Klonsky, 2007, p.1046). The insurgence of NSSI behavior, as noted typically begins in middle school years, and can last throughout late adolescence and into early adulthood (Klonsky & Muehlenkamp, 2007). Both the age of onset and spike in percentage of self injurers during adolescence makes NSSI a serious issue that school counselors should address.

With school aged adolescents identified as an at risk population, the school counselor must next look at which if any subgroups can be identified as being particularly at risk for NSSI behaviors. Unfortunately for counselors looking to identify students who would benefit from joining a NSSI group there is no specific profile for a student who engages in NSSI behaviors. At one time it was believed that women more so than men were prone to NSSI behavior, however recent research has disproved this myth. Men and women self injure at similar rates but the manner by which they inflict NSSI differs from men to women (Klonsky & Muehlenkamp, 2007). While women tend to engage in cutting behaviors, men will be more likely to burn or bruise themselves (Klonsky & Muehlenkamp, 2007). Socioeconomic status is also unlikely to help identify potential self injurers, as similar levels of NSSI behavior has been found in low, middle and privileged socioeconomic classes (Yates, Tracy, & Luther, 2008). Ethnicity is unlikely to provide a concrete method of identifying potential students at risk for NSSI. While some researchers note a trend for Caucasians to have higher rates of NSSI other research points to no ethnic differences (Klonsky & Muehlenkamp, 2007; Yates, Tracy & Luther, 2008). Without being able to identify potential non suicidal self injurers by gender, ethnicity or socioeconomic status, school counselors must not limit their search for group members to any particular classification of student. The fact that NSSI is not limited by gender, ethnicity or socioeconomic background intensifies the need for NSSI groups in the school because it establishes NSSI as an equal opportunity afflicter.

Now that the need for NSSI groups in schools has been established, counselors must begin to identify and define the goals that such a group will look to achieve. Over the course of meeting in an NSSI group Shadle (2007) suggests the following goals for group members

Goal One: Group members will understand they are not alone in their coping strategy of self injury. Goal Two: Group members will learn the negative effects of self-injury. Goal Three: Group members will be able to identify physically more helpful ways to cope with stress. Goal Four: Group members will understand their own triggers to [self injury] and how to avoid them. Goal Five: Group members will know how to get more help if they are unable to stop self injury. Goal Six: Group members will explore their feelings towards self-injury (Shadle, 2007).

These goals may be accomplished over the course of the group meetings or in other cases during a particular group session.

Literature Review

Research shows that when treating individuals for NSSI it is often a good idea to incorporate several counseling theories rather than implementing a specific theory or model. One particularly effective way of counseling individuals who engage in NSSI behaviors is through the use of Dialectical Behavior Therapy (DBT) (Nock, Teper, & Hollander, 2007). DBT combines elements of “behavior therapy, cognitive therapy, client-centered therapy, and approaches” to maximize the good it can do for clients (Nock, Teper & Hollander, 2007, p. 1084). The combination of these particular therapies is particularly useful in treating individuals who NSSI because it address several aspects of the clients problems. The behavioral aspect of DBT, when applied to NSSI, will focus on getting the individual to modify their NSSI behavior into a healthier alternative behavior. The cognitive component has similar goals, but instead of altering behavior it will attempt to shift the individuals thought processes that leads them to self injure. The client centered component of DBT is important because often individuals who display NSSI behaviors feel socially unaccepted or removed from others, and client-centered therapy teaches universal acceptance (Nock & Mendes, 2008; Nock, Teper & Hollander, 2007). Unfortunately full DBT treatments are difficult to run in a school setting because of their time commitment spanning over twenty sessions and for multiple hours at a time (Nock, Teper & Hollander, 2007). While a full DBT can not be implemented in school, counselors can borrow aspects of DBT and incorporate them into a short term counseling group during school hours.

Client-centered therapy can be particularly effective when working with students who engage in NSSI behaviors, given that this approach is not used alone. Client-centered therapy will stress acceptance of the individual despite their NSSI behavior, this is important because

quite often self injurers have poor social skills (Nock & Mendes, 2008). The welcoming and accepting environment that client-centered therapy establishes, provides self injurers with a safe place to work on their social skills. The danger in using client-centered therapy alone is that an individual may feel so accepted that they may not change the behavior, in this case NSSI, that could harm them (Nock, Teper & Hollander, 2007). This is why it is good to combine client-centered approaches with cognitive behavioral approaches.

Other effective therapies may include psycho-educational materials. Individuals who engage in NSSI are often unaware of the processes which lead them to self injury and should be educated to identify what brings about urges to self injure (Nock & Mendes 2008). Research suggests that the negative arousal due to stressful events experienced by most self injurers prior to NSSI “may not be immediate but rather increases after a brief period of frustration” (Nock & Mendes, 2008, p.35). Thus if counselors can help students to identify their triggers, the student may be able to learn to avoid the stressful situation or calm down before the urge to self injure arises.

Aside from educating students to their triggers, counselors can also help students to steer away from NSSI behaviors and “select adaptive solutions” to the situations they are in (Nock & Mendes, 2008, p.36). This process of replacing one behavior for another is a form of behavioral therapy. To be effective counselors should work with their clients to identify the function of the NSSI behavior and then seek out a new healthier alternative behavior that can serve a similar purpose (Nock, Teper & Hollander, 2007). The more counselors and clients explore the clients NSSI behaviors, the better the client will “understand their behaviors and will be able to modify them” (Nock, Teper & Hollander, 2007, p.1084). It is important to note that when using aspects of behavioral therapy with adolescents, the family should be brought up to date with the progress

and process the adolescent is going through (Nock, Teper & Hollander, 2007). This may include teaching parents behavior management skills (Nock, Teper & Hollander, 2007).

While there are many specific programs that implement cognitive-behavioral approaches to the treatment of NSSI, each seem to share common elements. The common elements that appear to be responsible for the success of cognitive-behavioral treatments are “teaching specific skills, using behavioral interventions, and implementing cognitive restructuring” (Klonsky & Muehlenkamp, 2007, p.1051-1052). These commonalities directly align with goals three, four and five presented in the previous section.

In general school counselors looking to establish NSSI groups should focus on the preceding approaches or variations on the preceding approaches when designing their group curriculum. Client-centered, cognitive-behavioral and psycho educational approaches to NSSI seem both appropriate for school settings and manageable for the school counselor. While other clinicians have found success in treating NSSI with psychodynamic approaches (Levy, Yeomans & Diamond, 2007), the nature and time commitment for such programs makes them impractical to implement in the school setting.

Methods

Participants

The first participants that must be selected for a NSSI group are the group leader and co-leader. These two roles are very important to the group because as leaders these individuals will be facilitating all aspects of the group, from its general structure and content to its members participation and safety. School counselors, social workers, administrators and teachers may seem logical candidates for group leaders, but their position/title alone does not qualify them to lead this group. NSSI group leaders should have particular knowledge of NSSI and should have attended a seminar or in-service on the subject matter. Furthermore leaders and co-leaders need to be aware of and follow the standards and best practices set up by the ASGW (Gladding, 2008). Ideally leaders and co-leaders will have specific training in leading groups and hold certificates specializing them in group work. It will be important that there is both a leader and a co-leader for the NSSI group, that way if the leader has to miss a session the co-leader may continue the group in place of the leader (Gladding, 2008). The co-leader will have attended all previous sessions so they will be an individual the group members know and trust. For this group, as in most groups, the ideal situation would be to have both a male and a female leader/co-leader for the group in case gender specific issues need to be addressed.

Selecting individuals to be a part of a NSSI group, as with any group, should be done with careful thought and consideration. Because NSSI can occur across a wide variety of backgrounds, this group can be made up of heterogeneous members and students from all backgrounds should be considered. Before a student can be considered for membership in the group they must be referred to the group leader. Referrals can be made from a variety of sources including parents, medical professionals, social workers, school counselors, administrators, or

faculty. Under certain circumstances a student can be self referred. The rationale for having students referred to the group is that a school counseling group should not be the first place a student is receiving treatment or counseling for NSSI behaviors, especially if such behaviors are considered serious. Once students have been referred to the group, group leaders and co-leaders should begin a pre-screening process. This will involve talking to the individual who referred the student as well as conducting an intake interview with the student (see appendix A). Once both of these events have occurred, group leaders can begin to select students to be group members. During this process leaders should be careful to look at how students will interact with other group members and base some of the selection process on how well a student is prepared to be part of a group. The final size of the group can range from six to twelve members, depending on if a co-leader is present.

Procedure/Materials

School counselors should begin preparing to run their NSSI group well before the beginning of the school year. There are typically faculty meetings in the weeks leading up to the beginning of school. These meetings would be a great place for group leaders to present the concept of their group to the faculty. This serves two purposes, it advertises the group to the individuals who will be referring students to the group and it can get faculty on board with the idea of group counseling. Often teachers are reluctant to embrace counseling groups that take place during school hours because they cause students to miss class; however group leaders can use this time to explain the benefits of group counseling that may warrant a student missing a class.

These discussions with faculty should also include the specifics of where and when a group is meeting. If a small classroom or conference room is available in the school building it

would be a good idea to reserve that room at the beginning of the school year before other groups make the request. When reserving the meeting room, be sure to request the same room for each of the eight weeks your group will be in session. The room should be requested on a rotating schedule, so that week one the meeting room will be reserved during first period, week two during period two and so on. Holding group meetings on a rotating schedule will help to improve the group leader's relationship with faculty members because students will rarely miss the same class more than once for a group session. Also note that while group meetings will typically last forty-five minutes, the group leader should reserve the room for at least twenty minutes pre and post meeting to allow for proper setup and cleanup.

Once specifics for the group have been finalized it will be time to attract and select group members. While students should be made aware that a NSSI group exists, it does not need to be actively advertised to the general student body. A few announcements of its existence at the beginning of the year as well as information on a bulletin board in the school counselors' office should suffice. Most of the referrals for this group will not come from students but rather from school faculty, medical professionals or parents. Once group members are selected, using the process outline above, the group should remain closed even if additional students are referred to the group leader. If there appears to be a strong interest in the NSSI group consider running additional groups or beginning another group the next semester. It is important that the group remains closed once it starts. This helps protect the confidentiality of the group members and helps them to feel connected with the other group members who come on a consistent basis.

Once group members have been selected by the leaders, the students should be notified. Ideally this will be done in person with the student and group leader. This face to face meeting will allow the student to become familiar/comfortable with the group leader, clarify any

questions the student may have, and allow the group leader to distribute a parental permission form (see appendix B). During this meeting the group leader should stress the importance and necessity of obtaining parental permission. Students should understand that in order to get maximum benefit from the group, there may be times when parental involvement is necessary. If a student thinks there might be a problem obtaining parental consent, use this time to collect contact information for the student's parents. If necessary the group leader can contact individual parents to go over any potential reservations or concerns they may have. Inform students that in order to continue participation in this group a parental consent form must be signed and returned by the second group session. Another important matter to discuss during this meeting is the concept of confidentiality. Group members should be made aware that every attempt will be made to make sure the on goings of the group will remain confidential but there are no guarantees, especially in a group setting. Explain specifically that school counselors are mandated reporters and they have a duty to report if they believe they have information implying that an individual may come to harm. Once you have gone over this information have the student fill out a pre/post evaluation form being sure to circle pre (see appendix C). This form will be used by the group leader to evaluate group members progress towards group goals over the course of the group's life as well as evaluating the group's overall effectiveness. Lastly during this pre session meeting, give the group member a schedule for when and where the group shall be meeting.

Now it is finally time to begin group sessions. Lesson plans for each session are located at the end of this proposal and have been adapted from Shadle's (2007) Self-Injury/Cutting curriculum (see appendixes D, E, F, G, H, I, J, & K). Each session's lesson plans include session goals, activities, process questions for group members, an explanation of the stage the group is

currently in, as well as possible areas that may cause a group or group leader trouble. While each session's lesson plan in through enough on its own, group leaders are encouraged to add to or substitute activities they may feel more appropriate for their specific group members. An additional suggestion is to prepare group members for termination slowly by reminding them at the end of each session when they will next be meeting and how many sessions they have remaining. Leave extra time during the last session to allow group members to fill out pre/post evaluations forms (see appendix C). Also be sure to setup a group reunion or follow up session for group members the following semester.

Though group sessions are finished, the responsibilities of the group leaders are not yet over. Group leaders should always evaluate the impact and effectiveness of their programs. Use the pre/post evaluation forms as a basis for evaluation. Another good option would be for the leader and co-leader to discuss strengths and weaknesses of the group as a whole unit and then specifically the strengths and weaknesses during each session. From these evaluative notes, the leader can make any adjustments necessary to the curriculum before the group is rerun the following term or year.

References

- Clark, J., & Henslin, E (2007). *Inside A Cutter's Mind Understanding and Helping Those Who Self-Injure*. Colorado Springs, CO: Th1nk.
- Gladding, S.T. (2008). *Groups: A Counseling Specialty*. Columbus, OH: Pearson Merrill Prentice Hall.
- Klonsky, D.E. (2007). Non-suicidal self-injury: an introduction. *Journal of Clinical Psychology: In Session* 63.11, 1039-1043.
- Klonsky, D.E., & Muehlenkamp, J.J. (2007). Self-injury: a research review for the practitioner. *Journal of Clinical Psychology: In Session* 63.11, 1045-1056.
- Levy, K.N., Yeomans, F.E., & Diamond, D. (2007). Psychodynamic treatments of self-injury. *Journal of Clinical Psychology: In Session* 63.11, 1105-1120.
- Nock, M.K., & Mendes, W.B. (2008). Physiological arousal, distress tolerance, and social problem-solving deficits among adolescent self-injurers. *Journal of Consulting and Clinical Psychology* 76.1, 28-38.
- Nock, M.K., Teper, R., & Hollander, M. (2007). Psychological treatment of self-injury among adolescents. *Journal of Clinical Psychology: In Session* 63.11, 1081-1089.
- Shadle, A. (2007). Group counseling unit: self-injury/cutting. Retrieved May 26, 2008, from Washington School Counselor Association Web site: <http://www.wa-schoolcounselor.org/>
- Welch, E (2004). *Self-Injury: When Pain Feels good*. Phillipsburg, New Jersey: P& R.
- Weltmann, R., & Huml, F. (1998). *60 Ready-to-Use: Violence Prevention Skills Lessons and Activities for Secondary Students*. Cleveland, OH: Society of Prevention of Violence.

Yates, T.M., Tracy, A.J., & Luthar, S.S. (2008). Nonsuicidal self-injury among “privileged” youths: longitudinal and cross sectional approaches to development process. *Journal of Consulting and Clinical Psychology* 76.1. 52-62.

SAMPLE

Appendix D

Session One: Discussing goals/guideline

Goal 1: The group will learn each other's names

Goal 2: Group will understand the benefits of group

Goal 3: Recognize that they all have a similar coping mechanism as well as other people in society

Materials needed: Whiteboard, markers, toilet paper, and "Guess Who" worksheet Appendix L

Activity 1: Toilet paper intro

- The leader will welcome the group and remind them why they are there
- The leader will pass around a roll of toilet paper and ask each student to take between 3 and 20 squares of toilet paper in length
- After each member has selected their toilet paper strip, have each individual share as many facts about themselves relating to how many squares of toilet paper they took. For example, if they have eight squares they share eight facts.

Activity 2: Discuss and decide on group goals

- Use white board and markers to write down goals
- Make sure respect, confidentiality, and basic school rules are included
- Explain to the group how confidentiality works using the shoe analogy from Matt Carlson
- Ask each member if they agree to the rules

Activity 3: Guess Who

- Distribute a worksheet with names of famous people; have students guess which ones self-injure

Process Question 1: What do you want to achieve by participating in this group?

Process Question 2: What are some concerns or doubts you have about participating in this group?

Predicted leadership skills:

- Traffic director: blocking mind-raping and blocking invasion of privacy
- Model appropriate behavior
- Interaction catalyst: start activities

Stage of group: Forming

Rational and Theory: It is important during the first week for group members to understand their guidelines, where they are going, and why they are there. FRIIO theory states the need for group members to feel safe and included. The opening activity with toilet paper allows every group

member the chance to share. In addition, going over the rules together creates inclusion and establishes safety. The topic choices they share in the toilet paper game support Johari's theory of stage one, stating group members should be talking about what is known to self and known to others. They should be engaging in social talk. My selection of famous people who utilize cutting as a coping method also promotes social talk and supports Yalom's theory on members' needs to have Universality.

Yalom's facilitative/curative factors:

- Universality
- Existential factors

Troubleshooting:

- Lack of cohesiveness - group leader must point out common problems shared and common ideas through linking to increase group cohesion. Use the word "we" to create group ownership
- Distracting behaviors - these should be pointed out right away. The leader can directly ask the person "Sally, what were you thinking when you just _____?" or ask the group "How did you feel when Sally did _____?"
- Cliques - group leader can assign seats or arrange the students in the room to break up cliques. Discuss the importance of group cohesiveness with the group

Appendix E

Session Two: Identifying what is self-harm

Goal 1: Group members will be able to identify and classify different types of self-harm

Goal 2: Group members will gain understanding that self-harm is a response to stress

Goal 3: Group members will be able to acknowledge that there are misconceptions about cutters and process their feelings in regard to these misconceptions

Materials needed: Whiteboard, markers, “Stress Model” Appendix M

Activity 1: Intro, color wars

- Go over last week’s rules
- This week’s goal
- Have a go-around where students use a color for how they feel today

Activity 2: Self-Injury

- Ask students to provide examples of types of self-injury (cutting, bruising, burning, breaking bones, anorexia, biting, choking)

Activity 3: Stress

- Show model of self-harm in relation to stress management

Activity 4: Misconceptions

- What kind of misconceptions might someone have about a self-injurer? (It is a girl problem, it is a teen problem, and it is a suicide attempt.)
- How do these misconceptions make you feel?

Process Question 1: What similarities did you notice between you and other group members; what differences?

Process Question 2: What do you need to give in order to get what you want from this group?

Predicted leadership skill:

- Traffic director: blocking mind-raping and blocking invasion of privacy; gossip
- Model appropriate behavior
- Interaction catalyst: start activities
- Perception checking

Stage of group: Storming

Rational and Theory: The group is still in the forming phase and moving towards storming. They are still discussing information known to self and others. Looking at types of harm others might

participate in, but not disclosing their own at this time. The group will also continue to work together; however, each individual will begin to express their own ideas. Based on Yalom's theory of the need to impart information, I have included the model of stress-causing self-injury.

Yalom's facilitative/ curative factors:

- Imparting of information
- Interpersonal learning

Troubleshooting:

- Negative thinking - group leader will call to attention of the group negative thinking and ask members to restate negative ideas with positive statements and thinking.
- Breaking rules - members who break the rules should be addressed first in front of the group. Such as "John, remember we agreed not to use put downs and to show respect. Please don't do that again." If behaviors continue, the student breaking the rules should be talked to alone and then asked to leave the group. If the rule breaking violates the safety of group members, they can be asked to leave right away.

Shadle, A. (2007). Group counseling unit: self-injury/cutting. Retrieved May 26, 2008, from Washington School Counselor Association Web site: <http://www.wa-schoolcounselor.org/>

Appendix F

Session Three: Story

Goal 1: Student will begin to process their emotions about cutting

Goal 2: Group members will be able to share what emotions they felt from the story

Materials needed: Cutting Story Appendix N

Activity 1: Intro

- Go over goals
- Re-cap rules
- Re-cap last week
- Have a go-around where the students share one thing they hope to get out of group today

Activity 2: Read cutting story

Activity 3: Discuss students' reactions to story

Process Question 1: What did you learn as a result of this activity?

Process Question 2: How does this relate to your life outside of group?

Predicted leadership skill:

- Blocking gossip
- Blocking invasion of privacy
- Model
- Linking
- Move process along
- Use I messages

Stage of group: Storming/norming

Rational and Theory: The group is still storming but moving towards norming. Frieo states group members need to have control, and every member needs to be able to participate. With the story I am sharing, each group members can respond with how they felt and at this point it is still another's problem, they have not owned the issue yet. Yalom's theory states they will begin to have transference and insight in this stage and their masks will begin to fade away. The choice of the story will help them to begin to relate to someone else with the same problem and begin to identify their own feelings.

Yalom's facilitative/ curative factors:

- Universality
- Development of socialization techniques
- Catharsis

Troubleshooting:

- Silent Group/member - This story will invoke strong emotions in students and if they are not comfortable it can lead to a silent group. The group leader should allow at least 30 seconds of silence to pass before interjecting, in case the students have become dependent on the leader. If this does not work, the leader should call on a student that is showing verbal cues that they are having a reaction to what is being discussed. The leader can also effectively use eye contact and facial expressions to encourage the group to talk.
- Monopolizer - If one member is constantly talking and taking up the group time, the leader should meet with them privately and remind them that the group is for everyone and they all need a chance to share. A possible solution is for the leader to work with them to create a sign when they are talking too much so they will be aware it is time to stop. Encourage them to still participate but at a more balanced level.

Shadle, A. (2007). Group counseling unit: self-injury/cutting. Retrieved May 26, 2008, from Washington School Counselor Association Web site: <http://www.wa-schoolcounselor.org/>

Appendix G

Session Four: Story part two, triggers

Goal 1: Group members will discuss how they related to the story

Goal 2: Group members will be able to identify several causes for self-harm (triggers) and they will begin to see which ones are theirs

Materials needed: Printed story from Appendix N, pencils, whiteboard, markers, and feeling word cards

Activity 1: Intro

- Go over this week's goals and re-cap what was discussed last week
- Put feeling words cards all over the room and ask students to choose a word that expresses how they feel
- Do a go-around where students explain why they chose that word

Activity 2: Story

- Read story again
- Have students underline words meaning something to them
- Discuss why these words have meaning for them

Activity 3: Triggers

- Point out the story writer uses feeling worthless, rejected, low self-esteem, and heartache as reasons for cutting
- What other reasons might someone have for cutting? (Guilt, anger, overwhelming emotions, lack of control, help, words cannot express pain, shame, abuse, loneliness, purification.)

Process Question 1: What was the easiest/most difficult part of the activity for you?

Predicted leadership skill:

- Blocking gossip
- Blocking invasion of privacy
- Model
- Linking
- Move process along
- Use I messages

Stage of group: Norming/storming

Rational and Theory: Group members will continue into stage two and I will share the story again to allow the group members to share more about their own feelings, experience more universality through linking, and more transference and insight.

Yalom's facilitative/curative factors:

- Catharsis
- Interpersonal learning

SAMPLE

Shadle, A. (2007). Group counseling unit: self-injury/cutting. Retrieved May 26, 2008, from Washington School Counselor Association Web site: <http://www.wa-schoolcounselor.org/>

Appendix H

Session Five: Triggers

Goal 1: Group members will self reflect on what their triggers are

Goal 2: Group members will share new ideas on the causes of their self-injury

Materials needed: Triggers card Appendix O, list of triggers listed from the week before, coping interview Appendix P

Activity 1: Intro

- Go over this week's goals
- Re-cap last week's session
- Ask students to share a few sentences to describe how they feel

Activity 2: Distribute the list of last week's list of triggers or stresses and hand out a triggers card

- Part 1- have students fill the example of an event that caused their cutting and identify how they felt, what time it was, and what happened.
- Part 2 - have the students use the list of triggers from the week before to fill in which ones are theirs.
- Ask students to share if there is a common trigger; is there a certain time of day they hurt themselves? Certain people there?

Activity 3: Assign homework "Coping interview" Appendix P

Process Question 1: What are you more aware of about yourself after doing this activity?

Predicted leadership skill:

- Blocking super mothering
- Reflection: content and feeling
- Interaction catalyst: choosing activities that create discussion
- Blocking invasion of privacy

Stage of group: Norming/performing

Rational and Theory: The homework assignment allows the group to have transference and insight, receive social feedback from outside the group, and help with interpersonal relationships. Yalom's theory states all three are appropriate for this stage of group. This will be the first group in which they really begin to discuss their own personal struggles.

Yalom's facilitative/ curative factors:

- Catharsis
- Altruism

Troubleshooting:

- Lack of motivation - If group members are unmotivated, they will not bring the homework next week. It is important to create a buy-in for these students. Know your group and what would motivate each student. Employ these motivators.

Shadle, A. (2007). Group counseling unit: self-injury/cutting. Retrieved May 26, 2008, from Washington School Counselor Association Web site: <http://www.wa-schoolcounselor.org/>
Appendix I

Session Six: Coping Strategies

Goal 1: Group members will be able to share their interviews with others

Goal 2: Group members will learn from each other

Goal 3: Group members will be able to apply their learning on their coping skills worksheet

Materials needed: Whiteboard, markers, pencils, copies of “Coping Game Plan”
Appendix Q

Activity 1: Intro

- Go over goals
- Recap last session
- Remind students there are only two more sessions
- Have the students pick a fruit describing how they feel and why

Activity 2: Homework

- Share homework assignment and leader make a list of the ideas as the students share
- Additional examples (Music, creating something, writing, exercising, gardening, cleaning, cooking, driving, riding bus, helping someone, playing with animal, time in sun, cuddling, puzzles, shopping, make a list, playing with hair, go to museum, look at photos, watch movies, use markers to draw on skin, counting, deep breathing, touching something safe, meditating, go to library, make phone call, tear up paper, ask for help.)

Activity 3: Coping

- Have students fill out Coping Game Plan using the list and their own ideas
- Share
- If time, role play the previous behavior and switch to the new response

Process Question 1: How can you apply what you learned today?

Process Question 2: What can you do this week to practice what you learned?

Predicted leadership skill:

- Blocking super mothering
- Reflection: content and feeling
- Interaction catalyst: choosing activities that create discussion
- Blocking invasion of privacy

Stage of group: Performing

Rational and Theory: Yalom finds stage two group members will use social feedback, and have corrective emotional experiences. The activity of developing new coping strategies allows group members to correct their emotional responses. During role-playing, they can give social feedback.

Yalom's facilitative/ curative factors:

- Instillation of hope
- Altruism
- Existential factors
- Direct advice

Troubleshooting:

- Lack of motivation - if group members are not motivated they will not have brought the homework this week. Be prepared to reward those who did in a way to bring satisfactory to them.

Shadle, A. (2007). Group counseling unit: self-injury/cutting. Retrieved May 26, 2008, from Washington School Counselor Association Web site: <http://www.wa-schoolcounselor.org/>
Appendix J

Session Seven: Self Esteem

Goal 1: Group members will be able to share what they learned

Goal 2: Students will see value in themselves

Materials needed: “It’s Ok To Like Me” Appendix R

Activity 1: Intro

- Goals for this week
- Re-cap last week, remind students one more session
- Go-around, have the students share “My friend would say I (am) _____”

Activity 2: Sharing

- Ask the students to share if they were able to use any of the coping strategies during the previous week.

Activity 3: Self-Esteem

- Hand out worksheet “It’s ok to like me.”
- Have the students fill it out
- Ask for volunteers to share some answers

Process Question 1: What did you learn from this experience?

Predicted leadership skill:

- Perception checking
- Mover process along
- Linking

Stage of group: Performing

Rational and Theory: Fully in stage two and moving towards stage three I have chosen the “It’s ok to like me” handout to help the group members begin to feel hope. In addition, the process questions and sharing time helps the group members with receiving feedback, which is Johari’s theory for this stage. This will also allow members to have personal control of how much they share (FRIO).

Yalom’s facilitative/ curative factors:

- Instillation of hope

Shadle, A. (2007). Group counseling unit: self-injury/cutting. Retrieved May 26, 2008, from Washington School Counselor Association Web site: <http://www.wa-schoolcounselor.org/>
Appendix K

Session Eight: Celebration of what is completed

Goal 1: Students will be able to process and apply what they learned

Goal 2: Group members will evaluate the course

Goal 3: Group members will learn they are a valued part of the team

Materials needed: string

Activity 1: Closing

- Thank students for participating in group
- Re-cap all previous weeks

Activity 2: Application

- Have students go around the room and share what they learned, experienced, and got from group

Activity 3: Affirmation

- Have the group affirm each other through string activity. One person starts with the string and they toss it to another group member and they have to say something kind about the member. They then toss it to another member and continue the process

Process Question 1: How can you continue to practice what you learned?

Process Question 2: What is one way you have changed during this group?

Process Question 3: What is a goal you have set for yourself?

Predicted leadership skill:

- I messages
- Closure

Stage of group: Adjourning

Rational and Theory: In the last stage of group according to FRIO, it is important to have the group share affection for each other which is why I have included the go-around, which allows sharing something kind about another group member. In addition, Yalom mentions the group

should have cohesion and hope. Through the process questions, group members can see how they have changed and have hope that they can overcome this destructive behavior with support.

Yalom's facilitative/ curative factors:

- Instillation of hope

Shadle, A. (2007). Group counseling unit: self-injury/cutting. Retrieved May 26, 2008, from Washington School Counselor Association Web site: <http://www.wa-schoolcounselor.org/>
Appendix A

Intake Interview

1. Explain to the students that they have been selected to be in a group that is discussing self-injury because they have been identified with someone who has experience with this type of behavior
- 2.
3. Explain group process to the student
 - Confidentiality
 - Listening and sharing
 - Learning and processing
 - Regular attendance
4. Ask if they are willing to be a part of the group process
5. Ask the student if they are willing to discuss their self-harming behavior
6. Ask students how long they have been self-injuring
7. Find out what their expectations are
8. Ask on a scale of 1-10 one being they need no help and 10 being they need severe help for their self-injury where they feel they fall.
9. Ask what type of self-injury they inflict upon themselves
10. Ask how they would feel if they aren't selected

Shadle, A. (2007). Group counseling unit: self-injury/cutting. Retrieved May 26, 2008, from Washington School Counselor Association Web site: <http://www.wa-schoolcounselor.org/>
Appendix L

Guess Who

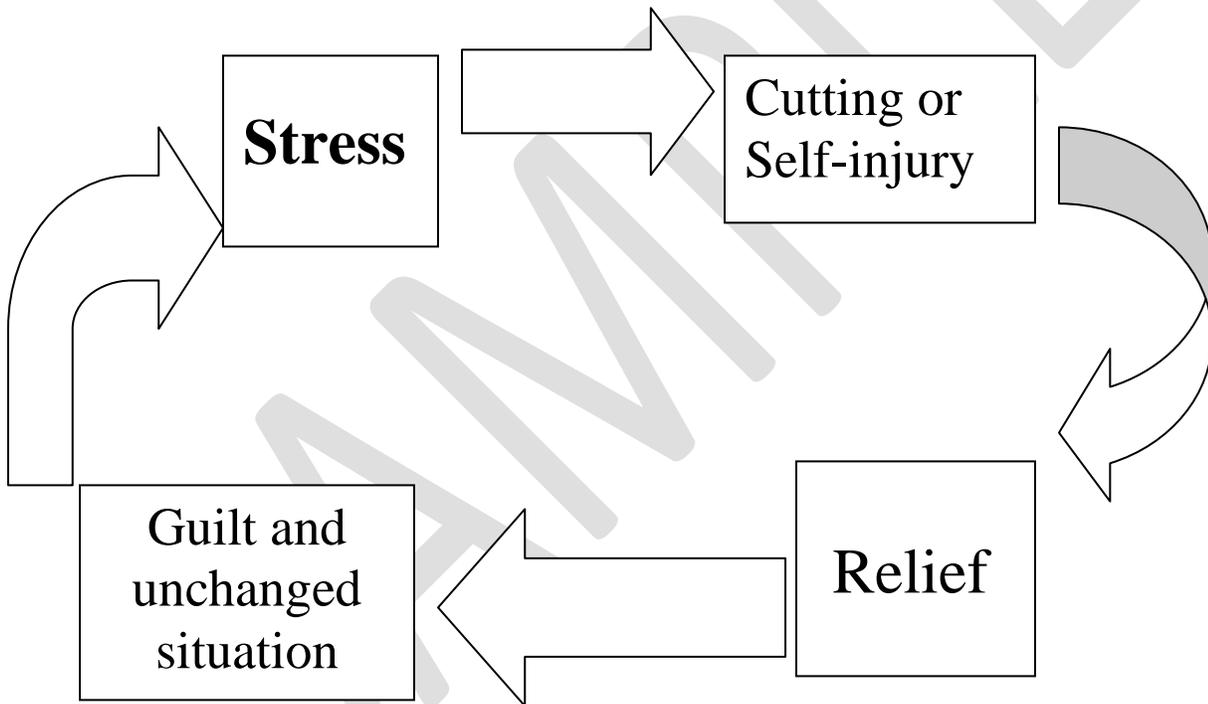
Directions:

Circle the celebrities that you think have admitted to struggling with self-Injury

Fiona Apple
Amanda Bynes
John Travolta
Drew Barrymore
Zach Eldridge
Rachel Stevens
Angelina Jolie
Adam Sandler
President Bush
Princess Diana
Oprah
Christina Ricci
Cole Sprouse
Orlando Bloom
Chad Michael Murray
Kelly Clarkson
Jessica Alba
Hillary Duff
Johnny Depp
Rachael Mcadams

Shadle, A. (2007). Group counseling unit: self-injury/cutting. Retrieved May 26, 2008, from Washington School Counselor Association Web site: <http://www.wa-schoolcounselor.org/>
Appendix M

Stress Model



Welch, E (2004). *Self-Injury: When Pain Feels good*. Phillipsburg, New Jersey: P& R. Pg. 6

Appendix N

Cutters Poem
Natalie Wiest

Cauterize this wound and Ill be human:
Staunch the flow of needing to be hurt.

Press the cool clean blade against my surface,
Knife out my poisoned blood.

But all the scars still show in the morning,
Even where they don't exist

Being 12 was hard enough, but being completely abandoned by my best friend, feeling like I would never measure up to my suddenly popular, always successful older sister, and generally seeing myself as ugly, fat and worthless didn't help either.

I didn't necessarily want to die, but I desperately needed an escape from the rejection that threatened to swallow me. It probably sounds strange to you, but cutting myself seemed like the only solution. So I did. And it scared me half to death. I stopped as soon as the bright red blood began to flow from my forearms. Honestly, I thought I would never try it again.

Seven years later, after an extended battle with bulimia, as well as continual struggle for some kind of healthy self-esteem, I started obsessing about cutting myself. Not about slashing my wrists to make a final exit; just about slicing myself for the sake of cutting. These thoughts both terrified and compelled me. Over the next three of four years I injured myself sporadically, symbolically, and sometimes savagely.

When I told my sister she flipped out. She didn't understand why I couldn't just stop, since I knew cutting was wrong.

If there is one thing I could tell people it would be: Try to imagine what it feels like to wonder if you're crazy, if you'll ever be normal, if you'll ever get better. Try to conceive of heartache so deep, thoughts so overwhelming, that you can't even find the energy to fight, let alone bring them under control. Then ask yourself what kind of help do you need?

Clark, J, & Henslin, E (2007). *Inside A Cutter's Mind: Understanding and Helping Those Who Self-Injure*. Colorado Springs, CO: Th1nk. Pg. 140-141

Appendix O

Triggers

Name _____ Date _____

Part One:

Directions: Write a paragraph or two describing a time when you self injured. Write about what happened before you injured, how you felt, who was there, what triggered you to self-injure. Please leave of the details of the actually injury part and focus on what led up to that moment:

Part Two

Directions: use your story and the list of triggers from last week to identify your personal triggers. You can add ones that are not on the list.

Trigger one: _____

Trigger two: _____

Trigger three: _____

Trigger four: _____

Weltmann, R., & Huml, F. (1998). *60 Ready-to-Use: Violence Prevention Skills Lessons and Activities for Secondary Students*. Cleveland, OH: Society of Prevention of Violence. Adapted from Lesson 13 pg. 60

Appendix P

“Coping Interview”

Name _____ Date _____

Directions: Interview at least two adults and record how they have learned to control/deal with overwhelming feelings and emotions in a healthy way.

1.	2.
3.	4.

Indicate if the person is (mother, father, teacher, pastor, uncle, neighbor, etc.), not their names

Person One: _____

Person Two: _____

Person Three: _____

Weltmann, R., & Huml, F. (1998). *60 Ready-to-Use: Violence Prevention Skills Lessons and Activities for Secondary Students*. Cleveland, OH: Society of Prevention of Violence. Adapted from Lesson 33 Control Interviews

Appendix Q

Coping Game Plan

Name _____ Date _____

Directions: Select the four triggers you previously identified and use responses from your interview and the list provided to come up with your own game plan in how to healthy respond to stress instead of using self injury

Stress

Healthy Coping

Trigger one: _____ 1. _____

2. _____

3. _____

4. _____

Trigger two: _____ 1. _____

2. _____

3. _____

4. _____

Trigger three: _____ 1. _____

2. _____

3. _____

4. _____

Trigger four: _____ 1. _____
2. _____
3. _____
4. _____

Weltmann, R., & Huml, F. (1998). *60 Ready-to-Use: Violence Prevention Skills Lessons and Activities for Secondary Students*. Cleveland, OH: Society of Prevention of Violence. Adapted from lesson 24 pg. 111
Appendix R

It's OK To Like Me

I am proud of _____

I like my _____

I am good at _____

I can _____

_____ is a goal I will achieve

I have succeeded at _____

It's OK To Like Me

I am proud of _____

I like my _____

I am good at _____

I can _____

_____ is a goal I will achieve

I have succeeded at _____

Shadle, A. (2007). Group counseling unit: self-injury/cutting. Retrieved May 26, 2008, from Washington School Counselor Association Web site: <http://www.wa-schoolcounselor.org/>

SAMPLE

