Self-Harm Middle School Curriculum

Jade Pickings, LMSW

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Author Note:

Jade Pickings works for Family Therapist at La Frontera Arizona - Empact SPC. Correspondence about this curriculum unit can be addressed to Jade Pickings.

Content

The Gila River community is where this curriculum will be applied. Gila River Indian community is located near the southside of the city of Phoenix, bordering between Pinnal and Maricopa counties. The cities surrounding the reservation are Casa Grande, Chandler, Coolidge, Eloy, and Goodyear. Gila River Indian Reservation was established in 1859, and the Gila River Indian Community formally established by Congress in 1939. The community is home to members of both the Akimel O'odham and the Pee-Posh tribes. The majority refer to the Akimel O'odham community as the Pima tribe, and Pee-Posh as the Maricopa tribe.

Despite not living in the community, I'm fortunate to shop at the local markets where I sometimes see students that attend my school. I noticed that most of the students are related, and showcase positive relationships with one another easily. Some of the cultural practices here are basket weaving/dancing, and farming. The community once stood on a thriving river that provided life for the people. However, after losing water rights, the community dried up and the art of farming has diminished.

The reservation has a population of around 11,000. However, Covid-19 has decreased the population. The reservation is made up of seven districts along the Gila River named: Sacaton, Komatke, Santan, Hashan Kehk, Casa Blanca, Blackwater, and Maricopa colony. I currently work in the Sacaton district. Within the Sacaton district, I work with Sacaton Middle school. The students I cover are in grades 5th-8th, children are between the ages of 10-15. Prior to the pandemic there were about 300 at Sacaton Middle school. Student numbers have declined due to families leaving the reservation to go to in person school state-site. Currently there are about 200 hundred students at the middle school. Recently, the students in my school were approved to return in person. After having two years of virtual education, now is the first time that students have been to a school campus. This school year will have challenges and in due time will have tremendously growth.

Keywords: [Gila River, community, students, middle school] [Title Here, up to 12 Words, on One to Two Lines]

Rationale

Based on clinical observations of current school culture, one growing trend that occurs is self-harm, with a primary focus in cutting. Some view self-harm as a "life preserving action" (Hinton, 2019). It is believed that self-harming behavior is done as an attempt to distance oneself from distressing memory. Also, self-harm can be seen as an expression of self-punishment or anger towards oneself. A study exploring the differences between racial groups and self-harm discovered that students of color engage in self harm to release anger and frustration (Abrams & Gordon, 2003).

Students self-harm by cutting because it temporarily decreases negative feelings and offers a "sense of relief" (Whitlock, 2010). Ultimately, self-harm is a maladaptive coping skill. This curriculum will attempt to decrease self-harming behavior by using Dialectical behavioral therapy as a framework. DBT is an evidence-based approach that focuses on emotional

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regulation and health relationships. According to Marsha Linehan, the creator of DBT, this form of therapy helps with individuals with multiproblematic issues, borderline personality disorder, and suicidal ideations (Chapman, 2006).

Students had trouble with adjusting to the classroom setting. Students were observed wandering around campus, hiding in bathrooms, to avoid going to class. Sure, we can make a claim that maybe teachers don't have engaging lesson plans, but one of the core reasons for this behavior is the lack of motivation to go to class and handle uncomfortable or negative feelings. Negative feelings that the students I work with report feeling are sadness, inadequacy, shame, embarrassment, loneliness, anger, etc. Some students lack the skills to regulate their emotions and avoid important tasks as a result. Students who avoid emotions are at risk of developing mental health challenges such as depression, suicidal ideation, anxiety, etc. This curriculum will teach students positive coping skills, so students have confidence to handle emotions independently and effectively.

Currently schools are more focused on extrinsic motivation, and it's easier to do so. Instead of fear of punishment to get students to make the right decisions, let's grow and develop students' internal motivations. You help students develop their own intrinsic motivation by enhancing the skills that they're good at, providing time for self-reflection, establishing personal goals, and helping students explore things that intrigue them. With these factors in place, having more intrinsic motivation will help students motivate themselves not to self-harm. Like changing any unhealthy habit, it takes consistency and hard work to change a behavior. Increases intrinsic motivation will lead to better choice making and decrease impulsivity.

Topic Summary

While researching the best mental health solutions for the students I serve, I discovered several interesting ideas and concepts that provided the framework of this curriculum. I knew that student self-harm was the issue, but I wanted to understand the root cause, and how to prevent it. I also wanted to investigate how self-harming is different for children and especially for children of color. A 2012 Mississippi research study by Dr. Kim Gratz, that had a sample size of 1,931 African male students, found that "youth in different racial and ethnic groups" are struggling with self-harm at an all-time high. The same study also defined self-harm as "deliberate behavior that breaks or bruises the skin it is done without suicidal intent. However, it is associated with "higher risk of suicide (Gratz, 2012)." The study also found that children from minority ethnic background were "less likely to receive a specialist psychosocial assessment" compared to their White peers and were also less likely to repeat self-harm. However, there were no differences in suicide mortality by ethnic group, although the numbers were small (Gratz, 2012). Unfortunately, self-harm is associated with "poor educational achievement", lack of employment opportunities, future mental health problems, and increased risk of substance misuse in early adulthood (Favazza, 1998).

Self-harm can be described as "superficial or moderate self-mutilation, and defined the behaviors as burning, skin cutting, self- punching, and scratching" (Favazza, 1998). Self-harm can consist of more dangerous behaviors such as castration and head-banging. However, self-poisoning was the most common method of self-harm across all ethnic groups. Self-poisoning is consuming

harmful chemicals or substances. In addition, self-mutilation/self-harm has historically been considered a symptom of other mental disorders, such as Borderline Personality Disorder, Histrionic Personality Disorder, Anorexia Nervosa, Bulimia Nervosa, and Post-Traumatic Stress Disorder (Briere & Gil, 1998).

Some studies have found that self-harm occurs in as low as 4% in the general population (Briere & Gil, 1998), and as high as 39% among a non-clinical population of adolescents in middle school and high school (Gratz et al., 2012). Family relationships were the most reported precipitant of self-harm in all ethnic groups. The increasing number is self-harmers is of concern, and broken family relationships are an aggravating factor.

This curriculum will be focused on students in early or late adolescence. Developmentally, students are more invested in peer relationships than familial relationships (Erickson, 1950). So, developing healthy relationships with peers is crucial. Students around this age are in the fourth and fifth stages of the Erickson developmental model. Although these stages aren't necessarily determined by age, these set guidelines are helpful to pinpoint a student's internal struggle. Stage four is the identity vs inferiority stage, where students develop pride in their work and abilities. To be successful, students need to feel competent in things they enjoy. Students who find something that they are good at, such as school, sports, art, music, will have increased self-confidence.

The fifth stage is identity vs. confusion, and during this stage students explore anatomy and create a sense of self. Failure to develop a strong sense of self can result in low self-esteem. Students may have some role confusion if self-identity is established. Students are susceptible to peer pressure and bad influences. Bad influences include maladaptive coping skills such as self-harm cutting, drinking alcohol and drug use. On average risky behavior increases when students are with friends (Arnett, 2006). Students also may come dependent on friendships for their happiness, rather than looking inward to their own resources" (Hall, 1904).

While children in stage four (10 to 13 years) value support from peers, adolescents in stage five (13 to 17 years) view acceptance from peers as an influence of their "personal worth, social worth, and self-evaluation" (Blackmore & Mills, 2014). The transition helps students learn to have deep personal relationships, and gain empathy for people outside the peer group (Larson & Richards, 1991). In the pre-adolescent stages students begin the fight for control and make it a priority to take care of their own needs.

A school counselor's goal is to develop prevention programs to help students at risk. It's also important to include teachers and parents as well. Including a student's natural support systems will make treatment more effective. There is a connection between racial pride and decreased depression and anxiety symptoms. Higher self-esteem was a result of having a positive view of one's racial identity (Mandara, 2009).

Student Engagement

To tackle the self-harming concerns of my school, I aim to develop and facilitate a weekly therapy group. The meeting will be a closed structured group to provide space for positive peer

support. The maximum number of students that I'm comfortable with handling is 10 students. A co-facilitator is preferred, and with one I can increase the number from 10 to 15 students. I'm focused on grades 6th-8th, because this age range struggles the most with self-harm.

The group will run for 6 weeks on Tuesdays, during the student's "free period". At my school, a student's free period is called their "power hour" and during this time students take part in engaging classes as a break from the core classes. Some power hour classes include scrapbooking, arts and crafts, basketball, cooking, book club, etc. Students have power hour Monday-Thursday from 1:30-2:20 pm every school day. Students enjoy their power hours, and I hate to take a student away from fun. With that in mind I decided to have the group 1x week to allow students to enjoy their power hours for most of the week. The goal of the 6-week group is to decrease urges to commit self-harm, provide student friendly psychoeducation, increase positive racial identity, and self-esteem.

Cultural and racial identity were a focus in developing this curriculum and is also essential. How do you help students achieve understanding of self? A question that was difficult for a non-Native school counselor to figure out. It was important for this school counselor to process with cultural teachers. Due to positive communication and feedback, it was clear that one way that students can acquire a sense of self is understanding the history of Gila River and gain pride. Due to years of colonization and assimilation, students are growing further away from their roots. Losing the knowledge of the Gila River culture will be detrimental to the community.

While observing my school, I noticed that many of the students identify as "Black" or Hispanic and/or "Mexican". Students at school are from inter-racial households, where Native students adapted to neighboring Hispanic community, such as visiting the dead, and having Quinceanera. Students also express lack of knowledge of racial identity, to the point where I have noticed that students call each other "monkeys", "Black" the n-word, and project colorist ideology. Ignorant of the fact that these words are offensive to themselves and others. The lack of knowledge of Gila River leaders leads students to search for leaders trans culturally. The accessibility to cultural leaders who are both knowledgeable and consistent is limited.

The school counselor must team up with the cultural teacher to bring in positive examples into the classroom. This counselor decided to teach 15-minute social emotional lessons, to every class weekly, with topics that incorporate Gila River culture. The lessons will be reviewed with the culture teacher.

Regarding the 6-week therapy group, the groups will be around 30-45 minutes. Groups in general are a good way to help with self-harm because students prefer to get support from their peers (Erickson, 1950). The group will be discussion based, opened, with psycho education in the beginning of group. The remainder of the group will have an interactive lesson that would include dialectical behavioral therapy key points: mindfulness, distress tolerance, emotional regulation, and interpersonal effectiveness (Chapman, 2006). An activity for mindfulness can be a nature walk around school grounds, where students will be tasked to find five animals, or plants that they see while walking. Students will return from the walk and be asked to write a reflection on what they felt.

An activity for emotional regulation can be to make slime with the students and have them feel slime as they breathe in and out, counting to ten. Students also would benefit from role playing to act out different relationship scenarios to teach interpersonal effectiveness. These groups combined with the weekly culture driven SEL's lessons, can be helpful.

Safety is a big concern, so all students participating in the group will have to complete a safety plan on day one. The safety plan will help students remember what to do if having an urge to cut or thoughts of suicide. Also, an important component to safety is parent involvement. Parents will have to be notified of self-harm, despite student objections. Students when frustrated will be reminded that the school's counselor role is to ensure that a student is safe. Depending on the student and self-harm severity, wrist checks and/or cut checks may have to be an option. Checking a student's wrist without trust or rapport is a violation. However, from crisis work experiences, children have to be held accountable for enabling impulse and maladaptive coping.

Student Assessment

I aim to assess students in different ways during the 6-week therapy group. Before the group starts, students will complete a pre-Likert scale test while students will measure their urge to cut from 0-10. Students with high urges will be monitored and have a crisis plan in place. After the 6-week group, students will complete a post Likert scale still rating cutting urges. Hopefully, students' post tests show improvement.

I also wanted to assess students' current depression and anxiety symptoms. So, I plan to use PHQ-9, GAD-7, as a pre and posttest. Low assessment scores for both PHQ-9, and GAD-7 equates to low risk to commit self-harm. Low risk of self-harm means that the student has a high sense of self identity. For many Native adolescents, a high self is determined by racial identity.

To test a student's current view of racial identity, it's recommended to use the Cross Racial Identity Scale (CRIS, Cross & Van diver, 2001). Another detriment of racial identity is how society negatively views them. So, there are many factors of a negative view of self. So having student complete a CRIS or an altered CRIS that is adapted to Gila River culture.

Having students complete the pre and posttest before the 6 weeks program complete the pre and post teat that were listed will help determine if things are beneficial.

References

- Abhilash, Kundavaram Paul Prabhakar1,; Murugan, Sanjay1; Rabbi, N Abel S.1; Pradeeptha, Sharon1; Kumar, Sathish1; Selvaraj, Bagyalakshmi1; Gunasekaran, Karthik2. Deliberate self-poisoning and harm: A meticulous quest of methods in vogue. Journal of Family Medicine and Primary Care: January 2022 Volume 11 Issue 1 p 233-239 doi: 10.4103/jfmpc.jfmpc_1184_21
- Abrams, L. S., & Gordon, A. L. (2003). Self-harm narratives of urban and suburban young women. Affilia, 18(4), 429-444. doi: 10.1177/0886109903257668
- Arnett, J. J. (2006). G. Stanley Hall's Adolescence: Brilliance and nonsense. History of Psychology, 9(3), 186-197. doi: 10.1037/1093-4510.9.3.186.
- Biddle, L., Cooper, J., Owen-Smith, A., Klineberg, E., Beenewith, O., Hawton, K., ... Gunnell, D. (2013). Qualitative interviewing with vulnerable populations: Individuals' experiences of participating in suicide and self-harm based research. Journal of Affective Disorders, 145(3), 356-262.
- Blakemore, S., & Mills, K. (2014). Is adolescence a sensitive period for sociocultural processing? Annual Review of Psychology, 65, 187-207.
- Briere, J., & Gil, E. (1998). Self-mutilation in clinical and general population samples: Prevalence, correlates and functions. American Journal of Orthopsychiatry, 68(4), 609-619.
- Chapman AL. Dialectical behavior therapy: current indications and unique elements. Psychiatry (Edgmont). 2006 Sep;3(9):62-8. PMID: 20975829; PMCID: PMC2963469.
- Erikson, E. H. (1950). Growth and crises of the "healthy personality." In Senn, M. J. E. (Ed.), Symposium of the healthy personality, (pp. 91-146). Oxford, UK: Josiah Macy, Jr. Foundation
- Favazza, A. R. (1998). The coming of age of self-mutilation. The Journal of Nervous and Mental Disease, 186(5), 259-268.
- Geulayov G Casey D McDonald KC et al. Incidence of suicide, hospital-presenting non-fatal self-harm, and community-occurring non-fatal self-harm in adolescents in England (the iceberg model of self-harm): a retrospective study. Lancet Psychiatry. 2018; 5: 167-174
- Hall, G. S. (1904). Adolescence. New York, NY: Appleton.
- Hinton, Chloe Ayesha-Marie, "Non-Suicidal Self-Injury Among Adolescents and Young Adults of Color: How Racial Identity Impacts Self-Harm Use" (2019). Dissertations. 599. https://digscholarship.unco.edu/dissertations/599
- Mars B, Heron J, Klonsky ED, Moran P, O'Connor RC, Tilling K, Wilkinson P, Gunnell D. Predictors of future suicide attempt among adolescents with suicidal thoughts or non-

- suicidal self-harm: a population-based birth cohort study. Lancet Psychiatry. 2019 Apr;6(4):327-337. doi: 10.1016/S2215-0366(19)30030-6. Epub 2019 Mar 14. PMID: 30879972; PMCID: PMC6494973.
- Morgan C Webb RT Carr MJ et al. Incidence, clinical management, and mortality risk following self-harm among children and adolescents: cohort study in primary care. BMJ. 2017; 359;4351
- Pedro J. Blanco, Ryan P. Holliman & Nicole C. Carroll (2019) The Effect of Child Centered Play Therapy on Intrinsic Motivation and Academic Achievement of At-risk Elementary School Students, Journal of Child and Adolescent Counseling, 5:3, 205-220, DOI: 10.1080/23727810.2019.1671758
- Scoliers G, Portzky G, Madge N, Hewitt A, Hawton K, de Wilde EJ, Ystgaard M, Arensman E, De Leo D, Fekete S, van Heeringen K. Reasons for adolescent deliberate self-harm: a cry of pain and/or a cry for help? Findings from the child and adolescent self-harm in Europe (CASE) study. Soc Psychiatry Psychiatr Epidemiol. 2009 Aug;44(8):601-7. doi: 10.1007/s00127-008-0469-z. Epub 2008 Nov 20. PMID: 19023507.
- Wicks, J. M. (2019). Intensive child centered play therapy for children who have experienced adversity in Aboriginal and non-Aboriginal communities