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# Depression's Connection to Self-Harming Behavior in Adolescents

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Self-harming behavior amongst adolescents has increased in prevalence throughout America. There is a direct connection between depression and self-harming behaviors in adolescent students. The most common reasons why adolescents participate in self-injury are as a coping mechanism, a means of relief, for the regulation of feelings, self-punishment, attention seeking and sensation seeking. There is often a link between depressive symptoms and negative life events or past trauma. Multiple methods of self-harm are often performed by students and may be carried out several times over the course of many months, the techniques used vary greatly. Schools are one of the most important institutions that are in a position to help-self injurers. In this paper I will look at the causes, effects and possible preventative methods of self-injurious behavior.

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Abstract

Self-harming behavior amongst adolescents has increased in prevalence throughout America. There is a direct connection between depression and self-harming behaviors in adolescent students.  The most common reasons why adolescents participate in self-injury are as a coping mechanism, a means of relief, for the regulation of feelings, self-punishment, attention seeking and sensation seeking.  There is often a link between depressive symptoms and negative life events or past trauma.  Multiple methods of self-harm are often performed by students and may be carried out several times over the course of many months, the techniques used vary greatly. Schools are one of the most important institutions that are in a position to help-self injurers.  In this paper I will look at the causes, effects and possible preventative methods of self-injurious behavior.

*Keywords:* self-harm, depression, trauma, negative life events, coping

**Depression's Connection to Self-Harming Behavior in Adolescents**

**Introduction**

Self-harming behavior amongst adolescents has become an increasingly important issue in America.  Multiple methods of self-harm are often performed by students and may be carried out several times over the course of many months, the techniques used vary greatly.  The most common reasons why adolescents participate in self-injury is; as a coping mechanism, a means of relief, for the regulation of feelings, self-punishment, attention seeking and sensation seeking. Schools are one of the most important institutions that are in a position to help-self injurers. Through a better understanding of the motivators educators will be better able to identify the signs of self-injury as well as provide the necessary support in order to reduce the behavior.

In the research study, I created a questionnaire with the goal of better understanding adolescents' thoughts and opinions about the motivators of self-harm.  The questions covered a variety of topics having to do with self-injury, depression and trauma.  The confidential questionnaire was given to 17 high school students in an alternative placement in Upstate, NY. All students are considered to be "emotionally fragile", with many of them being labelled as having emotional disorders.  I am a Special education and Social Studies teacher in the program, and I have worked with the population for a little over a year.

Initial permission for the questionnaire had been granted by the administrator of the program. I then received permission to continue from the head counselor in charge of mental health.  Parental permission was not deemed necessary due to the confidential nature of the

questionnaire, as well as the fact that students were not required to participate. My initial role in

the study was to design the questions that were to be asked. Extreme care was taken over the

wording of the questions in order to reduce the chance of it triggering behaviors in certain

students in the population. These questions were then given to the head counselor for review and

editing by her team. Afterwards, I met again with the head counselor to discuss changes and to

make any final edits on materials.

The results of this study illustrated certain trends in adolescent thinking about the topic of

self-harm and the motivators behind it. The findings allowed educators in our program to better

understand not only the relationship between self-harm and depression, but also the needs and

requirements of our own population of students. This data will enable teachers, and counselors

the opportunity to better support students classified as having an emotional disturbance.

Students suffering from depression are more likely to partake in self-harm, and this data gives us

some understanding about how they feel about the topic and what may motivate someone who

intends to harm themselves. Better understanding of these "at-risk" students will allow the

education field the opportunity to reduce the occurrences of self-harm.

**Researcher Stance**

My role in this study was that of the creator of the questions, the administrator of the

survey, and the collector and interpreter of the data provided. When creating the questions I

wanted to cover the motivators of self-harm, as well as student's thoughts about the importance

of discussing it at school. I had to be very careful to the word the questions in a manner that was

not individualized. By asking "why did you think people use-self harm?" it took any accusation

out of the questions. I knew before creating the survey that several students in our population

participate in self-harm. I wanted to provide them a safe and comfortable format in which they could share their feelings about the topic without incriminating themselves.

Before the questionnaire was administered a plan was created with the mental health counselors in order to provide support for any students having difficulty with the questions. The questionnaire was administered in four separate rooms with approximately 4-5 students in each classroom. I explained to each group the reasons for my creation of the survey, as well as the manner in which the survey was to be completed. The students were reassured that the information provided would stay confidential. All of the students opted to participate, with some leaving extra comments at the bottom in order to provide feedback. The questionnaires were then collected and the results were tallied firstly by gender, and then as a whole population, providing us with three collection tables.

I am currently a Social Studies teacher at the alternative high-school in which I conducted my questionnaire. I have both my initial Social Studies certification and my Special education Generalist certification. Classrooms in the school follow the 6:1:1 format, with me teaching the Social Studies content, as well as providing case management and special education services for a caseload of six homeroom students. All students in the school are between 14 and 19 years old, many of them are diagnosed as having an emotional disturbance, and most of the students suffer from depression. I am presently enrolled in a program working towards earning a Master's of Science in Special Education.

**Review of Literature**

Self-harming behavior amongst adolescents has increased in prevalence throughout America, and this led to a growing amount of research done on the topic (Wilkinson, 2011).

Most of the research focuses on the thought processes, motivators and specific outcomes of self-harming behavior. Self-injurious behavior is often known as self-harm, self-mutilation, or cutting (Wilkinson, 2011). Self-injury is described as the deliberate act of causing harm to oneself through cutting, burning, mutilating, rubbing or other methods of trauma to the body tissue, without the intent to commit suicide (Johnson 2012). This behavior can often lead to suicidal ideation with a potential for suicidal attempts. Suicide amongst adolescence is the 3rd largest cause or death in America. Self-harming has led to students having difficulty participating in the academic environment, missing school due to time in the hospital from injuries, and difficulty dealing emotionally with stress without the crutch of self-harm. Several studies on self-injurious behavior have shown a great incidence of female participation in these acts, though there is no clear explanation as to why this could be the case (Wilkinson, 2011). There appears to be a major gap in the field and it's crucial that educators understand the relationship between depression and self-injurious behavior.

The purpose of this paper is to better understand the problem that is self-injurious behavior and how it impacts the educational environment of an adolescent, especially one who is suffering from depression. While the focus of this paper will be on self-injurious behavior without the intent of suicide, it is also very important to discuss suicidal ideation and attempts due to their relationship with self-harming behavior. This paper will attempt to develop a good understanding of the issues by approaching them through three points. First, the paper attempts to discuss in detail what depression is, and what students who suffer from depression have to deal with on a daily basis. This paper will explain some of the causes of depression amongst adolescents, spending much of the section discussing the association between stressful life events and depression. Second, there will be a description of self-harm and the specific triggers and

factors that can lead to a student participating in self-harmful or suicidal actions. Educators need to understand what a trigger is, and what type of an effect is has on an adolescent student. Often violent and overwhelming curriculum can cause a symptomatic response (Litt, 2015). Knowing this allows us to avoid it. Lastly, the paper will discuss methods and strategies that can be used to reduce the amount of emotional triggers and self-harming events seen amongst our student population. Each of these three points will be developed with the backing of education journals.

### Self-Injurious Behavior In Schools

Self-injury is a problem that affects thousands of adolescents and can lead to increasing health issues, lack of academic success, inability to properly deal with emotional distress, and possible suicidal ideation and completion (Wyman, Gaudieri, Schmeelk-Cone, Cross, Brown, Sworts, West, Burke, Nathan, 2009). The frequency of students who participate in self-injurious behavior in relation to suicide attempts is much higher than in other populations, although that may not have been the intent of the self-injurer (Wilkinson, 2011). What makes this an important concern is that suicide is currently the third leading cause of death for young people ages 10-24 in the United States (Wyman et al., 2009). This shows that mental health concerns are strongly linked to self-injury. The two most common underlying mental health issues that are risks for self-injurious behavior are identified as depression and posttraumatic stress disorder (Wilkinson, 2011).

By better understanding the causes of depression, and the triggers of self-harming behavior, educators can develop strategies and methods that will reduce the occurrence of self-harming incidents amongst students. There is often a link between depressive symptoms and negative life events or past trauma. For an individual who has been traumatized, a trigger can be

a recall to this past trauma and it can elicit an emotional reaction this emotional reaction can often lead to self-harming behaviors (Litt, 2009). When educators are able understand a student's past traumas as well as be able to identify possible triggers for a student, they can avoid events and circumstances than may lead to an emotional and negative response. Avoiding an emotional and negative response may lead to a reduction in self-harming incidents.

**Trauma and Depression**

In order for educators to develop successful methods to reduce the amount of self-harming behavior that occurs in schools, there needs to be an understanding of trauma and depression. The most prevalent risk factor associated with self-injurious behavior was identified as depression, and the largest factor associated with depression was past stressors (Wilkinson, 2011). This shows the importance of depression and trauma on adolescents. Johnson et al. states that as much as 70% of initial depressive episodes are preceded by a stressful event (Johnson Whisman, Corley, Hewitt, Rhee, 2012). Comprehending trauma and how it may be a cause of depression, educators can really gain a foothold into reducing possibly dangerous incidents.

Depression is one of the most prevalent mental health problems in adolescents. Untreated depression is a serious risk factor for anxiety disorders, mental health problems, and suicidal behavior in both adolescents and adults (Kim, Moon, Kim, 2011) Adolescence marks a broad developmental period and results are mixed as to when increases in depression emerge. Kim et al. suggests early adolescence as the period of increase, while Johnson et al. suggests late adolescence. Taken together, both studies agree that adolescence is a developmental transition in which changes in rates of depression and stress are likely to occur (Johnson et al., 2012).

Depressive symptoms and overall psychological distress are linked to suicidal thoughts in young children and adolescents (Kim et al., 2011). The role of psychological distress is often associated with family conflict, maltreatment, and suicidal thinking in children. In many cases in which a younger person experiences a stressful life event, there will be an onset of depressive symptoms. Depressive symptoms may preclude self-injury, therefor it is important for educators to understand that link. Wyman (2009) notes that childhood trauma also increases the risk for suicide in adulthood, suggesting that maladaptive coping with chronic emotional distress contributes to suicidal behaviors (Wyman et al., 2009). Marked increases in both life stress and depressive symptoms often occur during transition from childhood into adolescence, making their interrelationship critical to the understanding of depression (Johnson et al., 2012).

Bell et al. (2013) suggested that one of the largest factors for major depression is the experience of a stressful life event (Bell, Limberg, Robinson III, 2013); this can lead to the onset of depression symptoms. Chronic stress events play a role in the onset up to 50% of depressive episodes (Johnson et al., 2012). The stress-generation hypothesis argues that individuals with depressive disorders experience more episodic stressful life events than are due, at least in part, to their own behaviors than do individuals without depression histories (Johnson et al., 2012). Johnson therefor explains that there is a reciprocal effect between depression and stressful events.

Trauma can occur when a child perceives themselves or others around them to be threatened by serious injury, death or psychological harm. This in turn may cause severe stress, fear, depression, and feelings of helplessness. Trauma is usually divided in two categories; acute trauma and chronic trauma. Acute traumas are events that occur at a particular place and time. Often they are immediate and short lived (Bell et al., 2013). These "Type 1" traumas are

described as a single, unanticipated event.  An example of acute trauma can be the loss of a loved one, a car crash or assault.  Characteristics of a Type 1 trauma can include detailed memories of the event, the child looking for reasons explaining the event or visual hallucinations related to the event (Bell et al., 2013).  Chronic trauma is when traumatic experiences occur over long periods of time.  These "Type II" traumas can lead to denial, dissociation, and rage.  Examples of chronic trauma are child abuse, neglect or chronic illness.  Both chronic and acute traumatic events have the potential to create severe mental, physical and academic symptoms (Bell et al., 2013).

        Children and adolescents are more likely to participate in self-injurious behaviors while at the same time being seen as particularly vulnerable to trauma.  The impact of trauma has been shown to be significant and long-lasting.  Repetitive exposure to even commonplace stressors such as bullying seems to influence the overall development of a student (Bell et al., 2013).  Repeated traumatic events disrupt the individual's sense of trust in self, others and the world, leaving him or her to suffer feelings of helplessness and fear (Carney, 2008).  Victims of trauma may be plagued with intrusive thoughts and feelings that lead to strong emotions, compulsive behaviors such as rubbing, and behaviors that mirror bullying trauma (Carney, 2008)

        Bell (2013) has linked trauma in childhood to a disruption in executive functioning, which controls the brain's ability to develop working memory and process new information.  Additionally, exposure to trauma has been connected to lower grades, decreased IQ, and higher-dropout rates.  Childhood trauma has also been linked to decreased self-esteem and a loss of coping mechanisms later in life.  For example, as the number of traumatic events increases, the likelihood of alcoholism, drug use and suicide also rises (Bell et al., 2013).  Without the proper intervention early on, a student may face life-changing difficulties due to unresolved trauma.

Another cause of depression has been linked to a lack of sleep amongst adolescents (Catrett, Gaultney, 2007). Adolescents tend to stay awake later at night to fulfill school and social obligations, despite the requirement to wake early for morning classes. Insufficient sleep may have important implications for the functioning and development of the adolescent brain because maturation appears to occur during slow-wave sleep (Catrett et al., 2007). Depression and sleep problems often occur simultaneously, and persistent insomnia may often been the first sign of depression. Because both depression and poor sleep are intercorrelated, it can be difficult to find an independent contributor to self-harming behavior.

What is important to note about the predictors of depression is that females are twice more likely to suffer from depression than males. Females are also more likely to attempt suicide than males, even though males have a higher rate of suicide completion (Kim et al., 2011). Rates of depressive symptoms and diagnoses start to become more prevalent in females during adolescence, and this difference continues into adulthood, with women twice as likely as men to experience depression (Johnson et al., 2012). Kim has interpreted this result as evidence that girls' reaction to stress may explain the emerging gender differences in depression during adolescence.

When studies have compared self-reported depression and life stress over time, an emergence in gender differences can be seen. Results have suggested that females experienced a marked increase in depressive symptoms starting at the age of 13, after which the level of depression in girls remained higher than that in boys throughout adolescence. In addition, girls depressive symptoms were strongly associated with increased environmental or event based stress, but this association was not found in boys (Johnson et al., 2012). Studies have shown that female students have had higher levels of stressed responses to bullying than males. One

explanation for the higher response rate may be that female students responded more to seeing physical bullying shown in the study than the more commonly female-experienced verbal and social bullying they would react to in a traditional environment (Carney 2008).

Mood, anxiety, and depressive disorders are associated with suicidal ideation, attempts, and deaths from preadolescence through adolescence (Wyman et al., 2009). Numerous studies have asserted that depression is clearly associated with suicide. One study, even listed depression as the leading cause of suicide (Kim et al., 2011). According to the National Institute of Mental Health, over 90% of people who commit suicide have depression. Overall, a direct relationship between anxiety and suicidal thoughts and behaviors, though not necessarily completed attempts, has been established by Storch's and Sulkowkski's study. Estimates suggest that as many as 50% of adolescents with an anxiety disorder exhibit suicidal ideation (Storch, Sulkowski, Nadeau, Lewin, Arnold, Mutch, Jones, Murphy, 2013).

With a basic understanding on what the causes of depression are, there can be a better understanding of how it affects not only the student, but also educators and family members. The relationship between past trauma and current depression can be seen throughout a variety of academic studies. It is important for educators to understand that reciprocal relationship between the two in order to better work with students who are suffering from depression and who may consider engaging in self-harming behavior. Students who are suffering from depression or a stressful life event are much more likely to engage in self-harming behavior than someone who is not. If the end goal is to reduce the amount of potential harmful and dangerous situations students with depression put themselves in, it is imperative that we understand not only why they participate in these self-harming actions, but where the deeper root of their depression may be stemming from.

**Suicide and Self-Harm**

The increased instances of adolescent superficial self-injury and the continued statistics regarding suicide have led to a growing body of research regarding the motivators, thought process and outcomes of this complicated behavior (Wilkinson, 2011). Definitions vary regarding the meaning of self-injurious behavior, with many synonyms such as deliberate self-harm, self-mutilation, self-destructive behavior or cutting (Wilkinson, 2011)

Multiple methods of self-harm are often performed by students and may be carried out several times over the course of many months. The techniques used vary greatly, which may make it difficult for studies to make generalizations and applications of practical methods produced by researchers. The predominant terms found in literature on self-injury behavior list cutting, scratching, skin-carving, hitting, burning and rubbing (Marshall, Tilton-Weaver, Stattin, 2012). Self-injurious behavior is accomplished using tools such as blades, glass, scissors, pins, cigarettes, candles and erasers. Various body parts and locations are targeted, with concealment being a major consideration when selecting an area to injure (Wilkinson, 2011).

Due to the secretive nature of the act of self-injury the numbers collected regarding the occurrence rate can be unreliable. Hasking and Wilkinson (2011) report statistics ranging anywhere from 2% to 40% of teens participating in the unhealthy act of self-harm during their youth. The information available about suicidal ideation and attempts is more concrete. According to recent research, 13.8% of high school students have report that they have seriously considered attempting suicide during the last 12 month, while 6.3% of students have reported that they had actually attempted suicide one or more times. For every completed suicide among 15-24 year olds, there are approximately 100-200 attempts (Kim et al., 2011).

One theory that accompanies the prevalence of self-injury behavior is that the amplified media attention on the issue allows for a type of contagion, which allows information about self-harm to spread to those adolescents curious about it. The argument states that students are striving to be accepted and to fit in. When subjected to peer pressure they will often follow the crowd if the act of self-injury is accepted by certain peers. With the internet, those seeking to find support and acceptance of their behavior will be able to exchange information, both positive and negative. Normalization and encouragement of self-injury behavior can reflect the negative aspect of online involvement. People can exchange tips on methods, how to conceal injuries, which perpetuate self-destructive connect and produce detrimental online relationships (Wilkinson, 2011). Followers of the Social Contagion theory worry that the internet may serve to promote or increase the practice of self-injury behavior amongst teens.

It is apparent by this data that suicide and self-harm among adolescents is a major public health issue that needs to be addressed. The phenomenon of self-injury has been documented for many decades and was originally addressed by Karl Menninger dating back to 1935. Despite the identification of self-injury over 75 years ago, little research has been done until recent years. There has been plenty of research on suicide among adolescents, though there are fewer predictors of suicidal behavior than would be expected in relation to the large amount of material available. Studies on the subject now hope to create the empirical basis for creating social work and prevention programs for adolescents to reduce suicide rates.

## Risk Factors for Self-Harming Behavior

There are a variety of reasons for why students partake in a behavior that would lead to self-injury. There is not one specific, precursor or warning that allows educators to know a student is thinking about hurting themselves, there is a wide example set. Knowing a variety of

possible triggers or causes of self-harm allows for a teacher to modify their language and content when in the classroom.  Avoiding trigger words, material or generally being sensitive to the mental health needs of students suffering from post-traumatic events or depression is necessary when working with students who are susceptible to harming themselves.  Knowledge of the causes may reduce that amount of the behaviors enacted.

For any student who has been traumatized, a trigger is something that recalls a past trauma, and can elicit an emotional reaction.  Often triggers are an emotional portal towards unwanted or dangerous behaviors.  When a trigger is intense it may lead to a person feeling that they are momentarily losing touch and control over their present surroundings (Litt, 2015). Students feeling that they are not in control are more likely to partake in dangerous or possible self-harmful behaviors.  Wyman (2009) describes anger, dysphoria and interpersonal conflict as triggers for self-injury.

The Social Cognitive Theory suggests that Self-injurious behaviors are adopted through the modelling of others.  Developmental researchers have hypothesized that peer behavior is particularly important at this time (Hasking, Andrews & Martin, 2012).  Hasking et al. (2012) argues that Self-injurious behavior may spread among young people, through the exposing of wounds and openly discussing the behavior.  Evidence of a possible "contagion effect" has been found in clinically-based studies, suggesting the exposure to Self-injury within inpatient psychiatric facilities has led patients to starting to self-injure (Hasking et al., 2012).  Adolescents in an impatient facility may initiate self-injurious behavior in an attempt to imitate their environment, therefore making students in facilities at a greater risk.  Students in a facility often want to fit in, and when depressive symptoms emerge they may emulate the peer accepted

behavior of self-injury in order to alleviate depressive symptoms while at the same time participating in a peer approved act.

In a self-report study for self-harm motivators, teen participates indicated that they partake in self-injurious behaviors for a variety of reasons. The most common reasons for self-injury was a coping mechanism and a means of relief, for regulations of feelings, self-punishments, attention seeking or sensations seeking (Wilkinson, 2011). In a study by Hicks and Hinck (2008), they added that the sight of blood can restore a sense of authenticity for some students. Seeing the blood flow as a result of cutting can serve several functions such as relieving tension and bring a sense of calmness to the individual. In addition to the psychological release from emotional pain, a physical release of endorphins brings about an emotional high, which may contribute to the addictive like tendency of the acts (Wilkinson, 2011).

Adolescents suffering from depression often state that they feel nothing at all. One of the justifications that a student may have for participating in self-injurious behavior may be to deal with negative emotions in an attempt to at least feel something, even if it is physical pain. Marshall's study argues that the opposite effect may operate. It is possible that when adolescents engage in self-injury, their depressive symptoms may increase. The relief supplied with self-injury is short-lived and the symptoms of depression that justified the use of self-harm are likely to reoccur. The reoccurrence of symptoms and the guilt associated with the act might actually be a prompt for repeated self-injury (Marshall et al. 2012).

**Depression and Suicide**

Kim et al. (2011) argues that individuals with depression may begin to perceive life in a negative and distorted way.  This phenomenon coincides with a "cognitive triad" that contributes for to an individual's depression (Kim et al., 2011).  The theory argues that negative perceptions in one's early age can predispose an individual to suicide-related behaviors through activation of negative life events.  For example, a student who is stressed may think that they are worthless, the world is unfair, and their future is hopeless.  Triggered by this negative triad, adolescents who have a depressive disorder may commit suicide to end their symptoms.  Educators can help interrupt this destructive cycle through intervention and understanding, potentially reducing the number of suicide attempts.

Regarding depression, the findings from Kim et al. indicated that depression had a direct relationship with adolescents' suicidal behaviors.  Adolescents often have stressful situations including their studies, relationships, and physical changes. Stressful situations can lead to negative thoughts.  Negative thoughts contribute to an individual's depression, and that depression may lead to self-harm.  Individuals participating in self-harm are more likely to have suicidal behaviors.  They also found that female participants are 14.4% more likely to be depressed than male participants (Kim et al., 2011). An increase in depression rates for females is related to an increase in self-harm activity for females as well.  They argue that depression, gender and suicide are significantly correlated to one another.

Wyman correlated the argument made in Kim's et al. work by stating that depressive symptoms and overall psychological distress are linked to suicidal thoughts in young children (Wyman et al., 2009).  Childhood trauma also increases the risk for suicide in adulthood,

suggesting that chronic distress and undeveloped coping techniques contribute to suicidal behaviors.  One cognitive factor influencing young people's expression of suicidal thinking is that lack of a mature concept of death (Wyman et al., 2009).  Amongst young people there is an inconsistent knowledge on the irreversibility of death and the casual factors leading to death.

A number of risk factors for suicidality have been connected to psychosocial stressors, a previous suicide attempt and the presence of certain anxiety based disorders.  A positive relationship between anxiety and suicidal thoughts and behaviors has also been established.  A number of studies have shown the direct associations between anxiety symptoms with increased suicidal thoughts and behaviors.  Estimates suggest that as many as 50% of children and adolescents with an anxiety disorder exhibit suicidal ideation (Storch et al., 2013).

Among those students with diminished psychosocial functioning and communication abilities, such as those with Autism Spectrum Disorders (ASD) findings have shown a surprising high amount of suicidal thoughts and behavior.  Storch et al. (2013) speculates that these findings may reflect an interaction between psychosocial functioning and communication abilities.  Those with Asperger's and Autism have shown reports of high levels of internalizing symptoms.  In general, students that lack in social functioning and communication skills tend to cope with distress less effectively than those with adequate social skills.  Sustained internalized distress and frustration may lead to making suicidal statements when they are emotionally overwhelmed and incapable of applying more effective functional communication, emotional regulation, and general coping skills to manage distress.

**Counselors and Self-Injury**

Schools are one of the most important institutions that are in a position to help-self injurers. They have contact with large groups of youth, are found in every type of community, and are currently involved in a multitude of mental health services. Due to their training, school counselors are well positioned to play a role in the mental health of a child who is participating in self-injury. Counselors have an obligation to provide effective services to ensure students' safety. Young people need safe and trusting relationships in order to enhance positive relationships and interaction, a counselor can be that person to help develop a healthy relationship.

An important characteristic of counselors reducing self-injury is by their ability to identify self-injurers. The most common methods of discovery are, being informed by a non-participating student as a trusted staff member, being approached by the self-injurer themselves, or personally recognizing the symptoms (Roberts-Dobie, Donatelle, 2007). Conditions that may enhance help-seeking action are a climate of caring and concern, and having safe and trusting relationships with counselors.

When a counselor is able to work with a student, the promotion of positive health and wellness is the ultimate goal. In order to effectively intervene with a self-injurer a substitution for release of painful emotions must take place while motivating the individual to achieve improved health. A good counselor is able to do that through skill building techniques, role-plays and behavioral modelling. Meeting with students allows the counselor to help them resolve or cope constructively with their problems. 91% of all "counseling" sessions in Roberts-Dobie et al.'s study were described as individual counseling (Roberts-Dobie et al. 2007). Individual counseling refers to assisting students to cope with a problem, though not necessarily

treating the self-injury issue itself. Counselors can encourage adolescents to develop productive coping mechanisms and appropriate methods for managing stress, anxiety and depression.  The goal is that by coping with the problems the adolescent may be going through; the desire to self-harm may reduce.

Additionally, nurses play a significant role in early detection and intervention, greatly increasing the possibility of successful cessation of self-injury.  A team comprising of the school nurse, counselors, social workers and administration should have a plan in place when self-injury is discovered with a student.  As leaders of health care in the school setting, school nurses have the ability to increase awareness, educator others to risk factors and indicators of participation in self-harm.  Prevention is the primary goal with referral and treatment being circuital once self-harm has been identified by a health care official.

In addition to working with students participating in self-injury, it is often a school counselor's job to help other school staff, such as administrators, nurses and teachers manage the needs of students in a school setting.  School counselors can organize professional development for colleagues and provide parents with educational resources focused on self-injury.   By providing the required information to the staff about the needs of a student who is engaging in self-injury, the counselor is providing a multitude of important services that will reduce the amount of incidents of self-injury.

## Education and Awareness

Mental health issues in the school setting can have a direct effect on the level of academic success achieved.  The ability of school staff to recognize anxiety, stress and other emotional states can be an opportunity for bonding between student and staff, allowing for additional

support, guidance and monitoring of psychosocial problems that may lead to self-injury

(Wilkinson, 2011).  Building trust, having effective communication, and nurturing relationships

with teens are components that will enhance dialogue and strengthen staff/student interactions.

Students with emotional disorders, such as depression, anger management, autism and

posttraumatic stress disorder are increasingly being identified in the school setting (Roberts-

Dobie et al., 2007).  In order for a staff to do this successfully, there needs to be more knowledge

about self-injury available for staff members.  Counselors have perceived a need for those

around them to be more informed on the topic of self-injury (Roberts-Dobie et al., 2007).

Teachers, parents, students and administrators were commonly mentioned as groups needing

information.

A new program called SOSI (signs of self-injury) has emerged, aimed at educating staff

and students about the issue, as well as increasing help-seeking attitudes and behavior while

attempting to decrease the acts of Self-injurious behavior (Wilkinson, 2011).  The primary goals

of the SOSI program are to increase knowledge of self-injury including warning signs and

symptoms, improve attitudes and capability to respond and help refer students who engage in

self-injury, increase help-seeking behaviors for self-injurers, and decrease acts of self-injury

among adolescents (Muehlenkamp, Walsh, McDade, 2009).

The SOSI program is divided into two general modules, one for the faculty and staff and

one for the students.  The staff module is designed to instruct about the potential warning signs

for the behavior and suggested ways to respond if a student discloses self-injury.  The student

module is designed to be implemented in the classroom using multi-media to share information.

SOSI encourages students to use the ACT model (Muehlenkamp et al, 2009): Acknowledging

the signs, demonstrating-Care for the person, and to Tell a trusted adult.

Studies by Haskings and Muehlenkamp suggest that openly discussing Self-injury with young people might be a means of preventing the behavior. School based programs may improve knowledge and attitudes towards help-seeking without exerting the socially modelling effects of a contagion like effect. Their results suggest that rather than seeking to limit the exposure to self-injury, it is more important to identify vulnerable youth and help them develop more effective coping skills (Haskings et al., 2012).

Schools must develop support school-family partnerships. Schools should inform parents about the school's self-injury activities and enlist parental support where possible. Self-injury prevention materials should be available to parents, which would include information on the causes of self-injury, the symptoms, steps for contacting help and information on what the school can do for students who self-injure. The education of parents is important because parents are more likely to notice these behaviors in their children at home. It also informs them what to do when they see these behaviors, and lets them know the school has a plan for the behavior and will be able to help.

It is important for every school staff member that is in contact with adolescents to be able to discuss self-injury in such a way as to limit the attraction of self-injury as a coping strategy. Alternatively, it is also possible that the exposure to information regarding self-injury among friend and peers may enlighten young people to the negative effects that self-injury has on individuals, and those around them.

### Literature Review Conclusion

Self-harming behavior amongst adolescents has increased in prevalence throughout America, and this led to a growing amount of research done on the topic. Self-injury is a

problem that affects thousands of adolescents and can lead to increasing health issues, lack of

academic success, inability to properly deal with emotional distress, and possible suicidal

ideation and completion. Multiple methods of self-harm are often performed by students and

may be carried out several times over the course of many months. The techniques used vary

greatly. In addition to the psychological release from emotional pain, a physical release of

endorphins brings about an emotional high, which may contribute to the addictive like tendency

of the acts. Self-injurious behavior may be to deal with negative emotions in an attempt to at

least feel something, even if it is physical pain. Due to the secretive nature of the act of self-

injury the numbers collected regarding the occurrence rate can be unreliable.

Depression is one of the most prevalent mental health problems in adolescents.

Depressive symptoms and overall psychological distress are linked to suicidal thoughts in young

children and adolescents. Negative thoughts contribute to an individual's depression, and that

depression may lead to self-harm. Numerous studies have also asserted that depression is clearly

associated with suicide.

Children and adolescents are more likely to participate in self-injurious behaviors while

at the same time being seen as particularly vulnerable to trauma. Trauma can occur when a child

perceives themselves or others around them to be threatened by serious injury, death or

psychological harm. There is often a link between depressive symptoms and negative life events

or past trauma. Chronic stress events play a role in the onset up to 50% of depressive episodes

Additionally exposure to trauma has been connected to lower grades, decreased IQ, and higher-

dropout rates. Childhood trauma also increases the risk for suicide in adulthood, suggesting that

chronic distress and undeveloped coping techniques contribute to suicidal behaviors.

In order for educators to develop successful methods to reduce the amount of self-harming behavior that occurs in schools, there needs to be an understanding of trauma and depression.  Students with emotional disorders, such as depression, and students participating in self-injury are increasingly being identified in the school setting. A team comprising of the school nurses, counselors, social workers and administration should have a plan in place when self-injury is discovered.  Due to their training, it is often a school counselor's job to help other school staff through education.  School based programs may improve knowledge and attitudes towards help-seeking without exerting the socially modelling effects of a contagion like effect. It is crucial for everyone that is in contact with young people to develop the skills to discuss self-injury in such a way as to limit the attraction of self-injury as a coping strategy.

## Methodology

### Context

This study took place in three classrooms and one counseling office in a school for adolescent students with an Emotional Disturbance in upstate New York.  The school is located on an independent site, and receives students from urban, suburban and rural school districts. The three classrooms are all in the same location and are at the 6:1:1 ratio.  Each of the classrooms is taught by a dual certified special education/academic content teacher.  The counseling office was used to provide one student with privacy while participating in the questionnaire.  After approaching the staff about the possibility of conducting the survey the two administrators, five classroom teachers and four counselors, were all very accommodating and interested in helping with the project.

This location was chosen for several reasons.  First, the population of the students provided a good sample set of adolescents suffering from depression which was necessary for data collection.  Secondly, my access to these students was convenient because I am one of the five content/special education teachers in the program.  Lastly, the availability of mental health counselors allowed for flexibility and feedback when providing the questionnaire.  The study was given in the four locations simultaneously.  The questionnaire was given during the summer session so there was flexibility with the classroom schedule, and availability of the students.  Attendance during the summer is often slightly lower than during the academic year, so several of the students in the full time program were not available.

**Participants**

The full-time population of the school is 24 students.  There were 17 students, all within the ages of 14-18, participating in the study.  Eleven of the students were female, and six of the students were male.  The three classes were divided based on their academic schedule, which provided an even mix of male and female students taking the questionnaire.  The one student participating independently in the counseling office was female.  All of the participants are considered to be emotionally fragile and with a diagnosis of Other Health Impairment or Emotionally Disturbed.  Most of the students suffer from some level of depression, with approximately 25% having participated in self-harm in the past.

Students were informed by their special education teachers about the request to complete the survey two days before it was to be administered.  Due to the anonymous nature of the survey pseudonyms were unnecessary. The survey was designed to use check marks to answer the questions so I would be unable to recognize their handwriting.  All students were informed

that the anonymous nature of questionnaire implied consent, and that they were not required to participate if they did not want to.  All students chose to participate.  Students were then assured that all data was to be kept in a secure location by myself, and only the finished collected school data would be shared with academic peers at a later time, not their individual surveys.

**Method**

This study was designed to determine the motivation for self-harm amongst adolescent students suffering from depression.  This study, based on the available student pool, focused on adolescent students, with comparison data being collected based on gender.   I was attempting to see if there was a correlation between specific motivators and self-harm, as well as to try to understand if there was a difference in motivation based upon the gender of the participants.

Data was found in this study through one specific questionnaire.  Students were asked to complete 18 scaled questions about the motivators behind self-harm and 2 yes/no questions about the value of self-harm education at school.  Each of the scaled questions asked to students to rate how strongly they agreed or disagreed that the.  Each of the questions was rated on a 1-5 scale, with 1 being strongly disagree with the statement, and a 5 meaning strongly agree.  All 17 students used the same assessment simultaneously, and questionnaires were gathered and tallied in order to compare how their responses differed.

**Procedure/Materials**

In order to successfully conduct the experiment, I first needed a copy of the questionnaire, which is provided in the 1st appendix below.  The other materials needed were mundane in nature, with pens, a room to for the students to sit in, and a folder to keep completed questionnaires finishing off the list.  The first step in conducting the study was to organize the

classrooms so there was an equal amount of students in each.  I explained to each room of

students the reasoning behind the survey, ensured them the anonymity of the answers, and

provided feedback on any questions they may have had.  After having the students complete the

questions, I collected all of the papers and stored them in a safe, confidential place.  Finally I

tallied the survey responses according to female answers, male answers, and then a collected

sheet of combined tallies

**Data Collection**

Data was collected by a uniform questionnaire that was created by the researched, with

the help of the mental health team at the school.  The initial set of questions was based upon

several self-harm surveys that were found available online.  The online surveys were self-

diagnostic in nature, so I worded my questions in a manner that implied not an individual stance,

but a more encompassing nature when pertaining to motivation.  The online surveys I used in my

research were; the Inventory of Statements about Self-Injury (ISAS), the S.A.F.E. Alternatives

self-injury self-assessment, the life signs self-injury guidance support, the Non-Suicidal Self-

Injury Assessment Tool (NSSI-AT) and the Deliberate Self-Harm Inventory (DSHI).

**Data Analysis**

Given the fact that there were 18 scaled questions, and two yes or no questions the data

had to be collected in an organized manner in order to reduce confusion, and skewed results.  All

of the questionnaires were first tallied according to their gender, and then tallied according to a

non-gender specific data set.  This process provided us with a male tally sheet with six results for

each question a female tally sheet with 11 results for each question, and a combined sheet with

17 results for each question.  The scaled questions were then organized into the following

categories;

       1)  Regulation/generation of feelings and emotions

       2)  Sensation seeking

       3)  Punishment (myself/others)

       4)  Marking distress

       5)  Interpersonal Relationship

For each question the tally marks were noted, and given a percentile.  These percentiles

were then looked over by the researcher in order to find any themes or discrepancies.  First, the

non-gender specific answer sheet was investigated in order to find questions and categories in

which the majority of students either agreed or disagreed with.  Then the results of the two

gender tally sheets were compared against one another to see if there were any questions or

categories in which there were large discrepancies.  Trends in the data were noted and

documented so they may be presented later in the study.  The tallying process was done by the

researcher.

## Findings and Discussion

Through a more detailed understanding of these findings, we can begin to see patterns

emerging among a student population that is particularly as risk for self-injurious behavior.

While some of the categories approached through the questionnaire have very concrete patterns

for us to see, others are more difficult to interpret.  Several of the categories show stark

differences when looking at gender based data, other categories see little to no difference

between the two.  The data of the findings will be presented in manner in which each individual

category is presented and then interpreted before moving on to the next.

Category 1 included five questions that were related to the regulation and generation of feelings and emotions. They were created in a manner that would gauge how important regulation is as a motivator for self-injury. All five questions addressed the theme that students participate in self-injury in order to self-regulate feelings and emotions. The questions included in this category were:

1) People use self-harm to calm themselves down or relieve stress

4) People use self-harm just to feel something

5) People use self-harm to deal with depression

10) People use self-harm to reduce anxiety

15) People use self-harm to deal with anger

The combined tallies for all five questions had similar results. Question 1 resulted in 73% of the students agreeing that self-harm is used to calm themselves down, with 18% being undecided and 12% disagreeing. The difference based on gender was negligible with 72% of females agreeing and 66% of males. Question 4 resulted in 53% of students agreeing that adolescents use self-harm just to feel something, with 12% undecided and 36% disagreeing. Comparisons based on gender were similar as well with females agreeing 54% of the time and males agreeing 50%. Question 5 resulted in 83% of students agreeing that people use self-harm to deal with depression, with only 6% disagreeing. Gender results were 91% in agreement from females, and 83% for males. Question 10 resulted in 77% agreeing that self-harm is used to reduce anxiety with only 6% disagreeing. Females agreed 82% of the time, while males agreed 66% of the time. Question 15 resulted in 83% of students agreeing that self-harm is used to deal with anger

with only 6% disagreeing- females agreeing 91% of the time with males agreeing 83% of the time.

The findings in category 1 were easy to interpret once the final tallies were added up. Most students seem to believe that self-harm is used by people in order to self-regulate their emotions. There is little difference in the findings based upon gender. This development can help us assume that some of the adolescents who participate in self-harm are doing it in order to regulate their feelings. With this knowledge educators can develop alternative strategies to work with students in ways that may better allow for healthier handling of emotional difficulties. New techniques can be taught to students through counselors that may teach them safer ways in which to regulate and deal with negative feelings.

Category 2 included four questions that were related to the physical sensation seeking that one experiences when inflicting self-harm. They concentrated on the physical release and addiction that one has with the act of self-harm. Most of the research from the literary review failed to support the physical addictiveness of the act, and any further resource into motivation behind the physical sensation would be helpful. The questions included in this category were the following:

2) People use self-harm because it feels good

13) People use self-harm to make sure they are alive when it's hard to feel

17) People use self-harm because they can't help it

18) People use self-harm because it is addicting.

Unlike category 1 which had similar results for each question, the responses for category 2 varied. The variances occurred on specific questions, and with gender based tallies as well. Question 2 resulted in two very different answers from the female and male populations. Female agreed that people use self-harm to feel good 54% of the time, disagreed 18% of the time, and had 9% undecided. The males responded with 0% agreeing, 50% undecided and 50% disagreeing. These two very different results can give us a good understanding how females may attribute the physical act of self-harm as feeling good, while males are more likely to associate self-harm as feeling bad or painful.

Questions 13 and 17 were similar in the fact that the results for both questions had little to no pattern. Question 13 resulted in 35% agreeing, 35% undecided and 30% disagreeing. Question 17 resulted in 24% agreeing, 41% undecided and 35% disagreeing. Neither of these questions received a strong response in agreement or disagreement. The gender based data for the two questions were in concert to the combined results. This may be due to the lack of strength in the questions themselves, or the more personal relationship students have with this particular set of questions.

The only question in this category that had a strong sense of agreement from students of both genders was question 18; people use self-harm because it is addicting. The combined results for question 18 had 64% of students agreeing, 24% undecided and 12% disagreeing. Females agreed 72% of the time and males agreed 50% of the time. The strength of these results may not account for the difference if self-harming is addicting physically or emotionally, and a second set of questions differentiating the two may have received a different result. So while category 2 failed to provide as strong as a response as category 1, it can allow us to make several

assumptions based on the data.  First, that there may be a different relation to the aspect of pain

from self-harm based upon gender, and that the act of self-harm may be addicting in nature.

Category 3 included three questions that asked students if the motivation behind self-

harm was in order to punish themselves or others.  The questions discussed internal punishment

of the self, and the external punishment of friends and families.  Information from the literary

review discusses about how self-harm can be used to punish oneself, but there is little about

using self-harm to punish others.  The questions for category 3 included:

3)   People use self-harm to shock or harm others

6)  People use self-harm to punish themselves

11)  People use self-harm to punish their family members

Now while the specific results of the three questions differed in nature, they do allow use to paint

a more accurate picture on the motivations behind self-harm.   The results for question 3 were

24% agreeing, 12% undecided and 65% disagreeing.  The difference in gender tallies resulted in

a stronger response from females with 82% disagreeing; while male results were more varied

with 33% agreeing, 33% disagreeing and 33% undecided.  This can show us that while males are

unsure about this question, females' feeling strongly that self-harm is not done in order to shock

or harm others.  This theme is continued on with the results from question 6.  64% of students

agreed that a motivation for self-harm is to punish themselves, with 6% undecided and 29%

disagreeing.  Similar gender specific results were also found in question's 6 results, with male

responses varying with 50% agreeing, 17% undecided and 33% disagreeing; while female

responses were a stronger 72% agreeing and 27% disagreeing.

Question 11 continued to give similar results as the first two questions in our category but with a less concentrated response. Only 24% of the students stated that self-harm is done in order to punish their family members, with 18% being undecided and 58% disagreeing. Males split their answers equally with 33% for all options, while females had a stronger response with 72% disagreeing and only 18% agreeing. Category 3 shows us that the male motivation to punish themselves and others may be varied, but there is a very strong argument from the female's data that self-harm is something to be internalized and is not used to harm or hurt those around them. Category 3 reinforces some of the evidence from category 1 in the argument that adolescent self-harm is something done to oneself, and is not always about those around them.

Category 4 consisted of three questions that were related to the marking of distress for others to see. Two of the questions were created in order to gauge how people use self-harm in order obtain some type of awareness or help from others in order to solve a problem. Question 14 was included to address one of the largest stereotypes about self-harm; that it is done in order to receive negative attention. This question coincided with some of the clinical studies that suggest that adolescents may pick up the habit because their peers do. The questions for category 4 included the following:

7)  People use self-harm to physically show how they feel to others

14) People use self-harm for attention

16)  People use self-harm in hopes that someone will notice that something is wrong

The results in category 4 were difficult to interpret as a whole because there was such a variance between genders on each question. The combined results seem to be spread out evenly for all three questions, but when we separate the results for each question by gender a strong pattern

begins to emerge for each. It begins with question seven, while only 27% of females agree that

self-harm is done to physically show how they feel to others, 100% of the males surveyed agreed

that it was. This continues onto question 14 in which only 36% of females agreed that self-harm

was done for attention while 100% of males agreed that it was done for attention. Lastly on

question 16 45% of females agreed that self-harm is done in hopes that someone will notice

something is wrong, 67% of males agreed.

Category 4 can provide us as educators a good insight into the difference between male

and female participation in self-harm. It is in this category that we see a strong correlation

between males and the externalization of self-harm to receive help or attention. We must be

aware that the purpose of this questionnaire was to determine motivation as these students see it,

and males who do not participate may look at self-harm as something others do in order to gain

attention. Since the number of participates in self-harming is very strongly associated with

gender, it may not be surprising to see that males may look at the motivators differently than

females. The females who participate may believe that they do it in order to self-regulate, while

males, who may not participate in self-harm, could believe that people do it for attention, be it

negative or positive.

The final category of questions was related to using self-harm to affect interpersonal

relationships. The three questions approached self-harm as either a way to better connect to

people, or as a way to create distance between the adolescent and others. While questions in

other categories may have implied that self-harm is used as a way to build relationships, these

questions specifically approach the issue. The questions are as followed:

8)  People use self-harm to separate themselves from others

9) People use self-harm to show how tough they are

12) People use self-harm to bond with peers

The results for all three of the questions are similar and can help us form some very strong conclusions about adolescents' perception of self-harm. All three of the questions had a large percentage of the students disagreeing the self-harm is done for interpersonal relationship reasons. The results for questions 8 are 53% disagreeing, 29% undecided and 18% agreeing. Question 9 has 82% disagreeing, 6% undecided and 12% agreeing. Question 12 has 88% disagreeing and 12% undecided. The results of all three questions have very little variance based upon gender.

All of responses in category 5 support the argument that self-harm is not something people partake in order to better relate, or build relationships with others. This correlates well with the evidence we have seen in the first four categories, by supporting the argument that self-harm is often something done for one self. This may be in disagreement with some of the evidence we've seen in the literary review that often there is a contagion type effect with self-harm that can spread over a community in order for students to fit in. The results provided by the survey would argue that students themselves do not feel that people participate in self harm due to peer pressure or a desire to better relate with others.

The last two questions provided on the survey asked if self-harm was an important issue among today's adolescents, and if talking about this issue at school is helpful. 94% of the students said that self-harm is an important issue today, but only 65% of the students thought that talking about it in school would be helpful. Strategies suggested in the literature review argue that talking about this issue at school would increase awareness and hopefully reduce the

occurrence. However, students may believe that talking about it in school could be embarrassing, or that talking about it may actually trigger certain students to participate in self-harm.

## Conclusion

Several traits and themes become apparent to us as we begin to research and understand self-injury. While the act itself may be seen as something shocking to an outside observer, the causes and motivations behind the act are something than can be understood. Through the literature review we are able to find the deep seeded connections between self-injury and depression. With such a large percentage of adolescents who partake in self-injury having suffered from depression, we need to understand the link in order to help reduce the occurrences in which self-injury happens. It is also important for educators to understand the link between a traumatic event and depression. While not all adolescents who suffer from a traumatic event will use self-harm, many will suffer from depression, and adolescents who do suffer from depression are more likely to use self-harm in the future.

When creating the questionnaire I was already aware of the connection between depression and self-injury, but I wanted to understand what an adolescent perceived as a motivator. I assumed that depression was the connection, but I had no pre conceived ideas on what adolescents thought were the motivators behind self-harm. I provided a large sample size of questions in order to make sure I covered as many options as possible, and if my data provided no clear reasons behind the motivation, maybe it would be able to eliminate some preconceived assumptions as to which motivators are relevant.

I work in an environment in which self-harm is a much more commonplace event than in a general educational setting.  Self-harm is something that directly impacts the way in which many of my students succeed in an educational setting.   I was motivated to create this research because I would see that my students who were causing self-injury were doing so in order to fill some sort of need that may have been related to their depression.  I feel as though I was able to develop some conclusions that better allow us to understand the motivators behind self-harm.  Students who self-harm may be attempting to solve their own problems with depression, but in an unhealthy way.  If we are able to teach these at risk student's alternative strategies in which to regulate their feelings and emotions, educators will be better able to work with and reduce the amount of students who hurt themselves.

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## Intro/What is self-injury?

Self-injury is any deliberate behavior that inflicts physical injury to a person's own body.  This may include:

- Ripping or tearing skin
- Cutting arms, legs, torsos or other parts of the body
- Carving words or symbols into the skin
- Intentionally preventing wounds from healing
- Engaging in fighting with the intention of getting hurt
- Burning
- Banging/pinching or hitting oneself
- Swallowing dangerous substances
- Pulling hair

Self-Injury affects people of all ages, gender and backgrounds.  Self-Injury may have an immediate effect of relief, but the relief is often temporary.  The underlying emotional issues may remain.

Talking about self-injury can be very difficult.  Discovering that someone you care is self-harming can be overwhelming.  Through better understanding of this issue we can help those in need to manage their feelings and emotions.

**The study will be anonymous.  For the purpose of data collections please write your gender bellow:**

**Fill in the following:**

| People use self-harm …… | Strongly Disagree (1) | Somewhat Disagree (2) | Undecided (3) | Somewhat Agree (4) | Strongly Agree (5) |
|---|---|---|---|---|---|
| **1.** to calm themselves down/relieve stress | | | | | |
| **2.** because it feels good | | | | | |
| **3.** to shock or harm others | | | | | |
| **4.** just to feel something | | | | | |
| **5.** to deal with depression | | | | | |

| People use self-harm …… | Strongly Disagree (1) | Somewhat Disagree (2) | Undecided (3) | Somewhat Agree (4) | Strongly Agree (5) |
|---|---|---|---|---|---|
| **6.** to punish themselves | | | | | |
| **7.** to physically show how they feel to others | | | | | |
| **8.** to separate themselves from others | | | | | |
| **9.** to show how tough they are | | | | | |
| **10.** to reduce anxiety | | | | | |
| **11.** to punish their family members | | | | | |
| **12.** to bond with peers | | | | | |
| **13.** to make sure they are alive when it's hard to feel | | | | | |
| **14.** for attention | | | | | |
| **15.** to deal with anger | | | | | |
| **16.** in hopes that someone will notice something is wrong | | | | | |
| **17.** because they can't help it | | | | | |
| **18.** because it is addicting | | | | | |

19.  This is an important issue among today's adolescents:

        **Yes**                             **No**

20.  Talking about this issue at school is helpful:

        **Yes**                             **No**