

# Signs of Self-Injury

## ACT<sup>®</sup> to Prevent Self-Injury

- Self-Injury is defined as deliberately harming one's body, usually without suicidal intent, in order to reduce psychological distress. Common examples of self-injury include cutting, burning, picking, and self-hitting.
- The Signs of Self-Injury prevention program is designed to address the problem of self-injury among high school aged youth. The program is based on the same model that Screening for Mental Health<sup>®</sup> used to develop its widely used, evidence-based, SOS Signs of Suicide<sup>®</sup> prevention program. The program uses principles of modeling to teach youth to recognize the signs of distress, in either themselves or a friend, and to respond effectively using the ACT<sup>®</sup> technique (Acknowledge, Care, and Tell).
- The Signs of Self-Injury DVD, and the accompanying implementation guide, is designed to provide high schools with tools to prevent and respond to self-injury. Specifically, these tools are targeted for use by students, school staff and parents, but can be adapted to many educational or clinical environments where groups of adolescents are under the care of adults.

### High School Prevention Program Includes:

- Implementation guide: step-by-step instructions including training materials, educational resources, lesson plans, and templates

*Also included in the implementation guide:*

- Reproducible self-assessment forms for students
  - SITBI-short form: Structured interview assessment for clinical professionals
  - Guidelines to plan a parent training
- The *Signs of Self-Injury* educational DVD and discussion guide includes:
    - A training segment for high school personnel
    - An educational segment for high school students

**YES!** I'd like to register to receive the Signs of Self-Injury Kit- \$100

### REGISTRATION FORM | TO REGISTER, please send this form with payment to:

Screening for Mental Health/Schools, P.O. Box 845788, Boston, MA 02284-5788

Tel: 781.239.0071 Fax: 781.431.7447

[www.MentalHealthScreening.org](http://www.MentalHealthScreening.org)

Email: [Selfinjury@MentalHealthScreening.org](mailto:Selfinjury@MentalHealthScreening.org)

### MY CONTACT INFORMATION

Organization Name \_\_\_\_\_

Street (UPS will not ship to P.O. Boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

### PAYMENT INFORMATION

Check Enclosed Check # \_\_\_\_\_

Purchase Order # \_\_\_\_\_

All checks made payable to Screening for Mental Health/Schools (Tax ID# 04-3221069)

\_\_\_ American Express \_\_\_ Discover \_\_\_ MasterCard \_\_\_ Visa

Name as it appears on card \_\_\_\_\_

Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_