

BRISTOL COUNTY AGRICULTURAL HIGH SCHOOL

135 CENTER STREET
DIGHTON, MASSACHUSETTS 02715

Office of the
School Adjustment Counselor

Tel: (508) 669-6744, ext. 163
Fax: (508) 669-6747
Email: bboudreau@bcahs.com

Beth Boudreau

Dear Parent/Guardian,

The teenage years are marked by a roller coaster ride of emotions – for teens, their parents, and educators. During this time in your child's life, mental health concerns may arise, including concerns about self-injury. Self-injury is when a person intentionally harms his/her body, generally without suicidal intent, in order to reduce psychological distress. To proactively address this issue with our students, Bristol County Agricultural High School is implementing the *Signs of Self-Injury Prevention Program*.

By offering this program, our goals are:

- To help our students understand self-injury is a maladaptive way to cope with emotions and that treatment can alleviate a person's distress and lead to healthier ways to cope
- To provide students with training in how to identify self-injury in themselves or a friend
- To teach students they can help themselves or a friend by talking to a trusted adult about their concerns

Your child will attend a presentation conducted by our Student Services staff that addresses the above mentioned topics. The presentation includes a PowerPoint discussion as well as some short video clips demonstrating how to approach the topic of self-injury with a friend about whom you are concerned. The PowerPoint portion of the presentation is available for you to view on the Student Services page (click on the Parents tab then the Student Services link) of the school's website. At the end of the presentation, students will be given the opportunity to fill out a response card indicating whether or not they would like to speak with someone from Student Services regarding concerns they have about self-injury and themselves or a friend.

If you have concerns about your child after reviewing this material, we encourage you to speak with your son or daughter and follow up with a mental health professional for a complete evaluation. Please refer to the Student Services website to view the Counseling Resource List for a list of mental health providers in your area as well as additional information for families regarding self-injury.

Please complete the attached permission slip and return it to the school by September 16, 2017 so your child has permission to participate in this program. If you have any questions, please feel free to contact me at 508-669-6744 x.163 or bboudreau@bcahs.com.

Sincerely,

Beth Boudreau

Beth Boudreau

School Adjustment Counselor

Bristol County Agricultural High School *Signs of Self-Injury* Permission Slip

I do

I do NOT

give permission for my child, _____, to participate in the *Signs of Self-*

Injury program taking place during the 2017-2018 school year.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date