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Walsh, B. (2006). *Treating self-injury: A practical guide*. New York: Guilford. ISBN 1-59385-216-9-256246-3. 317 pages.

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*Reviewed by:* Jack De Stefano, Ed.D., McGill University

*Treating Self-Injury* is the product of Barent (Barry) Walsh, who is the current executive director of The Bridge of Central Massachusetts, a consortium that provides a variety of mental health and educational services to children, adolescents, and adults. Dr. Walsh is a leading expert in the topic of self-injury and has conducted research on self-injury and presented his work to the international community. The book presents an overview of self-injury with a special emphasis on assessment and intervention.

*Treating Self-Injury* is intended to be informative to a broad range of professionals, including mental health specialists and school- and community-based counselling professionals who work with adolescents, young adults, and their families. The book is organized into three sections: (a) definitions and types of self-injury, (b) assessment and treatment, and (c) special topics.

The author begins with definitional issues in an attempt to deconstruct some of the mythology and misinformation surrounding self-injury. He makes an important distinction between common self-injury, the type that most community-based professionals are likely to encounter, and major self-injury. Common self-injury is essentially a coping mechanism where the bodily harm is of modest damage and there is little long-term scarring. Major self-injury is synonymous with self-mutilation and involves the significant destruction of body tissue. This latter category is usually the domain of hospital settings and psychiatry departments and represents a very severe form of self-injury and its comorbid conditions. Dr. Walsh does an excellent job of addressing the question of what constitutes self-injury and, particularly, of clearly differentiating it from suicidal gestures. There is a useful table in Chapter 1 that contrasts the markers associated with suicide and self-injury. The first section carefully articulates the issues that would be of interest to a general professional population. For example, Part I ends with Walsh's discussion of the relevance of the current cultural practices, like tattooing and scarification, to self-injurious behaviours.

The most prominent and important aspect of *Treating Self-Injury* is the middle section (Part II) on assessment and treatment. Here, in a series of 11 chapters the author lays out his primary theoretical and clinical perspective on working with individuals who self-injure. The author adopts a biopsychosocial conceptualization of the etiology and assessment of self-injuring behaviour. Essentially, he gives careful scrutiny to the factors that influence the behaviour or interact with it in various ways. This overarching framework sets the stage for the assessment and treatment aspects of counselling those clients who self-injure. The table in this chapter presents the types of information that can be gathered from the five domains of his framework (environmental, biological, cognitive, affective, and behavioural).

In the following chapter on "Initial Therapeutic Response," Walsh sets the parameters for what might be considered an appropriate therapeutic stance when work-

ing with clients who self-injure. The author presents several important guidelines including maintaining a dispassionate, low-key demeanour coupled with interest and curiosity as a posture of choice. He also offers the important suggestion to pay careful attention to the language we might use in describing the phenomenon and to deliberately avoid terms like "suicidal gesture" or "suicidal attempt" in favor of more behaviourally descriptive words. This chapter is essentially a set of "do's and don'ts" that are specifically intended to get the counselling off on the right foot.

The chapter on cognitive-behavioural assessment is the longest in the book, and in it Walsh establishes the important guidelines needed for a comprehensive assessment of self-injurious behaviours. He returns to his basic biopsychosocial framework and carefully describes each of the areas that must be explored for a thorough understanding to occur. Walsh attends to the numerous antecedents, consequences, triggers, and factors that maintain the behaviour. There is the very specific suggestion to collect information in a systematic way, and Walsh advocates for the use of a self-injury log, filled out by the client, over a period of several weeks.

In Chapters 8 through 11 Walsh discusses some of the specifics of treatment, which include behavioural contracts, training in replacement skills, and the use of a cognitive approach to challenge beliefs about self-injurious behaviours. As is evident throughout the book, there are numerous charts and tables that summarize important principles and interventions. These chapters are clear, and attention is given to providing the reader with concrete examples that are consistent with the author's framework. In the chapter on body image work, Walsh extends his cognitive treatment to include negative core beliefs about the body. This is one of the areas on which Walsh and colleagues have focused their research attention. The chapter describes six dimensions of body image and lists a number of homework tasks that clients can engage in.

The last four chapters of Part II describe some related aspects of treatment. There is a fairly detailed description of exposure treatment for trauma. Given that estimates of sexual abuse among self-injurers are in excess of 40%, it makes clinical sense to integrate this aspect of a client's history into the counselling. Walsh also gives attention to integrating aspects of family treatment and pharmacology to the treatment protocol. Family treatment uses primarily psychoeducational interventions, and members are informed about the various forms of self-injury and how these are distinguished from suicide. Part II ends with a chapter on managing the reactions of counsellors and other care-giving professionals. As anyone who has ever worked with this clientele will quickly attest, there is often a flurry of negative emotions that helps experience when clients disclose that they are deliberately harming themselves in some way. In essence, Walsh suggests that we "know ourselves" and that we monitor negative reactions.

In Part III Walsh addresses some issues that are indirectly related to treatment but are important regardless. Chapter 16 discusses the issue of contagion and the empirical literature is reviewed. Contagion and other aspects of the self-injury are described in the subsequent chapter on how school systems can respond to these phenomena. This chapter is especially useful to high school counsellors who might be the first people called upon when students are known to self-harm. Finally, the

chapter on major self-injury delineates the differences between common self-injury and the type found among psychiatry patients, prisoners, or individuals with multiple, severe problems.

In sum, Walsh's *Treating Self-Injury* is an excellent resource for practitioners working with young people. The writing is clear and straightforward, and the author presents both anecdotal and empirical evidence to bolster his discussions. The chapters are interspersed with numerous case examples that reinforce a particular point or topic. Walsh provides numerous resources in the form of tables and other material, such as a scale of body attitudes, among others, and useful websites on self-injury. While the approach that Walsh seems to favour is decidedly cognitive-behavioural, there is much in this book that those who favour different theoretical perspectives will find useful.

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Michaud, G., Dionne, P., et Beaulieu, G. (2006). *Le bilan de compétences, regards croisés entre la théorie et la pratique*. Québec, QC : Septembre éditeur. ISBN 2-89-471-254-5. 272 pages.

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Par : Caroline Letellier, Université de Sherbrooke

Le bilan de compétences crée actuellement un engouement dans plusieurs pays de la francophonie. Souvent intégré dans les pratiques d'orientation, et même légiféré, il gagne de plus en plus de popularité chez les professionnels qui accompagnent les adultes en transition de carrière. Cette approche vient répondre à plusieurs besoins qu'éprouvent les travailleuses et travailleurs à l'égard de leur orientation, de leur insertion professionnelle ou de leur maintien en emploi. Le marché du travail étant précaire et en constant changement, la conception linéaire études-travail-retraite de la carrière s'en trouve transformée. Au cours de leur carrière, les adultes sont désormais appelés régulièrement à questionner le sens qu'ils attribuent au travail et la direction qu'ils souhaitent donner à leur carrière. Lors de périodes de transitions professionnelles, certains individus envisagent une démarche de bilan de compétences, car ils se sentent parfois déstabilisés, ou même habités par un vide professionnel. Ils peuvent ressentir un sentiment de diminution de leur efficacité personnelle, qui les amène à remettre en question leurs compétences. D'autres sont intéressés à entreprendre une démarche de bilan pour mieux connaître leurs compétences dans le but de favoriser leur adaptation aux exigences du marché du travail, pour ainsi être proactifs dans leur cheminement de carrière. Le bilan de compétences est une pratique qui permet de faire le point sur ses compétences et de se doter d'un plan d'action dans lequel l'adulte peut miser sur le développement ou le renforcement de ses compétences. Ainsi, il est davantage en mesure pour faire face aux nouvelles exigences du monde du travail.

Le Centre d'orientation et de recherche d'emploi de l'Estrie (COREE), fort d'une expertise de plus de 12 ans en bilan de compétences, s'est donc associé à l'Université de Sherbrooke, institution d'avant-garde dans le domaine de l'orientation, pour présenter une expertise québécoise du bilan de compétences. Le contenu de ce livre a été développé par trois auteures sur une période de deux ans, selon un processus