School Counselors' Experiences and Practices of Working

With Adolescents Who Self-Harm

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Abstract

This study utilized qualitative methodology to provide a rich description and a deeper understanding of the professional experiences and practices of twelve school counselors who work with adolescent students who self-harm. Four themes included: suicidal or non-suicidal, role of the school counselor, referrals, and identified interventions. There is a need for school counselors to gain more training and knowledge regarding effective interventions that are appropriate to use with adolescents who self-injure in the school setting.

Keywords: school counseling, non-suicidal self-injury, self-harm, training, practices, interventions, responsive services

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With Adolescents Who Self-Harm

Some professional school counselors encounter students with non-suicidal self-injury (NSSI) behaviors almost daily (Moyer, Haberstroh, & Marbach, 2008) and the choice to self-harm has seemingly increased (Fortune, Sinclair, & Hawton, 2008; Muehlenkamp, Walsh, & McDade, 2010; Trepal & Wester, 2007; Wester, Trepal, & King, 2018). Klonsky and Muehlenkamp (2007) indicated that 15% of non-clinical, or typical adolescents reported at least one incidence of self-harm with Shallcross (2013) reporting that the rate among adolescents may be as high as 24%. Kibler (2009) noted that school counselors desire additional training and intervention information for working with these students.

The purposeful act of harming oneself has been referred to in the literature as cutting, non-suicidal self-injury, self-mutilation, self-injury, and self-harm. For the purposes of the current study, the authors use the terms *non-suicidal self-injury* (NSSI), self-injury, and self-harm interchangeably to define the act of purposeful, self-inflicted, non-suicidal destruction of body tissue. Examples include biting, carving, scratching, hair pulling, cutting, burning, head banging, embedding, self-hitting, pinpricking, and breaking bones (Best, 2009; Glenn & Klonsky, 2010).

Previous research on self-harm has centered on clinical studies which identified the profile of the person who self-harms, the resultant characteristic behaviors, and suggested interventions for inpatient and residential treatment (Cooke & James, 2009; Hicks & Hinck, 2008; Muehlenkamp, 2006; Nock, Prinstein, & Sterba, 2010, Cleare et

al., 2018). Only a few studies have sought to examine basic information about school counselors' experiences with, perceptions of, and training for working with self-injury.

Trepal and Wester (2006) surveyed 150 school counselors regarding their perceptions of self-injurious behaviors. Participants reported seeing an average of 2.29 reports of self-injury per month with elementary school counselors seeing fewer reports than middle or high school counselors. However, most of the participants believed that the prevalence in their schools was actually higher. Cutting was the most common form of NSSI seen, followed by hitting oneself, and skin picking (Trepal & Wester, 2006).

Roberts-Dobie and Donatelle (2007) surveyed school counselors and found that although they felt that they were the appropriate school personnel to work with students who self-injure, most identified three barriers to successfully working with these students: (a) lack of training, (b) lack of existing policy for counselors working with students who self-injure, and (c) lack of cooperation from other school personnel. When Simpson, Armstrong, Couch, and Bore (2010) surveyed 86 school counselors, the purpose of their inquiry was to obtain school counselors' perceptions and attitudes about non-suicidal self-injury among students in their settings. Overall, the respondents saw self-injury as primarily a White female concern and lacked confidence in providing individual and group counseling to these students. Furthermore, less than half of the sample reported feeling confident in providing information about NSSI to faculty and staff (42%) and students (37%). Despite the information gained through these studies, the professional experiences and practices of school counselors who work with adolescents who self-injure has yet to be extensively explored and understood.

Although the national organization for school counselors, American School Counselor Association (ASCA), has not come forward with official policies and procedures (J. Cook, personal communication, October 9, 2018), the topic of harmful behavior is addressed in position statement of the professional organization, and some additional resources and links to resources are identified on their website. However, a gap still exists in the understanding of the professional experiences and practices of those school counselors who individually formulate interventions and implement strategies to address adolescent self-harm. The purpose of this study was to fill the dearth in the existing knowledge base by investigating the professional experiences and practices of school counselors who work with students that self-injure.

Method

This qualitative study was an exploratory inquiry and reflected the thoughts, professional experiences, and practices of school counselors as they provided interventions while working with adolescent students who engaged in deliberate self-harming behaviors. The study used a generic qualitative method as a systematic way of looking at the data to provide meaningful results (Cooper & Endacott, 2007). Generic qualitative inquiry is often chosen when the other most common qualitative approaches (grounded theory, ethnography, case study, or phenomenological) are not appropriate (Caelli, Ray, & Mill, 2003) and when the intention of the study is "to discover and understand a phenomenon, a process, or the perspectives and worldviews of the people involved" (Merriam, 1998, p. 11). Unlike phenomenology, which seeks to understand the inner world of people, how they experience their world and their reality (Van Manen, 1990), a generic approach allowed the researcher to focus on the

professional experiences of school counselors, and to develop a qualitative description that was less interpretive, less abstract, and provided a descriptive summary of the data (Sandelowski, 2002).

A contingency theory (Vroom & Jago, 2007) was used to frame the research questions, which essentially allows for individuals to act independently given the multiple factors they considered when making a decision. Counselors are responsible for providing *responsive services* for students in need (ASCA, 2012; Dahir, 2009). Providing that the therapeutic relationship is sound, students will continue to present personal problems to their school counselors and it is up to the individual counselor to determine how those problems will be met. It is the answer to that very question that this study proposed to uncover. The research questions associated with the study were:

1. How do school counselors describe their professional experiences and practices when working with students who self-harm?
2. What do school counselors identify as the interventions they employ with students who engage in self-harm?

Participants

Participants included 12 individuals (six women and six men) between the ages of 30 and 64 years old. All participants were employed school counselors, with 3 to 35 years of experience, and all had seen students who self-injured. Thirty percent were members of ASCA. This sample reflected the demographics of school counselors, including membership in ASCA (J. Cook, personal communication, April 10, 2013). Seven participants were Caucasian, three were Hispanic, and two were African Americans. They were identified by pseudonyms to maintain anonymity. Transferability was bolstered by selecting sample participants with the knowledge, experience, and

expertise necessary to provide information to thoroughly answer the research questions (Creswell, 2007).

Data Collection

Public and private school counselors from a southeastern U.S. state were identified by using their school websites and contacted via email or telephone. After 15 counselors of diverse ethnicity, years of employment, positions of employment, gender, and age agreed either verbally or through email to participate, interviews were arranged at their convenience. Most of the interviews took place in the private homes of the participants or private public spaces. However, two participants who were identified through snowball sampling (sampling based on referrals among acquaintances) completed their data collection at their schools in private offices. Because snowball sampling took place, each prospective participant was contacted via email and screened using the participant demographic fact-sheet. Letters of consent were then emailed to each of the additional qualifying participants, along with the interview questions, and the data collection time and place were arranged. Twelve original interviews were conducted by the lead author with currently employed professional school counselors and digitally recorded on a handheld Dictaphone. Each interview lasted between 35 and 55 minutes. Trustworthiness was achieved by availing the participants the opportunity to ask clarifying questions throughout the duration of each interview. Immediately following each interview, field notes were written by the lead author capturing any problems experienced during the interview, personal thoughts, ideas, impressions, or subjective biases experienced during the interview regarding the participant or their answers. Contributing to the credibility of the findings, these field

notes were completed by the researcher and kept for review in an effort to minimize researcher bias and influence on the interpretation of data.

Researcher as Instrument

Creswell (2007) proposed that the qualitative approach to research begins with assumptions on the part of the researcher thereby causing an interest strong enough to forge onward through the research project. Regarding validity of a qualitative study, Caelli et al. (2003) suggested that researchers involved in generic qualitative studies should closely examine how their assumptions influence the study and explain them in the resulting report. Therefore, researcher bias may be addressed by fully disclosing any pre-assumptions.

The first author was employed as a professional school counselor in a public high school and understands that self-awareness is the key to restraining one's own personal belief system and allowing the text to reflect an honest, rich description of the participants' experiences with the research questions. In order to protect against biased data, the researcher did not interview counselors that she knew professionally.

Braun and Clarke (2006) stated that researchers cannot disengage entirely from their epistemological allegiances and claim that data are "not coded in a vacuum" (p. 84). They therefore encouraged the researcher to engage in continuous reflexivity regarding the emerging themes. Having worked as a professional school counselor, the researcher brought an understanding of self-harm and the need for current school counselors to be aware of the signs of non-suicidal self-injury and the most appropriate interventions possible. In an effort to set aside preconceived biases and influence the data, a research journal was kept that documented personal feelings while conducting

the interviews to ensure that the researcher's biases did not become part of the data codes and extracts for this study. As suggested by Creswell (2007) a continual cross-evaluation between the original transcription and researcher interpretation transpired to guard against researcher influence on each participant's data. Additionally, the second author of the research was consulted regarding any processing concerns with the data.

Data Analysis

Transcription of the interviews ensued directly after each interview. The lead researcher personally transcribed each interview to gain a general understanding of the data set and to become familiar with the overall intent (Braun & Clarke, 2006; Creswell, 2007). Next, the researcher began repeatedly reading each transcript, actively searching for meanings and patterns, becoming totally immersed in the data set. Short notes were taken concerning the general content of each interview. During this phase of the analysis procedure, all transcripts were uploaded into the data analysis software program (ATLAS.ti) which was meant to aid in the management and organization of the data. The data texts were then systematically evaluated and interpreted by the researcher. ATLAS.ti was used to classify all pieces of verbal texts associated with the various codes identified by the researcher insuring accuracy of common codes and themes that emerged from all participants, thus contributing to the credibility and validity of the data analysis process.

The task of producing initial codes was then undertaken. Original data extracts were identified, and small meaningful groups of data were classified as interesting and notable data. As individual excerpts began to create a repeating pattern, they were collated together within each code. Also noted were the few accounts which departed

significantly from the prevailing identified codes. Twenty-one original codes were identified.

Once all data had been initially coded, similar codes were then combined and merged into family groups to generate an even smaller number of themes or categories, which captured more concretely the larger ideas of the participants. Relationships between codes were identified, classified, and combined into overarching themes and the researcher began to gain a sense of the significance of each individual theme. These larger themes were acknowledged, and interrelations were distinguished within cases and across cases and appear below as the major findings of the study.

Findings

Four significant themes were identified. Three of the themes addressed Research Question One, and one addressed Research Question Two. Uniquely and collectively, these themes reflected the experiences and practices of school counselors when working with adolescents who self-injure. The four overarching themes of *suicidal or non-suicidal*, *role of the school counselor*, *referrals*, and *identified interventions* are presented below. Participants' representative quotes are used to exemplify each theme.

Suicidal or Non-suicidal

The first theme was termed suicidal or non-suicidal and involved participants' definitions of self-harm. Most participants made the distinction between students who had a history of cutting and those who were recently experimenting with self-harm for various reasons. All participants' definitions included the intentional, self-inflicted physical injury exclusively, or as a significant portion of the description. However, the purpose attributed to the physical injury differed between participants with some

ascribing a need for pain, release of inner pain, release of stress, getting attention, or a need to feel alive again. An additional few participants included self-inflicted emotional or mental abuse. The latter definition also included thought negativity or continually making self-defeating choices. Overall, the participants unanimously identified a clear division between self-harm and suicidal ideation. The participants reported that they ascertained a student's emotional state and motivation for the self-inflicted injuries and then constructed meaning and direction for their services within the limits of their school counseling position. In order to formulate a course of action, participants inquired as to the frequency, length of history of the behaviors, the lethality of the injuries, the level of helplessness, and whether the students had a plan for a suicide attempt.

Anthony shared, "Self-harm to me is an individual doing some sort of injury to their body, either cutting themselves with a knife, key, pinprick, hurting themselves intentionally." Another concept, which appeared to be helpful in identifying participants' understanding of self-harm, was what it was *not*. Terry articulated that,

> . . . trying to figure out their lethality in terms of you know, finding out, are you trying to harm yourself in ending in death. Do you have a plan? If so, what is that plan? Following through on how lethal are they in harming themselves. Or is it something that they are just trying to relieve pain? That type of thing.

Renaldo similarly stated, "The self-injurious, they're really not talking about suicide; it's more of a release of a pain or it's almost substituting the cutting for the emotional pain. I don't think they realize that. They don't really know how to verbalize that."

The researcher concluded from the data that these in-depth inquiries contributed to their decisions since each participant viewed the students' behaviors according to

their academic training and acted within the bounds set by ethical standards of practice, state laws, and their employer policies. Suicidal or non-suicidal assessment was seemingly informed and professionally bound.

Role of the School Counselor

The second theme identified was termed role of the school counselor. This theme involved the participants' experiences regarding their purpose and function in working with students who self-harm. Two sub-themes were also identified: comfort level and uncertainty.

Comfort level. All 12 participants questioned themselves openly at one time or another during the interviews about their uncertainty regarding their purpose and function in working with students who self-harm. In discussing their comfort level while working with students who self-harm, 6 out of the 12 participants shared resoundingly that they were very comfortable, yet an underlying uncertainty accompanied their confidence. Evan disclosed, "I feel very comfortable in that sense, once I get past the point where I know the immediacy of danger is beyond us, if we're past that, and I know there's no immediate sense of danger, I'm okay. Until I get to that point, I'm a little nervous because I don't know, what's this going to involve - where's it going?"

Three participants stated that while they felt comfortable working with self-harm, it may be partly due to the fact that it was also part of their job. Lakeisha articulated, "At first maybe not so comfortable, but eventually it's a part of the job." Anthony added an academic concern and obligation to the students in his declaration that,

> I don't have any issue with that at all. My focus has always come from how can we improve the quality of life, make the situation better, find out the root of that. And that's part of my job, to do, to find out. How is 1) the impact on learning, the

impact socially, the personal impact, and see how we can improve upon that. And so if there's something getting in the way, …[of] how the kids are performing in the classroom.

Uncertainty. Fifty percent of the participants declared an emphatic "comfortable, very comfortable," 41% reported somewhat comfortable, and one participant admitted to being untrained and unable to discuss it with her students when asked about their comfort level in addressing aspects of self-harm with their students who engaged in this behavior. Four of the participants voiced that they must be comfortable or willing to work with students who self-harm. Noe summed it up by stating, "I have no objections to doing that – that's part of my job, that's part of my role." However, an interesting phenomenon was discovered regarding this code within the data; one of the participants who expressed comfort with the subject, displayed slight uneasiness and hesitation when asked about some aspects of self-harm and was not even able to produce an audible verbalization for the name of it. She shared, "Most of the girls that have been involved in *that…"* and again, "Asking them why they are doing… you know, why they are doing *that*…" This conundrum could be attributed to the fact that two of the private school participants held baccalaureate degrees, although most participants held a master's degree in school counseling. They understood their level of confidence and ethical functioning was bracketed by their experience and education and carefully followed the mantra to do no harm. Teresa apologetically shared, "I don't know if I even have the professional skillset to even identify *that* (self-harm) to be completely honest with you."

Relative to their role confusion, the perception that most participants questioned themselves slightly at one time or another about their uncertainty regarding their

purpose, function, and boundaries in working as a school counselor when providing for the care of their students who self-harmed was embedded within the data. Although all participants, including one who was prohibited from offering counseling, acknowledged their willingness to work with students who self-harmed, each had a different view regarding their actual role. One-third of the participants identified outrightly that working with nonsuicidal self-injury was part of their job. Lakeisha noted,

> It's hard not to expect myself to have all the answers and to be able to fix all their problems. I have to keep reminding myself, I am not a clinician, I am not a clinician and then lead them to understand and accept that they need outside help, but that I will always, everyday be here.

Additionally, some participants selected to offer counseling interventions (electing to wait to contact the parents), others immediately informed the parents and suggested they get in touch with an outside professional who could offer therapeutic interventions. Still, other participants immediately called the school resource officer (SRO) at the school and left the situation in their hands.

Referrals

The third theme was termed referrals. Despite their desire to personally address every issue, all participants indicated that they enlisted the help of others. They put into action the extensive support systems that existed in their respective schools, including: SROs, DARE officers, chaplains, mental health specialists, administration, and colleagues. Still other participants relied on the families of the students to privately address the issues with their private resources. Evan revealed,

> …because that gives me a sense of security—a little bit more sense of security in knowing that I'm not the only one whose working with this student. I'm not the only one who is keeping an eye out for this student. There is only so much that I

can do while I'm with the student, but at the same time, I want to be as helpful as possible.

The final resource participants identified in the data was the concept of systemic support available. Church members or clergy outside the school, non-related trusted adults, and professional counselors and therapists were named most often as resources used by the participants. Terry, one of the private school counselors who had a caseload of fewer than two hundred students, added after the interview questions,

> …I think it's hard in the school setting because we don't have the ability to do the ongoing counseling, as you would if you were in your own private practice where you would meet with them on a weekly basis. For me it's really just a chance of just check in with them every once in a while. I do often try to meet with students if I have a concern.

Even while availing themselves of all outside resources and caregivers, many of the participants identified specific interventions they employed in the schools with their students who self-injure.

Interventions

All the identified interventions were implemented by a professional school counselor. Each intervention is presented with at least one example from participant responses.

Refocus thought patterns. In an effort to redirect the students' thinking, Terry stated,

> I've tried to help them to focus on other things that they are interested in. Trying to get them to kinda change their focus, change their gear, because oftentimes especially, if their harming themselves, cutting themselves, it's usually because there is some pain that they are trying to deal with.

Journals. Winnessa expressed that she understands that sometimes the students can't talk about it yet, so she provides the option of writing about it instead. "I'd say probably two-thirds of the students that I've come in contact with journaling has helped."

Verbal contract. As a licensed therapist employed as a school counselor, Steve was able to employ more direct interventions. He stated, "Ideally, I try to do a verbal contract."

Coping mechanisms. Steve briefly mentioned introducing coping skills to his students. However, Carol added detail to her intervention strategy. She elaborated,

> …with self-harm it may not necessarily be a safety plan, but it might be an action plan, a preparatory, a pro-active type of thing… We talk about ways to reduce the stress, put together a plan of action to preplan and get organized to think about it ahead of time, and to anticipate more issues if they're coming… And just bringing those things to light help the students kind of breathe easier and kinda have a plan in their head of what they could do."

Educating the student. Carol expressed a concern regarding the need to educate the student,

> If it's a new cutter or somebody recent to it and they don't quite have an understanding of what they're doing, then it's more educating them about stress, about where their thought processes are to get them to the point where they do hurt themselves or they do risky behavior, whatever that may be… But it's educating them about themselves sometimes, especially a new one, or someone doing new risky behaviors or new types of behaviors that they are not used to doing.

Use support system. The data revealed that many participants introduced other trusted adults to students and included them in the process of healing. Lakeisha shared,

Well, once they've been identified, I usually ask for an adult, maybe at school, who they'd be comfortable with, because at times we become busy and overwhelmed and it's important for me to make sure that the other adults who they go to are aware of what's going on. And I said "do you feel comfortable with me sharing that information with someone else, just so that they can keep an eye on you?"

Consult with colleagues. Evan shared the importance of contacting other close professionals to get their input. He stated, "I always like to consult, it never hurts to consult with a colleague and say, "Hey, this is what I'm thinking, are you thinking the same thing? Am I missing anything?"

Relationship. Eleven participants conveyed the importance of the counselor-student relationship. They each felt it was vital in identifying and helping their students. Winnessa declared, "The relationship is important. The first thing you have to do is build that rapport, so they trust you. And once that wall is down, they tend to allow you to make discoveries about what's going on with them." Terry concurred when she added, "I really try to have that overall relationship with them." Even Teresa, who is not allowed to provide counseling, depends on her relationship with her students to initiate the helping process. She stated, "I can build that connection, that relationship with you that I can say, "Hey, I don't think you're having a good day, what's going on?"

Referrals. A significant number of participants embraced their need to refer their students to additional authorities within or professionals outside the school setting. Many of them indicated legal and ethical reasons, others for peace of mind. Irene offered, "if I'm dealing with something that's at that level, I don't want that to just be in my hands, I want to have them getting professional help."

Educate parents. A group of interventions retrieved from across the data sets included the participants' efforts to help by sharing knowledge and skills with the parents of the students who self-harm. Winnessa presented,

> But as far as maintenance goes, through parents, hopefully at that point, parents have become involved in the whole process of healing and the parents are aware, and they're educated on what they need to look for as well, and that they do have a professional on standby for that.

Discussion and Implications

The narratives presented in this research unearthed descriptions regarding the experiences and practices of school counselors. These experiences and practices included: interpreting the needs of students who self-harm, the perceptions of what school counselors believe to be their role, the interventions employed, and the contingent decision process of how to best help students who self-harm. These findings support the need for a resource, requested by others (Shapiro, 2008; Thatcher, Portman, & Williams-Viviani, 2009), to assist school counselors who may need help in addressing this issue. School counselors find themselves filling a vital role as they assist the student who self-harms in making positive choices. This research also uncovered several interventions practiced by school counselors. These interventions included, but were not limited to journaling, verbal contracts, teaching coping skills, educating the students regarding self-harm, establishing support systems for the students, and educating parents regarding how to assist their child who self-harms.

An additional element identified by this study strongly suggests the need to support the independence and grant trust in the professional judgment of the school counselor. In contrast to Simpson et al. (2010), who noted that most school counselors

lacked confidence in working with students who self-injure, this study revealed professional integrity was being delivered through responsive services to serve students in need. Importantly, at the end of each interview participants were invited to add anything they felt was not covered. Many of the participants indicated the need for more research in this area and anticipated the results of this research. Additionally, they expressed a need for more training in addressing the needs of students who self-harm. This request echoes the recommendations from the research literature (Roberts-Dobie & Donatelle, 2007; Simpson et al., 2010) and speaks to the desire for more role clarity and increased knowledge to provide strong counseling, assessment, and intervention skills when working with this population. This research underscores the need for school counselors to be well trained and to understand their roles when working with students who self-harm. District, county or state level administrators (who oversee and train school counselors) could provide current school counselors with additional training on effective interventions appropriate to their role. Venues in which school counselors can share successful interventions with peers could be provided. School administrators could provide opportunities for in-service training for their counselors. Finally, administrators could allow school counselors time to train faculty and staff on identification of self-harm, working with the students, and the preferred school procedures.

The intervention of referring a student to an outside resource can be unsuccessful (Auger, 2013) and it can be an underutilization of competent counseling skills (DeKruyf, Auger, & Trice-Black, 2013; Gruman, Marston, & Koon, 2013; Kaffenberger & O'Rorke-Trigiani, 2013). School counselors would benefit from a current

review of legal and ethical obligations, as well as evidence-based best practices for working with these students.

Limitations

A limitation of this research study may have been the small geographic area from which the participants were selected. The authors were diligent in assuring that participants were scrupulously screened and selected in order to achieve the highest degree of diversity possible. Leedy and Ormrod (2005) consistently maintained that the sample selected from the chosen population affects the ability to generalize the results to different populations. Accordingly, it is plausible that by including participants from a broader geographical area, future studies may have different findings and may have increased generalizability.

Recommendations for Future Research

In considering how professional school counselors work with adolescent students who self-harm, several implications can be extracted from the present study. First, there is a need for additional research that investigates school counselors' roles, experiences, and practices when working with adolescents who self-harm. Second, it would be helpful to investigate how school counselors would prefer additional training and knowledge to be delivered in a manner most conveniently to them. Finally, future research could study the effectiveness of school counselors in addressing self-harming behaviors from the student's perspective.

Conclusion

This generic qualitative study intended to fill the gap which existed in the literature by exploring the professional experiences and practices of school counselors

as they work with students who self-harm. This study provides a description and a

deeper understanding of the professional experiences and practices of school

counselors. Professional school counselors provide a vital role in the healing process of

students who self-harm through their efforts in identification, counseling, and referral.

School counselors also occupy an essential position in offering regular and immediate

school-based counseling interventions and supplying an accessible space for these

students to seek and gain help.

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