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Elementary School Counselors' Experiences Working With Children Who Self-Harm

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ELEMENTARY SCHOOL COUNSELORS' EXPERIENCES WORKING WITH STUDENTS WHO SELF-HARM

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ABSTRACT

Elementary-aged children struggle with low self-esteem, are often impulsive, and struggle to develop appropriate coping skills. As such, many children have begun to experiment with self-harm. Because children spend a great deal of time in school, school counselors are often the first to know that a student has self-harmed. Although school counselors have extensive experience working with students who self-harm, most school counselors indicate a need for more training and implementation of school district policies regarding self-harm. Additionally, current literature focuses on the experiences of middle and high school counselors because self-harm and NSSI are primarily noted in adolescents. In order to close the gap in the literature regarding elementary school counselors and self-harm, this study highlighted the experiences of elementary school counselors and their work with students who self-harm, their experiences with training regarding self-harm, and their experiences with school district policies related to self-harm. These experiences were examined through a nation-wide search and one-on-one interviews with twelve elementary school counselors.

DEDICATION

To my students and clients, your experiences and disclosures sparked my interest in helping those who self-harm. Thank you for trusting me with your stories and allowing me to play such an important role in your lives.

LIST OF ABBREVIATIONS AND SYMBOLS

ACA	American Counseling Association
AFSP	American Foundation for Suicide Prevention
ALCA	Alabama Counseling Association
ASCA	American School Counselor Association
CACREP	Council for Accreditation of Counseling and Related Education Programs
CESNET	Counselor Education and Supervision Network
MCA	Mississippi Counseling Association
NSSI	Nonsuicidal self-injury

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CHAPTER I: INTRODUCTION

Children spend a great deal of time in schools from approximately age 5 until age 18. School counselors spend many hours with these children and are often the first person a child seeks when he or she has self-harmed or know of another child who has exhibited self-injurious behaviors (White Kress et al., 2004). Self-harm among school-aged children has increased in recent years (Griffin et al., 2018; McCluskey et al., 2019) and is an indicator for suicidality later in life (Gunnell, 2015). Because more children are presenting with self-harm and are expressing these behaviors with school counselors, research into school counselors' experiences with this topic is warranted.

Statement of the Problem

Self-harm and nonsuicidal self-injury (NSSI) typically occurs among individuals in their teenage and early adult years (Klonsky et al., 2014). These behaviors usually manifest as cuts on the arms, legs, and other areas of the body that are not easily seen. Self-harm and NSSI also occurs as burning of the skin, ingesting poisonous ingredients, hitting or banging parts of the body, and scratching (de Kloet et al., 2011; Duerden et al., 2012; Hawton & Harriss, 2008; Whitlock et al., 2006). According to the DSM-5 criteria for NSSI, these behaviors are often present without suicidal intent (APA, 2013); however, recent studies indicate individuals who self-harm admit suicidality later in life (Schatten et al., 2013).

Self-Harm in Children

Although self-harm and NSSI is more often noticeable in adolescents, children have

begun expressing such behaviors (Griffin et al., 2018; McCluskey et al., 2019). This is a problem due to children's' developmental levels during the middle childhood stage. Middle childhood is a time of exploration of the self and development of self-concept and self-esteem (Puleo, 2017a). This period of comparison between children can cause low self-esteem and, thus, increased risk of self-harm. According to Pfeffer (1997), children in middle childhood are unsure about the relationship between cause-and-effect, a problem considering self-harm can be lethal. Further exploration into middle childhood development indicated children self-harm because of egocentric thinking (Pfeffer, 2000). Children tend to blame themselves when things go awry within the family system and withdraw. According to Pfeffer (2000), these behaviors occur when children are unable to adapt to stressful family situations because children's emotions and behaviors are so closely related. This causes children to act impulsively and harm themselves. However, Puleo (2017b) indicated children during this stage have begun to understand this relationship and begin to use logic. This disagreement provides just cause for more studies into self-harm among children.

Self-Harm and School Counselors

Because of the amount of time children spend in school and their close interactions with school counselors, as well as the increase in self-harmful behaviors during this developmental level, research into school counselors' experiences is necessary. Previous studies indicated many school counselors have worked with students who self-harm (Duggan et al., 2011; Roberts-Dobie & Donatelle, 2007). Although many school counselors have experience with this topic, many expressed a lack of knowledge and training (Angelkovska et al., 2012; Kelada et al., 2017; Simm et al., 2008). Additionally, many school counselors reported a need for ongoing supervision in order to effectively work with students who self-harm (Kelada et al., 2017; Long & Jenkins,

2010).

Although many school counselors have experience working with students who self-harm, there is inconsistency among school district policies related to the topic. Researchers found many school counselors reported their school district had no policy or were unsure if a policy existed (Duggan et al., 2011; Kelada et al., 2017; Roberts-Dobie & Donatelle, 2007). Researchers indicated school counselors were concerned about potential consequences because of lack of school district policies related to self-harm (Kelada et al., 2017) and emphasized the importance of such policies to protect and guide school counselors in providing support for students (Reichardt, 2016; Walsh & Muehlenkamp, 2013).

There is a need for research into elementary school counselors' experiences with students who self-harm because of the increase in elementary-aged children who self-harm and inconsistencies in school-district training and policies. In fact, approximately 15% of elementary school counselors indicated working with students who self-harm (Kibler, 2009). There are currently few studies about the elementary school counselors working with students who self-harm. Simm et al. (2008) indicated this need for future studies when they examined teachers' experiences. Taylor (2014) also reported a need for research into elementary school counselors' perceptions of self-harm. More studies are needed to truly understand this phenomenon.

Significance of the Study

This study is important in many ways. First, the study filled a gap in the literature about school counselors' experiences working with students who self-harm. More specifically, the study recounted the experiences of elementary school counselors, which is important because of the rise in children younger than 10 years of age participating in self-harmful behaviors (McCluskey et al., 2019). Next, the study provided information about the elementary school

counselors' perceptions of training practices elementary school counselors seek in relation to the treatment of self-harm. The study also highlighted how school district policies related to self-harm in students affects elementary school counselors' experiences working with these students. Finally, the study provided information that will support future research into the topic.

Purpose of the Study

The purpose of this study was to explore the experiences of elementary school counselors working with students who participate in NSSI and self-harmful behaviors. This study looked into understanding elementary school counselors' experiences in order to describe: (a) their experiences of working with students and parents/caregivers; (b) how elementary school counselors perceive training on the topic in graduate programs as well as professional development opportunities; and (c) how elementary school counselors perceive school district policies related to self-harm impact school counselors' experiences working with students who self-harm.

Research Questions

To gain an understanding of elementary school counselors' experiences with children who self-harm, the following questions were explored:

1. What are the experiences of elementary school counselors working with students who self-harm?
2. How do elementary school counselors perceive the role of training related to self-harm and NSSI?
3. How do elementary school counselors perceive school district policies and practices related to self-harm?

Conceptual Framework

The American School Counseling Association (ASCA) National Model (2019) set forth standards that outline the ways in which school counselors work to establish and maintain a comprehensive school counseling program that addresses many areas of student development, including social and emotional development. According to ASCA (2019), these standards facilitate students' ability to cope with their emotions within the school setting. These standards include working with students individually as well as within small groups and in the classroom setting, participation in training opportunities, and establishment of effective relationships with school administration about the comprehensive school counseling program (ASCA, 2019).

The ASCA National Model (2019) includes specific standards related to students' development. For example, Category 2: Behavior Standards (ASCA, 2019) defines specific strategies that students must be able to use to maintain learning as well as self-management and social skills. These strategies are further broken down into developmental domains including social/emotional development. According to the ASCA National Model (2019), the social/emotional development competencies focus on students' abilities to utilize skills that will enable emotion management. School counselors are charged with facilitating students' social/emotional development through direct and indirect student services which include meeting with students individually as well as in small groups and classroom settings, referrals to outside resources as needed, and collaboration with parents/caregivers, school personnel and administrators, and stakeholders (ASCA, 2019).

Using the framework set forth by the ASCA National Model (2019), this study described elementary school counselors' experiences working with students who self-harm through their personal accounts of specific experiences with students, experiences with training related to self-

harm, and experiences with school district policies and practices related to self-harm. This study used qualitative inquiry to examine elementary school counselors' experiences to determine how elementary school counselors perceive their work with students who self-harm, how they perceive training related to self-harm, and how they perceive school district policies and practices related to self-harm effect their experiences.

Definitions of Terms

Elementary School Counselor: A certified and/or licensed school counselor who has completed at least a master's degree in school counseling, or related degree, and works within an elementary school setting.

Elementary School-Aged Children: Children between the ages of 6 and 11 years and in the middle childhood stage of development.

Self-Harm: Deliberate harm to the body which may be evidenced by cutting, hitting, burning, or other forms of harm inflicted by the individual to his or her own body, and may or may not be present with suicidal intent.

Nonsuicidal Self-Injury (NSSI): Deliberate harm to the body, such as cutting, hitting, burning, etc., without the presence of suicidal intent.

ASCA: American School Counselor Association, the national association for school counselors.

CACREP: Council for Accreditation of Counseling and Related Education Programs, accrediting body for counseling and related master's degree programs.

School District Policy: A policy to give direction in circumstances of students with self-harmful behaviors for school personnel, including but not limited to administrators, school counselors, school nurses, and teachers in working with students who exhibit self-harmful

behaviors.

Self-Harm Training: Training related to the treatment of self-harmful and NSSI behaviors that may be earned through master's level coursework in preparation for a degree in school counseling or through professional development opportunities post-graduation.

Assumptions

There were a number of assumptions associated with this research study. I assumed there would be several elementary school counselors with experience working with students who self-harm. I assumed these elementary school counselors would be able to answer semi-structured, open-ended questions about their experiences. I assumed the participants were interested in the topic and would answer the interview questions truthfully. I assumed, although the participants have experiences working with students who self-harm, they may have varying definitions of the behaviors expressed by the students. I assumed the participants would have received some training related to self-harm while in their graduate degree programs, but that many sought further training through professional development. I assumed school districts have policies related to suicidality, but not self-harm. I assumed the participants would have a variety of experiences and that some common themes would emerge. I assumed I would be able to adequately portray the participants' experiences through analysis of the data. I assumed I would be able to maintain connection with the data and remain objective throughout the study. My assumptions are discussed further in Chapter 3.

Delimitations

This phenomenological study was limited to the experiences of elementary school counselors in their work with students who self-harm. A delimitation of this study was the participants are licensed elementary school counselors in the United States due to their training

and role in providing services to children in schools. Another delimitation was the participants are members of ASCA and/or MCA and were accessed through the ASCA Scene LISTSERVE and MCA email list. These participants were sought after because of their perceived interest in professional development. A final delimitation was the participants must have worked with or are currently working with students who self-harm and voluntarily participated in the study. Because some elementary school participants may not have recognized self-harmful behaviors in their students, a definition was provided for further clarification.

Limitations

As with any research study, limitations are to be expected. First, there may be some misunderstanding among the participants in regards to self-harm. As discussed in Chapter 2, there are several definitions of self-harm; therefore, the participants may not have believed some of their students' behaviors equate to self-harm. Second, because the interviews took place during the COVID-19 pandemic, in-person interviews were not possible due to social distancing. Therefore, the interviews were conducted via Zoom, which may have caused technological difficulties, delays, and noise at times. Additionally, because the interviews were conducted during the beginning of the Fall 2020 semester, many school counselors were in the midst of returning to school following the initial shutdown in the Spring 2020 semester. This may have caused some difficulty in reaching school counselors due to their being busy with reopening, addressing students' mental health needs accrued during the pandemic, and overall focus. Finally, my personal experience as a school-based therapist working with students who self-harmed formulated my personal opinion and bias on self-harm. I addressed my personal bias and ways I worked to enhance the trustworthiness of this study in Chapter 3. Although I worked diligently to provide adequate details for this study, the findings reflected the perceptions of

participants in their respective environments.

Summary and Organization of the Study

Chapter 1 introduced the study by exploring the problem and purpose and significance of the study. Chapter 2 explores the available literature about self-harm and NSSI and its impact on children in the middle childhood stage of development. Additionally, Chapter 2 provides information about the importance of school counselors in working with students who self-harm. Chapter 3 discusses the methodology of this study. Chapter 4 details the about data analysis. Chapter 5 includes discussion of the study, conclusions, and recommendations for future studies.

CHAPTER II: LITERATURE REVIEW

Self-harm among children and adolescents has been a growing concern in recent years (Griffin et al., 2018; McCluskey et al., 2019). In fact, in a study on emergency room visits for children and adolescents presenting with self-injurious behaviors and suicidality, McCluskey et al. (2019) found an almost 10% increase of patients presenting with self-harmful behaviors from 2008 to 2013. There was a 94% increase in children 11 to 12 years of age and a 16% increase in children younger than 10 years of age exhibiting self-harm (McCluskey et al., 2019). Additionally, Griffin et al. (2018) found approximately 80% and 70% increases in males and females respectively in self-injurious behaviors in children between 10 and 14 years old between 2007 and 2016. These numbers become even more serious in light of Guerra's (2015) report that self-harm is "the strongest risk factor for suicide" (p. 155). Because of the increase in children with self-harmful behaviors and the potential for such behaviors leading to future suicidality, it is important to understand self-harm and NSSI. School counselors provide vital insight into these behaviors because they spend a large amount of time with children and are often the first to know that a child has self-harmed (White Kress et al., 2004). It is important to understand the elementary school counselor's experiences while working with students who self-harm.

Self-Harm and NSSI

Definition and The Diagnostic and Statistical Manual of Mental Disorders ***Criteria***

According to the American Psychiatric Association (APA) (2013), NSSI occurs when "the individual repeatedly inflicts shallow, yet painful injuries to the surface of his or her body . .

. to reduce negative emotions, such as tension, anxiety, and self-reproach, and/or to resolve personal difficulty . . . as a deserved self-punishment" (p. 804). The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) criteria include: self-injury for approximately one week, to gain some type of relief, that causes clinically significant distress to the individual. It is important to note that one important factor in NSSI is the absence of suicidality (APA, 2013). One study indicated many adolescents with NSSI report suicidal intent at some point in their lifetime (Schatten et al., 2013). However, individuals who participate in NSSI often do not want to kill themselves; rather, they are seeking relief from some type of pain. In fact, Hawton and Harriss (2008) found only 16% of children and adolescents studied indicated a high level of suicidality.

Types of Self-Injury

Although the DSM-5 criteria related to a diagnosis of NSSI provide a definition of NSSI, there is not one particular type of NSSI. Many participants inflict self-harm by cutting the wrists, legs, and other less noticeable areas of the body. Additionally, research has found participants may also self-harm through "scratching, burning, ripping or pulling skin or hair, swallowing toxic substances, bruising, and breaking bones" (Whitlock et al., 2006, p. 140). Similarly, de Kloet et al. (2011) noted most children and adolescents participated in self-harm through "cutting . . . poisoning . . . self-strangling, self-hitting, head banging, swallowing objects, and burning" (p.751). Furthermore, Duerden et al. (2012) found younger children used less severe forms of self-injury such as hitting, biting, and scratching whereas older children and adolescents used more harmful means. On the other hand, Hawton and Harriss (2008) found most children and adolescents used "self-poisoning" means of self-harm whereas few participated in more traditional self-injurious behaviors such as cutting. Although some of these behaviors may seem

minor to the participant, they can quickly become more dangerous or life threatening if continued.

Participants of NSSI

There are some trends to note about individuals who participate in NSSI. According to research, "NSSI is most common among adolescents and young adults" (Klonsky et al., 2014, p. 566). DSM-5 criteria also indicates NSSI behaviors "most often start in the early teen years and can continue for many years" (APA, 2013, p. 804). The literature has produced conflicting studies regarding whether gender is a factor in predicting self-harm. Some studies have found females more likely to self-harm (Valencia-Agudo et al., 2018). Other studies indicated males are just as likely as females to participate in NSSI (Gallant et al., 2014) Additionally, members of the LGBTQ community report higher instances of NSSI activity (Sornberger et al., 2013; Whitlock et al., 2011), and Caucasians are more likely to self-injure than members of other races (Klonsky & Muehlenkamp, 2007). Therefore, it may be difficult to fully determine participants of NSSI because NSSI crosses gender, racial, and sexual orientation lines.

Although NSSI and self-harmful behaviors are more prevalent during adolescence and young adulthood, recent research has shown a spike in younger children participating in such behaviors. As previously noted, Griffin et al. (2018) reported an increase in self-injurious behaviors of approximately 80% in male children between the ages of 10 and 14 and 70% in female children of the same age. McCluskey et al. (2019) found a 94% rise in children 11 to 12 years of age and a 16% increase in children less than 10 years of age being admitted to emergency rooms for self-injury. Paul and Ortin (2019) found children as young as 4 and 6 years of age participated in self-injurious behaviors approximately 4% and 3% respectively. Hawton and Harriss (2008) found a 66% increase in children and adolescents younger than 15 years of

age admitted to hospitals for self-harmful behaviors from 1978–1990 and 1991–2003.

The increase in children and young adolescents exhibiting self-harmful behaviors is particularly problematic when viewed from a developmental perspective. For example, children are highly dependent upon adults for care and basic needs. When such needs are not met, children tend to blame themselves for problems within the family, exhibit low self-esteem, isolate themselves, and begin to self-harm because of their own egocentric ways of thinking (Pfeffer, 2000). Additionally, children display higher levels of impulsivity and difficulty adapting to stressful family situations because of their inability to separate emotions and behaviors related to the stressful events from their feelings of guilt about the situation (Pfeffer, 2000).

Drawing from Piaget, Pfeffer (1997) further explained children who express "concrete operational levels of cognitive development . . . lack sophisticated and abstract levels of thinking" (p. 553). Pfeffer also pointed out children's difficulty with weighing various options of coping with stress comes from their cognitive development at this stage. Furthermore, Pfeffer reported children lack an understanding of causality at this developmental stage and may not fully comprehend "finality of death" (p. 553). Thus, children lack the ability to fully understand the severity and lethality of self-harmful behaviors because of their cognitive developmental level.

Puleo (2017b) further explored Piaget's concept that children in the middle childhood stage of development begin "to use logic to solve problems about the concrete elements of the world around them" (p. 222). Puleo reported this developmental stage is important for children to learn understand "cause-and-effect relationships" (p.222). This differs from Pfeffer's idea that middle childhood is riddled with confusion about causality (1997). Because Puleo (2017b) and

Pfeffer (1997) disagree on elementary-aged children's understanding of causality, more studies into young children who self-harm and their reasoning of the behaviors must be conducted.

Further, Puleo (2017a) explored children's emotional and social development through middle childhood. In fact, Puleo reported children in this developmental stage acquire a self-concept that leads to either increased or decreased self-esteem. A new self-esteem may decrease because of negative comparisons with peers (Puleo, 2017a). This low self-esteem leads children in middle childhood to become more at risk of self-harmful behaviors and other mental disorders.

Contributing Factors of Self-Injury

Although it is often difficult to determine demographic and socioeconomic factors related to self-harm and NSSI, researchers have found certain predictors. For example, Gallant et al. (2014) found three factors predicting self-harm including a history of self-injurious behaviors, clients' age when admitted for inpatient treatment, and aggression. Similarly, Pfeffer et al. (1991) found adolescents who attempted suicide were more likely to have a history of suicidal and self-harmful behaviors in childhood. Furthermore, Pfeffer et al. (1993) found children and young adolescents "who reported suicide attempts at an initial assessment were six times more likely to report a recurrent suicide attempt during early to mid-adolescence" (p. 110). Heath et al. (2009) also showed "emotional/internal motivations and social/external motivations (p. 184)" for NSSI. The authors explained emotional/internal motivations as those needed to find relief from unwanted emotions or to seek control and social/external motivations as those in which the individual was seeking emotional support or attention from others (Heath et al., 2009). Additionally, Barnes et al. (2010) found an increased risk of self-injurious behaviors among children and adolescents with chronic mental and physical health conditions.

Alternative reasons for NSSI behaviors have also been found. In their study of NSSI, Heath et al. (2009) found social factors were leading predictors to NSSI such as "at least one friend who also self-injured . . . [and] reported talking about this behaviour [sic] with their friends" (Heath et al., 2009, p.186). Although adolescents reported higher instances of NSSI if friends participated in NSSI, Heath et al. (2009) also found adolescents who did not self-harm had a higher instance of friends who also did not self-harm. Because social factors can be predictors of adolescent NSSI, it is important for school counselors and those who are easily accessible to large groups of adolescents to be aware of NSSI behaviors. In another study of perspectives of counselors in Ireland (Long & Jenkins, 2010), counselors reported "release, relief, escapism, purging, control or identity" (p. 195) as reasons for self-harmful behaviors. Long and Jenkins (2010) also found counselors reported trauma, multiple types of abuse, mental health disorders, and history of suicidality as more predictors of self-harm. De Kloet et al. (2011) noted that many participants of self-harm indicated a trauma history, which included victims of bullying and sexual, physical, and other forms of trauma as well as a history of mental illness within the family. Also, children with low motivation and self-esteem had a higher rate of self-harm (Angelkovska et al., 2012). Furthermore, Paul and Ortin (2019) found an increased risk of self-harm among children suffering from physical neglect and maltreatment. Hawton and Harriss (2008) indicated a majority of children and adolescents seeking treatment for self-harmful behaviors reported relationship difficulties within families and friendships as well as difficulties with schoolwork.

Other studies have focused more on specific models to explain motivation of self-harm and NSSI. For example, Darosh and Lloyd-Richardson (2013) used their review of relevant literature to define theoretical models to predict motivation for adolescent NSSI. The authors

reported psychological models such as "functions of NSSI behaviors . . . determined by the immediate antecedents and consequences of that behavior" (Darosh & Lloyd-Richardson, 2013, p. 112), social models to "communicate distress to peers or loved ones and maladaptive social problem solving" (p. 114), and biological models such as hormonal levels differing in those who self-harm versus those who do not. Whitlock and Rodham (2013) also discussed psychological, social, and biological models in their review of literature related to self-harm and NSSI. It is important for school mental health professionals and school counselors to be aware of theoretical models explaining self-harm and NSSI in order to properly understand the nature of self-harm and NSSI among children and adolescents.

Comorbidity of Self-Harm, NSSI, and Other Diagnoses

Children and adolescents typically do not solely have a diagnosis of NSSI; there are often other mental health problems associated with NSSI behaviors. For example, some studies noted comorbidity of NSSI with symptoms of "sexual abuse, depression, anxiety, alexithymia, hostility, smoking, suicidal ideation, and dissociation, in addition to thought suppression and emotional reactivity" (Jacobson & Gould, 2007, p. 114). Other studies also indicated depression is often related to higher levels of NSSI (Valencia-Agudo et al., 2018). Berntsen et al. (2011) noted comorbidity of self-injurious behaviors with depressive, conduct, and posttraumatic stress disorders. Similarly, Bushnell et al. (2019) identified children and adolescents presenting with anxiety, posttraumatic stress, and obsessive-compulsive disorders among those being treated for self-injurious behaviors. Pfeffer et al. (1993) indicated children and young adolescents exhibiting self-harmful behaviors and suicidality also exhibited symptoms of "mood, disruptive, anxiety, schizophrenic, and substance abuse disorders" (p. 111). Pfeffer et al. (1993) also suggested children and young adolescents with such disorders were likely to continue exhibiting symptoms

throughout their lifespans. Approximately half of children with autism spectrum disorder reported self-injurious behaviors (Duerden et al., 2012). Also, in a study on risk factors of self-harm for children 6 to 12 years of age, Angelkovska et al. (2012) found children who exhibited symptoms of dissociation were more likely to participate in self-harm. Due to the comorbidity of NSSI to other mental health disorders, more studies are needed in order to determine proper interventions to treat the dual diagnoses.

Self-Harm in Schools

Because of the prevalence of children and adolescents who self-harm, a natural place to explore is the school setting. In fact, many studies indicate a majority of school counselors have worked with a student who self-harmed (Duggan et al., 2011; Roberts-Dobie & Donatelle, 2007). Angelkovska et al. (2012) stressed the importance of training school staff to be a positive source for students who self-harm. In another study, Simm et al. (2008) indicated many school staff are unaware of the many forms and basic knowledge of self-harm. The authors also stressed early identification of self-harmful behaviors can be aided by training school staff to identify such behaviors (Simm et al., 2008). Further, a majority of children and adolescents who reported self-injurious behaviors reported being victims of bullying at school as well as experiencing high levels of school-related stressors (de Kloet et al., 2011).

Although NSSI is most prevalent among adolescents, some studies show an increase in elementary-age students participating in self-harming behaviors. For example, one study examined risk factors of children with self-injurious behaviors who were between ages 6 and 12 (Angelkovska et al., 2012). Additionally, approximately 15% of school counselors surveyed reported working with elementary students who self-harm (Kibler, 2009). Other studies indicated a need for more research into elementary school counselors' experiences and perceptions of self-

harm (Taylor, 2014). Another study outside of the United States on the experiences of teachers confirmed the lack of research into self-harm in the elementary schools (Simm et al., 2008). The lack of further studies about elementary aged students who self-harm and the experiences of the school counselors who work with these students is scarce and cause for this study.

Self-Harm and School Counselors

School counselors play a crucial role in addressing the many needs of students. In fact, Roberts-Dobie and Donatelle (2007) reported school counselors, "due to their training and role to assist student success, are well positioned to play a role in the mental health needs of youth" (p. 258). Because of their involvement with students' mental health needs, school counselors are often the first to know when a student exhibits self-injurious behaviors (White Kress et al., 2004). However, Roberts-Dobie and Donatelle (2007) argued a majority of school counselors learned a student has self-harmed through another student or other school official before learning directly from the student. Dowling and Doyle (2017) also found school counselors were informed of a student's self-harmful behaviors through the student's self-report or from family and friends. Similarly, Kelada et al. (2017) indicated school counselors and school psychologists most often learned a student self-harmed through direct student report or from a friend.

Because of their involvement in treating self-harm, school counselors must be knowledgeable of self-injurious behaviors. In their study on school counselors' experiences with self-harm, Roberts-Dobie and Donatelle (2007) found over 80% of school counselors believed themselves to be the most appropriate person to work with students who self-harm but felt they need more training. However, Duggan et al. (2011) indicated less than half of school counselors felt the same way. Additionally, approximately half of school counselors in another study indicated understanding about the causes of self-harm (Simpson et al., 2010). Further,

approximately half of secondary school counselors reported the ability to understand and identify self-harmful and NSSI behaviors (Simpson et al., 2010).

Due to the difficult nature of self-harm, many school counselors report emotional reactions to working with those who self-harm. In fact, in a study about the experiences of school counselors in Ireland, Dowling and Doyle (2017) reported a variety of emotions such as "worry, helplessness, shock, sadness, and fear" (p. 586) as well as "difficult, horrible, disturbing, or hard to deal with" experiences (p. 587). Similarly, Long and Jenkins (2010) indicated counselors "openly conceded that endings can be difficult for them" (p. 199). The authors also stressed the importance of supervision and counseling for those who treat self-harm due its difficult nature (Long & Jenkins, 2010). Kelada et al. (2017) also found school counselors and school psychologists reported supervision as necessary to help counselors and students. Therefore, it is important for school counselors to practice self-care in order to process clients' reports of self-harm.

School Counselor Knowledge and Training in Self-Harm

It is imperative school counselors have knowledge about self-harm in order to work with students exhibiting such behaviors; however, this is not always the norm. For example, Roberts-Dobie and Donatelle (2007) found a majority of school counselors surveyed denied an extensive amount of knowledge related to self-harm. Similarly, Duggan et al. (2011) found most school counselors identified being "moderately knowledgeable" (p. 336). Additionally, school counselors reported "interest in learning more" (Roberts-Dobie & Donatelle, 2007, p. 261).

In order to gain more knowledge about self-harm and NSSI, training specific to such behaviors is much needed. Some school counselors reported receiving training in self-harm through educational opportunities in their masters-level coursework whereas others received

professional training at conferences and through other outside sources (Duggan et al., 2011). Other school counselors and school psychologists reported little to no initial or ongoing training in identification and treatment of self-harm (Kelada et al., 2017). More specifically, Kelada et al. (2017) found these trainings were primarily through professional development, courses addressing "general mental health problems" (p. 176), and graduate-level courses. Further, the authors suggested school counselors and school psychologists with experience in treating self-harm were confident in their ability to support students, but "expressed concern for inexperienced mental health staff members, or staff members working in less supportive schools" (Kelada et al., 2017, p. 179). Likewise, Reichardt (2016) recommended training for school staff in order to support the emotional needs of students who self-harm. Among professionals working with children and adolescents who self-harm, around 75% of nurses reported no training specific to self-harm which was linked to negative attitudes toward self-injurious behaviors (Carter et al., 2018).

Although research suggests school counselors and personnel should receive training related to self-harm and suicide prevention and intervention, there are inconsistencies among state laws. For example, there are currently only 13 states with laws that require such training on a yearly basis (AFSP, 2019b). Additionally, only 18 states require suicide prevention training but do not mandate that it be yearly (AFSP, 2019b). Further, 15 states "encourage" such training but schools may decide whether or not to use it (AFSP, 2019b).

School Counselor Preparation Programs

Although many school counselors indicated a lack of training in self-harm and NSSI (Kelada et al., 2017), some school counselors received training through educational programs (Duggan et al., 2011; Kelada et al., 2017). This follows with the Council for Accreditation of

Counseling and Related Education Programs (CACREP) standards. Students of programs seeking a degree in school counseling must meet minimum standards. For example, according to the 2016 CACREP Standards, school counselors-in-training learn to identify and address "characteristics, risk factors, and warning signs of students at risk for mental health and behavioral disorders" (CACREP, 2016, p. 28). Additionally, school counselors-in-training learn to identify "community resources and referral sources" (CACREP, 2016, p. 28) should a student express such needs. Further, school counselors-in-training learn "techniques of personal/social counseling in school settings" and "skills to critically examine the connections between social, familial, emotional, and behavior problems and academic achievement" (CACREP, 2016, p. 33).

In addition to CACREP standards, the ASCA also recommended standards for school counselors. According to the *ASCA National Model: A Framework for School Counseling Programs, Fourth Edition*, school counselors use appropriate counseling theories to facilitate students' social/emotional development when working one-on-one with students as well as in groups and classroom settings (ASCA, 2019). Further, school counselors are knowledgeable of local resources for referrals and provide them to students and families if necessary (ASCA, 2019). School counselors' educational training and standards developed by both CACREP and ASCA set the standard for school counselors' knowledge and ability to effectively work with students who self-harm.

Self-Harm Treatment in Schools

In addition to gaining knowledge and training specific to self-harm, school counselors report a lack of specific interventions needed to address self-harm with students (Shapiro et al., 2013; Walsh & Muehlenkamp, 2013). For example, Shapiro et al. (2013) reported a lack of evidenced-based interventions for self-harm treatment in schools. Shapiro et al. (2013) also

indicated some schools use *The Signs of Self-Injury Prevention* program as a means of prevention instead of treatment. Further, many researchers noted most self-harm interventions used in schools are designed for treatment with adolescents and not younger children (Shapiro et al., 2013; Walsh & Muehlenkamp, 2013).

Although there are limited studies on interventions for treatment of self-harm in schools, some studies indicate interventions for the prevention of "social contagion" (Walsh & Muehlenkamp, 2013; Wester et al., 2017). In fact, Walsh and Muehlenkamp (2013) reported communication among students about participating in self-harmful behaviors prompted other students to do the same. Further, Walsh and Muehlenkamp (2013) indicated students compare self-harmful behaviors to determine whose is better or worse. Walsh and Muehlenkamp (2013) stressed the importance of a more individualized approach instead of group work when such a contagion is present in a school. Additionally, Wester et al. (2017) pointed out a group approach is suitable at times, but individual treatment is needed for students who need more support.

Individualized treatment interventions are often more beneficial for students participating in self-harmful behaviors (Walsh & Muehlenkamp, 2013; Wester et al., 2017). Such interventions include ensuring safety for the student, feelings identification and expression, and the presence of a safe environment for the student to express such emotions and behaviors (White Kress et al., 2004). Noble (2011) also indicated the importance of the student's trust in the school counselors in his or her ability to report self-harmful behaviors. It is important to note the above interventions were described as being beneficial for adolescents participating in NSSI and self-harmful behaviors, not younger children.

Self-Harm School District Policy

School counselors have reported mixed results about the implementation of a school

district policy related to self-harm. In fact, many school counselors reported no such policy whereas others were unsure about whether or not such a policy existed within their school (Duggan et al., 2011). Additionally, Roberts-Dobie and Donatelle (2007) found a majority of school counselors indicated no school district policy related to self-harm or were unsure if one existed. Similarly, Kelada et al. (2017) found more than half of school counselors and school psychologists reported no school district policy about self-harm and NSSI although others had developed such a policy. Furthermore, these school counselors and school psychologists indicated a lack of school district policy related to self-harm could lead to legal consequences for both the school district and school counselors (Kelada et al., 2017). Moreover, Reichardt (2016) and Walsh and Muehlenkamp (2013) stressed the importance of school district policy detailing specific procedures to follow and collaboration with mental health and medical professionals as key to helping students who self-harm. Many studies indicate a need for such policies to ensure appropriate treatment for students participating in self-harmful behaviors.

According to Canady (2019), less than half of the United States has specific laws about school districts and policies related to suicide and self-harm. Further, the American Foundation for Suicide Prevention (AFSP) reported only 22 states have legislation requiring such policies, although an additional seven states encourage them (AFSP, 2019b). Due to inconsistency of legislation for school district policies about suicide and self-harm, the AFSP, the ASCA, the National Association of School Psychologists, and The Trevor Project combined forces to revise the *Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources* (AFSP, 2019a). The *Model* provided guidelines for school personnel, including but not limited to administrators, teachers, nurses, school counselors, and school mental health professionals, in the formation of school district policies related to suicide and self-harm in order

to “enhance student well-being and the school environment as a whole” (AFSP, 2019a). Although the policy is designed for middle and high schools, Canady (2019) stressed it could also benefit elementary schools as well.

Although the *Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources* (Moutier et al., 2019) heavily focused on suicide prevention and intervention, there are key points about self-harm as well. For example, the authors noted that although children and adolescents who self-harm do so without intent to complete suicide, they “should receive mental health care” (Moutier et al., 2019). Additionally, the authors stressed the importance of treatment for such behaviors in order to decrease future self-harm and increased suicidal intent (Moutier et al., 2019). Further, Moutier et al. (2019) suggested school counselors or other school mental health personnel contact any child or adolescent who self-harms on the same day the school counselor is notified of such behaviors in order to assess for suicidality and provide appropriate referrals.

Mills et al. (2006) stressed the importance of collaboration between schools and local community supports as well as school district policies in the treatment and support of children exhibiting suicidal and self-harmful behaviors. Similarly, in their study of school districts with policies related to mental health practices, Guerra et al. (2019) found individual schools as well as school districts that collaborated with outside resources and had policies and practices developed through data-informed decisions offered better supports for students. Furthermore, the authors reported an increase in suicide and self-harm related policies in school districts where professional development related to mental health and suicide prevention was provided to staff (Guerra et al., 2019).

School Counselor Supports and Resources for Self-Harm

In addition to working closely with students, school counselors interact with a host of adults through their roles within the school. For example, school counselors work closely with teachers, principals, and other school administrators, school nurses, and parents of the students they serve. According to Roberts-Dobie and Donatelle (2007), school counselors use these additional resources to address the mental health needs of students. However, school counselors indicated such supports for students lack awareness of self-harm and would benefit from more information (Roberts-Dobie & Donatelle, 2007). Likewise, Simpson et al. (2010) found secondary school counselors reported more than half of adults within their schools did not understand self-harm and NSSI and less than half expressed the ability to educate faculty and staff as well as students about such behaviors.

Calls for Future Research

Due to the increase in participants of self-injurious behaviors, especially children, many researchers have suggested further studies to better understand self-harm and its effect on school counselors. In fact, Hawton and Harriss (2008) indicated the need for such studies in order to understand the reasons children and adolescents self-harm, the methods they use, level of suicidality, and continuity of self-harmful behaviors. Additionally, Duggan et al. (2011) posited further research into school counselors' experiences of self-harmful behaviors could positively impact the implementation of school district policies about self-harm. Also, Reichardt (2016) suggested future studies into the development of school district policies and interventions for those who self-harm. Likewise, Nock (2012) stressed the importance of prevention programs, specifically those for schools, in the treatment and prevention of self-harm among students. Similarly, Angelkovska et al. (2012) indicated the necessity of adequate training programs in order to properly identify those who self-harm.

CHAPTER III: METHODOLOGY

This qualitative phenomenological study explored elementary school counselors' experiences and their work with students who self-harm. Qualitative inquiry is important for researchers to understand participants' experiences and meanings derived from those experiences (Merriam & Tisdell, 2016). There is a lack of research into elementary school counselors' experiences of working with students who self-harm and more work needs to be done in order to understand this phenomenon in children as well as how school counselors' perceive school district policies and trainings related to self-harm may help (Angelkovska et al., 2012; Duggan et al., 2011; Hawton & Harriss, 2008; Nock, 2012; Reichardt, 2016). In this particular study, meanings from elementary school counselors' experiences were discovered through interviews and personal notes about observations.

Data collection for the study occurred through purposeful sampling of members of professional organizations and snowball sampling methods (Merriam & Tisdell, 2016). Prospective participants completed a demographic survey prior to an interview. Open-ended questions were used in the interview in order to gain insight on participants' experiences (Creswell, 2015).

Data analysis occurred through and was enhanced through the use of NVivo 12, a qualitative software program. The use of NVivo 12 allowed me to organize, code, and analyze data in an efficient manner. I spent time learning the software through training and review of the usage manual. I increased trustworthiness through member checks, saturation, audit trails, and thick descriptions discussed later in this chapter.

The purpose of this research study was to better understand the experiences of elementary school counselors while working with students who participate in NSSI and self-harm behaviors. This study provided research to an existing gap in school counseling literature, which provides little data on this topic. The research study used interviews to investigate elementary school counselors' experiences working with students who self-harm. The interviews allowed for a deeper understanding of elementary school counselors' training and school district policies related to self-harm and NSSI.

Research Questions

To gain an understanding of elementary school counselors' experiences with children who self-harm, the following questions were explored:

1. What are the experiences of elementary school counselors working with students who self-harm?
2. How do elementary school counselors perceive the role of training related to self-harm and NSSI?
3. How do elementary school counselors perceive the role of school district policies and practices and approaches to working with students who self-harm?

Qualitative Research

Qualitative inquiry methodology was used in this research study. The specific design for this study was phenomenological. This type of research is appropriate for this study due to lack of research into school counselors' experiences (Duggan et al., 2011). Studies into school counselors' experiences are necessary in order to understand children's self-harmful behaviors, school district policies related to self-harm, and appropriate training for school counselors who work with students who self-harm (Angelkovska et al., 2012; Duggan et al., 2011; Hawton &

Harriss, 2008; Nock, 2012; Reichardt, 2016).

According to Merriam and Tisdell (2016), qualitative research is used when the researcher wants to understand the significance of an experience for those being studied. Qualitative inquiry is ideal for this current study because of the need to appreciate the experiences of elementary school counselors working with students who self-harm. Qualitative research focuses on the meanings derived from participants' experiences (Merriam & Tisdell, 2016), which makes it the methodology best suited for the current study.

Phenomenology as Research Design

According to Patton (2002), phenomenology began in the late nineteenth and early twentieth centuries from the works of Husserl, Schutz, Merleau-Ponty, Whitehead, Giorgi, and Zaner as a way to further examine the social sciences and psychotherapy. This is appropriate to the current study as it takes a look into the treatment elementary school counselors provide for their students. Further, Patton (2002) explained the use of phenomenology was important in the understanding of individuals' experiences through "attending to perceptions and meanings that awaken our conscious awareness" (pp. 105–106). This early look into people's experiences placed the groundwork for future studies into phenomenological study.

The use of phenomenology to emphasize participants' experiences and perspectives is key for understanding how elementary school counselors draw meaning about students' self-harmful behaviors (Merriam & Tisdell, 2016). Careful review of participants' responses within the interview allowed me to draw themes from their experiences. Additionally, my previous experiences with self-harm in the school setting was inspected in order to identify assumptions about the phenomenon being studied (Merriam & Tisdell, 2016). With those assumptions bracketed, the participants' experiences will take precedence over mine.

The focus of this study was on the "lived experience" of elementary school counselors and their work with students who self-harm (Rossman & Rallis, 2003, p. 97). It is through those experiences that I drew meaning about such work. According to Rossman and Rallis (2003), researchers are able to understand the meaning of participants' experiences through interviews, which allow participants to verbalize and reflect on past incidents. Through reflection on their experiences, I was able to understand elementary school counselors' perspectives of self-harm.

According to Hesse-Biber (2017), phenomenology began in the 1900s in an effort to better understand what individuals believe about their experiences. Hesse-Biber (2017) pointed out that individuals' experiences are multidimensional, exploring "how the experience is lived in time, space, vis-à-vis our relationships to others, and as a bodily experience" (p. 25). In order to gain a true understanding about aspects of the experience, researchers must thoroughly interview participants using open-ended, in-depth questioning and carefully observe participants' reactions as well as researchers' own experiences and biases.

Patton (2002) reported that phenomenology could be complicated and have various meanings for different people. However, Patton (2002) argued "methodologically, carefully, and thoroughly capturing and describing how people experience some phenomenon—how they perceive it, describe it, feel about it, judge it, remember it, make sense of it, and talk about it with others" (p. 104) will lead to better understanding of the experience. Patton (2002) also pointed out that in-depth interviewing and observations are the keys to understanding the true meanings behind the participants' experiences.

The Role of the Researcher

According to Patton (2002), the researcher's "skill, sensitivity, and integrity" (p. 5) heavily influence the value of qualitative studies. Because the researcher must exhibit these

qualities, it is essential they carefully examine personal experiences and biases in order to remain objective in understanding the data (Creswell, 2009). Other research methodologies require the elimination of biases from studies; however, in qualitative inquiry, the researcher's experiences can be used for further understanding of the phenomenon (Rossman & Rallis, 2003). My experiences as a school-based therapist working with students who self-harmed, as well as interactions with the school counselors and fellow school-based therapists, provided a unique angle to this study.

Personal Biography and Bias

I first learned about self-harm and NSSI through my work as a school-based mental health therapist in a high school setting, grades 9-12, for 3 years. The school counselor referred students presenting with self-harm and NSSI behaviors to me for mental health counseling. I did not know where to begin in treating these student clients so I staffed the cases with my supervisor and other school-based mental health therapists. I also spoke with other school counselors throughout the local school districts. I learned there were varying levels of knowledge and training related to self-harm and NSSI. I also learned many school districts have no policy related to treatment of students presenting with such behaviors. I began researching self-harm and NSSI and presented on the topic at local conferences. I also made sure to attend sessions related to self-harm and NSSI at local, state, and national conferences. This knowledge has helped me provide appropriate support and treatment for clients in my private practice. It has also helped me in consultation with other mental health counselors and school counselors across the state of Mississippi.

My work as a school-based therapist, although in a high school, helped me to see self-harm was not isolated to the high school setting. For example, because I connected with a team

of school-based therapists who worked in all levels of the kindergarten to twelfth grade setting in multiple school districts, I quickly learned through our treatment team meetings that the other school-based therapists saw self-harmful behaviors in elementary and middle schools as well. I was surprised to learn children in kindergarten and first grade were also self-harming. I became interested in my fellow school-based therapists' experiences working with young children who exhibited such behaviors.

I continued working with individuals who self-harmed after I left my role as a school-based therapist of 3 years and began working as a counselor in private practice. In just 2 years of private practice, I have worked with multiple clients presenting with self-harmful behaviors. My clients reported current and previous self-injury with and without suicidal intent. Many of them reported they began cutting their legs and arms to self-harm in middle and high school. Some also indicated they participated in other self-harmful behaviors prior to middle school. In particular, I had a client disclose self-harm by hitting herself as early as Second Grade. Another client reported witnessing a child around age 10 using cutting motions on his arm with a pair of scissors. These incidents sparked my interest in self-harm in children.

I have used my time as a doctoral student to expand my knowledge on self-harm. I presented at conferences on the local, state, and national levels during my 3 years as a doctoral student. I often presented on topics related to self-harm such as self-care for school counselors who work with students who self-harm. School counselors from elementary, middle, and high schools across the state of Mississippi attended this session, many of whom sat on the floor due to the heavy attendance. I also went to conference presentations related to self-harm. I even met presenters and researchers with vast knowledge of self-harm. These contacts proved valuable as I learned more on this topic.

Although my experiences allowed for a unique perspective in this study, I was also cognizant of my assumptions and biases related to the study. This allowed me to remain objective throughout the study and allow the participants' experiences to shape the results. In order to ensure I was able to accurately portray the participants' experiences, I remained aware of how my experiences affected the study and worked to remain as objective as possible (Miles et al., 2020).

Assumptions

According to Miles et al. (2020), the researcher must be aware of assumptions and how they factor into the research study. In order to remain objective in the study and allow the participants' experiences to remain at the forefront, I identified my assumptions prior to conducting the study. According to Miles et al. (2020), this allows for external reliability in the study. The following assumptions were identified and examined in order to provide confidence in my ability to remain objective.

First, I assumed participants received basic training regarding self-harm and NSSI. My previous experiences working with high school counselors led me to believe the only training they received was, at minimum, brief discussion of self-injurious behaviors during master's level coursework. Additionally, due to the amount of participants in conference sessions related to self-harm and NSSI I attended, I realized school counselors wanted to know more. I assumed participants would express a lack of knowledge and desire for further training.

Second, I assumed participants were the individuals most sought after when a student expressed self-injurious behaviors. My prior experiences as a school-based therapist showed that I was the one teachers asked for when they thought a student was self-harming. My collaboration with other school-based therapists and school counselors yielded similar beliefs. I assumed

participants would express being seen as the expert on self-harm within the school setting.

Finally, I assumed few participants would report their school district had a policy related to self-harm and NSSI. In fact, previous researchers found many school counselors reported no such policy or uncertainty about a self-harm policy within their school district (Duggan et al., 2011; Kelada et al., 2017; Roberts-Dobie & Donatelle, 2007). My experiences working within a school setting shed light on administrators' knowledge that such a policy was needed.

Data Collection

Population

The population for this qualitative research study was licensed and/or certified elementary school counselors in the United States. The elementary school counselors participating in the study must have worked with or are currently working with students who present with self-harm and/or NSSI behaviors. According to the U.S. Bureau of Labor Statistics (2020) there were approximately 325,000 school counselors in the United States in 2018.

Participants

Participants included licensed and/or certified elementary school counselors. Participants voluntarily agreed to be a part of the study. A recruitment email (Appendix A) was sent to a nationwide sample of school counseling professionals in the United States of America. The email was posted on the ASCA Scene and Counselor Education and Supervision Network (CESNET) listservs (Appendix B). Additionally, the email was sent to members of the Mississippi Counseling Association (MCA) and Alabama Counseling Association (ALCA). I sought participants who were members of ASCA, MCA, and ALCA due to their engagement in these professional organizations and assumed interest for professional development and training in self-harm. Finally, additional participants were identified through the interviews and sent an

email (Appendix C) via snowball sampling. Participants were able to withdraw from the survey at any time. Participants were elementary school counselors who have worked and/or are currently working with students who exhibit self-harm and/or NSSI behaviors. Participants received an informed consent document (Appendix D) via email. The informed consent document included information about potential risks and benefits.

Sample

According to Creswell (2009), it is important to use many participants in order to acquire data saturation. In order to ensure data saturation, I employed purposeful sampling for participant selection. Purposeful sampling allows for better understanding of the research (Creswell, 2015). Purposeful sampling was used through seeking participants who would provide the most information about the phenomenon being studied (Merriam & Tisdell, 2016). There are many forms of purposeful sampling that may be used in qualitative inquiry. For this study, I used purposeful sampling through unique sampling, or sampling of participants with a unique situation, by seeking elementary school counselors who have worked or are currently working with students who self-harm. I also used snowball sampling by inquiring if participants knew of other elementary school counselors who may also be able to participate in the study.

Procedures

Qualitative research is used to aid in the understanding the significance of and meanings derived from participants' experiences (Merriam & Tisdell, 2016). Open-ended questions allow for participants to express different experiences within the same phenomenon and deeper understanding of those differences in order to analyze themes (Creswell, 2015; Patton, 2002). I contacted participants through the ASCA Scene and Counselor Education and Supervision Network (CESNET) listservs and an email sent to members of MCA and ALCA. Participants

completed a demographic survey prior to conducting individual interviews with me.

Demographics Survey

Prior to their interview, participants completed a demographic survey. Participants accessed the survey via Qualtrics. Demographic survey questions assessed participants' consent, gender, age range, ethnicity, and region of residence. Survey questions were also used to gain educational information such as highest education level and whether or not the school counselor graduated from a CACREP-accredited program. School counselors were also asked about certifications such as Nationally Certified Counselor, Nationally Certified School Counselor, and licensed professional counselor. Finally, school counselors were asked about employment such as years as an elementary school counselor, number of students enrolled during the last academic school year, type of school, and type of area in which the school is located.

Interviews

I conducted interviews with participants via the video platform Zoom. Due to the nature of the interviews being conducted online, participants selected a setting best suited for them. I conducted semi-structured individual interviews from my private office with elementary school counselors who have worked and/or are currently working with students who self-harm. The interviews lasted approximately 45 minutes. The format of the questions was open-ended in order to allow participants to provide adequate responses for the better understanding of their experiences. I carefully followed the interview script and questions (Appendix E) in order to gain verbal consent from the participants and explore their experiences.

According to Patton (2002), open-ended questions are used in interviews for qualitative inquiry so future researchers may use the work for further study, differences among interviewee responses may be decreased, the interview is considered to be time-efficient, and to make

analysis of themes simpler. Creswell (2015) also indicated open-ended questions are used to learn more about the interviewee's specific experiences and perspectives about a given phenomenon. In order to gain insight into elementary school counselors' experiences working with students who participate in self-harmful behaviors and NSSI, the following open-ended interview questions were used:

1. Please describe your experiences working with students who present with self-harmful behaviors.
2. As you have encountered students with self-harmful behaviors, how would you summarize how your students participated in these behaviors?
3. How did/do you experience challenges when working with students who self-harm?

The following questions were used to explore participants' perceptions of the role of training related to self-harm:

1. To what extent, if at all, did you feel prepared when you encountered students who self-harmed?
2. What experiences did you have during your graduate program that addressed self-harm?
3. What are some types of professional development or other trainings did you receive related to self-harm treatment after you completed your graduate training?
4. What has been your experience regarding support from school administration when seeking professional development related to self-harm?

The following questions were used to explore participants' perceptions of the role of school district policy and/or procedures and approaches to working with students who self-harm:

1. What has been your experience with policies regarding self-harm in your school district?
2. What has been your experience regarding support from school administration regarding development and implementation of a school district policy regarding self-harm?

Data Analysis

According to Miles, Huberman, and Saldaña (2020), it is important for the researcher to analyze data as it comes in order to formulate new approaches for the continued collection of data. This causes analysis to be "an ongoing, lively enterprise that contributes to the energizing process of field work" (Miles et al., 2020, p. 62). The authors further encourage the researcher to use in-depth notes taken throughout the data collection process as well as thorough transcripts that can be easily revised and noted on for coding and analysis.

Miles et al. (2020) emphasized coding as "deep reflection about and, thus, deep interpretation of the data's meaning" (p. 63). The authors reported coding is used to aid the researcher in the ability to locate and group themes in the data. The researcher then uses these groups of codes and themes for continued analysis and development of conclusions about the study.

Coding can be termed as descriptive, In Vivo, process, concept, emotion, values, evaluation, dramaturgical, holistic, provisional, hypothesis, protocol, causation, attribute, magnitude, subcoding, and simultaneous coding (Miles et al., 2020). For the purposes of this study, I used In Vivo coding to emphasize participants' direct words to draw meaning. I also implemented concept coding to identify thoughts from participants' experiences. I also used emotion coding in order to recognize the participants' emotional reactions to their experiences.

Values coding was used to explore participants' values, attitudes, and beliefs through their experiences.

The coding process can become overwhelming for qualitative researchers (Hesse-Biber, 2017). However, many qualitative researchers use computer software programs to aid in preparing, organizing, and coding the data (Merriam & Tisdell, 2016). Although there are many advantages to the use of software programs in data analysis, the authors also stress the importance of the researcher in selecting an appropriate software program for the needs of the study and consulting with colleagues who have used such software. Hesse-Biber (2017) also indicated the use of software programs initiates concern that the researcher will become detached from the data and, thus, less creative.

I used NVivo 12 software for organization and transcription of the interviews. I became familiar with the software prior to conducting the interviews in order to ensure knowledge of its use. I reviewed the manual and completed necessary training on the use of the software. After becoming familiar with NVivo 12, I created folders for each interview in order to maintain organization efforts. I utilized the transcription services available through NVivo12 to transcribe all interviews. Although the use of qualitative software was helpful with transcription and coding, I also carefully reviewed each interview, notes from the interviews, and personal journal entries about the interviews in order to maintain connected to the data. In order to ensure accuracy of the transcriptions, I reviewed each transcribed interview along with the audio recording of the interview multiple times. I also emailed a copy of the transcript to each participant for review and correction. Five of the twelve participants responded. Four of the respondents reported no changes to the transcripts. The final respondent provided some clarification to one of the questions; however, this change did not impact the analytic themes.

The transcripts were stored in NVivo12 as well as The University of Mississippi's online storage account Box, a HIPAA compliant service. Due to Box's HIPAA security and my password protected access, the transcripts were deemed safe.

After careful review of the transcripts, I began coding each transcript one line at a time. The initial coding of transcripts yielded 449 codes which were comprised of key words and phrases. I reviewed these codes and merged some that repeated. This review decreased the identified codes to 355. The codes were then categorized based on the research and interview questions. This process yielded 9 categories which were analyzed for themes.

Although the use of NVivo 12 was beneficial to the organization of transcripts and data, I began to feel disconnected from the data. I returned to coding by hand in order to improve my understanding and analysis of the data. I created posterboards for each interview question and wrote the participants' responses accordingly. I analyzed participants' responses to each question, one by one, until all responses had been added to the posterboards. I color coded responses to help with the identification of analytic themes. Further information about the analysis and development of themes are found in Chapter 4.

Methods for Verification and Establishment of Trustworthiness

In order to confirm reliability in the study, I must make sure my results can be duplicated (Merriam & Tisdell, 2016). Although reliability in qualitative study cannot be guaranteed because human behaviors are ever-changing and different (Merriam & Tisdell, 2016), I provided adequate details of all methods of data collection and personal reactions as recorded in a journal. These techniques are known as an audit trail and are necessary for reliability in the study (Merriam & Tisdell, 2016). Additionally, Merriam and Tisdell (2016) recommend the use of thick descriptions of participants, findings, and notes as key in establishing transferability of the

study. Rossman and Rallis (2003) indicated the integrity of a study must be verified in order to it to be valuable for the reader. This is accomplished through "the accuracy of what is reported (its truth value), the methodology used to generate the findings (its rigor), and the usefulness of the study (its generalizability and significance)" (Rossman & Rallis, 2003, p. 65).

In order to establish trustworthiness in the current study, I worked to carefully express the participants' truths through the recounting of their experiences and perspectives throughout the study. I supplied thick descriptions of the participants' answers to interview questions as well as direct quotes. I supplied pseudonyms in place of participants' names when using direct quotes in order to protect their identity. I also thoroughly described the methodology used and steps taken to decipher the results of the study.

Patton (2002) also stressed the importance of establishing credibility in qualitative studies. For example, Patton (2002) recommended researchers thoroughly express their personal experiences and potential biases so the reader understands the researcher's positionality in the study at hand. Patton also suggested researchers acknowledge and report all possibilities in interpretation of the data. It is also important researchers use triangulation measures to validate information (Patton, 2002). According to Creswell (2015), researchers must use verification, trustworthiness, and authenticity in order to ensure credibility in their study. Merriam and Tisdell (2016) also indicated the importance of researcher validity and reliability in qualitative inquiry.

I used many techniques to ensure the trustworthiness and validity in my study. For example, I conducted member checks by requesting feedback from participants during early analysis in order confirm interpretation of meanings and themes. I provided transcripts of the interviews so participants were able to clarify provided information. I also allowed participants to review the results in order to determine whether or not their experiences and perceptions were

adequately portrayed.

According to Shenton (2004) trustworthiness in a study is achieved through credibility, transferability, dependability, and confirmability. To achieve credibility in this study, I utilized research methods used in similar studies, sampling methods to select appropriate participants and reduce my personal biases, triangulation through the use of a large number of participants who can verify others' experiences, debriefing sessions with my advisor, member checks through participant feedback, and thick descriptions of participants' recollections. In order to accomplish transferability, I provided thick descriptions of methods used as well as documents provided in the appendices so readers may feel confident in transferring the results to their own experiences. To ensure dependability, I gave detailed descriptions of the research design used and means for data collection and analysis so future researchers may replicate the study. Finally, to enhance confirmability, I worked to keep my personal biases in check so the participants' experiences are at the forefront through triangulation, acknowledgement of assumptions, descriptions of limitations, and an audit trail.

Ethical Considerations

The American Counseling Association's (ACA) Code of Ethics (2014) specifies procedures for ethical research. Because of my professional membership in ACA, these requirements for conducting ethical studies will be followed. It is important to note school counselors subscribe to the ASCA (2016) Ethical Standards for School Counselors. However, because the ASCA (2016) Ethical Standards for School Counselors provide guidelines for ethical practice, they do not mention guidelines for research. Therefore, the research guidelines found in the ACA (2014) Code of Ethics will be followed for this study.

I made every effort to ensure participants' confidentiality was maintained throughout the

course of the study (ACA, 2014, pp. 15–16). Additionally, in order to protect participants' identities, pseudonyms were used in place of participants' names (ACA, 2014, p. 16). Participants were also given a thorough informed consent, which they were asked to verbally consent to prior to the beginning of the study (ACA, 2014, p. 16). Participants were also allowed to withdraw from the study at any time with no penalty (ACA, 2014, p. 16). There were no perceived risks in the study so participants should not expect any injury (ACA, 2014, p. 16).

I obtained approval from the IRB of the University of Mississippi in order to proceed with the study. The IRB works to ensure studies follow ethical research guidelines so approval is necessary. The IRB application and all necessary documents were sent to the IRB committee prior to solicitation for the study. Once approval was received, I contacted the ASCA Scene and MCA executive director for distribution of the solicitation. No amendments were necessary after the beginning of the study.

Limitations

As with any research study, limitations are to be expected. For example, because the interviews were conducted at a date and time convenient to the participants, interruptions were possible. Participants were encouraged to use a quiet space free from interruptions, but I could not guarantee this. Additionally, the interviews were conducted via Zoom due to the COVID-19 pandemic; therefore, interruptions because of technological difficulties were also possible. I was careful to note any limitations to the study as they occurred and reported them as necessary.

Conclusion

This qualitative phenomenological study explored the experiences of elementary school counselors and their work with students who self-harm. Demographic surveys were completed be participants via Qualtrics. Following completion of the survey and consent to participate in an

interview, I contacted participants to schedule an interview at a date and time convenient for the participants. The use of NVivo 12 allowed me to organize and transcribe the data. I utilized hand coding of the data in order to strengthen my connection to and understanding of the data. In order to ensure trustworthiness and credibility in the study, I used member checks, saturation, and thick descriptions of participants, findings, and personal notes and reflections throughout the process.

CHAPTER IV: RESULTS

Research Findings

The purpose of this qualitative phenomenological research study was to illuminate the experiences of elementary school counselors when working with students who self-harm. The following research questions directed this research study:

1. What are the experiences of elementary school counselors working with students who self-harm?
2. How do elementary school counselors perceive the role of training related to self-harm?
3. How do elementary school counselors perceive school district policies and practices related to self-harm?

The phenomenon of elementary school counselors working with students who self-harm was explored through one-on-one interviews conducted via Zoom. The conceptual framework of this study was the American School Counseling Association (ASCA) National Model (2019). This chapter provides descriptions of the participants and their experiences in order to achieve better understanding of the phenomenon being studied. A detailed discussion of themes discovered from the data is also included.

Participants

The population for this study were licensed and/or certified elementary school counselors in the United States. The sample included members of the ASCA Scene and Counselor Education and Supervision Network (CESNET) listservs as well as the Mississippi Counseling

Association (MCA) and Alabama Counseling Association (ALCA) who were sent a recruitment email with a link to complete a demographic survey in Qualtrics. Following completion of the survey, participants were contacted via email to schedule an interview. Participants who completed the interview were asked to provide contact information for other eligible participants who were sent the recruitment email.

Twenty-three potential participants attempted the demographic survey. Of these participants, 22 completed the survey and 18 provided email addresses allowing for contact to complete the interview portion of the study. Fifteen responded to emails requesting interview participation. One of the 15 was eliminated because of her experiences being limited to secondary school settings. Two of the 15 responded to initial emails requesting interview participation but failed to attend and did not respond to email requests to reschedule the interview. Data from 12 participant interviews were analyzed for this study.

Data and Analysis

This section includes demographic data as well as participants' descriptions of experiences. Demographic data was obtained through a demographic survey which was shared through the MCA, ALCA, ASCA Scene, and CESNET listservs as well as through snowball sampling. Following completion of the survey through Qualtrics, participants were contacted via email to schedule an interview.

Demographic Data

A pseudonym was provided to the participants in order to protect their identities. Additionally, limited demographic information was included in the demographic survey. Table 1 lists participants' pseudonym, age range, ethnicity, geographic location, highest level of completed education, if the participant graduated from a CACREP-accredited program,

credentials, and years of experience as a school counselor.

Table 1

Demographics of Participants

Pseudonym	Gender	Age	Ethnicity	Geographic location	Highest degree	Credentials	Experience
Adrienne	F	25-34	White	South	Masters, CACREP	NCC	0-5 years
Brittany	F	45-54	White	South	Masters	NCC LPC	10-15 years
Danielle	F	25-34	White	South	Masters, CACREP	NCC	0-5 years
Ivy	F	45-54	White	South	Specialist		10-15 years
Jennifer	F	45-54	White	South	Specialist, CACREP	NCC NCSC LPC	21+ years
Leah	F	55-64	White	South	Masters, CACREP	NCC NCSC	21+ years
Marie	F	35-44	White	South	Masters		0-5 years
Natalie	F	35-44	American Indian or Alaskan Native	South	Specialist, CACREP	LPC	10-15 years
Peter	M	25-34	White	Midwest	Masters, CACREP	NCC LPC	0-5 years
Stephanie	F	25-34	White	West	Masters, CACREP		0-5 years
Victoria	F	25-34	White	South	Masters, CACREP	NCC NCSC	0-5 years
Whitney	F	45-54	White	South	Masters, CACREP		15-20 years

Pseudonym	Gender	Age	Ethnicity	Geographic location	Highest degree	Credentials	Experience
Eliminated							
Joselin	F	35-44	African American	South	Masters, CACREP	LPC	15-20 years

Table 2 denotes participants' years as a school counselor, number of students enrolled at the participants' schools within the 2019-2020 school year, grade levels represented in the participants' schools, and which area and type of school in which the participants worked.

Table 2

Work Experience of Participants During 2019-2020 School Year

Pseudonym	Students enrolled	Grades represented in school	Area of school	Type of school
Adrienne	600-899	K-5 (3-5)	Suburban	Public
Brittany	900-1100	5-6	Urban	Public
Danielle	300-599	5-6	Urban	Public
Ivy	300-599	K-12	Rural	Public
Jennifer	600-899	PreK-2	Suburban	Public
Leah	600-899	3-5	Suburban	Public
Marie	300-599	PreK-6	Rural	Public
Natalie	300-599	K-5	Rural	Public
Peter	300-599	K-12 (K-3)	Rural	Public
Stephanie	1200 or more	K-12	Suburban	Public

Pseudonym	Students enrolled	Grades represented in school	Area of school	Type of school
Victoria	600-899	3-5	Urban	Public
Whitney	300-599	PK-8	Rural	Public
Eliminated				
Joselin	600-899	5-7	Rural	Public

Description of Participants

Participants willingly shared their experiences as elementary school counselors working with students from pre-K through 12th grade, limiting their experiences to sixth grade and below, who presented with self-harmful behaviors. The descriptions are arranged alphabetically according to the pseudonym provided to each participant. Data from the participants' descriptions were obtained through the interview questions.

Adrienne. Adrienne is a White female who works as an elementary school counselor and Nationally Certified Counselor (NCC) from the Southern United States. She obtained her master's degree from a CACREP-accredited program and has been working as a school counselor less than 5 years. Adrienne works in a school that houses kindergarten through fifth grade. She serves students in third through fifth grades. Adrienne's school is classified as a public school and located in an urban area. During the 2019-2020 school year, the school held 600-899 students.

Adrienne had limited experience working with children who self-harmed. She has worked with children who exhibit self-harmful behaviors because of Autism Spectrum Disorder and believed these behaviors did not apply to the study at hand. Adrienne's other experiences include witnessing a student who self-harmed by using scissors to cut her body. Adrienne felt a

range of emotions including "sadness and sometimes … helpless[ness]" as well as feeling "scared," "frustrated," and "surprised" when working with children who self-harm. She experienced challenges because of parents' lack of understanding of self-harm, inconsistency with mental health resources available to students, the recent COVID-19 pandemic, and feeling "like it's out of my scope of practice."

Adrienne felt prepared to work with students who self-harm because of support from her fellow counselor, experiences through her internship, and knowledge from procedures outlined by her school district. Adrienne's coursework and professional development was lacking in self-harm information. Following the interview, Adrienne planned to reach out to middle school counselors to learn about their policies and procedures when working with students who self-harm "because I feel like they deal with it more. I definitely think it's so important in elementary school as well, because it does happen more than people think it does."

Brittany. Brittany is a White female who works as an elementary school counselor as well as a Licensed Professional Counselor (LPC) and NCC from the Southern United States. She obtained her master's degree from a non-CACREP-accredited program and has been working as a school counselor for 10-15 years. She is currently pursuing a doctorate degree. Brittany works in a school that houses fifth and sixth grades. Brittany's school is classified as a public school and located in a suburban area. During the 2019-2020 school year, the school held 900-1100 students.

Brittany felt frustration when working with students who self-harm. She reported frustration on behalf of herself and the students she works with. Brittany explained, "They become frustrated with their teachers [and] will say 'I'm frustrated; I was mad; I just wanted to see what it was like.'" She also experienced personal frustration with teachers and parents who

did not understand the behaviors or tried to minimize the phenomenon. Brittany stated, “It’s very frustrating, my experience.”

Brittany also discussed a particular instance that pushed her to pursue her license as a professional counselor. Brittany reflected on the experience with a student who had been taught to hide her emotions because of her mother’s repeated cancer diagnoses and the family’s desire to maintain a calm environment for her mother. Brittany explained that the child “just pushed it down and her way of getting it out was to cut herself.” Brittany’s close contact with the child’s mental health therapist was beneficial for the child when she experienced a breakthrough while in the school setting. Brittany was able to help the child navigate her emotions and express them in a positive way instead of cutting.

When reflecting on her training and early experiences as a school counselor, Brittany reported a lack of understanding and preparation for working with students who self-harm. She stated, “There was no preparation in my grad program for [this].” Brittany drew on her previous experience as a teacher for 17 years to work with students, but felt she did not know how to handle “true psychological distress.” In order to learn more, Brittany attends professional development opportunities that focus on self-harm, suicidality, and clinical issues.

Brittany’s experiences with her administration and school district have been positive. She felt supported when seeking professional development opportunities for herself and her co-counselor, another LPC. Brittany attributed having a fellow LPC in the counseling department as beneficial because it allows for more focus on their students’ needs. Brittany also felt support from the school district in the development of a school district policy about self-harm. She took part in the development of the policy following a school shooting that resulted in a change in state laws mandating mental health training in all schools.

Danielle. Danielle is a White female who works as an elementary school counselor and NCC from the Southern United States. She obtained her master's degree from a CACREP-accredited program and has been working as a school counselor less than 5 years. Danielle works in a school that houses fifth and sixth grades. Danielle's school is classified as a public school and located in an urban area. During the 2019-2020 school year, the school held 300-599 students.

Danielle's experience working in education prior to becoming a school counselor helped her to feel comfortable working with students. However, she felt that building rapport with students and then breaking confidentiality because of self-harm was like an act of betrayal and difficult to handle personally. Danielle had experiences with children cutting, escaping, scratching, and hitting their heads on walls. She stated, "It does wear on you after a while, a lot of kids wanting to hurt themselves."

In addition to challenges with students, Danielle experienced difficulty with parents. She felt frustration with caregivers who only sought help for children once despite repeated self-harm. She also had difficulty getting parents to understand the emotions behind the behavior of self-harm. She stated, "They just think that they need to punish them for having those thoughts; the awareness isn't there that 'my kid's hurt' or 'there's emotion behind that behavior.'"

Danielle felt prepared to work as a school counselor but could not recall any specific courses that addressed self-harm. Her knowledge came through class discussions, particularly in her internship class, in which fellow classmates explored different topics. Danielle also felt prepared for her work because of trainings provided by her school district on the topics of crisis intervention and suicide. She has attended her state counseling conference but could not recall specific sessions that addressed self-harm.

Danielle's school district's policy on suicidality has been helpful when knowing what to do when a child reports self-harm. She stated that the policy was "more geared toward suicidality" but did contain "a piece about self-harm." She was not involved in the development of the policy because it was developed by the district's central office. She had no concerns with the current policy but stated that she felt confident any questions and concerns she may have would be welcomed and supported.

Ivy. Ivy is a White female who works as an elementary school counselor and has a Specialist degree beyond her master's degree training. She obtained her master's degree from a non-CACREP-accredited program and has been working as a school counselor 10-15 years. Ivy works in a school that houses kindergarten through 12th grade. Ivy's school is classified as a public school and located in a rural area. During the 2019-2020 school year, the school held 300-599 students.

Ivy was not surprised when she learned that children were self-harming in her school. She was heartbroken whenever she first heard that a child had self-harmed but quickly learned:

> If you don't build some kind of wall around your heart, then, you know, you can't do this job. You have to protect your own heart. You just can't take home every crisis. You have to love them and be able to support them, but you can't fix it. That's where, to me, the heartbreak starts.

Ivy felt unprepared to work with children who self-harmed. She could not recall any specific courses or discussions about self-harm during her graduate training. She felt as though suicidality and self-harm was "kind of lumped in there." Though initially nervous, she felt better after conducting research on interventions or consulting with fellow school counselors. Ivy had a lack of professional development opportunities because of guilt about leaving her school to attend

such trainings. She believed her administration would be supportive but reported that she had not requested because of guilt about leaving behind other responsibilities. Ivy's school district has a policy on suicidality but she was unsure if there was anything specific to self-harm.

Jennifer. Jennifer is a White female who works an elementary school counselor as well as a LPC, NCC, and Nationally Certified School Counselor (NCSC) from the Southern United States. She obtained her master's degree from a CACREP-accredited program. In addition to her master's degree, Jennifer also has a Specialist degree. She has been working as a school counselor for at least 21 years. Jennifer works in a school that houses pre-K through second grade. Jennifer's school is classified as a public school and located in a suburban area. During the 2019-2020 school year, the school held 600-899 students.

Jennifer described her experiences working with children who self-harm as scary and frustrating. She believed children's self-harmful behaviors were unpredictable and often perceived through cutting, using pencils to scratch the skin and back of throat, shoving paper towels in the mouth and choking on them, headbanging on walls or windows as well as with notebooks, and escaping the school and running into the street. She expressed concerns about these behaviors because of the idea that "we have pushed them into a setting that's far beyond [their] developmental age [and] we wonder why they are falling apart."

Jennifer reported a number of challenges to her work. She discussed difficulty maintaining a therapeutic environment because of demands from teachers and administrators to meet academic requirements instead. She often feels as though adults tend to match a child's level of escalation whenever a problem occurs, furthering the frustration and problematic behaviors of the child. She also admitted that there is a large lack of understanding among teachers, administrators, and parents about self-harmful behaviors and the emotions behind them.

Jennifer felt as though she was unprepared to work with children who self-harm because of lack of coursework related to self-harm. She explained that "cutting had just come out towards the end" of her training as a possible reason why it was not included in her graduate program. Jennifer often attends professional development opportunities rich in clinical aspects such as "anxiety, depression, suicide, and self-harm" despite her belief that most school counselors select less intense content areas.

When discussing policies related to self-harm, Jennifer admitted that her school district's policy was problematic. She discussed the policy's focus on disciplinary action as opposed to therapeutic outcomes. She believed this to be the outcome of a district with "one of the highest suspension rates in the whole county." Jennifer was hopeful that this could change because of new administration that "gets it and does a lot more with talking it out."

Leah. Leah is a White female who works as an elementary school counselor as well as NCC and NCSC from the Southern United States. She obtained her master's degree from a CACREP-accredited program and has been working as a school counselor at least 21 years. Leah works in a school that houses third through fifth grades. Leah's school is classified as a public school and located in a suburban area. During the 2019-2020 school year, the school held 600-899 students.

Leah's involvement as a school counselor for over 21 years provided many experiences for her to draw on. Leah discussed students who bit themselves, cut themselves as a result of emotion or to copycat another student who was cutting, scratched themselves with pencils, hit their heads on walls, and threw themselves into walls to cause harm. Leah reported an overwhelming sense of fear through her experiences:

It's alarming. You're afraid for them. It makes you feel tense; you're trying to keep your

calm and you know what to do in those situations, but I'm worried about them when they leave school. You want to know they're safe.

Leah reported frustration when working with students who self-harm for multiple reasons. She admitted that parents often do not understand the behaviors, refuse to follow up with suggestions for further help, or are experiencing their own trauma and mental health problems. She also discussed frustration with mental health providers not following up and providing care to the child and family. Additionally, Leah worried that sometimes children do not feel comfortable with the school counselor and will delay seeking help.

Due to the length of time since Leah completed her graduate program, she was unable to recall any specific coursework related to self-harm. Because of a lack of support among administration and few connection opportunities between counselors, she did not feel prepared when she began working with students who self-harmed. She attributed feeling more comfortable with her work due to her own efforts, such as attending her state counseling conference each year and seeking articles and other materials related to trauma. Although they were lacking when she first began working as a school counselor, recent improvements in the district such as professional development from guest speakers and networking opportunities to the school counselors have increased Leah's confidence with addressing self-harm.

Leah's school district developed the district-wide policy for working with students who self-harm. She indicated that the policy requires parent notification followed by a mental health evaluation as well as a risk assessment completed by the school counselor. Although the policy is new, created within the last 3 years, she has always followed similar procedures such as notifying the parent and exploring the problem with the child in a therapeutic setting.

Marie. Marie is a White female who works as an elementary school counselor from the

Southern United States. She obtained her master's degree from a non-CACREP-accredited program and has been working as a school counselor less than 5 years. Marie works in a school that houses pre-K through sixth grade. Marie's school is classified as a public school and located in a rural area. During the 2019-2020 school year, the school held 300-599 students.

Marie believed the middle and high schools within her district had higher instances of students self-harming, but was able to recall some experiences within the two elementary schools she serves. She discussed students self-harming through cutting with scissors, scratches, burning their skin by using the eraser end of a pencil, and hair pulling. Marie was adamant that the behaviors were not suicidal but "to deflect pain from another source." Marie reported difficulty establishing a trusting relationship with students who self-harm so they would feel comfortable talking with her about their behaviors. She was also discouraged that many parents discourage their children from talking with her once they have been notified that their children have self-harmed.

Marie was scared the first time she encountered a student who self-harmed. She reported that she had 14 years of experience working with students as a teacher, but felt she did not know "the right thing to say." Marie drew comfort from her graduate training because of experience with an internship supervisor and instructors who had extensive experience working as school counselors. She felt that learning from instructors who had "done it and experienced it … made, I think, a lot of difference."

Marie's school district has been supportive of her work with students who self-harm. She felt as though her administrators allowed her to attend professional development opportunities that were low in cost. Although she felt this support, Leah could not recall attending any specific trainings related to self-harm. Leah also felt support when she and fellow counselors revisited

their school district policy during the last school year. She reported, “They trusted us to be the professionals and know what we needed.”

Natalie. Natalie is an American Indian or Alaska Native female who works as an elementary school counselor and LPC from the Southern United States. She obtained her master’s degree from a CACREP-accredited program. She also earned a Specialist degree and has been working as a school counselor for 10-15 years. Natalie works in a school that houses kindergarten through fifth grade. Natalie’s school is classified as a public school and located in a rural area. During the 2019-2020 school year, the school held 300-599 students.

Natalie reflected on her ten years of experience and reported behaviors such as children cutting, rubbing the skin with an eraser, picking scabs, and hitting or pinching themselves. She pointed out that “there is a distinction between some kids really sort of harming and other kids… I don’t want to say ‘experiment,’ because I don’t think there’s the same reason and rationale behind what they’re doing.” Natalie discussed an increase in children self-harming because of exposure to the behavior through shows such as *13 Reasons Why*. She also reflected on groups of female students cutting “as like a badge of honor.” Although Natalie felt that most students are secretive about their behaviors, she has been able to connect with them and make them comfortable. She observed:

> It is a coping skill and it’s something that we can work with. You don’t have to be embarrassed to talk to me about it. You’re not the first kid I’ve seen do this. I try to take their feelings into consideration.

Working in the same school for 10 years had been beneficial, according to Natalie, because it helped her notice which students were self-harming despite their secretive behaviors. Her experience with students’ siblings and knowledge of their homelives gave her “a pretty good idea

who might be at risk." Natalie also contributed her past experiences with friends who self-harmed as making her work more "normal." She reflected, "I feel very confident in knowing that it's not something that's suicidal. No, it's not them intending to kill themselves. It's just a coping mechanism. It's not something I've ever shied away from."

Although Natalie felt confident in her ability to work with students who self-harm, she reported difficulty getting other adults to feel the same. She described challenges with parents of children who self-harm. She stated that the parents in her school have a difficult time understanding mental health problems and looking past the behavior in order to understand the emotion behind it. Natalie wondered if helping the parents to understand the behaviors might help children to understand and, thus, find better coping skills.

Natalie reflected on her education and background in social work when discussing her preparation for working with children who self-harm. She believed many fellow school counselors do not receive adequate training in their graduate degree programs to treat self-harm. She reported that most knowledge is gained through conference sessions. Although Natalie attended conference sessions about self-harm, she reported that they are typically "only 45 minutes" and typically only have a "little blurb about self-harm."

Natalie named support as important for her work with children who self-harm, especially consultation with fellow school counselors. She also felt supported by her administration, but has found the role of school counselor is highly misunderstood. Instead of going to administration, Natalie often seeks further consultation from licensed social workers within her school district when she is unsure how to proceed with students. She reported that the knowledge she gained from personal research into the topic as well as collaboration with mental health professionals housed within her school has helped guide conversations with children and families about self-

harm.

Peter. Peter is a White male who works as an elementary school counselor as well as LPC and NCC from the Midwest United States. He obtained his master's degree from a CACREP-accredited program and is currently pursuing a doctorate degree. He has been working as a school counselor less than 5 years. Peter works in a school that houses kindergarten through 12th grade. He primarily serves children in kindergarten through third grade. Peter's school is classified as a public school and located in a rural area. During the 2019-2020 school year, the school held 300-599 students.

Peter reflected on his work in both special education and general population schools when discussing his experiences. Peter reported "a lot of self-harm" when he worked primarily with students in special education programs. He discussed behaviors such as hairpulling, cutting, stabbing with pencils, and using books to hit the face to the point of a broken nose. Peter reported feeling intimidated the first time he encountered a child who was self-harming "because you can only learn so much through a book." Peter credited gaining experience as helpful in becoming more comfortable working with students who were self-harming.

Peter reported a lack of understanding about self-harm as especially problematic in his work. He reported that oftentimes the parents have a hard time believing that their child is self-harming. He also felt the lack of support from parents and other adults hindered his ability to help the children. Peter found that addressing self-harm in children is difficult because of children's development. He clarified, "The average attention span of a general ed kindergartner is like 10 minutes, the average attention span of a third grader in special ed is 5." Peter stated that this often leads to difficulty helping children find a better coping skill.

In regards to feeling prepared to work with children who self-harm, Peter was unsure. He

reported discussions about self-harm in multiple classes and attendance at many conference presentations that covered self-harm. He indicated that most of the professional development opportunities and presentations he attended about self-harm were "more on the LPC side than the school side" because of his work in clinical mental health although he is also a school counselor. Despite attempting to learn through study about self-harm, Peter attributed his knowledge to experience:

> You can only learn so much out of a book and you can hear about it but you don't really understand it fully until you actually experience it. I didn't fully understand until I was actually in the situation. Like I said, I just think you can hear and talk about it all you want to and that's fine. But [once] you actually experience working with it, [you will get the most out of it].

Peter's experience with a school district policy related to self-harm has been positive. He reported knowledge of proper actions based on his clinical experience but was unsure if there was an actual policy in place at his school. He stated that he "felt like I knew the procedures" to contact the parents. Peter believed his administration would be supportive to the development of a policy. His position is a new one for his school so "they've given me a lot of freedom to mold it any way I want, like if I said we need to do this, they would be on board with it."

Stephanie. Stephanie is a White female who works as an elementary school from the Western United States. She obtained her master's degree from a CACREP-accredited program and has been working as a school counselor less than 5 years. Stephanie works in a school that houses kindergarten through 12th grade. Stephanie's school is classified as a public school and located in a suburban area. During the 2019-2020 school year, the school held at least 1200 students.

Stephanie reported many experiences with elementary-aged children who were self-harming. She discussed instances of students putting themselves in the paths of moving automobiles in order to be hit, crawling under fences and bushes in order to be scratched, using scissors to cut themselves or their hair in order to damage their body image, burning themselves with pencil erasers, and scratching themselves with pencil lead. She reported feeling heartbroken and sad as she wondered what could cause children to want to harm themselves.

Stephanie explained that adults are often the most difficult to work with when dealing with children who self-harm. She explained that parents often do not understand or do not believe the behavior is occurring. She also reported that parents do not take the behaviors seriously. Stephanie explained her struggles to get teachers to understand and alter their interactions with children in order to decrease the behaviors. She indicated "having to re-educate the adults surrounding these kids, for me, that was a bigger challenge than the actual behavior."

Prior to her role as a school counselor, Stephanie worked as a crisis counselor. She attributed much of her knowledge and awareness of self-harm to this experience as well. She felt "more prepared because of the experiences I had over the years versus actual training." She reported few actual classes dedicated to self-harm but indicated that discussions helped "more than actual material." She attributed some knowledge about self-harm through professional development opportunities and self-harm related readings throughout the years. However, she said, "Really, experience is the best teacher"

Stephanie's school district developed a suicide risk assessment since she began working there as a school counselor. Prior to that time, Stephanie relied on her training when working with students who self-harm. The new policy was developed by the school district with little input from Stephanie and other school counselors. She felt as though "it kind of came out of left

field." Although the policy is implemented by the entire district, Stephanie felt as though the elementary school is often left out of such discussions because adults "think it's unnecessary" to talk about suicidality and self-harm with children.

Victoria. Victoria is a White female who works as an elementary school counselor as well as NCC and NCSC from the Southern United States. She obtained her master's degree from a CACREP-accredited program and has been working as a school counselor less than 5 years. Victoria works in a school that houses third through fifth grades. Victoria's school is classified as a public school and located in an urban area. During the 2019-2020 school year, the school held 600-899 students.

Victoria reported a great deal of experience working with children who self-harm. She was "blown away at the sheer amount of kids that felt like they had no other option but to hurt themselves" during her first year. Since she has been working as an elementary school counselor, Victoria has seen children self-harm through cutting, hitting or kicking themselves, banging their heads on walls, and punching walls. She reported students' behaviors as responses to confirmed and suspected trauma, sexual identity issues, and previous traumatic brain injuries. Victoria experienced challenges working with children who did not trust her because of trauma with other adults or being confused about their emotions. She also struggled with parents who did not understand the behaviors or would "deny it or try to minimize it."

Victoria felt prepared to work with children who self-harm. Prior to working as a school counselor, she taught at a juvenile detention center. Victoria stated that this experience teaching children who were self-harming made her more comfortable counseling younger students in schools. She also felt prepared because of her graduate degree training. She reported discussions about self-harm in classes such as Child Development, Ethics, and others. She felt as though her

experiences in the juvenile detention center and in her internship caused her to "always ask questions because I was dealing with it." Victoria's experience with districtwide trainings in crisis procedures helped minimally as they mostly covered suicidality instead of self-harm. She believed her administrators would support her if she sought additional training "if it helps our population, our kids."

Victoria's school did not have a written policy about self-harm. She reported procedures such as contacting the parents, referrals to local mental health agencies, and risk assessments, but a specific policy is "just one of those things that has not been put in writing." Victoria contacted the district office to address concerns about the lack of a policy. She stated that she and fellow counselors are often directed to make decisions "from a legal standpoint" and "refer back to our ethics."

Whitney. Whitney is a White female who works as an elementary school counselor from the Southern United States. She obtained her master's degree from a CACREP-accredited program and has been working as a school counselor for 15-20 years. Whitney works in a school that houses pre-K through eighth grade. Whitney's school is classified as a public school and located in a rural area. During the 2019-2020 school year, the school held 300-599 students.

Whitney had a great deal of experience working with students who self-harm. She reported "traditional cutting" of the arms and legs from "true cutters" as well as "copycat cutters," headbanging with books and clipboards, picking the skin, and scratching the skin with a pencil or other object. She described frustration over feeling insecure and uncertain about how to proceed with students. She also reported frustration with "the common misconception that it's for attention." Whitney believed that students were self-harming because they were seeking help with a deeper problem.

Whitney could not recall any specific classes or training related to self-harm. She participated in more trainings about suicidality, but stated that self-harm was not very publicized. She felt as though her administrators would support her seeking additional professional development opportunities if she were to ask for it. Instead, Whitney gained knowledge about self-harm through researching on her own time.

Whitney's school district did not have a policy related to self-harm in place. She was concerned when she first joined the school and found that there was not suicide protocol or anything related to self-harm. She reported previous experiences in other schools and states that had such protocols in place. She believed the lack of policy was because "it's not really a problem or something we have to deal with." She did not indicate any plans to advocate for a change.

Results

The researcher utilized demographic information as well as answers to interview questions provided earlier in this chapter for data analysis.

Data Analysis

The researcher used data analysis procedures as outlined in Chapter 3. Following each interview, the researcher uploaded the audio recordings into NVivo 12 for transcription. The researcher then listened to each audio recorded interview and read the transcripts concurrently to correct any errors. Each transcript was then emailed to its corresponding participant to review and provide any corrections. The corrected transcripts were then uploaded to NVivo 12 for storage. The software aided in the organization and storage of audio recordings, transcripts, notes from the interviews, and any documents supplied by the participants. The software was also useful in the coding and categorization phases of the study. The researcher returned to coding by

hand after feeling disconnected from the data. The following analysis was primarily conducted by hand coding through creating poster boards with each question and color coding the responses.

Analytic Themes

After careful review of the transcripts and coding by hand, two themes emerged based upon the interviews with participants who described their experiences working with students who self-harm. The themes were: (a) It's Complex and (b) All or Nothing. Figure 1 displays the organizational framework of analytic themes that were built upon the research and interview questions. Table 3 discloses the themes and subthemes found through this qualitative phenomenological study.

Figure 1

Organizational Framework of Analytic Themes Derived from Research and Interview Questions

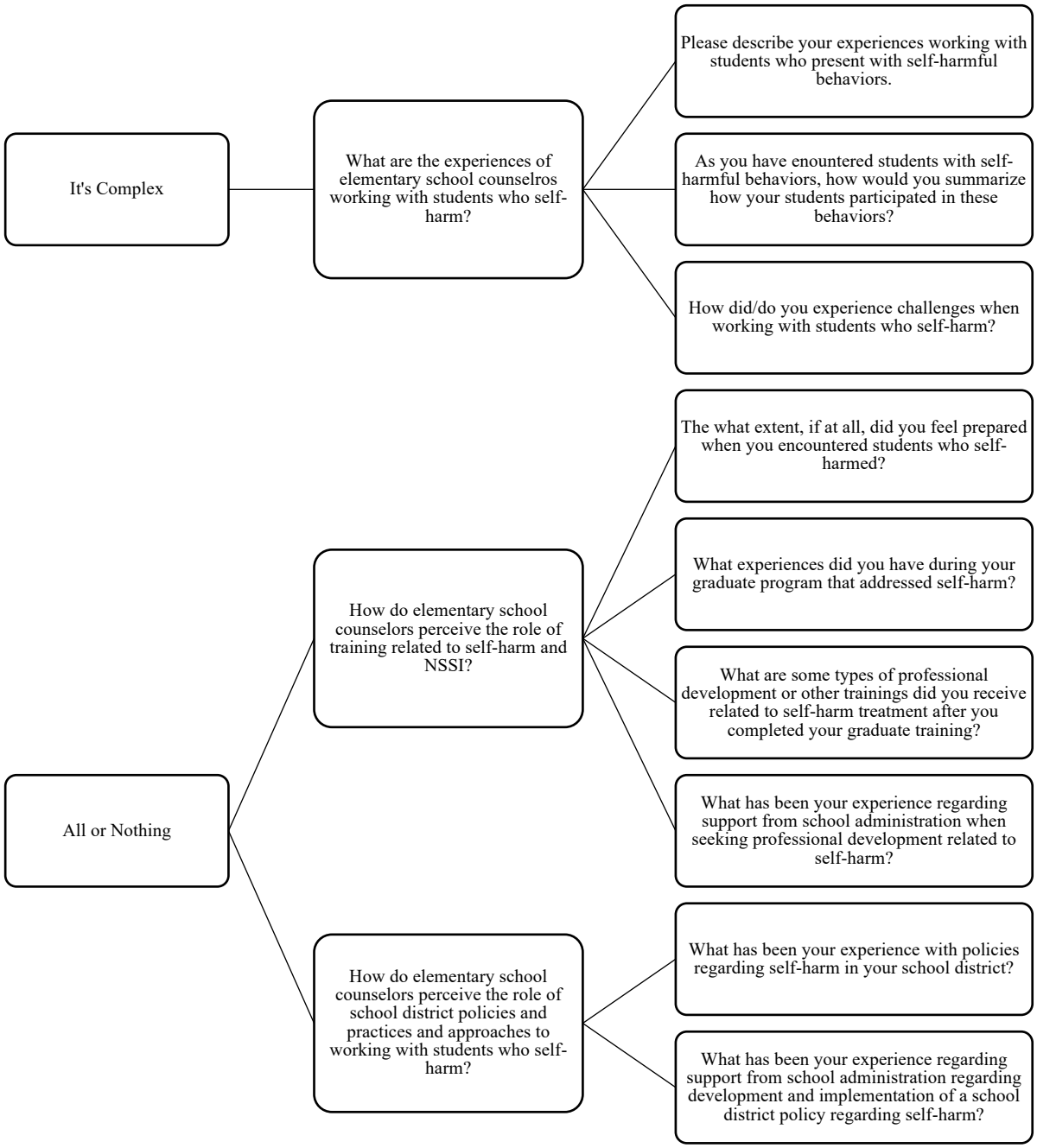

Table 3

Major Themes and Subthemes of Elementary School Counselors' Experiences Working With Students Who Self-Harm

Theme 1 – It's Complex
Subthemes
Emotions
Expressions of Self-Harm
Challenges
Theme 2 – All or Nothing
Subthemes
Preparedness and Graduate Training
Participation in Professional Development
Levels of Administrative Support for Professional Development
Presence of School District Policy
Levels of Administrative Support for School District Policy

Theme 1: It's Complex

The first theme, It's Complex, evolved from the participants' stories in the interview questions that supported Research Question 1: What are the experiences of elementary school counselors when working with students who self-harm? The participants expressed variations about their experiences. Each participant reflected on emotions they experienced when working with children who self-harm. The participants gave detailed accounts of the various expressions of self-harm utilized by children. The participants also described a multitude of challenges they experience both in and out of the school. The following subthemes evolved from the theme It's Complex: (a) Emotions, (b) Expressions of Self-Harm, and (c) Challenges.

Emotions. The theme It's Complex applied to the participants' reflections of the various emotions they experienced when working with students who self-harm. The participants expressed different emotions throughout their experiences. Table 4 displays participants' reflections of the emotions they encountered. Many of the participants expressed worry about

competence and fears about the behaviors. Some of the participants reported feeling frustration about their work. Others discussed sadness and heartbreak. Others reported that they were not surprised that young children participate in self-harmful behaviors.

Table 4

Emotional Experiences

Categories	Pseudonym	Codes
Not surprised	*Danielle*	I think a lot of kids are just looking for ways to cope. It's not really like I freak out or anything.
	Ivy	I hate to say it, but I wasn't surprised. … I've heard so many things, nothing really surprises me. It hurts my heart, but it doesn't really surprise me.
	Jennifer	People think they're young and shouldn't be experiencing that. I think, why not? We have pushed them into a setting that's far beyond their developmental age.
	Marie	None of them have been where it was a suicidal type thing. It was just to deflect pain from another source.
	Natalie	I have a lot of experience with it. It was never something where I couldn't believe it was happening. … I hate to say it, but I'm not surprised. I've learned it's not something that's scary.
Worry and/or fear	*Jennifer*	It's very scary because the way that they self-harm is unpredictable and they do it in front of you
	Leah	It's scary sometimes to watch, of course, when they're in the act of trying to harm themselves. It's alarming.
	Peter	At first it kind of intimidated me. I didn't know how to react. … I don't think it's truly possible to get fully comfortable with it.
	Whitney	I feel like the most consistent emotion I have is feeling insecure. I worry if I am competent to deal with this. I feel unsure if I'm overreacting or underreacting.

Categories	Pseudonym	Codes
Sadness	*Adrienne*	I feel sadness and sometimes I feel helpless. I want to fix it, but I know we can't.
	Stephanie	My heart just kind of broke for these kids. I really felt sad for them. I don't know how else to describe it, but it just made my heart break.
	Victoria	I just feel this overwhelming sadness that they don't have anyone they feel safe talking to or they don't know how to express themselves.
Frustration	*Brittany*	I would say it's been frustrating. I don't like to see attention-getting. … It's frustrating for me that teachers so many times aren't paying attention to the kids who are really at risk.

Danielle, Ivy, Jennifer, Marie, and Natalie were not surprised that these behaviors were taking place within elementary school-aged children. Danielle shared that she is not surprised when she learns that a child has been self-harming. She added: "I try to empathize with them, understand and work with them for them to see that there's other things they can do." Marie views the self-harm as a coping skill, while Ivy reflected:

> At this point, I guess [the unsurprise is] the difference between me and a lot of the teachers. … It makes me feel like I'm hardhearted. It's just, if you don't build some kind of wall around your heart, you can't do this job. You have to protect your own heart. You can't take home every crisis. You have to love them and be able to support them, but you can't fix it.

Natalie attributed her extensive experience working with children who self-harm as keeping her from being surprised. She shared:

> It is something that has sparked my interest. It's something that I've done a lot of research with. … I feel very confident in knowing that it's not something that's suicidal.

It's not them intending to kill themselves. It's a coping mechanism.

Jennifer shared that she understands why young children might self-harm. She observed that, on top of the pressure put on students in school, "They've got family issues that go along with it and other things that impact their ability to regulate their emotions."

Jennifer, Leah, Peter, Stephanie, and Whitney reported that they experienced worry and fear related to their work with children who self-harm. Jennifer discussed fear about self-harmful behaviors that are "unpredictable." She shared, "They do it in front of you because most of them are doing it to act out frustration or to get attention." Leah expressed fears about working with children who self-harm. She explained, "You're afraid for them. It makes you feel tense. You're trying to keep your calm and you know what to do in those situations. But I'm worried about them when they leave school. You want to know they're safe." Peter echoed this sentiment, sharing that his first experiences with self-harm amongst children was difficult. Though he stated that, over time, "I began to calm down a little bit, got more comfortable with it," he didn't think it was possible to ever fully move beyond the discomfort. Whitney explained that her fears and worry stem from concerns about competency. She explained, "I feel uncertain. I just don't know enough about it."

Adrienne, Stephanie, and Victoria felt sadness that children were harming themselves. Adrienne reflected on the helplessness of her situation, saying, "I can't go home with them." Similarly, Stephanie reported feeling heartbroken. She explained:

> I really felt for these kids. I just wanted to give them a big hug and tell them it's going to be okay, but I just felt helpless. You can't really use a lot of complex language when you're explaining emotion and all these feelings they're having. I felt very hopeless because I had to surface-level it. I don't know that they understood that.

Victoria also discussed feeling an "overwhelming sadness" about her work. She shared, "I always struggle with what can I do better, how can I handle it better, what activities can we do to make them more comfortable with me. I'm always trying to ask for advice and more education."

Brittany expressed frustration about the children's behaviors as well as with teachers. She explained:

> Attention-getting detracts from the students that are actually sitting in their class and are truly self-harming. Those are the ones that tend to be really good students who are running under the radar. … [Teachers are] more focused on the kids that are really kind of acting out.

Expressions of Self-Harm. The theme It's Complex applied to the participants' descriptions of self-harm behaviors as there were various examples of self-harm, some of which were alarming to the participants. Table 5 contains participants' comments about the various forms of self-harmful behaviors they experienced. Overwhelmingly the participants worked with children who cut or scratched themselves with various objects. Many participants discussed children biting themselves, although others discussed hitting or pinching. Other participants reflected on children escaping as a means of self-harm. Many participants expressed children using pencils to burn themselves. Other participants mentioned that some children utilized hairpulling as a means of self-harm.

Table 5

Expressions of Self-Harm

Categories	Pseudonym	Codes
Cutting and/or Scratching	*Adrienne*	I had a student around fourth grade who was very quiet. She was using scissors to kind of play with her arm. She said she had found out what cutting was through YouTube videos.

Categories	Pseudonym	Codes
Cutting and/or scratching	*Brittany*	Cutting with scissors. I think there's so much out there in the Internet and on TV where kids see others cutting themselves with scissors. What I see in the elementary school is they start out with scissors or they will take their pencil sharpeners, those little tiny pencil sharpeners, and they'll take the razor blade out and they'll cut themselves with that.
	Danielle	I've had a few cutters. They might scratch themselves with a pencil or something. They do more of the scratching and cutting than anything else.
	Ivy	She did not have deep cuts or things like that, but you could tell where she had some scratches where she had been trying to experience cutting in order to deal with having to see him every day.
	Jennifer	One little boy stuck a pencil down his throat and scratched the back of his throat. There's always 3 or 4 kids each year that take the pencil and scrape their arm with it.
	Leah	I've had children that have cut. Other children in the same grade level that have cut after another child was cutting. Almost like a situation more like a copycat cutting type incident.
	Marie	She was cutting her arms with her scissors. … I have kids who will scratch. They have marks on their arms or just a particular part of their body where they'll scratch.
	Natalie	We have had kids who have self-harmed, who have been cutting. I think a lot of elementary school kids pick scabs.
	Peter	I've had cutters, two cutters. I had a kid who stabbed himself in the hand with a pencil.
	Stephanie	I had girls who would take the blades from pencil sharpeners. Some of them would actually use pencil lead and basically scratch into their arm until it broke skin.
	Victoria	We had a female that we found in the bathroom in a stall. She had scissors and was cutting herself. She was bleeding a lot. Another instance, a girl was cutting. She didn't really want to show people.

Categories	Pseudonym	Codes
Cutting and/or Scratching	*Whitney*	I had males and females who were active cutters, arms and legs, traditional cutting. I have had children picking at their skin or scratching or using a pencil.
Biting, Hitting, and/or Pinching	*Danielle*	I've seen a couple of kids who will hit their head on the wall.
	Jennifer	There's some that throw themselves on the floor or knock their heads against the floor or walls, bang their notebook against their head or take their shoes off and bang those against their head.
	Leah	Some students hit their head, banging their head. One ran into a wall, acting like they were trying to hit themselves on a wall.
	Peter	I saw a student hit themselves in the face with a book multiple times and break their own nose. That student was 7 years old.
	Victoria	There was a boy last year in third grade and he hit himself. He was banging his head on the wall and punched the wall. He would tell you it was to inflict pain on himself.
	Whitney	I've had kids who, when they get frustrated, bang their head, bang something into their head, bite themselves. I had one who would get a book and bang his head with it.
Escaping	*Adrienne*	I had a fifth grade boy who had anxiety about coming to school because he was afraid of his teacher. He would run away from that hallway.
	Jennifer	They have run into the street. One ran out of the building; one has gotten all the way home; one was found two streets over. One boy took his fists and head and banged them into the window to try and break it in order to get out.
	Stephanie	I had students as young as 7 run and lay in the road to be hit by a car or dive under fences try to get scratched by the metal on the fence or go into the bushes and get scratched against the bushes.
Burning	*Marie*	I've had them where they burn, with the eraser part of the pencil, into their skin.

Categories	Pseudonym	Codes
Burning	*Natalie*	I've had students rubbing their skin raw with an eraser.
	Stephanie	I also had students that would use an eraser and do burns on their arms, legs, faces, something.
Hairpulling	*Marie*	I have one who pulls her hair out, like she'll have a bald spot in different parts of her head. It's from just picking at it or she'll pick out her eyebrows or her eyelashes.
	Peter	I had one student that would rip out their hair and, on both sides of their head, they had bald spots. Large bald spots.

Overwhelmingly the participants reported that children were cutting or scratching themselves. Adrienne discussed an instance in which a child "was using scissors to play with her arm," a practice Adrienne suspected was learned on YouTube. Brittany also discussed children learning about cutting through the Internet and television. She reflected that the children will use scissors or the blades from pencil sharpeners. Similarly, Natalie reflected on children learning about cutting through television shows. She explained, "I've heard some saying that a child may have self-harmed, they're truly self-harming, and then others may have seen it. You know, like after *13 Reasons Why*." Ivy also worked with a child who had been cutting. Ivy "discovered that the teacher reminded [the child] of her perpetrator. She said she was having a hard time dealing with being in his classroom." Peter also worked with students who cut and stabbed themselves, and Danielle reflected that she had more children who cut rather than exhibiting other forms of self-harm. Victoria also reflected on working with children who used cutting as self-harm. She observed that some girls "wore long sleeves" to hide the cuts. Similarly, Marie's reflections included scratching and cutting. She explained: "[The student] said [her cutting] was more superficial, just more like scratches. There was no scarring or anything like that. Hers was over anxiety to do with school. She thought she had to perform well all the time." Stephanie also

reported witnessing both scratching and cutting, while Jennifer said she had only witnessed scratching. Whitney observed cutting, scratching, and picking among both male and female students. Leah's experience with children cutting included copycat cutting, and Natalie also experienced instances of groups of students cutting. Natalie clarified, "A group of 3 or 4 girls have a slumber party and they're watching, picking up, whatever, and so they decide to cut themselves. It's extremely superficial. Then they wear it like a badge of honor."

Danielle, Jennifer, Leah, Peter, Victoria, and Whitney discussed children biting themselves, whereas others discussed hitting or pinching. Although a majority of Danielle's experiences were with children who cut or scratched themselves, she also reported seeing kids hit their head on the wall. Jennifer, Victoria, and Leah described instances when children would bang their heads on the wall or throw themselves onto the floor or wall. Multiple teachers mentioned students hitting themselves with books, and Peter witnessed a 7-year-old break his own nose on a book. Whitney explained children hitting themselves as "visceral."

Adrienne, Jennifer, and Stephanie reflected on children escaping as a means of self-harm. Adrienne discussed working with a child who "would run away" because of anxiety and fear about his teacher. Jennifer also experienced children using escape as self-harm. She reflected, "My kids [in] pre-school through 5th grade [will] say, 'I want to run out in the street and a car can hit me and hurt me.'" Stephanie echoed this experience, saying that she has had students lay down in the road hoping to be hit by a car.

Marie, Natalie, and Stephanie expressed that children use pencils to burn themselves. Marie and Natalie described students using the eraser to burn themselves or rub their skin raw. Stephanie also reported students using pencil erasers to burn their arms, leg, and other body parts.

Marie and Peter reported that some children utilized hairpulling as a means of self-harm. Both Marie and Peter have observed children with bald spots on their head from pulling. Peter added, "Sometimes [the student] would eat that hair." Marie has also observed a student picking her eyebrows and eyelashes.

Challenges. The theme It's Complex applied to the participants' reflections on the variety of challenges they faced in their work with children who were self-harming. Table 6 displays participants' stories of challenges experienced when working with students who self-harm. Some participants discussed challenges with the children within their schools, whether the children who were self-harming or their peers. Overwhelmingly the participants recounted difficulties with the parents of the children they served. Other participants reflected on challenges they faced with the teachers they work alongside.

Table 6

Challenges

Categories	Pseudonym	Codes
	Leah	Sometimes it's frustrating if the children, for whatever reason, are not comfortable talking or sharing what's going on and getting to the root of the problem.
	Marie	Those kids feel like they can't trust me with anything else. Losing the trust of the students, I mean, these kids don't trust people anyway.
Children	*Peter*	Another challenge would be developmental. … It's like trying to find creative ideas and ways to be able to communicate and help them replace those coping skills with something else beyond harming themselves.
	Victoria	I always struggle with their ability to be open and trusting me. They oftentimes don't know how to trust. Like there's this lockbox, like you can open up so many little doors, but there's always the very inside that you just can't open.

Categories	Pseudonym	Codes
Parents	*Adrienne*	It's a struggle sometimes with the parents. Some don't want to take it seriously or are angry. Not at me, but at their child.
	Danielle	It's like mom or the guardians are not taking them to see outside help. Our parents don't seem to think that seeing a counselor outside of school is going to be benefitting. They don't trust that.
	Leah	Sometimes the parents don't take it as seriously as we're taking it. Maybe they're not following up and getting some additional help or even trying to address the tough family systems that could be causing the problems. Sometimes it's just the parents have had some of their own trauma in the past.
	Marie	Once I have to get their parents involved. Then, all of a sudden, those kids don't need to talk to me anymore or they're really not allowed to. ... When the parents get involved, that limits things. It's tough to deal with.
	Natalie	I think the main thing is the parents. I try to get the parents to understand that it's not that their child is weird. It's something we can work on.
	Peter	Parents don't want to believe it. Parents think they know everything. There's a lack of support there.
	Stephanie	Definitely working with the parents is a challenge. … Sometimes we had parents who didn't believe it. Getting them to believe and take it seriously.
	Victoria	I had one that her mom didn't take it seriously. She would try to deny it or minimize it. … Another mom got tired of fighting us and finally listened.

Many of the participants experienced challenges with children. Leah faced challenges getting children who self-harm to open up. Marie also found it difficult to connect with children and ensure trustworthiness. She clarified:

They don't trust adults in any way because there's a lot of inconsistency in their home

> life. They're shipped from here and there that they don't have an adult that they trust. When their parent or whoever tells them, "Don't talk to her; she's going to get us in trouble; she's going to get you taken away." Well then, they automatically don't trust me.

Victoria faced similar struggles. She explained:

> I don't know if it's their age or their awareness of what's happened to them. I feel like that comes from a place of confusion. They've got these big emotions and they're so very young. They don't know what it means. They don't know how to handle them.

Peter described challenges because of children's development levels at young ages and in various settings, often complicated by short attention spans.

Overwhelmingly the participants felt challenged when working with the parents of the children who self-harm. Natalie described parents' lack of understanding as a challenge, and Peter also faced challenges with parents' disbelief. Stephanie also experienced disbelief from the parents of the children she worked with. She explained: "[The parents say,] 'That wasn't it, my kid wouldn't do that.' Or, 'He's not feeling that way, he's just being dramatic.' Or, 'She's just looking for attention or copying a friend.' Dealing with parents was definitely a huge challenge." Victoria also struggled with parents who did not take self-harm seriously. She shared:

> I think [the mother denied it] because she didn't want her child to be seen as a bad kid. I would try to explain to her that these are all behaviors. Another mom … finally understood that I truly cared about her and her side.

Adrienne found great difficulty when faced with parents becoming emotional about their children's self-harmful behaviors. She reflected, "They get upset that they have to leave work and come to the school and sit there and be there when their child has to have an assessment. That's a struggle." Similarly, Marie faced challenges when involving parents. She stated: "Their

parents say ‘don’t go in there anymore, don’t talk to her.’” Danielle described difficulty with parents refusing to seek outside help and treat self-harm through punishment. She clarified, “Parents get tired of hearing that their students are self-harming or thinking about it. They just think that they need to punish them for having those thoughts.” Leah also faced challenges with parents who do not follow through with resources.

Many participants reflected on challenges with teachers and other school staff members who do not understand self-harm. Brittany and Ivy felt as though teachers lacked understanding of self-harm and caused alarm. Ivy reflected, “When teachers bring stuff to me, … it’s like they almost exaggerate stories. … Sometimes they make it a bigger monster than what it is.” Stephanie also struggled with teachers who did not understand children’s behaviors. She shared, “The teachers were just thinking, ‘Oh, it’s just a disruptive behavior, this kid just wants attention and needs to get out of my classroom.’” Jennifer also faced challenges with teachers and administrators who she felt did not understand her role as a school counselor. She stated:

> There’s so much else going on around the school, it’s more intense and the demands are so high. Teachers tend to match the escalation of the child. It makes it harder to get things under control. They don’t know how to take it from that step to actually accepting that the way they’re responding to the child either continues the behavior or provokes the behavior.

Whitney also struggled with teacher’s lack of understanding about self-harm, especially with the stereotype that self-harm is purely for attention.

Some of the participants reflected on difficulties with mental health resources. Adrienne reflected that even when services are available, they are often inconsistent. Leah echoed this concern, observing that there is often a lack of follow-through. Brittany felt resistance from

mental health resources who view her as "just" a school counselor. She stated, "My gut reaction is, 'Well, actually, I am a licensed professional counselor as well and I have the same degree you have.'" Brittany also discussed challenges with mental health specialists who she felt did not treat self-harm on a deep enough level. She clarified, "Outside mental health professionals who don't understand about self-abuse, don't understand about cutting, they treat it as just the behavior. It's actually deeper; there's something deeper going on there."

Theme 2: All or Nothing

The second theme, All or Nothing, developed from the participants' explanations to the interview questions that supported Research Questions 2 and 3. Research Question 2 asked: How do elementary school counselors perceive the role of training related to self-harm and NSSI? Research Question 3 asked: How do elementary school counselors perceive school district policies and practices related to self-harm? The participants gave differing accounts of their experiences with respect to their training and school district policies on self-harm. Some participants received a great deal of knowledge about self-harm, although it was mostly through class discussions and rarely through specific course content. Other participants sought further knowledge through personal research such as reading articles on their own time. Some participants attended their state or national conference whereas others attended professional development opportunities provided by their school district or local community resources. However, most reported that the sessions were not specifically about self-harm and only briefly mentioned the subject. Some participants' school districts had a school policy related to self-harm, leaving those without one to rely on their counseling skills. However, of the ones who had a policy, most were more about suicide and failed to explicitly mention self-harm. The following subthemes evolved from the theme All or Nothing: (a) Preparedness and Graduate Training, (b)

Participation in Professional Development, (c) Levels of Administrative Supportive of Administration for Professional Development, (d) Presence of School District Policy, and (e) Levels of Administrative Support for School District Policy.

Preparedness and Graduate Training. The theme All or Nothing applied to whether or not the participants felt prepared to work with students who self-harm, as they either felt prepared to some degree or did not feel prepared. The participants' stories of feeling prepared merged organically with stories of graduate school training. Most of the participants felt as though they were prepared to work with students who self-harm but could not recall specific coursework dedicated to self-harm despite training from CACREP-accredited institutions. Table 7 displays participants' highest level of education and if their degree was earned in a CACREP-accredited program.

Table 7

Participants' Highest Degree and Participation in CACREP Programs

Pseudonym	Highest Degree	CACREP
Adrienne	Masters	CACREP
Brittany	Masters	--
Danielle	Masters	CACREP
Ivy	Specialist	--
Jennifer	Specialist	CACREP
Leah	Masters	CACREP
Marie	Masters	--
Natalie	Specialist	CACREP
Peter	Masters	CACREP
Stephanie	Masters	CACREP

Pseudonym	Highest Degree	CACREP
Victoria	Masters	CACREP
Whitney	Masters	CACREP

Table 8 contains participants' comments about their thoughts on being prepared to work with children who self-harm. Three of the participants reported that they were not prepared to work with students who self-harm. The remaining participants varied from somewhat prepared to fully prepared because of experience, whether personal experience, experience through internship, or learning from the experiences of supervisors or instructors who had been school counselors before.

Table 8

Preparedness

Categories	Pseudonym	Codes
Prepared	*Danielle*	I felt really prepared. It wasn't like a freak-out or anything like that. I don't remember them having specific classes about self-harm, but we had a lot of discussion with our classmates.
	Marie	It was scary at first. I feel like the university and the instructors did a really good job of teaching us what we needed to know, but I was just nervous. I had instructors who were school counselors. They had been there. They'd done it and experience it. That made, I think, a lot of difference.
	Natalie	I felt very prepared because I had been a social worker. It was something I had looked into on my own. I don't think it's something that school counselor programs are preparing for.
	Victoria	I actually felt pretty prepared because I had taught in the detention center. … I also did an internship at an alternative school. … We had a child development class that we talked a little bit about self-harm. We did talk about it a good bit. It would come up.

Categories	Pseudonym	Codes
	Adrienne	I did a little. I experienced it in my internship multiple times. … We talked a lot more about suicide than self-harm. I definitely feel like there's a lack of information on self-harm.
	Ivy	I would say that I was nervous about it. I wasn't really sure what role I needed to play. I didn't feel like I knew what to do. I honestly don't know that we discussed, specifically, self-harm. I remember talking about it. I don't remember having anything specific about self-harm.
Somewhat prepared	*Peter*	I was nervous. I wouldn't say I was underprepared. I didn't fully understand it until I was actually in the situation. I feel like we went over it a lot, but in different classes. … I feel like we talked about it quite a bit.
	Stephanie	That is hard to say. I think my training helped as far as understanding self-harm and the motives behind it. But I don't think it helped that much. I feel like I almost was more prepared because just experiences I had over the years versus actual training I had. I don't think we had a specific class that was about self-harm and suicide or anything like that.
	Brittany	I was a classroom teacher for 17 years, so I wasn't new to working with kids. … I wasn't prepared. … There was no preparation in my grad program. That brought up a very specific trigger. That program did not prepare us.
	Jennifer	I didn't always feel prepared. I don't think I had any [classes] to be honest with you. It was a long time ago.
Not prepared	*Leah*	Definitely not as prepared as I am today. It would have been more overwhelming back in the day. I really don't remember. I'm sure we talked about it. I just don't remember.
	Whitney	I did not feel like I was well trained to manage self-harm. It's kind of come about since then. It's been so long, I cannot remember. Certainly a lot of suicide training, but I don't recall any specific self-harm training.

Some participants felt unprepared and that their graduate programs inadequately trained them. Jennifer, Natalie, and Whitney could not recall any specific coursework about self-harm. Jennifer shared, "I want to say cutting had just come out towards the end [of my course]. The

focus was not about emotional issues." Natalie's experiences with fellow elementary school counselors fueled her belief that school counseling programs are not preparing their students for working with students who self-harm. She clarified:

> I know that in my district there's 13 elementary schools and we're all very close. It's not uncommon for one of those counselors to reach out and ask for help. I don't think that counseling programs prepare you for that.

Whitney also felt unprepared and could not recall specific courses. She stated, "There's not a lot out there for school counselors. We're teaching about child abuse and suicide, but the self-harm doesn't follow."

Several of the participants felt prepared because of classroom discussions about self-harm, but could not recall any specific courses. Adrienne remembered class discussions about self-harm in her Crisis class but remembered the focus falling on suicide rather than self-harm. She felt as though her internship in the middle school helped prepare her because of more prevalence of self-harm in that setting. She explained, "[My internship] was with middle school, not elementary. I was a bit more surprised that it was happening in elementary. Then I also experienced a suicide attempt in my practicum in an elementary school." Danielle felt that most of her learning came through conversations in class. She said, "There was a lot of discussion throughout the whole process of different things that can come up." Similarly, Ivy recalled class discussions but could not remember specific training about self-harm. Leah also could not recall any specific teaching about self-harm. Peter detailed class discussions in various courses, such as "play therapy class and theories," where self-harm was talked about several times. Stephanie recalled "fieldwork discussions. I feel like we learned more there than actual material." Victoria also remembered discussions in Child Development and Ethics. She stated, "I would always ask

questions because I was dealing with it."

The remaining participants who felt prepared attributed this to experience. Adrienne and Marie learned from their respective 15- and 20-year experiences as school counseling supervisors. Adrienne reported, "It was nice to have someone to bounce ideas off of and I didn't feel like I was alone." Marie shared that:

> having a mentor counselor who had been a counselor for over 20 years was amazing. She let me sit in on sessions. I think that, actually being in a counseling session and experiencing that and then being able to ask her questions and get feedback from her, that was really good.

Brittany, Marie, and Victoria felt better equipped for working with children because they were teachers prior to becoming school counselors. Although Brittany felt prepared to work with children because of her experience as teacher, she was "triggered" when asked about her graduate program. She shared:

> Every time a student said they wanted to hurt or kill themselves; it was like okay we have to treat this seriously. … [My graduate] program did not prepare us for working with what we consider crisis situations or for working with kiddos who have true psychological distress.

Marie also had a great deal of teaching experience with almost 15 years in a middle school setting. However, she "was nervous. There's always that thought in the back of my mind about the right thing to say, give them the right advice. Then if one of those cuts is fatal, it's just a scary area to be in." Victoria's experience teaching in a detention center and alternative school helped her feel more equipped. She shared:

> I can't even tell you how many kids we had that self-harmed or tried to commit suicide

while they were in jail. I wouldn't say that normalized it, but I felt prepared. … I just felt like I was prepared. What shocked me is that I didn't think I would have so much of it.

Building from experiences, Peter felt more prepared the more he experienced children self-harming. He reflected, "I think you don't truly get it until you're actually putting things in practice."

Participation in Professional Development. The theme All or Nothing developed the subtheme Participation in Professional Development in that the participants either participated in professional development related to self-harm or sought other means of knowledge. Table 9 contains participants' comments about participation in professional development opportunities focused on self-harm. Nine participants received continuing education through conferences, although they could not recall specific sessions dedicated to self-harm. Four participants took part in trainings provided by their school districts. Four participants gained knowledge through reading books or articles about self-harm.

Table 9

Professional Development

Categories	Pseudonym	Codes
	Brittany	We have a local center that does workshops. I go every year because I know they're going to talk about self-harm. I'm atypical from a lot of school counselors in that I'm more interested in going to trainings that are from a clinical aspect.
Conferences	*Danielle*	Crisis intervention training, that kind of stuff. I attended the state conference last year, but I can't remember if I went to a specific session.
	Jennifer	I always pick sessions like that, more towards anxiety, depression, suicide, self-harm, even though that's not the bulk of my work.

Categories	Pseudonym	Codes
Conferences	*Marie*	I was actually allowed to go to a training here about suicide and self-harm prevention. It was really good. The state Department of Education send out stuff and I use them. I don't recall having one specifically related to self-harm in a while.
	Natalie	I don't think that I've ever attended one that was simply about self-harm. You sort of have to do all those professional developments and there's always kind of that little blurb about self-harm. I can't say that when they provide the professional development for the elementary level that there is a lot of it.
	Peter	I've done a lot of them on suicide, but I don't think I've had very many on self-harm.
	Stephanie	I've gone to various trainings [ASCA] offered, which I found really helpful.
	Whitney	Other than conferences or researching on my own, there's not a lot of specific training out there that's being publicized or publicized in a methodical way to school counselors.
School district trainings	*Adrienne*	We had a PD day for counselors and it was about lots of things. We did have a session on suicide and self-harm. Recently I went to a virtual conference and I went to a session that was mainly about suicide. There wasn't a lot about self-harm.
	Ivy	To be honest with you, it's been quite a few years since I actually stopped and went to a conference. Our state conference is usually during testing time and it's just so inconvenient to leave.
	Victoria	We had a training in our district with our crisis procedures. I wouldn't say we had anything specifically for self-harm.
Personal Research	*Leah*	I read what I can on trauma in students. Some of that has been on my own.
	Stephanie	I've just read a couple of different books that I think really helped. Really, I hate to say but experience is the best teacher.

Overwhelmingly the participants described attendance at school counseling conferences on both the state and national levels. Danielle, Jennifer, Leah, Natalie, Stephanie, and Whitney reported their state conferences as being very helpful in learning about various topics related to school counseling. Although the conferences provided sessions pertinent to their work, they all agreed that the sessions were mostly about suicide with limited information about self-harm. Natalie reflected on her state conference as lacking in information about self-harm, observing that she had never been to an event exclusively on that topic. Whitney also described the lack of self-harm training for elementary school counselors. She reflected, "We're training in child abuse prevention and suicide prevention. But the self-harm doesn't follow."

Several of the participants recounted various trainings provided by their school districts, many of which lacked information about self-harm. Adrienne mentioned a suicide prevention training including a session on suicide and self-harm. She also reported that her school district requires all staff to participate in suicide training annually "but there's not really anything about self-harm." Similarly, Danielle attended crisis and suicide prevention trainings required by her school district. Ivy reflected:

> I haven't had anything other any suicide prevention. It was like a class that we had to do so many hours on the computer, get through a slow program, get a certificate saying that we had it. Self-harm was mentioned in that, I believe. But as far as just self-harm? Just meetings with other counselors.

Stephanie described a suicide prevention training held by her school district in which "we created a suicide risk assessment protocol, trainings like that." Victoria also attended crisis and suicide trainings within her district. She stated, "[They] really felt more like suicidal intent or ideation." However, Victoria's training did not include anything specific about self-harm.

Brittany described local trainings with "one to two sessions about self-harm." She explained that she typically seeks out trainings "from a clinical aspect." She described knowledge gained from trainings centered around the mental health part of her work as more helpful. She clarified, "Honestly, I can give guidance lessons all day long. There's a ton of workshops out there on that. But the psychological aspect, the clinical aspect, that's not what's being offered in school districts." Similarly, Jennifer described selecting trainings for specific to mental health. She stated, "Other school counselors pick classroom lessons, how to build friendships, etc. They pick those kinds of things. I'm picking more of the hard, clinical stuff." Peter also reflected on sessions focused on clinical mental health. He said, "I've had more of the self-harm on the LPC side than the school side. Mostly just conference presentations. How to help with de-escalation and stuff like that."

Leah, Marie, Stephanie, and Whitney pursued knowledge in a more self-directed approach. Leah learned more about self-harm when she prepared for her "national boards, getting those contact hours, reading articles or getting materials that I order for small groups here at school." Stephanie also read books and articles related to self-harm that she believed "helped a lot." Marie relied on personal searches for webinars and similar trainings that she learned about from various sources, including the Department of Education.

Levels of Administrative Support for Professional Development. The theme All or Nothing developed the subtheme Levels of Administrative Support for Professional Development in that participants either felt supported by their building and/or district administrators or faced opposition. Overwhelmingly the participants felt as though their administrators supported them. Although nine of the participants reported support from administrators in regards to professional development and continued training, four participants

reported challenges when seeking approval. Three participants had not requested approval for further training but felt they would be supported. Table 10 contains whether or not participants felt supported by their administrators in regards to professional development.

Table 10

Administrative Support for Professional Development

Categories	Pseudonym	Codes
Supportive	*Adrienne*	They're so supportive about that. They're always encouraging us to go to conferences. Whatever we can learn and do to make the school better. They're very supportive of that.
	Brittany	I've been really luck. I have an administrator who, if I go and say, "There's a workshop on this, can I go and you pay for it?" Yes, absolutely, "go, go, go." I am really fortunate.
	Danielle	They're pretty much on board for anything. They're easy to work with. Like anything I want to improve in. My principal's wife is a therapist so I think he gets it a little bit.
	Leah	Our direct of student services here, they're really good about trying to be ahead of the game. They know what's out there, what the trends are, and they're always down to keep us well prepared.
	Peter	It was phenomenal. The admin was probably the best admin I have ever met in my entire life. If there was something that you were interested in or something nearby, they would go out of their way to let you know, "This is happening, you should probably go to it."
	Victoria	My building-level administrator will send me to get whatever I want to be prepared to handle. If it helps our population, our kids, she'll find a way to pay for it, let me take a day, and bring that knowledge back in. I feel like it's that way at the district-level as well.

Categories	Pseudonym	Codes
Somewhat supportive	*Jennifer*	The principals do support us going; they don't always support paying for it, but they do support us going. For the most part, the whole district is really good about sending or letting people go.
	Marie	My administrators are very supportive. Our principals can't just say, "here's our funds for you to do this;" it has to go through the district, through the federal programs and all that stuff. Building administrators are all for it. It's just a matter of going through the red tape with the next level.
	Natalie	I am very, very grateful for my district that I work in. I know that I get a lot of support from my district, but I don't think that people truly know what counselors do. Part of it is those in central office have so many other things that they have to worry about, so many other jobs. It can be a little difficult.
	Stephanie	Barring budget issues because generally, academic counselors are only allowed to go to one travel conference a year.
Unsure	*Ivy*	I almost feel guilty when I leave. … I think she would be open to it. I'm not sure that I would reach out and do it because I feel like I have so much responsibility.
	Whitney	Honestly, I haven't asked. … If I had asked, they would be supportive.

Adrienne, Brittany, Danielle, Leah, Peter, and Victoria described their administrators as being very supportive in their quest for more knowledge about self-harm. Brittany felt "fortunate" that her administrators were also supportive of her quest for professional development. She stated, "If I ask, they're like, 'Absolutely, go!'" Danielle also felt supported by her administrators. Both Leah and Peter described their administrators being on top of trends and passing on helpful information about up-coming events. Victoria added that her building administrator finds a way to fund anything that would help the students.

Jennifer, Marie, Natalie, and Stephanie felt their supported with some limitations. For Natalie, administration's lack of understanding for what school counselors do and need presented the main difficulty. Jennifer found that her principals supported her going to events, but might not be willing to pay for it. Similarly, Marie found that the process of getting funding often became complicated, even if building administrators wanted to help. Stephanie also faced opposition for further training because of "budget issues." She clarified, "If you're trying to do expansive training, there's limitations. They paid for one, but if you want to do to more, you can go on your own time and they're not going to pay for it."

Ivy and Whitney had not requested approval to attend conferences or other trainings because of other obligations within their roles as school counselors. Ivy felt as though her administrator "would be open" to her attending professional development and training on self-harm. However, she explained, "I almost feel guilty when I'm not here. It just feels like, when I come back, it's like they weren't able to do certain things or something happened because I wasn't there." Whitney also had not requested further training because of her responsibilities. She clarified, "I feel like I have plenty of support for professional development, but there are so many priorities that I have, so many things coming at us that we'd have to be knowledgeable that it has not been a priority."

Presence of School District Policy. The theme All or Nothing built upon the subtheme Presences of School District Policy in that participants' school districts either had specific policies and procedures in place or did not. Table 11 shows whether or not the participants' school districts had a policy regarding self-harm. Many of the participants followed some sort of protocol when they work with students who self-harm. However, very few identified an actual policy put into practice within their school districts. Eight of the participants detailed specific

procedures outlined by their district that all school counselors must follow. Of these, six participants identified their school district's policy as more detailed about suicide and lacked information specific to self-harm. Two participants reported that their school district did not have a policy about self-harm, whereas another two were unsure. Regardless of whether or not a policy related to self-harm was present, the participants overwhelmingly referred to their professional ethics when working with students who self-harm.

Table 11

School District Policy

Categories	Pseudonym	Codes
District-wide policy	*Adrienne*	It's for a student in crisis so that could be different things. They say a "student in crisis," so, I guess they're not specifically [saying] to follow this for a student who is harming herself or himself like cutting or something like that. That's not in the handbook or anything.
	Brittany	In my district, we have a policy. We have a protocol in place where we have a checklist and we ask questions.
	Danielle	We have a district-wide policy. … It's more geared toward suicidality really. There is a piece about self-harm.
	Ivy	We have a policy on suicide, like suicide teams and that kind of stuff. We have a policy on that, but I don't know that we have one specifically for self-harm.
	Leah	We call the parents. We have to notify them. … We do make sure that someone stays with the child at all times until the parent actually comes to pick them up.
	Marie	Our policy is more of a threat assessment. We go through the checklist. At that point, we decide either they're at a high risk, medium risk, or low risk.
	Stephanie	When I first started in the district, I started back in 2014, we didn't have anything on file. It was pretty much just follow your training from school, follow your gut, and do what you

Categories	Pseudonym	Codes
District-wide policy		think you need to do. I want to say about 4 or 5 years ago we actually created a suicide risk assessment protocol that included self-harm. We do at least have that main protocol in place.
	Victoria	It really kind of points more to suicide. Our procedures are for the parents, to get them the information. It's always about the most ethical thing to do. We literally refer back to our ethics if there's any question.
No policy	*Jennifer*	The policies tend to go more towards discipline, what level violation it is and then deal with it through some sort of punishment, whether it be like in school suspension and home suspension or out of school suspension.
	Natalie	We have confidentiality, obviously, but I don't even necessarily think that is a district down policy. I have my own routines and policies that I use when I come across self-harm, but I don't think there's anything writing down.
Unsure	*Peter*	There isn't a whole lot of policy, in my experience, with self-harm.
	Whitney	I'm not specifically trained so I don't know of any. I don't think there is one. I'm just trying to give them the benefit of the doubt.

The participants who reported that their school district had a policy in place gave detailed accounts of the steps involved in the policy. The first step required elementary school counselors to contact the guardians to notify them that the child has made some sort of suicidal threat, with or without the presence of self-harmful behaviors. Following contact with the guardians, the counselors supplied a list of mental health resources to the guardians. The guardians were required to take the child to a local mental health clinic or hospital for a psychological evaluation or other assessment. The child was allowed to return to school after completion of the evaluation.

Adrienne described using a "red folder" detailing her school district's policy whenever she works with a child "in crisis." She shared:

> We have to first call the parents and let them know that this is going on and that we have to call the local mental health agency. If they refuse that, they have to pick up the child. They cannot return to school without a doctor's note saying that they have been evaluated and that they're okay to come back to school.

Danielle's school district policy is similar. She explained:

> If a kid says or has any type of ideation, self-harm, suicide, whatever, they immediately contact an administrator or school counselor to come see the child. Then the child is not left alone. We do an interview with the kid, exploring what they said. We make a write-up of that and then contact the parent or guardian to come in to pick the child up and explain to them all the different options and resources of where they could be evaluated. Once they've been evaluated, they can safely return to school. Then we have the nurse and one of the counselors do a re-entering interview.

Likewise, Leah shared her school district's policy. She stated:

> The parent is given options of where they can go and take them for a free assessment. Then they have to get what we call a letter of clearance to come back to school. The parent has to come pick them up that day. … We also do a risk assessment and get some background information. We have forms to complete and all that, too.

Victoria stated that her school district's policy "kind of points more to suicide." She also reported that the policy was more focused on referral to outside resources. She explained:

> We really try to get a crisis counselor to come in or get the opinion of a mental health therapist, because, even though we're school counselors, we don't want to operate beyond our scope. We have a whole list of therapists we give [the parents].

Brittany, Marie, and Stephanie identified use of risk levels when determining what steps to

follow and resources to provide. Brittany described using a protocol and checklist to decide level of need for the child. She explained:

> If it's like 1 to 3 questions they answered yes, we have a conference with the student. If it's like 5 out of 10, we do the no harm agreement. If the student answered 7 out of 10 questions, then we call the parent, do the no harm agreement, call 911.

Marie shared a similar checklist and added, "We contact the parent and let them know." Stephanie discussed using a risk assessment to establish "low risk, moderate risk, high risk [and] different follow ups with each level." Regardless of the basic or additional steps, the participants who identified a policy within their district overwhelmingly reported that the policies were not specific to self-harm but rather for students who expressed suicidal thoughts.

Although most participants had some type of policy or procedure in place, others were unsure or reported that their school district lacked a policy entirely. Ivy reflected on her school district's policy on suicide such as "suicide teams" but added that she didn't know of one for self-harm.

Peter reported that he "never asked about the policy on that because, coming from my counselor side, I already felt like I knew what to do." He clarified, "It's more like you have to let the parents know but there isn't really a whole lot of policy, in my experience, with self-harm." Similarly, Whitney was unsure about a policy because she had "not been specifically trained" in one. Jennifer and Natalie reported that their school districts had no policy at all; however, Jennifer explained that previous protocol were "more towards discipline," with different levels of violation and matching levels of punishment. Natalie shared that, though she uses her own policies, nothing is written down in her district.

Levels of Administrative Support for School District Policy. The theme All or

Nothing developed the subtheme Levels of Administrative Support for School District Policy in that participants either felt supported by their administrators when they had questions about school district policies about self-harm or they had no role or say in the policy. Five participants felt supported in their questions about their school districts' policies. Of the five participants who had no role in the development of their school district policies, two believed their administrators would be supportive in developing a policy, whereas the remaining three felt they would not be supported. Two participants approached their administrators with concerns about the lack of a specific policy but were not supported. Table 12 contains whether or not participants felt supported by administrators about school district policies regarding self-harm.

Table 12

Administrative Support on School District Policy

Categories	Pseudonym	Codes
Supportive	*Brittany*	That's a district-wide expectation. They all know it comes from the top in our district. The admins are very supportive.
	Leah	Our policies have been set at the district level and they've been very supportive.
	Marie	We actually went through this last year. We visited and revisited, read and write, rewrite. We got our administrators and our district-level administrators on board. Our superintendent even came to our meeting. They were all very supportive and open to change.
Assumed support	*Adrienne*	I need to ask some questions and make sure I know this. Like what does it all mean? What am I supposed to do for self-harm for our district?
	Danielle	Our central office takes care of how that trickles down to our schools. I haven't been here long enough to see that there's an issue with the way we do things. It seems pretty cut and dry, I guess. I think if there were some holes in it, we could definitely present it.

Categories	Pseudonym	Codes
Assumed support	*Ivy*	I kind of feel like all the principals in the district and the superintendent would be on board.
	Peter	I think they would be 100% open to it. … I think if I said, "Hey, we need to do this," I know they would be on board with it.
No support	*Jennifer*	We got a new assistant principal who came from a middle school. She didn't like how I did things. We've had a lot of friction.
	Natalie	Within our district, I don't think I would go to my principal. We have a mental health coordinator and we have some licensed social workers to provide extra care around the district. I would go to them before I would go to my principal.
	Stephanie	We were just told this was the policy, this is what we're doing now. It kind of came out of left field. I had no idea.
	Victoria	We've said that [guidance is] not here, specifically, [for] what we should do. They will give us a response of what they think but we still have not gotten anything in writing as far as a procedure.
	Whitney	I do not get the feeling that they are particularly big on making policies until it comes down from the legislature. "It's not really a problem or something we have to deal with; let's not rock the boat." We're gonna keep it where it is until it's basically written for them from the state.

Brittany, Leah, Marie, and Peter felt supported in regards to their school districts' policies about self-harm. Brittany reflected on her school district's policy as an "expectation." She stated that her administrators are also "very supportive" and makes sure the counselors and school staff are trained because of state law. She explained, "Every staff member has to go through cognitive training for awareness on mental health with children." Leah's district policy was also "set at the district level" in order to follow "more formal laws. I think it was just making sure we were all being consistent with how we were dealing with the cases and things like that." Although the

policy was already in place, she felt "very supported" if she had questions or concerns. Marie and fellow school counselors within her district initiated the development of the district policy about self-harm. She reflected:

> Our superintendent was very supportive. She was saying, "You guys are the professionals and you know what to do." They trusted us to be the professionals and know what we needed. They helped us work out the kinks of what could and couldn't be used.

Peter felt as though his administrators "would be 100% open to it" because of his being the first counselor in the school. He stated, "It's kind of like I can mold it any way I want."

Adrienne, Danielle, Ivy, Jennifer, Natalie, and Stephanie had no say in the development of their school districts' policies and expressed mixed thoughts on whether or not their administrators would support their efforts to amend them. Adrienne's school district policy had been established when she entered her role as a school counselor. However, she explained, "I know what I should do morally and ethically, but I don't know specifically for our district what I should do. I want to ask about self-harm and make sure it's in the guidelines." Danielle reflected that information about policies comes down from her central office, but she felt that she could suggest changes if they were needed. Similarly, Ivy felt as though the principals and superintendent would be open to change. Jennifer reported that changing administrators throughout her career made it difficult for her to determine whether or not they were supportive. She said., "I just focus on the kids and don't worry about [the administration]." Natalie stated that she would go to mental health coordinators or licensed social workers for assistance before approaching her principal. Stephanie also had "no say in creating our policy." She explained, "I had no idea [the policy was being developed]. I think that's because it was a legal thing and they were worried about the ramifications if they didn't have that protocol in place."

Victoria and Whitney discussed opposition when they addressed their districts' lack of a policy. Victoria described contact with her administrators with questions about the policy. She stated, "I think everyone has a lot of things on their plate so I think it's just one of those things that has not been put in writing." Whitney also expressed concerns to her administrators but had not received any official guidance. She felt that her administration was waiting on the state to make policies for them.

Summary

This qualitative study illuminated the experiences of elementary school counselors when working with students who self-harm. This phenomenon was explored through one-on-one interviews. Participants were recruited via emails shared through the MCA, ALCA, ASCA Scene, and CESNET listservs. Additional participants were recruited through snowball sampling. Participants completed a demographic survey and were contacted by the researcher to schedule the interviews. Twelve participants completed the interviews, which were recorded and transcribed through NVivo 12. Through inductive analysis that was conducted by hand, participants' demographic information, and descriptions of the participants' responses, two themes and eight subthemes emerged.

Through Research Question 1, the research explored participants' experiences when working with students who self-harm. This developed the theme It's Complex which produced the subthemes (a) Emotions, (b) Expressions of Self-Harm, and (c) Challenges. Through Research Questions 2 and 3, the researcher explored participants' perceptions of training and school district policy about self-harm. This formed the subthemes (a) Preparedness and Graduate Training, (b) Participation in Professional Development, (c) Levels of Administrative Support for Professional Development, (d) Presences of School District Policy, and (e) Levels of

Administrative Support for School District Policy.

Chapter V incorporates further discussion of the themes as well as limitations, implications, and suggestions for future research.

CHAPTER V: DISCUSSION

Introduction

The purpose of this qualitative phenomenological research study was to highlight the experiences of elementary school counselors who work with students who self-harm. This study used phenomenological analysis of demographics and one-on-one interviews with twelve elementary school counselors and their unique experiences. This chapter contains a review of the study; discussion of the findings; limitations of the study; implications for school counselors, school districts, and counselor educators; and recommendations for future research.

Review of the Study

Elementary-aged children in the middle childhood phase of life often struggle with low self-esteem (Puleo, 2017a) and have begun to self-harm (Griffin et al., 2018; McCluskey et al., 2019). Because children of this age spend a great deal of time in schools, they often reach out to school counselors when they or peers have self-harmed (White Kress et al., 2004). In fact, many school counselors have experience working with students who self-harm (Duggan et al., 2011; Roberts-Dobie & Donatelle, 2007). Despite this experience, many school counselors indicated they did not know enough about how to support students who self-harm and requested more training (Angelkovska et al., 2012; Kelada et al., 2017; Simm et al., 2008). Additionally, many school counselors reported a lack of school district policies related to self-harm (Duggan et al., 2011; Kelada et al., 2017; Roberts-Dobie & Donatelle, 2007).

The purpose of this study was to illuminate elementary school counselors' experiences working with students who self-harm, experiences with training related to self-harm, and

experiences with school district policies related to self-harm. The research questions for this study were:

1. What are the experiences of elementary school counselors working with students who self-harm?
2. How do elementary school counselors perceive the role of training related to self-harm and NSSI?
3. How do elementary school counselors perceive school district policies and practices related to self-harm?

This study used demographic information and one-on-one interviews to examine this phenomenon. Participants were recruited through emails posted on the ASCA Scene and CESNET listservs, as well as emails to members of MCA and ALCA. Further participants were recruited via snowball sampling. A total of twelve participants completed the interview process of the study. The participants' descriptions of their experiences working with students who self-harm provided valuable insight to the study. Through inductive analysis, two themes were identified: (a) It's Complex and (b) All or Nothing. The following discussion includes an in-depth examination of the themes as they relate to current literature as well as discussion of limitations, implications, and future research.

Discussion of Research Findings

The focus of this study was the phenomenon of elementary school counselor's experiences working with students who self-harm. The participants described their personal experiences with students as well as their perceptions of professional and school district policies related to self-harm. Through careful analysis of the participants' responses, two overarching themes and eight subthemes were identified. The themes and subthemes will be explored through

examination of the three research questions. Table 13 contains a summary of the themes and subthemes.

Table 3

Major Themes and Subthemes of Elementary School Counselors' Experiences Working with Students who Self-Harm

Theme 1 – It's Complex
Subthemes
Emotions
Expressions of Self-Harm
Challenges
Theme 2 – All or Nothing
Subthemes
Preparedness and Graduate Training
Participation in Professional Development
Levels of Administrative Support for Professional Development
Presence of School District Policy
Levels of Administrative Support for School District Policy

Research Question One

Research Question 1 asked: What are the experiences of elementary school counselors working with students who self-harm? The theme It's Complex emerged from the participants' descriptions of their work with students who self-harm. Collectively, the participants' explained the complex nature of this work through the various emotions they felt, different expressions of self-harm, and challenges they faced. Thus, the subthemes (a) Emotions, (b) Expressions of Self-Harm, and (c) Challenges developed from analysis of the data.

Emotions. Findings from this study strongly support current literature concerning school counselors' experiences working with individuals who self-harm and their works' influence on school counselors' emotions (Dowling & Doyle, 2017; Long & Jenkins, 2010). Overwhelmingly

the participants described the complex emotions they experienced during their work with students who self-harm. These emotions included lack of surprise, worry and/or fear, sadness, and frustration.

Many of the participants responded that they were not surprised young children participate in self-harmful behaviors, supporting previous studies' indication of self-harm present in children (Griffin et al., 2018; Hawton & Harriss, 2008; McCluskey et al., 2019, Paul & Ortin, 2019). For example, one participant stated that she was not surprised because she hears a variety of problems in her work that "nothing really surprises me". Another participant attributed her lack of surprise to the idea that children are forced to go beyond their current developmental levels. Additionally, another participant was not surprised due to her extensive experience with self-harm through her previous employment.

Additionally, the participants expressed a lack of surprise because they felt many children utilized self-harm as a coping mechanism, corresponding with the idea children act impulsively when struggling with difficult emotions (Pfeffer, 2000). For example, one participant reflected that she was able to remain calm when working with students who self-harm due to her knowledge of self-harm as a coping strategy. Another participant also described maintaining composure because the students she worked with denied suicidal ideation despite self-harming. This supports previous findings that self-harm and NSSI occur with the absence of suicidality (APA, 2013; Hawton & Harriss, 2008).

Several participants indicated that they experienced worry and/or fear, sadness, and frustration when addressing self-harm with students. These experiences corroborated with literature about the seriousness of self-harmful behaviors in children (Guerra, 2015; Pfeffer, 1997; Schatten et al., 2013). The participants described worry and fear when they witness the

self-harmful behaviors firsthand. One participant reflected on her students' self-harmful behavior as "unpredictable", causing fear that the behaviors may become severe. Likewise, another participant described becoming fearful whenever she directly witnessed students participate in self-harmful behaviors. Another participant also addressed fears about witnessing the behaviors and stated that he felt he would never become "fully comfortable" with self-harm in children. Additionally, one participant reflected on the concern that she was ill-equipped to handle self-harm in children and feared operating beyond the school counselor role and scope of practice. Another participant reflected on insecurity and fears of incompetence and overreaction to self-harmful behaviors. This supports literature that suggests school counselors need more training to appropriately work with students who self-harm (Duggan et al., 2011; Roberts-Dobie & Donatelle, 2007; Simpson et al., 2010).

Other participants described heartbreak and frustration because of their inability to fully support and connect with students who self-harm. One participant addressed feelings of sadness and helplessness due to inability to "fix" her students' problems. An additional participant attributed a sense of broken heartedness for her students' struggles. Similarly, another participant reported sadness that her students' felt as though they could not safely talk about their problems with a trusted adult. Another participant described frustrations with teachers' lack of awareness of at-risk students causing her difficulty in addressing those students. This follows literature that suggests teachers and other school staff are unaware of basic knowledge and risk factors of self-harm (Simm et al., 2008).

Expressions of Self-Harm. Literature suggests there are many ways individuals participate in self-harm and NSSI (APA, 2013; de Kloet et al., 2011; Duerden et al., 2012; Hawton & Harriss, 2008; Whitlock et al., 2006). Results from this study suggested the complex

behaviors elementary school counselors witnessed corroborates with the literature. These behaviors included cutting and/or scratching; biting, hitting, and/ or pinching; escaping; burning; and hairpulling. The participants discussed instances of children utilizing self-harm as a coping strategy without suicidal intent, following DSM-5's absences of suicidality criteria (APA, 2013). Although the participants reported self-harm among students as nonsuicidal, it is important to note self-harm has a suggested link to increased suicidality later in life (Schatten et al., 2013).

Collectively, the participants described students utilizing cutting or scratching behaviors, likely the most common means of self-harm among children. Although the act of cutting or scratching was common amongst participants' reports, several indicated different objects children may use to cut or scratch themselves. For example, some participants reflected on students' using scissors to cut or scratch their arms and legs. On the other hand, other participants described students using pencils or blades from pencil sharpeners to inflict cuts or scratches.

Many participants described students inflicting pain with their own bodies instead of objects. These behaviors included students biting, hitting, and pinching themselves as well as hairpulling. One participant reflected on a child biting himself until he broke the skin. Others described instances in which students hit their heads on walls within the school building. Additional participants discussed children banging books against their heads and faces in order to hurt themselves. Some participants described female students who would pull out hair on their head or eyelashes, leaving behind large hairless spots.

Another concerning behavior included students burning themselves with pencil erasers, consistent with previous research including the use of burning as self-harm (de Kloet et al., 2011; Whitlock et al., 2006). The participants discussed this behavior in detail. Some described

students using pencil erasers to burn and rub “their skin raw”. Another participant reflected on students burning various body parts with the eraser. She described seeing “burns on their arms, legs, faces”.

Although the complexity of the behaviors the school counselors described supports the literature, the severity of other behaviors the participants described was concerning. For example, some of the participants indicated that students used escape as a means of self-harm. One participant reflected on a student with severe anxiety who would run out of the classroom. Others described instances where students escaped the school building and ran into the street. Another participant described one child who would lay in the road because he wanted to be hit by a car. These troubling and dangerous means of self-harm oppose literature that suggests children use less severe means of self-harm (Duerden et al., 2012).

Challenges. Working with individuals who self-harm can be challenging for many reasons. For example, there are many different expressions of self-harm (de Kloet et al., 2011; Duerden et al., 2012; Hawton & Harriss, 2008; Whitlock et al., 2006) as well as various predicting factors for why children choose to self-harm (Angelkovska et al., 2012; Barnes et al., 2010; Darosh & Lloyd-Richardson, 2013; de Kloet et al., 2011; Gallant et al., 2014; Hawton & Harriss, 2008; Heath et al., 2009; Long & Jenkins, 2010; Paul & Ortin, 2019; Pfeffer et al., 1991; Pfeffer et al., 1993; Whitlock & Rodham, 2013). Additionally, children’s developmental levels may play a role in their decision to self-harm (Pfeffer, 1997; Pfeffer, 2000; Puleo, 2017a; Puleo, 2017b). Further, there is a lack of understanding and knowledge about self-harm (Duggan et al., 2011; Roberts-Dobie & Donatelle, 2007; Simm et al., 2008; Simpson et al., 2010). Results of this study support the literature about various challenges elementary school counselors may face when working with students who self-harm.

Collectively, the participants reflected on the complex challenges they experienced when working with students who self-harm. Several participants expressed difficulty connecting with children due to their distrust for adults following traumatic events and abuse, supporting previous studies' indications of a link between trauma and self-harm (de Kloet et al., 2011; Long & Jenkins, 2010; Noble, 2011; Paul & Ortin, 2019). For example, some participants described difficulty establishing trust with the students they worked with because of extensive trauma histories amongst these students. Another challenge one participant experienced was due to his student's developmental levels. He described difficulty communicating with and helping his students develop effective coping skills. This supports literature which suggests that children are impulsive, have difficulty separating emotions from behaviors, and struggle to cope with stress (Pfeffer, 1997; Pfeffer, 2000).

According to the literature, there is a lack of understanding and knowledge about self-harm amongst school counselors (Duggan et al., 2011; Roberts-Dobie & Donatelle, 2007; Simm et al., 2008; Simpson et al., 2010). Results of this study indicated a lack of understanding and knowledge on behalf of parents instead. For example, some of the participants described challenges with parents who did not take their children's self-harm seriously. Others reflected on difficulty getting parents to follow through with referrals for help. Further participants expressed a common disbelief about self-harmful behaviors amongst their students' parents.

The participants also experienced challenges with other working professionals. Some of the challenges occurred because of teachers' and other school staff's lack of understanding about self-harm, consistent with literature that suggests many school staff are unaware of basic self-harm knowledge (Roberts-Dobie & Donatelle, 2007; Simm et al., 2008, Simpson et al., 2010). For example, some participants reflected on unnecessary alarm caused by teachers' lack of

understanding about self-harm. On the contrary, others described a lack of concern due to teachers' misunderstanding of and lack of attention to students who self-harm. One participant struggled with teachers and administrators who did not understand her role as a school counselor, causing them to disrupt her work with students who needed it. Other participants also faced challenges with mental health resources that were inconsistent or resistant to support from the school counselor, contributing to the gap in literature regarding support from mental health resources.

Research Question Two

Research Question 2 asked: How do elementary school counselors perceive the role of training related to self-harm? The theme All or Nothing emerged from the participants' responses to interview questions about their training related to self-harm. Participants reflected on levels of preparedness from their graduate-level training and professional development opportunities, as well as support from administrators when seeking professional development related to self-harm. The subthemes (a) Preparedness and Graduate Training, (b) Participation in Professional Development, and (c) Levels of Administrative Support for Professional Development developed from analysis of the data.

Preparedness and Graduate Training. Previous research indicates the importance of training necessary to work with students who self-harm (Angelkovska et al., 2012; Duggan et al., 2011; Kelada et al., 2017; Reichardt, 2016; Roberts-Dobie, & Donatelle, 2007; Simm et al., 2008; Taylor, 2014). Further, school counselors are required to meet certain standards in their graduate training in order to properly meet the needs of the students they serve (ASCA, 2019; CACREP, 2016). Results of this study suggested the participants felt either prepared to effectively work with students who self-harm or not based on their training. The results also

implied the participants felt as though their graduate training did not properly train them to address self-harm with students.

Overwhelmingly the participants of this study reflected on some level of preparedness when they first encountered self-harm. For example, some participants reported feeling appropriately prepared to address self-harm with their students. They felt prepared because of their own experiences in practicum and internship or as a result of guidance from experienced supervisors and instructors, similar to previous research by Kelada et al. (2017). Others discussed feeling prepared although less prepared than others. Likewise, these participants attributed their knowledge to experiences, similar to the aforementioned participants. The remaining participants reported that they were not prepared to work with students who self-harm. Additional participants all discussed concerns that they were not adequately trained to address self-harm. Further, one participant reflected on frustrations with her graduate training program due to insufficient preparation on the program's behalf. Others simply could not recall any specific training.

Although the participants who expressed somewhat to appropriate preparation reflected on their graduate training, none could identify specific coursework dedicated to self-harm. Despite most of the participants were graduates of CACREP-accredited programs, the participants did not attribute their preparedness to their graduate training. This is problematic due to standards for graduate training programs to ensure school counselors-in-training are prepared to identify problematic behaviors, support students, and provide adequate referrals (CACREP, 2016). Additionally, this conflicts with guidelines for school counselors' work with students on social/emotional development as well as recommendations for school counselors to follow when providing resources to students and families (ASCA, 2019).

Participation in Professional Development. As previously mentioned, literature indicates the importance of training related to self-harm (Angelkovska et al., 2012; Duggan et al., 2011; Kelada et al., 2017; Reichardt, 2016; Roberts-Dobie, & Donatelle, 2007; Simm et al., 2008; Taylor, 2014). Further research suggests such training is often achieved through continued education opportunities post-graduation (Duggan et al., 2011; Kelada et al., 2017). These opportunities may be in the form of professional development provided at the school or other location as well as through local, state, and national conferences. The results of this study supported the literature.

Overwhelmingly the participants describe participation in state and national conferences as helpful to their work as school counselors, similar to previous findings that school counselors primarily receive their training at conferences (Duggan et al., 2011). For example, several of the participants reflected on attending conferences in order to obtain continued education. The participants described the conference sessions they attended as beneficial to their work as school counselors. However, despite their belief that conferences were helpful, they could not identify any conference sessions specific to self-harm.

Although most of the participants could not recall specific conference sessions related to self-harm, others reflected on their experiences with more specific trainings. For example, some participants described attendance at conferences as well as trainings led by local mental health resources. These more specific trainings were offered to licensed professional counselors, not certified or licensed school counselors. This is similar to previous findings that school counselors received more self-harm training that was focused on clinical mental health instead of school counseling (Kelada et al., 2017). A situation where school counselors must go outside of school for professional development training in order to treat problems occurring in the schools is

problematic because the settings are entirely different.

Other learning opportunities included school district trainings and personal research. For example, some participants reflected on school district trainings as their preferred means for continued education. Although these participants believed these trainings to be helpful, they reported that these trainings were mostly focused on suicide with very little information specific to self-harm. Further, one participant reported that she is only able to attend school district trainings due to the inconvenient timing of her state's annual conference. The remaining participants described learning through personal research and books about self-harm. Other participants reflected on using their own time to learn more in order to help their students. The lack of available training specific to self-harm may force school counselors to rely on their own research.

Levels of Administrative Support for Professional Development. Although the literature signifies the importance of training related to self-harm (Angelkovska et al., 2012; Duggan et al., 2011; Kelada et al., 2017; Reichardt, 2016; Roberts-Dobie, & Donatelle, 2007; Simm et al., 2008; Taylor, 2014) and most school counselors rely on conferences for such training (Duggan et al., 2011), school counselors are often left on their own to seek and fund such opportunities (Remily & Herlihy, 2010; Splete & Grisdale, 1992). There is a considerable lack of research regarding support for self-harm professional development. Results of this study contribute to this gap in the literature. This study found the participants were either supported by their administrators in their requests for further training or they faced opposition.

The majority of the participants expressed support on behalf of their administrators for professional development related to self-harm, whereas others believed they were supported but with some limitations. For example, most of the participants felt a great deal of support from

their administration when they sought approval for attendance at conferences and other trainings. These participants described their building and district administrators as supportive and encouraging for continued education that would help them better serve the school and students. Others also felt supported by their administrators, but reflected on difficulty obtaining final approval, similar to previous studies indicating a lack of funding for school counselor professional development (Remley & Herlihy, 2010; Splete & Grisdale, 1992). These participants discussed administrators' hesitation to fully support time off for training due to finances, required approval from the district-level administration, and lack of understanding about school counselors' role. For example, one participant reflected, "The principals do support us going; they don't always support paying for it, but they do support us going." Another shared, "My administrators are very supportive. Our principals can't just say, "here's our funds for you to do this;" it has to go through the district." An additional participant explained, "I don't think that people truly know what counselors do." The remaining participants were unsure if they would be supported because they had not sought training because of guilt due to other school-related priorities. Some of the participants reflected on their reluctance to request support due to their other responsibilities.

The lack of complete support is concerning given previous insight into concerns about school counselors' lack of confidence in their ability to be effective due to little support from schools (Kelada et al., 2017). Further, there are inconsistencies among state laws about requirements for attendance at trainings (AFSP, 2019b). Given these inconsistencies, school administrators are unsure about their counselors' needs in regards for training and may not support them. Further, previous studies suggest school counselors felt their supports lacked awareness and understanding of self-harm (Roberts-Dobie & Donatelle, 2007; Simpson et al.,

2010). Administrators who do not understand self-harm may be more reluctant to support school counselors' attendance at training.

Research Question Three

Research Question 3 asked: How do elementary school counselors perceive school district policies and practices related to self-harm? The theme All or Nothing emerged from the participants' responses to interview questions about their experiences with school district policies related to self-harm. Participants' expounded on whether or not their school district had specific policies and/or practices related to self-harm as well as administrative support for development or improvement of such policies. The subthemes (a) Presence of School District Policy and (b) Levels of Administrative Support for School District Policy developed from analysis of the data.

Presence of School District Policy. Researchers stress the importance of the presence of school district policies related to self-harm (Reichardt, 2016; Walsh & Muehlenkamp, 2013). However, previous literature indicates many school districts do not have such a policy in place (Duggan et al., 2011; Kelada et al., 2017; Roberts-Dobie & Donatelle, 2007). Results of this study contradicted the literature, as most of the participants had some sort of policy or procedure to follow when faced with a student who self-harms and only a few reported that they had no policy or were unsure if one existed.

Overwhelmingly the participants reported that their school districts had some sort of policy or procedure in place regarding self-harm. For example, some of the participants described following a checklist of procedures when they learn that a student is self-harming. Others reflected on contact with the student's parents to make sure they are aware of the behavior and provide adequate referrals. The use of referral to local mental health agencies is

consistent with literature indicated collaboration with local resources as beneficial in treating self-harm (Guerra et al., 2019; Mills et al., 2006). Although most of the participants reported some sort of policy within their district, most indicated that their policies were mostly about suicide with some information specific to self-harm.

The remaining participants either did not have a policy or were unsure if a policy existed. For example, some of the participants reported that their districts did not have a policy about self-harm, leaving school counselors to rely on their training and ethics in order to help their students. Others were unsure whether or not their districts had a policy because they had not received any training on such a policy, similar to previous research indicating that most school counselors are unaware of a specific self-harm policy within their district (Duggan et al., Kelada et al., 2017; Roberts-Dobie & Donatelle, 2007). This is problematic in that a lack of school district policy related to self-harm could have legal consequences on both the district and school counselors (Kelada et al., 2017).

The participants who did not have a policy specific to self-harm indicated a belief that their school districts would not implement a policy unless legislation required them to do so. This was similar to the other participants' reports that their school districts implemented a district-wide policy only after state laws requiring such policies were passed. The pressure for legislation regarding school district policies regarding self-harm is essential given that less than half of the United States has specific laws about such policies (ASFP, 2019b; Canady, 2019). It is imperative that more state and/or national laws are passed to required more school districts to implement policies specific to self-harm.

Levels of Administrative Support for School District Policy. Despite literature regarding the importance of the presence of a school district policy regarding self-harm

(Reichardt, 2016; Walsh & Muehlenkamp, 2013), previous research indicates that most school districts do not have a policy specific to self-harm (Duggan et al., 2011; Kelada et al., 2017; Roberts-Dobie & Donatelle, 2007) while this study suggests that most school districts have some sort of policy or procedures in place. Additionally, although previous research indicates the role administrator support has on school counselor confidence when working with students who self-harm (Kelada et al., 2017), there is a gap in the literature regarding administrative support for school district policy about self-harm. Results from this study indicated the participants did not feel support from administrators in regards to policies regarding self-harm, thus contributing to the gap in the literature.

Some participants either felt supported with the implementation of the policy or assumed they would be supported if they asked questions. Some of the participants reported that their district administration developed their policies or procedures with little to no say from the school counselors; however, they felt as though administrators would welcome any questions or concerns. One participant described positive support and openness she received from her building and district administrators when she and fellow school counselors worked to revise their policy.

Several participants reported they had no say in the development and implementation of their school districts' policies or they were dismissed when questions around policies, or lack thereof, were raised. For example, some of the participants described on the lack of support from their building and district administration and reported that they would likely seek support from others within the school. Others reported that their school district policies or procedures had been developed by administration who had failed to respond to the school counselors' questions. One participant reflected her belief that the administration likely would not implement a policy until

legislation requiring one was passed.

The lack of administrative support for improvement or implementation of school district policies regarding self-harm is problematic because of the impact of administrative support on school counselors' ability to work with students who self-harm (Kelada et al., 2017). Additionally, the lack of legislation requiring such laws (ASFP, 2019b; Canady, 2019) prevents administrators from believing such policies are necessary. Increased legislation requiring policies specific to self-harm is imperative in order to increase administrative support for such policies.

Limitations

There were several limitations involved with this study. First, the study was limited based on the participants' responses to the demographic survey. For example, the study was limited to geographic location because ten of the twelve participants identified their geographic location as the South. This limits the study because participants from other geographic locations (i.e., the Northern United Stated) may provide differing insights and experiences due to increased supports. These supports could include more school counselors which decreases school counselor caseloads as well as more clinical supports within the school building, (i.e., licensed professional counselors (LPCs) and licensed clinical social workers (LCSWs). Further, eleven of the participants identified themselves as female; however, this is indicative of school counseling professionals, who are largely female. Although the school counselors are typically female, inclusion of more male school counselors would provide different experiences. Finally, eleven of the participants identified themselves as White while another identified as American Indian/Alaskan Native. This limits the study to ethnicity as African American individuals may have different experiences and perceptions about children self-harming.

Another limitation occurred because of the study's dates. The demographic surveys and

interviews were conducted in August and September, typically the beginning months of the academic school year. Also, because many schools were impacted by the COVID-19 pandemic and continued to make adjustments between virtual and in-person learning, it can be assumed many potential participants were not available at the time of the study.

A third limitation of the study was attributed to the school counselors' education. Nine of the twelve participants graduated from CACREP-accredited programs. CACREP-accredited programs must follow minimum standards in the training of school counselors (CACREP, 2016). It can be assumed the participants who graduated from programs without CACREP accreditation did not receive such training, which may have influenced their answers to some interview questions.

A final limitation of the study is the limited research available related to self-harm and young children. As detailed in Chapter II, there is evidenced that self-harm is prevalent amongst children (Griffin et al., 2018; McCluskey et al., 2019). However, there is little research available about specific behaviors, reasons behind the behaviors, and experiences of children and elementary school counselors regarding self-harm in children. The limited amount of research available limits this study because the researcher was required to narrow the focus of this study in order to fill the existing gap in the literature.

Implications

The purpose of this qualitative phenomenological study was to illuminate the experiences of elementary school counselors working with students who self-harm. Although limitations to the study existed, the findings provided valuable insight and implications for systemic change, school counselors who work with students who self-harm, school districts lacking or looking to improve policies related to self-harm, and counselor educators responsible for the training of

future school counselors.

Implications for Systemic Change

Although the purpose of this study was to highlight school counselors' experiences, it also brought attention to the need to address systemic issues within the school counseling professional and clinical mental health community related self-harm in children. For example, this study highlighted the challenges elementary school counselors face when working with children who self-harm, such as lack of resources and time. The participants reflected on scarce and inconsistent mental health resources. Having a licensed professional counselor (LPC) and/or a licensed clinical social worker (LCSW) within the school provides necessary supports for school counselors and children. The participants' descriptions of lack of time were also concerning because school counselors are often unable to meet all the demands they face due of heavy caseloads and non-counseling related duties. For example, half of the participants admitted that their schools held 300-599 students while others had 600 or more. This is in direct opposition to the ideal student-to-school-counselor ratio of 250:1 (ASCA, 2019). Providing more school counselors in schools in order to reduce this ratio would allow school counselors to spend more time addressing students' needs.

This study brought attention to the lack of preservice programs such as school counselor training as well as school counselors' ability to access and attend professional development opportunities and conferences. Overwhelmingly the participants could not recall specific courses dedicated to self-harm information. This highlights the importance of adherence to training standards to properly address issues such as self-harm. The participants often felt guilty for attending such conferences or could not attend due to financial constraints. This highlights the need to make such training opportunities available to school counselors on a larger scale.

Finally, this study highlighted the lack of district-level policies related to self-harm as detrimental to school counselors' work with students who self-harm. For example, the participants who did not have such policies reported concerns about operating outside of their scope of practice. The participants also reported concerns of possible legal consequences because of their district's lack of specific policies related to addressing and treating self-harm. This lack of self-harm specific policies limits school counselors' ability to effective support students experiencing self-harmful behaviors.

Implications for Professional School Counselors

Overwhelmingly the participants reflected on use of their professional ethics when addressing self-harm with students. Therefore, it is imperative school counselors are knowledgeable of such ethical standards. The *ASCA National Model* (ASCA, 2019) addresses school counselor ethical practices as well as school counselor competencies. School counselors are encouraged to become familiar with the *ASCA National Model* and the school counselor ethical practices in order to ensure that they are operating effectively and ethically.

Because school counselors are often the first to know that a student has self-harmed (White Kress et al., 2004) and are critical in addressing the needs of students (Roberts-Dobie & Donatelle, 2007), it is imperative that school counselors learn as much as possible about self-harm. This knowledge can be gained through participation in training opportunities that are specific to self-harm. The participants of this study indicated that most of the specific trainings regarding self-harm they received were from mental health professionals or more clinically focused sessions at conferences. Therefore, school counselors are encouraged to attend such sessions in order to gain this specific knowledge.

Additionally, given their extensive experiences working with students who self-harm,

elementary school counselors with firsthand knowledge of self-harm are encouraged to lead such trainings. These trainings could include professional development opportunities for district school counselors as well as school counseling conferences. Further, results of this study also indicated a lack of understanding from teachers, administrators, and other school staff, similar to previous literature (Simm et al., 2008). It is important school counselors use their knowledge of self-harm to lead schoolwide professional development opportunities and facilitate learning for fellow staff members.

Implications for School Counselor Educators

Overwhelmingly the participants reported a lack of graduate-level training opportunities specific to self-harm. Most of the participants were graduates of CACREP-accredited programs and felt as though they were competent to work with students, but not knowledgeable enough about self-harm. Counselor educators from CACREP-accredited programs must follow standards which guide the training of future school counselors (CACREP, 2016). For example, school counselor educators must teach school counselors-in-training to identify students at risk for mental health difficulties, including self-harm (CACREP Standards, 2016, Section 5. G. 2. g.).

School counselor educators must also advise school counselors-in-training on the importance of professional organizations and subsequent standards provided within those organizations (CACREP Standards, 2016, Section 5.G. 2. l.). One such organization, ASCA, developed the *ASCA National Model* (ASCA, 2019) which addresses school counselor competencies and ethical practices in order ensure that school counselors-in-training are prepared to address social/emotional development upon graduation and employment. Because many of the participants reported that they relied heavily on their ethical standards when addressing self-harm with students, it is imperative school counselor educators effectively

address these practices through the *ASCA National Model* during graduate training.

Overwhelmingly the participants of this study attributed their preparedness to learning through their instructors' and supervisors' school counseling experiences, similar to previous findings about instructors' and supervisors' experiences (Kelada et al., 2017). Therefore, school counselor educators are encouraged to draw from their experiences to facilitate the growth and knowledge of school counselors-in-training. Additionally, school counselor educators are urged to offer ongoing supervision to professional school counselors in order to support and encourage continued learning, complementing previous research detailing the importance of supervision for school counselors (Kelada et al., 2017; Long & Jenkins, 2010).

Implications for School Districts

Previous research indicated administrative support is paramount in school counselors' confidence to effectively work with students who self-harm (Kelada et al., 2017). The participants of this study indicated limitations to administrative support for professional development related to self-harm as well as a lack of support for improvement or development and implementation of school district policies. It is imperative school district and building administrators support school counselors in their work with students who self-harm in order to improve student outcomes and reduce self-harmful behaviors in children. Further, it is important for administrators to learn about the continued education requirements for school counselors in order to better support their efforts to attend conferences and other trainings.

Additionally, the implementation of school district policies containing key information about self-harm is needed to protect school counselors and the school districts they serve (Kelada et al., 2017; Reichardt, 2016; Walsh & Muehlenkamp, 2013). The results of this study supported previous research indicating that a majority of school districts have no policy detailing specific

information about self-harm. Further, participants of this study believed that their school districts did not have a self-harm policy due to lack of legislation requiring such policies, contributing to research which suggested the same (ASFP, 2019b; Canady 2019). The participants of this study shared similar concerns that they were not protected and would be held liable in court, supporting literature that suggested lack of specific policies could lead to legal consequences (Kelada et al., 2017). Therefore, it is important that school districts implement policies that contain specific information about self-harm, what to do when a student is self-harming, and how to support students and families. School district administrators and school counselors are encouraged to consult *the Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources* (AFSP, 2019a) which provides guidelines for all school personnel in order to properly develop and/or improve policies regarding self-harm.

Recommendations for Future Research

Despite numerous studies about middle and high school counselors' experiences working with adolescents who self-harm, there was a considerable gap about the experiences of elementary school counselors. This is especially problematic given the rise in elementary-aged students participating in self-harmful behaviors (Griffin et al., 2018; McCluskey et al., 2019) and the fact that many school counselors have first-hand experience working with students who self-harm (Duggan et al., 2011; Roberts-Dobie & Donatelle, 2007). Although this study is one of the first to examine elementary school counselors' experiences working with students who self-harm through qualitative inquiry, additional research is warranted.

First, it would be beneficial for additional studies to include participants from more diverse backgrounds. For example, elementary school counselors from different geographical locations within the United States may share alternative experiences. Additionally, elementary

school counselors from various types of schools (i.e., public, private, and charter) may give different accounts as well. Finally, elementary school counselors who attended graduate programs with different accreditation statuses may have different experiences in regards to training and preparation.

Another suggestion for future research is to examine the role of school district policies related to self-harm more closely. For example, if school districts implement policies specific to self-harm, descriptions of the policies such as specific procedures, years of implementation, and outcomes would provide beneficial knowledge about the effectiveness of such policies. Additional examination of policies established by administrators compared to those developed and/or improved by school counselors could provide valuable insight into the role of school counselors in such policies.

Concluding Thoughts

Results from this study provide a glimpse into the experiences of elementary school counselors who work with students who self-harm, their perceptions of training and school district policies related to self-harm. These findings expound upon existing literature about the role of school counselors in self-harm while focusing specifically on elementary school counselors. As multiple participants stated, “Experience is the best teacher”. Self-harm among children is an emotional, unpredictable, and challenging experience. However, support from others who have shared in the experience is necessary to increase knowledge and better serve our children.

Further, this study is important to contribute to the knowledge of professional school counselors and other educators. As multiple participants shared, there is a lack of knowledge and training surrounding self-harm in children. The study highlights the experiences of elementary

school counselors working with children who self-harm. It is my hope that this study will bring attention to self-harm in children so that school counselors can effectively address self-harm with their students and prevent continued self-harm and potential suicidality.

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APPENDICES

APPENDIX A: INITIAL RECRUITMENT EMAIL

APPENDIX A

Initial Recruitment Email

Dear School Counselor,

My name is Maegan Johnston Tatum. I am a doctoral candidate in the Department of Leadership and Counselor Education at The University of Mississippi. I am writing to invite you to participate in my dissertation research study about elementary school counselors' experiences working with children who self-harm. Self-harmful behaviors include but are not limited to the child cutting, hitting, biting, scratching his/herself and/or ingesting toxic substances. You are eligible to participate in this study if you are a licensed school counselor in an elementary school and have worked with or are currently working with a child or children who self-harm.

If you decide to participate in this study, you will complete a demographic survey via Qualtrics. The survey should take approximately 10 minutes to complete. Following completion of the survey, you will participate in an interview via Zoom, Facetime, Skype, or telephone and respond to questions about your experiences working with children who self-harm. The interview will take approximately 45 minutes to complete. Additionally, I would like to ask you to share any form of documents or artifacts (brochures, blank consent forms, policy and/or procedure forms, etc.) that you use to educate or inform students, parents/caregivers, school personnel, or the public about self-harm. If you are comfortable sharing this information, please email the documents to me. I will use this information to explore common themes among participants.

I will audio record your interview to be transcribed by a professional transcriptionist. To ensure your confidentiality, you will be assigned a pseudonym.

Your participation is completely voluntary, and you may choose to participate in this study or not. If you would like to participate in the study, please complete the demographic survey via the following link: [insert Qualtrics survey link here].

Should you have any questions or concerns about the study, you may reach me via at mljohnst@go.olemiss.edu or phone at (662) 801-0011. You may also contact my dissertation chair, Dr. Amanda Winburn, via email at amwinbur@olemiss.edu or phone at (662) 915-8823.

Thank you for your consideration.

Sincerely,

Maegan J. Tatum, M.Ed., LPC, NCC

APPENDIX B: RECRUITMENT EMAIL LISTSERV

APPENDIX B

Recruitment Email listserv

Greetings (insert listserv name here),

My name is Maegan Johnston Tatum. I am a doctoral candidate in the Department of Leadership and Counselor Education at The University of Mississippi. I am writing to invite you to participate in my dissertation research study about elementary school counselors' experiences working with children who self-harm. Self-harmful behaviors include but are not limited to the child cutting, hitting, biting, scratching his/herself and/or ingesting toxic substances. You are eligible to participate in this study if you are a licensed school counselor in an elementary school and have worked with or are currently working with a child or children who self-harm.

If you decide to participate in this study, you will complete a demographic survey via Qualtrics. The survey should take approximately 10 minutes to complete. Following completion of the survey, you will participate in an interview via Zoom, Facetime, Skype, or telephone and respond to questions about your experiences working with children who self-harm. The interview will take approximately 45 minutes to complete. Additionally, I would like to ask you to share any form of documents or artifacts (brochures, blank consent forms, policy and/or procedure forms, etc.) that you use to educate or inform students, parents/caregivers, school personnel, or the public about self-harm. If you are comfortable sharing this information, please email the documents to me. I will use this information to explore common themes among participants.

I will audio record your interview to be transcribed by a professional transcriptionist. To ensure your confidentiality, you will be assigned a pseudonym.

Your participation is completely voluntary, and you may choose to participate in this study or not. If you would like to participate in the study, please complete the demographic survey via the following link: [insert Qualtrics survey link here].

Should you have any questions or concerns about the study, you may reach me via at mljohnst@go.olemiss.edu or phone at (662) 801-0011. You may also contact my dissertation chair, Dr. Amanda Winburn, via email at amwinbur@olemiss.edu or phone at (662) 915-8823.

Thank you for your consideration.

Sincerely,

Maegan J. Tatum, M.Ed., LPC, NCC

APPENDIX C: RECRUITMENT EMAIL SNOWBALL SAMPLING

APPENDIX C

Recruitment Email Snowball Sampling

Dear (insert name),

My name is Maegan Johnston Tatum. I am a doctoral candidate in the Department of Leadership and Counselor Education at The University of Mississippi. I am writing to invite you to participate in my dissertation research study about elementary school counselors' experiences working with children who self-harm. Self-harmful behaviors include but are not limited to the child cutting, hitting, biting, scratching his/herself and/or ingesting toxic substances. You are eligible to participate in this study if you are a licensed school counselor in an elementary school and have worked with or are currently working with a child or children who self-harm. (Insert name) recommended you are having knowledge and experience in this area and provided your contact information.

If you decide to participate in this study, you will complete a demographic survey via Qualtrics. The survey should take approximately 10 minutes to complete. Following completion of the survey, you will participate in an interview via Zoom, Facetime, Skype, or telephone and respond to questions about your experiences working with children who self-harm. The interview will take approximately 45 minutes to complete. Additionally, I would like to ask you to share any form of documents or artifacts (brochures, blank consent forms, policy and/or procedure forms, etc.) that you use to educate or inform students, parents/caregivers, school personnel, or the public about self-harm. If you are comfortable sharing this information, please email the documents to me. I will use this information to explore common themes among participants.

I will audio record your interview to be transcribed by a professional transcriptionist. To ensure your confidentiality, you will be assigned a pseudonym.

Your participation is completely voluntary, and you may choose to participate in this study or not. If you would like to participate in the study, please complete the demographic survey via the following link: [insert Qualtrics survey link here].

Should you have any questions or concerns about the study, you may reach me via at mljohnst@go.olemiss.edu or phone at (662) 801-0011. You may also contact my dissertation chair, Dr. Amanda Winburn, via email at amwinbur@olemiss.edu or phone at (662) 915-8823.

Thank you for your consideration.

Sincerely,

Maegan J. Tatum, M.Ed., LPC, NCC

APPENDIX D: INFORMATION SHEET AND INFORMED CONSENT

APPENDIX D

Information Sheet and Informed Consent

Title: Elementary School Counselors' Experiences Working with Students Who Self-Harm

Investigator
Maegan J. Tatum, M.Ed., LPC, NCC
Department of Leadership and Counselor Education
117 Guyton Hall
The University of Mississippi
(662) 915-7069

Advisor
Amanda M. Winburn, Ph.D., LPC, SB-RPT, NCC, NCSC
Department of Leadership and Counselor Education
109 Guyton Hall
The University of Mississippi
(662) 915-8823

Description
The purpose of this research project is to determine what elementary school counselors experience when working with students who self-harm. We would like to ask you a few questions about your experiences with self-harm. You will not be asked for your name or any other identifying information.

Cost and Payments
The demographics survey should take approximately 5-10 minutes to complete. The interview should take approximately 45 minutes to complete.

Risks and Benefits
We do not anticipate any risks associated with the interview.

Confidentiality
No identifiable information will be recorded, therefore we do not think you can be identified from this study.

Right to Withdraw
Participation is completely voluntary. Any individual may stop participation at any time. If you start the study and decide that you do not want to finish, verbal withdrawal at any time is permissible, by email, by telephone, or written communication (contact information listed above).

IRB Approval
This study has been reviewed by The University of Mississippi's Institutional Review Board (IRB). If you have any questions, concerns, or reports regarding your rights as a participant of research, please contact the IRB at (662) 915-7482 or irb@olemiss.edu.

Statement of Consent
I have read and understand the above information. By completing the survey and interview I consent to participate in the study.

☐ I voluntarily agree to participate in the study and verify that I am 18 years or older.

APPENDIX E: INTERVIEW SCRIPT AND QUESTIONS

APPENDIX E

Interview Script and Questions

Opening:
Hello, (name of participant). Before we begin, I would like to confirm that you have had an opportunity to read the Information Sheet and Informed Consent document I emailed you and that you agree to participate in this qualitative phenomenological study.

(Pending affirmative response to above statement)

Thank you. As a reminder, the purpose of this qualitative research study is to determine what elementary school counselors experience when working with students who self-harm. Self-harmful behaviors include but are not limited to the child cutting, hitting, biting, scratching his/herself and/or ingesting toxic substances. I am interested in hearing about your experiences and perspectives as an elementary school counselor working with children who self-harm.

I want to assure you that your participation in this interview is voluntary and that you may discontinue the interview at any time without penalty. I will audio record this interview to be transcribed by a professional transcriptionist. Recordings will be stored on my private computer and kept locked in a filing cabinet in a locked office. The recordings will be kept until the end of the study, which is expected to be December 2020. In order to maintain your confidentiality, I will provide you with a pseudonym. Additionally, to maintain the confidentiality of your students/clients, I ask that you not disclose any confidential or identifying information about current or past students/clients.

If you are ready, we will proceed to the interview questions.

Interview Questions:

1. Please describe your experiences working with students who present with self-harmful behaviors.
2. As you have encountered students with self-harmful behaviors, how would you summarize how your students participated in these behaviors?
3. How did/do you experience challenges when working with students who self-harm?
4. To what extent, if at all, did you feel prepared when you have encountered students who self-harmed?

5. What experiences did you have during your graduate program that addressed self-harm?
6. What are some types of professional development or other trainings did you receive related to self-harm treatment after you completed your graduate training?
7. What has been your experience regarding support from school administration when seeking professional development related to self-harm?
8. What has been your experience with policies regarding self-harm in your school district?
9. What has been your experience regarding support from school administration regarding the development and implementation of a school district policy regarding self-harm?

Conclusion:
This concludes our interview. Are there any additional comments that you would like to make or any questions that you would like for me to answer at this time?

Thank you, again, for your time and willingness to share your unique perspective about working with children who self-harm. As we finish our conversation today, I wonder if you know of any other elementary school counselors with similar experiences whom I might contact to request their participation in this study. You do not have to recommend anyone and will not be penalized for declining to do so.

(if yes, gather name and email address)

Do I have your permission to share with these individuals that I received their names and contact information from you?

Your insight has been very helpful and I am very grateful for your participation in this study. Once the transcripts have been completed, I will email your interview transcript to you for review. If you feel there are any errors or if any corrections are needed, please contact me via email at mljohnst@go.olemiss.edu or phone at (662) 801-0011. After I have completed my analysis of the data, I will follow up with you be email and/or telephone to clarify accuracy of the data and to gain participant input regarding proposed findings and themes.

VITA

Maegan J. Tatum, LPC-S, NCC, BC-TMH

EDUCATION

Ph.D., Counselor Education and Supervision, 2021
The University of Mississippi – University, MS
- CACREP-Accredited
- Dissertation: Elementary School Counselors' Experiences Working With Students Who Self-Harm

M.Ed., Counselor Education, 2015
The University of Mississippi – University, MS
- CACREP-Accredited

B.A. in Liberal Arts, 2012;
Minors in sociology, English, and biology
The University of Mississippi – University, MS

LICENSES & CERTIFICATIONS

Board Certified-Telemental Health Provider (BC-TMH)
- National Board for Certified Counselors, Certificate # 2697, Issued 9/2020

Licensed Professional Counselor-Supervisor (LPC-S)/Board Qualified Supervisor (BQS)
- Mississippi State Board of Examiners for Licensed Professional Counselors, Certification. # 421, Issued 8/2020

Licensed Professional Counselor
- State of Mississippi, License # 2152, Issued 2/2017

National Certified Counselor
- National Board for Certified Counselors, Certificate # 629724, Issued 2/2016

School Counselor, Grades K-12
- State of Mississippi Class AA License # 264249, Issued 7/2015

eLearning Training Course (eTC) – The University of Mississippi (Fall 2018)

- Participated in training for certification to teach online/eLearning courses

Legal and Ethical Specialist Training – ASCA-U (Fall 2017)
Completed online coursework for training related to legal and ethical issues in school counseling

CONFERENCE PRESENTATIONS

National

Tatum, M. J., Wren, D., & Powell, B. (2020). *Bad Counselors on the Big Screen: Using Movies to Teach About Ethical Dilemmas in Counseling*. Presented at the Law and Ethics in Counseling Conference. New Orleans, LA.

Frankum, J.E., Spencer, M. D., **Tatum, M. J.**, Thertani, S., Bailey, L., & Balkin, R. S. (2019). *Bridging Counseling Advocacy with Community Engaged Research*. Presented at the Association for Assessment and Research in Counseling. San Antonio, TX.

Tatum, M. J. & King, A. M. (2019). *Dual Relationships: Unethical or Unavoidable?*. Presented at the Law and Ethics in Counseling Conference. New Orleans, LA.

Regional

Tatum, M. J. & King, A. M. (2018). *School Counselors as Social Change Agents: Counselor Educators' Role in Promoting Equity.* Presented at The Southern Association for Counselor Education and Supervision Conference. Myrtle Beach, SC.

State

Gregory, H., **Tatum, M. J.**, & McClain, R. (2019). *Treating Childhood Grief: The Struggle is Real*. Presented at the Mississippi Counseling Association Conference. Gulfport, MS.

Stokes, S., Arrowsmith, C., Magee-Dorsey, E., Langley, C., Riley, T., Straughter, T., & **Tatum, M.**, (2018). *Essential Skills for All New Counselors: Identifying and Developing Connections*. Presented at the Mississippi Counseling Association Conference. Gulfport, MS.

Tatum, M. J. & Quinn, M. E. (2018). *The Importance of Self-Care for School Counselors Treating Adolescent Nonsuicidal Self-Injury (NSSI)*. Presented at the Mississippi Counseling Association Conference. Gulfport, MS.

Local

Tatum, M. J., Frankum, J. E., King, A. M., Lewis, C., Powell, B. W., Russo, G. M., Spencer, M. D., Therthani, S., Wood, A. M., Wren, D. (2019). *To PhD or Not to PhD*. Presented at the F. E. Woodall Spring Conference for the Helping Professionals. Cleveland, MS.

Tatum, M. J. & King, A. M. (2019) *Ethical Considerations of Extending Boundaries (Dual Relationships) in School Counseling*. Presented at the F.E. Woodall Spring Conference for the Helping Professionals. Cleveland, MS.

JOURNAL PUBLICATIONS & BOOK CHAPTERS

Winburn, A., Kerwin, A., King, A., & **Tatum, M. J.** (2019) Examining Empathy and Advocacy Competencies in Professional School Counselors. *The Journal of Counseling Research and Practice*.

Tatum, M. J. (2019). Mental Health: A Look at Mental Health & College. In J. Roberts (Ed.), *Academic Skills for College: A Publication of the Center for Student Success and First-Year Experience Academic Support Programs at The University of Mississippi.*

AWARDS & SCHOLATHIPS

Mississippi Counseling Association

- Emerging Leader (2018)
- Janie G. Rugg Scholarship (2018)
- June Comola Scholarship (2015)

Chi Sigma Iota Honor Society

- Outstanding Leader Award (2020)
- Outstanding Leader Award (2015)
- Member (2014-Present)

PROFESSIONAL SERVICE

Leadership

Mississippi Counseling Association

- Social Media Committee Co-Chair (2020-Present)
- Conference Volunteer Co-Facilitator (2020-Present)
- Northwest Region Co-President (2019-Present)
- Social Media Committee (2019-Present)
- Emerging Leader (2018-2019)

Chi Sigma Iota Honor Society

- President (2019-2020)
- President-Elect (2018-2019)
- Fall T-shirt Committee (2018)
- CPCE Study Sessions (2018)
- Treasurer (2014-2015)

Membership

- Mississippi Association for Counselor Education and Supervision (2019-Present)
- Association for Assessment and Research in Counseling (2019-2020)
- American Counseling Association (2017-Present)
- Association for Counselor Education and Supervision (2017-Present)
- Southern Association for Counselor Education and Supervision (2017-Present)
- American School Counseling Association (2014-Present)
- Mississippi Counseling Association (2014-Present)
- Mississippi Licensed Professional Counselor Association (2014-Present)

COUNSELING AND SUPERVISION EXPERIENCE

Counselor and Owner (June 2018-Present)
Maegan J. Tatum, LLC – Oxford, MS

- Provided individual and family counseling in a private practice setting

Counselor (August 2017-2020)
EDHE 202 Counselor – The University of Mississippi

- Provided individual and group counseling for college students on academic probation

Counseling Supervisor (August 2017-2020)
EDHE 202 – The University of Mississippi

- Scheduled, planned, organized, and conducted individual weekly supervision sessions with 2 master's level counseling students

School-Based Therapist (August 2015-May 2018)
Communicare – Oxford, MS
Provided individual, group, and family counseling to adolescents in grades 9-12

TEACHING EXPERIENCE

Instructor of Record

Spring 2020

- EDHE 202 Fundamentals of Active Learning (10 sections)

Fall 2019

- EDHE 202 Fundamentals of Active Learning (4 sections)

Spring 2015

- EDHE 101 Academic Skills for College

Co-Teaching

Spring 2020
- COUN 603 Counseling Skills

Fall 2019
- COUN 612 Foundations of Clinical Mental Health Counseling

Spring 2019
- COUN 607 Group Procedures

Winter Intercession 2019
- COUN 642 Crisis Intervention

Fall 2018
- COUN 641 Life Span Development