**Cutting to the Chase: Counselor Interns’ Preparedness for Counseling Clients Who Self-Injure**

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**Statement of the Problem**

**What We Know:**
- Mental health professionals feel anxiety and doubt their competency when working with self-injury due to lack of knowledge and limited training.
- Counselor interns report concerns about competency, preparedness, and effectiveness.

**What We Don’t Know:**
- Are master’s programs preparing counselors to work with clients who self-injure?
- How do counselor interns describe experiences in their master’s program that prepared them for counseling clients who self-injure?

**Research Question:**
- How do counselor interns describe experiences in their master’s program that prepared them for counseling clients who self-injure?

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**Methodology**

**Sample - 10 LPC Interns**
- LPC Intern approved by the Texas Board of Examiners of Professional Counselors
- Currently practicing as an LPC Intern in Texas
- Completed a master’s degree in counseling or psychology
- Had experience working with clients who self-injure

**Data Collection - Phone Interviews**
- Demographic and Background Questions
- Semi-Structured Interview
- Audiotape interview using TapeACall Pro App
- Audiotapes transcribed by Rev.com

**Instrumentation/Questions**
- Demographic and Basic Background Questions
  - Age
  - Gender
  - Race/Ethnicity
  - School:
    - What type of university did you receive your Master’s degree from, that is, public, private, bricks and mortar, online?
    - What is your Master’s degree in?
    - Is this a CACREP Accredited Program?
  - Professional:
    - How long have you been an intern?
    - What type of setting is your internship, that is, private practice, nonprofit, hospital, school, government agency, other?
    - Approximately, how many clients have you worked with that engaged in self-injury?
    - How many of those clients saw symptom reduction?
    - How many of those clients stopped engaging in self-injury?

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**Methodology**

**Instrumentation/Questions**
- Interview Questions
  - In your own words, how would you define self-injury and what behaviors are categorized as self-injury?
  - Please tell me about the experiences you have had in counseling clients who self-injure?
  - How did your classroom experience prepare you for counseling clients who self-injure?
  - How did your practicum experience prepare you for counseling clients who self-injure?
  - Please tell me about the aspects of your master’s program that were most beneficial and least beneficial in facilitating your counseling clients who self-injure?
  - What are your recommendations for counselor educators and educational institutions in training counseling students for counseling clients who self-injure?
Thematic Analysis (Braun and Clarke, 2006)
Six Phases
- Become familiar with the data – read, re-read, take notes
- Generate initial codes – what data mean, what is interesting or significant
- Search for themes by sorting the different codes into broader themes
- Review and refine themes – supported by enough data and categorized under the most appropriate theme
- Define and name themes to capture the essence of or the story behind each theme
- Report the findings – identify themes and include data excerpts to illustrate the story behind the data and its relation to the research question

Data Analysis

Methodology

Sample

Participant Demographics
- A: Females
- Mostly Caucasian
- 16 – 46 years old

Participant School Background
- Public, Private, Online, Mixed
- Half CACREP Accredited, Half not CACREP Accredited

Participant Professional Background
- Length of Internship – 9 months or more
- Internship Settings – Private, Nonprofit, Hospitals, Schools
- Other
- Number of Clients with Self-Injury – 100 or more
- Most saw symptom reduction, most did not stop

Definitions
- *Intentional act of inflicting physical harm to one's own body to relieve emotional pain*

Experiences with Self-Injury

Theme 1: Experiences with Self-Injury
- Definitions
- Common Ways to Self-Injure
- Functions
- Characteristics
- Reactions to Self-Injury Treatment

Theme 2: Experiences with Preparation
- Knowledge of Self-Injury
- Experiential Activities
- Basic Counseling Skills and Knowledge
- Collaboration and Feedback
- Reactions to Preparation

Recommendations

Experiences with Self-Injury

Common Ways to Self-Injure

- Most Common: cutting, slicing, stabbing, burning, head-banging, hair-pulling, and hair-picking
- Other: punching, hitting, scratching, biting, choking, hanging, skin picking, and substance abuse

Objects: knives, razors, glass, staples, ice, erasers, showerheads, hole punches, writing utensils (pens, pencils, crayons, and markers); fingernail clippers, hands, or bodies on chairs, walls, floors, or anything else

Locations: head, arms, wrists, legs, thighs, and stomach

Creative and ingenious

Functions
- Feel something, feel relaxed, punish oneself, relieve emotional pain
- Get attention, get control, see if others notice, let others know how desperate they are
- Coping skill used to regulate emotional experiences

Characteristics
- Brag or hide it
- Want to stop and those who don't
- Lack of motivation, part of identity, it works
- Contagious
- Self-Injury vs Suicide
- Prevalence – Adolescents and Adults

Experiences with Self-Injury

Clarke, the broader data. Braun categorized the data, which consists of codes (pens, scissors, erasers, staples, etc.). The data was then sorted or organized into broader themes. The themes were then reviewed and refined. Finally, the findings were reported by identifying themes and including data excerpts to illustrate the story behind the data and its relation to the research question.
Experiences with Self-Injury

Risk Factors
- Female
- Low self-esteem
- Low self-control
- Poor support network
- Poor emotional regulation skills
- Substance abuse
- Suicidal behaviors
- Aggressiveness
- Impulsivity
- Maladaptive coping skills
- Mental health illness - anxiety or depression
- History of physical, sexual, or emotional abuse
- School-related issues - poor grades or bullying
- Home-related issues - divorce or death of family members

Experiences with Self-Injury

Comorbidity
- Depression
- Bipolar
- Anxiety
- Borderline personality
- Eating disorders
- Substance abuse

Experiences with Self-Injury

Reactions to Self-Injury

Keep your reactions to yourself

Experiences with Preparation

Basic Counseling Skills and Knowledge
- Building trust and rapport
- Establishing a safe and nonjudgmental environment
- Listening attentively, asking open-ended questions
- Providing support, demonstrating empathy

Experiential Activities
- Mock counseling or role-playing
- Real-life and first-hand experiences
- Practicum experience
- Never exposed
- Rural areas
- Limited practicum sites

Reactions to Preparation

Underprepared
- Not feeling very successful
- Personal experiences were more beneficial
- Don't know how to deal with it
- Don't feel prepared
- Lacked completely out of my comfort zone
- Don't know why the academic process is set up to exclude those severe mental illnesses

Experiences with Preparation

Informative
- Laughter
- Prepared
- Taught
- Didn't know how to deal with it
- Personal experiences were more beneficial
- Lacked completely out of my comfort zone
- Not feeling very successful
- Prepared me for the LPC exam
- Underprepared
- Underprepared
- Never exposed
- Rural areas
- Limited practicum sites

Experiences with Preparation

Knowledge of Self-Injury
- Integrated into the curriculum
- Briefly discussed
- Surface-level content
- Research for writing papers and searching online
- Not addressed

Laughter
- Didn't feel prepared
- Felt completely out of my comfort zone
- Underprepared
- Lacked completely out of my comfort zone
- Don't know why the academic process is set up to exclude those severe mental illnesses
- Weren't really taught
- Weren't really taught
Recommendations

• Increase exposure to self-injury
• In-depth self-injury content - specific course
• More role plays, real-life case studies
• Guest speakers who are experts in the field and/or have successfully overcome self-injurious behaviors
• Professors share their professional experiences – what works, what does not
• More resources, workshops, trainings – students, professional, community

Experiences with Preparation

Conclusions

• Interns feel underprepared for working with self-injury
• Counseling programs vary in terms of integrating self-injury into curriculum and discussions
• Self-injury maybe a specialty area – arises concern of professional competency
• Coursework and practicum are beneficial in preparing interns to work with a wide range of populations – basic counseling skills
• Need for more preparation in master’s level counseling programs and specialized training for counselors working with self-injury

Limitations

• Generalization – Representative Sample
• Recruited via professional counseling organizations
• All female participants, mostly Caucasian

Recommendations

• Integration of self-injury into curriculum, discussions, and role-plays
• More real-life cases studies and guest speakers
• Strategies to manage reactions to client disclosures of self-injury

References


