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Coping Strategies for Students

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Coping Strategies for Students

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Abstract:

This research examined how three coping strategies could support students in Further Education who have difficulties expressing themselves and some students who Self-harm.

The first strategy is the ABC Chain Analysis which encourages students who either Self-harm or had emotional outbursts to reflect on how to respond differently. The second strategy is a Happy Bag and Music. Students identified objects and downloaded music that reminded them of happier times. The third strategy: the Safety Plan is a detailed, individual plan of safe places, people and experiences for the participants.

Data collection involved: learning journals, questionnaires, observations and interviews. Using different data collection techniques allowed the students varied opportunities to express their opinions.

Peer pressure and relationship difficulties mostly affected the group. Findings concluded that all three strategies were effective methods to support students, with the Happy Bag proving the most popular. Arguably, the Chain Analysis and Safety Plan are more cognitive than practical, and may be more effective for students who do not have learning difficulties, but further research would be required. The group reported that being able to empower themselves to cope with difficult situations was very helpful. These findings have proved useful for colleagues' professional development in supporting students with these issues.

Keywords: Self-harm, Coping Strategies, Inclusive Education, Mental Health and Education.

Introduction and Background:

> "O the mind, mind has mountains; cliffs of fall
> Frightful, sheer, no-man-fathomed" (Hopkins, 1918, p.858).

Hopkins' poem*, No Worst, There is None*, evokes the complexities of our minds and highlights how different each individual perspective can be as no two mountains are ever the same. Thinking of this inspired me to examine ways of enhancing individual support for students. As Senior Lecturer (Inclusiveness) at a College of Further Education I was aware that provision for students with physical disabilities and specific learning difficulties was in place. However, there is less support available for students with mental health issues. Earlier in my career I trained as a Registered Nurse and my training in Mental Health brought a different professional perspective when working with vulnerable young people in an educational environment. I feel that mental health, and particularly Self-harm, is an area of support that people are still cautious speaking about and practitioners may find it difficult to cope with this barrier to learning (Mental Health Foundation, Truth Hurts, 2006, p.86).

As an educator it is important to understand the complexities of the students' minds, and where they are having difficulties in learning to look across the interagency divide to find ideas from health professionals for supporting students. In my role I need to consider inclusive education as a problematic notion (Forlin et al, 2013, p.6) as it '*lacks a tight conceptual focus*' (ibid). My focus and the purpose of the study was to research ways that provision for students who may Self-harm could be established and to use the information to provide support for students. Education Scotland promote the Curriculum for Excellence which 'aim*s to achieve a transformation in education in Scotland by providing a coherent, more flexible and enriched curriculum*' for young people. It:

> *"recognises the need to shape the curriculum to meet the needs of students, to listen to their views, to involve them as far as possible in shaping their learning and to involve them in promoting their own learning, progress and achievement"* (Education Scotland, 2002).

Therefore, Education Scotland advocates that teaching practitioners have to look at students' support needs holistically. Moreover, it suggests that teachers should consider Students' Health and Wellbeing as outlined by *Experiences and Outcomes* (2003) in the context of the Curriculum for Excellence, ensuring:

> *"each establishment, working with partners, should take a holistic approach to promoting health and wellbeing"* (p.79).

In the context of mental health issues, Education professionals are urged to liaise with outside partnerships to meet the needs of all students.

Current legislation and policies

The Scottish Government (2012a) in *A Guide to Getting It Right For Every Child*, describe the *Getting It Right For Every Child* (GIRFEC) approach as involving all Scottish services for children and adults, and promoting professionals working together to help them reach their full potential and to meet their needs. The Scottish Government (2012b) developed a 'maturity model', to help organisations assess how they are implementing the GIRFEC approach, and highlighted some of the key steps involved in the process:

> *"The maturity model (and the National Performance Framework) includes a range of internal reporting and compliance mechanisms aimed at establishing and maintaining clear management responsibility and accountability for implementing GIRFEC".*

GIRFEC seeks to meet the needs of all children by spreading innovation across the public sector, building stronger improvement capability, developing clear aims, improving priorities designed explicitly to achieve those aims and promoting transparent measurement of progress (The Scottish Government, 2012a). This model advocates enhanced collaboration of professional partners.

The Mental Capacity Act (Great Britain, 2005) provides a framework to protect vulnerable people over the age of 16. Furthermore, the Disability Discrimination Act protects against discrimination that could affect people with mental illness, in relation to less favourable treatment and inequitable provision of services (The Disability Rights Commission, 2006). More recently, the Equality Act brought together existing laws to prohibit discrimination against people with protected characteristics. Notably, disability is one of the specified protected characteristics and some Self-harming behaviours are included (Great Britain, 2010). The Mental Health Strategy for Scotland 2012 -2015 Commitment 10: stipulates:

> *"We will work with clinicians in Scotland to identify good models of Learning Disability CAMH* (Child and Adolescent Mental Health) *service delivery in use in different areas of Scotland or other parts of the UK"* (The Mental Health Strategy for Scotland, 2012).

The Scottish Government is looking for ways to increase partnerships between agencies to enhance recovery. Additionally, the recent report, Scotland's Mental Health: Children and Young People (2013) found that: '*Mental Health problems generally increased with age with the exception of conduct problems and hyperactivity/inattention*' (The Scottish Government, p.93). Therefore, the requirement to increase support strategies for students as they mature is fundamental.

Mental health and Self-harm

"The term '*mental health*' is […] used to refer to concepts of mental wellbeing, mental health problems and mental disorders" (Clare and Maitland, 2014 cited by Rothi, Leavey and Best, 2007 p1218). According to Dr Lynne Friedli:

> *"Mental health is a fundamental element of the resilience, health assets, capabilities and positive adaptation that enable people both to cope with adversity and to reach their full potential and humanity"* (Friedli, 2009, p.5).

This highlights complications associated with mental health as social and environmental issues can affect anyone, and all of us respond to and cope differently with situations. The National Institute for Health and Care Excellence (NICE) guidelines (National Collaborating Centre for Mental Health, 2004) use the following definition of Self-harm: '*Self-poisoning or self-injury, irrespective of the apparent purpose of the act*.' The National Self-harm Network (NSHN, 1998) notes that: *'Self-injury is frequently the least possible amount of damage and represents extreme self-restraint'.* Swales (2005, p.5) advocates this by declaring that Self-harm is a manifestation of emotional distress. It is not necessarily the case that '*an act of Self-harm is an attempt or even indicator of intent to die by suicide*'; it can be seen as a form of self-preservation. Swales' suggestion may appear paradoxical: if a person is in extreme emotional distress, and is aware that harming themselves will reduce this; they are forfeiting their physical health to protect their mental health.

Klonsky (2007) also recognises how Self- harm is a coping strategy in a review of 18 studies on Self-harm. He found that '*affect-regulation*' was mentioned in all studies. People who self-injured commonly spoke about stopping 'bad feelings', relieving feelings of anxiety or terror, and reducing anxiety and despair (Klonsky, 2007, p.1049). According to the 'Hidden Pain Report' self-injury is of least frequency or intensity when people are contented (Heslop and Macaulay, 2009**,** p.3). This confirms that Self-harm frequently occurs due to emotional

distress. Whatever the reasons, Self-harm can be dangerous and people need to speak about it so that different coping strategies can be tried.

The charity MIND outlines that '*Self-harm can involve: cutting, burning, scalding, hitting or scratching, breaking bones, hair pulling, swallowing toxic substances or objects*' (MIND, Webpage on Self-harm, 2007, p.4). The act of Self-harm and reasons for it vary greatly and are highly individualised. Penumbra, a charitable organisation for those who Self-harm, outlines in the service information leaflet that not only are the types of Self-harming varied, but the reasons why are also wide-ranging:

> *"The reasons behind such harm may be diverse and complex and may include the feeling of being cleansed, the physical expression of emotional pain and escape from feelings of emptiness and numbness to name a few"* (Harrower, 2012, p.2).

The leaflet further stipulates that Self-harm is not a form of attention seeking (ibid). The charity MIND similarly explains that '*Self-harm can be about trying to stay alive – a coping mechanism for survival, and escape from emotional pain*' (MIND, 2010, p.6). Self-harming is surrounded by a lot of misconceptions.

Educators need to know that students are more likely to Self-harm if they have difficulties expressing themselves emotionally and articulating themselves. A dedicated Self-harm service in Manchester found that about 50% of patients were found to be illiterate or to have very low levels of literacy (15% illiterate and most had an average reading age of 7–8 years) (Royal College of Psychiatrists, 2010, p.90). Self-harm releases the pressure physically for people who have difficulties communicating verbally.

Moreover, it also has consequences for health departments as well as teaching practice. Self-harm affects 150,000 people attending emergency departments each year: 80% self-poisoning; 20% self-injury (Mental Health Foundation, Truth Hurts, 2006). 1 in 5 young people may Self-harm and 1% of the adult population may have experience of Self-harm, (ibid). The highest prevalence for females is in the 19-24 age group, and for males it is the 25-34 years age group. The current rates in the UK are 3:1 female to male, but gaining parity. 0.5 - 2% will die by suicide in first year; 5% after 9 years. Some studies suggest 1 in 10 people who Self-harm for 10 years plus will die by suicide (Samaritans, 2002). 10% of patients admitted to hospital following Self-harm commit suicide within 10 years, (Pope, 2012). Given the statistics above, the evidence suggests that much greater support is required.

The need for more research

Alarmingly, in the 'Truth Hurts' report (Mental Health Foundation, 2006), it was found that many young people do not feel that the professionals they deal with, and/or the services on offer, are meeting their needs (or indeed even recognising what they need) (Brophy, 2006, p.76). The support for these individuals needs to be examined. Even more perturbing to note from Armson's report 'Youth Matters - A Cry for Help': 43% of young people knew someone who has Self-harmed, but one in four had no idea what to say to a friend who was Self-harming or feeling suicidal. Most worryingly, 41% of young people believed that Self-harm is selfish and 55% think that it is stupid (Armson, 2000, p.6). Therefore, peer support may not always be effective support. Furthermore, 'Truth Hurts' outlined that evidence suggests that rates of Self-harm in the UK are higher than anywhere else in Europe (Brophy, 2006, p.5). This is added to the escalating concern that Self-harm is a relatively common and a possibly increasing problem among young people in the UK (Gunnell, Shepherd and Evans, 2000), affecting 7–14% at some point in their life (Hawton and James, 2005, p.891). This is a potentially large number of young people requiring support.

Moreover, of the people in the UK who die by suicide, only about 25% were in contact with mental health services in the 12 months before they died, although it is generally acknowledged that most had a diagnosis of a mental disorder at the time of their death (Bertolote and Fleischmann, 2002, p.22). This highlights the importance for staff who teach young people to be aware of and acknowledge students when they witness the after-effects of Self-harming. Educators need to help students to speak and develop emotional coping strategies. The 'Truth Hurts' report stipulates that:

> *"UK Departments for Education should have lead responsibility for awareness, staff education and training, and mental health promotion strategies in schools and in both higher and further education"* (Brophy, 2006, p.9).

Coming initially from a medical background as a Registered Nurse, and more recently working in education, I feel that I have a good understanding of both systems and the ability to engage with both.

Learning theories and approaches

I considered various learning theories in order to make the learning about Self-harm meaningful. I chose three principal learning theories to complement the coping strategies I intended to introduce to my students. These learning theories impacted upon my research approach and became the synergy between the teaching and research as it ensured a pedagogical approach to learning while supporting students with medical difficulties. The approaches used were:

1) Multiple Intelligence Theory- developed in 1983 by Howard Gardner proposes '*eight different intelligences to account for a broader range of human potential in children and adults*' (Gardner, 1983, p.19). Gardner advocates:

> *"Each human being is capable of seven relatively independent forms of information processing, with individuals differing from one another in the specific profile of intelligences"* (Gardner and Hatch, 1989, p.4).

This highlights that people learn differently and in various ways.

2) **Maslow's Hierarchy of Needs:** is normally displayed as a pyramid with the basic needs at the bottom and more complex needs at the top. Maslow believed that everyone has the potential to achieve self-actualisation and indicates that social hindrances deny the achievement of this state for all (Rogers, 2002). Maslow (1954) asserted that if physiological and safety needs are met, self-actualisation can be achieved. Various factors such as: poor motivation, low self-confidence and lack of self-esteem are important barriers to **all** learning. We can help students develop these goals through ensuring that they realise they are in a safe environment.

3) Rogers' Theory of **Humanistic Learning**: focuses on Empathy, Positive Regard and Congruence. The more these three core conditions are shown by teachers to students, the more a student learns. This theory highlights what an important role and challenge we have as teachers and why we really need to know our students and their specific requirements. The teacher is to model appropriate behaviour, not replicate inappropriate behaviour, and teach students how to cope appropriately with difficulties they encounter (Rogers and Freiberg, 1993, p.90). The teacher can become a facilitator for helping students develop their learning and coping methods. This theory places the teacher as the fundamental catalyst in the learning process, and highlights the role of education as significant for the recovery process for students with mental health difficulties, as education allows people to form new friendships and creates motivation and goals.

The Current Study

I attended a seminar held by Edinburgh University where the Clinical Nurse Specialist for Lothian suggested ways to support people who Self-harm and these coping strategies were recommended for use by non-medical practitioners. I chose the following three behaviour modification strategies to support learners who Self-harm: (1) **The Chain Analysis/ABC** (ABC: Antecedent, Behaviour, Consequence) where a chain leading to the problem is identified and choices that could have been made leading up to these events are considered. By conducting the Antecedent-Behaviour-Consequence (ABC) observation '*correlations can be made as to what the student is trying to achieve from the students' inappropriate behaviour* (Hilsmier et al, 2014, p.6). This has the potential to be an effective measure to empower the learner to change their behaviours.

The second strategy was to create a **'Happy Bag'** and **Music collection**. Students collected items in a bag such as photos of special people and downloaded 10 songs on a recording device to listen to when upset. These items could be accessed to remind the student of better times. Recent research suggests that the '*recall of positive memories play an important role in mood regulation*' (Joormann, Siemer and Gotlib, 2007, p.484). Music and happy memories can therefore affect a person's mood.

The final strategy: **A Safety Plan** (a list of activities that will make them feel better, prepared when the student is feeling well) would be of benefit in difficult situations and enable them to take control of their emotions. The safety plan reduces '*emotional temperature*' (Brent et al, 1996, p.1146) and reduces Self-harm. Ougrin et al. (2012) concur with these strategies and advocate them as '*concrete tools that youths could use at times of acute stress*' (p.340). These three specific coping strategies formed the basis of this practitioner based research.

My **Objectives** were:

1. To support students who Self-harm.
2. To identify coping strategies for students to deal with difficult situations.
3. To document how effective these coping strategies were.
4. To use objectives 1, 2 and 3 to develop inclusive practice for students who have difficulties coping, by educating other staff members.

I used the following **Research Questions:** 1. Are coping strategies effective? 2. Which are most effective? 3. How do they help? This helped me to focus on what I set out to achieve.

The Participants

The decision to investigate these strategies followed a conversation in class when a student mentioned that she had a history of Self-harming. Three other students then stated they Self-harmed and one student showed her arm where she had recently cut in several places. The discovery that four students in a class of nine Self-harmed was highly significant and I felt a professional responsibility to offer some support. All students in the class had been diagnosed with various specific learning difficulties, and all were between 16-19 years old. In qualitative research, the participants are usually recruited to a research project because of their exposure or experience of the research topic. This type of sample tends to ensure a richness and explore meaning in the data gathered, and is known as purposeful sampling (Fossey et al, 2002, p.726). By including students with communication difficulties, who did not physically Self-harm, I endeavoured to highlight how peer support can not only have a '*powerful positive value for those offering as well as those receiving the support*' (Scottish Executive, 2006, p.6), but furthermore how the coping strategies could be used for the benefit of all, and to evaluate whether humanistic learning is occurring within the group.

Research Design

An interpretivist approach was adopted for my research. Interpretivism is a qualitative approach that is discursive and descriptive, acknowledging that there are multiple variables to every given situation. Interpretivist research focuses on achieving and understanding how people create and maintain their social worlds (Neuman, 2000, p.512), an important and appropriate approach to evaluating support for students with mental health difficulties. My research involved reflecting on what I found in my own practice and was therefore practitioner based. I reported in the first person for this practitioner research, as it would be a falsity to use a grammatical form which implies distanced objectivity to describe a project in which I was deeply personally involved as a teacher and researcher.

My reflections from what I found from my own practice were therefore the starting-point for this research. I then selected data collection methods which would triangulate the data (Hammersley, 2008, p.25), by including questionnaires, classroom observations and the students' own personal reflections through their learning journal sites and interviews. By using varying data collection devices I was able to gather a much richer, more diverse and

detailed scope of information, and students' multiple intelligences could be respected through offering choice around their method of participation in the research. I was also able to develop themes as they emerged from the different sources.

Methods

I used learning journals for this research as other students would not be able to access and read what each individual wrote in these on-line diaries. Most learners are now '*digital natives*', which the educational system has tried to adjust to (Prensky, 2001, p.1). I felt that using a medium students are familiar with would give them an opportunity to reflect in a more personal, honest and open manner without fear of being ridiculed by peers. I used the data collected from the learning journals to assess how these strategies worked for students and to find out how and in what way they used them. According to Jennifer Moon (2006, p.27) '*Journals increase the sense of ownership of learning' and 'acknowledge the role of emotion in learning*'. I tracked what each student put in their '*Happy Bag*' and collated information over an eight week period of how and when they used the coping strategies and whether they were effective. The questionnaires were an effective method for collating any concerns students had and were a good way to find out past experiences, previous methods of coping emotionally and the level of willingness to embrace these coping strategies.

Structured Interview Questions (**Appendix 1**) were conducted, after piloting them with staff, and collecting the information from the questionnaires so that I could gather more detailed responses for some of the answers. I used a dictaphone recording and made notes about nonverbal responses. Students were freer to speak without barriers as some of them have severe literacy difficulties. Researchers, consciously or unconsciously, depending on their own experiences, draw conclusions and choose to focus on specific points which may not exactly mirror the reality of the occurrence (Nunkoosing, 2005). The interviewer therefore needs to be aware and responsive to the interviewee's interest in specific aspects of his or her life. I used the data collected from interviews to enhance my understanding of how these coping strategies were benefiting students.

By deciding to employ structured observations to demonstrate the findings of the study I considered the different approaches. Over an eight week period, I observed the students as they communicated about their strategies in a naturalistic classroom setting, and I took notes on what I witnessed. The practice of observation '*privileges the visible and the audible*' (Gordon et al. 2005, p.128). When observing I constantly moved around the group to make sure the less boisterous and less noticeable were given full attention. I felt that this information was very valuable as a way of accessing the non-verbal forms of communication

which I specifically focused on. I used an observational prompt tool (Fasse, Holbrook and Gray, 1999) of specific questions to assist me in developing qualitative and informative field notes (**Appendix 2**), to standardise my reflections, undertaken over a 20 minute period each week as the class reflected together on what they thought of the coping strategies.

I selected these methods of research as they resonate with the underpinning approaches to learning, described earlier: Multiple Intelligences, the humanistic approach to learning and Maslow's hierarchy of needs. Using triangulation (Hammersley, 2008, p.25), meant that I had different forms of evidence. My Triangulation approach (figure1):

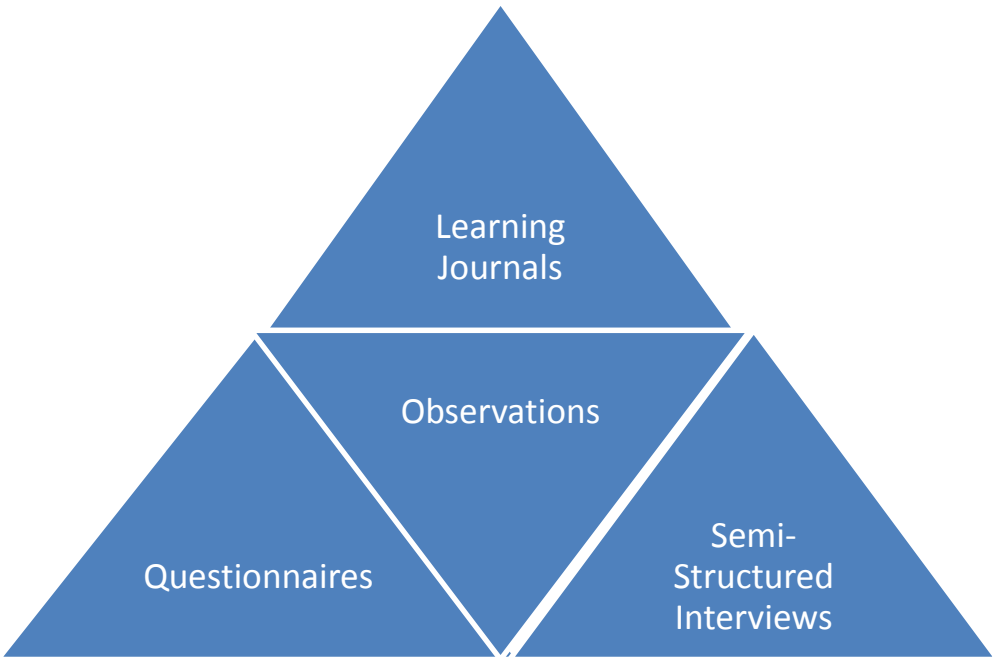


Figure 1 Triangulation – Data Collection methods used in this research

Ethical Considerations

I was very much aware of how ethically sensitive this study was, and I went to extensive lengths to ensure the project was as ethical as possible. All participants were involved in the discussions about setting up the study. I asked all the participants to sign a written consent form and I reassured them that their contribution would be treated confidentially, they could withdraw at any stage and that they would remain anonymous. All decisions regarding the ethical conduct of the research were made with reference to the Scottish Educational Research Association (SERA) Ethical Guidelines for Educational Research (2005) and Social Research Association (SRA) Ethical Guidelines (2003). The study was given internal ethical clearance prior to the data collection phase.

I gained permission for the research to proceed from the University Ethics Committee and my manager. I attended a study day at Edinburgh University Counselling Service to seek advice about supporting students who Self-harm. I attended a Self-harm workshop run by Penumbra in Aberdeen. I spoke to staff at the charity 'Momentum', who supported the research and felt it was '*very beneficial*'. I had an extensive list of external support for students, as I was very aware that there was a potential to cause distress. It was very beneficial to meet with professionals who deal with Self-harm, and this furthered my knowledge and ethical considerations.

Time Scale

The students and I agreed to use the three coping strategies over a period of eight weeks. In Week 1, I explained the three coping strategies and introduced students to the learning journals. I gave out the initial questionnaire and did so again on week eight. I interviewed the students during weeks two and seven. Each week I gave the students time to complete their learning journals on how they were progressing with the coping strategies. Over the eight week period, I observed and made notes of students, each week, during a twenty minute class discussion on the coping strategies. I encouraged the participants to write in a narrative style in their learning journals as I felt they were comfortable using this style, and it encourages detail.

Findings and Discussion

The Chain Analysis Strategy:

Seven out of the nine students reported that they would continue to use the Chain Analysis strategy once the eight weeks were completed. At the end of the study students found it humorous when they re-read how initially they found it so difficult to articulate how they felt about situations. It was clear they had become much better at expressing their feelings after participating in the project even though '*young people tend not to be as likely as adults to give long answers to open-ended questions*' (Harden et al, 2000, p.5). The initial monosyllabic answers, where I had to encourage more detail, began to expand without my interference within both interviews and the journals - students began to open up and reflect on how they dealt with situations. Student 7 wrote "*I did not know that my feelings were causing me to react so strongly to so many things*". It was interesting that what appeared to mostly upset all the students were family issues and peer comments and arguments, regardless of whether they Self-harmed or not. This is an illustration of the lower layer of

Maslow's Hierarchy of Needs, confirming that if students are missing emotional support it can affect their self-actualisation. Student 1 confided that he had issues about his sexuality, causing him a lot of emotional outbursts. He found it comforting to be able to speak honestly about his feelings. The learning journal gave him a chance to voice his worries and enabled him, through the Chain Analysis strategy, to see that his behaviour was not helping his situation. He eventually spoke to the group and used one of our observation discussions to express how he felt. For others, they also found the Chain Analysis useful for the moments that they did not quite manage to deal with a situation: all was not lost. Student 5 stated that she was not as hard on herself now when she "*got angry as [she] knew [she] could learn from it*". She felt that she could "*handle arguments better the next time*" indicating her reflection and move towards self-actualisation.

The Happy Bag and Music Collection

All of the students stated they thought that the coping strategies were a good idea. The data shows all the students found the Happy Bag coping strategy was the most popular. Another student wrote; "*I use my Happy Bag all the time now and it gives me time to think things through without over reacting*". The "*Happy Bag*" technique was the most popular coping strategy. By using three different strategies I wanted to demonstrate the recognition of unique personalities and multiple intelligences. I wanted the project to have greater meaning and impact using this multi-faceted approach. Campbell, McNamara and Gilroy (2006, p.94), caution researchers that if they are '*insiders*' (i.e. teachers in the class) they often understand the significance of what is happening as they are very much in tune with the context, but as they are so familiar it may be difficult to see anything new in events. Student 4 put a photograph of his recently deceased grandfather in the Happy Bag and stated that he now felt he was "*looking out for me when things get tough*". The humanistic approach to learning of empathy, positive regard and congruence was established and without it I would never have gained an insight into the students' fundamental worries. The students all agreed that they liked to be in control of what they could put in their Happy Bags and which strategies to use.

The Safety Plan:

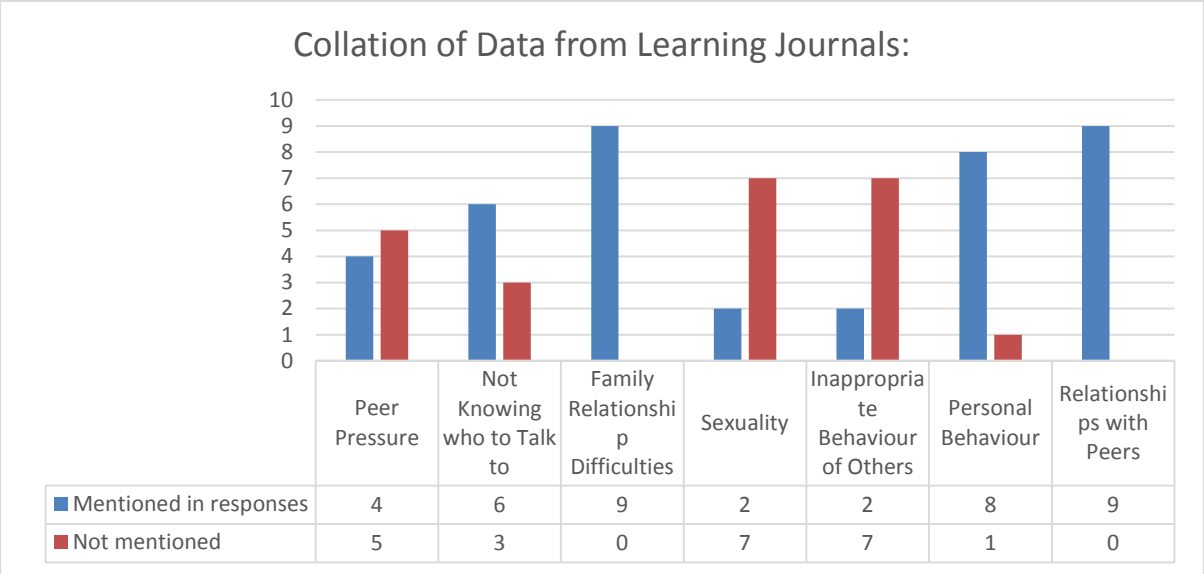
The Safety Plan was the least popular of the three coping strategies. Five of the nine students felt this was the one they were least likely to use, but four liked to use it. This may

have been because it was more of a time commitment to begin with. I was surprised when I found Student 7 was worried about her father, who was in prison, and she was angry with him. She used her Safety Plan to talk about what worried her and how she liked to forget about her cares and this, she feels, caused her to Self-harm.

Bibby details that: '*Teachers withdraw from difficulties presented by doing emotional work with so many people every day*' (Bibby, 2009, p.53). Some teachers, as Bibby suggests, do not give students opportunities to discuss their barriers to learning. The class had opened up a learning space and created a situation whereby emotional issues came to the forefront and were addressed.

Collation of Data from Learning Journals:

These seven issues emerged from the nine participants on-line journals:



	Peer Pressure	Not Knowing who to Talk to	Family Relationship Difficulties	Sexuality	Inappropriate Behaviour of Others	Personal Behaviour	Relationships with Peers
Mentioned in responses	4	6	9	2	2	8	9
Not mentioned	5	3	0	7	7	1	0

Figure 2 Collation of Data from Learning Journals

Relationships with family and peers appeared to be problematic for all of the students interviewed and were reflected in all their journal entries. Students found the learning journal very useful as the weeks progressed, to recapture what they had previously felt and thought about the Happy Bags and Music, the Safety Plan and the ABC Chain Analysis. Student 1 wrote: "*I cannot believe how my confidence has improved over the last 8 weeks. I wish we could go on all year*". Every student wanted to continue to use the strategies after the 8 weeks were completed.

The interviews used an open process, whereby I looked for general themes from the students' answers. A lot of themes were already identified in their journals. Initial open coding found ten themes (Newby, 2010, p.469). However, two themes: (1) The difference between male and female reactions and (2) using stress balls instead of hurting themselves as a coping strategy, would require further evidence, so they were not pursued. I looked for comparisons within the data and in my literature review, current legislation and policies.

Eight themes emerged:

Coding of Data from the Interview Transcriptions:

Themes		**Found in how many of the 9 participants responses.**
Theme 1	**The effects of peer pressure**	**4/9 mentioned**
Theme 2	**More opportunities to discuss emotions**	**8/9 mentioned**
Theme 3	**How family issues affect study**	**9/9 mentioned**
Theme 4	**Sexuality needs to be addressed more to support learners**	**5/9 mentioned**
Theme 5	**Use of language and name calling**	**1/9 mentioned**
Theme 6	**Time to think more about their behaviour and its effects on others**	**4/9 mentioned**
Theme 7	**Relationships with peers**	**9/9 mentioned**
Theme 8	**Lifestyle issues**	**2/9 mentioned**

Figure 3 Coding of Data from the Interview Transcriptions

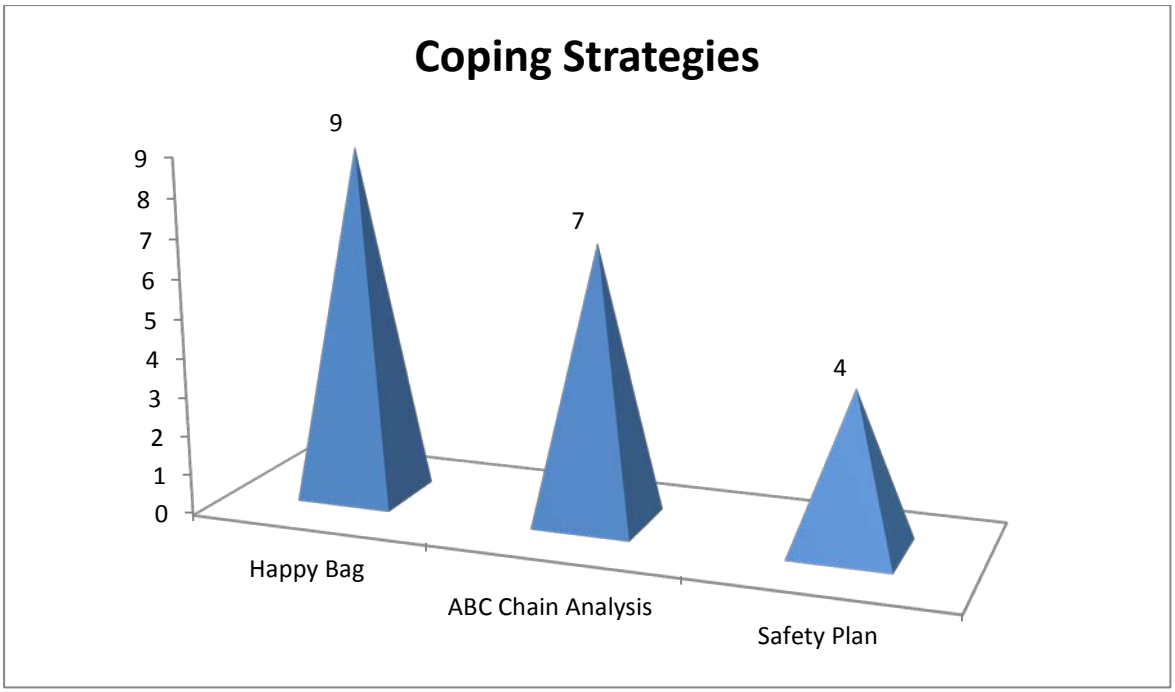


Table 1 Table of preference for Coping Strategies

The Happy Bag Strategy emerged as the most popular coping strategy.

The ten questions in the Questionnaire (see **Appendix 1**) were given at week 1 and repeated on week 8. As the course progressed, the responses became more detailed. These answers advocated more student involvement and the promotion of humanistic type learning. Campbell, McNamara and Gilroy (2006) highlight that as well as gathering information, questionnaires can also be instrumental in educating – '*opening respondents' eyes to particular ways of looking'* (p.146). All the students at some stage felt that their minds had been opened and their opinions had changed. The question that seemed most difficult to answer was "W*hat makes you happy?"* Three students could not identify anything that made them happy or a happy event in their life. All of the other responses included relationships or money, which again was concerning if this was not at the student's disposal. For Question 2: "*What makes you sad?"* again all of the students felt that relationship difficulties with family and friends were significant, and two out of nine highlighted inappropriate behaviour of others. As can be seen from the examples given, all students' personal difficulties were very individualised and different. Questions 4 - (*When you are angry, how do you react?)* and 5 (*Have you ever hurt yourself? If yes, how and why?)* - required detail about what students did when they were angry, and four of the nine had Self-harmed in the past. It was rewarding to see that after the 8 week project these answers changed dramatically.

Question 9 asked about difficult situations and the following responses are summarised: relationship difficulties, drinking, pregnancies, family issues, money difficulties and not belonging. It was also interesting that Question 10, the second time it was asked, in week 8: "*What activities make you happy?"* had five responses: using my Happy Bag and listening to my "*Happy Music*"; new ones were also added such as walking my dog, speaking to friends and eating chocolate.

I felt that these responses advanced the need to highlight Emotional Intelligences and Health and Wellbeing within our department.

I composed field notes every week of my Observations (**Appendix 3**). I found that a class who would normally tease and mock each other became defensive of each other if they spoke about personal issues. I saw this as a sign of their growing maturity and ability to express themselves openly, and to accept difference and humanistic learning. This highlights how educators can help facilitate self-actualisation. I did not realise the extent that some members supported others, until I observed more closely. As the weeks progressed there was a lot less mocking and teasing as they developed a greater empathy and positive regard for each other. The students learned their behaviour had consequences, so they modified their reactions and how they responded to each other.

This information helped me to meet the three objectives for my research: To support students who Self-harm, to identify coping strategies for students to deal with difficult situations, and to document the effectiveness of the chosen coping strategies. Objective 4, the development of inclusive practice for students who have difficulties coping, was achieved by successfully creating awareness-raising and support courses for staff. The information also answered the Research Questions: (1) All students felt that coping strategies were effective. (2) The Happy Bag and Music coping strategy was experienced as the most effective. The Chain Analysis and the Safety Plan were not perceived as as effective as the Happy Bag. Arguably, they are more cognitive than practical and may be more effective for students who do not have learning difficulties. Further research would be required to examine this. (3) The strategies helped by allowing learners to express themselves, learn from their behaviour and modify their behaviour, and empower themselves to change how they responded to difficult situations. Only two of the four Self-harming students reported Self-harm, but to a lesser degree. The others reported that were continuing to use the strategies. Those who did not Self-harm reported using these techniques more to help them to cope with their emotional outbursts.

The four main recommendations from this research:

1. Self-harm has to be spoken about and addressed so that students become aware that as the behaviour is learned, it can be unlearned.
2. Staff should be supported to use specific coping strategies to support students who Self-harm and be given the confidence to speak to students who disclose that they Self-harm.
3. Educational facilitators need to be doing more to provide a safe environment to fully comply with the Curriculum for Excellence's four Capacities to enable all young people to become: Confident Individuals, Successful Students, Responsible Citizens and Effective Contributors.
4. Further research is required into the Chain Analysis and the Safety Plan to establish if students with more cognitive ability utilised them as much as the Happy Bag strategy.

Reflections and Conclusions:

Coping strategies are an effective method to help learners deal with difficult situations. If research, planning, involvement and collaboration of both students and staff are undertaken, it reduces the fear and risk of failure inherent in Self-harm. This study sits at the interface between health and education, as I required the information and expertise of health professionals to understand the issues with Self-harm and how to address the problem. Furthermore, my skills as a teacher and my pedagogical understanding of learning theories enabled me to work with young people in the classroom setting to help them learn to understand their behaviour. Although this practitioner research set out to support learners who Self-harm, it actually had a knock-on effect by involving the rest of the staff group in supporting learners with communication difficulties. Coping strategies have some limitations (some students will require a lot more support) but they can be beneficial in helping students to reflect on their emotions and behaviours and enable them to develop their own individual coping. Teaching professionals have the potential to teach students how to cope with challenges, and to enable them to respond and know they have choice and control over how they react to situations in life.

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Appendix 1

Questionnaire:

1. What makes you happy?

2. What makes you sad?

3. What do you do when you feel you cannot cope with difficult situations?

4. When you are angry, how do you react?

5. Have you ever hurt yourself? If yes, how and why?

6. When you are happy, how do you react?

7. Would you like to learn more about how to deal with situations that are difficult?

8. Is there someone you can talk to when things get difficult?

9. What would you consider a difficult situation?

10. What activities make you happy?

Appendix 2

Observational Prompt Tool:

For classroom observations to assist with filed notes each week:

1. What strategies do they like best?

2. Who initiates the conversation?

3. What is the non-verbal evidence?

4. Who asks the question/ who gives feedback?

5. Is peer support provided / Is it constructive?

Appendix 3

My Observation Notes: Edited Synopsis of Field notes.

Week 1:

I introduced the initial questionnaire. I was amazed at how difficult all of them found the question about what makes them happy so difficult to answer. Students found expressing what made them sad a lot easier to write. 2 learners said to each other, out of earshot, that they cannot remember a time when they were ever very happy.

Week 2:

I was surprised as how willing they were to show not only me but the class the contents of their bags. If students were not sure three of them hunched their shoulders. It was great to hear that all of them had used their bags already, however, all of them had difficulties coping with situations within the space of one week.

Week 3:

Learner 7 had used her bag a lot and felt that it had helped her relationship with her boyfriend as she was not fighting as much as she calmed down by looking at her bag or listening to music instead. Four of the 8 learners reflected that they had been stressed and 2 had shouted at family and the other two at friends. They said that they would use the Happy Bags, listen to music or look at their lists on the safety plan if as Learner 4 put it “Me head didnae feel right and I was about to get cross”.

Week 4:

Learner 1 appeared to be in bad form and snapped at others a bit during the class. I asked him if he was alright and he said “yeah”.

Week 5:

Learner 1 remained more subdued and again snapped at a few of the group which is very much out of character for him. I asked to speak to him outside the door as he looked very upset. He disclosed on his Learning Journal that his father had walked out on his mother and he had not seen him since and was afraid he never would see him again. He also disclosed that he was uncertain about his sexuality and had used his “Happy Bag”.

Week 6:

Learner 8 said that her Mum asked her “what has come over you, we are not arguing and shouting at each other as much recently?” She told her Mum that she was using her “Happy Bag” and Music if she was angry. Her Mum replied “I wish you discovered this ages ago!” Learner 7 wrote in her Journal that she had phoned her Dad and was meeting him that evening in prison. She told her Dad about the project and that she used his bag when she was sad and missing him and it made him “feel better”.

Week 7:

Learner 3 said that she had not Self-harmed for the last 7 weeks and really found listening to music helped. Learners 5, 7 and 8 who also Self-harm all stated that they did not Self-harm as much as they had. Learner 5 said “I feel more in control now” and Learner 7 responded “Things are not getting to me as much”. He also said “people were not calling me names anymore and I can be myself”. The rest of the group who do not Self-harm said that they think more now when they get cross or angry. I noticed even in the class that they had become more supportive of each other and more considerate of each other’s’ feelings.

Week 8:

Two students said that they felt they got on better as a group. I noticed that they were not arguing as much and were much more willing to listen to each other. Learner 4 wrote: “I cannot change others but now I can change myself”. All learners could now write what they could do when they were sad as opposed to “don’t know” or “not sure” or one response previously had been “drink” from Learner 4. Learner 5 who had shown me her arm at the beginning and made me consider Self-harm as a topic came and showed me her arms. She had no fresh cuts and her previous cuts were almost healed.