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How School Counselors Cope with Student Suicide: A Qualitative Study

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Abstract

Recognizing that school counselors will likely encounter the tragedy of youth suicide, many counselor educator programs focus on identification of suicidal ideation and prevention, but the field of school counseling remains largely under-equipped regarding how to cope with the aftermath of student suicide. In an effort to expand the qualitative research within the profession on how best to educate, support, and implement suicide postvention strategies, there remained a need to explore the experience of the school counselor in the aftermath of such tragedy. This study addressed how school counselors who were trained in CACREP-accredited programs experience the response to student suicide. Eight practicing school counselors who experienced the loss of a student to suicide were interviewed using a revised version of Seidman's three-part model. Each participant took part in two individual 45-90 minutes long interviews at least a week apart. The qualitative study was guided by three questions: What is the school counselor's experience of student suicide? What ways did the school counselor cope with the experience of student suicide? And lastly, what effect did suicide have the life of the school counselor, both professionally and personally? Data analysis was conducted utilizing Giorgi's (2009) Descriptive Phenomenological Method. Six essential themes were described by participants forming the structural description of their experience of student suicide: (1) Historical Context: Early Experiences with Trauma and/or Loss, (2) Personal History with Counseling, (3) Training in Graduate Program, (4) Response of School/District, (5) Coping Reactions and Related Predictors, and (6) Shift in Perspective on Trauma and/or Loss. A potentially predictive model detailing factors that contributed

to higher levels of adaptive coping in school counselors post tragedy is presented and discussed.

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CHAPTER ONE: INTRODUCTION AND REVIEW OF THE LITERATURE

The latest statistics from the American Foundation for Suicide Prevention (2017) reveal suicide as the 10th leading cause of death for Americans across any age group; yet for the age group of American youth ages 10-24, suicide was the second highest cause of death in 2014. Youth suicide has been and continues to be a national epidemic. The Center for Disease Control and Prevention (CDC) estimates that each year approximately, 4,600 youth lives are lost to suicide (2015). During 2013, a nationwide survey found that among U.S. students in grades 9-12 in public and private schools, 8% of students reported an attempted suicide one or more times (CDC, 2015). An estimated 17% of high school students seriously considered attempting suicide in the previous 12 months, with 13.6% of students making concrete plans to attempt suicide. The number of suicide attempts result in a higher number of survivors than completed suicides, with approximately 157,000 youth ages 10 to 24 receiving medical care for self-inflicted injuries. The most frequently used methods of suicide range with 45% of youth completing suicide by firearm, 40% by suffocation, and eight percent by poison. Across identity groups, there are variations of susceptibility to suicide. Statistically, males are at much greater risk of dying by suicide than their female counterpart. Within the age group of 10 to 24, 81% of reported suicides were males while 19% were females. Statistically, Native American youth have the highest rate of suicide. Notably, many suicides are underreported and documented as accidental, which lends itself to skewed statistics of suicide (Mauk & Gibson, 1994; McGuire & Ely, 1984; Stefanowski-Harding, 1990).

Review of Literature

Recognizing that school counselors will likely encounter youth suicide, many counselor educator programs focus on identification of suicidal ideation and prevention, but the field of mental health professionals remains largely under-equipped regarding how to cope with the aftermath of student suicide (Dexter-Mazza & Freeman, 2003). A review of literature on key areas of focus within the school counselor's experience of student suicide follows.

Possible Effects of Student Suicide on School Counselors

As youth suicide continues to be a national epidemic, school counselors must be fully trained in prevention, intervention, and postvention. The term "postvention" is often used in the field of suicide prevention and must be defined for the purpose of this study. The Survivors of Suicide Loss Task Force (2015) defined the term in their U.S. national guidelines as "an organized response in the aftermath of a suicide to accomplish any one or more of the following: to facilitate the healing of individuals from the grief and distress of suicide loss, to mitigate other negative effects of exposure to suicide, or to prevent suicide among people who are at high risk after exposure to suicide" (p. 5).

Researchers claim that school counseling programs focus primarily on the initial crisis of suicide, but lack training on intervention and how to respond in the aftermath (Stefanowski-Harding, 1990; McAdams & Foster, 2000). Similar complaints have been raised regarding psychotherapy graduate programs; the post suicide needs of the psychotherapist are rarely taught (Darden & Rutter, 2011). The counselor-in-training is not introduced to best practice and resources that can be helpful in the aftermath of a client or student suicide. Darden and Rutter claimed that the limitation in suicide

aftermath training lies in the perception that therapists are experts on coping, a bias that results in in institutions completely overlooking the impact of client suicide on their communities, including staff.

Professional Standards

As the flagship accrediting organization for counselor education programs in the United States, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) 2016 School Counseling Standards reveal a focus on school counselor roles and responsibilities in relation to the school emergency management plans and crises and recognizing warning signs of students at risk for mental health and behavioral disorders. Yet, there are no curriculum standards devoted to training school counselors on how to respond to the aftermath of crises and/or youth suicide (CACREP, 2016). The foundational CACREP standards for all counseling professions (school; addiction; marriage; couple and family; career; and clinical mental health) include an objective on crisis intervention, trauma-informed, and community-based strategies. Likewise, the foundational CACREP standards for all counseling professionals also include an objective that specifically names counseling students as responsible for learning "procedures for assessing risk of aggression or dangers to others, self-inflicted harm, or suicide." While these areas of competency are addressed for the greater counseling profession as a whole, they are not addressed specifically within the specialized school counseling standards. Rather, the school counseling standards reflect a knowledge about the school counselor roles in an emergency or crises and warning signs of students at risk for mental health disorders. Unlike the foundational standards for all

counseling professionals, the school counseling CACREP standards do not explicitly name suicide, and do not require any sort of knowledge about crisis intervention plans.

The American School Counselor Association (ASCA), the national professional organization that represents professional school counselors across all educational levels, publishes the ASCA Ethical Standards for School Counselors (2016a) to establish a code of conduct governing the ethical behavior of school counselors. The standards state that school counselors should provide effective interventions to student needs, identify warning signs in students, and report risk assessments to parents/guardians when the student poses a risk of harm to self. The ethical standards reflect a knowledge of the role and responsibilities of a school counselor in providing crisis counseling and navigating a potentially suicidal student intervention, but does not explicitly name the concept of suicide.

Additionally, the American School Counselor Association's School Counselor Competencies (2016b) outline the knowledge, abilities, skills and attitudes that ensure school counselors are equipped to meet the demands of the profession and the needs of pre-K-12 students. Another function of the standards is to establish benchmarks for school counseling graduate programs to train future school counselors. Within the section addressing the delivery of skills, the standards state that the necessity for an equipped school counselor to understand "what defines a crisis, the appropriate response and a variety of intervention strategies to meet the needs of the individual, group or school community before, during and after crisis response" (p. 9). Across the profession's Ethical Code and the Professional Competencies, this is the first section that specifically mentions responding to the aftermath of a crisis.

Both the ASCA Ethical Standards and Professional Competencies clearly define and address the role and responsibility of a school counselor and their competence in responding to students in crisis and/or students who pose a risk to themselves or others. But within the professional standards of school counselors, there is a lack of a standardized model that establishes support for school counselors post-crises and/or in student suicide postvention efforts. Given the epidemic of youth suicide and its prevalence, the mention of suicide should be explicitly named. But across these ethical guidelines, suicide is not named. This omission may indicate that the field has yet to fully consider suicide and its implications in schools.

The core CACREP standards for foundational knowledge of the counseling profession only mention one crisis intervention model by name, the "Psychological First Aid" model, which is endorsed and utilized by numerous national mental health agencies (CACREP, 2016; National Child Traumatic Stress Network, 2009). The model is an evidence-based approach to help children and adults in the immediate aftermath of disaster and can be implemented by mental health workers in a variety of settings, including school crisis response teams. Again, the referencing of this model is made only for the standards regarding the counseling profession as a whole, but, there is no mention of a crisis intervention/post crisis model in the school counseling standards. Thus, though CACREP emphasizes the importance of intervention strategies, there is a lack of focus on postvention strategies for school counselors.

Professional Preparation for Responding to Suicide

A review of Christianson and Everall's 2008 qualitative study of school counselors in Canada who have experienced a student suicide reveals that participants

were not specifically asked about their training or preparation to respond to the aftermath--even though all participants believed they were not prepared for their experience of student suicide. The authors found that for themes related to national training and practice standards, participants felt inadequately trained within their master's programs to respond to a student suicide. Unlike America's national accreditation board, CACREP, Canadian master's level school counseling programs have no national accreditation board to promote a unified counseling profession and to ensure that minimal standards of counselor education programs are met. While CACREP has post-intervention related standards for the counseling profession as a whole, mention of crisis intervention models are not even introduced in the school counseling standards. While Christianson and Everall do not specifically speak about crisis intervention models either, in the U.S., there are a number of models available. Though some models talk about prevention/intervention, not all speak about postvention, moreover, the CACREP standards themselves do not recommend training in postvention.

Researchers report that resources on assessing suicide risk are abundant but concluded that little attention was devoted to the impact of completed suicide on the mental health professional (Fox & Cooper, 1998). Grad and Michel (2008) suggested that counselors who experience the suicide of a client deem the event as "one of the most traumatic and painful experiences of a professional career" (p. 71). The emotional impact of client suicide on counselors can be experienced as a myriad of reactions: shock, disbelief, anger, denial, guilt, and shame. Many counselors question their competency as professionals (Valente, 1994). Stefanowski-Harding (1990) detailed a personal message to fellow school counselors about ways to cope in the aftermath of a completed suicide.

She stresses the importance of posing the question, “What are you doing for yourself?” to the front line responders for suicide prevention, detection, intervention, and postvention as all too often-- school counselors are providing opportunities for the students and families to debrief but not for themselves. While it is unclear exactly how counselors who are trained in the CACREP model react to student suicide, it is possible that they might be more likely to burnout or that their longevity in the field might depend on their coping style.

Professional Burnout

Consequently, when counselors do not process their experiences of client or student suicide in a healthy way, they may find their professional work unfulfilling, unsatisfying, and compromised in addition to feeling the personal impact of the loss (Fox & Cooper, 1998). Typically, this experience is referred to as burnout. Pines and Maslach (1978) defined burnout as exhaustion experienced both physically and emotionally that involves the development of a negative self-concept and job attitude and a loss of ability to care for clients. The concept of burnout has since been expanded upon as having three distinct features: emotional exhaustion, emotional distance from clients through depersonalization, and feelings of ineffectiveness (Maslach, 2003; Maslach, Schaufeli, & Leiter, 2001). Symptoms of burnout can manifest in all aspects of one’s well-being: cognitively, emotionally, behaviorally, and physically (Emerson & Markos, 1996; Feldstein, 2000; Grosch & Olsen, 1994; Pines & Aronson, 1988). Cognitive symptoms include faulty cognitions, loss of meaning, stereotyping, and negative attitudes towards clients, work and self. Emotional symptoms include feelings of guilt, alienation, anxiety, despair, and helplessness. Behavioral symptoms of burnout include aggressive behavior,

absenteeism, changing jobs, substance abuse, and even leaving one's profession. Symptoms of burnout manifest physically, experienced through lack of energy, fatigue, physical weakness, headaches, and sleep difficulties.

A key feature that distinguishes burnout from other related conditions (such as compassion fatigue, secondary traumatic stress, and vicarious trauma) is that it develops as a result of general occupational stress. A wide range of factors are considered to be predictors of burnout, with studies frequently examining age, gender, educational level, years in the same position or profession, hours of direct client contact per week, lack of autonomy, lack of appreciation or rewards, and limited opportunities for promotion (Galek, Flannelly, Greene, & Kudler, 2011; Maslach et al., 2001; Maslach & Florian, 1988; Weiner, 1989, Vredenburgh, Carlozzi, & Stein, 1999). As Christianson and Everall's 2008 qualitative study found overwhelming themes of school counselors voicing concerns about a lack of adequate training and self-care around issues of suicide, it is likely that school counselors who feel professionally ill-equipped to respond to suicide are more likely to have issues related to burnout.

Secondary Traumatic Stress

An in-depth look at the literature reveals that as significant research has been conducted on burnout, several related conditions have been clearly defined including the concept of secondary traumatic stress. The National Child Traumatic Stress Network (NCTSN) defines secondary traumatic stress as "the emotional duress that results when an individual hears about the firsthand trauma experiences of another" which can result in an emotional toll that compromises professional functioning and diminishes quality of life (NCTSN, 2017).

Much of the literature thus far has labeled professional outcomes of client suicide secondary traumatic stress. There is much discussion as to why the phenomenon is not simply termed traumatic stress, but rather *secondary* traumatic stress. Early studies in this area found that in the weeks following client suicide, therapists experienced post-traumatic stress symptoms (Chemtob et al., 1988). As the concept of secondary traumatic stress began to emerge, researchers attempted to delineate between the symptoms of post-traumatic stress and indirect trauma by utilizing scales that measured reactions to trauma. The Impact of Event Scale (IES, Horowitz, Wilner, & Alvarez, 1979) identified post-traumatic symptoms as either avoidant, intrusive, or hyperarousal. Similarly, the Stress Belief Scale (Perlman, 1998) developed by the Traumatic Institute measured cognitions related to trauma; but none of the measures specifically focused on secondary trauma symptoms. Several conditions related to the stressors of helping professions have been linked: burnout, compassion fatigue, and vicarious trauma. The concept of compassion fatigue, traumatization developing from the therapist's own empathy toward a client, is similar to secondary trauma but is markedly different. Figley (2002) noted that compassion fatigue is the empathetic reaction from the mere knowledge of the trauma without actually experiencing it; while secondary trauma is the indirect harm that the counselor experiences after a traumatic event in their clients' lives. As research reinforces the harsh reality that at some point in a counselor's professional life, they will be confronted with secondary traumatic stress---the experiences of such distress on the professional must be explored (Gentry, Baranowsky, & Dunning, 2002).

Professions That Respond to Patient/Client Suicide

Several studies have addressed the impact of client suicide but not specifically in the field of school counseling. Focus, thus far, has been within the fields of psychiatry, nursing, and psychology (Hendin, Pollinger Haas, Maltsberger Szanto, & Rabinowicz, 2004; McAdams & Foster, 2000). These studies highlight the intense impact of client suicide on health professionals. Yet, according to Kendrick and Chandler's 1994 sample of school counselors, 93% of the respondents had experienced student suicidal behavior. Given the statistics of youth suicide, tragically, school counselors are likely to experience youth suicidal behavior within their career but there is a large gap in literature that addresses this experience. Thus, an examination of the impact of client or student suicide on medical professionals, mental health professionals, and school professionals will be explored.

Impact of suicide on medical professionals. The suicide literature within the medical profession does not adequately address the impact of client suicide on the professional. Much of the medical literature on the topic of suicide and its impact rests on medically-assisted suicide and its ethical implications. Literature examining the impact of suicide on medical professionals is limited. In a 2003 study that examined the role of a health professional in dealing with a terminally ill patient's wish to hasten death, physicians were asked semi-structured interview questions to broadly explore their views and experiences (Kelly, Burnett, Badger, Pelusi, Varghese, & Robertson). An overwhelming theme that emerged from their interviews was that of distress; most doctors reported experiencing varying levels of emotional distress. Much has been written about doctors having difficulty coping with themes of death and dying, including

sharing the patient's fear of death or fear of loss of control (Annas, 1993; Hendin, 1998). The concept of 'blame culture' has been discussed, as many medical professionals enter the field with a desire to assist others; but this very longing can drive caring individuals out of the jobs as they experience a feeling of "failing the patient" after a suicide attempt or completion occurs (Walmsley, 2003). Additionally, a 1997 article further identified an underlying assumption in both the mental and medical fields that blame a professional when their client kills themselves (Grad, Zavasnik, & Groleger). In another study, two nurses studied their fellow colleagues' qualitative experiences of suicide and/or attempted suicide in an acute unit in Ireland and discovered themes of shock, fright, anxiety, and anger among professional nurses (Bohan & Doyle, 2008). All participants had experienced at least two incidences of suicide or suicide attempt by their patients. Many participants expressed the need for immediate emotional and psychological support to cope with and heal from the trauma of a patient suicide. Pallin (2004) notes that feelings of incompetency are pervasive for medical professionals after a patient suicide, as blame, guilt, and shame are experienced.

Impact of suicide on mental health professionals. When exploring the impact of client suicide on mental health professionals, it becomes difficult to separate the personal impact from the professional impact, as both experiences inform each other. A review of the literature reveals that generally, therapists experience feelings of guilt, anger, blame, denial, repression, and shame in the aftermath of a client suicide (Alston & Robinson, 1992; Fox & Cooper, 1998; Hendin, Lipschitz, Maltzberger, Polliner-Haas & Winecoop, 2000; Jacobson, Ting, Sanders, & Harrington, 2004; Jones, 1987; Kleespies, Smith, & Becker, 1990); Menninger, 1991; Pope & Tabachnick, 1993). The impact of

client suicide on the mental health professional is emotionally varied, ranging from feelings of incompetence and responsibility for the suicide, as well as fear of judgement from fellow clinicians, and can lead to an ultimate result of job stress and burnout (Fox & Cooper, 1998). Numerous researchers report the clinician's doubts surrounding their professional knowledge, questions regarding their fit for the profession and fears of criticism (both personally and professionally) (Chemtob et al., 1998; Jones, 1987; Litman, 1965; Menninger, 1991; Pope & Tabachnick, 1993). Such reactions contribute to high levels of negative stress and anxiety for the clinician, as client's suicidal behavior (including ideation, statements, and attempts) are identified as extremely traumatic events for mental health professionals (Farber, 1983; Rodolfa, Kraft, & Reilley, 1988). In a qualitative study of six clinical psychologists' experience of client suicide, all reported reactions that met the criteria for prolonged grief (Darden & Rutter, 2011). Interestingly enough, however, not one participant reported questioning their clinical skills after the suicide, citing their understanding that the client's choice was outside of their control. Another troubling aspect is the limited number of clinicians who seek mental health services to cope with the aftermath of a client suicide, as seeking help is still stigmatized within the helping profession (Christianson & Everall, 2009; McAdams & Foster, 2000). Concerns about working with future clients are expressed as well. In an especially emotional reflection of a therapist's grief over the suicide of a client, Annie, Anderson (2004) writes:

> I'm worried about a feeling of distance I have more often now with clients. It is as if I don't dare care as much. For Annie's sake, I would like to care more than ever. That would be the best memorial I could construct.

> But I have to work out a balance between caring and my own lack of power to control the outcome; wise detachment from the outcome instead of anticipatory self-protection. Therapists craft the stuff of hope, and suicide sucks the life out of hope. I want to get back to hoping with abandon, but I'm not there yet. I'm still scared. Annie's hopelessness is eloquent, and it echoes in my ears, rings in my heart. Now that I finally connected with her, I don't want to disconnect, but I do want to completely detach from her choice of suicide. I want to fully engage, knowing I can't perfectly protect future Annies I might see. (p. 33)

Anderson's writing elicits feelings of disengagement with clients and hopelessness.

Regarding coping with the aftermath of a client suicide, much of the literature indicates that opportunities for the counselor to process and debrief with others can be healing and help to facilitate the recovery process (Kleespies, Penk, & Forsyth, 1993; Kleespies et al., 1990). As many school counselors don't engage in a formal clinical supervisory relationship, support from other professionals in their school settings can be very beneficial to the counselor. McAdams & Foster (2002) found that support systems (whether personal or administrative) were of great utility to clinicians who had experience client suicide. The authors noted that even though supervision was reported as most useful, it was also reported as being the least accessible to the clinician.

Ting, Sanders, Jacobson, and Power (2006) revealed that while many professional reactions negatively impact the mental health worker, positive impacts have been noted. In their review of client suicide on social workers, they found that some clinicians reported an improvement of record keeping and charting, clinical practice, and

responsibility and engagement in clinical supervision. Researchers examined gender differences in therapist response to l client suicide and found that female therapists reported an increase in valuing and seeking professional consultation and debriefing with colleagues (Grad, Zavasnik, & Groleger, 1997).

Impact of suicide on school professionals. As with school counselors, it is assumed that at some point in a teacher's career, student suicidal behavior will be encountered. A survey of primary and secondary school teachers in Australia found that of 145 respondents, 35.9% encountered suicide of at least one student and 54.8% encountered the loss of two or more students to suicide (Kolves et al., 2017). Davidson and Range (1997) stated that teachers require more training in suicide prevention and that high levels of discomfort were reported by practicing teachers responding to suicidal students. An interesting claim that was made by many of the teachers surveyed was that they felt as if specific suicide prevention strategies (such as a no-suicide agreement) would be better left to the mental health professionals in the school. That idea furthers the notion that extensive training regarding all aspects of suicide is needed for all staff within a school. Kolves et al. found that the most frequent source of professional help sought by teachers responding to student suicide was the school counselor. No school professional, school counselors, teachers, administrators, and staff, are immune to the impact of the loss of a student to suicide.

In 2000, a university Director of Psychological Services penned his reflection on the aftermath of an undergraduate student suicide (Ramirez). He spoke of the professional doubts he experienced as an administrator and clinician, acknowledging the limits of his "ability to predict behavior or prevent tragedy". These doubts were similarly

echoed in an overview of a rural high school's response to a 14-year-old's suicide: faculty members dealt with feelings of guilt about their interactions with the student the previous school year (Roberts, 1995). The student had a history of behavioral and disciplinary concerns, and the teachers who were responsible for disciplining him felt as if in some way they contributed to the student's suicide. In this particular case study, the school counselor met individually with some faculty members to debrief. The school counselor was not only the lead decision maker on the crisis response team for the school, but also the mental health professional to whom the staff within the school could express their concerns. The author concluded that the school counselor made numerous recommendations to faculty to seek personal counseling. The experience of the school counselor in this scenario is not unheard of; typically, the crux of a crisis is placed on the shoulders of the school counselor to respond, not just for the good of the students and families, but for staff and community at large. Thus again, the perception that therapists are experts in coping, results in constituents overlooking the impact of suicide on the counselor (Darden & Rutter, 2011). As detailed by Roberts' case study of a school system's response to a student suicide, the reccurring theme of school counselors not being adequately supported in their own healing process continues to arise.

Fineran (2012) provides an overview of a school's postvention efforts to a student suicide and discusses the need for the staff (and specifically the school counselor) to monitor the faculty's ability to provide quality services to students. Administrators must pay particular attention to the feelings of guilt, shame, and incompetence that may arise in staff who have had relationships and interactions with the student prior to a suicide. The impact of suicide on school professionals can be explored further by a review of

differing coping styles, to understand the various ways in which school counselors respond to youth suicide.

Review of Differing Coping Styles

Coping is defined as "constantly changing cognitive and behavioral efforts to manage specific external and internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus & Folkman, 1984, p. 223). Stress and coping theory has been heavily researched and defined in literature over the past 40 years, so an exhaustive review of all related research is not achievable (Folkman & Moskowitz, 2000). Rather, an overview of the prominent coping strategies and their functions will be explored.

Types of coping responses. The leading experts on the subject of coping describe it as the behavioral and cognitive efforts to deal with stressful encounters (Folkman, 2010; Folkman & Moskowitz, 2000). Conceptually, coping was originally thought to be comprised of two basic types: emotion-focused coping, responses that focus on managing emotional responses to stressful events, and problem-focused coping, responses that focus on changing problematic aspects of stressful events (Chesney, Neilands, Chambers, Taylor, & Folkman, 2006). Problem-focused coping is described as addressing the problem with "thoughts and instrumental behaviors that manage or solve the underlying cause of distress" (Folkman & Moskowitz, p. 115, 2000). Examples of problem-focused coping include active coping strategies such as programming, information gathering, avoidance of competitive and hasty actions, and decision making (Folkman, 2010; Rajaei, Khoynezhad, Javanmard, & Abdollahpour, 2016). Emotion-focused coping addresses the stressor by changing the emotional reaction. Examples of emotion-focused coping can

include various defensive and avoidant strategies such as a lack of mental involvement, denial, lack of behavioral involvement in problem solving, focus on emotion, use of alcohol and drugs, and seeking emotional support. As coping research expanded, a third type of strategy was introduced: meaning-focused coping. The concept of meaning-focused coping was developed as researchers posited that positive emotions occur alongside negative emotions throughout intensely stressful periods such as caregiving or bereavement (Folkman, 2010). Examples of meaning-focused coping strategies include goal revision, focusing on perspective, and resiliency gained from life experience, and reordering priorities.

Secondary appraisal. An additional aspect of coping is the concept of secondary appraisal. The concept of secondary appraisal was introduced by Lazarus and Folkman to address how one picks their own coping strategies and options of responses to stressful events (1984). The act of secondary appraisal occurs when one asks himself or herself in the face of a stressful situation or event, "What can I do?" to deduce how to respond. The distinction between uncontrollable stressors versus controllable stressors is made, as coping can be more or less effective based on which type of stressor is occurring.

Maladaptive coping. Maladaptive coping has been defined as coping that fails to regulate or manage the underlying problem (Chesney et al., 2006). Studies have found that maladaptive coping is likely to happen when people respond to uncontrollable stressors with problem-focused coping strategies or when people respond to controllable stressors with emotion-focused coping strategies (Strentz & Auerbach, 1988; Vitaliano, DeWolfe, Maiuro, Russo, & Katon, 1990). Lazarus & Folkman (1984) deemed problem-focused coping maladaptive when there is no personal control over the stressor, but

Folkman and Moskowitz (2000) argued that that generalization is too simplified for situations that appear to be uncontrollable may still contain controllable aspects.

Adaptive coping. Ruzek (2005) defined adaptive coping as behaviors that help reduce anxiety and distress. Adaptive coping has been defined as "situations in which there is a fit between the controllability of the stressful situation and the choice of coping strategy" (Chesney et al., 2006, p. 2). In short, when people feel as if there is a fit between the stress they experience and how they respond, they experience fewer psychological symptoms (Park, Folkman, & Bostrom, 2001).

Utilization of multiple coping styles. Folkman (2010) posits that varying types of coping work in tandem. Individuals do not rely solely on one strategy to address differing stressors, as layered dynamics of the stressors might be responded to in multiple ways. Coping styles are interactive processes that change as the individual examines the stressor. As decision making processes are invoked as responses to the stressor, any combination of emotion-focused, problem-focused, and/or meaning-focused coping styles can be utilized. Roth and Cohen (1986) summarized that the varying types of coping styles are not mutually exclusive, they can be used simultaneously.

Effects of Suicide as a Function of Coping Style

According to one's beliefs, values, and goals; utilization of coping styles will vary among school counselors responding to the effects of suicidality. Such effects can be viewed as a function of individual coping styles. The phenomenon of depersonalization experienced by helping professionals in the wake of secondary trauma is an example of an emotion-focused coping style, as is the avoidant emotional distance that lends itself to a loss of care for clients. Another potential effect of suicidality on counselors is

absenteeism and lack of involvement in decision making at their sites. Again, these responses are evidence of emotion focused coping styles. A large body of literature exploring the experience of student suicide on helping professionals has revealed a theme of searching for supports and resources, which aligns with emotion focused coping styles as well. When counselors report a loss of meaning for self and work and hopelessness, such symptoms align with meaning focused coping styles. Viewing the potential link between the types of coping styles one employs in the aftermath of a student suicide and the ways in which a professional feels the effects of suicidality, a full exploration of a school counselor's experience, including potential coping style, is greatly needed.

Review of Qualitative Research on School Counselors' Experiences Related to Youth Suicide

Extant studies on mental health professionals' experiences of youth suicide have consisted primarily of quantitative studies. To adequately train and support school counselors to respond to all aspects of a student suicide, an examination of the qualitative research regarding the school counselor's experience in the aftermath of the tragedy is warranted but greatly limited. To date, only one pair of researchers have conducted qualitative work on the topic: Christianson and Everall (2008, 2009). In their groundbreaking 2008 study, they explored the school counselor's experience of student suicide qualitatively. Participants were identified according to the following criteria. They had to have been a school counselor, lost a personal counseling student to suicide, and had received training in educational psychology or a counseling-related field. Four men and three women hailing from the four provinces of Canada met the criteria and consented to participation in the study. Their counseling experience ranged from 15 years

to 31 years. Two semi-structured interviews, between one to two hours in length, were conducted via telephone and digitally recorded for text transcription. Interview questions included: “How did you find out about your client’s suicide?” “What supports were available to you following the suicide?” and “What was it like to work with the next client who presented with suicidal ideation?” After transcription, the participants were given an opportunity to review the text for accuracy. In all cases, clarification and expansion were provided and added into the data for analysis.

Utilizing grounded theory as the qualitative methodology, researchers loaded transcripts into the software ATLAS.ti 5.0. The qualitative program allows for highlighting, selecting, and searching for keywords, concepts, and ideas. To ensure the full content of the participants’ narratives, the researchers read, reread, and analyzed each interview individually. Units were identified by meaning and codes were attached to selected quotes. To determine the similarities and differences between participants’ experience, code families were created. Then, the meanings of all categories were compared within and against each other. Utilizing Glaser & Strauss 1967’s (and further refined by Merriam in 2002) constant comparative method, major themes were identified across cases and linked by categories representing related ideas. After exploring all links and patterns between categories, main categories appeared which were reflected as central within a hierarchical structure. Through an examination of the participants’ data, the categories were labeled to represent themes. The three major themes identified were all related to the school counselors’ experience of being minimally prepared to cope with student suicide: (a) a lack of national training and practice standards, (b) a deficit in support resources for bereaved counselors, and (c) a need for more training on self-care

in their counseling education. The nation of Canada did not provide a national directive or set of standards for school counseling programs, so participants reported significantly varied levels of training and exposure to suicide prevention, intervention, and postvention. All spoke of being unsure of their emotional reaction to the loss of the student, as one participant wondered if they were even "allowed to grieve" (Christianson & Everall, 2008, p. 214). A great deal of importance was placed on recognizing how healthy and necessary self-care was for the school counselors, who felt great pressure to provide care and support for everyone else in their system. The researchers concluded that "further research in the area of school counsellors' experiences of client suicide is needed" as "continued study of this relatively unexplored phenomenon will allow for a better understanding of both the personal and professional impact on professional school counsellors when a client commits suicide" (p. 219).

With a continuation study published in 2009, Christianson and Everall expanded on the knowledge that they had discovered in their preliminary qualitative study exploring school counselors' experience of student suicide. A reanalysis of the original qualitative data was conducted to further refine themes as they were developed to explain the larger constructs.

Four themes were identified from participant interviews. The first theme *Taming the Control Beast* examined the relationship participants had with control including participants' perceived lack of control and their subsequent attempts to regain that lost sense of control. *Wearing the Mask* focused on the personal challenges participants encountered within their profession context. Through the third theme, *Interpreting the Dance*, the personal and professional impact of their clients' suicides was explored.

Finally, *Staying in the Game* acknowledged and discussed the importance of support systems and self-care strategies for school counsellors. (p. 160).

Summary

Due to the lack of focus on crisis intervention models and suicide response within the CACREP school counseling standards, a qualitative study exploring CACREP-educated school counselors' experience of a student suicide in the United States is warranted. Christianson and Everall's Canadian research was conducted in a country without national standards that guide counselor training. Little is known whether American school counselors would express the same kinds of concerns given CACREP standards, as the most recent standards require that school counselor students be trained in crisis models (2016). Such an examination is imperative to the field of school counseling, as research shows the drastic impact that a client suicide has on mental health professionals. In an effort to expand the research specific to school counselor's experience of a student suicide, an exploration of the experience of the school counselor in the aftermath of such tragedy is greatly needed. Qualitative research aims to fully understand the meaning of a particular experience from the participant's perspective through description and interpretation (Merriam, 2002). From the clarity and insight provided by a qualitative study regarding the ways in which school counselors heal and cope after secondary traumatization, counselor education programs can prepare school counselors-in-training for all aspects of suicide crisis intervention: prevention through postvention. A replication of Christianson and Everall's 2008 qualitative study can be implemented in the United States as the differences in school counseling preparation in

Canada and the U.S. greatly differ. A qualitative study exploring CACREP-educated school counselors' experience of a student suicide in the United States is warranted.

Purpose Statement

The purpose of this study was to further research on how the loss of a student to suicide affects the school counselor. This qualitative study looked in depth at such loss, eliciting an opportunity for the school counselor to share his or her own personal experience. This study addressed how school counselors who were trained in CACREP-accredited programs experience the response to student suicide.

Research Questions

To further research on how the loss of a student to suicide impacts the school counselor, the qualitative study was guided by three questions: What is the school counselor's experience of student suicide? What ways did the school counselor cope with the experience of student suicide? And lastly, what effect did suicide have the life of the school counselor, both professionally and personally?

Chapter Conclusion

In order to expand the knowledge in the school counseling profession in the United States on how best to educate, to support and to implement postvention strategies, practitioner experiences must be captured. Examining CACREP-educated school counselors can be where the research on this topic begins, as school counseling CACREP standards do not reflect a focus on all aspects of crisis intervention through postvention. Supporting school counselors after a loss of a student to suicide can be facilitated if the profession had more expansive understanding of ways in which the helping hearts and souls of school counselors both grieve and cope with the tragedy.

CHAPTER TWO: METHODOLOGY

As the epidemic of youth suicide remains, there is great need for further research on how the loss of a student to suicide affects the school counselor. This qualitative study looks in depth at such loss, which elicited an opportunity for the school counselor to share his or her own personal experience. This study examined how school counselors who were trained in CACREP-accredited programs respond to student suicide. The qualitative study was guided by three questions: What is the school counselor's experience of student suicide? What ways did the school counselor cope with the experience of student suicide? And lastly, what effect did suicide have the life of the school counselor, both professionally and personally?

Research Design

Qualitative research can help us understand "how people interpret their experience, how they construct their worlds, and what meaning they attribute to their experiences" (Merriam, 2009, p. 5). While philosophical assumptions underpin the worldviews that researchers operate from, there are characterizing assumptions about qualitative methods that must be defined. The scientific paradigms of subjectivism and constructivism align with the philosophy of qualitative methods, as the beliefs that subjective experience is fundamental to any knowledge and knowledge is constructed from interactions between individuals and their social world are key characteristics. Within the realms of qualitative research approaches, the nature of reality, ontology, is considered "socially and psychologically constructed" (Gelo et al., 2008, p. 268). The nature of knowledge, epistemology, is defined by the relationship between the "knower" and the "known" as the "knower and the known are inextricably connected to each other"

(p. 270). Qualitative methodology is inductive and data-driven, as investigation begins from the observation of the phenomena in order to build theories about the experience of interest. Such assumptions result in a philosophy of phenomenology, a "focus on the experience itself and how experiencing something is transformed into consciousness" (Merriam, 2009, p. 24). With the goal of producing knowledge for practical reasons or simply for its own sake, one might want to understand a phenomenon or event more completely (Giorgi, 2009). The phenomenological researcher seeks to understand the perspective of another experiencing a phenomenon. As phenomenology focuses on one's "lived experience," the task of the phenomenologist is to depict the essence or basic structure of experience by temporarily putting aside their prior beliefs to examine the "basic underlying structure of the meaning of an experience" (p. 25).

Originally developed by philosopher Edmund Husserl, phenomenology is a formulated scientific method that is "uniquely fashioned to assist psychological researchers in the investigation of human experience and behavior" (Wertz, 2005, p. 167). The design and analysis of this qualitative study focused on Giorgi's (1991, 2009) descriptive psychological approach to phenomenology, a modified Husserlian approach. Giorgi embraced the Husserlian perspective and describes it in detail in his 2009 text. Because Giorgi's approach emphasizes the importance of individual experience, he does allow for the notion that human experience involves emotion and that humans intuit meaning from each other via the process of empathic intersubjectivity. Giorgi (2009) suggests that is impossible to understand another's experience accurately without some empathic function on the part of the researcher, or the capacity to resonate with and describe the emotional content of a participant's experience. Given this assumption, the

transcripts were analyzed and studied for "the structures of the phenome as they appear" and then the "concrete descriptions by the experiencer" lead me to the "inner dimensions of the experience" (p. 80). The transcripts then got transformed into descriptive elements "that reveal the situation as it is for the experiencer" and from such meanings, essential elements can be obtained (p. 80).

Sampling and Participants

Qualitative data was collected from a national sample of school counselors. In total, 8 practicing school counselors were interviewed. Purposeful sampling operates on the assumption that the researcher wants to investigate a specific topic and therefore must select a sample from which the most can be learned (Merriam, 2009). The method of sampling used was purposeful and snowball. "Purposeful sampling focuses on selecting information-rich cases whose study will illuminate the questions under study," as participants had to experience a student suicide, I recruited only school counselors with this experience (Patton, 2002, p. 230). Purposeful sampling had to occur as I sought to interview a very specific population: CACREP-educated school counselors who had experienced a loss of a student to suicide while in the role as a school counselor. Specifically, snowball sampling occurred, as I sought to find participants with this experience who knew others who have experienced the same. Some recommended participants by word of mouth, thus resulting in a snowball effect.

Participants were recruited via email, word of mouth, social media sites, school counseling message boards and listservs, and on a Counselor Education and Supervision Network listserv (CESNET). Participants were asked to participate in a qualitative study regarding the impact of student suicide on their personal and professional lives. Potential

participants were identified as meeting the following criteria: (a) is/was a practicing school counselor, (b) received a Master's degree in School Counseling at a CACREP-accredited program, and (c) employed as a school counselor in a school where a student completed suicide (in or outside the school setting). To be eligible for participation in this study, school counselors did not have to personally counsel the student prior to their suicide but rather, they responded in a crisis response role within the school system. All participants agreed to a two-part interview process, totaling approximately a 3-hour commitment. 8 school counselors were interviewed and completed both interviews (Table 1). Each school counselor confirmed that they had graduated with a Master's degree and trained as a school counselor at a CACREP-accredited program. Prior to the student suicide(s), all of the school counselors had personal interactions with the student(s) who completed suicide.

Participant #	Completed Both Interviews 1 and 2	Gender	Graduated with Master's from CACREP institution	Type/Level of School	Years of Experience as a School Counselor when Experienced Student Suicide	Total Years of Experience as a School Counselor by October 2018	State
P1	Yes	F	Yes	Public High School	2 years	8 years	Colorado
P2	Yes	F	Yes	Public High School	14 years	19 years	Minnesota
P3	Yes	F	Yes	Public High School	7 months	2.5 years	Virginia
P4	Yes	F	Yes	Public High School	12 years	15.5 years	Colorado

P5	Yes	F	Yes	Public High School	2 years	3 years	Virginia
P6	Yes	F	Yes	Public High School	6 years	8 years	Ohio
P7	Yes	F	Yes	Public High School	5 years	6 years	New Jersey
P8	Yes	F	Yes	Public High School	5 years	6 years	Virginia

Table 1. Participant Summary

Data Collection

Verbal statements are the exclusive data source in all phenomenology as phenomenological researchers seek to understand the essence of an experience through accounts of that experience. Observations of the experience would not suffice or be possible to obtain, so interviews are the dominant data source in all empirical (as opposed to philosophical) phenomenology. Data collection occurred through a semi-structured interview. An interview guide included open-ended interview questions, as well as potential follow-up questions recommended by Moustakas (1994). My version of Seidman's (2013) three-interview structure was utilized. Seidman's three-interview series model consists of three separate interviews with each participant to explore the meaning of peoples' experiences in the context of their lives. The first interview served to put the participant's experience in context "by asking him or her to tell as much as possible about him or herself in light of the topic up to the present time" (p. 21). The second interview's purpose was to "concentrate on the concrete details of the participants' present lived experience in the topic area of the study" (p. 21). The third interview served to provide

participants an opportunity "to reflect on the meaning of their experience" (p. 22). For the purpose of this study, rather than conducting three separate interviews, my version of Seidman's model was modified to two separate interviews because of the sampling size, logistics, and the participant's natural progression towards meaning-making in the second interview. The first interview served the purpose of exploring the participant's background and give context to their experience. The proposed second interview, conducted within a week of the first interview, combined the purpose of the second and third interviews which examined the experience in detail and then explored the meaning made of the experience by the participants. Such a modification was made without altering the purpose of the interviews. For the interview questions, see Appendix C.

Components of Phenomenological Interviewing

Seidman (2013) states that, "A phenomenological approach to interviewing focuses on the experiences of participants and the meaning they make of that experience" (p. 16). He posited that there are four central phenomenological themes that provide the rationale and logic for the structure and technique of his model of data collection: the in-depth, phenomenological three-interview series.

The first component discusses the "temporal and transitory nature of human experience" (Seidman, 2013, p. 16). This component addresses the difficulty in fully capturing the recreation of a human experience through interviewing. The phenomenological approach focuses on the essence of an experience, and human experiences are transitory as the "is" becomes "was" in an instant. When asking participants to search again for the essence of their lived experience, the "absolute is" does not exist because the experience becomes reconstructed.

The second component speaks to the subjective nature of phenomenological interviewing: seeking to understand the true "is" of our participants' experience. By asking participants to reconstruct their experience, observations come from their subjective point of view. Researchers recognize that it is never possible to understand another perfectly, but strive to "come as close as possible to understanding" the essence of their experience from the participant's stance (Seidman, 2013, p. 17).

The third component emphasizes the "lived experience" of participants and the complexity surrounding trying to capture that phenomenon as interviewers using a phenomenological approach are "always trying to make the was come as close as possible to what was the is" (Seidman, 2013, p. 18). The phenomenon of the "lived experience" is made up of many different elements that flow together in the stream of action. Only when participants step out of the "stream of action" and reflect on their experience can the phenomena take on meaning for the participant (p. 17). As researchers and participants communicate through language to understand the essence of the lived experience, the words used must be thoughtful. The influence of language adds to the complexity in trying to reconstruct the experience as fully as possible.

The fourth component emphasizes the meaning in context which is provided by the participants in their own reflections of meaning-making. Phenomenology is the attempt to enrich lived experiences by mining their meanings. An assumption of phenomenological interviewing is that the meaning people make of their experiences affects the way they carry out the experience. Giving attention to the experience through an "intentional gaze" opens the pathway to meaningfulness. In describing "intentional gaze," Seidman explains that, "by asking participants to reconstruct their experience and

then reflect on its meaning, interviewers encourage participants to engage in that "act of attention" that then allows them to consider the meaning of a lived experience" (Seidman, 2013, p. 19).

The Phenomenological Interview

My version of Seidman's (2013) interview series model consisted of two separate interviews with each participant to explore the meaning of peoples' experiences in the context of their lives. The first interview served to put the participant's experience in context "by asking him or her to tell as much as possible about him or herself in light of the topic up to the present time" (p. 21). Because the experience I explored is that of school counselors' response to a student suicide, participants were asked about past experiences in family, school and work arenas that place their experience in the context of their lives. The second interview's purpose was twofold: to "concentrate on the concrete details of the participants' present lived experience in the topic area of the study" and to provide participants an opportunity "to reflect on the meaning of their experience" (p. 21-22). Details of their experience, not opinions, were extracted. Participants were asked for stories of their experience, as to elicit details. Within this interview, questions such as, "Given what you have said about your life before you became a school counselor and given what you have said about your work now, how do you understand your work in your life? What sense does it make to you?" were asked. The separate focus and purpose of each interview allowed "both the interviewer and participant to explore the participant's experience, place it in context, and reflect on its meaning" (p. 20). The adaptation of Seidman's interview structure for the purpose of the study is as follows:

Interview One (life history): How did the participant come to be a school counselor? What experiences lead the participant to become a school counselor? A review of the participant's life history up to the time he or she became a school counselor, including any significant experiences with grief, loss, and suicide.

Interview Two- Part 1 (contemporary experience): What is it like for the participant to have experienced a student suicide? What are the details of the participant's experience of the student suicide? What ways did the school counselors cope with their experience of student suicide?

Interview Two-Part 2 (reflection on meaning): What does it mean to the participant to have experienced a student suicide as a school counselor? What impact did the school counselor feel such an experience had on their lives, both professionally and personally? Given what the participant has said in interviews one and two, how does he or she make sense of his or her experience of student suicide?

The two interviews were semi-structured and lasted roughly 90 minutes each. The semi-structured nature was necessary to elicit participant response in the manner they wanted to give it, but also to focus the interview so its proposed purpose of the interview could be followed.

Seidman suggests spacing the separate interviews from at least 3 days to a week apart, so that reflection of the interview is captured timely. Interviews occurred in two ways: via telephone or via video chat. The average length of the interviews was roughly an hour. The interviews ranged in length, from 45 minutes to 90 minutes. Because participants were not accessible in-person, the interviews were recorded via telephone or

video chat. While conducting interviews in person is ideal in order to capture greater detail and build rapport with participants, similar interviewing characteristics was achieved via video chat. Characteristics such as conveying respect to participants, making eye contact, and having a calm and inviting voice could still occur via video chat. Seidman posits that "it is better to conduct a long-distance interview than not to interview at all" (p. 113). Each interview was tape recorded or video recorded and transcribed fully.

Data Analysis

The qualitative study's data set consisted of the participants' transcribed interviews. Data analysis was conducted utilizing Giorgi's (1991, 2009) Descriptive Phenomenological Method, influenced by Merleau-Ponty (1962), which modified Husserl's phenomenological approach. Giorgi summarized his method as follows, "Concrete descriptions by the experiencer lead the researcher to the inner dimensions of the experience, and the facts therein get transformed into generalized meanings that reveal the situation as it is for the experience, and from such meanings essential descriptions can be obtained" (p. 80). Phenomenological psychology recognizes the divisions between thinking, feeling, imagining, and their physiological correlates as distinguishable but essentially indivisible (Broome, 2011). Giorgi states that the phenomenological method is a "manner of describing the contents of experience in a stable way through description of essences" (p. 79). Essence may be defined as the central meaning of an experience (Creswell, 1998). Giorgi's method strives to examine the structure of the psychological phenomenon of study. Within this approach, meanings originate within "acts of consciousness", which result in a relationship between an act of consciousness and its object as consciousness is always conscious of something beyond

itself (Giorgi, 2009, p. 80). Meaning is discussed within the "context of intentionality," the premise that acts of consciousness are directed towards objects that transcend the acts in which the objects appear (p. 80). Moreover, Giorgi explains that "conscious acts are directed toward objects, and upon reflection, one can discover that the directedness toward the object was determinate and specific or particular and that particular quality is meaning" (p. 80). The key point, he states, is that "the meaning is not a "third term" between the act and the object but the particular way that the object is experienced" (p. 80). Meanings can be understood even if not subjectively established.

Within the phenomenological method, "the naïve description is the first-person account of the experience as it was lived and understood by the participant in his or her everyday common sense mode of understanding" (Broomé, 2011). Giorgi's approach emphasizes the importance of individual experience, allowing for the notion that human experience involves emotion, as he suggests that it is impossible to understand another.

There are five concrete steps to Giorgi's (1991, 2009) method: (1) read for sense of whole, (2) determination of meaning units, (3) transformation of the meaning units into phenomenologically psychologically sensitive expressions, (4) deriving a situated meaning structure for each participant, and (5) deriving a thematic structure for all participants. Each step will be discussed in detail. Before the concrete steps of the data analysis can occur, Giorgi stated that the researcher "must assume the attitude of the phenomenological reduction with a psychological perspective and with a sensitivity toward the phenomenon being researched" (p. 137). To provide further context, Giorgi describes, "To assume the phenomenological attitude means to regard everything from the perspective of consciousness, that is, to look at all objects from the perspective of

how they are experienced regardless of whether or not they actually are the way they are being experienced" (p. 87-88). Within the phenomenological attitude, the researcher "brackets" his or her preconceived notions and attempts to be present with the data. Merleau-Ponty (1962) calls this attitude "intentionality," referring to the process of considering the psychological meaning of an event (as cited in Nelson & Poulin, 1997). Ashworth, Giorgi and de Kooning (1986) explained that unlike the traditional psychologist, the qualitative research is interested in elevating "the experience to a higher level of clarification by the explication of its fuller meaning" rather than discovering the causes or explanations of the experience (as cited in Smith, 2010, p. 260).

The first step of data analysis utilizing the descriptive phenomenological method in psychology is "read for sense of the whole." The researcher must read through the transcripts entirely to get a sense of the whole, expressed experience. The phenomenological approach is holistic in the sense that it assumes that "meanings within a description can have forward and backward references" so analyses of the beginning of a description without awareness of the last part of a description is incomplete (p. 128).

The second step of data analysis is "determination of meaning units" (p. 129). This step consists of breaking down the data into parts. Establishing "units of meaning" is done by rereading the description and making an appropriate mark in the data every time one experiences a significant shift in meaning. Giorgi warns of not interrogating the meaning units, rather, it is a "spontaneous activity that is more experientially determined than intellectually so" (p. 130). There is a level of arbitrariness to the establishment of meaning units, but Giorgi maintains that "there are no objective meaning units in the description as such" (p. 130). He explains that identifying shifts in meaning is a task of

practicality as denoting the meaning units simply makes the analysis more feasible by breaking the stories into units. The purpose of this step is to reduce the whole description into small chunks, descriptive elements, while keeping in mind the specific phenomenon being studied. Simply separating the material sentence by sentence does not accomplish the goal of creating meaning units, as much of a sentence is grammar that could be psychologically neutral or empty. Merleau-Ponty (1962) simply calls this step reduction. Moustakas (1994) states that the phenomenological qualitative researcher records all relevant statements, then lists each non-repetitive and non-overlapping statements. These statements become the "invariant horizons or meaning units of the experience" (p. 122). Ultimately, the final step of transforming the meaning units by means of a careful and descriptive process is most essential.

The third step of data analysis is transformation of meaning units into phenomenologically psychologically sensitive expression, or the essential elements. Giorgi describes this step as the most important stage in the data analysis and the defining characteristic of his approach. The researcher returns to the data set, which is now delineated into meaning units. Then, the researcher "starts interrogating each meaning unit to discover how to express in a more satisfactory way the psychological implications of the lifeworld description" (p. 131). To interrogate the meaning unit means to pull out the psychological implications of the participant's experience by teasing out the psychological meanings that are embedded in the concrete descriptions. To uncover the essential elements, the researcher attempts to capture the depth and emotional experience of the participants without imposing psychological theory. The meaning units are re-expressed in the third person, while remaining true to the participants' descriptions. An

emphasis is placed on the meaning made by the participants, rather than the researcher or any theory the researcher adheres to. Each transformation describes what the meaning unit expresses psychologically without any interpretation, rather, only describing how it was experiences and understood by the participant without an explanation of "why" it was experienced in the way it was (Broomé, 2011). By formatting the meaning unit into the third-person version, the researcher utilizes psychological sensitivity to reveal the essential psychological meaning expressed by the participant. The formatting of this step can occur in columns, with the descriptive elements in the left and the essential elements derived from a particular unit of meaning or descriptive elements written in the third column. Merleau-Ponty (1962) describes this step as a "search for essences" or essential structures, within the description provided by the participants. An example of the coding structure is included in Appendix D. The first column was the interview itself; however, the interview transcript was redacted from the first column of the document to eliminate identifying details.

The fourth step is to derive a situated meaning structure for each participant (Giorgi, 2009). This was accomplished by writing in a linear fashion the stories of all participants, thus contextualizing the participant's experience within as many influencing factors as possible. This process allows the researcher to imagine participants' experience in a wholistic manner and to uncover the contextual structure of each participant's linear experience.

The fifth and final step involves deriving a thematic structure for all participants, identifying commonalities of the experience. According to Giorgi (2009), this allows for a final depiction of the experience of the phenomenon as a whole. Likewise, in

recommending a phenomenological method, Moustakas (1994) states that the phenomenological qualitative researcher relates and clusters the descriptive elements into themes, then synthesizes the content into "descriptions of the textures of the experience" with verbatim examples (p. 122). After reflecting on the textural description of the experience, the researcher constructs a structural description per each participant, then integrates the individual's description into a presentation of a structural description for all participants overall.

Trustworthiness

Validity. Ensuring validity and reliability in qualitative research is of great concern. To have any significance in either practice or theory, research studies must be rigorously conducted (Merriam, 2009). Given the applied nature of social science inquiry, researchers must be able to have some degree of confidence in the results of a study (Merriam, 2009). Both validity and reliability are concerns that can be approached "through careful attention to a study's conceptualization and the way in which the data are collected, analyzed, and interpreted, and the way in which the findings are presented" (Merriam, 2009, p. 210). Kvale (1996) described the issue of validity in qualitative research as a question of "the quality of craftsmanship" as the researchers make defensible knowledge claims (p. 241). "The critical question is whether the meanings you find in qualitative data are trustworthy and "right" (Miles, Huberman & Saldana, 2014, p. 277). Differing terms are used to discuss producing valid and reliable knowledge, but many of the authors discussed thus far use the umbrella term "trustworthiness" to capture these concerns. Trustworthiness addresses the question of, "How will you, or anyone else, know whether the finally emerging findings are good?" (Miles, Huberman, &

Saldana, 2014, p. 310). A discussion of four aspects of trustworthiness issues: objectivity, reliability, internal validity, and external validity, follows.

Objectivity. Objectivity in qualitative research refers to the stance or neutrality of the researcher. Standard strategies to maintain reasonable objectivity include the explicit description of the study's procedure, especially the sequence of how data is collected and analyzed. The researcher must explicitly acknowledge his or her own personal assumptions, values, and/or biases and how that might affect the study. To ensure reasonable objectivity during the analysis, I used an external auditor who reviewed my analysis procedure and logic, Dr. Mary Lee Nelson.

Reliability. In quantitative research, reliability refers to the extent to which the research findings can be replicated if the study is repeated. Within qualitative research, quantitative standards like split-half or test-retest reliability cannot be applied because of the inherently different methods of qualitative research. In qualitative research, reliability can also be understood as consistency. Therefore, qualitative researchers propose a different and more important question to ask, "Are the results consistent with the data collected?" (Merriam, 2009, p. 221). To obtain consistent and dependable data, as well as data congruent with the reality as experienced by the participants, researchers can leave an audit trail for their readers. An audit trail can be understood as a log that details how data were collected, how themes were derived, and how decisions were made through out the process. To address this question, researchers must clearly outline their study and its design, declare their status within the site of study, collect data appropriate to the research questions, and consult with peers or colleagues for review and/or intercoder checks. To promote reliability, I employed three strategies: adequate engagement in data collection,

peer review by an external auditor (Dr. Mary Lee Nelson), and recorded an account of the methods carried throughout the study (Merriam, 2009). As I collected data from participants via interviews, I aimed to build rapport in every interaction in order to foster rich, detailed responses. Dr. Nelson read and coded half of the transcripts and we met regularly to compare our perceptions of the individual stories and emerging meaning structure.

Internal validity. Does a study measure what it claims to measure? This question is concerned with internal validity. When examining internal validity, researchers must address the notion of reality as "reality is holistic, multidimensional, and ever-changing; it is not a single, fixed objective phenomenon waiting to be discovered, observed, and measures as in quantitative research" (Merriam, 2009, p. 213). Try as a researcher might, reality cannot ever be fully captured, so validity then becomes relative to what is being studied and how a researcher assesses the validity of those observations. As data are gathered by the researcher, all collection and analysis is processed by a human being with their own perspective and complexities. To address the concern of internal validity, a qualitative researcher must describe in a highly detailed and descriptive manner, present data linked to their emerging findings triangulate among methods and data sources or explain why that was not achieved, present clear and coherent findings, identify any areas of uncertainty, and consider rival explanations (Miles et al., 2014; Merriam, 2009). To promote internal validity, I employed two strategies: peer review by an external auditor (Dr. Mary Lee Nelson) and clarified researcher biases as they arose with the same external auditor (Merriam, 2009).

External validity. External validity addresses the possibility of generalizing the findings of the study to other situations. In qualitative research, researchers work with small samples that are deliberately not random. Thus, there is no way of creating statistical generalizability. Instead, qualitative researchers are concerned with transferability, the extent to which an application of the knowledge or findings can occur in other contexts and populations. The possibility of transferability is created in the careful interpretation of the study, for example, how persuasive can the researchers make the findings "have meaning and resonance to other individuals, sites, and times? (Miles et al., 2014, p. 314). Thus, qualitative researchers must fully describe to allow for the possibility of transferability to other samples, critically examine the ability to generalize results, study a diverse sample to encourage broader applicability, consider the findings against prior theories, and suggest settings where findings could be tested further (p. 314). To promote transferability, I aimed to provide highly descriptive, detailed presentation of the findings of my study along with adequate evidence presented in the form of quotes from participants.

Researcher Perspective/Bias

Qualitative research is both a methodology and an effort resulting from social relationships between individuals. Data collection, in the form of interviewing, is "a reflection of the personalities of the participant and the interviewer and the ways they interact" (Seidman, 2013, p. 97). As both parties interact, so do their classifications, social and cultural identities, and tensions. Researchers must be aware of their own biases and assumptions. Miles et al. (2014) maintain that at the minimum, "explicitness about the inevitable biases that exist(s)" must be acknowledged by the researchers (p. 311).

Additionally, to counteract the inevitable bias that all social science research contains, the researcher must be explicit and "as self-aware as possible about personal assumptions, values and biases, and affective states-and how they may have come into play during the study" (p. 311).

Seidman introduces the notion of an "I-Thou" relationship to describe the researcher's stance within the interview relationship. Within this stance, the interviewer "keeps enough distance to allow the participant to fashion his or her responses as independently as possible" (p .98) while maintaining a collaborative balance. Additionally, Seidman cautions that interviewers must avoid a therapeutic relationship and that researchers not view themselves as therapists within the interview. While equity in the interview relationship is strived for, interviewers and participants are never equal. Researchers must strive to provide a balance "between means and ends, between what is sought and what is given, between process and product, and a sense of fairness and justice that pervades the relationship between participant and interviewer" (p. 111).

Giorgi details the researcher's perspective thoroughly in his Descriptive Phenomenological Method as it is essential to the method that the researcher assume the human scientific (psychological) phenomenological reduction. To describe further, he states: "Everything in the raw data is taken to be how the objects were experienced by the describer, and no claim is made that the events described really happened as they were described" (p. 100). He stresses that the personal past experiences of the researcher and all his or her past knowledge about the phenomenon must be bracketed to result in a fresh approach to the raw data. Additionally, the researcher must assume the phenomenological attitude by regarding everything from the perspective of consciousness: "to look at all

objects from the perspective of how they were experienced regardless of whether or not they actually are the way they are being experienced" (p. 88).

Since the researcher is the primary instrument for data collection and analyses, data filters through his or her particular theoretical position and biases (Merriam, 2009). I must be aware of my own perspective and potential biases. I have practiced as a school counselor at the high school level and had personal interactions with suicidal students. I have conducted suicide assessments in response to a student disclosing suicidal ideation. I have counseled students who made suicidal statements and who had a lethal plan in place for completing their own death. In conjunction with my colleagues, we helped facilitate a hospitalization for these students. I have also counseled students who made suicidal statements but did not have a plan in place for completing their own death. Additionally, I have had numerous experiences with students who were engaging in self-harm behaviors. Fortunately, I have not experienced the loss of a student to suicide in my professional career. I strived to be aware of how my experiences or lack of experiences could drive my judgment. In order to monitor for potential bias, I was aware of it throughout analyses and recorded my observations. I attempted to bracket my own pre-conceived judgements, while recognizing that my perspective will influence data. In regards to my research questions, I suspected that I would find that student suicide had a lasting impact on the school counselor's life (both professionally and personally), both maladaptive and adaptive coping skills were utilized as a response, and that all participants felt unprepared for their experience.

Ethical Issues

Due to the human interactions of research, many ethical concerns can arise. The 1974 Belmont Report, produced by the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, outlined the three basic ethical principles that must be observed in research in order to protect human welfare: (1) respect for persons, (2) beneficence, and (3) justice. Researchers must uphold a respect for participants' autonomy while protecting those whose human condition results in reduced autonomy. It is imperative that researchers strive to do no harm to the participants and design studies ethically to minimize risk. Researchers must also involve the equitable selection of participants and be fair to all. If a benefit is discovered, such rewards must be extended to all participants.

The Belmont Report laid the groundwork for subsequent federal regulations protecting human subjects, such as the establishment of university Institutional Review Boards (IRBs) tasked with ensuring research is conducted with ethical regard to the rights and welfare of the participants. The study received IRB approval, through a full review, before any potential participants were contacted and before data gathering (see Appendix A). Because participants agreed freely to participate in the research, they were informed about the purpose of the study, its potential risks, its possible benefits, confidentiality of records, and any potential dissemination of results (see Appendix B). Due to the highly sensitive nature of the study, participants were informed about the risks of sharing of their own experience of student suicide. Once school counselors agreed to participate in the research, they were asked to recall their experience which could elicit strong emotional reactions or possibly even re-trigger traumatizing symptoms. These potential

risks were explicitly stated in the informed consent documents and the researcher aimed to anticipate such reactions by providing referrals to resources for assistance.

As in any human relationship, issues of equity arise. In the relationship of a research interview, the interviewers and participants are never equals. Differing social group and cultural identities, biases, and assumptions are always at play within the relationship. Additionally, the relationship is fraught with issues of power, as various variables arise: who controls the direction of the interview, who controls the results, and who benefits (Seidman, 2013). “Researchers cannot be expected to resolve all the inequities of society reproduced in their interviewing relationships, but they do have the responsibility to be conscious of them” (p. 111).

Patton identifies the credibility of the researcher along with rigorous methods and a fundamental appreciation of qualitative inquiry as the three essential components to ensuring credibility within research (2002, p. 552). While many ethical issues may arise when conducting research, it is imperative that researchers be conscious of such and continue to “examine his or her own philosophical orientation vis-à-vis these issues” (Merriam, 2009, p. 235).

CHAPTER THREE: RESULTS

To further research on how the loss of a student to suicide impacts the school counselor, the qualitative study was guided by three questions: *What is the school counselor's experience of student suicide? What ways did the school counselor cope with the experience of student suicide? And lastly, what effect did suicide have the life of the school counselor, both professionally and personally*

Individual Situated Meaning Structures

For each participant, I derived an individual situated meaning structure (Giorgi, 2009) for her experience in narrative form. The situated meaning structure was intended to describe a contextualized description of the participant's total experience of student suicide, including precedents and antecedents of the experience.

Participant One

Participant one (P1) shared her life experiences that lead her to become a school counselor. She learned about the profession through conversation with a friend and enrolled in a school counseling graduate program without much prior knowledge. She quickly felt strongly that she was in the correct profession, as it was a natural fit for her. Over the course of her life, she had had a significant history of trauma and loss. Her grandmother died by suicide, resulting in mental health issues for her mother which significantly impacted P1's household. The mental state of her mother lead to a dysfunctional household, and P1 quickly assumed the role of caregiver to her younger siblings. In her adult life, she experienced her most significant loss: the death of her father. P1 consistently engaged in counseling as she learned to cope with the multiple losses she had encountered across her life. P1 began practicing s a school counselor at a

public high school and experienced multiple student suicides in her years of practice. She experienced intense feelings of burnout and questioned her fit as counselor. The individual stories of her experiences of student suicide vary with each death, but similar themes arise from each story: the impact each death has had on her personally and professionally as she experiences grief for multiple systems affected by the death, the support she feels from her colleagues, and her shift in perspective on trauma and loss as she grapples with each student suicide. P1 expresses the meaning she has made from her experience of multiple student suicides as such: she feels a great sense of responsibility to further her studies in counseling to help support other school counselors, while recognizing how her own coping has become more adaptive. Her personal experience of student suicide shifted her perspective on trauma and loss. She used to believe that life was full of beauty but now believes that life is full of pain, and the beauty comes from working through that pain. She feels a sense of hope about this change in perspective, as she can be more helpful to those suffering when she is realistic about pain in others.

Participant Two

Participant two (P2) shared her childhood experience as marked by dysfunction: a lack of involvement from her parents as she was raised by a mother with an alcohol addiction and a detached father. She taught herself at an early age to keep her emotions hidden, that anger and physical violence were the only acceptable ways to assert herself, and how she must take care of herself as she felt neglected by her caregivers. She learned to cope with her pain by detaching herself from others and frequently turned to art, travel, and nature to renew herself. Recently, her father died, and she is struggling with the fresh wounds of this loss. She conceptualizes trauma as life experiences that allow her to be

effective while working with students who have a history of trauma themselves. Her natural caregiving ability led her to the helping professions, where she has remained across the course of her life. She practices as a public high school counselor and has the most extensive mental health experience within her team. Given her leadership abilities in the face of tragedy, she took over her school's response to the student suicide. The suicide of the senior student that she had a close counseling relationship with deeply affected P2. In the months following the suicide, she experienced feelings of responsibility, questioned her competency as a counselor, and struggled to address her own history of loss as she continued to cope by remaining emotionally detached from the pain she experienced—the coping style she has adopted over the course of her life.

Participant Three

Participant three (P3) did not grow up wanting to be a school counselor but began working in a school during her undergraduate years and found that working with children and adolescents was her passion. She applied to graduate school after a positive experience that she had shadowing a school counselor. Growing up, she experienced the self-harm of her best friend and questioned how best to support her. In college, she was deeply impacted by the loss of a close family member and struggled with the intense emotions she felt so much so that she adopted the assumption that grief is a burden that gets in the way of her life routine. Her family values echoed this assumption, as family members were never open in discussing their pain and defined the only acceptable forms of emotional expression as anger or happiness. She had a personal history of counseling, where she began to explore healthy emotional expression and began dispelling the assumptions she had adopted given her upbringing. Her experience of student suicide

occurred in her first year of practice and deeply impacted her. She felt supported by her co-counselor and felt equipped to respond to the student death as she was thoroughly trained in her graduate program by a professor who had experienced student suicide himself. Initially, she responded to the student death as she had across the course of her life: choosing to isolate from others in order to cope. But as she reflected on her experience, she found that the greatest lesson she had learned was the importance of setting tighter boundaries for herself, recognizing her own needs, and taking time to fully acknowledge difficult emotions by engaging in adaptive coping mechanisms or reaching out to others for support. She made meaning of her experience in the sense that her growth has come full circle: as she counsels students about coping skills, she has expanded her own understanding of how she herself copes.

Participant Four

Participant four (P4) shared that the breadth of her life experiences led her to work in helping professions: first as a social worker, then returning to graduate school to train and practice as a public high school counselor. She described a significant history of trauma and loss. At age 7, she lost her mother to suicide, leaving her father to quickly abandon any signs of their loss and remarry a woman with her own children. Her stepmother became a point of stability in her life, but as her parents were overwhelmed with the daily tasks of running the blended household, P4 felt invisible within her own home. P4 felt that she didn't have a safe space to discuss her grief, so she coped by avoidance and psychologically withdrawing from the pain. Her stepbrother, a violent alcoholic, molested her in her teenage years. She began counseling in her adolescent years, and into her adult years, where she experienced the death of her best friend and a

divorce. Her family's Catholic beliefs and disapproval of divorce lead to her feelings of shame which in turn triggered the feelings she had felt surrounding her abuse. Through years of personal counseling, she recognizes the importance of working through difficult emotions, rather than getting stuck in them. She learned that choosing to stay angry at her circumstances was counterproductive to maintaining a healthy life.

She had been deeply impacted by multiple student suicides. She felt the loss of each student via two identities: that of a school counselor, and that as a mother with high school children. She expressed grief and anger toward the loss of the lives her students could have lived, but recognizes that suicide is a final choice made out of despair and hopelessness. She chooses to view suicide through a lens of compassion for the hurt. Her upbringing validated her feeling of being called to be a counselor. She wants to provide a stigma free space for people to share their feelings openly, to experience the kind of trusting relationship that she yearned for as an adolescent. P is incredibly resilient in her outlook on life, as she identifies her losses as a series of lessons that have ultimately taught her compassion and empathy. P4 has transformed her loss into advocacy for mental health awareness in her community.

Participant Five

Participant five (P5) was inspired by the relationship she built with her high school counselor to help others the way she had been helped. She came out as a lesbian in high school, but struggled with living an openly gay lifestyle for fear of the reaction of her family and the values of her community. As she coped with the internal struggle of whether or not to come out, she coped by isolating herself and pulling back from relationships for fear of rejection. At the peak of her isolation, she experienced suicidal

ideation but never attempted. Her school counselor helped her accept her reality of being out and helped connect her to resources and others like her. She wanted to become an advocate and support for minority students, so she began studying school counseling. Upon experiencing student suicide, P5 struggled with guilt as she questioned her effectiveness at preparing other students to spot warning signs among their peers. She felt underequipped to respond to the many systems that require care in a school setting. Throughout the crisis response to the student death, she told herself she had to respond to the students' immediate needs first, then process her emotions later. Immediately following the suicide, winter break began, leaving P5 to disconnect from the pain entirely, as she didn't want to be reminded of the intense emotions she experienced throughout the postvention efforts. When faced with the reality of the suicide, she recognized her coping style of withdrawing as maladaptive. She does not have a history of counseling in her adult years, but credits her relationship with her high school counselor as pivotal to her future direction. She now views one of the ways the suicide was beneficial for the school in that the experience allowed for individuals to discuss suicide openly. P5 makes meaning of the suicide by helping students recognize the warning signs in their peers.

Participant Six

Participant six (P6) was drawn to the profession of school counseling because of reflection on her passions, personal experiences, and relationship with her own school counselor in high school. She did not have an intimate knowledge of suicide prior to practicing as a school counselor. She did not report a history of trauma or loss, but did share that her parents were not emotionally engaged in her and her siblings' upbringing.

She spoke of her maladaptive coping mechanisms across her life, prior to the student suicide, as she had adopted a responsive style of avoidance. Although she credits her relationship with her own high school counselor as pivotal, she recognized that she didn't fully understand the benefits of counseling until her adult years. The stressors of motherhood and managing her job led her to counseling. She was engaged in counseling when she experienced the loss of a student to suicide. The student death was traumatic for P6, as she was a first responder to the attempt that took place within her school building. In the weeks following the suicide, she experienced intrusive thoughts and post-traumatic stress disorder symptoms. She felt responsible for considering the multiple ways various parties in the school were impacted and worked to support them. Her own administrators were paralyzed by the event, so P6 took a leadership role in the responsive efforts. She was supported by an area agency, the Traumatic Loss Coalition, and is now a part of their crisis response team in order to be helpful to other schools who experience a traumatic loss. P6 felt that her experience put her life into perspective as it revealed the urgency of life. Her experience of student suicide was the first time she felt truly out of control. Her personal journey in therapy has allowed her to understand her own family dynamics, how and why she feels a great need to control every aspect of her life, and her own need for continued support on incorporating her resiliency skills to continue to cope with the inevitable pain life brings.

Participant Seven

When she was younger, Participant seven (P7) didn't think she wanted to be a school counselor, but she had a formative experience in high school that informed her career choice. Her father had a debilitating stroke and she was responsible for providing

constant care for him until her early twenties, when he ultimately died. She felt isolated by her father's condition and withdrew from her friends. In high school, P7 felt no one cared about her personal life, an experience that was only furthered by an interaction with her school counselor who didn't pick up on her expressed suicidal ideation. The lack of social support she experienced lead P7 to feel called to be a support for those who don't have that system in place. Participant 7 did not report a history of personal counseling. In her practice as a school counselor, she had an interaction with a student who expressed suicidal ideation similar to what she expressed in her high school years. She was able to help the student as she recognized the pain in his request. She makes meaning of her ability to have been able to help this student because she was once in his shoes. She has experienced multiple student deaths by suicide and accidental means. Each death presented different considerations for her as a school counselor responding either in a crisis team or by leading the crisis team. P7 struggles with the intense levels of emotion she feels when responding to student death and reported that she experiences emotional distance as she recognizes her need to protect herself from further pain. She reported that she held back from counseling some of the impacted students because of the ways that suicide brings up her own unresolved issues from past deaths. She shared that one of the greatest lessons that she has learned from her experience of student suicide is that she must advocate for herself in finding support. She detailed that she has had to keep opening up about her experience until she finds someone who will listen to her.

Participant Eight

Participant 8 fell into the profession of school counseling after exploration in college. Her exposure to social justice issues heavily influenced her career choice. She

reported that her graduate program was incredibly formative in her development. She shared that she didn't have a significant personal history of trauma or loss, but experienced natural deaths of relatives living outside the country. She reported that she hasn't felt a direct impact of grief throughout her life, but when faced with death, her experience is marked by the support she gave to others. Across the course of her life, she has not engaged in personal counseling. While practicing as a high school counselor, she experienced the loss of a student to suicide after he graduated. She attended the student's funeral and was overwhelmed with emotion. She tends to perceive herself as regulated and controlled, and her display of emotion contrasted with how she wants to be perceived, resulting in her feeling out of control. Growing up, she felt that in order to cope with change and cultural shifts, she needed to appear tough. Her reported coping style is that of denying herself acknowledgment or expression of emotions because she believes that emotions are counter-productive. She invalidates her own sense of loss, grief, or sorrow by comparing her own experience to the traumas she sees her own students encounter. Upon learning the news of the student suicide, her immediate reaction was to check on others and push her own emotional reaction aside. She has struggled to make sense of the death, or any death, as she believes death is unfair but natural. She finds meaning in her experience by the firsthand knowledge she gained in responding to student suicide. She feels helpful knowing that she can train others with her experience, as she currently seeks a doctorate to train school counselors. However, she continues to maintain the defensive posture of not allowing herself to experience strong feelings.

Themes Derived from Participant Meaning Structures

The interview questions elicited information regarding their experience of trauma, grief, and/or loss, from childhood to present. What each of the participants shared across both interviews was a story of past and present loss, experience of the student suicide, and past and present coping. Of the eight participants, four had a personal history with counseling prior and/or after the student suicide and showed a greater level of self-awareness, identification and solidification of positive coping skills, and connections to positivity and purpose post-loss. The four participants who did not report any prior or present counseling relationship as a means of support or coping had greater levels of maladaptive coping, symptoms of burnout including loss of empathy in counseling relationships, feelings of incompetence, and withdrawal from personal relationships. Each of these four participants appeared more delayed in their coping with their experience, as they reported they often relied on avoidance as a form of coping. The exception included one participant who had a history of counseling across her life and appeared to have a greater number of positive outcomes related to her experience, yet was leaving her practice as a school counselor due to burnout. While burnout has been identified as a negative outcome of her experience, she identifies her career move as a positive, purposeful decision as she chooses to pursue a doctorate in Counselor Education to advocate for greater mental health access in schools.

Consistently, participants reported that their own history of counseling, adaptive coping skills, and supportive, personal relationships were the most beneficial methods of positive supports in coping with their experience. It was apparent from the interviews that the women who had been in counseling for longer periods of time proved to be further

along in their journey towards self-awareness and meaning making. Over the life course, each woman identified and practiced coping skills, both adaptive and maladaptive, and continued to identify ways she was actively coping with her experience. Many participants spoke of finding support in their friends, family, or partners. While participants recognized the benefits of these relationships, some reported being selective about whom to share their experience with, as they feared the topic was too heavy or that others wouldn't understand their pain.

I derived a structural description for all participants both in thematic and linear forms. Each of the themes will be addressed below, including subthemes. Due to the potentially identifiable personal information shared, participants will be referenced not by name but identified by number: P 1-8. Below is an outline for all themes and subthemes (Table 2).

A table (Table 2) representing the thematic structural description of all participants' experiences of suicide is presented here. This table represents the essential themes and subthemes that were derived from the participant transcripts.

Themes	Subthemes	Further Subthemes	Further Subthemes
Historical Context: Early Experiences with Trauma and/or Loss	Prior Experience of Trauma		
	Experiences with Loss	Loss of Childhood Identity Loss of Loved Ones	
Personal History with Counseling	No to Little Experience Significant Experience		
Training in Graduate Program			
Response of School/District	Administrative Support District Intervention Further Training		
Coping Reactions and Related Predictors	Adaptive Coping	Support Systems Processing Experience with Others Self-Care Recognizing Boundaries Containing Okay to Ask for Help Permission to Feel Feeling More Competent and Engaged	
		Finding Purpose	Sense of Responsibility to Support Emotional Needs of System Compartmentalization of Reactions in Service to the School Channeling Experience into Productive Outlets
	Maladaptive Coping	Withdrawal from Personal Relationships Hyperfocusing on Suicide	
		Maladaptive Change in Emotional Response	Withdrawing Emotion Loss of Emotional Investment Higher Levels of Emotional Dysregulation
		Avoidance Resurfacing of Prior Losses Feelings of Incompetence Burnout	
Shift in Perspective on Trauma/Loss			

Table 2. Thematic structural description of the experience of student suicide

Historical Context: Early Experiences with Trauma and/or Loss

For the purpose of this research, "trauma" refers to "experiences that cause intense physical and psychological stress reactions" (SAMHSA, 2014, xix). It can refer to "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being" (SAMHSA, 2012, p. 7). Loss will be understood as personal or interpersonal

loss of relationship, including death, while grief will be understood as the "characteristic response to a loss" (Baker, Proctor, & Gibbons, 2009, p. 25).

Experiences of trauma and/or loss were significant for the women. Women shared their varied traumatic experiences which included divorce; the internal struggle of coming out; suicidal ideation; sexual abuse; living with alcoholic parents; and having a partner diagnosed with cancer. Women shared their experiences with loss which included death of parent, family members, and friends; loss of childhood and as parenting roles reversed; and loss of childhood identity due to early sexual abuse.

Prior experience of trauma. Five participants noted an early experience of trauma, while three participants specifically reported no experiences of trauma. Those that shared about trauma identified their experiences as occurring before the loss of student to suicide and provided details surrounding their trauma. Two participants had intimate experience with the loss of a family member to suicide, and described their upbringing as heavily impacted by the death.

Participant 1 offered:

> *So my grandmother completed suicide even before I was born. So my mom was in second grade. She hung herself and my mom was the one that found her. So that obviously was a huge impact on my mom's life, and then, therefore my life. I was the oldest and my mom was bipolar, had a lot of things that went on there. And so, not that it was always blamed on grandma's death but that was always a big part of growing up. That suicide piece* (P1.1, 28-32).

While Participant 1 did not experience the suicide while she was alive, her family and home life was influenced by the loss of her grandmother to suicide. Participant 4 lost her adopted mother to suicide at the age of seven:

> *"What I remember growing up—I was only 7 when she died. But she was classically depressed. She had depression and she was receiving help but I don't know that the help she was getting was helpful, unfortunately. The psychiatrist that she was seeing actually did prescribe the medication that she used to overdose. I think that the hardest—there's memories, whenever you've been traumatized there's certain memories that just kind of stick with you. The two that are probably the most difficult that will always be there are the ambulance pulling away from our house because that was final* (P4.1, 80-87).

Two participants had personal experiences with suicidal ideation as adolescents. Both expressed they had fleeting thoughts of attempting suicide but did not engage in detailed planning or attempts. After an internal struggle for much of her high school years, Participant 5 came out as gay her senior year:

> *So that was a pretty big thing for me. I kind of always knew that I was gay but I never really said it to anybody. And it kind of happened—like a string of events happened, like I was dating a guy and then I realized* (P.5.1, 102-104).

Her self-doubt, fear of rejection, and understanding of the risks associated with living openly created an interpersonal dilemma as she struggled to cope with her ideal identity:

> *In high school when I was going through everything, I did—I don't really categorize it as suicidal thoughts. I didn't have a plan, I didn't have a means to do it, I just kind of more thought like what would happen if I wasn't here? Would people miss me if I weren't here? Stuff like that. But I never had a plan or anything. So I didn't feel like I was suicidal, I was just like, you know what would it be like if things were different?* (P5.1, 228-232)

In her adult life, Participant 5 now identifies her suicidal thoughts as suicidal ideation based on the mental health knowledge and training she has received. She shared, "*Because if I had heard a student say that they were thinking the same things that I thought, then yeah. I would categorize that as ideation for sure"* (P5.1, 236-237). Participant 7 shared her experience of suicidal ideation, as she disclosed her thoughts to the school counselor, "*And I said, "I don't really want to be here," and she didn't get that I was saying I didn't want to be in life"* (P7.1, 26-27). She links her suicidal ideation to the stress she experienced from her father's debilitating stroke that occurred her freshmen year of high school. She struggled with her peers as they didn't seem to understand the severity of her father's condition:

> *But I at that point in my life really needed someone to talk to, and nobody seemed to care. I remember at some point in time, my friends, they didn't get the connection between what had happened with my dad and how it affected me* (P7.1, 21-23).

Two participants reported being subjected to an unsafe and violent upbringing in their childhood homes. Participant 2 shared, "*My mom was a raging alcoholic, my dad*

was a workaholic. Those were my life experiences" (P2.1, 38-39). Her parents were withdrawn from parenting and she and her siblings were often left unsupervised:

> *But they're just very—they weren't very trustworthy. There were a lot of anger issues, you had to walk on egg shells. I learned really, really quickly not even tell them what I was doing. It was so bad that I left for an entire weekend one time, and I called on a Saturday night. I think I was 16 or something. I called on a Saturday night to say, "Oh hey, I'm in northern Wisconsin. And they were like, we didn't even know you were gone." So you know, you have to kind of figure out how to do things on your own* (P2.1, 340-345).

Participant 4 shared a similar experience of her family dynamics. She offers:

> *Yeah, so there was some other events that I didn't always feel safe in my family. I have a stepbrother who was a rather violent alcoholic and that could be frightening to live with. So the safety factor wasn't always there. And my parents, as wonderful as they were in recognizing when there were problems, I think they were so overwhelmed by my dad's job and his career and the sheer number of kids and just when you blend a family, both of which had lost a parent* (P4.1, 165-170).

Both participants felt unsafe in their homes but for differing reasons. Participant 2 shared that her siblings would establish dominance over each other by physical force: *"Whoever could beat up whoever on that day was like the king of the house and could do anything they wanted. It was violent"* (P2.1, 585-586). Participant 4 disclosed her experience of sexual abuse: "*I did have a violent alcoholic stepbrother who also molested me. So that*

was—that's where the safety issues really came in" (P4.1, 211-212). Her adolescent experience of surviving the loss of her mother to suicide coupled with being sexually abused led her to receive a diagnosis, "*...In one point of my life I was diagnosed with PTSD and depression"* (P4.1, 337-338).

Experiences with loss. All of the women shared experiences of loss, ranging from loss of childhood experiences to loss of loved ones. Three of the eight participants reported no significant experiences of loss, other than the death of family members who they didn't feel very close to. Both Participants 6 and 8 shared that the death of their family members were expected and experienced no significant grief as a result of their death. Five of the participants shared their intimate, personal experience with loss.

Loss of childhood identity. Four participants shared their intimate experiences of loss of self due to their traumatized upbringing. Participants 1, 2, and 7 spoke of their loss of childhood identity as they were thrust into a role of responsibility in their household at a young age. Each was identified as the caregiver in their home. Participant 1's mother was bipolar and "*shut down for a couple of years*" leaving Participant 1 to care for her siblings. She offers:

> *So I was the mom. There's four of us, there's two of that are super close together in age my brother and I. Then, there's like eight years, then my brother and sister that are close in age. And I basically raised the two younger ones* (P1.1, 92-94).

She continues:

> *Because I feel I was so parentified. Especially during my high school years. And to see there's a lot of anger there with how she treated my*

> *younger siblings. Because I definitely felt I had to step in for them. If it were parent visit day at kindergarten, mom wasn't going to go. So I felt like I had to be the one to go, which seems weird as a teenager. But so it's been difficult to kind of work through that* (P1.1, 209-212).

Participant 2 shares similarities, as her parents withdrew from parenting, "*We kind of raised ourselves*" (P2.1, 584) and identifies herself as the caregiver, *"…I think I was the stable one in my home as I grow up out of our family. And I just kind of took care of people*" (P2.168-69). Additionally, the caregiver role was described by Participant 7, as she responded to her father's health condition: "*I spent the last 12 years helping to take care of him, because he should have been in a nursing home, but we took care of him at home"* (P7.1, 195-197). She speaks of having had to make large life decisions based on her father's care and her proximity to him. She experiences resentment towards her peers and their ability to choose to become a parent, as she did not get to choose the amount of responsibility she was given: "*Like, you have no idea about responsibility. It's not my fault I have this"* (P7.1, 224-225). In graduate school, she felt that her peers with children were given more flexibility than she was:

> *Nobody cared enough to cut me any slack. So it was frustrating that I'm working my hardest, and that person got an extension because oh, they have a lot of responsibilities and they're a parent, and they just think I'm somebody who has no responsibilities* (P7.1, 239-241).

All three participants speak about the anger they have carried towards their role-reversal experience. Participant 1 shared that now in her adulthood, she is being faced

with the task of taking care of her mother again as she was recently diagnosed with Parkinson's disease:

> *She actually lives with my brother and he's always like, you need to take your turn. And I'm like I had my turn! It's your turn now. So that's hard and brings up a lot of that childhood resentment and not feeling like I had a traditional mother figure in my life* (P1.1, 219-221).

All three participants hold resentment towards their experience of giving up so much of their lives to care for their parents. Their loss is complicated by feelings of anger towards their own youth and related developmental experiences.

Participant 4 shares a loss of childhood identity as well, but it is marked by her lost opportunity at a typical childhood experience as she was molested at an early age and her parents moved frequently due to her father's military job. She offers:

> *And I don't really think that people really truly understand the loss involved in military families when they move that move. So the fact that I went to about 7 or 8 all told growing up, that was—and I never defined it as loss until I had a very competent therapist who kind of pointed out that complicated grief I had between just the adoption and some abandonment with that, and then my mom dying and then you know, all the family turmoil that we experienced with my stepbrother* (P4.1, 217-221).

Loss of loved ones. While all women reported an experience of loss of loved ones, three were largely unaffected by the death of their family members. Three participants identified themselves as "lucky" or "fortunate" regarding their limited experience with death. Five participants reported a significant experience of loss of loved

ones. Most women had experienced the loss of a parent, while one participant reported loss as a result of a divorce. Three women recently lost a parent in their adulthood and report they are currently grieving those losses. Participant 1 stated that her father's death was the most significant death she had experienced, as he helped fill both the parenting roles, given that her mom was bipolar. Similarly, Participant 2 identifies the loss of her father to cancer as "*the most grief-stricken thing [she had] ever had to deal with*" (P2.1, 121-122). Participant 7 lost her father after years of providing care for him after he suffered a debilitating stroke. Her feelings towards his death are complicated, as prior to his death, she would put his needs before hers to take care of him. She devoted so much of her life to taking care of him that she described his death as *"freeing"* but carries guilt about that thought: *"…and it sounds completely callous when I say it's freeing"* (P7.1, 218).

Participant 4 experienced the loss of a parent twice: reconciling the first loss of "abandonment" by her birth mother as she was adopted, and the subsequent loss of her adoptive mother to suicide. "…*I always knew I was adopted. But I also always knew how my mom had died and that it made other people uncomfortable"* (P4.1, 143-144). Through counseling, she identified feelings of abandonment towards her birth mother that were complicated by her adopted mother's suicide. In her young adult years, her college best friend had died in an avalanche but her then-fiancé survived. Ultimately, the survivor's guilt that her fiancé experienced negatively impacted their marriage resulting in divorce. She states:

> *And then in college, I had a roommate. So I was engaged at the time. And so my fiancé and my roommate were snowshoeing out by Boulder, just*

> *outside of Boulder. And they were caught in an avalanche and my roommate died and my fiancé lived. And this was probably about a month before our wedding. And we really considered kind of calling it off. It was pretty profound and it really changed him a lot. Probably more so than I wanted to recognize. So that was hard, just dealing with that. It was very sudden and unexpected. And when you are intimately involved with somebody who is going through that survivor grief, like you are so grateful that they are still with you and yet they have such tremendous, intense feelings of, "Why did I survive? And what does this mean?" You know. And so, we did get married and he ended up—we divorced. After he decided to pursue a relationship with somebody else while we were still married. That's my polite way of saying he cheated on me. That was hard. (P4.1, 221-232).*

Participant 4 has experienced significant loss across her life and continues to report anticipated loss. Recently, her husband was diagnosed with cancer and she is reminded of her childhood memory of her dad delivering news of her mother's suicide to her and her siblings. Her husband's battle with cancer has reopened the fear she felt when she experienced her mother's death, only this time, she is experiencing the trauma through the perspective of parent.

Participant 3 reports that she felt "lucky" growing up because she didn't experience any loss in her younger years, until her great-grandmother died while she was in college:

> *It was my great-grandmother. And we were always really close and that was really tough for me. Especially being in college and trying to navigate that world plus that was the first time I ever really lost somebody. But I also didn't know how to deal with it* (P4.1, 89-91).

Personal History with Counseling

While all women expressed an appreciation and necessity for the role of a school counselor, across their lives, not all eight women had sought out counseling as a means of support. The participants shared their personal history of counseling, ranging from no or little experience to significant experience.

No to little experience. Of the women who reported no personal history with counseling, varying messages were shared about their lack of counseling. Participant 2 jokingly shared: "*I became a counselor because it was cheaper to become a therapist than to go to therapy, you know?"* (P2.1, 329-330) In her second interview, she admitted that the pain of her own life was too much and she doesn't want to deal with her own emotions by facing them: "*I can help everybody and anybody through their stuff but when it comes to having to deal with it on my own, it's a---I just can't. It's easier to just get involved in other people's stuff"* (P2.2, 216-218). Across her life, Participant 5 reported no history of counseling, but as she struggled to come out in high school, she did establish a close relationship with her own school counselor:

> *And just slowly started to build a relationship and you know, I was going through some other stuff at the time and she just kind of helped me through that. Just seeing how amazing she was, I know that we had a good relationship but I know that she helped a lot of other students too and*

> *she's really, really good at her job. She was so different from the other counselor that I had. So she kind of inspired me to help other students and help other people the way that she helped me* (P5.1, 49-54).

After her experience of student suicide, she reported no use of counseling. Similarly, two participants, Participants 7 and 8, reported no history of counseling across their lives. The only interaction with a counselor Participant 7 mentioned was her own school counselor in high school who did not pick up on her vaguely expressed suicidal ideation.

> *I would hope I don't have that much attitude with any of my students. But I can see where you might miss that, because I said it in such a vague way at 15. I can see where my counselor didn't pick up on what I was saying* (P7.1, 116-119).

While Participant 5 spoke positively about her experience with her school counselor and Participant 7 spoke negatively about her experience with her school counselor, both Participants 5 and 7 spoke of these interactions as inspiration for their future careers in school counseling. Participant 8 reported no history of counseling as well and spoke of her minimal interactions with her own school counselor in high school. In responding to the student suicide, she shared that she could grieve on her own with no additional support, but did not explicitly state counseling as an option:

> *For me, I felt like, I can take care of myself. I'll be okay. I just need to see how other kids are doing, and how other teachers and staff members are doing, so, I kind of had to grieve on my own, quickly, and then, move that*

> *to the side, so that I can go support the people in the building, who were also grieving, and needed support* (P8.2, 41-45).

Significant experience. Participants who reported a history of counseling spoke at length about their counseling relationship and the support they found within that relationship across their lives and after their experience of student suicide. Four participants shared about their counseling history as means of coping and healing. Out of the eight participants, two women reported significant experiences of trauma. These participants shared about their long-term history in counseling addressing their traumas. Participant 1 shared about the heavy emotional burden she carries related to having had to care for her siblings. She has been in ongoing therapy dealing with that burden, together with her lasting experiences related to her grandmother's suicide and her repeated experience of student suicide. She finds meaning in the Eye Movement Desensitization and Reprocessing (EMDR) counseling work she has done and continues to do. EMDR, originally developed by Francine Shapiro in the late 1980s, is an empirically supported treatment for post-traumatic stress disorder (Ostacoli et al., 2018). Participant 1 reported uses her own experience as a means to connect to her students who could benefit from counseling themselves:

> *You know, there's a time and a place. And I think I have in the last couple of years, especially where I have to plan time to take it out and deal with it. And I think therapy is that for me. And EMDR as well. I remember there was one time we were in the middle of an EMDR session and I just started to cry. And the therapist started to move on and I was like, I just need a minute to just be sad. And I probably sat there for three or four minutes*

> *and just cried and allowed myself to be sad. And then we could move on and do something. Which is hard, I mean most people don't—you have to be okay with that. And learn to do that and be okay to give yourself permission. And I do that. You know, as much as we talk with students about coping skills, I absolutely have my own that I have to do. You know I tell people, especially students, sometimes I get to the point where my list of coping skills isn't enough and I know I need to go and do some therapy or get on medication or do something else that's going to help me keep going* (P1.1, 299-310).

Participant 4 grew up grieving the loss of her adopted mother to suicide while navigating an unsafe household where she was sexually abused by her stepbrother. She began addressing her trauma in counseling during high school and into college. She continues to work towards a resolution of her trauma in counseling.

> *So they got me into counseling and I would say that counseling probably got me through high school and it wasn't until I got to college and EMDR was really coming on the scene that I went through and did EMDR that I really felt like a lot of the trauma was resolved* (P4.1, 191-194).

She is very aware of how trauma impacts her life, both personally and professionally. She shared:

> *I definitely, because I don't think, you know, if you don't resolve those issues, you will not be a competent therapist in any way. So you gotta really know and own your stuff and know when it's creeping up in order to be available and a good therapist for others so I don't think I could have*

> *ever done it if I hadn't have gone through some really good. Like I've had some really good competent therapists and I've had some therapists that left a little bit to be desired. So like I could kind of see the ones that really had done work on their own issues. So yeah, I would definitely say it did* (P4.1, 199-205).

As a trained clinician, she is aware of the counselors that have their own trauma recovery work to do and how she has made progress towards her own resolution. In many ways, counseling has been her road towards healing and has been the only space that she felt she could share in. She expressed feelings of gratitude towards the healing opportunities she has had and credited the skills that counseling has taught her to stay healthy.

After her first experience of heart break, Participant 3 reported seeking counseling to cope with her intense emotions. Growing up, she received negative messages about displaying emotions and had to confront that belief in counseling.

> *I put myself in like—there was a counseling facility in my college and I was like, I am going to go there because I feel like I need to talk about this. I had gone there for 6 weeks and just kind of learned to be more accepting of myself and not really care what my parents were all about when it came to emotions and things like that* (P3.1, 207-201).

Counseling validated her emotions and helped to dispel the assumptions that her family had about being emotional. Coping with the experience of student suicide, she also turned to counseling for support: *"But then over the summer, I finally decided hey it's time to actually to be able to talk about this and become more comfortable talking about it"* (P4.1, 424-425).

Participant 6 shared about her positive relationship with her high school counselor and how that impacted her decision to pursue a career in school counseling. *"I reflected on my time in high school, and I used my counselor a lot"* (P6.1, 22-23). In the months prior to her experience of student suicide, she sought out counseling as a means to cope with the stressors of motherhood and managing her job. She was in counseling when she experienced the loss of a student to suicide and credits her work with her therapist as crucial in recognizing her post-crisis symptoms as part of post-traumatic stress disorder:

> *Definitely a lot of talking. And a lot of, my team here, my husband, this therapist. I think she was definitely phenomenal in educating me on PTSD and what I was seeing and how to work through it. And how to desensitize the situation, and finding connections to positivity after someone's death* (P6.2, 219-222).

Each woman who shared about their counseling experiences reported the ways in which their therapy has resulted in positive support. Each spoke of counseling as extremely beneficial, as they have become more conscious of their coping responses and self-care needs, particularly given the heavy emotional burden of their work as school counselors responding to student suicide.

Training in Graduate Program

Each participant shared about the training they received on suicide in their CACREP-accredited graduate program. Across the eight participants, only two reported that they felt equipped to respond to a student suicide. Six participants shared that they either received no training on student suicide or that the training was minimal and focused only on suicide assessments, but not the actions that must follow an assessment.

The two participants that felt that they were adequately prepared for their experience of student suicide spoke of extensive training regarding all aspects of suicide assessments including how to respond if a student was a high risk for suicide. Participants 3 and 7 reported that their graduate programs equipped them to respond appropriately to a suicidal student and to a student suicide. Participant 3 shared that her preparation came from a crisis counseling course, where students role played responses to various crises, including a student suicide. She shared:

> *And we did go over a vast array of tragedies that could happen in a school but one of the topics that we did cover was suicide and crisis team. So what happens when someone does complete suicide and what does a crisis team look like in a school and how would you assemble it and what would you do* (P3.1, 339-342).

She recalled that one of the most helpful components to her training on how to respond to a student suicide was learning that she could pull other mental health professionals and resources from within her district or from neighboring schools. Her training taught her that in times of crises, there are people that want to support and help—that the school counselors don't have to navigate the school's response on their own. Similarly, Participant 7 reported that she had received extensive training on how to respond to student suicide. Her training was impacted by one of counseling professors who had his own experience of student suicide while he practiced as a school counselor. She recalled:

> *So because of that experience he had, he made sure that we as school counselors were beyond prepared and ready to handle if a student is expressing suicidal ideation this is what you need to do. He let us know,*

> *this is what you need to do, this is the time you have to have for the aftermath of it. I feel like I was so thoroughly prepared with that, I feel like it was so thoroughly prepared that when it actually happened, it was like, okay. This is who we need to contact, this is what we need to do, and it was done* (P7.1, 361-367).

The participants who felt equipped to respond to a student suicide were of the minority. Most of the women shared either that training was nonexistent or it was focused on other aspects of suicide, such as assessment. Participants 2 and 6 reported that their training on student suicide was nonexistent. Participant 2 spoke about the knowledge she has now given her experience and her hope that graduate programs would explicitly teach counselors-in-training about their own warning signs of needing to seek out counseling. She offered, "*Yeah, what they should have done is just be direct and say this is what you are going to experience. This is what it could look like, this is when you should consider getting extra help"* (P2.1, 296-297). Four participants felt that their training on suicide left them ill-equipped to respond to a student suicide. They each reported that they had no specific guidance on suicide response and postvention efforts in a school. Additionally, they expressed frustration towards their program shifting the focus of the topic of suicide towards the clinical mental health practitioners in training and not towards school counseling students, as the extent of their training rested solely on the diagnostic criteria for assessing for level of suicide threat. Participant 4 spoke of simply learning how to question about suicidal ideation:

> *There was just how do you assess for their level of risk and even then, it didn't, you know, the basic questions about are you thinking about*

> *suicide? Do you have a plan? Do you have a method or a means? And do you have intent to act on it? Those basic questions but there was no other detail, you know, it was just basically are they in imminent danger to themselves and if so, you go this route in the DSM and ….(laughter). So it was all related mostly to diagnostic criteria and not to intervention* (P5.1, 395-400).

The school counselors reported a lack of training on suicide intervention or practice-based skills to be applied in a school setting. Participant 5 shared:

> *In grad school specifically, it was not geared towards school; it was just suicide in general but more focused on the clinical track. You know, which always is helpful to have that knowledge but now that I know what it looks like in a school when someone does commit suicide, it's—there's nothing similar to it really at all. They are very different, the skills and techniques can be similar but the setting, the context, all of it is just different* (P5.1, 351-357).

She felt unequipped to not only respond to the student suicide on a microlevel but on the macrolevel as well because of the ways that school counselor must consider multiple systems that require care in a school setting. Participant 1 shared:

> *But I don't think we were taught this—we weren't taught this in our graduate program. How do you deal with this kind of grief and this kind of—you are taught about grief, and maybe how to deal with a student who has lost a parent or something like that. But how do you deal with an entire system that is traumatized and grieving?* (P1.1, 395-400).

Response of School/District

Each participant shared various facets of their school and/or district's response to student suicide. Many spoke of the responsibilities they had as school counselors in assembling the crisis teams to provide crisis response within their school building. Various themes arose from the participant data: administrative support, district intervention, and further training provided by the school district.

Administrative support. Various levels of perceived administrative support were discussed by participants. Participant 1 and 2 shared of personal conversations administrative staff had with them in the aftermath of the student suicide, but each had a different response. In the month after losing four students to suicide, Participant 1 recalls her assistant principal's concern as he asked if she was okay. She also shared about her administrative staff in the building understanding the severity of the grief that both students and staff were experiencing, as they made accommodations for students to opt out of semester tests due to the tragedy. Participant 2 shared about concern she received from her principal, but that she didn't feel it genuine.

> *I did all of this stuff that I needed to do. One day the principal brought me in because I was just very in 'go' mode, no emotion, just this is what I have to do to get through this. So him and the assistant principal brought me in and tried to have this, "Well, we are really concerned about you."* (P2.2, 172-175).

She interpreted this interaction as her boss feigning interest in her self care because she had never felt that he was safe to trust. She shared, "*...you don't really care about me. You are saving your job and making yourself look really good. So you don't have the*

right to know how I really truly feel" (P2.1, 557-559). Participant 2 shared a history of her administrators refusing to acknowledge the reality of the mental health needs of their students. Her principal had directed the school counselors not to discuss suicide with their students: "*You don't ask a student if they are suicidal because that is going to make them suicidal. So we could never have that conversation or whatever"* (P2.2, 48-51).

Other school counselors spoke of varying amounts of administrative support surrounding assembling the school or district's crisis response team. Participant 7 shared that she received immense backing from her administrators, who followed her lead as she felt prepared to respond to the loss. Participant 6 had a different perspective in her responsibilities as she serves as the school counseling administrator in her high school. She worked with her superintendent to support her team of school counselors as her principal was paralyzed by the events and withdrew from the response efforts. Participant 5 spoke of the lack of resources provided by administration:

> *Like it's just been, that's a really bad thing about this county is the support. We just got a new superintendent and he's all saying that he's supportive of counselors, and I think that he is but we don't have the resources and the time to do professional development* (P5.1, 369-371).

While her superintendent expressed his support of counselors, she didn't see any tangible actions that conveyed it and felt disheartened by the lack of formal training on the district's suicide prevention and intervention protocol. She felt underequipped and under supported by administrative staff to respond to a suicidal student or respond to a student suicide.

District intervention. Across the data, the role of the school counselor within the crisis team varied: Participants 2 and 7 spoke of taking on a leadership role and felt that they were looked to as the expert in responding to the student suicide. Others spoke of working alongside other mental health professionals but ultimately, didn't feel responsible for deciding how the crisis response took place within their school. Three of the women shared about their active role collaborating with administrators to set up the crisis team and follow a pre-established crisis response plan. The school counselors' role was multifaceted: helping organize community resources, checking in with impacted students and teachers, and stationing crisis counseling staff all over the school to implement psychological triage. Many participants described their district's large crisis team efforts that pulled staff from all over the district to respond to the impacted school. The teams varied across participants but typically consisted of school counselors, licensed professional counselors, school social workers, school psychologists, and school administrators. Participant 1 shared:

> *And our—again, our response was similar the crisis team comes in. Usually it's maybe five counselors or social workers from around the district will come in and they set up the psychological triage. And then we see kids, we always call home. We usually have one location where they can come down and see a counselor or just kind of hangout you know? How grief is, they just need to kind of have a place. I like that they bring people in because we as counselors are also impacted because they are students in our building and we know them. Even though we are part of their response, they come in and kind of help to run the show, which is*

> *nice because we are not 100% thinking clearly through all of that* (P1.2, 41-49).

She expressed that when the crisis team assists, they make the responsive plans so that the school counselors can feel less responsibility and take care of themselves in the ways that they needed to. Participants 3, 4, and 8 had similar descriptions of the organized nature of their crisis team efforts. Working together with the other school counselor in the immediate days following the student suicide, Participant 3 expressed comfort knowing that she was supported in the decisions that the team made to support students and staff. Working within a crisis response team, Participant 4 has had extensive experience responding to student suicide as her district has experienced a suicide contagion in recent years:

> *It must have been around 2010 that we started to have one or two suicides every year. This is across the district not just in my building. As a crisis team, we sadly perfected that crisis response. We talked about every response and how do we make it better and what are our next steps. Sadly, we've had a number* (P4.2, 77-80).

She spoke of the numerous times her large district crisis team has been assembled and the way her school tailors their response to each student loss, as each presents new dynamics and levels of impact:

> *…Any crisis type of event, we just have trained staff on site to help with figuring out who needs help, who needs just some crisis counseling in the moment, who needs just to vent and talk, who do we really have significant*

> *concerns about, need to get connected with somebody in the community* (P4.2, 345-349).

Participant 8 had also experienced numerous student deaths, both by accidental means and by suicide. She described her district's approach to providing responsive support to impacted students and staff:

> *I think, for that one, because it was a former student, I think the school counselors and the social workers, and school psychologists and administrators, we all worked together, to provide some safe spaces for kids, to come talk to us about it* (P8.2, 14-17).

Another aspect of district intervention that was explored was that of crisis services offered by the school directly following the student's funeral. Both Participants 1 and 4 shared similar descriptions of this support:

> *What we ended up doing is having that Saturday, we opened up the school, and we had crisis counselors and therapy dogs and we had parents downstairs in the library with people to process like, "What do I do? How do I protect my kids?" kind of thing* (P4.2, 203-206).

Other school counselors spoke of their personal choice to attend the student's funeral, both to pay respects to the student, but also as a means of outward support for other grieving students as well. They described that another benefit to their presence at the student funeral was that they could assess which students were close to the deceased student so that further support could be provided to those students.

Two women spoke of their Employee Assistance Program and post-tragedy counseling within their department and/or school building. Participant 1 credited the

group counseling that her and her school counseling colleagues participated in was beneficial to her healing process, but Participant 6 shared that their school struggled with the counseling process as the clinicians leading the group was impacted by the student suicide as well due to their role in the crisis response team. Both shared that overall, they felt supported by their school and staff in this process.

Further training. Two of the school counselors who had experienced multiple student suicides spoke of their district's understanding of the severity. Post-tragedies, their districts established committees to assess what data-based suicide prevention and intervention curriculum they should be training their staff to provide. Through their committee work, their districts have conducted additional trainings for their faculty and staff. Participant 4 shared that after her district's suicide contagion, her team overhauled their protocol for assessing student suicide threat risk and began training staff on their updated procedures. She spoke of the positive outcomes that the tragedies brought to her district, as her staff is very well-equipped to respond to a range of student crises now: including death to suicide.

Coping Reactions and Related Predictors

All women identified the coping skills they have developed and practiced across their lifespan and after their experience of a student suicide. While all participants discussed a variety of adaptive and maladaptive coping skills, the experience of student suicide shook all eight women to their core and forced them to grapple with the ways in which they are actively coping with their experience.

Adaptive coping. Each participant detailed positive outcomes from their experience of student suicide and the coping skills that they utilized to navigate how to

respond appropriately as a school counselor. Some participants explicitly listed a comprehensive list of the coping skills they utilize, while many simply spoke of the most salient and useful ways they coped. When asked to imagine if she had a list of coping skills written down, one participant laughingly shared: *"I actually have it written down, it's on my mirror in my bathroom"* (P1.1, 323). Various themes of adaptive coping arose from participant data: support systems, processing their experience with others, self-care, recognizing boundaries, containing, okay to ask for help, permission to feel, feeling more competent and engaged, and finding purpose.

Support systems. All eight women acknowledged the importance of finding support from their personal and professional networks. They spoke of the comfort and validation they received from their personal circles as they grappled with the loss of student to suicide. Across the participants, leaning into their support systems was the only shared adaptive coping skill that each utilized. Each participant discussed their individual support systems, but all were composed of varying combinations of personal friends, partners, close colleagues, and family members.

Participant 1 detailed how she coped with her experience leaning into her network of social support while at work:

> *I attribute a lot of our healing to the people that I work with. I have amazing colleagues and that shared experience is a huge bond. Ever since everything has happened, we check in with each other very briefly in the morning. One of my colleagues lost her husband the year before I lost my dad, and you know, one of other counselors lost his dad in the last year. And it just—you know, we check in with each other. Where are you at? We*

> *can try to help each other out if we need to. If it's a bad day and someone just needs to do paperwork for an hour, you know, we can take the crying kid that walks in or something like that. I think that's been good* (P1.1, 301-316).

She continued to speak of the support her colleagues provided, but also discussed how she would have to advocate for her own help as well in recognizing when to ask her circle for support, "*…just having previously identified those people that support me. And just saying, hey! I need all hands on deck"* (P1.2, 331-332). Through her experience, she has learned to be an advocate for herself and to reach out to her loved ones for what she needs. While coping with the news of the death, Participant 5 discussed sharing her experience with her family: "*I talked to my family about it. And I had told my mom, I had texted my mom at some point during that day and I told her what had happened"* (P5.2, 237-238). While she revealed that she limited the content of what she shared with her family for fear that they wouldn't understand, she recognized that she reached out to them in order to find support.

Across her life, Participant 6 credits her familial support as one of her strongest coping mechanism:

> *Family support. I have—I'm a triplet so we are very close, the three of us. And then I have a younger sister, who is 8 years younger, we are all so close and just really great parents. Good friend group too, the triplets, the three of us we have a very similar friend group. So we have a good 10-15 friends that we are close with, so depending on what season is happening in my life, I think leaning on them a lot helped* (P6.1, 54-58).

After her experience of student suicide, she reported that she coped by processing with her team of counselors at school, her husband, and her own therapist. In the aftermath of the student suicide, Participant 7 credited the love her lifelong best friend provided her as her largest source of support and comfort: "*I guess probably the biggest thing is having had the same best friend for the last, oh my gosh, close to 20 years. That really helped"* (P7.1, 251-252).

Choosing to share their experience with others that participants "trusted" was mentioned several times. Participant 8 stated:

> *I think, as I said before, I think I had my own moment to grieve. I could talk to my colleagues about it, so I had people that I trust to talk to. I think that's my method of coping, but I have to talk with other people. Close friends, or family…*(P8.2, 141-143).

Participant 2 expressed gratitude towards her friends and colleagues as she stated: "*So I felt I was probably lucky as a guidance counselor in a school to have so many support systems for myself. Of people I knew I trusted and I just wasn't talking to a stranger"* (P2.1, 315-317). All participants spoke of confiding in friends and family about their experience but Participant 3 shared that she leaned more on her friends than her family for emotional support as they would provide more validation than her family would. She expressed that her family didn't quite understand the magnitude of her pain but stated: "*Rely on your school family, like they will get you through it because they are experiencing it too"* (P3.2, 582-583). Participant 4 shared similar reflections as she spoke of the bond that her high school counseling team has since strengthened as a result of their shared experience of student suicide: "*…so we really are a pretty cohesive team,*

and I know I trust my team. I think that has helped me personally, significantly" (P4.2, 457-459).

Processing experience with others. While all found support in their social systems of friends, colleagues, and family; participants spoke of the act of actively processing their experience with others as an integral piece to their coping. Sharing their stories and reactions with others was discussed by almost all eight participants; the only participant that didn't explicitly name the act of processing continually spoke of experiencing difficulty surrounding discussing her traumatic past and emotions. This participant revealed that she actively avoids discussing deeply painful experiences, but rather, expresses her difficult emotions through humor:

> *And in order to not burn yourself out, we would always find humor. Sad, sick, horrible humor. And we would laugh at the dumbest things, because if you took everything to heart that these people were doing to themselves, you would be an emotional puddle* (P2.1, 523-525).

The other seven participants discussed processing with others as a means of coping and grappling with their experiences. Participant 1 summed up the necessity for school counselors to be able to follow through with the same instruction they provide their students: talk to someone. "*We actually have to do what we tell them to do. You have to have those good friends, or your spouse, or someone that you can talk to about it* "(P1.2, 265-266).

While many spoke generally about people with whom they chose to process, three participants expressed that it was incredibly helpful to speak with others who had experienced the same loss of a student to suicide while practicing as a school counselor.

Participants 1 and 4 shared about utilizing their Employee Assistance Program to provide a counselor to conduct a process group for the team of impacted school counselors. Both credited their group experience as not only laying a foundation of honesty and vulnerability amongst their colleagues, but how beneficial it was to debrief with others in a supportive manner. Participant 1 shared:

> *...I think we did three different sessions as counseling departments. Most of the other departments just did the one. But it was a good hour and fifteen minutes, so it was good time for processing. It's not like you have to norm them, they've been together for a long time and everything. So that was really good and really helpful* (P1.1, 405-409)

Participant 3 spoke of her need to reach out to colleagues who had experienced either a student suicide or the death of a student: "*I just tried to be with people that experienced, like felt the same thing that I felt. I wanted to be not the only adult in the building that felt that way"* (P3.2, 365-366). She continued:

> *And I felt like I could talk to her more about things because she had at least she had experienced a student loss of somebody that she was close with and things like that. It wasn't the same type of loss because her student passed away in a car accident, so it was different but I felt like I could talk to her more about things than I could other people* (P3.1, 436-440).

Three participants shared about the importance of being able to process their experience within an individual counseling relationship. Participant 1 spoke of actively

addressing the difficulty of the experience while it was happening, rather than waiting until she felt her school situation felt stabilized enough to begin therapy:

> *But if I would have waited until the 4 weeks when the crises were over, if I would have waited till the end of the school year, I would have made myself sick. It would have been in there too much. And then for me, I had to go and see an outside counselor where we did EMDR. We opened that box. (Laughter). And eeeew, lots of stuff poured out of it. And just be willing to do that* (P1.2, 508-512).

Participant 3 spoke of the benefits of counseling, as she struggled to talk about her experience with others, "*Eventually, I got some and I was glad that I did, it took a while to be able to talk about it and that environment was good*" (P3.2, 405-406). She viewed seeking out counseling as one of the most positive lessons learned from her experience, as previously, she struggled to recognize when she needed to care for herself by reaching out to others for support. Participant 6 recognized how crucial processing her experience via counseling was to her, as she credits her counselor as teaching her "*how to work through it"* and find connections to positivity post-tragedy (P6.2, 221).

Self-care. Half of the participants stressed the importance of self-care in coping with the loss of a student to suicide. Various examples of self-care were provided by each participant, but all examples included intentional time spent nurturing themselves. Participant 1 spoke of balancing her long work day with time at home relaxing or taking care of her needs: "*I was here until 6 o'clock at night. But I would go home and take a bath, and I would go home and read a book"* (P1.2, 323-324). Participant 2 shared about the ways in which she heals herself from the stressors of her profession:

> *My house is peaceful, I have a nice dog that really likes me. I travel a lot in summer. My kids are grown up, they are adults. I am very outdoorsy and outgoing and I really don't have a problem, in fact, I think I am leaving on Friday and driving to Texas by myself to see my mom. You know, I will hop in the car and drive anywhere. I don't have a problem sleeping in Walmart parking lots (but don't tell people that). You know, I am a photographer on the side. I go climb mountains and sleep in tents on sides on mountains and do photography stuff. That is my break from school and whatever. So I travel coast to coast and border to border in my Subaru that I bought brand new that I put 200,000 miles on in 7 years. That is how I separate myself. I always fall back into some art pattern* (P2.1, 425-233).

She found healthy outlets and separation from her job in her travels, art, and hobbies. She credited these hobbies as her forms of self-care. Similarly, Participant 3 listed art, reading, time with her dog, and time in nature as her preferred self-care. She expressed that she has learned over the years to put her needs first as she acknowledged that she now acts on what she needs:

> *So I am much better at self-care, I am much better at being aware of what I need in those situations. And even on the death day of my student who completed suicide, I took that day off. And it was during the school week, and I was like I am going to take this day off to honor my emotions and honor him* (P3.1, 147-150).

She spoke of the necessity of self-care and making time for herself to grieve fully. She detailed an interaction she had with a student following the student suicide that has had a lasting impact on her. The student asked Participant 3 if she was okay, but she brushed it off:

> *She said, "Ms. _____, you can't take care of me if you can't take care of yourself." I stick by that still to this day, like she is a wonderful student and she opened my eyes that day. No one had told me that all day and no one had told me that ever. That you can't take care of other people when you can't take care of yourself in that situation. Always be taking care of yourself, even when a student hasn't passed away or something. Our jobs are really frustrating at times and sometimes you just need a break and you need to remember who you are that you are not a school counselor 24/7. You are who you are and you have to remember that every once in a while* (P3.2, 608-615).

When reflecting on her experience, she recognized that she had become more skilled at putting her own needs first, in order to be the most responsive and healthy counselor she could be.

Participant 4 spoke of learning Dialectic Behavior Therapy skills in her own therapy and continuing to use them across the course of her life:

> *…the DBT gave me the everyday skills. And so, I teach it all the time. I use it with my student groups, it's a daily reminder for me on self-care. Like if it hadn't have been for learning about and becoming really proficient with DBT, I don't know that I could—I don't know that I would*

> *be in a healthy space to continue doing the work that I do. It keeps me healthy* (P4.1, 285-289).

She expressed feelings of gratitude towards the healing opportunities she had had and credits the skills that counseling taught her as the way she continues to stay healthy. As she grows in her trauma recovery, she has learned the necessity of caring for herself: "…*so I know that part of the lesson is self-care"* (P4.1, 319). She acknowledged that one of the ways she continues to care for herself is knowing her limits and boundaries and recognizing when she overextends herself.

Recognizing boundaries. While discussing their self-care practices, three participants spoke of the need to recognize their own boundaries so that they could feel responsive in all areas of life. Each of these three women acknowledged their boundary setting as a productive way to promote their own self-care.

Two participants spoke of the limits that they set for themselves between their work and their personal life. Participant 1 discussed witnessing her co-worker struggle to maintain boundaries between her personal life and professional responsibilities. She detailed:

> *And I have to force myself to say, "I'm really sorry this is happening to you but I can't take this home with me." So I give a 150% when I'm at my job but I do separate myself from my job* (P2.1, 415-417).

Keeping boundaries between her personal life and her job was of utmost importance to her and she would also use her commute to and from work as time to unwind and process her day. Participant 3 spoke of a similar struggle, as she prevents herself from carrying the weight of her counselor role into her personal life:

> *When I'm home, I get to take my counselor hat off and I get to be myself in that situation. So I think it was good for learning about that, maybe not necessarily for processing just in that specific situation, but I think that this year I have been much better about being like, okay when I come home I am not going to check my email. I'm not going to do work once I leave the office. I know that you are worried about that kid but you know, right now, there's nothing in that situation that you could do from your house* (P3.1, 449-454).

Through her experience of student suicide, she learned that self-care was a necessity and to protect herself from burnout, she needed to implement tighter boundaries. She spoke of advocating for self-care and the importance of boundary setting with her close colleagues and acknowledged that learning about how best to care for herself was the greatest lesson that her experience of student suicide taught her. She stated:

> *Just making sure that I have boundaries set so that way I don't get completely swept away in it and burn out. Because I want to be doing this for a long time. I've seen—even in my co-counselor now, he made the comment, "I'm really getting tired of this school counseling stuff." And he's only been doing it for as long as I have. And I'm like, "You are already that burned out and you've only been doing this for 2 years?" I don't ever want to get that point where I'm so burned out because then I feel like you aren't doing the kids any justice or giving them what they need in that situation. To have boundaries is—I think is a wonderful, awesome thing* (P3.2, 548-555).

She recognized the need for boundary setting to preserve her multiple identities; counselor is only one of her identities, and she doesn't want to lose her other unique identities because of a lack of self-care.

Participant 4 shared that she has received a "*lifespan of lessons to learn around grieving and dealing with loss and resolving trauma"* (P4.1, 322-323) and stated: "*...knowing that it's okay to say no and where my limits and my boundaries are. And my boundaries are probably a little tighter than they normally are just because I know that I—that's just where I am at"* (P4.1, 319-322). She acknowledged that she keeps tighter boundaries when she is experiencing pain, as a way to cope. She continually monitors herself in this realm so as to not tighten so much that she is emotionally closed to others:

> *I feel like sometimes you close off a little bit and if you're not careful, you close off. I think there have been times when I've noticed, "Okay. Yeah, I'm pretty closed off and I'm protecting myself and that's probably not the healthiest, and yeah, flipping back up and know that you're okay." That takes that recognizing and maybe also having other people point it out for you* (P4.2, 639-643).

She recognized that she must continually reflect on her own boundary setting as she previously utilized the coping style of avoidance, and being too rigid in her boundary setting helped foster avoidance as a response.

Containing. Three participants spoke of the act of containing as a means to cope with their experience. Rather than get stuck in the distressing thought, they felt it necessary to contain the traumatic material temporarily to be present in the moment in the role of a school counselor leading schoolwide post-tragedy efforts. They spoke of

containing in a positive and productive manner, as the purpose was not avoidance of the distressing material altogether, but rather, setting the painful emotion aside until it can be addressed at a later time. One participant described her avoidance mechanism as *"putting that pain in a box for a while"* (P6.1, 73).

Participant 1 shared:

> *You know, I have done a little bit of EMDR with my counselor and just that whole concept of containering. Where you just have to put something in a box. And that's honestly how the rest of that year went. It's just like this needs to go over here for right now and then we have to figure it. I am still working on that* (P1.1, 277-280).

She recognized this coping skill as adaptive, as it allowed her to compartmentalize her experiences so she could deal with them individually. She recognized the need to actively address the pain at a more optimal time through therapy. She shared:

> *Where it's just like, I can't deal with this right now so we are just going to put it away. And the metaphor I use with my students is that you put it in the box but the boxes are eventually start pouring out and leaking all over the place and then you've got to deal with that stuff or otherwise it just makes it a big disaster (P1.1, 288-292).*

While responding to the student suicide, she understood the need to compartmentalize her experience in order to function in all areas of her life post-tragedy. Participant 4 shared a similar response, as she expressed: "*You have to survive, you have to shut off a little bit and so you do"* (P4.2, 247-248). In order to preserve herself for further crisis

response, she closed off. Participant 8 stated that in order to support others, she had to contain her own emotions by pushing them to the side:

> *For me, I felt like, I can take care of myself. I'll be okay. I just need to see how other kids are doing, and how other teachers and staff members are doing, so, I kind of had to grieve on my own, quickly, and then, move that to the side, so that I can go support the people in the building, who were also grieving, and needed support.*

Each participant spoke of setting aside distressing information, only to readdress it at a more convenient time. This allowed the school counselors to stay present and respond to the crisis efforts in an effective manner.

Okay to ask for help. Three participants shared that their experience continued to reinforce that it is okay to ask for help. Each spoke of the importance in recognizing their own warning signs of needing to seek out counseling or support from others. Participant 4 stated that after working through her traumatic upbringing her life motto is: "*It's okay to not be okay people"* (P4.1, 271). After many years of severe loss, she accepted that advocating for your own mental health was truly a positive skill:

> *…by this time, I knew in my life that it was okay to ask for help. Like when I was younger, I don't think that I ever got the message that it was okay to ask for help. So by this time in my life, at least, I knew that it's okay. Like it's okay to not be okay and get help* (P4.1, 242-245).

Participant 6 spoke of the need for school counseling graduate programs to train their students on recognizing when they should seek out counseling. She felt that programs should be encouraging their students to consider counseling when their stressors become

too much to deal with on their own. While reflecting on her experience, Participant 7 shared that one of the greatest lessons that has emerged has been that she must advocate for herself in finding support: "*I just keep talking until I find somebody who listens"* (P7.2, 615-616).

Permission to feel. In coping with their loss, many participants spoke of allowing themselves permission to acknowledge and feel the difficult and painful emotions that they experienced in the wake of the student suicide. Participant 1 shared that she learnd, through significant counseling, that it was okay to give herself permission to grieve and feel the accompanying emotions of grief. She felt that this was an important lesson that she learned from her experience. Throughout her interview, she spoke of containering difficult emotions but actively addressing those emotions by "*taking the box out*" (P1.2, 501):

> *I mean, everyday that I would leave the building I would go and sit in my car and cry. I had to let—you have to let all of that emotion out, otherwise it will build up and you will get headaches and get sick and that whole thing. Like I had to go sit in my car and I had to cry* (P1.2, 501-503).

She recognized that in order to stay emotionally stable and to continue practicing in an ethical manner as a school counselor that she had to find a way to allow the natural grieving process to take place and not ignore it. Participant 3 spoke of becoming comfortable expressing her emotions when she feels them:

> *But when I started becoming more of an adult and being like okay, and learning that it's not a healthy coping mechanism to not feel your feelings.*

> *Okay, I need to actually do and process the things that I need to process…*(P3.1, 187-189).

When reacting to the news of the student suicide, she felt pressure from her colleagues and herself to refrain from becoming emotional as she didn't want to appear unprepared to respond to the crisis at hand. She urged:

> *Be sad when you need to be sad. Don't let anybody tell you that you are not allowed to be upset in that situation because that was the worst thing that I heard out of most people that I was around. "You need to just toughen up and deal." And I was like I don't want to be told to toughen up and deal. I want to feel what I need to feel. So if you need to feel an emotion, whether it's shutting yourself behind doors for a couple of minutes or taking a day off or something like that. That way you can grieve because you have to grieve too. You can't just think, "Oh, my kids are grieving so I have to just be there for them." You have to also go through the process yourself and if you don't let yourself go through it, then, I felt like things could come up later instead of kind of dealing with it in the moment* (P3.2, 595-603).

In a similar sense, Participant 5 shared that her genuine display of emotions when speaking to impacted students responding to the news of the sudden student death was necessary. She stated:

> *I just had to trust myself. I was like, yeah, it could be okay to be emotional because the kids want to see that I am affected by it too. Like they don't want to see that I am just this hard shell. And you know, that I think that*

> *helped me to connect with them on some level but at the same time, I was like, well I need to not get out of control with it, you know? I can't be bawling like these kids are. But yeah, it was just a really weird thing to experience. Like how to balance everything that was going on* (P5.2, 205-210).

She felt that her emotions helped her connect with the students' grief but was aware that she didn't want to be overly emotional or appear dysregulated.

The school counselors struggled with an appropriate and genuine display of emotions. Each shared that they initially didn't want to become emotional but had to allow themselves that option. One participant shared that when she cried at work, she felt guilty:

> *I caught myself three or four times crying at work and went to my superintendent, like the guilt of that. But having that therapist saved me. Like, that's normal, that's okay. It didn't mean the same when my husband was saying it. He said, "Who cares, that's okay." Like you don't understand, it's not okay. But it was okay* (P6.2, 289-293).

Only after her counselor validated her emotion did she accept that she was able to express her emotions. Participant 7 shared a similar perspective, as across her life, she has tried to contain her painful emotions and distract herself with other outlets. She spoke of her reaction to her father's death and how that loss taught her not to avoid the natural grief process:

> *...I just gave myself time and permission to grieve. And if I didn't feel it, I didn't feel it. If I didn't want to do something, I didn't do it. And I needed*

> *something, I said what I needed. Which is pretty much not the me I was before he died* (P7.1, 184-186).

All women alluded to the pressure they put on themselves to appear emotionally healthy in the face of experiencing a tragedy. Three participants spoke of being taught in their early years that showing emotion was weakness and struggled to reconcile that cultural message with the reality that they wanted to genuinely respond to the distressing news of the student suicide. Participant 2 shared that she was raised a "tomboy" and believed that, "…*boys don't cry, I'm not going to cry"* (P2.1, 593-594). As she coped with the loss of student to suicide, she recognized that previously, she didn't allow herself permission to feel anything but now actively has to "*deal with some of the emotions that [she kept] stopping*" (P2.2, 212).

Feeling more competent and engaged. All eight participants shared ways in which they believe their experience has made them a more competent and engaged counselor. They shared about being more aware and responsive to student needs, especially surrounding self-harm and suicidal ideation. Participant 1 shared that she is more alert with her students. She stated, *"I am always asking those questions that probe into how are you doing. Like really, how are you doing? (P1.2, 378-379).* She described herself as a better counselor than she was five years ago when she first began practicing as she is now *"more caring"* and feels a greater sense of urgency in working with her students (P1.2, 377).

Participant 2 shared that her experience has made her a better counselor. She described, *"…I have really slowed down to look at what's important for kids and what's*

not" (P2.2, 192-193). She continued to describe how post-suicide, she reflected on the effectiveness of her school counseling practice:

> *I really have seen a change in my counseling practice since ____ has died and really wanting to work with the kids. Not that I didn't before but up to that point, my life was very scripted as a counselor. You do this, you do this, you do this, and you don't get involved* (P2.2, 201-204).

The student death shook her and she recognized that she was not adequately addressing the struggles of her students. Now, she is more emotionally involved with her students which allows her to be present in the moment and assess them individually.

Similarly, Participant 5 described how the experience fostered self-reflection and she considered how she could better serve her students that were in similar situations as the student who took her life. She stated that she is *"aware of [her] practice"* and reflects on "*places where [she] can improve"* (P5.2, 412, 416). She views one of the ways that the suicide has been beneficial for the school is that it has allowed for individuals to discuss suicide openly and now that she has had a personal experience of student suicide, she is able to more clearly recognize suicidal ideation and how to intervene.

Participant 6 described how the student death has made her a better counselor supervisor. She stated, *"I think it's making me better at what I do"* (P6.2, 310). She believes the professional impact of the student suicide was that her experience ultimately made her a better school counselor. She discussed how she is now able to handle difficult parent conversations better as she advocates on behalf of the student for parent accountability and involvement in the student's mental health. Similarly, Participant 8 shared the benefits of her experience: *"I think it helps you to become a more reflective*

person, and we're already reflective as counselors. I think it just makes you more reflective" (P8.2, 268-269).

Another participant shared about how prior to the student suicide, she experienced fear when students would express suicidal ideation to her. But after the death of her student, she feels more prepared to respond to a suicidal student. She described how she responds to verbal statements of ideation: "*A kid's like, "I'm thinking about suicide," and I'm like alright, let's go. We are going to make sure that you are good to go"* (P3.1, 557-559). She is prepared to respond to the signs of suicide in her students and knows how to assess for their level of intent and the help that they need. She continued: *"…it just makes me a better counselor"* (P3.2, 390-391). She reported that suicide assessments are much more natural to complete as she has experienced the worst outcome that she can imagine for a suicidal student.

Participant 4 had a personal experience with suicide, as she lost her adopted mother to suicide at an early age. She described that her experience with student suicide and further training on suicide prevention and intervention has given her a *"less personal way"* of talking about a deeply impacting experience she had and helps her speak about suicide in a *"more clinical way"* (P4.1, 439, 440). She believed this perspective has made a more responsive counselor as she has become deeply skilled at responding to student suicide as a crisis intervention over the years.

Similar, due to Participant 7's own history of suicidal ideation, she now feels more competent in responding to suicidal students. When she was a teenager, she expressed suicidal ideation to her own school counselor, but her statements weren't followed up or taken seriously. She stated:

> *Actually, I had a kid throw that on me a couple years ago, the "I don't want to be here." And my response was, "You don't want to be here in school, or you don't want to be here in life?" And the student said, "Life." So I guess in the bigger picture of things, it helped me help that student* (P7.1, 126-131).

She was able to recognize the pain in the student's request. She made meaning of her ability to have been able to help this student because she was once in his shoes.

Finding purpose. Each participant spoke of the positive ways that their tragic experience of student suicide can be channeled through purposeful outlets. The themes that arose from the data included the participants' sense of responsibility to support the emotional needs of entire system, compartmentalization of reactions in service to the school, and channeling their experience into productive outlets by training or supporting other school counselors, and mental health advocacy in their communities. Each participant shared about how they view these efforts as a way they cope with the trauma of their experience.

Sense of responsibility to support emotional needs of entire system. All participants spoke of their sense of responsibility as school counselors to not only support the emotional needs of the students, but the pressure they put on themselves to support the various systems within the school district: faculty, staff, parents, and families. The majority of the school counselors reflected on the necessity of helping their colleagues process and grieve the loss of the student to suicide. They felt deeply committed to both the impacted students and staff. Participant 1 captured this feeling of responsibility:

> *And just being seen as the you know, we are the people in the school that are supposed to take care of everyone else. It's not just the kids, you know, you got the staff members, you have the parents, you've got everyone that is relying on you* (P1.1, 274-276).

She questions out loud: *"But how do you deal with an entire system that is traumatized and grieving* (P1.1, 437-438). In her second interview, she expands on the severity of the grief as it extended to all impacted:

> *That was a bad year for the whole district. Other schools had lost students as well and I just remember how angry the staff was. "Oh, where was this curriculum when we had kids dying last year?" And that kind of thing. And it wasn't—I don't blame them or anything, and especially as a counselor, felt like not only am I now dealing with the emotional health of our team, our students, and now our staff* (P1.2, 92-96).

Previously, in her experience of student suicide, Participant 1 only felt a responsibility to support the emotional health of the students. But when she experienced anger from staff, she felt a responsibility to support the emotional health of the faculty and staff as well, as they needed to be healthy to respond to students.

*Compartmentalization of reactions in service to the school***.** A thread emerged from the data of participants sacrificing their own emotional needs to be able to support those around them. Many spoke of bottling up their own emotions to check on the staff who were struggling the most.

Participant 2 spoke of the functionality of compartmentalization to help respond to the student suicide in order to be relied upon by her school. *"I feel horrible for them*

but I can get through this. I can be this strong, strong person. And like I say, the school and community leaned on me. I did all of this stuff that I needed to do" (P2.2, 170-172). She separated herself from the emotional realities of her experience in order to be responsive to the crisis and provide administrative support to her school system.

Participant 3 described a similar experience as she received strong messages from her staff that she couldn't be emotional in responding to the student death. She struggled with repressing her outward emotions because of the pressure she felt to be helpful to others.

> *Because everybody just kept telling me not to feel—I wasn't allowed to be upset. I wasn't allowed because I was supposed to stay strong for these kids. But most of these kids didn't want us to stay strong. They wanted us to feel what they were feeling. They wanted to know that we were going through it too, not just them. They didn't want to be by themselves. A lot of them didn't want to be played off and ignored, like nothing had really happened when something major like that happens* (P3.2, 141-146).

Participant 3 struggled to reconcile her own reactions with her immense pressure she and her colleagues put on her to "stay strong" in order to respond to the needs of all struggling: staff and students.

Participant 5 shared her experience the day that the news of the student suicide broke:

> *Like I went around and kind of checked on kids here and there. And then, honestly, throughout the rest of the day, it was a combination of just going and covering for teachers who might have needed to get a break or talking to kids* (P5.2, 73-76).

She spent much of the day, checking in with teachers who had impacted students in their classes. In this regard, she recognized that she was providing support to both teachers and students.

Again and again, the women shared about how their first reactions to the news was to check on the staff that they knew would be deeply impacted. Participant 8 described this phenomenon:

> *And then, I think my immediate reaction is just to check on other people, too. For me, I felt like, I can take care of myself. I'll be okay. I just need to see how other kids are doing, and how other teachers and staff members are doing, so, I kind of had to grieve on my own, quickly, and then, move that to the side, so that I can go support the people in the building, who were also grieving, and needed support* (P8.2, 40-45).

Her own impacted students were few as the student was in a different grade, so she felt her skillset was best used as support for staff who were close to the student: "*I think I went to some teachers who I knew were close to the students, so I talked to them specifically*" (P8.2, 64-66). She identified her response to care for those that were grief-stricken as natural:

> *…and then, I have to get back into counselor mode, so I have to do my own grieving, and then, okay, I'm done. Now I need to help other people grieve, so I think that that's just what happens naturally, for me (P8.2, 144-146).*

Similarly, Participant 7 shared about checking in with her coworker that had a close relationship with the student who took her life. She described:

> *The person I was really concerned about was my band director friend, because she was a band kid and there was an accident two years ago that was four band kids in that car, and two that died. Then she's a band kid. I was like, "Are you okay?" He refused to talk about it at all* (P7.2, 389-392).

One women, Participant 6, brought a different perspective as a school counseling administrator over a team of school counselors she supervises. Her role in the response to a student crisis is to provide support to those working the crisis. When she and her director of school discovered the student suicide within the school, she immediately leapt into action to support the staff who were responding to the student: *"So I just, I mean she's, that's my job, is to support her, you know. I just went in to just kind of rub her back and see what she needed and help with whatever she needed"* (P6.2, 64-67). As the day continued, she felt responsibility to consider the multiple ways various first responders in the school were impacted and work to support them: "*My principal was just, she was just paralyzed. She, from what I remember, didn't do much of anything with any of this. My superintendent was really working on communications and I was working on, I need to save my people"* (P6.2, 102-105). She put great pressure on herself to not only support, but to save others from the pain of their experience. She continued later that she had no time to care for herself as she was thrust into leading the school's crisis response team: "*I mean, I just did what I normally do. You just handle things, right?"* (P6.2, 278-279). In lieu of her principal failing to respond appropriately to the student suicide, Participant 6 felt deeply committed to her school and her staff. She filled in the leadership role that she felt wasn't being taken care of.

Two participants specifically spoke of the pressure they felt to support the parents of the student who took their life and to the parents of all students in the school. Participant 4 shared:

> *…we opened up the school, and we had crisis counselors and therapy dogs and we had parents downstairs in the library with people to process like, "What do I do? How do I protect my kids?" kind of thing* (P4.2, 203-206).

As school opened up on weekends to support the community, parents were afraid and questioned how best to respond to their own children's needs. In the days following the multiple suicides, Participant 4 spoke of feeling a mixture of great pressure and scrutiny from the community.

Participant 5 shared that she felt responsibility to support both the students and the victim's family as the family petitioned the school to make a memorial for the student and the school didn't allow it. She shared that she struggled with this decision internally because she had empathy for the parents and their loss but disagreed with a memorial for fear that it would glamorize the student's death. She described: "*So you know, it was dealing with kids but also dealing with the family too and their emotions"* (P5.2, 276-277).

Channeling experience into productive outlets. Five participants spoke of the ways that they channel their tragic experience of student suicide into positive and productive outlets for themselves and others. They spoke of using their experience and response to educate other school counselors, provide trainings at local and national

organizations, participate in trauma coalitions, and serve on community committees to improve their area's resources.

Participant 1 spoke about presenting on her team's response to student suicide. She stated:

> *We've done several presentations around the state with counselors, with principals, with lots of different people to just kind of say, "Hey! This is what's happened, this is what we've learned. Learn from us." Basically, and whether that's from an administrative point of view or a counselor point of view or whatever that looks like* (P1.1, 528-531).

She also works closely with her state's school counselor association to advocate for the specialized skillset that school counselors have and to utilize their training for counseling-related tasks. She spoke of critically examining the type of suicide prevention a school delivers and partnering with leadership within her district to continue to advocate for mental health informed reform. She urged the importance of identifying ways to train all faculty and staff within the building to support students who are at risk of completing suicide.

Participant 3 felt a sense of responsibility to support other school counselors who experience a loss such as her own. She wants to return to her master's program and share her experience with school counselors-in-training. She felt that she could support school counselors:

> *But I think that I had this very different experience, this very different perspective on things right now. I just want to continue to use them and if they experience something bad, just remind them that this is what helped*

> *me make it through, be there for them if it ever does happen* (P3.1, 493-496).

Another woman spoke of the area resources that were of great assistance to her and her team of school counselors as they responded to the student suicide that took place on school property. In her responsibilities as the school counselor supervisor for her large high school, Participant 6 reached out to an organization called Traumatic Loss Coalition (TLC) for guidance post-tragedy. TLC partnered with the school to help implement their response and supports for impacted students and staff. Participant 6 shared that she is now a part of the TLC crisis team that would help other area schools in the same manner that her team was assisted. She stated: "*I think I found a new passion of mine, helping other schools see the light after trauma and making the steps that we're taking now, earlier. That they don't have to deal with that" (P6.2, 457-459).* She continued:

> *I think being part of the TLC team's huge. I think showing up at a school that's dealing with this and giving them hope. Not telling our whole story but just bits and pieces and providing them with plans and resources so that they don't make bad decisions that we made. Make it easier for them the same way that those people do for us* (P6.2, 462-466).

She finds purpose in helping other schools with similar experiences cope with their trauma. She trains other organizations with the TLC, in order to provide the support for others that she has received.

Participant 8 spoke of using her experience and perspective to help train future school counselors in their graduate programs. She seeks to be a counselor educator and is currently seeking her doctorate degree. She stated:

> *Experiencing a student death? That's something that any school counselor, unfortunately, may have to experience, and I think it's helpful to, unfortunately, to have had that experience. So then I could help the master students to prepare for it, to cope with it, whatever it is that they need, related to that experience* (P8.2, 220-224).

She found meaning in her experience by the firsthand knowledge she gained in responding to student suicide. She felt helpful knowing that she can train others with her experience.

Participant 4 detailed that she copes with the trauma she has endured by funneling her energy into productivity. She reported that she serves on her area's Child Fatality Review Team, which reviews each death of an adolescent and makes recommendations to area resources based on their findings:

> *Somebody has asked me about the child fatality review team like, "How do you do that?" I was like, "You know, one of the things they say in trauma recovery is if there's some purpose or something that comes out of it, you can use something in it to make something better like that advocacy piece. Somehow it doesn't weigh on you the same (P4.2, 550-554).*

She continued:

> *So with child fatality, we make recommendations. We can see that work then translate into other legislation, other community projects, other public service announcements. There's been a host of that work that has led to something else and some actionable item, and so that's helped. I think that has helped significantly because that's that using that. If we*

> *don't have that emotional outlet for that stuck emotional stuff, it's just pesters and stews* (P4.2, 555-560).

She felt that if she can channel her unique perspective and pain into a purposeful endeavor, she can find some healing.

Maladaptive coping. Various subthemes of maladaptive coping arose from participant data: withdrawal from personal relationships, hyperfocusing on suicide, maladaptive change in emotional response, avoidance, resurfacing of prior losses, feelings of incompetence, and burnout.

Withdrawal from personal relationships. In dealing with the loss of the student to suicide, many participants reported withdrawing from others and isolating themselves. This act would occur in differing ways: either by withdrawing from social spaces, by verbally expressing to others a need to be alone, isolating at home, or failing to maintain communication with friends and family. Participant 2 shared about her lack of trust in others when they expressed concern: "*But my boss pulled me in and tried to do this phony grief, "You know, I'm really worried about you." And I just said, "Leave me alone. Just leave me alone"* (P2.1, 308-309). When interacting with impacted students, one student told her to go away and she resonated with that response because she exhibits the same type of response to pain. She shared: "*…one of the kids in one of the classes that I tried to talk to him, and he's just like, "Leave me alone." And I respect that because I am the exact same way, you know?"* (P2.2, 79-80). She reported that her relationship with her husband operated in a similar fashion:

> *I know I'm guarded and more so to the point that I think it's important my husband knows and there's other things I'm not going to tell him just*

> *because what is he going to do about it anyways. He doesn't really live here five days a week so I have to figure out stuff on my own* (P2.1, 595-598).

Across her interview, Participant 2 shared that she feels that her emotional isolation from others has its advantages, as she feels that the only personal she has been able to count on has been herself. She doesn't like to feel responsible to emotionally support others so she chooses to remain guarded with her relationships, continuing to not be vulnerable with others.

> *…he doesn't handle his emotions—he gets angry. And it's like I'm not going to deal with that. I have my own stuff going on that I have to process through. So it's a lot easier to not have to deal with that and it really doesn't involve him anyways* (P2.2, 437-440).

Participant 3 shared a similar response to the grief she experienced when she heard the news of the student death, she did not want to be around others. She stated: "*I didn't really want to talk to anybody"* (P3.1, 158). As she reflected on her response, she identified the negative impact her experience had on her personal relationships:

> *There a lot of negative things that came out of it, I didn't talk to my family because I didn't feel like they could understand a lot of the times the things that I was going through. So like that caused a lot of tension between us and things like that. I wouldn't go home as much and I wouldn't call them as much. And this was just with my mom and stuff. And then my brother would worry about me a lot and I'd be like, "Don't worry*

> *about me. I'm good. I don't really need to talk to anybody. I don't want to talk to you about it"* (P3.2, 414-420).

While she recognized that she experienced a lot of growth personally and professionally, she identified how she neglected her close relationships as one of the most negative aspects in her road towards healing. Similarly, Participant 5 expressed that she didn't want to be around others for fear that she would have to talk about her experience: "*I don't really know, I didn't really talk it out processing wise. I just kind of disconnected from everybody at school and didn't really communicate with a lot of people"* (P5.2, 247-249). She felt guilt surrounding how she failed to verbally express her support of her co-counselor who was struggling with the loss:

> *...my other counselor had a boyfriend in the past that committed suicide and it was her student that committed suicide. And I didn't reach out to her and I didn't ask how she was doing or if she needed to talk. And you know, that was bad on me as a friend and as a co-counselor, and so I think it—obviously, the severity of the situation like again I had never dealt with it before. And so I didn't really know, my natural defense was to not talk to anybody and not focus on school or anything having to do with it* (P5.2, 360-366).

She still questions her response to the distressing news of the student suicide, she felt as if she didn't process the loss appropriately with others or with herself. She grapples with feelings of guilt towards this but also pressure to hold true to her natural response to stress. She expressed that acting upon the emotions as she felt them hopefully was a model for other students as they struggled to cope with the suicide as well.

While participants found support in their own personal relationships with friends, family, or partners, they reported being selective about who to share their experience with. Many spoke of wanting to only confide in their fellow school staff because of their shared experience. Participant 3 shared:

> *I felt like they were the only teachers and stuff like that, because I felt like they were the only ones that could understand the situation. I felt like the whole school itself went through something but like, my friends outside of the school did not go through that so I was just like, I felt like they could be with me and sit with me and they could try to understand, but they didn't understand* (P 3.2, 283-287)

Participant 2 spoke of choosing not to discuss her anger towards the suicide with her husband. She claimed that: "…*he doesn't have a clue what I do at work and can't understand even though I try to tell him"* (P 2.2, 440-441). Participant 1 discussed how her experience directly impacted her friendships: "…*it has diminished my friend group a little bit because there a lot of people that cannot—they don't want to deal with stuff like that"* (P1.2, 410-411). Many participants spoke of their need to separate from others while grappling with the pain they felt from the loss of student.

Hyperfocusing on suicide. Four participants discussed becoming hyperfocused on suicide. They reported intrusive thoughts, flashbacks to distressing memories, and overly sharing with others about their experience. Participant 3 talked about becoming too hypervigilant about suicidal ideation in her students and that she spends more time worrying about them. She reported that her mind often drifts to her experience of the student suicide. Participant 6 spoke of thinking about her experience often as well: "…*at*

the beginning, for the first couple of weeks, it was everyday" (P6.1, 370-371). She described her flashbacks:

> *I guess just the guilt of why it happened, how it happened, were we doing enough, not sleeping, sweating at night, visions of it all. For a couple of weeks I kept seeing her, think just unbelievable thoughts, the girl……all of my mind (P6.2, 130-133).*

Later in therapy, she identified these thoughts as post-traumatic stress symptoms because of her experience of student suicide. Participant 7 shared about the level of impact that the experience had on her, as she spends a lot of time thinking about it:

> *It came out of left field, and it still bothers me. It pops into my head. Sometimes when I'm trying to fall asleep I'm just like, "What the hell was she thinking?" I had a really close connection with that student, so that one really bothers me a lot* (P7.2, 329-331).

She reported that she frequently questions the student's motivation for suicide. While she has experienced multiple student suicides, she reported that this particular student's death impacted her the most as she had a closer relationship with her than other students.

One participant has since chosen to leave her practice as a school counselor to pursue a doctoral degree studying suicidology because she feels as if helping to solve the crisis of adolescent suicide is her calling. She stated that her experience has deeply impacted her: "…*we have talked before about how burnt out we are because you do take everything into your heart and you take it all on yourself"* (P1.2, 249-251). She reports that she had difficulty maintaining appropriate boundaries about the frequency in which she disclosed her trauma:

> *And sometimes I would feel bad because I felt like that's all I talked about. That was what my life was, I had to try to make sense of it. I had to try to—I read every single article I could find. I read, I watched documentaries. I went to professional development. Anything that could help to not have that happen again* (P1.2, 266-270).

She became obsessed with studying suicidology, as she felt she had a personal responsibility to keep her students alive. She spoke of being an "*obnoxious advocate*" because she wanted suicide to become everyone's responsibility in order to find a solution (P1.2, 278).

Maladaptive change in emotional response. Many of the school counselors reported changes in their emotional responses, ranging from withdrawing or stopping the expression of emotions entirely, loss of emotional investment, or exhibiting a higher level of displays of emotion. These changes were reported as symptoms resulting from their experience of student suicide. While some reflected on these changes and explicitly identified them as such, others simply described how they felt post-tragedy but didn't explicitly conceptualize such symptoms as 'changes' they had experienced in themselves.

Withdrawing emotion. Four participants reported that in responding to the student suicide, they completed their roles and responsibilities of school counselors with little to no outward emotion. Many spoke of cultural and familial messages they had been exposed to that perceived emotions as a form of weakness. Participant 2 shared that across her life, she has presented herself as not emotional as she was raised to believe that showing emotions were a sign of weakness. She described:

> *I have always been a very guarded person. Very, very not emotional. My mom laughs because when I was sick and I was two years old and I should be sitting in her lap, I wanted to lay in my crib and 'don't touch me.' So that's the kind of person I am* (P2.1, 296-298).

She was raised in a household that wasn't safe, so she taught herself how to assess for safety in all situations. Revealing her emotions to others in a vulnerable manner was perceived as dangerous to her as she struggled to trust others. In the wake of the student suicide, her supervisor was worried about her as she seemed to shut down completely. She stated:

> *Well, I am the kind of person that I am 100% work and boom—I have no emotion toward it. I am doing this and people are, "Are you doing okay? Are you doing okay?" and I really separated myself from, "Yep—this isn't me! It isn't me, it's not my family. I feel horrible for them but I can get through this. I can be this strong, strong person* (P2.2, 168-171).

She continually expressed separating herself form the emotional realities of her job by detailing to herself that the pain of others was not her weight to carry, but such withdrawal fosters a lack of empathy towards her students.

Similarly, Participant 3 was raised in a household that did not value vulnerability or a display of emotions. Her upbringing taught her to recognize emotion as weakness. She shared:

> *Mostly I was told to suck it up and move on. Things like that. I probably—I don't know, my parents are no longer together. My mom came from a household, it was a Polish household very Catholic, like they didn't*

> *experience a lot of emotions. And then my dad, he—I don't really know how he was raised necessarily but whatever it was it was very different how we were raised. And so it was very much like, if you fall or you get hurt or whatever, you rub some dirt in it and then you move on in your life. So that's how I kept going because that's all I knew, and I sure that's all they knew. So it was generational with me. Generationally passed down with each family* (P3.1, 226-233).

After the student suicide, she has grappled with the need to express her emotions as they arise but is struggling to relearn how to appropriately honor and acknowledge these painful emotions. She is learning to rewrite the generational lesson that emotion is weakness, but found herself coping as she always has:

> *I just get really mean, I don't mean to be mean but it's something that I am aware of and have to really watch. But it's because I don't want help because I know there's no way that they can help me. So then I just get really frustrated and kind of mean and distant and stand off-ish in that way* (P3.2, 446-449).

She recognized that she becomes emotionally distant when she copes and is actively monitoring her response. She does not like that she responds in this manner and it makes her professional demeanor difficult for others to engage with.

Participant 8 did not explicitly share any cultural messages she had received regarding displaying emotions, but she continually puts internal pressure on herself to "*be tough*" (P8.1, 161). She stated:

> *I think I just knew I had to be tough. I think my parents and my siblings think I come off as mean sometimes, because I'm just tough. In terms of experiences, I know these experiences are gonna happen and you just have to deal with it, no need to sit there and mope about it* (8.1, 160-163).

Her family has perceived her as mean or too rigid, but she expressed that her emotions should be contained and only displayed in a productive way in order to move forward. She continued:

> *I know that everyone moves forward on their own times. And I guess that was me as a counselor. For myself, it was more like chop chop, I gotta keep going. There's no point in me just sitting here crying about something, I just needed to get my feelings over with and move on. So that's how I've learned to cope, I guess. To do very minimal coping and then move on to the next thing.*

She reported that she doesn't allow herself to process her emotions as they are counterproductive. She viewed emotions as nuisances, an activity to complete in order to continue to be productive.

Participant 7 spoke of reserving emotional vulnerability for only certain students that were impacted deeply by the student suicide. She recognized that emotionally, she was holding back while talking to students. She spared an emotional connection for the students that she felt were the most closely impacted by the suicide. She stated:

> *When I was talking to them, I wasn't connecting as I had before. It was like, I guess the only way to describe it is it wasn't my typical counseling style, which has become my own over the last however many years. It was*

> *like a new trainee using that basic book that everybody uses with the intervention skills, like the attending skills* (P7.2, 282-286).

She continued: "*I was attentive, I was there, but emotionally I was holding back"* (7.2, 288). She was aware that she pulled back and attributed it to self-preservation, as she didn't want to be deeply impacted by the loss.

Loss of emotional investment. While coping with the tragic loss of a student to suicide, many participants spoke of withdrawing emotionally from their interpersonal interactions. Such response helped to create a lack of emotional investment with their students and not being helpful in supporting their students with their everyday problems. After the loss of a student to suicide, participants would describe placing their students' problems in a hierarchy based on their own experience with grief and trauma. Participant 2 summed up the struggle she felt after her student died and other students would seek her support in dealing with what she perceived as insignificant problems:

> *Like when you work in a high school, or even in a middle school, kids come in with the dumbest shit. You know you have to sit there and say, "Oh, you know. I'm sorry you've broken up with him. How long have you been with him?" "Like three days, but we were going to get married!" I'm more of a realist, like give me a real problem. And I realize that those are big problems to them* (P2.1, 382-386).

She claimed to come across as "*very cold*" to students and families because of the level of mental health issues she has experienced in others (P2.1, 404). She continued to explain that her ability to separate the pain that others were experience from her own reaction

was a strength she possessed, but rather, this loss of emotional investment resulted in a lack of empathy in her counseling relationships.

Participant 8 shared how she intentionally kept her emotional distance from her grieving students in order to protect herself. Previously, she had experienced the loss of a student via accidental means. When her student killed himself, she stated:

> *At this time, I emotionally kept my distance. I couldn't deal with what I dealt with the first time. That was too much. The first time being that car accident. I couldn't be there on that level for those kids again. I had to protect myself and pull back a little bit. While it was happening, I could clearly see that it was happening. In my mind I'm like, "I feel like I'm not connecting as much"* (P7.2, 253-257).

She recognized that she didn't want to be as drained as she felt in response to her first student loss and didn't invest emotionally in her students. She pulled back and felt that wasn't connect as much but needed to be to preserve herself.

Participant 4 described how she presented to students while teaching her district's suicide prevention curriculum after having experienced the loss of several students to suicide. She described shutting down her emotions: "*...you got to shut a little bit of it off or else it's not that healthy to be that emotive in front of kids when you're teaching this particular curriculum"* (P4.2, 269-270). She expressed that throughout the year that her district experienced several student suicides and that she withdrew emotionally. She stated:

> *I was going through the motions. You show up. You go into that just assessing where they're at, what their supports are, who do we need to*

> *connect them with. You have to survive that you have to shut off a little bit and so you do* (P4.2, 245-248).

Each woman recognized that they lacked emotional investment in their students while coping with student suicide but felt this to be necessary. Each spoke of need to be emotionally distant and not as invested empathically as a way to protect themselves from further harm.

Higher levels of emotional dysregulation. Three participants spoke of how they cry much easier now after their experience of student suicide. While the act of crying itself is not a maladaptive coping skill, participants identified their higher level of emotional dysregulation as difficult to control. They all reported that they monitor it for fear that they will be too emotive in front of their students and will be detract from the role they have as a school counselor. Participant 3 spoke of the change she has witnessed in herself: "*I'm definitely more of an emotional person now and my mom will even tell me, "I don't know how to handle you now, than when you were little""* (P3.1, 181-182). She struggled with expressing her emotions when she was little, as her parents reinforced that anger was the only appropriate outward expression. Participant 4 identified this change as well: "*I cry a lot easier. I do and I notice that. It's hard because you work with kids and it's not like I want to ask every single kid I work with, "Are you thinking about suicide?""* (P4.2, 368-370). She reported that her experience has impacted her emotionally, as she is more apt to become emotive now. Participant 6 spoke of the guilt she carries about becoming emotional at work as she practices as a Director of School Counseling. When she noticed that she began crying at work more frequently, she reported it to her supervisor, almost as if to absolve herself:

> *But then you try to talk to somebody that understood and then you're crying at work. I don't like crying at work. I caught myself three or four times crying at work and went to my superintendent, like the guilt of that* (P6.2, 288-290).

She identified that she has been much more emotional since her experience of the student suicide. While she felt that her level of emotion was warranted, she felt that she couldn't support her team of school counselors while she was dysregulated.

Avoidance. Almost all participants shared that they frequently utilized the coping style of avoidance as a response to the student suicide. All women who reported avoidance as a response detailed ways in which they had utilized this coping mechanism across their lives, whether as a response to trauma, interpersonal difficulties, identity crises, family dysfunction or the loss of a loved one. They were aware that avoidance was not a productive manner of responding to distress, but many reported that it was less painful for them to completely avoid than actively acknowledge the pain.

Participants spoke of experiencing difficulty discussing the student suicide. Participant 3 stated that she struggled to support the needs of the students as she didn't want her pain to overshadow theirs, so she chose to avoid talking about it. She shared:

> *…it's just like I want to be here for these kids and do everything that I normally do but at the same time, it's hard for me to talk about. So as they are talking about it, I feel as if I can't talk about it (P3.2, 301-303).*

One participant detailed that she actively shut out anything that reminded her of school while she was on winter break, including her coworkers who she had shared her experience with:

> *I just didn't really communicate with them, and it wasn't because I didn't want to hear from them. It was because it was just they were a reminder of this really intense time that I had and you know, I was on break. I didn't want to get into that mode again of being stressed, being on level ten emotion and I just wanted to just disconnect from it. I don't really know, I didn't really talk it out processing wise. I just kind of disconnected from everybody at school and didn't really communicate with a lot of people* (P5.2, 244-249).

Many participants spoke of wanting to avoid distressing thoughts or painful emotions altogether. One participant stated that she doesn't think about her experience. When asked how she copes with the intense feelings she experienced after student suicide, one participant struggled to verbally express how she coped and stated: *I guess I haven't really thought about it, and I haven't really had an opportunity to talk about it with anybody* (P7.2, 361-362). When asked about avoidance as a coping response in her early years, Participant 2 responded jokingly: "*I became a counselor because it was cheaper to become a therapist than to go to therapy, you know"* (P2.1, 329-330). She explained that she has always had a difficult time discussing her traumatic past, so much so that it she would rather *"just get involved in other people's stuff"* than have to deal with her own grief (P2.2, 218). The thought of acknowledging her own grief is too painful for her.

Resurfacing of prior losses. Five women spoke of the pain that the suicide resurfaced, as it ripped open old wounds of their prior losses. Participant 1 shared how painful it was to experience multiple suicides: "*It brings up—especially after my dad died, like it brings up my own grief. It brings up issues from my own past"* (P1.2, 247-248). Participant 2 had also recently lost her father and spoke of refusing to acknowledge the grief that came up for her as she responded to the student suicide.

As Participant 4 experienced multiple student suicides, she contemplated on her own adoptive mother's suicide. When reflecting on the hopelessness that the students felt before choosing to end their lives, she drew comparison to how her mother must have felt. While grappling with trying to understand why the tragedy of suicide occurs, she shared:

> *I remember having done my own work around my mom's suicide. Having a therapist really worked with me around imagine a person getting to that point in their life where they really truly feel like they and everyone else around them is better off if they weren't alive. What an awful place that is to live in? I really connected to that sense of ... That was as upsetting as that is to think about* (P4.2, 476-480).

She feels great sadness for the despair and sense of hopelessness that the students felt. Yet, her understanding of the sense of hopelessness victims have felt helped to free her from the blame she felt towards her mother's suicide. She summarized her feelings of the resurfacing of prior losses: *"Any loss triggers all those other losses. Any time our community experiences a loss, it's like this upheaval of ... It's so much more than just that singular loss. It's the history of all of it that just ..."* (P4.2, 582-584). Participant 7 spoke

of the same repeated experience of loss as she struggles with maintaining emotional distance from each student death she has experienced as she reported: *"... I know it brings up feelings from past death and unresolved issues. I get that"* (P7.2, 297-298).

Feelings of incompetence. Seven of the eight women reported feelings of incompetence after their experience of student suicide. Internally, they questioned their effectiveness and continued fit for their position as a school counselor. They began to doubt themselves in student counseling situations, not trusting their training and intuitive conceptualizations of their students.

Participant 1 shared that she was *"on autopilot"* and that resulted in her not being *"an effective counselor, not being an effective human, wife, mother, you know, all that kind of stuff"* (P1.1, 259-260). She also spoke of the hesitation she feels when students begin to report suicidal ideation to her. She reported that she dreads asking follow-up questions for fear that the student will require a high level of care and action if they are suicidal. As she discussed this, she questioned her healthiness as a school counselor and expressed feelings of incompetence. She pondered:

> *Even though, in your head, you know that we are not responsible for that. It's still like, what did I miss? I am trained to do this what did I miss? I must not be a good counselor and how do I move forward? How do I keep doing this knowing that somebody else might die* (P1.2, 251-253)?

She frequently questions her competence as a counselor and experiences feelings of doubt and responsibility for the students' actions.

Similarly, Participant 2 shared feelings of guilt and responsibility towards her student's death. After watching a popular television show on adolescent suicide, she began to question how she engaged with the student prior to the suicide. She stated:

> *And then I started to feel guilty, like maybe I did something wrong. You know, because they have the counseling piece in there and the counselor's an idiot and he didn't buy into or pay as much attention as they thought he should have. So then I really went back and then I think, two years later, after ___ committed suicide. I started to grieve and question myself* (P2.1, 375-378).

She questioned her effect on students, and ultimately, led her to question her commitment to the field. She described her *"breakdown"* as containing *"…just this huge guilt. Like this happened and what did I not see? What could I have done better? Should I have slowed down?"* (P2.2, 226-227). She questioned her expertise in her field as she has been practicing for over twenty years.

Participant 4 also grappled with the pressure she felt from her community as a mental health professional failing to prevent or intervene on a suicide. She stated:

> *There was a whole lot of blame that just ... That was probably hardest. Here I am a professional and I'm questioning my own judgment because there's so many people pointing a finger and saying, "What did you miss?" I'm like, "I don't know what I missed. What did we as a community miss?"* (P4.2, 412-415).

The question, *"Could we have done better?"* was posed by Participant 5 as well (P5.2, 371). After the suicide, she questioned if her and her team could have done more to

intervene on the student. She questioned their effectiveness as counselors even when she rationally knows that she cannot stop the actions of others.

Similar questions haunted Participant 6 as she reported that she experienced post-traumatic stress symptoms as a response to the student suicide. She was struck by: "*...the guilt of why it happened, how it happened, were we doing enough?"* (P6.2, 130-131). She recalled feeling pressured to respond as the director of school counselor and yet feeling as if she *"...didn't know what the hell [she] was doing"* (P6.2, 195-196). Similarly, as a doctoral level school counselor, Participant 7 questioned how and why her student took her life as she failed to *"see depression in her at all"* (P7.2, 378-379).

Burnout. All eight women reported symptoms of burnout, characterized by signs of detachment, isolation, fatigue, increased irritability, job dissatisfaction, loss of empathy, and chronic stress. One participant described herself as simply "*going through the motions"* after her repeated experience of student suicide (P4.2, 245).

After her traumatic experience of finding the student suicide attempt in progress within her school building, Participant 6 reported symptoms of burnout such as chronic fatigue, a lack of sleep, and a lack of motivation. She questioned if she wanted to continue working altogether: "*...in the beginning, I honestly thought I was going to quit my job"* (P6.2, 310-311).

After the suicide, Participant 2 questioned if she was burnout because of the lack of empathy she had towards her students' problems. Before the suicide, she described hearing student issues and "*would kind of poo-poo things"* she didn't identify their problems as having substance (P2.1, 386-287). Her approach to students was

characterized by this statement: *"I'm more of a realist, like give me a real problem"* (P2.1, 385).

She shared:

> *But then when that happened, I really had to sit back and go, "Am I doing my best job for my students?" And I really kind of came up with the answer that no. I wasn't burnout but maybe I was because when you hear the same thing over and over again with the different face, you know, you say the same thing about how they can cope and they go back out and do the same thing. You really start to question why you are doing your job and am I effective?* (P2.1, 388-393).

Her experience of burnout resulted in leading her to question her motivation and commitment to her fields and students. One of the days she was interviewed for the purpose of this study, she reported that she had left work early as a response to being burnout:

> *Today it just kind of hit me. It was just—and that's usually how I go. I give, I give, I give and then all of a sudden, it's like I have so much stress I just need to walk away from it* (P2.2, 353-354).

Similarly, Participant 7 reported feelings of anger towards one of her students that took her life. She felt that the community was blaming her for the death of the student because of her role as a counselor, so she questioned: *"I mean, why aren't we blaming the person who actually did it"* (P7.2, 416-417). Her experience of suicide led her foster a lack of empathy towards the death.

Participant 3 reported feeling so overwhelmed by the student suicide that she questioned if she wanted to continue practicing as a school counselor. She shared:

> *…for a while after ____'s death, I was very much like I don't know if I can do this again. I don't know if I can be in this profession if this what's going to continue to happen, like kids are going to be dying and stuff like that* (P3.2, 563-566).

Participant 1 ultimately credits her experience of student suicide as the reason why she is choosing to leave her practice and pursue her doctoral degree. She stated:

> *It just takes a lot out of you and I know that is one of the reasons why I am leaving. Not just because I want to go a get a Ph.D. and study suicide but because I am burnout. I do have that compassion fatigue or empathy fatigue or whatever you want to call that. I have to go and refill who I am in order to keep going. And I know I will go back to counseling, I know that. It's just hard* (P1.1, 468-471).

She described feelings of hopelessness about how she can continue to work as a school counselor given her experience. She is leaving her profession in part to get a Ph.D. but in part because she feels depleted. She spoke of her administrator who is burnout in his career and reflected how she doesn't want that to happen to her. She stated, "*He's just done and he's just shutdown. I don't want to do that. I want to continue to be some semblance of who I am"* (P1.1, 492-493).

Shift in Perspective on Trauma and/or Loss

Almost all women reported that their experience with student suicide had such a lasting impact on them personally and professionally that they have experienced a shift in

their philosophical lens of how they view life. The death of student forced them to existentially evaluate their perspective on the meaning of life and what their purpose was. Many spoke of their experience as an opportunity to build stronger bonds with their loved ones, as the tragedy revealed a sense of urgency to life. Six of the eight participants reported a shift in lens, while two did not report this change. The two participants who did not report this change did not explicitly state that a change did not occur, rather, they simply did not provide any description otherwise. Those that reported a shift used phrases such as "perspective changing" or "look at life differently" to convey their existential journey in healing after a student suicide.

Four participants described how their experience has revealed a sense of life's urgency and helped them to re-assess their priorities and values. Participant 5 shared:

> *...you know, I told people that I love that I love them and that this happened and when something like this happens it makes you really appreciate the people you do have in your life because you don't know when they are going to leave you (P5.2, 249-252).*

She continues:

> *...I think just to appreciate the people that I have in my life and not to let--- because I am definitely someone who can let things get the best of me a lot. Like, you know, something might happen, I might have someone cut me off on my way to work and it just ruins my morning because I am just pissed off, I am like, "Why did you have to do that?" But really, that's not something that should ruin a morning for anybody. So just things like that. Not letting small things bother me as much. Appreciating that everyday*

> *that I have is awesome and I should take advantage of it and you know, just also reiterate that what I am doing has a good purpose* (P5.2, 319-325).

She feels her experience has changed her perspective, as she is more appreciative of the greater picture and less stressed by daily annoyances. Participant 8 echoed this sentiment, as she expressed that her experience helped to re-align her priorities and focus more deeply on the areas of her life that bring her purpose:

> *In good ways, it kind of put stuff in perspective where life is short. So I stopped doing as much as I was doing at home, like we ate out a lot more, and I didn't give a shit about my house being clean. It kind of made me a better mom afterwards. Which is weird* (P6.2, 149-153).

She continues to describe how she has gained introspective through therapy:

> *You don't have to try to control everything. I think that was the first time I truly lost control of something. You know? Valuing that. Something as simple as, I used to wear a Fitbit and part of the conversation that has come about with this woman Linda is, you know you're controlling what you eat and exercise, how many steps you're taking. Why do you need to do that? You realize now that you've lost control and you're still okay. That's been life-changing, those conversations with her.*

Through therapy, she realized that she had lost control of life via her experience of trauma and she possessed resilient skills that got her through. Her perspective on life has changed as she realized that she doesn't need to be perfect in all areas of her life, that she

can embrace chaos and change. Participant 8 expressed a similar reflection about the preciousness of human life:

> *I certainly don't think that anyone should say, "Yeah! I experienced a student suicide." It's certainly nothing to celebrate. I think that it certainly changes your perspective on just how precious life is, and how precious student life is, and what an impact that you really do make on kids, and their families, too, and sometimes, you don't really realize that, until later on, after they've graduated and gone* (P8.2, 149-154).

The loss of student to suicide proved to her how precious and short it is. The experienced also validated how impactful the role of a school counselor can be on students and families.

Participant 3 shared about her perspective change on the nature of suicide, as she has experienced it firsthand and knows the severe grief it brings to those impacted. She spoke of her experience as forcing her to urgently analyze each student's statements from the lens of suicidal ideation:

> *I just feel like I have a different perspective on suicide and things like that then some of my other counterparts do. And then I think that I am more vigilant about it, whereas anytime somebody says something, even if I know it's the kid that just says and spouting off in saying, "Oh this class fucking sucks. I'd rather be dead than be in this class." Like I'm still going to check in with that kid because I just want to make sure they are okay* (P3.2, 379-383).

Participant 1 shared that post-tragedies, her sister noticed a drastic change in her:

> *But it does, it alters—it has altered who I am. My sister makes comments all the time. She's like, "I want my sister back. You are not the same person that you were." And she means it in a negative way but for me, I see that I am stronger. I see that I am I do look at the world a little differently* (P1.2, 366-369).

She continues:

> *…she's mostly seen that happy, glass half-full more than half-full kind of a person. Everybody is amazing and life is amazing and now I think I am more of a realist, more of a life is pain and how can we work through that* (P1.2, 405-407)*?*

She has resolution surrounding the ways in which her experience of student suicide has changed her. She feels a sense of hope about her change in perspective, as she can be more helpful to those suffering when she is realistic about the pain she sees in the world.

Participant 4 described the largest shift in perspective on trauma/loss out of all participants, as she had experienced the loss of her own mother to suicide and had a substantial history of trauma across her life. She used to examine her own loss and wonder: "*What God have I pissed off? That I have had to experience the grief that I have"* (P4.1, 305-306). But she has learned to conceptualize her loss as lessons that have taught her compassion and empathy:

> *So there's been this lifespan of lessons to learn around grieving and dealing with loss and resolving trauma. And if nothing else, my kids know that we are always going to talk about—like there is no subject that we won't talk about and if they're not willing to bring it up, I am. So, we are*

> *that family that has dinner together almost every night of the week and we will talk about suicide at our dinner table. Because if we are not comfortable talking about it there, then how are my kids going to be comfortable talking about it with me when they really need to. So I think that those are some of the lessons that I've learned along the way and probably how I choose in a lot of ways to look at the breathe of experience that I've had with grief and loss is what do I need to learn so I can move on* (P4.1, 322-330).

Her experience of student suicide helped her to shift her perspective on her mother's death as she continued to do address her mother's suicide in therapy. She describes, *"…imagine a person getting to that point in their life where they really truly feel like they and everyone else around them is better off if they weren't alive. What an awful place that is to live in"* (P4.2, 477-479). She explored this sense of hopelessness further and found that she was "freed" from the way she used to conceptualize her mother's suicide:

> *I let go of a lot of blame and really was able to come to a place of compassion where I can imagine and I feel very lucky that I can imagine what that kind of despair feels like, and that I've never, despite everything that I've been through in life, I've never got to that point where there was never any sense of hope (P4.2, 481-485).*

She feels great sadness for the despair and loss of hope that her students experienced prior to ending their life. Yet, her understanding of the sense of hopelessness victims have helped to free her from the blame she felt towards her mother's suicide. She chooses

to view suicide through a lens of compassion for the hurt, rather than a selfish act. She described that she chooses to engage life through this perspective:

> *Be the river not the rock. So when you think about mindfulness and one of the practices that ... I have visuals that I walk my students through is that visual is standing in like knee-deep water and just feeling it all just flow by you and just watching things come down the river towards you and know that you can just let it go right by you. You don't have to hold on to it. We think about a rock and what a rock just does and that water totally diverts it and I don't want to be stuck there* (P4.2, 622-629).

Through her trauma resolution journey, she has learned to choose to actively embrace and process her pain, rather than hold on to it.

Summary

Three research questions served as the guide for this study: *what is the school counselor's experience of student suicide, what ways did the school counselor cope with the experience of student suicide, and what effect did suicide have on the life of the school counselor, both professionally and personally?* Eight women were interviewed two times each in order to gain understanding of their experiences. In response to the research questions, six themes emerged capturing the most significant themes in the school counselor's experience in student suicide and their healing journeys. The six themes were a) Historical Context: Early Experiences with Trauma and/or Loss, b) Personal History with Counseling, c) Training in Graduate Program, d) Response of School and District, e) Coping Reactions and Related Predictors, and f) Shift in Perspective on Trauma/Loss. The next chapter offers a discussion of their coping

reactions that predicted the range of positive and negative outcomes the suicide had on the life of the school counselor and clinical implications for supporting school counseling students-in-training for the experience of a student suicide.

CHAPTER FOUR: DISCUSSION

This study examined in depth how the loss of a student to suicide impacts the school counselor. The study was guided by three research questions: What is the school counselor's experience of student suicide? In what ways did the school counselor cope with the experience of student suicide? And lastly, what effect did suicide have on the life of the school counselor, both professionally and personally?

I sought to understand how their experience unfolds, what coping methods are used, and what impacts, both personal and professional, student suicide had on the school counselor. Eight women were interviewed two times each in an extensive interview protocol to gain an in-depth understanding of their experience (Seidman, 2013). The research questions guiding this current study revealed how school counselor's coping responses across their lives impacted how they coped with the experience of the student suicide.

The findings of this study revealed that a history of early trauma and/or loss seems to influence a school counselor's response to a student suicide. Prior to the student deaths, all eight women interviewed had experiences with trauma and/or loss. Five participants experienced significant trauma, and all eight participants had experienced some form of personal loss, ranging from little significance (i.e. natural, expected deaths of older family members) to highly significant (i.e. loss of parent to suicide, loss of parent to debilitating condition). The two primary contributors to the school counselors' range in positive and negative outcomes post-suicide was the participants' own history of counseling to address her own trauma and/or loss and their abilities to find meaning through interactions within their social support networks. The prior experience with

counseling helped many participants to identify and foster adaptive coping skills that served them well in their efforts to cope with the student suicides. The use of their social support networks post-tragedy provided comfort, enjoyment, leisure, and/or space to share about their experience of student suicide. These networks allowed the participants to adaptively cope as they engaged with others.

The data suggests a potentially predictive model that details factors that contributed to higher levels of adaptive coping. It was apparent from the interviews that the women who had been in counseling for longer periods of time proved to be further along in their journey towards self-awareness and meaning making post-tragedy. All eight women shared about the varying ways they reached out to others for support post-tragedy, but the active act of processing their experience with others happened primarily for the adaptive copers. Nonetheless, the data spoke to the importance of establishing networks that could meet both personal and professional needs of the school counselors.

Over the life course, each woman identified and practiced coping skills, both adaptive and maladaptive, and continued to identify ways she was actively coping with her experience.

Six themes emerged that best captured their experiences: a) Historical Context: Early Experiences with Trauma and/or Loss, b) Personal History with Counseling, c) Training in Graduate Program, d) Response of School and District, e) Coping Reactions and Related Predictors, and f) Shift in Perspective on Trauma/Loss. Because these themes seemed to occur in a temporal fashion, they suggest a linear model which is potentially predictive. The themes are described in this discussion according to how they fit the linear model. In this section, a potentially predictive model will be discussed (Figure 1).

As the participants spoke about their overall well-being post-tragedy, all listed and described their individual coping styles. As their coping was explored, two primary questions emerged that will be addressed with findings within the data: (1) *what are the supports in the school counselor's life that led to positive or negative outcomes after experience of the student suicide,* and (2) *what factors contributed to utilization of adaptive coping in the school counselor after experience of the student suicide?* The discussion of these two additional questions help to fully support one of the original research questions regarding the ways in which the school counselor coped with the experience. Throughout the findings, themes emerged that helped to shed clarity on the original research questions: (1) how the school counselor's experience of student suicide unfolds, (2) what coping methods are used, and (3) what impacts, both personal and professional, the student suicide had on the participant. Below, I present the themes with discussion as they pertain to the influence they had on the school counselor's coping methods and the overall impact the experience of student suicide had on the participant. The potentially predictive model aims to answer the research questions by providing a structural description of the experience of student suicide (directly addressing research question one), while revealing the path the participants took in healing their own wounds post-tragedy and how their journey to coping influenced their overall well-being and perspective on trauma, loss, and life (directly addressing research question two and three). Study limitations and recommendations for further research and counselor education will be provided.

Structural Description of the Experience of Student Suicide

A graph (Figure 1) representing the situated structural description of all participants' experiences of suicide is presented here. This graph represents a timeline of how past experiences contributed to the participants' overall experience of student suicide.

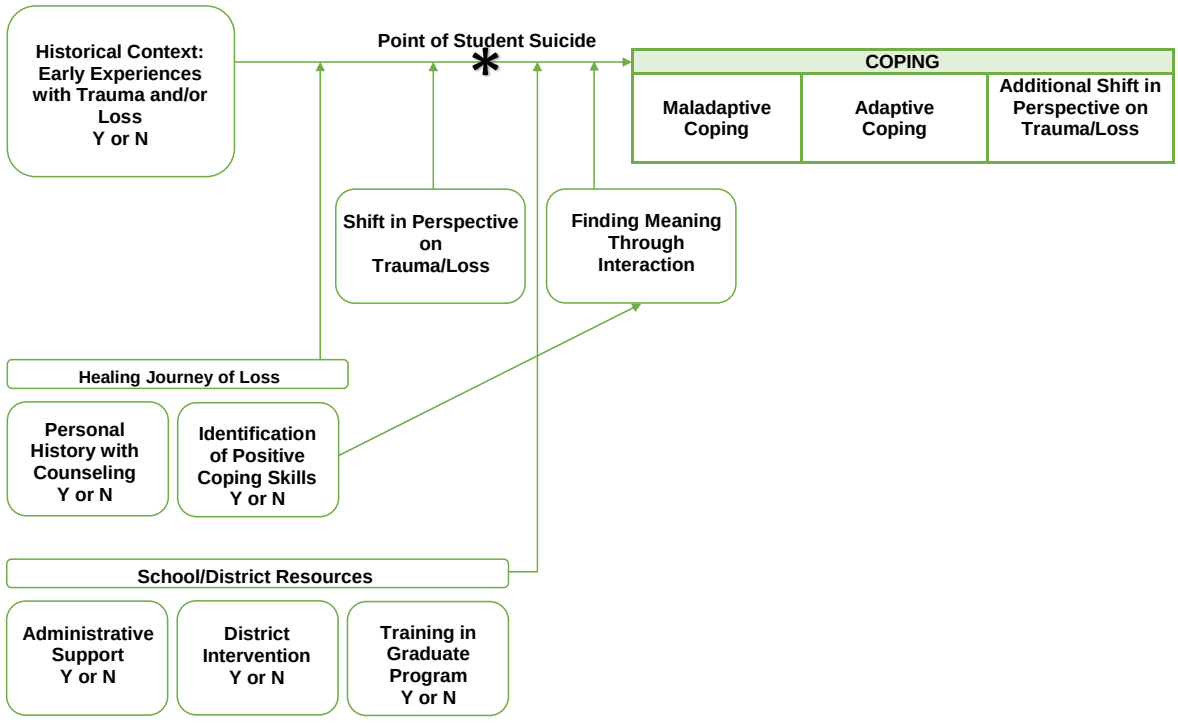

Figure 1. Structural description of the experience of student suicide.

Research Question One: What is the School Counselor's Experience of Student Suicide?

A full discussion of the school counselor's experience of student suicide does not simply begin at the point of student suicide. The very nature of Seidman's (2013) model of phenomenological interviews served to the put the participant's present lived experience of the student suicide in context of their life, so when presenting the findings to research question one, I would be remiss if I didn't present the contextual understandings as well as their present day, concrete descriptive experience. With this understanding, discussion of the participants' early experiences with trauma and/or loss, their personal history of counseling, identification of positive coping skills, and shift in perspective of trauma and/or loss are explored, followed by their more practice-based descriptions of their experience within their school and district.

Historical context: Early experiences with trauma and/or loss. The women in this study shared their significant experiences of trauma and/or loss. Both trauma and grief are complex phenomena that present a wide range of cognitive, emotional, and social difficulties and can greatly influence how individuals respond to their environment, relationships, and themselves (Christ et al., 2003; SAMHSA, 2012, p. 13). As the participants explored their own history of trauma and/or loss and its effects, some contemplated the impact these experiences had through existential viewpoints that were broad in scope, whereas others simply named the adverse experiences but struggled to conceptualize the impact of the experiences on their lives. McCormack and Thomson (2017) summarized the four theoretical components of the model of psychological interpretation of the experience of trauma and recovery and how psychological

adjustment occurs: (1) a need to integrate trauma-related information, (2) vulnerability versus growth factors that lead to assimilation of the trauma-related information, (3) how the event is comprehended as significant or not, and (4) psychological well-being as opposed to subjective well-being (Calhoun & Tedeschi, 1998; Creamer, Burgess, & Pattison, 1992; Hollon, Garber, & Abramson, 1988; Horowitz, 1982, 1986; Janoff-Bulman, 1992; Janoff-Bulman & Frantz, 1997; Keyes, Shmotkin, & Ryff, 2002; Linley & Joseph, 2004; Rachman, 1980; Ryan & Deci, 2001). The components of this model of interpreting the experience of trauma were evident across the participants. The participants reported a need to integrate trauma-related information by grappling and processing their experiences across their lives. Vulnerability versus growth factors that led to assimilation of the trauma-related information were demonstrated by the participants who sought out healing yet challenging opportunities, such as personal counseling, in order to reveal their stories and find ways to reconcile their trauma in their world view. The component of the model that discussed whether the event is comprehended as significant was evidenced by some participants' struggle to see the role of their history in their reactions to student suicide. Perhaps, these participants did not see their earlier experiences as significant, or perhaps, due to a lack of exposure to personal counseling, some did not see their experiences as linked to the trauma of student suicide. Lastly, the component of the model regarding interpreting the experience of trauma that discusses psychological well-being as opposed to subjective well-being was shared by some participants. Those who reported a higher number of positive coping skills and use of counseling, while their affective states fluctuated in response to their experience of student suicide indicated that their psychological well-being improved as they

conceptualized their experience through an existential philosophical shift that resulted in personal growth and acceptance of their trauma. At first, the participants spoke of their history on a personal level but as the interviews continued, they drew analyses from their experience by making connections how it impacted others around them as well. However, some still struggled to see the role of their history in their reactions to student suicide. Perhaps, these participants did not comprehend their earlier experiences as significant. Each participant's experiences of trauma, traumatic memories, loss of childhood identity, and loss of loved ones were perceived, interpreted, and coped with differently. Each had made meaning of her early experiences in her own way, aiming to make sense of it and absorb it into her life perspective. These participants spoke of their initial responses to traumatic experiences, ranging from isolating themselves, lashing out in anger, reaching out to connect with others, or shutting down their own emotions for fear that their display would be seen as weak. Of the five participants with deep, significant histories of trauma and loss, only two described seeking significant counseling for recovery across the course of their lives. Others struggled to speak about their experiences, as they viewed these events as being in the past, and they actively engaged in distraction and avoidance to continue to reassure themselves that trauma has little impact on their current lives and response mechanisms. Various coping skills such as compartmentalization or active avoidance were employed. Many expressed difficulties acknowledging or talking about their experiences. Yet, the memories and emotions associated with their painful experiences reared up at significant points in their lives--in times of extreme stress in relationships or at work, responding to subsequent loss, and in crisis situations that occurred in their personal and/or professional spheres.

The data suggested that seeking out therapeutic relationships to process and work through experiences of trauma and/or loss resulted in greater levels of adaptive coping post-student suicide. The participants who digested, reflected, and interpreted the meaning of their adverse experiences reported ongoing reconciliation of their trauma. They were incredibly aware of how their experiences of loss and trauma impacted all areas of their lives, including their work with students, and continued to identify the necessity of monitoring their personal history's impact through counseling. They had made connections among their past, current, and anticipated traumatic experiences. For these two women, their life-long struggle had been acknowledging and allowing their pain so that they could work through it to gain a sense of control and meaning to their past. For the other women, their life-long struggle involved moving away from their painful experiences and finding ways in which they could detract from, avoid, or repress their histories.

Personal history with counseling. The data suggested that one of the primary contributing factors to a school counselor's maladaptive or adaptive response to student suicide was presence or absence of a personal history of counseling. The participants experience in counseling can be understood within a range of no to little experience to significant experience in counseling. After the loss of student to suicide, four participants (P1, P3, P4, and P6) reported engaging in a counseling relationship to cope with the trauma they endured. Prior to the loss of student to suicide, only two participants (P1 and P4) reported ongoing significant experience with personal counseling across their lives. Participants three, five, and six spoke of the relationship and interactions that they had

with their own public school counselor in high school and the impact such relationship had on them choosing to enter the profession of school counseling.

Ultimately, of the women in the study, those who engaged in therapeutic relationships prior to the suicides indicated higher levels of adaptive coping with their experiences of student suicide, while those who did not engage in therapeutic relationships displayed higher levels of maladaptive coping. Mediating this finding is the understanding that these participants had adopted a 'moving toward' others interpersonal strategy to cope with loss across their lives, and therefore, reinforced the importance of social networks and seeking support in others as a response to the student suicide.

To help understand how personal counseling helped to contribute to either positive coping skills or a lack thereof, I want to consider the work of Jennings and Skovhalt (1999), who examined what factors contribute to the development of master therapist. Their qualitative study explored the counselors' intrapersonal characteristics. The researchers found that effective counselors are voracious learners, draw heavily on accumulated experiences, value cognitive complexity and ambiguity, are emotionally receptive, are mentally healthy and attend to their own emotional well-being, are aware of how their emotional health impacts their work, possess strong relationship skills, believe in the working alliance, and are experts in using their exceptional relational skills in therapy.

For the purpose of this study, of particular interest are the effective counselor's characteristics of emotional receptivity, attention to their emotional well-being, and awareness of how their emotional health impacts their work. Jennings and Skovhalt's conclusion could explain how some of the school counselors continue to function well

while placing high importance on their own use of personal counseling. The participants that engaged in intentional reflection on their personal issues and the impact their experiences had on their lives, both professional and personal, were more likely to engage ethically and empathically with their students and colleagues post-tragedy.

Overall, the participants who had not utilized personal therapy presented less emotional receptivity in their personal and professional relationships, including the counseling interactions they had with students. These participants expressed higher usage of maladaptive coping skills post-suicide such as withdrawal of emotion in their personal relationships, loss of emotional investment with their students, and a higher level of emotional dysregulation.

Those who had engaged in counseling reported high levels of self-awareness, as they had spent substantial amounts of time seeking out opportunities for reflection in therapy. Personal counseling provided a venue for them to learn a greater awareness of themselves and how their history impacted their work. Those who did not engage in counseling reported difficulty acting congruently across their personal and professional lives. In their school counselor role, they would teach their students about the benefits of being open and vulnerable but failed to seek out therapeutic opportunities of their own to engage in such reflective practices. Such incongruence suggested higher levels of participant maladaptive coping in response to student suicide, as reported cultural messages about emotional health discouraged the four school counselor from seeking out help. They reported negative internal messages about emotional health that de-emphasized the importance of their own help-seeking behaviors. They were influenced by cultural messages such as emotions are a sign of weakness, grief is a task that must be

completed hurriedly, and that to spend time actively processing pain distracts from productivity. These counselors spoke of practicing some individual acts of self-care and finding comfort in their personal relationships, but failed to prioritize their emotional health development through counseling.

Over the course of their lives and prior to the experience of student suicide, the two participants who had therapeutic outlets to address their painful history of trauma and loss were very aware of how their own emotional needs interfered with their work with students. They reported using adaptive coping skills such as recognizing and setting boundaries with their personal needs and containing their pain to limit its impact on their students and to address it further in their own counseling relationships. Those who did not prioritize their own emotional health through personal counseling spoke of multiple burnout symptoms characterized by detachment from their students, isolation, fatigue, increased irritability, job dissatisfaction, and a loss of empathy. The reported loss of empathy seemed potentially harmful to their students, as the counselors' distancing from their students' here-and-now presenting concerns could lead to a failure to recognize the emotions and behaviors of their help-seeking students. One participant described how she cannot endure the pain of her own emotional needs, so she chooses to "muddle in" her students' lives. She struggled to conceptualize how detached she was from her own emotional health but did describe potential negative effects that her pain brought into the space with her students.

Identification of positive coping skills. Across their developmental life course, the women encountered personal experiences with trauma and/or loss. Each adopted her own style of responding to adverse events or situations and reflected on these coping

mechanisms and the impact they had in across her life. Prior to the student suicide, all eight women reported a variety of positive, adaptive coping mechanisms that they utilized but it was apparent that some women utilized higher levels of maladaptive coping skills to respond to their pain. Of the eight women, two participants stood out for their greater understanding, identification, and use of positive coping skills throughout their life. Of the eight women, these two participants reported the greatest use of personal therapy and spoke of learning early ways to cope with emotional and mental problems in their counseling relationships. Additionally, these two participants were more likely to seek out social support and find spaces to discuss their experience. Although, identification of positive coping skills did not happen only for those with a history of counseling across their lives. It appeared that this identification was a mediating factor for those who were also more likely to seek out social support in others.

Social support. Horney's (1942, 1945) theory of interpersonal strategies lays out a framework to understand how the participants responded to both their experience of trauma and/or loss and subsequently, their experience of student suicide. According to her theory, individuals adapt a "moving towards" (by involvement with others), "moving against" (by controlling others), or "moving away" (exhibited by extreme independence or emotional withdrawal) style in relationships. According to Horney, people learn in childhood which interpersonal style leads to at least partial fulfillment of their needs. There are striking similarities between Horney's theory and the coping styles of the school counselor participants. The data suggest that how the participants coped with their history of trauma across their lives predicted how they would digest the recent loss of student to suicide, particularly utilizing the interpersonal strategy of either moving toward

(exhibited by engaging in personal counseling, processing experience with others, and leaning into support systems) or moving away (exhibited by withdrawing from others, avoidance of distress, and creating emotional distance). Many of the school counselors exhibited a conceptualization and identification of positive coping skills as they shared about "moving towards" others in hopes of finding support and healing after their experience of student suicide.

Several studies reveal that individuals with close family or friends "who provide psychological and material resources are in better health than those with fewer supportive social contacts" (Cohen & Wills, 1985, 310). The participants who adopted "moving towards" interpersonal strategies with their support systems appeared to have been more positively coping with the trauma, loss, and grief of their personal lives and ultimately, the loss of student to suicide. To further discuss the significance of how participants responded to their experience, two main models of social support are introduced: the main effect and buffering models. Researchers have posited that social support is a causal contributor to well-being and describe the ways that social systems render aid to those who experience stressful events. The main effect model conceptualizes social support as the beneficial effect of having a large social network that provides psychologically positive experiences and provides a set of stable roles in the community. This understanding of social support could potentially be seen in those participants that remained connected to district and school resources (i.e. crisis intervention teams, trauma coalitions), working closely with administrators to provide responsive services, and seeking out further aid through interpersonal counseling. These participants pulled resources from their large social networks and the alliances that were formed in the crisis

response events helped to solidify the school counselor's concept of a purposeful role in the community.

The buffering model conceptualizes social support as a buffer to stressful events in two ways: (1) the perception that others can and will provide necessary resources may redefine the potential for harm posed by a situation and/or bolster one's perceived ability to cope with imposed demands, and hence prevent a particular situation from being appraised as highly stressful, and (2) support may alleviate the impact of stress appraisal by providing a solution to the problem, by reducing the perceived importance of the problem, by tranquilizing the neuroendocrine system so that people are less reactive to perceived stress, or by facilitating healthful behaviors (Cohen & Wills, 1985, 312). This understanding of social support could potentially be seen in the participants who called upon their community resources and mental health experts to provide collaborative post-tragedy services within the school system. These participants spoke of not feeling alone or helpless, as others with highly trained mental health or trauma specialties could provide resources as well.

I cannot deduce which model of social support greater explains how the participants responded to the loss of student suicide, as both speak to the need to reach out to area and community resources for support, but both models provide a theoretical knowledge for understanding how and why social support post-tragedy is so necessary. The participants who described in detail the ways they leaned into others after the student suicide, either by verbally processing their experience, simply spending time with others, or by seeking out others' to provide resources within their crisis response events, had

greater identification of positive coping skills which fostered a greater sense of purpose post-tragedy.

Shift in perspective on trauma and/or loss. The data suggest two internal shifts in philosophical lens for the participants, the first shift occurring at a pivotal time in their lives as they navigated the unpredictable waters of trauma or loss, and the second reported shift in lens occurring as a response to processing the loss of a student to suicide. The first shift in psychological lens happened primarily for the adaptive copers, as they learned how to deal with their individual trauma in a way that made sense to them. They reported processing and digesting their own histories and finding ways to make sense of their lives to continue on a path towards recovery. Their first existential shift in perspective occurred over time across their lives as they grappled with their painful experiences and they coped by "…reassessing and reorganizing the patterns of their lives and the ways in which they have answered the major questions of their lives" (Servaty-Seib, 2004). The adaptive participants were more likely to have conceptualized a shift in perspective to adapt to the existential concerns of life as it pertained to their own histories of loss or trauma. They spoke of these journeys playing out in their counseling relationships across their lives, as they identified ways to make meaning of their pain and connect their experiences to positivity.

Training in graduate program. The types of training on how to respond to a student death by suicide that the participants had received varied widely. Each participant attended a CACREP accredited master's program. The foundational 2016 CACREP standards for all counseling professionals explicitly state that counseling students are responsible for learning "procedures for assessing risk of aggression or dangers to others,

self-inflicted harm, or suicide" (2016). Unlike the foundational standards for all counseling professionals, the school counseling CACREP standards do not explicitly name suicide, but the standards do state required training on "school counselor roles and responsibilities in relation to the school emergency management plans, and crises, disasters, and trauma" (CACREP, 2016). However, across the eight participants, only two women reported that they felt adequately trained to respond to a student suicide in the role of a school counselor. The participants that reported little to no training or education on school responses to student suicide also reported little program focus on how to utilize practice-based skills to intervene appropriately with a suicidal student. This finding is disconcerting given the CACREP requirement that school counseling students receive training on suicide assessment and intervention. Only Participants 3 and 7 reported extensive training on their responsibilities in responding to a student suicide, but they expressed that their training focused on the immediate aftermath tasks that must be completed and not on the emotional implications that the events could have on the school counselor. Participant 7 struggled to conceptualize how significant her experience of student suicide was, as she considered the multiple student deaths that she had experienced together. She concluded that no matter the cause of death "*kids react in a very similar pattern with their behavior*" and once she responded to one death, she knew what to expect because she perceived that students *"…they all have that same reaction"* (P7.2, 307-309). Her statements on feeling equipped to respond translated as having little emotional investment in her students which aligned with her reported higher use of maladaptive coping styles. All participants expressed feelings of incompetence and

symptoms of burnout post-tragedy as the majority of the participants felt wholly underequipped to respond to the system-wide crisis of a student suicide.

District intervention. All eight participants shared the varying ways that they helped respond to the student suicide either by implementing or being a part of a district or school crisis response team. Many participants described their district's large crisis team efforts that pulled staff from all over the district to respond to the impacted school. The teams varied across participants but typically consisted of school counselors, licensed professional counselors, school social workers, school psychologists, and school administrators. While many school counselors described feeling overwhelmed by the decisions and tasks that required their attention to adequately support the students, staff, and community post-suicide, each described their own role within a larger district-level system. Two participants, Participants 1 and 4, detailed the highest level of district intervention and response, but recognized that their school districts had become very skilled at responding to student suicide, as they had both experienced several in their tenure. The two school counselors who took on leadership roles in their district's response to the student suicide reported a significant number of maladaptive coping skills, as they withdrew from personal relationships to focus solely on their work, experienced frequent feelings of incompetence, and demonstrated a greater number of burnout symptoms.

The six school counselors who worked within their crisis teams, but weren't solely responsible for the leadership and implementation of the district-wide effort, overall, reported a greater sense of support and comradery among their professional peers. Such collaboration in their response helped to contribute to a greater range of reported positive

coping skills such as processing with others who had shared the loss and with Employee Assistance Program counselors, and monitoring their own self-care practices as they felt more accountable within their team.

Administrative support. Various levels of perceived administrative support were discussed by participants. Only one participant described feeling undermined and not trusted to adequately respond to the suicide. She was even urged by her principal to not discuss suicide further with students for fear that such discussion would encourage more suicidal ideation or attempts. The majority of the school counselors, however, reported administrative collaboration, engagement, and leadership in the days following the suicide. A few participants shared interactions they had with their administrators following the student suicide in which the administrators conveyed concern for the counselors, and some participants reported that they felt immense backing from their administrators. Both of these groups of participants felt that their administrators understood the severity of the event and aimed to provide support to those who were responding directly to the impact of the student suicide on affected students and staff. Two participants reported that their administrators sought out further staff and counselor training on suicide prevention and intervention. Overall, most administrators provided their school counselors support in their response to student suicide. The more support the participants received from their administrators, the more supported the school counselors felt in their response and delivery of counseling services to their school. The data suggests that higher levels of administrative support perceived by the school counselors contributed to higher levels of adaptive coping, as they felt encouraged to process their

difficult experience genuinely and found ways within their schools and communities to channel their experience into productive outlets.

Research Question Two: In What Ways Did the School Counselor Cope with the Experience of Student Suicide?

Maladaptive coping as outcome. All women identified the coping skills they had developed and practiced across their lifespan and after their experience of a student suicide. Not one school counselor reported the use of only maladaptive coping styles, but rather, they each reported using a variety of both maladaptive and adaptive coping skills. The individuals that reported more significant trauma and/or loss experiences prior to student suicide and who did not receive counseling to address those experiences utilized significantly higher levels of maladaptive coping styles than other participants.

A number of factors appeared to contribute to higher levels of maladaptive coping in participants. The most frequently reported maladaptive coping skills included significant burnout symptoms, changes in emotional responses, avoidance, and withdrawal from personal relationships. The data revealed that two groups of participants overlapped: women that reported the highest maladaptive coping outcomes, and women that had not engaged in personal counseling over the course of their lives or as a response to the student suicide. Through counseling, participants who received it were encouraged to reflect on, identify, and try out various adaptive coping skills in a supported yet accountable environment. The women that did not have such history of self-awareness via personal counseling lacked a thorough understanding and application of adaptive coping skills as compared to their counterparts who had engaging on this journey throughout their lives Without a trusted counseling relationship where they could air

their grievances and process their historical pain, these participants instead took to bottling up their emotions, avoiding distressing thoughts, and frequently pushing their personal relationships away so as to avoid vulnerability with others. As these patterns of maladaptive coping continued to serve them, although ultimately not productively, the women adopted a "moving away" interpersonal strategy exhibited by extreme independence or emotional withdrawal (Horney, 1942; 1945).

Adaptive coping as outcome. All women identified the coping skills they have developed and practiced across their lifespan and after their experience of a student suicide. All school counselors reported using a mixture of adaptive and maladaptive coping styles, but a few participants appeared to have significantly higher levels of adaptive coping as an outcome to their experience of student suicide. The data revealed individuals that were coping with their own life experiences of trauma and/or loss and student suicide by using significantly higher levels of adaptive coping styles than other participants.

A number of factors appeared to contribute to higher outcomes of adaptive coping in participants. The most frequently reported adaptive coping skills included seeking support in their relationships, processing their experience with others and in counseling, practicing self-care, and recognizing boundaries to preserve themselves in the wake of tragedy. The data revealed that two groups of participants overlapped: women that reported the highest adaptive coping outcomes, and women that had engaged in personal counseling over the course of their lives or as a response to the student suicide. Within the healthy and supportive venue of personal counseling, participants identified positive coping skills to respond to their adverse situations and established life-long patterns of

skillful application of adaptive coping mechanisms. The reflectiveness and self-awareness that was fostered within these women early on contributed to their adaptive responses to the student suicide(s) they experienced. They had already practiced established patterns of adaptive coping due to early experiences of trauma and/or loss and had identified the healthy impact adaptive coping styles reaped into their lives. Recognizing the productive and positive ways that adaptive coping skills benefitted them, their "moving toward" interpersonal strategy was reinforced, exhibited by engaging in personal counseling, processing experience with others, and leaning into support systems, rather than "moving away" through avoidance and emotional distance from others and their own painful wounds (Horney, 1942; 1945).

Finding meaning through interaction. The data reveals that one of the primary contributing factors to a school counselor's maladaptive or adaptive response to student suicide was finding meaning through interaction with others. Post tragedy, all eight of the participants communicated the importance of social support and reliance on others to cope with their experience of student suicide. Many spoke of a change in perspective on trauma and/or loss that they derived from their social supports and that this perspective was socially constructed by process and reflection with others. Many participants engaged in a process that likely reflects a social construction of their understanding of their shared experience. To better understand the importance of this process from the lens of a modern theoretical orientation, the philosophical assumptions of social constructivism theory can be helpful (Maturana, 1978; Gergen, 1985, 2009). As Cottone (2017) stated, social constructivism has a "focus on the social understanding of experience and the actions that result from the social understanding of the experience" (p.

465). In social constructivism, truths derive from consensualizing (Cottone, 2001, 2004, 2012). Consensualizing is defined as acting with others to define the meaning of, and to understand, socially shared experience. It appears that participants engaged in consensualizing and that it was significant to their coping. While not all eight participants reported that their *primary* coping style was seeking out others for interaction, all eight did speak of the importance of interacting with others post-tragedy: whether within their own role in the crisis response team, reaching out to community mental health professionals for consultation and further resources, and/or digesting their experience in counseling or with colleagues.

The participant responses in this crisis situation shows the importance of relationships in their adjustment, which lends support to relational theories of mental health and counseling. A theme emerged from the data: seeking out social support to process and simply talk about their experience was a paramount contributor to the participants that displayed higher levels of adaptive coping post-student suicide. Additionally, it appeared that those individuals who were actively seeking out social support were more likely to seek personal counseling.

Research Question Three: What Effect Did Suicide Have on the Life of the School Counselor, Both Professionally and Personally?

Additional shift in perspective on trauma and/or loss. Almost all women reported that their experience with student suicide had such a lasting impact on them personally and professionally that they have experienced a shift in their philosophical lens, worldview. The death of student forced them to existentially evaluate their perspective on the meaning of life and what their purpose was. Those that reported a shift

used phrases such as “perspective changing” or “look at life differently” to convey their existential journey in healing after a student suicide. The women who reported higher levels of adaptive coping skill and use of personal counseling identified their own emotional wounds from the student suicide as having increased their sensitivity and compassion to others. They shared personal accounts of how their traumatic experiences led to an increased awareness of their perspective on life.

The first reported shift in the participants’ philosophical lens occurred prior to the experience of student suicide, as they grappled with how to deal with their own trauma and/or loss. The additional shift occurred after the student suicide; hinging on how the participant could continue to reconcile their personal trauma when a community trauma occurs. The additional shift happened primarily for the adaptive copers who had spent years examining, re-examining, and processing their own pain with others and in counseling. Ultimately, the outcome of an additional shift in perspective on trauma/loss resulted in participants’ recognition of psychological growth.

McCormack and Thompson (2017) synthesized the ways that philosophical fields of thought, along with the humanistic, positive, and existential fields of psychology, has suggested positive outcomes and psychological growth across three life domains following adversity. They identified the three life domains as: a) self—redefining self and limitations, b) others—increased altruism and valuing interpersonal relationships, and c) life philosophy—a greater appreciation for life and sense of what is truly important (Calhoun & Tedeschi, 1998; Frazier, Conlon, & Glaser, 2001; Joseph & Linley, 2005; Joseph, Williams, & Yule, 1993; Linley & Joseph, 2004; McCormack & Joseph, 2013, 2014; McCormack & McKellar, 2015; Seligman, Steen, Park, & Peterson, 2005;

Tedeschi & Calhoun, 1995). The participant data showed a shift across these three life domains as adaptive copers revealed their newfound life philosophies as they have reconciled their painful past with the pain of the student suicide.

Participant one detailed this growth as she revealed how she conceptualizes suicide and its meaning in life through a lens of compassion for the hurt, rather than a selfish act. She described that she chooses to engage life through this perspective: "*Be the river not the rock"* (P4.2, 622). Through her ongoing trauma recovery journey, she has learned to choose to actively embrace and process her pain, rather than hold on to it, as a rock does--stuck in a river. Rather, she redefined herself as the river, washing change over the rock and allowing the chaotic, unpredictable painful nature of life to flow on by.

Similarly, Participant 4 shared a deeply existential shift in her lens regarding life's meaning: *"…life is pain and how can we work through that"* (P1.2, 407)? She reported an increased sense of hope about her change in perspective, as she can be more helpful to those suffering when she is realistic about the pain she sees in the world.

Limitations

There are several limitations in this study. One of the most glaring limitations is one that is inherent to the nature of the study itself. Participants were active in responding to participation in this study, which speaks to their ability to deeply and vulnerably share their experience of student suicide. The mere fact that this particular group of participants committed fully to describing their experience in detail to a complete stranger might represent a group of women who are more adaptively coping with their grief compared to their school counselor counterpart who did not choose to participate or share for whatever reason.

Another limitation is found within the study's focus on CACREP-trained school counselors. Many of the participants in this study were not trained under the latest edition of the 2016 standards. The latest standards included a focus on crisis roles and responsibilities for the school counselor, including the use of the Psychological First Aid model to respond to the immediate aftermath of traumatic events. The variance of how recent the participants completed their master's degree (and therefore, under what edition of CACREP standards) could influence the level of which the school counselor felt prepared by their graduate program to respond to the student suicide.

There was a range in how closely the school counselor personally interacted with the student(s) who completed. Some spoke of daily interactions with the student prior to their death, while other participants spoke of their interactions with the student from a comprehensive perspective on the student body. The variance in the relationship with the student could influence the severity of the school counselor's grief, and ultimately, lead to a difference in overall coping outcome.

One participant, Participant 7, was responding to the student suicide in two roles: a school counselor, but also, a director of school counseling at her high school. Her experience of the suicide was markedly different given this identity shift, as she is tasked with promoting the overall well-being of her high school students but primarily by supporting and supervising her team of high school counselors.

Another limitation of the study was found within its design as there were a lack of demographic information gathered on the participants. To provide more context to the participant's experience and coping styles, a variety of demographics could have been considered (i.e. ethnicity, race, religious affiliation). Such cultural knowledge of the

participants could richen the discussion surrounding supports they turned to post-tragedy. Within a qualitative design, a small sample size permit in-depth understanding, yet creates a limitation of generalizability. Of the 8 women, all practiced at a public high school that did not ascribe to a religious affiliation or curriculum. Had their role within their school, and therefore their responsibilities in responding to the student suicide, been guided by religious expectations, the participants' experience could have been much different.

Recommendations

Recommendations for Further Research

Known to date, this current study is the first to explore a broader understanding of the school counselor's experience of student suicide and their coping reactions in the United States. The findings here introduce an expanded understanding to the contributing factors to a school counselor's maladaptive and/or adaptive coping responses to the experience of student suicide. Further research is needed in order to examine these responses, with the recommendation that how the personal history of trauma and/or loss of the school counselor be broadened to conceptualize how the school counselor's personal and professional engagement surrounding all counseling-related task are impacted, not simply the response to a student suicide.

This phenomenon was previously studied by Canadian researchers Christianson and Everall in their 2008 and 2009 qualitative studies that examined Canadian school counselors who have experienced a student suicide, but with limited focus on their utilization of maladaptive or adaptive coping styles. This current study focused on the coping reactions and related predictors of the women; however, additional research is

recommended as there is not an established body of literature focused on the school counselor, but rather other widely-researched helping professionals such as licensed professional workers, medical professionals, and emergency responders.

Recommendations for Counselor Educators

For the women in this study, both negative and positive outcomes ultimately occurred due to their experience of student suicide. Yet, the most significant healings and reconciliations of the pain they endured from traumatic events throughout their lives occurred within the confines of both counseling relationships and within their social support systems. It is recommended that counselor educators consider the findings of this study (and others) indicating the need for educating their students on the impact that trauma will have on their counseling work and personal life realms. Students should be educated that if they have a history of trauma and/or significant loss in their lives, it will impact their work. Counselor educators should urge their students to address their trauma in counseling or risk furthering their own pain through maladaptive coping styles. Participants who didn't choose to actively grow through their history experienced burnout symptoms and higher levels of maladaptive coping. Participants that chose to actively grow through their history through years of reflection and vulnerability in counseling and social support systems exhibited lower levels of burnout. Counselor educators should strongly urge their students to prioritize their own emotional health through the act of monitoring their own warning signs of maladaptive coping and explicitly train their students on understanding and recognizing these coping styles as they engage in them. Secondly, counselor educators should strongly urge their students to

engage in the act of processing their own personal histories in order to stay responsive, engaged, and productive across their professional and personal lives.

Counselor educators must teach their school counseling students the importance of establishing and sustaining support networks throughout their practice as a school counselor, especially because there is no formal supervisory relationship in the profession of school counseling (like our clinical mental health or community practitioner counterparts). The necessity for establishment of networks is seen within the study's participants so that they can be engaged to facilitate the social role of adjustment to loss or trauma.

The participants overwhelmingly reported that they felt underequipped by their training and education to effectively respond to the multiple systems within a school that a student suicide impacts. Specific training should not rest solely on the warning signs of adolescent suicide, but be expanded to include practice-based skills on how to intervene with a suicidal student, and how to navigate the school and district-wide efforts of post-suicide response. Within this education, focus should be given on the task-based responsibilities of a school counselor experiencing the student suicide, but should also should prominently include the necessity of school counselors building social support systems (be it through trusted mentors, supportive colleagues, counseling services, and/or loved ones) and engaging in processing trauma within the spaces they feel supported in.

Lastly, counselor educators must recognize the need for ongoing training and professional development as many were trained before the most recent revision of the CACREP standards. The 2016 standards added a focus on crisis intervention through school counselor roles and responsibilities in relation to the school emergency

management plans and crises, recognizing warning signs of students at risk for mental health and behavioral disorders, and training on the Psychological First Aid model. Counselor educators need to seek out trainings to stay relevant on the latest evidenced-based practices as responses to suicidal students, from prevention through postvention.

Recommendations for School Counselors

Ultimately, just as the school counselor carries the ethical responsibility to support their students' academic, career and social/emotional development needs, the school counselor must recognize this professional principal bears an accompanying responsibility to themselves: to engage in self-care by actively monitoring their own emotional needs and recognizing when to seek out further support. Support can present itself in a multitude of ways, as evidenced by the vulnerably brave participants of this study. Seeking support within others can range from simple acts such as spending time with a loved one on a Saturday while engaging in a shared activity to the more intentional acts such as processing difficult emotions in personal counseling. Just as the eight school counselors in this study served on crisis teams as a response to the tragedy, school counselors must seek out their own crisis teams of sorts--spaces in which they can process and reflect on their counseling work and personal life. These teams can be assembled of trusted administrators and colleagues who experienced the shared trauma within the school, personal counselors, family, friends, and other mental health professionals that the school counselors can consult with. After the suicide, the school counselor feels isolated in their experience and that is when it is most critical to reach out to others and not continue to isolate or avoid their experience. Only by actively "moving towards" the painful experiences that the school counselor has encountered by vulnerably

seeking support from others can the school counselor embark on a healing journey toward self-awareness that establishes and reinforces adaptive coping skills. Ultimately, school counselors shouldn’t have to feel alone or isolated in their experiences. In our darkest days, we need to move towards others--to connect, collaborate, and create communities with those who can support us holistically while we support our students holistically.

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Appendix A: Participant Information Sheet

Hi there!

You are invited to participate in a qualitative study regarding school counselors' experiences with completed student suicide. I am conducting this study for my dissertation research at the University of Missouri-St. Louis. The purpose of this research is to further the school counseling field's understanding of the best ways to support school counselors who experience student suicide. If you are at least 18 years old, and are a practicing school counselor who has experienced the loss of a student to suicide, I would greatly appreciate your participation in this study. Statistics show that at some point in their career school counselors will encounter student suicide behavior. Current research on how school counselors cope in the aftermath of student suicide is limited. I believe that exploring school counselors' experience is relevant and critical to furthering the personal and professional development of school counselors.

Participation in my study involves completing two interviews with me, each lasting about
90 minutes. If you are interested in participating in my study, please email me!

You have the right to not answer any question you choose. You may exit participation at any point. There are no penalties for not participating. Participants will be interviewed in two-parts, each interview will take approximately 1 ½ hour. There are no foreseeable potential risks to participating in this survey. Participant information will be kept anonymous. If you have any questions regarding this survey, please contact Sara Carpenter at sxcrmd@mail.umsl.edu.

Thanks in advance for your help with this project!

Sincerely,

Sara Carpenter, M.Ed, Ph.D. Candidate
University of Missouri-St. Louis
sxcrmd@mail.umsl.edu

Appendix B: Participant Consent Form

Department of Education Sciences and Professional Programs

One University Blvd.
St. Louis, Missouri 63121-4499
Telephone: 314-516-5992
E-mail: sxcrmd@umsl.edu

Informed Consent for Participation in Research Activities

How School Counselors Cope with Student Suicide: A Quantitative Study

Participant _____ HSC Approval Number _____

Principal Investigator _____ PI's Phone Number _____

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1. You are invited to participate in a research study conducted by Sara Carpenter and Dr. Lee Nelson. The purpose of this research is to further the school counseling field's understanding of the best ways to support school counselors who experience student suicide.

2. a) Your participation will involve two interviews, each lasting approximately 1.5 hours, discussing your experience of student suicide as a practicing school counselor. The interviews will be conducted either in-person, over the phone, or via a video chat service.

   b) The amount of time involved in your participation will be approximately 3 hours, 1.5 hours per interview.

3. There may be certain risks or discomforts associated with this research. More specifically, it is possible our discussion may affect you emotionally as you reflect on your experiences with student suicide. If you experience any difficulty in talking about this topic, please let Sara know. She will have additional resources available to give you.
4. There are no direct benefits for you participating in this study. However, your participation will contribute to the knowledge about how school counseling programs can better equip their students in responding to student suicide.
4. Your participation is voluntary and you may choose not to participate in this research study or to withdraw your consent at any time. If you want to withdraw from the study, you can contact me at: sxcrmd@umsl.edu. You may choose not to answer any questions that you do not want to answer. You will NOT be penalized in any way should you choose not to participate or to withdraw.

6. By agreeing to participate, you understand and agree that your data may be shared with other researchers and educators in the form of presentations and/or publications. In all cases, your identity will not be revealed. In rare instances, a researcher's study must undergo an audit or program evaluation by an oversight agency (such as the Office for Human Research Protection). That agency would be required to maintain the confidentiality of your data. In addition, all data will be stored on a password-protected computer and/or in a locked office.

7. If you have any questions or concerns regarding this study, or if any problems arise, you may call the Investigator, Sara Carpenter at 918-916-2799, or the Faculty Advisor, Dr. Lee Nelson at 314-516-5992. You may also ask questions or state concerns regarding your rights as a research participant to the Office of Research Administration, at 516-5897.

I have read this consent form and have been given the opportunity to ask questions. I will also be given a copy of this consent form for my records. I consent to my participation in the research described above.

Participant's Signature	Date	Participant's Printed Name	
Signature of Investigator or Designee	Date	Investigator/Designee Printed Name	

Appendix C: Interview Guide

Interview One (life history):

What experiences lead you to become a school counselor?

What personal experience do you have with suicide?

What personal experience do you have with grief or loss?

In previous experiences, how have you coped with tragedy?

Tell me about your training on student suicide?

Did you receive this training in graduate school?

Did you receive training on how to respond to a student suicide in your master's program?

Interview Two- Part 1 (contemporary experience):

Tell me the story of your experience with student suicide.

What is it like for you to have experienced a student suicide?

What are the details of your experience of the student suicide?

How did you respond to the news of the student suicide?

What was your role as a school counselor responding to the student suicide?

What ways did you cope with your experience of student suicide?

Interview Two- Part Two (reflection on meaning):

What does it mean to you to have experienced a student suicide as a school counselor?

What impact did your experience have on your personal life?

What impact did your experience have on your professional life?

How do you make sense of your experience of student suicide?

What meaning do you make of your experience?

Given what you have said about your life before you became a school counselor and given what you have said about your work now, how do you understand your work in your life?

What sense does it make to you?

Appendix D: Example of the Coding Structure
Transcript #1

P Statement	1st Reduction (Descriptive Elements)	2nd Reduction (Essential Elements)
Transcript redacted due to identifying details	Learned about school counseling from a friend. Becoming a counselor felt right from the beginning.	P. has a deep sense that she is in the right profession. She feels deeply committed to being a school counselor.
	Things fell into place. Feels becoming a counselor was "meant to be"	

	Her grandmother committed suicide. She was aware that this was an issue in her family throughout life. Her mother was bipolar, and this was sometimes associated with the GM's suicide. A high school friend died of suicide and she attended the funeral. Seemed like the stigma around suicide pervaded the event. Friend's insurance ran out, so he had to leave the mental health facility. He got out and killed himself. Has been interested in suicide since both of her experiences with it. Has wanted to "figure out" suicide.	P. is accustomed to thinking about suicide. She has a lot of experience feeling the impact of suicide. Because of her experience, P. is motivated to understand why people commit suicide. She carries the experiences with her.

	Family wouldn't talk to her about the grandmother's suicide. Had to write a family of origin paper in grad school. Asked people in the family about the grandmother's death. The step-grandmother let the P read the grandmother's journal. After the grandmother's journal was made available, the entire family opened up about it and discussed it. The ensuing discussions brought out the family's experience of stigma. The information explained a lot about P's mother and sister's behavior. The suicide remains a difficult issue in the family.	The uncovering of P's grandmother's journal created a space in the family to discuss how the suicide had affected the family, but it also uncovered some family sense of stigma about having a suicide in its history. The P still experiences some of this. P is uncomfortable calling the experience "shame."

	Because of the mother's bipolar disorder, P had to raise two younger sibs. P's brother was too busy to be very involved in the sibs' life. Raising the younger siblings was hard on P. P. is in counseling trying to deal with everything. P. carries a lot of the experience of her mother's bipolar condition with her. P. doesn't feel that she can talk to her mother about how her mother's illness affected her. P's father recently died in a car accident.	P. carries a heavy emotional burden related to having had to care for siblings. She is in ongoing therapy trying to deal with that burden, together with her lasting experiences related to the grandmother's suicide.

	Sister got married in Italy shortly before father's death. Family had had a wonderful time together right before it happened. Brother said "mom was supposed to go first" and all the family felt that way. Loss of father meant loss of the healthy and vibrant parent. Was close to maternal grandfather. When he died the step-GM didn't have a funeral. P felt she had been denied an opportunity to meet with family and remember him. P. Had several experiences with grief when other grandparents died. P. appreciated the opportunity to reminisce about GP's when the family came together for the funerals.	Father's death was especially difficult for P because he had provided the picture of health and vitality for P and her siblings. P has experienced many deaths of family members and is familiar with grieving. She appreciates the support one gets from families coming together to mourn. P. seems to continue to process her experience of

		her father's death. She seems to feel the loss deeply.
	Death of father was the most significant in cl's life.	
	Did experience mother's emotional and mental absence as a loss.	Since father's death, the mother has become a tremendous burden on P and her brother.
	Experienced mother's absence as a loss of childhood because she had to fill in.	
	Mother continues to be an added burden, especially after the father's death	
	P. resents having to take care of her mother again.	

	Continues to experience the loss of a mother figure in her life.. Has some female mentors but that doesn't totally fill the gap. The need to care for Mom after father's death delayed her ability to grieve the loss.	She holds deep resentment that she has given up so much of her life to care for her mother. So her feelings of loss of a mothering figure are complicated by her loss of her own youth and related developmental experiences. The experience of multiple recent losses, including the

		awareness of the lack of support from her mother and the death of her father, made P especially vulnerable when the student suicide took place.
	Driving back to Colo. From Az, P was finally able to focus on the loss of her father. Losing the student to suicide shortly after that sent P back into therapy.	
	Multiple losses in a short time span---P didn't have time to process it all.	P. was already overwhelmed by her father's death and needing to take care of her mother. The student deaths put her over some edge regarding her ability to cope.
	P. says she wasn't being an effective counselor, mother, or wife.	P felt ineffective in all her life responsibilities—as a counselor, a wife, and a mother.
	Male school administrators began to notice how P was reacting and so withheld information about the student suicides.	
		P felt that school administrators didn't understand the depth of her experience, that perhaps they saw her as unable to

	School administrators tried to protect counseling staff by not giving them all the info about the suicides.	cope and tried to protect her by withholding information.
	P. needed to process and the info would have been helpful. But on the other hand it might have been more than she could handle.	
	P. found it helpful to compartmentalize her experiences so she could deal with them one at a time.	P. used the coping skill of compartmentalization of her experiences so that she could deal with them individually.
	P. had used compartmentalization throughout her life to cope.	
	Sometimes you have so many "full boxes," they begin to spill out.	At some point P. felt like she was unable to cope by containing all of her experience in separate compartments; and her feelings began to overwhelm her.
	Learned about coping in grad school.	Graduate school was a source of information on coping and the importance of using coping skills.

	There is a time and a place to deal with grief.	
	Therapy and EMDR were helpful in processing the grief.	Therapy and EMDR were especially helpful in coping with complex grief.
	P. learned that she had to give herself permission to grieve at times.	
		P. learned to give herself permission to grieve and also to get help—both therapy and medication.
	P. tells people and students that sometimes your coping skills aren't enough, and you need to go do therapy or get medication.	She feels that this was an important lesson and tries to impart this wisdom to others.
	Colleagues in the school had also experienced multiple losses.	
	The support of good colleagues helped.	Social support from colleagues has been important as well. Cl is appreciative that she has good colleagues to talk to when things get difficult.
	Training as a counselor helped P be purposeful about self-care.	

	Music helps, regardless of what mood p is in. Keeps a gratitude journal. Has good friends she can talk to. Exercise is important. Got some good medication to cope. Takes one or two hours after school to do paperwork so that she can be fully present the next day. A pet can help a lot Pedicures and manicures help. Going to the beach in California helps.	As this narrative unfolds, it becomes clear that this P appreciates and uses the training she received in graduate school. She uses her knowledge and awareness from grad school to guide her healing journey. P. has a list of coping strategies and can easily identify them. She clearly employs these regularly.

	An assistant principal asked the P how she was doing after the second suicide. She told him she could not "go there," or she would be unable to be a counselor.	P. needs to compartmentalize her experiences in order to carry on with life tasks. She has learned to put tragedy in a box until she has time to deal with it.
	Counselors become good at compartmentalizing and doing what needs to be done.	
	A supportive crisis team was invaluable to the P. They coach each other through things.	As a crisis worker, you learn to contain your own reactions until you have taken care of business. P greatly appreciated the support of her district crisis team.
	The "comedown" after conducting a crisis response can be exhausting.	The aftermath of the series of suicide events left the P and her colleagues drained.

	Having the crises happen at the end of the school year allowed the kids time to regroup. Principal allowed kids to do alternate activities during finals if they needed to. Teachers were having a difficult time coping during finals. P. thinks teachers needed to learn to compartmentalize.	P says she was grateful for summer break so that "kids" would have time to regroup. She does not mention herself. P. thinks learning to compartmentalize can be helpful for all school personnel.
	District had an EAP team come in and do several debriefings with the staff.	

	Some staff took time to grieve and heal, and others didn't. P appreciates the district for providing support. Dr. Dogg talks about the difference between compassion and empathy fatigue. He says empathy fatigue is the type that burns you out.	P experiences gratitude that the district provided multiple supports.

	Needs to be more education in graduate school about how to deal with empathy or grief "fatigue."	P. thinks graduate programs could offer more about how systems can deal with tragedies.

	P has been told by others that they don't know how they do their job.	P. doesn't know how she does her job sometimes. P. recommends encouraging counselors to seek their own help after student suicides.
	P. has noticed the burnout in herself and her colleagues. P. says she is burnt out. She is leaving to get a Ph.D. because she wants to but partially because she is burnt out.	P. is leaving the school counseling profession in part to get a Ph.D. but in part because she feels depleted.

	P. appreciates and recognizes her coping skills, but struggles to cope/live with reoccurring trauma.	P. is hopeless about how she can continue to work as a school counselor given her experience.
	Coworker disengaged with others as a response to the stressors of his job.	
	P. strives to maintain a semblance of her spirit post-trauma.	
		P. feels guilty about how she has changed through her experience, believing she is not healthy to continue as a school counselor.

	P. says she hesitates with each student suicide assessment she completes.	
	Her experience has lead her to want to study suicide.	
	P and coworkers have delivered presentations on their crisis response plan.	She feels a sense of responsibility to train others, to help them respond to student suicide.

		P. feels overwhelmed by the multitude of responsibilities that a school counselor has.
	P. discusses the ways in which she thinks her training and experience are misused for administrative duties.	
		P. felt underprepared to respond to a student suicide.
	P. participated in a variety of mental health trainings,	

	both in grad school and while working as a school counselor.	
	Some teachers want to be involved in mental health initiatives and others don't because they don't want the pressure of responding.	P feels that school districts' are not proactive, but rather, reactive to providing support for mental health.

	School provided crisis training for all crisis team members.	
		P. expresses a lack of training surrounding suicide.
	P. has always been fascinated with suicide as a mental health topic.	

	She lists various mental health programs they implement across levels of school. The school district is slow to make decisions in implementing new programs.	P. feels anger towards the school district and educational system in

		general for their lack of prioritizing mental health.
	P. feels need to act as advocate to push for more mental health focused training.	
		P. has a deep sense of frustration with her profession, given her personal experience of exposure to trauma.
	P. believes a lot of school counselors are frustrated in their jobs.	
	The leader of P's school district hasn't reacted accordingly to losing students to suicide.	

	P. understands that the student suicide she has experienced is an epidemic.	P expresses anger towards her school district and its leadership as they have struggled to promote suicide interventions.
	Community members share support of her school district, but the legalities of funding more mental health positions slow the process down.	The profession of a school counselor seems bleak to P, as she continues to be exposed to the same struggle with the feeling of no solution.
	Community comes together after a crisis and offer to help the school.	To find meaning in the face of tragedy, she focuses on the amount of people that want to help.

	District employees that have students at P's high school share empathy with the plight of the school counselor.	She feels a sense of responsibility in the role of a counselor to prevent suicides but expects to experience another student suicide this academic year.