

Action Plan- Addressing Self-Harm in Elementary Students

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### Part 1

#### Who I am as an Ethical Leader

My overarching beliefs about ethical leadership bode perfectly with Parker Palmer's notions about avoiding a divided life and being true. Often times, people believe that putting up and maintaining a façade is the simplest way to handle the exigencies related to interacting with others. I find that kind of life too taxing and exhausting and believe that ethics in an individual starts from the get-go: by knowing myself and portraying what I am at any given time. I strive to "show up at my important place of work with more of my identity and integrity in hand" (Palmer, 2013). This helps me manifest my true values as well as my gifts in a way that would be impossible if my energy was spent on maintaining a façade.

I believe that true ethics also entails being professional and doing my best to exceed expectations. Expertise is a desirable quality in all personnel. In recognition of this fact, I endeavor to expend my full skills and knowledge toward enhancing the welfare of those that need my services. To be precise, I have a strong passion for shaping students into what they wish to be in future. Accomplishing this feat as well as fulfilling organizational goals means that I have to exert myself to the best of my ability to ensure students' holistic learning and well-being. Pertinent to this also is the constant need to hone my skills and gain new knowledge in order to optimize learning outcomes using proven methods. I find that demonstrating expertise is the crux of being ethical in leadership.

Further, I am consistent and keen to be a role model to those I lead. To begin with, consistency is a fundamental ethical principle in leadership. No one wants to be led by a person whose stance and practices are incoherent. Constancy is invaluable in terms of structuring all

institutional operations and fostering fairness, which is a pivotal end goal of ethical leadership. While exercising my authority, I avoid barking orders at people and instead model desired behavior that my colleagues can emulate. For instance, in order to expect desirable ethical values among my subordinates, I must be able to portray those qualities, which often include commitment, respect, honesty, to name a few. Being consistent and being a role model for others are aspects of my leadership that distinguish me from others.

## **Part 2**

### **Organizational Context**

The organization that is the focus of this action plan is an elementary school. It is a top-performing learning institution that has textbook formal and informal values and codes that inform all operations. The school is renowned for focusing on helping learners gain distinct skills by nurturing their interests or helping them discover and grow in their areas of interest. The institution is filled with professionals who expend their efforts toward ensuring that each child's learning journey is a meaningful and positive one. Before delving deep into its value system, it is important to mention that the aim of this action plan is to help elementary students who self-mutilate. Self-harming behavior is typically indicative of serious mental health issues. The most common type of self-injury among young people entails causing superficial damage to the skin by scraping or scratching, carving marks, piercings, and making burn marks. This conduct can be highly disruptive to learners' lives and health, which underscores the necessity to ensure that the school handles self-mutilating students appropriately.

The need to support learners in all spheres of life that impact their learning is ingrained in the school's formal vision, and informs all aspects of interaction with learners. Catering to students in all spheres of their lives certainly entails promoting their mental well-being by

tackling self-mutilation. In essence, the recognition of self-harm as a deleterious behavior that requires urgent and sensitive action is an aspect that is central to the school's mental health programs. There is an indelible culture of learners engaging school counselors or other staff that they wish to open up to when confronting mental issues. The young students are made to realize that they cannot always be in perfect mental health and that it is fine to seek help. All personnel typically ensure that they handle learners who struggle with the maladaptive condition without judgment. Thus, the school has a fairly feasible way of helping the key stakeholders: self-mutilating students as well as other elemental groups such as family, friends, and the community. Mental well-being is taken quite seriously in the school, and this strong commitment is a core component of its corporate social responsibility strategies. The role of the institution in raising individuals underscores the far-reaching impact of its practices in its community.

Even though the institution's efforts are commendable, much remains to be done. There are certain areas that require reconfiguration in order to streamline the way the school handles self-mutilation among its elementary learners. The precise values and areas that the school has to improve on include:

- i. **Confidentiality:** psychological issues typically carry a heightened need for confidentiality. The fact that diverse personnel can engage a student regarding his or her condition imports serious implications for learners' privacy. Not every person who helps such children is privy to the confidentiality rules that bind school counselors, nurses, and psychologists. Thus, it is critical to ensure that everyone gains a nuanced understanding of the importance of confidentiality when engaging self-mutilating students.

- ii. **Professionalism:** possessing appropriate expertise and skills is critical to ensuring that students who struggle with self-harming behavior receive proper attention and care. In essence, this is achievable through qualified counselors and training staff members on how to handle self-mutilating students. Regular training for counselors and other staff who can are willing to work with students who self-injure is also material in this case.
- iii. **Parental involvement:** the question of involving concerned parents in the entire process also comes to mind. It is imperative to engage parents on all matters relating to their children's welfare. Care must be taken in this particular area because some parents may worsen the situation by responding with fury as opposed to the needed understanding and empathy, which can worsen symptoms.
- iv. **Due diligence:** as an elemental immersive environment in children's lives, the school must do its due diligence in creating as safe as well as trusting environment where self-injuring students can seek help. It is important to honor the commitment to promote the children's welfare by engaging both internal and external professionals as need be.

### **Part 3**

#### **My Purpose and Impact as a Leader at the School**

The purpose and impact that I intend to have as a leader is to help self-injuring students to heal. In essence, consistent studies have demonstrated that self-harm is a maladaptive way of coping among individuals who have weak problem solving abilities; it is basically a fleeting way of handling overpowering emotions and maladaptive bid to heal oneself. My intention is to create a suitable environment and organizational culture that encourages self-mutilating students

to seek assistance and to be a fundamental part of the students' recovery. I understand that having a maladaptive coping mechanism is both stressful and distracting. Further, it increases the young learners' vulnerability to more serious psychiatric issues like depression or much more distractive behavior like substance and alcohol abuse. Self-harming has a deleterious on students' health and social life both directly and indirectly through conditions that develop as the behavior persists. This principally underscores the urgent necessity for the school to upend its culture to ensure that such children receive appropriate help. Ordinarily, students who self-injure cannot control the behavior, and require empathetic attention instead of hasty, unstructured, and emotive responses. As a leader in an elementary school, my commitment is to all students and this means being concerned with their personal, academic, educational, career as well as social needs. This means fulfilling the institution's commitment to advance their mental health. Doing so will not only be beneficial to the self-mutilating students as it will impact other stakeholders such as family, friends, and other learners who are directly affected as well.

#### **Part 4**

##### **Focused Objective**

The aim of this action plan is to promote the welfare of self-harming students. This goal is in perfect alignment with shared values within the institution, which seeks to cater to learners in all spheres of their lives.

##### **Alternative Approaches**

Various stakeholders have their own perspectives on how the institution can handle self-mutilating children. The varied options that arise from the stakeholders and the best way of incorporating them are as follows:

- i. Self-harming students**

Self-mutilating learners often want to open up to specific people, and are keen about consistency and structured systems. It is also possible for the learners to have beliefs that may make it difficult for them to open up to the school's accepted self-mutilation protocol. Care must be taken to ensure that they are engaged in charting their personal healing process rather than coercing them to engage certain people.

**ii. Family**

Parents and guardians are the primary care givers and have the legal right to offer consent for any intervention involving students. School policies regarding their involvement must be hinged on the acknowledgment of the need to and legitimacy of bringing family on board as key decision makers.

**iii. Child protective services**

In cases where a student's mental ill-health arises from abuse within the family, then social workers would also wish to get involved.

**iv. School personnel**

Qualified personnel such as school counselors, nurses, and psychologists also have their unique perspective regarding the management of self-mutilating issues within the school. The school needs to incorporate their specialized insight to inform its strategies.

It is important to solicit the input of all stakeholders using the dialogic approach in order to ensure that the institution applies optimal strategies that enhance students' recovery from maladaptive coping mechanisms.

**Action Steps that Address Organizational Alignment**

School is one of the primary immersive environments where learners spend most of their time, and this underscores the urgent necessity to have students access appropriate assistance

while in school. The best role for the institution is to identify learners who self-injure; refer them to skilled mental health practitioners; and provide safe, empathetic, and nonjudgmental support. This requires commitment from the institution's administrators to ensure that germane personnel have adequate training to work with self-injuring learners. It is true that the violent nature of self-mutilation can be quite unnerving and frightening; but many students who have this behavior are better off being in school and knowing that they can leave the class whenever they get overwhelmed. The counselor's office needs to be a safe space where a learner struggling with the strong impulse to self-harm can resort to as the school day progresses. Such students basically need to form a connection with a person who cares for them and understands their struggle and who can help them adopt healthy coping mechanisms. Precise action steps that the school has to take are as follows:

- 1) Ensure access to well-trained support

All staff should receive appropriate training on how to deal with self-mutilation. They should avoid any additional alienation or isolation of learners who self-mutilate. They must avoid responding to the students' plight with horror or criticism. This is because the learners who struggle with the impulse to self-mutilate are already enduring a deep sense of self-loathing and shame, which makes them need reassurance and nonjudgmental support.

- 2) Crisis team

It is important to form a crisis team that includes the school counselor, psychologist, or social worker, an administrator as well as the school nurse. This team will be responsible for providing immediate assistance to students who struggle with the impulse to self-harm.

- 3) Access to information



It is also necessary to offer access to pertinent information about the condition to adults. Essentially parents as well as specific personnel in school (like PE instructors and coaches) are usually best placed to detect any physical evidence of self-harm, which can aid in early identification. Further, family, friends, and personnel who handle self-harming students also require in-depth knowledge that shores up their ability to help affected learners.

#### 4) Parental notification or involvement

The school has an obligation to inform parent if their child is at risk of self-mutilation and involve them in their child's recovery. In case of an abusive family background, it would suffice to simply notify the area's child protective services agency.

#### 5) Partnership with external actors

Due to the sensitive nature of psychological care, it will be critical to involve external psychiatrists who can offer specialized assistance beyond the limitations of the school's personnel. Child protective services may also be involved if abuse is reported.

Action Step	
Availing well-trained support	<p><b>Roles and Relationships</b></p> <p>The main stakeholders in this respect are self-mutilating students, their family, peers, and pertinent personnel. School staff will receive group-oriented training on a regular basis to ensure that they understand how to tackle the condition and relate with the affected learners and their friends and family.</p> <p><b>Timeline – 1 month Training</b></p> <p>Week 1: Introduction to self-mutilation management protocol.</p> <p>Week 2: Availing pertinent resource materials during group-oriented</p>

	<p>training session to broaden knowledge.</p> <p>Week 3: Implementing acquired knowledge in hypothetical situations.</p> <p>Week 4: Reviewing training outcomes through simple assessment.</p> <p><b>Resources</b></p> <p>Training calls for material resources, expert trainers (preferably qualified psychiatrists), and bi-weekly sessions of about two hours each.</p> <p><b>Short-term Indicators</b></p> <ul style="list-style-type: none"> <li>✚ Improved knowledge and ability to apply the knowledge in hypothetical situations.</li> </ul> <p><b>Long-term Indicators</b></p> <ul style="list-style-type: none"> <li>✚ Improved handling of self-injuring students</li> </ul>
<p>Establishing crisis team</p>	<p><b>Roles and Relationships</b></p> <p>The same stakeholder relationships explained in the previous action step apply in this case.</p> <p><b>Timeline – 2 Weeks</b></p> <p>Week 1: Identify and approach the preferred administrator to solicit his or her acceptance to be in the team.</p> <p>Week 2: Hold the first team meeting to plan future activities and establish peculiar roles within the group.</p> <p><b>Resources</b></p> <p>Additional time, material resources, and trainers.</p> <p><b>Short-term Indicators</b></p>

	<ul style="list-style-type: none"> <li>✚ Existence of the team and initial ability to respond to crises.</li> </ul> <p><b>Long-term Indicators</b></p> <ul style="list-style-type: none"> <li>✚ Notable management of self-mutilation incidents within the school.</li> </ul>
<p>Access to information</p>	<p><b>Roles and Relationships</b></p> <p>Families, students, and personnel require information that can help them navigate the recovery of a self-injuring child.</p> <p><b>Timeline – 1 Week</b></p> <p>Quick dissemination of resource materials.</p> <p><b>Resources</b></p> <p>Resource materials.</p> <p><b>Short-term Indicators</b></p> <ul style="list-style-type: none"> <li>✚ Improved knowledge about self-mutilation.</li> </ul> <p><b>Long-term Indicators</b></p> <ul style="list-style-type: none"> <li>✚ Enhanced ability to identify students who struggle with the condition as well as offer proper assistance.</li> </ul>
<p>Parental notification or involvement</p>	<p><b>Roles and Relationships</b></p> <p>Parents and guardians have the right to be informed about anything that impacts their child.</p> <p><b>Timeline</b></p> <p>Notification and involvement depends on psychiatric assessment but should happen immediately after the problematic behavior is detected and proper evaluation.</p>

	<p><b>Resources</b></p> <p>Reports will simply be made by the school counselor.</p> <p><b>Short-term Indicators</b></p> <ul style="list-style-type: none"> <li>✚ Speedy involvement of parents and guardians in their children's welfare.</li> </ul> <p><b>Long-term Indicators</b></p> <ul style="list-style-type: none"> <li>✚ Quick involvement and lasting engagement of parents and guardians.</li> </ul>
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### Part 5

#### Impact of the Assignment

This assignment has had a profound impact on me. I have always been passionate about helping students who self-injure, but have always felt like it is a monumental task. However, doing this project has enabled me to understand that it is an achievable feat if proper structure is used. Through this task, I have been able to accurately diagnose issues that impede appropriate handling of self-injuring learners. That information has been pivotal in identifying precise steps that must be taken to enhance the learners' wellbeing. I have also learned the importance of considering alternative perspectives and gained more clarity about stakeholders' interests and expectations as well as how they would respond.

References

Palmer, P. J. (2013). What is a divided life? YouTube. Retrieved from