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Assessing the Effectiveness of a Self-Injury Treatment Pilot Training Program

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Abstract

With an increasing number of young adults who self-injure, there is a clear need for human service professionals to be adequately trained. Using a concurrent mixed methodological design, this study examined the changes in knowledge, awareness, and skills at the conclusion of a pilot training program for 79 counselor and human service professional trainees. Results indicated that knowledge, awareness and skills of human service professionals and counselor trainees improved significantly after the training. Implications for training and future research are provided. Within the conclusion of the manuscript, the researchers discuss implications for training and future research.

Definition of Self Harm

Self-injury is self-inflicted bodily harm of a socially unacceptable nature performed to reduce psychological distress (Craigen, Healey, Walley, Byrd, & Schuster, 2008). Examples of common outward manifestations of self-injury include cutting, burning, and interference with wound healing. Nock and Prinstein (2005) estimate the prevalence of self-injury in adolescent community samples to range from 14% to 39% while Whitlock, Eells, Cummings, and Purington (2009) project that as many as 35% of the college population engage in some form of self-harming behaviors. Further, Whitlock et al., (2009) determined that college mental health providers, secondary school counselors, nurses, and social workers perceived an increase in clients who self-harm within their professional arenas. Additionally, Purington and Whitlock (2004), two leaders in the field of self-injury, argue that all youth serving professionals play a critical role in identifying and treating self-injury. Thus, there is evidence that self-injury is on the rise within both a clinical and community population, confirming the need for human service professionals to place themselves in a position where they can identify, respond to, and intervene with clients who self-injure.

Rationale for Increased Training in Human Services

There is a clear need for the human services field to respond to this rising epidemic. In fact, Trepal and Wester (2007) indicate that as the amount of training increases, the prevalence of reporting incidences of self-injury in minors increases. Additionally, Trepal and Wester (2007) argue that with more training the more likely a professional is to recognize and respond to self-injury. Unfortunately, the reality is that many human service professionals are not adequately trained to work with clients who self-injure (Crawford, Geraghty, Street, Simonoff, 2003). In fact, self-

injurious behavior is the least understood behaviors among adolescent mental health problems (Purington & Whitlock, 2004). Oftentimes, helping professionals refuse to work with clients who self-injure and label them as manipulative and difficult to treat (Favazza, 1998). Collectively, these studies, among others within the mental health field, indicate improper treatment leading to potentially long-lasting psychological effects on clients (Arnold, 1995; Favazza, 1998; Favazza & Conterio, 1989; Levenkron, 1998; Shaw, 2002). Given the alarming rates of self-injury coupled with the lack of training and understanding of self-injury, we argue that there is a need for pre-service training on the topic of self-injury.

At the present time, a review of the accreditation information in counseling and human services demonstrate that self-injury is often not a part of the curriculum in counseling and human service programs (Council for Standards in Human Service Education [CSHSE], 2010); Trepal & Wester, 2007). In fact, mental health problems are rarely addressed in human service programs. Yet, working with clients who self-injure is applicable to the role of the human service professional, especially as she or he acts as a broker, advocate, teacher, behavior changer, mobilizer, and caregiver (Neukrug, 2008). Additionally, human service professionals are often the first point of contact for the client as a case worker, residential staff member, intake interviewer, child advocate, or as another front-line position (Craigen, 2008). Thus, while human service professionals do not provide in-depth therapeutic work with clients who self-injure, they likely encounter individuals who self-injure, and their knowledge and awareness of this issue is paramount to empathic support and linking these clients to appropriate services.

This study seeks to fill the gap in the literature by examining the impact of a pilot training program on human service and counselor trainees' awareness, knowledge, and skills of self-injury. The primary research question for this study is: Do human service professional trainees' and counselor trainees' self-injury competency levels significantly change after a training program? The secondary research question for this study is: What is the relationship between demographic variables (race, culture, age, experience) and self-injury competency levels?

Method

A mixed methods concurrent triangulation study (Creswell, 2003) was employed to incorporate the strengths of both qualitative and quantitative approaches. In concurrent triangulation designs, both methods are of equal priority and both forms of data inform one another. The main thesis from this manuscript is that quantitative and qualitative knowledge are both critical for understanding counseling and human service students' knowledge, awareness, and skills regarding self-injury. In a concurrent triangulation study, data analysis is usually separate and integration occurs at the data interpretation stage, or within the discussion section of this

manuscript. The interpretation of data typically involves comparing and contrasting the findings (Hanson, Creswell, Plano Clark, Petska, & Creswell, 2005).

Prior to implementing the study, researchers gained the approval of the university Institutional Review Committee (IRB) and adhered to all ethical standards of research delineated by the National Organization of Human Service Professionals (1996) as well as the American Counseling Association (ACA, 2005). The sequence of the study was as follows: (a) participants were recruited for class trainings and pre-post interviews, (b) the authors conducted the 15 pre-training qualitative interviews, (c) the training programs were conducted, (d) quantitative data was collected, and (e) the authors conducted the final 15 post-training qualitative interviews (using the same 15 participants as the pre-training interview).

Participants

Using criterion sampling procedures (Patton, 2002), the researchers recruited participants by e-mailing faculty in a Mid-Atlantic University to recruit community counseling, family counseling, school counseling and human service students. For this study, counseling students were selected because they are located within the same department as the human service program. While counseling represents one facet of the human services field, it is important to recognize that counseling is not representative of all of the sub-fields of human services. Additionally, we selected this university because the primary researcher had prolonged engagement with the faculty.

Based on faculty responses, the authors of the study conducted three training sessions in undergraduate human service classrooms (i.e., Human Service Methods, Addictions, and Diversity) and three trainings were conducted in graduate community and school counseling classrooms (i.e., Testing and Client Assessment, Professional Issues in School Counseling, and Mental Health Counseling). In these six classes, there were a total of 79 students who received the training. Each student in all six classes participated, yielding a 100% response rate. Informed consent was gained at the start of the training session and the authors briefed the participants on confidentiality. Then, the participants were provided with a survey packet containing the Self Injury Knowledge Awareness and Skills (SIKAS) survey and demographic questionnaire. The estimated time to complete the SIKAS was approximately 20 minutes. We also asked participants to complete the SIKAS as an outcome measure immediately following the training session.

From the pool of 79 participants, the researcher sought volunteers for the interview component of the study. Each faculty member gave students the incentive of extra credit to participate in the interviews. A total of fifteen participants (7 graduate counseling and 8 undergraduate human service students) e-mailed the primary researcher to participate in the study prior to the scheduled training and all 15 participants completed the post interviews as well. Prior to both interviews, the primary

researcher briefed participants on confidentiality and obtained informed consent again. The pre-training interview occurred 2-8 days prior to the training session and the post-training interview occurred 3-7 days after the training was completed.

The overall sample (those who received the training) consisted of 79 participants (69 females and 10 males). With respect to position in school, the majority of participants (N = 70) were undergraduate human service students while nine students were graduate counseling students. Participants fit the following racial/ethnic categories: White/Caucasian (N = 50), African-American (n = 18), Asian-Pacific Islander (n = 3), American Indian (n = 1), Multiracial (n = 5), and other, not specified (n = 2). With respect to experience, the majority of participants (n = 74) indicated that they did not have any professional experience working with individuals who self-injure and had never participated in any training on the topic of self-injury.

Training

Self-injury training. A 2-hour self-injury training session was created and administered by the primary researcher. The development of the training was informed by theoretical and empirical works culled from the literature on the following: Demographics, statistics, motivating factors related to self-injury, myths about self-injury, media influences of self-injury, misperceptions about helping those who self-injure, assessments used for individuals who self-injure, research about confidentiality, research on different treatment modalities and theories used with clients who self-injure. The content of the training was also informed by the primary researcher's clinical experience with clients who self-injure and past experiences presenting workshops and trainings on the topic of self-injury. The training was divided into three main sections: Describing Self-Injury, Perspectives on Self-Injury and Treatment Interventions (see Appendix A).

Instrumentation

Self-Injury Knowledge Awareness and Skills (SIKAS). The SIKAS was developed by the primary researcher as there were no available instruments in the literature that assessed self-injury knowledge, awareness, and skills. The items were based on self-injury scholarship and research. It is a 44-item survey assessing participant's self-injury competency level (i.e., knowledge, awareness, and skills). The authors established reliability using Cronbach's alpha, a measure of internal consistency or how closely related a set of items are as a group (Creswell, 2003). Reliability analyses of the SIKAS indicated moderate to high internal consistency, with an alpha of .87 (pretest) and .77 (posttest) for this sample.

Participants responded to 40 items using a 7-point Likert Scale that ranged from (1) *strongly agree* to (7) *strongly disagree* and four sentence completion items. The developed items fit into one of the three categories:

knowledge, awareness, and skills. Sample items within these categories include:

Knowledge Items:
- People who self-injure have an increased risk for committing suicide in the future.
- When it comes to self-injury, I would like to know more about _____.

Awareness Items:
- Working with individuals who self-injure is time-consuming.
- People who self-injure are abnormal.

Skills Items:
- I would conduct a suicide protocol with all clients who self-injure.
- If my client was a minor and cutting, I would break confidentiality and report the self-injury to parents/guardians

Demographic Questionnaire. The primary researcher developed the demographic questionnaire. The questionnaire was brief and sought information about respondents' age, race, gender, and grade/level in college. The demographic questionnaire also assessed experience with self-injury trainings or the extent to which self-injury was taught within their educational curriculum.

Qualitative interview. Pre-training and post-training semi-structured interviews were conducted and each interview was approximately 20-40 minutes in duration. The initial interview was conducted 2-8 days prior to the training and evaluated participants' pre-training competency regarding their knowledge, awareness, and skills related to self-injury. Participants completed the second interview 3-7 days after the training and assessed to what extent the training, if at all, changed their overall knowledge, awareness and skills. As noted in the sample qualitative interview questions presented in Appendix B, two of the four questions remained the same while two questions examined if there were any changes in knowledge or awareness as a result of the training.

Data Analysis

Consistent with a concurrent mixed methodological research design, data was analyzed separately and the interpretation of this data is found within the discussion section of the article. The quantitative data analysis procedures will be presented followed by the qualitative analysis.

The quantitative data from the demographics questionnaire and the SIKAS was analyzed with SPSS software using correlational and ANCOVA analysis. The correlational analysis examined the relationship between the pre and post-test scores on the SIKAS while the ANCOVA procedure was conducted to assess the relationship among age, gender, ethnicity, and education, controlling for pretest scores.

As for the qualitative data analysis, the two semi-structured interviews were analyzed using the standard qualitative data analysis methods. The beginning steps of qualitative data analysis are epoche, which is the process of setting aside judgments, and bracketing, which is the process of phenomenological reduction. This process allowed the researcher to set aside judgments so as to focus on the true nature of the phenomenon (Patton, 2002). After the authors bracketed the data, the authors searched for themes in each participant's experiences. In identifying themes and patterns the authors looked specifically for convergence and divergence between participants.

Results

Consistent with a mixed methodological design, the results section that follows will report both the quantitative results and the qualitative results with equal priority assigned to each (Nagy-Hess, Biber, & Leavy, 2006).

Quantitative Results

Correlational analysis was used to examine the relationship between pre-test ($M = 7.04$, $SD = .76$) and post-test ($M = 3.29$, $SD = .46$) scores on the SIKAS. Results of the correlational analysis indicate a significant positive relationship between the pre- and post-test scores [r (77) =.59, $p < .01$]. Results suggest that 34.81% of the variance in post-test scores is attributable to post-test scores. These scores indicate that the pilot training program may be moderately effective in changing competency levels of participants regarding self-injury.

Qualitative Results

Qualitative results were derived from the interviews with 15 participants (7 graduate students and 8 undergraduate human service students) and the four open-ended questions located at the end of the SIKAS, which all participants answered. Four primary pre-training themes emerged from the data analysis: Inexperience, Openness, Hesitancy, and Curiosity. Additionally, two primary post-training themes emerged from the data analysis: Change and Preparation.

Pre-Training Results

Inexperience. This first pre-training theme includes comments about the lack of or the absence of knowledge, experience and /or training the participants received on the topic of self-injury. For the majority of participants, the topic of self-injury may have been mentioned or talked about briefly by a classmate or a professor, but it was rarely included in a teaching lesson. Other participants talked about how they "wanted to" and "would like" to gain more experience with the topic.

Positive Feelings. Prior to the training, about half of the participants revealed an overall positive outlook or expressed positive feelings including a willingness, eagerness, and excitement to work with

individuals who self-injure. For example, one participant shared, "If I could help a person self-injuring, it would make me feel good knowing that I've had an impact on a person's life that really needs help." Another participant shared, "working with clients who self-injure sounds comforting. I love helping people."

Hesitancy. With this pre-training theme, about half of the participants shared a cautiousness or overall hesitancy in working with clients who self-injure, specifically without adequate training. Specifically, participants used words like "fear," "scary," "challenging," "intimidating," "insecure," and "daunting" prior to their training.

Curiosity. This pre-training theme includes responses that illuminate an interest in learning more about self-injury. For example, many shared that they would like to know more about the demographics related to self-injury and the different forms of self-injury. Specifically, the participants shared, "I would like to know about the definition, types of self-injury and statistics" and "I would like to know about different forms of self-injury." Another participant stated, "I want to know more about the best treatment method" and "I want to know methods for reducing the occurrence of self-injury."

Post-Training Results
Change. After the training, the majority of the participants revealed that their thoughts and feelings about self-injury changed. For example, one participant shared, "my thoughts have changed. I understand more about why [people self-injure] and how [people self-injure]…I think that I will be able to identify more with clients that self-injure." In addition, other participants discussed how the workshop "clarified" many of their questions and "dismissed myths" that they had about self-injury.

Preparation. After the training, the majority of participants talked about the necessity of receiving training prior to working with clients who self-injure. For example, one participant shared, "I am open to work with clients who self-injure, but I need to gain more knowledge on this topic." Finally, the majority of participants talked about the importance of receiving training at the pre-service level. For example one participant shared, "I think that the faculty definitely needs to talk about it [self-injury] in class. Another participant talked about how she wanted to continue to learn about the topic of self-injury. She shared, "I wished the training was longer. I wanted to get into more detail about it."

Discussion
Quantitative results provide support that the 2-hour pilot training program, as measured by the SIKAS, may increase counselor and human service professional and counselor trainee knowledge, awareness, and skills related to self-injury. This finding supports both the need for and the efficacy of trainings related to self-injury. While the knowledge gained is important to recognize, qualitative data revealed that the majority of participants did not feel they were now "ready" to effectively work with

this population. However, this workshop appeared to ignite an increased motivation and enthusiasm about the topic; the participants shared that they wanted to know more through their education or independent trainings. Furthermore, some participants even began sharing their knowledge with colleagues, friends, or family after receiving the training. Additionally, results indicated that individual variables (i.e., race, age, ethnicity, gender, and experience) did not appear to influence these results.

In terms of the specific workshop, several themes emerged prior to and after the training. Prior to the training, the participants revealed their fears about working with clients who self-injure. Concurrently, though, many participants saw the potential benefits of working with this population and expressed a curiosity and a desire to know more about both self-injurious behavior and about clients who self-injure. The participants' knowledge base was relatively minimal, given their lack of professional or academic experience with self-injury. After the workshop, participants demonstrated their need to know more about self-injury and hoped that it would become a part of their educational training.

Implications for Training

Before receiving the training, the majority of participants (94%) had no experience or training on the topic of self-injury. Since the results indicate that a brief training on self-injury may be beneficial in changing knowledge, skill and awareness levels, the inclusion of workshops or lectures on self-injury is promising for educating human service trainees and counseling trainees on this topic.

The interviewees also shared a range of responses regarding their future work with clients who self-injure, ranging from excitement and comfort to fear and lack of understanding. Educators are encouraged to process this range of responses with their students. Additionally, educators could provide information to help trainees distinguish between suicide ideation and self-injurious behavior, review risk factors and consequences of self-injury, as well as cultural variations of self-injury. Conducting small group discussions on various self-injury topics could make training more interactive and potentially more effective.

Given the implications for training, human service educators should also be sensitive to the complexities of self-injury and therefore clarify that human service students do not have the training, education, or expertise to provide in-depth treatment to individuals who self-injure. Rather, educators should remind students that they will likely encounter clients who self-injure while conducting intakes, making referrals, and mobilizing services. Further, it is critical that educators make students aware of the NOHS ethical standard that states that helping providers are not to practice beyond their level of expertise or training (NOHS, 1996). Thus, the authors of this manuscript argue that while training on self-injury is beneficial for human service students the scope of the training should be outlined to students. In other words, the workshop alone was not

intended to prepare students with the skills to provide in-depth treatment to clients who self-injure.

Implications for Research

While the self-injury pilot training program appeared to be effective, additional research with various populations needs to be conducted. For example, it may be valuable to conduct trainings with human services programs across the country. Additionally, in terms of the training itself, future research could focus on interviewing participants about the training program itself. For example, it may be valuable to ask participants what was the most salient component of the training and what they would change to enhance the training.

Future research could also assess the long-term efficacy of the training. Within this study a post-test was given immediately at the conclusion of the training and for some participants the interview was conducted only 3 - 5 days after the training. A future study that assessed participants' competency levels several weeks or months after the training would allow the researchers to determine if the training maintained its effectiveness over the long-term.

Future research could also be beneficial to conduct with practicing human service professionals. With this population, questions could be added to the pre- and post-survey and the interviews to examine factors that human service professionals view as effective interventions and how they typically intervene with clients who self-injure.

Finally, future research could examine the extent to which self-injury is addressed in the academic arena. For example, it would be beneficial for researchers to survey counseling and human service professors to investigate to what extent, if any, that information about self-injury is integrated into their curriculum. Additionally, the survey could assess faculty members' beliefs about the importance of integrating education about self-injury into their curriculum.

Limitations

The purpose of this study was to examine the impact of a pilot training program on counselor and human service professional trainees' awareness, knowledge, and skills of self-injury. While the findings have direct implications for teaching, learning, and research, there are notable limitations to the study. First, the study was conducted within one university's human service and counseling department. A future study could address these limitations by expanding the study across different universities using a larger sample. Additionally, the responses given by participants are subject to potential biases due to their relationships with the researchers. The primary author was also a professor in the undergraduate human services program. Thus, it is possible that answers were subject to response bias, a phenomenon that occurs when participants answer questions in the manner they think their questioner wants them to answer rather than according to their true beliefs. A future study may also

consider having an external researcher or faculty member not associated with the targeted population.

Finally, the primary author created the SIKAS instrument used in this study. Thus, future research on psychometric properties is needed for the SIKAS. In order to gain validity quotients, the researchers will continue to use this instrument. Overall, the SIKAS is a notable limitation of the study and the author(s) should spend ample time strengthening the validity and reliability data and norming the scale on a large and heterogeneous pool of participants.

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Appendix A: Self-Injury Pilot Training Program Components

Component 1: Describing Self Injury
Definitions of self-injurious behavior
Demographics and additional statistics on self-injury
Types of self-injury
Characteristics of individuals who self-injure
Environmental, psychological, and biological influences of self-injury
_____
Component 2: Perspectives on Self-Injury
Feminist and socio-cultural explanations of self-injury
Current media depictions of self-injury
Myths about self-injury
Counselors' perspectives on self-injury
Current status of research on counseling individuals who self-injure
Common misperceptions of counseling individuals who self-injure
_____
Component 3: Treatment Interventions
Assessing/Evaluating Self-Injury
Issues of confidentiality
Role of school
Role of family
Treatment approaches to working with individuals who self-injure
The therapeutic relationship
Useful activities (interactive portion of program presentation)
Additional modes of treatment (group/family counseling)

Appendix B: Qualitative Interview Questions

Sample Qualitative Interview Questions (pre-training program):
- What experience, if any, have you had with the topic of self-injury?
- Respond to the following: People who self-injure are…
- What would you like to know more about, with regard to self-injury?
- Complete the following sentence: Potentially working with clients who self-injure makes me feel…
  Sample Qualitative Interview Questions (post-training program):
- How, if at all, have your feelings about self-injury changed after the workshop about self-injury?
- How, if at all, have your thoughts about self-injury changed after the workshop about self-injury?
- Respond to the following question: People who self-injure are…
- Complete the following sentence: Working with clients who self-injure makes me feel…