Introduction

- Non-suicidal self-injury is a growing problem, particularly among youth, and many report that they do not seek help for the behavior because they fear the negative reactions of health professionals (Heath et al., 2006).
- Research has shown that some health professionals, particularly those in the medical fields, harbor negative biases towards self-harming patients (Harrison, 2009) but that negative attitudes may lessen with appropriate training.
- Furthermore, having personal experience with self-harm may improve professionals’ attitudes because it fosters an intimate understanding of the behavior.
- There is little research examining how attitudes towards self-harming clients may vary based on training regarding self-harm, profession, and personal experiences.
- The purpose of the current study was to examine the attitudes of a variety of health professionals and identify whether attitudes varied based on personal experience or training.

Hypotheses

- Those who personally know an individual who self-injures will have more positive attitudes toward self-injuring clients than those who do not know any self-injurers.
- Professionals who have had specialized training in working with self-injuring clients will be more comfortable with and have a more positive attitude toward self-injuring clients.
- Professionals in the mental health fields will express more understanding attitudes toward self-injuring clients than those in the medical field.

Method

Participants
- 89 health care professionals
  - 25 males, 64 females
  - Ages ranged from 22-69
  - Mean age: 46.36 (SD = 13.28)

Procedure
- An email with a live link to the study survey was sent to health care professionals in the area, who were asked to post the survey to any relevant professional listserv, for a snowball recruitment of participants.
- Follow-up emails were sent out two weeks after the initial email as a reminder to participants to take the survey.
- The survey consisted of 90 items assessing attitudes toward self-injuring clients, personal experiences with self-injury, and professional training on self-injury.
- To enter the survey, participants had to indicate their informed consent, which was the first screen they saw.

Results

- Three MANCOVAs, with gender as the covariate, were used to analyze differences in attitudes based on pre-specified groups (e.g., profession, knowing someone with NSSI, and specialized training).

Discussion

- Results show that professionals who have received training for working with self-injuring patients tend to demonstrate more positive attitudes and understanding.
- The findings related to training suggest that health professionals who have education about self-injury may display more empathy towards their self-injuring clients, which could improve the effectiveness of treatment (Harrison, 2009).
- Also congruent with the need for training are the results showing that professionals in mental health areas report more accepting attitudes towards self-injuring patients than those in medical areas. This is likely due to the fact mental health professionals are more likely to have received training specific to self-injury.
- Contrary to hypotheses, personally knowing someone who had engaged in self-injury was not significantly related to attitudes, suggesting personal experience is not necessary to promote positive attitudes towards patients.

Limitations

- Due to a small sample size, the power to detect some differences was not as strong as if a larger sample was available.
- The snowball recruiting strategy likely led to bias towards individuals interested in the study and also contributed to an over-representation of mental health providers vs. medical providers.

Implications

- Educational training programs regarding self-injury have potential to improve professionals’ attitudes towards and comfort working with self-harming patients.
- Medical providers in particular (e.g., nurses, physicians) may benefit the most from additional training regarding self-injury.
- Having professionals participate in training on self-injury may reduce patients’ reluctance to disclose the behavior and thus improve service delivery and treatment seeking.

Selected References


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