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Response and training needs of school staff towards student self-injury

Emily Berger [a], Penelope Hasking [b, *], Andrea Reupert [a]

[a] Faculty of Education, Monash University, Clayton, Melbourne, Victoria 3800, Australia
[b] School of Psychology and Speech Pathology, Curtin University, Bentley, Western Australia 6845, Australia

HIGHLIGHTS

- Responses and training needs of teachers regarding self-injury were examined.
- Participants frequently respond to students who self-injure but lack training.
- Mental health staff were more confident than teachers in responding to self-injury.
- Teachers require training and school policy to best address self-injury in schools.

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ABSTRACT

Although school staff are in a prime position to intervene with students who self-injure, how they respond to these students and their training needs regarding self-injury have not been examined. The aims of this study were to explore the responses and training needs of school staff towards youth self-injury. Pre- and in-service teachers and other school staff ($N = 768$) completed open-ended questions. Results suggested that school staff require training to respond effectively and confidently to students who self-injure. Self-injury education programs may enhance the knowledge and confidence of staff to detect and respond to students who self-injure.

1. Introduction

Non-suicidal self-injury (NSSI), the deliberate destruction of body tissue without suicidal intent (i.e., cutting, scratching, self-hitting; Nock & Favazza, 2009), typically begins between 12 and 14 years of age, and can be equally prevalent among males and females (Jacobson & Gould, 2007). Approximately 10–23% of adolescents in Australia, the US, and Canada engage in NSSI (Martin, Swannell, Harrison, Hazell, & Taylor, 2010; Muehlenkamp & Gutierrez, 2007; Ross & Heath, 2002). Consistent with this, pooled international prevalence of NSSI is 17–18% among adolescents, a rate which has remained stable for the last five years (Muehlenkamp, Claes, Havertape, & Plener, 2012; Swannell, Martin, Page, Hasking, & St John, 2014). According to empirical and theoretical research, adolescents typically engage in NSSI to alleviate negative emotions or to punish themselves (Klonsky, 2007), as a result of stressful life events, and maladaptive coping and emotional regulation skills (Nock, 2009; Nock & Prinstein, 2004, 2005).

Functional models of NSSI suggest people engage in NSSI for primarily intrapersonal reasons (i.e., to regulate negative affect), but also for interpersonal reasons (i.e., to communicate with or to influence others), however, this function is less common in community samples relative to other functions (Nock & Prinstein, 2004, 2005). The most comprehensive theoretical account of NSSI argues that the risk of NSSI is increased by distal factors (e.g., child maltreatment) that lead to vulnerability in responding to stress (e.g., poor distress tolerance). NSSI is then maintained and reinforced as a means of regulating emotional and social situations (Nock, 2009). However, although NSSI is associated with psychiatric disorders, such as depression and anxiety (Nock, Joiner, Gordon, Lloyd-Richardson, & Prinstein, 2006), and completed suicide (Whitlock et al., 2013), less than a third of adolescents who self-injure seek professional help (Fortune, Sinclair, & Hawton, 2008) or medical treatment (Hasking et al., 2010) for the behaviour.

The high prevalence of NSSI among adolescents and associated risk factors, such as poor academic achievement (Martin, Richardson, Bergen, Roeger, & Allison, 2005), low-self-esteem

* Corresponding author. Tel.: + 61 8 9266 3437.
E-mail address: Penelope.Hasking@curtin.edu.au (P. Hasking).

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(Hawton, Rodham, Evans, & Weatherall, 2002), being bullied (Hay & Meldrum, 2010), and problems in relationships with family members and friends (Hawton & Harriss, 2008), suggests teachers and other school staff are in a prime position to recognise early warning signs of NSSI and intervene with young people who self-injure. Indeed, teachers and other school staff are often the first to notice NSSI among students and refer adolescents who self-injure (Oldershaw, Richards, Simic, & Schmidt, 2008; Roberts-Dobie & Donatelle, 2007). They therefore, have a pivotal role in timely provision of treatment and possible prevention of youth suicide. However, despite regularly encountering students who self-injure, appropriate training for staff to improve understanding and care of adolescents who self-injure in schools is limited.

While teachers and school-based mental health professionals encounter youth NSSI, teachers and other school staff in the US (Carlson, DeGeer, Deur, & Fenton, 2005), Canada (Heath, Toste, & Beettam, 2006; Heath, Toste, Sornberger, & Wagner, 2011), and Australia (McAllister, Hasking, Estefan, McClenaghan, & Lowe, 2010) are uncertain when responding to students who self-injure, and have identified a need for further staff training and/or school prevention programs addressing NSSI (McAllister et al., 2010). Teachers and school-based mental health professionals in the UK have also expressed shock, anxiety, repulsion, and panic towards students who engage in deliberate self-harm (DSH; including suicidal behaviour as well as NSSI; Best, 2005, 2006), with other studies suggesting that teachers lack appropriate knowledge about NSSI, misinterpreting self-injury as attention-seeking and manipulative (Carlson et al., 2005; Heath et al., 2011). Although researchers have found no correlation between length of teaching experience, knowledge about NSSI, and confidence responding to students who self-injure (Carlson et al., 2005; Heath et al., 2006, 2011), teachers experienced with students who self-injure are more knowledgeable and confident responding to these students than teachers without such experience (Best, 2005, 2006; Carlson et al., 2005; Simm, Roen, & Daiches, 2008, 2010).

While two training resources exist to educate school staff about self-injury (i.e., the Signs of Self-Injury prevention program and S.A.F.E alternatives; Conterio, Lader, & Bloom, 1998; Muehlenkamp, Walsh, & McDade, 2010) research to evaluate their effectiveness is yet to be conducted. In addition, both programs are based in the US, and how these approaches might need to be adapted or modified for other contexts remains to be seen. Gatekeeper training is an internationally recognised and widely used strategy to improve early identification and referral of at risk individuals (Isaac et al., 2009; Wyman et al., 2008), with researchers finding that training programs to educate school mental health professionals about DSH (including suicidal behaviour) can improve their knowledge about DSH and confidence to intervene with young people who self-harm (Robinson, Gook, Yuen, McGorry, & Yung, 2008).

However, to provide effective education to school staff about NSSI and improve the overall quality of care provided to students who self-injure, we first need to establish the nature of information that would most benefit teachers and other school staff, and how this could be efficiently delivered. We also need to better understand how staff currently respond to NSSI and potential barriers they perceive to effective responding. Although many teachers are not trained mental health professionals (Koller, Osterlind, Paris, & Weston, 2004), the majority of teachers have experience with students who self-injure (Carlson et al., 2005), thus training to enhance their knowledge and confidence could optimise responses to students who self-injure in the school setting.

The aims of this study were to explore the response and training needs of Australian secondary school staff towards NSSI among adolescents. Establishing the training needs of both pre-service (i.e., teacher education students) and in-service teachers, and other school staff, may help to inform whether such training should begin in pre-service teacher training courses, introduced later in professional development programs for in-service teachers and staff, or both. Participants completed open-ended questions allowing them to describe, in their own words, how they have responded to NSSI in the past (if at all) and what their training needs are. Given differences in exposure to students who self-injure, we expected teachers (both pre- and in-service) and other school staff to differ in their responses and training needs regarding NSSI. Specifically, it was anticipated that pre- and in-service teachers would report less confidence and greater need for training than school mental health workers. Given research suggesting that length of teaching experience is unrelated to confidence when responding to students who self-injure, we did not expect in-service teachers and staff with more years of professional experience to report greater confidence than junior staff and pre-service teachers. Identifying areas of divergence in the response and training needs of school staff will inform development of tailored educational programs and tools to equip current and future teachers, and other school staff to identify and confidently respond to students who self-injure.

2. Method

2.1. Participants

Seven hundred and sixty eight staff (556 females and 212 males; aged 18–67 years; $M = 38.35$, $SD = 12.94$) working in the Australian secondary sector completed an online questionnaire. The sample included pre-service teachers (34.8%, $n = 267$), in-service teachers (34.0%, $n = 261$), school mental health workers, including counsellors, psychologists, and welfare coordinators (13.8%, $n = 106$), school leaders, including principals, deputy principals, and year levels coordinators (with the responsibility of students' pastoral care; 10.7%, $n = 82$), and administrative and school support staff, including school nurses, integration (i.e., teacher) aides, and administration staff (6.8% $n = 52$).

Pre-service teacher education is the education and training (including supervised placement in school settings) provided to student teachers before they can become registered secondary school teachers in Australia. Secondary schools in Australia (similar to North American junior/middle and high schools) cater for students aged 12–18 years. Although pre-service teachers must undertake a minimum of 80 days of professional experience to achieve full registration as a teacher in Australia (Australian Institute for Teaching and School Leadership [AITSL], 2014), mental health training is not mandatory for pre-service teachers in Australia (Graham, Phelps, Maddison, & Fitzgerald, 2011). While there is also no universal, national requirement for pre-service teachers to undertake first aid training, in some roles there is an expectation of basic first aid training.

Pre-service teachers were recruited from 14 Universities in all Australian states and territories, excluding one. Pre-service teachers were in the first year of their teaching degree (11.2%), or had completed one (11.6%), two (15.5%), three (10.3%) or four years (29.2%) of tertiary education, and between 2 and 22 weeks of school placement ($M = 4.61$; $SD = 5.23$). In-service teachers and other staff were recruited from publically funded and private secondary schools in all Australian states and territories. Among in-service teachers and school staff, years working in secondary schools ranged from less than one year to 45 years ($M = 14.75$, $SD = 11.01$).

2.2. Materials

Demographic questions included age, gender, occupation in the secondary education sector, years of professional experience,