

# Motivational interviewing as a technique to reduce non-suicidal self injury in college students

## IMPACT

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## Background

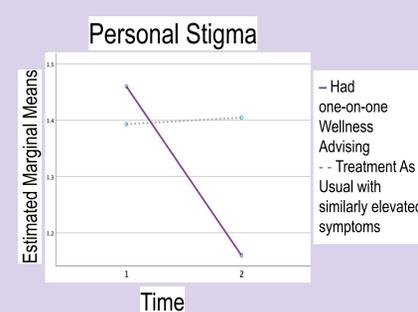
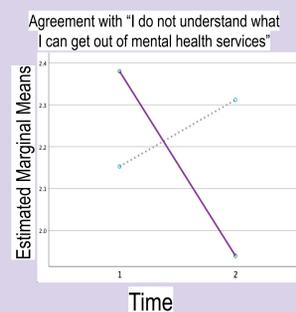
- Though college students face increasing rates of mental health issues (Eiser, 2011, p.18), less than half of struggling students receive treatment (Blanco et al., 2008; HMS, 2019), with even lower rates among low-income, first-generation, and students of color (Lipson et al., 2018).
- University services can act as a preventative resource (Conley, 2015), and academic advisors believe that they can play a key role in this treatment gap (Healthy Minds Network, 2015).
- One common mental health issue among college students is the presence of non-suicidal self-injury (NSSI). NSSI refers to self-inflicted, deliberate, harm to one's own body. Common behaviors include cutting, burning, scratching, or self-hitting, all with no lethal intent (Cipriano et al., 2017).
- A national survey reported that roughly 25% of college students engage in NSSI, and college counseling centers have noted significant increases over the past few decades (Eiser, 2011, p.18; HMS, 2019).
- The current study presents on the Wellness Advising (WA) intervention, which aims to increase motivation and attitudes toward seeking mental health services. The intervention trains academic support staff to encourage students to seek mental health services using Motivational Interviewing (MI), a therapeutic approach that aims to empower a person to confront their ambivalence for change (Resnicow & McMaster, 2012).
- For college students specifically, MI has been successful in reducing binge drinking and risk-taking behavior (Smolinski, 2014). While some studies have theorized that MI may be useful in reducing NSSI (Kress & Hoffman, 2008; Smolinski, 2014) no studies to our knowledge evaluate the efficacy of MI's implementation for NSSI reduction, or how the principles of MI reduce NSSI behavior in college students.
- While a reduction in NSSI was not a primary aim of the WA intervention, existing literature on MI and NSSI suggests that this intervention could have secondary effects on reducing NSSI in participants.
- This study discusses and evaluates the efficacy of implementing MI in academic support services to 1) reduce NSSI and other harmful behavior, and 2) increase positive perceptions of mental health care.

## Methods

- Participants were recruited based on their participation in one or more areas of Student Academic Services (SAS), such as the classroom settings of UNIV 101/102, or usage of the Student Accessibility Center.
- $N = 1,177$  undergraduate students completed the baseline assessment.
- Data was analyzed from two separate years of the intervention. In Year One, students were referred based on their instructor's participation in the project, using a quasi-experimental design. Sorting into Wellness Advising or Treatment As Usual was random for students recruited from all other streams, in Year Two.
- In Year One, the intervention included 1) individualized feedback on the mental health screening assessment, 2) classroom curriculum content implemented into UNIV 101/201, and 3) one-on-one Wellness Advising appointments. Year Two only included components 1 and 3.
- The mental health screening included a brief assessment of NSSI at baseline and seven months later at post-intervention, including forms and frequencies of behavior. NSSI was measured using a self-harm checklist (HMS, 2019).
- Attitudes toward mental health services were measured using the following question from the Client Motivation for Therapy scale (Pelletier et al., 1997): "I don't understand what I can get from mental health services."
- Personal stigma was measured using the following question from the Healthy Minds Questionnaire (HMS, 2019): "I would think less of a person who has received mental health treatment."
- This study analyzed the outcomes and experiences of intervention group students receiving MI in one-on-one sessions compared to those in the comparison group who did not receive one-on-one advising, but presented with similar (i.e., elevated) symptomatology.
- The analyses were run using Group (WA 1:1 versus Comparison) x Time (repeated measures) ANOVAs. These ANOVAs analyzed whether there were significant differences, by group, in changes between T1 and T2 in NSSI behaviors, and attitudes toward mental health services, and personal stigma. Results present the Group x Time effects.

## Results

- Motivational interviewing within the one-on-one sessions did not have a significant impact on NSSI ( $F(1, 19) = 0.372, p = 0.549, \eta^2 = .019$ ) or a reduction in self-harm frequency ( $F(1, 150) = 0.584, p = 0.584, \eta^2 = .002$ ).
- Significant effects were found related to attitudes toward seeking mental health services ( $F(1, 218) = 6.358, p = .012, \eta^2 = .028$ ) such that students in the intervention group who attended a one-on-one appointment with their advisor demonstrated a greater reduction in negative attitudes about mental health services over time than individuals in the comparison group with similar symptom profiles.
- Significant effects were also found in the reduction of personal stigma toward receiving mental health services,  $F(1, 221) = 3.916, p = .049, \eta^2 = .017$ , such that students in the intervention group who attended a one-on-one appointment with their advisor demonstrated a greater reduction in personal stigma over time than individuals in the comparison group with similar symptom profiles.



## Discussion

- The one-on-one Wellness Advising Intervention, delivered within academic support services, did not have a significant effect on reducing self-harm behavior in undergraduate students, compared to students with similarly elevated symptoms who did not receive Wellness Advising.
- The one-on-one sessions did, however, significantly improve students' attitudes toward mental health services. Specifically, students improved in their understanding of what they could get out of mental health services. They also demonstrated less personal stigma toward receiving mental health services.
- The lack of effect on NSSI and self-harm behavior may be explained by the absence of discussion of NSSI in one-on-one sessions. Though students endorsed NSSI and self-harm behaviors, academic advisors did not report any discussion of these behaviors during their sessions.
- Another explanation for the lack of intervention effect may be due to the restricted range of the sample. Not many students included in analysis endorsed NSSI at baseline, limiting the extent to which the sample could demonstrate a reduction.
- Students' attitudes toward mental health services may have played a role in not discussing NSSI and self-harm behaviors during their sessions.
- As the intervention improved students' attitudes toward receiving and utilizing mental health services, projects like WA may be useful in promoting the utilization of mental health services.
- While the hypothesized effects on NSSI were not found, promotion of positive attitudes toward mental health services may empower students to seek more help in the future, which in turn, could impact measures of mental health like NSSI.

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