



Is Solution-Focused Brief Therapy effective in minimizing self-harm tendency behaviors in adolescents?



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ABSTRACT

About 16% of adolescents have engaged in deliberate self-harm (Muehlenkamp et al., 2012). These adolescents will experience a range of negative effects and can possibly engage in other high-risk behaviors (Westers & Plener, 2020). Solution-focused brief therapy is known to be cost-effective and applicable in school-based settings (Szlyk, 2018). Since teens are more likely to receive support in school settings, examining the effectiveness of SFBT is beneficial. Applying solution-focused brief therapy in a school-based setting will decrease self-harm tendency behaviors in adolescents. Our sample size will include both male and female participants ages 12-18 years old. Using data from collected online surveys, we will examine the effectiveness of the relationship between SFBT in King County School District and self-harm in adolescents.

INTRODUCTION

- ❑ About 25% to 49% of adolescents will self-harm at least once in their lifetime and about 10% to 30.9% engage in self-harm consistently (Benjet et al., 2017).
- ❑ Self-injury is prevalent among adolescents and tends to cause a variety of negative effects that range from suicidality, interpersonal and intrapersonal functions, and other psychiatric difficulties (Muehlenkamp et al., 2012).
- ❑ Individuals who engage in NSSI frequently can experience stigma and ridicule from family, friends, peers and healthcare professionals. Stigma has been associated with increased social isolation, deep shame, and lower likelihood of seeking help (Burke et al., 2019).
- ❑ NSSI non-suicidal self injury is purposeful, repetitive, self-inflicted damage to the body without suicidal intent (Benjet et al., 2017).
- ❑ Solution-focused brief therapy is known to be short-term and cost-effective; which can be applicable to use in school-based settings (Szlyk, 2018).
- ❑ There is a lack of research about the effectiveness of SFBT in treating self-harm in adolescents, especially in school settings.

PRIMARY AIM AND HYPOTHESES

- ❑ Research question: Is solution-focused brief therapy in school-based settings effective in reducing self-harm tendency behaviors in adolescents?
- ❑ Hypothesis: The use of solution-focused brief therapy in school-based settings will decrease self-harm tendency behaviors in adolescents.

METHODS

Participants

- ❑ Adolescents in middle school and high school attending King County school district.
- ❑ 100 students, 12-18 years of age who currently report engaging in self-harm.
- ❑ Participants who are active in therapy and receiving SFBT.

Procedures

- ❑ Data will be collected from students who seek counseling services through the King county school district for both middle and high school.
- ❑ Online self-report survey taken before the first session and once again after the last session.
- ❑ Qualtrics online surveys will be distributed to students preferred email and data will be collected once submitted.
- ❑ Participants must complete 6 sessions of SFBT in person.

MEASURES

- ❑ The Risk-Taking and Self-Harm Inventory for Adolescents; (Vrouvaet al., 2010)
- ❑ Sample items: Have you ever intentionally cut your skin? Have you ever intentionally scraped, scrubbed, or scratched your skin to the point of breaking your skin or drawing blood?
- ❑ It is measured by 4-point Likert scale, 38-item self-report measure.
- ❑ Using Sum scores.

RESULTS

- ❑ Results obtained using t-test Regression will examine how SFBT is effective in treating self-harm tendency behaviors in adolescents?
- ❑ Statistical programs SPSS version 16, MPlus Version 5.2 were used to analyze the data.

Discussion

- ❑ Prior research illustrated individuals who engage in NSSI or attempt suicide frequently experience stigma and ridicule from family, friends, peers, and healthcare professionals (Burke et al., 2019). Implementing SFBT in school-based settings will decrease social isolation, deep shame, and lower the likelihood of seeking help.
- ❑ Since a large number of adolescents engage in self-harm, we believe integrating SFBT in school-based settings is important. It will reduce the frequency and intensity of adolescent's self-harm and increase their well-being.
- ❑ Research recommends for healthcare professionals to use respectful, non-stigmatizing language when communicating about NSSI and suicide (Westers & Plener, 2019). SFBT avoids labeling youth as their behavior and using descriptions inherently laden with judgment.
- ❑ Future research should explore the efficacy of SFBT in treating adolescent's self-harm in and out of school-based settings.