



# Effectiveness of Emotionally Focused Family Therapy (EFFT) on Adolescent Non-Suicidal Self-Injury (NSSI)

## vs Dialectical Behavioral Therapy for Adolescence (DBT-A)



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### ABSTRACT

This study aims to explore the effectiveness of Emotionally Focused Family Therapy (EFFT) in reducing the incidence of adolescent Non-Suicidal Self Injury (NSSI). 80 adolescents who meet the NSSI criteria, age 13-19 will be randomized to participate in a total of 12 weekly in person EFFT sessions, or 16 weekly in person Dialectical Behavioral Therapy for Adolescence (DBT-A) sessions. It is hypothesized EFFT will be more effective in long term reduction of NSSI frequency, measured post treatment, and at 12 month follow up, due to an increase in interpersonal protective factors as compared to DBT-A.

### INTRODUCTION

- 17% - 23% of teens engage in NSSI, with typical onset between the age of 12 to 14 (Wijana et al., 2018)
- Self-injury behavior is associated with increased risk for suicide (Nock et. al., 2006)
- Research suggest self-harm is strongly correlated to family factors and emotional regulation skills which themselves corelated to family environment (Arian et al., 2018; Fortune et al., 2016; Halstead et al., 2014; Kaleda et al., 2016; Kumar et al., 2004; Michelson & Bhurgra, 2012; Miner et al., 2016; Palmer et al., 2016)
- Due to high rates of relapse with current treatment models (Berk et al., 2020) it's important to explore systemic interventions to facilitate better care for adolescents engaging in NSSI behavior.
- Attachment theory – on which EFFT is based - has been proposed as an explanatory framework for NSSI behavior, with negative attachment leading to dysregulation (Levesque et al. 2010).

### PRIMARY AIM AND HYPOTHESES

**Primary aim of this study is to determine the effectiveness of EFFT on Adolescent NSSI.**

R1: Is EFFT effective in post treatment and long-term reduction of adolescent NSSI?

H1: Adolescents engaging in NSSI who receive EFFT therapy with their caregivers will lower the frequency of NSSI behavior post treatment and at 12 month follow up.

R2: Is EFFT more effective at reducing adolescent NSSI post treatment and at 12 month follow up, when compared to DBT-A?

H2: Adolescents engaging in NSSI who receive EFFT therapy with their caregivers will show a greater decrease in NSSI frequency post treatment and at 12 month follow up, when compared to adolescents receiving DBT-A skill training.

### METHODS

#### Participants

80 adolescents ages 12-19 living with at least one primary caregiver meeting the NSSI criteria.

NSSI will be defined as engaging in intentional self-inflicted damage to the surface of the body of sort likely to induce bleeding, bruising, or pain with the expectation that the injury will lead to only minor or moderate physical harm with no suicidal intent, 5 or more days in a year (American Psychiatric Association, 2013).

Participants will be recruited from child and adolescent outpatient community clinics in King County and randomly selected to receive 12 EFFT sessions with one primary caregiver or 16 DBT-A sessions.

Treatment will be administered weekly at 5 different community sites, with all therapists being certified in the intervention they will be administering.

All sessions will be video taped and coded to ensure fidelity to treatment.

Exclusion

- Present psychotic disorder.
- Substance abuse or eating disorder as primary diagnosis.
- Currently receiving individual psychotherapy.
- Participants with a history of suicide intent.

#### Procedures

Non-Suicidal Self Injury Assessment Tool (NSSI-AT) will be administered in person at the following intervals: onset of treatment (T1), post treatment (within a week of last therapy session) (T2), and electronically at 12 month follow up (T3).

### MEASURES

The NSSI-AT will be used to measure the frequency of NSSI pre and post treatment in both EFFT and DBT-A groups.

The NSSI-AT is a self-report inventory comprising 12 modules across 39 items: screening primary and secondary behavior characteristics, functions, age of onset, recency and frequency, wound location, severity, initial motivation, practice patterns and perceived life interference.

The present study will focus on the Recency and Frequency module within the NSSI-AT. Recency will be assessed by asking participants to report on the last time they intentionally hurt themselves on a 1-7-point scale, with 1 equal to a week ago, and 7 equal to more than 2 years ago. Frequency will be measured by asking participants “On how many total occasions have you intentionally hurt yourself, on a 1-7-point scale with 1 representing only once and 7 more then 50 times.

### RESULTS

Group differences in NSSI will be examined using an Anova at baseline, post treatment and at 12 month follow up.

### Discussion

#### Social Implications

With numerous studies indicating that family support, adaptability, cohesion, and warmth serve as protective factors against adolescent self-harm (Glenn et al., 2019; Muehlenkamp et al., 2013), this study aims to examine how increasing secure attachment bonds with caregivers effects an adolescent’s ability to decrease long term NSSI, through the process of connection to positively shift the perception of self, and increase the ability to regulate emotions.

#### Clinical Implication

Testing the effectiveness of systemic interventions such as EFFT in treatment of adolescent NSSI, allows clinicians to focus on second order change and healing, rather than symptom cessation.

Proving EFFT as an effective intervention for adolescent NSSI, will allow for integrating family protective factors of availability, responsiveness, and acceptance in treatment to facilitate better care for patients in time of transition into adolescence.

#### Future Research

Given the urgency and prevalence of adolescent NSSI additional research is needed in order to determine effectiveness of systemic models on the various functions of NSSI behavior, giving therapists specific interventions designed to target the cause of the behavior, making the treatment more effective.

Focus of research on subgroups of adolescents engaging in NSSI is needed to determine the most effective treatment based on specific populations such as: early and middle adolescent populations, minority racial and ethnic groups and the LGBTQAI+ populations.

More research is also needed with large longitudinal samples for adolescent NSSI, due to its’ current lack in literature.