

What is the most effective intervention for reducing non-suicidal self-injury in female adolescents?



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Introduction

- Non-suicidal self-injury (NSSI) is “any intentionally harmful self-inflicted behavior where the individual does not have suicidal intent”. Some examples of NSSI include: cutting, punching, biting, poisoning, scratching and burning (Cassels & Wilkinson, 2016).
- This serious problem is most common in adolescents and young adults. It affects around 20% of adolescents at least once in their life and usually begins at age 13 or 14 (Cassels & Wilkinson, 2016).
- In a 5 to 1 ratio, females are more likely than males to engage in NSSI between the ages of 12-15 (Hawton, Saunders, & Oconnor, 2012).
- Self-injury is a powerful predictor of suicide attempts which is why effective interventions for NSSI are needed (Mehlum, et al., 2014). According to the CDC, suicide is the third cause of death in youth ages 10-24 (CDC, 2014).

Recommended Treatment



- **Dialectical Behavioral Therapy for Adolescents (DBT-A):** This is an abbreviated version of DBT, specifically modified for adolescents. Instead of the usual 12 months, it is 3-5 months.
- This intervention was preformed at community child and adolescent psychiatric outpatient clinics.
- DBT-A is an multifaceted outpatient treatment. This 19 week intervention included the following:
 - Weekly Individual Therapy
 - Weekly Family Skills Training
 - Family Therapy Sessions
 - Telephone Coaching Between Sessions
 - Emotion Regulation Training (Mehlum, et al., 2014)

Other Treatments Considered

- **Cognitive Behavioral Therapy (CBT)** - While this randomized controlled study deemed CBT more effective than treatment as usual, the results from two other replicated trials proved the opposite (Wood, Trainor, Rothwell, Moore, & Harrington, 2001).
- **Mentalization Based Treatment (MBT)** - Similarly to CBT, this intervention was reputed to be more effective than treatment as usual, but the results have yet to be duplicated in programs specifically for NSSI. Also, the author of this study offers training in MBT courses and received grant money for this study. Lastly, MBT is a much more lengthy treatment plan versus DBT-A (Rossouw & Fonagy, 2012).



Methods

- The **University of Houston Library Database** was utilized to initiate research for the EBP question.
- The **primary search terms** used were: Intervention, Reduce, Non-suicidal self-injury, Female, Adolescents
- The **initial search** resulted in 1,673 hits, but was narrowed down to 155 articles by using the following criteria:
 - **Inclusion Criteria:** Peer-reviewed journals, Publish date of 2000-2018, Empirical articles, Systematic review/meta-analysis
 - **Exclusion Criteria:** Borderline Personality
- **Databases:** PsycINFO, Cochrane, Medline, ProQuest, and ScienceDirect



Rationale for Recommended Treatment

- The study was randomized which increases internal validity.
- The 77 participants were all adolescents, predominantly female, which makes this study generalizable to my research. Study retention was good and intent to treat was applied.
- The intervention was performed by equally trained therapists that underwent rigorous training and maintained consistent treatment procedures throughout the entirety of the intervention.
- Study assessments were performed by independent blind interviewers and multiple checklists and scales were utilized for measurement.
- Effect sizes were greater for patients who received DBT-A versus enhanced usual care. The findings of this study were statistically significant with a p value of .021 (Mehlum, et al., 2014).

Conclusion & Recommendations For Practice and Research

- The main limitation with the current research is that the terminology between studies is varying and differing in meaning. This leads to difficulty in conducting conclusive and generalizable systematic reviews and meta-analyses (Calati & Courtet 2016).
- There remains a lack of research regarding best interventions for NSSI that have large sample sizes, are well researched and repeatable (Calati & Courtet 2016).
- With the current research that is available, I believe that DBT-A is the most effective intervention to reduce NSSI in female adolescents. Participants who received DBT-A improved dramatically during treatment and maintained improvement levels at a one-year follow up (Mehlum, et al., 2016).