

## **Effectiveness of A Psychological Intervention Program for Preventing Adolescent Self-Destructive Behavior**

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### **ABSTRACT**

Biological, psychological, and social changes abound throughout adolescence, making it a susceptible time for people to resort to unhealthy coping techniques. Working together, mental health experts and teenagers create a safe space that promotes introspection and gets to the root of problems. Adapting treatments to varied backgrounds is crucial, and cultural concerns underscore this. Eighty-tenth and ninth graders were chosen for the study. We think about ways to stop teenagers from hurting themselves at school. Results from our research demonstrated that this kind of program is beneficial for teenagers, as they reported better relationships with their parents and classmates, more self-assurance when it came to addressing problems and taking responsibility for their families, a greater desire to work, and less despair after participation.

**Keywords:** *Hopelessness, Psychological, Self-destructive, Relations, Loneliness.*

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### **I. INTRODUCTION**

There has been an upsurge in research and development of intervention programs targeted at preventing and reducing self-destructive behaviors among teenagers in recent years, as this concerning trend has gained more attention. The complex interaction of elements contributing to self-destructive behaviors among adolescents has been the subject of several methods, with psychological therapies standing out as one potential path. There are many stresses that people experience during adolescence since it is a time of great biological, psychological, and social transformation. Adolescents may resort to self-destructive behaviors as a coping technique for a variety of issues, including academic stress, interpersonal difficulties, identity formation, and cultural expectations. As

a result, it is crucial to attend to the psychological components of teenage wellness, as underlying mental health concerns including trauma, anxiety, and depression can increase the likelihood of self-destructive behaviors.

There is a wide variety of therapy modalities used in psychological intervention programs to avoid self-destructive behaviors in adolescents. Mindfulness-based therapies, dialectical behavior therapy (DBT), and cognitive-behavioral therapy (CBT) are a few of the well-known approaches that have shown promise in reducing the likelihood of self-harm. For example, cognitive behavioral therapy (CBT) teaches teenagers practical skills for stress management and emotion regulation by focusing on recognizing and addressing harmful thought patterns and behaviors. Conversely, dialectical behavior therapy (DBT) utilizes mindfulness techniques in conjunction with cognitive-behavioral therapy (CBT) to promote emotional control and acceptance. It is crucial to address the specific needs and problems of adolescents at risk of self-destructive behavior with a targeted and personalized approach, as these interventions include a wide variety of topics.

A large body of strong empirical data indicates that psychological therapies are beneficial in reducing the prevalence of self-destructive behaviors among adolescents. Multiple studies have shown that these programs are beneficial, with participants reporting better emotional control, self-esteem, and mental health in general. Evidence for the effectiveness of psychological therapies is further supported by meta-analyses that compile results from several studies. These analyses consistently show increases in adaptive coping methods, decreases in recurrence rates, and reductions in self-destructive behaviors. With this kind of evidence, the efficacy of psychological therapies may be better understood, and future studies can be designed to tailor these programs to the unique requirements of teenagers.

Psychological treatments are more likely to be successful when they target the root causes of self-destructive behaviors. The goal of these treatments is to help teenagers build resilience by giving them a safe space to talk about how they're feeling and what's going through their minds. Furthermore, these programs provide a supportive atmosphere that is ideal for good development by forming a therapeutic partnership between teenagers and mental health experts. When people work together, they are better able to get to the bottom of things, reflect on their own experiences, and learn the skills they'll need to face the difficulties of puberty.

When it comes to psychological intervention programs aimed at reducing self-destructive behaviors in adolescents, cultural factors are equally crucial. When it comes to mental health, adolescents from different cultural origins may face different kinds of pressures and social expectations. For these programs to be relevant and effective, interventions must be culturally responsive and include the participants' views, values, and conventions. In order to make interventions more effective in preventing self-destructive behaviors among adolescents from diverse cultural backgrounds, it is important to promote diversity within the mental health workforce and ensure that interventions are culturally competent. This will lead to a more inclusive and accessible approach.

There have been encouraging developments in the field of psychological therapies, but there are still obstacles to their broad adoption and accessibility. Interventions are not reaching people who need them the most because of structural hurdles, stigma, and a lack of funding. Achieving this goal will need a concerted effort to reduce stigma, increase understanding of mental health issues, and include psychological therapies into educational programs. The effectiveness of psychological therapies in avoiding self-destructive behaviors among adolescents can be enhanced if society promotes an environment of acceptance and understanding, where people feel comfortable seeking help for mental health issues.

## **II. REVIEW OF LITERATURE**

Runcan, Remus & Nadolu, Bogdan (2021) Adolescent self-harm is most often caused by interpersonal issues at home (abuse, fights with parents, lack of communication), at school (bullying), and in the real world (cyberbullying, drug usage, exclusion from friends). Adolescents engage in self-mutilation for a variety of reasons, including: inability to express feelings, peer pressure, suicidal ideation, anger, desperation, acceptance, rebellion, rejection of parental values, expression of individuality, and risk-taking. The majority of teenagers who hurt themselves are dealing with a number of issues at once, including but not limited to: a history of trauma, a family history of mental illness, difficulties in school, difficulties learning, anxiety, bipolar disorder, conduct disorder, depression, hyperactivity, post-traumatic stress disorder, psychosis, and other mental health disorders. While there is no gender difference in the prevalence of depressive illness in pre-adolescents, there is a female majority in self-harm behavior from mid-adolescence and into adulthood.

Runcan, Remus et al., (2020) This research presents the synonyms for the phrases purposeful self-harm and self-destructive behavior, along with a psychological profile of teenagers who engage in self-harming behaviors. It also examines the consequences, motivations, and many manifestations of self-harm. The study also presents findings from a survey on the prevalence of individuals engaging in non-suicidal self-harming behavior, including their gender, age of onset, frequency of occurrence, association with substance misuse, relationships with family members and friends, potential causes, and connection with religion. Several findings corroborated existing research, while others provided novel insights into various facets of individuals exhibiting non-suicidal self-harming tendencies.

Lukyanenko, Marina & Isahakyan, Oksana (2019) Adolescents in contemporary culture are increasingly engaging in self-destructive conduct. These behaviors are evident through the use of alcohol, smoking tobacco, engaging in drug addiction, experiencing trauma, and displaying excessive conduct. The efficient execution of measures to avoid and address self-destructive behavior is a pressing issue for the fields of personality psychology, educational psychology, developmental psychology, and other related areas. The paper presents a novel scientific methodology for addressing the self-destructive conduct shown by teenagers. Self-destructive conduct is a compensating defensive strategy used by individuals to adjust and stabilize their personality in response to challenging circumstances. An adolescent with an underdeveloped or impaired cognitive ability to analyze and evaluate situations, driven by emotions such as fear, worry, despair,

humiliation, guilt, enthusiasm, weariness, or intense wrath, fails to consider the potential outcomes of their behavior. The development and execution of self-destructive conduct functions as a mechanism for adolescents to uphold a gratifying "Self-concept" - evading emotions, acknowledging their shortcomings in relation to their idealized notions, and experiencing a sense of powerlessness.

Polskaya, Natalia (2018) Taking into consideration the issue of self-injurious conduct in teenagers from the perspective of risk factors and preventative strategies is the focus of this discussion. There is a description of the strategies of self-injurious conduct as well as the features of emotional dysregulation in those who engage in self-injurious behavior. A high level of self-stigmatizing and stigmatizing among teenagers who self-injure should be taken into consideration in treatment and preventative programs. Finding aid from peers or online friends should also be taken into consideration. This article provides a summary of prevention strategies for self-injurious behavior. The following categories of approaches are differentiated from one another based on their intended purpose: providing information about the issue, establishing adaptive skills for self-regulation, and providing psychological and social support. The following are the prerequisites that must be met in order to develop school-based prevention programs for self-injurious behavior: selecting a target group of adolescents (population, risk group, adolescents in situations that cause them to experience stress), determining the level of intervention (individual or group work with adolescents, their parents, teachers, etc.), and determining the cultural specificity of the group. In order to ensure that programs are effective, they should be based on the most recent psychological information regarding the progression of self-injurious conduct and should involve the measurement of their effectiveness.

Kerig, Patricia (2017) When we talk about self-destructive behavior, we are referring to a variety of self-harming acts, such as suicidal thoughts and behavior, nonsuicidal self-injury, and reckless behaviors. All of these behaviors are observed at high rates among young people who are involved with the juvenile justice system, particularly among the high proportion of justice-involved youth who have been exposed to psychological trauma. The frequency of suicide among samples of kids who are incarcerated in correctional institutions is between three and eighteen times greater than the national averages. The risks of suicide are much higher for youth who are of White or Native American descent, who have conditions related to their mental health, and who have been subjected to mistreatment. Moreover, the rates of non-suicidal self-injury among juveniles who are involved with the legal system are significantly higher than the norm. This is particularly true among young women and children who have been subjected to sexual abuse. It is also thought that reckless activity is a maladaptive approach that is used to generate a sense of power over an unpredictably hostile environment. This is because reckless behavior is related with both delinquency and trauma.

Remaschi, Laura et al., (2015) The term "self-harm" refers to acts that are classified as parasuicidal, which are defined as "a deliberate destruction of body tissue, with or without suicidal intent." One paradigm that might be considered theoretical is the Experiential Avoidance paradigm. School anxiety, poor social integration, inadequate social and familial support, substance misuse, sexual abuse, a distorted perception of life and death, a negative relationship with the body, and an unresolved body mentalization process are the most common risk factors. To assist in the process of

formulating preventative measures, the purpose of the current study was to conduct an analysis of the risk variables that are associated with self-harming behaviors. For the students, a single questionnaire with particular scales was used, while for the instructors, three semi-structured interviews were used. All of these interviews focused on the impression of distress and self-harm experiences that occurred in the classroom. The examination of the data demonstrates that there is a correlation between self-cutting and the use of alcohol, sexual harassment, dropping out of school, threatening individuals, incommunicability with family members, and having a poor connection with the body, as well as attempts at suicide, with a distinct propensity for males. Teachers draw attention to the fact that self-injury is a disordered connection with the body and identify various risk signs of psychological distress whenever they conduct interviews with students. It is important to note that self-harming is a behavior that is primarily shown by men, since the findings corroborate the data that is accessible in the literature. The findings also indicate that there is a requirement to establish possibilities for teachers to get training in order to battle the resistances and prejudices associated with psychological discomfort.

Cruz, Diana et al., (2014) When it comes to the early identification of adolescents who are at risk for self-destructive thoughts and behaviors (SDTB), the study of family characteristics, including parenting, attachment, and family functioning, that can either reduce or raise risk factors during the development of adolescents is of the utmost importance. In spite of the fact that a number of research have brought attention to the role that family variables play, very few studies have investigated the influence that parenting styles and attachment have on SDT together. The objectives of this study were as follows: (1) to identify the aspects of parenting styles and parental attachment that are predictive of sexually transmitted diseases (STDs); (2) to assess the influence of cohesiveness as a mediator in the relationship between these predictors and reports of STDs; and (3) to investigate the changes in the aforementioned process that are associated with gender and age. There were 1,266 teenagers from Portugal who participated in the study, and their average age was 15.9 years. It was established by structural equation modeling that father and mother rejection, as well as paternal control, were the most reliable predictors of sexually transmitted diseases (STDs). This highlights the significance that these factors play as risk factors for maladaptive trajectories that are associated with SDTB. The findings unequivocally highlighted the significance of the fathers' participation in the development of such maladaptive trajectories. Additionally, a moderation of sex and a mediation impact of cohesiveness were discovered to be significant findings. The relevance of interacting with the family in preventative and therapeutic contexts with regard to the well-being of teenagers and their connection with their parents is brought to light by this study.

Barzilay, Shira et al., (2012) Since the beginning of time, psychologists have been captivated by the tendency of young people to participate in behaviors that are detrimental to themselves and that are self-defeating. Freud's important paper "Beyond the Pleasure Principle" was one of the earliest attempts to provide a solution to this problem. Klein and Menninger both contributed to the development of the theories, and Noshpitz was the most recent person to do so. Recently, Baumeister, Williams, Brent, and Mann and Nock have suggested empirical models of self-harm that adopt a descriptive approach. These models have been proposed by these individuals. Other



hypotheses that have garnered a significant amount of attention are those of Jessor and Joiner. On the other hand, both techniques have their own set of limitations, and the elements that contribute to self-destructive conduct have not been completely explored. Because of this, our capacity to anticipate the danger of suicide is diminished, and as a result, the effectiveness of our attempts to prevent suicide is diminished. A novel, integrated model that can help understand how the shift from suicidal thinking to suicidal conduct happens will be discussed, and both theoretical and empirical models of self-destructive behavior, including various types of self-harm and suicide, will be reviewed and discussed. The purpose of this review paper is to provide a concise description of these ideas and to propose an integrated model that we believe may be tested. The emotional and interpersonal suffering of the teenager, the degree to which a significant mental disease is present, the progression of suicidal thoughts, and the capacity to participate in self-inflicted harm are all factors that are taken into consideration during the development of our model. The research that is conducted to evaluate such a model could result in improved methods of recognizing and intervening in order to prevent suicide among adolescents.

Alfonso, Moya & Dedrick, Robert (2010) The prevalence of self-injury among adolescents has received comparatively less attention than other risk behaviors, such as drug use. One goal of the research was to quantify the frequency of self-injury among preteens and young adults in the middle school demographic as a whole; the other was to pinpoint the behaviors that often occur alongside self-injury. A total of 1,734 kids in grades 6–8 were surveyed for this study using the middle school Youth Risk Behavior Survey, and the results were analyzed using secondary data. In this study, which included 1734 middle school students, 28.4% of the participants self-injured. There was a minor but statistically significant correlation between gender and the likelihood of having attempted self-injury. The following six factors were shown to be substantially associated to having ever attempted self-injury ( $P < 0.01$ ) in a multilevel logistic regression analysis: belief in possibilities, disordered eating patterns, suicide, grade level, having ever tried inhalants, and peer self-injury. With the hope of improving preventative initiatives in schools, this study sets out to objectively investigate self-injury in connection to various risk behaviors among a community sample of early adolescents. School staff may protect students from harm by keeping an eye out for signs of self-injury and other risky behaviors, and by keeping an ear out for any events that could be influencing their development.

### **III. RESEARCH METHODOLOGY**

In our research, we included eighty children who were enrolled in 8th and 9th grade schools. A comparison was made between the experimental group and the control group. Training was provided to the experimental group, which took part in it.

### **IV. DATA ANALYSIS AND INTERPRETATION**

During our research, we discovered strong connections between the substantial aspects of components that represent an individual's propensity to engage in self-destructive behavior. A correlation was found between the Positive Self-Perception indication and all of the other indicators

that are included in the Causes to Live approach. When one has a more positive perspective of themselves, they have a greater trust in the ability to solve challenges, and they have a higher appreciation for life.

In addition, we conducted activities with the purpose of preventing the risk of self-destructive behavior in high school students at their general education institution. These activities included workshops, round-table meetings, and minilectures for teachers and parents. Additionally, we implemented a psychological training program for adolescents, with the goal of fostering the development of assertiveness, communicative skills, and the formation of decision-making skills, as well as the utilization of constructive coping strategies. When the research was first being conducted, the dispersion values across the groups did not differ substantially from one another. Furthermore, the Student's t-criterion for independent samples did not reveal any significant differences in the indicators of risk of self-destructive behavior between the groups. After the preventative measures were implemented, it was discovered that there were substantial variations in a number of metrics, as can be shown in Tables 1 and 2.

**Table 1: Statistically Significant Differences Between the Experimental and Control Groups of 8<sup>th</sup> Grade After the Experience**

Parameter	Average Experimental Group	Average Control Group	t.	p
Relations with mother	9.79	8.92	2.49	0.02
Relations with relatives	9.66	7.71	4.88	0.00001
Relations with peers outside the school	8.92	7.36	3.15	0.003
Loneliness	3.59	7.18	-4.72	0.00002
Internet time per day	6.62	10.47	-2.80	0.01
Responsibility to the family	5.42	4.82	3.92	0.0003
Moral causes	3.20	2.39	2.47	0.02
Depression level (acc. to Beck)	2.88	5.67	-2.96	0.01
Hopelessness level (HSfC)	2.41	4.60	-2.90	0.001

The data that has been presented makes a comparison between the average scores of an experimental group and a control group with regard to a number of different factors. In terms of interpersonal ties, the experimental group had better averages in terms of relations with the mother (9.79 against 8.92), relations with relatives (9.66 versus 7.71), and relations with peers outside of the school (8.92 versus 7.36). Comparing the experimental group to the control group, it is interesting to note that the experimental group reported considerably reduced levels of loneliness (3.59 relative to 7.18). Furthermore, the experimental group exhibited a decreased average daily internet usage of 6.62 compared to 10.47 by the control group. When compared to the control group, the experimental group had a greater sense of duty to the family compared to the control group (5.42 versus 4.82).

Compared to the control group, the experimental group reported reduced levels of depression (2.88 vs 5.67), as well as lower levels of hopelessness (2.41 against 4.60). This was accomplished in terms of mental health. In general, the findings indicate that the experimental group had a greater number of good interpersonal ties, a lower level of loneliness, responsible conduct toward family, and improved mental health in comparison to the control group.

**Table 2: Statistically Significant Differences Between the Experimental and Control Groups of 9<sup>th</sup> Grade After The Experience**

Parameter	Average Experimental Group	Average Control Group	t.	p
Relations with relatives	9.21	8.23	2.28	0.03
Relations with classmates	9.06	7.71	3.02	0.004
Relations with peers outside the school	9.29	7.40	3.22	0.003
Loneliness	2.58	7.66	-9.08	0.00
Hopelessness level (HSfC)	2.63	4.35	-2.11	0.04
Tone	57.62	49.92	2.40	0.02
Satisfaction	62.21	54.06	2.30	0.03
Problem aversion	17.09	19.15	-2.99	0.01

Compared to the control group, the experimental group had better averages in three types of interpersonal relationships: those with family (9.21 vs. 8.23), with classmates (9.06 vs. 7.71), and with peers outside of school (9.29 vs. 7.40). Compared to the control group, the experimental group reported far lower feelings of loneliness (2.58 vs. 7.66) and hopelessness (2.63 vs. 4.35)—which is rather remarkable. On average, the experimental group scored 57.62 out of a possible 49.92 on the tone scale and 62.21 out of a possible 54.06 on the satisfaction scale, when measuring emotional characteristics. Furthermore, the experimental group showed less issue aversion on average (17.09 vs. 19.15), indicating that they were more eager to face problems head-on. A more positive emotional state, better interpersonal ties, and lower degrees of loneliness and hopelessness were observed in the experimental group compared to the control group, according to the findings. It would indicate that the experimental group takes a more positive stance when confronted with challenges.

## V. CONCLUSION

An all-encompassing strategy that explores the complex interaction of biological, psychological, and social components is necessary to address the complex nature of mental health issues in adolescents. Adolescents can be better prepared to handle stressful situations, control their emotions, and develop adaptive coping mechanisms with the use of therapeutic modalities such mindfulness-based therapies, dialectical behavior therapy (DBT), and cognitive-behavioral therapy (CBT). Psychological therapies provide individualized and evidence-based solutions to the complex



problems that today's adolescents confront, shining a light on the complex web of adolescent health and wellness. The future of our nation and its youth depends on our ability to seize the opportunities presented by these interventions if we are to raise a generation that is resilient, self-aware, and emotionally and psychologically healthy. Only then will we be able to end the epidemic of teenage suicide and build a better, safer world.

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