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Author Name(s): Afra Hasna, Nurul Fajri

Publication details, including author guidelines

URL: <https://jurnal.konselingindonesia.com/index.php/jkp/about/submissions#authorGuidelines>

Editor: Augusto Costa

Article History

Received: 11 Jul 2023

Revised: 08 Aug 2023

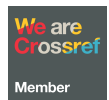
Accepted: 07 Sep 2023

How to cite this article (APA)

Hasna, A. & Fajri, N. (2023). Acceptance and commitment therapy (ACT) counseling as non-suicidal self-injury (NSSI) intervention for students. Jurnal Konseling dan Pendidikan. 11(3), 167-176. <https://doi.org/10.29210/1101100>

The readers can link to article via <https://doi.org/10.29210/1101100>

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Jurnal Konseling dan Pendidikan

ISSN 2337-6740 (Print) | ISSN 2337-6880 (Electronic)

Acceptance and commitment therapy (ACT) counseling as non-suicidal self-injury (NSSI) intervention for students



Afra Hasna^{*}, Nurul Fajri

As-Syafiiyah Islamic University, Bekasi, Indonesia

ABSTRACT

Non-Suicidal Self-Injury (NSSI) behavior is carried out as an effort to avoid thought, feeling, somatic sensation or other internal experiences that are uncomfortable or troublesome. The intervention carried out using Acceptance and Commitment Therapy (ACT) to increase psychological flexibility targeted at avoiding experiences or tendencies to avoid unwanted thoughts or emotions. This research aims to provide NSSI behavioral intervention which is carried out using the Acceptance and Commitment Therapy (ACT) as an effort to change positive behavior through a process of acceptance, attention and behavior change. The population in this research is students of SMAN 1 Bogor and the sample was taken using purposive sampling technique with the characteristics of conducting NSSI for 1 year, so three people are selected as samples who have met the criteria. This research is designed using single subject research with the ABA model and analyzed using inferential statistics. By using the Difficulties in Emotion Regulation (DERS) instrument, the results obtained in the baseline phase (A1) are an average score of 99.6; intervention phase (B) obtained an average score of 80.9; and at baseline (A2) an average score of 63.8 is obtained. This means that there is a decrease in the graph of NSSI behavior at each intervention session using ACT. This research provides information that using (ACT) can reduce NSSI behavior in students.

Keywords:

Acceptance and Commitment Therapy (ACT),
Non-Suicidal Self-Injury (NSSI)

Corresponding Author:

Afra Hasna,
As-Syafiiyah Islamic University,
Email: afra.bk@uia.ac.id

Introduction

Individuals who are in the development period, especially early adulthood, are required to be able to adapt to the situations they face in an adaptive way. [Mahtani et al., \(2017\)](#) stated that the transition from adolescence to adulthood is a period of life that has the potential to cause individual to experience stress. Various obstacles in adjusting themselves also cause them to easily experience stress, panic and one of the behaviors that occur today is that teenagers hurt themselves too easily. Supported by [Zhou et al., \(2023\)](#) an increasingly competitive and stressful life, reduced parental supervision, and easier access to negative things such as alcohol and illegal substances are the impact of many factors that correlate with a high risk of mental health problems, including NSSI.

Non-Suicidal Self-Injury (NSSI) is defined as direct, repeated, and socially unacceptable self-injury to body tissue, without suicidal intent ([Hawton et al., 2015](#)). Supported by [Qiao et al., \(2024\)](#) Non-Suicidal Self-Injury (NSSI) is a manifestation of mental health problem that occurs in adolescents and is generally used as an effort to overcome personal negative emotion that seems insurmountable. Currently, injurious behavior is better known as Non-Suicidal Self Injury (NSSI)

(DSM V, 2013). Common forms of NSSI among adolescents are cutting, hitting, and scratching (Plener et al., 2018).

The impact of the negative emotions felt by the individual causes the perpetrator to carry out NSSI alone and is not known by others and is closely related to the individual feeling depressed, which causes the emergence of suicidal ideation as the highest negative impact. Maladaptive coping mechanisms are an individual's reason to avoid or divert negative emotions to provide an overview of an event (Xu et al., 2023). This is supported by Komarati et al., (2023) which explained that emotions are an important part of individual life, and difficulties in controlling emotions result in individuals losing their ability to analyze, decide and choose the right behavior in dealing with stressful situations so that it is directed at behavior that cannot be adjusted.

Toth & Cicchetti, (2013) in their research on the application of developmental psychopathology theory, found that the increased risk of NSSI occurred due to distal factors from childhood abuse. It is supported by Yu et al., (2023) who explain that strong and long-lasting toxic stressors cause changes in various regions of the developing brain which result in a lack of ability to deal with future stress effectively and more reactive to mild adverse experiences. It is strengthened by the results of meta-analysis research conducted on 172 longitudinal studies conducted by Franklin, et al., (2017) found that NSSI behavior was the strongest overall risk factor for future suicide attempts, thus allowing a fourfold increase in suicide attempts.

Furthermore, Favazza (2012) also explained that major NSSI behavior is a persistent action that damages the body's own tissue, as a result of a psychotic condition. Meanwhile, stereotypic NSSI behavior is generally associated with conditions of severe and profound mental retardation, repeated monotonously, in a rhythmic pattern, and shown without any feelings of shame or guilt in public, such as hitting and slapping oneself. Compulsive NSSI behavior includes repetitive behavior, such as scratching skin and biting nails, pulling hair (trichotillomania), and picking skin (delusional parasitosis). Impulsive NSSI behavior consists of a variety of behaviors, such as cutting skin, burning, and carving skin; inserting a sharp object under the skin or in the chest or abdomen; peeling scars; and banging the bones of hands or feet. These behaviors usually occur episodically and are more often carried out by women. The impulsive NSSI behavior becomes dangerous when this behavior is repeated and becomes addictive. In fact, there are many ways that people with impulsive NSSI do it, but the most commonly reported is cutting their hands. It is supported by the results of research conducted by Kostić et al., (2019) who stated in their findings that the most common method for self-injury was cutting (60%), followed by severe biting and scratching (14%).

Based on the results of the preliminary study, it is found that there are students who have done self-injury, so the author carried out an in-depth investigation through interview conducted in the context of counseling guidance services, the author explored the reasons or causes of them carrying out NSSI, then obtained information that one of the initial triggers was a lack of social support and feelings of not being accepted and not considered to exist. This is in line with the explanation of Adila et al., (2019) which states that negative emotions arise from negative thoughts such as labeling oneself (labeling), inferring conditions that have not yet occurred (fortune telling), negative thinking about people's reactions to themselves (mind reading), tending to think in the opposite direction (dichotomous thinking).

Based on the research conducted by Arinda & Mansoer, (2021) to understand the experiences and meaning of individuals who engage in NSSI in young adult women (aged 21–22 years), it shows that problems in the family play the most important role in encouraging participants to engage in NSSI. Specifically, participants carried out NSSI because of the attitudes and behavior shown by their parents towards each participant. So that in the future studies there is a need for further research development with qualitative and quantitative methods in collecting data related to NSSI, it can also combine experimental research methods by providing psychological intervention to participants with NSSI.

The Acceptance and Commitment Therapy (ACT) is a part of Cognitive Behavioral Therapy (CBT) which aims to reduce avoidance and increase behavior directed at increasing person's psychological flexibility, as well as the ability to choose to do what is most important, even in painful conditions (Hayes et al. al., 2012). The Acceptance and Commitment Therapy (ACT) is the most appropriate psychological treatment for anxiety and depression (Ferreira et al., 2022; Coto-Lesmes et al., 2020; Gould et al., 2021; Bai et al., 2020). There are six interrelated processes with the aim of increasing psychological flexibility: cultivating an open and receptive attitude towards all experiences (attention, acceptance, defusion, self-as-context) and acting in accordance with prevailing values even when there are difficult experiences (Somaini et al. al., 2023). The ACT is considered effective for the treatment of a variety of conditions including somatic health problem and general mental health problem (Veehof et al., 2016).

Liu et al., (2023) explained that the therapeutic model in the ACT includes cognitive defusion, acceptance, self as context, contact with the current moment, values, and actions taken. Furthermore, in the ACT model the mindfulness training is an important component of the psychological flexibility structure. So it can be concluded that the Acceptance and Commitment Therapy (ACT) is a form of therapy to develop psychological flexibility and reduce avoidance of experiences through a process of acceptance, attention and behavior change. It is supported by Hasking et al., (2016) who stated that the flexibility is needed to control behavior in line with desired goals. However, further testing is still needed regarding how ACT can be a therapy that can be used as an intervention to reduce NSSI behavior through controlled trials. So this is the reason why the researcher is interested in conducting the research related to the Acceptance and Commitment Therapy (ACT) as Non-Suicidal Self-Injury (NSSI) intervention.

According to Tighe et al., (2018) stated that Acceptance and Commitment Therapy (ACT) is an effort to increase psychological flexibility which is more targeted at avoiding experience or the tendency to avoid unwanted thought or emotion. Furthermore, Pentzien, (2019); Razzaque, (2012) explained that the ACT techniques are more about efforts to deliberately involve a person's attention towards internal and external experiences that are occurring at the moment and can effectively help to reduce Suicidal Ideation (SI) or Deliberate Self-Harm (DSH). So it can be concluded that the Acceptance and Commitment Therapy (ACT) is a form of therapy to develop psychological flexibility and reduce avoidance of experiences through a process of acceptance, attention and behavior change. However, further testing is still needed regarding how ACT can be a therapy that can be used as an intervention to reduce NSSI behavior through controlled trials. So this is the reason why the researcher is interested in conducting the research related to the Acceptance and Commitment Therapy (ACT) as Non-Suicidal Self-Injury (NSSI) intervention.

Methods

The design that will be used in this research is single subject research (SSR) or single case design with an experimental approach. SSR is a research design that uses the results of one participant or subject to establish a cause-and-effect relationship by comparing the results of several interventions carried out, to achieve the desired behavior change (Gravetter & Forzano, 2012). The intervention carried out in this research is Non-Suicide Self Injury (NSSI) behavioral intervention using the Acceptance and Commitment Therapy (ACT) technique. This research was conducted on students of SMAN 1 Bogor. The number of samples used in this research was 3 people, using purposive sampling technique. Where the samples selected for intervention have behavioral characteristics: (1) have injured themselves with minor injuries using sharp or blunt objects in the last 3 months of the research implementation and; (2) have had thoughts of committing suicide (3) grow up in a family where parents divorced.

Data collection used the Difficulties in Emotion Regulation Scale (DERS) developed by Gratz and Roemer (2004) which was then adapted according to the procedures and guidelines for adapting counseling assessments developed by Lenz et al., (2017). The DERS scale consists of 36 items using

5-point Likert scale, ranging from 1 (almost never (0–10%) to 5 (almost always (91–100%). Higher scores indicate greater emotional dysregulation. This scale consists of 6 indicators, namely: (1) Awareness; (2) Clarity; (3) Impulse; (4) Goals; (5) Nonacceptance (Rejection); (6) Strategies. The reliability level of the DERS scale is 0.92, so the DERS Scale is reliable for use as a data collection tool in this research.

The research data processing uses inferential statistics-analysis of variance (Widodo et al., 2021) where the average and standard deviation in the A-B-A model for each participant are calculated and compared. Using the Baseline (A1), Intervention (B) and Baseline (A2) (ABA) design is one of the SSR research designs where this research was carried out by carrying out several stages: (1) at Baseline 1 (A1) the researcher provided counseling services to 3 students of SMAN 1 Bogor were identified as having NSSI behavior without intervention in 5 sessions; (2) next, in the intervention stage (B), the researcher provided counseling services using the Acceptance and Commitment Therapy (ACT) technique, which was carried out in 8 sessions by giving tasks such as practicing breathing techniques and training themselves to learn to be open to their feelings using a diary as an intervention to reduce NSSI behavior for 2 students and 1 student only practiced breathing techniques; And (3) Baseline 2 (A2) the researcher provided counseling services with NSSI behavior conditions for 3 students of SMAN 1 Bogor after carrying out the Acceptance and Commitment Therapy (ACT) technique intervention to see the consistency of the expected behavior changes in 5 sessions. So the total sessions in this research were 18 sessions. The following description of the ABA design in SSR research can be seen as follows:

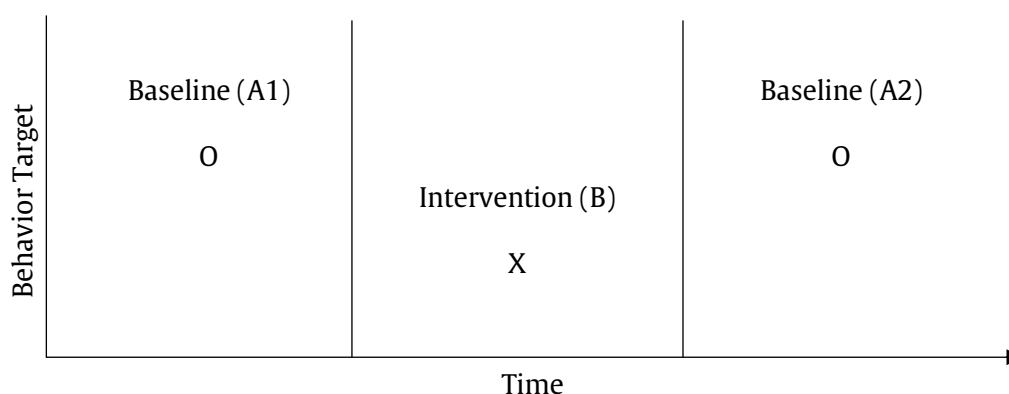


Figure 1. Research Design of Single Subject Research (SSR)

Description:

Baseline (A) : Non-Suicidal Self Injury (NSSI) behavior before intervention

Intervention (B) : Non-Suicidal Self Injury (NSSI) behavioral intervention with Acceptance and Commitment Therapy (ACT) counseling

Baseline (A) : Non-Suicidal Self Injury (NSSI) behavior after intervention with Acceptance and Commitment Therapy (ACT) counseling

Results and Discussion

The research conducted is an experimental research with single subject research (SSR) design, the A-B-A model has been conducted on the three respondents who are NSSI actors with the following demographic data (Table 1).

Based on the table above, the subjects in this study apart from being perpetrators of Non-Suicidal Self-Injury (NSSI), they are also teenagers with incomplete family background whose parents' marital status is divorce or widowed, then their parents remarry and have their own lives. It is in line with the research conducted by Qiao et al., (2024) which stated that parental divorce or family conflict, emotional indifference, and psychological or physical violence have been identified as

significant triggers for NSSI. The family functional factors play an important role for individuals. In this case, the respondents in this research are teenagers who are in the period of emotional change, often manifested in the form of impulsive behavior and unsupportive family support which triggered stress in daily life which caused them to engage in NSSI to divert their feelings.

Table 1. Sample Demographic Data

Subject	Sex	Age	Parents' Marital Status
INT	Female	16	Divorce
CHLS	Female	16	Widowed
IRN	Female	17	Divorce

This research was conducted at baseline (A1), which is the initial session of this research before being given intervention. Subjects were given information regarding target behavior and guidance to identify the problems being faced by each respondent and recognize their thoughts and feelings related to unpleasant experiences without any intervention as an effort to eliminate these feelings and the target in this phase is that the subject is able to express feelings or thoughts that interfere with daily life. In this phase, each subject is also introduced to the 6 indicators contained in the Acceptance and Commitment Therapy (ACT) technique.

Furthermore, intervention (B) using the Acceptance and Commitment Therapy (ACT) technique provided each subject to be fully aware of the situation and time currently being lived and, full of openness, interest, acceptance and full involvement in whatever is being done. From the 6 indicators are carried out in stages starting from (1) Awareness; (2) Clarity; (3) Impulse; (4) Goals; (5) Non-acceptance (Rejection); (6) Strategies. This phase was carried out in 8 sessions by giving tasks to 2 subjects in the form of breathing exercises and exercises to express feelings using a daily notebook. So that in this phase the target achieved is that the subject is able to achieve awareness regarding what is being done, accepting him/herself, knowing his/her strengths and weaknesses, and be able to understand problems that arise both internally and externally.

At Baseline (A2), which is the final phase which is carried out in 5 sessions, after the intervention is given, observation is made regarding the behavior of each subject and evaluation regarding the tasks given. So the target achieved in this phase is that each subject understands that every problem that has occurred cannot be changed, so that the subject begins to focus on improving their life. In the final phase, the subject looks more stable in thinking and behaving, so that the subject is wiser in making decisions when facing problems.

Based on the results of data analysis carried out using the A-B-A model on single subject research (SSR), data obtained from the processing of the Difficulties in Emotion Regulation (DERS) instrument, this study provides a description of the data related to the use of the Acceptance and Commitment Therapy (ACT) technique as intervention of NSSI behavior for students, can be seen in the following table 2.

Based on the table 2, it indicates that the three subjects experienced a decrease in Non-Suicidal Self-Injury (NSSI) behavior with the total average score of the baseline phase (A1) obtained at 99.6, in the intervention phase (B) to be 80.5 and in the baseline phase (A2) is 63.8. It is viewed in detail from the three research subjects indicated that the highest change in the Non-Suicidal Self-Injury (NSSI) behavior scores occurred in CHS subjects who are given 2 tasks, namely breathing exercises and making a diary, which decreased with the average score of baseline (A1)= 103.4; intervention (B) = 80.75 and baseline (A2) = 63.6. Furthermore, IR subjects who are only given 1 task, namely breathing exercise decreased with the average score of baseline (A1) = 99.2; intervention (B) = 82 and baseline (A2) = 65.4. And finally, the INT subjects are given 2 tasks, namely breathing exercises and making a diary, there is a decrease with the average score of baseline (A1) = 96.2; intervention (B) = 80 and baseline (A2) = 62.4. In general, in the intervention phase using the Acceptance and Commitment Therapy (ACT) technique in this research, 8 sessions were carried out, starting from the 6th session to the 13th session, the Non-Suicidal Self Injury (NSSI) behavior scores for the three

subjects experienced a consistent decrease with the average score in the 6th session of 91.33, decreasing in the 13th session to be 75.33. So it can be concluded that the Non-Suicidal Self-Injury (NSSI) behavior in the three subjects experienced a significant decrease by using the Acceptance and Commitment Therapy (ACT) technique with different tasks in the IR subjects. The changes in direction and effects and changes in stability can be seen in the following Figure 2.

Tabel 2. Difference in Mean Non-Suicidal Self Injury Behavior Score (NSSI) and Standard Deviation Between Baseline (A1) Intervention (B) and Baseline (A2)

Subjek Sesi	INT	CHS	IR
Baseline (A1)	1	106	103
	2	95	103
	3	97	103
	4	93	97
	5	90	90
Total	481	517	496
Mean	96.2	103.4	99.2
ΣMean		99.6	
SD	6.1	13.4	5.8
Intervensi (B)	6	91	90
	7	84	85
	8	79	80
	9	80	81
	10	79	79
	11	76	78
	12	76	78
	13	75	75
Total	640	646	646
Mean	80	80.75	80.75
ΣMean		80.5	
SD	5.3	4.7	4.7
Baseline (A2)	14	72	74
	15	69	70
	16	62	69
	17	56	59
	18	53	55
Total	312	318	327
Mean	62.4	63.6	65.4
ΣMean		63.8	
SD	8.1	8.3	8.0

Based on Figure 2 of changes in NSSI behavior above, it can be seen that the three subjects in this study indicate a consistent decrease in behavior from session 1 to session 18. It can be seen from the graph line which shows a decrease in score from the 1st session, namely 111 and a decrease in the score in the 18th session to be 54. Furthermore, in the intervention phase using the Acceptance and Commitment Therapy (ACT) technique in this study is carried out 8 sessions starting from the 6th session to the 13th session, changes in Non-Suicidal Self Injury (NSSI) behavior in the three subjects experience a consistent decrease with an average score in the 6th session of 91.33, decreased in the 13th session to be 75.33. It can be concluded that the Acceptance and Commitment Therapy (ACT) technique can be used as intervention for Non-Suicidal Self Injury (NSSI) behavior.

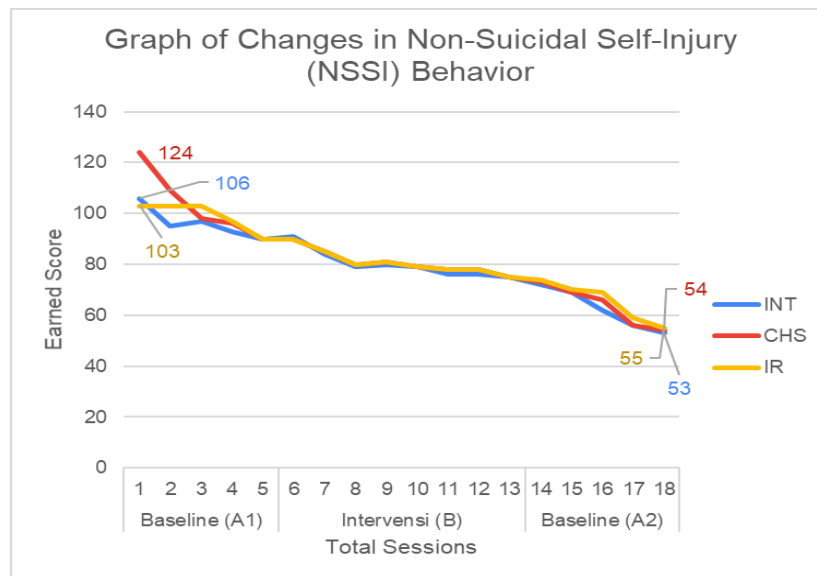


Figure 2. Graph of Changes in Non-Suicidal Self-Injury (NSSI) Behavior

Thus, these findings confirm that the Acceptance and Commitment Therapy (ACT) technique can be used as non-suicidal self-injury (NSSI) behavioral intervention. Thus, these findings confirm that the Acceptance and Commitment Therapy (ACT) technique can be used as an intervention to reduce Non-Suicidal Self Injury (NSSI) behavior in students. This is in line with previous research conducted by A-Tjak et al., (2015) indicating that ACT is significantly more effective as anxiety and depression intervention compared to non-active control and potentially more effective than active control in depression intervention (Gloster et al., 2020). Another research conducted by Makarti & Yudiarto, (2022) stated that the Acceptance and Commitment Therapy (ACT) is a therapy that can be used to reduce depression. Furthermore, Yu et al., (2023) explained the results of their research which stated that ACT can play a positive role in intervening in cognitive function in children and adults, ACT techniques have a significant impact on improving well-being in both clinical and non-clinical adults (Stenhoff et al. al., 2020).

Conclusion

The use of Acceptance and Commitment Therapy (ACT) technique in this study which is carried out on three students of SMAN 1 Bogor as research subjects who have Non-Suicidal Self Injury (NSSI) behavior indicate a significant reduction in NSSI behavior. It can be seen from the behavior graph which consistently shows a decrease through the intervention process carried out in 18 sessions for each subject which is divided into three phases, namely the baseline phase A (A1) which is carried out in 5 sessions, then 8 sessions carried out in the intervention phase (B) and in the last phase, namely the baseline phase A (A2), which is carried out in 5 sessions. From the first phase to the final, the subjects in this study indicate a consistent decrease in NSSI behavior. So this study can be concluded that the ACT technique can be used as intervention in dealing with Non-Suicidal Self Injury (NSSI) behavior.

The success of the intervention in this study is driven by the strong desire of each subject to open up about the feelings, thoughts and emotions they have experienced by telling about the things that made them engage in NSSI behavior. The perceived impact of the intervention, apart from reducing the habit of engaging in self-harming behavior, also fosters a sense of respect and compassion for oneself and the ability to choose wise problem solution without hurting oneself. However, the weakness of this study is that the intervention carried out takes a long time, so it is not in accordance with the research time target, because the research process is carried out individually

on each subject. So that the next researcher should be able to use the ACT technique on subjects in groups on a large scale, because the research carried out by the author has used a small number of subjects.

Acknowledgment

The writer would like to thank the members and parties involved in helping to continue this research, in this case the students have involved in this research, teachers and the extended family of SMAN 1 Bogor who have provided the opportunity for this research to be completed. The research is National Competitive Research program for Beginner Lecturer Research funded by the Ministry of Education, Culture, Research and Technology of the Republic of Indonesia.

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