

FAITH-BASED BEHAVIOR THERAPY AND ADOLESCENT SELF-INJURY

FAITH-BASED INTERVENTION TO PREVENT ADOLESCENT SELF-INJURY: AN
INTEGRATIVE REVIEW

Submitted to the
Faculty of Liberty University
In partial fulfillment of
The requirements for the degree
Of Doctor of Nursing Practice

By

Adekemi Akinyemi

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Scholarly Project Chair Approval:

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ABSTRACT

This integrative review explores the efficacy of incorporating faith-based (Christian/spiritual) interventions within the framework of Dialectical Behavior Therapy (DBT) to prevent non-suicidal self-injury (NSSI) among adolescents aged 11-19. As the prevalence of NSSI among this demographic group continues to rise, understanding the potential benefits and challenges of integrating faith-based components into evidence-based therapeutic approaches is crucial. The review synthesizes existing literature, drawing on empirical studies, theoretical frameworks, and clinical evidence to assess the impact of faith-based integration in DBT. Through a comprehensive analysis of diverse sources (e.g. CINAHL, PubMed, PsycINFO, NIH) this review was able to shed light on the potential synergies between Christian/Spiritual principles and the core principles of DBT, such as mindfulness, emotion regulation, interpersonal effectiveness, and distress tolerance. Key considerations include faith-based integration's cultural and ethical dimensions, examining whether such interventions are universally applicable or contingent on individual belief systems. Furthermore, the review explores the role of spirituality in promoting resilience and coping mechanisms, potentially enhancing the overall effectiveness of DBT in preventing NSSI among adolescents. The findings of this integrative review contribute to the ongoing discourse on optimizing mental health interventions for adolescents by considering the intersection of faith and evidence-based therapeutic modalities. Implications for clinical practice, policy development, and future research directions were discussed, emphasizing the importance of a holistic and culturally sensitive approach to adolescent mental health.

Keywords: Adolescence, non-suicidal self-injury (NSSI), Dialectical behavioral therapy (DBT), Faith-based (Religious/Spiritual) intervention, Christianity.

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Dedication

I want to dedicate this paper to the most important people in my life - my beloved husband, cherished children, dear mother, and supportive instructors. Without their constant guidance, unwavering support, and encouragement, I would not have been able to complete this task. Their presence has been a beacon of hope and inspiration, and I am forever grateful for their love and care.

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Section One: Formulating The Review Question

The objective of this project was to conduct a comprehensive review of the available evidence-based research on the prevalence of non-suicidal self-injury among adolescents and effective interventions for its prevention. The study aimed to evaluate the effectiveness of incorporating Christian/Spiritual elements into Dialectical Behavior Therapy (DBT) to prevent non-suicidal self-injury among adolescents aged 11-19. The research aimed to investigate the extent of enhancing DBT outcomes with the integration of Christian/spiritual components compared to standard DBT. The primary objective was to assess the impact of this integrated approach on the frequency and severity of non-suicidal self-injury. The research explored the underlying mechanisms and contextual factors that may influence the effectiveness of this integrated approach. The appraisal tools utilized in this study included the literature matrix, Melnyk's hierarchy of evidence, and a thematic analysis data summary. These findings significantly impact research and practical applications in adolescent mental health intervention.

Introduction

Self-harm is a public health issue frequently reported among adolescents. It is often due to a negative perception of oneself and an attempt to relieve internalized symptoms or emotional pain by inflicting injury on the body. The alarming rate at which self-harming behavior is being reported among adolescents both locally and globally cannot be underrated. Self-harm is linked to mental health problems, and the negative impact of mental issues on the quality of health and the cost of management is alarming and burdens society's economy (Miller et al., 2021; Patra et al., 2023; Xiao et al., 2022).

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The rates of deliberate self-harm among high school students were found to be gender-specific. A study found that male students reported rates ranging between 6.4% to 14.8%, while female students reported higher rates of 17.7% to 30.8%. The study highlighted the prevalence of self-harm among high school students and the need for mental health support and intervention to address this issue (SAMHSA, 2020). Research has shown that the prevalence of NSSI mostly starts at age 11 in the middle school age frame. Although self-harm occurs in children, there has been relatively little attention to this problem at the very young age range, and limited studies have only been conducted to support the occurrence of NSSI in children under 11 years (Geulayov et al., 2022).

Efforts to improve mental health on a national level often involve reducing instances of self-harm, increasing access to mental health services, and improving overall mental health outcomes. These objectives are typically aligned with broader goals related to mental and public health. Achieving these goals requires a comprehensive and collaborative approach involving government agencies, healthcare providers, communities, and individuals. The ultimate objective is to foster a supportive and non-judgmental environment where individuals facing mental health challenges, including self-harm, can receive timely and effective care (SAMHSA, 2020, 2022 MHA, 2022).

Self-harm among adolescents is a serious and concerning issue that requires careful attention and understanding. Self-harm refers to intentional self-injury or self-inflicted harm, and it can manifest in various forms, such as cutting, burning, or other methods of causing oneself physical harm. It is essential to approach this topic sensitively and recognize the complex factors contributing to such behaviors. Research indicates that self-harm is not uncommon among adolescents. It often emerges during the teenage years, with studies reporting varying prevalence

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rates. It is important to note that self-harm is a coping mechanism rather than a suicide attempt. However, the risk of suicide may be increased in individuals engaging in self-harming behaviors (Copeland et al., 2019; Miller et al., 2021; Patra et al., 2023).

Social support has been shown to have an impact on the behavior of society, and research has shown that a positive mindset and thinking among adolescents is crucial to addressing behavioral issues among youths (Xin et al., 2020). In addition, the usefulness of spirituality or religiosity has been investigated and established in providing a sustainable solution for preventing and managing behavioral problems (John, 2022). Evidence suggests that detecting, preventing, and treating behavioral health issues among young people requires collaborative efforts from the youths, families, every sector/organization, community, and government to achieve the best outcomes (CDC, 2019; Clarke et al., 2019; MHA, 2022).

Psychotherapeutic modalities are the best intervention for reducing and preventing adolescent behavioral problems. These modalities help young people understand self-injury and use more adaptive coping methods to alleviate their symptoms (Witt et al., 2020). The DBT method is the initial and only well-established treatment to target NSSI. This method identifies the behavioral pattern in the individual and helps him/her develop positive coping skills to deal with emotional distress. The DBT program should be implemented in more complicated cases (Clarke et al., 2019). Therefore, this study utilized a faith-based (spiritual/religious) intervention approach, in dialectical behavioral therapy (DBT), to prevent non-suicidal self-injury (NSSI), among adolescents.

Background

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Adolescent behavioral issues are becoming increasingly common in our society. A typical behavior among troubled adolescents is self-injury, which is the intentional harm or inflicted injury a person causes on their body to relieve emotional stress or pain. This harmful behavior is detrimental to the health and well-being of young people and can even lead to disability and death. While interventions have been developed to alleviate this behavior, there continues to be an increase in its occurrence among adolescent groups (Baker et al., 2023; CDC, 2019; Steinhoff et al., 2021).

To address this issue and improve the behavioral health outcomes of young people, there is a need to shift the prevention of self-injury to primary prevention, which allows for early detection of symptoms and early intervention (Clarke et al., 2019; MHA, 2022). Prevention of self-harm is a multifaceted approach that requires the participation of the individual, healthcare professionals, communities, families, health organizations, policymakers, and other important sectors. The acceptance, implementation, and integration of research evidence in the practice setting to prevent and manage self-injury among adolescents are critical factors that will help provide quality improvement and the best outcomes in preventing self-injury behavior among the young population (Baker et al., 2023; CDC, 2019; MHA, 2022).

Defining Concepts and Variables

Adolescence: is the transitional stage of development between childhood and adulthood, generally occurring from ages 10 to 19. It is marked by significant physical, cognitive, and psychosocial changes as individuals progress from childhood into the early stages of adulthood (National Academic Institute of Medicine, 2019; Ross et al., 2020). However, this integrative review captures adolescents ages 11-19 years since the prevalence of NSSI mostly starts at age 11.

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Non-suicidal self-injury (NSSI): is a deliberate action from a person to inflict injury on oneself but not to end their life. Self-harm without suicidal intent might include cutting, burning, scratching, punching, or hitting the head (Baker et al., 2023; Clarke et al., 2019).

Dialectical behavioral therapy (DBT): is a type of cognitive-behavioral therapy. The key components include dialectic, mindfulness, emotional regulation, distress tolerance, and interpersonal effectiveness. It is a structured approach whereby individuals learn and practice managing their emotions, building healthy relationships, and decreasing self-harm behaviors. Through DBT and the therapeutic process, the patient develops better coping strategies to improve their well-being (Clarke et al., 2019; Gillespie et al., 2022; McCauley et al., 2018).

Faith-based (Religious/Spiritual) intervention: This is a complementary form of therapy that is holistic in nature, as it incorporates religious or spiritual beliefs, practices, and principles into the process of supporting individuals with mental health challenges. These interventions identify the importance of a person's faith and spirituality in promoting emotional well-being and offer a holistic approach to their mental health care. This review will focus on Christianity as a spiritual intervention to help prevent non-suicidal self-injury among adolescents (De Berardis et al., 2020; Leung & Li, 2023).

Christianity: The Christian religion is one of the largest practiced religions in the world. It emphasizes love, compassion, and moral principles. Christianity promotes moral values and ethics, including love, forgiveness, humility, and social justice. Christianity significantly influences most people in the Western world and has dramatically impacted their culture. This religion has diverse faiths with healthy teachings and cultural influence and has positively impacted people's lives. (Li et al., 2020; Murphy et al., 2022).

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Rationale for Conducting the Review

Given the prevalence of non-suicidal self-injury among adolescents and its economic burden on society, it is crucial to develop effective interventions to address this issue. The objective of this research was to explore the efficacy of combining faith-based intervention with dialectical behavior therapy (DBT) in preventing non-suicidal self-injury in adolescents aged 11-19. The study seeks to determine whether this approach can effectively reduce non-suicidal self-injury in this age group. This study has the potential to add to the existing body of literature on DBT and faith-based interventions and offer evidence-based solutions for preventing non-suicidal self-injury in adolescents (Baker et al., 2023; CDC, 2019).

Purpose of the Review

The purpose of this review was to investigate how the faith-based (spiritual/religious intervention) approach in Dialectical Behavioral Therapy (DBT) is effective in preventing non-suicidal self-injury among adolescents (ages 11-19).

Review Question

Is the faith-based (Spiritual/religious intervention) approach in Dialectical Behavioral Therapy (DBT) effective in preventing non-suicidal self-injury among adolescents (ages 11-19)?

Formulate Inclusion and Exclusion Criteria

The inclusion and exclusion criteria for this integrative review involved published research studies that identified adolescents with a history of self-harm with and without mental health issues. The articles involved were published within five years, in English, and were not limited to the U.S. The articles included empirical studies such as randomized controlled trials

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(RCTs), observational studies, and qualitative research. Systematic reviews and meta-analyses provided a synthesis of empirical evidence and met levels of evidence one through five. The review included Intervention studies that specifically assess the integration of Christian/spiritual components in Dialectical Behavior Therapy (DBT) or integrated these components into psychotherapy in general. The population focused on Adolescents aged 11-19 years. Faith-based interventions that align with Christian or spiritual principles within the context of mental health treatment were also examined, as well as studies that measured the effectiveness of integrated intervention in preventing or reducing non-suicidal self-injury among adolescents.

The types of studies that were excluded in this review included studies over five years of publication, non-peer-reviewed literature, non-English, not full text, and only levels six or seven. In addition, studies that lacked a clear methodology, or those that did not report key details necessary for critical evaluation were excluded. Studies that focused on populations outside the specified age range (i.e., 11-19 years), and interventions that did not specifically integrate Christian/spiritual components into Dialectical Behavior Therapy were also excluded. Moreover, research that focused solely on suicidal behaviors without a clear distinction from non-suicidal self-injury, as well as studies that did not assess the impact on non-suicidal self-injury or related mental health outcomes were excluded.

The Essentials of Doctoral Education for Advanced Practice Nursing

Essential I: Scientific Underpinnings for Practice:

By applying this essential, the review ensures the selection of reputable articles that establish a correlation between religion, spirituality, and behavioral interventions in the context of evidence-based practice.

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Essential II: Organizational and Systems Leadership:

This essential support and advocate for a holistic care approach by integrating faith-based interventions into DBT, clinicians can better serve the unique needs of their patients, providing them with a more comprehensive and effective treatment plan.

Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice:

This essential utilized analytical methods to evaluate the effectiveness of faith-based interventions within DBT for the prevention of non-suicidal self-injury in adolescents. Various factors were considered, such as the quality of evidence, study designs, and applicability to the specific population, to determine the impact of faith-based interventions on reducing the incidence of NSSI among adolescents and to provide evidence-based recommendations for using faith-based interventions in clinical practice.

Essential V: Health Care Policy for Advocacy in Health Care:

This essential advocate calls for mental health policies that recognize the importance of culturally sensitive and diverse interventions and the unique needs of diverse communities and promote the importance of tailored interventions that address adolescent populations' specific challenges and experiences.

Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health:

This essential explores and develops the potential of faith-based interventions in the prevention of NSSI among adolescents through the development of comprehensive strategies and

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how faith-based interventions can be integrated into a broader approach to address the NSSI issue among adolescents.

Conceptual Framework

The framework of Whitmore and Knafl (2005) was used for this integrative review. The model outlines five steps that guide and organize the review. The first step identified the problem of self-injury among adolescents and determined its prevalence rate. The second step involved conducting a literature review of peer-reviewed studies that specifically address this problem. This step involved a thorough search for evidence-based peer-reviewed articles. Step three involved data evaluation of the articles related to the subject matter. The fourth step required data analysis of the primary sources for the level of evidence, utilizing and allowing for a comparison of how Christian faith and DBT have positively impacted the prevention and treatment of non-suicidal self-injury behavior among adolescents. Step five is the presentation phase. The information gathered was presented in written form and disseminated to the chairperson and peers.

Section Two: Comprehensive And Systematic Search

Search Organization and Reporting Strategies

The search organizations for this review included CINAHL, PubMed, the National Institute of Health, PsycINFO, Science Direct Scopus, and ERIC. A comprehensive search approach was used to collect the information required and utilized. The data were vetted to meet the inclusion and exclusion criteria utilized for this integrative review. The search terms used included (a) non-suicidal self-injury (NSSI) among adolescents, (b) Dialectical Behavioral

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Therapy (DBT), (c) faith-based interventions in self-injury, (d) spiritual/ religious intervention, and(e) Christian religious intervention in managing behavior disorders. The PRISMA flow chart was utilized for the article selection. Melnyk's evidence-level framework was utilized to screen for the best articles to ensure the quality of the review. The data collected were presented in matrix format and may be found in Appendix A.

Section Three: Managing The Collected Data

To determine the effectiveness of faith-based approaches in Dialectical Behavioral Therapy (DBT) for preventing non-suicidal self-injury among adolescents aged 11-19, I utilized credible database sources. I applied relevant keywords to establish search and inclusion/exclusion criteria. The search yielded 850 articles from CINAHL, PubMed, and NIH, and six additional articles were identified from other sources (Science et al., ERIC). I then screened these articles using Melnyk's evidence-leveling system to ensure their appropriateness for the study. Of the 850 articles, 300 were screened for duplication, and 250 were excluded for not meeting the criteria. After further assessment, 40 articles were found eligible, and 10 were excluded for failing to meet the inclusion criteria (i.e., non-systematic review articles or irrelevant to the study). Finally, 15 articles were selected for this review. The literature matrix was used to categorize each article based on its reliability and evidence level, which is noted in the literature matrix in Appendix A.

Melnyk's evidence-leveling framework categorizes and organizes different studies from the most reliable to the least reliable. These levels range from one to seven, including (1) level one, a meta-analysis of randomized controlled trials, (2) level two, one or more randomized controlled trials, (3) level three, a controlled trial, (4) level four, a case-control or cohort study, (5) level five, a systemic review, (6) level six, single descriptive study, and (7) level seven, an

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expert opinion. . In addition, to narrow down the focus and enhance the organization of the articles, the PRISMA flow chart was utilized for the article selection and manually excluded duplicates and other articles that did not meet the inclusion criteria. This flow chart may be seen in Appendix E.

Section Four: Quality Appraisal

The evaluation of this integrative review involved assessing the methodological rigor, relevance, and credibility of the 15 studies included. This study synthesized evidence from various study designs, including quantitative, qualitative, and mixed-methods research, to provide a comprehensive understanding of how Christian faith in the context of DBT may prevent NSSI among adolescents. To ensure the trustworthiness and reliability of the evidence presented, the appraisal involved inclusion and exclusion criteria to eliminate low-quality evidence. The literature matrix includes articles at various levels of evidence, which were screened using Melnyk's levels of evidence. Overall, the research evidence levels include eight level one sources, two level two sources, one level four source, and four level five sources based on Melnyk's levels of evidence.

Sources of Bias

It is crucial to consider potential sources of bias when conducting a review, as bias can affect the validity and reliability of the findings. Several sources of bias may be addressed in an integrative review, such as publication, selection, reporting, outcome measurement, cultural, and implementation bias. Publication bias is a common issue, where studies with positive results are more likely to be published than those with negative or null results, leading to an overestimation of the effectiveness of interventions.

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Selection bias was avoided during this study by using a comprehensive search strategy with explicit inclusion and exclusion criteria. To avoid reporting bias, the researcher ensured that all relevant outcome measures and results, including negative findings, were extracted and reported. Variability in how non-suicidal self-injury is defined and measured across studies can introduce bias, so the researcher ensured that outcome measures were consistent and well-defined with consideration of variations in assessment tools. Faith-based interventions may include cultural factors that influence their effectiveness; therefore, the researcher considered the cultural context concerning the Christian religion to prevent NSSI among adolescents. Implementation bias may impact study outcomes; therefore, the consistency and trustworthiness of intervention delivery were assessed in this review to avoid implementation bias. To best ensure bias limitation in this review, each step was analyzed and rechecked for evidence validity before drawing any conclusion (Dhollande et al., 2021; Toronto & Remington, 2020).

Internal Validity

Any research study must have internal validity. This ensures that the observed effects are genuinely due to the investigated interventions and that the design and conduct of the included studies in the review support the conclusion. In the context of an integrative review on the effectiveness of faith-based (spiritual/religious) interventions in Dialectical Behavioral Therapy (DBT) for preventing non-suicidal self-injury among adolescents (ages 11-19), several factors were considered to ensure the truthfulness of the study. These factors include study design and methodology, level of evidence, standardization of interventions, outcome measures, consistency across studies, and accuracy of implementation (Dhollande et al., 2021; Toronto & Remington, 2020).

Appraisal Tools

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The appraisal tools utilized in this study include the literature matrix. A literature matrix helps the researcher to quickly identify from where the researched information came as well as the validity of that evidence. The literature matrix for this review was used to systematically appraise the efficacy of faith-based integration in Dialectical Behavioral Therapy (DBT) for non-suicidal self-injury prevention in adolescents. The literature matrix lists and categorizes the studies based on their title, authors, publication year, and source. It provides a clear overview of the literature landscape to understand the scope and diversity of the selected studies. In addition, the matrix references the level of evidence, the main interventions and outcomes, and the results of each study.

This integrative review also utilized Melnyk's Hierarchy of Evidence framework to evaluate the scholarly articles used for this integrative review. This framework assesses the quality, relevance, and methodology of the selected studies which include the design, sample size, intervention fidelity, and outcomes measured. Melnyk's framework emphasizes the importance of appraising evidence to ensure its validity and reliability. Integrating Melnyk's levels of evidence in this integrative review process enhances the strength of the study by emphasizing the integration of evidence, clinical expertise, and patient values. This process ensures a holistic understanding of the efficacy of faith-based integration in DBT for non-suicidal self-injury prevention in adolescents, supporting evidence-informed decision-making in clinical practice. Melnyk's Hierarchy of Evidence may be found in Appendix F.

In addition, a thematic analysis data summary was used to find common themes among the selected articles and compare the key findings. This appraisal tool served as a structured and comprehensive tool for evaluating the efficacy of faith-based integration in DBT for non-suicidal self-injury prevention in adolescents. The systematic categorization and analysis allowed insight

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into the exact relationship between faith-based elements, DBT components, and treatment outcomes. This facilitated a refined understanding of the diverse approaches to integrating faith into therapy and provided a basis for drawing meaningful conclusions in the integrative review (Dusin et al., 2023). The analysis data summary tool may be found in Appendix H.

Applicability of Results

The applicability of results in an integrative review is important as it directly influences the translation of research findings into meaningful and relevant implications for real-world settings. In addition, it bridges the gap between research findings and practice. It ensures that findings are not only scientifically valid but also practically relevant, contributing to the improvement of patient outcomes, the advancement of evidence-based practices, and the overall enhancement of healthcare delivery (Dhollande et al., 2021; Toronto & Remington, 2020). This integrative contributes to the ongoing discourse on innovative approaches to mental health interventions for adolescents, emphasizing the potential role of faith-based components within evidence-based therapies by exploring the effectiveness of combining psychological and spiritual elements. The results of this study inform mental health practitioners, researchers, and policymakers about tailored interventions that may enhance the well-being of adolescents struggling with non-suicidal self-injury (John, 2022).

Reporting Guidelines

The reporting guideline used for this integrative review was the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). This is a broadly used and recognized guideline used to improve the transparency and completeness of reporting systematic

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reviews and meta-analyses. PRISMA provides a standardized checklist and flow diagram to ensure that the researcher provides a clear, comprehensive, and replicable review process, making it easier for readers to assess the validity of the study and apply the findings to practice or further research (Toronto & Remington, 2020). Adapting this framework in this study allowed for clear, transparent, and replicable findings. These guidelines were used to provide a comprehensive and well-structured presentation of the evidence regarding the efficacy of faith-based integration in DBT for non-suicidal self-injury prevention in adolescents.

Section Five: Data Analysis and Synthesis

The data analysis and synthesis section includes a comprehensive examination and integration of findings from diverse sources and discusses how the results can produce an understanding of the identified theme. This section is vital for providing exact insights from a diverse set of studies, integrating evidence across different methodologies, and providing an excellent understanding of the efficacy of faith-based integration within the context of DBT for non-suicidal self-injury prevention in adolescents.

Data Analysis Methods

Content Analysis

The content analysis method helps to organize and extract information from diverse sources, offering a structured approach to extracting meaningful insights. For this integrative review, the use of this method involved systematic examination and interpretation of the content of included studies to identify patterns, themes, and key concepts. This was achieved through problem identification of NSSI among adolescents. The second step involved the selection of studies including quantitative, qualitative, and mixed-methods studies. The third step involved

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the extraction of data related to faith-based integration in DBT and its efficacy in preventing non-suicidal self-injury among adolescents. The fourth step was to analyze the data and allow for comparisons across data sources. The last step in the content analysis process was presenting the synthesis of results and drawing conclusions based on this synthesis (Whitmore & Knafl, 2005).

NSSI refers to deliberate self-inflicted harm without the intent to die, often driven by emotional distress. NSSI encompasses a range of behaviors, such as cutting, burning, or hitting oneself, typically done as a coping mechanism for emotional pain. Prevalence rates of NSSI vary across studies, but it is generally considered a prevalent issue among troubled adolescents. Studies suggest that the prevalence increases during adolescence, with estimates often ranging from 12% to 25%, although figures may differ based on methodology, cultural factors, and definitions used (Bello et al., 2023; John, 2022; Plener et al., 2018; Son et al., 2021; Xiao et al., 2022).

NSSI is reported across genders, however, there are some gender differences noted. For instance, females may be more likely to engage in self-cutting, while males might use other methods of self-injury. Various risk factors contribute to the development of NSSI, including a history of trauma, abuse, or neglect. Mental health conditions such as depression, anxiety, and personality disorders are strongly associated with NSSI. Bullying, peer pressure, and social isolation can also contribute to the risk (Bello et al., 2023; Canol et al., 2022; Plener et al., 2018; Son et al., 2021; Xiao et al., 2022).

To reduce the rates of NSSI among adolescents, effective prevention and intervention strategies should be implemented. Numerous studies have pointed out that social support from family, spiritual leaders, and other significant figures, combined with psychotherapy techniques such as DBT and CBT, may be effective in treating mental health issues (Xin et al., 2020). These

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strategies need to address the underlying problems, promote coping skills, and create supportive environments. Early identification of mental health issues and access to mental health services are critical in achieving this goal. It is equally important to find interventions that integrate faith-based approaches with Dialectical Behavioral Therapy (DBT). Combining traditional DBT techniques with faith-based elements can provide a more holistic and comprehensive approach to mental health. Faith-based interventions can tap into a person's spiritual resources, offering additional avenues for healing and personal growth (Canol et al., 2022; Clarke et al., 2019; De Berardis et al., 2020; Kothgassner et al., 2021; Malviya, 2023; McCauley et al., 2018; Michaelson et al., 2019; Reinhardt et al., 2022; Son et al., 2021; Vijayapriya & Tamarana, 2023).

Thematic Analysis

Thematic analysis in an integrative review involves identifying, analyzing, and reporting common themes or patterns across the included studies. This analysis provides a systematic approach to synthesizing findings from various study designs, providing comprehensive insights into the topic of research. For this study, thematic analysis of the data provided a structured and comprehensive approach to synthesizing evidence across diverse studies, offering detailed insights into the efficacy of faith-based integration in DBT for non-suicidal self-injury prevention in adolescents.

This review utilized a thematic process that initially involved becoming familiar with the data focused on information related to faith-based integration in DBT for non-suicidal self-injury prevention in adolescents. The second stage of the thematic analysis involved creating codes to capture various perspectives and concepts from the included studies. At the same time, the third step identified themes related to the topic to ensure that the concepts were coherent and reflected the data content. The fourth step involved comparing the studies to identify similarities and

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differences in the themes and to explore the variations in how the Christian faith principles' integration is implemented and its impact on non-suicidal self-injury prevention. The fifth step included constant comparison to ensure that the themes were grounded in the data, remained consistent across the studies, and refined them to represent the evidence accurately. Lastly, the narrative synthesis reports the information gathered throughout the study, providing a concise summary of the key themes and discussing how they contribute to the understanding of the efficacy of faith-based integration in DBT for non-suicidal self-injury prevention in adolescents (Dhollande et al., 2021; Toronto & Remington, 2020).

Descriptive Results

Fifteen applicable studies were found and evaluated using the literature matrix and the PRISMA chart as the critical appraisal checklist. This integrative review consisted of various types of studies, including four systematic review meta-analyses, three systematic reviews of descriptive and qualitative studies, three systematic reviews and meta-analyses of randomized controlled trials, a single descriptive or qualitative study, a randomized clinical trial, a cross-sectional qualitative study, and two randomized controlled studies.

The increasing frequency of self-harming behavior among adolescents, both locally and globally, is a matter that should be considered. *Self-harm* is a serious and concerning public health issue that necessitates careful attention and understanding. It is essential to approach this topic sensitively and acknowledge the multifaceted factors contributing to such behaviors. (Miller et al., 2021; Patra et al., 2023; Xiao et al., 2022).

Given the prevalence of non-suicidal self-injury among adolescents and its economic burden on society, it is crucial to develop effective interventions to address this issue (Copeland

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et al., 2019; Miller et al., 2021; Patra et al., 2023). This integrative review explored the efficacy of combining faith-based (Christian) intervention with dialectical behavior therapy (DBT) in preventing non-suicidal self-injury in adolescents aged 11-19. The negative impact of self-harm among adolescents is a serious issue linked to mental health problems that burden society's economy and negatively impact their holistic wellbeing. Combining faith-based intervention with dialectical behavior therapy (DBT) has been shown in preventing non-suicidal self-injury in adolescents aged 11-19. Social support and positive thinking are critical in addressing behavioral issues among youths. Spirituality or religiosity can positively impact people's behaviors. Studies have shown that integrating spirituality or Christian religious strategies for treating or preventing behavioral disorders in adolescents achieves better outcomes in preventing or reducing self-harm and other behavioral disorders among adolescents (Clarke et al., 2019; Ibrahim et al., 2019; John, 2022; Kothgassner et al., 2021; Malviya, 2023; Michaelson et al; 2019; Papaleontiou – Louca, 2021).

Synthesis

This integrative review revealed that several factors may contribute to the increased rate of non-suicidal self-injury (NSSI) among adolescents. These factors include low-income family relationships, low socioeconomic status, lack of support, and other related factors. The use of Dialectical Behavior Therapy (DBT) techniques is effective in preventing and treating NSSI. Additionally, spirituality and religious beliefs have also been identified as having a preventive effect on adolescent NSSI. (Clarke et al., 2019; Kothgassner et al 2021).

The effectiveness of faith-based interventions in Dialectical Behavioral Therapy (DBT) for preventing non-suicidal self-injury among adolescents is a complex and multifaceted topic. To discuss this matter, we must integrate evidence from various studies, evaluate findings,

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identify patterns, and consider the implications for clinical practice and future research. Studies have shown that different psychotherapeutic modalities may be used to treat and prevent self-injury and other behavioral disorders leading to NSSI among adolescents. DBT has been established as one of the most effective strategies among these modalities. Various interventions that utilized Cognitive Behavioral Therapy (CBT) techniques have been recognized. Some interventions were broadly based on Dialectical Behavior Therapy (DBT) or CBT steps; some relied solely on religious or spiritual strategies, while a few combined these techniques with religion/spirituality (Clarke et al., 2019; Ibrahim et al., 2019; Leung & Li, 2023).

Currently, dialectical behavior therapy (DBT) for adolescents is the first and only treatment meeting the threshold of a well-established treatment for self-harming adolescents at high risk for suicide (Clarke et al., 2019). DBT, as a technique for preventing self-harm or behavioral disorders, focuses on developing mindfulness, distress tolerance, interpersonal effectiveness, and emotion regulation behavioral skills as the primary therapeutic tools for overcoming unnecessary emotion dysregulation and suicidal ideation (Kothgassner et al., 2021). The integration of Christian faith strategies to foster the effectiveness of the techniques in addressing self-injury among adolescents supports the holistic and patient-centered mindset of meeting a person's health needs (Malviya, 2023; Papaleontiou – Louca, 2021).

The reviewed articles provide evidence that DBT has a positive impact on reducing the occurrence of NSSI and other behavioral disorders among adolescents. This is achieved by using faith-based intervention modalities that include spiritual coping skills. In this review, the combination of Christian faith principles interventions structured with DBT techniques was found to help develop adaptive coping mechanisms, which provide adolescents with alternative

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ways to handle stress, emotional dysregulation, and existential crises (De Berardis et al., 2020; Malviya, 2023; Papaleontiou – Louca, 2021).

Ethical Considerations

The Liberty University Institutional Review Board (IRB) has reviewed the integrative review application per the Office for Human Research Protections (OHRP) regulations. The study was approved as it does not qualify as human subject research. An IRB exemption letter was received to continue with the study and a copy of the approval may be found in Appendix D. The required CITI training was completed, and the certificate may be found in Appendix C.

The ethical considerations for this study are centered around the efficacy of Christian faith-based integration in Dialectical Behavior Therapy (DBT) for preventing non-suicidal self-injury in adolescents, which may involve the use of both psychological and spiritual techniques. Dialectical Behavior Therapy (DBT) is a psychotherapeutic approach that integrates cognitive-behavioral techniques with concepts of mindfulness and dialectics. When incorporating a Christian worldview into DBT for faith-based intervention in Non-Suicidal Self-Injury (NSSI) among adolescents, several crucial considerations come into play. Integration of a Christian worldview into DBT for faith-based intervention in NSSI among adolescents necessitates a thoughtful and respectful approach. By aligning therapeutic principles with Christian teachings, individuals can find meaning, support, and resilience in their faith, contributing to a holistic and culturally sensitive approach to mental healthcare. A collaborative effort between mental health professionals and pastoral caregivers is essential to provide comprehensive support for adolescents navigating the challenges of NSSI within the context of their Christian faith. However, it is important to balance the integration of Christian faith with ethical considerations, ensuring that the therapy is respectful of diverse beliefs and does not impose religious values on

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individuals who may not share them (De Berardis 2020; Rueger et al., 2020; Torralba et al., 2021).

Limitations

There are limitations to this integrative review, which recognizes the need for more studies. The articles reviewed were mainly from the United States. The review excluded children under 11, as they were outside the scope of the study, which focused on middle and high school children's age range. The review only considered articles related to the Christian faith and was limited to Christian groups, which may make it difficult to generalize the findings. However, the approach used in this review can be adapted to include other religious belief systems. It is important to note that this review may raise ethical concerns, such as religious coercion, confidentiality, and respect for autonomy, particularly in adolescents. Therefore, ethical considerations should be carefully addressed when implementing the findings of this review. Further research is necessary to evaluate the effectiveness and feasibility of this integrative approach with spiritual intervention. Additionally, future studies should investigate the protective role of spirituality and religiosity against self-harm and consider how cultural and contextual factors may impact treatment outcomes.

Timeline

This integrative review examined 15 articles and several other relevant studies to assess the effectiveness of Christian coping strategies in Dialectical Behavior Therapy (DBT) for preventing non-suicidal self-injury in adolescents. This was a six-month process that involved analyzing the research problem, concluding, and making recommendations for a call to action. The process included developing a project proposal that outlined the project's objectives, study

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type, and required resources CITI, submitting the proposal for review, continuing the project work, conducting an integrative review of the chosen topic, and preparing for project defense and publication in scholars crossing. The timeline template may be found in Appendix B

Section Six: Discussion

Examining the relationship between religious/spiritual and therapeutic intervention in DBT, which involves the combination of psychological and spiritual factors, requires considering both potential benefits and challenges (Torralba et al., 2021). The theme evaluated in this review involved the prevalence of NSSI, risk factors, preventive strategies, treatment approaches, and religious-based coping skills. Multiple research articles recommend further exploration of the utilization of biblical or religious strategies in the context of dialectical behavior therapy to address non-suicidal self-injury (NSSI) among adolescents. Including spiritual or religious principles in evidence-based intervention has been shown to enhance engagement, motivation, and effectiveness. This approach provides a comprehensive method of treating mental health concerns by addressing the emotional and behavioral aspects, as well as the existential and spiritual dimensions of adolescents' lives. The treatment approach may help adolescents find purpose and meaning in life. The success of this approach requires the cooperation of several key stakeholders, including dialectical behavior therapy practitioners, parents, spiritual leaders, mental health providers, and ethical considerations (De Berardis et al., 2020; Li et al., 2022; Malviya, 2023; Michaelson et al., 2019; Papaleontiou – Louca, 2021; Torralba et al., 2021; Vijayapriya & Tamarana, 2023).

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Considering the effect of NSSI on adolescents, previous treatment approaches, and the calling into action for the most effective strategies to curb and prevent NSSI among adolescents, this integrative study aimed to incorporate Christian/spiritual intervention from the context of DBT to address the identified issue among adolescents (John, 2022; Xin et al., 2020). Therefore, this integrative review observed that non-suicidal self-injury (NSSI) is a way for adolescents to cope with intense emotional distress from all cultural and religious backgrounds. Integrating faith-based approaches within DBT can provide additional tools to address the spiritual and existential aspects of emotional suffering. Integrating Christian faith approaches in DBT is beneficial, as it respects and incorporates cultural diversity. It recognizes that spirituality and religious beliefs can significantly influence an individual's coping mechanisms. Spiritual-based interventions increase motivation and engagement in therapy, especially for those individuals whose beliefs are a crucial part of their identity. The sense of purpose and meaning derived from faith can contribute to a more substantial commitment to therapeutic processes. Faith-based interventions usually involve community support through religious institutions. Engaging with a supportive community can provide adolescents with additional resources, encouragement, and a sense of belonging, all of which are protective factors against NSSI. Christian-based approaches can be integrated into DBT to help individuals explore existential questions related to meaning, purpose, and suffering. This exploration can lead to a deeper understanding of oneself and the development of healthier coping mechanisms. Spiritual practices can complement core DBT skills, such as mindfulness and emotion regulation, and offer alternative emotional regulation and stress reduction strategies such as prayers, meditations, and studying the Bible (Canol et al., 2022; Clarke et al., 2019; De Berardis et al., 2020; Kothgassner et al., 2021; Malviya, 2023;

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McCauley et al., 2018; Michaelson et al., 2019; Reinhardt et al., 2022; Son et al., 2021; Vijayapriya & Tamarana, 2023).

Dialectical Behavior Therapy (DBT) involves several steps and components, including mindfulness, distress tolerance, emotional regulation, and interpersonal effectiveness. Integrating biblical principles into Dialectical Behavior Therapy (DBT) involves aligning the therapeutic approach with relevant teachings from the Bible. Mental health providers can use this method by incorporating biblical mindfulness into therapy (Garzon et al., 2022; Malviya, 2023). Patients can be encouraged to focus on passages from the Bible or engage in prayer and meditation. The goal is to help clients be present with God and seek His guidance. Distress tolerance skills can also relate to biblical teachings on endurance, patience, and trust in God's plan during difficult times. Clients can find solace in prayer and reflection during these challenging moments. Similarly, emotion regulation skills can be related to biblical principles of self-control, patience, and relying on God's strength to manage emotions. Encouraging clients to explore relevant scriptures that speak to emotional well-being can be beneficial (Garzon et al., 2022; Malviya, 2023; Michaelson et al., 2019; Papaleontiou – Louca, 2021).

In addition, interpersonal effectiveness skills can be aligned with biblical teachings on love, forgiveness, and healthy relationships. Clients can be encouraged to apply these principles in their interactions with others, emphasizing empathy and understanding. Additionally, dialectics can relate to biblical principles of tension and resolution in scripture. Therapists can help clients understand the dynamic nature of faith and growth in their relationship with God (De Berardis et al., 2020; Estrada, et al., 2019; Vijayapriya & Tamarana, 2023).

Conclusion

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This integrative review strongly supports the efficacy of integrating faith-based interventions grounded in Christian spirituality within the DBT framework as a promising approach to addressing non-suicidal self-injury (NSSI) among adolescents aged 11-19. A comprehensive analysis of existing literature indicates that this integrative approach can provide holistic care that effectively addresses the behavioral manifestations of NSSI, as well as the underlying spiritual and existential distress that adolescents may experience. Combining the evidence-based strategies of DBT with the spiritual principles and practices inherent in the Christian faith can offer a more comprehensive and culturally sensitive approach to NSSI prevention for adolescents. Therapists who incorporate faith-based elements in DBT have the potential to enhance treatment engagement, foster a sense of meaning and purpose, and provide additional sources of support and coping for adolescents navigating the complexities of emotional dysregulation and self-harm. This approach is highly promising as it addresses the needs of adolescents struggling with NSSI (De Berardis et al., 2020; Li et al., 2022; Papaleontiou–Louca, 2021; Vijayapriya & Tamarana, 2023).

It is crucial to acknowledge that the current research on this subject has limitations; however, there is a clear need for more studies that explicitly examine the integration of faith-based interventions within DBT for preventing self-harm among adolescents. Further research is required to assess the effectiveness, feasibility, and ethical considerations of such integrative approaches. Moreover, future studies should explore the protective role of spirituality and religiosity against self-harm and consider how cultural and contextual factors may influence treatment outcomes. Integrating faith-based interventions within DBT for NSSI prevention among adolescents is a promising approach; however, clinicians, researchers, and policymakers must advance their understanding of the complex interplay between spirituality, mental health,

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and therapeutic interventions. This will enable them to provide more effective and culturally competent care for adolescents struggling with NSSI (Miller et al., 2021; Son et al., 2021).

Practice Implications/Future Research

Integrating faith-based approaches within DBT can offer new possibilities for therapeutic engagement and contribute significantly to the prevention of NSSI among adolescents. Executing this study that reviewed the effectiveness of a spiritual-based intervention in preventing NSSI among adolescents (ages 11-19) within the framework of DBT was a complex process that revealed essential practice implications. The application of this intervention requires thorough planning collaboration among researchers and healthcare professionals, and careful consideration of ethical and cultural factors must be in place (De Berardis et al., 2020; Michaelson et al., 2019; Vijayapriya & Tamarana, 2023).

By integrating Christian-based approaches, mental health practitioners, therapists, and other mental health providers can tailor interventions to align with an individual's religious or spiritual beliefs, enhancing the relevance and effectiveness of therapeutic strategies. This approach may also contribute to the prevention of relapse by providing ongoing spiritual support beyond formal therapy sessions (Canol et al., 2022; John, 2022; Vijayapriya & Tamarana, 2023). Offering spiritual/faith-based interventions within DBT respects individuals' autonomy and acknowledges the diversity of perspectives and beliefs related to mental health care. By recognizing the multidimensional nature of human experience, this approach emphasizes the importance of tailoring interventions to individual needs and beliefs. The practice implications outlined aim to ensure that spiritual-based components are integrated thoughtfully and respectfully, considering adolescents' unique beliefs and preferences while maintaining the scientific rigor of the research. By following these practice implications, researchers can ensure

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that the study produces trustworthy results that will help improve the quality of care for adolescents struggling with NSSI (Vijayapriya & Tamarana, 2023).

In light of this integrative review, the Doctor of Nursing Practice (DNP) professionals hold significant responsibilities in adolescent mental health. The DNP provides comprehensive, evidence-based care, which includes assessment, diagnosis, treatment, advocacy, and education. In the context of adolescent mental health, and prevention of NSSI with the integration of spiritual-based intervention within the framework of DBT, DNPs play a pivotal role in delivering patient-centered and evidence-based care. DNPs also contribute to advocacy, education, research, and leadership to enhance adolescents' overall mental health and well-being. DNPs are instrumental in ensuring that adolescents receive comprehensive care that aligns with the latest evidence-based practices and are also involved in educating the community about the importance of adolescent mental health, advocating for policy changes that support adolescents' well-being, and conducting research to identify the most effective interventions for adolescents with mental health issues (AACN, 2006).

Dissemination

The results of this study have been disseminated to the university's faculty and peers through web-based mode and published on Liberty University Scholar Crossing for future evidence-based research. Furthermore, healthcare professionals, particularly those in outpatient settings specializing in mental health, have been provided with this valuable information via workshop seminars. This review adds to academic discourse, informs clinical practice, and ultimately enhances the well-being of adolescents who experience NSSI.

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Xiao, Q., Song, X., Huang, L., Hou, D., & Huang, X. (2022). Global prevalence and characteristics of non-suicidal self-injury between 2010 and 2021 among a non-clinical sample of adolescents: A meta-analysis. *Frontiers in Psychiatry*, 13, 912441. <https://doi.org/10.3389/fpsyt.2022.912441>

Xin, M., Yang, X., Liu, K., Naz Boke, B., & Bastien, L. (2020). Impact of negative life events and social support on non-suicidal self-injury among Chinese middle school students. *American Journal of Men's Health*, 14(4).

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Appendix A:

The Literature Matrix

Article Title, Author, etc. (Current APA Format)	Study Purpose	Sample (Characteristics of the Sample: Demographics, etc.)	Methods	Study Results	Level of Evidence (Use Melnyk Framework)	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
Bello, I., Rodríguez-Quiroga, A., & Quintero, J. (2023). Suicidal and self-harm behavior in adolescents, an unsolved problem: A comprehensive review. <i>Actas españolas de psiquiatria</i> , 51(1), 10–20. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10258850/	The study aims to provide a detailed overview of non-suicid	A literature search was conducted in health sciences databases from Europea	Systematic review & meta-analysis	The study found that there is a high incidence of suicidal behavior and self-inflicted injuries	1	Limited literature was reviewed, and potential ethnic biases were	Yes. This study confirms the high prevalence of NSSI

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	al self-injury and suicidal behavior and development efforts to promote emotional well-being among this age group .	n and North American publications. The materials included Meta-analyses, clinical trials, and systematic and non-systematic reviews that involved children and adolescents, which ranged from 2009 to 2015.		among adolescents. It emphasizes that adolescence is a crucial and sensitive phase for developing non-suicidal self-injury and suicidal behavior. Therefore, efforts must be made to prevent and treat this condition . Also, intervention strategies should be evaluated to ensure up-to-date, effective programs and policies.		identified due to the use of European and North American reports which can limit the general applicability.	among adolescents. Clinical guidelines are needed to help health care providers manage patients and promote their well-being.
Plener, P. L., Kaess, M., Schmahl, C., Pollak, S., Fegert, J. M., & Brown, R. C. (2018). Nonsuicidal self-injury	Review of self-injury	Samples of German adolescence	Systematic review	The first-line treatment for NSSI	5	Limited literature was	Yes. This supports the

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<p>in adolescents. <i>Deutsches Arzteblatt International</i>, 115(3), 23–30. https://doi.org/10.3238/arztebl.2018.0023</p>	<p>in adolescents and how NSSI can be a symptom of various mental illnesses.</p>	<p>nts' study. A selective literature review was carried out in the PubMed, PsycINFO, and Cochrane Library databases, with special consideration of regional study samples, which include studies reported in German or English and published since 2007.</p>	<p>w of descriptive and qualitative studies</p>	<p>is psychotherapy. Non-suicidal self-injury (NSSI) should always be treated alongside other mental disorders if present. The study also emphasizes that treating comorbid mental disorders should be prioritized.</p>		<p>reviewed, and potential language/ethnic biases were identified due to the use of German and English language literature, which limits its applicability.</p>	<p>current evidence that NSSI is prevalent among adolescents and psychotherapy is the best treatment for NSSI and other mental health disorders.</p>
<p>Kothgassner, O. D., Goreis, A., Robinson, K., Huscsava, M. M., Schmahl, C., & Plener, P. L. (2021). Efficacy of dialectical behavior therapy for adolescent self-harm and suicidal ideation: A systematic review and meta-analysis. <i>Psychological Medicine</i>, 51(7), 1057–1067. https://doi.org/10.1017/S0033291721001355</p>	<p>. Establishing effective treatments for adolescent self-harm</p>	<p>Meta-Analysis study of several research studies from 1673 adolescents. A thorough review</p>	<p>Systematic review & meta-analysis of randomized</p>	<p>DBT-A is an effective treatment for reducing self-harm and suicidal ideation in adolescence</p>	<p>1</p>	<p>The review only examines one randomized controlled trial</p>	<p>Yes. Although limited research supports DBT-A as effective</p>

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	and suicidal ideation is critical.	and analysis of the Dialectical Behavior Therapy for Adolescents (DBT-A) literature was conducted to assess its effectiveness in treating self-injury among adolescents aged between 12 to 19 years. Literature on relevant clinical trials and treatment evaluations that were published on MEDLINE/Pub Med, Scopus, Google Scholar, EMBASE, and	ed controlled trials ;	nts. However, its effectiveness in reducing BPD symptoms is inconclusive based on pre-post evaluations.		that evaluates the impact of DBT-A when compared to control interventions on BPD symptoms. As a result, the study was unable to include a secondary outcome of BPD symptom changes through meta-analysis. In some of the studies reviewed, unvali	ve in reducing BPD symptoms, this study provides a thorough analysis of DBT-A's efficacy in decreasing self-harm and suicidal ideation among adolescents.
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		<p>the Cochran e Library database s before July 2020. Twenty- one literature was identifie d, including five randomiz ed controlle d trials (RCTs), three controlle d clinical trials (CCTs), and thirteen pre-post evaluatio ns. The data was extracted for primary outcome s such as self- harm and suicidal ideation, as well as secondar y outcome s such as</p>				<p>dated questi onnair es, medic al record s, or uncerti fied tools were used to assess self- harm, which might have introd uced bias to the study and limited its genera l applic ability. In additio n, the analysi s condu cted only looked at a few effects , which</p>	
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		borderline personality symptoms (BPD). We calculated treatment effects for RCTs/CTs and pre-post evaluations.				resulted in broad confidence intervals for the estimated outcomes. Additionally, the majority of the sample size was made up of women, which means that it is unclear whether DBT-A is effective in reducing self-harm and suicidal ideation	
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						among young men and gender-diverse young people .	
Xiao, Q., Song, X., Huang, L., Hou, D., & Huang, X. (2022). Global prevalence and characteristics of non-suicidal self-injury between 2010 and 2021 among a non-clinical sample of adolescents: A meta-analysis. <i>Frontiers in Psychiatry, 13</i> , 912441. https://doi.org/10.3389/fpsy.2022.912441	The prevalence and characteristics of non-suicidal self-injury (NSSI) among adolescents are critical to understanding in order to reduce and prevent the issue.	Sixty-two studies involving 264,638 non-clinical adolescents. relevant articles on the prevalence of NSSI among non-clinical adolescent samples, a systematic search was conducted in scholarly	Systematic review & meta-analysis of randomized controlled trials ;	It was found that the prevalence of repetitive non-suicidal self-injury (NSSI) was higher than episodic NSSI. The frequency of mild injury was like that of moderate injury. Multiple-method NSSI occurred slightly more often than one-method	1	Language bias was observed in this study because it only included English and Chinese studies which might limit the generalizability of the results .	Yes. It is level-one evidence that combines several studies and indicates slight publication bias. In addition, it reveals the increased rate, frequency, types, methods, factor

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	<p>databases including CBM, CNKI, VIP, Wanfang, PubMed, Web of Science, PsycINFO, and Embase. The search was limited to articles published between January 1, 2010, and June 30, 2021. The eligibility criteria for the studies were as follows: cross-sectional data on the prevalence of</p>	<p>NSSI. The three most common types of NSSI in adolescents were banging/hitting, pinching, and pulling hair. Swallowing drugs/toxic substances/chemicals was the least common type. The study also revealed that being female, smoking, drinking, having siblings, and belonging to a single-parent family may be linked to a higher prevalence of NSSI.</p>	<p>responsibilities, and severities of NSSI. The study increases the awareness of the problem and other unaddressed issues associated with NSSI.</p>
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		NSSI was used.		NSSI was found to be equally prevalent over a lifetime and during the past 12 months. The aggregate prevalence of NSSI was 22.0% over a lifetime and 23.2% for 12 months.			
Clarke, S., Allerhand, L. A., & Berk, M. S. (2019). Recent advances in understanding and managing self-harm in adolescents. <i>F1000Research</i> , 8, F1000 Faculty Rev-1794. https://doi.org/10.12688/f1000research.19868.1	The purpose of the study is to identify the similarities and differences between non-suicidal	Literature on adolescent risk factors for suicidal attempts and self-injurious behaviors and literature for managing these factors and	Systematic review of descriptive and qualitative studies	The rising rate of teenage suicides is associated with self-harm, and it is essential to address this issue for the sake of public	5	The study focuses on a limited number of treatments that have been shown to be effective in reducing	I would use this study to support change. Considering the increasing rate of this problem

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	self-injury (NSSI) and suicidal attempts (SA), examine the risk factors that contribute to self-injury among adolescents, and investigate evidence-based treatments and interventions for these behaviors.	behaviors were used for this study. A systematic review of previous studies was used to collect information about the incidents and evidence-based strategies for management.		health. The study identifies Dialectical Behavior Therapy (DBT) as the only well-established treatment but acknowledges that there may be other techniques that could be helpful in managing these behaviors. More research is needed to identify and establish other methods of treatment.		suicidal ideation (SI) and self-harm behaviors in adolescents.	m, several previous research studies have identified the strategy, as mentioned earlier, to help manage SA and SI in adolescents.
Son, Y., Kim, S., & Lee, J. S.	To	The	A	Out of a	5	The	Yes. I

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<p>(2021). Self-injurious behavior in community youth. <i>International Journal of Environmental Research and Public Health</i>, 18(4), 1955. https://doi.org/10.3390/ijerph18041955</p>	<p>know the psychological factors responsible for self-injurious behavior among adolescents.</p>	<p>study took place in Korea. It is a nationwide study among elementary school 6th graders and middle school students of both genders. The study was conducted to evaluate self-injury behavior among 516 sixth graders in elementary schools and middle schools. The participants were asked to fill in questionnaires regarding their</p>	<p>single descriptive or qualitative study</p>	<p>total of 516 participants, 166 of them (32.2%) reported self-injury. The rate of self-injury was higher among female students as compared to male students. The study observed high rates of mild forms of self-injury such as "biting," "pulling hair," and "hitting oneself," as well as relatively high reports of more risky methods such as</p>		<p>limitations observed with the study are that the surveys were aimed at sixth graders in elementary school and third graders in middle school, but the sample size of elementary schoolers was very small. As a result, the data collected on self-injury in</p>	<p>can use the findings of this study as evidence to support the need for changes. The study found that certain risk factors, such as having a low self-image and being emotionally unstable, are linked to self-injurious behavior and this</p>
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		self-injury experience and behavior. The study used logistic regression to identify the risk factors that predict self-injurious behavior.		"cutting or carving." The logistic regression analysis revealed a significant effect of the negative self-image sub-factor of depression (CDI), oversensitivity, and physical and sleep problems sub-factors of anxiety (RCMAS) on self-injurious behavior. The rate of self-injury was higher in females as compared to males, and adolescents in		younger adolescents is limited.	can cause the development of mood disorders later in life. Therefore, it is important to screen for these risk factors earlier and provide appropriate interventions to prevent the onset of mental health disorders in the future.
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				local communities reported higher rates of mild forms of self-injury than moderate/severe forms.			
Malviya S. (2023). The need for integration of religion and spirituality into the mental health care of Culturally and linguistically diverse populations in Australia: A rapid Review. <i>Journal of Religion and Health</i> , 62(4), 2272–2296. https://doi.org/10.1007/s10943-023-01761-3	The aim of this study is to explore the need for incorporating religion and spirituality into mental health care for culturally and linguistically diverse	The study was conducted in Australia to investigate mental health issues among people from culturally and linguistically diverse (CALD) backgrounds. These groups consist of immigrants who place a strong emphasis	Systematic review	During the study, it was observed that practicing religion was an effective method for supporting the mental health needs of culturally and linguistically diverse (CALD) background groups. The participants found comfort	1	It's important to note that the study only focuses on a particular group of immigrants, which creates a bias towards ethnicity and language. In order to accurately represent the	Despite the limitations present in this study, I believe that the information provided can still be useful. This is particularly true for our country, which has a

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	populations in Australia.	on religiosity and spirituality. The study utilized several research methods such as qualitative, quantitative, and mixed experimental designs, which explored the mental health, mental health resilience, and mental health outcomes of people from CALD backgrounds. After a systematic search and screening process, sixteen empirical		and energy in their religious beliefs and viewed religious leaders as a source of support for maintaining mental wellness. The study concluded that spiritual and religious activities could be a useful intervention for improving mental health among these groups.		general population, a larger sample size is needed. Additionally, the findings are not generalizable since the study only looked at religiosity, and the sample size was small.	significant immigrant population that makes up almost half of the nation's total population. Many of these immigrants come from cultures that incorporate religious or spiritual practices into their daily lives, and therefore, it's crucial to employ an indivi
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		studies were ultimately included in the research.					dualized care approach when dealing with patients from these backgrounds
Papaleontiou – Louca, E. (2021). Effects of religion and faith on mental health. <i>New Ideas in Psychology</i> , 60, 100833. http://www.elsevier.com/locate/newideapsyc	To find the association of religion or spirituality or faith with mental health. To distinguish the effects of religion on mental health and	This study uses other existing research, analyzes, and determined its outcomes. The following database was used to retrieve information for systematic review, synthesis, meta-analyzed, and outcomes provided	Systematic review & meta-analysis of randomized controlled trials	The study shows that there is a strong correlation between religiosity and mental well-being. It was observed that quality social functioning and reduction in internalizing behavior or self-destructive	1	The study articles are from mostly Christian faith which might cause bias in the outcome of the study. The material used was limited in terms of Christian faith	This study will be used because of the outcomes which reveal that faith in God can make people live a quality and better life. Human beings

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	point out the most significant variables that would match religion and mental health which are the basis for mental health .	. OpenAthens, EBSCO EDS, Scopus Journals, Research Bib, ISI, WorldCat, Publons, Scilit, ICMJE, EuroPub, Academic Resource Index, Advance Science Index and Google Scholar.		attitudes can be moderated by religion or spirituality. It was also noted that having faith in God or higher power can help people live a healthier life.		and would need to include other religious or cultural-based religious materials to make it more generalizable .	are created in the image of God. We are Trinitarian-being which consists of spirit, souls, and body and these three must relate with one another for one to be healthily balanced. Therefore, to make a significant impact on the mental health
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							of anybody, a holistic approach must be used to provide interventions for people to experience physical and psychological well-being.
Michaelson, V., King, N., Inchley, J., Currie, D., Brooks, F., & Pickett, W. (2019). Domains of spirituality and their associations with positive mental health: a study of adolescents in Canada, England and Scotland. <i>Preventive Medicine</i> , 125, 12–18. https://doi.org/10.1016/j.ypmed.2019.04.018	The objective of this study is to examine the correlation between four aspects of	A qualitative study was conducted among adolescents from three countries, namely Canada, England, and Scotland.	Systematic review of descriptive & qualitative	The study defines four domains of health: physical, social, mental, and spiritual. The study found a strong	5	The study has some limitations that need to be considered. Firstly, there is a	I would use this study to support my review because it identifies the

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	<p>spiritual well-being and the incidence of low subjective health complaints in different countries. The study also aims to determine whether these aspects have a beneficial effect on mental health, and to explore the details of these</p>	<p>The study had both male and female participants who were aged between 11 to 15 years. The study sample included a total of 28,178 students, out of which 21,173 were from Canada, 4,339 from England, and 5,603 from Scotland. During a class session in school, participants were given a survey to fill out for the study.</p>	<p>studies</p>	<p>correlation between positive mental health and spirituality. Additionally, the study highlights the importance of connecting the other three domains of health with spirituality to create a sense of balance and promote an overall sense of joy in life.</p>		<p>sampling bias since it only covers three countries and the participants are aged between 11 to 15 years old. This means that the study may not accurately represent the entire adolescent population, especially those who fall outside this age range. Additi</p>	<p>spiritual domain as an important part of adolescent health. The study found a strong positive correlation between mental health and spirituality in health promotion interventions. It also highlights the importance of considering all</p>
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	relationships to identify potential areas for health promotion research and interventions.					onally, the data analysis and instruments used in the study were found to be subject to criticism, indicating that the findings should be approached with caution.	health domains in promoting positive mental well-being.
McCauley, E., Berk, M. S; Asarnow J. R; Adrian, M.; Cohen, J., Korslund, K., Avina, C., Hughes, J., Harned, M., Gallop, R., & Linehan, M. M. (2018). Efficacy of dialectical behavior therapy for adolescents at high risk for suicide: A randomized clinical trial. <i>Journal American Medical Association Psychiatry</i> , 75(8).777–785. https://jamanetwork.com/journ	To evaluate the effectiveness of dialectical behavior therapy	A randomized clinical trial was conducted over the course of one year at a teaching medical	A randomized clinical trial	The study found that DBT is effective in reducing self-harm and suicide attempts in highly	2	It is important to note that this study may have a gender bias as the majori	I would consider using this study to support my investigation due

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als/jamapsychiatry/fullarticle/2685324	(DBT) versus individual and group supportive therapy (IGST) in reducing suicide attempts, nonsuicidal self-injury, and overall self-harm among high-risk youth.	center among adolescents aged 12-18 years. The study included 173 participants, of which 97 were male and 76 were female. The participants had a history of suicidal attempts or previous self-harm events, suicidal thoughts, or emotional imbalances.		suicidal self-harming adolescents. Additionally, it established DBT as a viable intervention for reducing repeated suicide attempts and self-harm in young people.		ty of participants were female. Therefore, the findings may only represent a small portion of the population in this age group. As a result, the application of this study should be approached with caution in clinical settings and may not be applicable to	to its high level of evidence and the confirmation that DBT is an effective strategy for preventing self-harm and suicide attempts among adolescents.
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<p>John, L. (2022). Investigating the Role of Ethnicity and Religion or Spirituality on the Risk of Self-Harm in Children and Adolescents: A Systematic Literature Review. <i>British Journal Psychiatry Open</i>, 8(Suppl 1), S55–S56. https://doi.org/10.1192/bjo.2022.203</p>	<p>explores the characteristics, risks, and protective factors of ethnicity and religion on self-harm in comparison to the general population.</p>	<p>A literature search was conducted using EMBASE, MEDLINE, and APA PsycINFO databases and all English articles published between 2010 and 2020.</p>	<p>A systematic review of peer-reviewed articles that were published from 2010-2022 were retrieved and screened from valid databases with consideration to the Population, Exposure, Outcome, Study design, and setting (PEOS)</p>	<p>- Several risk factors were detected for developing self-harm among adolescents from different ethnicities. Examples of such factors are adverse childhood experiences, health status, and poverty alongside racial discrimination. It was also reported that religiosity and parental monitoring had both a direct and an</p>	<p>1</p>	<p>Due to the wide range of populations and factors reviewed in various studies, pooling data for meta-analyses of the quantitative studies it was impossible to estimate the prevalence or association between factors and characteristics of the</p>	<p>There were unique factors noted in minority ethnic groups that increased the rate of NSSI. Also, religiosity/spirituality was observed to be a preventive or protective factor for preventing NSSI among adolescents.</p>
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			S) of the studies.	indirect role in suicidal ideation reduction . Religious importance and attendance at religious services by offspring and parents decreased self-harm in female adolescents more than in males.		popula tion.	
De Berardis, D., Olivieri, L., Rapini, G., Serroni, N., Fornaro, M., Valchera, A., Carano, A., Vellante, F., Bustini, M., Serafini, G., Pompili, M., Ventriglio, A., Perna, G., Fraticelli, S., Martinotti, G., & Di Giannantonio, M. (2020). Religious coping, hopelessness, and suicide ideation in subjects with first-episode major depression: An exploratory study in the real world clinical practice. <i>Brain Sciences</i> , 10(12), 912. https://doi.org/10.3390/brainsci10120912	This study aimed to evaluate the potential relationships between religious coping, hopelessness, and suicide ideation in	A systematic review of articles from randomized clinical trials comparing R-CBT with control conditions in clients with a diagnos	Syste matic review	The most frequent religious adaptations were the integration of religious content to perform cognitive restructuring, psychoeducation, and motivation; engagement in	1	Severa l studies were utilize d which preven ted the identifi cation of the active or actual ingredi ent that resulte d in sympt	Yes, this study will be utilized because it identifies how important religion or spirituality can assist clinicians in caring for their patients as part of treatment plans and also encourages patient-centered

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	adult outpatients with the first episode of major depressive disorder (MDD)	is of a psychiatric disorder and extracted the information from their adapted manuals.		religious activities such as behavioral activation, meditation, or prayer to help cognitive restructuring, and using religious values and coping strategies. It was observed that over 80% of the world's population has a religious affiliation and most patients want their religion incorporated in their care process. In addition, it was noted that religion has a significant	changes in participants. most of the studies included did not report if they checked for fidelity to cognitive behavioral techniques, and several of the studies did not report full protocols for the study	approach techniques.
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				<p>t impact on people's mental health. Therefore, a religion-adapted CBT is needed because it can make religious patients feel more at ease with psychotherapy and it helps the therapist to identify and mobilize R/S resources that the patient or his/her environment may have which may ultimately help in the psychotherapeutic process.</p>			
<p>Vijayapriya, C. V., & Tamarana, R. (2023). Effectiveness of dialectical</p>	<p>aimed to investi</p>	<p>The literatur e</p>	<p>A syste matic</p>	<p>neuropsychologica l tests,</p>	<p>1</p>	<p>Limita tions includ</p>	<p>Yes, the study encourage</p>

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<p>behavior therapy as a transdiagnostic treatment for improving cognitive functions: A systematic review. <i>Research in Psychotherapy (Milano)</i>, 26(2), 662. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10481423/</p>	<p>gate the effect of DBT in strengthening cognitive functions across various mental health conditions.</p>	<p>search was done using different electronic databases, that covered an approximate period of ten years. Joanna Briggs Institute checklist was used to assess the methodological rigor of the studies. Twelve studies conducted on adolescents with emotional dysregulation, and adults with borderli</p>	<p>review</p>	<p>self-report of cognitive functions, and neuroimaging techniques were used to evaluate cognitive function, Results demonstrated that DBT has the potential to improve key cognitive functions. The study reported that DBT can be effective in fostering improvements in cognitive functions, and possibly be the preferred treatment option for patients.</p>	<p>ee a lack of sufficient studies encompassing all the common mental health conditions and the usage of neuroimaging techniques as only an indirect measure of cognitive functioning.</p>	<p>s providers to adopt the use of DBT either alone or in conjunction with other strategies depending on patients' values or preferences. DBT was observed to assist patients reach an optimal level of cognitive and occupational functioning that will make them live a productive and efficient life.</p>
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		ne personality disorder, bipolar disorder, attention deficit hyperactivity disorder, and multiple sclerosis were selected.					
Reinhardt, M., Rice, K. G., Durán, B. S., & Kökönyei, G. (2022). A person-centered approach to adolescent nonsuicidal self-injury: Predictors and correlates in a community sample. <i>Journal of Youth and Adolescence</i> , 51(9), 1760–1773. https://doi.org/10.1007/s10964-022-01628-y	the primary aim of this study was to identify latent classes based on the endorsement of different self-injury methods in a Central European juvenile	A sample of 1015 Hungarian adolescents were selected for the study ranging from 14-20 years old, with 66.1% of female and 33.9% male	cross sectional Qualitative study	findings show that severe NSSI is common among adolescents with poor mental health. This study identifies that early identification of NSSI can help prevent a tragedy or growing into	4	The type of study used prevents the study from detecting the causal links in the group. A community of adolescents was involved in this	Yes. Despite the limitation, evidence from the study shows the importance of early detection of NSSI in adolescents to prevent severe or exacerbation of occurrence. It also shows that poor mental health

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	sample .	counter parts.		adulthood with this disorder. Patient patient-centered approach is important for these patients.	study which included both participants with or without mental health disorders, previous mental illnesses were not verified so it was not controlled, a small sample of participants which only included high school students, and the gender imbalance ratio. The	conditions can be a serious risk factor for developing NSSI.
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FAITH-BASED BEHAVIOR THERAPY AND ADOLESCENT SELF-INJURY

						study was limited to a specific geographical area which might prevent the generalized use of the study result.	
Canol, T., Sapmaz, S. Y., Barut, E. A., Cakir, A. D. U., Bilac, O., & Kandemir, H. (2022). Nonsuicidal self-injury in adolescents: Role of sociodemographic and clinical factors, emotion regulation, and maladaptive personality traits: <i>Journal of Psychiatry and Neurological Sciences. Dusunen Adam</i> , 35(3), 155-164. https://doi.org/10.14744/DAJPNS.2022.00188	This study aims to assess the individual and psychosocial factors related to nonsuicidal self-injury (NSSI).	This study included patients with NSSI (n=44), non-NSSI patients (n=37), and a healthy control group (n=38) between 12 and 18 years of age. The participants include	Randomized controlled study	the study shows that NSSI is related to relationships with peer groups, family disruption, domestic violence, substance use (smoking), sexual abuse, and physical abuse. Patients in the NSSI group	2	Small sample size, heterogeneity of study sample, nonstructural evaluation of NSSI, and inclusion of participants with several mental disorders might limit	I would use the article because it identified the possible risk factors for adolescents' developing NSSI characteristics. Due to several potential risk factors identified, it provides reasons why clinicians need to quickly

FAITH-BASED BEHAVIOR THERAPY AND ADOLESCENT SELF-INJURY

		d both genders who completed the provided questionnaires for the study.		demonstrate higher scores on the DERS than those in other groups. In addition, they demonstrated an increased level of maladaptive personality traits, which has a strong association with NSSI.	the understanding of NSSI.	develop a plan of care to detect early signs and signs of NSSI among their adolescent patients and to build interventional strategies to treat and prevent the occurrence of NSSI.
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FAITH-BASED BEHAVIOR THERAPY AND ADOLESCENT SELF-INJURY

Appendix B:
The Project Time-Line Template

Milestone	Deliverable	Description	Estimated Completion Date
Scholarly Project Planning- NURS 947	Development of the project proposal outlining the project's objectives, type of study, and resources required	Clinical question formulation, literature search and review, literature matrix compilation, chair review of questions and approval for continuation, and project proposal development. CITI training certification obtained.	08/21/-10/23
Scholarly Project I Project proposal for implementation and evaluation. NURS 948	Submission of a project proposal to the chair for review and continuation of the project work.	Project proposal defense with the chair for review, IRB approval process, and if approved, the student will continue with the project writing.	10/23-12/17/23
Scholarly Project II- conducts work on the implementation and evaluation- NURS 949	Conduct an integrative review of the chosen topic.	The student will organize, evaluate the results, analyze, synthesize findings, summarize results, formulate conclusions, and disseminate findings. The student will prepare for project defense with the chair, students, and faculty.	01/15-03/08/2024
Project III- Scholarly Project Defense- NURS 950	The project defense and preparation for publication.	The student will defend the written project and prepare it for publication. The student will submit project work to the LU scholar's	03/18-05/23/2024

crossing after completion of a successful defense.

**Appendix C:
CITI Training Certificate**




Completion Date 27-Sep-2023
Expiration Date 27-Sep-2026
Record ID 58131756

This is to certify that:

Adekemi Akinyemi

Has completed the following CITI Program course:

Biomedical Research - Basic/Refresher
(Curriculum Group)
Biomedical & Health Science Researchers
(Course Learner Group)
1 - Basic Course
(Stage)

Under requirements set by:

Liberty University

Not valid for renewal of certification through CME.



Collaborative Institutional Training Initiative
101 NE 3rd Avenue, Suite 320
Fort Lauderdale, FL 33301 US
www.citiprogram.org

Verify at www.citiprogram.org/verify/?w6f1cbd9b-20ad-4e1b-adcf-782e0467d1db-58131756

Appendix D:
IRB Approval Letter

FAITH-BASED BEHAVIOR THERAPY AND ADOLESCENT SELF-INJURY

LIBERTY UNIVERSITY
INSTITUTIONAL REVIEW BOARD

December 4, 2023

Adekemi Akinyemi
Folashade Odedina

Re: IRB Application - IRB-FY23-24-937 Assessing the Efficacy of Faith-Based (Christian/Spiritual Intervention) Integration in Dialectical Behavior Therapy for the Prevention of Non-Suicidal Self-Injury among Adolescents (Ages 11-19): An Integrative Review.

Dear Adekemi Akinyemi and Folashade Odedina,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds that your study does not meet the definition of human subjects research. This means you may begin your project with the data safeguarding methods mentioned in your IRB application.

Decision: No Human Subjects Research

Explanation: Your study is not considered human subjects research because it will not involve the collection of identifiable, private information from or about living individuals (45 CFR 46.102).

Please note that this decision only applies to your current application. Any modifications to your protocol must be reported to the Liberty University IRB for verification of continued non-human subjects research status. You may report these changes by completing a modification submission through your Cayuse IRB account.

For a PDF of your IRB letter, click on your study number in the My Studies card on your Cayuse dashboard. Next, click the Submissions bar beside the Study Details bar on the Study Details page. Finally, click Initial under Submission Type and choose the Letters tab toward the bottom of the Submission Details page.

12/4/2023, 7:38 PM

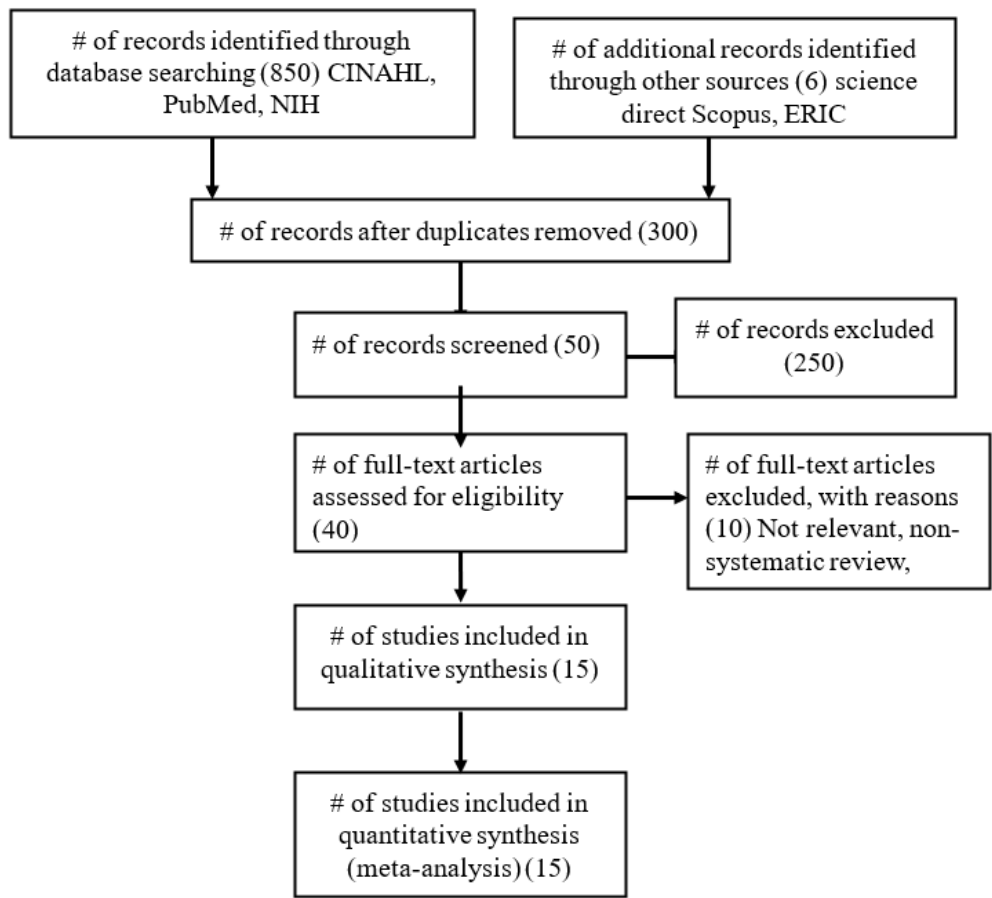
If you have any questions about this determination or need assistance in determining whether possible modifications to your protocol would change your application's status, please email us at irb@liberty.edu.

Sincerely,

G. Michele Baker, PhD, CIP
Administrative Chair
Research Ethics Office

Appendix E:
The PRISMA flow Chart

FAITH-BASED BEHAVIOR THERAPY AND ADOLESCENT SELF-INJURY



Appendix F:

The Melnyk Hierarchy of Evidence

Level of Evidence	Description of Evidence
Level 1	Evidence from unbiased systematic reviews or meta-analyses of all relevant RCTs (randomized controlled trial) or evidence-based clinical practice guidelines based on systematic reviews of RCTs or three or more RCTs of good quality that have similar results.
Level 2	Evidence obtained from one or more well-designed RCT (E.g. a large multi-site RCT).
Level 3	Evidence obtained from well-designed controlled trials without randomization (E.g. quasi-experimental).
Level 4	Evidence from well-designed case-control or cohort studies.
Level 5	Evidence from unbiased systematic reviews of descriptive and/or qualitative studies (meta-synthesis).
Level 6	Evidence from a single descriptive or qualitative study.
Level 7	Evidence from the conclusions of leaders and/or consensus reports from committees of experts.

Melnyk & Fineout-Overholt, (2015).

Appendix H:

Data Summary and Analysis Spreadsheet

FAITH-BASED BEHAVIOR THERAPY AND ADOLESCENT SELF-INJURY

Theme	Subtheme	Literature References	Key Findings
Prevalence of NSSI	Studies suggest that the prevalence rates in this age group can range from around 15% to 25% or even higher in specific populations. Females tend to report higher rates of NSSI than males in adolescence.	John, 2022; Bello et al., 2023; Plener et al., 2018; Xiao et al., 2022; Son et al., 2021	NSSI is prevalent among adolescents, with varying rates and gender differences in the frequency and severity of self-injurious behaviors
Risk Factors	influenced by a variety of factors, including individual, psychological, social, and environmental factors.	Canol et al., 2022; Bello et al., 2023; Plener et al., 2018; Xiao et al., 2022; Son et al., 2021	Numerous risk factors, including trauma, mental health conditions, and family issues, contribute to the likelihood of adolescents engaging in NSSI.
Prevention Strategies	Prevention strategies should focus on early detection, promoting mental health, enhancing coping skills, and creating supportive environments	Kothgassner et al., 2021; Clarke et al., 2019; Son et al., 2021; Malviya, 2023; Vijayapriya & Tamarana, 2023; Reinhardt et al., 2022; Canol et al., 2022;	Evidence-based prevention strategies involve early detection, mental health education, and the promotion of healthy coping skills among adolescents.
Intervention and Treatment Approaches	involve a combination of therapeutic approaches aimed at addressing the underlying issues and promoting healthier coping mechanisms.	Malviya, 2023; Kothgassner et al., 2021; Clarke et al., 2019; McCauley et al., 2018; ; De Berardis et al., 2020;	Effective interventions for NSSI include therapeutic approaches like DBT, cognitive-behavioral therapy, and family therapy to address underlying issues
Biblical/ faith-based coping Principles and DBT Skills	Integrating Biblical/faith-based coping principles with Dialectical Behavior Therapy (DBT) skills can provide a holistic approach to the prevention and	Malviya, 2023; Papaleontiou – Louca, 2021; Michaelson et al., 2019; De Berardis et al., 2020; Vijayapriya & Tamarana, 2023;	Integration of biblical/faith-based teachings with DBT skills enhances mindfulness and distress tolerance in adolescents. This includes engaging in

FAITH-BASED BEHAVIOR THERAPY AND ADOLESCENT SELF-INJURY

	treatment of NSSI.		prayer, reflecting on scriptures that offer encouragement, connecting with a community of faith, and seeking guidance from spiritual leaders.
Ethical Considerations	ethical considerations are paramount to ensure the well-being, autonomy, and dignity of the individuals involved	Michaelson et al., 2019; De Berardis et al., 2020; Vijayapriya & Tamarana, 2023;	Ethical considerations emphasize the importance of respecting diverse beliefs and maintaining cultural competence.
Parental, mental health providers, and spiritual leaders Involvement	Addressing NSSI requires a multi-faceted and collaborative effort. a collaborative approach involving parents, mental health providers, and spiritual leaders. individuals can receive comprehensive support that addresses their emotional, psychological, and spiritual needs.	John, 2022; Vijayapriya & Tamarana, 2023; Canol et al., 2022;	Engaging parents and spiritual leader figures in NSSI prevention enhances the effectiveness of DBT interventions. Addressing Non-Suicidal Self-Injury (NSSI) effectively often requires a collaborative approach involving parents, mental health providers, and spiritual leaders. Each plays a unique role in providing support and contributing to the well-being of the individual engaging in NSSI.
Empowerment through Faith-based coping strategies	Empowerment through faith-based or spiritual coping strategies can be a protective method for individuals dealing with Non-Suicidal Self-Injury (NSSI). Integrating one's faith can provide strength, hope, and a sense of	Michaelson et al., 2019; Papaleontiou – Louca, 2021; Michaelson et al., 2019; John, 2022	Faith empowers adolescents, providing a sense of purpose, hope, and resilience in conjunction with DBT skills. Empowerment through faith involves recognizing the strength and support available within one's spiritual beliefs. Integrating faith into evidence-based

FAITH-BASED BEHAVIOR THERAPY AND ADOLESCENT SELF-INJURY

	purpose for adolescents.		interventions, it provides a holistic approach to the prevention of NSSI.
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