

BRIEF PSYCHOLOGICAL INTERVENTION IN (NON-)SUICIDAL SELF HARM BEHAVIOR IN ADOLESCENTS

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Introduction

Over the last years, there has been an increase in suicidal and non-suicidal behaviors among adolescent population, becoming the main cause of death in Europe (1). Recent studies have focused on evaluating the efficiency of brief psychotherapeutic interventions, the vast majority in adult population.

Objectives

Define what kind of brief interventions have been carried out to date in adolescent population and develop a new program taking into account the previous limitations.

Method

Through a bibliographic search in Pubmed database with the tags "brief intervention", "attempt suicide", "self-harm" and "psychotherapy" only two relevant studies that include adolescent sample have been found. One of these studies is focused only on hospitalized patients (2) and the other is based on a remote intervention (postcards) (3).

Results

Considering the limited scientific evidences existing today, there has been designed the program "Brief psychotherapy in non-suicidal behaviors", based on Cognitive-Behavioral Therapy (CBT) and adapted from the *Cutting down: A CBT workbook for treating young people who self-harm*. It consists of 8 weekly intervention sessions, divided into the following sections: 1. Life history, analysis of previous behavior and introduction of CBT (functional analysis). 2. Emotions. 3. Motivation to change. 4. Thoughts cheating. 5-7. Coping Strategies. 8. Future crisis management. In addition, two evaluation sessions (pre-post) are conducted to assess comorbidity on axis I, depressive symptomatology, feelings of hopelessness, suicidal ideation, intellectual level, personality traits, trauma history, coping strategies, therapeutic alliance and motivation to change, global functionality. The program is being implemented in adolescent patients of the Child and Adolescent Mental Health Center who have presented non-suicidal self-harm behavior.

Conclusions

This program aimed to reduce (non-)suicidal self-harm behavior and expect to identify the risks and protective factors that can help to predict and have a better understanding of their evolution in order to find the clinical profile most likely to relapse and thus focus resources on those patients with the highest risk.

References

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