

The Effectiveness of Reality Therapy Theory on Self- Harm Behaviors and Functions in High School Students in Shiraz

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Abstract

This study aimed to evaluate the effectiveness of Reality Therapy Theory on self- harm behaviors and functions in high school students in Shiraz, Iran. A semi-experimental methodology with a pretest-posttest design and a control group was used. The statistical population included female high school first-year students from (S) high school in Shiraz in the academic year of 2017-2018. The purposeful sampling method was used in this study where 30 students were randomly selected from among all high school first-year students studying in the specified school whose scores in the Self- Harm Behavior Questionnaire (SHBQ) ranged within the first three quarters. Participants were randomly assigned either to an experimental or a control group (15 participants in each group). The experimental group received eight minute training sessions based on the concepts of reality therapy. Klonsky & Glenn's (2011) self- harm questionnaire was used to collect data. At the level of descriptive statistics, the mean and standard deviation were used. Data were analyzed using analysis of covariance (ANCOVA). The findings showed that reality therapy training reduced the students' self-harm functions; and had a significant positive effect on the extra-personal and intrapersonal functions of the students' self- harm behaviors.

Keywords: self- harm behaviors, self- harm functions, reality therapy, teenage girls

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Introduction

Non suicidal Self- harm(NSSI) behaviors are highly prevalent and growing among adolescents. Self-harm behaviors and functions include deliberate behaviors by which one deliberately and directly destroys his/her body tissue. Non suicidal Self- harm (NSSI) behaviors cause immediate damage to the body tissue. Moreover, such behaviors are not socially and culturally acceptable are not conducted as a social order, and are not suicidal. (Chute, 2014).

Non suicidal self-injury (NSSI) behaviors occur in order to reduce mental distress (Brock & Miller, Saffarinia and Ahmadi, 2013), which can take the form of a harsh response to the violence surrounding the individual (Roth and Heath, cited in Khanipour, 2014).

Self-harm is one of the problems of adolescence, resulting in numerous psychological and social harm. If teenagers cannot find effective ways to adjust their excitement, they will be mentally confused with a low tolerance threshold, and will use methods such as Self-harm to adjust their excitement. Using such a method for a long time increases the likelihood of suicide. Therefore, it is necessary to search for effective and efficient methods to stop adolescents from engaging in Self-harm behaviors (Chute, 2014), especially because Self-harm can be propagated among friends or peers. Therefore, effective intervention is necessary, and schools should play a more active role in identifying, evaluating and treating students

with Self-harm behaviors (Brock & Miller, Translated by Saffarinia & Ahmadi, 2013).

In the majority of teenagers, self-injury behaviors occur between the ages of 13 and 15 (Molenkamp, Cles, Howertep & Planner, 2012). Many teenagers with such behavior attribute their problems to outside individuals and conditions, ignoring their responsibility for a better life. Thus, understanding the reality therapy theory (with an emphasis on the importance of meeting needs, personal responsibility and internal control) seems to be an effective and efficient means of reducing self-injury in such people.

Glasser's Reality Therapy is one of the most popular counseling theories emphasizing the internal control of behavior, self-responsibility, fulfilling basic needs, facing the reality, and self-judgment about correct or inappropriate behaviors (Curie, translated by Seyed Mohammadi, 2011). According to the Reality Therapy Theory, all actions performed by human beings are behaviors that seek to meet their basic human needs. Therefore, a number of teenagers who have problems choosing an appropriate behavior to meet their basic needs, harm themselves.

Non-suicidal Self-harm may occur at any age, but it is most prevalent in adolescence. Based on international studies, an increase has been observed in the rate of Self-harms thoughts and behaviors (upon passage to adolescence). Thus, adolescents are at-risk of Self-harm more than those

belonging to other age groups. The prevalence of this behavior has increased in the last decade. In most cases, it is a hidden behavior difficult to identify which may continue for a long time, and has intrapsychic functions, e.g. serving as a way of dealing with stress. In many cases, Self-harm behaviors are accompanied by suicide attempt or may lead to suicide attempt or suicide in the long term (Nock, and Asarnow et al., as cited in Khanipour, 2014).

The goal of treating adolescents with Self-harm must be teaching them how to keep themselves calm in the face of embarrassing thoughts or feelings. One way to reach this is developing a program which encourages them to adopt responsibility for their behavior (Shapiro, Health, & Roberts, 2013). If Self-harm behavior is not successfully treated, it may persist over years with the risk of increasing different mental health and school adjustment issues. Specifically, Self-harm behavior may be contagious, potentially spreading to one's friends or peers. Thus, effective intervention is a must (Brook & Miller, translated by Saffarinia & Ahmadi, 2013).

Teaching adolescents to take responsibility for their behaviors and actions paves the way for activating them in order to solve their problems (and not resolve the resulting mental burden by Self-harm). If adolescents with self-injurious behavior learn appropriate methods for meeting their needs, they will not turn to Self-harm. Moreover, if they are familiarized with the internal locus

of control, they will not turn to Self-harm in order to find control over their life and body. Consequently, it seems necessary to examine the effectiveness of reality therapy based on needs, responsibility, and selection of appropriate behaviors with the aim of fulfilling needs and desires in decreasing Self-harm behaviors. In general, there are few studies investigating methods for decreasing self-injury in adolescents. On the other hand, the number of teenage girls who attempt to express their emotions and fulfill their needs through Self-harm is annually increased. Thus, a therapeutic method offering results in a short term would be optimal.

In the reality therapy theory, the main reason behind injuries and problems is a defect in one's significant relationships. Many adolescents consider these problems as a stimulant for Self-harm. Therefore, it seems that reality therapy can help decrease Self-harm behaviors in adolescents. Accordingly, this study aims to find the answer to the question of whether the reality therapy theory has an effect on the reduction of adolescent's Self-harm behaviors and functions ?

Literature and background

A review of the literature shows that reality therapy has been used in several studies to reduce many problems, but limited number of studies investigated its effect in reducing adolescents' self-harm behaviors and functions. A number of similar studies focused more on the examples of extra-

personal or intrapersonal functions of self-harm behaviors albeit without the use of a self-harm behaviors and functions questionnaire. For instance, in a research titled “The Effectiveness of Reality Therapy Program on Schizophrenia Patients Jung Sook Kim (2005) found that reality therapy improves schizophrenia patients in terms of internal control, self-esteem and coping with focused stress. In a research titled “The Effectiveness of Integrative Group Counselling (including rational emotive behavioral therapy (REBT), reality therapy and selection theory), Latif, Dahlan, Sulayman and Magat Ahmed (2018) investigated the effect of reality therapy on depression and aggression among prisoners, in which the experimental group showed a reduction of depression and aggression. In a research titled “The Effectiveness of the Reality Therapy Method on Reducing Challenging Behaviors of Students with Oppositional Defiant Disorder (ODD)” in 5th and 6th grade elementary school students in Tehran, Choubdari (2015) found that the reality therapy method led to a reduction in certain challenging behaviors including oppositional defiant disorder in students. In a research titled “The Effectiveness of Group Reality Therapy on Social Anxiety, Interpretation Bias and Interpersonal Relationships of Adolescents in Ninth Grade Female Students, Khaleghi, Amiri and Taheri (2017) showed that teaching selection theory to the

teenagers helped them learn how to solve disputes, and make the communication pleasing and satisfying for both sides, how to act and create intimate relationships without blaming and threatening and humiliating in order to improve relationships with peers, teachers and parents using internal control and creativity with creative and sympathetic words. In a study titled “The Effectiveness of Teaching Group Reality Therapy on Regulating Emotion and Increasing Academic Self-efficacy” in 9th grade female students in the fifth district of Tehran in the academic year of 1994-95, Quarishi and Behboodi (2017) found that teaching reality therapy improved emotional regulation and increased academic self-efficacy of the students. In a study titled “The Effect of Reality-Therapy-based Education on the Psychological Well-Being of Ten to Twelve-year-old Female Deaf Students ,Arefi and Ganjori (20017) showed that this training led to increased psychological well-being (self-acceptance, positive relationship with others, self-control, environmental mastery, purposeful living and individual growth).

Today, we are observing an increase of self-injury behaviors and functions among adolescents. Therefore, it seems necessary to examine the methods for reducing self-injury behavior in adolescents. It seems that the reality therapy theory can help reduce self-harm behaviors and functions of adolescents through an emphasis on selecting the behaviors by

themselves, the person's self-assessment of their own selected behavior to reach their wishes, planning to change the behavior and focusing on the accountability. However, more accurate conclusions in this regard require extensive research. The secondary objectives of this study are as follows: Clarification of the effectiveness of the reality therapy theory on interpersonal as well as intrapersonal performance of behaviors and Self-harms functions among adolescents.

Methodology

This was an experimental study with pretest-posttest design together with experimental and control group. The statistical population included female high school first-year students in (S) high school¹ in Shiraz during the academic year of 2017-2018. The purposeful sampling method was used in this study where 30 students were randomly selected from among all high school first-year students studying in Sedigheh School in Shiraz with a history of self-injury, whose scores in the Self-Harm Behavior Questionnaire (SHBQ) ranged within the first three quarters. Participants were randomly assigned either to an experimental or a control group (15 participants in each group).

Instruments included Klonsky and Glenn's (2011) self-harm questionnaire (cited in Saffarinia, Nikogoftar and Damavandian, 2014). This inventory consists of

two parts: Part I included the inventory of self-harm behaviors, containing 22 items, which assesses self-harm behaviors occurring deliberately (intentionally) but without suicidal intention. The second part includes the functional section of self-destructive behaviors with 39 items which evaluates non suicidal self-injury motivations and behaviors in two sub-categories of intrapersonal and extra-personal functions. The items in the first part are answered as yes or no, with "yes" given a score of 1 and "no" a score of 0. The second part (functional inventory) is classified on a 3-point Likert scale as follows: 0=completely related, 1=somewhat related and 2=completely related. To calculate the score of each subscale, the scores of all items of that subscale are summed up. The overall mean of self-harm behaviors is derived from the sum scores of the subscales (intrapersonal and extra-personal functions: the higher the score, the greater the degree of non suicidal self-harm, and vice versa. The items 1, 3, 5, 6, 11, 14, 16, 18, 19, 24, 27, 29, 31, 32, 37 show the intrapersonal functions and items 2, 4, 7, 8, 9, 10, 12, 13, 15, 17, 20, 21, 22, 23, 25, 26, 28, 30, 33, 34, 35, 36, 38, 39 show extra-personal functions (cited in Peyman Nia, Mehrabizadeh Honarmand, Mahmoud Alilu, 2017).

In a study by Klonsky and Glenn (cited in Khanipour, 2014), 235 students with a history of at least one self-harm behavior were investigated. The reliability of this questionnaire was determined to be

¹According to the principle of secrecy, the exact name of the school has not been mentioned.

0.88 for intrapersonal functions and 0.80 for extra-personal functions by calculating Cronbach's alpha coefficient. Moreover, using the test-retest method during a one year interval, the reliability of the test was determined to be 0.66 for intrapersonal functions and 0.82 for external functions. This questionnaire was first translated into Persian and used in Iran by Saffarinia, Nikogoftar and Nahavandian in 2014 and its reliability was calculated to be 0.76 by Cronbach's alpha. Its face and content validity were also verified using the opinions of the supervisors and consultants (Saffarinia, Nikogoftar and Damavandian 2014). In a study by Khanipour (2014), the content validity of the test was confirmed and its reliability was estimated to be 0.85 using the test-retest

method during a two-week interval. In the study of Tahbaz Hosseinzadeh, Ghorbani and Nabavi (2011), the Cronbach's alpha of this scale was determined to be 0.74. In the study of Khanipour (2014), the reliability of the whole questionnaire was determined to be 0.94 based on the Cronbach's alpha method. Data were analyzed using the mean value and standard deviation as descriptive statistics and ANCOVA as inferential statistics . After the placement of the students in the experimental and control groups, the experimental group received eight 90-minute sessions of training based on the concepts of the reality therapy, but there was no intervention in the control group. Then, re-test was performed for both groups and the data were analyzed by ANCOVA.

Table 1: Summary of the curriculum:¹

First Session	Familiarity of group members, establishment of trust-based emotional relationship between members and the therapist, initial evaluation, introduction of goals for holding sections, the statement of group rules, the introduction of basic human needs and the quality world based on the reality therapy theory. The importance of balancing five needs and its impact on human psyche and examining the importance of meeting these needs based on proper behavior. Submission of the assignment to make a list of the five requirements and the quality world and their relationship with self-harm behaviors.
Second Session	Reviewing the assignment of the last session, explaining about the motivation of behaviors to meet the needs and likening the man to car based on the reality therapy theory, and identifying the four wheels of the car or the four components (action, thought, sensation and physiology) and teaching that humans are able to directly control action and thought, and the two other

¹-This curriculum was developed based on the fundamental concepts of the reality therapy theory to help to reduce the students' self-injury behaviors under the supervision of the supervisor.

components of behavior can be controlled only indirectly, by controlling action and thought, by giving an assignment in the field of examination of action, thought and sensation and physiology when performing self-injury behaviors.

Third Session Reviewing the assignment of the last session, familiarity with the concept of external and internal control, familiarity with malicious habits based on external control and alternative habits based on internal control. Not regarding oneself as the victim of previous failures or past choices, analyzing personal behavior and its effects on the individual's current life cycle. Minimizing the importance of the past in current behavior and emphasizing the internal control, providing an assignment for identifying the internal and external motivations of self-harm behaviors.

Fourth Session Reviewing the assignment of the last session, familiarity with the importance of accountability for meeting demands, and not justifying the behavior due to the external motivations and familiarity with the importance of choosing behaviors and thoughts to make changes, providing assignments to identify the demands.

Fifth Session Reviewing the assignment of the last session, self-assessment of the behavior to meet demands, and determining the access or failure of the group members to use current behavior to achieve their goals, providing assignments to identify alternative behaviors to meet the demands and needs

Sixth Session Reviewing the assignment of the last session, setting up a plan of action, and signing a written contract to implement a plan of action to change behavior to achieve the demands, providing assignments on the implementation of the program and performance report

Seventh Session Reviewing the assignment of the last session, refusing to accept excuses, value judgments of the plans which the authorities have not implemented, refusing to punish (due to the damages caused to the good relationships and failing identity) - encouraging evaluation and re-engagement, revision of previous unsuccessful plans.

Eighth Session Reviewing the assignment of the last session, reviewing the topics taught, answering items and problems, and running re-tests.

Findings

Table 2- Statistical indices of self-injury functions and its dimensions in both groups in pre- and post-test

Variables	Test	Control						Test
		Mea n	Standard deviatio n	Frequenc y	Mea n	Standard deviatio n	Frequenc y	
Self-injury functions	Pre- Test	35.60	11.41	15	35.93	10.71	15	
	Post - Test	42.87	11.87	15	24.13	14.03	15	
Interpersona l functions of self- injury behaviors	Pre- Test	22.07	8.36	15	20.47	8.67	15	
	Post - Test	26.07	7.88	15	14.07	10.07	15	
Intrapersona l functions of self- injury behaviors	Pre- Test	13.47	4.36	15	15.47	4.29	15	
	Post - Test	16.80	4.65	15	10.07	4.70	15	

As shown in Table 2, in the experimental group at post-test stage, the average of self-injury functions and interpersonal and interpersonal functions of self-injury behaviors were reduced

intuitively compared to the pre-test stage.

Main question One- Does teaching the reality therapy theories have a significant effect on students' self-injury functions?

Table 3- ANCOVA of the effectiveness of teaching Reality Therapy Theory on students' self-injury functions

Source of variations	Sum of Squares	Degree of freedom	Mean Squares	Test statistic	p	ETA Squared
The effect of pre-test	2742.397	1	2742.397	37.263	0.000	0.580
The effect of independent variable	2715.811	1	2715.811	36.902	0.000	0.577
Error	1987.069	27	73.595			
Total corrected	7361.500	29				

As shown in Table 3, the statistical effect of the independent variable of self-injury functions was determined to be significant at post-test stage ($F=36.90$, $p<0/01$). Therefore, there was a significant difference between the average self-injury of students in the control and experimental groups at post-test stage after excluding the effect of pre-test, and teaching the

reality therapy theory had a positive significant effect on the students' self-injury functions and reduced it. The effect of this factor based on the ETA squared column was determined to be 57%.

Sub-question one- Does teaching the reality therapy theory have a significant effect on the interpersonal functions of students' self-injury behaviors?

Table 4- ANCOVA of the effectiveness of teaching Reality Therapy Theory on the interpersonal functions of students' self-injury behaviors

Source of variations	Sum of Squares	Degree of freedom	Mean Squares	Test statistic	p	ETA Squared
The effect of pre-test	1457.652	1	1457.652	47.405	0.000	0.637
The effect of independent variable	841.817	1	841.817	27.377	0.000	0.503
Error	830.215	27	30.749			
Total corrected	3367.867	29				

As shown in Table 4, the statistical effect of the independent variable of the interpersonal functions of students' self-injury behaviors was determined to be significant at post-test stage ($F=27.38$, $p<0/01$). Therefore, there was a significant difference between the average interpersonal functions of students' self-injury behaviors in the control and experimental groups at post-test stage after excluding the effect of pre-test, and teaching the reality therapy theory had a positive significant effect on the interpersonal functions of students' self-injury behaviors and reduced it. The effect of this factor based

on the ETA squared column was determined to be 50%.

Sub-question two- Does teaching the reality therapy theory have a significant effect on the interpersonal functions of students' self-injury behaviors?

Table 5- ANCOVA of the effectiveness of teaching Reality Therapy Theory on the intrapersonal functions of students' self-injury behaviors

Source of variations	Sum of Squares	Degree of freedom	Mean Squares	Test statistic	p	ETA Squared
The effect of pre-test	165.047	1	165.047	9.985	0.004	0.270
The effect of independent variable	437.826	1	437.826	26.488	0.000	0.495
Error	446.286	27	16.529			
Total corrected	951.367	29				

As shown in Table 5, the statistical effect of the independent variable of the intrapersonal functions of students' self-injury behaviors was determined to be significant at post-test stage ($F=26.49$, $p<0/01$). Therefore, there was a significant difference between the average intrapersonal functions of students' self-injury behaviors in the control and experimental groups at post-test stage after excluding the effect of pre-test, and teaching the reality therapy theory had a positive significant effect on the interpersonal functions of students' self-injury behaviors and reduced it. The effect of this factor based on the ETA squared column was determined to be 49%.

Discussion and conclusion

The results of the data analysis showed that teaching the reality therapy theory had a positive significant effect on the students' self-injury functions. The results are consistent with those of the study of Arefi and Ganjori (2017). During the reality therapy sessions, teenagers became familiar with the effective ways of meeting all needs. In other words, they learned how to address their needs effectively, which made them less likely to engage in non suicidal

self-harm. In evaluating their current performance, they thought about the advantages and disadvantages of non-suicidal self-injurious behavior so that they would perceive the inefficiency of this behavior. During these sessions, the teenagers learned that changes in thoughts and functions had to be made in order to change feelings and physiology. In these sessions, the adolescents realized that they must change their thoughts and performance in order to change their feelings and physiology. They also realized that they will automatically feel better and experience better physiological conditions if they change their behaviors and thoughts in the face of different events. Based on the wants, doing, evaluation, and planning (WDEP) training, they went through the different stages of this system, i.e. determination of their desires, clarification of their current behavior, self-evaluation of their current behavior, and planning for changing this behavior in order to achieve their desires.

Moreover, by teaching the concept of a desirable world, adolescents first realized the difference and distance between their current lives and their ideal world. One of the

students' main motivation for self-injury behaviors was indeed an attempt to achieve the ideal world. However, assessing their current behavior, they realized that that they had chosen the wrong way to achieve their ideal world, which served as an incentive for them to find better ways to reach this goal. In addition, group reality therapy provided an opportunity for practicing what they had learned in a situation somewhat similar to the real life. As student-student and student-teacher conflicts occur in any educational class, attempts were made to make use of these situations for teaching and practice. According to the results, teaching the reality therapy theory had a significant positive and diminishing effect on the interpersonal functions of students' self-injury behaviors. This result corresponded to that of the study of Choubdari (2015), and Khaleghi, Amiri and Taheri (2017). Interpersonal conflicts with authorities are one of the most important external motivations for self-injury behaviors which are performed in order to prove one's power, revenge, and so on. Through such behaviors, teenagers show their opposition to harassing conduct at home or school environment and thereby, try to control others. Reality therapy teaches them that the only person they can control is themselves. You cannot control the behavior of no one but yourself. With reality therapy training, teenagers realize that self-injury behaviors might have been useful to them for a certain period of time, and they

might have managed to punish the other person, as a result of which that person would behave as they wanted, but they will not always receive such an answer and they would realize that the behavior and thoughts they have chosen, would lead to self-injury and self-harm. Therefore, their external motives for self-injury will reduce, as they realize that they can only control their own behaviors, not others.

In addition, the results showed that teaching the theory of therapeutic reality has a significant positive and diminishing effect on the intrapersonal functions of students' self-injury behaviors. This result was consistent with those of Che Latif, Dahlan, Sulayman and Magat Ahmed (2018), Jung Sook Kim (2005) and Qureshi and Behboodi (1396). To account for this result, impulse control disorder, self-incompetent, and self-criticism can be argued to be predictive of the prevalence of nonsuicidal self-injury. In other words, self-injury is used as a coping behavior to deal with unpleasant excitement. Therefore, when students are being helped through the reality therapy theory to focus on their needs and make plans to change their behavior in order to achieve their goals, they will not be blamed and punished in case they fail to implement their plans, but they will rather have the opportunity to review and develop a new plan, gradually come up with a sense of value, establish friendlier relationships with others, and move towards finding a success identity. Thus, the sense of incompetence and consequently the

intrapersonal functions of students' self-harm behaviors will be reduced.

Some of the most important limitations of this research were infeasibility to control all the variables affecting the students' self-harm behavior and functions, the limited number of studies found on the assessment of the effectiveness of various psychotherapy theories, especially the reality therapy, on self-harm behaviors. This led to the selection of a more limited number of precisely-related studies.

According to the results, it is recommended that school administrators inform parents and teachers of the students' five needs, the causes of their self-injury behaviors and how to help them improve the sense of responsibility and meet their needs in a correct way based on the concepts of reality therapy. Moreover, some workshops should be held for introducing school counselors to the use of reality therapy for the students with a history of self-harm. Future researchers are recommended to examine the effectiveness of reality therapy for other self-injurious behaviors, such as suicidal attempt, among students. It is also suggested that the effectiveness of other psychotherapy theories on students' self-injurious behaviors be studied.

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