The Perceptions of Parents of Adolescents Who Have Experienced

Non-suicidal self-injury (NSSI) Occurrences:

Support and Parental Role

By

Florence Costello

RECOMMENDED: _____
Dianne Toebe, PhD, MPA, ANP, RNC

_____
Bernice Carmon, PhD, MPH, RN
Chair, Advisory Committee

_____
Barbara Berner, EdD, APRN, FNP-BC, FAANP
Director, School of Nursing

APPROVED:

_____
Susan Kaplan, PhD, MBA, OT
Senior Associate Dean, College of Health

_____
Date

THE PERCEPTIONS OF PARENTS OF ADOLESCENTS WHO HAVE EXPERIENCED NON-SUICIDAL SELF-INJURY (NSSI) OCCURRENCES: SUPPORT AND PARENTAL ROLE

A

PROJECT

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Florence Costello, BS

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Abstract

This descriptive qualitative scholarly project explored the perceptions of parents of adolescents who have experienced non-suicidal self-injury (NSSI). Eight interviews were conducted and transcriptions were produced from digital recordings. A software program was used to organize, analyze, and produce findings from the transcribed interviews. Major themes were feelings of shock and helplessness and thoughts of wanting to know. Sub-themes for shock and helplessness were feelings of guilt, feeling of disbelief, feeling anxious, and feeling frightened. Sub-themes for thoughts of wanting to know about were awareness, parental involvement and available support.

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Chapter 1

Self-harm behavior in the past had been observed in the clinical setting alone (Klonsky, Oltmanns, & Turkheimer, 2003), focusing primarily on persons with mental, intellectual and developmental disabilities and those who self-injure with the intent to commit suicide (Klonsky, Oltmanns, & Turkheimer, 2003). However, over the last several decades the self-harm population has shifted to non-clinical settings with adolescents in increasing numbers (Hawton, Saunders, & O'Connor, 2012; Muehlenkamp, Claes, Havertape, & Plener, 2012). Non-suicidal self-injury (NSSI) behavior, with its potential for negative consequences, requires research studies to understand and increase knowledge regarding the role of parents and support of helping parents dealing with occurrences of NSSI behaviors in adolescents (Baetens et al., 2014).

According to Carr (2014), studies have found that family-based approaches such as parent education and training, family therapy, and multisystemic therapy (which provides a broader network of support) can improve and reduce the risk of reccurrence for most adolescents engaging in self-harm. Also, parental involvement plays an important role in the maintenance and cessation of NSSI in adolescence (Tatnell, 2014). It is important to increase understanding on how to educate and help improve parental knowledge of their role during occurrences of NSSI. Focusing on the perceptions and experiences of the parents during NSSI occurrences adds to the existing knowledge and moves towards identifying specific guidelines that could result in increased parental support, education, and involvement with the goal of possible improvement in the overall process of treating adolescents with NSSI occurrences.

Project Statement

The parent-child relationship is the most important social relationship that is needed to help an adolescent with NSSI behavior (Bureau, Martin, Freynet, Poirier, Lafontaine, & Cloutier, 2010; Muehlenkamp et al., 2010). Involving the parent in the NSSI treatment process and all its implications has been recognized as being beneficial (Bureau et al., 2010; Muehlenkamp et al., 2010; O'Connor et al., 2009). Adolescents who have a higher likelihood of adopting NSSI behaviors are those with single parents or parents who are emotionally detached or not involved in their children's lives (Bureau et al., 2010; O'Connor et al., 2009). Bureau et al. emphasized the need to acknowledge the role of parent-child relationships in prevention programs and intervention models for NSSI to alleviate the potential for negative consequences. Further studies are necessary to understand the perceptions of parents who have experienced NSSI occurrences in their adolescent child. Examining parents' perceptions of support and the parental role will add to the existing knowledge and aid in identifying what specific supports and parental actions are beneficial in helping adolescents during an NSSI occurrence.

Purpose of Study

The primary purpose of this qualitative descriptive study is to examine the perceptions of parents who have experienced non-suicidal self-injury (NSSI) occurrences in their adolescent child. This study describes and identifies the perceptions of parents of adolescents with NSSI occurrences, the parents' need for support, and the parental role.

Significance of the Study

The goal of this study was to add to the existing body of knowledge about the perceptions of parents who have experienced NSSI occurrences in their adolescent child. The outcome of this study maybe used to develop resource information for parents and others.

Significance to Nursing Practice

This study has significance to nursing practice by providing information on parents' perceptions and experience with an occurrence of NSSI in their adolescent child.

> Findings can provide insights that can help nurses and parent-child health providers to understand and assist parents with greater effectiveness; by maintaining a non-judgmental stance, acknowledging the difficulties of their experiences, encouraging confidence in their parenting abilities, and promoting effective stress management strategies. (McDonald, O'Brien, & Jackson, 2007, p. 298).

By increasing awareness of NSSI, nurses may use the recommendations from this study in their treatment programs. The recommendations may also be used by parents who are dealing with NSSI. Resources may be developed that address and strengthen the parent-child family systems in the treatment and recovery from NSSI. Understanding support and the role of the parent may help with future management of NSSI.

Research Question

Two primary questions directed this qualitative study. The two questions addressed were:

1. What are parents' perceptions and experiences during an occurrence of NSSI in their adolescent child?
2. What are parents' perception of their support and parental role during an occurrence of NSSI in their adolescent child?

Theoretical Framework

Figure one represents the theoretical framework I developed based on systems theory. This theoretical framework focuses on the social and emotional balance that determines, regulates, and contributes to the occurrence of NSSI. The theoretical work asserts that the parent

role is to learn, maintain, navigate and exemplify healthy socio-emotional balance within the parent-child family system.

Parent-Child System Framework for Socio-Emotional Balance

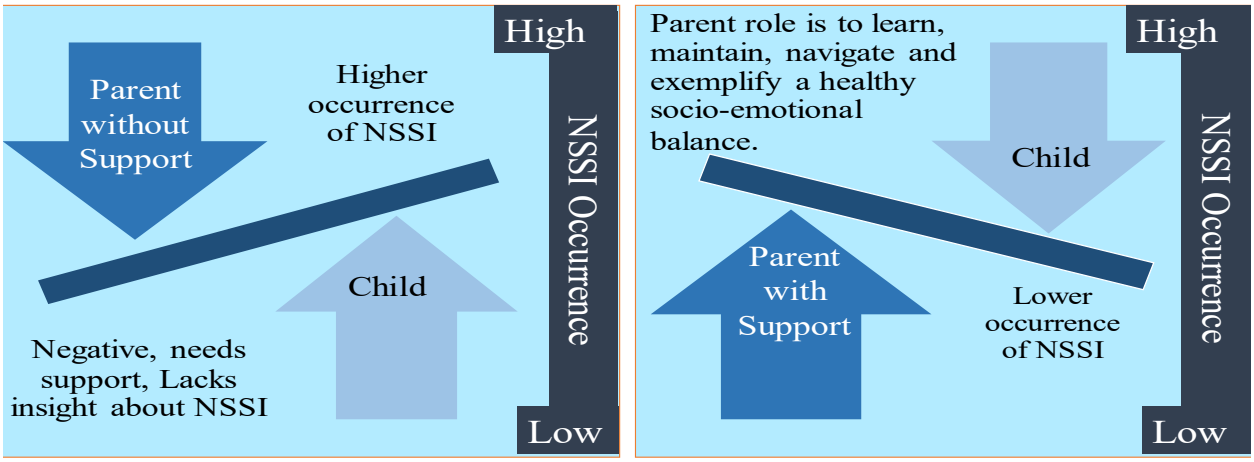

Figure 1: Parent-Child System Framework for Socio-Emotional Balance.

Systems theory forms the basic foundation for this scholarly project. Systems theory aims at understanding the dynamics and processes of a system (Kravitz, 1979). In this case, the system under investigation is the parent-child system within the context of understanding NSSI occurrences. The occurrence of an NSSI distinctly affects the parent-child family system; likewise, the parent-child family system may affect the occurrence of NSSI.

Chapter 2

Review of Literature

Non-Suicidal Self-Injury

Non-suicidal self-injury (NSSI), both in the literature and in this scholarly project, refers to “socially unacceptable, intentional, and direct injuring” (Baetens et al., 2014, p. 817) or alteration of body tissue so that tissue damage occurs (Baetens et al., 2014). Non-suicidal self-injury is carried out without conscious suicidal intent on the part of the patient (Bureau et al., 2010). Non-suicidal self-injury is a dangerous behavior, especially among adolescents. While NSSIs are different from suicidal behavior, they are associated with an increased risk of suicide attempts (Kerr, Muehlenkamp, & Turner, 2010). Non-suicidal self-injury tendencies manifest through different behaviors, such as cutting, which involves making cuts or scratches with a sharp object or fingernails on parts of the body. Other forms of NSSI include: carving words or symbols into the skin; biting oneself; burning oneself using tools such as cigarettes, matches, or lighters; head banging; and punching/hitting oneself or objects like walls, doors, or mirrors (Kerr et al., 2010; Muehlenkamp, Walsh, & McDade, 2010). Other NSSIs may include more severe behaviors, such as intentionally breaking a bone (Kerr, et al., 2010).

Non-suicidal self-injury among Adolescents

Non-suicidal self-injury is an increasing occurrence among adolescents and is viewed by clinicians and researchers as both a "psychological and physiological health risk" (Bureau et al., 2010, p. 484). Adolescents with NSSI describe using this particular form of behavior to cope with "negative emotions and emotional experiences" (Bureau et al., 2010, p. 485). A community sample study done by Baetens (2014) concluded that 7.7 percent of early adolescents (grades six to eight) and 13.9 percent to 21.4 percent of high school-age adolescents reported NSSI

behavior. Muehlenkamp et al. (2012) conducted a systematic review of global empirical studies done from 2005 to 2011 and reported an estimated range of lifetime prevalence of NSSI in adolescents as 5.1 percent to 42 percent. Data collection in a pre-survey for a study in 2008 of five high schools resulted in the report of lifetime NSSI behavior of 25.9 percent (Muehlenkamp et al., 2010).

In a study done by Hawton, Rodham, Evans, and Harriss (2009), a low minority of adolescents seek help after an NSSI occurrence. Adolescents engaging in NSSI are likely to benefit from parental support and professional help. The earlier an intervention begins the more effective it is in preventing further NSSI episodes among adolescents (Muehlenkamp et al., 2010).

Non-Suicidal Self-Injury and the Cognitive Model

The cognitive model describes how individuals' perceptions of situations and spontaneous thoughts about a given scenario can influence their emotional, behavioral, and even physiological reactions (Beck, 1964). People's perceptions can be distorted and dysfunctional when they are distressed (Beck, 1964). Individuals can learn to identify and evaluate their thoughts, especially those that are spontaneously occurring within the imaginal or verbal cognitions. Individuals can also learn to correct their thinking to more closely resemble reality. When this is done successfully, patient distress usually decreases; patients may have more functionally and their physiological arousal abates, especially in the case of anxiety (Beck, 1964).

In the cognitive model, individuals learn to identify and modify their basic understanding of themselves, their environments, and other people (Beck, 1964). The cognitive model explains individuals' physiological, behavioral, and emotional responses as mediated by the individuals'

perceptions of their experience. Individuals' perceptions can be influenced by their beliefs and characteristic ways of interacting with the world, as well as by the experiences themselves. Their beliefs influence their processing of information and give rise to their distorted thoughts (Beck, 1964). The cognitive model might describe a person's reaction toward a situation or experience leading to NSSI behaviors. This description of the cognitive model can be demonstrated in the factors that promote NSSI behavior and the presence (absence) of parents in the lives of children with NSSI behavioral tendencies (O'Connor, 2009).

Factors Associated with Non-Suicidal Self-Injury

In the study by Claes, Houben, Vandereycken, Bijttebier, and Muehlenkamp, (2010), associating factors were examined between NSSI, self-concept, and acquaintance with peers also engaging in NSSI. About 150 high school students (60 percent female) with a mean age of 15.56 (SD = 2.00) years were recruited. The instruments used in this study were a Self-Harm Inventory and the Self-Description Questionnaire. Students with NSSI had lower self-rating on academic intelligence, physical attractiveness, social skills, and emotional stability as compared to their non-suicidal and non-injuring peers (Claes et al., 2010). Students with NSSI had more friends who engaged in NSSI. Having more NSSI friends was found to negatively relate to self-esteem. Claes et al. (2010) argued that adolescents with lower self-esteem are more attracted to peers with NSSI behavior. Likewise, adolescents with low self-esteem have higher tendencies of copying NSSI attempts as a means of dealing with their problems or to gain a certain identity within their peer group (Claes et al., 2010).

Prinstein, Heilbron, Guerry, Franklin, Rancourt, Simon, and Spirito (2010) found that social factors influence NSSI among adolescents. The most prominent factor was peer-pressure. Prinstein et al. (2010) used data from their two longitudinal studies to determine if NSSI may be

associated with peer influence processes. Study 1 included 377 adolescents recruited from a community-based sample while Study 2 included 140 clinically referred adolescents sampled from the population of an inpatient psychiatric facility. The NSSI acts for adolescents in Study 1 were examined at baseline (zero years) and after a year. The best friends of each adolescent studied also reported their NSSI level. For Study 2, NSSI acts of the adolescents were examined at baseline, nine months, and 18-months after the baseline or start of the study timeline. Findings from the two studies showed that the perceptions of adolescents regarding their best friends' engagement or experience related to NSSI acts influenced their own decisions to engage in NSSI acts (Prinstein et al., 2010). Study 1 argued that socialization plays an influential role among younger youth. Study 2 results supported the claims from Study 1 and showed that there are longitudinal effects of this influence through socialization on the decision to commit NSSI acts (Prinstein et al., 2010). Adolescents' decision to commit NSSI acts was associated with increasing perceptions of their friends' engagement in depressive/self-injurious thoughts and behavior (Prinstein et al., 2010).

Muehlenkamp, Engel, Wadeson, Crosby, Wonderlich, Simonich, et al. (2009) have associated NSSI with bulimia among adolescents. Bulimia nervosa and NSSI have high tendencies of simultaneous occurrence among adolescents, likely because both have been conceptualized as a maladaptive means of regulating emotion. Muehlenkamp et al. (2009) claimed that treatments focusing on emotion regulation have been designed to address behavioral problems in both bulimia and NSSI. Muehlenkamp et al. (2009) also noted very little research exists examining the temporal, emotional states surrounding acts of NSSI. Using ecological momentary assessment (EMA) methods, Muehlenkamp et al. (2009a) examined the temporal association between the different states of emotion (positive and negative) before and after

committing various acts of NSSI for people who have been diagnosed with bulimia nervosa. Results indicated significant increases in negative affect and decreases in positive affect, prior to an NSSI act (Muehlenkamp et al., 2009). When the observed group has gone through the phase of NSSI (without relapsing in their bulimia), positive affect significantly increased; however, negative affect was unchanged. The findings offer partial support of the emotion regulation paradigm in understanding NSSI within bulimic populations and implications for treatment.

Parental Role and Support: Emotional and Psychological Problems

It is common for parents to encounter maturational and situational crises as children grow and develop (Scott, 1998). During the adolescent stage, children become more vulnerable to exploring new things, which may not necessarily be always for their betterment (Scott, 1998). Carr (2014) showed that intervention with family participation for psychological distress cases is very effective. Effective interventions include both family therapy and other family-based approaches such as parent training. Parents must be involved in the intervention program because they are part of the NSSI-engaged adolescent's close social circle of individuals.

For example, students with autism need strong parental guidance to have positive outcomes from interventions to improve their performance in school (Eikeseth, Klintwall, Jahr, & Karlsson, 2012). For children with cases of depression, parental involvement and optimism are key to the effectiveness of the intervention (Piko, Luszczynska, & Fitzpatrick, 2013). The parental role is even more prominent and more important in interventions for emotional problems such as depression, anxiety disorders, grief following parental death, bipolar disorder, and self-harm (Carr, 2014). However, parents may experience barriers to engagement in different interventions; hence, they require support to increase effective participation in helping their adolescent through the NSSI occurrence (Carr, 2014; Piko et al., 2013).

Parental Role and Support: Knowledge in non-suicidal self-injury

Interpersonal relationships may influence the development of NSSI in adolescence, particularly in the context of familial relationships (Muehlenkamp et al., 2010). Wood (2009) highlighted that in most cases of sustained NSSI behavior among adolescent children, parents were not aware of such behavior; thus preventing them from intervening and getting help for their child. Moreover, Wood (2009) also highlighted the importance of awareness among parents towards their child's NSSI behavior or acts.

Oldershaw, Richards, Simic, and Schmidt (2008) conducted a study to explore the perspective of parents of adolescents who self-harm. Using interpretative phenomenological analysis, Oldershaw et al. (2008) used semi-structured interviews with 12 parents of adolescents receiving treatment for NSSI. Results showed that it was common for parents to suspect occurrences of self-harm prior to knowing it from their children. However, communication barriers delayed the process of intervention for NSSI once suspicions were aroused. Parents also showed struggles in understanding and coping with NSSI among their children (Oldershaw et al., 2008). Hence, parents need support and guidance from services that can offer help in managing their children with self-harming tendencies and in addressing the implications of such behaviors (Oldershaw et al., 2008).

McDonald, O'Brien, and Jackson (2007) explored the personal experiences of mothers with self-harming children. They highlighted that understanding the perceptions of parents is important to comprehend the reason for self-harming behavior among children. It should be noted that McDonald et al. (2007) found that parents with self-harming children feel increased levels of distress. Mothers are left with feelings of guilt and shame once others know that their children have NSSI tendencies (McDonald et al., 2007). In the study by O'Connor et al. (2009),

factors associated with increased risk of NSSI were living with a single parent or living with one parent and a step-parent compared with living with both parents. Also, an increased risk of NSSI was associated with having divorced parents compared to non-divorced parents. Moreover, Muehlenkamp et al. (2010) stated that an unpleasant environment during childhood, characterized by inadequate parenting, is a potential risk factor in the etiology of NSSI.

According to Bureau et al. (2010), experiences with the family may have a significant impact on the development of NSSI. Bureau et al. (2010) aimed to identify specific dimensions of early parent-child relationships that have a significant association with NSSI. They grouped participants according to NSSI acts committed in the past six months. Results from the analysis of the parent-child relationships revealed that "all relationship dimensions would be related to NSSI, with some dimensions being stronger predictors" (Bureau et al., 2010, p. 486). Bureau et al. (2010) concluded that there is need to acknowledge the important role of parents' "child relationships and the participation of parents as an important aspect of ensuring the effectiveness of the prevention programs and intervention models for NSSI" (p. 487).

Support and Parental Role in NSSI

According to Hawton et al. (2012), parent-child adversities and maladaptive parenting contribute to NSSI. Developing a greater understanding of the needs of the parent in the parent-child relationship when NSSI occurs is important for evidence-based practice (Hawton et al., 2012; Muehlenkamp et al., 2012). The psychological impact of NSSI on a parent can be devastating and lingering. Oldershaw (2008) showed that parents who accepted help found it to have a positive effect, while the parents who did not accept help experienced an increase in distress. Giving parents positive support contributes to increased adherence to intervention strategies and coping with the stressful event (Oldershaw & Richards, 2008). In contrast,

Oldershaw (2008) reported that negative responses and poor support towards parents after disclosure of NSSI resulted in delaying the help-seeking process until a reoccurrence of NSSI.

The acceptance of NSSI by the parents can be a gradual process. Oldershaw (2008) reported that offering education and knowledge of NSSI helps parents make sense of NSSI in their child. Teaching parents how to negotiate with people who commit NSSI acts and fostering communication between parent and child were found helpful in cases where parents reported delays in services due to not wanting to push the issue with their child. Some parents reported hoping the NSSI behavior might resolve itself (Oldershaw et al., 2008). The parental effect of increased knowledge regarding NSSI in their child had a positive impact on parental behavior and changes to family life (Oldershaw et al., 2008).

Summary

Non-suicidal self-injury among adolescents is increasing in frequency (Bureau et al., 2010; Dougherty et al., 2009; Muehlenkamp et al., 2010). The parental role in the life of a child evolves as the child grows. Parents are considered role-models for their children. Parental attitudes may enrich and inspire a child by modeling how to navigate difficult aspects of the life journey. This does not always happen in childhood. Different factors such as negative parenting, socio-economic factors, and stressful life events can change the child's journey in life. These factors can contribute to independence from parental influences that can lead to NSSI (Piko et al., 2012). Focusing on the perceptions and experiences of the parent helps researchers to understand the interpersonal and social relationship factors that are associated with the decision of adolescents to commit NSSI acts and can improve the overall outcome for both the parent and child (Claes et al., 2010; Prinstein et al., 2010). The perception of parents who have experienced NSSI occurrences in their adolescent is the focus of my study.

Chapter 3

Methods and Design

This research project follows a descriptive qualitative design. A qualitative methodology was appropriate for this study because a qualitative approach helps in shaping a broader worldview where individuals perceive culture, history, personal experiences, socioeconomic status, and community or organizational dynamics differently (Leedy & Ormond, 2010; Polit & Beck, 2010). Unlike quantitative studies, qualitative studies permit the exploration or investigation of a particular phenomenon in depth within its uncontrolled environment (Mitchell & Jolley, 2012). Moreover, qualitative research has the advantage of gathering and presenting rich data, especially when data gathering is performed through interviews (Moretti et al., 2011). Moreover, qualitative research is also appropriate when the researcher seeks to understand parents' perceptions (Silverman, 2011). The aim of the study was to examine parents' perceptions of support and the parental role. The findings add to existing knowledge and may improve the quality of care provided by identifying supports and parental actions that are beneficial in helping adolescents and their parents during an NSSI occurrence.

General Interview Guided Approach

In this study the general interview guided approach was used. This approach has some structure but can lack consistency between each study participant interviewed. The research interviewer may present the questions and adapt them to each participant on a personalized basis to acquire more in-depth information. This approach allowed the interviewer to develop understanding and rapport with interviewees; it also allowed for follow up with more in-depth questions based on participants' responses to individual questions (Turner, 2010) (Appendix A). The interviews were recorded using a digital voice recorder. The interviews were transcribed and coded for themes/category, subthemes, meanings, and significant statements.

Participants Inclusion Criteria

The participants for this project were parents who had experienced an occurrence or multiple occurrences of NSSI in their adolescent child. The occurrence of NSSI in the adolescent child had to occur between the ages of 13 to 19 for the participant to meet the inclusion criteria. All participants were fluent in English.

Participant Recruitment

Participants were recruited using flyers (Appendix B) distributed at acute, residential, and primary care facilities. Word of mouth and snowballing were also used to recruit participants. Potential participants telephoned me and I described the study and answered any of their questions. If the participant agreed and met the criteria, an appointment for a digitally recorded interview was made at a mutually agreed upon date, time, and location.

Data Collection

Prior to the interview, any questions the participants had were answered, the consent form (Appendix C) was signed and a copy of the signed consent form was made available to the participant. The interviews were conducted until saturation of data responses was reached. The digital information from the interviews was transcribed verbatim by the researcher. If requested, a copy of the transcript was given to the participant for review. Field notes were included in the transcription, detailing participant behavior and demeanor during the interview. A demographic data form (Appendix D) was used to collect participants' demographic data, including gender, education, and their relationship to the NSSI-engaging child; demographic data regarding the NSSI-engaging adolescent child was also collected, particularly age at the time of NSSI occurrence and gender.

Data Analysis

The data analysis procedure was conducted utilizing the NVivo 11 software, a program designed to analyze unstructured data for common themes and patterns in the participant responses. This data analysis software guided the researcher through a series of steps to examine the data. The steps included meticulous preparation, comprehension, and interpretation of the rich data gathered from the participants (Hsieh & Shannon, 2005; Krippendorff, 2012).

Content analysis was the method used to analyze emergent themes extracted from interviews with no presumptions of building any underlying theory. Content analysis takes into account the need to limit researcher bias, while allowing for the flexibility to allow the researcher to describe the behavior of the interviewee within formulated systematic rules (Krippendorff, 2012; Zhang, & Wildemuth, 2009). When deciding between the different methods of content analysis, it was found that conventional content analysis was appropriate for this study because of its common use within those study designs that aim to describe perceptions. The perceptions in this case being the perceived support and role of parents in the intervention process for their adolescent children with NSSI behavior (Hsieh & Shannon, 2005). Hence, for this study, category development was conducted in an inductive manner with the basis of the categories being the data, rather than pre-conceived themes (Krippendorff, 2012).

Data Management

As part of data management, each interview was recorded on a digital voice recorder. The researcher fully transcribed each digital recording verbatim. Interviews were transcribed with inserted pseudonyms to ensure the privacy and confidentiality of the participants. Transcripts were reviewed and checked by the project chairperson. Participants' transcribed interviews were made available to them for the purpose of reviewing for potential

inconsistencies. Offering participants the opportunity to view transcriptions and correct statements adds trustworthiness to the data obtained and therefore enhances the accuracy of the research (Carlson, 2010). Participants could add information at this step of the data collection. Organized data and transcripts were then entered into qualitative analysis software NVivo.

Protection of Human Subjects

Each participant was informed verbally and by a written consent form of the stated purpose of the study, the ability of participants to withdraw at any time, and the procedures that would be used in the study. Participants were informed of the voluntary nature of the interview and that there were no direct risks or benefits in participating. Confidentiality and privacy were assured and a comfortable meeting place was agreed upon prior to beginning the interview process. Participants were informed of their right to decline to answer any question and to withdraw from the study at any time. Prior to the start of the interview, resource information (Appendix E) was made available to the participants on how to access help and support after the interview. The Institutional Review Board (IRB) approval letter is in Appendix F.

Data Trustworthiness

In qualitative research, the researcher is involved in the data collection and analysis process and must ensure the trustworthiness of both the research conducted and the data collected. For qualitative descriptive studies, trustworthiness is usually determined by credibility and transferability (Sirriyeh, Lawton, Gardner, & Armitage, 2012). Credibility was established for this study by applying research methods and questions that have been used in previous studies investigating similar phenomena. Credibility was also established through acknowledgement of study limitations (Sirriyeh et al., 2012).

Transferability "refers to whether or not particular finding can be transferred to another similar context or situation" (Houghton, Casey, Shaw, & Murphy, 2013, p. 12-17). The findings

that will be extracted and analyzed from this study are focused on achieving a rich, detailed description of the perceptions and experiences of participants. This approach provides a better understanding of the findings and the phenomena described in the research study (Houghton, Casey, Shaw, & Murphy, 2013).

Chapter 4

Results

This chapter presents the themes formed from the qualitative descriptive analysis. Themes and sub-themes emerged from the participant interviews. The computer software programs NVivo11 was used to assist in the systematized and organized coding of responses from the transcribed interviews.

Description of Participants

Participants of the study were parents who were English-speaking, with an NSSI-engaging child, aged 13 to 19 at the time of awareness of an NSSI occurrence. Eight parents were interviewed, seven mothers and one father. Two parents had high school diplomas, one parent had an associate degree, and five parents had bachelors degrees.

Themes and Subthemes

During qualitative descriptive analysis, two major themes were formed with several sub-themes following (Table 1).

Major theme 1: Feeling shocked and helpless. For the first research question, which addressed the parents' perceptions and experiences during NSSI occurrences in their adolescent, responses showed that the parents mainly felt shocked and helpless. This major theme was shared by all eight of the parents interviewed. Participants felt helpless, as reported as not knowing what to do to make their child feel better and normal again. Parents wanted to help, but were in denial of the state of the child.

Table 1

Summary of Theme and Subthemes

Theme	Subthemes
Feelings of shock and helplessness	Guilt for not realizing the situation earlier
	Disbelief that their child can have NSSI
	Shame about judgments from others
	Frightened for the safety of the child

Yes, I was kind of confused, sort of a helpless feeling because I did not know how to help her... it's that moment of shock that seems to go on forever... you know you have to do something... say something, try and be calm... but you don't want to say the wrong thing [or] be negative at that moment or create an upset. So many thoughts go through your head? Was this a cry for help? My brain was spinning.

Yes, it was a very difficult moment, yea a total shock... like an unexpected slap to the face... I felt like the rug had just been pulled out from under me. Yes, it is kinda funny...

Parents described mixed feelings when they learned the condition of their child:

Like shi, just horrible, sick to my stomach … well like I said shocked, speechless, worried. I would say, lost, overwhelmed and probably lots of other thoughts and feelings… wow, just lots and lots of stuff goes through your mind.*

The [parent], however, was pissed, angry and going in another direction ... not exactly helpful at that time, but, like I said, we were shocked, I mean really shocked.

Was just feeling powerless at the time. I know some of the feelings now that [child] has been in treatment… like feeling like a failure as a mother, feeling helpless and powerless over not knowing how to help my child.

They were all shocked and could not contain their emotions upon learning the news:

Super overwhelming so, not only were we going with the self-injury behavior but also with the suicidal ideation, and it was, and of course, you know everybody has kinda a different... I think, we all had a very.... we each had our own individual reaction which was probably not really tempered or well filtered or well thought out at that point... so it was super overwhelming to be a part of that experience and what it that looked like for him.

Another student saw her doing it [cutting] and reported it. The experience was shocking; I just could not imagine that my [child] could do such a thing.

Angry for sure, sad … that maybe something is wrong that [child] is unable to talk about it with me or someone else. I just did not know and not knowing why is definitely a helpless feeling.

Parents had a mixture of feelings but mostly found that these were uncomfortable, shocking, and helpless when thinking about the welfare of their child:

Well, I experienced a mixture of very uncomfortable feelings when I found out my [child] was cutting… anger, guilt, frustration, fear- my perceptions of first knowing of this behavior.

I can't say I was the happiest [parent] at that point in time, now what do I do? Like I said earlier, I experienced a mixture of very uncomfortable feelings, a flooding of thoughts and lots of questions … overwhelmed, shocked, you could say helpless maybe my somewhat normal life I felt was headed towards chaos, me, my family, I thought we are going to maybe have some new challenges ahead of us.

Parents described feelings of powerlessness and lack of control over the situation:

Well, [child] was very depressed. Yes, I had worry about that. It was very frustrating because I was powerless and had no control over that and did not have the access to talking it out with her.

Well, there is the powerlessness. Combine with that, as the responsible mother, the way I have to make everything happen there's, I don't know how to explain it, but you have to be in control. You have to be in control of the situation. You have to be in control of your emotions. You cannot show your concern. We all do come from the background of, you can't show emotion, and your emotions are not valid, so sometimes it's really hard to talk about how I felt because I didn't allow myself to feel either, truly.

Parents felt overwhelmed with the situation and could not believe what was happening with their child:

I was just sad and tearful, confused, angry it felt like I was a little bit in the twilight zone. I was overwhelmed, I was sad that maybe I wasn't doing good as a parent, yeah very overwhelmed and sad.

Sub-theme 1: Feeling guilty for not realizing the situation earlier. The first sub-theme that was identified involved feelings of guilt for not realizing the situation of the NSSI-engaging child earlier.

> *When I look back on it now, it probably was going on for a few months... I felt a lot of guilt over that... that I did not notice it sooner. Yes... and it certainly blew me away when [child] showed me the cuts on her body were not cat scratches.*

> *I felt guilty because my child was suffering without my knowledge. Feelings of guilt we were not aware that [child] was feeling so bad that [child] would do this,…just like feeling terrible that my child was suffering right before my eyes, and I just did not see it.*

> *I thought maybe; I am not spending enough time with [child] then I guess you could say I had some feelings of guilt over all of this. Yea, lots of guilt.*

> *… why didn't I see this, I should have seen this coming and what are we doing wrong as parents to [pause] why is my child acting this way and it must be a response to something we're not doing at home, [child] must not be getting something from us, I must be failing as a mother you know because [child] is acting this way*.

Some parents felt guilty with their family situation, and felt that this might have been a cause of the child's NSSI condition:

> *… so there was a guilt associated with that, that perhaps the home life [pause] had played a role in this, not just adolescence.*

Sub-theme 2: Feeling of disbelief that their child can have NSSI. The second sub-theme that emerged was the feeling of parental disbelief that their child could be engaging in NSSI.

> *I couldn't understand how my [child], a girl who had so much focus, intelligence, talent and beauty could be doing this. It had to be painful. I cringe if I get a paper cut.*

> *I remember I had this feeling of disbelief that [child] was just joking with me... boy, was I shocked to know [child]she was not kidding... but also very grateful that [child] let me know... even though it was hard not to react in a negative way. I know from experience that communication does not happen when you are angry, upset or reactive. I definitely had to remain calm to be able to talk with [child].*

Parents were unaware of the cutting behavior their child was engaging in. But as soon as they learned of the behavior, there was disbelief, asking how, as a parent, they did not notice the drastic changes in their child. At the same time, they questioned how counselors did not notice such behavior as well:

> *What I did notice was that [child] was becoming more and isolated from friends, not wanting to go to school, and I also noticed on several occasions that [child] had blood spots on the sleeves of shirts. I made an appointment with a counselor because you could say I was worried and thought maybe a counselor could find out what the problem was. In a family session, [child] disclosed cutting / puncturing forearms with a fork. I was just shocked at that moment I would say sort of speechless. We did not know; her counselor did not know [pause/sigh].*

Sub-theme 3: feeling anxious of the judgments from others. The third sub-theme that formed was feelings of anxiety due to concerns of judgment from others, especially those in their social circle. Parents felt worried and anxious about being portrayed as bad parents because of their child's condition; they also felt uneasy about the preconceptions of people around them:

> *I also thought it could get a bit embarrassing at parent meetings thinking that the other parents might maybe think I am a bad mother or maybe my daughter's behavior will rub off on their kid or she would get kicked out of the private school, she was in. Lots went through my mind when I first found out that she was cutting.*

> *People ask questions, and then you feel guilty and embarrassed as a parent. Am I failing my kids? Then the social stigma …, that's another social thing.*

Sub-theme 4: feeling frightened for the safety of the child.

Parents were frightened and consumed with thoughts for the safety of his child.

> *I remember it was a frightening flood of thoughts that were complicated in many ways by not knowing about the behavior of deliberate self-harm I did not feel support.*

> *I also (inaudible) not being up on things like this, I thought maybe this behavior is leading into something bigger like suicide? There again not knowing, feeling just dumbfound my child would not do this, and I would know about it, or I thought I would. Wow is all I can say and is this really happening?*

> *I did not feel support initially because I was frightened in a sense you could say in the beginning for my child and I probably came across as wanting instant answers but had to accept that my child is safe and they will hopeful include me in this situation so I can learn why [child] had been cutting.*

Parents reported being scared and concerned for the safety of their child, stating that home is like jail for the child. What actually was a cry for help has become punitive because we we're scared.

Major Theme 2: Wanting to know

The parents' perception of the support available and parental role during an occurrence of NSSI in their adolescent child developed from their search to find answers to questions that the NSSI experience generated. Table 2 lists the major theme and sub-themes that emerged.

Table 2

Summary of Theme and Subthemes

Theme	Subthemes
Wanting to know	Awareness
	Parental involvement
	Available support

Parents can learn about the facts which are not readily available and provided by the counselors and hospitals:

> *I did a lot of research on the internet and ordered some books on non-suicidal self-injury, I found, let me rephrase that, it is in my opinion that there is little to none support services for parents.*

> *I did have many questions about self-injury, but most of them I had to discover through reading online articles and books.*

Parents had to be resourceful and conduct research by themselves:

There was really no support in regards to education on cutting; I was basically on my own to learn and find support wherever I could.

Parents gathered more information on what NSSI really is:

We've researched what we can online, [long pause] I guess we've all done a lot of reading, but we're still … My [child] is not telling us exactly, [child] can't verbalize why doing it feels better, and it makes the pain go away, but we don't know the source of the pain [pause] and I don't want to give [child] excuses for the pain … I don't want to implant things that [child] can use as a weapon against us.

Sub-Theme 1: Parental Involvement. Parental involvement is beneficial for the child experiencing the occurrence of NSSI. By undergoing family therapy together, parents can learn the practices and methods to handle and deal with their child:

Family therapy went well... it was helpful that we are a close family and working together as a family was the right thing to do for our [child]. This I would recommend to other parents who have similar issues.

We learned skills to regulate emotions, and this was one of the most beneficial skills we all learned... and by the way... but you already know this that regulating emotions are very important for someone who self-harms.

Parents suggested that family involvement in therapies is also beneficial for the child. Families can ask and inquire about the different methods that they can do to further help their child and get through the difficult time:

One of the comments that I remembered was that that our [child] may be more likely to accept help if we were supportive of treatment. And we wanted [child] to get help. I thought why would I not be supportive? …I hope that as a family we will be prepared to do this with our child, and I hope family is involved in treatment

Well definitely educate yourself on self-harm, ask lots of questions, ask for where to get family support, ask, ask, ask. No one really thinks about you; you have to make yourself visible as a parent to everyone. Go to all visiting times… be a part of what your child is learning because you have to learn it too.... nothing really is just handed to you [pause] you have to ask, you know what I mean.

Parents emphasized that close involvement allows the acquisition of coping skills and methods for the child:

We got some support out of family therapy component that helped a little bit. All I have really been told is that if we are able to better treat the anxiety and depression, that the symptoms will lessen, and [child] will have less reasons to do this to build up coping skills.

Parents shared how the whole family worked together to improve the situation of their child. The family made sacrifices and adjustments to accommodate the need of the child with NSSI:

Help with communication and keeping a normal routine within the limits of the behavior of self-harm, was not easy to do. What was best for my daughter was foremost important but, at the same time, I felt captive to my new situation and role for my child. I had other obligations and other roles that had to change during this time to accommodate the needs of my child in order to improve recovery from self-injury. It was a very difficult and disruptive time for our family; we were all willing and onboard with working together as a family to help [child] recover from self-injury [pause] but, like I said it was very disruptive and difficult on our family, personal life, work lives and social lives.

Sub-theme 2: Awareness The second sub-theme that formed was the need for availability of NSSI awareness for parents and family members. The sub-theme was reported in three occurrences, or 38% of the total sample population.

I think that would be super helpful. Just a place to be better educated, to be supported, to be ... Here's some interesting articles.

I'm looking at all the things that were in place for my child, but really for me to be that person or more effective or more understanding, I really wasn't equipped for it, for sure.

Sub-theme 3: Available support.

There is a need for a parental support or group for parents. By having these support groups, parents could learn from each other and their experiences.

It would have been nice to have a parent support or education group or individual support for parents. I am not saying that I was not involved; there were visiting hours and family meetings but not enough family meetings in my opinion. Decisions were made about my child that I had no input into until it was presented in a family meeting.

The process was like a nightmare. It would have been better if parents also received enough guidance and support from different groups and from parents with the same experiences.

This was expressed as the desire to have someone to guide and support her in the daunting journey of dealing with the pain and difficulty of their child.

> *I was not able to find any parent education programs] that could help me learn more or just talk to another parent who has a child that injured themselves that would have been nice... The therapist did not know of one either. I felt alone and overwhelmed [pause] it would have been helpful to me to have all the information and knowledge of self-injury more easily available so I would know more about what I could do to help my child, what to do next and next and next...It would have been… I would say a relief for me if I could have just been able to talk to someone else who had experienced this with their child and maybe have some guidance and help. I thought about finding a therapist but, my energy was on my child and what I really wanted was a group of parents that have experience… but a personal guide to take me through this situation. I was going to call it a nightmare, but it was not all the time like that the beginning of this experience was probably the worst [pause] when I was taking by surprise and felt lost [laugh] in the nightmare [laugh].*

Parents shared that help with communication is needed, as well as maintaining a normal routine in order to have a normal relationship with the child.

> *Help with communication and keeping a normal routine within the limits of the behavior of self-harm; this was not easy to do [pause], to do what was best for my [child] was foremost important but, at the same time, I felt captive to my new situation and role with my child.*

> *I learned how to interact with the child better and keep in contact with the child to be able to be a better parent.*

> *It's important to be involved, but as parents sometimes we can over shadow our children without realizing it. A good therapist is an outside observer who is there to guide and suggest. You as a parent are there to unconditionally love your child.*

> *The therapist suggested some parenting resources online, talking to friends and family, suggested some books to read about self-injury, maybe finding a therapist for me; just taking care of myself so I could be a healthy support for my child.*

Chapter 5

Discussion

This chapter has the following sections: frameworks, limitations, nursing implications, recommendations for future research, conclusion, and dissemination of the project plan.

Frameworks. The systems theory was applicable to this study. It was previously identified that the systems theory applies to this study in the aspect of the parent-child system. The parents shared how they blamed themselves for the NSSI occurrences in their children and admitted to feeling guilty for not detecting the NSSI issues earlier. It was also claimed "the occurrence of NSSI will specifically affect a parent-child family system, and likewise, the system will also affect the occurrence of NSSI" (Kravitz, 1979, p. 1496).

With the shock and disbelief upon learning of the NSSI occurrence, parents looked for the possible reasons within the situations and relationships of their own families. Systems theory can be applied as parents were able to resolve the problem or issue gradually by fixing the system and then affecting the NSSI occurrence, in most cases positively. By accepting and adjusting to the situation, and addressing the problems that affected the parent-child system, the parents were able to provide answers and solutions to the occurrence of NSSI in their children. The actions that parents took to provide answers and solutions were motivated by wanting to know: wanting to know the facts about NSS, how to be involved with their child's treatment and recovery, and how they can seek support for themselves.

The parent and child exist within a mutually interacting system wherein each affects the balance of the system. The balance of the parent-child system is disrupted by an occurrence of NSSI in the child. Because the parent-child system is a significant factor in NSSI occurrence, the perception and experience of the parents *and* the child must be examined. Most qualitative

studies, however, focus on the experience of the child with NSSI (Fox, 2015). A fuller understanding of the perceptions of parents who have experienced a NSSI occurrence in their child may provide insight into parent-child system dynamics that diminish or increase NSSI occurrences. Further investigation of the parents experiences may lead to strategies to help with the changing needs and challenges of the family who may be striving create or restore a sense of balance following an occurrence of NSSI. These problems could be addressed by modifying and/or strengthening aspects the parent-child system to decrease and eliminate NSSI occurrence in the adolescent child.

In the earlier chapters, the cognitive model describes how individuals' perceptions of situations and spontaneous thoughts about a given situation can influence their emotional, behavioral, and even physiological reactions (Beck, 1964). Children's thoughts and feelings are greatly affected by the situations and conditions around them, especially with regards to their cognition on their relationships with their friends and families. In this study, parents indicated that the children's NSSI occurrences stemmed from issues with friends, bullying, and problems coping with parental divorce or separation. The presence of these negative situations, thoughts, and actions in the environment of the child negatively impacted children with an NSSI occurrence. Similar to the systems theory, the cognitive model works when children are provided with the proper help and treatment from their parents and professionals.

Limitations

The main limitation of the study was the possibility that parents who were interviewed controlled their responses concerning the NSSI occurrence. Given the sensitivity of the topic, the parents may have felt that some information was too private to share with the researcher. The parents may have wanted to protect their children and may have been afraid of possible

preconceptions and judgments that accompany the stigma associated with NSSI. The researcher also reminded participants that all data gathered will be kept confidential and in a secure place for a minimum of three years.

Another limitation was the research study's lack of contributing voices from stakeholders, namely the health professionals involved in treating the children with NSSI occurrences and from the children themselves. Inclusion of these voices may have provided richer, more complex data for interpretation. With the inclusion of the perceptions and experiences of the health professionals and children, the study findings may have been strengthened through triangulation and comparison against each other, or against themes formed from the analysis of the parental interviews.

Nursing Implications and Recommendations

Nursing may benefit from the findings of this study. Parents shared the actions they performed to deal with the issue and at the same time, provided recommendations that may improve future management of NSSI occurrences. These suggestions could then be used by other parents as guidance when seeking treatment for their children as NSSI patients.

Another significant impact of the current research study may come from the awareness and knowledge of what can be expected when faced with NSSI occurrence. With this increased awareness and knowledge, children with NSSI occurrence may receive more effective assistance and support from their parents, which may reduce the stress load experienced by parents and children, parents, treatment providers, and most importantly, the patients themselves. Therefore, the findings of this study contribute to an overall goal of achieving a more effective approach in dealing with NSSI occurrence and providing a safer and more conducive treatment environment for the NSSI patients.

Recommendations based on the findings of the study may be included into an awareness campaign to remove the stigma on NSSI occurrence and to encourage treatment seeking. Another helpful recommendation would be to establish parental support groups, as suggested by the parents themselves in this study. Support groups may be comprised of parents who have experienced having adolescent children with NSSI occurrence; support groups offer parents an avenue for sharing their feelings, thoughts, and emotions so that they will feel less alone and confused. The lack of "having someone to talk to" and ask personal questions about NSSI occurrence was one of the main concerns brought up by the interviewed parents in the study. For parents who are wanting to know about NSSI, it is recommended that they increase their knowledge of NSSI and coping mechanisms that may help them and their children.

Recommendations for Future Research

The recommendations for future research are for research on the pereptions and experiences of the other groups of stakeholders, such as the children and other health professionals. The inclusion of the two groups should allow for the confirmation or disconfirmation of the shared perceptions and experiences of the parents. By having different groups as the participants, the study can also be extended to include a triangulation section, which will further strengthen the validity and reliability of the collected data.

Conclusion

In conclusion, parents report a range of different perceptions and experiences in dealing with the NSSI occurrence in their children. Parents also develop their own ways and practices of establishing parental support and assuming significant roles. This study found that parents feel shocked and helpless after a NSSI occurrence in their adolescent child. Meanwhile, parents have

developed their own ways of dealing with NSSI occurrences in their children, mainly through increasing awareness of NSSI, increasing parental involvement, and increasing available support.

Dissemination of Project Plan

The plan is to create a poster on the results of this study to be presented at the Annual Alaska Nurse Practitioner conference in Anchorage, Alaska. A poster presentation is planned for staff meetings on inpatient units in medical facilities in Alaska.

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Appendix A

General Interview Guided Questions

Tell me about your first knowing of your child participating in NSSI behavior

- How did you feel?
- What did you do after knowing this?

How did you feel in accepting help for your child?

Tell me about the initial help you received for your child?

How would you describe the initial support you received? (Positive/Negative experience).

Tell me about the education you received about NSSI.

Do you feel the education you received was helpful in regards to making sense of NSSI in your child?

What did you learn about NSSI behavior in your child?

Did the support and education you received effect your parenting style? Family Life choices and changes? How so?

What would you want to tell other parents who might experience an NSSI occurrence in their adolescent?

Appendix B

Flyer

Parents of Adolescents with Non-suicidal self-injury (NSSI) Occurrences or Behaviors

Needed:

YOUR PERCEPTIONS OF SUPPORT AND PARENTAL ROLE

Volunteer for a one-hour interview?

If you are interested in participating:

Contact: Florence Costello, RN Graduate Student
University of Alaska Nurse Practitioner Program
Email: non.suicidal.self.harm.study@gmail.com
For more information: call or email

351-5488	351-5488	351-5488	351-5488	351-5488	351-5488	351-5488	351-5488	351-5488	351-5488	351-5488	351-5488	351-5488	351-5488

Appendix C

Consent Form

Researcher: Florence Costello BS-RNC
Graduate Nursing Student
University of Alaska Anchorage
School of Nursing
(907) 351-5488

Thesis Chair: Bernice Carmon, PhD, MPH, RN
Faculty, Associate Professor
University of Alaska Anchorage
School of Nursing
(907) 786-4572

Description:
You are invited to participate in a research project that I am conducting for my master's degree in nursing at the University of Alaska Anchorage. Participation in this study consists of one interview about your perceptions as a parent of your adolescent with Non-suicidal self-injury (NSSI). Participation is voluntary. The interview will be audio-taped and will last approximately one hour at a mutually agreed upon location. The interviews will later be transcribed verbatim by me.

Confidentiality:
Confidentiality of your identity will be kept at all times. Neither your name nor any other personal identifiers will be attached to the audio-tape or transcripts from the interviews. Some direct quotes from the interviews may be included in my written results and presentations, but names and all other identifiers will be excluded. All audiotapes, transcriptions and consents will be kept in a locked cabinet and then destroyed after three years.

Risks/Benefits
There are no risks or direct benefits for your participation in this study.
Voluntary Nature of Participation:
Your participation in this study is strictly voluntary. If you decide not to participate, you may withdraw from the study at any time without any ramification.
Contact information:
If you have questions about the research study, please contact me, Florence Costello, RN at 351-5488 or my thesis chair, Dr. Bernice Carmon, at 786-4572. If you have comments or suggestions about your rights as a research participant, contact Sharilyn Mumaw, compliance officer at University of Alaska Anchorage at 786-1099

Signature:
Your signature on this consent form indicates that you have read and verbalize understanding of the content of this consent form and that you voluntarily agree to participant in this research study. A copy of this consent will be given to you.

Print Name_____

Signature of Participant: _____ **Date:** ___/___ /___

Appendix D

Demographic Data Form

What is your relationship to the child? Father ____Mother ____Step-parent _____ Other ____

Your child's age at time of awareness of NSSI _____

Your gender: Male ____Female ____

Your child's gender: Male _____Female _____

Your education level: (please check the box of the highest level completed)

___ Grade School _____Associate degree _____Post graduate degree

___ GED _____Bachelors degree

___ High School _____Graduate degree

Appendix E

Resources for Support

Statewide Information on resources
http://doa.alaska.gov/vccb/VictimServices/MentalHealth.html

Mental Health Emergency Counseling
(907) 563-3200

Alaska Mental Health Association
4045 Lake Otis Parkway #209
Anchorage, AK 99508
(907) 563-0880 Chat Line
(907) 563-0881 Facsimile
http://www.alaska.net/~mhaa/
Mental health services

Alaska Mental Health Consumer Web
(907) 222-2980 Phone
www.akmhcweb.org
Mental health services

Alaska Youth and Family Network
(907) 770-4979 Phone
(888) 770.4979 Toll Free
www.ayfn.org/
Youth behavioral health services

Stone Soup Group
(907) 561-3701 Phone
(877) 786-7327 Toll Free
www.stonesoupgroup.org/
Parent advocacy, Mental health services

Appendix F

IRB Approval Letter

Research & Graduate Studies
UNIVERSITY of ALASKA ANCHORAGE

3211 Providence Drive
Anchorage, Alaska 99508-4614
T 907.786.1099, F 907.786.1791
www.uaa.alaska.edu/research/ric

DATE:	October 8, 2015
TO:	Florence Costello
FROM:	University of Alaska Anchorage IRB
PROJECT TITLE:	[802136-3] The Perceptions of Parents of Adolescents Who Have Experienced Non-Suicidal Self-Injury (NSSI) Occurrences: Support and Parental Role
SUBMISSION TYPE:	Revision
ACTION:	APPROVED
DECISION DATE:	October 8, 2015
REVIEW TYPE:	Expedited Review
EXPIRATION DATE:	October 7, 2016

Your proposal received an expedited review and was granted approval with minor revisions. Thank you for a copy of these revisions. Therefore, in keeping with the usual policies and procedures of the UAA Institutional Review Board, your proposal is judged as fully satisfying the U.S. Department of Health and Human Services requirements for the protection of human research subjects (45 CFR 46 as amended/ revised). This constitutes approval for you to conduct the study.

This approval is in effect for one year. If the study extends beyond a year from the date of this submission, you are required to submit a progress report and to request continuing approval of your project from the Board. At the conclusion of your research, submit the required final report to the IRB. These report forms are available on IRBNet.

Please report promptly proposed changes in the research protocol for IRB review and approval. Also, report to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.

On behalf of the Board, I wish to extend my best wishes for success in accomplishing your objectives

Ronald S. Everett, Ph.D.

Chair, Institutional Review Board