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A STUDY OF STUDENTS FROM NATIONAL CAPITAL REGION WITH NON-SUICIDAL SELF-INJURY AND THEIR RESILIENCE: A CONVERGENT PARALLEL DESIGN MIXED METHODS STUDY

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ABSTRACT

The educational sector found an increase in the number of reported non-suicidal self-injury (NSSI) at the aftermath of the COVID-19 pandemic that started in 2020. Recovering from the effects of long-term isolation due to the pandemic, adolescents found themselves engaging in NSSI for various reasons. Leading studies on NSSI portray that the inadequacy of adolescents' emotional regulation skills is the main factor. This study aimed to explore the factors contributing to the NSSI of female adolescents enrolled in a private Catholic school in Marikina City, and to determine their levels of resilience. Using purposive data sampling, this study gathered both quantitative and qualitative data from five participants aged 13 to 16 years old with records of past NSSI. These data were later converged to draw out the results. The findings of this study indicated that resilience is greatly influenced by the positive and supportive presence of significant adults in an adolescent's life. In addition, it revealed that there were six factors contributing to the past NSSI of the participants: prevalence of NSSI content in social media platforms, loss of academic awards, parental academic expectations, academic self-expectations, difficulty in expressing negative thoughts and feelings to parents, and stigma surrounding mental health. These results show that the participants' resiliency is dependent on how present their parents, teachers, and other adults in their lives and how factors related to social media use, emotional regulation challenges, perceived academic performance, and negative perceptions on mental health contribute to past NSSI experiences. These findings emphasize the importance of positive parental presence in the development of resilience in adolescents and thus lowering the possibility of future NSSI behaviors.

Keywords: *Adolescents, Non-suicidal self-injury, resilience*

INTRODUCTION

The adolescent years are marked by swift changes in the physical, emotional, cognitive, and psychological aspects of an individual. During this time, the brain is in a continuous development, specifically the prefrontal context. This part of the brain is the sole responsible for adolescents' problem solving and inhibition of certain behaviors (Cassels & Wilkinson, 2016). Accompanying this development, it is also noted that during this period of one's life, the prevalence of non-suicidal self-injury tends to start (Moutier, 2023).

Non-suicidal self-injury (NSSI) or also known as deliberate self-harm (DSH), is defined as the self-inflicted act that causes pain or superficial damage that has no suicide intent (Moutier, 2023). Another definition states that NSSI is a purposive and repetitive behavior causing mild to severe injury that will not lead to suicide (Masana, Reyes, & Delariarte, 2020). The difference between NSSI and suicide is the intention. While NSSI is meant to harm, suicide is meant to end one's life. However, NSSI should not be dismissed lightly. Long-term risk of NSSI may contribute to increased probability of suicide attempts and completed suicide of an individual with a history of NSSI compared to an individual without (Moutier, 2022; Chan, Bhatti, Meader, et al, 2016). And for the past 20 years, there has been a significant increase in studies and research pertaining to NSSI. This helped dispel the misconception surrounding the topic. In the present, we now have a better understanding of its classification, prevalence, correlations, forms, and functions (Klonsky, Victor, and Saffer, 2014).

The common NSSI behaviors according to Moutier (2022) and the fifth edition of the Diagnostic and Statistical Manual for Mental Disorders (DSM 5) include the following: cutting or stabbing the skin with a sharp object (knife, razor blade, or needle), hitting oneself using their hands or an object, pinching the skin, burning the skin usually with the use of a cigarette, banging or punching walls and other objects, breaking one's bones, and ingesting toxic substances. NSSI excludes accidental and indirect self-inflicted injuries (eg., disordered eating and drug abuse) as well as socially accepted behavior like tattooing, piercing, or religious rituals (Brown and Plener, 2017). Even with the exclusion of these behaviors, NSSIs are still correlated to a range of emotional and psychiatric difficulties (Muehlenkamp, Claes, Havertape, & Plener, 2012).

The reasons for NSSI are still quite unclear as stated by Moutier (2022) but it could serve as an individual's way of coping for the following reasons: lower down stress levels and negative emotions, indirectly face their interpersonal concerns, self-punishment, or a cry for help. In some cases, NSSI is viewed as a positive activity and would result in the individual not seeking professional help. In addition to this, individuals who hurt themselves tend to hide this behavior in fear of other people's reactions (Chan, Bhatti, Meader, et al, 2016). With the presence of fear, individuals choose parts of their bodies that are not visible or could easily be covered by clothes such as their hands, arms, thighs, abdomen, calves, wrists, and head (Stein, 2012).

The most common population reported to have self-harming behavior are adolescents and young adults (Klonsky, Victor, and Saffer, 2014). Lifetime NSSI rates in

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these populations range from 15% to 16% (Ross and Heath, 2002; Whitlock, Eckenrode, and Silverman, 2006) and the typical onset age is 13 or 14 years old (Nock, Joiner, Gordon, et al, 2006). In contrast to this, adults have about 6% of the lifetime NSSI rate. A meta-analysis of 62 studies composed by Xiao, Song, Huang, Hou and Huang involving 264,638 adolescents showed that repetitive NSSI is more common than episodic NSSI (20.3% vs. 8.3%). From the same meta-analysis, it was discovered that multiple NSSI have a slightly more frequency than one method NSSI (16.0% vs. 11.1%).

The frequency of past self-harm behaviors are predictors to future suicide ideation, suicide attempts, and completed suicides of an individual as studied by Duarte, et al in 2019. Depression and anxiety in adolescents also show direct relationship with self-harm and suicidality. With the passing of two significant legal basis for mental health well-being promotion— the Mental Health Act of 2018 or RA 11036 in the Philippines where mental health services should provide suicide prevention, support, response, and intervention through the setup of 24/7 hotlines to streamline assistance; and the Basic Education Mental Health and Well-Being Promotion Act of 2024 or RA 12080 where it is mandated to establish school based mental health programs to ensure the mental health and well-being of students from public and private schools which includes suicide preventions in all learners— the call for a stronger call to further enhance the mental health and well-being of the youth is at topmost priority.

Adolescents and young adults are also what we consider digital natives, a term coined in 2001 by Mark Prensky, pertaining to a generation who grew up with technology and the Internet. In Niederkrotenthaler and Stack's study in 2017, media depictions of NSSI and suicide may have a contributing factor in its widespread knowledge among adolescents. Social media was pointed out by Arendt, et al in 2019, was the main avenue for adolescents to be exposed to NSSIs and suicide. In such platforms, users were seen posting photos of self-harm wounds on the wrists, forearms, thighs, and legs usually under tags of #selfharm or #selbstmord in German. With constant exposure to these posts, it was hypothesized that it may elicit imitational effects among adolescents (Schmidtke and Häfner, 1988).

Exploring the behavior of non-suicidal self-injury in high school students is important as it would reveal what lies beneath the surface of such an act of inflicting injury to themselves. This study aims to get to know what other factors may affect a person committing self-injury.

The objective of this study was to examine the behavior of non-suicidal self-injury in high school students and their perceived resilience.

Theoretical Framework

The experiential avoidance theory posits that an individual attempts to avoid distressing thoughts, feelings, memories, physical sensations, and internal experiences through negative reinforcements, in this case, non-suicidal self-injurious behavior (Shafti, M. et al., 2021). This stemmed from the concept of experiential avoidance (EA) where one uses different mechanisms to avoid distressing emotions even when the mechanisms

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cause harm to the individual. EA was first used by Hayes et. al. in their study of behavioral disorders in 1996 and is popularized in the third wave of cognitive behavioral therapies such as acceptance cognitive therapy. Using this theory, it suggests that committing NSSI is way to avoid confronting distressing emotions, providing the individual with temporary relief. The negative reinforcement feeds back to the individual's emotional dysregulation that could lead to the repeat in the cycle of experiential avoidance and the consistent use of self-harm.

The goal of this study was to explore the behavior of non-suicidal self-injury among high school students at a private Catholic school in Marikina City as well as the degree of their resilience in accordance with their Student Resiliency Survey scores. The experiential avoidance theory is significant to this study as high school students fall into the category of adolescents and are currently undergoing rapid changes due to puberty. These rapid changes in their overall development contribute to the continuous regulation of hormones that in turn would contribute to regulating their emotions. Since their emotional regulation mechanisms are not yet in place, adolescents tend to try different ways to alleviate intense feelings, especially negative ones like pain, anger, and sadness. Looking through the lens of this theory would bring forth deeper understanding of the inner workings of adolescents' discovery of their emotional regulation mechanisms including self-harm.

Conceptual Framework

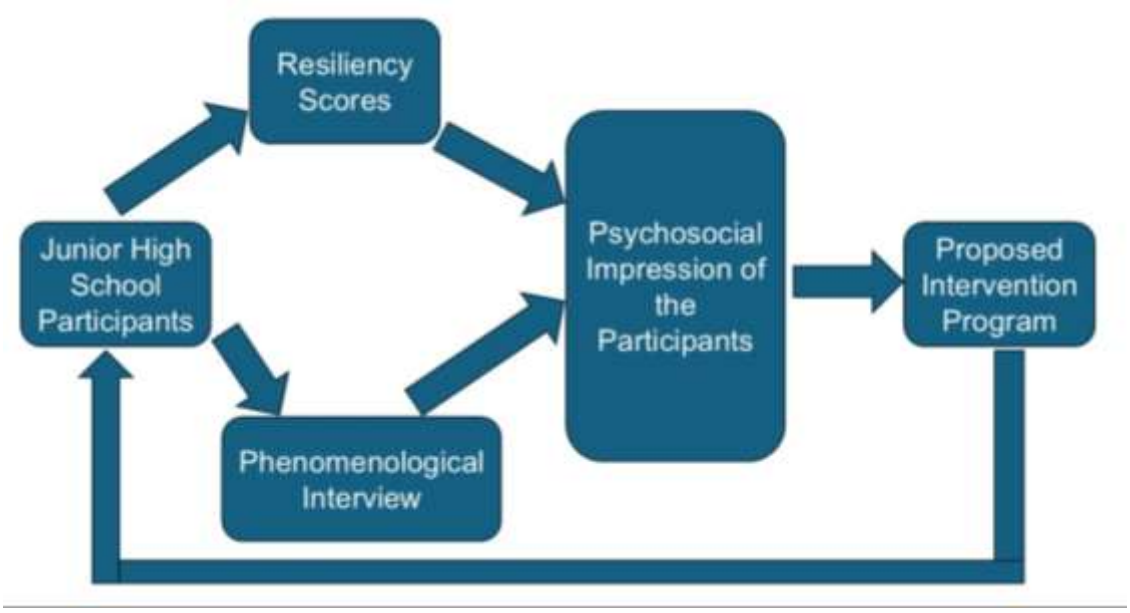

Figure 1
Schematic Diagram of the Conceptual Framework of the Study

Junior high school student participants were selected via the criteria set by the researcher. Their resiliency scores were collated and tabulated. Four grade levels were included in this study. Alongside the resiliency scores, the phenomenological interview

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also commenced. Once the phenomenological interview results were interpreted, the quantitative data was converged to compare and contrast with each other. From this compare and contrast of data, the psychosocial impression of students with past NSSI was formulated. After formulating a psychosocial impression, the results will be utilized to make a proposed intervention program.

Research Questions

The purpose of this study is to find the factors affecting NSSI behaviors in adolescents and how it relates to their level of resilience.

Specifically, it sought to answer the following:

1. What are the Student Resilience Survey scores of participants with past NSSI?
2. What factors contributed to the past NSSI of the participants?
3. Based on the Student Resilience Survey scores and the factors contributing to the past NSSI of the participants, what is the overall psychosocial impression of the participants in this study?
4. What intervention program can be recommended based on the findings of this study?

METHODOLOGY

The purpose of this study was to look into grades 7 to 10 students with past NSSI experience and their Student Resilience Survey scores at a private Catholic school in Marikina City. A mixed method design was utilized in this study because it aimed to expand both quantitative and qualitative approaches. According to Creswell (2009), a mixed method design combines the strengths of quantitative and qualitative research that could address the complex problems being addressed by the social and human sciences. By using either quantitative or qualitative approaches, it may impede in addressing such complexities of these disciplines. Moreover, richer insights could be gained than either form by itself. The combination of these two approaches widens the understanding of the problems of the study.

For this study, the design utilized was comparative parallel mixed methods design. Convergent parallel design entails that both the qualitative and quantitative process are done at the same time (Convergent Parallel Design | Definition, Examples & Guide, 2025). The results of these two processes will be converged in the overall interpretation. This design was first described in the 1970s and was formerly known as triangulation, and then later known by its other names such as parallel study, convergence model, and concurrent triangulation. The process involves the simultaneous gathering of quantitative and qualitative data that then will be merged to compare and contrast against each other. The purpose of these data gathering procedures is to corroborate and validate both data sets (Creswell, Piano Clark, 2017).

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Scope and Delimitation of the Study

This study was conducted in a private Catholic School in Marikina City of school year 2024-2025. It was delimited to grades 7 to 10 who had past NSSI experiences as attested by the school clinic and Student Development Center records. Any NSSI experiences of other grades 7 and 10 that were not reported to the clinic and SDC were not included in the study.

The specific concerns of the study include the profile of the multigrade teachers in terms of highest educational attainment, number of years teaching experience, and relevant trainings/seminars attended. The study is also concerned with the practices of the multigrade teachers and to what extent are they being practiced. Furthermore, it also looked into the problems met by the multigrade teachers and how serious they are.

Based on the findings, a training design was proposed to improve the teaching of multigrade classes.

Significance of the Study

This study aimed to explore the behavior of non-suicidal self-injury among high school students at a private Catholic school in Marikina City as well as the degree of their resilience in accordance with their Student Resiliency Survey scores. This study is beneficial to the following groups, organizations, and people:

Students

The results of this study may help students to be aware of the factors affecting their NSSI tendencies and how to prevent them. Adolescents with still developing emotional regulation skills may be also informed of the proper channels in asking for help whether to their parents, friends, counselors, teachers, and other significant adults in their life. With the results also, this would benefit the students in further enhancing their positive coping mechanisms that would help them regulate negative thoughts and feelings.

Parents and Guardians

This may help the parents and guardians in understanding nature and probably causes of NSSI in high school students. Their understanding of NSSI would aid in how they communicate with the students on how to cope with difficult situations in their lives. The parents and guardians may also offer to share their personal experiences on how they overcome adversities in their lives when they were high school students in the hopes of new perspectives being opened to the students. By taking a closer look at the nature of NSSI, parents and guardians may help the students to navigate difficult emotions and situations by emphatic listening and providing other ways of coping with the difficulties. Monitoring of the student at home is also essential and the feedback scheme between the guidance counselors/advocates would be strengthened. This may also lessen the stigma connected to NSSI that may lead to diminishing its impact on the students.

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Teachers

This study is beneficial for teachers in providing the necessary information surrounding NSSI. There is still a stigma about NSSIs and in understanding the nature of it, teachers may be enlightened on its causes and appropriate approaches to use should a student come to them for advice or opinion. This may also strengthen the partnership between the school and the parents as the teachers would greatly help in further monitoring of the identified students with past NSSI.

Administrators

This study is beneficial for the school administration advocating for prevention of the likelihood of NSSI within and outside of the school. They may coordinate with the Guidance Office in formulating seminars in detecting early signs of NSSIs and how to handle students who may be exhibiting NSSI behaviors. This may also help enhance the existing programs of information dissemination geared towards parents to further strengthen the partnership between parents and the school. Understanding the nature of NSSI could also be a basis on how to provide safe spaces for students without them having access to objects they may use to injure themselves within the school premises. They may also use the results of this study in creating safe and ethical protocols within the school in handling NSSI cases.

Guidance Counselors and Advocates

This study is significant to guidance counselors and advocates in providing appropriate support, intervention, programs, and activities to develop in addressing the rising cases of NSSI in high school students. Having a deeper understanding of NSSI could give way in further developing the skills of counselors through their sessions, exploring the other factors that may contribute to this behavior. Seminars may be conducted in disseminating information about NSSI and practical ways in detecting NSSI in the family. This may also help in communicating the nature of NSSI to the rest of the school community through information dissemination and conferences. The counselors may also be contributing to making safe and ethical protocols and decisions in handling NSSI cases.

Future Researchers

This study about NSSI may serve as a guide and reference on the contributing factors resulting in aforementioned behavior. This may be of relevance to students and authorities that are researching NSSI, high school students' mental health, and creating programs addressing the mental health of students.

Definition of Terms

For a better understanding of the study, the following terms are hereby operationally defined:

Adolescent – a person in between ages 10-19 years of age that is undergoing swift and major physical, emotional, psychological, social, cognitive, and behavioral changes; a person going through the adolescence stage of development.

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Guidance Counselor – a person who completed their Master of Education Major in Guidance and Counselling and passed the Licensure Examination for Registered Guidance Counselors in accordance with RA No. 9258. They are trained in various counselling techniques in addressing school related concerns such as adjustment and working closely with other mental health professionals such as psychologists and psychiatrists.

Guidance Advocate/Life Mentor – a person who is still completing their Master of Education Major in Guidance and Counselling and has yet to pass the Licensure Examination for Registered Guidance Counselors. They work under the supervision of Registered Guidance Counselors while employed in an education institution. Life Mentor is the term used at a private Catholic school in Marikina City in pertinence to Guidance Advocates.

Emotional regulation – the ability to express and process emotions properly and healthily.

Help seeking behavior – is any action done by an individual where the ultimate goal is to find new ways to cope with the difficulties one is facing.

High School students – refers to a population ages approximately aging 12 years old to 19 years old. It comprises of six grade levels, namely grade 7, 8, 9, and 10. Grades 7 to 10.

Intervention – "any action intended to interfere with and stop or modify a process, as in treatment undertaken to halt, manage, or alter the course of the pathological process of a disease or disorder." (American Psychological Association, 2023)

Non-suicidal self-injury – or NSSI, refers to the deliberate act of causing harm to oneself without the intent of suicide; may also be referred to as deliberate self-harm or deliberate self-injury.

Perception – an individual's way of viewing things and situations, both internal and external, from their realm of reality.

Protocols – the official procedure or system of rules in place in addressing different scenarios. In this case, official procedures to follow when a member of the school community reported a student who committed NSSI.

Resilience – "the process and outcome of successfully adapting to difficult life experiences, especially through mental, emotional, and behavioral adjustment to internal and external demands." (American Psychological Association, 2018); refers to as "bouncing back" after going through challenging life experiences.

Students – refer to the participants with past NSSI records

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Suicide – “the act of killing oneself that may or may not be caused by any psychiatric disorder.” (American Psychological Association, 2018)

Social media – refers to technological platforms on the Internet that facilitates socialization via messaging, posting, interacting with posts, and sharing of information virtually.

Instrumentation and Data Collection

This study utilized two instruments: First, the Student Resilience Survey (SRS) is a 40-item measure comprising of 12 subscales that measure the perception of students of their individual characteristics as well as their protective factors in their environment. The 12 subscales are the following: communication and cooperation, self-esteem, empathy, problem solving, goals and aspirations, family connection, school connection, community connection, autonomy experience, pro-social peers, meaningful participation in community activity and peer support. Each item is rated on a 5-point scale: 1-never to 5-always. The SRS is an open access questionnaire available at the Child Outcomes Research Consortium website. The SRS also highlights that resilience can be further developed with the presence of significant adults in one’s life as reflected by the questions. In addition, the SRS also look into the individual’s belief in their own capacity and capabilities.

The SRS is a valid measure of resilience as validated by Lereya, et al in 2016 of its psychometric properties. All the subscales of SRS had high reliability, and the subscales (except empathy) were negatively associated with mental health concerns, subjective global distress, and overall impact on health (Lereya, et al., 2016).

For this study, the researcher clustered the survey into six groups namely:

1. At home, there is an adult who… (4 items)
2. At school, there is an adult who… (4 items)
3. Away from school, there is an adult who… (4 items)
4. Away from school… (2 items)
5. Are there students at your school who would… (12 items)
6. “I” statements (Instructions: Please read every statement carefully and place a check on the answer that fits you best.) (14 items)

Secondly, the researcher conducted an individual interview to further compare and understand the survey results and NSSI. A semi-structured interview questionnaire was made and validated before proceeding to the interviews. Before scheduling the interview, a consent waiver for both the parents/guardians and the participants was given to assure data privacy and confidentiality of the results of this study.

The researcher personally administered, scored, and interpreted both the quantitative and qualitative data. Data gathered were tabulated and interpreted using appropriate statistical tools.

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Tools for Data Analysis

The following tools were employed to treat the quantitative data statistically:

1. Frequency and Percentage

These were used to answer sub-problem number 1.
The formula is:

$$P = \frac{f}{N}$$

Where:
P = Percentage
f = frequency
N = Number of respondents

2. Weighted Mean

This was utilized to answer sub-problem numbers 2 and 3.
The formula is:

$$WM = \frac{\Sigma fx}{N}$$

Where:
WM = Weighted Mean
Σfx = the sum of the products per column
N = the number of respondents

Data gathered were interpreted by using the following references:

Weighted Mean	Verbal Interpretation
1.00-1.80	Never
1.81-2.60	Rarely
2.61-3.40	Sometimes
3.41-4.20	Often
4.21-5.00	Always

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RESULTS AND DISCUSSION

SRS Scores of the Participants

CODENAME	SCORE
G7A	137/200
G8A	172/200
G10A	132/200
G10B	154/200
G10C	140/200

Table 1 shows the scores of the participants from the Student Resilience Survey. 60% of the participants scored under 150/200 with two participants coming from Grade 10 (132 and 140 respectively) and one from Grade 7 (137). 20% of the participants scored four points above 150 which was 10B with 154/200. 20% of the participants scored above 155 which was 8A, with 172/200.

The Student Resilience Survey has six clusters. Each cluster was computed for the weighted mean. Following the computation of the item and cluster weighted means, the researcher formulated a range of scores and its corresponding verbal interpretation as shown above.

Below are the results of the cluster weighted means.

Cluster 1: At home, there is an adult who…	G7A	G8A	G10A	G10B	G10C	Item Weighted Mean	
… is interested in my school work.	2	4	3	1	3	**2.6**	**Rarely**
… believes that I will be a success.	4	4	5	4	4	**4.2**	**Often**
… wants me to to do my best.	5	4	4	5	5	**4.6**	**Often**
… listens to me when I have something to say.	5	4	2	2	3	**3.2**	**Sometimes**
					Cluster Weighted Mean	**3.65**	**Often**

Table 2: Cluster 1's item and cluster weighted mean

In Cluster 1, the weighted mean is 3.65 which falls under the verbal interpretation **Often.**

Cluster 2: At school, there is an adult who…	G7A	G8A	G10A	G10B	G10C	Item Weighted Mean	
… really cares about me.	5	5	1	3	5	**3.8**	**Often**
… tells me when I do a good job.	5	5	2	4	4	**4**	**Often**
… listens to me when I have something to say.	5	5	2	4	5	**4.2**	**Often**
… believes that I will be a success.	5	5	5	4	4	**4.6**	**Often**
					Cluster Weighted Mean	**4.15**	**Often**

Table 3: Cluster 2's item and cluster weighted mean

In Cluster 2, the weighted mean is 4.15, which falls under the verbal interpretation of **Often.**

Cluster 3: Away from school, there is an adult who…	G7A	G8A	G10A	G10B	G10C	Item Weighted Mean	
… really cares about me.	4	5	3	2	3	**3.4**	**Sometimes**
… tells me when I do a good job.	2	4	3	1	2	**2.4**	**Rarely**
… believes that I will be a success.	3	4	5	3	3	**3.6**	**Often**
… I trust.	5	4	2	1	1	**2.6**	**Often**
					Cluster Weighted Mean	**3**	**Sometimes**

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Table 4: Cluster 3's item and cluster weighted mean

In Cluster 3, the weighted mean is 3, which falls under the verbal interpretation of **Sometimes.**

Cluster 4: Away from school…	G7A	G8A	G10A	G10B	G10C	Item Weighted Mean	
… I am a member of a club, sports team, church group, or other group.	5	4	2	1	1	**2.6**	**Rarely**
… I take lessons in music, art, sports, or have a hobby.	5	4	2	5	3	**3.8**	**Often**
					Cluster Weighted Mean	**3.2**	**Sometimes**

Table 5: Cluster 4's item and cluster weighted mean

In Cluster 4, the weighted mean is 3.2, which falls under the verbal interpretation of **Sometimes.**

Cluster 5: Are there students at your school who would..	G7A	G8A	G10A	G10B	G10C	Item Weighted Mean	
… choose you on their team at school?	4	4	4	5	3	**4**	**Often**
… explain the rules of a game if you don't understand them?	5	5	4	5	5	**4.8**	**Always**
… invite you to their home?	5	4	4	5	4	**4.4**	**Always**
… share things with you?	5	4	4	5	5	**4.6**	**Always**
... help you if you hurt yourself?	5	5	3	5	3	**4.2**	**Often**
… miss you if you weren't at school?	3	5	5	5	5	**4.6**	**Always**
… make you feel better if something is bothering you?	2	5	5	5	5	**4.4**	**Always**
… help you if other students are mean to you?	3	5	5	5	5	**4.6**	**Always**
… pick you for a partner?	2	5	5	5	5	**4.4**	**Always**
… tell you you're their friend?	3	5	5	5	5	**4.6**	**Always**
… ask you to join in when you are all alone?	2	5	5	5	4	**4.2**	**Often**
… tell you secrets?	5	5	5	5	5	**5**	**Always**
					Cluster Weighted Mean	**4.48**	**Always**

Table 6: Cluster 5's item and cluster weighted mean

In Cluster 2, the weighted mean is 4.48, which falls under the verbal interpretation of **Always.**

Please read every statement carefully and place a check on the answer that fits you best.							
	G7A	G8A	G10A	G10B	G10C	Item Weighted Mean	
I do things at home that makes a difference. (i.e., make things better)	3	3	1	2	3	**2.4**	**Rarely**
I help my family make decisions.	4	4	5	4	2	**3.8**	**Often**
At school, I decide things like class activities or rules.	4	4	4	1	2	**3**	**Sometimes**
I do things at school that makes a difference. (i.e., make things better)	3	4	3	5	3	**3.6**	**Often**
I can work out my problems.	2	3	1	2	3	**2.2**	**Rarely**
I can do most things if I try.	2	4	2	5	4	**3.4**	**Sometimes**
There are many things that I do well.	2	4	3	5	3	**3.4**	**Sometimes**
I feel bad when someone gets their feelings hurt.	5	4	5	5	5	**4.8**	**Always**
I try to understand what other people feel.	5	4	4	5	5	**4.6**	**Always**
When I need help, I find someone to talk to.	1	4	1	1	2	**1.8**	**Never**
I know where to go for help when I have a problem.	1	4	1	1	3	**2**	**Rarely**
I try to work out problems by talking about them.	1	3	1	1	1	**1.4**	**Never**
I have goals and plans for the future.	3	5	4	4	3	**3.8**	**Often**
I think I will be successful when I grow up.	2	4	1	3	1	**2.2**	**Rarely**
					Cluster Weighted Mean	**3.03**	**Sometimes**

Table 7: Cluster 6's item and cluster weighted mean

In Cluster 6, the weighted mean is 3.03, which falls under the verbal interpretation of **Sometimes.**

Factors Contributed to the past NSSI of the participants

The factors contributed to the past NSSI of the participants were collected through a semi-structured interview. The data went through the five stages of framework analysis as part of the data collection, analysis, and interpretation. **Six themes** emerged from the data analysis.

1. Prevalence of Self-harm content in social media platforms
2. Loss of Academic Awards

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3. Parents' Academic Expectations
4. Academic Self-Expectations
5. Difficulty Expressing Negative Thoughts and Feelings to Parents
6. Stigma Surrounding Mental Health

Theme 1: Prevalence of Non-Suicidal Self-Injury Content on Social Media Platforms

The theme **Prevalence of non-suicidal self-injury content in social media platforms** shows the participants' experiences in encountering the concept of self-harm for the first time. Social media offers a wide range of content that sometimes may go unmoderated when given to the hands of curious pre-teens and teenagers. The pandemic only exacerbated the participants' continuous engagement to these contents as their education was transferred to various platforms.

Different forms of media have been cited as an influential factor towards the youth. Generation Z (born 1997-2010), Generation Alpha (2010-2024), and Generation Beta (2024-2039), are what Prensky (2001) called Digital Natives. According to Prensky, digital natives are people who could be considered as "native speakers" of the digital language of computers, smartphones, and the Internet. On the other hand, earlier generations experienced a life free from the ubiquitous status of the Digital Age in the present and would only be exposed to traditional media such as the television, radio, and newspapers. These earlier generations are known as Digital Immigrants.

Across the participants' narrations, social media was the platform where they first encountered self-harm. Studies have shown that even if this study didn't link social media directly as a "trigger" for the participants to engage in self-harm, it may be a proximal risk factor for NSSI urges and behaviors among adolescents. Coupled with adolescents' natural curiosity and exploring the unknown, this posed as a dangerous combination if left unmonitored.

These findings align with the existing studies and statistics around social media use, directly or indirectly influencing people. They also highlighted the need for parents and adults with children, specifically those who were in their adolescent stage, to be involved in monitoring their screentime and social media use to prevent the exposure of harmful contents to the young people.

Theme 2: Loss Of Academic Awards

The second theme, **Loss of Academic Awards**, reflects the participants' feelings of disappointment and regret upon losing the title when they entered Junior High School. Since the participants were consistent academic award recipients during their grade school years. From having an award every quarter to not receiving even just one for the whole school year, this phenomenon certainly affected the participants' perspective on their academic prowess and tolerance for failure.

Participants continuously expressed how their academic awards were one of the main reasons they committed NSSI. The expectations they had on themselves didn't meet the reality even after they exerted efforts. Many of them reported how losing

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academic awards affected how they saw themselves, stating that they were used to being awarded for their hard work and intelligence in grade school. Losing the awards highlighted that in Junior High School, they were not as intelligent or as hard-working as they thought they were. This showed how they attached their self-esteem to their achievements, which was a characteristic of an adolescent in the puberty stage.

Another point that the participants consistently shared was how they accepted the disappointment from their parents. Adolescents tend to pull away from their parents or guardians during the start of their adolescent years, preferring their friends as their primary people to interact with. However, the participants still heavily value their parents' approval and disapproval in terms of their academics. They continued to narrate how their parents' dissatisfaction towards the loss of their academic awards negatively affected how they felt towards their overall motivation.

The psychosocial stage of adolescents is riddled with emotional obstacles towards the strengthening of their identity. Achievements and accolades play a big part in enhancing the adolescents' positive view of themselves and in turn, will add to a positive self-esteem. Thus, losing these achievements could negatively impact the development of their positive self-esteem. From the participants' sharing, bringing home merits and awards were a significant part of how they view themselves. It may be influenced by both their own academic self-expectations and their parents' expectations.

These findings align with existing studies that emphasize how academic expectation stress impact adolescents' view on academic success and failures. The increase of stress may lead to anxiety, self-doubt and/or low feeling well-being.

Theme 3: Parents' Academic Expectations

The third theme, **Parents' Academic Expectations**, shows the participants' perspective on how their parents express their expectations towards their academic performances. They consistently expressed how they fear disappointing their parents. Many reported guilt and shame whenever they received a failed quiz grade and eventually, these feelings would transform into fear once the grades were given to their parents at the end of a quarter.

Participants shared how their parents would always highlight the importance of a good academic standing in school, stating that it mattered in the future, specifically on how it would be a determinant of the participants' career. Some participants said that their parents expect highly from their academics while some expressed that they were only expected to not bring any failing grade.

An integral part of parents in their children's academic expectations couldn't be denied. They have an important role in setting standards for their children's positive perspective in their education, motivating them to continuously do well in their studies. Gender and birth order are also key determinants in the placement of expectations to a child from a parent. However, if the pressure was too much for the child to handle, they may fold under immense expectations and would do the exact opposite. With the

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adolescents' nature of not wanting to burden their parents with their struggles in academics, this creates a barrier for the children to express their personal challenges.

The findings for this theme coincide with the existing studies on parental academic expectations and their role in an adolescents' perspective on academics. Wanting to prove themselves and bringing pride to their parents are at the forefront of the participants.

Theme 4: Academic Self-Expectations

The fourth theme, **Academic Self-Expectations**, shows how the participants not only carry the pressure to do well in their academics from their parents but also the pressure from themselves. When these two types of pressure interplay with each other, it impacted the participants' perspective on their overall school performance whether it's academic, social, personal, and career related.

The participants consistently expressed how self-expectations stemmed from how their parents instilled academic excellence in them since they were in grade school. May shared that their positive or negative expectations towards their academics came from their parents' own expectations. The fear of failing and disappointing themselves and their parents were tied to the increase of pressure to do well in academics.

According to the study by Anitha and Parameswari in 2013, one's academic accomplishments are positively correlated with one's self-concept. The building of self-concept from different facets of one's life is a crucial part of an adolescent's strengthening of identity.

Academic self-pressure was evident to the participants, citing different reasons why they put such high expectations towards themselves. The intersecting expectations from their parents and themselves usually cause immense physiological and psychological distress to the participants like feelings of shame to their parents for failing to meet the expectations and envy to their siblings or classmates whom they perceive were working effortlessly and have less pressure in their academics. This may also lead to low self-image that would later develop into demotivation and feelings of anxiety and burnout.

These findings align with what existing studies on academic self-expectations: that it was shaped not only by the parent but also by the adolescents themselves, and that self-expectations may result in the opposite of doing well in academics.

Theme 5: Difficulty Expressing Negative Thoughts and Feelings to Parents

The fifth theme, **Difficulty Expressing Negative Thoughts and Feelings to Parents**, reflects the participants' difficulty in identifying, expressing, and managing their emotional experiences. In particular, it's the difficulty managing their negative thoughts and feelings that posed a hurdle. These negative thoughts and feelings were left unsaid, the participants choosing not to express them to their parents.

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The participants consistently expressed difficulty in sharing their negative feelings like sadness, frustration, or anxiety with their parents. Majority of them reported feeling uncomfortable disclosing these emotions in fear of negative reactions, being misunderstood, or being dismissed. Their narration reveals that they don't feel free in expressing their emotions due to the assumption of their parents' responses.

The rapid changes in the physical, emotional, cognitive, and social aspect of an adolescent's life during the stage of puberty may cause detrimental consequences if they don't reach certain milestones. The still developing brain of an adolescent heavily influences the confusing feelings and thoughts they may have (Lan et al., 2023). As they traverse the different life challenges brought about by these rapid changes, adolescents are learning to regulate and express intense emotions. Emotional regulation or ER are a collection of internal and external skills that can be utilized in order to monitor, manage, evaluate, and modify, if necessary, one's emotional responses to a particular situation (Silvers, 2021). For most adolescents, extreme negative emotions are the hardest to deal with (Chen and Chun, 2019), placing them at high risk to risky and dangerous behavior such as NSSI, substance abuse, and suicidal attempts in the hopes of 'controlling' these emotions (Floyd, 2019). Over time, most adolescents learn how to strengthen their ER by consciously redefining and modifying their skills as they gather experiences. However, due to the rapid changes brought by the adolescent change, some individuals may find it difficult to hone their ER skills. Challenges in regulating an adolescent's emotions have long been tied when discussing NSSI.

Emotional coaching facilitated by parents can greatly influence an adolescents' ER skills development. To specify, the warmth brough by a mother to her child positively relates to better ER (Coats & Blanchard-Fields, 2008). Sometimes, a parent's mere presence when their child is experiencing a challenging situation can significantly regulate the child's overall well-being (Silvers, 2021). From the sharing of the participants, they were faced with the perceived invalidation of their experiences when they talk to their parents. This resulted in less conversations exchanged between the parents and the participants when dealing with negative feelings and thoughts. Instead of having a free-flowing conversation with their parents, the participants learned to suppress their own problems.

Family is the first people usually we go to when we have problems. On the other hand, family is also the first people who may discourage openly discuss negative thoughts and feelings for the fear of disrupting cohesion within the members of the family. This limits opportunities for emotional support and healthy coping, often shrouded in shame or hiya. This may also create distance between the parents and the child, only making communication much more challenging.

These findings align with studies on emotional regulation theories that highlights the role of a warm and supportive environment, relationships, and cultural norms in shaping a positive emotional development.

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Theme 6: Stigma Surrounding Mental Health

The final theme, **Stigma Surrounding Mental Health**, highlights that beyond family communication challenges, participants described the strong influence of mental health stigma in their experiences. Many of them feared being judged, labeled, or misunderstood if they shared emotional or psychological struggles with the significant adults in their life. They also expressed that their own internalized belief on mental health concerns are signs of weakness, exaggeration, or personal failure. This resulted in the participants opting to keep their emotional struggles private and thus increasing their distress.

The findings from the participants' experiences reflect the results discussed by Tanaka (2018), who documented that mental health stigma remains deeply ingrained in the Filipino culture. Mental health stigma in the Philippines is still a barrier in most Filipinos for seeking professional help. Deeply rooted cultural values, societal burden, and misunderstandings only widens the gap of fully helping those who are struggling with mental health concerns in our communities (HealSpaceLipa, 2024). As the West progressed into treating mental health with the same importance as physical health, the Philippines continued to talk about it in hushed tones for the fear of being perceived as "weak" and "of poor coping capabilities". The concept of hiya or shame continued to plague those who are suffering in silence. For some if not most Filipinos, their mental health struggles will be attributed to the supernatural or religious beliefs like demon possession or being cursed for not "praying enough".

Even with the passing of the Mental Health Act in 2018, mental health remains a largely misunderstood topic, especially in the rural areas and with older generations of parents. The continued misunderstanding and stigmatization on mental health may eventually lead to not only impacting those with mental health struggles, but their families, caregivers, and mental health professionals.

From the participants' sharing, cultural stigma on mental health contributes greatly to their emotional regulation challenges. The difficulty in expressing their negative emotions and thoughts is often met with judgment, labels, and dismissal, discouraging help-seeking behavior. This stigma further reinforces the cycle that emotional struggles should remain unseen by other people, increasing distress and weakening resilience.

The findings from this theme aligns with present theories on emotional regulation that emphasizes the importance of stigma-free environment to promote healthier emotional processing among adolescents.

Converging of the Qualitative and Quantitative Data

In this part of the study, the researcher converged the qualitative data and the quantitative data to further deepen the understanding of the topic. Furthermore, once the converged data was formulated, an overall psychosocial impression was concluded. The extracted themes are presented one by one and the results from the quantitative findings are integrated in order to establish a similarity or difference, consistency or inconsistency.

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1. *Prevalence of Non-Suicidal Self-Injury on Social Media Platforms* – Since the researcher could not have anticipated the results of the qualitative data, there are no items or cluster in the quantitative data that could be compared to this theme.
2. *Loss of Academic Awards* – From the results of the quantitative data, Cluster 6, the "I" statements, scored 3.03 in the 5-point Likert scale, with the verbal interpretation Sometimes. The loss of academic awards maybe linked to the items in this cluster like item #5 "I can work out my problems" which scored a 2.2/Rarely, item #10 "When I need help, I find someone to talk to" which scored a1.8/Never, item #11 "I know where to go for help when I have a problem" which scored a 2/Rarely, and #12 "I try to work out problems by talking about them" which scored a 1.4/Never. This may suggest that even in the midst of problems, the participants may rarely know what to do and would not choose to talk about them. This may also suggest that the help-seeking behavior of the participants is low, opting to keep their problems to themselves instead of being perceived as a burden, a weakling, or overreacting.
3. *Parental Academic Expectations* – Even if Cluster #, the "At home, there is an adult who…" cluster scored a 3.65/Often in the scale, there is item #1 "… is interested in my school work" which scored a 2.6/Rarely and item #4 "… listens to me when I have something to say" which scored a 3.2/Sometimes may suggest that from the participants' perspective, their parents or other adults at home are rarely listening to their opinions and/or may not express interest in their school work. Not showing interest may be perceived as not caring enough to the participants well-being.
4. *Academic Self-Expectations* – Going back again to Cluster #6, some items in this cluster may be linked to this theme. Specifically, item #7 "There are many things that I do well" which scored a 3.4/Sometimes. This coincides with the findings from the participants on their negative view of their own academic performance. This may indicate that they perceive their performance as not up to their own standards.
5. *Difficulty Expressing Negative Thoughts and Feelings to Parents* – This theme may be tied to several cluster items: First, Cluster #1 "At home, there is an adult who…" item #4 "… listens to me when I have something to say". As discussed in the findings, the participants find it difficult to express themselves to their parents in the fear of being rejected, judged, labeled, or dismissed. This item's score may be an indicator of the theme, that the participants find it difficult to express their negative thoughts and feelings to their parents because they didn't feel like someone is present to listen to what they have to say. And second, cluster #6 the "I" statements, specifically items #10 "When I need help, I find someone to talk to" and #11 "I know where to go for help when I have a problem". The low score on these items aligns with the findings of the theme that due to the low help-seeking behavior of the participants, they may rarely or never disclose their problems to their parents at all.
6. *Stigma Surrounding Mental Health* - Since the researcher could not have anticipated the results of the qualitative data, there are no items or cluster in the quantitative data that could be compared to this theme.

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Composite or Psychosocial Impression of a Person with Non-Suicidal Self-Injury

From the converged data collected for this study, the researcher formulated a psychological impression of a person at risk or may exhibit NSSI behavior.

1. People who have low tolerance towards failures;
2. People who have difficulty accepting failure;
3. People who experienced feeling out of control of the situation, using NSSI to regain said control;
4. People who find themselves facing difficulties in properly expressing intense negative emotions such as sadness and pain; and
5. People who may not have access to a trusted adult or companion to talk about their negative thoughts.

With the following psychosocial impression drawn from the data collected, this was utilized in making a proposed intervention program that fosters resilience to the recipients of the program.

Based on findings from this study, the proposed intervention program entitled "Sinag ng Pag-Asa: A Program on Strengthening Resilience and Promoting Well-Being" was made. The target objective of said program is to integrate resilience and strengths-based techniques in addressing NSSI in JHS students. Included in the program are healthy coping strategies for the student participants, effective communication and listening skills for both students and parents/guardians, and a learning session on mental health and well-being for parents/guardians.

Conclusions

The objective of this study is to examine the behavior of non-suicidal self-injury in high school students and their perceived resilience. The statements given by the participants reveal pertinent information of the root causes of NSSI in Junior High School students and how it interacts with their perceived levels of resilience..

Frequency and percentage and weighted mean were utilized in the study to treat the data statistically.

Summary of Findings

The quantitative data shows the following findings:

The resilience scores of the participants differ from the six clusters in the SRS.

1. Cluster #1 – At home, there is an adult who…

The participants often have an adult at home who are interested in their schoolwork and believe that they will succeed in life. The adults at home often are present whenever the participants have something to say, listening intently and with interest. Moreover, the participants recognize that the adults at home want them to do their best in whatever

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endeavor they participate in. Adults at home like the parents play a significant role in a student's life and thus their mere presence contribute in the development of resilience, offering positive support.

2. Cluster #2 – At school, there is an adult who…

For cluster #2, the participants often have an adult around them at school who wishes for them to do their best and believes that they will succeed in whatever path they take. These adults at school show interest in what the participants want to say and readily tells the participants that they are doing a good job in their school related tasks.

3. Cluster #3 – Away from school, there is an adult who…

Away from school and home, the participants believe that there are adults who sometimes care about them. They also sometimes believe that these adults want them to succeed in life and validate their achievements and good jobs. Sometimes, the participants find these adults as people they could trust.

4. Cluster #4 – Away from school…

In addition to cluster #3, away from school, the participants sometimes are included in clubs, sports team, church groups, or other groups, indicating that besides their family and their school relationships, they seek to be involved in different activities. They also sometimes take lessons in music, art, sports, or other hobbies aside from academic related activities.

5. Cluster #5 – Are there students in your school who would…

For cluster #5, the participants always have their schoolmates and classmates who would choose them as part of their team and explain the rules of a game if they don't understand it. As classmates and schoolmates are significant parts of a student's life in school, having them around the participants always contribute greatly to the development of their resilience.

6. Cluster #6 – "I" statements

The participants sometimes believe that they do things at home and school that make a difference, indicating that they contribute to the overall decision-making process in these places. They sometimes feel that they know how to work out their problems that would eventually lead to doing things well in the end. This indicates that the participants may find it difficult sometimes to have confidence in their own capabilities and capacities, posing a risk factor for resilience not to further develop. Resilience at its core starts with the self and further flourishes with the involvement of significant adults in the student's life.

The qualitative data analysis shows six significant themes for the factors contributing to the NSSI of the participants.

1. Prevalence of Non-Suicidal Self-Injury in Social Media Platforms

The participants first found out about NSSI through social media platforms, suggesting that there is accessibility of self-harm related content regardless of age. The

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innate curiosity of adolescents further encouraged the participants to engage with these contents, giving them an idea that such negative coping mechanism to struggles exist. They believe that social media platforms, while they don't directly cause NSSI, may have influenced their introduction to it, and their further engagement with this behavior.

2. Loss of Academic Awards

This theme reveals how important the participants view their academic awards as part of their identity and responsibility to please their parents. Adolescents tend to flourish in an environment where their achievements are celebrated and tend to wither where their failures are emphasized. Wanting to bring pride to their families by collecting accolades on their academic journey poses a big motivation for the participants. Hence, losing their academic awards was a significant reason for the participants to consider engaging in NSSI.

3. Parents' Academic Expectations

The participants place a high premium on what their parents expect from them in terms of their academic performance. While expectations are necessary to give the participants a goal to achieve, extreme pressure from these expectations may pose a risk factor for development of anxiety, burnout, and dangerous coping strategies like NSSI. This theme reveals how parents' expectations shape the participants' own view on their academic performance.

4. Academic Self-Expectations

The participants' high academic expectations towards themselves is directly influenced by their own parents' expectations. This theme reflects the volatility of the participants' perspectives on their own academic performances, often shaped by their parents' constant reminders to do well and maintain a good academic standing. Academic achievement becomes a currency of excellence that usually connects with how the participants view themselves: the higher the achievement, self-esteem increases and vice versa.

5. Difficulty Expressing Negative Thoughts and Feelings to Parents

One major theme that emerged as a factor that contributes to the past NSSI of the participants is the challenge to properly and freely express their negative thoughts and feelings to their parents. Oftentimes, these negative thoughts and feelings are kept private in favor of maintaining familial coherence as discussing such topics may cause tension, misunderstanding, or dismissal of the participants' experiences. This leads to suppression and the discouragement of help-seeking behavior to the significant adults in their lives. Such challenges in expressing one's thoughts and feelings, this poses a big risk of NSSI since in the Experiential Avoidance Theory, it explains that one escapes distressing experiences through negative reinforcement.

6. Stigma Surrounding Mental Health

Lastly, this theme highlighted that in the Filipino context, mental health still harbors a heavy stigma. This prevents access to proper care and intervention for participants that may be experiencing distressing and potential psychological concerns. The negative

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perception clouding over the consultation of a mental health professional further exacerbates the distressing experiences of the participants. Failure for these issues to be addressed may lead to a more serious concern in the future such as the development of anxiety and depressive disorders or engaging in dangerous coping mechanisms such as NSSI.

Conclusions

This convergent parallel study about the factors contributing to past NSSI of the participants and their level of resilience concluded that:

1. Resilience, while it starts with self, is greatly influenced by the positive presence of significant people in one's life such as parents, siblings, relatives, classmates, and teachers.
2. Through the participants' responses, social media platforms were the place where they encountered NSSI for the first time. The prevalence of NSSI content freely uploaded and accessed on the Internet everyday directly affects the initial encounter of the participants with NSSI.
3. Academic awards serve a pivotal role in the participants' lives, as they bring pride not only to themselves but to their parents. Losing academic awards negatively impacts the participants' sense of self-esteem, and feelings of disappointment often overwhelm them. Such intense disappointment may be an avenue to explore dangerous coping mechanisms if left unmonitored.
4. Parents' academic expectations are one of the main determinants of the participants' academic performance. When such expectations are too high to achieve, failure to meet these expectations results in the same intense disappointment, shame, and guilt that would often be paired with negative responses from the parents. If the participants still haven't honed the skills in proper emotional regulation, they may resort to negative coping mechanisms such as NSSI.
5. Freely and properly expressing the participants' negative thoughts and feelings to their parents consistently emerged throughout the study. The fear of negative responses from their parents discourages the participants from sharing their struggles and would often try to deal with them in private. This leads to suppression of intense negative emotions that may be too difficult to process for the participants. To relieve themselves of the intensity of the negative feelings, their coping was to resort to self-harm to feel the pain physically rather than feel it in their chests. This also discourages open communication between the parents and the participants as the participants may choose not to confide in them.
6. The stigma for mental health continues to impede the easy access of the participants to professional mental health services. This reveals that there is a lot to be done in spreading mental health awareness and the importance of linking individuals to proper professionals to address their concerns. Parents' negative view on mental health concerns contributes to the delay of the participants in accessing intervention thus, resulting in the participants looking for other ways of processing their difficult thoughts and feelings. Sometimes, these processes end up being dangerous such as NSSI.

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7. Based on the findings of the five participants of this study, a student who engages in NSSI has experienced the loss of academic awards, resulting in negative self-esteem. In addition, they have challenges in freely discussing their negative thoughts and feelings to their parents, often fearing the adverse responses from their parents. Moreover, this study reveals that both parental and self-academic expectations create intense pressure to do well in academics in the participants, and the failure to meet these expectations contributes to higher risk of engaging in NSSI.

Recommendations

Based on the findings of the study and the conclusions drawn, the following recommendations were offered:

The proposed intervention program would be suggested to be promoted to school the JHS department to further enhance the awareness of all students and parents regarding self-harm and mental health.

The strengthening of the partnership of the school, parents, and other stakeholders would be beneficial in the proper information dissemination regarding NSSI risk factors, prevention, and understanding.

The call for the parents to be more present and involved in their children's lives during challenging times, and to communicate to understand their children's struggles rather than communicating to dismiss or pass judgment.

The implementation of learning sessions for all stakeholders regarding NSSI, and formulation of safety plans and clear protocols for students with suspected and confirmed NSSI by the guidance counselors and guidance advocates. This would help in proper documentation and monitoring of the students' overall mental health status.

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PROPOSED INTERVENTION PROGRAM

Sinag ng Pag-Asa: A Program on Strengthening Resilience and Promoting Well-Being

This section provides the proposed intervention program from the results of this study.

Program objectives:

1. To create an opportunity for students and parents to have open communication on the challenges they face; and

2. To further strengthen student resilience that would aid in enhancing student well-being.

1.1.1. PROPOSED INTERVENTION PROGRAM

Title: Sinag ng Pag-Asa: A Program on Strengthening Resilience and Promoting Mental Well-Being

Objectives	Activities	Target Participants	Time Frame	People Involved	Resources	Success Indicator
To gather data from the participants and their parents/guardians on their needs regarding mental well-being, NSSI behaviors, and resilience	Needs Assessment survey	JHS Students identified with NSSI	3 days (For ample time for data collection)	Student participants	Google Form MS Excel MS Powerpoint	100% of the students and parent participants answered the Needs Assessment survey
		Parents or guardians of the student participants		Parents or Guardians		
				Guidance Personnel		
To introduce the program and its objectives	Program orientation	JHS Students identified with NSSI	1 half-day	Students	Guidance Office Budget for snacks and refreshments. Venue: Classroom, Computer, PPT presentation, microphones, speakers,	100% of the students and parent participants are properly oriented of the objectives and
				Parents or Guardians		

To enumerate the different activities specific to this special population in the school		Parents or Guardians of the student participants		Guidance Personnel	attendance sheets, waiver form	activities for this program.
To reiterate the uniqueness of each person and to celebrate each other's uniqueness To help develop positive self-concept that would be a protective factor in times of adversities	The Superhero in Me! Developing positive self-concept through strengths-based perspectives	JHS Students identified with NSSI	1 day	Students, Guidance Counselors / Advocates	Guidance Office Budget for snacks and refreshments. Venue: Classroom, Computer, PPT presentation, microphones speakers, attendance sheets, Johari window worksheets	Students have a better understanding of their own strengths, weaknesses and uniqueness that would further contribute to the development of their positive self-concept.
To equip parents/guardians with the necessary techniques in preventing NSSI to happen	Spotting the Red Flags of Non-Suicidal Self-Injury seminar	Parents or Guardians of the student participants	1/2 day	Parents or Guardians, Guidance Head	Guidance Office Budget for snacks and refreshments. Venue: Classroom, Computer, microphones, speakers, PPT presentation, attendance sheets, brochure on NSSI	Parents are knowledgeable on the red flags of NSSI to prevent it from happening.
To lessen the stigmatization of asking for help when one needs it To further develop help-	Ear of their Hearts: A Workshop on How to Ask for Help	JHS Students identified with NSSI	1/2 day	Students, Guidance Counselors / Advocates	Guidance Office Budget for snacks and refreshments. Venue: Classroom, Computer, PPT presentation, microphones	Students would have a more positive outlook on asking for help and be armed with the proper communication

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seeking behavior of students in times of overwhelming emotions through effective communication					speakers, attendance sheets, props for roleplaying	techniques to tell what they need.
To further help the parents in addressing the concern of NSSI with their children through effective communication techniques	Nandito Ako: Paano Maging Sandigan Sa Panahon ng Pangangailangan	Parents or Guardians of the student participants	1 day	Parents / Guardians, Guidance Personnel	Guidance Office Budget for snacks and refreshments. Venue: Classroom, Computer, PPT presentation, microphones speakers, attendance sheets, props for roleplaying	Parents/Guardians are equipped with techniques in properly communicating with their children in times of emotional struggles.
To introduce another way of expressing thoughts and feelings by the use of a journal	Talaarawan: A Mindful Creative Journaling Workshop	JHS Students identified with NSSI	1/2 day	Students, Guidance Counselors / Advocates	Guidance Office Budget for snacks and refreshments. Venue: Classroom, Computer, PPT presentation, microphones speakers, attendance sheets, small notebooks, coloring materials, pens	Students uses their journal to express negative thoughts and feelings in a non-dangerous way. The negative thoughts and feelings lessen after writing in the journal.
To encourage open communication between children and parents, especially during times of overwhelming emotions for the child	Hawak Kamay: A seminar workshop on active and empathetic listening	JHS Students identified with NSSI Parents/guardians of the participants	1 day	Students, parents / guardians, guidance personnel	Guidance Office Budget for snacks and refreshments. Venue: Classroom, Computer, PPT presentation, microphones speakers, attendance sheets,	Both students and parents/guardians would be conscious and exercise active and empathetic listening. There will be more understanding of each other's perspectives, trying to understand

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To help lessen misunderstanding between children and parents by listening to each other's perspectives					props for roleplaying	where the other person comes from.

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Compliance with Ethical Standards

In conducting this study, the researcher was aware of the ethical considerations due to the nature of the topic discussed. These considerations were carefully put into place in the duration of this study.

First, the participants of this study submitted the consent and assent forms coming from both the participants and their parents/guardians as they are still minors. For the participants to be accepted in participating in this study, both parties must agree. The consent and assent form were both signed and dated by the participant and their parents/guardians. Participation in this study was voluntary and was stipulated in the distributed consent and assent forms.

Second, the rights to confidentiality, anonymity and feedback of the results of the study were discussed before the data gathering, both the survey administration and the interview. There were no names indicated in the final results of the study to protect the identity of the participants. Each participant was assigned a pseudonym such as G7A and G8A. G7 indicated that they were in grade 7, and A is the first participant. The researcher assured the participants, their parents/guardians, and the school that all the information they provided in this study was kept with utmost confidentiality even after it ran its course. In addition, the participants and their parents were also informed that during the study, a licensed guidance counselor was closely working with the researcher to ensure that ethical considerations were strictly observed. In the event that adverse feelings and thoughts arose, the supervising licensed guidance counselor was called to aid the participants. Should the participant decided to terminate the interview or their participation in the study, it was ended after the debrief, explaining that their data will be deleted and won't be utilized for the study.

Lastly, the researcher conducted the debriefing process after the data gathering procedure was finished. In this step, the researcher expressed her gratitude to the participants and their guardians for their participation and cooperation. She expressed her gratitude to the members of the school community for allowing her to conduct the study inside the institution.

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