The Effect of Cognitive Behavioral Therapy Group Counseling on the Well-Being of Self-Harming Emerging Adults

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ABSTRACT

This study determined the effect of Cognitive Behavioral Therapy (CBT) group counseling on the psychological well-being of self-harming emerging adults. It utilized the pretest-posttest control group design. The Self-Harm Inventory (SHI) was used to determine self-harming emerging adults. There were no significant relationships among the socio-demographic variables and the level of severity of self-harm of 30 college students. The intervention was a four session CBT group counseling. The Depression, Anxiety, and Stress Scale – 21 (DASS-21) was used to measure the psychological well-being. There were eight participants in the experimental group and nine participants in the control group. The results of the study revealed significant differences in the psychological well-being between the experimental group and the control group after the intervention. The findings suggest implications in school guidance and counseling programs to address the mental health issues of emerging adults.

Keywords: Emerging Adults, Psychological Well-Being, Self-Harm, Cognitive Behavioral Therapy (CBT) Group Counseling, Philippines

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1.0. Introduction

Emerging adults are individuals between the ages 18 and 25 (DiTunnariello, 2016). Pattee (2017) identified many unpredictable variables and diversity present during this stage especially when emerging adults start to pursue tertiary education and enter new relationships, which can lead to depression, anxiety, and stress. These mental health issues can lead emerging adults to self-harm.

Self-harm includes any behavior where a person knowledgeably causes harm on himself or herself with relatively abrupt non-fatal consequences, regardless of whether there is suicidal intent present (Nadkami et al., 2000). It is also known as Non-Suicidal Self-Injury (NSSI; Martin et al., 2011).

The prevalence of NSSI among emerging adults ranges between 7 and 17 % and is considerably, higher than rates observed among non-psychiatric adult populations (Chesin et al., 2013). Among emerging adults, NSSI may function to regulate emotions and is related to psychological distress and situational stressors. Demographic risk factors for NSSI include female sex and low socioeconomic status.

One of the effective treatments for self-harm is cognitive behavioral therapy (CBT; Brausch & Girresch, 2012). Self-harm is a learned behavior driven by negative thoughts and beliefs, but this behavior can be "unlearned" (O'Rielly, 2006). The CBT treatment often times consists of individual outpatient therapy and group therapy. The use of groups for various educational and counseling functions provides advantages other than expediency (Young, 2018). Group counseling programs can provide experiences that help participants learn to function effectively, to develop tolerance to stress and anxiety, and to find satisfaction in working and living with others (Johnson, 2009).

The researchers observed an increase in the incidence of self-harm among emerging adults. However, most studies are on suicide and less on self-harm of college students (Mascarinas, 2017). An official of the Department of Health (DOH) expressed the need to look into the prevalence of depression among high school and college students and how this relates to suicidal behavior in the Caraga Region. Likewise, a clinical psychologist in a state university in Mindanao expressed a lack of research studies on depression in Philippine campuses.

The present study deals with counseling psychology, which focuses on facilitating personal and interpersonal functioning across the lifespan (Society of Counseling Psychology, 2017). It involves practices that will help emerging adults lessen distress and minimize maladjustment. Non-Suicidal Self-Injury (NSSI) is now categorized as a "new disorder in need of further study" in the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association). Associating pain with relief and negative thoughts with self-related words are good predictors of future self-injury. The researchers believe that screening for self-harm is needed to identify students who harm themselves in order to help them differentiate adaptive coping from maladaptive coping. Thus, it is important to make CBT group counseling for self-harm available as one of the students' services.

The purpose of the study is to determine the effect of CBT group counseling on the well-being of self-harming emerging adults, on the dimensions of depression, anxiety, and stress. It is hypothesized that socio-demographic characteristics influence the level of severity of self-harm of these emerging adults and that CBT group counseling improves their well-being.

2.0. Framework of the Study

The biopsychosocial model and the vulnerability-stress model provide the framework for determining the effect of CBT group counseling on the well-being of the self-harming emerging adults.

The biopsychosocial model evolved medical thinking by integrating psychosocial components (Lucerna, 2017; Arnibal, 2014; Walker-Matthews, 2012; Thompson, n.d.). The biological model implies abnormalities to the brain structures, functioning, and neurochemistry; the psychological model considers past trauma, affecting perception, thoughts, feelings, and behavior; and the social model suggests dysfunctional interpersonal interactions. This model acknowledges the influence of one component on another.

Deliberate self-harm (DSH), another term for NSSI, appears in the context of symptoms of depression, anxiety, and behavioral problems (Slee, 2008). The vulnerability-stress model shows that the risk of DSH increases when a person with a specific vulnerability is subjected to stress or an external trigger. The more often someone harms themself, the less the behavior is linked to external events and the easier their own thoughts can become triggers of DSH. The model suggests that DSH is maintained through four components: dysfunctional thoughts, problems with emotion regulation, behavioral skills deficits and relational problems.

The key developmental goal of emerging adulthood is argued to be the establishment of a coherent sense of self, or identity that will help individuals make responsible, committed choices in their personal and professional lives (Blinn-Pike et al., 2008). There are five defining features of emerging adulthood, namely: *identity exploration*, where emerging adults search for meaning in work, relationships, and beliefs; instability, which refers to the emerging adult's tendencies for more frequent changes than in any other stages of life; *possibilities*, concerning the different options confronting the emerging adults; *self-focus*, referring to the opportunity presented to the emerging adult to focus on their own lives due to the relative freedom from obligations at home; and *feeling in-between*, the individual experience of emerging adults of feeling not quite like adolescents any longer but also not entirely like adults (Arnett, 2015). Each of the five characteristics is more likely to be found during emerging adulthood, in more individuals, than in other periods of the lifespan (Mitchell, 2014). The five characteristics are not unique to emerging adulthood; they are not as likely to be experienced with the same intensity and pervasiveness (Blinn-Pike et al., 2008).

Much research utilizes college student samples when addressing issues of emerging adults (Barkin et al., 2015). It is essential that these issues be discussed during the emerging adulthood phase as they could lead to more severe psychological disturbances that could cause significant impairments in functioning and be more pathological, distressing, and dangerous. About one in five emerging adults experience mental illness, yet only 11.4% of them received mental health services (Rosenberg, 2016). As young people transition to adulthood, some may experience a mental illness, which is generally defined as the health condition that changes a person's thinking, feelings, or behavior and causes the person's distress and difficulty in functioning.

Emerging adulthood is usually marked with elevated symptoms of anxiety and depression (Cano et al., 2016). Prominent life stressors during emerging adulthood are

tertiary education adjustment, planning for the future, and occupational and financial instability. Emerging adults have to navigate these stressors together, especially the stress of college life and the inevitability of planning for their future (Frank, 2014). The consequences of these stressors include a higher incidence of experiencing anxiety, guilt, depression, fear, and anger that usually lead to self-harm as a coping mechanism (Lamb, 2012).

Psychological well-being involves either or both the presence of positive indicators of psychological adjustment and the absence of indicators of psychological maladjustment such as negative emotionality, psychopathological symptoms and diagnoses (Houben et al., 2015). It is seen as a continuum with positive and negative indicators (Bartels et al., 2013). High depression, anxiety, and stress may be considered indicators of low psychological well-being (Houben et al., 2015).

NSSI refers to the intentional destruction of one's body tissue without lethal intent (Halperin, 2016; McKenzie, 2012). NSSI has been referred to as: deliberate self-harm, self-mutilation, self-inflicted violence, self-injurious behavior, self-injury, self-wounding, parasuicide, self-abuse, and self-harm (Stockburger, 2017). Cutting or carving oneself with a sharp object is one of the various forms of NSSI (Halperin, 2016). It is also inflicted by actions such as excessive smoking, or drug or alcohol misuse as well as promiscuity, self-neglect, bingeing or starving, as well as method such as scratching, cutting and impaling, inserting objects, non-fatal overdose, burning and banging of body parts (Stockburger, 2017).

Studies indicate that NSSI is often performed as a means of self-soothing or as an attempt at managing negative thoughts or emotions (Marshall et al., 2013). Research has documented the presence of negative thoughts and feelings preceding self-injury. Mental health professionals theorize NSSI is a coping behavior some individuals have developed to contend with challenging emotions (Bechthold & Nuttgens, 2014).

Self-harm is associated with relieving difficult thoughts and feelings manifested from depressed or anxious moods, anger, or negative, critical, or distressful self-talk; inability to control the self-harm behaviors; and/or frequent preoccupation with the self-harm behavior whether acted upon or not (Mugge, 2015). The physical pain from the self-harm enables the emotional hurt to be replaced (O'Rielly, 2006). As these feelings would eventually return, self-harm became a reliable means to make the emotional hurt disappear again. Individuals use self-harm as a way to stay alive and cope with overwhelming emotions. They continue with their self-harm since they have not learned how to express their feelings and emotions in positive, healthy ways (Brown & Kimball, 2013).

Coping has broadly been defined as a conscious effort by an individual to solve personal and interpersonal problems, and seeking to master, minimize, or tolerate stress or conflict (Bhattacharyya et al., 2018). Coping styles can be classified as adaptive and maladaptive coping, which are related to better and poorer mental health, respectively.

Emotion regulation (ER) is how individuals manage and respond to emotions, how emotions are shaped, and when and how emotions are experienced (Midkiff et al., 2018). Coping self-efficacy (CSE) refers specifically to a person's beliefs in their ability to cope with emotions and stressful events. Among young adults, a common ER or coping strategy is NSSI. Midkiff et al. (2018) examined CSE's mediational effect on the relationship

between emotion dysregulation and the frequency of NSSI. They found that CSE did not act as a mediator between difficulty with ER and the frequency of NSSI. Nevertheless, frequency in NSSI was predicted to increase with an increase in difficulty with ER. Improving ER skills of a person increases their CSE and reduces the incidence of NSSI.

Cognitive-based approaches refer to the cognitive therapies of Ellis and Beck as well as to a broader range of cognitive behavioral interventions (Dobkin et al., 2008). Cognitive behavioral therapists seek to rid clients of irrational, self-defeating beliefs or to modify distortions in their perceptual processes as well as attempts to change self-statements or teach cognitive skills (Ruggiero et al., 2018). Brief CBT is the reduction of the average 12-20 sessions into four to eight sessions (Cully & Teten, 2008, p. 5). The specificity of treatment, such as self-harm, is required because of the limited number of sessions. The client is required to be diligent in using the reading materials and homework to assist in their therapeutic growth.

Kidd et al. (2006) developed a suicide and deliberate self-harm (DSH) specific cognitive behavioral treatment in which DSH is the primary target of treatment, rather than it being a symptom. When dealing with NSSI, the primary focus of CBT is to target cognitions of perceived distress, burdensomeness, and the sense of helplessness and worthlessness that perpetuates self-injury (Mugge, 2015; Brausch & Girresch, 2012; Muehlenkamp, 2012). The development of a strong therapeutic alliance between the therapist and the client is essential as it may function as a source of safety and support during crises.

Groups are an effective method for delivering psychological interventions and treatments with different populations where diversity is a significant benefit (Lucerna, 2017). Group therapy is effective with a broad range of population and problems (Brabender, 2016), is as efficient as individual therapy (Burlingame, 2014), and effective for both prevention and education purposes (Hahn, 2009). The most effective forms of psychotherapeutic treatment for NSSI have been evolved CBT-based formats (Mugge, 2015; Muehlenkamp, 2012).

Diggins et al. (2017) compared Emergency Department (ED) self-harm presentations and management between adolescence and early adulthood. Results revealed that the female to male ratio was 6.3:1 for adolescents and 1.2:1 for young adults. Self-poisoning was frequent for those below 18 years old; repetition of self-harm was prevalent in adolescents, while multiple repetitions of self-harm were most common in young adults. Hawton et al. (2007) conducted a study on people who self-harmed over 18 months and found that most were females and under 35 years old. The female to male ratio deteriorated with age.

Raza et al., (2018) found a slightly negative correlation between anxiety, depression, stress, and self-harm and females scored more on depressive, anxiety and stress than males. Humphreys et al. (2015) found males are more impulsive with their injury and participate in self-injury that produces more pain, such as burning and females have an earlier onset of self-injurious behavior than males and are more likely to participate in cutting.

Dr. Leonard Sax, a psychologist and practicing family physician, found that more girls self-harmed than boys (Lowder, 2011). Boys are more of the “loser” types who manifest depressive symptoms, while girls tend to overachieve and punish themselves

when they perceive failures and become too controlling when anxious. This gender difference in self-harming behavior is essential in the healing process.

Kiekens et al. (2016) examined the relationship between NSSI and academic performance in college freshmen and found that freshmen with lifetime and 12-month NSSI showed a reduction in academic year percentage (AYP) of 3.4% and 5.9%, respectively. The college environment was found to moderate the effect of 12-month NSSI, which suggests that overall stress and test anxiety are underlying processes between NSSI and academic performance.

Mahadevan et al. (2010) found that DSH occurrences in students were due to problems with schoolwork and relationships with family and friends. Eating disorders and excessive alcohol consumption and alcohol-related problems were among the DSH behaviors that were high and common among students, respectively.

Family processes, such as parental monitoring, supervision, and closeness, largely mediate the effects of family structure (Demuth & Brown, 2004). Parent closeness or parent-child attachment is one of the critical components of the family process in relation to behavior development (Regoli et al., 2011; Johnson, 2005; Loeber et al., 2003; Shader, 2003). It refers to the bond between parent and child (Sheehan, 2010). The second critical component is parent involvement. It refers to the participation of parents in the child's life (Farrington, 2011; Johnson 2005; Shader, 2003). The third critical component is parent monitoring. It refers to parents' continuing knowledge and keeping track of the child's daily activities (Regoli et al., 2011; Johnson 2005; Shader, 2003). The fourth critical component is parent supervision. It refers establishing rules and communicating it with the child (Regoli et al., 2011) and the degree of vigilance to monitor the child's activities (Farrington, 2011).

Astrup et al. (2017) examined child-parent separation between birth and 15th birthday to better understand the association between child-parent separation and elevated self-harm risk. They found that there was an association with raised self-harm risk. However, there were no significant findings in the association between child-parent separation and elevated self-harm risk taking into consideration the gender of the child.

Trujillo and Servaty-Seib (2017) investigated NSSI in college students with or without a history of parental absence and the relationships between parental absence, interpersonal factors, intrapersonal factors, and NSSI. They found that college students who had experienced permanent parental absence were five times more likely to report NSSI than those who had not experienced absence.

One of the risky behaviors during adolescence is NSSI and it is associated with relationship problems between family members and peers. Victor et al. (2019) found that harsh parental punishment, low parental monitoring, and poor quality of attachment to parents predicted increased odds of subsequent adolescent NSSI onset in adolescent girls with no NSSI history at age 13. Conversely, positive parenting behaviors reduced the odds of NSSI onset the following year.

Adrian et al. (2018) conducted a study to understand parental validation and invalidation of their adolescent children to determine association between parental responses and self-harm in a high-risk group of adolescents and found a strong association between parental validation, invalidation, and adolescent self-harm.

Arbuthnott and Lewis (2015) found that there were no differences in NSSI risk associated with relationship quality with fathers; elevated risk for NSSI was associated with lower overall relationship quality and lower quality relationships with mothers; higher NSSI frequency was associated with lower relationship quality with both mothers and fathers; elevated risk for NSSI was associated with less connectedness with parents; elevated risk for NSSI was associated with lower support from parents; lack of parental emotional support had a direct effect on NSSI frequency; greater parental criticism was associated with an elevated risk for NSSI presence in both boys and girls, and with repeated NSSI in boys from high-income families; elevated risk for NSSI was associated with greater parental invalidation; elevated risk for NSSI was associated with perception that parents do not pay attention to youth, and that parents do not understand the youth's problems; elevated risk for NSSI was associated with greater behavioral control when reported by youth; elevated risk for NSSI was associated with harsher parenting; elevated risk for NSSI was associated with lower parental monitoring; and elevated risk for NSSI was associated with lower family functioning.

Santomauro et al. (2016) examined the efficacy of cognitive behavioral therapy (CBT) delivered in groups on the reduction of symptoms of depression, anxiety and stress in young people on the autism spectrum. They found that CBT in small group setting was able to assist young people with ASD who have symptoms of depression and stress. Similarly, Yi-Ping Tang (2013) conducted a paired-samples t-test and found that the Asian American participants on average had lower levels of depression and anxiety at the end of the CBT treatment, indicating that the CBT treatment improved both depression and anxiety levels from pre- to post-treatment.

Velez (2019) conducted a study to determine the relationship between school connectedness and suicide thoughts and behaviors (STB) of emerging adults in a private university in Iloilo City and found significant relationships between staff and management and teacher connectedness and the level of risk of STB, but no significant relationship between peer connectedness and the level of risk of STB. Baloco (2015) examined the extent of suicidal ideation and coping skills of college freshmen in a state college in Negros Occidental and found no significant relationship between the extent of suicidal ideation and the coping skills used by the college freshmen. However, no recent studies have been conducted on self-harm of college students despite an observed increase in incidents of NSSI in different educational institutions in the region.

The results of this study will provide information about self-harm behavior, the risk factors, the warnings signs, and the protective factors. It will be an eye-opener that self-harm needs immediate attention. It will also serve as a basis for the development of programs ranging from awareness, prevention, intervention, and postvention to individuals, families, and communities experiencing crisis due to self-harm, for the improvement of the mental health of the community. This study will serve as a point of reference for future researchers in developing treatment protocols for the prevention and intervention of self-harm for both the youth and emerging adults.

3.0. Methods

The researchers utilized the relational research design to determine the relationships between variables (Ardales, 2008). The researchers also utilized the experimental research design to determine causal relationships, where randomization controls for confounding variables. Specifically, the pretest-posttest control group design (Beins & McCarthy, 2012; Ardales, 2008) requires random assignment of participants to two comparison groups, an experimental group and a control group.

The comparison groups received the pretests measurements to determine the levels of depression, anxiety, and stress of the self-harming emerging adults from which the effect of the intervention was determined. The intervention was in the form of CBT group counseling. After the intervention, all the groups received the posttest measurements. It was expected that the intervention affect change in the experimental group, while any change in the control group was not expected (Beins & McCarthy, 2012; Ardales, 2008).

The researchers compared pretest measures to determine between-group differences at the start of the intervention. After the intervention, the researcher compared posttest measures to determine between-group differences after the intervention.

The participants of this study were college students from different programs of a state college located in Bacolod City for the 2nd Semester AY 2018-2019. The researchers utilized the proportionate stratified random sampling technique (Explorable.com, 2018). The populations for each program are as follows: BS Information Technology is 505; BS Information Systems is 368; and BS Industrial Technology is 871. Using a sampling fraction of ¼, the sample sizes for each degree program are as follows: BS Information Technology is 126; BS Information Systems is 92; and BS Industrial Technology is 218. Total sample size is 436. Participants were randomly selected from each degree program. The eligibility criteria based on the SHI are the scores of the SHI, a score of 5 and above (Sansone & Sansone, 2010).

The number of students that completed the SHI from November 15 to December 14, 2018 were as follows: BS Information Technology was 55; BS Information Systems was 47; and BS Industrial Technology was 62, a total of 164. Forty-one students had a SHI score of 5 and above. Only 30 college students, with mean age of 18.87 years, participated in the study. However, out of the 30 students, only 24 students consented to participate in the experimental research. The 24 students were randomly assigned to the experimental group and the control group, with 12 participants in each group. Upon the completion of the intervention, there were only eight participants in the experimental group and only nine participants in the control group. Attrition was due to different personal reasons.

The Self-Harm Inventory (SHI) was used to screen and measure the self-harm behavior of the college students. The SHI is a one-page, 22-item, yes/no, self-report questionnaire that explores respondents' histories of self-harm (Sansone & Sansone, 2010). All endorsements are pathological, and the SHI total score is simply the sum of "yes" responses, with a maximum possible score of 22. The three severity levels on the SHI are: low, with scores 1 to 4; medium, with scores 5 to 10; and high, with scores 11 or more (Latimer et al., 2009).

The socio-demographic questionnaire was administered to the college students with an SHI score of 5 and above (Sansone & Sansone, 2010). The socio-demographic questionnaire included age, sex, degree program, and the family processes, namely, parent closeness, parent involvement, parent monitoring, and parent supervision. A four-item scale of parent closeness was used to establish parent closeness (Demuth & Brown, 2004). The Parental Involvement Scale - Chicago Youth Development Study, an eight-item, was used to establish parent involvement (Dahlberg et al., 2005). The eight-item Parental Monitoring Scale developed by Small and Kerns was used to establish parent monitoring (Johnson, 2005). A three-item supervision index was used to establish parent supervision (Demuth & Brown, 2004). Sum scores for each family process are categorized as high, moderate, or slight (Gayoles, 2013).

The Depression, Anxiety, and Stress Scale – 21 (DASS-21) is a 21-item self-report questionnaire, which measures psychological well-being in terms of the three related negative emotional states; depression, anxiety, and stress (Liu et al., 2019; Hayes et al., 2017; Trpcevska, 2017; Repique, 2017; Lovibond & Lovibond, 1995). Each item is answered on a scale of 0 - 3 representing how much each statement applies to the individual in the previous week. DASS provides ranges indicating severity levels within the indicated scales, namely, normal, mild, moderate, severe, and extremely severe.

With the approval of the proper school authorities, the researchers conducted an experimental research to determine the effect of CBT group counseling on the well-being of self-harming emerging adults. The researchers personally administered the SHI. SHI scores determined the students meeting the eligibility criteria. Pretest measurements for the levels of depression, anxiety, and stress were taken. The intervention was in the form of a cognitive behavioral therapy (CBT) group counseling. After the intervention, the researchers administered the posttest.

The CBT group counseling included four 90-minute sessions, conducted at the Faculty Conference Room of the school by one of the researchers who is a Registered Psychologist. The group counseling consisted of three phases. In the early phase, Session 1, the following activities were done: explanation of the significance of self-harm, asking about important details of the most recent episode, mental health, social circumstances, and about the future. During the middle phase, Sessions 2 and 3, the focus was on evaluating last DSH, evaluating the skills, talents and resilience of the participants, discussing problem situations and evaluating cognitive, emotional, behavioral or relational problems. During the last phase, Session 4, the focus was on relapse prevention, which included triggers, warning signs, purpose of self-harm, skills to prevent self-harm, and a plan to prevent self-harm.

Data gathered were analyzed utilizing the appropriate statistical tool. To determine the level of severity of self-harm and family processes, the mean was utilized. To determine the relationships among the demographic characteristics, namely, age and family processes, and the level of severity of self-harm of the emerging adults, the Pearson-Product Moment Coefficient of Correlation rxy was utilized. To determine the relationship between sex and the level of severity of self-harm of the emerging adults, the Point-Biserial Coefficient of Correlation rpb was utilized. To determine the relationship between degree program and the level of severity of self-harm of the emerging adults, the Fisher's Exact Test was utilized. To determine the

significance of the difference between the well-being of the experimental group and the control group before and after the intervention, the independent t-test, Welch's t-test and the dependent t-test were used. The effect size was also computed to identify practical significance.

4.0. Results

Level of severity of self-harm of the emerging adults. As a whole (M = 6.70, SD = 2.04), the level of severity of self-harm of the emerging adults indicated "medium" as shown in Table 1. When grouped according to age, sex, and degree program, the level of severity of self-harm of the emerging adults indicated "medium" also as shown in Table 1. When grouped according to family processes, the level of severity of self-harm of the emerging adults indicated "medium" as shown in Table 2.

Table 1. *Level of Severity of Self-Harm of the Emerging Adults*

	M	***SD***	***Interpretation***
As a whole (N = 30)	6.70	2.04	Medium
Age			
Younger, < mean age (n = 17)	6.53	1.74	Medium
Older, ≥ mean age (n = 13)	6.92	2.43	Medium
Sex			
Male (n = 15)	6.33	1.45	Medium
Female (n = 15)	7.13	2.45	Medium
Degree Program			
BS Information Technology (n = 11)	7.27	2.76	Medium
BS Information Systems (n = 8)	6.13	1.25	Medium
BS Industrial Technology (n = 11)	6.55	1.63	Medium

Table 2. *Level of Severity of Self-Harm of the Emerging Adults*

	M	**SD**	**Interpreta□on**
Parent Closeness (N = 30)			
Highly Close (n = 17)	6.06	1.34	Medium
Moderately Close (n = 12)	7.75	2.49	Medium
Slightly Close (n = 1)			Medium
Parent Involvement (N = 30)			
Highly Involved (n = 13)	6.23	1.59	Medium
Moderately Involved (n = 13)	6.77	1.59	Medium
Slightly Involved (n = 4)	8.00	4.08	Medium
Parent Monitoring (N = 30)			
Highly Monitored (n = 9)	6.11	1.62	Medium
Moderately Monitored (n = 17)	6.47	1.59	Medium
Slightly Monitored (n = 5)	9.00	3.37	Medium
Parent Supervision (N = 30)			
Highly Supervised (n = 19)	6.26	1.37	Medium
Moderately Supervised (n = 6)	8.17	3.37	Medium
Slightly Supervised (n = 5)	6.6	1.82	Medium

Relationships among the study variables and the level of severity of self-harm of the emerging adults. There were no significant relationships among the socio-demographic characteristics and the level of severity of self-harm of the emerging adults, namely: age (r = -.08, p = .69), sex (rpb = .22, p = .25), and degree course (p =.60). Likewise, there were no significant relationships among the family processes, specifically parent closeness (r = -.19, p = .32), parent involvement (r = -.22, p = .24), parent monitoring (r = -.22, p = .24), and parent supervision (r = -.24, p = .21).

Differences in the levels of depression, anxiety, and stress between the experimental group and the control group before and after the intervention. There was no significant difference in the level of depression between the experimental group and the control group at baseline [t(22) = -0.38, p = .71]. However, there was a statistical difference between their level of depression after the CBT group counseling [t(11) = 5.10, p < .001, CI.95 -13.68, -5.43]. Further, Cohen's effect size value (d = 2.43) suggests a very high practical significance. There was a significant difference in the level of depression of the experimental group before and after the CBT group counseling [t(7) = 7.78, p < .001]. On the other hand, there was no significant difference in the level of depression of the control group before and after the CBT group counseling [t(8) = -1.08, p = .31].

There was no significant difference in the level of anxiety between the experimental group and the control group at baseline [t(22) = -1.13, p = .27]. However, there was a statistical difference between their level of anxiety after the CBT group counseling [t(12) = 4.42, p < .001, CI.95 -9.69, -3.29]. Further, Cohen's effect size value (d = 2.11) suggests a very high practical significance. There was a significant difference in the level of anxiety of the experimental group before and after the CBT group counseling [t(7) = 5.60, p < .001]. Conversely, there was a significant difference in the spiritual well-being of the control group before and after the intervention [t(8) = 0.48, p = .65].

There was no significant difference in the level of stress between the experimental group and the control group at baseline [t(22) = -1.07, p =.30]. However, there was a statistical difference between their level of stress after the CBT group counseling [t(13) = 3.93, p < .01, CI.95 -9.77, -2.84]. Further, Cohen's effect size value (d = 1.89) suggests a very high practical significance. There was a significant difference in the level of stress of the experimental group before and after the CBT group counseling [t(13) = -4.17, p < .01]. Conversely, there was a significant difference in the level of stress of the control group before and after the intervention [t(7) = 4.68, p < .01].

5.0. Discussion

The score on the SHI of five to ten corresponds to a medium level of severity of self-harm (Latimer et al., 2009). The recommended cut-off point of five is likely to comprise mild forms of DSH. It may not indicate of psychopathology, but may indicate more developmentally related risk-taking behaviors. A higher cut-off point of 11 may be more suggestive of psychopathology. These self-harming emerging adults manifested self-harm behaviors, such as cutting, burning, banging their heads on purpose, excessive smoking and drinking, and starving themselves (Stockburger, 2017).

Self-harm harm can occur at any age but is most common among young people. Thus, there is a need to focus on these emerging adults, who often have

elevated anxiety and depression symptoms (Cano et al., 2016). Presentations of their self-harm behaviors, and subsequent management of these self-harm behaviors differ now as adults compared to as when adolescents (Diggins et al., 2017). The disparity in the incidence between males and females decreased with age (Hawton et al., 2007).

Specific self-harm behaviors are influenced by gender (Humphreys et al., 2015). The results of this study are consistent with the studies of Raza et al. (2018) and Dr. Leonard Sax (Lowder, 2011). The self-harm behavior of these emerging adults differs with respect to gender (Raza et al., 2018), more females self-harmed than males (Lowder, 2011). Dr. Sax believed that gender is a key to the process of healing in the treatment of self-harm.

Tertiary education and planning for their future are common stressors these emerging face (Frank, 2014). The findings of Kiekens et al. (2016) and Mahadevan et al. (2010) conform to this study. Stress and anxiety were the underlying processes that made these emerging adults more susceptible to NSSI, which affected their academic performance (Kiekens et al., 2016). Relationship problems and increased academic load make these emerging vulnerable to self-harm (Mahadevan et al., 2010).

In like manner, the studies of Astrup et al. (2017) and Trujillo and Servaty-Seib (2017) agree with the results of this study. The emerging adults who experienced parent-child separation were more at-risk for self-harm (Astrup et al., 2017). Those who experienced non-permanent parental absence exhibited more self-harm than those who experienced permanent parental absence (Trujillo & Servaty-Seib, 2017).

Degrees of parent closeness, parent involvement, parent monitoring, and parent supervision, contributed to the NSSI onset of these emerging adults (Victor et al., 2019). Lack of parental validation and too much invalidation hastened the onset of adolescent self-harm (Adrian et al., 2018). In addition, poor parent-child relationship, less connectedness with parent, lower support from parents, greater parental criticism, greater parental invalidation, the belief that parents do not pay attention and do not understand them, too much behavioral control, harsher parenting, lower parental monitoring, and lower family functioning increase the risk for youth NSSI of these emerging adults (Arbuthnott & Lewis, 2015).

Emerging adulthood is usually marked with elevated symptoms of anxiety and depression (Cano et al., 2016). These emerging adults have a higher likelihood of experiencing anxiety, guilt, depression, fear, and anger that lead them to self-harm as their coping mechanism (Lamb, 2012). They lack proactive coping when they engaged in NSSI (Bhattacharyya et al., 2018). Their coping self-efficacy (CSE), which is their belief that they can cope with emotions and stressful events, did not act as a mediator between their difficulty with emotion regulation (ER) and the frequency of NSSI (Midkiff et al., 2018), where greater difficulty with their emotion regulation (ER) resulted in increased frequency in NSSI.

The results of this study are consistent with the studies conducted by Lucerna (2017), Labelle et al. (2015) and Brausch and Girresch (2012). The CBT group counseling was an effective method for delivering psychological interventions and treatments for anxiety and depression to these emerging adults (Lucerna, 2017). It was effective in reducing suicidal ideation and self-harm (Labelle et al., 2015). This CBT-based treatment

improved the underlying factors of NSSI of these emerging adults, such as depression, hopelessness, and problem-solving skills (Brausch & Girresch, 2012).

Finally, the results of the study indicated a significant effect of CBT group counseling on the well-being of those who self-harm. The results are supported by the studies conducted by Santomauro et al. (2016) and Tang (2013). CBT is ideal in a small group setting for assisting these self-harming emerging adults who have symptoms of depression and stress (Santomauro et al., 2016). Completing the CBT group counseling improved their functioning level, and psychological health, and decreased their depression and anxiety (Tang, 2013).

6.0 Conclusion

As college students, these emerging adults experience the stresses brought about by their academic requirements and planning for their own future, at the same time fulfilling parental expectations as well as personal expectations. They engaged in self-harm mostly due to problems with relationships with family, which resulted in increased depressed mood, anxiety, anger, shame, and guilt. The SHI is a good instrument to screen for self-harm of college students.

The CBT group counseling for self-harm facilitated the self-harming emerging adults to lower their levels of depression, anxiety, and stress, and help develop a recovery plan to replace their self-harm behavior with adaptive coping skills. The CBT group counseling offered a treatment protocol for self-harm to improve the well-being of these emerging adults

College students should learn how to deal with their stressors and manage their emotions to cope with their difficulties in relationship with their families particularly with their parents, manage academic work, and when facing financial difficulties to prevent self-harm. If CBT group counseling is available as one of the school's services, self-harming emerging adults are encouraged to avail of the opportunity for prevention and intervention of self-harm.

Family and environmental factors such as abuse, family relationships and parent-child discord are risk factors for self-harm for these emerging adults. Parents should be aware of their children's vulnerabilities and concerns about their ability to cope as emerging adults. Parents should also guide their children as they develop into maturity to have more appropriate coping mechanisms.

Teachers should be given seminar/training regarding self-harm that will increase awareness of their students' behavior, increase their knowledge about self-harm, and educate them that self-harm is different from suicide. Self-harm is not attention seeking. Therefore these behaviors need to be addressed and should be taken seriously. School administrators are encouraged to offer CBT group counseling, as it is an effective program for self-harm. Guidance counselors need to address the students' distress, their need for counseling, and teach the students to express their emotions and anger verbally and appropriately.

Mental health professionals are encouraged to use CBT group counseling as an effective intervention for emerging adult self-harm behavior. Social workers should be knowledgeable about the etiology and treatment of self-harm. The DOH should develop and implement programs on the awareness, prevention and postvention of self-harm

to individuals, families, and communities, and to build a self-harm free community, especially for the youth.

Future researchers should conduct studies on the risk and protective factors of self-harm and self-harm in the different developmental stages with a wider scope and facilitate more focus group discussions to further support quantitative results of the present and future researches.

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