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BODY IMAGE ROLE ON NON-SUICIDAL SELF-INJURY

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BODY IMAGE ROLE ON NON-SUICIDAL SELF-INJURY

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
María Ceja
Stephani Aguiar-Vasquez
June 2020

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ABSTRACT

This study explores the association between adolescents body image concerns and self-injurious behaviors among students enrolled in kindergarten through 12th grade. The study is exploratory in nature and uses a quantitative design. The study collected archival data from counseling services provided through a local school district's counseling program. More specifically, the archival data was retrieved from initial assessments gathered from students participating in the local school district's counseling program. Additionally, this research is a call for action that seeks to examine and support the further development of programs geared towards students. This study seeks to expand on the research that guides current and future practices available that equip social workers in assessing, treating and providing adequate resources for this vulnerable population. This study also calls for the development of proper assessment tools and resources that will allow adolescents access to potentially lifesaving services. A chi-square test was used to measure the association between body image concerns and non-suicidal self-injury. The chi-square test for independence indicated a significant association between body image concerns and non-suicidal self-injurious behavior

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DEDICATION

Hard work and perseverance pays off. That said, we cannot take all the credit as we were not the only ones that sacrificed something during grad school. We would like to give a big thanks to our families for their ongoing support. Without you, this dream would have been nearly impossible.

El esfuerzo y la perseverancia dan fruto. Dicho esto, no podemos tomar todo el crédito ya que no fuimos las únicas que sacrificamos algo durante la trayectoria a nuestro posgrado. Nos gustaría dar un gran agradecimiento a nuestras familias por su apoyo continuo. Sin ustedes, este sueño habría sido casi imposible.

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CHAPTER ONE

INTRODUCTION

Problem Formulation

Starting at a young age, people begin to internalize the influx of messages they receive from various socialization avenues –like culture and media– regarding their body and appearance. These internalized messages cultivate life-long relationships of positive, negative, or fluctuating regard toward their body. Therefore, the development of a healthy body image is intertwined with a person’s overall well-being. Body image includes a person’s subjective thoughts and feelings about their body (Muehlenkamp & Brausch, 2012; National Eating Disorders Association, 2018). Orbach (1996) proposed that examining a person’s attitudes towards their body may aid in understanding self-injurious behaviors, and Walsh (2006) offered a similar view hypothesizing that a person’s relationship with their body may have an effect on a person’s likelihood of engaging in non-suicidal self-injury (NSSI). Self-injury can be defined as: an intentional infliction of harm to one’s own body tissue without suicidal intent (Brausch & Gutierrez, 2010). Although self-injury occurs throughout different age groups, the predominant group with the highest risk of engagement is the adolescent population (Muehlenkamp & Brausch, 2012). During adolescence, many mental health concerns emerge as youth are battling an array of social and emotional issues revolving around identity amongst other issues and

simultaneously experiencing biological changes (Brausch & Gutierrez, 2010). Currently, there is a lack of research specifically examining the relationship between body image and self-harm. Understanding individual risk factors like body image is gradually becoming more imperative considering that over the past two decades the rate of adolescents engaging in self-injurious behavior(s) has increased (Brausch & Gutierrez, 2010). This increased rate of occurrence is of concern because self-injurious behaviors have been linked as risk factors contributing to suicidality (Brausch and Gutierrez, 2010).

The psychological harm that adolescents experience in their pursuit of unrealistic perfection can easily lead them to self-injurious behavior(s), suicidal tendencies, and place them at greater risk for other serious and life-threatening medical problems (Greydanus & Apple, 2011). Adolescents have an obsession for several types of media and the constant exposure to the images portrayed have many psychological consequences (Spurr, Berry, & Walker, 2013). Since prevention is key, the implications for clinicians are huge because they cannot dispel, through psychoeducation, the false information and negative coping mechanisms learned by adolescents (Greydanus & Apple, 2011).

A problem clinicians face is that the type of self-injury individuals engage in does not determine the severity of the problem. Additionally, the stigma surrounding mental health services is still prominent throughout our society. This in turn limits funding and access to much needed counseling services for individuals with self-injurious tendencies, which leads to many of them suffering

in silence instead of seeking supportive services (Greydanus & Apple, 2011). There are many factors that affect social workers ability to treat individuals who have body image concerns (BIC) and engage in self injurious behaviors. One of the root causes of BIC and self-injurious behaviors are directly linked to mass media since they create unrealistic expectations of beauty that are unattainable (Spurr, Berry, & Walker, 2013). Further, social workers are unable to provide supportive counseling and psychoeducation if adolescents do not seek services or have them readily available through counseling programs like the one provided by the school district this study utilized (Greydanus & Apple, 2011). In addition to the fact that an appropriate self-harm screening tool does not yet exist (Greydanus & Apple, 2011). Social workers can attempt to facilitate their change efforts by highlighting the importance of this concerning issue, which has already caught the attention of some professionals and policymakers with interests in adolescence and their well-being (Brown & Bobkowski, 2011).

Purpose of Study

The purpose of this research study is to explore the association between BIC and self-injurious behavior. This study will focus on school-aged children receiving counseling services and attending various schools within a local school district's boundaries. The importance of the issue is highlighted by Griffin et al. (2018) who found an increase in self-harming behavior in both genders, and the younger self-harming behavior initiates also increases the overall risk,

recurrence, and lethality. Addressing this issue at the root cause and as early as possible is imperative. Readily available school mental health programs along with having properly trained social workers in school settings would allow social workers to recognize the signs of self-harm and suicide, assist children who are at risk through mental health services, and implement informative and preventive methods (Griffin et al., 2018). This must be a priority for all school districts as it is an effective method in protecting children (Griffin et al., 2018). Social workers at micro and macro levels must continuously pursue funding and fight to bring awareness to this issue and educate to lower the stigma surrounding mental health services.

The overall research method that was used in this research study is a quantitative design. The research design consisted of the reviewing and analyzing secondary data, which consisted of assessments and at times additional information in the charts to verify the information related to BIC and NSSI. The data collection period consisted of a six-month period. The method was selected due to the general lack of existing data surrounding BIC and NSSI. A positive correlation exists surrounding counseling services, socioemotional issues, and at-risk behavior. This study adds supportive initial data to an area of interest that urgently requires attention and action from the micro, mezzo, and macro level of social work. This research will provide future researchers foundation data that will allow further research interest to continue.

Significance of the Project for Social Work Practice

The research topic is significant as it benefits the social work profession as a whole, aids in the development of programs that would protect children and adolescents, and advance research that is lacking within this area of interest. Since the research available on the association between BIC and self-injurious behaviors is limited, the findings from this research will better equip social workers with the knowledge to treat and serve adolescents who are exhibiting these concerning symptoms. In addition, it also highlights the importance of this concerning issue by creating awareness regarding the impact on children and adolescents from data derived directly from the population. This will help provide a starting point for developing programs within school districts to provide counseling services to support school aged children resulting in boosting self-esteem and normalize BIC in youth, and potentially increase funding to support mental health services in school settings. Lastly, with increased research and funding, school districts would have the needed tools to request additional support, such as hiring more social workers. With the additional resources, school personnel could be trained to recognize and intervene when students are demonstrating different high-risk behaviors. Furthermore, the trained school personnel could be better equipped to competently identify, assist and connect students to mental health professionals or needed resources. Providing students with socioemotional supportive counseling also allows them to excel academically.

This study explored the limited available data within the area of interest to contribute information that highlights the association between BIC and NSSI, and to bring awareness to the need of counseling programs that can offer support to school aged youth. The data also aimed to inform the social work profession about this concerning issue and the need for services within school settings. Additionally, the continuous need of social work advocacy and involvement at the micro, mezzo and macro levels to secure funding and services was also emphasized. The research findings discovered an association between BIC and NSSI. The data from this research may inform the assessing, planning, implementing, evaluating and terminating stages of The Generalist Intervention Model.

At a micro level of social work, the research informed on the lack of a proper screening tool that assesses from NSSI. Additionally, the study's results alerted to the needed supportive services within a school-based setting. The socioemotional issues students deal with coupled with BIC, self-injurious behaviors, and the lack of supportive counseling services that can provide proper coping skills are evident. Without such programs and supportive services, students are suffering in silence and are not able to perform their best academically. The Social Work Profession must unite to support this vulnerable population. With that said, the research question this study seeks to answer is as follows: Do clients who have body image concerns engage in self-injurious behaviors?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter consists of existing research on the topics of body image and non-suicidal self-injurious behaviors. The first subsection includes the relationship between body image and self-injurious behaviors. The second subsection covers the understudied contributors of self-injury. The third subsection contains conflicting findings in existing research. The fourth subsection encompasses existing research on preventing self-injury amongst adolescent populations. Lastly, the fifth subsection discusses theories guiding conceptualization.

Relating Body Image and Self-Injurious Behaviors

70% of youth who engage in self-injurious behavior attempted to commit suicide at least once in their lifetime, and of these 50% attempted several times (Nock et al., 2006). The research available on adolescent BIC and self-injurious behaviors is limited. Nock, Joiner, Gordon, Lloyd-Richardson, and Prinstein (2006), Muehlenkamp, Walsh and McDade (2010b), and Greydanus and Apple (2011) all assert the scarcity of research addressing and managing self-injurious behaviors. A commonality in the research available attributes BIC and self-injurious behavior to mental health concerns, self-confidence and impaired

emotion regulation (Greydanus & Apple, 2011; Duggan et al., 2013). Duggan et al. (2013), Greydanus and Apple (2011) and Nock et al. (2006) all reported that available research suggests there is a correlation between BIC which puts adolescents at a higher risk of engaging in self-injurious behavior(s).

Muehlenkamp and Brausch (2012) maintain this but add that self-harm should be considered along with other risk factors, such as BIC. Duggan et al. (2013) further note that there is no established understanding on the reasoning behind self-injurious behavior. Orbach (1996) maintained that an individual who has BIC and engages in self-injurious behavior forms a type of detachment from their body to protect it; this allows the individual higher tolerance for pain and the ability to easily hurt themselves when difficulties arise.

Understudied Aspects of Self-Injury

The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) included NSSI as a potential diagnosis that may be added to the next version of the DSM upon supporting evidence from further research (Somer et al., 2015). It is estimated that approximately 13-23% of youth in American society engage in self-injurious behaviors; however, the fundamental aspects of this occurrence remain understudied (Greydanus & Apple, 2011; Nock et al., 2006; Nock et al. 2009). Many existing studies that examine risk for NSSI fail to consider body image as an important mediator or contributing factor to the phenomena (Brausch & Gutierrez, 2010; Duggan, Toste & Heath, 2013, Brausch

& Gutierrez, 2010; Muehlenkamp & Brausch, 2012). Although past research has examined the relationship between self-injury and body image factors, little is known about the relationship (Brausch & Gutierrez, 2010, Muehlenkamp & Brausch, 2012). The bulk of existing studies exploring body image factors also tie in eating pathology instead of examining them as independent dimensions (Ross, Heath, & Toste, 2009; Muehlenkamp et al. 2012). Overall, there aren't many studies examining the role body image plays on affecting self-injurious behaviors. This research topic is of utmost importance considering the DSM has recognized NSSI as its own potential diagnosis due to the high prevalence and of occurrence associated risks such as suicidality.

Conflicting Findings in Existing Research

Studies with samples from communities suggest a need for more research with participants from a clinical setting (Nock et al., 2006; Muehlenkamp et al., 2013). Conversely, studies that retain participants from a clinical setting identify a need for more studies with varied participants from an array of communities that differ in age, ethnicity, gender, etc. in order to be more generalizable to the overall population (Nock, Prinstein, & Sterba, 2009; Brausch & Gutierrez, 2010). Lastly, Zielinski, Hill, and Veilleux (2018), indicate that having gathered a lifetime count of self-injury makes it difficult to determine whether people who have injured in the past year differ from people who have injured within a certain time frame; furthermore, this does not provide an accurate representation of the

behaviors or occurrence. Ross, Heath, and Toste (2009) indicate that limiting responses to solely recent self-injurious behaviors does not provide an accurate representation of the behaviors or relative occurrence.

Preventing Self-Injury Amongst Adolescents

Continuous research efforts provide supporting evidence for social workers to effectively treat adolescents who are experiencing any indicators of BIC and self-injurious behaviors. The research provides a starting point for the development of school-based programs that would assist student's self-esteem which would normalize BIC and for the development of healthy coping mechanisms. Muehlenkamp et al. (2010) declares the necessity to develop such preventative programs since a major part of adolescents do not reach out for help, which puts them at risk for committing suicide. In addition to potentially highlighting the need of supportive mental health services within school-based settings to address the root causes of the problem, it would also bring awareness to this concerning issue and hopefully stimulate further research interests.

Protective factors attributed to assist with BIC include having strong parental relationships and involvement in after school activities (Greydanus & Apple, 2011). Greydanus and Apple (2011) discuss the need for prompt preventive efforts through clinician involvement. A good relationship with clinicians supports individuals through the development of healthy coping skills, lowering stress levels, and overcoming self-displeasure (Greydanus & Apple,

2011). Therapeutic intervention must be tailored around the individual and their needs (Greydanus & Apple, 2011). The treatment goals should include supporting adolescents to value themselves and form positive images of their body (Muehlenkamp & Brausch, 2012). In order to assist this population, clinician must be informed and prepared which requires continuous research to gain a better understanding of these behaviors.

Theories Guiding Conceptualization

The Systems Theory, Person in Environment Perspective, and Strengths Perspective were used as theoretical frameworks for this study. Both Systems Theory and the Person in Environment Perspective complement each other to better assist an individual undergoing a difficult life situation; they both account for the larger and smaller systems involved and focus on the effects the interaction causes the individual. The systems theory is one of the theories social workers utilize to guide their professional practice. The theory views the elements that are functional, ordered and intertwined to make an individual whole (Zastrow & Kirst-Ashman, 2015). It also recognizes that any change in any part of the system can affect the whole system's balance (Zastrow & Kirst-Ashman, 2015). The Person in Environment Perspective is also at the foundation of social work and what it stands for (Zastrow & Kirst-Ashman, 2015). The Person in Environment Perspective also observes the interactions an individual has with the many subsystems on a daily basis (Zastrow & Kirst-Ashman, 2015). The

Person in Environment Perspective recognizes the complex behaviors human beings exhibit. This allows for an individual to be viewed as a unique person while accounting for their individual life circumstances. The Strengths Perspective allows an individual to use their ability, knowledge, resources, and personal experience to tackle their problems and work toward a positive outcome (Zastrow & Kirst-Ashman, 2015).

In addition, the aim of social work is to build a collaborative relationship that allows the clinician to work alongside individuals while accounting for the contributing factors to assist their unique life situation. Given that social work practice accounts for the positive and negative interactions within a system and attempts to improve it, the Strengths Perspective helps further this goal since it allows individuals to explore some of the skills they already possess, which results in involving and empowering them to take action and work toward change. If adolescents are not categorized but instead viewed as unique individuals interacting with different systems and subsystems who are affected differently, this would allow them to form close and open relationships with social workers who would then be able to more clearly see how they are affected by their life circumstances. This would allow the clinician to form an individualized treatment plan and the adolescent to feel involved, heard and understood, which may easily open the door for them to seek or accept help, if there was any previous reluctance to do so.

Summary

Approximately 13-23% of youth in the U.S. engage in self-injurious behaviors. Furthermore, the majority of youth who engage in self-injurious behavior(s) have had or will have at least one suicide attempt throughout their lifetime. Currently, there is no concrete understanding of the underlying reasons behind self-injurious behavior. Thus, upon supporting evidence from further research, the DSM proposed the possibility to include NSSI as its own diagnosis. However, the roots of this phenomenon remain understudied. Developing preventative programs is imperative in adolescent populations because refraining from reaching out for help increases their risk of suicide. The theoretical frameworks guiding this research are systems theory, person in environment, and strengths perspective. Using these frameworks allows the researchers to account for the multitude of components simultaneously affecting a person's life on a daily basis.

CHAPTER THREE

METHODS

Introduction

The following chapter details the study's research methods and procedures undertaken to complete this research project. More specifically this chapter covers various sections, which include: study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The study's purpose was to explore a potential association between BIC and the engagement in self-injurious behaviors among school age children at a local school district. The study contributes to the limited research in this area and seeks to encourage the development of programs that would protect children and better equip social workers to identify and assist their clients exhibiting these behaviors/symptoms. Due to the lack of research specifically examining body image and its effects on self-injurious behaviors in adolescents, and the lack of literature to guide proper involvement of the social work profession with this concerning issue, the study was exploratory in nature.

The study employed an exploratory quantitative study design. The lack of research within the research area allowed the researchers to contribute

substantial information to advance the helping efforts of social workers, while serving as a starting point for future studies that wish to further explore the issue. The lack of research in the study area also allows for a social work point of view in addressing the issue at hand. The quantitative nature of the study allowed researchers to gather information on whether a client had BIC and/or a history of self-injurious behaviors. Collecting data from a secondary source, such as already completed Bio-psycho-social–Spiritual assessments, allowed the researchers to access information without the possibility of triggering the clients served through an additional interview and lowered the possibility of researcher bias through data collection.

The limitations of using archival data include that the researchers did not interview the clients nor conduct the assessments and thus the possibility of interpretive error exists. At times the research questions for the study were also skipped which did not allow for a complete assessment. Additionally, the assessments were conducted during the initial meeting prior to the commencement of counseling services; therefore, a therapeutic relationship was not yet established at the time assessments were completed. This factor could have prevented students from providing relevant information. Furthermore, after the initial assessment the questions relevant to the research are not revisited. Since trust has not yet been established and the questions on the assessment are substantial and can be intrusive, it could have swayed the way clients answered potentially due to a fear of being judged or simply lack of trust. Further,

another possibility is that clients may have disclosed relevant research question experiences further on during counseling sessions. This additional information may not have made it onto the assessment packet, which may have caused their experience to become unreported and thus missed by the researchers. An important point that cannot be ignored is that the data in the study does not determine causality. Due to this, the results of the research topic that are revealed through the study cannot outline a clear connection between BIC and self-injurious behavior.

Sampling

The local school district used for data collection consisted of kindergarten through 12th grade students. The students who came to be part of the study's sample were enrolled in the local school district, but more specifically participated in the counseling services provided by the local school district. The researchers reviewed and collected data from eighty-eight students and found that of those only seventy-seven came from complete assessments that fully answered the research questions. Approval to conduct this study had previously been established through an existing research partnership that the local school district's counseling program had with California State University, San Bernardino (CSUSB).

This research study used a non-random purposive sample technique to explore an association between BIC and non-suicidal self-injurious behaviors.

The study also used availability sampling for data collection. Due to this, the data for this research can be limited in generalizability. Table 1 also shows 81.5% of the data for this research was obtained from a predominately Hispanic/Latino population which may further limit how generalizable the findings are.

Data Collection and Instruments

The data collection method for the study was quantitative archival data that was de-identified. The data came from the thorough initial counseling service assessment and student charts. The district's Mental Health Interns conducted the assessments the study used for its archival data. The data was secured at the district's main counseling office, which was where it was retrieved from. The data collected included information regarding student self-reported BIC, specific non-suicidal self-injurious behavior, and student's history of suicide attempt. Additional data collected relevant to the research study included gender, ethnicity, age, primary language, parent marital status, grade level, living arrangements, family source of income, and family composition. The research considered body image concern as the independent variable and non-suicidal self-injury as the dependent variable.

The research utilized questions on the district's counseling department assessment. The questions on the assessment included the following yes or no questions with the appropriate follow-up and explanation section as needed:
Does the client have body image concerns? Has the client engaged in current or

past self-injurious behaviors? (cutting, burning, hairpulling, headbanging, etc.).

Does the client have a previous history of suicide attempts?

Procedures

The researchers collected data through a collaboration with the district's counseling department. The de-identifiable data came from assessments and the student's charts. Aside from the archival data collected, the researchers collaborated with the district's Mental Health Interns and Counseling Department Program Manager.

The researchers stored collected de-identifiable archival data on a secure drive to which only the researchers and research advisor had access. The research proposal was previously approved by the Institutional Review Board at CSUSB which allowed the researchers to begin reviewing charts and collecting data. Data collection was initiated and completed during the 2019 Winter Break (December 2019). Once the information was collected, the researchers began analyzing and recording the research findings. This research projected is to be completed in May of 2020.

Protection of Human Subjects

The confidentiality and anonymity of research participants was protected by not collecting any information that could easily identify a participant. De-identified information relevant to the research was the only information gathered,

which allowed for confidentiality to be maintained. All information was gathered under the direct supervision of the program manager. Anonymity of participants was ensured by not removing hard copies of any of the student charts. Further, the information was always kept behind locked cabinets in a locked room at the district's counseling office. Due to the data collection method, there were no risks to research participants.

Data Analysis

In order to answer the posed research question, the researchers reviewed the assessments and extracted information from the questions that were relevant to body image and self-injurious behaviors. The research used a quantitative approach to analyze the archival data as it relates to the association between student's BIC and NSSI.

The researchers collected relevant archival descriptive variables for analysis which included participant's age, gender, race, ethnicity, grade level, primary language, parent marital status, client's living arrangements, family source of income, and family composition. These variables were used to conduct statistical tests through the SPSS software. The research study identified the independent variable as body image concern and specified the area of concern, while the dependent variable identified the NSSI and the preferred method.

Summary

The study's purpose was to explore the association between body image and self-injurious behaviors. The data collected for this research project was archival data from the local school district's counseling program. The questions the researchers examined were included in the assessment forms that agency interns asked parent(s) or guardian(s) of the students referred to the program and the information provided by the students themselves. The data collected was kept confidential and anonymous by omitting identifying information and keeping it securely stored.

CHAPTER FOUR

RESULTS

Presentation of the Findings

Through the data collection phase, the researchers collected data from a total of eighty-eight student charts. Only seventy-seven of the student charts collected were complete. Of these students, 33% were from an elementary grade level, 23.9% were from a middle school grade level, and 43.2% were from a high school grade level. From the eighty-eight students, 54.5% were female and 45.5% were male. 81.5% of the students were Hispanic/Latino, 11.1% were White, 4.9% were African American, and 2.5% identified as other. 72.3% students were from an English primary language household, while 27.6% were from a Spanish speaking home. 15.2% of student's parents were single, 40.5% came from a married household, 13.9% came from a separated household, 25.3% came from a divorced household, and 5.1% came from a widowed household. 88.1% of students resided in a house, and 11.9% resided in an apartment. 50% reported living in an intact home (both parents in household) composition, 26.8% came from a blended home (multiple families living together), 14.6% came from a single parent family (one parent in the household), and 8.5% reported living in a relative's home. 76.7% student's parents reported being employed full-time, 10.5% reported part-time employment, 9.3% reported

being unemployed, and 3.5% reported being retired. Table 1 can be referenced for the respondent's demographic characteristics.

Both Table 1 and Table 2 present data directly related to the student's self-reported NSSI, history of suicide attempts, and source of body image concern. The student portion of the assessment included the following three key questions to the research study: 1. Does the client have body image concerns? 2. Has the client engaged in current or past self-injurious behaviors? 3. Does the client have a previous history of suicide attempts? All questions allowed for a yes, no, and explain section.

Question one data resulted in 36.3% students self-reported BIC, and 63.7% denied a BIC. From these students, 28% reported the source of BIC to be weight, 28% reported the source of BIC to be appearance, 12% reported the source of BIC to height, 12% reported multiple forms (more than one preference) as the source of BIC, 12% reported the source of BIC to other, and 8% reported the source of BIC to be features.

Data from question two resulted in 25.3% students self-reported NSSI during their lifetime, while 74.7% denied NSSI during their lifetime. 33.3% self-reported cutting as their preferred form of NSSI, 33.3% self-reported multiple forms (more than one) as their preferred form of NSSI, 11.1% self-reported scratching as their preferred form of NSSI, 11.1% self-reported hair pulling as their preferred form of NSSI, and 11.1% self-reported other as their preferred form of NSSI.

Findings from question three resulted in 19.5% students self-reported a history of suicidal ideation during their lifetime, while 80.5% denied a history of suicidal ideation during their lifetime.

The statistical analysis utilized to measure the association between body image concerns and non-suicidal self-injury was a chi-square test. A chi-square test for independence indicated a significant association between body image concerns and non-suicidal self-injurious behavior, $X^2 (1, n=77) = 4.52, p = .03$. Of those who reported self-injurious behaviors, 57.9% of respondents had body image concerns whereas 42.1% did not report body image concerns. In contrast, of those who did not report self-injurious behaviors, 27.6% of respondents had body image concerns whereas 72.4% did not report body image concerns.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will first examine and discuss the findings within the data gathered and tested to address the research question presented. As well as, discuss the relation of the findings to current literature. Second, the researchers will acknowledge the limitations of this study and make suggestions for further research. Lastly, the researchers will present and deliberate recommendations for social work practice, policy and research.

Discussion

The chi-square test the researchers conducted to examine the association between body image and NSSI indicated that there is a strong significance in the relationship between the two variables. These significant findings suggest that those who reported having BIC were more likely to engage in self-injurious behavior, compared to those who did not report having BIC.

As previously stated in chapter two, it is estimated that 13-23% of youth in the U.S. engage in self-injury (Greydanus & Apple, 2011). Coinciding similarly, this study found that 25.3% of its participants reported engaging in self-injurious behaviors. However, these findings may also suggest that perhaps the rate of occurrence among youth could potentially be higher than is estimated as the

prevalence surpassed the higher end of the range estimated (Greydanus & Apple, 2011). According to Griffin et al. (2008), the younger a person is when they commence to self-harm also increases their overall risk, occurrence, and lethality. Furthermore, statistics extracted from Nock et al. (2006) suggest that 70% of people who have self-harmed will have attempted suicide at least once in their lifetime. The participants in this study were youth, and if those statistics are applied to this study, they would suggest that approximately 14.7 participants will have had at minimum one suicide attempt in their lifetime. This depicts the need to further explore and better understand the underlying factors that lead to self-harm in order to begin to mitigate the apparent pipeline of progression.

Limitations

Limitations of this study include that the researchers did not run any other tests on the data set other than a chi-square test to examine the association between both variables. 81.5% of the sample size identified as Hispanic/Latino and although the sample size does parallel the composition of the local population, it is not generalizable to the overall population. A third limitation is that the researchers utilized convenience sampling to gather participants for this study as all participants were already seeking counseling services. As previously mentioned in the methods section, the researchers did not conduct the assessments themselves and the researchers encountered incomplete assessments. Additionally, another factor that may have impacted the research

outcome is that at the point assessments were conducted rapport had not been established with participants. Due to these limitations, the researchers recommend gathering data from a broader sample size, such as from multiple school districts so that the data can be more generalizable and inclusive of participants from varied backgrounds. Further research would benefit from a follow up question regarding the research variables once rapport has been established between participants and Mental Health Interns. A final recommendation for future research is to run additional tests on the association between BIC and NSSI by adding additional variables, such as amount of time spent on social media.

Recommendations for Social Work Practice, Policy, and Research

As a result of the research findings, the authors make recommendations to further develop and invest in mental health programs that are embedded in school districts to combat the array of issues afflicting youth in the U.S. Stigma surrounding mental health services continues to be a problem society must overcome. One important way stigma can be dispelled is by having school-based programs with trained social workers to provide a multitude of services including psychoeducation in classroom settings. Having school-based mental health programs increases preventative measures as early intervention is more readily accessible to students, thus providing extra protections to youth. Social workers must unite on all levels of practice, micro, mezzo, and macro to pursue additional

funding, and implementation of policies that support mental health provisions with youth. Investing in the youth leads to a healthier better-equipped society.

A second recommendation and call for further research is the development of a self-harm screening tool that could assist mental health professionals in working with students who engage in self-injurious behaviors. A tool of this sort could lead to better diagnosing and potentially lead to more information gathered on root causes and factors such as body image that are highly linked to self-harm. In conjunction with developing a screening tool for self-harm, social workers can use evidence-based practices to address and treat adolescents BIC when deemed appropriate for each client and potentially decrease their risk of engagement in self-harm.

Conclusion

The chi-square test utilized to assess the association between the two variables indicated a strong significance in the relationship. 57.9% of participants who had BIC also reported a history of self-harm. The percent of students who self-harm, in this study, is slightly higher than the estimated percent of youth who self-harm in the U.S. Additional funding, further development, and investment in school-based programs that provide mental health services is essential as it would aid in minimizing the existing stigma around mental health as well as provide prevention and early intervention for students. Lastly, the researchers

acknowledge that a screening tool for self-injury is needed as it can be used to assess at risk youth and assist in diagnosing and treatment practices.

APPENDIX A
DATA COLLECTION GUIDE

Demographic

- Gender: Male/Female
- Ethnicity:
- Primary Language:
- Primary Language spoken in the home:
- Parent's marital status: separated, married, divorced, widowed, or single
- Client's living arrangements: house, apartment, motel, or homeless
- Family's source of income: employed FT, employed PT, unemployed, retired, on worker disability, or seasonal/intermittent
- Client was raised in an: intact home, blended family, adoptive home, single parent family, relatives home, or foster home

Parent portion

- Presenting concerns/Reason for referral
- Does client exhibit body image concerns? Yes/No; if yes, please explain
- Client and family: is there a history of hospitalization(s) for emotional problems? Yes/No; if yes, please explain
- Client and family: is there a history of mental health issues? Yes/No
- Has client engaged in any current or past self-injurious behaviors? Yes/No; if yes, please explain

Client portion

- Has client engaged in any current or past self-injurious behaviors? If yes, please explain
- Does client have current suicidal ideation? Yes/No
- Does client have history of suicide attempts? Yes/No; if yes, when and describe the situation
- Does client have any body image concerns? Yes/No; If yes, please explain

APPENDIX B
RESPONDENTS DEMOGRAPHIC CHARACTERISTICS

Table 1

Respondent's Demographic Characteristics

	Variable	Percentage (%)
Sex (N=88)	Female	54.5%
	Male	45.5%
Ethnicity (N=81)	Hispanic/Latinx	81.5%
	White	11.1%
	African American	4.9%
	Other	2.5%
Primary Language (N=87)	English	72.4%
	Spanish	27.6%
Parent Marital Status (N=79)	Single	15.2%
	Married	40.5%
	Separated	13.9%
	Divorced	25.3%
	Widowed	5.1%
Living Arrangements (N=84)	House	88.1%
	Apartment	11.9%
Family Source of Income (N=86)	Employed FT	76.7%
	Employed PT	10.5%
	Unemployed	9.3%
	Retired	3.5%
Family Composition (N=82)	Intact Home	50%
	Blended Home	26.8%
	Single Parent Family	14.6%
	Relative's Home	8.5%

APPENDIX C

RESPONDENT'S SELF-REPORT OF BODY IMAGE CONCERNS

Table 2

Respondent's Self-Report of Body Image Concerns

	Variable	Percentage (%)
Self-Report Body Image Concern (N=80)	Yes	36.3%
	No	63.7%
Source of Body Image Concern (N=25)	Weight	28%
	Height	12%
	Features	8%
	Appearance	28%
	Other	12%
	Multiple Forms	12%

APPENDIX D
RESPONDENT'S SELF-REPORT OF SELF-INJURY

Table 3

Respondent's Self-Report of Self-Injury

	Variable	Percentage (%)
Client Self- Report of Self- Injury (N=83)	Yes	25.3%
	No	74.7%
Type of Self- Injury (N=18)	Scratching	11.1%
	Hair Pulling	11.1%
	Cutting	33.3%
	Other	11.1%
	Multiple Forms	33.3%

APPENDIX E
RESPONDENT'S SELF-REPORT HISTORY OF SUICIDAL IDEATION

Table 4

Respondent's Self-Report History of Suicidal Ideation in their lifetime

	<u>Variable</u>	<u>Percentage (%)</u>
Suicidal Ideation (N=87)	Yes	19.5%
	No	80.5%

APPENDIX F
INSTITUTIONAL REVIEW BOARD APPROVAL

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ASSIGNED RESPONSIBILITIES

This study was conducted by a team of two researchers. Both researchers took an active role and collaborated throughout its completion. The collaborative work efforts of both researchers involved simultaneous work through an electronic document and various phone conversations under the guidance of Dr. Barragán. The study responsibilities included the following:

1. Data Collection
Equal Collaboration: María Ceja and Stephani Aguiar-Vasquez
2. Data Entry and Analysis
Equal Collaboration: María Ceja and Stephani Aguiar-Vasquez
3. Report Writing
 - a. Introduction and Literature Review:
Equal Collaboration: María Ceja and Stephani Aguiar-Vasquez
 - b. Methods:
Equal Collaboration: María Ceja and Stephani Aguiar-Vasquez
 - c. Results:
Equal Collaboration: María Ceja and Stephani Aguiar-Vasquez
 - d. Discussion:
Equal Collaboration: María Ceja and Stephani Aguiar-Vasquez