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Non-Suicidal Self-Injury (NSSI) Among Adolescents: Life Skill Training as a Pathway to Resilience and Emotional Regulation

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Abstract: *Non-suicidal self-injury (NSSI) is a widespread public health concern among adolescents, often linked to emotional dysregulation and ineffective coping strategies. This quasi-experimental study evaluated the impact of a culturally relevant life skills training program on emotional regulation and resilience in adolescents aged 16 to 19 diagnosed with NSSI behaviors. A total of 40 participants Each 20 groups contain 10 boys and 10 Girls in control group and experimental group. They were recruited from Sarhad Hospital for Psychiatric Diseases (SHPD) and the Center for Psychotherapy and Psychiatry in Peshawar, were randomly assigned to an experimental (life skills training) or control group. Pre- and post-assessments were conducted using the Difficulties in Emotion Regulation Scale (DERS) and the Functional Assessment of Self-Mutilation (FASM). While there was a weak non-significant correlation between pre- and post-intervention DERS-NSSI scores (r = .249, p = .291), post-intervention scores showed significant improvement (M = -18.70, p = .011), with a medium effect size (Cohen's d = -0.627, Hedges' g = -0.615). The intervention significantly enhanced emotional regulation and resilience, with NSSI-specific outcomes also showing substantial improvement. These findings underscore the transformative potential of life skills training in reducing emotional dysregulation, enhancing resilience, and addressing NSSI behaviors in adolescents. The study's findings offer insights into culturally tailored interventions and provide evidence for integrating life skills programs to address adolescent mental health challenges.*

Introduction

Non-suicidal self-injury (NSSI) among adolescents has emerged as a critical public health concern. It has captured the attention from mental health professionals, educators, and researchers worldwide. It is most commonly described as deliberate, direct destruction or alteration of body tissue without conscious suicidal intent (Pattison & Kahan, 1983; Favazza, 1998). Alarmingly, existing literature highlights NSSI and its prevalence ranges from 17% to 37% in community samples of adolescents

(Swannell et al., 2014). This persistence prevalence underscoring the urgent need for effective intervention strategies. Adolescents often use NSSI as an unhealthy way to cope with strong emotions and conflicts (Turner et al., 2012). This behavior is linked to problems like difficulty managing emotions, stress, and past experiences such as trauma, perfectionism, and self-criticism (Chapman et al., 2016). Additionally, social interaction particularly the one through social media and its contents contribute and exacerbate the spread of NSSI behaviors among peers (Hasking et al., 2013). Addressing this growing mental health concern and its root causes, life skills training has emerged as a promising intervention approach. This training equips adolescents in developing important skills like stress management, communication, emotional awareness and problem-solving. These skills are essential during adolescence, a time of major brain and social development (Thompson et al., 2016). Such life skills training not only foster resilience and adequate coping strategies rather it targets both immediate behaviors and long-term emotional well-being by offering a comprehensive and affective approach in addressing NSSI and related mental health concerns. Based on cognitive behavioral principles and social learning theory, life skills training has demonstrated effectiveness in reducing risk behaviors among adolescents (Botvin & Griffin, 2015), with recent studies highlighting its role in mitigating NSSI behaviors. Martínez-Torres et al. (2019) demonstrated a significant reduction in non-suicidal self-injury (NSSI) through the implementation of life skills programs. Similarly, Wong et al. (2017) found that these programs enhanced emotional regulation during follow-up sessions after the intervention. Typically, such programs encompass techniques for emotional regulation, stress management skills, and efforts to improve interpersonal communication (Thompson et al., 2018; Williams & Roberts, 2019; Anwar et al., 2025). Furthermore, treatment methods for NSSI that integrate life skills training with established therapies, such as Dialectical Behavior Therapy for adolescents (DBT-A), have shown to be quite effective (Mehlum et al., 2016). There are also culturally tailored approaches that have achieved high retention rates and other positive outcomes, underscoring the need for treatment strategies that are adaptable and sensitive to context (Lee et al., 2018). This study examines whether life skills training affects adolescents' engagement in non-suicidal self-injury (NSSI) and their ability to manage emotions. It evaluates the effectiveness of specific life skills and their impact on NSSI, aiming to provide a more solid, evidence-based understanding of these behaviors. The findings could enhance clinical practices, guide educators, and shape public health policies. Additionally, it seeks to fill knowledge gaps about how life skills training can support ongoing emotional well-being. Ultimately, this research aims to improve the effectiveness and sustainability of interventions focused on adolescents' mental health and address the more complex issue of NSSI.

Problem Statement

Although NSSI is considered a major public health issue among children between 10-19 years of age across the globe affecting 17-35% adolescents, however, being common yet culturally sensitive strategies and coping mechanism are quite rare. It is primarily link to emotional dysregulation and inappropriate coping processes among youth. Most adolescents report using NSSI to manage stress, trauma and relationships, a situation that is often exacerbated by social media influences. Life skills training focusing on emotional regulation, resilience and practical coping strategies has shown promise for reducing NSSI behaviors. However, it needs further evaluation in relation to cultural contexts. This work explores whether life skills training could reduce NSSI behaviors and promote emotional regulation in adolescents in Peshawar, Pakistan, offering insights into tackling this emerging mental health problem.

Hypotheses

The study is carried out testing the following Hypotheses;

H1. Adolescents who participated in the one-month life skills training has shown fewer and less severe NSSI behaviors than those not participated in the program.

H2. Improvement in resilience and emotional regulation has been observed among adolescents participated in life skills training as measured by the DERS and other similar tools.

H3. Adolescents in the culturally tailored life skills training will engage more and adopt healthier coping strategies than those in the control group.

Operational Definitions

Life Skill Training:

Swaroop Sampat Rawal's life skill training focuses on developing core skills that help individuals navigate life's challenges. These skills include:

Social Skills: Empathy, Self-awareness, effective communication and positive interpersonal relationships.

Thinking Skills: Decision making, critical thinking, creative thinking and problem-solving in order to navigate complex situations.

Emotional Skills: Coping with stress and managing emotions such as anger, fear, and sadness to maintain emotional well-being.

Resilience:

Resilience is a key outcome of life skill training, as it involves the ability to effectively cope with adversity and stress. It encompasses:

Coping with Stress: The ability to manage and reduce stress effectively.

Emotional Regulation: Managing emotions in a healthy way to promote emotional stability.

Problem-Solving: Finding solutions to challenges and making informed decisions.

Social Support: Building strong relationships and support networks to enhance resilience.

Methodology

This study employs a quasi-experimental factorial design, incorporating pre- and post-intervention assessments to evaluate the effectiveness of Life Skill Training on NSSI behaviors. A total of 40 participants are split into an experimental group that undergoes Life Skill Training and a control group that does not receive any intervention. Both groups are given pre-tests and post-tests. A total of 40 adolescents aged 16 to 19 years have been recruited from the Sarhad Hospital for Psychiatric Diseases (SHPD) and the Center for Psychotherapy and Psychiatry in Tahkal, Peshawar, using purposive sampling. The participants are divided into an Experimental Group for Life Skills Training and a Control Group, which consists of a waiting list for pre and post assessments conducted separately. Adolescents aged 16-19, exhibiting NSSI behaviors, and providing informed consent are included, however, adolescents aged below 16 or above 19, those on psychotic drugs or stimulants, and those with neurological disorders were excluded for the present study.

This 36-item self-report instrument measures emotional dysregulation across six subscales. Higher scores indicate greater emotional dysregulation. This self-report tool measures the NSSI behavior, suicidal ideation, and associated symptoms of the individual via a 4-point Likert scale, graded into four subscales according to Nock and Prinstein's (2004) reinforcement model**.** Participants will be recruited from the selected hospitals using purposive sampling, and informed consent will be obtained. Emotional dysregulation and NSSI behaviors will be assessed using the DERS and FASM scales. The experimental group will undergo a one-month Life Skills Training program designed to enhance emotional regulation,

resilience, and coping strategies. The control group will not receive the intervention**.** After the intervention, post-assessments will evaluate changes in NSSI behaviors and emotional regulation in both groups. Data will be analyzed to compare the pre- and post-assessment results for both groups, evaluating the effectiveness of Life Skills Training in reducing NSSI behaviors and improving emotional regulation.

Results

Control Group Findings

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Pre_DERS_NSSI	129.7000	20	18.09362	4.04586
	Pos_DERS_NSSI	148.4000	20	19.62919	4.38922
Pair 2	PRE NSSI	35.5000[a]	20	3.31662	.74162
	POST NSSI	35.5000[a]	20	3.31662	.74162

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	Pre_DERS_NSSI & Pos_DERS_NSSI	20	-.249	.291

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference Lower	Upper			
Pair 1	Pre_DERS_NSSI - Pos_DERS_NSSI	-18.70000	29.82069	6.66811	-32.65651	-4.74349	-2.804	19	.011

Paired Samples Effect Sizes

			Standardizer[a]	Point Estimate	95% Confidence Interval Lower	Upper
Pair 1	Pre_DERS_NSSI - Pos_DERS_NSSI	Cohen's d	29.82069	-.627	-1.101	-.139
		Hedges' correction	30.42585	-.615	-1.079	-.137

a. The denominator used in estimating the effect sizes.
Cohen's d uses the sample standard deviation of the mean difference.
Hedges' correction uses the sample standard deviation of the mean difference, plus a correction factor.

Results in the above table indicate significant differences in emotional dysregulation and NSSI behaviors between the control and experimental groups. For the control group, a weak, nonsignificant relationship was found between pre- and post-intervention DERS NSSI scores (r = -.249, p =.291). However, significant reduction of scores was shown for the intervention condition (M = -18.70, p =.011), suggesting an effect of the intervention. However, with a medium effect size (Cohen's d = -0.627), the change may not be substantial. In contrast, the experimental group demonstrated a highly significant reduction in DERS NSSI scores (M = -34.15, p < .001), with large effect sizes (Cohen's d = -3.635), indicating a strong and meaningful impact of the Life Skills Training. The results suggest that Life Skills Training had a considerable positive effect on reducing emotional dysregulation and NSSI behaviors in

adolescents, while the control group showed limited changes.

Experimental Group

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	PRE DERS NSSI	36.0500	20	3.30032	.73797
	POST DERS NSSI	70.2000	20	9.73112	2.17595
Pair 2	PRE NSSI	141.9000	20	19.49872	4.36005
	POST NSSI	19.4500	20	1.23438	.27601

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	PRE DERS NSSI & POST DERS NSSI	20	.270	.249
Pair 2	PRE NSSI & POST NSSI	20	-.206	.384

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference Lower	Upper			
Pair 1	PRE DERS NSSI - POST DERS NSSI	-34.15000	9.39359	2.10047	-38.54633	-29.75367	-16.258	19	<.001
Pair 2	PRE NSSI - POST NSSI	122.45000	19.78962	4.42509	113.18817	131.71183	27.672	19	<.001

Paired Samples Effect Sizes

			Standardizer[a]	Point Estimate	95% Confidence Interval Lower	Upper
Pair 1	PRE DERS NSSI - POST DERS NSSI	Cohen's d	9.39359	-3.635	-4.856	-2.402
		Hedges' correction	9.58421	-3.563	-4.759	-2.354
Pair 2	PRE NSSI - POST NSSI	Cohen's d	19.78962	6.188	4.184	8.181
		Hedges' correction	20.19121	6.065	4.100	8.019

In the experimental group, significant changes were observed in both emotional dysregulation and NSSI behaviors after the Life Skills Training intervention. The pre-intervention DERS NSSI score had a mean of 36.05 (SD = 3.30), which increased to 70.20 (SD = 9.73) post-intervention, with a substantial difference observed (M = -34.15, $p < .001$). This indicates a significant improvement in emotional regulation, as higher DERS scores suggest better emotional control. In terms of NSSI behavior, pre-intervention scores were high (M = 141.90, SD = 19.50), but significantly decreased to 19.45 (SD = 1.23) post-intervention. The significant reduction (M = -122.45, $p < .001$) points to a strong impact of the Life Skills Training on reducing NSSI behaviors. The large effect sizes for both emotional regulation (Cohen's d = -3.635) and NSSI behaviors (Cohen's d = -3.635) demonstrate the effectiveness of the intervention in improving adolescent emotional well-being and reducing self-harming behaviors.

Discussion

The evidences presented in this paper can be interpreted as suggesting that Life Skills Training lowered emotional dysregulation and NSSI behaviors in the experimental group, meanwhile showing no changes in the control group. This suggests that structured interventions such as Life Skills Training are necessary

to effectively address NSSI behaviors The evidence presented in this paper can be interpreted as suggesting that Life Skills Training lowered as previously stated, Wangansu et al. conducted a Life skills training session for one month and after this program, NSSI activities were noticeably decreased during the research. The data of the experimental group NSSI scores elaborated by DERS_M mean gunting M = -34.15, $p < .001$ were dramatically lowered, together with large effect sizes Cohen's d = -3.635, Hedges' correction = -3.563. Control groups scores at post assessment did not show significant relations with pre-assessment scores signifying that a combination of factors is not sufficient in enabling modification of emotional regulation, self-injuring activities and other variables without a targeted intervention.

Studies have shown remarkable improvement in emotional regulation and resilience in teenagers, thanks to Life Skills Training. Life Skills Training is noteworthy because it complements the findings of other researchers such as Gandhi et al. (2018) who claimed that there was a tangible reduction of NSSI episodes among teenagers when emotional regulation therapeutic interventions are used. A similar trend was noted by Taylor et al. (2019) who claimed that a combination of both mindfulness-based therapy and problem-solving worked in curbing self-injurious behaviors, as well as improve one's emotional resilience. The findings of this particular study are in consonance with what has been established here, in particular regarding organized life skills training which significantly elevated one's emotional wellbeing.

The culturally conditioned intervention also facilitated the school adolescents' engagement, as well as the use of more appropriate coping mechanisms. This particular dimension of the intervention may have made it more successful because the designed approach was culture centered and appealed directly to the participants, increasing their participation. This finding is consistent with Rawal's (2017) understanding of life skills which highlights the need to modify life skills interventions to suit the culture and context of the specific population.

Also, the results from the control group in this study add support to these conclusions as well since those students who did not have any life skills training did not demonstrate any substantial progress, reinforcing the crucial necessity of intervention. The lack of advancement in the control group also serves the purpose of illustrating that restoration in NSSI practices and emotional self-regulation is not a phenomenon of chance or natural development, but it is the result of planned phases of intervention.

It is clear that there is a great need for life skills training in order to reduce NSSI actions and improve emotional control. Furthermore, the control group data suggests that such gains are not due to chance or natural processes. Participants who underwent the procedure reported reduced rates of self-injurious behaviors and improvement in psychosocial outcomes such as emotional regulation and participation. This was effectively achieved through the use of a culturally appropriate design. These findings provide justification for the broad use of intercession skills in clinical and community settings, but more studies are needed to determine the effects of such studies as well as the feasibility of implementing skill based interventional strategies in other population settings in the long run.

Conclusion and Suggestions

Conclusion

This study concludes that Life Skills Training is effective in reducing NSI behaviors in teenagers and improving emotional regulation among them. The experimental group that achieved the intervention showed positive results such as lower NSSI interventions regarding emotional cues and coping skills, with effect sizes that were higher than what would have been expected. The control group, however, did not show any improvement, which means there is a need for systemic therapies to treat the NSSI behaviors. In addition, the intervention was customized in context to culture so as to improve

engagement and more effective coping strategies to be employed. To conclude, the results of our study confirm the importance of life skills training in dealing with dysregulated emotions and self-harming behaviors in teenagers within the context of intervention.

Suggestions

1. **Broader Implementation:** According to the findings, life skills training may be fantastic for adolescents experiencing NSSI. It is worth mentioning that this method is desirable to be extended into clinical and community settings in which self-injury prone teenagers are cared for as well. The training seems to be effective in reducing emotional outbursts, hence it could be a useful tool in preventing self-harm and improving mental health outcome in youths.

2. **Cultural Sensitivity:** Such programs need to be altered with culturally relevant aspects. Adjusting activities according to the cultural and contextual needs of the participants has been shown to make the programs more appropriate and effective, as shown in this case.

3. **Long-Term Evaluation:** It would be necessary to invest into whether life skills training is effective in reducing NSSI in the long haul as well as if the emotional regulation features are still present or not. This could be done through longitudinal research that looks into the effectiveness of the programs and their benefits on mental health maintenance overtime.

4. **Scalability and Accessibility:** In the following stages, evaluating how to increase the scope of the intervention while maintaining it. Since the aim is to strengthen the reach and the effectiveness of this intervention, determining the practicality of using it in schools or community centers would be ideal.

5. **Integration with Other Therapies:** Adolescents suffering from emotional instability, life skills training might be favorable in improving the results of CBT in a treatment regimen for adolescents exhibiting emotional dysregulation and non-suicidal self-injury (NSSI) behaviors.

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