

# Combining Counseling Techniques With Acceptance and Commitment Therapy to Alleviate Psychological Distress and Non-Suicidal Self-Injury: A Single-Case Study

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## ABSTRACT

High level of psychological distress is prevalent among university students. This is because they are faced with numerous challenges, not only their academic performance but also conflicts with family and friends. In some cases, high level of psychological distress may co-occur with non-suicidal self-injury (NSSI). This research aimed to evaluate the effectiveness of a four-session intervention for a client who reported a high level of psychological distress and NSSI tendency. A combination of counseling techniques and several acceptance and commitment therapy (ACT) strategies was applied as a four-session intervention. This study used a single-case, pre-test/post-test design, and the study participant was a 22-year-old woman with depressed mood and NSSI tendency. The counseling techniques, including active listening, encouragement, confrontation, reflection of feeling and content, and positive asset search, were used to help the patient reduce her intense emotions and feel better about herself. The ACT techniques, including acceptance, cognitive defusion, and committed action, were applied to help the patient cope with unpleasant feelings and stay committed to her goals. The result of the intervention revealed a decrease in psychological distress, as reflected in the reduction of *Hopkins Symptom Checklist-25* (HSCL-25) score from 2.72 to 1.60. The participant also reported a decrease in NSSI tendency from 8 to 1 on the scale of 1–10. In addition, she managed to reduce her intense emotions and discover new, more effective behaviors that align with her goals. These findings suggested that counseling techniques combined with ACT strategies can be an effective treatment to reduce psychological distress and NSSI tendency.

**Keywords:** *acceptance and commitment therapy, counseling, depression, non-suicidal self-injury, psychological distress.*

## 1. INTRODUCTION

University student populations are at a high risk of psychological distress (Stallman et al., 2018; Sugiarti et al., 2018). This is because they are faced with numerous problems, not only their academic performance but also their conflicts with family and friends (Dreger et al., 1991). In addition to normal life

stressors, these students often experience high levels of stress as well as chronic stress due to repeated demands for performance and evaluation (Stallman & Hurst, 2016). University students are also undergoing important and potentially stressful life transitions during this time, which may cause them to experience loneliness, isolation, and identity loss

(Curtis, 2010). According to Arnett (2011), the college years are a time of transition from late adolescence to early adulthood, which is termed *emerging adulthood*. An individual is demanded to fully become an adult during this emerging adulthood period. However, at this point in life, an individual has only a limited capacity to be truly independent. These conflicts between demands and abilities at the emerging adulthood period make individuals vulnerable to the development of various psychological problems. The prevalence of depression among young adults aged 18–25 years is quite high, which is 25% higher compared with other age groups (Kuwabara et al., 2007). Furthermore, college students nowadays are at a higher risk of psychological distress compared with 15–20 years ago due to increasing tuition fees that lead to financial problems, higher demands for success, and difficulty in finding a job in a highly competitive market (Sharkin, 2013).

*Psychological distress* is defined as “a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being” (Lazarus & Folkman, 1984). Psychological distress can take the form of depression and anxiety (Mirowsky & Ross, 2003). According to Richmond et al. (2017), the symptoms of psychological distress often co-occur with non-suicidal self-injury (NSSI). Over the past few years, NSSI has emerged as a significant issue for university students (Richmond et al., 2017).

Acceptance and commitment therapy (ACT) is a form of psychological intervention aimed at creating a rich, full,

and meaningful life while accepting the negative experiences that unavoidably occur (Harris, 2009). The aim of ACT is not about eliminating difficult feelings but rather about being present with what life brings and moving towards a behavior that aligns with individual goals (Hayes et al., 2011). The use of ACT has been recognized as a potentially effective treatment for psychological distress (Fledderus et al., 2012) and NSSI tendency (Washburn et al., 2012).

For this study, the research team sought to adopt several ACT strategies and combine them with basic counseling techniques to help a client with psychological distress and a NSSI tendency over a relatively brief duration. The ACT techniques used in this study were acceptance, defusion, and committed action (Harris, 2009). In addition, the basic counseling techniques used were attending, encouragement, reflection of feeling, and reflection of content (Aladag, 2013). The main focus of the current intervention was to help the client become more aware of, and able to accept, her negative experiences. Furthermore, the sessions aimed to teach the client not to allow negative experiences to be an obstacle to achieving her goals.

The purpose of this study was to examine the effectiveness of combining counseling techniques with ACT strategies for a client who reported a high level of psychological distress as well as a NSSI tendency. It is important that the intervention was brief as it allowed the therapist to alleviate the symptoms of psychological distress and NSSI tendency in a setting with limited resources, thereby avoiding the development of more serious

problems, such as clinical depression and suicide attempts.

### **1.1. Case Presentation**

#### *1.1.1. Initial Presentation*

NA was a 22-year-old woman who was a final-year undergraduate student in psychology at a public university in Jakarta, Indonesia. She came to Beji Community Health Center (Puskesmas Beji) and reported being in a very bad mood and an urge to do self-harm without the intention of actually killing herself. She also experienced other symptoms of depression, such as feeling worthless, lack of energy, having trouble concentrating, feeling irritable, experiencing social withdrawal, and having a decreased appetite. At the first meeting with the therapist, NA immediately cried when the therapist asked how she was feeling. Her voice tended to be small and weak, and her eyes were often downcast. She said she had been “buried too much, for so long” that she could not even bear to cry. After being given time to calm down, NA began to talk about the urge for self-harm that she was experiencing. She said that she had a strong urge to cut her wrist every time she felt herself to be under a lot of stress, and she was exposed to a needle or a scissor. However, she “never really did it,” and instead just cried herself to sleep.

#### *1.1.2. Background information*

NA was the second child in a family of three children. She described that her family tended to be emotionally distant. Her father was perceived to be a hard and tough man as he came from a family that was less well-off and had no formal education. Meanwhile, her mother was said to be a compassionate but somewhat sensitive person. NA’s problems began in

about 5 years ago, when she was in high school. She was distressed over a conflict with her best friend who suddenly moved away without saying anything. She blamed herself for somehow disappointing her best friend. At the same time, her family started experiencing quite serious problems that began when her family decided to buy a house. During the first year of new home ownership, the family was able to pay mortgage. However, in the second year, her father’s business started to have problems, thus disrupting the mortgage payments and prompting NA’s mother to borrow money from numerous sources. The debt of NA’s family continued to accumulate, without them being able to pay the debt or the mortgage. NA was eager to do something to lessen her family’s financial problems, but she could not do much. This inability made her felt useless and that she was just a burden on her family.

Not long after this financial crisis began, NA had to face the fact that her parents were on the verge of divorce. She believed it was because her mother could not tolerate her father’s harsh behavior. He often spoke rudely and rarely showed affection to his family. Moreover, the debt problems added to the tension between her parents. Apparently, in the midst of considering divorce, NA’s father became ill due to his nicotine dependence. His illness caused NA’s mother to cancel the divorce, and she decided to take care of her husband until he was healed. Unfortunately, within 1 year, NA’s father died. His death occurred not long before the university admission tests that NA was scheduled to take. Due to the complications from her family problems, she was unable to focus on the test

preparation. She failed the tests several times and was finally admitted to a university that was not where she had hoped to attend.

Meanwhile, NA's older sister had been married and often told NA about her domestic problems. The sister had such serious problems with her husband that they were at the verge of divorce. The series of negative events that happened to NA's family made her think that she did not deserve good life experiences. NA felt desperate, to the point of thinking about suicide and doing self-harm. She had a strong urge to cut her wrist every time she saw a needle or a scissor. As a psychology student, NA realized that something was wrong. Therefore, before actually hurting herself, NA tried to find help to reduce the tendency. She had tried to find self-healing modules on the Internet and took online counseling sessions; however, due to her low level of commitment, none of these methods worked. NA finally decided to take a counseling session in person at the Beji Community Health Center.

## 2. METHODS

### 2.1. Design

This study was a single-case design with repeated measurements that were conducted at the first session (pre-test) and at the last session (post-test). The intervention was conducted in four sessions, with one session per week. Each session lasted 90–120 min.

### 2.2. Context

This study was conducted in Beji Community Health Center (Puskesmas Beji), Depok City, Indonesia. The sessions were performed in a counseling room with

NA said that she felt better when she was able to spend time on her hobby, which was writing. She liked to write about self-care and self-improvement on her own blog. She said that she had been regarded as a wise person and that the people around her often confided in her. Therefore, she wanted to spread her words of wisdom to more people by writing a blog. NA was very pleased when friends or blog readers admired her writing and felt motivated by her blog. Thus, she felt important and capable when she was writing. However, NA's confidence dropped immediately when she saw a negative comment on her blog, to the point she did not want to write anymore because of sadness. NA said that she had not been able to write over the past year and did not have enough confidence to try to write again, although she wanted to. She felt doubtful about whether she was really capable of writing and whether people truly liked her writing.

an individual setting.

### 2.3. Approvals

The study participant agreed that the data collected from the intervention process would be recorded and published in an educational setting. The counselor (first author) maintained anonymity of the study participant's name by using only the initials. The counselor explained the purpose of each session and debriefed the study participant at the end of each session. In addition, the study participant signed the informed consent.

During the intervention process, the counselor was under the supervision of a

psychologist (the second author) who also acted as a supervising lecturer to the counselor.

**2.4. Measurements**

*Psychological Distress.* The symptoms of psychological distress were measured using the Hopkins Symptom Checklist-25 (HSCL-25). This checklist is a self-report screening tool designed to detect signs of anxiety and depression. The HSCL-25 has a total of 25 items, with 15 items

measuring symptoms of depression and 10 items measuring symptoms of anxiety. Each item is rated as 4-point Likert scale on a continuum of not at all (1) to extreme (4) (Derogatis et al., 1974).

*NSSI Tendency.* The study participant was asked to rate her tendency to engage in NSSI on a scale of 0 to 10 (0 = *very unlikely* to 10 = *very likely*).

**2.5. Intervention**

**Table 1.** Summarizes the four sessions of the intervention processes.

Session	Brief Description
Session 1	<ul style="list-style-type: none"> <li>- Introduction</li> <li>- Initial interview followed by counseling techniques to explore the problem deeper and assess the possible contributing factors to the problem</li> <li>- Psychoeducation about SAD</li> <li>- Introducing ABC model and practice it</li> <li>- Teaching the breathing relaxation technique to reduce the physiological symptoms</li> <li>- Pre-test (SCID, HSCL-25, and GHQ-12)</li> </ul>
Session 2	<ul style="list-style-type: none"> <li>- Allowing the client to describe how she was during the days between sessions and responding by counseling skills</li> <li>- Discussing NATs related to SAD. Identifying client’s NATs</li> <li>- Discussing how to find the alternative thought to dispute the NATs</li> <li>- Introducing the Thought Record sheet, giving a homework to fill up the Thought Record sheet to identify which negative thought caused the negative feelings, and using it to find the alternative thought to dispute the negative thought</li> </ul>
Session 3	<ul style="list-style-type: none"> <li>- Allowing the client to express how she was during the days between sessions and responding by counseling skills</li> <li>- Reviewing the homework</li> <li>- Using the Vertical Arrow technique to determine the maladaptive core belief</li> <li>- Giving a homework to identify client’s good qualities</li> </ul>
Session 4	<ul style="list-style-type: none"> <li>- Allowing the client to describe how she was during the days between sessions and responding by counseling skills</li> <li>- Reviewing homework</li> <li>- Disputing client’s maladaptive core belief through Socratic Questioning and creating a mantra</li> <li>- Post-test (SCID, HSCL-25, and GHQ-12)</li> <li>- Termination</li> </ul>

### 2.5.1. First session

NA presented with several depressive symptoms and an urge to do self-harm. The counselor performed a baseline measurement by asking NA to complete the HSCL-25 and self-rate her tendency to engage in NSSI. After providing these data, NA continued to elaborate her problems. The therapist responded by using basic counseling techniques, such as active listening, asking open-ended questions, and reflecting the feeling and content. The counseling techniques helped NA express her suppressed emotions while allowing the counselor to build a good rapport and explore the problems. The counselor also validated NA's emotions by assuring that her feelings in certain situations were acceptable and normal. As NA had such a low self-esteem, the counselor tried to lift her up by encouraging her and doing a positive asset search to help her focus more on the positive aspects of herself and her life. At the end of the session, the counselor taught NA to accept her negative experiences, as they were because she could not do anything to change them. NA was asked to focus more on the present and to not let the past define her future. NA was given homework to identify her positive qualities and achievements.

### 2.5.2. Second session

During the second session, the therapist explored NA's life history to look for risk factors that contributed to her problems. The counselor used the same techniques as in the first session. NA was taught to accept her past and focus on what she can do for her future. The counselor used the Choice Point metaphor to help NA understand her problems more easily.

The counselor told NA to imagine that she was at a crossroads. Her destination was on the right. She had the choice to turn left and away from the destination, or turn right and move closer to her destination. NA was asked whether her behavior had distanced her from her goal or brought her closer. The counselor encouraged NA by assuring her that it was okay if she was sometimes tempted to turn left with behavior that was not aligned with her goals and that she could always turn around and rethink where she really wanted to go—left or right. To help NA make a firm decision, the counselor used a two-column technique. After the counseling and training, NA became more assertive to communicate more effectively with the people around her.

### 2.5.3. Third session

In this session, NA was asked about the progress that she had made after the second session. The counselor used the same counseling techniques as in the previous two sessions. However, for this session, the counselor began to confront NA to motivate her to change. NA was asked to evaluate the consequences if she remained fused with her thoughts and emotions. The counselor taught NA to observe negative thoughts and emotions triggered by certain situations to help her become more aware of them. After the training, the counselor taught NA a cognitive defusion technique to help her distance herself from her negative thoughts and emotions. At the end of the session, the counselor used the Passengers on a Bus metaphor to encourage NA not to be distracted by negative thoughts and feelings and to keep going towards her destination.

#### 2.5.4. *Fourth session*

The last session focused on encouraging NA to make a commitment to change. NA was asked to list her goals as well as the behaviors that align with them. The counselor then helped NA to identify potential barriers to change, as well as the resources that could support her in achieving her goals. She was reminded of the Choice Point metaphor to encourage her to stick to the behaviors that would

### 3. RESULTS

#### 3.1. *First session*

Based on pre-test data, NA scored 2.72 on HSCL-25, indicating that she had a high level of psychological distress. Her NSSI tendency was also relatively high, with a score of 8 on a scale of 0–10. She revealed that it was difficult for her to find the purpose of her life and that her mind was like a “tangled thread.” After responding to the counseling techniques, NA reported that she felt relieved as she was able to communicate her problems and express her suppressed emotions. The positive asset search made NA feel better about herself and allowed her to have a more positive view about the future. NA was able to stop crying and left the counseling room smiling.

#### 3.2. *Second session*

At the end of the second session, NA stated that she was able to see her problems more clearly and that the thread in her mind had become entangled. She also reassured that she would eventually be able to accept her past, even though she said that she had not been able to previously. Through the two-column technique, and with the help of the Choice Point metaphor, NA was able to weigh the

bring her closer to her goals. The counselor also asked NA to think about changing the use of the word “but” to “and” in order to make her anxious thoughts less threatening. Before terminating the session, the counselor asked NA to complete the HSCL-25 and self-rate her NSSI tendency as post-test data.

consequences of each option she had and make a choice based on this information. She was also motivated to communicate more assertively with the people around her so that they could understand her better.

#### 3.3. *Third session*

NA was able to identify and observe her negative thoughts and emotions. Through the cognitive defusion exercise, she acknowledged that her thoughts are “just thoughts” and that they are not necessarily true. NA said the techniques really helped her accept her negative thoughts and emotions about her past. She also realized that holding on to the past would not do any good for her and actually moved her further from her goals. NA stated that she would like to practice the cognitive defusion exercise regularly so that her negative thoughts and emotions would not interfere with her daily activities.

#### 3.4. *Fourth session*

During the final session, NA only talked briefly about her past. She reported that she was able to slowly accept her past. After practicing the cognitive defusion exercise several times a day, NA stated that, even though she still had negative thoughts and emotions, she was able to

function better and enjoy her daily activities. NA was excited when she was asked about her future goals. She was able to list her long-term goals, such as graduating on time and becoming a well-known blog writer. In addition, she was able to recognize the potential barriers and how to overcome them. The biggest barrier to NA was her low self-esteem, which made her easily feel discouraged when faced with criticism or failure. She said that she would tackle these obstacles with the cognitive defusion technique and change the word “but” to “and.” She found

that this technique of changing words made her anxious thoughts much less threatening and helped increase her self-worth. She had a greater self-efficacy in continuing to write on her blog. According to post-test data, her psychological distress level decreased significantly, with a score of 1.60 on the HSCL-25. In addition, her NSSI tendency also dropped dramatically from 8 to 1 on a scale of 0–10. She reported only a slight urge to injure herself when she was exposed to a scissor or a needle.

**Table 2.** Pre-test and Post-test Scores on the HSCL-25

	Score	Cut-off	Interpretation
Pre-test (First session) HSCL-25	2.72	1,75	Indicated a high level of psychological distress.
Post-test (Fourth session) HSCL-25	1.60		No indication of psychological distress.

HSCL-25, Hopkins Symptom Checklist-25.

#### 4. DISCUSSION

In general, the study results revealed that intervention through combining counseling and ACT could help reduce psychological distress and a NSSI tendency for the study participant. This result was achieved through four sessions, and the findings were consistent with those of the preliminary studies that indicated that ACT could be effective in treating psychological distress (Fledderus et al., 2011) and NSSI tendency (Washburn et al., 2012). The evidence was based on the significant decrease in NA’s HSCL-25 score and NSSI tendency level. She was also able to distance herself from negative thoughts and emotions. Consequently, she was able to function better in daily life and enjoy her daily activities more. NA also had better decision-making skills, less

anxiety about her ability and the future, and a greater sense of self-worth.

Based on the *Diagnostic and Statistical Manual of Mental Disorders*, 5th Edition, the risk factors that can contribute to the development of depression include high levels of neuroticism and stressful life events (APA, 2013). Meanwhile, according to Shah and Jain (2012), the etiology of depression can be divided into *predisposing factors* (i.e., genetic factors, physical health, personality, and social support), *precipitating factors* (i.e., unpleasant life events), and *perpetuating factors*, which is a combination of predisposing factors and precipitating factors.

According to Gratz et al. (2002), there are sex differences in determining risk

factors for self-harm behavior in the student population. In women, the most significant predictors of self-harm behavior are dissociation, insecure paternal attachment, childhood sexual abuse, and maternal emotional neglect. Meanwhile, Rasmussen et al. (2010) found that self-harm behavior can be explained by the Cry of Pain model, an entrapment model of suicidality. Referring to the model, self-harm can be explained as a behavioral response to a stressful situation that has three components: (1) *defeat* or feeling defeated; (2) *perception of no escape* or feeling trapped and unable to get away from the problem; and (3) *perception of no rescue* or a sense of unavailability of social support and an inability to think positively about the future.

NA had a sense of being overwhelmed by problems in her life to the point that she felt weak and powerless. She also felt defeated easily when she was faced with criticism and negative comments on her blog. In dealing with problems, NA behaved passively, thinking that she does not deserve good life experiences. NA perceived herself to be trapped in “bad luck” with no way out until she thought of committing suicide. She perceived that nobody would be able to help her. Based on these explanations, she fulfilled the three components of the Cry of Pain model—defeat, perception of no escape, and perception of no rescue. These findings also indicated NA’s high level of neuroticism that ultimately made her depressed and compelled to engage in self-harm. The combination of predisposing factors (reserved personality and high neuroticism) with precipitating factors (her family’s financial problems) for NA eventually became perpetuating factors

that caused her distressed condition to persist.

As a psychology student, NA was surrounded by people who had good mental health literacy. She reported that she had supportive friends who were able to empathize with her problems. Having learned about psychology, NA had developed a better understanding of psychological problems and where to get professional help. She also had a high level of awareness of her mental state and a strong will to increase her psychological well-being. She was frequently exposed to mental health materials from her environment and from the Internet. Those potentially protective factors might, to some degree, contribute to the reduction of her psychological distress.

## 5. CONCLUSION

The results of this study revealed that combining counseling with ACT was effective in reducing psychological distress. However, this study has limitations. First, because this study has a single-case design, the result cannot be generalized. Second, no follow-up session was conducted to determine if the intervention had a lasting effect on NA. Third, the role of NA as a psychology student may have contributed to the reduction of her psychological distress. Further research is expected to include a follow-up session and to conduct the intervention in a population of non-psychology students. Fourth, the sessions were conducted in a primary care setting with limited resources. The counselor did not have sufficient time to apply the complete six-core therapeutic processes of ACT, which are *contact with the present moment*, *acceptance*, *defusion*, *self-as-*

*context, values, and committed action* (Harris, 2009). However, the intervention used in this study can be useful as a

reference for brief treatment and future studies on related topics.

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