

# Development of a Six Stage Recovery Model for Non-Suicidal Self-Injury

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## Introduction

Little research has examined the process of recovery from NSSI beyond assessing various therapeutic approaches. Existing theoretical models of recovery from mental illnesses may assist in understanding salient processes in NSSI recovery. Recovery is often said to be nonlinear and involves making progress, losing ground, and pressing forward again (Anthony, 1993). The subjective and experiential qualities of recovery have made operationalizing and measuring it a challenge. Application of a five stage model (moratorium, awareness, preparation, rebuilding, and growth) developed for Schizophrenia recovery (Andresen et al.; 2006) may be fruitful in identifying specific pathway markers for NSSI recovery.

## Objectives

- To explore theoretical and empirical fit of Andresen et al.'s five stage recovery model to NSSI recovery
- To identify benchmarks and processes through which recovery is achieved
- To develop a theoretical model capable of describing a diverse array of NSSI recovery trajectories

## Method

### Sample

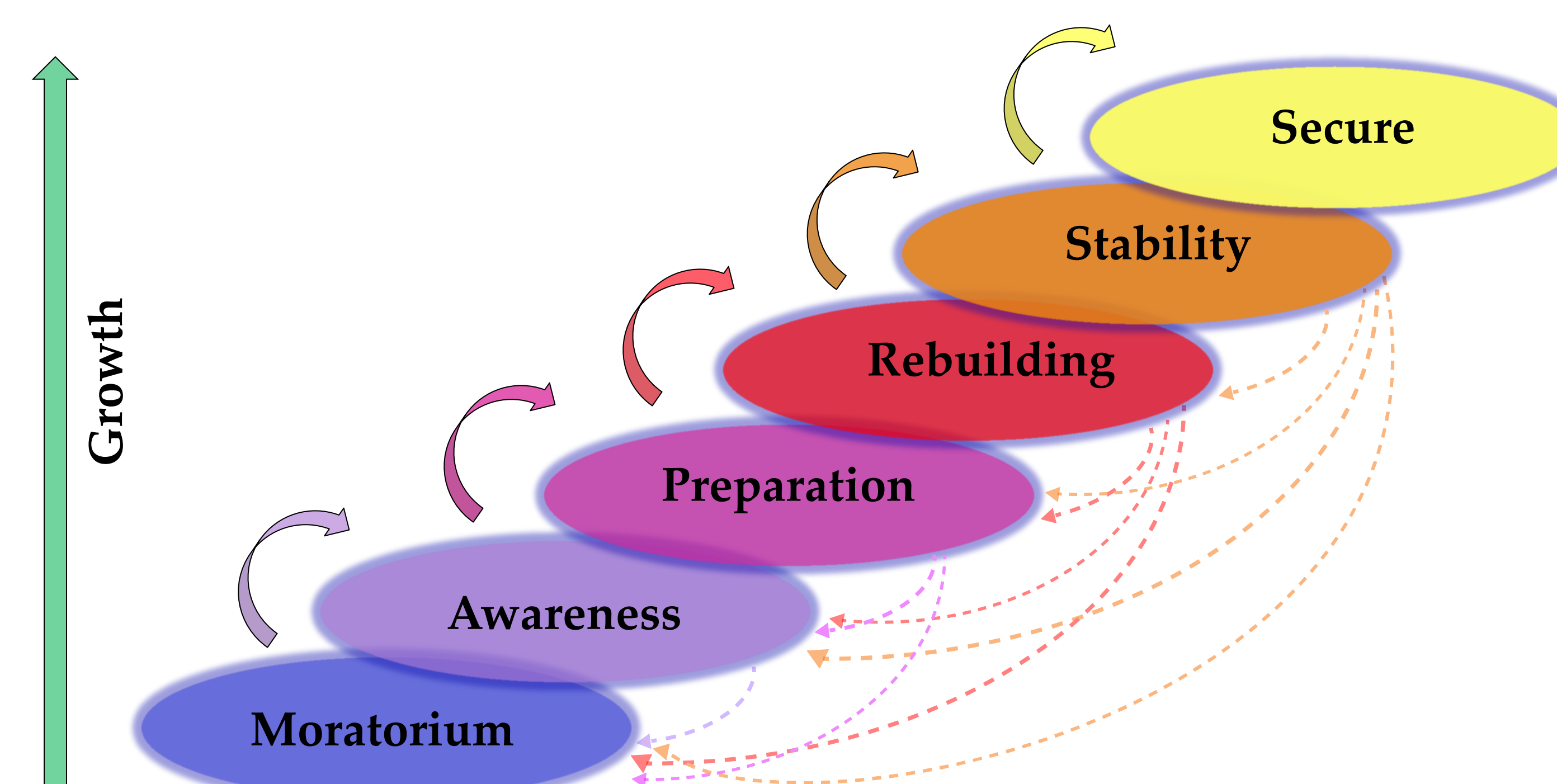
- 20 youth participated in a semi-structured qualitative interview regarding NSSI recovery experiences

Participant Characteristics		
Current Age	Mean: 20.6	Range: 15-24
Mean Age of NSSI Onset	14.7	
Mean age of Disclosure to Parent(s)	16.4	

### Stage Definitions

- Moratorium:** Characterized by denial, confusion, self-protective withdrawal and a sense of loss and hopelessness; no plan or commitment to stop self-injuring
- Awareness:** The realization that self-injury is a problem and/or unnecessary; the first glimmer of hope for a better life and that recovery is possible
- Preparation:** Taking stock of strengths and weaknesses regarding recovery, and starting to work on developing recovery skills
- Rebuilding:** Self-injury free for 1 year or more and unlikely to injure again; may still have thoughts/urges but do not act on them
- Stability:** Self-injury free for 1 year or more and unlikely to injure again; may still have thoughts/urges but do not act on them
- Secure:** Self-injury free for 5 years or more and highly unlikely to injure again.

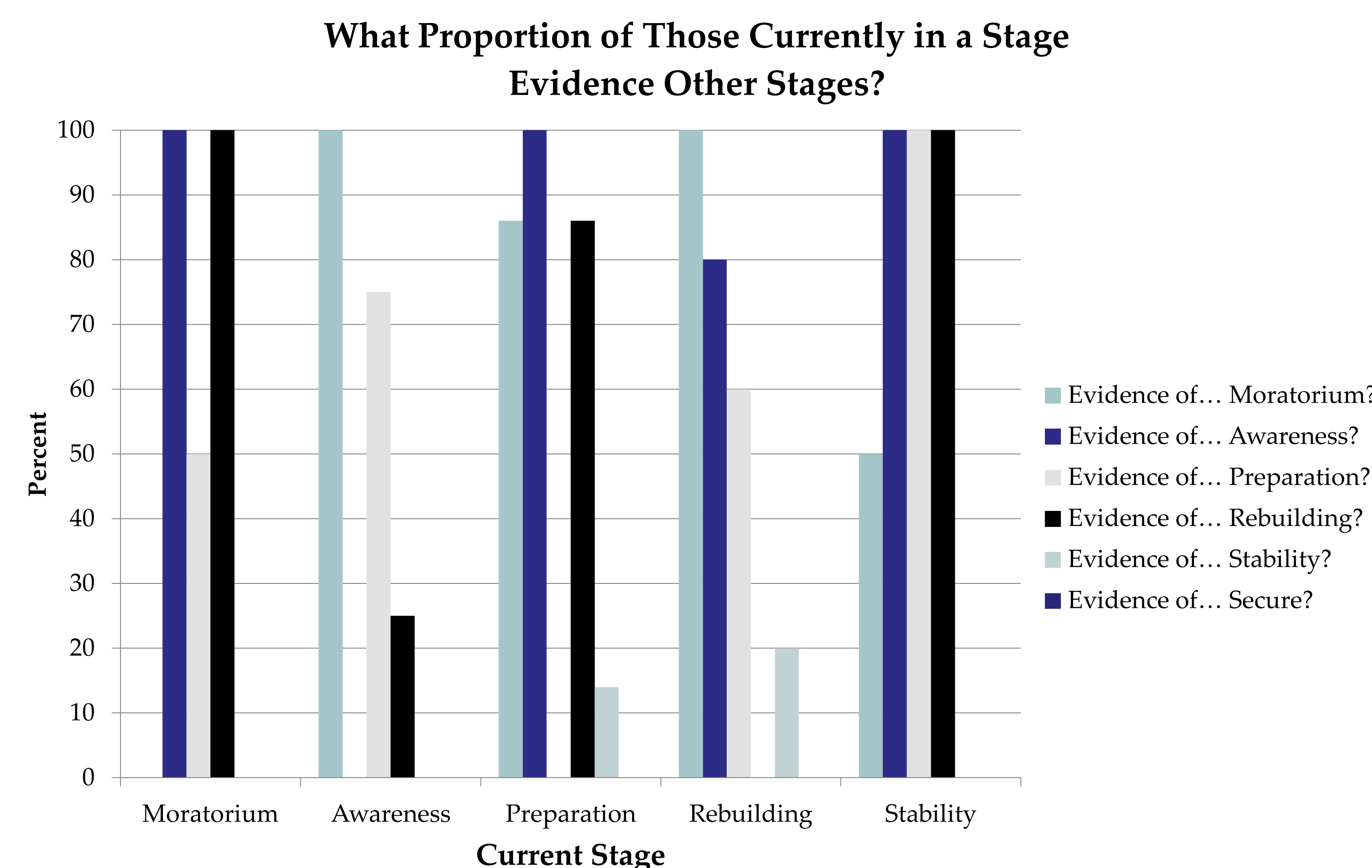
## Proposed Recovery Model



- Most will move sequentially through these stages with some fluctuation between neighboring stages; some may return to a previous stage. The process is highly individualized.
- Managing a relapse and a returning to the previous state of wellbeing is central to recovery (Andresen, Caputi, & Oades, 2003).
- Boundaries between stages are not rigid, but rather overlap.
- A summary Growth Index, consisting of independent ratings (0-4) on six separate components (such as self-reflection/insightfulness of responses, utilization of self-injury experience and uniformity of narrative), is separate from but related to progress through these stages.

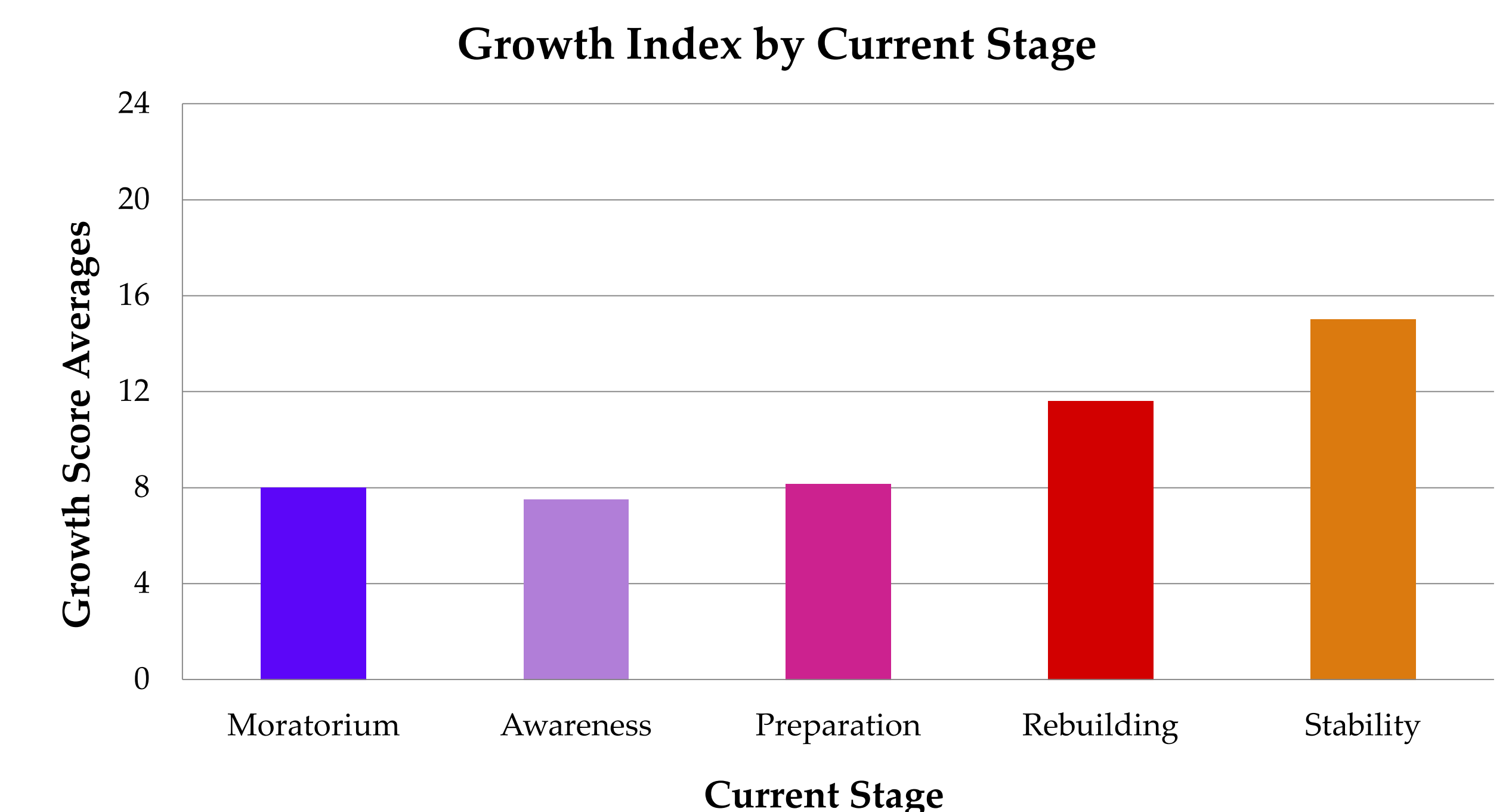
## Results

- Current Stage:** 9.5% in Moratorium, 19.0% in Awareness, 33.3% in Preparation, 23.3% in Rebuilding, 14.3% in Stability, and 0% in Secure.



## Results Continued

- These interviews support this six-stage model of recovery and the Growth Index. As participants advance through stages, they consistently show evidence of previous stages. Supporting the fluidity of the model, several currently in an early stage show evidence of later stages.
- Participants currently in Stability show evidence of all previous stages with the exception of Moratorium (perhaps because it was so distant).
- Supporting the relationship between the recovery model and the Growth Index, those currently in a later stage have higher Growth Index scores.



**Moratorium:** "My relationship with it is just... I don't know, I'm close to it. It's been there for me the whole time - all through high school, all through my problems. It's always been there and it never fails."

**Awareness:** "... in order for me to fully be able to - to basically be able to live my life without having all these secrets, all these kind of rituals that I have to do - then I have to stop."

**Preparation:** "I was writing in my journal and I was like 'I can do this. I can, you know, not self-harm I can, talk to other people I can- I wrote down my list of coping skills to remind myself and I had started some... paintings and... I was like, this is, I'm really gonna try and commit to this."

**Rebuilding:** "... my concrete plan to stop self-injury is to continue to build on my coping skills. To continue to work on my relationship with myself and to continue to make recovery and treatment a priority."

## Future Work

- Rebuilding as a stage may be re-conceptualized, as it is easy to find evidence of it regardless of current stage.
- This qualitative analysis will be continued with more interview transcripts and broadened to include other questions of interest including parent-child communication, secondary suffering, and parental understanding and experiences of self-injury.

### References

- Andresen, R., Caputi, P., & Oades, L. (2006). Stages of recovery instrument: Development of a measure of recovery from serious mental illness. *Australian & New Zealand Journal of Psychiatry*, 40(11), 972-980.
- Anthony, W. A. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990's. *Psychosocial Rehabilitation Journal*, 16(4), 11-23.