

STRATEGIES, PROGRAMS, AND INTERVENTIONS AIMED AT THE EMOTIONAL CARE OF ADOLESCENTS AND FAMILY MEMBERS IN THE CONTEXT OF SELF- PROVOKED VIOLENCE: SCOPING REVIEW

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Abstract

Background: Objective: To map strategies, programs, and interventions aimed at the emotional care of adolescents and family members in the context of self-provoked violence. Method: This is a scope review. The search was conducted in five Latin American and international databases. The eligibility criteria were texts that included adolescents aged 10 to 19 years; that addressed strategies, programs, and interventions aimed at the emotional care of adolescents and family members; and that addressed actions for self-destructive behavior, self-harm, self-harm, suicidal ideation, suicide attempts and suicide, both national and international. To assist in the peer analysis of titles, abstracts and full texts, a sample of 46 studies was ultimately obtained. Subsequently, with the use of Excel 2019, the data were organized for review analysis. The study was evaluated and approved by the Research Ethics Committee of the Federal University of Rio Grande do Norte under opinion No. 5,521,288. Results: Most of the strategies, programs, and interventions aimed at the emotional care of adolescents and family members in the context of self-provoked violence were therapies and health education, with a focus on the prevention and treatment of adolescents. Conclusion: This study identified effective strategies, programs, and interventions aimed at the emotional care of adolescents and family members for the prevention and treatment of cases of self-provoked violence in several countries. Objective: Objective: To map strategies, programs, and interventions aimed at the emotional care of adolescents and family members in the context of self-provoked violence. Methods: This is a scope review. The search was conducted in five Latin American and international databases. The eligibility criteria were texts that included adolescents aged 10 to 19 years; that addressed strategies, programs, and interventions aimed at the emotional care of adolescents and family members; and that addressed actions for self-destructive behavior, self-harm, self-harm, suicidal ideation, suicide attempts and suicide, both national and international. To assist in the peer analysis of titles, abstracts and full texts, a sample of 46 studies was ultimately obtained. Subsequently, with the use of Excel 2019, the data were organized for review analysis. The study was evaluated and approved by the Research Ethics Committee of the Federal University of Rio Grande do Norte under opinion No. 5,521,288. Results: Most of the strategies, programs, and interventions aimed at the emotional care of adolescents and family members in the context of self-provoked violence were therapies and health education, with a focus on the prevention and treatment of adolescents. Conclusions: This study identified effective strategies, programs, and interventions aimed at the emotional care of adolescents and family members for the prevention and treatment of cases of self-provoked violence in several countries.

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ABSTRACT

Objective: To map strategies, programs, and interventions aimed at the emotional care of adolescents and family members in the context of self-provoked violence. **Method:** This is a scope review. The search was conducted in five Latin American and international databases. The eligibility criteria were texts that included adolescents aged 10 to 19 years; that addressed strategies, programs, and interventions aimed at the emotional care of adolescents and family members; and that addressed actions for self-destructive behavior, self-harm, self-harm, suicidal ideation, suicide attempts and suicide, both national and international. To assist in the peer analysis of titles, abstracts and full texts, a sample of 46 studies was ultimately obtained. Subsequently, with the use of Excel 2019, the data were organized for review analysis. The study was evaluated and approved by the Research Ethics Committee of the Federal University of Rio Grande do Norte under opinion No. 5,521,288. **Results:** Most of the strategies, programs, and interventions aimed at the emotional care of adolescents and family members in the context of self-provoked violence were therapies and health education, with a focus on the prevention and treatment of adolescents. **Conclusion:** This study identified effective strategies, programs, and interventions aimed at the emotional care of adolescents and family members for the prevention and treatment of cases of self-provoked violence in several countries. **Keywords:** Adolescent; Self-Injurious Behavior; Suicide; Suicide, Attempted; Suicidal Ideation.

Introduction

According to the World Health Organization (WHO), violence is characterized by the use of physical force or power, threats or acts against a person, against oneself, or against a group or community, which can result in psychological harm, underdevelopment, deprivation, injury, and death. Violence is classified into three categories: interpersonal, which occurs by another person or a small group of people; collective, which is practiced by large groups, such as states, political organizations, militias, and terrorists; and self-inflicted, in which the individual inflicts acts of violence against himself (WHO, 2002).

Self-inflicted (also called self-provoked) violence encompasses attempted suicide, consummated suicide, and self-harm, with or without suicidal ideation, plus suicidal ideation according to the Violence and Accident Surveillance (VIVA) (Brasil, 2019).

Suicide attempts are understood as self-harm that does not result in death and may be a predictor of suicide, considered a condition for compulsory notification. Consumption suicide is an intentional act in which the individual puts an end to his or her own life, often preceded by suicidal ideation and suicide attempts. Suicidal ideation consists of thoughts related to suicide as the only alternative for solving problems (Soster et al., 2021).

Self-harm, on the other hand, consists of intentionally provoked aggression, targeting one's own body, and its main cause is the relief of one's emotional feelings, so these methods serve as a refuge for family afflictions, relationships, or everyday life (Santos et al., 2018).

Brazilian studies (Fattah; Lima, 2020; Gomes et al., 2023) show considerable amounts of self-provoked violence in the population, especially among the adolescent public, where cases of self-harm prevailed in this population, with a percentage of 42.5% (Gomes et al., 2023).

Adolescence constitutes a period of life between 10 and 19 years, according to the Pan American Health Organization (PAHO) (OPAS, 2018). For Calligaris (2000), adolescence is the period beginning with puberty, when hormonal changes occur in a physiological way, as perceived through the manifestation of sexual desires, body change, and physical growth (Calligaris, 2000; Brasil, 2007).

In this context, it is important to differentiate between puberty and adolescence, which are often considered synonymous. Puberty is characterized as a part of adolescence that occurs universally in all individuals, while adolescence is unique and influenced by the sociocultural environment in which the individual is inserted (Brasil, 2007).

Adolescence corresponds to the passage from childhood to adulthood and is therefore a complex process in which biological, psychological, and social growth and development occur (Brasil, 2007). For contemporary society, adolescence is a social problem that needs resolution since it is related to moments of conflict, irresponsibility and disorder, to which adolescents are involved in risky situations such as early pregnancy, use of alcohol and other drugs, contagion of sexually transmitted infections (STIs) and involvement in situations of violence (Dourado et al., 2020).

The family is indispensable for the biopsychosocial development of the individual: biologically, it must guarantee necessary care; psychologically, it must provide affection and support in the anxieties and crises that may occur, such as adolescence, as well as provide an adequate environment to contribute to emotional health and learning; and socially, through the propagation of society's culture and preparation for citizenship (Pratta; Santos, 2007; Paschoal; Marta, 2012). Furthermore, the relationship between parents and children is positively associated with adolescent quality of life, while family problems are related to adolescent psychosocial disorders (Freitas et al.,

2020).

Thus, the emotional care of adolescents and family members who experience situations of self-provoked violence is essential for promoting mental health and maintaining the balance of emotions, which directly influences the physical health of individuals (Luz et al., 2018).

Emotional care can be characterized as a nursing process that involves the treatment of the body, including scientific instruments and sensitive and human positioning. It is based on tenderness and respect and the nurses' demand for empathy, love, devotion, and understanding to develop an emotional bond between the subjects and the caregiver (Monteiro et al., 2016).

Thus, strategies, programs, and interventions aimed at caring for adolescents and family members who practice self-provoked violence are essential for the prevention and treatment of these cases. In this context, in Chile, self-harm and suicide were listed as relevant modules in the Global Mental Health Action Program (Sapag et al., 2021). In Poland, 42% of adolescents are unaware of the existence of a service aimed at preventing self-destructive behavior, and 39.8% reported that there was no prevention system for this phenomenon (Kielan et al., 2019).

Suicide prevention strategies may include actions to reduce child violence and *bullying*, reduce alcohol and drug use, hinder access to lethal objects and means, substances, and advice for members living in the same household to remove the environment; therapy to control suicidal thoughts and behavior; and identify and provide support to adolescents at risk of suicide (King; Arango; Foster, 2018).

Thus, the objective of this study was to map the strategies, programs, and interventions aimed at the emotional care of adolescents and family members in the context of self-provoked violence.

Method

The scope review was outlined as proposed by the Joanna Briggs Institute (JBI) Manual (Peters, 2020) following the recommendations of the Prisma-ScR. The study was conducted after registering the scope review protocol on the OSF platform (<https://osf.io/nd6up>).

Initially, the guiding question was structured by the mnemonic PCC, in which P (Patient) refers to adolescents, C (Concept) consists of strategies, programs, and interventions aimed at the emotional care of adolescents and family members, and C (Context) encompasses the context of national and international self-provoked violence.

The eligibility criteria for the present study included the types of participants, concept, and context. The types of participants were as follows: adolescents aged 10 to 19 years, following the World Health Organization; Concept: the review considered strategies, programs, and interventions

aimed at the emotional care of adolescents and family members; Context: actions of self-destructive behavior, self-harm, self-harm, suicidal ideation, suicide attempt and suicide, both national and international, were considered. Documents from editorials, revisions, reviews, and duplicate texts were excluded.

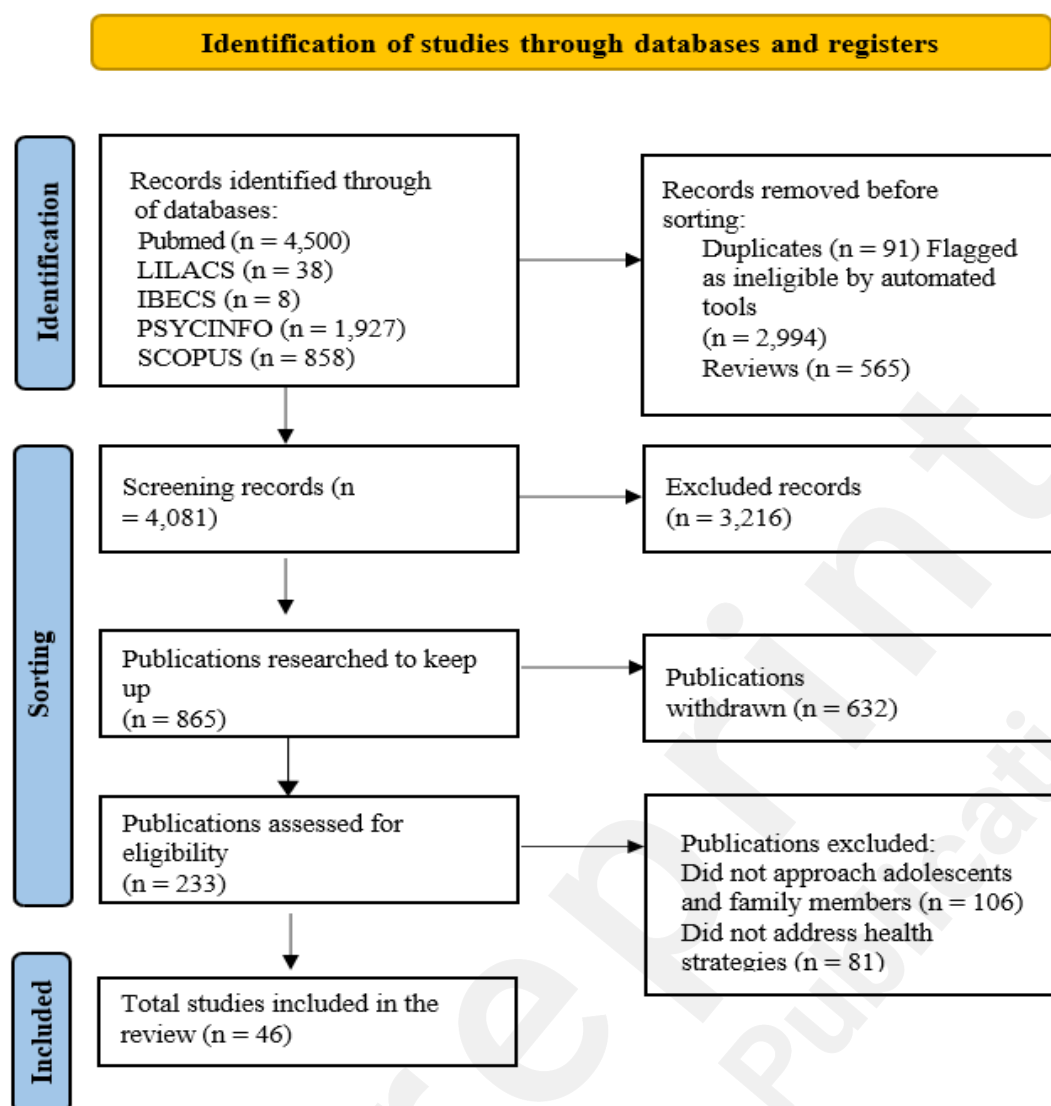
To address the largest number of scientific documents, the search was carried out in national and international libraries and databases, namely, the Latin American and Caribbean Health Sciences Literature (LILACS), Index Psi Periodicals and the Spanish Ciencias de la Salud Bibliographic Index (IBECS) through the Virtual Health Library (BVS), PsycINFO, SciVerse Scopus and PubMed Central (PMC), covering the primary studies published starting in 2010, with the use of Health Sciences Descriptors (DeCS) and Medical Subject Headings (MeSH).

The search strategy for Latin American databases and libraries was (Adolescent) AND (Self-Destructive Behavior) OR (Self-Harm) OR (Attempted Suicide) OR (Suicide) AND (Health Strategies), and for American women, it was (Adolescent) AND (Self-Injurious Behavior) OR (Self Mutilation) OR (Suicide, Attempted) OR (Suicidal Ideation) OR (Suicide) AND (Health Strategies).

The selection of the studies was based on the analysis of the documents by two independent reviewers, who examined the titles, abstracts, and full texts. In the case of differences, a third reviewer was consulted. To assist in the selection of studies, Mendeley software was used to identify and exclude duplicate studies, and Intelligent Systematic Review (Rayyan) was used for the blind selection of studies by the reviewers.

After the three independent reviewers selected the studies, the final selection of the review was based on 46 international studies, as shown in Figure 1.

Figure 1 - PRISMA flowchart for the selection of studies



The data were extracted using a data collection instrument prepared in advance by the authors to standardize the data that were extracted from the studies, namely, the authors, year of publication, strategies, programs, and interventions aimed at the emotional care of adolescents and family members in the context of self-provoked violence.

For health strategies, programs, and interventions that were not classified by the authors themselves, the following concepts were considered: health strategies: “broad lines of action required in all sectors to implement health policy” (DeCS, 2023); health programs: “set of standards, regulations, and technical recommendations aimed at implementing health strategies according to specific thematic axes (oral health, infectious, parasitic, chronic-degenerative diseases) or according to the life cycle (maternal-child, adolescent, adult, and elderly health)” (DeCS, 2023); and health interventions: actions that promote health and reduce diseases and illnesses (Moraes, 2008).

Results and discussion

The studies included in the sample were conducted in the following countries: England, the United States, Colombia, China, Portugal, Australia, the Netherlands, the United Kingdom, Canada, Austria, and India. Most of the studies that addressed health strategies, programs, and interventions aimed at adolescent self-destructive behavior were developed in the United States, and it is believed that such efforts are due to the significant number of suicide attempts by adolescents in developed countries (Schlichting; Moraes, 2018).

According to Mota, Albuquerque and Oliveira-Filho (2021), Brazil was the first country in Latin America to initiate debates about suicide, prevention actions, and care for family members. However, based on this review, no studies conducted in Brazil were found, which may demonstrate the country's deficiency in developing studies on health strategies, programs, and interventions that assist in the emotional care of adolescents and family members in the context of self-provoked violence.

Table 1 shows information regarding the author(s) and year, strategy used, target audience, and outcome of the studies included in the sample.

Table 1. Characterization of strategies, programs, and interventions aimed at the emotional care of adolescents and family members.

Author (s) (Year)	Strategy used	Target audience	Outturn
Cottrell et al. (2018)	Family therapy and usual treatment	Adolescents	There was no significant difference in the reduction of hospitalizations due to self-harm.
Apsche; Siv; Matteson (2005)	Mode Deactivation Therapy	Adolescents	Mode Deactivation Therapy has been shown to be effective in reducing self-injurious behavior.
Apsche; Siv (2005)	Mode Deactivation Therapy	Adolescents	Mode Deactivation Therapy was effective in reducing suicide attempts
Apache; Siv; Bass (2005)	Mode Deactivation Therapy	Adolescents	Mode deactivation therapy was effective in reducing self-injury.

Asarnow; Berk; Baraff (2009)	Family Intervention for the Prevention of suicide	Family and adolescents	The intervention resulted in the inclusion of the mother and the continuation of the adolescent's treatment.
Asarnow et al. (2011)	Family Intervention for Suicide Prevention and Usual Treatment	Family and adolescents	FISP did not significantly reduce suicide attempts, but it was associated with an improvement.
Ballard et al. (2017)	Suicide risk screening	Adolescents	Screening proved to be essential in the screening of adolescents at risk of suicide, presenting itself as an opportunity for prevention, anticipating possible cases of suicide attempts.
Brown; Grumet (2009)	Columbia Teen Screen	Adolescents	Screening favors the identification and early intervention of suicidal ideation and suicide attempts.
Busby et al. (2020)	Suicide Crisis Hotline Management Protocol	Adolescents	The adolescents were actively involved in the services referred during the follow-up carried out by telephone.
Czyz et al. (2020)	Text-based support	Adolescents	The support offered by messages in the post-hospitalization phase proved to be an alternative for continuing care, reducing the risk of suicide.
Diamond et al. (2012)	Attachment- based family therapy	Adolescents and family members	The post-therapy analysis showed a reduction in suicidal ideation among homosexual adolescents.
Diamond (2014)	Attachment- based family	Adolescents and family	Based on therapy, the adolescent understands that parents can be allies in

	therapy	members	emotional care.
Duan et al. (2020)	SMS text messages	Adolescents	For adolescents, the messages are beneficial in reducing cases of self-harm.
Duarte-Velez (2016)	Treatment protocol for adolescents with suicidal behaviors	Adolescents	The treatment resulted in reduced suicide risk among adolescents who completed treatment.
Exposito- Smythers et al. (2011)	Integrated cognitive behavioral therapy and reinforced treatment as usual	Adolescents	Adolescents who were treated with integrated cognitive-behavioral therapy showed a reduction in suicide attempts, with fewer visits to emergency services.
Façanha et al. (2010)	BELIEVE intervention program	Adolescents	The intervention was effective in improving self-esteem and solving problems (dimensions that influence suicidal behavior).
Fischer; Peterson (2015)	Dialectical behavior therapy	Adolescents	The treatment resulted in the cessation of acts of self-harm in six adolescents.
Geddes; Dziurawiec; Lee (2013)	Dialectical Behavior Therapy for Adolescents	Adolescents and family members	The dialectical behavior therapy resulted in the reduction of episodes of self-harm and suicide, in addition to improving the emotional regulation of the adolescents, and five of the six adolescents were discharged from treatment.
Ghoncheh et al. (2016)	Programa Mental Health Online	Health and education professional	At the end of the program, the porters demonstrated improved knowledge and self-confidence in dealing with suicide prevention among adolescents.

Grist; Porter; Stallard (2018)	BlueIce	Adolescents	According to the adolescent himself, the application is useful in controlling thoughts for the practice of self-harm and is recommended for other adolescents.
Hayward et al. (2022)	Coping StrategyEnhanc ement	Adolescents	The intervention was evaluated positively by the adolescents, since they felt comfortable to express their distress when listening to voices, without judgment, considering that it results in behaviors such as self-harm and suicide attempts.
Hilt et al. (2018)	Connected Community Wellness Screen	Adolescents	School screening for adolescents at risk of suicide was sensitive, identifying more than 200 adolescents who were included in mental health resources.
Hochberg (1977)	Psychotherapy	Adolescents	At the end of treatment, the adolescent was able to talk openly about the failures, as well as overcome them. He graduated from school and entered college, not allowing the time he was hospitalized for treatment to harm his life.
Javier (2018)	Educational Video	Parents and grandparents	The video promotes the enrollment of parents and grandparents in suicide awareness interventions, as it addresses characteristics and testimonies of people with the same culture.
Junek (2018)	Global strategy for adolescents in intensive care	fathers	The strategy proved to be effective, resulting in the absence of deaths in the months that followed and the parents' security in dealing with crises.
Kennard et al.	As secure as	Adolescents	The interventions are feasible and

(2018)	possible (ASAP) and the phone app (BRITE)		acceptable, and may be an ally in continuing the treatment of adolescents with suicidal behavior, requiring future studies for better evaluation.
King et al. (2006)	Youth-Nominated Support Team—Version 1 (YST—1) and usual treatment	Adolescents	The association between the Youth-Nominated Support Team—Version 1 and usual treatment resulted in reduced suicidal ideation among adolescents, as well as improved mood.
Kirchner et al. (2020)	It Gets Better	Adolescents	The video content requires improvement in the representation of gender identities and sexual orientations, reports of suicidal experiences and seeking professional help, as well as specific advice for overcoming suicidal crises.
Kirchner et al. (2020)	It Gets Better	Adolescents	Adolescents reported positive feelings when watching the videos, such as improved mood and empowerment, and improvements were suggested when approaching suicidal ideation and ways of coping were better addressed.
Langdon et al. (2016)	Cultural education program	Adolescents	The program does not directly address suicide, but it includes cultural aspects that positively impact the mental health of adolescents.
Murphy; Siv (2011)	Mode Deactivation Therapy and usual treatment	Adolescents	Mode Deactivation Therapy significantly reduced psychological behaviors and distress.
Muscara et al. (2020)	BeyondNow and BlueIce	Adolescents	For adolescents, the apps were found to be useful, acceptable, and easy to use.

Owens; Charles (2017)	Educational brochure: 'It's safe to talk about suicide'	Family members	The brochure proved to be an essential tool in the dissemination of public health content, being easy to distribute and resulting in a change in the behavior of some readers.
Pereplechikova et al. (2011)	Dialectical behavior therapy	Adolescents	The adaptation was accepted, feasible, and effective in the application of therapy to adolescents.
Piacentini et al. (1995)	Cognitive- behavioral therapy	Adolescents and family members	It can be seen that younger and male adolescents accepted the proposed treatment better. However, there is a need to develop strategies to improve treatment adherence by older adolescents, considering that the risk of suicide increases with age.
Pickering et al. (2018)	Sources of Strength	Adolescents	In 2 years, peer leaders were able to reach a good number of students, especially those with the highest risk of suicide.
Pisani et al. (2018)	Text4Strength	Adolescents	Text4Strength proved to be a useful and attractive tool for the continuity of interventions developed in schools.
Poon et al. (2022)	Dialectical Behavior Therapy for Adolescents	Adolescents	Homosexual and heterosexual adolescents had benefits after therapy, showed improved emotional regulation, depression, borderline symptoms, and coping strategies.
Robinson et al. (2021)	Adaptated- Coping with Stress	Adolescents	Adaptated-Coping with Stress proved feasible for application, and adolescents demonstrated to be favorable and receptive to the intervention.
Rotheram-Borus	Specialized emergency care	Adolescents and family	The intervention was associated with a lower rate of depression and mental

(2000)	intervention	members	symptoms among adolescents and parents.
Saewyc et al. (2014)	Gay-Straight Alliances	Adolescents	Schools containing the Gay-Straight Alliances intervention reduced cases of suicidal behavior in homosexual adolescents by more than half.
Swart; Apsche (2014)	Mode deactivation therapy and Cognitive-behavioral therapy for suicide prevention	Adolescents	Mode deactivation therapy has been shown to be effective in treating self-harm in adolescents.
Wintersteen; Diamond (2013)	Youth Suicide Prevention Program in Primary Care	Adolescents	The program resulted in the reduction of referrals of suicide cases in adolescents to emergencies one year after the intervention.
Wolk et al. (2018)	Promoting firearm safety	Family members	Participants emphasized that the implementation of the strategy is a priority and essential in preventing suicide among adolescents.
Yip et al. (2017)	Helium Containment	Adolescents	The incidence of cases of helium suicide did not increase as much as the number of suicides.
Zachariah et al. (2018)	Support, appreciate, listen	Adolescents	Peer educators demonstrated emotional intelligence, action, and seeking help when needed, in addition to improved listening, self-awareness, care, and empathy inside and outside of school.

During adolescent growth, the situations experienced have an influence on the individual's

intense or stable social and emotional adaptation, which plays an active role and may be protection through pleasant emotions or a risk when these emotions are unpleasant (Neufeld, 2017).

Adolescents exhibit self-injurious/suicidal behavior in the face of emotions such as anger, frustration, negative feelings, and the loss of a relative in an attempt to regulate these emotions (Raupp; Marin; Mosmann, 2018). In this sense, emotional care is indispensable in the promotion of personal and social skills so that individuals can better face the challenges that may arise during their lives (Matos; Sampaio, 2009; Matos et al., 2015), whether through health strategies, programs and/or interventions.

Strategies aimed at the emotional care of adolescents in the context of self-provoked violence

A study by Vitorino (2018) showed that emotional regulation strategies had a positive impact on adolescents' psychological well-being, hope, and satisfaction with life. Furthermore, the construction of new meanings referring to the different types of emotions in adolescents favors improvements in development and allows each feeling to occupy a place in the adolescent's life (Colissi et al., 2022).

Other strategies aimed at expressing feelings by adolescents include practices that must be carried out during childhood and are essential for the development of social competence, as well as for the reduction of behavioral problems (Schwartz; Lopes; Veronez, 2016).

With regard to strategies, the containment of helium gas stands out, which aims to make it difficult for anyone to buy gas easily, with the participation of the media in warning of the characteristics of suicide due to the use of helium. Helium gas is part of culture and is considered a means of entertainment, which is worrying since helium can lead to fatal asphyxiation due to the lack of oxygen that the gas deprives the body (Scott, 2006).

In addition, the global strategy for adolescents in intensive care advises parents of adolescents with suicidal behavior about their children's attitudes in suicidal crises, as well as actions for professionals who provide assistance to these patients.

Programs aimed at the emotional care of adolescents in the context of self-provoked violence

Programs that involve the identification of adolescents with suicidal behavior and risk factors are fundamental for preventing consummated suicide and are effective for early diagnosis and mental health treatment (Mota; Albuquerque; Oliveira-Filho, 2021).

Screening was among the programs found in the Results (Connected Community Wellness Screen and Columbia Teen Screen) and was performed using an instrument for identifying suicidal

thoughts and actions that can be developed through electronic means or with an interviewer; however, the assessment of suicide is comprehensive and must be performed by a doctor (Baldaçara et al., 2021).

Another program, Aliças Gay-Straight, aimed at sexual minority adolescents, an audience that experiences prejudice and discrimination based on sexual orientation, may result in consequences such as suicidal ideation, attempted suicide, and suicide (Mongiovi; Araújo; Ramos, 2018).

Welcoming, listening, and supporting homosexual adolescents are necessary due to the complexity of the psychological distress caused by prejudice in the face of sexual orientation, and DiverSus is an example of a service that provides such care and is offered by the Ministry of Health in Brazil (Silva et al., 2021).

Cultural issues also appeared in the Cultural Education Program to familiarize adolescents with family culture, even while living in another country, as cultural differentiation is a risk factor for suicide in adolescence (Braga; Dell'aglio, 2013; Ribeiro; Moreira, 2018).

Interventions aimed at the emotional care of adolescents in the context of self-provoked violence

Technologies have proven to be allies in the prevention of suicidal behavior, used for the expression of emotions (BlueICE), emotional regulation (BRITE), motivational phrases and coping strategies (text-based support), behavioral changes and emotional regulation (Text4Strength), cultural approaches (educational video: Incredible Years), reasons, warning signs, and instructions for dealing with these cases (Educational brochure: 'It is safe to talk about suicide) (Owens; Charles, 2017; Javier, 2018; Grist; Porter; Stallard, 2018; Pisani et al., 2018; Kennard et al., 2018; Czyz et al., 2020).

In addition to the various harms that electronic devices cause to adolescents (distance, social isolation, learning difficulties, attention deficit, and anxiety), digital technologies have proven to be strong allies in promoting adolescent health, helping to form knowledge, new skills and healthy attitudes (Silva; Silva, 2017; Pereira et al., 2021).

Additionally, with regard to the internet, Lai et al. (2014) reported that adolescents in emotional distress and with suicidal thoughts sought help on the internet because it allows the adolescent to remain anonymous and consequently reduces the demand of adolescents for health services.

The technology was also used in the suicide crisis hotline management protocol, which is essential for referring adolescents with triggers to suicide, as it provided access, through a telephone

line, to a counselor who assisted in the development of safety plans and resources available for crisis management (Busby et al., 2019).

Another intervention used was suicide risk screening, which consisted of only 4 questions for the rapid and early identification of suicidal behavior in pediatric patients who attended the emergency department.

Psychotherapy involves individual therapy, family and group therapy, the use of medications and, in cases of suicidal ideation, telephone calls, which result in significant changes in adolescents' lives. Psychotherapy is a means for health promotion through intervention strategies, follow-up, deepening, and changes, as necessary (Maes, 2020).

Mode deactivation therapy (MDT) was also the result of a systematic review that identified this intervention aimed at nonsuicidal self-harm (Kamazaki; Dias, 2021). The MDT was created based on cognitive-behavioral therapy through the development of mindfulness, acceptance, and emotional and cognitive alterations related to fears, beliefs, and triggers.

Cognitive-behavioral therapy (CBT) aims to alter the way in which individuals perceive and understand the environment in which they are inserted, behavior, emotions, and cognitions to address the causes of anxiety and anxiety and develop social skills (Teixeira, 2021; Pinheiro et al., 2022). In an integrative review, CBT was found to be effective at reducing suicidal ideation, hopelessness, depression, and suicide attempts (Simões; Santos; Martinho, 2019).

Adaptation to coping with stress also involves cognitive behavior, where skills are developed to address stressors, which are more common in females and are related to academic activities, lack of interest and devaluation by parents (Pimentel; Méa; Patias, 2020; Robinson et al., 2021).

Dialectical behavioral therapy aims to accept and validate feelings, thoughts, and behaviors in the face of problematic circumstances and is used for individuals who experience a high level of suffering, such as people who practice self-harm (Macatrão, 2021).

Another important aspect addressed by interventions is attachment, which consists of biological, psychological, and social relationships developed between the child and the parents as a form of prevention, which directly influences the individual's life, and when attachment needs are not adequately addressed, it can result in feelings of insecurity, devaluation, aversion, and rejection of oneself and other people (Souza; Hintz, 2019).

In this context, attachment-based family therapy, found in the results, aims to improve the quality of adolescent relationships with parents through the redefinition of emotions, identification and repair of possible problems that impair the sense of protection that should exist, the adolescent's autonomy, and facilitation to correct the need for attachment.

These results corroborate the findings of research by Sullivan et al. (2023), who, in addition to attachment-based family therapy, also identified the use of cognitive-behavioral therapy and family intervention in crises aimed at treating family members of suicidal individuals.

In addition to attachment-based family therapy, the treatment protocol for adolescents with suicidal behavior also focused on the development of adolescent autonomy, an important aspect to be developed during adolescence, with the absence of autonomy associated with suicidal ideation.

Another intervention is the Youth-Nominated Support Team-Version 1 (YST-1), developed through psychoeducation for adolescent supporters, who may be family members, classmates from school and neighborhood/community, who are effective in building links and forming support networks, in addition to empowering individuals about psychological suffering.

In addition, the treatment protocol for adolescents with suicidal behavior involves the family and social context through the promotion of empathy on the part of family members toward the adolescents in the face of suicidal behavior and how the social context affects the adolescent, the alert to the adolescent about their own performance during the therapeutic period, and the situations that involved gender issues and involving the family in the intervention to resolve conflicts (Duarté-Vélez et al., 2016).

Family in the context of emotional care for adolescents who practice self-provoked violence

As seen in the results, the strategy aimed at family members was the Promotion of Safety with Firearms, which seeks advice from parents regarding the safe storage of firearms, preventing access by children and adolescents, as adolescents frequently use firearms during suicide and suicide attempts, responsible for 56.3% of deaths by suicide, requiring the development of actions aimed at reducing these cases, especially in Brazil and the USA (Dare et al., 2019).

Thus, with regard to care interventions aimed at family members, three of them were therapies for adolescents together with family members: attachment-based family therapy, which aims at secure attachment between parents and children and promotes improved communication between them; dialectical behavior therapy for adolescents aimed at reducing family problems; and cognitive-behavioral therapy, which seeks to identify family strengths, teach problem resolution for interpersonal conflicts, and plan coping strategies for future suicide crises.

In addition, three of the interventions promoted the education of family members about risk factors, the presentation of a suicidal person, a direct approach to an individual with suicidal thoughts and forms of help, the importance of treatment, the restriction of dangerous methods and coping with emotional crises, namely, the Family Intervention for Suicide Prevention, the

educational booklet 'It is safe to talk about suicide' and the specialized care intervention in the emergency room.

Compared with schools, churches, police, health services, and media, families are listed by adolescents as being more effective at preventing self-destructive behavior because they play an essential role in preparing children and adolescents for adulthood (Kielan et al., 2019).

The family institution is responsible for the construction of the individual, being important in personality and individual behavior, consisting of affect, through intimate relationships, expression of emotions and emotional exchanges, which are indispensable in psychological development (Pratta; Santos, 2007; Andrade et al., 2021).

In an analysis of the life trajectory of adolescents who committed suicide, family disorganization was evidenced, making it difficult to link the adolescent with family members, as well as identification, which results in the search for emotional ties with partners, and when these ties are threatened in the end, they generate distress and suicide attempts (Botega, 2015). This is corroborated by Oliveira and collaborators (2020), who stated that self-provoked violence is related to identity formation.

Adolescents with no or low parental support have a greater incidence of self-destructive behavior than adolescents who have good relationships with their parents (Hernández-Vásquez et al., 2019).

This may explain why family involvement in caring for adolescents who practice self-provoked violence is fundamental, as it reduces the psychosomatic and psychological responses of family members, reduces self-destructive behaviors and promotes improved involvement in adolescent treatment (Spillane et al., 2019). In addition, family members have constant contact with adolescents, which facilitates the early identification of self-destructive behaviors and rapid referral to health services to prevent consummated suicide.

Self-provoked violence committed by adolescents has several impacts on family members, such as self-blame, shame, embarrassment, loss of appetite, chest pain, anger, despair, insecurity, and fear of carrying out disciplinary actions that result in new self-harm behaviors (Spillane et al., 2019); however, care aimed at the entirety of family members is scarce and lacks understanding (Trinco; Santos, 2019).

Critical study findings

The main objective of the strategies presented in the study was the prevention and management of self-provoked violence directed at family members, especially parents, among

adolescents. The programs allowed cases of self-provoked violence not to evolve into serious cases, not endangering the majority of adolescents but also promoting students' awareness of sexual minorities since they are targets of bullying, discrimination, and prejudice. The interventions included individual therapies focused on emotional regulation and coping with suicidal behavior among adolescents.

The practical, political, and practical implications are summarized by the concentration of strategies, programs, and interventions for the prevention and treatment of cases of self-provoked violence against adolescents and family members, as described in Table 3.

Study contributions

With regard to the contributions of the study, in practice, the results help to equip professionals in healthcare practice; in politics, they allow the visibility of the gaps that exist worldwide regarding the debate and preparation of public health policies aimed at cases of self-provoked violence. Table 4 shows the contributions in detail.

Research limitations

The main limitation of this study is the lack of research that addresses self-provoked violence in a comprehensive manner, and the studies identified subdivisions of the typology of this violence (self-harm, suicidal ideation, suicide attempt, and suicide).

Although a considerable number of studies have been found, the literature search can be expanded to other databases, as well as to indexers of gray literature (theses, dissertations, reports, booklets, manuals, books, among others). Furthermore, in the sample, no worldwide study was found that addressed strategies, programs, and interventions aimed at the emotional care of adolescents and family members.

Conclusion

This review made it possible to identify strategies, programs, and interventions aimed at adolescents and family members in the context of self-provoked violence, which resulted in evidence of health actions developed in several countries that were effective in reducing cases of self-harm, suicide attempts, and suicide among adolescents.

Most health actions were aimed at adolescents with suicidal behavior, and those aimed at family members were developed together with the adolescent, with the adolescent's well-being being prioritized, especially with regard to the individual's mental health.

Further studies are recommended to better understand self-provoked violence in adolescents, the development of public health policies aimed at the emotional care of adolescents, and the participation of a multidisciplinary team in the emotional care of adolescents so that this care does not only concern psychology and health education for adolescents, family members and society regarding this type of violence.

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Supplementary Files

Figures

PRISMA flowchart for the selection of studies.

