

Conceptual Paper

**Integrating REBT and Motivational Interviewing in Addressing Non-Suicidal Self-Injury:
A Conceptual Framework**

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Abstract: Non-Suicidal Self Injury (NSSI) is a complex behavioural phenomenon closely associated with emotion dysregulation and maladaptive cognitive processes. Existing psychosocial approaches tend to prioritise either motivational enhancement or cognitive restructuring in isolation, resulting in fragmented intervention strategies. Addressing this gap, the present paper proposes a conceptual framework that integrates Motivational Interviewing (MI) and Rational Emotive Behavior Therapy (REBT) to guide a stage-appropriate response to NSSI. By utilising the conceptual synthesis approach, this paper draws upon established theoretical literature on MI, REBT, and the Stages of Change model to identify complementary mechanisms underpinning motivation, belief systems, and emotional regulation. The proposed framework conceptualises a two-phase process in which MI is employed to assess and enhance individuals' readiness for change, followed by the application of REBT to challenge and restructure irrational beliefs sustaining NSSI behaviours. By aligning intervention strategies with individuals' motivational stages, the framework offers a structured and theoretically grounded pathway for progressive behavioural change. This conceptual paper contributes to the literature by bridging motivational and cognitive-behavioural perspectives within a unified model and provides a foundation for future empirical studies to evaluate its effectiveness in reducing NSSI behaviours and improving emotional regulation.

Keywords: Non-Suicidal Self Injury (NSSI); motivational interviewing; stages of change; rational emotive behavior therapy; cognitive restructuring; behavioral intervention

Introduction

In the Malaysian context, ongoing mental health challenges among adolescents and youth underscore the need for structured, culturally responsive, and school-based intervention frameworks to promote psychological well-being and support preventive mental health practices (Daud et al., 2025; Ibrahim et al., 2022). Within this broader landscape of adolescent mental health concerns, Non-Suicidal Self Injury (NSSI) has emerged as a particularly complex and pressing issue.

NSSI refers to the deliberate, direct, and socially non-accepted destruction of one's own body tissue without suicidal intent (Klonsky et al., 2014; Nock, 2009). Common manifestations include cutting, burning, hitting, scratching, or interfering with wound healing, behaviours typically enacted to regulate overwhelming emotional distress, relieve psychological pain, or express internal turmoil. Conceptually and clinically, NSSI is distinct from suicidal behaviour, as its primary function is emotion regulation rather than an intention to die, and it also differs from socially sanctioned body modifications such as tattooing or piercing. Although NSSI may provide temporary emotional relief, it operates as a maladaptive coping mechanism that reinforces

emotional dysregulation, cognitive distortions, and psychological distress over time (Sorgi et al., 2021; Mittermeier et al., 2024). The rising prevalence of NSSI among adolescents, particularly within school settings, has consequently positioned this behaviour as a critical concern for mental health professionals, educators, and school counsellors.

The complexity of NSSI lies in its multidimensional nature, encompassing emotional dysregulation, maladaptive belief systems, behavioural reinforcement, and motivational ambivalence. Adolescents who engage in NSSI frequently report intense self-criticism, feelings of inadequacy, hopelessness, and difficulties managing negative affect, alongside a reluctance or ambivalence toward seeking help or discontinuing self-harming behaviours (Sorgi-Wilson et al., 2023; Wang et al., 2022). These characteristics suggest that effective intervention must address not only the cognitive and emotional mechanisms sustaining NSSI but also the individual's readiness and motivation for change. However, existing interventions often adopt singular theoretical orientations, focusing either on motivational enhancement or cognitive restructuring in isolation, which may limit their long-term effectiveness and sustainability.

In response to the growing demand for comprehensive school-based mental health support, integrative psychotherapy has gained increasing recognition as a flexible and effective approach for addressing complex psychological and behavioural difficulties among students (Orvati et al., 2020). Integrative psychotherapy involves the systematic combination of techniques and principles from multiple therapeutic models to better accommodate individual needs and contextual demands. Within educational settings, this approach enables school counsellors to deliver personalised, developmentally appropriate, and context-sensitive interventions that support both emotional well-being and academic adjustment. Empirical and theoretical literature consistently indicates that integrative approaches yield more robust outcomes than single-model interventions, particularly when addressing multidimensional issues involving cognition, emotion, and behaviour (Wachtel et al., 2020; Svensén et al., 2024).

Among various integrative configurations, the combination of Motivational Interviewing (MI) and Rational Emotive Behavior Therapy (REBT) presents a particularly promising framework for addressing NSSI. REBT, developed by Albert Ellis, emphasises the identification, disputation, and restructuring of irrational beliefs that contribute to emotional distress and maladaptive behaviours (Ellis & Joffe Ellis, 2019). In contrast, MI, introduced by Miller and Rollnick, focuses on enhancing intrinsic motivation, resolving ambivalence, and fostering readiness for change through empathic, collaborative dialogue (Miller, 2023; Emery & Wimmer, 2023). Conceptually, these approaches are complementary: MI facilitates engagement and motivational readiness, while REBT provides structured cognitive-emotional tools necessary for sustaining behavioural change. When integrated, MI prepares individuals to engage meaningfully in cognitive restructuring, and REBT consolidates motivational gains through rational belief modification and emotion regulation.

Despite increasing awareness of NSSI and advances in school-based prevention and intervention programmes, notable limitations persist within the existing literature. Universal prevention programmes and psychoeducational initiatives have demonstrated moderate success in reducing emotional distress and self-harming tendencies among early adolescents; however, their effectiveness is often constrained by inconsistent implementation, limited counsellor training, and variability in school resources (Baetens et al., 2024). Technology-assisted interventions, including mobile applications and web-based platforms, have emerged as accessible alternatives and show promise in harm reduction and immediate support (Guerrero et al., 2024). Nevertheless, such approaches frequently struggle to sustain long-term behavioural change due to limited therapeutic depth, reduced interpersonal engagement, and declining user adherence over time (Grodiewicz & Hohol, 2023; Jurblum & Selzer, 2025). Similarly, whole-school approaches that promote system-wide awareness and coordinated responses have improved staff confidence and early identification but often lack structured therapeutic pathways tailored to individual readiness and cognitive-emotional functioning (Hulbert et al., 2023; Burn et al., 2024).

A critical gap across these interventions is the absence of a unified framework that systematically integrates motivational enhancement and cognitive restructuring in a stage-sensitive manner. Although direct empirical studies combining MI and REBT specifically for NSSI remain limited, evidence from related

domains, including MI–CBT integration, REBT–mindfulness interventions, and ACT-based behavioural models, suggests that combining motivational and cognitive-behavioural mechanisms enhances engagement, emotional regulation, and adaptive functioning (Randall & McNeil, 2017; Barrett et al., 2018; Tóth et al., 2023; Tarbox et al., 2020). These findings provide a strong theoretical rationale for conceptualising an integrated MI–REBT framework tailored to the psychological mechanisms underlying NSSI.

Therefore, this paper proposes a theoretically grounded conceptual framework that integrates MI and REBT to address Non-Suicidal Self-Injury in adolescents. Anchored in the Stages of Change model (Prochaska & DiClemente, 1983), the framework conceptualises a two-phase intervention process. Phase 1 employs MI to assess readiness for change, resolve ambivalence, and enhance intrinsic motivation, while Phase 2 applies REBT to identify and restructure irrational beliefs, strengthen emotional regulation, and consolidate behavioural change. Designed with school-based counselling contexts in mind, the proposed framework offers a structured yet flexible approach that can be adapted across clinical and educational settings. By bridging motivational and cognitive dimensions within a unified model, this conceptual framework seeks to advance theoretical understanding and provide a foundation for future empirical evaluation of integrated interventions targeting NSSI.

Motivational Interviewing (MI) in NSSI intervention

MI is a collaborative, person-centred counselling approach designed to enhance intrinsic motivation for change by exploring and resolving ambivalence (Miller & Rollnick, 2013; Miller, 2023). Rather than imposing change, MI emphasises empathy, autonomy, and partnership, allowing individuals to articulate their own reasons for change within a supportive therapeutic relationship. Central to MI is the recognition that resistance is not a client deficit but a signal for counsellors to adjust their approach, thereby fostering engagement and reducing defensiveness.

In the context of NSSI, motivational ambivalence is a prominent clinical feature. Individuals who engage in NSSI often perceive self-injury as their primary or most effective coping strategy for managing emotional distress, even while recognising its harmful consequences (Sorgi-Wilson et al., 2023). This ambivalence frequently manifests as reluctance to seek help or resistance to cessation-focused interventions. MI is particularly well suited to address this challenge, as it facilitates open exploration of both the perceived benefits and costs of NSSI without judgment, enabling individuals to move toward readiness for change.

MI is conceptually aligned with the Stages of Change model (Prochaska & DiClemente, 1983), which conceptualises behaviour change as a dynamic process encompassing precontemplation, contemplation, preparation, action, and maintenance. In NSSI interventions, individuals may occupy different motivational stages, and premature application of directive or cognitively demanding strategies may inadvertently intensify resistance. MI allows counsellors to tailor their responses to the individual's current stage of change by strengthening change talk, reducing sustain talk, and supporting self-efficacy. Empirical evidence from related behavioural health domains demonstrates that MI enhances treatment engagement, adherence, and readiness for cognitively oriented interventions, particularly when ambivalence and resistance are prominent (Randall & McNeil, 2017; Emery & Wimmer, 2023).

However, while MI is effective in enhancing motivation and engagement, it does not explicitly target maladaptive belief systems or provide structured cognitive strategies for emotion regulation. As such, MI alone may be insufficient to produce sustained cognitive and behavioural change among individuals whose NSSI is maintained by deeply entrenched irrational beliefs and emotional dysregulation. This limitation underscores the need to integrate MI with a complementary cognitive-behavioural approach that addresses these underlying mechanisms.

Rational Emotive Behavior Therapy (REBT) and NSSI

REBT, developed by Albert Ellis, is a cognitive-behavioral therapeutic approach that emphasises the role of irrational beliefs in the development and maintenance of emotional distress and maladaptive behaviours, including NSSI (David et al., 2018). REBT posits that psychological disturbances are not caused directly by adverse life events but by individuals' interpretations and belief systems surrounding those events. Central to

this theoretical orientation is the ABC model, which explains how activating events interact with belief systems to produce emotional and behavioural consequences (Ellis & Joffe Ellis, 2019). Within the context of NSSI, activating events may include interpersonal conflicts, academic pressures, experiences of rejection, or perceived failure. These events are filtered through maladaptive belief systems, often characterised by absolutistic demands, catastrophizing, low frustration tolerance, and global self-devaluation, which subsequently give rise to intense negative emotions and self-injurious behaviours as a means of emotional regulation.

Ellis later expanded the original ABC model into the ABCDEF framework to provide a more comprehensive explanation of the cognitive-emotional change process. This extended model has also informed psychoeducational applications such as Rational Emotive Education (REE) (Mahfar, Noah, & Senin, 2019). Within this framework, disputation involves actively questioning and challenging irrational beliefs, while effective new beliefs represent the development of healthier, rational alternatives that replace maladaptive cognitions. As individuals internalise these rational beliefs, they experience new emotional outcomes characterised by greater emotional balance, reduced distress, and improved coping capacity. In adolescents engaging in NSSI, this cognitive-emotional shift is critical in reducing reliance on self-injury as a maladaptive strategy for managing psychological pain.

The role of cognitive distortions in sustaining NSSI behaviours has been consistently highlighted in the literature. Individuals who self-injure frequently engage in distorted thinking patterns such as overgeneralisation, personalisation, and emotional reasoning, which reinforce feelings of worthlessness, hopelessness, and self-blame (Wang et al., 2023). These maladaptive cognitions intensify emotional dysregulation and perpetuate NSSI as an immediate, albeit temporary, coping mechanism. From an REBT perspective, such distorted beliefs represent core intervention targets, as their persistence undermines emotional resilience and adaptive problem-solving.

REBT interventions aim to identify and modify these irrational beliefs through systematic cognitive and behavioural strategies (Ellis & Joffe Ellis, 2019). Therapeutic processes typically involve guiding individuals to recognise self-defeating thought patterns, critically evaluate their validity, and replace them with more rational, flexible, and self-accepting beliefs. For example, a belief such as “I am worthless and deserve to suffer” may be reframed into a more adaptive alternative that acknowledges distress without global self-condemnation. In addition to cognitive restructuring, REBT incorporates behavioural techniques, including behavioural experiments, which allow individuals to test new beliefs and coping strategies in real-life situations. Through repeated practice, clients learn that emotional distress can be tolerated and managed without resorting to self-injury.

Within the proposed integrated framework, REBT is positioned as a later-phase intervention following motivational enhancement through MI. Once individuals have developed sufficient readiness for change and resolved ambivalence regarding cessation of NSSI, REBT provides the cognitive and behavioural tools necessary to consolidate change and promote long-term emotional regulation. This sequential integration ensures that individuals not only develop the desire to change but also acquire the psychological skills required to sustain recovery. Collectively, this theoretical foundation supports the integration of MI and REBT within a structured intervention model, particularly for school-going adolescents, by addressing both motivational readiness and the cognitive-emotional mechanisms underlying NSSI.

The integration of MI and REBT for NSSI

NSSI is a multifactorial behaviour influenced by emotion dysregulation, maladaptive cognitive processes, and motivational ambivalence toward change (Gray et al., 2022; Mittermeier et al., 2024; Sorgi-Wilson et al., 2023). Adolescents who engage in NSSI frequently experience intense emotional distress alongside conflicting motivations regarding cessation, whereby self-injury is simultaneously recognised as harmful yet perceived as an effective coping strategy. This complexity highlights the limitations of intervention models that focus exclusively on either motivational enhancement or cognitive restructuring without addressing both processes in an integrated manner.

To address this gap, the present paper proposes a conceptual framework that integrates MI and REBT within a structured, stage-sensitive model. Conceptually, MI and REBT target complementary psychological mechanisms underlying NSSI. MI is positioned as an initial engagement-oriented approach that facilitates the exploration of ambivalence, strengthens intrinsic motivation, and enhances readiness for change through collaborative and empathic dialogue (Urfa & Aşçı, 2023). Once motivational readiness has been established, REBT is introduced as a change-consolidation approach that focuses on identifying and restructuring irrational beliefs, enhancing emotional regulation, and promoting adaptive coping strategies essential for sustained behavioural change (Ellis & Joffe Ellis, 2019).

The proposed framework is theoretically anchored in the Stages of Change model (Prochaska & DiClemente, 1983), which conceptualises behaviour change as a dynamic and progressive process. Within this framework, MI aligns with the early stages of change, particularly precontemplation and contemplation, where ambivalence and resistance are most prominent. REBT is subsequently aligned with the preparation, action, and maintenance stages, where individuals are more receptive to cognitive restructuring and behavioural skill development. This sequential integration ensures that cognitively demanding interventions are introduced only when individuals demonstrate sufficient motivation and psychological readiness, thereby reducing resistance and enhancing intervention effectiveness.

The conceptual framework is designed with school-based counselling contexts in mind, recognising schools as critical environments for early identification and psychosocial support for adolescents engaging in NSSI. However, the framework is intentionally presented as adaptable and context-flexible, allowing application across various mental health settings, including community-based and clinical services. Rather than prescribing a fixed protocol, the framework provides a theoretically informed structure that guides practitioners in aligning motivational and cognitive-behavioural strategies with clients' readiness and cognitive-emotional needs.

At the core of the framework is a two-phase process. Phase One focuses on motivational enhancement through MI, emphasising engagement, exploration of ambivalence, and strengthening commitment to change. Phase Two focuses on cognitive-emotional transformation through REBT, targeting irrational beliefs, emotional dysregulation, and maladaptive coping patterns that maintain NSSI behaviour. By integrating these phases within a unified conceptual model, the framework addresses both the motivational and cognitive-emotional dimensions of NSSI, offering a comprehensive pathway toward sustainable behavioural change.

This conceptual framework contributes to the existing literature by providing a theoretically grounded integration of MI and REBT tailored specifically to the psychological mechanisms underlying NSSI among adolescents. While empirical evaluation is necessary to determine its effectiveness, the framework offers a foundation for future intervention development, programme implementation, and research aimed at reducing NSSI behaviours and enhancing emotional well-being in school-going populations.

Methodology

This paper adopts a conceptual research design and does not involve the collection or analysis of empirical data. The primary aim of this methodology is to systematically develop a theoretically grounded intervention framework through the integration of established counselling theories and related scholarly literature. Conceptual papers of this nature are particularly appropriate in areas where empirical interventions remain limited or fragmented, as they provide a structured theoretical foundation to guide future research and practice. The development of the proposed MI–REBT framework was guided by a theoretical synthesis and integrative review approach, which enabled the identification, comparison, and integration of complementary mechanisms across therapeutic models relevant to NSSI.

Sources of conceptual input

The conceptual development drew upon three main sources of literature. First, peer-reviewed journal articles focusing on NSSI, emotion regulation, motivational ambivalence, and adolescent self-harming behaviours were examined to establish the psychological mechanisms underlying NSSI. Second, foundational and contemporary texts on MI and REBT were consulted to ensure theoretical accuracy and fidelity to each

approach. Third, counselling and behavioural change theories, particularly the Stages of Change model, were reviewed to inform the sequencing and alignment of intervention components within the framework. Only scholarly sources that provided clear theoretical explanations, empirical insights, or established therapeutic principles were included in the synthesis to maintain academic rigour and conceptual coherence.

Analytical process

The development of the conceptual framework followed a structured, multi-step analytical process. The first step involved concept clarification, whereby key constructs such as NSSI, motivational readiness, irrational beliefs, emotion dysregulation, and behavioural maintenance were clearly defined based on existing literature. This step ensured terminological consistency and conceptual precision throughout the framework. The second step comprised comparative analysis, in which the theoretical assumptions, therapeutic goals, and mechanisms of action of MI and REBT were examined and contrasted. This analysis focused on identifying the strengths and limitations of each approach when applied independently to NSSI, particularly in relation to motivation for change and cognitive-emotional restructuring.

The third step involved the identification of complementary mechanisms between MI and REBT. MI was identified as particularly effective in addressing ambivalence, enhancing intrinsic motivation, and facilitating engagement during the early stages of behaviour change. In contrast, REBT was recognised for its effectiveness in restructuring irrational beliefs, improving emotional regulation, and supporting long-term behavioural maintenance. These complementary functions formed the theoretical basis for integration. The final step entailed the integration of identified mechanisms into a unified conceptual framework. Drawing on the Stages of Change model, the framework was organised into sequential phases, with MI aligned to early motivational stages and REBT aligned to later cognitive-behavioural change stages. This integration resulted in a structured yet flexible conceptual model that addresses both motivational readiness and cognitive-emotional processes underlying NSSI.

Ethical considerations

Ethical considerations are crucial in the implementation of the MI-REBT intervention for NSSI, ensuring the protection of individuals' rights, autonomy, and psychological well-being. One of the primary ethical principles is informed consent and autonomy (Barnett, 2023), where clients must fully understand the intervention process, including its objectives, potential emotional challenges, and their right to voluntarily participate or withdraw. In cases involving minors, parental or guardian consent is required; however, practitioners must also respect the adolescent's confidentiality and autonomy. If parental involvement poses a risk to the client's safety or emotional well-being, legal and institutional guidelines should be carefully followed. Confidentiality and privacy are also critical, as individuals engaging in NSSI may fear stigma, judgment, or disclosure to others. Counselors must establish clear confidentiality agreements, ensuring that information remains private unless there is a significant risk of harm or suicidal intent, which legally and ethically mandates disclosure.

The Findings

This section presents the primary outcome of the conceptual analysis, namely the proposed integrative framework combining MI and REBT for addressing NSSI among adolescents. As the core contribution of this conceptual paper, the framework synthesises motivational, cognitive, and emotional processes underpinning NSSI into a structured, stage-sensitive intervention model. The framework is theoretically grounded in the Stages of Change model (Prochaska & DiClemente, 1983) and informed by contemporary literature on emotion dysregulation, cognitive distortions, and therapeutic engagement in self-harming behaviours.

The proposed framework conceptualises NSSI as a dynamic behaviour maintained by the interaction between emotional dysregulation, maladaptive belief systems, and ambivalence toward change. Rather than treating these components in isolation, the framework integrates MI and REBT sequentially to address distinct yet interconnected psychological mechanisms. MI is positioned as an engagement and readiness-enhancing phase, while REBT functions as a cognitive-emotional restructuring phase aimed at sustaining behavioural

change. This sequencing reflects empirical and theoretical evidence suggesting that cognitively demanding interventions are most effective when individuals demonstrate sufficient motivation and openness to change (Randall & McNeil, 2017; Urfa & Aşçı, 2023).

The framework is organised into two primary phases aligned with individuals' motivational readiness. Figure 1 illustrates the integrated flow of the framework, highlighting the progression from motivational interviewing to cognitive-emotional changes.

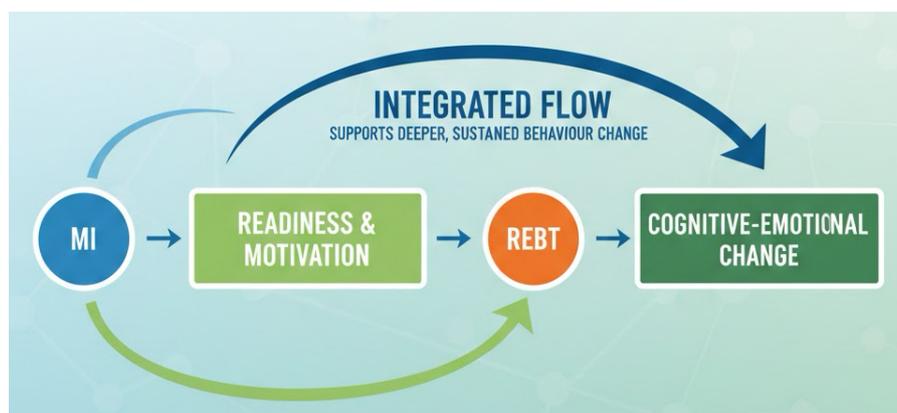


Figure 1. Integrated flow of intervention

Phase one: Motivational Interviewing and readiness for change

Phase One focuses on motivational enhancement through MI and corresponds primarily to the precontemplation and contemplation stages of change. At this stage, adolescents engaging in NSSI often experience ambivalence, perceiving self-injury as both harmful and necessary for emotional regulation (Gray et al., 2022). MI addresses this ambivalence by fostering a collaborative therapeutic alliance, eliciting change talk, and strengthening intrinsic motivation without imposing directive pressure.

Conceptually, MI operates as a preparatory mechanism within the framework by reducing resistance and increasing psychological readiness for deeper cognitive work. This aligns with MI's core principles of autonomy support, empathy, and evocation, which are particularly critical when working with adolescents who may feel coerced or misunderstood in school-based interventions (Miller, 2023). By validating emotional experiences while gently exploring discrepancies between current behaviours and personal values, MI facilitates movement toward the preparation stage of change. Importantly, this phase does not seek to eliminate NSSI directly but to enhance insight, motivation, and commitment to behavioural change.

Phase two: Rational Emotive Behavior Therapy and Cognitive-Emotional Restructuring

Once readiness for change is established, the framework transitions into Phase Two, which emphasises cognitive-emotional restructuring through REBT. This phase aligns with the preparation, action, and maintenance stages of change, where individuals demonstrate increased willingness to engage in skill-based interventions. REBT targets the irrational beliefs and cognitive distortions that sustain emotional dysregulation and self-injurious behaviour, such as absolutistic demands, catastrophising, low frustration tolerance, and global self-devaluation (Ellis & Joffe Ellis, 2019). Within the framework, REBT provides structured techniques to challenge and replace maladaptive beliefs with rational alternatives, thereby weakening the emotional drivers of NSSI. This cognitive restructuring is complemented by behavioural strategies, including behavioural experiments and adaptive coping skill development, which enable adolescents to test new beliefs and regulate distress without resorting to self-injury. By embedding REBT within a stage-sensitive sequence, the framework addresses a key limitation of standalone cognitive-behavioural interventions, namely the assumption of client readiness and engagement.

Theoretical integration and value added to the framework

The conceptual strength of the proposed framework lies in its explicit integration of motivational and cognitive-behavioural theories. While MI and REBT originate from distinct theoretical traditions, their integration is supported by converging evidence from MI–CBT models, acceptance-based interventions, and integrative psychotherapy research, which demonstrate improved engagement and treatment sustainability when motivation and cognition are addressed conjointly (Barrett et al., 2018; Tóth et al., 2023; Tarbox et al., 2020). The framework advances this literature by offering a clear sequencing logic grounded in the Stages of Change model, rather than a simultaneous or eclectic application of techniques.

The uniqueness of this study lies not in replacing existing therapies, but in operationalising readiness to change as a central intervention mechanism through a sequenced integration of MI and REBT. MI is intentionally positioned as a preparatory phase to address ambivalence, enhance intrinsic motivation, and determine readiness, while REBT is introduced only when clients demonstrate sufficient engagement to benefit from cognitive and emotional restructuring. This structured, phase-based integration moves beyond eclectic combination by explicitly guiding when and for whom specific therapeutic strategies should be applied. As such, the study contributes a practical, replicable intervention framework that addresses a critical gap in NSSI literature by shifting the focus from merely identifying effective techniques to clarifying the conditions under which those techniques are most effective, particularly within time-limited and readiness-variable school settings.

Moreover, the framework is intentionally designed to be context-sensitive, particularly for school-based counselling environments. Schools represent critical settings for early identification and intervention, yet counsellors often face constraints related to time, resources, and student readiness. By providing a structured yet flexible model, the framework guides practitioners in selecting appropriate strategies based on motivational readiness and cognitive-emotional functioning, thereby enhancing feasibility and ethical responsiveness in applied settings.

In summary, the proposed MI–REBT framework represents a theoretically coherent and practically relevant model for addressing NSSI among adolescents. By sequencing motivational enhancement and cognitive restructuring within a unified conceptual structure, the framework addresses key psychological mechanisms underlying NSSI while responding to limitations in existing single-approach interventions. Although empirical validation is required, the framework offers a robust foundation for future intervention development, programme evaluation, and research aimed at reducing NSSI behaviours and promoting sustainable emotional well-being.

Discussion

This conceptual paper aimed to develop and articulate an integrated intervention framework combining MI and REBT addressing NSSI among adolescents. The proposed framework responds to a growing body of literature highlighting the multifactorial nature of NSSI, which involves the interplay of emotional dysregulation, maladaptive cognitive processes, and ambivalence toward behavioural change (Gray et al., 2022; Mittermeier et al., 2024; Sorgi-Wilson et al., 2023). The discussion that follows critically interprets the conceptual contribution of this framework, situates it within existing theoretical and empirical literature, and outlines its implications for counselling practice and future research.

A central contribution of the proposed framework lies in its explicit integration of motivational and cognitive-behavioural processes within a stage-sensitive structure. While previous interventions for NSSI have predominantly focused on either enhancing motivation or modifying maladaptive cognitions, the present framework conceptualises these processes as sequentially interdependent rather than mutually exclusive. This integration is theoretically grounded in the Stages of Change model (Prochaska & DiClemente, 1983), which provides a coherent rationale for aligning MI with early motivational stages and REBT with later stages involving cognitive-emotional restructuring.

The framework extends existing integrative psychotherapy literature by offering a clear sequencing logic, addressing a limitation frequently noted in eclectic or integrative models that lack theoretical clarity regarding the timing and purpose of specific interventions (Wachtel et al., 2020; Svensén et al., 2024). By

positioning MI as a preparatory mechanism that enhances readiness and reduces resistance, the framework acknowledges empirical findings demonstrating that premature application of cognitively demanding interventions may undermine engagement and increase dropout, particularly among adolescents exhibiting ambivalence toward change (Randall & McNeil, 2017; Urfa & Aşçı, 2023). REBT, in turn, is conceptualised as a consolidation mechanism that targets the irrational beliefs and emotional dysregulation sustaining NSSI, thereby supporting long-term behavioural maintenance.

The proposed framework aligns with and builds upon emerging evidence from related therapeutic domains. Research on MI–CBT integration has consistently shown that MI enhances engagement and adherence when combined with cognitive restructuring techniques, particularly in populations characterised by resistance or ambivalence (Barrett et al., 2018; Randall & McNeil, 2017). Although direct empirical studies integrating MI and REBT for NSSI remain scarce, parallels can be drawn from studies integrating REBT with mindfulness, acceptance-based approaches, and behavioural interventions, which demonstrate improvements in emotional regulation, psychological flexibility, and adaptive coping (Tóth et al., 2023; Tarbox et al., 2020).

Importantly, the framework responds to critiques of existing school-based and digital NSSI interventions that, while accessible, often lack depth, individualisation, or sustained therapeutic impact (Grodiewicz & Hohol, 2023; Jurblum & Selzer, 2025). By offering a structured yet flexible conceptual model, the framework bridges the gap between universal prevention efforts and individualised therapeutic intervention, addressing both motivational readiness and cognitive-emotional functioning.

Implications for research and practice

The integration of MI and REBT in NSSI intervention offers a structured and stage-appropriate approach that is expected to significantly reduce self-injurious behaviors and improve emotional regulation. By first addressing ambivalence and motivation through MI before transitioning to cognitive restructuring with REBT, the model provides a more comprehensive intervention than traditional standalone approaches. The framework's ability to align intervention strategies with an individual's readiness for change makes it particularly effective in enhancing engagement, reducing relapse rates, and promoting long-term behavioral change.

The proposed framework can be adapted for use in various settings, including schools, mental health clinics, and crisis intervention programs. In school-based counseling, this model provides structured guidance for supporting adolescents who engage in self-injury, integrating psychoeducation and skill-building activities. In clinical settings, therapists can tailor the intervention to clients with varying levels of motivation and emotional regulation difficulties. Training school counselors, psychologists, and mental health professionals in applying the MI-REBT model is crucial to ensuring its effectiveness, requiring professional development workshops and hands-on implementation training.

Despite its theoretical grounding, the MI-REBT framework requires empirical validation through experimental research and longitudinal studies. Future research should assess the effectiveness of this model in reducing NSSI frequency, enhancing emotional regulation, and preventing relapse. Additionally, studies should explore long-term behavioral changes following intervention, determining whether individuals maintain adaptive coping strategies over time. Comparing this integrated framework to other therapeutic approaches could provide further insights into its unique contributions to NSSI treatment.

While the MI-REBT framework presents a promising intervention model, several barriers to implementation must be considered. Client resistance, time constraints, and limited counselor training may affect its applicability in diverse populations. Additionally, individuals engaging in NSSI may struggle with low motivation or deep-seated cognitive distortions, requiring flexible adaptations of the model. Strategies such as customizing session durations, and providing additional training for counselors can enhance the framework's feasibility and effectiveness. Future research should explore practical solutions to these limitations, ensuring that the intervention remains adaptable across different settings and populations.

Conclusion

This paper presents a theoretically grounded conceptual framework integrating MI and REBT address NSSI among adolescents. By aligning motivational enhancement and cognitive-emotional restructuring within a stage-sensitive model, the framework addresses key limitations of single-approach interventions and responds to the complex psychological mechanisms underlying NSSI. The integration of MI and REBT clarifies how readiness for change can be systematically enhanced before engaging in cognitively demanding therapeutic work, thereby strengthening engagement and supporting sustainable behavioural change. Conceptually, the framework contributes to integrative psychotherapy literature by offering a coherent sequencing logic grounded in the Stages of Change model. Practically, it provides counsellors with a flexible yet structured guide applicable to school-based and clinical settings. Future empirical research is required to evaluate the framework's effectiveness, adaptability across contexts, and long-term impact on NSSI behaviours and emotional regulation.

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References

- Baetens, I., Van Hove, L., Azadfar, Z., Van Heel, M., & Soye, V. (2024). The Effectivity of a School-Based Early Intervention Targeting Psychological Complaints and Non-Suicidal Self-Injury in Adolescents. *Journal of Clinical Medicine*, 13. <https://doi.org/10.3390/jcm13071852>
- Barrett, S., Begg, S., O'Halloran, P., & Kingsley, M. (2018). Integrated motivational interviewing and cognitive behaviour therapy for lifestyle mediators of overweight and obesity in community-dwelling adults: A systematic review and meta-analyses. *BMC Public Health*, 18, 1160. <https://doi.org/10.1186/s12889-018-6062-9>
- Barnett, J. E. (2023). Ethical and legal issues in crisis intervention. In F. M. Dattilio, D. I. Shapiro, & D. S. Greenaway (Eds.), *Cognitive-behavioral strategies in crisis intervention* (4th ed., pp. 24–40). The Guilford Press.
- Burn A.M., Gains H, Anderson, J., (2024). A self-harm awareness training module for school staff: Coproduction and user testing study. *JMIR Formative Research*. <https://doi.org/10.2196/preprints.69309>
- Daud, N. I. A. M., Sutan, R., & Isa, Z. (2025). Analisis kerangka intervensi pakej pendidikan kesihatan mental belia di Malaysia: Tinjauan naratif. *e-Bangi: Journal of Social Sciences & Humanities*, 22(1). <https://doi.org/10.17576/ebangi.2025.2201.28>
- David, D., Cotet, C., Matu, S., Mogoase, C., & Stefan, S. (2018). 50 years of rational-emotive and cognitive-behavioral therapy: A systematic review and meta-analysis. *Journal of Clinical Psychology*, 74(3), 304–318. <https://doi.org/10.1002/jclp.22514>
- Ellis, A., & Joffe Ellis, D. (2019). *Rational emotive behavior therapy* (2nd ed.). American Psychological Association. <https://doi.org/10.1037/0000134-000>
- Emery, R. L., & Wimmer, M. (2023). *Motivational Interviewing*. In StatPearls. StatPearls Publishing.
- Gray, N., Hasking, P., & Boyes, M. (2022). Cognitive and emotional factors associated with the desire to cease non-suicidal self-injury. *Journal of Clinical Psychology*, 78(9), 1896–1911. <https://doi.org/10.1002/jclp.23336>
- Grodniewicz, J. P., & Hohol, M. (2023). Waiting for a digital therapist: three challenges on the path to psychotherapy delivered by artificial intelligence. *Frontiers in Psychiatry*, 14, 1190084. <https://doi.org/10.3389/fpsy.2023.1190084>
- Guerrero, E., Andreasson, K., Larsen, L., Buus, N., Skovgaard Larsen, J. L., Krogh, J., Thastum, R., Lindberg, L., Lindblad, K., Erlangsen, A., & Nordentoft, M. (2024). Zero Self-Harm app: A

- mobile phone application to reduce non-suicidal self-injury, study protocol for a randomized controlled trial. *Trials*, 25. <https://doi.org/10.1186/s13063-024-07932-1>
- Hulbert, S., Eida, T., Ferris, E., Hrytsenko, V., & Kendall, S. (2023). *HBSC England National Report: Findings from the 2001-2022 HBSC study for England Health Behaviour in School-aged children (HBSC)*. University of Kent.
- Jurblum, M., & Selzer, R. (2025). Potential promises and perils of artificial intelligence in psychotherapy -The AI Psychotherapist (APT). *Australasian psychiatry: Bulletin of Royal Australian and New Zealand College of Psychiatrists*, 33(1), 103–105. <https://doi.org/10.1177/10398562241286312>
- Klonsky, E. D., Victor, S. E., & Saffer, B. Y. (2014). Nonsuicidal self-injury: what we know, and what we need to know. *Canadian journal of psychiatry. Revue canadienne de psychiatrie*, 59(11), 565–568. <https://doi.org/10.1177/070674371405901101>
- Mahfar, M., Noah, S. M., & Senin, A. A. (2019). Development of rational emotive education module for stress intervention of Malaysian boarding school students. *SAGE Open*, 9(2). <https://doi.org/10.1177/2158244019850246>
- Miller W. R. (2023). The evolution of motivational interviewing. *Behavioural and Cognitive Psychotherapy*, 51(6), 616–632. <https://doi.org/10.1017/S1352465822000431>
- Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd edition). The Guilford Press.
- Mittermeier, S., Seidel, A., Scheiner, C., Kleindienst, N., Romanos, M., & Buerger, A. (2024). Emotional dysregulation and its pathways to suicidality in a community-based sample of adolescents. *Child and Adolescent Psychiatry and Mental Health*, 18(1), 15. <https://doi.org/10.1186/s13034-023-00699-4>
- Nock M. K. (2009). Why do People Hurt Themselves? New Insights into the Nature and Functions of Self-Injury. *Current Directions in Psychological Science*, 18(2), 78–83. <https://doi.org/10.1111/j.1467-8721.2009.01613.x>
- Orvati Aziz, M., Mehrinejad, S. A., Hashemian, K., & Paivastegar, M. (2020). Integrative therapy (short-term psychodynamic psychotherapy & cognitive-behavioral therapy) and cognitive-behavioral therapy in the treatment of generalized anxiety disorder: A randomized controlled trial *Complementary Therapies in Clinical Practice*, 39, 101122. <https://doi.org/10.1016/j.ctcp.2020.101122>
- Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: toward an integrative model of change. *Journal of Consulting and Clinical Psychology*, 51(3), 390–395. <https://doi.org/10.1037//0022-006x.51.3.390>
- Randall, J., & McNeil, D. (2017). Motivational interviewing and cognitive behavioral therapy integration for anxiety disorders. *Journal of Anxiety Disorders*, 48, 91-101. <https://doi.org/10.1016/j.janxdis.2017.05.002>
- Sorgi, K. M., Ammerman, B. A., Cheung, J. C., Fahlgren, M. K., Puhalla, A. A., & McCloskey, M. S. (2021). Relationships between Non-Suicidal Self-Injury and Other Maladaptive Behaviors: Beyond Difficulties in Emotion Regulation. *Archives of Suicide Research: Official Journal of The International Academy for Suicide Research*, 25(3), 530–551. <https://doi.org/10.1080/13811118.2020.1715906>
- Sorgi-Wilson, K. M., Cheung, J. C., Ciesinski, N. K., & McCloskey, M. S. (2023). Cognition and Non-Suicidal Self-Injury: Exploring Relationships with Psychological Functions. *Archives of suicide research: Official journal of the International Academy for Suicide Research*, 27(3), 1002–1018. <https://doi.org/10.1080/13811118.2022.2106919>
- Svensén, S., Bolstad, I., Ødbehr, L. S., & Larsson, G. (2024). Beyond medications: a multifaceted approach to alleviating comorbid anxiety and depression in clinical settings. *Frontiers in Psychology*, 15, 1456282. <https://doi.org/10.3389/fpsyg.2024.1456282>

- Tarbox, J., Szabo, T. G., & Aclan, M. (2020). Acceptance and commitment training within the scope of practice of applied behavior analysis. *Behavior Analysis in Practice*, 15, 11-32. <https://doi.org/10.1007/s40617-020-00466-3>
- Tóth, R., Turner, M. J., Mannion, J., & Tóth, L. (2023). The effectiveness of rational emotive behavior therapy (REBT) and mindfulness-based intervention (MBI) on psychological, physiological and executive functions as a proxy for sports performance. *BMC Psychology*, 11(1), 442. <https://doi.org/10.1186/s40359-023-01486-8>
- Urfa, O., & Aşçı, F. H. (2023). The effects of rational emotive behavior therapy and motivational interviewing on emotions, automatic thoughts, and perceived performance of elite female volleyball players. *Psychology of Sport and Exercise*, 69, 102497. <https://doi.org/10.1016/j.psychsport.2023.102497>
- Wachtel, P. L., Siegel, J. P., & Baer, J. C. (2020). The scope of psychotherapy integration: Introduction to a special issue. *Clinical Social Work Journal*, 48(3), 231–235. <https://doi.org/10.1007/s10615-020-00771-y>
- Wang, B., Zhao, Y., Lu, X., & Qin, B. (2023). Cognitive distortion based on explainable depression detection and analysis technologies for the adolescent internet users on social media. *Frontiers in Public Health*, 10, 1045777. <https://doi.org/10.3389/fpubh.2022.1045777>
- Wang, Y. J., Li, X., Ng, C. H., Xu, D. W., Hu, S., & Yuan, T. F. (2022). Risk factors for non-suicidal self-injury (NSSI) in adolescents: A meta-analysis. *Clinical Medicine*, 46, 101350. <https://doi.org/10.1016/j.eclinm.2022.101350>
- Zhao, M., Abdul Kadir, N. B., & Abd Razak, M. A. (2024). A systematic review on the prevalence and risk factors of depression among Chinese undergraduate students. *e-Bangi: Journal of Social Sciences & Humanities*, 21(3). <https://doi.org/10.17576/ebangi.2024.2103.23>