

Brief Dialectical Behavior Therapy (DBT) to Reduce Emotional Dysregulation: A Single Case Study

Ni Putu Mayda Anggarini Artana¹, Lifina Dewi Pohan^{2*}

¹Faculty of Psychology, Universitas Indonesia, Depok, Indonesia

²Department of Clinical Psychology, Faculty of Psychology, Universitas Indonesia, Depok, Indonesia

*Corresponding author, Email: lifina.dewi@ui.ac.id

ABSTRACT

Emotional dysregulation is a major characteristic of borderline personality disorder (BPD) reflecting the affective instability, extreme and uncontrolled anger, and chronic feelings of emptiness. Individuals who experience major emotional dysregulation problems often exhibit maladaptive behaviors, such as self-harm or suicidal behavior. Statistically, approximately 70% of people with BPD do self-harm due to emotional dysregulation. Dialectical behavior therapy (DBT) is an effective intervention for reducing problems in regulating emotions. The primary focus of brief DBT is to teach clients how to actively regulate emotional responses. Therefore, this study aimed to examine whether the "Brief DBT" intervention can improve the ability of emotional regulation in order to reduce the self-harm behavior and suicidal ideation. This is a single case study and conducted to a 20-year-old female college student with self-harm problems to release her negative emotions and had high suicidal ideation. The intervention was conducted in six sessions, including the pre- and post-tests. The first session was conducted to introduce brief DBT interventions and made clients recognize their strengths and weaknesses. The second to fifth session were intervention sessions to identify negative thoughts and feelings that arise, accept negative feelings and thoughts, explore fun events and life goals to grow positive emotions, and explore ways available when feeling depressed. The sixth session was the termination session. Suicidal thought was measured using the scale of suicidal ideation, where a score of ≥ 6 was used as a cutoff threshold for the clinically significant suicidal ideation. Qualitative data were also collected through observation and interviews. These results show that comparing pre- and post-test scores in the suicide ideation score decreased by 13 points. Brief DBT can make clients reduce their emotional dysregulation. The client recognizes, accepts, and manages her emotion; therefore, she does not dominate with negative emotions. The clients also learn to increase her positive emotions by getting to know herself more. Furthermore, she also reported that her suicidal thoughts have diminished and did not commit self-harm.

Keywords: *Borderline Personality Disorder, Dialectical Behavior Therapy, Emotional Dysregulation.*

1. INTRODUCTION

Borderline personality disorder (BPD) is a personality disorder with several diagnostic criteria, including unstable sense of self or self-image, unstable interpersonal relationship patterns, impulsive behavior, feeling of chronic emptiness, affective instability, suicidal

behavior, and self-harming behavior. Emotional dysregulation is a major BPD characteristic (Glenn and Klonsky, 2009). Some BPD criteria reflect several emotional dysregulation aspects, such as affective instability, strong and uncontrolled anger, chronic empty

feelings, inhibition of emotional expression, and affective numbness (Glenn and Klonsky, 2009; McMMain, Korman, and Dimeff, 2001). Emotional dysregulation in BPD is related to disrupted attention processes and impaired executive functioning. Individuals' exhibit to attend to dominant stimuli and hyperfocus on stimuli associated with the negative affective (Axelrod, Perepletchikova, Holtzman, and Sinha, 2010).

Some studies defined emotional dysregulation as an emotion sensitivity, affective lability, and emotional vulnerability by viewing it as a process, incorporating multiple interactive components, not as an end-state (Carpenter and Trull, 2012). Individuals with major problems associated with emotional dysregulation have difficulty controlling their behaviors, especially when having negative emotions. They often bring up maladaptive behaviors, such as self-harm and suicidal behavior (Glenn and Klonsky, 2009). Maladaptive behaviors in individuals with BPD as an individual's effort to regulate their affect too strong. Individuals intentionally engage in self-harm refocus their attention from prominent emotional stimuli, such as reducing feelings of sadness or aggressive behaviors when being overwhelmed by a burst of resentment (Linehan, 1993).

Based on the survey, 70% of individuals with BPD does self-harm due to emotional dysregulation. They do self-harm to express their emotional repression and to overcome the anger, sadness, or pain (Mahoney, 2018). The fact that emotional dysregulation affects people's behaviors very negatively, interventions that can help people with BPD control their emotions and its impact should be

imperatively established. Dialectical behavioral therapy (DBT) is an effective intervention in reducing problems in regulating emotions, especially in people with BPD. DBT is a comprehensive treatment that combines cognitive-behavioral approaches with acceptance-based practices. The basis of DBT is "dialectic" of acceptance and changes (Fassbinder, Schweiger, Wilde, dan Arntz, 2016), a balance between therapeutic focus on change and acceptance strategies. However, the client will be encouraged to acknowledge and accept her emotional experience, as well as encourages and prevents negative emotions (Linehan, 1993).

In their study, McMMain, Korman, and Dimeff (2001) introduce three principles to regulate emotions under DBT. First, it involves the ability to realize and accept emotional experiences. Strategies related to this principle include the ability of validation, mindfulness, and emotion regulation. In the second and third principles, the emphasis is on emotional changes. The second principle involves the ability to regulate emotions with shifting attention from the stimuli associated with problematic affective responses, with opposite behaviors and strong negative affect. This includes development of the ability to tolerate distress by changing expressive emotional components, such as breathing, relaxation, and approaching rather than avoiding responses to fear. Third, changes in the negative influence through new learning experiences are used to eliminate problematic reactions by developing new associations for negative influences. Therefore, DBT introduces new behavioral skills to help clients regulate their emotion better, which results

in positive outcomes, such as adaptive behavior (Neacsiu, Rizfi, dan Linehan, 2010). Full DBT sessions require long-term duration; therefore, this study used brief DBT. Therefore, this study aimed to examine whether the “Brief DBT”

2. METHODS

2.1. *Participants*

The client is a 20-year-old female student with self-harm behavioral problems to release her negative emotions. When in trouble or doing something that she thinks is wrong, she continuously overthinks about it, blames herself, and then punishes herself with self-harm. She tried to stop doing self-harm. However, when she decides to stop, she feels that she cannot punish herself anymore and begins to think that she is better dead, a trigger of suicidal ideation. Client is an individual who tends to dissolve negative emotions and lacks the ability to properly regulate her emotions. This client also often experiences an unstable mood. In the morning, her mood can suddenly go down, without any triggering events. This situation may occur within a few hours or days. In addition, feelings of numbness commonly increase until the negative thoughts emerge and trigger her to do self-harm.

2.2. *Research Design*

This single case study was conducted to examine the effectiveness of “brief DBT” to improve in the regulation of emotion ability and reduce self-harm or suicidal ideation. The effectiveness of the intervention is measured by changing client’s emotions and decreasing suicidal ideation. “Emotional journal” was used to monitor changes in the client’s emotions.

intervention can improve the ability to regulate emotions in order to efficiently reduce self-harm behaviors and suicidal ideation.

Since the start of the session, the client has not done any self-harm behaviors; therefore, self-harm is not measured specifically using an instrument. In each session, the client is asked about her self-harm behavior.

The pre- to post-test design was used to calculate the effectiveness of this intervention in reducing suicidal ideation. The questionnaire of the suicidal ideation scale was provided to the client at pre- and post-intervention. The pre- and post-tests were compared for the quantitative assessment. Additional qualitative measurements were performed through a behavioral observation and an interview with the client during each session.

2.3. *Measurements*

Emotional dysregulation is a process by incorporating multiple interactive components, but not as an end-state (Carpenter and Trull, 2012). Therefore, the “emotion journal” was used to monitor changes of the client’s emotions. The client was asked to write down her emotions every day and rate the scale of each of those emotions. The “emotion journal” was used to identify changes of the client’s emotions in a day and from day-to-day outside the session. The client can also see her progress and become aware of her emotional changes.

The measuring instrument used to measure suicidal ideation of the client is scale of suicidal ideation (SSI) (Beck, Kovacs, and Weissman, 1979). SSI is

developed to measure the intensity of suicidal intentions consciously by scaling various mental dimensions or self-destructive desires. Each item consists of three alternative statements that are scored in an intensity score of 0 to 2. The total score is calculated by adding the score of each item. The total score range is 0–38. A score of ≥ 6 was used as a cutoff threshold for a clinically significant suicidal ideation (Holi, Pelkonen, Karlsson, Kiviruusu, Ruuttu, Heilä, Tuisku & Marttunen, 2005). The items in this instrument are used to assess the extent which suicidal ideation and attitudes of clients to deal with them; the level of desire to die, desire to commit suicide, and details of the plan. Moreover, if any, the internal prevention of active efforts and feelings of subjective control and/or “courage” to carry out suicidal attempts.

Qualitative measurements were obtained through observation and interview sessions. During each session,

the client was asked about her self-harm behaviors and how she feels during the break between sessions and benefits she gained from each session. The primary aim was to determine the client’s emotions, emotional changes that occur, and how the client managed her emotions during the break between sessions. The therapist also took notes on observation results related to changes in the client behavior for each session.

2.4. Procedure

The module used in this intervention was adapted from Dijk (2012). The intervention consisted of six sessions. Each client session begins with an assessment through observation and interviews. The objectives and description of the activities in each session are presented in Table 1.

Table 1. Objectives and description of each session

Session	Objective	Description
1	<ul style="list-style-type: none"> The client understands the intervention that she will follow, namely, Dialectical Behavioral Therapy (DBT) Client understands what mindfulness is 	<ul style="list-style-type: none"> Explanation about dialectical behavioral therapy (DBT) Pre-test (Filling out Scale of Suicidal Ideation Questionnaire) Introduce and teach about mindfulness techniques
2	Clients can be mindful of their thoughts and feelings, so that: she can realize about her negative thoughts, improve her emotional regulation, and control the behavior that arises due to her negative thoughts	<ul style="list-style-type: none"> Identify thoughts, feelings, and behaviors that often arise Accept all thoughts, feelings, and behaviors that arise in the current situation with mindfulness techniques
3-4	The client can perform distress tolerance	<ul style="list-style-type: none"> Identify problematic behavior Train the techniques to fight and handle the urge to initiate problematic behaviors Find the right coping mechanisms for clients
5	The client can recognize her emotions and	<ul style="list-style-type: none"> Recognize the emotions that are felt

	regulate these emotions well	<ul style="list-style-type: none"> • Use mindfulness to reduce negative or painful emotions • Accept the reality as a whole • Increase positive emotions (enhance positive experiences)
6	Clients can enhance effective interpersonal skills	<ul style="list-style-type: none"> • Determine social support • Improve her current interpersonal relationships • Post-test (Filling out Scale of Suicidal Ideation Questionnaire) • Termination

During the first session, the therapist opened an intervention session by asking the client to sign an informed consent sheet and fill out the pre-test. The therapist then explained DBT interventions and outlined activities designed per session. Afterward, the therapist and client together used a two-column technique to make a list of the client’s strengths and weaknesses. This activity aims to allow the client know herself, before starting the DBT intervention session. In this activity, she had difficulty identifying her strengths and focused more on making a list of her weaknesses. The activity then continued by explaining the mindfulness technique using the analogy of “monkey mind and puppies.” The therapist then trained the client and made her practice the mindfulness technique, began with breath counting, captured the surrounding sounds, and observed her thoughts in the river stream. The first session ended with the provision of independent home task where the client was asked to make a list of her strengths and practice mindfulness of the activities that she does every day.

The second session began by discussing the current emotions and those experienced during the past week. The activity continued with the discussion of independent home tasks. The client stated

that she still had difficulty listing her strengths. According to her, she has no strengths. She then took the initiative to ask the opinion of her friends regarding her strengths and weaknesses. In general, her friends said that her strengths are caring, helpful, and always look cheerful and her weaknesses are to always harbor her own problems by herself and sometimes do bad things under pressure. The client countered that she did not expect her friends to consider her as a caring and helpful person. She said that she was happy with the positive feedbacks from her friends.

The next activity was to start identifying thoughts and feelings that arose using mindfulness techniques, especially negative thoughts and feelings. The client was asked to observe the thoughts that arose to accept them without judgment. After the thought arose, the client was asked to identify what feelings were followed. The client was also asked to identify what behaviors were carried out when these things occurred. The client, by any chance, felt discomfort during this activity; therefore, the therapist finally began to train her progressive relaxation techniques. The therapist explained that this technique can be carried out every time the client starts to feel discomfort or

depressed. The session ended by giving the client an independent home task, which the client was asked to create an emotional journal and try to practice mindfulness techniques independently against her thoughts. She can also practice progressive relaxation techniques every time she feels discomfort or depressed.

The third session was started by discussing the client's emotions at that time and emotions during the past week. Based on the client's emotional journal, she had emotional instability during this period. In the morning, the client's emotions are sometimes numbness or tend to be negative, which could last all day or until the next day. She also claimed that her emotions were often negative because her partner had gone out of town for several days. However, her emotions turned back positive when he returned to Jakarta where they met. During the session, the client's emotions were also quite positive. She also stated that in the past week her thoughts of suicide had increased, especially when her partner was out of town.

The therapist then started asking the client to identify how the suicidal thoughts occur. Then together, both therapist and client identify the advantages and disadvantages of the emergence of suicidal ideation as well as suicidal acts. Then the therapist used the RESISTT technique (reframe, mindfully engage in activity, do something for someone else, intense sensation, shut it out, think neutral thoughts, and take a break) to reduce suicidal ideation and fight the urge to commit suicidal behaviors. The session ended by giving the client an independent home task, i.e., to continue the emotional journal, practice the RESISTT technique,

and look for activities that could increase her mood every time she feels depressed or when the thoughts of suicidal arise.

The fourth session began by discussing emotional journals for the past week. The client had been increasingly aware of emotions by herself and emotional changes that had occurred. After the discussion regarding emotions, the next activity was to create plans that could regulate or reduce suicidal ideation. The session ended by giving the client an independent home task and asking her to explore other positive activities that can improve mood, especially in stressful situations.

The fifth session began with a re-discussion of emotions felt during the past week. The client stated that her negative emotions diminished during this period. Then, the client was asked to recognize emotions that emerged when any certain negative thoughts (automatic thought) arise. In the next activity, through mindfulness technique, the client was asked to implement this technique against negative emotions so that the client could accept and not decide the emotions and to herself. After the client became successfully mindful toward her negative emotions, she was asked to start thinking about things or pleasant experiences that can trigger positive emotions. Then, she was asked to implement mindful techniques on the positive emotions she feels, so that she can enjoy these emotions more. The activity was continued by enhancing her positive experiences by determining fun activities that can be performed especially when under a stressful situation, determining her goal setting and steps she can take to achieve the goal. The session ended by giving the client an independent home task, i.e., to

start doing activities she considered enjoyable and to begin taking steps closer to achieve the set goal.

The last session began with a re-discussion of emotions felt during the past week. The client stated that her emotions were more positive compared to previous weeks. The activity then continued by discussing independent home tasks. Next, she was asked to make a list of people who she considered to provide social support, and how are her relationships with these people. This time, she made the list surprisingly fast. The client stated that the current social support consists of her partner, brother, and sister. She also reported that these people are crucially important in her life and that they always pay attention to her. Even so, she stated that she often feels upset and contented

3. RESULTS

The improvement in emotional regulation ability was assessed using an emotion journal to identify changes of the client's emotions and each emotional scale. The client's "emotion journal" showed that her emotions became positive. If she experienced negative emotion, she can effectively regulate them on her own; therefore, the negative emotion did not last long. The effectiveness of intervention to reduce suicidal ideation was seen from the SSI score. A score of ≥ 6 was used as a cutoff threshold for a clinically significant suicidal ideation (Holi et al, 2005). These results were obtained using quantitative techniques to measure suicidal ideation at pre- and post-intervention and then results were compared. Based on the SSI score, the client's pre-test and post-test scores are 17 and 4 points, respectively. The score decreased by 13 points at post-

toward them because she thinks that they do not understand about her condition. Usually if she gets upset and had an argument with them, she goes out alone until they start to search for her whereabouts and pay the attention back to her. However, she realized that this method was not effective in solving problems with her social support. The therapist then trained her to become more assertive in communicating her feelings so that she can express herself whenever she feels upset with her social support system. Assertive communication can also help the client maintain and improve the quality of her relationships with the social support. The session was ended by giving a post-test and termination instructions.

intervention; therefore, she was no longer classified as clinically significant for suicidal ideation, with the score of < 6 points.

In addition, qualitative measurements were made through observation and interview sessions. Based on observation, before starting the intervention, the client showed a quick change of emotions. In the first session, the client was observed with a flat affect. However, in the next session, she had confirmed her appointment the day before. However, she cancelled her appointment on the day, because she did not want to meet other people. Cognitively, she was observed to be confused several times when conveying her thoughts or ideas. She also seemed exaggerated when she was telling the events in her life. After the intervention, based on her emotion journal, she was able to successfully regulate her negative

emotions better, and experienced more positive emotions. In the next sessions, the client looked more cheerful and smiled more. She was also more focused and showed a more positive outlook and thoughts about her future.

Specifically, in the first session, the client was not able to speak about herself, especially when asked about her strengths. Nevertheless, she could follow and practice the mindfulness techniques. In the second session, she began to realize her strengths and weaknesses based on the results of her friends' evaluation. She was also happy that her friends considered her as a good and cheerful person. Previously, she thought that they saw her in a bad way. When applying mindfulness technique in observing negative thoughts, she experienced difficulties. She was trapped in her own negative thoughts and felt discomfort. After practicing progressive relaxation, the client could reduce the discomfort.

In the third session, through an independent home task, the client began to accept her negative thoughts through mindfulness technique and not get caught up in her negative thoughts. She also recognized the problematic suicidal ideation. She realized several things that triggered her suicidal ideation that when the thoughts arose, she tended to overthink about it constantly and was immersed back to it. According to the client, the suicidal ideation arises whenever she has negative thoughts about herself and feels lonely. Sometimes when she is upset with partner or siblings, she will go out alone and at that time the negative and suicidal ideation occurs. All this time, she realized that she did not have the right coping mechanism to overcome her suicidal ideation and self-

harm behavior. She stopped doing self-harm in order to fulfill her partner's request, and this had worsened her suicidal ideation.

In the fourth meeting, the client more recognized and realized changes in emotions she felt during the past week, especially her negative emotions. After doing an independent home task, the client realized that one thing that can immediately calm her or improve her mood whenever she feels down is by meeting her partner. She began to realize that she was quite dependent on her partner; however, she also realized that he could not always be there for her. Therefore, she tried to find other activities to distract herself so that she did not give in to negative thoughts and suicidal ideation, as well as improving her mood. The client said that she likes to draw; however, she thought that drawing is not always effective in improving her mood. She stated that she would try to explore other activities that would make her happy. She also realized that when suicidal ideation arose, she would try to communicate with her partner or sibling, so that she will not be alone and immersed in negative thoughts and emotions.

Since the fourth meeting, the client had been aware of the emotions felt, especially negative ones. On the fifth meeting, through mindfulness technique, the client began to be able to accept her negative emotions and enjoyed her positive emotions more than ever. In this session, she also realized several activities that can boost his mood or make him happy are playing with cats and knitting. According to her, these activities can distract her from negative thoughts and feelings of loneliness; therefore, suicidal ideation had

been reduced. In addition, playing with cats and knitting could also increase her positive emotions, in this matter was happiness. After discussing activities that can increase positive emotions, it continued with setting a goal. She stated her goal setting which was to graduate from college on time with the best grades and get a decent job with a reasonable salary. She had also been able to make steps that can be done to achieve her goals.

On the last meeting, the client was asked to determine her social support. According to the client, her current social support is her partner, her brother and her sister. She felt that these people were individuals who care about her, and they are important people in her life. She also realized the importance of maintaining relationships with her social support. She realized assertive communication was one way to improve the relationships. When trained and asked to practice assertive communication, the client knew about what needs to be done, but she stated that in reality it might be difficult. However, the client stated that she would try to implement assertive communication to maintain relationships with her surroundings. the last session, the client also stated that she had realized that at that time she had stopped doing self-harm because of she really wanted to stop the behavior. She also stated that for almost a month her suicidal ideation had diminished greatly and sometimes it did not appear at all. She did not even think about any of suicidal attempts. The client mentioned a better control of her negative emotions and was able to feel more positive emotions. Currently, she wants to be more focus on pursuing her life goals.

4. DISCUSSION

Mindfulness is used to allow self-aware by accepting her own thoughts and emotions, especially negative emotions. Progressive relaxation technique is used to establish a more relaxed ambiance whenever she feels under pressure or discomfort. Initially the client was not able to recognize and accept her negative thoughts, causing her discomfort feeling. When discomfort arises, she can reduce the discomfort by implementing progressive relaxation techniques. The client states that progressive relaxation makes her more relaxed. Therefore, she begins to accept negative thoughts at the third meeting. At the fifth meeting, she can realize and accept negative emotions.

Neacsiu, Rizli, and Linehan (2010) reveals that the brief DBT introduces new behavioral skills to help clients regulate their emotion better, leading to positive outcomes, such as adaptive behavior. There are three dimensions of emotion regulation in DBT. First, be aware and accept emotional experience. Second, develop skills to tolerate distress. Finally, change negative emotions through learning new experiences (McMain, Korman, and Dimeff, 2001). In this intervention, the client is taught and encouraged to realize and accept negative thoughts and emotions through the mindfulness technique. Progressive relaxation technique is taught to help her relax and accept her negative emotions.

The client can also find the right coping mechanism when facing stressful situations and suicidal ideation occurs, such as distracting herself with positive activities and communicating with her surroundings. She is also encouraged to bring up positive emotions through positive experiences, such as being aware of the positive side of herself, carrying out

positive activities she likes, and establishing a relationship with the support system. In this intervention, by accepting negative emotions and having the right coping mechanism, she can manage her emotions better. In addition, the client can bring up positive emotions, so that adaptive behaviors occur, such as by stopping the self-harm, regressing suicidal ideation, and focusing more on achieving goals.

Quantitatively, the effectiveness of this intervention is demonstrated by a decreased score in suicidal ideation until it reaches below the threshold of the clinically significant suicidal ideation score. The comparison of the pre-test and post-test shows that the score has decreased by 13 points (17 at the pre-test and 4 at the post-test). This study has several limitations. First, other measuring instruments could have been used to measure the client's maladaptive behavior, such as to measure the intensity of self-harm behavior. Second, follow-up measurements were not conducted several weeks after the last session, which may result in permanent psychological changes

that are still unknown in this study.

5. CONCLUSION

Based on interviews and observation, the implementation of brief DBT interventions can reduce the problem of client's emotional dysregulation by becoming aware of her emotions, and accepting and managing her emotions well and not dominated by negative emotions. In addition, she shows decreased problematic behaviors, such as self-harm and suicidal ideation. This condition is in line with decreased suicidal ideation. Her SSI score has also decreased by 13 points on the post-test. After the session, the client reports that she became more aware of her potentials and positive things. She also can bring up positive emotions and now more focused in achieving her goals.

Further research should be conducted to determine follow-up measurements on the effects of long-term interventions. In addition, further research is required to assess the effectiveness of full DBT sessions to improve emotional regulation and reduce maladaptive behaviors.

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