

EFFECTIVENESS OF DIALECTICAL BEHAVIOR THERAPY (DBT) IN DEALING WITH SUICIDE ATTEMPTS

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ABSTRACT

Suicide attempts are a parameter of the signs of someone wanting to suicide. One of the causes of individuals attempting suicide is psychological problems, one of which is borderline personality disorder. One intervention that can be used in dealing with suicide attempts in patients is dialectical behavior therapy (DBT). Researchers found inconsistencies in the effectiveness of DBT in dealing with suicide attempts. This made the researchers test the effect size of DBT interventions on suicide attempts using the meta-analysis method, so the purpose of this study was to increase statistical power in the analysis of dialectical behavior therapy (DBT) on suicide attempts. The results of this study showed that the effect of DBT intervention in dealing with suicide attempts was in the low category, -0.141. Several causes of low effect size have been explained in this study, one of which is the influence of variables outside the study that cannot be controlled (noise), thus causing a low effect size. The implication of this study is that insufficiently specific participant criteria can affect DBT interventions in dealing with suicide attempt behavior.

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INTRODUCTIONS

The World Health Organization (WHO) shows that suicide is the fourth largest cause of death worldwide in 2019 in people aged 15-29 years. In Indonesia itself, based on data from the Indonesian National Suicide Prevention Strategy (INASP), suicide attempts reported in 2018 reached 6000, while the estimated suicide attempt was 24300-72000 (Onie, S., et al., 2023). On March 2, 2023, Indonesia was shocked by the news that an 11-year-old child was found dead by hanging himself at his home (CNN Indonesia, 2023).

Suicidal behavior always begins with thinking about death and/or the idea of committing suicide that is often unconscious. Suicidal *attempts* are behaviors that precede real suicide and have the highest risk of occurring (Martin, et al., 2018). McCauley, et al., (2018) define suicide attempts as a parameter of the signs of a person wanting to commit suicide. One of the causes of individuals attempting suicide is psychological problems in the form of symptoms of depression and delusions (Hegerl, 2016), *mood disorders*, *substance abuse disorders*, schizophrenia and personality disorders (McKeon, 2022).

One of the interventions that can be used in dealing with suicide attempts is dialectical behavior therapy (DBT) (DeCou, et al., 2019). Linehan (the creator of DBT) stated that DBT is a behavioral therapy to deal with suicidal behavior (Spiegler, et al., 2010). DBT is a therapy that involves integrating 2 opposing individual needs. DBT focuses on individuals who experience suicidal tendencies being able to accept who they are and change their way of life (Spiegler, et al., 2010). DBT consists of 2 main treatments, namely validation/acceptance strategy and problem-solving/change strategy (Spiegler, et al., 2010). In the study of Decker, et al. (2019) it was explained that DBT is a complex treatment consisting of, individual psychotherapy; DBT-skills group focuses on teaching skills for emotion regulation; phone coaching; case management; and supervised therapists (Decker, et al., 2019).

Research by Koons, et al. (2001) shows that DBT can reduce suicidal thoughts better than treatment as usual (TAU) usually performed on clients. Based on research conducted by DeCou, et al. (2019) showed that DBT did not have a significant influence on suicidal ideation. In 2020, the results of a study from Berk, et al. (2020) showed that DBT can significantly reduce suicide attempt attempts. Based on several previous studies, it shows that there is an inconsistency of DBT results in the handling of suicide attempts. Therefore, one alternative that can be used to look at the effect size of DBT on the handling of suicide attempts is to use meta-analysis.

Meta-Analysis is a statistical method for combining and analyzing data from several independent studies that have similar research questions. In Psychology, meta-analysis is used to analyze psychological interventions by comparing and having treatments for psychological problems, such as obsessive-compulsive disorder, impulsivity disorder, bulimia nervosa, depression, phobias, and panic disorder, etc. (Borenstein, et al., 2021). The purpose of the meta-analysis in this study was to accurately and reliably produce the effect size of DBT treatment on suicide attempts obtained from each individual study that was given intervention.

The effect size in the study was the result of measuring the impact of the intervention between the control group and the experimental group. In the world of medicine, usually effect size refers to the effect of treatment (Borenstein, et al., 2021).

The purpose of this study is to increase the statistical power in the analysis of dialectical behavior therapy (DBT) on suicide attempts.

RESEARCH METHODS

This study uses a meta-analysis that aims to determine the *effect size* of DBT on the handling of *suicide attempts*. The meta-analysis of this study follows the flow that has been provided by the *Preferred Reporting Items for Systematic Reviews and Meta-Analyses* (PRISMA) in 2020 so that the research can be more systematic.

In this study, there are also inclusion and exclusion criteria from the selection of journal articles. The following are the inclusion criteria from this study:

1. Peer-reviewed journal. English/ Indonesian
2. Have an equivalent intervention using the same basic theory
3. Diagnostics using DSM V
4. Using randomized controlled trial
5. Using a suicidal ideation questionnaire (SIQ) or equivalent can measure suicide attempts.

6. The search technique used the keywords dialectical behavior therapy (DBT) and suicide and used the google scholar database.

The following are the exclusion criteria for this study:

1. Research that does not fully mention N (number of members); SD; and Mean on KE and KK.
2. The study had a control group other than using treatment as usual (TAU).

The meta-analysis in this study used Hedge's G in Jmovi. To see the effect size of this study, the data used from the research article were in the form of N (number of members), mean and standard deviation (SD) of the control group (KK) and the experimental group (KE). The effect size results are divided into 3 categories, namely if the effect size is 0.2 (small); 0.5 (medium); and 0.8 (wide) (Cooper, et al., 2019).

Heterogeneity is the significant variation of the study results used in the meta-analysis. In Jmovi, what is seen is I2 which if the result is >75% using a random effect model and if the result is below 75%, using a fixed effect model.

Random effects modeling is a technique of meta-analysis for the results of studies that have heterogeneity. Fixed effect modeling is a technique of meta-analysis for homogeneous study results (Borenstein, et al., 2019).

In the results of the meta-analysis, there is also publication bias. Publication bias is a bias that occurs due to uneven selection or distribution of research results. To detect on Jmovi use Egger's Regression and use a plot funnel chart.

RESULT AND DISCUSSION

Table 1. Previous research

Researchers	Country	Intervention	Measuring Instruments	Participants
(Da~ et al., 2001)	Duke University	KK□ 8 received treatment as usual (TAU) in the form of participating in psychoeducation in groups KE□ 11 people received DBT in the form of individual therapy, group skill training, and consultation with therapists	BSS (Beck Scale for Suicide Ideation)	It consisted of 19 female participants aged 21-46 years who met the DSM-III criteria for BPD, with 75% of the participants having experience of parasuicide and 40% of the participants exhibiting parasuicidal behavior during the past 6 months. 60% of the participants experienced sexual violence before the age of 13, 85% were victims of abuse as adults, and others.

(Katz et al., 2004)	Canada	<p>KK □ 27 participants received treatment as usual (TAU) in the form of once a week receiving psychodynamic psychotherapy groups, individual psychodynamic psychotherapy, and psychodynamic oriented psychotherapy</p> <p>KE □ 26 participants received DBT in the form of individual DBT psychotherapy, DBT skills training,</p>	Suicidal Ideation Questionnaire (SIQ-Jr)	53 participants aged 14-17 years, experienced suicide attempts or had suicidal thoughts
	Netherlands	<p>KK □ 31 participants received treatment as usual (TAU) in the form of 1) treatment centres; 2) Psychiatric Services</p> <p>KE □ 27 participants received DBT in the form of 1) individual cognitive-behavioural psychotherapy; 2) skills training in groups; 3) supervision and consultation meetings with therapists.</p>	Lifetime Parasuicide Count (LPC)	58 female participants aged 18-65 years and met the BPD criteria in the DSM-IV Axis-II
(Pasieczny & Connor, 2011)	Australia	<p>KK □ 41 partisipan menerima treatment as usual (TAU) berupa engagement, ongoing assessment, planning, linking with community resources, consultation with carers, assistance expanding social networks, collaboration with medical staff, advocacy, individual counseling, living skills training, psycho education and crisis management.</p> <p>KE □ participants received DBT in the form of individual psychotherapy, group skills training, phone coaching, and weekly consultations</p>	BSS (Beck Suicide Scale)	Participants consisted of 81 people in the age range of 18-58 years with inclusion criteria that met the DSM-IV criteria for borderline personality disorder.

(Pistorello et al., 2012)		<p>KK□ 32 participants received O-TAU (optimized treatment as usual) in the form of 1) individual therapy; 2) group therapy; 3) group supervision with therapists; 4) Consultation sessions as needed & 5) Family intervention according to the needs of the participants</p> <p>KE□ 31 participants received DBT in the form of 1) individual psychotherapy; 2) group skills training; 3) coaching sessions when needed by participants; 4) group supervision/consultation with therapists; & 5) family intervention as needed.</p>	SBQ-23 (Suicidal Behaviors Questionnaire (SBQ; Linehan, 1981)	63 participants with an age range of 18-25 years who met the criteria of meeting the criteria of meeting the criteria of BDI-II or performing at least one NSSI/suicide attempt, or meeting 3/ more BPD criteria based on the DSM-IV axis II
(Mehlum et al., 2014)	Norway	<p>KK□ 27 participants received enhanced usual care (EUC) in the form of 19 weeks receiving treatment individually. EUC combines psychodynamics with CBT</p> <p>KE□ 29 received DBT for adolescents (DBT-A) in the form of individual therapy, multifamily skills training and family therapy, and telephone coaching</p>	SIQ-Jr (suicidal Ideation Questionnaire)	56 participants aged about 12-18 years showed self-harm behaviors (suicide attempts & NSSI). The inclusion criteria are 1) for 2 episodes experiencing self-harm; 2) 1 behavior for 16 weeks; or 3) meet the 2 criteria of BPD in the DSM-IV
(Goldstein et al., 2015)	Ohio, USA	<p>KK□ 6 participants received treatment as usual (TAU) in the form of electric psychotherapy in the form of psychoeducation</p> <p>KE□ 14 participants received DBT in the form of individual DBT therapy and family skills training sessions</p>	SIQ (Suicidal Ideation Questionnaire)	20 participants aged 12-18 years, meeting the criteria of non-specific bipolar I, bipolar II, or bipolar bipolar in the DSM-IV; have maniac, depression or both for 3 months

(Asarnow, et al., 2017)	LA, USA	<p>KK □ 22 participants received Enhanced-TAU in the form of 1) in-clinic parenting sessions; 2) psychoeducation</p> <p>KE □ 20 participants received SAFETY (Safe Alternatives for Teens and Youths) in the form of family-centered treatment; 2) cognitive-behavioral fit analysis (CBFA); 3) treatment benefits. SAFETY is based on CBT, DBT and a family approach</p>	The Columbia-Suicide Severity Rating Scale (C-SSRS)	42 participants aged 11-18 years with the criteria of experiencing suicide attempts and recurrent NSSI for 3 months
(Navarro-Haro, et al., 2018)	Spain	<p>KK □ 45 participants received TAU in the form of 1) individual therapy using CBT strategies; 2) Group sessions</p> <p>KE □ 64 participants received DBT in the form of 1) individual psychotherapy; 2) skills training; 3) phone calls; 4) Consulting Team</p>	Global Assessment of Functioning Scale (GAF)	109 participants who were 18 years of age or older and met the BPD criteria based on the DSM-IV Axis-II
(Mehlum et al., 2019)	Norway	<p>KK □ 38 Enhanced Usual Care (EUC) participants received individual (psychodynamic) treatment sessions per week</p> <p>KE □ 39 participants received DBT-A (adolescent) in the form of</p>	Suicidal ideation (SIQ-Jr)	77 participants who had experienced self-harm and at least 2 BPD criteria based on DSM-IV
(Tebbet-Mock, et al., 2020)	USA	<p>KK □ 376 participants received treatment as usual (TAU) in the form of</p> <p>KE □ 425 participants received DBT in the form of</p>	For each patient, nursing staff routinely documents in electronic medical records incidents of suicide attempts, NSSI, patient-to-patient aggression, patient-officer aggression; constant observation hours for indications of suicide, self-injurious behavior, and aggression; restraints; and seclusions that occur while hospitalized. The health system's Quality Management team calculates the total number of each patient and assigns these variables per	801 participants aged 12-17 years who were hospitalized

		patient as part of the data extraction.		
(Tebbet-Mock, et al., 2020)	USA	KK□ 376 participants received treatment as usual (TAU) in the form of KE□393 participants received DBT group 2 in the form of	For each patient, nursing staff routinely documents in electronic medical records incidents of suicide attempts, NSSI, patient-to-patient aggression, patient-officer aggression; constant observation hours for indications of suicide, self-injurious behavior, and aggression; restraints; and seclusions that occur while hospitalized. The health system's Quality Management team calculates the total number of each patient and assigns these variables per patient as part of the data extraction.	769 participants aged 12-17 years who were hospitalized
(Oppenauer, et al., 2023)		KK□ 66 participants received TAU in the form of KE□ 22 participants received DBT-PTSD in the form of	The Patient Health Questionnaire-9 (PHQ-9)	88 participants

Table 1 presents several previous studies that have discussed *dialectical behavior therapy* interventions. In this study, the total number of participants measured was 2,236 people and the number of journals studied was 13 journals that discussed dialectical behavior therapy interventions that can handle or reduce suicide attempts. In some previous studies, the majority used *suicidal ideation questioner-Jr* (SIQ) as a measuring tool to measure *suicidal attempts*. The *suicidal ideation questioner-Jr* (SIQ) is a self-report measuring tool consisting of 15 items, which measures an individual's suicidal desire and behavior. The SIQ-Jr measurement uses a likert scale of 7 points, 0 (I never had such thoughts) to 6 (Almost every day). The alpha cornbach of the SIQ-Jr is 0.89 which indicates that the SIQ-Jr measuring instrument has high reliability and strength (Reynolds & Mazza, 1999). Some of the other measurement tools used are BSS (*Beck Scale for Suicide Ideation*), LPC (*Lifetime Parasuicide Count*), SBQ (*Suicidal Behaviors Questionnaire*), C-SSRS (*The Columbia-Suicide Severity Rating Scale*), GAF (*Global Assessment of Functioning Scale*) and PHQ (*Patient Health Questionnaire*).

This research follows the flow provided by the *Preferred Reporting Items for Systematic Reviews and Meta-Analyses* (PRISMA) in 2020 so that the research can be more systematic. The flow of the results of the literature study search using PRISMA 2020 can be seen through chart 1. The researcher searched online through various websites to obtain journal articles as data analyzed in this study. The website searched consisted of *google scholar* using the keywords "*dialectical behavior therapy*" and "*suicidal/ suicide*". From the search, the results of 43,900 journal articles were obtained, which were then filtered using the "experiment" feature, and 20,000 articles were obtained. A total of 18,960 articles did not use "*randomize controlled trials/ RCTs*", leaving 1,040 articles. A total of 769 articles were not selected because they did not use "*treatment as usual/ TAU*" as a comparison group. Finally, a total of 271 articles were checked one by one and as many as 258 articles did not include the mean and standard deviation of the *pre-post treatment* of the experimental group and the control group, leaving 13 articles that were used and met all criteria.

Table 1 is a summary of all research articles analyzed in this study. This research consists of 13 studies with a span of 2001-2023. All of these studies compared *dialectical behavior therapy* (DBT) interventions with *therapy*

as usual (TAU) interventions with DBT as an experimental group and TAU as a comparison group or control group in the study.

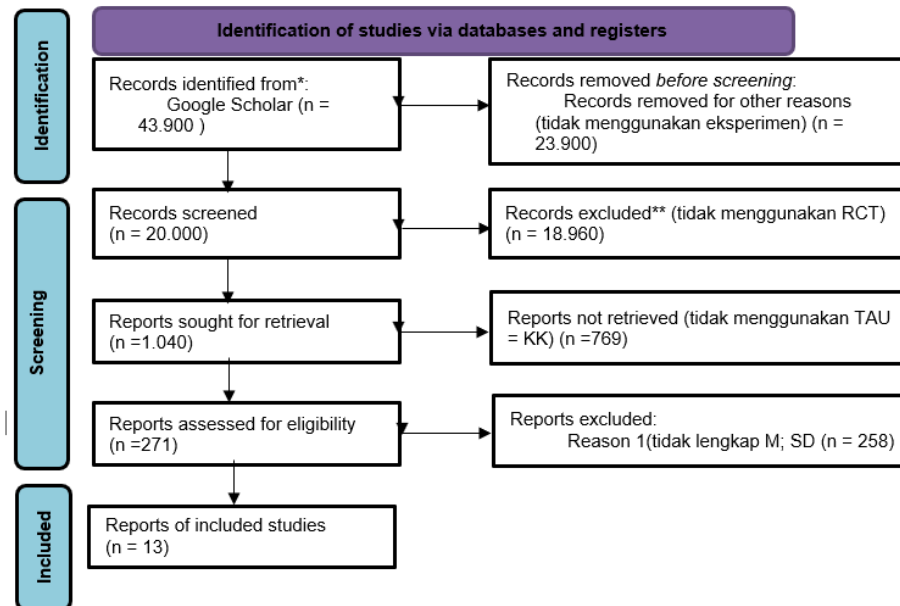


Figure 1. PRISMA 2020 Workflow Chart

Based on table 2, it can be known the *effect size* of *dialectical behavior therapy* interventions in dealing with *suicide attempts*. Hedge's value *g* is used to see the magnitude of the *effect size* in this meta-analysis. The Hedge's value *g* is seen from the Estimate column of table 2. The *effect size* value in this study was -0.141, which is less than 0.8 (*large size*). Based on these values, it shows that the effect of *dialectical behavior therapy* interventions in handling *suicide attempts* is in the low category.

Table 2. Random-Effects Model (k = 13)

	E stimate	E rself	W ith		CI Lower Bound	CI Upper Bound
I ntercept	- 0.141	.177	- 0.800	.424	-0.488	0.205

Note. Tau² Estimator: Restricted Maximum-Likelihood

Table 3 is the result of looking at samples from heterogeneous or homogeneous studies. The sample is said to be heterogeneous if the score on I² > 75% (Cooper, et al., 2019) and if the score is below 75%, it shows a homogeneous research sample. Based on table 3, the I² yield is 91.63%. This shows that the sample in this study is homogeneous.

Tabel 3. *Heterogeneity Statistics*

Tau	Tau ²	I ²	H ²	df	Q	p
0.575	0.3306 (SE= 0.1645)	91.63%	11.949	12.000	51.195	< .001

Table 4 is a table that discusses the existence of publication bias in the study or no publication bias in the study. Publication bias is a bias that occurs due to uneven selection or distribution of research results. Based on table 4, publication bias is seen in the Egger's Regression row and the p column. It is said that there is publication bias in the study if the value in the egger's regression is less than 0.05, and vice versa, if the value is more than 0.05, then there is no publication bias in the study. In this study, the p-value in the egger's regression was 0.740. This shows that there was no publication bias in this study.

Tabel 4. *Publication Bias Assessment*

Test Name	Value	p
Fail-Safe N	8.000	.002
Begg and Mazumdar Rank Correlation	.128	.590
Egger's Regression	.332	.740
Trim and Fill Number of Studies	.000	

Note. Fail-safe N Calculation Using the Rosenthal Approach

Discussion

The effect size of this meta-analysis was relatively low, which was -0.141. This shows that there is a lack of influence of dialectical behavior therapy (DBT) interventions in handling suicide attempts. This is contrary to several previous studies that have stated that DBT can reduce suicidal attempts or attempts (Da~ et al., 2001; Berk, et al., 2020). Spiegler, et al. (2009) also explained in the book Contemporary Behavior Therapy that Linehan (the creator of DBT) deliberately created a DBT intervention with the aim of treating people with borderline personality disorders, including one of the behaviors in the form of suicidal behavior. Therefore, the results of this study do not support or contradict some previous studies.

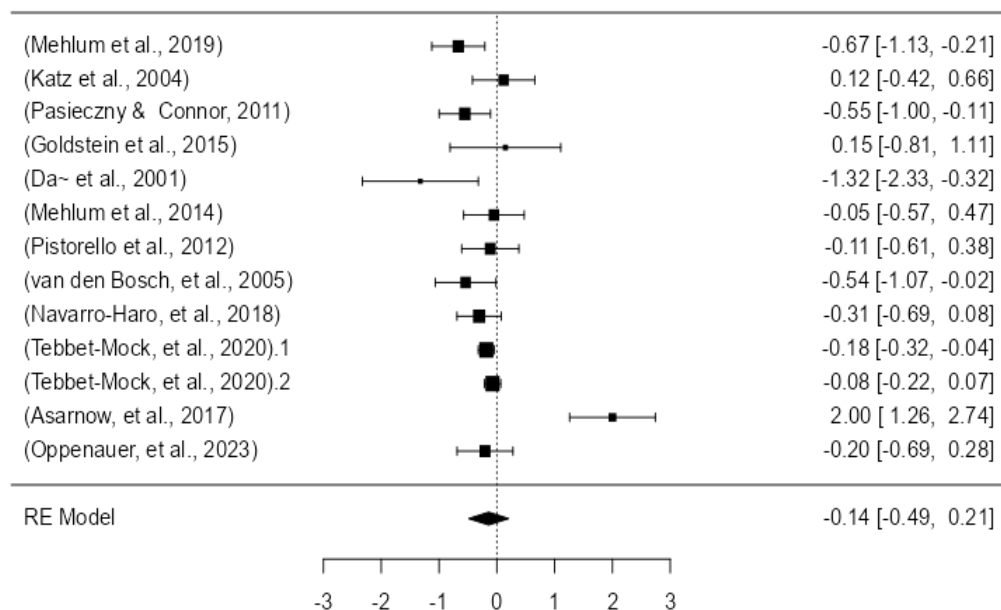


Figure 2. Forest Plot

Based on Figure 2, it shows that the effect of DBT intervention in handling suicide attempts is relatively low. This can be caused by several things, the first of which is the threat of internal validity in the intervention process so that the intervention is less measurable (Cohens, J). The second is the influence of variables outside the study that cannot be controlled (noise) that cause the study to produce a low effect size (Cohens, J).

From the image, the highest research effect size is a study conducted by Asarnow, et al. (2017) with an effect size value of 2.00 with a *confidence level* of 95% and a *g score* range between 1.26 to 2.74. The cause of the study has a large *effect size* due to the form of intervention being family-centered and the implementation of DBT in the study combined with CBT so as to provide more optimal results in reducing suicide attempts in individuals. The study also focused only on adolescents with a total of 42 participants so that the implementation of family-centered was more effective.

Another study that has a large effect size is the study of Da~ et al., (2001). The effect size value in the study was (-)1.32 with a *g score* range between -2.33 to -0.32. The cause of the study having a large effect size value is because the study only focused on adult female veteran subjects as many as 20 people who experienced trauma and had attempted suicide. The implementation of DBT in the study was carried out for 6 months and behavioral targets were compiled based on priority order. The main behavioral targets targeted by DBT are suicidal behaviors, the second is excessive disobedience or anger behavior, etc., the last behavioral target is other behaviors that interfere with quality of life. DBT is carried out by dividing the intervention into 3 methods, namely (1) individual therapy; (2) group skills training; and (3) is a consultation with a therapist. The study also involved 10 helpers. All helpers before the intervention process were given training for 10 days and were required to practice for 6 months. Some of the above explanations may be the reason why the study (Da~ et al., 2001) has a large effect size.

From the 2 studies above, it can be concluded that the cause of the effect size of DBT in reducing suicide attempt behavior is the small number of subjects and specific subject criteria. In line with the theory put forward by Linehan that DBT was created to treat borderline personality disorder or people who make suicide attempts. DBT can reduce an individual's desire to attempt suicide because the main focus of DBT is that the therapist must be able to

empathize with the individual's emotions, thoughts and actions, and then the therapist teaches the individual to replace self-harm with a more adaptive strategy in regulating his or her emotions.

The study that has the lowest effect size is the study of Mehlum et al., (2014). The low influence of DBT in handling suicide attempts can be caused by the large number of study participants, namely 77 adolescents (12-18 years). The criteria for targeted participants are quite varied and non-specific, such as adolescents who attempt suicide, adolescents who commit nonsuicidal self-harm and self-harm without a definite reason. This leads to a lack of targeted goals of DBT on behavior because the main goal of DBT is to replace non-adaptive emotional stress strategies with adaptive ones.

The implication in this study is that the variable (non-specific) participant criteria can sufficiently influence the effect size of DBT interventions in handling suicide attempts.

CONCLUSION

The conclusion of this study is that based on the *effect size* results of the meta-analysis, *dialectical behavior therapy* (DBT) is less able to overcome suicide attempts in individuals. Some of the causes found in this study are the number of participants in the study that are too large and the participant criteria are too specific or too broad. The advantage in this study is that it uses a similar control group, namely *treatment as usual* (TAU). The shortcoming in this study is in the form of the year of journal articles that are not restricted, so there are studies that are in the range of more than the last 10 years.

Suggestion

The suggestion in this study for meta-analysis with a similar theme in the future is to limit the research articles analyzed in the last 10 or 5 years. The goal is to look at the influence of DBT intervention in reducing suicide attempt behavior only in the present.

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