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The effectiveness of dialectical behavior therapy (DBT) in reducing suicide risk among psychiatric patients: A systematic review

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Abstract

Background: Suicide is a major public health concern and one of the leading causes of death globally, particularly among individuals with psychiatric disorders. Various psychotherapeutic interventions have been developed to reduce suicide risk, including Dialectical Behavior Therapy (DBT), which has shown promising results in patients with borderline personality disorder (BPD) and other psychiatric diagnoses
Purpose: To systematically review the effectiveness of DBT in reducing suicidal ideation, suicide attempts, and self-harm behaviors in adult psychiatric patients.
Method: A systematic search was conducted through PubMed, Scopus, and ClinicalKey Nursing for articles published between 2010 and 2025. Inclusion criteria encompassed randomized controlled trials and quasi-experimental studies involving DBT as the main intervention.
Results: A total of eight studies (seven RCTs and one quasi-experimental) met the criteria. The results indicate that DBT significantly reduces suicidal ideation, suicide attempts, and non-suicidal self-injury (NSSI), particularly when the skills training component is included. DBT was found to be equally or more effective than treatment as usual (TAU), cognitive behavioral therapy (CBT), and other interventions. Key factors influencing effectiveness included therapist fidelity, patient engagement, and contextual implementation.
Conclusion: This review concludes that DBT is a robust, evidence-based approach to suicide prevention in psychiatric settings and recommends its comprehensive implementation in clinical practice.

Keywords: Dialectical Behaviour Therapy; Psychiatric Disorder; Self-Harm; Suicide Prevention.

INTRODUCTION

Suicide remains a critical global public health problem and constitutes one of the leading causes of death worldwide, particularly among individuals with psychiatric disorders. According to the World Health Organization, more than 700,000 people die by suicide each year, and suicide ranks among the leading causes of mortality in individuals aged 15–29 years (World Health Organization, 2021). Patients with psychiatric disorders experience a substantially higher risk of suicidal ideation, suicide attempts, and self-harming behaviors compared to the general population, underscoring the urgent need for effective and targeted preventive interventions.

Among psychiatric conditions, borderline personality disorder (BPD) is consistently associated with chronic emotional dysregulation, interpersonal instability, and a markedly elevated risk of recurrent suicidal behavior and non-suicidal self-injury (NSSI). However, elevated suicide risk is not limited to BPD alone. Individuals with major depressive disorder, anxiety disorders, post-traumatic stress disorder, and other psychiatric diagnoses also demonstrate significant vulnerability to suicidal ideation and attempts, highlighting the need for interventions that address transdiagnostic mechanisms such as emotional dysregulation, impulsivity, and maladaptive

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coping strategies (Linehan, Korslund, Harned, Gallop, Lungu, Neacsiu, & Murray-Gregory, 2015).

Dialectical Behavior Therapy (DBT) is an evidence-based psychotherapeutic approach originally designed to treat individuals with BPD who engage in chronic suicidal and self-harming behaviors (Linehan, 1993). DBT integrates cognitive-behavioral techniques with acceptance-based strategies and comprises four core components: individual therapy, group-based skills training, telephone coaching for crisis situations, and therapist consultation teams. These components aim to enhance emotional regulation, distress tolerance, interpersonal effectiveness, and mindfulness skills, which are central to suicide prevention.

Over the past two decades, the application of DBT has expanded beyond BPD to other psychiatric populations with elevated suicide risk, including patients with mood and anxiety disorders, adolescents and young adults, as well as individuals with trauma histories. Although numerous randomized controlled trials and clinical studies have examined the effectiveness of DBT, the reported outcomes vary depending on population characteristics, intervention components, implementation fidelity, and clinical settings. In particular, inconsistencies remain regarding which DBT components are most influential, how treatment duration (e.g., 6 vs. 12 months) affects outcomes, whether DBT remains effective in resource-limited or inpatient/forensic settings and how DBT compares with other established interventions such as cognitive behavioral therapy, general psychiatric management, or collaborative approaches like the Collaborative Assessment and Management of Suicidality (CAMS).

Given the growing body of evidence and the heterogeneity of findings, a comprehensive synthesis of recent high-quality studies is warranted. Moreover, beyond simply confirming DBT's efficacy, there is a need to examine contextual and implementation-related factors such as therapist training, protocol adherence, supervision availability, and cultural adaptations that influence real world effectiveness. Therefore, this systematic review aims to critically examine the effectiveness of Dialectical Behavior Therapy in reducing suicidal ideation, suicide attempts, and non-suicidal self-injury among adult psychiatric patients, across diverse clinical settings (including outpatient, inpatient, forensic, and resource limited contexts), as well as to identify key factors influencing treatment outcomes and to evaluate secondary benefits such as treatment retention and reduced crisis service utilization.

RESEARCH METHOD

A systematic review design was employed to evaluate the effectiveness of Dialectical Behavior Therapy (DBT) in reducing suicidal risks among adult psychiatric patients. The review process was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines to ensure methodological rigor and transparency.

A systematic literature search was conducted using three electronic databases: PubMed, Scopus, and ClinicalKey Nursing. The keywords used included: “Dialectical Behavior Therapy” OR “DBT” AND ‘suicide’ OR “suicidal ideation” OR “suicide attempt” OR “self-harm” AND “psychiatric”. Boolean operators were used to narrow down the relevant search results. Studies were included if they met the following inclusion criteria: (1) published between 2010 and 2025, (2) used a randomized controlled trial (RCT) or quasi-experimental design, (3) involved adult patients with psychiatric disorders and suicide risk (suicidal ideation, suicide attempts, self-harm or non-suicidal self-injury), (4) implemented DBT as the primary intervention, and (5) reported suicide-related outcomes. Studies with qualitative designs, case reports, and non-research articles such as editorials or narrative reviews were excluded.

All retrieved articles were imported into Mendeley reference management software, and duplicate records were removed. Titles and abstracts were screened based on the eligibility criteria, followed by full-text assessment of potentially relevant articles. The study selection process is illustrated using a PRISMA flow diagram in the Results section.

The methodological quality of each study was assessed using the critical appraisal instrument from the Joanna Briggs Institute (JBI). The checklist for randomized controlled trials was applied to RCTs, while the quasi-experimental checklist was used for non-randomized studies. Only studies of moderate to high quality were included in the final synthesis.

Data were extracted using a standardized extraction form, including author and year of publication, country, purpose, study design, sample characteristics, intervention and comparison groups, outcome measures, and key findings related to suicide risk.

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Due to heterogeneity in outcome measures and intervention characteristics, data were analyzed using a narrative synthesis approach. Results were classified based on suicide outcomes (ideation, attempts, and self-harm), DBT intervention components, and comparisons with other therapies.

RESEARCH RESULTS

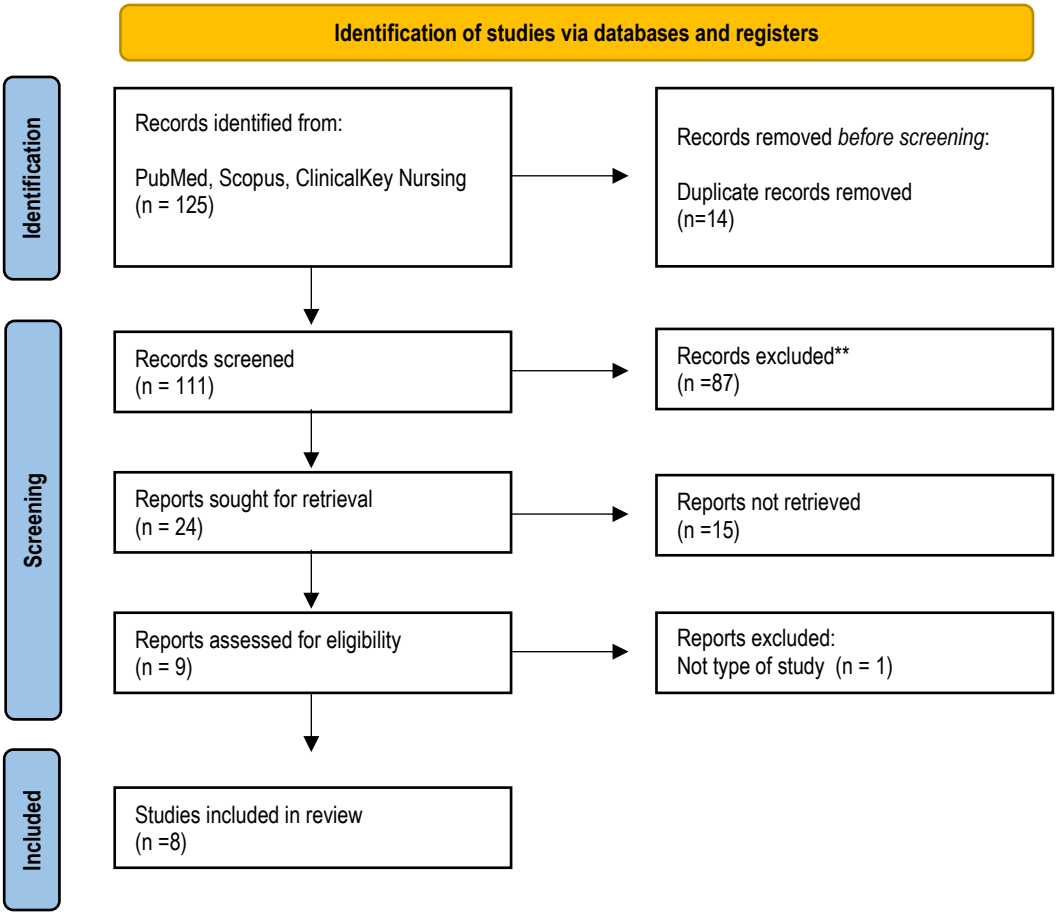

Figure PRISMA flow diagram

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Table 1. Characteristics of Included Studies

(Author, Year) (Country)	Purpose	Study Design	Population/Sample	Intervention vs Control	Main Results	Conclusion
(ElSayad & Alghatani, 2022) (Saudi Arabia)	To evaluate the effect of dialectical behavioral therapy on depressed patients' suicidal attempts and non- suicidal self-injuries	A control time-series Quasi-experimental	40 adults with Depression with a history of NSSI/suicidal	DBT vs Usual care	Decrease in suicidal ideation, suicide attempts, and NSSI	DBT is effective in reducing the risk of suicide
(Feigenbaum et al. 2012) (United Kingdom)	To evaluate the effectiveness of DBT delivered by staff with a level of training readily achievable in National Health Service care settings for individuals with a Cluster B personality disorder.	RCT	42 women with Cluster B personality disorder	DBT vs TAU	Decrease in PTSD symptoms, high dropout rate	DBT is effective despite limitations in retention
(Verheul et al. 2013) (Netherlands)	To compare the effectiveness of DBT with treatment as usual for patients with BPD and to examine the impact of baseline severity on effectiveness.	RCT	58 women with BPD	DBT vs TAU	Decrease in self-harm, better retention	DBT excels in retaining patients in therapy
(Walton et al. 2020) (Australia)	To compare DBT with the Conversational Model for treatment of borderline personality disorder in a routine clinical setting.	RCT	162 adults with BPD and suicidal/NSSI behavior	DBT vs Conversational Model (CM)	DBT better at reducing depression	DBT provides more stable clinical outcomes
(Linehan et al. 2015) (United States)	To evaluate the importance of the skills training component of DBT by comparing skills training plus case management (DBT-S), DBT individual therapy plus activities group (DBT-I), and standard DBT which includes skills training and individual therapy.	Single-blind randomized clinical trial	99 women with BPD and high suicide risk	DBT-Standar vs DBT-S vs DBT-I	Skills training important for best outcomes	Skills training components are highly influential

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(Author, Year) (Country)	Purpose	Study Design	Population/Sample	Intervention vs Control	Main Results	Conclusion
(Coyle et al. 2018) (United States)	To clarify the role of crisis-service utilization in suicide risk and to assess whether DBT's effectiveness in lowering suicide attempts is mediated by its ability to reduce psychiatric ER visits.	RCT	101 women with BPD	DBT vs Community-based treatment	Decreased use of crisis services	DBT reduces the burden on emergency services
(Afshari et al. 2022) (Iran)	To investigate the effects of cognitive behavioral therapy versus dialectical behavior therapy on executive function and reduction of symptoms in generalized anxiety disorder.	RCT	72 adults with GAD	DBT vs CBT	Improved executive function	DBT is effective for disorders other than BPD
(McMain et al. 2012) (Canada)	To evaluate posttreatment clinical outcomes in outpatients who were randomly selected to receive 1 year of either DBT or GPM for borderline personality disorder.	RCT	180 adults with BPD and suicidal/NSSI history	DBT vs GPM	Equivalent effectiveness, social functioning still low	DBT and GPM are equally effective in the long term

Table 2. Methodological Quality Assessment Results Based on the JBI Critical Appraisal Tools

Study Design	Author	Year	Total Score	Quality	Questions												
					1	2	3	4	5	6	7	8	9	10	11	12	13
RCT	Feigenbaum et al.	2012	11/13	High	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	X	✓
RCT	Verheul et al.	2003	12/13	High	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓
RCT	Walton et al.	2020	12/13	High	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓
RCT	Linehan et al.	2015	13/13	High	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
RCT	Coyle et al.	2018	11/13	High	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	X	✓
RCT	Afshari et al.	2022	10/13	Moderate	✓	✓	✓	✓	✓	X	✓	✓	✓	X	✓	X	✓
RCT	McMain et al.	2012	12/13	High	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓
Quasi-experimental	ElSayad et al.	2022	8/9	High	✓	✓	✓	✓	✓	✓	✓	X	✓				

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The systematic search conducted across PubMed, Scopus, and ClinicalKey Nursing databases identified a total of 125 records. After removing 14 duplicate articles, 111 records remained for title and abstract screening. Eighty-seven records were excluded because they did not meet the inclusion criteria. Subsequently, 24 full-text articles were assessed for eligibility, of which 16 were excluded due to ineligible study design, population mismatch, or unavailable full texts. Finally, eight studies met all inclusion criteria and were included in this systematic review.

A total of eight studies published between 2010 and 2025 were included, consisting of seven randomized controlled trials and one quasi-experimental study. The studies were conducted in various countries, including the United States, United Kingdom, Canada, the Netherlands, Australia, Iran, and Saudi Arabia. The study populations comprised adult psychiatric patients diagnosed with borderline personality disorder, major depressive disorder, generalized anxiety disorder, or mixed psychiatric conditions, all of whom exhibited suicidal ideation, suicide attempts, or non-suicidal self-injury (NSSI). Sample sizes ranged from 40 to 180 participants.

All included studies reported a reduction in suicidal ideation and suicide attempts among participants receiving Dialectical Behavior Therapy. Compared with control conditions such as treatment as usual, cognitive behavioral therapy, and other psychotherapeutic approaches, DBT demonstrated superior or comparable effectiveness in reducing suicide-related outcomes, particularly among individuals with high baseline suicide risk.

Consistent reductions in non-suicidal self-injury were observed across studies, especially among patients diagnosed with borderline personality disorder. DBT interventions that incorporated structured skills training reported greater decreases in the frequency and severity of self-harming behaviors compared with interventions emphasizing individual therapy alone.

When compared with treatment as usual, cognitive behavioral therapy, general psychiatric management, and conversational model therapy, DBT showed comparable or better clinical outcomes in reducing suicide risk. Several studies also reported improved treatment retention and decreased utilization of crisis services, such as emergency department visits and psychiatric hospitalizations, among patients receiving DBT.

The structure and fidelity of intervention delivery influenced the effectiveness of DBT. Studies that implemented comprehensive DBT programs, including skills training, individual therapy, and therapist consultation teams, demonstrated more robust clinical outcomes. Therapist training, adherence to DBT protocols, and patient engagement were identified as key factors contributing to treatment success across different clinical settings.

DISCUSSION

This systematic review provides comprehensive evidence that Dialectical Behavior Therapy (DBT) is an effective psychotherapeutic intervention for reducing suicide risk among adult psychiatric patients. Across diverse clinical settings and study designs, DBT consistently demonstrated reductions in suicidal ideation, suicide attempts, and non-suicidal self-injury (NSSI). These findings reinforce DBT's position as one of the most empirically supported interventions for individuals with chronic suicidal behaviors and severe emotional dysregulation. Patient perspectives also support this, as qualitative studies show that individuals receiving DBT report meaningful emotional and social benefits from structured group programs (Childs-Fegredo & Fellin, 2018). The individual studies included in this review, spanning diverse geographical regions and psychiatric populations, consistently reported that DBT significantly reduced suicidal ideation, suicide attempts, and non-suicidal self-injury compared to control conditions (Elsayad & Alghtani, 2022; Feigenbaum, Fonagy, Pilling, Jones, Wildgoose, & Bebbington, 2012; Verheul, Van Den Bosch, Koeter, De Ridder, Stijnen, & Van Den Brink, 2013; Walton, Bendit, Baker, Carter, & Lewin, 2020; Afshari, Jafarian Dehkordi, Asgharnejad Farid, Aramfar, Balagabri, Mohebi, & Amiri, 2022; McMain, Guimond, Streiner, Cardish, & Links, 2012).

The observed effectiveness of DBT aligns with the biosocial theory underlying its development, which conceptualizes suicidal and self-harming behaviors as maladaptive responses to emotional vulnerability combined with invalidating environments. By targeting core mechanisms such as emotional dysregulation, impulsivity, and interpersonal instability, DBT addresses fundamental processes that contribute to suicide risk across psychiatric diagnoses. This transdiagnostic relevance may explain why DBT was effective not only among patients with borderline personality disorder, but

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also among individuals with mood, anxiety, and mixed psychiatric disorders included in this review. Furthermore, DBT has shown promise when adapted for trauma populations (Michałowska & Chęć, 2024) and for adolescents with self-harm and suicidal ideation (Kothgassner, Goreis, Robinson, Huscsava, Schmahl, & Plener, 2021; Hughes, Horowitz, Ackerman, Adrian, Campo, & Bridge, 2023).

The findings of this review are consistent with prior meta-analytic evidence demonstrating that DBT significantly reduces suicidal behaviors and self-harm compared with treatment as usual and alternative psychotherapeutic approaches (DeCou & Carmel, 2020; DeCou, Comtois, & Landes, 2019). A broader meta-analysis of psychosocial interventions for psychiatric inpatients also reaffirms that structured approaches like DBT effectively reduce suicide risk and self-harm (Yiu, Rowe, & Wood, 2021). Importantly, the present review extends existing literature by synthesizing more recent studies and highlighting implementation-related factors that influence treatment outcomes. While DBT was generally superior or comparable to cognitive behavioral therapy and general psychiatric management, outcome variability across studies suggests that effectiveness is not solely dependent on treatment modality, but also on the quality and fidelity of implementation. Economic evaluations suggest that long-term DBT may be more cost-effective than brief CBT for suicide prevention among individuals with a history of suicide attempts (Acolin, 2022).

A particularly salient finding is the central role of DBT skills training in achieving optimal clinical outcomes. Studies that implemented comprehensive skills training components reported greater reductions in suicidal ideation and NSSI than those emphasizing individual therapy alone. This supports the component analysis conducted by (Linehan et al., 2015), which identified skills training as a key active ingredient of DBT. Skills training equips patients with concrete strategies to manage emotional distress, regulate intense affect, and navigate interpersonal conflicts, thereby reducing reliance on maladaptive coping behaviors such as self-harm or suicidal actions. Research from non-Western settings, including a case study in Pakistan, further confirms that DBT effectively reduces suicidal ideation and deliberate self-harm (Chaudhary & Rafiq, 2020). These findings underscore the importance of maintaining the full DBT model rather than delivering partial or modified versions without adequate skills training.

Beyond symptom reduction, several studies included in this review reported secondary benefits of DBT, such as improved treatment retention and reduced utilization of crisis services, including emergency department visits and psychiatric hospitalizations. For instance, DBT has been associated with cessation of deliberate self-harm in outpatients with borderline personality traits (Westad, Hagen, Jonsbu, & Solem, 2021) and reduced burden on emergency services (Coyle, Shaver, & Linehan, 2018). These outcomes have important implications for mental health systems, particularly in resource-limited settings where suicide-related crises place substantial strain on healthcare services. Studies from South Africa demonstrate that DBT modified for resource-limited settings still shows benefits despite implementation challenges (Steyn, Koen, & Jarvis, 2022). The ability of DBT to enhance patient engagement and reduce crisis-driven care suggests potential cost-effectiveness advantages, supporting its broader implementation within public mental health systems (Hogan & Grumet, 2016). However, accurately predicting individual suicide risk remains a clinical challenge due to limitations in existing screening instruments (Carter, Milner, McGill, Pirkis, Kapur, & Spittal, 2017).

Despite its demonstrated effectiveness, DBT outcomes were influenced by several contextual and implementation factors. Therapist training, adherence to DBT protocols, and the availability of supervision and consultation teams were consistently identified as determinants of therapeutic success. Variations in these factors across studies may partially explain differences in outcome magnitude. This highlights the need for organizational commitment and adequate infrastructure to support high-fidelity DBT implementation. Without sufficient training and supervision, the benefits of DBT may be attenuated, potentially leading to inconsistent or suboptimal outcomes. In inpatient psychiatric settings, structured prevention programs like DBT are essential given the high acute risk (Chammas, Januel, & Bouaziz, 2022), and even in forensic psychiatric hospitals, DBT demonstrates efficacy despite unique implementation challenges (Marshall, Kletzka, Kanitz, Opperman, & Rockwell, 2024). The duration of therapy also matters, with evidence suggesting that 12-month DBT may yield more sustained changes than six-month protocols (McMain, Chapman, Kuo, Guimond, Streiner, Dixon-Gordon, & Hoch, 2018). Additionally, patient expectations and perceptions of psychological therapy need to be understood to enhance treatment acceptance (Awenat,

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Peters, Gooding, Pratt, Shaw-Núñez, Harris, & Haddock, 2018). Combining DBT with collaborative approaches such as the Collaborative Assessment and Management of Suicidality (CAMS) may further optimize outcomes, as both models emphasize validation, coping skills, and protective factors (Jobes, 2023; Jobes & Rizvi, 2024; Santel, Neuner, Berg, Steuwe, Jobes, Driessen, & Beblo, 2023). Innovative formats such as digital DBT for acute suicidality in psychiatric inpatients also show promise for expanding access (Jones, Kittur, Mak, Wang, Zaheer, McMain, & Husain, 2025).

Several limitations of this systematic review should be considered when interpreting the findings. First, heterogeneity in study populations, intervention duration, outcome measures, and comparison conditions limited the feasibility of conducting a meta-analysis. Second, the majority of included studies focused on female patients with borderline personality disorder, which may restrict the generalizability of findings to male patients and other diagnostic groups. Third, most studies were conducted in high-income countries, raising questions about the applicability of DBT in low- and middle-income settings with different cultural and healthcare contexts.

Future research should aim to address these limitations by including more diverse populations, examining long-term outcomes, and exploring culturally adapted DBT models. Further randomized controlled trials comparing DBT with other evidence-based suicide prevention interventions are needed to clarify relative effectiveness and identify patient subgroups most likely to benefit. Additionally, research evaluating implementation strategies and cost-effectiveness in real-world clinical settings would provide valuable guidance for policymakers and healthcare administrators.

Overall, this systematic review provides robust evidence supporting the effectiveness of Dialectical Behavior Therapy in reducing suicide risk among adult psychiatric patients. By addressing core mechanisms of emotional dysregulation and equipping patients with adaptive coping skills, DBT offers a comprehensive and clinically meaningful approach to suicide prevention. Its successful integration into routine mental health care requires sustained investment in training, supervision, and fidelity monitoring to ensure that the full therapeutic potential of DBT is realized across diverse clinical contexts.

CONCLUSION

Dialectical Behavior Therapy (DBT) emerges as a robust, evidence-based intervention for reducing suicide risk in adult psychiatric populations, particularly those with borderline personality disorder. This review highlights DBT's consistent efficacy in lowering suicidal ideation, attempts, and self-injury, with optimal outcomes achieved through comprehensive skills training. Compared with usual care and alternative therapies, DBT demonstrates superior retention, reduced crisis service use, and favorable cost-effectiveness. Integration into suicide prevention programs, supported by structured training and adherence to protocols, is strongly recommended. Future research should assess long-term impact, cultural adaptations, and broader applicability across diverse psychiatric and healthcare settings.

REFERENCES

Acolin, J. (2022). Economic evaluation of long-term dialectical behavioral therapy versus brief cognitive behavioral therapy for suicide prevention among past attempters. *The journal of mental health policy and economics*, *25*(4), 123.

Afshari, B., Jafarian Dehkordi, F., Asgharnejad Farid, A. A., Aramfar, B., Balagabri, Z., Mohebi, M., & Amiri, P. (2022). Study of the effects of cognitive behavioral therapy versus dialectical behavior therapy on executive function and reduction of symptoms in generalized anxiety disorder. *Trends in psychiatry and psychotherapy*, *44*, e20200156.

Awenat, Y. F., Peters, S., Gooding, P. A., Pratt, D., Shaw-Núñez, E., Harris, K., & Haddock, G. (2018). A qualitative analysis of suicidal psychiatric inpatients views and expectations of psychological therapy to counter suicidal thoughts, acts and deaths. *Bmc Psychiatry*, *18*(1), 334.

Carter, G., Milner, A., McGill, K., Pirkis, J., Kapur, N., & Spittal, M. J. (2017). Predicting suicidal behaviours using clinical instruments: systematic review and meta-analysis of positive predictive values for risk scales. *The British Journal of Psychiatry*, *210*(6), 387-395.

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DOI: https://doi.org/10.33024/minh.v9i3.2148

Chammas, F., Januel, D., & Bouaziz, N. (2022). Inpatient suicide in psychiatric settings: Evaluation of current prevention measures. *Frontiers in psychiatry*, *13*, 997974.

Chaudhary, N. I., & Rafiq, M. (2020). Efficacy of Dialectical Behavior Therapy for the Management of Suicidal Ideation & Deliberate Self-Harm: A Case Study from the Clinical Population in Lahore, Pakistan. *Pakistan Journal of Medical Research*, *59*(2), 84-87.

Childs-Fegredo, J., & Fellin, L. (2018). 'Everyone should do it': Client experience of a 12-week dialectical behaviour therapy group programme–An interpretative phenomenological analysis. *Counselling and Psychotherapy Research*, *18*(3), 319-331.

Coyle, T. N., Shaver, J. A., & Linehan, M. M. (2018). On the potential for iatrogenic effects of psychiatric crisis services: The example of dialectical behavior therapy for adult women with borderline personality disorder. *Journal of consulting and clinical psychology*, *86*(2), 116.

DeCou, C. R., & Carmel, A. (2020). Efficacy of dialectical behavior therapy in the treatment of suicidal behavior. In *The Handbook of Dialectical Behavior Therapy* (pp. 97-112). Academic Press.

DeCou, C. R., Comtois, K. A., & Landes, S. J. (2019). Dialectical behavior therapy is effective for the treatment of suicidal behavior: A meta-analysis. *Behavior therapy*, *50*(1), 60-72.

Elsayad, S. M., & Alghtani, I. (2022). Effect of dialectical behavioral therapy on suicidal attempts and non-suicidal self-injury among depressed patients. *Port Said Scientific Journal of Nursing*, *9*(3), 214-243.

Feigenbaum, J. D., Fonagy, P., Pilling, S., Jones, A., Wildgoose, A., & Bebbington, P. E. (2012). A real-world study of the effectiveness of DBT in the UK National Health Service. *British Journal of Clinical Psychology*, *51*(2), 121-141.

Hogan, M. F., & Grumet, J. G. (2016). Suicide prevention: an emerging priority for health care. *Health Affairs*, *35*(6), 1084-1090.

Hughes, J. L., Horowitz, L. M., Ackerman, J. P., Adrian, M. C., Campo, J. V., & Bridge, J. A. (2023). Suicide in young people: screening, risk assessment, and intervention. *Bmj*, *381*.

Jobes, D. A. (2023). *Managing suicidal risk: A collaborative approach*. Guilford Publications.

Jobes, D. A., & Rizvi, S. L. (2024). The use of CAMS and DBT to effectively treat patients who are suicidal. *Frontiers in Psychiatry*, *15*, 1354430.

Jones, B. D., Kittur, M. E., Mak, M. S., Wang, W., Zaheer, J., McMain, S., & Husain, M. I. (2025). A Digital Dialectical Behaviour Therapy Intervention for Acute Suicidality in Psychiatric Inpatients: A Feasibility Randomised Controlled Study: Intervention numérique en thérapie comportementale dialectique en cas de suicidabilité aiguë de patients hospitalisés en psychiatrie: Étude de faisabilité contrôlée à répartition aléatoire. *The Canadian Journal of Psychiatry*, *70*(11), 856-864.

Kothgassner, O. D., Goreis, A., Robinson, K., Huscsava, M. M., Schmahl, C., & Plener, P. L. (2021). Efficacy of dialectical behavior therapy for adolescent self-harm and suicidal ideation: a systematic review and meta-analysis. *Psychological medicine*, *51*(7), 1057-1067.

Linehan, M. M., Korslund, K. E., Harned, M. S., Gallop, R. J., Lungu, A., Neacsiu, A. D., & Murray-Gregory, A. M. (2015). Dialectical behavior therapy for high suicide risk in individuals with borderline personality disorder: a randomized clinical trial and component analysis. *JAMA psychiatry*, *72*(5), 475-482.

Linehan, M. M. (1993). Cognitive-behavioral treatment of borderline personality disorder. Guilford Press. Retrieved from: https://www.guilford.com/books/Cognitive-Behavioral-Treatment-of-Borderline-Personality-Disorder/Marsha-Linehan/9780898621839

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DOI: https://doi.org/10.33024/minh.v9i3.2148

Marshall, L., Kletzka, N., Kanitz, J., Opperman, K. J., & Rockwell, J. (2024). Effectiveness of Dialectical Behavior Therapy (DBT) in a Forensic Psychiatric Hospital. *The journal of the American academy of psychiatry and the law*, *52*(2), 196-206.

McMain, S. F., Guimond, T., Streiner, D. L., Cardish, R. J., & Links, P. S. (2012). Dialectical behavior therapy compared with general psychiatric management for borderline personality disorder: clinical outcomes and functioning over a 2-year follow-up. *American Journal of Psychiatry*, *169*(6), 650-661.

McMain, S. F., Chapman, A. L., Kuo, J. R., Guimond, T., Streiner, D. L., Dixon-Gordon, K. L., & Hoch, J. S. (2018). The effectiveness of 6 versus 12-months of dialectical behaviour therapy for borderline personality disorder: the feasibility of a shorter treatment and evaluating responses (FASTER) trial protocol. *BMC psychiatry*, *18*(1), 230.

Michałowska, S. N., & Chęć, M. (2024). Dialectical behavior therapy in the treatment of trauma. *Archives of Psychiatry and Psychotherapy*, *26*(1), 26-32.

Santel, M., Neuner, F., Berg, M., Steuwe, C., Jobes, D. A., Driessen, M., & Beblo, T. (2023). The Collaborative Assessment and Management of Suicidality compared to enhanced treatment as usual for inpatients who are suicidal: A randomized controlled trial. *Frontiers in psychiatry*, *14*, 1038302.

Steyn, P. J., Koen, L., & Jarvis, L. (2022). Characteristics of inpatients in dialectical behaviour therapy modified for a resource-limited setting. *South African Journal of Psychiatry*, *28*, 1701.

Verheul, R., Van Den Bosch, L. M., Koeter, M. W., De Ridder, M. A., Stijnen, T., & Van Den Brink, W. (2013). Dialectical behaviour therapy for women with borderline personality disorder: 12-month, randomised clinical trial in The Netherlands. *The British journal of psychiatry*, *182*(2), 135-140.

Walton, C. J., Bendit, N., Baker, A. L., Carter, G. L., & Lewin, T. J. (2020). A randomised trial of dialectical behaviour therapy and the conversational model for the treatment of borderline personality disorder with recent suicidal and/or non-suicidal self-injury: An effectiveness study in an Australian public mental health service. *Australian & New Zealand Journal of Psychiatry*, *54*(10), 1020-1034.

Westad, Y. A. S., Hagen, K., Jonsbu, E., & Solem, S. (2021). Cessation of deliberate self-harm behavior in patients with borderline personality traits treated with outpatient dialectical behavior therapy. *Frontiers in psychology*, *12*, 578230.

World Health Organization. (2021). *Suicide worldwide in 2019: Global health estimates*. Retrieved from: https://www.who.int/publications/i/item/9789240026643

Yiu, H. W., Rowe, S., & Wood, L. (2021). A systematic review and meta-analysis of psychosocial interventions aiming to reduce risks of suicide and self-harm in psychiatric inpatients. *Psychiatry research*, *305*, 114175.

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