

# Brief Dialectical Behavior Therapy for a Suicidal Ideation Case: A Literature Review

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**Abstract:** The current review presents a theory-guided review of existing brief Dialectical Behavior Therapy (Brief DBT) interventions for suicidal ideation cases. The purpose of this review is to clarify suicidal problems by synthesizing and assessing empirical literature on brief DBT for suicidal ideation cases. Across the four studies that are investigated within this study, a reduction was shown in people with suicidal ideation. Suicidal ideation is the desire to commit suicide, which arises in the minds of individuals. Attempts at past suicides have allowed individuals to continue to generate suicidal ideation. Brief DBT or DBT with shorter sessions and durations, indicates a greater symptom reduction in clients with suicidal problems. The investigation was conducted through an electronic database search using Google Scholar, SagePub, Science Direct, Proquest, Springer Link, and Ebsco. Results indicated an effect from brief DBT participants across the studies. Brief DBT participants showed great improvement in psychological distress, measurements of anger, distress tolerance, mindfulness, emotion regulation, and the improvement of coping skills. Directions for future research and recommendations for clinicians are provided in an attempt to further develop the existing brief Dialectical Behavior Therapy (brief DBT) clinical research evidence base.

## 1 INTRODUCTION

Suicide is a phenomenon that has become a worldwide public problem. Each year, an estimated 800,000 people died due to suicide; this figure excludes suicide attempts (WHO, 2014, in Batterham et al., 2016). The thought of suicide, commonly referred to as suicidal ideation and suicidal behavior are complex phenomena influenced by various related factors, including personal, social, psychological, cultural, biological, and environmental personal problems (Goldston et al., 2009, in Batterham et al., 2016).

Suicide and its prevention is a public health concern that needs attention (World Health Organization, WHO 2014, in Kavalidou et al, 2016). According to the World Suicide Report from the WHO, the global standard suicide rate for 2012 is 11.4% per 100,000 people in the population, which translates to 804,000 suicide deaths annually worldwide (WHO, 2014, in Kavalidou et al., 2016). Kavalidou and his colleagues (2016) identified high-risk populations of suicide among other clinical populations who suffer from mental illness, individual groups with violence issues, groups with

problem families, homeless populations, and general social populations experiencing social stress and adverse life events.

The purpose of this review is to clarify suicidal issues by synthesizing and assessing the brief empirical literature on DBT for cases of suicidal ideas. The main goal is to test whether brief DBT produces clinically significant results as predicted by cases of suicidal ideas and brief DBT theories. The review began with a review of the DBT theoretical review of suicidal ideas. The theories relevant to the etiology of suicide ideas were presented. The existing literature on short DBT for cases of suicidal ideas was reviewed, and concept gaps and inconsistencies as well as methodological and statistical problems in the literature were highlighted.

### 1.1 Brief Dialectical Behavior Therapy (Brief DBT)

Dialectical Behavior Therapy (DBT) was first developed by Marsha M. Linehan in 1993 (Linehan, 2015). The original manual training of the DBT module was used for individuals with a high risk of

personality disorders. Skills training with DBT are effective to reduce the need for clients, as well as for handling personal problems, regulatory issues, and interpersonal issues (Linehan, 2015).

DBT skills from Linehan (2015) are widely used in mental health programs for communities, individuals living in shelters, acute care, prisons, and many other conditions. There is a wealth of data and clinical experience that show that DBT skills are effective in a variety of clinical and nonclinical populations in various places. McCay and his colleagues (2016) explain that DBT interventions are effective in reducing stress and strengthening resilience in individuals living in shelter homes. DBT and brief DBT are empirically designed to deal with serious mental health problems, such as suicide, self-harming behavior, addictive behaviors, and issues related to emotional regulation.

The main component of DBT is the theory of disorders based on a biosocial perspective. The theory suggests that: (1) problematic or irregular behavior, especially highly dysfunctional behaviors, may be a consequence of emotional dysregulation or attempts to reorganize emotions; (2) failure to adapt to playing a role in causing difficulties in regulating emotions; and (3) the general pattern, which develops as one struggles to regulate emotion; this pattern becomes an issue that must be treated. Therefore, the overall basis of DBT treatment is to teach and support emotional regulation and restore the function of organized emotions naturally (Linehan, 2015).

Linehan (2015) explains that the skills listed in the DBT module can be used according to the client's needs, considering the circumstances of the client, not required to use the overall skill in the DBT intervention manual. Differences in culture, ethnicity, nationality, socioeconomic status, and the age of clients are some of the important aspects and require a different set of skills in the application of DBT interventions.

## 1.2 Theoretical Overview of Suicidal Ideation

Beck et al. (1979, in Zhang et al., 2017) define suicidal ideation as an individual's desire to die and commit suicide. Osman and his colleagues (2014, in Zhang, 2017) explain that the shape of suicidal ideas can vary, ranging from quick thoughts to planning suicide attempts, and from attempting role play to failed suicide attempts.

People with suicidal ideation are individuals who currently have a plan to and want to commit suicide,

but have not yet committed significant or open suicide attempts. The idea of suicide logically precedes attempting suicide or realizing suicide itself. It, therefore, seems appropriate to focus on the intensity and characteristics of the idea and desire to measure suicidal intentions at this time and to predict a person's risk of suicide in the future. The idea of suicide also includes suicidal threats that have been expressed in open behavior or verbally expressed to others (Beck et al., 1979, in Jacobs et al., 2010).

Suicide includes all behaviors that seek solutions to an existential problem by experimenting on the subject's life. Corr and Nabe (2003, in Hawton & Heeringen, 2008) explain that for a death to be defined as suicide, it must be accompanied by the intention to die. Nevertheless, intentions are not easy to determine, because the intentions are very varied and can precede, for example, to get attention, take revenge, end something perceived as suffering, or end life (Hawton & Heeringen, 2008).

Successful suicide and suicide attempts have complex relationships (Maris et al., 2000, in Jacobs et al., 2010). This is due to the interaction and comorbidity between the etiologies of both behaviors. In addition, most suicidal individuals make several suicide attempts before finally succeeding. Beck (in Rossom et al., 2017) defines a suicide attempt as a situation in which a person has committed an actual or seemingly life-threatening behavior with the intention of killing him/herself, or showing such intentions, but has not resulted in death.

Suicidal ideation is part of suicidal behavior. Suicidal ideation refers to the view of the experience that life is worthless, from a fleeting thought to a real thought, or a thought about self-destruction. Suicidal ideation logically arises first from suicide attempts or completed suicide, so suicidal ideation is the right construct to focus on the intensity, spread, and characteristics of suicidal behavior and can later measure suicidal ideation as a predictor of a potential risk of suicide. Individuals with suicidal ideation are individuals who currently have plans and suicidal desires but have not clearly committed suicide in recent times (Kavalidou et al., 2017).

People with suicidal ideation find it very easy to think about death. The thought of dying and suicide is very attractive to people with suicidal ideas. Unconsciously, considering suicide is a torturous thought. Many sufferers do not realize that the idea of suicide is something that needs to be overcome; the longer it takes to overcome, the more likely it can develop into real suicide action. Suicidal

ideation can be stored for years by the sufferer, but there are also direct suicide attempts. Suicidal ideation often appears in the mind of the sufferer (Baller & Richardson, 2009).

Some literature describes risk factors for behavior related to suicide. Risk factors for suicidal ideas fall into three broad categories as follows: biological and genetic factors, psychological factors, and psychosocial factors. Individuals who have suicidal ideas often have a strong family history of suicide or serious mental illness and are more likely to show changes in brain structure and function, such as low serotonin levels and enlarged amygdala (Desai et al., 2013).

Psychiatric history, including serious mental illness, suicide attempts, suicidal ideas, and substance abuse are strong predictors of suicide attempts and the desire to die. Finally, although the mechanism is more varied, psychosocial factors and demographics such as gender, age, race, social support, and life-threatening events are also associated with the risk of suicide (Desai et al., 2013).

Research conducted by Zhang and colleagues (2010) in China, explains that the collective culture of Asian society has an influence on the risk of one's own idea of suicide, especially in women. Traditional culture and values still play a major role in providing normative standards and regulating social interaction. Women consciously or unconsciously must accept what is said to be "appropriate behavior for women" according to the norms of society. These gender issues have an impact on women's lives, including the idea of suicide (Zhang et al., 2010).

Research conducted by Griffin and Williams (2006, in Zhang et al., 2010) found that although men are more likely to actually commit suicide, women are more likely to have suicidal ideation. Watt and Sharp (2001, in Zhang et al., 2010) explain that the cause of men and women wanting to commit suicide is different. The study further explained that men want to commit suicide on the grounds of financial problems, while women feel the need to commit suicide due to social factor issues.

There are differences in patterns and suicidal tendencies between countries in the Asian region and Western countries. The sex ratio for suicides in Asia is smaller than in the West, where women tend to be more vulnerable to suicide-related behaviors. The occurrence of suicide in Asia tends to increase with age and adults are more susceptible to suicide. Unlike Western countries, the population of youth

groups shows an increase in suicide (Hawton & Heeringen, 2008).

There is evidence to suggest that mental illness, particularly depressive disorders and substance abuse, is a strong risk factor for suicide in both Eastern and Western countries. Social problems may be a stronger correlation to suicide-related behavior in some Asian countries. Very low suicide rates are found in Islamic countries. The prevalent view of suicide evident in Asia shows that they are very much dependent on people's views or community norms (Hawton & Heeringen, 2008).

### 1.3 Brief DBT for Suicidal Ideation Cases

Davidson and colleagues (2006, in Stanley et al., 2014) recommend fewer and shorter sessions for DBT intervention if the psychological problem of therapeutic focus is a suicidal problem. Handling of DBT therapy with shorter durations and sessions allows clients and therapists to focus more on the issues experienced by clients, while also minimizing the possibility of loss of commitment or therapeutic relationships between clients and therapists (Stanley et al., 2014).

Brief DBT therapy also minimizes the chaos and tension in therapeutic relationships between the client and the therapist, while the client focuses more quickly on acquiring and developing the skills gained from the therapeutic process. Therapy with short duration and sessions will make clients more likely to survive in a series of therapeutic processes and be more motivated and committed to achieving the benefits of the therapeutic process. Clients can complete recommended therapies that increase expectations for those who have had many stop experiences or premature termination of the treatment process (Stanley et al., 2014).

Research conducted by Ciesielski (2013) suggests that DBT or brief DBT therapy with short sessions and durations, indicates a greater symptom reduction in clients with suicidal problems, especially for those who are in shelters. This is partly because the short therapy suppresses a client's possible lack of commitment to the therapeutic process and has a direct impact on the idea of suicide (Ciesielski, 2013).

Carter et al. (2010, in Steffel, 2014) explains that some studies suggest brief DBT interventions with short sessions and durations are more effective in dealing with problems resulting from emotional dysregulation. Several studies using brief DBT intervention show clinical improvement in dealing

with suicide, depression, dissociation, anxiety, identity problems, impulsivity problems, emotional stability, and interpersonal problems (Rathus & Miller 2002; Christensen, 2013).

Linehan (2015) divides the taught DBT skills into two: (1) acceptance skills, which include distress tolerance and mindfulness; and (2) change skills, which include emotion regulation and interpersonal effectiveness. The first skill given to this brief DBT intervention is distress tolerance. Distress tolerance skills are like refueling a vehicle, to keep it, or themselves, going. Distress tolerance includes the ability to calm down and is meant to provide a sense of peace and relief from the pain experienced so that the individual can consider what to do next. Distress tolerance skills are acquired so that individuals can divert, relax, and solve problems. Deep relaxation is the key to distress tolerance (McKay et al., 2007).

Activities for distress tolerance skills help the individual to calm down, accept his/her situation, to regain his/her inner strength and then solve problems in challenging situations. This is needed before the individual can overcome any further problems with mindfulness, emotion regulation, or interpersonal effectiveness skills. The given distress tolerance skill will help the client to self-divert from situations that cause emotional pain. This skill is important because it can stop clients from thinking about the pain they are experiencing, and can ultimately provide an opportunity for them to find appropriate coping strategy responses.

The next skill is mindfulness, which is the ability to be aware of the mind, emotion, physical sensation, and action at that moment (in the present moment), regardless of self-criticism or experience (McKay et al., 2007). Feigenbaum (2008) explains that mindfulness is a core skill in DBT. Mindfulness is related to the ability to consciously experience and observe oneself and events with curiosity and without judgment, to see and understand reality as it really is, and to participate effectively in the current stream of life. Mindfulness skills are at the core of all skills in DBT. Mindfulness skills help the client to focus on the present situation (Linehan, 2015).

Various problems and disorders in an individual, including suicidal ideation, generally arise due to difficulties in regulating emotions. These difficulties include problems in recognizing emotions, describing and labeling emotions, emotional avoidance, and by knowing what to do when feeling certain emotions. Therefore emotion regulation skills are taught to clients. Individuals who have problems or disorders need others beside them as a

form of safe and protective behavior. By contrast, individuals with suicide-related problems generally have difficulty in engaging in relationships or engaging in relationships with others. Hence the interpersonal effectiveness skill is taught to the client (Linehan, 2015).

## 2 METHOD

This article is based on four reviews of literature and journals obtained from various sources. The study was identified by the following procedure. First, searching for electronic databases using Google Scholar, SagePub, Science Direct, Proquest, Springer Link, and Ebsco. Search terms included: (1) all possible permutations (for example, suicides, suicide ideas, suicide attempts, committing suicide); (2) all possible permutations from the target sample; and (3) all possible permutations of target treatment (for example, intervention, treatment, training, therapy, Dialectical Behavior Therapy, brief DBT). Furthermore, the articles obtained were reviewed and the reference list was examined again to identify any articles that were not captured by the literature search. Based on the selection of references that have been made, the researcher acquired four references that discussed brief DBT for cases of suicidal ideation.

## 3 RESULTS

### 3.1 Study Characteristics

Articles that met the study inclusion criteria were all published between 2013 and 2016. Studies ranged in sample size from 18 to 42 participants. All interventions were delivered in a different setting.

### 3.2 Group Brief DBT for Suicidal Cases

Stanley et al. (2014) conducted an open clinical trial of the group's brief DBT intervention. Participants from major metropolitan areas that were part of a larger research project investigating biological and clinical factors associated with suicidal behavior were offered open care. All participants were outpatients and had active suicide ideation at the start. The exclusion criteria were psychotic disorders, mental retardation, a history of severe head trauma, or other cognitive disorders that might

interfere with the accuracy of assessment or competence to give informed consent.

Analysis examined the effectiveness of brief, targeted DBT intervention for individuals with suicidal ideation. Stanley et al. (2014) found that a six-month intervention leads to significant reductions in subjective distress, self-rated depression, urges to self-injure, Non Suicidal Self Injury (NSSI), suicide ideation, and hopelessness.

McMain et al. (2016) conducted a study with a total of 140 prospective subjects who were screened, and 84 eligible participants who were randomly assigned to DBT skills training. The curve analysis of the effects of mixed linear growth from measurements of coping skills (tolerance distress, regulation of emotion) revealed far greater improvements in the DBT group compared to other groups regarding distress tolerance and emotion regulation, at all time points. At full awareness, there was no difference between the groups at any point in time. The DBT group showed a much greater increase in social adjustment and symptomatic symptoms over 20 weeks; However, this group difference was not maintained at 32 weeks. There was no significant group difference in impulsivity at any point in time.

Moore et al. (2016) conducted a study in prison of 16 participants who had completed the self-reported post-test assessment and had attended at least six of the eight sessions with the abbreviated DBT skill group. In general, participants gave positive feedback about the group. The participants reported that the group was very helpful in teaching skills to maintain suicidal desires.

The participants mentioned a number of things they would change about the group, which unfortunately were not all feasible in correctional settings. They expressed a desire to: (1) have classes twice a week to keep information about skills fresh in their minds; (2) have a longer class (1.5 hours compared to 1.25 hours) so that there is more time for discussion; and (3) for group leaders to write individual reports for each participant as a concrete way to show their progress across groups (Moore et al., 2016).

### **3.3 Combined Group and Individual Brief DBT for Suicidal Case**

Ciesielski (2013) conducted open clinical trials on group combinations and individual short DBT interventions. Participants included those who had experienced the idea of suicide at the time of telephone screening, as evidenced by a score of 10

or higher on the Beck Scale for Suicide Ideas. Additional inclusion criteria were 18 years or older, within commuter distance to the University of Washington research office, and a willingness to agree to recording and assessment. Individuals were excluded if they were younger than 18 years and did not speak English. Individuals seeking treatment were defined as those who currently receive outpatient mental healthcare (psychotherapy or drugs) and those seeking mental healthcare (whether they are currently involved in it or not), while individuals seeking treatment are those currently under care and are not interested in participating in mental healthcare during the telephone screening.

Participants were presented with five previously selected DBT skills (Linehan, 2015) –mindfulness, two emotion regulation skills, and two distress tolerance skills. Awareness and emotion management skills were selected based on the DBT-BASICS intervention (Whiteside, 2011 in Ciesielski, 2013) and were identical to those used in the DBT-BASICS curriculum. Two danger tolerance skills were added to anticipate target population deficits in tolerating and managing extreme emotions and crises.

Fourteen participants gave feedback about their experiences as part of the study after completing the intervention. There were no significant differences in feedback provided by treatment seekers compared to non-treatment seekers. Eleven participants reported feeling better at the end of the intervention, although only two participants reported that they were expected to feel better after their participation. In fact, three participants were expected to feel worse, while seven people were thought to feel no different as a result of their participation. Nine participants reported that the assessment was very helpful, three of them said it was quite helpful, and two of them reported that it was not helpful at all. In addition, twelve participants reported that skills training was very helpful and two reported that the training was rather helpful. These reports indicate that participants, seeking treatment or not, find value in short interventions (Ciesielski, 2013).

### **3.4 Effectiveness of Brief DBT for Suicidal Case**

Based on the literature study, there are several studies that have been conducted to measure the effectiveness of the brief DBT intervention in reducing suicidal ideation (suicidal ideation). A study by Stanley et al. (2014) suggests that brief DBT intervention is significantly effective in

treating patients with first-time suicide attempts. brief DBT intervention conducted by Stanley et al. (2014) was given to patients with a diagnosis of Borderline Personality Disorder (BPD), who were at risk of suicidal behavior. The results of the study explain that giving brief DBT intervention to BPD patients effectively reduces suicidal behavior.

Research conducted by Ciesielski (2013) suggests that DBT or brief DBT therapy with short sessions and durations, indicates a greater reduction in clients with suicidal problems, especially for clients who are in care or shelters. This is partly because short therapy suppresses the possibility of a lack of commitment by the client to the therapeutic process and has a direct impact on the idea of suicide (Ciesielski, 2013).

Ciesielski (2013) conducted a study of suicidal populations and suicide-related behaviors. The research was conducted using an experimental method, which divided the population into an experimental group and a control group. The brief DBT intervention given to the population with these suicidal characteristics suggested that suicidal ideation experienced by the subject, significantly decreased within one month. The study resulted in the conclusion that the brief DBT intervention is

and interpersonal problems (Rathus & Miller 2002, Christensen et al., 2013) Research conducted by McMMain et al. (2016) states that standard DBT interventions cost and sacrifice a lot and are more complex to provide for clients who need it. Brief DBT interventions are more effective due to efficiency factors and easier therapeutic processes for clients (McMMain et al, 2016).

McMMain and his colleagues (2016) provided brief DBT intervention to suicidal patients with a diagnosis of borderline disorder. The results showed that participants in the study demonstrate a significant reduction in suicidal ideation. Participants also showed improvement in controlling anger, distress tolerance, and emotional regulation (McMMain et al., 2016).

Research conducted by Moore et al. (2016) provided brief DBT intervention to prison inmates with suicidal ideation. This group intervention provided demonstrated that brief DBT intervention is appropriate for prison settings or places that restrict a person's freedom. The result of the research was that brief DBT intervention improved coping skills in participants who are prisoners (Moore et al., 2016).

Based on the literature study above, brief DBT

Table 1: Review of the researches based on key finding.

No.	Title/Researcher	Key Findings
1.	Brief Dialectical Behavior Therapy (DBT-B) for Suicidal Behavior and Non-Suicidal Self Injury. Stanley et al., 2014	Significant decreases in subjective distress, self-rated depression, urges to self injure, Non Suicidal Self Injury (NSSI), suicide ideation, and hopelessness.
2.	An Open Pilot Feasibility Study of a Brief Dialectical Behavior Therapy Skills-Based Intervention for Suicidal Individuals. Ciesielski, 2013	Effective in reducing suicidal ideation symptom or suicidal ideation experienced by individuals with suicidal problems.
3.	A Randomized Trial of Brief Dialectical Behaviour Therapy Skills Training in Suicidal Patients Suffering From Borderline Disorder. McMMain et al., 2016	Improvement in controlling anger, distress tolerance, and emotional regulation
4.	Pilot Study of a Brief Dialectical Behavior Therapy Skills Group for Jail Inmates. Moore et al., 2016	Improving coping skills to participants who are prisoners; very helpful in teaching skills for maintaining suicidal ideation.

effective in reducing suicidal ideation experienced by individuals with suicidal problems (Ciesielski, 2013). Carter et al. (2010, in Steffel, 2014) explain that some studies suggest brief DBT interventions with short sessions and durations are more effective in dealing with problems resulting from emotional dysregulation. Several studies using brief DBT intervention show clinical improvement in dealing with suicide, depression, dissociation, anxiety, identity problems, impulsivity, emotional stability,

intervention is effective in dealing with clients with suicidal problems. Brief DBT intervention with short sessions and duration is more effective in dealing with problems resulting from emotional dysregulation. Several studies using brief DBT intervention have shown clinical improvement in dealing with suicide problems, depression, dissociation, anxiety, identity problems, impulsivity, emotional stability, and interpersonal problems. Statistically and clinically, participants also

experienced improvements in brief DBT intervention aspects, namely psychological distress, mindfulness, and distress tolerance. Participants also showed improvements in controlling anger, distress tolerance, and emotional regulation. The brief DBT intervention provided improved coping skills for participants. Brief DBT interventions are more effective because the efficiency and therapeutic processes are easier to administer to clients, compared to conventional DBT interventions.

## 4 DISCUSSION AND FUTURE DIRECTIONS

### 4.1 Overall Discussion

This open feasibility trial has provided valuable information about the possibility of registering suicidal individuals who are not interested in mental healthcare or the acceptance of participation in short interventions. Stanley et al. (2014) suggest that short interventions cause a significant reduction in subjective pressure, self-depressed depression, urgency for self-injury, non-suicidal self-injury (NSSI), suicidal ideas, and despair.

Brief Dialectical Behavior Therapy is significantly more effective than community care by expert doctors, over a two-year period (one year of treatment, one year of follow-up). This study shows that, among participants who received DBT, most suicide attempts occurred during the first six months of treatment. Similarly, in the initial DBT study by Linehan, Armstrong, Suarez et al. (1991, in Linehan, 2015), a significant reduction in suicide attempts and NSSI occurred during the first four months of treatment, which did not decrease in the following eight months. The reason for additional months of treatment was for the 'consolidation of profits' (Linehan, 2015). While it can be argued that recurrence may be greater without longer treatment times, this is an untested hypothesis.

The research findings support the theory that developing coping skills can be an important ingredient in DBT that contributes to improvements in outcomes, an idea supported by a DBT study, which found that coping skills mediated results. DBT skills training is enough to stabilize high-risk behavior and reduce the use of expensive crisis services. As a result, when long-term comprehensive treatment is not accessible, short DBT skills training can be a reasonable intervention to be recommended

as a first step, although not as a substitute for comprehensive care.

It is possible that a shorter duration of treatment allows both patients and therapists to focus on behavioral problems and skill deficits and they are less afraid of losing relationships because both parties know in advance that treatment will end in six months. In other words, therapeutic relationships may be less frenzied, and tense and patients focus more quickly on skill acquisition and development. Perhaps, due to the short duration of treatment, patients will be more likely to remain in treatment for a period of time and be more motivated to achieve real initial benefits.

Being able to complete recommended therapy increases expectations for patients who have a lot of experience dropping out of school or discontinued treatment. Patients can continue treatment if desired, based on an agreement with patients and therapists (Stanley et al., 2014).

This finding is very important, because it may mean that the period of consolidation of subsequent treatment is less necessary than previously believed if the main treatment goals reduce encouragement and suicidal and non-suicidal behavior. Overall, these results support the notion that DBT may be effective in a short format, which is usually recommended and used in clinical trials.

### 4.2 Future Directions

Researchers must continue to develop and evaluate new methods for outreach and retention, and short interventions should be a priority as a way to enable valuable services, even if people have no interest in participating in long-term treatment.

These initial findings are limited because they do not include follow-up or comparison groups. It is also important to note that the target behavior of this analysis, while important, is narrow in focus and is not designed to overcome emotional disturbances.

Subsequent research must determine whether the objectives achieved during this time span can be maintained without further treatment for this behavior, with a limited boost session approach, or whether maintenance is required for at least a year. Randomized controlled trials are required to make this determination.

Because variability in response is unavoidable, research is also needed to identify factors that moderate, mediate and predict different treatment outcomes. However, these findings indicate that brief DBT skills training has benefits and is not harmful to suicidal individuals. These treatment

options must be considered for this high-risk population, especially for those who cannot access a long comprehensive specialist program.

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