



Dialectical behavior therapy for problematic behavior of the 21st century youth: Input to development of online counseling program

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ABSTRACT

Suicide is a prominent cause of death among the youth. Recent evidence supports the effectiveness of dialectical behavior therapy (DBT) in lowering suicide risks. Nevertheless, existing approaches do not assist all youth. Identifying therapy response predictors can help guide therapy selection and maximize benefits. A sample of 14 Registered Guidance Counselors (RGC) was randomly selected from public and private institutions in the province of Batangas, all of which are members of the organization Philippine Guidance Counselors Association's Batangas Chapter (PGCA-BC), and administered a self-made Likert scale questionnaire through google form due to the current situation in the country. The non-experimental descriptive correlational research design was used to look for specific relationships between three counseling techniques under DBT, namely: distress tolerance, emotion regulation, and mindfulness, and our youth's problematic behavior such as self-harm and suicide ideation. Test of correlation reveals that distress tolerance technique and suicidal ideation have a high correlation. The same goes for emotion regulation and suicidal ideation. Moreover, hitting oneself was the most recurring manifestation of self-harm, and showing signs of anxiety, anger, or hostility was highly observed among clients with suicidal ideation. Exploring and characterizing pre-existing familial and isolated weaknesses that contribute to the youth's heightened threat of self-destructive ideas and behaviors is necessary to provide a better understanding of such cases, to further strengthen contemporary conceptualizations, and to usher in the progress of more effectual prevention and intervention strategies in youth.

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INTRODUCTION

Suicide has become a global health problem. The suicide rate reached an all-time high from 1999 through 2016. According to a recent analysis by the Centers for Disease Control and Prevention, most of them have no known mental health condition (Associated Press 2018). The numbers are a sobering reminder that suicide is a growing public health concern and that the youth are a particularly vulnerable group. It is the 2nd or 3rd foremost cause of death among the youth in the West and other developing countries. In the United Kingdom, the leading cause of death among the youth from mid-to-late teenage years is suicide and they have reported an increase in self-harm situations among their young people (Townsend 2019).

The World Health Organization (WHO) reported that it is the second leading cause of death among fifteen to twenty-nine (15-29) years old worldwide (Quintos 2019). Among Filipino youth, suicide is the 9th leading cause of death. In recent years, the rise of mental health advocacy in the media and public dialogue has brought the social issue of suicide in the Philippines to the spotlight, demanding an effort to bring awareness of suicide into the conversation. Because of the passage of Republic Act 11036, also known as the "Mental Health Act," mental health has recently gained prominence in Philippine public discussion. The aforesaid law is expected to "secure the rights and welfare of persons with mental health needs and mental health professionals; provide mental health services down to the barangays; integrate psychiatric, psychosocial, and neurologic services in regional, provincial, and tertiary hospitals; improve mental healthcare facilities; and promote mental health education in schools and workplaces". Senate Bill No.1163, also known as the Youth Suicide Prevention Act, was introduced in 2016 and is now pending in the legislature. It is focused on suicide rather than mental health in general. The recent years have also borne witness to efforts of various groups to emphasize the importance of mental health for the holistic welfare of individuals (Quintos 2019). It was said that problematic behaviors such as suicidal thoughts and non-suicidal self-harm are two of the strong predictors of suicide attempts (Calear, 2016). Suicidal behavior and self-harm are always associated with the risk of suicide. Despite continued advances in research and procedures to understand and treat problematic behavior among the youth, progress to lessen suicide death rates has been difficult (Ougrin, et al. 2016; Babeva, et al., 2020).

Ougrin, et al. (2015) stated that social or psychological therapeutic interventions are effective in reducing both suicidal and non-suicidal self-harm in adolescents. These interventions are dialectical behavior therapy (DBT) cognitive-behavioral therapy (CBT), and mentalization-based therapy. This was supported by Brodsky & Stanley (2013) stating that DBT is effective in reducing self-injurious behavior and suicidal attempt behavior. They mentioned that treatment should address the reduction of self-harm behaviors and reported suicide ideation through the collaborative efforts of both therapist and patient (Brodsky & Stanley, 2013). DBT, a type of CBT, was examined through randomized controlled trials (RCTs) for efficacy in treating the self-harm behavior of adolescents. In this study, DBT was adapted for adolescents and was found more effective than enhanced usual care (EUC) done to reduce participants' self-harm frequency, the severity of suicidal ideation, and depressive symptoms (Mehlum, et. al. 2016). According to McKay, et al. (2019), DBT has four important skills that help balance emotions that seem overwhelming sometimes. First is distress tolerance which builds a person's resiliency and provides new ways to lighten upsetting circumstances 'effects. Next is Mindfulness which helps a person fully experience each moment while focusing less on past experiences that are painful or some possibly frightening future situations. This skill also helps in overcoming habitual judgments of yourself and others that are negative. The third is emotion regulation skills which helps a person recognize their feelings more clearly. Learning to observe their emotions but not get overwhelmed by them through modulating feelings without being reactive or destructive towards them. Last is interpersonal effectiveness which helps a person express their beliefs and needs through new tools by setting limits or negotiating solutions to problems while still treating other people around them with respect and having harmonious relationships with them. This study will only focus on the first three skills because they were the only techniques mentioned by the counselors during a pre-survey conducted by the researcher.

Although these counseling techniques were said to give positive results among individuals suffering from suicide-related behavior, many counselors were still hesitant in using them for online counseling here in the Philippines. Very few Filipino counselors are comfortable administering online counseling even though it has long been practiced in other countries. As stated in the Republic Act 11036 of June 20, 2018, by the Congress of the Philippines also known as the Mental Health Act, one of the main objectives of this act is to “develop and establish a comprehensive, integrated, effective, and efficient national mental health care system responsive to the psychiatric, neurologic, and psychosocial needs of the Filipino people. Another is to “strengthen information systems, evidence, and research for mental health”. And lastly, is to “Integrate strategies promoting mental health in educational institutions, the workplace, and in communities.” Moreover, this Act also has provision for suicide prevention under Section 21 stating that, Moreover, this Act also has provision for suicide prevention under Section 21 stating that mental health care must incorporate systems for suicide management, treatment, and response techniques, with a focus on the concerns of youth. More 24/7hotlines will be established to aid people with mental illnesses, particularly those who are at risk of suicide (Congress of the Philippines, 2017). There are, however, few studies looking into the now prevalent issue of online counseling to reduce suicide-related behaviors which are said to be common among the youth. Internet-based CBT programs were created to safely deliver intervention online. A study by Hetrick, et al. (2017) found that there was big improvement in participants’ suicidal ideation and other symptoms upon completion of each module. Consequently, Yates, et al. (2017) stated that people suffering from mental health conditions tend to search online for resources that may help alleviate their situation. These people may be suffering from depression and may manifest self-harming behavior. They look into specialized online support communities or general communities to seek help. Most of the time they were referred by these communities or groups to professionals that can provide them with more in-depth online counseling to better address their concerns.

Driven by these objectives and mandate, this study focused on discussing the different online counseling techniques, such as distress tolerance (DTS), emotion regulation (ERS), and mindfulness (MS) which are types of skills under dialectical behavior therapy (DBT) which is a type of cognitive-behavioral therapy (CBT) more commonly practiced by Counselors to address student’s problematic behavior such as self-harm and suicidal ideation. Through purposive random sampling, licensed counselor respondents were asked to answer the self-made survey questionnaire in gathering the needed data. In doing so, this study aims to contribute to the initial stage of establishing an on line counseling program that may encourage Filipino counselors to conduct their intervention online to not depend solely on face-to-face counseling. Especially when dealing with clients suffering from problematic behaviors in terms of self-harming and suicidal ideation.

OBJECTIVES OF THE STUDY

This study aims to identify the different dialectical behavior therapy techniques that may effectively address the problematic behavior of the youth and prevent their suicidality through online counseling. The researcher discussed the profile of the respondents in terms of age, gender, educational background, length counseling, institution, and employment status. The effect of the different dialectical behavior therapy provided by the respondents such as distress tolerance, emotional regulation, and mindfulness on the problematic behavior of the youth. And the level of the problematic behavior of the youth is based on the respondent’s assessment in terms of self-harm and suicidal ideation. Finally, the researcher tried to answer if there is a relationship between the dialectical behavior therapy provided by the respondents and the problematic the behavior of the youth

METHODS

Research Design

This study used a non-experimental descriptive correlational research design focusing on measuring the relationship between the discussed variables that indicated how one variable correlates with another. In this study, the variables are the different dialectical behavior intervention techniques, namely: distress tolerance, emotion regulation, and mindfulness used to address the problematic behavior of students, including self-harm and suicidal ideation.

Respondents of the study

The respondents of the study were 14 RGCs who may be either presently employed or previously employed at any schools in Batangas who handled one or more clients with problematic behavior related to either or both self-harming or suicidal ideation. The researcher collaborated with the President of the PGCA-BC to connect with the respondents for this study by exchange of correspondence thru email. The Google form link which contains the validated instrument that was sent thru email was forwarded to the members of PGCA-BC by the President. The respondents were asked to answer an online pledge and informed consent form. To determine if they had administered DBT techniques to their clients with self-harming behavior or suicidal ideation the research included a profiling section in the first part of the questionnaire. Identified counselors answered the validated self-made questionnaire prepared by the researcher to establish which online counseling intervention technique under DBT is effective in addressing our 21st-century youth's problematic behavior of self-harm and suicidal ideation. The researcher used a purposive random sampling technique among 14 RGC respondents in gathering the data needed for this research.

Data Gathering Procedure

The researcher conducted a pre-survey by reaching out to registered guidance counselors via Facebook messenger and email to establish the most commonly used counseling techniques among RGCs in Batangas, specifically when handling individuals with self-harm behavioral problems and suicidal ideation during their online counseling. The researcher then prepared self-made Likert Scale Questionnaire adapted from different literature and studies such as Baldwin, et al (2019) research on adolescents who have self-injurious thoughts and behavior, and DeCou, et al.'s ((2019) study about the effectiveness of dialectical behavior therapy for the treatment of suicidal behavior, to assess the effectiveness of the online counseling intervention techniques provided by the counselors to the youth who were identified with problematic behavior such as self-harm and suicidal ideation. The questionnaire is composed mainly of three parts: (1) profile of the respondent and client ;(2) DBT intervention; and (3) problematic behavior of the youth. The demographic profile of the counselor respondents, which includes vital background information about the respondents and minor details of their therapy with their clients were included in the first part of the instrument, although the number of sessions the counselor respondents had with their clients as well as howling these sessions lasted were not covered. Parts 2 and 3 were made up of 10 indicators for each variable. This questionnaire has undergone validation and pilot testing before it was administered to the RGC respondents. It was transferred to a google form for ease of gathering data due to the current situation in our country. The researcher was notified of the answered questionnaires through email as well. Fourteen (14) respondents from different institutions in Batangas answered the questionnaire. All correspondences were made online due to the pandemic situation in the province.

Ethical Considerations

Before pursuing this study, permission was obtained from the President of the PGCA-BC to get their RGC members as respondents. When the request was accepted, the researcher proceeded by emailing the Google form link to the president which was distributed to the RGC members of the organization. The link included the pledge and informed consent form. The researcher guaranteed the confidentiality of the respondent's information and compliance with the data privacy act.

Data Analysis

The study utilized the statistical tool Pearson product-moment correlation in measuring the correlation between the independent variable which is dialectical behavior therapy such as distress tolerance, emotion regulation, mindfulness, and the dependent variable which is problematic behavior namely: self-harm and suicidal ideation. For the descriptive questions in the statement of the problem, the researcher measured for the central tendency by using descriptive statistical tools such as solving for the mean and standard deviation. The researcher also solved for the percentage and compute the frequency of different categories for the interpretation of the data gathered from the RGC respondents

RESULTS AND DISCUSSION

The tabular presentation of data consists of the findings in this study such as the Respondent's use of dialectical behavior therapy in terms of distress tolerance, the level of youth's problematic behavior in terms of self-harm and suicidal ideation, and the relationship between dialectical behavior therapy and problematic behavior. These data were analyzed and interpreted to give important conclusions and recommendations which were drawn from the finding.

Table 1. Respondents' dialectical behavior therapy in terms of distress tolerance

Indicative Statement	Mean	SD	Verbal Interpretation
I let the client go for a walk somewhere nice and pay attention to the sights.	3.79	1.31	Administered
I let the client engage in activities that require thought and concentration. It can be a hobby, a project or school assignment.	4.50	0.65	Frequently Administered
Mean	4.22	0.62	Frequently Administered

Table 1 presents that the highest mean has the score of 4.50 (SD = 0.65), which is found in indicator number 2 “*I let the client engage in activities that require thought and concentration. It can be a hobby, a project or school assignment*” which makes the client focus on other things other than the thing that is causing their distress. Indicator number 1 “*I let the client go for a walk somewhere nice and pay attention to the sights*” has the lowest mean with a score of 3.79 (SD = 1.31). This has a verbal interpretation of “administered” which may mean that counselors still find this indicator helpful in their counseling sessions with their client even if they don’t usually make use of it compared to other indicators. Further, Table 1 shows an overall mean of 4.22 (SD = 0.62) with an interpretation of “frequently administered” wherein most of the respondents let their clients do activities that require thought and concentration but only a few let their clients go for a walk somewhere nice to just pay attention to the sights. The problematic behavior of the youth seems to be addressed by this technique as it was frequently administered by the counselor respondents. They might have observed improvement in the condition of their clients by teaching them the skills needed to cope with the difficult situation faced by their clients. When the triggering factor is due to the academic demands or other personal issues of the client, the counselor might have let the client do activities like their favorite hobby that they can focus on to relieve them of their distress or doing their school project so that it won’t pile up and lead to more difficulty. Letting their clients engage in safe activities that are familiar to them may ease their feeling of distress. This result agrees with the study of Babeva, et., al. (2020) wherein they found that treatment to suicidal behavior like self-harm and suicide attempt can be generally organized around safety settings like encouraging safe activities or actions and safe thoughts. Moreover, based on observation, the researcher thinks that the majority of the counselor respondents may have leaned towards using indicator number 2 more with their clients because they were school counselors who have student clients in the institution they were connected to. Having an understanding of the academic requirements the students need to accomplish might have led them to let their clients focus on their school assignments or their clients might even have extra-curricular activities in mind that might help them during stressful moments.

Table 2. Level of youth’s problematic behavior in terms of self-harm

Indicative Statement	Mean	SD	Verbal Interpretation
My client hits himself.	3.21	1.42	Moderately Observed
My client engaged in burning a part or some parts of himself.	1.14	0.53	Not Observed
Mean	2.14	0.83	Seldom Observed

Table 2 shows that the highest mean has a score of 3.21 (SD = 1.42), which is found in indicator number 6 “*My client hits himself*”. While indicator number 9 “*My client engaged in burning a part or some parts of himself*” has the lowest mean with a score of 1.14 (SD = 0.53). Further, Table 2 shows an overall mean of 2.14 (SD = 0.83) with an interpretation of “seldom observed” wherein most of the respondents’ clients hit themselves, and only a few of them engaged in burning part or some parts of themselves. Contrary to the findings of the study of Baldwin, et al. (2019) participated by some of the British youth wherein cutting is the most prevalent form of self-harming behavior at 76.1%, with the Filipino youth, this is the second in rank among the indicators under self-harm with a mean of 3.00. However, both studies got the same result of burning as the lowest among the indicators of self-harming behavior at 13.5% according to Baldwin, et., al. (2019), and a mean score of 1.14 in this study. Upon the researcher’s observation, the majority of the respondents’ clients having problematic behavior of self-harm who hit themselves maybe because these youth were mostly confined in their homes due to the pandemic situation in our country, specifically, the province of Batangas, went through during the time of therapy. They had limited access to other ways of inflicting harm on themselves and this might be the most accessible way for them to manifest self-harming behavior.

Table 3. Level of youth’s problematic behavior in terms of suicidal ideation

Indicative Statement	Mean	SD	Verbal Interpretation
My client shows signs of anxiety, anger or hostility and easily gets upset over minor things which are out of character or out of context.	4.50	0.85	Highly Observed
My client wants to give away his possessions and exhibits actions that they might not see other people again.	2.50	1.56	Seldom Observed
Mean	3.66	0.69	Observed

Table 3 shows that the highest mean has a score of 4.50 (SD = 0.85), which is found in indicator number 7 “*My client shows signs of anxiety, anger or hostility and easily gets upset over minor things which are out of character or out of context*”. On the other hand, indicator number 9 “*My client wants to give away his possessions and exhibits actions that they might not see other people again*” has the lowest

mean with the score of 2.50 (SD =1.56). Further, Table 3 shows an overall mean of 3.66 (SD = 0.69) with an interpretation of “observed” wherein most of the respondents’ clients show signs of anxiety, anger, or hostility and at the same time gets upset over minor things which are out of character or out of context, and only a few of them wants to give away their possessions and exhibits actions that they might not see other people again. According to the findings of Weissman’s study mentioned in Barlow, et al. (2018), having any anxiety or associated disorder, not just panic disorder, increases the risk of having suicidal ideation or attempting suicide. From the researcher’s point of view, the majority of clients with suicidal ideation behavior problems showed signs of anxiety, anger, or hostility and tend to easily get upset over minor things, as per the respondent’s assessment, maybe due to various triggering situations they were in at the time of their therapy with counselor respondents. This may also be due to the new normal situation with the pandemic causing difficult lifestyle changes. Moreover, indicator number 9 (“*My client wants to give away his possessions and exhibits actions that they might not see other people again*”) may also coincide with this reason for being rarely observed among the clients. It may be because of the difficulty in meeting other people and there was a time when giving out personal items was discouraged for safety reasons.

Table 4. Relationship between dialectical behavior therapy and problematic behavior

Dialectical Behavior Therapy	Problematic Behavior	
	Self-harm	Suicidal Ideation
Distress Tolerance	.326	.754**
Emotion Regulation	.386	.801**
Mindfulness	.452	.461

**Correlation is significant at the 0.01 level (2-tailed)

Table 15 illustrates the test of the significant relationship between the independent and dependent variables in this study. The results show that the independent variable distress tolerance (.754) has a significant relationship with the dependent variable which is suicidal ideation. Correlation is also evident with the result of the test between emotion regulation and suicidal ideation at .801. The test of the significant relationship between distress tolerance and suicidal ideation shows a strong correlation as well as between emotion regulation and suicidal ideation. Whereas, the result of the test of the significant relationship between distress tolerance and self-harm shows a weak correlation as well as the result between emotion regulation and self-harm, mindfulness and self-harm, and between mindfulness and suicidal ideation.

There was a study by Marchant, et al. (2017) which somehow established the connection between suicidal behavior and self-harm and online activity of the youth. They suggested that using online platforms might potentially be helpful to reach out to the youth. According to the study of McCauley, et al. (2018), the use of DBT reduces repeat suicide attempts and self-harm among the youth after treatment, which led them to conclude that it is an effective intervention for highly suicidal youth. The results were maybe because DBT, in general, is about acceptance of one's feelings and thoughts and counselor respondents might have found the skills taught under distress tolerance and emotion regulation more practical for their client with symptoms of suicidal ideation behavior. The respondents’ clients might have related these skills better and were able to learn the skills taught to them because it helped them gain control of their emotions and actions every time they experience distress. They were students from private

schools, mostly aged 18 years old and senior high school students. They may have been used to having academic guidance from their counselors since they started going to school. Thus letting them do activities like school projects or homework may seem to be something they have been comfortable doing in the perspective of the counselor respondents. The youth may also want to regulate their emotions by learning skills that will help them take control of them during difficult situations by analyzing how they feel and how valid their thoughts and emotions were about the event that triggered them to think and feel as they did.

CONCLUSION AND RECOMMENDATION

This study attempted to determine how to effectively address the problematic behavior of Filipino youth, specifically, those included in Generation Z residing in the province of Batangas through the various counseling techniques under DBT, namely: distress tolerance, emotion regulation, and mindfulness by gathering necessary data from RGCs who have handled cases of self-harm and suicidal ideation behavior of youth. The result of the study posits that dialectical behavior therapy techniques such as distress tolerance, emotion regulation, and mindfulness contribute to the improvement in the problematic behavior of the youth namely: self-harm and suicidal ideation. It reveals that distress tolerance and emotion regulation has a significant relationship with suicidal ideation. Based on the presented findings of the study, it can be concluded that the hypothesis stating that the dialectical behavior therapy provided by the respondents do not have a significant relationship with the problematic behavior of the youth is partially confirmed in this study because a strong correlation was established only between the independent variables: distress tolerance and emotion regulation with the dependent variable, suicidal ideation.

Based on the presented findings and conclusion made, the following recommendations are hereby presented for future research: Researchers may look into other counseling techniques or combination of those techniques with the environment and social support influence adapted for the youth's problematic behavior of self-harm and suicidal ideation. They may include a larger population of licensed counselors or opt to include the point of view of the respondents' clients in their study. They may also look for pre-existing familial and individual vulnerabilities that contribute to the youth's heightened risk of self-destructive ideas and behaviors. Individual qualities including poor emotion management, impulsivity, and low self-esteem may be partly heritable in these vulnerabilities.

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