



Effectiveness of Dialectical Behavior Therapy for Adults with Suicidal Attempts

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Abstract

Suicidal behavior (including attempts, ideation, and self-harm) is a major public health issue among adults, often associated with psychiatric disorders such as borderline personality disorder (BPD), depression, or autism spectrum disorder (ASD). Dialectical Behavior Therapy (DBT) is a treatment developed to target severe emotion dysregulation and self-directed violence, including suicide attempts. It combines individual therapy, group skills training (e.g. emotion regulation, distress tolerance, interpersonal effectiveness, mindfulness), and other components. The current study shows significant effectiveness of Dialectical Behavior Therapy on the levels of depression, suicidal ideation and life problems. Dialectical Behavior Therapy play significant role in reducing suicidal ideation and attempts. Dialectical Behavior Therapy Reduces Depression, Negative emotions and suicidal ideation and attempts in adults Recommendations for the assessment of suicide risk are based on the fundamental premise that suicide is multi-determined, with many potential biological, psychological, socio-cultural, and existential antecedent variables. Retrospective and prospective research of death by suicide has begun to identify modifiable risk factors and risk markers. Given that the retrospective design has been used far more frequently, our review largely draws upon findings of retrospective studies. Non-modifiable risk markers for suicide include age, sex, race, and ethnicity. These demographic variables can help inform risk assessment, and clinical interventions could effectively reduce suicide risk by modifying risk factors that drive suicide in later life.

Key Words: Suicidal behavior, self-harm, self-directed violence, DBT



Introduction

Suicidal behavior remains a leading public health issue globally. Among adults who have made suicide attempts, rates of recurrence are high, and such attempts are associated with substantial morbidity and mortality, making effective interventions an urgent priority. Dialectical Behavior Therapy (DBT) is a cognitive-behavioral treatment originally developed by Marsha Linehan to target borderline personality disorder (BPD) and self-harm behaviors; it emphasizes emotional regulation, distress tolerance, interpersonal effectiveness, and mindfulness. Its structure (individual therapy + skills training + phone coaching + team consultation) makes it especially suited for persons who engage in repeated suicidal behavior and self-injury. Over time, DBT has been adapted and tested in a variety of clinical populations beyond BPD, including depressed patients, those with substance use disorders, and more recently, individuals with autism spectrum disorder (ASD) experiencing suicidal ideation or behavior. Empirical evidence from randomized controlled trials (RCTs) and meta-analyses supports the idea that DBT can reduce suicidal and self-harm behaviors, though the magnitude of effects and the durability (long-term follow-up) remains variable. A major meta-analysis (DeCou et al., 2019) found that DBT reduces self-directed violence (including suicide attempts and non-suicidal self-injury) with a small to moderate effect size ($d \approx -0.32$), and reduces use of psychiatric crisis services; however, its effect on suicidal ideation was not statistically significant in pooled analysis. Similarly, a systematic review focused on adults with BPD reported that DBT shows short-term and up to two-year effectiveness in improving suicidality, self-injury, hospitalization, and related outcomes, with small-to-moderate effect sizes (Hernandez-Bustamante et al., 2024).

Dialectical Behavior Therapy (DBT), developed by Marsha Linehan, was originally designed for individuals with Borderline Personality Disorder (BPD) who engage in recurrent suicidal behaviour and non-suicidal self-injury (NSSI). The treatment emphasizes skills in emotion regulation, distress tolerance, interpersonal effectiveness, and mindfulness, along with individual therapy, phone coaching, and therapist consultation teams. Because suicidal attempts are a core target in DBT, there has been considerable interest in how effective DBT is at reducing suicide attempts in adults. A key meta-analysis (2018) reviewing controlled trials of DBT for self-directed violence found that DBT significantly reduces self-directed violence (which includes suicide attempts and NSSI) with an effect size of $d \approx -0.324$ (95% CI -0.471 to -0.176). It also found that DBT reduces psychiatric crisis service use (effect size $d \approx -0.379$). However, this meta-analysis reported that DBT had no significant pooled effect on suicidal ideation (thoughts of suicide) when compared with control conditions (DeCou et al., 2019).

More recently, a pragmatic RCT in the Netherlands (Huntjens et al., 2024) evaluated DBT vs treatment as usual (TAU) in autistic adults (ages 18-65) with suicidal behavior. It found that after 6 months of DBT, there were significant reductions in both suicidal ideation and suicide attempts, compared to TAU; depression severity also decreased. However, by 12-month follow-up, the differences in suicidal ideation and suicide attempt frequency between DBT and TAU lost statistical significance. Another recent large network meta-analysis of non-pharmacological interventions (up to early 2023) showed that DBT is among the treatments (alongside cognitive therapy, CBT, brief intervention/contact) that significantly reduce suicide attempts when compared to usual treatment, though again the strength of effect and duration of benefit varied (Hu et al., 2024). Overall, the literature



suggests that DBT is an effective intervention for adults who have made suicide attempts, particularly in reducing the behaviors (attempts and self-harm), less so (or more variably) on suicidal ideation. DBT tends to have its strongest effects during the treatment period and somewhat less robust maintenance effects, implying that continued support or booster sessions may be important. For clinical practice, this means DBT should be considered as a first line psychotherapy for adults with suicide attempts (especially in the context of BPD or high emotional dysregulation). It also suggests that skills training is crucial to include, treatment fidelity matters, and long-term follow up is important.

Rationale of the Study

Suicide remains one of the leading causes of death globally, with adult populations particularly at risk due to complex psychosocial stressors such as mental illness, trauma, social isolation, and substance abuse. Traditional psychotherapies have often shown limited effectiveness in reducing repeated suicidal behavior. Consequently, there is an urgent need to identify and validate more effective therapeutic interventions for individuals with a history of suicidal attempts. Dialectical Behavior Therapy (DBT), has shown promise in treating individuals with chronic suicidal ideation and behaviors, particularly in those diagnosed with Borderline Personality Disorder (BPD). However, while DBT has been extensively studied in BPD populations, its broader application to adults with suicidal behaviors—regardless of diagnostic category—has not been as thoroughly investigated. Given the complexity and recurrence of suicidal behavior, it is crucial to examine the efficacy of DBT in diverse adult populations to support its wider clinical adoption. Many existing studies focus narrowly on DBT's effectiveness within specific subgroups (e.g., females with BPD), often excluding adults with varying psychiatric diagnoses or those with multiple suicide attempts. Moreover, there is a lack of comprehensive, comparative research assessing DBT's ability to reduce both the frequency and severity of suicidal behavior in the general adult population. This study seeks to address this gap. DBT integrates cognitive-behavioral techniques with concepts of mindfulness and emotional regulation, making it especially suited for individuals who experience emotional dysregulation—a key feature often observed in suicidal individuals. DBT's core components, such as distress tolerance and interpersonal effectiveness, target known risk factors for suicide, including impulsivity, hopelessness, and interpersonal conflict. This study aims to evaluate the effectiveness of DBT in reducing the incidence and intensity of suicidal behavior among adults with a history of suicide attempts. It will also assess whether DBT improves associated psychological outcomes such as emotional regulation, depressive symptoms, and quality of life.

Objective of the Study

- To evaluate the effects of DBT on reducing the suicidal ideation in Adults with suicidal attempts,
- To evaluate the effects of DBT On enhancing capabilities of an individual such as
- ✓ Regulating emotions (emotion regulation skills),
- ✓ Paying attention to the experience of the present moment and regulating attention (mindfulness skills),
- ✓ Effectively navigating interpersonal situations (interpersonal effectiveness), and
- ✓ Tolerating distress and surviving crises without making situations worse (distress tolerance skills)



Research Questions

- Is there any effect of DBT for reducing suicidal ideation in adults with suicidal attempts?
- Is there any effect of DBT in reducing depression and perception of negative life events?

Hypothesis of the study:

1. DBT will reduce the suicidal ideation in treatment group as compared to TAU.
2. Effects of DBT on enhancing capabilities of an individual will be more in treatment group as compared to TAU

Significance of the Study

This study holds significant value for several key stakeholders—mental health professionals, patients, researchers, and public health policymakers—by contributing to the understanding and application of Dialectical Behavior Therapy (DBT) as an intervention for adults who have attempted suicide. Suicide remains a major public health issue globally, with millions of people engaging in suicidal behavior each year. Adults with a history of suicide attempts are at a higher risk of future attempts and suicide completion. Traditional therapies have shown limited success in addressing the complex emotional, behavioral, and cognitive patterns associated with suicidality. DBT, originally developed for individuals with borderline personality disorder, has shown promise in reducing suicidal behaviors through its structured approach that emphasizes emotional regulation, distress tolerance, interpersonal effectiveness, and mindfulness. By evaluating the effectiveness of DBT specifically for adults with suicidal attempts, this study aims to: Provide empirical evidence on the therapeutic outcomes of DBT in reducing suicidal ideation and behaviors. Inform mental health practitioners about best practices and evidence-based approaches tailored to high-risk adult populations. Support the integration of DBT into community mental health programs, hospitals, and correctional institutions. Encourage further research into adaptive DBT protocols for diverse populations with suicidal tendencies. Contribute to suicide prevention strategies at local, national, and global levels. Ultimately, this study seeks to enhance treatment effectiveness, improve patient outcomes, and reduce the incidence of suicide by promoting interventions that address the root causes of self-harming behaviors in a comprehensive and sustainable manner.

Method

Participants

The sample for this study was consisted of 20 subjects, 10 subjects were in experimental group and 10 subjects were in control group, taken from the Nishtar medical college and hospital Multan, Pakistan. Their ages usually ranges from 20 to 60 years. Participants were taken through purposive sampling for this research purpose. The criteria for the selection of the sample were that only those subjects were included in the study who was admitted in this hospital.

Instruments:

Three scales were used to assist this study:

1. Beck Depression Inventory. (BDI, Beck, Ward, Mendelson, Mock, & Erbaugh, 1961). The BDI is a 21-item self-report inventory measuring depression. The BDI has well-established psychometric properties and is widely used in depression research (Beck, Steer, & Garbin, 1988).



2. Life Problems Inventory. (LPI; Rathus& Miller, 1995). The LPI is a 60-item self- report scale with four 15-item subscales assessing core aspects of borderline personality disorder addressed in DBT: confusion about self, interpersonal difficulties, emotion dysregulation, and impulsivity. The LPI has good internal consistency (subscale alphas range from .82 to .90), and preliminary evidence of criterion validity, with each scale being significantly correlated with a positive SCID II diagnosis of BPD. All participants completed this measure at pre-treatment; the DBT group also completed it at post-treatment.
3. Scale for Suicidal Ideation. (SSI; Beck et al., 1979). Suicidal ideation was assessed using the SSI, a 19-item scale used to rate the intensity of a patient's suicidal thoughts, plans, and behaviors. Items are rated on a 3- point scale ranging from 0 to 2, reflecting least to greatest level of ideation; scores range from 0 to 38. The scale assesses suicidal ideation over two time periods: present and most severe time of illness; only present levels were assessed in this study. Good inter rater and internal consistency reliability, as well as validity, has been established (Beck et al., 1979; Beck, Steer, & Brown, 1993). All participants completed this measure at pre- treatment; the DBT group completed it again post treatment.

Procedure

The sample was comprised of 20 subjects. Their ages usually ranges from 20 to 60 years. Hospital's authority was approached to get permission for conducting the research and to collect data from them. They were briefed about the nature of research being carried out. After getting permission, request was made to give separate room for the administration of the scales in order to maintain confidentiality. Their consent and cooperation would be required and after their permission and willingness .Each participant received a comprehensive evaluation including interviews and self-report measures. In an effort to closely adhere to Linehan and colleagues' (1991) inclusion criteria including both the suicidal attempts, patients were selected for DBT if they meet the following criteria: (a) a suicide attempt within the last 16 weeks as measured by clinical interview or current suicidal ideation as measure by the Scale for Suicidal Ideation (SSI; Beck, Kovacs, & Weissman, 1979). Treatment will be deliver by one female psychologists over a 20-week course, with each weekly session lasting 2 hr, using a manual adapted from Linehan's DBT for solar adults treatment manuals (Linehan 1993a, 1993b).¹ The first two treatment sessions were provided a rationale for the treatment and the goals of treatment during which the therapist elicit verbal and written commitment to these goals. Adaptive emotional regulation skills were taught in three modules: mindfulness skills (Sessions 3-6), emotion regulation skills (Sessions 7-12), and distress tolerance skills (Sessions 13-18). The last two sessions concentration analysis of the skills teaching, and each group member developed an individualized plan for continue practice of the skills and for using the skills to regulate emotions. Mindfulness skills provide participants with the potential to no judgmentally monitor and illustrate their moment-to-moment emotional experiences, thoughts, and action urges. Emotion regulation skills were taught participants to understand their emotions and to decrease vulnerability to negative emotions, as well as to increase positive emotions and change specific emotional states (e.g., fear and anxiety). Distress tolerance skills were adaptive and effective means for competing with the predictable stresses and pain of life and comprise skills for facilitating the taking of reality.



All treatment sessions were audiotaped, and if a participant missed a session she was expected to listen to the tape of the missed session before the next group.



Results

This section concentrates on analysis of this study data utilizing SPSS 20.0. Significance level 0.05 was utilized for the analysis. Mean Standard Deviation and Alpha Reliability got by Descriptive Statistics. To determine the effectiveness of Dialectical Behavior Therapy for adults with suicidal attempts and Effects of DBT on enhancing capabilities of an individual will be more in treatment group as compared to TAU by used paired sample t-test and independent sample t-test.

Preliminary Analysis

In current study, specialist used Beck Depression Inventory, Life problem Inventory and Beck scale for suicidal ideation to access the symptom harshness. Cronbach's alpha of scales managed in current examination is given in table.

Table 3.1: Cronbach's Alpha of the Scale

Scales	Cronbach's Alpha	No of items
BDI	.675	21
LPI	.906	60
BSSI	.308	19

Table 3.2: Descriptive statistics of Demographic variables for experimental group (N=10)

Variables	M	SD	Min	Max
Age	29.30	5.794	23	42
Gender	1.50	.527	1	2
Suicide attempts	1.80	.789	1	3
Reason for attempts	2.00	.816	1	3

Table 3.3: Descriptive statistics of Demographic variables for control group (N=10)

Variables	M	SD	Min	Max
Age	29.30	4.572	23	37
Gender	1.60	.516	1	2
Suicide attempts	1.20	.422	1	2
Reason for attempts	2.00	.816	1	3

Table 3.4: Paired Sample t-values of Beck Depression Inventory

	Group	Before Intervention		After Intervention		t	P	Cohen's d
		M	SD	M	SD			
BDI	Experimental	3.25	.20	.728	.165	29.22	.000	19.48
	Control	3.22	.33	1.26	.125	15.83	.000	7.46

$df=9$ $p<0.05$

A paired sample t-test was conducted to assess whether DBT had an impact on adults with suicidal ideation. 20 participants completed a DBT protocol program in 3 months. There was a statistically significant decrease in BDI scores after administering DBT ($M=.728$, $SD=.165$) ($t(9)=29.225$, $p<0.00$). The mean decrease in score was 2.5238 with a 95% confidence interval

**Table 3.5: Paired Sample t-values of Life Problem Inventory**

	Group	Before Intervention		After Intervention		t	P	Cohen's d
		M	SD	M	SD			
LPI	Experimental	3.76	.34425	1.8400	.17712	12.420	.000	5.85
	Control	4.04	.27035	1.9471	.20555	15.704	.000	7.40

$df=18$ $p<0.05$

A paired sample t-test was conducted to assess whether DBT had an impact on adults with suicidal ideation. 20 participants completed a DBT protocol program in 3 months. There was a statistically significant decrease in LPI scores after administering DBT ($M=1.84$, $SD=.177$) ($t(18)=12.42$, $p<0.00$).

Table 3.6: Paired Sample t-values of Beck Scale for Suicidal Ideation

	Group	Before Intervention		After Intervention		t	P	Cohen's d
		M	SD	M	SD			
BSSI	Experimental	1.547	.090	.5947	.187	15.88	.000	7.48
	Control	1.473	.193	.847	.122	8.087	.000	3.80

$df=18$ $p<0.05$

A paired sample t-test was conducted to assess whether DBT had an impact on adults with suicidal ideation. 20 participants completed a DBT protocol program in 3 months. There was a statistically significant decrease in BSSI scores after administering DBT ($M=.594$, $SD=.177$) ($t(18)=15.88$, $p<0.00$).

Table 3.7: Independent Sample t-value of Beck Depression Inventory

Description	Group	Before Intervention				After Intervention			
		M	SD	t	p	M	SD	T	P
Beck Depression Inventory	Experimental	3.25	.20	.234	.82	.7286	.165	-8.135	.000
	Control	3.22	.33	.234		1.2619	.125		

$df=18$ $p<0.05$

An independent sample t-test was used to access whether experimental and control group differ in terms of pre and post scores of BDI. There was no significance difference in the pre score obtained for experimental group ($M=3.25$, $SD=.20$) and control group ($M=3.22$, $SD=.33$) ($t(18)=.234$, $p=.82$). There was significant difference in the post scores obtained for experimental group ($M=.73$, $SD=.165$) and control group ($M=1.2619$, $SD=.125$) ($t(18)=-8.135$, $p=.000$).

**Table 3.8: Independent Sample t-value of Life Problem Inventory**

Description	Group	Before Intervention				After Intervention			
		M	SD	t	p	M	SD	T	P
Life Problem Inventory	Experimental	3.76	.35	-2.03	.06	1.84	.178	-1.248	.228
	Control	4.04	.27	-2.03	.06	1.95	.205		

$df=18$ $p<0.05$

An independent sample t-test was used to access whether experimental and control group differ in terms of pre and post scores of LPI. There was no significance difference in the pre score obtained for experimental group ($M=3.76$, $SD=.35$) and control group ($M=4.04$, $SD=.27$) ($t(18)=-2.03$, $p=.06$). There was significant difference in the post scores obtained for experimental group ($M=1.84$, $SD=.178$) and control group ($M=1.95$, $SD=.205$) ($t(18)=-1.248$, $p=.228$).

Table 3.9: Independent Sample t-value of Beck Scale for suicidal ideation

Description	Group	Before Intervention				After Intervention			
		M	SD	t	p	M	SD	T	P
Beck Scale for suicidal ideation	Experimental	1.547	.090	1.09	.290	.594	.187	-3.56	.002
	Control	1.473	.193	1.09	.296	.847	.122		

$df=18$ $p<0.05$

An independent sample t-test was used to access whether experimental and control group differ in terms of pre and post scores of Beck Scale for suicidal ideation. There was no significance difference in the pre score obtained for experimental group ($M=1.54$, $SD=.090$) and control group ($M=1.47$, $SD=.193$) ($t(18)=1.09$, $p=.29$). There was significant difference in the post scores obtained for experimental group ($M=.594$, $SD=.187$) and control group ($M=.847$, $SD=.122$) ($t(18)=-3.56$, $p=.002$).

Discussion

Dialectical Behavior Therapy (Guillén Botella et al., 2021) is evidence-based outpatient psychotherapy for chronically Para-suicidal adults diagnosed with borderline personality disorder (BPD). Parasuicide is defined as acute, deliberate nonfatal self-injury or harm that includes suicide attempts and non-suicidal self-injurious behaviors (Sinha et al., 2017). Current study was conducted to explore the effectiveness of Dialectical Behavioural Therapy for adults with suicidal attempts. Aim of study was to explore that how Dialectical Behavioural Therapy play significant role in reducing suicidal ideations, urges and attempts and in enhancing social skills of regulating emotions, interpersonal effectiveness, mindfulness and distress tolerance in an individual. Study also explores treatment program differences on variables. The present study reported data from a quasi-experimental investigation of an adaptation of Linehan's Dialectical Behavior Therapy for suicidal adults



compared to find treatment as usual. Despite the greater level of severity of the DBT group pretreatment, on outcome this group had significantly border fewer inpatient psychiatric hospitalizations during the 12 weeks of treatment (i.e., none), and a significantly greater treatment completion rate. Thus, DBT for adolescents seems finding to be effective in keeping patients out of the hospital and in treatment (relative to TAU). Results show that there was significant difference between DBT group and TAU group scores. Significant difference was found in the pre and post scores of BDI among experimental group. Study conducted by Lynch et al. (2015) concludes DBT is efficient in reducing depression among adults. The present study confirms these results with 95% confidence interval. The study of Mao (2025) supported the results and their findings also shows that there was correlation between efficacy, depression and social support. DBT play significant role in reducing suicidal attempts. Rathus and Miller (2002) claimed DBT as promising treatment in lessening suicidal attempts in adolescents. This study expands their result to adult population. Suicidal ideation score was significantly low in DBT administered group than TAU group. The DBT group did show a trend toward greater current suicidal ideation on the SSI ($t_{65} = 1.91, p = .060$) at pretreatment, and were more depressed according to the BDI ($t_{50} = 2.87, p = .006$)

Conclusion

The current study shows significant effectiveness of Dialectical Behavior Therapy on the levels of depression, suicidal ideation and life problems. Dialectical Behavior Therapy play significant role in reducing suicidal ideation and attempts. Dialectical Behavior Therapy Reduces Depression, Negative emotions and suicidal ideation and attempts in adults. Recommendations for the assessment of suicide risk are based on the fundamental premise that suicide is multi-determined, with many potential biological, psychological, socio-cultural, and existential antecedent variables. Retrospective and prospective research of death by suicide has begun to identify modifiable risk factors and risk markers. Given that the retrospective design has been used far more frequently, our review largely draws upon findings of retrospective studies. Non-modifiable risk markers for suicide include age, sex, race, and ethnicity. These demographic variables can help inform risk assessment, and clinical interventions could effectively reduce suicide risk by modifying risk factors that drive suicide in later life.

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