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**ADMINISTRATIVE INFORMATION****Support** - None.**Review Stage at time of this submission** - Preliminary searches.**Conflicts of interest** - None declared.**INPLASY registration number:** INPLASY202520019

**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 4 February 2025 and was last updated on 4 February 2025.

**INTRODUCTION**

**Review question / Objective** This review will examine the evidence on dialectical behavior therapy (DBT) for adults with borderline personality disorder (BPD) with or without self-harming and suicidal behavior using randomized controlled trials (RCTs) and then assess the quality of the evidence.

1. Does DBT help in treating adults with BPD with or without self-harming and suicidal behavior?
2. What is the quality of the RCTs that have used DBT for adults with BPD with or without self-harming and suicidal behavior?

**Rationale** Dialectical Behavior Therapy (DBT) was developed in the late 1980s and early 1990s by Marsh Linehan (Linehan et al.,1992) to treat people with suicidal behavior who meet the diagnostic criteria for Borderline Personality Disorder (BPD) (Linehan,1987).BPD is characterized by interpersonal instability, impulsivity, avoidance of real and imagined abandonment, identity confusion, recurrent suicidal behavior, suicide

threats, and self-harm behavior, as well as emotional instability, chronic feelings of emptiness, intense anger or difficulty controlling anger, and paranoid thinking or dissociative symptoms (American Psychiatric Association, 2022). Dialectical behavior therapy is a psychotherapy that emerged from the third wave of cognitive behavioral therapy (Masuda & Rizvi, 2019). Linehan et al. (1994) used cognitive behavioral therapy with people with borderline personality disorder. However, she found that some aspects of this therapy were inappropriate and ineffective for certain types of clients when they were asked to focus on thoughts, beliefs, and behaviors. Linehan noticed high rates of treatment dropout and suicide attempts, Parasuicide, such as sublethal drug overdose, and use of a harmless tool for suicide, and this behavior is considered an indicator of suicide (see: Linehan et al.,1994). As a result, Linehan developed dialectical behavior therapy based on biosocial theory and principles of dialectical philosophy (Linehan, 1993). It hypothesized that the main problem in borderline personality disorder is emotional dysregulation

resulting from low mood and environmental incongruence, which leads to a lack of emotional skills that contribute to the emergence of maladaptive behaviors, for instance, impulsive or suicidal behaviors, which aim to regulate the painful emotional state (Linehan, 1993).

It is worth noting that dialectical behavior therapy is an evidence-based therapeutic intervention (EPT) (Huppert et al., 2006), which has been proven effective through clinical trials based on science and practice in treating many psychological disorders, especially borderline personality disorder (McMain et al., 2022). Consistent with the above, several studies have demonstrated the effectiveness of dialectical behavior therapy in reducing suicidal behavior and suicide attempts (DeCou et al., 2019) and non-suicidal self-injurious (NSSI) (Witt et al., 2025). However, there is no systematic review that has addressed dialectical behavior therapy for adults with borderline personality disorder with or without self-harm and suicidal behavior.

**Condition being studied** Dialectical Behavior Therapy for adult with borderline personality disorder with or without suicidal behavior and non-suicidal behavior.

## METHODS

**Search strategy** In February 2025, an electronic search will be conducted in four databases (Web of Science, PsycINFO, ScienceDirect, and PubMed). In addition, the reference list of potential included studies will be manually checked.

Search Terms: The search terms used will be as follows:

(Dialectical Behavior Therapy OR Dialectical Behavioral Therapy OR Dialectical Behaviour Therapy OR DBT) AND (Borderline Personality Disorder OR Borderline Pattern OR Borderline Personality Symptoms OR BPD) AND (Adults Patient\* OR Adults\* OR Adults over 18\*) AND (Self-harming behavior OR Self-harming OR Self-injurious behavior OR Self-injurious OR self-injury OR non-suicidal self-injury OR NSSI OR self-mutilation OR Suicidal behavior OR Suicide OR Parasuicidal OR Suicidal attempts OR Suicidal thought and Behavior OR suicide ideation OR suicidality).

**Participant or population** Adults aged 18 years and older.

**Intervention** Dialectical Behavior Therapy (DBT).

**Comparator** Dialectical Behavior Therapy (DBT).

**Study designs to be included** Randomized Controlled trials (RCTs).

**Eligibility criteria** This review will include articles published in English in peer-reviewed scientific journals that used randomized controlled trials (RCTs) of dialectical behavior therapy for people with borderline personality disorder with or without self-harming and suicidal behavior.

This review will include studies involving adults 18 years and older, regardless of race and culture. There are no date restrictions. On the other hand, the review will exclude studies that used randomized trials targeting children or adolescents and studies conducted in languages other than English.

**Information sources** Web of Science, PsycINFO, ScienceDirect, PubMed.

**Main outcome(s)** Studies that focused on dialectical behavior therapy and borderline personality disorder with or without suicidal behavior and non-suicidal behavior (self-harm).

**Data management** Inclusion and Exclusion Criteria:

The general principles published by the Center for Reviews and Dissemination (CRD, 2009) will be followed, and the Preferred Reporting Items will report results for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Moher et al., 2010). This review will include articles published in English in peer-reviewed scientific journals that used randomized controlled trials (RCTs) of dialectical behavior therapy for adults with borderline personality disorder with or without self-harming and suicidal behavior. No date restrictions were applied to this review. This review will exclude studies that used non-randomized controlled trials (NRCTs) and studies that included samples of children and adolescents. In addition, studies conducted in languages other than English will be excluded.

Study Selection:

Two phases will be applied when selecting studies in this review: The first phase is removing duplicates, and the titles and abstracts will be examined by applying the inclusion and exclusion criteria independently by the review author (JD) and an independent reviewer. The second phase will include obtaining the full texts of the studies in the review and examining them by the first author (JD) to verify the eligibility criteria. Also, the reference lists of all full scientific articles will be examined at this phase. In addition, any disagreement in the initial screening phase will be

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resolved through discussion with the second author (MA) with experience in conducting SRs).

Data extraction:

The PICOS Framework will extract the data, including identifying the population, intervention, comparison, outcomes, and study design. The study design will present the characteristics of the included studies in the current review. On the other hand, some basic information will be gathered, such as the authors' names of the included studies in the review, the location of the study, the journal that published the study, and the publication date. It will also include the characteristics of the population (sample), age, gender, and sample size. In addition, the study design, as well as the therapeutic group (DBT), the number of treatment sessions, the duration of treatment, whether there are drug treatments that the population is discharged to, and whether the intervention in the treatment may be modified or adapted to suit population from different environments or cultures. In addition, Clinical settings include (inpatients and outpatients), and all information related to the risk of bias will be extracted. The first author of this review (JD) will extract the data.

**Quality assessment / Risk of bias analysis** Risk of bias assessment is evaluating the quality and reliability of individual studies in a systematic review (Covidence.org, 2024). In this review, the Revised Cochrane risk-of-bias tool for randomized trials (RoB2) (see Higgins et al., 2023) will be used to assess the methodological quality of all studies included in this review and to identify how bias may have affected the study results (Flemyng et al., 2023). This tool consists of five domains: bias arising from the randomization process, bias from interventions and missing outcome data, bias in outcome measurement, and bias in the selection of the outcome obtained (Higgins et al., 2019). In addition, the first author (JD) will evaluate the risks of bias, and the second author (MA) will review it.

**Strategy of data synthesis** A narrative synthesis of the results will be included. The studies will be saved in Rayyan software to help with duplicates and screened in two phases. The titles and abstracts will be screened independently by the first author (JD) and an independent reviewer by applying inclusion and exclusion criteria. The second phase will involve obtaining the full texts of the studies and screening them for eligibility by the first author (JD) and an independent reviewer. Any disagreement at the screening phases will be resolved through discussion with the second author (MA).

**Subgroup analysis** No specific subgroup analysis will be conducted.

**Sensitivity analysis** Meta-analysis will be performed if enough data is found.

**Language restriction** English only.

**Country(ies) involved** Saudi Arabia.

**Keywords** Dialectical Behavior Therapy, Borderline Personality Disorder, Self-harming, Suicide.

#### **Contributions of each author**

Author 1 - Jamilah Darbashi (PhD student) - Jamilah Darbashi (JD) will search databases and identify studies and will review the first and second phases of study selection and quality assessment and will write the drafts of the manuscript.

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Author 2 - Modi Alsubaie (Assistant Professor of Clinical Psychology) - Modi Alsubaie (MA) will review the first and second phases of the study selection and the quality of the studies and comment on the manuscript drafts.

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