




The Effectiveness of Dialectical Behavior Therapy on Self-Control and Attachment Security in Self-Injurious Adolescent Girls

Neda. Alaeinejad¹, Hajar. Torkan^{2*}, Zahra. Yousefi³

¹ PhD Student in General Psychology, Department of Psychology, Isf., C., Islamic Azad University, Isfahan, Iran.

² Assistant Professor, Department of Psychology, Isf., C., Islamic Azad University, Isfahan, Iran

³ Assistant Professor, Department of Clinical Psychology, Isf., C. Islamic Azad University, Isfahan, Iran

* Corresponding author email address: h.torkan@khuif.ac.ir

Article Info

Article type:

Original Research

How to cite this article:

Alaeinejad, N., Torkan, H., & Yousefi, Z. (2025). The Effectiveness of Dialectical Behavior Therapy on Self-Control and Attachment Security in Self-Injurious Adolescent Girls. *Journal of Adolescent and Youth Psychological Studies*, 6(6), 1-9.

<http://dx.doi.org/10.61838/kman.jayps.6.6.9>



© 2025 the authors. Published by KMAN Publication Inc. (KMANPUB), Ontario, Canada. This is an open access article under the terms of the Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0) License.

ABSTRACT

Objective: This study aimed to investigate the effectiveness of dialectical behavior therapy on attachment security and self-control in self-injurious adolescent girls.

Methods and Materials: This research was quasi-experimental with a pretest-posttest-follow-up design. The statistical population included all female students with self-injurious behaviors in Isfahan City, from whom 40 individuals were purposefully selected based on inclusion and exclusion criteria and were randomly assigned to the control and experimental groups. While the control group was placed on a waiting list, the experimental group received eight ninety-minute sessions of dialectical behavior therapy training. The research instruments included the Experiences in Close Relationships Questionnaire (Fraley et al., 2000) and the Self-Control Scale (Tangney et al., 2008), which were administered to participants in both groups at three stages: pretest, posttest, and follow-up. Descriptive statistics (mean and standard deviation) and inferential statistics (repeated measures analysis of variance) were used to analyze the data.

Findings: The results indicated that this method led to improvements in both variables ($p < .05$).

Conclusion: Based on these findings, it can be concluded that this method is suitable for improving these two variables among girls with high-risk behaviors.

Keywords: *dialectical behavior therapy, attachment security, self-control, self-injury*

1. Introduction

Adolescence is a critical period for public health. It is a dynamic stage during which individuals experience major changes in their biopsychosocial functioning. This developmental phase presents an ideal opportunity to promote mental health and lays the foundation for well-

being, resilience, and positive psychological functioning in adulthood. It is considered one of the most significant stages of social and psychological development because the transition from childhood to adolescence is influenced by major emotional and cognitive changes (Silvers, 2022).

Many psychological problems and disorders also begin in early adolescence, making it the most important period of

vulnerability for the emergence of mental health issues (Best & Ban, 2021).

Suicide attempts and self-injurious behaviors in adolescents, as complex and multifactorial problems, have increased globally over the past decade (Hink et al., 2022). Since adolescents who engage in self-injury often respond impulsively and rapidly to internal or external stimuli, they frequently report difficulties in making new friends, conflicts with others, loneliness, interpersonal isolation, and/or experiences of bullying (Rahman et al., 2021).

Self-injury serves as a communicative act often occurring in non-accepting environments and is frequently associated with poor communication skills (Uh et al., 2021). Adolescents who engage in self-injurious behaviors have more difficulties than their peers in emotion regulation, controlling emotional aggression, social interactions, and coping strategies (Townsend et al., 2022).

Typically, adolescents are capable of acquiring a broad range of social and communication skills that allow them to connect, interact, and build positive relationships with others. These skills serve a protective role across a wide variety of everyday and high-risk contexts. However, adolescents who engage in self-injurious behaviors tend to exhibit weaker communication skills (Almeida et al., 2021).

Poor self-control is associated with self-injurious behaviors. In fact, impulsivity encompasses a wide range of behaviors that are enacted immaturely and with minimal forethought in pursuit of immediate reward or gratification. Although the completion of such acts often results in immediate satisfaction and relief (Eslava et al., 2023), typically, after a variable interval, individuals experience a mixture of regret, guilt, self-criticism, and panic. Thus, impulsivity appears to play a significant role in the occurrence of self-injurious behaviors. Self-injury is significantly related to self-regulation (López-Martínez et al., 2025).

Self-regulation has its roots in social-cognitive theories of behavior and involves three processes: self-monitoring, self-evaluation, and self-reinforcement. In the self-monitoring phase, individuals become aware of their behaviors and performances, leading to the selection of goals that promote progress. During self-evaluation, the individual assesses whether there is a congruence between the current state and the desired state (Blair & Ku, 2022). Following this evaluation, individuals can set goals and adjust their behaviors accordingly. In the self-reinforcement stage, when progress is made or a goal becomes attainable, individuals

usually experience happiness and satisfaction (Russell & Russell, 2025).

As mentioned earlier, self-injurious behaviors can also function as a form of communication. Therefore, attachment plays an important role in such reactions. Attachment theory provides a comprehensive explanation for self-injurious behaviors, as self-injury may have developmental origins (Zheng et al., 2025). When individuals are confronted with internal or external changes or events that elicit unpleasant emotions, those with secure attachment styles adopt effective problem-solving strategies, whereas individuals with insecure attachment styles activate maladaptive coping mechanisms when faced with threats. Anxious and avoidant insecure attachment styles also play significant roles in the future risk of self-injurious behaviors (Noever & Rosario, 2025).

Adolescents with an anxious attachment style engage in self-injurious behaviors due to feelings of insecurity, negative self-perceptions, and fears of losing others' attention and affection. Avoidant attachment, characterized by intense feelings of loneliness resulting from emotional regulation strategies that avoid natural intimacy-seeking, is also a significant predictor of self-injurious behaviors in adolescents (Glazebrook et al., 2015, 2016).

An adolescent who feels lonely and hopeless seeks a way to escape from the crisis causing severe suffering. Loneliness and feelings of being unwanted are key factors underlying self-injurious behaviors. Therefore, one characteristic that may reduce self-injurious behaviors is attachment security (Glazebrook et al., 2016). An individual with attachment security possesses appropriate interpersonal relationships and the ability to manage social interactions effectively. Such an individual acts as a problem solver and does not need to resort to self-injurious behaviors to communicate or achieve relational goals (Rizvi et al., 2024).

Various methods have been employed to enhance psychological constructs. One well-established treatment for self-injurious behaviors is dialectical behavior therapy. Developed by Linehan, dialectical behavior therapy is a form of cognitive-behavioral psychotherapy. The primary goal of this therapy is to reduce maladaptive and ineffective behaviors related to intense and dysregulated emotions and to enhance adaptive behaviors in the individual's environment (Asarnow et al., 2021).

Dialectical behavior therapy pursues five key functions: (1) increasing behavioral skills, (2) reducing emotional and cognitive interference in behavior, (3) ensuring the generalization of changes to the individual's natural

environment, (4) structuring the therapeutic environment and reinforcing effective behaviors, and (5) enhancing the therapist's skill, capacity, and motivation for effective treatment. These strategies are achieved through the use of behavioral therapy techniques, cognitive therapy, mindfulness practices, and third-wave therapeutic approaches (Rizvi et al., 2024).

Previous research has examined the effectiveness of various methods for improving self-control and attachment security. For example, Salehi et al. (2025) demonstrated the effectiveness of emotional safety training (Salehi et al., 2025); Matin and Etemadi (2021) showed the efficacy of compassion-focused therapy (Matin & Etemadi, 2021); and Gohari et al. (2023) found that mindfulness training improves attachment security (Gohari et al., 2023). Moreover, Sahebyar et al. (2025) demonstrated the effectiveness of concept map training (Sahebyar et al., 2025); Rigi et al. (2024) showed the efficacy of emotional recognition training (Rigi et al., 2024); and Abdulahi Beqrabadi and Heidary Rad (2025) indicated that emotion regulation training improves self-control (Abdulahi Beqrabadi & Heidary rad, 2025).

Additionally, the effectiveness of dialectical behavior therapy on various psychological constructs has been investigated. For example, Hernandez-Bustamante et al. (2024) demonstrated its efficacy for symptoms of borderline personality disorder (Hernandez-Bustamante et al., 2024); Emadian et al. (2024) on problem-solving skills (Emadian et al., 2024); Junkes et al. (2024) on depressive symptoms (Junkes et al., 2024); McCall et al. (2025) on smoking cessation symptoms (McCall et al., 2025); Rahmanian et al. (2024) on distress reduction (Rahmanian et al., 2024); Sadat Tabatabayi et al. (2021) on self-forgiveness and depression (Sadat Tabatabayi et al., 2021); Navarro-Haro et al. (2021) on eating disorder symptoms (Navarro-Haro et al., 2021); Asarnow et al. (2021) on emotion dysregulation (Asarnow et al., 2021); DeCou et al. (2019) on suicidal behaviors (DeCou et al., 2019); and Goldstein et al. (2024) on suicidal ideation (Goldstein et al., 2024).

According to the review of existing databases up to the time of writing this manuscript, no study has specifically investigated the effectiveness of dialectical behavior therapy training on self-control and attachment security among middle school students. Given the importance of self-control and attachment security throughout life, particularly among female middle school students, it is necessary to conduct research on the effectiveness of innovative methods to improve their psychological conditions. Therefore, this

study sought to answer the following question: Does dialectical behavior therapy have a significant effect on self-control and attachment security among female middle school students?

2. Methods and Materials

2.1. Study Design and Participants

This study was a quasi-experimental research with a pretest-posttest-follow-up design. The statistical population consisted of female middle school students in Isfahan County during the summer of 2024. From this population, 40 students were selected using convenience sampling based on consultation with school counselors. Subsequently, 40 students were randomly assigned to the control group ($n = 20$) and the experimental group ($n = 20$).

The inclusion criteria for participation in the study were:

- Willingness to participate in the study
- No diagnosis of severe psychological disorders based on self-report
- Obtaining informed parental consent

The exclusion criteria included:

- Missing more than two intervention sessions
- Incomplete responses to questionnaire items
- Receiving other psychological interventions

After obtaining the necessary approvals from the Research Deputy of the University and the ethics code from the University Ethics Committee, five public middle schools were selected. Students identified by school counselors as having a history of self-injury were referred, resulting in 45 students. Based on the inclusion and exclusion criteria, 40 students were selected. They were then randomly assigned to experimental and control groups. While the control group was placed on a waiting list, the experimental group received eight ninety-minute sessions of dialectical behavior therapy training adapted from Sadat Tabatabayi et al. (2021). Both groups were assessed using the research instruments at three points: before the intervention, after the intervention, and 45 days post-intervention (Sadat Tabatabayi et al., 2021). The training sessions were conducted by the researcher on Thursday afternoons at a counseling center.

2.2. Measures

2.2.1. Secure Attachment

Experiences in Close Relationships–Relationship Structures Questionnaire was developed by Fraley et al.

(2000) and consists of 36 items, with each set of nine items corresponding to one relational domain (father, mother, romantic partner, and best friend) (Fraley et al., 2011). In each set of nine questions, the first six items assess the avoidant dimension and the last three assess the anxious dimension. Each domain is rated on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). Higher scores indicate a greater degree of insecure attachment in each relational domain. The reliability of this tool, calculated using Cronbach's alpha, was reported as .83 for the anxious dimension and .92 for the avoidant dimension (Fraley et al., 2011). Panaghi et al. (2014) reported Cronbach's alpha values between .76 and .86 for the two factors across different relational domains and for overall attachment, confirming its good psychometric properties in the Iranian population (Panaghi et al., 2014). In the present study, internal consistency was recalculated, yielding a Cronbach's alpha of .87.

2.2.2. Self-Control

Tangney Self-Control Scale–Short Form was developed by Tangney et al. (2008), consisting of 13 items designed to measure individuals' self-control. Responses are rated on a Likert scale ranging from 1 (never) to 5 (very much). The maximum score is 65, and the minimum is 13. Higher scores indicate higher levels of self-control (Tangney, 2004). The validity and reliability of this scale have also been confirmed in Iran (Torbati et al., 2022). In the present study, internal consistency was recalculated and found to be .81.

2.3. Intervention

2.3.1. Dialectical Behavior Therapy

The protocol consists of eight sessions, each with a specific focus on different aspects of emotional regulation, cognitive-behavioral techniques, and behavioral strategies. In the first session, pretest assessments are conducted, and group members are introduced to each other, fostering a warm and intimate atmosphere. The session emphasizes active listening skills and the importance of establishing positive group dynamics. The second session focuses on introducing the four systems of emotional, cognitive, behavioral, and physiological processes and how they interact in a cyclical manner. Participants learn how to create changes in these cycles. The third session provides a review

of the previous session's homework, followed by an exploration of emotional regulation, teaching skills for emotional awareness and labeling emotions. The fourth session addresses the behavioral system, teaching techniques for behavioral validation, and identifying prohibitive behaviors. The fifth and sixth sessions focus on the cognitive system, with the introduction of cognitive validation techniques, identifying cognitive distortions, and using exercises based on Albert Ellis's cognitive theory to alter thought patterns. The seventh session explores the distinction between facts and interpretations, recognizing core beliefs, and respecting differing values. The final session revisits emotional, behavioral, and cognitive validation, addressing specific issues through behavior analysis strategies, and concludes with a summary and posttest assessments.

2.4. Data Analysis

Data analysis in this study was conducted using SPSS software version 27. Descriptive statistics, including mean and standard deviation, were used to summarize the participants' scores on self-control and attachment security across the pretest, posttest, and follow-up stages. To test the research hypotheses, repeated measures analysis of variance (ANOVA) was employed to examine within-group and between-group effects over time. Prior to conducting the ANOVA, assumptions of normality, equality of variances, and sphericity were assessed through the Shapiro-Wilk test, Levene's test, and Mauchly's test, respectively. In cases where the assumption of sphericity was violated, the Greenhouse-Geisser correction was applied. Additionally, Bonferroni post-hoc tests were performed to compare pairwise differences between the experimental and control groups across different time points. The significance level for all analyses was set at $p < .05$.

3. Findings and Results

To examine the research hypothesis "Dialectical behavior therapy training has a significant effect on self-regulation and attachment security," repeated measures analysis of variance (ANOVA) was employed. The results of this analysis are presented below.

Table 1 shows the mean and standard deviation for the dependent variables in the study groups.

Table 1*Means (M) and Standard Deviations (SD) of Self-Control and Attachment Security Across Three Time Points in the Research Groups*

Variable	Time	Dialectical Behavior Therapy Group M (SD)	Control Group M (SD)
Self-Control	Pretest	38.80 (5.83)	45.07 (2.66)
	Posttest	43.60 (3.18)	44.07 (2.66)
	Follow-up	44.60 (3.20)	43.14 (2.65)
Attachment Security	Pretest	162.93 (16.09)	174.80 (7.91)
	Posttest	141.33 (14.50)	166.80 (7.53)
	Follow-up	133.33 (14.50)	158.80 (6.55)

As seen in Table 1, the dependent variables in the dialectical behavior therapy group showed greater changes in the posttest and follow-up stages compared to the control group.

The results of the Shapiro-Wilk test showed that self-control and attachment security in the pretest, posttest, and follow-up stages had a normal distribution ($p > .05$), and the equality of variance-covariance matrices (via Box's M test) was also confirmed ($p > .05$). Additionally, Levene's test for

equality of error variances was not significant ($p > .05$). However, Mauchly's test of sphericity was significant, indicating that the sphericity assumption was violated. In such cases, because the assumption of sphericity was not met, the Greenhouse-Geisser correction was applied, and the results are presented in the final repeated measures ANOVA tables. Table 2 shows the results of repeated measures ANOVA.

Table 2*Results of Repeated Measures ANOVA for Self-Control and Attachment Security*

Variable	Source	Sum of Squares	df	Mean Square	F	Significance	Partial Eta Squared	Power
Self-Regulation	Time	1012.46	1	1012.46	103.98	.001	.71	1
	Time \times Group	401.98	2	200.99	20.64	.001	.50	1
	Error (Time)	408.89	42	9.73	-	-	-	-
	Group	1751.66	2	875.83	29.84	.001	.59	1
	Error (Group)	1232.71	42	29.35	-	-	-	-
Attachment Security	Time	19990.53	1	19990.53	278.28	.001	.87	1
	Time \times Group	3133.08	2	1566.54	21.81	.001	.51	1
	Error (Time)	3017.07	42	71.83	-	-	-	-
	Group	18597.73	2	9298.87	33.21	.001	.61	1
	Error (Group)	11760.53	42	280.01	-	-	-	-

As shown in Table 2, for the variable self-control, the within-group effect of time ($F(1, 42) = 103.98, p < .01$) and the time \times group interaction ($F(2, 42) = 20.64, p < .01$) indicated that there were significant differences in self-control over time and in the interaction between time and group. The partial eta squared for the time factor was .71 and for the time \times group interaction was .50, both with a statistical power of 1. This result shows that 71% and 50% of the variance in self-control were attributed to the intervention (dialectical behavior therapy training), with 100% statistical power.

Also, as shown in Table 2, regarding the between-group effect ($F(2, 42) = 29.84, p < .01$), there was a significant difference between groups in self-control. The partial eta squared for the group factor was .59, with a statistical power

of 1, indicating that 59% of the variance in self-control could be attributed to the group differences, confirmed with 100% power.

For the variable attachment security, the within-group effect of time ($F(1, 42) = 278.28, p < .01$) and the time \times group interaction ($F(2, 42) = 21.81, p < .01$) also indicated significant differences across time and the interaction between time and group. The partial eta squared was .87 for time and .51 for the time \times group interaction, both with a statistical power of 1, suggesting that 87% and 51% of the variance in attachment security were attributed to the intervention, confirmed with 100% power.

Furthermore, as shown in Table 2, for the between-group effect ($F(2, 42) = 33.21, p < .01$), there was a significant difference between groups regarding attachment security.

The partial eta squared for the group factor was .61, with a statistical power of 1, meaning that 61% of the variance was explained by group membership, confirmed with 100% power.

Table 3

Bonferroni Post-Hoc Test Results for Pairwise Comparisons in Self-Control and Attachment Security

Variable	Baseline Group	Comparison Group	Mean Difference	Standard Error	Significance
Self-Regulation	Pretest	Posttest	-5.24	0.57	.001
		Follow-up	-6.24	0.57	.001
	Posttest	Follow-up	-1.00	0.57	.250
		Control Group	8.80	1.14	.001
Attachment Security	Pretest	Posttest	20.87	1.55	.001
		Follow-up	28.87	1.55	.001
	Posttest	Follow-up	8.00	1.55	.001
		Dialectical Behavior Therapy Group	-20.93	3.53	.001

As shown in Table 3, for the self-control variable, there was a significant difference between the pretest and posttest, and between the pretest and follow-up stages; however, no significant difference was found between the posttest and follow-up stages. This suggests that self-control increased from the pretest to the posttest and follow-up stages, and that this increase remained stable over time.

For attachment security, significant differences were observed between the pretest and posttest, between the pretest and follow-up, and between the posttest and follow-up stages. This indicates that attachment security increased from the pretest to the posttest and follow-up, and also from the posttest to the follow-up stage.

At the group level, there was a significant difference between the dialectical behavior therapy group and the control group ($p < .01$).

4. Discussion and Conclusion

This study aimed to investigate the effectiveness of dialectical behavior therapy training on self-control and attachment security among middle school girls with self-injurious behaviors. The results indicated that this method was able to improve both variables over time.

In alignment with previous studies, it can be stated that the findings of the present research regarding the effectiveness of dialectical behavior therapy training on self-regulation and attachment security are consistent with other studies that have also demonstrated the effectiveness of this method. These include the findings of Hernandez-Bustamante et al. (2024) on symptoms of borderline personality disorder (Hernandez-Bustamante et al., 2024); Emadian et al. (2024) on problem-solving (Emadian et al.,

Table 3 presents the results of the Bonferroni post-hoc test for pairwise comparisons between groups regarding self-control and attachment security.

2024); Junkes et al. (2024) on symptoms of depression (Junkes et al., 2024); McCall et al. (2025) on smoking cessation symptoms (McCall et al., 2025); Rahmanian et al. (2024) on distress reduction (Rahmanian et al., 2024); Sadat Tabatabayi et al. (2021) on self-forgiveness and depression (Sadat Tabatabayi et al., 2021); Navarro-Haro et al. (2021) on eating disorder symptoms (Navarro-Haro et al., 2021); Asarnow et al. (2021) on alexithymia (Asarnow et al., 2021); DeCou et al. (2019) on suicidal behaviors (DeCou et al., 2019); and Goldstein et al. (2024) on suicidal ideation (Goldstein et al., 2024).

In explaining the effectiveness of this method on self-control, it can be said that self-control refers to the ability to manage impulses in order to regulate behaviors and emotions toward achieving goals. An individual with self-control can not only manage their impulses effectively but also implement and pursue their plans toward goal attainment. On the other hand, girls who engage in self-injurious behaviors, when experiencing anger and impulsive outbursts of anger, are unable to solve the problem and instead direct it inwardly, harming themselves. Additionally, attachment security means that an individual experiences less avoidance and anxiety in relationships with others, is less worried about loss, and views relationships not merely as a means to alleviate anxiety but as opportunities for growth. Considering that increasing attachment security reduces avoidance and anxiety and enhances problem-solving ability, it subsequently reduces ruminative relational thoughts. Therefore, it seems that dialectical behavior therapy employs mechanisms that improve self-regulation.

In these training sessions, adolescents learned three important skills: mindfulness, emotion regulation, and

interpersonal effectiveness, which facilitated self-change, acceptance of conditions, and adjustment to unchangeable situations. In the domain of mindfulness, they learned techniques such as observing, describing, participating, strengthening skills, and developing wise mind practices. In the area of emotion regulation, they acquired environmental analysis skills, emotional congruence management skills, and environmental control techniques; additionally, self-validation and problem-solving strategies contributed to emotion regulation. In the domain of interpersonal effectiveness, they learned that maintaining relationships and friendships requires mastering self-regulation and emotional control skills. Overall, it seems that these acquired skills have contributed to the improvement of adolescents' self-regulation and attachment security in several ways: (1) by regulating emotions, enhancing mood, and preparing adolescents to cope with life challenges and frustrations; (2) by helping them avoid behaviors that undermine their self-worth, thus enabling them to experience better interpersonal relationships; and (3) by helping them achieve greater anger control.

5. Limitations & Suggestions

One of the limitations of this study was the use of a convenience sampling method, which may limit the generalizability of the findings to the broader population of adolescents with self-injurious behaviors. Additionally, the study focused solely on female middle school students in one city, and thus the results may not be applicable to male students or adolescents from different cultural or geographic backgrounds. Another limitation was the reliance on self-report questionnaires, which are subject to biases such as social desirability and inaccurate self-assessment. Furthermore, the relatively short follow-up period of 45 days restricts the ability to evaluate the long-term sustainability of the intervention's effects.

Future research is recommended to use random sampling methods and to include diverse populations across genders, age groups, and cultural contexts to enhance the generalizability of the findings. Longitudinal studies with extended follow-up periods would be valuable for assessing the durability of improvements in self-control and attachment security over time. Additionally, incorporating qualitative methods, such as interviews or observational techniques, could provide deeper insights into the mechanisms through which dialectical behavior therapy affects psychological outcomes. Comparative studies that

evaluate the effectiveness of dialectical behavior therapy against other therapeutic approaches would also help identify the most effective interventions for adolescents with self-injurious behaviors.

Acknowledgments

We would like to express our appreciation and gratitude to all those who cooperated in carrying out this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. This study was conducted under the ethics code IR.IAU.KHUISF.REC.1402.345.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

Authors' Contributions

All authors equally contributed to this article.

References

- Abdulahi Beqrabadi, G., & Heidary rad, M. (2025). The Effectiveness of Emotion Regulation Training on Academic Self-Regulation and Procrastination of Male Students with Special Learning Disorder. *Rooyesh*, 13(11), 193-202. <https://frooyesh.ir/article-1-5571-en.html>
- Almeida, I. L., Rego, J. F., Teixeira, A. C., & Moreira, M. R. (2021). Social isolation and its impact on child and adolescent development: A systematic review. *Revista Paulista De Pediatria*, 40, e2020385. <https://doi.org/10.1590/1984-0462/2022/40/2020385>
- Asarnow, J. R., Berk, M. S., Bedics, J., Adrian, M., Gallop, R., Cohen, J., Korszund, K., Hughes, J., Avina, C., Linehan, M. M., & McCauley, E. (2021). Dialectical behavior therapy for suicidal self-harming youth: Emotion regulation, mechanisms, and mediators. *Journal of the American Academy of Child &*

- Adolescent Psychiatry*, 60(9), 1105-1115. <https://doi.org/10.1016/j.jaac.2021.01.016>
- Best, O., & Ban, S. (2021). Adolescence: Physical changes and neurological development. *British Journal of Nursing*, 30(5), 272-275. <https://doi.org/10.12968/bjon.2021.30.5.272>
- Blair, C., & Ku, S. (2022). A hierarchical integrated model of self-regulation. *Frontiers in psychology*, 13, 725828. <https://doi.org/10.3389/fpsyg.2022.725828>
- DeCou, C. R., Comtois, K. A., & Landes, S. J. (2019). Dialectical behavior therapy is effective for the treatment of suicidal behavior: A meta-analysis. *Behavior therapy*, 50(1), 60-72. <https://doi.org/10.1016/j.beth.2018.03.009>
- Emadian, S. O., Ojarastaghi, F., & Mirzaian, B. (2024). The Effectiveness of Skills Training Based on Dialectical Behavior Therapy on Social Problem Solving and Attitude towards Delinquency of Delinquent Teenagers. *Rooyesh*, 13(10), 131-140. <https://frooyesh.ir/article-1-5764-en.html>
- Eslava, D., Martínez-Vispo, C., Villanueva-Blasco, V. J., Errasti-Pérez, J. M., & Al-Halabi, S. (2023). Family conflict and the use of conventional and electronic cigarettes in adolescence: The role of impulsivity traits. *International journal of mental health and addiction*, 21(6), 3885-3896. <https://doi.org/10.1007/s11469-022-00828-8>
- Fraley, R. C., Heffernan, M. E., Vicary, A. M., & Brumbaugh, C. C. (2011). The experiences in close relationships-Relationship Structures Questionnaire: A method for assessing attachment orientations across relationships. *Psychological assessment*, 23(3), 615-625. <https://doi.org/10.1037/a0022898>
- Glazebrook, K., Townsend, E., & Sayal, K. (2015). The role of attachment style in predicting repetition of adolescent self-harm: A longitudinal study. *Suicide and Life-Threatening Behavior*, 45(6), 664-678. <https://doi.org/10.1111/sltb.12159>
- Glazebrook, K., Townsend, E., & Sayal, K. (2016). Do coping strategies mediate the relationship between parental attachment and self-harm in young people? *Archives of Suicide Research*, 20(2), 205-218. <https://doi.org/10.1080/13811118.2015.1004495>
- Gohari, S., Hoseini almadani, S. A., & Afkari, F. (2023). Efficacy of Child-Centered Mindfulness Therapy on the Attachment Quality in the Divorce-Engaged Children with Difficulty in the Emotional Self-Regulation. *Journal of Modern Psychological Researches*, 18(70), 213-221. https://journals.tabrizu.ac.ir/article_16505.html?lang=en
- Goldstein, T. R., Merranko, J., Rode, N., Sylvester, R., Hotkowski, N., Fersch-Podrat, R., Hafeman, D. M., Diler, R., Sakolsky, D., Franzen, P., & Birmaher, B. (2024). Dialectical behavior therapy for adolescents with bipolar disorder: A randomized clinical trial. *JAMA Psychiatry*, 81(1), 15-24. <https://doi.org/10.1001/jamapsychiatry.2023.3399>
- Hernandez-Bustamante, M., Cjuno, J., Hernández, R. M., & Ponce-Meza, J. C. (2024). Efficacy of dialectical behavior therapy in the treatment of borderline personality disorder: A systematic review of randomized controlled trials. *Iranian Journal of Psychiatry*, 19(1), 119. <https://doi.org/10.18502/ijps.v19i1.14347>
- Hink, A. B., Killings, X., Bhatt, A., Ridings, L. E., & Andrews, A. L. (2022). Adolescent suicide—Understanding unique risks and opportunities for trauma centers to recognize, intervene, and prevent a leading cause of death. *Current Trauma Reports*, 8(2), 41-53. <https://doi.org/10.1007/s40719-022-00223-7>
- Junkes, L., Gherman, B. R., Appolinario, J. C., & Nardi, A. E. (2024). Dialectical Behavior Therapy as an intervention for Treatment Resistant Depression in adults: A protocol for systematic review and meta-analysis. *PLoS One*, 19(5), e0303967. <https://doi.org/10.1371/journal.pone.0303967>
- López-Martínez, L. F., Carretero, E. M., Carrasco, M. A., & Pérez-García, A. M. (2025). Self-Regulation, Emotional Symptomatology, Substance Use, and Social Network Addiction in Adolescent Self-Harm. *Behavioral Sciences*, 15(3), 257. <https://doi.org/10.3390/bs15030257>
- Matin, H., & Etemadi, O. (2021). Effect of Compassion Focused Therapy (CFT) on Attachment Styles of couples with Marital Conflict. *Clinical Psychology Studies*, 12(42), 1-22. https://jcps.atu.ac.ir/article_13195.html?lang=en
- McCall, M. H., Boyd, C. T., Kerr, N. D., Daniel, S. S., & Sutfin, E. L. (2025). Dialectical Behavior Therapy Skills Training as a Brief Intervention for Cigarette Smoking by Patients with Cancer: A Scoping Review and Narrative Synthesis of Related Literature. *Psycho-Oncology*, 34(1), e70074. <https://doi.org/10.1002/pon.70074>
- Navarro-Haro, M. V., Botella, V. G., Badenes-Ribera, L., Borao, L., & García-Palacios, A. (2021). Dialectical behavior therapy in the treatment of comorbid borderline personality disorder and eating disorder in a naturalistic setting: A six-year follow-up study. *Cognitive therapy and research*, 45, 480-493. <https://doi.org/10.1007/s10608-020-10170-9>
- Noever, D., & Rosario, G. (2025). Beyond No: Quantifying AI Over-Refusal and Emotional Attachment Boundaries. *arXiv preprint*. <https://arxiv.org/abs/2502.14975>
- Panaghi, L., Maleki, G., Zabihiadeh, A., Poshtmashhadi, M., & Soltaninezhad, Z. (2014). Validity, Reliability, and Factor Analysis of Experiences in Close Relationship (ECR) Scale. *ijcp*, 19(4), 305-313. <https://www.ensani.ir/fa/article/405462/>
- Rahman, F., Webb, R. T., & Wittkowski, A. (2021). Risk factors for self-harm repetition in adolescents: A systematic review. *Clinical psychology review*, 88, 102048. <https://doi.org/10.1016/j.cpr.2021.102048>
- Rahmanian, M., Kordmirza Nikoozadeh, E., abdolkoseini, A., Agahheris, M., & Shahamat, N. (2024). The effectiveness of dialectical behavior therapy on the tolerance of distress, irrational beliefs, rumination of anger in patients with obsessive-compulsive disorder. *Clinical Psychology Studies*, 15(55), 48-62. https://jcps.atu.ac.ir/article_18440.html
- Rigi, K., Shahriari Ahmadi, M., Tajali, P., & Ghodsi, P. (2024). Effectiveness of Emotional Recognition Intervention on Emotional Self-Regulation and Empathy in Children with Oppositional Defiant Disorder. *Psychology of Exceptional Individuals*, 14(54), 43-75. https://jpe.atu.ac.ir/article_18025.html
- Rizvi, S. L., Bitran, A. M., Oshin, L. A., Yin, Q., & Ruork, A. K. (2024). The state of the science: Dialectical behavior therapy. *Behavior*. <https://www.sciencedirect.com/science/article/abs/pii/S0005789424000303>
- Russell, C. G., & Russell, A. (2025). Appetite Self-Regulation in Childhood: A Narrative Review and Conceptual Model of Processes and Mechanisms With Implications for Research and Practice. *Nutrition Reviews*, nuae220. <https://doi.org/10.1093/nutrit/nuae220>
- Sadat Tabatabayi, A., Yosofi, Z., Motamedi, M., & Taheri, S. (2021). The Effectiveness of Dialectical Behavior Therapy on Self-Forgiveness and Depression in Teenager Girls with Self-injury History in Isfahan. *Journal of Clinical Psychology*, 13(1), 13-22. https://jcp.semnan.ac.ir/article_5058.html
- Sahebyar, H., Sardari, M., & Akhoundi-khalan, R. (2025). The effectiveness of concept map training on analytical thinking and self-regulation of elementary school male students. *Learner-based Curriculum and instruction Journal*, 4(2), -. https://cipj.tabrizu.ac.ir/article_19310.html?lang=en

- Salehi, B., Kimiaei, S. A., Amin Yazdi, S. A., & Kareshki, H. (2025). Comparing the Effectiveness of Emotional Safety Training and Its Enrichment with Self-Compassion on Self-Esteem, Attachment, and Social-Emotional Competence in Housewives. *Journal of Psychological Science*, 24(147), 21-41.
https://psychologicalscience.ir/browse.php?a_id=2489&sid=1&slc_lang=en&fxt=0
- Silvers, J. A. (2022). Adolescence as a pivotal period for emotion regulation development. *Current opinion in psychology*, 44, 258-263. <https://doi.org/10.1016/j.copsyc.2021.09.023>
- Tangney, J. P. (2004). High self-control predicts good adjustment, less pathology, better grades, and interpersonal success. *Journal of personality*, 2(April 2004), 54. <https://doi.org/10.1111/j.0022-3506.2004.00263.x>
- Torbati, A. G., Zandi, A., & Abbaspour, S. (2022). Effectiveness of educational intervention-based compassion therapy on emotional regulation and self-control after discharge of patients With COVID-19. *Journal of education and health promotion*, 11(1), 279. https://doi.org/10.4103/jehp.jehp_66_22
- Townsend, E., Ness, J., Waters, K., Rehman, M., Kapur, N., Clements, C., Geulayov, G., Bale, E., Casey, D., & Hawton, K. (2022). Life problems in children and adolescents who self-harm: Findings from the multicentre study of self-harm in England. *Child and Adolescent Mental Health*, 27(4), 352-360. <https://doi.org/10.1111/camh.12544>
- Uh, S., Dalmaijer, E. S., Siugzdaite, R., Ford, T. J., & Astle, D. E. (2021). Two pathways to self-harm in adolescence. *Journal of the American Academy of Child & Adolescent Psychiatry*, 60(12), 1491-1500. <https://doi.org/10.1016/j.jaac.2021.03.010>
- Zheng, X., Liu, Z., Liu, T., & Mu, S. (2025). Childhood Maltreatment and Non-Suicidal Self-Injury Among Chinese College Students: Roles of Parent-Child Attachment and Negative co-Rumination. *Journal of family violence*, 1-4. <https://doi.org/10.1007/s10896-025-00854-9>