

# Dialectical Behavior Therapy: Impact on Self-Harming Behaviors, Bullying, and Cognitive Emotion Regulation in Delinquent Teenagers

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### ABSTRACT

**Objective:** The increase in juvenile delinquency due to poor management and regulation of emotions and self-harming behaviors under the influence of bullying has become a significant issue in all societies. Accordingly, identifying the effects of therapeutic approaches that can play a role in this regard seems essential. Therefore, this study aimed to investigate the impact of Dialectical Behavior Therapy on self-harming behaviors, bullying, and cognitive emotion regulation in delinquent teenagers.

**Methods and Materials:** This quasi-experimental study included a pre-test, post-test, and a control group. The statistical population consisted of all adolescents aged 12 to 18 years from the Tehran Juvenile Correction and Rehabilitation Center. Thirty adolescents from the center were selected using convenience sampling and were randomly assigned to two groups of 15 (experimental and control groups). The data collection tools included the Self-Harm Behavior Questionnaire by Klonsky and Glenn (2009), the Bullying Behavior Questionnaire by Espelage, Bosworth, and Simon (2000), and the Cognitive Emotion Regulation Questionnaire by Garnefski, Kraaij, and Spinhoven (2001). The data obtained from these questionnaires were analyzed using covariance analysis at a significance level of 0.01 with SPSS26 software.

**Findings:** The results indicated that Dialectical Behavior Therapy was effective in reducing self-harming behaviors and bullying and increasing cognitive emotion regulation in delinquent teenagers ( $P < 0.01$ ).

**Conclusion:** Based on these findings, it is recommended to utilize and teach Dialectical Behavior Therapy techniques in correctional and rehabilitation centers to enhance cognitive emotion regulation and reduce bullying and self-harming behaviors in delinquent teenagers.

**Keywords:** Dialectical Behavior Therapy, Self-Harming Behaviors, Emotion Regulation, Delinquent Teenagers.

## 1. Introduction

Juvenile Delinquency is a significant aspect of social pathology. According to the United Nations report, juvenile delinquency has increased by 5% annually. In Iran, it has become a primary concern for judicial, security, and executive authorities. In all societies, the term "delinquent" refers to individuals who engage in actions against the law and societal norms (Mosavi Fard, 2021). Adolescence, encompassing ages 11 to 18, is a period of transition involving physical growth and emotional crises (Saif, 2020). Limited experiential repertoire and weak emotion regulation during this critical period make adolescents susceptible to externalizing problems such as self-harm, bullying, and delinquency (Yeo et al., 2020).

Bullying is a type of intentional and repetitive physical, verbal, or psychological behavior conducted by a stronger and more powerful adolescent or group of adolescents towards another adolescent perceived as vulnerable and submissive, resulting in harm (DeCamp & Newby, 2014). Olweus (1991) defines bullying as a subset of aggressive behaviors manifesting physically, verbally, and relationally, comprising three components: 1) intentionality, 2) repetition over time, and 3) power imbalance (Olweus, 1993). Researchers identify impulsivity, aggression, physical strength, and dominant behaviors as primary traits of bullies. They argue that bullies adopt aggressive strategies for resolving interpersonal conflicts and lack alternative conflict resolution skills (Hoover et al., 1992; Olweus, 1993; Wolke et al., 2000).

Self-Harming Behaviors in delinquent teenagers are prevalent, affecting millions and posing a major public health issue; lifetime prevalence among adolescents ranges from 10 to 20 percent (Gillies et al., 2018). Self-harm often begins and peaks during adolescence (Hetrick et al., 2020) and is a strong predictor of suicide (Hawton et al., 2015). Non-suicidal self-injury includes behaviors like skin scratching, cutting, burning, head banging, and hitting oneself (Perepletchikova et al., 2011). According to Suyemoto's (1998) theory, understanding self-harming behaviors requires knowing why a specific behavior occurs at a specific time under certain consequences and by a specific individual (Suyemoto, 1998). The functions of these behaviors typically include reducing or escaping negative emotions, self-punishment, or reducing numbness or dissociative experiences (Hoffmann et al., 2021). These behaviors are not performed with the conscious intent of

suicide or deviating from socially accepted behaviors (Favril et al., 2020).

Research Findings indicate that delinquent teenagers are more prone to self-harming and bullying behaviors compared to other adolescent groups. A review study reported the rate of self-harming behaviors in delinquent teenagers ranging from 6 to 24 percent (Casiano et al., 2013). Another reason for the propensity for self-harm among delinquent adolescents is the history of abuse and maltreatment during childhood (Favril et al., 2020). Additionally, adolescents' lack of insight into their emotions, especially distressing emotions that hinder social interaction, results in their inability to regulate emotions (Safaeinaeini et al., 2019). These adolescents typically struggle with self-control, recognizing emotional cues, understanding others' perspectives, and managing anger. They have not acquired the necessary behavioral skills to provide adequate responses and resolve conflicts (Karshki, 2013; Nadimi, 2016; Yeo et al., 2020). Emotional regulation enables adolescents to identify emotions in themselves and others, better manage negative emotions like sadness, anger, and anxiety, and mitigate their adverse effects (Cooper et al., 2015). Therefore, appropriate psychological interventions are crucial for managing emotions and reducing bullying behaviors that harm themselves and others.

Dialectical Behavior Therapy (DBT) is an effective intervention in this context. DBT is a cognitive-behavioral approach based on the principle of change, integrated with Zen philosophy's principle of acceptance, comprising four intervention components in its group therapy approach (Fitzpatrick et al., 2020). DBT combines client-centered acceptance and empathy with cognitive-behavioral problem-solving and social skills training. These skills include 1) mindfulness, 2) interpersonal effectiveness, 3) emotion regulation, and 4) distress tolerance (Nadimi, 2017). Studies have shown DBT's effectiveness in reducing bullying behaviors and harm to others. For example, Astaneh, Mirzaeian, and Hasanzadeh (2020) indicated that DBT increases emotion regulation and positive affect while reducing negative affect, aggressive behavior, and self-injury (Astaneh et al., 2020). Alijan-zadeh et al. (2014), and Damavandian et al. (2022) showed that DBT significantly improves self-harming behaviors, aggression, and emotional regulation in delinquent teenagers, preventing harmful behaviors (Damavandian et al., 2022). Yeo et al. (2020) also confirmed DBT's impact on self-harm and emotion regulation (Yeo et al., 2020). Perepletchikova et al. (2011) found that DBT enhances emotion regulation and adaptive

coping skills while significantly reducing depression symptoms, suicidal ideation, and problematic behaviors (Perepletchikova et al., 2011). Fleischhaker et al. (2011) examined DBT's impact on suicidal and self-harming behaviors and borderline symptoms in adolescents, showing significant reductions in self-harming behaviors during treatment (Fleischhaker et al., 2011). Panoset al. (2014) also demonstrated DBT's effectiveness in stabilizing and controlling self-harming behaviors. Thus, this approach, based on previous research, can reduce maladaptive behaviors in adolescents (Panos et al., 2013). However, further investigation is needed to determine DBT's effect on reducing specific maladaptive behaviors in delinquent teenagers. The findings from this research can be used for planning to prevent and reduce bullying behaviors and manage emotions in delinquent teenagers. If confirmed, the findings can be implemented in educational workshops for adolescents, preventing individual, familial, and societal consequences and saving considerable human and material costs imposed on relevant institutions. This study aims to answer whether DBT training affects self-harming behaviors, bullying, and emotional regulation in delinquent teenagers.

## 2. Methods and Materials

### 2.1. Study Design and Participants

The present study is classified as applied research. Given that the goal is to evaluate the effectiveness of Dialectical Behavior Therapy (DBT) techniques on self-harming behaviors, bullying, and emotional regulation in delinquent teenagers, a quasi-experimental pre-test and post-test design with a control group was employed. The statistical population included all adolescents aged 12 to 18 years at the Tehran Juvenile Correction and Rehabilitation Center. Using convenience sampling, 30 adolescents were selected and randomly assigned to two groups of 15 (experimental and control). Inclusion criteria included no drug addiction at the time of participating in the educational program, having been in the center for at least one month, and having at least four months remaining until release. Exclusion criteria included lack of willingness to participate in the study or missing more than two sessions. After coordinating with the officials at the correctional center, the researchers, along with the center's experts, conducted the study. Following the briefing of the selected participants, the educational intervention of DBT techniques was administered, and participants were randomly assigned to the experimental and

control groups. Pre-tests and post-test were conducted for both groups.

### 2.2. Measures

#### 2.2.1. Self-Harm Behavior

This inventory, developed by Klonsky and Glenn (2009), is a self-report tool that assesses the frequency and functions of non-suicidal self-injury (NSSI). It consists of two parts: the first part screens 12 types of NSSI behaviors performed intentionally (consciously) but without suicidal intent, including hitting, biting, burning, tattooing, cutting, wound picking, pinching, hair-pulling, rubbing skin against rough surfaces, severe scratching, inserting needles into the skin, and ingesting dangerous chemicals. The test-retest reliability of this section over a period of 1 to 4 weeks was 0.85 ( $r = 0.85$ ). The internal consistency between the test items using Cronbach's alpha was 0.84 (Saffarinia et al., 2014; Salemi Khameneh et al., 2018). The validity and reliability of the questionnaire in this study were found to be 0.84 and 0.82, respectively.

#### 2.2.2. Cognitive Emotion Regulation

This multidimensional self-report questionnaire, developed by Garnefski, Kraaij, and Spinhoven (2001), contains 36 items and has forms for both adults and children. It assesses cognitive strategies for self-blame, acceptance, rumination, positive refocusing, refocusing on planning, positive reappraisal, putting into perspective, catastrophizing, and blaming others. The Persian version of the CERQ was validated in Iran by Besharat (2009, 2011). In this study, the content validity of the CERQ was assessed by ten psychology experts, with Kendall's coefficient of agreement for the subscales ranging from 82% to 94% (Damavandian et al., 2022; Garnefski et al., 2001).

#### 2.2.3. Bullying Behavior

Questionnaire by Espelage, Bosworth, and Simon (2004): This questionnaire, designed to measure bullying in adolescents, consists of 18 items rated on a 5-point Likert scale and includes three subscales: bullying, victimization, and fighting. High scores indicate high levels of bullying, while low scores indicate low levels of bullying. Espelage et al. (2004) used Cronbach's alpha to determine the questionnaire's reliability, yielding 0.83 for the total questionnaire and 0.87, 0.83, and 0.88 for the subscales of bullying, victimization, and fighting, respectively. In a study

by Mahdavi, Dehestani, and Pasandideh (2019), Cronbach's alpha for the subscales of bullying, victimization, and fighting, and the total questionnaire were 0.79, 0.81, 0.77, and 0.83, respectively (Dehestani et al., 2019; Espelage & Swearer, 2004; Safaieinaei et al., 2019). The reliability and validity of the questionnaire in this study were calculated as 0.86 and 0.84, respectively.

### 2.3. Intervention

#### 2.3.1. Dialectical Behavior Therapy

The DBT protocol consisted of 12 therapy sessions based on Linehan's (1993) therapeutic protocol, detailed as follows (Linehan, 1993):

Session 1: Introduction of group members, familiarization with the procedure and future session planning, and assignment of individual tasks.

Session 2: Mindfulness skills: teaching the rational mind, the importance and necessity of mindfulness, and techniques for observing, describing, and participating.

Session 3: Emotional mind: teaching dimensions of emotion, emotion classification, aspects of emotion, functions of emotion, and emotion analysis.

Session 4: Wise mind: techniques for reinforcing the wise mind, fundamental acceptance, effective mindfulness in daily life, overcoming obstacles.

Session 5: Distress tolerance: distress tolerance through basic acceptance techniques, breathing observation, awareness practice, and gentle smiling.

Session 6: Distress tolerance: change strategies such as distraction techniques, self-soothing, and positive imagery.

Session 7: Interpersonal effectiveness skills, including assertiveness, maintaining relationships, and preserving self-respect.

Session 8: Relaxation techniques, being present in the moment, cost-benefit analysis, and coping strategies, including activity and participation skills.

Session 9: Identifying emotion in the moment, reducing physical and cognitive vulnerability, increasing positive emotions, and learning comparison and emotion skills.

Session 10: Awareness of emotion without judgment, emotional confrontation, acting opposite to emotional impulses, problem-solving, and three suppression, thought, and sensory skills.

Session 11: Behavioral styles, unhealthy emotional habits, inability to identify needs, harmful relationships, and erroneous beliefs; teaching emotional regulation skills, reducing emotional distress, and improving positive emotions.

Session 12: Awareness of events, assertiveness, listening, refusal, negotiation, conflict resolution, summary, and post-test administration.

### 2.4. Data analysis

Descriptive statistics, covariance analysis, and the Levene test were used for data analysis with SPSS-24 software.

## 3. Findings and Results

Descriptive statistics for the mean and standard deviation of variables related to the study participants are shown in Table 1:

**Table 1**

*Descriptive Statistics of Variables in Control and Experimental Groups*

Variables	Groups	Pre-Test Mean (SD)	Post-Test Mean (SD)
Self-Harming Behaviors	Experimental	147.73 (15.107)	94.80 (17.465)
	Control	102.80 (11.602)	102.60 (16.181)
Bullying	Experimental	162.24 (17.43)	99.21 (19.53)
	Control	169.17 (13.84)	168.67 (13.21)
Emotion Regulation	Experimental	69.07 (11.517)	97.40 (13.861)
	Control	70.20 (15.048)	67.80 (8.143)

According to the findings in Table 1, the mean scores for self-harming behaviors, bullying, and emotion regulation in the control group were almost identical in both pre-test and post-test, indicating no significant differences. However, in the experimental group, the mean scores for self-harming behaviors, bullying, and emotion regulation showed notable

differences between the pre-test and post-test. Based on these results, the training of Dialectical Behavior Therapy techniques in the experimental group helped reduce self-harming behaviors and bullying while increasing emotion regulation.

To examine the normality of variable distribution, the Kolmogorov-Smirnov test was used, showing that all variables were not significant in both pre-test and post-test conditions, indicating a normal distribution of data. Levene's test for equality of variances indicated that the homogeneity

of variances for self-harming behaviors ( $F = 0.674, p = 0.28$ ), bullying ( $F = 0.845, p = 0.36$ ), and cognitive emotion regulation ( $F = 4.938, p = 0.23$ ) was established.

Therefore, after confirming the assumptions, analysis of covariance (ANCOVA) was used to compare the means.

**Table 2**

*ANCOVA Results for Research Variables*

Variables	Source	Sum of Squares	df	Mean Square	F	Significance	Effect Size	Power
Self-Harming Behaviors	Pre-Test	735.057	1	735.057	3.240	0.03	0.107	0.411
	Group	15961.813	1	15961.813	70.357	0.01	0.723	1.000
	Error	36.3	59	124.94				
Bullying	Pre-Test	839.425	1	839.425	4.34	0.001	0.789	0.587
	Group	1823.762	1	1823.762	78.268	0.001	0.624	1.000
	Error	2451.69	59	82.11				
Emotion Regulation	Pre-Test	633.922	1	633.922	5.736	0.024	0.175	0.637
	Group	6738.189	1	6738.189	60.967	0.01	0.693	1.000
	Error	4375.06	59	15.31				

The findings in Table 2 show that the F-statistic for self-harming behaviors is 70.357, for bullying is 78.268, and for cognitive emotion regulation is 60.967, all with a significance level of 0.01, which is less than 0.05. Therefore, the ANCOVA results indicate that the mean scores for self-harming behaviors, bullying, and cognitive emotion regulation in the experimental group have significantly changed with the introduction of DBT technique training ( $p < 0.01$ ).

**4. Discussion and Conclusion**

The present study aimed to investigate the impact of training Dialectical Behavior Therapy (DBT) techniques on self-harming behaviors, bullying, and cognitive emotion regulation in delinquent teenagers. The results indicated that training in DBT techniques reduces bullying and self-harming behaviors in delinquent teenagers. These findings align with the prior research (Astaneh et al., 2020; Casiano et al., 2013; Damavandian et al., 2021, 2022; Fleischhaker et al., 2011; Gillies et al., 2018; Perepletchikova et al., 2011; Safaeinaeini et al., 2019).

To explain these findings, one can refer to the functional role of harmful behaviors. According to this theory, intrapersonal functioning follows automatic negative reinforcement and automatic positive reinforcement. Harmful and bullying behaviors may be activated by automatic negative reinforcement aimed at stopping undesirable emotional and cognitive states such as escaping frustration, reducing emotional pain, expressing anger towards others, and reducing tension, or by automatic

positive reinforcement to create certain internal states. Additionally, adolescents may engage in self-harming and bullying behaviors seeking positive social reinforcement to gain attention and access specific social resources (Safaeinaeini et al., 2019; Saffarinia et al., 2014). DBT training strengthens logical thinking and self-respect in adolescents, enabling them to read emotional cues, understand others' perspectives, manage anger, and acquire behavioral skills needed for adequate responses, conflict resolution, and suppression of negative thoughts and feelings about themselves and others.

The study's findings also indicate that DBT techniques effectively enhance cognitive emotion regulation in delinquent teenagers. These results are consistent with the prior research findings (Alijanzadeh et al., 2014; Cooper et al., 2015; Damavandian et al., 2021, 2022; Fleischhaker et al., 2011; Perepletchikova et al., 2011; Yeo et al., 2020). To explain the effectiveness of DBT in cognitive emotion regulation, one can refer to Suyemoto's (1998) theory. According to this theory, the occurrence of any behavior, including harmful behaviors, is performed at a specific time, under specific consequences, and by a specific individual (Suyemoto, 1998). DBT techniques cause neurobiological changes in the hippocampus, cingulate, and prefrontal cortex. Reduced activity in the prefrontal cortex, parahippocampus, and cingulate in response to negative emotional stimuli is a result of this educational intervention. Considering the changes in the activation of the cingulate and its significant role in highlighting emotional stimuli,

using cognitive strategies plays an important role in reducing negative emotions (Yeo et al., 2020).

Given that exposure to distressing stimuli increases amygdala activity and mental arousal, this educational intervention helps regulate emotions more than cognition by creating a gap between mental arousal and increased amygdala activity. Additionally, the skills acquired by adolescents during DBT training, such as mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance, especially mindfulness exercises, help adolescents free themselves from automatic and negative thoughts, playing a significant role in cognitive emotion regulation. This therapy seems to improve cognitive emotion regulation skills in adolescents by increasing positive mood. By enhancing attention, awareness, and acceptance of emotions, it modifies individuals' cognitive emotion regulation strategies. It can reduce bullying behaviors in delinquent teenagers by considering the elements of negative and positive automatic reinforcement intrapersonally and socially. Therefore, controlling the intrapersonal and interpersonal consequences of these behaviors can help reduce bullying and harm in delinquent teenagers.

## 5. Limitations & Suggestions

The present study, like many others, faced limitations. Due to not considering gender variables and the different statistical population (delinquent teenagers), generalizing the findings to the entire population should be done with caution. Future research should consider these limitations. Based on the results, it is suggested that officials at correctional and rehabilitation centers incorporate DBT technique training into their educational planning to enhance emotion regulation and reduce such behaviors in delinquent teenagers.

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## Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

## Declaration of Interest

The authors of this article declared no conflict of interest.

## Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

## 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.

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## Authors' Contributions

All authors contributed equally.

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