



Vol. 8, Issue 3, 139-148, 2019

Academic Journal of Psychological Studies

ISSN: 2333-0821

ajps.worldofresearches.com

The Effect of Dialectical Behavioral Therapy on Social Stress, Blood Pressure and Interpersonal Relationships of Patients with Borderline Personality Disorder

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A B S T R A C T

The purpose of this study was to investigate the effect of dialectical behavioral therapy on the treatment of social stress, interpersonal relationships and hypertension in borderline personality disorders in the city of Birjand (Iran). The quasi-experimental research was a pre-test-posttest with control group. A sample of 40 people who had a high score from the personality disorder questionnaire was selected and then randomly assigned into two groups of 20 experimental and 20 control subjects. In order to measure the variables, Jackson and Claridge border personality scale, interpersonal communication skills questionnaire (2012), Blood Measurement Scale, Watson & Freund's Stress Questionnaire (1969), and dialectical behavioral therapy intervention protocol for borderline personality disorder were used. Covariance analysis was used to analyze the data. The results of this study showed that dialectical behavioral therapy has a significant effect on the treatment of social stress, interpersonal relationships and hypertension in individuals with borderline personality disorder. Dialectical behavioral therapy reduces social stress in people with borderline personality disorder and also improves interpersonal relationships and lowers blood pressure in people with borderline personality disorder. The results of this study showed that dialectical behavior therapy can be effective in reducing the symptoms of borderline personality disorder, and this effect has the necessary sustainability.

Keywords: Dialectical Behavioral Therapy, Social Stress, Interpersonal Relationships, Hypertension, Borderline Personality Disorder.

INTRODUCTION

Borderline personality disorder is the most common personality disorder in psychiatric settings (Barlow & Durand, 2011). Most people with borderline personality disorder (50%), aged 18 to 25 years, are diagnosed with this disorder. Also, two thirds of the total population of patients with borderline personality disorder are women (Choi-Kain & Gunderson, 2008). This gender difference is likely to be influenced by the differences in mood (mood). Women may be more severe and more unstable than men. However, environmental factors also play a part in explaining this gender difference, as girls are often exposed to more sexual abuse (ie, a key feature of the history of border patients) compared to boys. Family education and community thinking also encourage women to be domineering and not express their anger. It is also likely

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DOI: [In pressing](#)

To cite this article: Poodineh, M. (2019). The Effect of Dialectical Behavioral Therapy on Social Stress, Blood Pressure and Interpersonal Relationships of Patients with Borderline Personality Disorder. *Academic Journal of Psychological Studies*, 8 (3), 139-148.

that men with borderline personality disorder are a group that is less likely to be diagnosed with this disorder than not really having a borderline personality disorder because men show a different type of disorder. Men generally have more aggressive temperament and, instead of obedience and consensus, most of the domination and instead of the introduction of painful emotions, most outsiders are acting and expressing them to others (Young, Klosko, & Weishaar, 2003). Patients with borderline personality disorder are at the fringe of neuroticism and psychosis, and their characteristic is the instability of their emotional state, mood, behavior, relationship with their objectivity and self-concept (Sadock & Sadock, 2011). The function of patients is such that they interfere with their interpersonal relationships. Because they feel hostility and dependency at the same time, interpersonal relationships are disturbed (American Psychiatric Association, 2013).

Dialectical behavioral therapy is most commonly used in the treatment of borderline personality disorder. The complexity and diversity of problems among people with borderline personality disorder make this method effective treatment for these populations and also as a strategy for evaluating and treating a large number of problems in a systematic way (Wagner, Rizvi, & Harned, 2007). People who are diagnosed with borderline personality disorder experience extreme fluctuations in their emotions, see the world black and white, and they seem to be entering a crisis from one crisis to another. A few people around the person with such a particular emotional state understand these understandings. In fact, many of them who do not realize that their family is a family member and their childhood disciples are discrediting their emotions. This situation makes it harder for the person to deal with that sudden and sudden fluctuation of excitement. Dialectical behavioral therapy is a way in which the skills necessary to solve this problem are taught (Koerner & Dimeff, 2007; Rizvi, Steffel, & Carson-Wong, 2013).

Patients with ongoing borderline personality disorder are in crisis. Their main characteristic is mood and behavioral fluctuations, and these fluctuations appear in people as a feeling of depression that easily changes anxiety and then anger. Other features of these patients are interpersonal interruptions; they are very dependent on others; in order to maintain intellectual and behavioral balance, they need not only support, security and encouragement for others; they are very vulnerable to separation from the sources of support. They are always afraid of being freed, afraid of signs of loss. Many studies indicate that the fear of leaving and staying alone is the most important problem for these individuals (Linehan, 2018; Stoffers-Winterling et al., 2012).

Border personality disorder and its characteristics such as hopelessness, impulsiveness, emotional instability and interpersonal disturbances are significantly related to suicidal ideation and suicidal thoughts and self-harmed self-harm (Beck, Davis, & Freeman, 2015; Soler et al., 2012). Researchers have argued that interpersonal sensitization, including fear of being released, sensitivity to exclusion and intolerance to loneliness, may be the cause of many interpersonal difficulties in borderline personality disorder, which leads to confusion and improper behaviors in interpersonal relationships. Individuals with borderline personality traits are described with internal and external aggression. This irritability and anger are correlated with interpersonal difficulties in border individuals (Perugi et al., 2016). Persons with borderline personality disorder may have physical problems due to interpersonal problems. One of the physical problems is hypertension (Powers & Oltmanns, 2012). On the other hand, social stress is one of the most common forms of chronic stress that social organisms (such as mammals) are involved with. Social stress comes through the presence and competition of allies in the community. In fact, in order to experience social stress, the present must have two general characteristics: individual life and social life; as well as a progressive nervous system capable of understanding and analyzing the complicated conditions of society (Dohrenwend, 2002).

In the context of interpersonal relationships in patients, it can be said that the function of patients is in a way that disrupts their interpersonal relationships. Because they feel hostility and dependency at the same time, interpersonal relationships are disturbed (American Psychiatric Association, 2013). Borderline personality disorder is classified in the fifth diagnostic and statistical manual of B-disorder in the two axis and is defined as instability in interpersonal relationships, self-image and emotions (Sadock & Sadock, 2011). Researchers have argued that interpersonal sensitization, including fear of being released, sensitivity to exclusion and intolerance to loneliness, may be the cause of many interpersonal difficulties in borderline personality disorder, which leads to confusion and improper behaviors in interpersonal relationships. Individuals with borderline personality traits are described with internal and external aggression. This irritability and anger are also correlated with interpersonal difficulties in the borderline (Perugi et al., 2016).

Dialectical behavioral therapy is a therapeutic approach developed by Linehan (2018), for the treatment of patients with repeated borderline personality traumatic suicide. This method is based on treachery, behaviorism, dialectical philosophy and Zen's ritual. This approach considers the interaction of social-social factors as the cause of borderline personality disorder. This means that patients with borderline personality disorder are people who are biologically vulnerable to emotional vulnerability and who have been educated in environments that repeatedly invalidate their internal experiences and behaviors. Emotional vulnerability, along with breeding in an inert environment, can lead to a person with deficiencies in the ability, motivation, and adjustment of his emotions and problems of life.

Dialectical behavioral therapy is an integrated approach to therapy. Integration between contradictions to achieve results and growth. In this approach, the patient is taught to recognize the contradictions within themselves or between themselves and the environment and to achieve an effective result through combining and combining them. Integration can be seen in some form in this approach. Integrating biological models and environmental models, in other words, both biological factors and environmental factors are taken into account in the emergence and continuation of borderline personality disorder (Taylor, 2006).

Borderline personality disorder is the most common personality disorder in psychiatric settings (Barlow & Durand, 2011). Most people with borderline personality disorder (50%), aged 18 to 25 years, are diagnosed with this disorder. Also, two thirds of the total population of patients with borderline personality disorder are women (Choi-Kain & Gunderson, 2008). This gender difference is likely to be affected by the differences in mood (mood). Women may be more severe and more unstable than men. However, environmental factors also play a part in explaining this gender difference, as girls are often exposed to more sexual abuse (ie, a key feature of the history of border patients) compared to boys. Family education and community thinking also encourage women to be domineering and not express their anger. It is also likely that men with borderline personality disorder are a group that is less likely to be diagnosed with this disorder than not really having a borderline personality disorder because men show a different type of disorder. Men generally have more aggressive temperament, and instead of obedience and consensus, most of the domination and rather than the introduction of painful emotions are more outspoken, censured and expressed to others (Young et al., 2003). On the basis of this study, we have evaluated the effectiveness of Dialectical Behavioral Therapy on Social Stress, Blood Pressure and Interpersonal Relationships of Patients with Borderline Personality Disorder.

METHODOLOGY

The present study was a pseudo-experimental pretest-posttest with control group in which

the effectiveness of dialectical behavioral therapy on social stress, interpersonal relationships and hypertension of individuals with borderline personality were studied.

Society, sample and sampling method

The statistical population of this study included all patients with borderline personality disorder in the city of Birjand (Iran). The statistical sample included all patients with borderline personality disorder in the city of Birjand (Iran). The sampling method was to select the borderline personality scale on available individuals and then 40 people who scored a high score from the personality disorder questionnaire and then were randomly assigned into two groups of 20 experimental and 20 control subjects. After that, the experimental group was exposed to training in 8 sessions and finally, they were subjected to a similar questionnaire from both groups.

Borderline Personality Scale: The borderline personality scale is part of the schizotypal trait questionnaire and the schizotypal trait questionnaire consists of two schizotypal personality scales and a borderline personality scale. This test, along with its compatibility with the DSM-IV-TR criteria, in addition to the 18 primary substances, added 6 other substances to cover the diagnostic criteria of the disorder. Therefore, the borderline personality scale has 24 items that are answered as "yes / no". Answer yes, a score of one and a good answer will score zero. This scale measures three factors of frustration, impulsivity, and factor of stress-related paranoid and paranoid symptoms. Rawlings et al. Reported the 0.80 alpha coefficient for the borderline personality scale. The simultaneous validity of the borderline personality scale with psychosomatic and psychosomatic fractal scales The Eysenck Personality Questionnaire in the main culture was reported to be 0.44 and 0.44, respectively. In Iran, Mohammadi, Bakhtiari, Arani, Dolatshahi, and Habibi (2018), The coefficient of re-test of the total score of the borderline personality was 0.84 and the subscales of despair, impulsivity, and stress-related paranoid symptoms respectively, were reported to be 0.53, 0.72 and 0.05 respectively. The researchers calculated the alpha coefficient of the whole scale to be 0.77 and for the subscales of hopelessness, impulsivity and stress-related paranoid and paranoid symptoms, respectively, were 0.64, 0.58 and 0.57, respectively.

Interpersonal communication skills questionnaire: This questionnaire was introduced by Watson (1983). This questionnaire has 19 questions and aims to measure interpersonal communication skills in different individuals. Its response range is Likert. The score for each option is presented in the table below: very low (1), Down (2), satisfactory (3), Good (4) and Very good (5).

To get the total score of the questionnaire, the total points of all questions were combined. This will have a range of 19 to 95. Higher scores represent higher interpersonal skills in the respondent, and vice versa. But for a more mature outcome, the following categorization can be used to measure the interpersonal communication skills of the respondent:

- Score below 45 Acute Communication Problems
- Score 46-65 communication problem
- A score of 66-95 empowered person

Blood pressure test: All Blood Pressure Blood Pressure Monitor (BP) is used to check the blood pressure.

Social stress: The social anxiety questionnaire was developed by Watson and Freund (1969) to identify and assess social anxiety. This 58-item tool has two subscales of social

avoidance and a fear of negative evaluation. The social avoidance subscale of 28 items and the subscale of fear of negative evaluation is 30 articles.

- Scale Components (Avoidance and Social Disturbance)
- Grading and Interpreting Scale 1. (Avoidance and Social Disturbance):

The score is such that half of the questions have a positive response and half the answer is negative and the score range is between zero and 28.

To score, the subjects must give 1 point in the table below the right-hand side, giving a total of 14 items, and give 1 point to the rest of the questions marked by the wrong house, which total 14 items. Then they should calculate their score, which range from 0 to 28.

Data analysis is performed using SPSS software. At the descriptive statistics level, frequency, mean and standard deviation and inferential statistics were used after covariance analysis confirmed by the relevant assumptions.

RESULTS

Table 1. Median and Standard Deviation of Blood Pressure Scores, Social Stress and Interpersonal Relationships in Two Measurement Stages by Trial and Control Group

Group	Variable	Pre-exam		Post-test	
		Mean	Std. deviation	Mean	Std. deviation
experiment	Interpersonal relationships	45.40	6.41	63.35	6.09
	Social stress	19.20	5.03	8.95	3.72
	blood pressure	13.20	1.05	12.55	1.06
Control	Interpersonal relationships	48	6.59	48.60	6.47
	Social stress	18.80	2.66	17.70	2.43
	blood pressure	12.90	1.44	13.45	1.23

In Table 1, as it is seen, the mean scores of the control group in the post-test are not significantly different from the pre-test. While in the experimental group, the blood pressure and social stress scores in the post test were lower than the pretest. Also in the test group, interpersonal relationships scores in posttest were more than pre-test.

Before analyzing the research data, the underlying assumptions of the analysis were examined. The most important of these assumptions is normal. To investigate the assumption about the normalization of Kolmogorov-Smirnov test distribution data was used. The Kolmogorov-Smirnov statistics for the pre and posttest of all variables were calculated, which was meaningless for all variables, that is, all variables were normal (2). As Table 3 shows, Kolmogorov-Smirnov statistics for all variables are meaningless, which suggests the assumption that variables are normal.

Table 2. An examination of the assumption that the variables of the research are normal

Variables		Kolmogorov-Smirnov test for normalization	
		The statistics	Significance level
Interpersonal relationships	Pre-exam	1.34	0.054
	Post-test	0.77	0.58
Social stress	Pre-exam	0.83	0.48
	Post-test	1.24	0.09
Blood pressure	Pre-exam	1.04	0.22
	Post-test	1.06	0.02

The results of the assumptions of the statistical tests showed that the same test of the regression line slope and the equality of the variances (using Levine test) were the same for the

experimental and control groups (the interaction between the experimental conditions and the equilibrium variable was not significant) and the use of the analysis is a barrier ($P > 0.05$).

Table 3. The same test of regression line slope for test and control groups

Source of change	Degrees of freedom	Sum of squares	F	Significance level
Pre-test group	768.26	2	2.98	0.071
Error	372.51	37		

Table 4. Precedence of equation of variances (using Levine test)

Significance level	df2	df1	F
0.09	38	1	3.08

Table 5. Summary of ANOVA to determine the effectiveness of dialectical behavioral therapy in reducing social stress

Sources of changes	SS	Df	MS	F	P	D ²
Pre-test social stress	53.14	1	53.14	6.10	0.02	0.14
Main effect (therapy)	784.28	1	784.28	90.11	0	0.07
The remaining error	322	37	8.70			

ANCOVA results show that by eliminating the effect of social stress tests, pretest as a subtraction variable is the main effect of dialectical behavioral therapy on reducing social stress in posttest. In other words, the table shows that the observed difference between the mean social stress scores of the experimental and control group was significant in terms of group membership in the post-test stage with 99% confidence ($P < 0.01$). The impact of this intervention was 0.70.

Table 6. Adjustable social stress table

Group	Mean	Std. deviation
Control	17.75	0.66
Experiment	8.89	0.66

Moderate averages show that the mean social stress score of the experimental group is lower than that of the control group.

The results of the assumptions of the statistical tests showed that the same test of the regression line slope and the equality of the variances (using Levine test) were the same for the experimental and control groups (the interaction between the experimental conditions and the equilibrium variable was not significant) and the use of the analysis Covariance is a barrier ($P < 0.05$).

Table 7. The same test of regression line slope for test and control groups

Source of change	MS	DF	F	Std. deviation
Pre-test group	3035.69	2	3.02	0.063
Error	643.28	37		

Table 8. Preceding equation of variances (using Levine test)

Significance level	df2	df1	F
0.08	38	1	3.18

Table 9. The Sumerian Peninsula in the middle of the Dialectical Effect of the Bavarian Airborne Thrush of this Thin-Trench Python

Sources of changes	SS	Df	MS	F	P	D ²
Pre-test social stress	866.86	1	866.86	50.39	0	0.57
Main effect (therapy)	2663.40	1	2663.40	154.82	0	0.8
The remaining error	636.48	36	17.20			

ANOVA results show that by eliminating the effect of interpersonal pre-test scores as an integral variable, the main effect of dialectical behavioral therapy on interpersonal relationships in post-test is significant. In other words, the table shows that the observed difference between the mean scores of the interpersonal relationships of the participants in the experimental group-control according to the membership in the post-test stage with a 99% confidence is significant ($P < 0.01$). The effect of this intervention was 0.80.

Table 10. Moderate averages table of interpersonal relationships

Group	Mean	Std. deviation
Control	47.64	0.93
Experiment	64.30	0.93

Moderated averages indicate that the mean score of the interpersonal relationships of the experimental group is greater than that of the control group.

The results of the assumptions of the statistical tests showed that the same test of the regression line slope and the equality of the variances (using Levine test) were the same for the experimental and control groups (the interaction between the experimental conditions and the equilibrium variable was not significant) and the use of the analysis Covariance is a barrier ($P < 0.05$).

Table 11. The same test of regression line slope for test and control groups

Significance level	SS	df	F	p
Pre-test group	11.16	2	2.25	0.10
Error	46.83	37		

Table 12. Preliminary condition of equality of variances (using Levine test)

Significance level	df2	df1	F
0.07	38	1	3.45

Table 13. Summary of ANOVA to determine the effectiveness of dialectical behavioral therapy in the treatment of hypertension

Sources of changes	SS	Df	MS	F	P	D ²
Main effect (treatment)	4.57	1	4.57	3.73	0.06	0.09
Pre-test blood pressure	9.50	1	9.50	7.75	0.008	0.17
Remaining error	45.32	37	1.22			

The results of the table show that by eliminating the effect of pre-test Blood Pressure score as an integral variable, the main effect of dialectical behavioral therapy on post-test blood pressure treatment is significant. In other words, the table shows that the observed difference between the mean of the BP scores of the participants in the experimental and control group was significant in terms of group membership in the post-test stage with a confidence level of 99% ($P < 0.01$). The impact of this intervention was 0.17.

Table 14. Adjusted blood pressure table

Group	Mean	Std. deviation
Control	13.49	0.24
Experiment	12.50	0.24

Moderated averages show that the mean blood pressure score of the experimental group is lower than that of the control group.

The results of this study showed that dialectical behavioral therapy has a significant effect

on reducing the social stress of individuals with borderline personality.

CONCLUSION

Dialectical behavioral therapy emphasizes basic inclining and distress tolerance as components of the principle of acceptance, as well as interpersonal adjustment and interpersonal efficiency as components of the principle of change, and through strategies such as behavioral skills training, the replacement of maladaptive behaviors with rational and adaptive responses, identifying Negative emotions and how to deal with them can reduce stress. As a result, dialectical behavioral therapy can reduce symptoms of stress in the sample group. Therefore, it can be concluded that in the treatment of anxiety and Stress of dialectical treatment is effective in reducing the social stress in patients with personality disorder.

Also, the results showed that dialectical behavioral therapy was effective in improving and treating the interpersonal relationships of individuals with borderline personality and improving its interpersonal relationships in patients with personality disorder. Vakili, Kimiaee, and Salehi Fardadi (2016) investigated the effectiveness of the dialectical behavioral therapy of prisoners' borderline personality disorder. The results showed that the experimental group showed a significant decrease in the symptoms of borderline personality disorder, especially in interpersonal relationships, compared to the control group.

In the context of interpersonal relationships in individuals with a borderline personality, it can be said that the function of patients is in a way that disrupts their interpersonal relationships. Because they feel hostility and dependency at the same time, interpersonal relationships are disturbed (American Psychiatric Association, 2014). Borderline personality disorder is defined in the fifth diagnostic and statistical manual of psychiatric disorders in category B, and is defined as instability in interpersonal relationships, self-image and emotions (Sadock & Sadock, 2011). Researchers have argued that interpersonal sensitization, including fear of being released, sensitivity to exclusion and intolerance to loneliness, may be the cause of many interpersonal difficulties in borderline personality disorder, which leads to confusion and improper behaviors in interpersonal relationships. Individuals with borderline personality traits are described with internal and external aggression. This irritability and anger are also correlated with interpersonal difficulties in the borderline.

Borderline personality disorder and its characteristics, such as hopelessness, impulsivity, emotional instability and interpersonal disturbances are significantly correlated with suicidal ideation and suicidal thoughts and self-harmed self-harm. Researchers have argued that interpersonal sensitization, including fear of being released, sensitivity to exclusion and intolerance to loneliness, may be the cause of many interpersonal difficulties in borderline personality disorder, which leads to confusion and improper behaviors in interpersonal relationships. Individuals with borderline personality traits are described with internal and external aggression. This irritability and anger are also correlated with interpersonal difficulties in the borderline.

Dialectical behavioral therapy increases the ability of the authorities through the training of new skills with skills that are not effectively used, increasing the incentives of the authorities, ensuring the generalization of treatment to real environments and helping to apply these skills in different environments, giving the structure to the environment by expanding networks Professional and social, as well as enhancement of therapist's capabilities and motivation by providing the ability to increase their skills and motivation, the therapist has provided a new

pathway in the treatment of borderline personality disorder. Consequently, dialectical treatment can be said to have a positive effect on patients with personality disorder and have improved the relationships in these patients since dialectic therapy the therapeutic approach is integrated. Integration between contradictions to achieve results and growth. In this approach, the patient is taught to recognize the contradictions within themselves or among themselves and the environment, and to achieve an effective result through their combination and integration and improve interpersonal relationships in individuals.

Also, the results of this study showed that dialectical behavioral therapy is effective in the treatment of hypertension in people with borderline personality and it reduces the blood pressure of individuals with borderline personality. Findings consistent with the present study were not found.

Persons with borderline personality disorder may have physical problems due to interpersonal problems. One of the physical problems is hypertension. Blood pressure causes all body systems to be uncomfortable and damaged. If the blood pressure is chronic or mild, it gradually and inaccurately affects the heart and may increase the abnormal and dangerous heart rate after a prolonged period, causing heart failure and entrapment of the vessels of the cardiac arteries. Stenosis, resulting in chest pain, angina pectoris and stroke.

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