Journal Website

Article history:
Received 07 June 2025
Revised 11 August 2025
Accepted 15 September 2025
Published online 21 Sept 2025

Iranian Journal of Neurodevelopmental Disorders

Volume 4, Issue 3, pp 1-9

E-ISSN: 2980-9681

Effectiveness of Emotion-Focused Therapy on Suicidal Ideation and Distress Tolerance in Adolescents with Borderline Personality Disorder Symptoms

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A r t i c l e I n f o

Article type:
Original Research

How to cite this article:
Fazeli Mehrabadi, A., Baloochan, M., Nikkhah Sirovi, Z. (2025). Effectiveness of Emotion-Focused Therapy on Suicidal Ideation and Distress Tolerance in Adolescents with Borderline Personality Disorder Symptoms. *Iranian Journal of Neurodevelopmental Disorders, 4*(3), 1-9. https://doi.org/10.61838/kman.jndd.4.3.18

A B S T R A C T

Purpose: The present study aimed to investigate the effectiveness of Emotion-Focused Therapy (EFT) on suicidal ideation and distress tolerance in adolescents with symptoms of borderline personality disorder (BPD).

Methods and Materials: This quasi-experimental study employed a pretest–posttest design with a control group. The statistical population included all adolescents with BPD symptoms who referred to Sepidaran Ravan Counseling Center and Shorooe Zendegi Clinic in Tehran in 2024 due to interpersonal problems. Using multi-stage sampling (convenience in the first stage and purposive in the second), 30 eligible adolescents were selected. Participants were randomly assigned to the experimental and control groups (15 each). The experimental group received 12 ninety-minute EFT sessions twice weekly based on Greenberg's (1980) protocol, while the control group was placed on a waiting list. Research instruments included the Borderline Personality Assessment Questionnaire (STB), Beck Suicidal Ideation Questionnaire (1961), and the Distress Tolerance Scale (DTS-15; Simons & Gaher, 2005). Data were analyzed using descriptive statistics and analysis of covariance (ANCOVA) with SPSS-24.

Findings: After controlling for pretest scores, ANCOVA results indicated a significant reduction in suicidal ideation in the experimental group compared to the control group ($F = 15.11$, $p < 0.01$, $\eta^2 = 0.36$), with EFT accounting for 36% of the variance in suicidal ideation. Similarly, a significant improvement in distress tolerance was observed in the experimental group compared to the control group ($F = 5.86$, $p < 0.01$, $\eta^2 = 0.249$), with EFT explaining 24.9% of the variance in distress tolerance.

Conclusion: EFT effectively reduced suicidal ideation and enhanced distress tolerance in adolescents with BPD symptoms. By targeting maladaptive emotional responses and fostering adaptive emotional processing, EFT can be considered a valuable therapeutic option for high-risk adolescents to improve emotional resilience and reduce self-destructive tendencies.

Keywords: *suicidal ideation, distress tolerance, emotion-focused therapy, borderline personality disorder*

1. Introduction

Borderline personality disorder (BPD) in adolescence is recognized as one of the most severe and complex psychiatric conditions, characterized by pervasive instability in affect regulation, self-image, interpersonal relationships, and marked impulsivity. Adolescents with BPD symptoms are at elevated risk for self-harming behaviors, suicidal ideation, and suicide attempts, making this a critical area for early intervention (Benton, 2022; Mars et al., 2018). The emergence of suicidal thoughts in this population is often linked to a confluence of emotional dysregulation, impaired distress tolerance, and difficulties in interpersonal functioning, all of which tend to escalate during adolescence due to neurodevelopmental and psychosocial changes (Bentley et al., 2016; Huang et al., 2017). Epidemiological evidence has consistently demonstrated that suicidal ideation and behaviors represent significant public health concerns in youth, with demographic, psychological, and contextual factors acting as potent predictors (Huang et al., 2017; Power et al., 2016). In this context, exploring interventions that target these core vulnerabilities is of paramount importance.

Distress tolerance—the capacity to endure and manage negative emotional states without resorting to maladaptive behaviors—is a central construct in understanding the persistence of suicidal ideation and other self-destructive patterns among adolescents with BPD symptoms (Ali Mohammadi et al., 2019; Larrazabal et al., 2022). Low distress tolerance has been associated with heightened impulsivity, ineffective coping strategies, and increased vulnerability to stress-induced maladaptive responses (Hancock & Bryant, 2018). Individuals with reduced tolerance for emotional discomfort may experience heightened urges to engage in self-harm or suicidal behaviors as a means of emotional escape or regulation (Sepehri-Nejad & Hatamian, 2018). Conversely, enhancement of distress tolerance skills has been linked to improved resilience, adaptive coping, and reduced psychiatric symptomatology (Khoda-Bakhshi-Koolayi et al., 2019). Given its critical role, distress tolerance has become a major target in therapeutic approaches for emotionally vulnerable populations, including adolescents with BPD.

Emotion-focused therapy (EFT), developed by Greenberg, offers a theoretically grounded and empirically supported framework for addressing emotional dysregulation and maladaptive coping (Greenberg, 2004). Rooted in humanistic and experiential traditions, EFT emphasizes the identification, exploration, and transformation of maladaptive emotional responses into more adaptive forms (Greenman et al., 2019). This process involves increasing emotional awareness, deepening emotional experience, and fostering new, more functional emotional meanings. EFT is predicated on the notion that emotions are central to the self and critical to adaptive functioning, and that emotional change is the key mechanism for broader behavioral and relational change. Research has demonstrated EFT's effectiveness across a variety of populations, including those struggling with trauma, depression, anxiety, and interpersonal difficulties (Moieni et al., 2022; Payandeh & Barjali, 2018; Seyed Sharifi et al., 2019; Wittenborn et al., 2019).

The application of EFT to high-risk adolescents, particularly those with BPD symptoms, is supported by growing evidence that interventions addressing underlying emotional processes yield meaningful changes in both intrapersonal and interpersonal functioning (Wiebe et al., 2019; Yu et al., 2014). Adolescents with BPD often display heightened emotional reactivity and prolonged recovery from distressing events, which can perpetuate cycles of interpersonal conflict and self-damaging behaviors (Bentley et al., 2016; Kazan et al., 2016). By engaging with core maladaptive emotions, EFT offers a pathway to restructuring emotional responses, thus reducing the need for maladaptive regulatory behaviors such as self-harm or suicidal actions (Greenman et al., 2019; Mouton et al., 2013). Moreover, EFT's emphasis on creating corrective emotional experiences aligns well with the developmental needs of adolescents, who are in a critical period for shaping identity and interpersonal schemas (Larrazabal et al., 2022).

From a clinical perspective, suicidal ideation in adolescents cannot be examined in isolation from contextual factors such as interpersonal relationships, trauma history, and environmental stressors (Kazan et al., 2016; Power et al., 2016). Research indicates that adverse relational experiences, including family conflict and peer victimization, can exacerbate emotional dysregulation and hopelessness, both of which are robust predictors of suicidal thoughts and behaviors (Benton, 2022; Mars et al., 2018). These experiences often undermine the development of adaptive emotion regulation strategies, thereby intensifying distress and increasing reliance on maladaptive coping mechanisms (Hancock & Bryant, 2018). Interventions such as EFT, which are capable of addressing relational injuries and promoting emotional resilience, may therefore hold significant promise for this population.

E-ISSN: 2980-9681

Furthermore, the interplay between emotional regulation, self-efficacy, and distress tolerance has been highlighted in research on psychological resilience (Mouton et al., 2013; Yu et al., 2014). Self-efficacy in coping with emotional challenges is essential for adaptive functioning and has been shown to mediate the relationship between emotion regulation and positive psychological outcomes (Ali Mohammadi et al., 2019). EFT's experiential and process-oriented approach can enhance self-efficacy by equipping individuals with concrete emotional processing skills and reinforcing their ability to manage distress without resorting to harmful behaviors (Payandeh & Barjali, 2018). This capacity-building function is particularly critical for adolescents with BPD symptoms, for whom emotional crises can quickly escalate into high-risk situations.

In addition, EFT has demonstrated utility in addressing co-occurring conditions that frequently complicate the treatment of suicidal adolescents, such as anxiety disorders and posttraumatic stress (Bentley et al., 2016; Hancock & Bryant, 2018). These comorbidities often contribute to emotional overload, diminish distress tolerance, and compound the risk for suicidal behaviors (Huang et al., 2017; Lin et al., 2022). The integrative nature of EFT allows therapists to flexibly respond to the interplay of emotional, cognitive, and behavioral factors in each client's presentation, thereby fostering comprehensive and individualized intervention strategies (Greenman et al., 2019; Wittenborn et al., 2019).

Taken together, the empirical literature underscores the necessity of interventions that directly target emotional processes, distress tolerance, and maladaptive coping in adolescents with BPD symptoms. EFT emerges as a particularly relevant approach, given its focus on transforming maladaptive emotional experiences into adaptive ones, its evidence base across a range of psychological problems, and its compatibility with developmental needs during adolescence (Moieni et al., 2022; Seyed Sharifi et al., 2019; Wiebe et al., 2019). By enhancing distress tolerance, improving emotion regulation, and reducing maladaptive responses to stress, EFT has the potential to reduce suicidal ideation and promote healthier coping strategies in this high-risk population. The present study was therefore designed to examine the effectiveness of emotion-focused therapy in reducing suicidal ideation and improving distress tolerance among adolescents with symptoms of borderline personality disorder.

2. Methods and Materials

2.1. Study Design and Participants

The present study employed a quasi-experimental design, using a pretest–posttest format with a control group. The statistical population of this study consisted of all adolescents with borderline personality disorder (BPD) symptoms who, in 2024, had visited counseling centers (Sepidaran Ravan Clinic and Shorooe Zendegi Clinic) in Tehran due to interpersonal problems. Using a multi-stage sampling method (convenience sampling in the first stage and purposive sampling in the second stage), adolescents with BPD symptoms were selected according to a psychiatrist's opinion based on a diagnostic interview and the following criteria. First, 30 adolescents with BPD symptoms were selected based on the inclusion criteria of the study, using convenience sampling from those referred to counseling centers in Tehran (it should be noted that these clinics were affiliated with psychiatrists to whom borderline clients were referred). The referred adolescents were evaluated by a structured clinical interview based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) by a clinical psychologist to confirm the diagnosis.

Next, 15 participants were assigned to the experimental group and 15 to the control group through random allocation, based on the inclusion and exclusion criteria. The inclusion criteria were: informed consent and willingness to participate in the study, being an adolescent, having BPD symptoms based on a clinical interview, and not participating in other psychotherapy or counseling programs, receiving medication, or undergoing any therapeutic intervention outside the present study during its implementation. The exclusion criteria were: high suicide risk assessed through clinical interview, substance abuse or dependence during the past six months, presence of any other psychological disorder, and a history of receiving psychological treatment during the past year. The experimental group received eight 60-minute weekly sessions of the micro-teaching educational package, while the control group remained on the waiting list. Ethical principles observed included confidentiality, use of data solely for research purposes, full autonomy for participants to withdraw from the study, accurate debriefing if requested by participants, and offering the control group the micro-teaching program at their discretion after the experimental group's treatment concluded.

E-ISSN: 2980-9681

2.2. *Measures*

A) Borderline Personality Assessment Questionnaire (STB): The Borderline Personality Assessment Questionnaire is part of the Schizotypal Personality Traits Questionnaire and Borderline Personality Scale developed by Claridge and Broks (1984). This scale contains 22 items and aims to assess BPD from various dimensions: hopelessness (items 1–7), impulsivity (items 8–16), and dissociative and stress-related paranoid symptoms (items 17–22). A major advantage of this questionnaire is its use in non-clinical research to assess borderline traits in the general population (Rawlings et al., 2001). Each "Yes" response is scored 1, and each "No" response is scored 0. The total score ranges from 0 to 22, with higher scores indicating greater BPD symptoms. Rawlings et al. (2001) reported a Cronbach's alpha coefficient of 0.80 for this scale. Mohammadzadeh et al. (2005) reported reliability coefficients for the overall BPD scale and the subscales of hopelessness, impulsivity, and dissociative/paranoid stress-related symptoms as 0.84, 0.53, 0.72, and 0.50, respectively, with Cronbach's alphas of 0.77, 0.63, 0.58, and 0.56. In the present study, the Cronbach's alpha was 0.80.

B) Beck Suicidal Ideation Questionnaire (1961): This is a 19-item self-report tool designed to identify and measure the intensity of attitudes, behaviors, and plans for suicide over the past week. It covers death wishes, active and passive suicidal desires, duration and frequency of suicidal thoughts, self-control, deterrents, and readiness to attempt suicide. The scale includes five screening questions; if the respondent answers "Yes" (scored 1 or 2) to item 5, they must complete the remaining 14 questions; otherwise, continuation is unnecessary. Scores are: 0 ("None"), 1 ("Somewhat"), and 2 ("Much"). Validation studies have shown high reliability and validity. Over 70 studies worldwide have examined its validity. Previous research has found strong correlations between the Beck Suicidal Ideation Scale and standardized depression and suicidality measures, with correlation coefficients ranging from 0.90 for inpatients to 0.94 for outpatients. Correlations with the suicidal item of the Beck Depression Inventory ranged from 0.58 to 0.69, and with the Beck Hopelessness Scale from 0.64 to 0.75. Reliability has been reported with Cronbach's alpha ranging from 0.87 to 0.97, and test–retest reliability of 0.54 (Anisi et al., 2003).

C) Distress Tolerance Scale (DTS-15): The Distress Tolerance Scale is a 15-item self-report instrument developed by Simons and Gaher in 2005. It measures four components: tolerance (items 1, 3, and 5), absorption (items 2, 4, and 15), appraisal (items 6, 7, and 9–12), and regulation (items 8, 13, and 14), on a 5-point Likert scale ranging from 1 ("Strongly agree") to 5 ("Strongly disagree"). The total score ranges from 15 to 75, with higher scores indicating greater distress tolerance (Stansfeld et al., 2002). Simons and Gaher reported Cronbach's alphas for the subscales of tolerance, appraisal, absorption, and regulation as 0.73, 0.66, 0.74, and 0.87, respectively, and found the scale to have good initial criterion and convergent validity, with a validity coefficient of 0.61 (Simons & Gaher, 2005). Shams et al. (2010) reported correlations between distress tolerance and problem-focused, emotion-focused, less effective, and ineffective coping strategies as 0.21, 0.28, 0.34, and –0.20, respectively. Correlations between distress tolerance and positive emotions, negative emotions, and smoking dependence were 0.54, 0.23, and –0.65, respectively. Test–retest reliability was 0.79, and Cronbach's alpha was 0.81 for the total scale, ranging from 0.69 to 0.77 for the subscales.

2.3. *Intervention*

The Greenberg (1980) Emotion-Focused Therapy (EFT) protocol was implemented over 12 ninety-minute sessions held twice weekly for the experimental group. In the first session, participants were introduced to the treatment goals and process, establishing an empathic therapeutic alliance and fostering secure relational bonds through unconditional positive regard. The second session focused on psychoeducation about borderline personality, identifying emotional instability, exploring nightmare content, and conceptualizing issues based on inner experiences. The third session emphasized emotional awareness, acceptance, verbal and nonverbal expression, regulation, transformation, and corrective emotional experiences. The fourth session created opportunities for eliciting and challenging typically unpleasant emotional experiences within relational and familial contexts, fostering adaptive emotional cycles. The fifth session introduced emotional schema mapping with five elements: perceptual situation, bodily sensations, symbolic cognition, action tendencies, and core primary emotion recognition. The sixth session involved expressing unmet needs and validating them by attending to nonverbal markers such as body language, voice tone, and incongruent expressions. The seventh session addressed unresolved interpersonal injuries by evoking the presence of significant others, revisiting past experiences, and generating new responses. The eighth session worked on self-polarization,

E-ISSN: 2980-9681

addressing inner conflicts between self-critic, experiential self, and inhibited self, and exploring opposing aspects of self-experience. The ninth session involved tracing and identifying object-related themes in current problems and linking them to self-images or representations of parents and other significant figures. The tenth session provided coaching during object representation work to foster experiential insight. The eleventh session focused on strengthening and integrating the vulnerable self through self-support, self-attunement, and self-compassion. The final session (twelfth) centered on reprocessing personal narratives, creating new life meanings, and enhancing emotional intelligence, particularly in recognizing one's own and others' emotions.

2.4. Data Analysis

The data obtained from administering the questionnaires were analyzed using SPSS version 24 in two sections: descriptive statistics and inferential statistics (analysis of covariance).

3. Findings and Results

In this section, the descriptive indices (mean and standard deviation) of the scores for suicidal ideation and distress tolerance in the emotion-focused therapy group and the control group at the pretest and posttest stages are presented below.

Table 1

Descriptive Information for Suicidal Ideation and Distress Tolerance by Measurement Stage in the Groups

Group	Variable	Index	Pretest	Posttest
Experimental	Suicidal ideation	Mean	22.60	17.93
		Standard deviation	3.02	2.52
Control	Suicidal ideation	Mean	22.27	21.73
		Standard deviation	2.60	3.20
Experimental	Distress tolerance	Mean	54.8	73.9
		Standard deviation	21.3	17.2
Control	Distress tolerance	Mean	57.1	57.1
		Standard deviation	22.8	22.8

As observed, the mean scores in the emotion-focused therapy group at the posttest stage show improvement compared to the pretest stage. Based on the results in Table 1, it can be described that emotion-focused therapy led to a reduction in suicidal ideation and an improvement in distress tolerance in adolescents with borderline personality disorder symptoms.

Table 2

Summary of ANCOVA for the Between-Group Factor (Suicidal Ideation)

Variables	SS	df	MS	F	sig	Eta²
Pretest suicidal ideation	27.11	1.00	27.11	3.57	0.069	0.12
Group	114.60	1.00	114.60	15.11	0.001	0.36
Error	204.76	27.00	7.58			
Total	340.17	29.00				

The results in Table 2 show that, after controlling for the pretest variable and considering the calculated F value, there is a statistically significant difference between the adjusted mean scores of suicidal ideation for participants based on group membership (experimental vs. control) in the posttest stage ($p < 0.05$). Therefore, based on the adjusted means and the results in Table 2, it is concluded that emotion-focused therapy had a greater impact on suicidal ideation in adolescents with borderline personality disorder symptoms in the experimental group compared to the control group. The effect size (practical significance) was 0.36, meaning that 36% of the total variance or individual differences in suicidal ideation among adolescents with borderline personality disorder symptoms were attributable to emotion-focused therapy.

E-ISSN: 2980-9681

Table 3

Summary of ANCOVA for the Between-Group Factor (Distress Tolerance)

Source of variation	Sum of Squares	df	Mean Square	F	Significance (p)	Eta²
Pretest distress tolerance	36.825	1	36.825	31.537	0.000	0.423
Group	27.571	1	27.571	5.864	0.001	0.249
Error	362.562	27	5.286			
Total	57412.000	30				

The results in Table 3 show that, after controlling for pretest scores of distress tolerance, the difference between the two groups' performance after emotion-focused therapy was statistically significant ($p < 0.05$). The adjusted total effect size was 0.249. Considering the eta squared value, it can be stated that 24.9% of the changes and increase in distress tolerance in adolescents with borderline personality disorder symptoms receiving the intervention were due to the effect of the independent variable (emotion-focused therapy), which is statistically significant ($p < 0.05$). Based on the above evidence, the research hypothesis is confirmed.

4. Discussion and Conclusion

The findings of the present study indicated that emotion-focused therapy (EFT) was effective in reducing suicidal ideation and increasing distress tolerance in adolescents with symptoms of borderline personality disorder (BPD). After controlling for pretest scores, the experimental group demonstrated significantly lower levels of suicidal ideation and significantly higher levels of distress tolerance compared to the control group. The calculated effect sizes revealed that EFT accounted for 36% of the variance in suicidal ideation reduction and 24.9% of the variance in distress tolerance improvement. These findings provide empirical support for the clinical utility of EFT in addressing two core vulnerabilities in adolescents with BPD: heightened suicide risk and low tolerance for emotional distress.

The observed reduction in suicidal ideation among participants who underwent EFT aligns with previous research emphasizing the central role of emotional processes in suicidal behavior. Adolescents with BPD often exhibit heightened emotional reactivity, pervasive feelings of hopelessness, and limited coping resources, all of which contribute to suicidal thinking (Bentley et al., 2016; Mars et al., 2018). By directly targeting maladaptive emotional responses and promoting adaptive emotional processing, EFT appears to disrupt the cycle of emotional overwhelm and hopelessness that sustains suicidal ideation (Greenberg, 2004; Greenman et al., 2019). This is consistent with findings from studies showing that interventions which enhance emotional awareness, foster adaptive meaning-making, and strengthen interpersonal bonds can significantly reduce suicide risk in both adolescent and adult populations (Benton, 2022; Huang et al., 2017; Power et al., 2016).

The improvement in distress tolerance following EFT is also in line with prior evidence linking emotion-focused interventions to enhanced emotional regulation capacities (Ali Mohammadi et al., 2019; Larrazabal et al., 2022). Distress tolerance, defined as the perceived and actual capacity to endure negative emotional states without resorting to avoidance or harmful behaviors, is a critical protective factor in populations prone to self-harm and suicide (Hancock & Bryant, 2018; Khoda-Bakhshi-Koolayi et al., 2019). Adolescents in the experimental group demonstrated a marked increase in their ability to withstand distress, suggesting that EFT's emphasis on experiencing and processing emotions in a safe therapeutic environment may foster both cognitive and experiential learning that promotes resilience. These results are consistent with research showing that interventions which encourage the acceptance and transformation of emotional experiences contribute to greater tolerance of psychological discomfort and reduce maladaptive coping (Payandeh & Barjali, 2018; Sepehri-Nejad & Hatamian, 2018).

An important mechanism underlying these outcomes may be EFT's facilitation of corrective emotional experiences. Adolescents with BPD often carry a history of invalidating interpersonal experiences, leading to entrenched maladaptive emotional responses (Kazan et al., 2016; Wiebe et al., 2019). EFT provides a structured framework in which clients can safely re-experience and reorganize maladaptive emotions, leading to the construction of new emotional meanings and interpersonal expectations (Greenberg, 2004; Wittenborn et al., 2019). This emotional restructuring can, in turn, alleviate the intensity and frequency of suicidal ideation by restoring a sense of agency and hope, while also

E-ISSN: 2980-9681

expanding the individual's capacity to tolerate distress without impulsive action.

The results also resonate with findings from Moieni et al. (Moieni et al., 2022) and Seyed Sharifi et al. (Seyed Sharifi et al., 2019), who reported that EFT was effective in improving emotional regulation, self-efficacy, and adjustment in vulnerable populations. The parallels suggest that EFT's benefits may generalize across various contexts where emotional dysregulation and interpersonal strain contribute to psychological distress. The current study extends these findings to adolescents with BPD symptoms, a group for whom suicide prevention and distress tolerance enhancement are particularly critical. Furthermore, the results align with Yu et al. (Yu et al., 2014), who found that improvements in emotional regulation and self-efficacy facilitated posttraumatic growth, suggesting that similar mechanisms may underlie the gains observed in the present research.

The increase in distress tolerance observed here is especially notable when considered alongside the work of Larrazabal et al. (Larrazabal et al., 2022), who emphasized the role of distress tolerance in moderating stress-induced emotional regulation behaviors. Higher distress tolerance not only reduces susceptibility to impulsive, maladaptive coping but also supports the use of adaptive strategies under conditions of emotional strain. By equipping adolescents with the skills and emotional flexibility to navigate distress, EFT may interrupt the progression from suicidal ideation to suicidal behavior, a trajectory identified as particularly dangerous in previous epidemiological research (Mars et al., 2018).

From a theoretical perspective, the present findings provide additional support for Greenberg's (Greenberg, 2004) conceptualization of EFT as a process of transforming maladaptive emotion schemes into adaptive ones through the activation and restructuring of emotion. The observed outcomes align with Greenman et al. (Greenman et al., 2019) and Wittenborn et al. (Wittenborn et al., 2019), who demonstrated EFT's capacity to create lasting change in emotional and relational functioning. The improvements in suicidal ideation and distress tolerance observed in this study may thus be seen as the practical translation of EFT's core theoretical principles into meaningful clinical change for a high-risk adolescent population.

The present findings also contribute to the growing literature that situates emotional dysregulation at the heart of suicidal ideation (Bentley et al., 2016; Huang et al., 2017; Power et al., 2016). By focusing on the emotions that drive suicidal thinking rather than solely on cognitive distortions or behavioral manifestations, EFT offers a complementary approach to existing evidence-based treatments. Additionally, the results highlight the relevance of enhancing distress tolerance as both a treatment target and an outcome, echoing findings from Hancock and Bryant (Hancock & Bryant, 2018) and Khoda-Bakhshi-Koolayi et al. (Khoda-Bakhshi-Koolayi et al., 2019).

In summary, the results of this study suggest that EFT is a promising intervention for reducing suicidal ideation and enhancing distress tolerance in adolescents with BPD symptoms. By addressing the underlying emotional processes that contribute to suicidal thinking and low distress tolerance, EFT may provide these individuals with the tools to navigate emotional crises without resorting to self-destructive behaviors. These findings add to the growing evidence base supporting the integration of emotion-focused approaches into suicide prevention efforts, particularly for adolescents who present with significant emotional and interpersonal vulnerabilities.

This study, while offering important insights, is not without limitations. First, the sample size was relatively small, comprising 30 participants, which limits the generalizability of the findings to broader adolescent populations with BPD symptoms. Second, the participants were recruited from two counseling centers in a single metropolitan area, which may introduce selection bias and limit the ecological validity of the results. Third, the study relied on self-report questionnaires to assess suicidal ideation and distress tolerance, which are subject to social desirability bias and may not fully capture participants' actual experiences or behaviors. Fourth, the absence of long-term follow-up data means that the sustainability of the observed changes remains unknown. Additionally, the control group was placed on a waiting list rather than receiving an active alternative treatment, which may have influenced the magnitude of the treatment effects observed. Finally, potential confounding variables, such as medication use, family environment, and concurrent life stressors, were not controlled in detail, which could have impacted the outcomes.

Future studies should aim to replicate these findings with larger and more diverse samples to enhance the generalizability of results. Expanding the research to include participants from varied socioeconomic, cultural, and geographical backgrounds would provide a more comprehensive understanding of EFT's effectiveness in different contexts. Longitudinal designs incorporating

E-ISSN: 2980-9681

follow-up assessments at multiple time points post-treatment are recommended to evaluate the durability of treatment effects. Including multi-informant reports and behavioral measures alongside self-report questionnaires could help triangulate findings and provide a more nuanced view of change. Comparative studies examining EFT against other evidence-based interventions, such as dialectical behavior therapy or cognitive-behavioral approaches, could clarify relative efficacy and identify potential synergies. Additionally, future research could explore potential mediators and moderators of treatment outcomes, such as changes in emotional regulation strategies, attachment patterns, and interpersonal functioning, to better understand the mechanisms of change in EFT for suicidal adolescents.

Clinicians working with adolescents who present with BPD symptoms and high suicide risk may benefit from incorporating EFT into their therapeutic repertoire, particularly when emotional dysregulation and low distress tolerance are prominent. The findings suggest that structured, emotion-focused interventions can effectively address both intrapersonal and interpersonal dimensions of distress, leading to meaningful reductions in suicidal ideation. Integrating EFT into existing treatment programs could provide adolescents with the skills to identify, experience, and transform maladaptive emotions, thereby reducing the likelihood of self-destructive behaviors. Training programs for mental health professionals should include competency development in EFT principles and techniques to ensure effective implementation. Finally, incorporating family or caregiver involvement where appropriate may enhance treatment outcomes by reinforcing emotional validation and adaptive coping within the adolescent's immediate environment.

Authors' Contributions

All authors significantly contributed to this study.

Declaration

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

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

Acknowledgments

We hereby thank all individuals for participating and cooperating us in this study.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the study and participated in the research with informed consent.

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E-ISSN: 2980-9681