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Managing Suicidal Thoughts with DBT-Informed Social Work Counseling: Reflections on Working with a Filipino Young Adult

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Abstract
Suicidal thoughts often serve as a precursor to suicide, which is a leading cause of death globally. In the Philippines, social work service users frequently present suicidal thoughts as an area of concern, yet the absence of standardized protocols and supportive systems complicates the role of Filipino social workers. Guided by Rolfe et al.'s Critical Reflection Model, this paper contemplates a social work helping process with a service user living with passive suicidal thoughts. Using a single case presentation, the paper illustrates the application of Dialectical Behavior Therapy (DBT)-informed social work counseling as an approach. Preliminary observations from the case suggest notable reductions in distress levels and underscore the importance of adapting and replicating the approach across diverse contexts. Additionally, the paper offers relevant practice insights drawn from the experience. It concludes with recommendations for advancing practice and future research in this critical area.

Key words: *suicidal thoughts, dialectical behavior therapy (DBT), social work counseling, use of professional self, critical reflection*

Introduction

Suicide remains a critical public health concern with profound consequences worldwide (World Health Organization [WHO], 2023). It continues to rank among the leading causes of death globally, with approximately 700,000 people dying by suicide each year. In the Philippines, the suicide rate was recorded at 2.2 deaths per 100,000 population in 2019 (Statista Research Department, 2022). This rate nearly doubled during the COVID-19 pandemic, with data from the Philippine Statistics Authority (PSA) indicating an increase in suicide-related deaths from 2,810 in 2019 to 4,420 in 2020, reflecting a rise by 57% (Philstar, 2021). Additionally, a study by the University of the Philippines Population Institute (2022) suggests that nearly one in five Filipinos aged 15 to 24 had considered suicide between 2013 and 2021. The study further highlights that during this period, the proportion of young adults experiencing suicidal ideation increased over twofold.

Suicidal thoughts, or 'suicidal ideation,' are considered to be a common predictor of suicidal behavior. These thoughts, as discussed in several literature, are characterized by contemplations, ruminations, and preoccupations with the possibility of ending one's life (Harmer, Lee, Rizvi, & Saadabadi, 2024). While often associated with underlying mental health conditions, suicidal thoughts can also arise in response to extremely distressing events. Falcone and Timmons-Mitchell (2018) mention that suicidal thoughts are typically categorized as either "passive" or "active." On the one hand, passive suicidal thoughts refer to death wishes or imaginations of being dead, usually without having the urge to end one's life. Active suicidal thoughts, on the other hand, involve a conscious intent and deliberate plan to die by suicide.

Suicidal thoughts, whether passive or active, indicate a potential risk to a person's well-being. When these thoughts persist and intensify, they can lead to suicidal behavior and actions (Amaral, et al., 2020). Additionally, suicidal thoughts can escalate to deliberate self-harm or self-inflicted violence in some cases. Whitlock and Knox (2007) suggest that self-harm linked to suicidal thoughts may serve as a coping mechanism for some individuals; however, when it ceases to provide temporary relief, the risk of death by suicide significantly increases (Botega, 2015). As such, the presence of suicidal thoughts is considered in itself as "an important sign of psychological distress" (Amaral, et al., 2020, p. 27), which calls for "early identification and targeted intervention… to prevent progression to suicide" (Harmer et al., 2024).

In the Philippines, social work service users presenting suicidal thoughts as a concern are "very common" (Department of Health [DOH], 2010, p. 353). Current guidelines in Philippine medical social work practice indicate that when these thoughts arise or are made known, social workers are expected to be "direct and confrontational" (p. 353) in their counseling approach, addressing the concern openly with the service user. Meanwhile, ethics in the profession dictate that practitioners should "take all reasonable steps to provide help," building on the premise that people living with suicidal thoughts can be helped to want to live (Mishna, et al., 2002, p. 270).

Despite these directives, Filipino social workers continue to face challenges in supporting service users living with suicidal thoughts, as no specific protocol currently guides their response following disclosure or discovery. An example of this is highlighted in Cordisco-Tsai and her colleagues' (2022) article where a Filipino social worker immediately transferred a service user experiencing suicidal thoughts to another provider because of the lack of "training, supervision, and organizational system" for managing such cases. This act aligns with the DOH (2010) guidelines in some manner; however, it is stated that a referral to another service provider–such as a psychiatrist–is only warranted when a service user is considered to have "been disruptive to self and to others" (p. 318).

This paper aims to reflect on a social work helping process with a service user living with passive suicidal thoughts. Specifically, it features the application of Dialectical Behavior Therapy (DBT)-informed social work counseling using a case presentation that illustrates the service user's background, intervention phase, and the evaluation. Since this paper is reflective in nature, it does not seek to provide a protocol for working with service users experiencing suicidal thoughts, nor for the implementation of DBT-informed social work counseling. However, it hopes to inform its development by offering practice-related insights in helping manage suicidal thoughts using the said practice approach.

DBT and Suicidal Thoughts

Emerging research attests to the efficacy of DBT in helping decrease suicidal thoughts and behaviors across all ages. Developed by American psychologist and professor Marsha M. Linehan, DBT is a form of cognitive-behavioral therapy that combines individual therapy and skills training to treat a variety of mental health conditions (Salsman & Arthur, 2011). It emphasizes a balance between change and acceptance, synthesizing dialectical strategies to make problems in daily living more manageable. In an article, Fehling (2024) notes that DBT is currently delivered in two formats: comprehensive and DBT-informed. One the one hand, comprehensive DBT includes all the components described in the original DBT manual (i.e. individual DBT therapy, DBT skills group, DBT coaching, and DBT consultation) which are strictly implemented in the treatment of mental health conditions. On the other hand, DBT-informed therapy refers to utilizing and building DBT skills as part of a larger intervention plan or program dedicated to resolving identified areas of concern (Fehling, 2024).

While DBT is still gaining prominence as a therapeutic modality in the Philippines, there have been studies around the world providing evidence for its effectiveness. For instance, a meta-analysis of 18 controlled trials finds that receiving DBT treatment correlates with reduced self-directed violence and decreased frequency of accessing psychiatric crisis services (DeCou et al., 2019). In the United States, a randomized control trial (RCT) by Pistorello and her colleagues (2012) on a DBT-informed treatment reveals that young adults aged 18 to 25 had experienced significant decreases in suicidality, depression, and number of self-harm instances, and had greater improvements in social adjustment. Similarly, another RCT investigating the impact of a DBT-informed therapeutic smartphone application among 18- to 25-year old young adults in Australia show greater reductions in suicidal ideation immediately following the intervention and at the 3 months follow-up; while during the post-intervention phase, around 3 out of 4 young adults were reported to have no longer suicidal ideation score (Torok et al., 2022).

In this paper, a DBT-informed approach to social work counseling is highlighted. As del Castillo (2019) posits, social work counseling is a tool utilized in social work practice that hinges on the use of 'self' to establish a helping relationship aimed at initiating service delivery and interventions directed to both the person and the environment. Operating under this conceptualization, DBT skills in the areas of mindfulness, emotion regulation, distress tolerance, and interpersonal effectiveness are incorporated to help the service user living with passive suicidal thoughts "work through their emotions," "develop coping

strategies," and "effect change in their social environment" (p. 14). Such skills are intended more as functional aids to support the helping process, which is consistent with Fehling's (2024) typology of a DBT-informed intervention. In general, their application corresponds to the need of social work counseling for "appropriate intervention methodologies" (del Castillo, 2019, p. 10) to adequately address the complex issues of a given service user.

Methods

This reflective paper employs a single-case design to present a helping process involving a service user living with passive suicidal thoughts. DeCarlo (2018) notes that single-case designs are used to "demonstrate that social work intervention has its intended effects" (p. 439). They are considered compatible with clinical modalities (such as DBT, in this case), not to generate generalizable data but to offer insight into their practical application. In this paper, however, it is important to note that the objective of using a single case is not directed at establishing the clinical effectiveness of DBT-informed social work counseling, but rather at reflecting on the experience of utilizing the model to help manage passive suicidal thoughts.

In constructing the case, data are sourced from a succession of social work counseling sessions with the service user. DBT skills-focused homeworks–which Edwards and her colleagues (2021) describe as an effective treatment component that promotes generalization of skills–are also used throughout the helping process to gather insights on the potential effects of the intervention. These homeworks include qualitative questions and a six-point, pre-post Subjective Units of Distress scale (SUDs), which is commonly used to establish current and previous levels of distress (Kiyimba & O'Reilly, 2017). Although SUDs has not been thoroughly supported, and is pragmatically used in this context, it remains to be a promising evaluation tool, particularly for many Filipino social workers (such as the social worker in this case) who have limited training and preparation in administering other psychological assessment tools.

Overall, the paper is guided by the Critical Reflection Model of Rolfe, Freshwater, and Jasper (2001), answering the questions: 1) "What?"; 2) "So What?"; and 3) "What Now?" Founded on American school teacher Terry Burton's reflective prompts, this model encourages helping professionals, such as social workers, to reflect on their experiences and gather new insights to inform the development of practice. Applying this model, the paper addresses the first stage (What?) by providing a description of the helping process through the single case involved. The second stage (So What?) is highlighted in the discussion portion consisting of the insights and reflections from the experience in line with the existing literature. Lastly, the third stage (Now What?) is answered in the key recommendations for practice and future research.

Prior to building the case in this paper for publication, informed consent was sought from the service user who was made aware of the paper's details and purpose. For confidentiality reasons, the service user's real name is substituted with the alias "Jescelyn," and additional information about her background and the helping process was redacted in respect of her request.

Results

Case Background

Jescelyn is a female-identified, single, Filipino service user in her early 20s. She was presented to the Out-Patient Clinic with chief complaints of irritability, restlessness, and anxiety. Said service user was referred to the social worker for "close monitoring" after disclosing to her physician that she was having passive suicidal thoughts (or having thoughts of "passing away"). As narrated, Jescelyn had been noticing abrupt changes in her "mental health status" and reported having "racing thoughts" often. She identified the considerable "pressure" from her family as the primary factor contributing to these changes and her experience of having passive suicidal thoughts.

During the intake interview, Jescelyn stated that she tries to handle the emotional challenges by taking the medications prescribed by her physician. However, she has been dealing with the difficulty sustaining it due to financial constraints. In addition, Jescelyn reported having no alternative coping strategies to manage signs of her condition, and verbalized being "passive and hopeless" most of the time. In summary, her concerns are the following:

1. **Family pressure**: Jescelyn's concerns are often perpetuated (and exacerbated, in some instances) by the family pressure she is experiencing. This significantly affects her mental health status, inducing racing thoughts and passive suicidal ideation, in addition to the complaints she was presented with.
2. **Financial difficulty**: Jescelyn has been dealing with her concerns by taking her prescriptions. While she is noted to be dedicated to her treatment, she is frequently confronted with the challenge of maintaining adherence due to the lack of financial resources.

3. **Lack of other coping strategies**: Jescelyn is often engaged in passive coping to manage her emotional concerns, but tries to develop a resource base of active coping strategies to gain better control of her situation.

Towards the end of the intake session, the social worker involved Jescelyn in a collaborative safety planning process to mitigate any risk of harm or suicide, despite the passive nature of her thoughts. Her safety plan includes practicing certain distraction techniques, contacting crisis hotlines, and reaching out to her trusted support networks during times of overwhelming distress. At this initial meeting, the social worker also briefly spoke with Jescelyn's companion, a close friend, to detail some precautions and confirm his commitment to supporting her.

Intervention

In an objective to help Jescelyn address the concerns outlined above, the social worker made use of DBT-informed social work counseling to: 1) influence Jescelyn's relationship with her family; 2) increase her access to available resources; and 3) build her adaptive coping capacity to manage mental health concerns. The intervention adhered to a generic helping process, applying relevant professional knowledge, skills, and values to establish and sustain a helping relationship. Overall, the intervention was delivered across 10 social work counseling sessions with Jescelyn at the Out-Patient Clinic (the first one being the intake and initial assessment session), along with one (1) session involving a family member through a phone call to support family dynamics. A summary of each session is provided below:

Session 2: Psychoeducation and Planning

During the second session, the social worker continued to establish and strengthen rapport with Jescelyn by utilizing sustainment, emotional validation, and inward reflection as appropriate. Prior to introducing DBT skills, the social worker delivered psychoeducation to inform the service user about the structure of the sessions and the potential benefits of learning DBT skills. An overview of the Stress Model was also discussed, using imagery and metaphors to highlight the common biological responses (including suicidal thoughts) to stressful events and life experiences. This offered Jescelyn the chance to understand the patterns of her reactions and reflect on the factors influencing them. Building on this foundation, the social worker emphasized the value of developing DBT skills to manage distressing thoughts and emotions, and then collaborated with the service user to establish action plans for the subsequent sessions.

Session 3: Enhancing Interpersonal Communication

The second session aimed at helping Jescelyn gain confidence in sharing her concerns with her family. In the process, select steps of the DEARMAN skill were implicitly employed to assist the service user in describing her family situation, expressing her feelings and opinions, and asserting her needs. Afterwards, both Jescelyn and the social worker agreed to engage in behavioral rehearsal, role-playing a scenario in which she was encouraged to communicate the pressure she was feeling from her family. The short activity provided Jescelyn with clearer insights on how to convey her message in a respectful yet assertive manner; although she was assured by the social worker that she would only deliver it when she felt ready.

At the latter part of the session, the social worker sought Jescelyn's consent in contacting one of her family members. The purpose and protocol for this contact was carefully explained, to which the service user understood and agreed. Following the session, a call was made with the family member to inform them of the service user's situation and share information on suicide precautions. In addition, a brief exchange was initiated regarding the considerable "pressure" Jescelyn was experiencing, during which the social worker stressed the importance of extending more patience and understanding towards the service user and practicing validation–that is, accepting her as she is and being attuned to her emotional needs.

Session 4: Mobilizing Resources

The fourth session focused on exploring and mobilizing resources to help Jescelyn address her financial concerns in maintaining adherence to her prescriptions. For this purpose, the social worker guided the service user in tacitly utilizing the Problem-Solving Skill to clarify the problem further, develop potential solutions, and identify relevant action steps. In the process, important inputs from the service user were highly elicited through engaging prompts.

As the session progressed, Jescelyn disclosed that her income from a "play-to-earn" online game was insufficient to cover her medication expenses. Although her family supports her treatment, Jescelyn expressed that she wanted to provide for her own medical needs. Understanding this initiative, the social worker assisted Jescelyn in identifying community resources which could help sustain her medication

use. This included exploring financial aid options from various agencies and accessing free medicines from the local government unit (LGU). In addition, the social worker sought the service user's permission to enlist help through the physician-in-charge, which allowed for the direct provision of the prescriptions directly from the clinic.

Session 5: Paced Breathing

By the fifth session, Jescelyn reported having increased access to her prescriptions after receiving free medicines from the LGU and the clinic. After learning such, the session began to focus on learning other DBT skills for emotion regulation, starting with Paced Breathing, to aid Jescelyn in managing her racing thoughts, which contributed to her feelings of restlessness and anxiety and passive suicidal ideation. To introduce the skill, the social worker played a brief instructional video showing the purpose and practical steps of Paced Breathing. After which, the social worker utilized strategic storytelling to share an example of how the skill can help manage emotional concerns.

Jescelyn was then invited by the social worker to try the skill together during the session. Using a breathing tracker online, both of them did two sets of Paced Breathing, each consisting of five rounds. At the first set, Jescelyn remarked that things felt "peaceful," though she noted being distracted at the beginning. At the second set, she expressed that she felt calmer stating that: "gumaan ang pakiramdam ko" (I felt relieved). Following the session, Jescelyn was given homework of practicing Paced Breathing twice before the next session.

Session 6: Cold Water

During the sixth session, Jescelyn disclosed having a recent experience of dealing with passive suicidal thoughts due to the pressure she was feeling from her family after a heated confrontation. She tried managing her emotions by practicing Paced Breathing. When she felt a bit calm, Jescelyn reported taking the courage to convey her concerns to her family. Fortunately, as narrated, her message was met with compassion and understanding, which made the service user feel at ease. In response, the social worker provided sustaining remarks to acknowledge Jescelyn's efforts to manage the pressure she was experiencing from her family, as well as her use of the Paced Breathing skill to address her immediate emotional responses.

To help Jescelyn to cope further with instances of experiencing passive suicidal thoughts, the Cold Water DBT skill was introduced. As in the previous session, a short video was played by the social worker to provide a rationale for Cold Water. Strategic storytelling was also employed to allow the service user to fully appreciate its benefits. After which, Jescelyn was assisted in understanding the "Stop, Drop, Roll" approach to Cold Water, and was encouraged to practice it especially when she feels "emotionally on fire," or when her level of distress reaches a peak. Similarly, Jescelyn was also given homework of practicing Cold Water twice before moving forward to the next session.

Session 7: Mindfulness

Jescelyn reported improvement by the seventh session. Aside from engaging in consistent practice of the DBT skills she learned, the service user also noted having a "mas maayos" (better) status at home and reduced instances of experiencing suicidal thoughts. However, she mentioned that she still experiences irritability in certain instances. Thus, the social worker engaged her to reflect on the "trigger" for her irritability, and later on invited her to try the Mindfulness skill. In doing so, the service user was encouraged to be "curious" of her own emotions, approaching them with compassion and acceptance, and relinquishing the need to always be in control. This was further explained using an infographic and an open-sourced story highlighting the value of the skill. Jescelyn expressed her interest in its potential benefit, noting that she had previously heard about Mindfulness but was not able to consistently practice it. To encourage use, she was asked to try the skill thrice prior to the next session.

Session 8: Mindfulness of Current Emotions

By the eighth session, Jescelyn mentioned having a positive experience with the Mindfulness DBT skill. Although she still dealt with moments of feeling irritable, she reported that these had become more manageable. This was acknowledged and understood by the social worker; however, to reinforce her skill in Mindfulness, the Mindfulness of Current Emotions (MCE) was introduced. Similar to the previous sessions, a short video was shown to explain the details of MCE and present a relevant story of using the skill. This afforded Jescelyn the opportunity to learn about the impermanence of her emotions (to which she remarked, "they come and go") and how they cause varying sensations in the body. Afterwards, the social worker invited the service user to try the skill and offered guidance.

Upon trying MCE, Jescelyn noted that she felt a "burning sensation" in her throat because of the irritability she was experiencing. When she tried directing her attention to the sensation, she mentioned:

"parang nawawala siya as time goes by" (it gradually fades as time goes by). At the close of the session, Jescelyn was given homework to try MCE thrice before the succeeding session.

Session 9: Positive Self-Talk

In the ninth session, Jescelyn expressed coping better using the DBT skills she learned, such as Paced Breathing and MCE. She stated, however, that she was recently having some unhelpful thoughts about her self-worth, which often made her feel down, consequently affecting her mood and behavior. In response, the social worker provided emotional validation and empathic understanding. To overcome these unhelpful thoughts, the service user was invited to try the skill of Positive Self-Talk. Using an infographic and instructional video, the skill was introduced along with its purpose and potential benefits, giving Jescelyn a chance to develop an insight on the importance of "filtering" thoughts.

Upon trying the skill during the session, Jescelyn identified the lingering belief of "not being capable" as distressing. She tried replacing this with a positive belief of being "able to improve" and verbalized it several times. This made her feel calmer and more motivated in making herself better. To reinforce the consistent use of Positive Self-Talk outside the session, the social worker shared with Jescelyn some informational resources about the skill. She was also given homework to practice the skill twice before the next session.

Session 10: Summary

The tenth session served as the final session of the intervention as Jescelyn reported much improvement. As verbalized, the service user had been practicing the DBT skills regularly whenever she felt stressed. She also mentioned that she was able to integrate them, using Paced Breathing to manage her emotional responses; MCE to address any physical sensations; and Positive Self-Talk to counter unhelpful thoughts. Additionally, Jescelyn reported that her family became more supportive of her, and that she had not been facing any obstacles lately in accessing her needed medications. These were all acknowledged by the social worker in response.

To summarize the gains from the helping process and encourage the continued use of skills, the service user was engaged in care planning, anticipating future challenges and developing relevant action steps. Towards the end of the session, Jescelyn stated a valuable insight on the importance of "never giving up" in the face of overwhelming stress and pressure, and being "committed to achieving life goals" while remaining grounded on the present.

1. ***Evaluation***

Consistent with the phases of the helping process, evaluation was initiated throughout and at the end of the intervention to determine possible impact. As discussed, skills-focused homeworks, which encourage continued practice of DBT skills, were used in-between sessions for self-monitoring and check-ins. These homeworks formed a crucial part of the formative evaluation conducted by the social worker, providing both quantitative and qualitative data to see and gauge the trend. For the six-point, pre-post SUDs, the description for each level are the following:

0 - No Distress: Completely calm and relaxed; no discomfort at all.

1 - Minimal Distress: Very little discomfort, easy to manage, no impact on focus or functioning.

2 - Mild Distress: Noticeable discomfort, but still manageable; might feel some tension or mild anxiety that is easy to handle.

3 - Moderate Distress: Clearly uncomfortable; feelings of stress or anxiety are present, possibly impacting focus, but still manageable with effort.

4 - High Distress: Significant discomfort; challenging to function effectively, hard to ignore, and actively requires coping strategies.

5 - Extreme Distress: Nearly unbearable discomfort; overwhelming feelings of stress or anxiety, urgently wanting relief or intervention.

From Jescelyn's homeworks, notable changes were observed from practicing the DBT skills. For Paced Breathing, SUDs ratings decreased from five (5) and four (4) to three (3) for both practice assignments, respectively. Performing Cold Water, on the other hand, reduced the service user's SUDs ratings from three (3) to two (2) and four (4) to two (2). Similarly, SUDs ratings dropped in three practice

assignments of Mindfulness: from four (4) to two (2), three (3) to one (1), and four (4) to two (2). Jescelyn's experience using MCE in three practice assignments also shows reductions in SUDs ratings, from four (4) to one (1), three (3) to one (1), and five (5) to two (2). Lastly, SUDs ratings for Positive Self-Talk in two practice assignments both indicate a decline from five (5) to two (2). Overall, Jescelyn's pre-SUDs average is at 4.08, while her post-SUDs average is at 1.92, reflecting a 52.94% decrease in level of distress (see Figure 1).

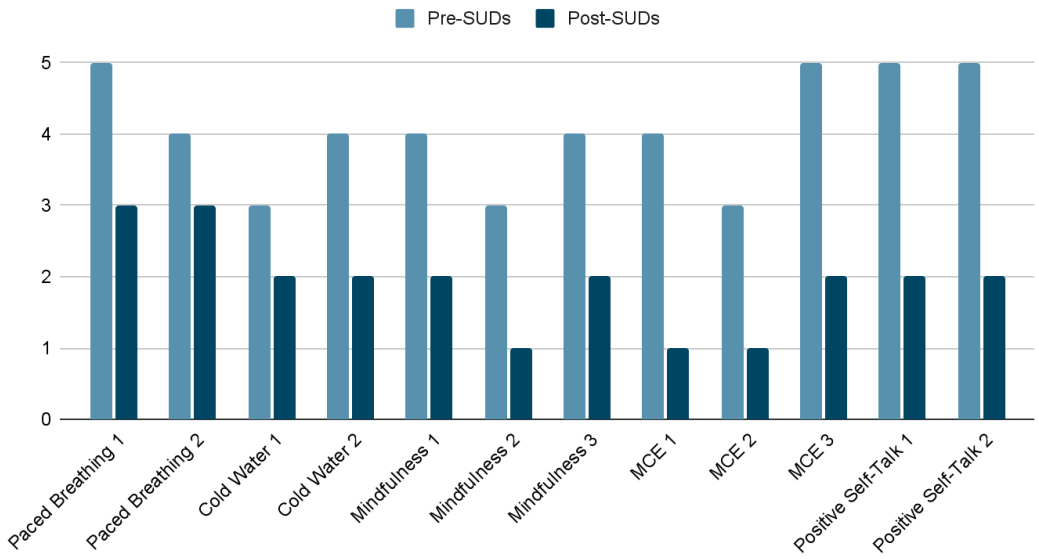

Figure 1. Jescelyn's pre- and post-SUDs ratings in 12 skills-focused homeworks

In general, Jescelyn noted in her homeworks that she felt "mas kalmado" (calmer) at post-DBT skill practice and that the DBT skills made things more "manageable" for her. She also made comments on the possible scenarios that would have occurred if she did not practice the DBT skills, such as isolating herself, responding to her family with anger (resulting in potential conflicts), entertaining suicidal thoughts, and giving up in life. For the summative evaluation, an online qualitative questionnaire was utilized for gathering feedback from the service user. In the questionnaire, Jescelyn remarked that she found the DBT skills meaningful, as she was able to apply them and see what works for her. She also expressed her most valuable learning from the intervention, that is combining and using a wide array of skills to address her concerns.

Discussion

This paper illustrates the social work helping process with Jescelyn, a service user with passive suicidal thoughts, through DBT-informed counseling. The case indicates that integrating DBT skills into social work counseling offers potential benefits. Evidence from Jescelyn's pre- and post-SUDs ratings shows that learning and practicing DBT skills reduces distress levels (Fehling, 2024). Notably, she did not rate any SUDs as 0 at post-practice, likely due to ongoing emotional challenges and cognitive biases that may have hindered her perception of complete calm. However, it is important to recognize that the consistent and significant reduction in her SUDs ratings still points to meaningful clinical progress, despite the lack of benchmark comparisons.

In addition, qualitative reflections from Jescelyn, captured in her homeworks and in-session feedback, further underscore the practical value of DBT skills in managing passive suicidal thoughts and other mental health concerns. These responses indicate that the skills helped prevent unhelpful behaviors and reactions and fostered greater emotional stability, as they offered Jescelyn specific coping mechanisms to manage and reduce distress. Moreover, Jescelyn's concluding remark of "never giving up" at the final session reflects a notable integration of both acceptance and change, reverberating DBT's core goal of making ordinary problems in living more bearable (Linehan & Wilks, 2015).

While these findings echo previous research supporting the efficacy of DBT-informed treatment and interventions in managing suicidality and other mental health concerns (e.g., Pistorello et al., 2012; Torok et al., 2022), more rigorous research is needed to confirm these initial observations given the limitations of a single case. However, it is important to note that valuable practice reflections can still be

gleaned from the case to contribute to the practical wisdom of working with service users living with passive suicidal thoughts (DeCarlo, 2018).

Firstly, the case sets forth, before anything else, that social workers are capable of helping manage passive suicidal thoughts. While Cordisco-Tsai and her colleagues (2022) indicate that Filipino social workers continue to grapple with the difficulty of working with service users living with suicidal thoughts due to insufficient support and mechanisms, there is a consensus that "every practitioner is obliged to do absolutely whatever he or she can to help the suicidal [service user]" (Mishna, et al., 2002, p. 270). In relation to this, del Castillo (2000) stresses that social workers should persistently reface the challenge "to offset such setbacks through the use of their 'professional self'" (p. 78), which involves the conscious and skillful application of professional knowledge, skills, and values (Kaushik, 2017).

As observed in the case, the social worker's 'use of self' facilitated an opening to build a strong relationship with the service user, thereby preventing the premature transfer (or, in this case, the full entrustment) of responsibility to another service provider. However, it is noteworthy that the use of self was strengthened further by a commitment to self-improvement (del Castillo, 2019), exemplified by learning and integrating relevant DBT skills. This essentially created the conditions necessary to ensure the continuity of the relationship, affording the service user an opportunity to maximize the benefits of the helping process and engage actively in addressing her concerns. While the necessity for adequate resources and systems cannot be overstated, the case displays that the effective use (and continuous development) of the professional self holds significant potential for supporting collaborative efforts with service users living with passive suicidal thoughts.

Secondly, the case forwards that, as with any other situations, an effective helping process with a service user living with passive suicidal thoughts builds on a meaningful helping relationship. Del Castillo (2019) supports this, recognizing the integral role of the helping relationship (also called as the "working relationship" or "therapeutic alliance") as a means to intervene in the person-situation configuration and to provide a model of secure attachment for service users. Crucial to forming this relationship, however, is the need for "designating a regular time and place" (del Castillo, 2000, p. 77) which allows for rapport to be developed and maintained.

Guided by a generic helping frame, it is exhibited in the case that the social worker devoted both time and a place to deliver the sessions with the service user as planned. This purposeful provision was confirmed indispensable for developing a deep and trusting connection with the service user, paving the way for the resolution of her concerns with DBT skills. As Werbart and his colleagues (2023) submit, addressing temporal and spatial considerations enables the "psychological movement" within the helping process. Such movement can be observed in the case, as the designation of regular time and place also made the service user perceive the helping relationship as a worthwhile endeavor to transcend from her habitual way of living with her passive suicidal thoughts and other mental health concerns.

Thirdly, the case promotes the importance of skills development for service users living with passive suicidal thoughts and related concerns. As the Substance Abuse and Mental Health Services Administration (SAMHSA) (2020) in the United States suggests, "coping skills training" is an essential element of an effective treatment approach for people living with suicidal thoughts, as it capacitates them to navigate and deal with daily challenges and stressors. This aligns with a key aspect of social work counseling, which is "teaching knowledge and skills in order to transfer problem-solving capacity in the [service user]... to sustain their acquired self-reliance" (del Castillo, 2019, p. 10).

As demonstrated in Jescelyn's case, skills development began during the initial phase of the intervention, specifically when she engaged in a collaborative safety planning process with the social worker. In essence, the safety plan provided her with crucial "personal safety skills" that enhanced her "ability to recognize and respond safely to dangerous situations" (Brenick et al., 2014), such as moments of intense distress. This ability was further strengthened upon the consistent practice and use of DBT skills during and in-between the sessions, enabling a groundwork for achieving individual change and acceptance. As Shpancer (2021) notes: "In the real world… difficulties often relate more to skill deficits." For many service users like Jescelyn, he emphasizes that "[they] can only do what [they] know how to do." Thus, by imparting relevant DBT skills, Jescelyn's capacity to effectively address her concerns was supported, making the challenges of living more "manageable," as she frequently remarked.

Fourthly, the case underscores the significance of incorporating assistive elements to support DBT skill-building. It is pertinent to note that these assistive elements differ from the core components outlined in the original DBT treatment manual. Instead, they encompass the supportive resources and efforts facilitating the skill-building process throughout the intervention, such as using psychoeducation, strategic storytelling, collaborative practice (i.e. doing skills together), and skills-focused homeworks. Dr. Ursula Whiteside (2019), a clinical psychologist specializing in suicide prevention and treatment, refers to these as "micro-interventions" which are designed to promote skill retention, encourage reflections on personal relevance, and increase the likelihood of immediate application.

Drawing from the case, such assistive elements, or "appropriate tools" as del Castillo (2019, p. 10) would put it, have proven instrumental in skills development, particularly in learning and applying DBT skills. These elements also enabled the service user to identify which skills are most effective and deserving of continued focus, ultimately leading to their integration and consistent use. Although some suboptimal effects were reported as the intervention progressed, ongoing assessments through regular check-ins by the social worker–which DeCarlo (2018) considers important to "fine-tune the therapeutic approach" (p. 439)–allowed for the identification of areas needing improvement, and even the introduction of new skills, with sustained reliance on the said elements.

Lastly, the case propounds that utilizing DBT skills complements, rather than supersedes, the primary goal of social work counseling. As mentioned previously, social work counseling, as a tool derived from psychosocial casework, displays its distinct features in its active engagement in service delivery and employment of interventions directed at the person and the environment (del Castillo, 2019). Rather than narrowing the intervention to a rigidly psychological approach, the case indicates that DBT skills play a pivotal role not only in managing suicidality and other mental health concerns, but also in effecting change in the conditions that perpetuate them. This resonates well with del Castillo's (2019) proposition that while social work counseling aims to help service users adapt to their environments, it may also involve "doing the reverse: adapting the environment to the [service users]" (p. 14).

As highlighted, integrating DBT skills into the helping process with Jescelyn had been facilitative in sparking off alterations in her problem situation. These include: 1) modifying environmental factors exacerbating her passive suicidal thoughts; 2) activating existing service delivery systems to increase access to her medical needs; and 3) developing her adaptive coping capacity to deal with present concerns. However, it is of importance to note that at the core of these efforts, Jescelyn became her own 'case manager,' and not just a mere participant in the helping process. By learning and using DBT skills, Jescelyn transitioned from a debilitating state–where she often succumbed to overwhelming family pressure, yielded to financial constraints, and passively coped with her concerns–to a more empowered position, living with the challenges of life while maintaining a vision of hope for the future.

Limitations and Generalizability

Overall, the paper brings valuable insights into the utility of DBT-informed social work counseling with a service user living with passive suicidal thoughts, offering a preliminary understanding of its impact in a specific case. However, the case is subject to certain limitations. For instance, the evaluation could have been strengthened by incorporating validated assessment tools, establishing baseline comparisons, and conducting recommended follow-up assessments. Given the absence of these standardized elements, it is difficult to accurately measure the intervention's full impact, ascertain shifts in the service user's condition, or even establish a reliable measure of change over time.

Furthermore, single-case designs inherently limit the generalizability of findings due to their focus on unique, individualized experiences (DeCarlo, 2018). As such, the observations drawn from this case cannot be fully applied to a broader population, bearing in mind that service users vary significantly in background and, most importantly, in their responses to interventions. It is also important to note that the case reflects a specific set of personal, familial, and socio-economic factors that shape the service user's experience, which may not have relevance to other cases. Cultural elements, such as Jescelyn's perceptions of mental health and the setting from which the helping process took place, may also differ across contexts, further restricting the potential generalizability of these findings and observations.

Despite these limitations, the paper paves the way for future studies, initiating what Walker and Carr (2021) describe as a 'line of research.' Further direct and systematic replications could enhance the reliability and generalizability of DBT-informed social work counseling in response to concerns of suicidal thoughts. Such replications are essential to explore how the intervention might be applied across various demographic groups, including individuals of different ages, backgrounds, and levels of distress, and how it can be adapted for other similar mental health challenges.

Practical Recommendations

Since advancing a line of research entails replication, this paper offers key recommendations for advancing practice. First, it emphasizes the integration of DBT skills into social work counseling as a viable approach to address concerns similar to those presented in this case—i.e., when a service user discloses experiencing passive suicidal thoughts. The incorporation of DBT skills can provide social workers with valuable tools for emotion regulation, distress tolerance, mindfulness, and interpersonal effectiveness, which Salsman and Arthur (2011) consider important for supporting this population.

To guide practitioners in applying DBT skills, this paper presents a conceptual process for DBT-informed social work counseling, grounded in insights from the case (see Figure 2). This process outlines

a generic helping framework, detailing action steps within each phase while allowing for adaptations based on varying practice contexts. Generally, it focuses on utilizing and developing DBT skills to assist in managing passive suicidal thoughts and addressing the perpetuating factors that affect them. The effectiveness of this approach, however, depends on the consistent task of rapport-building, as highlighted in Jescelyn's case. By employing this structured yet adaptable framework, social workers can foster continuity in the helping relationship, enabling service users living with passive suicidal thoughts to explore their thoughts and feelings, develop adaptive coping strategies, and work progressively toward their goals.

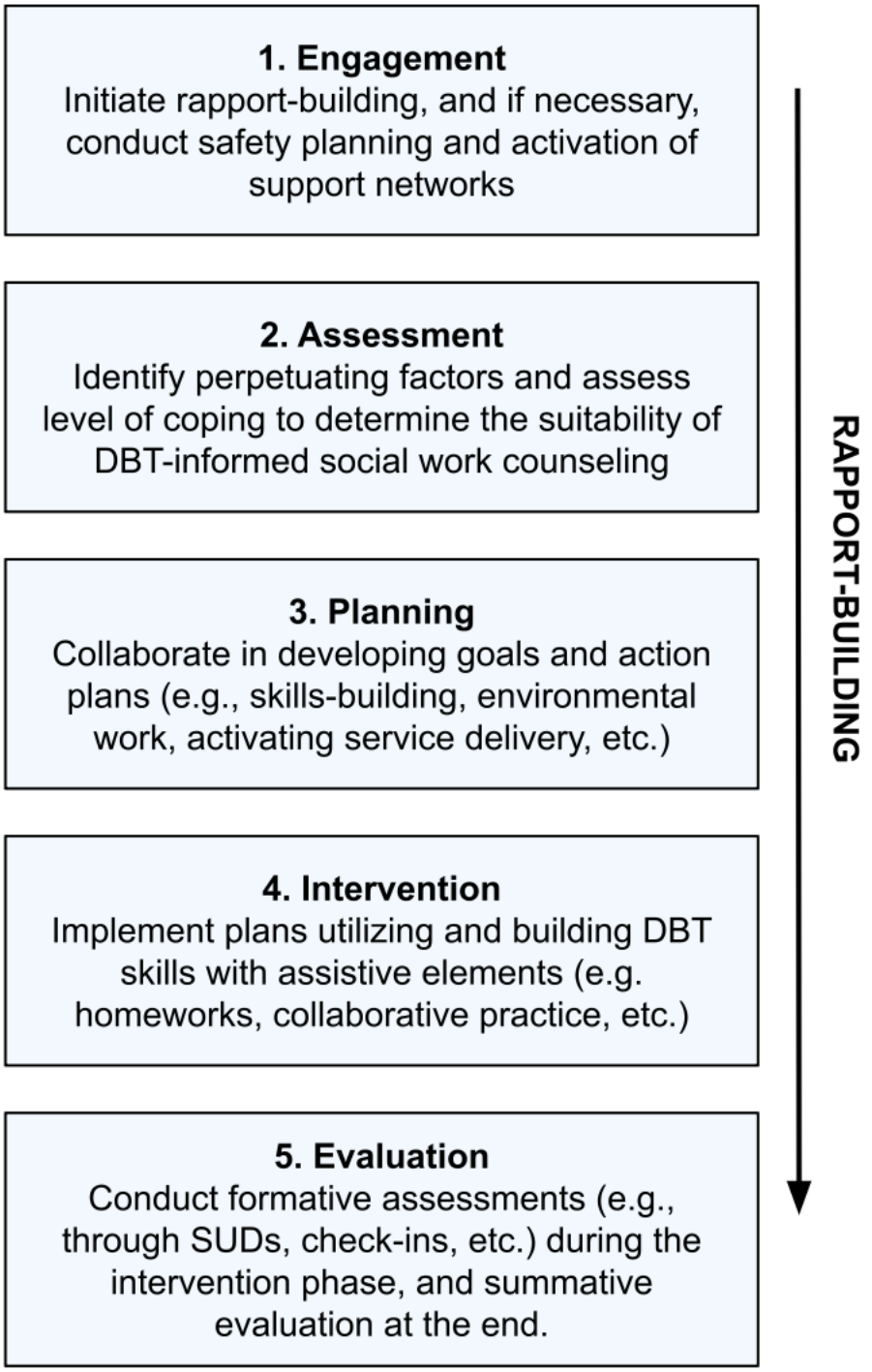

Figure 2. Conceptual process for DBT-informed social work counseling.

It is important to note that the conceptual process outlined above is not prescriptive but rather open to refinement and adjustment through practice. This process may provide social workers with a pragmatic structure for addressing cases involving passive suicidal thoughts across various practice settings, including medical facilities, residential institutions, and community-based programs. However, further evaluation is necessary, considering the limitations discussed in this paper and the "demand for greater accountability and evidence of effectiveness" in social work interventions (Shulman, 2009, p. 648).

To exemplify, the process could be used in a medical setting, for instance, particularly when a medical social worker encounters a service user living with passive suicidal thoughts. The social worker might begin with engagement, creating a safe, consistent space for regular sessions (e.g., in the ward or hospital room) to build trust and encourage open communication. In this phase, safety planning and/or the immediate activation of support networks (e.g., their adult "watcher") could also be done, especially if there is an imminent risk of harm. During assessment, the social worker needs to identify factors—such as financial strain and/or relationship problems–perpetuating the presence of the suicidal thoughts, and evaluate existing coping mechanisms to determine whether DBT skills may be beneficial. This phase might also involve care coordination, especially if the social worker deems it necessary for the service user to receive professional assistance from a psychiatrist or psychologist.

In planning, the social worker collaborates with the service user to set goals and plans (e.g., improving access to financial assistance using the Problem-Solving skill or building interpersonal skills using DEARMAN), while offering a brief introduction to DBT skills. In the intervention phase, the social worker and service user implement the plans together, focusing on using and building DBT skills, with the social worker providing support through assistive elements, including psychoeducation, strategic storytelling, and collaborative practice, among others. The social worker could utilize homeworks and regular check-ins to monitor and assess progress, allowing for adjustments as needed. Finally, the social worker could perform a summative evaluation at the end of the intervention to assess overall outcomes, highlighting improvements in managing suicidal thoughts and related concerns.

If a social worker encounters a case involving active suicidal thoughts, a cautious and structured approach must be employed. In such cases, DBT skills in the areas of mindfulness, distress tolerance, and emotion regulation may offer crucial support when introduced and applied with care. However, social workers should prioritize immediate suicide risk assessment, safety planning, and the activation of support networks to ensure safety throughout the helping process. They must also consider established research and evidence-based practices when applying DBT skills in these high-risk situations to align with recommended standards. In all applications, it remains important to include environmental work, such as engaging the service user's family or community in the care process, and mobilizing service delivery systems, including coordinating for mental health consultations and medications (as needed), in congruence with the broader goals of social work counseling (del Castillo, 2019).

Challenges and Opportunities

While this approach offers a promising intervention to support service users living with passive suicidal thoughts and other mental health concerns, there are significant challenges to implementing it to a broader scale. The first one involves having formal training in DBT skills. Although formal certification is not a requirement for delivering DBT-informed interventions (Hastings, et al., 2022), capacity-building programs in DBT skills remain limited in the Philippines, with most of which offered irregularly. Thus, social workers interested in integrating DBT skills into their counseling practice may need to explore accessible training or learning programs outside the country. They might also require the necessary financial or institutional support from their supervisors or employers to make such training feasible.

Another challenge is the need for guidance and supervision in applying DBT skills. As DBT is still an emerging approach in the Philippines, achieving fully supervised practice might be challenging. Social workers should therefore consider engaging in peer supervision and seeking guidance from senior clinical practitioners, bearing in mind that supervision in DBT shares "many elements that are typical of supervision in other treatment modalities" (Waltz, et al., 1998, p. 102). If feasible, they could also invite other professionals trained in DBT skills (e.g., psychologists, guidance counselors, psychiatrists, etc.) to form what Waltz, Fruzzetti, and Linehan (1998) refer to as "consultation teams." At all times, practitioners should pursue continuing professional development specific to DBT skills and strive for consistency and fidelity in applying these skills based on recommended standards. In doing so, it is important to recognize that some DBT skills might not be universally applicable, and that further adaptations–taking into account the cultural elements on suicidal thoughts–may be necessary to ensure that they are culturally-responsive and tailor-fit to individualized needs and contexts.

Lastly, certain challenges may arise when implementing the approach in low-resource settings or where support for social work activities is minimal. It cannot be overstated that social workers must continue to advocate for adequate resources and support, and that supervisors and employers, in turn,

should ensure these are provided to facilitate effective practice. However, to navigate setbacks, del Castillo (2000) reminds practitioners to draw attentively on their professional self, building on their existing knowledge, skills, values, and even commitment–as reflected in the provision of regular time and place–to provide responsive support to service users living with suicidal thoughts or other similar concerns, even in constrained environments.

Future Research

To forward the line of research in DBT-informed social work counseling, social workers must adopt a scientist-practitioner role when testing the approach within their own practice settings (Shulman, 2009). In general, future studies could build upon the findings of this paper and, if possible, employ larger-scale designs to capture a wider range of experiences and enhance the generalizability of results. Where feasible, social workers might consider conducting controlled trials, comparing DBT-informed social work counseling with other traditional interventions directed at suicidal thoughts, such as social work counseling or case management. These trials could involve a diverse sample of service users living with passive suicidal thoughts from different social work agencies representing a variety of regions (if possible), and incorporate pre- and post-intervention assessments using standardized tools (e.g., the Beck Scale for Suicide Ideation, Suicide Ideation Attributes Scale, etc.) to generate reliable and comparable data.

If controlled trials present challenges due to their rigorous requirements, practitioners might instead opt for a case series or mixed-method design involving multiple service users living with passive suicidal thoughts in their own setting (e.g., medical, institutional, or community-based). These designs could also strengthen the evidence base for the approach within the Philippine context, offering comparative insights into its effects across various demographics. In using any of these designs, social workers could utilize similar quantitative measures–such as changes in suicide ideation scores through validated assessment tools–and incorporate qualitative feedback to gain both reliable data and a comprehensive understanding of the impact of DBT-informed social work counseling. For these designs, baseline comparisons and well-structured follow-up assessments remain essential to ensure meaningful evaluation.

Overall, social workers pursuing these research avenues should request the necessary support from their supervisors or employers to overcome feasibility challenges. Given that many practitioners in the Philippines are occupied with their day-to-day responsibilities, institutional backing is crucial for enabling research efforts in DBT-informed social work counseling. Supervisors or employers must recognize the importance of conducting future studies for this approach, in line with the commitment to delivering evidence-based social work interventions. However, individual social workers are strongly encouraged to explore and access available grants where possible to support independent research endeavors.

Conclusion

Suicide is a serious public health issue that has far-reaching consequences. Underlying this at a larger scale are individuals facing challenges of living with suicidal thoughts. Although previous research suggests that social workers require additional support in responding to these concerns, the paper sets forward that a meaningful social work helping relationship with a service user living with passive suicidal thoughts can still be initiated, provided that there is a resolve to invest regular time and space, as well as to effectively make use of the 'professional self.' From this deliberate process, the paper highlights the application of DBT-informed social work counseling through a single case presentation. Such an approach, as narrated, provided the service user under discussion with the necessary conditions to embrace both acceptance and change in her situation, addressing perpetuating factors to her suicidal thoughts, including family pressure, financial difficulty, and passive coping.

In sum, this paper illustrates the potential benefits of DBT-informed social work counseling to help manage passive suicidal thoughts. However, the reflective nature of this paper and its focus on one single case (whose characteristics may not be completely representative of others) inherently limit the generalizability of these initial findings. To establish a stronger evidence base, it is deemed essential to pursue a line of research that includes direct and systematic replications of the approach. Social workers can initiate this process by testing and applying the conceptual process outlined in this paper, leveraging every opportunity to learn and incorporate DBT skills within their own settings. Further, practitioners are encouraged to pursue studies that employ larger-scale designs to address existing gaps and limitations more effectively. Such efforts, however, require institutional and external support to overcome feasibility challenges, as well as to ensure that the practice of DBT-informed social work counseling can be impactful in the Philippines, especially for service users like Jescelyn.

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