European Dialectical Behaviour Therapy Association

NEWSLETTER

#2 November 2024

www.edbta.eu

If you understand, things are just as they are.
If you don't understand, things are just as they are.
Zen saying

Of course, things are just as they are, but with the help of DBT we can make them a little bit better. Or prevent them from getting even worse.

And if you can now read the second newsletter, it is because some people have joined forces being convinced that it is worth acting as a European network in DBT.
In Gdansk, Poland, the first congress is being eagerly prepared, the website for it will be opened in November and applications for symposia and lectures can be submitted. Remember to register in time, we only have 500 seats.

And we can also present the next highlight of the EDBTA: Starting in January 2025, you can enjoy 90 minutes of a DBT webinar live with the best DBT clinicians and researchers in Europe on the first Sunday of every month. For free, because sharing is a central idea of DBT.

For this newsletter we have selected two countries that appear very different at first glance: Germany, which has a well-developed mental health system that has allowed DBT to spread rapidly, and Latvia, where conditions are more difficult for economic reasons alone, but where DBT is still making good progress.

As far as we can tell, the first newsletter has been distributed in most European countries, sometimes in English and sometimes translated into national languages. Your feedback has been very encouraging, but don't just read it, take the opportunity to contribute to it: whether you want to draw attention to events, new publications or digital achievements, let us know!

Prof. Martin Bohus, MD
President EDBTA

NOVEMBER NEWS

edbta.eu

Save the date!!!

The EDBTA is excited to announce the launch of a new series of monthly webinars, offering all members complimentary access to expert insights. The webinars will be held on the first **Sunday of each month at 7:00 PM CET, starting from January, 2025.**

We're pleased to open the year with a mindfulness-focused webinar led by **Jan Glasenapp on the 5th of January**, setting a reflective and grounding tone for the year ahead. Further details regarding the webinar livestream will be made available on the EDBTA Facebook page (link). This is an exceptional chance to enhance your abilities and connect with the DBT community.

Preliminary schedule 2025

Jan 5th	Jan Glasenapp	Start the new year with mindfulness in DBT
Feb 2nd	Martin Bohus	How to treat complex PTSD in BPD-clients
March 2nd	Michaela Swales	Conceptualising and using exposure in DBT
April 6th	Lars Mehlum	Targeting self-harming behaviour with clients in DBT
May 4th	Amy Gaglia	Adherence in DBT
June 1st	Luisa Weiner	DBT and autistic spectrum disorders
July 6th	Julieta Azevado	DBT in bipolar disorders
Aug 3rd	Fragiscos Gonidakis	DBT in Eating Disorders
Sept. 7th	Joquim Soler	Compassion in DBT
Oct 5th	Christian Schmahl	Neurobiology of BPD
November 2nd	Charlie Swenson	Dialectics in DBT
December 7th	Zacharias Rosenthal	Therapy interferring behaviour in DBT

NOVEMBER NEWS

edbta.eu

Visit the congress website at:

https://event.fourwaves.com/edbta2025/pages

Submissions for presentations, workshops, symposia, round table discussions, the Grand Bazaar can be made at:

https://event.fourwaves.com/edbta2025/submission

NOVEMBER NEWS

edbta.eu

On **Thursday, 14th of November 2024**, the International Society for the Improvement and Teaching of Dialectical Behavior Therapy (ISITDBT) will host a hybrid conference featuring a comprehensive programme of clinically relevant sessions. The conference highlights new methods for addressing OCD, suicide, and non-suicidal self-injury through DBT, as well as its application to psychotic spectrum disorders. Sessions will also discuss integrating Autistic neurotypes and LGBTQ+ support into DBT casework, alongside approaches for intensive outpatient and inpatient care settings. Notable speakers include Nathalie Edmond, PsyD, on anti-racism in clinical practice, and Melanie Harned, PhD, with the annual DBT research update. Attendees will enjoy networking opportunities, poster sessions, and an awards ceremony to round up the day. Register now (link) !!!

COUNTRY INTRODUCTIONS

edbta.eu

Germany

Like so many other therapists in Europe in the 1990s, we had come back from Seattle infected and enthusiastic about M. Linehan's DBT training. We were immediately set to work on implementing the program in Germany. We had a clear advantage: in Germany, health insurance companies finance not only 100 hours of outpatient psychotherapy for each person but also residential treatments for up to three months, if needed. Therefore, we could adopt the residential DBT model developed by Charlie Swenson. That was in 1996. Meanwhile, we have 52 certified inpatient DBT treatment units in Germany, treating around 2,500 patients yearly. In addition, there are extensive outpatient services specializing in adolescents, PTSD, eating disorders, and co-occurring addictions.

The DBT umbrella organization organizes all of this. When we founded this association in 2001, there were 12 members. Today, in 2024, there are over 700 members and over 1,000 certified DBT therapists (including 120 specialized DBT-A therapists). We also welcome therapists and representatives from our German speaking neighbors (Switzerland and Austria). Most of our therapists meet yearly at our DBT network meeting, to which we also invite international speakers from the DBT community.

Of course, all of this requires a great deal of organizational work, which is done by an excellent office, which in turn is financed by the members' contributions. The annual contributions amount to 90 euros per person, which is quite a bit.

700 MEMBERS

How is training organized?

There is an education committee that sets the content and formats, and also the certifications. The training itself is in the hands of four independent training institutes that agree to follow the guidelines of the umbrella organization and to work only with certified trainers and supervisors. The training institutes pay a percentage of their revenue to the umbrella organization to fund further developments of DBT. We have developed our own criteria for the training of trainers and supervisors. So far, 80 DBT trainers, including 42 supervisors, have been certified by the umbrella organization. The four training institutes conduct approximately 400 (2 days) courses each year.

Who is in charge?

COUNTRY INTRODUCTIONS

edbta.eu

Germany

Active local therapy programmes

As mentioned above, all psychotherapeutic treatment in Germany, both inpatient and outpatient, is covered by health insurance. Therefore, the umbrella organization DBT does not offer its own treatment programs, but focuses on the training of therapists and their certification.

Plans for the future

One of the most important projects for the future is the establishment of quality standards that not only take into account structure and content, but also therapy results. We look forward to working with BI-DBT, who are taking a big step forward in this area.

Current challenges

It may sound a bit strange, but sometimes the excellent care conditions in the German psychiatric sector are very tempting for our borderline patients. Younger patients in particular are seeking out inpatient treatment programs to relieve themselves of social challenges, which often leads to chronic hospitalizations. One of our main tasks is to strengthen outpatient care and reduce inpatient treatment options.

Dachverband
Dialektisch Behaviorale Therapie

Advice for others

In view of the particularly favorable psychotherapeutic conditions in Germany, it is certainly difficult to make recommendations for other European countries. It is certainly important to put an association on a financially stable footing. On the one hand, stable membership fees contribute to this, but on the other hand, the reimbursement of the training institutes to the association also helps. We are particularly proud of our excellent cooperation with people with lived experience. This group now finances its own position and organizes its own trainings for DBT peer coaches, who also find employment in DBT teams.

COUNTRY INTRODUCTIONS

edbta.eu

Latvia

The origins of Dialectical Behavioural Therapy (DBT) in Latvia can be traced back to 2020, when four CBT therapists participated in and were inspired by a training programme on DBT for Complex PTSD, organised by the Estonian Association of CBT and led by Professor Martin Bohus.

By 2021, the first two DBT teams had become well-established and commenced operations in the adult and adolescent mental health sectors. The adult team was launched by Professor Ieva Bite from the University of Latvia, following a somewhat comical event. During a supervision session on a client with intense anger and self-harm, Ieva's international supervisor made an offhand remark that she would actually like to run away from this person and that the US would send her to DBT to complete worksheets. This prompted the team to come together and initiate the British Isles DBT Training.

Meanwhile, government funded community based mental health service "Adolescent Resource Centre" had been operational in Latvia for three years, with a considerable number of young people accessing its free services for assistance with daily challenges. It soon became evident that the needs of some young people were more complex than the available resources could address. As a result, the leadership of the centre decided to introduce evidence-based therapy for young people with high-risk behaviours. The adolescent DBT team commenced training also in 2021 at the Behavioural Tech Institute, with Romija Krezina assuming the role of team leader. Both the adult and adolescent teams were supervised by Amy Gaglia Essletzbichler, who continues to be a highly influential figure in the field of DBT in Latvia.

47 MEMBERS

The Latvian Association of Dialectical Behavioural Therapy (LDBTA) was founded on 14 October 2022. The true members of the Association are mainly psychologists who have trained in DBT and work in teams. Anyone who wants to support DBT can join the association as a contributing member.

Who is in charge?

Prof. Dr. Psych. Ieva Bite | Dr. Psych. Guna Geikina | Dr. Psych. Ilze Plauča | MSc. Psych. Romija Krezina

How is training organised?

While there are currently no trainers in Latvia, we are working on establishing a network of qualified professionals in this field, with first being Ieva Bite and Romija Krezina that have initiated the DBT certification and accreditation process. Training is currently provided by British Isles DBT Training and Behavioral Tech. The regularity of training is dependent on the financial resources available, which in most cases consist of private funding and funds raised by the Adolescent Resource Centre. Despite the current challenges, we are doing our best and hope to build a robust, consistent training tradition within the next two years.

COUNTRY INTRODUCTIONS

edbta.eu

Latvia

Current challenges

- The most significant challenge facing Latvia is the inadequate funding for programmes, particularly in the adult sector.
- Furthermore, the lack of regular training is a significant contributing factor to the shortage of DBT specialists. This is largely due to the absence of local trainers and supervisors in sufficient numbers.
- Another challenge is ensuring adherence to DBT principles and protocols throughout individual therapy sessions and across the entire team process. Psychologists trained in other treatment methods may find it difficult to transition to DBT principles. Similarly, teams often struggle to consistently uphold the structure and spirit of DBT during weekly meetings, largely due to limited financial and time resources.

Which advice would you like to give to others based on your national experience?

The relatively rapid development of DBT in Latvia is largely due to the maintenance of the DBT spirit and the application of skills in the daily life of each DBT team member: consciously realising life worth living goals, radically accepting situation in the country and the world, avoiding problem behaviours and using emotion regulation skills. When negotiating with public institutions and potential funders, we recommend intensive use of DEAR MAN skills as well as GIVE and FAST to validate their experiences and emotions, as well as open and honest communication about the state of mental health in the country.

Plans for the future

Our future plans include actively raising public awareness about the effectiveness of DBT while advocating for increased public funding for DBT programmes. We aim to continue developing local trainers and supervisors to establish regular DBT practitioner training. Additionally, we intend to organise conferences and workshops in collaboration with other Baltic States. We will also focus on developing research on DBT programme effectiveness and promoting DBT principles within existing teams.

Active local therapy programmes

There are currently three adult DBT teams in Latvia, operating in the private sector. Skills training groups are held in person and remotely, 3 in Latvian and one in Russian. The cost of the programmes is partly covered by the clients' personal funds, but there is some support for individual counselling from the Ministry of Healthcare as well as mental health support foundations. The duration of the programme is half a year x 2. In the next year the Ministry of Health plans to introduce DBT in three psychiatric hospitals, where DBT patients would receive half a year of DBT free of charge.

There are currently five DBT teams working in adolescent mental health care, two of which are in Riga - at the “Adolescent Resource Centre” and the “Children's Clinical University Hospital”. The other teams are in the regional branches of the “Adolescent Resource Centre”. DBT is free for clients for six months, including all components: individual therapy, in person multifamily skills training, family and individual telephone coaching.

LDBTA
Latvijas DBT Asociācija

RESEARCH DIGEST

edbta.eu

Evaluation of dialectical behavior therapy for adolescents in routine clinical practice: a pre-post study

Anne Mari Syversen, Viktor Schønning, Gro Sydnes Fjellheim, Irene Elgen, Gro Janne Wergeland
BMC Psychiatry. 2024; 24: 447. Published online 2024 Jun 14. doi: 10.1186/s12888-024-05876-z

This study

This study aimed to assess how well Dialectical Behavior Therapy for Adolescents (DBT-A) works in a typical clinical setting for adolescents facing self-harm and suicidal behaviors. A group of 41 adolescents, primarily females around 15.8 years old, all met specific borderline personality traits and had recent self-harm or suicidal episodes. Over 20 weeks, participants engaged in a DBT-A program that provided weekly individual therapy, skills training in a group setting with their caregivers, and access to telephone coaching. Progress was tracked throughout the treatment, using self-reported data on self-harm, suicidal thoughts, and mood changes, supplemented by clinical assessments and hospital records. It should be noted, that this study took place in routine clinical practice during COVID-19 restrictions which might influence the results.

Key Findings:

- The study found a significant decrease in self-harm frequency among adolescents from pre-treatment to post-treatment, with the reduction increasing consistently throughout the 20-week DBT-A program. This trend supports DBT-A's effectiveness in routine clinical practice.
- While self-harm decreased, no statistically significant changes were observed in suicidal ideation, self-harm urges, or feelings of sadness and happiness. These results may reflect inappropriate measurement tools and assessment timing which often is a problem in routing clinical assessments.
- Observed reductions in self-harm frequency even during initial weeks suggest that early DBT-A activities, such as motivational and commitment strategies, may be crucial for engaging clients in non-harmful coping methods.

Limitations:

- Treatment disruptions due to COVID-19, including lockdowns and the shift to digital sessions, may have influenced the effectiveness of DBT-A, particularly affecting the secondary outcomes.
- With only 40% of eligible participants providing consent, the sample may not fully represent the general adolescent population in DBT-A. Non-consenters may have experienced different outcomes, influencing overall findings.
- The study relied on self-reported data from DBT-A diary cards for suicidal ideation and emotional states, which are not validated assessment tools. This may limit the accuracy of these findings, particularly for suicidal ideation.
- Without follow-up data, it remains unclear whether the observed reductions in self-harm are sustained over time, highlighting the need for future research to assess DBT-A's long-term effectiveness.

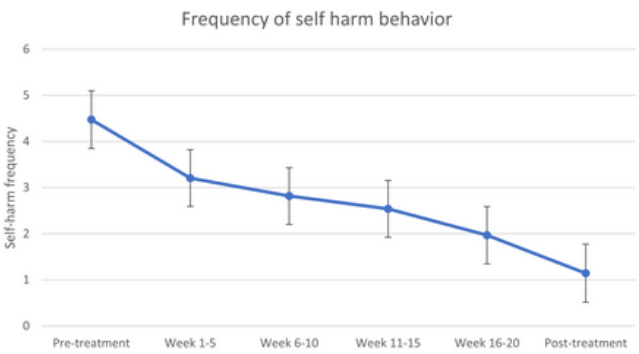


Fig. 2 Frequency of self-harming episodes during DBT-A ($N=41$)

RESEARCH DIGEST

edbta.eu

Leveling Up Dialectical Behavior Therapy for Autistic Individuals with Emotion Dysregulation: Clinical and Personal Insights

Keenan EG, Gurba AN, Mahaffey B, Kappenberg CF, Lerner MD. Autism Adulthood. 2024 Mar 1;6(1):1-8. doi: 10.1089/aut.2022.0011


AUTISM IN ADULTHOOD
Volume 00, Number 00, 2023
© Mary Ann Liebert, Inc.
DOI: 10.1089/aut.2022.0011

Open camera or QR reader and scan code to access this article and other resources online.

Leveling Up Dialectical Behavior Therapy for Autistic Individuals with Emotion Dysregulation: Clinical and Personal Insights

Elliot Gavin Keenan,[1,*] Ava N. Gurba,[2] Britain Mahaffey,[2] Catherine Faith Kappenberg, and Matthew D. Lerner[2]

Abstract

Autistic people may experience high emotion and sensory sensitivities and a slow return to baseline emotional state. Dialectical behavior therapy (DBT) was developed to address reactivity, impulsivity, and mood dysregulation in individuals with mood and personality disorders. DBT may be therapeutically beneficial to autistic individuals struggling with these or similar emotional and sensory challenges. This article is a synthesis of the first author's experiences of DBT as an autistic person and professional insights from all authors. We provide an overview of the development of DBT, its foundational components, and adaptations. Using this basis, the first author describes the benefits DBT has had, the modifications that have helped him, and how those modifications may enhance DBT for autistic people. Modifications include visuals, graphics, and a gaming format that target the client's personal interests. The essence of these alterations is to transform life skills and DBT skills into something meaningful and functional. Receptivity of the therapist to the modifications and neurodivergent problem solving may be foundational to therapeutic success. Client-initiated contributions in collaborative therapy may improve autistic participants' understanding, validation, and adherence with DBT. The authors suggest expanding work on DBT modifications for autism in the areas of daily self-monitoring, assessing for preferred visual and gaming formats, and utilizing personal interests.

Keywords: dialectical behavior therapy, autism, emotion dysregulation

Community Brief

Why is this topic important?

Many autistic people struggle with their emotions. There are few therapies that assist autistic people with these challenges. Dialectical behavior therapy (DBT) is a therapy that teaches skills for coping with emotions and forming healthy bonds with others. DBT may provide benefits to autistic people.

What is the purpose of this article?

This article uses personal insights with DBT from the first author. The article combines the professional expertise of all authors. We talk about the strengths DBT may have for autistic people. We recommend changes to make DBT a more helpful therapy.

[1]University of California, Los Angeles, Los Angeles, California, USA.
[2]Stony Brook University, Stony Brook, New York, USA.
*E.G.K. is autistic and chose the language used to refer to autism and other conditions.

Weekly Tasks

FIG. 1. Whiteboard for weekly tasks.

This study explores the potential benefits of Dialectical Behaviour Therapy (DBT) for autistic individuals experiencing emotion dysregulation, an issue that is common but often unaddressed within this population. Little research has evaluated DBT's effectiveness for autistic clients, who frequently struggle with emotion regulation alongside high rates of co-occurring mood and anxiety disorders. The first author, an autistic individual with personal experience in DBT, combines his insights with the professional observations of his co-authors to highlight ways of adapting DBT to fit neurodivergent needs. The study aims to adjust DBT's approach to better address sensory sensitivities, cognitive rigidity, and specific emotional needs. Through a mix of personal and professional perspectives, the article seeks to guide clinicians in making DBT a more inclusive therapeutic option for autistic clients. It offers a first-hand view of DBT's impact on autism, detailing adaptations—such as visual aids, gamification, and customisation to individual interests—to make DBT more accessible and effective.

Key Findings:

- **Choose appropriate materials and treatment settings.** This includes using simplified, visually supported manuals, like DBT-A, and considering small, personalised group sessions or one-on-one skills training initially to address challenges with social anxiety, language pragmatics, and theory of mind.
- **Incorporate gamification elements**, for example, a "behavioural whiteboard" in Google Slides to track daily and weekly tasks, assigning different point values to activities like chores, hygiene, and DBT skills. This system supports executive functioning and distress tolerance by offering points for completed tasks, which can be redeemed as rewards, adding motivation and structure. Personalised elements, such as Pokémon-themed images, and potential role-playing features make the approach engaging, especially for children and teens, while reinforcing DBT skills.
- **Use visual aids**, like a colour gradient scale from "emotion mind" to "rational mind," to help clients conceptualise abstract ideas, such as maintaining balance in "wise mind." These visual tools, essential for understanding complex DBT concepts, aid autistic clients in recognising their emotional states without relying solely on verbal responses, which may be challenging for some.
- **Incorporate intense interests** by tailoring the language and structure of DBT to align with a client's passions. This not only enhances motivation but also validates their interests, making therapy more meaningful. For example, if a client's interests are Pokémon, the therapist might frame DBT skills as "moves" or "spells."
- **Use stimming as a tool** for teaching mindfulness and distress tolerance, where it falls under "self-soothing" strategies.
- **Select concrete activities and explain directly.** For instance, the TIP skill can be taught by simply instructing clients to hold an ice pack over their face while breathing in a paced rhythm, which leaves little ambiguity. Practitioners should avoid abstract language, like "breathe Wise in and breathe Mind out," which may be confusing, and instead use direct prompts like "Is this wise mind?" Autistic clients may also benefit from in-session practice to build familiarity before applying skills in real-life situations, reducing the intimidation of novel experiences.

RESEARCH DIGEST

edbta.eu

Systematic Review of the Effectiveness and Experiences of Treatment for Men With Borderline Personality Disorder

Yevin Cha, Paul S. Links, Dong Ba, Ayman Kazi
Am J Mens Health. 2024 Jul-Aug; 18(4): 15579883241271894. Published online 2024 Aug 31. doi: 10.1177/15579883241271894

This study:
Since there is an apparent knowledge gap which therapies are optimal for men with borderline personality disorder (BPD), the authors of this article set out to review existing peer-reviewed primary research articles published until November 2023. Only seventeen studies met the inclusion criteria representing data from men from 8 different countries (including 5 RCT's). Studies were included if they focussed solely on men or included a gender analysis for outcomes. Part of the data was collected in forensic settings. Both psychotherapy and pharmacotherapy were evaluated. Five studies investigated variables on how services were used and valued. Due to a lack of data it was judged impossible to conduct a metaanalysis at this point.

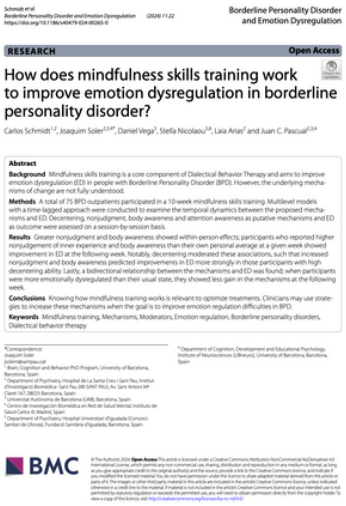
Key findings:
- The review elicits a substantial knowledge gap concerning BPD treatment for men.
- DBT was the most studied therapy demonstrating effectiveness for emotional regulation, reduction in motor impulsiveness, reduction in both property and violent offending, self-reported aggression, borderline and depressive symptoms.
- DBT was further reported to reduce admission rates to hospitals, utilization of mental health services and length of stay (no effects on the number of suicide attempts and anxiety were demonstrated).
- Mentalization based therapy (MBT) was shown to have positive effects on suicide attempts, self-harm and hospital admissions in an RCT subanalysis for aggression (Bateman et al. 2016).
- Topiramate, olanzapine and valproic acid seemed to be beneficial for anger and aggression. However due to small sample sizes and lack of controls these results are to be considered cautiously. Other non gender-specific studies such as a metaanalysis by Stoffers Winterling and colleagues (2022) reported only minimal pharmacotherapeutic effects on BPD symptoms.
- Men were less likely to receive psychotherapy or pharmacotherapy for BPD than women.
- Men were diagnosed with BPD at an older age and more often in dependency clinics than women.
- Men with BPD more often had a concurrent diagnosis of substance use disorder, ADHD and antisocial personality disorder.

Limitations
- Sample sizes and heterogeneity of studies allow only for preliminary conclusions about the specific efficacy of both psychotherapy and pharmacotherapy in men with BPD.
- No data from low- and middle-income countries was included, thus one should be cautious to transfer these findings to such contexts.

RESEARCH DIGEST

edbta.eu

How does mindfulness skills training work to improve emotion dysregulation in borderline personality disorder?


Schmidt et al. Borderline Personality Disorder and Emotion Dysregulation (2024) 11:22
https://doi.org/10.1186/s40479-024-00265-0

Borderline Personality Disorder and Emotion Dysregulation

RESEARCH Open Access

How does mindfulness skills training work to improve emotion dysregulation in borderline personality disorder?

Carlos Schmidt[1,2], Joaquim Soler[2,3,4*], Daniel Vega[5], Stella Nicolaou[5,6], Laia Arias[5] and Juan C. Pascual[2,3,4]

Abstract

Background Mindfulness skills training is a core component of Dialectical Behavior Therapy and aims to improve emotion dysregulation (ED) in people with Borderline Personality Disorder (BPD). However, the underlying mechanisms of change are not fully understood.

Methods A total of 75 BPD outpatients participated in a 10-week mindfulness skills training. Multilevel models with a time-lagged approach were conducted to examine the temporal dynamics between the proposed mechanisms and ED. Decentering, nonjudgment, body awareness and attention awareness as putative mechanisms and ED as outcome were assessed on a session-by-session basis.

Results Greater nonjudgment and body awareness showed within-person effects; participants who reported higher nonjudgement of inner experience and body awareness than their own personal average at a given week showed improvement in ED at the following week. Notably, decentering moderated these associations, such that increased nonjudgment and body awareness predicted improvements in ED more strongly in those participants with high decentering ability. Lastly, a bidirectional relationship between the mechanisms and ED was found; when participants were more emotionally dysregulated than their usual state, they showed less gain in the mechanisms at the following week.

Conclusions Knowing how mindfulness training works is relevant to optimize treatments. Clinicians may use strategies to increase these mechanisms when the goal is to improve emotion regulation difficulties in BPD.

Keywords Mindfulness training, Mechanisms, Moderators, Emotion regulation, Borderline personality disorders, Dialectical behavior therapy

*Correspondence:
Joaquim Soler
jsoler@santpau.cat
Brain, Cognition and Behavior PhD Program, University of Barcelona, Barcelona, Spain
[1] Department of Psychiatry, Hospital de La Santa Creu i Sant Pau, Institut d'Investigació Biomèdica Sant Pau (IIB SANT PAU), Av. Sant Antoni Mª Claret 167, 08025 Barcelona, Spain
[2] Universitat Autònoma de Barcelona (UAB), Barcelona, Spain
[3] Centro de Investigación Biomédica en Red de Salud Mental, Instituto de Salud Carlos III, Madrid, Spain
[4] Department of Psychiatry, Hospital Universitari d'Igualada (Consorci Sanitari de l'Anoia), Fundació Sanitària d'Igualada, Barcelona, Spain
[5] Department of Cognition, Development and Educational Psychology, Institute of Neurosciences (UBneuro), University of Barcelona, Barcelona, Spain

BMC

© The Author(s) 2024 **Open Access** This article is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License, which permits any non-commercial use, sharing, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if you modified the licensed material. You do not have permission under this licence to share adapted material derived from this article or parts of it. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit http://creativecommons.org/licenses/by-nc-nd/4.0/.

Carlos Schmidt, Joaquim Soler, Daniel Vega, Stella Nicolaou, Laia Arias, Juan C. Pascual
Borderline Personal Disord Emot Dysregul. 2024; 11: 22. Published online 2024 Sep 2. doi: 10.1186/s40479-024-00265-0

This study:
Although mindfulness skills training is an essential part of DBT, the underlying mechanism of change in emotion regulation has not been completely understood. In this study the authors analysed how putative drivers of change evolved from week to week observing them in 75 participants of DBT mindfulness skills groups over 10 weeks (in Barcelona, Spain). The drivers of change under examination were: 1) Decentering, 2) nonjudgement, 3) body awareness and 4) attention awareness. During the skills group participants were taught and practiced the following skills:
Wise mind, "what" skills (observing, describing, participating), "how" skills (non-judgmentally, one-mindfully, effectively), radical acceptance, mind turning and willingness, half-smiling and willing hands, mindfulness of current thoughts). Emotion dysregulation was measured using the Brief Version of the Difficulties in Emotion Regulation Scale (DERS-18), Decentering was measured using the most relevant items from the Experiencing Questionnaire (EQ), nonjudgement was assessed with the Nonjudging of Inner Experience sub scale of Five Facets Mindfulness Questionnaire (NJ-FFMQ), respectively the authors chose the BA-SBC (Body Awareness of Scale Body Connection) to measure body awareness and the MAAS (Mindfulness Attention Awareness Scale) assessing attention awareness.

Key findings:
- Within-person effects of nonjudgment and body awareness from session to session predicted subsequent improvements in emotion dysregulation.
- The ability of decentering was identified as a modulator: high decentering capacity reinforced the positive effects of nonjudgment and body awareness on emotion dysregulation.
- If emotion dysregulation was higher during a given session participants seemed to demonstrate slower improvement of decentering, nonjudgment and attention awareness the following week.
- All four components explained 52% of the variance of changes in emotion dysregulation in the following week.

Clinical implications:
- Clinicians can be encouraged to advocate the central role of mindfulness skills in DBT skills training, naming decentering, nonjudgment, attention and body awareness as central agents of more effective emotion regulation.
- The findings might help when considering didactic content and priorities in the process of planning skills training, especially bearing in mind the apparently central modulating role of decentering capacities.

Limitations:
- Findings are based on a non-randomized single-arm trail which possibly reduces generalizability.
- The items from each measure chosen to represent a certain capacity might be only partly representative of the construct under examination.
- Borderline symptoms were not assessed continuously relying only on the DERS-18 for emotion dysregulation.
- Participants were mostly women (93,3%).

PRACTITIONERS CORNER

edbta.eu

James Esmail on mindfulness and purpose of emotion

Mindfulness riddle - How many sides does a basketball have?

In my DBT skills groups I pose the question, "How many sides does a basketball have?" Various people have various reactions. Some think this is a trick question and say, "It has no sides, it's a ball!" Others think of the round surface and say it has just one side that is continuous.
I then give them my answer: a basketball has two sides. Most people are perplexed by this until I explain, "The basketball has two sides, **the *inside*** and **the *outside*.**"

Mindfulness practice has the same two sides. You will practice Observing and Describing what goes on inside of you: your emotions, thoughts, bodily sensations, etc. Likewise, you will develop your skill at Observing and Describing what is outside of you: your physical and social environment.

Purpose of emotion - Emotion motivates us - Metaphor - Steam locomotive

Previously I pointed out that the word emotion looks like *motivate* and *locomotive*. When teaching DBT skills groups, I often draw a picture of a steam locomotive and discuss the origin of the word. The Latin root word means to move, and the locomotive is part of the train that moves (usually by pulling) the train. Without the locomotive, a collection of railroad cars would never move, it would just sit there on the tracks.

Without our emotions, we can do nothing, just like a train without a locomotive. One must have Emotion Mind in the mix to be in Wise Mind. A train without a locomotive would not be very wise, would it? If we extend this metaphor, Reasonable Mind could be the tracks, keeping the train from running amuck, and Wise MInd could be the engineer. But without the locomotive the train will go nowhere.
My long-term guitar teacher, Craig Wilson, once shared a pearl of wisdom: "half of my job is teaching my students how to play correctly, the other half is ***motivating*** them to practice."

If you have seen inside an old steam locomotive in action, you saw not one, but two people running the locomotive. One was the engineer (who drives the train), the other is the fireman whose job is to continually build the fire that creates the steam that pushes the engine's pistons. I frequently encourage patients to get in touch with their feelings in the "here and now" of the session, knowing that if meaningful behavior change is going to happen, it will be emotion that powers this change. At this moment during a session, I am more of a fireman (stoking the fire within) than the engineer.

More on this..

DBT Metaphors and Stories
Understanding the Skills that Make Life Worth Living
James J. Esmail (2021).Routledge
ISBN 9780367636210.

EDITORIAL

edbta.eu

Editor

European Dialectical Behaviour Therapy Association, e.V. (EDBTA)
www.edbta.eu

Großtalstraße 53, 79117 Freiburg im Breisgau

Editorial office:

dissemination@edbta.eu

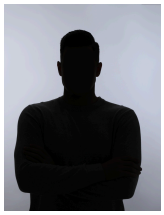
Romija Krezina

Jan Hilbig

Meet the EDBTA board:

President:
Prof. Martin Bohus

Secretary:
Prof. Magdalena Skuza



Treasurer:
Wolfdieter Scheinecker

(NAME OF THE COUNTRY)

edbta.eu

News gathered and generated by specific country officials

Might include job offers, local news and conferences, introduction of new teams, and their members, locally organised trainings, and other information