



The unique contribution of acceptance without judgment in predicting nonsuicidal self-injury after 20-weeks of dialectical behaviour therapy group skills training



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ABSTRACT

The current research tested whether four dimensions of mindfulness – acceptance without judgment, observing, describing and acting with awareness – predicted frequency of nonsuicidal self-injury (NSSI) and mediate the relationship with NSSI outcomes during 20-weeks of Dialectical Behaviour Therapy (DBT) skills training for borderline personality disorder (BPD). Eighty-four self-harming individuals with BPD were randomized to either DBT skills training or to a waitlist control group. A series of regressions revealed no relationship between dimensions of mindfulness and NSSI at baseline. There was a significant effect of DBT skills training on NSSI. As well, mediation analysis indicated that acceptance without judgment, specifically, mediated the relation between DBT skills training and change in frequency of NSSI.

Borderline personality disorder (BPD) is a severe mental disorder characterized by intense negative emotions coupled with difficulties tolerating and regulating these emotions. These deficits in emotion regulation contribute to a constellation of behavioural difficulties including anger outbursts, nonsuicidal self-injury (NSSI), and persistent feelings of emptiness (American Psychological Association, 2013; Linehan, 1993a). Among these behaviours, NSSI poses a particularly significant risk to individuals with BPD. Up to 90% of individuals with BPD engage in NSSI (Black, Blum, Pfohl, & Hale, 2004), and BPD is associated with impairment in everyday functioning, increased risk of suicide attempts and a level of health-care utilization that surpasses more prevalent disorders such as depression (Bender et al., 2001; Hamza, Stewart, & Willoughby, 2012; Zanarini et al., 2008). Thus, gaining a better understanding of NSSI in BPD can have a significant health and economic impact.

Recently, Dialectical Behaviour Therapy group skills training (DBT-ST) has been found to be effective for reducing suicidality (Linehan, 1993a). In DBT-ST, clients meet as a group on a weekly basis to learn skills conceptualized to reduce suicidal behaviours: emotion regulation, distress tolerance, mindfulness, and interpersonal effectiveness (Linehan, 1993a). DBT-ST is associated with greater reductions in irritability, psychoticism, impulsivity, affective instability, and anger at post-treatment compared to standard group therapy (Soler et al., 2009)

and greater reductions in suicidal behaviour, anger, distress tolerance and emotion regulation at three month follow-up compared to a waitlist condition receiving treatment as usual (McMain, Guimond, Barnhart, Habinski, & Streiner, 2016). Furthermore, Linehan et al. (2015) recently reported that individuals who received DBT-ST alone exhibited greater improvements in NSSI than those who received individual DBT without group skills training.

Numerous skills are taught in DBT-ST and little is known about which “candidate” skills are primarily responsible for obtaining therapeutic outcomes, particularly, reductions in NSSI. Mindfulness is a natural place to begin dismantling the mechanisms of DBT-ST as it is the first and the most fundamental skill taught in this treatment (Linehan, 1993a). Existing definitions of mindfulness orbit around two core processes: present-centred attention and a non-judgmental orientation toward one's experience (Baer, 2011; Bishop et al., 2004; Brown, Ryan, & Creswell, 2007; Kabat-Zinn, 2003; Farb, Anderson, Irving, Segal, 2014; Williams, Teasdale, Segal, & Kabat-Zinn, 2007). Indeed, in the most fundamental sense, mindfulness is an awareness of one's present experience without judging or labelling this experience as ‘good’ or ‘bad’. Consistently, Jon Kabat-Zinn (2003) describes mindfulness as an “awareness that emerges through paying attention on purpose, in the *present* moment, and *nonjudgmentally* to the unfolding of experience moment by moment” (p. 145). Similarly, Bishop et al.

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(2004) identify two dimensions of mindfulness as the self-regulation of attention to “immediate experience,” that is characterized by “curiosity, openness and acceptance” (p. 232). Brown and Ryan (2003) describe mindfulness as involving present-centred consciousness and a non-judgmental or “nonconceptual, nondiscriminatory awareness” (p. 213–214). In the case of DBT-ST, Jon Kabat-Zinn’s (2003) definition of mindfulness is adopted and broken down into four subskills that are used to promote the cultivation of mindfulness. The three skills of *observing* one’s current experience, *describing* one’s current experience, and *acting with awareness* align with the component of present-centred attention and the skill of *acceptance without judgment* captures the mindfulness component of nonjudgment (Linehan, 1993a).

Mindfulness has been described as conceptually reciprocal to specific mechanisms that are theoretically and empirically linked to NSSI. Indeed, theoretical models propose that NSSI functions as a form of experiential avoidance, which involves an unwillingness to engage with aspects of one’s experience and attempts to alter its “form and frequency” even when such avoidance is detrimental (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). This claim is supported by evidence suggesting that the intention to avoid or suppress aversive and unwanted internal experiences is the primary reason for engaging in NSSI among student (e.g. Klonsky, 2009), community (e.g. Kamphuis, Ruyling, & Reijntjes, 2007), correctional (e.g. Chapman & Dixon-Gordon, 2007), inpatient psychiatric (e.g. Briere & Gil, 1998) and BPD samples (Brown, Comtois & Linehan, 2002; Kleindienst et al., 2008; Sadeh et al., 2014). Furthermore, experimental research suggests that negative emotion decreases during or following NSSI in both self-report and physiological indices (e.g. heart rate and skin conductance; Brain, Haines, & Williams, 1998; Welch, Linehan, Sylvers, Chittams, & Rizvi, 2008; Reitz et al., 2012). Hence, theory and data suggest that the desire to escape one’s present experience plays a central role in maintaining NSSI and that, mindfulness deficits may contribute to the avoidant processes that lead to NSSI. Consistently, mindfulness deficits have been linked to BPD and NSSI (Baer, Smith, & Allen, 2004; Nicastro, Jermann, Bondolfi, & McQuillan, 2010; Wupperman, Fickling, Klemanski, Berking, & Whitman, 2013; Wupperman, Neumann, & Axelrod, 2008; Wupperman, Neumann, Whitman, & Axelrod, 2009). Moreover, mindfulness has been found to increase over the course of DBT (Nicastro et al., 2010; Perroud, Nicastro, Jermann, & Huguelet, 2012) and mediate the treatment effect of DBT-ST on NSSI (McMain, Boritz, & Barnhart, 2016).

While theory and research support mindfulness as a likely mechanism of change in DBT, as reviewed above, mindfulness is a multi-dimensional construct and its components appear to have unique relationships with BPD severity. Studies examining mindfulness have found that *describing*, *acting with awareness*, and *acceptance without judgment* (i.e. nonjudgment) are significantly lower in BPD compared to student and community samples (Baer et al., 2004; Nicastro et al., 2010). However, *observing* does not significantly differ between BPD, student, and community samples, and has been found to either have no correlation or a negative correlation with indices of psychological functioning in these samples (Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006; Baer et al., 2004; Nicastro et al., 2010). Notably, the skill of *acceptance without judgment* may be the most pronounced deficit among individuals with BPD, with mean scores on this skill being the lowest of the four skills and differing most from student and community samples (Baer et al., 2004; Nicastro et al., 2010). Consistently, Perroud et al. (2012) found that, when controlling for confounds such as depression and hopelessness, only the *acceptance without judgment* facet of mindfulness increased and was associated with improvements in BPD severity during an intensive 4-week version of DBT as well as during a course of subsequent comprehensive DBT. Although these findings were not significant after correcting for multiple tests, Perroud et al. (2012) suggests that *acceptance without judgment* may have a unique relationship with BPD pathology.

The relationship between *acceptance without judgment*, BPD and NSSI

fits previous theory and research in a number of ways. The tendency to judge the self and experience oneself as flawed (i.e. to experience shame) is linked to NSSI (Hastings, Northman, & Tangney, 2000; Kleindienst et al., 2008; Schoenleber, Berenbaum, & Motl, 2014; Tangney & Dearing, 2002) as well as increased likelihood of engaging in NSSI among individuals with BPD (Brown, Linehan, Comtois, Murray, & Chapman, 2009). In addition, individuals with BPD have been found to use NSSI to punish the self (Rosenthal, Cukrowicz, Cheavens, & Lynch, 2006) and are more likely to use NSSI for self-punishment than self-harming individuals without BPD (Bracken-Minor & McDevitt-Murphy, 2014). Hence, the central function of NSSI as a form of punishment in BPD further underscores the likely role of failing to accept one’s self and one’s experience without judgment in the etiology of NSSI. The limited research aiming to delineate the specific relationships between *acceptance without judgment*, BPD, and NSSI is a notable gap in the literature.

Indeed, research has been limited to the effect of general mindfulness on NSSI outcomes during DBT-ST (McMain et al., 2016) and no study has specifically looked at whether *acceptance without judgment* might account for reductions in NSSI. Using data from a larger RCT (McMain, Guimond, Barnhart, Habinski, & Streiner, 2017), the current research was a secondary analysis intended to address the gaps in the extant literature by examining 1) the relationship between different dimensions of mindfulness (*observing*, *describing*, *acting with awareness* and *acceptance without judgment*) and NSSI in a sample of suicidal individuals with a diagnosis of BPD and 2) whether changes in specific dimensions of mindfulness account for changes in NSSI after 20-weeks of DBT-ST among suicidal individuals with BPD. We hypothesized that 1) *acceptance without judgment* will predict the frequency of NSSI while the other three components of mindfulness will not be significant predictors of NSSI and 2) *acceptance without judgment* will mediate reductions in the frequency of NSSI over the course of DBT-ST while the other three components of mindfulness will not mediate outcomes. Furthermore, we hypothesize that the aforementioned effects exist independently of the effect of BPD severity and severity of major depressive disorder (MDD), both of which are known to increase the likelihood of engagement in NSSI.

1. Method

1.1. Participants

Participants were 84 individuals with BPD enrolled in a large two-arm randomized-clinical trial (RCT) intended to evaluate the effectiveness of a 20-week DBT skills training group at the Centre for Addictions and Mental Health (CAMH) in Toronto, described in McMain et al. (2017). A full description of the participants, design, and procedures in the trial can be found in McMain et al. (2017). Participants were required to meet the following criteria: (a) a full BPD diagnosis according to the *Diagnostic and Statistical Manual Version IV (DSM IV)*, (b) engagement in a minimum of two prior incidents of self-injury, suicidal or nonsuicidal, in the last 5 years, one of which must have occurred in the 10 weeks prior to screening (c) age 18–60, and (d) English proficiency. Participants were excluded if they presented with (a) *DSM IV* psychotic disorders, bipolar disorder I and dementia or (b) an organic brain disorder or mental retardation. Participants who had received DBT skills group treatment in the past six months were also excluded, however, all participants were permitted to continue with other treatment-as-usual (TAU) such as doctors’ visits, pharmacological treatment and other co-occurring therapies other than DBT.

1.2. Measures

1.2.1. Screening measures

BPD was diagnosed using the *International Personality Disorder Exam – BPD Module* (IPDE-BPD; Loranger, 1995). High inter-rater reliability

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