I. Introduction
The suicide rate in Japan is 24 per 100,000 population, the highest among the countries of the world as a whole. In 2010, the Ministry of Health, Labour and Welfare organized a “Suicide and depression management project team” as an approach to reducing the more than 30,000 suicides that occur in the country annually from 1998 through 2016, and it has vigorously promoted measures to combat suicide. Cases in which patients take excessive amounts of psychotropic drugs prescribed by their physician for the treatment of depression, etc., have been pointed out, and the government has issued notices calling attention to the matter. Moreover, the existence of a situation in which multiple drugs are prescribed for psychiatric care in Japan in comparison with other countries has also been pointed out. Faced with this situation, there is a need for interventions designed to enhance psychosocial treatment with the goal of preventing relapses without placing a disproportionate emphasis on drug therapy.

The author has been conducting the program mainly for a skill training of Dialectical Behavior Therapy by the psychiatric outpatient practice with night care since 2011. Here is a report on the usefulness of Non-comprehensive Dialectical Behavior Therapy with the individual participant's interviews up to the present.

II. Program contents
1. Form
Open trial as anyone with a desire for participation can freely participate in the trial

2. Group size
A small group with 7-8 participants each time

3. Target patient
Patients who suffer a difficulty of emotional regulation or interpersonal relationship such as neurotic disorders, developmental disorder, and borderline personality disorder without a requirement of hospitalization.

4. Frequency and time frame for the program
Once a week (90 minutes)

5. Program contents
A) “Mindfulness” with various variations such as breathing and raisin eating
B) "Sharing by paying attention to positive emotions" such as good and happy experience
C) Lecture and work for the training of 4 main skills such as “Distress tolerance, mindfulness, emotional regulation, and maintenance of interpersonal relationship in Dialectical Behavior Therapy”

III. The program results
1. Mindfulness with repeated-various variations each time as an introduction of the program became a training for a patient to notice his/her own emotions along with enhancement of the sensitivity.
2. Rush of positive emotions was effectively enhanced through a sharing with a focus on subsequent positive events. The skill training followed by the enhancement allowed a patient to generate an ease of mind as not being influenced by emotions due to appropriately understanding his/her own emotions.
Title:
Non-Comprehensive Dialectical Behavior Therapy With a Focus on Mindfulness and Skill Training

Keywords:
Mindfulness, non-comprehensive Dialectical Behavior Therapy and outpatient psychiatric unit.

References:
Marsha M. Linehan, Kathryn E. Korslund, Melanie S. (2015), Harned, Dialectical Behavior Therapy for High Suicide Risk in Individuals With Borderline Personality Disorder, A Randomized Clinical Trial and Component Analysis


Abstract Summary:
The author has been conducting the program mainly for a skill training of Dialectical Behavior Therapy by the psychiatric outpatient practice with night care since 2011. Here is a report on the usefulness of Non-comprehensive Dialectical Behavior Therapy with the individual participant's interviews up to the present.

Content Outline:
Program contents
A) "Mindfulness" with various variations such as breathing and raisin eating
B) "Sharing by paying attention to positive emotions" such as good and happy experience
C) Lecture and work for the training of 4 main skills such as "Distress tolerance, mindfulness, emotional regulation, and maintenance of interpersonal relationship in Dialectical Behavior Therapy"

The program results
1. Mindfulness with repeated-various variations each time as an introduction of the program became a
training for a patient to notice his/her own emotions along with enhancement of the sensitivity. 

2. Rush of positive emotions was effectively enhanced through a sharing with a focus on subsequent positive events. The skill training followed by the enhancement allowed a patient to generate an ease of mind as not being influenced by emotions due to appropriately understanding his/her own emotions. 

3. It was clarified that variation through a change how to comprehend others’ emotions by appropriately understanding one’s own emotions was effectively developed for further variation to solve a problem.

First Primary Presenting Author

Primary Presenting Author

Yasuko Koyano, PhD, RN, PHN
The Jikei University Graduate school
Nursing
Professor
Chofu-shi
Tokyo
Japan

Author Summary: I am an associate professor of the psychiatric and mental health nursing of Graduate school of Health Care and Nursing Juntendo University, and my specialty is emotional control.