

Background

Self-harm is a significant clinical concern given the association with distress, and subsequent risk of emotional difficulties and suicide. The prevalence of self-harm in the UK is also increasing. Despite this, current services, and support for people who self-harm is lacking. Many people receive no treatment, or interventions that do not meet their needs. Cognitive Analytic Therapy (CAT) is a widely used relational approach that has real potential as an intervention for people who self-harm. Unlike other approaches for self-harm, it is a trans-diagnostic model that can be delivered in a brief 8 session format. Whilst research so far supports CAT as a treatment for a variety of mental health difficulties, research into its suitability for adults who self-harm is still preliminary. A key next step is to ascertain whether larger clinical trials of CAT for adults who self-harm could be feasibly undertaken.

Aims and Objectives

The primary aim of this project was to ascertain the feasibility of evaluating an 8-session CAT intervention for adults (aged 18 years and older) who self-harm within community mental health services. The trial was designed to answer key feasibility uncertainties concerning recruitment, attrition, definition of Treatment as Usual (TAU), trial design and assessment.

Methods

A feasibility randomised controlled trial was undertaken with participants randomly allocated to receive CAT plus TAU or TAU alone (1:1 ratio). Researchers completing assessments were blind to allocation. Adults (aged 18 years and older) who had experienced three or more episodes of self-harm in the past year were recruited from community mental health services, including stepped care and psychotherapy services, in Manchester and South Yorkshire (Rotherham, Doncaster, South Humber). There were assessments at baseline, 12 weeks and 18 weeks post-randomisation. Information on engagement with therapy, attrition, and safety was recorded throughout. Qualitative interviews were also undertaken with participants and other key stakeholders (service managers, clinicians) to further investigate feasibility and implementation issues. The project team will be guided by an advisory group of individuals with lived experience of self-harm, who will meet throughout the course of the project.

Results

All progression criteria were met. Sixty participants were successfully randomised. Rates of retentions (92%) and therapy engagement (attending ≥ 4 sessions; 90%) met criteria at 12 weeks follow-up. Qualitative interviews with participants indicated that the therapy and trial was acceptable. Qualitative interviews with stakeholders evidenced a current gap in service provision for self-harm that CAT could fill. Treatment effect estimates should be treated with caution as efficacy was not a focus of the trial, but indicated improvements favouring CAT in multiple outcomes including self-harm urges and distress. No serious adverse events were attributed to the trial.

Conclusion

Results support the feasibility and acceptability of evaluating 8-session CAT for self-harm in adults. Retention and therapy engagement were particularly high. Eight-session CAT for self-harm could fill a gap in current service provision and so further evaluation is warranted.