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Economic evaluation of an integrated individual and family therapy model for self-harming adolescents

Submission date
08/07/2020

Recruitment status
No longer recruiting

Registration date
09/09/2020

Overall study status
Completed

Last Edited
27/10/2022

Condition category
Mental and Behavioural Disorders

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[X] Results
[ ] Individual participant data

Plain English summary of protocol

Background and study aims
Self-harming behaviors in adolescents cause great suffering and can lead to considerable costs to the healthcare system. The aim of the study is to investigate the cost of an integrated individual and family therapy (Intensive Contextual Treatment: ICT) and to compare the adolescent's healthcare consumption 1 year before and 1 year after treatment.

Who can participate?
Adolescents (aged 13-19) with repetitive self-harm behavior within the past 3 months and their families

What does the study involve?
ICT is an intensive, short term (3-6 months) treatment. It is an outreach treatment conducted in the families residences and by two therapists. The frequency of the intervention is 2-3 meetings per week, the duration of the intervention is on average 4.5 months. The follow-up is 6 and 12 months after the intervention for the outcome measures, and healthcare consumption data is collected 1 year before, during and 1 year after treatment.

What are the possible benefits and risks of participating?
Participation in this follow-up study requires nothing more than written consent. Compilation of data is at a group level and therefore no individuals can be identified. Regarding benefits, the results of the present study can inform decision-makers in prioritizing. In times when resources in healthcare are scarce in relation to needs, it is important to be able to document healthcare utilization.

Where is the study run from?
Uppsala academic hospital (Sweden)

When is the study starting and how long is it expected to run for?
October 2017 to November 2019

Who is funding the study?
Uppsala academic hospital (Sweden)

Who is the main contact?
Moa Bråthén Wijana
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Contact information

Type(s)
Scientific

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Additional identifiers

Clinical Trials Information System (CTIS)
Nil known

ClinicalTrials.gov (NCT)
Nil known

Protocol serial number
Dnr: 2018/1902-32

Study information

Scientific Title
Impact of an integrated individual and family therapy model for self-harming adolescents on overall healthcare consumption. A pilot study of a Swedish sample

Acronym
ICT - healthcare consumption

Study objectives
The primary hypothesis is that the patients would reduce their need for specialized healthcare consumption when comparing a 1-year period before and an equal period after treatment. The

secondary hypothesis was that there would be a relationship between treatment effects and the changes in healthcare consumption.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Approved 03/10/2018, Regional Ethical Review Board in Stockholm (Regionala etikprövingsnämnden, Karolinska Institutet, Tomtebodavägen 18 A, 171 65 Solna, Sweden; +46 (0)852480000; no email provided), ref: Dnr: 2011/1593-31/5, Dnr: 2018/1902-32

Study design
Interventional study, within-group design with repeated measures

Primary study design
Interventional

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Self-harm and suicidal behaviors in adolescents

Interventions
ICT (integrated individual and family therapy model for self-harming adolescents) is an intensive, short term (3-6 months) treatment. It includes components from dialectical behavior therapy and functional family therapy. It is an outreach treatment conducted in the families residences and by two therapists. ICT has a contextual focus and close collaboration with schools is desirable. The frequency of the intervention is 2-3 meetings per week, the duration of the intervention is on average 4.5 months. The follow-up is 6 and 12 months post-intervention for the outcome measures, and for healthcare consumption, data is collected retrospectively 1 year before, during and 1 year after treatment.

Intervention Type
Behavioural

Primary outcome(s)
1. Self-harm measured using self-assessment Deliberate Self-Harm Inventory (DSHI-9r) at pre- and post-treatment and 6 and 12 months follow-up
2. Healthcare consumption measured using medical records 1 year before, during and 1 year after treatment

Key secondary outcome(s))
General mental health symptoms measured using youth self-report (YSR) at pre- and post-treatment and 6 and 12 months follow-up

Completion date
25/11/2019

Eligibility

Key inclusion criteria
1. Aged 13-19
2. Repetitive self-harm behavior within the past 3 months, defined as both deliberate self-poisoning and self-injury, or suicidal thoughts, threats or plans
3. Live together with at least one primary caregiver

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Child

Lower age limit
13 years

Upper age limit
19 years

Sex
All

Total final enrolment
25

Key exclusion criteria
1. Reported psychiatric disorder (e.g., schizophrenia) requiring intensive in-patient stabilization (as assessed at baseline with a semi-structured diagnostic interview)
2. Insufficient comprehension of Swedish language
3. Severe substance abuse
4. Developmental disabilities

Date of first enrolment
10/10/2018

Date of final enrolment
25/11/2019

Locations

Countries of recruitment
Sweden

Study participating centre
IKB-teamet, BUP, akademiska sjukhuset
Dag Hammarskjöldsväg 13

Uppsala
Sweden
75237

Sponsor information

Organisation
Karolinska Institute

ROR
https://ror.org/056d84691

Funder(s)

Funder type
Charity

Funder Name
Stiftelsen Sven Jerrings Fond

Alternative Name(s)
Jerringfonden

Funding Body Type
Private sector organisation

Funding Body Subtype
Trusts, charities, foundations (both public and private)

Location
Sweden

Results and Publications

Individual participant data (IPD) sharing plan
The datasets generated during and/or analysed during the current study are/will be available upon request from Moa Bråthén Wijana (moa.brathen.wiijana@ki.se). The data is raw data and scale scores in SPSS files or Excel files. There is no time limit for data access and it is available from now on. Data is primarily available for persons who may be involved in a review of the manuscript. The data files are all anonymized so there should be no problems with confidentiality. The consent from participants applies to analyzes at group level, i.e. descriptive statistics and group comparisons.

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		26/07/2021	27/10/2022	Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes