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Does dialectical behaviour therapy (DBT) reduce hospital utilisation by self-harming participants?

Submission date
28/03/2013

Recruitment status
No longer recruiting

Registration date
15/07/2013

Overall study status
Completed

Last Edited
24/10/2019

Condition category
Mental and Behavioural Disorders

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[ ] Record updated in last year

Plain English summary of protocol

Background and study aims
Approximately 4-13% of the population are thought to engage in Deliberate Self Harming behaviour (DSH) (self-poisoning or self-injury), irrespective of the purpose of the act. DSH is commonly associated with Borderline Personality Disorder (BPD), a form of personality disorder. About 70-75% of people with this, are engaged in such behaviour. However, DSH is also associated with other personality disorders and psychiatric disorders and may also be seen in general population. As such, it is important that treatments for DSH are tested with a broad range of participants. Although Dialectical Behaviour Therapy (DBT) has repeatedly been shown to be helpful in reducing hospital utilisation and self-harming behaviours among those with a BPD, there has been limited research on how good it is with a broader range of participants. The aim of this study was to find out the impact of 12-months of DBT, with a broad range of participants who engaged in DSH.

Who can participate?
We recruited participants who had at least a one-year history of DSH, with a minimum of 6 self-harming incidents in the previous 12-months.

What does the study involve?
All participants had four preliminary therapy sessions to find out about their self-harming behaviour and to get them used to the demands of DBT treatment. Depending on DBT therapist availability, this assessment period was followed by a 12-month period of treatment (DBT) or a 12-month wait for DBT (WLC) whilst receiving standard NHS care. Following their 12-month wait, participants in the WLC group were also offered one-year of DBT. Both groups completed self-report measures before and after the initial 12-month period, and after 12 and 24 months. The number of patients admitted to the hospital, their duration of hospital stay and the number of A&E admissions, for the 6 months before the study (baseline), during the study, and up to 24-months after the study was collected.

What are the possible benefits and risks of participating?
The benefits of participation were potential reduction in hospital admissions, self-harm and

mental disorders. Possible risks to participants were problems associated with their difficulties whilst waiting for DBT, or not benefiting from DBT.

Where is the study run from?
Intensive Psychological Therapies Service, Dorset HealthCare Trust, UK

When is the study starting and how long is it expected to run for?
June 2000 to May 2006

Who is funding the study?
Dorset HealthCare NHS Trust (UK)

Who is the main contact?
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Contact information

Type(s)
Scientific

Contact name
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Additional identifiers

Study information

Scientific Title
Hospital utilisation by self-harming participants: a waiting list control evaluation of dialectical behaviour therapy

Study objectives
This study predicted that there would be a greater reduction in hospital utilisation amongst participants who completed 12-months of Dialectical Behaviour Therapy (DBT) compared to participants waiting for DBT (WLC) for a 12-month period. Additionally, psychopathology, distress and self-harm were predicted to improve in the DBT condition compared to the WLC condition.

Ethics approval required
Old ethics approval format

Ethics approval(s)
East Dorset Local Research Ethics Committee, 25/05/2000, LREC approval number 50/00/B

Primary study design
Interventional

Study design
Quasi-experimental non-randomised waiting-list control study

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Deliberate self-harm / Personality Disorders

Interventions
Dialectical Behaviour Therapy (DBT) Following the four preliminary sessions, outlined above, the intervention group received 12-months of DBT, in keeping with the principles described by Linehan (1993). DBT was delivered by experienced therapists who had all completed a DBT Intensive Training (British Isle DBT Training Limited). Treatment consisted of weekly one-to-one sessions, a skills training group, telephone skills coaching, and a consultation team meeting.

Waiting List Control (WLC) Following the four preliminary sessions, the WLC participants received all the usual benefits associated with standard NHS care during the assessment period. This typically comprised care from a community mental health team, clinical services and contact with a general practitioner. Following their 12-month wait, the WLC participants were offered 12-months of DBT, described above.

Intervention Type
Behavioural

Primary outcome(s)
The frequency and duration of all inpatient admissions, and frequency of A&E admissions, were measured for 6 monthly periods for the 6 months before the study, the study period, and up to 24-months after the intervention. This was collected by using the Dorset HealthCare Trust Participant Administration System.

Key secondary outcome(s)
1. Millon Clinical Multi-axial Inventory (MCMI-III). This assessed if a client had any of 10 Clinical Syndromes and 14 Personality Patterns, by answering true or false statement questions.
2. Clinical Outcomes in Routine Evaluation (CORE). This assessed a clients level of risk to themselves and others, and an overall global distress score, using a 5-point likert scale.
3. Dissociation Questionnaire (DisQ). This measured the amount of dissociation felt by a client, using a 5-point likert scale.
4. Deliberate self-harm. Measured on a 9-point likert scale that rated the frequency of self-harming behaviour over the previous year.
5. Service Satisfaction Scale (SSS-30) was used to assess client satisfaction with the service, using a 5-point likert scale.

All were self-report measures and were measured before and after the study period, and at 12- and 24-month follow-up.

Completion date
01/05/2006

Eligibility

Key inclusion criteria
1. Aged 18 years and over, men and women.
2. Referrals to the Intensive Psychological Therapies Service (IPTS).
3. History of DSH for at least a year, with a minimum of at least 6 self-harming incidents in the last year (Kreitman, 1977).

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 Years

Sex
All

Key exclusion criteria
1. On-going in-patient care.
2. Drug or alcohol dependence (DSM-IV, 1994).
3. A psychotic disorder (DSM-IV, 1994).

Date of first enrolment
01/06/2000

Date of final enrolment
01/05/2006

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
St Ann's Hospital
Dorset
United Kingdom
BH13 7LN

Sponsor information

Organisation
Dorset HealthCare University NHS Foundation Trust (UK)

ROR
https://ror.org/04esx4891

Funder(s)

Funder type
Hospital/treatment centre

Funder Name
Dorset HealthCare University NHS Foundation Trust (UK) - Research and Development budget.

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration