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### Literature search results

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**Search details**

Dialectical behaviour therapy used for deliberate self harm/cutting. How effective a treatment is it?

**Resources searched**

- NHS Evidence; TRIP Database; Cochrane Library; PsychINFO; Google Scholar

**Database search terms:** DSH; Dialectical behaviour therapy; attempted suicide; self-injurious behaviour; suicide ideation; self destructive behaviour; treatment;

**Evidence search string(s):**

**Google search string(s):**

**Summary**

**Guidelines**

**Evidence-based reviews**

Psychosocial and pharmacological treatments for deliberate self harm, 2006
Hawton K, Townsend E, Arensman E, Gunnell D, Hazell P, House A,
If you put in the search terms ‘Dialectical behaviour therapy’ and ‘self harm’ on Cochrane Library there are 17 titles which are brought up – including this one.

Go to:-

**Psychosocial interventions following self-harm: systematic review of their efficacy in preventing suicide**

Crawford M J, Thomas O, Khan N, Kulinskaya E

DARE, 2007

http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?AccessionNumber=12007008022

There are many other documents referring to Borderline Personality Disorder on this site but no more that I can find which specifically mentions anything to do with suicide or self harm in the title.

### Published research

1. **Title:** The effectiveness of dialectical behaviour therapy in routine public mental health settings: An Australian controlled trial.

   **Citation:** Behaviour Research and Therapy, 01 2011, vol./is. 49/1(4-10), 0005-7967 (Jan 2011)

   **Author(s):** Pasieczny, Nathan, Connor, Jason

   **Abstract:** Randomised controlled studies in research environments have demonstrated dialectical behaviour therapy (DBT) to be more efficacious than treatment as usual in reducing suicidal behaviour in patients with borderline personality disorder (BPD). Limited evidence exists for the effectiveness of DBT in the treatment of BPD within routine clinical settings. This study examines the clinical and cost effectiveness of providing DBT over treatment as usual in a routine Australian public mental health service. Forty-three adult patients with BPD were provided with outpatient DBT for six months with patient outcomes compared to those obtained from patients in a wait list group receiving treatment as usual (TAU) from the same service. After six months of treatment the DBT group showed significantly greater reductions in suicidal/non-suicidal self-injury, emergency department visits, psychiatric admissions and bed days. Self-report measures were administered to a reduced sample of patients. With this group, DBT patients demonstrated significantly improved depression, anxiety and general symptom severity scores compared to TAU at six months. Average treatment costs were significantly lower for those patients in DBT than those receiving TAU. Therapists who received intensive DBT training were shown to produce significantly greater improvements in patients' suicidal and non-suicidal self-injury than therapists who received only 4 day basic training. Further clinical improvements were achieved in patients offered an additional six months of DBT. This study demonstrates that providing DBT to patients within routine public mental health settings can be both clinically effective and cost effective.

2. **Title:** Effectiveness of combined individual and group dialectical behavior therapy compared to only individual dialectical behavior therapy: A preliminary study.

   **Citation:** Psychotherapy, 06 2012, vol./is. 49/2(241-250), 0033-3204;1939-1536 (Jun 2012)

   **Author(s):** Andion, Oscar, Ferrer, Marc, Matali, Josep, Gancedo, Beatriz, Calvo, Natalia, Barral, Carmen, Valero, Sergi, Di Genova, Andrea, Diener, Marc J, Torrubia,
Abstract: Dialectical behavior therapy (DBT) is an effective therapy. However, treating borderline personality disorder (BPD) patients with standard DBT can be problematic in some institutions due to logistical or cost limitations. The aim of this preliminary study is to examine the efficacy of Individual DBT in 37 BPD patients, compared with Combined individual/Group DBT in 14 BPD patients. Outcome measures included suicide attempts, self-harm behaviors, and visits to emergency departments. These variables were examined at pretreatment, 12 months/end of treatment, and at an 18-month follow-up. In addition, dropout rates were examined. Significant improvements on the outcome measures were observed across both versions of DBT treatment, particularly at the 18-month follow-up assessment. No significant differences were observed between Individual DBT and Combined individual/Group DBT on any of the posttreatment evaluations. An individual version of DBT may be an effective and less costly option for BPD treatment. Larger controlled trials are needed to confirm the results.

3. Title: Hunter DBT project: Randomized controlled trial of dialectical behaviour therapy in women with borderline personality disorder.

Citation: Australian and New Zealand Journal of Psychiatry, 2010, vol./is. 44/2(162-173), 0004-8674;1440-1614 (2010)

Author(s): Carter, Gregory L, Willcox, Christopher H, Lewin, Terry J, Conrad, Agatha M, Bendit, Nick

Abstract: Objective: Deliberate self-harm (DSH), general hospital admission and psychiatric hospital admission are common in women meeting criteria for borderline personality disorder (BPD). Dialectical behaviour therapy (DBT) has been reported to be effective in reducing DSH and hospitalization. Method: A randomized controlled trial of 73 female subjects meeting criteria for BPD was carried out with intention-to-treat analyses and per-protocol analyses. The intervention was DBT and the control condition was treatment as usual plus waiting list for DBT (TAU + WL), with outcomes measured after 6 months. Primary outcomes were differences in proportions and event rates of: any DSH; general hospital admission for DSH and any psychiatric admission; and mean difference in length of stay for any hospitalization. Secondary outcomes were disability and quality of life measures. Results: Both groups showed a reduction in DSH and hospitalizations, but there were no significant differences in DSH, hospital admissions or length of stay in hospital between groups. Disability (days spent in bed) and quality of life (Physical, Psychological and Environmental domains) were significantly improved for the DBT group. Conclusion: DBT produced non-significant reductions in DSH and hospitalization when compared to the TAU + WL control, due in part to the lower than expected rates of hospitalization in the control condition. Nevertheless, DBT showed significant benefits for the secondary outcomes of improved disability and quality of life scores, a clinically useful result that is also in keeping with the theoretical constructs of the benefits of DBT.

4. Title: The longer-term clinical outcomes of a DBT-informed residential therapeutic community: An evaluation and reunion.

Citation: Therapeutic Communities, 2010, vol./is. 31/4(406-416), 0964-1866 (Win, 2010)

Author(s): McFetridge, Mark, Coakes, Julia

Abstract: A new synthesis of therapeutic interventions (dialectical behaviour therapy within a therapeutic community) developed from the growing evidence of positive outcomes for these apparently distinct approaches for people with the complex difficulties currently considered to represent a borderline personality disorder. All clients who joined between 2000 and 2007 completed a brief self-report measure and gave information about their experience of therapy. With the questionnaire, they received an invitation to a reunion group/day to further share and discuss their experience. Participants were women from across the UK with a history of severe self-harm and self-defeating behaviour. People responding to postal contact included those who left without completing the therapy programme. Responders were indistinguishable from those who did not respond on a range of indices. However, there was a clear difference between those women who completed the programme and those who had not at a mean follow-up period of five years.
Those completing therapy had highly significant reductions on the CORE-OM in contrast to those not completing, who did not improve on this measure. Further qualitative analysis of written and verbal responses using interpretative phenomenological analysis indicated three major themes concerning change for clients: changes in sense of identity, changes in life, and changes in thinking. The longer-term changes in individuals that may be attributable to participating in a DBT-informed therapeutic community are explored.

5. Title: Dialectical behaviour treatment: Implementation and outcomes.
Citation: Psychiatric Bulletin, 07 2007, vol./is. 31/7(249-252), 0955-6036;1472-1473 (Jul 2007)

Author(s): Zinkler, Martin,Gaglia, Amy,Arokiadass, S. M. Rajagopal,Farhy, Eldad

Abstract: Aims and Method: Dialectical behaviour therapy is an evidence-based treatment for people with borderline personality disorder. We describe implementation and outcomes of a new service. Results: Hospital use and frequency of self-harm were reduced dramatically with dialectical behaviour therapy. Moreover, the therapy can be implemented successfully in a relatively short time at modest costs. Clinical Implications: Dialectical behaviour therapy provides a useful model of treatment for people with borderline personality disorder and/or self-harm in community mental health settings.

6. Title: Integrating dialectical behavior therapy and prolonged exposure to treat co-occurring borderline personality disorder and PTSD: Two case studies.
Citation: Cognitive and Behavioral Practice, 08 2008, vol./is. 15/3(263-276), 1077-7229 (Aug 2008)

Author(s): Harned, Melanie S,Linehan, Marsha M

Abstract: Despite the high rate of trauma and PTSD among individuals with borderline personality disorder (BPD), no studies have specifically evaluated the treatment of PTSD in a BPD population. These case studies illustrate the use of a protocol based on prolonged exposure therapy that can be integrated into standard dialectical behavior therapy to treat co-occurring PTSD in BPD clients. Two women with BPD and chronic PTSD were treated and results indicate a significant improvement in PTSD symptoms as well as a variety of secondary outcomes. Despite having recent and extensive histories of suicidal and nonsuicidal self-injurious behavior, as well as ongoing low to moderate urges to engage in these behaviors, neither client self-injured or attempted suicide during the PTSD treatment. These preliminary findings demonstrate the potential efficacy of combining an exposure treatment for PTSD with standard DBT, while also showing that exposure-based PTSD treatments can be implemented safely and effectively with BPD clients.

7. Title: Brief Dialectical Behavior Therapy (DBT-B) for suicidal behavior and non-suicidal self injury.
Citation: Archives of Suicide Research, 2007, vol./is. 11/4(337-341), 1381-1118;1543-6136 (2007)

Author(s): Stanley, Barbara,Brodsky, Beth,Nelson, Joshua D,Dulit, Rebecca

Abstract: The purpose of this study is to evaluate the effectiveness of a shorter course of Dialectical Behavior Therapy (DBT) in enhancing treatment retention and reducing: urges to engage in non-suicidal self injury (NSSI), NSSI, suicide ideation, and subjective distress in borderline personality disorder (BPD). Twenty patients with BPD received a six-month course of Dialectical Behavior Therapy (DBT-B). DBT-B was delivered in the standard manner except for the shortened duration from one-year minimum to six months. All variables were measured at baseline, and at six months. Data were analyzed using paired t-tests. Treatment retention rate was 95%. Significant reductions were found in NSSI urges, NSSI, suicide ideation, subjective distress, depression, and hopelessness between baseline and six months. These results support the use of DBT-B in a six-month format when NSSI and suicidal behavior and ideation are the targeted behaviors. Target behaviors were reduced significantly and retention was extremely high in comparison to
other interventions for this population. A large scale randomized controlled trial investigating its efficacy is warranted to determine if the results can be replicated and if improvement can be sustained.


**Treating co-occurring Axis I disorders in recurrently suicidal women with borderline personality disorder: a 2-year randomized trial of dialectical behavior therapy versus community treatment by experts.**

**Harned MS, Chapman AL, Dexter-Mazza ET, Murray A, Comtois KA, Linehan MM.**

**Abstract** This study evaluated whether dialectical behavior therapy (DBT) was more efficacious than treatment by nonbehavioral psychotherapy experts in reducing co-occurring Axis I disorders among suicidal individuals with borderline personality disorder (BPD). Women with BPD and recent and repeated suicidal and/or self-injurious behavior (n = 101) were randomly assigned to 1 year of DBT or community treatment by experts (CTBE), plus 1 year of follow-up assessment. For substance dependence disorders (SDD), DBT patients were more likely to achieve full remission, spent more time in partial remission, spent less time meeting full criteria, and reported more drug- and alcohol-abstinent days than did CTBE patients. These findings suggest that improvements in co-occurring SDD among suicidal BPD patients are specific to DBT and cannot be attributed to general factors associated with nonbehavioral expert psychotherapy. Further, group differences in SDD remission were not explained by either psychotropic medication usage or changes in BPD criterion behaviors. DBT and CTBE did not significantly differ in the reduction of anxiety disorders, eating disorders, or major depressive disorder.

9. In adults or teenagers, how effective are interventions following deliberate self harm (DSH) in reducing the rate of repeated suicidal behaviour, DSH or in reducing depression?

**Best in Mental Health, 2007**

[http://www.bestinmh.org.uk/answers/pdf/BestInMHAnswer152.pdf](http://www.bestinmh.org.uk/answers/pdf/BestInMHAnswer152.pdf)

10. In adults or teenagers, what interventions are known to be effective following deliberate self harm (DSH) in reducing the rate of repeated suicidal behaviour or in reducing depression?

**Best in Mental Health, 2007**

[http://www.bestinmh.org.uk/answers/pdf/BestInMHAnswer76.pdf](http://www.bestinmh.org.uk/answers/pdf/BestInMHAnswer76.pdf)

11. **Suicide Attempts: Prevention of Repetition.**

**By:** Daigle, Marc S.; Pouliot, Louise; Chagnon, François; Greenfield, Brian; Mishara, Brian.

strategies to prevent repetition of suicidal **behaviours**.

There are a number of articles listed in Psychology and Behavioural Sciences Collection which relate to Dialectical behaviour therapy with adolescents. I can’t find any more references to adults with self harm tendencies.