

DBT-Sverige

Konferens om forskning om DBT

9 november 2019

8:30 – 14:00

**Kompetenscentrum för psykoterapi
(KCP), Centrum för psykiatricforskning
(CPF), Stockholms läns landsting/Karolinska
Institutet**

Besöksadress: Liljeholmstorget 7B

Konferensprogram

Kompetenscentrum för psykoterapi (KCP), Centrum för psykiatriforskning (CPF), Stockholms läns landsting/Karolinska Institutet Besöksadress: <u>Liljeholmstorget 7B</u>	
8:30-9:00	Coffee and Registration
9:00-9:15	Welcome! Sophie Liljedahl & Dan Wetterborg
9:15-9:45	Presenter 1: Sofie Westling Title: Brief Admission by Self-Referral for individuals with self-harm at risk for suicide
9:45-10:15	Presenter 2: Sophie Liljedahl Title: Family Connections in standard and intensified formats: Results from a comparison study
10:15-10:30	Fika
10:30-11:00	Presenter 3: Mia Jörgensen & Dan Wetterborg Title: STOPPA Bas för unga som begått sexuella övergrepp
11:00-11:30	Presenter 4: Hanna Sahlin Title: Association Between Deliberate Self-harm and Violent Criminality
11:30-12:00	Presenter 5: Sara Probert-Lindström Title: Retrospektiv journalgranskning av individer som suiciderade 2015
12:00-13:00	Lunch nearby at the restaurant of your choice
13:00-13:30	Presenter 6: Daiva Daukantaitė Title: Is adolescents' engagement in direct self-injurious behaviour associated with long-term consequences on individuals' mental health? A 10-year follow-up
	Presenter 7: Anna Maria Naranjo Vestin Title: Sambanden mellan Borderlinesymtom, Känslomässig Dysreglering, Problembeteenden samt Färdigheter

13:30-14:30	<p>Diskussion: Round group discussion</p> <ul style="list-style-type: none">- What is new in the community from last year?- Are there new opportunities for research on DBT and related areas?- How can we support people in their efforts at evaluating and doing research?- Theme and suggestions for future research days
-------------	--

Abstracts

1. Brief Admission by Self-Referral for individuals with self-harm at risk for suicide

Sofie Westling, M.D., Ph.D., Daiva Daukantaitė Ph. D., Sophie I. Liljedahl Ph.D., Younga Oh M.Ed., Åsa Westrin M.D., PH.D., Lena Flyckt M.D, Ph.D., Marjolein Helleman, Ph.D.

Background: Admission to hospital is common when risk for suicide is imminent. However, for individuals with recurrent self-harm the accuracy of this has been questioned due to several adverse effects. As an alternative, standardized Brief admissions (BA) by self-referral has evolved. With BA, the individual can admit themselves to hospital, by means of an individualized contract promoting autonomy, within predefined limits of duration and frequency.

Methods: The effect of BA was studied in a randomized trial where 125 individuals with repeated self-harming and suicidal behavior and at least three symptoms of borderline personality disorder, participated for one year. All participants continued with treatment as usual, but half of them were randomized to receive BA and the remaining half were controls. The primary outcome measure was number of days admitted to hospital. Attempted suicide, self-harm and level of daily functioning was also recorded.

Results: Both groups improved significantly with respect to days admitted to hospital and no significant between-group differences were found. The BA group improved significantly compared to the control group regarding the mobility domain of daily life functioning. Furthermore, the BA group significantly improved regarding number of days with coercive care, frequency of self-harm behavior and within the domains cognition, domestic responsibilities, and participation of daily life functioning. The control group did not improve in any of these areas, but the difference between the groups was not significant.

Conclusion: Access to BA had no effect on hospital admission, but may have other positive effects needing further study.

2. Family Connections in standard and intensified formats: Results from a comparison study

Sophie I. Liljedahl, Ph. D., Nikolaus Kleindienst, Ph.D.*, Margit Wångby-Lundh, Ph. D., Lars-Gunnar Lundh, Ph. D., Daiva Daukantaitė, Ph. D., Alan E. Fruzzetti, Ph. D., & Sofie Westling, M.D., Ph.D..

*These authors contributed equally

Background: Family Connections (FC) is traditionally delivered in a group format running for 12-14 weeks. FC evaluation research conducted internationally reports improvement on a standard battery of family outcomes. The aims of this study were to determine whether similar improvement would be reported if FC were delivered over two intensive weekends with a month of skills practice in between, as well as to evaluate whether declines would be reported by loved ones when their relative returned home from residential treatment.

Methods: A total of 82 family members participated, 34 of whom attended FC offered at an outpatient DBT center utilizing standard weekly FC (FC-S), and 48 of whom attended the

intensified two-weekend FC offered at a residential treatment center (FC-R). Data were collected at pre-post and follow-up, six-to-seven months after baseline.

Results: Two-way mixed multivariate analyses of variance (MANOVAs) were employed to evaluate the effect of time and treatment group. Participants' scores on family functioning (distress), sense of burden and mental health difficulties were improved over time, regardless of attending FC-S versus FC-R. Some deterioration was reported by loved ones in the FC-R group when their family member returned home from a residential setting. However, this deterioration resolved by follow-up.

Conclusions: A novel contribution from this study was that improvement was reported by loved ones, regardless of setting. This provides preliminary support for offering FC-R in settings in which referrals may be national rather than regional, as well as other contexts that prohibit weekly FC participation. Replication is required, ideally by RCT. Results suggests that FC booster sessions may be useful at the termination of residential DBT.

3. STOPPA Bas för unga som begått sexuella övergrepp: Implementering och initial validering

Mia Jörgensen, leg. psykolog., Dan Wetterborg, Ph.D., Pia Enebrink, Ph.D., & Niklas Långström, M.D., Ph.D.

Bakgrund: Det vetenskapliga underlaget för återfallsförebyggande behandling för unga som begått sexuella övergrepp är idag otillräckligt. STOPPA Bas är en ny sexövergreppspecifik behandling som bygger på Dialektisk beteendeterapi samt kunskap om kända risk- och skyddsfaktorer för återfall i sexualbrott. I Statens institutionsstyrelses (SiS) uppdrag ingår att i dygnetruntoenden erbjuda återfallsförebyggande behandling för unga samhällsomhändertagna enligt Lagen om vård av unga, eller dömda enligt Lagen om slutna ungdomsvård. STOPPA BAS implementeras nu på SiS och vi kommer att undersöka genomförbarheten och initialt validera behandlingen.

Metod: Vi kommer att rekrytera ca 30 ungdomar, 13-21 år, som bedöms ha medel- eller hög risk för sexbrottsåterfall. Genom frågeformulär och intervjuer med ungdomar, anhöriga, behandlare och chefer kommer vi att undersöka genomförbarheten och upplevelsen av att leverera/genomgå behandlingen. Vi kommer också att undersöka förändring av bedömskattad risk för återfall i sexualbrott pre-post, förändring av teoretiskt relevanta riskfaktorer pre-post samt genom registerbaserade 3- och 10- årsuppföljningar av brottsåterfall där vi jämför den behandlade gruppen med två andra grupper (unga som placerats på SiS under 2019 men inte p.g.a. sexualbrott samt unga som placerats p.g.a. sexualbrott mellan 1999- 2018).

Resultat: Rekrytering har påbörjats och studien beräknas vara klar under våren 2022.

4. Association Between Deliberate Self-harm and Violent Criminality

Hanna Sahlin, Ph.D., Ralf Kuja-Halkola, Ph.D., Johan Bjureberg, Ph.D., Paul Lichtenstein, Ph.D., Yasmina Molero, Ph.D., Mina Rydell, Ph.D., Erik Hedman, Ph.D., Bo Runesson, Ph.D., Jussi Jokinen, MD, Brjánn Ljótsson, PhD, Clara Hellner, MD, Ph.D.

Objective: Deliberate self-harm, such as cutting, burning or overdosing on drugs to escape distressing emotions or attempt suicide is a serious and common behaviour.

It has long been suspected that individuals who self-harm may also be prone to aggressive behaviours towards others, but the studies that have been conducted thus far have not been able to give conclusive answers. This study used Swedish national registries to investigate the link between deliberate self-harm and violent crime convictions.

Method: This study used Swedish national registries to investigate the link between deliberate self-harm and violent crime convictions. The registries give unique opportunities to study this correlation since they cover the entire population and included all Swedish citizens born between 1982 and 1998 and followed them from age 15 (1,850,525 individuals in total).

Results: During the study period 55,185 received self-harm associated clinical care, 66,561 were convicted of a violent crime, and 8,155 were both exposed to self-harm and convicted of a violent crime. The crude hazard ratio was 4.9 (95% CI, 4.8-5.0) for violent crime conviction in exposed individuals compared with the unexposed group. Women who self-harm were at particularly high risk for expressing violent behaviors. After adjustment for relevant psychiatric comorbidities and socioeconomic status, an almost doubled hazard of violent offense remained (hazard ratio, 1.8; 95% CI, 1.8-1.9).

Conclusion: Self-harm is associated with an increased risk of conviction for a violent offense in both sexes. The risk of violence, as well as the risk of suicide and self-harm, should be assessed among offending and self-harming individuals.

When reversing the analysis and examining the risk of self-harm in individuals convicted of a violent crime, a similar association was found. Taken together, this suggests that self-harm behaviour and violent criminality is a manifestation of a common underlying vulnerability

5. Retrospektiv journalgranskning av individer som suiciderade 2015

Sara Probert-Lindström, Ph. D. Candidate. Supervisor: Åsa Westrin, M.D., Ph. D.

Bakgrund och syfte: Personer som tar sitt liv har ofta haft aktuella sjukvårdskontakter inom psykiatri, primärvård och somatisk vård. Detta bekräftas av ett flertal studier. Som exempel kunde en stor meta- analys som bekräftade bilden av att många av patienterna haft kontakt med sjukvården före suicid. Tre av fyra hade haft kontakt med primärvård under året före dödsfallet och en av fem hade haft kontakt med psykiatri månaden före dödsfallet. Fortfarande saknas dock kunskap om vilken vård som personer som sökt vård i nära anslutning till dödsfallet erhållit. Med ökad kunskap hur vården används och bedrivs före dödsfallet kan vi få bättre uppslag till hur vi framgent skulle kunna optimera suicidpreventionen.

Metod: Journaler för alla individer i Sverige som suiciderade 2015 granskas. Frågorna berör bl a typ av vårdkontakter, frekvens sjukvårdsbesök, personalkategori vid senaste besök,

psykiatriska och somatiska symptom vid senaste besök, psykisk status vid senaste besök, suicidriskbedömningar, somatiska och psykiatriska diagnoser, läkemedelsbehandlingar, psykoterapi, ECT och omvårdnad under psykiatrisk slutenvård.

Preliminära resultat: Analys av data pågår.

I pilotprojektet granskades journaler individer under 45 år som avlidit 2015. De senaste två åren hade 95 procent av patienterna haft sjukvårdskontakt, 55 procent med psykiatrin, 88 procent med primärvården och 61 procent med somatisk specialistvård. Bland individerna som hade kontakt med psykiatrin de senaste två åren hade 57% gjort ett tidigare suicidförsök.

6. Is adolescents' engagement in direct self-injurious behaviour associated with long-term consequences on individuals' mental health? A 10-Year Follow-Up

Daiva Daukantaitė, Lars-Gunnar Lundh, Margit Wångby Lundh, Benjamin Clareus, Jonas Bjärehed, Ya Zhou and Sophie I. Liljedahl

Background and aims: To explore whether adolescents' engagement in direct self-injurious behaviour with varying frequency and persistence is associated with long-term consequences imprints on individuals' mental health. We examined the relationships between direct self-injurious behaviour in adolescence and positive (i.e., satisfaction with life, flourishing) and negative (i.e., self-harm depression, anxiety, stress, emotion dysregulation, psychiatric diagnoses) aspects of mental health and psychological functioning 10 years later.

Methods: The participants were a cohort of regular school students ($n = 1064$) in grades 7–8 from a Swedish municipality. In 2007 (T1), 93% of all students ($M_{\text{age}} = 13.7$; 50.3% girls) participated, and at T2, one year later, 90% completed the questionnaire a second time ($M_{\text{age}} = 14.8$; 51.1% girls). In 2017, 557 individuals took part ($M_{\text{age}} = 25.3$; 59.2% women) in a 10-year follow-up.

Results: The results showed that although self-harm decreases between adolescence and young adulthood, there is still a significant number of individuals who report both infrequent and repetitive self-harm into young adulthood. Compared to individuals who reported no self-harm as adolescents, and while controlling for gender and psychological difficulties in adolescence, individuals with stable repetitive self-harm in adolescence showed a substantially increased risk of mental health problems in young adulthood. Higher emotional distress and significantly increased odds of infrequent self-harm in young adulthood were also found among individuals with infrequent or unstable repetitive self-harm in adolescence.

Conclusion: These results suggest that engagement in self-harm in adolescence is an indicator of vulnerability to poorer mental health and psychological functioning in young adulthood.

7. Sambanden mellan Borderlinesymtom, Känslomässig Dysreglering, Problembeteenden samt Färdigheter

Anna Maria Naranjo Vestin, Leg. Psykolog, Leg. Psykoterapeut

Bakgrund: Dialektisk beteendeterapi (DBT) har visat sig vara en effektiv behandling vid borderline personlighetssyndrom (BPS), och färdighetsträning har visat sig vara en verksam komponent, men man vet fortfarande lite om sambandet mellan borderlinesymtom,

känslomässig dysreglering, problembeteenden och färdigheter. Aktuell studie syftar till att undersöka dessa samband med frågeställningar utifrån teoretisk modell.

Metod: 54 patienter aktuella för DBT vid en vuxenpsykiatrisk öppenvårdsmottagning deltog i en tvärsnittsstudie där de vid ett tillfälle fyllde i tre självskattningsformulär.

Resultat: Det förelåg ett samband mellan känslomässig dysreglering och symtom på borderline personlighetssyndrom, samt delvis ett samband mellan dessa två och förekomst av problembeteenden. Högre nivå av känslomässig dysreglering predicerade ett lägre användande av färdigheter. Dock förelåg inte något signifikant samband mellan användande av färdigheter och nivå av problembeteenden.

Konklusion: Resultatet stödjer delvis den teoretiska modellen, men oklarheter föreligger gällande betydelsen av användande av färdigheter. Detta skulle därmed behöva studeras vidare för att fördjupa förståelse av verksamma behandlingskomponenter.