

**Developmental Group Psychotherapy (DGP) :**  
**A review of randomised controlled trials (RCT) in different**  
**international contexts and prospects for future utilisation**

**Dr Gemma Trainor**  
**Nurse Consultant, McGuinness Unit,**  
**Greater Manchester West Mental Health Foundation Trust, Manchester**  
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**Background**

Developmental Group Psychotherapy (DGP) is an intervention for repeated self-harm in adolescents, pioneered by the University of Manchester and Greater Manchester West Mental Health Foundation Trust, Manchester and has been shown to be an effective treatment in a single blind randomised controlled trial (RCT). A second RCT has been conducted in Sydney, Australia and a third multi-centre trial has also been completed in the North West of England. This paper, by one of the leading researchers of the Manchester RCT, considers the results from these three trials and discusses prospects for future applications of the therapy

**Introduction**

Self-harm in adolescents is a major public health problem in many countries

Repeated self-harm in adolescents is common and often associated with adverse psychosocial outcomes and in some incidents completed suicide. The reported risk of repetition in adolescents ranges from 10% within 6 months to 42% during a 21 month follow up with a median recurrence of 5-15% each year. (Brent, et al 1997). . Statistics from the Mental Health Foundation (2006) suggest that 1 in 15 young people will self-harm at some point. That equates to two teenagers in any classroom, although this may be an underestimate as it is a notoriously difficult topic to research. Lifetime estimates can be as high as 14% of young people (Hawton and James, 2005). Rates have been rising since the 1960's and the UK has the highest rates in Europe.

Despite this, little is known about how best to treat these young people.

CAMHS professionals spend a substantive amount of time assessing and treating young people who self-harm. A further substantial burden is placed on wider social care and education. The design and delivery of effective treatments for this client group is complex and has to accommodate crisis management with more long-term approaches for those who repeatedly self-harm. This paper will discuss outcomes of a group treatment of three Randomised Controlled Trials (RCTs) which took place in the UK and over two sites in Australia.

## **Developmental Group Psychotherapy (DGP)**

The group treatment under investigation is a manualised-based group therapy developed by a team in Manchester (Trainor et al 2001, Wood and Trainor 2013) . It was designed specifically for young people aged 12-17 who repeatedly self-harmed. The group therapy was based on the premise that children's difficulties develop within a network of relationships and in the social context. Relationships are explored as part of a dynamic and changing process. Children and young people are encouraged to discuss problems, identify with others and share strengths and resolve conflict and distress (Woolley, 2006). Feedback from young people suggest that groups are attractive to young people, reduce isolation and promote pro-social behaviour. The modality was underpinned by a recovery approach and focused on the multiple clinical problems typical in this population.

The authors of the treatment made a decision to test the group modality using a randomised controlled methodology. The aim was to test the hypothesis that with the addition of the group treatment to routine care there would be a reduction in self-harming behaviour, improvement of depressive symptomatology and overall global functioning. Sixty-three adolescents aged 12-17 who repeatedly self-harmed were recruited to this randomised controlled trial. The young people were followed up on average seven months post treatment. Adolescents who received Developmental Group Psychotherapy demonstrated a significant reduction in self-harming behaviour (6% i.e. 2/31 in the DGP group versus 32% i.e. 10/31 in the routine care arm). The youngsters who did repeat in the Group Treatment programme had a longer time to try first repeat (11 weeks for DGP versus 7 weeks in routine care arm) and there were fewer episodes overall. However there were no differences in suicidal thinking or depression scores, in the whole cohort but there was improvement in overall global functioning. (Wood et al, 2001).

The results were extremely promising and it was the first ever RCT of a psychological intervention which demonstrates a statistically significant effect of any treatment with adolescents who self-harm in the UK or USA. A similar result with a similar number of participants was demonstrated for dialectical Behavioural Therapy for adults presenting with Borderline Personality Disorder. (Linehan, et al 1991)

Replication of the original study was conducted over two sites in Australia (Hazell, et al 2009) with supervision from the UK (Manchester) team, but this failed to show a treatment effect in favour of DGP. This randomised study, however, recruited from general referrals to child and adolescent mental health services where patients were identified to have self-harming behaviour rather than from specific self-harm referrals and recruited only 57% of its target for analytical power. A high proportion of participants had a co-morbid eating disorder.

Due to the success of the original trial a further large multi-centred trial (Assessment of Treatment in Suicidal Teenagers ; known as ASSIST) was conducted over 8 sites in the North West of England. (Green et al 2011). The objectives were similar to the original trial in comparing the effectiveness of DGP, however it included a detailed health economic evaluation. Three hundred and sixty six young people aged 12- 17 who repeatedly self-harmed were recruited to the parallel groups from August, 2002 to August, 2006. The results of the trial cohort as a whole showed significant

improvement from baseline to follow up. On the primary outcome of frequency of self-harm, proportional odds ratio of group therapy versus routine care, adjusting for relevant baseline variables was 0.99 (95% confidence interval 0.68 to 1.44,  $P = 0.95$ ) at six months and 0.88 (0.39 to 1.33,  $P = 0.52$ ) at one year, neither reading statistically significant.

The conclusion was that the addition of developmental group therapy did not improve self-harm outcomes but that the cohort as a whole were better than current clinical expectations. Additionally the host site recruited the largest number of participants and is set within tier 4 of Child and Adolescent Mental Health Services (CAMHS) provision which would imply a higher degree of complexity in terms of need.

The strength of this study lie in the size of the sample and the low attrition rate of participants. Post the ASSIST trial, the group programme continues to be used in conjunction with other treatments and it is well accepted by young people, families and Child and Adolescent Mental Health Services. Despite the wealth of research, prevalence of the behaviour and public health impetus to improve outcomes for young people where self-harm is a feature, the evidence base remains elusive. The recent NICE guidance on long term approaches for self-harm in young people (NICE 2011) and the Royal College of Psychiatry (2012) have indicated that some treatments showed promise but the overall consensus is that of the extant of treatments, no one treatment is better than another.

Over the past two years a thorough audit has been conducted over three sites in Lancashire of Developmental Group Psychotherapy and results have been very positive on reducing frequency and severity of the majority of the participants and parents report a reduction in behavioural difficulties and an improvement in pro-social behaviour (Rogers 2013).

### **Where do we go from here?**

The team in Manchester are keen to understand the natural history of mental disorder, about pathways to adverse outcomes and a greater understanding as young people transition into adulthood. The majority of young people and their families/ carers in the ASSIST trial have given written consent to being followed up post trial. By conducting such a follow up the team will be able to look at the intervening 10+ years. Not enough is known about the developmental pathways of common mental health problems (such as depression and personality disorder) from adolescence into adulthood. Better knowledge of the development of disorders would help clinical services design and implement effective intervention to limit or treat psychological and linked social problems. Significant numbers of young people indulge in repeated acts of self-harm and some of them will die as a result. Initial discussions now have taken place with the Australian team and how knowledge about the pathways to different outcomes and the translation of these findings to improve the interventions may help prevent suicide in young children.

Nevertheless, while RCTs are seen as the “Gold Standard” of investigating effectiveness of treatments, some researchers consider that for psychological interventions other approaches, such as observational studies, may be an additional

and more appropriate way of evaluating effectiveness of such treatments. This may prove to be an appropriate way forward for future evaluations of the therapy.

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