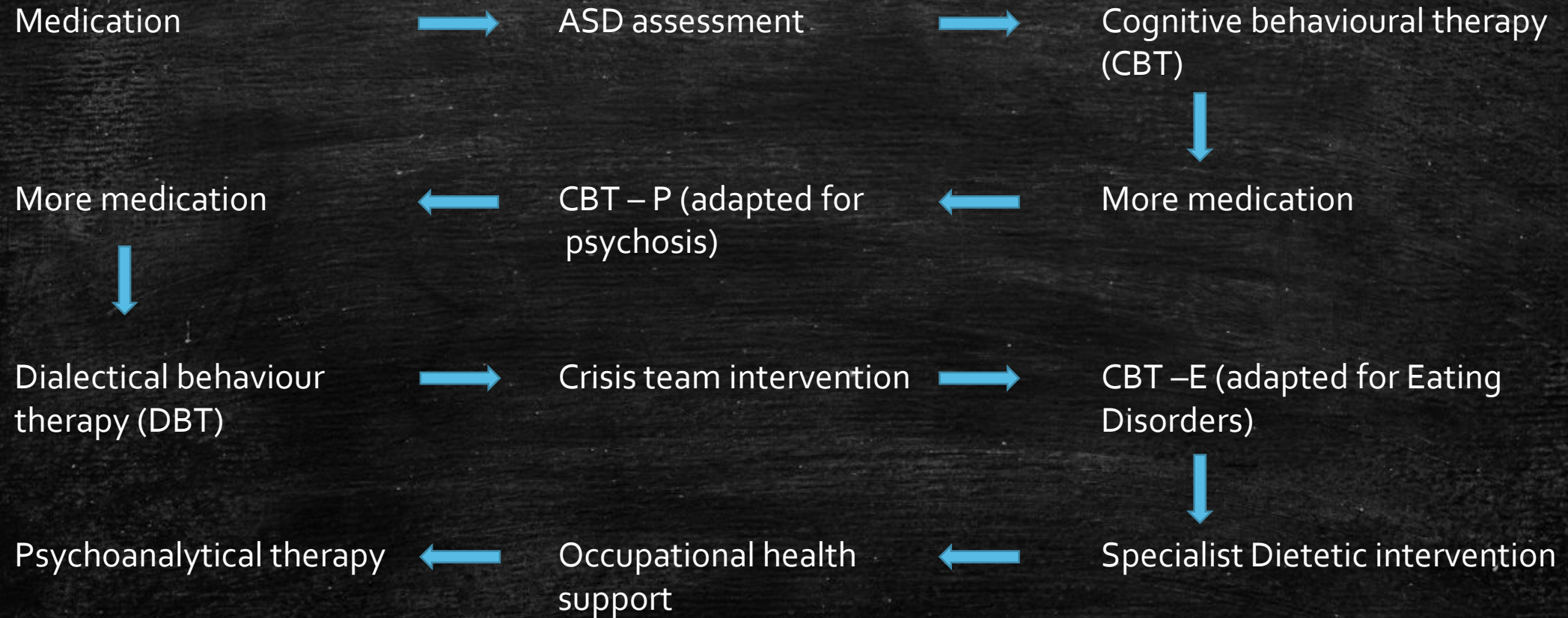


**From research to the front line;
What does 'research' mean to those
accessing health services?**

Mair Elliott
Young Patient Activist

Where has all this come from?



Dialectical Behavior Therapy (DBT)

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Error in a Reference Cue in Introduction
Correction | September 26, 2018

Prediction Models of Functional Outcomes for the Clinical High-Risk State for Psychosis or Recent-Onset Depression
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This Issue

Article
December 1991

Cognitive-Behavioral Treatment of Parasuicidal Borderline Patients

Marsha M. Linehan, PhD; Hubert E. Armstrong, PhD; Alejandra Suarez, PhD
Arch Gen Psychiatry. 1991;48(12):1060-1064. doi:10.1001/archpsyc.1991.01810360024003

Full Text

Abstract

A randomized clinical trial was conducted to evaluate the effectiveness of dialectical behavior therapy, for the treatment of chronically parasuicidal borderline personality disorder. The treatment lasted 1 year, with assessment "treatment as usual" in the community. At most assessment points, patients who received dialectical behavior therapy had fewer incidences of parasuicide, were more likely to stay in individual therapy, and had fewer inpatient hospitalizations. Group differences on measures of depression, hopelessness, and suicidal ideation scores on all four measures decreased throughout the year.

Marsha M. Linehan, PhD; Hubert E. Armstrong, PhD; Alejandra Suarez, PhD; et al
Douglas Allmon, PhD; Heidi L. Heard
Arch Gen Psychiatry. 1991;48(12):1060-1064.
doi:10.1001/archpsyc.1991.01810360024003

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This Issue

Article
December 1993

Naturalistic Follow-up of a Behavioral Treatment for Chronically Parasuicidal Borderline Patients

Marsha M. Linehan, PhD; Heidi L. Heard; Hubert E. Armstrong, PhD
Arch Gen Psychiatry. 1993;50(12):971-974. doi:10.1001/archpsyc.1993.01820240055007

Full Text

Abstract

Background: A randomized clinical trial was conducted to evaluate whether the superior performance of dialectical behavior therapy (DBT), a psychosocial treatment for borderline personality disorder, compared with treatment-as-usual in the community, is maintained during a 1-year posttreatment follow-up.

Methods: We analyzed 39 women who met criteria for borderline personality disorder, defined by Gunderson's Diagnostic Interview for Borderline Personality Disorder and DSM-III-R criteria, and who had a history of parasuicidal behavior. Subjects were randomly assigned either to 1 year of DBT, a cognitive behavioral therapy that combines individual psychotherapy with group behavioral skills training, or to treatment-as-usual, which may or may not have included individual psychotherapy. Efficacy was measured on parasuicidal behavior (Parasuicide History Interview), psychiatric inpatient days (Treatment History Interview), anger (State-Trait Anger Scale), global functioning (Global Assessment Scale), and social adjustment (Social Adjustment Scale—Interview and Social Adjustment Scale—Self-Report). Subjects were assessed at 6 and 12 months into the follow-up year.

Results: Comparison of the two conditions revealed that throughout the follow-up year, DBT subjects had significantly higher Global Assessment Scale scores. During the initial 6 months of the follow-up, DBT subjects had significantly less parasuicide. At 12 months, DBT subjects had significantly less parasuicide.

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Marsha M. Linehan, PhD; Heidi L. Heard; Hubert E. Armstrong, PhD
Arch Gen Psychiatry. 1993;50(12):971-974.
doi:10.1001/archpsyc.1993.01820240055007

How did that research affect me?

- I was taught effective, healthy coping mechanisms to replace unhealthy and potentially life threatening coping mechanisms , i.e. self-harm, eating disorder.
- I was supported and treated effectively by well trained staff.
- I was taught the skills to manage my illness, create healthy social connections, and how to help myself better through emotional distress and suicidal crises.
- From a healthcare perspective, the outcome was that I moved from being a patient who was at a high risk of dying from suicide or intentional self harm to a patient with significantly lower risk.

So, what does 'research' mean to those accessing health services?

- Safe and effective treatments available upon access to health services.
- Life changing and life enhancing care and support from trained professionals.
- Information and choices.
- Hope for the future.

How do we improve the frontline impact of future research in healthcare?

- Bridge the gap between research and frontline delivery.
- Include those who are experts by experience in the research planning and process.
- Prioritise research topics to best suit need and demand in frontline services.
- Raise awareness of research and its potential to impact the everyday lives of people.

Thank you for listening!

Any questions?