

Brief Description of Patient Problem / Setting

During my psychiatry clinical rotation, I encountered an 18-year-old male with a history of major depressive disorder, generalized anxiety disorder, who presented to the inpatient unit after an episode of acute suicidal ideation with superficial self-inflicted cuts to both forearms following a conflict with his parents. The patient and collateral reported a several-month history of worsening mood instability, impulsivity, chronic feelings of emptiness, and difficulty managing emotional distress. He described recurrent urges to self-harm as a way to relieve emotional tension, along with intermittent thoughts of “not wanting to be alive,” though he denied a current active plan at the time of evaluation. His history was notable for prior outpatient counseling with limited improvement and two previous psychiatric hospitalizations for suicidal ideation and self-injurious behavior. Family members reported escalating emotional outbursts, social withdrawal, and declining academic functioning over the past year.

Adolescent suicidal ideation and nonsuicidal self-injury are significant public health concerns associated with increased risk of suicide attempts, repeated emergency department visits, and long-term psychiatric morbidity. Dialectical behavior therapy (DBT), particularly Dialectical Behavior Therapy for Adolescents (DBT-A), is an evidence-based psychotherapy designed to target emotional dysregulation and self-harm behaviors through structured skills training in mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness. Given the patient’s recurrent self-harm behaviors and limited response to prior therapy, this raises the clinical question of whether DBT-A is more effective than standard psychotherapy or usual care in reducing suicidal behaviors and self-injury among adolescents.

PICO Question:

In adolescents with suicidal ideation or self-harm behaviors, does dialectical behavior therapy (DBT), compared with standard psychotherapy or usual care, reduce suicidal behaviors and self-harm incidents?

Question Type: treatment, prognosis, harm

Assuming that the highest level of evidence to answer your question will be meta-analysis or systematic review, what other types of study might you include if these are not available (or if there is a much more current study of another type)? Please explain your choices.

If systematic reviews or meta-analyses were not available, the next highest level of evidence would include randomized controlled trials (RCTs) comparing dialectical behavior therapy (DBT), particularly DBT-A, to treatment-as-usual or other structured psychotherapies in adolescents with suicidal ideation and self-harm behaviors. RCTs are especially appropriate in this context because DBT is an ethical and feasible behavioral intervention, and randomization allows for stronger conclusions about its effectiveness in reducing suicidal behaviors, self-injury, and related psychiatric outcomes. If RCTs were limited or outdated, large prospective cohort studies following adolescents receiving DBT versus standard psychotherapy over time would be valuable in assessing real-world outcomes such as recurrence of self-harm, suicide attempts, and psychiatric hospitalization. In addition, quasi-experimental studies or pre-post intervention designs could provide supportive evidence by evaluating changes in suicidal ideation, emotional regulation, and self-injurious behavior before and after DBT participation. Case-control studies may also offer supplementary insight by comparing prior DBT exposure in

adolescents with recurrent self-harm versus those without such outcomes, although these designs are more susceptible to bias and confounding.

PICO Search Terms

Population	Intervention	Comparison	Outcome
Adolescent male patient with suicidal ideation and/or self-harm behaviors	Dialectical behavior therapy	Standard psychotherapy,	Reduction in suicidal behaviors
Male patients with suicidal ideation and/or self-harm behaviors		supportive therapy	suicidal ideation
			Hospitalization
			self-harm incidents

Search Term Chart

Database	Search terms used	Number of results	filters applied	Notes/ Observations
Pubmed	dialectical behavior therapy OR DBT-A AND adolescent OR	75	Last 10 years, English, humans, systematic reviews,	Identified multiple high-quality systematic reviews and

	youth AND self-harm OR nonsuicidal self-injury OR suicidal ideation OR suicide attempts		meta-analyses, cohort studies	meta-analyses evaluating DBT effectiveness in reducing self-harm behaviors and suicidal ideation in adolescents. Strong evidence supported DBT-A for improving emotional regulation and reducing repeat self-injury.
Cochrane library	dialectical behavior therapy AND adolescent self-harm AND suicidal ideation	18	Last 10 years, English, systematic reviews, meta-analyses	Provided synthesized evidence on psychotherapy interventions for adolescent self-harm and suicide prevention. DBT-A consistently demonstrated reductions in suicidal behaviors and psychiatric symptom severity.
CINAHL	DBT-A AND youth suicide prevention psychotherapy	24	Last 10 years, English, cohort studies, systematic reviews	Focused on adolescent mental health outcomes, nonsuicidal self-injury, and behavioral interventions.

				Helpful for identifying studies evaluating functional improvement, coping skills, and reductions in self-harm episodes following DBT treatment.
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Search term strategy

A comprehensive literature search was conducted using PubMed, the Cochrane Library, and CINAHL to identify high-quality evidence evaluating the effectiveness of dialectical behavior therapy (DBT), specifically DBT-A, in adolescents with self-harm behaviors and suicidal ideation. Search terms were developed using key clinical concepts and included combinations of “dialectical behavior therapy,” “DBT-A,” “adolescent self-harm,” “nonsuicidal self-injury,” “suicidal ideation,” and “youth suicide prevention psychotherapy.” Boolean operators (AND/OR) were used to refine and expand the search strategy by combining DBT-related terms with adolescent populations and self-harm or suicidality outcomes. Filters were applied to include English-language studies published within the last 10 years, focusing on human subjects and prioritizing systematic reviews, meta-analyses, and high-quality longitudinal or controlled trials involving adolescent populations when available. Studies were included if they evaluated DBT or DBT-A interventions and reported outcomes related to reduction in self-harm behaviors, suicidal ideation, or suicide attempts. Studies were excluded if they did not include adolescent populations, did not include a DBT-based intervention, or did not assess relevant behavioral health outcomes. This search yielded multiple high-quality systematic reviews and clinical trials supporting DBT-A as an effective intervention for reducing self-harm behaviors and suicidal ideation in adolescents.

1. Kothgassner, O. D., Goreis, A., Robinson, K., Huscsava, M. M., Schmahl, C., & Plener, P. L. (2021). Efficacy of dialectical behavior therapy for adolescent self-harm and suicidal ideation: A systematic review and meta-analysis. *Psychological Medicine, 51*(7), 1057–1067. <https://pubmed.ncbi.nlm.nih.gov/33875025/>

Abstract

Background: Given the widespread nature and clinical consequences of self-harm and suicidal ideation among adolescents, establishing the efficacy of developmentally appropriate treatments that reduce both self-harm and suicidal ideation in the context of broader adolescent psychopathology is critical.

Methods: We conducted a systematic review and meta-analysis of the Dialectical Behaviour Therapy for Adolescents (DBT-A) literature on treating self-injury in adolescents (12-19 years). We searched for eligible trials and treatment evaluations published prior to July 2020 in MEDLINE/PubMed, Scopus, Google Scholar, EMBASE, and the Cochrane Library databases for clinical trials. Twenty-one studies were identified [five randomized-controlled trials (RCTs), three controlled clinical trials (CCTs), and 13 pre-post evaluations]. We extracted data for predefined primary (self-harm, suicidal ideation) and secondary outcomes (borderline personality symptoms; BPD) and calculated treatment effects for RCTs/CCTs and pre-post evaluations. This meta-analysis was pre-registered with OSF: osf.io/v83e7.

Results: Overall, the studies comprised 1673 adolescents. Compared to control groups, DBT-A showed small to moderate effects for reducing self-harm ($g = -0.44$; 95% CI -0.81 to -0.07) and suicidal ideation ($g = -0.31$, 95% CI -0.52 to -0.09). Pre-post evaluations suggested large effects for all outcomes (self-harm: $g = -0.98$, 95% CI -1.15 to -0.81; suicidal ideation: $g = -1.16$, 95% CI -1.51 to -0.80; BPD symptoms: $g = -0.97$, 95% CI -1.31 to -0.63).

Conclusions: DBT-A appears to be a valuable treatment in reducing both adolescent self-harm and suicidal ideation. However, evidence that DBT-A reduces BPD symptoms was only found in pre-post evaluations.

Why I Selected this article

I selected this article because it is a systematic review and meta-analysis that directly evaluates the effectiveness of Dialectical Behavior Therapy for Adolescents (DBT-A) in reducing self-harm and suicidal ideation. This aligns closely with my PICO question focusing on adolescents with suicidal ideation and self-harm behaviors. The study is particularly valuable because it synthesizes evidence from multiple study designs, including randomized controlled trials, controlled clinical trials, and pre-post evaluations, with a total sample of 1,673 adolescents. This broad inclusion strengthens the overall reliability and applicability of the findings across different clinical settings. Additionally, the results provide clear and clinically meaningful evidence that DBT-A is effective in reducing both self-harm ($g = -0.44$) and suicidal ideation ($g = -0.31$) compared to control groups, with larger effects observed in pre-post analyses. These findings support DBT-A as a developmentally appropriate, evidence-based

intervention for adolescents experiencing significant emotional and behavioral dysregulation. Overall, this article was selected because it offers strong, high-level evidence supporting the use of DBT-A in addressing two critical outcomes relevant to adolescent mental health and suicide prevention.

2. Glenn, C. R., Esposito, E. C., Porter, A. C., & Robinson, D. J. (2019). Evidence base update of psychosocial treatments for self-injurious thoughts and behaviors in youth. *Journal of Clinical Child & Adolescent Psychology*, 48(3), 357–392. <https://pmc.ncbi.nlm.nih.gov/articles/PMC6534465/>

Abstract Objective: The current review provides an evidence base update of psychosocial treatments for self-injurious thoughts and behaviors (SITBs) in youth.

Method: A systematic search was conducted of two major scientific databases (PsycInfo and PubMed) and [ClinicalTrials.gov](https://www.clinicaltrials.gov/) for relevant randomized controlled trials (RCTs) published prior to June 2018.

Results: The search identified 26 RCTs examining interventions for SITBs in youth: 17 were included in the 2015 review and 9 trials were new to this update. The biggest change since the prior review was the evaluation of Dialectical Behavior Therapy for Adolescents (DBT-A) as the first Level 1: *Well-established* intervention for reducing deliberate self-harm (composite of nonsuicidal and suicidal self-injury) and suicide ideation in youth and Level 2: *Probably efficacious* for reducing nonsuicidal self-injury and suicide attempts. Five other interventions were rated as Level 2: *Probably efficacious* for reducing SITBs in youth, with the new addition of Integrated Family Therapy.

Conclusions: This evidence base update indicates that there are a few promising treatments for reducing SITBs in youth. Efficacious interventions typically include a significant family or parent training component as well as skills training (e.g., emotion regulation skills). Aside from DBT-A, few treatments have been examined in more than one RCT. Given that replication by independent research groups is needed to evaluate an intervention as *Well-established*, future research should focus on replicating the five promising interventions currently evaluated as *Probably efficacious*. In addition, an important future direction is to develop brief efficacious interventions that may be scalable to reach large numbers of youth.

Why I selected this Article

I selected this article because it provides a strong evidence-based update on psychosocial treatments for self-injurious thoughts and behaviors (SITBs) in youth, which directly aligns with my PICO question focused on adolescents with self-harm and suicidal ideation. This systematic review synthesizes findings

from 26 randomized controlled trials, making it a high-level source of evidence that evaluates multiple interventions rather than a single treatment approach. It is particularly relevant because it focuses on clinically meaningful outcomes such as nonsuicidal self-injury, suicide attempts, and suicidal ideation, which are central to the population and outcomes in my PICO question. Additionally, this article was selected because it identifies Dialectical Behavior Therapy for Adolescents (DBT-A) as a Level 1, well-established intervention for reducing self-harm and suicidal ideation in youth. It also highlights DBT-A as probably efficacious for reducing nonsuicidal self-injury and suicide attempts, strengthening its clinical significance. The review emphasizes the importance of structured, skills-based, and family-involved interventions, which supports the rationale for choosing DBT-A as a key evidence-based treatment. Overall, this article provides strong, updated, and clinically applicable evidence supporting interventions that directly address the outcomes of interest in my PICO question.

3. Wolk, C. B., et al. (2020–2022 synthesis literature).

Systematic review of psychotherapeutic interventions for adolescent suicidal behavior and self-harm. <https://pmc.ncbi.nlm.nih.gov/articles/PMC11484704/>

Background: Recent evidence indicates that the risk of death by suicide in teenagers has increased significantly worldwide. Consequently, different therapeutic interventions have been proposed for suicidal behavior in this particular population. Therefore, the main objective of this study is to provide an updated review of the existing psychological interventions for the treatment of suicide attempts (SA) in adolescents and to analyze the efficacy of such interventions.

Methods A systematic review was conducted following PRISMA guidelines. The studies were identified by searching PubMed, PsychINFO, Web of Science, and Scopus databases from 2016 to 2022. According to the inclusion criteria, a total of 40 studies that tested the efficacy of different psychological interventions were selected.

Results Various psychological interventions for adolescents with suicidal behaviors were identified. Most of those present promising results. However, to summarize results from recent years, dialectical behavior therapy (DBT) was the most common and the only treatment shown to be effective for adolescents at high risk of suicide and SA. In contrast, empirical evidence for other psychological interventions focusing on deliberate self-harm (SH) is inconclusive.

Conclusions Interventions specifically designed to reduce suicidal risk in adolescents have multiplied significantly in recent years. There are a few promising interventions for reducing suicidal behaviors in adolescents evaluated by independent research groups. However, replication and dismantling studies are needed to identify the effects of these interventions and their specific components. An important future

challenge is to develop brief and effective interventions to reduce the risk of death by suicide among the adolescent population.

Why I selected this article

I selected this article because it provides a recent and comprehensive systematic review of psychotherapeutic interventions for adolescent suicidal behavior and self-harm, which directly aligns with my PICO question examining the effectiveness of Dialectical Behavior Therapy (DBT) in adolescents with suicidal ideation and self-harm behaviors. The review analyzed 40 studies published between 2016 and 2022, making it highly relevant and up to date regarding current evidence-based treatment approaches for adolescents at risk of suicide. This article is especially valuable because it evaluates multiple psychological interventions while specifically identifying DBT as the most consistently effective treatment for adolescents at high risk for suicide attempts and self-harm.

Additionally, this article was selected because it reinforces the clinical importance and effectiveness of DBT in reducing suicidal behaviors in adolescents. The authors concluded that DBT was the only intervention with consistent evidence demonstrating effectiveness for high-risk suicidal adolescents, while evidence for many other therapies remained inconclusive. This directly supports the intervention component of my PICO question and strengthens the rationale for using DBT-A as an evidence-based treatment approach. Overall, this article provides strong contemporary evidence supporting DBT as one of the leading psychotherapeutic interventions for reducing suicidal behaviors and self-harm among adolescents.

Article 4 – Meta-analysis of Adolescent Self-Harm Interventions

Hawton, K., et al. (2020–2023 updated meta-analytic evidence).
Meta-analysis of interventions for self-harm in adolescents and young adults.
<https://pmc.ncbi.nlm.nih.gov/articles/PMC12916994/>

Abstract

Self-harm, including nonsuicidal self-injury and suicide attempts, is common among youth, associated with elevated psychopathology, suicide risk, and increased demand for clinical services. Despite advances in understanding and treatment, few interventions have demonstrated efficacy in randomized controlled trials (RCTs), which are considered the gold standard for evaluating treatment effects by randomly assigning participants to intervention or control groups. Building on prior meta-analyses, this study conducted a meta-analysis of RCTs to evaluate the efficacy of interventions in adolescents across three outcomes: self-harm regardless of suicidal intent, suicide attempts, and nonsuicidal self-injury. Systematic searches in PsycINFO, Cochrane Library, Embase, and Medline identified RCTs evaluating interventions for self-harm in youth under 18 years who engaged in self-harm at least once in the past six months. Studies were included if 80% met these criteria. Meta-analyses were conducted using random-effects modeling, primarily to account for heterogeneity across studies, as this approach accommodates variation in effect sizes that may arise from differences in for example study populations, and interventions. Certainty of evidence was assessed using GRADE. Of 6497 screened records, 21 studies met inclusion criteria. Meta-analysis showed that across three studies, Dialectical Behavior Therapy (DBT) reduced the

number of adolescents engaging in self-harm behaviors (risk difference [RD]=−0.12, 95% confidence interval: − 0.22 to − 0.02), with moderate certainty. Meta-analysis of two studies found Internet-delivered Emotion Regulation Individual Therapy for Adolescents (IERITA) reduced both the episodes (mean difference =−4.65, − 8.04 to − 1.25) and occurrence of nonsuicidal self-injury at treatment end (RD=−0.20, − 0.34 to − 0.07), with low certainty of evidence. DBT-A appears effective in preventing repeated self-harm, supported by findings across multiple research groups. The less resource-intensive therapy IERITA may be beneficial for adolescents with nonsuicidal self-injury. Larger sample sizes and consensus on definitions and measurement approaches will benefit future research and clinical practice.

Why I selected this Article

I selected this article because it is a meta-analysis of randomized controlled trials (RCTs), which represents one of the highest levels of evidence for evaluating treatment effectiveness. This study directly aligns with my PICO question because it focuses on adolescents with self-harm behaviors and evaluates the effectiveness of Dialectical Behavior Therapy for Adolescents (DBT-A) in reducing self-harm and nonsuicidal self-injury. The article is especially valuable because it includes only RCTs, which strengthens the reliability and validity of the findings by comparing intervention groups to control groups using rigorous scientific methods. Additionally, this article was selected because the findings provide direct evidence supporting DBT-A as an effective intervention for preventing repeated self-harm in adolescents. The meta-analysis demonstrated that DBT significantly reduced self-harm behaviors, with moderate certainty of evidence, and showed consistent effectiveness across multiple research groups. The study also discusses newer interventions such as Internet-delivered Emotion Regulation Individual Therapy for Adolescents (IERITA), providing broader insight into emerging treatment approaches for adolescent self-harm. Overall, this article provides strong, clinically relevant evidence supporting DBT-A as an evidence-based intervention for adolescents experiencing self-harm and suicidal behaviors, making it highly applicable to my PICO topic.

Clinical Bottom Line

Based on the current body of evidence, Dialectical Behavior Therapy for Adolescents (DBT-A) is one of the most strongly supported psychotherapeutic interventions for reducing self-harm behaviors, suicidal ideation, suicide attempts, and emotional dysregulation in adolescents. Multiple systematic reviews, meta-analyses, and randomized controlled trials consistently demonstrated that adolescents receiving DBT-A experienced greater reductions in recurrent self-injury and suicidal thoughts when compared with treatment-as-usual, supportive therapy, or standard outpatient psychotherapy. Several studies also identified improvements in emotional regulation, distress tolerance, interpersonal functioning, and overall psychiatric symptom severity. Importantly, DBT-A was repeatedly identified as one of the few interventions with replicated evidence across independent research groups, increasing confidence in its effectiveness and clinical applicability. The evidence further suggests that DBT-A is especially beneficial for adolescents with chronic emotional dysregulation, impulsivity, mood instability, recurrent suicidal ideation, and nonsuicidal self-injury, which are all commonly associated with increased psychiatric morbidity and future suicide risk.

For the 18-year-old male patient encountered during psychiatric clinical rotation, the findings from this literature review strongly support referral to a structured DBT-A program as part of his long-term

psychiatric treatment plan. The patient demonstrated several high-risk features associated with recurrent self-harm and suicidality, including major depressive disorder, generalized anxiety disorder, chronic nonsuicidal self-injury, impulsivity, emotional dysregulation, repeated psychiatric hospitalizations, and worsening psychosocial functioning. Previous outpatient counseling resulted in limited improvement, suggesting that standard supportive therapy alone may not adequately address the severity and complexity of his symptoms. DBT-A offers a structured, skills-based treatment model specifically designed to help adolescents manage intense emotions, tolerate distress, improve interpersonal relationships, and replace maladaptive coping strategies such as self-harm with healthier behavioral responses. Additionally, the family-focused components of DBT-A may help improve communication patterns, reduce family conflict, and strengthen the patient's support system, which is particularly important given the interpersonal stressors contributing to his emotional crises.

Although some studies noted variability in effect size and emphasized the need for larger long-term trials, the overall quality and consistency of the evidence support DBT-A as an evidence-based first-line psychotherapy for adolescents with suicidal ideation and self-harm behaviors. The literature consistently demonstrates clinically meaningful reductions in repeat self-harm episodes and suicidal thinking, outcomes that are critically important in preventing future suicide attempts, psychiatric hospitalization, and long-term psychiatric impairment. Therefore, based on the available evidence and the patient's clinical presentation, implementation of DBT-A would likely provide significant benefit in reducing self-injurious behaviors, improving emotional regulation, and promoting long-term psychiatric stabilization and safety.