

Working Clinically via Tele-Health with an Asylum Seeker Experiencing Self-Harm and Suicidality

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STARTTS Clinical Master Class
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and Rehabilitation of Torture
and Trauma Survivors

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Presentation overview

- ❑ Primary form of therapy was Tele-Health due to COVID-19 restrictions.
- ❑ Complex presentation with history of self-harm and suicide attempts, substance use and auditory hallucinations, in the context of unresolved visa status and Federal Court appearance.
- ❑ Demonstrate strengths and difficulties of telephone counselling as a modality for asylum seekers in a state of protracted uncertainty.

Australia's mental health emergency

- According to modelling predictions, suicides could increase by 750 to 1500 additional deaths per year, over the next 5 years, due to the secondary mental health crisis sparked by COVID-19
(Prof Ian Hickie, Brain and Mind Centre, 2020)



Image source: news.yahoo.com

But what of other vulnerable populations in Australia, such as asylum seekers ... who are already at an increased risk of self-harm?

Increase in self-harm and suicidality in asylum seeker populations due to COVID-19

- ❑ Rates of self-harm among detained asylum seekers (A/S) are up to 376 times higher than the Australian general community.

(Hedrick K, Armstrong G, Coffey G, Borschmann, R, 2020)

- ❑ STARTTS' data since March 2020 (i.e. commencement of COVID-19 lockdown) indicates that A/S are almost twice as likely to present with suicidal ideation than clients with Permanent Residency visa granted.

(STARTTS Health Information Data)

Referral and demographic details

“Samir”

- ❑ Removed to protect identity



Image source: payvmd.com

Visa details

- ❑ Bridging Visa E
 - ❑ BVE = allows a person to stay in Australia lawfully while they finalise their immigration matter, or make arrangements to leave.
- ❑ Awaiting decision from Federal Circuit Court
 - ❑ “Double-negative pathway”
- ❑ 21 Tele-Health sessions (Sept 2020 - current)
- ❑ 3 Face-to-Face sessions (Nov 2020, Dec 2020, May 2021)
- ❑ Supported attendance at recent Federal Circuit Court hearing

Experiences in country of origin and detention

- ❑ 70 lashes for drinking alcohol
- ❑ Targeted by Gasht-e Ershad (“Guidance Patrols” / “morality police”) in Tehran because of his hair style and objections to Islam
- ❑ Compulsory military service - led him to discover Christianity
- ❑ He was shot after his conversion
- ❑ Boat journey in 2013 age 24-25

Detention Centres:

- ❑ 6 weeks Christmas Island
- ❑ 2 months Darwin
- ❑ 1 months Brisbane



Image source:imagesgoogle.com

History of suicide attempts

Iran

- ❑ 17/18 years: First suicide attempt (OD sleeping pills)
- ❑ 22 years: Tried to jump off a bridge

Australia

- ❑ 31 years (March 2019): Scheduled in Psychiatric ward
- ❑ May 2019: Attempted hanging from a tree in a park, rescued by a passer-by
- ❑ June-July 2020: Self-Harm - hurt head with a knife, hospitalised for excessive bleeding
- ❑ Sept 2020: Self-harm, scratching face/ hitting his head

Auditory hallucinations (“Pseudo hallucinations”)

- ❑ Diverse in nature and number of voices
- ❑ *“They talk about many different things...everything... not one thing”.*
- ❑ Sometimes commanding
- ❑ Familiar and unfamiliar
- ❑ He is more vulnerable to the voices when mood is low.
- ❑ Onset 12 - 18 months ago
 - ❑ Crystal methamphetamines + traumatogenic.

Substance use

- ❑ Previous marijuana and crystal methamphetamines (“ice”) use in 2020 which likely triggered auditory hallucinations.
- ❑ These substances were used for self-medication however stopped as his mental state deteriorated with increasing hallucinations
- ❑ Psychiatrist prescribed antidepressants & antipsychotics

Presenting issues

Biological

Sleep disturbances
Low energy
Hypervigilance

Psychological

Auditory hallucinations
Low mood
Anger & irritability
Hopelessness
Nightmares
Avoidance
Shame

Social

Social isolation and
withdrawal
Anhedonia

Mental status examination

Impressions via phone

- ❑ Quantity of speech = normal, although at times minimal (associated with depression)
- ❑ Tone and Volume of speech = slightly monotonous (also associated with depression)
- ❑ Mood (predominant subjective internal state) = reported to be low
- ❑ Affect (observed through voice) = flat, but congruent with circumstances

Mental status examination

Impressions via phone (continued)

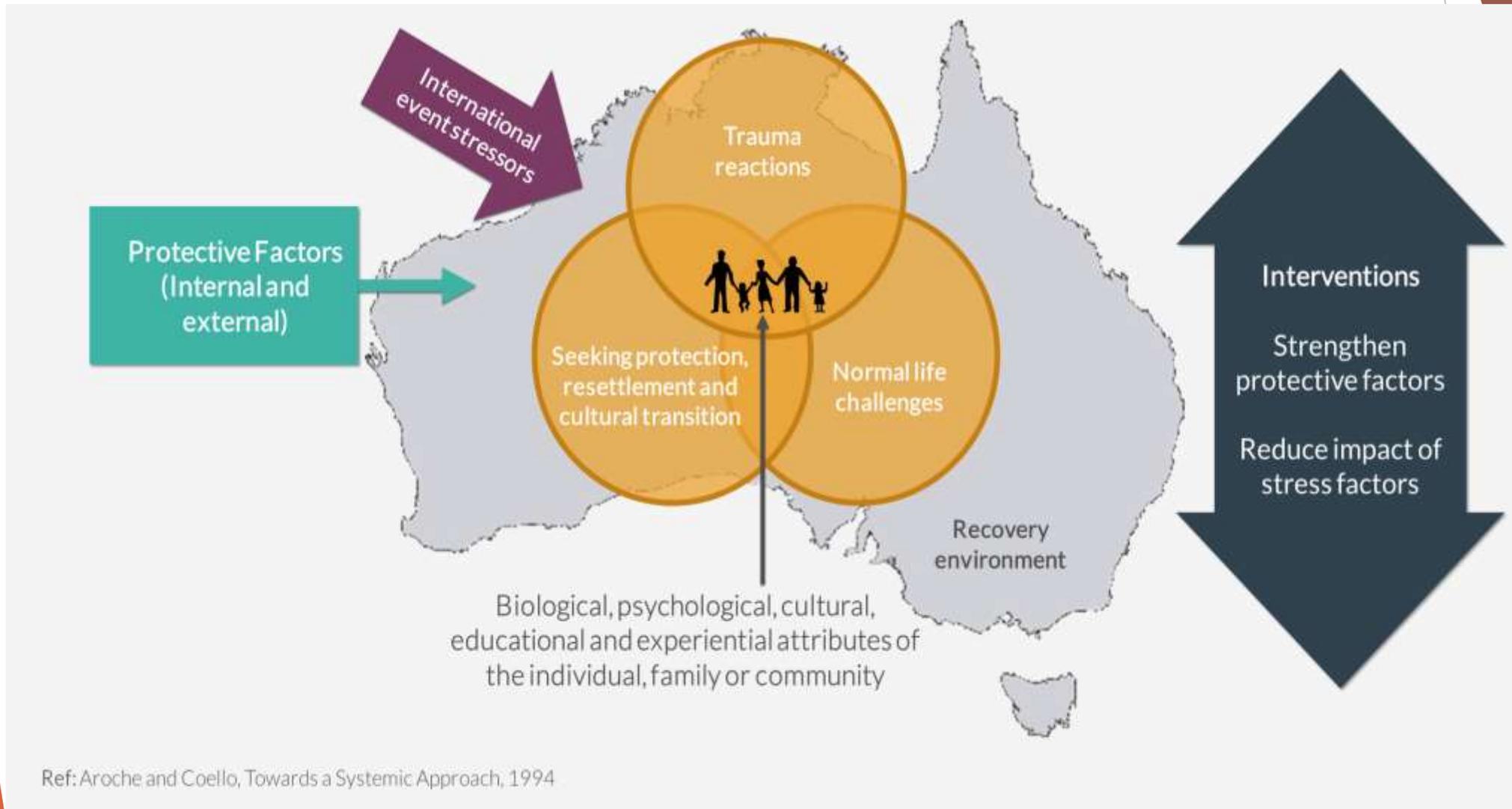
- ❑ Flow and Coherency of thoughts = steady pace, logical order
- ❑ Insight = good as he realized his experiences are abnormal.
- ❑ Perception = reported auditory hallucinations (may be “pseudo-hallucinations” as the client is aware they are not real)
- ❑ Cognition = oriented to time and place
- ❑ Attention = low attention, required interpreter for sessions 30 min+

Mental status examination

Impressions in person

- ❑ Grooming = Neat, hair styled, well-dressed
- ❑ Behaviour = calm, appropriate, no abnormal movements etc
- ❑ Eye-contact, Engagement and Rapport = normal

The complex interaction of challenges



Interventions



▶ Image source: [imagesgoogle.com](https://images.google.com)

Safety planning: Internal safety

- ❑ Foundational stage (Herman, 2002)
- ❑ Therapeutic Alliance as a secure base (attachment-informed)
- ❑ May be prolonged due to the fact that the client has become a danger to himself.
- ❑ Begins by focusing on bodily / internal control as survivors often feel unsafe in their bodies.
- ❑ Issues of bodily integrity include focusing on basic health needs - regulating sleep, eating, and exercise, symptom management and abstinence from substance abuse.

Safety planning: External safety

- “Greater equality in the client/counsellor relationship when it develops over the phone, because client is in their own familiar place, which establishes a sense of safety. (p91. “Telephone Counselling”, Rosenfield, 2013)
- Bringing awareness to his potential vulnerabilities and identifying behaviours which are self-destructive (Herman, 2002).
 - Removing access to means, abstinence from substances etc
 - Conversations around Samir’s living situation (housemate etc).

“Many self-destructive behaviours can be understood as symbolic or literal re-enactments of the initial abuse. **They serve the function of regulating intolerable feeling states, in the absence of more adaptive self-soothing strategies.** The patient's capacities for self-care and self-soothing must be painstakingly reconstructed in the course of long-term individual and/or group treatment.”

Dialectical Behaviour Therapy (DBT)

- Distress Tolerance skills to assist client navigate through crisis and avoid destructive behaviour (Linehan, 2014).
- Using DT skills can help a person lower the intensity of the emotional pain. The person can then utilize other DBT coping skills such as emotional regulation, mindfulness, and interpersonal skills.

DBT and phone counselling compatibility

- “Frequency of phone coaching was significantly associated with reduced urges for suicide, non-suicidal self-injury...[and] substance use” (Edwards et al., 2021)
- **DBT phone counselling promotes generalisation of skills to the patient’s real-world contexts** (Edwards et al., 2021)
- Diagrams of DBT skills sent to Samir as SMS as a visual reference point (see p57. “Telephone Counselling”, Rosenfield)

DBT distress tolerance techniques

Urge surfing

Self-soothing techniques

The “S.T.O.P.” skill, (to stop yourself from engaging in impulsive behavior)

Radical acceptance

Distraction

“I.M.P.R.O.V.E” the moment

Culturally relevant



Image source: [imagesgoogle.com](https://www.imagesgoogle.com)

Compassion Focused Therapy (CFT)

- Effective for voice-hearing phenomenology (Heriot-Mainland et al., 2019).
- CFT aims to understand the function of the voices in context and shift towards safe and compassionate orientation.
 - Samir was invited to consider and practice how he might wish to relate to himself, his voices and other people from the position of his “compassionate self”.

Compassion Focused Therapy (CFT)

- Repeated practice of creating internal patterns of safeness and compassion can lead to affect-regulation, emotional conflict-resolution and therapeutic change.
- Involves “bringing to mind” remembered and/or imagined compassionate relationships with others.
 - e.g strengthening social support, connection with family in Iran, church, support workers etc.

Compassion Focused Therapy (CFT)

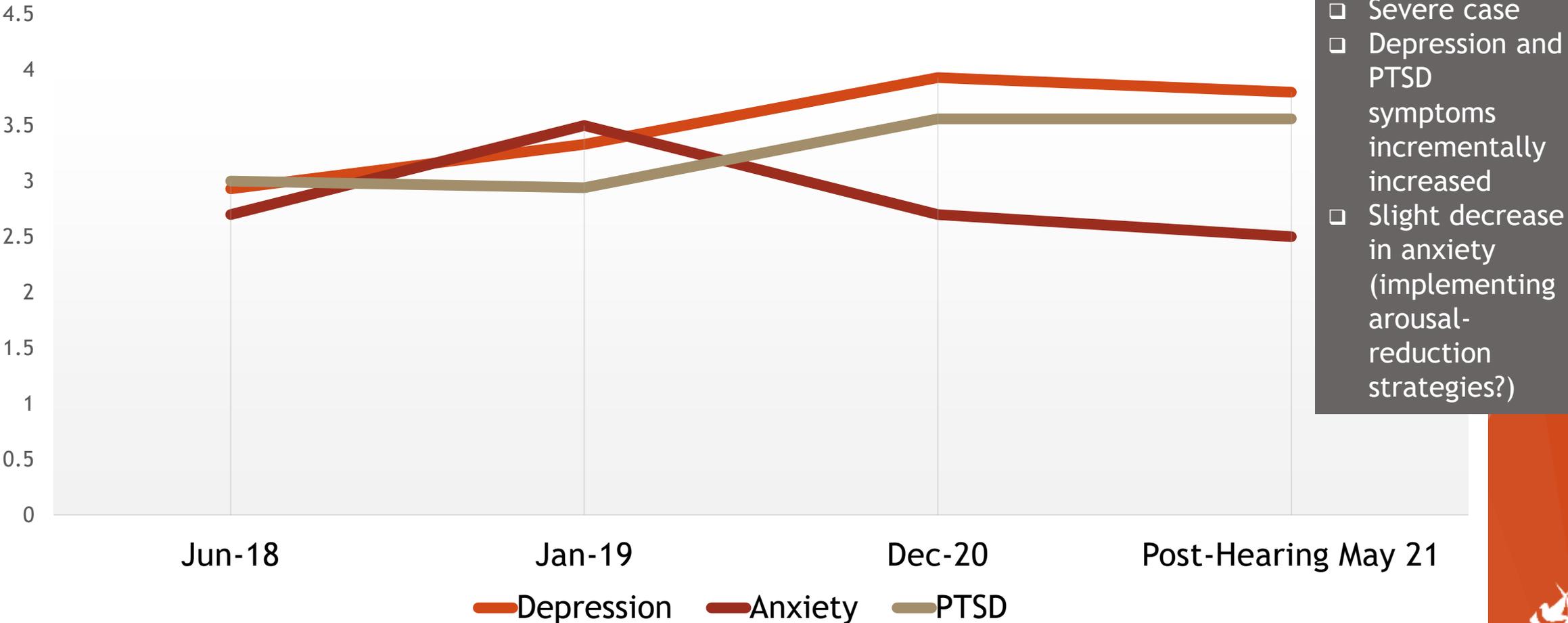
- CFT also involves mindfulness and “appreciation exercises” emphasizing the things a client enjoys.
- *“Aim of CFT is not to eliminate voices but to make them easier to live with”* (Heriot-Maitland et. al., 2019)
 - Samir sometimes struggled with engaging about this issue (fatigue, avoidance, overwhelm) so voice-related interventions proceeded at a pace he was comfortable with.

Additional interventions and case management

- ❑ Behavioural Activation - behavioural experiments to increase his mood but reluctant; walking, increasing social support etc
- ❑ Motivational Interviewing - Relapse Prevention
- ❑ Case Management - case worker and mental health workers, GP, Psychiatrist and RACS lawyer
- ❑ Referrals to CoMHET (Community Mental Health Emergency Team) when required.

Psychometric Assessment: Harvard Trauma Questionnaire and Hopkins Symptom Checklist

Depression, Anxiety and PTSD Reported Symptoms



Transference and countertransference issues

- ❑ Awareness of attachment dynamics of both client and therapist
- ❑ Severity of case, lethality of means
- ❑ Helplessness and Powerlessness in context of working with asylum seekers & federal circuit court hearing



Image source: [imagesgoogle.com](https://www.imagesgoogle.com)

Outcomes

The challenges of working w/ asylum seekers is ongoing due to protracted uncertainty while waiting to hear verdict, and risk of deportation.

- ❑ Strong therapeutic rapport via telephone modality while maintaining boundaries
- ❑ Abstinence from all substances
- ❑ Improved management of voice-hearing phenomenology
- ❑ Strengthened his connection to mother
- ❑ Strengthened connection to health-care and other professionals.
- ❑ A sense of stability (no self-harm since Sept 2020) and ongoing commitment to refrain from self-harm.

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