Managing Self-Harm Using Psychological Treatment ATMAN

A Guide For Counsellors

Shilpa Aggarwal
Michael Berk
George Patton
Craig Olsson

Springer

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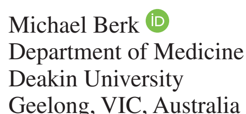
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ATMAN intervention was developed using in-depth interviews and focus group discussions with young people who self-harm and mental health professionals working in the field.

I dedicate this book to my late father, my biggest source of strength. His memories and unconditional love will be cherished forever.

Shilpa Aggarwal

In memory of Professor George Patton, who for a lifetime fought to improve the mental health and well-being of young people around the world.

Shilpa Aggarwal, Michael Berk,
Susan Sawyer, Craig Olsson

Foreword

The facts about levels of self-harm are worrying. Self-harm (non-suicidal self-injury) has become a major public health concern with lifetime prevalence rates reported as high as 23% in adulthood and 25% in adolescents in some countries. There are also indications that non-suicidal self-injury is becoming more prevalent. A recent report in the United Kingdom, for instance, reported that the prevalence of non-suicidal self-injury in young women and adolescent girls nearly tripled since the year 2000, but this was not matched by a rise in the use of health or other support services by patients who self-harm indicating lack of access and/or their concern about receiving effective help. Self-harm in women and girls occurs at a greater frequency than for men and boys; women aged 18–33 were significantly more likely to report past-year non-suicidal self-injury than men and their greater psychological distress contributed to their higher self-harm prevalence. Various factors are cited as contributory to the higher rates of non-suicidal self-injury in recent years including the prevalence of self-harm sites on social media. Media representations of non-suicidal self-injury may encourage it, there are increasing pressures on young people created by social media, and the restrictions and anxiety created by the Covid Pandemic may have led to social isolation.

While self-injury without suicidal intent is said to be a distinct phenomenon from those acts committed with an intention to die, it is evident that non-suicidal self-injury increases the risk of actual suicide and is in itself an urgent area for assessment and treatment. The suicide rate in women aged under 25 years has significantly increased since 2012 to its highest ever recorded level of 3.3 per 100,000. Around one in every 20 men and one in every 12 women have attempted suicide at some point with highest rates in women aged 16–24 years and men aged 25–34 years.

Faced with an epidemic of young people who manage psychological distress with self-harm and who may avoid services, mental health clinicians need to provide effective intervention that is accessible and meets the needs of young people. Most governments have tasked health services with reducing self-harm and suicide rates, but mental health professionals often feel helpless and unsure how to intervene effectively. This is where this manual fills an important gap. First and foremost, the intervention is brief. Young people often feel ashamed in the face of needing mental health support and are difficult to engage in long-term treatment. So ‘striking while the iron is hot’ is key and offering intervention consistent with the young person’s world at their point of first presentation gives the best chance of

helping them re-direct their painful trajectory. While the focus of intervention is on reducing the likelihood of further self-harm, it is important the mental health professional does not get too trapped in the behaviour itself. A mental health crisis is a *mental* crisis and not simply a *behavioural* crisis and so the mental health professional needs to target the inner experience of the individual as well as their consequential actions.

A mental health crisis may be defined as the subjective experience of an intolerable state (alienating self-experience), which typically takes hold of the patient's mind following an event or situation that exceeds their resources and impairs their coping skills and autonomy. Self-harm reduces the helplessness and associated mental pain and is effective enough to become addictive as a way of controlling self-states. But external help inevitably becomes necessary to recover safe functioning and avoid a damaging and possibly lethal escalation. In this context, the evidence base for effective intervention is slim and so there is little to rely on. Understanding the causes of self-harm is in itself problematic and anxiety in the clinician about a person's risk can interfere with sensible decision-making. Further, people who present with self-harm are more likely to have co-occurring problems often labelled as borderline personality disorder and complex emotional and interpersonal problems. Many have experienced developmental trauma and continue to live in a family environment that lacks the stability to support the young person in trouble. So what is the mental health professional to do? What can they do in a short time?

This manual provides structure for the clinician to implement a series of interventions that, when joined together, form a coherent process, giving a chance for the clinician to help a young person stabilise their crisis. Creating calmer circumstances paves the way for them to explore how to develop a more satisfying life. What has become a disorganised and painful developmental track needs to transform into a life affirming trajectory and this manual, beginning work on this right from the start, gives it added value for a number of reasons. First, the manual moves away from concern about 'diagnosis'. Taking a personalised and problem-orientated approach, the stigma of diagnosis and categorisation is removed. Second, there is a breadth of intervention offered recognising that repetitive self-harm is not solely a question of managing emotions better. No doubt, many young people are trying to manage their personal emotional roller-coaster with no 'lid on their id', but at the same time they are learning to negotiate their self-identity, their peer relationships and their social milieu. So involving the family at the outset and working on self-identity, and social relationships is distinctly important if young people are going to generate constructive direction in their life. Thirdly, there is a danger of telling the person what to do, delivering 'skills' rather than helping them generate their own and making them feel they are doing something wrong. But this brief intervention manual, developed with the help of young people themselves, requires the clinician to agree a personalised formulation before working out the best way to rebalance emotional, relational and social problems that are contributing to the mental pain leading to their self-harm. Seeing things from the perspective of the patient in the formulation is central. It is within this dynamic between patient and clinician that mentalising, being able to

represent one's and others experience mentally, becomes the vehicle for change. Importantly, the clinician has to maintain their own mentalising in the context of a risk situation. The patient has to experience being mentalised or feeling felt, that is, not only their obvious pain is identified but the underlying sub-dominant mental pain is also recognised. ATMAN emphasises the importance of the relationship that the clinician makes with the patient at the first meeting. Unless a level of trust is stimulated, delivery coping strategies and problem-solving techniques will fall on fallow ground. Fertile ground is generated in crisis if the person 'feels felt' by the clinician; if not the young person feels misunderstood, further isolated from others and alone, unable to express to others, to listen to and learn from others. No more is this true than in those who have experienced developmental trauma, including emotional neglect, physical abuse, sexual abuse which are significant predictors of self-harm, partially mediated through the individual's lowered capacity to mentalise. Vulnerabilities in representing and integrating their bodily experiences with mental processes creates tremendous vulnerability particularly in conditions of high emotion. This can lead to difficulties in social interaction and sub-optimal deployment of coping strategies because trauma leads to behavioural and mental withdrawal as the individual tries to manage unmanageable experience. Inevitably, the person becomes increasingly difficult to reach.

So while reading this manual and learning to deliver the components outlined and when choosing the optional modules, remember that your patient is likely to feel isolated, estranged from their social group and alone in the world. If this is unaddressed, what is supposed to be a helpful intervention may itself become traumatic, compounding a person's experience of social isolation. It is my hope that this manual protects against such an outcome. The compassionate and trauma-sensitive approach, the coherence of the intervention and placing the patient's perspective to the forefront throughout personalises the work. The focus on family involvement and paying attention to interpersonal relationships means it is much more than a skills delivery manual. Connecting up the young person to their social world from which they have become disconnected is crucial if further crises are to be avoided and the person is to look to the future with hope and confidence. I very much hope that this manual, giving detailed information on how to organise eight sessions in the context of a psychological crisis in a young person, provides the foundation to kick start this process.

London, UK Anthony Bateman

Copenhagen, Denmark

Foreword

Suicide is a leading cause of death in young people worldwide, and self-harm is the strongest predictor of death by suicide. Self-harm is increasing, especially in young women and teenage girls. Although some progress has been made in treating young people with self-harm, the effect of most interventions is either absent or short-lived. There is a need for developing new treatments for self-harm, especially for young people who reside in non-Western countries. ATMAN is an example of such an intervention. It is a very well-thought-through brief intervention for Indian young people who self-harm. It was developed for counselors and could be delivered in schools, although many examples are relevant for slightly older audiences. ATMAN could be an important resource, especially for those who encounter young people in educational settings. As school-based professionals encounter more and more young people who self-harm, having a clear guide to what might be done to help is crucial. The intervention draws on several components of existing interventions likely to be beneficial. There is a detailed guide to creating a safety plan, including, importantly, reasons for living based on the ideas of Viktor Frankl. ATMAN practitioners are encouraged to monitor the progress of the young person at each session, something that is likely to guide both the duration and the focus of the intervention. The problem-solving session incorporates a consideration of young people's values when designing solutions, an idea that is often missing in these types of interventions. The focus on (re)building the young person's social network is often neglected in similar manuals, but it is a very prominent component of ATMAN. It is also very positive that the family is engaged in the intervention, albeit somewhat peripherally. There is good evidence that interventions involving family members are more effective in reducing self-harm than the ones focused solely on young people. ATMAN will need rigorous testing in studies to determine its efficacy in reducing self-harm. The authors, however, need to be congratulated for producing what is one of the first examples of an intervention developed for non-Western young people who self-harm. Its pioneering approach is likely to influence our field of research for years to come.

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1 Background

ATMAN is a brief psychological intervention designed for young people (aged between 14 and 24 years) who self-harm. It can be used for those who (1) are at-risk of self-harm but have not yet done so, (2) have previously harmed themselves and are at a very high risk of harming themselves again and (3) are attending a mental health service for treatment of self-harm behaviour to augment the overall management plan.

ATMAN supports at-risk young people to develop adaptive ways of coping with life including (1) approach to effective problem-solving (situation-focused coping), (2) ways to deal with intense emotions (emotion-focused coping) and (3) strategies to repair relationship difficulties and build secure relationships.

The ATMAN programme can be delivered over five to eight sessions (typically weekly) and consists of three primary intervention modules and three optional intervention modules. Optional modules are implemented based on the presenting needs of the young people.

Training to become an accredited ATMAN facilitator is suitable for a wide range of mental health-trained professionals, including social and youth workers, teachers specialising in student welfare, nurses with a mental health specialty, health and clinical psychologists and psychiatrists.

1.1 The Conceptual Model

ATMAN is a Sanskrit word that refers to the ‘eternal self’ that functions in harmony with the universe. Most young people who self-harm do so as a coping strategy in response to intense emotional pain and/or relational distress. For some, it could be a way to ask for help. For others, it could be a way to distract and escape. There could be other reasons too, such as to self-punish, to establish a boundary between

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self and others or to generate excitement. Whatever may be the reason, the relief offered by self-harm is only temporary. It does not help a person to overcome a problem. Most often, it interferes with emotional functioning, further damages relationships, weakens adaptive coping strategies and results in a decreased subjective well-being.

Those exposed to multiple prior life adversities are at greater risk of self-harm if their problem-solving skills, sense of mastery and self-esteem are limited. Risk for self-harm also increases over sexual and reproductive development (puberty), especially in those who have had early life adversity. This makes the young people with a history of trauma most vulnerable to self-harm.

ATMAN aims to develop problem-solving skills in young people that result in better coping and resilience. Using ATMAN, young people are encouraged to find new and more effective solutions to their problems (life difficulties/stress reactions). Folkman and Larazus, both pioneering researchers in the field of coping, have suggested that coping skills can be broadly classified as either situation-focused (problem-focused) or emotion-focused in nature.

Problem-focused coping skills centre around changing situations that can be changed. They include a broad range of strategies that directly address the source problem with the aim of mitigating or removing the problem. Emotion-focused coping skills centre around managing the emotional reactions to difficult situations. They refer to a broad set of mood regulation strategies aimed at managing strong