THERAPEUTIC ASSESSMENT FOR ADOLESCENT SELF-HARM training workshop

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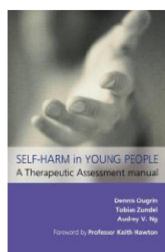
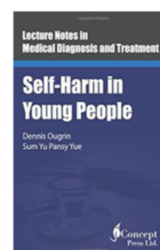
Declaration of Interest: Royalties from Hodder Arnold (DO and TZ)





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AIMS AND OBJECTIVES

- INTRODUCE THERAPEUTIC ASSESSMENT
- CREATE A TA DIAGRAM
- CREATE AN EXIT

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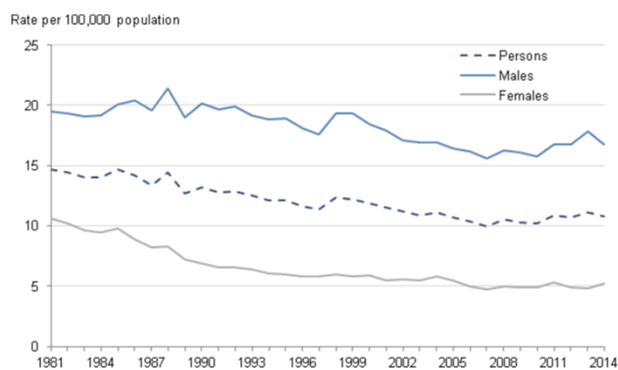
Suicides in the UK (ONS 2016)



N=6,120

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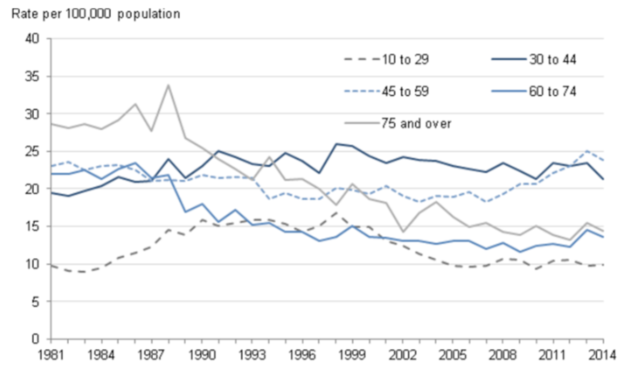
Suicide in the UK, males (ONS 2016)



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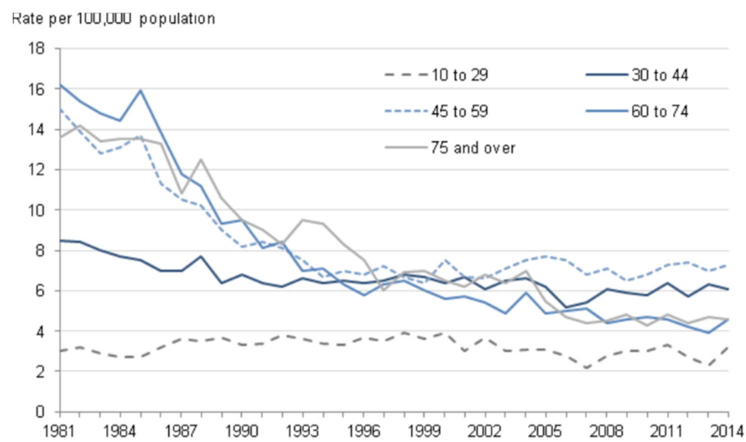
Suicide in the UK, females (ONS 2016)



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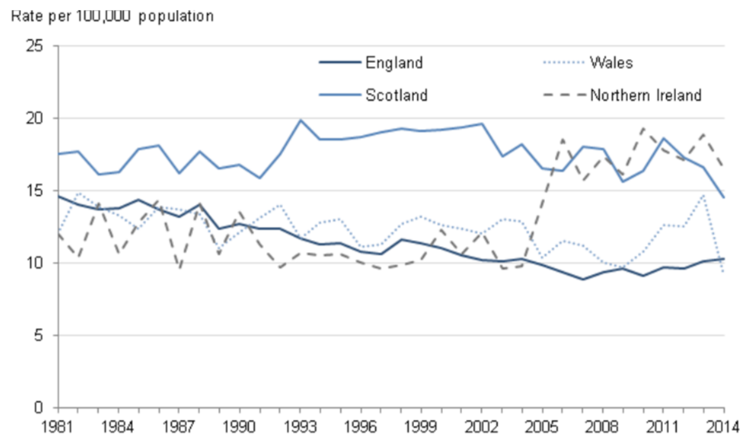
Suicide in the UK, by country (ONS, 2016)



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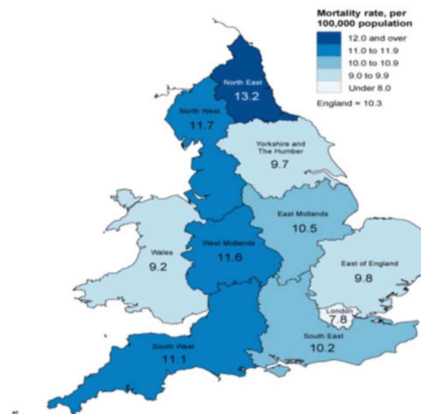
Suicide in England and Wales (ONS 2016)



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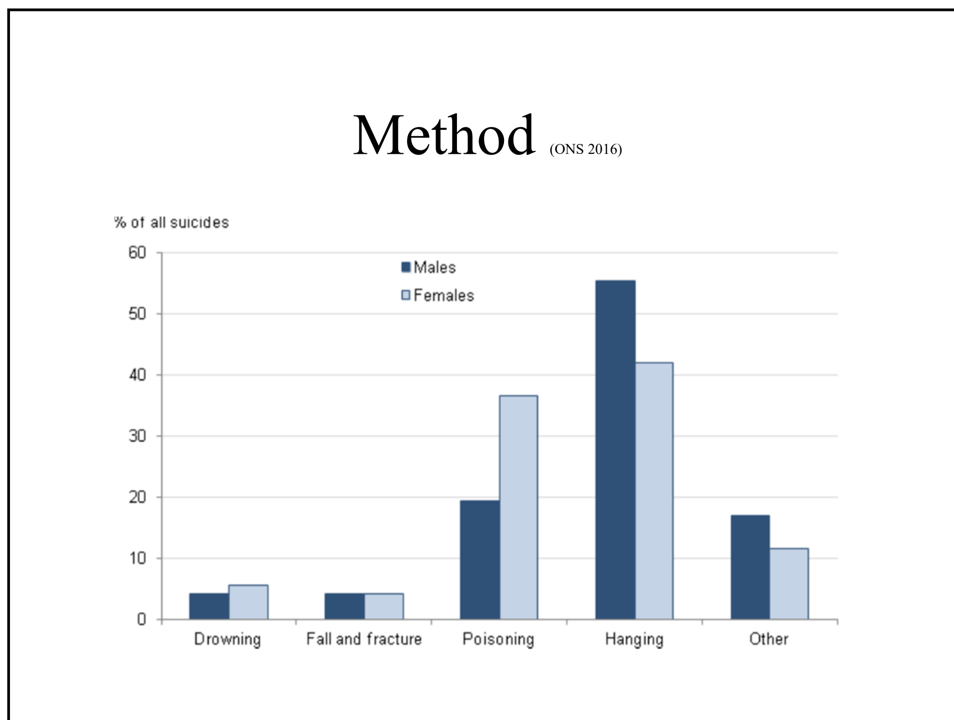

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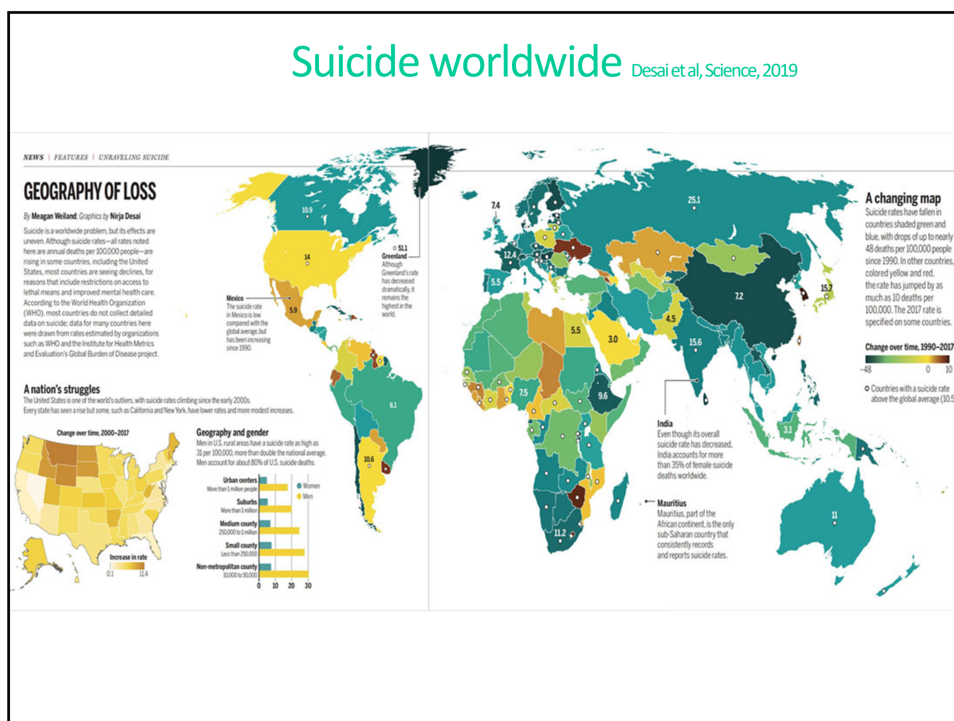

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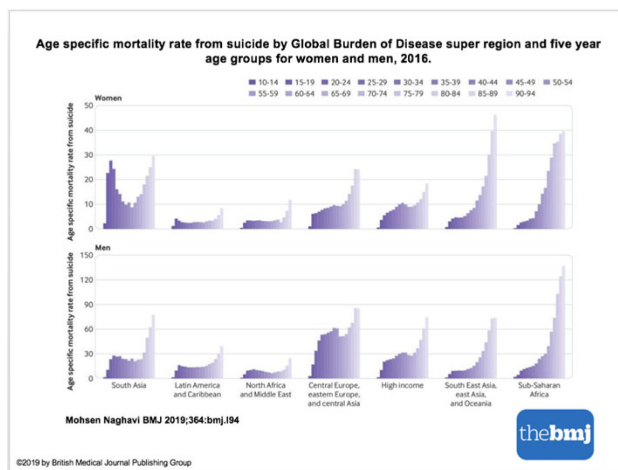
Suicide worldwide, males and females



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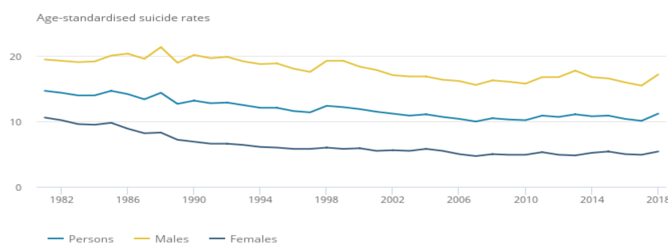
Suicides in the UK (ONS, 2019)

Figure 1: Significant increase in suicide rates for all persons and males in 2018

Age-standardised suicide rates by sex, UK, registered between 1981 and 2018



Source: Office for National Statistics, National Records of Scotland, and Northern Ireland Statistics and Research Agency

N=5,821, 10.1/100,000 – 2017
N=6,507, 11.2/100,000 - 2018

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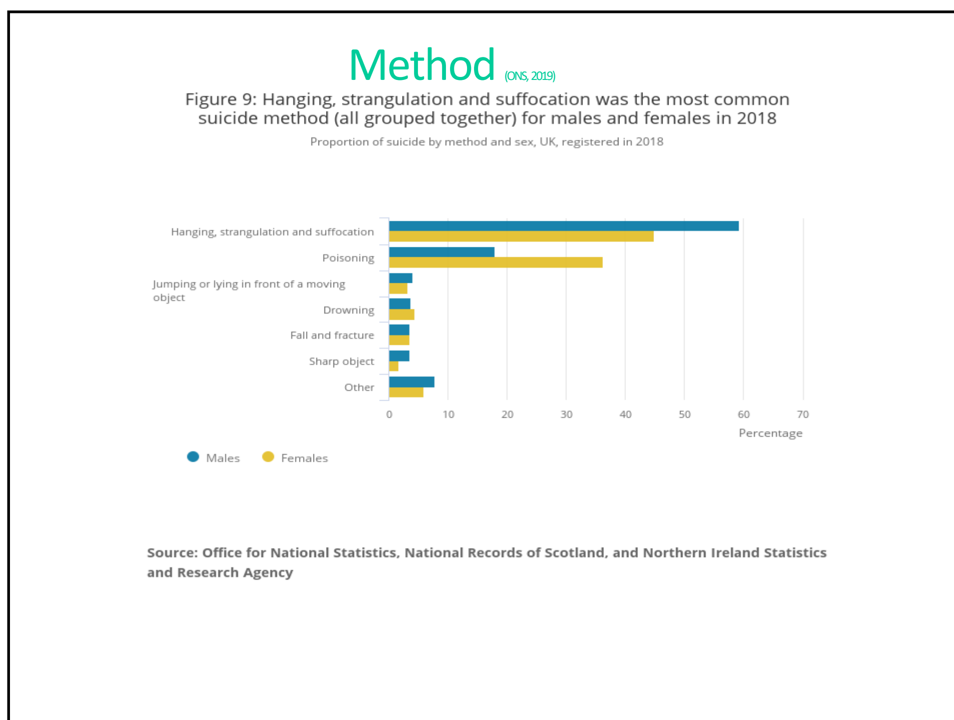

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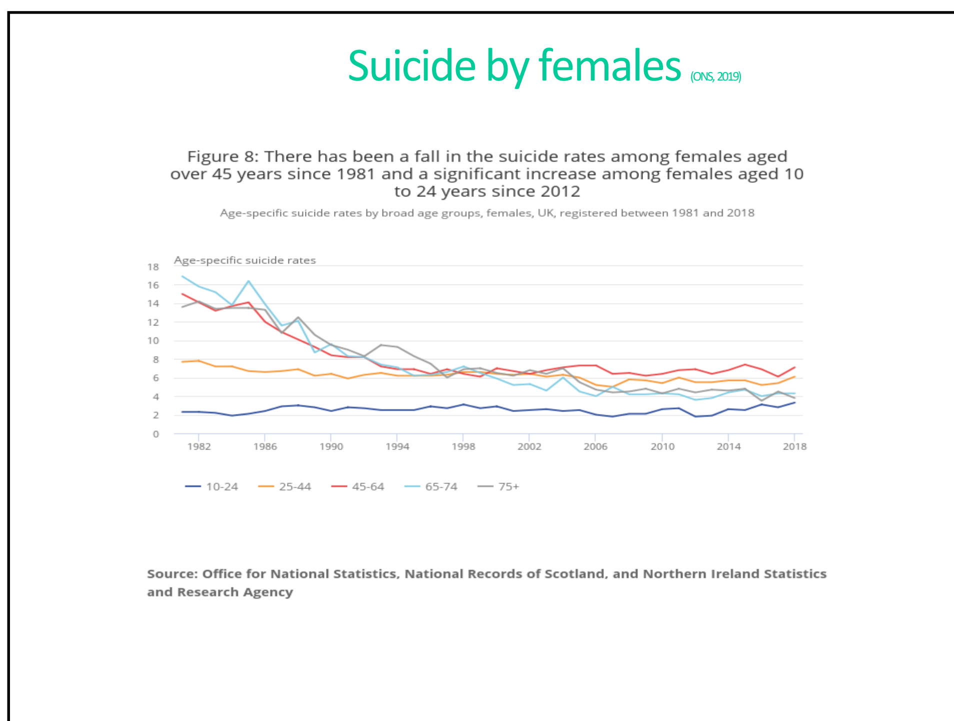

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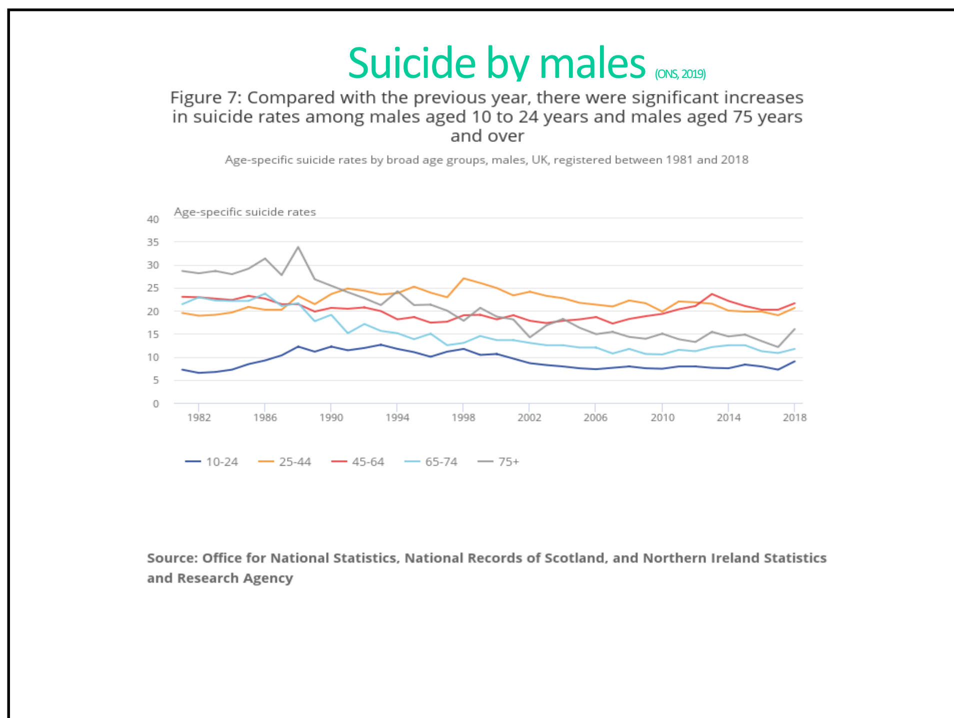

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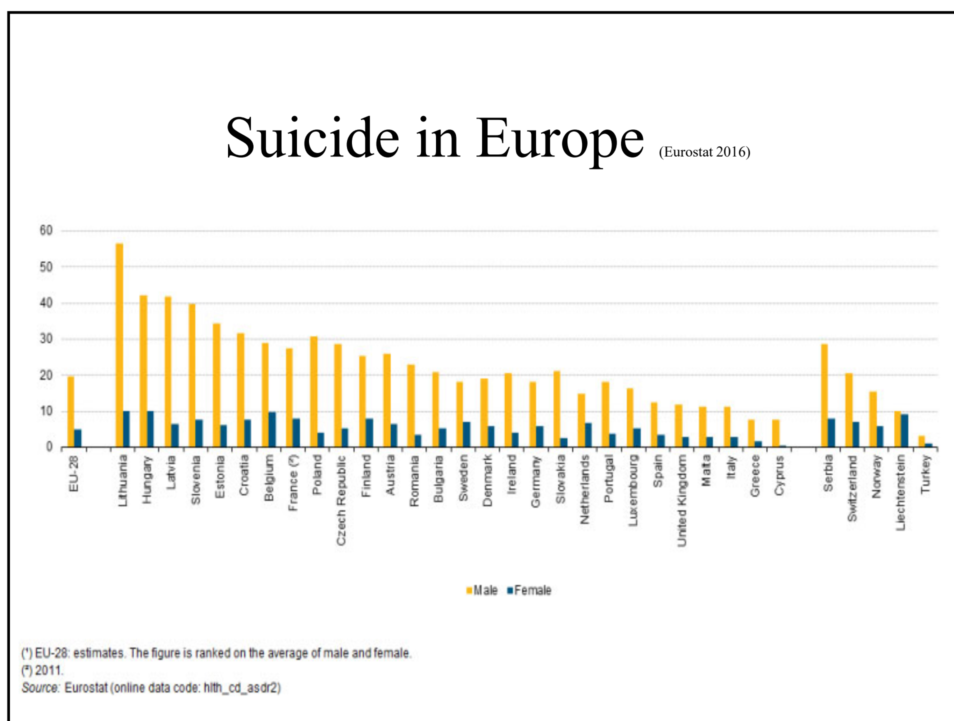

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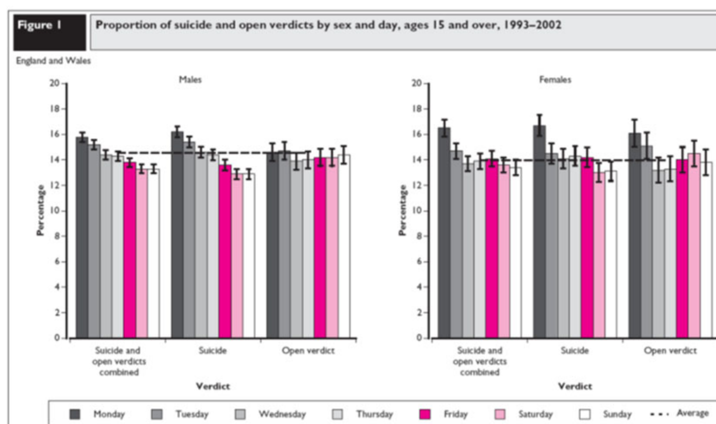
Suicide by the day of the week



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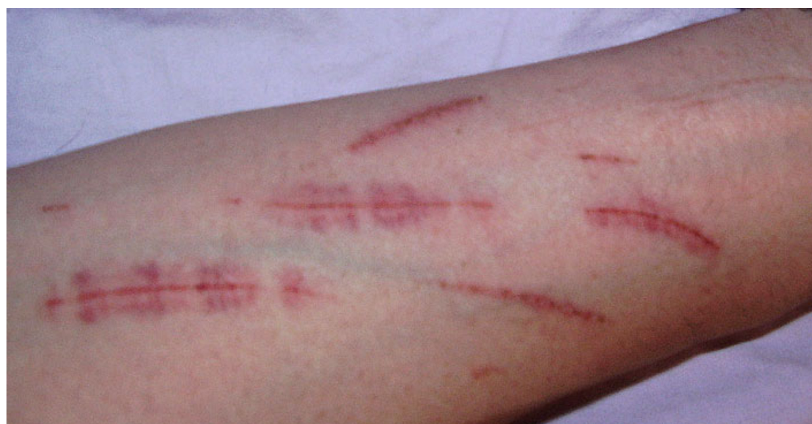
Self Harm



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Prevalence of self harm in school pupils in countries participating in the Child and Adolescent self harm in Europe (CASE) study by gender (Hawton et al 2006)

country	self harm meeting		study criteria	
	previous year (%)		lifetime (%)	
	females	males	females	males
England	10.8	3.3	16.9	4.9
Ireland	9.1	2.7	13.5	4.9
The Netherlands	3.7	1.7	5.9	2.5
Belgium	10.4	4.4	15.6	6.8
Norway	10.8	2.5	15.3	4.3
Hungary	5.9	1.7	10.1	3.2
Australia	11.8	1.8	17.1	3.3

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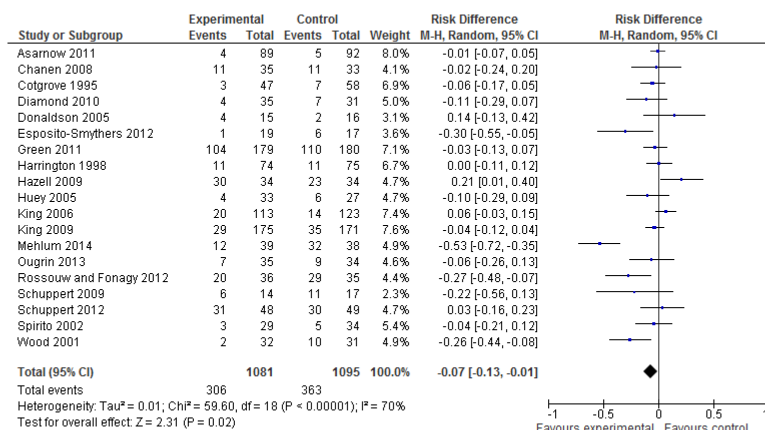
Overall effect of psychological treatment on self harm (Ougrin et al, 2015)



Study or Subgroup	Experimental Events	Experimental Total	Control Events	Control Total	Weight	Risk Difference M-H, Random, 95% CI
Asarnow 2011	4	89	5	92	8.0%	-0.01 [-0.07, 0.05]
Chanen 2008	11	35	11	33	4.1%	-0.02 [-0.24, 0.20]
Cotgrove 1995	3	47	7	58	6.9%	-0.06 [-0.17, 0.05]
Diamond 2010	4	35	7	31	5.0%	-0.11 [-0.29, 0.07]
Donaldson 2005	4	15	2	16	3.1%	0.14 [-0.13, 0.42]
Esposito-Smythers 2012	1	19	6	17	3.6%	-0.30 [-0.55, -0.05]
Green 2011	104	179	110	180	7.1%	-0.03 [-0.13, 0.07]
Harrington 1998	11	74	11	75	6.7%	0.00 [-0.11, 0.12]
Hazell 2009	30	34	23	34	4.7%	0.21 [0.01, 0.40]
Huey 2005	4	33	6	27	4.7%	-0.10 [-0.29, 0.09]
King 2006	20	113	14	123	7.4%	0.06 [-0.03, 0.15]
King 2009	29	175	35	171	7.6%	-0.04 [-0.12, 0.04]
Mehlum 2014	12	39	32	38	4.9%	-0.53 [-0.72, -0.35]
Ougrin 2013	7	35	9	34	4.6%	-0.06 [-0.26, 0.13]
Rossouw and Fonagy 2012	20	36	29	35	4.4%	-0.27 [-0.48, -0.07]
Schuppert 2009	6	14	11	17	2.3%	-0.22 [-0.56, 0.13]
Schuppert 2012	31	48	30	49	4.7%	0.03 [-0.16, 0.23]
Spirito 2002	3	29	5	34	5.4%	-0.04 [-0.21, 0.12]
Wood 2001	2	32	10	31	4.9%	-0.26 [-0.44, -0.08]
Total (95% CI)		**1081**		**1095**	**100.0%**	**-0.07 [-0.13, -0.01]**
Total events	306		363			

Heterogeneity: Tau² = 0.01; Chi² = 59.60, df = 18 (P < 0.00001); I² = 70%
Test for overall effect: Z = 2.31 (P = 0.02)

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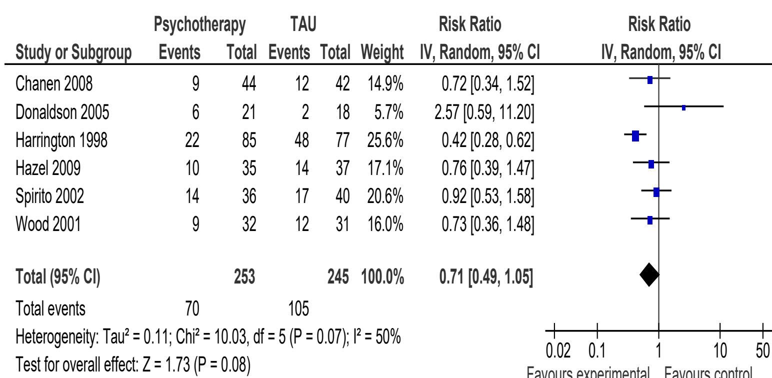
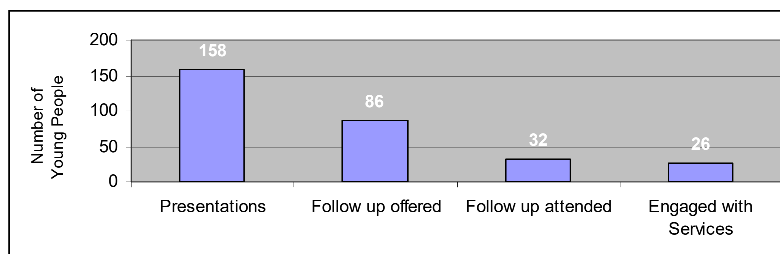
One reason why studies show poor effect (Ougrin and Latif 2011)



Study or Subgroup	Psychotherapy Events	Psychotherapy Total	TAU Events	TAU Total	Weight	Risk Ratio IV, Random, 95% CI
Chanen 2008	9	44	12	42	14.9%	0.72 [0.34, 1.52]
Donaldson 2005	6	21	2	18	5.7%	2.57 [0.59, 11.20]
Harrington 1998	22	85	48	77	25.6%	0.42 [0.28, 0.62]
Hazel 2009	10	35	14	37	17.1%	0.76 [0.39, 1.47]
Spirito 2002	14	36	17	40	20.6%	0.92 [0.53, 1.58]
Wood 2001	9	32	12	31	16.0%	0.73 [0.36, 1.48]
Total (95% CI)		**253**		**245**	**100.0%**	**0.71 [0.49, 1.05]**
Total events	70		105			

Heterogeneity: Tau² = 0.11; Chi² = 10.03, df = 5 (P = 0.07); I² = 50%
Test for overall effect: Z = 1.73 (P = 0.08)

Follow Up After Self Harm



TA: PRINCIPLES

- SELF-HARM ASSESSMENT COULD BE THE ONLY CHANCE TO ENGAGE YOUNG PEOPLE
- YOUNG PEOPLE WITH SELF-HARM COULD BENEFIT FROM DIFFERENT PSYCHOLOGICAL INTERVENTIONS
- YOUNG PEOPLE ARE THE BEST JUDGES OF WHAT MIGHT BE HELPFUL

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THERAPISTS AND PATIENTS HAVE DIFFERENT HOPES FROM ASSESSMENT

- Therapists:
- Comprehensive history
- Risk assessment
- Safe disposal
- Engagement

- Young people:
- Understanding self/behaviour
- Feeling better/hope
- Explore alternatives to SH
- Feel motivated

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TA IS A TOOLBOX

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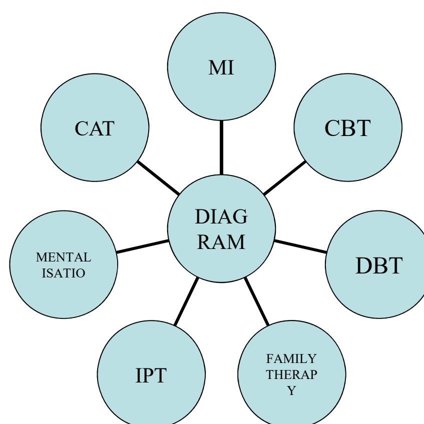
TA AT A GLANCE

- BASIC HISTORY
- DIAGRAM
- "WHERE DO YOU WANT TO START?"
- CREATE AN EXIT
- SET HOMEWORK
- WRITE A LETTER



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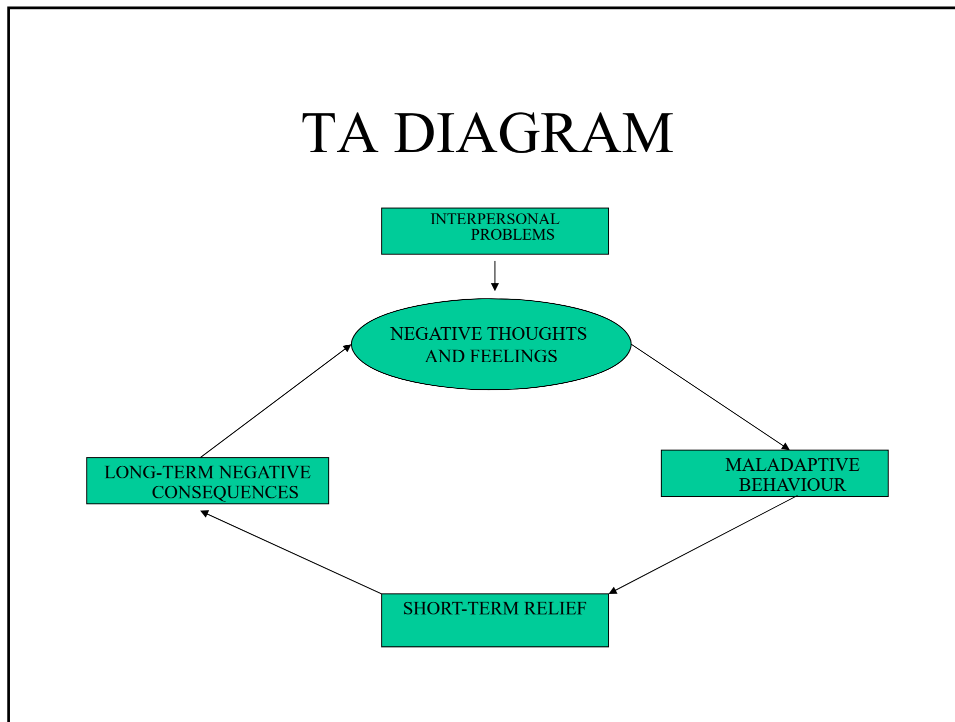

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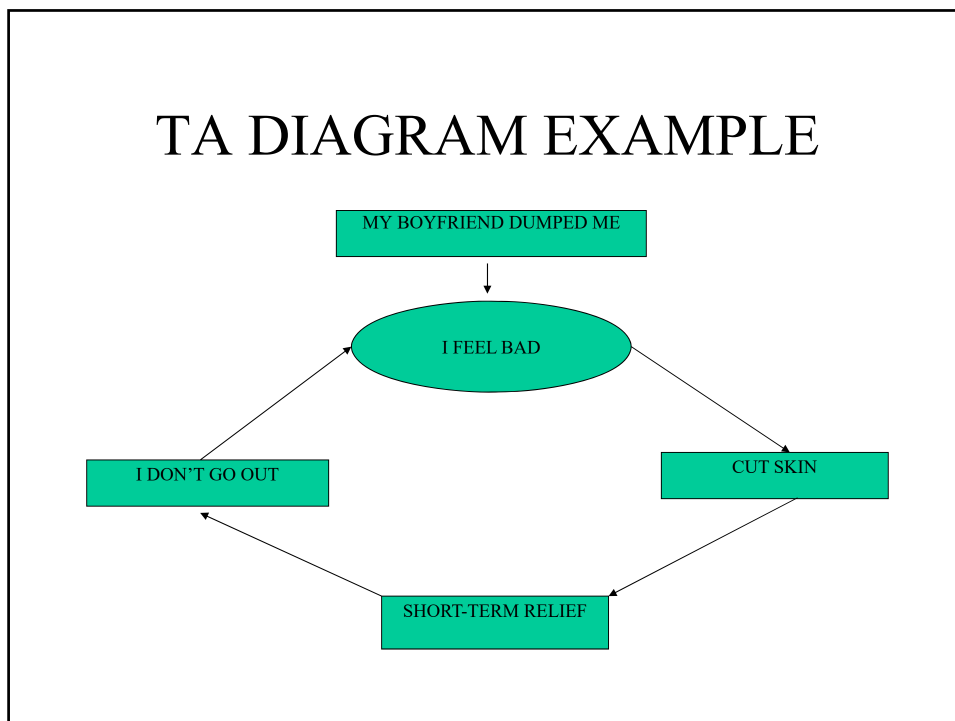

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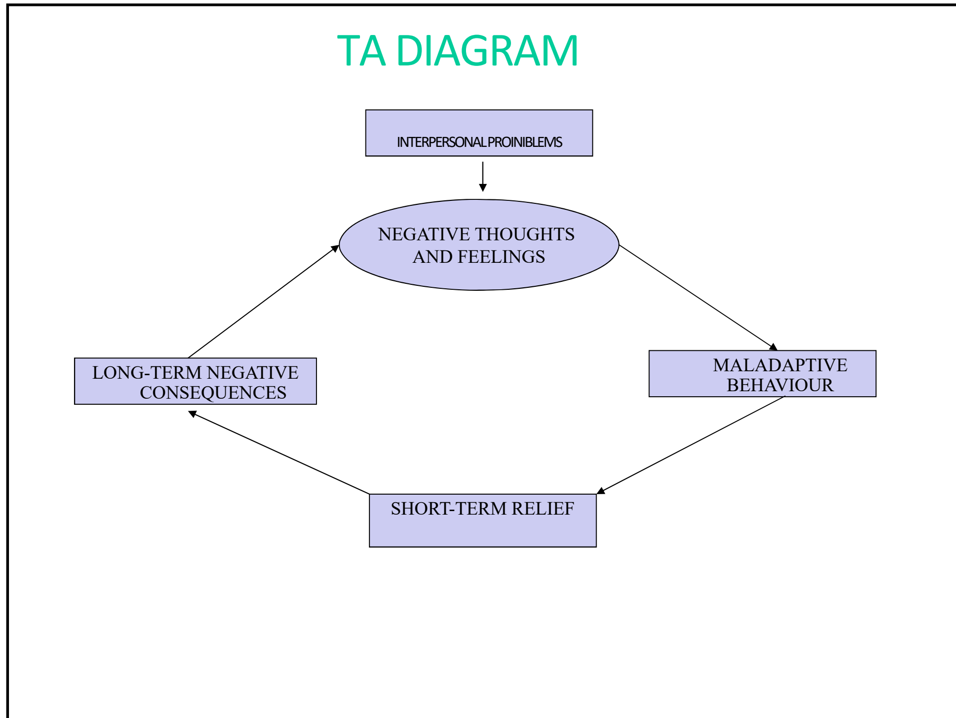

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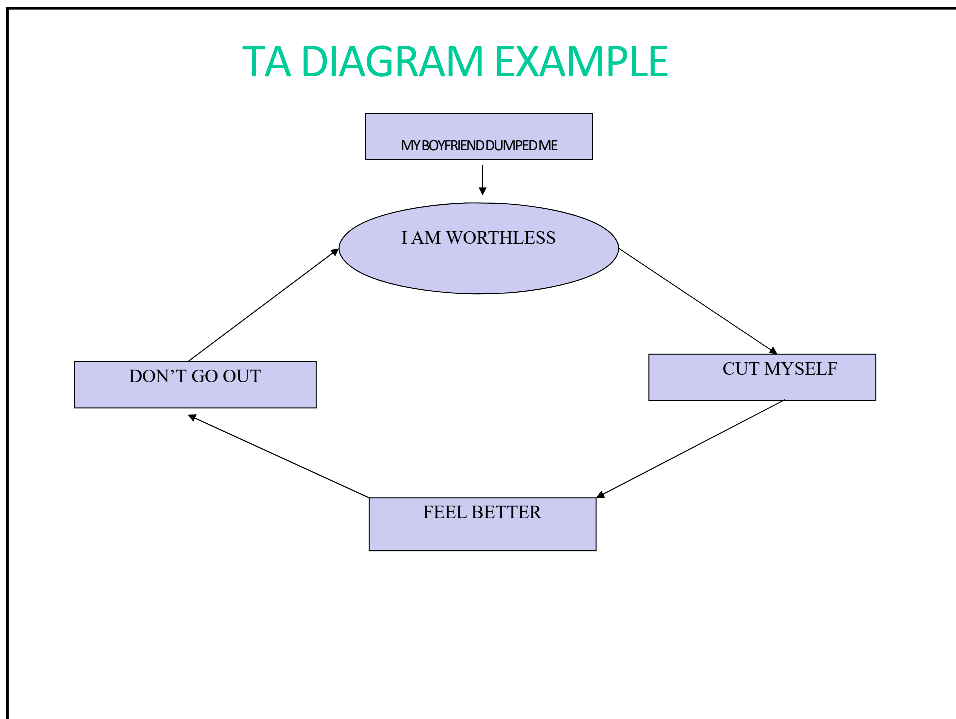

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TA DIAGRAM

- Reciprocal Roles
- Core Pain
- Maintaining Procedures

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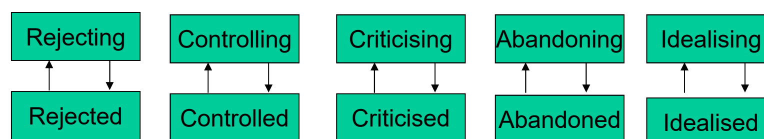
TA DIAGRAM COMPONENTS: RECIPROCAL ROLES

- interpersonal problems are conceptualised as repetitive polarised maladaptive patterns of relationships called Reciprocal Roles



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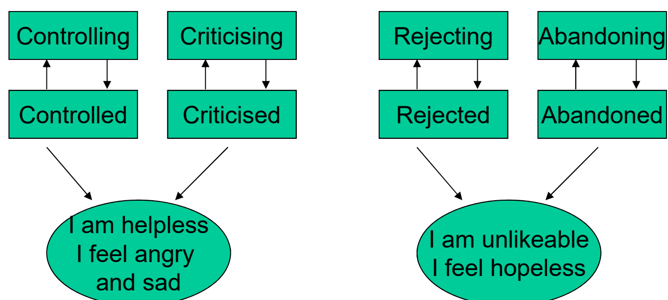
TA DIAGRAM COMPONENTS: CORE PAIN

- Frequent enactment of Reciprocal Roles leads to the formation of Core Pain: negative thoughts, beliefs, images, emotions and body sensations



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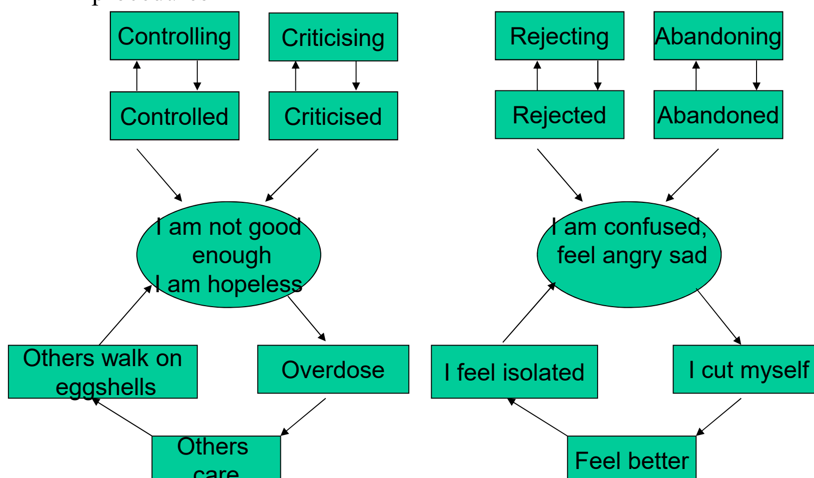
TA DIAGRAM COMPONENETS: PROCEDURES

- Patients try to counter the core pain with maladaptive behaviour called procedures



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Self-harm usually occurs when other procedures fail to bring about relief

- Most frequently encountered behaviours designed to counter core pain:
  - Alcohol/drug use
  - Disordered eating
  - Fights
  - Perfectionism
  - Careless risk taking

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Self-harm usually occurs when other procedures fail to bring about relief

- Most frequently encountered cognitions designed to counter core pain:
  - Thought/emotion suppression
  - Rumination
  - Perfectionism

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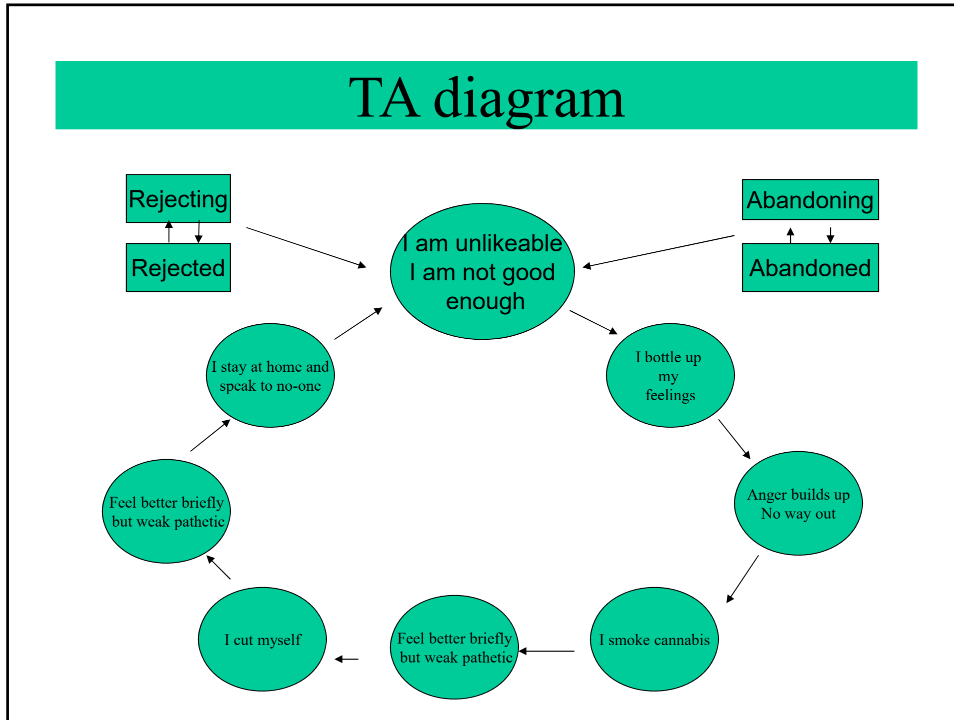

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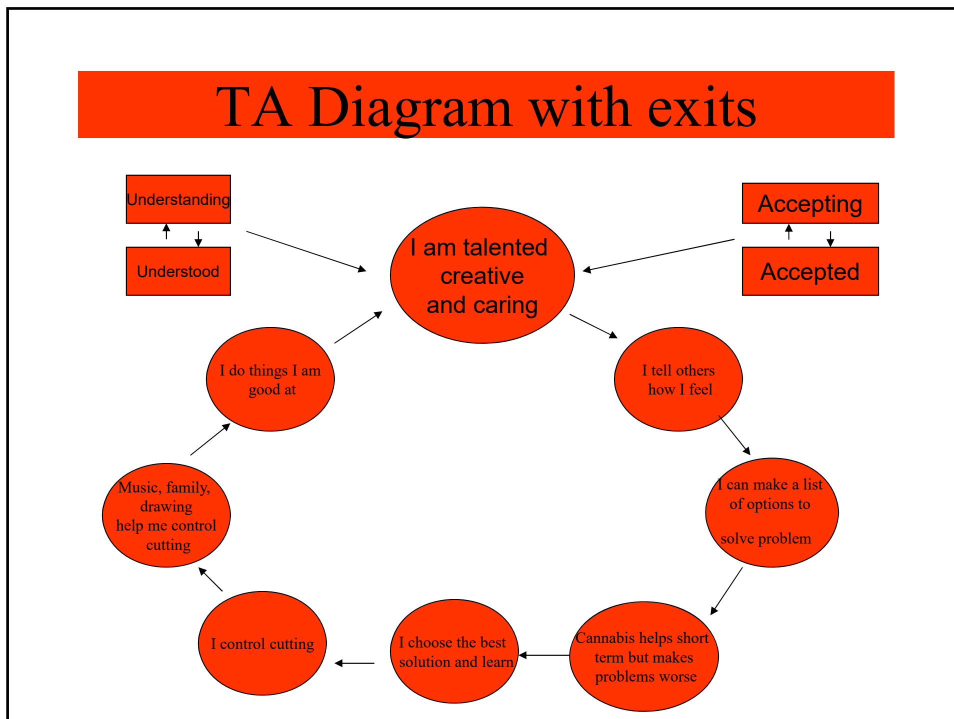

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Understanding Letter

- *Describes the diagram*
- *Highlights the positives/protective factors*
- *Invites the young person for further work*
- *Reiterates the time and place of the next appointment*

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EXERCISE

- READ NADIA'S HISTORY
- RECIPROCAL ROLES?
- CORE PAIN?
- MAINTAINING CYCLE?

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TOTAL

- Trial of Therapeutic Assessment in London
- 2 centres: SLAM and Tavistock
- 26 clinicians randomised
- 70 adolescents with SH recruited over 18 months
- Followed up 3 months after SH assessment

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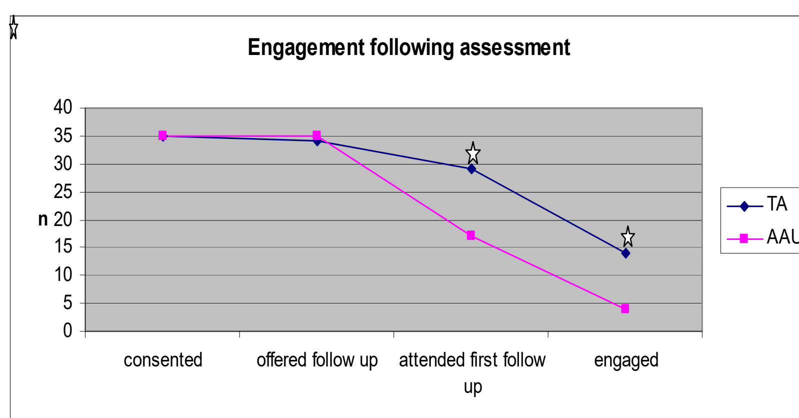
TOTAL: PRIMARY OUTCOMES



☆
Attending at least one session: 83% v 49%, p<0.003

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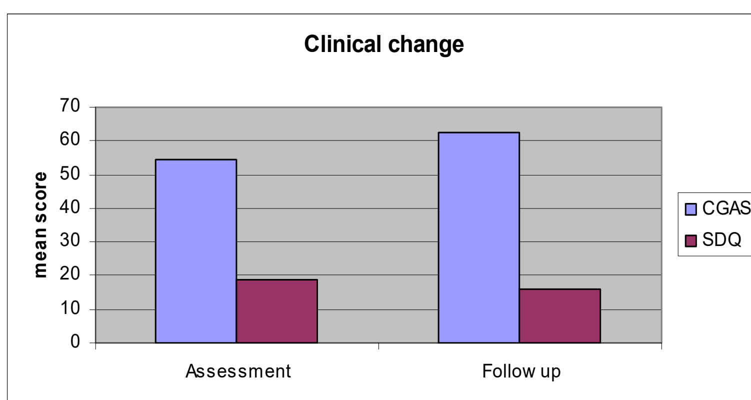
TOTAL: PAIRED SAMPLES ANALYSIS



$P < 0.05$

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TOTAL:OTHER OUTCOMES 3 MONTHS POST ASSESSMENT

$P < 0.05$

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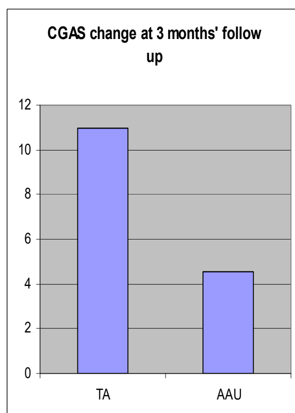
TA IN NON-SUICIDAL SELF-HARM



Tests of Between-Subjects Effects

Dependent Variable: cgasdiff

Source	Type II Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	895.580[a]	4	223.895	2.280	.071
Intercept	547.009	1	547.009	5.571	.022
age	376.098	1	376.098	3.830	.055
condition	401.223	1	401.223	4.086	.048
Consensus	128.969	1	128.969	1.313	.256
condition * Consensus	89.467	1	89.467	.911	.344
Error	5891.559	60	98.193		
Total	11629.000	65			
Corrected Total	6787.138	64			

a. R Squared = .132 (Adjusted R Squared = .074)

P=0.03

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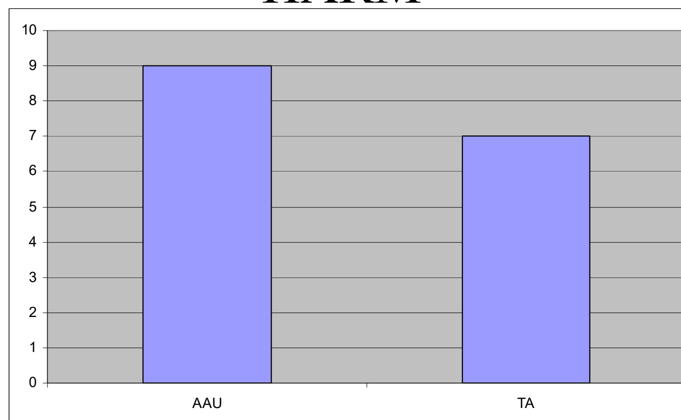
2 YEAR FOLLOW UP: A&E PRESENTATIONS WITH SELF-HARM



p>0.05

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A&E PRESENTATIONS WITH SELF HARM

- No significant difference in self-harm between TA and AAU (OR: 0.70 (95% C.I.: 0.23-2.13), z=-0.64, p=0.53)
- Predicted marginal probabilities to present to A&E with self-harm were 0.2 (95% C.I.: 0.07-0.33) in the TA and 0.27 (95% C.I.: 0.12-.41) in the AAU group
- There was no effect of the clinician on A&E self-harm (ICC=0; 95% bootstrap C.I. 0-0.003).

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TOTAL NUMBER OF REPORTED SELF HARM EPISODES

- YEAR 1: 20 (29%) YP reported between 1 and 129 episodes of self harm (median=9.5; lower and upper quartiles: 1-33.5)
- YEAR 2: 14 (20%) children reported between 1 and 144 episodes of self harm (median=4.5 lower and upper quartiles: 1-12)
- A random effects Poisson regression did not revealed significant differences between the years IRR=0.56 (95% C.I. = 0.19-1.66), z=-1.04, p=0.30)

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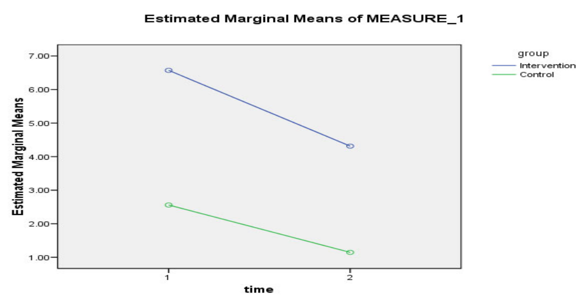
TREATMENT ENGAGEMENT

4. group * time

Measure: MEASURE_1

group	time	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Intervention	1	6.571	1.146	4.284	8.859
	2	4.314	1.275	1.769	6.860
Control	1	2.559	1.163	.238	4.880
	2	1.147	1.294	-1.436	3.730



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CGAS MAXIMUM VALUES

- TA 66.97 (SD=10.87)
- AAU 62.09 (SD=9.31)
- Difference 4.88 95% CI 0.01 to 9.75, $p<0.05$

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CGAS MINIMUM VALUES

- TA 60.00 (SD=13.23)
- AAU 57.79 (SD=11.41)
- Difference 2.21, 95% CI -3.74 to 8.15 $p>0.05$

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OTHER OUTCOMES

- Non-suicidal self-harm predicted suicide attempts
- No completed suicides
- A range of other outcomes (not pre-specified) favoured TA group

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CONCLUSIONS

- TA versus usual assessment increases engagement with follow up
- TA versus usual assessment does not decrease A&E presentations with self harm over 2 years
- TA versus usual assessment is linked with achieving higher maximum functional status over 2 years

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CONCLUSIONS

- TA versus usual assessment increases engagement with follow up
- Young people with non-suicidal self-harm have better functional outcomes with TA

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CONTACT US

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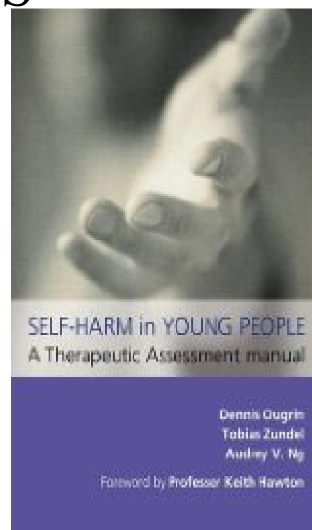

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