



Giving yourself a “brain freeze”-

reducing self harming
behaviour in refugee children
and young people with
complex trauma presentations

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Queensland Program of Assistance
to Survivors of Torture and Trauma
(QPASTT)

QPASTT

- The Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT) provides flexible and culturally sensitive services to promote the health and well being of people who have been tortured or who have suffered refugee related trauma prior to migrating to Australia. QPASTT aims to provide services which address the range of physical, psychological and social needs that survivors of torture and trauma have. All services are free and confidential.
- See our website for more information- <http://qpastt.org.au/>



Photo: QPASTT
Young Women's
Camp 2015.
Source- QPASTT/
N. Danaei

Clinical presentations

- Complex trauma backgrounds
- Severe PTSD symptoms
- Regular self harming behaviours and/or high risk behaviours
- Suicidal ideation and attempts
- Difficulty self-regulating

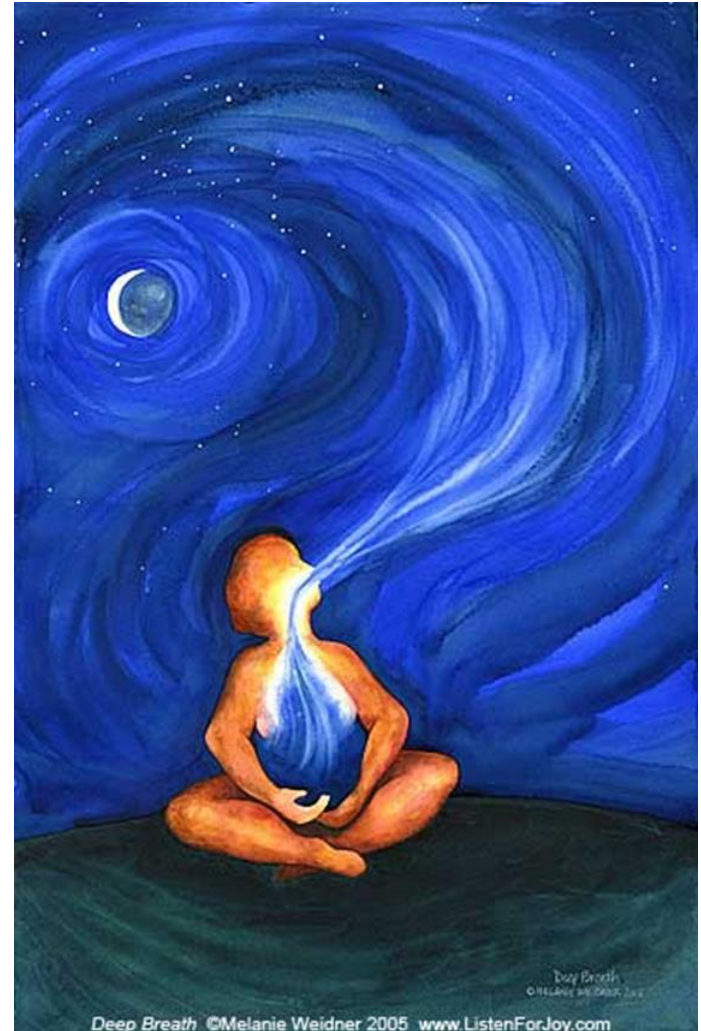
Combined with:

- Out of Home Care
- Unstable living environments
- Family and Domestic Violence
- Parental mental health issues
- Co-morbidity (disability, physical health)



Dialectical behavior therapy (DBT)

- Originally developed to treat BPD
- Highly effective for reducing self-harm behaviours and risk taking behaviours.
- Developed in the 1970's by Marsha M. Linehan (PHD).
- DBT is an empirically supported treatment via clinical trials.
- Treatment modes-
 1. Individual Therapy
 2. Skills Training Groups
 3. Between session coaching via phone or email
 4. Therapist consultation/ supervision



Dialectical behavior therapy (cont)

- Emphasis on the therapeutic relationship
- DBT includes four sets of behavioural skills- mindfulness, distress tolerance, interpersonal effectiveness and emotion regulation
- Dialectical thinking

Truth:

“I want to stop my meds”

Both are true.

Develop skills
+
Reduce meds over time

Truth:

“I don't want to relapse”

Difficulty in application with refugee clients

- English comprehension issues including limited literacy/formal education barrier
- Between session coaching via phone or email is limited due to availability of counsellors and QPASTT policy on out of hours contact
- Time- clients engaged in school/ work/ other commitments, settlement process can be very overwhelming and stressful.
- Culture- DBT requires understanding of psychological concepts and internal locus of control. However mindfulness and prayer may fit with some cultural practices.

Mindfulness

- How we use this with children and adolescents vary;
 - Experiential
 - Music
 - Yoga
 - Colouring
 - Limited time, building tolerance
 - Awareness of breath
 - Resources- Sitting Still Like a Frog; Yoga Pretzels; Moonbeam- a book of meditations for children; Ready, Set, RELAX



DBT TIPP SKILLS



TIP/ TIPP is an acronym that stands for:

- T= Temperature change: Run a cold shower and put your head under the water, hold an ice-cube, dunk your hands or feet into a bucket of water and ice.
- I= Intense exercise: Running around the block, doing jumping jacks, turning on a song and dancing around for a little while etc.
- P= Paced Breathing: Slow your breathing down, take deep slow breaths in and out

DBT Pleasant activities list



- Promotes self regulation
- Increases distress tolerance
- Builds resilience
- Useful in safety planning

DBT Self soothe with 6 senses

- Vision
- Hearing
- Smell
- Taste
- Touch
- Movement

- NB:
- Consider harm minimisation
- Useful for safety planning



Case Study- Child

- Alfred is 9 year old boy who was referred to QPASTT after several suicide attempts. He self harms when is he very distressed by cutting himself or banging his head. He is Liberian and was adopted into a Caucasian Australian family. Alfred has significant developmental trauma and is HIV positive.
- DBT Skills used;
 - Mindfulness (colouring, outdoors)
 - TIPP Skills- Temperature change (ice), intense exercise, paced breathing
 - Pleasant activities to safety plan
- Parent and school involvement to reinforce skills learnt

Case Study- Adolescent

- Fatima is a 15 year old female who lives in Out of Home Care. She is a non practising Muslim, she has been engaged in counselling for 3 years. Fatima is diagnosed as having an intellectual impairment. Currently Fatima;
 - Self harms by cutting
 - Engages in high risk activities such as chroming, unsafe sexual behaviours and absconding
- DBT Skills used;
 - TIPP Skills (brain freeze), temp change, mindfulness, paced breathing
 - Safety Planning- pleasant activities, self soothing
- Challenges- lack of safety, severity of presentation, few opportunities for future focused work

References

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Thank-you

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