

Alternatives to Self-Harm©: Using the APEX model©

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My brief background: HOPE plus

History of working in mental health related field since 1981 in NZ then in UK across a range of settings

Observed no models target self-harming specifically

Practical and practice-based approach needed

Evidence-based and effective approach needed

Plus practice-based insider knowledge with an 'experience-consultant' to help design initial program

What is self harm?

Non Suicidal Self Injury

- ▶ Children (8 and older) and adults who have carried out an act of self-poisoning or self injury irrespective of motivation. (NICE Guidelines Self-Harm 2012).
- ▶ Non-Suicidal Self-Injury (NSSI): an intentional, culturally unacceptable, self-performed, immediate and direct destruction of bodily tissue that is of low lethality and absent of overdose, self poisoning and suicidal intent. Suicidal self-injury is viewed as qualitatively different to NSSI. (Garisch J A & Wilson M S 2015)

Lots of 'good ideas'

Behavioral approaches:
extinguishing behavior.

Cognitive behavioral approaches:
S.T.E.P.P.S. Systems Training in Emotional
Predictability & Problem Solving. (*Nancee
Blum, Don St John, Bruce Pfohl, & Donald J
Black 2002, 2008, 2012*):
emotional regulation and skills-based.

Dialectical behavioral approaches (*Marsha
Linehan 1990, 2015*):
*emotion regulation, distress tolerance,
mindfulness & interpersonal skills-based
package.*

Why not just use DBT?

ASH/APEX©

1. Overtly addresses self-harm specifically.
2. Developing skills takes time and self-harm is currently your coping strategy.
3. Emotional first aid kit *before* the self-contract commitment.
4. Contract with the self.

DBT

1. 'Therapy-interfering' behavior discouraged.
2. Developing skills takes time and self-harm must cease immediately.
3. Commitment before skills are achieved.
4. Contract with the service.

ASH© is
underpinned
by APEX©:
4 STAGE
EVIDENCE
BASED
APPROACH

Attitude of the
provider(s) is a key
factor



Purpose(s) or need(s)
evaluated EACH time



Emotional first aid kit
matched to purpose(s)



X Factor (self-contract)
drawing on that kit of the
client's preferred
matched alternatives

ALTERNATIVES TO SELF HARM (ASH): Key components (individual or group)



FOLLOWS THE
APEX© 4-STAGE
MODEL.



FOCUS: SKILLS
DEVELOPMENT



NARRATIVE: THE PERSON IS
NOT THE PROBLEM, UNIQUE
OUTCOMES, OUTSIDER
WITNESS



CBT: PROBLEM
SOLVING
STRATEGIES



ART IDEAS:
CREATIVE AND
NON VERBAL



BRIEF TASKS
BETWEEN SESSIONS
E.G. 1SQ CM

Outcome trends for ASH©

- ▶ Increased understanding of the purpose of harming (ASH Evaluation form and in the SHQ8)
- ▶ Enhanced confidence and hope (SHQ8, BHS)
- ▶ Wider range of coping strategies as alternatives (SHQ8)
- ▶ Reduction in risk (SHQ8, CORE-OM)
- ▶ Benefit from focus on the harming (SHQ8)
- ▶ More engaged in other programs e.g. STEPPS & DBT- (Self & referrer feedback)

APEX Stage 1 - Attitude: Metaphor of the ocean liner

- ▶ Self-harming is my life line in a choppy sea
- ▶ Overwhelming to seek help from the services as they want me to throw it away.
- ▶ So would you give up your life line and swim to the ship?



APEX© Stage 2 - Purpose: Why self harm? '8 Cs of self-injury'

Nice 2012, citing Sutton 2007

- ▶ Coping and crisis intervention
- ▶ Calming and comforting
- ▶ Control
- ▶ Cleansing
- ▶ Confirmation of existence
- ▶ Creating comfortable numbness
- ▶ Chastisement
- ▶ Communication.

Purpose: How does harming help?
ASH attendees' feedback (re-described)!
The 9 Cs

- ▶ **Real and alive feelings** (*Confirm existence*)
- ▶ **Easing and calming** (*Calming & Comforting*)
- ▶ **Distraction – get lost in the process** (*Creating Comfortable Numbness*)
- ▶ **Express frustration and get stuff out** (*Communication*)
- ▶ **Safety from riskier stuff** (*Coping & Crisis Intervention*)
- ▶ **Control** (*Control*)
- ▶ **Release of tension or cleansing** (*Cleansing & Chastisement*)
- ▶ **Inside pain outside** (*Calming or Control*)
- ▶ **Buzz and adrenalin rush** (*Confirmation of Existence?*)
- ▶ **Everyone is doing it – it helps me fit in** (*Conformity? = 9th C identified by ASH attendees*)

APEX Stage 3:

Emotional First Aid Kit

What clients find useful (only IF matched to purpose of the harming)

- ▶ **Te Taha Tinana (Physical wellbeing)** Activity that works for me 24/7 adapted to context (home, hospital, any disabilities) housework, gardening, walking, sport, ball against wall, push-ups, squeeze ball, paired muscle relaxation, ice, cold water.
- ▶ **Te Taha Hinengaro (Mental wellbeing)** Understanding through cognitive activity: diaries, journals, reading, Stop & Think strategy, going back through my folder of good ideas.
- ▶ **Te Taha Wairua (Spiritual wellbeing)** Natural world, animals, religious beliefs and practices, meditation, mindful breathing; also feelings and how to express them through artwork, writing, talking, crying, yelling at the ocean. sensory soothing.
- ▶ **Te Taha Whanau (Social/family wellbeing)** - Where I find my supports includes new technology, networks, and connections as well as the direct contact with whanau.

Stage 4: XYZ Contact

The X factor

The XYZ Contract is used to:

- ▶ Generate a self-contract based on their matched alternatives (Emotional First Aid Kit).
- ▶ Please take eXtra care – contracts are not to alleviate your anxiety or that of the supporting team including their whanau and supports!

Contract with service or Self- Contracts

Nancy Reagan: 'Just say no to drugs'

- ▶ 'Just say no to harming' = simplistic and unrealistic (*would you swim to the ship?*)
- ▶ Power struggle
- ▶ Locus of control is external
- ▶ Risks are INCREASED
- ▶ ***Bethlem model: if you are not open about harming it will be more risky/go 'underground'***

▶ ***XYZ Contract =***

A deal I make with myself SAMPLE

Before I self-harm to meet the need of (e.g. **calming down**) I will:

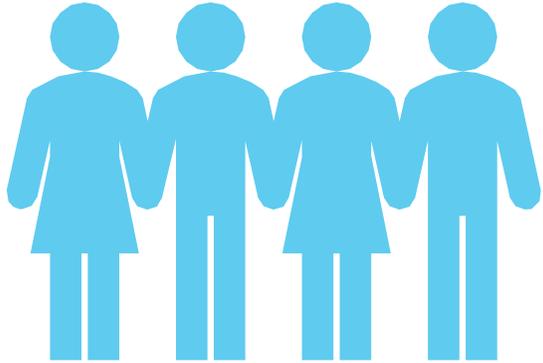
- ▶ X Do mindful breathing
- ▶ Y Splash face with cool water
- ▶ Z Drink cold drink

SMART =

Specific, Measurable, Achievable, Realistic & Timely

Challenge unrealistic options or you reduce the benefit of the delay tactic

Using ASH/APEX© in Primary Care - conclusions



- ▶ Use APEX© to frame brief evaluation
- ▶ Suits front line MH services
- ▶ Group-based approach (can be across 2 modules)
- ▶ Training in ASH/APEX© via GROW NZ

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