

About long-term Affect Regulation Therapy

Affect Regulation Therapy can be applied as both a brief and a long-term developmental psychotherapy. Long-term therapy has the following features:

- Lays the foundation for a healthy, mature and adaptable personality
- Triggers, accelerates and completes social, emotional and sensorimotor developmental milestones in adults
- Clears trauma and stress
- Offers a roadmap for growth with observable personality growth sequences and repeatable outcomes
- Uses a comprehensive range of therapy protocols
- Has a humanistic philosophical base
- Complements many psychotherapy models

Benefits

The major benefit of long term Affect Regulation Therapy is the development of social and emotional maturity, which positively impacts personality function in a number of areas. Emotional maturity is achieved through the specific focus on facilitation of stress release and the promotion of more mature neural organisation. An example is the shift from body based information processing to abstract symbolic processing.

Outcomes

Outcomes include improvement in a broad range of emotional skills, including emotional balance, stability, control, drive, expression, range, flexibility and responsibility. Concomitant positive development in personality functions such as self-image, cognitive functions, learning capacity, resilience to stress, self-expression and socialization can commonly be observed.

Principles

Affect Regulation Therapy principles are based on clinical research done by child development specialists including physiotherapists, occupational therapists, ENT specialists, ophthalmologists, psychiatrists, psychologists, neurologists and educators.

Well known documented researchers, clinicians and theorists include Jean Ayers, William Bates, C. H. Delacato, Damasio, Erik Erikson, Sigmund Freud, Joseph Le Doux, Candice Pert, Jean Piaget, Karl Pribram, Alan Schore and Alfred Tomatis.

Examples of A.R.T. principles include:

THERAPY ACTIVATES GROWTH

A.R.T. induces neurological arousal, which releases bioamines that trigger growth. Biogenic amines, which mediate the arousal dimension of emotional and motivational states, also have growth promoting trophic effects on developing neuronal systems (Schore, 1994).

A.R.T. stimulates emotional arousal, particularly of the autonomic nervous system, and activates growth in multiple neural systems. During therapy, growth stages can be observed in both psychological milestones and in sensori-motor movement milestones. These growth stages reflect increasingly more mature neural organisation. Developmentally based maturation of neural connections leads to more adaptive and mature personality function (Cozolino, 2002; Schore, 2003).

ACTIVATING INTERDEPENDENT SYSTEMS' SEQUENCES

Activating interdependent systems' development sequences triggers growth across these systems. This is the most comprehensive and effective method for adult personality development (Erickson, 1943c and 1980; Maier, 1969; Skinner, 1974; Rossi, 1992).

THERAPEUTIC SENSORY INPUT ORGANISES THE WHOLE BRAIN

Therapeutic sensory input organises the whole brain and stimulates healthy personality function. Good sensory integration, meaning communication between different parts of the brain and the sensory systems, also equates with overall healthy personality function. It is the essential requirement for absolutely every aspect of healthy personality function, including good self-image, thinking abilities, learning, stress regulation, self expression and socialisation (Ayers, 1972).

A.R.T. uses this principle of optimal sensory stimulation to improve sensory integration and therefore improving stress regulation and overall personality function. (Ayers, 1972; Bates, 1977; Dennison, 1990; Kirby, 2000; McCann 1992; Shapiro, 1989b /1995; Tomatis, 1978; Wolpe and Abrams, 1991).

HEALING THROUGH REGRESSION

Personality development during psychotherapy is achieved through many mechanisms, most of which are described within well known personality theories. The concept of adult personality development through a repetition of social and emotional growth stages from infancy to adulthood, as activated by psychotherapy, falls within the field of depth psychology. This includes the concept of personality development through regression.

A.R.T. uses this model of personality growth and actively focuses on regression and review of life experiences as a potentially healing process. (Freud, 1932/1974; Grof, 1988; Rank, 1924/1952) A.R.T. accesses explicit and implicit memory systems and activates a review of all developmental stages, conditioned responses and of life experience. A.R.T. stimulates both a conscious and unconscious revision during which each developmental phase, the defensive and thriving affect regulation responses and the disappointments and triumphs of life are re-considered for their survival value. This improves the adaptation of the entire personality.

Applications in clinical practice

A.R.T. is used as a long-term therapy for more complete personality development. It targets affect regulation as an important therapy goal, clears trauma and stress, completes developmental phases and addresses generational issues, such as family relationships. It can complement other therapeutic interventions in long-term therapy.

A.R.T. is therefore suited for use in many mental health disorders including amongst others adjustment disorders, mood and anxiety disorders, ADHD, learning difficulties, neural deficit disorders, eating disorders, personality disorders, acute stress disorder, trauma, stress, recovery from childhood and adult emotional, physical and sexual abuse and for adult children of dysfunctional families, adult children of alcoholic families, adult children of traumatized parents (e.g. war veterans) or adult children of parents with mental health disorders.

Motivated and high functioning adults who actively seek a long term, in depth, commonly use A.R.T. and broader personal development oriented psychotherapy with a stress reduction element. Clinicians who service this group will find A.R.T. useful.

Research

The following qualitative research study was presented at the Australian Integrative Medicine, in 2008 by Anca Ramsden.

OBJECTIVE

To demonstrate the effectiveness of a combination of sensori-motor and psychological treatment interventions for improved affect regulation.

METHODS:

Outcome measures: Clinical observations of psychological change and increased resilience after using a sensori-motor-psychological developmental model

Selection: Based on clinical observations of applications and outcomes of this approach over 16 years, two suitable subjects are selected. Both present with a diagnosed mental health disorder based on a mental state evaluation interview.

Interventions: A combination of standard practice psychotherapy with sensori-motor exercises, including visual, balance, proprioceptive and auditory stimulation used over a twelve-month period.

Outcomes: Similar personality growth phases are observed in both cases. Arousal states, (anger, fear, guilt, grief, indifference and isolation, despair) appear and clear up in a specific order over a 3 to 12 month period.

Regression to and progression from early childhood psychological developmental stages is evident. Increased resilience ensues that an optimistic mood is established; the outcome shows improved affect regulation.

Training in long-term Affect Regulation Therapy

COURSE CONTENT

Theories of personality development; A.R.T. clinical applications and benefits; completion of social, emotional and sensori-motor development; therapeutic use of sensory and cognitive systems; development of physiological, sensory, cognitive, and psychological self regulatory systems.

DURATION

Four days training course with two case studies and two supervision sessions over six months.

References

Ayers, A.J. Sensory Integration and Learning Disorders,
Western Psychological Services, Los Angeles 1978

Bates, W.H. Better Eyesight without Glasses, Thorsons, California 1977

Cozolino, L.J. The Neuroscience of Psychotherapy,
W.W. Norton and Company, New York, 2002

Dennison, P.E. Switching On, Thom C Hawley Publications, New York 1990

***Erickson, M. Hypnotic investigation of psychosomatic phenomena:
psychosomatic inter-relationships studied by experimental hypnosis.***

E. Rossi (Ed.) **The collected papers of Milton E. Erickson on hypnosis. Hypnotic alteration of sensory, perceptual and psycho-physiological processes** (pp.169-174), Irvington. New York 1943c and 1980

Freud, S. **New Introductory Lectures on Psycho-analysis,**

The Hogarth Press, London 1974

Grof, S. **The Adventures of Self Discovery,**

State University of New York Press, New York 1988

Kirby, W. J. **The effects of AIT on children diagnosed with ADD and ADHD. The Sound Connection,** Vol 7, No. 3. 2000

Le Doux, J. **The Emotional Brain,** The Orion Publishing Group, 1998

Maier, H. **Three Theories of Child Development,**

Harper International, Singapore 1969

Ornstein, R. and Thompson, R.F. **The Amazing Brain,** The Hogarth Press, London 1985

Mc Cann, D. **Post-traumatic stress disorder due to devastating burns overcome by a single session of eye movement desensitization.**

Journal of Behaviour Therapy and Experimental Psychiatry, 23 (4), 319-323. 1992

Rank, O. **The trauma of birth,**

Published in German in 1924; in English in 1952, New York: R.Brunner.

Rossi, E. L. **The Psychobiology of Mind-Body Healing,**

W.W. Norton and Company, Inc. London 1992

Le Doux, J. **The Emotional Brain,** The Orion Publishing Group, 1998

Schore, A.N. **Affect Regulation and the Origin of the Self,**

W.W. Norton and Company, New York, 1994

Schore, A.N. **Affect Regulation and the Repair of the Self,**

W.W. Norton and Company, New York, 2003

Shapiro, F. **Eye movement desensitization and reprocessing: Basic principles, protocols and procedures,** Guilford Press, New York 1995

Skinner, B.F. **About Behaviourism,** Cape, London 1974

Tomatis, A. **Education and Dyslexia,** France-Quebec Editions, Montreal 1978

Wolpe, J. and Abrams, J. **Post-traumatic stress disorder overcome by eye movement desensitization: a case report,**

Journal of Behaviour Therapy and Experimental Psychiatry, 22(1), 39-43. 1991

Recommended reading

Ayers, A.J. Sensory Integration and Learning Disorders,
Western Psychological Services, Los Angeles 1978

Bates, W.H. Better Eyesight without Glasses,
Thorsons, California 1977

Cozolino, L.J. The Neuroscience of Psychotherapy,
W.W. Norton and Company, New York, 2002

Le Doux, J. The Emotional Brain,
The Orion Publishing Group, 1998

Rossi, E. L. The Psychobiology of Mind-Body Healing,
W.W. Norton and Company, Inc. London 1992

Schore, A.N. Affect Regulation and the Repair of the Self,
W.W. Norton and Company, New York, 2003

Tomatis, A. Education and Dyslexia,
France-Quebec Editions, Montreal 1978

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