

About brief Affect Regulation Therapy

Applied as a brief psychotherapy (1-12 sessions) A.R.T. has the following features:

- A.R.T. assists with regulation of fight, flight and freeze defensive arousal states.
- A.R.T. results include improvements in mood, in affect regulation and in several areas of personality function, such as cognitive functioning, learning capacity, resilience to stress, self-expression and socialization.
- A.R.T. uses standard psychotherapy interventions for accessing cognition, emotion and neuro-physiological status in relation to fight, flight, freeze arousal. Affect regulation is improved through conditioning and brain maturation.
- A.R.T. uses cognitive behavioural and psychodynamic personality development models. A more mature, resilient and adaptable personality is built both by desensitisation to stress and with the completion of psycho-social and sensori-motor developmental milestones.

Definition of affect regulation

Good affect regulation refers to the ability to maintain or increase positive feelings and wellbeing states and to minimise or regulate stress feelings and defensive states, as well as the ability to experience emotions appropriately.

Affect dysregulation may result from trauma, stress, developmental delays, or present as a co-morbid factor in mental health disorders.

Affect dysregulation has typical features: stress emotions (primitive affects) are easily triggered, are intense and overwhelming, diffuse and undifferentiated, accompanied by somatic sensations, and typically self-reflection and self-soothing capacities are inhibited. Dissociation is easily triggered and the baseline mood is pessimistic and anhedonic. Dysregulation may be mild, moderate or severe; and acute or chronic.

In contrast healthy affect regulation is characterized by a baseline positive or neutral emotional tone. Stress emotions, such as anger, fear, guilt, shame, immobilization and isolation, as well as euthymic emotions are experienced appropriately.

Emotions are well differentiated, can be expressed, modulated and controlled. The full range of emotions can be experienced with clarity, purpose, flexibility and accountability. Interpersonal boundaries are appropriate. Adaptive changes are made with speed and resolutions are achieved quickly.

Impacts of brief A.R.T.

A.R.T. has the potential to re-instate good affect regulation fast and effectively. The gains made can be lasting and are experienced as a new psychological skill by the client. Clients can report improvements in mood and a reduction of chaotic and overwhelming stress after one to twelve visits.

Therapists can observe improvements in client's emotional maturity as evidenced by a number of features of healthy affect regulation.

These can include experiencing a wider range of emotions, emotions are experienced more powerfully and with greater clarity, emotions are more clearly differentiated, emotions can be identified and named, speed of emotional response is increased and resolution is reached more quickly, expression of emotion is easier (less repression), emotions can be controlled, accountability increases, self reflection is raised, emotions are more situation appropriate, there is increased interpersonal flexibility and less rigidity, the level of social comfort is higher, interpersonal boundaries are healthier and empathy with others is raised, and the ability 'to think and feel at the same time' is increased, as well as the ability to verbalize emotions.

Very importantly the client experiences greater tolerance for emotion and less stress around emotions. Distress lasts for shorter periods of time and is less intense and uncontrolled. In addition pleasure states are increased and the baseline mood is more euthymic, while the dysthymic stress states are automatically decreased.

Several areas of personality function, such as cognitive functioning, learning capacity, resilience to stress, self expression and socialization can be observed to be positively impacted.

The value of A.R.T. is that therapy outcomes can be achieved speedily. Relief from stress and improvement in emotional control can occur rapidly, allowing clients to progress to the problem solving stage of therapy faster.

Pilot Study

A quantitative pilot study conducted in 2008 yielded these results:

Outcome measures: All new clients (N=20) attending a private psychology practice over a four month period completed a DASS 21 (Depression, Anxiety, Stress Scale) for the first five visits.

Interventions: Included a combination of standard practice client centered psychotherapy and desensitisation together with sensori-motor activities, including visual, balance, proprioceptive and auditory stimulation.

Main findings: Twenty subjects showed a 44 percent overall reduction in symptoms as measured on the DASS 21 after five treatment sessions. 86 percent of change was achieved within the first three visits.

Main findings are that A.R.T. has benefits for affect regulation and can also significantly broaden the range of positive impacts of psychotherapy on the personality.

Advantages of A.R.T.

A.R.T. assists clients to process difficult emotions at a comfortable pace. Stress levels can be lowered during a session and this evidence of progress is rewarding for clients. The comfortable experience and the immediacy of result raises clients' commitment to therapy and their motivation to make beneficial changes.

A.R.T. has the following advantages for clients: Clients can observe improvements in mood and can experience immediate stress relief. The methods are easy to use, have a relaxing effect and this change is effortless. Clients do not need to perform challenging self-managing tasks that require self-discipline. A.R.T. can assist clients who struggle to verbalise their thoughts and feelings, because language skills are not essential to the therapy process.

A.R.T. uses positive goal setting, which gives clients an orientation to a positive outcome and a yardstick for measuring their progress. A contract is made for a fixed number of sessions and progress can be evaluated, allowing the client to experience a sense of control.

A.R.T. uses extensive client education protocols. Charts illustrate central concepts, such as what stress is and how stress works. An information guide for clients explains the psychotherapy process and allows clients to better understand their life experiences, their problems and the potential for positive change.

A.R.T. also teaches positive and effective self-help tools. Clients learn practical and easy skills to lower stress at home, which they readily use on a regular basis. These are well-liked by children and adults.

When to use Brief A.R.T. in clinical practice

Observation in practice shows that Affect Regulation Therapy can have growth-promoting impacts on several areas of personality function and these can include rapid and maintained improvement in mood and emotional control.

Problems with affect regulation, i.e. the ability to regulate mood and control positive and negative arousal states, are prevalent in mental health disorders. The improvement of this capacity is of primary importance in any mental health intervention. Once affect regulation is in place, the next phase in treatment, namely problem solving and changes in cognition and behavior, can take place.

Therefore Affect Regulation Therapy can support a mental healthcare management program by improving affect regulation for a range of mental health conditions. This includes amongst others adjustment disorders, mood and anxiety disorders, ADHD, autism spectrum disorders, learning difficulties, cognitive impairment due to injury or stroke, personality disorders, acute stress disorder, trauma, stress and burnout, recovery from childhood and adult emotional, physical and sexual abuse, adults recovering from a childhood in dysfunctional families, families of war veterans and families and carers of persons with mental health disorders.

Therapeutic ingredients of A.R.T.

A.R.T. interventions are based on theories of personality development from humanistic, cognitive-behavioural, psychodynamic, neuro-physiological and developmental psychology.

The therapeutic ingredients include the empathic therapist and client relationship, self expression, self determination through positive goal setting, psycho-education, positive self care, mindfulness, relaxation training, desensitisation and conditioning, stress release and maturation of psycho-social and sensori-motor developmental milestones. Below are comments on five aspects.

Improving affect regulation through desensitisation

A.R.T. reduces hyper-arousal by conditioning clients to have a higher tolerance for stress emotions such as anger and fear. Exposure paired with intensive relaxation training desensitizes the client to stress. Clients report less negative reactivity to stress emotions and improved expression of emotions and action taking.

Improving affect regulation through psycho-social maturation

A.R.T. focuses on maturing social and emotional milestones using Erik Erikson's model of personality development. Affect regulation skills are first developed in early infancy and then further refined throughout the child to early adulthood development period. For example bonding between mother and infant establishes healthy attachment and is an important contributing factor to good affect regulation in the first eighteen months after birth. By maturing social and emotional psychological milestones A.R.T. raises many skills relating to affect regulation, including emotional control, range of affect, expression, clarity and appropriateness of affect and adaptability. Since delayed psycho-social development is a prevalent co-morbid factor in mental health disorders, maturation is an important therapeutic goal.

Improving affect regulation through regulating neural systems

A.R.T. can improve affect regulation by balancing two important stress and memory neural systems, namely the hippocampus and the amygdala. With every emotional response we have, both these neural systems are active and both influence response and memory. The amygdala takes care of fast, reflex and conditioned reactions to stress and the hippocampus takes care of slow, conscious and cognitively considered responses to stress. These two systems mutually regulate one another.

Ongoing or severe stress will impair this regulation. Under severe or chronic stress the hippocampus loses control over reflex amygdala generated stress responses. Once this control is lost the nervous system can be locked into chronic hyperarousal or reactivity. (Le Doux, 1998).

A.R.T. can re-instate regulation in this neurological circuit by improving the hippocampus' control over the amygdala generated stress reflexes. Once regulation has been re-instated the client experiences immediate stress relief and this gain can be maintained as raised baseline stress resilience.

Improving affect regulation through stress release

Psychologists anticipate a temporary increase in stress emotions such as anger, shame, guilt and fear in their clients during the course of both short and long term psychotherapy. This increase in stress emotions is viewed as serving a curative function, as it allows clients to integrate their life experience, mature and transform their views, attitudes, expectations and feelings and come to terms with their situation.

A.R.T. improves affect regulation by facilitating this therapeutic process of stress release. By targeting the fight, flight and freeze stress responses and accessing memory through cognition, emotion and neuro-physiological status, A.R.T. facilitates a rapid release of stress. Release of the stress emotions of anger, fear, shame, guilt, grief, apathy and isolation naturally raises resilience.

This means baseline stress levels are lowered and the mood is more euthymic. Clients report feeling less stressed and being more resilient when faced with new life stressors.

Improving affect regulation through psycho-education

Client education is central to A.R.T. and a model of personality development is communicated to clients with a user guide at the start of therapy. The guide contains the basic principles of the therapy, case studies and the process of growth initiated by A.R.T. When clients understand the impacts of psychotherapy they can make an informed choice about participating in therapy and as a result their commitment to therapy and to their own self care is raised.

A.R.T. can complement other psychotherapies

A.R.T. is complementary to other psychotherapy models and can be helpful as a preparation for therapeutic interventions such as CBT, EMDR, hypnotherapy, mindfulness, brief and long term psychotherapies, psychodynamic psychotherapy, relationship therapies, Somatic Experience Therapy, family systems therapy and Acceptance and Commitment Therapy.

Training

Psychologists, psychiatrists, GP's and clinical social workers can use Brief A.R.T. after completing Level 1 and Level 2 Affect Regulation Therapy training.

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

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.*

In 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..Nortonand 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

Author: Anca Ramsden

Anca Ramsden is a registered clinical psychologist with over 27 years experience working with adults and children, both in a hospital mental health care setting (adult psychiatric out-patients and child and family units) and in private practice. She develops courses and trains health and education professionals in Affect Regulation Therapy and offers client consultations at her practice in Sydney, Australia.

Contact us

For more information

www.affectregulationtherapy.com

bestmindset@bigpond.com