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Specialising in Personality Disorder and Complex Trauma

Supporting Emotion Regulation in inpatient settings

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Eastern Health

Acknowledgement of country

We acknowledge the traditional custodians of the land on which we meet today, pay our respects to elders past, present and emerging and acknowledge any First Australians who may be present

Acknowledgement of lived experience

We acknowledge people with lived experience of mental ill-health and recovery and the experiences of those who support them, including carers, families and supporters. The voices of people with lived experience inform our work.

We recognise the vital contribution of lived experience at all levels and value the courage of those who share these unique perspectives for the purpose of learning and growing together to achieve better outcomes for all.

Supporting Emotion regulation in Inpatient Settings

- What is it to be emotionally regulated?
- Emotional dysregulation ?
- How to support someone experiencing dysregulation ?
- Vignette .
- Discussion

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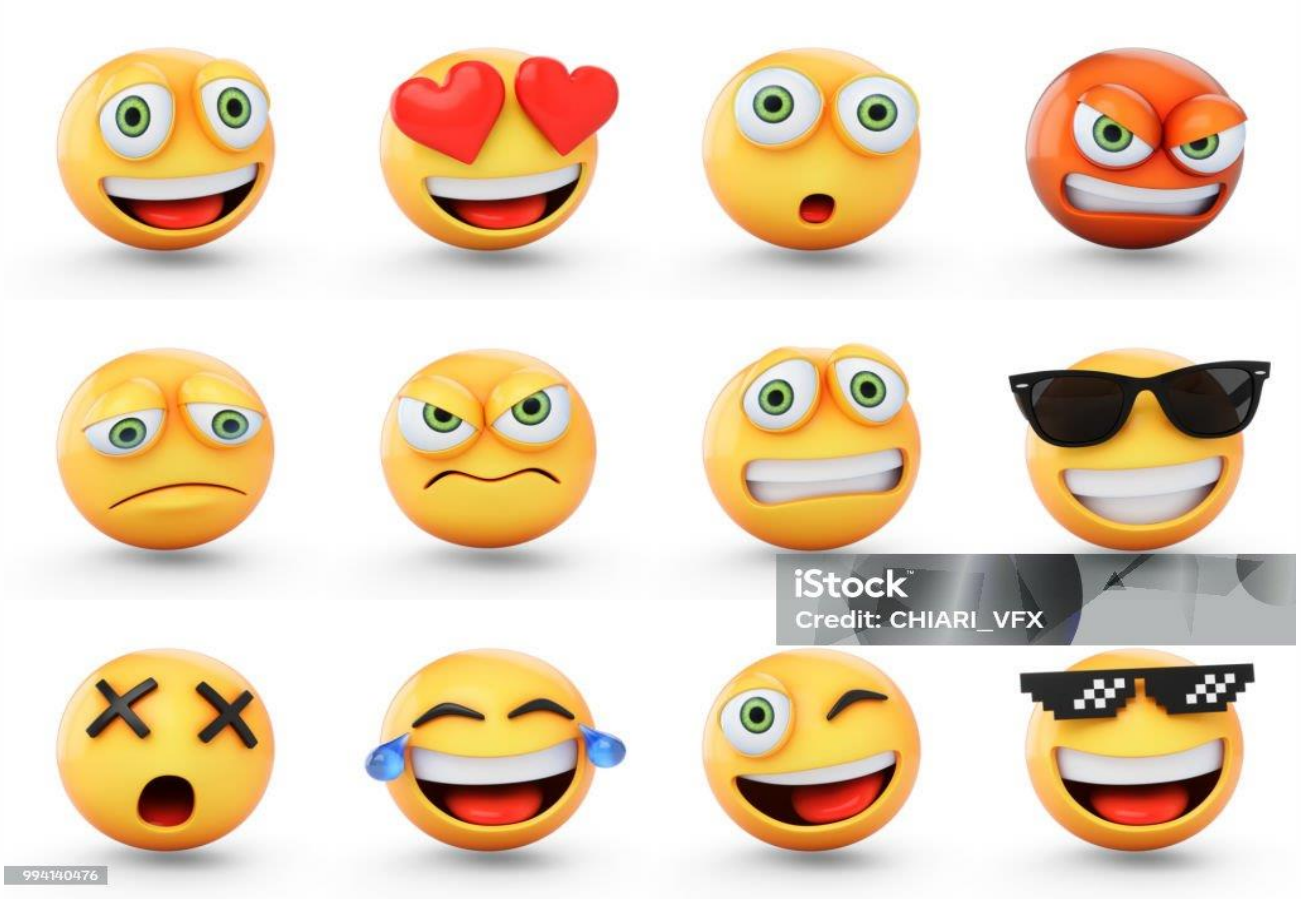
Managing vs Supporting



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DSM-5 BPD

- Frantic efforts to avoid real or imagined abandonment (Note: Do not include suicidal or self-mutilating behavior covered in Criterion 5)
- A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation
- Identity disturbance: markedly and persistently unstable self-image or sense of self
- Impulsivity in at least two areas that are potentially self-damaging (e.g. spending, sex, substance abuse, reckless driving, binge eating) (Note: Do not include suicidal or self-mutilating behavior covered in Criterion 5)
- Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior
- Affective instability due to a marked reactivity of mood (e.g. intense episodic dysphoria, irritability or anxiety usually lasting a few hours and only rarely more than a few days)
- Chronic feelings of emptiness
- Inappropriate, intense anger or difficulty controlling anger (e.g. frequent displays of temper, constant anger, recurrent physical fights)
- Transient, stress-related paranoid ideation or severe dissociative symptoms

ICD-11 Personality Disorder

- characterised by problems in:
- Functioning of aspects of the self (e.g., identity, self-worth, accuracy of self-view, self-direction),
  and/or interpersonal dysfunction (e.g., ability to develop and maintain close and mutually satisfying relationships, ability to understand others' perspectives and to manage conflict in relationships) that have persisted over an extended period of time (e.g., 2 years or more).
- Manifest in patterns of cognition, emotional experience, emotional expression, and behaviour that are maladaptive (e.g., inflexible or poorly regulated) and is manifest across a range of personal and social situations (i.e., is not limited to specific relationships or social roles).
- Not developmentally appropriate and cannot be explained primarily by social or cultural factors
- Associated with substantial distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

CPTSD

- 1) problems in affect regulation;
  2) beliefs about oneself as diminished, defeated or worthless, accompanied by feelings of shame, guilt or failure related to the traumatic event; and
  3) difficulties in sustaining relationships and in feeling close to others.
- These symptoms cause significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

What is it to be emotionally regulated ?

American Psychological Association Definition:

The ability of an individual to modulate an emotion or set of emotions

Explicit emotion regulation requiring **conscious monitoring**

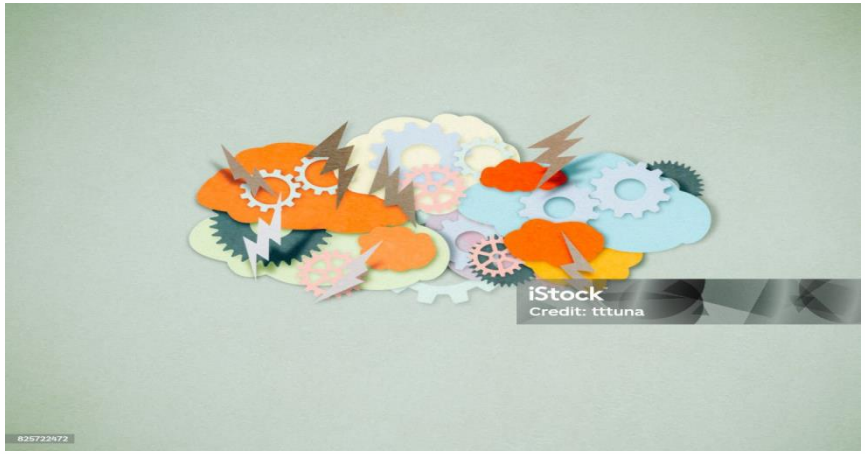
Implicit emotion regulation operates **without deliberate moderating**

Why is it important ?

- Emotion regulation gives us flexibility in emotional responding in accord with a persons momentary and longer-term goals in most any situation.

Characteristics influencing the capacity to regulate.

- Self awareness and capacity to mentalise self and others
- Capacity to Understand and express emotions
- Effective and Adaptive Coping
- Psychological Flexibility



Emotional dysregulation

- A common human experience
- Defined as an excessive or otherwise poorly managed mechanism or response .
- An extreme or inappropriate emotional response to a situation (eg. Temper outbursts , dissociation , self harm) ..commonly associated with mental health conditions
- Types vary – Hyper arousal, hypo arousal.
- Overt presentations include emotional lability, tearfulness, fear, anger , agitation, irritability , reckless behaviour, dissociation.
- Covert presentations- Dissociation, disconnection, from others , self or the event , quietness etc…

The Experience of Dysregualtion

- Vulnerability and Distress
- High sensitivity to emotional stimuli and difficulty averting attention away from negative stimuli
- Intense responses with slow return to baseline
- Cognitive Distortions
- Difficulty controlling impulsivity (Anger, sadness, distress, isolation, dissociation, self harm suicidality)
- Physical experience of hyper or hypo arousal
- Difficulty organizing behavior consistent with longer term goals and values
- Feelings of subsequent self loathing , shame and guilt

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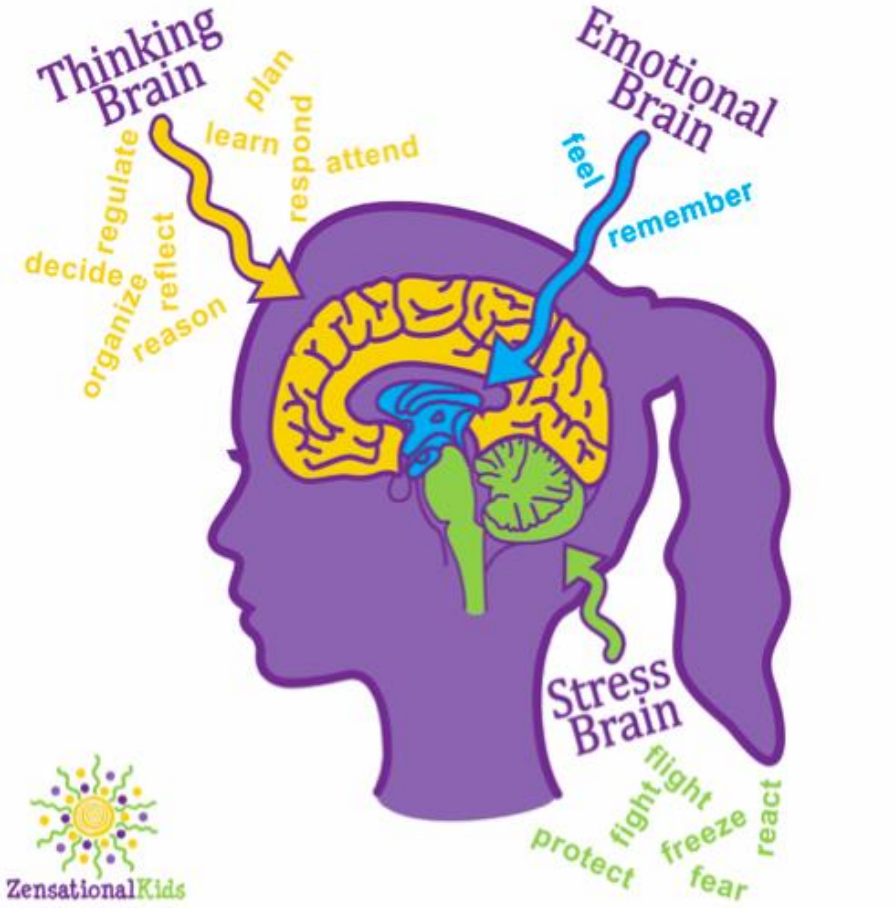
Brain Physiology



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Common Emotion Regulation Strategies

Avoidance

Rumination

Suppression

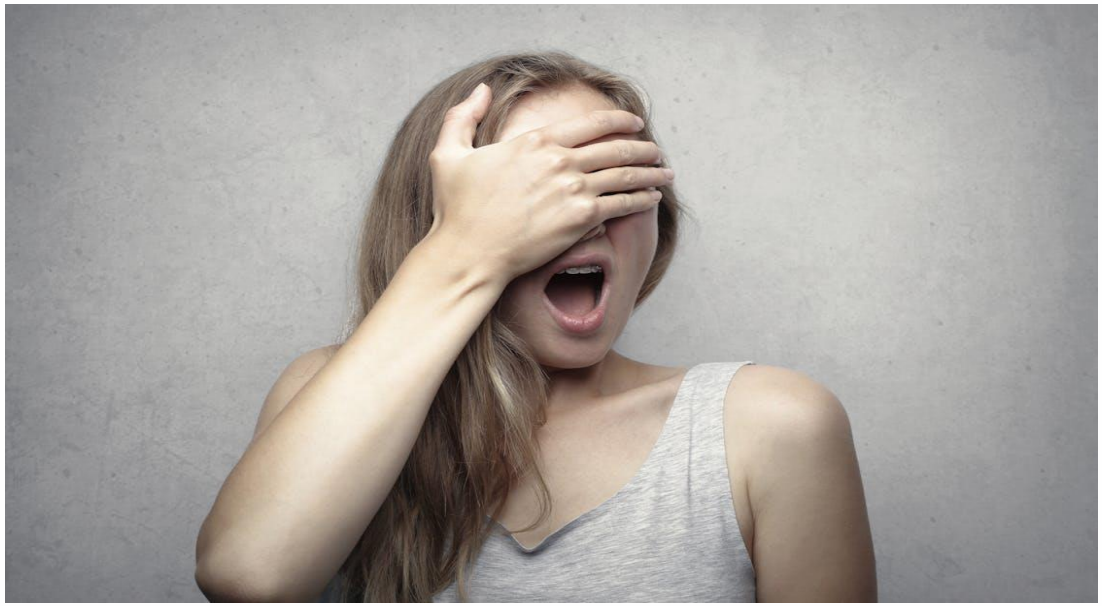
Cognitive Reappraisal

Mindfulness and acceptance

Problem solving

Self Regulation and co regulation

Regulate thyself



Supporting heightened arousal: Clinician Stance

Acceptance

Curious , interested not knowing stance

- Be present . Maintain a genuine curious, ‘not knowing’ stance about what is going on for the person
- The aim is to support the person to develop their own reflective capacity, to reflect on their experience rather than reacting to it
- Supporting Self-reflection to enhance self-regulation
- Persistent curious enquiry on the part of the clinician

helps to broaden the person’s mind to consider different perspectives

Supporting heightened arousal: Clinician Stance

Validation

- Is the key component of any therapeutic engagement (and relationship)
- Communicates that the person's responses make sense and are understandable in some way
- Involves searching for, recognising and reflecting the valid part ('the kernel of truth') of the person's responses to events
- Validate the valid, not the invalid!
- Demonstrates acceptance of the person, their inherent validity, taking them seriously

Listening
Sometimes saying nothing is more effective

Supporting heightened arousal: Listening

What gets in the way?

- Problem solving ……. Suggesting
- Asking too many questions about details.
- Force-fitting their ideas into your mental models
- Getting ahead of the speaker and finishing their thoughts.
- Saying, "Yes, but . . .," as if you, the listener, have already made up your mind.

Supporting Heightened arousal

1. Affect focus

When someone is in crisis or dyregulated they are consumed by their emotions

- Aim to de-arouse to allow thinking
- Use validation, curious stance and grounding techniques to decrease arousal, use words and soft tone, soothe, mark their experience

2. Exploration

Start to engage thinking

- put words to experience, understand events leading to the experience
- If the person becomes aroused go back to step one

Supporting Heightened arousal

3. **Move to solutions-focus cautiously**

This requires the person to be able to reflect and think

- not effective if the person continues to be aroused
- Where possible help them be autonomous and have a sense of competence in coming to a solution to soothe or deescalate
- Be aware of your own pull to “fix it and make it better”

Sometimes the solution is to tolerate unbearable emotions without action

Anger

Defuse, de-escalate, decrease arousal

- Focus is completely on de-escalation
- Validate, communicating acceptance (I understand you are angry…) vs a questioning validation
- Do not challenge, avoid confrontation
- Ignore abusive comments, focus on valid ones
- If ignoring abusive comments doesn't work, can set limits on them, but without judgment, with a firm gentleness, and re-focusing the person on how we can help now
- Open posture, talk slower and lower, but clearly
- Use distraction, movement

Anger continued

- Communicate curiosity… “can you tell me more about that?”, “what happened after that?”
- Questions that lead the person to explain, rather than argue, can help lower the arousal
- If anger is about staff, resist urge to be defensive, stay calm and enquiring, validate the part that is valid and ignore the non-valid part until arousal is reduced
- Humour can help, lightening the situation
- Know limits of what you can manage and ensure yours and others safety

Distress & Anxiety

Utilise:

- Validation
  - Focus on the emotion underneath the distressed content and validate that
- Softer voice, but clear and firm
- Try breathing and grounding strategies, do them with the person
  - Grounding using the senses, sight, hearing, physical body (Might have sensory objects available, stress balls etc)
- Movement can help
- Distraction, re-connect with functional areas of life, gradually open the person to other perspectives and to safety planning if able to engage the person in this (after arousal is reduced)
- If the person does not engage, continue to focus on supporting maximum autonomy, assume competency, avoid taking responsibility as much as possible

Supporting heightened arousal

- Person centered compassionate approach
- The therapeutic relationship
- A Collaborative plan if possible
- Early intervention - Lean In
- slow down
- Reduce external stimuli and offer a private space

Supporting heightened arousal

- Time . Be fully present
- Aim to help where possible .
- Keeping promises
- Sensory modulation
- Move to problem solving much later review

Tolerating Distress

Higher level of emotional arousal

- Exercise
- Paced breathing
- Distract
- Imagery
- Self Soothe
- Relaxation

Lower level of emotional arousal

Afterwards

- Medical intervention or clearance
- Check on co clients
- Reflect - relationship with self and others
- Processing
- Debrief
- Supervision