

# About brief Affect Regulation Therapy

## Definition of affect regulation

*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. Affect Regulation Therapy aims to improve the ability to produce an appropriate emotional response to any given situation.*

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

- Assists with regulation of fight, flight and freeze defensive arousal states.
- Results include improvements in mood, in affect regulation and in other areas of personality function, such as cognitive functioning, learning capacity, resilience to stress, self-expression and socialization.
- Uses psychotherapy interventions that access cognition, emotion, physiological status and sensori-motor functions. These interventions trigger brain development and complete neural organization milestones in adults and children and thus build a more mature and adaptable personality.
- Is a developmental therapy model that tracks and matures psychological and sensori-motor milestones.

## Research

### QUALITATIVE

Observation in clinical practice over eighteen years has shown that Affect Regulation Therapy has growth promoting impacts on a number of personality functions. These can include rapid and maintained improvement in:

- Mood
- Regulation of euthymic and dysthymic affect states
- Several emotional skills, such as emotional awareness, control, expression, range, flexibility and accountability
- Several areas of personality function, such as cognitive functioning, learning capacity, resilience to stress, self expression and socialization

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. Therefore this approach can be considered to be adding valuable techniques and concepts to the body of knowledge of the psychotherapy repertoire.

## **QUANTITATIVE 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 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.

## **Advantages of A.R.T.**

The advantages of A.R.T. can raise client commitment to therapy and to change. Advantages include:

- Fast and observable improvements in mood and immediate stress relief
- Relaxing user friendly methods and effortless change
- Goal setting and contracting for a set number of sessions
- Client education protocols
- An information guide for clients about the psychotherapy process
- Self help features: A.R.T. offers practical, easy, effective and well liked self management skills for clients to use at home

## **When to use A.R.T. in clinical practice**

Problems with affect regulation, i.e. the ability to regulate mood and control positive and negative arousal states, are common to most 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 in many mental health disorders. This includes amongst others adjustment disorders, mood and anxiety disorders, ADHD, learning difficulties, neural deficit disorders, personality disorders, acute stress disorder, trauma, stress, recovery from childhood and adult emotional, physical and sexual abuse and for adult children of dysfunctional, of alcoholic families, of war veterans and adult children of parents with mental health disorders.

## **A.R.T. complements other psychotherapies**

A.R.T. is complementary to many psychotherapy models, including CBT, EMDR, hypnotherapy, brief and long term psychotherapies, psychodynamic and relationship therapies, somatic experience therapy, systems therapies.

## **How it works**

**Some central principles are:**

### ***A.R.T. uses a developmental model***

A.R.T. accesses developmentally based affect regulation systems by using psychotherapy interventions that access cognition, emotion, physiological status and sensori-motor neural integration. The beginnings of regulation of affect start in the earliest foetal stages of development with the fear paralysis reflex already active at six weeks after conception. Self-regulation of affect is seen as one of the primary psychological developmental goals in the first eighteen months of infancy. It is known that regulation of the fight, flight, freeze arousal states is intimately linked with social-emotional and sensori-motor developmental stages and that this regulation strengthens as the nervous system matures. A.R.T. uses psychotherapy to raise regulation by focusing specifically on these early milestones and also through the therapeutic relationship that replicates mother-infant bonding.

An example of A.R.T. as a developmental model for affect regulation, is the balancing of the hippocampal/amygdala affect regulation system. In adults, significant stress shuts down mature hippocampal control over conditioned reflex amygdala generated stress responses (Le Doux, 1998).

A.R.T. techniques re-instate mature nervous system regulation in this circuit. This intervention offers immediate stress relief and also maintains a raised stress resilience.

A.R.T. principles are based on the research, theories and practice of clinicians such as Jean Ayers, William Bates, C. H. Delacato, Erik Erikson, Sigmund Freud, Joseph Le Doux, Jean Piaget, Karl Pribram, Alan Schore, and Alfred Tomatis.

## **A.R.T. uses implicit and explicit memory systems**

Recent research into fear conditioning, affect regulation, attachment and bonding show that these areas of psychological development are intimately linked with the body based and sensory based self system, frequently operating outside of conscious cognitive awareness, without representation in symbolic thought at cortical level and definitely not in a linguistic mode. (Cozolino, 2002; Rothschild, 2000; Schore 2003). By working with the body based and sensory-based self system, we can gain access to implicit or unconscious memory. This provides an important key to affect regulation, since fight, flight and freeze arousal states operate primarily as unconscious and preconscious reflex responses to stress, originating from the earliest foetal stages of development and stored in the implicit memory system.

When we use a language-based psychotherapy to achieve change, we are relying primarily on an explicit or conscious memory system that has limited or no access to this material that may lie at the heA.R.T. of our client's problems. A psychotherapy that includes neuro-physiological and sensori- motor features can access these areas of psychological development directly, by working on the neural circuits of several regulation systems. The advantage for the client is enormous, as the therapy is using the client's natural psychological and emotional processing medium.

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## **Contact us**

For more information

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