

Keeping calm while others carry on

Dealing with Emotionally Dysregulated Clients



**Carol McPhail and
Frances Privitera**

Caxton Legal Centre
12 August 2020

Acknowledgement of country

Community Legal Centres Queensland acknowledges the traditional owners of the land on which we are holding this presentation, the Turrbul and Jaggara people.

We pay our respects to their Elders, past, present and emerging, and acknowledge the important role Aboriginal and Torres Strait Islanders continue to play in our society.

As this presentation is being viewed throughout Queensland, we also pay respect to the traditional owners of the land throughout the country and extend a warm welcome to any First Australians listening to this presentation.

GoToWebinar housekeeping

Facilitator:

- Carly Hanson, Sector Sustainability Coordinator, Community Legal Centres Queensland

Recording:

- This webinar is being recorded and will be available on the Staff Training page of our website: <https://communitylegalqld.org.au/clc-staff/staff-training-and-cle>.

PowerPoint / webinar materials:

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Presenters



Carol McPhail

- Medical Practitioner
- 20 years mental health experience
- 35 years medical practice experience.
- Junior solicitor in the Coronial Assistance Legal Service
- GP specializing in mental health in private practice



Frances Privitera

- Social Worker
- 6 years Medical Social Worker
- 8 years working in the Seniors Legal and Support Service Program at Caxton Legal Centre



Caxton Legal Centre



Caxton Legal Centre represents the interests of people who are disadvantaged or on a low income when they come into contact with the law.

We do this by strategically advocating to government, providing legal advice and social work services, publishing legal information and building community awareness about the issues faced by the people we help.

Caxton has played a central part in Queensland's legal landscape over the past 40 years, leading the state's first Stolen Wages case, successfully representing well over 100 victims of the 2011 floods and paving the way for multidisciplinary service delivery to people experiencing elder abuse.

Aims of this webinar

- To appreciate the prevalence and associations of emotional dysregulation in the general population.
- To understand the basic neurophysiology of emotional dysregulation
- To use this knowledge to better understand and work more effectively with clients who experience emotional dysregulation.

What this webinar covers

- Introduction
- Definitions
- Associated Conditions
- Prevalence
- Neuroanatomy of Emotional Regulation
- Neurophysiology of Emotional Regulation
- Development and Neuroplasticity of Emotional Regulation
- Effect of Mindfulness-based therapies
- Strategies to help you manage clients who present emotionally dysregulated



Humans are likely the most emotionally regulated creatures on earth.(Tottenham 2017)



Introduction

We can modulate and modify emotional reactions and experiences, even very intense ones, through a large and sophisticated emotion regulation repertoire which includes:

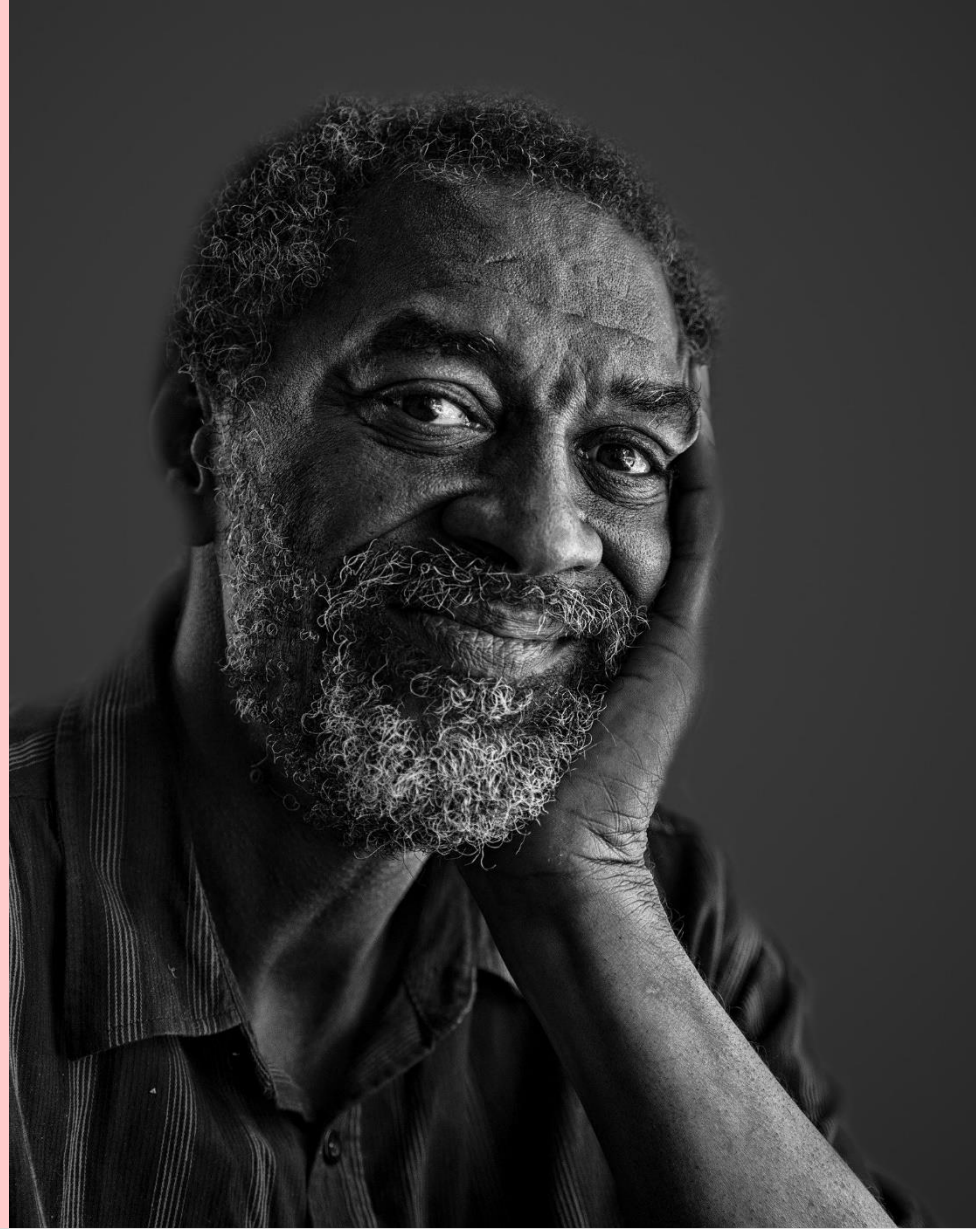
- Distraction
- Reappraisal
- Language prediction
- Social interaction and suppression.

Slow development of the emotion regulation system may confer benefits through an extended period of neural plasticity that heightens its ability to learn from the environment **BUT** also renders it susceptible to environmental pressures.

Definitions

EMOTION = a mental state that arises spontaneously, rather than through conscious effort, and is often accompanied by distinct physiological changes, and includes:

- Anger
- Disgust
- Fear
- Happiness
- Sadness
- Surprise



AFFECT /MOOD = the conscious experience of emotion.

EMOTIONAL DYSREGULATION = a range of behaviours including:

- Mood lability (shifting rapidly between negative and positive moods); and
- A succession of negative emotions with uncontrollable intensity and duration
- Limited ability to contain emotions or engage with interventions to that end.
- Associated impulsive behavioural responses.

Associated Conditions

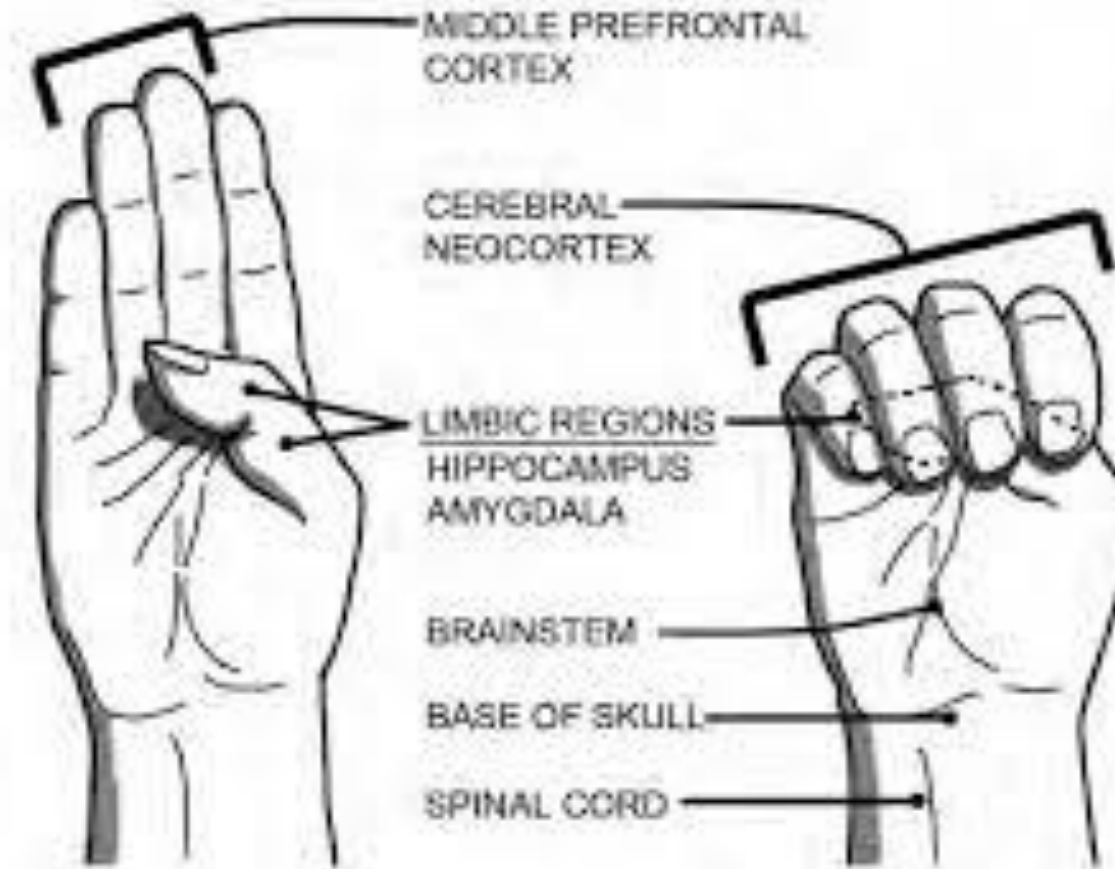
- Major Depression
- Generalised Anxiety Disorder
- Post-traumatic Stress Disorder
- Complex PTSD
- Borderline Personality Disorder
- Substance Use Disorders
- Attention Deficit Hyperactivity Disorder
- Bipolar Affective Disorder
- Autistic Spectrum Disorder



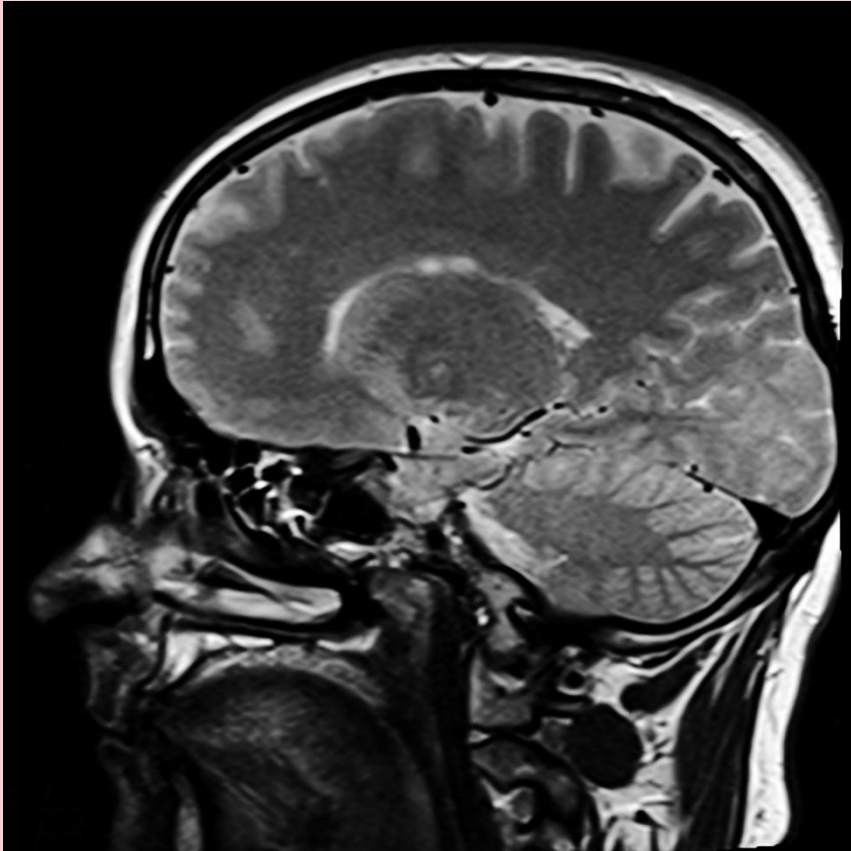
12 Month Prevalence in Australia

- Anxiety Disorders -14.4%
- Depression and Affective Disorders - 6.4%
- Substance Use Disorders - 5.1%
- PTSD – 4.4%
- ADHD – 3%
- Borderline Personality Disorder – 2-5%
- Autistic Spectrum Disorder – 1-2%

Neuroanatomy of Emotion Regulation System



Neuroanatomy of Emotion



- The Limbic System (reptile brain)
- The Sympathetic Nervous system
- The Medial Prefrontal cortex

Limbic System

A set of brain structures located above the brain stem and below the cortex.

- Involved in emotions and motivations related to survival.
- Thalamus (Data Analyst): relays sensory data to and from the cortex and spinal cord.

Limbic System

- Hypothalamus: Relays internal data to and from thalamus and mediates secretion of hormones associated with emotions by activation of autonomic nervous system.

Limbic System

- Amygdala (Emergency Alarm): functions related to survival-arousal, fear, anger and sexual responses

Limbic System

- Hippocampus (Memory Indexer): sends emotional memories to cortex for long-term storage

Prefrontal Cortex

‘Mission Control’:

- Neocortex located above the eyes.
- Acts as a convergence zone with connections to the limbic system and the cerebral cortex.
- Coordinates cognitive analysis of social events (cerebral cortex) and emotional reactions mediated by amygdala.
- Integrates internal and external information from sensory system and hypothalamus.
- Critically involved in emotional regulation by regulation of amygdala.

Sympathetic Nervous System

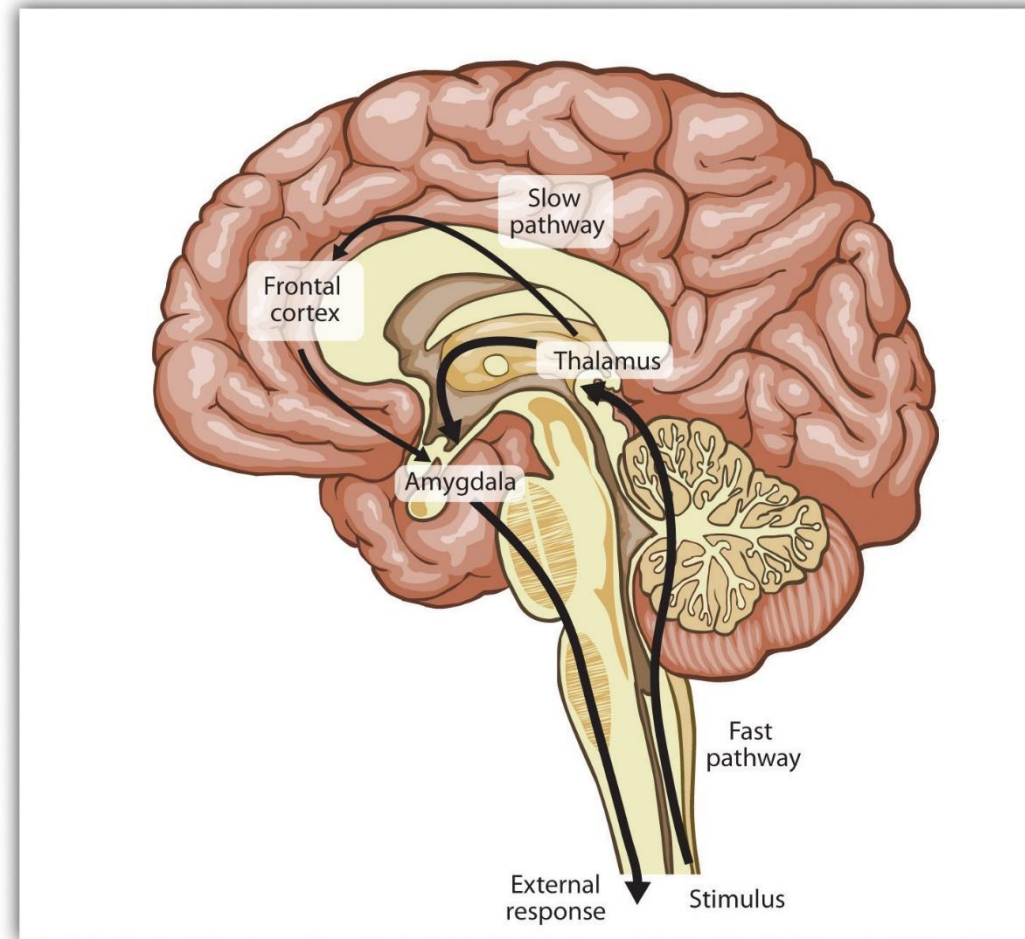
Distress signal from amygdala -> hypothalamus -> activates sympathetic nervous system by sending signal through autonomic nerves to adrenal glands to secrete adrenaline.

Adrenaline causes cascade of physiological changes called the **FIGHT OR FLIGHT RESPONSE**

Fight or Flight Response

- Increased Heart Rate
- Increased Blood Pressure
- Increased respiratory rate
- Increased alertness
- Sight, hearing and other senses enhanced
- Release of stored sugars and fats into blood stream

Emotional Response Pathways



Functional Imaging

Functional Magnetic Resonance Imaging (fMRI):

- Powerful electromagnet used to orient hydrogen atoms in brain cells in same direction.
- Radio signal passed through field.
- Different tissues resonate at different frequencies.
- Blood oxygen level-dependent (BOLD) signals measure oxygenated blood supply which correlates with activity of different regions of brain.
- Activation patterns demonstrate function of different regions of brain with different conditions.

Development of Emotional Regulation

- The prefrontal cortex is one of the last brain regions to develop
 - Human fMRI studies show that development of the PFC (mission control) continues well into adulthood.
-
- Communication between the PFC and the amygdala is different in childhood from adulthood.

Normal Adult Emotional Regulation

- PFC activity is **anti-correlated** with amygdala activity.
- Increased PFC activity is associated with decreased amygdala activity in response to emotional stimuli.
- Adults who exhibit anti-correlated amygdala-PFC communication in response to emotional cues are those with **better emotional regulation**

Childhood Emotional Regulation

Children do not use PFC for emotional regulation in the same way because it is not fully developed.

Parents/caregivers serve as **external social regulators** during time of PFC immaturity.

- Parental cues:
 - Affect amygdala activity
 - Modulate stress reactivity and fear learning
 - Provide instruction to PFC development

Sensitive Period for ER Development

Human fMRI demonstrates massive development in connections between amygdala and PFC between **weaning and puberty**.

Middle childhood seems to be sensitive period for development of emotional regulation/dysregulation.

Exposure to **trauma, childhood abuse or neglect** is most associated with emotional dysregulation in adulthood.

Post-traumatic Stress Disorder

Criteria (DSM-V)



A. Exposure to event which involved (real or perceived) threat of:

- Death
- Serious injury
- Sexual violation

B. Intrusive symptoms:

- Traumatic memories
- Re-experiencing/ flashbacks
- Nightmares
- Distress/ somatic symptoms with reminders

PTSD (cont.)

C. Avoidance:

- Of thoughts/feelings or physical feelings which are reminders of traumatic event
- Of people/places/objects/situations

D. Negative Symptoms

- Memory lapses for event
- Negative evaluations of self/others/world
- Self-blame or blame of others
- Pervasive negative emotional state
- Loss of interest in enjoyable activities
- Detachment from others
- Anhedonia.

PTSD (cont.)

E. Arousal Symptoms

- Irritability/ aggression
- impulsivity/self-harm
- hypervigilance
- difficulty concentrating
- sleep disturbance

F. Duration

- More than one month

G. Impaired Function

- Symptoms impact on several areas of life

Neurophysiology of PTSD

Most:

- Loss of top-down inhibition over limbic regions:
 - Hyperactivity of amygdala and limbic system
 - Hypoactivation of PFC

Dissociative PTSD:

- Excessive inhibition of limbic structures
- Abnormally high activation in PFC

ALL:

- Abnormal hippocampus function -> reduced extinguishment of fear responses

Borderline Personality Disorder

Criteria (DSM-V)

Pervasive pattern of instability in interpersonal relationships, self-image and emotion beginning by early adulthood and present in variety of contexts

Indicated by 5 or more of:

- Frantic efforts to avoid abandonment
- Pattern of unstable/intense relationships with 'splitting'
- Unstable self image/identity disturbance
- Impulsive, potentially harmful behaviours
- Recurrent suicidal or self-harming behaviour
- Emotional instability
- Chronic feelings of emptiness
- Inappropriate intense anger
- Transient stress-related paranoid symptoms or dissociative symptoms

FMRI findings in BPD

- Small volume PFC
- Sparse connectivity between PFC and limbic structures
- Small Hippocampus

Mindfulness- Based Therapies

Two components:

1. Self-Regulation of attention in the present moment
2. Orientation of experience with attitude of curious openness and acceptance.

MRI Changes with Mindfulness

- Decreased amygdala density after 8-week mindfulness meditation programme (Holzel 2010)
- Increased thickness of PFC (Lazar et al, 2005)
- Changed PFC activity and amygdala responsivity (Frewen et al, 2010)
- Mindfulness increased PFC activity and reduced amygdala activity (Modinus et al 2010)

Applying Mindfulness

- Self- regulation of attention:
 - ‘Grounding and anchoring’- self and client using the senses to orient self to the present moment
 - Modelling emotional regulation
- Orientation of Experience with an attitude of curious openness and acceptance:
 - ‘Noticing’ language
 - Neutral/ calm tone of voice

Introduction

Now that we have a basic understanding of the neuroanatomy and neurophysiology of the emotional regulation system I will discuss some strategies to help you manage a client who is currently unable to emotionally self-regulate.



CLC Land

Working in CLCs our demographic constitute some of the risk factors associated with emotional dysregulation.

It is very likely that at some point in your career you will come across someone who needs your support in emotional regulation.

It is handy to have some strategies to draw on when you encounter a client who will benefit from them

What strategies can we use to support and assist someone displaying emotional dysregulation whilst also taking care of our own safety?

- Being able to stay emotionally regulated yourself is the easiest way you can manage emotionally dysregulated clients
- This helps to co-regulate your client

Client's presentation

So if a client presents or becomes agitated, defensive or crying ...you staying calm and sane makes them feel safe

Speak to them in a friendly, calm voice telling them how you can help them within the limits of the service....(this sets boundaries and helps to manage their expectations)

Listening, acknowledging and validating your client's experience/matter with compassion helps them to feel heard without judgement

Client's Presentation

- Remember, when a client seeks justice through the legal sector they are expecting a certain outcome and sometimes this outcome is not possible. Sometimes clients can start to feel overwhelmed by their legal matters and get so stressed it limits their coping mechanism abilities.
- If you are having difficulty containing any strong client emotions and they start to get angry, yell or cry uncontrollably....remember it is not about you personally

Consider underlying MH issues

Consider whether your client has an underlying MH dx and remember the fight/flight response. When people are in fight/flight response they are operating from their reptile brain and are in survival mode.

When clients are operating from their reptile brain it knocks off their higher cognitive functions and therefore interferes with decision making and behaviour. If your client's behaviours start to escalate you may have to intervene at this point before they become unmanageable.

Practical Strategies

The following suggestions may help:

- suggest a 5 minute break...
- offer them a cup of tea/coffee or water...
- they might like to go for a walk outside...
- Ask if they want to speak with a Social Worker
- They might like to ring a family member/friend
- Refer to an appropriate community agency e.g. MH service, DV service

Therapeutic Exercises

- Breathing exercises
- 5-4-3-2-1 Mindfulness exercise (5-see, 4-touch, 3-hear, 2-smell & 1-taste)
- Somatic grounding exercises



Safety

Remember your safety and their safety is paramount...if nothing is calming the client and you feel their emotions are starting to escalate ...go and get a colleague for support

You may have to reschedule them to come back at another time

Depending on the situation, if things intensify and you are fearful for yourself and/or for them, you may need to call the Police or Ambulance

Debriefing

It IS draining to manage and co-regulate a client's emotions, so it is important to debrief after these sometimes confronting and intense interactions:

- with a colleague
- with a supervisor
- with family/friend (so long as confidentiality is not breached)
- or access one of the free and confidential organisations listed on the Community Legal Centres Qld website for support.

Be mindful of the following:

- Cultural differences in emotional expression
- Communication is mainly non-verbal
- Trust your gut instincts
- Current stresses of Covid-19 and impact on MH
- Legal matters are stressful - Clients feeling overwhelmed cope less well.
Survival mode - Reptile brain in overdrive limits cognitive capacity and impacts on decision-making abilities and behaviour- they may need help to co-regulate their emotions
- Anxiety is infectious – practice good self care

Practice good self-care

- To stay emotionally regulated we need to take care of ourselves in every aspect of our lives both personally and professionally.
- Good self care helps us to stay calm in the midst of a crisis and therefore more capable of safely containing intense emotions that may appear as disproportionate to the situation

Good self-care

- Don't underestimate the power of good self care in maintaining a healthy and balanced state of being.
- Good self care includes the following:
 - Develop loving, positive relationships with others
 - Eat a well balanced diet
 - Get adequate sleep
 - Exercise regularly
 - Look after your spiritual self
 - Seek help/support when needed
 - Have fun along the way

