

Learning Emotional Regulation Skills to Reduce Negative Emotions Daniel Molina Clinical Mental Health Counseling Program

Description of the Intervention

- The intervention that was implemented is Emotional Regulation From DBT.
- The goal is to reduce vulnerability to negative emotions.
- The theory operates under the assumption that people fear negative emotions because of negative implications of our selves and outcomes which leads to the denial of these emotions. Avoiding these emotions leads to increase distress.
- The objectives of improving Emotion Regulation are formed to provide skills and resources to reduce its vulnerable qualities such as hopelessness and helplessness.
- Emotions Regulation Objectives:
- Optimize self-care such as physical health, exercise, and sleep routine.
- “Build Mastery” by increasing productivity such as completing chores, errands, or participate in a hobby.
- “Model of Emotions”- triggering event, emotions, action urge, behavior, and consequences
- Learning how to identify emotions
- Changing Relationships to emotion
- Building positive experiences by removing barriers that prevent an individual from participating in activities they normally enjoy doing.
- Behavioral change is driven by acceptance, compassion, and validation.

Brief Review of the Research

- Emotional Regulation through DBT were initially designed for individuals with Borderline Personality Disorder.
- “The dysfunction in BPD stems from and is maintained by an ongoing transaction between an emotional vulnerability and the environment’s invalidation of the individual. (Kirby,2007).”
- Research has indicated that individuals with BPD who receive these interventions experience significant changes in the reduction of self-destructive behaviors such as: suicidal, self harm, anger, and improvements in coping skills such as distress tolerance and emotion regulation (McMain,2017).
- . In Ireland researched showed how effective DBT is with adolescents and adults with emotional and behavioral dysregulation (Flynn, D, 2017).
- DBT has been used effectively to treat individuals with ADHD that have emotional dysregulation issues. (Ricard,2013).
- Treatment has been implemented in a couple’s therapy setting by focusing on the individuals emotional dysregulation issues (Kirby,2007).
- Research has found that improving emotional regulation skills help increase resiliency and overall well being as a preventive measure (Justo,2018).

Clinical Problem Addressed

- Client is a female patient at a medication assisted program who receive Methadone for treatment.
- Patient has been treated for opioid addiction for or over 20 years.
- Longest period of sobriety was for 5 years.
- She is diagnosed with Major depressive disorder and Generalized anxiety disorder. She does see a psychiatrist and a therapist.
- Client’s perception of the symptoms of anxiety triggers increased distress. Uses the word worry to describe her anxiety and is self-critical for “worrying too much”.
- Family conflicts that stem from childhood trauma by being adopted and separated from four other siblings.
- Ongoing family conflicts perpetuates and maintains negative emotions. Patient described having a looming feeling of being hurt.
- Increase anxiety and depression has lead to relapses in the past which adds to the fear of not being able to manage stress.
- Patient expresses shame and guilt for not being able to manage her mental health and substance use issues.

Conceptualization of the Intervention

- Patient’s self-esteem and self-worth is being impacted by the relationship she has with intense negative emotions.
- She has described her struggles with anxiety and managing emotions as a “weakness”.
- A diminished self-view may be impacting how she interprets family conflicts by having a tendency to self-blame.
- Patient have a tendency of personalizing the action of other’s.
- Emotional Regulation strategies intends to intervene with these issues by reducing the need deny these emotions by changing the perceived notion of it being a weakness.
- Help patient acknowledge the positive and negative messages from intense negative emotions.
- Increase awareness how her interpretation impact emotions and behaviors.

Implementation

- Each session patient discussed specific examples of emotional stressful events that occur in the week leading up to the session.
- In between sessions she would record these moments in a journal in order to discuss it in the sessions.
- Used model of emotions to help patient be more mindful to her interpretations and emotions.
- Used scales to rate emotions as an assessment tool and to increase awareness in identifying emotions in the first session.
- As each session progressed patient seemed to increase awareness of her interpretation of stressful situations and began offer alternate perspectives.

Evaluation and Outcome

- On the first and fourth session patient rated a list of the following emotions on a scale from 1- 10: enjoyment, cautious, defensive, relief, regret, embarrassment, sadness, hurt, amusement, compassion, apprehension, and worry.
- On the third session depression scale was done at he beginning and a mood scale at the end.
- Overall mood disposition did not fluctuate.
- Her ratings were bit higher on negative emotions at the end. it might be because she underplayed the intensity on the first session because of the discomfort.
- She gave a rating to emotions she was unable to do so at the first session which may be a sign of increased awareness and improved comfort to talking about these emotions.
- Her rating for positive emotions such as compassion also increased.

References

- Flynn, D., Kells, M., Joyce, M., Suarez, C., & Gillespie, C. (2018). “Dialectical behaviour therapy for treating adults and adolescents with emotional and behavioural dysregulation: Study protocol of a coordinated implementation in a publicly funded health service”: Correction. *BMC Psychiatry*, 18.
- Justo, A. R., Andretta, I., & Abs, D. (2018). Dialectical behavioral therapy skills training as a social-emotional development program for teachers. *Practice Innovations*, 3(3), 168–181.
<https://doi.org/10.1037/pri0000071>
- Kirby, J. S., & Baucom, D. H. (2007). Treating Emotion Dysregulation in a Couples Context: A Pilot Study of a Couples Skills Group Intervention. *Journal of Marital & Family Therapy*, 33(3), 375–391.
<https://doi.org/10.1111/j.1752-0606.2007.00037.x>
- McMain, S. F., Guimond, T., Barnhart, R., Habinski, L., & Streiner, D. L. (2017). A randomized trial of brief dialectical behaviour therapy skills training in suicidal patients suffering from borderline disorder. *Acta Psychiatrica Scandinavica*, 135(2), 138–148.
<https://doi.org/10.1111/acps.12664>
- Ricard, R. J., Lerma, E., & Heard, C. C. C. (2013). Piloting a Dialectical Behavioral Therapy (DBT) infused skills group in a Disciplinary Alternative Education Program (DAEP). *Journal for Specialists in Group Work*, 38(4), 285–306.
<https://doi.org/10.1080/01933922.2013.834402>