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AFFECT MANAGEMENT SKILLS TRAINING

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Introduction

During the attachment phase of development (from birth to five or six months) and well into the separation-individuation phase (through the 24th month), pathways in the brain develop through the reciprocal, dyadic interaction between the primary mothering object and the infant. These pathways provide for cortical regulation of affects. At birth affects are regulated in the amygdala. Between the 10th and the 18th month, control shifts first to the cingulate and then to the right orbital frontal cortex (OFC). As Schore has described, the OFC is the highest level of control of the limbic system and represents a convergence zone that interfaces between affective, motor, sensory, and sympathetic systems. OFC regulation is acquired solely through the attachment process, and in fact Schore states, "Attachment is the dyadic regulation of emotion." Impaired attachment may be a causal factor in many disorders, presenting as affect dysregulation (flooding, alexithymia, avoidance, acting out) in the client. Affect Management Skills Training (AMST) provides a formulaic approach to remediating impaired affect regulation resulting from childhood deficit experience.

AMST is a necessary precursor to most therapies, and it is especially important in the treatment of ingestive disorders, including alcoholism, addictions to illicit substances, nicotine dependency, and eating disorders. Ingestive disorders appear during adolescence in an individual characterized by deficit experience(s) in childhood. Chief among the deficit experiences is less than good-enough care giving resulting in poor affect regulation. Additionally, the ingestive disorders are united in that in each a substance is hypothesized to provide the means for reenacting childhood emotional, psychological, physical, and/or sexual trauma. Furthermore, in the ingestive disorders, the abused substance facilitates a vicarious reexperiencing in a more-or-less dissociated state of unresolved affects assembled with the archaic trauma. These unresolved affects are often sequestered into an ego state that manages the unresolved and potentially overwhelming affect through the symptoms of the particular ingestive disorder.

Overwhelming affects are a significant feature of many Axis I and Axis II disorders, e.g., the anger management problems that are diagnostic of Borderline Personality Disorder (BPD) or the grandiosity of Narcissistic Personality Disorder (NPD). While research must be done to prove the point, it may eventuate that AMST can provide resources to manage affects that the BPD or NPD has previously acted out.

AMST means the development of tools and resources necessary to the recognition, detached observation, modulation, and overall coping with the range of affects available to a person. This exposition relies on the Affect Theory of Sylvan Tompkins as expostulated by Nathanson and on the work of Andrew Leeds and Deborah Korn, who originated the idea of Resource Development and Installation (RDI). AMST also derives from the work of Marsha Linehan and from Cognitive Behavioral Therapy (CBT). AMST employs eye movements (the EM of EMDR, Eye Movement Desensitization and Reprocessing), a specific type of Bilateral Stimulation (BLS), as a means to increase the effectiveness and efficiency of affect management skills acquisition. BLS, which may include eye movements (EMs), alternating auditory stimulation, or alternating tactile stimulation, is believed to activate the brain's innate information processing system. Once acquired, these skills are believed to persist, and clinical observation suggests that while the client may or may not be conscious of the operation of the skills, the skills are operative and lead to improvements in all dimensions of functioning (behavior, cognition, affect, and sensation), in self-concept, and in overall well-being.

Treatment for the ingestive disorders includes reprocessing the unresolved trauma and desensitizing the disturbing affects assembled with it. In order for the client to be able to desensitize these affects that have been previously compulsively reexperienced by means of the abused substance, it is necessary first to transmit the AMST skills cassette. With the skills in place, progress is possible in treating the presenting problem, because the client knows, both consciously and unconsciously, that the tools are in place to cope with disturbing affects as they arise, both in treatment and in the outside world. Without prior development of

AMST, the client is at risk for decompensation, disorganization, and relapse, since treatment will elicit affects the self is ill equiped to manage.

While empirical evidence exists to support EMDR and CBT, there is at present no empirical evidence beyond clinical impressions to support the AMST, and therefore these procedures must be considered experimental.

Containment Skill (Skill I)

The initial skill is containment, a resource to prevent intrapsychic intrusion of disturbing material. Containment is the first transmitted skill as it provides a means for controlling the intrapsychic field. In the case of the traumatized client, abusive parental introjects, destructive ego states, or intrusive trauma-coded memories can interfere with the process of AMST skills acquisition as well as with the subsequent therapy. AMST differs from other approaches in beginning with containment rather than with Safe Place. Clinical experience suggests that beginning with containment neutralizes introjects as well as trauma coded memories that often can prevent establishment of a safe place. Interference can take the form of shutting down affects, rendering sensations unavailable, or preventing access to images. Transmitting the containment skill as a first step effectively controls the potential of the introjects, ego states, and memories to derail therapy; it also empowers and reassures the client.

Following an introduction to the BLS process, the client is asked to design and visualize a container sufficient to hold "every disturbing thing." Assure the client that he does not have to know what every disturbing thing is. Explain that the container has a special valve that allows the client to take out a single issue and work on it in session without releasing the contents of the container. Incompletely processed material or newly surfacing material can always be added to the container through the same valve. Explain also that the container has a notice posted on it that states, "To be opened only when it serves my healing." The type of container the client creates will tell you a lot about "every disturbing thing" that she places in the container. Containers that have been observed in therapy include: Sherman tanks, munitions bunkers, pressure cookers, and safes as well as glass jars and heart-shaped cardboard boxes. Using BLS, which may be EMs, auditory, or tactile stimulation, elaborate the image of the container. When it is well elaborated, have the client visualize "every disturbing thing" passing into the container, and then seal (super glue, weld) the container. Suggest to the client that she does not have to look at the "disturbing things" going into the container, that it is enough to know they are going in.

Upon completing the installation, it is important to inquire what percent of "every disturbing thing" has gone into the container. This will give you information on the degree to which the client is attached to her "disturbing things." The installation will often also immediately uncover maladaptive beliefs, for example doubting the possibility of containing every disturbing thing, and may also immediately reveal the power of an introject or the client's attitudes toward the
introjected object. Recently a client stated, "I can hear my mother screaming at me from the container." Another client stated, "I feel bad putting my dad in the container, because I feel like if I move him from where he wants to be then he'll be mad at me and I'll be bad." In each case, these examples provided an opportunity to employ Leeds' and Korn's RDI which resulted in a successful containment. The clients were asked, "What quality would you need to have to complete the containment?" For the doubter, it was trust; for the woman whose mother was screaming, it was acceptance; for the woman who couldn't move her father, it was indifference. In each case an image constellating the necessary quality was evoked, and installed. Then the containment visualization was repeated, this time also holding the image constellating the needed quality. In all cases this procedure has resulted in 100% completion of containment.

If the client is having difficulty getting the last 10 to 20% into the container, you can develop an Alliance Resource by asking, "Who could help you get the remaining percent into the container?" The image of this ally—clients have evoked God, Jesus, angels, the Buddhist deity Tara—is brought into the container visualization, and any material that did not go in on the first pass is then added to the container through the special valve. With the "disturbing things" contained, AMST now proceeds to the safe place skill.

Safe Place Skill (Skill II)

The client's familiarity with BLS is further developed with the safe place skill. The safe place resource provides the client with an internal image of safety that is associated with cognitions, affects, and sensations. Following standard procedure, ask the client if she has an image that embodies the quality of safety. Often

these are beaches or wilderness places. If the client cannot access a memory associated with safety, shift the definition to one of comfort. If the client has never had a place where she felt safe or comfortable, ask her to imagine or create one. Make certain that she has never been abused, victimized, or traumatized in any place with significant associations to the place she has chosen as safe. If she has, develop a different one. Use BLS to strengthen all sensory modalities (visual, auditory, tactile, somatosensory, olfactory) relating to the image the client has chosen. When the image is well elaborated, ask the client where he feels the sensation of safety or comfort in his body, and strengthen this association to the image, using the Positive Cognition (PC) "The sensations in my (name of body location) tell me I am feeling safe (or comfortable)." When that association is firm, install the PC "I am safe" for the cognitive experience of safety. Ask the client to hold the visualization and assess the validity of the PC on a scale from one to seven (VoC). Increase to VoC = 7 before proceeding. Next, using BLS, associate the affect "I feel safe (or comfortable)" with the image, bringing it to VoC = 7. By these means affects, cognitions, and sensations of safety are all effectively associated with the image of safety. Further useful verbalizations are: "I am capable of creating safety for myself" and "I am worthy of feeling safe." This last verbalization may uncover negative self-attributions about self-worth. If they do arise, they must be addressed through an RDI as described under Skill I. Resistance to the verbalization of self-worth may also indicate the presence of a Protector Ego State, one that is often seen in abused persons. This ego state preserves the autonomy of the system by creating a self-attribution of unworthiness. Often if the child self was abused by a parent, the integrity of the self can only be maintained through the emergence of the Protector Ego State that holds the system's unworthiness. If such an ego state is observed, ego state interventions can be applied.

Next, have the client generate a cue word that evokes the safe place image, and use BLS to establish an association between the word and the image. Continue with a past template, asking the client to evoke the safe place using the cue word in association with a past incident (SUD < 4) where she would have liked to feel safe. Go on to repeat the visualization and resource mobilization with a future template, an upcoming situation where she can image wanting to feel safe.

Target Affect

Introduce the concept of affect management. In treating ingestive disorders, explain that since substance abusers are often reexperiencing unresolved affects through their abuse, we need to develop the resources to tolerate those affects in a healthier way. Select an affect as a target. Fear is always a good selection to begin with, since clients usually are experiencing fear about doing the counseling work, and developing AMST targeting fear will enable the counseling to proceed more smoothly. After working through the AMST with fear, return to a target affect that is one of the ones hypothesized as being reexperienced through the substance abuse, selecting an affect that is at a lower intensity level; for example, if the client is reexperiencing archaic shame through a substance, select the affect embarrassment as the target for AMST.

If at any time during this set-up, you become aware that your client is experiencing an affect in the present, immediately shift the target of your work to this affect. An affect that is presently being experienced provides a much more effective target for transmitting the AMST skill set.

Sensation-Affect Identification Skill (Skill III)

Ask the client to remember a situation when she felt the target affect at a level 3 or 4 (out of 10), and when a target has been identified, ask the client to relive the situation while doing BLS. Do not exceed 14 saccades in this phase, and often 5-8 saccades will be sufficient. You will know by the appearance of negative associational material. Have the client visualize the scene once without suggestions and see how much he comes up with. Then repeat the exercise, this time asking the client to notice where in her body she feels the index affect.

Repeat the exercise, this time bringing in the PC: "My (name of sensation) tells me when I am feeling (the index affect)." Ask her how true this is, using the VoC scale of 1-7. Continue with sets of saccades until the VoC = 7. This is the Sensation-Affect Identification skill.

Sensation as Signal (Skill IV) and Grounding Cord (Skill V)

The next two skills, Sensation as Signal (Skill IV) and Grounding Cord (Skill V), comprise a visualization designed to intervene both 'fast processing' in the limbic system and autonomic nervous system activation. By way of introduction, I will explain the primitive brain and 'fast processing' to the client. I will explain how

persons trapped in fast processing often 'act out', and I will suggest that the visualization we're about to learn can interdict the sequence and give the person control.

With facilitation via BLS, the client is asked to visualize attaching a cord to the tip of her spine and letting it down to the center of the earth. Have her tug each end to make certain it is firmly attached. Have her allow the earth to hang like a plumb bob from her spine, so that the grounding cord runs straight down. The clinician can suggest that the client just feel the weight of the earth gently holding her grounded and present. The client is encouraged to just experience being grounded and present.

With this visualization in place, the target scene is reintroduced, the client is reminded of the sensations that identify the target affect, and then these sensations are linked to letting down the grounding cord. With BLS, this cognition is installed: "These sensations in my (location of sensation) signal me to let down my grounding cord." (Sensation as Signal Skill) One purpose of this skill is to make mobilization of the Grounding Cord skill dependent upon a sensation, rather than a thought. Sensation-dependence will be more automatic, while cognition-dependence may leave the grounding cord deployment vulnerable to negative beliefs about the self. The clinician next suggests, "You now realize that you can stay grounded and present while you are feeling (name of target affect.)" This is installed with the cognition, "I can stay grounded and present while I am feeling (name of target affect.)" (Grounding Cord Skill) Continue with BLS until this PC has attained VoC = 7.

Witnessing Self (Skill VI)

The Witnessing Self skill is designed to transmit what has been called "hypnotic duality", the ability to "just watch" the self experiencing an emotion and associated sensations, images, and impulses to behavior. If necessary, explain that we are not asking for a dissociation, but for a "duality" of consciousness, that this will allow the client to feel her feelings, rather than her feelings having her. As you can see, the skills are cumulative. While facilitating with BLS, reintroduce the target visualization, remind the client of the sensations that identify the affect, strengthen the sensation as signal to let down the grounding cord, strengthen the grounding cord and ability to stay grounded and present, and then suggest that the client can "just watch" the sensations, memories, and cognitions, occurring while the client visualizes the target scene. The cognition, "I can just watch myself feeling (name of target affect)" is installed. Again, check the VoC. This skill can be expanded to "just watching" thoughts associated with the target affect, to "just watching" memories associated with it, to "just watching" other physical sensations associated with the target affect, and to "just watching" impulses for behaviors relating to the target affect. This is the Witnessing Self skill.

Garbage Chute (Skill VII)

Garbage Chute is a visualization that facilitates decreasing a negative target affect. After suggesting that the pay-off, the ability to decrease the disturbing emotion, is coming next, the client is asked what percent of the disturbing emotion he would like to get rid of. Clients often say "100%", but I suggest leaving at least 0.5% to avoid decompensating a system defined by the negative emotion. Have the client visualize a garbage chute or a similar disposal mechanism, e.g., bottomless pit. The client is returned to the target visualization and led again through the entire chain of skills, again with BLS to facilitate, and following Witnessing Self, the client is told, "Now that you are able to just watch these emotions, and sensations, and images, you realize you have the power to decrease them. See yourself collecting up (the agreed upon percent) of all the sensations, images, impulses, and thoughts. Put them in a big, black plastic bag. Tie it off. Now raise the lid on the garbage chute and drop the bag in. Hear it falling. Falling. All gone. Drop the lid." Install the cognition, "I can decrease my level of (name of target emotion.)" Again, assess the VoC. This is Garbage Chute, the affect modulation resource.

Upon completion of this skill set, ask the client to visualize all the work that has just occurred, the visualization and target affect, identification of sensations and association with the emotion, grounding cord, witnessing self, and garbage chute. Facilitating with BLS, as the client holds this visualization, ask him to repeat the PC, "I am capable of managing my (name of target affect)." Next install the PC, "I am worthy of managing my (name of target affect)."

Positive Affect

When the client has decreased the negative affect, with continuing BLS, suggest, "After a person has decreased a disturbing emotion like this, they sometimes feel new sensations in the body. Just take a moment

and look around and see if anything new has come up for you and let me know when you become aware of it." Continue the BLS for a bit longer, then stop, instruct the client to take a deep breath, let it out, and inquire, "What comes up for you now?" Sometimes clients will say, "I feel lighter", or "the tension's gone out of my neck." At this point, have the client review a list of positive affects people sometimes feel and select one that applies. A common example might be, "I feel free," or "I feel relieved." Repeat Skill III, Sensation-Affect Identification, installing the PC, "These sensations (name of sensation, e.g. "lightness", or location of sensation) tell me I'm feeling (name of positive affect.)" Now, point out to the client that she has previously demonstrated that she can down-modulate a negative affect, and explain that by the same means she can up-regulate a positive one. Have her focus on the target positive affect and its associated physical sensation and facilitating with BLS ask her to increase the affect and sensations by 10 %. As she succeeds at this, install the PC "I can increase my feeling of (name of positive target affect)." Avoid increasing positive affects by more than 10 % early in therapy, as positive emotion may overwhelm the system.

Once again, have the client visualize the work of the session, this time including the positive affect work, and as she holds this image, with BLS facilitation, install the PC, "I am capable of managing my positive and negative emotions." Next install the PC, "I am worthy of managing my positive and negative emotions." Finally, ask the client to repeat this PC, "I feel proud of my accomplishment." Resistance to this self-attribution of pride may indicate a shame-based self-concept. At this juncture, employ an ego state intervention.

Resources

A resource is an inner image of strength or power to accomplish a task. If at any time the client is unable to increase the VoC of a PC to seven, ask him what quality he would need to do so. The quality of courage often arises for clients in this regard. When the client has, with your facilitation, identified a necessary quality, ask her now to produce an image that embodies the desired quality. Explain that this image can be animal, vegetable, or mineral; it can be mythical, historical, or actual; it can be imaginary. When a suitable image has been elicited, strengthen it with BLS, emphasizing that the image embodies the target quality. Next, again facilitating with BLS, have the client merge with the target image. Helpful language includes verbalizations such as, "See the (name of target image). See its (enumerate some of the image qualities.) See how it embodies the (name of desired quality). Now, reach out and allow that image to merge with you. See it entering into you. As it enters, feel it bringing with it the (name of image qualities). Feel that image spreading out through your entire body."

Another useful resource, especially in the client for whom sensations associated with a positive affect did not spontaneously arise, is an image embodying a quality that will fill the vacuum left by dumping the target negative affect. Ask the client to identify what emotion he would like to have come in to fill the space left by dumping the target negative affect. Often this emotion will be hope. As above, ask now for an image that manifests or embodies the positive affect and facilitate the client's merging with the image using sets of EMs.

Attachment Remediating Visualizations (Safe Face Skill)

AMST also comprises visualizations to remediate the affective attunement and secure emotional holding portions of attachment that are often defected in disorders characterized by affective dysregulation. This Skill is called Safe Face. A specific form of resource, it is especially useful for the client whose actual mother was non-empathic and unattuned. Safe Face is the warm, empathic, nurturing maternal image. This visualization was suggested by the work of Wesselmann. It receives theoretical support from Schore's work, which stresses the importance of the maternal caregiver's facial cues in the development of affect regulation. The client is asked to visualize his ideal mother, the "mother that he always wished he had had." The client is informed that "we are not getting rid of your real mother, we are just providing the mother that you didn't have." Again, elaborate this image, instructing the client to see how the ideal mother's gestures, the tone of her voice, her verbal pacing, and her face all embody her qualities of unconditional love, acceptance, compassion, and affirmation. Next, using BLS, suggest that the client visualize this ideal mother expressing affective attunement: "I see that you are feeling (name of index affect). I want you to know that I have felt (name of affect) myself." Suggest that the ideal mother is holding and rocking the client in the visualization. You can instruct the client to rock in his chair as the ideal mother rocks him. This action can help remediate the physical connection piece of attachment that is often also missing in disorders of affective dysregulation. Direct the client to watch the ideal mother's face and notice how she expresses acceptance and warmth and compassion through her eyes and facial gestures. Now, suggest that the visualized ideal mother is expressing

secure emotional holding: "I want you to know that I love you and that my love is unchanged by your feelings of (index affect). I accept that you are feeling (index affect). My love for you is unconditional." Finally, have the client merge with this image of the ideal mother.

For clients raised without a father, or where father was emotionally or physically unavailable or was abusive, and who therefore lack an internal image of an understanding, supportive, accepting, and affirming secondary object (paternal introject), the Safe Face Skill can also be employed. As with the maternal object, have the client identify the qualities of the ideal father, visualize a male figure constellating these qualities, and install the image using BLS. This image can be used to support the client at any time emotions surface in therapy. For example, the client may experience anger at his actual father. In this case, ask the client to recall the ideal father visualization and to look carefully at his face as he says, "I understand that you are angry with me. I believe I know something about the anger you are feeling, because I was angry at my dad. I want you to know that I accept that you are angry at me. It's all right to be angry at me. I also want you to know that my love for you is unchanged when I learn you are angry at me."

Past Template with More Intense Affective Experience

Returning to the initial AMST affective target, the client can now recall a time in the past where she felt the index affect at a more intense level (SUD = 5-6-7) and mobilize all the resources she has developed.

Future Template

Continuing with the AMST work on the target affect, ask the client to visualize a time during the coming week when she expects to feel the index emotion. Assist her in developing the image. Using BLS to facilitate, have her apply the entire skill set to this template.

Self-worth and Self-efficacy

In subsequent sessions, inquire of the client how he has done between sessions with managing the target affect and use of skills. When the client demonstrates acquisition of the AMST skill set for recent actual affectively charged events, these successes should be strengthened. After collecting information on the successful events, reprise all the affect management work she did, then have her visualize it and bring the PC: "I am capable of managing my emotions" into the visualization with BLS facilitation. This is the resource of self-efficacy. When this has become completely true, repeat the visualization, this time embedding the PC: "I am worthy of managing my emotions." This is the resource of self-worth. Finish with the PC "I feel proud of my accomplishment."

Additional Resources

Several additional resources may be developed during the course of treatment as the opportunity presents itself. One, a variation of Napier's Optimal Future Self Visualization, is a self-image that constellates for the client who she will be now that the target affect is no longer defining her.

Another resource constellates the synthetic ego function, a function that allows the client to perceive himself ambivalently. This use of RDI was suggested by Nancy Errebo. A sample verbalization to the client might be, "You have now achieved a separation from this disturbing dependency that was troubling you. You were once dependent on this substance, and you no longer are. Can you come up with an image that will allow you to hold both parts of yourself at once, an image that embodies the old you that used the substance as well as the new you that no longer uses the substance." When the client has provided an image, install it using BLS. The synthetic ego function can also be applied to the primary mothering object. The client is instructed, "You have now arrived at a point where you can see the positive aspects of your mother and also the not-so-positive aspects. Can you give me an image that will allow you to hold both these aspects in one unitary visualization." Install this image with BLS.

Reality testing is the ego function that enables a person to distinguish between a felt need and the person or substance that gratifies that need. As above, ask the client to generate an image that embodies her ability to distinguish the need from the needs gratifier, and install this image using BLS. Using an example from treatment of alcoholism, instruct the client, "You now realize how alcohol facilitated your anger expression. Now you've put it in the chair, and it's outside of you. Give me an image that constellates this fact." Install this image with BLS.

Other useful resources include: a boundary or barrier against intrusiveness; a protector; and a sentinel (Resource of Awareness) to warn client when she is approaching a potentially dangerous situation

(one client developed a friendly dragon who sat on her shoulder and breathed fire into her ear, heating it up and warning her). In treatment of ingestive disorders, the Symptom Expressing Ego State is always converted to a sentinel or body guard whose new job description is to warn the client when he or she is experiencing the affect that was previously expressed through symptoms by that ego state.

At or near termination of treatment, you can employ Nancy Napier's Optimal Future Self Visualization. In this guided visualization, the client is led to meet his optimal future self. The visualization provides a healthy and very powerful pull from the future to provide the client with direction and goals that are internal.

Relapse Prevention

Ask the client to write a list of five situations from the past where the addictive behavior occurred or where thinking about it occurred. For each situation, have the client list what her behavior was prior to using, what her prior thoughts were, what her prior emotions were, and what her prior physical sensations were. Have the client also identify what recovery skills she could employ in each situation. Often the applicable recovery skills are affect management skills. Replay each situation, facilitating with BLS, and have the client visualize herself employing the affect management skills. Embed the PC, "I can use my affect management skills to prevent a relapse", using BLS. Bring the VoC to seven. When all situations have been worked through, ask the client what quality he would need to employ the skills. Often this quality is awareness. Have the client evoke an image that embodies the necessary quality, amplify it, and have the client merge with it.

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