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Mental Health | Professionals' Network

Webinar

Working Collaboratively to Support the Mental Health of Men Experiencing Difficulties Regulating their Emotions

Wednesday, 28th October 2015

"Working together. Working better."

Supported by The Royal Australian College of General Practitioners, the Australian Psychological Society, the Australian College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists

This webinar is presented by mhpn

Mental Health | Professionals' Network

Tonight's panel

Dr Michael Murray
GP (QLD)

Mr Tony McHugh
Psychologist (VIC)

Mr Simon Santosha
Mental Health Social Worker (QLD)

Facilitator

Dr Catherine Boland
Psychologist (NSW)

Ground Rules

To help ensure everyone has the opportunity to gain the most from the live webinar, we ask that all participants consider the following ground rules:

- Be respectful of other participants and panellists. Behave as if this were a face-to-face activity.
- Post your comments and questions for panellists in the 'general chat' box. For help with technical issues, post in the 'technical help' chat box. Be mindful that comments posted in the chat boxes can be seen by all participants and panellists. Please keep all comments on topic.
- If you would like to hide the chat, click the small down-arrow at the top of the chat box.
- Your feedback is important. Please complete the short exit survey which will appear as a pop up when you exit the webinar.

Learning Outcomes

At the completion of the session participants will:

- Understand the prevalence of dysfunctional anger, its consequences and strategies to help adult men overcome their dysfunctional anger
- Understand the impact of childhood trauma, disrupted attachment and masculine socialisation on emotional regulation in adult men
- Explore tips and strategies for interdisciplinary collaboration between practitioners working with adult men who seek assistance for emotional regulation

Rural GP Perspective

Practical Considerations

- The context of the consultation
- Time constraints in GP and influence on Trevor's management
- Prior knowledge of Trevor's dysfunctional anger
- Treating the whole family
- Impossibility of treating both partners simultaneously
- Left field considerations

Dr Michael Murray

Rural GP Perspective

Initial Interview and Management

- Main task at first consultation should be gaining rapport and ensuring returns
- Risk assessment
- Substances
- What to do if he doesn't return
- Medico-legal issues
- Motivational therapy

Dr Michael Murray

Rural GP Perspective

- Understanding his childhood
- Considerable trauma
- Low self esteem
- Listening and acknowledging
- Planning a referral
- High rejection sensitivity
- Care with who he is referred to - Psychologist, MH Social Worker, OT or Nurse
- Male or female
- Not Relationships Australia or Allied Health MH Professional wife sees

Dr Michael Murray

Rural GP Perspective

Role of the GP

- Containment
- Motivational Therapy
- Arranging multi-disciplinary referral
- Blank screen attitude
- Watching for transference/countertransference
- Addressing the health issues
- Assessing need for medication for co-morbidities
- Anger not an illness with a pharmacological “cure”

Dr Michael Murray

Rural GP Perspective

- Concerns re family, as a unit, as GPs are family doctors
- Not getting dragged in to medicalising a Social/Psychological problem
- Concerns re children
- Intergenerational patterns of dysfunction

Dr Michael Murray

Rural GP Perspective

- Those not in the room, his parents, his and her former partners
- The wider community
- High rates of divorce, blended families, absent fathers
- Family court issues

Dr Michael Murray

Psychologist Perspective

Initiating conditions for Trevor's change

- Laying out "sign-posted" path for psychological change via an active **safe/phased/graded and tolerable treatment program** (manualised approaches work and counter "the void")
- Persuasively emphasising **need for "buy in"** - via consolidating Trevor's desire for change and a **Trevor-clinician generated list of beginning treatment aims** (e.g., identifying what => his anger, when it's a problem, what factors are involved, methods for managing it and life changes that could occur with anger-control)
- Looking for "**low hanging fruit**" for change (**fr session 1**)
- **Identifying what is not "in plan"** (by being clear about terms, esp. anger ≠ aggression) and means for averting anger episodes & crisis/risk thereof (**circuit breakers & safety levels**)
- Emphasising the paradox that, although early symptom improvement is possible and desirable, **progress will occasionally be difficult and subject to slips** (perseverance)

Tony McHugh

Psychologist Perspective

Keeping Trevor in treatment

- **Establishing credible wellness story** - EB Rx works & will be used
- Addressing **unhelpful myths** about anger and anger work; i.e.,
  - that anger is inevitably bad/wrong, depression is anger turned inward, treatment = catharsis & "testing" Trevor, he will get worse b4 better etc.
- Conveying plausible explanatory models for anger; e.g.,
  - Emotion substitution (Greenburg & Paivio)
  - ***Bottom-up/top-down processing*** (mind-body network) (Berkowitz)
  - Loss of emotional regulation (Chemtob in PTSD)
  - Contextual/provocation model (Novaco)
  - ***Learning theory*** (Bandura)
  - Trait theory (Spielberger in anger)
  - ***Stress (esp. traumatic) theory: anger and PTSD are intimately linked but not trauma per se)***
  - The psychobiology of anger (the amygdala and beyond) (LPFC etc.)
- [Thus countering "humans are demonic apes" myth - UN & Pinker]

Tony McHugh

Psychologist Perspective

Mentoring Trevor in his desire for change

- Anger, like any human emotion, isn't always functional
- Aiding Harry to internalise this can be easily illustrated - anger is:
  - Manifested **several times weekly in most folk** (Kassinove et al., 1997) and in people described as **well-liked or loved** (Averill, 1983)
  - **Sometimes** understandable/justifiable, but (false-positive) **evaluated** more than half of the time (Tafrate et al., 2002) &
  - **Partly explained by an approach motivation/tendency** that views anger pre-event positively and post-event negatively (Potegal, 2010)
  - Anger is thus hedonic (Potegal, 2010) or **seductive** (ST v LT gain)

Tony McHugh

Psychologist Perspective

Mentoring Trevor in his desire for change (2)

- Critical to support Harry to articulate: (a) the psychological & social functions of anger (e.g., change agent, protective device and unifier), (b) his **beliefs** about the nature of his anger, "**reasons**" for it and its **treatability**, and, thereby, (c) his acceptance of his responsibility for change
- **Wisdom and understanding with limits** is critical to change. This cannot by definition involve:
  - Pejorative labelling
  - Silence and absence of challenge (this can be interpreted in various ways: fr agreement to shaming)

Tony McHugh

Psychologist Perspective

Teaching Trevor to know his anger

- "Its out of control", according to Trevor
- **To regulate anger it is critical to conduct**:
  - **Functional analysis of his anger**: when, where, with whom, how much, what makes it better, what makes it worse, what maintains it, how it is experienced and style of expression etc. etc. (=> **"Pattern recognition"**)
  - Measurement of anger levels/symptoms (e.g., DAR, STAXI) and but other affects and disorders to **identify specific problem areas and change**

Tony McHugh

Psychologist Perspective

Motivating Trevor

- Cost benefit analysis (CBA):
  - Credits and debits (across the four functional psychological domains)
  - Anger might => apparent short term "wins", but => long term loss
  - The difficulty of change (anger aggregates in families and directly relates to aggressive parenting) v "if you do what you have always done, you will get…" &
- CBA's endpoint = understanding anger's effect on health, wellbeing, mortality, other-connectedness and inverse relationship of anger to happiness (≠ schadenfreude)

Tony McHugh

Psychologist Perspective

Actively treating Trevor's anger

- There are various evidence-based methods in 4 areas: cognition (thought & imagery), affect, body & behaviour
- Each domain needs addressing ... lesser/greater degree
- (Some) **key concepts**:
  - Slow ... can do ... "up to me" ... "I am diminished by anger", "I lose out in anger ... ST gain v LT pain" etc. etc.
  - Language is a very powerful tool - help Trevor to find best words
  - Remorse, regret & willpower do not work - describe self defeating cycle of despair ... anger, remorse, self-blame, blind-trying-harder and more anger (**rumination**)
- **Developing abilities & capacities (skills) enables change**
- **It assumes the preceding "steps" have occurred**

Tony McHugh

Psychologist Perspective

Active treatment (2)

Cognitive domain ***Self Instruction Training*** Cognitive disputation	Affect domain Recognising and understanding emotion (as opposed alexythymic lack of awareness) ***Tolerating and not acting on emotion (learning to regulate affect)***
Physical domain ***Sleep*** Exercise Stimulant reduction Diet	Behavioural domain Induction of contrary state (relaxation) development: (black box article) PMR Isometrics Pleasant event scheduling ***Exposure***

Tony McHugh

Psychologist Perspective

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Tony McHugh

Mental Health Social Worker Perspective

Conceptual framework when working with men

- Feminist understandings around risk and safety for women and children
- Strength-based, non-deficit male engagement:

  - Research has shown this to be the most effective way to engage men in therapy
- Understandings of masculine psychology, attachment, trauma and neuroscience and evidence-based focused psychological interventions

Simon Santosha

Mental Health Social Worker Perspective

Engagement approach

- Understanding why men disengage from therapy

  "Men report disengaging from services if they feel or think they are being judged, patronised, blamed or shamed for their behaviour" (FaHCSIA,2009)

- The strength-based 'non-deficit' approach reconceptualises our view of men
- "Research has consistently shown it is the most effective way to engage and retain men into programs and services" (FaHCSIA,2009)

Simon Santosha

Reference: The Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) (2009) Introduction to working with men and family relationships guide, Canberra: Commonwealth of Australia.

Mental Health Social Worker Perspective

Engagement tools

- Use clear, simple language. Avoid jargon
- Use positive, non-judgemental, action-orientated language
- Make sure your discussion is about the man's immediate situation and needs
- Avoid asking a man what he is feeling. Instead ask "What are you doing? and "Is it working for you?"
- Use metaphors to help build rapport, open lines of communication and to help men relate to issues

Simon Santosha

Mental Health Social Worker Perspective

Engagement tools

Rigid ← **Level of shame, blame and criticism experienced in childhood** → **Flexible**

Rigid
- Bound by gender stereotypes/roles
- Be strong and tough
- Be in control
- Be the provider
- Feelings are a sign of weakness
- Show no emotions
- Do not back down
- Demand respect

Flexible
- Not bound by gender stereotypes/roles
- Caring and sharing
- Empathetic
- Self-aware
- Able to show and express feelings
- Able to take responsibility for actions

Simon Santosha

Mental Health Social Worker Perspective

Psychoeducation about brain function and emotional regulation

- Raising awareness and understanding by men about brain development (effects of trauma and our ability to self-regulate)
- Traumatic experiences and disrupted attachment during infancy, childhood and early adulthood can cause disturbances that impact on our brain and our ability to process our emotions

Simon Santosha

Mental Health Social Worker Perspective

Other interventions to address men's anger

- Mindfulness-based strategies to improve emotional self-regulation
- Body and feeling awareness – recognising signs of dysregulation and strategies to self-regulate
- CBT – understanding the link between our thoughts, emotions and behaviours (anger logs)
- Linkage to social/community groups such as local men's groups

Simon Santosha

Q&A session

Thank you for your participation

- Please ensure you complete the *exit survey* before you log out (it will appear on your screen after the session closes). Certificates of attendance for this webinar will be issued within two weeks.
- Each participant will be sent a link to online resources associated with this webinar within one week.
- Our next webinar **Working Together to Manage Methamphetamine Use and Mental Health Issues** will be held on Wednesday, 25th November 2015. Register via the MHPN website.

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Thank you for your contribution and participation