MANAGING EMOTIONS AND REDUCING DISTRESS

This section focuses on a practitioner's ability to support a patient to manage and reduce their emotional distress. These competences are for those with a core profession and/or those with sufficient and appropriate training.

Knowledge

An ability to draw in knowledge that the experience and expression of feelings may be influenced by how the inpatient ward itself is functioning (for example, whether there is a positive therapeutic environment/milieu or high levels of disturbance)	
An ability to draw on knowledge that patient's emotional distress is often the result of their social and interpersonal context (for example, financial problems, trauma, relationship breakdown) and can be worsened by the restrictive inpatient environment	
An ability to draw on knowledge that patients in acute mental health crisis are often experiencing high levels of emotional distress which they are struggling to regulate or manage	
An ability to draw on knowledge that strategies that help patients regulate or manage their emotional distress can reduce risk, such as the frequency of self-harming behaviours, and increase their safety	
An ability to draw on knowledge that emotion regulation and managing distress should only be considered:	
	within the context of the patient's formulation and goals
	alongside interventions and treatments which are addressing the patient's wider context, for example, presenting mental health issues and relevant social problems

An ability to help manage the patient's emotional distress

An ability to enquire about the social and interpersonal difficulties that are causing the emotional distress, and the patient's resources to manage these	
An ability to observe and enquire about emotional issues that are impacting on the patient, such as:	
	depression
	shame
	anxiety and worry
	affect that is linked to current or past psychotic experiences (for example, post-psychotic depression, anxiety, worry, shame)
	anger (for example, with others or services)
An ability to identify the ways in which the patient currently manages their emotional distress and identify what is helpful and unhelpful	
An ability to support the patient apply coping strategies to manage their emotional distress in situations which are emotionally charged (i.e. to support them to practice strategies in vivo) and ensure that any strategies suggested are not experienced as invalidating	
An ability to work with the patient to notice and to manage their distress by drawing on a repertoire of cognitive behavioural and dialectical behavioural techniques and coping strategies relevant to the presenting problems	

An ability to teach patients strategies that will help them manage their emotional distress, such as:	
	tension and release
	release only
	cue-controlled relaxation
	differential relaxation of different parts of the body while engaged in various activities and while moving
	rapid relaxation

- An ability to help the patient make use of ‘grounding’ strategies to help manage their emotions, such as:
  - grounding cards (for example, messages and strategies for safety)
  - being present by describing surrounds and location
  - rubbing arms and legs
  - listening to surrounding sounds
  - observing the body
  - breathing strategies (such as breathing retraining)

- An ability to help the patient learn a range of mindfulness exercises in order to assist with mood regulation, for example:
  - mindful walking, mindful eating, or engaging in an activity in a focussed manner that enables the patient to concentrate more on the immediate present rather than on elements of their past or future
  - consciously taking an observer role in relation to thoughts, feeling and emotions in the present
  - consciously focussing on gently inhaling and exhaling whilst allowing thoughts and emotions to happen without taking steps to control or explore them

- An ability to help the patient employ strategies to reduce emotional distress such as:
  - distraction techniques (for example, reading a book, listening to music, going to a ward group)
  - self-soothing by engaging the senses (for example, taking a walk outdoors, eating favourite foods, take a bath or shower)
  - safe place or compassionate imagery (bringing to mind a safe and calming image and engaging senses)

- An ability to help the patient identify strategies to support implementation of these strategies such as, regular practice, having written materials, or using apps and scripts

- An ability to help the patient increase their capacity to regulate emotions, for example by:
  - identifying the relationship between periods of distressing emotions and difficulties in interpersonal relationships
  - using chain analysis to help understand the development of the emotional distress

- An ability to help the patient increase their capacity to control impulsive behaviour by:
  - offering psychoeducation on the management of impulse control problems:
    - drawing attention to the consequences of focusing on emotions (leading to action without reflection and lack of premeditation and planning)
    - identifying the importance of decreasing the attention paid to thoughts and emotions
  - working with the patient to identify examples of impulse-control problems they have experienced
  - considering the development of impulse control problems stage by stage, and working with the patient to identify alternative problem-solving strategies that could be implemented at each point in the sequence