

Catching Crisis

How Affect Infusions Affect Us

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About me

I am a lead advocate at the DV Hopeline, a 24/7 phone and online message hotline in King County, WA. We serve domestic violence/intimate partner violence survivors, their supporters, and the professionals who work with survivors.

I specialize in crisis intervention with vulnerable and/or marginalized populations, using clinical best practices tempered with lived-experience techniques.

My credentials include national certification as a Victim Advocate; Washington state certifications as a Peer Support Counselor and a Community Health Worker; and CCAR Recovery Coach certification.

Today's agenda

- Be able to define and identify affect infusions, including social referencing and emotional contagion
- Understand the ways in which affect infusions impact interactions with clients in crisis
- Identify ways to manage affect infusions in a crisis moment
- Review ways to self-care to prevent affect infusions

A bit about 'crisis'

How do we define crisis?

01

There is an event that precipitates the crisis.

02

The person has a perception of this event that causes a feeling of distress.

03

Distress leads to a reduction in the ability for the person to cope with the event.

04

A feeling of hopelessness, helplessness, anger, fear, and entrapment ensue.

...but here's the thing

with affect infusion, the event doesn't matter.

Though there is an event that causes the crisis, the most important aspects are the feelings the crisis brings out.

The actual event doesn't matter.

A crisis emerges when someone can't use their past coping methods and their available resources to solve an issue -- and the feelings they have about this are the crux of the crisis. And then, how we react as providers depend on our feelings and coping mechanisms.



Affect infusion

is a useful model for describing some complex processes

It shows how affect – the experience of emotion and mood – impacts our ability to process information. It also shows that affect has an effect that increases with the complexity of a task.

In other words, emotion and mood have more influence on our cognitive abilities, such as evaluating or responding to a situation, when that situation is complicated, nuanced, or time sensitive.

Formally, it is "...the process whereby affectively loaded information exerts an influence on and becomes incorporated into the judgmental process, entering into the judge's deliberations and eventually coloring the judgmental outcome".

If a situation requires substantive (or systemic) cognitive processing, it can be powerfully swayed by affect at each stage in the cognitive process: attention, encoding, retrieval, and association.

Stages in the cognitive process

swayed by affect infusion

attention

We are bombarded by large amounts of information and stimuli, impossible to take in and process all at once. Our brains tend to focus attention on one subset of all the incoming, available information.

As we focus our attention on a subset of data, in line with affect, we tend to encode that information into memory with more detail.

encoding

retrieval

The more richly encoded memories are those which are most easily retrieved and remembered/accessed.

This affect-directed attention to detailed encoding to most-easily retrieved memory has a deep influence on how we interpret complex situations.

association

results

These influences are most pronounced when we are presented with situations involving difficult, atypical, unusual, novel subjects.

Common sets of affect infusion

that crisis workers wrestle with:

- social referencing
- emotional contagion



Social referencing

frequently discussed in childhood development, but rarely in adult behaviors

It is how we take cues.

We social reference when we look to someone else's reactions (facial expression, gestures, body language, tone of voice) to glean information.

This observation gives us clues on how to appraise, understand, or respond to a new or ambiguous situation.

We then calibrate our appraisal, understanding, or response to be in harmony with other's emotional orientation and affect regarding the situation.

Again, this is common: when we are in new situations, we frequently glean information from others as to how to react or respond: what is "socially acceptable" behavior, for instance, when things, mores, and customs are unfamiliar.

Emotional contagion

coined in 1988, by Elaine Hatfield, John Cacioppo, and Richard Rapson

Defined as "...the tendency to automatically mimic and synchronize expressions, vocalizations, postures, and movements with those of another person's and, consequently, to converge emotionally."

In emotional contagion, nonverbal cues, such as facial expressions, tone of voice, and body movements seemingly convey one's emotional state to others who unconsciously mirror this affect.

This tendency is common among workers in helping professions who work with clients in crisis or who are emotionally-charged (escalated, agitated, angry, frustrated, and so forth):

- Matching the client's tone, volume, mannerisms, gestures
- Mirroring what we interpret as client's emotional state
- Personalizing the client's issue (countertransference)

This is all natural

how our brains “help out”

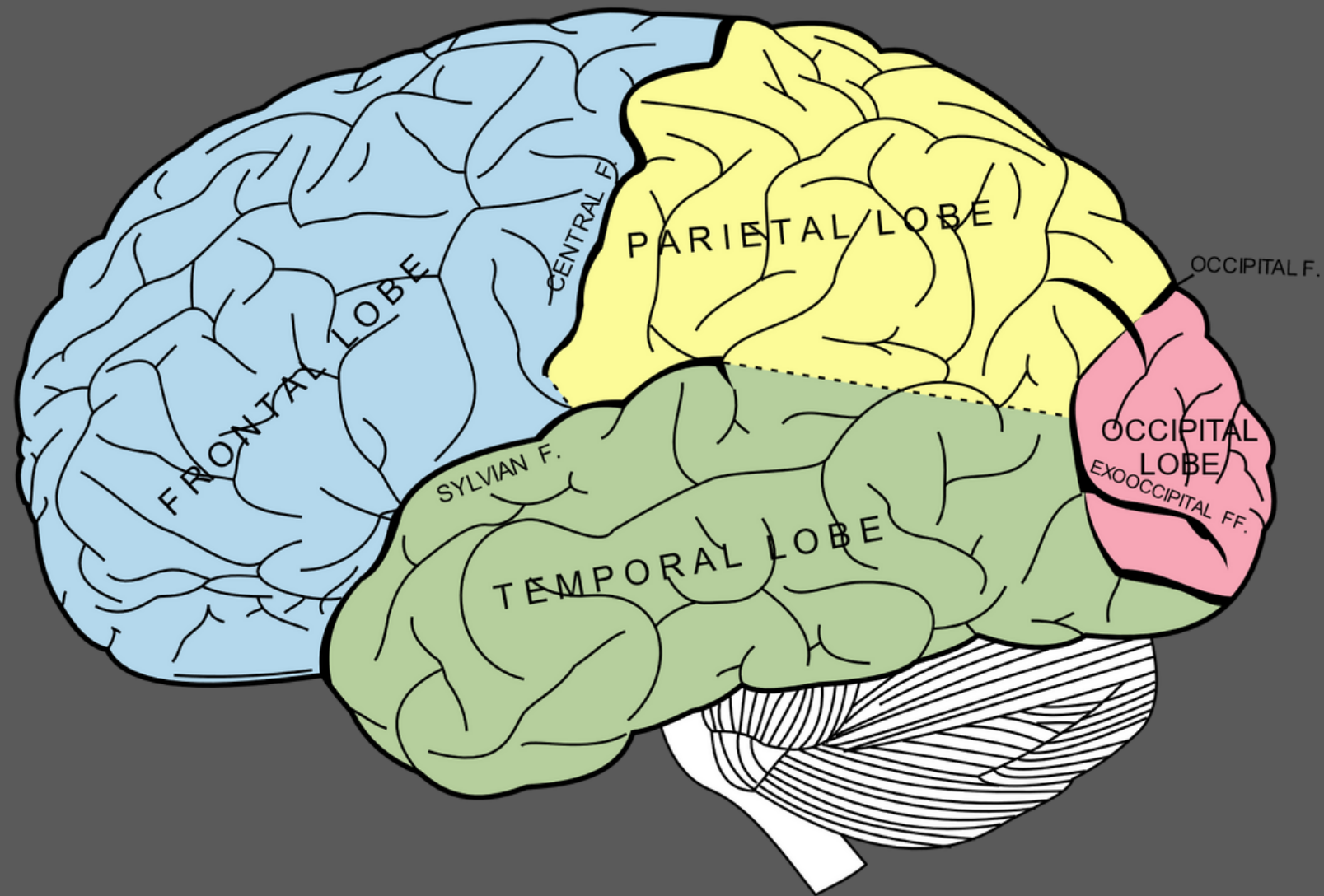
Affect infusion, social referencing, and emotional contagion are all natural, commonly subconscious processes that assist us with understanding our environment and other people.

These are the processes which facilitate learning (for example, how we learn as infants/children by mimicry).

These processes are frequently subconscious -- an automatic imitation or response.

The reflective behavior of affect infusions are a function of just being human, traced to mirror neurons in the brain's premotor cortex

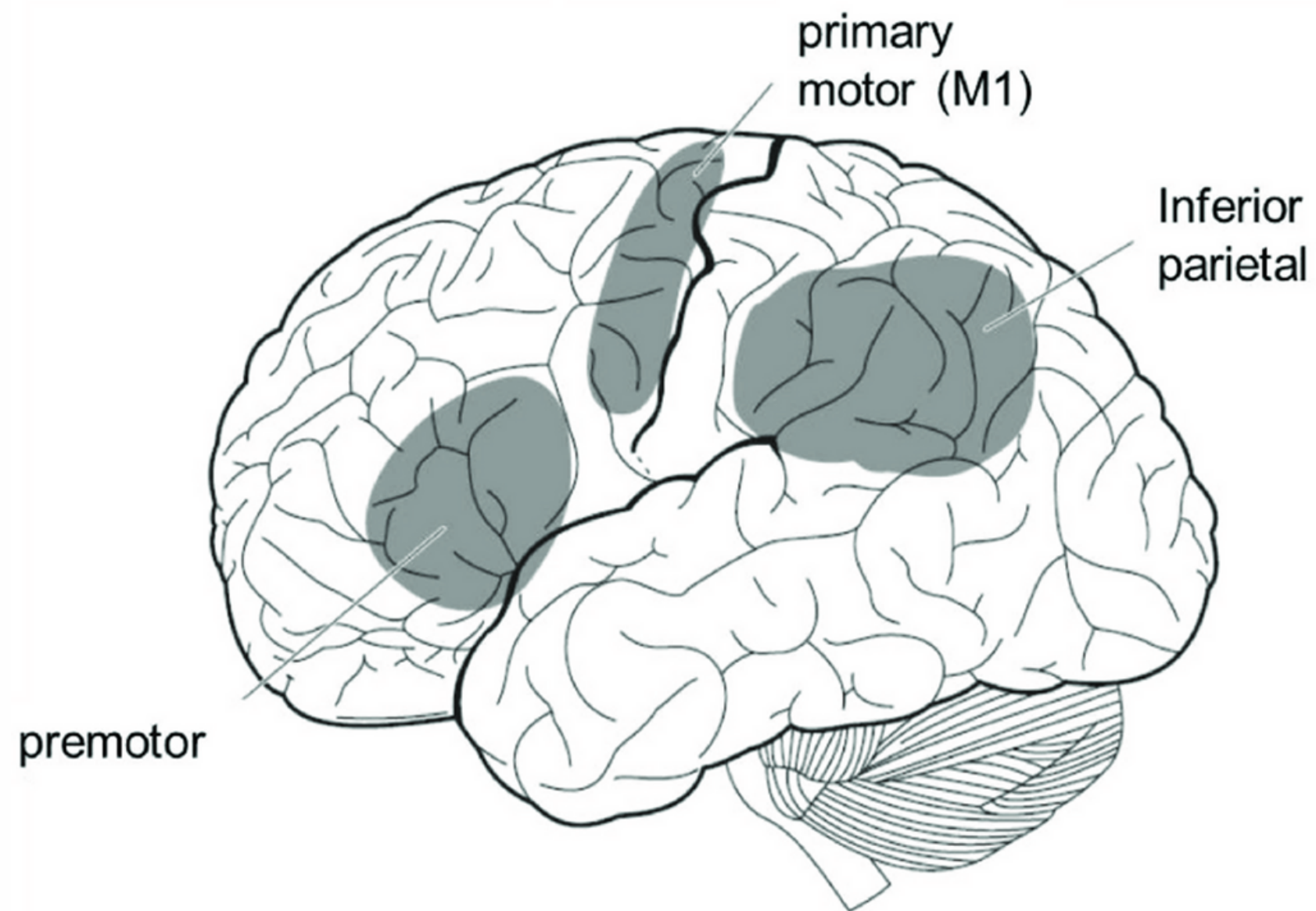




Mirror neurons are a class of neuron that modulate their activity both when an individual executes a specific motor act and when they observe the same or similar act performed by another individual.

These neurons have been studied in primates and humans.

They show an intimate link between perception and action: perception of a behavior triggers our own motor representation of that behavior in ourselves.



The mirror neuron system (MNS), comprising premotor cortex, inferior parietal lobe, and motor and somatosensory cortex, is engaged when one performs a motor action or views another person perform the same action, thus providing a potential neural mechanism by which we understand other's action goals.

Mirror neurons are fired when goal related actions are seen or performed by others.

Research says that emotions trigger a similar neurological activation as a process of directing experiential understanding. The mirror neurons and neural activation of the limbic system synchronize what is experienced and what is perceived.

We adapt to emotional 'culture'

through these cues

The reflective behavior of affect infusions are a function of just being human, traced to these mirror neurons in the brain's premotor cortex.

Affect infusion controls the influx of information we can process at a time, attempting to weed out extraneous data and encode meaningful data.

Affect infusions may be seen as precursors to empathy and compassion.



As we look for cues...

we change our response: consciously or unconsciously

It changes how we perceive and interact with our social environment to be more "in line" with what we observe.

By matching and reflecting affect, we are more able to imagine what someone else is feeling, aka empathy. By having empathy, we can then have compassion, These are key to establishing relationships with others and rapport with our clients. This is why we do the work we do -- helping others.



...so, Caren, what and where is the "danger" in this?

The “dangers”

Psychologist Joseph Paul Forgas, who first defined the affect infusion model in the 1990s, stated that affect infusion is "the process whereby affectively loaded information exerts an influence on and becomes incorporated into the judgmental process, entering into the judge's deliberations and eventually coloring the judgmental outcome".

This is key in the social judgements we have to make as front-line service providers and clinicians.

Making a social judgment requires us to not only observe physical actions, but to infer through the use of high-level cognitive processes, which are subject to the decisions we make on response or treatment.

Affect infusions, while they help us empathize and feel compassion, can also lead to bias.

Bias can look like

(examples of how affect infusions creep in)

Taking on the crisis

Swelling beyond empathy and compassion into personally feeling the crisis yourself. Taking the “success” or “failure” of resolution as something you are directly involved in, responsible for, or that it reflects on you. Suggesting solutions; not letting client “drive.”

Bending rules

Crossing boundaries with good intention. is still crossing boundaries. Doing something for one client that you don't do for another. Helping clients when you are not at work. Releasing info to “help” someone without their permission.

Escalating to escalate

Wanting to show a client that you care or take them seriously by escalating, so you don't have to deliver hard news. Offering inappropriate referrals to provide care in the moment. We “freeze” on our training because we, too, are upset.

We think we know more than we do

Research shows that we tend to assume what we know and what others know is, generally, the same thing. We think of one another, generally, as peers who share the same experiences.

So, our perception of a behavior that triggers our own motor representation of that behavior in ourselves can be pretty inaccurate as we follow it down our personal rabbit holes. Big emotions are probably the same. But what those emotions mean and what kind of care is needed can be obliterated by what we think it means and needs (standing in the way of being culturally-competent and trauma informed)



We use what we feel to make decisions

Affect infusion processes influence decision-making as we use emotions as the key heuristic (affect as information).

There's also research that we can use decision-making to attain relief from feeling bad/negative/helpless (in crisis). Humans have a basic drive to alleviate immediate discomfort, often at the expense of long-term solutions.



We disempower clients and survivors

We derive pleasure from feeling like we are helping, and can make decisions that feel like helping, to overcome immediate, empathic discomfort.

However, making decisions on behalf of clients -- even ones that are in distress and seem like/say they need help, can also disempower them and prolong the crisis cycle of helplessness.



and lastly, but not least

Affect-infused reactions can lead to burnout and vicarious/secondary trauma.

Burnout and vicarious trauma are different, but can be hastened along by time spent in affect infusion related responses:

- Burnout is a feeling of overload or stress, commonly caused by client issues of chronicity and complexity
- Vicarious trauma is a response to specific client experiences that are shared with us

Both can have quick onset or gradual progression and are rooted in emotional exhaustion -- which may also present as somatic symptoms.

Both can also lead to a decrease in concern and esteem for clients, which often leads to a decline in the quality of client care.



Preventing burnout and VT

Self-care

There's a lot of messaging – and marketing around “self-care,” and while spa days and the occasional treat is nice, self-care needs to go deeper than that. Self-care isn't always fun or pleasurable (though it can be!).

Supervision

Having time with either a supervisor or a peer group is an important way to prevent affect infusion bias. If this isn't available through your employer, reach out to local and national organizations: many have online meetings.

Continuing education

Taking courses or even reading books (Trauma Stewardship by Laura Van Dernoot Lipsky is a great one) helps. The more we all understand both how our brains work and how our work affects us demystifies the process.

Agency policy

Having a workplace culture which allows for time off when needed, provides ample time for supervision, opportunities for training, and reasonable limits on caseload size is an environment where burnout and VT are curbed.

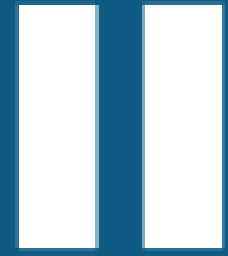
What to do in the moment

Self-regulatory techniques you can use

Getting caught up in or empathizing with someone's story is, as we learned, natural. The important skill to practice is self-awareness.

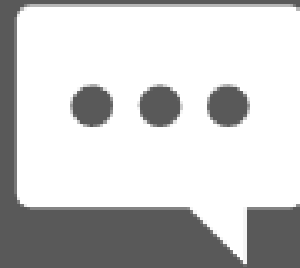
As you listen to something with high-impact, notice your own posture, your breathing or heart rate. Some people report feeling warm when they are emotionally activated. This takes some practice. The brain's natural inclination is towards tunnel vision and leaning in.





Pause

Take a minute. Put them on hold. Make some coffee or tea. Gather your thoughts.



Restate

In your own words, of course. This is active listening, and ensures understanding.



Be curious

Ask open-ended questions. What have they tried? What's worked? What hasn't?



Listen

To both what is said – and what is not. What info is freely offered? What's being held back?



Breathe

Mindfulness helps. Do a silent body scan. Are your shoulders hunched? Fists clenched?

Self-care is critical

Tending to self helps us attend to emotions

Self care prevents burnout and secondary trauma. It keeps us able to do our jobs more effectively and maintain healthy life balance. There's a lot messaging – and marketing around “self-care,” and while fun nights out and buying ourselves the occasional treat is nice, self-care needs to go deeper than that.





Thank
you very
much!

