The Human Givens approach to emotional health and wellbeing.

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The Human Givens approach to emotional health and wellbeing

DECP conference
8 January 2009

Cathy Atkinson (University of Manchester)
Lisa Hales (Milton Keynes EPS)
Human Givens

- Proposes a holistic and practical framework for understanding what individuals, families and societies require to be mentally healthy (Griffin and Tyrrell, 2004).[1]

- Eclectic psychological and psychotherapeutic approach which draws on ideas from other counselling paradigms (e.g. Cognitive Behavioural Therapy; Neurolinguistic Processing; Solution Focused Therapy).

Emotional needs

- Key organising idea of Human Givens therapy is that we have innate emotional needs and resources.

- These needs should be met in a fairly balanced way to ensure emotional wellbeing.

- Where needs are not met in balance there is a risk of mental health difficulties.
The Human Givens

Security

Volition

Attention

Emotional connection to other people

Privacy

Connection to the wider community

Meaning

Being stretched

Sense of status

Sense of competence and achievement
Resources

- **Empathy** - The ability to build rapport, empathise and connect with others

- **Memory** - The ability to develop complex long term memory, which enables us to add to our innate knowledge and learn

- **Dreaming** - A dreaming brain that metaphorically diffuses emotionally arousing expectations not acted out the previous day

- **Observing self** – the ability to step back from ourselves (awareness of awareness)
Resources (continued)

- **Imagination** - which enables us to focus our attention away from our emotions and problem solve creativity and objectively.

- **Thinking brain** - A conscious rational mind that can check out emotions, question, analyse and plan (Left Hemisphere).

- **Knowing brain** - The ability to ‘know’ – understand the world unconsciously through metaphorical pattern matching (Right Hemisphere).
Evidence base for HG therapy

- At present, evidence-base limited as HG is new therapeutic intervention.
- To date, research using Outcome Rating Scales (ORS) and Session Rating Scales (SRS)\(^2\) has suggested positive outcomes (N=432). CORE\(^3\) also being using to measure outcomes.
- Details of ongoing research available at [http://www.hgiprn.org/index.html](http://www.hgiprn.org/index.html)

\(^2\) Examples at [http://www.hgiprn.org/measures.html](http://www.hgiprn.org/measures.html)

\(^3\) Clinical Outcomes in Routine Evaluation [http://www.coreims.co.uk/](http://www.coreims.co.uk/)
The RIGAAR Framework for Intervention

- Rapport Building
- Information gathering
- Goal Setting
- Accessing Resources
- Agreeing Strategies for Change
- Rehearsing the Strategy
Goal setting

Goals should be:

- Positive
- Achievable
- Needs focussed
Case study

**Tegan (Year 6):**
- Transition for high school. Vulnerable to exclusion
- Information gathering around anger outbursts
- Accessing resources – strengths; ambitions; preferences
- Agreed strategies – discussed current strategies and introduced others
- Rehearsal – role play (Broken record); relaxation and guided imagery. Use of story metaphor
Relaxation technique and guided imagery

- When relaxed you can’t be anxious because you can’t experience two contradictory states.

- Strong emotional arousal (e.g. anger; depression) locks us in to a single viewpoint and the neocortex cannot function properly (fight or flight; black and white thinking).

- Relaxation helps unlock the emotionally driven trance state allowing the higher cortex to function.