Emotional Regulation in School-Aged Youth

L. Kevin Chapman, Ph.D., HSPP, Licensed Psychologist

AGENDA

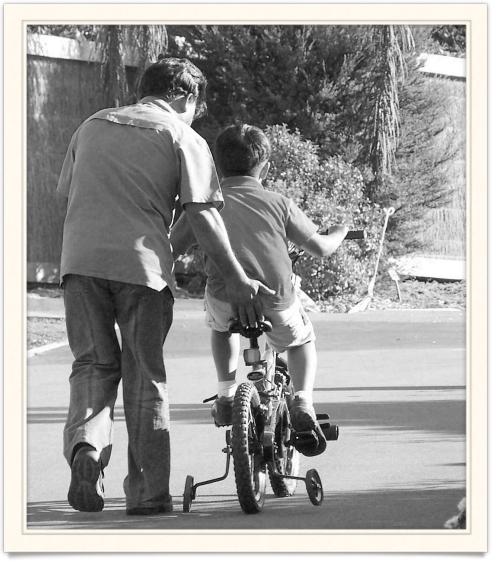
1. Anxiety and related symptoms: Some facts
2. "Classic" symptoms of distress
3. Anxiety and related disorders
4. The nature and function of emotions
    1. What is Emotional regulation?
    2. Emotion Driven Behaviors (EDBs)
5. Transdiagnostic treatment of anxiety and related disorders
6. Questions and such

ANXIETY AND RELATED SYMPTOMS: SOME FACTS

1. 40 million Americans per year; most common class of mental disorders
2. Only one-third receive treatment
3. Anxiety disorders costs Americans roughly $42 billion per year (one-third of mental health bill
4. 1 in 5 children and adolescents will have some form of mental illness
5. Roughly 14% of adolescents struggle with some form of a mood disorder
6. 25 % of adolescents will experience an anxiety disorder in their lifetime
7. Girls more than boys
    1. Boys often mask distress

THE FAMILY TRANSMISSION OF ANXIETY

- In general, children of anxious parents are three to seven times more likely than children of non-anxious parents to develop an anxiety disorder (Chapman et al., 2011, 2012; Turner, Beidel, & Costello, 1987)
- Anxious parents or parents of anxious children tend to engage in "affectionless control"
    - e.g., "Smothers"
- Roughly 70% of this transmission is environmental in nature through parental modeling
- In sum, anxiety is primarily learned



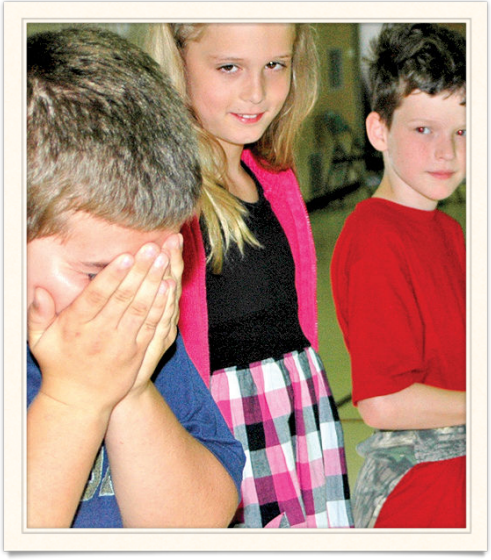
"CLASSIC" SYMPTOMS OF DISTRESS

1. Personal distress: "I am struggling."
    1. worry, panic attacks, physical complaints despite physical evidence from doctors
2. Functional impairment
    1. Social, school, family functioning is worse than usual
    2. Grades declining
    3. Your own observation of a significant change in behaviors
        1. Moms: "I know my child."
3. Social withdrawal/Isolation
4. Increase in risky behaviors

ANXIETY AND RELATED DISORDERS

SOCIAL ANXIETY DISORDER

- 15 Million Americans
- Most common anxiety disorder and third most common mental health condition in the United States
- A Marked and persistent fear of one or more social or performance situations where negative evaluation may occur
- Avoidance behavior
- Causes significant distress and impairment
- In children, marked avoidance or somatic complaints



PANIC DISORDER

- 6 million Americans
- A discrete period of intense fear of discomfort
  - shortness of breathe, racing heart, sweating, numbness/tingling, hot/cold flushes, derealization
- Usually peaks within 10 minutes of starting
- Anxiety about future attacks, worry about the consequences of the attacks, and behavioral changes as a result of the attacks
  - Accompanied by Agoraphobia in 65% of cases

GENERALIZED ANXIETY DISORDER

- 6.8 million Americans
- Excessive anxiety and worry about a number of events and activities in daily life
- Worry is hard to control
- Accompanied by somatic symptoms
  - Irritability
  - Somatic complaints in kids
  - Restlessness
  - Sleep Disturbance
  - Reassurance seeking in kids

OCD

- 3.3 million Americans
- Affects adults and children from all backgrounds
- Obsessions: intrusive thoughts images or urges that create distress
- Compulsions (Rituals): mental acts or behavior aimed at providing relief (albeit temporary)
- Children often unaware that their thoughts and behaviors are problematic
- Most rituals involve reassurance seeking in kids

PTSD

- 7.7 million Americans
- Experiencing or witnessing a traumatic or life threatening event
  - Reexperiencing symptoms
  - Avoidance
  - Cognitive alterations
  - Hyperarousal

SCHOOL REFUSAL (SCHOOL PHOBIA)

- Refers to 5-17 year-olds (school age)
- Child-motivated refusal to attend school and/or difficulties remaining in classes for an entire day
- Tends to reflect
  1. Truancy (delinquent absenteeism)
  2. School phobia (fear-based absenteeism)
  3. School refusal (anxiety-based absenteeism)

SCHOOL REFUSAL (KEARNEY & ALBANO, 2007)

- Generally, children refuse school for one or more of the following:

1. To avoid school-related objects and situations (stimuli) that provoke negative affectivity (dread, anxiety, depression, and somatic complaints)
2. To escape aversive social and/or evaluative situations at school
3. To receive or pursue attention from significant others outside of school
4. To obtain or pursue tangible rewards outside of school

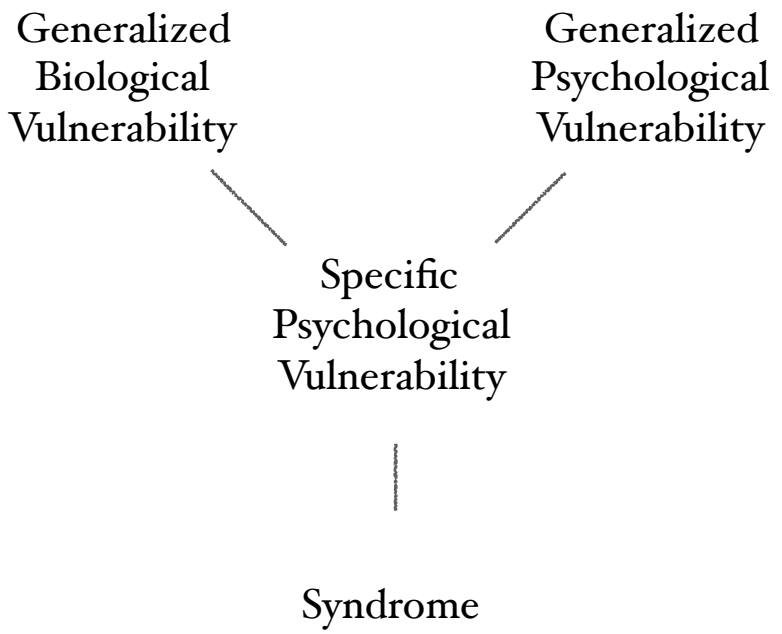
SCHOOL REFUSAL CONCEPTUALIZATION

1. For children refusing school to avoid school-based stimuli that provoke negative affectivity
   - May include panic, agoraphobia, generalized anxiety disorder, specific phobias, depression, suicidal behavior
2. For children refusing school to escape aversive social and/or evaluative situations
   - Social anxiety, depression, suicidal behavior
3. For children refusing school for attention
   - Separation anxiety, ODD, general noncompliance with parents/caregivers
4. For children refusing school for tangible rewards
   - Conduct-disordered behavior, substance abuse, lack of motivation

CONCEPTUALIZATION OF ANXIETY AND RELATED DISORDERS

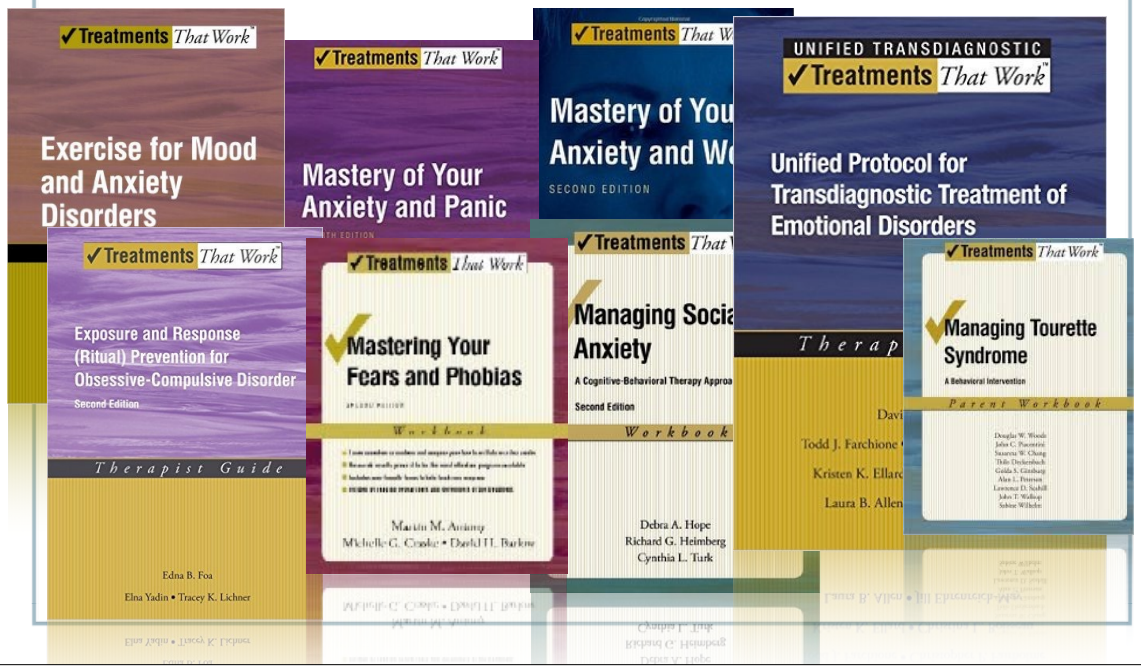
TRIPLE VULNERABILITIES

- Generalized biological vulnerability
  - Anxiety, neuroticism, negative affect, or behavioral inhibition
  - Lies dormant unless activated by environment
- Generalized psychological vulnerability
  - Early life experiences (ex: parents) that lead to a sense of uncontrollability and unpredictability which leads to anxiety and depression
- Specific psychological vulnerability
  - Learning a particular focus of anxiety or learning or some situations, objects, or somatic sensations are dangerous

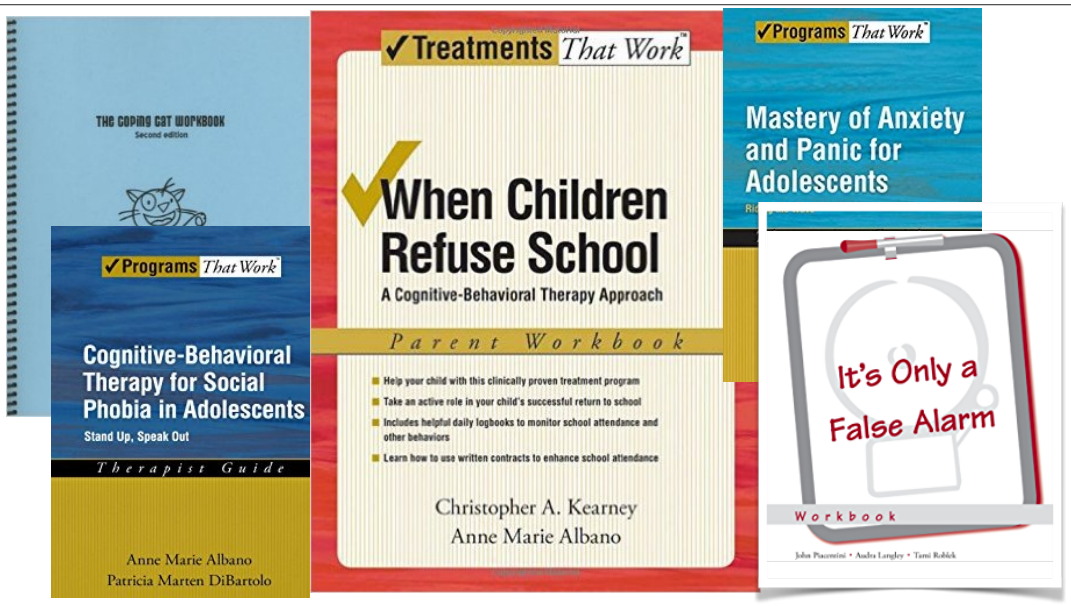


TREATMENT OF ANXIETY AND RELATED SYMPTOMS IN SCHOOL-AGED CHILDREN

CBT: Treatments that work! #CBTWorks



CBT: Treatments that work for kids too! #CBTWorks



TREATMENT OF ANXIETY AND RELATED DISTRESS IN SCHOOL-AGED CHILDREN

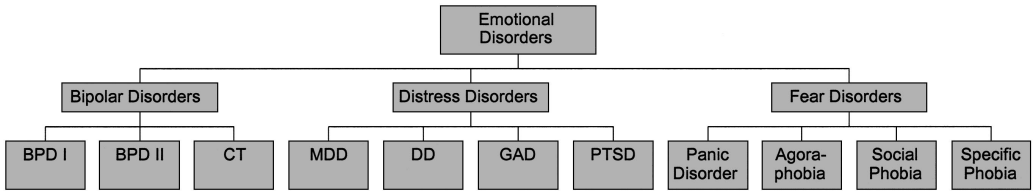
- A cognitive-behavioral approach (CBT) as the gold-standard for "emotional"symptoms
- CBT as very effective for specific "syndromes"
- More recent work focuses on a "one size fits all" approach to treating distress in adults and children due to most individuals having multiple symptoms

CBT and Emotional Disorders

- Data-driven formulations of anxiety and related disorders emphasize common features rather than disparate symptoms (Barlow et al., 2011; Barlow, 2002, Brown & Barlow, 2009; Watson, 2005)
- Ancillary improvements in other disorders upon treatment of a particular syndrome (Brown, Antony, & Barlow, 1995; Brown, Chorpita, & Barlow, 1998; Tsao, Mystkowski, & Zucker, 2002)
- Understanding vulnerability and response mechanisms as key ingredients to effective treatment (Barlow, 2011; Frank & Davidson, 2014)
- Most individuals have symptoms of multiple disorders

Hierarchical Model of Emotional Disorders

EMPIRICALLY DERIVED MODEL OF EMOTIONAL DISORDERS AS BASIS FOR UNIFIED TREATMENT APPROACHES



Watson, D. (2005). Rethinking the mood and anxiety disorders: A quantitative hierarchical model for DSM-V. *Journal of Abnormal Psychology, 114 (4)*, 522-536.

THE PRIMARY SYNDROME: EMOTIONAL DYSREGULATION

- So what happens to those whose emotions are too intense for the situation?
- Students may experience some emotions in a <u>dysregulated fashion</u>

TIPS FOR WORKING WITH CHILDREN WHO STRUGGLE WITH "DISTRESS": FOCUSING ON THE EMOTION IS KEY

1. Students who struggle with strong emotions of any kind use unhelpful emotional regulation strategies, namely attempts to dampen or avoid uncomfortable emotions, that backfire and contribute to the maintenance of the emotion

2. Emotion-focused interventions: teaching students how to confront uncomfortable emotions and to respond to emotions in more adaptive ways

INGREDIENTS OF TREATMENT

TREATMENT INGREDIENTS

1. The nature and function of emotions
2. Nonjudgmental present-focused awareness
3. Challenging negative and anxious appraisals (interpretations) about internal and external events such as bodily sensations, objects or emotions and increasing cognitive flexibility
4. Identifying and modifying maladaptive action tendencies or EDBs
5. Increasing awareness and tolerance of physical sensations through exposure to these sensations
6. Emotional exposure (confronting strong emotions)

THE NATURE AND FUNCTION OF EMOTIONS: TEACHING THE CHILD TO BE HER OWN PSYCHOLOGIST

- Purpose of emotions?
  - To alert us to both internal and external events that then motivate us to engage in a specific action to help navigate our environments
  - This action is called an emotion driven behavior or EDB
    - EDBs are meant to be adaptive since they are driven by the emotion itself
    - Those who struggle with emotional disorders engage in EDBs that backfire and contribute to disordered emotions

THE NATURE AND FUNCTION OF EMOTIONS

- All emotions have three parts
- Feeling/Physical
  - "How I feel in my body"
- Thoughts
  - "What I say to myself"
- Behavior
  - "What I do" (Emotion Driven Behavior: EDB)

THE NATURE AND FUNCTION OF EMOTIONS: EMOTIONS SERVE A PURPOSE

- Many emotions have similar overlap
- What are the physiological components of anxiety? excitement? anger? sadness?
- Much overlap....

THE NATURE AND FUNCTION OF EMOTIONS: SPECIFIC PURPOSE OF EMOTIONS

- Fear = increase activity and pay attention to present danger or threat
  - Being attacked
  - "Fight or flight"
- Anxiety = increase activity and pay attention to future threat or danger
  - Failing a test
- Disgust = increase activity and pay attention to present threat or danger
  - Contamination
- Anger = increase activity and pay attention to present threat or danger
  - Social slight
- Sadness = decrease activity and pay attention to present loss or grief

THE NATURE AND FUNCTION OF EMOTIONS: EMOTION DRIVEN BEHAVIORS

- Examples
  - Upcoming test worth 60% of grade "good luck"
- Good example: Anxiety about a test leads to **EDB** of studying which allows one to regulate anxiety effectively
- Bad example: Anxiety about a test leads to **EDB of procrastination which temporarily relives anxiety BUT backfires and makes one more anxious**

EMOTIONAL DISORDERS: COMMONALITIES

- Emotional disorders share in common

1. Cognitive inflexibility (negative, unrealistic thoughts)
2. Avoidance of emotions
3. Action tendencies (or EDBs) that are not helpful
4. The need to confront strong emotions

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NONJUDGMENTAL PRESENT FOCUSED AWARENESS

- Teaching children to shift their attention to the present moment
- Based on the idea that our emotions rarely reflect what's happening right now
- Anchoring
- "3 Point Check"
- Best practiced with a sound + breathing followed by technique

ANCHORING AND 3 POINT CHECK DEMO

TREATMENT INGREDIENTS

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COGNITIVE FLEXIBILITY

- Heart and soul of emotional regulation
- Thoughts are not viewed as "wrong" or "bad" but rather one, limited view of the situation
- Brain as a filter that pays attention to certain things while disregarding others
- Automatic interpretations: previous situations help us interpret new ones
- Develops into a "style" of thinking that can restrict emotional experience

MODELING "FLEXIBLE" THINKING

- Cognitive Flexibility Demonstration
- Teaching the child "flexible" thinking is important for emotional regulation

BEING FLEXIBLE IS MORE IMPORTANT THAN BEING "RIGHT"

- Most people who are prone to anxiety and depression make more negative interpretations of this picture
  - "She's dead," "She's clearly sick"
- There is nothing "wrong" with these thoughts but these thoughts lead to strong emotions that may be unnecessary
- More flexible thoughts:
  - "Maybe she had a baby," "Maybe she is recovering"
    - "Mr. Smith clearly hates me" vs. "Maybe Mr. Smith is having a bad day."

DISPUTING QUESTIONS "MR. SMITH HATES ME."

- Teaching the child to be his own Psychologist requires treating thoughts as hypotheses
- Disputing questions are used to challenge such thoughts
  - "Do I know for certain that Mr. Smith Hates me?
  - Am I 100% sure that Mr. Smith hates me?"
  - What evidence do I have that Mr. Smith hates me?

HOW CAN YOU ASSIST YOUR STUDENTS/ CHILDREN ?

1. Teach your student the adaptive nature of emotions
2. Teach your student that all emotions have the same three parts
3. Teach and use disputing questions (treat thoughts as hypotheses rather than facts)
4. Confront situations that lead to strong emotions to teach tolerance of distress

QUESTIONS

WEB: HTTP://WWW.DRKEVINCHAPMAN.COM

TWITTER: @DRKCHAP

LINKEDIN: DR. KEVIN CHAPMAN