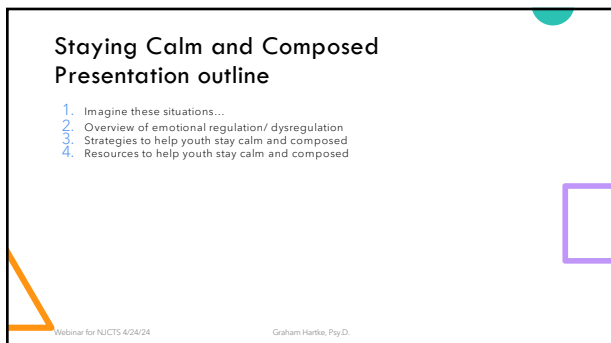
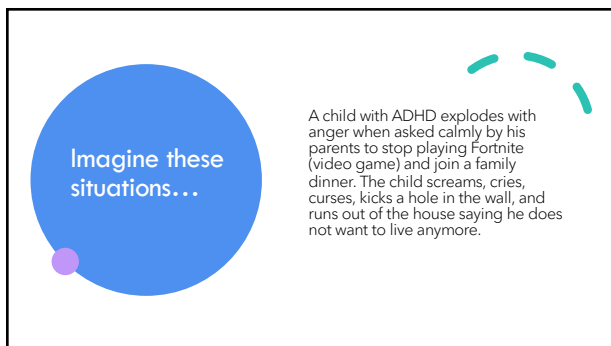


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3

Imagine these situations...

A teen screams when loud music comes on unexpectedly at a restaurant. The teen then runs outside and sits on a curb in the parking lot shaking, rocking, and crying.

4

Imagine these situations...

A child with TS punches a peer during outdoor recess for tagging them out in kickball. The child yells at the lunch aide when told to go to the principal's office. The child then refuses to leave the kickball field, resulting in all of the other children being asked to go inside.

5

Imagine these situations...


After meeting someone on Discord, and chatting with them for only a day, a teen falls in love. A week later, the teen is "ghosted" by the individual. The teen is so overwhelmed with sadness they refuse to get out of bed and self harm.

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Emotional Regulation

- The ability to effectively manage and respond to emotions

Concise definition for this presentation



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Emotional Regulation

Ability to regulate emotions is associated with:

- Social competency
 - Better quality relationships
 - Prosocial behavior
 - Ability to match emotions to the environment
- Positive life outcomes
 - Ability to behave according to expected norms
 - Avoid self-destructive behavior
- Understanding and awareness of
 - Own emotions
 - Others emotions
 - Causes of emotions
 - Consequences of responses to emotions
 - Strategies to manage emotions

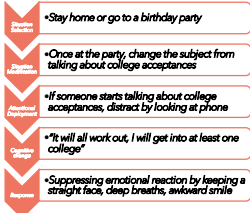
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Emotional Regulation

Emotional Regulation Process Model (Gross, 1998)

- Situation Selection:
Approaching or avoiding a situation to regulate
- Situation modification:
Once in a situation changing it to stay calm
- Attentional deployment:
Select which aspects of situation to focus on
- Cognitive change:
Assign meaning to the aspect
- Response modulation:
Managing emotional response once triggered




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Emotional Regulation

- Brain areas: Prefrontal cortex plays large role, limbic system
- Neurotransmitters: Serotonin, dopamine
- Executive functioning
- Biologically influenced: Hormones, tiredness, hunger
- Development: Younger children less control than older children
- Varies by individual
- Can involve increasing or decreasing positive or negative emotions
 - Increase negative: Michael Jordan strategy
 - Most clinical interventions focus on decreasing negative emotions




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Emotional Dysregulation

- Difficulty moderating negative emotions and reactions to them
- Can happen to anyone, but happens to some more regularly and severely
- Can be developmentally and/or situationally appropriate, or not
- Common examples
 - Toddler tantrums
 - Trauma/grief response
 - Experiencing a shocking moment/revelation
 - Panicking to escape danger
 - Responding to intense pain/sensory stimulation
 - Road rage
 - Winning the lottery



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Emotional Dysregulation

Individuals who struggle on a regular basis

- Prone to experiencing anxiety, depression, aggression
- Low distress tolerance
- Poorer social outcomes
- Physical injury, damage to property
- Discipline at school, legal consequences
- Long term impacts on quality of life, well being, social functioning, academic/occupational success

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Emotional Dysregulation: Symptoms

Explosive anger	Crying
Meltdowns/ tantrums	Social withdrawal
Impulsive risky behaviors	Shutting down
Inflicting harm to self or others	Flood of negative intrusive thoughts
Yelling	Panic/anxiety attacks
Threats and intimidation	Loss of rational thinking
Aggression	Loss of control
Destroying objects/ property	Uncontrollable laughing

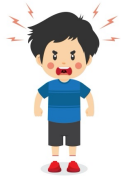
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Emotional Dysregulation

Parent perspectives to youth who struggle regularly:

- Reaction is out of proportion to trigger (sometimes grossly)
- "Walking on eggshells"
- "Goes from 0 to 100"
- Feelings of frustration, anxiety, sadness
- Disruptive to entire family
- Sense of helplessness
- Frequent calls/emails with the school



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Emotional Dysregulation: Associated Conditions

<ul style="list-style-type: none">ADHDTourette Disorder/TicsIntermittent Explosive Disorder (Rage)OCDAutism Spectrum DisorderSensory Processing DisorderOppositional Defiant DisorderConduct Disorder	<ul style="list-style-type: none">Disruptive Mood Dysregulation DisorderAnxietyDepressionBipolarPersonality disordersPsychotic disordersPTSDSubstance Abuse
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Emotional Dysregulation: ADHD

- Occurs in about 24%-50% youth and 34-70% adults
 - More than 10x the rate in general population
- Neuro-biological + Environment
 - EF difficulty > Others reactions > Interpreted as critical, rejecting and/or unjust > Affects self confidence, mood, sensitivity, emotional responses overtime
- Rejection Sensitivity Dysphoria (unbearable response)
 - Not a official diagnosis but a description of symptoms (More research needed)
 - Estimated to occur in 33% of Adults with ADHD, many youth also experience
 - Intense mood shift
 - Triggered by real or perceived social rejection, abandonment, criticism, failure
 - Severe unpleasant emotional, and at times, physical pain

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Emotional Dysregulation: TS Rage Attacks

- Intermittent explosive outbursts (aka "rage attacks") with Tourette Syndrome
- Sudden, dramatic, repetitive episodes of verbal and/or physical aggression that are developmentally age-inappropriate and disproportionate to the trigger (Budman, 1998)
 - Typically lacks intentional, controlled quality associated with more goal-directed expressions of anger or manipulation
- Behavior erupts with dramatic intensity with an overwhelming sense of loss of control
- Prevalence ranges from 20-70%
- Associated with ADHD and OCD, in particular ADHD (Chen et al 2013)

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Emotional Dysregulation: Rage example

- Intensity:
 - Responds to routine problems with extreme frustration—crying, screaming, swearing, kicking, hitting, biting, spitting, destroying property, and threats of self harm
 - Reaction out of proportion to provocation/trigger
- Frequency:
 - Frequent, severe outbursts, often predictable, sometimes the intensity is not
- Duration:
 - Can vary, but often resolves in 15-30 minutes
- Response:
 - Children often feel remorseful afterwards, parents often feel scared

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Strategies for Helping Youth with Emotional Regulation

- Strategy development framework
- Medical/health interventions
- Social-emotional skills toolbox
- Crisis intervention
- Collaborative Problem Solving
- Functional Behavioral Intervention
- Home/parent interventions
- School interventions
- Co-regulation
- Tech interventions

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Strategies: Strategy Development Framework

- Clarification of concerns and needs (Assessment/ clarify needs)
 - Characteristics of the individual and their environment
 - Characteristics of the problem behavior
- Intervention planning and design
 - Purpose (what, why, how) of intervention
 - Goals (increase/decrease behavior, measurable)
 - Methods/materials (what most people focus on)
 - Roles, responsibilities, timelines
- Implementation and evaluation of interventions
 - Facilitating implementation
 - Ongoing monitoring
 - Review goals periodically

** Used as a guide, involves multiple stakeholders (adapted from Maher, 2012)

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Strategies: Strategy Development Framework

Clarification phase (Assessment)

- Characteristics of the individual
 - Neurobiology: Genetics, physical condition, development, personality
 - Life experiences: social learning, family, cultural, historical
 - **Cognitive skills: (Greene's ALSUP from Collaborative Problem Solving)**
 - Perspective: values, vision, identity
 - Clinical considerations: diagnostic impression, assessments, severity
- Characteristics of the problem behavior
 - Emotional experience described
 - Defined observable behavior
 - Frequency, intensity, duration
 - Antecedents/setting events/ consequences
 - Hypothesized function(s) of behavior
 - Examples of problem behavior and interventions tried up to this point

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Strategies: SDF ALSUP

- ALSUP to identify lagging cognitive skills and unsolved problems (Greene, 1998, Collaborative Problem Solving)
 - Executive functioning skills
 - Language processing skills
 - Emotional regulation skills
 - Cognitive flexibility skills
 - Social skills
- A useful tool, not to replace standard cognitive IQ testing (WISC, WAIS etc.)

Available online

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Strategies: Medical - Health Based

- Address chronic and acute medical/health concerns (if present)
 - Medication, medical procedures, therapy, alternative treatments
 - Sleep, diet, exercise, sensory
 - PANS/PANDAS
- Medications for mental health
 - For more severe cases medication can be important
 - Antidepressants, antihypertensive, beta blockers, antihistamines, stimulants, non-stimulants, typical and atypical neuroleptics, mood stabilizers, antianxiety, others..
 - Severe explosive behaviors sometimes "use as needed" aka "PRN"
- Considerations
 - Finding doctors, appointments, side effects, adherence, adjustments

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Strategies: Social Emotional Skills Toolbox

- Geared toward the individual
- Typically based on cognitive behavioral therapy
 - Thoughts, feelings, behavior
- Evidenced based strategies to teach, practice, and reinforce skills
- Not one size fits all, can select skills that work best for the individual
- Often a fluid process trying, modifying, and switching tools over time
- Delivered via multiple modalities and in multiple environments:
 - Direct instruction, modeling, role playing etc..
 - Books, videos, websites, apps, games, therapy, school, home, in-person, virtual, sports, performing arts

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Strategies: Social Emotional Skills Toolbox

- Psychoeducation
 - Education about emotions
 - Learning about relationship between:
 - Situations>Triggers>Thoughts>Feelings>Behaviors>Consequences
 - Learning about specific problem (anger, anxiety, self harm etc.)

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Strategies: Social Emotional Skills Toolbox

- Cognitive-behavioral techniques
 - Reframing/reappraisal
 - Challenging thoughts
 - Externalizing intrusive thoughts ("It's just my OCD")
 - Self talk ("stay cool, I can control my anger")
 - Self monitoring/ Thought tracking
 - Positive thinking
 - Goal setting
 - Journaling
 - Stop and think (visualize a stop sign, count to 3)
 - Exposure/ desensitization
 - Activity scheduling
 - Using reminders to calm down
 - Visual aides:
 - Feelings thermometer
 - Stop sign
 - Posters

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Strategies: Social Emotional Skills Toolbox

<p>Relaxation calming strategies</p> <ul style="list-style-type: none"> • Deep breathing "Belly breathe" • Progressive muscle relaxation • Calming sensory objects • Enjoyable activities <ul style="list-style-type: none"> • walk, art, music, games • Positive self talk and imagery • Meditation/ yoga • Distraction, ignoring, count to 10 • Media: apps, videos, workbooks, • Talk to support person 	<p>Social emotional skills</p> <ul style="list-style-type: none"> • Feelings Identification and expression • Keep calm plan • Empathy/ Perspective taking • Awareness of self and others • Communication skills • Relationship skills • Social problem solving • Social stories
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Strategies: Social Emotional Skills Toolbox

Examples of evidence based CBT based treatment packages for anger/challenging behavior

- Cognitive Behavioral Therapy for Anger and Aggression in Children (Sukhodolsky & Scallan)
 - Anger control training (monitoring emotions, relaxation, responses to anger provoking)
 - Problem solving skills training
 - Social skills training
 - Manual that can be used for individuals or adapted for groups
- Anger Control Program (Larsen & Lochman)
 - Teaches skills for controlling anger and solving problems
 - Goal setting, anger management (self talk, distraction, relaxation), problem solving skills
 - Manual for groups, but can be adapted to individual
- Aggression Replacement Training (Goldstein): For schools, groups, clinics challenging youth
 - Social skills - Behavioral component
 - Anger control training - Affective component
 - Moral Reasoning - Cognitive component
- Coping power (Lochman, Wells & Lenhart)
 - Comprehensive prevention program
 - Social competence, self regulation, parental involvement
 - Multi-session/ multi year format, groups, but can be adapted, can use elements

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Strategies: Social Emotional Skills Toolbox

- 3rd wave cognitive behavioral therapies
- Dialectical Behavioral Therapy
 - Emotional regulation skills
 - STOP**
 - Opposite action
 - Interpersonal effectiveness skills
 - Mindfulness skills
 - Distress tolerance skills
 - Acceptance and commitment therapy
 - Thought defusion
 - Acceptance - Acknowledge, Allow, Accommodate & Appreciate
 - Mindfulness
 - Values
 - Committed action

The STOP skill

- S** Stop
 Identify STOP! Don't react. Don't make a mistake.
- T** Take a Step Back
 Take a breath, step in breath. Take a breath.
- O** Observe
 Notice what is happening. Consider your environment. Get in touch with your feelings.
- P** Proceed Mindfully
 Choose an action. Or take whatever the situation requires. Move on positively.

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Strategies: Social Emotional Skills Toolbox

In-the-Moment Plan (de-escalation)

- Keep it simple/ easy to remember
 - "Keep calm plan"
 - "Safety plan"
 - STOP and Opposite Action (DBT)
- Goal is to stabilize: Not a time to talk it out/ air grievances/ solve problems
- Often includes
 - Cognitive strategies: Self talk, distraction, counting
 - Relaxation: Deep breaths, PMR
 - Action steps: Walk away, go to quiet room, get out your art book
 - Physical release: "punching pillow" etc. (use sparingly with caution)
 - Co-regulation from supportive adults

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Strategies: Staying Calm and Composed

Key elements of individual management of emotions in the moment
(Hartke, 2024)

- **(Meaning) Motivate** yourself to manage emotions
- **(Early detection) Awareness** of self and outside of yourself
- **(Reappraisal and suppression of emotions) Keep calm:** Stop, think, breathe, walk away, count to ten, distract
- **(Prevention/adjustments) Solve Problems:** Social problem solving

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Strategies: Crisis Intervention

- Temporary Intervention: Goal of de-escalating a situation in the safest manner possible
 - "Crisis" here addresses individual mental health crisis, not school wide
 - Training important for parents, school faculty, bus drivers, coaches, older siblings
 - People lose rationality gradually when they become highly emotional
 - Important to use simple levels of communication, less words
 - Nonverbal communication, empathic listening, simple instructions
- Stages of crisis escalation and corresponding response of support person (Caroulka & Steiger, 1997, Crisis Prevention Institute)
 - Stage 1. Anxiety (starting to boil): supportive/empathic response
 - Stage 2. Defensive: directive response/set limits
 - Stage 3. Physically acting out: personal safety/restraints (last resort)
 - Stage 4. Tension reduction: Re-establish rapport/ process

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Strategies: Crisis Intervention

- Suicide assessment/ Safety plan/ Safety Contract
- Columbia Suicide Severity Scale - evidenced based
 - Free and available online
 - Adapted for multiple settings
 - History, ideation, method, intent, plan, behavior
- Safety Plan (Stanley & Brown, (2012)
 - Warning signs, internal coping strategies, social situations and people who can distract, people I can ask for help, professionals/agencies I can contact, making environment safe, regular check-ins
- Safety Contract
 - Written or verbal
 - Promise that child will not act on any suicidal impulses without telling an adult first. The child and a witness should sign the contract
 - Limited evidence to support, does not protect liability, use with caution


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Strategies: Collaborative Problem Solving

- When an expectation or demand is placed on a child and a child does not meet them, an adult has three choices of response:
- Plan A:** (Adult) Do what the adult says or else -Adult imposes their will ("You must, You can't, 1-2-3, I decide")
- Plan B: (Both) Collaborative Problem Solving**
- Plan C:** (Child) Adult lets it go, drops it - Adult is permissive lets child do what they want to do

"Kids do well if they can"



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Strategies: Collaborative Problem Solving

Steps of Plan B: Collaborative Problem Solving:

- Empathy - understand student's concern
 - "Whats up?..."Can't I talk to you about something?...I've noticed that"
 - Goal: get them talking, be non threatening, calm them down, take time drill down
- Define the problem
 - Goal is to get adult's concern into consideration "My concern is"
 - "The thing is..." "This is what I have noticed, what have you noticed?"
 - Clarify both perspectives
- Invitation
 - Brainstorm solutions together
 - Realistic, mutually agreed upon solutions are the goal.
 - Might be a compromise not everything either party wants
 - "I wonder if there is a way to..." (meet both child and adult concerns)

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Strategies: Function-based Interventions

Function-based Interventions


- Based on information from functional behavioral assessments (FBAs)
- Can help structure entire intervention and find solutions to problems
- Modifying setting events, antecedents, and triggers
- Teaching targeted behavioral skills
- Modifying consequences/ responses to behaviors
- Clearly defined target behaviors
- Goals of reducing negative behaviors/ increasing positive behaviors

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Strategies: Parent Interventions

- Education about child's condition
- Getting a team together if necessary (school, support groups, practitioners)
- Parent self care, burnout is real
- Collaborative problem solving
- Family therapy
- Changing aspects of the home environment/ schedules
- Parent Management Training
 - Play
 - Labeled Praise and Positive Attention
 - Reward Systems/ schedules
 - Active Ignoring
 - Effective Commands/ warnings/ timers
 - Time-Outs
 - Natural and Logical Consequences
 - Shaping
- Parent Child Interaction Therapy (ages ~2-7)
 - Parents model warm, calm, desired behaviors, set limits
 - Therapist guides parents through child directed and parent directed phases




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Strategies: School Interventions

- Education about child's condition to faculty staff
- Working as a team with all stakeholders
- Accommodations and behavior plans
 - I&RS, 504, IEP accommodations
 - FBA/ Behavioral intervention plan
 - Behavioral modification system
 - Counseling/ Social emotional learning
 - Collaborative problem solving
 - Training staff on safety, behavior plan
- Quiet Room, "Reset Room" "Calm Corner"
- More severe cases > therapeutic setting
- Regular communication with parents



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Strategies: Sports/Extra-curricular

- Often a major source of emotional dysregulation
- Winning, losing, performance, sportsmanship fairness, teamwork
- Personalities players, coaches, parents
- Expectations and motivation
- Helpful strategies
 - Positive self-talk and imagery
 - Visualization
 - Self-instructions
 - Attention regulation "Mind in the moment"
 - Calming breathing and PMR
- Also involves regulating emotions for optimal performance
 - Not just calming down
 - Assertiveness

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Strategies: Co-Regulation

- Supportive process where adults help youth regulate emotions
 - Adults model calm and supportive behavior (parents, teachers, family)
 - Adults must work on keeping calm
 - Manage communication and behaviors
 - Verbal: tone, volume, cadence
 - Non-verbal: para-verbal, proximity, supportive posture/stance
 - Sometimes gasp talk, problem solving etc. is needed
- Focus on de-escalation/support: Empathize but set limits
- Need to be a calm presence but also validate feelings
 - Listen, set limits, could just sit with someone, give a hug, give space, patience is key
 - Avoid more involved problem solving until individual is more regulated
- Takes practice, inconsistent, trying not to take things personally

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Strategy Example: SDF Intervention Chart

	Before Setting/Antecedent Learning/ Prevention	During De-escalate/ safety	After Response/ Adjustments
Medical/Health	Takes Rx regularly Sleep w/out phone Pack snacks	Safety plan Severe case Rx (PRN)	Consider Rx adjustment Tend to wounds Check sleep, hunger
Individual Skills	CBT/SEL - practice	STOP: Keep Calm Plan, Safety plan	Regroup, problem solving, reinforcement, new skills
Home/Parent	PMT, CPS, modify environment/triggers	Safety plan	Support, CPS consequences/ reinforcement, adjust
School	IEP, BIP, modify environment, counseling group	Crisis intervention, staffing	Support, CPS, consequences/ reinforcement, adjust

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Strategies: Tech


- Many use tech to distract relax
- Neurofeedback and biofeedback - inconclusive research
 - Monitoring brainwaves/heart rate/ internal indicators to help with regulation
- Video games used to manage emotions
 - Mightier game - some initial research supporting, biofeedback
- Wearable devices
 - Monarch - FDA approved for ADHD (but not much research yet)
 - Much easier to get med device FDA approved than medication approved
- Apps
 - "MHapps"
 - Many apps, limited research, shows promise though
 - CBT and mindfulness common
 - Mood monitoring guided exercises
 - Emotional regulation specific apps rare, but research suggests could be helpful (Eisenstadt et al., 2021)

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Resources

- Books and Materials
 - Train your Angry Dragon (children's book)
 - The Self-Regulation Workbook for Kids (Berman, 2021)
 - The Explosive Child (Greene)
 - DBT Therapeutic Activity Ideas for Kids and Caregivers (Lozier)
 - Mad Dragon Card Game (modeled after Uno)
 - Cognitive-Behavioral Therapy for Anger and Aggression in Child (Sukhodolsky and Scahill)
 - Helping School Children Cope with Anger (Larson & Lochman)
 - Little Spot Emotional Regulation Box Set
 - Calm corner materials (Lakeshore, amazon, etc.)
- Programs
 - Zones of regulation
 - Social Decision Making/Social Problem Solving (Elias et al)
 - Nurtured Heart
 - DBT Groups
 - Coping power



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Resources

- Apps
 - Calm
 - Headspace
 - Moshi kids
 - Ninja kids
 - Cosmic kids yoga
- Websites
 - Cosmic kids yoga (youtube)
 - <https://www.instagram.com/cosmickidsyoga/> (Rosse Greene)
 - <https://pg.casel.org/>
 - <https://dialecticalbehaviortherapy.com/>
 - <https://cssrs.columbia.edu/the-columbia-scale-cssrs/about-the-scale/>
- Video game
 - <https://www.mightier.com/>



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