

Emotional Regulation Impairment

An opportunity to better target intervention
and advance social justice!

Workshop Overview

-
- NJ Special Education code change altering the language of terms used.
 - Brief Review of Special Education (SPED) framework, for context.
 - Problems with the Former Language (stigma, restrictiveness, discrimination).
 - Potential Benefits of Title Changes (enhanced fairness and effectiveness of assessments and interventions).
 - Definition of Emotional Regulation
 - New focus on targeted strategies/instruments for assessment.
 - Shifting emphasis from surface behaviors to underlying emotions
 - New focus on targeted skills/strategies for interventions

Special Education Code Title Change for Disabling Conditions and Programs

CONTEXT:

- IDEA: Individuals with Disabilities Education Act (1975)
- Key SPED Organizing Concepts (in brief):
- Disabling Conditions
- Special Education Programs/Services
- Least Restrictive Environment

SPED DISABLING CONDITIONS (14)

(PRIOR)

- AUDITORILY IMPAIRED
- AUTISTIC
- COGNITIVELY IMPAIRED
(MILD, MODERATE, SEVERE)
- COMMUNICATION IMPAIRED
- EMOTIONALLY DISTURBED
- MULTIPLY DISABLED
- DEAF/BLINDNESS
- ORTHOPEDICALLY IMPAIRED
- OTHER HEALTH IMPAIRED
- PRESCHOOL CHILD with a DISABILITY
- SOCIAL MALADJUSTMENT
- SPECIFIC LEARNING DISABILITY
- TRAUMATIC BRAIN INJURY
- VISUALLY IMPAIRED

Proposed Changes to Eligibility Category/Disabling Condition Titles

CURRENT:	PROPOSED:
Auditorily Impaired	Auditory Impairment
Autistic	Autism
Intellectually Disabled	Intellectual Disability
Communication Impaired	Communication Impairment
Emotionally Disturbed	Emotional Regulation Impairment

Proposed Changes to Eligibility Category/Disabling Condition Titles 2

CURRENT:	PROPOSED:
Multiply Disabled	Multiple Disabilities
Orthopedically Impaired	Orthopedic Impairment
Other Health Impaired	Other Health Impairment
Visually Impaired	Visual Impairment

“Emotional Regulation Impairment means a condition, exhibiting one or more of the following characteristics, over a long period of time, and to a marked degree, that adversely affects a student's educational performance due to:

- 1. An inability to learn that cannot be explained by intellectual, sensory, or health factors;
- 2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- 3. Inappropriate types of behaviors or feelings under normal circumstances;
- 4. A general pervasive mood of unhappiness or depression; or
- 5. A tendency to develop physical symptoms or fears associated with personal or school problems. “
- (NJ SPED code)

SPED PROGRAMS (CURRENT)

- General Education with Modifications
- Auditory Impairments
- Autism
- Emotional Regulation Impairment
- Intellectual Disability (Mild, Moderate, Severe)
- Learning and/or Language Disability (Mild to Moderate, Severe)
- Multiple Disabilities
- Preschool Disabilities
- Visual Impairments

POTENTIAL NEGATIVE OUTCOMES OF BD/ERI PROGRAMS

- ***STIGMA*** (e.g. “He’s a BD kid, always will be.)
- ***BIAS/SEGREGATION/DISCRIMINATION/PIGEONHOLING***
- ***RESTRICTIVENESS*** (Limited opportunities for participation in General Education settings)
- ***CHALLENGES IN TRANSITIONING*** OUT of ERI program.
- Concern re: Risk of Contacts with Juvenile/Criminal Justice.

POTENTIAL NEGATIVE OUTCOMES OF BD/ERI PROGRAMS

- "Widening the Scope" (Goldman 2020)
- Goldman refers to the extensive body of research documenting the connection between ***HARSH SCHOOL DISCIPLINE*** (e.g. suspension, expulsion, and arrest), and particularly ***ZERO TOLERANCE POLICIES***, with the ***STPP***.
- Her research then extends that concept to include the association of ***REFERRALS TO ALTERNATIVE EDUCATION SCHOOLS***, as exclusionary policies, involving substantial racial disparities, and also associated with the School-Prison Nexus.

POTENTIAL NEGATIVE OUTCOMES OF BD/ERI PROGRAMS

- Widening the Scope: Conceptualizing the School-Prison Nexus Beyond School Discipline. Author: Goldman, Margaret UC Irvine 2022
- “In response to the limitations of the *STPP metaphor*, which conceptualizes the relationship between schools and prisons as a *unidirectional pathway*, a small group of scholars has begun to refer instead to a *school-prison nexus: a complex web of policies, ideas and institutional practices that converge to blur the boundaries between education and incarceration.*” (p. 1.)

RESTRAINT AND SECLUSION

Ending the School-Based Trauma Cycle

-
- Guy Stephens: Founder of Alliance Against Seclusion and Restraint in 2019
 - Myths:
<https://www.youtube.com/live/Tc4WjQ5ifZ4?feature=share&t=2577>
 - Risk:
<https://www.youtube.com/live/Tc4WjQ5ifZ4?feature=share&t=1113>

RESTRAINT AND SECLUSION

- A Better Way Forward:
<https://www.youtube.com/live/Tc4WjQ5ifZ4?feature=share&t=3567>
- A New Lens on Behavior:
<https://www.youtube.com/live/Tc4WjQ5ifZ4?feature=share&t=3710>
- Final Thoughts
<https://www.youtube.com/live/Tc4WjQ5ifZ4?feature=share&t=4645>

Beyond Language to Substantive Change

For change to occur there needs to be change in attitude and behavior of all involved in assessment/intervention: teachers, social workers, caregivers, etc.

Move Focus From:
Control / Compliance
To
Compassion / Connection

Liberatory Consciousness

Love, B., Liberatory Consciousness, 2000

The 4 “A’s” of Liberatory Consciousness:

Awareness requires that one recognize that we live in an oppressive society

Analysis requires that one develop hypothesis and explanations about why oppression is happening

Action requires one to take action to promote equality and justice

Accountability / Ally-ship requires one to collaborate with others to address what is contributing to an oppressive society.

Promote Attitudinal and Behavioral Change through Liberatory Consciousness Framework

Love, B., Liberatory Consciousness, 2000

- ***Awareness:*** Recognize and embrace that we that we live in an oppressive society that enables racial, social, economic and health inequities. SPED services often are a manifestation of this and have negative impact on children.
- ***Analysis:*** After becoming aware, analyze how/why this is happening. Develop explanations or hypotheses and think about what *each of us* can do to address it.
- ***Action:*** Take steps to serve to reduce negative impact of SPED such as advocacy for compassionate assessment and intervention that promotes connection
- ***Accountability/Ally-ship:*** Collaborate with impacted others to address what is contributing to negative impact of SPED, giving them a voice as expert in lived experience.

Shift in **FOCUS** – (1)
from exclusively **BEHAVIORAL** focus
to underlying **EMOTIONAL** factors

Southern-Gerow, 2013 (p.3):

- “Although emotion is depicted in the model, most CBT approaches emphasize interventions aimed at behavior and cognition.”
- “However, beginning in the late 1980’s and continuing through the 1990’s and 2000’s, a renewed interest in emotion swept the field of human behavior...a primary reason has been the advances in **neuroscience**.” (p.4)

Shift in FOCUS (2)

from exclusively BEHAVIORAL focus
to underlying EMOTIONAL factors

- Southern-Gerow, 2013 (p.5):
- “Interest in emotion theory and research applied to treatment:
 - ...Marsha Linehan (1993) in her development of dialectical behavior therapy (DBT)
 - ...The acceptance and commitment therapy (ACT) model developed by Steve Hayes and colleagues (Hayes, Strosahl, & Wilson, 1999).
 - Promoting Alternative Thinking Strategies (PATHS) a prevention program that helps school-age children develop emotional competence (Greenberg, Kusche, Cook, and Quamma, 1995)

DEFINITION: EMOTION REGULATION

*“...the extrinsic and intrinsic processes responsible for
Monitoring,
Evaluating,
and Modifying
Emotional Reactions,
especially their
intensive and temporal features,
To Accomplish One’s Goals”*

(Ross Thompson, Miranda Goodman, p. 39).

EMOTION REGULATION DEFINITION COMPONENTS/IMPLICATIONS

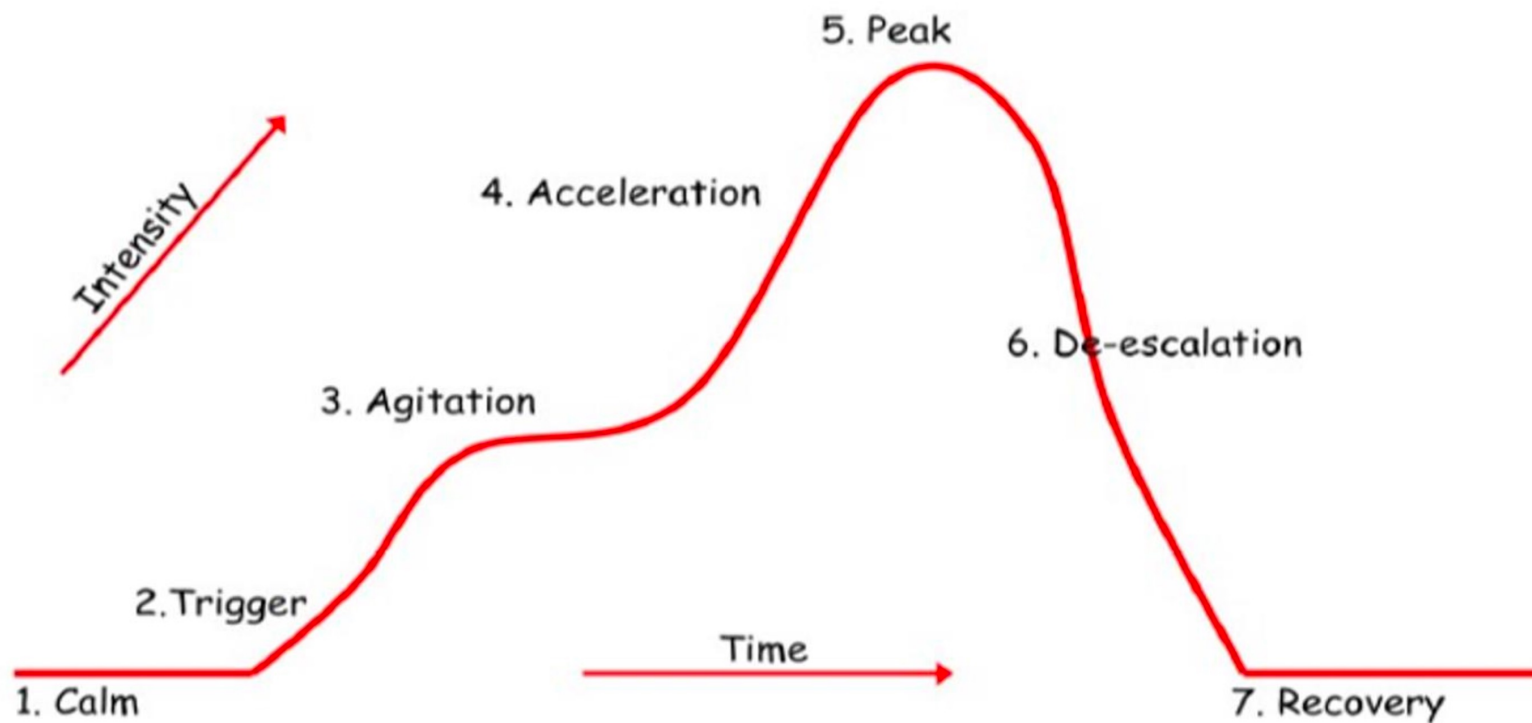
1. It distinguishes emotion from emotion regulation
2. Regulatory processes can target positive as well as negative emotions, and create changes in both the intensity and the temporal qualities of emotional responding (e.g. changing the speed of onset or recovery.
3. Emotion is managed through the extrinsic influence of other people as well as the person's own efforts (e.g. a parent soothing a crying infant).
4. Emotion Regulation is defined functionally (i.e. it is guided by the regulator's goals). (Thompson, Goodman, p. 40).

EMOTION REGULATION DEFINITION

COMPONENTS/IMPLICATIONS (cont.)

- Emotion Regulation includes monitoring and evaluating emotional experience (e.g. emotional self-monitoring and cognitive appraisals).
- “...one of the characteristics of children and adults who have difficulties with emotion self-management is their hypersensitivity to anticipatory cues of emotional arousal or their dysfunctional appraisal of certain emotion-eliciting situations.” [e.g. hostile attribution bias].

7 Phases of the Acting-Out Cycle



NEUROCEPTION

- A Guiding Principle:

- A concept devised by Dr. Porges, *neuroception*, provides a key to understanding *behaviors as adaptations*. Dr. Porges introduced the term in 2004 to denote the brain's and body's *ongoing subconscious surveillance of safety and threat in the environment*.
- ***Faulty neuroception***: Sometimes a person's body and brain detect threat when the person is actually safe, or detects safety when actually at risk. In Dr. Porges view faulty neuroception lies at the core of many psychiatric label and disorders. It also probably underlies many behavioral challenges.”

(Delahooke p. 20)

STRESS - SAFETY

- “This idea -that human beings need to feel safe in order to make use of their thinking brain - is a *common denominator* in the field of neuroscience.”

- Dr. Bruce Perry’s Neurosequential Model of Therapy (NMT): stipulates that in order to have effective engagement with children, we need to first regulate, in order to relate, and only then can we reason with the child.”
- Dan Siegel and Tina Brison echo this in the “Whole Brain” parenting strategy called “Connect and Redirect.”

(Delahooke p. 21)

IMPACT OF EARLY ADVERSE EXPERIENCES (ACES)

- “Stressful or traumatic experiences are often precursors to problematic behaviors.
- Keiser conducted the original ACE Study in collaboration with the CDC, in California from 1995 to 1997. Over 17,000 patients completed surveys about their early childhood experiences and their current health and lifestyle.”

Physical Abuse	Sexual Abuse
Emotional Abuse	Physical Neglect
Emotional Neglect	Intimate Partner Violence
Violent Treatment of the patient's mother	Substance misuse within the household
Household Mental Illness	Parental Separation or Divorce
Incarcerated Household Members	

ADVERSE CHILDHOOD EXPERIENCES

ACEs

Physical Abuse
Sexual Abuse

- Physical Abuse
- Emotional Abuse
- Physical Neglect
- Emotional Neglect
- Intimate Partner Violence
- Violent Treatment of the patient's mother
- Sexual Abuse
- Substance misuse within the household
- Household Mental Illness
- Parental Separation or Divorce
- Incarcerated Household Members

ACE Studies

- The Kaiser “researchers found that the more cumulative adverse childhood experiences an adult had the more likely the person was to have health, interpersonal, and behavioral problems throughout his or her lifespan.” (Delahooke p. 230).
- Dr. Burke Harris and her colleagues conducted a retrospective chart review of 701 children, investigating the connection between childhood ACEs and children’s health. Her findings were sobering. Children with more than four ACEs in their history were *32.6 times more likely* to be diagnosed with learning and behavior problems than children with fewer or no ACEs.” (Pediatrician Dr. Nadine Burke Harris, *The Deepest Well: Healing the Long-Term Effects of Childhood Adversity*.) Delahooke, p. 231
- In short, when the stress response is repeatedly activated, brain development can become compromised. Traumatized children’s behaviors and learning difficulties reflect this harmful effect of stress on the developing brain.

Assessment

GUIDING INTERVENTIOS

Development of Emotional Regulation

- Involves growth within the neurobiological, conceptual, relational, and cognitive/moral systems.
- Emotional self-regulation is slow growing, and early emerging individual differences are not stable over time.
- When seeking to identify stages of emotional regulation, it is useful to consider the theories of Piaget and Kohlberg's stage theories of cognitive and moral development.

EMOTION EXPRESSION SCALE FOR CHILDREN (EESC)

- Community Sample of 208 4th and 5th graders:
- Poor Awareness (PA) factor Mean = 15.61
- Expressive Reluctance (ER) factor Mean = 17.33
- 12 ERI Student conglomerated factor Mean = 25
(Rounded) for both PA and ER.

EMOTION EXPRESSION SCALE FOR CHILDREN (EESC)

- Sample of 12 ERI Students Grades 6 to 8.
 - Select findings:

- **I prefer to keep my feelings to myself:**

9/12 (75%) indicated “Somewhat True, Very True, or Extremely True.

- **I do not like to talk about how I feel:**

11/12 (92%) indicated “Somewhat True, Very True, or Extremely True

EMOTION EXPRESSION SCALE FOR CHILDREN (EESC)

- **When I feel upset, I do not know how to talk about it.**

10/12 (83%) indicated “Somewhat True, Very True, or Extremely True.”

- **Other people don’t like it when you show how you really feel.**

9/12 (75%) indicated “Somewhat True, Very True, or Extremely True.

- **I know I should show my feelings but it is too hard.**

9/12 (75%) indicated “Somewhat True, Very True, or Extremely True.

Stage of Development	Cognitive: Piaget	Moral: Kohlberg	Emotional Regulation: Thompson and Goodman
Infancy	Sensio-motor Most actions reflexive: centered on body, but acknowledges the environment	No moral development	Externally regulated by caregivers (food, comfort, safety); primitive self-soothing (sucking)
Toddler	Pre-conceptual Explores environment; language development enables association between words and thoughts	No moral development	Language provides conceptual tools for managing feelings but do not necessarily promote emotional self-regulation
Early Childhood	Pre-operational Words used to express thoughts; association between emotions and situations that evoke them	Preconventional Morality is a matter of good or bad; based on system of reward and punishment	Capacity for conceptualization of emotion makes it possible for adults to “coach” on strategies for emotional self-control
Middle Childhood	Concrete Operations Concrete problem solving; beginning understanding of relations between objects, and differing viewpoints	Conventional Morality seen as following the rule of society; being “good”, with law-and-order orientation	Conceptual advances promote understanding of self and emotions; recognition of how emotions can be managed
Adolescence	Formal Operations Uses rational thinking and deductive/futuristic reasoning, growth in executive function	Postconventional Morality consists of orientation of social contract orientation and ethic toward “the greater good”	More competently self-reflective of emotions and those of others
Adulthood	Formal operations continue with maturation of rational thinking and executive function	Postconventional continues with some never attaining this level of morality	Personal goals and social contexts govern growth and refining of emotional self-regulation;

Very Early Emotional Regulation (in Infancy)

- Innate response to pleasant and adverse stimulation-withdrawing/motioning/moving toward pleasant and away from adverse
- Mostly reflexive actions centered on the body and basic needs
- Acknowledgement of the external environment
- Social expectations of others may have a regulatory or disturbing effect

Early Emotional Regulation (in Toddlerhood)

- Growth of language may provide conceptual tools for managing feelings
- By age 2 children may make spontaneous comments about emotion ('I scared of dog, close my eyes'), may or may not help with regulation
- Awareness of association between emotion and unfulfilled desires
- Conceptual advances do not necessarily promote emotional self-regulation

Beginning Emotional Regulation (in Early Childhood)

- May comprehend association between emotions and situations that commonly evoke them
- Awareness of privacy of emotion - that others can be misled about personal feelings
- Adults can enlist the child's developing language to promote self-regulatory strategies

Middle Emotional Regulation (in Middle Childhood)

- Recognition of how emotions can be managed by internal distraction
- Sense of emotional understanding and emotional regulation incorporate deeper insight into mental, attitudinal, personality and motivational qualities
- Fundamental desire to “fit in”, to be socially “acceptable incentivizes self-regulation

Progressing Maturity of Emotional Regulation (in Adolescence)

- Rational thinking, growing executive function and futuristic thought may become more apparent and may support emotional regulation
- Attention to ones own emotional experiences, and those of others may lead to more competent self- reflection
- Reflection may lead to self-regulatory strategies that are unique and have personal meaning
- Peer relations can serve to incentivize or de-rail emotional regulation

More Mature Emotional Regulation (in Adulthood)

- Emotional regulation typically needed for successful function in employment, familial, recreational and other social contexts
- Intersectional factors of personality, gender, race and cultural influences guide expectation for emotional self-control, and the goals for emotional management and regulation
- Emotional regulation changes developmentally during adult years, according to different investments in time and energy:

**Longer life ahead seek future payoff *Shorter life ahead seek emotional meaning*

ASSESSMENTS ALSUP ASSESSMENT OF LAGGING SKILLS AND UNSOLVED PROBLEMS

Ross W. Greene, Ph.D.

(Author of The Explosive Child, 2005)

The ALSUP is intended for use as a discussion guide rather than as a free-standing checklist or rating scale. It should be used to identify specific lagging skills and unsolved problems that pertain to a particular child or adolescent.

LAGGING SKILLS

This section will help you understand why a child is responding so maladaptively to problems and frustrations. Lagging skills are not the primary point of intervention.

UNSOLVED PROBOEMS

...the specific expectations a child is having difficulty meeting.

SUP 2020
MENT OF LAGGING SKILLS & UNSOLVED PROBLEMS

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LD'S NAME _____ DATE _____

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Difficulty maintaining focus	<input type="checkbox"/>	Difficulty seeing "grays"/concrete, literal, black & white, thinking in absolutes
Difficulty handling transitions, shifting from one mindset or task to another	<input type="checkbox"/>	Difficulty taking into account situational factors that would suggest the need to adjust a plan of action
Difficulty considering the likely outcomes or consequences of actions (impulsive)	<input type="checkbox"/>	Inflexible, inaccurate interpretations/cognitive distortions/biases (e.g., "Everyone's out to get me," "Nobody likes me")
Difficulty persisting on challenging or tedious tasks	<input type="checkbox"/>	Difficulty attending to or accurately interpreting social cues or poor perception of social nuances
Difficulty considering a range of solutions to a problem	<input type="checkbox"/>	Difficulty shifting from original idea, plan, or solution
Difficulty expressing concerns, needs, or thoughts in words	<input type="checkbox"/>	Difficulty appreciating how his/her behavior is affecting others
Difficulty managing emotional response to frustration so as to think rationally	<input type="checkbox"/>	Difficulty starting conversations, entering groups, connecting with people/lacking other basic social skills
Chronic irritability and/or anxiety significantly impede capacity for problem-solving or heighten frustration	<input type="checkbox"/>	Difficulty empathizing with others, appreciating another person's perspective or point of view
Sensory/motor difficulties	<input type="checkbox"/>	Difficulty handling unpredictability, ambiguity, uncertainty, novelty

UNSOLVED PROBLEMS

Unsolved problems are the specific expectations a child is having difficulty meeting. The wording of an unsolved problem will translate directly into the words that you'll be using when you introduce an unsolved problem to the child when it comes time to solve the problem together. Poorly worded unsolved problems often cause the problem-solving process to deteriorate before it even gets started. Please reference the ALSUP Guide for guidance on the four guidelines for writing unsolved problems.

SCHOOL/FACILITY PROMPTS:

- Are there specific tasks/expectations the student is having difficulty completing or getting started on?
- Are there classmates this student is having difficulty getting along with in specific conditions?
- Are there tasks and activities this student is having difficulty moving from or to?
- Are there classes/activities the student is having difficulty attending/being on time to?

HOME/CLINIC PROMPTS:

- Are there chores/tasks/activities the child is having difficulty completing or getting started on?
- Are there siblings/other children the child is having difficulty getting along with in specific conditions?
- Are there aspects of hygiene the child is having difficulty completing?
- Are there activities the child is having difficulty ending or tasks the child is having difficulty moving on to?

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Delays in Skill Development

- **Difficulty...** maintaining focus.
- ... handling transitions, shifting from one mindset or task to another.
- ...considering the consequences of actions.
- ...persisting on challenging or tedious tasks.
- ...considering a range of solutions to a prob.
- ...expressing needs, concerns in words.
- ...managing emotional response to frustration.
- Chronic irritability or anxiety.
- Difficulty with grays/black and white thinking.
- Inflexible, inaccurate interpretations.
- ...handling unpredictability, ambiguity, uncertainty.
- Difficulty empathizing with others.

ALSUP 2020

ASSESSMENT OF LAGGING SKILLS & UNSOLVED PROBLEMS

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CHILD'S NAME _____

DATE _____

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UNSOLVED PROBLEMS

- HOME

- Getting started or completing chores, activities
- Getting along with siblings.
- Completing hygiene tasks.

- SCHOOL

- Completing assignments.
- Getting along with classmates.
- Transiting between activities.

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EMOTION EXPRESSION SCALE FOR CHILDREN

EESC

“The **EESC** is a self-report scale designed to examine 2 aspects of deficient emotion expression: lack of emotion awareness and lack of motivation to express negative emotions.

The EESC has high internal consistency with adequate test-retest reliability....These finding lend support to the theoretical notion that **emotion awareness is fundamentally related to children's ability to regulate negative affect.**

With respect to the expressive reluctance factor, children's report of their **unwillingness to express emotion was associated with both inhibition and dysregulated expression of sadness and anger.....**

(Susan Penza-Clyve and Janice Zeman p. 545)

ASSESSMENTS (cont.)

PSYCHOLOGICAL SENSE OF SCHOOL MEMBERSHIP

"This scale measures youth perception of sense of school belonging in research investigating associations between the relational quality of educational contexts and motivational and achievement outcomes."

(Goodenow . 1993)

SAMPLE QUESTIONS

- Other students in this school take my opinions seriously.
- I can really be myself at school.
- I feel proud belonging to S. 17th St. School

(This scale is endorsed by the CDC for use in evaluating violence prevention programs.)

Psychological Sense of School Membership Scale

Circle the answer for each statement that is most true for you.

1) I feel like a part of my school.	Not at all true 1	2	3	4	Completely true 5
2) People at my school notice when I am good at something.	Not at all true 1	2	3	4	Completely true 5
3) It is hard for people like me to be accepted at my school.	Not at all true 1	2	3	4	Completely true 5
4) Other students in my school take my opinions seriously.	Not at all true 1	2	3	4	Completely true 5
5) Most teachers at my school are interested in me.	Not at all true 1	2	3	4	Completely true 5
6) Sometimes I feel as if I don't belong in my school.	Not at all true 1	2	3	4	Completely true 5
7) There is at least one teacher or adult I can talk to in my school if I have a problem.	Not at all true 1	2	3	4	Completely true 5
8) People at my school are friendly to me.	Not at all true 1	2	3	4	Completely true 5
9) Teachers here are not interested in people like me.	Not at all true 1	2	3	4	Completely true 5
10) I am included in lots of activities at my school.	Not at all true 1	2	3	4	Completely true 5
11) I am treated with as much respect as other students in my school.	Not at all true 1	2	3	4	Completely true 5
12) I feel very different from most other students at my school.	Not at all true 1	2	3	4	Completely true 5
13) I can really be myself at my school.	Not at all true 1	2	3	4	Completely true 5
14) Teachers at my school respect me.	Not at all true 1	2	3	4	Completely true 5
15) People at my school know that I can do good work.	Not at all true 1	2	3	4	Completely true 5
16) I wish I were in a different school.	Not at all true 1	2	3	4	Completely true 5
17) I feel proud to belong to my school.	Not at all true 1	2	3	4	Completely true 5
18) Other students at my school like me the way that I am.	Not at all true 1	2	3	4	Completely true 5

Goodenow, C., 1993

FUNCTIONAL ANALYSIS with TREATMENT PLAN

PROBLEMS	High Levels of Depressed Mood	Overfocus on negative events (rumination).	Social Isolation
PROXIMAL DRIVERS (antecedents)		Adverse Peer events Others Distress Expects others to view her negatively.	
PROXIMAL DRIVERS (consequences)		"Rewarded" by peers for problems. Negative thoughts are "rewarded." Lack of exposure to contrary evidence.	
CONTEXTUAL/ SITUATIONAL FACTORS		Relative absence of adult support. Temperamental vulnerability to others' distress. Predisposition to depression	
DISTAL DRIVERS		Parents' Divorce	
INTERVENTIONS		Module 3. Empathy skills Module 7. Emotion Regulation Skills IV: Basic Cognitive Skills	

INTERVENTION MODULES

From: *Emotion Regulation in Children and Adolescents: A Practitioner's Guide* Southern-Gerow 2013 pp. 99-242

1. Emotion Awareness Skills
2. Emotion Understanding Skills
3. Empathy Skills
4. Prevention Skills

EMOTION REGULATION SKILLS:

5. Mastery
6. Expression Skills
7. Basic Cognitive Skills
8. Emotion-Specific Cognitive Skills

DIALECTICAL BEHAVIOR THERAPY

- “Dialectical behavioral therapy, developed by Marsha Lineham (1993), is extraordinarily effective at helping people manage their overwhelming emotions.”
- DBT teaches 4 critically important skills:
 1. Distress Tolerance
 2. Mindfulness
 3. Emotion Regulation
 4. Interpersonal Effectiveness

DIALECTICAL BEHAVIOR THERAPY

- “In dialectical behavior therapy, there are nine emotion regulation skills that will help you gain control of your emotions and behaviors associated with them:
 1. Recognizing your emotions
 2. Overcoming barriers to healthy emotions
 3. Reducing your physical vulnerability
 4. Reducing your cognitive vulnerability

DIALECTICAL BEHAVIOR THERAPY

5. Increasing your positive emotions
6. Being mindful of your emotions without judgement
7. Emotion Exposure
8. Doing the opposite of your emotional urges
9. Problem solving”

The DBT Skills Workbook (McKay, Wood, Brantley)

Change in focus of Intervention from Behavior to Emotion

- Behavior Modification
- CBT includes emotion in triad but not usually primary focus of intervention
- DBT
- Dysregulation model from trigger/activate to peak to recovery
- Stress and Trauma as causes of dysregulation
- Safety

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