When adolescents don’t measure up…

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U OF MN RESEARCH TO PRACTICE SERIES
Managing emotions in teens: responding to dysregulation and challenging behaviors
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For this presentation:

• Review research from neurobiology and stress management as applicable to clinical interventions.
• Identify implications for practice: how does regulatory support work?
• Consider how relational expectations in adolescence reveals early relational experiences and strategies that may (or may not) promote well being.
• Effects of trauma: when trauma remains a compelling memory, can change occur?

Let’s unpack the title

1. Managing emotions
2. Teens
3. Responding to
4. Dysregulation
5. Challenging behaviors.
A developmental stage that is signified by onset of puberty but covers at least a decade of important learning that facilitates increasing independence, identity-based engagement, and pre-natal. 

Managing feelings:
- Emotions are at the core of functioning.
- Emotions, and emotion regulation, signal us to appraise situations so that we can act effectively.
- Emotions that are confusing or poorly modulated fail to provide the kind of energy needed for effective (adaptive) action, and may compromise both awareness and relating.
- To use cognitive awareness, the teen must have some capacity for emotion stability.
Dysregulation: The opposite of regulation

- Regulation is the capacity to maintain and regain balance in the face of stress caused by fear/emotions, stimulation, and new learning.

- Stress is a necessary part of life;
  - Tolerable stress — enough to activate brain, with enough resources for mastery and enough adult mediation to regain balance.
  - Toxic stress — too much, too long, with too little help.

- Dysregulation is the persisting state of unbalance or energy that is not within the person’s conscious sense of control. Dysregulation drains energy from learning.

Emotion confusion

- Emotions trigger attention, appraisal and then action.
- When emotional are regulated and available, then teens can feel their way to actions that move them forward.
- Emotional confusion or dysregulation compromise awareness: emotions are discharged in ways that confound, rather than support, forward movement.

Challenging behaviors

- Behavior is always an action triggered by emotion.
- When teens are confused about emotional states, they often act in ways that mirror confusion, or defy confusion.
- “I don’t care… I can do whatever I want” is more a confused than confident statement.
- Behaviors become challenging because 1) these don’t work and 2) they offend us.

These go together
Re-examining challenging behaviors

- To maintain or approximate regulation, many teens have learned to use behavior as an alternative to regulating emotions.

- Taking their perspective: behaviors are either used to gain internal balance, or to shift the misery into the interpersonal interactions.

- While these behaviors start as efforts at regaining regulation, these are deemed challenging when expected norms are violated, or others feel offended and threatened.
From Bonnie Klimes-Dougan:

**Neurobiological Stress Model**

- **Brain**
  - Frontal Lobe
  - Limbic Lobe
- **Physiological Response**
  - Hypothalamic-Pituitary-Adrenal (HPA) axis

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"Responding to . . ." means a lot more than watching— or fighting with— or feeling fearful.

Teens need adults to show them the way out of challenging behaviors and dysregulation, and into efforts that start to work for them.

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"Responding to . . ."

- As clinicians we have a choice: to respond in ways that are helpful, or to respond in ways that inadvertently reinforce dysregulation, maladaptation, and social estrangement.
- Concept of **developmental repair**: responding in ways that support learning, resilience and change.
Resilience is the capacity to keep developing and positively adapting in the face of adversity. Risks threaten resilience. Protections are both internal capacities and environmental/interpersonal experiences that offer buffering. Working with teens, we are always trying to support their resilience.

Resilience can look like…
Threats to resilience

1. Persisting/unrelenting risks.
2. Peer group dominance vs. individual motivation.
4. Coherence vs. breakdown of narrative: when experiences cannot be made to make sense.
5. Dangers of continuity: teens are changing/their bodies and brains and minds are changing. “He has always been this way” leads to assumptions of the same, no matter what.

WHAT SUPPORTS RESILIENCE?

Agency and the quest for mastery
Looking inward: capacity for reflection
The pivotal importance of relationship

AGENCY AND MASTERY

• “Belief that they can influence their environment is a dynamic living force.”

• Exhibited an “optimistic bias”/“optimistic beliefs about how much we can change our environments not only inspire actions, but also soften the inevitable failures and setbacks that accompany any bold course.”

• “All of the teens are impulsive at time. But the resilient ones also give their lives and problems steady and serious attention.”
Intervention strategies

Impose external control
- Power is outside – and used to force compliance.
- Consequences reward compliance or punish non-compliance at a time when teens need to express their own ideas and intentions.
- Agency is replaced by accommodation.

Support and encourage internal control
- Power is perceived as within each teen and focus is on building teen’s capacity for self control and mastery.
- Negotiation is privileged over force. Compliance is framed as tolerating distress and doing something that “works for you” (and often me too.)
- “How resilience can kick in before it shows—that is, how a resilient process may be operating powerfully underneath exactly the kind of behavior that would most seem to controverts it.”

Reflective capacity
- “an effort to make sense out of feelings… the ability to think about one’s thought processes…they observe what goes on in their heads.
- “…the resilient teens suspect early that the inner world requires much skill as the external environment.”

Making reflection not so dangerous
- Many teens resist reflection because they don’t have access to their own thoughts, needs, intentions, desires. They don’t expect their perspective to count.
- This is especially true of teens who have experienced interpersonal violence, trauma. It is also true of teens who have lived in chaos and disorganization.
- Reflection is not a test; there are nor right and wrong observations. But it must first be experienced as a shared awareness.
- Reflection is also learned by modeling: “My mind is thinking/ this is what I intended/ I see what you wanted me to know…”
- Teens cannot take our perspective if we don’t take and value theirs.
Nimi Singh: Two Assumptions:

1. Motivation: can be elicited by interpersonal interaction (not just innate character trait)
   • Confrontation leads to resistance
   • Empathy, understanding and exploration of patient's experience creates a space for self-reflection and desire for change

2. Ambivalence to change: normal and natural
   • Competing positive and negative feelings
   • Decision balance: pros and cons

Importance of relationships

- “Resilient teens retain an interest in forming new relationships (or reforming old ones) that is apparently boundless, and their skill in relationship grows …this is both a testament to their resilience and a reflection of one of the compelling engines that drives it.”

- Attachment patterns persist into adolescence and beyond; the more secure a teen, the more resources he/she will have to activate relational expectations and strategies that promote connections.

What about the attachment insecure???

- Teens with insecure patterns often show these in new relationships/ these unconscious (dismissive, preoccupied) patterns interrupt their efforts to maintain relationship connection and value.

- Most challenging are teens who have disorganized attachment patterns: frightened to frightening adaptation causing chronic dysregulation and low expectations of relational help. Trajectory predicts borderline or antisocial adaptations.
Two critical concepts

- Relational aggression
  - Refers to behaviors and attitudes (feelings) that may not be physically threatening but instead threaten relationship security and well-being.
  - RA may be a gender variant; it makes relating painful and threatening to well-being, or manipulative for self-interests.
  - The old rhyme is wrong: "sticks and stones can break my bones but names can never harm me."

- Callous/unemotional bias
  - New DSM descriptor for conduct disorder when teens become "cool" (instead of hot, intense).
  - Teens who were associated with responses indicating a tendency to emphasize the positive and rewarding aspects of aggression, to value the importance of being dominant in aggressive interactions, and to minimize the potential for punishment for being aggressive.
  - Finch and Viding, 2009, Antisocial behavior from a developmental perspective, Development and Psychopathology
  - This is probably a learned response that supports emotion regulation by disowning emotions; over time, relationships are rejected as threatening this precarious equilibrium. The possibility of reciprocal social contract is thwarted by fear and distrust.

Tolerance of deviance

- Teens are predisposed to identify with the peer group. When deviance becomes the norm, then teens are much more likely to become tolerant of behaviors, even when these are challenging to authority, especially if authority is confusing.
  - (Ridenour, et al, 2011, J of Child and Adolescent Substance Abuse)

- This tolerance resonates to the extensive literature identifying that aggregating youth with conduct problems is counterproductive.
  - (Dodge et al, 2006, Deviant peer influence in programs for youth)
Trauma effects

- Many teens with challenging behaviors have experienced traumas that have not been mediated or managed.
- PTSD— persistence of stress system activation.
- Chronic stress/ toxic stress/compromised learning.

Trauma and distorted social perceptions

- Maltreated children perceive angry faces as highly salient relative to other emotions, and require less visual information to detect the presence of angry facial expressions.
- Neglected children perceive sadness as predominant.
- These appear hypervigilant, yet this vigilance does not help them interpret experiences accurately.
- Neutral faces are the most confusing and disorganizing. Their hypervigilence demands information.

Compromised learning capacities

- Early disruptions and trauma impact learning capacities:
  - Dysregulation or impaired self-regulation
  - Missing organizational capacity/to put ideas together
  - Inattention, impulsivity, indiscriminate focus
  - Restricted memory and comprehension
  - Restricted motivation for new experiences
  - Restricted perseverence and persistence
  - Lack of reciprocity and negotiation skills
  - Distorted social awareness of self and others
  - Restricted imagination and exploration
  - Negative relationship generalizations
An example of damage over time: there is presently an epidemic of children with attentional difficulties. Biology includes both genetic and environmental (trauma) vulnerabilities. Most researchers are now focusing on impairments to EXECUTIVE FUNCTIONING.

What do I do?

INTERVENTION STRATEGIES FOR CHALLENGING TEENS

Interesting evidence based interventions for teens

- DBT
- Interpersonal Therapy
- Mentalization based therapy
- Multisystemic Family Therapy
- Trauma focused CBT
Behavior paradigm: you choose.

- When behaviors are taken as intentional, judged on overt content, and responded to as an interpersonal challenge, teens are trapped in past patterns and maladaptive solutions.
- When behaviors are recognized as part of the regulation system— as efforts to stay righted— they have access to the developmental basis for psychopathology and for repair.
- When behaviors are understood as body and mind communication, about how a teen has learned to manage stress and fear, even if these behaviors are very maladaptive, there is opportunity for new awareness and new learning.

2. Assess the “inside” experience of each teen

- Every teen comes with contextual history, but their subjective perceptions/experiences are as important. Self-narratives may not be the truth, but contain emerging self-awareness that is critical for change.
- They cannot use objective narratives until they feel connected to their own feelings and thoughts.

3. Lead with kindness...

- Arousal and reactivity are not intentional— these responses are often reflexive.
  - The typical teen brain is still struggling to negotiate between reflexive and reflective functioning, and trauma intensifies reflexive action.
  - When we are reflexive back— when we retaliate or become mean, we inadvertently reinforce their necessary but negative adaptations.
- Kindness is a useful concept that reminds clinicians of our innate desires for connection.
...and value experiential interactions.

- Remember limbic activation.
- Remember new experiences and new learning.
- Remember teens need for surprise/activation.
- Remember not to lecture.
- Remember to help them feel alive.

4. INDIVIDUALIZE INTERVENTION PLANNING

- Adolescents have much in common but they are not clones. Each brings an individual history, subjective experiences, personal narratives (spoken and carried in body states), and hopes and intentions that mobilize their sense of the future.

5. Attend to imagination and creativity

- Many of these teens have lost the capacity to play/to play with ideas, to play with possibilities. They may have shifted to “playing with people” but this play is more about control than imagination and creativity.
- Help them regain this essential life force. Help them imagine their bodies and their minds.
In conclusion, we need these young people to feel more secure and relationally competent. They will be the mothers and fathers for the next generation. They deserve this and so do their children.