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Emotion Regulation in Children and Adolescents: A Practitioner's Guide, by Michael A. Southam-Gerow.
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CHAPTER 1

Introduction

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THE IMPORTANCE OF EMOTION-RELATED INTERVENTIONS

Treatment developers have long neglected the topic of emotion, particularly since the rise to prominence of behavior and cognitive-behavioral therapy (CBT). The neglect of emotion is somewhat surprising, given the prominence of emotion in the CBT model. The basic CBT model includes three variables, often depicted as circles arranged in a triangle with double-headed arrows connecting each to each: (1) actions, (2) thoughts, and (3) feelings. The idea is simple: What one does influences what one thinks and how one feels. And how one feels influences what ones does and what one thinks. And so on. The model makes no predictions about where the cycle starts or where it will end. Instead, it simply summarizes the idea that thoughts, feelings, and actions are related to and influence one another.

Although emotion is depicted in the model, most CBT approaches emphasize interventions aimed at behavior or cognition. One reason has been that the science of emotion has lagged behind the science of behavior and cognition, although certainly not for lack of interest. Scientists and philosophers have been fascinated by emotion for centuries. Early Greek philosophers opined on emotions and so-called "passions." Aristotle, one of the earliest documented thinkers to expound on the topic, may be one of the first to articulate the connection among emotions, thoughts, and actions. Philosophers and artists through the ages have written about emotions. Some portrayed emotions as "passions" that weakened humans could succumb to or overcome by using the rational mind. Others offered a more positive view of emotions, noting their importance in interpersonal interactions and their utility in helping us better understand what is important to us.

More recently, scientists like Charles Darwin and William James theorized about and studied emotion and its role in human life. However, particularly within

psychology, behavioral and cognitive sciences received a lot of attention in the middle and later years of the 20th century, especially with regard to the development of treatments for mental health problems. A review of randomized controlled trials published from the 1980s to the early 2000s will attest to the prominence of behavioral and cognitive-behavioral treatments, based in part on the findings from basic behavioral and cognitive science.

However, beginning in the late 1980s and continuing through the 1990s and 2000s, a renewed interest in emotion science swept the field of human behavior. Although there were several contributing factors to the focus on emotion, a primary reason has been the advances in neuroscience. As the field began to better understand emotional circuitry in the brain, emotion became "observable" in a sense and thus was viewed as a legitimate focus for science. Furthermore, as evidence accumulated on the effects of various treatments, including CBT, treatment developers and therapists alike began to identify areas for improvement, based in part on the fact that, as good as the treatments were, many clients were still not improving as much as they deemed possible.

Partly as a result of these occurrences, interest in integrating emotion into a variety of treatment models burgeoned. In child and adolescent therapy alone, there have been numerous examples of prevention and treatment interventions targeting emotional development. One example is Promoting Alternative Thinking Strategies (PATHS), a prevention program that helps school-age children develop emotional competence (Greenberg, Kusche, Cook, & Quamma, 1995). PATHS includes interventions designed specifically to influence social and neurological development related to emotion. For instance, the program attempts to target frontal lobe involvement in emotional development by teaching self-control strategies such as self-talk, thereby promoting what is called vertical control (i.e., higher-order processing, emotion regulation by frontal lobes). The PATHS program also focuses on emotion education concepts such as labeling and identifying emotions, promoting what is called horizontal communication (i.e., information processing that occurs across the two halves of the neocortex, or, more simply, better right brain–left brain communication; Greenberg & Kusche, 2002).

In addition, other scientists have developed and tested emotion-infused treatments for youths with diagnosable psychopathology. For example, Cindy Suveg and her colleagues (Suveg, Kendall, Comer, & Rabin, 2006) introduced a program called emotion-focused cognitive-behavioral treatment (ECBT), which focuses on children with anxiety disorders. The program includes many interventions found in CBT for anxiety, including psychoeducation on anxiety, cognitive skills, problem-solving skills, exposure, plus content that specifically addresses emotion understanding and emotion regulation skills. Another recent emotion-infused treatment developed and tested by Maria Kovacs and her collagues (Kovacs et al., 2006) is called contextual emotion-regulation therapy (CERT). CERT emphasizes emotion regulation in an interpersonal context, with a focus on identifying maladaptive responses to dysphoria and reducing the impact of contextual factors that might maintain the responses.

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In the program, youths learn a variety of skills, including information about emotional development and emotion recognition skills. Both of these treatments have garnered preliminary empirical support.

Interest in emotion theory and research applied to treatment of adults is arguably even "hotter." Among the first to emphasize emotion was Marsha Linehan (1993) in her development of dialectical behavior therapy (DBT). The emotional aspects of DBT include an emphasis on "acceptance" strategies with regard to emotional experiences. The acceptance and commitment therapy (ACT) model developed by Steve Hayes and colleagues (Hayes, Strosahl, & Wilson, 1999) is another approach incorporating similar ideas—that one way to help clients with psychological distress lies in helping them accept their emotional experiences. Many other treatments that integrate emotion-related interventions have been developed and tested for adults (see Mennin & Farach, 2007, for review), a discussion of which would take this brief introduction too far afield.

Clearly, then, interest in emotion-related interventions for children and adolescents (and adults) is a hot topic. However, as I was pitching about for a dissertation topic in the mid-1990s, few if any of these programs existed. As a result, I drew on my own clinical experiences to date as a young CBT therapist and recognized that emotion was "missing" from the model. Specifically, children with mental health problems had emotion-related gaps in their understanding that might not be adequately treated by a focus on behaviors and thoughts. The research stemming from my observations suggested that children with anxiety problems, for example, were indeed struggling to understand emotions; in fact, children without such problems were also struggling to understand emotions (Southam-Gerow & Kendall, 2000). We now have more than a decade's worth of studies from multiple investigators that support this idea (see Suveg, Southam-Gerow, Goodman, & Kendall, 2007).

My other research interest concerns the adaptation of treatments for use in new contexts. Of particular interest is taking treatments with an evidence base from research studies and working with therapists in other settings to adapt those treatments for the clients they see. While conducting such a study in central Virginia with therapists in a public mental health clinic, I received feedback through informal and formal (e.g., focus groups) means suggesting that evidence-based treatments needed more focus on emotion (see Southam-Gerow, Hourigan, & Allin, 2009). As part of a study we were doing, I received additional feedback from therapists on this point and wrote a set of treatment modules on emotion that served as a basis for this book. The modules found herein were written and used in our study working with youths and families in a public mental health clinic.

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SCOPE OF THE BOOK

First, and perhaps most important, this book is *not* designed as a stand-alone treatment program. Rather, the treatment strategies described in this book are designed

to be modular, a concept described in more detail in Chapter 5. One characteristic of modular approaches is that they can be "plugged in" to other approaches, like new Lego pieces that can be attached to an existing structure or model. In short, this book contains several sets of treatment interventions that can be used singly or in combination and with other interventions.

Which Problem Areas?

The strategies in this book are designed for children or adolescents who have any of several emotion-related deficits, including poor emotional awareness, limited emotional understanding, poorly developed empathy skills, or poor emotion regulation. Given that these emotion-related problems exist in a wide variety of clients presenting for mental health treatment, the strategies in this book are not designed for a specific set of child problems or a specific DSM disorder. This fact distinguishes the book from many others, which tend to be designed for a specific diagnostic group or specific problem area. Instead, this book is designed to help youths with many different types of problems and who, as part of their struggles, are lacking in some emotional competencies. For example, a young child with anxiety problems and an adolescent with severe conduct problems may share a lack of emotion understanding, and this book is designed to help both of them.

In fact, the strategies are designed to apply to children with a variety of DSM diagnoses. Aside from the most common problems encountered in most outpatient settings (e.g., mild to moderate behavior problems, anxiety and depressive disorders), it is possible to use some of the interventions with children with Asperger syndrome, although a specialty text should be used in conjunction (e.g., White, 2011). Of course, to follow Gordon Paul's (1967) adage carefully, it should be clearly stated for whom the strategies may have limited applicability. The problems for which these interventions may be less germane, at least as a primary focus of treatment, would include: psychotic disorders, mental retardation, and moderate to severe autism. In addition, although the modules here may help children with severe forms of conduct disorder or youth with chronic suicidal behavior, they may not be well suited as a primary focus for such clients, especially given the fact that there are currently well-designed and tested treatments for these problems.

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Which Age Groups?

The interventions described in the book are designed for children of elementary school age or older. Examples in the book will be tailored to differing age groups to demonstrate how to use the interventions across the developmental span. Thus the book was written for therapy practiced with children and adolescents. However, some therapists may find the strategies useful with their adult cases, with some modifications. In short, the interventions apply across a broad developmental range but interventions should be adapted on the basis of the youth's age or maturity.

Which Settings?

Another consideration for using the interventions in the book is the settings in which they apply. Most treatments in the evidence base to date have been tested in outpatient or school settings. Hence, because the interventions described are derived or inspired in part by many of these evidence-based treatment programs, those settings are certainly appropriate. However, having consulted with therapists in the use of these and similar strategies in many other settings (e.g., residential, day treatment, home-based), I have found that their use in other settings has been useful.

STRUCTURE OF THE BOOK

The book is organized into two parts. Part I provides the conceptual framework for the treatment modules contained in Part II. In Chapter 2, I provide background on the many emotion-related constructs discussed in the book. This chapter is designed to provide a general background, enough to help the reader understand and apply the modules described in the second part of the book. Interested readers are referred to other sources for more in-depth examination of the complex empirical and theoretical issues involved in emotion science. Chapter 3 provides a very brief overview of the importance of assessment and describes specific tools to measure emotion-related constructs. In Chapter 4, functional analysis is introduced as a specific assessment procedure designed to facilitate treatment planning. This chapter warrants some justification. Why include such a chapter in this book? As mentioned, one of my primary research interests concerns the adaptation of evidence-based treatments through partnerships with clinicians in diverse settings. That work has led to my understanding that treatment conceptualization is central for teaching and applying specific treatment strategies. In central Virginia, we have successfully used functional analysis as a means of flexibly applying evidence-based modular treatment strategies to complex, multiproblem cases. Thus, because functional analysis was an important part of how the modules contained in the book were developed and applied, the reader will need to understand functional analysis. Chapter 5 describes how to translate functional analysis into a treatment plan. Because the treatment strategies described in the book are in modular form, I review the concept of modularity. Modularity is a popular idea now in the field of mental health treatment. However, the term is used to refer to a number of different approaches to treatment, not all of which are truly modular. Thus Chapter 5 defines modularity and describes why it is important in applying the strategies that comprise the bulk of the book. Chapter 5 also provides a clear description of how modularity and functional analysis work together in delivering the modules in the book. The final chapter of the first part of the book, Chapter 6, describes how to involve caregivers in treatment, how to use the modules with diverse populations, and how to engage difficult clients.

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The second part of the book includes eight modules— (1) Emotion Awareness Skills, (2) Emotion Understanding Skills, (3) Empathy Skills, (4) Emotion Regulation Skills I: Prevention Skills, (5) Emotion Regulation Skills II: Mastery, (6) Emotion Regulation Skills III: Expression Skills, (7) Emotion Regulation Skills IV: Basic Cognitive Skills, and (8) Emotion Regulation Skills V: Emotion-Specific Cognitive Skills—describing eight different treatment strategies. The modules are ordered in a typical developmental sequence. As noted in Chapter 5, though, ordering in modularity is not set in stone. Thus one could use all eight modules in the book with several cases but do them in a different order each time.

CONCLUSION

An important aspect of helping children and adolescents with mental health problems lies in helping them learn about and sort through their emotional experiences by focusing on the emotions. Through the modules in this book, a therapist can build a treatment plan that will help ameliorate the emotional development deficits of a wide variety of clients. This book offers ideas for ways to help clients recognize and respond to emotion cues in themselves and others; strategies for helping clients understand how emotions "work" and what they might mean; and a variety of techniques to help clients learn how to manage the sometimes confusing array of emotional experiences they encounter and struggle with in their daily lives.

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Guilford Publications
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