

EMOTIONAL REGULATION

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HOW I GOT HERE...



Psychology Fellowship in
Pediatric Oncology



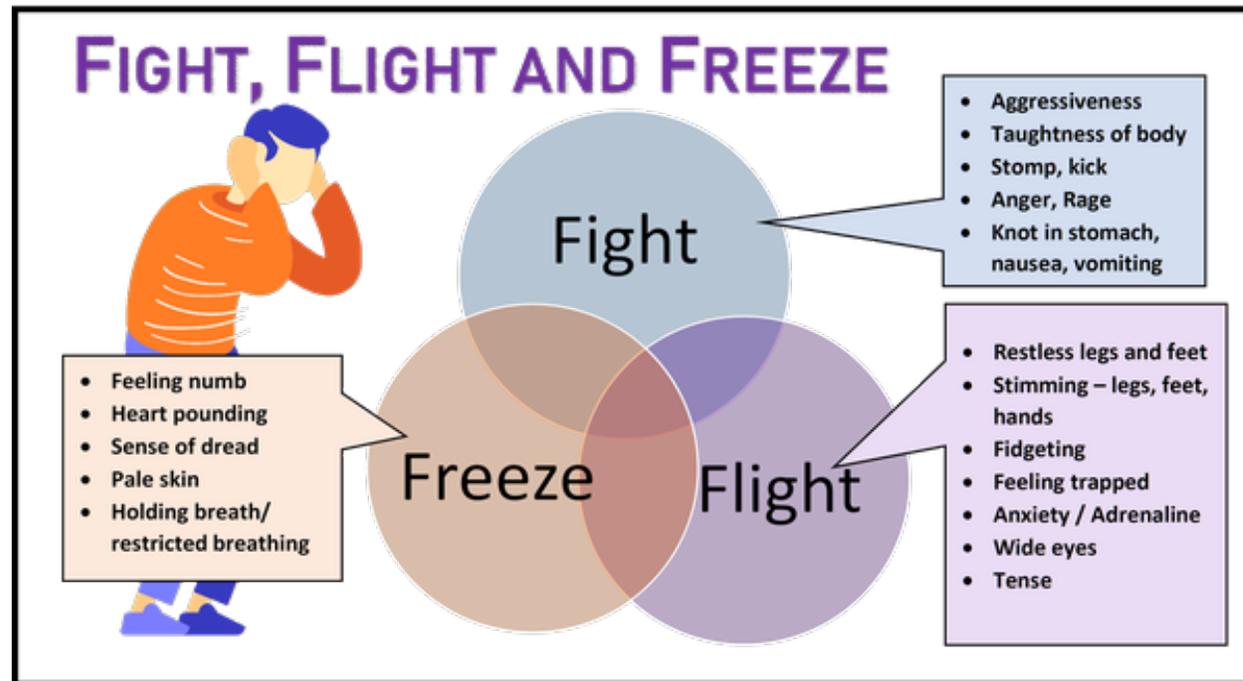
Inpatient Consults
and Eating Disorders



Parental and Family Coping
Adjustment to New Diagnosis
Coping with Medical Condition
Psychoeducation
Infants, Toddlers, Children, Adolescents, Adults

EMOTIONS

- Emotions are adaptive and function to give you information.



DEVELOPMENTAL STAGES

Infancy: 0-2 years

Early Childhood: 2-6 years

Middle and Late Childhood: 6-11 years

Adolescence: 11 years- 22 years



INFANCY

Early emotions

- Primary emotions: present in humans and other animals and emerge early in life
- Self-conscious emotions: require self-awareness, especially consciousness and a sense of “me”



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Joy



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Sadness



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Fear



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Surprise

INFANCY

- Emotional regulation and coping
- Infants develop ability to inhibit, or minimize, the intensity and duration of emotional reactions.
- Caregivers' actions and contexts influence emotional regulation.
 - Soothing a crying infant helps infant develop an adaptive emotion regulation, a sense of trust and secure attachment to caregiver
- Infants with negative temperaments have fewer regulation strategies.
- Mothers who are depressed rock and touch their crying infants less.

INFANCY

Emotional expression and social relationships

- Crying
 - Basic cry: Rhythmic pattern usually consisting of
 - A cry
 - Briefer silence
 - Shorter inspiratory whistle that is higher pitched than the main cry
 - Brief rest before the next cry
 - Anger cry: variation of the basic cry, with more excess air forced through the vocal cords
 - Pain cry: sudden long, loud cry followed by breath holding

INFANCY

Smiling

- Reflexive smile: smile that does not occur in response to external stimuli
- Social smile: in response to an external stimulus

Fear

- Stranger anxiety: fear and wariness of strangers, appears during the second half of the first year of life
- Separation protest: distressed crying when the caregiver leaves

EARLY CHILDHOOD

Expressing emotions

- Pride, shame, embarrassment, and guilt are examples of self-conscious emotions.
 - During the early childhood years, pride and guilt become more common.
- Influenced by parents' responses to children's behavior, e.g., "You should feel bad about biting your sister."

EARLY CHILDHOOD

Understanding emotions

- Children's understanding of emotion linked to increase in pro-social behavior
- Children begin to understand that same event can elicit different feelings in different people
- By age 5, most children show more ability to reflect on emotions and growing awareness of the need to manage emotions according to social standards

EARLY CHILDHOOD



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Regulating emotions

- Plays a key role in children's ability to manage the demands and conflicts they face in interacting with others
- Parents can be described as taking an emotion-coaching or an emotion-dismissing approach to help children regulate emotions.
- Ability to modulate emotions benefits children in their relationships with peers.

MIDDLE AND LATE CHILDHOOD

Developmental changes

- Improved emotional understanding
- Increased understanding that more than one emotion can be experienced in a particular situation
- Increased awareness of the events leading to emotional reactions

MIDDLE AND LATE CHILDHOOD

- Ability to suppress or conceal negative emotional reactions
- Use of self-initiated strategies for redirecting feelings
- Capacity for genuine empathy



COPING WITH YOUR ADOLESCENT

Old Model

Autonomy, detachment from parents; parent and peer worlds are isolated
Intense, stressful conflict throughout adolescence; parent-adolescent relationships are filled with storm and stress on virtually a daily basis



New Model

Attachment and autonomy; parents are important support systems and attachment figures; adolescent-parent and adolescent-peer worlds have some important connections
Moderate parent-adolescent conflict is common and can serve a positive developmental function; conflict greater in early adolescence

ADOLESCENTS AND FAMILIES

- Parental monitoring and information management
 - Supervising adolescents' choice of:
 - Social settings
 - Activities
 - Friends
 - Academic efforts
 - When parents engage in positive parenting practices adolescents are more likely to disclose information



ADOLESCENTS AND FAMILIES

- Autonomy and attachment
 - Parents must weigh needs for autonomy and control, independence and connection
 - The push for autonomy may puzzle and anger many parents
 - Adolescents' ability to attain autonomy is acquired through appropriate adult reactions to their desire for control
 - Boys are given more independence

ADOLESCENTS AND FAMILIES

- Role of attachment
 - Securely attached adolescents are less likely to have emotional difficulties and to engage in problem behaviors, juvenile delinquency, and drug abuse
- Balancing freedom and control

PEERS IN ADOLESCENCE

- Friendships

- Most teens prefer a smaller number of friendships that are more intense and more intimate
- Friends become increasingly important in meeting social needs
- Developmental advantages occur when adolescents have friends who are:
 - Socially skilled
 - Supportive
 - Oriented toward academic achievement



PEERS IN ADOLESCENCE

- Peer groups
 - Peer pressure
 - Young adolescents conform more to peer standards than children do
 - Adolescents with low self-esteem and high social anxiety are most likely to conform to peers
 - Cliques and crowds
 - **Cliques:** Small group averaging 5 or 6 individuals that engage in similar activities
 - **Crowds:** Larger than cliques and less personal
 - Members do not spend much time together, are based on reputation

**NOW LET'S GET TO KLINEFELTER AND
OTHER X AND Y VARIATIONS!**

WHAT DO WE KNOW ABOUT KS AND X AND Y VARIATIONS?

- Klinefelter Syndrome and other X and Y variations may increase the risk of:
 - Anxiety and depression
 - Social, emotional and behavioral problems, such as low self-esteem, emotional immaturity and impulsiveness

WHAT DO WE KNOW ABOUT KS AND X AND Y VARIATIONS?

- Approximately 18% of patients with KS suffer from generalized anxiety.
- In addition, rates of clinical depression among KS range from 19 to 24%
- More than two-thirds (68%) of KS patients reported depressive symptoms.
 - Important to screen for and ask about self-injurious behavior
- Deficits in social engagement is characteristic of patients with KS, including deficits in attention switching, imagination, communication and general social skills.
- This may help explain KS patients' increased risk of mental illness in general, and anxiety and depression in particular.

THE CONNECTION BETWEEN PERSONALITY AND EMOTIONS

- KS is associated with higher levels of neuroticism and lower levels of extraversion, conscientiousness, and openness to experience.
- However, the question of whether these KS personality profiles make KS patients more vulnerable to psychopathology—particularly anxiety and depression—has yet to be addressed.

EMOTIONAL COPING IN KLINEFELTER

- Expression of Emotions- difficulties regulating these emotions resulting in emotional outbursts; showing frustration/anger or letting off steam
- Avoiding- let things take their course
- Seeking Distraction - going out, decrease the pressure by smoking, drinking etc.
- Passive Coping- isolate oneself from others, worry about the past
- Seeking Social Support- tend to ask for help or share worries with others in response to stress



EMOTIONAL REGULATION SKILLS

- 1. Name it
- 2. Validate it
- 3. Identify and resolve triggers
- 4. Mindfulness of emotions
- 5. Try the opposite action when your emotion is intense
- 6. Grounding, soothing and distraction
- 7. Reduce emotional vulnerability by increasing your experience of positive emotions.

OTHER WAYS TO COPE WITH EMOTIONS



- Facts vs tricks
- Container
- Support and distract

THANK YOU!

- I appreciate the opportunity to speak with you all today.
- Q&A
- Please email me at morrowl1@chop.edu if you have additional questions/comments.

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