



# Rescuing the Dysregulated Child

Effective Interventions & Strategies with Children, Adolescents & Parents

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Often and often afterwards, the beloved Aunt would ask me why I had never told anyone how I was being treated. Children tell little more than animals, for what comes to them they accept as eternally established.

Rudyard Kipling

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## Today's Objectives

1. Understand the biosocial model of DBT in the context of a pervasive emotional dysregulation disorder in childhood development.
2. Understand the impact of trauma on the developing mind.
3. Develop an understanding of the developing teenage brain.
4. Understand the impact of stress and trauma on development.
5. Identify techniques to harness and regulate the child and adolescent brain.
6. Understand how to apply DBT skills to most childhood disorders (e.g. Anxiety, Depression, PTSD, Eating Disorders, etc.)
7. Understand how to adapt DBT skills to meet the needs and challenges of children, adolescents, and family.

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Sit and breathe

- Wait for any sense of discomfort (e.g. restlessness, an itch)
- Note the desire to move and resist it
- Notice thoughts that arise. These thoughts are just thoughts. So gently bring your attention back to your breath and bodily sensations. Notice the changing position, shape and quality of the discomfort over time. Be interested in feeling it as precisely as you can. Notice how the shape and intensity changes with the cycle of the breath.
- Is it stronger during the in breath or during the out breath?

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DBT Theory:  
The Biosocial Model

Understanding the impact of developmental and environmental trauma

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The  
Neurobiology  
of Trauma

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Overview

- Children can suffer from emotional vulnerabilities
- Emotional vulnerabilities can come from many sources (e.g., attachment issues, loss, trauma), but is often assumed to be biological
- Chronic and consistent invalidation exacerbates emotional vulnerabilities
- An ongoing, reciprocal relationship exists between emotional vulnerabilities and environments

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Common Types of Invalidation

- Abuse and neglect
- Being ignored
- Open rejection of thoughts, feelings, and behaviors
- Making “normal” responses “abnormal”
- Failing to communicate how experience “makes sense”
- Expecting behaviors that one cannot perform (e.g., due to developmental level, emotionality, or behavioral deficits)

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- In utero assaults
- Delivery difficulties
- Health of both parents during conception
- Mental illness
- Abandonment via adoption
- Learning difficulties

- Divorce
- Prolonged separation from parents and/or siblings
- Frequent moves
- School transitions
- Bullying (Cyber, physical, etc.)

- Identity disturbances
- Racial issues
- Inside threats
- Sexual assaults
- Accidents (falls, vehicle, etc.)

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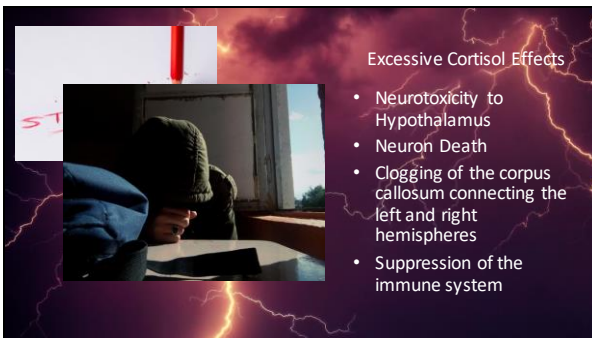
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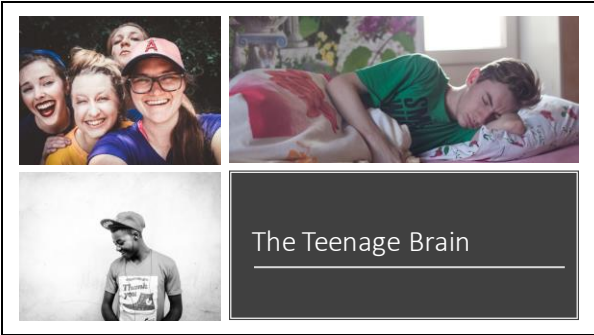
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The Teenage Brain

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The Adolescent Brain  
(Adapted from *Brainstorm* by Daniel J. Siegel, MD)

- Ages 12-24
- Heightened experience of boredom
- Impulsivity
- Hyper-rationality
- Gist thinking
- Intense social engagement
- Seeking new experiences despite the strangeness of the situation
- Enables leaving the nest
- Risk-taking
- Exploration
- Curiosity
- Identity



- Increase in the development of pleasure and reward centers in the brain
- Lower baseline of dopamine levels until a new experience occurs which flushes the brain with heightened dopamine
- Neural fiber integration
- Neural pruning

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What Happens During A Stress/Trauma Response?



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Acute Response to Threat Study

Hyperaroused Continuum	Rest (Male Child)	Vigilance (crying)	Resistance (Freeze)	Defiance (posturing)	Aggression (hitting, spitting, etc)
Dissociative Continuum	Rest (Female Child)	Avoidance (Crying)	Compliance (Freeze)	Dissociation (Numbing)	Fainting (checking out, mini-psychosis)
Primary Brain Areas	Neocortex	Subcortex	Limbic	Midbrain	Brainstem
Cognition	Abstract	Concrete	Emotional	Reactive	Reflexive
Mental State	Calm	Arousal	Alarm	Fear	Terror

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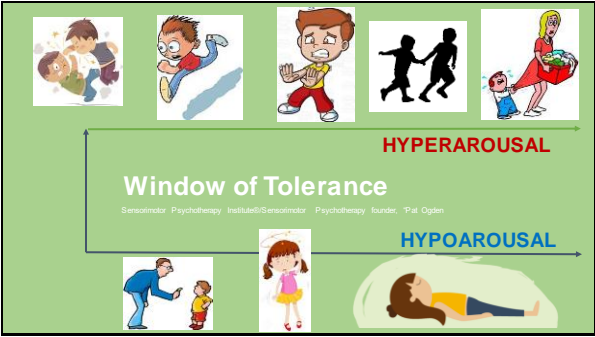
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Hormonal Counter to Cortisol=Oxytocin

- Responsive
- Activated through birth
- Increases sense of safety and connection
- Must act in order for it to be released
- Can accumulate through repeated activities.

The diagram illustrates the hormonal pathways of the endocrine system. It shows the Hypothalamus at the top, which releases hormones that travel through the blood to the Pituitary gland. The Pituitary gland is divided into the Anterior pituitary and the Posterior pituitary. The Anterior pituitary releases hormones like Growth hormone (GH) and Prolactin (Prl), which act on various target organs. The Posterior pituitary releases hormones like Oxytocin and Vasopressin, which act on the kidneys and other organs. The diagram also shows the Hypothalamus releasing hormones that act directly on the thyroid, adrenal, and kidney glands.

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From Dysregulation to Self-Soothe

The Purpose of Co-Regulation

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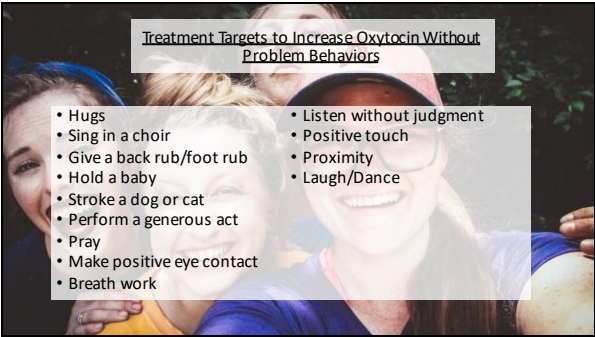
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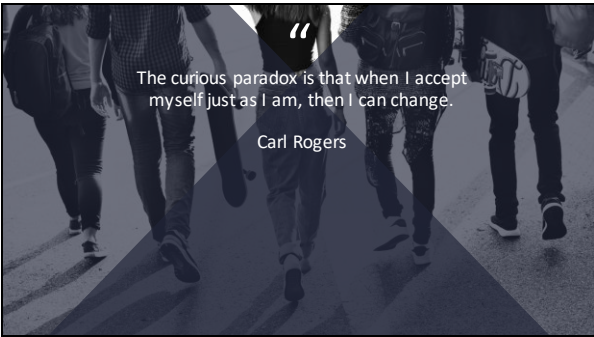
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**Democratic-Authoritative Parenting**  
High nurturance, expectations, and control  
Moderate communication



**Abusing-Authoritarian Parenting**  
High expectations and control  
Low nurturance and communication



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Understanding  
Your Parenting  
Style

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**Neglecting-Uninvolved Parenting**  
Low nurturance, expectations, control and communication



**Indulgent-Permissive Parenting**  
High nurturance, moderate communication, low expectations, and control



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Attachment Style: Adolescent (Chara, 2005)				
Characteristics	Secure	Avoidant-Insecure	Ambivalent Resistant Insecure	Disorganized Insecure
Predominant Emotions	Optimism; mature emotionality	Detachment; callousness	Anxiety, anger	Fear, doubt
Ability to Trust	Desires trust; finds it easy to trust	Indifferent toward but mistrustful of others	Desires trust; but mistrustful of others	Desires, but wary of, trust; suspicious of others
Ability to be intimate (mutual self-disclosure)	Desires intimacy; able to be intimate	Avoids intimacy; difficulty being genuinely intimate	Desires intimacy, but doubtful intimacy is sincere; difficulty being intimate	Intimacy desires mixed with fear and doubt; difficulty being intimate
Fear of Abandonment	Low; finds security in relationships	Low; indifference born of self-reliance	High; fears being rejected	High; strong fears of rejection

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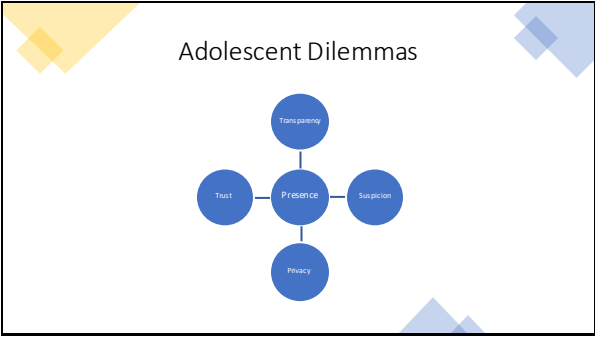
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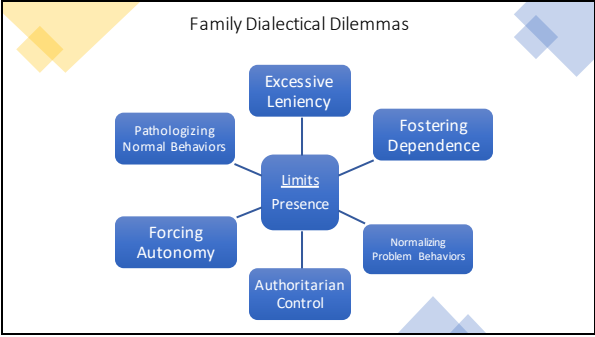
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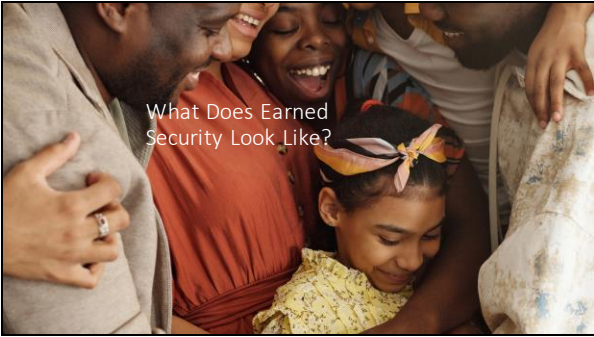
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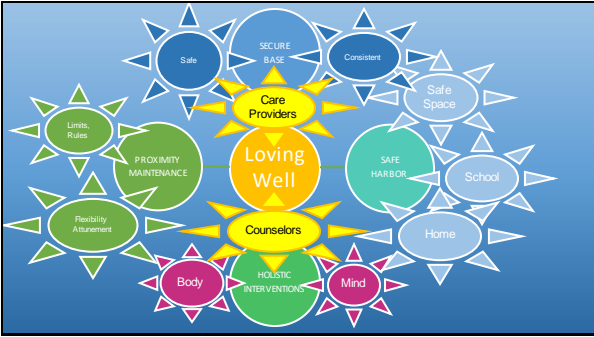
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Five  
Movements  
Mindfulness



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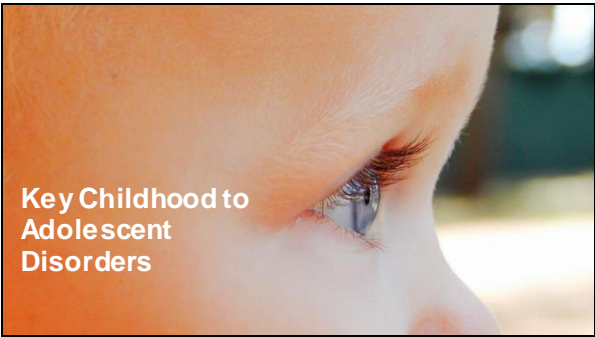
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Key Childhood to  
Adolescent  
Disorders

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Anxiety

- Anxiety is an adaptive response to threat (and the traumatized client expects threat)
- Validate the feelings and sensations as real and experientially work with the somatic experience that the feelings are intolerable
- Balance mindful acceptance of anxiety with relaxation and grounding skills(e.g., breathing, muscle relaxation, positive self-talk, self-soothing skills)
- Realign therapeutic environment that threatens to dysregulate your client.

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## Attention-Deficit/Hyperactivity Disorder

- Assess for history of Traumatic Brain Injury as recent studies indicate a correlation between trauma and ADHD (McIntosh, 2015)
- Hypervigilance resembles hyperactivity and might be easily misinterpreted (Littman, 2009)
- Focus on nutritional management strategies-hydration, omega-3 fatty acids, targeted amino acid therapy (TAAT) (Purvis et al, 2007)
- Assess for compromised parenting as impulsivity and compromised executive functioning inhibits proximity maintenance and structuring the environment appropriately (e.g. safe harbor)
- Target in-session activities that activate the observing mind and a restful mind state

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## Oppositional Defiant Conduct Disorder

- Multifamily attachment interviews
- Bring a family therapist on the team and open up multifamily trauma skills training to all supporting family members
- If there is an extensive history of trauma, practice strategies of avoiding the word "no" as it sends the child out of his or her window.
- Keep child's world small and predictable with immediate consequences

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## Behavioral Principles

**Positive Reinforcement:** behavior is followed by a reward, increasing the b's frequency

**Negative Reinforcement (think avoidance learning):** behavior is followed by removal of something aversive, increasing the b's frequency

**Positive Punishment:** behavior is followed by something aversive, decreasing the b's frequency

**Negative Punishment (think response cost):** behavior is followed by removal of something, decreasing the b's frequency

**Extinction:** removal of any consequence for a behavior leading to a decline in the b

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## Behavioral Principles

- **Shaping:** reinforcing approximations to a desired behavior
- **Avoidance Learning:** behavior results in the cessation of an aversive stimulus (falls under negative reinforcement)
- **Non-contingent Reinforcement:** providing reinforcement regardless of behavior you want to decrease (but in absence of that behavior). The b then decreases as it is no longer necessary to receive the reinforcement
- **Generalization:** performing desired behavior outside of treatment setting

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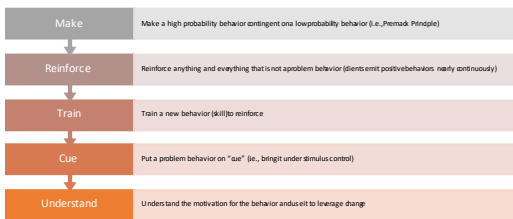
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## Best Behavioral Methods to Create Change




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## Attachment Disorders

- *Stability first! Child must have skills to tolerate distress and remain in the window (e.g., work on grounding skills, distress tolerance, and emotion regulation)*
- *Incorporate emotion regulation strategies that hyper or hypoarousal patterns (e.g. aggressive connection or dissociated drifting to strangers)*
- *Develop healthy connective strategies through somatic exercises*
- *Teach boundaries and learning how to sense the body for child and parent*

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### PTSD and Trauma

- Utilize "parts" work in sessions to identify dissociated emotions, thoughts and memories (Fisher, 2017)
- Embody and model mindfulness skills
- Utilize somatic interventions should client leave the window
- Incorporate Connected Child (Purvis, et.al, 2007) work into work regarding discipline strategies (e.g. Trust Based Relational Interventions (TBRI))

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### Trauma Timeline (Keck)




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### Depression

- Depression in trauma happens when survival strategies are frustrated, making hope difficult and leading to greater passivity.
- Validate the mood, especially given lack of positive experiences (reduces secondary guilt and shame).
- Focus on activating responses in the body.
- Build mindfulness practice.
- Build in self-care and emotion naming and resourcing skills

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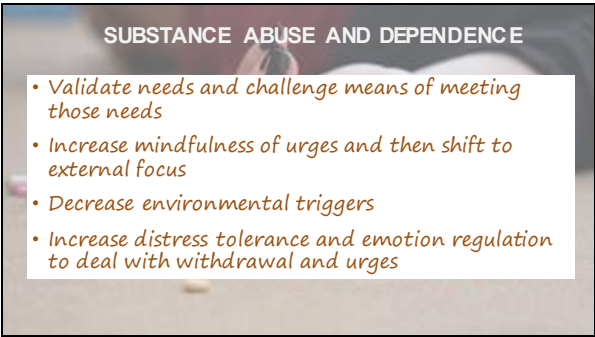
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### What to Look For

#### Self-Invalidation

- Self-hate/criticism
- People-pleasing
- Perfectionism

#### Emotional Vulnerability

- Anger, Bitterness Towards Others
- Fragility, Vulnerability

#### Inhibited Experiencing

- Active avoidance
- Passive avoidance, dissociation

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### How to Help

#### Self-Invalidation

- Modeling failure
- Communicating validation

#### Emotional Vulnerability

- Model self-care
- Create a safe home environment

#### Inhibited Experiencing

- Model Emotions
- Display authentic reactions without exaggeration

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### What to Look For

#### Unrelenting Crises

- Uncontrollable Events
- Crisis-Generating Behavior

#### Active Passivity

- Willfulness, Demandingness
- Helplessness

#### Apparent Competence

- Disconnect between verbal and non-verbal behavior
- Contextual Competence (mood/situational)

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### How to Help

#### Unrelenting Crises

- Control the Controllable in the Home
- Practice/Model Delayed Gratification

#### Active Passivity

- Cheerlead
- Encourage problem-solving
- Set Personal Limits

#### Apparent Competence

- Highlight effective behaviors observed
- Lose the assumption of how the loved one "should" behave in all contexts based upon one.

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### Validation: The Keys to the Kingdom

- Validation is the non-judgmental acknowledgement of the child's experience
- Validation creates the conditions of acceptance that usually precede change
- As a rule, start with validating the child, and return to validation when the child is "stuck" (remembering that rules have exceptions)



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### Balance of Validation and Change

- Validation opens kids to change:
  - Lets kids know you understand the nature of their issues and pain
  - Exposure to painful emotions create a qualitative difference in relating to emotions (decreasing ineffective escape and avoidance behaviors)
  - Exposure to painful emotions can create motivation to invest in change

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### Slowing Down and Pacing

- Validation is NOT a means to an end
- Validation requires time to be processed
- Moving too quickly sends unintended messages about emotions and distress
- Children will typically let you know if too much time is spent on validation

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### Levels of Validation (Linehan, 1997)



- Being acutely attentive (V1)
- Reflecting verbal communication (V2)
- Describing non-verbal communication (V3)
- Expressing how experience makes sense given history or biology (V4)
- Expressing how experience makes sense in the present moment and context (V5)
- Being in genuine, human contact (V6)

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### Validation as an Exposure Technique

- Regulates emotions by decreasing their intensity
- Provides gentle, informal exposure to emotions with a sense of self-efficacy
- Allows for a more complete expression of emotions, cueing a fuller adaptive response

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# Rescuing the Dysregulated Child-Summary

Pulling it all together

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## In Summary

- Change does not happen overnight.
- Assume that you and your children are doing the best you can.
- Validation are the keys to the kingdom.
- Validation precedes change and challenge.
- Attachment endures throughout the lifespan. No attachment is fixed.
- The areas of the brain that are compromised in early attachment trauma are the most neuroplastic.
- Commit to keeping your child's brain at rest.

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### Thank-You

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