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The Impact of Parenting Styles on the Emotional Regulation of Adolescents

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

Teenagers under the influence of strong emotions, without the tools to regulate them, can be identified as dangerous. Throughout the past decade many cases of poor emotional regulation in adolescents have been documented, including school shootings, murders, and suicides. The literature discussed the impact attachment and parenting styles have on the development of adolescents and the positive outcomes individual work with parents, in therapy, has had for family systems. This research aims to further the knowledge of the impact parenting styles have on the development of emotional regulation in adolescents and to describe effective means of helping adolescents develop the ability to regulate their emotions, through the use of family therapy. Data for this project was collected through a qualitative study, which interviewed four licensed marriage and family therapists. Each participant was asked seven semi-structured questions that focused on the association between caregiver and adolescent interactions and the ability for the adolescent to effectively regulate his or her emotions and also practical interventions to use in family therapy, to help repair the adolescent's ability to regulate his or her emotions. The findings of this project were consistent with the literature and furthered current literature, by discussing specific interventions therapists could utilize while working with clients in therapy, such as using therapy as a model for effective interactions. This research could be furthered by investigating what happens to children, who have developed skills to regulate their emotions, when: 1) their parents are invested in the treatment process but then revert back to old behaviors; and 2) their parents never become invested in the treatment process and their natural home environment remains chaotic and dysfunctional.

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Congressman William McCollum of Florida stated that today's youths are "...the most dangerous criminals on the face of the Earth" (Macallair & Males, 2000). Even though this statement has been proven inaccurate with juvenile crime statistics, it is true that teenagers under the influence of uncomfortable emotions without the tools to regulate them can be dangerous. According to Dylan Klebold's mother, in 1999, Dylan Klebold and Eric Harris killed 12 students, 1 teacher, and themselves during what is known as the Columbine High School massacre. Before this shooting, Klebold had a happy childhood in which he excelled in school and sports. As he grew older he became extremely shy and was uncomfortable when attention was placed on him. He began to hate school and lost his passion for learning. In high school, he befriended Harris and began making choices that were "impulsive and unscrupulous", such as breaking into a parked van and hacking into the school's computer system. After the shootings, Dylan's journals were read by his parents and criminal psychologists, who determined that he was depressed and suicidal. In his journal writings, Dylan frequently expressed feeling alienated by everyone in his world (Klebold, 2009).

In 2001, twelve year old Chistopher Pittman shot and killed his 60 year old grandparents, while they slept. Before the shooting, he lived in an unstable, single parent household. Pittman attempted suicide while living at home and attempted running away. Unable to control Pittman, his father sent him to live with his grandparents, in addition to starting him on a prescribed antidepressant (Randall, 2005).

On October 11, 2012, Amanda Todd claimed her own life after facing years of bullying (Noronha, 2012). She created a video which she uploaded to YouTube that

described her desire to be liked and feel accepted by her peers, which ended up leading her into a world of depression, anxiety, and drugs and alcohol. She needed to move schools three times because of the bullying. At the third school she attended, she was physically beaten by the girlfriend of the boy who had led her to believe that he liked her. When her dad picked her up, she went home and drank bleach because she "wanted to die so bad" (Todd, 2012). She attempted suicide one more time, by overdose, before she was able to successfully complete the act on October 11, 2012 (Noronha, 2012; Todd, 2012).

These three scenarios give evidence to James Gross' (2002) theory that an individual's physical and psychological wellbeing is dependent on his or her emotions. In the three scenarios, the youth were troubled by hard emotions and were unable to determine the purpose of their emotions or regulate their emotions in order to use them appropriately. So, instead, the emotions caused inner turmoil that could only be released through hurting others and themselves. These stories, amongst many others, illuminate the importance for social workers to understand the purpose of emotions, how emotional regulation develops in a child, and how to use that information to help teenagers develop emotional regulation tactics, in order to prevent crises like these from happening.

Emotions can be defined as "complex, brief, involuntary, patterned, full-system responses to internal and external stimuli" (Bohus, Linehan, & Lynch, 2007, p.582). For someone that is able to cope with and identify their emotions, this patterned, full-system response can become the wisdom he or she uses to respond to recurrent or similar environmental situations proactively and effectively, rather than reactively (Fisher & Sharp, 2004; Gross, 2002). For example, the emotion of fear can prompt individuals to be more aware of their surroundings, avoid situations, distract from thoughts, fight, cry for

help, or hide (Fisher & Sharp, 2004; Gross, 2002). While emotions prove to be beneficial, they can also be harmful to individuals who are unable to regulate them. When individuals are vulnerable to their emotions, they respond to emotions with enhanced sensitivity and reactivity, making it difficult to learn from or use emotional wisdom from previous situations (Bohus, Linehan & Lynch, 2007). Individuals who respond to emotions with high sensitivity and reactivity may feel easily overwhelmed, causing them to try to numb their emotions, through the use of drugs and alcohol; to want to see the pain they feel on the inside, by participating in self-injurious behaviors; to inflict the pain they feel on others, by committing violent crimes; or to end their own suffering, by committing suicide. In order for someone to use their emotional wisdom to respond appropriately, he or she needs to use a combination of rational thought and an understanding of emotion, to influence his or her emotional responses (Fisher & Sharp, 2004; Gross, 2002).

The skill of emotional regulation is necessary in order for individuals to influence their emotional processes so they can effectively respond to external situations (Gross, 2002). In order to respond effectively, an individual must be able to influence the "emotions [they] have, when [they] have them, and how [they] experience and express them (Gross, 2002, p. 282). These skills are developed during childhood, through interactions between children and their attachment figures (Maccoby, 1992). The first year of a child's emotional life is dedicated to the development of emotional communication, through attunement and the creation of secure attachment (Schore & Schore, 2008). Attunement "involves the intermittent alignment of states of mind… in which there are alternating moments of engaged alignment and distanced autonomy

[and]… the capacity to read the signals (often nonverbal) that indicate the need for engagement or disengagement" (Schore & Schore, 2008; Siegel, 1999, p. 70). Eye contact is necessary during infancy to help children understand the mindset of others "by feeling [and] not by thinking" (Blakeslee, 2006; Siegel & Hartzell, 2003). This special dance, or engagement, between attachment figure and child, creates a world of emotional understanding for the child, in which they can begin to feel some control (Siegel, 1999). An example of attunement would be parents observing their child seeking attention and recognizing the need to communicate and engage with them, using nonverbal language, such as facial expression, eye contact, posture, and tone of voice. Likewise, when the child who is getting attention presents as overwhelmed, the parent would disengage by looking down briefly to allow the child to feel less aroused and more calm. Appropriate disengagement also allows the child to become comfortable with the idea of autonomy in their relationship with their caregiver (Schore & Schore, 2008).

Throughout the first year of a child's life, the process of attunement and attachment physically develop the brain's right hemisphere, teaching the child how to react to their emotions and external distress. If they reached secure attachment with their caregivers and received attunement during this time, they will be able to cope with life stresses and challenges with resilience (Schore & Schore, 2008). Conversely, if they were not able to receive attunement during their first year of life and instead experienced dominant periods of separation, distress, fear, and rage, the intensity of emotions and distress they felt as an infant is affectively burnt in their right hemisphere, causing them to feel easily disregulated and overwhelmed by emotions as they continue to grow into adulthood (Blakeslee, 2006; Schore & Schore, 2008; Siegel & Hartzell, 2003). For these

children, emotions seem unexplainable and overwhelming, causing it to be difficult to understand that they could feel distress and recover from it (Jones, 2008).

It is difficult to help a child develop or change their emotional regulation after infancy, because the hemisphere of the brain that controls emotional responses has been developed (Schore & Schore, 2008). This development is not permanent and the learned pathways can be shifted to help the child create new experiences. In order to do this, therapists have to help the child and caregiver experience attunement and create a safe environment for the development of a secure attachment to form (Shimmerlik, Stern & Walker, 1999). Attachment and attunement have a great emphasis on the development of emotional regulation in adolescents, but this research will aim to see if different parenting styles can affect a child's resilience gained from an initial secure attachment, eliminating their ability to regulate their emotions effectively. This project is meant to evaluate how family therapists intervene, with adolescents and their parents, to improve emotional regulation in adolescents.

Literature Review

Parenting Styles in Family Systems

Different parenting styles offer various amounts of responsiveness and demandingness to children. Baumrind (1991) identified that children need a balance of nurturance and limit-setting from their parents in their home environment, in order to positively influence self-regulation, social responsibility, competence, independence, resilience, individuality, high self-esteem, and internal control. The parenting style that sufficiently balances nurturance and limit-setting is authoritative (Baumrind, 1991; Hamon & Schrodt, 2012; Maccoby, 1992). Authoritative parenting is the combination of parental demands and high responses of warmth (Awong, Grusec & Sorenson, 2008; Baumrind, 1991; Darling, 1999; Maccoby, 1992). Authoritative parenting dictates clear directives for children to follow, while coupling the directive with appropriate consequences, supervision, empathy, reason, and flexibility (Baumrind, 1991; Fulton & Turner, 2008; Baharudin & Kordi, 2010; Buboltz, Griffith-Ross, Marsiglia & Walczyk, 2007). This process grants children more independence as they increase in maturity (Fulton & Turner, 2008; Buboltz, Griffith-Ross, Marsiglia & Walczyk, 2007).

The parenting styles contributing to dysfunctional home environments are permissive and authoritarian (Baumrind, 1991). Permissive parenting includes high parental support, with very minimal to no parental demand (Baumrind, 1991; Darling, 1999; Hamon & Schrodt, 2012; Baharudin & Kordi, 2010; Buboltz, Griffith-Ross, Marsiglia & Walczyk, 2007; Moore, 1992). Parents in this environment may occasionally choose to use discipline; however discipline is not direct and may include guilt, ridicule, or threats of love withdrawal (Bayer & Cegala, 1992; Moore, 1992). These parents are

reluctant to face confrontation and often accept their children's behaviors and impulses, not requiring their children to reach developmental maturation (Baumrind, 1991; Bayer & Cegala, 1992; Darling, 1999; Buboltz, Griffith-Ross, Marsiglia & Walczyk, 2007; Moore 1992). Due to the lack of parental monitoring and discipline, this environment may hinder a child's ability to understand that their actions can lead to consequences for other individuals (Moore, 1992). At times this relationship can seem more like a friendship, rather than an adult-child relationship (Rowinski & Wahler, 2010; Wahloer & Williams, 2010).

Authoritarian parenting includes strict parental demand, with very minimal to no parental support, or warmth (Awong, Grusec & Sorenson, 2008; Baumrind, 1991; Darling, 1999; Baharudin & Kordi, 2010; Hamon & Schrodt, 2012; Buboltz, Griffith-Ross, Marsiglia & Walczyk, 2007; Moore, 1992). These parents often use coercion or force, in order to create submissive children, as the parent's goal is to create prompt obedience from their children (Awong, Grusec & Sorenson, 2008; Baumrind, 1991; Darling, 1999; Baharudin & Kordi, 2010; Hamon & Schrodt, 2012; Buboltz, Griffith-Ross, Marsiglia & Walczyk, 2007; Moore, 1992). The directives in this family environment are not to be questioned or challenged, even though parents do not always supply explanations or reasoning for their decisions (Moore, 1992). This may hinder children's problem solving skills, as they are taught to immediately accept a directive rather than to think for themselves. It is rarely accepted for children to gain individuality and autonomy; instead parents strive to create conformity (Baumrind, 1991; Buboltz, Griffith-Ross, Marsiglia & Walczyk, 2007).

Effects of Ineffective Parenting Styles on Children

Both of the ineffective parenting styles impact children differently. Permissive parenting is associated with children who struggle to regulate their emotions and take accountability for their behaviors. The children are less achievement oriented, susceptible to peer pressure, and actively involved in external problem behavior, such as alcohol and illicit drug use (Baumrind, 1991; Darling, 1999). Children raised in a permissive environment are found to struggle with depression and anxiety disorders, although, these children were found to have lower levels of depression than children from authoritarian parents (Darling, 1999; Hamon & Schrodt, 2012). Permissive parenting may teach children that relational manipulation and coercion are appropriate methods of meeting their needs, because guilt and threatening of love withdrawal are used as parental discipline tactics (Bayer & Segala, 1992; Sandstrom, 2007). Children raised in this type of family system are often found to be selfish, impulsive, and aggressive in relationships, due to not learning how to compromise or how their actions affect others (Sailor, 2004; Sandstrom, 2007).

Authoritarian parenting is associated with children who have low self-esteem, unsuccessful social skills, an external locus of control, moderate academic achievement, higher rates of depression, and a lack of autonomy and optimism (Awong, Grusec & Sorenson, 2008; Baumrind, 1991; Darling, 1999; Buboltz, Griffith-Ross, Marsiglia & Walczyk, 2007; McClun & Merrell, 1998). In 1967, Baumrind discovered that children who grew up in authoritarian homes appeared withdrawn, unhappy, anxious and insecure (Sailor, 2004). These children were also found to react with overt and relational

aggression when they became frustrated (Buboltz, Griffith-Ross, Marsiglia & Walczyk, 2007; Sailor, 2004; Sandstrom, 2007).

In 1971, Baumrind was able to again generate the same findings and added that girls raised in this environment seemed dependent and unmotivated, while boys seemed angry and defiant (Buboltz, Griffith-Ross, Marsiglia & Walczyk, 2007; Sailor, 2004). In 1993, Hetherington identified that growing up in an authoritarian environment affected children's desire and willingness to be parented, causing them to often react aggressively and hostilely toward their parents (Hamon & Schrodt, 2012; Wahloer & Williams, 2010).

Life Factors and Personality Traits that Influence Parenting Styles

Parenting style is influenced by a combination of four factors: parent personality, child characteristics, and social support, and financial security (Belsky, 1984; Chase-Lansdale & Pittman, 2002; Forehand & Kotchick, 2002). These four factors dictate a general psychological well-being within a parent, which influences parental performance and child development (Belsky, 1984).

Parent Personality. Research suggests that in order to be a growth-facilitating parent who uses an authoritative parenting style, one would have to be a mature, psychologically healthy adult (Belsky, 1984). Age and intelligence is often used as a determinant when discussing maturity and research shows that the older the mother is, the more she interacts with her children in a positive stimulating and sensitive manner (Belsky, 1984; Chase-Lansdale & Pittman, 2002). To further support this claim, research shows that younger mothers express a negative attitude toward parenting, exercise a punitive authority, have unrealistic expectations of development, are less responsive to their newborns, and engage infants in less verbal interactions (Belsky, 1984; Field et al.,

1980). Mature parenting, involving warmth, acceptance, and helpfulness toward the child, can also be identified by an internal locus of control, high levels of interpersonal trust, and the ability to cope with distress (Belsky, 1984).

When parents are struggling with diagnosed or undiagnosed psychological distress, they are not able to parent as effectively (Belsky, 1984; Chase-Lansdale & Pittman, 2002). Mothers who are suffering from depression are more likely to create disruptive, hostile, and rejecting home environments for their children (Belsky, 1984). Parents' thoughts and feelings in regard to parenting will impact their parenting style, in addition to the thoughts and feelings that are aroused when they think about their own upbringing (Chase-Lansdale & Pittman, 2002; Rowinski & Wahler, 2010). Hence, developmental history is also included into parents' psychological well-being. Parents who experienced mistreatment in their childhood are more likely to mistreat their own children (Belsky, 1984). In addition, parents who have experienced separation from their caregivers during their childhood are often found to have difficulties building relationships caring for their own children (Belsky, 1984; Frommer & O'Shea, 1973).

Child Characteristics. The temperament of a child can affect the quality and quantity of parental care he or she receives. Research has shown that parents respond and interact less with infants who are of difficult temperament. Furthermore, when parents respond to a difficult child, they tend to respond negatively to the infant's negative or hard emotions (Belsky, 1984; Chase-Lansdale & Pittman, 2002).

Social Support. Social supports can benefit parents' psychological and physical health, positively impacting the child. The social environment provides parents with emotional support, assistance, and social expectations. Parents who do not receive this

social support are more likely to be restrictive and punitive, creating an authoritarian living environment (Belsky, 1984; Chase-Lansdale & Pittman, 2002). Alternatively, parents who felt connected to a social network of individuals with similar views and ideas found more satisfaction in their role as a parent (Belsky, 1984). Marital relationships also impact parental quality. For example, parents who were engaged in inter-spousal hostility often scolded their children and used frequent punishment, but parents who felt esteem for one another expressed praise toward their children (Chase-Lansdale & Pittman, 2002).

Financial Security. Finally, a lack of financial stability reduced the effectiveness in parenting, creating environments with less warmth, harsher discipline, and less stimulation (Chase-Lansdale & Pittman, 2002; Forehand & Kotchick, 2002). Single parents struggled to be effective due to the added stressors they faced and provided less firm and consistent discipline, than caregivers in two-parent households (Chase-Lansdale & Pittman, 2002). Fathers' who went through financial loss were found to have irritability, depression, and explosive responses, which led to increased behavioral problems in the children studied (Forehand & Kotchick, 2002).

In addition, the personality trait of verbal aggressiveness is correlated with an authoritarian parenting style (Bayer & Cegala, 1992). Verbally aggressive individuals identify challenges from others as an assault to their personality (Bayer & Cegala, 1992; Infante & Wigley III III, 1986). They counter this assault by attacking the challenger's self-concept, which may be received as character attacks, competence attacks, insults, ridicule, profanity, threats, or nonverbal meaningful symbols, causing embarrassment, anger, irritation, discouragement, relationship deterioration, and relationship termination

(Bayer & Cegala, 1992; Infante & Wigley III, 1986). This correlation is apparent when parents harshly discipline a child for not following their directive immediately and without question. The parent may view the child's opposition as an assault, which would warrant an attack on the child's self-concept, in order to maintain their status. It is thought that individuals may be more apt to develop the trait of verbal aggressiveness if they have an argumentative skill deficiency. These individuals may not have the skills to work through conflict; therefore, they immediately use violence to deal with their frustrations. Other reasons for verbal aggression may be social learning or psychopathology, in the form of transference (Infante & Wigley III, 1986).   Parents who use authoritarian parenting styles are also found to value high-control of their children. This value may have been learned through their own upbringing, as prior findings have determined that parents who use authoritarian parenting were often raised in authoritarian homes (Rowinski & Wahler, 2010).

Individual Work with Parents

Training is offered to parents within authoritarian and permissive family systems, to help them improve their parenting skills and learn how to create a more authoritative home environment. This training discusses how to include warmth, reasoning, appropriate discipline, and empathy into their parenting style, among many other topics, and has been found effective with parents who are ambivalent with their own parenting beliefs and are willing to change their values (Rowinski & Wahler, 2010; Wahloer & Williams, 2010). It has been found that children are likely to reciprocate positive behavioral change, after the parents begin consistently utilizing authoritative techniques.

The clinician must help the parent maintain the new parenting techniques, through coaching, support, and objective observations (Wahloer & Williams, 2010).

Williams and Wahler (2009) hypothesize that if parents are able to achieve a mindful state when parenting, they would be able to respond calmly without judgment, allowing them to accurately assess and improve their parent-child interactions. They believe that if authoritarian and permissive parents began to use mindfulness coupled with parent skills education, they would automatically begin questioning the effectiveness of their parenting styles and start to become more authoritative in practice (Wahloer & Williams, 2010). Williams and Wahler (2009) go on to state that an authoritative parent is most likely successful in being mindful while parenting, thus creating an environment in which the child is willing to learn and be parented.

When assessing the effectiveness of a family system's parenting style in therapy, it is important to explore the importance of control and the reasoning behind their want or need for control. Without this discussion, a parent using an authoritarian parenting style would have little to no reason to change their beliefs in regard to parenting. Therefore, it is likely that parents who value control will continue to parent with an authoritarian style if the therapist is unable to help them eliminate some of their authoritarian beliefs. If this value is not changed, it is likely that parents will continue to use authoritarian parenting, even if they are trained to use more authoritative techniques. Conversely, if this value is lowered, the parent would automatically begin holding more authoritative beliefs. Rowinski and Wahler (2010) hypothesized that narrative restructuring therapy could be used to help parents lower their authoritarian beliefs, by guiding them to tell coherent, more complex, stories. They hypothesize that the telling of complex, coherent stories will

guide parents into questioning their own authoritarian values, with the goal of ultimately reducing these strict beliefs about parenting. The narrative therapy would help parents create coherent, complex narratives about the recent past, earlier past, and past of their family of origin (Rowinski & Wahler, 2010).

Teaching parents conflict management skills may also be effective in reducing force and hostility in authoritarian households (Infante & Wigley III, 1986). If parents are taught skills to increase their comfort in conflict, they will be more apt to use reason with their children, listen to rational child arguments, and be more willing to compromise (Bayer & Cegala, 1992; Infante & Wigley III, 1986). Bayer and Cegala (1992) identified that the trait of verbal argumentativeness is correlated with favorable outcomes, such as authoritative parenting styles. Individuals with this trait feel comfortable in conflict and are capable of listening to rational arguments while explaining the reason behind decisions they make (Bayer & Cegala, 1992).

Therefore, the following question stands to be asked: Can parenting style alone create an environment where a child is not able to effectively regulate his or her emotions? Is a child able to reach a secure attachment and receive attunement as an infant if their caregiver uses an ineffective parenting style? This research project will use a systems approach to determine the impact parenting styles have on adolescents' ability to regulate their emotions. It will then explore interventions used in family therapy to help repair the adolescent's ability to regulate his or her emotions and create an environment of homeostasis for the family.

Method

Data and Sample

To obtain data regarding the impact parenting styles have on the emotional regulation of adolescents and best practices to help adolescents increase their ability to regulate their emotions, licensed family therapists were interviewed. The family therapists were chosen through convenience and snow-ball samples. The initial interviewees were professional contacts chosen through a convenience sample and selected from a list of three potential research candidates, identified by my committee members. After the interview process, each interviewee was asked if they could participate in the research project further by identifying colleagues who could also be interviewed, which fulfilled the snow-ball sample. In order to participate as an interviewee, the therapist had to work with adolescents, who have emotional regulation concerns, and their caregivers. Prior to the interview, the participants were asked to review and sign a consent form, which was approved by the University of St. Thomas/St. Catherine University Institutional Review Board (IRB), in order to ensure the protection of the participant (see Appendix B). The consent form presented the background information, procedures, risks and benefits, confidentiality, and voluntary nature of this study. Within this information, the participant was told that his or her identifying information would be kept confidential and anonymity would be maintained. Participants were also told that they could withdraw from the interview at any time or skip any questions that they feel uncomfortable with.

Data Collection

Semi-structured interview questions were created (see Appendix A) and each interviewee was asked these same questions. Each participant was asked to describe what they had observed to be differences between adolescents who are able to regulate their emotions and those who cannot. Afterward, the participants were asked to describe any observable patterns they found, in their own practice, which may identify if there is an association between caregiver and adolescent interactions and the ability for the adolescent to effectively regulate his or her emotions. Practical interventions in family therapy were then discussed, to determine the best ways to help repair the adolescent's ability to regulate his or her emotions and create an environment of homeostasis for the family. All interviews were electronically recorded for transcription purposes and the recordings were secured on a password-protected computer, to ensure confidentiality. The entirety of each interview was transcribed for data analysis purposes by this researcher.

Setting

The interviews were conducted in a private setting of the participant's choosing. It was a private meeting, involving only the researcher and participant, in order to protect the participants' confidentiality.

Analysis Technique

In order to analyze the data and form findings, "open coding" was used line-by-line. Coding is a process that is used to determine themes within qualitative interviews, by memoing, or jotting, concepts in the margins of the paper (Padgett, 1998). The concepts discovered in the process of memoing were then turned into themes if they were

present in more than three quotations by the participant and in the majority of interview transcripts. The concepts, or codes, that occur most were turned into themes and discussed within this research paper.

Findings

The following themes were found after analyzing the research interviews using open coding: characteristics of emotionally disregulated adolescents; ineffective communication; parents modeling a lack of emotional regulation; lack of attunement; therapy as a modeling technique; ensure all individuals are heard; teach communication and validation; collaboration; individual work with parents; therapist attunement; focus on present; establishing rules, structure, and routine; and relaxation skills. These themes will be presented along with direct quotes from participants that were found in each research interview.

Characteristics of Emotionally Disregulated Adolescents

Adolescents who are characterized as emotionally disregulated would be identified as individuals with high reactivity and low frustration tolerance, who "*seek to relieve themselves of the tension that accompanies them through aggressive and passive aggressive behaviors that disrupt various areas of their life: home, school, community, and peers*" ([participant name omitted], personal communication, March 22, 2013).

> *[They] are not able to get their work done in class, they get in a lot of verbal arguments with their peers, they need to take breaks and come back, they are often sent out of the classroom because they're not managing their emotions, and they are so tuned in to all of the stuff [in the environment] that's happening that they have a hard time managing* ([participant name omitted], personal communication, March 20, 2013).

Sometimes they cannot identify what they are feeling and "*shut down and it takes a while for them to identify what they're feeling first and then to even get to the next step of why*

or where does it come from or what are the triggers" ([participant name omitted], personal communication, March 20, 2013). During a clinical intake, these youth are often observed *"fidgeting, pacing, bouncing around, less attentive, not as involved, and giving shorter, quicker answers"* ([participant name omitted], personal communication, March 8, 2013).

Ineffective Communication

‘Ineffective Communication’ was one theme identified through the analysis of interview data. This theme was related to how the participants believed communication within the family system had an impact on the poor development of emotional regulation in adolescents. The following illustrates the participants’ experience with ineffective communication between parents and children in therapy sessions:

During the intake process and subsequent sessions, ineffective communication was often modeled by parents and youth. The communication needed to be redirected, effectively modeled, and role-played in session, with the help of the therapist. For example, *"If ‘how was school today’ is cut off mid-sentence with some kind of response or going off to another topic"* ([participant name omitted], personal communication, March 8, 2013) the therapist would intervene and show the parent how to be more present with their child.

The following quote is a case example of an interaction a participant observed between parents, who use a permissive parenting style, and their child. In the following quote it can be determined the parents are upset about their child’s behaviors, yet they do not directly communicate their emotions and later can be observed reinforcing the child’s behavior that they dislike. One participant stated while she was interacting with just the

parents in the family therapy session, the parents expressed, with regard to their child: *"'I'm so mad, they are so entitled.' And then in session when we're all together, the child says 'It's just not fair, you never let me do what I want. I just want to go to the party Friday'* Rather than holding limits with their child or sharing their discomfort with the child, they respond *"OK."* The therapist paused the interaction to point out her observation and then asked them *"questions to help them come to the conclusion that their own behavior as a parent [was] reinforcing the child's behaviors"* ([participant name omitted], personal communication, March 8, 2013).

The following quotes are examples of times parents choose to talk for their children, rather than letting them share their own thoughts and feelings. The first quote illuminates one participants experience with this: *"I've been in a lot of diagnostic assessments where you ask the kid a question and sometimes the parent answers for them, but then the kid ends up giving a totally different answer that totally blows the parent away"* ([participant name omitted], personal communication, March 20, 2013). An example of this ineffective communication is given from an initial session with a young male client and his mother, in which the mother attempted to repeatedly speak for the child.

> *He was super anxious and mom kept answering all the questions for him and I said I can tell that you're both anxious about this and I really want to get feedback from him. Mom was like 'Oh, Sorry' and then [mom] let him answer a few questions before [mom] was like come on just give [the therapist] some information.*

The therapist stopped information gathering briefly to have the family participate in a relaxation exercise. Afterward, the therapist asked the boy to share his subjective experience, while reflecting on the exercise. "*He talked about his experience and mom said 'Oh, I didn't know that. I guess I need to listen more instead of always trying to talk for you about what I think you feel, because of how I feel'*" ([participant name omitted], personal communication, March 8, 2013). Another similar example of ineffective communication comes from a quote in which a participant described the experiences of some adolescents with their parents: "*cognitive adolescents will be able to say 'yeah, dad just assumed that I meant this and I'm kind of tired of that, it's not what I meant'*" ([participant name omitted], personal communication, March 22, 2013).

Negativity is an ineffective communication style one participant often observes between parents and children.

> *Kids hear so much negative stuff and a lot of times it's the negative stuff that they hear and they're not going to hear the positive, that's when I get really concerned. If you have negative interaction over negative interaction and you're not hearing a lot of positive connection between the parent and the kid, that's the biggest concern for me* ([participant name omitted], personal communication, March 20, 2013).

Parents Modeling a Lack of Emotional Regulation

'Parents modeling a lack of emotional regulation' was another theme identified through the analysis of interview data. This theme was related to how the participants believed the modeling of emotional regulation by parents had an impact on the poor

development of emotional regulation in adolescents. The following illustrates the participants' experience with parents modeling a lack of emotional regulation in sessions:

A participant discusses her experience with the co-occurrence of disregulated parents and disregulated children in the succeeding quote.

> *Parents who are emotionally disregulated have really emotionally disregulated kids. And they will get as angry in a hot minute as their kids do, then you also have that emotional escalation and they meet each other there. Instead of the parents taking a step back and saying 'I'm the parent and I don't need to go there with you', you end up with that upping the ante thing. If you have parents that are more regulated, they can more easily step back and take a break and come back. But when we have parents that don't do that or can't do that, those are the households that are really chaotic* ([participant name omitted], personal communication, March 20, 2013).

She furthered her statement by saying:

> *I find that parents will really go for the power struggle with kids, which does not work, but they get there and they get in that tangle and then they're too far in to see that they're in one. Then if you don't have kids that are emotionally regulated, it will set them off every time and then you end up with something worse than where you started.*

Another participant discussed her experience with the same pattern between disregulated parents and their children following suit.

> *Parents and caregivers who struggled with their own emotional regulation often can (unwantedly) pass on these same behaviors. For example, caregivers who*

practice negative self-talk within their own lives have often modeled this behavior

pattern to those under their care ([participant name omitted], personal

communication, March 22, 2013).

A case example of a boy coming late to a family therapy session was given in

which "*The mom got up to the table and said 'you don't give a blank blank blank about*

anyone but yourself' and as her anger and tone got louder and louder he got up and

started screaming at her". The therapist had asked both participants to stop and sit down,

after which "*the boy sat back down and mom made a threat to him*" ([participant name

omitted], personal communication, March 8, 2013).

She also told of a time when she was in session with a mom, dad, teenage son,

and 9 year-old. "*Everyone started escalating, they were arguing and fighting, and I just*

kind of sat back, literally, and observed". She then interrupted the family and asked each

individual what the experience was like for them to watch. "*I started with the 9 year-old*

and he replied 'Well, it happens all the time. It used to be very scary and now I just

expect it'" ([participant name omitted], personal communication, March 8, 2013). This

quote shows that when poor emotional regulation is modeled by the parent repetitively in

the home environment, children eventually see it as a normative experience. This

normative experience often becomes what the child believes is an appropriate way to

regulate his or her own emotions.

This behavior is easily observed "*When there's been domestic violence and the*

kid has picked up on the power and control struggle. They try to step in, they've seen

abusive behavior modeled, and they want to be the one on top" ([participant name

omitted], personal communication, March 22, 2013). Again in this scenario a child is

seeing poor emotional regulation as a normative experience in his or her home environment. He or she has learned that this behavior is normal and that he or she wants to be the one with power in the family, not the one who is victimized by an individual's poor emotional regulation.

One participant illuminated that it is not only intimidating, outward expressions of emotional regulation that can be normalized in the home, rather all forms of emotional regulation can be modeled by parents and then normalized and learned by the child. Therefore, the negative consequences of a parent's depression that is not being taken care of appropriately, can affect children, who may then take on that affect as their own.

> A*nd not even the big responses, but also parents who are super depressed who are more flat, you see those kids who have grown up in that environment have the same affect. They're also really flat, because they never had anyone to match any kind of emotion, so you don't get that range of emotion that a normal kid would have, it definitely goes both ways* ([participant name omitted], personal communication, March 20, 2013).

Lack of Attunement

'Lack of Attunement' was another theme identified through the analysis of interview data. This theme was related to the participants' belief that a lack of attunement between parents and their children had an impact on the poor development of emotional regulation in adolescents. The following illustrates the participants' experience with lack of attunement between parents and children:

One participant identified the importance of attunement in the child's past, to help the child become secure and attached with their caregiver, which in turn helps develop

positive emotional regulation. The participant shared that learning about attunement helps

guide her practice, because it clarifies what the child missed developmentally, with his or

her parents, and what needs to now be implemented within the family to help the child

get his or her needs met. "*How well the adolescent was understood by their caretakers is*

important to me being effective in helping them and bridging any gap that now exists"

([participant name omitted], personal communication, March 22, 2013).

      The following quote illuminates the lack of emotional attunement a parent has

with his or her child, as the parent is not able to identify that the child is troubled or

needing help.

> *I'll say to the parent 'Well, do you see your kid as an anxious kid who worries*
>
> *about stuff' and the parent will say 'No, he never worries about anything'. Then*
>
> *the kid will say 'Yeah, every day I think about this, this and this'* ([participant
>
> name omitted], personal communication, March 20, 2013).

      Another participant shared times in session when the child felt hopeless about the

future because of times in the past when his or her parent was not attuned to his or her

needs. Children may have a hard time believing, because of the past, that their parents are

going to be attuned to their needs. "*Sometimes the kids will say 'What's the point, she*

says that now, like in the moment, but she never did that my whole life'". The participant

then prepares parents by saying "*you may have felt like you were there and supportive*

and did everything well, but your child's experience right now is that there were things

that were missing" ([participant name omitted], personal communication, March 8,

2013).

Another participant shared of times in session when she became aware of a child's emotional experience and needed to share that experience with the child's parents, because they were unaware. The quote also illuminates the confusion, shame, or guilt that a parent may feel, when parents realize that the therapist is more attuned to their child than they may be.

> *Sometimes you'll pick up on emotions in the kid that the parent is not picking up on or the parent thinks 'This is always how I interact with this kid, this is normal. Why are you saying that this is different or wrong or bad?'* ([participant name omitted], personal communication, March 20, 2013).

The same participant went on to express that some parents do not understand the importance of attunement for the child, at a young age, and if that is the case there is a need to educate the parents about attachment and attunement. She then shares the reality that some parents who seek out family therapy, for help with their child's emotions and behaviors, have never had the opportunity to become attached or attuned with their child due to feeling so overwhelmed with poverty or other struggles within their life, including meeting their family's basic needs.

> *A lot of parents don't understand how those early processes made a difference. And sometimes for them it's getting that information and then bridging the gap and then trying to get a parent to see how important that attachment is for each kid in that family. The parents we get are so overwhelmed. A lot of our parents just basic needs, they're not there. So working on attachment with those families are sometimes next to impossible, because there are other things that come first that are more about day to day living. With parents that are as stressed as the*

ones we have, they're not spending that quality time that often times kids need,

just because so much is going on ([participant name omitted], personal

communication, March 20, 2013).

Therapy as a Modeling Technique

'Therapy as a modeling technique' was a theme identified through the analysis of

interview data. This theme was related to the process of using therapy sessions as a model

for healthy communication and interactions between not only the therapist and each

family member, but also each family member with one another.

The following quote illuminates how a participant makes an effort to model

effective relational dynamics indirectly, through the use of her own relationship with the

clients. The participant believes that if she indirectly models the behavior, it could be

observed by the family, normalized, and then become a learned behavior for the family to

engage in with each other.

Modeling healthy communication and emotional expression in session is a

specific intervention that has been successful. When I make a mistake, modeling a

way to work through it by taking responsibility for it, recognizing the effect it had,

and how I will do it differently in the future ([participant name omitted], personal

communication, March 22, 2013).

The following participant shared an intervention she has used with families, in

which she worked with them directly to teach them a new familial pattern. This

participant believed that if she directly helped and taught the family to set rules and

create norms inside of family therapy, they may normalize the behavior and continue it in

their home environment.

For example, one of the things I try to work out with families is please turn your

cell phones off during session, because I really think it is important that your

family builds its values during this time. So I try to use that as a role-modeling,

like at dinner at home we're sitting down as a family for dinner, you don't answer

your cell phone unless you know you happen to be on an emergency pager for

work, but then you establish that with the family in advance. So, it's better to use

the therapy office as a way to build what the norms in the family can become as

far as communication and respecting one another and prioritizing family

relationships over… maybe mom has a girl's night out plan and she's waiting for

the phone to ring, well you know what, during this moment the focus is on your

children and your husband" ([participant name omitted], personal

communication, March 8, 2013).

The next quote illuminates how again the therapist uses family therapy as a way

to help the family create new relational patterns with each other. In this example, the

therapy uses the actual interaction between family members, to help them create a new

relational experience. She observes the ineffective dynamic and then allows the family

members to process through the interaction until they figure out what caused the

interaction to be ineffective. Through this process, the family is able to collaborate with

each other to learn to communicate more effectively as a family unit.

Sometimes I let things play out so that I can use that as an example of 'how can

you go home and do things different, because this is what you're telling me you

don't want to do, so let's go back and figure out at what point somebody could

have made a different decision, so that you would not have gotten to this point.'

Then we just walk backwards and backwards and backwards until somebody says I shouldn't have said that ([participant name omitted], personal communication, March 8, 2013).

Another participant also illustrates the importance of using in the moment interactions between family members to help them create new relational patterns that are more effective. In addition, she also travels to the family's natural environment, to create a more rich experience for the family.

In my practice, I would tend to work with the adolescent and their family in their home, to create a collaborative experience that is rich with in the moment opportunities for instruction, modeling, and role-playing. I would practice with them implementing healthy, respectful interactions, with communication skills. I would encourage, empower and support the caregiver and encourage them to offer the same to the adolescent ([participant name omitted], personal communication, March 22, 2013).

The same participant furthers her last quote by stating:

If I have been working for some time with a family, I would tend to have more in the moment feedback for all members, since I have been building on previous work and now have some short cuts to their patterns. It can be very rewarding to include all members in this process, which is a great model for adolescents that adults make mistakes and it becomes a teachable moment ([participant name omitted], personal communication, March 22, 2013).

Ensure all Individuals are Heard

'Ensure all individuals are heard' was another theme identified through the analysis of interview data. This theme was related to not only ensuring that each family member was heard, but also to ensuring that each family member had an active voice that was listened to by all family members within the family system. The following illustrates the participants' experience with ensuring all individuals are heard in therapy:

One participant shared an intervention in which she used active listening to acknowledge audibly what everyone in the room was stating, especially when discrepancies arose. She stated this intervention was powerful and allowed all individuals to be heard while working out disagreements or conflicting messages.

> *Always acknowledging all persons in the room by using the words "I seem to hear blank saying blank and the other person saying blank" in a confused fashion. Having curiosity and restating what was just said is usually quite powerful to put the issue on the table and have all persons feel like they were heard* ([participant name omitted], personal communication, March 25, 2013).

Another participant shares the importance of not only making sure everyone is heard, but also making sure everyone in the room has a voice. The participant does this by emphasizing that everyone is able to share his or her own experience while in the family therapy setting. Allowing everyone to have a voice is a part of effective communication between individuals, which promotes and contributes to effective emotional regulation.

> *I set parameters at the intake for what my model of family therapy is and that's to be really inclusive of everyone. I really emphasize that everyone has a voice, so*

there may be times that mom you may have what you think is Billy's answer, but

I'm really going to emphasize that I want it from him. I want everyone to have

their own voice ([participant name omitted], personal communication, March 8,

2013).

The next participant allows children to not only be heard, but also to have an

active voice with their parents, that is capable of promoting change, by asking "*What are*

some things you wish your mom would do for you or some things you wish that your mom

had time for that you don't have time for now" ([participant name omitted], personal

communication, March 20, 2013).

Teach Communication and Validation

'Teach communication and validation' was another theme identified through the

analysis of interview data. This theme was related to family members learning effective

ways to communicate, from discussing mundane topics together to calmly sharing

uncomfortable emotions. The following illustrates the participants' experience with

teaching communication and validation in therapy.

One participant shares the importance of learning to talk about mundane things

within the family unit. If individuals in the family unit do not feel heard while discussing

mundane things, they will not feel comfortable to be vulnerable and communicate their

emotions or thoughts about bigger issues they are experiencing. "*[The family] can't talk*

about the issues effectively if they haven't first figured out how to communicate about

normal day-to-day things" ([participant name omitted], personal communication, March

8, 2013).

The same participant emphasizes the helpfulness of coaching communication skills one-on-one with each family member, which can provide each family member with more effective communication skills to utilize when they are discussing an issue together.

I will work with the parents and the child separately to role-play some of those things and help them figure out different and better ways to communicate with each other then bring them back, because as much as it's important to process through issues, if they don't have the skills to do so in a non-hurtful manner you are not going to make progress ([participant name omitted], personal communication, March 8, 2013).

In the next example, the participant teaches families to practice and improve non-verbal communication with each other by using games. The game requires parents to pay attention to the emotional states of their child, allowing them to become more attuned with their child and more capable of understanding non-verbal communication.

Another [activity] that has been really good with parents and kids would be feelings charades, where you have the kid make some kind of feeling face from a feeling chart and the parent has to look at the chart and guess which feeling it is. So that's one of the things that really helps that attachment piece, if they were parents that weren't attuned with their kids, then they can say 'Oh, that's what that feeling looks like on my kid's face'. And kids love that, they love that [activity] ([participant name omitted], personal communication, March 20, 2013).

Collaboration

'Collaboration' was another theme identified through the analysis of interview data. This theme was related to the therapist joining with clients, to ensure the right environmental context which creates a safe place for family members to feel comfortable and become motivated to change. The following illustrates the participants' experience with collaboration in therapy.

This participant shares the importance of helping the family understand that the therapist is not the leader or decision maker in the group, but instead the therapist is there to join with the parents and family to help them work better with each other. *"Usually I try to engage with the parents and show them that I'm there to support them and that we are a team. I'm really only talking about what is going to work for them"* ([participant name omitted], personal communication, March 22, 2013).

The next participant conveys the same message, but shares that if the therapist is not able to join with the family and instead chooses to become a decision maker he or she will be looked at as an object to blame. This pattern of the therapist being a decision maker could create a feeling of hopelessness in a family; therefore, it is important to remain a participant in the process of change with the family, allowing them to feel in control and empowered.

> *Remembering that the therapist isn't there to demand difference or tell the family how to do something, as this will cause you to be the brunt of resentment or 'I told you it wouldn't work' type feelings. So putting it back on the family to process through and come up with what will work for them is more helpful* ([participant name omitted], personal communication, March 25, 2013).

Another participant pointed out the importance in joining with the parents, to help the parents identify a family role in which they are respected and have authority within the household.

I would like to prepare a parent who struggles with authority issues with their child by having a conversation about the ineffective interaction only with them, so I do not further undermine their authority. I would be curious about their thoughts and feelings, during what I observed, and offer suggestions on what I believe would work better for them in the future ([participant name omitted], personal communication, March 22, 2013).

One participant points out that reality that the therapist is not a leader, yet only a facilitator of change in the collaboration by stating:

You never know what you're going to get when a family walks through the door. I will always have my agenda, but that's not always what happens, because something big could have just happened and that always takes over. I like to check in, especially if there was some big event that happened or if there was a conflict or whatever. I like to say 'Wow, last time I saw you this happened and how has it been since and what has it been like since you left'. I do like asking those questions, they might not happen right away, but they do happen just as a check in ([participant name omitted], personal communication, March 20, 2013).

When identifying how a therapist would know if a session was helpful to a family, one participant stated that a therapist would often not know unless a family member told him or her that the session was beneficial. This is because the participant

identifies that no family is the same and that she needs to works individually with each family to create the right approaches.

> *So how I know if it was effective is honestly checking in with the family either that session or the next session- Asking what was it like for them, because I really want to get feedback so I can make sure that my approach with the family is what they need. I don't always know in the moment"* ([participant name omitted], personal communication, March 8, 2013).

Another participant viewed therapy as being successful when she is aware of the family becoming more of a team, which is developed when each member begins to show an appreciation for one another. The participant stated therapy was successful when she viewed "*An appreciation for every member's role and their contribution to the process"* ([participant name omitted], personal communication, March 22, 2013).

Individual Work with Parents

'Individual work with parents' was another theme identified through the analysis of interview data. This theme was related to the importance of separating the child from his or her parents during some sessions, to allow time for the parents to work individually with the therapist. The following illustrates the participants' experience with individual work with parents in therapy.

One participant shared her success with working independently with the parents of ineffective adolescents. The participant stated that when she has the opportunity to directly address an ineffective parenting dynamic that she observed in the moment, often times the parent will change the behavior, which will often create an automatic positive behavior change in the child. "*With therapeutic intervention, it has been wonderful to see*

that when a parenting dynamic is addressed, often caregivers can turn it around, which has an almost immediate positive, magical effect on the adolescent" ([participant name omitted], personal communication, March 22, 2013).

The next participant shared that sometimes working through issues the adolescent may present can cause the parent to react defensively. The participant prepares the parents for possible defensive feelings that may arise and states that if the parents are not willing to listen to their children and accept what is being said within the session, often times she works with the parents alone, until they have the emotional regulation and communication tools to accept their child's experiences.

> *And so before we dive into [the past] I really prep the parents and say right now your role is to listen, it's not to refute anything he or she experienced, because their experience is their experience. If the parents aren't in a position where they can just listen and hear it, I will do some independent work with the parents for a little while. So not have the child in session and work with mom and dad on role-playing how to respond to this. Responding and saying I hear what you're saying is different than saying I agree with you and you're right. So a lot of times in therapy I will work with the parents and the child separately to role-play some of those things and help them figure out different and better ways to communicate with each other then bring them back, because as much it's important to process through issues, if they don't have the skills to do so in a non-hurtful manner you are not going to make progress* ([participant name omitted], personal communication, March 8, 2013).

Another participant also believed it was important to prepare the parents for what may happen in therapy. Along with this preparation, often she felt it necessary to provide the parents with communication skills, through the use of coaching and role-plays. "*Coaching parents ahead of time on how to validate and react more positively to their children. Also, psychoeducation on how to talk to their kids to make their feelings heard and not reacting intensely*" ([participant name omitted], personal communication, March 25, 2013).

Whilst is it important to prepare the parent for interactions in therapy beforehand, sometimes it is necessary to also recognize when parent behavior is obstructing the process of family therapy. In times when parent behavior is preventing change from occurring, it is important to emphatically work one-on-one with the parent to help them to tolerate and regulate their own emotions in a healthy manner, as expressed in the following example.

> *I said, 'mom your behavior right now is escalating the situation and I can see that you are really stressed out yourself"… so I sent [her son] out and I spent time with her trying to help her calm down. There is a lot of that we do. We try to get the parents by themselves to talk about that, that's not always appropriate for [the kids] to hear* ([participant name omitted], personal communication, March 8, 2013).

Another participant shared that psychoeducation is sometimes necessary for parents who are not able to identify that a developmental shift in their child may create the need for different parenting approaches. So helping these parents to identify the need

for change and them helping them to determine new effective parenting strategies would be imperative.

> *I find that a lot of parents struggle with parenting their kids differently when they hit adolescence. That I've been doing these things with my kid and then we get here to whatever that is, sixth and seventh grade, and they aren't working like they used to, but they don't get that their kid is making this developmental shift and you can't parent the same way. That's really hard for parents. So again I find that we end up doing a lot of parenting education around 'yeah that used to work and it was good and the kid responded but now it's not, let's talk about why and let's talk about what might work in a different way'* ([participant name omitted], personal communication, March 20, 2013).

Therapist Attunement

'Therapist attunement' was another theme identified through the analysis of interview data. This theme was related to the therapist being keenly aware of clients' emotional reactivity within sessions and then guiding each session in a way that is empathic and productive for the level of each family members' emotional reactivity. The following illustrates the participants' experience with therapist attunement in therapy:

One participant shares the importance of being attuned to the level of rapport a therapist has with a family, in order to know what therapeutic interventions would be applicable at different points in family therapy. "*I don't know if I could have done something like that earlier with them. I think you have to know the family and their dynamics and their level of trust with you before you can call them on the carpet*" ([participant name omitted], personal communication, March 8, 2013).

Another participant shares how she determines when it is appropriate to allow an ineffective interaction between family members to continue and when she feels the need to step in and diffuse the interaction. She shares that her attunement with the child's emotions is important in helping her make this determination.

> *[One] person that would let something go [in session], it's going to be uncomfortable for someone else. But I think the key is how it is affecting the child, so I'll go back to that. If this is doing damage to the kid, sometimes you'll pick up on emotions in the kid that the parent is not picking up on….* ([participant name omitted], personal communication, March 20, 2013).

Focus on Present

'Focus on present' was another theme identified through the analysis of interview data. This theme was related to the goal of focusing on present and future oriented solutions and developing consistency with practicing positive solutions, rather than focusing on situations from the past that cannot be changed or undone. The following illustrates the participants' experience with focusing on the present in therapy:

One therapist stated that if family interventions begin to change and children begin to see consistency at home, the children and parents are able to heal from the past without the past needing to be discussed.

> *I really think if things can start to be resolved in the present and if the kids can see that some of the things that we implement in therapy are being consistently done at home or there is effort being made, some of the things from the past work themselves out.*

The participant tries to stay in the present when working with families, but admits that

sometimes the past does not work itself out. Before revisiting the past during session, the

participant believes it is important to determine individual motivation for discussing the

past. After understanding the individual's motivations to discuss the past, she then

believes it is important to identify for the individuals that their needs may not get met by

their family member. For example, if individuals feel like they need their family

member(s) to take accountability, it is important for the therapist to identify for the

individuals that this may not ever be the end result if the past is brought up. After this

realization is clear, it then is important to know if the individual still wants to proceed in

revisiting the past.

> *Sometimes [the things from the past] don't [work themselves out], so then you*
>
> *need to go back and… One of the things I try to figure out is what is the*
>
> *motivation of the child to go back there and hash things out, or even the parent.*
>
> *'You destroyed my house and you did this and you do that', well you're right, it*
>
> *did happen and you have a right to be mad about that and you can't undo that.*
>
> *You can't go back and change that your house was vandalized or that Mom didn't*
>
> *go to any of your basketball games. How can you do things now that are*
>
> *different? Sometimes it's I want an apology, sometimes it's accountability, so I*
>
> *like to figure out what their motivation is behind wanting to address certain*
>
> *things. So, how will discussing this help you get your needs met? And what*
>
> *happens if you don't hear what you want to hear, will that make things better or*
>
> *worse? So I really try to help the families recognize that just because Mom might*
>
> *want to address this issue, Billy may never accept responsibility and he might*

continue to say 'I only do that because you did this' and is that going to resolve

things or make them more mad" ([participant name omitted], personal

communication, March 8, 2013).

Another participant shares that she believes staying in the present and future is

important and states that most strength based therapies follow this pattern. This process

helps the family determine what they need now to make the issue feel like it is resolved.

"*During the intake, we ask questions about early childhood and attachment. Other than*

that, most therapies are strengths based and look for present or future based outcomes"

([participant name omitted], personal communication, March 25, 2013).

Establishing Rules, Structure, and Routine

'Establishing rules, structure, and routine' was another theme identified through

the analysis of interview data. This theme was related to therapists helping families begin

to find the importance in developing rules and structure within their family systems. The

following illustrates the participants' experience with establishing rules, structure, and

routine in therapy:

One therapist actively teaches the importance of rules and structure in the home

environment and uses family therapy as a place to help the parents establish these rules

and routines, with language that is clear and comprehensible for their children.

Establishing routine, structure, and rules are huge. Coming up with 3 family rules

and putting them on the refrigerator. Establishing a bedtime routine. A lot of that.

That makes a huge difference. And helping parents understand why that's

important to the kid ([participant name omitted], personal communication, March

20, 2013).

Another therapist shares that she likes to include children in the process of creating rules, to make the family feel cohesive. This activity provides the children with an opportunity to voice their concerns and advocate for their needs, while the parents are able to practice being united and making decisions that benefit the entire family.

I like to include the kid as much as possible in the new family rules and encourage their participation in making the rules and to advocate for their needs. Structurally, asking the parents to be united in supporting the kid's emotions as well as united in creating rules and structure that works for the benefit of the whole family ([participant name omitted], personal communication, March 25, 2013).

The next participant discusses the complexities of working with single parent families and the importance of establishing a family structure with family roles that allow the parent to feel respected and capable of having authority.

We work with so many families who are single parent families, so as a result of that I often times see dad's not living in the home. So then the child steps up and naturally takes on that fatherly role. So working to establish roles and recognizing that as the parent you get to decide this, mom has authority ([participant name omitted], personal communication, March 20, 2013).

Relaxation Skills

'Relaxation skills' was the final theme identified through the analysis of interview data. This theme discussed skills clients can learn to help them engage in more calm and effective interactions. The following illustrates the participants' experience with relaxation skills in therapy:

According to one participant, relaxation goes a long way in promoting a more effective emotional regulation for individuals. This makes sense, as emotional regulation requires an individual to be in a somewhat calm state. The participant gives an example after she stated, "I *think a successful intervention has been teaching kids deep breathing skills… I stopped information gathering and [said] we're going to do some deep breathing techniques together, all three of us.*" After the exercise was completed the family was able to be more insightful and the participant replied:

> *That wasn't my intention at all. I was thinking you know like four sessions down the road I'd try to help her get there, but she got there in that moment by just together, in the session, all of us doing the relaxation techniques and realizing how we could center ourselves and calm down* ([participant name omitted], personal communication, March 8, 2013).

Another participant shared her approach when assigning relaxation homework to a family. The approach could be used by a therapist to avoid the possible defenses a parent might have toward the activity, allowing the family to practice the reportedly helpful techniques together.

> *I like some of the relaxation techniques. A lot of times I'll present it as 'this is for the kid', but it's really for the parent and the kid. Like I'll give a printed relaxation exercise, where I'll say to the parent if you can read this at bedtime and take the kid through a guided imagery, it helps them sleep. I do breathing exercises so both the parent and the kid know proper breathing from the diaphragm, that you're going to take those five deep breaths before saying something, and this is how the breaths should look. And have the parent work*

with the kid on those breathing techniques ([participant name omitted], personal communication, March 20, 2013).

The same participant also shared the importance of a mind and body connection when practicing relaxation to develop a greater ability to regulate emotions. She shared the following two activities:

I'll do more active stuff like you ball up your fists really tight then you let them go, that's part of relaxation too. Then we talk about times when they could do that. That works really well. Stuff that connects the mind and the body are really important. We've started to do some work with yoga calm, some of us have been trained in that and we've actually done multi family groups, with everyone doing some mindfulness stuff and use yoga calm techniques and have everyone doing yoga poses. They love that stuff, it really works well ([participant name omitted], personal communication, March 20, 2013).

Finally, upon sharing with one participant that the topic of relaxation seemed to be coming up in my interviews often, she shared "*It makes sense to me that you're hearing a lot about relaxation, it's kind of the buzz word right now*" ([participant name omitted], personal communication, March 22, 2013). This statement further strengthens the importance of introducing relaxation to clients, especially when attempting to heighten an individual's tolerance to distressing emotions.

Discussion and Implications

Fit Between Researcher's Findings and Relevant Literature

When reviewing the interview themes with the themes from my literature, many themes from the literature could be observed through the case studies my participants provided. However, the research findings, regarding adolescents with poor emotional regulation, were focused on the client or child, whereas the literature review focused mainly on how parenting styles contributed to the development of poor emotional regulation in adolescents. This mainly happened due to this researcher's choice of research questions and how the questions were worded. In addition, when asked what would be the therapeutic focus in a case that involved an emotionally disregulated child, one participant stated "We don't have a choice with that in the medical model", implying that she could only focus on the child until direct observations of a family systems issue arose ([participant name omitted], personal communication, March 20, 2013). Therefore, therapies were structured to focus on the client in treatment, rather than the background of the caregivers.

The first theme discussed was characteristics of emotionally disregulated adolescents. This theme was not identified independently in the literature review, but this researcher believed it would be important to ensure that all therapists in the study were working from the same or similar operational definition for this term. It was determined that all therapists held similar definitions for this term, so the research was able to commence without further explanations.

The second theme discussed was ineffective communication. This theme was discussed in regards to how this behavior in the family system had impacted the

emotional regulation of the adolescents in their care. The literature had stated that permissive parenting may teach children that relational manipulation is an appropriate method of meeting their needs, because guilt and threatening of love withdrawal are used as parental discipline tactics (Bayer & Segala, 1992; Sandstrom, 2007). Children raised in this type of family system are often found to be selfish, impulsive, and aggressive in relationships, due to not learning how to compromise or how their actions affect others (Sailor, 2004; Sandstrom, 2007). In a previously discussed case study presented by a participant, the parents stated "I'm so mad, they are so entitled" when discussing their child to the therapist. Later in the same session, the parents were asked permission by their child to go to a party. The parents initially said no, so the child used relational manipulation, as the literature review said he or she may do, to meet his or her needs by stating "It's just not fair, you never let me do what I want. I just want to go to the party Friday". The parents then gave in and said "ok", reinforcing their child's entitlement and allowing their child to be selfish and passive-aggressive in their relationship. The qualities of selfishness and passive-aggressiveness in relationships were noted, in the literature, to be qualities of children raised in households that provide permissive parenting.

Another example can be made through the case study of the initial session between a therapist, an anxious boy, and his mother. The literature review stated authoritarian parenting is associated with children who have low self-esteem, unsuccessful social skills, an external locus of control, moderate academic achievement, higher rates of depression, and a lack of autonomy and optimism (Awong, Grusec & Sorenson, 2008; Baumrind, 1991; Darling, 1999; Buboltz, Griffith-Ross, Marsiglia &

Walczyk, 2007; McClun & Merrell, 1998). In 1967, Baumrind discovered that children who grew up in authoritarian homes appeared withdrawn, unhappy, anxious and insecure (Sailor, 2004). The boy in this study was being asked questions by the therapist and he appeared "super anxious and Mom kept answering all the questions for him". The boy in this case study did not have control in the session, nor the autonomy to speak up and gain control; instead he just sat withdrawn in the room. The therapist asked the mother to refrain from answering, so the child could answer some questions. The mother allowed this to happen briefly and then stated, "Come on, just give her some information". In this situation, the boy could have struggled to give his answers, due to having unsuccessful social skills, which can happen when parents are overly controlling.

The third theme discovered in the research findings was parents modeling a lack of emotional regulation. This theme was discussed in regards to how this behavior in the family system had impacted the emotional regulation of the adolescents in their care. The literature states when a parent is struggling with diagnosed or undiagnosed psychological distress, they are not able to parent as effectively (Belsky, 1984; Chase-Lansdale & Pittman, 2002). This data was also founded in the research studies.

A case study on an authoritarian household was presented in which the mom expressed her anger in a way that was not self-regulated, and the child responded in kind. Such interaction is congruent with the literature, which states children raised in authoritarian homes were found to react with overt and relational aggression when they became frustrated (Buboltz, Griffith-Ross, Marsiglia & Walczyk, 2007; Sailor, 2004; Sandstrom, 2007). In addition, Baumrind was able to again generate the same findings and added that girls raised in this environment seemed dependent and unmotivated, while

boys seemed angry and defiant (Buboltz, Griffith-Ross, Marsiglia & Walczyk, 2007;

Sailor, 2004). Also, Hetherington identified that growing up in an authoritarian

environment affected children's desire and willingness to be parented, causing them to

often react aggressively and hostilely toward their parents (Hamon & Schrodt, 2012;

Wahloer & Williams, 2010). The mother's behavior is congruent with literature stating

that the personality trait of verbal aggressiveness is correlated with an authoritarian

parenting style (Bayer & Cegala, 1992). Verbally aggressive individuals identify

challenges from others as an assault to their personality (Bayer & Cegala, 1992; Infante

& Wigley III III, 1986). They counter this assault by attacking the challenger's self-

concept, which may be received as character attacks, competence attacks, insults,

ridicule, profanity, threats, or nonverbal meaningful symbols, causing embarrassment,

anger, irritation, discouragement, relationship deterioration, and relationship termination

(Bayer & Cegala, 1992; Infante & Wigley III, 1986). These individuals may not have the

skills to work through conflict; therefore, they immediately use violence to deal with their

frustrations (Infante & Wigley III, 1986).

      The fourth theme discovered in the research findings was lack of attunement. This

theme was discussed in regards to how this behavior in the family system had impacted

the emotional regulation of the adolescents in their care. This theme was not discussed

within the literature, although the literature does state that developmental history is

included into parents' psychological well-being. Parents who experienced mistreatment

in their childhood are more likely to mistreat their own children (Belsky, 1984). In

addition, parents who have experienced separation from their caregivers during their

childhood are often found to have difficulties building relationships caring for their own

children (Belsky, 1984; Frommer & O'Shea, 1973). The literature does imply that the parents' attunement with their own parents helps shape how they will respond to their own children. Furthermore, the literature states a lack of financial stability reduced the effectiveness in parenting, which created environments with less warmth, harsher discipline, and less stimulation (Chase-Lansdale & Pittman, 2002; Forehand & Kotchick, 2002). This literature correlates to the research finding with respect to the many challenges parents face, rendering them unable to form as good of relationships as they otherwise could.

The fifth theme discovered in the research findings was therapy as a modeling technique. This theme was discussed in regards to effective techniques used in running family therapy. This theme was not discussed directly in the literature; however, it does seem imperative for the therapist to model the goal behavior for the family, which is to develop a more authoritative parenting style. That would entail therapists modeling the behaviors of dictating clear directives for children to follow, while coupling the directive with appropriate consequences, supervision, empathy, reason, and flexibility (Baumrind, 1991; Fulton & Turner, 2008; Baharudin & Kordi, 2010; Buboltz, Griffith-Ross, Marsiglia & Walczyk, 2007). The literature states that the clinician must help the parent maintain the new parenting techniques, through coaching, support, and objective observations (Wahloer & Williams, 2010).

The sixth theme is individual work with parents. This theme was discussed in regards to effective techniques used in running family therapy. The literature states that training is offered to parents within authoritarian and permissive family systems, to help them improve their parenting skills and learn how to create a more authoritative home

environment (Rowinski & Wahler, 2010; Wahloer & Williams, 2010). This training

discusses how to include warmth, reasoning, appropriate discipline, and empathy into

their parenting style, among many other topics, and has been found effective with parents

who are ambivalent with their own parenting beliefs and are willing to change their

values (Rowinski & Wahler, 2010; Wahloer & Williams, 2010). It has been found that

children are likely to reciprocate positive behavioral change, after the parents begin

consistently utilizing authoritative techniques (Wahloer & Williams, 2010). The research

findings correspond with the literature and extend what is already known in the literature.

This is evident in the participant's rich, detailed examples of specific techniques that

were found to be helpful while the participants were practicing therapy.

The remainder of the themes are related to the specific techniques therapists use

in session to strengthen family communication and emotional regulation. They include:

ensure all individuals are heard, teach communication and validation, collaboration,

therapist attunement, focus on present, establishing rules, structure, and routine, and

relaxation skills. These techniques are all very specific, which may explain why they are

not mentioned directly in the literature review, with exception to relaxation skills.

The findings, with regards to relaxation, correlated with the literature that also

stated the importance of intervening with relaxation skills when working to improve

parent-child interactions. The literature hypothesizes that if parents are able to achieve a

mindful state when parenting, they would be able to respond calmly without judgment,

allowing them to accurately assess and improve their parent-child interactions. They

believe that if authoritarian and permissive parents began to use mindfulness coupled

with parent skills education, they would automatically begin questioning the

effectiveness of their parenting styles and start to become more authoritative in practice (Wahloer & Williams, 2010). Williams and Wahler (2009) go on to state that an authoritative parent is most likely successful in being mindful while parenting, thus creating an environment in which the child is willing to learn and be parented.

Implications of Research Findings on Social Work Practice

Overall, the findings illustrate interventions family therapists use to help parents and children with emotional-regulation, including individual work with parents and developing a means of effective communication, such as ensuring everyone is heard and left feeling validated. Family therapy also needs to be a place where families can feel safe recreating norms, including family roles, structure, rules, and routine. The research findings and literature stressed the importance of individual work with parents and often found that adolescents seemed to change their behaviors more easily, after parents changed their behavior patterns first. This finding implies that family therapists should feel comfortable directly sharing with parents that sometimes a child's behavior is a derivative of something not working effectively within the family system. Before sharing this information with parents, it is imperative that the therapist joins with the parents to form a collaborative working model. Then the parents, with the therapist, are able to work together to investigate where the dysfunction, within their family system, lies. During this investigation, the therapist must remember to keep an empathic, curious approach while guiding the family on its journey, allowing the family to maintain in control of their destination.

Implications of Current Research Findings for Social Work Research

This research project explored good practices to assist with emotional regulation in family therapy. It showcased the techniques and practices therapists use to model behavior for the family, which includes relationships between the family members, as well as between the therapist and family members. Future research should explore the capability for a child to be successful, with their self-regulation, within a family that is unwilling to identify, change, or eliminate dysfunction within their family system. The research implies that children are resilient and capable of changing their behaviors, especially when positive behaviors are modeled for them, within the family. Future studies should highlight what happens to these children when: 1) their parents are invested in the treatment process but then revert back to old behaviors; and 2) their parents never become invested in the treatment process and their natural home environment remains chaotic and dysfunctional. Studies could explore the ability for a child, who had successfully completed treatment and learned appropriate coping and life skills, to remain successful in an environment that was detrimental to their physical, emotional, or mental health. If it was found that some children were able to be successful and resilient in those environments, studies should be created to identify how and why theses adolescents were able to succeed in such environments. The research gathered from these future studies could further improve child protection systems, home placements, foster placements, individual therapies for children and caregivers, and family therapies.

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Appendix A

Research Interview Questions

1. Describe the differences you can observe in adolescents who are effective in their

emotional regulation and adolescents who are ineffective in their emotional regulation?

2. What would be your therapeutic focus when working with a family who seeks out help

because of the distress that is created by their child's strong reactions to emotions?

3. To what extent do you assess the development of parent-child interactions from the

time the child was an infant to the time the child was brought into your office?

4. How do the interactions between the parent and adolescent impact or shape behaviors

(positively and negatively) you have observed within the adolescent?

5. When you observe an ineffective interaction between parent and child, when do you

choose to intervene and what intervention do you choose?

6. How do you know if an intervention has been successful? What would you observe?

7. What specific interventions in family therapy have you effectively used in helping

children develop emotional regulation?

Appendix B

Consent Form

University of St. Thomas

GRSW682 Research Project

The Impact of Parenting Styles on Emotional Regulation of Adolescents

IRB#- 403494-1

I am conducting a study about ineffective emotional regulation in adolescents and how to best work with these adolescents in family therapy. I invite you to participate in this research. You were selected as a possible participant because you have experience working directly with adolescent clients, who struggle with emotional regulation, and their caregivers. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Amber Pearson, a graduate student at the School of Social Work, St. Catherine University/University of St. Thomas.

Background Information:

The purpose of this study is to explore causes for ineffective emotional regulation in adolescents and to determine, through your experiences, effective practices for helping adolescents increase their ability to regulate their emotions.

Procedures:

If you agree to be in this study, I will ask you to do the following things: be present for an interview and willing to discuss best practices in working with families who have a child struggling with emotional regulation, be willing to allow audio taping within this interview which may last 45 minutes, and to allow information that was gained from this interview to be placed within a research project that will be published online. Your name and identifying traits will be kept confidential throughout this process.

Risks and Benefits of Being in the Study:

The study has no direct risks or benefits.

Confidentiality:

The records of this study will be kept confidential and within both a fireproof safe in my home and a password secured computer. My research professor will see a transcript of the interview, but will not know who you are. I will delete any identifying information from the transcript. The electronic recording and transcript will be destroyed by June 1, 2013.

Voluntary Nature of the Study:

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with St. Catherine University, the University of St. Thomas, or the School of Social Work. If you decide to participate, you are free to withdraw at any time without penalty. Should you decide to withdraw, data collected about you will not be used. You are also free to skip any question that may be asked at any time.

Contacts and Questions

My name is Amber Pearson. You may ask any questions you have now. If you have questions later, you may contact me at (218) 209-6923. You may also contact the University of St. Thomas Institutional Review Board at (651) 962-5341 with any questions or concerns.

You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study and to be audio taped.

_____   _____

Signature of Study Participant   **Date**

_____

Print Name of Study Participant

_____   _____

Signature of Researcher   **Date**