

EMOTIONAL REGULATION INTERVENTIONS FOR ADOLESCENTS

by

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Abstract

This paper reviews the literature pertaining to adolescents' mental well-being. It describes adolescents, their challenges, emotions, social interactions, and emotional regulation. It discusses various programs and interventions used to increase young people's emotional regulation and psychological well-being. The interventions included in this paper are: DBT Skills Training for Emotional Problem Solving for Adolescents, Family Group Cognitive Behavioural Intervention, The Family Bereavement Program, Life Skills Training Program, Youth Prevention Program with Expressive Writing, School-Based Meditation Practice, Making Friends with Yourself- A Mindful Self-Compassion Program for Adolescents, and Butterflies, which is a program for females. Implications and recommendations for a future program are also included.

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Emotional Regulation Interventions for Adolescents

Chapter 1: Introduction

Introduction

Current times are influenced by rapid technological advances, where devices replace many human interactions, and people are expected to be available almost 24 hours a day. Leaving an office no longer means that one stopped working for the day, and leaving school no longer means that one can get a break from any interpersonal issues that they might have encountered that day. Many adolescents live their lives through social media while missing out on real life human interactions. They can even complete high-school through online learning, which allows them to stop interacting with any peers if they choose to do so.

So what does it all mean? While it is difficult to predict what long-term consequences these changes are going to bring, some more immediate effects are already becoming apparent. Shanker (2014) in one of his lectures talks about the fact that children and adolescents struggle more with emotional regulation than they have in the past. He points out that this issue might be starting very early in life when mothers look at their phones instead of their babies while feeding them. Through that they deny their children the opportunity for co-regulation, which is the first way for a child to learn to regulate their emotions. It is important to realize that the part of the brain that is responsible for emotional regulation develops fairly early in life, therefore emotional regulation should be a part of a learning process in early childhood (Shanker, 2014).

On the other hand current world is starting to recognize the importance of mental health, and people are starting to open up about their emotional struggles. This leads to reduced stigmatization, and more awareness of the need for preventative care not only for human bodies,

but also for human minds (Thapar, Collishaw, Pine, & Thapar, 2012). Due to these changes, movements are starting to form towards developing methods to assist young people with their development of positive mental health practices, abilities to regulate their emotions and cope with adversity that they are likely to come across (Modecki, Zimmer-Gembeck, & Guerra, 2017).

Adolescence

Adolescence is a period in life between approximately 12 and 18 years of age. It can be characterized by a significant, and relatively fast growth and maturation, many changes, establishing own self, and becoming independent. In the period of roughly six years a person transforms from a child to an adult. The changes appear on a physical as well as psychological levels. While going through this transition young people tend to develop more stable identity status and cultural orientation. They also create progressively more significant and intimate relations with their peers and romantic partners (Klimstra, Hale III, Raaijmakers, Branje, & Meeus, 2009). Also noteworthy is the fact that a lot of traits and behaviours developed in adolescence carry over to adulthood. It is true for mental health, mental illnesses, and well-being as well (Keyes, 2006).

Today's world provides unique opportunities as well as unique challenges for young people. They tend to take longer to mature and become adults. Some argue that adolescence should be considered between the ages of 10 and 24 these days. They also have a longer life expectancy as the science, medicine, and technology improve vastly and rapidly (Cain, Leonard, Gabrieli, & Finn, 2016). On the other hand, the same technology that makes their lives easier and better, is also a source of some issues. It has been found that media multi-tasking, for instance messaging and watching TV at the same time, can lead to lower executive function

abilities, decreased academic performance, greater impulsivity, and reduced growth mindset. It can also significantly affect young people's social engagement (Cain, et al., 2016).

Adolescent girls face additional challenges during that transitional period in life. In the western society young people, and especially young women, are under a lot of pressure to perform well in each area of their lives. There are more opportunities for women than there have ever been, but at the same time the expectations are higher (Liang, Lund, Mousseau, & Spencer, 2016). Additionally, the way media portrays perfect women makes it almost impossible for a regular person to achieve. All these factors add to an already difficult time that adolescence is for girls. We seem to see more girls struggling with their self-worth and self-esteem. They rarely feel "good enough" while navigating through the challenges of maturation. These attitudes bleed over into their adult lives, and often lead to unhappiness, anxiety, and even depression (Liang, et al., 2016).

While it is common to refer to adolescence as a period of emotional turbulence, temporary madness, and overall difficulty, Siegel (2015) argues that it is a time of great changes and opportunities. He stated that the changes that happen in adolescents' brains are natural and healthy, and lead to developing four qualities: novelty seeking, social engagement, increased emotional intensity, and creative explorations. These characteristics can manifest themselves in positive as well as negative ways. If they are applied in appropriate situation, they can not only produce great outcomes, but also have a constructive effect on adulthood.

Novelty seeking, while it can lead to dangerous behaviour, it can also transform into passion, fascination for life, openness to changes, and finding new ways of doing things. Social engagement, while it can lead to participating in risky behaviours due to peer pressure, it can also encourage new meaningful and supportive relationships, that are crucial for psychological well-

being (Siegel, 2015). Increased emotional intensity, even though it often results in moodiness and overreacting, might also give sense and purpose to life, and feel it with passion. Finally, creative exploration, while having a potential of causing an identity crisis and vulnerability, can lead to exploration and new, innovative creations (Siegel, 2015).

As mentioned above, Siegel (2015), believes that the changes that take place in the adolescent brain can greatly improve adult life. The emotional spark can help maintain the sense and vitality of life, social connectedness can improve the quality and outcomes of relationships, seeking novelty can help keep daily experiences stimulating and challenging, thus more engaging, and creativity can help us expand our cognition, and see the world in different ways (Siegel, 2015). It seems that transferring some of these qualities of adolescent brains can significantly improve the quality of adult life by making it more meaningful and interesting. It could also help decrease the generation gap that often appears between young people and their parents (Siegel, 2015). This leads to a question: how can we help adolescents channel their brains qualities and energy into positive outcomes?

Mental Health in Adolescents

According to different sources the prevalence of mental health issues such as mood disorders, anxiety, disruptive or substance use disorders, and eating disorders among adolescents varies between five and 20 percent (Thapar, Collishaw, Pine, & Thapar, 2012; Keyes, 2006). Young people suffering from depression are more likely to display "turbulent" behaviours including lower academic performance, dropping out of school, substance use, social impairments, and obesity (Thapar, et al., 2012). Depression is also a key risk factor for suicide, which is a second to third cause of death among adolescents (Thapar, et al., 2012). In fact more than 50 percent of young suicide victims reported suffering from a mood disorder at the time of

death. Additionally, most individuals who suffered from mood disorders during adolescence develop mental health disorders in adult life. Based on this information it is fairly clear that improving youth's mental health is crucial (Thapar, et al., 2012).

It is difficult to determine a single cause of mental health issues among adolescents as there is usually more than one, and they correlate. The most common factors that seem to contribute to the prevalence of these issues are negative social interactions within a family, peer group, and community, adversity early in life, temperament and personality traits, negative emotionality and cognition, brain structure and function, exposure to stressful events, and genetics (Thapar, et al., 2012). The risk also seems to increase with age during adolescence, and appears to be significantly higher among girls. Additionally, lower socio-economic status, and identification as a minority group tend to play a role in an increased occurrence of mood disorder (Thapar, et al., 2012).

Purpose Statement

The purpose of this project is to review the literature pertaining to adolescents' emotional regulation and psychological well-being, to discuss existing programs that focus on enhancing these factors, and to design and present an intervention that would address emotional regulation and social connection. It seems clear that adolescents are in need of assistance given the prevalence of mental health issues and suicide attempts reported in this population. It also appears that the emotional regulation is something that adolescents tend to struggle with, and helping them develop skills in this area can help increase their overall mental health and well-being.

Theoretical Framework

The main theoretical framework in this projects refers to social connectedness and emotional regulation. In regards to emotional regulation I will start by presenting information on the concept of emotions, and follow it but addressing regulating and coping with emotions. I will present working definitions of emotions as well as emotional regulation, and talk about three approaches regarding emotions: categorical, dimensional, and appraisal approach. While discussing social interactions I will explore their influence on adolescents' well-being.

Social Interactions and Well-being

One of the factors that tend to play an important role in prevention as well as treatment of mental health issues among adolescents is social support and social connectedness. Similarly to physical and psychological changes, social aspects of adolescence undergo significant changes during the period of maturation. Young people develop increased self-consciousness, as well as increased importance and complexity of relationships with their peers. They also greatly improve their understanding of others (Blakemore, 2008).

During adolescence the relationships developed outside of the family of origin become progressively more important. While the parents continue to be an important source of stability, support, control, and socialization, peer influence grows significantly at that time (Giordano, 2003). The peer relationships are further developed into close friendships, wider networks, and intimate relationships. Each of these categories have different characteristics, and affect adolescents differently. Close friendships tend to provide comfort, while the other two categories produce a developmental stretch due to evoking feelings of insecurity and awkwardness, and evaluation of one's social worth and identity (Giordano, 2003). Therefore it is important for young people to have positive experiences within their social networks.

Some research suggests that improving interpersonal relationships leads to a decreased risk of depression and other mental health issues among adolescents (Thapar, Collishaw, Pine, & Thapar, 2012). Children's mental health tends to be better if they live in warm, accepting families with parents who are not hostile or controlling (Giordano, 2003). In terms of a broader social context, peer support is important especially for individuals who have suffered from maltreatment or parental depression (Thapar, et al., 2012). Oldfield, Humphrey, and Hebron (2016) also found that young people's attachment relationships with parents and peers, as well as their connectedness to their schools are very important predictors of their well-being. Considering these findings it seems crucial to include an interpersonal relationship aspect to a program that aims to improve young people's well-being.

Emotional Regulation in Adolescents

Another factor that seems to impact adolescents' well-being is their ability to cope with, and regulate their emotions. De France, Lennarz, Kindt, and Hollenstein (2018) stated that adolescence is an important time to develop emotional regulation as young people experience heightened emotional reactivity, and an increased sensitivity to social interactions and evaluations. Additionally, they rely more on emotional regulation as they experience social and cognitive changes. Adolescents, who experience heightened intensity of emotions, also gain new cognitive skills such as metacognition, self-reflection, and increase in executive functioning skills, which can support their ability to use emotional regulation skills and strategies (De France, et al., 2018). Due to the commonness of depressive symptoms, social pressure to cope with emotions, and the new cognitive abilities, adolescence seems to be an appropriate period in life to learn, develop, and master emotional regulation. I will explore this subject further later in this paper.

Emotions

Emotions are present in everyone's daily lives. They affect people in a variety of ways, and often dictate their decisions and behaviours. They have been a subject of a philosophical debate as long ago as the ancient Greek era. Already then philosophers and scientists such as Aristotle and Plato debated on what emotions are, where they come from, and how they can be controlled (Podlecki, 2007). This debate continued through the centuries until the present times. Currently there are still a number of theories regarding emotions. At the beginning of the 20th century, there was a clear distinction between the medical and psychological approaches to emotions, with the former focusing on the brain functions and bodily responses, and the latter looking at mental operations and psychological processes that form the basis of emotions (Podlecki, 2007). Towards the beginning of the 21st century, they merged into a collaborative interdisciplinary approach. I think that it is important to explore definitions as well as some theories of emotions in order to talk about teaching young people how to cope with them.

Definition of Emotions. One of the reasons why it is difficult to clearly define emotions is because it is not a scientific term, but rather a term borrowed from literature. Generally speaking, emotions could be explained by certain characteristics that they possess. First, they include a subjective feeling, or in a more scientific term, an affect. Additionally, they have a physiological element (Rogelberg, 2017). For instance anger can be associated with an elevated heart rate and increased sweating. Emotions also include a behavioural element. The examples of these are facial expressions and changes in posture. Finally, emotions have a focus, which is an evaluative component that connects them to a specific person, event, or object. For instance being joyful about something (Rogelberg, 2017). That last characteristic of emotions is what

distinguishes them from a concept we refer to as mood. Moods typically last longer, are less intense, and they lack a specific focus.

In his book, Goldie (2000) explores further the notion of the intentionality of emotions. He argued that the object of the emotions needs to be identified sufficiently in order to be able to understand the reason for said emotions. He also stated that the object does not need to exist in real life, for instance when a child fears a monster. Goldie also acknowledged the importance of beliefs and desires in creation of emotions. They help make sense of the emotions, and of the things people do because of them.

All the above characteristics make emotions unique and subjective for every individual. Goldie (2000) stated another significant characteristic of emotions: they can be taught. We learn to respond to different people and events throughout our lives, and we can alter our emotional responses. For example things that we once thought of as scary, no longer elicit fear after familiarization. Our emotions depend on our recognition and perception of people, events, and objects, and we can alter how we react to them.

Categorical Approach to Emotions. According to Schirmer (2015) there are three main approaches in the current studies of emotions: the categorical approach, the dimensional approach, and the appraisal approach. One of the main authors whose work followed the categorical approach to emotions was Sylvan Tomkins (2008), who proposed the eight primary affects considered to be separate responses to environmental events. These responses consisted of: interest-excitement, enjoyment-joy, surprise-startle, distress-anguish, fear-terror, shame-humiliation, contempt-disgust, and anger-rage. Tomkins called these responses affects, as he believed that there were other components, such as memory, that made up emotions. He argued

that these affective responses are the motivation for self-preserving behaviours such as self-defense.

Another researcher within the categorical approach framework is Paul Ekman (1993). He studied facial expressions as he believed that they are representative of the five basic emotions: anger, fear, disgust, sadness, and enjoyment. He also added contempt, surprise, and interest; however, he noted that the evidence for these was less certain. Ekman proposed that we should consider emotion families based on the basic emotions. For instance, in his studies he found over 60 facial expressions that were associated with anger, therefore he stated that there are many emotions such as rage and annoyance, that would belong to the family of anger. Ekman further argued that emotions expressed by facial expressions do not vary due to different cultural background, which might mean that they are a part of innate human characteristics. He further stated that events that elicit emotions are also universal across different cultures and individuals.

Categorical approach has been criticized for researcher driven categorization. As for the most part researchers design their studies to fit the labels of discrete emotions, they might be missing on the continuum that their participants might be experiencing but do not have a chance to report. Additionally, there are many variations in the number and labels of the basic emotions. Critics also pointed out that very little attention is given to the physical responses in regards to emotions within this approach (Schirmer, 2015).

Dimensional Approach to Emotions. Instead of as discrete entities, dimensional model approaches emotions as experiences that can be graded on a continuum. For instance they can vary from good to bad. Originally, the three dimensions proposed by Schlosberg (1954) were pleasantness/unpleasantness, attention/rejection, and sleep/tension. It is important to note though, that these dimensions were the author's guesses based on his intuition.

Later on Russell (1980) researched the multi-dimensional model, and came to a conclusion that two dimensions best describe emotions. These dimensions are: valence, which reflects pleasure and displeasure associated with and affective experience, and arousal, which refers to a degree to which one is physiologically excited. Russell called it a circumplex model of emotions. The two dimensions refer to a core affect, which relates to a current neurophysiologic state. He argued that core affect is continuously present through one's life, and is regulated by internal and external events. The feeling of emotion takes place when the changes in the core affect become evident.

One of the limitations of the dimensional approach is the discrepancy between the number of dimensions. Some researchers use two or three, and there are those who only use one dimension. Additionally, it seems to remove the qualitative differences from emotions. For instance, fear and anger appear close on the continuum, therefore suggesting that they are similar (Schirmer, 2015).

Appraisal Approach to Emotions. Appraisal theory shares some of the characteristics of the categorical approach as well as the dimensional approach to emotions. It also addresses some of the weaknesses of both these theories, such as limited number of emotion types and dimensions (Shirmer, 2015). It is not; however, just a combination of them. It is a qualitatively unique approach based on the notion that emotions require a rationale or a reflection about an event or a person (Schirmer, 2015).

Appraisal approach was developed by Arnold during the cognitive revolution. At the time psychologists started to study and describe mental processes. She argued that emotions are built on appraisals or evaluations. This idea was further developed by many contemporary researchers (Reisenzein, 2006).

One of the models that resulted from Arnold's work, was the Component Process Model of Appraisal (Scherer, Schorr, & Johnstone, 2001). Scherer also believed that emotions emerge from a number of cognitive processes that prepare a body for an active response. He further stated that there are four distinct appraisal processes: a relevance check, a check of event implications, a check of the individual's coping potential, and a check of the normative significance of the event. These processes were believed to be sequential, for instance, one needs to assess how relevant the event, before he can decide on its possible implications. As a person goes through the sequence, an emotion appears gradually, and is felt the most after the last check (Scherer, et al., 2001). It is not a discrete entity, but rather an experience that can be described on a multidimensional level. Scherer and colleagues believed that some appraisal patterns are more common, and therefore they have a name such as fear or joy. However, there are some less frequent patterns that do not have a name readily assigned to them, and may be harder to articulate (Scherer, et al., 2001).

Scherer, Schorr, and Johnstone (2001) also argued that there are different levels of processing of emotions. These are sensory-motor, schematic, and conceptual levels. The sensory-motor level of appraisal depends mainly on genetically based emotion programs, and the schematic level relies on familiarity to previous events. Both these levels are automatic and fairly subconscious. The conceptual appraisal level relies on conscious cognitive processing, and involves a more sophisticated evaluation of an event. It also takes more time to complete (Scherer, et al., 2001).

The critics of the appraisal theory argued that emotions can occur without the evaluation taking place. Some evidence suggests that changing body position can lead to a shift in an emotional state. Additionally, some researchers believe that appraisal is not enough to elicit an

emotion, or alter an emotional state. Moreover, similarly to categorical approach, different researchers and psychologists propose different appraisal models, which vary in terms of the number and nature of the appraisal dimensions (Shirmer, 2015).

Emotional Regulation and Coping with Emotions

As mentioned earlier, emotional regulation is a key factor in successful development, as well as mental and physical well-being throughout a lifespan. It fosters successful coping in various stressful situations, and in turn reduces a risk of developing mental health issues (Horn, Possel, & Hautzinger, 2010). Teaching emotional regulations skills seems to be promising for promoting mental well-being among adolescents. Learning to cope at one point during development can be extended to other stressful situations throughout life (Horn, et al., 2010).

Definitions. Generally speaking emotional regulation can be defined as a skill of organizing and scaffolding of mental processes in order to facilitate physical or social adaptations, or an achievement of one's own goals. In other words, it is a process in which individuals have power over which emotions they experience, when they occur, and how they feel and express them (Modecki, Zimmer-Gembeck, & Guerra, 2017). Linehan (2015) described emotional regulations as an ability to: restrain impulsive and improper behaviour associated with strong negative or positive emotions, prepare oneself for a coordinated action to facilitate an external goal, self-soothe bodily arousal induced by the strong emotion, and refocus attention when the strong emotion occurs. She argued that emotional regulation can be consciously controlled or automatic. Modecki and her colleagues argued that coping with emotions is a distinct term, and it can be described as one's effort to regulate their emotions, cognitions, physical and behavioural responses, as well as their circumstances in response to a stressful situation or a challenging event (Modecki, et al., 2017).

Emotional regulation helps people deal with events that might provoke anxiety, worrying, fear, anger, and other strong emotions. It is an important skill that allows them to implement strategies and plans necessary for effective coping (Modecki, et al., 2017). When emotions run high and are unregulated, cognitive abilities such as problem solving and situation appraisal are difficult for young people to attain. Their decision making process can also be strongly clouded over when their emotions are not under their control. They lose their ability to anticipate future events, to pay attention to relevant cues, and to think about different perspectives (Modecki, et al., 2017). Considering the consequences of poor emotional regulation, it can be assumed that coping with emotions assists people with a management of daily life and its challenges as well as with preventing excessive anger and problem behaviours such as aggression, disobeying rules, cheating, etc. Such behaviours are not only troubling at the time, but can lead to escalating problems and future life failures (Modecki, et al., 2017).

Situating the Author

I have worked with adolescents for over ten years as a teacher, a coach, and a mental performance consultant. During that time I have witnessed on many occasions how affected they can become when things do not go exactly as they had expected. I have seen young athletes "choke" as soon as they make one mistake, and students fail exams because they were not sure how to answer one question. On the other hand, I have also seen how much they can accomplish when they have the tools to cope with their emotions.

During my career in sports and education, I have also realized how little time is spent developing those emotional regulation and coping skills among young people. Schools focus on academic performance, and leave little room for personal development opportunities. Even expressive subjects such as art and music tend to disappear from many schools' curriculums. In

sports the emphasis is placed almost solely on physical, technical, and tactical skills, leaving little time and resources for the development of mental skills. Yet, when asked what distinguishes a winner from a loser in high level competitions, most people agree that it is their mental abilities to stay calm and composed in the face of pressure. In my opinion more needs to be done to equip young people with abilities to face adversity, so that they can move towards their goals and fulfillment in life.

Definition of Terms

Borderline Personality Disorder (BPD) is a severe psychological disorder resulting from a dysregulation of the emotional system. It is characterized by instability in emotional regulation, impulse control, interpersonal relationships, and self-image (Linehan, 2015).

Butterflies is a community based program for adolescent girls suffering from trauma (Sakhat, 2017).

Dialectical Behaviour Therapy (DBT) is a treatment based on a cognitive-behavioural model that was originally developed for individuals with BPD. It focuses on regulating emotions and behaviour (Linehan, 2015).

DBT Skills Training for Emotional Problem Solving for Adolescents (DBT STEPS-A) is a type of the DBT treatment designed specifically to work with adolescents in a school setting. It focuses on teaching them mindfulness, distress tolerance, emotional regulations, and interpersonal effectiveness skills (Mazza et al., 2016).

Family Group Cognitive Behavioural Intervention (FGCB) is a family based program designed for youth whose parents struggle with depression. It focuses on increasing coping skills, emotional regulation, and adjustment (Compas et al., 2015).

Family Bereavement Program (FBP) was developed to help children and youth cope with a loss of a parent, and aims to enhance their coping skills and emotional regulation, and decrease their problematic behaviour. This intervention focuses specifically on increasing young people's self-esteem, and developing adaptive beliefs on why negative events happen (Sandler et al., 2003).

Life Skills Training Program (LST) was originally developed as a drug prevention program for youth. It focuses on enhancing adolescents' general self-management skills and general social skills, and had been adapted to work with various challenges that young people face (Botvin & Griffin, 2004).

Meditation refers to various techniques that aim at focusing attention in a non-analytical way, and at not dwelling on digressive and wandering thoughts (Wisner, Jones, & Gwin, 2010).

Making Friends with Yourself (MFY) is a mindful self-compassion program for teen that aims at decreasing anxiety, depression, and stress, and increasing life satisfaction, social connectedness, compassion for others, and happiness (Neff & Germer, 2013).

Chapter 2: Literature Review

Introduction

This literature review focuses on programs, workshops and interventions that address emotional regulation for adolescents. First it describes dialectical behaviour therapy and its application for working in school settings. It then discusses a couple of family based interventions, and a number of school and community based interventions, such as expressive writing program and mindful self-compassion program. The purpose of presenting these interventions is to provide a broad overview of various programs that are implement in order to improve adolescents' emotional regulation and coping abilities.

Dialectical Behaviour Therapy-Based Interventions

Dialectical Behaviour Therapy (DBT) is a broad-based cognitive-behavioural treatment approach originally developed to work with persons with borderline personality disorder (BPD) who were chronically suicidal. The treatment creator, Linehan, used cognitive behaviour therapy (CBT) at first; however, she found that it was not overly effective with this population. Therefore she incorporated acceptance strategies based in Zen mindfulness in order to balance the change strategies from CBT (Cook & Gorraiz, 2016). The DBT includes individual counselling, group skills training, coaching over the phone, and a therapist consultation team, and was the first treatment modality to be proven effective through controlled trials. It was later used with other psychological issues and disorders, such as under-control and over-control of emotions, and their consequences. Moreover, the skills training part of the DBT has been considered a potential treatment modality for people struggling with addictions, victims of domestic abuse, and many other (Linehan, 2015).

The foundation of DBT is a dialectical and biosocial theory of mental health disorder that highlights the role of emotional regulation difficulties. This treatment approach aims to improve skills associated with impulse control, emotional regulation, interpersonal relationships, and self-image, as well as change behavioural, emotional and cognitive patterns (Linehan, 2015). As per its name, DBT is based on the philosophical theory of dialectics. The dialectical viewpoint refers to treating individual's issues as parts of a whole reality, and relating it to other parts. For instance one specific behaviour relates to other behaviours and one's circumstances, as well as a larger whole such as culture. Based on this perspective, the therapist needs to consider the interrelatedness of skills deficits. It is also important to take into account that learning new skills would be very difficult if one's environment, such as family or community, did not support it (Linehan, 2015).

Another characteristic of the dialectical viewpoint refers to things, thoughts or situations that seem to be in conflict, and at the same time are both real or true. It means that in each opinion, belief, perspective or argument there is a kernel of truth (Linehan, 2015). Even when an individual does not agree with said argument or opinion. Dialectical point of view refers to seeing the world with a lot of shades of grey instead of just black and white, and to realizing that sometimes there might be none or more than one good answer or solution, and at times people need to pick the lesser of two evils. Dialectics might be about balancing self and others, winning and losing, wants and needs, giving and receiving, etc. There are many examples of dialectics in television and music. For example Pink's song lyrics: "Go away, Give me a chance to miss you", "I love you so much, much more when you're not here", "Go away, Come back, Go away, Come back, Why can't I just have it both ways" (Moonshine, 2008).

The examples of ineffective dialectics would include asking for help and not accepting it, or having compassion for others while not accepting oneself. Generally speaking dichotomous and extreme thinking, behaviour, and emotions are considered to be dialectical malfunctions. One might be stuck in the extreme, polarizing views, and be unable to shift towards blending them. The first such polarizing view that individuals need to challenge when starting therapy is accepting themselves as they are, and also accepting their need to change (Linehan, 2015).

There are four specific areas addressed in DBT. They are: mindfulness, distress tolerance, emotional regulations, and interpersonal effectiveness. Mindfulness module concentrates on the skills of being here and now most of the time, and attending to one thing at a time. Those who are proficient in mindfulness are able remain non-judgmental, in balance, and be as effective as possible (Moonshine, 2008). Distress tolerance refers to being able to tolerate frustrations and situations that might evoke highly emotional responses. It is an ability to cope with stress, drama, and crises in a competent manner. Emotional regulation refers to learning impulse control. This means managing and dealing with emotions, impulses, urges, and cravings, and not acting automatically before thinking things through (Linehan, 2015). Interpersonal effectiveness module teaches individuals how to be effective in relationships with others, how to balance investment and commitment to self, as well as communicate effectively (Moonshine, 2008).

DBT-Based Interventions. There are two ways to deliver DBT interventions. One way, designed specifically for individuals with BPD, is enrolling in a full 12-month program which includes group work, individual counselling, and telephone coaching and is delivered by a team of highly-trained professionals who consult on regular basis. The other way is to use the skills taught in DBT, and deliver them in a shorter format, often in group setting only (Cook &

Gorraiz, 2016, Ritschel, Lim, & Stewart, 2015). Such DBT modifications are becoming popular in treating various diagnosis such as suicidality, self-harm, depression, and addictions.

Moreover, there is a number of such modifications designed specifically to work with adolescent population (Cook & Gorraiz, 2016).

DBT Skills Training for Emotional Problem Solving for Adolescents (DBT STEPS-A) was developed to work specifically with young people in a school setting. It was developed in order to provide a social and emotional learning opportunity that teaches skills on individual level, and utilizes mnemonics that represent specific skill, which makes them easier to recall and use when needed (Mazza, et al., 2016). The DBT STEPS-A addresses deficits in the same four areas as the regular DBT: mindfulness, distress tolerance, emotional regulations, and interpersonal effectiveness. Because DBT teaches basic social and emotional life skills, they can be useful for everyone. They can be especially useful for adolescents as confusion about self, difficulty regulating emotions, impulsiveness, and interpersonal difficulties are common among this age group (Mazza et al., 2016).

The main focus of the DBT STEPS-A is skills acquisition and generalization, so that young people can apply them to various aspects of their lives. It is designed for 30 50-minute sessions, and can be delivered weekly over the period of two semesters, or twice a week for one semester. The authors also acknowledge that other delivery modifications are possible depending on the time restrictions (Mazza, et al., 2016). Each session starts with a five minute brief mindfulness exercise. It helps students bring their awareness and attention to the session, helps them be present, and have the right frame of mind to learn new skills. The second part of the lesson is homework review, which is typically done in small, two- or three-person groups. This allows students to build rapport while sharing successes and struggles of implementing the

newly acquired skills. The groups should be changed often, so that the participants have opportunities to build relationships with many peers. The main part of the session, the learning new skill content, takes approximately 25 to 35 minutes. It starts with explanation of the skill and their necessity, description of its components, and practical applications of the skill. These are followed by opportunities for students for practicing the skill, and making it more tangible in their daily lives. This can be done by reading other people's handouts, practicing with each other, small group discussions and activities, and through the use of poster-boards. At the end of each session the instructor summarizes the covered material and assigns homework, which usually relates to applying the skill outside of the classroom. Rules about DBT classroom sessions should be established with students, and they should include issues of confidentiality, judgement-free environment, and any other aspects that the instructor and participants deem relevant (Mazza, et al., 2016).

The curriculum of the DBT STEPS-A starts with one to two introductory session. The four problematic areas as well as four modules that address them are explained. The concept of dialectics is introduced. The instructor also establishes rules and guidelines (Mazza, et al., 2016). The first module that students participate in is mindfulness. It is usually covered in sessions three to five, and also repeated at the end of the other modules. Developed mindfulness skills allow adolescents to be in the present, rather than focus on past or future, and to concentrate their attention on one thing at a time. The three main goals of mindfulness are: to reduce suffering and increase happiness, to increase control of one's own mind, and to experience reality as it is (Mazza, et al., 2016). An example of a skill within the mindfulness module is Wise Mind. Students are first presented with the three states of mind: emotional, reasonable, and wise mind. Reasonable mind is acting logically without any consideration for emotions, and

emotional mind is acting from intense emotions without any consideration for reasoning. Wise mind is a combination of the other two. It is not a compromise, but rather an ability to see the world as, and feel the emotions without getting overwhelmed (Mazza et al., 2016).

The second module focuses on distress tolerance. It teaches students to cope with emotional distress in order to not act impulsively, and make things worse. They have to be able to tolerate a certain level of distress in so that they can consider using other helpful skills. Distress tolerance leads to reduced prevalence of outbursts, conflicts, and other incidents (Mazza, et al., 2016). There are two categories of distress tolerance skills: the reality acceptance skills and the crisis survival skills. The former are used when long-term acceptance is needed as the reality cannot be change in near future. The latter are used when one is in danger of acting from the place of overwhelming emotions, and might make things worse. An example of a distress tolerance skill is self-soothing with the five senses and movement (Mazza et al., 2016).

The third module focuses on the emotion regulation. It assists students in developing a better understanding of their emotions, and enhancing their abilities to regulate them. It also includes skills to decrease unpleasant emotions, and increase positive ones. Emotional regulation is very important for adolescents, especially if they are sensitive and reactive, and find calming down difficult. It helps them make decisions that are effective, and not clouded over by strong emotions (Mazza, et al., 2016). Examples of skill in this module are describing emotions and problem solving. In is worth noting that while skills from mindfulness and distress tolerance modules are considered acceptance-based skills, emotion regulation and interpersonal effectiveness modules contain change-based skills (Mazza et al., 2016).

The last module focuses on interpersonal effectiveness. It aims to assist students in building and maintaining healthy interpersonal relationships by developing assertiveness,

reducing conflict, and improving self-respect. Considering that many emotional regulation and behaviour struggles come from interpersonal relationship issues, improving interpersonal effectiveness skills is rather important (Mazza, et al., 2016). They can be applied to relationships between students, students and teachers or other staff member, and between family members. Through improving these relationships as well as students' self -respect, the overall environment in school can be changed. An example of interpersonal effectiveness skills is the DEAR MAN skill, which stands for: Describe the situation, Express your emotion or opinion, Assert your request, Reinforce the other person ahead of time, stay Mindful of this moment, Appear confident, and Negotiate as needed (Mazza et al., 2016).

The results of research evaluating the effectiveness of DBT STEPS-A are promising. The students who participated in the program had significantly lower emotional distress scores than the ones who were in a control group. Additionally, 80 percent of the students stated that they would use the newly learned skills themselves, and 90 percent suggested that these skill would be useful to others. Mazza and his colleagues (2016) also suggested that schools would significantly benefit from the DBT STEPS-A intervention because they would have less students whose behaviours violate school rules, as well as those who would need specialized placement. These factors would save school workers time, as they would not have to deal with students who display externalizing behaviours as often. Schools would also save money, as specialized placements can be very expensive (Mazza, et al., 2016).

In their study of the effectiveness of DBT for adolescents Lenz, Del Conte, Hollenbaugh, and Callendar (2016) mentioned one more module, walking the middle path, which is specific to applying DBT with adolescents. It is a didactic module that aims to educate adolescents and their families about dialectical thinking and problem solving strategies. It also provides

information on principles of behaviourism which influence alterations in their behaviour, and on using validation in order to improve communication and enhance relationships. This module focuses on teaching participants how to replace their either-or and black or white types of thinking, with a more pluralistic appraisal of situations and possible reactions to the problems they come across. In their study Lenz and his colleagues confirmed that adolescents who can successfully use the DBT skills have reduced symptoms of anxiety and depression (Lenz, et al., 2016).

Family-Based Programs

Families are an important part on young people's lives. Even though the adolescence is the time of developing independence, and building an individual identity, the support and influence of a family should not be underestimated. Parents can play a significant role in helping young people build social and life skills. Because of that, there are programs that help develop emotional regulation in young people that are based around working with family systems.

Family Group Cognitive Behavioural Intervention

One of the effective family-based programs that focus on emotional coping and regulation is the Family Group Cognitive Behavioural Intervention (FGCB). It was originally developed to help youth whose parents experience depression. The program is designed for nine to fifteen year old participants and their parents (Compas et al., 2015). It consists of 12 sessions- eight weekly sessions followed by four monthly booster sessions, and there are four families in each group. It focuses specifically on increasing young people's coping skills and adjustment. The coping skills taught in the program are acceptance, distraction, activities, and positive thinking (ADAPT), which can be all considered tools for emotional regulation. Participants are also educated about the effects of stress and depression on daily life and functioning, as well as

about how to recognize and monitor stress, and how to respond to it in a productive manner (Compas et al., 2015). In this intervention model the parents learn useful parenting skill, such as spending quality time with their children, praising, encouraging, and structure, from one facilitator, and children learn coping skills from another facilitator. The purpose of the four monthly booster sessions is to find solutions to any issues with the application of the acquired skills at home, provide further practice, and encourage positive changes that took place. During these booster sessions children and their parents spend part of the time separately, and part of the time together (Compas et al., 2015).

When tested through randomized controlled trials (RCT), the FGCB showed promising results. Improvements in the use of coping skills, specifically accepting, distraction, and positive thinking, as well as reduction in problematic behaviours were found. These changes were apparent not only at the six months, which marked the end of the intervention, but also at the one-year follow-up. Additionally, the reduction of problematic behaviours was also found at the two-year follow-up (Modecki, Zimmer-Gembeck, & Guerra, 2017).

The Family Bereavement Program

A second example of a family-based intervention is a Family Bereavement Program (FBP). It was developed to help children and youth cope with a loss of a parent, and focused on improving their coping skills and emotional regulation, and reducing their problematic behaviour (Sandler et al., 2003). This program focuses specifically on improving young people's self-esteem, and developing adaptive beliefs on why negative events happen. It also targets increasing positive coping, and reducing negative beliefs about stressors. Additionally, it encourages the expression of grief-related feelings. Generally speaking the FBP facilitates young people's responses to adversity and disruptions in their lives (Sandler et al., 2003).

The FBP program is designed for children and adolescents aged six to sixteen, and their families. Children, adolescents, and caregivers participate in separate groups for 12 two-hour sessions. Each group has between five and nine members. In four of the session children meet with their caregivers to work on activities together. Additionally, the families attend two individual sessions to discuss their application of the acquired skills (Sandler et al., 2003).

The techniques used in the program include modeling and role-play for behaviour change skills acquisition, and homework for skills application and practice. A variety of active and collaborative learning techniques are used in order to develop group support and a sense of personal efficacy (Sandler et al., 2003). Moreover, the development of cognitive reframing, problem solving, and distinguishing between controllable and uncontrollable events influences the participants' positive coping, coping efficacy, beliefs about locus of control, self-esteem, and assessment of stressful situations. Additionally, guided discussions are held to facilitate the expression and validation of grief-related feelings, and participants are encouraged to share those feelings with their caregivers. Children and adolescents also choose their own goals to work on during the program. Their programs content is the same; however, the methods of delivery are age appropriate for each group (Sandler et al., 2003).

In the caregiver portion of the program the participants develop techniques to help them improve the relationships with their children, and be able to discipline them effectively. They also learn how to challenge the negative thoughts and beliefs, and increase positive activities. Additionally, they are educated on the ways to assist their children in problem solving in order to deal with negative situations, as well as limit exposing them to negative events that were not their responsibility, such as arguments between adults. Each month during the duration of the

program caregivers, children, and adolescents receive books and syllabi regarding their grieving processes (Sandler et al., 2003).

The effectiveness of the FBP was confirmed by a number of RCTs. They confirmed improved positive coping, and reduced inhibition of expressing emotions. At 11-month follow-up program participants had improved coping and emotional regulation skills as well as problem-solving skills. The RCTs also showed a reduction in problematic behaviour at 11-month and six-year follow-ups (Modecki, Zimmer-Gembeck, & Guerra, 2017).

School and Community Based Programs

Considering that a significant aspect of adolescence is the development of independence from a family of origin, there are many programs that do not include parents. They are most often delivered by schools or community-based organizations. They are likely to focus on a variety of social and emotional skills, and are aimed at reducing problem behaviours. Such programs are designed to improve emotional regulation, coping, and decision making in order to assist young people in dealing with their everyday challenges.

Life Skills Training Program

Originally developed as a drug prevention program, the Life Skills Training program (LST) is one of the most widely used interventions, and has been adapted to work with other challenges that young people face in their daily lives (Botvin & Griffin, 2004). It comprises three main parts. The first part focuses on the general self-management skills, and the second part focus on general social skills. Through the enhancement of their personal and social abilities the developers of this program are hoping to lower adolescents' motivation to use drugs as well as decrease their susceptibility to peer influences that support it. The third part is

dedicated to drug specific education and skills that promote abilities to resist drugs, as well as attitudes and norms that are against drugs (Botvin & Griffin, 2004).

The purpose of the general self-management skills training is to improve self-esteem. It is accomplished by developing decision-making and problem solving skills, such as identifying issues, defining goals, coming up with alternative solutions, and considering possible consequences (Botvin & Griffin, 2004). Through the personal skills component adolescents also learn about recognizing, analyzing, and resisting the influence of media. Additionally, they gain self-control skills for dealing with anxiety, anger, and frustrations. These skills include relaxation techniques, reframing, reducing impulsive reactions, and using self-statements. As part of the self-management skills training students also engage in a self-improvement project. They pick their own behaviour or skill that they would like to improve or change, set goals, record and evaluate their own progress, and learn how to cope with failure as well as success (Botvin & Griffin, 2004).

Social skills module focuses on enhancing a number of important interpersonal skills. The purpose of it is to improve young people's general social competence. In this component participants learn how to overcome shyness, how to give and receive compliments, and how to start and carry out conversations. Additionally, they gain abilities related to dating relationships as well as verbal and non-verbal assertiveness (Botvin & Griffin, 2004).

The part regarding drug related information and skills is intended to influence adolescents' knowledge of and attitudes towards drugs, as well as to develop skills to resist the pressure from peers and media to use drugs. It discusses short-term consequences of using, the actual prevalence of drug use among adolescents and adults, and declining social acceptability for it. It also expands the discussion to include smoking cigarettes and drinking alcohol. The

material used in this module is similar to other drug abuse prevention program (Botvin & Griffin, 2004).

The LST is a school-based program. The curriculum materials are detailed and specific in order to unify the delivery of the program. They include a Teacher's Manual, which contains lesson plans, goals and objectives of the sessions, and appropriate activities. They also include a Student's Guide, which contains class activities, homework, and reference material for each session (Botvin & Griffin, 2004).

This program is designed for middle school or junior high-school students. It usually starts in grade seven with 15 45-minute sessions. There are 10 booster sessions in grade eight and five in grade nine. They are intended to reinforce the skills learnt in the first year. Additionally, there are three sessions in the first year, and two in the second and third year that are designed to prevent violence.

The methods used in the LST program include cognitive behavioural techniques, facilitated group discussions, demonstrations, and traditional teaching methods. There is also a lot of emphasis on skills training exercises and practice, as the main goal of this program is the development of self-management, social, and drug resistance skills (Botvin & Griffin, 2004). This practice is achieved by a combination of instruction, demonstration, behaviour rehearsal, feedback, social reinforcement, and homework assignments. Teachers usually attend a two-day training workshop in order to become familiar with the rationale and content of the LST program as well as learn and practice the implementations skills (Botvin & Griffin, 2004).

The LST has been proven to be effective for a number of behaviours. It reduced verbal and physical aggression, fighting, and delinquency after the first year of its application. It has also been effective in reducing marijuana and cigarette smoking initiation by approximately 20

percent within 5 years after starting the program. LST has also shown improvements in assertiveness, locus of control, social anxiety, decision making, and problem solving (Modecki, Zimmer-Gembeck, & Guerra, 2017).

Youth Prevention Program with Expressive Writing

Expressive writing triggers positive processing of thoughts and emotions related to stressful events, and therefore promotes successful coping and psychological health. It also appears to influence physiological functioning, health behaviours, and perceived physical health. Even though the explanation of the beneficial effects of expressive writing is yet to be determined, it certainly produces many positive outcomes. Additionally, it does not require many resources, which makes it widely accessible (Frattaroli, 2006).

The Youth Prevention Program with Expressive Writing was originally developed in Germany. The instructors of that original program were its author and another MA-level psychologist. This program consists of one introductory session and five writing sessions, and takes place over a period of 10 weeks (Horn, Possel, & Hautzinger, 2010). The first three sessions happen every week, and the last three every two weeks. Each writing session is approximately 45 minutes long and follows the same format. It starts with a two-minute body warm-up activity, which includes a form of stretching and deep breathing. It is followed by an introduction of the topic related to coping and emotional regulation, which takes approximately 20 minutes, and then the writing, which happens in a group setting, and takes approximately 15 minutes (Horn, et al., 2010). Additionally, a short assessment of a current affective state is conducted before and after the writing portion of the session. It uses current-PANAS Negative Affect Scale (Horn, et al., 2010). It is important to note that the groups should be small enough for each student to have their own desk as Frattaroli (2006) found that expressive writing is more

effective when implemented in a more private setting. Additionally, dividing student by gender might also provide a more comfortable environment, and therefore yield better results.

The topics that are introduced at the beginning of each session are: stress concept, emotional recognition, physiological effects of suppressing expression of emotions, and thought suppression and its short- and long-term, often ironic, effects (Horn, et al., 2010). The last session starts with a quiz concerning the previous four topics, and a chance for students to provide feedback. Stress concept is introduced by a balance metaphor of a scale. The students visualize putting their coping resources written on cards in one scale-pan, and their stressors in the other one. They then imagine stress as a situation in which the stressors outweigh the resources. Expressive writing is introduced as one of the coping resources. Emotion recognition topic is introduced by a discussion about labeling inner states, and by an exercise of naming the emotional expressions of sketched faces. Verbalizing emotional states through expressive writing is introduced (Horn, et al., 2010).

In the third writing session the topic of physiological effects of suppressing expression of emotion is introduced through a discussion referring to principals of physiological stress responses used in lie detector tests. The conclusion is made that regular suppression of emotions is related to psychological and physiological stress responses, and can have a significant cost. It is also noted that despite its consequences, it might be necessary in some social situations (Horn, et al., 2010). The last topic, thought suppression and its short- and long-term, often ironic, effects, is introduced with a use of the "white bear experiment". The students are asked not to think about a white bear for one minute, and to write down any time they had to think about it despite the instructions. The results are discussed with the help of a simplified version of the ironic process theory (Wenzlaff & Wegner, 2000). The purpose of these psycho-educational

subjects is to explain to students why expressive writing might be an effective coping strategy (Horn, et al., 2010).

The writing procedure includes an instruction for students to write about an experience in their lives that bothered them, and made them think, and that might have influenced their mood. The participants are further encouraged to write about their peer group, physical appearance, romantic relationships, and future (Horn, et al., 2010). These topics are known to be relevant for young people. The participants have a choice of keeping their writing or leaving it in a covered box that resembles a ballot box. As the writing is anonymous, they are not asked to sign their writing (Horn, et al., 2010).

Horn and her colleagues (2010) conducted a study in order to test the application and effectiveness of the Prevention Program with Expressive Writing. They found that the study was in fact applicable in a school-based setting, as the students reported more negative affect immediately after writing, suggesting that they truly engaged in the activity of writing about stressful and difficult events. The most common topic of the writings was related to problems in romantic relationships and break-ups. The program yielded small improvements in academic performance, and long-term decrease in negative affect, which showed that it was in fact effective.

School-Based Meditation Practice

Meditation is a term that can describe a variety of techniques that aim at focusing attention in a way that is not analytical, and at not dwelling on digressive and wandering thoughts (Wisner, Jones, & Gwin, 2010). In today's fast paced world it is becoming a popular concept, and even though it has been around for centuries, it has received the "new-edge" label. There are many different types of meditation, such as mantra meditation, mindfulness

meditation, yoga, and tai-chi. Yoga and tai-chi are considered meditative practices that involve movement of the body, and focusing on the breath. Mantra meditation, which is a type of a concentration meditation, involves repeatedly focusing on a word, a sound, a phrase, or an object in an effort to quiet the mind. Mindfulness meditation refers to an awareness and acceptance of the here and now, and an effort to concentrate on the present moment, in a non-judgmental way. All types of meditation practice usually take place in a quiet location, and require a non-judgmental attitude (Wisner, et al., 2010).

School-based meditation programs usually utilize mindfulness meditation or concentration meditation techniques, take place once or twice a day, and last between 10 and 20 minutes (Wisner, et al., 2010). Many schools use a trained instructor who leads the meditation practice. Some schools provide meditation sessions during school time, while others teach meditation, and then advise their students to practice it at home. The instructions usually include information on relaxation, focusing attention, pacing and controlling the breathing, and maintaining a passive attitude (Wisner, et al., 2010).

The benefits of school-based meditation programs include improvements of self-esteem, creativity levels, practical and emotional intelligence, and speed of information processing (Wisner, et al., 2010). These programs also seem to reduce state and trait anxiety levels, as well as amounts of stress that adolescents experience. Students who participated in the concentration meditation programs reported higher levels of concentration, energy, and relaxation, as well as better self-control, patience, tolerance, and ability to adapt to various situations. Those who participated in the mindfulness meditation practice reported enhanced self-regulation, abilities to calm themselves, emotional coping, and family involvement (Wisner, et al., 2010).

All these benefits resulted in a better overall academic performance, less days absent from school, less rule-breaking behaviours, and a better school climate. The students found the meditation time to be peaceful, calm, and relaxing, and it seems to make them less-stressed, happier, and more engaged (Wisner, et al., 2010). Considering how easy and relatively cost-effective school-based meditation could be, it seem like a good idea to practice it in every school. Having said that it might be difficult to convince students to truly engage in the meditation practice. It is also important to know that there are circumstances in which meditation might not be advised such as hypersensitivity, trauma, grief, and loss as well as severe mental health issues such as psychosis, depression and anxiety (Wisner, et al., 2010).

Making Friends with Yourself: A Mindful Self-Compassion Program for Adolescents

As mentioned in the description of the meditation programs, mindfulness is an act of being in the present, and purposefully paying attention with acceptance and without judgment. It can be described as noticing thoughts and emotions at a given moment, and then letting go of them, identifying them as transitory. According to Neff (2003) self-compassion has three components: mindfulness, self-kindness, and common humanity. In relation to self-compassion, mindfulness is described as being open and present to one's own suffering. Self-kindness means treating oneself with soothing and loving care, and common humanity relates to understanding that suffering is a natural and innate aspect of life. Self-compassion leads to emotional resilience, and is associated with positive mental health outcomes (Neff, 2003).

Making Friends with Yourself: A Mindful Self-Compassion Program for Teen (MFY) is based on an 8-week Mindful Self-Compassion program for adults, which showed efficacy in a reduction of anxiety, depression, and stress, and enhancement of life satisfaction, social connectedness, compassion for others, and happiness (Neff & Germer, 2013). The MFY

program is a school-based intervention geared towards 14 to 17 year old students, and it is delivered in six weekly, 90-minute sessions. The original trial was instructed by the author of the program, who is a very experienced mindfulness practitioner, his colleague from the same field, and an experienced teacher (Bluth, Gaylord, Campo, Mullarkey, & Hobbs, 2016).

Each one of the six sessions has a specific theme (Neff & Germer, 2013). In the first session students learn about the program, and about what mindfulness and self-compassion are. They also participate in a number of practical activities that take them through self-discovery of these concepts. During the second session, which centres on mindfulness, students learn a variety of techniques including mindful breathing, using five senses, and bringing awareness and attention to bodily sensations. The third session focuses on the teenage brain, and educates participants about two systems, cognitive control system and incentive processing system, and about differences in development pace of these systems. This theoretical knowledge is then related to the effect that these brain development changes have on participants' temperament, behaviours, and social processes including family relationships and friendships, and students are encouraged to discuss their personal experiences around these effects. In the fourth session students learn about the differences between self-compassion and self-esteem, and about the reasons why the former is a healthier way of relating to oneself than the latter. Videos are used to assist in describing these two concepts. In the fifth session adolescents are guided through an activity designed to help them discover their inner compassionate voice, after which they are encouraged to express it through their choice of a writing or an art project. The sixth session concerns gratitude, participants' core values, and discussion about the program, which gives students a chance to reflect on their experience of it (Bluth et al., 2016).

During the MFY program, in addition to the activities related to the six sessions' themes, students are introduced to a number of formal and informal mindfulness and self-compassion practices (Neff & Germer, 2013). One of the formal activities they are guided through is a self-compassion body scan in which they are encouraged to bring warmth and affection to each area of their body, and notice any sensation in these areas. In one of the informal activities, called "A Moment for Me", students are asked to use a soothing touch, such as holding hands together or stroking one arm with the other, and at the same time reiterate phrases that remind them to acknowledge their suffering when it occurs, recognize the universal nature of suffering as a part of every human being's experience, and actively sooth themselves at the moment of suffering by repeating kind expressions to themselves. These mindfulness and self-compassion activities are assigned to students as homework between the weekly sessions. They are also encouraged to access a website which has recordings of guided meditations that they can use (Bluth et al., 2016).

Bluth and his colleagues (2016) conducted research on the MFY program, and found that generally speaking the program was well-attended, and the participants found it applicable and useful. They considered the practical skills and techniques most beneficial, and reported using them in times of stress. The most appreciate practice was the here-and-now stone, which each students was given at the start of the program, so that it brings them to the present moment when needed. They found the formal at-home practices less useful, and reported forgetting to do them on regular bases. Even though students did not practice much at home, the results of the study indicated enhanced mindfulness and self-compassion, and reduced symptoms of anxiety, depression, and stress after the participation in the program (Bluth et al., 2016).

Butterflies: Program for Females

Butterflies is a community based group geared towards adolescents girls who suffered from trauma. It comprises eight weekly meetings, each lasting 90 minutes. The founder and group facilitator is a social worker (Sakhat, 2017). The participants of the group tend to struggle with emotional regulation, and engage in problematic behaviour. They are required to meet the following criteria in order to be accepted to the program: they are not actively suicidal or self-harming, and they show ability to adhere to a contract that refers to the purpose, content, and structure of the group. The facilitator meets with the parents before the start of the program in order to provide information, and help them feel a part of the process (Sakhat, 2017).

Each session has a different theme, and starts with a check-in, as well as an activity and a discussion associated with the given theme. These are followed by a video, and end with a check out. Skills practiced in the Butterflies program come from the DBT and mindfulness practices, and include self-regulation and interpersonal abilities. There is a homework assigned at the end of each session to maintain consistency (Sakhat, 2017). The homework incorporates activities related to coping skills, and is designed to encourage flexibility in the participants' thought processes. There is a pool of activities to choose from such as reading a book or magazine, watching a funny show to distract negative thoughts, going to bed earlier to get a better rest, practicing yoga, using ice for urges to cut, etc., so that if one does not work, they can try a different one (Sakhat, 2017).

The first session is an introduction to the group, it explains its purpose, and provides opportunities for the participants to get to know each other. The second session focuses on coping with stress, and various coping skills are presented and discussed. The third session centres on celebrating differences, and aims at the girls enhancing their awareness of diversity,

and reflecting on their own personal identities. This helps raise consciousness and sensitivity in the group, and simultaneously creates connectedness and empathy (Sakhat, 2017). The fourth session focuses on how relationships affect stress levels. It helps participants become aware of how their family, romantic, and peer relationships can influence their stress levels, both in a positive and a negative way. The fifth session is dedicated to anxiety and self-esteem, and explores the effects of stress, media messages, and body image issues. It is important for a girls group, as they internalize negative messages about themselves, which leads to feelings of shame, and is often expressed through externalizing behaviours. The sixth session is devoted to the issue of self-harming behaviours, and discovering new coping tools. The participants learn about mindfulness and DBT skills designed for enhancing distress tolerance, and improving emotional regulation (Sakhat, 2017). Some transitional tools, such as using ice cubes to create a similar sensation to cutting without the harmful consequences are also discussed. During the seventh session, which focuses on emotional regulation, girls discuss ways in which they can apply the newly obtained skills in real life situations. They also participate in a ritual during which they place stones in a bowl with water. Each stone represents a stressful time and how they coped with it. The last session is dedicated to celebrating and saying goodbye. Participants can arrange to have a meal together, for instance in a form of potluck, and share their experiences of being a part of the program. They also receive butterfly clips that represent their strength and bravery (Sakhat, 2017).

There is no empirical data on the effectiveness of this particular program. Having said that, some of the themes and techniques have been used in other programs, and showed promising results (Compas et al., 2015; Wisner, Jones, & Gwin, 2010; Bluth et al., 2016). The developer of the Butterflies program has run it for over four years, and has found it to be

successful. She believes that it assists participants through their healing process, and allows them to form meaningful and long-lasting friendships. It also provides space where they can feel accepted, gain a sense of belonging, and have fun (Sakhat, 2017).

Chapter 3: Summary, Discussion, Recommendation and Conclusion

Summary

The purpose of this Capstone Project was to review the existing literature regarding adolescents' emotional regulation and emotional well-being, to discuss existing programs that focus on enhancing these factors, and to design and present an intervention that would address emotional regulation and social connections. In the first chapter I talked about many adversities that young people face, including mental health struggles, mood disorders, anxiety, disruptive or substance use disorders, and eating disorders. They also engage in problematic behaviours such as lower academic performance, dropping out of school, substance use, social impairments, and obesity. Considering the prevalence of these issues, and the fact that many of them carry on into adulthood, it is evident that adolescents need assistance dealing with some of them. Therefore this Capstone Project focused on learning more about initiatives that are currently implemented in various settings in order to help increase adolescents' overall mental health and well-being.

Discussion

While reviewing the existing literature, it became apparent that there are quite a few existing programs that focus on enhancing young people's emotional regulation, coping, decision making, and interpersonal skills. They are designed to address a vast array of issues, such as bereavement, addictions, depression, anxiety, trauma, externalizing behaviours, poor mental well-being, lack of coping skills, and low self-esteem. Even though some of these programs were designed with the specific issues in mind, they all addressed the importance of emotional regulation and coping skills. Additionally, they all showed improvements in various aspects of participants' psychological well-being. It leads me to believe that talking about mental health, and working on emotional coping skill can have a positive effect regardless of the exact

techniques used. Simply acknowledging the importance of taking care of one's mental health is a great start towards enhancing it.

Even though the programs targeted different issue, and used varying techniques, they had a few things in common. All the programs addressed developing skills pertaining to coping with emotions. The DBT STEPS-A program has a whole module dedicated to learning emotional regulation skill, the FGCB teaches the ADAPT skills which can be considered tools for emotional regulation, the FBP centres on enhancing emotional coping strategies after a loss of a parent, the LST focuses on emotional self-management, the expressive writing program promotes positive processing of thoughts and emotions, meditation and MFY programs develop abilities to notice and let go of emotions, and the Butterflies program covers more than one way of emotional coping, and utilizes DBT skills to develop these.

Many of the programs presented in this Capstone Project included a social learning component. DBT STEPS-A program has the interpersonal effectiveness module, that teaches participants skill necessary for building and maintaining healthy relationships. The LST also has a component that focuses on teaching the social skills. Family-based programs have a family support component built into them. However, there is only one program that focuses on truly developing the relationships between the participants, and creating a sense of belonging to the group. It is the butterflies program, in which building the bonds was a part of healing and developing coping skills. Considering that connectedness and social support play a significant role in prevention as well as treatment of mental health struggles among adolescents, it seems that creating such supportive environment could be greatly beneficial to the participants and the process.

Another factor, which might be important for the adolescents' independence building, would be choosing their own goals and projects during the program. Considering that adolescence is a period when young people strive to gain independence and develop their own identity, giving them the agency over their own change process might be very empowering. Such independence building is a part of the FBP, where participants choose some of the goals they work on, and LST program, where students engage in a self-improvement project. It is also present in the Butterflies program when participants initiate their own online group in order to keep in touch, and plan and prepare the last session.

The presented initiatives take place in various settings. Many are delivered at schools, some by community based organizations, and some are delivered by private providers. All the programs include a variety of delivery methods such as discussions, lectures, role plays, skill practice, group work, activities, writing, art work, and more. Many programs also provide handouts, books, and syllabi. These practices increase the effectiveness of the initiatives. One factor that is important to note, is the cost of many of these programs. It would be an important aspect regardless of whether one was trying to offer a program to a school district, particular schools, local government, community organizations, or individual adolescents and their parents. The cost of the programs can vary greatly depending on the qualifications of the instructors, group sizes, materials provided, utilized space, etc. While I was unable to find a cost of delivery for all the programs, as an example of how significant the difference can be, I can report that the FBP costs approximately \$1,763 per family or \$653 per person, while the LST program costs approximately \$17 per person (Modecki, Zimmer-Gembeck, & Guerra, 2017). The difference in cost is significant; however, also the quality of delivery in different.

The school-based programs, while cost effective, are usually delivered to a fairly large audience. They are often a part of the curriculum, and therefore participation becomes mandatory. In such circumstances it might be hard to truly engage the students, as some of them might consider the program to be just another thing that they "have to do", or they might think that they do not need it. They are also very generalized as the only criteria for participation is being enrolled in a particular class. Creating the appropriate environment for working on emotional regulation, coping skill, and social skills, might also be challenging to create in a school-based program. Additionally, program facilitators are often teachers who take a brief, sometimes just a one or two-day training, in order to be able to deliver the content. While teachers are already greatly skilled in working with young people, teaching mental health enhancement skills might require more training.

Smaller, more specific programs, which require participants to actually sign up and sometimes pay a fee, usually consist of individuals who want to be there, and are eager to learn. They also already recognize that they might benefit from participating. Such groups have a better chance of creating connectedness and supportive environment, and they should also see more motivation among their members, unless they are adolescents whose parents forced them to show up. Having said that, such programs are often a lot less accessible as they have limited amount of spaces, and, in situations where there is a fee for participation, those who might really need them might not be able to afford them.

One more thing that seemed to lack in most of the programs described earlier is consideration for cultural, ethnical, gender or sexual orientation differences. It is inconsiderate to assume that these programs will work with all populations. While the general framework might be suitable, the content should be altered depending on the participants. That would be a

lot easier to do with smaller, more targeted programs, than it would be with school-based programs.

Recommendation: Coping Group for Adolescent Girls

After reviewing the presented programs, as well as taking into consideration my own experiences of working with young people, I would like to present a proposal for my own program. It would be dedicated for adolescent girls, as in my opinion, they struggle with unique challenges, such as trying to fit into the requirements imposed on them by the world around them including TV, social media, peers, etc., which strongly affects their self-esteem, and psychological well-being. The risk for developing mental health issues is also significantly higher for girls than it is for boys.

This program would be offered in schools; however, it would be an extra-curricular activity that would not be mandatory. The school setting would help offset the cost of the program, and I would attempt to convince the school district to fund it. It would also make it accessible to the students. On the other hand, keeping it optional and fairly informal would hopefully attract girls that could really use such group. Social support and connectedness are really important, and I would hope that the participating girls would become friends, and maintain their relationships after the program finishes. In order to achieve that I would need to foster a sense of belonging and allow for a lot of interactions. Adding some group specific rituals could help with that process.

The purpose of this program would be to improve the participants' mental well-being by enhancing their emotional coping skills, their social skills, and their self-esteem. The program would consist of 10 weekly session, and two monthly booster sessions. In my opinion it would be a sufficient amount of time to create long-lasting changes, and at the same time it would allow

to keep the cost at a reasonable amount. I would utilize some techniques used in the existing programs, such as DBT skills, mindfulness, and self-compassion. Each session would start with a mindfulness exercise, a check-in, and a discussion about the theme that will be presented that day. These would be followed by a presentation of the theme, and practice time. The sessions would end with a bonding activity, a check-out, and assigning homework. Additionally, each participant would choose their own personal project that they would work on throughout the duration of the program.

The first session would be an introduction to the program as well as to each other. I would include a couple of "ice breakers" in order to start the process of bonding. I would also encourage the participants to talk about themselves. Additionally, the group rules would be established, which would ensure safety, confidentiality, and a non-judgmental environment. I would also encourage the participants to decide on a name for their group in order to make it more personal, and increase a sense of belonging. The second session would focus on mindfulness skills. The third and fourth sessions would focus on distress tolerance, and they would include a self-compassion, self-care, and coping with stress components. The next two sessions would centre on emotional regulation and coping, and session seven would focus on self-esteem as well as dealing with the messages in media and body image concerns. The eighth and ninth sessions would concentrate on the social skills, and would include interpersonal effectiveness, healthy boundaries, assertiveness, and celebrating differences components. The last session would be dedicated to celebrating achievements, and saying goodbye. The purpose of the two monthly booster sessions would be to find solutions to any issues with the application of the acquired skills in everyday life, provide additional practice opportunities, celebrate positive changes that took place, and reinforce the bonds between the participants.

Conclusion

We live in times when on one hand technology, fast pace, and decreased social connectedness make youth more vulnerable than ever to struggle with mental health issues, and on the other hand the world is starting to recognize the importance of addressing their psychological well-being, and helping them improve it. Young people struggle with their self-esteem, their insecurities, and their coping abilities. The messages they see on TV and in social media just make matters worse for them. It is promising that there is a number of programs and initiatives that support these adolescents; however, I believe that we need to see more of them. We especially need to see initiatives helping young girls, as I believe that with the right tools and right people by their sides they can truly thrive.

I would like to see strong, independent women who support and encourage each other, and celebrate each other's accomplishments. Described above is a first draft of the Coping Group for Adolescent Girls. I am sure it will undergo many changes but its cause and origin will stay the same. I would need to write a whole book to include all my thoughts and ideas, so I tried to describe just some basic concepts of this initiative in this Capstone Project. I believe that many aspects of this program could apply to any populations such as cultural, racial, and sexual orientation non-dominant groups. If we could develop strong, self-assured adolescents, they will influence society to introduce positive changes.

I would like to end with this beautiful quote:

Our deepest fear is not that we are inadequate. Our deepest fear is that we are powerful beyond measure. It is our light, not our darkness that most frightens us. (...)
There is nothing enlightened about shrinking so that other people won't feel insecure

around you. We are all meant to shine, as children do. (...) It's not just in some of us; it's in everyone. And as we let our own light shine, we unconsciously give other people permission to do the same. As we are liberated from our own fear, our presence automatically liberates others.” (Williamson, 1996, p. 190)

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