

## CHAPTER 14

# Enhancing Parental Emotion Regulation Skills

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Managing one's own emotional reactions when parenting can be one of the most challenging aspects of being a parent. Many parents are depleted, overwhelmed, and triggered by their children's emotions and may have limited patience and capacity to regulate their reactions in these interactions. The way parents regulate their own emotions influences the emotional climate of the home and determines whether (or not) they will be able to meet their child's emotional needs in a supportive way. Evidence shows that when parents are not able to regulate their own emotions, it can hinder healthy emotional development in their children (Hajal & Paley, 2020).

Assisting parents to understand and manage their own emotions has been a central focus of our Tuning in to Kids® (TIK) parenting programs. TIK recognizes that children's healthy emotional development is partly shaped by how parents manage and express their own emotions (i.e. role modeling, impact on the family emotional climate), how parents react to children's emotions (validation/invalidation, approval/disapproval and the messages that such reactions provide about emotion expression), and whether they discuss and teach their children about emotions (Eisenberg et al., 1998; Morris et al., 2007). When parents engage in practices of self-care that reduce their own stress and can use emotion regulation (ER) strategies to help remain calm when faced with their children's emotions, they can more accurately identify children's emotions and respond in ways that validate the child's emotional experience. This in turn has been linked to skills in children's emotion knowledge and regulation. Our studies (e.g. Havighurst et al., 2010, 2013, 2015; Kehoe et al., 2020) show that the program improves parent emotion socialization, parent ER and children's emotional and behavioral functioning in families from community and clinical populations with children ranging in age from toddlers through to teens (for reviews, see Havighurst & Kehoe, 2017; Havighurst et al., 2020).

In this chapter we begin with relevant definitions and theoretical explanations of ER and briefly describe how adult therapeutic interventions generally target it. We then review parenting interventions and how these enhance parent ER. We unpack different ER strategies and examine how these work, with a focus on comparing “top-down ER” strategies (i.e. cognitive strategies that require a parent to be calmer) with bottom-up strategies (i.e. using the body or senses to regulate emotions that may be more effective when a parent is emotionally activated and has less access to executive functions). We also highlight the importance of self-care in facilitating “proactive ER” and healthy processing of emotions. Following this, we outline how our TIK parenting programs target parent ER.

### **14.1 Top-Down versus Bottom-Up Emotion Generation and Impact on Emotion Regulation**

A variety of interventions exist that promote ER and are usually underpinned by theoretical models about how emotions and ER are conceptualized. We use a definition of emotions as “episodic, relatively short-term, biologically based patterns of perception, experience, physiology, action, and communication that occur in response to specific physical and social challenges and opportunities” (Keltner & Gross, 1999, p. 467). We distinguish emotions from “mood,” which comprises more prolonged emotional states. We align with a functionalist perspective in which emotions and behaviors are seen to serve a function to promote survival, including social affiliative purposes (e.g. Campos et al., 1994; Frijda, 1986).

When emotions occur, they involve changes in body state (e.g. facial expression, posture, muscle tension, heart rate, respiration, etc) and changes in cognitive functioning (e.g. motivation, attention, memory, perception, decision making; Kahneman, 2011; Smith & Lane, 2015, 2016). Emotions can be elicited in a way that is fast, automatic, and experienced in a very physical way engaging “bottom-up” processes in the brain, like those ranging from unexpected encounters with threat or pain (e.g. seeing a child run toward the road or being kicked by one’s toddler; Kahnemann, 2011; LeDoux, 1992). Bottom-up generated emotions are important as they help us to respond quickly and accurately to emotion-relevant aspects of our environment. Top-down elicited emotions can be slower, occurring as a result of cognitive appraisal in a social interaction (e.g. children’s whining can elicit irritation when it is seen as attention seeking or it can elicit curiosity or care when it is seen as connection or help seeking). Whether emotions are elicited via bottom-up or top-down processes has important implications for parenting as

well as for determining effective interventions that will appropriately assist parents to regulate their emotions when parenting.

The most common definition of ER is “processes individuals use to influence which emotions they have, when they have them, and how they experience and express emotions” (Gross, 1998). ER can “involve generating, maintaining, increasing, or decreasing either positive or negative emotions” (p. 275). Gross suggests a “situation-attention-appraisal-response” sequence of emotion experience, whereby emotions may be generated and regulated at various stages along a timeline of unfolding emotional responding. The model distinguishes between antecedent-focused ER strategies (which include reappraisal, acceptance, problem-solving) and response-focused ER strategies (which include suppression, distraction, rumination, avoidance) (Gross, 1998). With the exception of distraction and avoidance, these ER strategies involve cognition, and can therefore be viewed as top-down ER strategies (Kehoe & Havighurst, 2018). Among these strategies, each can be adaptive or maladaptive depending on the context (English et al., 2017), the goals people have (e.g. to self-regulate, help others, get on with work, keep up appearances) and who is present (e.g. friend or a stranger; English et al., 2017).

Typically, parent ER requires a combination of bottom-up processing of encounters with emotional experience (e.g. child pushes their sibling or shouts at a parent) along with top-down conceptual knowledge, memories and linguistic representations that guide regulation and behavior (see also Hajal & Paley, 2020). In any given moment, emotional encounters can be characterized by relatively stronger bottom-up (reactive) or top-down (considered) emotions, which influence both the speed and the intensity of the emotion. This in turn, influences the type of ER strategies (either top-down or bottom-up) that may successfully help parents in such emotional moments. Often, especially at high emotion intensity, ER is automatic and habitual, which means that more practiced strategies (adaptive or maladaptive) are more likely to be used (e.g. Campbell-Sills & Barlow, 2007; Porges, 2009; Thompson, 1990; Wylie et al., 2022). For emotions that were generated in a faster, more bottom-up way, strategies that require breathing or sensory regulation may be more effective than cognitive strategies at lowering arousal (Sheppes & Meiran, 2007; Sheppes et al., 2011; Wylie et al., 2022). We discuss these strategies in more detail later in this chapter.

## **14.2 Emotion Regulation and Parenting: Under- and Overregulation Problems**

Parenting evokes a variety of emotions, which may be regulated (e.g. healthy emotion expression or masked/unobservable affect) or

dysregulated (e.g. excessive emotion expression), and affect parenting behavior (Hajal & Paley, 2020). Additionally, although parental positive affect is associated with sensitive, supportive parenting (Rueger et al., 2011), parental anger places parents at greater risk of harsh, hostile, or reactive responses to children's emotions (Ateah & Durrant, 2005; Leung & Slep, 2006); parents' anxiety and worry has been found to be related to more controlling, overprotective, and restrictive parenting (Dix et al., 2004; Kaitz & Maytal, 2005); and parental sadness, especially when experienced for prolonged periods of time, can result in parents being more self-focused and detached from children's goals and needs (Dix et al., 2004).

When a parent experiences high intensity emotions such as anger, anxiety, fear, or sadness, these emotional states can be consuming and overwhelming. Although some of these emotions can be adaptive in times of danger or adversity so that parents can act quickly to keep themselves or their children safe, for many these emotions are strongly activated even in more minor situations (e.g. toddler throwing food; child not doing as asked). In part, the fast bottom-up emotion generation may occur due to appraisal of a situation (e.g. "toddler is throwing food to annoy me and won't listen" versus "throwing food is something most toddlers will do and s/he is still learning"), highlighting the adaptive function that antecedent ER strategies, such as reappraisal hold for parenting (Kehoe & Havighurst, 2018). When emotions are very intense, however, the resulting physiological aspects of emotion dysregulation can lead to a sense of being flooded with emotions and make it difficult to process information and inhibit maladaptive behaviors and actions (Farb et al., 2015; LeDoux, 1998). Thus for many parents emotions come on so quickly that it compromises their ability to use cognitive strategies, emotion acceptance or coping statements (e.g. McRae et al., 2012), and increases the likelihood of emotional dysregulation, harsh and ineffective parenting. In these situations, parents require strategies that do not require cognitive regulatory processes but rather employ ER strategies such as breathing, walking, or sensory regulation "in the moment" to prevent them from responding in an unsupportive way (Porges, 1995).

Problems with ER are not just about being underregulated with emotions. For parents to be able to respond in a sensitive and attuned way to their children's emotions, being overregulated or disconnected from emotions can also impair their ability to respond to children in a sensitive way (Baylin, 2017; Hughes & Baylin, 2012). There are a variety of reasons why this might occur, including temperament (high inhibition); neurodiversity (e.g. autistic spectrum); that their socialization, culture, and family background has accentuated high levels of control or suppression; or that life experiences have included prolonged periods of stress or trauma where

emotional detachment has been a learned pattern of coping (Hughes & Baylin, 2012). Thus, overregulation or detachment from emotions affects both parents' ability to be in touch with their own emotions and also their ability to reflect on their child's internal world and successfully identify and empathize with child's emotions.

There are, however, times when suppression (if used momentarily and not exclusively) is necessary and adaptive when parenting (Wylie et al., 2022). Managing anger when one's children are fighting by breathing slowly or use of self-talk to inhibit sharing one's fears when a child is giving a musical performance can suppress expression in order to achieve one's goals (help the children resolve conflict or support the child to manage performance anxiety). Parenting interventions that target ER may be most effective when they incorporate a range of different strategies that address parents unique challenges with ER. We now review some of the dominant therapy models that target adult ER.

### **14.3 Therapeutic Approaches that Target Emotion Regulation: Top-Down and Bottom-Up Strategies**

Many therapies targeting ER or dysregulation work from a "top-down" model, where cognitions are used to change emotions and behaviors. Although some incorporate breathing and relaxation as central components (considered a more "bottom-up strategy"), primarily top-down models use cognitive strategies for ER such as reappraisal, reframing, distancing, and distraction, or behavioral strategies such as exposure with response prevention to achieve extinction. Here we briefly review well known therapies and how these work.

Cognitive behavioral therapy (CBT), one of the most commonly used therapies, focuses on teaching skills to reduce aversive emotional states through behavioral techniques (e.g. breathing and relaxation strategies, scheduling pleasant events, encouraging use of behavioral hierarchies to face feared situations, and use of breathing/relaxation), and cognitive strategies (e.g. self-monitoring, cognitive restructuring, reframing, reattribution, coping skills). Mindfulness interventions also target ER using both top-down (targeting thinking) and bottom-up (focusing on breathing or the senses) strategies. A core assumption of mindfulness therapies is that psychological problems occur when people become overly caught up in thinking about the past or the future, both of which interfere with effective responding in the present (Kabat-Zinn, 2003; Segal et al., 2002). Shifting attention to the present and remaining nonjudgmental through use of top-down and bottom-up strategies improves insight and adaptive ER (Chambers et al., 2009; Kabat-Zinn, 1982; Segal et al., 2002).

More recent “third-wave” behavioral and cognitive therapies also target ER. Acceptance and commitment therapy (ACT; Hayes & Wilson, 1994), combines mindfulness techniques with CBT skills to alter patterns of dysfunctional behavior. ACT helps clients accept and tolerate negative emotions rather than avoid or extinguish them as in traditional CBT. Emotion-focused therapy (EFT; Paivio & Greenberg, 2001) specifically addresses aspects of emotional processing in therapy, namely, to be aware of, accept, express, and regulate emotions and to differentiate adaptive from maladaptive emotional reactions. Therapists guide clients toward emotions, exploring early experience, memories, and images that shape “emotional schemes.” Emotional schemes contribute to automatic emotional responses in a similar way that core maladaptive schemas determine dysfunctional patterns of thinking or behaving. Additionally, EFT recognizes two different pathways for producing emotions, one fast and automated, involving brainstem and gut responses, and the other slow, involving the neocortex in appraisal (Cozolino, 2010; LeDoux, 1998). Dialectical behavior therapy (DBT; Linehan, 1993) views dysregulated emotional responses as driven by distorted perception and dysfunctional thinking and also by automatic unconscious responses, such as biochemical changes, physiological changes, and action tendencies that can occur prior to distorted cognitions (see Neacsiu et al., 2015). Four primary skill sets are taught in DBT that assist in reducing emotion dysregulation: mindfulness, interpersonal effectiveness, ER, and distress tolerance. DBT focuses on proactive ER whereby clients learn skills in how to engage in self-care and actions that are self-soothing (such as paying attention to the senses). Distress tolerance skills are taught to assist in high-risk emotional situations which include sitting with emotions until they lessen, using mindfulness techniques, using STOP skills (Stop, Take a step back, Observe the situation, and Proceed effectively), and using bottom-up ER TIP skills (change body temperature, engage in intense physical exercise, and progressive muscle relaxation). Learning to tolerate emotions using these skills also assists the individual in working through their emotions rather than suppression, which often has less adaptive outcomes.

Bottom-up therapies work more specifically with somatic and emotional processes to change emotions, behaviors, and cognitions. Sensorimotor psychotherapy (Ogden et al., 2006) is a body-oriented therapy based on attachment theory, using techniques drawn from CBT and psychodynamic psychotherapy to assist (1) becoming aware of automatic maladaptive action tendencies, (2) learning to inhibit initial impulses, (3) experimenting with alternative actions in order to complete the “frozen actions” (e.g. fight or flight response) that were unable to be used during the trauma experience, and (4) practicing alternative and effective actions

(Ogden et al., 2006). Treatment integrates top-down strategies including psychoeducation about trauma, mindfulness, and concentration practice with bottom-up therapies including development of somatic resources for regulating arousal. Yoga therapy is another body-oriented approach to help with physiological self-regulation that may alleviate distress through an integration of top-down and bottom-up processes that facilitate bidirectional communication between the mind and the body (Sullivan et al., 2018). Reviews of studies find that yoga breathing, physical postures that require building distress tolerance, and meditation, lower posttraumatic stress disorder and generalized anxiety disorder symptoms in clinical participants including survivors of child abuse and interpersonal violence (Longacre et al., 2012; Telles et al., 2012). Yoga may be used in combination with exposure therapy, mindfulness, medication, or psychotherapy to achieve greater symptom reduction than those therapies alone (da Silva et al., 2009; Telles et al., 2012). Yoga adds a bottom-up approach to managing emotions that is often missing in other therapies, perhaps because body-oriented therapies are not a part of the professional training or clinical expertise of psychologists.

#### **14.4 Parent Emotion Regulation Interventions**

Many of the therapies described here and their underpinning theories have influenced parenting programs that help parents to understand and manage emotions and respond sensitively and supportively with their children. Increasingly there is a focus on parenting interventions underpinned by emotion socialization, attachment, reflective functioning, and mindfulness theories that also include a focus on parent ER. Recent reviews of emotion-focused parenting interventions have highlighted the efficacy of such programs in improving parent emotional functioning, parenting, parent–child relationships, and child outcomes (Hajal & Paley, 2020; Havighurst et al., 2020; Jugovac et al., 2022). Research has highlighted that emotion-focused programs may be especially important for families in which parents or children struggle with impulse control, mental health difficulties, or attachment problems (see Maliken & Katz, 2013; Scott & Dadds, 2009). Additionally, emotion dysregulation has been related to lower attendance and higher dropout in evaluation trials of parenting programs and to interfere with skill acquisition as well as skill implementation (Maliken & Katz, 2013; Zubrick et al., 2005). We briefly describe some of the key parenting frameworks here that focus on parent ER, before describing our work with TIK.

There are now a number of programs that focus specifically on helping parents manage emotions in the context of parenting. Katz and colleagues (2020) designed a parenting intervention for mothers who had

experienced intimate partner violence. A considerable portion of the early part of their 12-session program focused on building mothers' emotion awareness and ER skills. This was viewed as essential for learning emotion coaching and to work through the memories and sequela of trauma. Similarly, the Let's Connect program teaches caregivers' social and emotional skills as a way of improving connection with the child, in a program working with families who have experienced trauma (Shaffer et al., 2019). Tuning Relationships with Music (TRM; Colegrove et al., 2018), a music therapy program delivered individually to parent-adolescent dyads, was designed to address the cognitive, emotional, neurobiological (autonomic), and relational challenges for parents with a childhood interpersonal trauma history and their adolescent children. TRM provides resources and teaches skills to improve cognitive functioning (e.g. psychoeducation about beliefs and attributions that support emotional competence), ER (e.g. musical exercises to support emotion awareness and responsiveness for parent and adolescent; emotion coaching to assist the parent in helping their adolescent regulate emotions), autonomic regulation (e.g. music that supports diaphragmatic breathing) and relational functioning (e.g. musical exercises that teach parents to turn toward and connect with their adolescent) in order to support responsive and non-reactive communication during conflict.

Programs based on attachment theory often include helping a parent to understand their own emotional reactions to their child to facilitate sensitive and responsive caregiving. Circle of Security, a widely disseminated parenting program, uses the analogy of "shark music" to help parents recognize uncomfortable feelings about their past that influence the way they respond to their child (Hoffman et al., 2006). This awareness results in providing parents with the capacity to alter their emotional reactions, which is an important prerequisite for being able to regulate emotions. Although the program does not overtly teach ER skills, it promotes top-down ER strategies, because it results in greater insight, emotion acceptance and self-awareness that results in lowered emotion reactivity.

Reflective functioning and mentalization are also increasingly used in working with parents where there are attachment difficulties with the child. Reflective functioning refers to a parent's ability to reflect on their own as well as their child's internal states and is regarded as a central component contributing to secure attachment in children (Ensink et al., 2013; Fonagy et al., 2002). Interventions that focus on enhancing parental reflective functioning teach parents to understand their child's motivations and needs rather than just responding to their behavior (Slade, 2007). They help parents to become aware of their own internal motivations, thoughts, and feelings and how these are separate from their child's. This awareness (using different therapeutic approaches) helps

parents to regulate their reactions and learn new ways of responding to their child. A range of programs exist that focus on reflective functioning and mentalization (for a review, see Havighurst et al., 2020).

Finally, mindfulness parenting interventions have been found to be successful in improving parent ER and facilitating more sensitive caregiving (e.g. Bögels et al., 2010; Duncan et al., 2009; Lippold et al., 2015). Duncan et al. (2009) proposed a number of key components of mindfulness parenting programs that benefit parenting via how they affect parent's own ER. These include nonjudgmental acceptance of oneself and the child, emotion awareness of self and child, self-regulation to reduce over-reactiveness, and compassion. Decentering includes pausing before reacting and shifting judgment by using self-talk such as "feelings are just feelings." Mindfulness parenting programs use bottom-up strategies that include paying attention to the breath and bodily sensations, as well as top-down cognitive processes where beliefs are shifted to reduce reactivity.

#### **14.5 How Does Tuning in to Kids Focus on Emotion Regulation with Parents**

In this section we outline the ways in which the TIK programs (including a version for parents of toddlers, parents of teens, and fathers) target parent ER. Although the primary focus of the programs is on developing parents' capacity to emotion coach their children (with helping the child usually the main motivation for program attendance), TIK also focuses on parent ER because it is so central to parents' ability to use emotion coaching and because it affects many other aspects of parent, family, and child functioning. We use four main approaches for improving parents' abilities to regulate emotions: (1) teaching skills in emotion awareness and understanding; (2) exploring factors that contribute to parent emotion competence (including social and cultural influences, family-of-origin effects on emotion competence and meta-emotion philosophy, that is, understanding one's own beliefs and automatic reactions to emotions); (3) teaching skills in ER, including proactive strategies to reduce stress and emotional arousal, bottom-up strategies for "in the moment" activation, and top-down strategies that include shifting beliefs about emotions; and (4) teaching parents emotion coaching to reduce parent and child emotion dysregulation.

#### **14.6 Teaching Skills in Emotion Awareness and Understanding**

Emotion awareness includes the capacity to notice and accurately identify one's own and other's emotions (Saarni, 1999). From early in life, children are primed to notice emotions and develop emotional literacy, being able

to recognize, name, and understand their own and other's emotions. Depending on the child's own capacities and their experiences as they grow, children will vary in the development of these skills (Saarni, 1999). Emotional understanding plays an important role in social-emotional well-being and influences how emotions are regulated. In parents, there are substantial differences in these skills because of their childhood socialization experiences with emotions as well as their own temperament. Many parents have limited emotion awareness or emotion literacy and this can make it more difficult for them to teach their children about emotions and use emotion coaching (Havighurst & Kehoe, 2017).

Learning skills in emotion awareness are threaded throughout the TIK program, beginning with helping parents with awareness of their own emotions, while also helping parents to recognize emotions underpinning children's verbal statements, behaviors, and reactions to different situations. Specifically, TIK helps parents identify their children's emotions by attending to facial expressions, body language, and tone of voice or by thinking of similar adult equivalent situations and reflecting on how they might feel (e.g. starting preschool may be like starting a new job). At the end of the first TIK session, parents are encouraged to begin noticing emotions more in their lives, including in themselves, their child and others. In session 2, parents begin the session with an activity about emotion awareness (the Bears exercise) where they choose a picture from a set of bears showing different emotional expressions that represent an emotion the parent has experienced during the last week. This is followed by answering a set of questions (i.e. What is the emotion? What was the situation? Where did you feel this emotion in your body? What thoughts went through your head? How did you feel about having this emotion?). These questions are designed to provide parents with ways to identify, name, and express how they felt, including linking an emotion experience to bodily sensations and thoughts as well as becoming aware of how one feels about having this feeling (i.e. identifying a meta-emotion belief about that emotion). Parents are encouraged to use these questions throughout day-to-day life when they experience emotions.

There are a number of other ways that TIK builds parents' skills in emotion awareness. For example, through discussions after watching video examples or by engaging in role plays of parent-child interactions where parents are encouraged to identify and name the emotions of the parent and child. Parents are also taught to recognize feelings behind their child's emotions and behavior using the "iceberg" metaphor to differentiate surface (irritability or withdrawal) versus deeper levels of emotional experience (e.g. disappointment, rejection, powerlessness, fear). Emotion word lists help parents to build greater complexity in language to differentiate and express emotions and feeling faces posters

(that are ostensibly for children but often useful for parents) assist them to link emotion identification, facial expressions, and experiences to facilitate emotional competence. This process connects cognition and language to help with processing emotions, consistent with the mechanisms by which emotion-focused therapy works where putting words to felt experiences allows emotion to be processed rather than remaining unresolved (Greenberg & Pascual-Leone, 2006; Johnson & Lee, 2000).

In TIK we also recognize that helping parents to become aware of and name children's emotions (Steps 1 and 4 of emotion coaching) provides them with an anchor for present-moment-awareness, not unlike focusing the breath in mindfulness (Hill & Updegraff, 2012). This enables parents to modify dysfunctional processes of suppressing emotions or becoming emotionally reactive and increases awareness of how they and their child are feeling. Parents' report being calmer when attempting to identify emotions, being more present with their children when they are emotional and feeling more empathy for their children. This also assists parents to manage their automatic unsupportive reactions to children's emotions thereby enabling alternative responses to be enacted (Bargh & Ferguson, 2000; Dumas, 2005).

#### **14.7 Exploring Factors that Contribute to Parent Emotion Regulation**

Gottman et al. (1996) outlined a theory of meta-emotion philosophy (MEP; thoughts and feelings about emotions) that determined parents' responses to their children's emotions. MEP is influenced by a range of factors including social, cultural, and family of origin experiences surrounding emotions (the messages received, verbally and nonverbally about expression) that shape socially proscribed ways of reacting to emotions (such as how grief is expressed at a funeral; whether anger is expressed overtly when another person has infringed an individual's rights). In TIK we focus on shifting parents' attitudes about emotions toward acceptance, noting that all emotions are acceptable and serve important functions of survival. This is differentiated from behavior, where not all behaviors (i.e. yelling at and hitting a child when angry) are acceptable or constructive in relationships and parenting. This distinction is also an example of the third wave of CBT, where emotions are accepted and validated as a mechanism for change, rather than altering thinking or behavior to alter emotions. This is often a challenging idea for parents who may hold strong negative attitudes about emotions and their expression (e.g. it is not okay to hate; jealousy is bad; anxiety is debilitating).

Emotion acceptance and learning ways to manage the discomfort that intense emotional arousal brings involves developing awareness of meta-

emotions and automatic reactions. Parental automatic reactions occur often seemingly instantaneously, without conscious awareness in response to triggers (either memories, experiences or events), a bottom-up emotion generation. These might be when the individual is faced with an immediate threat to safety (or the safety of others), in specific situations (e.g. bedtimes or mealtimes if these were stressful when the parent was a child), with specific emotions (e.g. child or friend is sobbing unconsolably), or when their child engages in behaviors that the parent may have history with (e.g. lashes out at their sibling hurting them, or when their child reports they were not picked for a team at school). Automatic reactions are linked to the situational context (including memories of these from childhood), the type of emotion and their valence and often result in emotionally dysregulated responses that may have been adaptive during childhood but do not match or are no longer appropriate in the current context. For parents, for example, automatic reactions can show up as excessive anger in response to a child's misbehavior, defensive retaliation in response to a child's accusations of being unfair, disapproval and withdrawal in response to a child being jealous and harsh with a sibling, or embarrassment and criticalness when the child has a tantrum in front of grandparents. Automatic reactions can also include automatically dismissing the child's emotions with the aim of regaining control or wanting the emotion to go away (e.g. use of disapproving or minimising, or *laisse faire* parental responses to the child). In this context, teaching parents' ER skills is often ineffective because when activated in this way, they do not have access to optimal executive functioning and ER responses are less likely to occur.

Helping parents develop an awareness of their MEP, the influence of their family of origin experiences, and understanding their automatic reactions to emotions are critical in altering habitual, dysfunctional patterns of responding to emotions. This process is similar to schema-focused or emotion-focused psychotherapy in which changes occur by accessing past experiences and evoking emotions consistent with these memories in order to work through and alter automatic dysfunctional patterns of thinking, feeling, behaving, and interacting (Greenberg & Safran, 1989). Intense automatic reactions are reduced because emotions no longer activate (often unconsciously) remembered past emotional experiences (Greenberg & Pascual-Leone, 2006; Lane et al., 2015). Further, reflecting on the effect of dysfunctional family of origin experiences, while also learning new skills in parenting, has been found necessary for altering intergenerational patterns of neglectful parenting (Leerkes & Crockenberg, 2006).

Across the program, automatic reactions and family of origin (FOO) experiences are progressively explored so that defenses, retraumatizing or withdrawal responses are less likely to occur. Session 1 introduces

parents to the basic premise of meta-emotion and that it is shaped by FOO, culture, and experiences. Session 2 builds on this by exploring the messages about emotion expression received from the wider culture. Session 3 explores family of origin experiences with sadness (how did your mother/father respond to you when you were sad; how did they show sadness; what were the messages that others gave you about sadness and expressing it, etc.). Session 4 explores FOO with fears and worries. Session 5 focuses on anger and session 6, on how conflict was responded to or is used as an opportunity for each parent to summarize what they have learned about their automatic reactions. In clinical settings the program is delivered over a longer duration enabling these issues to be explored gradually and sensitively, depending on parents' capacity for reflection and self-disclosure, and accounting for difficult FOO experiences, past trauma, and current mental health. The graduated exploration of FOO and automatic reactions has resulted in many parents reporting shifts when they made the "light-bulb"-like connections between how their own mother or father responded with anger to them as a child and their automatic reactions as an adult to anger in close relationships or parenting. In turn, they will often report that they can now identify their own emotion dysregulation patterns, and this enables them to engage in and use skills taught in emotion regulation.

#### **14.8 Teaching Emotion Regulation Skills: Proactive, Top-Down, and Bottom-Up Strategies**

In TIK we teach three ways of regulating emotions: pausing, calming, and releasing. We also teach strategies parents can use proactively (i.e. self-care) and "in the moment," with a specific focus on regulating anger, anxiety, and stress. We highlight that bottom-up ER strategies may work better in the moment, when emotions are generated automatically, fast and are high in intensity with the most frequently used skill to "build in a pause." Building in a pause includes slow deep breaths, a cold drink of water, stepping outside or going to the bathroom, stretching, shifting the weight from one foot to the other, holding a necklace or keys to connect or ground to the senses and the present moment, counting to 10 in one's head, or moving around. These activities require 10–30 seconds to reduce a parent's arousal and inhibit their automatic reactions, instead enabling selection of more optional ER and parenting responses. Bottom-up strategies do not require cognitive ER skills such as attention-shifting or reframing that are often inaccessible to parents at times of heightened emotion. Strategies to build in a pause that are not cognitive are also more effective for parents who can be abusive when they are emotionally dysregulated.

Building in a pause allows parents to widen the gap between the emotionally activating situation and their response, reducing the likelihood of dysfunctional, unsupportive parenting. This also enables the parent to be more child centered, to engage their capacity for reflective functioning by considering the child's internal world (Fonagy et al., 2002), and then to use emotion coaching skills. Although in some respects building in a pause may entail momentary emotion suppression (e.g. telling yourself to stop) or distraction (e.g. counting, or focusing on one's senses) we believe that this remains adaptive in the context of parenting, especially if followed by other strategies.

For regulating emotion in advance, we encourage proactive "emotional refueling" using both top-down (e.g. reflection) as well as bottom-up strategies to process emotions and prepare for future emotional moments. In contrast to avoidance or distraction behaviors, proactive ER includes "things one does before the emotion response tendencies have become fully activated and have changed one's behaviour and one's peripheral physiological responding" (Gross & Thompson, 2007, p. 15). Proactive skills assist with emotion arousal reduction and include teaching breathing techniques (a range of options are taught or links to different resources that enable parents to find preferable methods), meditation, self-care activities that are calming (a hot bath, a walk in nature, taking off one's shoes to walk on the grass and feel the texture under one's feet) as well as physical activity to "let off steam" and reduce the physiological arousal that comes with emotion activation and stress (e.g. going for a run, walk or bike ride, kicking a ball, or weeding the garden). Parents are taught about the flight, fight, and freeze response and encouraged to find ways to manage these reactions and the activation that often ensues. Stress-reduction activities such as tense and release are also an effective component of CBT (Beck et al., 1979; Hawton et al., 1989).

TIK does not directly teach cognitive or top-down strategies that are often the main components of adult-focused ER programs; however, many of the exercises, discussions and skills result in new experiences that can shift parents' beliefs about emotions. For example, through exploring the function of emotions and meta-emotion, and gaining a more accurate understanding of children's emotional development, change can occur in parents' beliefs about emotions and help them to be less judgmental. Parents learn to reappraise emotional situations as emotion coaching opportunities, times for connection and teaching, which often reflects a change in beliefs about emotions.

Individual tailoring of program delivery based on parents' challenges enables a targeted focus on areas of parent ER difficulties. Sometimes there is the need to introduce self-care earlier for very stressed or overwhelmed parents; sometimes parents dislike the focus on meditation and alternative

exercises are needed; at other times when parents are more reactive, techniques to build in a pause are required earlier; or FOO is playing a very dominant role in preventing a parent from being able to take their child's perspective, and so more work on this is needed in the later sessions. Lastly, the program normalizes ER difficulties, with the message that parenting is often a very challenging experience for many parents. Facilitators often share in a planned and limited way, personal experiences that illustrate their own challenges and learning surrounding ER. This process reduces again the "power" of expert/learner that can often result in parents feeling deskilled and devalued as a person and as a parent.

#### **14.9 Teaching Parents Emotion Coaching to Assist with Emotion Regulation**

The parenting skills taught in TIK for parents to use with their children also often assist parents in ER. Although emotion coaching is a way of responding that allows parents to coregulate their child, teaching the five steps of emotion coaching can act as an ER strategy for parents because it provides them with a model of how to work through emotional experiences. This alters their automatic reactions and shifts the attributions parents make when their children are emotional. Emotion coaching involves five main steps: (1) noticing the child's emotion (which assists parents to be present in the moment); (2) seeing this as an opportunity to connect and guide/teach the child (a reappraisal of the situation); (3) communicating understanding and empathy; (4) helping the child to understand and name the emotion; and (5) if necessary, assist the child with problem-solving and/or setting limits around their behavior. By increasing parents' awareness of their emotionally dismissive responses that create less optimal emotional competence, parents instead learn skills in how to use the emotion coaching steps with their children when emotions occur. For example, rather than viewing the child as being attention seeking, manipulative, or weak, use of the five steps helps the parent see their child's emotions as an opportunity to connect with them and support them with emotions. Where the former reactions might activate a parent to irritability, anger, and an emotionally dismissive parenting response, the latter (where emotion coaching is used) results in increased empathy and less emotional reactivity in the parent.

Further, using the analogy of "the iceberg" parents are encouraged to notice (step 1) and explore emotions that underlie surface emotions (e.g. jealousy or fear behind anger) and behaviors (sadness, loneliness, or fear behind whining or oppositionality) and rather than withdrawing attention at these times, connection is encouraged and guidance is provided to

the child to understand and regulate their emotions (step 2). Exploring deeper emotion (such as fears of separation, abandonment, rejection, failure, loss) that often drive surface level emotions and behaviors, significantly assists the child but also acts as a regulation strategy for the parent. Some parents will report that the act of enquiry when using the five steps shifts their focus and helps them to calm their own arousal levels as well.

Building parents capacity to communicate empathy (step 3) with their children is a key component of TIK. Empathy requires a parent to be regulated. In order to take the perspective of another (cognitive aspects of empathy) and “feel with” that person (the emotional aspects of empathy), a parent needs to shift their focus to their child’s mental and emotional state. We teach a stepped strategy called “The Emotion Detective” for helping parents to empathize, where parents ask themselves some reflective questions when their child experiences emotions (such as not being picked for a team; the birth of a sibling; being made to eat a least favorite food) and to (1) consider an adult equivalent situation (e.g. not getting a desired job; one’s partner bringing home a new girl/boyfriend to be part of the family; being made to do something at work that one disagrees with); then (2) imagine the emotions the parent might feel in that “adult equivalent” situation; and lastly (3) communicating understanding and acceptance by practicing an empathic response (e.g. how disappointing; I’d feel jealous and left out too; that’s annoying when you are made to do things you don’t like). The skills learned in this exercise are then promoted for use by the parent whenever their child becomes emotional. This gives parents a strategy that also helps them regulate their reactions and shifts their perspective from being adult centered to child centered. The theory of mentalization and reflective functioning is useful to understand this process where the parent is able to consider their child’s internal emotional world (Fonagy et al., 2002). This functions as a regulation strategy for the parent and is usually helpful in calming the child. It also builds connection and closeness that reinforces the parents’ efforts, validating their actions and strengthening their confidence that they are able to support and guide their child. This results in shifts in their beliefs from being overwhelmed (I can’t cope with my child’s emotions; this child is so difficult) to having greater competence in parenting about emotions (I can manage my reactions; I can guide my child), and in turn contributes to parents being better able to regulate their own emotions.

The fourth step of naming emotions with children (step 4) also assists parents in their emotion awareness and regulation. Finally, a number of strategies are taught that provide parents with ways of assisting their child to regulate emotions (e.g. slow breathing, tense and release exercises, bringing attention to the senses, use of a special object to hold and

feel the texture). These same skills are often useful for parents to assist them in their own ER.

### 14.10 Conclusion

Assisting parents to develop skills in regulating their emotions in the context of parenting, especially in ways that are supportive of the child's emotion socialization, is central to emotion-focused parent work. Parenting has a significant emotional load and parents are often limited in what they have left for managing their own emotions. Part of parent work is finding ways to overcome the barriers to parents investing time and energy into efforts to address their own wellbeing. From our experiences with TIK programs and over 20 years of delivery of this suite of programs, we have refined ways of supporting parents to learn ER strategies as interwoven components in the parenting program so that defensiveness and barriers can be overcome. We combine a focus on increasing parent emotion awareness, exploration of factors that contribute to parent meta-emotion philosophy, proactive, bottom-up and top-down ER strategies and teaching emotion coaching skills for parents to use with their children that anchor them to a more child-centered approach to parenting and have benefits for parents as well. What works for parents depends on their own temperament, their family history with emotions and past experiences, as well as the context in which emotions occur and the intensity of the emotion. Parents also vary in what they find useful and effective, and a range of strategies enables individual preference and choice, ensuring parents feel more empowered to determine how they will parent and the choices they make. Many of the methods that we use are consistent with other theoretical approaches to adult ER interventions as well as parenting programs that have an emotion-focused or mindfulness approach. Although TIK programs often result in shifts in parent cognitive processes that aid in ER, this is not the primary approach used. Greater integration of bottom-up or body-focused strategies that assist in regulating emotions have been effective for many parents when responding to emotions in themselves and their children and illustrate the shifting theoretical and empirical state of knowledge about how to promote ER in the context of parenting.

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