Wise-Minded Parenting:
You might be right but are you effective?

Stringing pearls from developmental science, family systems theory, and dialectical behavioral therapy

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Goals

Emphasize the importance of including parents in treatment plan and using a system perspective

Review some basics of adolescent development, as well as parenting research and DBT, for psychoeducational purposes

Encourage connection and collaboration with parents
What about evidence based research?

The demotion of the expert

• How do you feel about that?

• How are your communication skills re: EB research?

• How are you with power struggles?

Family systems theory
Parenting research
Dialectical behavioral therapy principles
Psychoeducation about adolescent development norms

ACT, FAP, IPT, IPSRT
Motivational Interviewing
Behavioral Activation
Parent training
(Kazdin, IY, Triple P)
PCIT
Mindfulness
Cognitive Behavioral Therapy +
Behavioral management +
The case for seeing parents

Parents may contribute to or maintain the adolescent problem

Without a working alliance with parents, they may hinder progress or end tx

Parents are the attachment figures for the long-term; hence, improving relations may help both present and future challenges
“Storm and Stress” during adolescence?
Increased moodiness, parent-child conflict, and risk-taking


32% Anxiety, depression, conduct, ADHD

8% Serious Mental Disorder(s)

Normative Challenges

Secure attachment

Implications of pruning of the pre-frontal cortex

Emotional regulation*

And...the importance of realistic expectations

Moodiness, hormones and brain remodeling
Lying, defiance and rule-breaking
Parent polarization (when parents don’t agree)
Entitlement, spoiled behaviors
Distancing and disconnection (identity issues)
Picking fights in various ways (emotional regulation, gender issues)
Peer issues, fear of negative influence
Excessive use of screens
Teen romance
Sex
Disappointing academic performance
Risk-taking
Substance use
Stressed-out families and kids

Getting to CALM

Cool-headed Strategies for Parenting Tweens + Teens

Laura S. Kastner, Ph.D.
Jennifer Wyatt, Ph.D.

“Required reading for parents who struggle with their teen.”
—T. Berry Brazelton, M.D. + Joshua Sparrow, M.D.

“An ideal guide book for parenting teens...Indispensable!” —John Gottman, Ph.D.

Teen Development Basics
Typical developmental topics

• Increased autonomy-seeking and desire to be with peers (risk-taking, peer conformity)

• Individuation from parents (challenging authority)

• Identity development and exploration of different values (religion, education, politics, sexuality)

• Hormonal changes (emotions more intense, sexual interests)

• Brain remodeling process
The Thinking Brain

- Prefrontal cortex
- Corpus callosum
- Basal ganglia
- Amygdala
- Cerebellum

Emotion Brain

Direction of Brain Development
The remodeling process of the prefrontal cortex occurs around the age of 13 years old.

Grey matter in the prefrontal cortex (PFC) is sloughed off in a process called pruning (Giedd).

Over the next decade, behavior is often governed more by emotions than by thinking and decisions (e.g., being good parents does not insure good teen behavior).

“The neurons that fire together, wire together.” New neural connections occur over the next decade based on learning and experience.

NASCAR metaphor

Eds. Reyna, V. Chapman, S., Dougherty, M. & Confrey, J.
Why is adolescent development a major pearl in parental guidance?

Normative behaviors can look like pathology
(and children with mental health problems still experience normative aspects of adolescent development)

Promotion of protective factors and reduction of risk factors can make a difference (resilience building, ACE research)

Research on the teen brain and emotion can be used to “objectify” normal difficulties and reduce blame and anger

Steinberg, L.
What is our goal in helping parents understand normal adolescent development? (↑ parent understanding)

Accept a certain level of teen moodiness, emotional reactivity and risk-taking (dumb mistakes) as normative.

*Don’t take stuff so personally!*

Learn personal emotional regulation skills in order to manage teen’s intense reactions (self calming).

*Adults have mature PFC’s—use them!*

Develop effective *parenting strengths* for supporting teen behavioral, social and emotional development.

*Control what you can control!*
Adolescence is an era of high risk and high opportunity

Psychopathology emerges during this vulnerable period

Sleep problems increase (changes in circadian rhythms and delayed release of melatonin alter alert-fatigue signals)

Teens are extra sensitive to dopamine (implications for addiction)

“Anxious clients extra-vulnerable to negative affectivity bias” (implications for learning, but also “sticky brain”)

“Use it or lose it” in neuroscience refers to the need to use the brain “like a muscle” in order to stimulate new connections.
Developmental research qualifiers

Changes in moodiness, emotional reactivity and risk-taking among adolescents are neither universal or inevitable

What is interpreted as “normal” depends on the clinician’s psychosocial assessment, sophistication of knowledge about adolescence and personal “filters”

Caution with “brain over-claim”

Gender, culture, race, temperament, social contexts also important…

and then there is the family context…
The case for a systems view
Research that supports a systemic/parent/family focus

- **Authoritative parenting** predicts higher grades, better adjustment and higher behavioral competence (Baumrind, Steinberg)

- **Monitoring and non-coercive management**-key have been shown to be enduring predictive variables for positive outcomes from Oregon Social Learning Center, etc. (Patterson, Forgatch, Dishion, Reid)

- **Secure attachment**-predictive of long term adjustment and successful transition to adulthood (Cassidy & Shaver)

- **“Context”** plays a key role in the development of psychopathology and risk-taking in teens (Cicchetti)

- Research on **parental psychological intrusiveness** (Barber), **emotion coaching** (Gottman, Katz) and **identity development** (Grotevant, Allen) shows the benefits of accepting children’s thoughts and feelings

- **Systemic therapy** has an extensive evidence base (Levant, Nichols, Lock and LeGrange, Henggler, Staunton, McGoldrick)
A teen walked into my office...
Chelsea, 14, depression

- CBT, BA, IPT, DBT
- Non-responder to meds, body image issues
- Good student, music
- Bio-father: vet, substance-dependent (African American)
- Bio-mother: business, successful (Caucasian)
- Stepfather – less successful, Caucasian
- Extreme parent-child conflict
- Half sister (9) – “sweet”
Family Systems

IP

Stepdad

Bio - Mom

Bio - Dad

Porter, 9

Chelsea, 14

“IP”
Family system analysis

Assessment!
What contributes/maintains to the problem?
Family systems treatment is not necessarily “family therapy”
Treatment may include a variety of interventions, but a working alliance with parents is essential
It takes a village…
Family System Targets

- Parent/marital self care
- Social support
- Understanding cultural issues
- Economic dynamics
- Addressing problems of the individual parents
- Priority on family time and involvement
- Acceptance of child’s temperament
- Modeling of emotional and social competence and character strengths
- Realistic expectations re: child development norms
- Family of origin issues
- Psychoeducation re: child dx’s
- Engaging teen in positive and prosocial activities
- Systems Issues – (no blame)
  - destabilize pathological equilibrium
  - Stability/flexibility

- Closeness/autonomy
- Polarization/Dysfx in alliances
- Favored child problems
- Overfx/underfx issues
- Good cop/bad cop issues
- Building Resilience (↓risk ↑strengths)
- Secure attachment support
- Problem-solving skills
- Emphasis on social, emotional and school functioning
- Parenting skills*
- Authoritative parenting*
- Emotional regulation*
Positive Parenting 101

Discipline = To teach

- Positive interactions, talking, listening, fun, involvement, empathy
- Praise, rewards, encouragement
- Limits, rules, routines
- Ignore, distract, redirect
- Consequences

*Getting To Calm, The Early Years* (2015)

Triple P, The Incredible Years, Raising Healthy Children (SDRG), PCIT, etc.

Family Systems Health
Authoritative Parenting

**Permissive**
- Warmth
  - positive, affirming, affectionate
  - responsive, attuned
  (secure attachment)

**Authoritarian**
- Authority
  - boundaries
  - structure
  - behavior management

**Neglectful/Indulgent**
- Psychological Autonomy
  - Respect for independent thoughts and feelings
  - Collaborative
  - Not intrusive

**Family Systems Health**

**Authority**
- boundarie
- structure
- behavior management
**Emotion Coaching/ Mindful parenting**

*Parents are aware of and care about their own feelings and those of their children*

- demonstrate empathy and encourage appropriate emotional expression and emotional regulation
- use collaborative problem solving
- accept negative emotions; whereas dismissive parents see their role as getting their children to change their feelings or have them go away.


In a contest of “Emotions versus Reason – Emotions Win”
Emotional regulation challenge

Mom: You cannot go to that party!

Son: I’m going. I don’t care what you say. I hate living here. I want to live with dad. You’re mental!

Mom: AS IF I’ll let you live with your Disneyland Dad! And YOU are the mental one if you think I’m going to tolerate your abusive ways.

Son: You are a control freak—my friends feel sorry for me! I hate you!!! YOU are a B-#*%$#

Mom: How dare you, you little S-#$@! You are grounded for the rest of the semester. I’ll show you!

Son: And I’ll run away! You are the worst mom alive!

Mom: Ok, then. I’m shutting down your cell and your Xbox! You’ll pay for this.

(Clayton puts his hand through the wall… and off to the E.R.)
Amygdala hijack – (fight/flight)

Daniel Kahneman,
Thinking, Fast and Slow
Matt Lieberman’s lab: “Putting Feelings into Words”

fMRI’s revealed changes when labeling fearful or angry faces correctly

Less activity in the amygdala and more activity in the right ventrolateral PFC

C.A.L.M. protocol for meltdowns
(Getting to Calm, 2009)

Cool down. Don’t talk; use paced breathing

Don’t talk under the influence (of extreme emotions)

Assess options. Evaluation engages PFC

Get your thinking brain online again

Listen with empathy. Starting with empathy builds connection (without “but’s”)

Validation ≠ approval or agreement; it means you “get it” from some point of view

Make a plan. What are your realistic goals? What are effective problem-solving approaches?

Use your wise mind to make a plan
Self calming
(first biology, then psychology)

Shut off self-talk about how mad you are, how valid it is that you are mad and what you are mad about (“other-focused”)

Focus on the process of physiological calming of the heart rate

Use a breathing technique (The 4-7-8 is an easy one)

Find a link/app and tailor to your own preferences
“Good enough” parenting depends on stress management (aka emotional regulation).

The Stress Response

Heart rate

Optimal Performance

Effective
Highly focused
Decisive
Creative
Alert
Stimulated
Passive
Boredom

Reduced effectiveness
Diffused attention
Indecisive
Unfocused, confused
Anxious, flooding
Irritable, can't think coherently
Fatigued, overwhelmed
Burn-out

Brain lock

Performance
Wise-Minded Parenting: 7 Essentials for Raising Successful Tweens and Teens

7 chapters) Evidence based predictors of positive outcomes for teens
Secure Attachment
Self Control
Academic Success
Social Thriving
Emotional Flourishing
Strong Character
Physical Health

Parenting curriculum within chapters:
- Wise-Minded parenting concepts*
- DBT dialectic of change
  - Authoritative parenting style
  - Emotion coaching/Mindful parenting
  - Neuroscience of emotions and teen brain changes
  - Behavioral principles
  - Positive parenting basics
**Dialectical Behavioral Therapy (DBT)**
*Linehan, 1993, 2015*

- DBT with teens—parent group and teen group (some combined)

- CBT with mindfulness practice; skills training

- Training modules: mindfulness, distress tolerance, emotional regulation, and interpersonal effectiveness (others being developed)

- Proven effective with mood disorders, eating disorders and chemical dependency.
The Dialectic of Change

Your child is doing the best he can given his emotional state. And he needs (and wants) to do better.
Wise-Mind = Emotion + Cognition

and intuition

Emotion Mind  Wise Mind  Reason Mind
Emotion Mind

- evolved for survival (both reward drive and fear instinct)
- faster and more powerful than the thinking brain
- requires quieting for the executive functioning processes of prefrontal cortex to work optimally

Potential problems with it’s dominance:
- Dysregulation
  "Don’t just do something, stand there"
- poor risk appraisal
  "Emotion Mind can trick you with false alarms"
- harm to relationships
  "Be aware—emotions are contagious"
- distorts thoughts
  "Avoid PUI’s*"

*parenting under the influence of extreme emotions
Reason Mind

Prefrontal executive functioning
Analysis/evaluation
Crucial for problem-solving

Potential problems with leading with it’s dominance:
- logic wars from “one truth” triggering power struggles
  *You might be right, but are you effective?*
- overrides empathy
  *Conveying empathy gets you farther than forcing your views*
- harms relationships with judgments, lectures and *your* view
  *Model the behavior you want to see in your child*
Wise Mind

- Evaluate ideas for plan – Costs? Benefits? Risks?
- Is it realistic?
- Primum Non Nocere (first do no harm)
- What feels intuitively right to you right now?
Parting tips:

- Beware of overload (pearls can be rocks)
- Reciprocal v. Irreverent Communication
- Well-timed humor leavens
- “You’re most helpful when you aren’t acting like a therapist”
“There is no health without mental health”

“Promoting family health is public health”

Moving the population towards flourishing

Source: Felicia Huppert, Cambridge Wellbeing Institute
“Love is not a state of perfect caring. It is an active noun like struggle. To love someone is to strive to accept the person exactly as he or she is right here and right now.”

Fred Rogers