

## Calming Together: The Pathway to Self-Control

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*Neuroscience shows that humans develop their abilities for emotional self-regulation through connections with reliable caregivers who soothe and model in a process called "co-regulation." Since many troubled young people have not experienced a reliable, comforting presence, they have difficulty regulating their emotions and impulses. Co-regulation provides a practical model for helping young people learn to manage immediate emotions and develop long term self-control.*

**T**welve-year old Jake has just learned that the contact visit with his mother has been postponed. He screams at his foster mother, "I hate you," and then kicks over a chair. "Don't you speak to me like that," she retorts; "Go to your room and think about the way you are talking...I want a full apology or you won't be going to the movies on Saturday." Jake slams the door of his room and, sobbing, throws himself onto his bed.

In a residential group home, 14-year-old Debbie returns from school in an irritable mood. "I'm not going back to that f...ing place again," she yells at the youth worker. "You have to go to school," the youth worker replies. "Well, I'm not going and you can't make me," Debbie snaps. "That sort of attitude and language is going to get you in a lot of trouble," she is told. Debbie swears again, this time directly at the youth worker. "That's it," the youth worker says, "You've lost 10 points for swearing, and you'll lose more if you keep this up."

Teachers, youth workers, parents, foster parents, and others who work with children and young people often try to take control by regulating the problematic behaviour of young people. They do this with authoritarian commands, threats, and punishments which often lead to struggles for power in what Long (2007) calls "conflict cycles." Adults believe that it is their duty to "correct" the behaviour of young peo-

ple and that the imposition of consequences is the way to do this. They also begin to "mirror" the angry and impulsive behaviour of the young person, getting caught up in the emotions of the moment. Such interactions generate resistance and resentment and poison relationships.

### Co-regulation and the Science of Self-Control

Infants do not have the ability to regulate their emotional arousal and need the soothing presence of caretakers to help them manage fear, frustration, and anger. They calm by experiencing their caretaker's voice tone and warm physical contact, being stroked and gently rocked, and having their physical needs attended to. From a developmental perspective, effective parenting of young children can be understood as a process of *co-regulation*. Indeed, van der Kolk (2005) maintains that a "primary function" of parents is to help children learn to manage their own arousal. Repeated cycles of emotional upset, followed by relaxation after the caretakers calming intervention, provide the basis for developing a sense of trust and safety (Fahlberg, 1991; Cozolino, 2006). In time, the child internalizes the expectation of a soothing response which provides a foundation for learning self-regulation. In a broader sense, the

patterns of self-regulation that one develops may come to define the individual. Daniel Siegel (1999) states that “How we experience the world, relate to others, and find meaning in life are dependent on how we have come to regulate our emotions” (p. 245).

The need for co-regulation continues throughout our lives. In times of crisis, troublesome emotions are managed with the support and soothing presence of attachment figures. The small infant is totally reliant on caregivers and has many crises each day. The pre-school child is expected to manage emotions and impulses more effectively, but will still be overwhelmed on a regular basis and need external soothing and support. Even adolescents and adults must rely on attachment figures to get through periods of high stress.

## The Impact of Traumatic Experiences

Many young people who have difficulty regulating emotions and impulses have been exposed to *complex trauma*. This has been defined by Bessel van der Kolk as “the experience of multiple, chronic and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature (e.g., sexual or physical abuse, war, community violence) and early life onset” (2005, p. 402).

Complex trauma can impair the development of thinking, relationships, self-worth, memory, health, and a sense of meaning and purpose in life (van der Kolk et al., 2005). But one impact appears to stand out above all others: “The most significant consequence of early relational trauma,” observes Allan Schore, “is the loss of the ability to regulate the intensity and duration of affects” (Schore, 2003, p. 141). Likewise, van der Kolk states that “at the core of traumatic stress is the breakdown in the capacity to regulate internal states” such as fear, anger, and sexual impulses (2005, p. 403).

From a neurodevelopmental perspective, the stress activation systems of traumatized children have become overly “sensitized,” detecting threat and triggering fight or flight responses when these are not needed. Bruce Perry observes: “Children exposed to significant risk will “reset” their baseline state of arousal, such that—where no external threats or demands are present—they will be in a

physiological state of persisting alarm” (2006, p. 32). This constant activation of “deep brain” emotional arousal leads to an impaired “higher brain” capacity to provide emotional regulation.

Thus, many troubled young people are prone to emotional outbursts. Frustration escalates to fury and rage, and disappointment descends into depression and despair. These young people also display high levels of impulsivity, emotional contagion, and risk taking. Trauma is not the only cause of such behaviours which can accompany any condition that impairs the brain’s regulatory systems, including some autistic spectrum disorders and ADHD. Regardless of the specific causes, it is helpful to reframe problems relating to the regulation of emotions and impulses as developmental delays rather than as “bad” behaviours that deserve punishment (Greene & Ablon, 2006).

## The Practice of Co-regulation

In practical terms, how do adults co-regulate with young people? First, the adult needs to focus on the emotions driving the behaviour rather than the behaviour itself—for example, the anger rather than the swearing. The young person is having difficulties regulating emotion and needs a calming and soothing presence instead of anger and threats. In crisis, the brain is focusing almost entirely on perceived threat and the need for revenge or safety. The goal is to de-escalate, not to punish or “teach a lesson” that a person flooded by emotion would be unable to understand in any rational way.

Co-regulation is particularly challenging with young people in crisis. It runs counter to the “tit-for-tat” inclination to hurt those who hurt us. Co-regulation requires recognition and safe management of one’s counter-aggressive impulses. It is hard to provide support to someone who is fighting against it. But, as Cozolino (2006) suggests, the willingness to absorb the rage of a furious adolescent is a gift that can be given, modeling the self-restraint they so desperately need.

Co-regulation can take many forms. It typically involves warmth, a soothing tone of voice, communication that acknowledges the young person’s distress, supportive silence, and an invitation to reflective problem-solving. As with a mother tending her young infant, the defining characteristic of

effective co-regulation is that it is calming and designed to help the young person manage overwhelming emotional arousal.

Co-regulation enables small children to develop more mature regulatory skills. Over time, they learn to anticipate the soothing responses of their caregivers and then internalize the belief that help will come and emotions can be calmed (van der Kolk, 2005). If they have not learned this as smaller children, emotional control can also be taught as children grow older through this same process of co-regulation. There is good evidence that the brain retains its capacity to learn new self-regulation skills throughout the life span (Schoore, 2003).

Co-regulation alone is not enough. Young people also need to be actively taught ways to exert rational control over their emotions and impulses. For example, they need to learn verbal skills for labeling feelings and for generating rational responses. There are a number of such intervention approaches to both model and actively teach skills for self-regulation. Greene and Ablon's (2006) *Collaborative Problem-Solving* approach for intervening with "explosive" children involves a few simple steps that soothe the child through empathic engagement and set the stage for rational negotiation. Likewise, the various *Life Space Intervention* approaches (Brendtro & du Toit, 2005; Holden et al., 2001; Long, Wood, & Fecser, 2001) provide verbal intervention formats to help youth self soothe, gain insight, and effectively manage turbulent emotions.



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## Summary

Many children and young people have difficulties regulating their emotions and impulses. Adults often attempt to coercively regulate the behaviours of such young people through commands, threats, and punishments that invariably inflame the situation and that generate resistance rather than learning. When young people have not yet learned the skills for rational self-regulation, they need the help of caring adults to calm them and help them think rationally. Co-regulation is the first step on the pathway to self-regulation.

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## REFERENCES

- Brendtro, L., & du Toit, L. (2005). *Response Ability Pathways*. Capetown: PreText.
- Cozolino, L. (2006). *The neuroscience of human relationships: Attachment and the developing brain*. New York: W. W. Norton & Co.
- Fahlberg, V. (1991). *A child's journey through placement*. Indianapolis: Perspectives Press.
- Greene, R., & Ablon, S. (2006). *Treating explosive kids: The Collaborative Problem-Solving Approach*. New York: The Guilford Press.
- Holden, M., & colleagues. (2001). *Therapeutic Crisis Intervention, (Edition 5). Trainer's Manual*. Residential Child Care Project, Family Life Development Center. Ithaca, NY: Cornell University.
- Long, N. (2007). The conflict cycle paradigm. In N. Long, W. C. Morse, F. Fecser, & R. Newman. *Conflict in the classroom*, 6th Ed., pp. 325-349. Austin, TX: PRO-ED Publishers.
- Long, N., Wood, M., & Fecser, F. (2001). *Life space crisis intervention*. Austin, TX: PRO-ED Publishers.
- Perry, B. (2006). Applying principles of neurodevelopment to clinical work with maltreated and traumatized children. In N. Webb (Ed.), *Working with traumatized youth in child welfare* (pp. 27-52). New York: The Guilford Press.
- Perry, B., & Szalavitz, M. (2006). *The boy who was raised as a dog: What traumatized children can teach us about loss, love and healing*. New York: Basic Books.
- Schoore, A. (2003). *Affect regulation and the repair of the self*. New York: W. W. Norton.
- Siegel, D. (1999). *The developing mind: How relationships and the brain interact to shape who we are*. New York: The Guilford Press.
- van der Kolk, B. (2005). Developmental trauma disorder: Towards a rational diagnosis for children with complex trauma histories. *Psychiatric Annuals*, 33(5), 401-408.
- van der Kolk, B., Roth, S., Pelcovitz, D., Sunday, S., & Spinazzola, J. (2005). Disorders of extreme stress: The empirical foundation of a complex adaptation to trauma. *Journal of Traumatic Stress*, 18(5), 389-399.