

Support For Parents in Teaching Emotional Regulation Skills

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In addition to the defining features of an autism spectrum disorder (ASD), many individuals with Asperger syndrome (AS) and high functioning autism (HFA) also have difficulty with both awareness of their own emotions and their ability to regulate emotional expression. They may overreact in a negative manner to relatively minor events or fail to show emotions such as sympathy or excitement for someone else's success. This can lead to significant problems in their behavioral functioning and in their relationships with others. There are likely biological causes for the deficits in emotional processing seen in individuals with ASDs, such as impairments in the amygdala (a brain structure involved in processing emotions), which have been found in many persons diagnosed with ASD (Baron-Cohen et al. 2000). Although the cause may be biologically based, behavioral interventions aimed at teaching emotional regulation strategies can be very helpful. Including a focus on emotional regulation in the intervention plan is particularly important for those individuals who also demonstrate signs of an anxiety or mood disorder in addition to ASD, which can be common. Some studies have



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reported that as many as 42% of individuals with ASDs also have an anxiety disorder (Simonoff et al., 2008).

Parent involvement is vital for successful interventions with children with ASDs (Reaven, 2010) and two sources of information may be very helpful for parents as they are thinking of ways to improve their child's emotional aware-

ness (Clark, 1998). These include the concept of emotional intelligence and strategies from cognitive behavioral therapy. The term emotional intelligence was popularized by Dr. Daniel Goleman several years ago, and it includes the following skills: knowing our emotions, managing our emotions, motivating ourselves to achieve our goals, recognizing emotions in others, and managing relationships with others. The concept of emotional intelligence is independent from general intelligence or IQ (cognitive thinking and reasoning skills). Many individuals with AS and HFA have high IQs and do very well academically but seem to be lost when navigating the world of emotions.

A good beginning point is to teach individuals with AS or HFA to identify emotions and to be able to give them a name. At first, parents may have to label the emotions for the child based on how they think the child is feeling. As the parents do this, they role model for the child the skill that is being taught. Parents can use images of facial expressions that illustrate different emotions and provide their child with a written list of emotion words. It is important to teach positive as well as negative emotions. Giving a feeling a name helps the child to talk about his or her experience, which is an adaptive coping strategy. Parents can also talk about their own emotions as another way to role model emotional awareness.

A cognitive behavior therapy (CBT) perspective is also a very useful way of understanding emotions and has led to highly successful treatments for mood disorders, some of which have been adapted for the unique needs of individuals with ASDs (Reaven, 2010). According to CBT, emotions are closely related to our thoughts and self-statements. Often our thoughts about a negative event can create more emotional upset than the actual event itself. The thoughts and self-statements often occur automatically and below our conscious awareness. There are common cognitive distortions that serve to worsen our emotional response to a situation, including using the words "always," "never," or "should." This may be a particular problem for individuals with ASDs due to their cognitive rigidity and tendency to focus on rules. They may perseverate on negative interpretations of events and have difficulty moving on to a more adaptive view. Therefore, it is important to help individuals with AS and HFA to become aware of their negative self-talk and to replace those thoughts with more adaptive ones. Parents can provide their child with a verbal script of positive self-statements to use when upset. It is important to practice these self-statements at a time when the child is calm so that he or she can use them more effectively during a time of emotional

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upset. Because of the inherent difficulties with language processing for many individuals with ASDs, visual imagery may also be used to help the child reach a state of emotional calm. Relaxation exercises are often included in cognitive behavioral treatments to manage emotions. This involves deep breathing and progressive muscle relaxation techniques. As with the positive self-statements, these techniques need to be practiced on a routine basis so that they are accessible to the child when he or she is emotionally aroused.

For some children, problems with emotional regulation are at a clinically significant level and professional intervention is warranted. This may involve behavioral interventions, medication management, or a combination of both. Parents are encouraged to seek professional treatment when the

child's behavior is causing significant to distress to himself or others.

There are several ongoing research studies at the Center for Autism Research aimed at understanding the relationship between emotional regulation and the symptoms of ASDs. One study is assessing emotional arousal during social interactions using the physiological measure of heart rate variability. Some researchers (Porges, 2011) have proposed that there is a neural social engagement system and if it is not properly activated, the individual is operating from a "fight/flight" or "freeze" defensive response, and therefore does not send or receive appropriate social cues. The functioning of this system can be measured by assessing the action of the myelinated ventral vagus (the 10th cranial nerve) on the heart by the respiratory sinus arrhythmia (RSA). There is some evidence to suggest that many indi-

viduals with ASDs experience a heightened sense of alarm or potential threat when socially engaging with another person, and thus have lower RSA values. This level of arousal may interfere with successful social interactions. If these findings are supported through additional research, it may lead to additional intervention strategies to improve emotional regulation abilities in individuals with ASDs.

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