What’s Normal and What’s Not?
Adolescents and Anger

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Mild or moderate aggression in early childhood is common. As children mature they learn skills to control their aggression before it causes harm to others or becomes clinically significant.

Children in mid-late stages of puberty show three fold increase in violence compared to those in early stage of puberty. (Hemphill, Kotevski, Herrenkohl, et al, 2010)

Angry and aggressive behavior is on a continuum with normal behaviors at one end and problematic behaviors at the other end.
How do we distinguish between normal versus maladaptive aggression?

- **Pathological aggression:**
  - Occurs outside an expectable social context
  - Either in the absence of antecedent cues or with an intensity, frequency, duration &/or severity that is disproportionate to its causes
  - It generally doesn’t terminate within an appropriate timeframe and in response to feedback.

( Newcorn, Ivanov, Chacko, Halperin, 2010)
Life-course persistent aggression refers to childhood onset, before age 10, of severe conduct problems.

It differs from time-limited adolescent aggression.

Life-course persistent aggression occupies a small subgroup, 10%, of the larger pool of aggressive youth, yet accounts for more than 50% of crimes committed in the U.S.

(Donnellan, et al. 2005)
Why do Adolescents have Difficulties?

- temperament
- biology / genetics
- family environment
- non-familial stressors
- lack of experience
Normal Adolescent Behaviors

Problems are *transitory*, and are resolved by the beginning of adulthood, with few long-term repercussions.

Alcohol / substance abuse experimentation (majority experiment)

Many studies indicate that the rate of occasional usual harmless ‘experimentation’ far exceeds rates of enduring problems.
Worrisome Behaviors

- Loss of interest in daily activities
- Feelings of hopelessness and / or helplessness
- Suicidal thoughts or attempts
- Low self-esteem; negative self-appraisal
- Chronic self-blame or guilt
Normal Teen Behaviors

• Increase in parent / child conflicts

• Decrease in reported closeness between parents and children especially linked to the time parents and adolescents spend together.

• Adolescents spending increasing amounts of time alone or with friends, not with family.
Worrisome Behaviors

- Preference for time alone, with little to no time spent with peers
- Socially isolated
- Loss of interest in activities once previously enjoyed
Normal Teen Behaviors

• Friction may be a part of family life with adolescents

• Studies have shown parent / adolescent conflicts occurred at a rate of 20 incidents per month, or once every 3 days
Typical Parent/Teen Conflicts

- hairstyle, clothes
- choice of friends
- chores
- curfew
- volume and taste in music
- internet use, electronic devices
It’s Normal for Adolescents to…

• Argue for the sake of arguing
• Jump to conclusions
• Be self-centered
• Constantly find fault with the adult’s position
• Be overly-dramatic

(APA, Developing Adolescents, 2002)
I'M NOT DISAGREEING WITH YOU... I'M JUST SAYING THAT YOU'RE WRONG!
Worrisome Behaviors

- Conflicts have physical contact
- Intensity of conflicts are high and frequent
- Easily angered or agitated
- Oppositional or defiant
- Irresponsible academic behaviors, e.g., refusal to complete academic responsibilities, or poor follow-through with those responsibilities
Normal Adolescent Behaviors

Frequency of parent / child conflicts declines from early to late adolescence.

Negative affective intensity peaks in mid-adolescence (15-16).

Mothers are often the brunt of most of these clashes, especially with early adolescent daughters (13-14).
Father / son clashes have greater affective intensity in mid-adolescence.

Early maturation in girls, and problems, such as adolescent depression or substance abuse, increase the likelihood of conflict.

As boys approach puberty, there is a decrease in family communication.

Decrease in parent / child conflict in middle adolescence coincides with decreased time spent with parents, greater involvement and reliance on peers.
Mood Disruptions are Associated with High Levels of Negative Life Events

- On-going family tensions
- Marital separation / divorce
- Peer conflicts or stressors
- Academic stressors
- Family relocation
- Death in the family, or a friend
- Family stressors
Worrisome Behaviors

- Depressed mood
- Diminished interest or pleasure in most activities
- Significant change in appetite or weight
- Significant change in sleep pattern
- Extreme agitation
- Loss of energy or fatigue
- Feelings of worthlessness or guilt
- Problems concentrating
Anger and Aggression

Aggression in youth one of the most frequent reasons for psychiatric referral.

Adolescent aggression represents a major public health concern.

- 44% of guns used in crimes were owned by persons younger than 25, with 11% belonging to those younger than 17.

- An estimated 1,400 homicides involved a juvenile offender.

(Center for Disease Control and Prevention, 2000.)
Males commit more violent crimes than females

Yet aggression more prominent in girls than previously thought.

Prevalence rates 4-9% for girls. Recent survey found 23% increase in violent crime arrests for adolescent females. vs. 11% in males.

Morbidity and mortality rates increase 300% between middle childhood and late adolescence.

(Centers for Disease Control and Prevention, Nat’l Center for Chronic Disease prevention and Health Promotion, 2000; Nat’l Longitudinal Study on Adolescent Health, JAMA, 1997)
Red Flags for Violent Behavior:

• Playing with weapons

• Obsessively playing violent video games, watching violent movies, enjoying websites that promote violence

• Threatening or bullying others

• Fantasizing about committing a violent act

• Cruelty to pets and animals
Anger problems are frequent among:

1. ADHD
2. Conduct Disorder
3. Oppositional Defiant Disorder
4. Mood Disorders

Left untreated anger and aggression can lead to:

1. Delinquency and crime
2. Academic failure
3. Antisocial problems and conduct problems
4. Substance abuse
Etiology of
Heightened Emotions in Adolescence
Brain remodeling:

*Brain circuitry* involved with self-regulation and emotional control undergoes *dramatic changes in adolescence*. Frontal brain regions are not fully mature and a pruning process, involving the neurotransmitter system occurs.

Subcortical regions of brain involved in emotion processing mature earlier than prefrontal region that regulates decision making, planning and impulse control. The *mismatch of maturation rates* is linked to behavioral changes in puberty: increases in thrill seeking and risk taking, increased emotionality, and mood fluctuations. Sensitivity to rewards is peaking while cognitive control is relatively immature. This can lead to difficulties in *emotional regulation* and in the postponement of immediate rewards.
Childhood trauma is risk factor for subsequent violent behavior.

Family based risk factors such as child neglect, parental conflict, poverty, harsh discipline practices, poor supervision, parental criminality.

School environment and community violence.

Peers: delinquent peer membership or repeated victimization by peers.
**Difficult Temperament:**

Aggression tends to run in families.

Under-arousal of the autonomic nervous system.

*Chess and Thomas* longitudinal study (1986) of “normal” children found that 10% of children studied showed difficult temperament: irregularity, negative responses or withdrawal from novel stimuli, slow or poor adaptability to change and intense, often negative mood.

*Chess and Thomas* talk of the importance of the “good fit” between parenting style and child’s temperament.
Other Factors Influencing Mood …

- **Hormones**, influence the physical changes at puberty, and affect moods and teen emotionality.

- **Concerns about physical changes** are a source of sensitivity and heightened emotions.

- **Irregular meal patterns**, skipping breakfast, and fasting to lose weight can affect mood.

- **Inadequate sleep** can lead to moodiness, irritability, gloominess, and tendency to overreact.

Ineffective Parenting:

1. Lack of parental involvement
2. Absence of parental warmth
3. Inconsistent and harsh discipline
4. Physically aggressive punishment

Bidirectional: poor parenting stimulates negative responses in adolescent and good parenting deteriorates in response to escalating aggressive behaviors.
Parents need to understand that adolescents still need them and don’t want to break the emotional bond they have with them.
They do need and want a different balance in the relationship.

Parents are sometimes slow to catch on to this need, and can feel “stuck” and angry by their teen’s behavior.

The more controlled teens feel by their parents, the more turbulent this time can be, with peers turned to as a “second family”.

(Taffel, 2005)
“Letting go” and “Staying connected”

Renegotiating rules and limits is important in this phase and without it, rebellion will intensify.

Teens have moments of great maturity and adult-like behavior, yet parents need to be reminded that their brains have not yet matured enough for them to make adult decisions with sound judgment in every situation. Adult guidance is still important despite their protests.
Unresolved Conflicts Leftover from Family of Origin

When facing an angry teen, parents may need help with unresolved issues from their family of origin. History tends to repeat itself. Coaching them to identify some of these issues may help them find their own “blind spots” with their children. As old conflicts are redressed, the parents may listen with “new ears” and become less reactive with their own adolescent.
Defiance

1. Failure to comply with an adult’s request within a reasonable time.
2. Failure to keep doing what has been requested until the task is finished.
3. Failure to follow previously taught rules of conduct.

It is noncompliance coupled with verbal or physical resistance.

It is an interaction, and parents need help to see that they play a part in sustaining it.

(Barkley, R.A. and Robin, A.L., 2014)
NO MORE ARGUING!
4. Social Ecology:
Marital Conflict/Divorce
Maternal Social Isolation
Aversive Extended Family
Low-Control Neighborhood
Poverty/Crime

2. Teen Characteristics:
Negative Temperament,
Emotional Dysregulation, or
Mood Disorder
Hyperactive-Impulsive

3. Parent Characteristics:
Adult ADHD
Depression/Mood Disorder
Early Childbearing/Single
Unemployed
Substance Dependence/Abuse
Illness (medical/psychiatric)

1. Disrupted Parenting:
Inconsistent
Indiscriminant
Overreactive/High Negative
Underreactive/Low Positive
Timid Discipline
Low Monitoring

Defiant Teen Behavior:
Emotional Component
Social Component

(Barkley, A., 2013)
Parent Training: Leaders in the Field


Patterson, Reid, Jones, and Conger, 1975

Webster-Stratton, 1983, 1996

Greene, Ablon, 2006
Parent Training Principles for Addressing Defiant Teens

1. Focus on the positive.
2. Strive for good communication.
3. Use positive and negative consequences wisely.
4. Establish bottom-line rules for living at home and enforce these rules consistently.
5. Involve teen in negotiating solutions to all issues that are not bottom-line nonnegotiables.
6. Maintain adequate structure and supervision.
7. Facilitate appropriate independence seeking.
8. Make sure parental beliefs and expectations are reasonable.
9. Respect family structure.

(Barkley, R.A. & Robin, A.L., 2014)
Most parents are not familiar with the basics of adolescent development and it is helpful to discuss this with them.

Developmental Tasks for Adolescents

1. Establish their own set of values
2. Establish and maintain peer relationships
3. Learn to express themselves in complex verbal ways
4. Start to develop a personal identity
5. Begin to establish independence from parents
6. Learn to manage increasingly complex emotions
7. Develop ability to plan for the future and control impulses
8. Learn to manage sexual identity
9. Deal with changing bodies
10. Learn to experience the real-world consequences of their behavior
11. Learn about romantic relationships

(Branstetter, Masse, Greene, 2007)
Teach Parents about Negative effects of over-reliance on punishment

• Extensive punishment sets up *escape/avoidance* behaviors that may be more harmful than the behavior being punished.

• Extensive punishment establishes *emotional reactions*, such as *anxiety*.

• Punishment will reduce noncompliance for a while, but is likely to reappear shortly after punishment occurs.

*(McMahon and Forehand, *Helping the Noncompliant Child*, 2003)*
• Punishment may cause guilt or upset if done out of frustration or anger.

• Punishment loses its effectiveness with frequent and continued use, so more and severe punishments are required.

• If physical punishment is overused, it may provide a model of aggression for the child.

(McMahon and Forehand, *Helping the Noncompliant Child*, 2003)
Parental Effectiveness Diminishes

- The value of the parent as a positive influence decreases, since the caretaker is always associated with punishment.

- The caretaker will be avoided.

*(McMahon and Forehand, *Helping the Noncompliant Child*, 2003)*
Teach Parents Skills for Positive Attending

• Paying positive attention

• Spending enjoyable time together

• Ignoring minor misbehavior

• Praising spontaneous compliance

(Barkley & Robin, 2014)
Positive One-on-One Time to Break the Negative Cycle

One parent spends at least 10-15 min. with the teen while teen does something he enjoys. No parental commands or questions. Teen can pick the activity within reason or wait for time teen already engaged and then to “hang out” with the teen. Adopt nonjudgmental positive stance.

(Barkley & Robins, 2014); Patterson & Forgatch, 1987)

Scheduling family weekend leisure time activities is an addition &/or alternative.
Parents may need help in understanding the rationale for this focused positive time:

• It conveys caring and understanding to the adolescent and breaks the cycle of frequent criticism, which lowers self esteem.

• It shows positive involvement, as disengaged parenting increases insecurity for the adolescent.
"Quality time? Do I have to?"
Reinforce positive behaviors:

Behaviors of their teen that parents attend to are reinforced and likely to recur.

Once parents catch their teen doing what they want them to do, teach them how to reinforce the behavior through social reinforcers such as praise, hug or handshake. Artificial reinforcers such as points or charts tend to be discontinued after parenting programs end. Social reinforcers are more likely to be continued and have stronger effect on future behavior if linked to some positive underlying characteristic of the offspring.

(Oster, C.L., 2007)
It is useful to point out to parents four types of unhelpful family environments and ask the parents if they fit any one of these:

• *Misers*- family members rarely or never encourage each other

• *Warm Fuzzies*- family members receive praise, hugs, smiles, and encouragement no matter what they do, good or bad.

• *Nasties*- no matter what family members do, they are greeted with sarcasm and criticism

• *You are a failure*- parents send mixed messages that high achievement and cooperation are good, but the children could have done even better.

(Patterson and Forgatch, 1987)
It is useful to have the parent and adolescent tell each other what kinds of feedback works for them!
Coercive Behavior Cycle

Request → Compliance

Request → Noncompliance

Request!! → Noncompliance!!

(Barkley & Robin, 2014)
Educate parents about the coercive cycle which they may contribute to.

With the teen not complying, the parent either forces teen to comply, through physical intimidation, or gives up. Noncompliance is the negative behavior, give up is the reward. For parent training to work the parents must not give up. After a request, if the adolescent does not comply the result is a negative consequence. Parents need to think through whether or not to ask the teen for something i.e. is there a consequence planned? Is there the energy to follow through? Should the request be smaller?, etc.

(Barkley & Robins, 2014)
Help parents understand that defiant teens are not able to persist in goal-directed behaviors without consequences to motivate them. This is different from those teens who are not defiant in a problematic way. Because of difficulties in self-regulation, they need more external controls &/or motivators to keep their behavior on task.

Privileges can become the motivators and often these need to be defined as the “fun things” that must be earned by way of appropriate behaviors: this can include access to electronic devices, TV, smartphones (with internet access and texting), use of the car.

(Barkley&Robins, 2014)
Behavioral Contracts:

to clarify rules and limits

• Parents should write down and rank order chores/rules. They should be presented to their adolescent respectfully, ahead of time, and take into account teen’s ability. Parents should present this in an upbeat way that delineates privileges to be gained not lost.

• A problem solving approach involves the teen as much as possible; more immature, resistant teens need more of a management approach.
• Parents should also make a list of *privileges/rewards* which are very specific and under their control. (e.g. one hour of electronic device use after school). There should be *immediate* rewards, and rewards for *longer term* accomplishments.

• Make a contract with the teen spelling out what needs to be done. Consequences for compliance and noncompliance should be listed.

• Teen gains access to the privilege/reward when the behavior is followed and only then.
Removal of privileges:

**Penalties** used if rewards are not enough, and should be reviewed with the teen before implementing them. It is important for the “penalty to fit the crime.” e.g. limiting computer use; having friend over; bicycle or skateboard use; parental rides to activities; TV use.

*Extended removal of privileges is counterproductive and no more effective than removing them for shorter time periods.*

**Grounding** is used for more serious problems. (two hours to 2 days maximum, with no privileges, sometimes chore assigned). Not to be used as retaliation or revenge.

(Barkley & Robin, 2014)
Beware of “punishment spirals”

• Parents need to become aware that if they impose penalty after penalty, teen’s negative behavior can escalate. Rule of thumb: Incentives come before punishments.

• Better: Penalize no more than 2x. Have teen “cool down” and remove himself. If teen refuses, parent should remove himself and terminate the contact. Practice stress management.

(Barkley & Robin, 2014)
After parents gain confidence that they are in charge with a structure that works reasonably well, they need be taught how to negotiate with their teen. Involving the teen in decision making is very important. Teens feel better when they can be involved in the process, and are more willing to follow rules about which they had input. This helps shape independence which is developmentally important.

Parents select the Nonnegotiables which need to be made very clear. These typically involve drugs, alcohol, sex, violence, and respect. Family values/cultural background come into play.
Teach parents problem solving skills, effective communication techniques, and how to validate another point of view. Have parents practice:

• **Active listening**

• **I-statements**

• **Patience** (mindfulness, parent time-outs, deep breathing)

• **Identifying a problem and brainstorming solutions**
The BASIC PROBLEM

I can see you, I can hear you,
Yet I cannot comprehend anything you say or do.
Help parents understand the need to compromise:

**Conflict Resolution Model**

1. Identify the problem that is causing the conflict
2. Identify the feelings that are associated with the conflict
3. Identify the impact of the problem that is causing the conflict
4. Decide whether to resolve the conflict

   How would you like the problem to be resolved?

   Is a compromise needed?

   (Riley and Shopshire, SAMHSA)
Practice G.I.V.E. Skills

_Gentle_: try to be polite and respectful, avoid attacks and threats.

_Interested_: listen and show interest in what the teenager has to say. Don’t interrupt or talk over them. Have the discussion at another time if that is what the adolescent wants.

_Validate_: acknowledge their thoughts and feelings, wants, difficulties, opinions. Find the “grain of truth” in what the teen is saying. Try to figure out the problems the other person is having with your request.

_Easy does it_: use a little humor, smile, be kind. No one wants to be pushed around, bullied. This is the difference between soft sell and hard sell.

(“Interpersonal Effectiveness”, M. Linehan)
One more suggestion to encourage parents to try:

Have **family meetings** to evaluate these changes, encourage teens to suggest how to improve things, and implement those ideas within reason.
Self-esteem becomes stable with age.

High self-esteem is related to parental approval, peer support, and success in school.

Majority of teenagers manage challenges of adolescence without the development of significant social, emotional, or behavioral difficulties.

Yet...

adolescence in a time when there is an increase in moodiness, anxiety, and self-consciousness.
Recognition and early intervention for attentional difficulties, difficulties with transitions, anxiety and anger issues, social difficulties, and academic difficulties.

• School resource help

• Therapeutic intervention  
  (individual therapy, family therapy, group therapy)

• Teaching conflict resolution skills in school and at home

• Parental responsiveness: tricky combination of ‘letting go,’ and setting limits
When in doubt about the family you are working with...

Seek consultation!
For questions and other inquiries contact:

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Thank you!