SELF-REG
How to Help Your Child (and You) Break the Stress Cycle and Fully Engage with Life
By Dr. Stuart Shanker with Teresa Barker
CHAPTER 1
The Power of Self-Reg

Chapter Summary

In Chapter 1, Dr. Shanker introduces readers to the idea of self-regulation and its connection to stress and self-control. This chapter discusses concepts such as:

- the connection between stress and energy
- the limbic system
- the triune brain
- the social brain, the learning brain and the survival brain
- stress cycles.

Chapter 1 also introduces Shanker Self-Reg, a powerful method for improving self-regulation by reframing “misbehaviour” in terms of the stress that might be causing it, recognizing and reducing stressors, developing greater stress awareness and helping children (and ourselves) learn what helps them recover from stress and come back to feeling calm.

Discussion Questions

Question 1. Dr. Shanker argues that, contrary to what has been thought for centuries, self-control is not the key to changing our behaviour. Self-control is important, but Dr. Shanker says that self-regulation—the ability to manage and recover from stress—is more important. That’s because our ability to use the parts of our brain which help us exercise self-control is reduced when our stress load is excessive.

a) Discuss how the idea that self-regulation is more important than self-control challenges or supports your beliefs and what you have been taught about parenting.

b) Think about times when you had more trouble than usual with self-control. Can you think of the stress you were experiencing that might have made it harder for you to exercise self-control?

Question 2. Dr. Shanker explains that when children are highly stressed, or in fight or flight, they shift from social or learning brain to survival brain. This makes it harder for them to think, make decisions, understand others and express themselves.
Think about situations when one of your children was highly stressed. Consider how stress affected their behaviour? How did it affect their ability to listen to and understand you? How might you respond to children’s behaviour differently if you realized that they were in survival brain rather than learning/social brain? (You could also apply this question to yourself and your own stress).

**Question 3.** The limbic system is the brain’s home base for strong emotions like love, fear, shame and anger. Dr. Shanker writes, “When we can calm that [primitive limbic] response, we begin to bring all the other self-regulation processes into sync.”

Talk about limbic responses and the role they play when people overreact to situations. What could parents do to help calm a limbic response in a child?

**Question 4.** Stress cycles occur when stressors build up and bounce off each other to create even more stress. Stress cycles can happen to anyone, but one of the keys to self-regulation is being able to recognize and break stress cycles.

Think of a time when you were caught in a stress cycle. What were the stressors and how did they combine to make even more stress? Discuss how a stress cycle has affected (or could affect) your parenting and interactions with your children? How could you help yourself break out of a stress cycle? (You could also apply this question to your child.)

**Question 5.** Dr. Shanker’s Five-step method is as follows:

1. Read the signs and reframe the behaviour.
2. Identify the stressors.
3. Reduce the stressors.
4. Become aware of when you’re overstressed.
5. Figure out what helps you calm, rest and recover.

Reread the anecdote Dr. Shanker relates about Bernice and her daughter Autumn.

Discuss how he used the five steps to help Bernice understand and manage her own and her daughter’s stress.
CHAPTER 2
More than Marshmallows: Self-Regulation versus Self-Control

Chapter Summary

Dr. Shanker breaks down the difference between self-regulation and self-control. He explains why the famous “Marshmallow Test” is really a test of how well a child deals with stress. The metabolic forces involved in our response to stress use up energy, which is why excessive stress can affect children’s ability to delay gratification or manage their behaviour and emotions. Thus, treating self-regulation problems as self-control problems can cause harm.

Other key concepts include:
• It is important to reframe children’s behaviour in terms of the stress that may be driving it.
• It is only by being regulated (rather than controlled) that children learn to self-regulate.

A detailed case study is used to illustrate these concepts in action and show how and why some children need more support than others in developing self-regulation.

Discussion Questions

Question 1. On page 34, Dr. Shanker says it’s possible to change how well a child (or adult) performs on the marshmallow test by raising their stress level.

Discuss why that would be true, based on what you have learned in this chapter about the metabolic processes involved in the human stress response, and the energy they consume. Relate that knowledge to your personal experience of how being tired, hungry, anxious etc. can affect people’s behaviour and thinking at times.

Question 2. Dr. Shanker explains that as stress drains a child’s fuel tank, “they rely on adrenaline and cortisol to keep themselves going. This is why they become hyper or manic.” (p. 39)

Consider how this idea changes your understanding of why children who really need to go to bed, or switch to a quieter activity, often seem unwilling or unable to do so. How can we employ self-regulation strategies to help children in this type of hyper state?
**Question 3.** Dr. Shanker emphasizes the importance of reframing children’s behaviour to answer the question, “Why am I seeing this behaviour now?” in the following quote: “Whatever the circumstances, reframing your child’s behavior instantly changes the dynamic and opens the way for greater understanding and lasting change.” (p. 41)

Try to think of a recent experience where a child's (or adult's) behaviour or words seemed out of character or an overreaction to the situation. How could you reframe that behaviour in terms of the question, “Why am I seeing this behaviour now?”

How could reframing give you a more sympathetic view of that person's behaviour?

**Question 4.** The case history of Steven (pp. 42 - 49) illustrates why and how self-regulation can be more challenging for some children (and parents) than others. Many people have known children who resembled Steven. Some of us may have children like that ourselves. In many cases, people have responded to these kids by intensifying their efforts to teach the child better self-control.

Discuss how well self-control strategies have worked in children you have known who had greater self-control problems than other children.

**Question 5.** “The foundation of Self-Reg is that it is only by being regulated that a child develops the ability to self-regulate. This does not mean that ‘the only way a child will acquire self-control is if we first control him.’” (p. 47)

Sometimes the difference between regulating and controlling a child is very clear, and at other times it is less clear. Consider common parenting strategies: offering choices, giving warnings, consequences, rewards, comforting, bedtime routines, setting limits around screen time or removing a child from a situation where she is having difficulty. Which ones address self-regulation and which address self-control?
CHAPTER 3
No Small Matter:
Arousal Regulation and the Interbrain

Chapter Summary

This chapter introduces the concept of the interbrain. Humans are born “prematurely,” meaning that, compared to other animals, the human brain is remarkably immature at birth. Thus, a baby’s capacity for self-regulation is barely in start-up mode. The interbrain is the external (caregiver) brain that regulates a child’s brain that is too immature to regulate itself. Dr. Shanker discusses the implications for parental nurturing, care and stress regulation early in life.

Chapter 3 also introduces other concepts, including:
• the six states of arousal
• up-regulating and down-regulating
• co-regulation
• the challenges of understanding and calming the hyperarousable baby.

A case study is used to illustrate the importance of tuning into individual differences in the needs, sensitivities and responses of babies.

Discussion Questions

Question 1. Dr. Shanker says that when he begins one of his lectures with the idea that human babies are born as “fetuses outside the womb,” he often hears an audible gasp.

Reflect on the idea that full-term human babies are born neurologically premature. How does that change your ideas about the needs of babies? In what ways does this idea make sense in terms of your experiences as a parent?

Question 2. Dr. Shanker describes the interbrain as “a sort of Bluetooth or wireless connection which tethers the caregiver’s brain to the baby’s brain for purposes of arousal regulation.” (p. 59)

Think about your personal experience of this wireless brain-to-brain connection. Have there been times when your baby’s distress or joy felt very much like your distress or joy? Can you recall times when it felt like you and your baby were communicating brain to brain through touch and eye contact, or when your emotional state seemed to affect your baby’s emotional state?
**Question 3.** “The more stress a child is under, the higher her baseline level of arousal, the more energy she’s burning while ‘at rest,’ and the more reactive she is to stress.” (p. 61) Dr. Shanker likens a child's baseline level of arousal to the idling speed of a car engine.

It’s quite likely that some members of your group have parented or known babies whose engine seemed to run on high. Share what those babies were like. How did they respond to typical parental soothing techniques? How did those babies affect their parents? How does it change your perception of those babies if you see them as stressed, rather than “fussy” or “difficult?”

**Question 4.** In the discussion of hyperarousable babies, Dr. Shanker says that a crucial part of doing Self-Reg with these babies is “learning how to let go of personal recriminations and distress and instead become an objective observer, both of your baby's needs and your own.”

Discuss how this statement challenges or meshes with other prevailing ideas related to high-needs babies, such as “colic,” child temperament, teaching babies to “self-soothe,” “attachment parenting,” and the idea that you can't spoil a baby.
Chapter 4

Under the Boab Tree:
The Five-Domain Model for Self-Reg

Chapter Summary

Dr. Shanker illuminates the five domains of self-regulation—biological, emotion, cognitive, social and prosocial—and notes sources of stress that can occur in each domain. Stressors in any of the domains can trigger a stress cycle, and stressors in different domains can interact and have a multiplier effect on each other. Arousal states (a combination of energy and tension levels) are introduced. Children are most vulnerable to stressors when they are in a low-energy/high-tension state of arousal.

Dr. Shanker also discusses two-way stress cycles: situations where a child’s arousal triggers hyperarousal in the parent. As a result, stress and hyperarousal get communicated back and forth through the interbrain. That interferes with the interbrain’s most important function, which is to instill a feeling of emotional safety and security in the child. Two case histories are used to illustrate.

Discussion Questions

Question 1. Stress can occur in any or all of five different domains: biological, emotion, cognitive, social and prosocial.

Discuss stressors that you have experienced in each of the different domains. (You can apply this question to your children as well.)

Question 2. Self-regulation is a dynamic system, which means that anything that happens in one part of the system affects the other parts in ways that may stabilize or destabilize the whole. (p. 73)

Consider situations where stress in one domain might heighten stress in another domain. Talk about ways that reducing stress and feeling calmer in one domain might lead to reduced stress in another domain.
Question 3. “When a child is in distress, we feel an almost reflexive need to try to reason it away. The problem is that the systems in the brain that he would need to process well-intentioned reason go off-line when he’s hyperaroused.” (p. 85)

Have you experienced or observed situations where adults tried to reason with an upset child? Think also of a situation where adults did not try to reason, but instead worked to comfort and calm the child. How did the child respond in each case? How did the child's responses affect the adult?

Question 4. “This is the first and most important function of the interbrain: to instill that feeling of emotional safety and security that children need to replenish their energy.” (p. 86)

Discuss the idea of emotional safety. What does it mean to you? What helps children feel emotionally safe in general? What helps children feel more (or less) emotionally safe when they are upset or stressed?
Chapter 5
Eat, Play, Sleep: The Biological Domain

Chapter Summary
Dr. Shanker discusses how children's challenging behaviour is often rooted in the biological domain. He introduces the crucial distinction between misbehaviour (when children know they could or should have acted differently) and stress behaviour, which is caused by excess stress and hyperarousal in the biological domain.

Using the case history of Marie and her ten-year-old daughter Rosie, Dr. Shanker walks readers through the five steps of Self-Reg to show parents how to:
• Reframe misbehaviour as stress behaviour and read the signs of stress.
• Recognize the stress (look for the patterns and sources of stress).
• Reduce the stress.
• Reflect to develop stress awareness (in yourself as well as your child).
• Respond (figure out what your child finds calming).

Discussion Questions

Question 1. Dr. Shanker makes a distinction between willful misbehaviour, where the child knows he could have acted differently, and stress behaviour, which is caused because a child's nervous system shifts to fight or flight. He writes, “The whole point ... [of Self-Reg] is that, rather than automatically trying to control or curtail ‘difficult’ behaviours, we pause and consider whether they are the signs of hypo- or hyperarousal and, when that is the case, set out to identify and mitigate the stressor that brought about this state.” (p. 89)

The distinction between misbehaviour and stress behaviour may be new to many people. Share an experience of your children's (or your own) behaviour that was most likely stress behaviour rather than willful misbehaviour. Have you ever used Dr. Shanker's strategy of asking a child why they did something? Did the child's answers provide any clues as to whether it was misbehaviour or stress behaviour?
Question 2. Dr. Shanker introduces the idea of limbic resonance, where the limbic systems of a parent and child (or two adults) are communicating, rather than the thinking/rational centres of their brains (prefrontal cortex).

Try to recall a recent experience that might have involved limbic resonance. This could be, for example, a situation where you reacted with instant anger or fear to your child’s anger or aggressiveness; or, on the other hand, a situation where you found your child’s excitement, joy or laughter to be infectious. It could also include experiences such as doing Tai Chi or yoga in a group.

Question 3. Dr. Shanker discusses sensory issues that can cause stress in the biological domain for many children: “They aren’t just ‘sensitive to’ but are left drained by different kinds of stimuli including light, sound, smell and touch.” (p.96)

Discuss sensory stressors that have affected you as a child or as an adult, or that have affected your child. What was the impact of these stressors on your (or your child’s) behaviour and mood? Were adults able to identify and reduce those stressors? How were you (or your child) affected when sensory stress was reduced?

Question 4. Dr. Shanker points out that what one child (or person) finds calming could actually be aversive or stressful for someone else.

What strategies have you discovered that are calming for your child and/or yourself? Have there been situations where something that “should have” been calming wasn’t, or times when a surprising or counter-intuitive strategy proved to be calming?
Chapter 6

Monster in the Attic: The Emotion Domain

Chapter Summary

This chapter starts with the difficulty parents often have understanding children's intense emotions and goes on to unpack the idea of emotion, which is actually quite complex. Dr. Shanker discusses the impact of emotions on energy, positive and negative emotional bias, the connections between emotional feelings and physical feelings, and the way that parents' responses to the emotions of babies and toddlers help to shape the way children learn to understand and regulate their emotions.

Dr. Shanker touches on the limitations of programs that use a cognitive approach to teaching emotional literacy, and introduces the three R's of emotional regulation – Recognize signs of escalating stress, Reduce stress and Restore energy. He also discusses:
  • the role the interbrain plays in emotional development
  • children's need for emotional safety
  • the challenges of helping children understand, deal with and learn from their intense emotions.

Discussion Questions

Question 1. Dr. Shanker describes children's emotional experiences as very complex: “What children feel is much more complex than just a subjective feeling: it is a visceral experience that encompasses mind and body.” (p. 110)

Discuss the complexity of emotions. When you experience a strong emotion, how often is it just one emotion by itself and how often is it a combination of emotions (e.g. anger, embarrassment, confusion etc.)? How do strong emotions feel in your body? What is the relationship between thoughts and emotions?

Question 2. “In general, positive emotions enhance energy. Negative emotions drain energy.” (p. 111)

Consider this statement in terms of your own experience. How do positive and negative emotions enhance or drain your energy?
**Question 3.** Dr. Shanker introduces the concepts of negative and positive emotional bias and explains how Self-Reg can help children who have a negative bias. “Self-Reg enables us to recognize and ameliorate the relevant stresses; to substitute energizing for draining strategies for dealing with negative stress, and, most important of all, to help our child become the agent of such change.” (p. 113)

Many people have experienced times of both negative and positive emotional bias. Share your own experiences. How did negative bias affect you? Can you look back and see how stress played a role in your negative bias?

**Question 4.** Dr. Shanker explains that the key to nurturing children's emotional growth is maintaining the two-way communication of the interbrain. “It is through these nurturing operations of the interbrain that a child's basic emotions can differentiate, broaden, and deepen and positive ‘secondary’ emotions (courage, determination, hope, compassion) can develop.” (p. 123)

Think of an instance of two-way communication when your child was upset. How did you “listen” to your child's emotions? Were you aware of what you were communicating to your child through body language, facial expression and tone of voice?

**Question 5.** “Every parent I've ever talked with has realized, even if only intuitively, that resilience lies not in avoiding or repression but in confronting and dealing with strong emotions.” (p. 129)

How does this statement resonate with your own beliefs and experiences? What do you find challenging about dealing with your children's strong emotions?
Chapter 7

Calm Alert and Learning: The Cognitive Domain

Chapter Summary

The chapter begins with a story of Tyler, a highly distractible seven-year-old with severe attention problems, and the ultimately unsuccessful efforts of various adults to address these problems. Anecdotes about Tyler are woven throughout the chapter. Chapter 7 takes a broad look at cognition—the mental processes involved in learning. Dr. Shanker explains that cognition problems are often rooted in issues such as dealing with excess internal stress, and problems with pattern recognition and motor sequencing (planning a sequence of movements to achieve a goal).

This chapter also discusses:
• the roots of attention
• cognitive stressors, such as sensory overload
• reducing cognitive stress through scaffolding and mindfulness exercises
• the connection between motivation and energy
• individual differences in what children find stressful or calming in the cognitive realm
• the importance of ongoing observation and trying to see the world through the child's eyes, when trying to help children with problems in the cognitive domain.

Discussion Questions

Question 1. "When we speak of the roots of cognition, we're referring to how the various senses take in and process different kinds of information, internal as well as external, and how these roots anchor or ground the child, in the sense of providing her with the feeling of security that is needed to be able to attend to the world." (p. 134)

The idea that thinking is rooted in sensory information may be new to some people.

Share your questions and ideas about that. What does this mean in terms of the kinds of early play experiences that help children develop the roots of thinking skills?
Question 2. Dr. Shanker explains that another root of cognitive problems is difficulty in seeing and understanding patterns. A child's growing ability to recognize patterns reduces stress “so that she stays in learning brain mode, open to and interested in the world around her. Children quickly shift to survival brain when they don't understand what they are experiencing or why people are acting the way they are, or when there’s just too much for them to take in.” (p 139)

Try to recall a situation when you have been unable to see a pattern such as the “rules” of a social situation or the way people were acting in a group. How did that affect you? Was it stressful?

Question 3. According to Dr. Shanker, heightened stress interferes with sensory awareness and other aspects of cognition: “If he has to spend too much energy trying to sit still, inhibit an impulse, or make sense of what he's seeing, or hearing, there may not be enough left to work through a problem step by step.” (p. 142)

Think about children you have known who had trouble sitting still. What have you seen in their behaviour that shows they are burning energy? What signs have you seen that their energy is becoming depleted?

Question 4. Dr. Shanker says that, in his experience, when you ask children who are in a low-energy/high-tension state what they are feeling in their body, they will usually answer, “nothing.” However, once they begin to calm down, they suddenly report something like a knot in their stomach that's “been there forever.” (p. 152)

Discuss the idea of awareness of arousal states (energy and tension). Are you always aware of your inner state? In your experience, how aware are children of how they feel inside? Can you think of ways to talk to young children about these inner feelings?
Chapter 8
A New Lens for Looking at Social Development: The Social Domain

Chapter Summary

This chapter delves deeply into children's social development. Humans are wired for social engagement and learn it through countless social interactions. Dr. Shanker explains how problems can develop when the stress response system becomes chronically tilted towards fight, flight or freeze in social situations. He explains the importance of neuroception, the brain's system for monitoring whether people are safe or threatening, a system which operates beneath the level of our awareness.

When, for various reasons, their neuroception system is biased towards seeing people as threatening, children are in a chronic state of high arousal, which makes social situations feel unsafe and stressful. Thus, they are less able to understand and learn to read body language, facial expression, tone of voice and other social cues. The key to helping children develop social skills is not to try to teach social skills explicitly, but rather to reduce children's stress and arousal in social situations so they can develop social skills naturally through interactions that feel comfortable to them.

The roots of social development in early childhood, including the importance of following a baby's lead and cues, are also discussed, along with the vital role played by the interbrain in social development. Several case histories are used to show different ways in which social development can be constrained and strategies that can aid social development when children are having problems.

Discussion Questions

Question 1. Dr. Shanker says that social engagement is a human evolutionary adaptation for dealing with threat.

Think about a time when your child sought out engagement with you in response to a feeling of threat (minor or major). Discuss how you responded to them and the effect on your child.
Question 2. Dr. Shanker notes that a critical function of the interbrain is to turn off the brain's alarm system when it detects apparent (or real) social threats.

Talk about strategies you have used to help your child feel less alarmed in social situations. Which strategies were successful and which ones didn't work so well?

Question 3. Dr. Shanker describes neuroception, the brain's system for monitoring whether people are safe or threatening, as a system that supports co-regulation and feelings of safety, not just in ourselves, but in others. “When this core system is operating smoothly, there is secure attachment or friendship; when it is obstructed or has too many glitches, this can have profound consequences for the child's social development.” (p. 164)

What are your thoughts and questions about the role that neuroception might have played in your interactions and relationship with your children when they were babies and toddlers?

Question 4. Dr. Shanker discusses parent-baby social interaction through facial expressions, gestures, posture and vocalizations. He notes that what is going on is not simply shared understanding. “This is a much more primitive co-regulatory process in which each responds automatically, both behaviourally and viscerally, to what the other is feeling. It is, in fact, the foundation on which mindreading—the ability to know what others are thinking or feeling from the body language—is built. (p. 164)

Much of the time, it is relatively easy to interact with babies. Other times the process of parent-baby social interaction can be difficult. Reflect on situations (either from your own experience or the experiences of others) in which the “natural” course of parent-infant interaction was difficult for the child and parent. What factors contributed to those difficulties?

Question 5. Dr. Shanker says parents need to learn to “read a child's signs of heightened social arousal, like clinging to a teacher's skirt; identify when his alarm is going off, and, when we see this happening, lessen his arousal by pacing interactions to suit his comfort level...” (p. 185)

What strategies have you used to reduce children's social arousal in social situations? What strategies have you seen others use? What types of strategies were most effective? Were there times when parental strategies seemed to raise rather than lower the child's arousal level?
Chapter 9
The Better Self: Empathy and the Prosocial Domain

Chapter Summary

The word prosocial refers to important aspects of good character—like empathy, generosity and caring—as opposed to antisocial traits such as ruthlessness, exploitation or selfishness. Dr. Shanker notes that this domain is highly charged, because parents really want their children to have good character. When children display antisocial behaviour, adults often feel they need to respond with strong disapproval or anger. However, Dr. Shanker says, that what the child really needs is help down-regulating and to feel safe.

Babies are born with the capacity for empathy. In fact our brains are wired to push us into prosocial behaviour because it has many benefits including the “helper’s high.” However, true empathy doesn't develop on its own. It develops via the interbrain. And, as with other domains, problems in the prosocial domain are often related to poor arousal regulation and stress in various domains, including distress in response to another person’s distress. So our job as parents is less to teach children to be prosocial than it is to help children feel safe and regulated so they can learn and grow in a positive way. In this chapter, Dr. Shanker discusses the many challenges in supporting prosocial growth and development.

Discussion Questions

Question 1. The crux of Self-Reg is that we “are social beings and to be such is to be born with a brain that demands empathy... a child develops empathy by experiencing empathy.” (p.189 – 190)

Think about your feelings of empathy towards your children as babies. What helped you, or made you feel empathy? Were there times when it was harder to feel empathy? Why?

Question 2. Dr. Shanker speaks of “the developmental journey from one pole of the interbrain to the other: the journey from coddled infant to thoughtful friend and someday parent... from being the one who is regulated to the one who regulates.” (p. 191)

Although young children primarily need to be regulated, at times they try to regulate others. Describe a situation where you have observed a young child trying to comfort someone. What can adults do to support children’s learning in those situations?
**Question 3.** “The journey from ‘me’ to ‘we’ on the interbrain is not simply cognitive, a matter of coming to understand what other people are thinking and feeling, or grasping that he’ll be banished from the group if he doesn’t learn to control his impulses. The development of true empathy and its expression in the prosocial domain depends first and foremost on self-regulation: learning how to stay calm in the face of someone else's distress.” (p. 195)

Staying calm in the face of someone's distress can be very challenging, even for adults. Talk about strategies parents can use to help children develop the ability to be sensitive to feelings of others, but still stay calm when others are distressed?

**Question 4.** Dr. Shanker says that when children do something antisocial, while they do need to be told that what they did was wrong, there is no rush to talk about what happened. “Sometimes you have to wait twenty-four hours before the child is ready.” (p. 201)

Often, however, our instinct as parents is to respond immediately and decisively. Discuss this dilemma. Why do we feel such a strong need to respond swiftly (and firmly) to antisocial behaviour? Why would a child be more “ready” to talk about it the next day? What might be the benefits to parents in waiting until the next day to talk about what happened?
Chapter 10
The Power and Perils of Adolescence

Chapter Summary

Large numbers of today’s teens are dealing with anxiety and depression. Dr. Shanker says that people often think struggling and troubled teens need to try harder. However, many are already putting in enormous effort just to get through the day. Their “engines” are often running on empty, and as a result many teens are in a chronic state of low energy/high tension and don’t really know what calm feels like. Adolescence is also a period of heightened sensitivity to stress. Therefore their stress alarms are more sensitive. Today’s adolescents are also exposed to additional modern stressors such as excessive video gaming, social media and junk food. Chronic lack of sleep is also a common problem.

The answer to these challenges, according to Dr. Shanker, lies in helping teenagers to do the five steps of Self-Reg on their own so they can recognize signs of stress, identify their stressors and learn how to restore their energy. Other supportive factors are discussed, including the importance of belonging to small groups with a shared purpose (teams, clubs, bands, drama groups etc.), more face-to-face social contact, and a healthy lifestyle (physical activity, healthy eating and sleep habits). The challenge for parents is finding the balance between giving guidance when needed and stepping back so that adolescent development can progress naturally.

Discussion Questions

Question 1. Dr. Shanker writes: “The profound changes of adolescence are inherently demanding and draining, and the transition from childhood to adulthood requires them to recalibrate from parent-centered regulation to peer co-regulation and self-regulation.” (p. 214)

Keeping in mind the importance of the interbrain in the development of self-regulation, discuss:

- how adolescence changes and challenges the parent-child interbrain relationship
- the role parents play in supporting adolescent self-regulation.
**Question 2.** Dr. Shanker says that many of today's teens don't really know what calm feels like. “Teens have to learn—or relearn—what it feels like to be calm, and figure out what they find soothing and restorative.” (p. 217)

Can you remember a time in your life where you were often in a state of high arousal and may have lost touch with what it felt like to be calm? What did that feel like? What helped you reacquaint yourself with the feeling of calmness? How can parents support teenagers to get back in touch with calm feelings and learn to self-soothe, and how can they do that in a way that will not feel bossy or off-putting for the teen?

**Question 3.** Dr. Shanker points out that, due to a period of rapid brain development in adolescence, teens have a heightened stress alarm system and increased sensitivity to “negative affect cues.” As a result “the teen's amygdala is like a smoke alarm that goes off when all you're doing is boiling water.” (p. 219)

Think back to your teen years. Can you recall ways in which your stress alarm was heightened? Did you have a tendency to interpret people's words, tone of voice or facial expression negatively? What kind of support would you have wanted from your parents and teachers?

**Question 4.** “The challenge for parents comes in stepping up parental guidance as needed to help the teen safely navigate today's world, while stepping back enough to let the adolescent's natural developmental processes progress...” (p. 227-228)

Think about this statement in light of what we hear about helicopter parents who are overinvolved in the lives of older teenagers and, at the other end of the spectrum, parents who throw up their hands and say, “Well, he's a teenager now. He's going to do what he wants. What can I do about it?”

Discuss how these contrasting approaches to parenting might disrupt the natural course of adolescent development. Have you known parents who seemed to find ways to strike the balance that Dr. Shanker is talking about?
Chapter 11

More: Desire, Dopamine, and the Surprising Biology of Boredom (the Reward System)

Chapter Summary

This chapter looks at the brain biology that comes into play with many of the highly stimulating activities and habits of today’s children and youth, including video and online games, movies and eating junk food. Studies have shown how such overstimulation produces boredom.

Dr. Shanker explains the various brain and physiological mechanisms involved in overstimulation—including the release of hormones like cortisol, neurotransmitters such as dopamine, and opioids—and how these mechanisms drain children’s energy, which not only leaves them depleted but also pushes them to seek even more stimulation. “Superstimulants” pull children away from naturally calming activities such as exercise, spending time in nature, or eating healthy snacks; and can, in fact, be stressors in their own right. This explains why children (and adults) can become addicted to video games and junk food.

The answer, says Dr. Shanker, is not to try to get children to exercise more self-control but rather, to help children become more aware of when they are in a state of high tension and low arousal, and learn what they can do to reduce tension and restore their energy.

Discussion Questions

Question 1. Dr. Shanker outlines the biology of boredom and questions traditional assumptions of what it really means when children say, “I’m bored.” “We need to apply the first step of Self-Reg and reframe the utterance ‘I’m bored,’ which simply signifies, ‘I feel yucky.’… This is the natural expression of heightened stress…” (p. 236)

Relate Dr. Shanker’s ideas about boredom to what you’ve seen in children who say they are bored? How does “being bored” affect children in the biological and emotion domains?
Question 2. Junk food falls into the category of superstimulants, according to Dr. Shanker: “when carried to excess, potato chips and soft drinks may actually increase the child’s stress load.” (p. 241). Yet he also says that both adults and children are drawn to superstimulants when we’re overstressed.

Discuss this idea in terms of your personal experience. When you are under stress, are you drawn to, or unable to resist, foods, substances or activities that you know you should try to avoid because they are not good for you?

Question 3. Dr. Shanker explains that problems associated with overstimulation, superstimulants, and addictions to junk food and video games are related to disruptions of the brain’s neurochemical reward and stress response systems. Thus, we need to help children tune in to their internal cues about their physical and emotional states. “It’s a case of getting kids to recognize how they feel when they do something that reduces the tension and tops up their energy. Once their ERS [emergency response system} goes back on standby, cravings quickly change.” (p. 248)

How can parents help children develop this type of awareness? What might we do at various stages of development – baby/toddler, preschool, school-age, teen? Do you think there might be a balance point between allowing children to enjoy activities and foods that their friends are most likely allowed to enjoy, and preventing children from going overboard?
Chapter 12
Parents Under Pressure: Where Do We Go from Here?

Chapter Summary
This chapter is about the challenges and extraordinary pressures today's parents are dealing with and how Self-Reg can help parents navigate those challenges. Dr. Shanker outlines five fundamental stresses faced by today's mothers and fathers. He deconstructs the notion of parenting styles (authoritarian, permissive, authoritative and uninvolved) and then shows how parents can use Self-Reg to understand their children better and reduce their own stress and anxiety around parenting. The chapter also offers ten ways to see the signs of children's stress and develop the habit of Self-Reg in parenting, along with a five-step guide to parental self-care.

Discussion Questions

Question 1. Dr. Shanker says labels (as noted above) commonly used by experts to identify parenting styles are somewhat simplistic and don't reflect the complexity of parenting. “We rarely conform to a single type of parenting style: Different challenges or stages in our child's life—or our own—may bring out different sides of our personality or communication style with our child.” (p. 253)

Think about parenting styles or approaches you have tried with your children. Have you sometimes shifted from a less strict to a more strict style of parenting (or vice-versa) because the one style didn't seem to be working? Have you shifted back? What prompted those changes and how did they work for you?

Question 2. The first of Dr. Shanker's ten ways to develop the habit of Self-Reg in parenting is to look for the often subtle patterns in children's behaviour and manner that suggest they are becoming over-aroused due to stress. “We have to learn when they are telling us, through their body and their speech, that their stress is too great.” (p. 256)

Sometimes it is relatively easy to tell if a child is overstressed. At other times, as Dr. Shanker says, the signs can be very subtle. Share some of the more subtle signs of stress that you have seen in your own
children. How easy do you find it to tell the difference between stress behaviour and misbehaviour? Were there times when you were able to read the signs of stress in retrospect, rather than in the moment?

**Question 3.** Dr. Shanker offers five ways for parents to practice self-care in order to be happier and more confident in their parenting. You have probably heard other experts saying that parents should take care of themselves.

Does Self-Reg give you a new way of thinking about parental self-care? How so? How can you apply what you've learned about stress, recovery and restoration of energy to help yourself to become a more relaxed and confident parent?