

Emotion Regulation Training During the Preparation for the Basic State Examination (OGE): Case Analysis

Ekaterina S. Ignatova

Perm State University,
Perm, Russia

Обучение регуляции эмоций во время подготовки к основному государственному экзамену (ОГЭ): анализ случая

Екатерина С. Игнатова

Пермский государственный национальный исследовательский университет,
Пермь, Россия

Corresponding author. E-mail: 131013@mail.ru

Abstract. The article describes a clinical psychological case research of emotional self-regulation training during the process of preparation to the Russian General State Exam. There are presented theoretical and methodological foundations of the cognitive behavioral therapy protocol for children's and adolescents' phobic anxiety disorders treatment (by the example of panic attacks experience).

The aim of the study. Investigation of the anxiety dynamics during the process of cognitive behavioral therapy of anxiety issues amongst adolescents.

The context and relevance of the study. The problem of an anxiety increase amongst adolescents and the need for emotionally stable behavior development at the time of solving important life tasks such as General State Exam are still up to date. The treatment is based on cognitive behavioral psychotherapy and the principle of neuroplasticity. The knowledge of cognitive and behavioral theories of panic disorder, panic neurobiological foundations, components of the cognitive behavioral therapy general protocol for children's and adolescents' phobic anxiety disorders treatment (working with parents and informing them; cognitive block: working with assumptions about clients' own personality and the world around, self-esteem and self-confidence, and perfectionism; self-help techniques: muscle relaxation and breathing exercises, emotional expression ad regulation; behavioral block: desensibili-

zation and gradual exposure in-vivo & in-vitro, coping strategies and skills) allows to plan therapy process with a client.

The design of the study. We use the case-study design and present the case analysis. As the stress factor there are considered training variants of the Russian General State Exam. As the dependent variable are measured attitudes toward these tests including markers of the anxiety and intensity of experienced panic attacks.

Methods. Conceptualization, mood scale. We organize the psychotherapy treatment for gaining emotional regulation experience during panic attacks, present the content of therapy sessions, home tasks, and fragments of dialogues between the psychotherapist and adolescent.

Results. The effect of the psychotherapy process of emotional stabilization is discovered. Also there is presented the effectiveness of the psychotherapy plan that includes cooperation with parents and teachers, self-monitoring, use of the STOP technique and technique of cognitive regulation, breathing relaxation; metaphors of a good and bad companion in correlation with positive and negative (catastrophic) thoughts.

Keywords: *neuroplasticity; panic attacks; cognitive-behavioural therapy; emotional self-regulation*

Аннотация. Описан клинико-психологический случай обучения эмоциональной саморегуляции в ходе подготовки к ОГЭ. Представлено теоретико-методологическое основание протокола когнитивно-поведенческой психотерапии по работе с тревожно-фобическими расстройствами у детей и подростков (на примере переживания панической атаки).

Цель исследования. Изучение динамики состояния тревоги в ходе реализации когнитивно-поведенческой психотерапии тревоги при работе с подростками.

Контекст и актуальность исследования. На сегодняшний день актуальным остается вопрос о росте тревоги среди подростков и необходимости формирования эмоционально устойчивого поведения во время решения жизненно важных задач, например, сдачи ОГЭ. В оказании такой помощи опорой выступают когнитивно-поведенческая психотерапия и принцип нейропластичности. Знание когнитивных и поведенческих теорий паники, нейробиологических основ паники, составляющих общего протокола когнитивно-поведенческой психотерапии тревожно-фобических расстройств детей и подростков (информирование и работа с родителями; когнитивный блок: работа с убеждениями в отношении себя, окружающего мира, с самооценкой и уверенностью в себе, работа с перфекционизмом; техники самопомощи: мышечная релаксация и дыхательные упражнения; выражение и регуляция эмоций; поведенческий блок: десенсибилизация и градуированная экспозиция in-vivo и in-vitro, копинг-стратегии, навыки) позволяет планировать психотерапевтическую работу с клиентом.

Дизайн исследования. Использовался дизайн кейс-стади, представлен анализ конкретного случая. В качестве стрессового фактора рассматривались тренировочные тестовые задания ОГЭ. В качестве зависимой переменной было взято отношение к ним, включавшее показатели тревоги, интенсивности переживаемых панических атак.

Методы. Концептуализация, шкала настроения. Проведена психотерапевтическая работа по формированию опыта эмоциональной саморегуляции в ходе переживания панических атак, представлены ход и содержание психотерапевтических сессий, домашнее задание, а также фрагменты диалога психотерапевта с подростком.

Результаты. Выявлен эффект психотерапевтической работы по формированию навыка стабилизации эмоционального состояния. Представлена результативность плана психотерапии, включающего: работу с родителями, работу с учителями, само-мониторинг, применение техник «стоп» и когнитивного самоконтроля, дыхательной релаксации; метафоры хорошего и плохого попутчика в отношении позитивных и негативных (катастрофических) мыслей.

Ключевые слова: *нейропластичность; панические атаки; когнитивно-поведенческая психотерапия; эмоциональная саморегуляция*

Introduction

Over the last few years an increase of anxiety level among adolescents becomes rather noticeable. Volatile information sphere, intense educational and examinational activities are strong psychotraumatic factors for teen students who are getting through physical changes of their bodies, maturation, development of the nervous system and general emotional lability. When we feel emotions, amygdala generates “feelings” that change the meaning of information that comes to our brains. A person makes decisions not only on the basis of structural and logical conclusions but also on the previous experience that carries encoded in our memories emotional charge. As a functionally unified complex of nervous structures limbic system is responsible for our emotional behaviour, motivation, processes of learning and memorizing, instincts and circadian rhythm regulation. Therefore, there is a need for training of emotionally stable behaviour at the time of solving life’s important tasks like passing the exam.

Theoretical Foundations

According to different authors, the prevalence of anxiety-phobic disorders among children and adolescents is 9–32 % (Chutko, 2010). Fear in extreme situations is a normal physical reaction that is aimed to mobilize body resources. Due to the fear a person can immediately pull oneself together and decide how to act in a dangerous situation. Within ICD-10 classification the following blocks are frequently used to define anxiety disorders of children and adolescents (Nullera & Cirkina, 1994):

F93 Emotional disorders with onset specific to childhood.

F93.0 Separation anxiety disorder of childhood.

F93.1 Phobic anxiety disorder of childhood.

F93.2 Social anxiety disorder of childhood.

F40.1 Social phobias.

F41.0 Panic disorder.

F42 Obsessive-compulsive disorder.

With the fact of the new ICD-11 classification where the chapter of *Mental Disorders* was changed and harmonized with American DSM-5 classification (according to the authors of working group) coming to force soon below there are listed the most frequent nosological units of anxiety-phobic disorders among adolescents and children (from the DSM-5 classification (Nullera & Cirкина, 1994)):

- Separation anxiety disorder.
- Selective mutism.
- Social phobia.
- Specific phobia.
- Panic disorder.
- Generalized anxiety disorder.

Psychotherapists of children and adolescents in their practice often work with specific phobias, social anxiety disorder of childhood, social phobias, separation anxiety disorder, panic disorder and agoraphobia.

Panic disorder — recurring unexpected attacks of severe anxiety, which are not restricted to any particular situation (Beck & Clark, 2019). Panic attacks are the consequence of high anxiety level that is increased because of autonomic nervous tension accumulation and autonomic system attenuation. Fatigue of autonomic system leads to more sensitive perception of symptoms and more intensive reactions to light, sound and touch.

The ICD-10 diagnostic criteria (F41.0) (Nullera & Cirкина, 1994):

- Recurrent and unpredictable attacks of severe anxiety (panic), which are not restricted to any particular situation.
- Vegetative symptoms, depersonalization and derealization that are coming along with the anxiety.
- Secondary fear of dying or going mad.
- Secondary avoidance of the situation where the first panic attack has occurred.
- Secondary fears of loneliness, crowded places, recurrent panic attacks.

Panic appears spontaneously however sometimes it is provoked by agitation, physical tension, sexual activity, and psychoactive drugs consumption. Main symptoms are extreme fear along with tachycardia, shortness of breath, sweating. An adolescent tries to leave the place where the panic attack has occurred and searches for help. The panic attack lasts up to an hour. Between panic attacks, there is an anxious expectation of repeated attack. Panic disorder occurs not only among adults but also among children. Often there is a connection between panic disorder and negative emotions experienced in the childhood. Tentatively we can identify four types of psychological childhood traumas that impact on development of the following personalities (Bakunova et al., 2018):

- (1) Usually, dramatic situations in childhood occur in the families where one or both parents suffer from alcoholism. It can cause violent family conflicts with dangerous consequences. It is assumed that these situations lead to fear fixation and

in adulthood under certain circumstances this fear with accompanying vegetative symptoms or the first panic attack can occur suddenly.

- (2) Emotional deprivation is possible in families where the sphere of parents' interests is concentrated on work or other non-family things. The child grows in emotional isolation. This situation frequently happens in incomplete families or when the child is grown by one of the immediate relatives. In other cases, the child sometimes can be forgotten when one of the parents suffers from severe mental or body disease and all the family cares about his or her health. Children and adolescents who were grown in such families feel a constant need in someone's approval and emotional contacts. Thus, their ability to resist stress substantially decreases.
- (3) Overanxious and overprotective behaviour. Anxiety as behavioural trait of one or both parents negatively impact on parenting. Parents excessively care about child's health, study and actions. Parents' anxiety finds expression in the constant anticipation of dangers or disasters and leads to limitation of child's independence. Those parents can walk their child to school and home again, accompany him to doctor's visits, different classes and courses till senior school. Thereby they stimulate infantilism of their child or in other words child's inability and unsuccessfulness in social sphere.
- (4) Chronic family conflicts with different causes create constant emotional instability in the family. Under these circumstances the child who includes into conflict emotionally can't successfully influence on it and finds the uselessness of his actions. This situation can develop child's feeling of helplessness. On the basis of this child's experience future difficult situations client will consider as unsolvable, he starts to feel helplessness that decreases his stress resistance.

Diagnostics observes severe anxiety attacks along with vegetative symptoms. Antidepressants, anxiolytics and cognitive-behavioural psychotherapy are used for treatment.

Cognitive-behavioural psychotherapy is a form of psychotherapy that includes techniques of cognitive and behavioural therapies. It is focused on certain problems and results. In the case of anxiety-phobic disorders therapy's goal is to reduce anxiety and neutralize fears. In turn it leads to the improvement of social functioning, self-regulation, mental flexibility to the acquisition of new more adaptive skills.

Theoretical-methodological foundations of working with the phenomena:

- Fundamental paradigms.
- The Biopsychosocial Model (G. Engel) (Lifintsev & Antsuta, 2013).
- Cognitive-behavioural paradigm (cognitive learning is realized by "cells assemblies" — neural connections and the development of neurons (neurogenesis) (Hebb, 1955).
- Cognitive and behavioural panic theories.
- Panic results from the misinterpretation of bodily sensations or emotional reactions as signs of inevitable catastrophe (D. Clark, P. Salkovskis).

- Psychophysiological vicious circle (A. Ehlers, J. Margraf).
- Neurobiological bases of panic (Chutko, 2010).
- “Automatic” amygdala activation (fight-or-flight response (Cannon, 2011)).

The development of the corticolimbic system happens through neuroplasticity — neurons’ ability of adaptation to the impact of life experience and other external and internal factors.

D. Clark’s vicious circle includes: Hormonal changes, stress, abstinence, unconscious aggressiveness → Unexpected sensations (fast heart rate, etc.) → Concentration of attention (scanning) → Catastrophic interpretations (“I’m dying,” “I’m going mad,” etc.) → Increased anxiety, activation of stress response, adrenaline emission that lead to even faster heart beating. The circle goes again.

Some authors of cognitive-behavioural psychotherapy suggested picking methods and techniques for adults individually depending on their distress level (Padesky & Beck, 1988). This principle is inappropriate for children and adolescents. For instance, while working with so called physical fears therapy is focused on cooperation with parents and their study of constructive forms of reactions to fears of falling asleep). In cases of slight anxiety at school the focus is made on social skills training (time management, etc.) and again on cooperation with parents. If anxiety and fears are more severe the variety of methods and techniques will be expanded.

Standard CBT protocol for anxiety-phobic disorders in children and adolescents includes the list of the following methods (Freidberg & McClure, 2015; Remshmidt, 2000):

- Parents’ awareness and interaction.
- Self-help techniques: muscle relaxation and breathing exercises.
- Emotional expression and regulation.
- Complex of behavioural methods: desensitization, in vivo and in vitro graduated exposure therapy, coping strategies, skills.
- Complex of cognitive methods: challenging beliefs about oneself and the world around, work with self-esteem, assertiveness and perfectionism.

Parents’ awareness and interaction. Parents’ awareness consists of explanations of children and adolescents fear and anxiety sources, manifestation of fear, causes of sleep problems, things that can provoke increased anxiety and fears, constructive reactions to kids’ fears, what to do and what not to do, the way of family environment stabilization (Brish, 2012).

An example of general recommendations for parents “What to do, and what not to do, when children experience fears”:

Parents should not (Kendall, Settiani, & Cummings, 2012):

- Laugh and make jokes about child’s fears.
- Blame and punish children for their behaviour associated with fears, ignore or do not pay attention.
- Convince children that “it is not possible or real.”
- Often talk about diseases and death.
- Isolate children from the world and overprotect them.

- Allow to watch everything.

Parents should:

- Take attention to the problem and think of what among the family environment, parents' behaviour or school atmosphere decreases the feeling of safety.
- Try to demonstrate calm and confident behaviour.
- Share examples about their own way of solving these fears in childhood.
- Encourage the child to talk freely about fears.
- Spend more time for pleasant things (entertainments, games, recreations) and sensibly manage time for study and extra activities (sport, classes, tutors).

Self-help techniques. Self-help techniques include muscle and breathing relaxation that are intended to decrease an extreme emotional tension during the “reliving” of stressful situations and maintain less anxious and more stable emotional state. Especially should be marked an importance of correct explanation to the child and parents the meaning of these techniques (Neff, 2003).

Training of emotional expression and regulation consists of emotional verbalization and description of somatic symptoms (sensations), acceptance of fears and ability to manage them, the use of pictures and photos for emotional training, the use of art therapy techniques and games, fear management. Muscle and breathing relaxation and distraction techniques are used for emotional regulation. The level of anxiety or fear can be defined through child's self-monitoring.

Materials and methods

The article presents a clinical psychology case analysis of panic attacks. The girl (hereafter we are going to use the name Olya) of 14 years old has experienced panic attacks while working with sample variants of the OGE (Basic State Examination is a compulsory examination at the end of the 9th grade of the secondary school in Russia). According to her parents, she started to experience these panic attacks during her work with these tests at school and at home. Panic is provoked by agitation and physical tension. Main symptoms are extreme fear along with tachycardia, shortness of breath, sweating. The adolescent tries to leave the place where the attack has occurred and searches for help. The panic attack lasts up to an hour. Between panic attacks, there is an anxious expectation of repeated attack.

Teachers and parents are really concerned about Olya's behaviour. During the *first session*, we observed that Olya is extremely scared of being unintelligent and not going to the university because of comparing to her brother who successfully passed the exams and now is studying at the university. Olya's main fear is to panic right at the time of her exam, leave the classroom and therefore fail the exam.

During the first session, Olya was open to contact but acted anxiously. She said that she started to wake up really early and could not fall asleep after that because she felt

the fear of failure and it caused panic. She noted that she could not control herself, that she got swamped by strong emotions that she barely could verbalize.

Conceptualization: Olya's anxiety increases when she faces difficult tasks and she is not sure about their decisions. Then catastrophic thoughts about "her failure," "her inability to get through this" and "its negative effect on her future" appears and generates the fear of future that sometimes get stronger and grow into panic (Furman, 2013).

With this background the quality of her work objectively gets worse and alongside with increase of anxiety she feels shame, unpleasantness with herself and thinks about "her unintelligence and weakness." These feelings are strengthened by her constant comparison to her successful older brother and as it turned out by the pressure from teachers at school who motivated their students through intimidations of future failures if they get a low score on the test.

While working with emotions we discuss that it is important to learn how to measure and control the degree and intensity of anxiety and fears. For anxiety degree and intensity measurement Olya was suggested to fill the anxiety scale (three times per day mark the intensity of her anxiety from 0 to 10 where 0 is really low and 10 is really high) and describe the hardest situations in the diary of thoughts with the following columns: Situation; What did I feel? What thoughts did come to my mind? What did I do in response? What were the consequences? Effectivity of my actions (something that worked out well, not really or did not work at all) (Burdin & Ignatova, 2019).

Breathing relaxation, metaphor of good and bad companion and then cognitive self-control (self-persuasion) were chosen as the first methods of anxiety and panic control.

Abstracts from the dialog (where P — psychotherapist, O — Olya):

P: Let's talk about what is happening when you are working on the OGE test?

O: Okay.

P: You said that panic appears when you face tasks that are hard to solve. What are you thinking about at that moment?

O: I start to think that I'm a loser, that I can't solve all of these tasks, that I won't achieve anything. Thoughts in my head start to circle around, my body starts to shiver and it's getting hard to sit still. I want to run, to hit my head and call myself a loser.

P: How do you call this emotional state at this moment? Is it an uneasiness, anxiety or panic?

O: An anxiety... a strong one...

P: If we take panic as 100 % how many percent do you give to this anxiety?

O: Approximately 80 %.

P: Do you start doing something in order to cope with this state?

O: I try to read the task again and again but it doesn't help. I start to think that I'm a fool. Then try to stop thinking, close my eyes and clear my mind but it's not working. The first thought that comes to my mind is "I'm a fool." Then that "I can't make it," "I won't get to the university," "Everybody will laugh at me"...

P: How much do you believe in these words at this moment?

O: Pretty much. It seems so real.

P: Yes, that's hard. Please, tell me are there any real facts that approve your thoughts?

O: Yes, kind of. I can't solve the task and that's bad because I learned this at school. If I can't solve it then I won't get to the university and even if I get there, I won't be able to study.

P: Please, wait. You're starting to talk really fast and emotional. Describe your emotional state now.

O: It feels like I'm in the classroom solving the test. Do you understand me? Like I'm there. I feel like everything inside me is shaking, I can't control it.

P: Please, rate your state on the anxiety scale where zero is calmness and seven is panic.

O: Six.

P: Could you describe your physical sensations during this emotional state?

O: Everything inside me is shivering, my hands are shaking and sweating, heart's beating fast. Thoughts are confused. I can't concentrate.

P: Well, you describe everything in a very detailed and vivid way, good job. Look, soon you are going to pass the OGE, right? [Olya nods.] In order to pass this exam, it's important for you to learn how to work with your emotions and control anxiety. Would you like to learn it?

O: Yes.

P: Now you feel a strong discomfort and tension, right? You described your emotional state as a strong anxiety. As I understand if along with this state there are thoughts about failure and unsuccessful future your anxiety will grow into panic, right? [Olya nods.] Let's try to overcome this anxiety. There are a lot of methods to do this. First of all, you need to learn special breathing. Do you agree?

O: Yes.

Thus, Olya agreed to start working with her emotions and eventually overcome her fear. The main way of therapy was the development of emotional stability skills. At the end of the session Olya made a deal with the psychotherapist about working on breathing techniques twice a day on a regular basis in a calm state and additionally before solving the test and in other moments of anxiety. Task for her parents was to encourage and praise her, talk about school and lessons. Also there was a suggestion to her parents to stop comparing Olya to her older brother and share with her their childhood memories when they similarly felt worried at school and their way of coping with these feelings.

Further therapy plan was approximately as follows:

- (1) Work with parents: explanation of fear sources, development of adequate forms of reactions on daughter's behaviour, the use of positive reinforcement for her achievements in coping anxiety and fear.
- (2) Preferably work with teachers: explanation of fear sources, development of adequate forms of reactions on children's anxiety and panic, recommendation to organize a lesson about coping with stress, change of motivational model at school, exclusion of intimidation and the use of positive reinforcement and praise.
- (3) Self-monitoring — with the help of anxiety scale and diary of anxious thoughts.

- (4) “STOP” techniques, cognitive self- regulation.
- (5) Breathing relaxation.
- (6) Metaphor of good and bad companions towards positive and negative (catastrophic) thoughts.

Second session

Evaluation of Olya’s emotional state dynamics shows that a strong anxiety and sometimes panic are still persisted.

Homework analysis: regularity and correctness of breathing relaxation. Olya followed the recommendations to do breathing relaxations, but she did it not for a long enough period of time. Sometimes she forgot about them and sometimes started to worry that she is spending her precious time on breathing instead of working on test.

Abstracts from the dialog:

P: Last time you said that when you can’t solve the task you start to panic and some “bad thoughts” about the future appear in your mind. How strong are they now? Use the same 7-point anxiety scale.

O: I would rate them as five. It’s hard to control these emotions.

P: Ok. Let’s talk. Your emotions can help you or they can disturb you. Figuratively speaking, they can be both bad and good companions. You’ve already been trying to decrease your anxiety or in other words gradually change your emotions into your good companions with the help of breathing relaxation. Let’s try other methods. Do you agree?

O: Yes.

P: Our emotions depend on our thoughts and vice versa. You said to me that when worry a lot you start to think about negative future consequences. [Olya nods.] Can we suggest that these thoughts help you to control your emotions as well?

Olya was suggested to fill in the following blank: My anxiety tells me: ...I can answer to it..., e. g.:

“Anxiety is like a wind, it blows on and then always blows away.”

“These thoughts only disturb me, it’s better not to think about it.”

“Everybody worries during exams and tests. That’s normal.”

“I’ve already experienced these emotional states. I’ve coped with them before and I will cope with them now. I’m in control of my emotions.”

Write down 5–6 more sentences that could be answers to your fears and anxiety.

It was explained to Olya that when she feels anxiety or panic there is a need to talk to these emotions and thoughts. It is important to tell them the information from the blank and notice which of these sentences better stabilize her emotions and use them in the future.

Homework. To continue practicing breathing relaxation and “STOP” technique, using the metaphor of good and bad companions, filling in the blank of responses to fears

and anxiety, choosing the most effective answers for self-persuasion and making notes in an anxiety diary.

The following child's cognitive schemas were defined:

Automatic thoughts: "I'm unintelligent," "I won't get to the university," "I can faint," "I can lose control."

Compensation strategies: avoidant behaviour, hypercontrol.

Conditional rules: "If I control my emotional state, I will be safe," "If I avoid dangerous situations, I will be safe."

Core beliefs: "I'm helpless and I can't control myself." "World is a dangerous place."

When Olya cannot solve the task — the following thought appears: "I'm a loser, I won't achieve anything." The thought contributes to anxiety increase and panic (with the body shivering, desire to hit her head and inability to sit still). Olya rereads tasks but that does not help her to calm down. The child starts to think: "I'm a fool and everybody will laugh at me." This thought leads to the anxiety increase and continuing scanning for unpleasant physical sensations and attempts to avoid this situation...

Homework includes the following techniques (Freidberg & McClure, 2015):

- (1) Breathing relaxation: 1. Lie down and close your eyes. Focus on your bodily sensations. Make a few breaths. 2. Lay one hand on your chest and the other on your belly (a bit lower than your waist). While taking breaths imagine that you lead the air flow deeply inside your body. The hand that lies on your chest should stay absolutely motionless meanwhile the other hand that lies on your belly have to go up and down with each breath. 3. Continue to slowly breathe in and breathe out. Let your breathing find the right rhythm. 4. After a few breaths start to count the number of breaths. After ten breaths start to count again from the beginning. 5. Do not wait something special: just breathe and count. Take attention to your emotional state before and after the exercise and after a week of practicing.
- (2) "STOP" technique: Step 1. Say STOP to yourself when emotion appears. Step 2. Take a break for 5–7 minutes. Breathe (make at least 10 breaths). Step 3. Work with thoughts. Give names to the emotions: "Now I feel worried about ...," "I feel that ...," "I can go away now or I can break the contact," "I can scream or concentrate and solve the task." "I have every right to do it. I can choose any way of reaction. I want to choose the most effective way of reacting." Breathe deeply from your belly again for 1–2 minutes.
- (3) Metaphor of good and bad companions: Step 1. Accept the presence of emotion. Step 2. Realize what you feel now. Step 3. Understand what kind of companions are with you now. Choose the good one. Step 4. Accept the fact of suffering. Step 5. Self-help and self-compassion as a skill of caring for ourselves while facing the fact of our inferiority, mistakes, failures and painful life situations.
- (4) Dialogue with fears and anxiety: "Anxiety is like a wind, it blows on and then always blows away, y" "These thoughts only disturb me, it's better not to think about it," "Everybody worries during exams and tests. That's normal," "I've already

experienced these emotional states. I've coped with them before and I will cope with them now. I'm in control of my emotions."

(5) Keeping an anxiety diary.

Training of emotional self-regulation was based on repetition that consequently strengthened neuroplasticity potential of nervous system in general (Samohvalov, 2002).

At the end of the therapy, it was important to organize the session for self-regulation skills development monitoring.

Comments: in this case for emotional regulation and decrease of anxiety we used behavioural techniques that influence client's physical state (breathing relaxation) along with cognitive techniques (cognitive self-control/self-persuasion). At the same time was organized psychological education for parents. Further it is necessary to consolidate acquired skills and continue the therapy for working with self-esteem (changing girl's beliefs about herself), development of the realistic (non-catastrophic) vision of the future and conversion of habitual schema of catastrophic thinking.

The theoretical-methodological fundamentals of the article are neurocognitive and cognitive-behavioural approaches. Our work is based on the principle of neuroplasticity that demonstrates neurons' ability of adaptation to the impact of life experience and other external and internal factors (Zhivolupov, Samartsev, & Syroezhkin, 2013). External factor of psychocorrection is an actualization of family system support, internal factor is the development of emotional self-regulation skill. In the process of (during) conceptualization we detected client's fear of being unintelligent and fear of panic attack occurrence right at the time of passing the exam. Priority of our therapy was the development of emotional stabilization skill.

Results

At the end of the therapy we receive the following results: dynamics of estimations on the anxiety score is 9–8–6–5–3.

The girl still worries while working on tests and other control activities, but she can handle her emotional state. Through the training of emotional regulation we create new synaptic connections.

Olya has passed the sample variant of the OGE with a relatively high score.

Treatment with the aim of neurons' adaptation to different impact with the help of cognitive-behavioural techniques was done. Dynamics of girl's emotional state estimations shows that before training panic was persistent however after the neurons' adaptation and development of emotional self-regulation skills panic attacks decreased.

Conclusion

In order to solve the problem of emotional instability in adolescence we use neurocognitive and cognitive-behavioural approaches that demonstrate their effectiveness for working with panic attacks. For psychocorrection we use the protocol of cognitive-behavioural therapy for children and adolescents anxiety-phobic disorders:

- (1) Parents' awareness and interaction: explanation of fear sources, development of adequate forms of reactions on daughter's behaviour.
- (2) Interaction with teachers: explanation of fear sources, development of adequate forms of reactions on children's anxiety and panic.
- (3) Fear thermometer.
- (4) Training of self-help techniques (e.g. "STOP" technique, breathing relaxation, metaphor of good and bad companions).
- (5) Training of emotional expression and regulation.

References

- Bakunova, O. M., Kalitenya, I. L., Bakunov, A. M., Palujko, A. F., Antonov, E. D., & Grechko, I. S. (2018). The usage of neural networks for education. *Web of Scholar*, 1(19), 8–10. Retrieved from <https://www.elibrary.ru/item.asp?id=32334124> [In Russian]
- Beck, A., & Clark, D. (2019). *The anxiety and worry workbook: The cognitive behavioural solution*. Moscow: Vil'yams. [In Russian]
- Burdin, M. V., & Ignatova, E. S. (2019). *Counselling and psychotherapy: Technology of Socratic dialogue*. Perm: Perm State National Research University. Retrieved from <http://www.psu.ru/files/docs/science/books/uchebnie-posobiya/psikhologicheskoe-konsultirovanie-i-psikhoterapiya-tehnologiya-sokraticheskogo-dialoga.pdf> [In Russian]
- Brish, K. H. (2012). *Therapy of attachment disorders: From theory to practice*. Moscow: Kogito-Center. [In Russian]
- Cannon, W. B. (2011). *The wisdom of the body*. Saint Petersburg: Rech. [In Russian]
- Chutko, L. S. (Ed.). (2010). *Anxiety disorders in general medicine practice: Manual for doctors*. Saint Petersburg: ELBI. [In Russian]
- Freidberg, R. D., & McClure, J. M. (2015). *Clinical practice of cognitive therapy with children and adolescents: The nuts and bolts*. New York, NY: Guilford.
- Furman, B. (2013). *Kids' skills: A playful and solution-focused approach to solving children's problems*. Moscow: Al'pina non-fikshn. Retrieved from <https://kniga.biz.ua/pdf/3624-kids-skills.pdf> [In Russian]
- Hebb, D. C. (1955). Drives and the C.N.S. (conceptual nervous system). *Psychological Review*, 62(4), 243–254. <https://doi.org/10.1037/h0041823>
- Kendall, P. C., Settapani, C. A., & Cummings, C. M. (2012). No need to worry: The promising future of child anxiety research. *Journal of Clinical Child & Adolescent Psychology*, 41(1), 103–115. <https://doi.org/10.1080/15374416.2012.632352>

- Lifintsev, D. V., & Antsuta, A. N. (2013). Social rehabilitation within the context of biopsychosocial model of health care. *St. Tikhon's University Review. Pedagogy. Psychology*, 4(31), 50–60. Retrieved from <https://periodical.pstgu.ru/ru/pdf/article/2336> [In Russian]
- Neff, K. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2(2), 85–101. <https://doi.org/10.1080/15298860309032>
- Nullera, Yu. L., & Cirкина, S. Yu. (Eds.). (1994). International classification of diseases (10th ed.). Classification of mental and behavioural disorders. Clinical description and diagnostic manual. Saint Petersburg: “ADIS”. [In Russian]
- Padesky, C. A., & Beck, J. S. (1988). Cognitive therapy treatment for avoidant personality disorders. In C. Perris & M. Eisemann (Eds.), *Cognitive psychotherapy: An update* (pp. 121–125). Umea, Sweden: DOPUU Press.
- Remshmidt, H. (2000). *Psychotherapy with children and adolescents*. Moscow: Mir. [In Russian]
- Samohvalov, V. P. (2002). *Psychiatry*. Moscow: Feniks. [In Russian]
- Zhivolupov, S. A., Samartsev, I. N., & Syroezhkin, F. A. (2013). Contemporary conception of neuroplasticity (theoretical aspects and practical significance). *Zhurnal Nevrologii i Psikhatrii imeni S. S. Korsakova*, 113(10), 102–108. [In Russian]

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