

Emotional Regulation in the Classroom: Counseling Practices and Impact

by

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Abstract

Emotional Dysregulation is the recurrence of loss of emotional control either internally or externally. In elementary aged children, the prevalence of emotional dysregulation is increasing, causing concern for parents, educators, counsellors, social workers, family practitioners, and psychiatrists alike. Frequent emotional dysregulation in school-based settings is correlated to increased feelings of fear and decreased learning within the classroom community. For the individuals experiencing emotional dysregulation in the classroom, negative long-term effects include increased risk of depression and psychological disorders in adulthood. Frequent emotional dysregulation can also impact individuals negatively by increasing the likelihood that the individual will be marginalized in social settings and victimized by bullying. This capstone project explores the many causes for emotional dysregulation in classroom. A variety of approaches including attachment-focused and cognitive behavioural therapy may be used to support children in developing emotional regulation skills, and approaches should be selected based on the child's developmental level and circumstances. Overall, counsellors can positively impact clients' ability to emotionally regulate by taking a holistic approach, which addresses the biological, psychological, and social needs of the child.

Keywords: executive functioning, emotional dysregulation, emotional regulation, holistic, neurodivergence

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Chapter 1: Introduction

Emotional dysregulation refers to the diverse range of ways that a person may lose control of their emotions (Leibl, 2021). Dysregulation may manifest as internalized dysregulation (becoming withdrawn or dissociative) or externalized dysregulation (unusual displays of intense emotions and, or violence) (Sullivan et. al, 2012). For more than twenty-five years, the frequency of externalized emotionally dysregulated episodes in elementary school students has been on the rise (Leibl, 2021). This shift in classroom dynamic is shown to have a negative impact on all members of the learning community, making emotional dysregulation a major cause for concern in parents, teachers and administrators.

The aim of this capstone is to review literature and research to uncover what factors may be impacting the emotional regulation of children in classroom settings, as well as to uncover evidence-based therapeutic interventions which may support children in becoming more emotionally regulated while they are at school. In this chapter, I will provide an overview of the scope of impact that emotional dysregulation has on children, outlining why it is an important topic of research. In Chapter 2, I will provide a literature review exploring factors which impact emotional regulation in children and approaches for treating children who experience frequent emotional dysregulation, and in Chapter 3, I will propose therapeutic approaches to make use of when working with children who experience emotional dysregulation in school-based settings.

Background

High levels of emotional dysregulation in classrooms lead to decreased overall learning and emotional security in the classroom community (Liebl, 2021). The Centre for Childhood Development (2011) noted, “Even when only one or two students in a classroom have poorly developed executive function and self-regulation skills, the entire class is affected, and teacher

time is spent on managing behaviour rather than on teaching.” (p.1) This impact on community learning can be expected to have long-term consequences, as students both directly and indirectly impacted by emotional dysregulation move through life with an accumulation of missed learning opportunities. Yet, more recent research indicates that the consequences of being around frequent emotional dysregulation have longer term outcomes than simply lost learning. As students coregulate with their peers and teachers, those who are frequently exposed to dysregulation are subject to lower feelings of safety and security (Liebl, 2021). Furthermore, students who experience emotional dysregulation in the classroom indirectly, may learn to parrot the modeled behaviours displayed by their dysregulated classmates (Liebl, 2021), leading to an increased overall sense of chaos in the classroom environment, and higher overall levels of stress in the classroom community.

For the individual students who are directly experiencing dysregulation, the outcomes are even more critical both in the short and long term. The near-immediate repercussions of highly emotional moments can pose safety risks to the child, disrupt peer and home relationships, and impair social and emotional development (Graziano et al., 2010). In long-range studies, frequent disruptive behaviour caused by emotional dysregulation at school has been found to be linked with risk for developing depression and anxiety disorders in adulthood (Jarett & Ollendick, 2008; Jarett & Ollendick, 2006), as well as substance abuse challenges (Graziano et al., 2010).

Contrarily, a wide-range of studies in the field of education and psycho-therapy indicate evidence to support that emotional regulation skills support a child’s long-term life satisfaction, influencing multiples spheres of a person’s life. For instance, Rick et al. 2017 found a positive correlation between emotional regulation skills and long-term relationship satisfaction (Rick et al., 2017). Additionally, Diefendorff et al. (2000), found evidence that the ability to emotionally

regulate is a factor in both restraining depression and improving work efficiency. Due to established links such as these, emotional regulation is widely recognized as a vital component and predictor of relational wellbeing, professional success, and therefore, overall mental and emotional wellness.

The marked increase in emotional dysregulation in classrooms (Leibl, 2021) combined with growing awareness of the long-term concerns associated with frequent emotional dysregulation, has made the topic of ER a central concern in schools. In the past decade, school educators and administrators seek training and strategies to help manage emotional dysregulation in classrooms. To further support their students in developing emotional regulation, there is a growing effort to implement social and emotional learning (SEL) curricula to foster increased understanding and awareness for both children and families (Leibl, 2021).

Despite these concerted efforts on behalf of education teams, disruptive behaviours at school are listed as one of the most common reasons for referral to psychological services for children in elementary schools (Njardvik, 2022). With counsellors being asked more often to support children who are experiencing emotional dysregulation, this capstone projects provides a literature review of research regarding therapeutic approaches which counsellors may employ to help elementary students who experience emotional dysregulation at school.

Purpose Statement

The aim of this capstone is to review literature and research to uncover what factors may be impacting the emotional regulation of children in classroom settings, as well as to uncover evidence-based therapeutic interventions which may support children in becoming more emotionally regulated while they are at school.

My research method is to conduct a literature review focusing on qualitative and quantitative studies as well as meta-analyses conducted in the last five years. My research questions are: What factors may be impacting the emotional regulation of students in elementary schools? What are the short- and long-term effects of frequent emotional dysregulation for students both impacted directly and indirectly by emotional dysregulation in school-based settings? And what therapeutic interventions may support children in becoming more emotionally regulated in classroom settings?

I endeavor always to approach research from a holistic, trauma-informed, and multi-cultural lens, and to achieve this, I will review literature from a wide-range of sources, including psychological studies, social reports, educational research, indigenous healing perspectives, and parenting research. For example, I will explore the American Academy of Child and Adolescent Psychology (AACAP.org) to learn more about emotional regulation from a neurological perspective. As well as referring to a systemic review report, entitled “Don’t Look Away” which was created in accordance with the *Representative for Child and Youth Act* to examine child abuse patterns in British Columbia’s child and youth care system. This report highlighted is the essential role that supporting families plays in preventing childhood trauma impacted by systemic failure (Charlesworth, 2024).

Taking a holistic approach to research, will enable me to draw connections between current theory and practices in education, psychology, and social work. Furthermore, reviewing research from multiple disciplines and perspectives will be essential as I conducting an informed literature review which may be used for the benefit of the diverse population in Canada. In addition to my overall aim of reviewing research that is currently available regarding emotional

regulation in children, I aim to also highlight aspects of this research which need to be developed further to support children who are impacted by dysregulation both directly and indirectly.

Theoretical Framework

Holistic Therapy

I come to this work from a holistic approach, understanding that humans are biological, psychological, social, and spiritual beings. Humans depend on all four of these aspects to thrive. When working with Children especially, it is essential to consider all elements of their wellbeing from their most basic nutritional needs to their familial and spiritual connections. Applying this lens to my research required incorporating a multitude of sources from a range of fields including education, psychotherapy, social work, indigenous perspectives, and medical journals (Lancastle et al., 2024).

Inclusive Education

This research is rooted in the idea that classrooms should be inclusive environments for learners from all backgrounds. An inclusive education system requires that environments and activities be modified to empower all learners from all backgrounds and abilities (Chu et al., 2020), and I seek to support that vision through this capstone project.

Trauma Informed

Understanding that trauma and chronic stress at home may are often linked to dysregulation in children, is essential to the work of helping children learn to emotionally regulate. The Canadian Medical Association lists the following five principles of providing trauma informed care: “(1) trauma awareness and acknowledgement, (2) safety and trustworthiness, (3) choice, control and collaboration, (4) strengths-based and skills-building care and (5) cultural, historical and gender issues” (Purkey et al., 2018, p.1). Following these five

guidelines is foundational to creating the safe and consistent environment necessary for supporting people in overcoming the challenges of experiencing both internalized and externalized emotional dysregulation.

Culturally Responsive Practice

In any counselling practice, it is imperative to be culturally informed, and to provide a culturally responsive practice. A culturally responsive practice relies on counsellors to use person-centered models which are rooted in respect for the client's inner wisdom and world view. This means taking time to learn about the community beliefs, practices, and supports which may be helpful in working with their client. (Asaani & Hofmann, 2012). This could include encouraging clients to make connections with cultural groups, elders, and/or cultural liaisons, as these supports may be essential in developing a connective and sustainable healing plan which is relevant for the client.

As in practice, academic research must too be culturally aware and responsive. To understand human beings, it is critically important to consider one's own bias and how it intersects with the heterogeneity within and between groups (Reohr et al., 2022). Being a culturally responsive researcher requires understanding that academia is inherently westernized due to its historical foundations, and therefore, decentralizing one's research to examine diversity in perspective and experience, is necessary (Reohr et al., 2022). For this reason, I aim to focus my research on a diverse range of research which has been conducted by researchers with varied lived experiences. I also avoid limiting my research to academic studies by choosing to also explore community reports, and cultural approaches to parenting, education and care.

Contribution of this Study to the Field of Counselling

My literature review of this topic indicates that, the stakes are high for children experiencing frequent emotional dysregulation in classroom settings, and yet, the topic remains under researched (Paulus et al., 2021), with educators, parents, and counsellors debating over what has led to this increase in dysregulation, and how to go about fostering emotional regulation, I seek to explore the source and treatment of student dysregulation further.

Accompanying this lack of research is an inclusive classroom model which has been chronically underfunded for over a decade (Craig et al., 2022). Teachers are under trained and under supported to accommodate neurodivergence in the classroom (Craig et al., 2022). With under resourced schools, private counsellors are often sought to support children who are struggling to cope emotionally at school, most often, because their school is under equipped to support these students internally. With more and more children, parents, and teachers seeking the support of private counsellors, this line of academic inquiry will benefit the field of counselling psychology by conducting an analytical analysis of approaches which may support emotional regulation in children who are having difficulty in their classroom life.

Definition of Key Terms

Holistic

In this capstone, the term holistic refers to an approach which aims to consider and support all aspects of the person: biological, psychological, social, and spiritual.

Emotional Dysregulation

For the purposes of this research, emotional dysregulation refers to displays of emotionally dysregulated behaviours that are atypical for the age of the child. Dysregulation may manifest as “internalized dysregulation”, becoming withdrawn or dissociative; or “externalized dysregulation”, unusual displays of intense emotions and, or violence (Sullivan et.

Al, 2012). In school-based settings, behaviours which may be observed in emotionally dysregulated children are often large reactions, which are out of proportion to what would generally be expected in a social setting (Marques et al., 2023).

Emotional dysregulation is not a disorder itself but is commonly a transdiagnostic symptom of many diagnosable disorders according to the DSM5, including generalized anxiety disorder, ADHD, Autism spectrum disorder, and addiction disorders (Landcastle et al., 2024).

Emotional Regulation

While the definition of emotional regulation may vary, The American Psychological Association (2018) defines “emotional regulation”, or ER, as:

The ability of an individual to modulate an emotion or set of emotions. Explicit emotion regulation requires conscious monitoring, using techniques such as learning to construe situations differently in order to manage them better, changing the target of an emotion (e.g., anger) in a way likely to produce a more positive outcome, and recognizing how different behaviors can be used in the service of a given emotional state.

Executive Function

Executive functioning refers to the culmination of neurocognitive processes which include memory, impulse control, focus and mental flexibility (Tamm et al. 2021). Executive function is essential to emotional regulation.

Neurodivergence

Neurodivergence is an umbrella term, used to refer to non-typical neurological function. The term is commonly used to encompass neurodevelopmental disorders including autism, attention deficit disorder (ADD), attention deficit hyperactive disorder (ADHD), dyslexia, or Tourette’s syndrome (Botha et al., 2024). Although “neurodivergent” is not typically considered

to be a formal or medical term, this term is used throughout this capstone in place of the traditional term, “diagnosable disorder”, in consistency with “neurodiversity theory”, first developed by Judy Singer in 1998. The theory posits that brains are and always have been diverse by nature, for the benefit of species survival, and unique brains are not therefore, “disordered” (Botha et al., 2024). The theory posits that neurodiversity is evolutionary beneficial to the human species, as neurodiversity allows for brains to complement each other, allowing for a broad range of strengths and abilities within a society (Botha et al., 2024).

Statement of Positioning

I come to this research not only as a student of counselling psychology, but also as a schoolteacher, with eleven years of experience in primary education. My background and experience both inform me and create bias in my view of this topic and the world in which I live, work, and seek to improve.

I teach and study on the territory of the ləkʷəŋən and Xwsepsum people, today known as the Esquimalt and Songhees nations. As a teacher and counsellor, my fields of work have deep colonial roots and are founded in Eurocentric values. These same colonial foundations led to the intergenerational trauma of residential schools which still impact people of the community where I live, work and research. My world view as a white settler who was raised in the British Columbian Education system and now works within it, is informed and strengthened by my extensive experience in this system, and yet limited by my unknowing of non-Westernized ways of living and experiencing the world.

My research is grounded in finding ways to support children in our education system, yet the shortcomings of this “inclusive” education system too often oppress the young people who find themselves dysregulated in school settings. While I am well acquainted with the

shortcomings of our school system, I seek to work within it, not because I believe it to be right, but because I understand that the education system is and will continue to be, for better or worse, one of the most impactful influences in the lives of our children who will soon become the adults which make up our communities.

In my experience as a classroom teacher over the past eleven years, my students seem to come to me each year more emotionally dysregulated than the previous year. It has become increasingly common for children to have emotional outbursts and social conflicts which disrupt learning throughout the day; so much so that it has forced me to re-examine my practices, shifting my approaches to support social and emotional learning much more than in years preceding. I see the way that my students' emotional dysregulation impacts their mental wellbeing and their relationships with their peers, and I am often concerned about how it will impact long-term mental health.

My view is that the most effective way to impact emotional regulation in children at school is by investing in families, and schools, so that the environments in which children live and learn are emotionally regulating for them. I see the recent need for an increase in private counselling for children as a symptom of family and education systems which are under resourced and as a result, too often under-meeting the needs of children.

I am driven in this inquiry both by curiosity and need, as I find myself wondering what is impacting my students' mental wellbeing, seemingly for the worse in recent years, as well as how I will be able to help young people when I am to become a registered clinical counsellor. While I remain unconvinced that the system I live and work in is ideal for the wellbeing of our community's children, I continue to live and work within it, and through this research, I seek to find ways to improve student wellbeing within the system.

Chapter Summary

In this chapter, I discussed the rising concerns regarding emotional regulation in school-aged children, as well as why it is important to research emotional dysregulation in the classroom and what therapists can do to help support children in developing emotional regulation skills. I introduced key terms to help clarify the direction of my research and shared my unique positioning as a researcher. In the next chapter, I will present a literature review on this topic which explores the impact of emotional dysregulation, possible causes for emotional dysregulation in school-based settings, and holistic therapeutic supports which may be utilized to support children who experience emotional dysregulation. The literature review is designed to provide evidence-based practices which can be employed by practitioners to support children who experience emotional dysregulation in school, as well as to highlight areas of focus which require increased research in order to provide more conclusive evidence for practitioners.

Chapter 2: Literature Review

This research was conducted to explore data, research, and discourse surrounding the topic of emotional dysregulation in elementary-aged students. Most of the research I consulted for this literature review was published between 2018 to 2025, however, I often consulted historical publications as well. The focus of my research was to acquire published, peer reviewed articles in the fields of psychology, education, and social work. Key terms which I used to conduct my searches included “dysregulation in elementary students,” “neurodiversity in education,” “emotional regulation,” and “counselling interventions for emotional regulation in children.” The purpose of this chapter is to discuss the research surrounding three key topics: 1) factors impacting emotional regulation in children; 2) the short and long-term impact that frequent emotional dysregulation has on those who experience emotional dysregulation directly and indirectly, 3) methods counsellors may employ with young clients who experience emotional dysregulation at school.

The Function of Emotions and Emotional Dysregulation

A substantial body of literature gives testament to the evolutionary benefits of emotional functions (Abe & Izard, 2010). Emotions allow humans to adapt to and interact with their environments. They are experienced internally due to external stimuli and are often displayed externally through facial expression and/or physical movement, allowing their recipients to experience and respond to the environment around them, often before mentally recognizing or evaluating the stimulants (Paulus et al., 2021).

Emotional dysregulation is natural and even necessary in aspects of emotional processing, and childhood development (Abe & Izard, 2010). Intense emotions leading to crying, shaking, and physical urges are shown to be essential to humans’ natural healing abilities in

times of danger, grief, or trauma recovery (Payne et al., 2015). This natural essential functioning of the brain must be understood to support people in overcoming challenges associated with frequent ED.

In a healthy brain, emotions such as fear, anger, anxiety and aggression stimulate psychological stress responses by activating the hypothalamus to release stress hormones like adrenaline and cortisol (Goleman, 1995). This function is essential in producing a “fight, flight or freeze” response in the body, essential for survival when physical safety at the most primal level is threatened (Fitzduff, 2021) (James & Lange, 1920). Adrenaline causes air passages to expand, blood vessels to contract, blood sugar levels to increase, and pupils to dilate (Verbene, 2016). These functions allow for enhanced vision, increased energy and ability to fight, flee, or freeze. In instances when the threat is not sustained or imminent, the prefrontal cortex should in theory activate, allowing for critical thinking about feelings and in turn, shutting down the amygdala (Fitzduff, 2021).

Emotional dysregulation is associated with reduced ventrolateral and dorsolateral prefrontal cortex activity, resulting in failure to suppress amygdala activation (Ressler, 2011). In people who struggle to emotionally regulated, the prefrontal cortex of their brain is not able to activate, and the amygdala takes over producing a psychological response which is disproportionate to the perceived threat. Goleman (1995) referred to as an “amygdala hijack”. Some characteristics of an emotionally dysregulated episode, prompted by amygdala hijacking include rapid heartbeat, sweaty palms, goosebumps, and aggressive urges (Fitzduff, 2021). When a person is experiencing amygdala takeover, removing the stimulus and taking time to calm the nervous system, allows for the adrenaline and cortisol levels to regulate before their executive

functioning is able to again support their ability for reasoning, self-control, memory, and cognitive flexibility.

Factors Influencing Emotional Regulation

There are many factors which impact emotional regulation in children. Emotional stability is a complex interplay between cognitive functioning and environmental stressors. There are several factors to understand and consider when examining emotional dysregulation in school-aged children, outlined below. Due to the interconnectivity of these factors, is essential for therapists to take a holistic approach in supporting clients who experience frequent emotional dysregulation.

Basic Needs

From infancy, emotions function to help humans meet their immediate physical needs for food, water, shelter, and safety. A person who does not have these basic needs met, will experience emotional dysregulation shown outwardly or felt inwardly. This experienced discomfort motivates the perceiver or their caregiver to meet their needs and thus improves chances of survival. Children may experience emotional dysregulation due not only to prolonged stress of not having their needs met, but as a direct result of declined function due to deficient needs (Haines, et al., 2019).

A child who is food, shelter, or safety insecurity on a regular basis, will be much more likely to experience emotional dysregulation inwardly or outwardly, both when experiencing their deficiency as well when their source of nourishment or care is threatened (Haines, et al., 2019). However, children who do not experience scarcity, are also likely to experience at least some emotional dysregulation in connection to physiological factors including nutrition, hydration, blood-sugar levels, exercise, and sleep (Vandekerckhove & Wang, 2018).

Emotional dysregulation can also be a sign of a more acute nutritional deficiency and/or metabolic disorders. A literature review exploring the link between nutrition and anxiety found a significant body of research indicates that both anxiety and depression are related to diet (Aucoin et al., 2021). The review found numerous studies which indicated that a balanced diet which meets a person's needs for macro and micronutrients, has a marked impact on mental health (Aucoin et al., 2021). Unfortunately, despite the very clear connections between diet and anxiety/depression, nutritional counselling is still very limited in the treatment of these disorders (Aucoin et. al). Given this connection, it could be invaluable to work with a nutritionist to support children who are experiencing frequent emotional dysregulation.

Metabolic disorders may also present as frequent emotional dysregulation. For example, people who are diabetic may experience high levels of fear and anxiety as a response to low or high blood sugar (Kalra, 2018). Furthermore, a study conducted in 2002 found that 40% of children with diabetes reported elevated anxiety levels to those of children without diabetes (Grisby et al.). Young diabetics do not yet know to make the connection between their feelings and their blood sugar levels, and it is important that the adults around them are able to support with this.

Understanding that emotional dysregulation is highly connected with basic metabolic function, is essential in supporting clients who experience frequent emotional dysregulation, as it is essential to meet a child's basic need emotional distress due to factors other than the unmet basic need (Aucoin et al., 2021).

Brain Development Relating to Maturity and Gender

To support healthy emotional regulation development when working with clients, it is worth noting all factors which may impact a person's ability to emotionally regulate. Emotional

regulation requires activation of the prefrontal cortex, as well as the amygdala, and for this reason, factors which impact the functioning of these neurological systems, including brain development and maturity will also impact one's ability to emotionally regulate (Salzman and Fusi, 2010).

Emotional maturity and gender are also important factor to consider when aiding a client in developing emotional regulation skills, as varying levels of emotional dysregulation are typical in stages of childhood development when the prefrontal cortex is not yet developed. Executive function develops rapidly from ages 2 to 5 years (Diamond, 2012), which is in concordance with frontal lobe development. There is considerable evidence to indicate that early years are a critical time for executive functioning development and that lack of development or excessive stress during this stage of life can imprint, impacting ones' ability to emotionally regulate even in adulthood (Aslan et. al, 2024).

Children of school age, being four years of age and older, typically have some emotional regulation ability, and are able to work on strategies to support themselves in calming down and avoiding intense or aggressive emotional impulses, however, the prefrontal cortex is not fully developed until one's mid-twenties (Arian et al., 2013). For this reason, when working with children and youth, it is important to understand that adolescents may struggle more than pre-pubescent children with "overwhelming emotions, reactivity, impulsive behaviour and neurobiological processes implicated in ER" (Wheeler et al., 2010, p.34.)

Gender is another factor that can impact emotional maturity, as it has been shown that young males typically display more aggressive traits and lower self-regulation for longer, while their female counterparts display higher executive function of the prefrontal cortex at an earlier age (Graham & Nutton, 2021). Although there are typical guidelines for age-related expectations

regarding childhood self-regulation, it is common for there to be variance in abilities at all ages and between genders. Working within the developmental stage of a client and helping clients to understand their own self-regulation abilities and limitations can help clients to develop realistic expectations, as well as self-understanding.

Caregiver Attachment and Coregulation

There is a wealth of data to indicate that children who have safe and secure relationships are more likely to be advanced in their emotional regulation abilities (O'Connor et al., 2019). Attachment relationships have been found to play a crucial role in how individuals interact with others. Securely attached children are more likely to feel safe and trusting in their environment as well as to develop healthy relationships in both childhood and later life (Bowlby, 1969, 1979 as cited by Ozel, 2024). There are multiple factors which contribute to the development of a securely attached child, including consistently having their physical needs met, care giver reaction to a child's emotions, coregulation with an emotionally regulated caregiver, and caregiver modeling of healthy emotional regulation both in reaction and downregulating (Movahed Abtahi & Kerns, 2017; Qu & Leerkes, 2017; Walsh et al., 2008, as cited by Ozel, 2024).

A secure parent-child connection allows the child to feel a sense of safety which results in a lowered need for hypervigilance and less anxiety. With decreased stress action in the amygdala, children have an increased ability to develop frontal lobe cognitive reasoning and are less likely to experience overactivation of the amygdala in the future (Ozel, 2024).

This feeling of security is attained due to a child consistently having their physical and emotional needs met by their caregivers. In a healthy attachment, a child who shows emotion has learned that this display of emotion will lead to their needs for food, water, cleaning, and care

being met. To the contrary, infants of parents who are less responsive to their needs, have been found to be more likely to experience prolonged distress (Patterson et al., 2019). In some children, this may lead to a decrease in outward expression of emotions, in a form of learned helplessness. However, in others this stress may lead to an increase in reactive emotional distress. This chronic stress experienced in infancy may lead to excessive activation of other stress response systems such as the sympathetic nervous system, cardiovascular system, and the hypothalamic-pituitary-adrenal axis, thus leading to an overall decrease in the child's health (Enlow et al., 2014; Obrist, 1976).

The phenomenon of coregulation also plays a key role in supporting children in developing a calm nervous system. Humans are sensitive emotional creatures, often taking emotional cues from the people around them. A child receives signals about safety and danger based on the emotional regulation of their caregiver. They are more likely to feel relaxed when a parent is calm, and as likely to feel distressed when a parent is in distress. For this reason, supporting a parent in developing a calm nervous system, is often essential in supporting a child in experiencing calm (Hans et al., 2000; Kerns et al., 2011, as cited by Obeldobel et al., 2022).

Children are also influenced by their parents' modeling of healthy emotional regulation (Obeldobel et al., 2022). Children who see their parents experience appropriate reactions to stress as well as down regulation, are more likely to also react emotionally and down regulate after a stress stimulus (Obeldobel et al., 2022). Contrarily, researchers have found that when parents do not show emotional reactivity, children are more likely to internalise their emotions and experience prolonged internal stress (Obeldobel et al., 2022). In accordance with this trend, children of parents who show higher than usual reactivity, have been found to be more likely to experience a heightened emotional reaction to stress, and less likely to be able to experience

timely downregulation (Obeldobel et al., 2022). It is helpful for children to see their parents consistently responding to emotional stimulus and downregulating, thus modeling the emotional regulation for the child.

The children of caregivers who appear less responsive to their child's emotions are more likely to raise children who do not outwardly show their emotions (Hans et al., 2000; Kerns et al., 2011, as cited by Obeldobel et al., 2022). Conversely, parents who experience heightened distress regarding their child's emotions, may impact their children's anxiety response which results in the display of dysregulated behaviour indicative of anxiety. This is both due to increased feelings of stress due to their caregivers' response as well as their need for a high level of care and attention during these times. (Hans et al., 2000; Kerns et al., 2011, as cited by Obeldobel et al., 2022).

A healthy attachment in childhood is indicated in childhood by a child's tendency to seek contact with one or more consistent caregivers when frightened, worried, or vulnerable and to take comfort in this connection (Ruiz-Aranda, 2021), and in turn, to develop healthy coping strategies for down regulating after an emotional reaction (Obeldobel et al., 2022). A child is more likely to appropriately seek out care and develop self-regulation skills, when their caregivers model healthy emotional management and are responsive to the physical and emotional care needs of the child (Obeldobel et al., 2022).

Neurodiversity and Diagnosable Disorders

When working with a child who experiences frequent emotional dysregulation in the classroom, it is important to consider and understand neurodiversity and diagnosable disorders. Neurodivergence is an umbrella term, used to refer to non-typical neurological function. The term is commonly used to encompass neurodevelopmental disorders including autism, attention

deficit disorder (ADD), attention deficit hyperactive disorder (ADHD), dyslexia, or Tourette's syndrome (Botha et al., 2024). The correlation between neurodivergence and ED in the classroom is evident, so much so that ED experienced in classroom settings is one of the lead identifiers of ADHD and ASD in children (Robinette et al., 2021). Children who have diagnosable disorders including childhood depression and anxiety are also more inclined to experience emotional dysregulation in schools (Aslan et. al, 2024).

For some children who are neurodiverse, a lack of executive functioning can be the hidden cause of emotional dysregulation. Tamm et al. (2021) noted in their study on executive functioning, that executive functioning, the culmination of neurocognitive processes including memory, inhibition (control of impulses), attention and cognitive flexibility, is necessary for all social interactions, decision making instances, and rule following. The study tested 153 students (aged 5-12) using executive functioning tasks, finding that age was much less significant than the executive functioning. According to Tamm et al. executive function is a likely determinant of future academic, social, and behavioral struggles.

Because impulse control is needed in order to resist outbursts and temptations, and cognitive flexibility is necessary in order to adapt to the diverse surroundings in a classroom, executive functioning is significant in maintaining emotional regulation in school-based environments (Tamm et al. 2021).

The modern classroom is designed for a neurotypical person and can thereby contribute to frequent emotional dysregulation for neurodiverse children. Counsellors who are working to support children who experience ED in the classroom, may need to consider the possibility that the child has diagnosed or undiagnosed neurodivergence which may be impacting the child's experience in the school environment. If a counsellor has any reason to suspect that

neurodivergence may be a factor in a child's challenges with emotional regulation, a psychological educational assessment by a registered child psychologist may be sought. The psychologist may be able to provide further supports for students, teachers, and parents to implement at home and at school (Liebl, 2021).

A recent study, conducted to explore emotional dysregulation across all neurological disorders, found that individuals with ADHD displayed the highest level of difficulties in emotional regulation, followed by intermittent explosive disorder, social phobia, and generalized anxiety disorder (Aslan et. al, 2024). The study highlights the importance of recognizing emotional dysregulation as a transdiagnostic characteristic across psychiatric disorders, as well as highlighting the particular challenges that people living with ADHD face in regard to emotional dysregulation.

Trauma and Poverty

In my literature review, I found considerable evidence to support the notion that both post-traumatic stress disorder (PTSD) and Post Traumatic Stress Symptoms (PTSS) are correlated with higher levels of frequent emotional dysregulation (Weiss et. al, 2023). Existing literature indicates chronic stress related to poverty and/or frequent trauma experienced at home during childhood is associated not only with increased emotional regulation challenges but also with an increased occurrence of psychopathology in adulthood.

For example, Kim et al. (2013), found that people who experienced poverty before the age of 9 were more likely to experience emotional dysregulation in adulthood. The authors interviewed 49 adults of varying levels of mental wellness regarding their ability to handle stressful stimulus. Those adults who had low family income at the age of nine, reported reduced ability to emotionally regulate, even when attempting to do so in their adulthood. The researchers

noted that subjects who had experienced chronic stress as children, showed reduced activation of the ventrolateral and dorsolateral prefrontal cortex activity in times of stress and thus failure of the prefrontal cortex to suppress amygdala activity is to blame for this challenge with emotional regulation (Kim et al., 2013). When explored further, those conducting the study, suggested that this could indicate that a cognitive pattern is instilled in the brain before the age of nine, leading the brain of a child who experiences high stress situations frequently to be more likely to experience symptoms including hypervigilance and attentional biases, hyperarousal, emotional numbing, and irritability (Kim et al., 2013).

Short and Long-term Risks Associated with Emotional Dysregulation at School

Experiencing frequent emotional dysregulation at school has negative short-term and long-term social and emotional impacts on students. The near-immediate repercussions of highly emotionally reactive moments can raise safety risks to the child, disrupt peer and home relationships, and impair social and emotional development (Graziano et al., 2010).

Emotional Dysregulation as a Transdiagnostic Phenomenon

Emotional dysregulation in children is found to be not only an antecedent for mental health concerns in adulthood, but emotional regulation also itself is a key characteristic at the root of most adulthood disorders.

Aslan et. al, (2024) highlighted the importance of recognizing emotional dysregulation as a transdiagnostic characteristic across psychiatric disorders. Subjects who experienced heightened emotional dysregulation were also more likely to experience a range of challenging outcomes including impaired interpersonal relationships, decreased daily functioning, and heightened susceptibility to comorbid disorders.

Aslan et. al, (2024) followed 543 subjects, and reported that those who were less able to implement proactive coping strategies, were more likely to utilize maladaptive regulation strategies which are characteristic of anxiety, mood, and personality disorders. These maladaptive strategies included avoidance, self-blaming, perseveration, and compulsions. Some compulsions and avoidant behaviours which were reported included self-harm, hypersexual behaviours, gambling, and substance use (Aslan et. al, 2024).

Negatively Impacted Peer Relationships and Victimization

In reviewing the literature on peer relationships and emotional dysregulation there is considerable evidence to suggest that students who experience frequent emotional dysregulation at school are less likely to develop positive peer relationships and are more likely to be victimized as well as to victimize others. For example, Berg and Abner (2015) interviewed 4,016 students about their feelings of safety in their school both in autumn and again in the spring. In the study, it was found that students who had high levels of empathy and social competency tended to feel less afraid at school and reported having more positive interpersonal relationships. They found that students who had lower levels of executive functioning, reported being more often victimized in a bullying incident, as well as reported overall lower levels of feeling safe at school.

Rose et. al (2012) explored concerns regarding the victimization of students with disabilities, as well as the assertion that students with disabilities are more likely to actively engage in bullying behaviours. The study found that students who have lower cognitive functioning, are less likely to sense the social danger and navigate away from potentially threatening situations and more likely to unknowingly become repeatedly involved in threatening social situations without the problem-solving skills to avoid them. In this study, conducted by

interviewing teachers, parents and students, it was found that students with emotional behavioural disorders were both more likely to be bullied and also to engage in bullying on a repetitive basis.

A recent meta-analysis of eighteen studies regarding bullying and executive function, conducted by Jia et. al, (2024) asserted that not only are people with lower executive functioning more likely to be both bullied and to take part in bullying, but this is also the case regardless of their gender, age, and culture. Thus, indicating that executive functioning is likely to be the main predictor of bullying and victimization in school-aged children.

Executive functioning is cognitive processing that allows for the brain to regulate and activate higher order thinking and reasoning including planning, organizing, problem-solving, and decision making.

Influential Factors Contributing to the Increase of Emotional Dysregulation in Schools

Socioeconomic Factors

There are many factors which impact child-caregiver attachments, including parental wellness, familial separation, work schedules, economic well-being, intergenerational trauma, and more. To support children in developing emotional wellness, it is important to also support caregivers in becoming emotionally regulated and responsive caregivers.

Economic pressures of daily life are likely to impact the attachments between caregivers and children. In the post-covid era, Canadian families have been increasingly reporting concerns about the cost of housing and food (Statistic Canada, 2024). Poverty is determined based on a family's ability to afford monthly housing and provisions. Between the years 2020 and 2022 child poverty rates increased by nearly 5%, with nearly 1.4 million children in Canada living in poverty (Statistics Canada, 2024). Furthermore, child poverty impacts indigenous and immigrant

children in Canada disproportionately (Charlesworth, 2024). According to the 2023 BC Child Poverty Report Card published by First Call Child and Youth Advocacy Society (2024), 37.4% of indigenous children living on reserve experienced poverty in 2021 and poverty rates are expected to have gone up since then.

While child poverty rates soar, so do the number of working parents. In Statistics Canada (2018) noted that in 1976, 93% of fathers and 40.5% of mothers were employed, and by 2023, The employment rate of mothers was 79.8 percent, with the rate of fathers staying nearly the same. This increase in working parents may impact parent-child attachments, as less parents are able to be home with their children than ever before. While research indicates that daycare has a neutral impact on child attachment, if the care provided is high quality (Rodrigo et al., 2014), it is possible that the increased pressures of the economy are impacting parental wellness, which in turn, impacts child regulation. As noted earlier, stress due to poverty is correlated with lower ability to emotionally regulate.

The Impact of Modern Technology Use on Emotional Regulation Development

Digital media is a factor which has become particularly embedded in the childhood experience in the past 2 decades (Carneiro et al., 2016), and even more apparently during the COVID-19 pandemic. For example, technology, not only impacts a child's ability to self-regulate in the short term, if the technology is utilized frequently during critical developmental years, it also has been found to impact a child's development and their ability to self-regulate in the long term too (Radasky, 2022).

Digital devices including laptops, smartphones, and tablets have become integral to home and work life. A 2019 report conducted by "Child Wise" in the United Kingdom found that more than two thirds of 5- to 16-year-olds owned a smartphone and 80% of 7–16-year-olds were able

to access the internet in their own rooms (as cited by Shulz van Endert, 2021). The same report estimated that on average, children spend 3.4 hours per day on devices. The main activities they were engaged in included watching videos, using social media, and gaming. Media use changes throughout childhood; time spent watching educational television peaks in preschool and entertainment TV, videogaming and social media take up more leisure time around by the age of 8 (Shulz van Endert, 2021). Since the COVID-19 pandemic, these numbers likely increased as many parents were working from home and children were using devices for educational purposes or to stay busy while their parents worked (Shulz van Endert, 2021).

A recent longitudinal study indicated that toddlers who were given devices to calm them down during emotional outbursts were less likely to learn to emotionally regulate without devices even years later (Radesky, 2022). The study was conducted with 422 parents who used devices to soothe their children aged 3-5. In the follow up was conducted at three months and again after six months, children who had frequently been given devices when they were upset, were found to have decreased executive functioning and increased emotional reactivity. The more parents gave their children devices, the more likely their children were to display frequent outbursts and anger (Radesky, 2022).

With early childhood being a window for developing higher-order emotional and cognitive processes, this research suggests this lower emotional functioning could persist and have a negative impact on a child's ability to self-regulate even as they mature and in school-based settings (Radesky, 2022).

A dated study by Zimmerman et al. (2006) found that low-quality TV viewing at an early age was found to correlate with ADHD. Another study by Nathanson et al. (2014), found that lower executive functioning was correlated with higher TV watching, as well as academic

challenges in elementary-aged students. In addition, lower executive functioning in preschool attendees was found when children watched low quality TV (Namazi, 2024). In these studies, low quality television was generally defined as, television which had low educational value and may include violence (Zimmerman et al., 2006).

While there is ample evidence to support that media use impacts a child's executive functioning, a systematic review of the literature concluded that more research is needed regarding the type of content being consumed by the child, as well as the developmental age of the child who is being exposed to the content (Namazi, 2024).

Counselling Theories and Approaches to Support Emotional Regulation in Children

A recent review of the therapeutic approaches used to target emotional regulation found that there is considerable evidence to support the use of a range of therapeutic interventions for supporting emotional regulation in children (Lancastle et al., 2024). However, this review noted that due to the heterogeneity of the conceptualization of emotional regulation between studies as well as the uniqueness of the research methodologies used, it is difficult to draw comparative conclusions between the approaches. When working with clients, therapists should read literature and make use of the approaches which have been utilized for the intended outcomes they are aiming for with their clients (Lancastle et al., 2024). The approaches I found the most evidence for in my literature review involved using an assortment of Attachment Therapy approaches and supporting them in developing healthy cognitive patterns, through Cognitive Behavioural Therapy and psychoeducation.

Attachment Therapy and Emotional Regulation in Children

Based on the evidence-supported theory that children who have secure attachments are more likely to be able to self-regulate, attachment therapy aims to address emotional regulation

in children by supporting clients in developing secure attachments within the therapeutic alliance as well as within their other relationships (Ozel, 2024). A literature review of Attachment Therapy approaches found that specific approaches are more useful depending on the developmental age of the child (Kohlhoff et al., 2022). Utilization of the following strategies at the appropriate stages of a child's development have been found to be highly effective in enhancing emotional regulation, secure attachments and social skills (Kohlhoff et al., 2022).

Play-based therapy (ages 3-6). During the 3-6 years of age, children form their fundamental trust relationships and shape their emotional regulation skills (Malik & Marwaha, 2022). At this age, attachment-based therapies should be conducted through play-based therapies and creative activities. Thus, allowing children to explore and express their emotions in a safe and secure environment (Landreth, 2023). Play-based therapy in early childhood is one of the most effective in supporting a child who is developing emotional awareness and self-soothing skills. Goodyear-Brown (2019) highlighted that play is a natural mechanism for children to reconstruct their traumatic experiences through, allowing for the facilitation of emotional healing and the follow-through of healthy down-regulation.

Attachment and play-based therapy involves strengthening the parent and child bond through goal-based play (Mellenthin, 2019). Approaches could include playing games, painting, storytelling, roleplaying, or taking on a challenge together. Throughout the process the therapist may support the parent in noticing and responding to the child's needs, and afterwards the parent-child team may reflect on what it feels like when they work as a team (Mellenthin, 2019).

Group Therapy (ages 7-12). From ages 7-12, children experience an increase in complicated emotional peer-related experiences at school. Children in this age group, benefit from play-based group therapies, aimed at supporting children in developing social and

emotional skills related to friendships and school experiences (Landreth, 2023). Child Centred Group Play-based therapies support children in forming social connections and developing emotional awareness, empathy, and emotional down-regulation strategies (Cassidy & Shaver, 2018). Children not only learn about emotional regulation mechanisms within the brain, but the groups also have potential to strengthen the trusting relationships within their peers' groups and assist children in developing emotional regulation strategies (Juffer et al., 2023). Child centred group play-based approaches include activities such as playing a game, roll-playing with dolls, anger management games, creating an art project, storytelling and problem solving games using blocks (Mellenthin, 2019).

Najafi and Khodabakhsh (2024) demonstrated that play-based group therapy significantly reduced both the anxiety score of the children involved as well as behavioural problems and aggression in children who experienced anxiety, aged 7-12 years. Their findings align with prior studies including those of Levine and Munsch (2010), Stutey et al. (2017), and Nursanaa and Ady (2020) who found that utilizing play-based group therapy can effectively reduce negative emotions and aggression in children.

Individual and Family Therapy (Adolescents). Individual therapies have been found to be highly effective in supporting children and youth in developing secure attachment relationships. Purnell (2018) indicated that individual therapies are effective in helping children to learn to recognize their emotions and express themselves more clearly in their relationships. Children in individual therapy sessions are given the opportunity to reflect on the emotions they have been experiencing in a their securely attached client-therapist relationship. For children with a trauma history, individual therapies have been found to provide significant support in the emotional healing process (Pleines, 2019).

Family Therapy (for adolescents). Attachment-based family therapies have been found to strengthen attachment relationships during adolescence (Diamond et al., 2021). Family approaches have been found to be successful with youth who are coping with depression, trauma, and suicidal tendencies (Diamond et al., 2021). The aim is to provide an interpersonal, process-focused and trauma informed approach to promoting healing and healthy parent-caregiver relations (Diamond et al., 2021). Clients in family therapy tend to report feeling reduced tension in parent-child relationships as well as increased communication.

Research conducted over the past ten years find that attachment-based therapies are effective, particularly for high-risk children. They have been shown to strengthen mother-child relationships, reduce PTSD symptoms, and assist in developing emotional regulation skills (Landreth, 2023; Diamond et al., 2021). Incorporation of these varied attachment-based methods at appropriate ages, supports children in developing increased understanding of how to develop emotional regulation skills, process trauma, and develop social understanding and empathy (Ruiz-Aranda, 2021).

Cognitive Behavioural Approaches and Mindfulness

Cognitive Behavioural Therapy (CBT) is one of the most widely researched and utilized approaches for supporting children in regulating their emotions (David et al., 2018). It is considered the “gold standard” when it comes to psychotherapy according to many, due to the high number of studies which provide evidentiary support for its effectivity (David et al., 2018). Although many scholars question the high ranking of CBT, noting that there are not sufficient comparative studies to justify its prestige, it remains the most researched approach for supporting people with mental health disorders currently.

According to the research, CBT aids children in understanding the connections between thoughts, feelings and behaviours, with the eventual goal of aiding children in developing more supportive thought patterns (David et al., 2018). Third wave CBT combines these strategies with developing mindfulness skills (Carvalho et al., 2020).

In cognitive behavioural therapy sessions, children learn to identify the thought patterns that are bringing up negative feelings. Children with high anxiety tend to overestimate risk, building fears that can lead to avoidant or isolating behaviour and/or highly emotional responses to stressful stimulus. Through looking at the whole picture and replacing negative self-defeating or irrational thoughts with more balanced and empowering ones, children gain skills to help manage their emotions (Stellard, 2022).

The approach is sometimes mistaken for being focused on positive thinking; however, a cognitive behavioural therapist aims to support children in recognising and accepting the reality of their situation (Stellard, 2022). Through the acknowledgment of challenging situations, a child is supported in processing and accepting their circumstances, including components that are changeable and those that are not. Once acceptance is acknowledged, the client is guided to focus on what they can do versus what they cannot. They are then taught strategies of developing supportive thought patterns and coping strategies (Stellard, 2022). Because children often have limited agency, CBT can offer some solace as it connects a child to the aspects of their experiences over which do have control over (Stellard, 2022).

Methodology of Research Reviewed

The research methods used to conduct this literature review involved reviewing qualitative and quantitative studies as well as a wide assortment of academic literature reviews on emotional regulation in children. The aim was to approach the work from a holistic approach,

examining all factors (social, emotional, spiritual and physical) which contribute to increased emotional dysregulation in school, including factors such as modern technology use, increased stress due to economic hardships and the Covid19 pandemic, and to examine how therapists can effectively intervene to support children in developing emotional regulation through the utilization of a variety of counselling practices. A wide variety of counselling approaches were reviewed, because they all have been found to be effective in supporting emotional regulation in children. Furthermore, there is a broad range of reasons for children to experience emotional dysregulation, and different approaches have been found to be helpful for different challenges. For example, for a child who has an anxious attachment due to living in a highly stressful environment, Attachment Focused Therapy is found to be effective (Kohlhoff et al., 2022), while a child who experiences chronic anxiety due to neurodivergence, cognitive behavioural therapy can be more effective (David et al., 2018). For this reason, a diverse selection of research on a wide array of topics was consulted.

In the pursuit of this literature review, not only were longitudinal studies, descriptive studies, cross-sectional studies, and meta-analysis all consulted, as was information from federal and provincial services including Canada Census as well as reports from the Canadian representative for Child and Youth. These sources aided in providing context and relevant connections to the real consequences of challenges faced by those children who experience emotional dysregulation.

The undertaking began by searching academic databases such as PubMed and EBSCOhost. Key terms which were used included “emotional dysregulation”, “children”, “socioeconomic stress”, “neurodivergence”, “technology use in children”. Sources were selected based on their relevance to the topic and the quality of data presented. The assortment of

literature offers insights into the biological, social, and environmental factors which impact emotional regulation in children as well as the effectivity of numerous therapeutic methods.

In the aim of ensuring thorough and holistic understanding of the topic, studies selected focused on a variety of approaches. Clinical trials, provide evidence supporting the methods outlined in the literature review. Longitudinal studies tracked the development of emotional regulation into adulthood. Studies which made use of both qualitative and quantitative data were consulted, providing an increased likelihood for unbiased findings.

Limitations and Critique of Reviewed Literature

There is a vast body of literature, providing valuable insights into both the cause of emotional dysregulation in school-aged children, as well as the therapeutic approaches which may be applied to support children. However, despite these significant findings, there are still several limitations in the body of literature that exists on emotional regulation including a lack of consistency in the conceptualization of emotional dysregulation, inconsistency in the research methods, potential for researcher bias, and lack of exploration of the interplay between intersectionality and research outcomes.

Lack of consistency in the conceptualization of emotional dysregulation across studies can cause difficulty when attempting to draw comparisons and determine if there is conclusive evidence from a range of sources. Emotional dysregulation is defined slightly differently and measured uniquely depending on the study. Although studies were often effective in providing insight, this heterogeneity between studies makes it difficult to rank one approach against another. Furthermore, the vast variety of factors which influence emotional dysregulation in children, impacts studies as well, as different approaches work for different scenarios.

The variance in methodologies used also provides some challenge for meta-analysis. While literature and systemic reviews were consulted and did provide comprehensive overviews of the research, there was considerable variance in sample sizes as well as approaches, again making it difficult to draw conclusions and comparisons. Furthermore, while there are some longitudinal studies, conducted with adults who experienced dysregulation as children, it would be helpful to have more of these studies to review. With “emotional dysregulation” being a relative new concept in research, there is little research to reflect on regarding the long-term impact of emotional regulation focused therapies implemented in childhood.

Potential for inaccurate data collection is researcher and subject bias. Due to the subjectivity of the nature of the research topic. For example, in a study in which a parent reports on measures of emotional dysregulation, threshold for what constitutes dysregulation may vary considerably between subjects. Furthermore, cultural conceptualization of emotional dysregulation may vary widely as may the way that emotions are displayed, feeding into my next point.

Meta-analyses of this topic revealed that there is a lack of intersectional representation on the research (Lancastle et al., 2024). While studies often note that interaction with trauma, stress, and poverty may impact emotion regulation, there is little research which explores how these factors may connect with or be impacted by different demographic groups. While we know that certain population groups including indigenous and immigrant children are more likely to be impacted by poverty and intergenerational trauma, rarely do studies provide information on the specific therapeutic approaches which may support children who are impacted by these circumstances. Further research regarding culturally influenced therapeutic approaches and their impact intersectionally would be beneficial.

Chapter Summary

In this chapter, I discussed the function of emotions and emotional regulation, as well as the underlying factors which influence a child's ability to emotionally regulate including basic needs, brain development, caregiver attachment, and neurodiversity. I also discussed research regarding the short and long-term risks associated with emotional dysregulation in school-aged children, and factors which may be contributing to an increase in emotional dysregulation in schools. These factors included socioeconomic factors as well as the impact of modern technology use on the developing brain. My culminating research is focused on the counselling theories and approaches that may be utilized to support children in developing emotional regulation skills. The approaches I researched included attachment therapy, cognitive behavioral therapy, and mindfulness.

In the next chapter I will discuss the implications of this research, including recommendations for practicing therapists who are supporting children in developing emotional regulation skills, as well as recommendations for further research which may provide more conclusive and evidence-based principles for practicing with diverse populations.

Chapter 3: Discussion and Applied Practices

Discussion

This capstone explored emotional dysregulation in elementary aged children by examining its causes, the long-term and short-term impact, and the therapeutic approaches that have been found to be effective in supporting children in becoming more emotionally regulated in school settings.

The literature reviewed indicated that emotional dysregulation is impacted by a multitude of factors, all of which need to be considered and addressed for effective holistic treatment (Reohr, 2022). Some key factors which impact a child's ability to develop the critical coping skill of emotional regulation, include neurodivergence (Aslan et al., 2024), socioeconomic stress (Kim et al., 2013), childhood trauma (Conti et al., 2023), and modern technology use (Schulz van Endert, 2021).

Furthermore, children who were most often emotionally dysregulated reported lower feelings of safety and security (Graziano et al., 2007). They also received decreased access to educational opportunities and were more likely to be bullied and involved in bullying (Jia et al., 2024). In adult live, they were more likely to experience low relationship satisfaction and mental health challenges (Njardvik, 2022).

Treating a child who experiences emotional dysregulation in the classroom requires taking a holistic approach, addressing the biological, psychological, social, and spiritual needs of the child (Reohr, 2022), and is most effective when a collective approach between teachers, social workers, parents, doctors and social workers is employed to support both the child and family (Reohr, 2022). Direct therapeutic approaches which are supported by empirical evidence for treating emotional dysregulation include attachment-based therapies (Kohlhoff et al., 2022),

cognitive behavioral therapy (Moltrecht et al., 2021), and mindfulness interventions (Carvalho et al., 2020). All these approaches can and should be tailored to the unique needs and developmental stages of the child and family.

The findings of this capstone can be applied in therapeutic practice to support emotionally dysregulated children, as outlined below. The paper further highlights aspects of research which require further scientific exploration to provide more conclusive evidence.

Recommendations for Practice

When working with children, the research indicates that using a holistic approach is effective as it addresses the biological, psychological, social, and spiritual needs of the child (Reohr, 2022). As outlined above, this often requires taking a multidisciplinary approach, in which social workers, doctors, teachers and therapists work together for the better health of the both the child and family (Lancastle et al., 2024). In this section, I will outline guidelines and steps for supporting children who experience emotional dysregulation at school based on the bio, psycho, social, and spiritual model. Although I list these approaches using a step-by-step approach, the model is not stage based, and there is considerable overlap between the biological, psychological, social, and spiritual wellbeing of a child, as they are interconnected and interdependent.

Biological

The first step when working with a client who is experiencing emotional dysregulation, is to consider the complex biological needs of the child. Exploring factors such as nutrition, sleep, and hydration early in the client intake process, can help to ensure that the child's physiological needs are met. Research indicates that a balanced diet which meets the macro and micronutrient

needs, has a positive impact on mental health (Aucoin et al., 2021), and yet it is still uncommon for nutritionists to be consulted in supporting mental health concerns (Aucoin et al., 2021).

At times, examining the biological needs of a child, may require the support of a nutritionist and/or a doctor, as studies have indicated impactful links between nutrition and mental health (Kalra, 2018) (Aucoin et al., 2021). For example, both nutrient deficiencies and blood sugar levels have been found to lead to increased levels of anxiety (Aucoin et al., 2021). Forty percent of children who have diabetes experience elevated levels of anxiety (Grisby et al., 2002). A medical exam can help determine if a child's emotional dysregulation is related to a deficiency or biological dysfunction.

Tracking children's outbursts and exploring antecedents such as hunger or lack of sleep has also been found to be helpful in supporting children who experience frequent emotional dysregulation (Sorter et al., 2022). Multiple studies have indicated that simply implementing more scheduled snacks, drinking breaks and exercise into the day of a child can make a significant improvement (Aucoin et al., 2021; Larose et al., 2024)

When considering the biological factors that could be influencing the emotional regulation of a child, poverty is often a factor which needs to be addressed. Children who are food insecure on a regular basis are more likely to experience frequent emotional dysregulation both inwardly and outwardly (Haines, et al., 2019), as well as increased stress levels even into adulthood when their food-source is no longer threatened (Kim et al., 2013). For this reason, addressing the biological needs of a child may also involve connecting families to social workers who can address challenges associated with poverty or neglect (Charlesworth, 2024).

Psychological

The second step in supporting a child in developing emotional regulation requires considering and supporting their psychological functioning. This step requires learning about the mental patterns of the child and working together with their parents and possibly doctors to establish a support plan.

Neurodivergence, an umbrella term encompassing non-typical neurological functioning including autism spectrum disorder and attention deficit disorder. Neurodivergence is linked to increased levels of emotional dysregulation (Botha et al., 2024). For children who are neurodiverse, a lack of executive functioning can be the cause of emotional dysregulation (Tam et al., 2021). Assessing and diagnosing neurodivergence may be facilitated by a trained psychologist. When working with a child who is neurodivergent, one aspect of providing holistic counselling is exploring the child's experience in the classroom and advocating for supportive accommodations (Robinette et al., 2021). Sensory experience in the classroom is also a factor which should also be considered to address any emotional dysregulation that neurodivergent children may be facing. Factors including noise level in the room, light frequency, proximity to classmates, strong scents, and itchy fabrics, can lead to emotional overload for a sensitive child (Aron et al., 2012). These factors are worth noting not only so that children may become aware of their triggers, but also to advocate for adjustment of the learning environment, so that it may feel calmer and safer for the child. A specialist may be sought for an in-depth assessment of strategies and resources to support neurodivergent children in and out of the classroom (Robinette et al., 2021).

Learning about the child's mental function also requires learning more about a child's thoughts, feelings, and reactions. This information can be gathered by collaborating with parents,

doctors, teachers, and interviews with the child. After the therapist knows more about the child, a variety of therapeutic approaches may be utilized to support the child in developing healthy and helpful coping strategies.

Children who are struggling with emotional overload, benefit from psychoeducation regarding what happens to the brain during a stressful episode in which the amygdala has taken over (Fitzduff, 2021). This involves using age-appropriate language to help children to understand how to identify when they are feeling activated, what they can expect and not expect of their brains when their adrenalin and cortisol levels are heightened, and strategies that they can use to help calm their nervous system so that they are able to problem solve with a calm nervous system and a fully functioning prefrontal cortex.

One calming strategy that may be utilized is exercising mindfulness. During an amygdala take-over, a child may experience rapid heartbeat sweaty palms, goosebumps, and aggressive urges, while their ability to reason, gain self-control, utilize memory, and exercise cognitive reasoning is lessened, due to lack of activity in the prefrontal cortex (Fitzduff, 2021). Restoring executive functioning requires time away from the stimulus and research shows that focusing on breathing, present moment sensory stimulus, and/or visualizations can help to calm the nervous system (Carvalho et al., 2020).

Cognitive behaviour therapy is considered the gold-standard for working with children who experience frequent emotional dysregulation, due to its high level of evidentiary support (David et al., 2018). CBT has been found to be effective in helping children to develop more healthy cognitive patterns (Stellard, 2022) through aiding children in understanding the connections between their thoughts, feelings and behaviours (David et al., 2018). Using the CBT approach, children learn to identify distorted or negative thoughts that are having a negative

impact on their feelings, so that they may learn to replace the thoughts with more empowering self-messaging (Stellard, 2022). With children often having limited agency, CBT offers children the opportunity to manage at least the aspects of their life that they can control (Stellard, 2022).

A literature review on CBT notes that there are many effective tools and strategies which have been found to be helpful to therapists who are administering CBT (Fenn et al., 2013). These include using metaphors to support concrete thinking about thought patterns. For example, some therapists help children identify “red thoughts” or thoughts which hold them back, and “green thoughts” which are thoughts which help motivate them. Another common phrase used in CBT with children is the “4 Cs” in reference to how to handle “red thoughts”, standing for “Catch it, Check it, Challenge it, Change it” (Fenn et al., 2013). Assignments are often provided to support children and families in building healthy habits and monitoring red thoughts. The overall aim of these tools is to support children in developing their strategies in the many environments where they spend their time: at home, at school, during extra-curricular activities. At times, it is helpful to implement exposure opportunities to support children in practicing and utilizing their cognitive skills (Fenn et al., 2013). An example of this would be supporting a child in learning to notice any distorted thoughts they may be having (Saudha, 2025) take time to calm their brain when their nervous system is dysregulated, utilizing breathing, journaling, or mindfulness exercises to help calm their body (Saudha, 2025).

One aspect to consider when supporting a client with CBT is timing. If a child is adjusting to a new difficult circumstance, it is common and even helpful to have disappointed thoughts and anxieties. CBT is reserved for children who are experiencing repetitive negative thought patterns, it is not always appropriate in times when children are working through traumas or recent losses. Family functioning is also an important concept to consider, CBT may

not be useful when a child lives in a high stress environment and needs to have their safety and attachments needs met (Stellard, 2022).

Parent cognitions may also contribute to their child's perspectives on a situation, it can be helpful to train parents in doing and administering CBT with their children. Through this training, parents and children learn to work together to decipher their challenges and develop alternative cognitions (Stellard, 2022).

Social

The third step in the Bio, Psycho, Social, Spiritual model is to consider any social factors which may be impacting the wellbeing of the child. This requires considering the child's attachments and supporting them in developing healthy and supportive attachments. Children who have safe and secure relationships are more likely to be advanced in their emotional regulation abilities (O'Connor et al., 2019). This may involve considering the child's attachments both at home and at school.

As humans coregulate, children benefit from being around caregivers who have a calm nervous system. A child receives signals about safety and danger from their caregivers and thus, is more likely to feel relaxed if their caregiver is relaxed, and stressed if their caregiver is stressed (Hans et al., 2000; Kerns et al., 2011; Obeldobel et al., 2022). For this reason, one of the most impactful ways to support a child's emotional regulation, is to support their parents' emotional regulation (Obeldobel et al., 2022). This may involve working with a social worker and/or recommending or providing mental health supports to the parents of the dysregulated child.

Children are also influenced by their parent's modeling of healthy emotional regulation (Obeldobel et al., 2022). They benefit from seeing their parents both react to stress and

downregulate from stressful stimulus. Contrarily, researchers have found that when parents internalize their stress, children follow in suit, while children of parents who are highly reactive and slow to downregulate also display heightened reactivity and challenges with downregulating (Obeldobel et al., 2022). For this reason, supporting children in learning to emotionally regulate, again involves working with parents to support their ability to more consistently maintain a calm nervous system, as well as to downregulate after reacting to a stressful stimulus.

Attachment-based therapies have been found to be effective in supporting children to develop secure attachments (Ozel, 2024). The effectivity of attachment-based therapy approaches differs depending on the age of the child, and therefore should be modified to suit the developmental age of the client.

For children aged 3-6 years, a play-based approaches may be utilized, including the use of toys, games, role-play and creative activities include play-based therapy, group therapy, and family therapy. In utilizing this approach, children are provided with a safe and secure environment in which they may explore, express, and process their emotions in a safe and secure environment (Landreth, 2023). Play-based environments have been found to be one of the most effective approaches for helping young children develop emotional awareness and self-soothing skills (Goodyear-Brown, 2019). Play-based therapy may also involve working with caregivers and children together to strengthen coregulation skills and facilitate emotional healing and trust between a caregiver and child (Mellenthin, 2019). As children mature, a group-based attachment-focused approach has been found to be most effective. Therapists are recommended to work with children aged 7-12 in group settings to support children in developing social and emotional connections within their peer group (Landreth, 2023) incorporating games, crafts, roleplay, anger management games, and storytelling (Mellenthin, 2019). Group-centered Attachment therapy has

been found to be successful in reducing aggressive behaviour and negative emotions (Levin & Munsch, 2010) (Stutey et al., 2017) (Nursanna & Ady, 2020).

When working with adolescents, attachment-based family therapy has been found to be successful for youth who are coming with depression, trauma, and suicidal tendencies (Diamond et al., 2021). The approach incorporates the facilitation of open discussion to aid families in strengthening bonds, as well as restoring trust (Diamond et al., 2021).

Over the past ten years, research conducted on attachment-based therapies has been found to be successful in strengthening mother-child relationships, reducing PTSD symptoms, and assisting in developing emotional regulation skills both for caregiver and child (Landreth, 2023; Diamond et al., 2021)

Spiritual

The final factor to explore and provide care for is the spiritual wellbeing of the child. Supporting a child spiritually requires being trauma informed, culturally responsive, and aware of the child's work and play balance.

Prolonged stress and Post Traumatic Stress Disorder are correlated with heightened levels of emotional dysregulation (Weiss et. Al, 2023). For this reason, supporting children, begins with first supporting the family unit (Charlesworth, 2024). Children who are living in dysregulated environments are more likely to experience emotional dysregulation in their own lives (Sophie et al., 2010). Working with social workers to ensure that a child is physically and emotionally safe, is an important step in caring for a child's psychological well-being. Supporting families and parents so that they may become emotionally regulated around their children can have an immense impact on child wellness overall (Charlesworth, 2024).

Colonial trauma must also be understood, especially when working with local the families of indigenous children (Charlesworth, 2024). Counsellors should be informed about the history of the community and the role that schools, social services and counselling services may have played in subjugating clients and/or family members of clients, as this traumatic past is likely to be a barrier in forming a trusting client/counsellor relationship (Purkey et al., 2018). The systemically inflicted trauma, referred to as “trauma colonialism” spans for generations in Canadian First Nations communities (Charlesworth, 2024).

Clients benefit from the use of a culturally responsive approach (Reohr et al., 2022). Becoming culturally competent as a therapist requires considering the culture of the client and rooting the practice in a please of respect for the client’s inner wisdom and world view (Asaani & Hoffman, 2012). At times, it can also be helpful to connect the client to community-based resources which help the client ot connect with community and leadership withing their cultural background, this could include language groups, cultural community centres, and religious groups (Reohr et al., 2022).

The final aspect of spiritual wellness to consider is the lifestyle balance of the child. Children who live balanced lives, enriched with a balance of academic, extracurricular activities, community connection, and play, benefit biologically, physical, socially and spiritually.

Recommendations for Future Research

Addressing gaps in the research that is available will contribute to a greater overall understanding of how therapists can best support children who experience frequent emotional dysregulation in school-based environments.

More longitudinal research is needed to understand the impact that technology has on a child’s long-term ability to emotionally regulate. To prevent the possibility of technology use

having negative impacts on the developing brain, we first need understand more about how different types of technology and programming may impact children and which stages of their development might be more crucial than others. There is considerable research on this topic already (Carneiro et al., 2016; Shulz van Endert, 2021; Radesky, 2022), which indicates that technology is impacting brain development, yet more is needed to keep up with the ever changing and developing interface of technological inputs that children are interacting with on a regular basis.

While CBT (Moltrecht et al., 2021), Mindfulness (Carvalho et al., 2020), and Attachment Therapy (Kohlhoff et al., 2022), have all been found to be impactful in treating children who experience frequent emotional dysregulation, more research regarding how to best support neurodivergence both in therapy and in the classroom remains necessary.

Another important aspect of research which requires more extensive examination is the role that intersectionality plays as a factor for success in counselling practices. There remains a lack of research comparing the effectivity of therapeutic approaches across cultures.

Ethical Considerations of Research Reviewed

The guidelines adhered to for the purposes of this research are set out by the Tri-Council Policy Statement (TCPS, 2022). The policy provides an ethical framework for conducting research involving humans. The framework lays out explicit guidelines aimed at preserving the rights, dignity and well-being of all subjects included in a study. While all sources consulted did not directly adhere to these specific guidelines, sources which adhered to ethical considerations regulated by an academic overseeing body, were prioritized. Many of the studies make note of making note of gaining informed consent from participants, as well as taking precaution to minimize harm to their research subjects. Furthermore, inclusion mandates, helped to limit

cultural bias in the research. The research in this capstone demonstrated the use of ethical guidelines was important in ensuring reliability and validity of the reviewed studies, while also providing protection for the vulnerable populations included in this research, many of whom have suffered traumas and challenges associated with poverty. The papers were reviewed and deemed ethically sound by their associated academic committees and overseeing bodies.

One critical concern in the studies reviewed for this literature review is that the research often included working with minors. The TCPS guidelines lay out specific support structure to guide researchers in respecting the agency and autonomy of vulnerable persons such as children. Many of the studies which I reviewed made note of ensuring that minors were protected and informed throughout the studies and that all of them participated willingly, and with informed consent as much as could be obtained in accordance with their development level. If the researchers were unable to gain informed consent due to maturity level, guardian consent was received.

In conclusion, the topic of this study, being that it is centred on emotional dysregulation poses considerable ethical challenges for researchers and minimizing harm needed to be of the utmost focus. Researchers took care in planning research methods which avoided causing emotional distress, while taking care to respect the rights and safety of their research subjects, many of whom were minors of vulnerable populations.

Conclusion

Emotional regulation skills are critical for achieving academic success (Graziano et al., 2007), developing positive relationships, and maintaining positive mental health long term (Njardvik, 2022). With emotional dysregulation becoming an increasing concern in schools (Liebl, 2021), it is important that educators, therapists, and policy makers work together to

develop structures and practices which aid children and families to holistically meet their needs (Reohr, 2022).

Many factors contribute to or inhibit a child's ability to emotionally regulate. Children who are of particularly high-risk for struggling with emotional dysregulation at school are those who are neurodivergent and/or experiencing prolonged stress or trauma at home. However, there are other important factors which have been found to impact emotional regulation, including diet (Aucoin et al., 2021; Larose et al., 2024) and technology use (Carneiro et al., 2016; Shulz van Endert, 2021; Radesky, 2022).

When treating a child who experiences emotional dysregulation frequently, all biological, psychological, social, and spiritual factors into account (Reohr, 2022). The aim in implementing counselling-based strategies is to support children not only in overcoming some of the underlying factors which have led to their emotional dysregulation, but also to support children in developing emotional regulation skills and strategies which they may employ. Evidence backed approaches which may be utilized to address these goals include Attachment-based therapies (Kohlhoff et al., 2022), Cognitive Behavioural Therapy (Moltrecht et al., 2021), and Mindfulness practices (Carvalho et al., 2020).

The findings of this capstone underscore the need for an increased support for inclusive education practices (Chu et al., 2020), as so many students who experience emotional dysregulation are neurodivergent and would benefit from learning in an altered environment with increased supports (Chu et al., 2020). My findings also indicate that supporting families who are experiencing the stress of poverty (Charlesworth, 2024) is an essential support for helping children to become emotionally regulated both in childhood and adulthood (Kim et al., 2013).

Although significant findings indicate that there is a correlation between technology use and a child's ability to emotionally regulate (Carneiro et al., 2016; Shulz van Endert, 2021; Radesky, 2022), further research is needed to increase our understanding of the role that technology plays in inhibiting a child's ability to develop emotional regulation skills, as well as the approaches that may be used to support children in developing emotional regulation skills.

Fostering more supportive learning environments where children can thrive emotionally and academically, can be achieved through the integration of research-based strategies and collaboration amongst educators, mental health professionals and families. This capstone serves as a foundation for the many lines of inquiry and action which can be explored for the benefit of building communities which foster healthy and empowered children and citizens.

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