Children’s emotion regulation in the family: A new instrument to assess emotion regulation strategies used by children

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Introduction

“Emotional Openness” (EO) is a multidimensional affect processing model, as self-represented by the individual. It refers both to current emotion theory (e.g., Davidson, Scherer & Goldsmith, 2003), as well as, experiential and emotion-focused therapy (e.g., Elliott & Greenberg, 2002). Reicherts, Genoud & Zimmermann (2012) proposes a model with five factorial and evidence based dimensions of affect processing:

Cognitive

REPCOG
PERINT
PEREX
COMEMO
REGEMO

Somatic

Fig. 1. Schematic representation of the Emotional Openness dimensions.

Emotion regulation is part of the EO and concerns how individuals manage emotional experience for personal and social purposes. Children’s regulation of emotion is often influenced or accomplished through the emotion processing of other people rather than through the child himself (Eisenberg & Morris, 2007). School-aged children already have a psychological conception of emotion regulation implying mental events and activities by which feelings can be managed.

Methodology

In our study, we propose a new instrument (DOE-IT for children) to assess the child’s emotion regulation tendencies. We analyse the links between the strategies used by the children and other aspects of the family, like parental practices and self-efficacy, conflicts about education, and parental level of stress, anxiety and depression.

Structure of the DOE-IT (French version)

5 items to assess the frequency of the basic emotions
17 items to assess the dimensions of the openness to emotions (i.e. PERINT and PEREX; COMEMO; REGEMO)
58 items to assess the frequency and the perceived efficacy of different regulation techniques for positive and negative emotions

Examples:

- Changing something in the situation
- Re-assessing the situation
- Relaxing / cooling down
- Suppressing informations and not taking into account some elements
- Positive self-talk
- Changing his/her intentions and initial goals
- Using social support
- Using external objects, sweeteries or food
- Searching for additional informations
- Physical activities

Reliability

Table 1. Cronbach alpha of the frequency of use and the efficacy of 4 regulation strategies and the total from the DOE-IT.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>All Cognitive</th>
<th>Social</th>
<th>Relax</th>
<th>Physical</th>
<th>support activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>87</td>
<td>.80</td>
<td>.72</td>
<td>.69</td>
<td>.70</td>
</tr>
<tr>
<td>Efficacy</td>
<td>86</td>
<td>.77</td>
<td>.74</td>
<td>.65</td>
<td>.60</td>
</tr>
</tbody>
</table>

Some results

- No gender differences between regulation strategies used by girls or boys.
- By measuring the parent’s educational attitudes and practices, we found for example that the more the father has an educational style based on autonomy, the more the child uses different strategies to regulate his negative emotions and the more he finds them efficient.
- Some techniques are more used with the child growing, like sport, walking or using positive self-verbalizations.
- The frequency and efficacy of the techniques assessed by the child are positively correlated with the communication of emotion of the child, and with the perception of internal and external embodied indicators of emotions. We could say that when this perception is better, and when the child can speak to somebody about his emotion, he tends to use more the techniques and to find them more effective.

Clinical utility

An individual-profile for each child can be drawn and allows us to identify their preferred regulation strategies and the ones they find efficient. Working with a child in a clinical setting, we can also identify which resources they have to regulate their emotions and what kind of techniques would be useful and should be trained.

For example, this 11 y.o. boy here above shows a high frequency of use of techniques unrelated to the situation (e.g. relaxing, physical, external and social support). Furthermore, we also notice here that he doesn’t use strategies such as “influencing the situation”, “get more information on the situation” or “changing the goal”. This kind of strategies could be trained with him in therapy sessions.

In addition, a family-profile can also be drawn and shows the interactions (differences and similarities) between family members. This kind of profile is very useful to set specific goals and plan a family intervention (e.g. Triple P).

Finally, these profiles can be a mean to observe and measure the effect of the emotion regulation intervention, respectively on an individual or in the family.

Perspectives & Conclusions

Emotion regulation is known to be an essential aspect of development and quality of life throughout lifespan.

In our study, we developed the DOE-IT, a new assessment tool for school-aged children. The DOE-IT shows good reliability, though some items need to be deleted to improve the factorial validity.

General results show that the strategies used by the children are linked with parental attitudes, practices and sense of competence.

In a clinical setting, this assessment tool gives us a lot of useful information to set intervention goals, track changes over time or measure the effects of intervention. Taken together, these preliminary results are encouraging and support the development of the DOE-IT, as a clinical and preventive assessment instrument. In a wider perspective, this instrument could also be very interesting to study emotion regulation patterns across cultures.

References


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