

EMOTIONAL REGULATION AND BEHAVIOUR PROBLEM IN CHILDREN WITH INTELLECTUAL DISABILITIES

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Abstract

Background- Intellectual Disabilities in children are often accompanied by emotional and behavioural difficulties which impact on various areas such as their adaptability, family life and social participation. The shortcomings in emotional regulation which are linked to cognitive, communication and social difficulties often express themselves through behaviour problems like irritability, hyperactivity and inappropriate responses. It is very important to have a clear view of the relationship between emotional regulation and behavioural problems together with the caregivers' viewpoints for to be able to implement effective interventions.

Objective- The present study set out with the aim of evaluating the emotional regulation and the behavioural problems of children with Intellectual Disabilities as well as to investigate the interconnection between these variables.

Methodology- A mixed-method design was applied. The quantitative part consisted of the responses of 15 caregivers of children with Intellectual Disabilities aged from 4 to 12 years. The measurement of emotional regulation and behavioural problems was performed by means of the Emotion Regulation Checklist (ERC) and the Aberrant Behavior Checklist (ABC) respectively. Descriptive statistics, Spearman's rank correlation, and the Mann-Whitney U test were the methods used to perform analysis. Qualitative data was gathered through semi-structured interviews and subjected to thematic analysis.

Results- Results indicated moderate to high emotional regulation difficulties and behavioural problems. Emotional regulation was moderately and negatively correlated with behavioural problems ($\rho = -0.415$). The Mann-Whitney U test revealed a significant difference in behavioural problems across emotional regulation levels ($U = 21, p = 0.017$), with a large

effect size. Qualitative findings highlighted emotional triggers, behavioural dysregulation and the importance of structured routines and caregiver support.

Conclusion- Emotional regulation plays a crucial role in behavioural functioning among children with Intellectual Disabilities highlighting the need for early and structured emotional-behavioural interventions.

Keywords: Intellectual Disabilities, Emotional Regulation, Behavioural Problems, Caregivers Perspectives, Mixed-method Study.

Introduction

Intellectual Disability (ID) is a term that refers to a variety of cognitive, emotional and social areas that affect a child's daily life and future health and happiness. The difficulties associated with ID have a very common emotional aspect and Behavioral disorders which are considered the most important factors that influence adaptive functioning, family living, participation in society and the child's total quality of life. Emotional regulation denotes the skill to identify, comprehend, supervise, and change one's emotional reactions in a manner that is flexible and socially acceptable. The skill set includes being able to calm oneself down when angry and sharing feelings in the right way and being able to apply healthy coping techniques. In the case of children with ID, deficits in cognitive processing, communication skills and social comprehension usually result in emotional regulation being very difficult thus making them highly susceptible to emotional disturbances and frustration or even acting without thinking.

Behaviour problems are considered as behaviors that cause disturbances in the learning process, daily activities, social relationships and community interaction. These could be in the form of aggressive behaviors, temper tantrums, noncompliance, self-harm, overstimulation irritability and challenges in adapting to environmental changes. In children with intellectual disabilities, behavioural issues often have multiple causes - they are associated not only with cognitive limitations but also with emotional regulation failure, environmental stressors, inconsistent parenting, high expressed emotion (EE) in families and lack of opportunities for making independent decisions or participating in social activities.

A growing body of research underscores the strong interrelation of the two variables—emotional regulation and behavior problems. The inability to regulate emotions effectively raises the risk of behavioural problems and the latter hampers the child's ability to emotional regulation even more. The studies reviewed across India and neighbouring countries provide strong proof of this interaction. One of the factors is the parenting practices, family stress and high EE that have been correlated with more behavior problems in children with ID (Chacko & Sreeja, 2019; Balachandran & Bhuvaneswari, 2023). The lack of emotional understanding and the poor coping strategies among the youth with mild ID have been associated with the manifestation of aggressive, impulsive, excessively talkative and socially inappropriate behaviors (Ahmad et al., 2022). Research on both institutionalized and community-based samples additionally suggests that children with ID, who do not receive emotional support or

adaptive training, are more likely to develop emotional-behavioral problems that have a long-term impact on their psychological and social lives (Agrawal et al., 2022; Muna et al., 2022).

It is vital to comprehend emotional regulation and behavior issues in this population, especially since these problems affect several areas of functioning. ID children with emotional regulation difficulties experience tougher times at school, with friends and at different age levels. Besides, behavior problems cause a lot of pressure on parents that can lead to increased stress, changes in their parenting approaches and reduced family and community participation. Thus, the intervention that is very early and extensive can be beneficial not just to child outcomes but also to the well-being of caregivers and to the overall family climate.

Given the great importance of the two variables in question and the way they affect each other, the current study intends to investigate the patterns, factors and links of emotional regulation and behavior problems in children with Intellectual Disability. By looking at these constructs together, the research wants to add to the increasing evidence that supports the need for family-based interventions, behavioral training, emotional skill development and comprehensive mental health support for children with ID. The results may lead practitioners, teachers and policymakers to come up with environments that are more supportive, inclusive and appropriate for the development of the children that would help in the emotional growth and behavior challenges reduction among this vulnerable population.

Review of Literature

Balachandran and Bhuvaneswari (2023) carried out the study on Expressed Emotion, Caregiver Stress, and Self-Sufficiency in Children with Neurodevelopmental Disorders: A Mixed-Methods Study in Vellore, Tamil Nadu, India invited 35 primary caregivers (all mothers) of children with neurodevelopmental disorders (NDDs) aged 10-18 years. The disorders included autism spectrum disorder (ASD), cerebral palsy, learning disability and intellectual disability (ID) and were recruited through telephonic interviews and social media by snowball sampling. The researchers employed Five-Minute Speech Sample (FMSS) for expressed emotion (EE), Kingston Caregiver Stress Scale (KCSS) and Waisman Activities of Daily Living (WADL) and then analysed the data using chi-square tests, Pearson correlations and thematic analysis to study the relationships between EE, caregiver stress and child self-sufficiency. The results of the study showed that 57.1% of the participants exhibited high EE rated by criticism, hostility, and over-involvement, which was also associated with 57.1% of the caregivers suffering from severe/moderate stress and low child self-sufficiency; moreover, the associations were found to be significant (EE-stress $p < 0.001$, EE-self-sufficiency $p = 0.004$, stress-self-sufficiency $r = -0.433$ $p = 0.009$); the qualitative themes were future concerns, family factors and relationship strain. The research recommends family-based strategies to lower the use of high EE and stress with the focus on caregiver well-being so that the child having NDDs can reach better outcomes.

Ahmad et al., (2022) reviewed the study on Understanding of Behavioral Problems Among Young Persons with Intellectual Disability: A Self-Report at the Government Rehabilitation Institute for Intellectual Disabilities (GRIID) conducted a qualitative study in Chandigarh, India, young individuals aged 16-27 years with mild intellectual disability (ID; IQ 50-69) were selected. A total of 13 participants (7 males/6 females) were selected through stratified random sampling from 55 eligible candidates. Four focused group discussions (FGDs, 60-90 minutes each in Hindi/Punjabi) were conducted with the participants to explore their understanding of behavioural problems. Then, the audio-recorded, transcribed sessions were subjected to thematic analysis without formal behavioural assessments. The participants showed good understanding and defined problem behaviors such as hitting, stealing food, talking too much and masturbation as actions that are "normal" in their opinion but not approved by others; they mentioned controlling themselves using techniques such as drinking water/juice, listening to music, doing yoga or staying away from "bad company," while they also understood friendships through sharing and honesty and such issue or teacher complaints as consequence. The findings question the Heuristic hypothesis of society regarding mild ID and thereby recommend awareness in the community, training and providing chances to develop self-determination, social inclusion and quality of life as the way forward.

Agrawal et al. (2022) conducted the study on Emotional and Behavioral Problems Among Institutionalized Children and Adolescents in Central India a cross-sectional study conducted in Raipur, Chhattisgarh, India, investigated the emotional and behavioural problems of 142 children and adolescents aged 4-17 years. The majority of the participants were orphans, abandoned or runaway kids, with an equal number of boys and girls. The caregivers completed a semi-structured sociodemographic questionnaire and the Strengths and Difficulties Questionnaire (SDQ) along with the impact supplement. Prevalence and associations were analysed using chi-square tests. The results revealed that 52.1% of the children had SDQ scores >28, indicating problems and the percentage was higher among the 11-17 years group (59.8%) and boys (52.8%). Age was a significant predictor ($p=0.002$); no associations were found with sex, food satisfaction, caretaker behavior, stay duration, or admission reason, even though the institutional conditions were quite favourable (e.g., 88% food satisfaction). The results highlight the need for routine screening in institutions and suggest the necessity of multicentred studies plus interventions to prevent long-term psychiatric impairment and economic unproductivity.

Raghav and Varshney (2025) investigated the study on Behavior Modification for Maladaptive Behaviors in a Child with Moderate Intellectual Disability: A Single-Case Intervention Study at a special school in Greater Noida, Uttar Pradesh, India, a 10-year-old girl with moderate intellectual disability (ID; IQ=49) presenting poor academics, speech delays, throwing/biting and adaptive deficits underwent behavioral modification training. Baseline assessment via clinical interview and Behavioral Assessment Scale for Indian Children with Mental Retardation (BASIC-MR Part B) identified targets (throwing, biting, interrupting);

intervention comprised 3 weekly 45-60-minute sessions using operant techniques like restitution, time-out, extinction/ignoring, response cost and differential rewards (opposite/other/alternate behaviors), with parental feedback and positive reinforcement. Pre-intervention BASIC-MR total was 24 (violent/destructive=12, misbehavior=5, SIB=2, etc.); post-intervention dropped to 12, with reductions in violent/misbehavior/SIB/hyperactivity/antisocial behaviors, though no change in tantrums/repetitive/odd/fear domains. The approach proves effective for targeted maladaptive behaviors in moderate ID and recommending parent/educator training in operant conditioning for sustained adaptive functioning and quality-of-life improvements

Muna et al. (2022) investigated the study on Parenting Style and Emotional Regulation in Children with Intellectual Disability: A Cross-Sectional Study in an Indonesian Special School. Parent-child relationships in the Purna Yuda Bhakti Special School located in Surabaya, Indonesia. The study included 32 parent-child dyads with children experiencing mild to moderate intellectual disability (ID) that were selected through simple random sampling. The respective parents filled out the Parenting Styles and Dimensions Questionnaire (PSDQ) and a modified Emotion Regulation Questionnaire for Children and Adolescents (ERQ-CA, parent-report), with Spearman Rho used for testing the association between parenting styles and child emotional regulation strategies. The results showed a high prevalence of authoritative parenting (81.3%) as well as balanced emotional regulation (53.1% cognitive reappraisal, 46.9% expressive suppression) in the children under consideration and a significant moderate positive correlation ($p=0.003$, $r=0.509$). It was noted that some children with democratic parenting styles still resorted to suppression because of emotional immaturity caused by their ID. Authoritative parenting opens up the way for the child to be self-confident and responsible which, helps the child to regulate his emotions even with cognitive limitations. The implications are such that parent training in adaptive strategies must become standard to ensure social-emotional development and future well-being.

Chacko and Sreeja (2019) conducted the study on Expressed Emotion and Adaptive Behavior Among Parents of Children with Intellectual Disability in a special school situated in Thiruvananthapuram, Kerala, India, 100 parents (70% mothers) of children suffering from intellectual disability (ID; 56% >12 years, 75% boys, IQ 55-70 in 45%) were purposively selected as the research participants. The study was based on the self-reported data obtained through the Level of Expressed Emotion (LEE) scale and the American Association on Intellectual and Developmental Disabilities Adaptive Behavior Scale (ABS), which was further supported by the socio-clinical data from the school records, and then analysed by means of Karl Pearson correlation, ANOVA and t-tests. Parents demonstrated excessive intrusiveness (58.8% mean), mainly irritability (51.6%) and lack of emotional support (47%) were also the main causes of this among children the most common behavior was the poor reaction to frustration (28.3%) and the violent tantrums (22.4%), at the same time the study revealed a significant positive correlation between parental EE and child problems ($r=0.219$, $p<0.05$),

besides that there were associations such as higher EE in mothers giving birth after <30 years ($p=0.03$), fewer behaviors in boys/joint families ($p<0.05$). High EE may increase or worsen behaviors, thus calling for psychoeducation and parental interventions aimed at improving child functioning and family well-being.

Lakhan et al., (2018) researched the study on Epilepsy, Behavioral Problems, and Intellectual Disability in Indian Children: A Narrative Overview put forth a narrative synthesis that evaluates the interrelationship of epilepsy, Behavioral disturbances and intellectual disability (ID) in the Indian child population based on the findings from various prevalence studies which were not mainly collected for the India-wide context. Reviewing the situation with respect to the authors, they reveal a high rate of comorbidity (for instance, 23.7% of ID children having epilepsy and 80.7% with behavior problems in rural poor settings), two-way epilepsy-IQ-behavior interactions and problems such as distorted IQ assessments, neurological/psychosocial disorders and stigma restricting social participation and treatment. In India, there are about 12 million cases of epilepsy (most of which are the burdens of developing countries) and there is very little national data on the combined prevalence categorized by age/gender/severity. The findings indicate epilepsy as a factor in lowering IQ/behaviors and vice versa, thus making the treatment harder due to the prevailing cultural stigma. The authors call for prevalence estimates that are representative of the whole country, public health models fighting stigma and isolation, and integrated strategies that address medical, educational and social aspects to improve quality of life.

Objective of the study

1. To assess the level of Emotional Regulation among children with Intellectual Disabilities.
2. To evaluate the behavioural problem of children with intellectual Disabilities.
3. To explore parent's perception of how emotional regulation influence the behavioural problem of children with ID.
4. To compare the emotional regulation of children with ID.

Hypotheses of the study

1. There is no significant difference in emotional regulation levels among children with ID.
2. There is no significant difference in behavioural problem levels among children with ID.
3. There will be a significant difference in emotional regulation among children with intellectual disability based on gender.
4. There will be a significant difference in behaviour problems among children with intellectual disability based on gender.

Methodology

Research Design

The research employs a mixed-method approach, which integrates the qualitative aspect of interviews with the quantitative assessment using standardized tools for evaluation. This approach allows for a better understanding of the Emotional Regulation and behaviour problem

that can be measured as well as the caregiver's perspective regarding the interrelation of these two factors. The use of non-parametric statistical tests was appropriate, as the data did not meet the assumptions of normality. This methodological rigor strengthened the validity of the findings and allowed for a more accurate interpretation of the results. The combined use of mixed-methods and non-parametric analyses enhanced the depth and reliability of the study outcomes.

Study Setting

The study was conducted at Alagappa University School for Disabled Person, which provides therapeutic and educational support with ID.

Participants

A sample of 15 caregivers of children diagnosed with Intellectual Disabilities participated in the study.

Inclusion Criteria

- Caregiver who actively participates in the daily care of the child.
- The child has been diagnosed with Intellectual Disabilities by experts.
- The child is aged between 4-12 years.
- The child is attending the institution.

Quantitative Measures

(a) Emotion Regulation Checklist (ERC) – Novopsych - The Emotion Regulation Checklist is a behavioral rating scale that is widely adopted for the measurement of children's regulation of emotions, emotional lability and expression of negative emotions.

(b) Aberrant Behavior Checklist (ABC) – Carepatron - The Aberrant Behavior Checklist identifies problem behaviours in children within five areas: Irritability, Hyperactivity, Lethargy, Stereotypic Behaviour and Inappropriate Speech.

Qualitative Component: Semi-Structured Interviews

To investigate the experiences of caregivers regarding children's emotional reactions, triggers, behaviour patterns, coping strategies, family impact and observed improvements. A 15-item semi-structured interview schedule was prepared. Open-ended questions prompted respondents to provide detailed narrative responses which contributed to the richness of the quantitative findings.

Data Analysis

Quantitative Analysis: The scores obtained from ERC and ABC tests were inputted in Excel and analysed through by: Descriptive statistics (mean, SD, skewness, kurtosis). Correlation analysis aimed to scrutinize the link between sensory sensitivity and adaptive behaviour.

Qualitative Analysis: The interview transcripts were subjected to thematic analysis (Braun & Clarke): Familiarization, generating codes, identifying themes, reviewing themes, defining and

naming themes. Producing the report During the interpretation, the combination of both datasets was considered.

Ethical Consideration: The research was performed under the guidelines of the Declaration of Helsinki concerning ethics. The formal authorization from the institution was sought beforehand. Data collection did not start before caregivers of the children had given their informed consent. The procedure was not compulsory and the secrecy and anonymity of the participants were heavily guarded. The study took care of the fact that there was no physical or mental harm to the participants.

Result

Quantitative Findings

TABLE 1: Mean, Median, Mode, SD, Skewness and Kurtosis of Emotional Regulation and behaviour problem among Children with ID

Variables	No. of Samples	Mean	Median	Mode	Sd	Skewness	Kurtosis
Sensory sensitivity profile	15	58.6	59	66	8.3	-0.19	-1.99
Everyday adaptive behaviour	15	76	71	71	31.8	-0.21	-1.23

TABLE 2: Number, Percentage and Levels of Emotional Regulation and behaviour problem among Children with ID

Variables	No. of samples	High level		Moderate level		Low level	
		No	%	No	%	No	%
Sensory sensitivity profile	15	7	46.6%	5	33.3%	3	20%
Everyday adaptive behaviour	15	6	40%	7	46.6%	2	13.3%

Table 3: Correlation between Emotional Regulation and behaviour problem among Children with ID

Spearman's Rho	Sensory sensitivity profile
Everyday adaptive behaviour	-0.41541

Table 4: Mann-Whitney U Test comparing Behaviour problem by emotional Regulation levels

Group	No. of sample	Mean	Median	U- statistic	Z- score	P-value
High Behavioural Problem	7	66.5	66	21	2.36	0.017
Low Behavioural Problem	3	48	48			

A total of 15 caregivers participated in the quantitative phase of the study. Descriptive statistics were computed to understand the overall Sensory Sensitivity Profile and Their impact on Everyday adaptive Behaviour among Children with ASD as reported by caregivers.

Descriptive Statistics

Using descriptive statistical methods, the researchers attempted to find out the situation and distribution of emotional regulation as well as that of behavioural problems in 15 children with Intellectual Disabilities (N = 15). The calculations included measures of central tendency (mean, median, mode), variability (standard deviation) and distribution characteristics (skewness and kurtosis).

The sensory sensitivity profile showed that the mean score of emotional regulation was 58.6 and the standard deviation was 8.3 which meant that children had difficulties with the emotional regulation at moderate level. The median score was 59 and the mode was 66, meaning that a significant number of the children are being distinguished as emotionally dysregulated because they are among the higher scores. The distribution of scores was almost even on both sides (symmetrical) since the skewness value was -0.19 and the negative kurtosis of -1.99 showed a flattening effect on the distribution meaning that there was variability in the emotional regulation abilities in the sample.

Everyday adaptive behaviour - the mean score for behavioural problems was 76, but the standard deviation was quite high as well (31.8), which is an indication of the fact that the individual differences in behavioural functioning were considerable. The median and mode were both equal to 71, which implies that a large number of children were at the moderate level

of behavioural problems. The skewness value (-0.21) pointed to a distribution that was very close to normal and at the same time the kurtosis value (-1.23) was indicative of a platykurtic distribution showing that there was a wide dispersion of scores in the aspect of behavioural problems.

Level-wise analysis showed that 46.6% of the children had problems with emotional regulation ranging from high to very high, while 33.3% had it only at moderate level and 20% were found to have the least difficulty. Likewise, children were divided into categories based on the extent of their behavioural problems with 40% belonging to the high group, 46.6% being in the moderate range and just 13.3% being classified as showing low levels of behavioural problems.

The analysis using Spearman's rank-order correlation showed that there was a moderate negative correlation between emotional regulation and behavioural difficulties ($\rho = -0.415$) implying that bad emotional regulation led to the increased occurrence of behavioural problems. Mann-Whitney U test showed there was a significant difference in the level of behavioural problems among different emotional regulation levels ($U = 21$, $Z = 2.36$, $p = 0.017$), which had a large effect size ($r = 0.75$) pointing to very strong practical and clinical significance. This shows that emotional regulation is a major contributor to the variance of behavioral problems in children with Intellectual Disabilities, thus reinforcing its role as a primary intervention target rather than a secondary factor.

Overall, the descriptive statistics imply that almost all the children with Intellectual Disabilities in this study had moderate to severe problems with emotional regulation and behaviour which further means a present need for the application of structured emotional and behavioural interventions.

Qualitative Findings

Theme 1: Emotional Experiences & Triggers

The caregivers have frequently pointed out that the children suffering from Intellectual Disabilities show a great deal of variability in their emotional states, change very quickly. These changes in mood are primarily determined by the sensory input and demands of the situation. The emotional states of the children were reported to vary quickly with the children oftentimes being excited and involved in the preferred activities but transitioning to be frustrated, distressed or even withdrawing when sudden demands or transitions occur. The positive feelings were generally shown by smiling, laughing and being more active, while the negative ones like anger or fear were through crying, shouting, avoiding or going to quiet areas. The caregivers reported that among the most common emotional triggers were sudden routine changes, loud noises, activity transitions and communication problems. These situations were usually characterized by emotional outbursts and behavioural dysregulation. However, the caregivers were unanimous in their opinion that predictability, routine and structured environments are the three essential factors that help keep the children with Intellectual Disabilities emotionally stable.

Theme 2: Behaviour Problems & Emotion Regulation

Reports from caregivers disclosed an extensive spectrum of difficulties in children's behaviour, namely, irritability, hyperactivity, restlessness and carrying out self-stimulatory behaviours like hand-flapping or walking back and forth, constantly. These behaviours were observed mostly during times when the child was required to focus, movement between tasks or was involved in an activity that was not preferred like studying, eating or interacting with others. Unplanned changes to the children's daily activities were considered the most significant problem, and usually, the children would go through a bout of emotional distress and their behaviour would be a little harder to control. Similar to the signs of the regulatory strategies that were reported by the caregivers, the children self-regulated by finding quiet places, using sensory toys or performing their familiar non-verbal communication. Through the use of visual aids, structured guidance and advance preparation for transitions, along with consistent daily routines, caregivers recognized the regulation of the children's emotions and behaviours. The combination of caregivers' reassurance and support along with clear guidelines, a set timetable and calming sensory activities made a big difference in the child's behaviour and ability to express feelings. These results point to the need for caregiver partnerships and structured support systems to help regulate children's emotions and behaviour.

Theme 3: Family Impact & Changes Over Time

The caregivers discussed the emotional and behavioural difficulties of the children as factors that greatly affected the family system almost always needing to change daily life, the environment and the social participation. Families often reported taking the child's emotional comfort and sensory needs into account while choosing daily activities and avoiding places that were crowded, noisy or too stimulating. The role of caregiver was characterized as emotionally draining and exhausting, but caregivers also showed a strong dedication to making supportive and predictable environments. Slowly but surely, changes were noticed over time in the children's emotional expression, communication skills and tolerance to minor changes, though the progress was different for each individual. Regular therapeutic interventions, such as occupational, speech and behavioural therapy, in addition to a structured educational setting were recognized as vital factors for the children's positive change. Support from other family members also helped the caregivers by sharing the responsibility, practicing patience and providing emotional understanding. The caregivers felt that the children's ability to develop more effective coping strategies, as well as their emotional and behavioral regulation was on the whole dependent on continuous support, structured routines and therapeutic guidance.

Discussion

The main objective of the present study was to analyse emotional regulation and behaviour problems in children with Intellectual Disabilities and to investigate caregivers' views on the role of emotional regulation in the behavioural aspect. This study, through the integration of quantitative data and qualitative perspectives has made a significant contribution to

understanding the emotional-behavioural profile of children with Intellectual Disabilities in a residential facility setting.

The descriptive data showed that a significant number of children presented with emotional regulation difficulties and behavioural problems of moderate to high severity. The emotional regulation scores pointed to considerable emotional instability and high sensitivity to environmental demands while the behavioural scores showed a great range of individual differences especially in the areas of irritability, hyperactivity, and maladaptive responses. These results back up the findings of earlier studies that emotional dysregulation is a main characteristic of children with Intellectual Disabilities and it is often displayed through externalizing behavioural problems (Chacko & Sreeja, 2019; Ahmad et al., 2022). The variability seen in the observations underlines that the emotional and behavioural issues in this group are not the same across the board and call for personalized evaluation and treatment.

The correlate analysis found a moderate and negative correlation between emotional regulation and behavioural problems that meant worse emotional regulation would cause more behavioural difficulties. This finding is in line with the existing theoretical models which consider behavioural problems as secondary manifestations of emotional dysregulation. The children unable to cognitively and communicatively process feelings appropriately are likely to exhibit their discomfort through disruptive or maladaptive behaviours. This link strengthens the argument that teaching emotional regulation skills should be the main focus within behavioural intervention programs for children with Intellectual Disabilities.

Hypotheses 3 and 4 were designed to check if demographic variables, notably gender, had any impacts on the emotional regulation skills and the behavioral difficulties experienced by the kids with intellectual disability. The objective was to locate dissimilarities among the groups that might influence the need for gender-sensitive interventions and behavioral management techniques. Because the data did not meet the normality criteria, non-parametric tests were used to evaluate these hypotheses.

The Mann-Whitney U test gave further support to this relationship by highlighting a major difference in behavioural problems among the different emotional regulation levels accompanied by a large effect size. The result implies that emotional regulation is not just related to the behavioural functioning, but rather plays a critical role in the degree of behavioural problems. Children with the worst emotional regulation were the ones bearing the brunt of the behavioural difficulties thus pinpointing emotional regulation as a crucial predictor of behavioural outcomes. The large effect size also indicates the practical and clinical importance of this finding, in the sense that one will get to see a great reduction in behavioural problems through improvement in emotional regulation.

The qualitative findings have provided the quantitative results with more details and they have explained the emotional and behavioural difficulties' contexts and the experiences of the people involved. The caregivers uniformly mentioned quick changes in moods, increased sensitivity

to sensory stimuli and overwhelming reactions to changes in the routine. The emotional triggers often occurred right before the behavioural explosions thus backing the quantitative proof of the strong emotional-behavioural interconnection. The qualitative themes pointed out the significance of the well-arranged daily routines, visual supports and nonchanging environments in helping children with emotional disorders which is in accordance with the previous studies that highlighted the advantages of structured caregiving and educational contexts for children with Intellectual Disabilities (Muna et al., 2022; Balachandran & Bhuvaneswari, 2023).

The study uncovered the wider family impact of emotional and behavioural problems in children. The caregivers stated their emotional burnout, the need to change their lifestyle and less social interaction but they also revealed that they were strong and dedicated to helping the child develop. Gradual improvements were noticed over time and especially when the combination of the therapeutic intervention and the structured environment was consistent. These results are in line with those of earlier studies that highlight the need for family-centred and caregiver-focused interventions which can lead to the improvement of both child outcomes and caregiver well-being.

The combination of quantitative and qualitative findings adds to the conclusion that emotional regulation and behavioural problems are interrelated in children with Intellectual Disabilities. The results point to the requirement for early and integrated interventions that target emotional skill development, behavioural management, caregiver guidance and environmental structuring. Considering emotional regulation as a basic skill might not only diminish behavioural problems but may also improve adaptive functioning, social participation and the overall quality of life of children with Intellectual Disabilities and their families.

Limitations

The key limitations of the current research is the small sample size ($N = 15$), which was taken from one specific institution. Although the mixed-method approach improved depth and contextual understanding, the few numbers of participants limit the findings' applicability to the whole population of children with Intellectual Disabilities. The application of non-parametric statistics was acceptable for this sample; however, further studies with larger and more diverse participants from various locations are suggested to both enhance external validity and verify the strength of the emotional-behavioural relationships that were detected.

Conclusion

The research has revealed that children with Intellectual Disabilities are less capable of regulating their emotions and that this failure is strongly related to their behavioral issues. Both quantitative and qualitative data portray emotional regulation as a central factor determining the behavioural outcomes. The study points to the necessity of the early, structured, and family-oriented interventions directed at emotional regulation that would help to diminish behavioural problems and consequently, improve the overall functioning, lifestyle and quality of life.

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