# A Two-Phase Mixed-Methods Formative Evaluation of a Progressively Developed Emotional Regulation Programme for Children, Transitioning from In-Person to Online Delivery

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## Abstract

*Emotional regulation is a foundational component of children's social, emotional, and academic development, with parental understanding and involvement playing a critical role in supporting regulation within daily family life. Increasing demand for child and adolescent mental health services highlights the need for accessible, family-centred interventions that can be effectively delivered beyond traditional clinic settings.*

## 1. Introduction

*Our study reports findings from a two-phase mixed-methods formative evaluation of an emotional regulation programme for children, progressing from in-person, clinician-led delivery to online, parent-led implementation. Across two phases, quantitative and qualitative data were collected from parents whose children completed the programme (Phase 1: n = 11; Phase 2: n = 16). Qualitative data explored parental experiences, perceived child and family impact, therapeutic relationships, and barriers to engagement, while quantitative measures assessed programme satisfaction (Phase 1) and parent-reported child anxiety frequency pre- and post-programme (Phase 2). Thematic analysis identified six overarching themes across phases: initial parental perceptions, perceived impact on the child, enhanced parental understanding, parent self-development, therapeutic relationship, and barriers to engagement. While themes were consistent across phases, a notable shift was observed from child-focused change in Phase 1 to child, parent and family regulation in Phase 2. Phase 2 quantitative findings indicated a meaningful reduction in parent-reported child anxiety frequency, with fewer children remaining in the highest anxiety band post-programme. Findings highlight the central role of parental understanding, co-regulation, and therapeutic containment in supporting emotional regulation, and demonstrate how online, parent-led delivery can enhance accessibility while maintaining perceived impact. This study provides practice-based evidence to inform the use of family-centred emotional regulation programmes in real-world clinical settings.*

*Keywords: emotional regulation; child and adolescents; parental experiences; family-centred; psychology intervention; psychotherapy, neurodiversity*

## 2. Literature Review

### 2.1. Emotional regulation

Emotional regulation refers to the process responsible for the monitoring, evaluating, and modifying of emotional reactions, to accomplish one's goals [1,2]. Research has highlighted processes which influence such skills including neurophysiological and attentional processes [3,4], cognitive reappraisal and emotion suppression [5,6], access to coping resources, environmental influences, and strategies such as mindfulness [7]. Emotional regulation in children can often be affected by primary caregivers' typical responses, the environment, and attitudes around emotions [8,2]. This is widely demonstrated through research on how adverse childhood experiences (ACEs), have a significant impact on a child's emotional regulation [9]. This is also demonstrated through research showing that a secure attachment (a healthy and positive emotional bond between child and their primary caregiver, according to Bowlby [10] can positively influence children to develop adaptive emotional regulation skills through parenting [11]. Emotional regulation can positively impact children's academic performance [12-15], interpersonal skills [16-18] and self-esteem [19]. These findings highlight the importance of supporting emotional regulation development in children.

### 2.2. Psychotherapy for emotional regulation

Psychotherapy has been shown to be an effective method of therapeutic support, yielding many positive and durable results [20]. Perry's neurosequential theory of therapeutics highlights the importance and benefits of a neurosequential approach to supporting children [21], particularly those who are neurodiverse. Research indicates that

 | DOI: 10.20533/ijtie.2047.0533.2025.0267 

understanding the sensory experience of the child, and the regulation of the sensory system is critical when supporting neurodivergent children and adolescents [22]. When this system is overwhelmed, cognitive regulation strategies tend not to be effective. Porges [23] polyvagal theory was also reviewed, which illustrates that the autonomic nervous system plays a vital role in regulation. Supporting parents and families to create environments and relationships where their children and adolescents experience safety and sensory regulation is therefore a central component in any emotional regulation programme. When reviewing the literature, the attachment framework [10], alongside the somatic framework and low-arousal approaches [24,25] were highlighted as critical components for emotional regulation and young people. Research also indicates cognitive behavioural therapy as an effective support, with positive effects being observed in its use for children experiencing anxiety and emotional regulation [26], and current World Health Organisation guidelines recommending its use in supporting children and adolescents with anxiety [27]. The importance of parental and family involvement is consistent with Perry and Winfrey's [21] research, highlighting relational safety as a core element of therapeutic support. Through its' work directly with parents and families, the Emotional Regulation Programme aims to support parents to support their children through co-regulation and relational safety. This reframes the focus of support from compliance on the part of the child to creating understanding and attunement in a child's family system so that they can experience their relationships as safe and regulating as much of the time as possible [28].

## 2.3. Parental experience

Research has shown that parental involvement can play a positive role in children's learning [29], [30]. This can be applied and integrated into psychological supports for young people [31]. In the field of child development and early intervention, a family-centred approach, referring to the active involvement of the client's family and viewing of the family as collaborative partners in care [32] is often considered best practice [33], [34].

Paediatric mental health services often play a crucial role in supporting children with additional needs [35]. There is, however, a limited amount of research investigating service user satisfaction for either the child or the parent, an important indicator towards service quality [36]. Previous studies by Hart et al. [37] suggest that user satisfaction is also related to core processes within programmes such as the therapeutic alliance, receiving help for their named concerns, the users' characteristics, and the clinician's and organisation's environment as well as users' expectations of the programme [38]. In recent years there has been growing emphasis on early therapeutic support and adolescent services for mental health, with increasing commitment to bettering services for the family as a unit in place of methods solely focused on the child [39].

It has also been argued that including parental satisfaction measures as a component of programme framework evaluations has been beneficial in developing an augmented objective measure of children's progress within the programme [40,41]. Understanding the parents' point of view, positive or negative, is an important component in developing programmes that have higher response rates and lower withdrawal rates. Parental experience also enables a deeper understanding of the effects of the programme on the child and family life [40]. Research consistently suggests that neurodivergent children and adolescents are at a greater risk of mental health difficulties as well as lower educational and occupational outcomes than their neurotypical peers when their healthcare needs are not met [42,43]. Research also highlights the practical difficulties families and neurodivergent individuals themselves can face in accessing services that meet these needs including long waiting lists, disjointed services and services that are overwhelmed by demand or not equipped to confidently support neurodivergent families [44]. Ward et al. [44] list co- production of services with the voice of the service user at the centre, as well as the streamlining of services as key policy recommendations for the support of neurodivergent children and adolescents. As a result, particular consideration was given to holding neurodivergent young people in mind during this research study.

## 2.4. Present study

The present study aims to provide insight into the lived experiences of parents who enrol their children in therapeutic support for emotional regulation in the form of the Emotional Regulation Programme for children in Ireland, run created by The Education, Psychology, and Therapy Clinic (EPT Clinic). This study was conducted across two phases, with the initial phase exploring parents' experiences of the programme delivered in person in a one-on-one setting with children. Phase 2 explored parents' experiences of the programme delivered online through pre-recorded videos and live psychology support sessions. Parents were supported to complete the programme alongside their young person, resolving some of practical barriers noted in the feedback from parents in phase 1 such as time and cost. These updates align with research highlighting the importance of a whole family approach to regulation. The study aims to identify areas that influence parental satisfaction with such a

 | DOI: 10.20533/ijtie.2047.0533.2025.0267 

programme and in turn, help to inform a family-centred approach for practice for therapeutic support for children and adolescents as such understanding is an important step in creating supports that are effective and helpful to families.

# 3. Methods

## 3.1. Design

This study employed a two-phase mixed-methods formative evaluation design to examine parental experiences of the Emotional Regulation Programme for children, delivered initially in person and subsequently online. A formative evaluation approach was selected to support the systematic development and progression of a real-world clinical programme, with an emphasis on feasibility, parental experience, and perceived impact rather than formal efficacy testing.

The study was conducted across two sequential phases. Phase 1 explored parental experiences of the Emotional Regulation Programme delivered in a clinic-based, one-to-one format directly with children. Quantitative data relating to parental satisfaction were collected alongside qualitative feedback regarding perceived child impact, parental understanding, therapeutic relationships, and barriers to engagement. The purpose of Phase 1 was to understand parents' lived experiences of the programme in an on-person delivery context and to identify elements that supported or constrained engagement and implementation in family life.

Findings from Phase 1 informed the ongoing development and planned progression of the programme to online delivery. This progression aimed to extend accessibility, reduce practical barriers, and align delivery more closely with a whole-family, neurodiversity-affirmative approach to emotional regulation.

Phase 2 evaluated the programme delivered online to parents, who were supported to complete the programme alongside their child through a combination of pre-recorded psychoeducational videos, live online group sessions with clinicians, and optional one-to-one follow-up support. Phase 2 employed a mixed-methods approach incorporating pre- and post-programme quantitative indicators of parent-reported child anxiety frequency alongside qualitative feedback focused on parental experience, perceived child and family impact, and feasibility of online delivery.

Each phase was analysed independently, recognising differences in delivery format, participant cohorts, and measurement tools in line with research recommendations for such designs [45]. Integration occurred at the level of shared constructs, including parental understanding, co-regulation, family climate, and perceived child functioning. This design enabled examination of continuity and change in parental experience across delivery contexts, while preserving methodological transparency and avoiding direct statistical comparison across phases, in line with research highlighting the importance of practically applicable research [46].

## 3.2. Participants

This research paper obtained a total of 27 participants, 11 of which were in phase 1 and 16 of which were in phase 2. The researcher used purposeful convenience sampling for this study, as it centred on a specific programme run within the EPT Clinic. The participant population consisted of clients who had completed the programme and met inclusion criteria. Inclusion criteria included that participants' children had to have completed the programme within a minimum of three months and a maximum of 6 months prior to partaking in the study in order to maintain validity across a short time span. In phase 1 participants consisted of parents whose children had completed the programme in clinic, while phase 2 participants included parents who had completed the programme through the online delivery method.

Distribution of the questionnaire for Phase 1 took place between April and May of 2023 while that for Phase 2 took place between April and September 2025. Once the data was collected, it was stored on an encrypted and secured laptop and network in line with GDPR. Data was reviewed and anonymised.

## 3.3. Measures

The qualitative aspect of this study was performed using open-ended questions that were integrated into the questionnaire. The questions for Phase 1 were based on the following categories that were identified from prior research as prominent variables that affect parental experience: Parental characteristics before entering programme; parent involvement and development; child's progression; parental satisfaction; and post-therapeutic use of skills. Phase 2 followed the same categories however the questionnaire was shortened and focussed on the areas of children's progression, parental satisfaction and post-therapeutic use of skills. Parental characteristics were not delved into as much in Phase 2 as it was felt the length of the questionnaire may have been a barrier to participation in Phase 1, and the research team aimed to focus on outcomes of the programme for Phase 2. In Phase 2 participants were also asked about their experience with the online delivery of the programme.

In both phases, elements of the Youth Satisfaction Survey-Family (YSS-F) questionnaire was used [47]. This measure assesses the level of

 | DOI: 10.20533/ijtie.2047.0533.2025.0267 

satisfaction that youth and their families experience with youth services and is a reliable and validated tool used in clinical contexts [47].

In Phase 2 parents categorised how often they felt their child was 'anxious' before and after the programme with banded response options where they could indicate that they felt their child experienced anxiety ≥70% of the time (high anxiety), 40–69% of the time (moderate anxiety), or ≤39% of the time (low anxiety).

Given the formative and practice-based nature of the evaluation, quantitative analyses were descriptive and exploratory, intended to identify clinically meaningful signals of change rather than to test intervention efficacy.

### 3.4. Data Analysis

Thematic analysis as outlined by Braun and Clarke [48] was used to analyse qualitative data. This method is used to identify and analyse patterns, themes and meanings within textual or visual data.
The quantitative data was analysed using SPSS software. The data from the questionnaire was inputted into SPSS and examined for missing values, outliers, and discrepancies. Descriptive statistics were run to identify means, standard deviations and to summarise quantitative variables, while categorical variables were converted into frequency distributions. The quantitative data was used to add context to and further understanding of the study's qualitative themes.

## 4. Results

Results are presented by theme across both phases, with phase-specific quantitative findings reported separately and integrated at the interpretive level. Qualitative data were prioritised to capture parental lived experience, with quantitative findings used to provide contextual and supportive indicators of perceived change. While core themes were consistent across phases, emphasis shifted from child-focused change in Phase 1 to parent and family-level regulation in Phase 2, reflecting progression in programme delivery.

Various aspects were shown to influence parents' experience of the Emotional Regulation Programme across Phase 1 and Phase 2, and the following themes were developed, as illustrated in Table 1. The raw qualitative data from both phase 1 and phase 2 underwent a peer review process conducted by Lorraine Madden and Kate Lenihan in line with Braun and Clarke's [49] guidelines. Peer review of coding and theme development was conducted to support reflexivity and analytic rigor, in line with Braun and Clarke's guidelines. Table 2 shows the breakdown of descriptive statistics.

Table 1. Main themes and associated subthemes

| Theme | Subthemes |
|---|---|
| Initial perception | Issues in school and socially<br>Highly emotional/dysregulated/self-esteem<br>Parental helplessness/lack of understanding<br>Parent uncertainty about programme |
| Impact on child | Parent relief<br>Increased confidence/emotional regulation /skill use.<br>School and social improvement |
| Improvement in parent's understanding of child | Increased understanding<br>Increase ability to manage emotions and use skills. |
| Parent of self-improvement | Skill development<br>Better confidence/sense of relief/calmness<br>Self-improvement on emotional regulation and awareness |
| Therapeutic relationship | Support<br>Tailored<br>Beneficial and enjoyable |
| Barriers | Time<br>Cost<br>Stigma<br>Reluctance from child and difficulty with content |

Table 2. Descriptive statistics for categorical variables

| Variables | *Total* | *Phase 1* | *Phase 2* |
|---|---|---|---|
| Sample Size (n) | 27 | 11 | 16 |
| **Parent Participant** | | | |
| Mother | 26 | 10 | 16 |
| Both parents | 1 | 1 | 0 |
| **Age of children in years** | | | |
| Mean Age | 9.79 | 9.45 | 10.13 |
| Standard deviation | - | 2.6 | 4.5 |
| Range in ages | 5-19 | 6-15 | 5-19 |

| | | | |
|---|---|---|---|
| **Identification of Neurodivergence** | | | |
| Children with neurodivergent diagnosis | 18 | 9 | 9 |
| Parents felt there may be neurodivergence, but not yet professionally assessed | - | N/A* | 6 |
| No/Not Sure | 3 | 2 | 1 |

N/A*= question not included in Phase 1

## 4.1. Initial Perception

Thematic analysis found that parents experienced a complex array of emotions when initially engaging in therapeutic support for their children. This is summarised in the 'initial perception' theme. Across both phases, parents described uncertainty, frustration and a feeling of helplessness at times as to how to best support their child in the face of unpredictable behaviour and meltdowns. Parents in both phases described a spillover from school stress to home life that they were unsure how to support their child, as well as feeling unsure about what the impact of the programme would be.

The subtheme 'issues in school and socially' highlighted the distressing experiences of the children within education and social settings prior to engaging in the programme. Participants described their children having feelings of stress and not being able to settle in school; 'very emotional as in tearful but not knowing or unwilling to discuss why' (Phase 1 parent), often trying to manage emotions that they did not understand 'struggling with adapting to school' (Phase 2 parent).

The 'highly emotional/dysregulated/self-esteem' subtheme revealed the impact of these emotional challenges on children's emotional wellbeing and self-esteem. The participant narratives depicted children who were often emotionally dysregulated, prone to outbursts, and grappling with managing their feelings; 'My son was very hard on himself… upset by negative reactions... finding social interactions challenging' (Phase 1 parent). These emotional challenges were echoed in Phase 2, with parents describing 'aggressive outbursts… meltdowns… triggered by small things… creating a 'walking on eggshells environment' (Phase 2 parent).

The subtheme of 'parental helplessness/lack of understanding' provided insight into the parents' frustration in the face of their children's emotional struggles; 'as the mother I was at a loss as to how I could help my child' (Phase 1 parent). Many parents expressed their struggles in understanding their child's emotions, which often led to an overwhelming sense of uncertainty, with one parent describing how the most frustrating thing for them was 'watching my son struggle with explosions and feeling unsure of what steps to take to help him' (Phase 2 parent). These accounts underscored the complexity of parenting when a child is facing emotional challenges that are difficult to understand.

The subtheme of 'parent uncertainty about the programme' touched on the apprehensions parents experienced regarding the support programme, voicing concerns about the effectiveness and its potential impact on their child's emotional and social development, as well as their self-image; 'I was worried about the impact it would have on my child as he didn't like going or telling people' (Phase 1 parent). This highlighted the delicate balance that parents needed to strike between their desire to support their child and the uncertainty surrounding the outcomes of the programme. It also highlights the impact of the initial communications between therapist and parent about enrolling in a programme of this kind and the importance of ensuring the therapist can fully explain and help the parent understand the benefits and the programme itself, while also talking through their concerns and scepticisms.

The subthemes collectively portrayed a narrative of frustration, uncertainty and helplessness prior to engaging with the programme in both Phase 1 and Phase 2, underscoring the need for support that has clear psychoeducation from the beginning to help with expectation setting and reducing apprehension and stigma.

## 4.2. Impact on the Child

The thematic analysis showed that the 'impact on the child' was a central theme when parents described the impact of the programme. Parents reported calmer days, improved emotional literacy and greater self-management as key positive changes, as well as relief that although their child still experiences overwhelm, they feel better able to support them with it. While Phase 1 accounts tended to focus on the differences parents noticed in their children, Phase 2 showed more accounts of parents noticing changes in themselves and their family unit which in turn led to changes in their child. This difference highlights a change in the programme from Phase 1 (in clinic) to Phase 2 (online).

The subtheme 'increased confidence/emotional regulation/skill use' showcases the growth that the children made whilst taking part in the programme and afterward, developing their emotional regulation and coping skills; 'more relaxed' (Phase 1 parent), 'the outbursts are much less frequent' (Phase 1 parent). Parents also highlighted how the programme improved their child's self-esteem and confidence; 'confidence is up' (Phase 1 parent). Additionally, the building of skills was highlighted as an important factor for parents 'my son has learnt some valuable techniques like breathing exercises' (Phase 1 parent)

 | DOI: 10.20533/ijtie.2047.0533.2025.0267 

with evidence that the learning expands beyond the 10-week programme: 'He has trouble sometimes trying to sleep and he has used these techniques since' (Phase 1 parent). Phase 2 similarly saw parents speaking about improvements, however, they tended to focus on changes in the family unit; 'family works as a team on our emotional regulation… strategies are becoming habitual' (Phase 2 parent). Parents spoke about a more positive family environment overall; 'Life now is much calmer for all… more laughter and fun back in our lives!' (Phase 2 parent). These narratives mirror those in Phase 1, with a subtle shift towards a whole family approach to regulation. This is in line with the change in programme delivery (delivered online to parents and children in Phase 2), with a greater focus placed on parent and whole family regulation.

Another area that proved to be key in the impact on the participants' children is 'school and social improvement'. Although not a direct target of this programme, multiple parents noted this as an area that improved along with their child's emotional regulation and confidence: 'school improved a lot for him' (Phase 1 parent). Another noted that their child 'goes into school not crying anymore' (Phase 2 parent), while another noted 'my son actually got back to school after 2 months' (Phase 2 parent). These changes highlight important shifts for the day-to-day life of families.

Among those surveyed in Phase 1, 72.7% of participants expressed agreement of being satisfied with the assistance they received for their child, while the remaining individuals remained uncertain. A similar consensus of 72.7% was observed when it came to perceiving improvements in their child's ability to handle daily life, with the remainder still undecided. Furthermore, 63.6% of parents reported that their child now gets on better with family members, and 72.7% noted that they get along better with friends and others, with the remainder undecided.

Regarding their child's school life, 63.7% of parents agreed that their child gets along better in school than before participation in the programme, whereas 27.3% remained undecided, and 9.1% (comprising a single participant) disagreed. Similarly, when asked if their child is better able to cope when things go wrong, 45.5% agreed, 45.5% were undecided, and 9.1% (one participant) disagreed. When asked if their child is better able to do things they want to do, 72.7% agreed, with the remainder undecided.

In Phase 2, Parents categorised how often their child was 'anxious' before and after the Emotional Regulation Programme using banded options. Converting bands to mid-points shows a 22.5-point mean reduction (from 76.7 to 54.1). Distributionally: High anxiety (≥70%): decreased from 10/16 to 4/16 (from 62.5% to 25% of participants). Low anxiety (≤39%): increased from 1/16 to 6/16 (from 6.25% to 37.5% of participants). Moderate (40–69%): 5/16 to 6/16 (from 31.25% to 37.5% of participants).

While some children remain in moderate ranges post-programme in Phase 2, there is a meaningful shift out of the highest anxiety band, consistent with Phase-1's reported improvements in daily functioning, peer/family relations, and coping capacity.

## 4.3. Improvement in Parent's Understanding of Child

The 'improvement in parent's understanding of child' theme reveals the effect of the programme on parents' comprehension of their children's experience and needs. The subtheme of 'increased understanding' reverberates through the parent's experiences: 'better understanding as to why he might be feeling the way he is' (Phase 1 parent) and 'I gained an understanding of where his frustrations were coming from' (Phase 1 parent). These accounts highlight the role the programme has played in enhancing parent's insights into their child's emotional landscape:

*'I have a clearer picture now' (Phase 1 parent).* Such feelings were echoed in Phase 2, with one parent articulating *'I have a road map now… having a better understanding myself is key'.*

This subtheme of increased understanding was central to accounts from Phase 2 parents, with many emphasising that this has been the biggest change for them. The subtheme, *increased ability to manage emotions and use skills',* underscores the practical benefits derived from the support; *'it helped me to help him manage his emotions' (Phase 1 parent).* Through skill development, parents have gained tools to support their children during challenging moments:

*'It helped us to understand what he needs when he is feeling the big feelings and emotions and how to best help him during these moments' (Phase 1 parent).*

The programme has had a domino effect on other family members as well:

*'the tips and tricks she learned to help calm herself in stressful situations have really benefitted her and us as a family too' (Phase 1 parent).*

One parent noted that they can better work together to support their child:

*'The family works as a team… we can reach for [strategies] without thinking' (Phase 2 parent).*

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The analysis portrays the transformative effect of the 'improvement in parent's understanding of child' theme. The subthemes 'increased understanding' and 'increased ability to manage behaviour and emotions and use skills', depict how the programme equips parents with the understanding, skills, and confidence to better support their children's needs. The participants voiced experiences underscore the multifaceted improvements in parental understanding, emphasising the programme's role in enhancing understanding, and nurturing a more positive family dynamic.

## 4.4. Parent Self-Improvement

The thematic analysis reveals the impact of the 'parent self-improvement' theme, with parents describing increased confidence, self-compassion and modelling. The subtheme of 'skill development and understanding' was highlighted by parents throughout this overall theme:

*'it showed us ways of explaining and communicating with our child around daily routines' (Phase 1 parent), 'understanding ourselves to understand our children' (Phase 2 parent).*

'Better confidence/sense of relief/calmness' emerges as a pivotal subtheme, reflecting the positive emotional impact of the therapeutic support on parents:

*'It has given me more confidence in relation to scaffolding things more for my son' (Phase 1 parent)*

and has also promoted parents to have more self-compassion:

*'new skills developed better understanding that I can't 'fix' everything' (Phase 1 parent), 'listening to other parents… I'm not alone' (Phase 2 parent).*

Parents expressed a sense of relief and 'a sense of calmness' (Phase 1 parent) when entering and progressing through the programme. This further reinforces the positive changes, with parents becoming more regulated and confident, which in turn nurtures co-regulation and family climate.

The subtheme, 'self-improvement on emotional regulation and awareness', delves into the enhanced families dynamic, with parents in both phases encapsulating the important effect parent self-improvement and exploration has:

*'I now understand that me talking and sharing feelings and emotions helps her understand her own much more than anything' (Phase 1 parent).*

*'The concept of modelling behaviours … made perfect sense' (Phase 2 parent).*

This illustrates the shift towards healthier emotional interactions, and as a result, seeing that directly affect and encourage children. This analysis underscores that the programme not only influences the children's lives positively but does so by catalysing a positive change in the overall family unit, a core aim of the programme.

## 4.5. Therapeutic Relationship

The thematic analysis captures the role of the relationship between participants and the clinical team in the theme of the 'therapeutic relationship'. The subtheme 'support' is central as parents describe the therapeutic relationship as a source of comfort and assistance, with one parent labelling the 'interaction and support from our therapist' (Phase 1 parent) as one of the most helpful aspects of the programme. Having a child-centred approach to therapy can have a significant effect on establishing a positive therapeutic relationship [51], as demonstrated by one parent: 'they were eager to work with my son's feedback about how he liked to work in the sessions and what activities he preferred to do' (Phase 1 parent). This underscores the role of the delivering clinicians in providing much-needed guidance and emotional sustenance.

The subtheme 'tailored' is particularly salient, highlighting the customised approach adopted by clinicians to address each child's unique needs. Having individualised and unique strategies to aid the child during stressful situations can play a huge role in the relationship with parents lauding *'easy and simple techniques that were tailor-made for the child' (Phase 1 parent).* Parents in Phase 2 expressed similar feelings, with one parent expressing how the *'1:1 work and homework… made change more achievable'.*'Beneficial and enjoyable' encapsulates the positive impact of the therapeutic relationship on both the child and parent. Finding solace in knowing that help is available when accepted echoes the mutual benefit derived from the therapeutic relationship; 'the knowing that there is always help if you are willing to accept it'. This analysis underscores the crucial role clinicians play in creating a nurturing, adaptable, and beneficial therapeutic space that contributes to children's emotional growth and well-being. Of those surveyed in Phase 1, 81.9% of parents felt affirmed that their child had someone to talk to when they were troubled, with 9.1% disagreeing and 9.1% undecided. Similar results were reported when parents were asked if they felt they were involved in their child's programme. 72.7% of parents agreed that the programme they received was right for their child and family, with 27.3% remaining undecided. 100% of participants agreed they were treated with

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respect and were spoke to in a way that they understood. Similarly, 100% of participants agreed that the people who were supporting their child within the clinic stuck with their child no matter what.

### 4.6. Barriers

The challenges that parents and children encountered is seen in the 'barriers' theme. The subtheme 'time' was prominent in Phase 1 and underscored the logistical restraints faced by parents when trying to seek support for their child. It highlights the demands of juggling family, work, and appointments and how challenging this can be for families. Similarly in Phase 2, time and scheduling emerged as the most salient barrier. Although the online delivery and self-paced video format was noted as helping with this barrier; 'the way it was structured meant you could do it at your own pace which is super with my sons needs' (Phase 2 parent), some parents requested that in future there be 'different time options for courses' (Phase 2 parent) to make the live sessions more accessible.

The subtheme 'cost' reflects the financial strain experienced by some participants. With one participant's acknowledgment of the 'considerable and challenging' (Phase 1 parent) financial cost underlining the sacrifices families made to access the programme. This barrier was acknowledged and taken into account in the Phase 2 modifications, where the online version was aimed at being more accessible for families, with a lower cost.

'Stigma' surfaces as a significant barrier, with one parent explaining: 'He thought I was thinking there was something wrong with him' (Phase 1 parent). This reflects a broader societal hesitancy to openly address certain subjects, which could hinder both parents' and children's engagement in therapeutic processes; 'he didn't like the idea of doing therapy' (Phase 1 parent).

The subtheme 'reluctance from child/difficulty with content' accentuates the complexity of engaging children in therapy. Parents highlighted the emotional resistance faced from their children; 'he would shut down, lash out, get severely emotional' (Phase 1 parent). They also noted the difficulty with following through in your child's best interests despite negative reactions; 'it took a while to get around my child to go and even to go back for the first three or four sessions' (Phase 1 parent). Phase 2 saw less focus on this element, although some parents expressed how it may have been helpful to have a hybrid between online and in person sessions to support children's engagement; 'possibly have opening session with the child and psychologist in person to increase engagement from the child' (Phase 2 parent).

Of those surveyed in Phase 1, 81.8% of parents agreed that the location of the programme was convenient for them, while 74.6% agreed that the times were convenient for them, with 27.3% disagreeing, and 18.2% remaining undecided. Of those surveyed in Phase 2, 62.5% of parents preferred online delivery, 25% were flexible or unsure, and 12.5% expressed a preference for exclusively in-person sessions. When asked if they would recommend the programme, 100% of parents surveyed in Phase 2 said that they would. This analysis serves as a valuable reminder that while therapeutic supports are immensely beneficial, they must be contextualised within the broader challenges that families may grapple with.

## 5. Discussion

By examining parental experiences across two delivery contexts, this study offers insight not only into programme acceptability, but also into how mechanisms of change are enacted differently when interventions move from clinic-based (in person) to parent-led formats (online). The current study investigates parental experiences of the Emotional Regulation Programme conducted in EPT Clinic across 2 phases. Thematic analysis, combined with further underscoring from quantitative data provides insight into aspects of the emotional and practical journey families embark upon when engaging in therapeutic support. Six themes were identified from the qualitative information. Integration of qualitative and quantitative findings indicates convergence between parental narratives and quantitative outcome signals. Improvements in family climate, parent confidence, and co-regulation described qualitatively align with reductions in parent-reported child anxiety frequency and increased satisfaction ratings, suggesting that observed experiential changes are accompanied by measurable shifts in daily functioning.

The theme 'Initial perception' unveils the intricate emotional landscape that parents navigate when first interacting with the programme. The main learning from this theme across both phases is the importance of effective communication and understanding and addressing parental concerns during the initial stages of the programme, helping to ensure a smooth transition for both parents and children. This theme also tied in with the 'Barriers' theme which highlighted the need for professionals to provide clear and structured psychoeducation to parents prior to starting their child in a therapeutic programme to ensure they have a clear and positive conceptualisation of what to expect. This should include the emphasis professionals place on the benefits of integrating skills at home and through day-to-day family practices, as parental involvement has been linked to child success [50]. This

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importance of integrating elements of the programme into day-to-day life was especially apparent in Phase 2 accounts, which saw parents noting whole family changes as some of the most helpful effects of the programme.

The theme 'Impact on the child' delves into the positives of engaging with the programme for parents. Phase 1 saw parents speak about the impact on children's emotional literacy and how this can subsequently affect other areas of their lives and is reflective of previous literature [14], [16]. Phase 2 accounts saw parents focus on the impact on parents own approach to understanding and supporting their child, as well as the positive impact of the entire family working together as a team on regulation. This aligns with research highlighting the importance of whole-family approaches to regulation, where the family environment is the focus rather than an individual child [39].

The themes 'Improvement in parent's understanding of child' and 'Parent self-improvement' highlights the growth that parents themselves experience in areas such as their understanding of their child's experience and needs, as well as their confidence and personal emotional awareness. This theme gave prominence to the vital role therapists play in providing support, tailored strategies, and a beneficial therapeutic experience. Phase 1 highlights the importance of a child-centred approach to therapeutic support where professionals focus their efforts on building rapport and creating a safe and comfortable space engagement. This was echoed in Phase 2, where clear and tailored supports from the beginning were highlighted as key strengths of the programme by parents.

Lastly the 'Barriers' theme allows insight into areas to be considered when designing and implementing therapeutic support programmes in the future. These barriers included logistical time constraints, financial strain, societal stigma, and emotional resistance by children. Many of these barriers relate to the theme of 'Initial perceptions,' and findings suggest that such barriers can be best addressed at initial stages through clear communication and psycho-education for parents, through the inclusion of parents in the process and through the focussing on rapport building and acknowledgement of the importance of the therapeutic relationship as a vital component for success. This theme highlights the importance of assessing parental experience and satisfaction, as parents are the mediators and spokespersons for their children, and understanding and addressing barriers faced by parents can improve both child and family satisfaction and success within the programme [29,30]. Across Phase 1 and 2 practical barriers with time persist, however it was noted that the online format flexibility helped with this. Feedback on the online delivery of the programme was largely positive, with many parents noting that they preferred this delivery and that it helped them to fit support into their busy lives. Parents did note that more time slots for live supports would be helpful. Some parents did express that they would prefer in person delivery, while others suggested that hybrid delivery (combining online with in-clinic supports at intervals) would be helpful to support optimum engagement from young people. Feedback on the group delivery was largely positive, with some parents noting it helped them to feel less alone in their struggles. Parents in Phase 2 also noted that the combining of some self-paced online supports with live group sessions and options of 1:1 phone follow up was helpful as a wraparound support. Addressing these barriers is crucial for improving programme accessibility and effectiveness, and this theme underscores the need for sensitive and effective supports that are family-centred and delivered in ways that are as accessible and practical as possible for parents' while still providing the level of support needed for meaningful change. Phase 2 corroborates the Phase 1 findings: the Emotional Regulation Programme is experienced by parents as containing, practical, and relationship-centred, with parent reported reductions in child anxiety frequency and improvements in family climate and parent efficacy. The themes identified remained consistent, while Phase 2 adds a measurable clinical signal of changes in anxiety and clear indicators of areas for further improvements. Together, the two phases provide a coherent practice-based evidence base for this family-centred Emotional Regulation Programme that is feasible to scale in clinical settings with targeted tweaks including hybrid online delivery with in-clinic touchpoints and greater availability of time slots for live elements.

## 6. Limitations and Future Research

The current study consisted of a sample of 11 participants in Phase 1 and 16 participants in Phase 2. The gender of these participants was skewed in Phase 1 there were 10 biological mothers and one questionnaire completed by both biological parents together, while in Phase 2 all respondents were female; with self-selected respondents. The research team's clinical involvement in programme development was acknowledged and addressed through reflexive analysis, peer review of themes, and cautious interpretation of findings. Although elements of the Youth Satisfaction Survey-Family (YSS-F) questionnaire were used, no overarching standardised externalised/internalised symptom measures beyond the anxiety-frequency bands were used. Adding brief standard scales would strengthen future inference. The recommendation rate (100%) suggests possible positive response bias, therefore

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triangulation with routine outcome monitoring would add balance to outcomes.

## 7. Conclusion

This study explored parents' experiences of the EPT Clinic's Emotional Regulation Programme for children and adolescents within an Irish child and adolescent multidisciplinary practice, using a mixed-methods approach to integrate quantitative and qualitative data. Findings highlight key factors influencing parental experience, including early communication and expectation-setting, parental involvement as collaborative partners, the therapeutic relationship, and practical time, financial, and logistical barriers to participation.

By examining parental experience across two phases of delivery, this study contributes practice-based evidence to inform the development and scaling of family-centred emotional regulation programmes. Findings underscore the value of parent-led, neurodiversity-affirmative approaches that embed regulation within daily family life, while also demonstrating how group and online delivery can enhance accessibility without undermining perceived impact. Together, the two phases offer clear considerations for clinicians and services seeking to deliver effective, accessible emotional regulation support within real-world clinical settings.

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## Acknowledgements

Original data collected from this study is accessible only by the individuals who conducted the study. All research data is available upon request. No funding was received for any part of this research. In terms of conflicts of interest, the 1st author, Lorraine Madden created the Emotional Regulation Programme with other team members within the EPT Clinic's Team, and is on the Board of Directors of EPT Clinic. Kate Lenihan and Anna O'Brien were involved in delivery of the programme. The Psychological Society of Ireland's Code of Ethics was adhered to during the research project, and their advice was sought during telephone consultation and follow up email in regard to the application of the Code of Ethics to this research project.

 