

Examining the relationship between emotional dysregulation and temperament profiles in children with ASD

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Background

Temperament

- a biologically based characteristic describing an individual's patterns of feelings and behaviour¹

3 dimensions:

- Effortful control
- Negative affect
- Surgency

Emotional regulation

- the ability to monitor and modify one's emotions²

2 subscales:

- Reactivity
- Dysphoria

Research question

Is there an association between the temperament profile and emotional regulation capabilities of children with ASD?

Methods

Sample

- 51 children with ASD diagnosis
 - Age of 7-14 (11.06 ± 2.3)
 - 9 females, 42 males
 - Full Scale IQ ≥ 85

Protocol

- Parents completed two measures:
 - #1. Temperament in Middle Childhood Questionnaire
 - #2. Emotion Dysregulation Inventory

Analysis

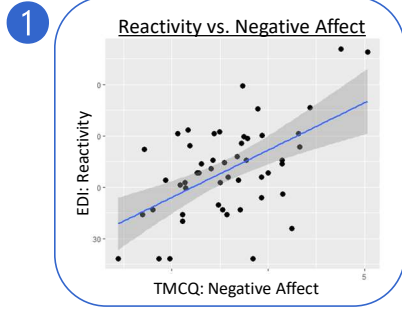
- Linear regression used to examine the association between the 3 dimensions of the TMCQ and the 2 EDI subscales
 - Covariates: age, gender, and Full Scale IQ

Negative affect, a factor of temperament, is positively correlated with emotional dysregulation in children with ASD

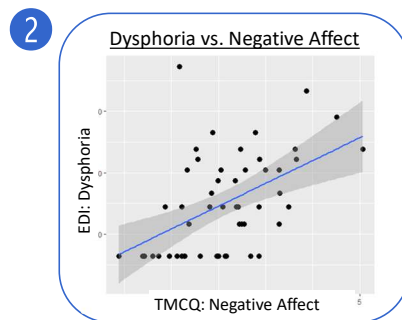


Results and conclusion

There is a significant positive association between the Negative Affect factor of the TMCQ and...



...the Reactivity dimension of the EDI.
($R^2 = 0.28$; $p = 0.00003$)

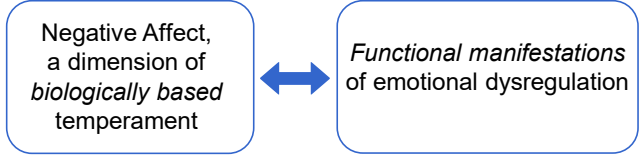


...the Dysphoria dimension of the EDI.
($R^2 = 0.23$; $p = 0.0003$)

Gender, age, and Full Scale IQ do not play a significant role in these relationships.

Relevance and applicability

These results help us better understand contributors to emotional dysregulation by suggesting that in children with ASD, there is an association between:



References

¹ Rothbart, M.K & Hwang, J. (2005). Temperament and the development of competence and motivation. In A.J. Elliot & A.C. Dweck (Eds.), Handbook of competence and motivation. Guilford Press, pp. 167-184.
² Beck, K. B., et al. (2020). Assessment and Treatment of Emotion Regulation Impairment in Autism Spectrum Disorder Across the Life Span: Current State of the Science and Future Directions. Child and adolescent psychiatric clinics of North America, 29(3), pp. 527-542.