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Coaching Tip Sheet for Teens with irritability, anger, and emotional dysregulation in sport

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COACHING TIPS FOR YOUTH WITH IRRITABILITY, ANGER, AND EMOTION DYSREGULATION IN SPORT

How do irritability and anger relate to emotion dysregulation?

Anger, frustration, and irritability in sport are common. The inability to control these symptoms resulting in impairments in school, work, relationships, and/or athletic performance is known as emotion dysregulation. Impairments can manifest as declining grades, difficulty with completing work, arguments with loved ones or friends, or deteriorating athletic performance.

Youth with emotion dysregulation may experience severe temper outbursts, strongly expressed emotions, and uncontrollable emotions. In a 2021 study, emotion dysregulation was shown to affect 9% of youth (6-16 years old) worldwide. The prevalence of emotion dysregulation in the general population decreased with age 11.26% (5-8 years old) down to 6.6% (over 12 years old).

The prevalence of emotion dysregulation increases for any co-morbid mental illness to 26-33%. Specifically, for Attention Deficit Hyperactivity Disorder (ADHD), rates are much higher at 25%-45% for youth and 30% - 70% in adults. Emotion dysregulation is also a hallmark symptom for those with bipolar disorder.

Youth with emotion dysregulation may experience:

- More intense emotions
- Difficulty with rational thought
- Impulsivity that can lead to an increase in risk-taking behaviors, including increased substance use, self-harm or self-injurious behaviors (cutting), and suicidal thoughts/actions
- Decreased situational awareness that increases their risk of injury
- Declining work, school, and/or athletic performance

Emotion dysregulation can be a symptom of a more serious mental health issue and/or distressed environment for the individual.

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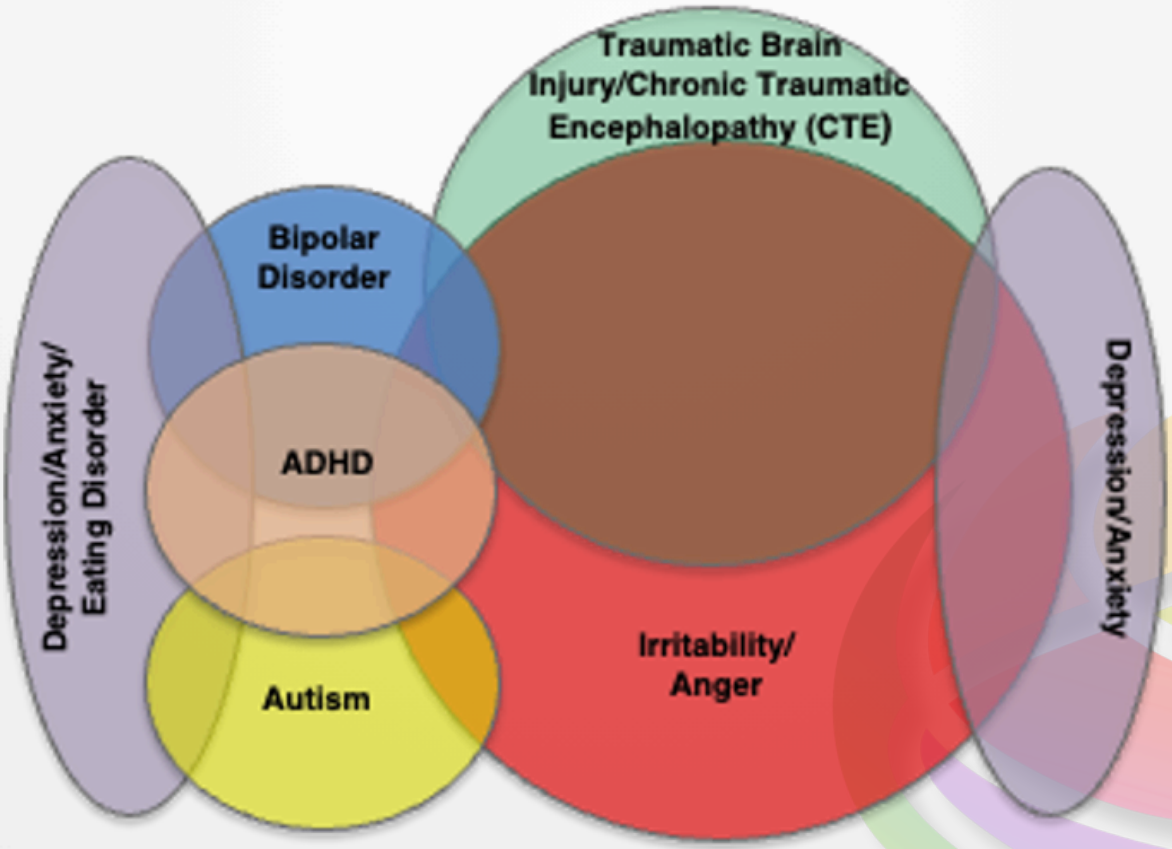
What can a coach observe?

Coaches may observe arguing with teammates, coaches, officials, and visible irritation. Athletes may also have difficulty moving on, focusing, or resuming play after making mistakes. They may have negative self-talk and blame others for those mistakes. Some players may have difficulty with taking responsibility, always feeling others have wronged them, and incorrectly assign blame. Athletes may have emotional outbursts or shut down when they receive feedback or criticism. They may have difficulty listening, taking direction, and appear uncoachable.

Coaches should not ignore these symptoms as they may indicate a larger underlining issue such as concussion, trauma, and or mental illness.

Co-occurrence of Irritability/Anger in Common Mental Health Diagnoses



Symptoms of irritability and anger are common in many mental health diagnoses as seen in the diagram above.

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How common is anger/irritability in athletes?

Approximately 37% of Division I athletes report elevated anger. Increased pressure from higher level of play can increase the risk of anger and emotion dysregulation. In a study of anger prevalence at a Division 1 National Collegiate Athletic Association (NCAA; USA national organization for college athletics), more female than male athletes reported experiencing anger. While the authors concluded this result could be due to females having higher self-awareness, the exact reasons are unknown. Male athletes were found to have a higher risk for anger, despite reporting experiencing less anger than females.

· Football, basketball, volleyball, softball, soccer, and baseball were associated with higher risk for reporting anger.

· For females, ball sports (e.g. volleyball, soccer, softball) and aesthetic sports (e.g. gymnastics, cheerleading, artistic swimming, diving, equestrian) had higher percentages of reported anger.

· For males, football had the highest risk for anger, followed by other ball sports.

· Technical sports (golf, tennis) and endurance sports (swimming, track) were associated with less risk of reported anger.

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How common is emotion dysregulation in athletes?

· Studies in emotion dysregulation in athletes have mostly examined mental health diagnoses with emotion dysregulation as a non-defining symptom.

· Emotion dysregulation is seen often in athletes with ADHD, anxiety, bipolar disorder, disordered eating/eating disorders, autism, post-traumatic stress disorder (PTSD), traumatic brain injury (chronic traumatic encephalopathy (CTE).

· Irritability is often associated with depression in youth, but is not a symptom that defines depressive disorders in adults.

· Higher level of disordered eating symptoms are associated with worse emotion dysregulation in female college athletes

· Concussion is a common cause of emotion dysregulation and can occur in up to 36% of the time, with 21-35% of individuals developing persistent symptoms even 12 months after concussion.

A study of Canadian college athletes found that athletes who have emotion dysregulation also tend to have higher levels of depression and anxiety. While these athletes often worry about their performance, those worries did not explain the mental health symptoms.

Coaches should recognize and address emotion regulation issues, rather than assuming the athlete is just stressed about sport performance.

Research suggests that athletes participating in contact and power sports tend to show higher levels of anger expression and aggressive responses compared to non-contact sports. This does not mean these sports cause anger, but rather that the competitive and physical demands may increase emotion intensity and require stronger emotion regulation skills.

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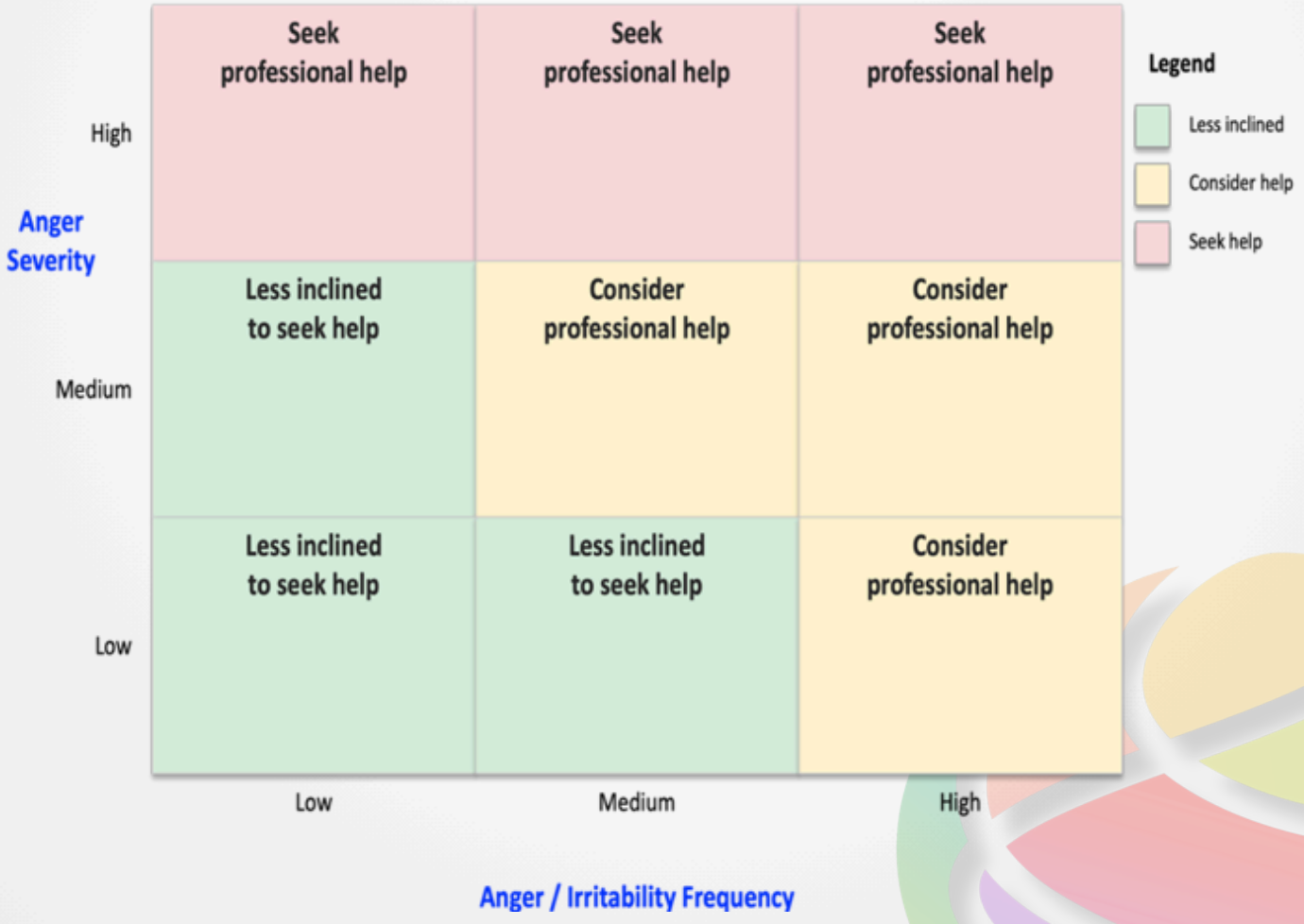
When should coaches seek help?

- When emotion dysregulation is escalating in frequency and/or intensity
- When it interferes with performance, team cohesion, relationships
- When it leads to unsafe behaviors, substance abuse, or risky behaviors



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What are treatments for anger/irritability and emotion dysregulation?

Behavioral Techniques/Psychotherapy:

Behavioral modification is an essential method in treating symptoms of anger, irritability, and emotion dysregulation. Depending on the root causes of emotion dysregulation and severity of anger/irritability, various psychotherapy methods that teach behavior modification can be used. Studies have shown particular therapeutic modalities to be effective for certain mental health diagnoses. Most common therapy methods for young athletes include:

Cognitive Behavioral Therapy (CBT)
Dialectical Behavioral Therapy (DBT)
Acceptance and Commitment Therapy
Trauma Focused CBT (if traumatic events have occurred)

Medication Treatment:

If anger or irritability is severe or frequent, as the figure above shows, a referral to a mental health professional is recommended. A mental health diagnosis may be given that requires medication. Medications are effective in controlling severity of symptoms and can allow for the athlete to effectively attend psychotherapy and employ the techniques learned when warranted.

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Environmental Factors:

Emotion dysregulation can be a result of and precipitated by unsafe environmental factors, specifically childhood trauma, abuse by coaches or other athletic staff, chronic stress (poverty, conflict), poor sleep, or substance abuse. Athletes who are in unsafe situations should be supported and the situations addressed.

In the United States (US), coaches are considered mandated reports of child abuse and neglect and should report to their local county's child and welfare department. In the US, the U.S. Center for SafeSport oversees any misconduct for any Olympic and paralympic sport and can be contacted at 833-5US-SAFE (587-7233) to report any violations.

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As a coach, how do I alter my coaching to manage emotion dysregulation?

Immediate Response During Emotional Outbursts

· When an athlete has an emotional outburst or aggression, allow space in the moment for the athlete to cool down in a non-punitive, designated space
· Separate the athlete from others if necessary until they regain control
· Be mindful of communication style during the outburst to de-escalate, remain calm, and prioritize safety

After the Athlete Has Calmed Down

· Once the athlete is calm, have open communication
· Validate frustration
· Assess for external stressors such as family, school, or relationship stressors

Engaging Caregivers and Mental Health Support

· Engage caregivers or trusted adults who are familiar with the athlete's situation and may have tools to de-escalate or calm the athlete
· If caregivers are unable or unwilling to manage the situation, or are unsuccessful as symptoms worsen, refer the athlete to a professional mental health provider

Medical Assessment and Return-to-Play

· Assess for injuries by referring to the medical team, pediatrician, or athletic trainer
· Follow up with the athlete regarding progress of treatment
· Have the athlete bring a note from the provider confirming they were seen (no visit details)
· Follow return-to-play recommendations
· If the athlete is unable to play, continue to engage them as much as possible (e.g., coaching assistant, play coordinator assistant)

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As a coach, how do I alter my coaching to manage emotion dysregulation?

Building a Supportive Team Culture

- Team culture should focus on growth and effort
- Support this culture with team-building activities or events that promote a supportive environment

Feedback and Coaching Behavior

- Positive feedback should outnumber negative feedback 3:1
- Coaches should model appropriate behavior, emotion regulation, and problem-solving skills

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References:

Bunford, N., Evans, S. W., & Langberg, J. M. (2018). Emotion dysregulation is associated with social impairment among young adolescents with ADHD. Journal of Attention Disorders, 22(1), 66–82. https://doi.org/10.1177/1087054714527793

Conti, L., Fantasia, G., & Di Santo, A. (2023). Emotional dysregulation and post-traumatic stress symptoms: Which interaction in adolescents and young adults? A systematic review. Brain Sciences, 13(12), 1730. https://doi.org/10.3390/brainsci13121730

Lima Santos, J. P., Jia-Richards, M., Kontos, A. P., Collins, M. W., & Versace, A. (2023). Emotion regulation and adolescent concussion: Overview and role of neuroimaging. International Journal of Environmental Research and Public Health, 20(13), 6274. https://doi.org/10.3390/ijerph20136274

Madden, R., Winkelmann, Z. K., Weber, S. R., Moore, E. M., & Torres-McGehee, T. M. (2021). Examination of anger prevalence in NCAA Division I student-athletes. Journal of Sports Medicine and Allied Health Sciences, 6(3), Article 1. https://doi.org/10.25035/jsmahs.06.03.01

McLaughlin, K. A., Hatzenbuehler, M. L., Mennin, D. S., & Nolen-Hoeksema, S. (2011). Emotion dysregulation and adolescent psychopathology: A prospective study. Behaviour Research and Therapy, 49(9), 544–554. https://doi.org/10.1016/j.brat.2011.06.003

Parent, S., Vaillancourt-Morel, M.-P., & Gillard, A. (2022). Interpersonal violence in sport and mental health outcomes in teenagers. Journal of Sport and Social Issues, 46(4), 323–337. https://doi.org/10.1177/01937235211043652

Rescorla, L. A., Jordan, P., Zhang, S., Baelen-King, G., Althoff, R. R., Ivanova, M. Y., & International ASEBA Consortium. (2021). Latent class analysis of the CBCL dysregulation profile for 6- to 16-year-olds in 29 societies. Journal of Clinical Child & Adolescent Psychology, 50(5), 551–564. https://doi.org/10.1080/15374416.2019.1697929

Shaw, P., Stringaris, A., Nigg, J., & Leibenluft, E. (2014). Emotion dysregulation in attention-deficit/hyperactivity disorder. American Journal of Psychiatry, 171(3), 276–293. https://doi.org/10.1176/appi.ajp.2013.13070966

Tamminen, K. A., Bonk, D., Milne, M.-J., & Watson, J. C. (2025). Emotion dysregulation, performance concerns, and mental health among Canadian athletes. Scientific Reports, 15, Article 10432. https://doi.org/10.1038/s41598-025-10432-x

Toyoda, H., Ishikawa, K., & Omi, Y. (2024). Predicting PTSD and complex PTSD from interpersonal violence in Japanese school-based extracurricular sports activities using the International Trauma Questionnaire (ITQ). Frontiers in Psychology, 15, 1463641. https://doi.org/10.3389/fpsyg.2024.1463641

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