

Caregivers' Lived Experiences in Managing Meltdowns of Children with Special Needs in a Philippine Residential Child Care Facility

Kymm Andrea Gevero^{1*}, Dominic Bryan San Jose, EdD²

¹Kalipay Negrense Foundation, Philippines

²Recoletos de Bacolod Graduate School, University of Negros Occidental Recoletos, Philippines

*Corresponding Author: Kymm Andrea Gevero, Kalipay Negrense Foundation, Philippines

ABSTRACT

Meltdowns among children with special needs represent complex emotional and behavioral challenges for caregivers, specifically within residential child care settings where constant supervision and individualized responses are needed. This phenomenological study described the lived experiences of caregivers in managing meltdowns among children with special needs in a residential child care facility. Six (6) caregivers were selected through purposive sampling and participated in semi-structured interviews to provide in-depth accounts of their experiences. Analysis revealed that caregivers' experiences revolved around four major themes: the nature of meltdowns, triggers influencing conditions, caregiver management strategies, and emotional impact and support systems. Caregivers conceptualized meltdowns not as deliberate acts of defiance but as manifestations of emotional overload influenced by environmental, sensory, and interpersonal factors. Their experiences highlight the need for adaptive strategies founded on empathy, patience, and consistency, while also revealing the significant emotional labor involved in caregiving. These findings offer meaningful implications for caregivers, residential care administrators, special education practitioners, and policymakers in strengthening training, support systems, and caregiving approaches for children with special needs in residential settings.

Keywords: Caregiver experiences, managing meltdowns, children with special needs, emotional impact, residential child care facility.

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Introduction

Meltdown is an emotional response when a child is frustrated or in emotional pain, or receives too much sensory input. This makes them lose control and cry, yell, or act out physically (Yoon & Yoon, 2024; Yalim & Mohamed, 2023). Thus, caring for children with special needs is a challenging yet rewarding journey that requires a lot of strength, empathy, and specialized knowledge. Globally, caregivers often encounter highly stressful and emotional circumstances, such as meltdowns or emotional outbursts that need immediate and effective intervention (Tschida et al., 2021). These are also significant in residential child care facilities because vulnerable children under their care often experience deep trauma, have trouble making

friends, and have emotional problems (Moreno-Manso et al., 2020). Consequently, such circumstances can result in inappropriate behaviors that necessitate compassionate, respectful, and professional responses. Addressing these situations is critical, as they directly influence the well-being and development of children with special needs. Recognizing caregivers' perspectives is essential for improving the quality of care on a global scale.

The care of children requiring additional support in Asia is influenced by cultural values, societal expectations, and limited resources (Westby et al., 2024). Ng and Indran (2021) note that the stigma associated with disabilities, insufficient specialized training for caregivers, and poorly developed support systems in institutional environments

complicate matters for many Asian nations. Various factors impact the experiences of caregivers, who often shift between traditional approaches and modern therapeutic techniques when addressing behavioral crises.

In the Philippines, difficulties are further intensified by disparities in healthcare and educational resources available to children with special needs, along with socio-economic challenges. Residential child care facility serves an essential function by offering shelter, care, and support to children from disadvantaged backgrounds (Whittaker et al., 2023). However, caregivers often face obstacles due to inadequate training, overwhelming workloads, and the difficulties presented by emotional outbursts (Khalid et al., 2023; Carvalhais & Formosinho, 2024). Although the government is making efforts to improve child welfare policies, further research is essential to understand the situation better.

In Negros Occidental province, residential child care facilities are provided with caregivers who are responsible for taking care of children with varying backgrounds, mostly disadvantaged and some with special needs. Preliminary observations noted that these caregivers worked as parental figures, taking care of and supervising the children, while also upholding the cleanliness and neatness at the facility. However, behavioral meltdowns often overwhelm the day, leading to a difficult caregiving situation that requires patience and flexibility. Informal conversations with caregivers indicated that they tended to rely on intuition and personal experience rather than formal education or systematic behavioral interventions when dealing with these incidents. De Los Reyes et al. (2020) highlighted that caregivers working in residential child care facilities in Negros Occidental face challenges such as insufficient staffing, irregular funding, and a lack of professional training or communal support, which complicates the effective handling of behavioral episodes. Despite these difficulties, previous studies lack insight into the lived experiences of caregivers amid these meltdowns, with a gap that must be explored. The situation itself, defined by the continuous caregiving challenges and limited access to formal guidance, urged the researchers to investigate and understand the lived experiences of caregivers managing meltdowns of children with special needs in this local context.

Several studies have examined the dynamics of caregiving for children with special needs and the management of behavioral challenges, including meltdowns. Much of the existing research, however, primarily focuses on parents or educators within home or school contexts rather than caregivers working in institutional settings, underscoring a

range of strategies such as emotional regulation, behavioral intervention, and environmental modification to manage meltdowns of children with special needs (Lomarda, 2025; Sinaga et al., 2025; Tuvida, 2023). Nevertheless, there persists a lack of research that examines how caregivers in orphanage settings react to similar behavioral meltdowns amid their distinct caregiving contexts. Villanueva (2022) studied the caregivers' stressors and coping strategies in an institutionalized setting, but did not describe their lived experience, as well as care approaches in responding to meltdowns of children with special needs. This research aims to fill that gap through studying caregivers' lived experiences as well as caregiving practices in addressing meltdowns of children with special needs in a residential care context, which can inform policy-making, training programs, and support services. Addressing this research gap is important, as limited studies have examined the realities of caregivers in a unique caregiving setting, particularly within residential child care facilities.

The purpose of this phenomenological study is to describe the lived experiences of caregivers in managing meltdowns of children with special needs in one of the residential child care facilities in Negros Occidental, Philippines. This study seeks to improve support systems and care practices by exploring respondents' shared experiences and caregiving practices. The insights gained are expected to inform strategies and policies that strengthen support for caregivers and promote improved developmental outcomes and well-being for children with special needs in institutional care. Moreover, this study aims to enhance the experiences of disadvantaged children with special needs in these unique environments and raise the overall quality of caregiving.

Methodology

Research Design

This study is a qualitative research design that used the phenomenological method grounded in the philosophical principles of Husserl (1970) and supported by Moustakas (1994) to explore and describe the lived experiences of the caregivers charged with the responsibility of handling meltdowns in children with special needs in a residential child care facility in the province of Negros Occidental. Based on the principle of going back to the things themselves espoused by Husserl, the methodological design places primacy in the understanding of experiences as made aware and lived by people in consciousness. In adopting this method, the research hopes to provide an accurate and authentic description of the experiences of the caregivers with specific emphasis on their experiences of encounters with episodes of meltdowns in the course

of their everyday caregiving duties. The researchers used bracketing (Tufford & Newman, 2012) in suspending any personal bias and observing objectivity with participants' perceptions. This methodological choice is particularly appropriate because it allows for in-depth exploration of the emotional, cognitive, and practical experiences of caregiving, with the potential of providing details not seen with the quantitative approaches. Finally, this approach ensures that the voices of the caregivers truly surface and provides the ground for enhancing caregiving practices, institutional support, and the general well-being of children with special needs in care institutions.

Participants

The study purposely selected six (6) caregivers working at a residential child care facility in Negros Occidental, Philippines, which has a specialization in caring for children with special needs. The technique of purposive sampling (Tongco, 2007) was used to ensure that the researchers had wide-ranging, relevant, and uninterrupted experiences in relation to the phenomenon of handling meltdowns. The selection criteria were: (1) being full-time caregivers at the orphanage for at least one year, (2) having direct caregiving responsibilities for children with disabilities, and (3) having personally confronted at least one case of a meltdown. The sample size of six was deemed sufficient for phenomenological studies because it provided adequate in-depth exploration of lived experiences and attained thematic saturation without sacrificing the manageability of data. This cautious choice ensured that the respondents could provide meaningful insights into their lived experiences and caregiving techniques regarding the handling of meltdowns among children with disabilities in residential care.

Instruments

Data were collected by semi-structured in-depth interviews. The semi-structured interview process (Al Balushi, 2016) has been adopted because it is adaptable and enables the respondents to define their experiences in their own words, but also enables the researcher to delve into specific points of the management of meltdown in depth. The interview guide comprised open-ended questions (Weller et al., 2018) that were accompanied by follow-up probes that were designed to elicit thoughtful and subtle answers. This research technique ensures that both expected and unexpected themes are investigated. Whereas, the utilization of in-depth interviews ensures in-depth, credible, and contextually valid data collection typical of phenomenological research (Mishra & Batra, 2025).

Data Collection Procedure

Prior to data collection, formal consent from the management of the child care facility was secured for the study, and informed consent was obtained from all the participants. Rapport was established prior to interviews to facilitate an easy and friendly atmosphere (Crough et al., 2024). Individual semi-structured interviews were then carried out in the confidentiality and comfort of the quiet and private section within the home. The interviews lasted about 45–60 minutes and were audio-recorded with the consent of the participants. The researcher also utilized bracketing (Tufford & Newman, 2012) throughout the process so that personal assumptions and established biases were set aside, and the researcher remained open and objective to participants' views. Following interviews, the recordings were transcribed verbatim, and the participants were provided the chance to read and confirm their own transcripts through member checking (McKim, 2023) to ensure accuracy, credibility, and authenticity prior to moving forward with the analysis of the data.

Data Analysis Framework

Thematic analysis (Terry et al., 2017) was used to analyze the qualitative data. This approach involves the systematic coding of the data, the detection of repeated patterns, and the categorization of these into meaningful themes that capture caregivers' experiences in life. Thematic analysis was deemed appropriate because it allows for close but flexible examination of complex qualitative data and thus facilitates both descriptive and interpretative understanding. The researcher adopted Braun and Clarke's (2006) six-step procedure: familiarization of the data, coding, theme generation, review of the theme, designing and labeling the theme, and writing the report. This provided for a transparent, systematic, and credible interpretation of the data.

Data Trustworthiness

To ensure the reliability of the study, the four criteria established by Lincoln and Guba (1985)—credibility, transferability, dependability, and confirmability—were observed. Credibility was achieved by having extensive interaction with participants, quality time dedicated to the data gathering until saturation, and member checking to ensure the accuracy and authenticity of the data. Transferability was facilitated by the presentation of vivid and in-depth descriptions of the research setting and the participants. The dependability was ensured by ensuring careful documentation for all research methods involved, including the selection of the participants, the activities of data collection, and the analysis steps involved, hence

creating a transparent and traceable research design. Confirmability was ensured by the bracketing technique, where the researcher diligently suspended personal beliefs and values to ensure the results reflected the participants' lived experience rather than the researcher's perceptions. Overall, the steps ensured the study's rigor and the integrity of findings.

Ethical Consideration

Throughout the course of the research, high standards of ethics were upheld with strictness to safeguard the rights and welfare of all participants involved. Before data collection, permission was acquired from the administration of the facility, while informed consent was also obtained from each participant following a thorough explanation of the study's objectives, methodologies, and their right to withdraw at any moment without facing repercussions. Confidentiality and anonymity were ensured by the adoption of the use of pseudonyms and the keeping of all collected information in a completely secure domain. Considering the sensitive nature of the subject matter pertaining to caregivers of underprivileged children, the researcher adopted a compassionate and nonjudgmental stance during the interviews. The research showed respect for the emotional state of the participants by providing support and referrals where discussion of distressing themes made them uncomfortable. The researcher consistently maintained principles of honesty, integrity, and transparency in the management and reporting of data to ensure that all outcomes authentically represented the lived experiences of the participants.

Results

Several themes emerged from the caregivers' shared experiences in managing meltdowns of children with special needs. Four major themes identified were the nature of meltdowns, triggers and influencing conditions, caregiver management strategies, and emotional impact and support systems. The subthemes under the nature of meltdowns were the physical and emotional behaviors, and recognizing early signs. Under triggers and influencing conditions, the subthemes included unmet wants or restrictions and environmental or peer-related disruptions. Calming communication, temporary removal from the stimulus, and monitoring until the child settles were the subthemes under caregiver management strategies. Under emotional impact and support systems, the subthemes were personal coping strategies and the need for institutional support and training. These themes present how caregivers within the residential child care setting understand, respond to, and cope with meltdowns.

Nature of Meltdowns

The caregivers shared a common understanding of what meltdowns looked like among children with special needs in the residential facility. In explaining how they were able to tell that a meltdown was taking place, caregivers quickly described the intensity of the behavior, the emotional distress involved, and the importance of recognizing early indicators. Their accounts emphasized how meltdowns were not deliberate acts of misbehavior but expressions of overwhelming emotions that the children struggled to put into words. Their shared experiences yielded two subthemes: physical and emotional behaviors and recognizing early signs.

Physical and Emotional Behaviors. Caregivers consistently described meltdowns as episodes characterized by strong emotional outbursts paired with physical reactions. Their responses often reflected the child's difficulty in regulating emotions or expressing needs or wants verbally.

"The child becomes uncontrollable. They throw whatever they can grab, scatter things, and roll on the floor screaming and crying intensely for a long time." (Participant 4, personal communication, November 13, 2025)

"One child used his head to bang against the glass wall while stomping and crying." (Participant 5, personal communication, November 13, 2025)

"When they can't explain how they feel, everything comes out in physical reactions. They start kicking, hitting, or throwing objects that make noise and sometimes hit others" (Participant 2, personal communication, November 12, 2025)

Recognizing Early Signs. The caregivers noted that most meltdowns were often preceded by identifiable warning signs, which helped them anticipate escalation. Below are their responses, indicating that a meltdown may happen.

"You can sense it in their face and body language—they start getting restless with facial tension, mumbling loudly and repeating words." (Participant 6, personal communication, November 14, 2025).

"I notice irritation or frustration, especially when someone is provoking them or when they're forced into something they don't want to." (Participant 3, personal communication, November 12, 2025).

Triggers and Influencing Conditions

Caregivers shared the situational and environmental factors that usually trigger meltdowns. Unmet wants or restrictions, and environmental or peer-related disruptions, emerged as subthemes.

Unmet Wants or Restrictions. They expressed that meltdowns frequently occurred when children did not get something they wanted or when usual routines and requests could not be satisfied. These moments reflect children's limited ability to regulate frustration or delay gratification.

"Usually, meltdowns happen when you reprimanded them for what they were doing and didn't permit what they wanted." (Participant 1, personal communication, November 11, 2025).

"When I say no or delay what he is asking for, he cannot process it and breaks down." (Participant 3, personal communication, November 12, 2025).

"Even small things like changing the schedule or being woken up when they don't want to get up can upset them." (Participant 4, personal communication, November 13, 2025).

Environmental or Peer-Related Disruptions. Apart from personal frustrations, external factors in the living environment may cause meltdowns. Some of the caregivers shared the following:

"If another child provokes him or they get into arguments, that is when the meltdown starts." (Participant 2, personal communication, November 12, 2025)

"Sometimes the environment gets too noisy, and the child cannot handle everything happening at once." (Participant 4, personal communication, November 13, 2025).

These triggers indicate that the surrounding environment can heighten emotional pressure and contribute to behavioral escalation.

Caregiver Management Strategies

The caregivers underscored that managing meltdowns effectively requires a combination of patience, emotional attunement, and practical intervention. Below are the responses caregivers use to de-escalate meltdowns. Three subthemes emerged: calming communication, temporary removal from the stimulus, and monitoring until the child settles.

Calming Communication. Most caregivers highlighted the need to remain calm and speak softly and reassuringly during the meltdown.

□ I talk to them gently and ask what they feel. Even if they cannot answer, it helps them settle. I avoid scolding them because it just worsens the situation. □ (Participant 1, personal communication, November 11, 2025).

"Once they're at the peak of their emotions, I let them be, and when their emotions subside, I talk to them and

comfort them." (Participant 4, personal communication, November 13, 2025)

"Sometimes I used physical touch such as hugging or holding their hands to calm them down, and I ask for the reason why they acted that way, and then try to solve it" (Participant 6, personal communication, November 14, 2025).

Temporary Removal from Stimuli. When the situation got out of hand, caregivers reported that they sometimes escorted the child to another site to reduce sensory input or conflict.

"When he cannot handle the environment, I bring him to a quieter place to breathe." (Participant 3, personal communication, November 13, 2025)

"I take them for a walk, bring them to an area in the facility where it's peaceful" (Participant 5, personal communication, November 13, 2025).

"If talking doesn't work, you really need to move them away first from the noise or triggers because after some time they will calm down" (Participant 6, personal communication, November 14, 2025).

Monitoring Until the Child Settles. The caregivers also described staying close and attentive during the meltdown and afterwards until it subsided to ensure safety. Below are some of their responses:

"Even if I give them space, I cannot leave them. As long as no one gets hurt, I just watch until they calm down." (Participant 2, personal communication, November 12, 2025).

"Sometimes their meltdowns take a few minutes; sometimes longer, but we stay close to them. My eyes simply follow wherever they go." (Participant 1, personal communication, November 11, 2025).

"I monitor them closely, especially when they reach the peak of their emotions because they might do something harmful." (Participant 4, personal communication, November 13, 2025)

Emotional Impact and Support Systems

The caregivers also shared their personal emotional tolls of caregiving and the support they need to continue performing their roles with efficiency, despite the demanding nature of their work. Subthemes included personal coping strategies and the need for institutional support and training.

Personal Coping Strategies. Most of the caregivers reported that they were emotionally challenged after frequent meltdowns. However, they also shared several ways of managing stress and maintaining emotional balance amid the demands of the role.

“Rest, drink water, think of happy moments, pray for more patience and good health.” (Participant 3, personal communication, November 13, 2025)

“Take a break, walk around, share with coworkers what you went through because it feels good when you can vent.” (Participant 4, personal communication, November 13, 2025).

“Taking a moment to breathe after a meltdown helps me reset. I just inhale and exhale.” (Participant 1, personal communication, November 11, 2025)

Need for Institutional Support and Training. Caregivers consistently emphasized the need for systematic training to improve their competencies and for organizational support to reduce the emotional burden associated with their jobs. Some of them shared it this way:

“We always try our best to manage the kids, but more specific training would help us understand their needs better since most of the training provided to us here is generalized, like first aid or about trauma.” (Participant 3, personal communication, November 13, 2025)

“Support from the institution matters because we cannot manage everything on our own. It is best for us to know how to handle and process a child after a meltdown.” (Participant 1, personal communication, November 11, 2025).

“A support system that works together is necessary because it makes the workload lighter. If we collaborate and have a unified approach or structure in managing the child, it will really benefit all the children.” (Participant 5, personal communication, November 13).

These reflections illustrate that, while experience and peer support are valuable to caregivers, formal guidance is needed to sustain their well-being and enhance their professional practice.

The study revealed four main themes: nature of meltdowns, triggers and influencing conditions, caregiver management strategies, and emotional impact and support systems. Some findings validated previous studies' results, while others provided insights that could be explored in future studies.

Discussion

Nature of Meltdowns

Caregivers described meltdowns as intense emotional and physical episodes through which children with special needs express overwhelming internal states. Caregivers highlighted that these behaviors, such as throwing objects, rolling on the floor, screaming, crying, or self-harming,

were not intentional misbehavior but rather manifestations of emotional overload. These observations are supported by Yalim and Mohamed (2023), who describe meltdowns as an episode of screaming, crying, or self-injurious behavior because of overwhelming emotions. Similarly, Phung et al. (2021) and Lewis and Stevens (2023) emphasized that these behaviors denote difficulties in expressing or managing strong emotions.

In line with these observations, caregivers explained that understanding these behaviors as communication rather than a deliberate act of noncompliance helped them empathize and avoid punitive responses, enabling children to regain composure. This is similar to the findings of Davico et al. (2022), who emphasized that emotional dysregulation in cases involving special needs often manifests as outward behavioral escalation when children are unable to regulate or communicate intense internal states effectively. This empathetic framing contrasts with findings that present these behaviors in children with special needs as deliberate and purposeful acts, rather than as involuntary emotional overload (Yuliani et al., 2024). This interpretive stance supports the idea that meltdowns function as a non-verbal expression of distress, emerging when children lack either expressive or regulatory skills to communicate distress verbally.

Caregivers also became attuned to early warning signs such as restlessness, facial tension, repetitive vocalizations, and heightened irritability. Recognizing these signs empowered caregivers to anticipate escalation, intervene earlier, and offer individualized support. Over time, they developed intuitive sensitivity to such cues, highlighting the importance of early recognition and sensitive intervention in residential care. This shows relational attunement, where caregivers learn to “read” children's emotional states through embodied and behavioral signals. Some recent studies challenge this view. Showing that many children display “rapid-onset” meltdowns without observable early cues, contradicting the idea of a reliably predictable pattern (Soden et al., 2025).

These findings align with the literature, which indicates that emotional outbursts, often referred to as ‘meltdowns,’ reflect states of emotional dysregulation rather than deliberate misbehavior (Teixera et al., 2024). However, Soden et al. (2025) describe meltdowns as often neurological responses rather than communicative behaviors, noting that not all children use meltdowns to signal distress. Despite this distinction, recognizing meltdowns through this lens encourages empathetic, sensitive, and supportive responses. Phenomenologically, meltdowns can be understood as moments in which the

child's inner affective world becomes externalized, shared, and interpreted within the caregiver-child relationship.

By focusing on core patterns rather than isolated incidents, the findings underscore that meltdowns are predictable to some degree, allowing proactive, informed caregiver responses. Generally, understanding the nature of meltdowns establishes a foundation for exploring the emotional cues, situational triggers, and influencing conditions that follow. Reichow et al. (2023) provide similar evidence that structured caregiver interventions contribute to significant reductions in challenging behaviors, including behavioral escalations, among children with special needs.

Triggers and Influencing Conditions

Building on the understanding of meltdowns, caregivers identified a range of intrinsic and extrinsic triggers that contributed to meltdowns. Unmet wants, denied requests, and sudden restrictions frequently provoked frustration, and external conditions such as peer conflict, noise, overstimulation, and routine changes often exacerbated emotional distress. In a residential setting, where multiple interactions and environmental shifts occur regularly (Olivier-Pijpers et al., 2020), these triggers could accumulate rapidly. However, in contrast to this generalization, some recent work argues that children's responses to environmental triggers show considerably more variability than previously assumed. Dean et al. (2022) challenge the presumption of uniform trigger sensitivity, suggesting that individualized profiles may be more informative than broad trigger categories.

Rather than discrete, individual incidents, the findings highlight predictable categories of stressors that disrupt children's emotional balance. However, contrasting evidence shows that the environmental trigger hypothesis does not fully explain meltdown patterns. Soden et al. (2025) argue that neurobiological arousal, rather than environmental triggers, plays a central role in the etiology of meltdowns, noting these episodes can occur even under calm, predictable conditions. This analytical framing is supported by research showing that children with special needs frequently experience distress in response to restrictions, environmental stimuli, and changes to routine (Cardon & Bradley, 2023; Recio et al., 2024). By recognizing these systemic and environmental triggers, caregivers were better positioned to anticipate meltdowns and intervene early, reducing emotional overload and preventing escalation. This is consistent with the findings of Ong et al. (2024) and Dell'Osso et al. (2023), who noted that routine disruptions and heightened social demands contribute to emotional escalations in children with special needs.

From a phenomenological perspective, triggers denote the situatedness of children's experiences. For caregivers, children's emotional displays could not be conceptualized in isolation from the environments, relationships, and rhythms of everyday life in which they occurred. Proactive structuring of routines, spaces, and peer dynamics helped reduce emotional breakdowns and supported regulation. In this sense, an understanding of the triggers naturally flowed into the strategies caregivers used to manage meltdowns effectively.

Caregiver Management Strategies

In response to triggers, caregivers emphasized that patience, emotional attunement, and practical interventions were essential in managing meltdown behaviors. This finding demonstrates the multifaceted role of caregivers, who must balance safety concerns with emotional support and behavioral guidance to help the child learn to regulate such intense emotions (Ryan et al. 2021). Caregivers employed a dynamic combination of calm communication, reassurance, sensory reduction, close monitoring, controlled physical support, and removal from overwhelming environment. Yet, various behavioral approaches suggest intervening as minimally as possible during meltdown incidents, refraining from talking, negotiating, eye contact, or offering reassurance, so that such behavior is not further reinforced (Luiselli, 2021). In practice, however, staying physically close yet emotionally composed was necessary during meltdowns, and they realized that their consistent, patient presence provided a sense of security that helped children eventually self-regulate – a strategy consistent with established co-regulation practices (Ryan et al., 2021). Sensory input was reduced, and temporary withdrawal was adopted to prevent overstimulation, allowing the children to process emotions safely. This supports the findings of Northrup et al. (2025), who found that caregiver co-regulation strategies significantly enhance emotional recovery among children experiencing intense behavioral dysregulation.

These strategies reflect the principles of trauma-informed, person-centered, and relational care, which emphasize empathy, safety, and individualized support (Redd-Recksiek, 2025). However, more recent work raises questions about whether relational attunement alone is sufficient. Certain children with special needs, especially those with autism, seem to benefit more from the use of clear behavioral strategies, such as reinforcement and visual supports, than from emotional co-regulation during meltdown moments (Dawson et al., 2023; Pruneti et al., 2024). In caregivers' lived experiences, nevertheless, the responses were not rigid techniques but adaptive, evolving

as caregivers' understanding and familiarity with each child deepened. Further support comes from Gutterswijk et al. (2025), who found that individualized and responsive treatment approaches can help reduce behavioral problems, including meltdowns in residential care settings.

This is phenomenologically illustrative of the intercorporeal nature of caregiving, a shared emotional process wherein caregivers regulate themselves to co-regulate the child. Their actions are imbued with intentionality, as interventions are directed toward restoring calm, ensuring safety, and providing relational stability. This relational and attuned approach demonstrates that effective meltdown management is both practical and deeply emotional work.

These strategies further make evident that the caregiver's essential skills, experience, and emotional control are crucial for managing meltdowns. These lived experiences have formed the basis for the findings that appropriate communication techniques, crisis intervention, and situational assessment training would further equip caregivers with the skills to effectively handle children with special needs. Overall, the caregivers' adaptive and individualized approaches demonstrate how thoughtful interventions can reduce the intensity of a meltdown, bridging an understanding of triggers with responsive, supportive actions.

Emotional Impact and Support Systems

Caregivers reported the emotional toll of managing frequent, intense meltdowns. Stress, fatigue, and even moments of feeling overwhelmed were common (Ryan et al., 2021), prompting caregivers to utilize coping strategies such as taking short breaks, deep breathing, praying, talking to peers, and mindfulness. These personal practices helped them remain emotionally stable through challenging moments. Caregivers remarked that these strategies helped them "reset" emotionally, as sustaining composure during meltdowns required conscious effort and self-regulation. Sumbane et al. (2024) report similar findings and note that caregivers' coping mechanisms are a significant contributor to their emotional resilience in highly demanding environments.

However, caregivers also highlight that personal resilience alone was insufficient and that institutional support was essential. They emphasized the need for adequate staffing, regular training on managing behaviors, ongoing professional development, and supportive peer networks. Caregivers also noted that a supportive workplace environment reduced their stress levels and enhanced their ability to respond appropriately to children. They explained that a sense of security comes from knowing that guidance and backup are available, demonstrating that

caregivers' well-being is influenced not only by individual coping strategies but also by the structural and relational dimensions of their work environment. This corresponds to the findings of Wang et al. (2025), who established that caregivers working in environments with a structured caregiver support program experience reduced stress and burden and yield better caregiving outcomes.

These findings resonate with the literature, which indicates that both personal strategies and institutional supports mitigate caregiver stress in residential care environments (Antipas et al., 2025). Phenomenologically, the emotional impact reveals the dual experience of caregivers: they carry their own emotional burdens while simultaneously absorbing and responding to the children's emotional experiences. Sustaining this work requires attention to both self-care and organizational well-being, since caregivers' emotional resilience affects the quality of the relational and practical support they provide. Recent studies by Carvalho (2025) further confirm that environments with high-quality care, including well-supported and stable staff, promote better social-emotional competencies in children in residential settings.

However, some authors suggest that when caregivers become emotionally exhausted from cumulative trauma, the use of peer support may be insufficient and would therefore require greater reliance on institutional frameworks (Tang et al., 2025). Additionally, some recent studies contradict the assertion that organizational support reliably reduces caregiver stress insofar as effectiveness can vary with individual and contextual factors, and organizational support interventions in some cases do not fully relieve caregiver burden or stress (Wang et al., 2025).

Despite these nuances in the literature, overall, these findings point to the emotionally demanding nature of caregiving in residential child care settings and call for both personal self-care and systemic support to maintain high-quality, sustainable care.

Caregiver experiences across all four themes (nature of meltdowns, triggers and influencing conditions, caregiver management strategies, and emotional impact and support systems) reveal the complexity and emotionally charged nature of meltdowns, constituted by children's internal states, environmental context, and relational interactions. Meltdowns emerge as embodied expressions of distress when words or regulation skills are unavailable, communicating overwhelming emotions. At the same time, early cues and predictable triggers enable caregivers to anticipate escalation and respond effectively.

Caregivers responded with strategies of calm communication, reassurance, sensory reduction, close

monitoring, controlled physical support, and temporary withdrawal, all of which were adapted, reflecting a combination of sensitivity, skill, intuition, and emotional regulation that underlies the relational nature of their work. These approaches represent ways in which experiential knowledge is integrated with person-centered and trauma-informed principles, emphasizing that effective management is at once pragmatic and profoundly affective. The relational and attuned nature of caregiving underscores how caregivers co-regulate children's emotions while maintaining their own composure.

The emotional impact of managing meltdowns further emphasizes the emotional demands of caregiving as a whole. Stress, tiredness, and emotional burden are common issues that caregivers deploy their own personal strategies to cope with, such as deep breathing, mindfulness, peer support, and reflective practices. However, they emphasized that institutional support is equally crucial for sustaining compassionate, effective care.

Phenomenologically, the essence of caregivers' lived experiences is sharing an emotional experience with the child: interpreting distress, anticipating triggers, offering calm, relational containment, and managing the cumulative emotional weight of repeated, intense behaviors. This synthesis highlights that high-quality residential care requires attention not only to the needs of the child but also to caregiver well-being and systemic support in fostering safe, responsive, and emotionally sustainable environments.

Conclusion

This phenomenological study described caregivers' lived experiences in managing meltdowns among children with special needs in a residential childcare facility. The findings revealed four interconnected themes: the nature of meltdowns, triggers and influencing conditions, caregiver management strategies, and emotional impact and support systems. These themes collectively reflect the complexity of caregiving in this setting. The results have shown that meltdowns are not merely behavioral disruptions but emotional expressions that caregivers must make sense of, interpret, and respond to with sensitivity and presence.

Building on these findings, caregivers' experiences of meltdown redefine these incidents as powerful expressions of emotional and physical release derived from frustrations experienced by children in attempting to express overwhelming internal states. Subtle early signs of restlessness, facial tension, and sudden quietness are identified as warning signals that caregivers can use to anticipate escalation and apply appropriate interventions

promptly. Conceptualizing meltdowns as a form of non-verbal communication enables caregivers to approach the child with empathy, reframing the behavior not as defiance but as a request for support.

Despite this understanding, caregivers still face significant challenges. Meltdowns often arise from unmet needs, changes in routines, sensory overload, or conflict between peers. These conditions are common in residential settings. Additionally, internal and environmental triggers further highlight the vulnerability of children with special needs and the difficulty in maintaining emotional stability within a residential setting. As a result, caregivers are constantly put in the position of navigating these dynamics, finding a balance between consistency and flexibility that minimizes triggers and optimizes effective support.

In response to challenges, caregivers utilized various adaptive strategies. Calming communication, temporary removal from overstimulating environments, and close monitoring until the child self-regulates are all signs that the caregivers are patient, relational, and context-sensitive in their approach. Their approach demonstrates a marked sensitivity to the child's emotional state and to situational demands in residential care, and illustrate that effective meltdown management is not solely a matter of technical skill but also of emotional regulation, perceptiveness, and sustained attentiveness.

Findings reveal that caregiving is emotionally burdensome, as managing recurring meltdowns can be overwhelming and exhausting. While caregivers often rely on personal coping mechanisms and peer support, they also express a deep need for structured training, institutional guidance, and additional support systems in order to maintain both their personal balance and professional fitness. Ultimately, these needs illustrate the interdependence between caregiver resilience and organizational responsibility in ensuring high-quality, compassionate care.

In essence, caregivers' experiences go beyond procedural strategies; instead, they represent a relational, emotional, and deeply human journey of support for children who communicate distress through behavior. Their work embodies empathy, vigilance, and adaptability, yet also underscores the necessity of institutional support to maintain emotional sustainability. Accordingly, this study highlights the shared emotional landscape between caregivers and children, characterized by understanding, struggle, connection, and growth. This, in turn, emphasizes the importance of holistic, well-supported caregiving environments that honor both children's needs and the well-being of those who care for them.

Limitations of the Findings

The phenomenological study has several limitations to consider when interpreting the results. The caregivers who participated in this study are a small sample from one residential child care facility, limiting the transferability of the findings to other institutional or home settings. As phenomenological research relies on personal accounts, the findings reflect participants' subjective perceptions, emotional states, and discretion about whether to share an experience. Additionally, this study focused solely on caregivers' perspectives, without insights from administrators, specialists, or the children themselves, which may limit the in-depth understanding of the broader care context.

Practical Value

The study's findings present meaningful insights into caregivers' experiences in managing meltdowns among children with special needs in residential care. These insights are relevant not only to caregivers in similar institutional settings but also to home-based care providers, educational specialists, and policymakers responsible for child welfare and special education programs. Understanding the nature of meltdowns, common triggers, effective management strategies, and the emotional impact on caregivers can guide training programs, institutional policies, and support systems for both children and caregivers. Training initiatives can emphasize early recognition of behavioral cues, calming communication techniques, and environmental adaptations, while policies can ensure ongoing peer and professional support for caregivers. Finally, recognizing caregivers as key contributors to the emotional and behavioral well-being of children with special needs allows institutions and educators to create care environments that are more responsive, safe, and supportive, thereby promoting positive outcomes.

Direction for Future Studies

Based on this study's findings, future research could compare caregiving experiences across residential and home-based care settings to assess how institutional context influences caregiving strategies and emotional impact. Researchers could also include perspectives from administrators, specialists, and children to develop a more holistic understanding of meltdown management and institutional practices. In addition, comparative research could also explore cultural, regional, or age-related differences in caregiving strategies and experiences. Further questions may involve longitudinal designs that investigate how caregiving strategies, resilience, and emotional well-being change over time, or intervention-based research that has

developed evidence-informed practice guidelines for the management of meltdown behaviors among children with special needs.

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