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Division of Child and Adolescent Psychiatry

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Understanding Disruptive Mood Dysregulation Disorder (DMDD)

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(Texas Child Health Through Telemedicine)



Overview DMDD

- Is a pediatric mood disorder characterized by a persistently irritable or angry mood and frequent temper outbursts that are disproportionate to the situation and more severe than typical reaction.
- Outbursts occur, on average, three or more times per week and the mood between temper outbursts is irritable or angry most of the day, nearly every day.
- Symptoms must be present for twelve months before a diagnosis can be made, and must be made between ages six to age eighteen. Tantrums can't be due to Autism Spectrum Disorder, Developmental Disability nor effects of Substance Abuse.



Symptoms

- DMDD must be present in two settings such as home, school and/or peers not just in certain situations as with certain caregivers and/or teachers.
- **Severe temper tantrums-** May take the form of verbal outbursts (yelling, screaming) or physical aggressions towards others.
- **Temper tantrums not normal for child's age-** not common for children to have meltdowns when they don't get their way. Tantrums are outside of developmental level, occur frequently and episodes are severe.
- **Outbursts occur three or more times per week-**outbursts occur towards adults, peers and or teachers.
- **Irritable and angry mood-**prior to the explosive outburst the child will be moody throughout the day and eventually climax into a full blown meltdown.



Causes

- Specific factors are still under investigation but may have been prone to:
 - Difficult behavior
 - Moodiness
 - Irritability
 - Anxiousness
- **Children may have been previously diagnosed with:**
 - Oppositional Defiant Disorder
 - ADHD
 - Major Depression
 - Anxiety Disorder



Increased Risk

- A family history of DMDD may place a child at an increased risk
- Males are more likely to have DMDD than females
- **Problems children have with DMDD:**
 - Family conflict
 - Social difficulties
 - School suspensions



Diagnosis

- Diagnosis must be made by a medical doctor, psychologist or psychiatrist or nurse practitioner.
- Assessment should include observations from caregivers, teachers and child.
- School visits and interviews with teachers and extended family may be part of the assessment.
- **Requirement:** Mood disturbance must be present for twelve months or more
- Child must be between six to seventeen years of age.
- Symptoms were present before age ten



Pharmacological Treatment

- Medication may be needed when counseling alone is not enough for the child and/or adolescent
- Variety of medications are used to treat emotional and behavioral problems.
- Medications are used to relieve symptoms
- **Medications:** antidepressants, stimulants, and atypical antipsychotics.
- Stimulants- decrease irritability
- Anti-depressants- treat irritability and mood problems
- Atypical antipsychotic- may be prescribed only in circumstances in children with very severe temper outbursts that involve physical aggression towards others.



Treatment

Counseling: Cognitive Behavioral Therapy (CBT)

- **CBT** is a type of therapy used to teach children and adolescents how to deal with thoughts and feelings that contribute to their irritability.
- Children learn to regulate their moods and increase tolerance for frustration.
- Interacting with child in a way that reduces aggression and irritable behavior.
- Anticipating events that lead to outbursts
- Be Consistent, Reward Positive Behavior
- **Support In School:**
- Educating teachers and administrators concerning triggers for child as well as techniques used at home to help child regain control once they've been triggered.
- 504 Accommodations-accommodations made for child to prevent them from having meltdowns at school.
- IEP interventions-Specific interventions used by caregivers to prevent meltdowns and maintain consistency both at school and home so child does not become confused further, adding on to child's frustration and irritability.



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Questions