Division of Child and Adolescent Psychiatry

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Understanding Disruptive Mood Dysregulation Disorder (DMDD)

TCHATT
(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.
Questions