

WPS February 3, 2022, Webinar Q&A:

Understanding, Evaluating, and Treating Disruptive Mood Dysregulation Disorder.

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1. I would like to know about longitudinal validation studies on this diagnosis.

As far as I am aware, there are no longitudinal studies currently underway examining the DMDD diagnostic criteria, validity, and reliability.

2. For students who have a medical diagnosis of DMDD, does this automatically qualify them for the ED criteria within the school setting? If not, what else should I consider?

In some states, a diagnosis such as DMDD is sufficient for an ED eligibility determination. In other states, the child has to demonstrate impairment within the school setting as well.

3. Can you speak to any potential changes in the forthcoming *DSM-5 TR* addressing the concerns about conceptualization of this new “disorder”?

As far as I am aware, there are no plans in the *DSM-5-TR* to re-work the DMDD diagnostic criteria.

4. Would you agree that DMDD sounds like it can very much mimic autism?

No. Autism is a social pragmatic problem at its core, while DMDD is a problem of emotional dysregulation. Unlike children with autism, children with DMDD can socially interact in an appropriate way. The extent to which the two diagnoses overlap is unclear.

5. Can you speak more to the combination of DMDD with autism? How is treatment affected? Are there specific resources?

As far as I am aware, there are no comprehensive studies of the presence of DMDD in individuals with autism.

6. What's known about the relationship between DMDD and autism? In practice, I've seen a noticeable increase in students with autism diagnoses who also exhibit significant emotional issues (some clinically diagnosed, some not).

Yes, there are a group of children with autism who exhibit severe mood dysregulation. However, severe mood dysregulation in itself does not constitute DMDD.

7. Could there also be a tendency to misdiagnosis these children as "high-functioning ASD" ?

Yes, there could be a tendency.

8. Is there any longitudinal info on these kids' outcomes now as adults?

There is no longitudinal data. The diagnosis has only been made since 2013. There is some longer-term data for children with severe mood dysregulation but, as I mentioned, this is a different set of criteria.

9. Can you have the comorbid diagnoses of DMDD and ADHD?

Yes.

10. How might trauma affect risk for DMDD, particularly in those with comorbid ADHD?

As I discussed during the webinar, it is unclear if trauma itself could cause DMDD. Individuals with DMDD may be at risk for precipitating or suffering from trauma in their environment. We do not know if comorbid ADHD increases this risk.

11. You may have covered this earlier, but can you talk about the comorbidity of ADHD and DMDD a little more and perhaps how ODD might play into this?

The best I can do is hypothesize. If someone has DMDD and ADHD, they are likely to be more emotionally dysregulated and impulsive. If they have oppositional defiant disorder and they behave in an impulsive manner with long, extreme emotional outbursts and daily irritability, their ODD will probably manifest itself as much worse.

12. Would you elaborate on your definition of ADHD as a problem of immaturity and a lack of self-discipline? Isn't ADHD more than that, considering the behavioral deficits associated with ADHD?

There are two slides that focus on what DMDD is *not*; these are meant as a brief overview. That being said, if I have to limit each condition to one overarching description, ADHD reflects a lack of immaturity in the development of self-discipline. But, yes, there are many other associated symptoms and impairments.

13. Do you have any advice about how to differentiate between DMDD and emotional dysregulation seen in children with ADHD?

The differential would appear to be that in DMDD the outbursts go on for long periods of time, and these children are still irritable even when not emotionally distressed.

14. How do you differentiate or deal with child abuse and trauma to DMDD?

The relationship of DMDD to childhood abuse and trauma is still not well defined.

15. What is the relationship or comorbidity between personality disorders and DMDD?

The relationship between emerging personality disorders or types in DMDD is still not defined.

16. I am an EC director. Where can I get information about DMDD and how to work with such students within the school system?

I've included links on my webinar slides for working with disruptive, emotional behavior in school.

17. How do you account for learned behaviors through reinforcement of negative behaviors, as this does not appear to be addressed in the DMDD Diagnostic Criteria?

I agree. Learned behaviors through reinforcement or, for that matter, through negative reinforcement is certainly an issue. It hasn't been addressed. For that matter, it is not typically addressed in any of the psychiatric diagnoses.

18. So, DMDD cannot be comorbid with a neurodivergent disorder such as Cornelia de Lange Syndrome or comorbid with separation anxiety?

Both examples can be comorbid with DMDD.

19. If DMDD isn't diagnosed before a child is 6 years old, what was the criteria that addressed the preschool cohort?

There are no diagnostic criteria for a preschool cohort at this time, given the lack of sensitivity and specificity. I suspect false positives.

20. Is there any hypothesis for why symptoms of DMDD are more intense in the home vs. school environments?

Not that I am aware of.

21. Not sure if you're familiar with special education eligibility law (and it varies by state), but generally when you're considering eligibility under SED/ED (severe emotional disorder/disturbance) you need to rule out that the child is solely experiencing social maladjustment (e.g., ODD, conduct disorder). Are you seeing kids with a diagnosis of DMDD being qualified for SPED under SED/ED?

Yes, kids with DMDD are indeed qualifying for SPED under SED/ED, and I agree that has to be a rule-out in many states.

22. With my case, the symptoms for autism aren't being seen in the school setting—only at home. In the same vein, his DMDD symptoms aren't really being seen at school. Which way would you sway towards: autism or DMDD?

I would need a lot more data to offer an opinion.

23. Any research on DMDD related to self-harm, suicidal thoughts, and/or suicidal behaviors?

In youth with SMD, self-harm, suicidal thoughts and suicidal behaviors are higher.

24. Barkley talks a lot about deficient emotional self-regulation. Is this similar?

Dr. Barkley is discussing deficient emotional self-regulation in children with ADHD. The same types of behaviors do appear in DMDD, but they are far more excessive, and the patterns of irritability occur even when the children are not emotionally dysregulated.

25. You mentioned aggression scales may not be best. What about anger measures? This may pick up on irritability or other internal symptoms.

Yes, an anger measure may pick up on irritability or other internal symptoms.

26. Is there a possible relationship with bipolar II?

Yes, there is a possible relationship with bipolar II.

27. Any thoughts on the Millon Adolescent Clinical Inventory-2 having a scale for Disruptive Mood Dysregulation under the Clinical Syndromes scale?

I believe the new MACI has a Disruptive Mood Dysregulation Scale. I know this scale looks at depressive affect and angry behavior. I do not believe there is a list in that section of all DMDD diagnostic criteria. Keep in mind the DMDD diagnosis is based on observer reports, not self-reports.

28. How is rigidity in DMDD different than rigidity in ASD? How might a child with ASD and DMDD differ from a child with DMDD alone in terms of transitions, demands, and appreciation of others' emotions?

You raise a very good question. I don't think I have a specific answer for that.

29. I had a parent tell me that they are using the Matthews protocol to treat DMDD (a combination of anticonvulsant with dopamine to address irritability and impulsivity). Have you heard of this, and do you know if it is mostly experimental or based on reputable science?

In my presentation under complementary alternative medicine, I mentioned the Marshall protocol. I believe this is what you are referring to. You can review the presentation and see the link on the slides.

30. Is there a correlation between DMDD and substance abuse?

It is unclear at this point, but most likely.

31. If DMDD does not evolve into bipolar disorder, is there another disorder that it tends to evolve into in adulthood?

At this point no one knows.

32. If you're saying DMDD is a childhood disorder, then it cannot develop in adolescence?

DMDD has to be diagnosed after 6 but before age 18. It is the only condition in the depressive disorders that must be diagnosed before age 18.

33. Can DMDD symptoms eventually mirror those of bipolar disorder as the child grows into an adult?

Yes, they could.

34. Why does DMDD not respond to medicines?

As I mentioned, I think DMDD represents a condition that is a consequence of both the structure of the brain and the biochemistry. My theory is that medicines help the biochemistry but not the structural contribution.

35. Do you have any sample reports? Curious how you're differentiating from the disorders that have similar symptoms, such as bipolar or ODD in the report.

I am sorry but HIPAA prevents me from sharing reports. Take a look at the *DSM* or *ICD* criteria for DMDD, bipolar, and ODD. As I mentioned, symptoms overlap with other conditions. I begin by taking a careful history, reviewing the DSM criteria, using parent and observational measures, and then evaluating the child myself.

36. Can you talk about the definition of irritability in DMDD? I think it can be hard for parents to describe their child as "constantly irritable." What are other ways we can ask/observe/obtain this information?

I ask parents if they find that their child, even when not significantly dysregulated, is quick to be emotional. That is, if any comment is made, the child seems to go from being calm to irritable.

37. Which criteria under ED would you say DMDD would fall under for SPED eligibility? I was thinking the inappropriate behavior and feelings, but I can also see the mood criteria.

This really depends on the state. Not all states have similar ED categories.

38. So, if you have a student receiving counseling and maybe psychiatric care, are there any comprehensive assessments a parent could request to try to get more information whether a student has ADHD, DMDD, and so forth? It seems when a comprehensive assessment is suggested, only a single survey is offered.

A comprehensive assessment requires at least a 1- to 2-hour history session with parents supplemented by a completed history form, the completion of a broad-spectrum measure (such as the Conners or BASQ) by the parent and teacher, if possible, then the use of narrow-band instruments to assess conditions like autism, anxiety, or depression. Then face-to-face testing is required to look at a broad range of ability, achievement, and emotional development. We should not test to find a diagnosis. We should evaluate to better see the world through the eyes of the child.

39. What are good questions to ask a parent and child to ascertain differences in anger issues and triggers in DMDD vs. those in ADHD, ODD, bipolar, IED, and so forth?

The differentiation between DMDD and these other disorders is the length of time during which the child's behavior is completely dysregulated and the patterns of irritability that occur even when the child is not having emotional outbursts.

40. Do you expect to have another type of controlled study using different techniques/medications in the near future?

No, not in our Center.

41. What is your opinion on when schools want to suspend or expel a student for behavior related to their disability? How can we demonstrate diminished capacity related to disability and developmental maturation?

Schools are not allowed to suspend or expel students who are being served under special education.

42. Understanding that ASD rules out a diagnosis of DMDD, would you typically add another diagnosis to account for the persistent irritability and extremely poor emotional and behavioral dysregulation some children with ASD show?

The question is, does DMDD rule out a diagnosis of ASD? I am still not convinced that such a rule-out is proper in either direction.

43. Is it possible that many of the symptoms of DMDD might be overlooked because a child has developed ADHD behaviors? Or any general thoughts?

I think it's hard to overlook a child experiencing 2- to 3-hour outbursts, multiple times per week, with patterns of angry, irritable behavior in between.

44. A 5-year-old was diagnosed with an absent seizure disorder and DMDD, but the behavior did not occur until after the fall that caused the seizures and medical intervention. Is it really DMDD?

I would agree with your skepticism. Keep in mind that all these diagnoses are based on studies of children who do not have defined medical disorders. As such, many children with traumatic brain injury exhibit a broad range of symptoms that can be fit into these diagnoses, particularly ADHD.

45. Are there developmental trauma or prenatal factors that contribute to the etiology of DMDD?

That is still being studied.

46. What diagnosis would you give for child with many DMDD criteria but not full criteria?

You raise a good question. I probably would provide an unspecified mood disorder.

47. For children who engage in escape-maintained behaviors when demands are placed, do these children fall in this diagnostic category?

I am not sure what you mean by escape-maintained behaviors. However, unless the child has the full set of symptoms, they don't fall in the DMDD category.

48. Is an FBA important to the diagnosis?

If I understand correctly, an FBA is an observational measure completed within a school setting as part of an assessment to determine eligibility for service. It is not required for the DMDD diagnosis.