## Disruptive Mood Dysregulation Disorder

### Definition:
A disorder of chronic and severe anger or temper tantrums (3 or more times per week) across settings. The behavior is inconsistent with child’s developmental level and there is ongoing irritability in between episodes of severe anger.

### Prevalence:
Close to 1%, but there are varying estimates

### Common Characteristics/Symptoms:
- Severe recurrent verbal or behavioral outbursts that are grossly out of proportion relative to the precipitating event
- Anger or temper outburst is inconsistent with developmental level
- Irritability can easily be observed by others
- Trouble functioning due to irritability in more than one place (i.e. school, home, and/or with friends)

### Interventions, recommendations, and sample accommodations:
- Speak with the parent/guardian to start a relationship and to gather background information, discuss concerns, and ask about any events and circumstances outside of school that may be impacting behaviors.
- Students with DMDD may or may not have a need for specialized instruction provided within an IEP. For some students, simply being granted accommodations that make allowances for the side effects of medications, related anxiety issues, or results of mood changes is sufficient.
- Recognize mood changes and negative thoughts:
  - They can use diaries or smart phones to make the necessary notes. Parents and teachers can ask these students to relate their mood shifts with a physical sensation, thoughts or memories. They can also record what happened before their mood change (e.g. arguments, music, poor sleep, missed meals, alcohol or substance abuse).
- Permission to leave the room:
  - The student needs to go to a “safe place” to calm down or stay with a “safe person” previously identified by the student. A discrete signal should be planned, so there is no disruption in the classroom.
- Be proactive:
  - Teachers should establish consequences before the problems occur. This helps students have a better understanding of the outcome of their actions.
- Working with parents and doctors:
  - Teachers should meet the students’ parents and doctor regularly. They should work together on a plan to manage the student’s irritability and rages in school. They can address observations and how interventions are working.
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- **Positive Behavior:**
  - Teachers should use positive behavior and tell them how proud they are of their achievements. This will help them build self-esteem and trust their choices.

- **Preventing outbursts:**
  - Teachers can be very effective in preventing outbursts. One of the triggers of DMDD associated outbursts is stress. Therefore, teachers can help eliminate stress from the student’s environment. This can be done by establishing a routine for the student. It can also be done by modifying the time permitted to complete assignments and tests, therefore eliminating some of the stress caused by them.

- **Educating the Classroom:**
  - Students with DMDD may often be ostracized by their peers who do not understand their outbursts. This may contribute to further misbehavior. Therefore, educating the whole class, either alone or with the school psychologist may mitigate this problem. If other students are able to understand that these outbursts are not intentional on the part of the student, they may be more likely to accept him or her.

- **Gatekeeper**
  - The teacher should also serve as a portal to home; informing parents about all the changes in behavior of the student. It is also important to detect if changes in medication or medication doses are affecting the student either positively or negatively. In order to have thorough communication with parents and psychologists/psychiatrists teachers may consider having a behavior/mood reporting chart. This may be written freely by the teacher or it could be a checklist designed by the team working with the child.

- **Seating**
  - Analyzing each case individually, some teachers may want to give the student a choice in where he or she sits in order to enhance comfort. However, if the child is off task it may be necessary to seat the child near the teacher so that more supervision and prompting can be added. Also, it may be beneficial to have the student’s desk near the door so that when he or she needs to go to their “safe place,” there is not as much attention drawn to the student.

- **Empathy**
  - Teachers should attempt to understand the students, and their strengths and weaknesses.

**Resources:**

- **Substance Abuse and Mental Health Services Administration**

- **National Institute of Mental Health**
## Resources (continued):

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| Tips for Teachers                            | [http://disruptivemoooddysregulation.weebly.com/tips-for-educators.html](http://disruptivemoooddysregulation.weebly.com/tips-for-educators.html)  
| Video                                        | [https://www.youtube.com/watch?v=UPzdAhTxCic](https://www.youtube.com/watch?v=UPzdAhTxCic) |