WPS February 3, 2022, Webinar Q&A:
Understanding, Evaluating and Treating Disruptive Mood Dysregulation Disorder.
Sam Goldstein, Ph.D.

1. I would like to know about longitudinal, validation studies on this diagnosis.
   As far as I am aware there are no longitudinal studies current 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 from the community 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 DSM-5 TR which will be forthcoming given the concerns of 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. DMDD sounds like it can very much mimic autism?
   No. Autism is a social pragmatic problem at its core. DMDD is a problem of emotional dysregulation. Children with DMDD can socially interact in an appropriate way. It is unclear the extent to which the two diagnoses overlap.

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, this is not DMDD.

7. Could there also be a tendency for misdiagnosis of "high functioning ASD" for these children?

   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 spoke, this is a different set of criteria.

9. Was trauma present in any of the three kids?

   No.

10. Any differences noted in developing rapport with these children?

    Yes. Much harder.

11. What is the connection between DMDD and Borderline personality?

    Unknown.

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

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

As I spoke about during the webinar, it is unclear that trauma in and of itself could cause DMDD. Individuals with DMDD may be at risk to precipitate or suffer from trauma in their environment. Unknown about the comorbidity with ADHD.

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

The best I can do is hypothesize. If you have DMDD and ADHD, you are likely to be more emotionally dysregulated and impulsive. If you have Oppositional Defiant Disorder and you behave in an impulsive manner with long, extreme emotional outbursts and daily irritability, your ODD will probably manifest itself as much worse.

15. Would you elaborate on your definition of ADHD in that it is a problem of immaturity and a lack of self-discipline. Isn’t ADHD more than that, considering that behavioral deficits can and are also associated with ADHD?

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

16. 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 when not emotionally distressed these children are still irritable.

17. 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.

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

The relationship of emerging personality disorders or types in DMDD is still not defined.
19. I am an EC director. Where can I get information about DMDD and how to work with such students within the school system?

Check the links on my webinar slides for working with disruptive, emotional behavior in school.

20. 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.

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

I am not sure I understand what a neurodivergent disorder is exactly. I see your two examples can be diagnosed with those conditions.

22. If it isn’t diagnosed before 6, what was the criteria that addressed the preschool cohort?

There are not diagnostic criteria for a preschool cohort at this time given the lack of sensitivity and specificity. I suspect false positives.

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

Not that I am aware of.

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

Yes, and I agree that has to be a rule out in many states.
25. 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.

26. 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.

27. 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 only way that it is similar in DMDD is that it is the same types of behaviors but far more excessive plus the patterns of irritability when not emotionally dysregulated.

28. 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.

29. Is there a possible relationship with Bipolar II?

* Yes.

30. 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 like the other Millon Scales in this section is a list of all DMDD diagnostic criteria. Keep in mind the DMDD diagnosis is based on Observer not self-reports.
31. 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.

32. I had a parent tell me that they are using the Matthews protocol to treat DMDD (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?

I don’t believe this is the Matthews protocol. In my presentation under complimentary alternative medicine, I mentioned the Marshall protocol. You can review it and see the link on the slides.

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

It is unclear at this point but most likely.

34. 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.

35. What type of behavior do children with DMDD demonstrate when they are adults?

Still unknown.

36. What happens diagnostically to DMDD individuals when they reach adulthood?

Still unknown.

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

DMDD has to be diagnosed after six but before age eighteen. It is the only condition in the depressive disorders that must be diagnosed before age eighteen.
38. Can DMDD symptoms eventually mirror those of bipolar disorder as the child grows into an adult?

Yes, it could.

39. Why does DMDD not respond to medicines?

As I mentioned, I think DMDD represents a condition that is both a consequence of the structure of the brain and the biochemistry. We call that physiology. Medicines help the biochemistry but not the structural contribution is my theory.

40. What role would an OT have in supporting clients with this disorder?

I don’t know.

41. 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.

42. 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 the other ways we can ask/observe/obtain this information?

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

43. Which criteria under ED would you say DMDD would fall under for SPED eligibility? I was thinking the inappropriate bx and feelings but could also see the mood criteria.

This really depends on the state. Not all states have similar ED categories.
44. 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, etc. It seems when a comprehensive assessment is suggested, it is only a single survey.

A comprehensive assessment requires at least a one-to-two-hour history session with parents supplemented by a completed history form, the completion of broad spectrum measure by the parent and teacher if possible, such as the Conners or BASQ, then the use of narrow band instruments to assess conditions like Autism, anxiety or depression. Then face-to-face testing looking 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.

45. What are good questions to ask parent and child to ascertain difference between DMDD anger issues and triggers vs. ADHD, ODD, Bipolar, IED, etc.

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.

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

No, not in our Center.

47. 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.

48. 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 that rule out is proper in either direction.
49. Can you please clarify the difference between DMDD and intermittent explosive disorder?

*Please take a look at the DSM-5 criteria. That is the best differentiation I can offer.*

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

*It is hard to overlook a child experiencing two-to-three-hour outbursts, multiple times per week and patterns of angry, irritable behavior in between.*

51. 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. 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 TBI exhibit a broad range of symptoms that can be fit into these diagnoses. In particular, ADHD.*

52. If a student has been diagnosed with DMDD, however, does not display significant behaviors at school but does not seem motivated to learn, what kinds of support can be given?

*I am uncertain that I understand the question.*

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

*That is still being studied.*

54. 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.*

55. 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 escape-maintained behaviors actually are defined as. However, unless the child has the full set of symptoms, they don't fall in the DMDD category.*
56. Is an FBA important to the diagnosis?

To make sure I understand, 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.