Today’s piece was prepared by Cedar Neary, MS4, based on a Wall Street Journal article [When a Child’s Grumpiness is a Problem](https://www.wsj.com/articles/when-a-childs-grumpiness-is-a-problem-1519614360)

In the article, author Andrea Petersen highlights current research on two new non-pharmaceutical treatment strategies for constant, severe irritability in children. While irritability alone isn’t a psychiatric diagnosis, she explains that it is the core symptom of disruptive mood dysregulation disorder (DMDD). This diagnosis was added to DSM in 2013 in response to an alarming increase in bipolar diagnoses among children, leading to an increase in pediatric antipsychotic medication prescriptions.

One treatment is based on a computer game that teaches children to view ambiguous facial expressions more positively by gradually correcting the participants negative interpretations of ambiguous faces presented along a spectrum from happy to angry. A small 2016 study in the Journal of Child and Adolescent Psychopharmacology showed some benefit of the technique, inspiring a larger randomized, placebo-controlled clinical trial, which is currently being conducted by the NIMH. The other strategy is an adaptation of cognitive behavior therapy and uses the principles of exposure therapy to expose patients to frustrating situations and help them develop better coping mechanisms over time. The author also provides a case example of a child with behavioral outbursts who benefitted from dialectical behavioral therapy and cited a 2017 study published in the Journal of the American Academy of Child and Adolescent Psychiatry which demonstrated the efficacy of DBT treatment for children diagnosed with DMDD.

The author defines DMDD based on the DSM-5. The article accurately describes the positive study outcomes of three non-pharmaceutical modalities for treating children diagnosed with DMDD. She effectively persuades readers of the benefit of these therapeutic treatments, though these studies are limited by sample size. The article does not discuss potential underlying contributors to childhood irritability, which is an important consideration in addressing the disruptive behavior.

**RESOURCES ON CHILDHOOD DYSREGULATION**

[Lives in the Balance](https://www.livesinthebalance.org/) *Program of Ross Greene, PhD, emphasizing non-punitive, non-adversarial, trauma-informed care of children*

[The Explosive Child Program: A Parent Guide to the Treatment of Explosive-Inflexible Children](http://bipr.org/wp-content/uploads/2012/04/Explosive-Child-Prgram-2.pdf). *Summary guide for parents featuring Dr. Ross Greene’s non-punitive, non-adversarial, trauma-informed care of children*

And that’s today’s Developmental & Behavioral Pediatrics: IN THE NEWS!