Emotional Dysregulation

Presenting Problem:

A participating pediatrician consulted the WI CPCP regarding an 11-year-old girl presenting with markedly increased mood lability and oppositional behaviors. Her parents reported that over the past year the patient has become much more irritable and intensively antagonistic toward them, particularly her mother. The patient was described as always having an intense temperament from infancy, but her episodes of screaming, crying, throwing objects, and cursing at her parents have become "out of control" in the past year. These episodes were characterized by up to 10 minutes of severe dysregulation followed by the patient's sulking in her room and refusing to engage with family members. This initially occurred during homework time, resulting in nearly daily explosive arguments between the patient and her mother. These tantrum-like behaviors then broadened when her parents directed her to complete chores or turn off screens after the school year ended.

Identified symptoms reportedly occurred when the patient experienced significant struggles in math and science over the past school year, resulting in failing grades. Parents reported that the patient's teachers expressed concern about inattention, which the patient acknowledged, stating that she "hated" school, could not focus on the work, and "stopped caring." Her parents responded by removing the patient's phone and other privileges as punishment, but her mood and behavioral episodes worsened. There is no history of trauma or family changes that would obviously explain these symptoms. The pediatrician recommended behavioral therapy but recognized that there was a several-months wait for an intake.

1) What is the best way to identify an appropriate plan of care

2) What are some recommended strategies to address these symptoms, given the long wait list for therapy?

Consultant's Response:

This case involves several factors, including increased emotional and behavioral concerns observed as children transition to adolescence and concerns for possible ADHD, oppositional defiant disorder, mood disorder, and/or learning disability. This patient and family benefit from a primary care provider familiar with the child's personality, developmental history, and family context. In response to the first consultation question, it was recommended that the pediatrician utilize a 35-item Pediatric Symptom Checklist (scoring interpretation at the bottom of the webpage) to gain initial clarity on which symptoms might be primary. While latent ADHD can be "revealed" as the subject matter becomes more difficult in school, in this case, clinical interviews and PSC responses did not confirm a diagnosis of ADHD.

Rather, the symptoms did seem to reflect both depressive and anxiety symptoms. These seemed rooted in academic struggles that resulted in deregulated mood and behavior which then generalized to other areas of the patient's functioning. The use of the Pediatric Health Questionnaire-9 (PHQ-9A) indicated mild depressive symptoms, which suggested psychosocial interventions rather than medication as a frontline treatment. It is generally recommended that suicide screening be utilized as well, and the Ask Suicide Screening Questions (ASQ) suggested low risk in this case.

Based on this conceptualization, the following recommendations were offered by the WI CPCP team:

1) The pediatrician was encouraged to help the family advocate for an educational assessment and support plan at the start of the upcoming school year. The WSPEI- Wisconsin Statewide Parent-Educator Initiative Information Especially for Parents may help families with that process.

2) Resources for assisting families to improve symptoms of depression and anxiety in their children included:
    a. Child Mind Institute – Depression and Mood Disorders
    b. Young Minds Fighting for Youth Mental Health - School Anxiety and Refusal

3) The following offered specific strategies to help children maintain their composure and learn effective coping skills in response to frustration or disappointment:
    a. Helping pre-teens and teenagers calm down
    b. American Academy of Child and Adolescent Psychiatry – Youth Resources
    c. Child Mind Institute - Complete Guide to Managing Behavior Problems

4) The pediatrician was encouraged to maintain the recommendation for therapy, and the WI CPCP team offered additional options for therapists who specialize in working with children approaching adolescence.

Additional information can be obtained through educational modules accessed through the WI CPCP website. As always, we appreciate the utilization of our service!