The Effectiveness of Unified Transdiagnostic Treatment on Emotion Regulation and Improving Symptoms of Children with a Disruptive Mood Disorder

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Introduction

Disruptive Mood Dysregulation Disorder is a childhood condition characterized by extreme irritability, anger, and intense temper outbursts. This disorder significantly impacts a child's quality of life, school performance, and relationships with family and peers. Psychopathologists now recognize that emotion dysregulation plays a crucial role in DMDD. Scientific findings suggest that individuals with DMDD experience difficulties processing emotions. Despite increased research attention, treatment options for DMDD remain limited. Consequently, integrated approaches that consider etiology and transdiagnostic treatment represent promising avenues for further investigation. The central question of our current research is whether unified Transdiagnostic treatment effectively reduces irritability and improves emotional regulation in children with DMDD.

Method

This study employed a single-case experimental design using the multiple baseline design type with different subjects and continuous measurement. The statistical population consisted of children aged 8–10 years who sought

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therapeutic interventions from psychiatrists and psychologists in Shahrekord. Among them, three children met the criteria for a definitive diagnosis of DMDD based on multidimensional evaluations, structured diagnostic interviews, and emotional irritability scales. These three participants were purposefully selected and entered the treatment phase. We evaluated the subjects at various time points: baseline, during treatment, post-treatment, and two follow-up periods (2 months each). We used the Emotion Regulation Checklist (ERC) and the emotional irritability scale for assessment.

Results

Specifically, the percentage of recovery after the intervention in the emotion regulation subscale for the three subjects was as follows: Subject 1: 81.6%; Subject 2: 72.5%; and Subject 3: 58.2%. In the instability-negativity subscale: Subject 1: 53.8%, Subject 2: 52%, Subject 3: 54.7%. The recovery percentages after follow-up were as follows: Emotion regulation subscale: Subject 1: 77.7%, Subject 2: 65%, and Subject 3: 60.9%. Instability-negativity subscale: Subject 1: 54.8%, Subject 2: 50%, Subject 3: 51.1%.

Discussion

Our findings indicate that unified Transdiagnostic treatment effectively enhances emotion regulation, reduces emotional instability and negativity, and ameliorates the symptoms of disruptive mood disorder during the intervention phase. Furthermore, these positive effects persist over time, extending from the treatment period to the first (2 months) and second (4 months) follow-up assessments.

Keywords: disruptive mood disorder, emotional regulation, Unified Transdiagnostic treatment