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## PLENARY ABSTRACT

GABRIELLE CARLSON

### **Emotionally Dysregulated Children: Who are they, what happens to them, and what can we do about them**

Jared, who was eight years old, was referred for psychiatric inpatient treatment. When overwhelmed with a task in school, he would throw objects in the classroom, physically and verbally attack teachers. Teacher response was to evacuate the class. Jared was increasingly rejected by peers because of his disruptions and was making little progress academically because teachers were afraid to challenge him.

Irritability and mood dysregulation have been terms used for Jared. Although they aren't exactly the same, for the purposes of this discussion, I will define them as getting too angry or agitated, too quickly, for too long, and with too little provocation. Where I live, 15% of outpatient and 75% of inpatient children were brought for daily/weekly outbursts with verbal, property and physical aggression. In our emergency room, 34% of children are referred for aggression, 39% for suicidal behavior and 14.6% for both. Dysregulation underpins both the aggression and self-injurious/suicidal behavioral responses.

In spite of their morbidity, we don't have a good term for the behavior, a diagnosis that fits them, measures that quantify the behavior, or an evidence base of how to treat them. Some call the children "bipolar"; others use the apparent outcome of depression to consider the problem a mood disorder. My talk will address what we know about these children, our current treatment approaches and what we know about outcome.