

Mood Swings

Is your child having extreme mood swings



Is your child:

- Acting like Dr. Jekyll and then Mr. Hyde?
- Having explosive temper outbursts?
- Making your household feel like you are in the eye of a storm?
- Having rapidly changing moods, moving from happy to a huge tantrum in a matter of minutes?
- Constantly shifting from being upbeat to being irritated, or sad?
- Acting very impulsive, giddy, or silly?
- Shifting in and out of these silly moods without warning?
- Doing dangerous things without thinking?
- Appearing to think she can accomplish anything and everything?
- Thinking he can fly, or that he is a famous rock star?

LET'S TALK ABOUT IT

Does your child have a rapidly fluctuating mood? This term means your child's mood shifts from silly and happy to excessively sad or angry in a very short time frame. Sometimes people say that someone with these issues is like the famous Dr. Jekyll and Mr. Hyde. This child may seem like one person one minute and someone entirely

different the next. You may catch yourself saying, “Some days I wonder where my child went and how I can get him back?” Often, the child finds these sudden changes in demeanor and feelings to be annoying or even crippling. He may feel like he is trapped in a prison of rapidly fluctuating moods. She may feel trapped by her pattern in which she feels amazing one day, like she can conquer the world, followed by extreme sadness the next day. Children with these challenges are extremely challenging to parent. Many families feel trapped in their own homes and may feel afraid of their children. Some parents feel that their children are abusive toward them and may need to create firm boundaries for their own sanity. One parent explains, “We feel like we’ve been thrown into a tornado that is big, black, and powerful.” [1]

CLINICAL DESCRIPTION

Clinically, these symptoms could be related to a mood disorder. A bipolar type mood disorder indicates that an individual’s mood can shift rapidly from one intense emotion to another. Although it can be hard for non-clinical people to differentiate, mood disorders are not the same as behavior disorders and have a much different course. Children with mood disorders will have tantrums, but their issues are ‘organic’ rather than volitional. That is, the mood swings are deeply rooted in brain chemicals and often seem to come out of nowhere. Of course, some children with these issues may also have behavior disorders such as Oppositional Defiant Disorder or Conduct Disorder, but these behaviors are generally conditioned responses to environmental reinforcement, meaning that they are doing the behavior because they get something out of it. A child with a mood disorder is likely to have some poor behaviors too, but they feel out of control and may not be seeking any kind of reward with their behavior. The child feels trapped and may indicate that she wishes her brain would stop doing this. A child with these issues may say he feels like he is in jail in his own mind.

Even as recently as a decade ago, most therapists and many clinicians believed that mood disorders such as Major Depression and Bipolar Disorder could only be diagnosed in adults. Recognized experts and authors of the seminal work, ‘The Bipolar Child’ were pioneers in instructing the field to recognize and understand that mood disorders do occur in young children. Dr. Papolos explains the symptoms here,

“Children...have more chronic course of illness where they cycle back and forth with few discernable well periods in between... Almost all bipolar children have certain temperamental and behavioral traits in common. They tend to be inflexible and oppositional, they tend to be extraordinarily irritable, and almost all experience periods of explosive rage.” – Papolos & Papolos [1]

The term ‘bipolar’ replaces the previous term ‘manic-depressive.’ The mood swings in this disorder are still described using the term ‘mania’ and ‘depression.’ A manic episode or hypomanic state includes feelings of giddiness, flight of ideas (suddenly generating a stream of creative ways to change the world and energetically lecturing others about them), engagement in risky behavior, over excitement or excessive

hyperactivity. You may notice fast and pressured speech (intense, fast, frenzied, urgent, tangential speech) in your child, or he or she may talk about things that are embellished or seem unreasonable. During a manic episode, your child may have 'grandiose' ideas about being able to do everything and anything, or having magical powers, displaying an inflated self-esteem. A depressive state includes symptoms of irritability, sadness, a loss of pleasure in things that used to be enjoyable, and challenges with sleep or appetite. In children, depression often appears as irritability. Thus, you may find that your child does not cry or seem sad, but if there are consistent periods of irritability; alternating with manic periods, bipolar should still be considered.

It is also possible that rapidly shifting mood is the onset of a depressive episode. If your child shifts from neutral or happy to depressed *without* periods of excessive giddiness, pressured speech, or risky behavior, your child may experience periods of depression rather than bipolar. Major Depression is also a serious condition in kids. If your child appears down and hopeless most of the day, nearly every day, he or she is displaying red flags that are worthy of clinical attention. Readers with these concerns should check the [Depression](#) and [Suicidal Ideation](#) article for more information and supportive strategies.

WHAT TO DO WHEN YOUR CHILD HAS MOOD SWINGS

If mood-related symptoms of any kind have a significant impact on day-to-day functioning, it is important to consider an evaluation to clarify your child's symptoms and to identify the next steps for treatment. If you are concerned about safety, you should call 911 or visit your nearest emergency room. If the concerns are more about day-to-day functioning and happiness, clinical attention may also be needed in terms of evaluation, counseling, psychiatric services (which may include dietary changes or medication), and parent consultation.

If you think your child may be displaying bipolar mood swings or major depression, it is very unlikely that you will be able to manage these symptoms on your own.

When thinking about Bipolar symptoms, Dr. Papolos describes the signs as,

"No one symptom identifies a child as having bipolar disorder, but if hyperactivity, irritable and shifting moods, and prolonged temper tantrums co-occur – and there is a history of mood disorders and/or alcoholism coming down either or both the mother and father's line – the index of suspicion should be high. Indeed, our study sample showed that over 80 percent of the children who developed early-onset bipolar disorder had what is known as bilineal transmission' – substance and mood disorders appeared on both sides of their families." [1]

It is important to think about whether or not mood disorders or substance abuse runs in your family. Many children with organic mood conditions have either an immediate or distant family member with these challenges. If you or your child are suffering from the

emotional chaos and drama that a mood disorder can bring to your household, you will need support from a clinical professional (see below).

In terms of treatments, your child with rapidly shifting mood may need support in identifying his or her mood states. Emotional Awareness is an important skill for a child working to have more control over mood shifts.

Experienced licensed therapists can work with your child using a Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Applied Behavior Analysis (ABA), or other appropriate therapies, based on the presentation of trauma or co-morbid conditions.

A child with mood swings will also benefit from learning coping strategies to deal with feelings of anger, irritability or depression. Do not allow your child to engage you in a power struggle or to bring you into an argument. Remain calm, and suggest he or she engage in a coping strategy.

Remind him or her that you are there to provide support but will not respond to insults or hateful remarks. If you feel that even the most consistent and calm parenting approaches are not reaching your child, you may need clinical help. Children with mood conditions can be extremely difficult to parent. Consultation with an ABA Therapist, Psychiatrist, and Psychologist may be necessary to help your family navigate these challenges.

SIMILAR SYMPTOMS

If your child is struggling with a similar problem, not directly addressed in this section, see the list below for links to information about other related symptom areas.

- [Trauma or Attachment](#): challenges adjusting to inconsistent, abusive or neglectful parenting that results in emotional symptoms or a traumatic event such as the death of a family member, a sudden move, a car accident, a tragedy such as a house fire, loss of loved ones or primary caregivers
- Situational factors: does your child's mood fluctuate in accordance with situational variables? For example, is the child very different at home versus with friends versus in school?
- [Suicidal ideation](#): history of suicidal ideation, statements, and/or plans If your child may be suicidal, call 911, visit your nearest emergency room or call the National Suicide Prevention Lifeline at: 1-800-273-8255
- [Depression](#): family history of depression: lack of interest in previously pleasurable activities, hopelessness, despair, disturbed patterns of sleep and eating, low self-esteem
- [Attention challenges \(Focusing\)](#): including hyperactive and impulsive behavior; acts without thinking

- Genetics: Bipolar disorder tends to run in families. A family history of anxiety, depression, alcoholism, or abuse can also be a red flag for mood disorders

POTENTIAL DISABILITIES

Children who have significant problems in this area **may** have any of the following potential disabilities. *Note, this information does **not** serve as a diagnosis in any way. See the 'Where to Go for Help' section for professionals who can diagnose or provide a referral.

- **Anxiety**: excessive worry, restlessness, irritability that has an impact on day-to-day functioning. May be generalized anxiety, separation anxiety, and/or social anxiety
- **Depression**: depressed mood, or, in children, irritability that is pervasive; decreased interest in activities that used to be enjoyable
- **Bipolar Disorder**: depressed mood, or, in children, irritability that is pervasive; alternating with periods of elevated mood, pressured speech and goal directed activity; in children, cycles tends to be less differentiated; they may blend together
- **Disruptive Mood Dysregulation Disorder (DMDD)**: depressed mood, or, in children, irritability that is pervasive; this leads to behavioral outbursts or behavior challenges that are rooted in depression
- **Adjustment Reaction (Trauma and Attachment Disorders)**: emotional symptoms stemming from adjustment to an event or situation; could be divorce, a change of schools, death of a loved one
- **PTSD (Trauma and Attachment Disorders)**: anxiety in response to a traumatic event either witnessed, experienced or that happened to a loved one
- **ADHD**: attention, impulsivity and hyperactivity present from a young age and resulting in clinically significant impairment in more than one setting. Rule out trauma and emotional diagnoses first, as attention challenges and impulsivity could be related to underlying emotional symptoms

WHERE TO GO FOR HELP

If your child is struggling with this symptom to the point that it is getting in the way of his learning, relationships, or happiness, the following professionals could help; they may offer diagnosis, treatment, or both.

- **Clear Child Psychology**: to obtain a *customized profile* of concerns for your child, or to *consult 'live'* with a psychologist
- **Psychotherapist or Play Therapist**: to treat emotional symptoms; to consider options like a DBT therapy group, individualized cognitive behavioral therapy, and school based supports like friendship groups, a mentor or counseling services



- [Psychologist or Neuropsychologist](#): to consider a full assessment
- [Emergency Assistance](#): Call 9-1-1 if you feel your child's safety or the safety of another is in jeopardy and seek immediate medical attention

These professionals may recommend the following tests for this symptom:

- [Roberts, BASC-3, Interview, RCMAS, CDI-2, Human Figure Drawing, Brief Projectives, Play Observation, Parent and Child Interviews](#): emotional and personality assessment
- [WISC-V](#): establish a baseline of intellectual abilities
- [TOL-2, CTMT, WCST, TOVA](#): Assessing areas of executive function and attention

LEARN MORE

[1] Papolos M.D. Demitri & Papolos, Janice (2002). *The Bipolar Child: The definitive and reassuring guide to childhood's most understood disorder*. Broadway Books, New York.

[2] Huebner, Dawn (2007). *What to Do When Your Temper Flares: A Kid's Guide to Overcoming Problems With Anger (What to Do Guides for Kids)*.
https://www.amazon.com/What-When-Your-Temper-Flares/dp/1433801345/ref=sr_1_1?ie=UTF8&qid=1477848668&sr=8-1&keywords=what+to+do+when

[3] Ross Greene: *The Explosive Child: A parent's guide for parenting chronically inflexible children*
https://www.amazon.com/Explosive-Child-Understanding-Frustrated-Chronically/dp/0060931027/ref=sr_1_2?ie=UTF8&qid=1468762548&sr=8-2&keywords=explosive+child

[4] Purvis, Cross, & Sunshine (2007). *The Connected Child. Bring hope and healing to your adoptive family*. https://www.amazon.com/Connected-Child-healing-adoptive-family/dp/0071475001?ie=UTF8&hvadid=3523655623&hvbmt=be&hvdev=c&hvqmt=e&ref=pd_sl_92tq5iccf1_e&tag=mh0b-20

[5] Seigel & Bryson (2013). *No drama-discipline: The whole-brain way to calm the chaos and nurture your child's developing mind*.
https://www.amazon.com/No-Drama-Discipline-Whole-Brain-Nurture-Developing/dp/0345548043?ie=UTF8&hvadid=4162156440&hvbmt=be&hvdev=c&hvqmt=e&ref=pd_sl_3tktpckj2d_e&tag=mh0b-20

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