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RESEARCH ARTICLE

AN INVESTIGATION OF PUBLIC PRIMARY SCHOOL TEACHERS' PERCEPTION OF DISRUPTIVE MOOD DYSREGULATION DISORDER (DMDD) AMONG PRIMARY SCHOOL CHILDREN IN ABAKALIKI METROPOLIS OF EBONYI STATE, SOUTH EAST NIGERIA: PSYCHOLOGICAL IMPLICATIONS ON EMOTIONAL NURTURING.

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ABSTRACT

This study examined the prevalence of DMDD among primary school children in Abakaliki Metropolis of Ebonyi State, Nigeria and its attendant psychological implications on emotional nurturing. The study employed a qualitative survey research interview method. The population consists of 386 respondents. The researcher using purposive simple random sampling technique was used to select a sample of 188 respondents which comprised of primary school teachers with teaching experience ranging from 2-20 years. A semi-structured interview questions which was in line with the research objectives were used to elicit information from the respondents. The reliability of the instrument was ascertained through a test re-test method which yielded a reliability co-efficient result of 0.72. The data collected was analyzed using frequency and simple percentages. Findings showed that 9.57% of the primary school teachers agreed that they are aware the children that they teach exhibited DMDD symptoms with attendant psychological implications of poor self-esteem, depression, anxiety and mood swings. Study further revealed that caregivers are not aware of DMDD symptoms in children that they handle. The study recommended among others routine diagnosis of DMDD in primary school children in the study area.

INTRODUCTION

The acronym DMDD means disruptive mood dysregulation disorder. It is a psychiatric disorder in children and adolescents characterized by consistent manifestation of irritable or angry mood and frequent temper outbursts that are disproportional to the situation and significantly more severe than the typical reaction of same-aged peers. DMDD first appeared as a Disorder in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (D SM-5) in 2013 and is classified as a depressive disorder. The symptoms of DMDD resemble those of attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), anxiety disorders and childhood bipolar disorder. Disruptive mood dysregulation disorder (briefly labeled temper Dysregulation Disorder with Dysphoria) has been proposed by the DSM – 5 childhood Disorders and Mood Disorders Work Groups to account for children with severe emotional and behavioural problems of which a crystal-clear feature is non episode (or chronic) irritability, Angold, Copeland, Costello and Egger (2013). Many children are irritable but when irritability became chronic it worrisome.

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DMDD characterizes behavior that is considered outside of the normal range of childhood behavior; the major features of this disorder include severe recurrent temper outbursts manifested verbally (e.g verbal rages) and/or behaviourally (e.g., physical expression toward people or property) that are grossly out of proportion in intensity or duration to the situation or provocation (APA, 2013). Children with DMDD demonstrate low frustration tolerance and depict difficulties with emotional regulation, distress, tolerance, and behavioural self-control. According to APA, (2013) to meet the criteria for DMDD, children suffering from it have to be irritable and angry throughout the day. DMDD is a newly described mental health disorder and thus, prevalence estimates are not lucid. Based on prevalence rates of chronic irritability, a diagnostic criterion of DMDD, one might postulate that the prevalence of disruptive mood dysregulation disorder among children and adolescents is estimated to fall into 2% - 5% range (APA, 2013). In Africa, particularly in Nigeria, the concept of DMDD is not well researched and diagnosed among pupils. There are indeed several differential diagnoses to consider when evaluating whether a client meets the criteria for DMDD. First, it is important to rule out the presence of a Major Depressive Disorder (MDD). For clients who do not meet criteria for MDD, a diagnosis of DMDD would only be assigned if it was clear that the irritability and behavioural outbursts do not occur exclusively during an MDD episode. Also, by definition,

DMDD cannot coexist with oppositional defiant disorder, intermittent explosive disorder, or bipolar (APA, 2013). Because DMDD is a new diagnosis, there are no available assessment tools to assist in diagnosing, and assessing the disorder per se. Gilia and O'Neill, (2014). Disruptive mood dysregulation disorder is a relatively new disorder that describes children who have frequent explosive outbursts; and are irritable in between; as such it has not been fully recognized generally in Africa, and Nigeria in particular. Clinicians, psychologist and psychiatrists in developing countries are yet to delve into the diagnosis/prognosis of this disorder in children and this poses a serious challenge vis-à-vis emotional nurturing of children with DMDD to caregivers such as parents and teachers. Most parents/caregivers of children with DMDD report that their children/wards first showed signs of the disorder during their preschool years. This study therefore seeks to investigate primary school teachers' perception of the behavioural patterns of primary school children with DMDD in Abakaliki Metropolis, Ebonyi State, Nigeria, with the view of identifying children with it, x-raying its psychological implications cum intervention strategies for effective early emotional nurturing of children as well as creating its awareness to the caregivers and society at large.

Statement of the Problem

In Nigeria, the Services of school counsellors are relegated to the background. There seem to be inadequate school guidance counsellors in Schools and even when there is some of them seem not to be professionally motivated to discharge their duties. This problem has a tremendous effect on school children vis-à-vis, those with diagnosis of depressive disorder such as DMDD. Secondly, in the study area, the people are adherent of an ancient traditional belief called "Ogbanje" (Spirituality). According to this traditional belief, children that have a recurrent swings in moods cum explosive tantrums are conclusively attributed to this "Ogbanje" (Spirituality) syndrome which has not been scientifically proven. This integrally has a bearing in the analysis and diagnosis of emotional/behavioural problems associated with DMDD because children with perceived symptoms of Disruptive Mood Dysregulation Disorder are said to be possessed by an ancestral evil spirit "Ogbanje", therefore, instead of seeking the services of professionals, they resort to crude interventional remedies. This affects children with DMDD negatively vis-à-vis emotional nurturing as they grow up as emotionally unstable adults later in life. Furthermore, the diagnostic criteria of DMDD among mental health professionals has not been fully harmonized. This also is a huge limitation in the diagnosis of severe temper tantrums that are attributed to the symptoms of DMDD. Moreso, there is disagreement on how DMDD should be diagnosed and treated. Some clinicians argue that it is directly related to bipolar while others have a counter view of DMDD from another perspective. This slight controversy has a far-reaching impact on the diagnosis and treatment of DMDD in children especially on a developing country like Nigeria. Finally, the time it takes to analyze and diagnose DMDD is much and, this affects DMDD research and diagnosis in developing countries like Nigeria with myriads of problems in the health and educational sector. The most prominent symptom of Disruptive Mood Dysregulation Disorder is an angry or irritable mood characterized by verbal or aggressive outburst that are not of proportion to the trigger. The outbursts occur at least 3 times each week. What this implies, is that the psychiatrics, clinicians, parents and psychologists involved in the diagnosis of DMDD have to place perceived children with symptoms under close surveillance three (3) times every week for atleast twelve (12) months. This is a herculean task and the motivation to delve into such as diagnosis is normally chattered. Based on the foregoing, it is in the interest of this study to identify students with DMDD in primary schools in Abakaliki Metropolis of Ebonyi State, Southeast, Nigeria for diagnosis and also bring to the limelight the psychological implications the disorder poses on the emotional nurturing of children by caregivers/formators thereby preferring appropriate professional interventional strategies in managing these children.

Purpose of the Study

The study examined public primary school teachers' perception of DMDD symptoms and behavior among primary school children in Abakaliki Metropolis, Ebonyi State, South east Nigeria and the psychological implications its prevalence has on emotional nurturing. Specifically, the study intends to:

- Identify primary school teachers' perception of children exhibiting symptoms of DMDD in primary schools settings in Abakaliki Metropolis, Ebonyi State, Southeast Nigeria.
- Find out the psychological implications of DMDD on emotional nurturing of children in Abakaliki Metropolis, Ebonyi State, Nigeria.
- To investigate and explore avenues of increasing the awareness of caregivers on the existence of DMDD among children in the study area.

Significance of the Study

This study will bring an indebt understanding of DMDD among caregivers in Abakaliki Metropolis as well as beyond. This research will also encourage counselors in Nigeria to be up and doing in the areas of conducting a comprehensive psychosocial assessment of pupils/children for the possibility of identifying and diagnosing DMDD in them due to the overlapping symptoms of DMDD with other depressive and anxiety disorders. The result of this research will also be of immense benefit to policy makers in the educational sector in Ebonyi State and Nigeria by extension. It will also be useful to parents in the study area and beyond who needs to start looking out for these symptoms in their children with unbearable display of tantrums for possible diagnosis and treatment. Finally, the result of this research will provide data to other researchers who may wish to go into deeper investigation and inquiry on DMDD among children in the study area.

Research Questions

To guide this survey, the following research questions were formulated:

- In what ways do teachers demonstrate their perceptions of the symptoms of DMDD among primary school children in Abakaliki metropolis?
- What are the psychological implications of DMDD in the emotional nurturing of children?
- What are the ways of increasing the awareness of caregivers in Abakaliki Metropolis, Ebonyi State?

MATERIALS AND METHODS

The researcher adopted qualitative research interview methods to elicit information from the participants. The participants include primary school children within the age brackets of 6-10 years, primary school teachers with teaching experiences ranging from 2-20 years. A researcher structured interview questions in line with the outlined research questions was used by the interviewer in order to give room for elaborate responses in more detail. Also an audio tape recorder was used to record responses of the interviewees. The population consists of 386 respondents. Due to the rigorous nature of the method of data collection, the researcher using discretion and sampling technique interviewed 188 respondents. During the interview sessions, the interviewer asked the interviewees to rate the component behavior symptoms associated with the symptoms of DMDD as outlined by the American Academy of Child and Adolescent psychiatry, (2013) as follows:

- Severe temper outbursts at least three times a week
- Sad, irritable or angry almost every day.
- Reaction is bigger than expected.
- Child must be atleast six years old
- Symptoms are present for at least three times a week.
- Child must be atleast six years old
- Symptoms are present for at least a year.
- Child has trouble functioning in one place (e.g. home, school and/or with friends).

Percentages ranging from 40 and above were regarded as having the perception for the presence of DMDD while those below it were regarded as being unaware of the symptoms of DMDD during the field survey.

RESULTS

Research question 1

In what ways do teachers demonstrate their awareness of the symptoms? Table 1shows the interview responses of the interviewees. In table 1, 9.57% of the primary school teachers are aware of children manifesting the symptoms of sadness irritability or anger which are clear symptoms of DMDD as specified by the American Academy of child and Adolescent psychiatry.

Research Question 2

What are the psychological implications of DMDD in the emotional nurturing of children?

Responses of the interviewees are presented on table 2 below: Table 2 reveals that 26.5% of children diagnosed of DMDD exhibit aggressive tantrums, 15.9% each are depressed, exhibit anxiety mood and comes from a peaceful home. 4.2% of the children normally misperceive facial expression while 6.3% express mood swings from time-to-time. 5.8% complained of

Table 1. Responses on ways teachers demonstrate awareness of the symptoms of DMDD among primary schools in Abakaliki Metropolis

S/N	DSM-5 Symptoms of DMDD	Frequency	%
1	Teachers are aware of children depicting sadness, irritability or anger almost everyday	18	9.57
2	Teachers normally recognize severe temper outbursts atleast three times a week	30	15.96
3	Teachers observe that reactions of the children is higher than expected	38	20.21
4	Teachers are aware that perceived symptoms begin before age ten.	15	7.98
5	The teachers are aware of children having trouble functioning in one place (e.g. school, home and/or with friends)	40	21.28
6	The irritable or angry mood is observable by others (e.g. parents, teachers, peers).	47	25.00
	Total	188	100

Table 2. Responses on the Psychological implications of DMDD on the pupil performance

S/N	Responses on Psychological Implications of DMDD	Frequency	%
1	Exhibition of aggression	50	26.5
2	The child is depressed	30	15.9
3	Exhibition of anxiety	30	15.9
4	The child normally misperceive Ambiguous facial expression	08	4.2
5	The child experiences mood swings	12	6.3
6	the child complains of lack of parental unconditional love.	11	5.8
7	Experience of compassion, acceptance and forgiveness from caregivers.	4	2.1
8	Use of empathy by caregivers on children.	5	2.6
9	Child hails from a peaceful home.	30	15.9
10	Have poor self- esteem	08	4.2
	Total	188	100

Table 3: Presentation of research question 3 results/findings

S/N	Responses	Frequency	%
1	Through regular training and retraining of teachers	4	2.1
2	Inclusion of emotional disorders in teachers' training programme/curriculum	173	92
3	Increasing teachers' awareness through mass media	2	1.0
4	Family education	4	2.1
5	Training of health workers	5	2.6
	Total	188	100

parental non-challant attitude towards their feelings; 2.1% attested reception of compassion, acceptance and forgiveness from caregivers while 2.6% accepted that caregivers are often empathetic to the plight of children with DMDD in the study area. 4.2% agreed that children DMDD have poor self-esteem.

Research Question 3

What are the ways of increasing the awareness of caregivers in Abakaliki Metropolis, Ebonyi State?

A total number of 188 caregivers was sampled and their opinions as revealed on the ways of increasing awareness signs of DMDD among teachers, 92% which is 173 out of the 188 caregivers accepted the fact that awareness of DMDD can be increased through inclusion of emotional disorders in teachers' training programme/curriculum while 1.0% agreed that awareness of DMDD among teachers can be enhanced through the use of mass media. 2.1% accepted that awareness of DMDD can be improved via regular training and retraining of teachers and family education respectfully.

DISCUSSION

A total number of 188 primary school teachers with teaching experience ranging from 2-20 years were interviewed to ascertain their perceptions of the symptoms of DMDD. Findings revealed that 9.57% (table 1) of the teachers are aware of children depicting sadness, irritability or anger almost every day. This implies that very few teachers in the study area are aware of the symptoms of DMDD in children that they teach. An implication that also entails that primary school children in the study area exhibited the outlined symptoms of DMDD in consonance with those x-rayed in the Diagnostic and Statistical manual of Mental Disorder, fifth edition (DSM-5).By implications, DMDD is prevalent in the study area and primary school teachers are oblivious of its existence because 9.57% is an insignificant statistical value and is worrisome indicating that most sampled primary school teachers concur that they observe pupil in the study area exhibit severe recurrent temper outbursts that are grossly out of proportion and intensity or duration to the situation which is a peculiar symptom of DMDD but they do not know it is a disorder called DMDD.

Also, 15.96% of the respondents reported that they normally recognized severe temper outbursts at least three times a week. Children perceived to be having the symptoms of DMDD are extremely aggressive. This implies that psychologically, they throw uncontrollable tantrums with concurrent aftermaths of spanking by caregivers such as parents, teachers, nannies etc and self harm. The aggressive nature of these children in the study area makes them to be reserved as they have few friends. 15.9% of the interviewees reported depression, anxiety and growing in peaceful and supportive home environment respectively. Meaning that these children exhibiting depression and anxiety, orchestrated by DMDD stands a chance of having impaired quality of life and school performance and can disrupt relationships with family and peers. According to National Institute of Mental Health, (2014) having DMDD also increases the risk of developing depression or anxiety disorders in adulthood. Also, the children with DMDD come from good and peaceful home where parental training aims to help them in a way that will reduce aggression and irritable behavior. Multiple studies like that carried out by the National Institute of Mental Health (2014), revealed that effective parental intervention can help children with DMDD immensely as parents implore more effective ways of responding to irritable behavior such as anticipating events that might lead a child to have a temper outburst and working ahead to avert the outburst. Children with DMDD who hail from peaceful homes tend to get their emotions nurtured to maturation by their caregivers (parents).

6.3% of the respondents reported mood swings in DMDD children. An indication that mood swings is not a regular occurrence in children with DMDD symptoms in the study area. 4.2% of the teachers agreed that DMDD children in the study area were reported of having a misperception of ambiguous facial expression of people they come in contact with especially their peers and caregivers. 5.8% of the respondents attested that DMDD children complained of lack of unconditional parental love. Children generally needs consistent parental monitoring and display of unconditional love such as rewarding of positive behavior for effective emotional nurturing. Children's emotional maturation provides a foundation upon which social developments may take place, National Institute of Mental Disorder (2014). An implication that children whose parents do not express appreciable unconditional love and affection stands a chance of unhealthy emotional development in future. 2.1% of the respondents agreed that care-givers in the area give children with DMDD compassion, acceptance and forgiveness indicating that most caregivers in the area are yet to imbibe this unparalleled attributes that will be helpful in the emotional nurturing of children especially those with DMDD. 2.6% reported the use of empathy by the caregivers in handling children with DMDD. Also pointing to the fact that caregivers in the study area are not characterized by empathy. According to Palmer (2015), Empathy is the ability to see and value what another person is feeling or experiencing. The use of empathy helps in nurturing emotional intelligence in DMDD pupils. 4.2% of the respondents reported that poor self-esteem and awareness is one of the psychological aftermaths of DMDD in the study area. By implication 8 out of 188 reported clear observation of low self-esteem in kids with DMDD in the area. Findings also revealed that 92% of caregivers agree that inclusion of emotional disorder in to teachers training curriculum will help immensely in creating awareness of DMDD among teachers meaning that most of the primary school teachers in the study area are of the opinion that the major avenue of increasing teachers' perception of DMDD symptoms among the pupil they teach is via incorporation of the disorder in the training of the teachers. 2.1% are of the opinion that training and retraining of teachers on the acquisition of skills which will aid in professional handling of emotional disorders such as DMDD will create much awareness of DMDD among teachers.

Psychological Implication of DMDD on Emotional Nurturing

Most parents of children with DMDD report that their children first showed signs and symptoms of the disorder during their preschool years. Children with DMDD show severe and recurrent temper outbursts three or more times per week. Although many children have occasional tantrums, youths with

DMDD have outbursts that are out of proportion in terms of their intensity or duration. These outbursts can be verbal or behavioural. Verbal outburst often are described by observers as "rages" or "fits". Children may scream, yell and cry for excessively long periods of time, sometimes with little provocation. This triggers depression in such kids which affects their emotional nurturing. Physical outbursts may be directed towards people or property. Children may throw objects; hit, slap or bite others; destroy toys or furniture; or otherwise act in harmful on destructive manner. Children with DMDD also display persistently irritable or angry mood that is observable by others. Parents, teachers, and classmates describe these children as habitually angry, touchy, grouchy, or easily "set off". Unlike the irritability that can be a symptom of other childhood disorders, such as ODD, anxiety disorders, and major depressive disorder; the irritability displayed by children with DMDD is not episodic or situation dependent. In DMDD, the irritability or anger is severe and is shown most of the day in multiple settings, lasting for one or more years. These situations abounds among children with DMDD in the study area.

Conclusion

As the DSM-5 Fact Sheet says, "Far beyond temper tantrums, DMDD is characterized by severe and recurrent temper outbursts that are grossly out of proportion in intensity or duration to the situation". This disorder, which was new to the DSM – 5 in 2013, was created in an effort to replace the diagnosis of childhood bipolar disorder. The prevalence of this disorder is not yet known. This study rigorously x-rayed the prevalence of this disorder in Abakaliki metropolis of Ebonyi State Nigeria by assessing teachers' perception about it. Field observation recorded that the teachers sampled are unaware of the symptoms of DMDD. The study also elicited information on the psychological implication of DMDD in the study area. Findings underscores lack of empathy by the caregivers, aggression, anxiety, mood swings, poor self-esteem and lack of parental unconditional love as major implications on emotional nurturing.

Recommendations

There are abundant scientific evidences supporting the existence of DMDD and its detrimental impacts on individual if adequate interventional procedures are not used. Based on the findings of this research on the prevalence of DMDD in Abakaliki metropolis, Ebonyi State, Nigeria, the following recommendations are made.

- Caregivers such as teachers, nannies etc should be given a compulsory training on the management of behavioural disorder such as DMDD.
- Awareness campaign should be launched by the government in a bid to bring the disorder to limelight through various means of information dissemination.
- Educational psychologist should be licensed and trained to diagnose DMDD alongside with health professionals like pediatricians/clinicians and psychiatrists.
- Diagnosis of psychological/mental disorders should be made a routine in primary schools in Abakaliki metropolis and Ebonyi State at large. This will help in the identification of DMDD symptoms thereby proferring adequate interventional support to help children with it develop emotionally.
- Computer-based training should be employed in the metropolis in handling children with DMDD. Evidence suggests that irritable children with DMDD may be prone to misperceiving ambiguous facial expressions as there is preliminary evidences that computer-based training designed to correct this problem may help youths with DMDD.

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