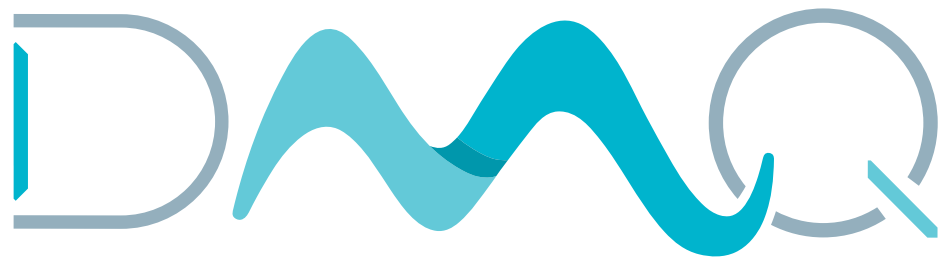


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Disruptive Mood Questionnaire

Sam Goldstein Ph.D.



The first standardized questionnaire for the evaluation of mood, behavior problems, and protective behaviors associated with DMDD

Purpose *Evaluate the mood and behavior challenges common in Disruptive Mood Dysregulation Disorder in children and adolescents.*

DMQ evaluates DMDD and associated problems, and provides an in-depth profile of the child’s and adolescent’s problem areas. DMQ also assesses a large number of related symptoms associated with DMDD identifies protective behaviors. The test offers an innovative evaluation that considers 3 critical aspects: intensity, frequency, and duration.

Parent form and Teacher form available for multi-informant assessment.

The test includes:

- 1 DMQ total scale
- 3 DMQ scales of frequency, intensity, and duration of behaviors
- 3 DMDD scales based on the DSM-5
- 8 treatment scales (Aggression, Impulsivity, Anger, Defiance, Anxiety, Maladaptation, Disruption, Annoyance)
- 1 scale evaluating protective factors
- 1 DMDD risk scale
- 3 validity scales (consistency, completion time, and positive impression)

TARGET	TIME	ADMINISTRATION	SCORING
Parent form: Ages 4 to 18 Teacher form: Ages 6 to 18	Parent form: 10’ approx. Teacher form: 5’ approx.	Individual Paper and pencil Online	Online

The development of the Disruptive Mood Questionnaire (DMQ™) encompassed 3 years of effort (2021 to 2023), thousands of ratings by parents and teachers, data collection efforts, research, and statistical analyses. Development of the DMQ occurred in four phases:

1. conceptualization/initial planning and item writing,
2. pilot study,
3. final scale construction (including the normative, reliability, and validity studies), and
4. development of the Italian and Spanish forms.

The DMQ was designed as a tool to assess mood and behavior. Children/youths from a wide age range (4 to 18 years) comprised the target sample for the DMQ. Because creating a multi-informant assessment was considered essential, it was determined from the onset that parent and teacher forms would be created. For optimal efficiency when comparing results across raters, identical items were included on all of the forms.

The preliminary content structure was determined by a comprehensive review of current theory and research literature, as well as the author's clinical and research experience in the conceptualization and assessment of mood disorders and related behavior.

Multiple items were developed to capture key components. Content areas identified for defining disruptive mood were conceptualized as emotional or behavioral.

Emotional items included anger, irritability, frustration, annoyance, and mood swings.

Behavioral items included aggression, temper outbursts, threats, compliance, and impatience.

Items covering the diagnostic symptoms of Disruptive Mood Dysregulation Disorder were included as were protective or resilience items such happiness, friendship, and acceptance.

To provide a means by which to evaluate a rater's response style and determine whether his/her pattern of ratings indicates a potential bias in responding, the Consistency Index, Positive Impression and Time to Completion indicators were created.

This process resulted in a set of 143 items for the pilot study.

After reviewing the findings for the normative data, the DMQ form content was finalized: resulting 60 items for the DMQ Parent form (4 to 18 years) and 37 items for the DMQ Teacher form (6 to 18 years).

Scores were standardized with Mean = 50 and SD = 10. High scores identify problematic behavior.

5. Act afraid when away from parents.

How often: Never Very Rarely Rarely Occasionally Frequently Very Frequently

How intense: Not much at all Slightly Mildly Moderately Very Extremely

How long: Under 10 min Under 30 min Under 1 hr Under 2 hrs More than 2 hrs Almost all day

6. Have temper outburst.

How often: Never Very Rarely Rarely Occasionally Frequently Very Frequently

How intense: Not much at all Slightly Mildly Moderately Very Extremely

How long: Under 10 min Under 30 min Under 1 hr Under 2 hrs More than 2 hrs Almost all day

7. Act based on emotion.

How often: Never Very Rarely Rarely Occasionally Frequently Very Frequently

How intense: Not much at all Slightly Mildly Moderately Very Extremely

How long: Under 10 min Under 30 min Under 1 hr Under 2 hrs More than 2 hrs Almost all day

8. Get rejected by peers

How often: Never Very Rarely Rarely Occasionally Frequently Very Frequently

How intense: Not much at all Slightly Mildly Moderately Very Extremely

How long: Under 10 min Under 30 min Under 1 hr Under 2 hrs More than 2 hrs Almost all day

Data Collection



#	N	%	Target
West	264	22.4	24%
Midwest	259	22.0	21%
Northeast	214	18.2	17%
South	439	37.3	38%
Total	1176	100.0	

DMQ Structure Parent

DMQ Total Scale

Frequency Scale

Duration Scale

Intensity Scale

DSM 5 DMDD Scale

DSM-5 Temper Scale

DSM-5 Irritability Scale

DMDD Risk Scale

Protective Scale

Treatment Scales

Anxiety

Aggression

Anger

Impulsivity

Disruption

Maladaptation

Annoyance

Defiance

Consistency index

Completion Time

Positive impression

DMQ Structure Teacher

DMQ Total Scale

Frequency Scale

Duration Scale

Intensity Scale

DSM 5 DMDD Scale

DSM 5 Temper Scale

DSM 5 Irritability Scale

DMDD Risk Scale

Treatment Scales

Anxiety

Aggression

Anger

Disruption

Annoyance

Defiance

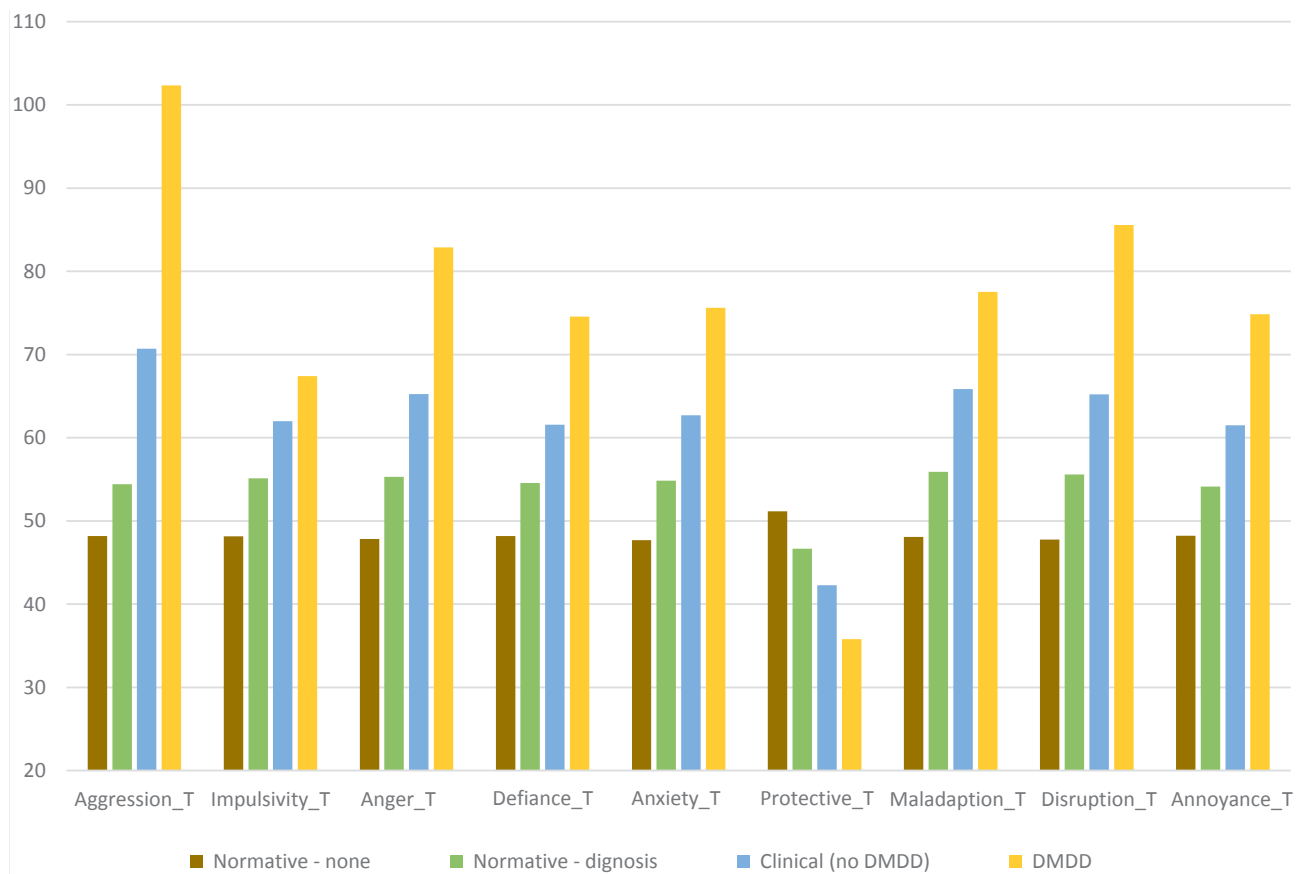
Impulsivity

Consistency index

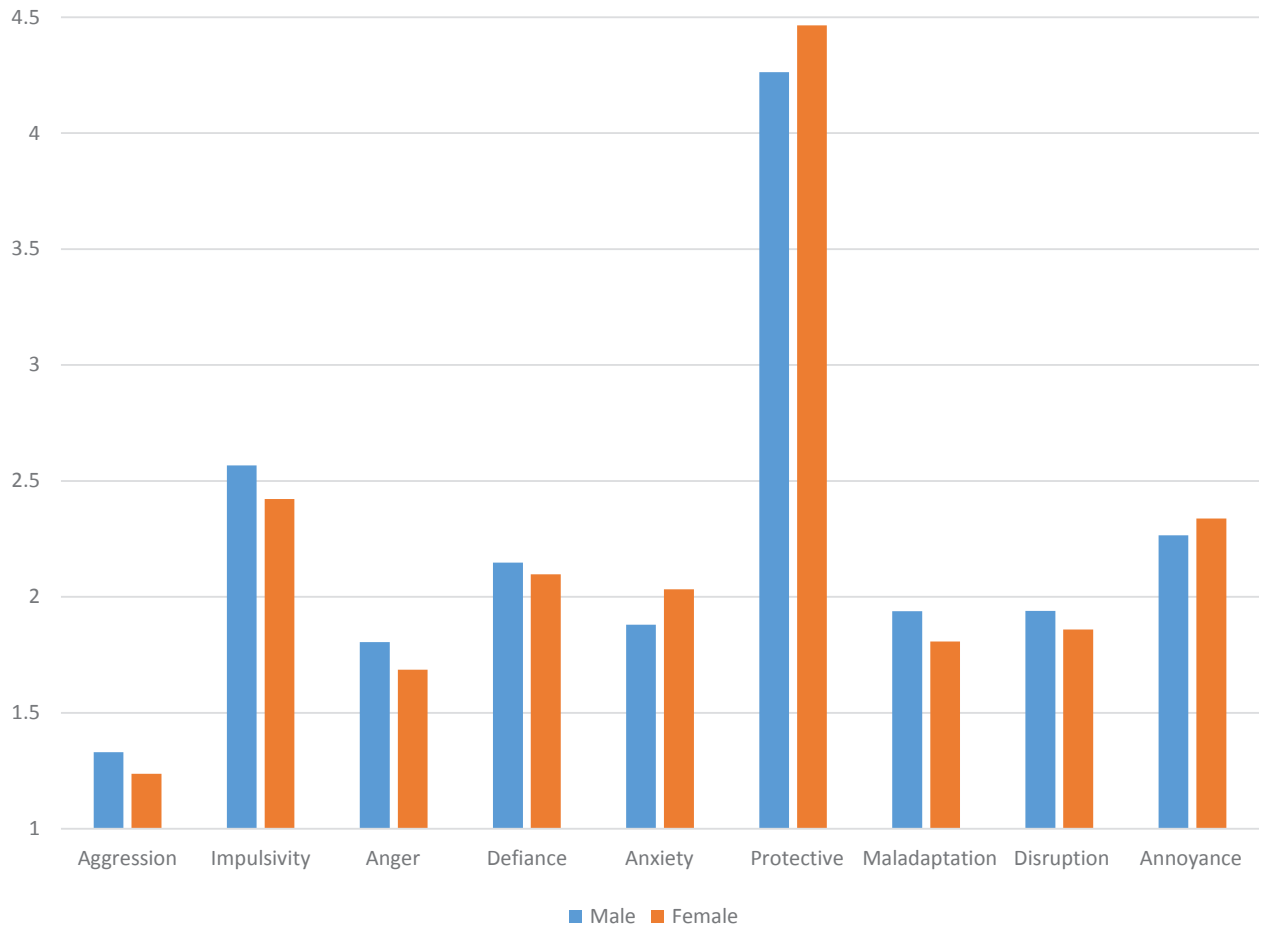
Completion Time

Positive impression

DMDD VS Clinical Without DMDD



Gender



Females (524) have more:

- Anxiety
- Protective factors*

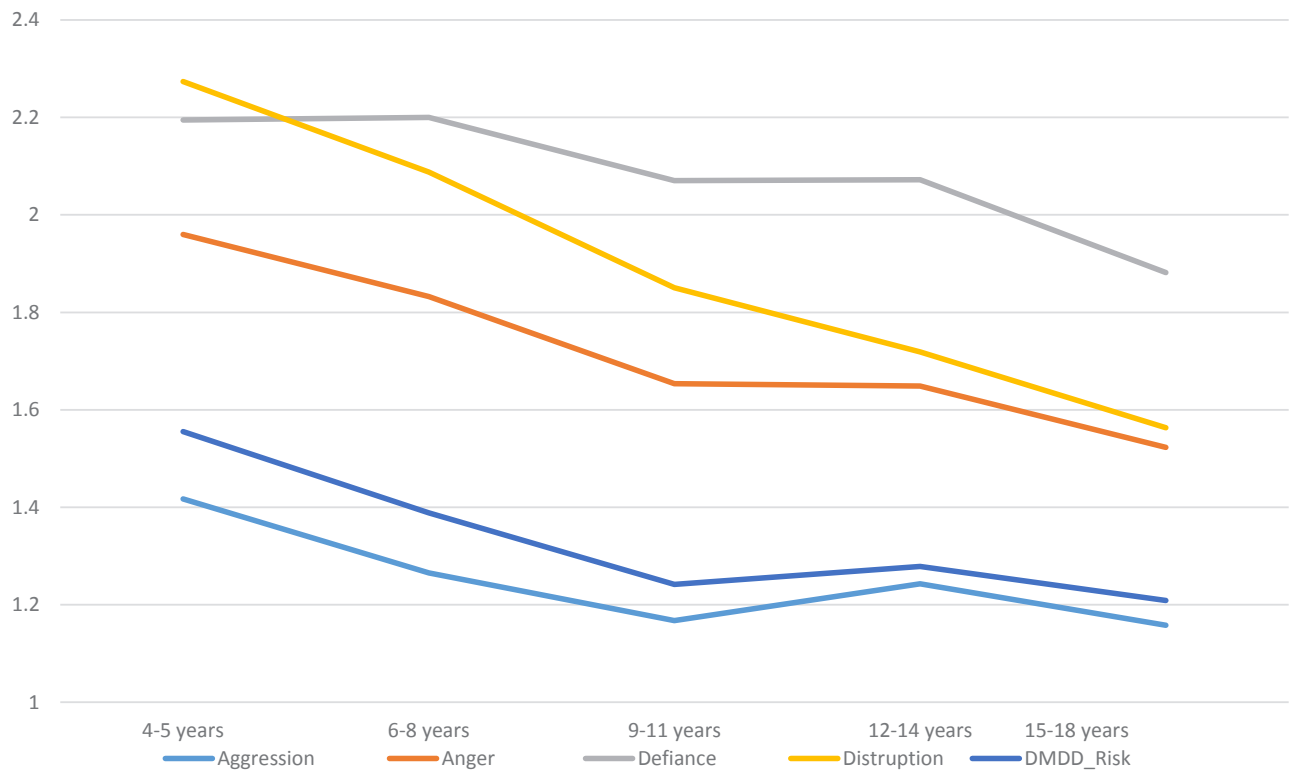
Males (594) have more:

- Aggression
- Impulsivity
- Anger
- Maladaptation
- Disruption

Defiance and Annoyance are not significantly different

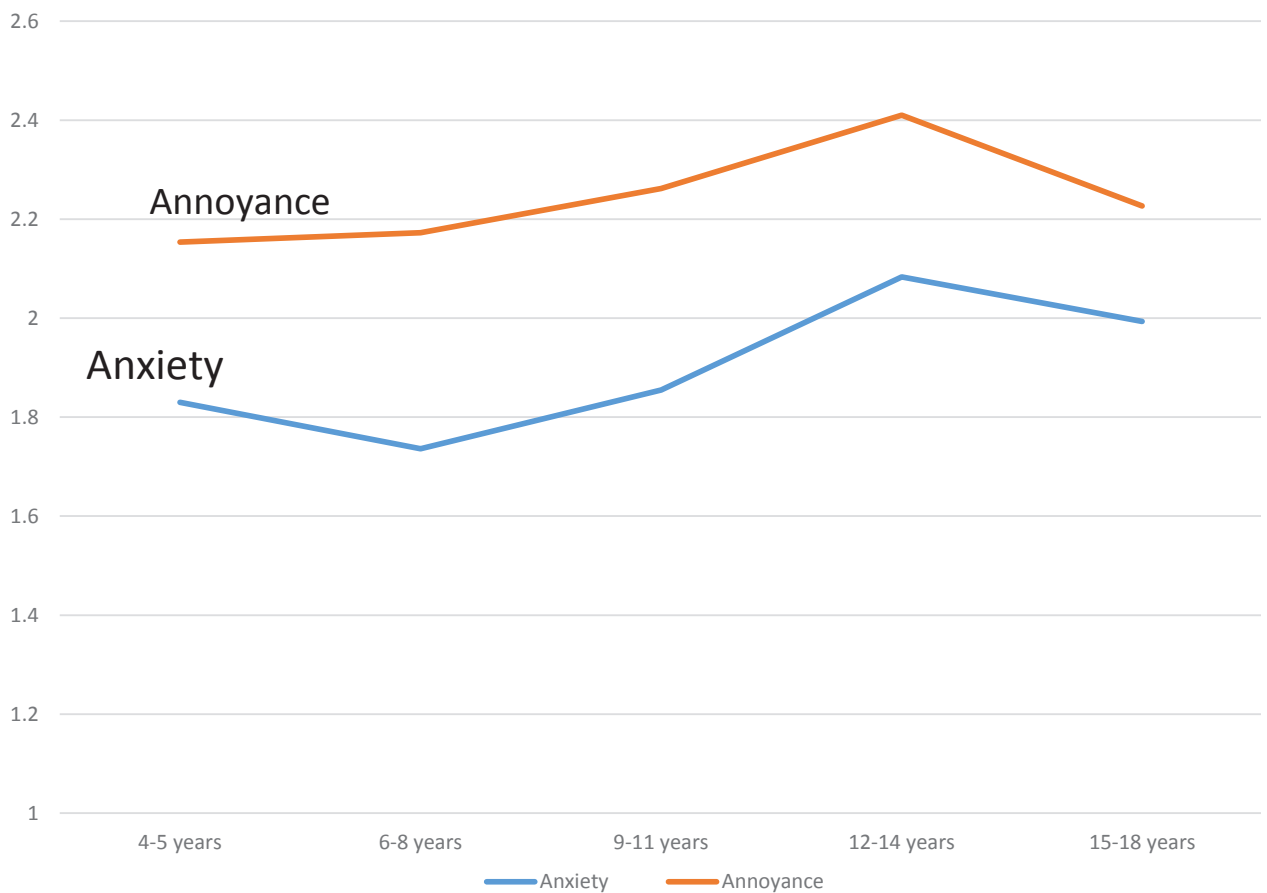
Normative Sample and Age

Externalizing behaviors decrease



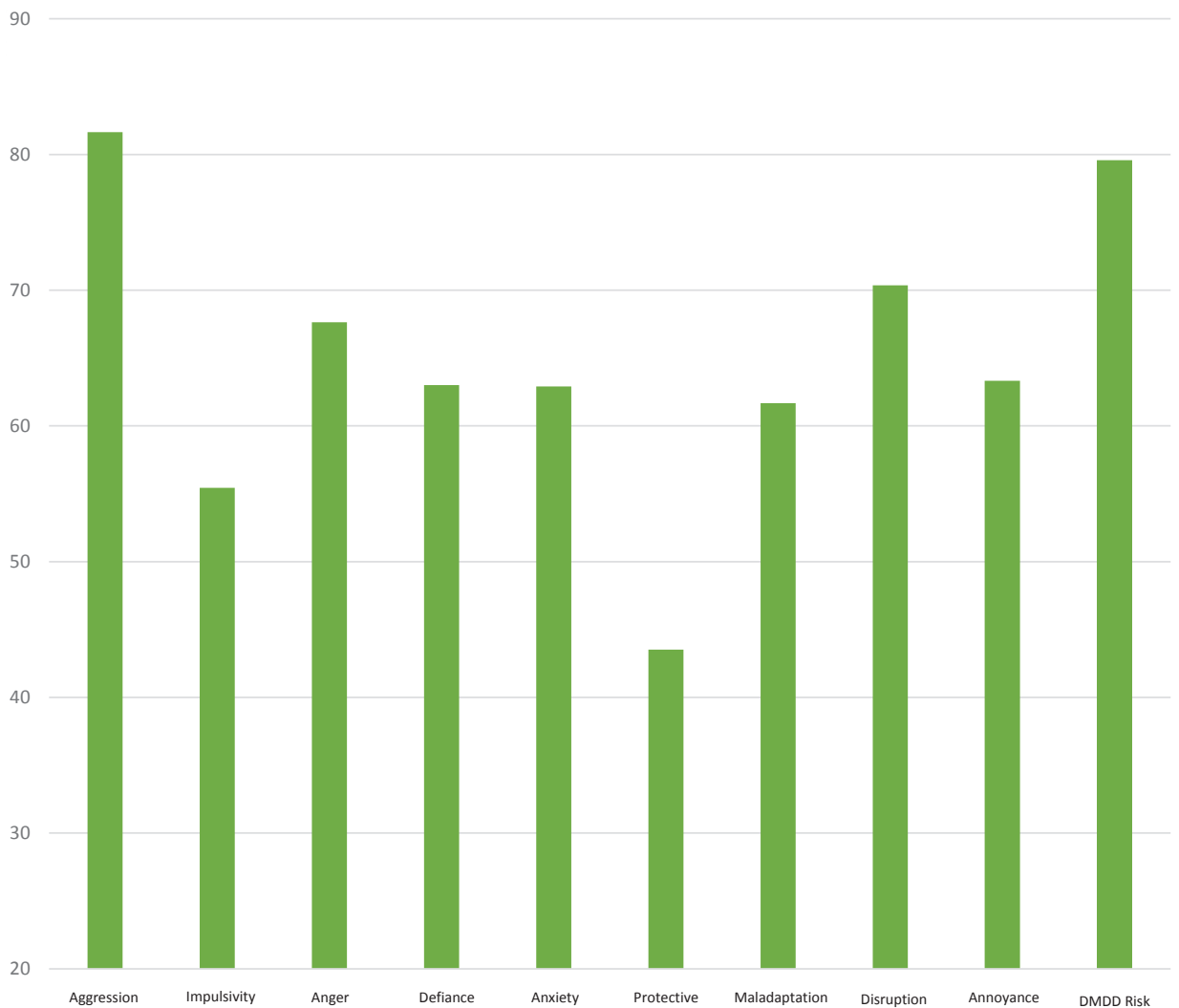
Normative Sample and Age

Internalizing behaviors increase until 12-14 years



Clinical

If the score of *Clinical without DMDD* is eliminated, we still have a characteristic profile of children with DMDD.



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