

# Discipline

## *with a Mood Disorder*

Understanding why traditional discipline fails children and teens with mood disorders, and how to teach new behaviors with compassion, clarity, and consistency.

Mood disorders such as DMDD, depression, bipolar disorder, and TSDD-FOH all share the symptom of irritability. This symptom often results in actions and verbalizations that are mistaken for defiance but are in fact involuntary expressions of an illness.

Traditional discipline strategies not only fail to work for these children; they often make things worse by triggering additional symptoms and increasing irritability. This leaves the child feeling isolated and misunderstood, while their parents feel frustrated and helpless to make positive change.

**Disciplinarians are not responsible for punishing. They are responsible for teaching and guiding new behaviors with a calm, steady, and compassionate presence.**

Children's Mental Health Resource Center provides parent groups, education for providers, and community building to support you and your family's mental health. Share your experience. Accept support. You are not alone. We are here to help.



## A Resource for Parents & Caregivers

Chronic irritability is a defining symptom in children and teens with depression, mania, anxiety, and TSDD-FOH. This means that argumentativeness, defiance, and being oppositional are often mistaken for willful choices when they are in fact involuntary symptoms of an illness.

**You cannot discipline, punish, parent, or reward away symptoms. This brochure offers a framework for understanding what discipline truly is, and how to practice it effectively with a child who has a mood disorder.**



In our community, we call ourselves the "No Stone Unturned Club." We know you have done everything you could think of to help your child, and you're not finished yet.

Before children with mood disorders get properly diagnosed and treated, their symptoms can be difficult to manage. Once they are on the road to recovery, teaching new skills becomes easier. But we must always take into account the degree to which discipline can trigger symptoms.

**Every moment is an opportunity to begin again. Every day is a new chance to try, and being kind to yourself also shows your child that kindness toward oneself has value.**

*Are a child's difficult behaviors intentional defiance?*

**NO**

What appear to be argumentative, quick-tempered, and oppositional behaviors are often actually symptoms of illness, not willful choices. Traditional discipline does not work in this case because it cannot eliminate involuntary symptoms.

*Is discipline the same as punishment?*

**NO**

The goal of discipline is to teach and train new skills, and to modify voluntary behaviors. Punishment does not teach, it only shows what the authority figure does not want. It does not show what to do instead.

*Should I discipline in the moment when my child is escalated?*

**NO**

A child who is escalated or in a state of fight-or-flight cannot process the discipline or learn from it. A better in-the-moment intervention is to acknowledge their difficulty and stay calm, waiting to teach a new skill when they are regulated again.

*Should I use embarrassment as a tool to change behaviors?*

**NO**

Children with mood disorders, especially those with TSDD-FOH, experience public embarrassment as a humiliation and a threat to survival. Moreover, it damages self-esteem and triggers further symptoms.

*Should I demand an immediate apology after an outburst?*

**NO**

Requiring an apology builds resentment and distrust. Children with mood disorders are often highly sensitive and will most often come to apologize on their own when they are given the space and time to reflect.

*Is it okay to meet the need a child is expressing, even during a meltdown?*

**YES**

Identifying and fulfilling the child's underlying need is one of the quickest ways to deescalate, reinforce trust, and reduce the lingering effects of the outburst in the brain.

**WHEN WE SHIFT OUR UNDERSTANDING**

When we shift our understanding of discipline to involve teaching, the role of the disciplinarian changes too. The disciplinarian must remain calm, unemotional, and steady during the chaos of emotional and mood dysregulation. Recognizing that what adults see as behaviors are involuntary symptoms helps us remain clear in our purpose to teach, not punish.

**There is no single magic intervention that will work every time. Effective discipline is sometimes less about knowing what to do as it is about knowing what not to do — don't increase escalation with additional threats of punishment.**

**ON MEETING THE NEED WITH COMPASSION**

"It seems as though you need some attention right now. Is that right? I hear and see that you need attention, and I will be happy to give it as soon as I can." Identifying and fulfilling the child's underlying need is one of the quickest ways to deescalate and reinforce trust.

*Parents are people. It is impossible to always remain calm in the face of symptomatic children and your own inevitable exhaustion. Be kind to yourself. Every moment is an opportunity to begin again.*

**ON SELF-COMPASSION FOR CAREGIVERS****How to Discipline Effectively**

Once a mood disorder is properly treated and the child or teen is more stable, some structure can be reintroduced. The following guidelines apply regardless of the degree of stability, and must always account for how discipline can trigger symptoms.

**IN-THE-MOMENT LANGUAGE THAT HELPS**

Try: "You know what's happening right now isn't acceptable. I can help you do things differently when you're ready." Or: "It's okay that you're angry, but this is not an acceptable way to mistreat others when you're feeling this way." These statements communicate a boundary without escalating conflict.

Once the incident has passed, there should be no ongoing emotional punishment. Communicating lingering anger or disappointment creates anxiety in the child or teen. A clear reset, a moment that wipes the emotional slate clean, helps the child or teen feel accepted and safe again.

Key guidelines for effective discipline:

1. Do not discipline symptoms. Focus only on behaviors the child can actually control.
2. Avoid disciplining in the moment during a heightened stress response or fight-or-flight state.
3. Never use embarrassment or humiliation as a behavioral tool.
4. Meet the need the child is exhibiting with compassion.
5. All behaviors serve a purpose. All behavior is a communication of need.

**Questions to Reflect On**

As you begin to shift your approach to discipline, reflecting on these questions helps caregivers find the right starting point and avoid the most common pitfalls.

- Can I tell the difference between a symptom and a willful behavior?
- Am I trying to discipline something the child genuinely cannot control?
- Am I attempting to discipline in the middle of a heightened stress response?
- Am I trying to use embarrassment as a behavior modification tool?
- Have I given enough space and time for a genuine apology to form on its own?
- Am I meeting the underlying need the behavior is expressing?
- Am I forgiving myself when I fall short of these ideals?

*"Disciplining symptoms is pointless. Disciplining children or teens for things they have no control over simply cannot result in any changes. The first and most essential skill for the adult is learning to tell the difference between an involuntary symptom and a chosen behavior."*

**ON SYMPTOM VS. MISBEHAVIOR**

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