

Online Psychological Intervention for Managing Children with Oppositional Defiant Disorder: A Clinical Case Report

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Submitted - 1 June 2023

Revised- 25 June

Accepted- 05 July

ABSTRACT

During the 21st century's major health crisis, the COVID-19 pandemic, communities worldwide faced not only physical health challenges but also unprecedented threats to mental and psychological well-being. Among the most affected demographics were the elderly and children, who suffered greatly from the social distancing measures and isolation enforced during the pandemic. However, traditional one-to-one psychological sessions became impractical due to social distancing measures. In response to this need, this case report evaluates the effectiveness of such an intervention in managing the oppositional and defiant behaviour of a seven-year-old child. The assessment utilized the Child Behaviour Checklist, and the intervention involved Parent Management Training sessions conducted weekly over a period of three months. The results of the intervention were promising, with significant improvements observed in the child's behaviour as documented in post-intervention assessments. This suggests that online-based parent management therapy can effectively address oppositional and defiant behaviour in children. These findings have important implications for the future, demonstrating that online therapy is not only effective during emergencies like the COVID19 pandemic but also during normal times. Its time and cost-effectiveness, as well as convenience, make it a viable option for mental health interventions beyond crisis situations.

Keywords- Pandemic, Parent Management Training, Oppositional Defiant Disorder, Online Psychological Intervention.

Introduction:

The symptoms of Oppositional Defiant Disorder (ODD) often bear a resemblance to the characteristic childhood behavior like throwing tantrums, arguing, crying, defying orders, and answering back, therefore most parents remain unaware of the fact that their children's behavior may call for a Psychiatric Diagnosis (Rey, 1993). Usually, the characteristic features of ODD are considered acceptable during preschool years, however ODD behavior differs from normal childhood behavior in terms of severity and frequency (Achenbach & Rescorla, 2000). Children and adolescents diagnosed with ODD have an irresistible urge to defy authority, answer back, engage in verbal and physical abuse, engage in destructive tendencies, and display intolerance of frustration (American Psychiatric Association, 2013).

The range of Prevalence of ODD is between 1% and 11%. Its average estimated prevalence is roughly 3.3 percent (American Psychiatric Association, 2013). The disorder generally starts before the age of eight and develops over several months or years. It usually begins at home, but it can spread to other places as well, such as school (Evans et al. 2017). As a result, the daily routine of the children gets disrupted as they find it difficult to adjust themselves to the parental authority (Motavalli et al. 2018). ODD affects children in several ways, including serious difficulties in education, domestic violence, adjustment issues, psychoactive substance use, and even poor physical health. In addition, the negative results in adulthood comprise antisocial personality disorders, family problems, criminal behaviour, and incarceration, as well as many other mental disorders (Evans et al. 2017).

Typically, children with Oppositional Defiant Disorder (ODD) usually argue with their parents, teachers, and other children and refuse to obey requests or orders. They may deliberately annoy others, and quickly lose their temper. They blame others for their faults or misconduct, act in spiteful ways towards others, or feel resentful towards others, and are

easily irritated or irritable, and are prone to losing their temper. They might also be angry or resentful toward people who they believe have mistreated them.

There are a variety of theories about the causes of ODD. According to some theorists, ODD is a manifestation of a temperamental trait that is known as a type of "difficult child" (Rey, 1993). Others view that ODD is caused by unresolved conflict between parent and child or overly severe control by the parents. Psychodynamic theorists viewed that fixation in the psychosexual developmental state following the conflicts between parents and children as developing ODD. In the view of learning theorists, ODD is due to parents' inappropriate use of ineffective reinforcement strategies. According to this viewpoint, parents may unintentionally reward oppositional behaviour in their children, when they refuse to obey their requests, which can lead to a pattern.

Therapies based on learning theories have received wide range of acceptance. Learning behavioural interventions, especially Parent Management Training (PMT), have received extensive empirical support as a stand-alone intervention in the treatment of ODD (Sukhodolsky et al. 2004). Similarly, Mackenzie (2007) looked at how therapy for ODD in young children is improving. This study reveals that parent training has the strongest empirical support for treating children with ODD, and children with other significant behavioural problems. Parent Management Training (PMT) is a therapy method that is based on the operant conditioning principle. Parents are trained to use antecedents, behaviours, and consequences to modify child and adolescent behaviour in different settings, including home, school, and other settings, with the objective of assisting children to develop prosocial behaviours while reducing oppositional, aggressive, and disruptive behaviour (Kazdin, 2005).

Children and Adolescents with ODD Diagnosis require psychological interventions for effective adjustment and learning appropriate behaviour along with parents, as family parents and family members are primary stake holders responsible for well-being of the child. However, social distancing and isolation to curb the spread of infection during the Pandemic made it difficult to have one on one therapy sessions, online psychotherapy sessions were therefore provided as an alternative to assist parents of children diagnosed with ODD to help them modify and encourage accepted behaviour. Over a period of time online psychological interventions is found to be as effective as face to interventions. The present paper demonstrates the effectiveness of Online Psychological interventions for managing Children with Oppositional Defiant Disorder with the help of Case study approach.

Case History:

X, a 7-year-old boy in the 2nd grade, hails from a middle-class nuclear family with rural roots. His parents sought assistance due to his persistent behavioral challenges, including severe temper tantrums, disobedience, defiance, and negativism towards authority figures, which have been present since early childhood. There is no history of head injury, brain trauma, or epilepsy.

Reports from parents indicate a pattern of disobedience towards authority figures from an early age, characterized by intentional defiance and a tendency to contravene instructions. X exhibits frequent temper outbursts and engages in behaviours aimed at annoying others without displaying remorse or apologizing. Teachers have expressed difficulties managing him due to his refusal to comply with instructions or answer questions, regardless of their efforts.

X demonstrates a selective obedience towards elders, primarily acting in his own self-interest. His disobedience is particularly pronounced towards his mother and maternal grandmother, who reside with the family. This defiance extends across various domains, including adherence to bedtime, meal times, and dressing routines. Despite his father's weekly presence (due to his job in a private company), X displays disobedience towards him as well, albeit to a slightly lesser extent.

During learning sessions with his mother, X exhibits reluctance to listen or focus, often responding with conditions such as reducing assigned tasks or lessons. Despite the engagement of a tutor to aid with schoolwork, X disrupts sessions with unrelated questions and unreasonable demands, frequently refusing to complete assigned tasks. X is the first child of

non-consanguineous parents, born via full-term normal delivery without complications. Developmental milestones were achieved within expected timeframes, and there is no reported family history of psychiatric illness. His intellectual and adaptive functioning appears to be within normal limits.

Following an assessment encompassing birth and developmental history, observed behaviors, and test findings, X received a diagnosis of Oppositional Defiant Disorder, consistent with the criteria outlined in the ICD-10.

Pre-Intervention Assessment:

The Child Behaviour Checklist (CBCL) was administered to assess the severity of ODD and to rule out other childhood behavioural problems of the child. The CBCL score of the child on oppositional defiant disorder (ODD) was 9, and on aggressive behaviour it was 21.

Method & Procedure:

The present study was conducted by using an approach of single case study with pre and post assessment research design. A detailed case history was taken, and psychological assessments were administered as face-to-face sessions. Written informed consent and assent were obtained from the parents and child, respectively, for online psychological interventions. Both parents were involved in an active part of the intervention by being introduced and trained in Parent Management Training via online in order to manage the behaviour of the child in both home and social contexts. As a treatment approach, Parent Management Training (PMT) was applied. The treatment lasted three months. Total 12 sessions were comprised, and each session was provided weekly for 2 hours.

Initial phase of the Intervention:

In the initial face of the therapy session, the first three sessions were focused on psychoeducation, defining, observing, and recording behaviour, and establishing a therapeutic relationship with the child. The first session started with psychoeducation for the parents. It was provided to them with information about the nature, causes, and treatment of their child's conditions, and the consequences if they discontinued the treatment of their child. A therapeutic relationship was established with the child as it was an essential therapeutic factor in a case of ODD. In the following session, training on initial skills for PMT was started for the parents. They were trained to identify, define, and observe their children's behaviour. In addition, they were taught how to define and record the behaviour of their child, with appropriate examples. Finally, a homework assignment was also provided to the parents.

Middle Phase of the Intervention:

The middle sessions involved seven sessions on positive reinforcement, timeout from reinforcement, shaping, and low-rate behaviour. In the starting session of this phase, parents were trained in the concept of positive reinforcement, the factors that influence its effectiveness, and how to practise its applications with the child. Then, time out and its effective application were trained. The following session included the parents, the kid, and the therapist to allow the therapist to monitor parent-child interactions and reinforce both parent and child for programme compliance. In the next two sessions, parents learn about attending and ignoring, and they select between ignoring unwanted behaviour and attending to a favourable opposing behaviour. Within the session, these processes are performed. At the end of the phase, parents are taught to encourage successive approximations to build behaviours and to utilise prompts and prompt fading to produce terminal behaviours. In addition, plans are created in this session to start a home-based reinforcement programme, and the method of shaping is taught to parents.

Final Phase of the Intervention:

The last 2 sessions were comprised of the final phase, with sessions of revisions and termination. A session for the revision of all previous sessions with parents was conducted, and provided clarification. Parents practised making new programmes, correcting mistakes, and responding to a wide range of applications of the principles they practiced. At the end of the session, the therapist conducted post interventional assessments, and compared it with the initial scores, and given feedback to the parents.

Post-Intervention Assessment:

On post-treatment assessment, the child's Child Behaviour Checklist (CBCL) score on oppositional defiant disorder (ODD) was 4, and on aggressive behaviour was 10.

Result & Discussion:

Table 1: Pre assessment scores of the child

Test	Domain	Pre assessment	Interpretation
CBCL	ODD	9	Borderline Clinical Range
	Aggressive Behaviour	21	Clinical Range

Table 2: Post assessment scores of the child

Test	Domain	Post assessment	Interpretation
CBCL	ODD	4	Normal Range
	Aggressive Behaviour	10	Normal Range

Tables number1 and 2 clearly demonstrate the effectiveness of online based intervention for ODD. The child was diagnosed with ODD by Clinical Psychologist and was undergoing treatment for the same. He exhibited characteristic behaviour of defiance, opposition and throwing tantrums for his demands to get accepted, however the intensity of his oppositional behaviour along with aggressive behaviour was increased manifold due to social distancing and isolation due to Pandemic because of restricted mobility and lack of freedom as reported by his parents. On post treatment assessment, CBCL score of the child reduced from 9 to 4 on ODD, suggesting that the child's ODD symptoms have improved. The score on aggressive behaviour of CBCL came down from 21 to 10, which indicated that the aggressive behaviour has also been improved. The application of online psychological interventions is less time-consuming and cost-effective. In addition, the outcomes of the present study prove that the online application of the PMT is an effective intervention for ODD patients because it includes differential reinforcement to properly direct the child's motivation. These findings collaborate with the observation of Nystrand et al. (2021). According to his study, parent management training, or PMT, appears to be one of the most effective ways for dealing with the oppositional and defiant issues among young adolescents and children. In addition, the findings of Nystrand, et al. (2021) indicate that the economic evaluation of the PMT procedure also provides a cost-effectiveness in the case of managing the treatment of young individuals.

Conclusion:

Current situation has not only affected physical but mental health as well. While social distancing is an important means to reduce the severity of infection, it has also led to anxiety, stress and other mental health issues as a result of isolation and loneliness. While it has proven disadvantageous to society at large, those who were already battling mental health issues were affected adversely. Regular in person consultation was not possible, in a situation like this online psychological intervention came up as a saviour. In present case-study, twelve sessions of therapy supported the effectiveness of online psychological intervention in reducing the aggressive behaviour of the child, diagnosed with ODD. Parent management training has resulted in improved social functioning of the child. The findings of the present case

study are consistent with those of prior studies. (Mackenzie, 2007; Sukhodolsky et al., 2004). In disruptive behavioural problems, online psychological interventions, especially parent management training, can reduce the severity of ODD behaviour. However, further clinical researches are required to enhance the generalizability of the results.

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