

## Case Report on Oppositional Defiant Disorder

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### Abstract

Even the best-behaved children can occasionally act harsh and hard. Oppositional defiant disorder (ODD), on the other hand, may be present in your child or teenager if they consistently act hostile, impatient, argumentative, defiant, or vindictive against you or other adults in positions of authority and trouble in learning and academic outcomes. This is mainly caused by neurobiological imbalance, lack of parenting concern and family issues. This is a complex mental illness which dangerous to child should identifying in initial stage and treat it in appropriate way, otherwise it leads to unexplained psychological disorders like Conduct disorders, anxiety, depression and substance abuse. This can be managed with psychotherapeutic treatment then psychopharmacological agent. In this case study, the 12 year old boy with ODD was assessed in 6 months duration by Rorschach technique, questionnaire and semi interview methods for collect information. Parents and children can benefit significantly from psychological intervention in the short- and long-term results especially on emotional aspect of care because ODD child shows more emotional instability and behaviour abnormalities. The psychotherapy was used to treat the ODD like cognitive behavioural therapy especially positive reinforcement methods, which helped him improve his problem-solving skills, communication, impulse control, anger management. In additionally, he and his parents received family counselling to help with social skills, family interactions, and issue communication. The findings draw attention to improvements in all aspects including child's interactions with others, adaptive behaviour and measurable academic outcome eventually could saw significant parent behavioural changes towards their child treatment.

### 1. Introduction

Oppositional defiant disorder is typically manifested in younger adults and children who act in highly resistant patterns toward authority, willfully non-compliance, irritability, intentional aggravation of others, trying to blame others for their actions, being vicious or angry, and negative attention-seeking behaviour<sup>(3)</sup>

This case study looked at the possibility of symptom relief in psychodynamic therapy under the right supervision for a teenager with

Oppositional Defiant Disorder (ODD). Oppositional defiant disorder is often distinguished by a pattern of hostile, negative, and defiant behaviour. At least four of the following symptoms must surface, and the pattern of behaviour indicative of ODD must continue for at least six months. frequently loses his or her temper, gets into arguments with adults, actively disobeys their rules or demands, intentionally irritates others, is sensitive or easily irritated by others, is frequently

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enraged and resentful, and is frequently spiteful or vengeful.<sup>(4)</sup>

The timing and length of the symptoms are also important. Reduced DSM-IV symptoms as well as personality psychopathology, improved relatedness, and increased psychological adjustment were used to measure treatment result in our study, which aimed to give important data on the ODD in the "real-world" case (with numerous moderating variables) (e.g., school performance).

Non-pharmacological therapies are particularly important since parents typically view them favourably. The favourable effects of child behavioural treatment have been shown in several researches. However, before 2012, there were very few evidence-based controlled trials in psychoanalysis and long-term psychoanalytically guided treatment. This is despite the fact that treating children with these issues has beneficial therapeutic benefits. According to Mash and Barkley (1998), ODD has been identified as a development precursor to more severe behavioural issues that often manifest later in life since it usually manifests sooner than CD does. Gender variations in diagnosis and the presence of co-occurring illnesses have been shown in community research on ODD. Children that have ODD are typically far more likely to be male than female.<sup>(5)</sup>

## 2. Methodology

Semi-structured interviews with the patient and his mother were conducted in order to determine whether the patient met the requirements for any DSM-IV disorders or whether co-morbid psychopathology was present. When the 12 years old boy with ODD assessed by using Rorschach technique, questionnaire and semi interview method after prepare explanation and getting the informed consent from the parents, his parents initially sought help due to his interpersonal difficulties at school, aggressive behaviour, and anxiety symptoms.

## 3. Result:

12-year-old Satyajit is an odiya child was referred by his mother to KIMS, PBMH, an urban tertiary care hospital, for treatment and psychotherapy. His mother reported that he had rebellious behaviour, many confrontations at home and school, poor academic performance, and a "don't care" attitude toward life. While a patient at

the hospital, he displayed indicators of being angry and irritable, including a tendency to lose his temper rapidly and being easily irritated by peers and family members. He even displayed argumentative and stubborn behaviour, sparring with his parents and instructors nearly every day at school and frequently refusing to follow orders from his friends or even his family. The DSM-IV criteria for ODD were satisfied. According to his background, he was confronted with a variety of complicated psychological and environmental stresses, including his parents' arguments, his father's drug addiction and subsequent hospitalisation, his mother's in-laws' physical abuse of her, and many more. He hasn't previously sought out any sort of medicine or behavioural counselling. Due to all of these symptoms, he struggled to maintain friendships with his classmates, performed poorly in school and at work, had issues with impulse control, exhibited antisocial behaviour, and even attempted suicide. Instance, he received assistance from a psychotherapist. He had cognitive behavioural treatment, which helped him improve his problem-solving skills, communication, impulse control, and anger management. Since there are no particular drugs for ODD, he was given anxiolytics to treat his anxiety. Additionally, he and his parents received family counselling to help with social skills, family interactions, and issue communication. Throughout treatment, the he struggled to discuss his academic issues and speak about or acknowledge his feelings, particularly in relation to his aggression and phobias. He would beg the counsellor to quit speaking and then elude detection by hiding behind a chair or under a table and appeared to have become tougher after 4 months of treatment, as the teasing of his peers no longer bothered or upset him. Even though his psychotherapy was still ongoing after treatment, he would visit every 15 days for follow-up and modifications in medication dose.

## 4. Discussion

He is no longer satisfied the ODD criteria after four months of therapy. Adaptive functioning, antisocial personality disorder, two aspects of object interactions (emotional involvement in relationships and aggression management), and GPA all showed clinically significant favourable improvements.

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Our study's results were encouraging since he made significant improvements. However, the correct therapy patient data was not supplied, therefore there was no comprehensive data set to support the findings and offer light on potential mechanisms causing any type of changes.

Our preliminary analysis concluded that more research is required to evaluate the efficacy of child and adolescent cognitive-behavioural psychotherapy (under the supervision of parents) as well as the appropriate pharmaceutical treatments for oppositional defiant disorder. These findings also imply that functional areas other than ODD symptoms, such as personality pathology, object interactions, and academic achievement, should be included as supplementary end measures.

## 5. Conclusion:

The findings draw attention to improvements in all aspects including child's interactions with others, adaptive behaviour and measurable academic outcome eventually could saw significant parent behavioural changes towards their child treatment.

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