

Cognitive-behavioral therapy disorder treatment

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Summary

Opposing and defiance disorder is characterized by conspicuous defiance, disobedience, and destructive behavior that does not involve delinquent practice or extreme forms of aggressive or dissociative behavior. Children who exhibit behavioral problems within the context of this disorder often have difficulties communicating with their environment (primarily with family), difficulties in adequately expressing emotions, and avoiding everyday tasks and responsibilities. The aim of this paper is to present a cognitive-behavioral approach to disorders such as opposing and defiance.

This study portrays a case of a ten years old client who has, for a longer period of time, before inclusion in the treatment, displayed behavior which manifested through failure to respect the rules and agreements set in the family, disobedience, for departures from home, constant and repetitive lying, and occasional attacks of rage and anger. Also, since starting school, she had difficulty in mastering the school material, hence during the therapeutic treatment we were also working on this problem.

Keywords: *opposing defiance disorder, difficulty in mastering the school material, cognitive-behavioral therapy*

Sažetak

Poremećaj u vidu protivljenja i prkosa karakteriše upadljivo prkošenje, neposlušnost i destruktivno ponašanje koje ne uključuje delikventne postupke niti ekstremne oblike agresivnog ili disocijalnog ponašanja. Djeca koja ispoljavaju probleme ponašanja iz okvira ovog poremećaja često imaju poteškoće u komunikaciji sa okolinom (primarno sa porodicom), poteškoća u adekvatnom ispoljavanju emocija, te izbjegavanje svakodnevnih

zadataka i obaveza. Cilj ovog rada jeste prikaz kognitivno-bihevioralnog pristupa kod poremećaja u vidu protivljenja i prkosa.

U ovoj studiji prikazan je slučaj desetogodišnje klijentice koja je prije uključanja u tretman duži vremenski period ispoljavala ponašanje koje se manifestovalo kroz nepoštivanje pravila i dogovora koje ima u porodici, neposlušnosti, odlazaka od kuće, ponavljano laganja, te povremenih napada bijesa i ljutnje. Također, od polaska u školu imala je poteškoća u savladavanju školskog gradiva, pa smo tokom terapijskog tretmana radili i na ovom problemu.

Ključne riječi: *poremećaj u vidu protivljenja i prkosa, poteškoće u savladavanju školskog gradiva, kognitivno-bihevioralna terapija*

Introduction

Behavioral disorders are the most frequently diagnosed disorders in mental health institutions for children and adolescents (Pejović Milovanović, Popović Deušić, Aleksić. 2002.). Opposing and defiance disorder belongs to the group of behavioral disorders and usually appears with younger children, primarily characterized by visible defiance, disobedience and disturbed behavior that doesn't involve delinquent practices or even more extreme forms of aggressive or antisocial behavior (International Classification of Diseases, ICD-10)). Its basic characteristic is the existence of permanently negative, defiant, provocative and destructive behavior that is outside the normal behavioral framework for children of the same age and socio-cultural background (Popović Deušić, 1999). Cognitive-behavioral therapy for children is a popular form of psychotherapy used for a range of mental health problems in children and youth (Stallard, 2010.). There is a generally accepted view that cognitive psychotherapy is used to treat children and youth with behavioral disorders. (Pejović, Milovančević, Popović Deušić, Aleksić, 2002.). Cognitive-behavioral strategies with children and adolescents use enactive, performance-based procedures as well as cognitive interventions to produce changes in thinking, feeling and behavior. (Kendall, 1991b, Kendall 1993.). Cognitive-behavioral therapy integrates cognitive, behavioral, affective, social and contextual strategies for a change (Kendall 1993.).

Cognitive-behavioral therapy may be contraindicated in cases where it exhibits problems in the field of language or cognitive development. However, when entering treatment, we rarely know in advance what difficulties we will encounter, and the client has just been diagnosed (during a psychodiagnostic assessment) with problems in cognitive ability. In this case, cognitive-behavioral interventions were applied in accordance with the needs and capabilities of the child in order to treat them as successfully as possible. Also, one of the goals of this paper is to present the importance of involving parents in therapeutic treatment. When engaging parents (caregivers) in therapy, the primary focus of intervention remains on solving the child's problems, while parental involvement is based on the application of skills in the child's daily functioning, support for maintaining positive behaviors and performing tasks.

Case study

Client A.M. (2006) is accompanied by her mother, following instructions of the family doctor. Attends fifth grade of elementary school. She lives with her mother, stepfather, brother and half-sister. Second child in order of birth. Until five years ago, she lived with her father, mother and older brother. The mother states that she decided to leave the marriage because of disturbed family relationships and excessive alcohol consumption by her husband. Shortly afterwards, the mother established a new marriage with her current husband, and the girl lived with her brother and grandparents (the mother's

parents) during this period. In 2012., the mother gave birth to her younger sister. According to her mother, A.M. rarely sees her father, who is currently abroad (Croatia).

The impression is that during the stay with the grandparents the girl had no special restrictions, primarily by the grandfather. If the mother gives her punishment, the girl seeks approval from her grandparents. During the conversation with the mother and the girl, one gets the impression that the girl does not have a permanent family environment, unique house rules, obligations and responsibilities to be respected.

She started school on time and regularly completed the first four grades. She does her school work with the help of her family, but has trouble learning the curriculum and managing the school. She does her school work partially independent, while it is necessary to further encourage, motivate and supervise homework. She understands the things taught at school, „does not cause problems“, but is not actively involved in class.

History of current problem development

In the last few years, she has been manifesting behavior that is manifested in disregard of the rules and agreements in the family. Client spent time outside and she leaves her house for couple of hours, not telling her parents.

She repeatedly lies, is disobedient, occasionally has attacks of anger and rage accompanied by crying and noise. After the parents, most often the mother, notice that she was lying, there is a conflict, altercation and punishment. In previous years, the mother used to give punishments and the girl sought permission from grandparents.

Since starting school, there are problems in mastering school curriculum. She often avoids doing her homework. Primarily there are problems with the acquisition of mathematics curriculum. In other classes, she does not interfere with teachers, but also does not show interest through class activity, collaborating or writing down what is required of her. She seems uninterested in participating in class and learning school materials.

Emotional problems

She is often angry, resentful, easily angry with others, emotionally tense. She most often cites situations where she is angry or furious. There is low tolerance for frustration, and even the slightest ban leads to „hysteria“, emotional arousal, anger and „sulk“.

Cognitive problems

During the psychodiagnostic assessment (interview, observation, CBCL, REVISK, Pmcol, LB-R, My family, KDO) prior to joining psychotherapy treatment, it was noted that general mental abilities were below average, manifestly within the below-average values, and there are aggravating circumstances that would impair the adoption of the school curriculum and tasks if it comes to cognitive ability.

Problems in maintaining concentration and tenacity of attention. Often unable to follow while someone is speaking, she interrupts the conversation and has no patience to listen. During the work, expresses problems in determining the clear flow of thoughts that occur at certain moments.

Behavioral problems

Client defies the demands of adults. Does not follow agreements with adults, punishments or rules. There is impulsive reaction and a low threshold of tolerance for frustration. These problems occur primarily within family. No more extreme forms of aggression or dissociative behavior have been noticeable or mentioned. At school, she obeys the rules of conduct but does not complete tasks. She reacts instantly, not thinking about the consequences in the future, nor is she interested in anticipating the consequences of her actions in advance. She repeatedly demands fulfillment of her desires and needs, but has no adopted habits and a sense of responsibility towards fulfilling obligations with the family.

Treatment plan

Problems	Goals	Interventions
Emotional dysregulation - problems in recognizing and naming emotions	Teach a girl to recognize what she is doing and how she is feeling Impulsive behavior reduction Reduction of anxiety	Psychoeducation Relaxation techniques Problem solving Coping Cards
Problems in adopting school curriculum	Structure of activities related to school curriculum	Activity logging Learning training Parent training
Non-compliance / avoidance	Reduction of lying Engaging in everyday tasks at home	Activity logging Social skills training Parent training

Treatment flow

The treatment was conducted during nine meetings. During each encounter, the girl was treated individually, while the mother was involved depending on the topic, or involved as needed and / or familiar with the homework/task. During the first session, the girl was left alone with a psychologist. A plan was agreed with the girl in advance and

she agreed to have her mother wait in front of the office. After the session is over, she will invite her mother to come in. We agreed the goals of the treatment together, and I explained what it was important for her to improve in order to feel better.

In order to gain insight into her emotions and behavior, a psychoeducation about emotions was done at one of the next two meetings. During work, the girl was tasked with naming the emotions in the pictures, showing on the body where she felt a particular emotion, describing the situation she was feeling, and what she thought in those moments.

The hardest part was talking about the thoughts that came to her mind during an event that evoked a certain emotion. For her, it was difficult to focus on the topic of conversation. She would often interrupt the conversation and try to start a conversation about another event that preceded it. It was necessary to return to the needed topic by asking again the previous question.

Anger is an emotion she could relate to through a detailed description of physical manifestations, and by listing several situations in which she feels it. With the aim of reducing anger, we worked to find a way to solve the problem or what to do when "I can't control my anger". Together we designed the face cards we made in the form of a "frog." Her task was to count whenever she felt anger, tension or rage to the number that came to her mind, then choose a color, and then how many color letters she selected open the "frog" so many times, and discover possible actions that would contribute to reducing the negative emotions. She brought her "frog" home so she could exercise daily.

Over the next two sessions, we worked on promotion and developing self-control through social skills training (Stephan and Marciante, 2007). During the training I noticed that she understood the matter without any problems and she completed all the tasks successfully. After training, she wrote down five essential sentences that should help her in her daily routine. She was given homework, which we discussed at our next session. During the social skills training, but also during the assessment, an increased level of anxiety is shown by the girl through impatience.

At the next session, we focused on reducing anxiety, and she first received proper breathing training, and later practiced proper and deep breathing. After that, we did progressive muscle relaxation (Stephan and Marciante, 2007). The girl was given the task of practicing deep breathing every morning and before going to bed, with written instructions.

During the seventh session an activity plan was agreed. On the said plan it was necessary to record whether she had fulfilled them within seven days. The mother was involved in the development of the activity plan and was tasked with monitoring whether the girl was adhering to the plan. The plan outlines daily activities (morning activities, school preparation, school attendance), homework, learning, breathing / relaxation exercises, etc., and is broken down by hour and day of the week. After an

agreed activity plan, we did some reading exercises. She took one of the picture books home and was given the task of reading it and drawing the picture she wanted from the picture book.

On the last session with the girl we evaluated the work to the date. She was given an incentive to continue executing and implementing what she had learned so far. By the time of the evaluation meeting, she had received two picture books to read, I reminded her to continue to do breathing exercises daily, to use coping cards (“frog”), to tell her mother daily what she had to do for homework and to devote herself to it. In agreement with the mother, activity tables were provided to record whether the girl was adhering to the task.

Therapeutic relationship

The therapeutic relationship was good. During the therapy sessions, the girl sought to be actively involved and cooperative in the work. All tasks are tailored to her needs and capabilities in order to prevent “loss of concentration” or disinterest “. The mother showed a strong willingness to commit to treatment and we had a very good cooperation. She took an active part in the discussions and sought suggestions that she received in everyday life. She assisted the girl in completing the tasks by reminding, encouraging and motivating her to do the same until the next meeting.

Problems / obstacles

The primary problem in the work with the girl is that due to problems in cognitive functioning, the cognitive concept could not be significantly incorporated into therapy. All the tasks had to be written down so she could be reminded at home, otherwise she would forget. Because of these problems, it was also important to involve the mother in therapeutic treatment in order to monitor the completion of the tasks the girl receives at home. There was a concern that the mother would not be actively involved in the treatment, but she showed tremendous cooperation and interest during her work.

Results of treatment

Identified problems included emotional dysregulation - problems in naming and recognizing emotions, problems in adopting school materials, and non-compliance with rules / avoidance. After the completion of the treatment, which was conducted through nine sessions, there was a reduction of impulsive behavior and lying, reduction of anxiety, a structured approach to mastering the school material, and the client was involved in daily obligations.

She did not leave the house without informing the householders. After leaving the house, she must report to one of the adults and return home at the agreed time. She helps with certain household chores (cleaning the dishes, going shopping, cleaning her room, etc.) on a daily basis. The girl goes to school every day and regularly announces the tasks and responsibilities that she has. She practices reading and writing every day and strives to do her homework. In the previous semester, she had a good success and had no negative grades. She regularly goes to treatment with a defectologist and works on improving reading and writing techniques and mastering mathematics.

Conclusion

The achieved goals and results of the work indicate the effectiveness of cognitive-behavioral therapy in the treatment of disorders in the form of opposition and defiance.

Although some psychotherapists do not recommend cognitive-behavioral treatment for children with certain difficulties in cognitive functioning, a major improvement can be achieved by adapting treatment to the child, through creative action, by following the child's needs, and moving away from the pre-recommended structure to guide the treatment. It is important to emphasize that during the therapeutic treatment, communication of family members improved and the client received significant support from the family, which ultimately contributed to the successful completion of the treatment.

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