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# The Effectiveness of Emotion-oriented Therapy on Oppositional Defiant Disorder Symptoms and Anxiety in ODD Children

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### Article Info

### ABSTRACT

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**Keywords:**

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**Objective :** Oppositional defiant disorder (ODD) is a behavioral disorder that young children with this disorder exhibit uncooperative, defiant, and hostile behaviors towards their peers, parents, teachers, and other authoritative figures. This particular investigation was undertaken with the aim of ascertaining the impact of emotion-oriented therapy on both the symptoms of defiant disorder and anxiety symptoms in children diagnosed with oppositional defiant disorder.

**Methods:** A total of 30 children diagnosed with oppositional defiant disorder were selected utilizing purposive sampling technique and subsequently randomly allocated to experimental group (15 participants) and control group (15 participants). The data was collected through the utilization of the DSM-III-R diagnostic criteria for disruptive behavior disorders scale (Pelham et al., 1992) and Spence Children's Anxiety Scale (SCAS). The experimental group underwent eight treatment sessions to receive the necessary training.

**Results:** The results were subsequently analyzed using the statistical procedure known as analysis of covariance. The findings indicated that emotion-oriented therapy possesses the ability to influence both the symptoms of defiant disorder and anxiety symptoms in children suffering from oppositional defiant disorder.

**Conclusions:** Consequently, it is recommended that psychologists and school counselors utilize this particular treatment method in order to mitigate the symptoms associated with this disorder and reduce anxiety levels in these children.

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## Introduction

Oppositional defiant disorder (ODD) represents a form of behavioral disorder characterized by argumentation, hostility, and defiance towards authority figures (Johanson et al., 2018). Oppositional defiant disorder ranks as the third most prevalent psychiatric disorder in childhood and has been documented in children ranging from 3 to 17 years old (Brook and Veldman, 2017). The reported prevalence of this disorder in school-age children ranges from 2 to 16%, with variations contingent upon societal factors, assessment methods, and diagnostic criteria employed (Barmer et al., 2016). Research indicates a positive correlation between oppositional defiant disorder and the occurrence of mental disorders throughout an individual's lifetime, with the disorder serving as a predictor of delinquency, criminal behavior, and substance abuse during adolescence and adulthood (Brook and Rao, 2016). The repercussions of ODD manifest in academic underachievement, impaired social interactions, and diminished interpersonal relationships, thereby incurring significant costs for both families and society at large (Christon & Karaneh, 2016).

The period of primary school emerges as a favorable opportunity to identify potential emotional, social, and academic challenges in children, as it plays a crucial role in their subsequent development and adjustment. The prevalence of anxiety levels among children is a significant phenomenon, with girls exhibiting a greater inclination towards anxiety disorders compared to boys (Ali Akbari et al., 2022). Initially, the presence of anxiety can have detrimental effects on children, exacerbating their interpersonal sensitivity and impeding their adaptability. Anxious children have a higher prevalence of psychological problems compared to their non-anxious peers (Canalas et al., 2019).

Considering that children spend a significant amount of time in educational settings, anxiety is frequently observed in these environments, which can potentially lead to doubts regarding the child's abilities (Fakor et al., 2022). Emotional therapy training is one of the factors that can alleviate anxiety and reduce symptoms of disobedience in children. This treatment, which combines experiential and systemic approaches, is closely associated with the reduction of psychological problems in individuals. The process of emotion-oriented treatment, implemented on an individual basis, consists of three stages: connection and awareness, recall and discovery, and emotional reconstruction, encompassing a total of eight steps. These three stages overlap, and

at the beginning of the treatment, the therapist views the client as an expert in their own experiences, acting as a guide and facilitator towards the client's goals (Zwak & Greenberg, 2020). In emotion-oriented therapy, it is believed that the way individuals organize and process emotional experiences, as well as the interaction patterns they establish and reinforce, contribute to their feelings of helplessness (Greenman & Johnson, 2013). Emotion-oriented treatment, by promoting constructive interactions between patients and identifying secure attachment patterns, fosters satisfaction and reduces cognitive distortions in children. This approach focuses on modifying attachment behaviors as a means to improve troubled relationships (Minai, 2022). The objective of emotion-oriented therapy is to assist clients in accessing latent emotions and facilitating positive interactions, which can be an effective option for helping children with symptoms of defiant disorder and anxiety symptoms associated with oppositional defiant disorder (ODD). Iran is recognized as a country with a significant population of young people and children, and therefore, attention to children's issues is of utmost importance, as they determine the future of the country and society as a whole. Hence, this research aims to answer the question of whether emotion-oriented therapy has an impact on the symptoms of defiant disorder and anxiety symptoms in children with ODD.

## Materials and Methods

According to the subject of the research, the current research is semi-experimental. In an overview of experimental research (experimental, semi-experimental), it can be said that in experimental research, the effect of one or more independent variables on one or more dependent variables is studied. This type of research, in cases where it is possible to manipulate the variables, can provide important knowledge and information about the cause and effect relationships between the variables. The semi-experimental design used in the research is a two-group design (experimental group and a control group) with pre-test-post-test. The statistical population in this research was all primary school students of the first year of Shiraz city. The sample size in this research was based on the objectives of the number of 30 people who were primary school students in Shiraz city in the academic year of 2023. The sampling method in this research included random cluster sampling from 6 government schools and 5 non-government schools. for girls and 6 government

schools and 7 non-government schools for boys were conducted, with a total number of 4869 female students and 5970 male students, of which 30 students have problems with hyperactivity and ODD, which the school officials had noticed or were sent to for treatment. They were randomly selected and replaced in two control group (15) and the experimental group (15). Then the experimental group participated in 8 one-hour sessions of emotional therapy training sessions and the control group did not receive any training. After the completion of the sessions, the post-test was taken from all the participants and the scores were prepared for data analysis.

### **Research tool**

DSM-III-R diagnostic criteria for disruptive behavior disorders scale (Pelham et al., 1992): Disruptive behavior disorder rating scale - parent version by Pelham, Gnagy, Greenseld and Milich (1992) was developed to screen for destructive behavior disorders. This scale has 45 items and completed by the student's parent or teacher. The rating scale of disruptive behavior disorders of the parent version has 4 subscales of hyperactivity/impulsivity (11 items), attention deficit (9 items), normative behavior (14 items) and confrontational disobedience (11 items) and its scoring method is also in the form of zero, a little = 1, a lot = 2 and a lot = 3. In Erford's (1991) research, the reliability of the whole scale and its subscales was reported between 68% and 92% by retest and between 72% and 95% by Cronbach's alpha method. Luna and Kamal (2012) also reported the reliability of the whole scale and its subscales between 80% and 91% using Cronbach's alpha method in a research they conducted in Pakistan regarding the evaluation of the factor structure of this scale. In a research conducted by Baezt et al. (2014), Cronbach's alpha coefficient for the Persian translation of the initial scale of 45 items was found to be 0.94. The results of exploratory factor analysis (principal component analysis) showed five factors of hyperactivity/impulsivity, normative behavior disorder, confrontational disobedience, attention deficit, and unspecified destructive behavior. Due to the removal of 8 items, the Persian version of the scale was compiled with 37 items. Cronbach's alpha coefficient was obtained between 0.74 and 0.88 for the extracted factors and 0.92 for the whole scale, which indicates the good validity of the Persian version of the scale. Also, the correlation coefficients obtained between the extracted factors with each other and with the whole scale also showed the desired construct validity of the scale. Hosseini et al.(2022) conducted construct validity research using the method of confirmatory factor analysis

and reliability using the method of internal consistency with the calculation of Cronbach's alpha coefficient, which shows the validity and reliability of 82%.

**Spence Children's Anxiety Scale (SCAS):** The Spence Anxiety Scale (2003) was designed and built by Spence and his assistants. This test is used to measure all kinds of anxiety symptoms in children, including fear of society, fear of physical harm, separation anxiety disorder, obsession, phobia and other cases for children 4 to 12 years old. It consists of 45 statements, of which 38 statements are scored and six statements, which are positive question statements, are not counted. Also, this test has an open question that the child will answer descriptively. Spence's anxiety scale has subscales as follows. Panic and fear of the open space of this scale is evaluated in questions 13-21-28-30-32-34-36-37-39. 2- Separation anxiety of this scale in questions 5-8-12-15 44-16 is evaluated. The fear of physical harm of this scale is evaluated in questions 2-18-23-25-33. Social fear (phobia) of this scale is evaluated in questions 6-7-9-10-29-35, Obsession - practical scale is evaluated in questions 14-19-27-40-41-42, general anxiety is evaluated in questions 1-3-4-20-22-24. The total score of the test is obtained from the sum of the scores of the sub-scales. Also, terms 11-17-26-31-38 and 43 are not included in the calculations. The method of scoring the answers is also given below. Never zero, sometimes 1, often 2, always 3, the maximum score is 114, if the score is above 70, the person has moderate anxiety and if it is above 85, he needs treatment.

The summary of emotional therapy training sessions is as follows:

First session: Establishing a therapeutic relationship with the clients (a relationship based on empathy and reciprocation of feelings), evaluating the expectations and concerns of children.

The second session: discussion about assault, anger and bullying, depression, emotional skills and problem solving skills, discussion about introductions about insult and attack, and children were allowed to admit their mistakes and identify the sources that prevent this acceptance. the responsibility accepts the beginning of emotion awareness and the distribution of emotional recording sheets, identifying intelligent thoughts in terms of emotions.

Session 3: Give children the opportunity to express the consequences of violent acts and bullying - both for the other person and for themselves. Identify the obstacles and limitations of regret and forgiveness.

The fourth session: expressing and revealing the conflicting aspects identified in homework, increasing children's awareness of the consequences of delaying the process of self-forgiveness, beginning to reconcile children's conflicting (inner) voices.

The fifth session: Continue the technique based on mindfulness and alertness and let the child express his values and specify how the client wants to live with those values.

Session 6: Allow the children to express their remorse for the act of bullying. The compensatory behaviors of the clients are determined.

Seventh session: Focusing on the positive changes since committing the insulting act, clients were helped to remember the insulting act. Replace the remaining negative feelings with feelings of self-forgiveness.

Session 8: Help children to identify progress and how to maintain these gains. The general application of self-forgiveness process for other behaviors was presented (Honarbakhsh et al., 2021).

In order to analyze the data at the inferential level, assumptions tests (Kolmogorov-Smirnov and Leven's test of normal distribution of scores) and covariance analysis were used.

## Results

After making sure that the covariance analysis assumptions were not violated, the research hypotheses were examined using ANOVA covariance analysis method.

First hypothesis: emotion-oriented treatment has an effect on the symptoms of defiant disorder in children with oppositional defiant disorder.

One-way covariance analysis was used to investigate this hypothesis on the level of student disobedience, and the results of this analysis are presented in Table 1.

**Table 1.** The results of one-way covariance analysis on the mean ODD scores

Variable	Source	SS	DF	MS	F	p	Effect size
ODD symptoms	Pretest	596.46	1	596.46	188.86	0.001	0.87
	Group	92.87	1	92.87	29.40	0.001	0.52
	Error	85.26	27	3.15			

As shown in table 1, by controlling the effect of the covariate variable (pre-test) on the dependent variable, there is a significant difference between the two groups in terms of ODD scores

(significant value less than 0.05), or in other words, emotion-oriented treatment on the symptoms of the disorder. This indicates that emotional therapy has been able to improve disobedience in children and has caused a significant reduction in disobedience of these people in the experimental group. On the other hand, because the Eta squared value for the group is equal to 0.521, it can be said that 52% of the total variance and dispersion of the disobedience variable is explained by the group effect.

The second hypothesis: Emotion-oriented therapy has an effect on the symptoms of anxiety in children with oppositional defiant disorder.

One-way covariance analysis was used to investigate this hypothesis on students' anxiety, and the results of this analysis are presented in Table 2.

**Table 2.** The results of one-way covariance analysis on the anxiety scores

Variable	Source	SS	DF	MS	F	p	Effect size
Anxiety	Pretest	<b>1898.93</b>	<b>1</b>	<b>1898.93</b>	<b>284.20</b>	<b>0.001</b>	<b>0.91</b>
	Group	<b>324.97</b>	<b>1</b>	<b>324.97</b>	<b>48.63</b>	<b>0.001</b>	<b>0.64</b>
	Error	<b>180.40</b>	<b>27</b>	<b>6.68</b>			

As shown in table 2, by controlling the effect of the covariate variable (pre-test) on the dependent variable, there is a significant difference between the two groups in terms of anxiety (significant value less than 0.05), or in other words, emotion-oriented treatment has an effect on anxiety symptoms in children with oppositional defiant disorder. This indicates that emotional therapy has been able to improve anxiety in children and has caused a significant reduction in the anxiety of these people in the experimental group. On the other hand, due to the fact that the Eta squared value for the group is equal to 0.643, it can be said that 64% of the total variance and dispersion of the anxiety variable is explained by the effect of the group.

## Discussion

The results of the research have shown that emotional therapy has been able to improve ODD symptoms in children and has caused a significant reduction in the disobedience of these people in the experimental group. On the other hand, because the eta squared value for the group is equal to 0.521, it can be said that 52% of the total variance and dispersion of the disobedience variable

is explained by the group effects. Also, the results indicate that emotion-oriented therapy has been able to improve anxiety in children and has caused a significant decrease in the anxiety of these people in the experimental group. On the other hand, due to the fact that the eta squared value for the group is equal to 0.643, it can be said that 64% of the total variance and dispersion of the anxiety variable is explained by the effects of the group.

These results are in line with the results of Bahrami et al. (2022), Shokrallahi et al. (2021), Shahar et al. (2017) and Morvaridi et al. (2019). In explaining the hypotheses of the research, it can be said that emotion-oriented therapy, with emphasis on labeling negative behaviors, thoughts and emotions step by step, identifies people's incompatible emotions and finally tries to change them with methods and techniques. Since in this treatment, much attention is paid to unresolved and unaccepted emotions, it was able to play a significant role in reducing the incompatible emotions of people with anxiety and improves disobedience in children. In this treatment, children learn how to identify the range of emotions of themselves and others, and how to adjust and manage it. One of the things that can be seen in the majority of children suffering from anxiety and disobedience is strong negative emotions. Also, these children usually have feelings of shame and embarrassment and anger due to not appearing in society. Some of the incompatible emotions in these people can be changed through identification, expression and replacement. People are taught to control their emotions. identify and be able to label them, which is very helpful in identifying maladaptive emotions. For example, they are asked to write down the disturbing event and the emotions associated with it, and also state what other emotions they feel. These assignments help them learn to let go of their maladaptive emotions and replace them with more appropriate ones. During the sessions, the therapist helps the child's sense of trust with the empathy he has with the child and causes him to work on unexpressed and suppressed emotions, which can also be used to give the therapist a sense of being accepted and heard through timely reflection. Also, by using techniques such as validation, it is shown to the therapist that their emotional responses are acceptable, which shows them that they can express blocked experiences away from judgment and blame.

Also, disobedient children usually have a lack of self-confidence, lack of independence and strong emotional reliance on others, they lack motivation and hope for the future and life. It is often painful for children to face bitter experiences. In emotion-oriented therapy, the therapist's task is

to be able to create a suitable and efficient relationship so that he can have training to regulate emotions through the disobedient child's sense of trust.

One of the common problems in children with defiant disorder is a lack of self-confidence, which causes depression and a decrease in life expectancy, which can be caused by unresolved and unexpressed emotions to the other party, children who lack self-confidence and independence. In order to gain trust, they must first be able to express unexpressed emotions with the help of emotion-oriented therapy techniques, and by coping with emotions, have a new attitude towards continuing life. For example, children are asked to express their painful experience or bad feeling, and because it is expressed in a group environment, the feeling that they are not alone and that other people have the same problem can reduce the emotional load for them to some extent. Finally, through awareness of emotions, expression of new emotions, regulation of emotions and appropriate expression of emotions, using techniques such as emotion induction, emotional labeling, intensity, achieves a new perception of himself and the ability to cope, they learn treatment with emotions outside the sessions. These people learn that they can express their emotions when needed and sometimes they can control them, it can reduce their negative feelings towards the event and make it digestible. Actually, how to manage emotions before the event, during the event and after it is very important.

### **Data availability statement**

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

### **Ethics statement**

The studies involving human participants were reviewed and approved by ethics committee of Islamic Azad University.

### **Author contributions**

All authors contributed to the study conception and design, material preparation, data collection and analysis. The author contributed to the article and approved the submitted version.

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### **Conflict of interest**

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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