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RESEARCH ARTICLE

The Psychological Dynamics of Child with Oppositional Defiant Disorder (ODD)

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Abstract

Oppositional defiant disorder (ODD) is one of the often disorders that occur in children. However, malicious and hostile behaviour in children many people called it a child's delinquency. This study aims to describe the psychological dynamics of children with ODD disorders. The research method used is qualitative with a case study approach. The researcher used psychological assessment to collect research data through observation, interviews, and psychological tests on research subjects. The study results are psychological dynamics that cause the emergence of maladaptive behaviours in children with ODD. The results describe four behavioural domains, namely cognitive, emotional, social, and behavioural domains, as the analysis of children behaviour with ODD. By understanding the psychological dynamics of children with behavioural disorders, it is possible to establish a diagnosis, prognosis, and intervention focus given to children with ODD behavioural disorders.

Keywords: behavioural disorders; oppositional defiant disorder; psychological dynamics; children's behaviour

INTRODUCTION

Children are good learners. Likewise, children's behaviour forms are part of a child's learning outcomes from the surrounding environment. The magnitude of the potential possessed by a child is also not much different from a child's threat. Children are prone to behavioural disorders. One of the behavioural disorders that can occur in children is a defiant behaviour disorder. ODD is associated with the mildest and earliest disruptive behaviour disorder forms and represents the threshold for drug use or dependence. Research result(Ghosh, Malhotra, and Basu 2014) showed a significant relationship between ODD in children with alcohol dependence.

American Academy of Child & Adolescence Psychiatry (AACAP) states that children can behave against (oppositional) from time to time, especially when they are tired, hungry, stressed, disturbed. They can show disobedience, opposition, and resistance to parents, teachers, and other adults. Defensive behaviour becomes a natural thing in children aged 2-3 years and early teens. However, uncooperative and hostile behaviour becomes a serious matter if it occurs repeatedly and consistently over a particular time compared to children of their age, at the same developmental level, and affects their social, family, and school life (AACAP, 2019).

Sells et al. (2011) stated that ineffective parenting techniques, rejection from parents, and harsh and inconsistent discipline, as well as low-income family relationships raise the risk of adolescents who behave defiantly. An increase in behaviour disorders occurs from year to year. The study results by Joughin (2003) showed that the incidence of behaviour disorders in the UK was 7.4% for men and 3.2% for women aged 5-15 years. Behavioural disorders occur in between 2% and 8% of children and adolescents, with a male to female ratio of 4-10 to 1 (Scott, 2012). In one year, the prevalence of behavioural disorders has been estimated that range from 2% to more than 10%, with a higher number in men than women (American Psychiatric Association, 2013).

An understanding of ODD is needed to develop a causal study, assessment process, diagnosis, and intervention related to this behaviour. The ODD disorder has a structure of latent symptoms that have consistency in children and adolescents, such as aggressive behaviour and antisocial behaviour (Barry et al., 2013).

Baving et al. (2006) found an aberration in attention processing in ODD but was not associated with comorbidity in Attention Deficit and Hyperactivity Disorder (ADHD). Abnormalities in comorbid ADHD and ODD are associated with shrinkage of parts of the brain associated with attention, memory (short-term), and decision making that affect cognitive function. However, the abnormalities are more due to comorbidity with conduct disorder (CD) than ODD(Noordermeer, Luman,

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Greven, et al., 2017). Therefore, early identification of risk factors for comorbid ODD in ADHD is critical to carry out treatment as early as possible, especially parent-focused interventions.(Noordermeer, Luman, Weeda, et al. 2017). According to Canino et al. (2010), the variability in prevalence between CD and ODD is due to methodology, not geography. However, this study still requires further studies regarding the prevalence of this disorder in various cultures.

Cases of behaviour disorders in children can happen to anyone, as in this study. This study relates to a case in elementary school children who reported behaving against and against class teachers and disobeying school rules, such as bringing and smoking at school, speaking rudely, and being uncooperative at school. Based on reports and complaints referred by the school, thanresearcher assessed the subject to explore behaviour and obtain information related to the psychological dynamics of the subject behavior. Therefore, this study aims to reveal the psychological dynamics of the subject behaviorthrough a series of psychological assessments through observation, interviews and also psychological test.

METHOD

This study used a qualitative method with a case study approach. Data were collected through assessment by observations at school and in the neighbourhood. The researcher interviewed the subject, parents, teachers (classroom and BK teachers), and peers. Besides those, research also used psychological projective test to confirm the psychological condition of the subjects. Finally, the researcher also describes the psychological dynamics of the subject and obtain a complete understanding of the subject's behaviour.

FINDING AND DISCUSSION

The finding provided the description of the four behavioural domains. It consisted of cognitive, emotional, social, and behavioural domains, as the analysis of children behaviour with ODD.

Table 1.
Domain analysis

Domain	description
Cognition	Subjects have the adequate academic ability. Although the subject's score was below the average in the first grade and had not progressed to a grade, the subject showed an increase in grades at the next level. The subject also likes to read newspapers and can explain well. The subject's score at the current school is also relatively good because the subject's age should have been in junior high school. There needs to be a special examination related to the subject's intelligence.
Social	Subject easy to get along and interact with other people. Even when the practitioner suddenly asked to meet, the subject agreed. It is just that the subject shows less respect for older people and likes to annoy (fad) his friends. Sometimes the subject even screams when talking to an older person.
Emotion	When the subject is disturbed, he will be angry. When the subject is angry, the subject tends to issue dirty/hurtful words. Subjects are also easily frustrated when faced with difficulties, so they easily give up. Subjects do not like being pressured, so they dislike restrictive rules or teachers with lots of rules.
Behavior	Subjects belittle teachers, say dirty words, and negatively influence their attitudes that leading to pornographic behaviour. From the results of observations and interviews, the subject also often disturbs friends, smokes, steals, drinks alcohol, watches pornographic videos, and tends to provoke his peer group to be crowded in class, talk dirty, or annoy friends and underestimate the teacher both in front of and talk about in class. Back with his peer group.

Cases of children in schools are cases referred by teachers. Young children or adolescents rarely come alone to experts/psychologists. Parents, teachers, or caring often come to report to the cases (House, Alvin. E, 1999). Based on the information obtained through observation and preliminary interviews, the subject indicates that subject have the oppositional defiant disorder (ODD). According to PPDGJ, ODD has characteristics marked by defiant behaviour, disobedience, provocative behaviour, and the absence of more severe social and aggressive actions that violate the law or human rights and start at the age of nine.

Since elementary school, the behaviour has become a subject's habit, causing and maintaining the behaviour to persist. The association and life patterns of subjects who often move every time they experience problems, family life, and the habits of subjects who receive reinforcement at school through the peer and the omission of some of the schools became factors that tended to maintain the behaviour of the subject.

PPDGJ III states that ODD characteristics are: 1) a pattern of negative, 2) hostile, 3) opposing, 4) provocative and destructive behaviour that lasts continuously and goes beyond the expected behaviour of children their age. The comparison diagnosis that means having similar characteristics is conduct disorder (CD). CD is also characterized by 1) excessive fighting or bullying behaviour, 2) cruelty to animals or fellow humans, 3) severe destruction of people's property, for example, burning pieces of stuff, 4) theft, 5) repeated lying, 6) skipping school and running away from home, 7) frequent unusual temper tantrums, 8) deviant provocative behaviour, and 8) defiance that usually persists and persists for six months or longer.

Although several CD behaviours appeared in the subjects, such as theft, skipping school and running away from home, fighting, bullying, deviant provocative behaviour, and defiance that usually persisted and continued for six months or more, these behaviours did not appear during observation. During the interview, the subject admitted to taking actions that lead to CD, but the current frequency, duration, and intensity did not appear, so that it could cause bias. ODD often co-exists with other disorders such as CD, drug abuse, and severe delinquency.

Adolescents with ODD sometimes also have certain CD behaviours, such as aggression (AACAP, 2007)

John Wray and Anne Fraser (2008) mention the characteristics of children with ODD as mentioned in DSM IV are:

1. Stubbornness and persistent resistance to instruction or unwillingness to cooperate with adults or peers.
2. Deliberately and persistently breaking the rules
3. Not responsible for his actions and tend to blame others
4. Deliberately disturbing others
5. Often angry (low tolerance for frustration)

There is no single cause that results in an individual experiencing ODD. Factors that contribute to the emergence of ODD in child development are child characteristics, parental interactions, and environmental factors. Developmental factors include:

1. The background of the child has a difficult temperament
2. It is difficult to stay still/calm as a baby
3. Have excessive motor activity
4. Tendency to extreme emotional reactions

When there are different parenting periods, harsh, inconsistent or negligent parental backgrounds, the child can also develop Trait ODD. The opposition-challenging disorder appears to be more common when there is a severe conflict between the parents. In addition, there is a background of mental health problems such as depression, ADHD, ODD or antisocial personality disorder in the parents.

Oppositional behaviour is often a normal part of the development of 2-3 years and early adolescence. However, overtly and hostile, uncooperative behaviour is a severe concern when it is so frequent and consistent that it stands out when compared to other children of the same age and developmental level and when it affects a child's social, family, and academic life (AACAP, 2004 p.112).

According to his age, the subject is now at puberty. Thus, the subject is in early adolescence. Hurlock (2003) argues that individuals have begun to be interested in the opposite sex at puberty. Not infrequently, his behaviour leads to things that smell sex. The subject's age has entered adolescence, but currently in fifth grade with the children poses a dilemma because other students imitate his behaviour. Subjects express sexual behaviour either verbally, in writing, or inactions that violate school rules.

Children's problems at the beginning of school are usually a risk for problems to arise at the next level (Scholfield, 2008); this is as experienced by the subject when he was in the early grades of elementary school, grade 2. The relationship between child problems and early sexual activity is associated with maladjustment, antisocial behaviour. And drug use in early adolescence (Scholfield et al. 2008). In addition, the role of peer groups also strengthens the behaviour of the subjects. However, they violate established rules, including antisocial behaviour, drug use, and sexual activity (Scholfield, 2008).

The immediate treatment of subject maladaptive behaviour is crucial (Scholfield, 2008) because first, the decrease in parental control will increase the child's autonomy and mobility. Second, the development of puberty encourages the occurrence of early sexual behaviour. In this case, the researcher found that the subject's behaviour leads to sexual behaviour, from words and activities to watching pornographic videos.

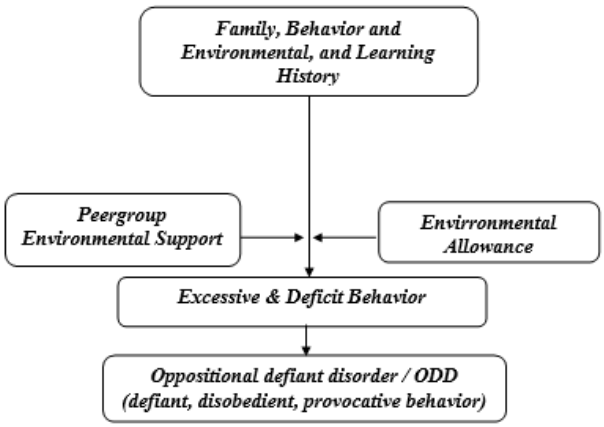

Chart 1. Psychological Dynamics of Children with Behavioral Disorders ODD

CONCLUSIONS

Based on the characteristics of ODD in PPDGJ, the researcher established the diagnosis through the following diagnostic criteria in table 2. Based on the diagnostic criteria met, a further step is to analyze the excessive and deficit behaviour. First, identify excessive and deficit behaviours. Next, the analysis to provide appropriate treatment according to the behaviour disorders that appear on the subject. Then a problem function analysis is carried out using the RACS (Response, Antecedent, Consequence, Strength) table with the following results:

Excessive Behavior:
- Said dirty words
- Annoying friends
- Shout
- Lots of people in class
- Smoke

Deficit Behavior:
- Speak politely to the teacher
- Easily angry/frustrated
- Obey the rules
- Doing assignments/homework
- Appreciate the teacher

Table 2.
Diagnostic Criteria

Characteristics of ODD in PPDGJ	Behavior found in the subject
Defensive behavior	Subjects tend to underestimate the teacher, break the rules, watch pornographic videos in class, bang on the teacher's desk.
Disobedient	The subject does not do the task, still carries a cellphone even though it is prohibited.
Hostile	Subjects and their peers regard female students as enemies because they often complain. Subjects also tend to be hostile to fierce teachers.
Provocative	The subject, along with his peer group, disturbs the female students, gets busy in class, throws the teacher's shoes, and says dirty words.
Annoying others	The subject often annoys his friends, especially female students.
Anger/low frustration tolerance	The subject is angry when he feels disturbed, then utters obscenities.

Based on the results of the diagnosis and analysis of behavioural functions, it concluded that the follow-up in the form of a prognosis for the research subjects is that the subject has the following strengths:

1. The subject is easy to get along with other people
2. The subject has a family who pays attention and watches over the subject
3. The subject has aspirations to enter the Police Academy
4. The subject likes to read, while reading the newspaper the subject's attention is not distracted even though his friends are noisy around him.

In addition to the advantages, the subject also has disadvantages, namely:

1. Subjects are easily frustrated when experiencing difficulties
2. Subjects lack respect for older people, disrespectful
3. Subjects tend to behave against the rules
4. The subject's words lead to sexual problems
5. Subjects still like to steal when they need money

Based on the analysis conducted on the strengths and weaknesses of the subject, the prognosis of the subject can be a complete picture of the psychological dynamics of behavioural disorders experienced by the subject. This prognostic condition can consideration in giving intervention to the subject. Some suggestions for intervention are by doing cognitive-behavioural \therapy (Kurniawan 2016) and Parent-Child Interaction Therapy. Pramono research (2014) shows that improving the interaction pattern between mother and child obtained from parent-child interaction therapy can reduce malicious behaviour in children.

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