



## The Effectiveness of Intensive Short Term Dynamic Psychotherapy on Clinical Symptoms and Academic Performance in Adolescents with Oppositional Defiant Disorders

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**Abstract:** Oppositional defiant disorder (ODD) can have negative consequences in personal, social, family, and academic dimensions. Thus, it is crucial to find appropriate solutions to improve symptoms and reduce the consequences of this disorder. This study aimed to examine the effect of intensive short term dynamic psychotherapy on clinical symptoms and academic performance in adolescents with ODD using a quasi-experimental pretest-posttest design with a control group. The statistical population included all ODD adolescents in high schools within district 4 of Tehran, from which 30 individuals were purposefully selected and randomly assigned to the experimental and control groups. Intensive short term dynamic psychotherapy was administered to the experimental group, while the control group received no intervention. Data were collected using the Oppositional Defiant Disorder Rating Scale (ODDRS) and the Student Academic Performance Questionnaire (SAPQ), and one way analysis of covariance was used to analyze the data in SPSS-19. The results showed that intensive short term dynamic psychotherapy was effective in improving clinical symptoms and academic performance in adolescents with ODD ( $p < 0.05$ ). Therefore, it can be concluded that ISTDP can improve clinical symptoms and academic performance in male adolescents with ODD. To empower and improve the mental health of individuals with ODD, it is recommended to conduct an educational program based on this treatment in counseling and psychotherapy centers.

**Keywords:** Oppositional defiant disorder, Clinical symptoms, Academic performance, Adolescents, ISTDP

## Introduction

Oppositional defiant disorder is a frequently reported disorder in childhood and adolescence, with a prevalence ranging from 1 to 11 percent and an average of 3.3 percent (Johnston et al., 2020). Individuals with this disorder struggle to regulate their emotions and behaviors, displaying persistent negative, stubborn, defiant, hostile, and rebellious behavior towards authority figures for at least six months (Gomez & Stavropoulos, 2019). This gradual and chronic disorder is more prevalent in boys than girls, and studies attribute its etiology to a combination of genetic or biological factors, dysfunctional parenting practices, and environmental conditions (Demmer et al., 2017). Children and adolescents with oppositional defiant disorder may exhibit intra psychological conflicts, emotional anomalies, and difficulty regulating their emotions, which are more noticeable than in their peers without the disorder (Theule et al., 2016). Experts suggest that a significant portion of observable behavioral problems and abnormalities in individuals with oppositional defiant disorder are related to intrapsychic conflicts and

painful past experiences that generate negative emotions such as anger, which are not expressed or managed properly, resulting in negative behaviors such as defiance, stubbornness, hostility, and rebelliousness, as well as a temperamental and irritable disposition ([Sangani et al., 2019](#)). Adolescents with this disorder experience more negative emotions such as depression, anxiety, and anger than their peers, which can exacerbate externalizing and internalizing disorders ([Sangani et al., 2019](#)). Additionally, research indicates that children with oppositional defiant disorder report more difficulties in managing conflicts and emotions than their peers without the disorder ([Sangani et al., 2019](#)).

Oppositional defiant disorder can cause significant impairment in social skills, family interactions, and academic performance, leading to lower self-esteem, increased depression, and emotional dysregulation, which can exacerbate behavioral problems ([Katzmann et al., 2019](#)). Despite having adequate intelligence, individuals with oppositional defiant disorder may experience academic difficulties due to their lack of engagement, resistance to external expectations, and insistence on solving problems independently ([Burke et al., 2014](#)). Some researchers suggest that oppositional and defiant behaviors may underlie academic performance problems in adolescents with oppositional defiant disorder by preventing them from complying with the demands of the learning environment ([Mayes & Calhoun, 2007](#)). Moreover, some experts argue that internal psychological conflicts and suppressed negative emotions may contribute to behavioral problems such as oppositionality and defiance in children and adolescents with oppositional defiant disorder ([Doerfler et al., 2020](#)).

Intensive short term dynamic psychotherapy is an intervention that can effectively address emotional and interpersonal difficulties ([Abbass et al., 2020](#)). It is a structured and time-limited approach that aims to provide an insightful and corrective emotional experience, bringing up suppressed emotions and memories from childhood and early attachment for resolution ([Abbass et al., 2020](#)). In this therapeutic approach, the therapist plays an active role in addressing defense mechanisms, managing anxiety, and promoting emotional awareness ([Heidarinasab et al., 2014](#)). Intensive short term dynamic psychotherapy has been shown to be effective in treating various psychological disorders, including anxiety, depression, personality disorders, communication problems, destructive behavior patterns, and somatic complaints resulting from emotional anxiety, according to multiple studies ([Abbass et al., 2012](#); [Chavooshi et al., 2017](#)).

Oppositional defiant disorder is a relatively common condition among adolescents, particularly boys, and is characterized by repetitive negative behaviors such as defiance, hostility, stubbornness, and anger outbursts. These behaviors can result in suspension or expulsion from school by teachers and classmates, leading to detrimental effects on their social performance, interpersonal relationships, and educational

opportunities if left untreated ([Déry et al., 2017](#)). Furthermore, untreated oppositional defiant disorder can increase the probability of developing substance abuse, criminal activities, mood disorders, learning disabilities, neuropsychiatric disorders, and antisocial personality disorder ([Demmer et al., 2017](#)).

Considering the impact of internal conflicts and unpleasant emotions on the behavioral and academic performance of adolescents with oppositional defiant disorder, intensive short term dynamic psychotherapy is expected to have a positive effect on conflict resolution, leading to improvements in behavioral problems, individual performance, and academic achievement. Thus, this study aims to investigate the effectiveness of intensive short term dynamic psychotherapy on clinical symptoms and academic performance in adolescents with oppositional defiant disorder.

## Material and Methods

The present research was a quasi-experimental study with pre-test and post-test design, including a control group. The statistical population of this study consisted of all male students with oppositional defiant disorder studying in the high schools of District 4 in Tehran during the academic year of 2019-2020. The diagnosis of the disorder was made according to DSM-5 diagnostic criteria and confirmed by a psychiatrist. The sampling method was purposive, and out of the cases diagnosed with the disorder and confirmed by the psychiatrist, 36 individuals who met the inclusion criteria were selected and randomly assigned to the experimental and control groups. The participants in the experimental group received 8 sessions of intensive short term dynamic psychotherapy, and both groups completed questionnaires before and after the intervention. Ultimately, due to dropouts, both the experimental and control groups consisted of 15 individuals. Ethical considerations included principles such as not disclosing the rights of participants in the research and ensuring the confidentiality of their results. Additionally, after completing the training sessions and conducting post-tests and follow-ups, therapeutic sessions were also conducted intensively on the control group to adhere to ethical principles. In this research, the analysis of covariance and SPSS version 19 were used to analyze the data. The following tools were used to collect data in this study:

**Students' Academic Performance Questionnaire:** This questionnaire was adapted from the studies of Faam and Taylor and has been validated for the Iranian population in the field of academic performance. The academic performance test can measure 5 areas of academic performance with 48 questions. The dimensions include self-efficacy (9 items), emotional effects (8 items), planning (14 items), lack of control over outcomes (4 items), and motivation (13 items). The questionnaire is scored on a 5-point Likert scale where the score for each option is (1=none, 2=low, 3=moderate, 4=high, 5=very high). 32 items are scored directly, and 16 items (including four items 8, 23, 26, and 33, eight emotional effect

items, and four lack of control over outcomes items) are scored inversely. Based on this method of analysis, the obtained scores are summed up and judged based on the score range; a score between 48 and 120 indicates poor academic performance, a score between 120 and 144 indicates average academic performance, and a score above 144 indicates high academic performance. The reliability and validity of the academic performance questionnaire have been confirmed by its creators using Cronbach's alpha method of 0.70. The content validity of this questionnaire has also been confirmed by experts, and its construct validity has been confirmed by factor analysis. The reliability coefficient of the questionnaire reported by [Dortaj and Delavar \(2005\)](#) for each of the dimensions is as follows: self-efficacy 0.92, emotional effects 0.73, planning 0.93, lack of control over outcomes 0.64, motivation 0.73, and the total reliability coefficient using Cronbach's alpha method is 0.74.

**Oppositional Defiant Disorder Rating Scale:** This scale was developed by [Hommersen et al. \(2006\)](#) to diagnose children with oppositional defiant disorder. The scale includes 8 symptoms of oppositional defiant disorder and is consistent with the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) of the American Psychiatric Association. It is used for children and adolescents aged 5-18 years. Parents rank each symptom that describes their child in the past 6 months on a 4-point scale (0=never, 1=a little, 2=quite a bit, 3=very much). Scoring is reversed in 11 questions (9, 21, 2, 23, 24, 26, 31, 32, 35, 36, 43). The reliability coefficient of the scale using Cronbach's alpha method was reported as 0.92, and its validity coefficient using retest method was reported as 0.87 ([Hommersen et al., 2006](#)). The scale has been validated in a study on Iranian students, and its Cronbach's alpha coefficient was reported as 0.93, and its validity coefficient using retest method was reported as 0.94. Its structural and convergent validity were also confirmed. Its construct validity was estimated using factor analysis, and the obtained factors were self-efficacy (0.92), emotional effects (0.93), planning (0.73), lack of control over outcomes (0.64), and motivation (0.72) ([Faramarzi et al., 2012](#)).

### **Intervention**

**Intensive short-term psychodynamic therapy (ISTDP):** The content of the ISTDP sessions is listed in Table 1. The protocol for this treatment was based on the Davanloo's Intensive Short-Term Dynamic Psychotherapy ([Johansson et al., 2014](#)) and was administered by the researchers in 8 individual sessions of 50 minutes each, once a week.

**Table 1.** Summary of the protocol for intensive short-term dynamic psychotherapy sessions

Session	Content
1	In order to remove the ambiguity in the answers, training was given to identify feelings and emotions, the ability to express problems clearly and objectively.
2	First, the personal problems of the participants were discussed in more detail, then an in-depth examination of their internal conflicts, problems and defenses was emphasized, and finally, summarization and analysis was done according to the anxiety levels of the clients.
3	Considering the threshold of tolerance of the individual's anxiety towards the challenge, empathy training was done.
4	Clients were able to access the unconscious because of the greater insight and experiences that the subjects had gained in the previous sessions, so that a deeper and more objective intervention took place. The most important part of this session was the pressure to experience transference feelings and its interpretation.
5	Internal observation and analysis, exploration of emotions and neutralizations, and attempts to truly experience emotion.
6	Exploring the client's feelings and investigating how these feelings are related to the client's relationship with others and the therapist
7	Follow-up and exploration and real experience of feelings and interpretation of client's thinking pattern with their own internal conflicts and with their parents' conflicts.
8	Summary of all treatment sessions

## Results

Based on the demographic information of one experimental group and one control group, each consisting of 15 participants, the average age of the experimental group was 16.19 and the control group was 16.81, which was not significantly different ( $t=0.21$ ,  $p>0.05$ ). Descriptive statistics, including the mean and standard deviation of the scores of the two groups in the studied variables, are presented in Table 2.

**Table 2.** Descriptive statistics of research variables in the experimental and control groups

Variable	Phase	Control group		Experimental group	
		Mean	SD	Mean	SD
Academic performance	Pretest	99.87	27.19	101.21	26.46
	Posttest	108.52	29.59	102.07	24.79
Clinical Symptoms	Pretest	16.87	4.74	17.12	5.97
	Posttest	13.18	4.12	16.89	4.45

According to Table 2 intensive short-term dynamic psychotherapy is associated with improvement in academic performance and clinical symptoms of oppositional defiant disorder, while no such changes were observed in the control group. To compare the two groups in terms of academic performance and clinical symptoms of the disorder, a one-way analysis of covariance was used. Prior to this analysis, the assumptions of normality and homogeneity of variance were examined using the Kolmogorov-Smirnov and Levene's tests, respectively. The results of the Kolmogorov-Smirnov test indicated normality of the data ( $p>0.05$ ). The results of Levene's test also indicated homogeneity of variance in the variables scores ( $p>0.05$ ). Therefore, a one-way analysis of covariance was performed, and the results in Table 3 show

that with controlling for pretest scores, the effect of the intervention on posttest scores of academic performance ( $F=15.42$ ,  $p<0.001$ ) and clinical symptoms of the disorder ( $F=13.57$ ,  $p<0.001$ ) was significant. After short-term intensive psychodynamic therapy, the intervention group had significant increases in academic performance and significant decreases in clinical symptoms of oppositional defiant disorder compared to the control group.

**Table 3.** Results of one-way analysis of covariance to examine the difference in scores between the two groups in academic performance and clinical symptoms of oppositional defiant disorder

Variable	Source	SS	DF	MS	F	p	Eta
Academic performance	Pretest	196.12	1	196.12	2.35	.16	.08
	Group	1731.59	1	1731.59	15.42	.001	.57
	Error	113.43	28	4.93			
Clinical Symptoms	Pretest	63.29	1	63.29	7.21	.008	.19
	Group	91.62	1	91.62	13.57	.001	.44
	Error	77.71	27	2.87			

Discussion

The aim of this study was to examine the impact of ISTDP on clinical symptoms and academic performance in adolescents diagnosed with oppositional defiant disorder. The results showed that this intervention was effective in improving both clinical symptoms and academic performance in these individuals. These findings are consistent with previous studies ([Abbass et al., 2020](#); [Chavooshi et al., 2017](#); [Zhang & Qin, 2020](#)) that have shown similar positive effects of short-term, intensive psychodynamic interventions on a range of mental health issues, including anxiety, depression, personality disorders, communication problems, maladaptive behavior patterns, and somatic complaints. From a psychodynamic perspective, defense mechanisms operate unconsciously to distort reality and avoid experiencing anxiety-provoking emotions. As defense mechanisms hinder adaptive responses and prevent a proper perception of reality, individuals may experience negative emotions and fail to achieve their goals. In adolescents with oppositional defiant disorder, this can lead to behaviors such as stubbornness, hostility, noncompliance, academic failure, and learning difficulties. In contrast, adaptive behaviors refer to conscious strategies that flexible individuals use to solve problems. Short-term, intensive psychodynamic intervention teaches adaptive mechanisms that regulate negative emotions and affect, leading to improved individual, social, occupational, family, and academic performance. This

can manifest in adolescents with oppositional defiant disorder as a reduction in negative emotions such as anger and anxiety, followed by coping behaviors, and ultimately an increase in individual, social, and academic performance. Thus, experiencing negative and painful emotions is a prerequisite for developing adaptive and flexible behavior. During short-term, intensive psychodynamic therapy, the individual must be able to observe and attend to their emotions in order to regulate and reduce anxiety with the help of the therapist ([Abbass et al., 2008](#)).

It is crucial for clients to understand their defense mechanisms, their nature, and the negative impact they have. With the help of a therapist, clients can identify and experience the underlying emotions that trigger these defenses, leading to the adoption of more adaptive responses to their problems. This can result in overall improvements, including academic performance ([Abbass et al., 2008](#)).

When working with children with oppositional defiant disorder, their communication patterns are evident in their relationship with the therapist. During short-term, intensive psychodynamic therapy, adolescents are encouraged to recognize their defenses and destructive behaviors, understand the negative consequences associated with them, and become motivated to use their emotions in a healthy way instead of suppressing them. The therapist can help regulate anxiety levels, which can lead to academic improvement ([Abbass et al., 2008](#)).

The relationship between the individual and their problems is the main focus of short-term, intensive psychodynamic therapy, particularly for adolescents with oppositional defiant disorder who experience conflict and tension in relationships. In therapy, these adolescents learn to confront and regulate their emotions, replacing immature defense mechanisms with healthy coping mechanisms. This leads to increased psychological, behavioral, and academic performance, with less anxiety and negative emotions reported ([Johnston et al., 2020](#)).

The children's improved relationships with others may be attributed to changes in their perception of themselves and others, as well as the development of their psychological capacity to engage in dialogue and interpersonal communication instead of hostile interactions. They also become more accepting of



inconsistencies and failures. Short-term, intensive psychodynamic therapy enables these children to explore their emotions and gain insight into their behavior and thoughts, leading them to understand that interpersonal conflicts and failures are a natural part of life and often stem from their own conflicts. This realization fosters a non-judgmental attitude towards themselves, which facilitates friendly and conflict-free relationships with others. By focusing on patient defenses, anxieties, and challenges, short-term psychodynamic therapy helps patients become more aware of their relationships and behavior, resulting in more appropriate behavior towards others and improved relationships. This approach has helped children with oppositional defiant disorder establish non-judgmental relationships and spend more time in dialogue with others, expressing their emotions and feelings in a healthy manner and solving problems through balanced and logical dialogue. This psychological growth can also improve their academic performance as they redirect their energy towards achieving their goals. The positive change in the child's mental image by those around them further improves their relationships, encouraging them to continue their positive behavior until it becomes a part of their adaptive behavior.

The study has certain limitations that need to be considered when attempting to generalize its findings. These limitations include a small sample size, limited generalizability due to the study being conducted in a specific geographic location and only including male adolescents, a lack of long-term follow-up, and a limited scope of assessment using only two instruments to assess clinical symptoms and academic performance. To address these limitations, future studies could replicate the study with a larger sample size, conduct long-term follow-up assessments, use a more comprehensive assessment battery to capture the impact of ODD across various domains, compare the effectiveness of different treatment approaches, and evaluate the implementation and dissemination of an educational program based on the treatment in counseling and psychotherapy centers.



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