



Research Paper

## The Effectiveness of Emotion Regulation Psychoeducation in Reducing Physical and Verbal Aggressive Behavior in Adolescent with a Tendency for Disruptive Behavior Disorder Not Otherwise Specified (DBD-NOS)

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**ABSTRACT:** This study aims to evaluate the effectiveness of emotion regulation psychoeducation in reducing physical and verbal aggressive behaviors in adolescents with tendencies of Disruptive Behavior Disorder Not Otherwise Specified (DBD-NOS). DBD-NOS is characterized by difficulties in emotion regulation, aggression, and disturbances in social interactions, but the behaviors do not fall under Conduct Disorder or Oppositional Defiant Disorder. The experimental design used a pre-experimental design with a case study approach. The participants consisted of eight adolescents aged 13 to 16 years. Pre-test and post-test assessments were used to measure participants' knowledge of emotion regulation, based on Gross's (2007) theory. The psychoeducation intervention was provided in 3 sessions, covering 13 topics. The results showed an improvement in knowledge about emotion regulation, with score increases ranging from 5 to 8 points in the post-test. Follow-up evaluations, conducted one week after the intervention using caregiver interviews, revealed a decrease in the frequency of physical aggression and an increase in patience when interacting with other adolescents. The adolescents showed a better understanding of the consequences of their behavior and applied emotion regulation strategies to manage anger. However, the long-term effectiveness of this intervention depends on the participants' ability to retain and consistently apply the learned strategies. If the adolescents forget or fail to use these techniques, the frequency of aggressive behaviors may increase again. This study concludes that psychoeducation on emotion regulation is an effective intervention for reducing aggressive behaviors in adolescents with tendencies of DBD-NOS, although additional interventions are needed for long-term outcomes.

**KEYWORDS:** Disruptive Behavior Disorder Not Otherwise Specified, Emotion Regulation, Psychoeducation, Adolescent.

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### I. INTRODUCTION

Disruptive Behavior Disorder Not Otherwise Specified (DBD-NOS) is a disorder characterized by conduct or oppositional defiant behaviors that do not meet the criteria for conduct disorder or oppositional defiant disorder. According to the DSM V, DBD-NOS is marked by difficulty in emotional regulation, physical and verbal aggression, and tendencies to disturb other adolescents, which significantly disrupts key functions in daily life (APA, 2013). A study conducted in Jakarta, Indonesia found that approximately 3% to 5% of adolescents aged 6 to 12 years experience behavioral disorders, including oppositional disorders and aggressive behavior (Setyawan & Koesoemawati, 2013). Globally, Disruptive Behavior Disorder Not Otherwise Specified (including ODD and CD) is estimated to affect around 5-10% of adolescents and adolescents, with prevalence varying depending on age, gender, as well as social and economic factors (Egger & Angold, 2006). This

evidence shows that DBD-NOS must be addressed promptly to prevent an increasing number of adolescents from developing the disorder.

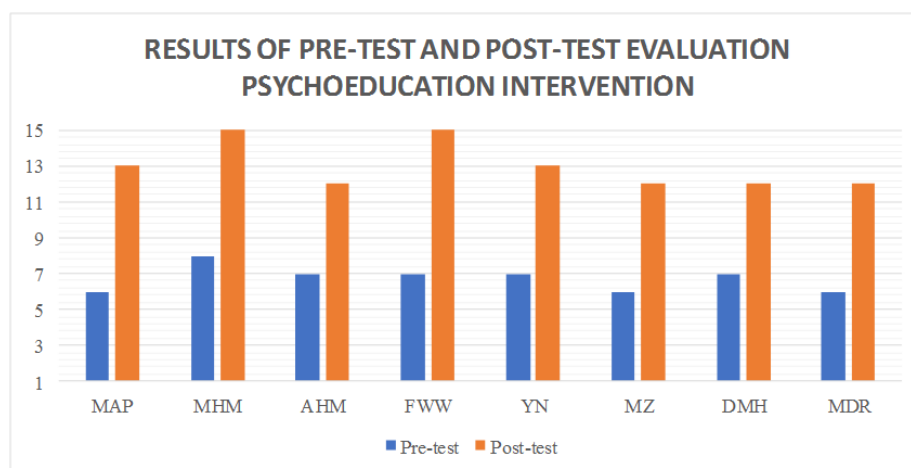
One of the major consequences of DBD-NOS is emotional problems that lead to aggressive behavior, both toward peers and adults. Adolescents with this disorder may engage in physical fights, verbal insults, or destructive behaviors. If left unaddressed, these aggressive behaviors can develop into more severe forms, as seen in Conduct Disorder (CD) (Moffitt, 2016). Emotional problems in adolescents are often related to difficulties in managing intense feelings, especially in the context of their ongoing psychosocial development. One effective way to address emotional issues is through emotion regulation. According to Gross (2007), emotion regulation is the ability of individuals to modify their emotional experiences, emotional expressions, and physiological responses to emotional stimuli. Emotion regulation plays a critical role in reducing emotional tension, improving well-being, and helping adolescents navigate healthy social relationships (Kirk & Gallagher, 2014).

Adolescents still require knowledge about emotion regulation to effectively manage their emotions. Therefore, psychoeducation on emotion regulation is an appropriate intervention for addressing their emotional issues. According to Bandura's social-cognitive theory (as cited in Santrock, 2019), behavior, environment, and cognition are key factors in development. When psychoeducation is provided, cognition absorbs new information that is processed and applied. Once cognition is provided with relevant information, changes in each individual can occur, which in turn can change the environment. This allows observational and imitation processes to shift from negative behaviors to more positive ones, such as the controlled management of emotions, preventing adolescents from easily becoming angry. When anger is controlled, aggressive behavior will not emerge. Therefore, emotion regulation training interventions are essential in helping adolescents who struggle with emotional control (Steinberg, 2010).

## II. PURPOSE AND METHODS

This study uses a pre-experimental design with a single-case design. A pre-experimental design is a study where the researcher examines one group and provides an intervention during the experiment. This design does not include a control group for comparison with the experimental group (Creswell, 2014). The single-case design employs pre-test and post-test assessments to evaluate the success of the intervention (Myers & Hansen, 2006). The pre-test and post-test are designed as knowledge tests based on the emotion regulation material from Gross (2007), consisting of 15 questions. The participants in this study are eight adolescents aged 13 to 16 years who exhibit tendencies of DBD-NOS (Disruptive Behavior Disorder Not Otherwise Specified) with difficulties in emotion regulation, leading to physical and verbal aggression. The intervention procedure includes administering a pre-test before psychoeducation and a post-test after psychoeducation is provided. Follow-up is also conducted with caregivers using interviews to assess behavioral changes in the adolescents after the intervention. Psychoeducation is conducted over 3 sessions, consisting of 13 topics. Evaluation is then carried out through interviews one week after the psychoeducation intervention is completed to observe behavioral changes in the adolescents. The researcher observes changes in the adolescents' behaviors to ensure that the observed changes are truly the result of the intervention provided.

## III. RESULT & DISCUSSIONS



Based on the diagram above, it is evident that FWW achieved the highest improvement in scores between the pre-test and post-test compared to the other adolescents, with an increase of 8 points. This is followed by MAP, MHM, and DMH, who each showed an improvement of 7 points, then YN, MZ, and MDR, who gained 6 points, and finally AHM, who achieved an improvement of 5 points. The range of score improvement between the pre-test and post-test is between 5 to 8 points, with the majority of participants showing an improvement of 7 points. This indicates that the psychoeducation was well understood by all participants, making it likely that consistent implementation will follow after the psychoeducation sessions are completed. Overall, the psychoeducation process proved to be effective. All participants were able to understand the material and implement it in their daily behavior.

A follow-up conducted one week after the intervention revealed noticeable changes in the eight adolescents who participated in the psychoeducation program. The frequency of physical fights had decreased significantly compared to before the intervention. The adolescents became much more patient when others bothered them. Additionally, some adolescents who previously enjoyed provoking or disturbing their peers no longer engaged in such behavior, as they now understood the potential consequences of their actions. They realized that their behavior could trigger anger, which could escalate into fights and ultimately lead to punishment for both parties involved. Overall, significant behavioral changes were observed after the emotion regulation psychoeducation program. The adolescents became more patient when others initiated provocations. They employed various emotion regulation strategies to manage their anger, which they found effective in reducing their feelings of frustration. Moreover, all eight adolescents became aware that their prior aggressive behavior stemmed from their own actions, particularly their habit of provoking or bothering their peers, which frequently led to conflicts. This awareness encouraged them to stop initiating provocations, which helped them avoid anger and retaliation from others. This newfound awareness also resulted in a decline in the frequency of physical and verbal aggressive behaviors among the adolescents.

This psychoeducation intervention has both advantages and limitations. The advantage is that the intervention successfully enhances the adolescents's knowledge about aggressive behavior, emotional awareness, and ways to control anger. This knowledge can be applied in their daily behavior to reduce behavioral problems, such as aggression. With a better understanding of their emotions, adolescents are more capable of managing their feelings in social situations. However, there are also limitations to this intervention. The reduction in the frequency of aggressive behaviors will only persist if all the adolescents continue to remember and apply the material provided. If the adolescents forget or fail to recall the emotion regulation strategies taught, the frequency of aggressive behaviors is likely to increase again. Therefore, the long-term success of this intervention depends greatly on the consistency in remembering and applying the strategies they have learned.

#### **IV. CONCLUSION**

Based on the intervention results, it was found that the emotion regulation psychoeducation successfully achieved its goal of reducing the frequency of physical and verbal aggressive behaviors among the eight adolescents. Overall, the psychoeducation process was carried out effectively. All participants were able to understand the material provided and successfully implement it in their daily behavior. The intervention results showed that the eight adolescents who participated in the psychoeducation program demonstrated an increased understanding compared to before and after the psychoeducation. The score improvement on the pre-test and post-test ranged from 5 to 8 points, with the most frequent improvement being 7 points. This indicates that the psychoeducation was well understood by all participants, and it is expected that the next step will be consistent implementation of the learned material after the psychoeducation is completed. During the follow-up, changes were observed in all eight adolescents one week after the intervention. The frequency of physical fights had decreased significantly compared to before the intervention. The adolescents became much more patient when one of their peers disturbed them, and some adolescents who used to provoke others no longer did so, in order to avoid triggering conflicts. They understood that their actions could trigger anger, which could lead to fights, resulting in both of them being punished. This indicates that the psychoeducation intervention was successful in reducing the frequency of physical and verbal aggressive behaviors among the eight adolescents. However, there is a limitation to this psychoeducation intervention. The reduction in frequency will only persist if all the adolescents continue to remember and apply the material that was provided. If the adolescents forget or fail to recall the emotion regulation strategies taught, it is likely that the frequency of aggressive behaviors may increase again.

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