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Research Paper

"A Study to Assess the Effectiveness of Dialectical Behavior Therapy Among Adolescence With Disruptive Mood Dysregulation Disoreder At Selected Schools, Puducherry."

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ABSTRACT
Disruptive Mood Dysregulation Disorder is a childhood condition that is characterized by severe anger, irritability, and frequent temper outbursts. While temper tantrums tend to be quite common in kids, DMDD is more than just normal childhood moodiness. The angry outbursts that kids experience are extreme, intense, and can lead to significant disruption in many areas of a child's life.
Disruptive Mood Dysregulation Disorder is a mental health disorder in which children are angry most of the time and have a lot of temper tantrums in reaction to things that don't seem like a big deal. Children with DMDD are not able to control their emotions like other children their age. Major temper tantrums that happen three or more times a week on average DMDD is diagnosed when a child has temper tantrums that happen three or more times a week on average, along with an angry mood between tantrums. These symptoms last at least a year, and any break in the symptoms lasts less than three months. The symptoms have to show up with the child's family, friends and teachers, rather than in just one situation.

I. REVIEW OF LITERATURE

Antonio Bruno et al. (2019) The inclusion of the Disruptive Mood Dysregulation Disorder in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), under the category of depressive disorders, provides a diagnosis for those children and adolescents with severe persistent irritability and temper outbursts, once misdiagnosed as Bipolar Disorders. The main and constantly present features of Disruptive Mood Dysregulation Disorder are chronic, non-episodic and persistent irritability, and temper tantrums disproportionate with the trigger. Disruptive Mood Dysregulation Disorder is characterized by high rates of comorbidity with other psychiatric disorders. Its main clinical manifestations overlap with Oppositional Defiant Disorder, Conduct Disorder, and Attention-Deficit/Hyperactivity Disorder. For this diagnostic overlap and the increasing use of pharmacological treatments in children and adolescents, the inclusion of Disruptive Mood Dysregulation Disorder diagnosis has been subjected to many criticisms. Since it is a new diagnostic entity, literature on Disruptive Mood Dysregulation Disorder prevalence, epidemiology, risk factors, and treatment guidelines, is still sparse and unclear. The aim of this review is to collect and analyze the literature on Disruptive Mood Dysregulation Disorder diagnostic criteria and main hallmarks, with particular attention to comorbidities andreatment options.

Alex Gisunterman et al. (2018) The year 2013 saw the publication of a new edition of the Diagnostic and Statistical Manual of Mental Disorders, the DSM-5. In this edition a new diagnosis - Disruptive Mood Dysregulation Disorder - was added. It defines children suffering from irritable and angry moods with frequent severe temper outbursts. The diagnosis is included in the chapter on mood disorders and relates only to children. This diagnosis was suggested in order to prevent over-diagnosis of bipolar disorder and over-use of antipsychotics and mood stabilizers in children. Studies indicate that Disruptive Mood Dysregulation Disorder constitutes a more significant risk factor for the development of unipolar disorder than for bipolar disorder. To date, no specific diagnostic tools have been developed for this diagnosis and there is relatively little treatment experience. Since this disorder has a wide range of comorbidities, the treatment focus tends to be on treating the comorbidities and includes medicines, cognitivebehavioral intervention and parental guidance

STATEMENT OF PROBLEM

A study to assess the effectiveness of dialectical behavior therapy among adolescence withdisruptive mood dysregulation disorder at selected schools, Puducherry

OBJECTIVES OF STUDY

- To assess the level of dialectical behaviour therapy among adolescence with disruptive mood dysregulation disorder.
- To evaluate the effectiveness of dialectical behaviour therapy among adolescence with disruptive mood dysregulation disorder.
- To associate the effectiveness of dialectical behaviour therapy among adolescence with Disruptive Mood Dysregulation Disorder at selected demographic variables.

II. METHODOLOGY

The research approach used for this study was quantitative research approach. A descriptive research design was used to assess level of social adjustment among adolescencewith disruptive mood dysregulation disorder.
By using random sampling technique 30 sample was selected for the present study. The period of data collection was two week. The tool consists of demographic data, modified social adjustment scale. The outcome of the study was evaluated by using descriptive and inferential statistics.

DESCRIPTION OF TOOL:

Section A: This section consists of demographic variables such as age, sex, residential area ,religion, educational status, types of school, father's occupation and mother's occupation, family status, number of siblings, previous knowledge about disruptive mood dysregulation disorder.

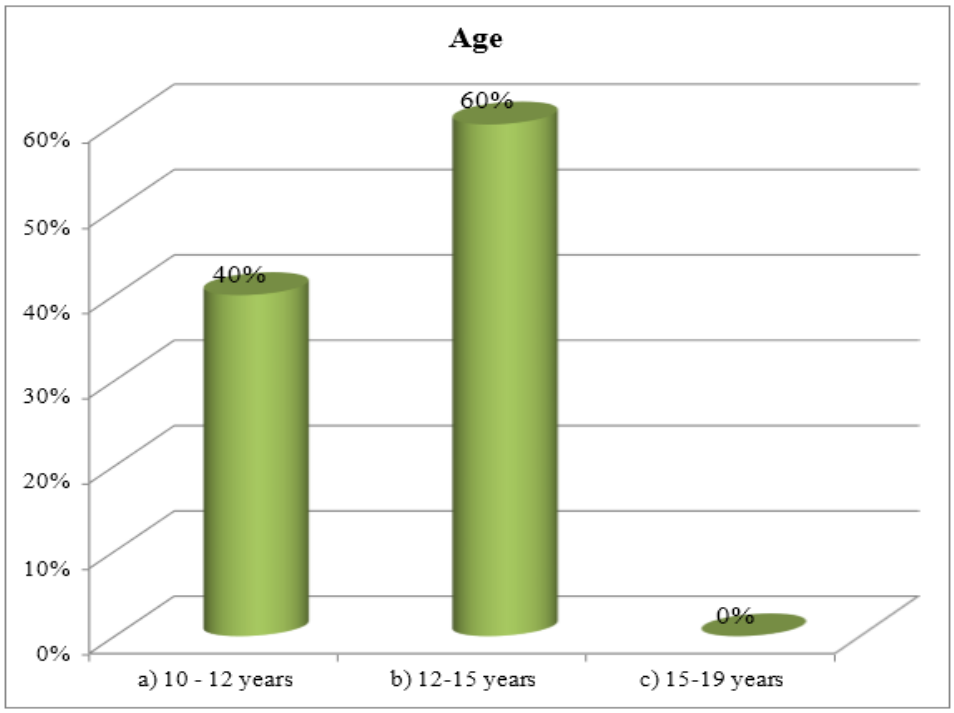
Table 1:- Frequency and percentage wise distribution of demographic variables among adolescence.
(N=30)

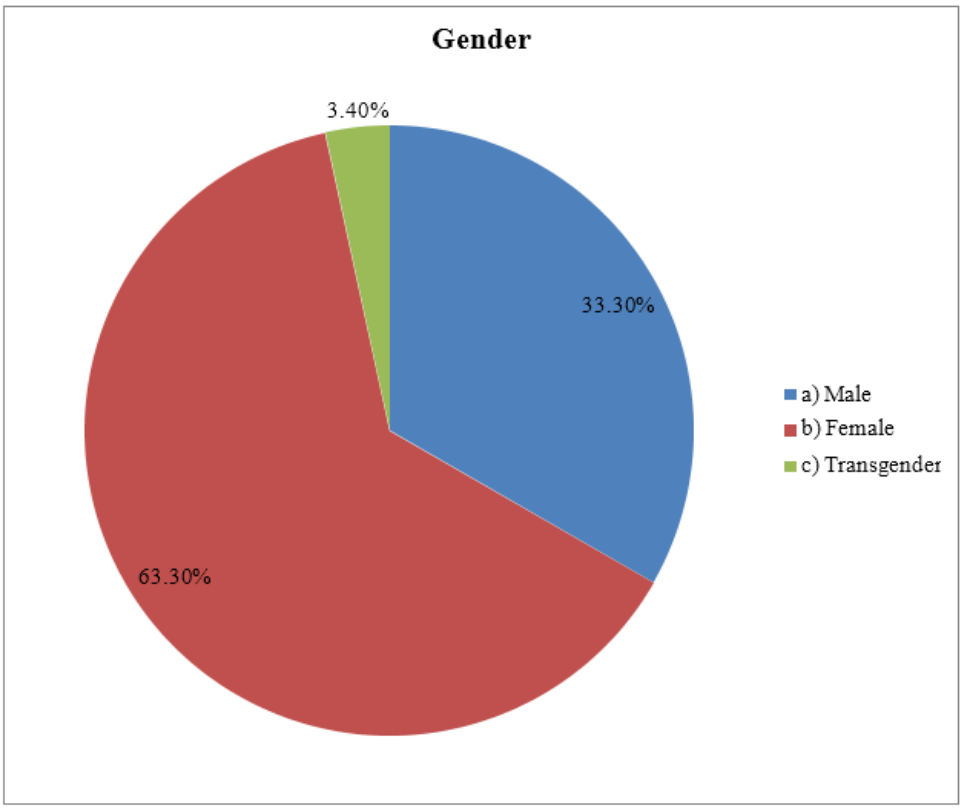
SL. NO	DEMOGRAPHIC VARIABLES	FREQUENCY (N)	PERCENTAGE (%)
1	**Age**		
	a) 10 - 12 years	12	40
	b) 12-15 years	18	60
	c) 15-19 years	0	0
2	**Gender**		
	a) Male	10	33.3
	b) Female	19	63.3
	c) Transgender	1	3.4
3	**Religion**		
	a) Hindu	23	76.7
	b) Christian	2	6.7
	c) Muslim	3	10
	d) others	2	6.6
4	**Education**		
	a) Illiterate	1	3.3
	b) Primary school	23	76.7
	c) Secondary school	6	20
5	**Area of residency**		
	a) Urban	7	23.3
	b) Rural	23	73.7
6	**Type of family**		
	a) Nuclear family	7	23.3

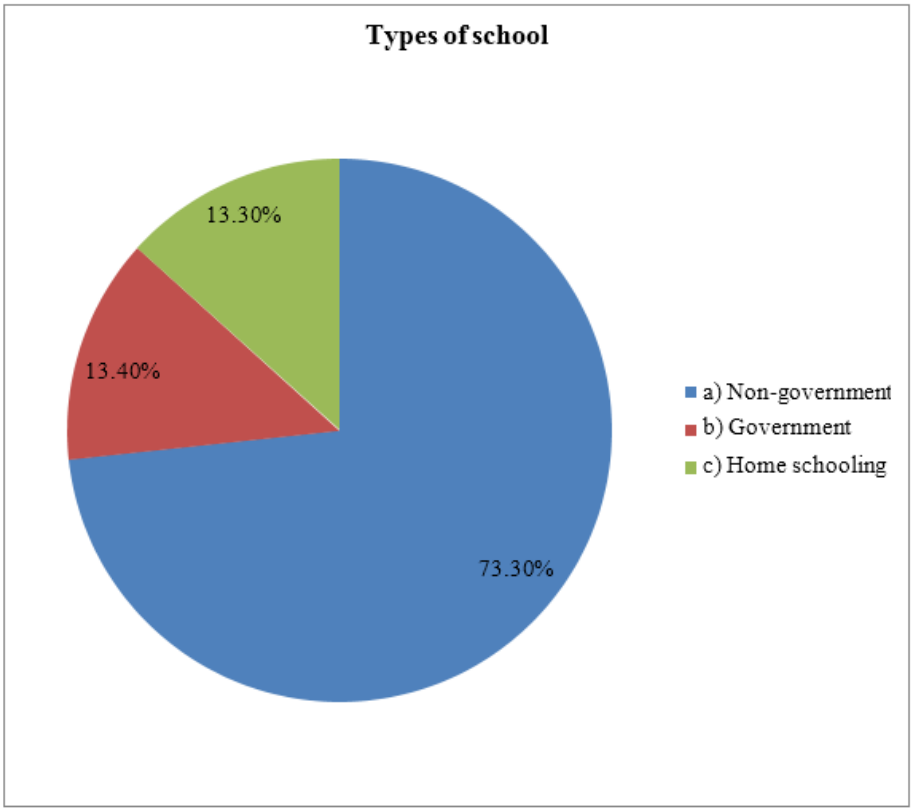
	b) Joint family	17	56.7
	c) Broken family	6	20
7	**Birth order**		
	a) 1st	7	23.3
	b) 2nd	10	33.3
	c) 3rd	3	10
	d) Above 3	10	33.4
8	**Types of school**		
	a) Non-government	22	73.3
	b) Government	4	13.4
	c) Home schooling	4	13.3
9	**Socio economic status**		
	a) Poor socio economic status	6	20
	b) Moderate socio economic status	15	50
	c) High socio economic status	9	30
10	**Family income**		
	a) Below Rs.5000	9	30
	b) Rs.5000 - 10,000	14	46.7
	c) Rs.10,000 - 15,000	4	13.3
	d) More than 15,000	3	10
11	**DMDD stands for**		
	a) Degenerative mood disc disease	8	26.7
	b)Disruptive major depressive disorder	16	53.3
	c) Disruptive mood dysregulation disorder	6	20

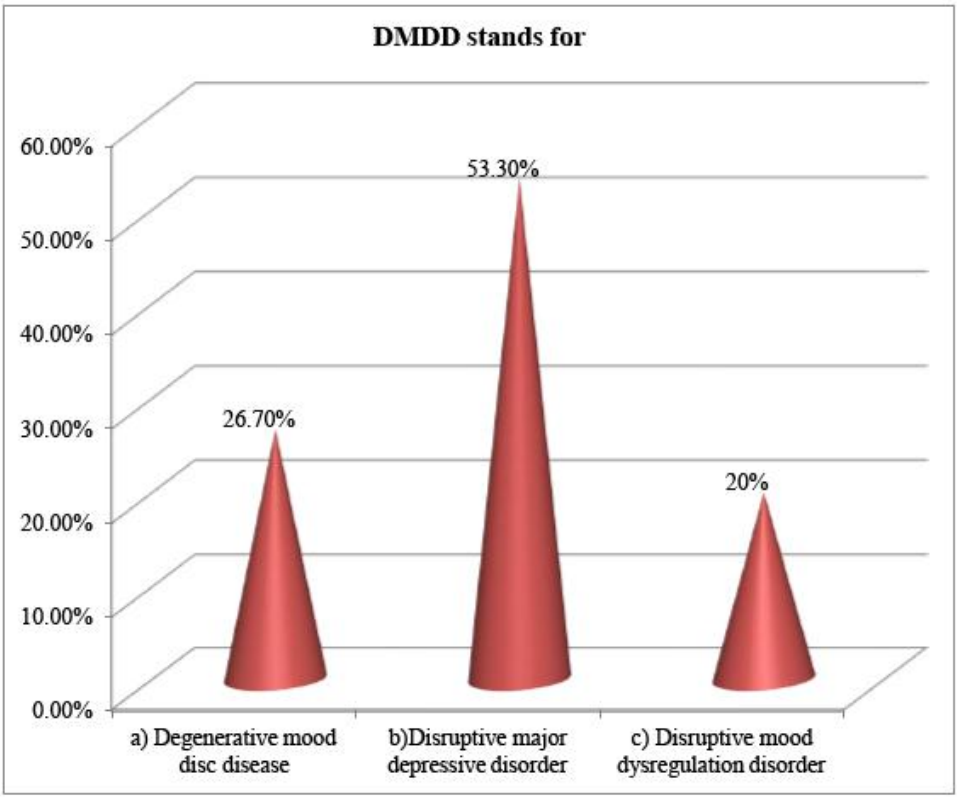
Table 1 shows frequency and Percentage wise distribution of demographic variables amongadolescence. Out of the 30 adolescence who were interviewed, Majority of the adolescence 18(60%) of study population were in the age group are 12-15 years. Majority of the adolescence were Female 19(63.3%). Majority of the adolescence were followed by Hindu religion 23(76.7%). Most of the adolescence were Primary in education 23(76.7%). Majority of the adolescence were Rural 23(76.7%). Majority of the adolescence were Joint family 17(56.7%). Majority of the adolescence Birth order were 2nd and above 3, 10(33.3%). Majority of the adolescence Types of school were Non-government 22(73.3%).

Majority of the adolescence were Moderate socio economic status 15(50%). Majority of the adolescence Family income were Rs.5000 - 10,000 14(46.7%). Majority of the adolescence were knew DMDD stands for Disruptive major depressive disorder 16(53.3%).


Age
60%
50%
40%
30%
20%
10%
0%
40%
60%
0%
a) 10 - 12 years
b) 12-15 years
c) 15-19 years


Gender
3.40%
33.30%
63.30%
a) Male
b) Female
c) Transgender


Types of school
13.30%
13.40%
73.30%
a) Non-government
b) Government
c) Home schooling


DMDD stands for
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
26.70%
53.30%
20%
a) Degenerative mood disc disease
b)Disruptive major depressive disorder
c) Disruptive mood dysregulation disorder

Section B: Assessment of the level of dialectical behaviour therapy among adolescence with disruptive mood dysregulation disorder.

Table 2:- Frequency and percentage wise distribution of pretest and post -test of the level of dialectical behaviour therapy among adolescence with disruptive mood dysregulation disorder.

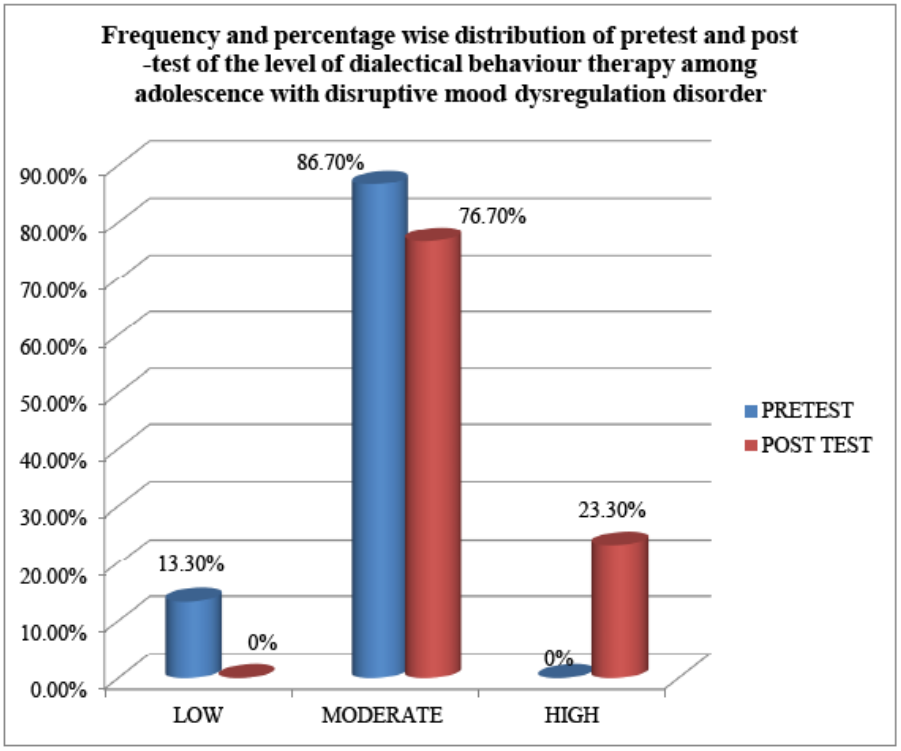
(N=30)

LEVEL OF DIALECTICAL BEHAVIOUR THERAPY	PRETEST		POST TEST	
	N	%	N	%
LOW	4	13.3	0	0
MODERATE	26	86.7	23	76.7
HIGH	0	0	7	23.3
Mean Standard deviation	36.63 ± 6.189		48.57 ± 2.315	

Table –2: shows that frequency and percentage wise distribution of pretest and post - test of the level of dialectical behaviour therapy among adolescence with disruptive mood dysregulation disorder.

In pretest, Majority of adolescence 26(86.7%) had moderate and 4(13.3%) had low level of dialectical behaviour therapy and the mean and standard deviation of the level of dialectical behaviour therapy among adolescence with disruptive mood dysregulation disorder is 36.63 ± 6.189.

In post- test, Majority of adolescence 23(76.7%) had moderate and 7(23.3%) had high level of dialectical behaviour therapy and the mean and standard deviation of the level of dialectical behaviour therapy among adolescence with disruptive mood dysregulation disorder is 48.57 ± 2.315.



Section C: Effectiveness of the level of dialectical behaviour therapy amongadolescence with disruptive mood dysregulation disorder.

Table – 3 Effectiveness of the level of dialectical behaviour therapy among adolescencewith disruptive mood dysregulation disorder.

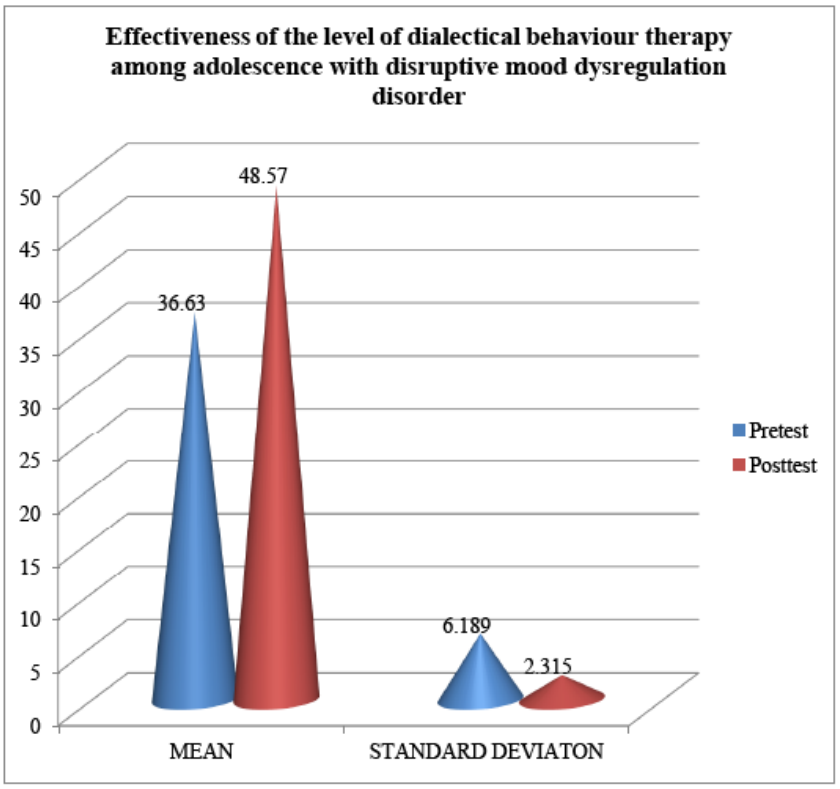
(N=30)

GROUP	TEST	MEAN	STANDARD DEVIATON	MEAN DIFFERENCE	't' VALUE Paired -ttest	df	'p' VALUE
LEVEL OF DIALECTICAL BEHAVIOUR THERAPY	**Pretest**	36.63	6.189	-11.933	-9.381	29	**0.000**** **HS**
	Posttest	48.57	2.315				

*****-p < 0.001 highly significant , NS-Non Significant.***

Table -3 shows that, Effectiveness of the level of dialectical behaviour therapy among adolescence with disruptive mood dysregulation disorder.

The mean score of Effectiveness of the level of dialectical behaviour therapy among adolescence with disruptive mood dysregulation disorder in the pre-test was 36.63 ± 6.189 and the mean score in the post- test was 48.57 ± 2.315. The calculated *paired't' test* value of **t = -9.381** shows ***statistically highly significant*** difference of effectiveness of the level of dialectical behaviour therapy among adolescence with disruptive mood dysregulation disorder.



Section D: Association between the effectiveness of dialectical behaviour therapy among adolescence with Disruptive Mood Dysregulation Disorder at selected demographic variables.

Table –4: Association between the Post-test levels of dialectical behaviour therapy among adolescence with Disruptive Mood Dysregulation Disorder at selected demographic variables.

(N=30)

SL.NO	DEMOGRAPHICVARIABLES	LEVEL OF DIALECTICAL BEHAVIOUR THERAPY				Chi-square X^2 and P-Value
		MODERATE		HIGH		
		N	%	N	%	
1	**Age**					**X^2=3.75Df=1 p =0.005 *S**
	a) 10 - 12 years	7	30.4	5	71.4	
	b) 12-15 years	16	69.6	2	28.6	
	c) 15-19 years	0	0	0	0	
2	**Gender**					X^2=0.461Df=2 p =0.794NS
	a) Male	8	34.8	2	28.6	
	b) Female	14	60.9	5	71.4	
	c) Transgender	1	4.3	0	0	
3	**Religion**					X^2=5.007Df=3 p =0.171NS
	a) Hindu	19	82.6	4	57.1	
	b) Christian	1	4.4	1	14.3	
	c) Muslim	1	4.3	2	28.6	
	d) others	2	8.7	0	0	
4	**Education**					X^2=0.672Df=2 p =0.714NS
	a) Illiterate	1	4.3	0	0	
	b) Primary school	18	78.3	5	71.4	
	c) Secondary school	4	17.4	2	28.6	
5	**Area of residency**					X^2=0.416Df=2 p =0.812NS
	a) Urban	5	21.7	2	28.6	
	b) Rural	18	78.3	5	71.4	
6	**Type of family**					X^2=0.257
	a) Nuclear family	5	21.7	2	28.6	Df=2 p =0.880NS
	b) Joint family	13	56.5	4	57.1	
	c) Broken family	5	21.7	1	14.3	
7	**Birth order**					X^2=3.56Df=3 p =0.312NS
	a) 1st	5	21.7	2	28.6	
	b) 2nd	9	39.1	1	14.3	
	c) 3rd	3	13	0	0	
	d) Above 3	6	26.1	4	57.1	
8	**Types of school**					**X^2=8.92Df=2 p =0.004 *S**
	a) Non-government	18	78.3	4	57.1	
	b) Government	2	8.7	2	28.6	
	c) Home schooling	3	13	1	14.3	
9	**Socio economic status**					X^2=1.35Df=3 p =0.716NS
	a) Poor socio economicstatus	4	17.4	2	28.6	
	b) Moderate socio economic status	11	47.8	4	57.1	

	c) High socio economic status	8	34.8	1	14.3	
10	**Family income**					
	a) Below Rs.5000	7	30.4	2	28.6	X^2=1.606Df=3 p =0.658NS
	b) Rs.5000 - 10,000	10	43.5	4	57.1	
	c) Rs.10,000 - 15,000	4	17.4	0	0	
	d) More than 15,000	2	8.7	1	14.3	
11	**DMDD stands for**					
	a) Degenerative mood disc disease	6	26.1	2	28.6	X^2=0.536Df=2 p =0.765NS
	b)Disruptive major depressive disorder	13	56.5	3	42.9	
	c) Disruptive mood dysregulation disorder	4	17.4	2	28.5	

-p < 0.05 significant, *-p < 0.001highly significant, NS-Non significant

The table 4 depicts that the demographic variable, ***Age and Types of school*** had shown statistically significant association between the level of dialectical behaviour therapy among adolescence with Disruptive Mood Dysregulation Disorder at selected demographic variables.
The other demographic variable had not shown statistically significant association between the level of dialectical behaviour therapy among adolescence with Disruptive Mood Dysregulation Disorder at selected demographic variables respectively.

III. RESULTS

MAJOR FINDINGS OF THE STUDY:

Table 1 shows frequency and Percentage wise distribution of demographic variables amongadolescence. Out of the 30 adolescence who were interviewed, Majority of the adolescence 18(60%) of study population were in the age group are 12-15 years. Majority of the adolescence were Female 19(63.3%). Majority of the adolescence were followed by Hindu religion 23(76.7%). Most of the adolescence were Primary in education 23(76.7%). Majority of the adolescence were Rural 23(76.7%). Majority of the adolescence were Joint family 17(56.7%). Majority of the adolescence Birth order were 2nd and above 3, 10(33.3%). Majority of the adolescence Types of school were Non-government 22(73.3%). Majority of the adolescence were Moderate socio economic status 15(50%). Majority of the adolescence Family income were Rs.5000 - 10,000 14(46.7%). Majority of the adolescence were knew DMDD stands for Disruptive major depressive disorder 16(53.3%).

Table –2: shows that frequency and percentage wise distribution of pretest and post - test of the level of dialectical behavior therapy among adolescence with disruptive mood dysregulation disorder. **In pretest**, Majority of adolescence 26(86.7%) had moderate and 4(13.3%) had low level of dialectical behavior therapy and the mean and standard deviation of the level of dialectical behavior therapy among adolescence with disruptive mood dysregulation disorder is 36.63 ± 6.189.

In post- test, Majority of adolescence 23(76.7%) had moderate and 7(23.3%) had high levelof dialectical behavior therapy and the mean and standard deviation of the level of dialectical behavior therapy among adolescence with disruptive mood dysregulation disorder is 48.57 ± 2.315.

Table -3 shows that, Effectiveness of the level of dialectical behaviour therapy among adolescence with disruptive mood dysregulation disorder.

The mean score of Effectiveness of the level of dialectical behaviour therapy among adolescence with disruptive mood dysregulation disorder in the pre-test was 36.63 ± 6.189 and the mean score in the post- test was 48.57 ± 2.315. The calculated *paired't' test* value of **t = -9.381** shows ***statistically highly significant*** difference of effectiveness of the level of dialectical behaviour therapy among adolescence with disruptive mood dysregulation disorder.

The table 4 depicts that the demographic variable, ***Age and Types of school*** had shown statistically significant association between the level of dialectical behaviour therapy among adolescence with Disruptive Mood Dysregulation Disorder at selected demographic variables.
The other demographic variable had not shown statistically significant association between the level of dialectical behaviour therapy among adolescence with Disruptive Mood Dysregulation Disorder at selected demographic variables respectively.

IV. RECOMMEDATIONS:

The study can be conducted to assess the attitudes and coping strategy of nurse towardsadolescence with disruptive mood dysregulation disorder.

- Comparative study can be done between urban and rural areas.
- A quasi experimental study can be conducted with control group for the effectivecomparison.
- Similar study can be conducted in a large group to generalize the study findings.

V. CONCLUSION:

A descriptive study to assess the effectiveness of dialectical behavior therapy with disruptive mood dysregulation disorder among adolescence at selected school, Puducherry. The findings of the study revealed that Out of 30 samples **In pretest**, Majority of adolescence 26(86.7%) had moderate and 4(13.3%) had low level of dialectical behaviour therapy and the mean and standard deviation of the level of dialectical behaviour therapy among adolescence with disruptive mood dysregulation disorder is 36.63 ± 6.189.

In post- test, Majority of adolescence 23(76.7%) had moderate and 7(23.3%) had high levelof dialectical behaviour therapy and the mean and standard deviation of the level of dialectical behaviour therapy among adolescence with disruptive mood dysregulation disorder is 48.57 ± 2.315.

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