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Adolescents with Confrontational Disobedience and Social Incompatibility: An Experimental Approach

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ABSTRACT

Objective: The study aims to explore and experimentally examine teenagers with confrontational disobedience and social incompatibility.

Methods and Materials: This study employed a pre-test, post-test, and follow-up design with a control group to assess the efficacy of cognitive-behavioral therapy (CBT) in improving social adjustment and reducing oppositional defiant disorder (ODD) symptoms in adolescents. A total of 40 adolescents from Tehran were recruited in 2019. Participants were selected through purposive sampling and then randomly assigned to either an experimental group (n=20) or a control group (n=20). Social Adjustment Scale: This scale, developed by Thorpe et al., measures various aspects of social functioning, including interpersonal relationships, self-esteem, and problem-solving skills. Oppositional Defiant Disorder Rating Scale: This scale, developed by Harada et al., assesses the severity of ODD symptoms, such as argumentativeness, defiance, and irritability.The experimental group received 12 sessions of CBT, each lasting 45 minutes. The control group did not receive any intervention. Pre-test, post-test, and follow-up assessments were conducted to measure changes in social adjustment and ODD symptoms. Analysis of covariance (ANCOVA) was used to analyze the pre-test, post-test, and follow-up data, controlling for baseline differences between the groups.

Findings: The findings revealed that cognitive-behavioral therapy (CBT) was effective in significantly reducing oppositional defiant disorder (ODD) symptoms and improving social adjustment in adolescents. These positive effects persisted at the follow-up assessment ($p < 0.001$).

Conclusion: The results of this study suggest that cognitive-behavioral therapy (CBT) is an effective intervention for reducing oppositional defiant behavior and improving social adjustment in adolescents. By targeting these specific issues, CBT can indirectly contribute to help reduce stress in teenage relationships.

Keywords: Oppositional Defiant, Social Adjustment, Cognitive-Behavioral Therapy.

Introduction

Adolescence is considered more difficult than childhood, both from the point of view of teenagers and parents. Adolescence is the period when a person leaves childhood behind and enters a new stage of his life. This stage is one of the most important stages of human life and the last stage of cognitive evolution and transition from the stage of being a follower of others. Each of these changes can be considered a crisis factor for teenagers (Keshavarz & Mirzaee, 2020; Mohammadiyas et al., 2023). Adolescence is considered one of the most important and at the same time the most stressful and traumatic stages of people's lives (Popova-Petrosyan et al., 2020). Among childhood and adolescent disorders, oppositional defiant disorder is one of the destructive behavioral disorders (Esmaeelpour et al., 2016), which is one of the common reasons for children and adolescents to refer to psychological and counseling clinics (Jahan-Bakhsh et al., 2011). Confrontational disobedience appears as a pattern of irritable/angry mood, disobedient/argumentative behavior, and spitefulness with at least four specific symptoms that last for at least 6 months (Behruzi et al., 2016). Children with oppositional defiant disorder have lower social and psychological adjustment and show weaker social relationships and more psychological problems (Sigurdson et al., 2014). Diagnostic criteria such as anger, irritable mood, spitefulness, bold behavior and revenge are used to diagnose children and adolescents with oppositional defiant disorder. However, Burke (Burke et al., 2005) stated, according to their two-factor model, among all the symptoms of oppositional defiant disorder, two symptoms of anger management and aggressive behavior are significant and dominant symptoms in diagnosis.

Oppositional defiant disorder (ODD) consists of an enduring pattern of uncooperative, defiant and hostile behavior toward authority figures that does not involve major antisocial violations and is not accounted for by the developmental stage of the child (Aggarwal & Marwaha, 2024; Dashtban Zadeh Nushabadi et al., 2024; Goshayeshi et al., 2024). The rate of ODD in children and adolescents in the general population has been reported to be between 2% and 16%. The International Classification of Diseases 10th Revision (ICD-10) classifies ODD as a mild form of conduct disorder (CD), and it has been estimated that up to 60% of patients with ODD will develop CD. Therefore, ODD should be identified and treated as early and effectively as possible (Turgay, 2009).

The changes and transformations of adolescence, both biologically and psychologically, each in turn can create a crisis for him and cause behavioral problems. For this reason, it is very important and fundamental to study and explore these developments and problems. Adolescence is a period when a teenager, if he cannot create unity between his biological, social and psychological system, will experience confusion in relationships and behavior (Anisi et al., 2006). The World Health Organization has acknowledged in a report that one or more behavioral disorders are seen in 10-20% of adolescents in European countries (Union, 2019). Adolescents are involved with many emotional and social problems during puberty. Some teenagers reach physical maturity, but emotional maturity is not achieved in them (Paydar et al., 2018). The most important sign of reaching emotional maturity is the ability to control emotional life, to tolerate tension, and indifference to stimuli that stimulate one's emotions (Kazemi & Ghamari, 2021). Tam (Taam, 2010) describes characteristics for people who have not reached emotional maturity, including indifference to other people's problems, projection, stubbornness, self-centeredness, selfishness, lack of self-confidence, lack of trust in others, anxiety, restlessness, Anger, stress, strong attachment to family, unnecessary doubts. Another problem of adolescence is the social adaptation of teenagers. Social compatibility has been defined as the degree of balance and coordination of individual desires with the interests of the group in which they live. This feature is very important in adolescence because social skills and the acquisition of self-awareness and self-knowledge depend on it (Mohammadzadeh & Torabian, 2023).

Maladaptive people often have damaged families and are exposed to maladaptive behaviors due to the lack of peace and concentration in the family environment (Saghi & Rajaei, 2007). Adolescent's social adjustment is the most important sign of his mental health and delay in emotional maturity will cause serious social challenges for them (Yarmohammadian & Sharafi Rad, 2010). Adapting to the environment is learned and the family plays an important role in acquiring this skill for teenagers. A special cognitive therapy approach for adolescents has an effect on their interaction with their

parents (Anzani et al., 2020). Researches have even proven the effect of this type of therapy on reducing impulsiveness in adolescents with addiction (Nateghi & Sohrabi, 2021). This method is effective on the perceived stress of teenage students)Shabani, 2023), and is considered an effective treatment for anxiety disorders in childhood and adolescence (James et al., 2020). Cognitive-behavioral group counseling has led to the reduction of parent-adolescent conflict (Khoshnam et al., 2013), the reduction of depression and the feeling of inadequacy of children of divorce (Karami et al., 2013), the increase of mental health of people (Ahghar, 2008) and the reduction Inefficient attitudes (Lotfi Kashani, 2007). In general, today's teenagers are no longer under the influence of others and lack authority. What strengthens this opinion is the influence of his temperamental characteristics in his relationships with others, especially his mother. For this reason, clinical psychologists also pay attention to the quality of behavior and interaction between the adolescent and the mother in the treatment of the adolescent. And they admit that the characteristics of the mother and family coordinates are very effective on how the teenager responds to the parents. Therefore, in critical situations and trauma, it can be useful to determine the relationship between the adolescent and the mother for prevention. Therefore, the purpose of this research is to experimentally examine teenagers with confrontational disobedience and social incompatibility.

Methods and Materials

Study Design and Participants

This research employed a pre-test, post-test, and follow-up design with a control group to investigate the effectiveness of cognitive-behavioral therapy (CBT) in reducing aggression and oppositional defiant disorder (ODD) in adolescents.

Participants

A total of 40 adolescents (20 in the experimental group and 20 in the control group) were recruited from the Student Counseling Center of Tehran Education Department in 2019. Participants were selected through purposive sampling based on the following inclusion criteria:

- Age between 13 and 17 years
- Scores above the average on aggression and ODD questionnaires
- No current medication use
- Maternal consent to participate

The experimental group received CBT sessions, while the control group did not. After the intervention, both groups underwent post-tests and follow-up assessments 45 days later. To ensure ethical considerations, the control group received a summary of CBT sessions after the study.

The study population consisted of all adolescents from the city of Tehran in 2019 year. A sample size of 40 people was obtained through the software G power for a statistical power of at least 0.8, which assigned an alpha level of 0.05 and with a medium effect size (d = 0.5).

Data Collection Tools

Oppositional Defiant Questionnaire: The Oppositional Defiant Disorder (ODD) Rating Scale, developed by Harada et al. (2004) in Japan, is a parent- or guardian-reported questionnaire consisting of 18 items. Each item is rated on a 4-point Likert scale (0-3), with higher scores indicating more severe ODD symptoms. A total score of 20 or higher suggests a diagnosis of ODD, with higher scores indicating greater severity. The original developers reported high internal consistency (Cronbach's alpha = 0.92) and test-retest reliability (r = 0.82). In a study by Hamid et al. (2013), the scale demonstrated acceptable reliability with Cronbach's alpha of 0.84 and a split-half reliability of 0.67 (Hamid et al., 2013). In the current study, the Cronbach's alpha coefficient for the ODD Rating Scale was 0.84, indicating strong internal consistency.

Social Adjustment Questionnaire: The Social Adjustment Scale, originally developed by Thorpe et al. in 1953, measures various aspects of social functioning, including interpersonal relationships, self-esteem, and problem-solving skills. This study utilized the high school level of the scale, which is composed of 90 true-false items. Respondents score one point for each true item, and the total score reflects overall social adjustment. The original developers reported high split-half reliability (0.87-0.90) for the social adjustment subscale using the Spearman-Brown correction (Sadat Ashkour et al., 2023). In the current study, Cronbach's

alpha was used to assess internal consistency, yielding a coefficient of 0.87, indicating strong reliability.

Intervention

Cognitive-behavioral therapy: Cognitive-behavioral therapy (CBT) was conducted in 12 weekly sessions of 45 minutes, following the therapy package outlined by Hawton et al. (2008).

Session 1: Introduction and Goal Setting

The first session begins with establishing rapport between the therapist and the patient. A pre-test is conducted to assess the patient's baseline psychological state. The therapist explains the overall structure, purpose, and objectives of the treatment, along with the importance of adherence to session rules and therapeutic relationships. The session also clarifies expectations, confidentiality, and the patient's role in the process.

Session 2: Introduction to CBT and Relaxation Techniques

The session starts with reviewing the previous session's discussion. The therapist introduces the fundamental principles of Cognitive Behavioral Therapy (CBT), emphasizing the connection between thoughts, emotions, and behaviors. The patient learns basic relaxation techniques, such as deep breathing and progressive muscle relaxation, to manage stress and anxiety. Homework is assigned to practice these techniques daily.

Session 3: Identifying Negative Thoughts and Beliefs

The session reviews the patient's experiences with relaxation techniques. The therapist helps the patient recognize and document negative and inefficient thoughts and beliefs that contribute to emotional distress. The patient practices identifying automatic thoughts in real-life situations. Relaxation techniques are reinforced, and homework involves keeping a thought record.

Session 4: Core Belief Identification with the Vertical Arrow Technique

The session begins with reviewing the patient's thought records and discussing emerging patterns. The therapist introduces the vertical arrow technique to identify deep-seated core beliefs underlying automatic negative thoughts. The patient is guided in exploring how these beliefs influence emotions and behaviors. Relaxation exercises are practiced, and the patient is assigned homework to apply the vertical arrow technique to daily thoughts.

Session 5: Developing a Personalized Belief System List

After reviewing the patient's experiences with the vertical arrow technique, the therapist assists in creating a comprehensive list of core beliefs. These beliefs are categorized into adaptive and maladaptive types. Relaxation techniques continue to be reinforced, and the patient is assigned homework to monitor and reflect on beliefs affecting daily functioning.

Session 6: Visual Analysis and Testing Core Beliefs

This session focuses on evaluating the validity of core beliefs through visual and experiential exercises. The therapist guides the patient in testing their beliefs through logical reasoning and real-world examples. The session helps patients understand cognitive distortions and judgment errors. Relaxation techniques are practiced, and homework involves applying belief testing to different situations.

Session 7: Strengthening Relaxation Techniques and Cognitive Skills

The session reviews the patient's progress with belief testing. Further emphasis is placed on practicing relaxation techniques, with additional strategies introduced as needed. The therapist encourages continued application of cognitive restructuring methods. Homework is assigned to reinforce these techniques in daily activities.

Session 8: Challenging Automatic Thoughts

The session begins with a review of past assignments and experiences. The therapist introduces structured methods to counteract automatic negative thoughts, such as evidence-based reasoning and alternative thought generation. Relaxation exercises continue, and the patient is assigned homework to challenge automatic thoughts using structured questioning.

Session 9: Emotion Recognition and Problem-Solving Techniques

The session emphasizes recognizing and labeling emotions in different situations. The therapist teaches problem-solving techniques, distinguishing between problem-oriented and emotion-oriented coping styles. Patients learn strategies for effective decision-making and emotional regulation. Relaxation exercises are practiced, and homework is assigned to apply problem-solving techniques to real-life issues.

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Session 10: Strengthening Cognitive Restructuring and Emotional Awareness

The session reviews the patient's progress in recognizing and managing emotions. The therapist provides additional strategies for countering automatic thoughts and reinforcing problem-solving techniques. The session highlights the importance of emotional awareness in cognitive restructuring. Relaxation techniques are practiced, and homework continues to focus on challenging negative thoughts.

Session 11: Cognitive Exposure and Thought Reappraisal

The therapist introduces cognitive exposure techniques, guiding the patient in confronting and reevaluating distressing thoughts. Patients learn how to modify their reactions to triggers and gradually build resilience against negative emotions. Relaxation exercises continue to support emotional regulation. Homework is assigned to practice cognitive exposure in real-life situations.

Session 12: Review, Post-Test, and Closure

The final session reviews key skills learned throughout the intervention. The patient reflects on progress, challenges, and personal growth. A post-test is conducted to measure changes in cognitive patterns and emotional regulation. The therapist provides long-term strategies for maintaining progress and preventing relapse. The session ends with a discussion on future goals and closing remarks.

Data analysis

To analyze the data in this research, in the descriptive part, the calculation of the mean frequency of the standard deviation was used, and in the inferential part, the covariance analysis were used. Also, to analyze research data from computer software SPSS version 24 used. Also, the level of significance in this research was considered 0.05.

Findings and Results

The mean age of adolescents in the experimental group was 15.17 ± 3.07 years, and in the control group, it was 15.93 ± 3.71 years. The experimental group consisted of six girls and nine boys, while the control group had five girls and ten boys. Table 1 presents the mean and standard deviation of the research variables for both groups at pre-test, post-test, and follow-up stages.

Table 1

Mean and standard deviation of Oppositional Defiant and Social Adjustment in experimental and control Groups in pre-test, post-test and follow-up stages

Variable	Groups	Pre-test		Post-test		Follow-up	
		M	SD	M	SD	M	SD
Oppositional Defiant	Experimental	29.3	3.48	20.8	3.16	20.35	3.21
	Control	30.4	3.48	29.8	3.20	28.85	3.74
Social Adjustment	Experimental	33.05	6.61	43.25	5.83	43.30	6.13
	Control	32	4.77	33.05	5.62	33.00	4.86

Table 2 shows the ANOVA results for oppositional defiant and social adjustment.

Mauchly's test of sphericity was conducted to assess the assumption of sphericity for the repeated measures analysis. The results indicated a violation of sphericity for both Oppositional Defiant behavior (Mauchly's W = 0.166, $\chi^2(2) = 66.237$, $p < 0.001$) and Social Adjustment (Mauchly's W = 0.435, $\chi^2(2) = 30.796$, $p < 0.001$), suggesting that the variance-covariance matrix of the data was not spherical, requiring an adjustment to the degrees of freedom using corrections such as Greenhouse-Geisser or Huynh-Feldt.

Table 2

ANOVA results for oppositional defiant and social adjustment

Variable	Effect	Value	F	Hypothesis df	Sig.	Partial Eta Squared
Oppositional Defiant	Time	0.32	37.89	2.00	<0.00	0.67
	Time*group	0.47	20.47	2.00	<0.00	0.52

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Social Adjustment	Time	0.24	56.25	2.00	<0.00	0.75
	Time*group	0.33	37.49	2.00	<0.00	0.66

A univariate analysis of covariance was conducted to analyze the data (Table 2). After controlling for the pre-test scores, the results showed a significant difference between the control and experimental groups in the research variables. Specifically, the experimental group exhibited significantly lower scores in death anxiety (P = 0.001, F = 15.63) and death depression (P = 0.004, F = 21.56), as well as significantly higher scores in psychological hardiness (P = 0.004, F = 4.65), compared to the control group. Additionally, the experimental group had significantly lower scores in psychological symptoms (P = 0.001, F = 47.36) than the control group.

Table 3

ANOVA results for Oppositional Defiant and Social Adjustment

Variable	Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Oppositional Defiant	Group	647.51	1.091	593.47	60.32	<0.01	0.61
	Time*group	388.61	1.091	356.18	36.20	<0.01	0.48
	Error	407.86	41.460	9.83			
Social Adjustment	Group	843.75	1.27	660.22	100.42	<0.01	0.72
	Time*group	564.31	1.27	441.57	67.16	<0.01	0.63
	Error	319.26	48.56	6.57			

As the results are shown in Table 3, there is a significant difference between the experimental and control groups in the oppositional defiant component in the three evaluation stages. The value of Eta square shows that there is a significant difference between the pre-test, post-test, and follow-up measurements over time (P= <0.01, F= 60.32, Eta=0.61). The group × time interaction also indicates that there is a significant difference in the reduction of oppositional defiant between the groups over time (P= <0.01, F= 36.20, Eta=0.48). Also, there is a significant difference between the experimental and control groups in the social adjustment component in the three evaluation stages. The value of Eta square shows that there is a significant difference between the pre-test, post-test, and follow-up measurements over time (P= <0.01, F= 100.42, Eta=0.72). The group × time interaction also indicates that there is a significant difference in the increase of social adjustment between the groups over time (P= <0.01, F= 67.16, Eta=0.63).

Discussion and Conclusion

Oppositional disobedience disorder and social incompatibility are among the common disorders of adolescence that can be resolved in adolescence. It can cause irreparable problems for the teenager and his family. Therefore, intervention in these disorders is necessary. This study aimed to experimentally evaluate adolescents exhibiting confrontational disobedience and social incompatibility. The results demonstrated the efficacy of cognitive-behavioral therapy in reducing oppositional defiant behavior and social maladjustment, with effects persisting through the follow-up phase. These findings align with previous research (Karami et al., 2013; Khoshnam et al., 2013; Nateghi & Sohrabi, 2021; Shabani, 2023).

On the other hand, parents of these children do not have the right information about their child's disorder. Research suggests that Cognitive Behavioral Therapy (CBT) education can significantly impact parents' attitudes towards their child's condition. This education equips them with a deeper understanding of the disorder and empowers them with effective parenting skills (Kazdin, 2017). Consequently, parents are better equipped to implement appropriate behavior management techniques, leading to improved parent-child communication and reduced conflict (Kazdin et al., 2018). In simpler terms, by providing parents with the right information and skills, CBT education empowers them to become active partners in managing their child's disorders. In explaining this finding, it can be acknowledged that this treatment is possible that according to the skills taught, the investigated mothers were able to realize their weaknesses by reflecting on their characteristics and try to improve them, and by relying on the positive points and correct replacement of

logical thoughts instead of undesirable cognitive distortions; Try to improve their thoughts, feelings and emotions with others (Suveg et al., 2018).

Cognitive-behavioral therapy involves cognitive restructuring, a process of identifying and correcting negative thought patterns and distorted perceptions. By teaching individuals to challenge these thoughts and replace them with more adaptive ones, this therapy aims to alleviate symptoms of various mental health conditions (Goldstein et al., 2017). Numerous studies have supported the effectiveness of cognitive-behavioral therapy in addressing adolescent mental health issues. Calub et al. (2021) demonstrated individual cognitive-behavioral therapy (CBT) is effective in reducing disruptive behaviors such as aggression and oppositional defiant disorder in children and adolescents (Calub et al., 2021). In research, Tie et al. (2019) found that cognitive-behavioral therapy for parents has improved parent-child interaction and these parents have coped with their children's obsessive-compulsive disorder (Tie et al., 2019).

To further advance the understanding of adolescent behavioral disorders, future research should involve larger sample sizes and longitudinal designs. Additionally, incorporating fathers into intervention studies would provide a more comprehensive understanding of family dynamics and their impact on adolescent outcomes. To promote early intervention and prevention, it is essential to educate parents, teachers, and peers about the signs and symptoms of these disorders and effective strategies for managing them.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Written consent was obtained from all participants in the study. They were explained the importance, method, duration, and conditions of the research intervention and evaluations. They were also told that they could withdraw from participation in the study at any stage. The information obtained from the participants will be completely confidential and will not be shared with anyone other than the researcher. Participation in the study is voluntary and participants can withdraw from the study at any stage of their own volition. It was explained to the participants that this research not only poses no risk to them but also allows them to benefit from effective solutions by participating in it. After the completion of the intervention, a group therapy session will be held for the control group. This research has an ethical code of 1399.023 IR IAU.AHVAZ.REC, which was submitted to the Ethics Committee of the Counseling Group on January 16, 1395, and registered in the Iran Doc scientific system with the tracking code 14225903.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed to this study.

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