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EFFICACY OF COGNITIVE BEHAVIOR THERAPY (CBT) TREATING DISRUPTIVEMOOD DYSREGULATION DISORDER (DMDD): A CASE STUDY

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ABSTRACT

The present case is a 13 year's old from a middle-class socioeconomic status Muslim family living in Rawalpindi. She is having symptoms of disruptive mood Dysregulation disorder including crying spells, poor academic performance, anger, irritability, anxiety, lazy, unsocial, difficulty making friends and learning issues. She is having these symptoms since her childhood. This study explores the effectiveness of cognitive behavior therapy (CBT) for client who is suffering from Disruptivemood Dysregulation disorder. CBT techniques arehelpful to cure disruptive mood Dysregulation symptoms and improve overall well-being.

Key words: *Disruptive mood Dysregulation disorder, cognitive behavior therapy, case study..*

INTRODUCTION

Disruptive mood Dysregulation disorder (DMDD) is a childhood state of severe irritability, anger, and frequent, intense temper outbursts. DMDD symptoms go ahead of a being a moody child with DMDD occurrence rigorous destruction that requires clinical interest. DMDD symptoms usually start earlier to the age of 10, but the diagnosis is not specified to children under 6 or adolescents over 18.The symptoms of DMDD resemble those of attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), anxiety disorders, and childhood bipolar disorder.[1] (American Psychiatric Association, 2013)

Cognitive behavior therapy (CBT) is effective treatment ofDisruptive mood Dysregulation disorder. Number of researches indicated that CBT helpful in treating depression and anger Different strategies have been used which base on CBT model.[2] (Sharf, 2012) Social skills' training is used to improve her social relationship.[3] (Bellack & Hersen, 1979) Anger management and contingency management techniques are used to overcome anger and behavioral issues.[4] (Beck & Fernandez, 1998) Further, parent training and school consultationis vital role experiencing supreme level of well-being[5]. (Cripps & Zyromski, 2009)

THE CASE REPORT

Miss T.M is 12 years old child. She is a single child. She belongs to middle socio economic status and lives in nuclear family setup in Rawalpindi. She is presented with complaints including crying spells, anger, poor academic performance, irritability, anxiety, and lazy, unsocial, difficulty making friends and learning issues. Her problem started since early childhood. During pregnancy, her mother had severe clashes with his father and her parents were separated. Her father did not want to divorce but her mother herself took divorce through court. Her mother was very depressed during pregnancy, and problem transferred to child. After birth she lived with mother and grandparents. Grandparents had severe conflicts with her. Her

mother also had strict and harsh dealing. She haven't met her father up till now. Due to deprivation of father she remained depressed. She wished she had siblings. She had attached to uncle, but due to death of her uncle her functioning was disturbed and she felt severe depression, irritability, anger and sadness.

Another stressful event in her life was that an unknown person who lived in next otherneighbor didsex molestation with her. After this event she became completely disturbed, anxious and distress. Her mother both her for the treatment of learning issues whereher detail clinical interview was conducted. Different tests from the diagnostic battery were used including Bender Gestalt Test (BGT),[6](Bender, 1938) Draw-A-Person Test (DAP-IQ),[7] (Koppitz, 1968) Human Figure Drawing (HFD),[8](Koppitz, 1967) Children's Apperception Test (CAT).[9] (Murray, 1943) According to DSM 5 criteria she was diagnosed with Disruptive Mood Dysregulation Disorder (DMDD).

To measure intensity of Disruptive Mood Dysregulation Disorder, scales were used DSM 5 severity measure for Depression Scale,[10] (Spitzer, Williams, & Kroenke, 2013) DSM 5 Depression Parent Guardian Scale, DSM 5 anger child and anger parent guardian scales.[11-12] (PROMIS Health Organization & PROMIS Cooperative Group, 2013)-(American Psychiatric Association, 2014) Her pretest reporting and scales scores indicated that high level of depression and anger.

She was treated with cognitive behavior therapy and treatment was conceded out over 3 &$_{1/2}$ months for the period of which 12 therapy sessions included 8 therapy session and 4 follow up session. The treatment mainly comprised of psycho education about her symptoms cognitive behavioral interventions including anger management technique, contingency management, social skills, and parent training. After 3.5 months of treatment, client completely recovered fromDisruptive Mood Dysregulation Disorder.

Ethical Consideration

Written consent and verbally permission was taken from client and parents, they were assured all the information will remainedconfidentialand they have right of disagreement at any stage of case study.

Discussion/ Therapeutic outcome

Initial sessions consistedof introducingtherapy, psycho education and identification of symptoms. In this phase different approaches were introduced to overcome her symptoms.

In middle sessions, anger management technique helped client to control her anger that whenever she feels angry she distract herself and she can take deep breath and relaxherself.[13] (Beck & Fernandez, 1998) Anger thermometer is also used to overcome her anger.[14] (Feindler & Gerber, 2008) Social skills helped client in making friends, and introducing herself.Social skills training for different activitieswere used such as voice recording was used to monitor voice tone and facial expressions were used to modify her behavior.[15] (Bellack, Hersen, & Himmelhoch, 1980) Communication skills were used to improve her social interactions. Parental counseling was also used to give insight to parents in order to overcome her symptoms. Her mother was asked to tackle family clashes and provide different strategies for encouraging positive behaviors such as giving admiration, attention, and privileges. Contingency management technique is used to for shaping and modifying behavior. Problem solving technique was used to encourage andbuild up the ability to pull in a solution. School consultation is to exploit treatment and expand it in school settings, learning issues related to her teacher who was eager to encourage her progress in school setting through promoting positive behaviors and praise. A list of pleasant and unpleasant activities was made to increase pleasant symptoms and overcome her negative symptoms.[16] (Zeiss, Lewinsohn, & Muñoz, 1979) At the end of treatment, her symptoms were reduced.

CBT is helpful in reducing symptoms of disruptive mood Dysregulation, and it outcomes remain stable and long term.[17] (Lewinsohn, Biglan, & Zeiss, 1976)

Table-1

The table shows raw score or composite scores for pre post test and threeand half months follow up.

Depression	Pre-test scores	Post-test scores	Follow up scores
Severity Measure for Depression Child Scale	20	5	2
Depression Parent/Guardian of Child Scale	70 (t score)	54(t score)	51(t score)

Anger Child Scale	67(t score)	55(t score)	50(t score)
Anger Parent/Guardian For Child Scale	69(t score)	53(t score)	49(t score)

Table indicates that her pre test score of depression scale both for child and parent *severe* level of depression. Post test and follow up scores shows *none* of depression. Table also indicates that pre test of anger for child and parent *severe* level of anger. Post-test and follow up score shows *none* of anger.

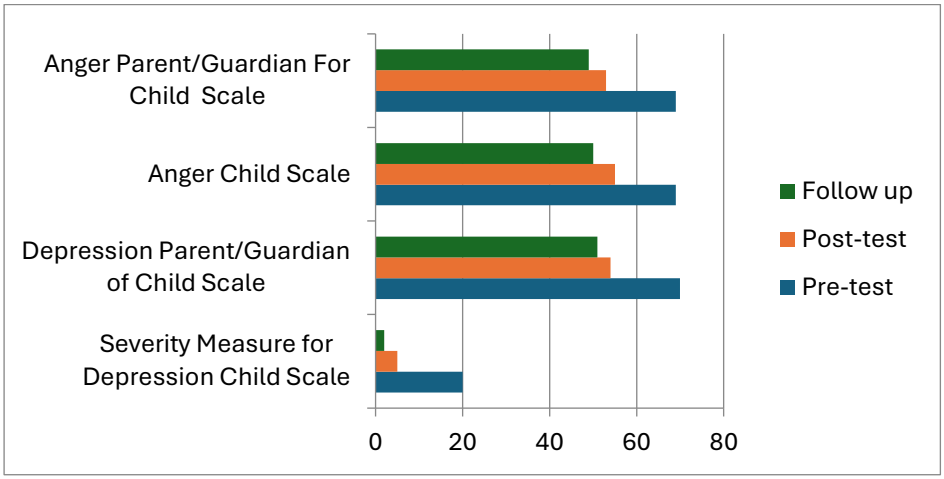

Figure-1: The graph shows raw score or composite scores for pre post test and three and half months follow up

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