IOSR Journal of Nursing and Health Science (IOSR-JNHS)
e-ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 12, Issue 3 Ser.7 (May. – June. 2023), PP 40-47
www.iosrjournals.org

"A study to assess the level of social adjustment among adolescence with disruptive mood disregulation disorder at selected schools, Puducherry".

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ABSTRACT:
Disruptive mood dysregulation disorder (DMDD) a childhood condition of extreme irritability, anger, and frequent, intense temper outbursts has been a source of controversy among clinician in the field of pediatric mental health.
Disruptive mood dysregulation disorder is a mental disorder in children and adolescence characterized by a persistently irritable or angry mood and frequent temper outbursts that are disproportionate to the situation and significantly more severe than the typical reactions of same aged peers. Disruptive and dysregulation disorder was added to the DSM-5 as type of depressive disorder diagnosis for youths. The symptoms of disruptive mood dysregulation disorder resemble those of attention deficit hyperactivity disorder, oppositional defiant disorder (ODD), anxiety disorder, and childhood bipolar disorder. Before DSM- 5 was published, the validity of disruptive mood dysregulation disorder had been questioned because disruptive mood dysregulation disorder had failed a field trial; agreement between clinicians on the diagnosis of DMDD was poor.
The major findings of the study revealed that Out of 30 samples Level of social adjustment among adolescence 26 (86.7%) had Moderate level of knowledge, 3(10%) had low level of knowledge and 1(3.3%) had high level of knowledge and the mean and standard deviation level of social adjustment among adolescence with disruptive mood dysregulation disorder is (37.77+7.57) respectively.

I. INTRODUCTION

Make no mistake .,Every child has his own lights ,No matter how difficult or defiant or unlikeable he or she might seem.

Nancy Rose

Disruptive mood dysregulation disorder (DMDD) a childhood condition of extreme irritability, anger, and frequent, intense temper outbursts has been a source of controversy among clinician in the field of pediatric mental health.

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Most parents of children with DMDD report that their children first showed signs and symptoms of the disorder during their preschool yrs. Children with DMDD show severe and recurrent temper outbursts three or more times per week. Although many children have occasional tantrums, youths with DMDD have outburst that are out of proportion in terms of their intensity or duration. These outbursts can be verbal or behavioral. Verbal outbursts often are described by observes as "rages" , "fit" or " tantrums". Children may scream, yell, and cry for excessively long periods of time, sometimes with little provocation. Physical outbursts may be directed towards people or property. Children may throw objects; hit, slap, or bite others; destroy toys or furniture; or otherwise act in a harmful or destructive manner.

II. REVIEW OF LITERATURE:

Ines Mürner et al (2021), conducted a study on Disruptive mood dysregulation disorder (DMDD) involves non-episodic irritability and frequent severe temper outbursts in children. Since the inclusion of the diagnosis in the DSM-5, there is no established gold-standard in the assessment of DMDD. In this systematic review of the literature, we provide a synopsis of existing diagnostic instruments for DMDD. Bibliographic databases were searched for any studies assessing DMDD. The systematic search of the literature yielded K = 1167 hits, of which n = 110 studies were included. The most frequently used measure was the Kiddie Schedule for Affective Disorders and Schizophrenia DMDD module (25%). Other studies derived diagnostic criteria from interviews not specifically designed to measure DMDD (47%), chart review (7%), clinical diagnosis without any specific instrument (6%) or did not provide information about the assessment (9%). Three structured interviews designed to diagnose DMDD were used in six studies (6%). Interrater reliability was reported in 36% of studies (ranging from $\kappa = 0.6–1$) while other psychometric properties were rarely reported. This systematic review points to a variety of existing diagnostic measures for DMDD with good reliability. Consistent reporting of psychometric properties of recently developed DMDD interviews, as well as their further refinement, may help to ascertain the validity of the diagnosis.

STATEMENT OF PROBLEM

A study to assess the level of social adjustment among adolescence with disruptive mood dysregulation disorder at selected school, puducherry.

OBJECTIVES OF STUDY

- To assess the level of social adjustment among adolescence with disruptive mood dysregulation disorder.
- To associate the level of social adjustment among adolescence with disruptive mood dysregulation disorder with their selected demographic variables.

ASSUMPTION:

- Adolescence Who experience the symptoms of DMDD (disruptive mood dysregulation disorder)

III. MATERIALS AND METHODS:

The research approach used for this study was quantitative research approach. A descriptive research design was used to assess the level of social adjustment among adolescence with disruptive mood dysregulation disorder at selected schools, puducherry.

Section A: This section consists of demographic variables such as age, gender, religion, education, area of residency, type of family, birth order, type of school socio economic status, family income, DMDD stands for.

Section B: this consists of "Modified social adjustment scale of disruptive mood dysregulation disorder" interpretation of low level of social knowledge, moderate level of social knowledge, and high level of social knowledge.

SCORING INTERPRETATION

Low level of social knowledge	1-25
Moderate level of social knowledge	26-50
High level of social knowledge	51-75

RESEARCH APPROACH:

A quantitative research approach was adopted for this study

RESEARCH DESIGN:

A descriptive research design was adopted for this study

SETTING OF THE STUDY:

The study was conducted in Barathadevi english higher secondary school Madagadipet, Puducherry.

POPULATION:

The target population for this study includes the all adolescence

SAMPLE:
In this study, the sample comprises of adolescence with disruptive mood dysregulation disorder in selected schools.

SAMPLE SIZE:
In this study, the sample size consists of 30 adolescence

SAMPLING TECHNIQUE:
A Random sampling technique was adopted for this study.

CRITERIA FOR SAMPLE SELECTION:

INCLUSION CRITERIA:

- Adolescence both male and female
- Adolescence who are willing to participate in data collection
- Adolescence who experience disruptive mood dysregulation disorder
- Adolescence available at the time of data collection

EXCLUSION CRITERIA:

- Adolescence who are not willing to participate in the study.

IV. RESULTS:

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 21(70%). Most of the adolescence were Primary in education 25(83.3%). Majority of the adolescence were Rural 22(73.3%). Majority of the adolescence were Joint family 18(60%). Majority of the adolescence Birth order were 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 14(46.7%). Majority of the adolescence Family income were Rs.5000 - 10,000 10(33.3%).

- Association between the level of social adjustment among adolescence with disruptive mood dysregulation disorder with their selected demographic variables. depicts that the demographic variable, Religion and Types of school disorder with their selected demographic variables. had shown statistically significant association between the level of social adjustment among adolescence with disruptive mood dysregulation
- The other demographic variable had not shown statistically significant association between the level of social adjustment among adolescence with disruptive mood dysregulation disorder with their selected demographic variables respectively.

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	11	36.7
	b) Female	19	63.3
	c) Transgender	0	0
3	**Religion**		
	a) Hindu	21	70
	b) Christian	2	6.7

	c) Muslim	3	10
	d) others	4	13.3
4	**Education**		
	a) Illiterate	0	0
	b) Primary school	25	83.3
	c) Secondary school	5	16.7
5	**Area of residency**		
	a) Urban	8	26.7
	b) Rural	22	73.3
6	**Type of family**		
	a) Nuclear family	9	30
	b) Joint family	18	60
	c) Broken family	3	10
7	**Birth order**		
	a) 1st	6	20
	b) 2nd	9	30
	c) 3rd	5	16.7
	d) Above 3	10	33.3
8	**Types of school**		
	a) Non-government	27	90
	b) Government	1	3.3
	c) Home schooling	2	6.7
9	**Socio economic status**		
	a) Poor socio economic status	6	20
	b) Moderate socio economic status	14	46.7
	c) High socio economic status	10	33.3
10	**Family income**		
	a) Below Rs.5000	9	30
	b) Rs.5000 - 10,000	10	33.3
	c) Rs.10,000 - 15,000	5	16.7
	d) More than 15,000	6	20
11	**DMDD stands for**		
	a) Degenerative mood disc disease	7	23.3
	b)Disruptive major depressive disorder	15	50
	c) Disruptive mood dysregulation disorder	8	26.7

- Table 1 shows frequency and Percentage wise distribution of demographic variables among adolescence.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 21(70%). Most of the adolescence were Primary in education 25(83.3%). Majority of the adolescence were Rural 22(73.3%). Majority of the adolescence were Joint family 18(60%). Majority of the adolescence Birth order were 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 14(46.7%). Majority of the adolescence Family income were Rs.5000 - 10,000 10(33.3%).

Table 2:- Frequency and percentage wise distribution of level of social adjustment among adolescence with disruptive mood dysregulation disorder.

(N = 30)

LEVEL OF SOCIAL ADJUSTMENT	FREQUENCY (n)	PERCENTAGE (%)
low level	3	10
Moderate level	26	86.7
high level	1	3.3
Total	30	100
Mean±Standard deviation	37.77±7.57	

Association between the level of social adjustment among adolescence with disruptive mood dysregulation disorder with their selected demographic variables.

(N=30)

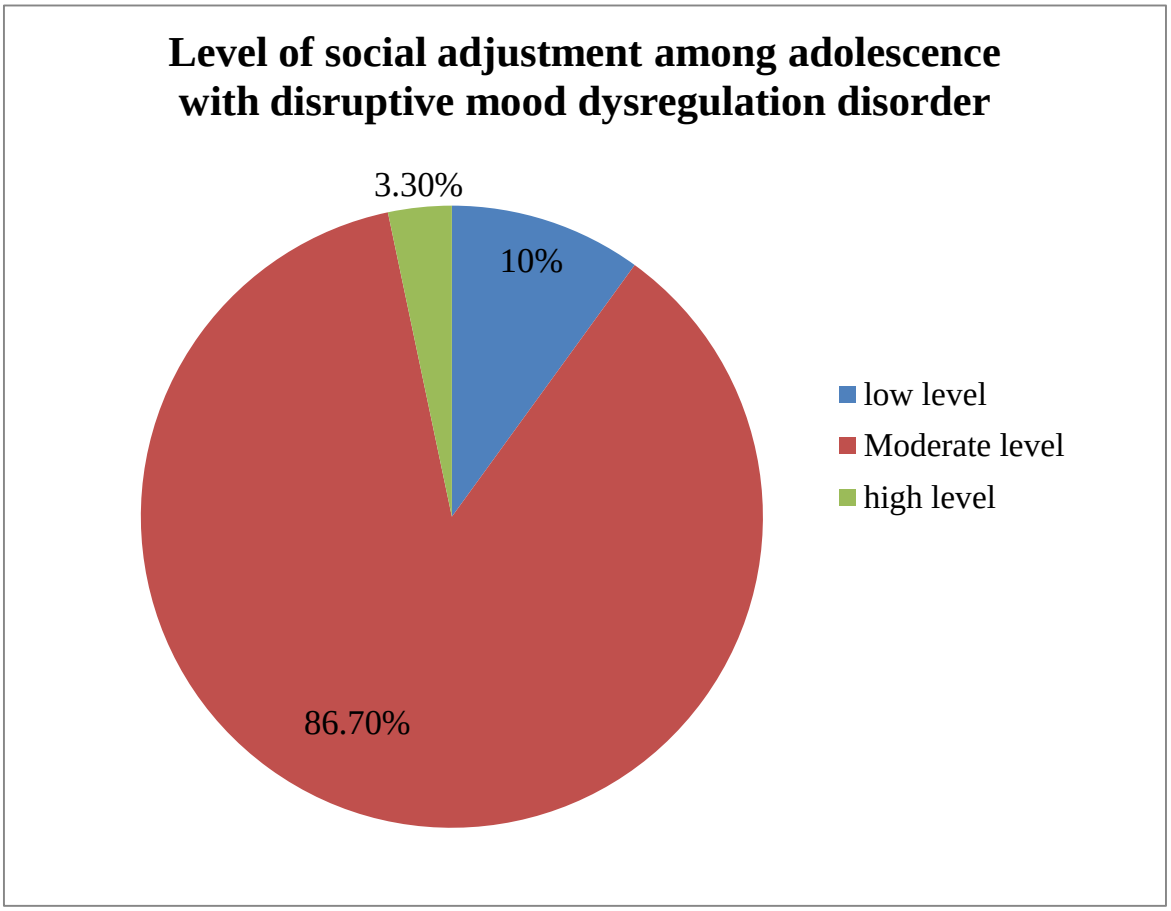
SL. NO	DEMOGRAPHIC VARIABLES	LEVEL OF KNOWLEDGE						Chi-square X^2 and P-Value
		LOW LEVEL		MODERATE LEVEL		HIGH LEVEL		
		N	%	N	%	N	%	
1	**Age**							X^2=1.58 Df=2 p =0.454 NS
	a) 10 - 12 years	1	33.3	10	38.5	1	100	
	b) 12-15 years	2	66.7	16	61.5	0	0	
	c) 15-19 years	0	0	0	0	0	0	
2	**Gender**							X^2=2.67 Df=2 p =0.263 NS
	a) Male	0	0	11	42.3	0	0	
	b) Female	3	100	15	57.7	1	100	
	c) Transgender	0	0	0	0	0	0	
3	**Religion**							**X^2=19.81 Df=6 p =0.003 *S**
	a) Hindu	1	33.3	19	73.1	1	100	
	b) Christian	2	66.7	0	0	0	0	
	c) Muslim	0	0	3	11.5	0	0	
	d) others	0	0	4	15.4	0	0	
4	**Education**							X^2=0.923 Df=2 p =0.630 NS
	a) Illiterate	0	0	0	0	0	0	
	b) Primary school	3	100	21	80.8	1	100	
	c) Secondary school	0	0	5	19.2	0	0	
5	**Area of residency**							X^2=1.67 Df=2 p =0.432 NS
	a) Urban	0	0	8	30.8	0	0	
	b) Rural	3	100	18	69.2	1	100	
6	**Type of family**							X^2=2.82 Df=4 p =0.588 NS
	a) Nuclear family	1	33.3	7	26.9	1	100	
	b) Joint family	2	66.7	16	61.5	0	0	
	c) Broken family	0	0	3	11.5	0	0	
7	**Birth order**							X^2=5.43 Df=6 p =0.490 NS
	a) 1st	0	0	6	23.1	0	0	
	b) 2nd	2	66.7	6	23.1	1	100	
	c) 3rd	0	0	5	19.2	0	0	
	d) Above 3	1	33.3	9	34.6	0	0	
8	**Types of school**							**X^2=19.34 Df=4 p =0.001**
	a) Non-government	2	66.7	25	96.2	0	0	

	b) Government	0	0	1	3.8	0	0	***S**
	c) Home schooling	1	33.3	0	0	1	100	
9	**Socio economic status**							
	a) Poor socio economic status	0	0	6	23.1	0	0	X^2=5.27 Df=4 p =0.260 NS
	b) Moderate socio economic status	3	100	10	38.5	1	100	
	c) High socio economic status	0	0	10	38.5	0	0	
10	**Family income**							
	a) Below Rs.5000	0	0	9	34.6	0	0	X^2=7.93 Df=6 p =0.243 NS
	b) Rs.5000 - 10,000	2	66.7	8	30.8	0	0	
	c) Rs.10,000 - 15,000	0	0	4	15.4	1	100	
	d) More than 15,000	1	33.3	5	19.2	0	0	
11	**DMDD stands for**							
	a) Degenerative mood disc disease	1	33.3	6	23.1	0	0	X^2=2.33 Df=4 p =0.674 NS
	b)Disruptive major depressive disorder	2	66.7	12	46.2	1	100	
	c) Disruptive mood dysregulation disorder	0	0	8	30.8	0	0	

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

The table 3 depicts that the demographic variable, ***Religion and Types of school*** had shown statistically significant association between the level of social adjustment among adolescence with disruptive mood dysregulation disorder with their selected demographic variables.

The other demographic variable had not shown statistically significant association between the level of social adjustment among adolescence with disruptive mood dysregulation disorder with their selected demographic variables respectively.



V. CONCLUSION AND RECOMMENDATION:

A descriptive study to assess the level of social adjustment with disruptive mood dysregulation disorder among adolescence at selected school, puducherry.

The findings of the study revealed that Out of 30 samples Level of social adjustment among adolescence 26 (86.7%) had Moderate level of knowledge, 3(10%) had low level of knowledge and 1(3.3%) had high level of knowledge and the mean and standard deviation level of social adjustment among adolescence with disruptive mood dysregulation disorder is (37.77+7.57) respectively.

NURSING IMPLICATIONS:

The study has implicated for nursing practice, nursing education, nursing administration and nursing research.

NURSING PRACTICE:

- This study emphasis in improving the knowledge regarding level of social adjustment among adolescence with disruptive mood disregulation disorder through educative measures.
- More knowledge regarding level of social adjustment among adolescence with disruptive mood disregulation disorder will help for early identification of the adolescence with disruptive mood disregulation disorder.
- Visual information can also provide with slide show which will help the client to increase the knowledge regarding level of social adjustment with disruptive mood dysregulation disorder among adolescence.
- Nurses' active participation in school health programmes by providing direct and indirect care helps to achieve the goals of health services.
- Adolescence in knowledge regarding level of social adjustment with disruptive mood dysregulation disorder indicate the needs for arranging health education session in related topics

NURSING EDUCATION:

- Nurse educator should emphasize more on preparing students to impact health information to the public regarding level of social adjustment with disruptive mood dysregulation disorder.

- The study has clearly proved that video teaching programme was effective in improving the knowledge regarding level of social adjustment with disruptive mood dysregulation disorder.
- To practice this, nursing personal needs to be equipped with adequate knowledge and practice regarding video teaching programme.
- The curriculum of nursing education should enable student nurse to equip themselves within the knowledge of level of social adjustment with disruptive mood dysregulation disorder.

NURSING ADMINISTRATION:

- Nurse as an administrator should take limitation in formulating policies and protocols for health teaching.
- The nursing administration should motivate the subordinate for participating in various educational programmes and improve their knowledge and skills.
- The administrator serves as a reserve's person for young nursing students, parents and school teachers for proving guidance and counselling for adolescence with disruptive mood dysregulation disorder The nurse administrator has given through slides show for the awareness of prevalence of disruptive mood dysregulation disorder among adolescence.

NURSING RESEARCH:

- There is a good scope for nurse to conduct research in this area, to find out the effectiveness of various teaching strategy to educate the teachers and the parents
- The research study can be made by further implication of the study.
- Can be used for evidence based nursing practice as a rising trend.

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