

Oppositional Defiant Disorder

Definition:

Oppositional Defiant Disorder (ODD) is a behavioral disorder that is characterized by persistent disobedience and opposition to authority figures. These kids show a pattern of negative, hostile and defiant behavior. In contrast to conduct disorder, children with ODD still respect the basic rights of others and follow age appropriate societal rules.

Symptoms of ODD:

- frequent temper tantrums
- excessive arguing with adults
- unwillingness to compromise, give in, or negotiate with adults or peers.
- deliberate or persistent testing of limits.
- refusing to take responsibility for own behaviors
- low frustration tolerance
- frequent anger or resentment
- hostility directed at peers and adults
- often has need/desire to seek revenge unjustly

It is important to note that every child may display one/more of these symptoms at a particular time, and that many of these behaviors are appropriate at different developmental levels. However, it is at the point when these behaviors become excessive and interfere with daily functioning, that the caregiver or teacher should refer the child for an evaluation.

The symptoms of ODD are often seen in multiple settings but may be more pervasive in a particular setting such as home or school. Symptoms may worsen when the child is interacting with familiar adults. It is rare for a child with ODD to be without a comorbid diagnosis such as depression attention deficit hyperactivity disorder, and anxiety.

Reported prevalence rates of ODD vary; 2-16% have been reported in various studies. The American Psychiatric Association estimates that about 16% of children in the United States have ODD but it is often difficult to diagnosis because of the comorbid diagnoses. ODD usually begins to appear before age eight and no later than early adolescence. ODD is more common in boys than girls when younger but rates even out as age increases.

Specific causes of ODD are unknown, however, it is suspected that both biological and environmental factors play a role. Some studies report that children with an alcoholic parent or parent who has been in trouble with the law are more likely to

have ODD. Other studies suggest that children with ODD have a biomedical predisposition that can be treated with counseling and behavior modification.

Children suspected of having ODD should undergo a thorough evaluation by a licensed psychologist or psychiatrist. Medical practitioners are often the first to hear a parents complaints about the child. An evaluation should include formal testing, observations, interviews with parents, child and teacher. A thorough medical evaluation is necessary to rule out other possible diagnoses. As stated above diagnosis of ODD can be difficult due to it's links with other diagnoses such as ADHD, OCD, depression and anxiety. *There is currently no objective test which specifically measures the presence of ODD.*

The psychiatrist or psychologist will diagnosis a child according to the following criteria which is taken from the Diagnostic and Statistical Manual of Mental Disorders (DST IV):

A. A pattern of negativistic, hostile and defiant behavior lasting at least six months, during which at least four (or more) of the following are present.

- 1.often loses temper
2. often argues with adults
3. often actively defies or refuses to comply with adult requests or rules
4. often deliberately annoys people
5. often blames others for his/her mistakes or behaviors.
6. is often touchy or easily annoyed by others.
7. is often angry and resentful
8. is often spiteful or vindictive

B. The disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning.

C. The behaviors do not occur exclusively during the course of a Psychotic or Mood Disorder.

D. Criteria are not met for Conduct Disorder, and, if the individual is age 18 years or older, criteria are not met for antisocial Personality Disorder.

TREATMENT

- Stimulant medication is only recommended when ODD co-exists with other diagnoses such as attention deficit hyperactivity disorder, depression, obsessive compulsive disorder, etc.
- Individual therapy is often helpful. Children can learn to understand their disorder as well as learning techniques to improve defiant behavior.

- Family Therapy has not been supported in research. However, families may benefit from therapy to gain understanding of the disorder. Parents may also benefit from therapy which allows them an opportunity to discuss how they feel about their child's diagnosis and feelings about how the child's behavior is affecting the rest of the family.

Tips for Parents

- Praise your child when he or she is cooperative. Do it in a manner that he or she is not singled out (whisper it softly) as oppositional defiant disorder kids do not like to be singled out.
- Take time-outs yourself if necessary. ODD kids thrive in conflict. It will also be a good example for your child if you demonstrate an appropriate way to deal with conflict, anger and frustration.
- Pick your battles. Your child will not do everything you ask all at once. Choose the most important things you need done and work on these first. Begin with just a few things.
- Build a strong support group. Become involved in activities which don't involve your child with ODD. It's important to have other interests in your life other than your ODD child.
- Manage your own stress level. Having a child with ODD is stressful. Take time to rest and relax.

Resources

American Academy of Child and Adolescent Psychiatry
3615 Wisconsin Ave. NW
Washington DC 20016
202-966-7300

National Alliance for the Mentally Ill
200 N. Glebe Road, Suite 1015
Arlington, VA 22203
HELP LINE: 1-800-950-NAMI
<http://www.nami.org>

National Institute on Mental Health
5600 Fishers Lane, Rm. 7C-02
Rockville, MD 20875
<http://www.nimh.nih.gov>

National Mental Health Association
1021 Princess St.
Alexandria, VA 22314
1-800-969-NMHA
<http://www.nmha.org>

Bibliography

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Horne, Arthur M., Treating Conduct Disorders and Oppositional Defiant Disorders in Children. New York: Pergamon Press (1990).

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American Psychiatric Association Public Information

American Academy of Child & Adolescent Psychiatry