

Oppositional Defiant Disorder

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Problem Statement

- ❖ Behavior disorders, such as oppositional defiant disorder (also known as ODD), are the most common reason for referrals to mental health service for children and adolescents yet the knowledge of these disorders is minimal in most schools (www.muschealth.com).
- ❖ Oppositional defiant disorder often coexists with other mental disorders; this making it difficult to diagnose and treat (www.muschealth.com).
- ❖ Initially, it can be difficult to differentiate from developmentally appropriate , however troublesome, behavior so it is important to understand the symptoms clearly in order to make a correct diagnosis and implement a proper treatment process (Hamilton & Armando, 2008).

Definition of ODD

- ❖ “A recurrent pattern of developmentally appropriate, negativistic, defiant, and disobedient behavior toward authority figures” (*Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, 1994*).
- ❖ Defiant behavior is a normal part of being a kid but when defiance goes beyond the realm of normal behavior and they become uncooperative and confrontational, thus interfering with their ability to learn, thrive and get along with people, this is called oppositional defiant disorder (*National Dissemination Center for Children with Disabilities*).
- ❖ “A behavior disorder, usually diagnosed in childhood, that is characterized by uncooperative, defiant, negativistic, irritable, and annoying behaviors toward parents, peers, teachers, and other authority figures” (www.muschealth.com).

Definition of ODD

- ❖ “A behavioral disorder diagnosed by an ongoing pattern of defiant, disobedient, and hostile behavior beginning in childhood or adolescence” (www.virtualmedicalcentre.com).
- ❖ “ A pattern of negativistic, hostile, and defiant behavior lasting at least 6 months. The disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning” (DSM IV – TR, Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, 1994).
- ❖ “Children with oppositional defiant disorder have substantially strained relationships with their parents, teachers, peers, and have high rates of coexisting conditions such as attention-deficit/hyperactivity disorder and mood disorders. [They] are at a greater risk of developing conduct disorder and antisocial personality disorder during adulthood” (Hamilton & Armando, 2008).

Statistics of ODD

- ❖ “ODD occurs in about 10% of children in the U.S” ([National Dissemination Center for Children with Disabilities](#)).
- ❖ ODD can begin to surface in children as young as 7 years old, and commonly peaks at age 13; although turning 14 doesn't make children immune from it. Boys are more commonly diagnosed with ODD than girls. ODD is not simply a “phase.” “Young people who have [ODD] are unlikely to grow out of the disorder” ([CRC Health Group](#)).
- ❖ “ [ODD] is reported to affect 1 to 16 percent of the school-age population” (www.muschealth.com).
- ❖ “About 10.2% of all children will develop ODD, with the condition occurring slightly more in boys (11%) than girls (9%)” (www.virtualmedicalcentre.com).

Statistics of ODD

- ❖ “Approximately one third of children with oppositional defiant disorder subsequently develop conduct disorders, 40 percent of whom will develop antisocial personality disorder in adulthood. 40 percent of children with ADHD also meet diagnostic criteria for oppositional defiance disorder” (Hamilton & Armando, 2008).
- ❖ “Signs of ODD generally begin before a child is 8 years old. Sometimes ODD may develop later, but almost always before the early teen years. When ODD behavior develops, the signs tend to begin gradually and then worsen over months or years” (www.cnn.com).
- ❖ ODD is the second most prevalent psychiatric disorder of childhood and the most common reason for clinic referral. The prevalence percentage within the community is 2-14% in childhood and adolescence; compared to 28-50% in clinical settings. (Boylan, Vaillancourt, Szatmart, 2012)
- ❖ Around two thirds of children diagnosed with ODD will no longer have significant behavior problems after age 3, and 70% will have no behavioral problems by the age of 18. About 10% of children with ODD will go on to develop a conduct disorder. (www.virtualmedicalcentre.com)

Causes of ODD

- ❖ There is no known cause of ODD. Environmental factors such as a child's natural character, developmental delays in the ability to process thoughts and feelings, lack of supervision, inconsistent or harsh discipline, abuse, neglect, or an imbalance of serotonin in the brain, may contribute to its development. (www.cnn.com)
- ❖ Mental health professionals believe that ODD has many possible causes including factors in the genetic, psychological, and social aspects of an individual. Students who struggle with disorders such as depression, panic/anxiety disorder, learning disabilities, ADHD, and similar conditions without proper diagnosis and treatment are much more likely to exhibit behavior similar to ODD. (CRC Health Group).

Causes of ODD

- ❖ *Developmental theory* suggests that the behaviors associated with ODD begin when children are toddlers and they continued from normal developmental issues that weren't resolved early on.
- ❖ *Learning theory* suggests that the negative behaviors of ODD are “learned attitudes reflecting the effects of negative reinforcement techniques used by parents and authority figures”

(www.muschealth.com)

Risk Factors of ODD

❖ Biological Factors (may include; formal research in inconclusive)

- ❖ Genetics
- ❖ Exposure to nicotine in the uterus or lack of vitamins
- ❖ Levels of lead a child is exposed to

❖ Psychological Factors (may include; formal research in inconclusive)

- ❖ Insecure attachment to the mother or unresponsive parent
- ❖ Students with ODD have difficult processing information. They tend to ignore body language, have trouble finding solutions to problems, and expect rewards for aggressive behavior.

❖ Social Factors (may include; formal research in inconclusive)

- ❖ Poverty, violence in the community, aggressive family environment, lack of supervision and encouragement, inconsistent discipline, child abuse, rejection by peers, and consistent bullying

(www.virtualmedicalcentre.com)

Symptoms of ODD

❖ According to DSM IV-TR, a child must frequently demonstrate behavior from at least four of these nine criteria in order to be diagnosed with ODD

- ❖ Often loses temper
- ❖ Argues with adults
- ❖ Actively defies or refuses to comply with rules and requests
- ❖ Deliberately annoys others
- ❖ Blames others for his or her mistakes and/or misbehavior
- ❖ Touchy or easily annoyed by others
- ❖ Angry and resentful
- ❖ Spiteful or vindictive
- ❖ The disturbance causes impairment in social, academic, or occupational functioning

(Hamilton & Armondo, 2008)

Symptoms of ODD

- ❖ Children with ODD will exhibit some (or all) of the following:

- ❖ Hostility toward peers, teachers, parents, and family members
- ❖ Persistent negative or pessimistic attitude
- ❖ Refusal to obey orders or follow directions
- ❖ Aggression toward others (verbal and physical)
- ❖ Anger that quickly boils over to rage
- ❖ Easily frustrated and quick to blame others
- ❖ Loss of friendships
- ❖ Continuous problems in school and eventually with the law

(CRC Health Group)

- ❖ Adults with ODD may show similar symptoms as well as:

- ❖ An ongoing pattern of relationship conflict
- ❖ Holding grudges
- ❖ Arguing with authority at work (which is why adults with ODD often become self employed)
- ❖ Blaming others (i.e. spouse) for mistakes
- ❖ Trying to control others

(www.virtualmedicalcentre.com)

Symptoms of ODD

- ❖ Many of the symptoms associated with ODD can also occur in the natural development of children. However, in individuals with ODD, the below symptoms occur more frequently and tend to interfere with learning, school adjustment and the individuals relationships with others. (www.muschealth.com)
- ❖ Symptoms are usually seen in multiple settings, but are most apparent in the home and at school. (American Academy of Child & Adolescent Psychiatry)
- ❖ “Oppositional symptoms typically precede, or co-occur with depressive symptoms in childhood” (Boylan, Vaillancourt, Szatmari, 2012).
- ❖ Angry, irritable symptoms (AIS) may contribute to the development of anxiety and mood disorders. Only a subset of symptoms is required for a diagnosis. (Gadow & Drabick, 2012).

How is ODD diagnosed?

- ❖ In addition to displaying at least four of the criteria listed by DSM IV – TR, a child's disruptive behavior must:
 - ❖ cause significant problems at work, school or home
 - ❖ occur on its own, rather than as part of another mental health problem, such as depression or bipolar disorder
 - ❖ not meet the criteria for conduct disorder

(www.cnn.com)
- ❖ A child that presents symptoms of ODD should be given a comprehensive evaluation to look for other disorders which may be present including ADHD, learning disabilities, mood disorders such as depression and bipolar disorder, and anxiety disorders. (American Academy of Child & Adolescent Psychiatry)

How is ODD diagnosed?

- ❖ A diagnosis is usually made through long interviews with the child, the parents, and possibly the teacher. If a child is too young for such interviews, conducting a “play session” would occur to study the student.
- ❖ Many tools have been used for assessing ODD in children including:
 - ❖ Anxiety Disorders Interview Schedule (ADOS-C) – structured interview with child and parent
 - ❖ Eyberg Child Behavior Inventory (ECBI) – 36 questions that the parent completes about the child’s behavior
 - ❖ Child Behavior Checklist (CBCL) – questionnaire in which parents rate 113 different behaviors from 0-3 points
 - ❖ Parental Stress Index (PSI) – a self report completed by parents including 120 points, measuring three areas of stress including stress that comes from the child, from the parent, and from external life events

(www.virtualmedicalcentre.com)

How is ODD diagnosed?

- ❖ Parents, teachers, and other authority figures usually are the ones to initially diagnose the behaviors of ODD. A child psychiatrist or qualified mental health professional however, is the one that makes the actual diagnosis.
- ❖ Here are some of the things needed for diagnosis:
 - ❖ Detailed history of child's behavior from parents and teachers
 - ❖ Clinical observations of child's behavior
 - ❖ Occasionally, psychological testing is also encouraged
- ❖ Parents are encouraged to seek an evaluation and possible treatment as early as possible to prevent future problems.

(www.muschealth.com)

How is ODD diagnosed?

- ❖ Other tools used to diagnose ODD include:
 - ❖ The National Initiative for Children's Healthcare Quality (NICHQ) Vanderbilt Assessment Scale
<http://www.nichq.org/NICHQ/Topics/ChronicConditions/ADHD/Tools/>
 - ❖ SNAP-IV Teacher and Parent Rating Scale
<http://www.adhdcanada.com/pdfs/SNAP-IVTeacherParentRatingScale.pdf>
 - ❖ Pediatric Symptom Checklist
http://www.massgeneral.org/allpsych/PediatricSymptomChecklist/psc_english.pdf

How is ODD diagnosed?

❖ Steps in Diagnosis include:

- ❖ Determine whether or not the behavior is abnormal; “[ODD] is only distinguishable by the duration and degree of behavior”
- ❖ Physicians should explore the possibility that the behaviors are stemming from physical or sexual abuse or neglect
- ❖ Assessment of a child depends on an alliance with the child and the family; the assessment should include information gathered from a multitude of sources as well as history of the child
- ❖ The frequency of the behavior must be determined; the behavior must cause impairment in social, academic, or occupational functioning
- ❖ When diagnosis is unclear, a referral to a psychologist or psychiatrist trained in the assessment of children is recommended

(Hamilton & Armando, 2008)

Treatment of ODD

- ❖ Determining the treatment of ODD is dependent upon many factors including the individual's age, nature of the severity, and the presence of other disorders and/or disabilities that could be causing the behavior.
- ❖ For younger children, the treatment mainly consists of strategies for parents for managing the inappropriate behavior
- ❖ For older individuals, the treatment would focus more on the child AND the family

(CRC Health Group)

Treatment of ODD

❖ Treatment of ODD may include:

- ❖ Parent Management Training Programs to help parents and others manage the child's behavior
 - ❖ It may be most practical to begin with PMT (Parent Management Training) for the treatment of a child with oppositional disorder and then move to another treatment if needed. (Kazdin, 2005)
- ❖ Individual Psychotherapy to help battle anger management
- ❖ Family Psychotherapy to improve communication and understanding
- ❖ Cognitive Problem Solving Skills Training and Therapies to aid in problem solving and decrease negativity
- ❖ Social Skills Training to increase flexibility and improve social skills
- ❖ Medication may be needed in extreme cases to control more serious symptoms

(American Academy of Child & Adolescent Psychiatry)

Treatment of ODD

❖ Individual Therapy

- ❖ Includes social skills training (focusing on reading body language), anger management skills, ways to cope with stress, problem solving skills (in logical, non-aggressive ways), and improving academic skills to reduce problems in school

❖ Parent Therapy

- ❖ Often considered to be the most important part of ODD therapy
- ❖ Parents are given information about their child's development and needs
- ❖ Parents must establish realistic expectations for their children, monitor their behavior and help them to develop pro-social skills, develop rules, limits, and logical consequences (and communicate them clearly and consistently), and spend quality time with their children.

❖ Family Therapy

- ❖ Obviously, if individual and parent therapy are known to work so well on their own, combining them would have even better results. It includes aspects of both equally, and introduces family-oriented problem solving and communication skills.
- ❖ This type of therapy is known to be the most effective.

(www.virtualmedicalcentre.com)

Treatment of ODD

❖ Medications

- ❖ These play a very small part of the treatment of ODD
- ❖ “The ADHD medication atomoxetine (Strattera) has been studied and appears to improve the behavior of children with both ODD alone and ODD co-existing with ADHD.” Other stimulants have no benefits at all and could make the behavior worse.
- ❖ “It is highly recommended that psychological therapy be used as the main treatment for ODD” (www.virtualmedicalcentre.com).

- ❖ Intervention can look many different ways. It may be focused on the child, the caregivers, the family, a wider social network, or a combination. The choice of intervention depends upon the availability of resources, the urgency of the situation, and the willingness of the parent to make use of the help offered. (Cooper, 1999)

Tips for Parents:

- ❖ Always build on the positives. Give praise and positive reinforcement when cooperation is shown.
- ❖ Take time outs or breaks to avoid making situation worse. This is also good modeling for your child.
- ❖ Pick your battles. Prioritize the important of what you want your child to do.
- ❖ Set reasonable and age appropriate limits and consequences.
- ❖ Make sure to continue hobbies and interests other than your child with ODD; don't let it take up all of your time and energy. Get support from others in similar situations.
- ❖ Maintain your own health through exercise and relaxation

(American Academy of Child & Adolescent Psychiatry)

Tips for Parents:

❖ As part of parent training, you may also learn how to give effective timeouts, avoid power struggles, remain calm and unemotional in the face of opposition, praise your child's good behaviors, offer acceptable choices to your child to give them a certain amount of control, establish a schedule for the family including meals that will be eaten and activities done together, only enforce consequences that can be consistently enforced (www.cnn.com)

❖ “The goal of early intervention is to enhance the child’s normal growth and developmental process, and improve the quality of life experienced by children or adolescents with oppositional defiant disorder” (www.muschhealth.com)

Tips for Teachers:

- ❖ It is important to remember that the student is suffering, too
- ❖ These students aren't acting this way just to make you and everyone else miserable
- ❖ There are useful tips to encourage them to act appropriately:
 - ❖ Focus on prevention - work on identifying activities that are likely to cause frustration in the child and help him or her develop coping mechanisms to avoid such conflict
 - ❖ Establish expectations - clearly state your behavioral expectations. State two or three behavioral goals for the student and include them on a behavioral chart . Monitor their progress throughout the day. Make sure the student acknowledges the expectations at the beginning of the day, and throughout the day as needed.
 - ❖ Praise the child – can make teaching these students much more effective and less frustrating. Use a behavioral chart to monitor expectations and make sure to reward positive behavior. “A smile or word of praise from a teacher can mean a great deal.”
 - ❖ Use natural consequences – they need to know that their behavior will result in consequences . Those should be appropriate and meaningful; and **MUST** be something the child wishes to avoid.

(www.brighthouseeducation.com)

Conclusion

- ❖ “All children are oppositional from time to time, particularly when tired, hungry, stressed or upset. They may argue, talk back, disobey, and defy parents, teachers, and other adults.” ODD behavior stands out when compared with other children. It visibly affects the child’s social, family, and academic life. ([American Academy of Child & Adolescent Psychiatry](#))
- ❖ Pay attention to the frequency, consistency, and severity of the behavior. Early diagnosis and treatment of ODD is the best possible scenario.
- ❖ Having a child with ODD in your family or in your classroom is not the end of the world. There is an enormous amount of resources out there to help you understand the symptoms, diagnose, treat, and even prevent the behaviors from occurring.

Conclusion

- ❖ To read testimonials from parents and teachers regarding children with ODD, please visit <http://www.brighthubeducation.com/special-ed-behavioral-disorders/26631-strategies-for-teaching-children-with-oppositional-defiant-disorder/>.
- ❖ Can we afford to not be knowledgeable about behavior disorders such as ODD and the proper ways to treat them?
- ❖ If we have the ability to prevent and treat disorders such as ODD early, don't we owe it to the children to do so?
- ❖ How many of you can think of an individual who portrays symptoms of ODD that you have learned from this presentation?
- ❖ How will you take what you have learned from this presentation and use it in your own life and/or career?

Resources

Books:

- ❖ American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.
- ❖ Kazdin, A.E. (2005). *Parent Management Training: Treatment for oppositional, aggressive, and antisocial behavior in children and adolescents*. Oxford University Press.
- ❖ Cooper, P. (1999). *Understanding and Supporting Children with Emotional and Behavioral Difficulties*. Jessica Kingsley Publishers.

Resources

Journal Articles:

- ❖ Hamilton, S., & Armando, J. (2008). Oppositional Defiant Disorder. *American Family Physician*, 78 (7), 861-866.
- ❖ Gadow, K. & Drabick, D. (2012). Symptoms of autism and schizophrenia disorders in clinically referred youth with oppositional defiant disorder. *Research in Developmental Disabilities*, 33, 1157-1168.
- ❖ Boylan, K., Vaillancourt, T., & Szatmari, P. (2012). Linking Oppositional Behavior Trajectories to the Development of Depressive Symptoms in Childhood. *Child Psychiatry Human Development*, 43, 484-497.