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OPPOSITIONAL DEFIANT DISORDER

DO YOU HAVE AN IDEA ABOUT
OPPOSITIONAL DEFIANT DISORDER?

WHAT IS OPPOSITIONAL DEFIANT DISORDER?

Diagnostic and Statistical Manual of Mental Disorders, 4th ed.:

Recurrent pattern of developmentally inappropriate, negativistic, defiant, and disobedient behavior toward authority figures.

WHAT IS OPPOSITIONAL DEFIANT DISORDER?

The DSM-5 attempts to:

“Redefine ODD by emphasizing a ‘persistent pattern of angry and irritable mood along with vindictive behavior,’ rather than DSM-IV's focus exclusively on ‘negativistic, hostile, and defiant behavior.’

Although DSM-IV implied, but did not mention, irritability, DSM-5 now includes three symptom clusters, one of which is 'angry/irritable mood' —defined as ‘loses temper, is touchy/easily annoyed by others, and is angry/resentful.’

WHAT IS OPPOSITIONAL DEFIANT DISORDER?

A diagnosis of ODD is more common among young children manifesting clinically severe levels of disruptive. Considerable evidence suggests that ODD often precedes the development of CD in children (e.g., [Burke et al. 2010](#)); thus, many researchers consider ODD and CD to be age-related manifestations of a common syndrome, with CD representing a more severe developmental progression of disruptive behavior ([Loeber et al. 2009](#)).

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CAUSES

There's no known clear cause of oppositional defiant disorder. Contributing causes may be a combination of inherited and environmental factors, including:

- ◉ A child's natural disposition
- ◉ Limitations or developmental delays in a child's ability to process thoughts and feelings
- ◉ Lack of supervision
- ◉ Inconsistent or harsh discipline
- ◉ Abuse or neglect
- ◉ An imbalance of certain brain chemicals, such as serotonin

EPIDEMIOLOGY

- ODD prevalence varies depending on the nature of the study population and evaluation methods. ODD Rates were found between 2 and 16%.

This condition may appear from 3 years of age but often starts at 8 and usually not after adolescence. Before puberty is more common in men than in women, although the gender distribution is equal in adolescence.

The naysayers symptoms usually appear in the family environment, but with the passage of time may occur in other environments. Its onset is usually gradual, and usually stay over months or years. In a significant proportion of cases, the ODD is an evolutionary history of conduct disorder.

CONDUCT DISORDER

Children with ODD seem to have worse social skills than those with CD. Children with ODD seem to do better in school.

Conduct disorder is the most serious childhood psychiatric disorder. Approximately 6-10% of boys and 2-9% of girls have this disorder.

Conduct Disorder is defined as a repetitive and persistent pattern of behavior in which the basic rights of others or major society rules are violated. At least three of the following criteria must be present in the last 12 months, and at least one criterion must have been present in the last 6 months.

- ⦿ Aggression to people and animals
- ⦿ Destruction of property
- ⦿ Deceitfulness or theft
- ⦿ Serious violations of rules

The above problem causes significant impairment in social , academic, and occupational functioning.

SO HOW ARE ODD AND CD RELATED?

Currently, the research shows that in many respects, CD is a more severe form of ODD. Severe ODD can lead to CD. Milder ODD usually does not. The common thread that separates CD and ODD is **safety**.

If a child has CD there are safety concerns. Sometimes it is the personal safety of others in the school, family, or community. Sometimes it is the safety of the possessions of other people in the school, family or community. Often the safety of the child with CD is a great concern.

Children with ODD are not especially dangerous. If you have a child with CD disorder in your home, most likely you or your things are entirely safe.

It is the hardest pediatric neuropsychiatric disorder to live with as a sibling, parent, or foster parent. It is worse than any medical disorder in pediatrics.

SYMPTOMS

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.

The child may be displaying signs of ODD instead of normal moodiness if the behaviors:

- ⦿ Are persistent
- ⦿ Have lasted at least six months
- ⦿ Are clearly disruptive to the family and home or school environment

The following are behaviors associated with ODD:

- ⦿ Negativity
- ⦿ Defiance
- ⦿ Disobedience
- ⦿ Hostility directed toward authority figures

These behaviors might cause the child to regularly and consistently:

- ⦿ Have temper tantrums
- ⦿ Be argumentative with adults
- ⦿ Refuse to comply with adult requests or rules
- ⦿ Annoy other people deliberately
- ⦿ Blame others for mistakes or misbehavior
- ⦿ Acts touchy and is easily annoyed

These behaviors might cause the child to regularly and consistently:

- ◉ Feel anger and resentment
- ◉ Be spiteful or vindictive
- ◉ Act aggressively toward peers
- ◉ Have difficulty maintaining friendships
- ◉ Have academic problems
- ◉ Feel a lack of self-esteem

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RISK FACTORS

Which risk factors or environmental conditions could favor the development of ODD?

RISK FACTORS

Possible risk factors include:

- ⦿ Being abused or neglected
- ⦿ Harsh or inconsistent discipline
- ⦿ Lack of supervision
- ⦿ Lack of positive parental involvement
- ⦿ Having parents with a severely troubled marriage

RISK FACTORS

- ⦿ Parents with a history of ADHD, oppositional defiant disorder or conduct problems
- ⦿ Financial problems in the family
- ⦿ Family instability such as occurs with divorce, multiple moves, or changing schools or child care providers frequently

COMPLICATIONS

Many children with oppositional defiant disorder have other treatable conditions, such as:

- ⦿ Attention-deficit/hyperactivity disorder (ADHD)
- ⦿ Depression
- ⦿ Anxiety
- ⦿ Learning and communication disorders
- ⦿ If these conditions are left untreated, managing ODD can be very difficult for the parents, and frustrating for the affected child. Children with oppositional defiant disorder may have trouble in school with teachers and other authority figures and may struggle to make and keep friends.
- ⦿ ODD may be a precursor to other, more-severe problems such as conduct disorder, substance abuse and severe delinquency.

RELATED MENTAL HEALTH ISSUES

Oppositional defiant disorder often occurs along with other behavioral or mental health problems such as:

- ◉ Attention-deficit/hyperactivity disorder (ADHD)
- ◉ Anxiety
- ◉ Depression

The symptoms of ODD may be difficult to distinguish from those of other behavioral or mental health problems.

COMMON PATTERNS OF COMORBIDITY

It is exceptionally rare for a physician to see a child with only ODD. Usually the child has some other neuropsychiatric disorder along with ODD.

- ◉ **ODD plus ADHD.** If a child comes to a clinic and is diagnosed with ADHD, about 30-40% of the time the child will also have ODD.
- ◉ **ODD plus Depression/Anxiety.** This is the other common combination with ODD. If you look at children with ODD, probably 15-20% will have problems with their mood and even more are anxious.

Often the depression gets mixed in the midst of dealing with the aggression and defiance. It is common among adolescents who have been oppositional and depressed but no one ever notices the depression until they make a suicide attempt. Looking for depression in ODD youth is very important

HOW CAN YOU TELL IF A CHILD HAS IT?

ODD is diagnosed in the same way as many other psychiatric disorders in children. You need to examine the child, talk with the child, talk to the parents, and review the medical history. Sometimes other medical tests are necessary to make sure it is not something else. You always need to check children out for other psychiatric disorders, as it is common the children with ODD will have other problems, too.

TESTS AND DIAGNOSIS

To be diagnosed with oppositional defiant disorder, a child must meet criteria spelled out in the Diagnostic and Statistical Manual of Mental Disorders (DSM). This manual is published by the American Psychiatric Association and is used by mental health providers to diagnose mental conditions and by insurance companies to reimburse for treatment.

CRITERIA FOR OPPOSITIONAL DEFIANT DISORDER TO BE DIAGNOSED INCLUDE A PATTERN OF BEHAVIOR THAT LASTS AT LEAST SIX MONTHS AND INCLUDES AT LEAST FOUR OF THE FOLLOWING:

- ⦿ Often loses temper
- ⦿ Often argues with adults
- ⦿ Often actively defies or refuses to comply with adults' requests or rules
- ⦿ Often deliberately annoys people
- ⦿ Often blames others for his or her mistakes or misbehavior
- ⦿ Is often touchy or easily annoyed by others

- ◉ Is often angry and resentful
- ◉ Is often spiteful or vindictive
- ◉ These behaviors must be displayed more often than is typical for your child's peers.
- ◉ In addition, to be diagnosed with oppositional defiant disorder, a child's disruptive behavior:
 - ◉ Must cause significant problems at work, school or home
 - ◉ Must occur on its own, rather than as part of the course of another mental health problem, such as depression or bipolar disorder
 - ◉ Must not meet the diagnostic criteria for conduct disorder or, if the affected person is older than age 18, antisocial personality disorder

It can be difficult for doctors to sort and exclude other associated disorders – for example, attention-deficit/hyperactivity disorder versus oppositional defiant disorder. These two disorders are commonly diagnosed together.

THERE ARE THREE MAIN PATHS THAT A CHILD WILL TAKE.

- ⦿ First, there will be some lucky children who outgrow this. About half of children who have ODD as preschoolers will have no psychiatric problems at all by age.
- ⦿ Second, ODD may turn into something else. About 5-10 % of preschoolers with ODD will eventually end up with ADHD and no signs of ODD at all. Other times ODD turns into conduct disorder (CD). This usually happens fairly early. That is, after a 3-4 years of ODD, if it hasn't turned into CD, it won't ever. A history of a biologic parent who was a career criminal, and very severe ODD predicts a child with ODD getting CD.

- Third, the child may continue to have ODD without any thing else. However, by the time preschoolers with ODD are 8 years old, only 5% have ODD and nothing else.
- Fourth, They continue to have ODD but add on comorbid anxiety disorders, comorbid ADHD, or comorbid Depressive Disorders. By the time these children are in the end of elementary school, about 25% will have mood or anxiety problems which are disabling. That means that it is very important to watch for signs of mood disorder and anxiety as children with ODD grow older.

TREATMENT AND DRUGS

- Drugs for the treatment of ODD are used?
- Why?

TREATMENT AND DRUGS

If the child has co-existing conditions, particularly ADHD, medications may help significantly improve symptoms. However, medications alone generally aren't used for ODD unless another disorder co-exists.

THE CORNERSTONES OF TREATMENT FOR ODD USUALLY INCLUDE:

Individual and family therapy. Individual counseling for your child may help him or her learn to manage anger and express his or her feelings more healthfully.

Family counseling may help improve communication and relationships, and help members of the family learn how to work together.

THE CORNERSTONES OF TREATMENT FOR ODD USUALLY INCLUDE:

Parent-child interaction therapy (PCIT). During PCIT, therapists coach parents while they interact with their children. In one approach, the therapist sits behind a one-way mirror and, using an "ear bug" audio device, guides parents through strategies that reinforce their children's positive behavior.

As a result, parents learn more-effective parenting techniques, the quality of the parent-child relationship improves and problem behaviors decrease.

THE CORNERSTONES OF TREATMENT FOR ODD USUALLY INCLUDE:

Cognitive problem-solving training. This type of therapy is aimed at helping the child identify and change through patterns that are leading to behavior problems.

Collaborative problem-solving – in parents and child work together to come up with solutions that work for both of them— can help improve ODD-related problems.

THE CORNERSTONES OF TREATMENT FOR ODD USUALLY INCLUDE:

Social skills training. The child also might benefit from therapy that will help him or her learn how to interact more positively and effectively with peers.

THE CORNERSTONES OF TREATMENT FOR ODD USUALLY INCLUDE:

Parent training. A mental health provider with experience treating ODD may help parents develop skills that will allow them to parent in a way that's more positive and less frustrating for them and their child.

In some cases, the child may participate in this type of training with parents, so that everyone in the family develops shared goals for how to handle problems.

AS PART OF PARENT TRAINING, PARENTS MAY LEARN HOW TO:

- ◉ Give effective timeouts
- ◉ Avoid power struggles
- ◉ Remain calm and unemotional in the face of opposition, or take your own timeout, if necessary
- ◉ Recognize and praise your child's good behaviors and positive characteristics

AS PART OF PARENT TRAINING, PARENTS MAY LEARN HOW TO:

- Offer acceptable choices to your child, giving him or her a certain amount of control
- Establish a schedule for the family that includes specific meals that will be eaten at home together, and specific activities one or both parents will do with the child
- Limit consequences to those that can be consistently reinforced and if possible, last for a limited amount of time

RESOURCES

Web sites:

- ◉ [American Academy of Child and Adolescent Psychiatry: Child and adolescent psychiatrist finder](#)
- ◉ [American Academy of Pediatrics](#)
- ◉ [\[http://es.slideshare.net/agrusam/trastorno-negativista-desafiante-1315005?next_slideshow=1\]\(http://es.slideshare.net/agrusam/trastorno-negativista-desafiante-1315005?next_slideshow=1\)](#)
- ◉ [<http://es.slideshare.net/MarisaRamn/alumnado-con-trastorno-oposicionistadesafiante?related=1>](#)
- ◉ [<http://es.slideshare.net/NithyaVeganwwwnithya/trastorno-negativista?related=2>](#)
- ◉ [<http://es.slideshare.net/Juanjosecubillos/trastorno-de-negativismo-desafiante?related=3>](#)
- ◉ [<http://es.slideshare.net/ENFE3015/conducta-oposicional-desafiante-ppt?related=4>](#)

THAK YOU FOR YOUR
ATENCIÓN

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