

CRB Training Module

Oppositional Defiant Disorder

Learning Objectives

After studying the information in this training module, you should be able to

- Identify factors that put a child at high risk of developing Oppositional Defiant Disorder
- Identify symptomatic behaviors of a child with Oppositional Defiant Disorder
- Identify recommendations that will help foster children with Oppositional Defiant Disorder

Introduction

A child with Oppositional Defiant Disorder (ODD) consistently behaves in a negative, defiant, hostile, and disobedient manner and thus finds himself or herself in frequent conflict with parents, teachers, other authority figures, and other children, especially those people the child knows well. Such a child is excessively stubborn, easily annoyed, unwilling to follow directions, and unable to negotiate, compromise, or accept blame, more often than normal for his age and development. Oppositional Defiant children are apt to perform poorly in school and are not well accepted by their peers because of their aggression and poor social skills. They are at higher risk than other children for depression and suicide attempts. An Oppositional Defiant child often regards the problem behaviors as justifiable responses to unreasonable demands or circumstances. Children with ODD can be difficult for parents, teachers, or other caregivers.

Origins of Oppositional Defiant Disorder

Although the exact cause is unknown, environmental factors, genetics, and biological factors may all play a part in a child's development of Oppositional Defiant Disorder. Environmental factors are indicated by the fact that such children often come from families in which child care is disrupted by a succession of different caregivers or in which harsh, inconsistent, or neglectful child-rearing practices are common. Domestic violence, divorce, and substance abuse are also often part of the environment of children with ODD. Oppositional and defiant behavior patterns can arise from negative parent-child interactions that start in early childhood. Repeated ineffective commands and harsh punishments, and insufficient attention and modeling of appropriate behaviors, can reinforce the child's disruptive and deviant behaviors.

Genetics seem to play a role in that the disorder appears to be more common in families in which at least one parent's history includes a Mood Disorder, Oppositional Defiant Disorder, Conduct Disorder, ADHD, Antisocial Personality Disorder, or a Substance-Related Disorder. Before adolescence, boys are four times as likely to be diagnosed as girls. A genetic link is also indicated by research indicating that 65 percent of children diagnosed with Attention-Deficit/Hyperactivity Disorder develop some level of Oppositional Defiant Disorder.

A chemical imbalance in the brain is a biological factor that may contribute to ODD.

Features of Oppositional Defiant Disorder

Children are diagnosed with Oppositional Defiant Disorder if their behavior is characterized by frequent occurrence of at least four of the following, with the behaviors persisting for at least six months:

- Losing their temper
- Arguing with adults
- Actively refusing to comply with or defying the requests or rules of adults
- Deliberately annoying other people
- Being easily annoyed by other people
- Being frequently angry or resentful
- Refusing to accept blame for mistakes or behaviors
- Being spiteful or vindictive

Symptoms of ODD often appear during the preschool years and usually by the age of eight, and they usually develop gradually over months or years. Early diagnosis may be delayed because most children of this age show many of the symptoms of ODD as part of normal development. The behaviors must occur more frequently than typically observed in children of comparable age and developmental level and must lead to significant impairment in social or academic functioning.

As with any childhood emotional or behavioral disorder, assessment and diagnosis of Oppositional Defiant Disorder should be done only by a mental health professional, preferably one trained in children's mental health.

Outlook

Many children are unable to outgrow this problem on their own. Left untreated, Oppositional Defiant Disorder may develop during adolescence into the vandalism, bullying, criminal activity, and substance abuse characteristic of Conduct Disorder. With early diagnosis and the help of a qualified mental health professional, behavior therapy can help many children with ODD manage their symptoms. Medication may also be appropriate to help stabilize the child. Such children need clear home and school rules with incentives for compliance and consequences for noncompliance.

Children with ODD often also have learning disorders, attention-deficit/hyperactive disorder (ADHD), depression, or anxiety disorders, so that evaluation and treatment for these coexisting conditions must be considered in helping them manage their ODD symptoms.

Parents who are seriously depressed, who abuse alcohol or drugs, or who have other serious psychiatric conditions can hinder or prevent successful treatment because of the negative effect of these conditions on parenting skills.

Implications for CRB Members

Because of the association of Oppositional Defiant Disorder with abuse, neglect, poor parenting skills, and domestic violence, children in the foster care system are already at high risk for this disorder. Children with Oppositional Defiant Disorder especially need loving, nurturing, supportive environments in which appropriate behavior is modeled. Decision makers must therefore work diligently to minimize the number of disruptions these children experience and to maximize consistent support from familiar treatment providers and caregivers.

Recommendations to consider for children with Oppositional Defiant Disorder might include the following:

- Avoid placement changes.
- Avoid changes in treatment providers and social workers.
- Ensure that caregivers are well trained to provide the necessary level of consistency, structure, consequences, and support.
- Evaluate the possibility of coexisting conditions such as ADHD.
- Provide parents (if reunification is the plan) or adoptive parents with effective techniques for managing the child's behavior.
- Continue (or initiate) individual cognitive-behavioral therapy to address anger management, impulse control, and problem-solving and communication skills.
- Consider group therapy to address social skills with peers.

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Sources: American Psychiatric Association, *DSM-IV-R* (Washington, D.C.: APA, 2000); Nancy S. Boyles and Darlene Contadino, *The Learning Differences Sourcebook* (Los Angeles: Lowell House, 1997); W. Douglas Tynan, "Oppositional Defiant Disorder," <www.emedicine.com/PED/topic2791.htm>; Russell A. Barkley and Christine M. Benton, *Your Defiant Child: Eight Steps to Better Behavior* (New York: The Guilford Press, 1998).

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If you are ready to take the test for this training module, click on the link below. Once you submit the test, your answers will be e-mailed to you and forwarded to Terri Newman for scoring.

[Click Here to Take the Test](#)