

Oppositional Defiant Disorder (ODD)

Definition

The criteria for ODD are a pattern of negativistic, hostile, and defiant behaviour lasting at least six months during which four or more of the following are present.

- 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 misbehaviour
- Is often touchy or easily annoyed by others
- Is often angry and resentful
- Is often spiteful and vindictive

The disturbance in behaviour causes clinically significant impairment in social, academic, or occupational functioning. While these behaviours occur to a varying degree in all children, the behaviours need to have occurred over the past six months, frequently (over 4 times each week) and to an intense degree.

Causes

There is no definite cause for ODD. A pattern is for problems to begin between ages 1-3. It does run in families. If a parent is alcoholic and has been in trouble with the law, their children are almost three times as likely to have ODD.

Diagnosis

ODD is diagnosed in the same way as many other psychiatric disorders in children. Psychiatrists/clinical psychologists 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. Other psychiatric disorders are also checked out as it is common the children with ODD will have other problems, too.

Prevalence

Over 5% of children are thought to have this. In younger children it is more common in boys than

girls, but as they grow older, the rate is the same in males and females.

Common patterns of co-morbidity

- About 30-40% of children diagnosed with ADHD also have ODD.
- About 15-20% of children with ODD will have problems with their mood and/or are anxious.

Prognosis

Some children outgrow ODD. Others (about 25%) may continue to have ODD and/or develop signs of mood disorders or anxiety as they get older. Aggressiveness is very stable. That is, aggressive 2 yr olds are likely to be aggressive 20 yr olds.

Strategies for ODD

Medication is usually considered:

- if medically treatable comorbid conditions are present (ADHD, depression, tic disorders, seizure disorders, psychosis);
- if non-medical interventions are not successful;
- when the symptoms are very severe.

Work as a team.

Have a plan

Everyone needs agree on what happens when the child with ODD does certain things e.g. annoys others, fights, has a major temper tantrum, states she/he is going to kill herself or runaway.

- Target a few specific, clear cut behaviours e.g. rather than 'being good', target 'no hitting' and 'no swearing'.
- Decide which behaviours will be ignored.
- Positive and negative consequences need to be geared to the individual and have an even mix of negative and positive reinforcers.
- Discover what the student is truly interested in and build strategies around this.
- Implement consequences consistently.
- If possible, go through the plan with the child and have a formal contract.