

# Oppositional Defiant Disorder

## What is it?

Remember when your child was going through the "terrible two's"? Did that stage seem to continue as your child got older?

Children and adolescents with Oppositional Defiant Disorder, or ODD, are much more difficult to be with than other children their age. They display hostile behaviors which occur more often than normal and are usually seen before the child reaches eight years of age.

Some examples of this negative behavior:

- Frequent temper tantrums
  - Arguments with adults
- Blames others for own mistakes or behaviors
  - Annoying behaviors
  - Easily annoyed by others
    - Resentfulness
    - Vindictive behavior
- Purposeful defiance of rules or requests

In school, teachers may also find these students to have low frustration tolerance in completing assignments, frequent temper tantrums, and blaming schoolmates for their own behavior. They also may display other behaviors associated with Attention Deficit Hyperactivity Disorder (ADHD) such as short attention span and limited ability to concentrate, restlessness, fidgeting, and hyperactivity.

## What are the Symptoms?

There is usually a pattern of symptoms that parents will notice throughout infancy, toddler years, preschool years, elementary years, junior high school / middle school years, and adolescence.

### Infancy (0 to 18 months)

- Irregularities in sleeping and eating patterns
  - High activity level
- Low tolerance of stimulation and physical affection
  - May be colicky, fussy and/or irritable
  - Difficult to calm or soothe
- Difficult to hold due to restlessness and over activity
- Does not show a preference for being held or cuddled

### Toddler (18 months to 3 years)

- Short attention span
  - Impulsivity
- Restlessness and over activity
- More difficult to manage than other children of the same age
  - Perceived by caretakers as rebellious or non-compliant

## Preschool (3 to 6 years)

- Low patience level
- Displays aggression
- Increasing difficulties with peer relationships
- Gradually become more openly defiant towards adults

## Elementary (6-11 years)

- Behaviors may continue across home, school, and community settings.
  - Beginning academic problems.
  - Impulsivity and motor restlessness.
- Variety of disruptive and aggressive behavioral difficulties.

## Jr. High/Middle School (11-13 years)

- Academic difficulties
- Loss of interest in school
- Peer relationships are generally poor
  - Increase in chronic lying, stealing, shoplifting
- Truancy, running away, alcohol/drug abuse, sexual experiences
- Increased problems with low self-esteem and depression

## Adolescence (13-18 years)

- Truancy from school (dropped out or expelled)
- Increased involvement with, and loyalty to, delinquent peer groups
  - Greater isolation from other peers, family members
- Stealing, shoplifting, running away, alcohol and/or drug abuse, sexual promiscuity
- Problems with low self-esteem, low self-confidence, and/or depression

## Is This Disorder Common?

Estimates of the occurrence of ODD in children run from 5 to 15% of the total population. It is more commonly seen in boys, and about 60-70% of children with ODD also have ADHD. The cause of this disorder is unknown. Theories suggest that it may be related to a child's temperament and the family's reaction to that temperament; a genetic predisposition; brain chemical imbalances; or neurological disorders. The usual pattern of problems begins between the ages of 1 and 3. If you think about it, a lot of these behaviors are normal at age 2; in this disorder, the troubling behaviors persist and seem to get worse as the child develops.

## Does my Child have ODD?

1. Does your child show a pattern of negative, hostile, and defiant behavior that has lasted at least 6 months? Are four or more of the following behaviors 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 own mistakes or misbehavior
    - Is "touchy" or easily annoyed by others
    - Is often angry or resentful
    - Is often spiteful or vindictive
2. Does the disturbance cause significant problems at home, school, daycare, or social settings?

If you answered yes to these two questions, it is possible that your child might have ODD. This disorder is diagnosed the same way as many other psychiatric disorders in children. Professional counselors and therapists need to examine the child, talk with the child, talk with the parents, and review the child's medical history. Sometimes other medical tests are necessary to ensure a correct diagnosis. Children must be checked for other psychiatric disorders, since it is common that children with ODD to have other problems, as well.

## Other Frequently Asked Questions

1. What is the difference between ODD and Attention-Deficit / Hyperactivity Disorder (ADHD)?

ODD	ADHD
Characterized by aggressiveness, rather than impulsiveness.	Characterized by impulsiveness, rather than aggressiveness.
Child purposefully annoys people.	Annoyance is usually not purposeful.
Child does not have difficulty with concentrating or sitting still.	Child fidgets, has difficulty with concentration, and has trouble sitting still.
Behavior is purposeful, intended to "get a rise" out of others.	Child often acts without thinking ahead.

2. A child with ODD is usually much more difficult to deal with than a child who has ADHD. A child with ADHD may impulsively push another child too hard on a swing and knock the child to the ground, and then generally feel bad about it afterward. However, a child with ODD might say s/he didn't do it, then brag about it to friends later. ADHD sometimes goes away without intervention, but ODD rarely does.

3. How are ODD and Conduct Disorder related?

Currently, the research shows that in many aspects, Conduct Disorder is a more severe form of ODD. Thus, severe ODD may develop into Conduct Disorder. Milder ODD usually does not "turn into" Conduct Disorder. The common thread that separates ODD from Conduct Disorder is safety. If a child has conduct disorder, there are more concerns for the safety of others and their possessions. Behaviors such as fire-setting and vandalism are common in Conduct Disorder, and often the safety of the child with Conduct Disorder is also of great concern. Children with ODD are generally an annoyance, but not especially dangerous.

<b>ODD</b>	<b>Conduct Disorder</b>
Disobedience and opposition to authority.	Severe disobedience and opposition to authority.
Hostility is shown through deliberately annoying others or verbal aggression.	Hostility is shown through physical aggression.
Behaviors may or may not be seen at home and in school and other community settings.	Behaviors are persistent both outside of the home setting.
Basic rights of others or age-appropriate societal rules are not usually violated.	Basic rights of others or age-appropriate societal rules are often violated.

4. What happens to children who have ODD when they grow up?

There are three main paths that children with this disorder will take. First, there will be some lucky children who outgrow this disorder. The exact percentage who outgrow it is not known, but it is probably not the majority.

Second, ODD may turn into Conduct Disorder. This usually happens fairly early in childhood. That is, after 3-4 years of having ODD, if it hasn't turned into Conduct Disorder, it probably never will.

Third, the child may simply continue to have ODD. Recent research suggests that this is probably the most common path. Another common occurrence is that children who have ODD develop signs of mood disorders or anxiety as they get older.

## Parent-Help Suggestions

Children and adolescents with ODD are much more difficult to be with than other children of their age. The destructiveness and disagreeableness are purposeful.

They like to see you get mad. Every request can end up as a powerful struggle. Lying becomes a way of life, and getting a reaction out of others is the chief hobby. Perhaps hardest of all to bear, they rarely are truly sorry and often believe nothing is their fault.

After a child with ODD "blows up", s/he is often calm and collected. Then the parents and other family members may feel they have been provoked into being angry. This is understandable, because they may have been tricked, bullied, or lied to, or may have witnessed an intolerable temper tantrum by the child with ODD.

Children and adolescents with ODD produce strong feelings in other people. They try to provoke reactions in people, and they are often successful. Common issues include inciting spouses to fight with each other rather than focusing on the child, making outsiders believe that the parents are at fault for conflicts, making vulnerable people believe that they can "save" the child by doing everything the child wants, setting parents against grandparents, setting teachers against parents, and even inciting the parents to abuse the child.

## Non-Medical Strategies for Managing ODD

The essence of this group of interventions is to make it impossible for ODD to "work". It is a way of making sure all the attempts to annoy or irritate others and to cause fighting are not successful.

### 1. Adults must work together.

Children with ODD are quite successful at placing the blame for their behaviors on others, including parents and/or teachers. Thus, adults must come together and challenge anything that the child tells you about how others treat them. In order for this to work effectively, all parties need to talk directly with each other without the child being present.

- Talk regularly with teachers and principals about the child's school behavior.
  - Establish a policy at both home and school not to rely exclusively on information your child gives you about what others have done.
  - Sit down with all caregivers (including baby sitters, grandparents, aunt, uncles) to make sure they understand ODD and that they follow the above policy.
    - Do not include the child in these discussions with other caregivers.
2. Have a plan and try not to show any emotion when reacting to the child's behavior.

If you react too emotionally, you may make big mistakes in dealing with the child. Everyone needs to agree in advance on what to do when the child engages in certain behaviors-- and then be prepared to follow through calmly.

Behavior modification strategies have been used successfully in the therapeutic treatment of ODD, and can also be used effectively in the home. The central premise of behavior modification (or behavior therapy) is that behavior is maintained by its consequences. It suggests that old behaviors resist change unless new behaviors are followed by more

rewarding consequences. Many therapists suggest that for the most part, focusing on the positive behaviors and not reacting emotionally to the negative behaviors is the key to getting behaviors to change.

For behavior modification to work, the program must involve certain components:

- Target only a few important behaviors, rather than trying to fix everything. For example, you may wish to focus on eliminating highly objectionable behaviors such as hitting others, stealing, or swearing.
  - Be very concrete about the expected behavior. Instead of saying, "listen when I am talking," say, "Sit down and make eye contact with me when we are talking."
    - Be consistent -- no bending of the rules under any circumstances!
  - Rewards for good behavior should not be money or things that are bought. Rather, grant rewards that involve activities that the child enjoys.
  - Rules should be simple and straightforward so as to be easily understood. If your child can read, write the rules and consequences (both negative and positive) into a contract and have the child sign it.
3. Decide which behaviors you are going to ignore.

Most children and adolescents with ODD are doing too many things you dislike to include all of them in a behavior management plan. The key caregivers have to decide ahead of time which behaviors will be targeted for change, and which will simply be ignored.

## Professional Interventions

Raising a child with ODD can be an exhausting and frustrating challenge. Professional interventions have been devised to give parents a greater understanding about the causes of this disorder, as well as empower them to regain control of their child.

### Parent-training and support classes

The central focus of therapy is usually behavioral, which is implemented through parent training. Parent training and support can often be held in a group setting. In these courses, parents learn specific behavioral techniques which help increase the maintenance of control in the relationship with the child. Gradual shaping of the child's behavior toward more age-appropriate behaviors is accomplished through the implementation of a behavioral monitoring and reward program.

### Psychotherapy

Family and individual treatment can be effective in some cases. This method is heavily focused on the child's behaviors and causative factors, which may not be appropriate for all families. However, if the child is experiencing a co-existing disorder, family and/or individual therapy can be useful in reducing the family's (and child's) concerns, stress, and relationship difficulties.

### Medications

ODD is usually a co-existing disorder. If your child has another existing condition, talk with your doctor or therapist about the right medical interventions for your child.

When do you consider medications?

There are three reasons to consider medication:

1. If medically treatable co-existing conditions are present (e.g., ADHD, depression, anxiety, etc.).
2. If non-medical interventions have not been successful.
3. When the symptoms are very severe, and you believe your child's safety may be at risk due to their behavior.

Which drugs should your child take?

Ask your child's doctor or therapist about their preferences for medications, and then do some of your own research. Look for drugs that have been proven safe for children, have no long-term side effects, and have been found in research studies to be effective. Each drug has certain side effects that need to be monitored.

## Potential Resources

- Behavioral health professionals trained to deal with children and adolescents (including psychologists, social workers, counselors, and social workers)
  - School psychologists, counselors, and teachers
    - Your family doctor or pediatrician
    - Your minister, rabbi, bishop, or priest
      - Parent support groups
      - Parents Anonymous
- Your health insurance company (look for "behavioral health services" or "mental/nervous services" listed in your health benefits booklet)
  - Community information-and-referral services

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## Related Articles - ODD

[Advocating for your child.](#)

When parents or teachers suspect that a child may have an emotional problem, they should seek a comprehensive evaluation by a mental health professional specifically trained to work with children and adolescents.

### Conduct Disorder

"Conduct disorder" is a complicated group of behavioral and emotional problems in youngsters. Children and adolescents with this disorder have great difficulty following rules and behaving in a socially acceptable way. They are often viewed by other children, adults and social agencies as "bad" or delinquent, rather than mentally ill.

### The continuum of care for children and adolescents

Communities provide different types of treatment programs and services for children and adolescents with mental illnesses. A complete range of programs and services is called the continuum of care. Not every community has every type of service or program on the continuum. Some psychiatric hospitals and other organized systems of care now provide many of the services on the continuum. When several of the services are provided, the organization may be called a health care system.

### Children with oppositional defiant disorder

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. Oppositional behavior is often a normal part of development for two to three year olds and early adolescents. However, openly uncooperative and hostile behavior becomes a serious concern when it is so frequent and consistent that it stands out when compared with other children of the same age and developmental level and when it affects the child's social, family, and academic life.

## **Support Organizations - ODD**

Federation of Families for Children's Mental Health  
1021 Prince Street  
Alexandria, VA 22314-2971  
Phone: (703) 684-7710  
Fax: (703) 836-1040

## **ODD Related Web Links**

<http://www.conductdisorders.com>

<http://www.beachcenter.org>

<http://www.medinweb.com>

<http://www.healthlinkusa.com>

<http://www.mentalhealth.com>

<http://www.mental-health-matters.com>

## ODD Related Books and References

[The Defiant Child: A parents guide to oppositional defiant disorder](#)

by Douglas Riley, Taylor Publishing

The Defiant Child is well written and easy to read. It attempts to give a tough no-nonsense approach for parents to remain in control when the child is displaying negative, angry and hostile behavior towards adults.

[The Explosive Child: A New Approach for Understanding and Parenting Easily Frustrated, 'Chronically Inflexible' Children](#)

by Greene, R. W.

Flexibility and tolerance are learned skills, as any parent knows if they've seen an irascible 2-year-old grow into a pleasant, thoughtful, and considerate older child. Unfortunately, for reasons that are poorly understood, a few children don't "get" this part of socialization. Years after toddler...

[Treating the unmanageable adolescent: A guide to oppositional defiant and conduct disorder.](#)

by Neil Bernstein, Aronson

Drawing on individual, cognitive-behavioral, group, and family approaches, the book emphasizes the process of diffusing the resistance to change and facilitating treatment compliance. The focus is on understanding as well as altering the rage, sense of entitlement, lack of self-control, and disregard for the rights of others.

[If my kid's so nice... why is he driving me crazy? Straight talk about the "Good Kid" disorder](#)

by James Sutton, Friendly Oaks

Recognize and understand the roots of fifteen defiant behavior patterns, avoid 'lose-lose' situations fostered by inappropriate adult reactions, and stimulate a child's inclination to obey through a title written by an educator and psychologist who has studied oppositional behavior since the...

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