Oppositional Defiant Disorder (ODD)

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Purpose

The purpose of this course is to describe oppositional defiant disorder, the age-related symptoms, causes, co-morbid conditions, and treatment options.

Goals

Upon completion of this course, one should be able to do the following:

- Define oppositional defiant disorder (ODD) and differentiate from ADHD.
- Describe age-related symptoms of ODD.
- Identify 3 theories about the causes for ODD.
- List at least 3 co-morbid conditions.
- Describe diagnostic procedures.
- Discuss at least 5 treatment options.

Introduction

We've all seen them--the poor harried parent and the screaming defiant child, kicking, screaming, throwing things, and yelling "NO!" As upsetting as this behavior may be, it's often just a part of the normal developmental process for many children, especially if a child is 2-3 years old or a teenager and is establishing a sense of independence. Usually this behavior is part of a phase that the child will outgrow, but in some cases, rather than a transitional behavior, this defiance persists for many months or even years and causes severe family and social problems. If this behavior persists and is intractable, these children may have oppositional defiant disorder (ODD). These children are often labeled early as troublemakers, brats, and bullies, increasing social isolation and reinforcing defiant behavior.

What is oppositional defiant disorder (ODD)?

Oppositional defiant disorder is a pattern of very negative behavior that manifests as resistance to authority, disobedience, and hostility that persists for more than 6 months. Statistics vary, but it appears that ODD affects about 6-10% of children. Behavior usually is evident by age 8 and is much more common in boys than girls, and it affects almost exclusively boys by adolescence. This behavior is markedly different from that of the typical child in degree, duration, and intensity. While problem behavior may be more pronounced in the home environment, typically this behavior occurs in multiple settings, including school, church, and businesses. ODD may manifest differently throughout childhood.

- **Infancy:** Children often suffer from colic or are very fussy and difficult to calm, resisting comfort measures.
- **Toddlerhood and pre-school:** Children often throw severe temper tantrums and refuse to cooperate with eating, dressing, toilet training, or sleeping. They have difficulty learning to play or share with other children.
- **School age:** Children are unable to stay on task and waste time, often claiming not to hear their parents. Hearing disorders may be suspected. Children refuse to do chores, such as keeping room clean, do not do school work, refuse to go to bed, interrupt when others are speaking, and talk back. Children show little insight into their problems and blame others. Children tend to disrupt classrooms at school and often suffer social isolation and academic failure, resulting in low self-esteem.
- **Adolescence:** As the children enter teens, the hostile behavior may intensify as the teenagers continue to argue and defy adults, sometimes agreeing to do something and then failing to do so. Some may become aggressive, especially among their peers. They don't listen or pay attention. Teenagers typically resist cleaning their rooms or cleaning up after themselves and may refuse to bathe or maintain basic standards of hygiene. Teenagers often use obscene language and may engage in high-risk behavior, such as smoking, drinking, and using drugs. They often appear to have little concept of cause and effect, repeatedly getting into trouble for the same behavior and losing privileges rather than altering that behavior.

Because children and adolescents so commonly fail to listen or pay attention, they may come to the attention of healthcare providers when parents take them for hearing tests, assuming that the child's failure to hear them relates to hearing loss. In some cases, children may be much more aggressive and resistant in their behavior in the home environment and may exhibit more withdrawn, passive aggressive type behavior at school or among their peers. Children may learn to manipulate those around them, causing parents and other family members to fight, wreaking havoc on marriages.

ODD is rarely a lone diagnosis. Most children will also have other types of behavioral or psychiatric disorders, so a comprehensive examination to evaluate the child for co-existing conditions is essential. Only about 5% of 8-year-old children diagnosed as preschoolers exhibit symptoms of only ODD; almost all have or develop other disorders. Some researchers believe that children may have both ODD and bipolar disorder, but others believe that ODD may be a symptom of the manic stage of bipolar disorder in some children. Children with ODD frequently have learning disorders that interfere with academic progress. Co-morbid conditions commonly associated with ODD include:

- Attention-deficit hyperactivity disorder (ADHD) (50-65%)
- Affective disorders (35%)
- Depression
- Mood disorders, such as bipolar disorder (20%)
- Personality disorders (15%)
- Conduct disorders (this is a progression that may occur in some children).

Some researchers believe that ODD is a precursor to conduct disorders as well as subsequent substance abuse and severely delinquent behavior. About 15% of children with ODD will develop a personality disorder, such as borderline personality disorder and antisocial personality disorder, as adults.
In some cases, ODD is self-limiting and is no longer evident by age 8 in about 50% of children diagnosed as preschoolers. However, 75% of older children with ODD continue to exhibit symptoms. About 5-10% of preschoolers with symptoms of ODD become less defiant and have their diagnosis changed to ADHD.

Quick assessment

When guiding families to help to determine if their children have ODD, a quick screening test can help identify those children who may require further evaluation and intervention. If there are 4 "yes" answers to the following questions, the child may have ODD. Does the child:

1. Lose his/her temper at least twice a week?
2. Argue with adults at least twice a week?
3. Actively defy or refuse to comply with adults' requests or rule at least twice a week?
4. Deliberately annoy others at least 4 times a week?
5. Blame others for his/her mistakes or misbehavior at least once during the prior the last 3 months?
6. Become touchy or easily annoyed by others at least 2 times a week?
7. Become angry and resentful at least 4 times a week
8. Act spiteful or vindictive at least once during the last 3 months?

What are causes and risk factors for ODD?

Causes

There is no agreement about what causes ODD at this time, and the causes may be multiple. There are different theories:

Developmental theory:

This theory suggest that for some reason the child fails to go through normal developmental stages that should occur during the first 3-4 years, and the child remains at a 2-3 year old level in dealing with stress and with others.

Learning theory:

This theory suggests that ODD is related to negative interactions, with the child essentially learning to behave in a defiant manner. Poor parenting combined with a fussy child often leads to a cycle of frustration on both the child's and parents' part, eventually establishing a pattern as the child withdraws and the parents become more non-responsive, inconsistent, punitive, or unreliable, increasing the child's feelings of helplessness. This pattern continues as the child has difficulties with other adult figures and poor ability to interact with peers, increasing isolation and compounding the behavior problems.

Genetic disposition:

Familial tendencies for ODD and ADHD are evident, but the degree to which biology determines ODD is not clear. Some researchers have

noted that ODD may be related to prefrontal dysfunction, resulting in lack of inhibition. Interestingly, aggressive behavior has correlated with a low resting heart rate, possibly reflecting altered neurotransmitters with decreased noradrenergic functioning that results in fearless, stimulation-seeking behavior. Cigarette smoking by the mother during pregnancy can disrupt noradrenergic functioning, and there is some correlation between prenatal smoking and the child's development of ODD. Some researchers also believe that maternal malnutrition during the prenatal period may predispose the child to ODD because of the resultant protein deficiency. Some researchers have found that ODD correlates with low cortisol and elevated testosterone levels.

Risk factors

There are a number of factors that may combine as risk factors for ODD:

- Parents who are substance abusers or have mood disorders.
- Prenatal smoking by mother.
- Prenatal malnutrition of mother.
- Single parent home.
- A history of neglect or abuse.
- Poor, harsh, or inconsistent discipline.
- Lack of supervision.
- Unstable or violent home life.
- Family financial problems and low socio-economic status.
- Substance abuse.
- Family history of ADHS, ODD, or conduct disorders.

How is ODD diagnosed?

There is no definitive diagnostic test for ODD, but thorough psychological, educational, and psychiatric testing is warranted. The child psychiatrist or other mental health professional bases a diagnosis on the following:

- Detailed history
- Clinical observations
- Psychological testing (which may include educational testing for learning disabilities).
- Interviews or surveys with parents and teachers.

Diagnosing ODD poses a challenge when there are co-morbid conditions, especially ADHD, but there are distinctions:

- A child with ADHD alone often reacts quite impulsively and may grab a toy or push another child and then may admit the behavior and feel regret whereas the child with ODD will not feel regret and will probably deny doing the behavior despite clear evidence to the contrary.
- A child with ODD alone may exhibit less impulsiveness than the child with ADHD and is much less restless.
- A child with ODD may suffer a more severe lack of social skills than a child with conduct disorder (CD), which is a more serious behavior-psychiatric disorder. CD also has a persistent pattern of negative behavior such as found with ODD but frequently includes abuse of people

and animals, destruction of property, stealing, and serious violation of rules, such as staying out all night or running away. While a child with ODD is frustrating and annoying, the child rarely poses a danger to others. On the other hand, a child with CD can be violent and frightening, so parents and adults may fear the child.

What is the treatment for ODD?

There is no specific medical treatment for ODD, but a combination of different types of therapies may be effective. Early diagnosis and treatment are essential because it is much more difficult to treat problem behavior in an adolescent than a child. Treatment options include:

- **Parenting effectiveness training:** There are a number of different programs that teach parents strategies for interacting with, disciplining, and managing the child's behavior. This type of therapy often involves the parents and child engaging in play or other activities while the therapist observes and provides feedback. This can be very effective especially if the ODD derives from poor/inconsistent parenting. Successful parent management training programs show positive results in about 65% of families who enroll.
- **Psychological counselling, including cognitive behavioral therapy:** This type of therapy can help the child to learn coping skills, self-control, anger management, and problem solving.
- **Family counseling:** This can directly address family issues, including stress related to the disorder. In some cases, risk factors, such as parental abuse or parental psychiatric disorders, may be identified and addressed.
- **Social skills training:** This training uses positive reinforcement for appropriate behavior and helps the child to understand the dynamics of social interactions. Some may provide training in natural environments, such as at school or with the family or groups of peers.
- **Decrease in television/video watching and use of video games to ≤2 hours daily:** Because there is much violence in television and video games, reducing television and monitoring the types of video games can prevent reinforcement of defiant/violent behavior.
- **Medications:** Medications are not often used for ODD alone but are more frequently used when ODD is combined with other conditions:
    - Ritalin® and other stimulants: This has been shown to decrease defiant behavior in children with ADHD/ODD. Because ADHD is so frequently associated with ODD, some physicians treat with Ritalin on a trial basis for ODD even if ADHD is not obvious, often with good response. Some physicians recommend starting with very low dose (25% of normal dose) and slowly increasing to determine the response.
    - Atomexatine (Strattera®) increases the level of norepinephrine in the brain to help control ADHD, and some researchers have found that ODD symptoms improve as well. This medication must be monitored carefully as it has many side effects and may slow

children's growth. Research indicates that higher doses of atomexatine may be required to treat ADHD/ODD than ADHD alone.

Summary

Oppositional defiant disorder (ODD) is a pattern of very negative behavior that manifests as resistance to authority, disobedience, and hostility that persists for more than 6 months. This is a disorder of childhood and adolescence, more common in boys than girls. Symptoms are age-related and may start as a fussy infant and progress from temper tantrums and resistance to daily activities to refusal to cooperate and increasing hostility with multiple behavior problems. ODD is rarely a lone diagnosis, and there are a number of co-morbid conditions associated with it: ADHD, affective disorders, personality disorders, depression, mood disorders (bi-polar), and conduct disorders. The causes for ODD are not clear, but there are three primary theories: developmental, learning, and genetic disposition. There are a number of risk factors that may predispose a child to ODD. These include parents who are substance abusers, history of neglect or abuse, harsh or inconsistent discipline, unstable or violent home life. Many of the risk factors relate to poor parenting for various reasons. There is no definitive test for ODD. Diagnosis is made on the basis of detailed history, clinical observations, psychological testing, and interview/surveys with parents and teachers. Treatment options include parenting effectiveness training, psychological counseling, family counseling, social skills training, decrease in television/video watching and use of video games, and medications, such as Ritalin® and Strattera® if ADHD is a co-morbid condition.

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