

Defining the Problem

The American Psychiatric Association *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, (DSM-IV) defines oppositional defiant disorder (ODD) as a recurrent pattern of negativistic, defiant, disobedient, and hostile behavior toward authority figures that persists for at least six months. Behaviors included in the definition are losing one's temper; arguing with adults; actively defying requests; refusing to follow rules; deliberately annoying other people; blaming others for one's own mistakes or misbehavior; being touchy, easily annoyed or angered, resentful, spiteful, or vindictive.

ODD is usually diagnosed when a child has a persistent or consistent pattern of disobedience and hostility toward parents, teachers, or other adults. The criteria for ODD are met only when the problem behaviors occur more frequently in the child than in other children of the same age and developmental level. These behaviors cause significant difficulties with family and friends, and the oppositional behaviors are the same both at home and in school. Sometimes, ODD may be a precursor of a conduct disorder. Comorbidity of ODD with ADHD has been reported to occur in 50%–65% of affected children. ODD is not diagnosed if the problematic behaviors occur exclusively with a mood or psychotic disorder.

Before puberty, the condition is more prevalent in boys; after puberty, rates are nearly equal in boys and girls. ODD and other conduct problems are the most common reasons for referrals to outpatient and inpatient mental health settings for children, accounting for half or more of all referrals.



About Instant Help Charts

This chart is intended to provide a summary of the critical information available on helping children with ODD to insure that every child gets the most appropriate and comprehensive consideration.

Assessing ODD

Assessment of a child with moderate to severe behavioral problems should minimally include:

- Standardized behavior rating scales given to parents and teachers
- Interviews with the parents, teachers, and child
- Direct observation of the child
- A review of school records and reports

A more thorough assessment might also include:

- A functional behavioral analysis
- Intelligence and achievement testing to determine if there are learning problems related to the behavioral problem

Commonly used assessment tools include:

- *Child Behavior Checklist*, Achenbach Systems
- *BASC-2*, American Guidance Services
- *Burke's Behavioral Rating Scale*, Western Psychological Services

A thorough evaluation should use multiple techniques and gather information from multiple sources. Cultural biases should also be considered in doing an assessment of children from a minority background.

Counseling Children with ODD

The most effective treatment for children with ODD appears to be social competence training, the teaching of specific emotional, behavioral, and social skills.

Goals in Developing a Treatment Plan

- To teach children to understand, express, and control their feelings (communication, anger control, dealing with stress)
- To reduce aggressive and antisocial behaviors (hitting, teasing, noncompliance)
- To teach adaptive thinking (problem solving, perspective taking, and self-monitoring)
- To develop prosocial skills (cooperativeness, sharing, conversing)

Specific skills are taught through:

- Verbal instruction
- Modeling
- Role-playing with the child
- Videotaping the role-playing
- Continued coaching and discussing regarding the acquisition of the skill
- Reinforcement of the skill in a natural setting
- Homework that supports the cognitive, behavioral, and emotional assimilation of the skill

A wide variety of games, workbooks, and curriculum are available to help teach these skills and to assess their results (see "Assessing ODD"), but it is up to the clinician to determine which skills should be taught first and in what context (individual or group

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Counseling Children with ODD *(continued)*

therapy or family therapy). This skill-building approach generally works best when combined with a home- or school-based behavioral point system.

Many parents benefit from parent training, generally lasting from ten to eighteen sessions. These sessions typically include role-playing, video modeling, practice, feedback, and specific homework. Commercially available multimedia parent training programs include:

- *Active Parenting Now* (Active Parenting Press; www.activeparenting.com)
- *Common Sense Parenting* (Boys Town Press; www.girlsandboystown.org)
- *Managing the Defiant Child*, (Guilford Press; www.guilford.com)

Fast Facts

- ODD and other conduct problems are the predominant reasons for referrals to outpatient and inpatient mental health settings for children, accounting for half or more of all referrals.
- In toddlers, temperamental factors, such as irritability, impulsivity, and intensity of reactions to negative stimuli, may contribute to development of a pattern of oppositional and defiant behaviors in later childhood.
- The disorder appears to be more common in cities than in rural areas.
- About half of children who have ODD as preschoolers will have no psychiatric problems at all by age 8.
- About 5%–10% of preschoolers with ODD will eventually end up with ADHD and no signs of ODD at all.
- In some children, ODD commonly occurs in conjunction with anxiety disorders and depressive disorders. Cross-sectional surveys have revealed comorbidity of ODD with an affective disorder in about 35% of cases, with rates of comorbidity increasing with patient age. Children with ODD frequently have learning disorders and academic problems due to underachievement.
- When many children with behavioral problems and academic problems are placed in the same classroom, the risk of continued behavioral and academic problems increases.
- Social risk factors for conduct disorder include early maternal rejection, separation from parents with no adequate alternative caregiver available, early institutionalization, family neglect, abuse, or violence, parents' psychiatric illness, parental marital discord, large family size, crowding, and poverty.
- Parent training, parent coaching, and home-based multisystemic therapy are usually the treatment of choice for children and adolescents with ODD.

What Teachers Need to Know

Learning effective classroom management can benefit all teachers. A well-managed classroom with a teacher trained in positive discipline techniques will help children with a wide range of behavioral problems, and it is essential in developing a comprehensive program for children with ODD. Here are some characteristics of a well-managed classroom:

● A positive reward system

The system should be easily understood, allowing students to earn activities, privileges, stickers, certificates, praise, peer recognition, or notes home.

● The posting of clear and specific classroom rules

Rules should be approved by the school administration, posted in an easily visible spot, and reviewed regularly. Classroom rules should also be sent home to parents.

● A supportive classroom environment

Thought should be given to organizing furniture and materials, planning transitions, and creating a schedule that respects students' learning differences. An accommodation plan should be put into effect for children with special needs.

● The use of mild punishments

Reprimands, time-out, and response-cost behavioral programs, such as loss of points or privileges, should be used appropriately. An overuse of these procedures indicates that the overall behavioral program is not working.

● Clear procedures for handling serious behavioral problems such as bullying, angry outbursts, and aggression

This includes knowing how to anticipate triggers to a problem, how to de-escalate a conflict, and how to safely handle overt aggression.

● School-wide positive behavioral programs and staff training

The classroom teacher should be supported by school-wide programs and staff training, which could include peer mediation programs, character education programs, and training in positive discipline techniques for non-teaching staff, such as playground monitors and school bus drivers.

By the time they are school-aged, children with patterns of oppositional behavior tend to express their defiance with teachers and other adults, and they exhibit aggression toward their peers. As children with ODD progress in school, they experience increasing peer rejection because of their poor social skills and aggressiveness. These children may be more likely to misinterpret their peers' behavior as hostile, and they lack the skills to solve social conflicts. In problem situations, children with ODD are more likely to resort to aggressive physical actions rather than verbal responses. Children with ODD and poor social skills often do not recognize their role in peer conflicts; instead, they blame their peers (e.g., "He made me hit him") and usually fail to take responsibility for their own actions.



The Dos and Don'ts of Communicating

DON'T

- Use long lectures.
- Be oppositional yourself.
- Use a loud angry voice.
- Use negative body language.
- Revisit earlier problems.
- Blame yourself or others.
- Make assumptions about a child's behavior.
- Label the child with negative names.

DO

- Use short explanations of ten words or fewer.
- Say exactly what you want.
- Speak calmly and clearly.
- Make eye contact and control your facial expression, posture, and gestures.
- Talk about what is happening right now.
- Focus on solutions, not problems.
- Ask questions and get feedback.
- See the child as a whole person with strengths and weaknesses.

What Parents Need to Know



Research tells us that there are four things parents need to learn in helping their children with ODD:

1. ***How to reduce the misbehavior of their children, including noncompliance, aggression, and antisocial acts.***

Parents must set and enforce appropriate rules. They must be able to use a combination of positive reinforcement (praise or tokens) and appropriate consequences (time out, loss of privileges).

2. ***How to examine their own parenting style for actions that might be reinforcing the negative behavior of their children. This could include ineffective commands, harsh or inconsistent discipline, poor monitoring, and the lack of positive experiences with their children.***

Parents must learn to give effective verbal commands and to use a token economy system to motivate improved behavior.

3. ***How to establish a closer bond with their children. This is the most important and involves having more frequent conversations and sharing more positive activities, as well as the reciprocal expression of affection, concern, and other positive feelings.***

Parents must spend 10 to 15 minutes daily in positive interactions with their children.

4. ***How to reduce family and environmental stressors that might be contributing to the poor behavior. These stresses could be overt, such as marital fighting or mental health problems of the parents, or they could be more subtle, such as the child's exposure to too much TV, a poor diet, or aggressive music and video games.***

Parents must reduce and eliminate as many negative behavioral influences on their child as possible, while promoting a more healthful lifestyle for the whole family.

Family instability, including economic stress, parental mental illness, harshly punitive behaviors, inconsistent parenting practices, multiple moves, and divorce, may also contribute to the development of oppositional and defiant behaviors.

The interaction of a child who has a difficult temperament and irritable behavior with parents who are harsh, punitive, and inconsistent usually leads to a coercive, negative cycle of behavior in the family. In this pattern, the child's defiant behavior tends to intensify the parents' harsh reactions. The parents respond to misbehavior with threats of punishment that are inconsistently applied. When the parent punishes the child, the child learns to respond to threats. When the parent fails to punish the child, the child learns that he or she does not have to comply. Research indicates that these patterns are established early, in the child's preschool years; left untreated, pattern development accelerates and patterns worsen.

Instant Help for Children with Oppositional Defiant Disorder

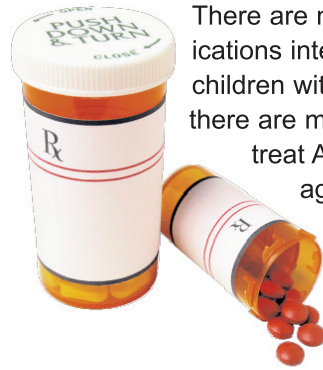
This Instant Help Chart was written by Lawrence E. Shapiro, PhD

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Medication Protocol

If a child does not respond to other forms of treatment, medications should be considered, but only with careful diagnosis and follow-up. Important steps include:

- Physical and psychiatric evaluation
- Review of other interventions that have been tried
- Assessment of symptom severity
- Consideration of how medication will be supervised at home and school
- Review of possible side effects. For example, stimulant medication can have an effect on growth and weight gain and would be counter-indicated if there is a history of tics, psychosis, or thought disorders.
- The implementation of a monitoring schedule which will collect data on both therapeutic benefits and side effects
- Counseling for the child about the medication and its possible effects



There are no specific medications intended to help children with ODD, although there are medications to treat ADHD and

aggression, which are frequently diagnosed as co-disorders.

Less commonly, antidepressant medication may be used if there are indicators that a serious depressive disorder is also present. Examples of commonly prescribed medication include:

Psychostimulants, such as Ritalin, Metadate, Concerta, Cylert, and Vyvanse. These may reduce aggression and increase compliance.

Mood stabilizers, such as Tegretol and Depakote. These have been used to reduce aggression and uncontrollable angry outbursts.

Antidepressants, such as Prozac (the only antidepressant currently approved for use in children). These may improve a child's mood and attitude, although there has not been much research that confirms that effect.

Environmental Interventions

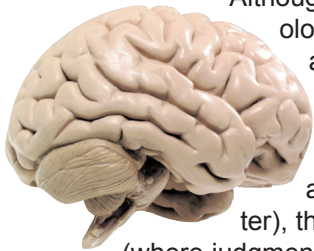
The significant rise in the number of children being diagnosed with ODD strongly suggests that environmental factors play a significant role in this disorder. Some environmental changes that might help reduce symptoms include reduction in TV watching; reduction in video games (particularly with violent content); a structured home life with clear and consistent limits; a healthy lifestyle, including diet, exercise, and sleep; mentoring programs; alternative educational opportunities.

The Brain and ODD

Although we don't know the exact neurophysiological causes of ODD, most researchers assume that this condition is caused by a combination of brain dysfunction and biochemical imbalance. Specific areas of brain impairment might include the amygdala (the emotional control center), the prefrontal lobes of the neocortex (where judgment and decision making take place), and

the right caudate and globus pallidus, which form the main neural circuit by which the cortex inhibits behavior.

ODD has also been linked to abnormal amounts of several neurotransmitters, including serotonin, norepinephrine, and dopamine. Neurotransmitters help nerve cells in the brain communicate with each other. If these chemicals are out of balance or not working properly, messages may not make it through the brain correctly, leading to symptoms of ODD and emotional problems.



Resources for Helping Children with ODD

Books for Parents

SmartHelp for Good 'n' Angry Kids: Teaching Children to Manage Anger. Frank Jacobelli and Lynn Ann Watson, Wiley, 2009

What Your Explosive Child Is Trying to Tell You: Discovering the Pathway from Symptoms to Solutions. Douglas A. Riley. Houghton Mifflin, 2008

Your Defiant Teen: 10 Steps to Resolve Conflict and Rebuild Your Relationship. Russell A. Barkley, Guilford Press, 2008

The Angry Child. Timothy Murphy, Three Rivers

Press, 2002

Your Defiant Child. Russell A. Barkley, Guilford Press, 1998

Books for Children

What to Do When Your Temper Flares: A Kid's Guide to Overcoming Problems With Anger. Dawn Huebner, Magination Press, 2007

Learning to Listen, Learning to Care. Lawrence Shapiro, Instant Help Publications, 2004

The Behavior Survival Guide for Kids. Thomas McIntyre, Free Spirit, 2003

Josh's Smiley Faces: A Story About Anger. Gina Ditta-Donahue, Magination Press, 2003

How to Take the Grrrr Out of Anger. Elizabeth Verdick and Marjorie Lisovskis, Free Spirit, 2002

Books for Professionals

Handbook of Adolescent Behavioral Problems: Evidence-Based Approaches to Prevention and Treatment. Thomas P. Gullotta and Gerald R. Adams (Editors), Springer, 2008

Helping Children with Aggression and Conduct Problems: Best Practices for Intervention. Michael Bloomquist and Steven V. Schnell, Guilford Press,

2005

Parent Management Training: Treatment for Oppositional, Aggressive, and Antisocial Behavior in Children and Adolescents. Alan E. Kazdin, Oxford University Press, 2005

Treating the Disruptive Adolescent: Finding the Real Self Behind Oppositional Defiant Disorders. Eduardo M. Bustamante and Jason Aronson, 2000

Defiant Children, Second Edition: A Clinician's Manual for Assessment and Parent Training. Russell A. Barkley, Guilford Press, 1997