

Oppositional Defiant Disorder

Summarized from Kids in the Syndrome Mix

By Martin L. Kutscher, MD. pp. 171-177

ODD may have a biological underpinnings.

• What is ODD?

- ODD is marked by aggressive, spiteful, vindictive and sometimes remorseless behavior.
- There is a persistent pattern of actively refusing to follow requests (not just being too overwhelmed at the moment to comply).
- Over-reactions, easily losing one's temper, and being annoyed are common.
- Children with ODD may deliberately annoy other people, and argue with adults.
- Often, there is failure to take responsibility for one's own actions.
- ODD children are unwilling to conform (even with an intriguing task).
- They seem to get a "charge" out of giving other people a hard time.
- More severe and much less common types of disruptive behavioral disorders that may develop as a child matures include:
 - Conduct Disorder – more frequently overtly hostile and law breaking, with a lack of remorse. CD people tend to violate the rights of others, such as with physical cruelty to others or animals, stealing, etc.
 - Antisocial Personality Disorder – These people have a pervasive pattern of severe violation of the rights of others, typically severe enough to merit arrest.

In order to diagnose ODD, these symptoms must be excessive for the child's age, and cause a functional disturbance (APA 1994).

What does ODD look like in the school setting?

- Aggression and other poor social skills lead to increasing rejection and attention-seeking behaviors.
- Children often misinterpret peer actions.
- Lacking the social and verbal skills to solve the problem, they may become physically aggressive.
- ODD children often do not see their own role in the problem, frequently blaming others instead.
- Parents are often told incorrect, horrible stories about teachers; fathers about mothers; and vice versa.
- Open defiance may start to be accompanied by covert activities such as stealing or lying

Co-Occurring Disorders

ODD is rarely seen in isolation. Rather, this type of behavior is usually a symptom complex resulting from some other underlying disorder. Rarely is a primary diagnosis of ODD made. **Usually the negative behaviors tend to improve with the treatment of the underlying problem(s).**

It is possible to diagnose ODD by itself; but more typically it occurs in the setting of other diagnoses, such as: Attention deficit hyperactivity disorder (ADHD), bipolar depression (BD), depression, anxiety.

- ODD and ADHD.
 - ADHD is some type of disruption in the neurological connection to the executive functioning of the brain (frontal and prefrontal lobes).
 - 50% of ADHD children are said to have ODD or another disruptive behavioral disorder.
 - Even in the absence of an ODD diagnoses, ADHD children tend to be plagued by lying, cursing, blaming others, and being easily angered or annoyed. this is due to the difficulty they have inhibiting their behavior, trouble anticipating consequences, and trouble learning from their mistakes.
 - ADHD will make a child upset and curse when called for dinner from being overwhelmed with the frustration of making a transition. In ODD the child will curse deliberately for the thrill of being negative or difficult.
 - An ADHD child without ODD will show more remorse than if the two go hand in hand.
 - Most children, even those with ADHD instinctively choose to please others when they can. This is not always the case with ODD.
- ODD and Mood Disorders (i.e. Depression, Anxiety, OCD, and BiPolar Disorder)
 - Depressed and anxious children may suffer from episodes of very threatening low self-esteem.
 - When demands are placed upon them, they may feel “backed into a corner.” Their overwhelmed nervous system responds with the “fight or flight” reaction.
 - For children with autistic spectrum disorders, anxiety is often such a trigger of oppositional behaviors.

Things to do

1. **THIS IS CRITICAL:** Evaluate and treat associated, co-occurring problems such as ADHD, bipolar depression, depression, OCD/anxiety, autistic spectrum disorder, or learning disabilities that can underlie or worsen the problem.

2. Use common sense tactics such as:
 - choose your battles.
 - head off fights before they happen.
 - stay calm
 - do not engage in “discussion” with an out of control brain (yours or the child’s.) Wait until tempers have abated.
3. Don’t show negative emotions. This is very reinforcing to the ODD child. Either ignore the child’s negative behavior or comments, or calmly hand out the previously established punishment for the infraction.
4. Decide how you will respond to problems before they occur. The planned response is much more likely to be reasonable and helpful than a response made in the heat of the moment.
5. Choose reasonable punishments that actually teach a lesson, and that can actually be enforced.
6. Reward flexibility and cooperation.
7. Adults in an ODD child’s life should communicate directly with each other . . . and often. Schedule meetings with the school and parents.(Dr. Jim Chandler . . . implores that we do not believe what the child with ODD says about others.)
8. Confirm everything with direct communications.
9. If symptoms begin to worsen, get professional help and evaluations.
10. There is evidence that parental management training for the parents, along with social skills group training for the children, work well together.

Medications

Medications for the co-occurring disorders can make a big difference in ODD as well. But there are no medications that directly change your “attitude.” However, medications are often needed to treat the underlying conditions that are triggering the ODD. Medication can be used to great effect with

- ADHD
- Depression
- BD
- Anxiety disorders.

Medications such as mood stabilizers, atypical neuroleptics and Catapres, can sometimes help with impulsivity and aggression.

Books:

- The Defiant Child, by Douglas Riley (published in 1997 but still very up-to-date)
- The Explosive Child, by Ross W. Greene.
- The Kazdin Method for Parenting the Defiant Child, by Alan E. Kazdin.