

ODD

*A Guide for Families by the
American Academy of Child and
Adolescent Psychiatry*



Oppositional Defiant Disorder

AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY

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Because childhood and adolescent
mental illnesses are real, common,
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Oppositional Defiant Disorder: A Guide for Families is adapted from the American Academy of Child and Adolescent Psychiatry's *Practice Parameter for the Assessment and Treatment of Children and Adolescents with Oppositional Defiant Disorder*. The AACAP *Practice Parameter* was written to aid clinicians, child and adolescent psychiatrists, physicians, and other healthcare professionals in the diagnosis and treatment of children with ODD. This guide was adapted from the AACAP *Practice Parameter* in 2009.

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What Is Oppositional Defiant Disorder?

Oppositional defiant disorder (ODD) is one of a group of behavioral disorders called disruptive behavior disorders (DBD). These disorders are called this because children who have these disorders tend to disrupt those around them. ODD is one of the more common mental health disorders found in children and adolescents.

Physicians define ODD as a pattern of disobedient, hostile, and defiant behavior directed toward authority figures. Children and adolescents with ODD often rebel, are stubborn, argue with adults, and refuse to obey. They have angry outbursts and have a hard time controlling their temper.

Even the best-behaved children can be uncooperative and hostile at times, particularly adolescents, but those with ODD show a constant pattern of angry and verbally aggressive behaviors, usually aimed at parents and other authority figures.

The most common behaviors that children and adolescents with ODD show are:

- Defiance
- Spitefulness
- Negativity
- Hostility and verbal aggression

A mental health professional is often called upon if these behaviors create a major disturbance at home, at school, or with peers.

Seeking treatment for children and adolescents suspected of having ODD is critical. This disorder is often accompanied by other serious mental health disorders, and, if left untreated, can develop into conduct disorder (CD), a more serious disruptive behavior disorder. Children with ODD who are not treated also are at an increased risk for substance abuse and delinquency.



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Some parents have trouble seeing defiant behaviors as a symptom of a mental disorder. They may want to wait to start treatment until the child matures to see if he or she will “grow out of it.” Also, it is sometimes difficult to distinguish between ODD and normal, independence-seeking behavior that shows up during the “terrible twos” and early teen years.

However, there is evidence to suggest that early intervention and treatment will help a child overcome ODD. Treatment also may prevent its progression into a more a serious mental health concern.

Treatment usually consists of a combination of therapies, including behavioral therapy, parent training, and family therapy. Some children may benefit from medication as well.

With treatment, children and adolescents can overcome the behavioral symptoms of ODD. They can learn techniques to manage their anger and develop new ways of coping with stressful situations. Treatment also can help parents learn better ways to discipline and techniques to reward good behavior.

With treatment, children and adolescents with ODD can overcome their difficult behaviors and lead happier, more fulfilling lives.

How Common Is ODD?

There is a range of estimates for how many children and adolescents have ODD. Evidence suggests that between 1 and 16 percent of children and adolescents have ODD.¹ However, there is not very much information on the prevalence of ODD in preschool children, and estimates cannot be made.²

ODD usually appears in late preschool or early school-aged children. In younger children, ODD is more common in boys than girls. However, in school-age children and adolescents the condition occurs about equally in boys and girls.³

Although the disorder seems to occur more often in lower socioeconomic groups, ODD affects families of all backgrounds.

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What Causes ODD?

There is no clear-cut cause of ODD. However, most experts believe that a combination of biological, psychological, and social risk factors play a role in the development of the disorder.⁴

Biological Factors

Children and adolescents are more susceptible to developing ODD if they have:

- A parent with a history of attention-deficit/hyperactivity disorder (ADHD), ODD, or CD
- A parent with a mood disorder (such as depression or bipolar disorder)
- A parent who has a problem with drinking or substance abuse
- Impairment in the part of the brain responsible for reasoning, judgment, and impulse control
- A brain-chemical imbalance
- A mother who smoked during pregnancy
- Exposure to toxins
- Poor nutrition

Psychological Factors

- A poor relationship with one or more parent
- A neglectful or absent parent
- A difficulty or inability to form social relationships or process social cues

Social Factors

- Poverty
- Chaotic environment
- Abuse
- Neglect
- Lack of supervision
- Uninvolved parents
- Inconsistent discipline
- Family instability (such as divorce or frequent moves)



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What Are the Symptoms of ODD?

Most children argue with parents and defy authority from time to time, especially when they are tired, hungry, or upset. Some of the behaviors associated with ODD also can arise in children who are undergoing a transition, who are under stress, or who are in the midst of a crisis. This makes the behavioral symptoms of ODD sometimes difficult for parents to distinguish from expectable stress-related behaviors.⁵

Children with ODD show an ongoing pattern of extreme negativity, hostility, and defiance that:

- Is constant
- Lasts at least 6 months
- Is excessive compared with what is usual for the child's age
- Is disruptive to the family and the school
- Is usually directed toward an authority figure (parents, teachers, principal, coach)

The following behavioral symptoms are associated with ODD:

- Frequent temper tantrums
- Excessive arguments with adults
- Actively refusing to comply with requests and rules
- Often questioning rules
- Deliberately annoying and upsetting others
- Often touchy or annoyed by others
- Blaming others for their mistakes
- Frequent outbursts of anger and resentment
- Spiteful attitude and revenge seeking

Typically, children with ODD do not engage in delinquent behavior. Also, children whose behavioral symptoms are specifically related to a mood disorder, such as depression or bipolar disorder, are usually not diagnosed with ODD.

Recently, it has been discovered that girls may show the symptoms of ODD differently than boys. Girls with ODD may show their aggressiveness through words rather than actions and in other indirect ways. For example, girls with ODD are more apt to lie and to be uncooperative while boys are more likely to lose their temper and argue with adults.⁶

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How Is ODD Diagnosed?

While there is no single test that can diagnose ODD, a mental health professional can determine whether a child or adolescent has the disorder by assessing the child's symptoms and behaviors and by using clinical experience to make a diagnosis.

Many parents first call upon the child's primary care physician for an evaluation. This evaluation typically begins by compiling a medical history and performing a physical examination.



Gathering Information

During the evaluation, the child's primary care clinician will look for physical or other mental health issues that may cause problems with behavior. If the doctor cannot find a physical cause for the symptoms, he or she may refer the child to a child and adolescent psychiatrist or a mental health professional who is trained to diagnose and treat mental illnesses in children and adolescents.

A child and adolescent psychiatrist or a qualified mental health professional usually diagnoses ODD.

A mental health professional will gather information from parents, teachers, and daycare providers as well as from the child.

Gathering information from as many people as possible will help the doctor determine how often the behaviors occur and where. It also will help the doctor determine how the behaviors affect the different areas of the child's life.

The mental health professional will determine whether:

- The behavior is severe
- The conflicts are with peers or authority figures
- The behavior is a result of stressful situations within the home
- The child reacts negatively to all authority figures, or only his or her parents or guardians

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Answering these questions will help a mental health professional determine whether the child or adolescent has developed ODD or is responding to a short-lived, stressful situation.

Assessment tools, such as rating scales and questionnaires, may help the child's doctor measure the severity of the behaviors. These tools also may assist in establishing a diagnosis and tracking progress once treatment begins.⁷

In addition to establishing a primary diagnosis, the doctor will look for signs of other conditions that often occur along with ODD, such as ADHD, anxiety, and mood disorders. The doctor also should look for signs that the child has been involved in bullying—as either the victim or perpetrator. Involvement in bullying often is a sign that the child is at risk for aggression and violence.⁸

Establishing a Relationship

Like many mental health disorders, ODD is not always easy to accurately diagnose. Open communication among the mental health professional and the parents and child can help overcome the difficulties diagnosing this disorder. For example, some children see their behaviors as justified and are unmotivated to change. Also, some parents can become defensive when questioned about their parenting style. Having the parent and the child view the mental health professional as an ally can help.⁹

Establishing a good relationship with a mental health professional is important to determining whether the child's behavior is a response to a short-lived situation or transition, ODD, or another serious behavioral condition, such as CD or a mood disorder.

Can ODD Occur with Other Conditions?

Many children who are diagnosed with ODD also have other treatable mental health and learning conditions. Having more than one condition is called having coexisting conditions. Some conditions that coexist with ODD are:

- ADHD
- Anxiety disorders
- Mood disorders (such as depression and bipolar disorder)
- Learning disorders
- Language disorders

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Research indicates that some children develop the behavioral symptoms of ODD as a way to manage anxiety or uncertainty.¹⁰ Anxiety disorders and mood disorders are similar to ODD in that they are often a response to uncertainty and an unstable home and school environment. These similarities make it more likely that ODD and anxiety disorder and a mood disorder (such as depression) will occur together.¹¹

Among all conditions that coexist with ODD, ADHD is the most common. Both disorders share common symptoms of disruptive behaviors. However, children and adolescents who have both ODD and ADHD tend to be more aggressive, have more of the negative behavioral symptoms of ODD, and perform less well in school than those who have ODD alone. These children also tend to have more disruption in their families and with their relationships with authority figures than children who do not have ODD.¹²

Doctors have found that ODD can be a precursor to CD. CD is a more serious behavioral disorder that can result in destructive antisocial behavior.

While ODD behaviors may start in early preschool years, CD usually appears when children are older. A child or adolescent who has ADHD as a coexisting condition also seems to be at increased risk of developing CD. In addition, studies show that having CD puts children and adolescents at risk of developing a mood disorder or antisocial personality disorder later in life.¹³

While having ODD and a coexisting condition puts a child at risk for developing other more serious mental health issues, treatments exist that can improve the symptoms of ADHD, anxiety disorders, mood disorders, and learning and language disorders. Also, treating other mental health and learning conditions that occur along with ODD has been shown to decrease the behavioral symptoms of ODD.



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Can ODD Be Prevented?

There is research that shows that early-intervention and school-based programs along with individual therapy can help prevent ODD.¹⁴

Among preschoolers, the Head Start program has been shown to help children do well in school and prevent delinquency later in life. Head Start is a program of the United States Department of Health and Human Services (US-HHS) that provides education, health, and other services to low-income children and their families. Young children in this program learn social skills and how to resolve conflict and manage anger.¹⁵ A home visit to high-risk children also has been shown to help prevent ODD among preschoolers.¹⁶

Among adolescents, psychotherapy (talk therapy), social-skills training, vocational training, and help with academics can help reduce disruptive behavior. In addition, school-based programs can be effective in stopping bullying, reducing antisocial behavior, and improving peer relationships.¹⁷

Parent-management training programs have proven effective in preventing ODD among all age groups. These programs teach parents how to develop a nurturing and secure relationship with their child and how to set boundaries for unacceptable behavior.¹⁸ More information about parent-management training can be found on page nine of this guide.



How Is ODD Treated?

There is no one-size-fits-all treatment for children and adolescents with ODD. The most effective treatment plans are tailored to the needs and behavioral symptoms of each child. Treatment decisions are typically based on a number of different things, including the child's age, the severity of the behaviors, and whether the child has a coexisting mental health condition.¹⁹

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The goals and circumstances of the parents also are important when forming a treatment plan. In many cases, treatment may last several months or more and requires commitment and follow-through by parents as well as by others involved in the child's care.

Types of Treatment

Treatment usually consists of a combination of:

- **Parent-Management Training Programs and Family Therapy** to teach parents and other family members how to manage the child's behavior. Parents, family members, and other caregivers are taught techniques in positive reinforcement and ways to discipline more effectively.
- **Cognitive Problem-Solving Skills Training** to reduce inappropriate behaviors by teaching the child positive ways of responding to stressful situations. Children with ODD often only know of negative ways of interpreting and responding to real-life situations. Cognitive problem solving skills training teaches them how to see situations and respond appropriately.
- **Social-Skills Programs and School-Based Programs** to teach children and adolescents how to relate more positively to peers and ways to improve their school work. These therapies are most successful when they are conducted in a natural environment, such as at the school or in a social group.
- **Medication** may be necessary to help control some of the more distressing symptoms of ODD as well as the symptoms of coexisting conditions, such as ADHD, anxiety, and mood disorders. However, medication alone is not a treatment for ODD.



Treatments for Each Age Group

For preschool-age children, treatment often concentrates on parent-management training and education. School-age children perform best with a combination of school-based intervention, parent-management training, and individual therapy. For adolescents, individual therapy along with parent-management training has been shown to be the most effective form of treatment.

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In all age groups, individual therapy focusing on problem-solving skills also has been shown to greatly improve the behavior of children and adolescents with ODD. Problem-solving skills training should be specific to the child’s behavioral problems, geared to the child’s age, and focused on helping the child acquire new problem-solving skills.

More About Parent-Management Training

Studies have shown that intervening with parents is one of the most effective ways to reduce the behavioral symptoms of ODD in all age groups.²⁰ Parent-management training teaches parents positive ways to manage their child’s behavior, discipline techniques, and age-appropriate supervision. It is the treatment of choice to prevent disruptive childhood behavior for many mental health professionals.

This approach embraces the following principles:

- Increased positive parenting practices, such as providing supportive and consistent supervision and discipline
- Decreased negative parenting practices, such as the use of harsh punishment and focus on inappropriate behaviors
- Consistent punishment for disruptive behavior
- Predictable, immediate parental response

Many of the following programs and publications have been noted as positive models by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the United States Health and Human Services (US-HHS):

Programs

Program Name	Age Range	Contact Information
Incredible Years	Up to 8 years	www.IncredibleYears.com
Triple P-Positive Parenting Program	Up to 13 years	http://www5.triplep.net
Parent-Child Interaction Therapy (PCIT)	Up to 8 years	www.pcit.org
Center for Collaborative Problem Solving	Up to 18 years	www.explosivechild.com
The Adolescent Transitions Program (ATP)	11 to 13 years	http://cfc.uoregon.edu/atp.htm

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Publications

Book Name	Age Range	Publication Information
<i>The Defiant Child</i> by Douglas Riley, Ph.D.	Up to 13 years	The Guilford Press
<i>The Explosive Child</i> by R.W. Greene	Up to 13 years	Harper Paperbacks
<i>The Kazdin Method for Parenting the Defiant Child</i> by Allan E. Kazdin, Ph.D.	Up to 18 years	Houghton Mifflin
<i>Parent Management Training</i> by Allan Kazdin	Up to 18 years	Oxford University Press
<i>Multisystematic Treatment of Antisocial Behavior in Children and Adolescents</i> by Scott Henggeler, Sonja Schoenwald, Charles Borduin, and Melisa Rowland	Up to 18 years	The Guilford Press
<i>Helping the Noncompliant Child</i> by Robert McMahon and Rex Forehand	Up to 18 years	The Guilford Press

Medication

Medication alone has not been proven effective in treating ODD. However, medication may be a useful part of a comprehensive treatment plan to help control specific behaviors and to treat coexisting conditions, such as ADHD, anxiety, and mood disorders.

Successful treatment of coexisting conditions often makes ODD treatment more effective. For example, medication used to treat children with ADHD has been shown to lessen behavioral symptoms when ODD and ADHD coexist. When children and adolescents with ODD also have a mood disorder or anxiety, treatment with antidepressants and anti-anxiety medications has been shown to help lessen the behavioral symptoms of ODD.²¹

Early Identification and Treatment

Behaviors that go along with ODD are difficult to change. Therefore, early identification and treatment of ODD give children and adolescents the best chance for success.

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How Long Does Treatment Typically Last?

Most treatment plans for children and adolescents with ODD last several months or longer. For those with a more severe ODD, or ODD that does not respond to therapy, treatment can last many years and may include placement in a treatment center.

A residential treatment center only should be considered for families who are not able to provide therapy at home or at school. In-home services are preferable to residential placement and are often sponsored by state and local child welfare agencies.²²

Does ODD Improve over Time?

For many children, ODD **does** improve over time. Follow-up studies have found that approximately 67 percent of children diagnosed with ODD who received treatment will be symptom-free after three years. However, studies also show that approximately 30 percent of children who were diagnosed with ODD will go on to develop CD.²³

Other studies show that when the behavioral symptoms of ODD begin in early life (preschool or earlier), the child or adolescent will have less chance of being symptom-free later in life. Also, the risk of developing CD is three times greater for children who were initially diagnosed in preschool.

In addition, preschool children with ODD are more likely to have coexisting conditions, such as ADHD, anxiety disorders, or mood disorders (depression or bipolar disorder) later in life.

In all age groups, approximately 10 percent of children and adolescents diagnosed with ODD will eventually develop a more lasting personality disorder, such as antisocial personality disorder.²⁴

However, most children and adolescents will improve over time, especially if they receive treatment. Parents who suspect that their child has a behavioral problem should have their child evaluated. For children who receive treatment, the outlook is very good.

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Which Therapies Have Been Shown Not to Work?

Experts agree that therapies given in a one-time or short-lived fashion, such as boot camps, tough-love camps, or scare tactics, are not effective for children and adolescents with ODD. In fact, these approaches may do more harm than good. Trying to scare or forcibly coerce children and adolescents into behaving may only reinforce aggressive behavior.²⁵

Children respond best to treatment that rewards positive behavior and teaches them skills to manage negative behavior.

What Does the Future Hold?

It was once thought that most children would outgrow ODD by adulthood. We now know this is not always true. While some of the symptoms of ODD can go away over time, and many children outgrow the disorder, some children with ODD will continue to experience the consequences of ODD during their later years.

For those who do not receive treatment, ODD can develop into CD, a more serious behavioral disorder. Of those with CD, almost 40 percent will develop antisocial personality disorder in adulthood.²⁶

Early diagnosis and treatment can help these individuals learn how to cope with stressful situations and manage their behavioral symptoms.

Psychotherapy, parent-management training, skills training, and family therapy work. Research shows that children and adolescents respond well to therapy for ODD. In fact, for those who receive treatment, many are symptom-free once therapy has concluded and will go on to lead rewarding and happy lives.

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This guide is part of the eAACAP Resource Center on oppositional defiant disorder ODD. The resource center includes information on how and when to seek help. The eAACAP ODD Resource Center is available on the American Academy of Child and Adolescent Psychiatry Website at www.aacap.org.

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