

Oppositional Defiant
Disorder (ODD)

&

Conduct Disorder



DISRUPTIVE, IMPULSE CONTROL,
AND CONDUCT DISORDERS

The letters 'O', 'D', and 'D' are rendered in a bold, orange, 3D font. Each letter is anthropomorphized with a white mouth showing sharp teeth and a red, angry expression. Small black arms and legs are attached to the letters, giving them a rebellious appearance. The background is a dark green with a repeating pattern of small white squiggles.

ODD

OPPOSITIONAL DEFIANT

DISORDER



AREN'T ALL KIDS OPPOSITIONAL FROM TIME TO TIME?

- ◉ 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 2 to 3 year olds and early teens.



WHEN DOES IT BECOME A PROBLEM?

- ◉ 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.



DEFINITION

- An ODD diagnosis may be given when there is an *ongoing* (for at least 6 months) pattern of uncooperative, defiant, and hostile behavior toward authority figures that *seriously interferes* with the youngster's day to day functioning.



SYMPTOMS

- ◉ Symptoms of ODD may include:
- ◉ Frequent temper tantrums
- ◉ Excessive arguing with adults
- ◉ Often questioning rules
- ◉ Active defiance and refusal to comply with adult requests and rules
- ◉ Deliberate attempts to annoy or upset people



ADDITIONAL SYMPTOMS

- ◉ Blaming others for his or her mistakes or misbehavior
- ◉ Often being touchy or easily annoyed by others
- ◉ Frequent anger and resentment
- ◉ Mean and hateful talking when upset
- ◉ Spiteful attitude and revenge seeking



CAUSES & FREQUENCY OF OCCURRENCE

- ◎ The symptoms are usually seen in multiple settings, but **may be more noticeable at home or at school.**
- ◎ 1% - %16 of all school-age children and adolescents have ODD
- ◎ The **causes of ODD are unknown**, but many parents report that their child with ODD was **more rigid and demanding than the child's siblings from an early age.**
- ◎ Biological, psychological, and social factors all may play a role

CO-EXISTING DISORDERS



- ◎ Children who present with ODD symptoms should have a comprehensive evaluation
- ◎ It is important to look for **other disorders which may be present including, ADHD, learning disabilities, mood or anxiety disorders**
- ◎ It may be difficult to treat the symptoms of ODD without **treating the coexisting disorder**
- ◎ Some kids with ODD **may go on to develop conduct disorder**

TREATMENT

- ◉ Treatment for ODD may include:
- ◉ **Individual therapy** to develop more effective anger management
- ◉ **Family therapy** to improve communication and mutual understanding
- ◉ **Problem-Solving and Social Skills** Training to help decrease negativity and improve frustration tolerance with peers
- ◉ **Parent Management Training** is also effective at helping them manage the child's behavior
- ◉ **Medication** may also be effective in controlling some of the more distressing symptoms of ODD as well as other coexisting conditions like depression or anxiety



SUGGESTIONS FOR PARENTS



- ◉ A child with ODD can be very difficult for parents. These parents need support and understanding.
- ◉ They should always **build on the positives**.
- ◉ **Pick your battles/avoid power struggles** if possible
- ◉ **Set reasonable & consistent limits & consequences**

SOURCES

- © American Academy of Child & Adolescent Psychiatry –
Facts for Families, 3/11, #72

CONDUCT DISORDER



CONDUCT DISORDER VS. ODD



- ◉ Conduct Disorder **goes beyond the behaviors demonstrated by a child with ODD**
- ◉ The essential feature of Conduct Disorder is **a repetitive and persistent pattern of behavior by a child or teenager in which the basic rights of others or major age-appropriate societal norms or rules are violated**, as manifested by the presence of 3 (or more) of the following criteria in the past 12 months, with at least 1 criterion present in the past 6 months

AGGRESSION TO PEOPLE AND ANIMALS



- ◉ Often ***bullies, threatens, or intimidates*** others
- ◉ Often initiates ***physical fights***
- ◉ Has *used a weapon* that can cause serious physical harm to others (bat, knife, brick, broken bottle, etc.)
- ◉ Has been ***physically cruel to people***
- ◉ Has been ***physically cruel to animals***
- ◉ Has ***stolen while confronting a victim*** (mugging, armed robbery, purse snatching, extortion)
- ◉ Has forced someone into sexual activity

DESTRUCTION OF PROPERTY

- ◉ Has deliberately engaged in **fire setting with the intention of causing serious damage**
- ◉ Has deliberately **destroyed others' property** (other than by fire setting)



DECEITFULNESS OR THEFT

- ◉ Has ***broken into*** a house, building, or car
- ◉ Often ***lies*** to obtain goods or favors or to avoid obligations (“cons” others)
- ◉ Has ***stolen items*** of nontrivial value without confronting a victim (shoplifting, but without breaking and entering, forgery)



SERIOUS VIOLATIONS OF RULES



- ◉ Often ***stays out at night*** despite parental prohibitions, beginning before age 13 years
- ◉ Has ***run away from home*** overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period)
- ◉ Is often ***truant from school***, beginning before age 13

TWO TYPES

- ◉ **Childhood-Onset Type** – at least one criterion characteristic of Conduct Disorder prior to age 10
- ◉ Kids with this type are **usually male** and are **more likely than later onset to develop Antisocial Personality Disorder as an adult**

- ◉ **Adolescent-Onset Type** – this subtype is defined by the **absence of any criteria of Conduct Disorder until after 10 years of age**



SOURCES

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