

Oppositional Defiant Disorder (ODD)

Prepared by: Dr. Suneeta Monga
Dept. of Psychiatry, Hospital for Sick Children,
Toronto

DSM-V Criteria for ODD

- A pattern of **angry/irritable mood, argumentative/defiant behavior, or vindictiveness** lasting at least **6 months** as evidenced by **at least four symptoms** from any of the following categories, and exhibited during interaction **with at least one individual who is not a sibling**.
- **Angry/irritable mood**
 - Often loses temper
 - Is often touchy or easily annoyed
 - Is often angry and resentful
- **Argumentative/Defiant behavior**
 - Often argues with authority figures or, for children and adolescents, with adults
 - Often actively defies or refuses to comply with requests from authority figures or with rules
 - Often deliberately annoys others
 - Often blames others for his or her mistakes or misbehavior.
- **Vindictiveness**
 - Has been spiteful or vindictive at least twice within the past 6 months
- Persistence and frequency of these behaviors should be used to distinguish a behavior that is within normal limits from a behavior that is symptomatic.

DSM-V Criteria for ODD continued

- Persistence and frequency of these behaviors should be used to distinguish a behavior that is within normal limits from a behavior that is symptomatic.
- **<5 years old: most days, for at least 6 months**
- **>5 years old: at least once a week, for at least 6 months.**
- Also consider if it is **outside a range that is normative** for the individual's developmental level, gender, and culture.

DSM-V Criteria for ODD continued

- Symptoms are associated with **distress** in the individual or others in his immediate social context (e.g. family, peer group, work colleagues), or it **impacts negatively** on social, educational, occupational, or other important areas of functioning
- The behaviors do not occur exclusively during the course of a **psychotic, substance use, depressive, or bipolar disorder**. Also the criteria are not met for **disruptive mood regulation disorder** (irritable/angry mood with temper outbursts).
- Specify if: Mild (only one setting), Moderate (some symptoms in at least 2 settings), severe (some symptoms in three or more settings).

Comorbidities of ODD

- ADHD (most common)
- Conduct Disorder (NOT an exclusion in DSM 5)
- Anxiety disorder (comorbid with ODD, or anxieties being managed by “acting out”)
- Mood disorder (comorbid with ODD, or mood is irritable)
- Learning disability/language disorder
- Substance abuse (especially in teens)

Outcomes of ODD

- Earlier age of onset = higher chance Conduct Disorder (30% of kids with early-onset ODD go on to meet criteria for CD).
- 10% of kids with ODD will eventually go on to meet criteria for Antisocial Personality Disorder

Interventions

- Prevention is key: in school, communities
- Preschool children: “Head Start” programs
- School-age children: parent management strategies, psychoeducation (social skills, conflict resolution, anger management)
- Adolescents: parent management strategies, Psychoeducation(cognitive interventions and skills training, vocational training, academic preparation)
- NOTE: dramatic, one-time, time-limited, or short-term interventions (e.g. boot camps, etc.) are ineffective at best, and may be injurious.

Key Recommendations

- Establish therapeutic alliance with child and family
- Consider cultural issues in diagnosis and treatment (e.g. obedience, parenting, discipline, etc.)
- Assessment, including information from parents and child (and school) of
 - Core symptoms of ODD
 - Age at onset
 - Duration of symptoms
 - Degree of functional impairment
- Consider comorbidities when diagnosing and treating ODD
- Treatment plan should include child, parents, and school if necessary
- Medications are considered adjunctive, palliative and noncurative, and should therefore not be the sole intervention.

Resources

- **Resources for practitioners:**
- American Academy of Child and Adolescent Psychiatry (AACAP) Practice Parameter for the Assessment and Treatment of Children and Adolescents With Oppositional Defiant Disorder (2007) (*ATTACHED)
- **Resources for parents:**
- American Academy of Child and Adolescent Psychiatry (AACAP): “ODD – A guide for families” (*ATTACHED)
- “1-2-3 Magic” by Dr. Thomas Phelan – book and video (*SUMMARY ATTACHED)
- “The explosive child” By Ross Green - book

Resources

“The Incredible Years” <http://incredibleyears.com/> available at the Centre for Addiction and Mental Health (CAMH)

- 15-week psycho-education program for parents of children ages 6 – 12. It is offered in group format through weekly, two-hour sessions. Groups are offered throughout the academic year - starting in the autumn and starting in spring – and are offered in the early evening (for parents whose children are enrolled in the companion child group, the [Dinosaur Social Skills Program](#)) and in daytime on-site at CAMH’s Child, Youth and Family Program.
- Self-referral: Parents can contact group coordinator: Mary Lynn Reddon-D’Arcy at 416-535-8501, extension 4371

“The Child Development Institute” <http://www.childdevelop.ca/> - (416) 603-1827

- Offers the “SNAP® (Stop Now And Plan)” program, a model for teaching behaviourally troubled children and their parents effective emotion-regulation, self-control and problem-solving.