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Tanveer Ahmed

Ph.D. Scholar, JJTU,
Jhunjhunu, Rajasthan, India

Dr. Pradeep VS

Professor Ph.D Guide, JJTU,
Jhunjhunu, Rajasthan, India

Oppositional defiant disorder (ODD): An overview

Tanveer Ahmed and Dr. Pradeep VS

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Abstract

Oppositional defiant disorder (ODD) is a common and impairing disorder characterized by angry/irritable mood, argumentative/defiant behavior, and vindictiveness. These symptom domains are related to and predict attention-deficit/hyperactivity disorder, conduct disorder, and mood and anxiety problems. ODD often begins early during preschool, is relatively stable, and exhibits irritability as a core feature. ODD is also associated with other disruptive behavior disorders and other problems such as problems with peers, toilet training problems, and problems with independent sleep. There is substantial heterogeneity in ODD, including a callous/unemotional pathway and a reactive mood/aggression pathway. Yet, accurate characterization of the disorder is important for early assessment and treatment ^[1].

Keywords: Oppositional defiant disorder, vindictiveness, ADHD, Conduct Disorder

Introduction

ODD includes both emotional difficulties (e.g., irritability) and behavioural problems (e.g., defiance). Individuals with ODD tend to be angry, argumentative and vindictive, which can be distinguished from normal behavior by its persistence and frequency.

Children or adolescents with ODD may lose their temper, be easily annoyed, be resentful, argue with authority figures, refuse to comply with rules, deliberately annoy others, blame others for misbehaviour, or be spiteful.

The symptoms must be present for at least 6 months, associated with distress in the child/adolescent or the immediate social context, and associated with impairment.

These behaviours most often occur at home and in more severe cases may be present in multiple settings (e.g., school, peer relationships). The prevalence rate of ODD is estimated to be between 1% and 11% and the first symptoms typically appear in preschool.

Oppositional defiant disorder (ODD) is a behavior disorder, usually diagnosed in childhood that is characterized by uncooperative, defiant, negativistic, irritable, and annoying behaviours toward parents, peers, teachers and other authority figures.

Oppositional defiant disorder is reported to affect between 2% and 16% of children and adolescents in the general population and is more common in boys than in girls.

Most symptoms seen in children and adolescents with oppositional defiant disorder also occur occasionally in children without this disorder, especially around the ages of two or three, or during the teenage years ^[2].

However, in children and adolescents with oppositional defiant disorder, these symptoms occur more frequently and often interfere with learning, school adjustment, and sometimes with the child's relationships with others.

Signs and symptoms of oppositional defiant disorder can be grouped into three categories.

Diagnosis

In DSM-5, ODD symptoms are grouped under angry/irritable mood; argumentative/defiant behavior; and vindictiveness.

Oppositional Defiant Disorder

To receive a diagnosis of ODD, an adolescent must engage in a consistent pattern of behavior for at least 6 months and evidence four of the following eight symptoms often exhibit during interaction with at least one individual who is not a sibling.

Corresponding Author:

Tanveer Ahmed

Ph.D. Scholar, JJTU,
Jhunjhunu, Rajasthan, India



Fig 1: Signs and Symptoms of ODD [3]

Diagnostic criteria Oppositional defiant disorder

A.

Angry/irritable Mood

1. Often loses temper.
2. Is often touchy or easily annoyed.
3. Is often angry and resentful.

Argumentative / defiant behaviour

1. Often argues with authority figures or, for children and adolescents with adults.
2. Often actively defies or refuses to comply with requests from authority figures with rules.
3. Often deliberately annoys others.
4. Often blames others for his or her mistakes or misbehavior.

Vindictiveness

Has been spiteful or vindictive at least twice within the past 6 months.

B.

The disturbance in behavior is associated with distress in the individual or others in his or her immediate social context (e.g. family, peer, group, work colleagues), or it impacts negatively on social, educational, occupational, or other important areas of functioning.

C.

The behaviour 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.

Severity

Mild: Symptoms are confined to only one setting (e.g. at home, at school, at work, with peers)

Moderate: Some symptoms are present in at least two settings.

Severe: Some symptoms are present in three or more settings.

In addition, the DSM-IV mandates that to be considered ODD, these behaviours must cause clinically significant impairment in daily life. Nonetheless, these behaviours are often considered less severe or damaging than those characterized by conduct disorder (discussed below). Again, the categorical system is expected to be retained in the DSM-V but the addition of severity ratings has been proposed. For ODD, it has been proposed that individuals be labelled as having sub threshold, mild, moderate, or severe ODD [4].

Risk factors

Oppositional defiant disorder is a complex problem. Possible risk factors for ODD include:

Temperament: A child who has a temperament that includes difficulty managing emotions, such as reacting with strong emotions to situations or having trouble tolerating frustration.

Parenting issues: A child who experiences abuse or neglect, harsh or inconsistent discipline, or a lack of proper supervision.

Other family issues: A child who lives with parent or family relationships that are unstable or has a parent with a mental health condition or substance use disorder.

Environment: Problem behaviours that are reinforced through attention from peers and inconsistent discipline from other authority figures, such as teachers [5].

Complications

Children and teenagers with oppositional defiant disorder may have trouble at home with parents and siblings, in school with teachers, and at work with supervisors and other authority figures. Children and teens with ODD may struggle to make and keep friends and relationships [6].

ODD also may lead to other problems, such as:

- Poor school and work performance.
- Antisocial behavior.
- Legal problems.
- Impulse control problems.
- Substance use disorder.
- Suicide.

Many children and teens with ODD also have other mental health conditions, such as:

- Attention-deficit/hyperactivity disorder (ADHD).
- Conduct disorder.
- Depression.
- Anxiety disorders.
- Learning and communication disorders.

Treatment

ODD is treated with behavioural therapy or a combination of therapy and medication.

Improving the parent-child relationship is a priority. This means that parents play a big role in treatment. Parent training programs can help parents learn to.

Set clear expectations

Use effective praise when kids meet expectations.

Use effective consequences when they don't.

These techniques can teach children how to manage their emotions and improve their behavior.

Parent training programs might include sessions with parents and children working together, or just parents alone.

Some different programs include:

Parent-Child Interaction Therapy (PCIT).

- Parent Management Training (PMT).
- Defiant Teens.
- Positive Parenting Program (Triple P).

Some children might also benefit from

- Social skills training to improve their peer relationships.
- Cognitive behavioural therapy (CBT) if they are struggling with anxiety or depression.
- Dialectical behavior therapy (DBT) if they are struggling with extreme emotions.
- There is no FDA-approved medication for ODD. However, medication is sometimes used along with therapy. These include

Antipsychotic medications, if a child is at risk of being removed from school or the home.

Stimulant medications, if a child also has ADHD or is struggling with impulsivity

Antidepressant medications, if a child also has depression.

Strategies: To improve problem behavior of ODD [7].

Recognize and praise be as specific as possible. For example, "I really liked the way you helped pick up your toys tonight." Providing rewards for positive behavior also may help, especially with younger children.

Model the behavior Interact well with others can help child improve social skills.

Set limits by giving clear instructions and using consistent reasonable consequences.

Set up a routine by developing a regular daily schedule.

Build in time together Schedule for trips and outing.

Work together with partner or others in your household to ensure consistent and appropriate discipline procedures. Also ask for support from teachers, coaches and other adults who spend time with child.

Assign a household chore

At first, it's important to set child up for success with tasks that are fairly easy to do well. Gradually blend in more-important and challenging jobs. Give clear, easy-to-follow instructions and reinforce positive behavior.

Be prepared for challenges early on

Appreciate changed response to their behavior. Expect behavior to worsen at first after you tell them the new things you now expect. At this early stage, staying consistent even if the problem behavior worsens, is the key to success [8].

With regular and consistent effort, using these methods can result in improved behavior and relationships.

Conclusion

ODD is classified under behavioral disorders different than conduct disorder in its symptoms, since it's a challenging for family which disrupts all social functioning, the child can be screened and diagnosed in an early stage with DSM 5 criteria. It may continue and take other forms of diseases like antisocial behaviour, personality disorders. It becomes

necessary to treat with medicine followed by therapeutic intervention and strategies may give good result in managing behaviour of ODD.

Conflict of Interest

Not available

Financial Support

Not available

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