

Oppositional Defiant Disorder (ODD)

Oppositional Defiant Disorder (ODD) is a behavioral health condition of childhood that is characterized by a recurrent pattern of negativistic, hostile, and defiant behavior. Although the behavioral features vary according to the age of the child, a youngster with ODD tends to defy and argue with parents or other adult authority figures. They resist feedback and direction and appear to have a hard time with compromise. ODD children are more easily annoyed and prone to anger outbursts. Typically, they deny responsibility and tend to blame others for their misbehavior. At times, the children can appear spiteful and vindictive.

There is no known cause or identified biological basis for ODD. Although medications are used to treat the co-morbid symptoms (impulsivity, poor anger control, depression, anxiety, etc.), there is no specific treatment for Oppositional Defiant Disorder. Although ODD tends to run in families, there has been no clearly identified genetic pattern. Children with Oppositional Defiant Disorder may have underlying attention deficit hyperactivity disorder, mood difficulties, learning disabilities, etc. that account for the negative and oppositional behavior. ODD is more common in families where there is another family member with one of these conditions.

Estimates are so varied regarding the prevalence of Oppositional Defiant Disorder (2% to 16%) that we cannot really determine how many children have ODD. It appears more commonly in young boys than girls, although believed to be equally evident in teenage girls and boys. Features of Oppositional Defiant Disorder usually are evident in children prior to 8 years of age. The behaviors involved are more commonly displayed at home but may be evident in other situations in which the child is quite comfortable and not inhibited. Although the prognosis for ODD is not clear, a percentage of children develop adolescent conduct disorder.

We must differentiate between oppositional and argumentative behavior common to many children from the more serious pattern of ODD. Two year old's who resist parent commands and teenagers who argue with their mothers or fathers should not be considered as having an Oppositional Defiant Disorder. Oppositional Defiant Disorder may be better understood a symptom complex reflecting different underlying conditions. The effectiveness of treatment depends upon how well we can understand why the child is oppositional and hostile. Much like treating a person with a high fever, we must get to the underlying difficulties if we are to be helpful.