

Quick Facts: Oppositional Defiant Disorder

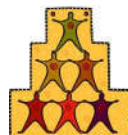


This fact booklet is intended to enhance understanding about the mental health issues that may be encountered in children and adolescents. The information included is not exhaustive and should never be used to formulate a diagnosis. Mental health diagnoses should be made only by a trained mental health professional after a thorough evaluation.

Students FIRST Project

HowardCenter—CYFS
1138 Pine Street
Burlington, VT 05401

Anne Paradiso
Associate Director CYFS
Phone: 802 488-6679
Fax: 802 488-6601
E-mail: annep@howardcenter.org
www.studentsfirstproject.org



What is Oppositional Defiant Disorder?

Oppositional Defiant Disorder, or O.D.D. is a behavioral disorder of childhood and adolescence marked by defiant, argumentative, negative behavior. Children and adolescents with O.D.D. are often angry, antisocial, disruptive and disrespectful. However, their behaviors are generally not dangerous, destructive, criminal, or aggressive. Students with O.D.D. may engage in overt misbehavior or may attempt to control their environment more covertly.

Some defiance of authority is normal and to be expected in children and adolescents. The behavior of students with O.D.D, however, stands out as being more persistently disruptive than that of their peers to the point that it impairs their ability to function effectively at home and/or school.

The symptoms of O.D.D. often first emerge gradually in the home environment, but eventually move out into other settings, such as school and the community. Behavior problems are often most evident in the presence of adults that the student knows well. If untreated, the disruptive behaviors tend to escalate with age, and may develop into a more serious problem that is difficult to treat.

Prevalent Signs & Symptoms of O.D.D.

- Persistent arguing with adults, especially those in positions of authority
- Refusal to comply with rules or requests by adults or others in positions of authority
- Behavior that is deliberately annoying or irritating to others; being easily annoyed or irritated by others
- Blaming others for one's own mistakes; refusing to take responsibility for own actions
- Sudden, unprovoked anger and/or temper outbursts
- Spiteful and/or vindictive behavior

Getting Linked

- Visit www.ptophelp.org to locate mental health providers who address Oppositional Defiant Disorder in children and adolescents in your community.
- Dial 2-1-1 to reach Vermont 2-1-1, a statewide health and human services information and referral program where you can get person to person assistance to find Oppositional Defiance Disorder resources in your community.



Additional Resources

Students FIRST Project
School Mental Health Resource
For Chittenden County Educators
www.studentsfirstproject.org

School Psychiatry Program
Massachusetts General Hospital
www.schoolpsychiatry.org

Center for Mental Health in Schools
<http://smhp.psych.ucla.edu>

National Alliance on Mental Illness
www.nami.org

Vermont Family Network
www.vermontfamilynetwork.org

American Academy of Child and Adolescent Psychiatry
www.aacap.org

IVillage
<http://emotional.health.ivillage.com>

First Call for Children and Families-
(802) 488-7777 for crisis services for children and adolescents in Chittenden County



Cultural Considerations

Oppositional Defiant Disorder is believed to result from a combination of genetic and environmental variables. Children whose families are coping with high levels of stress due to poverty, unsafe neighborhoods, and violence in the home are at greater risk of developing O.D.D. When evaluating a child's behavior, always consider whether the oppositional behavior may play a self-protective purpose for the student in an unsafe environment.

Attitudes toward mental health may vary across cultures. Cultural differences also play a role in how a child's behavior is perceived and responded to. This may impact efforts to accurately assess the child and provide effective treatment.



Developmental Variations

Early Childhood

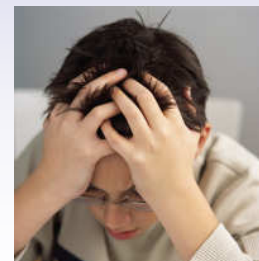


Oppositional Defiant Disorder is not typically diagnosed in the early childhood population because many of the symptoms are also part of normal early childhood development. As other children begin to develop emotional regulation, behavioral control, respect for authority, etc. the negative behaviors of children with O.D.D. continue to persist beyond the early childhood years and often worsen without treatment.

Parents of children diagnosed with O.D.D. often report that these children were more rigid and demanding than their siblings, had prolonged temper tantrums, were difficult to soothe, and engaged in excessive power struggles regarding things such as eating, toileting, sleeping, and speaking.

Middle Childhood

Boys are diagnosed with O.D.D. more often than girls in this age bracket. Defiant and oppositional behaviors frequently intensify during this developmental period with an increase in direct confrontation and overt disruption in both the home and school environments. In addition, you may see some or all of the following in students with O.D.D.:



- An unusually high or low self-esteem
- A pattern of apparently unprovoked mood swings
- Easily triggered frustration
- Swearing
- Alcohol and/or drug use
- Frequent conflict with parents, teachers, and/or peers

Developmental Variations

Adolescence

While boys are more frequently diagnosed with O.D.D. in early and middle childhood, this gender gap disappears in adolescence; girls and boys are diagnosed at equal rates during this developmental period. Adolescents may experience the same symptoms as their middle childhood counterparts, but also have an increased tendency to exhibit more sophisticated disruptive behaviors that are covert and done without adult awareness. Adolescents with O.D.D. also have a higher incidence of alcohol and other drug use than their typical peers and may exhibit more aggressive behaviors. While most adolescents begin to develop a higher level of self-awareness, adolescents with O.D.D. tend to have limited personal insight and have a difficult time accepting responsibility for their choices and actions.



Educational Implications

Students with Oppositional Defiant Disorder are often non-compliant; they may refuse to follow instructions or complete assignments, making it difficult for them to master new material. In addition, in an unconscious effort to maintain their control, students with O.D.D. may sabotage efforts on the part of schools and parents to provide positive relationships, experiences, and reinforcement.

Students with O.D.D. often struggle with peer relationships due to their alienating behavior. Because of repeated interpersonal and academic failure, students with O.D.D. often develop a negative self-image and low self-esteem which further diminishes their motivation to succeed.

Additionally, these students often develop a reputation with adults for being difficult to manage, and adults' low expectations of these youngsters can perpetuate the negative cycle.

