Oppositional Defiant Disorder at A Glance

Oppositional defiant disorder (ODD) is characterized by recurrent patterns of hostility, defiance, and negative behaviors lasting at least 6 months. It is not the oppositional behavior displayed by children in the course of normal development; ODD is significant exaggeration of "developmentally normal" behaviors. Unlike conduct disorder, it is usually not associated with the rights violations of others.

ODD likely arises from a combination of biological, genetic and environmental causes and as is the case with many psychiatric disorders, earlier onset is associated with poorer prognosis. In the case of ODD, early onset is associated with risk of developing conduct disorder. Later onset ODD may progress to one of three broad classes of disorders – most commonly attention deficit hyperactivity disorder (ADHD), anxiety disorders and mood disorders. Early detection and intervention are associated with successful outcomes.

Assessment
Assessment entails collecting information from as many different sources and environments as possible in order to obtain a complete and accurate picture. Objective questionnaires should be used initially and during follow-up to gauge the success of treatment and accuracy of assessment.

Because ODD is frequently a co-morbid condition, it is vital that other conditions/disorders be identified and treated. (ODD is nearly always co-morbid with another psychiatric diagnosis. This finding suggests that the diagnosis may be a clinical indicator of severity of the "co-morbid" condition as well as a measure of the effectiveness of caregivers, rather than a distinct diagnosis.)

Treatment
It is essential to establish a therapeutic alliance with the child and family and to exercise sensitivity to cultural norms and background.

This diagnosis is one that strongly argues for a trial of parental interventions being before initiating other treatment. There are a number of empirically researched intervention models used to train/educate the caregivers of a child with ODD. They all have in common a consistent application of the intervention by all involved caregivers, consequences for disruptive behaviors, reinforcement of positive behaviors and attention to reducing any reinforcement of disruptive behaviors.

When used, medications almost always targeted at specific symptoms (e.g. aggression), or the co-morbid disorder. Little data exist to support pharmacological treatment aimed at the broad symptomatic presentation of ODD (i.e., intended to treat all the presenting features) exclusive of any co-occurring psychiatric illnesses.

To be optimally effective, treatment should be long-term (especially the parental/behavioral interventions). Extremely short-term or “one-time” treatments have been shown to be completely ineffective and in many cases may be detrimental in that they only serve to increase the frustrations of the caregivers when, for the second, third or umpteenth time, an intervention/treatment has failed.