Oppositional Defiant Disorder Handout for Professionals

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Eric: An oppositional defiant disorder case study

"This school sucks, and you can't tell me what to do anymore!" seven-year-old Eric furiously screamed at his teacher. "You tell me do this, do that, do this…you never stop nagging me. The only reason I get red marks on my paper is because of stupid you, and that jerk Andrew at my table who makes me more stupid every day. I won't do no more for YOU, never," he continued. Eric, who has a file documenting violent outbursts for nearly a year, heads for the door, but not before heaving a neatly stacked pile of papers and books onto the floor. He turns back toward the teacher, with a countenance that begs for a final standoff with the authority figure in the room. The hushed children in the class look on with trepidation for the next move.

Oppositional defiant disorder is a mental health condition that is identified by the American Psychiatric Association as a disruptive behavior disorder that is typically first diagnosed in infancy, childhood, and adolescence (2000). Generally speaking oppositional defiant disorder (herein referred to as ODD) is characterized by a pattern of negativistic, hostile, and defiant behavior. Timing and duration of symptoms is also significant (APA, 2000). In the case of Eric, there are clear indicators that ODD would be an appropriate diagnosis for this maladjusted child. We will now examine the particulars of the disorder and engender a more reasonable evaluation of whether Eric is genuinely manifesting ODD behaviors.

Clinical Symptoms & Onset

The pattern of behaviors characteristic of ODD must persist for no less than six months, and at least four of the following symptoms must reveal themselves: (1) often loses temper; (2) often argues with adults; (3) often actively defies or refuses to comply with adults' requests or rules; (4) often deliberately annoys people; (5) often blames others for his or her mistakes or behavior; (6) is often touchy or easily annoyed by others; (7) is often angry and resentful; (8) is often spiteful or vindictive (American Psychiatric Association, 2000, p. 70). While any one of these symptoms might appear in a child who is struggling with compliance issues, the compound effect of multiple symptoms, marked by a half-year duration, is what operationally defines ODD (APA, 2000). APA also indicates that many of the aforementioned symptoms have their earliest onset in the home, and then permeate to other settings (2000). Because a child begins to exhibit symptoms of ODD as early as eight months of age (APA, 2000), parents are encouraged to be proactive in identifying possible signs, and engaging in the pursuit of therapists, mental health care workers, or social service agencies as soon as concerns arise (Substance Abuse and Mental Health Services Association, 2007).

Prevalence

In a study of a metropolitan United States city, the overall prevalence of disorders meeting DSM-IV criteria was 17.1% among 4,175 children and adolescents ages 11-17 (Roberts, Roberts, & Xing, 2007). Of the 17.1% of children with disorders, 6.5% of these children had disruptive disorders, the most prevalent disruptive disorder being ODD. Other sources estimate that between two and sixteen percent of youth

have ODD, and that the prevalence of ODD is comparable for both genders (Office of Child and Family Policy, 2008). The American Psychiatric Association confirms the 2%—16% statistic related to the prevalence of ODD (2000). Statistical prevalence, and the externalizing behaviors Eric currently exhibits, point to a diagnosis of ODD. There are other factors, however that must be considered before diagnosis including comorbid with mental health issues, and the combination of genetic and environmental factors.

Predispositions, Risk Factors, & Comorbidity

There are many pieces of the puzzle in terms of determining what brought about Eric's oppositional behavior. As is typical in human behaviors, both genetic and environmental factors may have played a part in the defiance that Eric displays in interactions with his peers and authority figures.

Parents can be the first line of defense in identifying children with ODD because they themselves can serve as effective barometers of symptomatic behaviors. Most issues begin in the home, and as such, a child's primary caregivers are an important early link for intervention. In terms of a predisposition for ODD, children who have parents with some type of conduct disorder, or maternal family members who are depressed, have an increased likelihood of expressing oppositional behaviors (APA, 2000).

Additionally, aside from genetic factors, a child is at risk for ODD when his or her environment is influenced in one or more of the following ways: early maternal rejection; separation from parents without an adequate alternative caregiver; early

institutionalization; family neglect; abuse or violence; parental marital discord; large family size; crowding; and poverty (Substance Abuse and Mental Health Services Association, 2007, ¶5).

Unfortunately children with ODD are often plagued with multiple mental health issues. The Office of Child and Family Policy in Illinois observes the high rates of co-morbidity of ODD and other mental health issues including depression, mania, and substance abuse problems (2008). While children are often readily, and perhaps more easily, identified with symptoms of one disorder, the compounding effect of comorbid disorders can be a detriment to identification and treatment in their early stages. It will be especially beneficial to unpeel the layers of Eric's mental health issues before treatment begins because psychopharmacologic treatments, for instance, are not useful when treating ODD without comorbid mental health issues such as attention deficit hyperactive disorder (ADHD) (Kelsberg & St. Anna, 2006). It will also be valuable to monitor Eric closely in the coming years, as the availability of illegal drugs and other substances augments.

Treatment

If Eric is diagnosed with ODD, there are many treatment options available. Along with the help of social workers or therapeutic support staff, the stakeholders in Eric's future, including both his parents and teachers, can find some relief. Parent Management Training (PMT) is an exciting therapy that has shown some level of success in assisting families who have children with ODD (Costin & Chambers, 2007). This intervention focuses on training *parents* to handle their children in the most

effective manner possible. Following eight parent-training sessions, Costin & Chambers found that caregivers reported their children's behavior to be less troubling, frustrating, and bothersome (2007). PMT enables a child's behavior to bring less stress to his family, and as a result may lessen the severity of the symptoms in the child. Melvin Lewis also cites the value of parent training in order to bring about change in an oppositional defiant child. He maintains that structured routines in the household, as well as empathy and understanding training for the parents, are excellent solutions that provide families with relief from the pains of a child with ODD (Lewis, 2002).

In terms of a clinician's treatment of children and families similar to Eric's, Kelsberg & St. Anna suggest that facilitators "Model good parenting skills, educate parents about basic behavioral tools, [and] provide referral as resources allow" (2006, p. 911). Eric's young age is a major contributor and influence in his treatment plan. Adolescent studies provide few to no effective treatment options, while studies related to younger children, such as Eric, do offer some valuable behavioral supports that are successful. Typically medication is not regularly utilized for treating children with ODD (Kelsberg & St. Anna, 2006).

Conclusion

Determining whether Eric is a child that can be diagnosed with oppositional defiant disorder is a difficult task; the effort is worth expending, however, in order to alleviate the pain that Eric, his family, and his school endure as a results of his behavior. Given the DSM-IV TR criteria alone (APA, 2000), Eric certainly displays multiple symptoms of ODD, and has done so over an extended period of time. But, there are

other factors that must be taken into consideration before a child is diagnosed, and potentially stigmatized. What areas of genetics and family environment are worth exploring before a determination can be made? If caregivers are catalysts for changing oppositional behavior, what options in terms of positive parenting can be offered before Eric's needs are addressed? A host of alternatives exist in order to enact change as a collaborative process on Eric's behalf, but each takes sustained effort on the part of everyone involved.

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