

# THE PARENT LETTER



About Our Kids:  
A Letter for Parents by the  
NYU Child Study Center

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## **OPPOSITIONAL DEFIANT DISORDER (ODD)**

When families are concerned about a child's behavior, there is great variability in the range of problems. Milder, but still concerning, complaints may include tantrums, yelling and frequent arguing, while more serious complaints may include a pattern of physical fighting and stealing. Behavior problems associated with Oppositional Defiant Disorder (ODD) are marked by an overtly oppositional stance toward authority figures, such as parents and teachers. Although aggression towards others and serious violations of others' rights and societal norms can occur in children with ODD, they are more likely to occur with the more serious behavior problems associated with Conduct Disorder.

### **What are the behavior problems specific to ODD?**

ODD involves a pattern of behaviors that include frequent arguing, defying rules and requests, opposing authority figures, and temper tantrums. Other characteristics may include intentionally annoying others, being easily angered, having difficulty letting things go, inflexibility, swearing, and blaming others for one's own mistakes. While it may be normal to some degree to occasionally see some of these characteristics in many children, ODD is diagnosed when a *preponderance* of these symptoms are present, they occur frequently, and they interfere with the child's functioning at home, at school or socially. It is possible that ODD symptoms present in one setting but not another, for example, at home but not at school. Children with ODD may also present with other problems, such as ADHD, depression or anxiety. Twenty-five percent of children with ODD will develop more serious behavior problems associated with conduct disorder.

### **When do these kinds of behavior problems emerge?**

The emergence of behavior problems depends on a number of factors, including the child's temperament, what the child is capable of developmentally, what opportunities for various behaviors are available to the individual, family factors, and broader social issues (e.g., poverty, access to intervention). While there may be indications of a difficult temperament before the age of 3, between 3 and 7 years of age is when symptoms of ODD become problematic enough to cause poor daily functioning and distress to the child and/or family.

### **What factors contribute to ODD?**

There is no single factor that "causes" ODD. More likely, there are several different groups of factors that may contribute. Characteristics of the child (e.g., tendency to be irritable, high activity level), parent (e.g., ineffective or inconsistent disciplining, parental depression, impulsivity), family (e.g., marital discord) and social environment (e.g., poverty) can individually or in combination contribute to the development of behavior problems. These factors can also affect one another. For example, inconsistent disciplining can contribute to defiant behavior, just as chronically defiant behavior can lead parents to feel helpless and change their approach toward parenting.

### **What can families do to address ODD?**

Families can consult with a mental health professional, such as a psychologist or psychiatrist, for a comprehensive evaluation, which should include a review of the relevant symptoms and the child and family's history, assessment of other possible contributing factors, such as depression or anxiety, and information gathered from multiple sources, such as questionnaires from or interviews with teachers. Sometimes, observation of the child in the school setting or psychological testing is helpful.

Depending on the age of the child and the severity of symptoms, there are a variety of ways to proceed. Teaching parents skills that have been proven to effectively address behavior problems is an essential part to any

treatment, though the skills may be different for the young child and the adolescent. Essential elements include frequent and consistent use of praise, rewards, and reasonable punishments. In the context of behavior therapy, parents can learn, practice and adjust as necessary these types of skills, as well as others, such as giving effective requests, using time-out, and ignoring annoying behaviors while providing positive attention for desired behaviors. Children may also learn and practice new coping skills, such as finding alternative ways of dealing with anger. For adolescents, family therapy that centers on many of the same parenting skills noted above -- setting limits on behavior and implementing effective and consistent consequences in an age appropriate manner -- is often helpful. In addition, parents and adolescents may need help to problem solve together, to improve communication skills, to negotiate conflicts, and to identify and change patterns of behavior that occur within the family that may contribute to disruptive behaviors. In more severe situations that may involve overlapping problems (e.g., substance use, school refusal), an alternative school setting or residential treatment may be necessary. Medication treatment is sometimes utilized to manage some symptoms of ODD. Of course, if other factors, such as marital discord, are contributing to the development of behavior problems, those issues may be addressed in the context of psychotherapy or marital/family counseling.

### **Useful Resources**

The following are resources for families experiencing many of the difficulties outlined above. While it can be helpful for families to educate themselves and attempt to implement the recommendations in these books, they are not a substitute for a thorough evaluation and treatment with a qualified mental health professional.

- Parenting the Strong-Willed Child, Revised and Updated Edition: The Clinically Proven Five-Week Program for Parents of Two- to Six-Year-Olds. By Rex Forehand and Nicholas Long.
- Your Defiant Child: Eight Steps to Better Behavior. By Russell A. Barkley.
- The Explosive Child: A New Approach for Understanding and Parenting Easily Frustrated, Chronically Inflexible Children. By Ross Greene.
- 1-2-3 Magic: Effective Discipline for Children 2-12. By Thomas W. Phelan.
- Parents and Adolescents Living Together, Part 1: The Basics. By Gerald R. Patterson and Marion S. Forgatch.

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### **ABOUT THE NYU CHILD STUDY CENTER**

The NYU Child Study Center is dedicated to the research, prevention and treatment of child and adolescent mental health problems. The Center offers evaluation and treatment for children and teenagers with anxiety, depression, learning or attention difficulties, neuropsychiatric problems, and trauma and stress related symptoms.

We offer a limited number of clinical studies at no cost for specific disorders and age groups. To see if your child would be appropriate for one of these studies, please call (212) 263-8916.

The NYU Child Study Center also offers workshops and lectures for parents, educators and mental health professionals on a variety of mental health and parenting topics. The Family Education Series consists of 13 informative workshops focused on child behavioral and attentional difficulties. To learn more or to request a speaker, please call (212) 263-8861.

For further information, guidelines and practical suggestions on child mental health and parenting issues, please visit the NYU Child Study Center's website, [AboutOurKids.org](http://AboutOurKids.org).

**AboutOurKids.org**

THE NYU CHILD STUDY CENTER ONLINE

**Changing the Face of Child Mental Health**  
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