

Oppositional Defiant Disorder and Conduct Disorder

Oppositional Defiant Disorder (ODD):

Diagnostic Criteria:

“A pattern of negativistic, hostile, and defiant behavior lasting at least 6 months, during which four (or more) of the following are present:

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
6. is often touchy or easily annoyed by others
7. is often angry or resentful
8. is often spiteful or vindictive”

(American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. Washington, DC, American Psychiatric Association, 2000.)

- a criterion is met only if the behavior occurs at a more frequent rate than in an individual of the same age and developmental level. Oppositional behavior commonly occurs in young children and adolescents; the diagnosis requires a greater rate of these behaviors.
- the disturbance in behavior is causing significant impairment in social, academic, or occupational functioning
- the criteria are not met for Conduct Disorder or Antisocial Personality Disorder

Other Information:

- ODD is more prevalent in males before puberty, but the rates are about equal after puberty.
- Onset typically occurs over the course of months or years and may develop into Conduct Disorder
- ODD is more prevalent children whose families experience serious marital discord or when at least one of the parents has a history of ODD, Conduct Disorder, ADHD, Antisocial Personality Disorder, Mood Disorder, or a Substance-Related Disorder.

Conduct Disorder (CD)

Diagnostic Criteria:

“A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms are violated...”

At least three of the listed criteria exist during the past 12 months, with at least one present in the past 6 months

The criteria fall into 4 major categories. Examples of criteria are listed:

1. aggression to people and animals

- bullies or intimidates
- physical fights
- forced sexual activity
- used a weapon to harm someone

2. destruction of property

- fire setting with the purpose of causing major damage
- deliberately destroying property that belongs to others

3. deceitfulness or theft

- lies to gain something
- stealing without confronting a victim
- breaking into a house

4. serious violation of rules

- runs away
- truant from school
- stays out all night without permission

- causes significant impairment in school, work, or social functioning
- if 18 years or older does not meet the criteria for Antisocial Personality Disorder

(American Psychiatric Association, 2000)

Differential Diagnosis: ODD and CD have similar features, but CD involves an on-going pattern of more serious behavior that infringes on someone's rights or breaks age appropriate rules

Other Information: rates are higher among males than females. CD is one of the most frequent diagnoses of children in in- and outpatient therapy.

Conduct Problems (to include both ODD and CD)

Comorbid Conditions: ADHD is the most common comorbid condition, but children with conduct problems are at risk for other disorders.

Assessment: Assessment typically involves a clinical interview, behavioral observation (may include functional analysis), and the completion of behavioral rating scales by adults in the child's life. It is important to rule out contributing medical factors or other disorders that may have existed before the onset of current symptoms.

Treatment: May include school-based interventions, family-centered interventions, community-based programs, and skill development. Psychopharmacological treatments have been used to help children with conduct problems, but the evidence of effectiveness is limited.

Treatments typically target specific behaviors. Family-based interventions focus on teaching caretakers parenting skills. Other treatment programs use behavioral intervention and the development of specific social skills.

Advice for Parents and Teachers:

1. Consult a mental health professional about appropriate behavioral interventions.
2. Include relevant adults in the development of the treatment plan (e.g. teachers, child-care workers, all parents).
3. Seek support through individual or group therapy or a support group.
4. Consult physician or psychiatrist regarding options for pharmacological treatment.
5. Work closely with the school system. Expectations and consequences should be consistent across settings.
6. Early intervention is key! Do not wait if you have concerns about a child.

References:

American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision*. Washington, DC, American Psychiatric Association, 2000.

Mash, E. J. & Barkley, R. A. (1998). *Treatment of Childhood Disorders, Second Edition*. New York: Guilford Press

This material is only a summary of a portion of available research available and is not sufficient to form the basis of a valid diagnosis or treatment plan. Individual diagnoses and treatment plans must be obtained from a licensed mental health professional. Neither the Gannon Center nor any of its representatives shall be liable for any use or misuse of this material.

What To Do

Here are some ways to be helpful to someone who is threatening suicide:

- Be direct. Talk openly and matter-of-fact about suicide.
- Be willing to listen. Allow expressions of feeling. Accept the feelings.
- Be non-judgmental. Don't debate whether suicide is right or wrong, or feelings are good or bad.
- Get involved. Become available. Show interest and support.
- Don't dare him or her to do it.
- Don't act shocked. This will put distance between you.
- Don't be sworn to secrecy. Seek support.
- Offer hope that alternatives are available but do not offer glib reassurance.
- Take action. Remove means, such as guns or stockpiled pills.
- Get help from persons or agencies specializing in crisis intervention and suicide prevention.

If you experience these feelings, get help! If someone you know exhibits these symptoms, offer help!

Contact:

- A community mental health agency
- A private therapist or counselor
- A school counselor or psychologist
- A family physician
- A suicide prevention or crisis center