



## **Oppositional Defiant Disorder (ODD) Clinical Guidelines**

**In collaboration with FBH Partners' Providers, MHCBBC, and JCMH**

DSM-IV-TR Diagnostic Code: 313.81

### **Screening/Diagnosis Guidelines:**

**1. Establish diagnostic accuracy**, including a pattern of negative, defiant, disobedient, or argumentative behavior lasting at least 6 months. The behaviors must occur more frequently than is typically observed in individuals of comparable age and developmental level, cause significant impairment in functioning, and typically become evident before 8 years old. Continued assessment over time is important, as ODD may precede the development of a conduct disorder (CD), which has more severe symptoms (e.g. aggression toward people or animals, destruction of property, or a pattern of theft or deceit), and requires a different treatment approach.

**2. Consider differential diagnoses** including CD, ADHD, mood disorders, learning disabilities, adjustment disorders, v-code relational disorders, substance abuse (particularly in adolescents), and normal development. Co-morbidity is common, particularly with ADHD and/or depression and anxiety. Referral for a cognitive evaluation may be appropriate to rule out learning disabilities. In some cases, chronic pediatric illness, significant head trauma or lead toxicity may lead to similar symptoms. It is helpful to have the child's most recent pediatric exam records available for review. Encourage scheduling a pediatric exam if there were none in the last year and coordinate care with the PCP as needed.

**3. Obtain information from multiple informants using multiple methods** including observational reports, clinical interviews, and behavior rating scales (such as the Achenbach Child Behavior Checklist) for diagnosis and tracking behavioral progress. Gather information from primary caregivers, daycare providers, teachers, and other school professionals in addition to the child's self-report. Assessment should include: child's strengths and motivating factors, symptoms and symptom duration, age of onset, evidence of abuse and/or neglect, degree of social/academic functioning, adults reactions to the child (ODD tends to elicit anger and power struggles), and family history of mental illness (ODD appears more common in families where at least one parent has had a mood disorder, ODD, CD, ADHD, antisocial personality disorder, or a substance-related disorder).

**4. Complete a functional analysis of behavior** as part of the clinical interview. What are the triggers and consequences of the child's disruptive and pro-social behaviors? Is behavior consistent across settings/with different authority figures? What actions by others could be reinforcing negative behaviors or failing to reinforce positive behaviors? Awareness of factors underlying ODD behaviors will inform your treatment. Assess whether the behavior is internally or externally motivated, as it may be in response to a situation or environmental circumstance, indicating an adjustment reaction, rather than an ODD diagnosis.

## **Treatment Guidelines:**

**1. Establish a therapeutic alliance** with the child and the family. Build rapport by empathizing with the child's potential frustration and anger about receiving treatment or feeling misjudged, while not condoning oppositional behavior. Work with parents to raise awareness of parenting issues while avoiding judgments or criticisms, and providing empathy.

**2. Consider cultural issues** in diagnosis and treatment as there are different standards and expectations for obedience and parenting across cultures and ethnic groups. Be aware of and sensitive to these differences in your treatment recommendations.

**3. Develop an individualized treatment plan using multimodal interventions.** A combination of Parent Management Training (PMT), family, individual, and group therapy where indicated, is most effective for a child with ODD. To be effective, treatment usually lasts several months or longer. Target interventions at the identified problem behaviors, based upon the assessment, child's strengths, and functional analysis, keeping in mind severity of symptoms, child's age, and resources available. Younger children benefit from PMT, family and school-based interventions as the primary treatment. Coordination of family and school-based interventions will ensure consistency of treatment. Adolescents benefit from family interventions and PMT, with individual therapy when appropriate.

**4. Parent and family interventions** should be a main focus of treatment. PMT is the most widely supported evidence based practice for ODD. Modeling and role playing with parents can increase efficacy and confidence using the core processes of PMT: effective discipline, age-appropriate expectations and supervision. Principles of discipline include: reducing positive reinforcement of disruptive behavior, increasing reinforcement of pro-social and compliant behavior (parental attention is emphasized above tangible rewards as methods of reinforcement), and punishment consisting of time-outs, loss of privileges. Reinforcement and punishment should be consistent, predictable, immediate, and contingent on defined behaviors. Encourage healthy communication and supportive family systems without blame, rather than, for example, a parent taking an angry stance towards the child, thus alienating him/her from the family.

**5. Individual psychotherapy** should be focused and directive. Include behavioral interventions to control aggression, modify behaviors, and enhance communication skills, and cognitive, experiential or interpersonal approaches to develop self control, self guidance and problem-solving skills. Self-awareness strategies such as relaxation and self-monitoring can improve impulse control, and assertiveness training develops skills to express feelings constructively. Establishing rapport and building upon strengths are important to successful outcomes.

**6. Group therapy** may be considered for adolescents. Groups open to different diagnoses can be helpful for peers to model appropriate behaviors. Structured and therapist-directed groups can address communication and behavior management, thereby improving social judgment.

**7. Avoid unhelpful interventions:** Experts and researchers agree that one time or short-term interventions are not usually successful. In addition, research has shown inoculation approaches (boot camps, shock incarcerations) to be ineffective and potentially injurious.

**8. Medication** is generally not indicated for the treatment of ODD, but may be helpful in treating any co-morbid conditions. Refer to a mental health prescriber where appropriate.

**9. Encourage participation with social support systems,** e.g., Ala-Teen, athletics, church, schools, and community centers. Encourage participation in extracurricular and positive peer group activity to aid in the development of social skills and self-esteem.

## References

- Steiner H, Rensing L, Work Group on Quality Issues. Practice parameter for the assessment and treatment of children and adolescents with oppositional defiant disorder. *J Am Acad Child Adolesc Psychiatry* 2007 Jan; 46(1):126-41.
- Eyberg, S.M., Nelson, M.M., & Boggs, S.R. (2008). Evidence-based psychosocial treatments for children and adolescents with disruptive behavior. *Journal of Clinical and Child Adolescent Psychology*, 37(1), 215-237.
- Johnson, M.E., & Waller, R.J. (2006). A review of effective interventions for youth with aggressive behaviors who meet diagnostic criteria for conduct disorder or oppositional defiant disorder. *Journal of Family Psychotherapy*, 17(2), 67-80.

### Resources for families

American Academy of Child and Adolescent Psychiatry Facts for Families: English  
<http://aacap.org/page.wv?name=Children+with+Oppositional+Defiant+Disorder&section=Facts+for+Families>

American Academy of Child and Adolescent Psychiatry Facts for Families: Spanish  
[http://aacap.org/cs/root/facts\\_for\\_families/informacion\\_para\\_la\\_familia/los\\_ninos\\_con\\_el\\_trastorno\\_de\\_desafio\\_y\\_oposicion\\_no\\_72](http://aacap.org/cs/root/facts_for_families/informacion_para_la_familia/los_ninos_con_el_trastorno_de_desafio_y_oposicion_no_72)

Mayo Clinic-information on ODD  
<http://www.mayoclinic.com/health/oppositional-defiant-disorder/DS00630>

American Academy of Child and Adolescent Psychiatry-Where to find help for variety of child mental health topics- for parents  
[http://www.aacap.org/cs/root/facts\\_for\\_families/where\\_to\\_find\\_help\\_for\\_your\\_child](http://www.aacap.org/cs/root/facts_for_families/where_to_find_help_for_your_child)

### Clinician Resources

American Academy of Child and Adolescent Psychiatry-ODD resources  
<http://aacap.org/cs/ODD.ResourceCenter>

American Academy of Child and Adolescent Psychiatry: Practice Parameters  
[http://aacap.org/galleries/PracticeParameters/JAACAP\\_ODD\\_2007.pdf](http://aacap.org/galleries/PracticeParameters/JAACAP_ODD_2007.pdf)