

Oppositional Defiant Disorder (ODD)

Oppositional defiant disorder (ODD) is a type of behaviour disorder, which is usually diagnosed in childhood (Ehmke, 2019). Symptoms of ODD typically begin by age 8, it is believed that around 2 to 16% of children have ODD (Nazario, 2019), According to Mauro, 2020 ODD is more common in boys than it is in girls, however there is reason to believe that this may be because girls mask the symptoms better. There is no known cause, however it is believed to be a mixture of genetic and environmental factors (Cleveland Clinic, 2019) . According to Ding et al, 2019 ODD is one of the most common developmental disorders in children, and those that have the disorder are at an increased risk of developing negative emotional outcomes later in life.

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Identification and Diagnosis

Opposition defiant disorder is identified through extreme defiant behaviours that have been displayed for at least 6 months (Gotter and Raypole, 2021). Characteristics of ODD can be identified by parents/ carers and education setting staff, who are able to make referrals and seek further support, however only professionals such as a child psychiatrist, or practitioner specialising in behavioural disorders are able to diagnose ODD (Johns Hopkins Medicine, 2022). This may be because of the lack of definitive testing and the process of diagnosing being through a series of interviews and detailed accounts of the child’s behaviours and lengthy observations. ODD is often be diagnosed alongside attention deficit hyperactivity disorder (ADHD)(Attitude, 2020), and therefore specialist practitioners need to ensure the correct diagnosis whether it be a singular or multiple diagnosis due to the similarity of the learning needs. Early identification and diagnosis means that support will be provided from a younger age. Early intervention means that the child, their family and the school they attend will be provided with support strategies to support the child and their needs (Home start, no date). The earlier the intervention the better chance there is that the symptoms of ODD can be managed and controlled.

Support strategies

When supporting children diagnosed with ODD there needs to be a, consistent and united approach by all that are involved with the child (Mauro, 2021). Their rebellious behaviour will often see them challenge authority figures, which means clear boundaries and need to be set and kept. Positive interactions and reinforcements are a good way to help support positive behaviour for children with ODD, reward charts and praise help to encourage repetitive positive behaviours (Rodden, 2021). Encouraging children to become involved with their own choices and keeping them informed of decisions or changes that may affect them, their mood and behaviour is also a beneficial support strategy, and allows the child to feel included and empowered, which will help them to control their impulses (Welsh Government, 2018). The support strategy will be unique to each child diagnosed with ODD, however each will be child centred, aiming to achieve the best possible outcome for the child as it is their right to be supported regardless of any diagnosis (Children’s commissioner for Wales, 2022).

Barriers to diagnosis

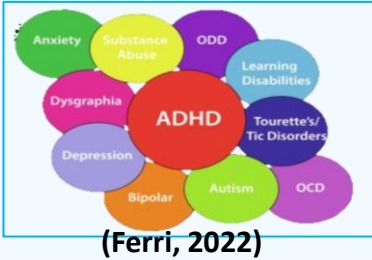
Oppositional defiant disorder can be difficult to diagnose as all children can be difficult or challenges at times (Mayo Clinic, 2018). The distinguish between children testing boundaries and children with ODD is how extreme their behaviour is and how long they have been displaying it (Ehmke, no date). Oppositional defiant disorder may also be hard to distinguish from other additional learning needs (ALN) such as attention deficit hyperactivity disorder (adhd), bipolar disorder and developmental, learning and communication problems or delays. ODD is also often viewed as a co-morbidity additional learning need rather than a stand alone, which may mean that the symptoms of odd are recognised and linked to other ALN. Additionally, this can also be caused by lack of knowledge and awareness of ODD as a independent diagnosis, this can be improved through training and further research. As always parents/ carers can also be a barrier to the diagnosis of ALN especially ODD as the symptoms are similar to that of a rebelling child. Some parents are against their child being observed/ tested for ALN as they are against their child being labelled. Parents often reject the idea of the diagnosis before they understand that with a diagnosis will com support and guidance not only for the child but for them and their families also.

Treatments

Medicines are not often used for the treatment of solely diagnosed ODD, but can be used to treat ODD and ADHD combined patients (Legg, 2019). Cognitive therapy behaviour however is often used to help patients control their impulses and anger, this therapy helps to improve communication and language skills, which helps to manage anger and behaviour outbursts. Peer group therapy can also be used to help those diagnosed with ODD to develop social and interpersonal skills. This supports the development of friendships and the understanding of empathy for others. Family and parent therapy is also recommended, this type of therapy helps to support the family as a whole. By providing support strategies for the whole family and not just the individual with the diagnosis. This encourages a mutual understanding of the disorder and the strategies that can be used to help relieve symptoms.

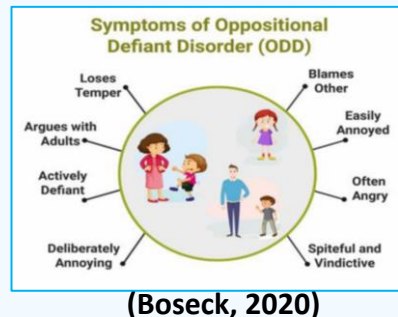
Links to other ALN

ODD can often be seen in children who have already been diagnosed with an ALN such as Autism, ADHD or bi-polar disorder. It can also sometimes be confused with these types of ALN as the behaviours displayed are very similar and the symptoms of each may overlap. It is believed that about 40% of children who have a diagnosis of ADHA also has ODD (Higuera, 2019).



Symptoms

Symptoms of oppositional defiant disorder include but are not limited to; Resentment, argumentative behaviour, Getting easily annoyed, defiance, temper tantrums and Explosive anger (Grace, no date). To be diagnosed with ODD, patients need to display these symptoms for at least 6 months. Children who display these traits will also challenge people of authority and be more troubling towards others rather than themselves. The behaviour displayed must be reoccurring and extreme enough to negatively affect a child’s social or academic aspects of life to meet the diagnostic criteria (Ding et al, 2019, p.2).



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