**ODD Oppositional Defiant Disorder**

Even the most mild-mannered children have occasional outbursts of frustration and disobedience. But a persistent pattern of **anger, defiance, and vindictiveness against authority figures** could be a sign of oppositional defiant disorder (ODD).

ODD is a behavioral disorder that results in defiance and anger against authority. It can **affect a person’s work, school, and social life**.

ODD affects between [1 and 16 percent](http://www.hopkinsmedicine.org/healthlibrary/conditions/mental_health_disorders/oppositional_defiant_disorder_90%2CP02573/) of school age children. It’s more common in boys than girls. Many children start to show symptoms of ODD between the ages of 6 and 8 years. ODD also occurs in adults. Adults with ODD who were not diagnosed as children often go undiagnosed.

**Symptoms of oppositional defiant disorder**

**In children and adolescents**

ODD most commonly affects children and adolescents. Symptoms of ODD include:

* **frequent temper tantrums or episodes of anger**
* **refusal to comply with adult requests**
* **excessive arguing with adults and authority figures**
* **always questioning or actively disregarding rules**
* **behavior intended to upset, annoy, or anger others, especially authority figures**
* **blaming others for their own mistakes or misbehaviors**
* **being easily annoyed**
* **vindictiveness**

None of these symptoms alone points to ODD. There needs to be a pattern of multiple symptoms occurring over a period of at least six months.

**In adults**

There is some overlap in ODD symptoms between children and adults. Symptoms in adults with ODD include:

* feeling angry at the world
* feeling misunderstood or disliked
* strong dislike for authority, including supervisors at work
* identifying as a rebel
* defending themselves vehemently and not being open to feedback
* blaming others for their own mistakes

The disorder is often difficult to diagnose in adults because many of the symptoms overlap with [antisocial behaviors](https://www.healthline.com/health/antisocial-personality-disorder#Overview1), substance abuse, and other disorders.

**Causes of oppositional defiant disorder**

There is no proven cause of ODD, but there are theories that can help identify potential causes. It’s thought a **combination of environmental, biological, and psychological factors** cause ODD. For example, it’s more common in families with a history of [attention deficit hyperactivity disorder (ADHD)](https://www.healthline.com/health/adhd).

One theory suggests ODD can begin to develop when children are toddlers, because children and adolescents with ODD show behaviors fairly typical of toddlers. This theory also suggests that the child or adolescent is struggling to become independent from parental or authority figures they were emotionally attached to.

It’s also possible that ODD develops as a result of learned behaviors, reflecting negative reinforcement methods some authority figures and parents use. This is especially true if the child uses bad behavior to get attention. In other cases, the child could adopt negative behaviors from a parent.

Other possible causes include:

* certain personality traits, like being strong-willed
* lack of positive attachment to a parent
* significant stress or unpredictability in the home or daily life

**Criteria to diagnose oppositional defiant disorder**

A trained psychiatrist or psychologist can diagnose children and adults with ODD. The **Diagnostic and Statistical Manual of Mental Disorders**, known as **the DSM-5**, outlines three main factors needed to make a diagnosis of ODD:

**1. They show a behavioral pattern**

A person must have a pattern of angry or irritable moods, argumentative or defiant behaviors, or vindictiveness lasting at least six months. During this time, they need to display at least four of the following behaviors from any category.

At least one of these symptoms must be displayed with someone who is not a sibling. The categories and symptoms include:

**Angry or irritable mood,** which includes symptoms like:

* **often losing their temper**
* **being touchy**
* **being easily annoyed**
* **often becoming angry or resentful**

**Argumentative or defiant behavior,** which includes symptoms like:

* **having frequent arguments with authority figures or adults**
* **actively defying requests from authority figures**
* **refusing to comply with requests from authority figures**
* **deliberately annoying others**
* **blaming others for misbehavior**

**Vindictiveness**

* **acting spitefully at least twice in a six-month period**

**2. The behavior disrupts their life**

The second thing a professional looks for is if the disturbance in behavior is associated with distress in the person or their immediate social circle. The disruptive behavior may negatively affect important areas like their social life, education, or occupation.

**3. It’s not linked to substance abuse or mental health episodes**

For diagnosis, the behaviors can’t occur exclusively during the course of episodes that include: substance abuse, depression, bipolar disorder, psychosis

**Severity**

The DSM-5 also has a scale of severity. A diagnosis of ODD can be:

* Mild: Symptoms are confined to only one setting.
* Moderate: Some symptoms will be present in at least two settings.
* Severe: Symptoms will be present in three or more settings.

**Treatment for oppositional defiant disorder**

Early treatment is essential for people with ODD. Teens and adults with untreated ODD have increased risk for depression and substance abuse, according to the [American Academy of Child & Adolescent Psychiatry](https://www.aacap.org/aacap/Families_and_Youth/Resource_Centers/Oppositional_Defiant_Disorder_Resource_Center/FAQ.aspx). Treatment options can include:

**Individual cognitive behavioral therapy:** A psychologist will work with the child to improve:

* **anger management skills**
* **communication skills**
* **impulse control**
* **problem-solving skills**

**Cognitive behavioral therapy** (**CBT**) is a type of psychotherapeutic treatment that helps people learn how to identify and change destructive or disturbing thought patterns that have a negative influence on **behavior** and emotions.

**Family therapy:**A psychologist will work with the whole family to make changes. This can help parents find support and learn strategies for handling their child’s ODD.

**Parent-child interaction therapy** **(PCIT):** Therapists will coach the parents as they interact with their children. Parents can learn more effective parenting techniques.

**Peer groups:** The child can learn how to improve their social skills and relationships with other children.

**Medications:** These can help treat causes of ODD, such as [depression](https://www.healthline.com/health/depression) or ADHD. However, there is no specific medication to treat ODD itself.

**Strategies to manage oppositional defiant disorder**

Parents can help their children manage ODD by:

* increasing positive reinforcements and reducing negative reinforcements
* using consistent punishment for bad behavior
* using predictable and immediate parenting responses
* modeling positive interactions in the household
* reducing environmental or situational triggers (For example, if your child’s disruptive behaviors seem to increase with a lack of sleep, make sure they get enough sleep.)

Adults with ODD can manage their disorder by:

* accepting responsibility for their actions and behaviors
* using [mindfulness](https://www.healthline.com/health/mindfulness-tricks-to-reduce-anxiety) and deep breathing to keep their temper under control
* finding [stress-relieving activities](https://www.healthline.com/health/10-ways-to-relieve-stress), such as [exercise](https://www.healthline.com/nutrition/10-benefits-of-exercise)

**Oppositional defiant disorder in the classroom**

Parents aren’t the only ones who are challenged by children with ODD. Sometimes the child might behave for the parent but misbehave for teachers at school. Teachers can use the following strategies to help teach students with ODD:

* **Know that behavior modification techniques that work on other students may not work on this student. You may have to ask the parent what is most effective.**
* **Have clear expectations and rules. Post classroom rules in a visible place.**
* **Know that any change in the classroom setting, including a fire drill or the order of lessons, can be upsetting to a child with ODD.**
* **Hold the child accountable for their actions.**
* **Try to establish trust with the student by communicating clearly and being consistent.**

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