

OPPOSITIONAL CONDUCT DISORDER

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ABSTRACT:

Oppositional Conduct Disorder is labelled as Oppositional Defiant Disorder (ODD) according to American Academy of Child and Adolescent Psychiatry (AACAP) A childhood Psychiatric disorder manifesting itself in prepuberty in males and post puberty in females in the form of uncooperativeness, defiant and hostile behaviour towards authority figure(s), seriously interfering with youngster's day to day functioning and interpersonal relationships thereby affecting the child's social, family and academic life. ODD evolves from the phenomenon of "terrible two" in families with at least one parent having or having had psychiatric problem.

Key words: *Oppositional Conduct, Defiant, Terrible Two*

Oppositional conduct disorder (ODD), is a child psychiatric disorder. Children diagnosed with ODD show a pattern of uncooperative, defiant and hostile behavior towards authority figure. It is usually severe enough to seriously interfere with the youngster's day to day functioning. A diagnosis of ODD cannot be given if the child presents with conduct disorder (CD)

According to the American academy of Child and Adolescent psychiatry (AACAP), ODD is present in 5-15 percent of all school aged children. Some statistics say that the rate of ODD is higher in boys before puberty, and is the same in boys and girls after puberty. With this kind of prevalence we can easily expect to encounter many children with oppositional defiant disorder around us and it will be a lot easier for us if we know how to deal with such children.

All children are oppositional from time to time, more so when tired, hungry, stressed or upset. Oppositional behavior is often a normal part of development for two to three year olds and early adolescents. However it becomes a reason of serious concern when it is so frequent and consistent that it stands out as compared to other children of the same age and developmental level and/or it affects the child's social, family and academic life.

It is not easy to distinguish ODD from age appropriate normal oppositional behavior. Children with ODD very frequently lose temper, argue with adults, defy rules, refuse adult requests and deliberately annoy others. This behavior persists throughout different settings and is not targeted against a particular parent or teacher. A diagnosis is made when the symptoms persist beyond six months. Other patterns of behavior include the child being touchy, angry,

resentful, spiteful or vindictive. They have a tendency to blame others, show mild physical aggression but language is usually extremely obscene and aggressive. Symptoms of ODD are seen to be enhanced with co morbidities like ADHD, anxiety or depression.

Children who are later diagnosed with ODD are found to be fussy, colicky and difficult to soothe as infants. As toddlers/preschool, they throw temper tantrums over small things like eating, toilet training, homework and sleeping. They have an intractable power to struggle and are in a habit to procrastinate. They do not follow rules and instructions and when questioned, claim to forget/ fail to hear, often leading to hearing tests which are normal. Winning in an argument is most important aspect of the struggle

The child typically has little insight and ability to admit to difficulties. He tends to blame his troubles on others or external circumstances. They are always questioning rules and are constantly attempting to change those that they find unreasonable.

CAUSES

According to "Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD) in Children and Adolescents: Diagnosis and Treatment", children of alcoholic parents or parents who often run into trouble with the law have an 18 percent chance of developing ODD. It appears that ODD arises out of a circular family dynamic. The more a child acts in defiant provocative ways the more negative feedback is elicited from the parents. In an attempt to achieve compliance, the parent or authority figures remind, lecture, berate, physically punish, and nag the child. But

far from diminishing oppositional behavior, these kinds of responses toward the child tend to increase the rate and intensity of non-compliance. There may be a vicious cycle in which the parent and child bring out the worst in each other leading to the phenomenon of "terrible twos". ODD appears to be more common in families in which at least one parent has a history of a Mood Disorder, Oppositional Defiant Disorder, Conduct Disorder, Attention-Deficit/Hyperactivity Disorder, Antisocial Personality Disorder, or a Substance-Related Disorder. In addition, some studies suggest that mothers with a Depressive Disorder are more likely to have children with oppositional behavior, but it is unclear to what extent maternal depression results from or causes oppositional behavior in children.

HOW TO RESPOND

The earlier this disorder can be managed, the better. Treatment can help restore the child's self-esteem and rebuild a positive relationship between the parents and the child as well as relationships with other important adults in his or her life — such as teachers and care providers.

Interventions can be made at various levels. Preventive measures such as developing a good relationship between an authority figure and child, creating a predictable environment and practicing emotional neutrality can go a long way. Once ODD has been diagnosed, the child and adolescent psychiatrist or other professional may recommend a combination of therapies for ODD. Initial interventions include educating the family about ODD and how to deal with patients diagnosed with ODD. Behaviours that diminish power struggle should be used. Such behavioral patterns include listening, privacy and simple directive and choices. When the child starts to get aggressive he/she should be reminded of a funny moment to distract him/her. Since ODD occurs in the context of the family and is heavily influenced by the health of family interactions, Therapists working to treat this disorder may thus recommend marital therapy, or substance abuse treatment to parents and caregivers if they believe such interventions will improve the overall health of family interactions. Medications have not been proven effective in treating Oppositional Defiant Disorder, so they are generally only used if a child has a co-morbid (co-occurring) disorder that responds to medication, such as Major Depression or ADHD. Other approaches to the treatment of ODD, include parent training programs, individual psychotherapy, family therapy, cognitive behavioral therapy, and social skills training. According to the American Academy of Child and Adolescent Psychiatry, treatments for ODD are tailored specifically to the individual child, and different treatment techniques are applied for pre-schoolers and adolescents.

DEALING WITH RELAPSE

During a period of good adjustment, the patient and his family and the therapist should plan what steps to take if signs of relapse appear. Such a plan should also include what specific symptoms are warnings of relapse. The therapist should direct the parents that he/she should be called immediately if those specific symptoms occur. They should also be told at the same time to notify friends and other people who can help. Specific plans and a more predictable and consistent daily schedule should be made for the child.

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