Oppositional Defiant Disorder (ODD) & Conduct Disorder (CD)

ODD is a psychiatric disorder with two different sets of problems.
(1) Aggressive behaviors.
(2) A tendency to bother and irritate others on purpose.

CRITERIA FOR ODD

The criteria for ODD are patterns of negative, hostile and defiant behavior lasting at least 6 months. During these 6 months, four or more of the following problems are present. Your caregiver will help determine what a cause for concern is. This child often:

- Loses their temper.
- Argues with adults.
- Actively defies or refuses to comply with adults' requests or rules.
- Deliberately annoys people.
- Blames others for his or her mistakes or misbehavior.
- Is touchy or easily annoyed by others.
- Is angry and resentful.
- Is spiteful and vindictive.

All of these behavioral problems cause difficulty in relationships with all of those around. The cause of this disorder is unknown. There are some common patterns:

- Problems begin between ages 1 and 3.
- Behaviors normal at age 2 remain and do not improve.
- Tends to run in families. If a parent is alcoholic and has been in trouble with the law, his or her children are almost three times as likely to have ODD.

DIAGNOSIS OF ODD

ODD is diagnosed in the same way as many other psychiatric disorders in children. This is done by:

- Examining the child.
- Talking with the child.
- Talking to the parents.
- Thoroughly reviewing the medical history.
- Other medical tests when necessary to make sure it is not something else. It is also common in the children with ODD to have other psychiatric problems. When children grow up with ODD, they generally take three different directions.

FIRST, some children outgrow this. This is not the case with most children. Aggressiveness is usually stable. An aggressive 2-year-old is likely to be an aggressive 20-year-old.

SECOND, ODD may turn into a conduct disorder (CD, see below). This usually happens before 3 years of age. After 3 to 4 years of ODD, if it has not turned into CD, it will not. A child is more likely to continue having ODD if they have biologic parent who is a career criminal with a history of very severe ODD.

THIRD, about three quarters of children may continue to have ODD. The more common development is that children with ODD develop signs of mood disorders or anxiety as they get older. By the time these children are at the end of elementary school, about 25% will have mood or anxiety problems.

Life may be more difficult with ODD. When children with ODD have grown up, it is often more helpful if they

can work for themselves and stay away from alcohol. The tendency to irritate others may lead to a lonely life.

Children and adolescents with ODD often try to get a reaction out of people. They are often successful. Common reactions include:

- Inciting spouses to fight with each other and not focus on the child.
- Making outsiders believe that all the fault lies with the parents.
- Making certain susceptible people believe that they can "save" the child by doing everything the child wants.
- Setting parents against grandparents.
- Setting teachers against parents.
- Inciting the parents to abuse the child.

Children with ODD may cause chaotic situations in which teachers and parents and sometimes others are fighting amongst each other. In the mean time, the child with ODD sits in the eye of the storm untouched and enjoys the turmoil.

ODD is often present with other problems including:

- ADHD (attention deficit, hyperactivity disorder).
- Depression.
- Tourette's Syndrome.
- Anxiety disorders.
- Other neuropsychiatric disorders.

Life is especially difficult for children and adolescents who have a combination of ODD and another problem. For example, ADHD plus ODD is much worse than ADHD alone.

A person with ADHD plus ODD is likely to be impulsive, aggressive, and purposely annoying to others. Children and adolescents with only ADHD do things without thinking.

These things are not necessarily aggressive things.

For example, a child with ADHD may impulsively push someone too hard on a swing, knocking them to the ground. They would likely be sorry they did this afterward. A child with ODD plus ADHD might push the other child out of the swing, and then say they did not do it. After this, they might brag about it to friends. The impulsiveness and hyperactivity in these children often leads to fights, rough play, and temper tantrums.

ODD AND ADHD

In comparison to ADHD alone, children and adolescents with ODD plus ADHD are much more difficult to be around. They are destructive and disagreeable on purpose. Every request can end up as a power struggle. Lying becomes a way of life. These children try to get a reaction out of others and then have difficulty feeling true remorse. The child often believes nothing is their fault. Because of this behavior, parents can feel hopeless and overwhelmed.

CONDUCT DISORDER

Conduct Disorder (CD) is similar to a worse version of ODD. It has some differences.

- Children with ODD seem to have worse social skills than those with CD.
- Children with ODD seem to do better in school.
- Conduct disorder is the most serious childhood psychiatric disorder.
- Approximately 6 to10% of boys and 2 to 9% of girls have this CD.
- CD may be a more severe form of ODD.
- Severe ODD can lead to CD. Milder ODD usually does not lead to CD.

CRITERIA

Conduct disorders are made up of long standing and repeated patterns of behavior that violate basic rights of others, or society rules. At least three of the following criteria must be present in the last 12 months, and at least one criterion must have been present in the last 6 months. The criteria are:

- Aggressive to people and animals.
- Often bullies, threatens, or intimidates others.
- Often initiates physical fights.
- Has used a weapon that can cause serious physical harm to others (a bat, brick, broken bottle, knife, gun).
- Physically cruel to animals.
- Physically cruel to people.
- Has stolen while confronting a victim (mugging, purse snatching, extortion, armed robbery).
- Destruction of property. Examples of this are being engaged in fire setting with the intention of causing serious damage or other acts of property destruction.
- Breaking into another's car or home.
- Lying.
- Stealing.
- Violation of rules while still younger than a teenager.
- Running away from home for lengthy periods.
- Skipping school.

SAFETY

The common thread that separates CD and ODD is safety. Children with ODD are an annoyance, but not especially dangerous. If a child has CD there are safety concerns. Sometimes it is:

- Personal safety of others in the school, family, or community.
- Safety of the possessions of other people in the school, family or community.
- Safety of the child with CD.

If you have a child with CD disorder in your home, most likely you do not feel entirely safe. If you have a child with CD disorder in your home, most likely you do not feel that your belongings are safe. Conduct disorder can be the most challenging pediatric neuropsychiatric disorder to live with as a sibling, parent, or foster parent.

In the past some people believed a conduct disorder was the first step to becoming a criminal. Not too long ago children with conduct disorder were often “written off” based on this belief. It is now clear that this is true only with a minority of cases. It is important to check the child out for other neuropsychiatric disorders and not just focus on the management of the CD child’s acting out behaviors. A careful examination of children with CD almost always reveals other problems. This is called comorbidity (the tendency for disorders to occur together).

COMORBITY IN CD

It is very common to see children with CD plus another one or two neuropsychiatric diagnoses.

- CD plus ADHD. (30 to 50% of children with CD will also have ADHD.)
- CD plus depression or anxiety. (25 to 50% of children with CD have an anxiety disorder or depression.)
- CD disorder plus substance abuse is also very common.
- Also common are associations with learning disorders, bipolar disorder and Tourette's Syndrome.

It is exceptionally rare for a child to pure CD. Identifying any comorbid disorders is absolutely essential. Many of the treatments of these children depend on what comorbid disorder is also present.

DIAGNOSIS

Conduct disorder is diagnosed by the following:

- The child is interviewed alone and with parent/caregiver to get the child's perspective on things.
- Parent/caregiver is interviewed with child and separately to go over the history and check out all other possible comorbid conditions.
- Usually school reports are reviewed.
- A physical exam that at times includes lab tests and x-rays is completed. There is no lab test alone that shows these problems.

PATTERNS INTO ADULTHOOD

- About one third of conduct disorder children continue with similar problems in adulthood.
- It is more common for males with CD to continue on into adulthood with these types of problems.
- Females with CD more often end up having mood and anxiety disorders as adults.
- Substance abuse is very high. Over half of ten year olds with conduct disorder will be abusing substances four years later.
- Cigarette smoking rates are also very high.
- A recent study of girls with conduct disorder showed that they have much worse physical health when compared to girls without conduct disorders. Girls with conduct disorder were:
  - Almost 6 times more likely to abuse drugs or alcohol.
  - Eight times more likely to smoke cigarettes daily.
  - Almost twice as likely to have sexually transmitted infections.
  - Twice the number of sexual partners.
  - Three times as likely to become pregnant.

Looked at from the other direction, 70% of children no longer show signs of conduct disorder by the time they are adults. Some are well, but often the comorbid problems remain or get worse. For example, a girl with CD and depression may end up as an adult with depression, but no conduct disorder. The same pattern can be true of CD plus bipolar disorder and other disorders.

FAMILY IMPACT

CD is a very difficult problem to live with. It is common to see parents and other children in the family showing signs of stress. At times it is hard to determine whether difficulties in the family are causing CD, or whether the stress of CD is causing family problems. Often there are reasons to suggest both the CD is causing the family problems and the family is causing the CD to be worse.

Some things parents have said about their conduct disordered child are noted below.

- If you have a child with CD, everyone will initially assume it is your fault. Everyone may blame you for actions of the child. You may come to know all about government family and children services, probation, youth court, residential homes, RCMP procedures, and mental health services.
- You will often have the feeling that no one knows what he or she is doing with your child, and they are just trying to pass the problem to someone else.
- Care must be taken to not end up divorced, depressed, alcoholic, hopeless, or all of these from dealing with such a child. It can often make or break your faith in yourself and in a higher power.
- You may see where the child's problems are leading, but be unable to do anything about it or find anyone else who can do anything.

The person with CD and family members can benefit from individual, group and family therapy. Support groups for effective parenting of difficult children are also available in the community. Working closely with school counselors and special education teachers can also be effective in making progress. You are not alone.

Your caregiver will help you find the appropriate help and counseling for your particular problem.

HELP IS AVAILABLE.

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