

## **Oppositional Defiant Disorder**

By Ross W. Greene, Ph.D.

Oppositional-defiant disorder (ODD) refers to recurrent patterns of negativistic, defiant, disobedient and hostile behaviors toward authority figures that are developmentally inappropriate. Behaviors associated with ODD include temper outbursts; persistent stubbornness; resistance to directions; an unwillingness to compromise or negotiate with adults or peers; deliberate or persistent testing of limits; and verbal or physical aggression. These behaviors are primarily present at home and with people the child knows well. They often occur simultaneously with low self-esteem, mood instability, low frustration tolerance and swearing.

ODD has been relatively neglected as a distinct entity -- either because of its relatively recent introduction into diagnostic classifications or because of its overlap with conduct disorder. However, our clinic data set at Massachusetts General Hospital suggests that ODD is a highly diverse disorder that occurs simultaneously with a wide range of other disorders, including AD/HD. In some studies of individuals specifically referred to national centers, as high as 80 percent of children with AD/HD may also be diagnosed with ODD.

Coersion theory has influenced beliefs regarding the origin of ODD-related behaviors for over 30 years. This theory emphasizes "inept parenting practices" that ultimately lead to "coercive cycles", in which adults give in to a child's wishes in response to temper outbursts. Treatment following this method is often referred to as parent management training (PMT). It identifies specific desirable actions (e.g., following directions, completing homework assignments) and develops a formal system of rewards and punishment that target specific problem behaviors (e.g., physical or verbal aggression.) A "currency" system (e.g., points, tokens, stickers) is used to track the child's progress for the dispensing of rewards or punishments.

While PMT can be an effective means of reducing oppositional behavior in many children, some theories have placed a greater emphasis on child characteristics (rather than parenting practices) that may contribute to the development of oppositional behavior. Developmental psychologists stress the importance of affective modulation and self-regulation as traits that are fundamental to adaptation to environmental changes or demands, and internalization of standards of conduct. With disordered affective modulation, the child has difficulty regulating emotions or experiences emotions more intensely than others, and in a manner that is pathological. With disordered self-regulation, the child has poor impulse control and difficulty controlling activity levels in response to environmental demands.

The skill of compliance is the ability to delay an individual's own goals in response to those imposed by an authority figure. This skill is one of many developmental expressions of a young child's evolving capacities in the areas of self-regulation and affective modulation. A child's ability to comply develops in a sequence. In infancy, crying behaviors manage the discomforts that accompany hunger, cold, fatigue and pain, and communicate to caregivers that the child needs assistance. As language skills develop, children learn to use words to communicate their thoughts and feelings. They also develop an understanding of the cause-and-effect generated by these words, and internalize strategies that create positive experiences within their environment.

While compliance is viewed as both a complex skill and a critical milestone, noncompliance can be seen as a "compromised trajectory" in these areas. It is not surprising that infants with poor emotional regulation have higher rates of noncompliance during their toddler years. Such a framework also helps clarify why the DSM-IV (Diagnostic & Statistical Manual) description of ODD includes features such as low frustration tolerance, mood instability, and a low threshold for annoyance. According to the earlier DSM-III, "the most striking feature (of ODD) is the persistence of the oppositional attitude even when it is destructive to the interests or well-being of the child or adolescent. The behavior may, in fact, deprive the individual of productive activity and pleasurable relationships."

AD/HD has often been considered a disorder of impaired self-regulation. Thus, the overlap between AD/HD and ODD is not surprising. However, in addition to AD/HD, various studies at our institution suggest a high overlap between ODD and mood and anxiety disorders that appear near the affective modulation end of the behavior spectrum. By what mechanism might affective dysregulation contribute to the development of oppositional behavior? Modulation of the affective state is a skill developed in early infancy that increases in complexity and sophistication as a child matures. Children who fail to develop such skills at an expected pace may be over- or under-reactive to a wide range of affectively charged situations.

Children who tend to over-react to emotional situations are unable to control their aggression, and may respond with physical actions such as screaming or swearing rather than with rational problem solving. The prolonged and aggressive temper outbursts seen in children with mania (described by Wozniak & Biederman, 1996) may be considered an example of such over-reactivity. These temper outbursts, which may include threatening or attacking others, seem to be associated with a pervasive irritable mood. The medical literature describes these as less organized and goal-directed than the outbursts of children who use noncompliance as a form of parental coercion. The

rage attacks -- explosive anger, irritability, temper outbursts and aggression -- seen in children with Tourette's disorder appear to resemble this pattern.

Children who tend to under-react to affectively charged situations may have difficulty mustering the required emotional and cognitive resources to respond to such situations adaptively. They may react in ways that reflect a similar level of debilitation and maladaptiveness (e.g., crying, withdrawing). Similarly, researchers describe a pattern of behavior referred to as obsessive difficult temperament, in which the primary features include irritability, obsessive rigidity and emotional reactivity. Typical behaviors include oppositionality, temper tantrums and poor response to new situations.

While this view might tempt us to conceptualize ODD as the byproduct of child characteristics, that would be an oversimplification. Children's affective modulation and self-regulation skills do not develop independently of the way in which adults teach and model these skills. Similarly, they develop their abilities to follow directions independently of the caregivers' imposed expectations for compliance and responses to deviations from them. Indeed, adult-child interactions are thought to exert influence on a child's evolving cognitive skills quite early in development, and may be especially crucial at the point at which oppositional behavior emerges. At this point in development, two important forces -- a child's capacity for compliance and adults' expectations for compliance -- intersect.

The way caregivers respond to deviations from expectations for compliance can increase or decrease a child's frustration and alter or fuel emerging response biases in both parties. If the adult responds in a manner that exacerbates the child's existing difficulties, an automatic and pathologic adult-child response cycle can develop and make change in these behaviors more difficult to achieve. A succinct description of the scenario that ensues when these processes go awry can be found in the DSM-IV: "(ODD) may (contribute to) a vicious cycle in which the parent and child bring out the worst in each other."

It seems clear that ODD arises out of disparate pathways in different children, and that children (and their parents and teachers) require individualized interventions. There is no "one size fits all" approach to the treatment of ODD. Successful treatment requires consideration of a wide range of treatment options that must match the needs of individual children and their caretakers.

One treatment theory postulates that deficits in self-regulation and affective modulation should be the primary targets of intervention for children with ODD. This approach suggests that ODD children might benefit significantly from training aimed at teaching

and refining cognitive skills critical to:

- \* modulating affective arousal in the midst of frustration, so as to remain engaged with the environment and to reduce the likelihood of cognitive debilitation;
- \* recognizing and labeling affective states;
- \* articulating the source of frustration;
- \* problem-solving, including role playing;
- \* linking feelings and actions;
- \* delaying gratification, and;
- \* negotiating and resolving conflicts with others productively.

However, a different theory argues that the active involvement of adults in the child's environment is the most crucial aspect of training these skills. Toward this end, a variety of intervention goals have been suggested as crucial for adults, including:

- \* identification of situations in which a child may be at a particularly high risk for oppositional behavior. Such an emphasis can facilitate the acquisition of information critical to determining the nature of a child's difficulties and permits advance preparation for intervention at moments of greatest need;
- \* early recognition of a child's heightened affective arousal and frustration;
- \* reduction of the affective arousal and cognitive debilitation that often accompany oppositional episodes;
- \* attention to the specifics of a situation resulting in oppositional behavior;
- \* careful prioritizing of behavioral goals for the purpose of reducing a child's overall frustration;
- \* modification of family and classroom communication patterns which may fuel an adversarial pattern of adult-child and child-peer interactions;
- \* improvement of adults' and classmates' capacities for resolving conflict;
- \* enhancement of adults' willingness to engage in a process of collaborative problem-solving; and
- \* improvement of communication and collaboration among and between parents and school staff.

Given the multiple pathways to ODD, it is essential to identify and achieve an understanding of treatments that match the needs of individual children and their caregivers. Assessments play a critical role as researchers and clinicians endeavor to achieve better outcomes for children with ODD, and to prevent the development of more severe behaviors. Due to space limitations, readers are referred elsewhere (Greene & Doyle, 1999) for discussion of the precise components of such an assessment.

In summary, ODD is understood best as a diverse disorder arising from a number of sources. Effective intervention depends on the selection of treatment ingredients that

address the precise pathways that underlie each child's difficulties. Such a perspective highlights the necessity of achieving an accurate, comprehensive understanding of a child's difficulties before intervention begins.

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