

FACT SHEET: OPPOSITIONAL DEFIANT DISORDER

Definition

Oppositional Defiant Disorder is a persistent pattern (lasting for at least six months) of negativistic, hostile, disobedient, and defiant behavior in a child or adolescent without serious violation of the basic rights of others.

Symptoms

Symptoms of this disorder may include the following behaviors when they occur more often than normal for the age group: losing one's temper; arguing with adults; defying adults or refusing adult requests or rules; deliberately annoying others; blaming others for their own mistakes or misbehavior; being touchy or easily annoyed; being angry and resentful; being spiteful or vindictive; swearing or using obscene language; or having a low opinion of oneself. The person with Oppositional Defiant Disorder is moody and easily frustrated, has a low opinion of him or herself, and may abuse drugs.

Cause

The cause of Oppositional Defiant Disorder is unknown at this time. The following are some of the theories being investigated:

1. It may be related to the child's temperament and the family's response to that temperament.
2. A predisposition to Oppositional Defiant Disorder is inherited in some families.
3. There may be neurological causes.
4. It may be caused by a chemical imbalance in the brain.

Course

The course of Oppositional Defiant Disorder is different in different people. It is a disorder of childhood and adolescence that usually begins by age 8, if not earlier. In some children it evolves into a conduct disorder or a mood disorder. Later in life, it can develop into Passive Aggressive Personality Disorder or Antisocial Personality Disorder. With treatment, reasonable social and occupational adjustment can be made in adulthood.

Treatment

Treatment of Oppositional Defiant Disorder usually consists of group, individual and/or family therapy and education, providing a consistent daily schedule, support, limit-setting, discipline, consistent rules, having a healthy role model to look up to, training in how to get along with others, behavior modification, and sometimes residential or day treatment and/or

medication.

Self-Management

To make the fullest possible recovery, the person must:

1. Attend therapy sessions.
2. Use self time-outs.
3. Identify what increases anxiety.
4. Talk about feelings instead of acting on them.
5. Find and use ways to calm oneself.
6. Frequently remind oneself of one's goals.
7. Get involved in tasks and physical activities that provide a healthy outlet for one's energy.
8. Learn how to talk with others.
9. Develop a predictable, consistent, daily schedule of activity.
10. Develop ways to obtain pleasure and feel good.
11. Learn how to get along with other people.
12. Find ways to limit stimulation.
13. Learn to admit mistakes in a matter-of-fact way.

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. The plan should include what specific symptoms are an important warning of relapse. An agreement should be made to call the therapist immediately when those specific symptoms occur, and at the same time to notify friends and other people who can help. Specific ways to limit stress and stimulation and to make the daily schedule more predictable and consistent should be planned during a stable period.

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