

# INFORMATION PACKET:

## Oppositional Defiant Disorder in Children and Adolescents

*This self-study was put together by ACRF in July 2007, updated February 2026.*

### ITP Topic: Oppositional Defiant Disorder

#### CREDITS:

***Oppositional Defiant Disorder*** (No. 72; Reviewed January 2019) American Academy of Child & Adolescent Psychiatry Fact for Families [https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/Children-With-Oppositional-Defiant-Disorder-072.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Children-With-Oppositional-Defiant-Disorder-072.aspx)

***Oppositional Defiant Disorder*** (January 2023) Mayo Clinic <https://www.mayoclinic.org/diseases-conditions/oppositional-defiant-disorder/symptoms-causes/syc-20375831>

The following packet contains information on the above topic. If you wish to receive training credit for reading this packet, please fill out the "Information Packet Questionnaire" at the back of this packet. Return your completed questionnaire to the Alaska Center for Resource Families for 1.0 training credit. The articles are yours to keep for further reference.

For more information about this topic or other topics related to foster care and adoption, please contact:



Alaska Center for Resource Families  
3429 Airport Way Suite 202A  
Fairbanks, AK 99709

1-800-478-7307

290-7186 (Fairbanks/North Pole)/279-1799 (Anchorage)

[www.acrf.org](http://www.acrf.org)

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# Oppositional Defiant Disorder

No. 72; Reviewed January 2019

All children are oppositional from time to time, particularly when tired, hungry, stressed, or upset. They may argue, talk back, disobey, and defy parents, teachers, and other adults. Oppositional behavior is a normal part of development for two to three year olds and early adolescents. However, openly uncooperative and hostile behavior becomes a serious concern when it is so frequent and consistent that it stands out when compared with other children of the same age and developmental level and when it affects the child's social, family, and academic life.

In children with Oppositional Defiant Disorder (ODD), there is an ongoing pattern of uncooperative, defiant, and hostile behavior toward authority figures that seriously interferes with the child's day to day functioning.

Symptoms of ODD may include:

- Frequent temper tantrums
- Excessive arguing with adults
- Often questioning rules
- Active defiance and refusal to comply with adult requests and rules
- Deliberate attempts to annoy or upset people
- Blaming others for his or her mistakes or misbehavior
- Often being touchy or easily annoyed by others
- Frequent anger and resentment
- Mean and hateful talking when upset
- Spiteful attitude and revenge seeking

The symptoms are usually seen in multiple settings but may be more noticeable at home or at school. One to sixteen percent of all school-age children and adolescents have ODD. The causes of ODD are unknown, but many parents report that their child with ODD was more rigid and demanding than the child's siblings from an early age. Biological, psychological, and social factors may have a role.

A child presenting with ODD symptoms should have a comprehensive evaluation. It is important to look for other disorders which may be present, such as attention-deficit hyperactivity disorder (ADHD), learning disabilities, mood disorders (depression, bipolar disorder), and anxiety disorders. It may be difficult to improve the symptoms of ODD without treating the coexisting disorder. Some children with ODD may go on to develop conduct disorder.

Treatment of ODD may include:

- Parent Management Training to help parents and others manage the child's behavior
- Individual Psychotherapy to develop more effective anger management
- Family Psychotherapy to improve communication and mutual understanding
- Cognitive Problem-Solving Skills Training and Therapies to decrease negativity
- Social Skills Training to increase flexibility and improve social skills and frustration tolerance with peers

Medications may be helpful in controlling some of the more distressing symptoms of ODD as well as the symptoms related to coexistent conditions such as ADHD, anxiety, and mood disorders.

A child with ODD can be very difficult for parents. These parents need support and understanding. Parents can help their child with ODD in the following ways:

- Always build on the positives, give the child praise and positive reinforcement when s/he shows flexibility or cooperation.
- Take a time-out or break if you are about to make the conflict with your child worse, not better. This is good modeling for your child. Support your child if s/he decides to take a time-out to prevent overreacting.
- Pick your battles. Since the child with ODD has trouble avoiding power struggles, prioritize the things you want your child to do. If you give your child a time-out in his room for misbehavior, don't add time for arguing. Say "your time will start when you go to your room."
- Set reasonable, age appropriate limits with consequences that can be enforced consistently.
- Maintain interests other than your child with ODD, so that managing your child doesn't take all your time and energy. Try to work with and obtain support from the other adults (teachers, coaches, and spouse) dealing with your child.
- Manage your own stress with healthy life choices such as exercise and relaxation. Use respite care and other breaks as needed.

Many children with ODD will respond to the positive parenting techniques. Parents may ask their pediatrician or family physician to refer them to a child and adolescent psychiatrist or other qualified mental health professional who can help diagnose and treat ODD and any coexisting psychiatric condition.

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# Oppositional defiant disorder (ODD)

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## Overview

Even the best-behaved children can be difficult and challenging at times. But oppositional defiant disorder (ODD) includes a frequent and ongoing pattern of anger, irritability, arguing and defiance toward parents and other authority figures. ODD also includes being spiteful and seeking revenge, a behavior called vindictiveness.

These emotional and behavioral issues cause serious problems with family life, social activities, school and work. But as a parent, you don't have to try to manage a child with ODD alone. Your health care provider, a mental health professional and a child development expert can help.

Treatment of ODD involves learning skills to help build positive family interactions and to manage problem behaviors. Other therapy, and possibly medicines, may be needed to treat related mental health conditions.

## Symptoms

Sometimes it's difficult to recognize the difference between a strong-willed or emotional child and one with oppositional defiant disorder. It's common for children to show oppositional behavior at certain stages of development.

Symptoms of ODD generally begin during preschool years. Sometimes ODD may develop later, but almost always before the early teen years. Oppositional and defiant behaviors are frequent and ongoing. They cause severe problems with relationships, social activities, school and work, for both the child and the family.

Emotional and behavioral symptoms of ODD generally last at least six months. They include angry and irritable mood, argumentative and defiant behavior, and hurtful and revengeful behavior.

### **Angry and irritable mood**

- Often and easily loses temper.
- Is frequently touchy and easily annoyed by others.
- Is often angry and resentful.

### **Argumentative and defiant behavior**

- Often argues with adults or people in authority.
- Often actively defies or refuses to follow adults' requests or rules.
- Often annoys or upsets people on purpose.
- Often blames others for their own mistakes or misbehavior.

### **Hurtful and revengeful behavior**

- Says mean and hateful things when upset.
- Tries to hurt the feelings of others and seeks revenge, also called being vindictive.



- Has shown vindictive behavior at least twice in the past six months.

## Severity

ODD can be mild, moderate or severe:

- **Mild.** Symptoms occur only in one setting, such as only at home, school, work or with peers.
- **Moderate.** Some symptoms occur in at least two settings.
- **Severe.** Some symptoms occur in three or more settings.

For some children, symptoms may first be seen only at home. But with time, problem behavior also may happen in other settings, such as school, social activities and with friends.

## When to see a doctor

Your child isn't likely to see their own behavior as a problem. Instead, your child will probably complain about unreasonable demands or blame others for problems.

If you think your child may have ODD or other problem behavior, or you're concerned about your ability to parent a challenging child, seek help from a child psychologist or a child psychiatrist with expertise in behavior problems. Ask your child's pediatrician or other health care provider for a referral to a mental health provider.

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## Causes

There's no known clear cause of oppositional defiant disorder. Causes may include a combination of genetic and environmental factors:

- **Genetics.** A child's natural personality or character — also called temperament — may contribute to developing ODD. Differences in the way nerves and the brain function also may play a role.
- **Environment.** Problems with parenting that may involve a lack of supervision, inconsistent or harsh discipline, or abuse or neglect may contribute to developing ODD.

## Risk factors

Oppositional defiant disorder is a complex problem. Possible risk factors for ODD include:

- **Temperament** — a child who has a temperament that includes difficulty managing emotions, such as reacting with strong emotions to situations or having trouble tolerating frustration.

Feedback

- **Parenting issues** — a child who experiences abuse or neglect, harsh or inconsistent discipline, or a lack of proper supervision.
  - **Other family issues** — a child who lives with parent or family relationships that are unstable or has a parent with a mental health condition or substance use disorder.
  - **Environment** — problem behaviors that are reinforced through attention from peers and inconsistent discipline from other authority figures, such as teachers.
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## Complications

Children and teenagers with oppositional defiant disorder may have trouble at home with parents and siblings, in school with teachers, and at work with supervisors and other authority figures. Children and teens with ODD may struggle to make and keep friends and relationships.

ODD also may lead to other problems, such as:

- Poor school and work performance.
- Antisocial behavior.
- Legal problems.
- Impulse control problems.
- Substance use disorder.
- Suicide.

Many children and teens with ODD also have other mental health conditions, such as:

- Attention-deficit/hyperactivity disorder (ADHD).
- Conduct disorder.



- Depression.
- Anxiety disorders.
- Learning and communication disorders.

Treating these other mental health conditions may help reduce ODD symptoms. It may be difficult to treat ODD if these other conditions are not evaluated and treated appropriately.

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## Prevention

There's no sure way to prevent oppositional defiant disorder. But positive parenting and early treatment can help improve behavior and prevent the situation from getting worse. The earlier that ODD can be managed, the better.

Treatment can help restore your child's self-esteem and rebuild a positive relationship between you and your child. Your child's relationships with other important adults in their life — such as teachers and care providers — also will benefit from early treatment.

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By Mayo Clinic Staff

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Diagnosis & treatment



# INFORMATION PACKET QUESTIONNAIRE

## Oppositional Defiant Disorders in Children and Adolescents

1.0 Hour

NAME: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

*Only one person per questionnaire. Feel free to make additional copies if needed.*

ADDRESS: \_\_\_\_\_  
*Street or Post Office City/State Zip*

EMAIL: \_\_\_\_\_

**YES! I would like to receive ACRF email.** *(Includes Training Tracks Newsletter, training reminders and community events or training of interest for Resource Families)*

Are you a foster parent?  YES  NO If YES, what is your Foster Home License #: \_\_\_\_\_

If NO, please check one:  Pending Foster Parent  OCS  Birth Parent  Adoptive Parent

Residential Treatment Facility (License #: \_\_\_\_\_)  Agency: \_\_\_\_\_

Other *(please specify)*: \_\_\_\_\_

***Please read the information packet. Then fill out this questionnaire and RETURN TO: ACRF, 815 Second Avenue Suite 202, Fairbanks, AK 99701. Or fax it to: 907-479-9666, you will be credited with 1.0 hour for completion of this worksheet.***

1. This packet presents concepts and ideas that may be useful to your foster parenting experience. Please list two (2) specific ideas or concepts which you learned or reaffirmed from reading this packet. Write a short sentence or two describing how you can use them in your family.

a)

b)

*Please see reverse side*

# **INFORMATION PACKET QUESTIONNAIRE**

2. List each title in this packet. In a few sentences for each article, summarize the main purpose or key points for each article in this packet.

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