

CHALLENGES IN DIAGNOSING OPPOSITIONAL DEFIANT DISORDER IN CHILDREN AND ADOLESCENTS: A COMPREHENSIVE REVIEW

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Abstract: Objective: To explore and synthesize the main obstacles associated with the diagnosis of Oppositional Defiant Disorder (ODD), analyzing how these challenges impact early identification, clinical evaluation and effective treatment of this condition in children and adolescents. Method: To perform bibliographic review in the PubMed - MEDLINE database, initially identifying 51 articles. After rigorous application of the inclusion and exclusion criteria, we selected 10 articles to compose this study. Results: The Conduct and Oppositional Defiant Disorder Scale (CODDS), although quick to apply, requires caution due to its limited validity in specific populations. Consideration of cultural factors is crucial, highlighted by the International Disruptive Behavior Scale - Nepal version (DBIS-N), adapted for non-Western cultures. Modifiable risk factors, such as excessive screen exposure and harsh parenting, have been associated with the development of ODD. Socio-environmental assessment and investigation of brain abnormalities using nuclear magnetic resonance were addressed, although the latter is still experimental. Final considerations: A well-systematized diagnostic strategy is essential for the effective treatment of ODD. A comprehensive approach, combining different tools and considering risk factors, is recommended to ensure accurate assessment and timely treatment.

Keywords: Oppositional Defiant Disorder; Diagnosis challenges.

INTRODUCTION

Disruptive behavior disorders, such as Oppositional Defiant Disorder (ODD) and Conduct Disorders, represent complex psychiatric conditions characterized by persistent antisocial behaviors, confrontation with authority figures, and irritability. ODD, in particular, often manifests itself in early

childhood and is characterized by an irritable disposition as well as resistance to authority figures (Ljungström, Kenne Sarenmalm, Axberg, 2020).

The development of these disorders is influenced by a combination of genetic, psychological and social factors, within a transactional model where risk factors may be associated with the child, their family and the environment in which they live. These influences may vary depending on the child's age, being more individual before preschool age and more contextualized in situational interactions after that stage (Burns et al., 2020).

Children with ODD are at risk of developing serious behavioral problems or other mental illnesses throughout their lives. Aggressive and disruptive attitudes in childhood are associated with negative consequences during adolescence and adulthood, including crime, substance use, and lower educational and occupational levels (Joseph et al., 2019).

The diagnostic evaluation of ODD, according to the Diagnostic and Statistical Manual of Mental Disorders (DSM), is complex and requires time, resources and precise clinical skills.

One diagnostic tool used is the NIMH DISC-IV (National Institute of Mental Health Diagnostic Interview for Children), which, although rigorous and comprehensive, requires an interviewer with specific training and is subject to possible errors (Raine, Ling, Streicher, Liu, 2022). Recently, a new diagnostic tool, the Oppositional Defiant Conduct Disorder Scale, has been proposed as a simpler and briefer alternative, although it still requires in-depth assessment for validation (Raine, Ling, Streicher, Liu, 2022).

As for therapeutic interventions, outpatient parent training and behavior modification programs are generally recommended. These interventions have demonstrated effectiveness

in improving parental behavior and outcomes for the children involved. However, the success of these programs strongly depends on the adherence of those responsible, which can be influenced by social factors, such as the demographic and financial situation of families (Joseph et al., 2019).

Despite the available diagnostic and therapeutic options, patients and their families face significant challenges related to adaptation, family dynamics, parental mental health and social vulnerability, aspects that must be considered in a broad approach to patient health (Ljungström, Kenne Sarenmalm, Axberg, 2020). Given the severity of the health impacts and societal costs associated with ODD, it is crucial to better understand the key challenges faced in diagnosing the condition and their effects on clinical identification and management.

This study proposes a literature review to explore and summarize the main obstacles associated with the diagnosis of Oppositional Defiant Disorder, analyzing how these challenges impact early identification, clinical evaluation and effective treatment of this condition in children and adolescents.

METHODOLOGY

This bibliographic review was developed following the PVO methodology, which includes the Population or research problem, Variables involved and the expected Outcome. The research was conducted based on the following guiding question: “What are the main challenges faced by health professionals when diagnosing Oppositional Defiant Disorder (ODD) in children and adolescents, and what approaches can help overcome them?”

To collect relevant data, searches were carried out in the PubMed - MEDLINE (Medical Literature Analysis and Retrieval System Online) database, using the search

terms “Oppositional Defiant Disorder” and “Diagnosis challenges” in combination with the Boolean operator “AND”. This search strategy initially identified 51 articles.

The inclusion criteria specified for this review included: articles in English, published between 2019 and 2024, that addressed topics related to the diagnosis of ODD in children and adolescents. Review studies, meta-analysis, observational studies and experimental studies were considered for analysis, all available in full. The exclusion criteria applied were: duplicate articles, publications available only in abstract form and those that did not directly address the research question or that did not meet the other inclusion criteria.

After rigorous application of the inclusion and exclusion criteria, 10 articles were finally selected to form the collection of this study. This careful selection allowed an in-depth analysis of the challenges in diagnosing Oppositional Defiant Disorder and effective strategies to overcome these difficulties, reflecting the most recent evidence available in the scientific literature.

DISCUSSION

The diagnosis of Oppositional Defiant Disorder (ODD) is complex, requiring a multifactorial approach that includes clinical and behavioral factors (Roubinov; Boyce; Bush, 2020). Early detection is crucial for effective management and to prevent the development of other mental disorders secondary to ODD (Menon; Krishnamurthy, 2021). However, diagnosing ODD faces significant challenges, especially due to its frequent co-occurrence with other intellectual conditions (Arias; Aguayo; Navas, 2021).

Traditionally, the diagnosis of ODD is based on symptoms observed in the child, as defined by the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5), which requires a detailed assessment

and can be costly in terms of time, resources, and expertise. clinic (Raine; Ling; Streicher; Liu, 2022). Alternatively, the Conduct and Oppositional Defiant Disorder Scale (CODDS) has been highlighted as a promising tool, requiring approximately five minutes to administer, offering a rapid assessment compared to the DSM-5 and demonstrating good sensitivity and specificity (Raine; Ling; Streicher; Liu, 2022). However, this tool still requires further validation in clinical samples and review of cutoffs for defining ODD.

Cultural diversity also presents additional challenges in diagnosing ODD, as illustrated by Burke et al. (2018), who discussed the creation of the International Disruptive Behavior Scale - Nepal version (DBIS-N), developed to reflect specific social and cultural norms. In addition to behavioral assessment, exposure to modifiable risk factors, such as high screen time and harsh parenting, was associated with a greater likelihood of developing ODD. On the other hand, a positive school environment can mitigate these risks (Roubinov; Boyce; Bush, 2020).

Recently, studies have explored innovative diagnostic methods, such as the use of Nuclear Magnetic Resonance Imaging (MRI) to identify patterns of brain activity associated with ODD, although these techniques are not yet widely adopted in clinical practice (Menon; Krishnamurthy, 2021).

The clinical evaluation of Oppositional Defiant Disorder (ODD) reveals great variability in the clinical picture of affected children. There is particular complexity in differentiating ODD from other disorders with similar behavioral manifestations. One example is disruptive mood dysregulation disorder (DMDD), which is characterized by irritability and reactive aggressive behaviors. These behaviors, although also present in ODD, tend to be less intentional compared to DMDD, requiring a careful analysis of

aggressive attitudes in different social and psychological contexts (Brænden et al., 2024).

One of the challenges in managing ODD is access and use of technological resources for education and support for parents and caregivers. Checker de Castro Paiva et al. (2022) highlight the creation of accessible virtual platforms as a valuable tool for low- and middle-income families. These platforms have the potential to reduce the rates of children with ODD and Attention Deficit Hyperactivity Disorder (ADHD) who perform poorly in school.

Furthermore, the integration of technology in mental health treatment represents a paradigmatic change, gradually replacing face-to-face meetings in offices or clinics with technologically supported interventions. This advance allows traditional barriers to be broken down and facilitates access to treatment, especially in places where in-person care is limited (Chequer de Castro Paiva et al., 2022).

FINAL CONSIDERATIONS

Early detection of ODD is crucial for better clinical results; however, it faces obstacles due to symptomatic diversity and concomitant conditions. It recommends a combined approach of traditional and modern tools, considering socio-environmental and cultural factors, and exploring modifiable risk factors, such as exposure to screens. Future studies must validate diagnostic tools in diverse populations and explore alternatives, such as imaging tests. The importance of a systematized diagnostic approach for ODD is evident, aiming for more effective and earlier treatments, incorporating adapted scales and considering cultural influences to better meet patients' needs.

REFERENCES

- ARIAS, Victor B.; AGUAYO, Virginia; NAVAS, Patricia. Validity of DSM-5 oppositional defiant disorder symptoms in children with intellectual disability. **International journal of environmental research and public health**, v. 18, n. 4, p. 1977, 2021.
- BRÆNDEN, Astrid et al. Executive function in children with disruptive mood dysregulation disorder compared to attention-deficit/hyperactivity disorder and oppositional defiant disorder, and in children with different irritability levels. **European Child & Adolescent Psychiatry**, v. 33, n. 1, p. 115-125, 2024.
- BURKEY, Matthew D. et al. Validation of a cross-cultural instrument for child behavior problems: the disruptive Behavior International Scale–Nepal version. **BMC psychology**, v. 6, p. 1-13, 2018.
- BURNS, G. Leonard, et al. Are sluggish cognitive tempo, ADHD, and oppositional defiant disorder trait-or state-like constructs from prekindergarten to fourth grade?. **Journal of Clinical Child & Adolescent Psychology**, v. 49, n. 4, p. 460-468, 2020.
- CHEQUER DE CASTRO PAIVA, Gabrielle et al. Online parent training platform for complementary treatment of disruptive behavior disorders in attention deficit hyperactivity disorder: A randomized controlled trial protocol. **PLoS One**, v. 17, n. 10, p. e0272516, 2022.
- JOSEPH, Heather M. et al. Attendance and engagement in parent training predict child behavioral outcomes in children pharmacologically treated for attention-deficit/hyperactivity disorder and severe aggression. **Journal of child and adolescent psychopharmacology**, v. 29, n. 2, p. 90-99, 2019.
- LJUNGSTRÖM, Britt-Marie; KENNE SARENMALM, Elisabeth; AXBERG, Ulf. "Since his birth, I've always been old" the experience of being parents to children displaying disruptive behavior problems: a qualitative study. **BMC psychology**, v. 8, p. 1-14, 2020.
- MENON, Sreevalsan S.; KRISHNAMURTHY, K. Multimodal ensemble deep learning to predict disruptive behavior disorders in children. **Frontiers in neuroinformatics**, v. 15, p. 742807, 2021.
- RAINE, Adrian; LING, Shichun; STREICHER, Wesley; LIU, Jianghong. The conduct and oppositional defiant disorder scales (CODDS) for disruptive behaviour disorders. **Psychiatry research**, v. 316, p. 114744, 2022.
- ROUBINOV, Danielle S.; BOYCE, W. Thomas; BUSH, Nicole R. Informant-specific reports of peer and teacher relationships buffer the effects of harsh parenting on children's oppositional defiant disorder during kindergarten. **Development and psychopathology**, v. 32, n. 1, p. 163-174, 2020.