Oppositional Defiant Disorder (ODD) is a syndrome that is beginning to receive considerable attention (Edwards, Barkley, Fletcher, and Metevia, 2001). It is not uncommon for teachers to view oppositional behavior as simply manipulation by the child. It is estimated that approximately 45% of boys will demonstrate characteristics of ODD (Waldman and Lilienfeld, 1991). When the behaviors meet the criteria identified in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR; American Psychiatric Association, 2000) as Oppositional Defiant Disorder, it is listed as a mental health issue. ODD may resemble ADHD, anxiety, or depression; but is a unique disorder. While the disorder is emotional or mental in nature, it is described in behavioral terms.

The following is a list of behaviors characteristics identified in the DSM IV (R) that are related to Oppositional Defiant Disorder (ODD).

1. Often loses his or her temper.
2. Often argues with adults.
3. Often actively defies a request or refuses to comply with an adult’s request.
4. Often deliberately annoys people.
5. Often blames others for his or her own mistakes.
6. Often touchy or easily annoyed by others.
7. Often angry or resentful.

8. Often spiteful or vindictive.

In order for a child to meet the diagnostic criteria of Oppositional Defiant Disorder a minimum of four of the identified characteristics must be met (DSM-IV). It is not unusual for children with ADHD to exhibit similar types of behaviors (Spitzer, Davies, and Barkley, 1991). However, treatment for ODD is different from treatment for ADHD (Biederman, Munir, Knee, 1987). The main focus of treatment for ODD involves individual and family therapy and behavioral modification. In some situations, short-term treatment with medication may be necessary, however, the main treatment focus for ODD is teaching the child coping skills and increasing self-esteem.