Since the 1960s there has been a steady increase of youths being referred for mental health services due to aggressive, acting out, and disruptive behavior patterns (Achenback & Howell, 1993, taken from Mash and Barkley, 2003). Depression is also one of the most commonly occurring disorders and has been ranked as the fourth leading cause of disability and premature death worldwide (Hankin, 2006). Oppositional Defiant Disorder (ODD) and Major Depressive Disorder (MDD) are two disorders which can occur with children and adolescents, and though ODD falls within the disruptive behaviours disorders and MDD within the mood disorders, they share a variety of similarities and can co-occur together. Awareness of the specific symptoms, appropriate treatments, and the developmental stages which the individual is in can greatly influence the diagnosis and treatment of these two disorders. The information contained in this paper was taken from Mash & Barkley (2003) or student lead presentations, unless otherwise referenced.

Diagnostic Factors of Oppositional Defiant Disorder

The DSM-IV-TR defines ODD as an ongoing pattern of age inappropriate and persistent display of disobedient, hostile, aggressive, and defiant behaviours towards authority figures. These behaviours must be present for at least six months and occur more frequently than expected of peers their age and developmental level, as well as have a significant effect on their academic performance, family relationships, and social interactions. These behaviours cannot be the result of another disorder.

The ICD-10 (World Health Organization, 1992) defines ODD as a type of conduct disorder which is seen in children under the age of ten, who demonstrate disobedient, defiant, and challenging behaviours towards adults and peers they are familiar with. These behaviours are

deemed to be out of the normal range in comparison with peers their age and developmental level within their society and/or culture.

Critical Issues and Diagnostic Concerns of Oppositional Defiant Disorder

One concern regarding ODD is the very definition of antisocial behaviours and aggression and whether antisocial behaviour patterns can be universally defined, or are such behaviours dependent on cultural or societal norms. Many Canadian communities are made up of a variety of cultures, and what may be considered 'normal' responses or behavioural interactions of one culture, may not be within another. These considerations need to be accounted for when determining if behaviour is deemed antisocial or not. Hirschi (1969), found in Mash & Barkley (2003), proposed the prospect of having anthropological or sociological perspectives be the principal guides on determining exactly what antisocial behaviours are if a universal definition is to be sought out.

A second issue concerning ODD is the differences in criteria between the DSM-IV-TR and ICD-10. The ICD-10 describes ODD as a type of conduct disorder, whereas the DSM-IV-TR has designated ODD as a disorder in its own right. ODD was deemed as being a distinct disorder from Conduct Disorder (CD) in the 1987 DSM-III-R in recognition of the defiant behaviours which were developmentally extreme and impairing to the individual's daily life, in need of intervention, but did not involve serious harm to others or criminal activity. However, the validity of ODD being a diagnostic category has been questioned. One concern is that the symptoms of ODD are quite common during the normal preschool and adolescent developmental stages. Therefore, there may be a risk of misdiagnosis of ODD when in actuality the child or adolescent is displaying common behaviours associated with the developmental stage they are in.

It would seem that extreme behaviours in comparison to their age and developmental stage, which clearly affect their personal relationships and academic performance, would need to be present in order to warrant a diagnosis.

Another issue regarding the validity of ODD is its distinction from other disorders. Discussions regarding the high occurrence of co-morbidity between ODD and other disorders, specifically ADHD, have also been an area of concern because some of the behavioural patterns and risk factors of ODD and other disorders may overlap. However, Mash & Barkley explained that ADHD behavioural symptoms are usually more related to risk factors associated with the individual themselves, whereas aggressive-spectrum disorder symptoms, which include ODD symptoms, are more related to environmental or contextual factors.

Interventions for Oppositional Defiant Disorder

There are a variety of approaches to the treatment of ODD, including individual psychotherapy, family therapy, cognitive behavioural therapy, social skills training, and parent training. Treatment and interventions for ODD are often determined based on many factors, including the individual's age and developmental stage or level, the severity of the behaviours, and the individual's ability to participate in and tolerate specific therapies. Though there is no medication formally approved to treat ODD, various drugs may be used to treat some of its distressing symptoms, as well as any other co-morbid disorder which may be present.

Critical Issues and Diagnostic Concerns of Major Depressive Disorder

The DSM-IV-TR defines MDD as a presence of either depressed mood or loss of interest or pleasure in activities once enjoyed, along with at least four other possible symptoms. Though early childhood manifestations are relatively rare, the main symptoms a preschool child would

display would be irritability, tearfulness, lack of energy and liveliness, excessive clinginess, separation anxiety, and somatic complaints. School-aged children and adolescents display symptoms of argumentativeness, weight loss or gain, peer-related problems, academic difficulties, and somatic complaints. School-aged children may also display tantrums and sleep disturbances. Though many of these symptoms may be considered normal during any of these developmental stages, it is important to note the intensity, duration, and frequency of occurrences in comparison to their usual behaviours within each developmental stage. These symptoms must be newly developed or markedly worsened prior to an episode, and occur throughout most of the day and for at least two consecutive weeks at a time in order to be deemed as an episode. These symptoms must have a significant impact on their social interaction and ability to function in regular activities. According to the DSM-IV-TR, criteria used to diagnose children and adolescents are the same as adults, except that irritability can be deemed as a mood symptom, as long as it is out of the expected level of their age and developmental stage. The depressive episode cannot meet the criteria for other disorders, be the result of a medical condition or substance use, or due to bereavement.

The ICD-10 system (World Health Organization, 1992) lists very similar criteria for the diagnosis of a depressive episode as the DSM-IV-TR MDD and categorizes an episode as either being mild, moderate, or severe in accordance to the intensity, time frame, and number of the symptoms.

Diagnostic Challenges and Critical Issues of Major Depressive Disorder

The very definition and usage of the term ‘depression’ can differ according the purpose it is describing. Depression can be used to describe a specific mood or as a set of symptoms which

meet diagnostic criteria for a specific depressive disorder. Each view of depression has a different purpose and assumption, therefore requiring different assessment procedures. It is critical that one is clear on their definition and purpose for using the term 'depression' when in discussions with clients and their families.

The possible confusion of the term 'depression' also leads to the issue of whether depression is better interpreted as a dimension or a category. Episodes of childhood depression have high levels of co-morbidity with other disorders, especially with disruptive behaviour disorders and anxiety disorders, and determining whether the symptoms of depression are in actuality a dimension of the another disorder or a separate disorder on its own can be somewhat confusing. If viewed as a dimension, the symptoms could be determined as either being either mild, moderate, or severe; however, if viewed as a category, the collection of symptoms are either determined to be sufficient enough to diagnose an individual as depressed or not. Therefore, the purpose of analyzing depressive symptoms needs to be clear and whether they are more accurately defined as being dimensional or categorical.

The DSM-IV-TR and ICD-10 use mostly the same criteria for diagnosing preschoolers, children, adolescents, and adults. This has been an issue of debate because preschoolers and school-age children are unlikely to report the same symptoms as older adolescents and adults due to the developmental stage they are in. Younger children may not have developed the cognitive, social, or emotional capacities to even experience some of the depressive symptoms that adolescents and adults do. The way preschoolers and school-aged children experience and report depression symptoms may not even be a noted within the criteria required to receive a diagnosis of depression. Sometimes children express depression symptoms through externalizing and disruptive behaviours, focusing the attention away from their internal symptoms, which can then

mask itself as another disorder (Hankin, 2006). Therefore, it would seem that more research is required to determine whether the current diagnostic criteria for depression is accurate for all developmental stages throughout life, because it is clear that children, adolescents, and preschoolers do experience depressive episodes.

Interventions of Major Depressive Disorder

Professional counseling is an important aspect of the treatment of depression, no matter what age or developmental stage the individual is in. The most commonly used types of counseling to treat depression in children and adolescents are cognitive-behavioural therapy, interpersonal therapy, family therapy, antidepressants, and for young children or children with developmental delays, play therapy. The combination of antidepressants and therapy is a common form of treatment with adolescents.

Comparison of Oppositional Defiant Disorder and Major Depressive Disorder

Though both ODD and MDD are common disorders in childhood and adolescence, the definitions of their basic defining features are not definite and precise. Antisocial behaviours, which can be found in ODD, are not universally defined, and perhaps are more associated with cultural and societal interpretation; therefore causing some confusion when determining if certain behaviours meet ODD criteria or not. Many Canadian communities include a variety of cultures and customs, and behaviours which are acceptable or deemed 'normal' in one culture is not necessary so for another. There does not seem to be anything within the criteria of the DSM-IV-TR which addresses one's ability to adapt to behavioural expectations of one society to another; however, the ICD-10 does seem to take cultural expectations into account in its criteria, but no mention of ability to adapt and change to behavioural expectations is mentioned. The

definition and use of the term ‘depression’ can also be somewhat confusing, and may lead to the misinterpretation of what should be considered a symptom or a disorder category.

The expression of antisocial behaviours and symptom-like depressive symptoms are not that uncommon during developmental stages of children and adolescents. It is important to be aware of the behaviours that can occur during each developmental stage, as well as make note of the intensity, duration, and frequency to determine whether they fit the criteria of ODD or MDD. It is also critical to ensure such behaviours are interfering with their social interactions, family relationships, and academic performance in school-aged and adolescents.

Both ODD and childhood MDD demonstrate co-morbidity with other disorders, such as anxiety, other antisocial behaviours within disorders, and between each other. This can make it difficult to determine whether the symptoms being displayed should be considered a dimension of another disorder, or are prevalent enough to be deemed a disorder in itself.

Though I did not come across the issue of bias towards ODD or childhood MDD symptoms in any of my readings, I do believe there are some biases towards symptoms found in both these disorders which may prevent early intervention. Some may believe that antisocial behaviours are the direct result of lack of discipline or tolerance towards such behaviours from the family, and that a child who is displaying internal symptoms of MDD is coddled or ‘babied’ by their families and has to learn to adapt and adjust to situations. However, there is also a belief that too strict of discipline actually increases antisocial behaviours in children with ODD and attempts to force a child out of their melancholy pushes them further into their depressive symptoms. Perhaps the reasons for why certain types of therapies, such as individual psychotherapy, family therapy, cognitive behavioural therapy, are similar between ODD and MDD could be that even though

they may be addressing different symptoms, the issues for why they are displaying antisocial and depressive symptoms is the key to assisting children address the symptoms of their disorder.

Conclusion

Research has shown that the steady increase of need for intervention for children displaying antisocial behaviours which may present itself in ODD and the presence of depressive symptoms which may meet the criteria for childhood MDD require that all professionals who work with children be aware of the symptoms, issues, and treatment options involved in these two disorders. The developmental stages that children and adolescents go through need to be taken into account, as well as the social and cultural viewpoints which may affect the child and their families when addressing ODD and MDD. Though ODD and MDD may share some common symptoms and intervention practices, it is important to ensure each individual's needs are met appropriately.

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