Nurseline
Community Services

ODD Signs and Patterns Checklist

A practical observation tool for parents and carers - designed to help record patterns worth discussing with a qualified professional.

This is not a diagnostic test. Every child can be angry, argumentative or resistant at times. ODD is assessed by looking at persistent patterns, frequency, developmental level, impact on everyday life and other possible explanations. Do not use the number of boxes ticked to diagnose ODD.

1. Anger and emotional responses

Think about what you have noticed over time, not one difficult day.

- ☐ Loses their temper frequently or has reactions that seem unusually intense for the situation.
- ☐ Becomes irritated or annoyed easily.
- ☐ Often appears angry or resentful.
- ☐ Reacts strongly when corrected, challenged or told "no".
- ☐ Finds it difficult to move on after an argument or conflict.

2. Arguments, rules and requests

- ☐ Regularly argues with parents, teachers or other adults.
- ☐ Frequently questions, challenges or refuses agreed rules and boundaries.
- ☐ Strongly resists everyday requests or instructions.
- ☐ Continues arguing after a decision has been made.
- ☐ Deliberately does things that appear intended to annoy or provoke others.
- ☐ Often blames other people for their own mistakes or behaviour.
- ☐ Has acted spitefully or tried to get back at someone after feeling angry or hurt.

3. Look at the wider pattern

The pattern around the behaviour is just as important as the behaviour itself.

☐ Have these difficulties been present for around six months or longer?

☐ Do they happen more often or more intensely than expected for the child's age and developmental level?

☐ Are they affecting family relationships, friendships, learning, school attendance or everyday routines?

☐ Do the behaviours occur with people other than siblings?

☐ Are difficulties seen in more than one setting, such as home, school or activities?

☐ Are there particular demands, transitions, people or situations that repeatedly lead to conflict?

☐ Are there times or settings where the child manages much better? What is different there?

4. Consider what else may be contributing

Similar behaviours can have different explanations. These questions can help build a fuller picture.

☐ Does the child also struggle with attention, impulsivity or hyperactivity?

☐ Could anxiety, low mood or persistent worries be affecting how they respond?

☐ Are sensory overload, communication differences or unexpected changes involved?

☐ Are certain school tasks, instructions or social situations especially difficult?

☐ Has the child experienced trauma, major changes, loss, instability or significant stress?

☐ Are sleep problems, pain, illness or medication changes affecting behaviour?

☐ Does the child have learning or communication difficulties that may make demands harder to understand or complete?

5. Track what happens around difficult moments

A short record can be more useful than trying to remember a difficult week afterwards. Use one line for each situation and look for repeated patterns.

What happened before?	What did the child do?	How did adults respond?	What helped / how did it end?

6. Information to take to an appointment

- ☐ When you first noticed the pattern and whether it has changed over time.
- ☐ Where the behaviour happens, who is usually present and where the child manages better.
- ☐ Examples of situations that tend to trigger conflict and what helps the child recover.
- ☐ Any concerns about attention, anxiety, mood, communication, learning, sensory needs, sleep or trauma.
- ☐ Information from school or other adults who know the child well, where available.

When to seek professional advice: Consider speaking with a GP, paediatrician, child and adolescent mental health professional or another appropriately qualified professional when the pattern is persistent, causes significant distress, or is affecting the child's relationships, education or everyday functioning. A comprehensive assessment can also explore ADHD, anxiety, mood, learning, communication and other needs that may overlap with ODD.

About this checklist

This resource is intended for observation and discussion. It does not replace clinical assessment, and it should not be used to confirm or rule out ODD. Diagnostic assessment considers the child's developmental level, duration and frequency of symptoms, impact on functioning, information from relevant settings and possible co-occurring or alternative explanations.

Clinical references

- American Academy of Child and Adolescent Psychiatry (AACAP). Oppositional Defiant Disorder - Facts for Families. Reviewed January 2019.
- AACAP. Practice Parameter for the Assessment and Treatment of Children and Adolescents With Oppositional Defiant Disorder.
- AACAP. Comprehensive Psychiatric Evaluation - Facts for Families.
- National Institute for Health and Care Excellence (NICE). Antisocial behaviour and conduct disorders in children and young people: recognition and management (CG158).

Editorial note: The wording has been adapted for a parent and carer audience and is not a reproduction of diagnostic criteria. For publication, this resource should be reviewed through your organisation's usual clinical and legal governance process.