



# Oppositional Defiant Disorder: Prevalence based on parent and teacher ratings of Malaysian primary school children

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## ABSTRACT

**Background:** This study examined the prevalence rate of Oppositional Defiant Disorder (ODD) in Malaysian primary school children.

**Methods:** In all 934 Malaysian parents and teachers completed ratings of their children using a scale comprising DSM-IV-TR ODD symptoms.

**Results:** Results showed rates of 3.10%, 3.85%, 7.49% and 0.64% for parent, teacher, parent or teacher (“or-rule”), and parent and teacher (“and-rule”) ratings, respectively. When the functional impairment criterion was not considered, the rate reported by parents was higher at 13.28%.

**Discussion:** The theoretical, diagnostic and cultural implications of the findings are discussed.

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## 1. Introduction

According to the current Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR; [American Psychiatric Association \[APA\], 2000](#)), Oppositional Defiant Disorder (ODD) is one of the most common childhood disorders. According to DSM-IV-TR, the prevalence rate for ODD is 2% to 16%, depending on the type of sample (general population or clinic), and it is more prevalent in males than in females. Based on parent and teacher ratings of the DSM-IV-TR ODD symptoms, the current study examined the prevalence and gender ratio of ODD for a group of Malaysian primary school children.

For the diagnosis of ODD, DSM-IV-TR has a list of eight symptoms related to persistent pattern of negative, hostile and disobedient behaviour to authority figures. For a diagnosis of ODD, at least four symptoms must be present. Also, some symptoms have to be present over the previous six months, and the individual needs to be experiencing functional impairment. DSM-IV-TR does not specify the primary source of informant for an ODD diagnosis. Although parents are generally the main informant for diagnosis of ODD, diagnosis can also be made using information from teachers.

Two other approaches have also been used for diagnosis ([Munkvold et al., 2009](#)). One requires the individual to meet the diagnosis of ODD independently, based on parent reports as well as teacher reports (“and-rule”). The other involves examining parent reports and teacher reports concurrently to ascertain if symptoms and the other criteria are present. These are considered present if either one respondent endorses them (“or-rule”).

A number of studies have reported prevalence rates of ODD in primary school age children. The rates were ascertained either through clinical interviews of parents ([Alyahri and Goodman, 2008](#); [Bird et al., 2006](#); [Fleitlich-Bilyk and Goodman, 2004](#); [Ford et al., 2003](#); [Heiervang et al., 2007](#)), or ratings of the DSM-IV-TR ODD symptoms completed by parents ([Baumgaertel et al., 1995](#); [Gaub and Carlson, 1997](#); [Nolan et al., 2001](#); [Wolraich et al., 1996, 1998](#); [Zuddas et al., 2006](#)). Comparable rates have been reported across these methods. The findings have shown prevalence rates ranging from around 2.5% to 5%, with a male to female ratio of around 3:1. Additionally, [Munkvold et al. \(2009\)](#) reported rates of 1.3%, 1.4%, 0.2%, and 2.6% for parent, teacher, parent and teacher (and-rule), and parent or teacher (or-rule) ratings, respectively. These rates suggest comparable levels for parent only and teacher only ratings, and about twice as much when the or-rule is applied, and extremely low rate when the and-rule is applied. A recent meta-analysis of studies involving clinical interview of mainly parents reported a prevalence of 3.3% for ODD ([Canino et al., 2010](#)).

Although we have prevalence data on ODD, there are a number of limitations in existing data. First, all previous ODD prevalence

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studies have not included the functional impairment criterion. For a group of adolescent, [Leung et al. \(2008\)](#) reported that while the rate of ODD was 6.8% when the impairment criterion was not applied, it was much higher at 8.7% when the impairment criterion was applied. Thus it is conceivable that the omission of the functional impairment criterion in past studies may have resulted in overestimation of ODD prevalence rates. Second, with the exception of one study conducted in Yemen ([Alyahri and Goodman, 2008](#)), there has been no other study of the prevalence of ODD in primary school aged children in Asian countries. There are reasons to suspect that reported rates of ODD are likely to be higher in Asian countries than Western countries. This is because there are data showing that for the same videotaped behaviours of children, adults (teachers and clinicians) in China, Indonesia and Thailand rated them as more deviant, compared to ratings of adults (teachers and clinicians) in the US ([Mann et al., 1992](#); [Mueller et al., 1995](#)). This difference has been attributed to differences in adult expectations of standards of child behaviour, with higher expectations in collectivist cultures that typifies most Asian cultures, compared to individualist cultures that typifies most Western countries.

The aim of the current study was to examine the prevalence of DSM-IV-TR ODD for a group of children in Malaysia, an Asian country, with a collectivist culture. Prevalence was estimated for ODD based on parent ratings, teacher ratings, parent and teacher ratings (and-rule), and parent or teacher ratings (or-rule). These rates were computed for boys and girls separately and together, based on symptom threshold number (at least four being present), six months symptom duration, and presence of functional impairment.

## 2. Method

### 2.1. Participants

The participants in this sample were the same as those involved in a previous study that examined the prevalence of ADHD in Malaysian primary school children ([Gomez and Hafetz, 2011](#)). Since details of the method were provided in that paper, only a brief description of the method is provided here. Briefly, 934 parents and teachers from the State of Johor in Malaysia participated in this study. These respondents provided ratings for 436 boys and 496 girls, who were 6 and 12 years of age. The children were from fourteen randomly selected schools. There was no significant difference for age between boys and girls, and their ethnic background and fathers' occupational levels did not differ significantly from the general Malaysian population.

### 2.2. Measures

**Disruptive Behavior Rating Scale.** All parents and teachers completed the Disruptive Behavior Rating Scale (DBRS; [Barkley and Murphy, 1998](#)). This rating scale includes the eight DSM-IV-TR symptoms for ODD. These symptoms are presented, with the word "often" excluded. Respondents rate the occurrence of each symptom over the past 6-months on a 4-point scale. The labels for these points are 0 = "never or rarely", 1 = "sometimes", 2 = "often", or 3 = "very often". In order to establish prevalence rates, the dichotomous scoring method, as used in previous studies, was used. This involved recoding ratings of "not at all" and "just a little" as symptom not present (recode score of 0), and ratings of "pretty much" and "very much" as symptom present (recode score of 1). At least four symptoms had to be rated as present (based on recoded score) to qualify for the ODD diagnosis. For the current study, the DBRS was translated to Malay (developed via forward and backward translation by experts in

both languages), with some parents completing the English version, and others completing the Malay version. The Cronbach's alpha values for the recoded parent and teacher ratings for the ODD symptoms were .83 and .92, respectively.

**Children's Global Assessment Scale.** The non-clinician version of the Children's Global Assessment Scale (NC-CGAS; [Setterberg et al., 1992](#)) was used to obtain global estimates of functional impairment. This measure is a simplified version of the clinician completed CGAS ([Shaffer et al., 1983](#)) for use by lay interviewers and parents. Like the CAGS, the NC-CAGS requires respondents to indicate a child's lowest level of overall social and symptomatic functioning during the past 6 months using a scale from 1 to 100. Informants assign a single numeric score at any point on this scale. The NC-CAGS has shown good test-retest reliability, adequate discriminant and concurrent validity, and ability to distinguish children with emotional and behavioural disorders from those without these disorders ([Setterberg et al.](#)). [Setterberg et al.](#) have reported that the correlation between parent and clinician completion of the NC-CAGS is .75. For the CGAS, scores of 70 and below have been recommended as indicative of functional impairment ([Shaffer et al., 1983](#)). The verbal descriptor at 70 for the CGAS is that child has some difficulty in a single area but is generally functioning pretty well. The NC-CAGS used in the current study also used 70 as the cut-off for inferring functional impairment since at 70 the verbal descriptor ("Some problems: most people who do not know the child well would not notice the problems, but people who know her/him would be concerned") in the NC-CAGS is comparable in terms what is being captured functionally by the CGAS at a score of 70. An additional reason was that this cut-off score was also used in the previous study that examined the prevalence of ADHD in Malaysian primary school children ([Gomez and Hafetz, 2011](#)). Thus it allowed comparability of findings.

In the current study, parents were requested to complete the NC-CAGS at the time they were completing the DBRS. The NC-CAGS was also translated to Malay (developed via forward and backward translation by experts in both languages), with some parents completing the English version, and others completing the Malay version.

### 2.3. Procedure

Prior to data collection, ethical approval for the study was obtained from the University of Ballarat Human Research Ethics Committee. Following this, approvals were sought from the relevant authorities for distributing the relevant documents, including the dissemination of the DBRS and NC-CGAS to parents through schools. Approvals were obtained from the Federal Ministry of Education of Malaysia, and the Ministry of Education of the State of Johor. A random number table was used to determine fourteen schools (from alphabetical listings of all primary schools in Johor Bahru) to be contacted for participation. All fourteen schools contacted consented to participate.

Following approvals from the school principals of the fourteen schools, classroom teachers were issued with the appropriate number of large sealed envelopes to be forwarded to parents, through their students. Each envelope contained a plain language statement providing the background of the study, the DBRS, the NC-CGAS, the consent form, and a return envelope. To minimize bias in ratings, the letter to parents indicated that the study was examining aspects of childhood behaviour. Parents were requested to participate in the study by signing an informed consent form, and by completing the DBRS and the NC-CGAS. They were also asked to provide the child's age, gender and ethnic background. The parent consent form asked parents to indicate their willingness to have the DBRS completed by their child's class teacher.

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