



Aggressive behaviors and oppositional defiant disorder: An analysis of the relationship between aggressive behaviors in childhood

Conductas agresivas y trastorno negativista desafiante: Un análisis de la relación entre las conductas agresivas en la infancia

Emilly Marques Sousa¹, Maria Aparecida Ferreira Menezes Suassuna², Fernanda Lúcia Pereira Costa³ & Hilana Maria Braga Fernandes Abreu⁴

Abstract: Child development is a period of learning processes, which is why dysfunctional behaviors are common. However, these behaviors may exist situationally or, depending on their persistence, may constitute oppositional defiant disorder. The aim of this article was to carry out a systematic review of studies focusing on certain aggressive behaviors in childhood and the possibility of a relationship with the diagnosis of ODD (Oppositional Defiant Disorder), seeking to identify their causes and repercussions from early diagnosis. The search for articles was carried out in the *Scielo*; *Lilacs*; *BVS* databases during the months of March to May, using the terms: "Oppositional Defiant Disorder", "Childhood", "Aggressiveness" and "Behavior". Thus, this is a systematic review of the literature of an exploratory and descriptive nature in the year 2023. The final database included in the analysis consisted of 7 articles published from 2019 to 2023. However, the selected studies show a clear relationship between the influence of context on the development of oppositional defiant disorder in childhood, so children who develop in environments with aggressive communication tend to be more likely to be diagnosed with ODD (Oppositional Defiant Disorder).

Keywords: *Oppositional Defiant Disorder (ODD); Childhood; Aggressiveness; Child Development.*

Resumen: El desarrollo infantil es un periodo de procesos de aprendizaje, por esta razón, la aparición de conductas disfuncionales es frecuente. Sin embargo, dichas conductas pueden existir de forma situacional o, dependiendo de su persistencia, constituir un trastorno oposicionista desafiante. El objetivo de este artículo fue realizar una revisión sistemática de estudios centrados en determinadas conductas agresivas en la infancia y la posibilidad de relación con el diagnóstico de TOD (Trastorno Oposicionista Desafiante), buscando identificar sus causas y repercusiones a partir de un diagnóstico precoz. La búsqueda de artículos se realizó en las bases de datos Scielo; lilas; BVS; durante los meses de marzo a mayo, utilizando los términos: "Trastorno Oposicionista Desafiante", "Infancia", "Agresión" y "Comportamiento". Se trata, por tanto, de una revisión sistemática de la literatura de carácter exploratorio y descriptivo en el año 2023. La base de datos final incluida en el análisis se compuso de 7 artículos publicados entre 2019 y 2023. Sin embargo, los estudios seleccionados muestran la evidente relación entre el contexto influye en el desarrollo del trastorno oposicionista desafiante en la infancia, por lo tanto, los niños que se desarrollan en ambientes con comunicación agresiva tienden a ser más propensos a ser diagnosticados con TOD (Trastorno Oposicionista Desafiante).

Received for publication on XX/XX/XXX; approved on XX/XX/XXXX

¹ Undergraduate psychology student at Centro Universitário Santa Maria- UNIFSM, Cajazeiras, Paraíba, Brazil, e-mail: emillypsi16@gmail.com, ORCID: <https://orcid.org/0009-0003-6006-3521>;

² Master's degree in education and contemporaneity, lecturer and coordinator of the bachelor's degree course in psychology, Centro Universitário Santa Maria - UNIFSM, Cajazeiras, Paraíba, Brazil e-mail: 000434@fsmead.com.br, ORCID: <https://orcid.org/000-0001-8812-3862>;

³ Master's degree in society and culture in the Amazon, lecturer in the bachelor's degree course in psychology, Centro Universitário Santa Maria - UNIFSM, Cajazeiras, Paraíba, Brazil, e-mail: 000506@fsmead.com.br, ORCID: <https://orcid.org/000-0003-3129-0357>;

⁴ Master's degree in psychology, lecturer in the bachelor's degree course in psychology, Centro Universitário Santa Maria - UNIFSM, Cajazeiras, Paraíba, Brazil, e-mail: hilanamaria80@gmail.com, ORCID: <https://orcid.org/0000-0003-3236-3589>.

Palabras clave: *Trastorno Oposicionista Desafiante (TOD); Infancia; Agresividad; Desarrollo infantil.*

INTRODUCTION

Childhood is a period of transition in people's lives, characterized by their first perceptions of the world. Children have more active contact with the environments in which they live, which is why some behavioral changes can arise. The child's development is shaped according to each reality, which is why the family or guardians must play a role in guiding certain behaviors, reinforcing them in a positive way in the learning process, but they can indirectly reinforce dysfunctional behaviors that impair maturation during childhood.

Behaviors during childhood can vary according to the child's stage of development, but although some behaviors are considered common, it is necessary to observe the child's pattern of behaviors, if they are more frequent than expected. When referring to dysfunctional behaviors, especially aggression, the child's diagnosis of ODD (oppositional defiant disorder) can be reconsidered, which is why early identification is important in order to provide adequate intervention and treatment to avoid complications in adult life.

According to Utzig and De Souza Balk (2023), when it comes to oppositional defiant disorder, it is understood that the onset can reach different stages in each child, especially between the ages of four and twelve. The disorder appears in an average of 6% of children and adolescents, being more prevalent in male children, and its characteristics and symptoms have a tendency towards patterns of disobedient behavior towards authority figures, so if there is no early diagnosis, there may be damage to the development of interpersonal skills, emotional self-regulation, problem solving, as well as the possibility of evolving into a disorder at a more severe level.

Given this reality, it is understood that good child development depends on a series of influencing factors, from the family to the school and the environments the child attends. The child tends to reproduce the behavioral patterns of their parenting style, including all the beliefs and values they have been taught. Therefore, during childhood development, the conduct of authority figures can reinforce dysfunctional behaviors, for example, when parents deal with conflict situations with the child through accusations, verbal or physical aggression in order to obtain changes in the child's behavior, they can provoke feelings of revolt, anger, aggression and invalidation in the child. For this reason, childhood relationships must be healthy so that children can regulate their emotions and not reproduce inappropriate behavior patterns (Silva Oliveira; Viana Torres; Leopoldino Oliveira; De Paula e Silva; Santos Pimenta; Carneiro de Souza; Dos Santos,2023).

Based on this context, the aim of this research is to carry out a literature review in order to highlight relevant information about the main factors that maintain aggressive behavior in childhood, with the aim of investigating the diagnosis of ODD and psychological interventions.

It is also clear that early diagnosis and repair of aggressive behavior can bring improvements to child development, such as: conflict reduction; healthy interpersonal relationships; good academic performance; prevention of the onset of more serious problems; the child's well-being, among other reasons. Understanding these factors, the following question arises: Can aggressive behavior in the context of child development influence the diagnosis of ODD?

THEORETICAL BACKGROUND

Childhood is a period marked by learning and the reproduction of behaviors and, during this phase, the appearance of aggressive behavior is noticeable. In other words, the way children interact with people is a reflection of what they see in their environment. For this reason, aggressive behavior can indicate a defense, or a repetition of what is observed. In this sense, it is necessary to differentiate between aggressive behaviors caused by disorders and those manifested by "tantrums", which are a way for children to express their feelings and emotions. The assessment needs to be broadly contextualized and involve all the people the child lives with, through observations to conceptualize the relevant data on aggression, understanding the aspects that are harmful to child development (Barbosa; Souza; Ferreira, 2021).

There are several reasons why a child may reproduce aggressive behavior, such as the developmental stage and self-control, a period in which young children are still learning to control their emotions and express them appropriately. Aggression can also be a way of expressing frustration, when they don't have other communication skills developed. Exposure to violence, whether through the media, at home or in other environments, can influence the imitation of such behaviors. In addition, a dysfunctional family environment, where there are frequent conflicts, physical or emotional abuse, neglect or a lack of consistent discipline, can contribute to the development of aggressive behaviors in children (Barros, 2006).

In this way, when dealing with oppositional behavior during childhood, it's important to point out that it appears naturally at certain specific moments, especially when children are discovering their emotions, such as anger. For this reason, most of the time it can simply mean a situation that has generated some discomfort in the child and their reaction to it. However, in order to consider the signs of ODD, it is necessary to check for persistence and frequency in the child's daily life, and to notice

behaviors that go beyond a crisis of anger, such as the act of wanting to destroy something, or presenting a more aggressive response than expected (Oliveira; Costa, 2021).

Current statistics indicate that the prevalence of ODD in the population can vary between 1 and 11%, and is more common in male children. The presence of the first symptoms usually begins in the pre-school years. In Brazil, there are still few studies focused on oppositional defiant disorder, and, in relation to its origin and related psychopathologies, the characteristics of ODD tend to be configured in the evolution to other disorders, thus, it can bring damage to adult life (Moura; Medina, 2022).

In this context, it is considered that Oppositional Defiant Disorder is one of the main disorders affecting children, but it is necessary to present a persistent pattern on a daily basis, identifying the characteristic symptoms such as traits of aggression, disobedience in general, not tolerating frustration, impulsiveness and constant opposition to the authority figure, usually represented by a family member. However, children diagnosed with this disorder manifest such behaviours in their various contexts, whether at school, at home, or in any socializing environment, which in turn causes significant damage to healthier child development (American Psychiatric Association, 2023).

ODD is classified as a behavioral disorder and its characteristics are linked to violent behavior. For this reason, it is important to highlight some risk factors such as violence at home and growing up in hostile environments. Such situations increase the chances of developing oppositional defiant disorder, school dropout and the likely chance of involvement in violent situations. In addition, some comorbidities are common, including mood disorders, depressive disorders, phobias, anxiety disorders, autism spectrum disorders, conduct disorders, ADHD (Attention Deficit Hyperactivity Disorder), which affect areas of cognition, learning, psychomotricity, sociability and language (Krauser; Scherer; Bueno, 2020).

Child development goes through several stages until it reaches maturity in relation to the established standard, so it must be taken into account that certain criteria are selected for the professional assessment of certain child behaviors until the diagnostic conclusion is reached. The discussion on childhood ODD can lead to different opinions on how to deal with the diagnosis, and the stereotype of the "badly educated" child still persists.

Thus, early diagnosis makes it possible to use strategies that help deal with these aggressive behaviors in childhood, such as psychotherapy, which provides an effective approach, helping children to understand and deal with their emotions, teaching impulse control skills and providing healthy alternative strategies for dealing with anger and frustration.

In this context, discussing Oppositional Defiant Disorder (ODD) in childhood is extremely important, given that aggressive behavior at this stage can be worrying for parents, family members and teachers, causing significant damage to healthy child development.

METHODOLOGY

A systematic literature review is a study carried out by evaluating a number of studies on the chosen topic, with the aim of being investigative, i.e. it seeks to identify the problem raised in the studies and contribute data to define the results. The review is comprehensive, but it has criteria for classifying articles in terms of their quality and relevance for use in academic research (Donato, 2019).

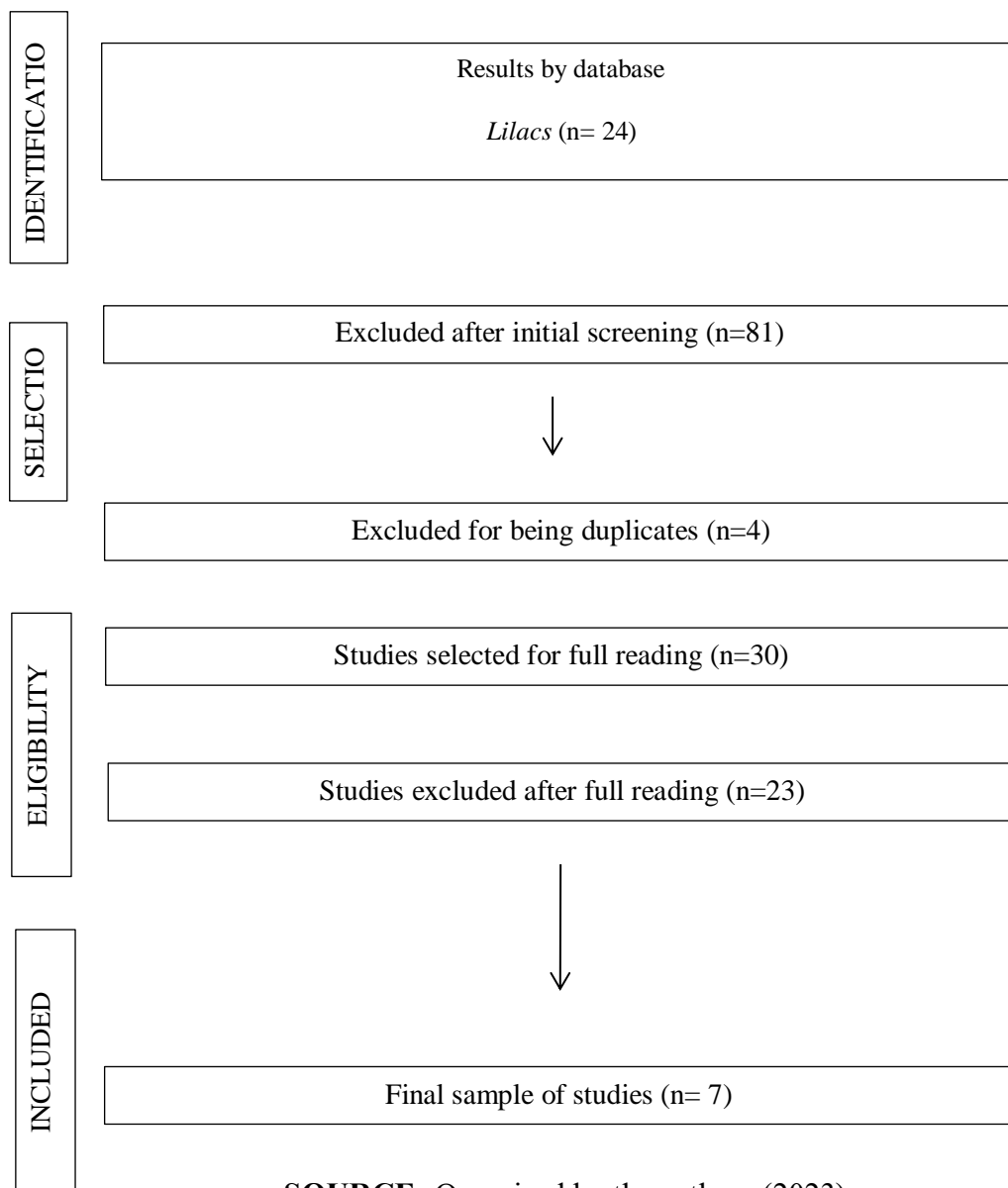
One of the main characteristics of an integrative systematic literature review is that it aims to analyze studies that are considered relevant to a given topic, because it aims to find common ideas and concepts based on the material reviewed, despite the fact that it interprets other articles, using references to compose the database. The selection of articles is carried out using established criteria that are chosen during the research structure. In addition, the particularities of the systematic review can be highlighted, taking into account the configuration of this type of research, in which the objectives have an authorial character, the existence of the research problem, the method, as well as its results and conclusion. Thus, as it has a more exploratory profile, it consequently covers the main points to add to the theme to be developed, thus helping in the production of the article through the materials for the significant discussion of the research (Galvão; Ricarte, 2019).

Corroborating Donato (2019), this type of research is carried out through a number of stages: Defining a research question; Defining the inclusion and exclusion criteria; Defining the articles; Selecting for quality; Extracting the data; and Synthesizing in the research in order to contribute in the best way to the study. After carrying out these steps, it is necessary to carry out a general review and make the relevant corrections.

In this way, the present study is a systematic literature review of an exploratory-descriptive nature, whose central theme is aggressive behavior in childhood and the possible relationship with the diagnosis of ODD, understanding the psychosocial adaptation in the contexts of the child's coexistence. The research was carried out by analyzing some articles, using the *Scielo*, *BVS* and *Lilacs* databases as a search source, between March and May 2023. The descriptors used were: "Oppositional Defiant Disorder" and "Childhood" and "Behavior" and "Aggressiveness" and "Child Development", taking into account the pre-established criteria. The selected materials were then read and evaluated, looking mainly at those that met the inclusion criteria for the research.

The inclusion criteria adopted were: a) articles published in the last five years; b) articles; theses; dissertations only in Portuguese; c) articles that are coherently related to the theme; while the exclusion criteria were: d) articles, theses, dissertations in a foreign language; e) monographs; f) articles published more than five years ago; g) books; book chapters. The screening process is shown in the table below:

FIGURE 01: Flowchart for sorting the articles.



SOURCE: Organized by the authors (2023).

Figure 01 shows the searches carried out and the number of articles found. The following studies were identified in the databases used for consultation: *Scielo* 9 articles; *BVS* 82 articles and *Lilacs* 24 articles. A total of 115 articles were initially found. After applying the pre-established inclusion and exclusion criteria, a total of 23 articles were found. Considering the more careful analysis of the abstracts and objectives of the articles that passed the previous filter, those that were closest to the objectives established for this research were selected, giving a total of 7 articles selected for analysis.

RESULTS AND DISCUSSION

Table 01 shows the articles selected according to year, title, author, language and database, and shows that all the studies are in Portuguese (n= 7).

TABLE 01: General characterization of the articles selected according to authorship, year, language and database.

Authors (year)	Titles	Language	Database
Moura; Medina (2022)	Contributions of Cognitive-Behavioral Therapy in the parental training of children with Oppositional Defiance Disorder	Portuguese	BVS
Oliveira; Costa (2021)	Literature review on Oppositional Defiant Disorder and Conduct Disorder: causes/protection, school strategy and relationship with crime	Portuguese	BVS
Caponi (2018)	Security devices, psychiatry and crime prevention: the TOD and the notion of the dangerous child	Portuguese	LILACS
Viana; Martins (2022)	Oppositional Defiant Disorder (ODD) : Cognitive behavioral intervention	Portuguese	LILACS
Scivoletto; Boarati; Turkiewicz (2010)	Psychiatric emergencies in childhood and adolescence	Portuguese	SCIELO
Krauser, Sherer; Bueno (2020)	Behavioral Disorders: knowledge and actions of health and social care professionals	Portuguese and English	SCIELO
Barbosa; Souza; Ferreira (2021)	Aggressive behavior in childhood: origins and influences of the relationship with parents	Portuguese	SCIELO

SOURCE: Database research data (2023).

Table 02 shows the main results of the studies selected in the survey. It can be seen that alternative and extended communication provides better inclusion for students with autism, as well as facilitating learning in the educational process.

TABLE 02: Main results of the studies selected in the survey.

Authors (year)	Main results
Moura; Medina (2022)	The aim was to analyze the contributions of psychology, specifically the approach of CBT (cognitive behavioral therapy) in parent training for children diagnosed with ODD (Oppositional Defiant Disorder), thus expanding on interventions that help in treatment, as well as understanding how the family perspective influences this environment.
Oliveira; Costa (2021)	The aim was to analyze the concepts in relation to the diagnosis of oppositional defiant disorder and also the association with conduct disorder, in order to improve with regard to disorders and interventions.
Caponi (2018)	The aim was to analyze early diagnoses in childhood, especially the importance of treatment to prevent serious psychiatric problems from arising in adulthood. Treatment in childhood can facilitate better development and social adaptation.
Viana; Martins (2022)	The aim was to understand the consequences of Oppositional Defiant Disorder (ODD) in children and the psychological interventions of CBT (Cognitive Behavioral Therapy). The basic concepts of the diagnosis of ODD (Oppositional Defiant Disorder) and its impact on children.
Krauser; Sherer; Bueno (2020)	The aim was to identify the knowledge of professionals from mental health and social assistance services about Behavioral Disorders (BD) in childhood and adolescence.

Barbosa; Souza; Ferreira (2021)	The main objective was to understand the relationship that children have with their parents and their contributions to the maintenance of aggression.
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Scivoletto; Boarati; Turkiewicz (2010)	Its objective was to present the main clinical aspects of childhood disorders, including aggression in a pathological way, as well as guiding the initial conduct of psychiatric emergencies, thus concluding which behaviors are perceived as psychopathologies.
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SOURCE: Database research data (2023).

In light of the reflections made based on the research carried out on aggression in childhood and oppositional defiant disorder, we can mention the influence of the environment in which the child is inserted in relation to their development. From this perspective, according to the authors Moura and Medina (2022), the child's first contact is with the family, and it is through established family ties that good child development permeates. In this way, it is of the utmost importance to seek to understand parental relationships in this process of maturing the child's perceptions, because learning at this stage of childhood is a reflection of the context in which it is inserted, that is, if the child is exposed to environments of aggressive communications, it is likely that these patterns of behavior will be repeated, therefore, it is understood the relevance of guidance with parents from the diagnosis to the treatment of the child with ODD (oppositional defiant disorder).

According to Barbosa, Souza and Ferreira (2021), as mentioned above, the family can be understood as the basis for maintaining or preventing aggressive behavior in childhood. Parents play a fundamental role in their children's learning, as well as providing certain stimuli for the development of specific skills appropriate to each stage. On the other hand, these stimuli can be inadequate, such as exposing the child to a hostile environment, a lack of communication between the parents and the child, and a lack of encouragement about emotional self-regulation strategies with the child. Given these and other factors, it is clear that affection in education can be a way of minimizing the persistence of aggressive behaviour.

For Caponi (2018), the idea of psychological disorders developed in childhood can lead to severe problems in adulthood if not diagnosed early, in addition to personality aspects, the lack of adherence to appropriate treatments could produce risk factors for socialization. According to Caponi, the angry mood, defiant behavior and vengeful nature listed as characteristics of ODD (oppositional defiant disorder) need

to be treated through professional intervention, such as by a psychiatrist or psychologist, in order to prevent the spread of a more severe disorder in the future, such as conduct disorder or antisocial disorder, and the main aim of this prevention would be for the child to have a healthy development and not be labeled as a "dangerous child".

According to Scivoletto, Boarati and Turkiewicz (2010), the main psychiatric emergencies in childhood and adolescence are related to aggression. Behavioral changes are manifested by various factors, which is why it is necessary to carry out an assessment of each case, understanding that the family plays a crucial role in this investigation, as they have a constant routine with the child. Another important factor in the investigation process is the intensity and frequency with which crises can occur, as situational factors can trigger the child's aggressive response. The psychological assessment of the child helps to identify risk factors, as well as protective factors and the support network as support during treatment, thus contributing to stable treatment.

According to Viana and Martins (2022), a childhood diagnosis of ODD (oppositional defiant disorder) is triggered by biological factors, psychological and learned conditions, and tends to appear between the ages of 6 and 12. However, it is not limited to presenting symptoms at earlier ages. Treatment for oppositional defiant disorder through CBT (cognitive behavioral therapy) involves interventions for not only the child, but also the parents and other people around them, i.e. psychological intervention extends outside the clinic, such as at school or at home, as one of the main objectives is to provide guidance so that those responsible can deal appropriately with the child in aggressive crises. However, when it comes to psychotherapy with children, CBT aims to alleviate inappropriate behavior, control aggression, improve social skills, emotional regulation and problem-solving.

When discussing conduct disorders in childhood, it is important to emphasize the role of the multidisciplinary team, from diagnosis to treatment of the child, as Krauser, Sherer and Bueno (2020) point out that psychology, psychiatry and social work should work together to provide the most appropriate approach for each clinical condition. Professionals' knowledge of conduct disorders, such as ODD (oppositional defiant disorder), is essential for the potential evolution of each case, as it is understood that depending on the condition, it is necessary to use appropriate services to support the child, such as the ECA (Child and Adolescent Statute), the Guardianship Council, in addition to medical and psychological services, in order to expand the possibilities of improving the child's development.

Therefore, it is understood that ODD (oppositional defiant disorder) in childhood is interconnected with multiple factors that contribute to maintaining or distancing the diagnosis, and, as Barbosa, Souza and Ferreira (2021) point out, the relationship between parents and children is an indispensable factor for child development. Parental figures exert a lot of influence on children, which is why education, in

addition to being focused on issues of social rules, is also relevant to looking at the child's emotional regulation, taking into account that aggression appears in the early years, and the parents' posture can be significant, aggravating patterns of aggressive behavior, whether, for example, overprotection, an abusive / hostile environment, excessive freedom, among others, are reinforcers of aggressive behaviors. Children are the result of the environment in which they live, whether it be their family, school or other children. All of these environments contribute to children's development, so it's clear how important it is to be present in the child's life, providing welcome and adequate references.

CONCLUSIONS

In view of the aspects analyzed in the theme, it is clear that it is essential to address aggressive behaviors during childhood and the way in which they relate to ODD (Oppositional Defiant Disorder), because in this way we can understand how the management of this relationship influences the course of child development, according to the insertion of children in their contexts.

Oppositional defiant disorder should not be seen as an isolated event, just like the aggressive behaviors that appear in childhood and cannot be considered immediately as a possible diagnosis of ODD, that is, although both have a significant relationship, it is first necessary to carry out a psychological evaluation to distinguish what would be considered the patterns of behavior according to the stage of childhood development in which the child is or the behaviors considered distorted that occur frequently.

The fact is that children need parental presence to help them develop well; however, they also need to maintain good relationships in school environments and other places where they live together, given that childhood is marked by a learning process with both motor and psychological parameters, and that it is during childhood that children's perceptions of the world around them are built. As such, they learn to define objects, people and feelings throughout their development, and adults play a part in guiding this learning, and therefore play an extremely important active role in maintaining healthy behaviors.

In view of the above, although child aggression and ODD are labeled with a negative view of the development process, being assimilated to the feeling of anger as something bad to be expressed, and even with the various unfavorable points, it is also convenient to understand the child's history in its context, Because childhood is a period of discovery, it is up to the adult to share the experiences for the development of this emotional maturation, taking into account that the validation of the child's emotions makes the process more harmonious and prone to the development of a higher quality both for the child themselves and for their relationships with others.

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