

HEALTHY MINDS
A WEEKLY COLUMN ALL ABOUT MENTAL WELLNESS
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Oppositional Defiant Disorder



Almost all children will be defiant in some way and at some time. They may be disobedient; they may talk back and defy their parents, teachers, or other adults. This is called oppositional behavior and is considered a normal part of growing up, especially for two or three year olds, or early adolescents. There is a threshold or limit as to how this behavior stands in relationship to other children of same age, particularly when it hurts the child's family life, school setting, or other public venues. At a certain point this hostility, defiance and lack of cooperation towards adult authority figures may be a disorder, called Oppositional Defiant Disorder (ODD).

Mental health practitioners use very specific criteria for diagnosing this disorder.

- 1) There must be a pattern of hostile, negative and defiant behavior that lasts 6 months or longer, and at least more than four of the following actions (which have to be beyond the level of other children of the same age) occur:
 - a. Child frequently loses his/her temper
 - b. Often argues with adults
 - c. Often disobeys adults rules or requests
 - d. Is often deliberately annoying
 - e. Often blames others for his/her mistakes
 - f. Is often easily annoyed or touchy
 - g. Often shows anger or resentment and acts mean and hateful
 - h. Often acts spiteful or seeks revenge
- 2) This disturbed behaviors hurts their academic, social, or employment functioning.
- 3) These behaviors are not due to a mood disorder (like depression or mania) or a psychotic episode.
- 4) They are not the same symptoms as those for conduct disorder (a more serious, often criminal category marked by physical aggression, cruelty to animals, and other crimes against people and property, to be discussed in a future article), and
- 5) (For those over 18 years old) they are not the same symptoms for antisocial personality disorder (often called sociopaths or psychopaths – a category we shall also discuss in future articles).

These symptoms will be seen in various settings but will probably be more noticeable at home or in school. In fact, out of every hundred school-children, from five to fifteen have ODD. In the general population (adults included) the figure may range from two to sixteen percent). Sometimes these symptoms co-exist with other disorders, especially attention deficit hyperactive disorder (ADHD), mood disorders (depression and bipolar disorder), anxiety, and learning disorders. When these children become adults, some can develop the more serious and dangerous conduct disorder.

The exact cause of ODD is not clearly understood, though it is thought that some biological and environmental factors may contribute. Some parents say that these children are more inflexible and demanding than their previous brothers and sisters were at that age.

The symptoms are usually seen in multiple settings, but may be more noticeable at home or at school. Five to fifteen percent of all school-age children have ODD. The causes of ODD are unknown, but many parents report that their child with ODD was more rigid and demanding than the child's siblings from an early age. Biological and environmental factors may have a role.

If your child or family member shows symptoms of ODD you may wish to talk to your family physician about getting a comprehensive evaluation. A psychiatrist specializing in adolescents and children is often the best choice, although there are some psychologists and counselors that can be very effective as well. Treatment for ODD can vary, and there are some good choices, such as:

- Parent training programs to help the parents or guardians manage the child's behavior.
- Family psychotherapy to improve communication between family members and help reduce some of the family problems and tensions
- Individual psychotherapy to help the child manage his or her anger
- Cognitive-behavioral therapy to help a child think more positively about his life and learn to control what he or she does
- Social skills training, to help children get along with his/her peers.
- A psychiatrist specializing in children

Here are some things that parents can do when dealing with oppositional and defiant children, whether or not they are diagnosed with ODD:

- Always work on the positive side using positive reinforcement, which means:
 - Give your child praise when he is cooperative and flexible
 - Give him/her positive attention
- Prevent over-reacting by taking a time out for your child or for yourself
- Model good behavior for your child; don't let him/her copy your anger or negativity.
- Set priorities for the goals that you set.
 - Don't argue over everything
 - Instead, choose your "battles" carefully
- Set reasonable limits appropriate to his/her age
- Don't let managing this child become the center of life; get help
 - From teachers

- Coaches
 - Other family members
 - Friends
- Manage your own stress using exercise and other relaxation techniques

Positive parenting techniques are not only the first line of defense against ODD; they are often the most effective. If not treated at all, more than half of children with oppositional defiant disorder will continue showing symptoms for at least the next three years; about fully one quarter of these children, if untreated, will advance to the more serious adult disorder, known as Conduct Disorder.

TIP OF THE WEEK: Recent scientific studies have shown that a simple walk in the park, or in the woods, was as effective for children with attention deficit hyperactivity disorder (ADHD) as their medication. Not only is exercise good for focusing all of our minds (adults and children alike), but it calms anxiety, aids in regulating metabolism, and has a spiritual dimension in that it puts us in touch with the creation of our maker.