

Oppositional Defiant Disorder

Grant L. Martin, Ph.D.

Adapted from *Pediatric Psychiatry Pamphlets*, "Oppositional Defiant Disorder and Conduct Disorder", written by Jim Chandler, M.D. (www.kliss.com/chandler/home.htm) and *Facts for Families #72*, "Children with Oppositional Defiant Disorder", American Academy of Child & Adolescent Psychiatry.

All children are oppositional from time to time, particularly when tired, hungry, stressed or upset. They may argue, talk back, disobey, and defy parents, teachers, and other adults. Oppositional behavior is often a normal part of development for two to three year olds and early adolescents. However, openly uncooperative and hostile behavior becomes a serious concern when it is so frequent and consistent that it stands out when compared with other children of the same age and developmental level and when it affects the child's social, family, and academic life.

In children with Oppositional Defiant Disorder (ODD), there is an ongoing pattern of uncooperative, defiant, and hostile behavior toward authority figures that seriously interferes with the youngster's day to day functioning. Symptoms of ODD may include:

- frequent temper tantrums
- excessive arguing with adults
- active defiance and refusal to comply with adult requests and rules
- deliberate attempts to annoy or upset people
- blaming others for his or her mistakes or misbehavior
- often being touchy or easily annoyed by others
- frequent anger and resentment
- mean and hateful talking when upset
- seeking revenge

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.

Treatment of ODD may include: Parent Training Programs to help manage the child's behavior, Individual Psychotherapy to develop more effective anger management, Family Psychotherapy to improve communication, Cognitive-Behavioral Therapy to assist in problem solving and to decrease negativity, and Social Skills Training to increase flexibility and improve frustration tolerance with peers.

A child with ODD can be very difficult for parents. These parents need support and understanding. You can help your child in the following ways:

- Always build on the positives. Give your child praise and positive reinforcement when s/he shows flexibility or cooperation.
- Take a time-out or break if you are about to make the conflict with your child worse, not better. This is good modeling for your child. Support your child if s/he decides to take a time-out to prevent overreacting.
- Pick your battles. Since the child with ODD has trouble avoiding power struggles, prioritize the things you want your child to do. If you give your child a time-out in his room for misbehavior, don't add time for arguing. Say "your time will start when you go to your room."
- Set up reasonable, age appropriate limits with consequences that can be enforced consistently.
- Maintain interests other than your child with ODD, so that managing your child doesn't take all your time and energy. Try to work with and obtain support from the other adults (teachers, coaches, and spouse) dealing with your child.
- Manage your own stress with exercise and relaxation. Use respite care as needed.

Additional Strategies for ODD

Containment

The essence of this group of interventions is to make it impossible for ODD to "work." That is, it is a way of making sure all these attempts to irritate and annoy others and to cause fighting between others are not successful. There are three elements to this.

1. Come together

A common feature in children with ODD (except for aggressiveness) is that a lot of the suffering that the child inflicts on others is blamed on others. Children and adolescents with ODD convince mothers that fathers have mistreated them. They convince parents that the teachers are treating their child unfairly. They convince teachers that the parents are bad, etc.

You have to come together and never believe anything the child with ODD tells you about how others treat them. In order to do this, all parties need to talk directly with each other without the child as an intermediary. Mothers need to talk face to face with fathers. Parents need to talk with teachers and with principals. Sometimes Parole officers, parents, teachers and others have to all sit down together for the purpose of making it impossible for the child to play one person or group off against another. Here are some concrete suggestions.

- Ask to sit down with the principals and teachers regularly.
- Make it school and home policy to never rely on information your child with ODD gives you about what others have done.
- Do not include the child in these discussions.
- Sit down with all caregivers (grandparents, uncles, baby-sitters, parents, etc.) to make sure they understand ODD and they follow the above policy.

2. Have a plan

That is, a plan to deal with all of this oppositional and defiant behavior. If you react on the spur of the moment, your emotions will guide you wrongly in dealing with children and adolescents with ODD. They will work to provoke intense feelings in everyone. Everyone needs to agree on what happens when the child with ODD does certain things. What do we do if she disrupts class, annoys others incessantly, fights, has a major temper tantrum, states she is going to kill herself or run away?

You need a behavior modification or management plan. For behavior modification to work, the program must have certain properties:

1. A few important behaviors need to be targeted. Rather than targeting "being good," you might try no hitting and no swearing.
2. The behavior must be clear cut and not fuzzy. Things like "listen when I tell you something" won't work, because it is too unclear. A better idea would be, "Sit down and look at me when I ask you to listen."
3. It must be consistent. There is no bending of rules in this sort of thing: no difference between the baby-sitter, mom, or dad.
4. The rewards and punishments need to be geared to the individual.
5. The rewards should not be money or things that are bought, but rather should be privileges which you can grant or activities which the child can do. Behavior Modification should not require a bank loan.
6. There needs to be an even mix of negative and positive reinforcers. The program should not be like candyland, but it also should not be out of Dorchester Prison. A typical Positive one would be a later bedtime on the weekend or a choice of dinner. A typical negative one would be going to your room or no TV.
7. It should be simple and straightforward so that your child easily understands it. If your child can read, it should be written down. If possible, your child should sign it and agree to it.

3. Decide what you are going to ignore

Most children and adolescents with ODD are doing too many things you dislike to include every one of them in a behavior management plan. The key caregivers have to decide ahead of time what sort of thing will just be ignored.

4. Try very hard not to show any emotion when reacting to the behaviors of children and adolescents with ODD.

The worst thing to do with a kid with ODD is to react strongly and emotionally. This will just make the child push you that same way again. You do not want the child to figure out what really bugs you. You want to try to remain as cool as possible while the child is trying to drive you over the edge. This is not easy. Once you know what you are going to ignore and what will be addressed through Behavior Modification, it should be far easier not to let your feelings get the best of you.

5. Make sure that you are as healthy and strong as you can be

Children and adolescents with ODD will find the weakness in the family system and exploit it. Is there tension between father and mother? They will aim to worsen this. Trouble with the in-laws? These children and adolescents will try to exploit this. Are you out of shape and exhausted after work? That's when they will be most trying. Are you worried or depressed about something? They will try to figure it out and torment you. Dealing with a child with ODD is very exhausting and trying. It will take about 1/3 to 1/4 of all your emotional, mental, and physical resources. If you knew that you would be chopping wood for four hours every day, You would make sure you got enough rest, a good diet, and had plenty of time to relax. The same holds double for dealing with ODD in the long term. You have to take care of yourself in ways you would not have to if your child did not have ODD. This includes things like:

- Find a baby-sitter and go out weekly away from this child and your home with your spouse or significant other.
- Make sure you have plenty of time to piss and moan about the difficulty of this to your spouse or friends.
- Get adequate exercise. There is nothing better to blow off steam than exercise that is fun.
- Get enough sleep
- Eat well and don't try to go on a big diet.
- Don't try to do too much. Remember, caring for a kid with ODD is a big job!
- Get help if your marriage is in trouble
- Do everything you can to stop drinking if you or your spouse has a drinking problem
- Make sure you have some hobby you enjoy and can do when things get rough.
-

6. Limit Television

Television is a major force in our lives. Study after study have shown that television is filled with violence, drug and alcohol use, and sexuality. The average child spends at least 2-3 hours a day watching this stuff. Many children spend 4-6 hours a day watching this. It should not be any wonder then that children who watch a lot of TV are more violent, are more likely to do drugs, and are preoccupied with sex. In a child with a problem like ADHD or ODD, this is clearly something that needs to be done.

- Limit all media use to no more than 1 to 2 hours per day.
- Monitor your children's use of the media.
- Co-view television with your children.
- It also goes without saying that it is impossible to limit children's viewing if the parents are watching television or playing video games all day and night. Turning off the TV is the most effective but radical solution to a host of child psychiatric problems. My advice is to be radical and do it!

7. Eliminate or reduce video and computer games

Anyone who has ever seen a child play Nintendo, Game Boy, Play Station, etc. can see that there is a very potent force at work here. Unfortunately, the vast majority of computer and video games are violent and are becoming more graphic, not less, in their depiction of violence. As

mentioned above, large amounts of television viewing can cause increased psychiatric problems for children. Although there is a less research on games, the same trend is there.

About 33% of children play computer or video games. As anyone who has a child knows, these games can be very addictive. One out of five children from grades 5-8 are as addicted to computer games as an alcoholic is to alcohol. The earlier children start playing these games, the more likely they are to get addicted. Children who play lots of video and computer games aren't as nice to others. Children who play violent games are more physically aggressive and are not as intelligent. Unfortunately, the question remains whether or not children who are aggressive and have problems are attracted to these games or whether the games make them that way. With TV, the evidence suggests that violence on TV makes more violent kids. Given that video and computer games are a much more powerful medium than TV, I think it is quite safe to assume that they are having a detrimental effect on children.

Helpful books include *Your Defiant Child. 8 Steps to Better Behavior*, by Russell Barkley and Christine Benton, published by The Guilford Press, 1998; and *The Defiant Child. A Parent's Guide to Oppositional Defiant Disorder*, by Douglas Riley, Taylor Publishing Co., 1997.