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Oppositional Defiant Disorder

“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” – American Academy of Child and Adolescent Psychiatry (AACAP)

All children at some point in their development will be defiant, i.e. not cooperative, argue back, disobey parents, and other behaviors where they are not listening or behaving. However, when the defiance becomes extreme, to the point where it interferes with the child’s life and ability to function, the defiance is seen as something more serious. Children with Oppositional Defiant Disorder (OOD), as discussed by the AACAP, have a long pattern of extreme defiant behavior towards people in charge, such as parents or teachers, that interferes with the child’s ability to function on a daily basis. AACAP provides information on symptoms, treatments, and how parents can help their children which can be found below:

**Symptoms**

Some symptoms the AACAP have listed for children with OOD are:

* Frequent temper tantrums
* Excessive arguing with adults
* Often questioning rules
* 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
* Spiteful attitude and revenge seeking

**How to Help**

Being a parent to a child with OOD can be very difficult at times. Children with OOD behave differently than their peers, and their extreme defiant behaviors can be stressful for parents to deal with. Treatment of OOD can range from family therapy, to medications, to ways parents





can take care of themselves in order to be able to take care of their child(ren). Family therapy is a way for parents to learn communication skills to use with their child, and can help create positive communication between the parent and child. Medications can be used in certain situations to help control some of the more extreme behaviors that children with OOD can display. The following are some technique parents can use to help their child:

* Always build on the positives, give the child praise and positive reinforcement when 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 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 healthy life choices such as exercise and relaxation. Use respite care and other breaks as needed

“Getting help is the most important thing that parents can do for children and adolescents with oppositional defiant disorder. Parents should try to find a mental health professional who has advanced training and experience with evaluating and treating children, adolescents, and families. It is important to find a comfortable match between your child, your family, and the mental health professional.” -AACAP

