

# Mental Health News

## Defiant behavior may be normal

Most parents have had experience with oppositional and defiant behavior. In the majority of instances this behavior is not unusual, as it is a normal part of development. However, if the oppositional and defiant behavior becomes unusually pervasive or severe, a child may qualify for a diagnosis of Oppositional Defiant Disorder (ODD). The purpose of this newsletter is to describe this disorder and to outline the treatment for it.

The following are the symptoms for ODD that are listed in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*:

- ✓ often loses temper
- ✓ often argues with adults
- ✓ often actively defies or refuses adult requests or rules
- ✓ often deliberately annoys people
- ✓ often blames others for his or her errors or misbehavior
- ✓ is often touchy or easily annoyed by others
- ✓ is often angry and resentful
- ✓ is often spiteful or vindictive

At least four of these symptoms must be present, for a six month period, in order to satisfy the criteria for ODD.

## Oppositional Defiant Disorder

by

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However, the diagnosis should not be given when the defiant behavior is transient or symptomatic of another psychiatric disorder (for instance, a Conduct Disorder or a Mood Disorder).

Associated features of ODD may include low self-esteem, low frustration tolerance, temper outbursts, poor peer relationships and mood instability. ODD may



Prior to puberty, ODD is more common in boys than in girls. After puberty, the disorder may be equally common across gender. The disorder usually appears by age eight but it may appear in early adolescence. While there are often manifestations of the disorder across settings, the impairment in the home may be the highest.

ODD is usually activated and maintained by the environment. Some children may become defiant in response to certain parenting styles. Others may develop ODD secondary to severe stress (e.g., a hostile divorce, sexual or physical abuse, parental alcoholism, chronic academic frustration and so forth). A comprehensive

## ODD may affect home & school

assessment of the child's and family's history is essential in order to make the diagnosis and to understand what might be causing and maintaining the defiance.

In cases of childhood ODD treatment almost always includes parent training. Parents are taught advanced behavioral techniques for eliminating defiance. In general terms, rewards for unreasonable oppositional behavior are removed, rewards for appropriate behavior are established and appropriate consequences for oppositional behavior are put into place.

What follows are some general guidelines and strategies which are used in this treatment. (Caveat: specific guidelines for

how to implement these strategies are not included; also, there are many ways in which these ideas may be implemented ineffectively. A qualified child therapist should be consulted.)

***Oppositional behavior is rewarded, and thus maintained, by the following:***

- Giving a child attention, even negative attention, that would not have been given were it not for the oppositional behavior.
- Allowing a child to escape a duty or obligation following the onset of the defiant behavior.
- Not asking a child to perform duties and obligations because they are unruly; this “steering clear” can mask ODD.
- Giving a child rewards that he would not have been given were it not for the oppositional behavior (e.g., “Joey stop kicking the pew and I’ll take you for ice cream after church”).

***Appropriate behavior is rewarded, and thus maintained, by the following:***

- Giving a child attention and praise for appropriate behavior. ODD kids tend to get the most attention for negative behaviors.
- Making privileges contingent upon compliance with duties and obligations. For instance,

nintendo might be earned by washing the dinner dishes. These can be implemented through written contracts or token systems.

- Establishing mid-term and long-term rewards and privileges for sustained appropriate behavior. For instance, a new bike might be earned by achieving a B average in conduct grades on a report card. Again, these contingencies can be implemented through contracts or token systems.

**Parent coaching is a cornerstone of the treatment plan**

***Appropriate negative consequences for oppositional behavior might include the following:***

- Placing a child in a chair for a period of time (one minute per year of the child’s age or until the child is quieted, whichever comes last). This is commonly referred to as “time out.”
- Establishing behavioral “make-ups.” That is, requiring the child to perform some task as a way to make amends for a defiant behavior. For instance, if a child has ripped up a magazine, they might be required to spend their allowance money on the purchase of a new magazine.



In this treatment approach physical punishment, which

may be aptly described as undisciplined discipline, is avoided because it is ineffective. When corporal punishment is used the undesired behavior too often returns once the punishing person is not present or the child becomes fearful. This approach also gives the child a variety of unsavory messages: “Stronger people get their way.” “When you’re mad at someone, hit them.” “You’re bad.” “Mom/dad can’t control themselves.”

When it comes to school based expressions of defiance, school staffings and daily log sheets are often integrated into the treatment. The log sheets ask the teacher(s) to provide behavior grades for that day. These sheets also include a listing of the days homework, returned grades, upcoming tests and overdue assignments. Consequences at home are then issued based upon whether (1) the log sheets have come home, (2) the behavior grade(s) are good and (3) the child completes the homework.

The treatment also attempts to reduce any unusual stress that might be impacting on the child. Individual therapy or medication may also be required if other conditions exist together with ODD.