Did you ever come across a child who just couldn’t be reasoned with? Would the child defy you, even if his actions were not in his own best interest? Have you heard, “but it’s not my fault” come from the lips of a child you witnessed act improperly, right before your eyes? How often do questions like “what am I doing wrong with this kid” race through your mind?

Welcome to this presentation of a look at emotional disturbances in children. This segment will focus on the previously posed questions in terms of their relationship to the emotional disorder known as oppositional defiant disorder. We begin our look at oppositional defiant disorder, or ODD, with a case study. Listen to the story of Jason. Think about the behaviors Jason exhibits. Later in the program we will reveal just which of these behaviors are typical of an eight year old like Jason, and which may characterize a more serious mental health disorder.

“Get out of my face. Give me my toy train; I’m not putting it away. My mommy sent it with me and it’s mine” eight-year-old Jason angrily yelled at his teacher. “It’s not my fault it’s at school, but it’s mine and you can’t touch it anyway,” he continues. Within the first moments of the day Jason, now in the final weeks of his year in 2nd grade, flagrantly defies the routines of the classroom, engages his classmates in inappropriate and often antisocial behavior, and finds at least half a dozen students to pester before even considering taking off his jacket each morning. As his teacher continues what has become a daily battle for nearly seven months, Jason contends,
“Stop talking to me. I am not your child. I’m not doing your morning work, or listening to your stupid rules. Look over there at Michael and James,” Jason gestures to two children working at their desks—“they always get me in trouble and you never tell them to stop.” As tears well in his eyes, and his teacher begins to engage in a behavior modification plan that became ineffective months ago, Jason clenches his jaw, creates fists with his small yet forceful hands, and has each member of his class off-balance in a highly negative way. “Stoopp—leave me alone,” he finally screams as a chair is overturned. As has become customary, his teacher heads for the phone to call the school counselor into action.

An Arabian proverb says that, “He who has health, has hope. And he who has hope, has everything.”

This presentation is not only intended to inform, but also to give hope for those who see healthy, compliant children as too good to be true. Have hope: with your assistance, Jason and children like him can enjoy mental health.

Jason is a child who clearly behaves in an inappropriate way, and many of his behaviors may lead a clinician to diagnose Jason with oppositional defiant disorder. The American Psychiatric Association identifies ODD in the DSM-IV-TR as a disruptive behavior disorder that is typically diagnosed for the first time in infancy, childhood, and adolescence. Jason falls into this age range. ODD is characterized by a pattern of negativistic, hostile, and defiant behavior\(^1\). Each of the interactions mentioned in Jason’s vignette certainly fulfill the patterns of behavior indicative of a child with ODD. But, there are more particulars that must be uncovered and discussed before a diagnosis can be made.
It’s important to know that if a child has one outburst, or a week filled with bickering and tantrums, a diagnosis of ODD is premature. In fact, the pattern of negative and defiant behavior must persist for at least six months before a true diagnosis can be made. As well, just one or two hostile and defiant symptoms do not make a case for ODD. Rather, four out of eight behaviors must be present before a true determination can be made about a child’s mental health. These symptoms include any of the following happening to a child often: losing his temper, arguing with adults, actively defying or refusing to comply with adults’ requests or rules, deliberately annoying people, blaming others for his or her mistakes or behavior, being touchy or easily annoyed by others, angry and resentful, or displaying spiteful or vindictive behaviors. While any one of these symptoms might appear in a child who is struggling with compliance issues, the compound effect of multiple symptoms, marked by a half-year duration, is what operationally defines ODD. Reflecting on Jason, pause to decide if Jason fulfills the criteria for length of symptoms, and if he seems to exhibit at least four of the aforementioned symptoms.

Norman Vincent Peale once said, "Become a possibilitarian. No matter how dark things seem to be or actually are, raise your sights and see possibilities -- always see them, for they're always there."

You must be wondering what can we possibly do about this problem? And, is ODD a pervasive issue that must be handled in the home, at school, or in all areas of a child’s life? Jason is part of a statistic of between 2%—16% of children who are reported as having ODD. Because there is significant hope for lessening symptoms in children
with ODD, however, treating Jason and others like him is an important responsibility for caretakers.

As is typical with any mental health disorder, ODD manifests itself as a result of both a child’s environment and his genetics. There are certain genetic factors that predispose a child to ODD such as a mother who is depressed\textsuperscript{1}. As well, issues in the child’s environment such as family neglect, abuse, or violence can lead to defiant behaviors and ODD\textsuperscript{7}. The time to take action on behalf of a child like Jason, therefore, is now. Parents and caregivers: do not delay seeking help for your child when he displays behavior patterns characteristic of ODD. The sooner that treatment is sought and received, the more likely a child and his family will overcome the challenges associated with ODD. Additionally, it is not uncommon for children with ODD to have other mental health issues including depression, mania, substance abuse, or attention deficit hyperactive disorder that may be uncovered once a family obtains professional help\textsuperscript{5,3}. Your child’s school or a local hospital will probably have the contact resources you will need in order to take the first step on behalf of your child.

Once a formal treatment process has begun, the changes in Jason and children like him will be remarkable. Jason’s family will also feel a great burden lifted when his defiant behavior begins to subside. What’s ironic, however, is that Jason’s caretakers may in fact already hold the key to reducing the stress associated with ODD. Many clinicians prescribe Parent Management Training (PMT) in order to help children like Jason. PMT focuses on training parents to handle their children in the most effective ways possible\textsuperscript{2}. Following eight parent-training sessions, a 2007 study reported that caregivers found their children’s behavior to be less troubling, frustrating, and
bothersome. PMT techniques help caregivers to manage a child’s behavior, bringing less stress to his family, and as a result may lessen the severity of the symptoms in the child. Parents are trained in tactics such as maintaining structured routines in the household, as well as continually exhibiting empathy and understanding for the troubled child. Maybe all Jason needs is someone who can show him they understand his anger.

Jason’s parents should be very excited that they have the opportunity to treat Jason while he is still so young. As children age, their response to therapy diminishes somewhat, and ODD behaviors are harder to reduce. With a plan of attack in place before Jason’s ninth birthday, however, success is sure to follow!

There will be bumps in the road, and a child’s behavior regularly seems to get worse before it gets better, doesn’t it? But, things will get better. Options for parents, and for children who exhibit oppositional behaviors, are available. Be courageous: call to mind the out-of-control, painful feeling a child experiences when he is defying you. Be brave: remember the strength you have to persevere through difficult times with an oppositional child. Be steadfast: never lose sight of the power you possess to effect change on behalf of a child with oppositional defiant disorder.
References


