

Oppositional Defiant Disorder: Helping Handout for Home

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INTRODUCTION

Oppositional defiant disorder (ODD) is a behavioral disorder characterized by a pattern of chronic and persistent problems with oppositional behavior, interpersonal antagonism, and angry and irritable disposition (see specific symptoms below). ODD is often misunderstood as being nothing more than bad behavior that is shown at one time or another by all children. It is important for parents, teachers, and others to recognize the difference between the kind of noncompliant, hostile, and antagonistic behaviors that nearly all children show at one time or another and the persistent pattern of frequent behaviors that indicate ODD. Put another way, everyone feels sad or down sometimes, but only a small portion of people actually have depression. Similarly, everyone has something that they fear or worry about; only a small portion have an anxiety disorder. In this way, ODD is not different from any other disorders. Even though everyone argues, gets angry, or sometimes fails to follow rules, only about 3 out of 100 children meet the criteria for ODD. The following are specific symptoms of ODD:

- Often loses temper
- Often argues with others
- Often defies rules
- Often annoys others
- Often blames others for his or her own mistakes
- Is often angry or resentful
- Is often touchy or easily annoyed
- Is often spiteful or vindictive

Parents who are aware of their child having persistent and frequent problems with several of the above symptoms can request a careful assessment by

a psychologist to help determine if ODD is present or if another factor might explain what is going on.

ODD is a problem because of the damage it causes to the child's interpersonal relationships, including those with parents, who typically bear the brunt of such behaviors. But ODD is not just a parenting problem. Evidence shows that children with ODD are rated less positively by their peers, experience more peer rejection, and struggle with friendships and their social environment more broadly. They suffer in their interactions in the classroom. Evidence also shows that these problems continue through adolescence, so that children with ODD have more problems in social and romantic relationships as young adults. Students with ODD are more likely to drop out before completing high school.

ODD is not caused by bad parenting. Although parenting behaviors can clearly affect children's behaviors, the behavior of children with ODD also affects parents and parenting. Parents of children with ODD experience a high level of burden and stress, and ODD contributes to an elevated risk of parents' divorcing. ODD behaviors also can negatively affect parents' disciplinary practices.

ODD is also of high concern because children with ODD—especially those who show chronically high levels of anger and irritability—are at increased risk for later depression, and in some cases for suicidal thinking or behavior. These children are also more likely to experience anxiety problems as they develop. In addition, approximately one third of children with ODD show increasing levels of antisocial behavior, including violence and delinquency, as they develop.

Finally, it is common for people to mistake ODD as intentional willfulness on the part of the child. That way of thinking is too simplistic and does not help parents address the behaviors. Instead, parents and teachers

who think of such children as being intentionally willful often end up being more frustrated, making poorer decisions, and using less effective strategies with the child. Having a more realistic understanding can help families get support and access to the well-established, scientifically validated treatment strategies that are available.

WHAT TO CONSIDER WHEN SELECTING SUPPORTS AND INTERVENTIONS

The first step in considering supports and interventions for ODD is a good clinical assessment from a mental health professional. As noted, it is relatively rare for a child to have ODD, even though the individual behaviors of ODD are not rare. In addition to the careful application of the criteria for ODD, clinical assessment will also rule out other possible conditions that might account for the presence of the symptoms. Moreover, an assessment will identify any additional problems that could complicate interventions for ODD. Factors in four areas—biology, development, gender differences, and environment—are related to the onset and maintenance of ODD symptoms.

Biology

From a biological perspective, evidence shows that ODD is partly explained by genetic factors and by differences in how a child's brain functions. This evidence does not mean that any child is destined to have ODD, and it does not mean that ODD behaviors can never be changed. At this time no medicines have been shown to be effective in treating ODD.

Development

ODD is not a developmental phase, but instead, when it is present, it is usually stable over time and over broad developmental periods. Even though some children go through the "terrible twos," it is still unusual in early childhood for a child to often show four of the symptoms of ODD for 6 months or longer (the criteria for the disorder state). It has been shown that as early as preschool, children with ODD are different from children who show typical oppositional behavior, in which the child only occasionally shows these behaviors, shows only one or two of these behaviors at the same time, or shows the behaviors for brief periods of time. Some studies have shown that the average period of time between when a parent first becomes concerned about behavioral problems in their child and when they end up seeking help is about four years.

Earlier treatment may reduce distress and improve outcomes, so it is better for parents to act sooner rather than later if they are worried about a child's behavior. Even if it turns out the child does not meet full criteria for ODD, it may still help families to reduce their distress and improve their functioning if they get help for concerns they have about a child's behavior.

Gender Differences

ODD is a problem that affects both boys and girls. In childhood, it is seen just a little more often in boys than in girls, but these small differences diminish in adolescence as rates of ODD increase among girls. When it is present, it shows up in the same ways for boys and girls, affecting their functioning and bringing a greater risk of the poor outcomes described above for both boys and girls. The treatments are the same for boys and girls.

Environment

ODD is not caused by bad parenting. However, to make positive changes for a child with ODD, parents typically need to put specific kinds of parenting strategies in place. These are discussed in the recommendations section. If parents (or teachers) are not careful, they can set up a pattern in which their disciplinary responses increase the child's ODD behaviors. Because the behavior of children with ODD can be very frustrating, getting additional help to make changes is a good decision on the part of parents, and not a sign of bad parenting.

RECOMMENDATIONS

1. **Figure out if specialized services are appropriate.** If a child does have ODD, the first place to start is with an evaluation by a psychologist, particularly one who specializes in children's behavioral problems. The best treatments for ODD involve specific behavioral and emotional treatment strategies that are typically provided on an individual outpatient basis. Working with a psychologist can also help parents by coordinating with the school and advocating appropriate behavioral strategies for the child across home and school settings.
2. **Think carefully about the child behavioral management strategies you choose.** Whether all of the criteria for ODD are met or not, there are several good practices for parents to use if they are concerned about a child's behavior. As

you look through this list and think about your parenting strategies with your child, it may be helpful to imagine yourself in the workplace. Think in general about the behaviors your boss might use that would motivate you to show desirable behaviors, and think about the ways your boss could make you angry and resentful about your work and about those around you. Your responses will usually give you some idea of the choices you might want to make as a parent.

3. **Be calm.** Children with behavioral problems often experience hidden benefits for their behavior that may seem illogical, unpleasant, or even hostile to others. That is, children with ODD may find expressions of anger in others to be stimulating or rewarding. These reactions often lead to increased emotion and further undesirable behavior on the child's part. Practicing your own relaxation strategies (such as deep breathing or counting to 10) can help reduce your feelings of anger or frustration and may interrupt this cycle.
4. **Be focused, clear, and direct.** Using clear and direct language when you deliver commands helps to improve your child's compliance. For example, your child might try to get into an argument about whether a particular rule is fair in order to delay an unwanted activity or chore. Allowing your child to use negotiation or argument can distract you from the command you gave your child. Keeping the focus on the targeted behavior will keep you from being sidetracked or goaded into arguments or anger.
5. **Use firm language and body cues.** When your child is clearly exhibiting behavioral problems, you can show that you expect compliance by being direct. For example, rather than asking "Would you please find your seat?" you should say "Sit in your seat now, please." You can practice finding the right tone to be firm and commanding, without any anger or hostility.
6. **Establish specific rules and expectations.** It is useful to have a set of clear rules and expectations for the household. These may even be posted somewhere that everyone in the household will see them, with additional target behaviors specified for a particular child. To enhance the effectiveness of the rules, use specific, labeled (named) praise when you reinforce the behaviors that you want to see. For example, say "Thank you, Jim, for putting your dishes away quietly."
7. **Focus on what you want the child to do, rather than not do.** When you think of the behaviors your child displays that bother you, when possible, flip the behavior around to tell your child specifically what behavior you want to see instead. For example, "Put your toys away on the shelf" guides the child to the behavior that is in compliance, in contrast to "Don't leave your toys all over the floor."
8. **Pick your battles.** Enforce rules consistently, and when you do choose to issue a directive, see it through. However, mild undesirable behaviors, such as eye-rolling or a tone of voice, are not likely to be worth your time and effort and will distract you from your overall goal. Additionally, choosing to respond to such behaviors may reinforce these kinds of behaviors for a child with ODD.
9. **Know what you are going to do beforehand.** These goals are much easier to achieve when you have established a plan beforehand. If you know the steps you are going to take in advance, it is much easier to avoid escalations of anger, and you are less likely to fall into the trap of giving over-the-top and out-of-control punishments. Practice these techniques in your head, have clear discussions with the family about household rules and the good and bad consequences that will follow, and then be consistent.
10. **Establish and follow through with consequences.** By learning some behavioral strategies that match your child's stage of development, you can then be consistent with the system you set up. Earning privileges is a helpful way to increase a child's motivation. Think about things that your child likes to do each day, and use these rewards to reinforce good behavior, such as earning extra screen time. Reinforcers do not have to be material prizes, and they do not even need to be special privileges, although these can be part of an overall system. Never use access to food or other basic human needs as consequences that might be taken away.
11. **Use shaping.** Shaping is a strategy that recognizes how a behavior can be seen as a set of steps between current behavior and desired outcomes. For some behaviors, you may consider reinforcing closer and closer approximations of the desired behavior, rather than adopting an all-or-nothing approach. For example, the range between never complying with a command and immediately doing what a child is told includes "eventually

got it done," "did it after being told 10 times," and "needed a reminder." As another example, the ultimate goal may be "Keep your room clean!" However, between the way things are now and that end goal, a parent may engage over time on separate pieces of varying importance, such as "Always put your dirty clothes in the hamper," "Keep your school materials on your desk," and "Put toys away when you are not playing with them." It also may be easier to avoid frustration with mild or minor noncompliance or defiance when it is one of the steps along the road from total noncompliance to perfectly desirable behavior.

12. **Set experiences up so that you are doing more praising than punishing.** People respond best when they experience more frequent praise and positive reinforcement for the things they should be doing, rather than being punished for undesirable behaviors. Giving your child more frequent attention and reinforcement for the things you want your child to be doing, combined with clearly lower rates of undesirable consequences for things that the child should not be doing, will lead to successful behavioral change.
13. **Catch your child being good.** Parents often get into a habit of paying attention when children are noisy or disruptive. You can increase the times you praise your child for the things you want your child to be doing if you regularly remember to observe and give praise when she or he is following rules, playing quietly, or doing other behavior that you like to see.
14. **Recognize that positive reinforcement is not a bribe!** Sometimes parents, especially those frustrated by dealing with a child's ongoing noncompliant behavior, reject using positive reinforcement because they see it as bribery. Remember that a bribe is something that we give to someone when we want them to do something they are NOT supposed to do. As adults, we are not being bribed when we expect a paycheck for our work. We expect a polite wave from another driver when we let them merge in front of us. We hope our spouse will notice our helpful behaviors around the house. It is reasonable that children would respond in the same way that we would when we do the things others expect or want from us.
15. **Do not be afraid to use time-out appropriately.** Despite not having evidence to support their

concerns, some critics say that time-out practices may be harmful to children and should be avoided. Simply put, there is no evidence to support the idea that time-out procedures cause harm. The Society of Clinical Child and Adolescent Psychology (Division 53 of the American Psychological Association) has worked to provide public education to counter these claims. The truth is that time-out is a primary component of most evidence-based treatments, and being temporarily prevented from doing something one wants to do is a very normal human experience. Time-out should be thought of as time out from reinforcement. This includes time-out from things that the child wants to do in the moment and, importantly, from interactions like arguing or getting a rise out of parents that are counterintuitively reinforcing. When done using well-established practices, use of time-out is very effective for changing behavior. Guidance on the appropriate use of time-outs may be found in the book *Your Defiant Child* (see below) or from psychologists in your community.

RECOMMENDED RESOURCES

Websites

<http://effectivechildtherapy.org/>

This website, associated with the Society of Clinical Child and Adolescent Psychology, provides useful guidance and information about symptoms of childhood disorders and about evidence-based treatment approaches. It also includes videos for parents, which can be found on the Parent Resources page, at <http://effectivechildtherapy.fiu.edu/parents>

Books and Book Chapters

Barkley, R. A., & Benton, C. M. (2013). *Your defiant child: Eight steps to better behavior*. New York, NY: Guilford Press.

This book is a guide for parents that describes effective strategies for dealing with oppositional defiant disorder.

Burke, J. D., & Loeber, R. (2016). Evidence-based interventions for oppositional defiant disorder in children and adolescents. In L. Theodore (Ed.), *The handbook of evidence-based interventions for children and adolescents* (pp. 181–191). New York, NY: Springer.

This chapter provides background on ODD and a step-by-step review of evidence-based intervention strategies for oppositional defiant disorder.

Related Helping Handouts

Anger and Aggression: Helping Handout for Home
Lying, Stealing, and Cheating: Helping Handout for Home

Preventing and Correcting Misbehavior and Developing Self-Discipline: Helping Handout for Home

Social and Emotional Learning: Helping Handout for Home

Using Praise and Rewards Wisely: Helping Handout for School and Home

ABOUT THE AUTHORS

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disorders has clarified their developmental course from childhood into adulthood, and has identified the presence and prognostic concerns associated with the irritability dimension of oppositional defiant disorder. He serves on the editorial boards of the *Journal of Abnormal Psychology* and the *Journal of Abnormal Child Psychology*, and is a member of the ICD-11 Field Studies Working Group on Disruptive Behaviour and Dissocial Disorders for the World Health Organization.

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