

Understanding the Oppositional/Defiant Child

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Every child tests his parents' patience, often to the limit, but one in 20 American children exhibit behavioral problems that are out of control. These are the children who truly drive their parents crazy, by refusing to do what is asked of them. They seem to delight in challenging adult authority and expectations. Because it is so difficult to deal with such children, many parents reach the breaking point, resorting to desperate measures such as harsh punishments, threats of abandonment or loss of love, and sometimes physical abuse in the effort to force compliance from their children.

Children with Oppositional/Defiant Disorder (ODD) have a behavior pattern of being disobedient, negativistic, and provocative towards authority figures. They confront others continually, especially adults, so much so that such confrontations characterize their life style and their relationships. Often, ODD children do not regard themselves as oppositional, but justify their behavior as a response to unreasonable demands or circumstances.

The Manifestations of ODD

The fact that these negative behaviors occur with such frequency and consistency in certain children raises the question of whether there is a characteristic within them that influences their actions. Several researchers have gone so far as to define this characteristic as a trait. The DSM-IV lists the essential feature of ODD as a "recurrent pattern of negativistic, defiant, disobedient, and hostile behavior toward authority figures" that persists for at least six months and is characterized by the frequent occurrence of at least four of the following behaviors:

- losing temper
- arguing with adults
- actively defying or refusing to comply with the requests or rules of adults
- deliberately doing things that will annoy other people
- blaming others for the child's own mistakes or misbehavior
- being touchy or easily annoyed by others
- being angry and resentful
- being spiteful or vindictive

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Children with ODD also have impaired social functioning, depression, and low self-esteem, as well as academic underachievement or failure. This occurs because their behavior is highly disruptive to others, and as a result, they can't get along at school, in the family, and at play, leading others to react negatively or to shun them completely. They also have frequent mood swings and low frustration tolerance, and they often swear excessively and use alcohol and drugs at an early age. Because of their short attention span or lack of motivation in school, they often fail to acquire certain skills or to integrate information necessary for later learning. In the long run, these children tend to lag behind their age mates academically.

ODD is more prevalent in families in which childcare is often disrupted or in families in which harsh, inconsistent, or neglectful child-rearing practices are common. In general, the mothers of oppositional children have been described as over-controlling, aggressive, and depressed, whereas fathers are often passive, peripheral, and distant. Mothers are more negative toward their children, perceive them as more poorly adjusted, and are more critical of them than mothers of non-ODD children. Parents of ODD children also give their children more commands and do not allow them enough time to comply with them. They are also five times more likely than other parents to react with behavior that would maintain their children's oppositional response.

Oppositional toddlers learn quickly that their negative behavior will elicit reactions and attention from their parents. They also learn to model their parents' negative behavior, and react to attacks with counterattacks. Perhaps without realizing it, parents foster the behavior in their children, and the children become exceedingly noncompliant to other authority figures. This constellation of behaviors has become known as the "brat syndrome," and experts assert that without intervention these children likely will develop passive aggressive personality disorders and continue to have problems as adults.

Treating ODD Children

A multi-modal approach is recommended in the treatment of children with ODD. The two major types of intervention for oppositional children include traditional individual psychotherapy and behavior management. Typical outpatient treatment plans for ODD may include specialized parent training, individual and family therapy, structured group therapy, medication when indicated, and school- and home-based contingency management programs.

Individual psychotherapy is generally based on the assumption that once ODD children gain insight into their behavior problems, they can change without any need for major adjustment in the environment; once they develop inner strength and confidence in themselves, they no longer have the need to rely on their oppositional behavior to control others. However, researchers contend that traditional psychotherapy is not enough to

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produce changes in such children, and that modification of the natural environment is crucial.

Parent training uses behavior modification to reeducate parents. Parent-child interaction therapy (PCIT) combines teaching, modeling, role-playing, practice, and homework to bring on positive behavior change by creating or strengthening a trusting, warm relationship between parent and child. Parents learn to attend to their children, to give rewards, to ignore inappropriate behavior, to give commands in an appropriate manner, and to use punishment more effectively.

It is not surprising that the highest success rates are with stable families in which the father as well as the mother are involved in the training, or where the father supports the mother for engaging actively in the program. Sadly, though, studies with oppositional children have shown that in many cases, training parents to manage the child is not enough. In addition, the rate of parent dropout and refusal of follow-up are high. It has been suggested that developing and instituting a family therapy approach can be more effective in changing deviant child behavior. This approach includes parent enhancement therapy, which addresses the parents' perception of their child's behavior, their personal and marital adjustment, and their extra-familial relationships.

Involving School Personnel

As important as parent involvement is the need to include teachers and other school personnel in any treatment program. Many teachers must deal with the issue of what has been called the "dare" phenomenon: the necessity of having to deal with losing face when handling oppositional children in the classroom, a "let's see who will back down first" interaction while the child's peers, whom he or she is trying to impress, are watching. But rather than looking for immediate solutions to the problem, teachers need to consider the other issues and problems that the child is struggling with, a process often accomplished with the school counselor's help.

Understanding the child's needs and showing him that people care are key in resolving the negative behavior. The social worker or counselor should tell the child that he is wanted in the classroom, and that he can have time to cool off while she (the social worker) sits with him. When he's ready, she will go back to class with him. If he can't manage this on the first try, the next time he is defiant the process will be repeated. With this new attitude, the dare aspect begins to lose its punch. The child learns that his behavior is not so great, and that he doesn't have to have a fight in which one person has to give in. When he is helped to find ways to meet his needs and handle his discomfort, it is often amazing how well he manages when charged with the responsibility of controlling his own behavior.