

WHEN TO BE CONCERNED ABOUT A BACK TALKING CHILD

Has your child ever argued with you? Broke a rule or curfew? This is a normal part of growing up, and these interactions occur between nearly every child and their parent. However, such ongoing behavior, especially when it seems more frequent when compared to their peers, can be cause for concern. A seemingly never-ending battle of wills between a child and authority figures may be a sign of Oppositional Defiant Disorder.

Nearly all children display some form of defiance from time to time, especially if that child is hungry, tired, stressed, or upset. This may include arguing, talking back, disobeying rules, and general defiance to both parents and other authority figures, including teachers and school administrators. In fact, it is a normal part of development for both 2 to 3 year olds as well as early adolescents. However, ongoing hostile behavior with an openly uncooperative attitude becomes a major concern when the consistency and frequency stands out compared to peers of the same age and developmental level. Such behavior often affects the child's social life as well as their academic standing and family interactions. This extreme form of continuing defiance may lead to a diagnosis of Oppositional Defiant Disorder, which can only be formally recognized by a psychiatrist or psychologist.

The causes of Oppositional Defiant Disorder is unknown, although it has been found to tend to occur in families with a history of Attention Deficit Hyperactivity Disorder (ADHD), mood disorders such as bipolar disorder or depression, or those with substance use disorders. Clinical studies have demonstrated that children displaying Oppositional Defiant Disorder characteristics often have trouble differentiating and interpreting social interactions from peers, seeing hostile intent in neutral situations. Inconsistent parental responses or lack of parental supervision is thought to exacerbate such behavior as well. Among primary school children, Oppositional Defiant Disorder is found to occur among 7.73% of all children, equally among boys and girls. However, among adolescents, Oppositional Defiant Disorder is thought to occur in as many as 16% of the population, with slightly higher rates among males than females.

Long-term effects of untreated Oppositional Defiant Disorder include both Conduct Disorder and Antisocial Personality Disorder, and have been found to increase the risk for developing violent behavior, higher school dropout rates, as well as increased likelihood of substance abuse.

However, treatment of the child or adolescent diagnosed with Oppositional Defiant Disorder may include several of the following:

- Parent Management Training Programs to help parents manage the child's behavior
- Individual Psychotherapy to develop more effective anger management for the child
- Family Psychotherapy to improve communication and mutual understanding
- Cognitive Problem-Solving Skills Training and Therapies to assist with problem solving and decrease negativity
- Social Skills Training to increase flexibility and improve social skills and frustration tolerance with peers

In some instances, medication may be considered for some of the more severe symptoms of Oppositional Defiant Disorder to counter other conditions that may be diagnosed, including ADHD, anxiety, and mood disorders. In addition to therapy for both the child as well as the family of the Oppositional Defiant Disorder child, the following considerations can help the entire family in dealing with ODD:

- Select rules that are non-negotiable and enforce them with consequences, making sure the rules are displayed for all to see and discuss ahead of time the consequences of breaking a rule. The rules should be simple and limited, so as to not overwhelm the child, but with a clear understanding of what behaviors will be rewarded as well as what behaviors will bring consequences. Move on from incidents with consequences upon completion of the consequence, allowing the child to see each day is a new start to make better decisions that affect him or her.
- Children in a structured environment, with ample rest, physical fitness and proper nutrition in general are better able to regulate their emotions. Such structure also benefits both the child with Oppositional Defiant Disorder as well as his or her family.
- Children with Oppositional Defiant Disorder often attempt to engage parents in arguing. Such behavior should be countered by the parent using as few words as possible with a calm voice to issue your position, and then immediately discontinuing the discussion. Engaging in back-and-forth heated discussions allows the child with Oppositional Defiant Disorder to have the upper hand, and calm and limited conversation with enforced rules eliminates this power.

- Celebrate the successes of an Oppositional Defiant Disorder child if he or she can behave in a positive manner for a longer than usual period of time. A family activity such as a favorite restaurant as a reward allows the parents to connect in a positive manner to the Oppositional Defiant Disorder child.

Oppositional Defiant Disorder does not have to disrupt a family, and with proper understanding of the issues and how to deal with them as they occur, a family can have a functioning and happy home with a minimum of discord. Consistency in setting and keeping rules, and enforcing consequences when necessary, will not only bring peace to a household, but teach the Oppositional Defiant Disorder child both accountability and responsibility that will affect the rest of his or her life.

