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**Oppositional Defiant Disorder**

By Anthony Kane, MD

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Introduction

Oppositional defiant disorder (ODD) is a psychiatric behavior disorder that is characterized by aggressiveness and a tendency to purposefully bother and irritate others. These behaviors cause significant difficulties with family and friends and at school or work.

Oppositional defiant disorder is sometimes a precursor of conduct disorder. Much of the literature tends to lump these two conditions together. However, they seem to be distinct entities and, although conduct disorder does have a genetic component, ODD does not.

Description

Oppositional defiant children show a consistent pattern of refusing to follow commands or requests by adults. These children repeatedly lose their temper, argue with adults, and refuse to comply with rules and directions. They are easily annoyed and blame others for their mistakes. Children with ODD show a pattern of stubbornness and frequently test limits, even in early childhood.

These children can be manipulative and often induce discord in those around them. Commonly they can incite parents and other family members to fight with one and other rather than focus on the child, who is the source of the problem.

Behavioral Symptoms

Common behaviors seen in oppositional defiant disorder include: Losing one's temper Arguing with adults Actively defying requests Refusing to follow rules Deliberately annoying other people Blaming others for one's own mistakes or misbehavior Being touchy, easily annoyed Being easily angered, resentful, spiteful, or vindictive. Speaking harshly, or unkind when upset Seeking revenge Having

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frequent temper tantrums

Many parents report that their ODD children were rigid and demanding from an early age.

Normal children, especially around the ages of 2 or 3 or during the teenage years display most of these behaviors from time to time. When children are tired, hungry, or upset, they may be defiant. However, children with oppositional defiant disorder display these behaviors more frequently and to the extent that they interfere with learning, school adjustment, and, sometimes, with the child's social relationships.

### Diagnosis

The diagnosis of ODD is not always straight forward and needs to be made by a psychiatrist or some other qualified mental health professional after a comprehensive evaluation. The child must be

evaluated for other disorders as well since ODD usually does not come alone. If the child has ADHD, mood disorders, or anxiety disorders, these other problems must be addressed before you can begin to work with the ODD.

If you feel your child may have ODD, there is a quick screening test. Go to:

### Causes

What is the cause of ODD? The real answer is that nobody knows. However, since as scientist we hate to admit this, we have currently have two theories.

The developmental theory proposes that ODD is really a result of incomplete child development. For some reason, these children never complete the developmental tasks that normal children learn to master during the toddler years.

The learning theory suggests that ODD comes as a response to negative interactions. The techniques used by parents and authority figures on these children bring about the oppositional defiant behavior.

ODD is the most common psychiatric diagnosis in children and it usually persists into adulthood. One would think a lot of research would be done on this condition. That is not the case. While there are hundreds of research studies on ADHD and childhood mood disorders, there is very little research on ODD.

### Co-morbidity

ODD is frequently goes along with other disorders. 50–65% of ODD children also have ADHD. 35% of these children develop some form of affective disorder. 20% have some form of mood disorder, such as depression or anxiety. 15% develop some form of personality disorder. These children frequently have learning disorders and academic difficulties.

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If your child has ODD it is important to know there are other co-existing problems. These other problems usually must be addressed before you can begin to help your child with ODD.

### Prognosis

So what happens to these children? There are four possible paths. Some will grow out of it. Half of the preschoolers that are labeled ODD are normal by the age of 8. However, in older ODD children, 75% will still fulfill the diagnostic criteria later in life. The ODD may turn into something else. 5–10 % of preschoolers with ODD have their diagnosis changed from ODD to ADHD. In some children, the defiant behavior gets worse and these children eventually are diagnosed with Conduct Disorder. This progression usually happens fairly early. If a child has ODD for 3–4 years and he hasn't developed Conduct Disorder, then he won't ever develop it. The child may continue to have ODD without anything else. This is unusual. By the time preschoolers with ODD are 8 years old, only 5% have ODD and nothing else. The child develops other disorders in addition to ODD. This is very common.

### Treatment

Most of these children have some other disorder along with their ODD. Treating this other disorder is

the key to proper ODD management. This frequently means giving medication. Although this type of medical intervention does not make the children "normal", it can make a big difference. It often allows other non-medical interventions to work much better.

For example, if a child has both ODD and ADHD, then giving the child Ritalin may have a significant effect on his ODD, also. This positive effect does not seem to be related to the severity of the ADHD. That means even if the child has mild ADHD and could do without Ritalin, if he is treated medically, you might see an improvement in his ODD.

Once the other problems are under control, the best treatment for ODD is parent training. In a study published in 1998, eighty-two research studies were evaluated were examined for efficacy. Approaches focusing on parent training were the most affective techniques.

The main point is that some parent-training program is essential in addressing ODD. This is not going to work for everyone, but it is the best treatment that we have available for ODD.

### Advice to Parents

That is with regard to your child. If your child has ODD you need to take care of yourself, also. No child needs a martyr as a parent.

Here are some of the things you can do: Maintain interests other than your child with ODD. You have to be a person. Try to work with and obtain support from the other adults (teachers, coaches, and spouse) dealing with your child. Take time to work on your relationship with your spouse. Raising these children is very difficult and can put a strain on the best of marriages. Manage your own stress with exercise and relaxation. Take frequent vacations. This is a must.

### Conclusion

It is tough to live with children who have ODD. What is worse is that there does not seem to be any cure. However, if you make sure that your child has his other problems addressed and you improve your parenting skills by enrolling in a parent training program, you can do a great deal to improve your child's condition and your own.

Anthony Kane, MD  
ADD ADHD Advances

Anthony Kane, MD is a physician, an international lecturer, and director of special education. He is the author of a book, numerous articles, and a number of online programs dealing with ADHD (

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. To sign up for the free ADD ADHD Advances online journal send a

blank email to:

### **How To Recognize Mental Illness In Children**

#### **By News Canada**

(NC)—Learning that something is wrong with your child can be a frightening experience. Frightening and embarrassing. In fact, the reason that many fail to have their children's behavior diagnosed is that they fear the results may reflect poorly on them as parents.

Getting over this selfish fear of diagnosis is an important initial step if children are to receive the full benefit of treatment, because the earlier help arrives the better the prognosis. The main hope for children at risk of serious mental illness lies in early detection.

Here is a brief list of disorder symptoms common in young children:

**ADHD (Attention Deficit/Hyper Activity Disorder)** – The child can't pay attention to details, is often caught daydreaming, dislikes or is reluctant to engage in activities that require sustained attention, is easily distracted, forgetful, disorganized, often does not finish school work (work may be full of mistakes or turned in late), doesn't follow through or listen to instructions, displays extreme physical agitation, intrudes on others or resorts to inappropriate behavior when reprimanded

**Oppositional Defiant Disorder** – The child is negative, hostile, does not comply with requests made by adults, is persistently arguing with adults, obstinate, feels entitled to make unreasonable demands, is touchy, resentful, blames others when caught doing something wrong, displays cruelty towards animals, bullying, is aggressive, destructive, deceitful, and/or lacks remorse for antisocial behavior.

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For more facts about diagnosis and how a book called "Catch a Falling Star: A Tale from the Iris the Dragon Series" is helping parents identify and understand early onset mental illness visit

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