



FAMOUS PEOPLE WITH MENTAL ILLNESS



Kevin Love

The NBA All-Star, who has discussed his battle with anxiety and depression, is an advocate for mental health awareness.

What is Oppositional Defiant Disorder?

A local mental health professional explains this often-misunderstood diagnosis.

By Jessica Schrader

“Hey Johnny, we’re going to the movies tonight.”
“No. I don’t want to go.”
“That’s OK, you can stay home with Mom.”
“No! I want to see *Star Wars*.”
If the conversation sounds unreasonable, that’s because it is. A child with oppositional defiant disorder isn’t arguing or refusing because she’s desperate to get her way; it’s defiance for defiance’s sake, experts say.

It’s basically “I’m waiting for you to say ‘white’ for me to say ‘black,’” says Dr. Orlando Villegas Ph.D., a senior therapist at the Cruz Clinic in Livonia, which specializes in children’s behavioral health. “I don’t want it because you are telling me to do it. I’m waiting for you to say something and I will say the opposite, regardless if it is good for me.”

The diagnosis of oppositional defiant disorder – a childhood mental health condition – is highly misunderstood, says Villegas, who has been in practice for 43 years. Many children are mistakenly diagnosed with ADHD, for example, because symptoms like impulsivity may overlap.

“Some of the symptoms may be present in other disorders, and that’s why it’s so important to have an accurate diagnosis,” he says. “If you don’t have an accurate diagnosis, you are not going to have a good treatment.”

Signs of oppositional defiant disorder often begin in the preschool years, though they can start later as well, according to the Mayo Clinic. Between 2 to 16 percent of children and teens may have ODD, the Cleveland Clinic reports, and it is more common in boys during early childhood but equal among boys and girls for older kids.

To receive a diagnosis of oppositional defiant disorder, a child must have four of

the eight main symptoms and they must be present for at least six months, Villegas explains. Symptoms include an angry or irritable mood, such as losing your temper easily, feeling resentful or being easily annoyed; argumentative and defiant behavior, such as arguing with authority figures or blaming others for mistakes or misbehavior; and vindictiveness.

“Any kid at any time may lose his temper, or may be angry or resentful. It’s only when we have this persistency of at least six months, and when it is disrupting the quality of life, that’s when we are talking about a disorder, in this case ODD,”

Symptoms that cause disruption only in one setting – like school or at home – would point to a less severe case of ODD, while disruptions in multiple settings may indicate a more severe case. ODD is only diagnosed in children; in adults, similar behavior would likely fall under a personality disorder, Villegas says.

“In the same way that not every kid who is a little bit hyper has ADHD, not every kid who is a little bit oppositional or defiant has the diagnosis of ODD,” he says.

But for children who do have ODD, help is available – and there should be no shame in seeking it out. No medication is available to treat ODD, but effective therapies are available, including research-based treatment that helps parents set rules, positive and negative consequences and improve consistency.

“Research tells us the earlier you start with the treatment, the more chances for success,” he says. “By 16 or 17 years old, the chances for success are very limited.”

Like other mental health conditions, a harmful stigma surrounds ODD. Though it has lessened over time, it still prevents some people from seeking help – especially since parents tend to face blame for a child’s ODD symptoms.

“We have made a lot of progress fighting the stigma down against mental illness, but the stigma still exists,” Villegas says. “Many families tend to deny this issue.”

But young people with ODD need support and intervention just the same as someone with a physical condition.

“It’s not the parent’s fault,” he notes, but they do play a key role in intervening. “If you have a child with diabetes, you have to educate the parents for them to provide the type of assistance that is needed for this kid to eat right. It’s not the parent’s fault that the kid has diabetes, but if they don’t intervene the kid will not be able to.”

ODD can occur with other mental health conditions, known as co-morbidities, he says. In fact, it is “rare” to have a child or adult with a single diagnosis, Villegas notes. For example, anxiety and depression may result among children whose ODD is not treated.

“Sometimes kids do not see their own defiance; what they see is the negative reaction. They are being grounded. The defiant behavior becomes the rule, the routine,” he says. “Some kids get trapped in this vicious cycle of opposition and being grounded and at some point, that demoralizes. That creates some hopelessness.”

Parents should be on the lookout for this and ensure a child who is struggling gets the help and support he needs. Fortunately, there is hope – and Villegas has seen many children with ODD have excellent outcomes, especially when both parents are involved in treatment and implement discipline consistently.

“It’s not true that there is always a pill for everything that a kid may show, but words can have much more power,” he says. “That’s something as parents that we have to remember. The human contact is often as helpful as any good medication.”

MORE THAN A BAD DAY

Any parent who has been through the “terrible twos” or “fearsome fours” knows a little something about irritability in kids. The same could be said for any parent who has tried reasoning with an overtired tween.

Without a doubt, we all wake up on the wrong side of the bed once in a while. But when stress at home, sleep deprivation or friendship issues can’t explain your child’s irritability or defiance – and it occurs pretty regularly for months on end – you’ll probably be hearing the warning bells in your head.

Is it a mental illness or a phase? A mood disorder, or an attention issue? Only a trained professional can say for sure, but we covered oppositional defiant disorder in this month’s *Opening Minds*, *Ending Stigma* edition because you shouldn’t be afraid to find out. Your child isn’t “bad,” and her behavior isn’t a reflection of you; instead, let it be the cry for help you need to get her some support. No shame, no stigma. It’s not a bad goal for 2020.



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