



**Greene ESC Mental Health Services - 360 E Enon Rd Yellow Springs OH 45387  
www.greeneesc.org - (937) 767-1303 ext 106**

## **Home and Family Strategies: Oppositional Defiant Disorder**

*This Quick Fact Sheet contains strategies designed to address potential symptoms of Oppositional Defiant Disorder and should be used in consultation with a licensed mental health professional as part of a larger intervention approach. These pages contain a portion of many strategies available to address symptoms of Oppositional Defiant Disorder. Strategies should always be individualized and implemented with consideration of the differences of each child and the context of their individual circumstances. Additionally, this information should never be used to formulate a diagnosis. Mental health diagnoses should be made only by a trained mental health professional after a thorough evaluation.*

**If you notice a significant change in mood in your child that lasts for more than a week or two, share your observations with your child's pediatrician and/or school's mental health support team.**

### **Belonging, Competence/Mastery, Safety, Self-Determination**

Home and family environment, rules, and activities should strive to provide these children with a sense of belonging, competence, and safety every day. Successful intervention is dependent on structuring a household and family routines that promote more socially acceptable means for the children to acquire not only what WE think they need, but also what THEY think they need.

### **Sustained Commitment**

Much of the initial work with a child with Oppositional Defiant Disorder may involve managing the child's attempts to thwart your efforts to help and support him or her. Parents and caregivers must remain committed through such difficult periods. It may take a long time to see change and things may worsen before they improve.

### **Compassionate Understanding**

Parents and guardians must develop compassionate understanding regarding the dynamics underlying their child's behavior. Understanding the child's present environment, as well as the environment where his or her difficulties began, the child's perception of his or her experience, and the motivation and purposes behind his or her behavior will help provide a guide for the development of effective interventions.

### **High Levels of Stimulation**

Activities that are highly stimulating (perceived risk taking, physical activity, activities of high interest) are best incorporated as an integral part of the child's lifestyle, not exclusively something used as a reward for good behavior. Without extensive opportunities for engaging in stimulating, socially acceptable activities, the child will readily move to socially unacceptable and problematic avenues for stimulation.

### **Prevention**

To be most effective, parents and guardians need to focus largely on the environment and antecedents to unacceptable behavior. Rather than spending a lot of time and energy "chasing" behaviors, caregivers should modify the child's environment in ways that will help meet and respond to the emotional needs of the child.

### **Structured Household**

Your child will respond best to a structured household in which all family members follow family rules. This structure will allow parents/guardians to defer to the power of the rules, refocusing power struggles away from their relationship.

Rules must be applied consistently to allow the child to focus on his/her behavior rather than on another family member's behavior. At the same time, unduly harsh limit setting (i.e. yelling, backing the child into a corner) often activates a 'fight or flight' response that negatively impacts both the child and the parent. Limit setting that is calm, clear, firm, and supportive will have the greatest positive impact.



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### **Skills for Emotional Management/Affective Regulation**

Your child will likely benefit from skills training in emotional management/affective regulation. One of the best strategies for teaching and reinforcing these skills is participation in structured and supported activities with some degree of aggressive competition. These activities must be carefully supervised as your child will most often fail within this realm before developing the necessary skills to navigate such a task.

### **Time-Out**

A child with Oppositional Defiant Disorder will benefit from the opportunity for self-imposed time-outs to give them time to cool down and/or regain perspective. This time-out should not be used as a punishment or threat, but rather as an opportunity to be offered if caregivers see early signs of agitation or escalation. Parents/guardians should discuss logistical details (i.e. where it will be, how to access it appropriately, how long s/he can stay there, what s/he can do there, etc.) with their children in order for the time-out option to be most effective. Allowing the child to participate in stimulating activities while in the time out space will yield better results.

### **Behavioral Reinforcement**

Children with oppositional defiant disorder respond best to a behavioral model that reinforces desired behavior through awarding of concrete reinforcement or sanctioned power. Level/token systems will likely work well if the reinforcers are something of value to them. Take the time to get to know about your child's interests, understand what types of reinforcers they are most driven by, and then integrate these into the child's behavioral reinforcement plan.

### **Logical Consequences**

The child should be held accountable for his or her actions with consequences that are logical (or natural) for his or her behaviors. Keep in mind that consequences are designed to teach and not to punish. Wherever possible, allow the child to choose between two logical consequence alternatives. Holding children accountable while helping them to develop empathy for those who have been negatively affected by their actions (e.g. Restorative Justice Programs) will likely be beneficial.

### **Opportunities to Practice Generosity**

Provide ample opportunity to practice generosity. Without opportunities to give to others, young people do not develop as caring individuals. Strategies to support and help children with this disorder must combine both behavioral intervention and efforts to enhance moral development.

### **Family Support**

Success is dependent upon adults' abilities to deal with the child's overwhelming emotions without themselves becoming overwhelmed. Parents and guardians need understanding support systems and opportunities to constructively process their feelings about parenting these challenging children. A support system that offers respite opportunities for caregivers and/or their children is ideal. Parents too may need the option for a time-out.

### **Suicidal Risk/Crisis**

There are some signs that may indicate overt suicidal crisis and should be acted upon **immediately** by engaging your school's mental health crisis team, school-based mental health therapist, or calling 937-376-8701 or dialing 9-1-1. These include:

- Threats or attempts to hurt or kill oneself
- Looking for the means (e.g. gun, pills, rope) to kill oneself
- Making final arrangements such as writing a will or a farewell letter or giving away cherished belongings
- Pre-occupation with suicide or dying (often expressed through writing, art, music, online chat spaces) in conjunction with depression symptoms or high risk behavior
- Showing sudden improvement after a period of extreme sadness and/or withdrawal