

Oppositional defiant
disorder separation
anxiety disorder



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I have chosen this topic to better understand my stepson who was abandoned by his mother at the age of four. Now that he is nine years old, I, who have been his primary caregiver for the last five years, am also abandoning him due to divorce. The significance of the research is to seek a better understanding of what causes Oppositional Defiant Disorder, and if we as parents can do anything to prevent it. Upon this understanding, one can begin researching methods of prevention of Oppositional Defiant Disorder.

Literature Review

The following is a review of literature found on the topics of Separation Anxiety Disorder and Oppositional Defiant Disorder and explores how they affect children and adolescents. Effects of home life, mixed behavior disorders, and early intervention and prevention are discussed, followed by the conclusions.

Effects of Home Life

Separation Anxiety Disorder can be described as excessive and inappropriate anxiety that effects the development of children when they are separated from home or individuals that they are attached to. Dallaire and Weinraub (2005) have discovered that children who suffer with separation anxiety usually have a problematic and chaotic home environment, and the same goes for that type of parenting. In addition to such environments, it has been reported that children who suffer from separation anxiety typically have parents that are also diagnosed with a major depressive disorder or an anxiety disorder (Dallaire & Weinraub, 2005). My stepson, who is the reason behind the topic of this research, has a mother who suffers from anxiety, <https://assignbuster.com/oppositional-defiant-disorder-separation-anxiety-disorder/>

depression and is bipolar. She never paid him any special attention or treated him lovingly and caringly because of her mental state. Dallaire and Weinraub (2005) have come to the understanding that adolescent children have less of a close relationship or feelings of worthiness and warmth with parents that self-reported high levels of separation anxiety.

Feder et al. (2009) conducted a study of depressed mothers living on a low-income and the rate of recurrence of psychiatric disorders in their children. The majority of those tested were recruited from large urban areas. The mothers and their children were interviewed and assessed with structured diagnostic assessments. The results concluded that most of the families tested were poor, headed by single mothers and were predominantly Hispanic. Feder et al. (2009) reported that children living amongst depressed mothers usually have a substantially higher rate of separation anxiety, lifetime depression, psychiatric and oppositional defiant disorders than compared to the children who live with control mothers who suffer their whole life with any type of psychiatric disorder, respectively 84.6 versus 50.0 percent.

A study by Moss (et al., 2001), shows the effects of fathers who are substance-dependent and suffer from Antisocial Personality Disorder. Specifically, high-risk youth are reported to show significant socialization and conduct problems. They also display a lack of capability for self-regulation which is seen by a heightened form of aggression, impulsivity and inattention. Conduct disorder is considered a “necessary childhood/adolescent precursor for adult antisocial personality disorder” in adults with a drug dependency (Moss et al., 2001). It was concluded in this <https://assignbuster.com/oppositional-defiant-disorder-separation-anxiety-disorder/>

study that children with such behavior problems suggests that children of drug dependent fathers will suffer an increased psychopathology mainly associated simultaneously with paternal ASP" (Moss et al., 2001).

This brings us to Oppositional Defiant Disorder which Smith, Handler and Nash (2010) claim is one of the more common and prominent disorders among children in clinical populations, affecting boys more so than girls. They also believe there are many individual risk factors that are precursors to ODD. Some of these are biological, psychosocial and functional factors. Oppositional Defiant Disorder is described as children being defiant, hostile, and disobedient towards authority figures. Children with ODD argue, rebel and refuse to obey. According to Smith, Handler & Nash (2010) there are studies that suggest parenting practices are at least a partial contributing factor in the development of disruptive behavior disorders. The examples given are " the lack of parental supervision and involvement; child abuse; inconsistent discipline practices; lack of warmth and positive involvement; and negative, physically aggressive punishment have all been linked to the disorder" (Smith, Handler & Nash, 2010).

Mixed Behavior Disorders

Many children who suffer from Oppositional Defiant Disorder have other behavioral disorders as well. The most prominent is attention-deficit/hyperactivity disorder or ADHD. Some other disorders are conduct disorder, separation anxiety disorder, major and minor depression, over anxious disorder, just to name a few. Although Oppositional Defiant Disorder's indispensable feature usually deals with a recurrent pattern of

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disobedient, defiant, negative and hostile behavior toward figures considered of authority, the more common explanation indicates that peers can also be targets of the behavior (Alves de Moura & Burns 2010).

Moura and Burns (2010) claim that a “ target” of an ODD child depends on the symptoms of the disorder. Moura and Burns (2010) found the following:

Two symptoms indicate that the target is an adult (i. e., often argues with adults’ requests or rules), while six symptoms do not specify the target (i. e., often blames others for his or her mistakes or misbehavior; often loses temper; often deliberately annoys others; is often touchy or easily annoyed by others; is often angry and resentful; and is often spiteful or vindictive) (p. 23).

Since the “ target” of these six symptoms is not more specific, the target could be peers, parents, teachers or siblings.

Early Intervention and Prevention

When children are first introduced to a school setting like preschool, many are at that ‘ terrible-two’ stage. They start showing behaviors that are more defiant and seem uncontrollable. In a study conducted by Lavigne et al. (2009) who believes that the lack of attention on preschoolers’ problems may be related to:

The thought that the child will “ grow out of” such problems;

The absence of sound assessments, that are developmentally sensitive for this particular age group; and

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No effective treatments for these on the rise conditions even if their preponderance could be assessed.

Such a lack of attention of the preschoolers' behavior can be highly problematic in more ways than one. The awareness that disorders such as ADHD and ODD are "rather stable and have long-term negative implications" (Lavigne et al., 2009). With the increasing awareness of these types of disorders, it is imperative that we understand and improve upon the predominance of the disorders in preschool children.

There are developmental changes in emotional regulation, cognition, and language that can pilot changes in the demonstration of disorders (Lavigne et al., 2009) therefore, we must seek to understand exactly where they manifest and attempt to predict a future disorder. Lavigne et al. (2009) explains that several children have ODD manifest in the early school years which may be a forerunner to the increase of depression and anxiety in later elementary school even though similar circumstances were not evident in preschool.

Conclusion

There is evidence that shows treatments in young children have proved effective for ODD and ADHD with potential indications of achievement treating separation anxiety disorder (Lavigne et al., 2009). It is apparent that depending on the home life situations of a child, that SAD and ODD could go hand in hand. Some psychiatrist say that ODD is a disorder that just comes along with ADHD, and not all children are burdened with it. Although

Separation Anxiety Disorder seems simple, it must be understood that it is <https://assignbuster.com/oppositional-defiant-disorder-separation-anxiety-disorder/>

caused by a cause and effect relationship in a child's life. It's not as simple as a child saying, " Mommy doesn't play with me. She ignores me all day." It can be rather complex.

Traumatic events in a family situation can cause a great deal of harm.

Copping and associates (2002) report some traumatic situations that effect children are domestic violence, neglect, death of a loved one, physical and sexual abuse, suicide threats, and other unexpected situations (p. 467). For each of these events, there are specific interventions that caregivers and doctors must give to the traumatized child. When children experience trauma the effect is not just on the children, particularly in terms of their attachment to their primary caregivers, but also on the caregivers themselves (Copping, Warling, Benner & Woodside, 2002). A caregiver suffering with depression due to a tragic event is restricting their connection and availability to the child. This in turn could cause more separation and feed the disorder.

According to Jackson, Frick & Dravage-Bush (2000) research in childhood behavior problems has consistently found that children who have lower IQ scores; few social supports, difficult temperament, and a chaotic family environment are at-risk for behavior problems. We cannot pinpoint exactly where these disorders start, but we can conclude they feed off of one another and can be prevented.