

The Truth About ADHD and ODD



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Knowledge is power. Learn the facts the first time because you have no time to waste. The reading material available on ADHD and ODD is diverse. Much of it is discouraging facts you already knew. What you want is things you can do to get quick results.

Adapted from material written by: Norma Y. Leben, LCSW, ACSW, RPT-S, CPT-Professor,
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www.AdhdParentingSuccess.com

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About the Author



My name is Debra Sale Wendler. If you've never heard of me, I'm known to a happy group of *empowered* parents as the **Respect Effect Mom**.

I've earned my reputation as an expert on parenting kids with ADHD and ODD thanks to my success in the real-life "trenches" of parenting. I have tremendous empathy for parents struggling with their children's difficult behaviors. Because I remember how our family suffered when struggling with my son's out-of-control behavior. And I remember our indescribable joy when we learned how to be a happy family again. (I learned this system in **1998** from the child therapist with ADHD who developed it.)

My son recently graduated from high school (with a 3.25 average) and is enrolled in college. He's grateful he isn't like kids he knew with ADHD. Because many of them are in serious trouble now. That is why I committed my time and resources to bring this important information to the world. And help other parents enjoy their own happy family successes.

I haunted hundreds of message boards and forums for nine years to learn exactly what parents are struggling with. And what they're having trouble finding out there. I read the books written on ADHD, ODD, and other conditions. I've attended seminars and workshops and tested products.

I wrote thousands of pages of text with the therapist who developed these methods. We structured her 34 years of providing therapy to children with ADHD and ODD (and their families) into a series of lessons. These are based on her actual parent education sessions with parents who come to her with pages of problems (and a backlog of tears).

We call this parenting system the **Respect Effect Parenting** system. This wealth of real-world knowledge and experience qualifies me help you use the best practices based not just on theory, or possible avenues to explore, but based on what **ACTUALLY** works in real families!

Sincerely yours in parenting success,
Debra Sale Wendler

PS. Did you get your free report yet "**7 Simple Ways to Motivate Your Child to Listen to You.**" Our subscribers are thrilled with their results from the tips and techniques. Get your free report and 3 free videos about how to prevent temper tantrums at <http://www.AdhdParentingTips.com>

You'll LOVE our blog with TONS of free articles and posts about parenting children who need more than regular parenting to succeed. Check it out: <http://www.AdhdParentingSuccess.com> Please leave comments on your favorite blog posts. And you definitely want to subscribe to our RSS feed so you get our blog updates by email. It's easy!

The BEST way to keep in touch with me is to follow me on Twitter @adhdparenting. If you're not familiar with Twitter yet, it's like a mini-blog you can follow on your cell phone or computer. Sign up for a free account at <http://www.Twitter.com> and. At <http://www.Twitter.com/adhdparenting> you can click the follow button under my picture at the top. Then you can join in on our interesting conversations. We have a lot of fun and learn a lot from one another. I think you'll like it.

You can reach Debra at <http://AdhdParentingSuccess.com/helpdesk/ttx.cgi>

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Introduction

How to Decide if It's time to Get Your Child Tested for ADHD

If you're struggling with your child's behavior at home and school, you may be seeing signs of ADHD. Your first reaction to this statement may be, "There's no way my child has ADHD." That is the MOST common reaction.

What if there's more to ADHD than you already know? A LOT more.

Parents are often surprised to learn that children chewing on collars and sleeves is a common sign of ADHD. Loud talking, interrupting, and mumbling are signs of ADHD. And late walking or talking are too.

That is why we compiled a list of the most common unofficial signs that it may be time to get your child assessed for ADHD. And we compiled the official list your child's doctor uses too. And explain everything you need to know about when it's wise to get your child tested for ADHD.

This is one in a series of e-books (available to read online by digital download). You can read the complete list of our products here: <http://www.respecteffectpublishing.com/catalog.html>

Many of our individual e-books include audio interviews and text transcripts available for instant download.

We're so confident that you'll want to read them all, that we even offer a 100% credit up to \$100 toward our complete guided programs, namely the Respect Rocket and Respect Mastery programs.

Try them all. So your child can feel more successful at home and school. And your family can enjoy happier family times TODAY

Chapter 1: What Is ADHD?

ADHD is the most common childhood neurobehavioral disorder. In the 1996 *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), the medical community reclassified this disorder into three categories: ADHD Predominantly Inattentive Type, ADHD Predominantly Hyperactive/Impulsive Type, and ADHD Combined Type. The terminology and statistics will likely change, but the ADHD characteristic symptoms are unmistakable and easily recognized by a psychiatrist, psychotherapist, or psychologist.

It can be intimidating to decipher the medical guidelines on ADHD. For simplicity, use this model by Dr. Thomas Phelan. (See Table 1.1). Note: ADD was officially changed to ADHD since this was published.

Table 1.1 : Attention Deficit Disorder With Hyperactivity and Without

	ADD with Hyperactivity (Most often a male) [Simplified explanation of DSM-IV ADHD Predominantly Hyperactive/Impulsive Type]	ADD Without Hyperactivity (Often a female) [Simplified explanation of DSM-IV ADHD Predominantly Inattentive Type]
Core	Inattention or distractibility	Inattention or distractibility
Temperament	Impulsivity Difficulty delaying gratification Hyperactivity Emotional overarousal	Normal to lethargic
Results	Non-compliance (aggressive) Social problems (rejected), [no friends] Disorganization	Non-compliance (passive) Social problems (overlooked) Disorganization

Source: From *All About Attention Deficit Disorder, Symptoms, Diagnosis, and Treatment: Children and Adults* by Thomas W. Phelan, (1993, p. 22, [emphasis added]) Glen Ellyn, Illinois: Child Management, Inc. Copyright by Child Management, Inc.

The behavioral symptoms listed in Table 1.1 do not automatically cause a child to be diagnosed with ADHD. The symptoms must cause functional impairment in two or more settings, for example, home, school, social, or work, and they should be evident before the child is seven years old.

The main indicators of ADHD Predominantly Inattentive Type are passive noncompliance, inability to stay on-task, poor grades, and difficulty with homework. Children with this type of undetected ADD often graduate from high school without learning to read because no one ever even noticed that they could not.

The ADHD Predominantly Hyperactive/Impulsive Type child attracts attention because of his aggressive and impulsive behaviors. The primary caregiver first senses something is wrong

when the child is two or three years old. Day care or school officials confirm these suspicions when they alert the bewildered parents to the child's misbehavior.

This starts the parents and child through a maze of testing that often leads to the child's diagnosis of ADHD. The treatment is usually a prescription for medication and a recommendation to get therapy. The medication improves the child's symptoms about 35%. Behavior modification and interactive therapy or counseling will improve the odds. Untreated, the misbehavior and negative feelings will escalate and your child will become antisocial or an egocentric loner with low self-esteem.

Many parents, crippled with denial, hope this disorder will go away. Your procrastination will harm your child as his low self-esteem plummets him into despair and failure. Your parent-child relationship will suffer when your grown child with ADHD blames you for not helping him when you had the chance. We strongly urge you to consider the treatment we outline below.

Doctors might not explain that your main challenge is your child's disruptive behaviors. It puts you on edge and causes him to feel rejected by his peers and teachers. (*Note: Feeling words are underlined to imbed them in your working vocabulary.)*

Soon you'll be learning about feeling words that express emotion. For now, simply repeat the feeling words underlined (in this text) to yourself to make them a part of your vocabulary. You'll see why when we get to that training session.

Do not make the mistake of thinking that your child does not have ADHD because he can sometimes pay attention.

5 Conditions under which your child can pay attention:

1. *It is something that he is interested in*—for example, TV, a game, cartoon, or special event.
2. *He is mesmerized by a novelty*—for example, a new toy, tool, or new face.
3. *He is one-on-one with an adult*—and he gets all the attention.
4. *He feels intimidated*—for example, by a stern teacher, fierce parent, or harsh disciplinarian
5. *He is being rewarded frequently*—with attention, bite-sized treats, or tokens that can be traded for tangible gifts later.

Your child's main challenges are his impulsiveness and inability to focus long enough to do his work. He has low self-esteem and no friends. He turns angry when frustrated by work he does not understand or does not have the patience or ability to do.

Kids with ADHD are easily frustrated by work expected of them. They constantly interrupt others to get negative attention. Frustration turns to anger at everyone and everything. Without the proper training to express his bottled anger, it will erupt as destruction of property or aggression toward others.

What Is Comorbidity?

Don't be surprised if your child has one or more coexisting disorders, called comorbidity or dual diagnosis. A study by the American Academy of Pediatrics (AAP) published in 2000 states that of children with ADHD: 35.2% have ODD (Oppositional Defiant Disorder), 25.7% have conduct disorder, 25.8% have anxiety disorder, and 18.2% have depressive disorder (AAP, 2000, Table 6).

What Is DSM-IV for ADHD?

DSM-IV is the *Diagnostic and Statistical Manual of Mental Disorders*, used by professionals to diagnose mental disorders. The following excerpt is from *DSM-IV Made Easy: The Clinicians Guide to Diagnosis* by James Morrison (1995, p. 516, [emphasis added]), summarizing the characteristics of ADHD.

Diagnosis in Infancy, Childhood, or Adolescence - Criteria for Attention-deficit/Hyperactivity Disorder

The patient has either inattention or hyperactivity-impulsivity (or both), persisting for at least six months to a degree that it is maladaptive and immature, as shown by the following:

Inattention. At least six of the following often apply:

- Fails to pay close attention to details or makes careless errors in schoolwork, work, or other activities
- Has trouble keeping attention on tasks or play
- Doesn't appear to listen when being told something
- Neither follows through on instructions nor completes chores, schoolwork, or jobs (not because of oppositional behavior or failure to understand)
- Has trouble organizing activities and tasks
- Dislikes or avoids tasks that involve sustained mental effort (homework, schoolwork)
- Loses materials needed for activities (assignments, books, pencils, tools, toys)
- Is easily distracted by external stimuli [for example, TV, loud noise, other activities]
- Is forgetful [especially when given strings of instructions]

Hyperactivity–impulsivity. At least six of the following often apply:

Hyperactivity

- Squirms in seat or fidgets [hangs down side of chair, puts knees in chair, slouches, wiggles, and contorts to avoid normal sitting]
- Inappropriately leaves seat [especially during meals—slips out of chair onto floor, suddenly leaves to go see or check on something]
- Inappropriately runs or climbs (in adolescents or adults, this may be only a subjective feeling of restlessness)
- Has trouble quietly playing or engaging in leisure activity [tends to keep adding activities]
- Appears driven or “on the go” [seemingly in a hurry, no matter how calm or quiet it is]
- Talks excessively [dominating the conversation, usually forgetting where he left off in the last activity, very annoyed if anyone interrupts him]

Impulsivity

Answers questions before they have been completely asked [often one of the first clues he has ADHD]

Has trouble waiting turn [for anything]

Interrupts or intrudes on others [physically and verbally—seemingly unconscious of acceptable body space limits and barriers].

Some of the symptoms above began before age seven.

Symptoms are present in at least two types of situations, such as school, work, and home.


The disorder impairs school, social, or occupational functioning.

The symptoms do not occur solely during a pervasive developmental disorder or any psychotic disorder, including Schizophrenia. [This means you are certain that these symptoms are not due to another disorder.]

The symptoms are not explained better by a mood, anxiety, dissociative, or personality disorder.

Chapter 2: What Is ODD?

We will address the most common coexisting condition of ODD (Oppositional Defiant Disorder). ODD does not pair with ADHD Predominantly Inattentive Type because it needs the aggressive energy to fuel the violent component of ODD.

 *Little is written about ODD because beyond putting this label on the misbehaviors, few professionals like to deal with these mouthy kids. When I ask the “experts” questions about ODD at their seminars and workshops, they usually hem and haw and hope someone will jump in. I suspect many of them do not know how to talk to these children, let alone manage their behaviors or provide treatment.*

If your child periodically talks back defiantly, slams doors, acts stubborn, and blows up but has some control to calm himself down, feel remorse, and accept consoling and logical explanations, he does not have ODD.

If your child is hot-headed, gets angry frequently, loses his temper, is spiteful and vindictive, deliberately annoys people around him (at home and school alike), argues with adults, defies you, and refuses to carry out rules and adults' requests, be forewarned.

If he is easily annoyed by others and overreacts to remarks by others, but never owns up to his mistakes because they are always somebody's fault, this is a full-fledged kid with ODD. This is not a phase that will pass.

He cannot control these behaviors. He does not feel remorse for causing the hurt feelings and chaos in his environment. He definitely needs treatment and might need additional medication (beyond what is prescribed for ADHD).

What Causes ODD?

ODD rarely travels alone. Frustrated from harsh adult reactions to his characteristics, a child with ADHD will often develop ODD as a defense mechanism against adults. The child with ODD opposes adults because as a youngster, he had a bad experience because of some adults' poor judgment. In his opinion, **adults are not to be trusted**. He believes he is smarter than adults so he trusts only **his** instincts, opinions, and observations.

To feel safe, he schemes to control, dominate, and manipulate his environment. He believes he is the only one who can take care of his welfare so he thinks only of one thing, “What's my payoff?” Now that you know his “thinking errors,” you must adopt new ways to cope with and change him.

To change your child with ODD, you need to do the following:

- Provide structure with set routines*—to make his environment orderly and predictable
- Talk and act assertively* (even when in doubt)—long-winded talks bore him and waste his time. Give six-second truncated instructions and responses. This one technique will cut down on screaming and yelling in the house.
- Tell him how you expect him to behave*—be his model—train and shape the values you want him to demonstrate. Reward him generously when you “catch him being good.”
- Set up a token system*—to convince him he is being paid for improved behavior.

Does ODD Go Away?

ODD is a behavioral problem, so it can be corrected with behavioral cognitive therapy and external motivation provided by adults in the child's environment. You child must have a token system as a tool to motivate him to change his behavior, feelings, thinking, and values.

When a child with ADHD and ODD has therapy to learn to cope with his ADHD symptoms, he will learn skills to become more compliant. Gradually, the tide will turn and you will regain control of your child, because he sees you giving and redeeming his tokens. Maybe he can start trusting you again.

Does ODD Turn Into Conduct Disorder (CD)?

You will hear about the overlapping behaviors of ADHD, ODD, and CD. Untreated kids with ADHD and ODD will become more conduct disordered juvenile delinquents heading toward detention centers or jail.

If the ADHD conditions and characteristics are not controlled, the symptoms of ODD might appear, especially if parents are inconsistent, abusive, and harsh. The untreated child with ADHD/ODD will become CD if he is exposed to negative social situations, for example, gangs, peer pressure, and bad aggressive bullies.

*For the remainder of the text,
references to ADHD refer to all three types of ADHD.
We will assume your child is diagnosed as such.*

DSM-IV for ODD (Oppositional Defiant Disorder)

ADHD alone is difficult to deal with, but ADHD comorbid with ODD creates chaos. DSM-IV lists ODD as "a disorder defined by a pattern of negativistic, hostile, and defiant behavior lasting at least six months during which four or more of the following characteristics are present:

Four times a week (at least):

Is angry and resentful.
Annoys people deliberately.

Twice a week (at least):

Argues with adults.
Loses temper.
Defies or refuses to comply with adults' requests or rules.
Is touchy or easily annoyed by others.

Has occurred during the last three months:

Blames others for his or her mistakes or misbehavior.
Is spiteful and vindictive.

In addition, the following conditions exist:

The disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning.

The behaviors do not occur exclusively during the course of a psychotic or mood disorder.

Criteria are not met for conduct disorder, and, if the individual is age 18 years or older, criteria are not met for antisocial personality disorder.

Chapter 3: 10 Things That May Say It's Time to Get Your Child Tested for ADHD

This is our unofficial list of things we have noticed in some kids who are later diagnosed with ADHD. Just because your child has some or all of these things does not necessarily mean that your child has ADHD.

If your child is showing any of the following behaviors, it may be time to get him assessed.

1. Appeared to be colicky as an infant. Difficult to console.
2. Easily emotionally overwhelmed.
3. Always chewing on something, for example, sleeves, collars, straws.
4. Has sleep problems. Has trouble going to sleep or staying asleep.
5. Appears to be bothered by bright lights and crowds of people.
6. Resists eye contact.
7. Late learning to walk. Often develops an unusual crawl.
8. Gets so absorbed in some activities that he forgets his own bodily needs.
9. Is a loner. Even when other kids are around, he plays alone.
10. Picky eater. Prefers sweets and sweet vegetables – corn, carrots, and potatoes.

Here are ten more:

1. Late showing interest in reading.
2. Late learning to talk. Talks loudly.
3. Not interested in reading or writing.
4. Often does not know teachers' and acquaintances' names.
5. Doesn't get along well with siblings.
6. Gets angry easily.
7. Doesn't like to be told what to do. Doesn't ask adults for help.
8. Has wetting problems (after having potty trained).
9. Blames others for own mistakes.
10. Lies and steals.

This is not a definitive list. It is only a summary of things that some parents notice after their children have been diagnosed.

Effect of ADHD on Your Child's Future

Few "experts" will tell you honestly how dim your child's future will probably be without treatment. Some untreated adults with ADHD develop their own coping skills to make their disorders more manageable, for example, drinking eight cups of coffee a day. Most lead unhappy and unproductive lives, drifting through jobs and relationships with little success.

An untreated child with ADHD, ten years old or younger, will often experiment with substance abuse to try to curb his emotional pain. If he is frequently out of control when he is 11 or 12, his parents might look into residential treatment facilities for treatment. When he is 15, his parents might give up and hope for the day he is old enough to leave home for good.

Your child's future depends on your decision to take an active role in helping him overcome these disorders. Many "experts" will be quick to tell you the challenges of ADHD and ODD, but few offer thorough explanations and practical solutions. Soon, you will understand why. Many parents struggle with this mystery.

This system has enough information and techniques to start you on a constructive journey to help your child.

A man who wants to do something will find a way; a man who doesn't will find an excuse.
Stephen Dolley, Jr.

Now that you have an overview of the effects of ADHD on the family dynamics, you are ready to explore and decide on your plan of action. The next sessions will discuss your options, the [available professional resources](#), and your responsibility in implementing a consistent [treatment program](#).

Chapter 5: Selected Glossary

The following definitions apply to the terms used in this resource.

ADHD—Attention deficit/hyperactivity disorder—a developmental disorder of self-control consisting of problems with attention span, impulse control, and activity level. (Barkley, 1995).

Advocate—to speak up and look out for a child's best interests.

Affection—showing love and appreciation.

Assertiveness—the way to tell others that you are not giving them the permission to insult or take advantage of you.

Attention—watching and noticing.

Authority figure—an adult who is in the position to enforce obedience, for example, a parent, teacher, coach, principal, probation officer, judge, police officer, or employer.

Behavior modification—a process to take charge, modify, and manage your child's behavior.

Belief—something accepted as true.

Coaching role—the job of giving your child stronger and more specific advice when he neglects or forgets a lesson learned.

Communication skills—skills necessary to communicate clearly.

Comorbidity—coexisting disorders.

Counseling—method used by a professional counselor to offer insight to alternatives and choices and show ways to make the best choice.

Disciplinarian role—the job of designing, selecting, and enforcing natural or logical consequences that reinforces good values, not punishes. The goal is to replace misbehavior with good behavior.

Emotional intelligence—term coined by Daniel Goleman to describe the ability to manage emotions intelligently.

Emotions—add

Feedback—specific verbal responses to others' actions or opinions.

Filial—relating to a son or daughter.

Filial therapy—family therapy.

Goal-setting skills—skills necessary to write realistic goals.

Guidance—counseling to lead a person back on the right track.

Guidance counselor role—a professional that does teaches or provides guidance.

Hyperactivity—excessively active.

Independent living skills—skills necessary for your child to take care of himself independently without parental assistance, for example, grooming, cleaning, cooking, and doing laundry, including organizational skills.

Instill/install—implant (pertaining to implanting values, skills, ideas, and concepts in your child's mind).

Interaction skills—skills to develop enriching relationships.

Learning disability—any of various cognitive, neurological, or psychological disorders that hinder ability to learn, especially mathematics or develop language skills. Also called learning disorder.

Life principle—a rule most people accept as true, for example, the golden rule.

Modeling role—ability of living as an example of your beliefs, values, and principles.

ODD (oppositional defiant disorder)—a disorder defined by a pattern of negativistic, hostile, and defiant behavior lasting at least six months, during which four or more of the following traits are present: is angry and resentful, annoys people deliberately, argues with adults, loses temper, defies or refuses to comply with adults' requests or rules, is touchy or easily annoyed by others, blames others for his or her mistakes or misbehavior, and is spiteful and vindictive.

Play therapy—use of the play process and special techniques to help a child heal from various impediments/disorders/trauma.

Praise—positive specific recognition of a job well done/value practiced/ skill performed.

Primary reinforcement—small morsels of food used to reward acceptable behaviors.

Problem-solving skills—skills necessary to solve problems and make decisions logically.

Psychology—the science of study of the thought processes of behavior of humans and other animals in their interaction with the environment. Psychologists study processes of sense perception, thinking, learning, cognition, emotions and motivations, personality, abnormal behavior, interactions between the individuals, and interactions with the environment. Science that deals with mental processes and behavior.

Psychologist—a scientist trained in psychology as described above. A psychologist cannot prescribe drugs, only the psychiatrist can.

Psychotherapist—a mental health worker (psychologist, social worker, licensed professional counselor) who practices the psychotherapy methods.

Psychotherapy—treatment of mental disorders using psychological methods but not including physiological interventions, such as drug therapy or shock therapy.

Psychiatrist—a medical doctor specializing in the treatment of mental disorders.

Reprimand—verbal rebuke with a purpose to teach a life lesson.

Secondary reinforcement—nonfood rewards, for example, praise, used to reinforce acceptable behavior.

Shaper role—the job of breaking a task down into baby steps and dangling a reward at each step of the way. The shaper adds to modeling with verbal feedback and specific praise.

Respect Remote Control board—a modified token economy system.

Social skills—skills necessary to interact successfully with another person or groups of people; understanding the proper protocol, manners, and etiquette expected in various settings and occasions.

Social worker—person trained in the discipline of social work—usually a two-year graduate work—intensive program of theory, practice, and internship. Social work is the organized effort to help individuals and families to adjust to the community as well as to adapt the community to the needs of such persons and families. Social work has emerged as a profession out of the early efforts of the churches and philanthropic groups to relieve the effects of poverty, to bring the comforts of religion to the poor, to promote temperance and encourage thrift, to care for the sick and aged, and to correct the delinquent.

Structure—the scaffolding of a system with understood perimeters.

Teacher/Parent Communication Book—a book promoting communication between home and school to keep information up to date and flowing.

Teacher role—the job of teaching and explaining the values you believe in, the feeling words needed for self-expression and consideration of others, and the skills necessary to become independent. You teach by breaking the desired trait or skill into small pieces and encouraging your child to take each step toward the behavior goal.

Teaching moment—every time your child opens his mouth to ask a question, you have a potential teaching moment. When you observe him doing something incorrectly or not practicing a good value or good judgment, seize the teaching moment to teach him the desirable value, concept, or social skill, because he is involved and because it is fresh and current.

Therapy—using proven treatment methods to help people change and overcome life problems and difficulties.

Treatment—methods to help a patient recover, heal, or improve mental and physical conditions.

Values—moral beliefs and attitudes of a society.

Zeal—enthusiasm for life.

Resources

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