

Managing Oppositional Behaviour

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Introduction

Oppositional behaviour is a core feature of child development. It represents the testing of boundaries by children and adolescents as they encounter social rules. It is something faced by all parents and caregivers; even the most well behaved children and young people will likely, at times, tantrum or behave in a way that challenges requests or demands made by others.

However if a child or young person frequently and persistently becomes argumentative or defiant at a level above what is expected for their age, this can lead to impairments in their educational attainment, social adjustment, and other important areas of functioning. Responding to oppositional behaviour can be demanding and stressful for people within the child's or young person's support network. Though behaviours may be linked to a specific disorder that requires therapeutic intervention, there are strategies that all caregivers can use to reduce the likelihood of oppositional behaviour, manage it when it does occur, and to encourage more appropriate and socially adaptive behaviours.

Risk Factors for Oppositional Behaviour

When deciding how to best support individuals who display oppositional behaviour, it is important to consider factors that are likely to result in a child or young person resisting

demands placed upon them. Risk factors can be categorised according to how readily they can, or cannot, be changed in some way to reduce the potential for oppositional behaviour. Static risk factors are those that do not lend themselves to change and dynamic risk factors are those that we have more control over to alter, thus reducing the likelihood of the behaviour.

Examples of static risk factors include the following conditions, which are characterised by defiant, disobedient and uncooperative behaviour:

- Pathological Demand Avoidance (PDA)

PDA is not currently recognised as a distinct disorder in diagnostic manuals. These children and young people resist and avoid ordinary demands of everyday life placed upon them by others to an unusually extreme degree. They will be highly skilled in doing so, while acknowledging the request, but showing no social awareness of the impact and consequence of refusal. It is best understood as an atypical autism spectrum disorder. For more in-depth information about PDA, Options Autism has created a specific help sheet, which can be accessed here: www.optionsautism.co.uk/resources.

- Oppositional Defiant Disorder (ODD)

ODD is a diagnosed mental health disorder characterised by a persistent pattern of defiant, disobedient, provocative or

vindictive behaviour. Individuals with ODD may be angry or irritable in mood, which can also be accompanied by severe temper outbursts, or headstrong and defiant behaviour.

- **Conduct-dissocial Disorder**

Individuals diagnosed with conduct-dissocial disorder display a repetitive and persistent pattern of rule-breaking behaviour (be that social norms, laws, or behaviour that violates the rights of others). This could involve aggression towards people or animals, destruction of property, deceitfulness or theft and serious violation of given rules (e.g. staying out late/overnight at a young age, running away from home, truancy from school). Caregivers may find behaviours associated with conduct-dissocial disorder frightening.

A child or young person may also have a disability, of which oppositional behaviour is not a key clinical feature, but increases the chance of oppositional behaviour occurring. For example, a child or young person with Attention Deficit Hyperactivity Disorder may display oppositional behaviours because they are unable to control certain impulses. An individual with Autism Spectrum Disorder and/or disorders of intellectual development may lack the language, social skills or social understanding to communicate effectively and respond appropriately in social situations, resulting in oppositional behaviour as a method of communicating their feelings, concerns and lack of understanding.

Oppositional behaviour patterns associated with specific disorders can be difficult to change. Instead, identifying dynamic risk factors that can lead to oppositional behaviour is useful in that it can be used for coming up with focussed support strategies that mirror these factors, protecting against, rather than promoting, oppositional behaviour. The following factors are extrinsic to the individual, so are more amenable to change to support the development of more adaptive patterns of behaviour:

- Difficult demands and expectations placed upon a child or young person, particularly those that do not match their capabilities.
- Low levels of attention being offered to a child or young person.
- A lack of structure, routine and predictability (however it is worth noting that rigid implementation of boundaries without adapting to changing circumstances for the person and the environment may also contribute to an increased likelihood of oppositional behaviour).
- Under or overstimulating environments that are stressful to a child or young person, causing them to behave to achieve an increase or decrease in their arousal state (e.g. continuing to bang cutlery in a restaurant out of boredom despite being told not to, or refusing to go to a certain space that they find overwhelming).

Taking an example from the above: a child or young person who presents as defiant in over-stimulating environments

is much less likely to do so if activities geared towards an appropriate level of stimulation are available.

Supporting a child or young person who persistently displays oppositional behaviour is not a simple process. It requires caregivers to be adaptive and able to think on their feet. A working “toolbox” of multiple strategies that balance necessary boundaries with flexibility, creativity and empathy towards the child or young person can help with this. This can be an arduous process that changes constantly. Certain strategies that work on one day may fail to prevent an outburst on another. It is paramount that caregivers acknowledge that, whilst there will be difficult periods of time, successes should be celebrated no matter how small they seem. A child or young person who refused to attend mainstream school for three years but has recently started attending a specialist provision one afternoon per week is undoubtedly a success story which can be further built upon.

Responding to Oppositional Behaviour: Reflect Upon Your Perceptions

The first step of responding to oppositional behaviour is considering reasons why the child or young person may be behaving in this way. Behaviour, oppositional or not, is a form of communication, and problem behaviour indicates that a child or young person is struggling to communicate and manage how they are feeling, that their needs are not being met, and that something just isn't right at the given time or situation. Rather than viewing a child or young person's defiance as naughty, acknowledge that it reflects their inability to behave in an effective and appropriate way, an individual who is struggling in some way and needs help to solve the problem.

A caregiver's job is to determine what a child or young person is trying to say through their oppositional behaviour. For example, those who refuse to write may have undetected fine motor difficulties, whilst a child or young person that avoids going out during playtime may have experienced rejection or bullying by peers. Understanding the message being communicated through behaviour enables focussed support strategies to be identified. If you suspect the reason a child or young person refuses to write is potentially due to fine motor difficulties, a strategy may be to utilise OT-recommended activities (Occupational Therapy) that can help build up this skill and therefore support handwriting.

If possible, sit down with your child and talk about their behaviour, showing that you are curious about its underlying cause. You may be able come up with a resolution together.

Understanding the messages communicated through behaviour (a process formally referred to as “functional analysis”) is a concept of positive behaviour support. For more information about PBS, Options Autism has created a specific help sheet discussing this in more depth, which can be accessed here: www.optionsautism.co.uk/resources

Where Possible, Be Proactive

The phrase “prevention is better than cure” is applicable when managing oppositional behaviour: reducing opportunities for a child or young person to be defiant is less emotionally demanding for you and your child than solely responding to behaviours as and when they occur, particularly if initial defiance can lead to a full blown meltdown. In addition to figuring out and addressing the reasons behind oppositional behaviour through focussed support strategies, the following tips may also prove useful in reducing a child or young person’s tendencies towards oppositional behaviour:

- Demonstrate adaptability and flexibility when faced with defiant behaviour: make decisions on a day-by-day, or even an hour-by-hour and moment by moment basis, taking into account the child or young person’s mood, and have a Plan B (or C...) ready to put into action to avoid outbursts.
- Work according to a general routine/structure that offers clear expectations and predictability (though, as stated above, there may be times when you need to be adaptive and deviate from this).

Be creative in your approach:

1. Incorporate a child or young person’s interests into less-preferred activities; for example, if they struggle to engage with maths work, but really enjoy football, incorporate maths into football based activities, league tables, scores, results trends and analysis. A similar process can be applied to many subjects such as English, History, Geography or Science.
 2. Utilise the motivational nature of rewards – a child or young person who likes football can work towards a football-focussed activity.
 3. Avoid stating a demand outright. Instead, use demand-disguising techniques that offer the child or young person the opportunity to feel as if they’re in control. This includes making a demand into a competition, making a game out of a demand, or asking for help with something.
 4. Demands can also be hidden behind the structure of a routine (e.g. a visual schedule depicting a morning routine) or an authoritative concept (e.g. “we have to put our seatbelts on because the law says so”).
 5. Offer choices to the child or young person; this provides the opportunity for them to take control whilst also complying with your request.
- There may also be times when oppositional behaviour progresses into other forms of challenging behaviour. If this does occur, remain calm and ignore low-level behaviours if possible. Adjusting or removing the demand completely, coupled with redirection towards a preferred activity or designated

space in which the child or young person can relax, can also prevent heightening behaviours evolving into a full blown outburst.

- Be a role model of appropriate behaviours, demonstrate calmness, and teach the child or young person functionally equivalent skills e.g. teaching them to say how they are feeling, rather than stating “no” to something and refusing a demand; improving coping skills and tolerance of demands. State how you feel without making a demand, e.g. I’d be really pleased if..., or, wouldn’t it be good if x happened.
- Prioritise demands in terms of their negotiability: it is less of an issue when a child or young person refuses to attend after school activities and complete household chores than when they refuse to go into school, or are aggressive to others. Choose demands you insist on with this in mind; it’s okay to compromise on, or even accept, a child or young person’s defiance towards lower priority demands if it prevents an outburst, while some more important rules may be non-negotiable.

Conclusion

In conclusion, while managing and coping with oppositional behaviour is challenging for adults caring for those presenting in this way, it is important to understand that it is even more so for the person displaying the behaviour, otherwise they would not be behaving in this way. We need to try to understand how they may feel and take action to address this using strategies outlined above. Always try to stay calm and thoughtful, difficult as that may be, when faced with a very defiant child or young person.

At Options Autism we provide staff training and support to enable staff to work optimally with children and young people to maximise the likelihood of positive outcomes. We develop Positive Behaviour Support Plans, Communication Profiles and Sensory Profiles for each person in our care or education to help increase awareness of each individual’s special needs and create consistency and guide working practices across teams in the approach used with each individual.

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The complete series of help sheets can be found on our website www.optionsautism.co.uk/resources