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COMMENT: We are being a bit ODD

- **by: Kylie Lang**
- From: The Sunday Mail (Qld)
- August 26, 2012 12:00AM

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<p><i>The new</i></p> <p>OPPOSITIONAL DEFIANT DISORDER (ODD)</p> <ul style="list-style-type: none"> ■ Persistent disobedient, disruptive, defiant behaviour ■ Deliberately annoy others ■ Frequently lose temper ■ Do not accept responsibility for own actions ■ Estimated to affect up to 10 per cent of children 	<p>INTERMITTENT EXPLOSIVE DISORDER (IED)</p> <ul style="list-style-type: none"> ■ Known as anger attacks ■ Impulsive attacks on others causing injury ■ Attacks on possessions causing property damage ■ Estimated to affect one in 12 teens <p><i>The old</i></p> <p>AUTISM SPECTRUM DISORDER</p> <ul style="list-style-type: none"> ■ Encompasses Autistic Disorder and Asperger's syndrome 	<ul style="list-style-type: none"> ■ Varied characteristics but can include difficulty communicating and expressing, social problems, unusual sensory responses and challenging behaviour ■ Estimated to affect one in 160 children aged six to 12 <p>ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)</p> <ul style="list-style-type: none"> ■ Inattention, hyperactivity and impulsive behaviour ■ Estimated to affect more than 350,000 Australian children and adolescents
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Source: The Sunday Mail (Qld)



Should boys be boys really be medicated? Picture: Thinkstock

Source: Supplied

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ODD sounds OTT to me. Slapping a label - in this case, oppositional defiant disorder - on poorly behaved children just makes it easier for parents and teachers to pass the buck, often to doctors and psychologists, to "deal" with it.

What many out-of-control kids need is not a drug prescription or to be classified in a fringe group, but a dose of sensible discipline.

They need firm boundaries and tough love, not authority figures who give in or give up.

I've been thinking for some time about this rush of so-called disorders.

Introversion, in case you didn't know, is now avoidant personality disorder; nervousness is social anxiety disorder or SAD; and the desperate and dateless suffer from DAD or dating anxiety disorder.

Won't be long before rising unemployment is blamed on work avoidance disorder.

To what extent are we excusing undesirable behaviour - that which differs from the accepted social standard - by ascribing it to some newfangled condition?

The latest, **reported in last week's Sunday Mail** (<http://www.couriermail.com.au/news/queensland/theyre-also-walking-ieds-as-problem-students-make-new-names-for-themselves/story-e6freoof-1226453273919>), is ODD, characterised by persistent anti-authoritarian behaviour.

Psychologists estimate that in every classroom there is at least one student with ODD or the more extreme IED, intermittent explosive disorder.

So, Johnny can stab a classmate in the hand with a protractor (as happened in my son's former primary school) and it might be explained away as IED?

I am not saying that certain children are not genuinely afflicted with behavioural disorders; however, there is widespread concern in educational and medical circles that numbers are inflated through misdiagnosis. Do more than 350,000 Australian children and teenagers really have ADHD, attention deficit hyperactive disorder?

Is the 300 per cent increase over seven years in prescriptions for Ritalin justified?

Pharmaceutical companies aren't complaining, but you have to wonder how many kids are unduly medicated.

When parents are repeatedly called to school over their child's poor behaviour, some must start to consider whether there is something "wrong" with their child.

With ADHD, as with many disorders, symptoms are so broadly defined that almost any child could be seen to fit the bill at some stage.

Who hasn't known a child who is inattentive, hyperactive and impulsive at times? At seven, my son was very

good at looking at planes flying overhead when he should have been watching the soccer ball. His teachers said he had trouble staying focused and that (rightly or wrongly) it was a boy thing.

Three times as many boys as girls are diagnosed with ADHD, partly because male brains mature slower than in females, but also because the boisterousness society has always expected of boys now seems to be less desirable or more effort to manage.

As a psychoanalyst quoted in Christopher Lane's book *Shyness: How Normal Behaviour Became a Sickness* said: "We used to have a word for sufferers of ADHD; we called them boys."

Years ago too, primary teaching was a desirable profession for a young man.

These days, only one in four primary teachers is male, and many females in today's less-structured classrooms struggle to control unruly boys.

In one Gold Coast school, a behavioural specialist was brought in recently to help a teacher cope with rowdy eight-year-olds.

With the teacher's permission, a voice recording was done of her "out of control" classroom. What resulted was a cacophony of kids' noise drowning out the teacher repeating herself over and over.

The behavioural specialist responded by giving the children firm boundaries and controlled settings in which to work.

Even the most troublesome boys toed the line.

These boys were given the chance to practise positive behaviour in an environment carefully managed by the authority figure.

In essence, the classroom is no different from the home.

This latest disorder of ODD has its roots in poor parenting, according to child behaviour expert Mark Dadds, who says one of the best remedies is parent training.

There is a wealth of free material online to help mums and dads cope with difficult children. From what I've read, the advice is strangely familiar because it applies to parenting in general:

Be consistent in rules and discipline. No means no, not yes if you nag me enough.

Keep your voice quiet and slow. Yell and children learn to yell back.

Look for the good; praise positive behaviour.

Set a clear routine, including bedtimes, study, chores.

Keep study areas uncluttered to minimise potential for distraction.

Make a child responsible for tasks as this builds confidence.

Do not pity, tease or overindulge a child.

Simple in theory, harder in practice, but the last thing our children need is the onset of parenting deficit disorder.

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