



Episode #227

Amelia Bowler Talks About Her New Book, The Parent's Guide to Oppositional Defiant Disorder

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Debbie: Hey, Amelia, welcome to the podcast.

Amelia: I am so excited to be here, you have no idea.

Debbie: All right, listeners, I do know because she told me before I hit record. So I'm really excited that you're here as well. This is the first time I've done an episode in over 200 episodes on oppositional defiance disorder. And I think this is one of those. But we'll get into it. But there's just so much misinformation and myths about what this is. So I'm excited, you're going to break it down for us. But before we get to that, can you take a few minutes just to more casually introduce yourself, tell us about who you are in the world and your story? And actually, I'd love to know, as part of that, how you came to even write this book?

Amelia: So my educational background was as a teacher, I really wanted to figure out what was it that would, like I always imagined I was a teacher, and I would create a classroom that was for people like me, because I was so bored and so frustrated. And so I looked at all these different methods to see like, Okay, well, what makes teaching efficient, I wasn't really satisfied with what I was getting in my educational degree. So I took a masters of applied disability study. And what that did was, it gave me a background in what it's like to be disabled, which is an amazing way to look at the world. And it taught me a lot about myself, and also focused on behavioral analysis, which is a relatively new sort of offshoot of psychology. And it really, really focuses on what are we seeing? Where's it coming from? And I think that was a good foothold. But it definitely didn't tell me the whole story.

Debbie: So all right, and so you then went in to tackle oppositional defiance disorder, and the name of your book is *The Parent's Guide to Oppositional Defiance Disorder*. I will just say that this was something I think that personally came on my radar during maybe the second neuropsych that we did with my son Asher, maybe when he was eight, might have even been earlier than that. When it was, we were told that there were some defiant behaviors to define disorder tendencies. But this idea of ODD being something that might be going on with my son and I started looking it up, and I was really unhappy with the information I found because it really felt like it was shaming me as a parent that this was something I had created in my child. And so what I would love for you to do as we start getting into this is just tell us what is ODD, you know, how would you define it? Because there are people who don't even think it's a real thing?

Amelia: Yes. Okay. Um, I think I had exactly the same reaction when I looked it up. The psychologists who are assessing my child said, you know, he does meet criteria for ODD. But we're not going to diagnose right now because there's no treatment that goes along with it aside from what we're doing for him with ADHD, and I thought, Oh, that's super unhelpful. And yes, I looked up all those articles in every conceivable publication asking me, well, to look back, like, Hey, what did you do? Like, how did you screw this up? And I thought, I'm the person who's usually at the front of the room doing the parent training, like I understand what

they mean by the firm, be consistent, you know, don't get into a coercive cycle. That's not happening. But everything that I thought was appropriate and useful as a disciplinary approach was really blowing up in my face. So what is wrong? That's a horrible, horrible question to have to ask. But I think that's the problem that the label causes. The label tells us what adults around your child are feeling. They are feeling opposed, and they are feeling defied. And they're saying that's not okay. And so that's why we call it ODD. It doesn't know anything about the job at all. Hmm. So I guess, as I was writing the book, I really wanted to understand, I think first I tried to understand well, what about all those other kids who don't get this diagnosis? What's going on with them? Why did they go along with so many things that my kids seems to think is unacceptable and hard and horrible? Why is it easy for other kids? So I tried it on from that point of view, and then started to dig as much as I could into the scientific literature. What does this mean? Why does my son respond differently, for example, to something like a correction, like, Oh, hey, but don't do that? Or can you come back here?

Debbie: So I love the way that you said, this is how the parents are experiencing this, that they're feeling opposed, and they're feeling defied. I mean, that to me, just really sums it up, doesn't it? Yeah, it wasn't talking about the child's areas of lagging skills, it was very focused on the conflict, and the will, that our child has, or the way that they are now bending to ours. And that felt really strange to me. And is this idea that, is it environmental? Is it an actual diagnosis on its own? So can you actually answer that question? Is it in the DSM? Is it something that you can somewhat clearly check off symptoms that result in this diagnosis?

Amelia: Sure, it is in the DSM5. And it is also in the ICD 10, which is what the World Health Organization uses. So you might hear it outside of the US and Canada. But, and I think this is something that psychologists understand and maybe assume other people understand it's what's called a behavioral diagnosis. So it's not something that you can look at an EKG, or a CAT scan and say, okay, there it is, that's the part of the brain that we associate with this disorder, you know, or we can't see a clear gene marker that says, Yeah, it's, it's definitely coming from this part. It's not a physiological difference. And it's not even clearly tied to an environment because you can have one child who has these oppositional defiant symptoms, and three other kids in the same family who were doing fine. So clearly, it's some kind of interaction between the environment and the child and the expectations that are being put on. Yeah, you pointed to something really important when you talked about the symptoms, because the symptoms are actually very, very broad. And the more I looked at it, like this was really interesting to me. Um, there are three different sections in the diagnosis. One section describes symptoms of irritability, they're using that word, meaning, you know, the child is annoyed with you or like, easily frustrated, crying, sort of easily upset. The next section is about children who are headstrong. I hope you can hear the quotes around that. That is when you say, hey, let's do this. They say no, thank you, I'd rather do that. And it's not so much an emotional conversation. It's just a struggle between how are we going to make this decision and who's going to make it? Mm hmm. And then the third part is they use the word vindictive, which is a pretty heavy label to put on a child as well. But I think what

they're describing is a child who is hurt and upset, and is directing that back at other people. Like, I feel like you hurt me, I'm going to hurt you, or I'm going to show you how I feel. And this is how I'm going to show you. So because you don't have to have every single symptom. You could have one child who is very sensitive and easily upset. You can have another child who's sort of like a rhinoceros going through the day, making confident decisions that no one else agrees with. These two very different children are being given the same label. So something's up.

Debbie: So what *is* up then?

Amelia: Yes? What is up? What is up with ODD? That should have been the name of my book. I think what we've done is we've taken a bunch of children who have parents who feel the same way. And we put them in the same group, and we've tried to study them and figure out what's the same about all of them. So unfortunately, what happens when you get a group that diverse, you don't get any clear answers, you say, okay, some of these kids come from tough backgrounds, where maybe they, their parents are poor, stressed, you know, there's domestic violence, or abuse, or just, you know, ongoing marital struggle in the home and something's going on. And it's probably having an effect on the child here. And you can take another group and say, Well, these kids have learning differences, they have executive functioning, deficits, they're not able to, you know, switch attention as easily as some other children. There's a huge overlap between an ADD and an ODD diagnosis. But there are kids who have ADHD, and no ODD symptoms, and vice versa. So yeah, there's something going on over there. What I've tried to do in the book, is give parents, okay, almost like little filters, you know, those color filters where you put them all together, and they look white, and then you take them out, you look at them one at a time, like red, green, blue. I'm trying to give parents a chance to look through these filters one at a time. Because there are a lot of different situations that can create the same kind of the same looking symptoms.

Debbie: So interesting. And yeah, I mean, I think that's one of the things that makes well any differently wired kid, right, we know that it's rarely one diagnosis, you know, two symptoms, and here's what you do about it. Yeah, there's so much comorbidity between an overlap within ADHD and autism spectrum and profound giftedness, all those things overlap. And you know, it's very complicated. So you mentioned, ADHD and ODD, there's a lot of overlap. Do you see it with other neurodifferences as well, that it's very common or can kind of child, it sounds like what you said is a child may have just an ODD diagnosis. And that might be more the result of their environmental circumstances?

Amelia: It could be the relationships, you know, the way that people communicate with this child is very direct and very forceful, and you better do it or else. And they've picked up those tactics, and they're using them in ways where people are not expecting them to apply. It could also be that in a family system, everybody's so stressed that maybe some of the child's needs aren't being met, and the child is really, really stressed as well. And that's going to lead to irritability and not wanting to follow some of the instructions. But sometimes it's not a want to or

feel like sometimes it's honestly I can't. So I guess I'm jumping around. There are certainly habits and communication styles that can come across as oppositional defiant, there are certainly situations that can really stress out a child. I think Mona della hook was really great at opening my eyes to some of this and how, how the neurology of stress works, and how I need to keep that in mind, rather than just focusing on logic and consequences. I'm kind of embarrassed that I didn't start out knowing that. Um, so lowering the stress level overall for the child. I mean, that could be so many different things as well, that could be sensory, that could be difficulty switching attention. So the whole world says it's music time, and your brain is still completely absorbed in the task that you're doing right now. And it's uncomfortable to have to switch. So the child says, No, it's not personal. Like, I refuse to do anything you say, it's just, I really, really, really want to do this. And not that. And while it might come easily to some other people, to just say, okay, and just just give up on that, whatever mission, they were on whatever desire they had, whatever needs they had, some kids will just say, okay, even if their needs aren't met, but there are some kids who are just great at advocating.

Debbie: That should be the name for your book: A Great Advocate...Yeah, even just hearing you talk about this, and I and I read your book, I was lucky enough to get an advance copy of it. I liked it so much. I gave it a blurb for the book. So and I still find this very complicated. I still find this to be kind of muddy in places, this idea of ODD and what does it mean if we get that diagnosis? And what does that mean about us as parents and what does it mean for our kids and it's complicated and I want to throw in there too, there may be listeners who are thinking what is the difference between ODD and PDA pathological demand avoidance, which is something that you know, I've had a couple of guests on the show talk about in the past year and seems to be gaining much more awareness in the US. So can you touch upon that specifically, is there overlap between these two things, because PDA is definitely a can't, not a won't kind of a situation, right?

Amelia: Um, the research that I've done on PDA is not very deep. And unfortunately, there's not a huge body of research on it right now, because it isn't in the DSM, as far as I know, like, because it hasn't been updated in a few years. And, and some people would even call it a facet of autism spectrum disorder. So I don't know how many kids will be getting that diagnosis. And, yeah, it could be labeled in exactly the same way. And it could be coming from a totally different direction. So I didn't cover that, in the book, pathological demand avoidance. But certainly, you could look at a child who's struggling in that way, and just say they're being defiant. Um, to try to untangle it a little bit. The strands that we're really looking at are as a parent, am I finding the resources to be okay to have a feeling of safety within myself so that when I communicate with my child, I communicate that in a way that makes them feel safe? Am I together enough that I can see what's happening in front of me, instead of rigidly trying to push through the thing that I think needs to happen? Am I engaged, am I present. So that's really the first section, you may be struggling with that because your child is struggling in lots of other ways. So it's never just like your fault as a parent. But that's something that

really has to get fortified, like you got to get mega vitamins in your self regulation, so that you can deal with these others grants.

Debbie: I love that, because I think that's where it starts. For us as parents of any differently wired child, we have to fortify ourselves, we have to have like our emotional regulation, vitamins, whatever you want to call it. We need to do that work on ourselves in order for us to show up for who our kids are. So it sounds like with a child who has oppositional defiance disorder, whether they're diagnosed with that, officially they have that label, or they have those tendencies that this is even more critical to start with.

Amelia: Oh, yeah, I read one really cool study, I think it was by Dr. Russell Barkley who was studying mom's behavior with kids who have ADHD, on and off their medication. So they, he sort of used the kids as their own control group. And when they were off their medication, they were less compliant. And so what he measured was, how mom is reacting. And it was actually a lot easier for the children to change the parents behavior than it was for the parent to change the child's behavior. Like we really got to keep our hands on the steering wheel. Because it's tough.

Debbie: It is tough. And it is a cycle, right. It's like this loop. And once we get on, it's really hard to get untangled from that.

Amelia: Yeah. And I guess I should specify, I mean, our own personal steering wheel.

Debbie: Yeah, yeah.

Amelia: Yeah. And I never say kids with Oppositional Defiant Disorder, because I just don't feel like I have the right to say that because I have really questioned the value of that diagnosis. But I will say kids diagnosed with ODD, or kids who have oppositional defiant behavior. Oftentimes, we're trying to keep our hands on their steering wheel. We're going for a crazy ride. So I just wanted to make that distinction.

Debbie: I like that. And I want to hear more about what we can do.

Amelia: Yes, absolutely. Okay. So I guess if we're gonna use driving as a metaphor, the second chapter is really about the signals like, are we giving, giving clear signals, like our kid is in the driver's seat, they're going where they want to go? Are we signaling, like, this is a great way to go, this is a safe way to go here, come along with me or, you know, you really need to stop going over there. It's very dangerous over there. The way we signal will affect our child and, and that's just the way we speak to them. It's the routines that we have the expectations. You know, when there's a flood and all the lights go out, like in some families, a feeling of crisis can do that. It can just be all bets are off. One thing's okay today, not okay. Tomorrow. It's confusing. You know, isn't it strange how sometimes it just takes so much longer to get anywhere when the usual traffic lights are disrupted. In this chapter, I also talk about how to have that positive relationship and how to have that engaged relationship and it was surprisingly difficult to

hear that described in the literature. But I think John Gottman does a beautiful job of it when he describes emotion coaching, and he's done some really nice research to demonstrate. When you see a group of parents and you measure the way they're present and engaged and validating their kids' feelings and setting boundaries and coaching their kids. Basically, you do get different outcomes from versus parents who are dismissing who are being sarcastic, who are minimizing their kids' experience and being overcontrolling. Hmm. Obviously, you can never set up an experimental condition to do the wrong thing. But he's such a dedicated researcher that I think he's really done a great job of, of establishing what it looks like, like, where we should be aiming within our warm communication. Also having, you know, standards and expectations. Hmm.

Debbie: Well, it's respectful, right? It's respectful communication, respectful parenting, and we can still have boundaries and when we do that, but it is, yeah, I can see how but the child who is more defiant that having that sticking with that top-down approach my way or the highway kind of thing is just gonna further entrench them.

Amelia: Yes, absolutely. Because I think sometimes it's not just a question of, am I incentivizing one behavior or another? Am I punishing one behavior in other, you've also got a child who's got an emotional life, who's got beliefs, who's got thoughts that they're not sharing with you. So it's not just a question of like, putting the cheese in the maze. And, you know, getting the route that you want, if we're not driving our children's behavior like that it's much more of a relationship. So I wanted to focus on that next. Mm hmm. Um, in other places, in the book I talked about where a child's intellectual struggles might come into play. Because you might have this wonderful warm relationship, you might be really clearly signaling and you say it's time for dinner, and suddenly, there's tears rolling into the couch, and no, no, no. And well, what's going on, like, we always have here, this is, this is strange. Um, and in my work as a behavior consultant, I've been lucky enough to sort of work with these families and see how sometimes for children, and this is not necessarily what you would call an intellectual disability. But kids may have trouble planning ahead or anticipating what's going to happen next. They may have trouble when you say five more minutes, they may have no idea what that means. And this is not just for, like exceptional kids, this could be for all kinds. So how do we communicate in a way that is going to make sense to our kids, especially if they're easily overwhelmed? Maybe we've given them a task, like a list of five things to do. And they don't even know how to get started on one. So they say, No, I can't, it's too hard. It's not defiance. That's just difficulty with short-term memory. So we looked at the research, because it's really not fair to say, one way or another, okay, he has ODD. And so he has a brain disorder. Somebody did something wrong when he was in the womb. That's really, really not fair. But it could be that some parts of their thinking, planning, managing, are feeling overwhelmed are kind of short-circuiting. And sometimes that looks like a big emotional outburst. So you might say this child has an emotional problem. But in fact, it's the way they're thinking about the problem. That's just not able to keep up with what you're expecting.

Debbie: Yeah, that makes total sense. And also, just to go back to something you said earlier, I love that you just called out that our children have emotional lives of their own. And I think that's something we often forget, you know, it just sounds like you're saying it like that. It's like, Yes, they are their own people, they have their own internal dialogue, their own belief systems, their own emotional life. And when we forget that, that's when we run into trouble, right?

Amelia: Um, but that's, that really comes from us and the expectations that we put on ourselves. Dayna Abraham, from Calm the Chaos, she, I think, really shines a light on this in her work on helping parents understand what expectations they're bringing to the table, what parts of their family and history and culture shape what they think their kids should be. So I've been called out a few times on that and and really been hard on myself, like your teacher, your behavior analyst, he should be listening to you. Why do you let them do that? So my desire to control my kid is not necessarily because I'm some kind of power freak, but I just feel like I'm failing if I don't do this. So letting myself off the hook. And having different expectations of myself has been, well, really for everybody. Mm hmm.

Debbie: For sure, some of the most important work I did. Absolutely, especially as a type A person who's used to being really good at stuff, you know, to then have a child who's got their own plan and is not making you feel like you're doing a good job. That can be very triggering.

Amelia: Yeah, sometimes I say like, even when it hurts, I'll say I'll try to say it in a funny way. Like, well, I got some I got some Frank feedback this morning. I got a zero star Yelp review.

Debbie: Yep, been there. Yes. So Alright, so we've talked about, first of all, this is just for listeners. This is part two of a meal. This book is addressing challenging behaviors from the inside out. And so that's what she's walking us through. So these different ways to support our kids. So what else can you share with us specifically about how we can better understand and support that? The emotional regulation and skill development in our kids? Like, what do they actually need to work through this and to better be able to cope with the demands being placed on them?

Amelia: Yeah, this was something that I did have to look deeply at, because I wasn't familiar with the research. But it is so connected to my ability to self regulate my ability to maintain my relationship with my child, even when he's telling me everything I'm doing is wrong, I still have to show up for him. And actually, that is half the job of modeling, that modeling the empathetic listening. That's how he learns to be empathetic with himself. That's how he learns how to be empathetic with other people. Mm hmm.

Debbie: Yeah. And that can happen in about a month's time, then. No...just sarcasm, I always like to kind of lay out for listeners what they can expect. Because what I know, having been the parent of a child, who was defiant and very emotionally disregulated that I wanted answers. And I wanted to know how to stop the behavior, how to get things moving in a different direction. And it took a lot

longer than what I had hoped for. And so can you kind of lay out what this even looks like? What what we can expect, if we're starting to really consider changing how we parent our, our child who has ODD tendencies?

Amelia: Sure, absolutely. Um, well, I mean, this was scary for me as somebody who had never like, looked at emotion from a scientific perspective before, because there's a lot of controversy about it. But I think what's understood is that there are things around us that will trigger a thought that will give us an immediate physical response. For example, you see a mouse in the corner of your kitchen and your heart starts pounding right away. You have this huge emotional reaction, and then you start thinking about it. Maybe rationally like oh, yeah, that's, that's actually not a mouse. That's my kids, hamster. And you make decisions about whether it's a threat or not. This is really where kids start. They're walking around having physical reactions to their environment, they have no idea what they mean. And they don't know how to interpret it to themselves. So sometimes we're helping the kids identify, yeah, you're having a big reaction right now. And I know it feels really scary. Let's figure out together if this is something that we need to be very scared about. And it obviously doesn't happen by rote. But I guess I'm trying to emphasize that emotional self regulation is a very long and complicated process. And that's really the first step. Right now, your child might be reacting to everything, like it's a threat, it might be a look on your face, it might be a tone of your voice that feels threatening. And there's this huge stress reaction, you say, Whoa, where did that come from? So really patiently observing those triggers. Sometimes they're going to be right there, like they happen just one second ago. Sometimes they're going to build up over time. So if I can, if I can try to say something useful, when you're really at the end of one of those tornado days, if you sit down and just write and like pretend you're writing to your most awesome friend, or, you know, write in a group of people who really deeply understand and just map out like, well, what happened, I said this, and he said this, and then we did this. And that seemed to work. And when we look at it, in retrospect, sometimes we can untie some of those knots. Sometimes our memory starts to fill in some of the blanks that we had when we were just reacting to the situation. We go, Oh, yeah. You didn't start that until his brother came in? Maybe it's something to do with this. Oh, yeah, it started about 430. But he hadn't eaten for three hours, we can start to see those triggers in our child's environment. But it's so hard to see them. If we're reacting to ourselves, when we're reacting to our kids. We really need to do a debrief sometimes to see some of those really subtle things.

Debbie: Yeah. I love that. And I think it's such worthwhile work to do is to take the time and I and I've had, you know, parent coaches and therapists Tell me in the past, like, start keeping a journal of the regressions or start noticing, you know, what's happening and it seemed like, just too much work to do. Honestly, I was like, really, like you want me to start, like, I'm just happy to be surviving today. And now we get to write about it too. But it can be so helpful because as you said, there's always a reason and we can start to when we get a little distance from it, we can start to find those connections.

Amelia: Yeah. And our goal is not to make them stop crying or make them do what we want. Our goal is really to figure out, okay, where did that start? How can I help you handle that thing, so we can do what's important to both of us. And I can't emphasize that enough. Because sometimes we really feel like, well, if I don't just get out of the situation, as soon as possible, the world's over, like, we're panicking, that it's so easy to slip out and to Sumo. This is my future. Now, if I don't handle this today, with the biggest consequence I could think of, then I failed as a human being, right. So one thing that our kids who are diagnosed with ODD, often have in common is impulse control. And so maybe we're all having the same emotions, but the kid who is diagnosed with ODD is the one who's telling you about all their, like, the volume is turned up. And when they're told to stop, it's harder for them to stop. And this is something that has been borne out in the research as well, there's, there's some really cool tests, where you can put kids together and and test their ability to just put the brakes on Oh, like, Oh, that's not gonna pay off, stop doing that. It'll take longer for some kids, they will persist. And you know, you can test it with video games, how many more times will they press the button. But that helps me a lot as a parent, because it might not be my child's like moral character. But they said shut up to me eight more times than I was expecting them to. Or it might not be my failing as a parent that I didn't give the right reaction. It could be that when my child is in this emotional state, it is so so so hard for him to stop. But fortunately, the best thing that we know, while our kids brains are growing and changing, is to use practice. Like, when it's your first day on the job, they don't throw you in and say, like yell instructions over your shoulder. And that's often what we do with our kids. We have great advice. But we expect them to use the advice in the moment, and they're paying attention to so many.

Amelia: But if your child has difficulty with impulse control, the best possible override is a response that's been practiced. And the best way to do that is training in those lower pressure situations. And what we know about some kids who are diagnosed with ODD whether without ADD is that, although they may have great planning skills, and they may have like, you test them on their executive functioning, when they're in a good mood, totally fine. If you play a game with them, and they lose repeatedly, you test them again, they're doing way worse than the other kids, their ability to self regulate, has just gone through the floor. And it's tough, because these are the kids who are being diagnosed alongside other kids who have problems every minute of the day. And we can't tell them apart when we read the research. So we just really have to go through these things one at a time. But the best way that we know to help your child come up with a reaction in the moment is to practice, practice, practice, practice, play, use puppets, if you need to send text messages to each other practicing like scripted if you need to. We all have scripts, parent training is full of scripts, we practice scripts with each other so that we'll know what to say, when our hearts are racing. And we're sweating because this is a messy situation. And so that's a great thing to be able to offer our kids.

Debbie: Yeah, we used to do a lot of role playing, you know, just like, okay, what's it gonna look like when I call you to dinner? Let's practice it once and see how it goes. And was very helpful.

Amelia: Yeah, absolutely. Yeah, we do it as adults. And I think that I think that when kids are following a plan that they've made ahead of time, it's much easier to say no to those little distractions, those little impulses.

Debbie: Yeah, for sure. So all right, I want to have two questions I want to get to. One is can you give us a sense or give parents? Maybe I'm asking for some hope, but a sense of the trajectory? So if a parent has a child who's been identified as being defiant as potentially having this label of ODD, is it something that with all these methods are, you know, all of these support systems in the work that we do as parents? Is this something that our kids can know, I don't know if outgrow is the right word, but can you know, this can change? Right?

Amelia: Um, there are very few adults who do have a diagnosis of ODD. And I think that's largely because those of us who are rebellious and don't enjoy taking instructions, start our own businesses, we find our way to make our voices heard. And we find our niche. And we can avoid doing the things that we hate doing that everybody expects us to do. So in a sense, life will change around your child, and they will find ways to be more comfortable. In an important sense, maturity helps in all of these areas, just the brain development is bound to help with emotional self regulation, executive functioning, relationships, we learn every day. That's good news. When you look at the research, you may not see such great news. But unfortunately, that's because we've taken a pile of kids with a bunch of different struggles. And we've given every one of them the same exact treatment. And we've said, Oh, it's weird, only 40% of them got better. Yeah, only 40% of them have the struggle that you were trying to address. So even if the research is sometimes a little bit warm, not super encouraging. I do think that as we grow as a culture, and as the field of psychiatry grows, we'll be able to give a diagnosis that really points parents in the right direction. Like, Oh, I see that you're having a difficulty with a coercive cycle You're threatening, your child is threatening, here's a program that will help you de escalate in these emotional situations and stop using pressure tactics on each other great, wonderful. Maybe another child with the diagnosis will be given counseling to deal with anxiety, because they're saying no, because everything feels wrong, it's scary. So with the right treatment, I have so much hope. And every family I meet, like it's just such an honor to work with people like the love parents have for their kids just overwhelms me and gives me goosebumps every day. So I believe that parents who are well equipped can absolutely walk with their children through this. Yeah, there's a lot of stuff out there that works. I just think that we've been, we've been giving bad advice, and sending people in the wrong direction for a long time.

Debbie: Yeah, and I love that walk with your children through this. Because, again, it comes back to relationship and connection always with our kids and understanding who they are. And being fluent in them and ourselves. So it is deep work. But I see that you can move through it and get to the other side. So one last question. I just wanted to circle back because you talked about, you question, the benefits, perhaps of the label itself? Can you say a little bit more about that? Is it something I just would love to know your thoughts on that?

Amelia: Okay, well, would I want to have a diagnosis of Oppositional Defiant Disorder personally, at this moment in my life, I would say, I don't wish that on my son right now. Because it's something that could be misunderstood by other people. I don't want it to signal to people like this is a kid that you should give up on. It does sound like a period at the end of a sentence. It's really not. It's what we're seeing right now. And there's lots of other ways to describe that. On the other hand, if you're in a situation where you would like to have counseling, you would like to have different kinds of social skills programs, because you know, making friends can be hard for kids who are not always very flexible. You may have to call it something to get your insurance to cover it. So in that case, I would say absolutely go for it. But it's not something that helps other people understand what your child is struggling with easily at this point, until everyone reads my book. And then we're good.

Debbie: Yeah, it's so true. It is one of those labels, that is just like, I mean, even those of us working in this space, we don't even really understand what it is. And it is so negative, like there's no way you can hear Oppositional Defiant Disorder and think awesome. That has a lot of cool gifts.

Amelia: Yeah, no parents. No teachers, like, wow, I'm so excited. I have three ODD kids in my class.

Debbie: Yeah, it's really tricky and complicated. So that's why I know, I think that the book you've written and that you are out there, trying to demystify what odd is and to create more understanding is so important. So thank you, first of all, for writing the book. Thank you for coming and talking with us about it today. I have a feeling there's going to be more questions about this. So we may have to do a part to be very curious to hear what the feedback is from the community on the Facebook group. But before we go, could you tell listeners how they can learn more about you and connect with you as well?

Amelia: Yes. And thank you so much for helping me get this message out. I've been yelling at it in a room for a long time, but it's really nice to have other people going. Yeah, we agree with that. We needed to hear that. Um, if you want to find me, my website is ameliabowler.com. I'm on Facebook. I have a little page where I post my artwork. So that's called Creative Connected Parenting. Yeah, I post my paintings and I share things with people on Instagram. So hopefully you'll be able to find me there too. And I'm so excited to hear what people's questions are. I will never stop being curious about this and I'm happy to give you any amount of time to talk about it in the future. Yeah, that's awesome.

Debbie: Thank you and listeners I will include links of course to Amelia's social media handles and information and the book on the show notes page. And then I'm just thinking I'm trying to do a little more Facebook Lives on the tilt together group. So let's talk about maybe bringing you in to do one of those and taking people's questions. So listeners, if you want me to do that, um, let me know as well. shoot me an email, and we'll see if we can make it happen. Amelia, thank you so much. It was really lovely to connect with you again. The book is called *The Parent's*

Guide to Oppositional Defiant Disorder: Your Questions Answered. And yeah, I really appreciated you sharing all this with us today.

Amelia: Oh, this conversation has made me so happy. Thank you so much.

RESOURCES MENTIONED:

- [Amelia Bowler's website](#)
- [The Parents' Guide to Oppositional Defiant Disorder: Your Questions Answered](#) by Amelia Bowler
- [Creative Connected Parenting on Facebook](#)
- [Amelia on Instagram](#)
- [The Gottman Institute](#)
- [Dr. Russell Barkley](#)
- [Dayna Abraham at Calm the Chaos](#)
- [Dr. Mona Delahooke](#)
- [Diagnostic and Statistical Manual of Mental Disorders \(DSM5\)](#)
- [International Classification of Diseases \(ICT10\)](#)

