

# What Parents Should Know About Oppositional Defiant Disorder

When kids are labeled "defiant," the problem may lie in the systems around them.

Updated March 5, 2026    [Reviewed by Ekua Hagan](#)

When a child is labeled "oppositional," adults often assume the problem is the child. In my experience as a child psychiatrist, the truth is often much more complicated.

This is a tale of two children.

One is affluent and privileged, attending an elite prep high school where they were subjected to relentless transphobic [bullying](#). When they expressed a desire to [self-harm](#) after cruel treatment from classmates, the school counselor sent them home and said they could not return until a child psychiatrist cleared them. I was that child psychiatrist. With their parents' consent, I wrote a firmly worded letter stating that the school's measures were exclusionary, harsh, and damaging to the child's well-being.

The other child, from a racially minoritized and poor background, was terrorized by an authoritarian school principal during grade school. Upon evaluation, I learned about a history of profound [trauma](#) related to the death of a parent. Yet their predominantly white school repeatedly suspended and expelled them, compounding their suffering. None of their paperwork acknowledged the parent's death. I wrote a letter condemning the school's actions and highlighting how their approach perpetuated harm rather than providing support.

Both families sought out these schools, believing they were giving their children the best [education](#) possible. Instead, the schools failed their children, labeling them "oppositional" and "defiant" rather than addressing the root causes of their behavior.

As a child psychiatrist, I've seen how the diagnosis of oppositional defiant disorder (ODD) is frequently misunderstood and misused. While it is intended to describe persistent patterns of defiant, angry, or vindictive behavior, in practice, the diagnosis often functions less as a path to support and more as a form of condemnation. For children like these two, the label can become a fast track to [punishment](#) and exclusion rather than the educational and emotional support they need.

## **Why This Matters Now**

We are in the midst of a pediatric mental health crisis.

[Suicide](#) rates among Black youth are rising faster than for any other racial group in the United States, and the school-to-prison pipeline continues to push out children of color, criminalizing behaviors that should be understood as cries for help. ODD diagnoses disproportionately target Black, Latine, and Indigenous children, exacerbating inequities in school discipline and juvenile justice involvement.

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We are also in a moment of significant state violence directed toward trans, immigrant, and other marginalized youth. Legislation restricting [gender](#)-affirming care and the continued detention of immigrant children are two examples. In this moment, children who fail to [conform](#) to increasingly harsh systems are facing even more severe consequences. Behaviors that reflect distress, [fear](#), or resistance are often interpreted as pathology rather than signals that [the environment](#) around the child may itself be unhealthy.

For many children, behaviors labeled as "defiance" are adaptive responses to trauma, systemic racism, or inequities in education. Excessive punishment at school often escalates into criminalization by the legal system. Too often, when systems fail children, we diagnose the child instead of questioning the system.

When a child is labeled "oppositional" or "defiant," we need to ask: against what? Often, the answer includes systemic poverty, racial [discrimination](#), and school environments that fail to meet their needs.

## What Parents Can Do

If your child has been diagnosed with ODD—or described as "oppositional" or "defiant"—there are steps you can take to advocate for them.

- **Understand the subjectivity of diagnosis.** Mental health diagnoses are often subjective and prone to bias. ODD can obscure other conditions, including [autism](#), [ADHD](#), [depression](#), or trauma. Adultification and [anger](#) biases influence how behaviors are interpreted, leading adults to see Black children in particular as older, less innocent, and angrier than they are. Diagnostic criteria rarely require providers to assess the role of racism, state violence, or other structural factors shaping children's behavior. As a result, the broader context of a child's life may go unrecognized unless parents actively bring it into the conversation.
- **Ask the right questions.** Could [stress](#), trauma, bullying, or systemic inequities be influencing your child's behavior? A meaningful evaluation should consider the whole child, including their lived

experiences and environment. You have the right to ask these questions—and any provider worth your child's while will welcome them, even if they do not always have clear answers. If a provider seems unsettled by this kind of accountability, it may be a sign to move on.

- **Focus on support, not punishment.** Schools often respond to children labeled defiant with suspensions, expulsions, or other punitive discipline. These approaches rarely improve behavior and often deepen distress. Instead, advocate for interventions that prioritize [emotional regulation](#), relationship-building, and restorative practices. Support can begin with something simple: identifying a safe person at school, such as a counselor or trusted teacher, and modifying educational plans so children receive support rather than punishment. Detention, suspension, and expulsion are not the only ways.
- **Demand antiracist care.** Mental health care too often overlooks the lived experiences of racially minoritized families. Seek providers who understand how systemic inequities shape children's behavior and who are willing to provide trauma-informed, equitable care. You can also ask providers directly how they account for racism and structural inequities when diagnostic systems rarely require it. Their answer may tell you a great deal about

the care your child will receive.

- **Empower your child.** Remind your child that they are not "bad" or "broken." Help them recognize their strengths and build a sense of [self-worth](#) that is not defined by labels. You can also model accountability by reminding them that the adults and institutions around them share responsibility for setting children up for success. If a child is not doing well, it is not simply a failure of the child—it is often a signal that the adults need to work harder. And if a label seems to cause more harm than good, it is reasonable to ask whether applying it is truly helping your child.

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## Moving Beyond Labels

The truth is that there are no bad kids—only children whose needs have not been fully understood or supported. When used carelessly, the label of ODD focuses more on controlling children than on understanding them.

This is especially urgent for Black children, who face the double burden of systemic racism and rising suicide rates. Parents must partner with informed child mental health providers committed to antiracist approaches. Providers, in turn, must learn to reframe behaviors as responses to lived

experiences and structural inequities rather than signs of inherent dysfunction.

This piece is a love letter to the children mentioned here and to the many others I have seen harmed by this diagnosis.

[Parenting](#) is hard enough without the added burden of navigating systems that misunderstand children's distress. But armed with knowledge, compassion, and determination, families can push back against harmful labels and advocate for the support every child deserves.

There are no bad kids. There are children asking to be understood.

And every child—regardless of race or behavior—deserves the opportunity to thrive.

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