

**The Power of Community in Supporting Oppositional Defiant Disorder Through an
Attachment Lens**

by

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Abstract

Children with Oppositional Defiant Disorder (ODD) demonstrate challenges in initiating and maintaining positive peer interactions. Experiencing insecure attachment with caregivers can contribute to children's presentation of ODD. Furthermore, children who have ODD experience negative peer interactions and challenges in social inclusion that impact their ability to connect and engage in healthy relationships. The aim of this capstone is to provide an in-depth exploration of the impact of attachment insecurity on development ODD. A culturally inclusive lens is used to conceptualize families from a broader view and to suggest community integration as a resource for children who have ODD. In the final chapter, a presentation resource is proposed for counsellors to support counsellors in utilizing community resources for children experiencing ODD.

Keywords: attachment, primary caregiver, oppositional defiant disorder, community, disruption

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Chapter One: Introduction

The human need for belonging draws us close to the ones around us. Whether this may be our families and friends or an online community, many individuals can name others in their life with whom they share a deep closeness. However, for many individuals maintaining interpersonal relationships may not be as easy. For children with Oppositional Defiant Disorder (ODD), maintaining positive peer interactions can be difficult. For these young children research now demonstrates the role of insecure early childhood attachment relationships with caregivers to the presentation of ODD like traits (Theule et al., 2016). Children's attachment relationships, specifically in context to the level of parent's consistent responsiveness to the child's needs, allow for children to form attachment security or insecurity that then impacts their development of regulating affect (Craig et al., 2020). As the research suggests, children with attachment disruptions may be more likely to experience various externalizing problems and concerns around emotional dysregulation (Craig et al., 2020).

The aim of this capstone project is to not only explore the impacts of insecure attachment on ODD in children, but to provide counsellors with resources and support in navigating working with this population, through the utilization of community connections. In this chapter, I will introduce the topic and its relevance to counselling, while also acknowledging my unique positionality in this area. In the next chapter, I will review the literature on attachment and specifically insecure attachment styles on children's emotional development. Next, literature introducing and exploring ODD and its current interventions along with community-based lens and support for children will be discussed. Community will be defined, explained and multiple socio-cultural theories will be introduced as theoretical interventions through a community-based

approach. Through a resource for counsellors presented in the third chapter, counsellors have the opportunity to expand their understanding of ODD through a culturally aware stance.

Overview of Topic

Oppositional Defiant Disorder can be described as behaviour that negatively impacts a child's social functioning, specifically in the way the child displays deviant and hostile behaviour (Blain-Arcaro & Vaillancourt, 2019). This behaviour specifically impedes the ability for the child to maintain interpersonal relationships within their family as well as socially among peer groups. Children with ODD experience internalizing difficulties like depression, but also present with conduct disorder in their youth and adulthood (Blain-Arcaro & Vaillancourt, 2019).

Although the cause of ODD is still under exploration, emerging research has made a strong connection between insecure attachment relationships and the presentation of ODD like traits in children (Theule et al., 2016). In particular, children who experience disruptions in their attachment relationships, may be more likely to experience externalizing difficulties which affect their social functioning. For example, children in the foster care system who experienced separation in their attachment relationships with their primary caregivers were more likely to meet the diagnostic criteria for ODD as compared to children who were not in the foster care system (Engler et al., 2022).

In addition, children who are experiencing challenges in their social functioning may experience more sensitivity and therefore more impacted by the present social landscapes. For example, during COVID and the shutdown of schools, child-care, and community centers, many children experienced a disturbance in their social interactions with others. School provides a space for children to create and maintain social relationships with peers and the closure of schools during COVID resulted in several negative consequences for children, including mental

health effects (Larsen et al., 2022). Furthermore, the social climate for children is further impacted by the use of social media and technology, specifically during and in a post-COVID social climate (Midgley et al., 2022). During COVID, online social mediums were crucial in connecting individuals and promoting well-being in a time where physical connection was limited (Midgley et al., 2022). However, the role of technology and social platforms is still heavily utilized among youth and children. Therefore, children and youth may be currently navigating a social landscape that makes it more challenging to engage with peers in person. Although online contact allows for children to make meaningful social connections, the ability to maintain physical social relationships may be impacted negatively (Midgley et al., 2022).

The limitation in connecting socially may be experienced by certain groups of children more than others. For children who present with ODD traits, their challenges in maintaining social relationships may be more impacted by the lack of opportunity to do so in the physical space (Midgley et al., 2022). Community support provides an opportunity for children to engage in meaningful interpersonal interactions and relationships therefore may be an incredibly important resource to utilize given the current social climate.

Purpose Statement

The purpose of this capstone project is to explore the literature around attachment, theoretical approaches that utilize community and social interactions, ODD, and the link between ODD and disruptions in attachment relationships. In doing so, the intent is to highlight the need for community based resources and support for children, specifically under the age of twelve experiencing ODD. This capstone project also approaches these themes through a culturally collectivist lens that steps back from viewing the family as nuclear, but in context to community and extended family. Especially during a post-pandemic world where the negative impacts of

social isolation and withdrawal for children's development have become clearer, a culturally integrative lens can provide the rounded support children and families need. Furthermore, this work may be particularly interesting for counsellors who are working with children who have ODD and assisting these children in navigating various community-based resources to support interpersonal functioning. Additionally, with an attachment-based framework, it may be important for counsellors to explore the role of community support for families as a whole, while they navigate children's experiences with ODD. Overall, my hopes with this project are to give more understanding and compassion to the experience of ODD as a whole, especially with young children. More specifically, in chapter three a detailed resource and presentation will be provided for counsellors working with children with ODD. In doing so, not only will counsellors and other supporters become more knowledgeable about ODD and its impacts, but as members of a community we might be able to begin to recognize the power of community in being able to support its members.

Research Questions

The following research questions will be explored in this capstone project. Firstly, how can the community support children with ODD who have disruptions in their attachment relationships? More specifically, how can counsellors support children with ODD by utilizing community relationships and resources?

Theoretical Framework

In this capstone project, several theoretical frameworks are introduced in the efforts to gain a wider and more encompassing understanding of child development. Attachment theory by John Bowlby (1958) will be introduced as the first and primary theoretical framework of this paper. The complexities and impact of the parent-child attachment will be used in context to

children's social development. More specifically, the role of insecure attachment in young children will be explored as a foundation to the formation of ODD traits.

Next, broader social development theories will be introduced and explored to provide an understanding of social development through the lens of community and interpersonal relationships. First, Ecological Systems Theory by Urie Bronfenbrenner (1979) will be explored as a human development theory that names the four systems (microsystems, mesosystem, exosystem, and macrosystem) as interacting systems in which child development occurs (El Zaatari & Maalouf, 2022). Then, Family System theory (Bowen, 1978) will be discussed and an emphasis of child development through the structure of the family will be explored. Building upon a family systems approach, the family resilience framework (Walsh, 1996) will be introduced as a way to frame and support families and family structures. Consideration and discussion will be given to the influence of collectivist cultures in context to various approaches to child development. The hope in exploring and dissecting these theories to child development is to position conversation surrounding support for children experiencing ODD like traits.

Contribution to the Field

The literature that will be presented in the coming chapters of this project provides valuable insight into how attachment disruptions may influence the development of ODD. However, there has been limited research presented on how community connections may support children experiencing ODD in various ways, including expanding emotional regulation skills and peer relationships. This is crucial to explore, due to ODD's high social symptomatology, which is showcased through negative peer relationships and interpersonal conflicts. Overall, the hope is that we will be more comfortable in working with children with ODD and to expand the conversation around working with and treating ODD in children through community supports.

Positionality Statement

I would like to begin with recognizing that I have been given the opportunity to present this writing on the unceded and traditional lands of the Musqueam, Squamish, Tsleil-Waututh, and Tsawwassen people. As a settler, the ability to live, grow, and gain an education on this land as a visitor is a privilege I am eternally grateful for. Furthermore, as a female identifying heterosexual woman from a middle-class socioeconomic background, I recognize how these identities all interact to influence my perspective and power within this field.

As a first generation Canadian, my parents have raised me in line with South Asian cultural practices. Similar to the villages in Punjab, I spent the early years of my childhood in a home full of extended family and close family friends. After school was spent at cultural and religious centres and on the weekends, I spent my days at the park with my friends from the neighborhood, along with dinner at each other's homes in the evenings. This connectedness with my community meant I was not only raised by my mother, but by my grandmothers, aunts, and older cousins. Although the relationship with my mother, my primary caregiver, has been incredibly important to me, I cannot speak to my caregivers without mentioning the grandmothers who held me the same way my mother did, and to this day still do. This idea of family, of closeness and love, extends farther than those in my home. My community relationships and friends have always been more than just extended relationships, they have been the ones I call my family with the same closeness and warmth.

Building upon this feeling of connectedness with my community, through professional experience I have had the opportunity to support families, and many children who present with ODD symptoms. In my role, I work with parents to restore the attachment and attunement between parents and their children through various forms of intervention, primarily play based.

For most of the children that come into our program and are displaying ODD traits, the attachment with their parents have started to heal. However, many still have immense trouble connecting with their peers, attending to their teachers at school, and often are isolated from any social relationships. When I find myself at this stage with families, where the rupture has begun to repair but the children appear to still deeply struggle in school and with making friends, I always turn back to my experiences in childhood. It gives me an opportunity to reflect, as an adult, on what was so valuable and important to me as a child, and that just could not be boxed into my immediate familial home. When reflecting on all I am grateful for, it puts into perspective the power of these community relationships. When I apply this perspective into my work, I find that most of these children exhibiting challenging behaviours have had countless disruptions in their interpersonal relationships. Transitions from various foster homes, schools, inability to sustain peer relationships, and unstable extended familial ties, all are deep disruptions that impact the wellbeing of these children. Adopting this lens has allowed me to collaborate with peers in assisting families and children in a way that connects them to their community resources. Through experience working with children who have ODD and an alignment with attachment theory and its values, I am eager to continue to learn how to support children and families through the power of community relationships.

Although I have personal experience and reflection regarding my own experiences in community relationships which has given me a perspective of the benefits of community relationships, my experience may not reflect the experience of other individuals who have been raised in collectivist cultures. I am privileged to have experienced positive experiences with my community, and have only been given warmth, closeness, and kindness in my social community relationships. This is an important personal bias that I will continue to reflect on throughout the

duration of this paper. I recognize that this may not be the case for many individuals, and therefore presenting community-based resources and support should always be handled with sensitivity.

Key Terms

Attachment

Attachment is the biologically instinctual motivation for individuals to both receive and provide caregiving and safety to other individuals in times of distress (Dehganpour & Leone, 2023). Specifically, children's physical and emotional relationship with their primary caregiver is a relationship of attachment (Bretherton, 1992).

Community

Community can broadly be defined as groups of individuals who are connected through social ties and shared values and may gather collectively in geographical locations (MacQueen et al., 2001).

Disruption

Any event or change that significantly impacts a child's routine. For example, moving homes, changes in peer relationships, etc.

Oppositional Defiant Disorder

Oppositional Defiant Disorder (ODD) is in the DSM-5 (2015) among three symptom groups including anger/irritability, vindictiveness, and argumentative/defiant behaviours, with an emphasis on the symptoms impeding children's social functioning for diagnosis (Gomez et al., 2022). As a behavioural disorder ODD negatively impacts children's ability to maintain social relationships (Booker et al., 2020).

Primary Caregiver

Through an attachment based lens, the primary caregiver is most likely the child's biological mother (Bretheron, 1992). Later research has suggested that the primary caregiver can be an individual with whom the child displays a preference. For the purpose of this paper, primary caregiver will be used to define the main provider(s) for the child and this might not be the biological mother.

Chapter Summary

In this chapter, the purpose of the capstone is highlighted as an in-depth exploration into how the literature explains the connection between insecure attachment on the development of ODD. Additionally, through exploring the impact of ODD on the social relationships of children, this chapter names this capstone's intention to unpack community-based supports for children with ODD. The current social environment for children, living in a post-COVID world and the complexities of social media, have made navigating social relationships for children and youth even more intricate. In this chapter, the specific research question named, explores how counsellors can support children with ODD by using the powerful and valuable social relationships that are found in their community. In the next chapter, I will explore and discuss the literature surrounding attachment, ODD, and community to gain a further understanding of how counsellors can support children with ODD.

Chapter 2: Literature Review

In this chapter, I will introduce Attachment Theory and its role in child development. I will also review research on parent-child attachment patterns that may impact interpersonal functioning for children. I will also introduce 'community' in the context of child development, specifically the impact on child development of community isolation. Specifically, social development theories and multiculturalism theory will be introduced as theoretical frameworks to support children.

With multiple approaches presented on child development, Oppositional Defiant Disorder (ODD) will be introduced. Through a review of literature linking the relationship between ODD and parent-child attachment, available supports for children with ODD will be reviewed and explored. This discussion will present the gap in services for children with ODD with a history of attachment disruptions, through discussion of the literature, community will be introduced as support for children with ODD.

Attachment Theory

Attachment theory, first founded by John Bowlby in 1958 alongside work done by Mary Ainsworth, states that in infancy, children have a biologically wired need to form an intimate and strong relationship with their primary caregiver to promote healthy development and emotional regulation (Bretheron, 1992). Bowlby emphasized the role of the mother in this process as the primary caregiver and that the infant should experience a warm and continuous relationship (Bretheron, 1992). Bowlby assumed the role of the mother as the primary caregiver for the children, while fathers and other caregivers are secondary to the relationship between mother and child (Bretheron, 1992). Specifically, the caregivers' responsiveness, through warmth, affection, and communication towards the child will result in higher levels of psychological well-being and

emotional endurance for the child (Coutinho et al., 2020). Through this lens, the caregiver and child relationship is given significance as the primary model in which children gain the skills to develop their emotional competence and regulation. Between child and caregiver, the child should experience a relationship with nurture and care that assists their development. More specifically, the relationship between caregiver and child is an attachment relationship, and will inform the development of the child's attachment style. Through the relationship with the primary caregiver, the child will engage actions, or attachment behaviours that, "result in a person attaining or maintaining proximity to some other clearly identified individual who is conceived as better able to cope with the world" (Bowlby, 1982, p. 668). Under the first year of life, the child's attachment behaviours may look like physically clinging to the caregiver, as well as smiling and crying towards the caregiver, in hopes for a fulfilment of a need (Bretherton, 1992). These are all behaviours in which the child can attach to their caregiver, and may be more apparent during times of stress for the child, where they may require a greater assurance of safety (Bretherton, 1992). When framed through the context of attachment, every interaction the child engages in with their primary caregiver, whether it be physical or social, is a wired desire to attach. In doing so, the child feels a sense of safety and achievement of needs, that in turn, supports child development.

Attachment Styles in Childhood

Although every child will have the wired desire to attach with their primary caregiver, but the nature of the relationship will result in different types of attachment relationships, or attachment styles. Although the classification of each attachment style differs slightly among researchers, attachment styles in children can be generally classified as secure, anxious-ambivalent, anxious-avoidant, and disorganized (Yoder et al., 2018). Children who display a

secure attachment experience a relationship with their caregiver as their secure-base (Ainsworth, 1978). In a secure relationship, the child has felt warmth, connection, and safety from their caregiver, and therefore are more likely to go out and experience their world, knowing their caregiver will be available to them when necessary, especially under stress (Ainsworth, 1978). Securely attached children have confidence in their attachment figure to meet their needs, and therefore through the ability to explore their environment, are able to emotionally regulate, problem solve, and better emotionally develop through co-regulation with their primary caregiver and experience with their world (Mortazavizadeh et al., 2022).

However, for children who have an insecure attachment, their relationship with their primary caregiver causes implications for their emotional development. For example, children who have an anxious-ambivalent attachment style may have experienced caregivers who were inconsistent in meeting their needs, which causes the child to feel insecure regarding their parent's ability to be their secure base (Yoder et al., 2018). For children with anxious-ambivalent attachment styles, they may have to result in extreme reactions to gain a response from their parents (Yoder et al., 2018). An anxious-ambivalent child may not have the confidence to explore their environment, and therefore may be unable to develop the skills to emotionally regulate in their environment. Another insecure attachment style is an anxious-avoidant style, which is when the primary caregiver is consistently unreliable and the child no longer looks to their caregiver to meet their needs, even under stress (Yoder et al., 2018). The child may withdraw in an attempt to dampen their attachment needs because when they needed the parent in the past, they learn that the parent was inconsistent, insensitive, or emotionally absent (Yoder et al., 2018).

The last insecure attachment relationship is a disorganized attachment relationship, which is more likely experienced among children who have a history of abuse and/or neglect, and these children are more likely to experience intense fear, confusion, and dissociative type of emotional response under stress (Yoder et al., 2018). This means that they have become confused by the caregiver, and their behaviour looks disorganized: they want to approach the parent, but they fear the parent and the resulting behaviour is disorganized (Yoder et al., 2018).

Among the various attachment styles, children who have an insecure attachment style with their primary caregiver are more likely to experience negative impacts to their emotional development. Without an attachment relationship that allows the child to experience and regulate their emotions, the child may anticipate the same unresponsiveness from the world around them (Yoder et al., 2018).

Attachment and Adulthood

Although attachment theory concentrates its focus in infancy and childhood, the attachment styles children develop may hold implications for their ability to connect with others in adulthood. Similarly to children's attachment behaviours, adults may possess a disorganized, avoidant, anxious, or secure attachment (Arambasic et al., 2019). These varying attachment styles influence how individuals are able to adjust to relationships they form as adults and are reflective of their early attachment relationship with their primary caregiver. For example, an adult who displays an anxious-avoidant style may be hyper-independent and less likely to be vulnerable for their needs with others in their adult relationships, because in childhood, they may have had a primary caregiver who were not responsive to their needs. Furthermore, individuals who display insecure attachment styles, are more likely to display internalized disorders, such as depression, less able to cope with life's stressors, and an overall poorer quality of life

(Arambasic et al., 2019). Therefore, the attachment relationship that is formed in the early years of a child's life with their primary caretaker, has a strong impact on the relationship patterns and psychological symptoms that an adult may experience later in their life.

Earned Secure Attachment

The discussion so far suggests that attachment styles are formed early in childhood, directly impacting the way adults show up emotionally in relationships. However, it's important to note that although attachment is a lifelong interaction, research now suggests that attachment style can change throughout an individual's life, and individuals who have demonstrated insecure attachment traits, can develop an *earned* secure attachment. Earned secure attachment, as described by Roisman et al., (2002), is when, "individuals rise above malevolent parenting histories to break the intergenerational cycle." (p. 1204). An important element of earned secure attachment, is the ability for the adult to demonstrate cognitive flexibility in viewing their early childhood experiences as not inherently negative but through a reflective lens (Paley et al., 1999). Along with self-reflection, through engaging in positive social and intimate relationships, individuals may be able to rework insecure attachment styles into more secure ones (Guina, 2016). Experiencing positive relationships outside of the parental sphere, may allow for individuals to practice healthier social skills interpersonally. Therefore, instead of labelling individuals with different attachment styles depending on their early experiences, it may be valuable to explore how to support individuals in developing stronger emotional endurance within their close relationships.

Although the research presented here is in context to adults, it will be crucial to understand the positive impact of relationships in children's lives, especially in terms of children who display attachment insecurity. The underlying mechanisms of earned secure attachment are

complex and although they will not be completely explored in this section, the idea that attachment is not permanent or absolute throughout a child's growth into adulthood is valuable, and will inform the introductions of various supports for children in this paper.

Considerations

Attachment theory stresses the importance of the mother as the primary caregiver to the child. Although this is foundational to the application of attachment theory, it may neglect other caregivers in the children's environment as well as diverse familial structures. The relationships children have very early on with their siblings, extended family, teachers, and peers have significant impact on their development but have not traditionally been considered attachment relationships (Saunders et al., 2015). In a family unit itself, the complex interactions among family members and their influence on the child may be limited through an attachment perspective, which focuses specifically on mother and child (Saunders et al., 2015). Despite the impact of these relationships on the child's development, the mother-child relationship remains the most influential on a child's development and presentation. Furthermore, it is also important to recognize that the assumption that the mother is the sole primary caregiver may not be reflective of various cultural models. In many non-western cultures, which are often collectivist cultures, family members will distribute caretaking of the children among women in larger multigenerational families (Keller, 2018).

Another consideration is that attachment theory is founded through a western lens, and may suggest the mother as the sole primary caregiver in a nuclear family context, where homes are not necessarily multigenerational (Keller, 2018). Therefore, when looking at child development it will be important to use a wider framework and view children within context to their environment, which can include other family members as well as peers. This may allow for

an approach to child development that is more encompassed around the child's environment and its interacting and complex influences, while also still using an attachment informed lens.

Attachment theory proposes a valuable perspective to understanding child development within the context of the primary caregiver and child's relationship. Within this relationship, children are either given the nurture, care, and warmth that can support their healthy development, or may learn to cope with inconsistent/absent caregivers through the suppression of their own emotional development. The research presented earlier also suggests that although these attachment relationships with early caregivers are essential to how an individual grows and engages with others throughout their lives, individuals don't necessarily have to be fixed to a certain attachment style their entire lives.

Attachment theory tells us that the parent-caregiver relationship is the most valuable for child development, which although is correct through an attachment-lens, this may cause us to disregard the impact of children's broader social systems on their overall development. Although these social relationships according to Bowlby (1958) don't serve as primary attachment figures, they still have the ability to strongly impact children's lives and functioning. Several theoretical approaches to development utilize this idea of social support, or community, and these theories will be further explored in this discussion as a model of social development for children.

Community Based Approach to Development

Community

Although experiencing and defining community is a personal process, the literature broadly defines community as follows: "a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joining action in geographical locations or settings" (MacQueen et al., 2001, p. 12). Although communities are founded in

belonging and shared values, they still involve exclusions and isolation for certain groups or members (Johansson & Rosell, 2021). Social relationships are formed early in childhood, and although the social groups of children may be smaller than those of adults, they also consist of social relationships with peers, family members, and other adults. These early relationships are crucial for children's social and emotional development and serve as models, or a secure base, for future relationships in children's lives (Manalel & Antonucci, 2020).

Importance of Community

Having strong social support networks is a protective factor for children's mental well-being. Specifically, children with diverse and supportive relationships are more adaptive to stressors and less likely to score higher on depressive measures, well into young adulthood (Manalel & Antonucci, 2020). Therefore, the influence of community can have a strong impact on individuals wellbeing, and specifically for children as they transition through crucial developmental periods. As early as preschool, children create community with one another and although the rules and norms of their community are not as direct, they still have collaboration, shared interests, and instances of exclusion, mostly through play-based interaction (Johansson & Rosell, 2021). Another crucial attribute of community is the feeling of belonging, which community members feel towards one another and the community as a whole, and allows members to feel valued and respected (Giles et al., 2020). Belonging is a constant interaction for members of a community, and belonging to a community assures members of their safety within a group (Johansson & Rosell, 2021).

According to Hindt and Leon (2022) a sense of belonging in the community allows children to receive warmth and safety outside of the parent-child relationship, and this enables them to feel worthy and valued. For children who may be more isolated from community

support and involvement, there may be implications for their social development. For example, children who are separated from their communities, through moving neighbourhoods and changing schools, experienced difficulties maintaining relationships with their culture, formulating relationships with peers, as well as a loss of belonging (Hindt & Leon, 2022).

Belonging in a particular community may be elicited from the shared culture, values, and interests that provide children with a social. If a child has an insecure attachment relationship with their caregivers, it may be even more important to explore how their community relationships may serve as a protective factor. For example, the idea of earned secure attachment presented earlier highlights the possibility of individuals managing and repairing their insecure attachment traits partly through strong social relationships. Therefore, a community with opportunity to engage in social relationships, feeling a sense of belonging, and fulfilment of various social needs may be a strong resource for children with insecure attachment styles.

Collaboration in Community through Emotional Regulation

For children, the interactions between teachers, peers, family, and other individuals within their community is an opportunity to engage in emotional experiences with another individual. Emotional regulation is the ability to increase or decrease emotional responses to a certain emotion and the ability to regulate appropriately, which is first developed within the parent-child attachment (Shenaar-Golan et al., 2021). Within the context of parent-child relationships, children may learn how to regulate emotions through observing, modelling, and participating in emotional experiences with their parents (Shenaar-Golan et al., 2021). In addition, the parent-child relationship informs how children are able to communicate with their peers. Therefore, emotional regulation is a crucial social-developmental skill, and as discussed previously, is an important facet of attachment theory, where the caregiver and child engage in

emotional regulation within their relationship, which leads to secure attachment. When children are unable to regulate their emotions and experience emotional dysregulation, they may be more likely to experience peer victimization and exclusion from social groups (Fogleman et al., 2018).

Disruptions in Community

The relationships children form at a young age have several benefits for their well-being and development. However, along with the benefits, it is also important to highlight the consequences and disadvantages of disruptions to these relationships. A study by Shohet et al. (2019), found that when children ages twenty four to thirty six months had the presence of a friend in their daycare, someone with whom they shared a strong bond, they were more likely to engage in prosocial behaviours (Shohet et al., 2019). However, if the children did not have the presence of their friends, especially during transition times, they exhibited signs of stress or depression, and were thus less likely to engage in positive behaviours with other peers (Shohet et al., 2019). These symptoms that children experience in the absence of their friends, resulted in highly distressed behaviours and emotions. This research suggests that the heightened feelings of distress, fear, and anxiety the children felt at daycare were mediated by the presence of a friend (Shohet et al., 2019). This research allows us to see how separation from individuals with whom children have a close bond, but are not caregivers, may also affect their well-being.

Additionally, research showcases the effects of disrupted community relationships is especially significant when children move houses or neighbourhoods. Rumbold et al. (2012) explored the impacts of residential mobility with 403 families who had children under the age of nine through a longitudinal study. Researchers found that residential mobility before the age of two was associated with higher reported internalizing behaviour problems at age nine (Rumbold et al., 2012). In addition, the more times the family moved from various residences and

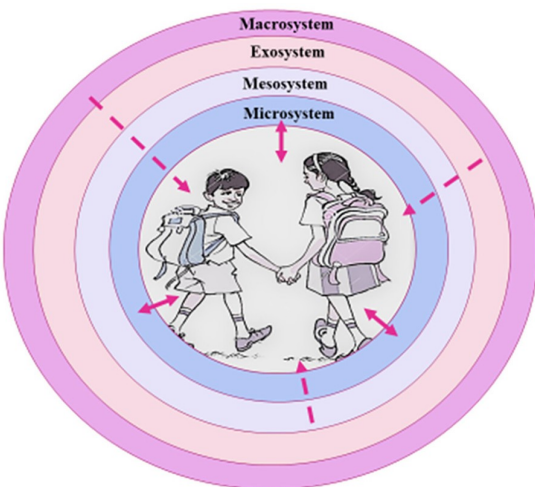
communities, the higher it was reported that the children experienced anxiety, depression, and other mental health concerns (Rumbold et al., 2012). This research highlights that despite the children moving with their families (the primary attachment figures), there was still a significant impact on the child's emotional well-being. The research showcases a small but valuable picture on both the positive impacts of strong social support, but the negative impacts on children when these relationships are disrupted.

Ecological Systems Theory

The importance of community and the social relationships that are created among children is the basis of several human developmental models. One of the theoretical approaches that utilizes a social development lens is ecological systems theory. Developed by Urie Bronfenbrenner (1979), Ecological Systems Theory proposes that human development occurs in four systems, which are called the microsystems, mesosystem, exosystem, and macrosystem (El Zaatari & Maalouf, 2022).

Figure 1

Ecological model of human development (reproduced from El Zaatari & Maalouf 2022, p.3)



The microsystem is the inner circle of the developmental mode, and consists of interactions that directly influence the developing child (El Zaatari & Maalouf, 2022). A direct influence may mean the child's caregivers, and this parent-child relationship may be a strong influence in the child's life, which is also echoed in attachment theory. The microsystem may also include the child's neighbourhood, religious institution, and teachers (Anthony et al., 2013). However, Bronfenbrenner expands the influence on a child's development through the mesosystem, exosystem, and macrosystem. The mesosystem includes the relationships or interactions among the parts of the child's microsystem, like experiences between family members or between peers and teachers (Onwuegbuzie et al., 2013). The exosystem level of the ecological systems model does not directly include the child, but refers to the overall social setting in which they exist (Onwuegbuzie et al., 2013). For example, a child's home environment might be affected by their fathers stress at work. Lastly, the macrosystem refers to the overall cultural context, laws, ideologies, and cultural norms that the child exists within (Anthony et al., 2013). These four factors influence how the child develops and all interact with one another to influence a child's developmental experience.

Emerging research has begun to utilize models of attachment theory alongside the ecological developmental model, specifically in context to children. For example, in a study completed by Chen et al. (2021), one of the researchers' hypotheses aimed to explore the impact of teacher and peer support on adolescent anxiety and on the caregiver-adolescent attachment relationship. Using a sample of a thousand one hundred and thirty-nine mothers and adolescence of Asian heritage, researchers had mothers and adolescence complete several questionnaires in regards to their attachment relationship and perceived social support (Chen et al., 2021). Researchers concluded that teacher and peer support at school, can support the child's overall

development, which can assist adolescents in being receptive to nurture and care from their mothers who had anxious attachment features. Therefore, a supportive teacher be a protective factor against adolescent anxiety (Chen et al., 2021).

As discussed previously, teachers, peers, and caregivers makeup a child's microsystem, and directly influence the child's individual development. In Chen et al. (2021), the microsystem served as a protective factor for children against the symptoms of adolescent anxiety when children were at a higher risk for developing an insecure attachment style. Therefore, it is valuable to view other relationships within a child's environment as protective and supportive for the child's emotional development.

Family Systems Theory

Attachment theory provides a foundation for child development between the primary caregiver and child, and social development theories like ecological systems theory allow us to take a step back and view the child's development as interactions between their social contexts. Family Systems Theory provides another insight into conceptualizing the development of the child beyond the primary caregiver and child. First introduced by Murray Bowen (1978), Family Systems Theory views the development of an individual within the family context and as a result of the complex interactions among family members (Chang & Bhat, 2022). Specifically, an individual in the family system can reduce their family- related anxiety through differentiation (Chang & Bhat, 2022). Differentiation of the systems has positive impacts for the individual. Differentiation is the ability to be engaged in emotional experiences with other family members but still be independent in one's own emotional reactivity and emotional functioning. On the other hand, fusion is when individuals in the family are unable to separate their emotional experiences (Thompson et al., 2019). The child within the family may be impacted by the

various interactions within the family interactions, one being triangulation. Triangulation may appear when children are overly involved in conflict between parents, which may hold consequences for their emotions to create emotional boundaries as they develop (Chang & Bhat, 2022).

Building upon the basic foundation of Family Systems Theory, the family resilience framework is a way the family unit supports itself during times of adversity and stress (Lane et al., 2016). The family resilience framework adopts the basic principle of interconnectedness and the influence family members have with one another that was previously introduced through family systems theory. The family resilience framework explores how families create resilience throughout time, and is measured along nine components: meaning making; positive outlook; transcendence and spirituality; flexibility; connectedness; social and economic resources; clarity; open emotional expression; and, collaborative problem solving (Lane et al., 2016). For example, in the face of adversity when families choose a cohesive positive outlook and choose to be collaborative through connection and respecting family members emotional boundaries, they are better suited to remain connected (Lane et al., 2016). This framework suggests a way for individuals to be supported throughout adversity within the structure of their family, as compared to coping and responding to stress as solely an individual process.

Collectivist and Nuclear Families

The role of cultural trends and norms in the formation of family structures is important to our understanding of children of diverse cultural backgrounds. Collectivist cultures are rooted in the belief that the benefit of the community and family is more important than the wellbeing of a single individual (Krys et al., 2019). Within collectivist families, there may be a sense of interdependent well-being as compared to individual wellbeing and life satisfaction (Krys et al.,

2019). The family unit's security may be reliant on the cohesion and involvement of each individual member working together. In collectivist cultures there may be a more hierarchical relationship in the parent-child relationship, where the parent takes an authoritative role (Lansford et al., 2021). Parent's goals may be centred around collectivist norms, and they may expect their children to have interdependent social relationships with others (Zhou et al., 2021). Parents who wish for their children to adopt collectivist values, may place an emphasis on supporting children in gaining autonomy and responsiveness to others needs to gain social competence, which is necessary for their interpersonal functioning as they develop (Zhou et al., 2021). Therefore, to ensure the cohesion and wellbeing of the family whole, parents utilize an authoritative parenting approach that allows children to form a secure attachment with their parents as well as the opportunity to model and practice prosocial behaviour within the home.

The collectivist family structure may also have several more benefits for children's development. For example, a study of the influence of extended family members on children's intellectual development in Pakistan, found that extended family members provided emotional support, sensory stimulation, and dynamic learning experiences (Avan & Raza, 2007). Rural Pakistan is dominated by a collectivist culture that promotes the idea of several extended family members living closely together with other community members in small villages (Avan & Raza, 2007). Therefore, it seems children in the home have the opportunity to form close bonds with members of their community and extended family and this may directly impact their intellectual and social development. While exploring the various components of Family System Theory, which originated in the west and contains a western framework, it is important to understand different cultural norms for children and families who don't adopt a western familial structures.

Not only does exploring the different family structures give clinicians a greater awareness, the ways that children can be impacted through broader family relationships can be highlighted.

Oppositional Defiant Disorder (ODD)

Although children's involvement in social interactions and relationships is vital for their development, several disorders may make it more challenging for children to engage socially. One of these disorders, Oppositional Defiant Disorder (ODD), has severe implications for young children's social and emotional functioning.

Oppositional Defiant Disorder (ODD) is a behavioural disorder where children will display disruptive and noncompliant behaviours (Booker et al., 2020). These non-compliant behaviours may look like an observed inability to control anger and defiant behaviours that can cause disruptions socially (Booker et al., 2020). These social disruptions may make it difficult for children with ODD to sustain relationships. Often regarded as an early childhood disorder, ODD is more apparent in early school-aged children (Craig et al., 2020). Diagnoses are as common as early preschool, from the ages of six to thirteen, and are more prevalent in boys as compared to girls (Dachew et al., 2021).

In the DSM-5 (APA, 2015), ODD is divided among three symptom presentations: anger/irritability, vindictiveness, and argumentative/defiant behaviours (Gomez et al., 2022). For children to meet the diagnostic criteria for ODD, a negative impact on children's functioning, particularly interpersonal social functioning, must be observed (Ding et al., 2020). The conceptualization of ODD in the DSM-5 suggests that ODD is a multidimensional process (cited in Gomez et al., 2022). Therefore, different children who have ODD may present with varying symptoms. Furthermore, children who meet the diagnostic criteria for ODD or who present with symptoms also appear to be at a higher risk for developing anxiety, depression, ADHD, and

conduct disorder (Chen et al., 2022). The high comorbidity of ODD with disorders like ADHD may also impact the diagnosis process, as clinicians may screen for ODD if children or youth are already presenting with ADHD. Through the externalizing symptoms of ODD, children's ability to create and maintain social relationships may be severely impacted very early on. Without learning how to create and maintain positive social relationships, children may grow to have unstable and unsatisfactory social relationships as adults.

Impact on Social Ties

Although the parent-child attachment relationship both impacts and is impacted by the diagnosis of ODD in children, it is also apparent in children's social relationships. For example, Burke et al. (2014) research the impact of ODD on social relationships with participants ranging from adolescents to young adults, using both parental reports and self-reports. Researchers found that ODD was associated with poor social cohesion, negative peer interactions, peer rejection, and poor performance at school (Burke et al., 2014). Researchers described various interpersonal implications of ODD in their work, including the decreased likelihood of being in a romantic relationship as well as even not receiving a recommendation letter for a job application (Burke et al., 2014). The negative impact of ODD on interpersonal relationships, in turn may make it more difficult for individuals with the disorder to reach out for various types of social support, as they may not have the skills and ability to maintain these relationships, and therefore the opportunity to experience healthy interpersonal interactions.

ODD and Attachment

Researchers have begun to explore the role of parent-child attachment in the development of ODD symptoms. Through an attachment lens, children who have ODD or are showing symptoms of the disorder, are more likely to have an insecure, more specifically disorganized,

attachment style (Theule et al., 2016). A disorganized attachment is more likely associated with externalizing symptoms such as hostility and aggression in preschool aged children (Forslund et al., 2019). Although the underlying mechanisms linking disorganized attachment and ODD are unclear, several facets of an insecure attachment may contribute to the presenting symptoms that children with ODD have. For example, children who have insecure attachment styles are more likely to experience affect dysregulation and emotional dysregulation, due to primary caregivers inconsistently responding to children's emotional needs (Craig et al., 2020). Without the ability to learn how to regulate their own emotional responses through the parent-child relationship, children are unable to continue to appropriately regulate their emotions with others. Among many externalizing concerns in children, including symptoms of ODD, dysregulation of emotions such as anger and recognition of peers' emotional facial expressions is present (Forslund et al., 2019). Therefore, emotional dysregulation may serve as a mediating effect that connects insecure attachment and ODD in children (Craig et al., 2020).

High levels of parental stress, family conflict, and lower socioeconomic status in families may be all correlated to ODD symptoms in young children (Lavigne et al., 2015). This may be due to higher levels of stress interrupting parent's ability to respond to children's emotional needs. It's also important to note that the development of ODD may be due to several causes however, research cited in this capstone suggests that an insecure attachment styles among parents and children poses a risk for the development of ODD. Considering this potential interaction effect is important as it could allow clinicians to tailor treatment methods to address the disrupted attachment.

ODD and Cultural Implications

When supporting children with ODD, it is important to consider cultural implications in the presentation of ODD but also in diagnosing practices. Children of racial minority groups, particularly black Americans, are more likely to be diagnosed with disruptive social disorders, including ODD (Ballentine, 2019). Taking a critical race theory approach, diagnostic mechanisms and criteria belong in the broader racialized system (Ballentine, 2019). Like counselling as a whole, although diagnosis is meant to be applied to all races and cultures, the predominately white and western foundations of theory, practice, and diagnosis, result in a racialized system. Many times, unconscious biases may allow clinicians to perceive black children's behaviour as more defiant and aggressive, and may be more likely to be labelled as ODD as compared to white children (Ballentine, 2019). Furthermore, many cultures may accept aggressive behaviour in young children as appropriate due to different developmental expectations, as compared to western standards (Watabe et al., 2022). This means some cultures may not perceive their children's behaviour as problematic or in need of counselling intervention, but appropriate due to their child's age.

In other cultures, parents may follow a more authoritarian parenting style where obedience from children is mandatory. For example, in certain collectivist cultures, disobedient behaviour from children may be viewed as more negative and children may be expected to exhibit control of their behaviour to preserve family unity and social status (Chen et al., 2022). Therefore, clinicians and service providers should be aware of the impacts of racial bias in themselves and communities so that they are able to provide culturally informed interventions.

Interventions for ODD

Through the information presented, ODD appears to have significant impacts on young children's interpersonal functioning, emotional regulation, and may make children more likely to experience mental health disorders in the future. Between families, clinicians, and caregiving providers, several empirically based interventions for ODD may be applied to support children in social functioning. These various techniques utilize different approaches to therapy that may be applicable to the multidimensional symptomatology of ODD in children. Therefore, when working with children who have ODD, research identifies various parenting groups for the families who have children with ODD. For ODD, instead of focusing on symptomatology, research has shown a focus on parenting and the attachment relationship as an effective intervention (Booker et al., 2020).

Parent Management Training (PMT)

PMT is an intervention for parents with children who may have different developmental disorders or difficulties managing behaviour, and has been implemented with children who have ODD or are experiencing uncooperative and difficulty in interpersonal functioning (Guido et al., 2019). The goal of PMT is to increase positive communication between parents and children through educating parents about ODD, its symptoms, and to explore the child's behaviour and skills to alter behaviour to support their social functioning (Guido et al., 2019). Additionally, PMT is one of the most researched and supported strategies for ODD and Conduct Disorder, and is founded in social-learning theory as well as operant conditioning principles (Dedousis-Wallace et al., 2022). PMT uses psychoeducation to support parents as well as introducing various strategies that target the child's oppositional behaviour. Through its approach PMT suggests a lack of appropriate parenting strategies as the root cause of oppositional behaviours in

children and youth, and when parents utilize the appropriate skills, they are more likely to receive compliance from their children, which is an important goal of PMT as well (Ollendick et al., 2016). The skills that parents may learn and apply through working with a PMT clinician are rooted in behaviour management, and include the use of direct commands and contingent reinforcement (Ollendick et al., 2016). Through using different behavioural conditioning skills in PMT, parents will learn the way to promote and reward socially appropriate behaviour and decrease the frequency of defiant behaviours.

Although PMT focuses on the relationship between parents and their children, it does not specifically adopt an attachment lens. The focus on behaviouristic treatment strategies may be easy to apply in practice, but may also neglect the complexities of children's behaviour. As discussed earlier, ODD is a multidimensional disorder with a variety of symptoms with its roots still being explored. Therefore, it can be assumed that a standard approach may not be applicable for each unique child. Furthermore, the impact of community and social connections does not appear to be highlighted in a PMT approach. For example, children who display ODD like traits may have difficulty in maintaining and engaging in social relationships, but the power of community is essential in teaching and allowing children to model appropriate social behaviours. Therefore, although the research has identified that PMT is a valuable tool for many parents and children with ODD, it may be more helpful to explore how children's broader social support can help children with their interpersonal functioning.

Collaborative and Proactive Solutions Therapy (CPS).

Another intervention in treating youth and children with behavioural difficulties is Collaborative and Proactive Solutions Therapy (CPS). CPS is considered a part of the third wave Cognitive Behaviour Therapy, and is an intervention for ODD that can be utilized by caregivers

and clinicians (Greene & Winkler, 2019). CPS views defiant and noncompliant behaviour as a child's response to inappropriate expectations placed on them, and the presenting behaviour is called an incompatibility episode (Greene & Winkler, 2019). Instead of the child behaving in ways out of a vindictive intent, CPS allows us to take a step back and view the influence of the child's environment. Additionally, children's environment's impact the development of their emotional regulation skills, or their lagging skills through a CPS lens, which creates the observed challenging behaviours in ODD (Maddox et al., 2018). Therefore, CPS views the ODD symptoms as an interaction between children's genetic components as well as the parent-child relationship. CPS avoids a categorical approach to diagnosing ODD, and instead addresses the multidimensional symptoms including withdrawal, aggressive physical behaviours, inability to regulate emotions as incompatibility between expectations and skills (Greene & Winkler, 2019). Common interventions include caregivers and clinicians utilizing empathy and validation of children's feelings while also using invitation-based language, adult and child agreed-upon solutions, and addressing unresolved problems (Greene & Winkler, 2019).

During sessions, clinicians encourage caregivers to view child behaviour as a context to their environment as compared to an inherent laziness or low motivation, and to address children's concerns (Greene & Winkler, 2019). This approach does not aim to blame parents' specific parenting skills as a cause of the behaviour, but aims to give parents a wider understanding of what causes children's behaviour, in a way that promotes empathy and compassion. It does not take a behavioural approach towards children's behaviour, but instead combines various developmental perspectives to conceptualize ODD's symptoms. This may make it more applicable to different children with ODD, given the variety of symptom presentations observed.

Child-Centred Play Therapy:

Another intervention to working with children who have ODD is Child-Centred Play Therapy (CCPT). CCPT is a non-directive therapeutic approach where clinicians utilize age-appropriate toys and activities with the child (Parker et al., 2021). Identified as an ideal intervention for children experiencing aggression, CCPT suggests that the therapeutic relationship between clinician and child during play serves as the mechanism of positive growth and healing for the child, which then will reduce the defiant and aggressive behaviour (Wilson & Dee Ray., 2018). In CCPT, children not only use play as a way to express themselves but the therapeutic relationship itself has several positive advantages. Within the therapeutic relationship, children who struggle maintaining positive social relationships due to behavioural concerns, have the opportunity to engage and model positive social skills with the therapist (Parker et al., 2021). CCPT adopts a self-actualizing perspective. This means that children's aggressive behaviours are conceptualized as a way for them to meet their needs (Wilson & Dee Ray., 2018). Through this person-centred perspective, the therapist and children review more adaptive ways for them to have their needs met. Through these sessions, they are able to effectively change their behaviours.

When using play therapy, clinicians will provide children with unconditional positive regard, and empathy, which when experienced by the child, allows them to create a positive self-structure (Haas & Ray, 2020). Different play activities can be used in play therapy, and sand therapy has been a well-supported intervention when working with children who have ODD. Sand therapy (ST) optimizes the use of a sandbox with different toys and the therapeutic alliance to allow the child to represent their internal world through play, within the safety of the therapeutic alliance (Chalfon & Ramos, 2022). Through the non-confrontational nature of ST,

children are able to express inner conflict, usually due to family dynamics, in an imaginative way versus one with externalizing symptoms like physical violence and aggression (Chalfon & Ramos, 2022).

Community Approaches for ODD: The Gap

Insecure attachment creates a foundation for difficulties in emotional regulation and negative social functioning, as presented by the literature in this chapter. The research explores various interventions that address the attachment roots of ODD and influences on social functioning. However, interventions that prioritize and utilize children's communities is missing. This results in a sort of cycle, where children with ODD struggle to maintain social relationships due to the socially disruptive symptoms, but then miss out on the healing opportunity to engage in social relationships through peers, which allow observing and modelling of appropriately emotional engagement in emotional experiences with others. Various interventions such as PMT and ST, although found in the research to be useful and supportive, may miss out on the opportunity to engage children with ODD with their broader social environment. What if children with ODD could have access to resources which although rooted in an attachment framework, utilized the broader community as a way to support through a culturally integrative lens? Overall, the hope with seeing the impact of community relationships on ODD is to expand the conversation around working with and treating ODD through utilizing our communities.

In the next chapter I will propose a resource targeting towards counsellors working with children who present with ODD. This proposed presentation will allow counsellors to gain a wider understanding of ODD and how it may present in children, through an attachment based framework. Through introducing community as an intervention to support children, counsellors

can become better equipped in supporting children and families with ODD, through a culturally integrative lens.

Chapter 3: Discussion, Recommendation, Conclusion

Discussion

In this final chapter, utilizing the literature presented in Chapter 1 and 2, a practical training resource will be proposed for counsellors working with children who have ODD. The intent of this capstone project was to explore the research on ODD and its relationship to insecure presentation, while also considering the current interventions for children with ODD. As discussed in Chapter 2, insecure attachment has an extensive impact on children's development. There is an abundance of research that supported the connection between insecure attachment and ODD, and its impact for children's emotional regulation. Children first learn to regulate their emotions through co-regulation with their caregivers, and if they do not have the opportunity to do so, this impacts their ability to engage in appropriate emotional experiences with peers (Shenaar-Golan et al., 2021). The research that explored the connection among attachment and ODD was abundant, and the literature primarily supported insecure attachment with the presentation of ODD symptoms. An insecure attachment style, particularly a disorganized attachment styles, was strongly associated with the manifestation of ODD symptoms in young children (Theule et al., 2016).

However, interventions that supported children with ODD's broader social relationships were missing. This may create a sort of cycle, where children with ODD struggle to maintain social relationships due to the externalizing symptoms of ODD which may be socially disruptive, but then miss out on the healing opportunity to engage in social relationships through peers and extended community members. These extended social relationships provide children with the ability to observe, model, and engage in appropriate emotional experiences with others (Lynn, 2013).

The ultimate aim of this capstone was to inform counsellors to expand their toolkits when working with ODD in children, and to provide them with a resource that can support their understanding of ODD and also provide strategies conceptualizing children and families through a broader community-oriented lens. In addition, I am suggesting that counselling consider ODD interventions from a broader community lens. In chapter 2, I reiterated the benefits of community, not only direct caregivers, but peers, and other important adults and supports that could contribute to a child's emotional development through relationships (Manalel & Antonucci, 2020). As discussed, attachment styles, although directly impacted by the parent-caregiver relationship, are not permanent in nature. Although the underlying mechanisms of earned secure attachment are still under exploration, the idea that attachment styles can be repaired and more secure through interpersonal relationships with others, is absolutely essential for children who have had insecure attachment relationships with caregivers (Guina, 2016). This is where the community can step in. Not only as a protective factor to support children in parental homes that are not safe, but to support children in gaining the positive interactional patterns and relationships that are important for creating meaningful relationships and belonging within their community.

Application: Resource for Counsellors

The research question posed in Chapter 1 asked how counsellors can use a community-oriented lens to support children with ODD. The following resource that will be outlined in this capstone attempts to support counsellors in conceptualizing support for ODD in children in a way that takes a community-based approach.

As the cause of ODD is still being explored by research, the current interventions have utilized an attachment lens to support parents with children who have ODD. These parent

oriented interventions, like PMT, target the relationship between caregivers and children, which through the literature presented in this paper, are relationships of attachment. The link between insecure attachment and the presentation of ODD symptoms in young children also further supports interventions that are parent and child focused such as CPS and CCPT. These interventions are widely empirically supported and have been found to be responsible for positive changes in the lives of children with ODD and their families.

The literature in chapter 2 reveals the value and importance of parent and clinician interventions for ODD. However, through the introduction and discussion of community as a support and resource for children who have ODD in this paper, I propose the addition of community-oriented support for children managing the externalizing symptoms of ODD.

Resource Outline

This presentation is designed for counsellors who are looking to further their understanding of ODD and how to support children and families. The presentation shares research and literature that provides an empirical background of attachment, ODD, and community. Building upon the research, the presentation asks for attendees to unpack and explore their preconceived notions regarding ODD and any biases they may have. Although the presentation is research dense, the aim is to foster community like discussions among counsellors through discussion questions that call for personal introspection. This also further allows for counsellors to learn from each other's experiences and wisdom.

Slide one: Title

This slide presents the title of the resource *Conceptualizing ODD for Counsellors*.

Slide two: About me

This slide provides some information regarding the social location of the presenter. The presenter would also introduce the link between their social location and their interest in exploring community-based orientations. This personal anecdote creates transparency and an invitation for attendees to reflect on how their own personal location's impact their lens and focus.

Slide three: Objectives

This slide highlights the three objectives of this presentation and resource. The first objective is to name and explore the link between attachment and the presentation of ODD symptoms in young children. Secondly, this presentation aims to introduce community and culturally inclusive practices to supporting children. Finally, the third objective of this presentation is to explore the ways counsellors can utilize a community-oriented lens to support children with ODD.

Slide four: What's Your Experience Working with ODD?

Participants are invited to reflect on the first discussion question, "what is your experience working with ODD?" The purpose of this question is for the presenter to gain a better understanding of the level of experience and comfort of the group while working with ODD. A follow-up question could be for the presenter to ask, "can you identify any biases you have towards working with individuals who have ODD?" As part of the counselling field, naming, unpacking, and exploring personal biases we may hold as clinicians is an ethical responsibility. As highlighted in the BCACC code of ethical conduct, counsellors should practice in a way that is free from bias and prejudice (BCACC, 2023). As the presenter, it's important to assure

participants that naming biases is not to shame or judge one another, but to explore blind spots in our work that can be supported with resources and education.

Slide five: What is ODD?

In this slide, the presenter presents research regarding the background of ODD in children. ODD is defined as a behavioural disorder where children display behaviour that is disruptive in social settings (Booker et al., 2020). In this slide, the presenter will place an emphasis on the negative social/peer outcomes of and ODD diagnosis, common in school-aged children (Chet et al., 2022).

Slide six: DSM-5 and ODD Diagnosis

This slide provides a specific look into the DSM-5 diagnostic criteria for ODD. An emphasis will be placed on the multidimensional process of diagnosis ODD. Instead of a categorical approach, the DSM-5 lists the diagnosis among the three symptom presentations, anger/irritability, vindictiveness, and argumentative/defiant behaviours (Gomez et al., 2022). Background on the DSM-5 diagnosis in this slide is valuable as the DSM-5 provides shared language for counsellors from different disciplines.

Slide seven: What is ODD?

On this slide, the presenter will further explore what ODD may look like in children, with an emphasis on externalizing symptoms.

Slide eight: Attachment and ODD

Title page for the next section of the capstone project, Attachment and ODD.

Slide nine: Attachment

Attachment is introduced as a foundational concept that names the parent-child relationship as the primary function to support children's development (Bretheron, 1992). The presenter places an emphasis on insecure attachment as a result of children receiving inconsistent responses towards their needs from their primary caregivers, and the implication of this on children's social and emotional development (Yoder et al., 2018).

Slide ten: Attachment and ODD

Insecure attachment, particularly disorganized attachment style, is named as the link to the presentation of ODD in young children (Theule et al., 2016).

Slide eleven: The Cause of ODD is unknown, so what's the connection?

The underlying mechanisms of ODD are still under exploration, as named by the literature. Participants are invited to discuss and brainstorm what they think the connection between ODD and attachment, in a group discussion.

Slide twelve: Emotional Regulation, Attachment and ODD

Emotional regulation serves as a moderating factor between insecure attachment and the presentation of ODD (Craig et al., 2020). This may explain some of the underlying mechanisms around the development of ODD. Furthermore, it's important to mention that insecure attachment is not the only factor that influences the development of ODD, and a comprehensive biopsychosocial assessment is important in conceptualizing clients.

Slide thirteen: Earned Secure Attachment

Earned secure attachment is the concept that attachment through caregivers is not permanent, and individuals are able to develop a more secure attachment as they grow, through cognitive flexibility and consistent relationships (Guina, 2016).

Slide fourteen: Community

Title page for the next section of the capstone project, Community.

Slide fifteen: What is Community?

Community is introduced through a definition by MacQueen et al. (2001). Children's communities are established through social relationships with caregivers, siblings, peers, and teachers.

Slide sixteen: What Does Community Mean to You?

A discussion question is shared to the group in this slide, "what does community mean to you?" Participants have the opportunity to share their personal interpretations of the community and what it means for them. This can allow for group members to gain a wider understanding of different interpretations into community from their group members.

Slide seventeen: Value of Community?

Research by Manalel & Antonucci (2020) explores the positive impacts of social relationships within children's communities on the development of adaptive stress responses for children. Overall, children's social communities foster a sense of belonging for children.

Slide eighteen: Community and Emotional Regulation

A focus is brought back to the role of emotional regulation, but in context to wider social relationships. Children who have difficulty regulating their emotions, may be more likely to have difficulty in maintaining social relationships and are more likely to experience peer victimization and exclusion from social groups (Fogelman et al., 2018).

Slide nineteen: Community Oriented Interventions

Title page for the next section of the capstone project, Community oriented lens.

Slide twenty: Community Oriented Lens

Ecological Systems Theory (Bronfenbrenner, 1979) and Family Systems Theory (Bowen, 1978) are introduced as theoretical interventions that utilize a broader model of community.

Slide twenty-one: Ecological Systems Theory

Ecological Systems Theory (Bronfenbrenner, 1979) conceptualizes human development in context to four systems. This model takes into account the influences of the individuals social communities on their development, which includes teachers, extended family members, and neighborhood dynamics. This model allows for children's development to be conceptualized outside of the nuclear family.

Slide twenty-two: Ecological Systems Theory

A diagram of ecological systems theory is shared.

Slide twenty-three: Family Systems Theory

Family systems theory (Bowen, 1978) is introduced in this slide as a way to conceptualize children in context to their familial structures. Family system theory is also the

foundation of the Family Resilience Model (Lane et al., 2016) that uses the familial system as a way for individuals to be supported within the family context, instead of individually. This model provides another way to conceptualize children's support and development within their broader social relationships.

Slide twenty-four: Collectivity Family Structures

Collectivist family structures are introduced. Furthermore, this slide explores the impact of collectivist family structures on children's prosocial behaviour in the home and the opportunity to engage in emotional experiences with others is discussed.

Slide twenty-five: ODD and Social Ties

The connection between ODD symptoms on children's social ties is named and explored. Children with ODD experienced poor peer interactions, rejection from peers, and overall negative school performance (Burke et al., 2014).

Slide twenty-six: The Cycle

As children with ODD face difficulty in initiating and maintaining interpersonal relationships, they are more likely to miss out on the chance to engage in healthy emotional regulation opportunities with peers, which further propagates children with ODD's ability to initiate and maintain healthy relationships with others.

Slide twenty-seven: The Role of Counsellors

A title page for the final section on the role of the counsellor.

Slide twenty-eight: How Can Resourcing Community be Applied in Practice

A final discussion question is posed to the group, “How can counsellors utilize community in practice?”

Slide twenty-nine: Community in Practice: How Can it be Applied?

Building upon the answer from the previous discussion question, a more in depth conversation will be initiated -about how counsellors can foster community connections for their clients. Firstly, it’s important for counsellors to examine the familial structures of their clients, which often done so during a biopsychosocial assessment of the client. With this comes the knowledge of how their family structure, for example nuclear or extended, has impacted their models of emotional regulation and positive interaction in their family of origin. Next, participants are invited to consider the importance of exploring how clients, in this case children with ODD’s, social ties are impacted. Instead of viewing the impact on social ties as a consequence of the presenting concern, spending time to unpack the deep impact of a lack of connection to one’s community can be incredibly valuable in exploring the presenting concern. Lastly, counsellors are encouraged to create and foster relationships with the community resources in their community as well as their clients. In doing so, counsellor have the opportunity to refer their clients to community based supports and resources that can help foster that underlying need for belonging and connection to others.

Slide thirty: Thank You

A thank you slide to the counsellors in attendance.

Final Conclusion

In this capstone, I discussed the literature around attachment, particularly disorganized attachment styles, and the link to the presentation of ODD in young children. The presentation of ODD in young children directly impacts their ability to initiate and maintain positive peer interactions, which has wider impacts on their emotional and social development. Families are impacted in many ways when supporting their children with ODD, and the current interventions for ODD ensure that children and their families can be assisted, specifically through PMT, CPS, and Child-centered Play Therapy. However, support for children and families with ODD is limited to the nuclear family itself, and there is a lack of resources for children within the context of their communities. Through taking a collectivist cultural lens, the interpersonal relationships that exist within our communities allow for an enriched developmental experience. For children with ODD, who experience challenges with navigating social relationships, the lack of support from community connections is a real loss in support and services. When counsellors are able to utilize clients community resources and become curious about client's community connections, they are able to better support clients more wholly.

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Appendices

Appendix A: Presentation Slides

Slide one:



Slide two:



Slide three:

OBJECTIVES

- 01**
TO EXPLORE THE LINK BETWEEN ATTACHMENT AND THE PRESENTATION OF ODD SYMPTOMS IN YOUNG CHILDREN
- 02**
INTRODUCING COMMUNITY AND CULTURALLY INTEGRATIVE PRACTICES TO SUPPORTING CHILDREN'S DEVELOPMENT
- 03**
EXPLORING THE WAYS COUNSELLORS CAN UTILIZE COMMUNITY BASED INTERVENTIONS TO SUPPORT CHILDREN AND FAMILIES

The slide features a light brown background with various hand-drawn doodles including stars, a lightning bolt, and abstract shapes. The three objectives are presented in blue, yellow, and teal cloud-like shapes.

Slide four:

WHAT'S YOUR EXPERIENCE WORKING WITH ODD?

ANY BIASES YOU CAN NAME?

The slide has a light brown background with doodles like stars, a diamond, and a target. A large yellow cloud shape with an orange border contains the main text.

Slide five:

WHAT IS ODD?

- BEHAVIOURAL DISORDER WHERE CHILDREN WILL DISPLAY DISRUPTIVE AND NONCOMPLIANT BEHAVIOURS (BOOKER ET AL., 2020)
- TYPICAL IN SCHOOL-AGED CHILDREN
- NEGATIVE IMPACT ON PEER/SOCIAL RELATIONSHIPS
- HIGHER RISK FOR DEVELOPING ANXIETY, DEPRESSION, ADHD, AND CONDUCT DISORDER (CHEN ET AL., 2022)

Slide six:

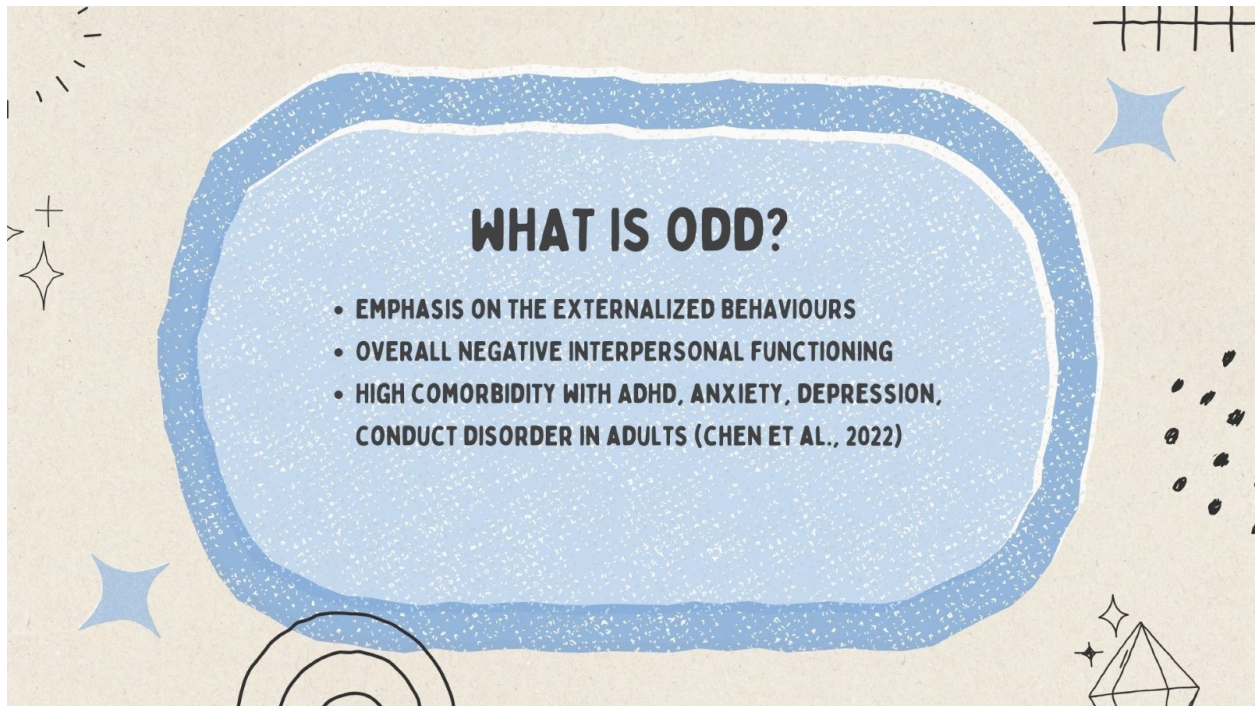
DSM-5 AND ODD DIAGNOSIS

MULTIDIMENSIONAL PROCESS

- VINDICTIVENESS
- ANGER AND IRRITABILITY
- ARGUMENTATIVE AND DEFIANT BEHAVIOURS

(GOMEZ ET AL., 2022)

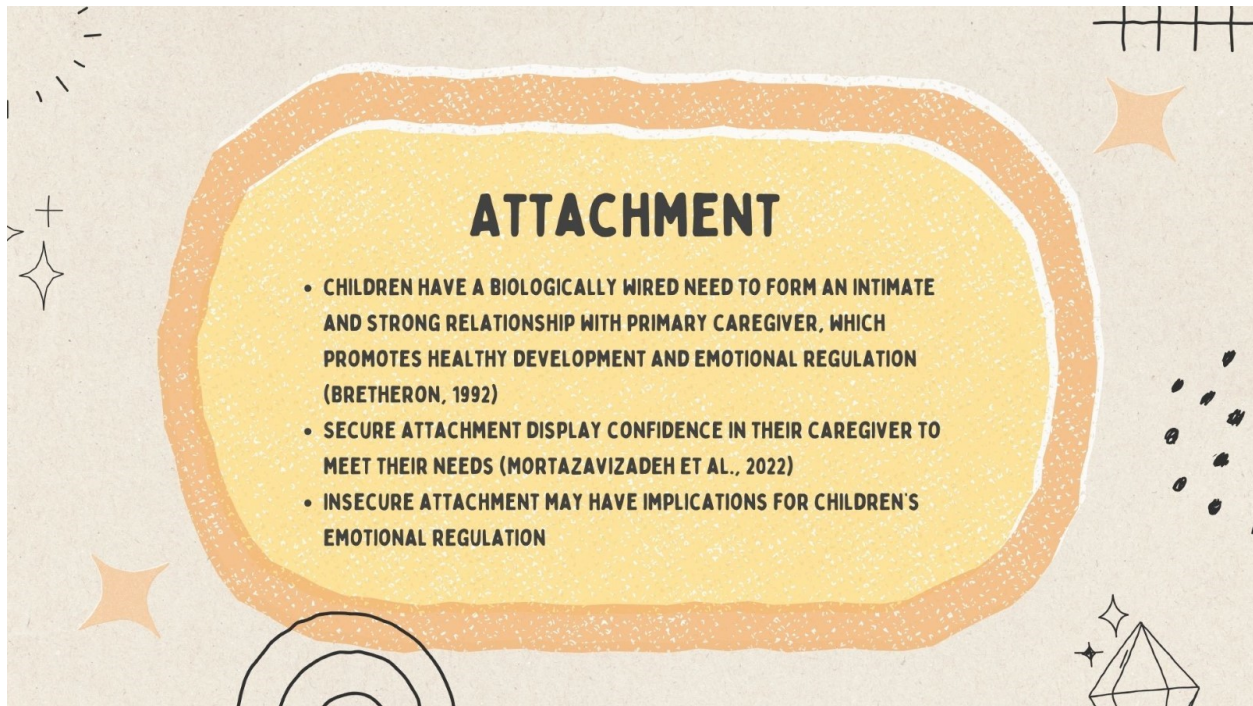
Slide seven:



Slide eight:



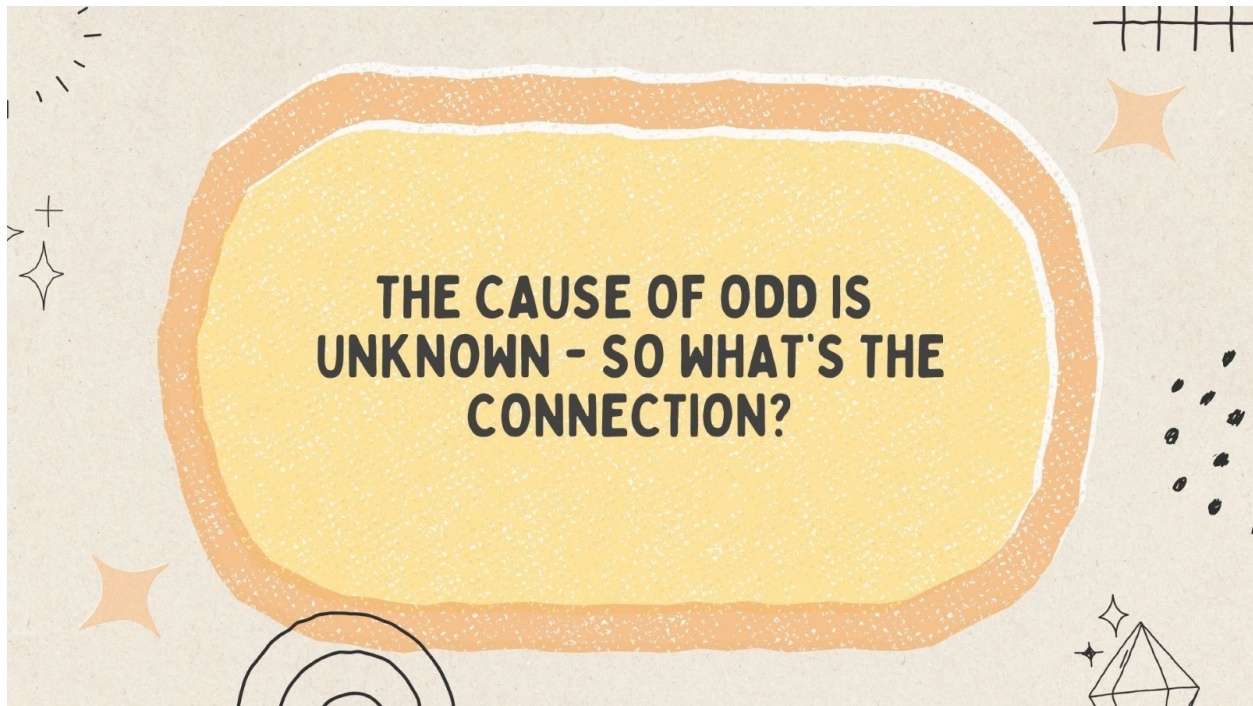
Slide nine:



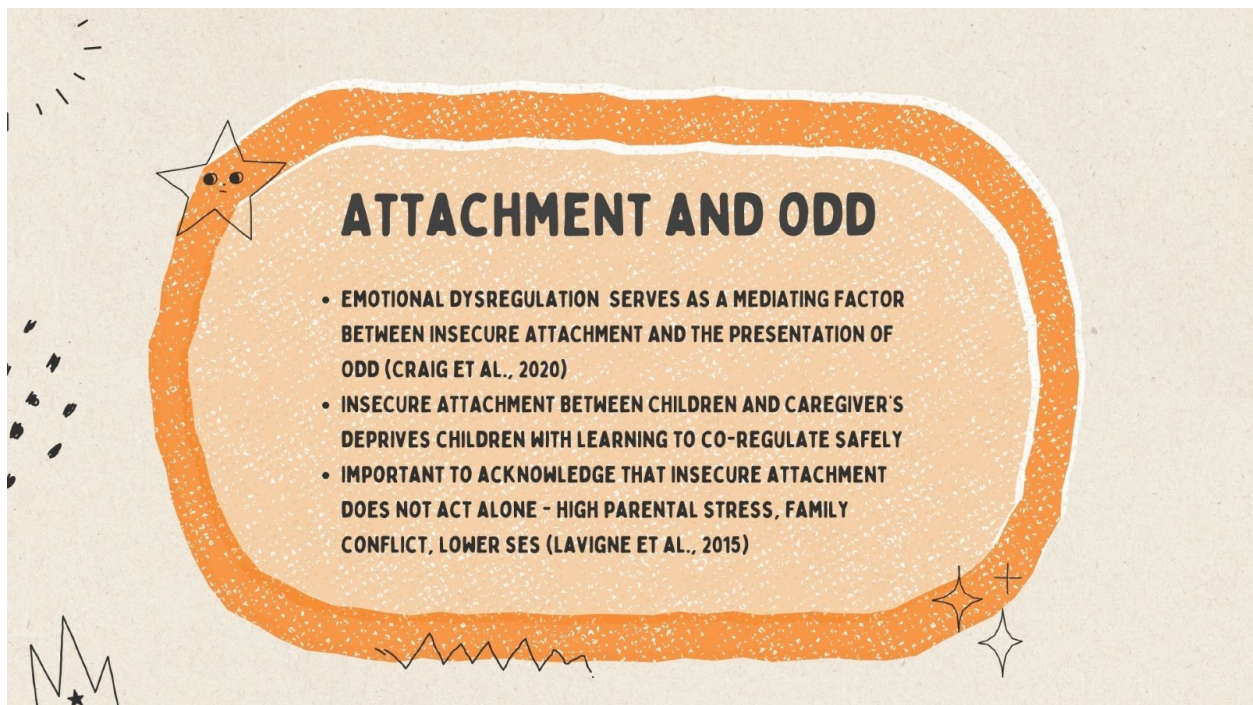
Slide ten:



Slide eleven:



Slide twelve:



Slide thirteen:



Slide fourteen:



Slide fifteen:

WHAT IS COMMUNITY?

- "A GROUP OF PEOPLE WITH DIVERSE CHARACTERISTICS WHO ARE LINKED BY SOCIAL TIES, SHARE COMMON PERSPECTIVES, AND ENGAGE IN JOINING ACTION IN GEOGRAPHICAL LOCATIONS OR SETTINGS" (MACQUEEN ET AL., 2001, P. 12)
- CHILDREN'S SOCIAL COMMUNITY CONSIST OF CAREGIVERS, SIBLINGS, PEERS, TEACHERS, ETC.

Slide sixteen:

WHAT DOES COMMUNITY MEAN TO YOU?

Slide seventeen:

VALUE OF COMMUNITY

- CHILDREN WITH DIVERSE AND SUPPORTIVE RELATIONSHIPS ARE MORE ADAPTIVE TO STRESSORS AND LESS LIKELY TO SCORE HIGHER ON DEPRESSIVE MEASURES (MANALEL & ANTONUCCI, 2020)
- COMMUNITY AS EARLY AS PRESCHOOL WITH COLLABORATION, SHARED INTERESTS, AND INSTANCES OF EXCLUSION, MOSTLY THROUGH PLAY-BASED INTERACTION (JOHANSSON & ROSELL, 2021).
- COMMUNITY FOSTERS SENSE OF BELONGING IN CHILDREN

Slide eighteen:

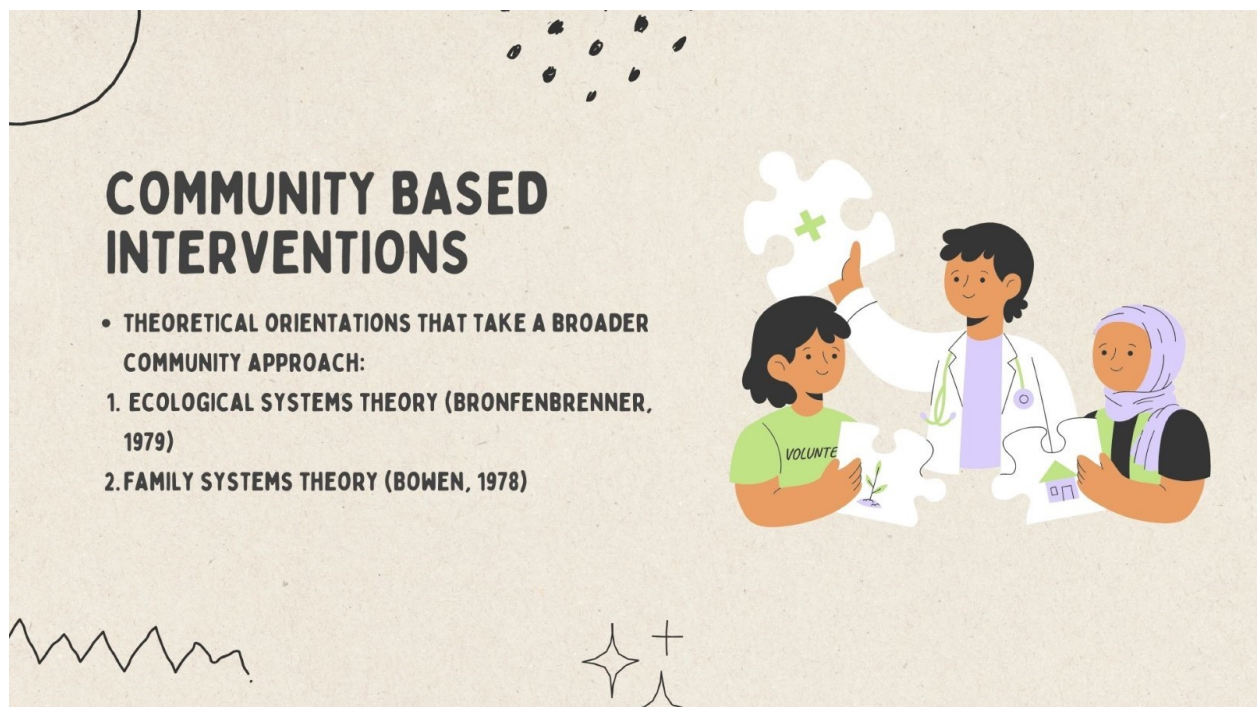
COMMUNITY AND EMOTIONAL REGULATION

- CHILDREN WITH EMOTIONAL DYSREGULATION MAY BE MORE LIKELY TO EXPERIENCE PEER VICTIMIZATION AND EXCLUSION FROM SOCIAL GROUPS (FOGLEMAN ET AL., 2018).
- HOW CHILDREN LEARN EMOTIONAL REGULATION IN THE PARENT-CHILD RELATIONSHIP INFORMS HOW THEY COMMUNICATE IN THEIR COMMUNITY

Slide nineteen:



Slide twenty:

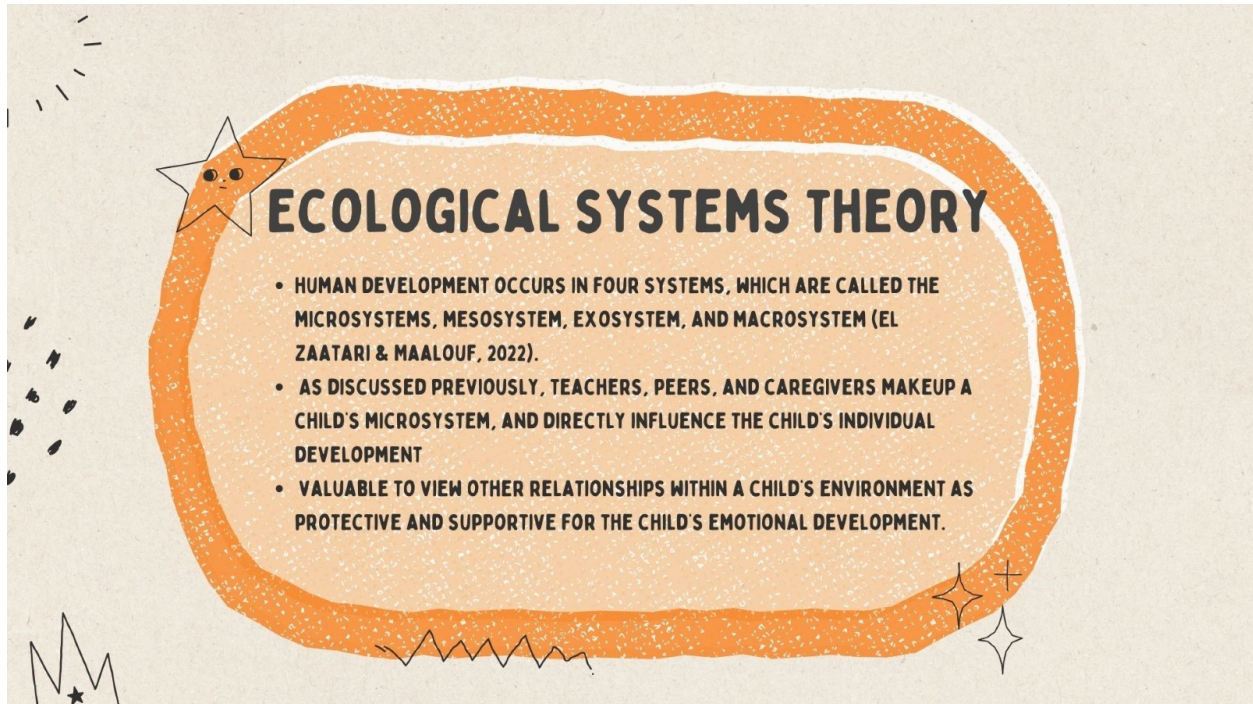


COMMUNITY BASED INTERVENTIONS

- THEORETICAL ORIENTATIONS THAT TAKE A BROADER COMMUNITY APPROACH:

1. ECOLOGICAL SYSTEMS THEORY (BRONFENBRENNER, 1979)
2. FAMILY SYSTEMS THEORY (BOWEN, 1978)

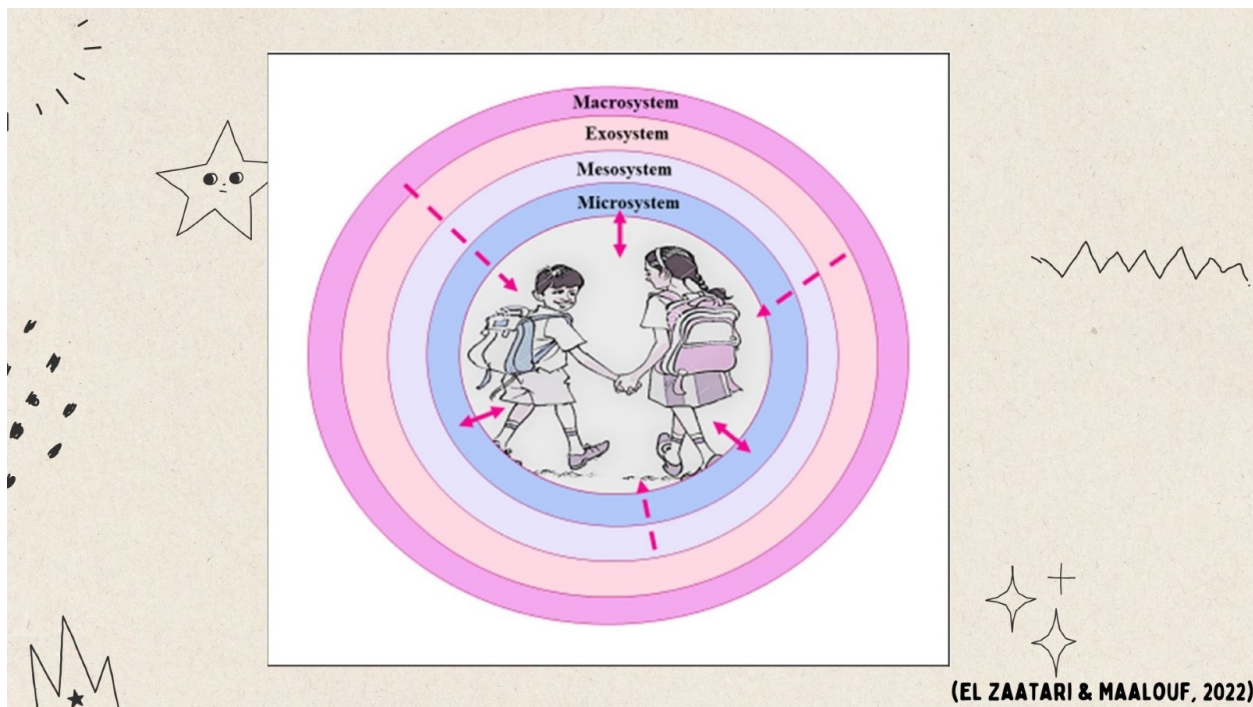
Slide twenty-one:



ECOLOGICAL SYSTEMS THEORY

- HUMAN DEVELOPMENT OCCURS IN FOUR SYSTEMS, WHICH ARE CALLED THE MICROSYSTEMS, MESOSYSTEM, EXOSYSTEM, AND MACROSYSTEM (EL ZAATARI & MAALOUF, 2022).
- AS DISCUSSED PREVIOUSLY, TEACHERS, PEERS, AND CAREGIVERS MAKEUP A CHILD'S MICROSYSTEM, AND DIRECTLY INFLUENCE THE CHILD'S INDIVIDUAL DEVELOPMENT
- VALUABLE TO VIEW OTHER RELATIONSHIPS WITHIN A CHILD'S ENVIRONMENT AS PROTECTIVE AND SUPPORTIVE FOR THE CHILD'S EMOTIONAL DEVELOPMENT.

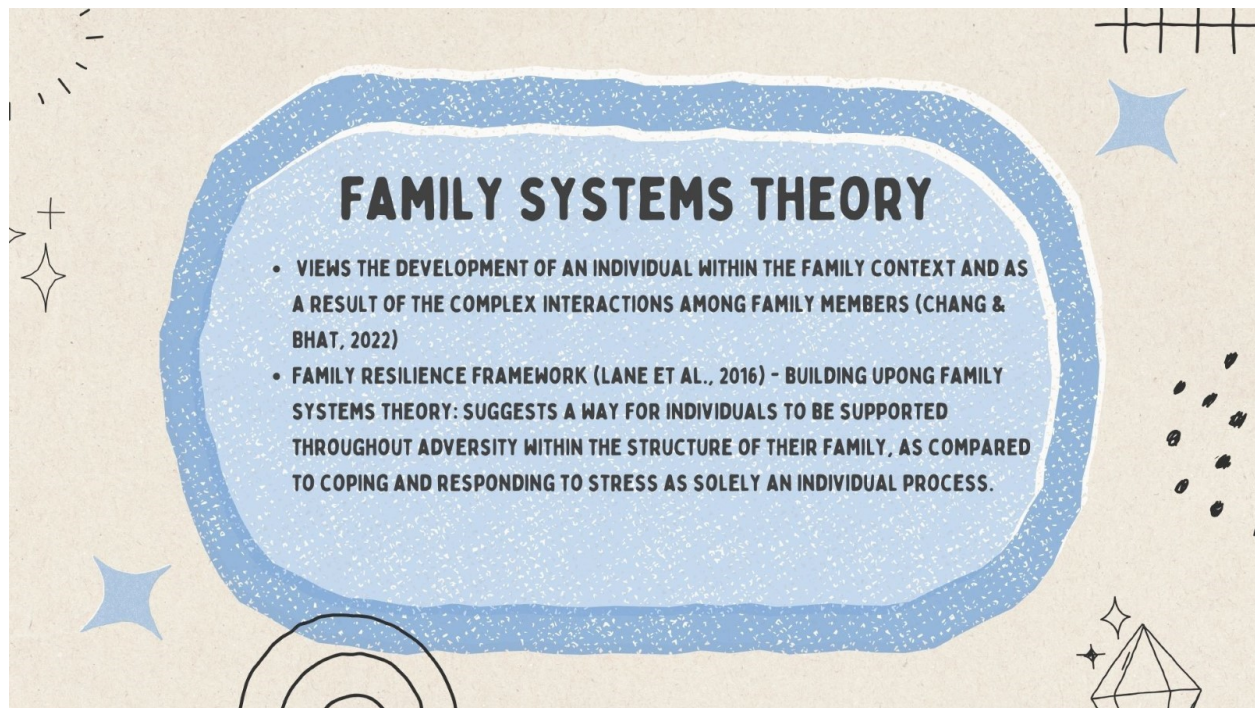
Slide twenty-two:



The diagram illustrates the Ecological Systems Theory using four concentric circles. At the center is the **Microsystem**, which contains an illustration of a boy and a girl holding hands. The next ring is the **Mesosystem**, followed by the **Exosystem**, and the outermost ring is the **Macrosystem**. Red arrows point from the inner layers towards the outer layers, indicating the influence of the environment on the child. The diagram is set against a background with decorative elements like a star and mountains.

(EL ZAATARI & MAALOUF, 2022)

Slide twenty-three:



FAMILY SYSTEMS THEORY

- VIEWS THE DEVELOPMENT OF AN INDIVIDUAL WITHIN THE FAMILY CONTEXT AND AS A RESULT OF THE COMPLEX INTERACTIONS AMONG FAMILY MEMBERS (CHANG & BHAT, 2022)
- FAMILY RESILIENCE FRAMEWORK (LANE ET AL., 2016) - BUILDING UPON FAMILY SYSTEMS THEORY: SUGGESTS A WAY FOR INDIVIDUALS TO BE SUPPORTED THROUGHOUT ADVERSITY WITHIN THE STRUCTURE OF THEIR FAMILY, AS COMPARED TO COPING AND RESPONDING TO STRESS AS SOLELY AN INDIVIDUAL PROCESS.

Slide twenty-four:



COLLECTIVIST FAMILY STRUCTURES

- IT'S IMPORTANT TO UNDERSTAND DIFFERENT CULTURAL NORMS FOR CHILDREN AND FAMILIES WHO DON'T ADOPT A WESTERN FAMILIAL STRUCTURES
- CHILDREN EXPERIENCE AN INCREASED OPPORTUNITY TO ENGAGE IN PROSOCIAL BEHAVIOUR WITHIN THE HOME
- CONSISTENT OPPORTUNITY FOR CO-REGULATION WITHIN THE HOME

Slide twenty-five:

ODD AND SOCIAL TIES

- ODD WAS ASSOCIATED WITH POOR SOCIAL COHESION, NEGATIVE PEER INTERACTIONS, PEER REJECTION, AND POOR PERFORMANCE AT SCHOOL (BURKE ET AL., 2014)
- MORE DIFFICULT FOR CHILDREN TO REACH OUT TO SOCIAL SUPPORT, AS THEY MAY NOT HAVE THE SKILLS AND ABILITY TO MAINTAIN THESE RELATIONSHIPS, AND THEREFORE THE OPPORTUNITY TO EXPERIENCE HEALTHY INTERPERSONAL INTERACTIONS.

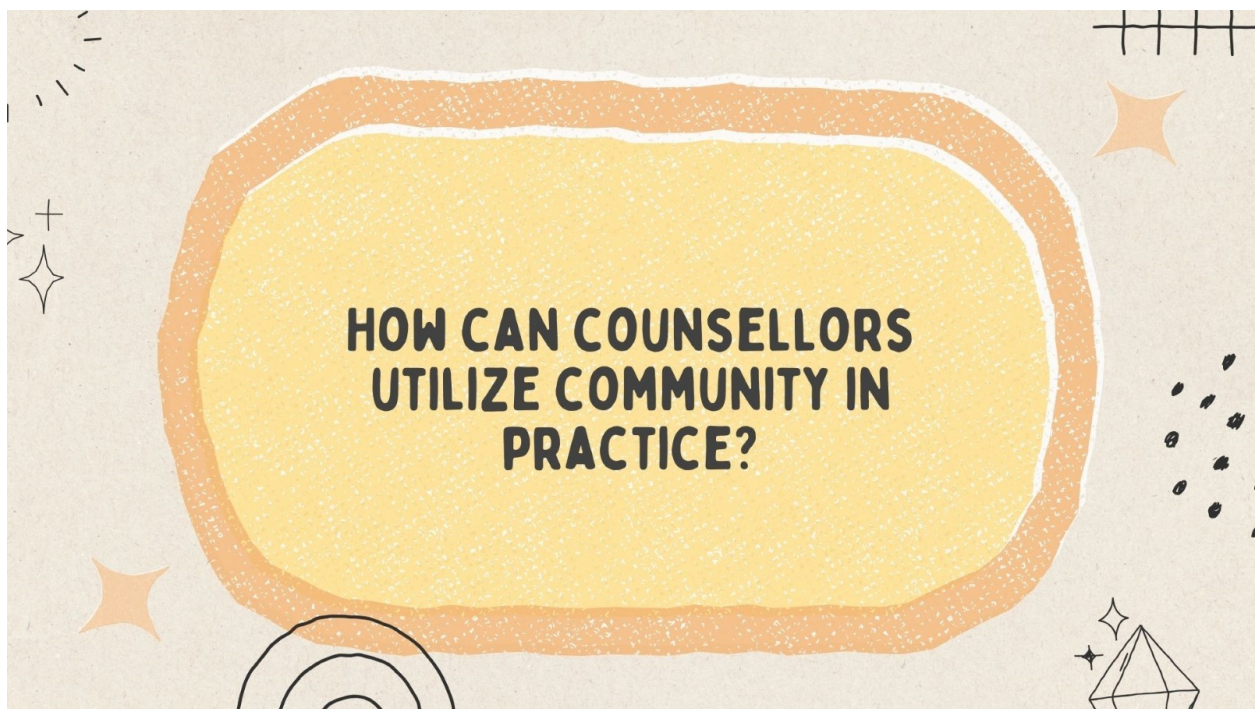
Slide twenty-six:

THE CYCLE

Slide twenty-seven:



Slide twenty-eight:



Slide twenty-nine:

**COMMUNITY IN PRACTICE:
RECOMMENDATIONS**

- **IMPORTANT FOR CLINICIANS TO BE AWARE OF CHILDREN'S FAMILIAL STRUCTURE - NUCLEAR VS COLLECTIVIST**
- **EXPLORATION OF HOW CLIENTS SOCIAL TIES ARE IMPACTED**
- **AWARENESS AND CONNECTION TO CLIENTS COMMUNITY RESOURCES**

Slide thirty:

**THANK
YOU VERY
MUCH**

