

Most children have occasional temper tantrums or emotional outbursts, but when kids repeatedly lash out, are defiant, or can't control their tempers, it can impair their functioning in school and cause serious family turmoil.

The first challenge in helping a child manage his behavior better is to understand why he's doing what he's doing. In the same way that a headache or a fever can be caused by many things, frequent outbursts — which clinicians call “emotional dysregulation” — can reflect a number of different underlying issues.

In many cases disruptive, even explosive behavior stems from anxiety or frustration.

[CLICK TO FACEBOOK SHARE](#)

[CLICK TO TWEET](#)

It's easy to jump to the conclusion that a child who's pushing or hitting or throwing tantrums is angry, defiant or hostile. But in many cases disruptive, even explosive behavior stems from anxiety or frustration that may not be apparent to parents or teachers.

Here we take a look at some of the diagnoses that are associated with disruptive behavior in children. It's crucial to understand what's really behind the childhood behavior problems because, just as in medicine, the diagnosis will affect the appropriate treatment and avoid misdiagnosed behavior disorders.

The common diagnosis: ODD

Often children who lash out or refuse to follow direction are thought to have oppositional defiant disorder (ODD), which is characterized by a pattern of negative, hostile, or defiant behavior. Symptoms of ODD include a child frequently losing his temper, arguing with adults, becoming easily annoyed, or actively disobeying requests or rules. In order to be diagnosed with ODD, the child's disruptive behavior must be occurring for at least six months. But there are a number of other issues that could lead to kids being oppositional or out of control in school or at home.

Anxiety disorders

Children with anxiety disorders have significant difficulty coping with situations that cause them distress. When a child with an untreated anxiety disorder is put into an anxiety-inducing situation, he may become oppositional in an effort to escape that situation or avoid the source of his acute fear.

For example, a child with acute social anxiety may lash out at another child if he finds himself in a difficult situation. A child with OCD may become extremely upset and scream at his parents when they do not provide him with the constant repetitive reassurance that he uses to manage his obsessive fears.

Donation

We tend to associate anxiety with kids freezing, avoiding things they're afraid of, or clinging to parents, notes says Dr. Rachel Busman, a clinical psychologist at the Child Mind Institute. "But you can also see tantrums and complete meltdowns."

"Anxiety is one of those diagnoses that is a great masquerader," explains Dr. Laura Prager, director of the Child Psychiatry Emergency Service at Massachusetts General Hospital. "It can look like a lot of things. Particularly with kids who may not have words to express their feelings, or because no one is listening to them, they might manifest their anxiety with behavioral dysregulation."