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## Oppositional Defiant Disorder

### Definition

Oppositional Defiant Disorder (ODD) is a disorder in which children ignore or defy adults' requests and rules. They may be passive, finding ways to annoy others, or active, verbally saying "No". They tend to blame others for their mistakes and difficulties. When asked why they are so defiant, they may say that they are only acting against unreasonable rules. They are different from children with conduct disorders in that they do not violate the rights of others. These behaviors are present at home, but not necessarily in other situations, such as school, or with other adults. It is defined by the presence of markedly defiant, disobedient, provocative behavior and by the absence of more severe dissocial or aggressive acts that violate the law or the rights of others.

[http://www.mental-health-matters.com/disorders/dis\\_details.php?disID=67](http://www.mental-health-matters.com/disorders/dis_details.php?disID=67)

### Characteristics

ODD is typically seen in children below the ages of 9-10.

ODD behaviours usually surface when the child is at primary school but the disorder can be found in children as young as three years of age. Some of the behaviors of a child with ODD may include:

- Is easily angered, annoyed or irritated
- Has Frequent temper tantrums
- Argues frequently with adults, particularly the most familiar adults in their lives, such as parents
- Refuses to obey rules
- Seems to deliberately try to annoy or aggravate others
- Has low self esteem
- Has low frustration threshold
- Seeks to blame others for any misfortunes and misdeeds.

<http://www.mental-health-matters.com/articles/article.php?artID=775>

## Strengths of Students

### **Solutions to Oppositional Defiant Disorder**

by Marilyn Adams, LMFT

<http://www.guidance-facilitators.com/odd2.html>

Maybe they make good politicians???

Oppositional defiant children share many of the following characteristics:

- They possess a strong need for control, and will do just about anything to gain power.
- They typically deny responsibility for their misbehavior and have little insight into how they impact others.
- The ODD child is socially exploitive and very quick to notice how others respond. He then uses these responses to his advantage in family or social environments, or both.
- These children tolerate a great deal of negativity – in fact they seem to thrive on large amounts of conflict, anger and negativity from others, and are frequently the winners in escalating battles of negativity.

Basic rights of others or age-appropriate societal rules are not usually violated.  
(from notmykid.org)

## Student Difficulties

### Difficulties

#### **Oppositional Defiant Disorder Treatment**

by Anthony Kane, MD

<http://addadhdadvances.com/ODD.html>

Common behaviors seen in **Oppositional Defiant Disorder** include:

- Losing one's temper
- Arguing with adults
- Actively defying requests
- Refusing to follow rules
- Deliberately annoying other people
- Blaming others for one's own mistakes or misbehavior
- Being touchy, easily annoyed
- Being easily angered, resentful, spiteful, or vindictive.

- Speaking harshly, or unkind when upset
- Seeking revenge
- Having frequent temper tantrums

Many parents report that their ODD children were rigid and demanding from an early age.

### **Preschool (3 to 6 years)**

Low patience level  
 Displays aggression  
 Increasing difficulties with peer relationships  
 Gradually become more openly defiant towards adults

### **Elementary (6-11 years)**

Behaviors may continue across home, school, and community settings.  
 Beginning academic problems.  
 Impulsivity and motor restlessness.  
 Variety of disruptive and aggressive behavioral difficulties.

### **Jr. High/Middle School (11-13 years)**

Academic difficulties  
 Loss of interest in school  
 Peer relationships are generally poor  
 Increase in chronic lying, stealing, shoplifting  
 Truancy, running away, alcohol/drug abuse, sexual experiences  
 Increased problems with low self-esteem and depression

### **Adolescence (13-18 years)**

Truancy from school (dropped out or expelled)  
 Increased involvement with, and loyalty to, delinquent peer groups  
 Greater isolation from other peers, family members  
 Stealing, shoplifting, running away, alcohol and/or drug abuse, sexual promiscuity  
 Problems with low self-esteem, low self-confidence, and/or depression

Found at Not My Kid.org <http://www.notmykid.org/parentArticles/ODD/>

## **Educational Implications**

Students with ODD may consistently challenge class rules, refuse to do assignments, and argue or fight with other students. This behavior can cause significant impairment in both social and academic functioning. The constant testing of limits and arguing can create a stressful classroom environment.

From: Oppositional Defiant Disorder Publication at:  
<http://www.councilofcollaboratives.org/files/ODD.doc>

## Ways Teachers Can Help

Running Head: STRENGTH-BASED ODD TREATMENT

Julie M. Milne, Jeffrey K. Edwards, Jill C. Murchie

<http://www.neiu.edu/~jkedward/ODD1.htm>

An important part of working with ODD, as with any other challenge, is to recognize that the child is not the problem. The problem is the problem. The purpose of externalizing the problem is to provide a separation between the child and the problem which allows the child and family to create preferred ways of relating to the problem (White & Epston, 1990). For example, children might be asked if they know why they have come to therapy and what concerns their parents (teachers, coaches, etc) have. These concerns, loosing temper or actively refusing to comply with rules of adults, might be spoken of from the first session in an externalizing manner. For example, "It sounds like your teachers are concerned when "temper" and "defiance" are around. The externalizing conversations are continually used throughout therapy to help children separate their sense of identity and personhood from the problem at hand and to empower them to take a stance against the problem (ODD behaviors).

### **Behavioral Strategies and Approaches for Children with ODD**

Getting a reaction out of others is the chief hobby of children with ODD. They like to see you get mad. They try to provoke reactions in people and are often successful in creating power struggles. Therefore it is important to have a plan and try not to show any emotion when reacting to them. If you react too emotionally, you may make big mistakes in dealing with this child. Plan in advance what to do when this student engages in certain behaviors and be prepared to **follow through calmly**.

- **Decide which behaviors you are going to ignore.** Most children with ODD are doing too many things you dislike to include all of them in a behavior management plan. Thus, target only a few important behaviors, rather than trying to fix everything.
- **Make this student a part of any plan to change behavior.** If you don't, you'll become the enemy.
- **Provide consistency,** structure, and clear consequences for the student's behavior.
- **Praise students when they respond positively.**

- **Establish a rapport with the ODD child.** If this child perceives you as reasonable and fair, you'll be able to work more effectively with him or her.
- **Avoid making comments** or bringing up situations that may be a source of argument for them.
- **Never raise your voice or argue with this student.** Regardless of the situation do not get into a "yes you will" contest. Silence is a better response.
- **Do not take the defiance personally.** Remember, you are the outlet and not the cause for the defiance- unless you are shouting, arguing or attempting to handle the student with sarcasm.
- **Avoid all power struggles with this student.** They will get you nowhere. Thus, try to avoid verbal exchanges. State your position clearly and concisely and choose your battles wisely.
- **Always listen to this student.** Let him/her talk. Don't interrupt until he/she finishes.
- **Address concerns privately.** This will help to avoid power struggles as well as an audience for a potential power struggle.
- **In the private conference be caring but honest.** Tell the student calmly what it is that is causing problems as far as you are concerned. Be sure you listen as well. In this process, insist upon one rule- that you both be respectful.
- **When decisions are needed, give two choices or options.** State them briefly and clearly. Students with ODD are more likely to complete or perform tasks that they have chosen. This also empowers them to make other decisions.
- **Give the ODD student some classroom responsibilities. This will help him/her to** feel apart of the class and some sense of controlled power. If he/she abuses the situation, the classroom responsibilities can be earned privileges.
- **When you see an ODD child getting frustrated or angry, ask if a calming down period would help.** But don't force it on him/her. Rather than sending the student down to the office for this cooling down period, it may be better to establish an isolated "calming down" place in the classroom so he/she can more readily re-engaged in classroom activity following the cooling down period.
- **Ask parents what works at home.**

## **Instructional Strategies and Classroom Accommodations for the ODD Student**

- **Establish clear classroom rules.** Be clear about what is nonnegotiable.
- **Post the daily schedule** so the student will know what to expect.
- **Make sure academic work is at the appropriate level.** When work is too hard, students become frustrated. When it is too easy, they become bored. Both reactions lead to problems in the classroom.
- **Pace instruction.** When the student with ODD completes a designated amount of a non-preferred activity, reinforce his/her cooperation by allowing him/her to do something they prefer or find more enjoyable or less difficult.

- **Systematically teach social skills**, including anger management, conflict resolution and how to be assertive in an appropriate manner. Discuss strategies that the student may use to calm him/ or herself down when they feel their anger escalating. Do this when the student is calm.
- **Select materials that encourage student interaction.** Students with ODD need to learn to talk to their peers and to adults in an appropriate manner. All cooperative learning activities must be carefully structured, however.
- **Minimize downtime and plan transitions carefully.** Students with ODD do best when kept busy.
- **Allow the ODD student to redo assignments** to improve their score or final grade.
- **Structure activities** so the student with ODD is not always left out or is the last person picked.

**From the Suffolk Public Schools**

[.http://specialchildren.about.com/gi/dynamic/offsite.htm?zi= 1/XJ&sdn= specialchildren&zu=http%3A%2F%2Fwww.sps.k12.va.us%2Fdepartments%2Fspecialed%2Fodd.htm](http://specialchildren.about.com/gi/dynamic/offsite.htm?zi=1/XJ&sdn=specialchildren&zu=http%3A%2F%2Fwww.sps.k12.va.us%2Fdepartments%2Fspecialed%2Fodd.htm)

### **Teacher Implications**

[http://www.upliftwy.org/publications/odd\\_pub.htm](http://www.upliftwy.org/publications/odd_pub.htm)

#### **What help can I expect from the school?**

It is not uncommon for these children to act out at home, perhaps for months or years, before the school begins to see the behaviors. According to the IDEA law (Individuals with Disabilities Education Act), each child is entitled to a Free Appropriate Public Education (FAPE). If a child's behavior is interfering with his/her or others learning, parents should request in writing that their child be evaluated for Special Education. Once the child qualifies, an Individualized Education Program (IEP) is written with the parents and school personnel. A Functional Behavior Assessment (FBA) may be necessary to target on and off task behavior, problem behavior, possible interventions, patterns of behavior, etc. Once the FBA is complete, a Behavior Plan can be implemented.

### **Websites for More Information**

MayoClinic.com

<http://www.mayoclinic.com/health/oppositional-defiant-disorder/DS00630>

Mental Health Matters

[http://www.mental-health-matters.com/disorders/dis\\_details.php?disID=67](http://www.mental-health-matters.com/disorders/dis_details.php?disID=67)

NICHCY (National Dissemination Center for Children with Disabilities)  
<http://www.nichcy.org/resources/behavschool.asp>

## Summaries of Articles

### **Journal**

**Disruptive behavior disorders: what's normal-what's not?.** David S. Reitman. *Consultant for Pediatricians* (Jan 1, 2006): p34.

This journal article does a good job of explaining what Oppositional Defiant Disorders and Conduct Disorders are. It uses examples of two students who have a different history but have some similarities. After going through their stories, the pediatrician explains the process that he goes through in attempting to assess what the problem is. He makes a comment that it is hard to tell the depth of the situation by just talking with the student because either they don't think they have a problem or they have a really blind perception to what is really going on.

Another passage that I found informative was that "CD is a distinct disorder from ODD, but it often develops in teens who have a preexisting untreated ODD. The key feature that distinguishes CD from ODD involves the violation of either the basic rights of others or societal norms and rules. The disorder is graded (mild, moderate, severe) based on the frequency and/or the severity of these violations." The pediatrician later goes into prognosis and referral.

**the "wild" child.(oppositional defiance disorder in children).** Annette Foglino. *Good Housekeeping* 232.6 (June 2001): p118.

This journal is written from a mother's perspective of ODD in one of her multiple children. She addresses the topic of nature vs. nurture which is the common argument with this disorder. However, there is plenty to suggest that it is a combination of both. Regardless, she has children who show characteristics of having ODD and some who do not. One interesting comment that I found in this was that experts believe that 5 to 10 percent of all children under the age of 18 suffer from ODD to some severity.

Salend, Spencer J., Sylvertre. S. *Understanding and Addressing Oppositional and Defiant Classroom Behaviors*. Teaching Exceptional Children. July/August 2005. Pgs. 32-39. found at:  
[http://specialchildren.about.com/gi/dynamic/offsite.htm?zi=1/XJ&sdn=specialchildren&zu=http%3A%2F%2Fjournals.sped.org%2FEC%2FArchive\\_Articles%2FVOL.37NO.6JulyAugust2005\\_TEC\\_Salend37-6.pdf](http://specialchildren.about.com/gi/dynamic/offsite.htm?zi=1/XJ&sdn=specialchildren&zu=http%3A%2F%2Fjournals.sped.org%2FEC%2FArchive_Articles%2FVOL.37NO.6JulyAugust2005_TEC_Salend37-6.pdf)

**Understanding and Addressing Oppositional and Defiant Classroom Behavior**

This article discusses issues that a teacher may experience with students who have Oppositional Defiant Disorder. One of the main points the article makes is that when teachers acknowledge the positive aspects of a student's behavior, they are able to build the student's self-esteem and strengthen the relationship between the teacher and the student. This article goes into depth on the definition of ODD and ways to best deal with students who have this disorder in your classroom.

**When to refer oppositional defiant disorder.(Behavioral Pediatrics).** Linda Little. *Pediatric News* 39.8 (August 2005): p27(1). Oppositional defiant disorder is a condition that occurs in 2-16% of children. This article describes what oppositional defiant disorder is and specific things that a pediatrician might look for before diagnosing a child as having ODD. This article emphasizes the need for documentation of the child's behavior over a period of time in different situations to determine if they have the disability and that some behaviors that a child has are a normal part of development.

## Recommended Books

**Defying the Defiance: 151 Insights, Strategies, Lessons and Activities for Helping Students with ODD (Oppositional Defiant Disorder) by: Kim "Tip" Frank, Mike Paget, and Jerry Wilde**

136 pages, **Publisher:** YouthLight, Inc. (March 2005)  
ISBN: 1889636770 found at Amazon.com

**Winning Cooperation from Your Child!: A Comprehensive Method to Stop Defiant and Aggressive Behavior in Children (Developments in Clinical Psychiatry)**

**By: Kenneth Wenning**  
188 pages, **Publisher:** Jason Aronson, 1999  
ISBN: 0765702312 found at Amazon.com

**Educating Oppositional and Defiant Children**

**By: Philip S. Hall, Nancy D. Hall**  
205 Pages, **Publisher:** Association for Supervision & Curriculum Deve (April 2003)  
ISBN: 0871207613  
Found at Amazon.com

## Why we selected the sites/books/articles we did

In all honesty, a lot of the websites that we have used for this assignment as resources were used because we didn't have a lot of time to thoroughly look through all

of our options. However, there was quite a bit of valuable information that we did find on various websites. The journal's tended to consist more upon case studies than the particular disorder itself. However, most of the websites found tended to do the opposite. We couldn't find much information that focused on the particular strengths of children with ODD. That is because ODD is a problem that does not identify a person. "The child is not the problem, the problem is the problem," as one website says. Anyway, there is a lot of information that we found that would help the reader understand ODD from the viewpoint of the child, parents, teachers and even pediatricians. While this list is not a concise thorough list of everything to do with ODD, it is a great start for anyone interested in looking deeper into the subject.

## Additional Information

### **Five Things Teachers Need to Know**

- 1.** Choose your battles carefully with my child. Selecting a couple of areas to focus on will work better than fighting over every misbehavior.
- 2.** Clear, simply stated rules work better for my child than abstract rules and expectations.
- 3.** If there will be any sort of change in my child's classroom or routine, please notify me as far in advance as possible so that we can all work together in preparing her for it.
- 4.** My child has significant challenges, but he also has many strengths and gifts. Please use these to help him have experiences of success.
- 5.** Please keep the lines of communication open between our home and the school. My child needs all the adults in her life working together

from: <http://specialchildren.about.com/od/odd/a/ODDschoo.htm>

1. What is the difference between ODD and Attention-Deficit / Hyperactivity Disorder (ADHD)?

#### **ODD**

Characterized by aggressiveness, rather than impulsiveness.

Child purposefully annoys people.

#### **ADHD**

Characterized by impulsiveness, rather than aggressiveness.

Annoyance is usually not purposeful.

Child does not have difficulty with concentrating or sitting still.

Child fidgets, has difficulty with concentration, and has trouble sitting still.

Behavior is purposeful, intended to "get a rise" out of others.

Child often acts without thinking ahead.

2. A child with ODD is usually much more difficult to deal with than a child who has ADHD. A child with ADHD may impulsively push another child too hard on a swing and knock the child to the ground, and then generally feel bad about it afterward. However, a child with ODD might say s/he didn't do it, then brag about it to friends later. ADHD sometimes goes away without intervention, but ODD rarely does.
3. How are ODD and Conduct Disorder related?

Currently, the research shows that in many aspects, Conduct Disorder is a more severe form of ODD. Thus, severe ODD may develop into Conduct Disorder. Milder ODD usually does not "turn into" Conduct Disorder. The common thread that separates ODD from Conduct Disorder is safety. If a child has conduct disorder, there are more concerns for the safety of others and their possessions. Behaviors such as fire-setting and vandalism are common in Conduct Disorder, and often the safety of the child with Conduct Disorder is also of great concern. Children with ODD are generally an annoyance, but not especially dangerous.

### ODD

### Conduct Disorder

Disobedience and opposition to authority.

Severe disobedience and opposition to authority.

Hostility is shown through deliberately annoying others or verbal aggression.

Hostility is shown through physical aggression.

Behaviors may or may not be seen at home and in school and other community settings.

Behaviors are persistent both outside of the home setting.

Basic rights of others or age-appropriate societal rules are not usually violated.

Basic rights of others or age-

appropriate  
societal  
rules are  
often  
violated.

4. What happens to children who have ODD when they grow up?

There are three main paths that children with this disorder will take. First, there will be some lucky children who outgrow this disorder. The exact percentage who outgrow it is not known, but it is probably not the majority.

Second, ODD may turn into Conduct Disorder. This usually happens fairly early in childhood. That is, after 3-4 years of having ODD, if it hasn't turned into Conduct Disorder, it probably never will.

Third, the child may simply continue to have ODD. Recent research suggests that this is probably the most common path. Another common occurrence is that children who have ODD develop signs of mood disorders or anxiety as they get older.

Found at NotMyKid.org <http://www.notmykid.org/parentArticles/ODD/>