

OPPOSITIONAL DEFIANT DISORDER ODD

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PROBLEM STATEMENT

Oppositional Defiant Disorder can cause school and students' interaction with peers and adults to be difficult. These students often do not know how to interact with their peers and adults in structured social settings such as school, therefore their behaviors can be seen as a power struggle and even play a role in causing academic struggles.

Importance

It is vital for teachers and other school staff members to understand Oppositional Defiant Disorder in order to effectively interact with students who have ODD, help them to interact with their peers and also be a resource and support for the students' families.



Image from Google Images

DEFINITION

- ▶ “Oppositional defiant disorder is defined by the *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed., as a recurrent pattern of developmentally inappropriate, negativistic, defiant, and disobedient behavior toward authority figures” (Sutton Hamilton and Armando, 2008).
- ▶ According to Brophy (1996), “the American Psychiatric Association (1987) described oppositional defiant disorder:
A pattern of negativistic, hostile, and defiant behavior without the more serious violations of the basic rights of others that are seen in Conduct Disorder.... Children with this disorder commonly are argumentative with adults, frequently lose their temper, swear, and are often angry, resentful, and easily annoyed by others. They frequently actively defy adult requests or rules and deliberately annoy other people. They tend to blame others for their own mistakes or difficulties” (p. 232 – 233).

DIAGNOSIS

- ▶ According the Sutton Hamilton and Armando (2008) the following are criteria for the diagnosis of ODD,

“DSM-IV Diagnostic Criteria for Oppositional Defiant Disorder

A pattern of negativistic, hostile, and defiant behavior lasting at least six months, during which four (or more) of the following are present:

- Often loses temper
- Often argues with adults
- Often actively defies or refuses to comply with adults' requests or rules
- Often deliberately annoys people
- Often blames others for his or her mistakes or misbehavior
- Is often touchy or easily annoyed by others
- Is often angry and resentful
- Is often spiteful or vindictive

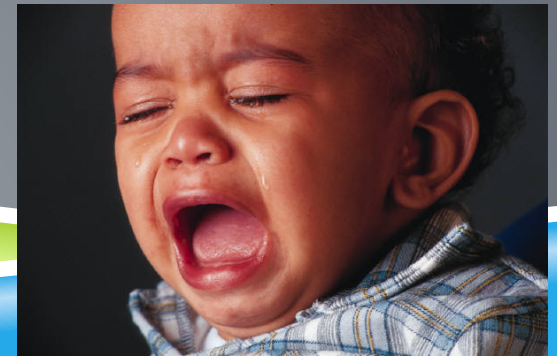
The disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning

The behaviors do not occur exclusively during the course of a psychotic or mood disorder

Criteria are not met for conduct disorder, and, if the individual is 18 years or older, criteria are not met for antisocial personality disorder”

DIAGNOSIS

- ▶ “To satisfy DSM-IV criteria for oppositional defiant disorder, a child must frequently demonstrate behavior from at least four of nine criteria” (Sutton Hamilton and Armando, 2008).
- ▶ It is important to remember that *all children* exhibit some types of “oppositional” and “defiant” behavior. This does not mean they have ODD.
 - ▶ “Children with these disorders [ODD and Conduct Disorder] typically exhibit a broad range of antisocial behaviors (i.e., lying, cheating, stealing, fighting, oppositional behaviors, and noncompliance to parental requests) at higher than normal rates” (Webster-Stratton, 1996).



DIAGNOSIS – 3 CATEGORIES

- ▶ “ODD symptoms can be conceptually grouped into at least 3 categories:
 - ▶ (1) defiant and provocative behaviors (actively defies or refuses to comply with adults' requests);
 - ▶ (2) reactivity (e.g., loses temper, touchy/easily annoyed, spiteful/vindictive); and
 - ▶ (3) hostile attributions (e.g., blames others for mistakes/misbehavior).”
- (Speltz, McClellan, DeKlyen and Jones, 1999)

CAUSE(S)

- ▶ Research is not clear at this point of an exact cause of ODD. Some say there are neurological factors that contribute to ODD. Additionally, it has been said that environmental factors can also trigger the behaviors of ODD.
- ▶ “Although we don’t know the exact neurophysiological causes of ODD, most researchers assume that this condition is caused by a combination of brain dysfunction and biochemical imbalance” (Shapiro, 2011).
- ▶ The significant rise in the number of children being diagnosed with ODD strongly suggests that environmental factors play a significant role in this disorder” (Shapiro, 2011).

STATISTICS

- ▶ “One to sixteen percent of all school-age children and adults have ODD” (2011, American Academy of Child and Adolescent Psychiatry).
- ▶ “The disorder appears to be more common in cities than in rural areas” (Shapiro, 2011).
- ▶ Symptoms of ODD are often seen early in life...
 - ▶ Can be seen in preschool children
 - ▶ Usually seen by 8 years of age

(2014, *Oppositional defiant disorder*, www.ncbi.nlm.nih.gov)

STATISTICS – BOYS VS. GIRLS

- ▶ ODD is more common for boys until puberty.
- ▶ Post puberty, ODD is almost equally common for both boys and girls.



STATISTIC – ODD AND CD

- ▶ ODD and Conduct Disorder (CD) are often studied together...
 - ▶ “Sometimes, ODD may be a precursor of a conduct disorder. Comorbidity of ODD with ADHD has been reported in 50%-65% of affected children” (Shapiro, 2011).
 - ▶ Click here to learn more information about [Conduct Disorder](#).
 - ▶ Note: According to Speltz, McClellan, DeKlyen, and Jones, 1999, explain that ODD is typically visible at a younger age in children (may be diagnosed as early as preschool) than CD is. Preschool aged children may not be developmentally capable to exhibit CD characteristics yet. These may become more visible as children get older.

STATISTICS – ODD AND ADHD

- ▶ Many children with ODD also have a diagnosis of ADHD.
 - ▶ Stated in a study by Speltz, McClellan, DeKlyen, and Jones (1999), “We found considerable overlap in ODD and ADHD diagnosis at intake, with approximately half of subjects selected for ODD also having ADHD.”
- ▶ It is important to remember ODD and ADHD are separate disorders, but often occur together. Additionally, it is important to be able to distinguish characteristics of both disorders in order to properly help students be successful in and outside of school.

STATISTICS – ODD: CD AND ADHD

- ▶ If students have both ODD and CD, there is a chance they will develop CD.
 - ▶ “Approximately one third of children with oppositional defiant disorder subsequently develop conduct disorder... Children with coexisting oppositional defiant disorder and ADHD are particularly likely to develop conduct disorder” (Sutton Hamilton and Armando, 2008).
- ▶ Important: If a student has ODD, it is important to carefully observe their symptoms to see if there is a possibility they could additionally have ADHD or CD.

APPLICATION

Oppositional Defiant Disorder affects students in school. It affects their social activities, relationships, and academic abilities.

“In many if not most instances, the individual’s behavior is the factor hampering success in the classroom”

- (Smith, Gartin and Murdick, 2012, p.13).

APPLICATION

“One of the most difficult student groups for teachers to work with are adolescents with behavioral or emotional disorders”

- Smith, Gartin and Murdick, 2012, p. 12

APPLICATION – SOCIAL DIFFICULTIES

- ▶ Students with ODD often experience social difficulties in school.
 - ▶ According to the Mayo Clinic Staff, 2012, students “may struggle to make and keep friends.”
 - ▶ They are also likely to be in frustrating social situations due to lack of understanding (Smith, Gartin and Murdick, 2012).

APPLICATION – SOCIAL DIFFICULTIES

- ▶ If students with ODD do not receive proper support, social difficulties are likely to increase as they get in older in school.
- ▶ “As children with ODD progress in school, they experience increasing peer rejection because of their poor social skills and aggressiveness. These children may be more likely to misinterpret their peers’ behavior as hostile, and they lack the skills to solve social conflicts. In problem situations, children with ODD are more likely to resort to aggressive physical actions rather than verbal responses. Children with ODD and poor social skills often do not recognize their role in peer conflicts; instead they blame their peers (e.g., ‘He made me hit him’) and usually fail to take responsibility for their own actions” (Shapiro, 2011).

APPLICATION – TEACHER VIEWS AND FRUSTRATIONS

- ▶ As a teacher, it may be easy to become frustrated with students who have ODD.
- ▶ Students with ODD often do not understand the rules and defy authority and are oppositional.
- ▶ Students with ODD “lack of appropriate social skills may manifest itself in inappropriate classroom behaviors such as acting out in class, not responding appropriately to discipline from teachers, and seemingly being oblivious to class and school rules. In addition, some students when faced with social situations in which they feel uncomfortable or with disciplinary actions by teachers, may exhibit aggressive behaviors, which could result in harm to their peers and the adults” (Smith, Gartin and Murdick, 2012, p. 13).

APPLICATION – TEACHER VIEWS AND FRUSTRATIONS

- ▶ Due to students with ODD harsh, impulsive negative actions, teachers may want to immediately punish students.

APPLICATION – EXCUSES?

- ▶ Although teachers need to understand that ODD is a disorder and should help students cope with this disorder, behaviors caused by ODD students should not be excused.
- ▶ “However, though these changes may help explain disrespectful or oppositional behavior, they don’t excuse it” (Mayo Clinic Staff, 2012).

APPLICATION – CONSEQUENCES

- ▶ Consequences over punishment should be used with students with ODD misbehave. Remember, students with ODD already face a powerstruggle and Larrivee (2009) explains that punishments send a message to students of “I’ll show you who’s in charge” (p. 205). Instead, teachers should implement consequences that will help teach students because it helps teach responsible choice making and shows the teachers’ trust of the student (p. 205).

APPLICATION – FOR TEACHERS

- ▶ Teachers need to remember that part of ODD is defying authority. Students do not realize this.
- ▶ According to the Mayo Clinic Staff (2012), “your child isn’t likely to see his or her behavior as defiant. Instead, your child will probably believe that unreasonable demands are being placed on him or her.”



APPLICATION – FOR TEACHERS

- ▶ Teacher's should work with students to help relieve their stressors. Something such as beginning school or gaining a new teacher can trigger ODD.
- ▶ “Stressful changes that disrupt a child's sense of consistency – such as divorce or changing child care – increase the risk of disruptive behavior” (Mayo Clinic Staff, 2012).

APPLICATION – FOR TEACHERS

- ▶ Additionally, teachers should help relieve the stress of students by helping them understand the reasons for rules and social situations. Teachers need to take time to explain and model to students.
- ▶ It is found over and over again that many students with ODD come from broken homes where they do not understand healthy relationships. The best form of treatment is not only to help students with ODD, but to socially teach the adults in their lives. Teachers along with other school staff and model and teach these healthy roles. It is vastly important to teach and be an aide for students with ODD instead of harshly asserting one's authority over them.
- ▶ "...schools need to focus largely on the environment and antecedents to unacceptable behavior. School personnel often spend an enormous amount of energy 'chasing' behaviors, many of which could have been diverted with appropriate modifications that respond to the emotional needs of the student" (*School and classroom strategies*).
- ▶ **It is so vastly important teachers understand ODD in order to understand that misbehaviors are really a cry in social need!**

APPLICATION – ODD AND ACADEMICS

- ▶ Students with ODD may face additional academic struggles. They especially may struggle due to difficulties with language skills.
- ▶ In a study by Speltz, McClellan, DeKlyen and Jones (1999), it was found, “21% of the sample [preschool age boys] of the sample had diagnosable disorder at the time of intake, primarily language impairments that were identified through psychometric testing... This association between language and diagnosis is consistent with studies finding higher than expected rates of behavior problems in preschool children with identified language delays or disabilities (e.g., Benasich et al., 1993) and higher than expected rates of language disability in preschool children referred for behavior problems (Cohen et al., 1993). Our findings support Cohen’s contention that language deficits are underdiagnosed in disruptive youngsters because the child’s difficulties in producing or comprehending language may be misinterpreted by adults as noncompliance or inattentiveness.”

APPLICATION – ODD AND ACADEMICS

Teachers should understand that students with ODD may have additional academic struggles due to the fact many struggle with language disorders. These students should receive assistance for both ODD and additional academic disabilities or needs. One can cause the other to further hinder the student in school if it is overlooked!

APPLICATION – SCHOOL AND DIAGNOSIS

- ▶ The early ODD is diagnosed, the better chance a student will have of receiving proper intervention and it is more likely the student will not develop additional behavioral disorders.
 - ▶ “It is also possible that when ODD is identified prior to school entry, there is less probability of transition to CD (verses other disorders) than when it is first identified in school” (Speltz, McClellan, DeKlyen and Jones, 1999).
- ▶ Teachers, especially early childhood/elementary teachers can play a role in this by knowing the symptoms of ODD and understanding the disorder. Teachers can bring attention to the possibility of a student having ODD if this has not yet been done!
 - ▶ “The preceding model showing the progression from ODD to CD suggests that, perhaps, the most strategic point for intervention in the child's development is the preschool and early elementary school years (i.e., ages 4 to 7 years)” (Webster-Stratton, 1996).

APPLICATION – CAN SCHOOLS ASSIST STUDENTS WITH ODD?

- ▶ Yes! The school can be very supportive of students with ODD. First and foremost, members of a school community can students the stability and trust they need. Schools can model proper social skills and should be a safe place for students with ODD to practice social skills. Schools also have great connections to people in the community who can assist students and their families.
 - ▶ School Wide Support: “School-based programs that focus on anti-bullying, antisocial behavior, or peer groups can also be effective prevention approaches” (Sutton Hamilton and Armando, 2008).

APPLICATION – HELPING ODD IN THE CLASSROOM

- ▶ Keep a positive classroom environment! Be supportive! Keep students' interests in mind – it's especially important to get to know the personal interests of students with ODD.
- ▶ “Activities that are highly stimulating (perceived risk taking, physical activity, activities of high interest) are best incorporated as an integral part of the students' school day, not exclusively something used as a reward for good behavior” (*School and classroom strategies*).

CONCLUSION

Opposition defiant disorder, though challenging, can be worked with in a classroom. If a teacher is supportive, understanding, and takes the time to work with a student who has ODD, the student may begin trusting his or her teacher. Instead of viewing the child as a “trouble maker”, teachers who recognize the negative behaviors of a child with ODD as a cry for help can begin to see the child as a student who has a specific need, just as any other student. It is our job as educators to create a supportive environment for *all* of our students! We cannot ignore the the cries of students with ODD or simply see them as challenging and testing our authority. Instead, we need to learn as much as we can about ODD so we do not dismiss and punish these students, but help them grow and be successful in and outside of the classroom!

SUPPORT

- ▶ There are many resources for those affected by ODD at the end of this webpage:
<http://www.fcps.edu/cco/prc/resources/additional/documents/ODD.pdf>
- ▶ Oppositional Defiant Disorder Resource Center:
http://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/Oppositional_Defiant_Disorder_Resource_Center/Home.aspx
- ▶ Minnesota Association for Children's Mental Health:
http://www.macmh.org/publications/fact_sheets/ODD.pdf

RESOURCES

- ▶ (2011). Facts for families: children with oppositional defiant disorder. *American Academy of Child and Adolescent Psychiatry*, 72. Retrieved July 19, 2014, from http://www.aacap.org/App_Themes/AACAP/docs/facts_for_families/72_children_with_oppositional_defiant_disorder.pdf
- ▶ (2013). Facts for families pages: conduct disorder. *American Academy of Child and Adolescent Psychiatry*, 33. Retrieved July 27, 2013, from http://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/Facts_for_Families_Pages/Conduct_Disorder_33.aspx

RESOURCES

- ▶ (2014, February). *Oppositional defiant disorder*. Retrieved July, 19, 2014, from <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0002504/>
- ▶ Brophy, J. (1996). *Teaching problem students*. New York: Guilford.
- ▶ Larrivee, B. (2009). *Authentic classroom management: creating a learning community and building reflective practice* (3rd Ed.). New Jersey: Merrill.

RESOURCES

- ▶ Mayo Clinic Staff (2012, January). Oppositional defiant disorder (ODD). In *Diseases and conditions*. Retrieved July 19, 2014, from <http://www.mayoclinic.org/diseases-conditions/oppositional-defiant-disorder/basics/definition/con-20024559?p=1>
- ▶ *School and classroom strategies: oppositional defiant disorder*. Retrieved July 19, 2014, from <http://studentsfirstproject.org/wp-content/uploads/SchoolandClassroomODDStrategies.pdf>

RESOURCES

- ▶ Shapiro, L.E. (2011). *Instant help for children with oppositional defiant disorder*. Retrieved July 19, 2014, from <http://www.fcps.edu/cco/prc/resources/additional/documents/ODD.pdf>
- ▶ Smith, T.E.C., Gartin, B. & Murdick, N.L. (2012). *Including adolescents with disabilities in general education classrooms*. Boston: Pearson.
- ▶ Speltz, M.L., McClellan, J., DeKlyen, M. & Jones, K. (1999). Preschool boys with oppositional defiant disorder: clinical presentation and diagnostic change. *American Academy of Child and Adolescent Psychiatry*, 38(7), 838-845. Retrieved July 26, 2014, from ScienceDirect (10.1097/00004583-199907000-00013).

RESOURCES

- ▶ Sutton Hamilton, S., & Armando, J. (2008). Oppositional defiant disorder. *American Academy of Family Physicians*, 78(7), 861-866. Retrieved July 19, 2014, from www.aafp.org/afp/2008/1001/p861.html
- ▶ Webster-Stratton, C.H. (1996). Early intervention with videotape modeling: programs for families of children with oppositional defiant disorder or conduct disorder [Electronic version]. Retrieved July 27, 2014, from <http://www.son.washington.edu/centers/parenting-clinic/opendocs/Earlyintervention1996.pdf>

RESOURCE FOR CLIPART

- ▶ <http://www.clipartbest.com/image-for-teacher>
- ▶ Office Online

WEBSITES OF “SUPPORT” SOURCES

- ▶ <http://www.fcps.edu/cco/prc/resources/additional/documents/ODD.pdf>
- ▶ http://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/Oppositional_Defiant_Disorder_Resource_Center/Home.aspx
- ▶ http://www.macmh.org/publications/fact_sheets/ODD.pdf