Oppositional Defiant Disorder

Oppositional Defiant Disorder is a childhood disorder that is characterized by negative, defiant, disobedient and often hostile behavior toward adults and authority figures primarily. In order to be diagnosed, the behaviors must occur for at least a period of 6 months.

Oppositional Defiant Disorder (ODD) is characterized by the frequent occurrence of at least four of the following behaviors: losing temper, arguing with adults, actively defying or refusing to comply with the requests or rules of adults, deliberately doing things that will annoy other people, blaming others for his or her own mistakes or misbehavior, being touchy or easily annoyed by others, being angry and resentful, or being spiteful or vindictive.

Negativistic and defiant behaviors are expressed by persistent stubbornness, resistance to directions, and unwillingness to compromise, give in, or negotiate with adults or peers. Defiance may also include deliberate or persistent testing of limits, usually by ignoring orders, arguing, and failing to accept blame for misdeeds. Hostility can be directed at adults or peers and is shown by deliberately annoying others or by verbal aggression (usually without the more serious physical aggression seen in Conduct Disorder).

Manifestations of the disorder are almost invariably present in the home setting, but may not be evident at school or in the community. Symptoms of the disorder are typically more evident in interactions with adults or peers whom the individual knows well, and thus may not be apparent during clinical examination. Usually individuals with this disorder do not regard themselves as oppositional or defiant, but justify their behavior as a response to unreasonable demands or circumstances.

Specific Symptoms of Oppositional Defiant Disorder

A pattern of negativistic, hostile, and defiant behavior lasting at least 6 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

**Note:** Consider a criterion met only if the behavior occurs more frequently than is typically observed in individuals of comparable age and developmental level.

• 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 (such as *depression*).
• Criteria are not met for *Conduct Disorder*, and, if the individual is age 18 years or older, criteria are not met for *Antisocial Personality Disorder*.

**Psychotherapy**

The central focus of therapy with oppositional defiant disorder is usually behavioral, implemented through parent training. The parent training can often be done in a group setting (to help reduce costs and increase social support) and is often as or more effective as family therapy, conducted with the parents and child. In these courses, which are very psychoeducational in nature, parents learn specific behavioral techniques which help increase the likelihood of maintaining control in the relationship with the child. Gradual shaping of the child's behavior toward more age-appropriate behaviors is accomplished through the implementation of a behavioral monitoring and reward program.

The alternative method of treatment, family therapy, can be as effective in some cases, as parent training. But because it is usually more expensive and can focus heavily on the child's behavior and causative factors, it may not be appropriate for all families. Parents will usually find that a parent training class to be more effective as well as less expensive; it therefore should usually be tried first before family therapy.
Medications

Very little research has been conducted in the use of medications for oppositional defiant disorder. Therefore, medication is not recommended as a treatment option for this problem.

Self-Help

Parent support groups can be extremely helpful in propping up single parents or parents who are having a difficult time with a child who suffers from this disorder. A local community support group for parents is highly recommended. Often times, parent training classes can be found to be run outside and independent of mental health professionals, and can be an effective and useful method in helping treat this disorder.

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.

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.

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://addahdadvances.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

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.
Solutions to Oppositional Defiant Disorder

by
Marilyn Adams, LMFT

“I hate you, you’re such a bitch, I am too going to wear my red dress! You promised me yesterday, and if I can’t wear it today, I’m not getting ready for school!” Molly had been arguing about the dress for the past forty-five minutes. It was 8:05, mom was running late, and the dress was filthy. That overwhelming exhausted feeling enveloped mom and, once again, she caved. “Go ahead and wear it,” she screamed.

If your child has been diagnosed with oppositional defiant disorder (ODD), this scenario may sound much too familiar. According to the Diagnostics and Statistical Manual of Mental Disorders, fourth Ed., oppositional defiant disorder can cause clinical impairment in social, academic, or occupational functioning, and is characterized by a recurrent pattern of negativistic, defiant, disobedient and hostile behavior toward authority figures which persists for a period of at least six months.

Since children pass through many developmental stages as they mature, it is important to understand the differences between normal childhood attempts to defy authority and symptoms of full-blown oppositional defiant disorder. Nine year-old Molly appears driven to defeat adults, is relentless in her pursuit of proving adults to be wrong, stupid, or both, and her thoughts revolve around defeating anyone’s attempt to exercise authority over her. She typically turns every interaction with adults into win/lose situations and is vigorously intent on winning.

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.

Besides oppositional defiant disorder, children like Molly may also have another psychiatric disorder. ODD is frequently a co-morbid condition with attention-deficit/hyperactivity disorder. It can also be diagnosed along with Tourette Syndrome, obsessive-compulsive disorder, anxiety and mood disorders, Asperger’s, language-processing impairments, sensory integration deficits, or even nonverbal learning disabilities. What causes this troubling behavior? Some researchers believe that many of the symptoms of these disorders may share common neurobiological mechanisms. If your child is affected by one of these disorders, it is critical to keep in mind that ODD can create additional problems for you and your child.

Many authorities on parenting have indicated that oppositional behavior is more prevalent when structure in the home is out of balance – when there is either too much structure or not enough. In an overly structured environment the parenting is rigid and inflexible. These parents “micromanage” and come down hard on their children, controlling every aspect of their lives. This particular style of parenting only serves to create more opposition and defiance. On the other hand, structure that is too loose can also cause difficulties. Children can exhibit oppositional defiant behavior when parents do not provide enough structure by setting appropriate boundaries, or establishing and following through with consequences for misbehavior. These parents usually give in to all of their child’s demands, either out of fear of the child, or in an effort to keep themselves in the child’s good graces. In order to prevent or reduce oppositional defiant behavior parents should aim towards a firm and loving parenting style in which the structure is balanced. Parents must take charge, and place themselves at the top of the family hierarchy. They must use their authority as parents and, at the same time, make the child feel protected, loved and soothed.

How well the parents get along, whether married or divorced, is another factor to consider in preventing oppositional behavior. When couples are unhappy or oppositional in themselves, they frequently disagree on parenting issues, significantly limiting their success in changing the behavior of their child. Molly is an expert at dividing her parent’s authority, and will most certainly take advantage of exploiting rifts between her parents. Couples counseling may be in order to decrease the
hostility and conflict between parents and set the stage for united, successful parenting.

Another factor to consider is how the family is affected by ODD. This can be one of the most stressful conditions a family faces and, when it is secondary to another neuropsychiatric disorder, that stress is compounded. Family counseling may be helpful to resolve family difficulties. The family therapist can provide a controlled environment which offers support and skills training to weary parents.

Once marital and family issues are addressed, parents can begin to train both themselves and their child. If Molly’s mother continues to respond to her quarrelsome behavior as she always has, Molly will continue to tune her out, escalate the arguments, and push mom’s buttons. Most adults engage in an argument with concern for the outcome. The adult’s goal in an argument is to come to a resolution. In other words, what transpires as a result of the conflict is most important. As a parent, from your perspective, if you have determined the outcome of the argument, you are the one in control. For the oppositional child the process of creating an argument is more meaningful to her than the outcome of the conflict. These arguments over insignificant issues may seem pointless however, with such a strong need for control, it is your oppositional child’s goal is to escalate the conflict until you are no longer the one in control. What is important to her is not the issue being argued over, as much as what is going to happen during the argument. In order to control the process of the argument the oppositional defiant youngster attempts to determine the topic and direction of the conflict, and seems to instinctively know when you are feeling most vulnerable and your energy is low. She will bring up conflict-laden issues during these times, aiming towards pushing your buttons and diverting you from issues in which you are likely to be attempting to exert your authority over her. When your ODD child finally pushes your buttons, in her mind, she has gained control of you and your emotions. At this point she has now successfully taken over your position of authority. Furthermore, when you lose control of your emotions, your child’s anxiety level rises along with her defensiveness. When her defenses increase she becomes more oppositional which is her main defense mechanism. As she becomes more oppositional, the situation escalates and we are caught in an endless cycle of conflict.

Strategies for avoiding conflict are essential to de-escalate the situation. It is wise to change the subject if your energy is low, or you suspect that the topic of
discussion will result in an argument. Walking away from the conflict is another strategy to consider. If you cannot change the subject, or walk away it is important to keep in mind that the ODD child’s goal is to push your buttons. Think about your endurance, how long can you endure really oppositional button pushing? When you get to the end of your rope, what are your options? It is critical not to take what your youngster says personally. As soon as you defend yourself, your child, by the rules governing arguments, has the right to defend himself against your attack. In turn, you get to defend yourself, and he has now pushed your buttons and gained power. You do not have to defend yourself or try to convince him you are right. Do not lower yourself to the level of your oppositional child. There are two options available for preventing him from drawing you in. Tell him, in an unruffled rational manner, that he has two choices. If he wants to stay around, he can change the subject and stop complaining; or he can go somewhere else in the house to complain if he chooses. Should your child choose to escalate, it is time to use two powerful words which can cut through any argument. These words are “regardless” and “nevertheless”. For example, “nevertheless, this is how it is going to be…” Using these words repetitively (like a broken record), in a calm unemotional manner will serve to de-escalate the situation without allowing your child to draw you into the power struggle.

Utilizing effective consequences for the oppositional child can be difficult since this presents one more opportunity for conflict in which you are likely to lose power. Discussing consequences while you are in the midst of their negative behavior will most likely result in more frustration for you. Therefore, it is critical to focus on consequences that do not require cooperation of the child. Rules and consequences must be clear, and in writing to provide clarity for both child and parent before the conflict occurs. Begin by removing reinforcers and allowing your child to earn the items back as a reward for acceptable behavior. Reinforcers include items such as television, stereos, CD’s computers, video games, telephones, bicycles, skateboards, visiting friends, access to favorite clothing, favorite foods, etc.

Once you have successfully avoided having your buttons pushed and gained some control over your child’s behavior, it is time to go on the offensive to soothe her, and help her get back to an even place. Oppositional kids do not like being soothed by their caretakers. This places them back into the role of being a child, and puts you back into the role as the parent. One of the driving forces behind ODD is that, for whatever reasons, a child is trying to grow up too quickly, and considers herself to be equal to her parents. The ODD child may feel less loved due to the amount of conflict
going on, and it is difficult to simultaneously feel loved as a child and try to operate on an adult level. Your child may know intellectually that she is loved, but not feel loved. Parents must be able to show love, and soothe and nurture their child. This is not always easy to accomplish, especially when previous negative behavior patterns have become ingrained.

Children look to their parents for a sense of security, belonging and identity. As our society becomes more complex, the need for our children to develop a clear set of values is critical. Current research also has indicated that boys with ADHD and increased oppositional behavior are at greater risk for later antisocial behavior. With this in mind, the need for structure becomes particularly relevant in today’s world. It is apparent that children affected by a variety of neuropsychiatric disorders are at greater risk for oppositional behavior. Since this behavior will create additional difficulties for them as they pass through the various developmental stages, it becomes even more important to use the authority vested in us as parents to establish consistent limits and consequences, and to distinguish boundaries within the family. This will form a family unit characterized by established guidelines, affording children a secure backdrop in which they can grow and thrive.

References


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

Teacher Implications
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
NICHCY (National Dissemination Center for Children with Disabilities)
http://www.nichcy.org/resources/behavschooL.asp

Summaries of Articles

Journal
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.


**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.


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.

from: http://specialchildren.about.com/od/odd/a/ODDschool.htm

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

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<td>Characterized by</td>
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<td>Child purposefully annoys</td>
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Strategies to Work with Students with Oppositional Defiant Disorder

By Wendy Woolsey-Terrazas and Janice A. Chavez

Many teachers are “pulling their hair out” wondering if they will survive another day with a student with oppositional defiant disorder (ODD). These students can be confrontational, disruptive, vindictive, and irritate the nerves of teachers who already encounter numerous challenges in the classroom. Unfortunately, teachers will face an increasing number of students with ODD and conduct disorders in our schools.

Following are suggestions to assist teachers and parents in dealing with students who demonstrate oppositional defiant behaviors. The most important point to remember is that the basic drive of a student with ODD is to resist control and manipulation from any adult. The more controlling an adult appears to be, the more oppositional the student becomes. Therefore, developing a behavior plan that considers these points will de-escalate the problem behaviors. Another point to remember is that these students need structure: rules, laws, rewards, punishment, love, guidance, and a sense of safety. A structured environment may be visualized as a corral that encircles the student, reminding him or her on an on-going basis of acceptable behavior limits. The boundaries can be extended in time, but the gate should not be opened to total freedom without supervision until the student is ready.

In Creative Strategies for Working with ODD Children and Adolescents, Frank, Paget, and Bowm suggest several "Houdini techniques" to escape from situations teachers may encounter with students with ODD. Some teacher behaviors that may add to power struggles in the classroom are:

- Threatening the student.
- Responding emotionally (i.e., getting angry or sarcastic).
- Confronting the student near their peers.
- Responding quickly.
- Remaining in the interaction too long.
- Bribes.
- Trying to "convince."
- "Putting down" the student.
Diminish Power Struggles

Other strategies that may diminish power struggles include:

• Providing the student with simple directives and choices.
• State pre-determined consequences clearly before problems occur.
• Listen to the student before reacting.
• Give brief and direct instructions in a calm tone.
• Discuss the problem privately with the student.
• Walk away before the situation gets too "hot."

The Power Struggle Reduction Plan The authors also propose a Power Struggle Reduction Plan to prevent confrontations with students with ODD. These strategies include:

• Talk and work with another teacher. Agree to take over for each other.
• Pre-determine your consequences and then follow through.
• Decide which rules are negotiable and which are non-negotiable.
• When away from an incident, list all the things that hooked you into the power struggle.

BR23

• "Walk-by" reinforcements should be brief, even non-verbal, and minimal attention should be drawn.
• Whisper praises without bringing attention to the student.
• Leave a positive note for the student to discover.

It is critical that the team approach be used in developing an intervention plan to be implemented in the school, home, and community. The team should be composed of not only teachers and other school professionals but also psychologists, psychiatrists, and other medical professionals who work together to insure the success of the student in a variety of settings. Listed below are strategies that have worked for us as parents, teachers, and team members. These strategies, when implemented in a consistent manner, have proven effective in teaching and parenting roles.

• Don't threaten unless you are willing to carry the threats out. Threatening students with ODD allows them to test your ability to follow through.
• Clearly define the behaviors you expect. Students with ODD search for the "gray area" to justify their actions.

• Clearly define the consequences of compliant and non-compliant behavior. This provides a direct relationship between the desired or undesired behavior and the respective consequence and prevents "fueling" an argument.

• Always be firm and consistent. Students with ODD are constantly looking for an "open gate" and an opportunity to challenge your directives or justify their position.

• During confrontations, do not allow your emotions to rule. With students with ODD, your anger demonstrates that they are in control. Behave like Clint Eastwood in Dirty Harry — stay cool, calm, and collected under the most challenging situation.

Although students with ODD can challenge teachers and parents, they can be our leaders of tomorrow. If directed in a positive manner, they are able to take control of a situation and make things happen. By building on the students' strengths and allowing them to achieve success, students with ODD will feel good about their capabilities and become productive members of society.

Permission