

# OPPOSITIONAL DEFIANT DISORDER (ODD)

## SYMPTOMS OR BEHAVIORS

- Sudden unprovoked anger
- Arguing with adults
- Defiance or refusal to comply with adults' rules or requests
- Deliberately annoying others
- Blaming others for their own misbehavior
- Easily annoyed by others
- Being resentful and angry
- Is spiteful or vindictive
- Frequent temper tantrums or outbursts
- Speaking harshly or unkind when upset

## ABOUT THE DISORDER

Oppositional defiant disorder (ODD) is diagnosed when a child displays a persistent or consistent pattern of defiance, disobedience, and hostility toward various authority figures, including parents, teachers, and other adults. These behaviors cause significant difficulties with parents, friends, and teachers. Oppositional defiant disorder is sometimes a precursor of conduct disorder. Conduct disorder, however, involves more deliberate aggression, destruction, deceit, and serious rule violations, such as staying out all night or chronic school truancy. Students with ODD seem angry much of the time. They are quick to blame others for mistakes and act in negative, hostile, and vindictive ways. All students exhibit these behaviors at times, but in those with ODD, these behaviors occur more frequently than is typical in individuals of comparable age and level of development.

Students with ODD generally have poor peer relationships. They often display behaviors that alienate them from their peers. In addition, these students may have an unusual response to positive reinforcement or feedback. For instance, when given some type of praise they may respond by destroying or sabotaging the project that they were given recognition for. Oppositional defiant disorder usually does not occur alone—50 to 65 percent of children with ODD also have attention-deficit/hyperactivity disorder. ODD also commonly occurs with anxiety and depressive disorders as well as with learning disabilities.

The causes of ODD are unknown, but studies of twins and adopted children suggest that conduct disorder has both biological (including genetic) and psychosocial components. The quality of the child's family life seems to be an important factor in the development of ODD. Certain environmental factors in the family may increase the risk of disruptive behavior disorders including: poor parenting skills, domestic violence, physical abuse, sexual abuse, neglect, poverty, and substance abuse by parents or caregivers. Some students develop ODD as a result of stress and frustration from divorce, death, loss of family, or family disharmony. ODD may also be a way of dealing with depression or the result of inconsistent rules and behavior standards.

If not recognized and corrected early, oppositional and defiant behavior can become ingrained. Other mental health disorders may, when untreated, lead to ODD. For example, a student with AD/HD may exhibit signs of ODD due to the experience of constant failure at home and school.

## 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. Stubbornness and testing of limits are common. However, the *constant* testing of limits and arguing can create a stressful classroom environment. As children with ODD progress in school, they experience increasing peer rejection due to their poor social skills and aggression. These children may be more likely to misinterpret their peers' behavior as hostile, and they lack the skills to solve social conflicts. Students with ODD are more likely to resort to aggressive physical actions rather than verbal responses.

## INSTRUCTIONAL STRATEGIES AND CLASSROOM ACCOMMODATIONS

- Remember that students with ODD tend to create power struggles. Try to avoid these verbal exchanges. State your position clearly and concisely.
- Not all acts of defiance must be engaged—know which ones to overlook.
- Establish a rapport with the child who has ODD. If this child perceives you as reasonable and fair, you'll be able to work more effectively with him or her.
- Give two choices when decisions are needed. State them briefly and clearly.
- Establish clear classroom rules. Be clear about what is nonnegotiable.
- Post the daily schedule so students know what to expect.
- Praise students when they respond positively.
- 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.
- Avoid "infantile" materials to teach basic skills. Materials should be positive and relevant to students' lives.
- Pace instruction. When students with ODD have completed a designated amount of a non-preferred activity, reinforce their cooperation by allowing them to do something they prefer or find more enjoyable or less difficult.
- Allow sharp demarcation to occur between academic periods, but hold transition times between periods to a minimum.
- Systematically teach social skills, including anger management, conflict resolution strategies, and how to be appropriately assertive. Practice self-calming strategies (when the students are calm) for students to use when they feel their anger rising.
- Provide consistency, structure, and clear consequences for the student's behavior.
- Select material that encourages student interaction. Students with ODD need to learn to talk to their peers and to adults in an appropriate manner. However, all cooperative learning activities must be carefully structured.
- Minimize downtime and plan transitions carefully. Students with ODD do best when kept busy.
- Maximize the performance of low-performing students through the use of individualized instruction, cues, prompting, the breaking down of academic tasks, debriefing, coaching, and providing positive incentives.
- Allow students to redo assignments to improve their score or final grade.
- Structure activities so a student with ODD is not always left out or picked last.
- Ask parents what works at home.

*For additional suggestions on classroom strategies and modifications, see An Educator's Guide to Children's Mental Health pages 18–24.*

## RESOURCES

### American Academy of Child and Adolescent Psychiatry

3615 Wisconsin Avenue NW  
Washington, DC 20016-3007  
202-966-7300  
www.aacap.org  
*Information on child and adolescent psychiatry, fact sheets, current research, practice guidelines*

**Anxiety Disorders Association of America**  
8730 Georgia Avenue, Ste 600  
Silver Spring, MD 20910  
240-485-1001 • www.adaa.org  
*Offers publications, referrals to therapists, self-help groups*

**National Institute of Mental Health (NIMH)**  
Office of Communications  
6001 Executive Boulevard,  
Room 8184, MSC 9663  
Bethesda, MD 20892-9663  
866-615-6464  
www.nimh.nih.gov  
*Free educational materials for professionals and the public*

**SAMHSA'S National Mental Health Information Center**  
PO Box 2345  
Rockville, MD 20847  
800-789-2647  
www.mentalhealth.samhsa.gov  
*Resources about child and adolescent mental health and links to other web-based materials for educators*

- The NIMH and the SAMHSA websites each have publications tabs that lead to several current and reliable publications. The other websites listed above also have extensive listings of resources.