



Oppositional Defiant Disorder in Children

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Oppositional Defiant Disorder (ODD) in children is a psychiatric disorder that can persist into adulthood. Students with ODD have an underdeveloped conscience and poor relationship skills. They display a great deal of aggression and purposefully annoy others. The actions of these children seriously interfere with their functioning at home and at school. Being defiant and argumentative are typical ways children ages two to three and young adolescents behave; however, students with ODD exhibit a pattern of these behaviors beyond age three and throughout their school years. Childhood actions associated with ODD are:

- Being easily aggravated and annoyed;
- Irritating others intentionally;
- Exhibiting sudden, unprovoked anger;
- Blaming others for their mistakes or for their misbehavior;
- Refusing to comply with adult requests;
- Bragging about being mean and never truly being sorry;
- Lying;
- Being vengeful without provocation; and
- Provoking conflict among peers, family members and other adults.

A child with symptoms of ODD needs a comprehensive evaluation by a psychiatrist or other qualified mental health professional. Medication is not usually used to treat ODD; however, medication may be prescribed when ODD is accompanied by one or more additional disorders such as Attention Deficit Hyperactive Disorder (ADHD), depression or anxiety. Other possible coexisting disorders are:

- Emotional Disturbance
- Learning Disability
- Tourette Syndrome
- Bipolar Disorder
- Conduct Disorder (CD)

CD is considered to be a more severe form of ODD, but a child with mild ODD usually does not develop CD. If a student has a CD diagnosis there are often safety concerns such as fire-setting, vandalism or other criminal behaviors.

The cause of ODD is unknown. Some researchers have speculated that ODD results from incomplete child development. These children do not seem to learn the coping skills that most children absorb early in life. The disorder may be related to a child's temperament and the family's reaction to it. Poor parenting skills, loss of a family member to death, divorce or incarceration, or other family adversity may also play a role in children developing ODD.

Intervention and treatment of these children should begin as early as possible. Treatment can include individual, family and peer group therapy. The goals of individual therapy are to improve the child's problem solving, communication, and anger management skills. Family therapy involves parental training that accentuates ways to manage the child's behavior and an emphasis on communication skills to improve the parent-child relationship. Peer group therapy helps children with ODD develop social and interpersonal skills.

Thoughts for Teachers of Students Identified As Having ODD

1. When dealing with a child with ODD, it is important to remember that behavior management techniques that work well with other students may be ineffective with him/her. The child will frequently misbehave and annoy adults to elicit a reaction.
2. Have clear expectations and firm rules and boundaries.
3. Post classroom rules and a daily schedule so that the child knows what to expect.
4. Realize that any sort of change in the classroom routine may be upsetting to a child with ODD.
5. Work hard to establish trust with the student by being fair and consistent.
6. Believe in the child's ability to manage his/her behavior in an appropriate way.
7. Understand that you are not the cause of the defiance, only an outlet for it.
8. Discover what the child truly enjoys doing such as participating in a sport or hobby.
9. Identify skills or attributes that you can reinforce.
10. Focus on only a few problem behaviors at a time. Decide what behavior you will ignore and what you will not accept. Communicate the consequences for those you cannot tolerate.

11. When problems arise, questions you could ask the child are: "Is what you are doing working for you?" "What would work better?" "What could you have done differently to avoid the problem?" "How may I help you?" (see Helping Children Cope with Anger).
12. Meet privately with the student about specific concerns, but first establish that you will be respectful toward each other. Be calm as you discuss his/her actions. You could say something like, "Tell me what you think the problem is that keeps you from being successful in school." Listen to the child without interrupting. Decide together on a behavior plan that can be copied and shared with the student.
13. When necessary, meet with the parents and other adults who interact with the child so that everyone can present a united front. Since these children are adept at convincing others that someone else caused their behavior, they usually are not included in this meeting. After stating the problem, brainstorm ideas on ways to assist the student in improving his/her behavior. Agree on a behavior plan or contract for the behaviors necessary for the child to be successful in school. Examples are, "Keep my body in my own personal space," or "Follow directions with no more than one reminder." The group decides on the details and on the positive consequences for the student's compliance. Those involved with the student outside of school need to come up with a plan also. They need to follow through with a mix of appropriate positive and negative consequences.
14. State your directions in simple, straightforward language. Be as clear, immediate and as consistent as possible.
15. If deemed helpful, devise a way to show the child that he or she is making progress. For example, use stickers, tokens, or marks on a chart that could be traded for privileges that are reinforcing to the student. The following are a few ideas: extra computer time, eating lunch with a friend, additional free time, helping a favorite teacher or doing a classroom task.
16. Provide recognition when the child exhibits appropriate behavior. However, be aware that since many children with ODD feel compelled to do the opposite of what you want, avoid direct, lavish praise. For example, following a commendation, the student might retaliate by tearing up his/her work or by hitting someone.
17. Acknowledge small steps toward improvement by whispering a positive comment to the child. Avoid expressing your feelings like, "I am so proud of you!" Instead say something like, "This is A+ work." Or, you could write a note to give to the student or to mail to him/her.
18. Avoid arguing, lecturing, or threatening a child with ODD because he/she will most likely view your words as rewarding rather than as punishment.
19. Avoid raising your voice or exhibiting any emotion. Be neutral and calmly say something like: "Since you broke the rule this is what you will do." Be like a referee who simply states the consequence and holds the player accountable. Do not allow the child to argue. Just restate what happens when a rule is broken.
20. When possible concede control to an object such as a clock or the bell. You could say, "Be ready to go when the bell rings," rather than, "I want you to get ready to go!"
21. Furnish a place for the child to regroup and release negative emotions in a time-out area. You could say to the child, "Would time in the rest area be helpful?" or "Your time will begin when you go to the rest area." If regarded appropriate at your school, provide clay to squeeze, a pillow to punch, or old magazines to tear as a way for the student to release some of his or her hostility.
22. Provide some closely supervised cooperative learning activities to assist the student in learning constructive ways to interact with peers.
23. Ask the school counselor to work with the student individually or in a small group to help the child develop anger management and social relationship skills.
24. Realize that teaching a child with ODD is difficult, stressful, and exhausting; so take care of yourself (see, Coping with Stress - Tips for Educators and Ten Keys to Educator's Survival).
25. Seek assistance from the school administrator, counselor, psychologist, special education teacher, or other school professional when you feel overwhelmed or when you feel you or the children in your classroom are unsafe due to the behavior of a student with ODD.

The future of these children is uncertain. Some of them will outgrow ODD. Others will develop coexisting disorders that will need further treatment. Still other children will be diagnosed with CD and their problem behaviors will become more severe. Managing a child with ODD in a school setting is challenging. It requires a team effort of school professionals plus parental involvement. However, if assistance is provided early in a child's life, a positive outcome is more likely to occur.

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