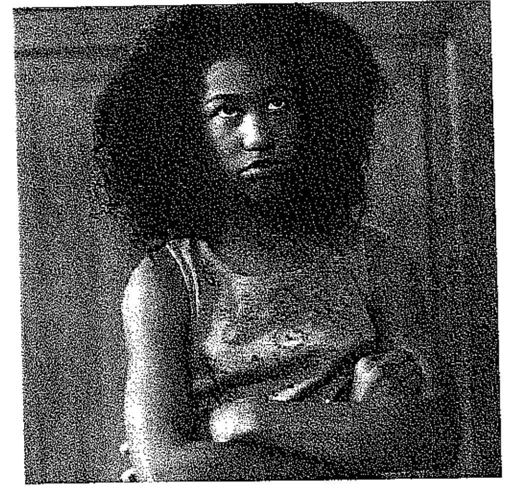
OPPOSITIONAL DEFIANT DISORDER

What is Oppositional Defiant Disorder?

Oppositional Defiant Disorder, or O.D.D., is a behavioral disorder of childhood and adolescence marked by defiant, argumentative, negative behavior. Children and adolescents with O.D.D. are often angry, antisocial, disruptive and disrespectful. However, their behaviors are generally not dangerous, destructive, criminal, or aggressive. Students with O.D.D. may engage in overt misbehavior or may attempt to control their environment more covertly.



Some defiance of authority is normal and to be expected in children and adolescents. The behavior of students with O.D.D., however, stands out as being more persistently disruptive than that of their peers to the point that it impairs their ability to function effectively at home and/or school.

The symptoms of O.D.D. often first emerge gradually in the home environment, but eventually move out into other settings, such as school and the community. Behavior problems are often most evident in the presence of adults that the student knows well. If untreated, the disruptive behaviors tend to escalate with age, and may develop into a more serious problem that is difficult to treat.

Prevalent Signs & Symptoms of O.D.D.

- Persistent arguing with adults, especially those in positions of authority
- Refusal to comply with rules or requests by adults or others in positions of authority
- Behavior that is deliberately annoying or irritating to others; being easily annoyed or irritated by others
- Blaming others for one's own mistakes; refusing to take responsibility for own actions
- Sudden, unprovoked anger and/or temper outbursts
- Spiteful and/or vindictive behavior

Developmental Variations

Early Childhood

Oppositional Defiant Disorder is not typically diagnosed in the early childhood population because many of the symptoms are also part of normal early childhood development. As other children begin to develop emotional regulation, behavioral control, respect for authority, etc. the negative behaviors of children with O.D.D. continue to persist beyond the early childhood years and often worsen without treatment.

Parents of children diagnosed with O.D.D. often report that these children were more rigid and demanding than their siblings, had prolonged temper tantrums, were difficult to soothe, and engaged in excessive power struggles regarding things such as eating, toileting, sleeping, and speaking.

Getting Linked

Massachusetts 2-1-1 is a statewide health and human services information and referral program where you can get person to person assistance to find Oppositional Defiance Disorder resources in your community or visit www.mass211.org or dial 2-1-1.

Additional Resources

School Psychiatry Program
Massachusetts General Hospital
www.schoolpsychiatry.org

Center for Mental Health in Schools
smhp.psych.ucla.edu

National Alliance on Mental Illness
www.nami.org

American Academy of Child/Adolescent Psychiatry www.aacap.org

Call Brockton Multi Service Center Crisis Stabilization Unit at 508-897-2100 for crisis services for children, adolescents, and adults 24/7

Middle Childhood

Boys are diagnosed with O.D.D. more often than girls in this age bracket. Defiant and oppositional behaviors frequently intensify during this developmental period with an increase in direct confrontation and overt disruption in both the home and school environments. In addition, schools may see some or all of the following in students with O.D.D.:

- An unusually high or low self-esteem
- A pattern of apparently unprovoked mood swings
- Easily triggered frustration
- Swearing
- Alcohol and/or drug use
- Frequent conflict with parents, teachers, and/or peers

Developmental Variations

Adolescence

While boys are more frequently diagnosed with O.D.D. in early and middle childhood, this gender gap disappears in adolescence; girls and boys are diagnosed at equal rates during this developmental period. Adolescents may experience the same symptoms as their middle childhood counterparts, but also have an increased tendency to exhibit more sophisticated disruptive behaviors that are covert and done without adult awareness. Adolescents with O.D.D. also have a higher incidence of alcohol and other drug use than their typical peers and may exhibit more aggressive behaviors. While most adolescents begin to develop a higher level of self-awareness, adolescents with O.D.D. tend to have limited personal insight and have a difficult time accepting responsibility for their choices and actions.

Educational Implications

Students with Oppositional Defiant Disorder are often non-compliant; they may refuse to follow instructions or complete assignments, making it difficult for them to master new material. In addition, in an unconscious effort to maintain their control, students with O.D.D. may sabotage efforts on the part of schools and parents to provide positive relationships, experiences, and reinforcement.

Students with O.D.D. often struggle with peer relationships due to their alienating behavior. Because of repeated interpersonal and academic failure, students with O.D.D. often develop a negative self-image and low self-esteem which further diminishes their motivation to succeed.

Additionally, these students often develop a reputation with adults for being difficult to manage, and adults' low expectations of these youngsters can perpetuate the negative cycle.

Cultural Considerations

Oppositional Defiant Disorder is believed to result from a combination of genetic and environmental variables. Students whose families are coping with high levels of stress due to poverty, unsafe neighborhoods, and violence in the home are at greater risk of developing O.D.D. When evaluating a student's behavior, always consider whether the oppositional behavior may play a self-protective purpose for the student in an unsafe environment.

Attitudes toward mental health may vary across cultures. Cultural differences also play a role in how a child's behavior is perceived and responded to. This may impact efforts to accurately assess the child and provide effective treatment.

School and Classroom Strategies:

These strategies are designed to address potential symptoms of student O.D.D. and should be used as part of a larger intervention approach. The suggestions below contain only a portion of many possible strategies available to address symptoms of O.D.D. in the classroom. Strategies should always be implemented with careful consideration of the differences of each child and the context of their individual circumstances.

If you notice a significant change in mood in any child that lasts for more than a week or two, share your observations with the child's parent and/or guardian and with your school's Adjustment Counselor.

Belonging, Competence/Mastery, Safety, Self-Determination

School and classroom environment, policies, and procedures as well as academic programming should strive to provide these students with a sense of belonging, competence, and safety throughout the school day, every day. Successful intervention is dependent on structuring a classroom that promotes more socially acceptable means for the student to acquire not only what WE think they need, but also what THEY think they need.

Sustained Commitment

Much of the initial work with students with Oppositional Defiant Disorder may involve managing the student's attempts to thwart your own efforts to help and support him or her. School personnel must remain committed to these students through such difficult periods. It may take a long time to see change and things may worsen before they improve.

Compassionate Understanding

Schools must develop a compassionate understanding of these students and of the dynamics underlying their behavior. Understanding the student's present environment, as well as the environment where his or her difficulties began, the student's perception of his or her experience, and the motivation and purposes behind his or her behavior will help provide a guide for the development of effective interventions.

High Levels of Stimulation

Activities that are highly stimulating (perceived risk taking, physical activity, activities of high interest) are best incorporated as an integral part of the student's school day, not exclusively something used as a reward for good behavior. Without extensive opportunities for engaging in stimulating, socially acceptable activities, the student will readily move to socially unacceptable and problematic avenues for stimulation.

Prevention

To be most effective with these students, 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 environmental modifications that respond to the emotional needs of the student.

Rule-Centered Classroom with "Padded" Boundaries

These students most often respond best to a rule-centered (vs. authority-centered) classroom. This allows the educator and the student to defer to the power of the rules, refocusing power struggles away from their relationship. Rules must be applied consistently to allow the student to focus on his/her behavior rather than on the educator's behavior. At the same time, unduly harsh limit setting (i.e. yelling, backing student into a corner) will activate a 'fight or flight' response in many of these students. Limit setting that is calm, clear, firm, and supportive will have the greatest positive impact.

Skills for Emotional Management/Affective Regulation

These students will usually benefit from skills training in emotional management/affective regulation. One of the best strategies for teaching and reinforcing these skills is participation in structured and supported activities with some degree of aggressive competition. These activities must be carefully supervised as the student will most often fail within this realm before developing the necessary skills to navigate such a task.

Time–Out

A student with Oppositional Defiant Disorder will benefit from the opportunity for self-imposed time-outs to give them time to cool down and/or regain perspective. This time-out should not be used as a punishment or threat, but rather as an opportunity to be offered if school staff see early signs of agitation or escalation. If incorporating a time-out option, staff should meet with the student proactively to discuss logistical details (where it will be, how to access it appropriately, how long he/she can stay there, what he/she can do there, etc.) Allowing the student to participate in stimulating activities while in the time out space will yield better results.

Behavioral Reinforcement

These students will respond best to a model that reinforces desired behavior through awarding of concrete reinforcement or sanctioned power. Level/token systems tend to work well with these students if the reinforcers are something of value to them. Take the time to get to know the student and understand what types of reinforcers they are most driven by and integrate these into the student's behavioral planning.

Logical Consequences

The student should be held accountable for his or her actions with consequences that are logical (or natural) to his or her actions. Keep in mind that consequences are designed to teach and not to punish. Wherever possible, allow the student to choose between two logical consequence alternatives. Programs designed to hold these students accountable while helping them to develop empathy for those who have been negatively affected by their actions (i.e. Restorative Justice Programs) are beneficial to these students.

Opportunities to Practice Generosity

Provide these students with ample opportunity to practice generosity. Without opportunities to give to others, young people do not develop as caring individuals. Strategies to support and help students with this disorder must combine both behavioral intervention and efforts to enhance moral development.

Support for Staff

Success with these students is dependent upon the adult's ability to deal with the student's overwhelming emotions without themselves becoming overwhelmed. School staff need opportunities to constructively process their own feelings about working with these challenging students. A clinical supervision model (like in the mental health field) is a good model for school staff hoping for additional support.

Suicidal Ideation

Some signs and symptoms may indicate overt suicidal crisis and should be acted upon **immediately** by alerting your school's adjustment counselor or building administrator. These include:

- Threats or attempts to hurt or kill oneself
- Looking for the means (e.g. gun, pills, rope) to kill oneself
- Making final arrangements such as writing a will or a farewell letter or giving away cherished belongings
- Pre-occupation with suicide or dying (often expressed through writing, art, music, online chat spaces) in conjunction with depression symptoms or high risk behavior
- Showing sudden improvement after a period of extreme sadness and/or withdrawal