



Building Bridges for Children's Mental Health

Behavioral Health Facts and Classroom Tips*

For use with Positive Behavior Supports & Response to Intervention

Oppositional Defiant Disorder

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 misbehavior
- Easily annoyed by others

Possible Educational Implications

Students with ODD may 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. Constant testing of limits and arguing can create a stressful classroom environment.

Watch for:

- Self-sabotage
- Blaming others
- Argumentative attitudes
- Instigating negative behaviors and power struggles
- Temper tantrums
- Questioning rules often
- Easily annoyed
- Revenge seeking

Information for Parents & Teachers

All mental health concerns are treatable, and more treatment progress can be made by a coordinated partnership between schools and home. It is recommended that with family consent, all community partners involved work together and with the family.

Students with oppositional defiant disorder (ODD) seem angry much of the time and may be quick to blame others. Students with ODD exhibit these behaviors more frequently than is typical in individuals of comparable age and level of development. This may impact peer relationships.

In addition, they may exhibit 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 for which they were given recognition.

The symptoms are usually seen in multiple settings, but may be more noticeable at home or at school. One to sixteen percent of all school-age children and adolescents have ODD.

Benefits of early intervention

Support from family, school, friends, and peers can be an important part of recovery. With sensitivity, support, and help from mental health professionals, a child can lead a healthy and productive life.

The American Academy of Child and Adolescent Psychiatry recommends that a child presenting with ODD symptoms should have a comprehensive evaluation. Early detection and intervention will rule out other mental health disorders, provide appropriate treatment, and prevent a possible consequence of failure at home and school.

Positive interactions between parents/teacher should be reinforced:

- Share goals and strategies
- Become a good working team
- Touch base often
- Share concerns in a friendly manner
- Anticipate positive outcomes
- Intervene early

Questions? Request an in-service at your school.

While it is important to respect a child's need for confidentiality, if you work with children or families, you are legally required to report suspected child abuse or neglect. According to CDE Guidelines, if you suspect possible abuse you are legally required to report your suspicions to the designated agencies immediately. This legal responsibility is not satisfied by merely reporting your suspicion to other school personnel.

Both a verbal and a written report are required. Please see a standard form for a written report in "Preventing and Reporting Child Abuse and Neglect", available at: <http://www.cde.state.co.us/cdeprevention/pchildabuse.htm>

This fact sheet must not be used for the purpose of making a diagnosis. It is to be used only as a reference for your own understanding and to provide information about the different kinds of behaviors and mental health issues you may encounter in your classroom.



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* Behavioral Health refers to mental health and substance use disorders

Proactive Instructional Strategies and Classroom Accommodations

- Remember that students with ODD tend to create power struggles. Try to avoid these verbal exchanges by stating your position clearly and concisely. Choose your battles wisely.
- Keep your voice tone low.
- Speak softly and slowly.
- Ask parents what works at home.
- Give two choices when decisions are needed. State them briefly and clearly.
- Use consistent behavior management techniques and approaches to discipline. Be fair but be firm.
- Follow through with positive reinforcement of appropriate behaviors.
- Praise students when they respond positively.
- Give respect to get respect.
- Engage students positively. Avoid making comments or bringing up situations that may be a source of argument.
- Establish clear classroom rules. Be clear about what is nonnegotiable. Provide consistency, structure, and clear consequences for the student's behavior.
- Post the daily schedule so students know what to expect.
- Make sure academic work is at the appropriate level, and avoid "infantile" materials to teach basic skills. 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 students with ODD have completed a designated amount of activity they dislike, reinforce their cooperation by allowing them to do something they 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 assertive in an appropriate manner. Discuss strategies that the students may use to calm themselves when they feel their anger escalating.
- Select carefully structured material that encourages student interaction.
- Structure activities so the student with ODD is not always left out or is the last one picked.
- Minimize downtime and plan transitions carefully. Students with ODD do best when kept busy.
- Maximize performance of low-performing students through the use of individualized instruction, cues and prompting, breaking down academic tasks, debriefing, coaching, and providing positive incentives.
- Allow students to redo assignments to improve their score or final grade.
- Create a Peace Place in the classroom or school as a quiet place for self-regulation and de-escalation.

Resources

- About.com**, <http://specialed.about.com/od/behavioremotion/a/odd.htm>, *General information and sample behavior contracts*
- American Academy of Child and Adolescent Psychiatry**, www.aacap.org, 800-333-7636, *Information on child and adolescent psychiatry, fact sheets, current research, and practice guidelines*
- Anxiety Disorders Association of America**, www.adaa.org, 240-485-1001
- Colorado Department of Education: Fast Facts**, http://www.cde.state.co.us/cdesped/download/pdf/FF-EBP_MH_ADHD.pdf
- Colorado Division of Behavioral Health**, www.cdhs.state.co.us/dmh, *Resource for mental health for all citizens of Colorado*
- Empower Colorado**, <http://www.empowercolorado.com/>
- Federation of Families for Children's Mental Health ~ Colorado Chapter**, <http://www.coloradofederation.org/>
- National Institute on Drug Abuse**, <http://teens.drugabuse.gov/facts/index.php>
- National Institute of Mental Health**, www.nimh.nih.gov, *Free educational materials for professionals and the public*
- Parent Education and Assistance for Kids (PEAK)**, www.peakparent.org
- SAMHSA'S National Mental Health Information Center**, www.mentalhealth.samhsa.gov, 800-789-2647

Publications

The Explosive Child, by Dr. Ross W. Greene, Harper Paperbacks, 2001

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www.csi-policy.org/buildingbridges/index.html