

years, before the school begins to see the behaviors. According to the Individuals with Disabilities Education Act (IDEA), 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 services. If 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 or 504 plan can be implemented. A 504 plan outlines modifications and accommodations needed for these students to have an opportunity to perform at the same level as their peers.

Family Survival Tips

Children with ODD are difficult children to raise. Parents are often overwhelmed by the constant testing of rules and unpleasantness that seems to follow these children everywhere they go.

- Try to spend one-on-one time with each of your children. The children with ODD are usually more pleasant in one-on-one situations and the siblings appreciate their time with parents.
- Make time to be alone with your partner. Make monthly dates that DO NOT focus on the children. Children with ODD are tough on marriages and relationships. Take advantage of respite care.
- Blaming and fault finding accomplishes nothing. Children are rarely oppositional because of one particular "thing". A combination of strategies is necessary to help these children.
- Explain ODD to family members and

extended family to provide a basic understanding and a support network for yourself.

- Take time to relax and regroup. Everyone needs times to recharge. These children are draining.
- Attend conferences and workshops on ODD to learn current information, strategies, and ideas for success.
- Take advantage of parent groups in your area and online. Talking with other parents can be reassuring and reaffirming.
- Maintain regular contact with the school regarding your child's education and progress. Handle upsets immediately for the best results.
- **Stress your child's strengths!**

Resources

For more information contact UPLIFT. Contact information on front cover.

UPLIFT has a lending library available with more information on ODD.

Mental Health America, www.nmha.org

National Institute of Mental Health
www.nimh.nih.gov

Substance Abuse and Mental Health Services Administration
<http://mentalhealth.samhsa.gov>

This brochure is intended for informational purposes only and not to replace professional evaluation and treatment.

This publication was made possible by funding from the Wyoming Department of Health, Mental Health and Substance Abuse Services Division.

Published April 2010

Oppositional Defiant Disorder

EDUCATIONAL SERIES



UPLIFT



Hope ~ Health ~ Well-Being

MAIN OFFICE:

4007 Greenway St., Ste. 201
Cheyenne, WY 82001

Phone: (307) 778-8686
Fax: (307) 778-8681

Toll Free: 1-888-UPLIFT3 (888-875-4383)

Website: www.upliftwy.org

REGIONAL OFFICES:

BUFFALO

Physical:
830 W. Fetterman St.

Mailing: P.O. Box 566
Buffalo, WY 82834

Phone: (307) 684-7813
Fax: (307) 684-7818

JACKSON

Physical:
530 Elk Ave., Ste. 3

Mailing: P.O. Box 986
Jackson, WY 83001

Phone: (307) 734-1327
Fax: (307) 734-2561

CASPER

145 S. Durbin St., Ste. 201
Casper, WY 82601

Phone: (307) 232-8944
Fax: (307) 232-8945

RIVERTON

877 N. 8th St. W., Ste. 1
Riverton, WY 82501

Phone: (307) 857-6601
Fax: (307) 857-4446

What is Oppositional Defiant Disorder?

Oppositional Defiant Disorder (ODD) is a psychiatric disorder that is characterized by two different sets of problems. These are aggressiveness and a tendency to purposefully bother and irritate others. ODD should not be confused with normal acting out behaviors of children. **ALL** children (and adults) will display oppositional defiance at times, especially preschool children and adolescents. However, in order to receive a diagnosis, the child must have frequent inappropriate behaviors that lead to difficulties in the child's social, academic and/or occupational life.

What are the symptoms?

A pattern of negativistic, hostile, and defiant behavior lasting at least six 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/her mistakes or misbehavior
- Is often touchy or easily annoyed by others
- Is often angry and resentful
- Is often spiteful and vindictive

Note: Consider criteria 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.

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.

How often is "often"?

All of the criteria above include the word "often". But what exactly does that mean? Recent studies have shown that these behaviors occur to a varying degree in all children. Researchers have found the "often" is best solved by the following criteria:

Occurring within the past three months:

- Blames others for his/her mistakes or behavior
- Is spiteful and vindictive

Occurs at least twice a week:

- Is touchy or easily annoyed by others
- Loses temper
- Argues with adults
- Actively defies or refuses to comply with adults requests or rules

Occurs at least four times per week:

- Is angry and resentful
- Deliberately annoys people

Children usually first display these symptoms at home with their parents. These behaviors may not be present at school or with other adults until later.

How common is oppositional defiant disorder?

Oppositional defiant disorder is rarely the only diagnosis and is usually evident

before age 8. ODD usually does not start after early adolescence. It is more frequently diagnosed in boys in early childhood, however, in adolescence the ratio is equal in both boys and girls with rates of 2% to 16% being reported.

A residual rate of 75% of children diagnosed oppositional defiant disorder will still fulfill the ODD criteria years later. In some cases, oppositional defiance is present before a child may be later diagnosed with conduct disorder. Many of the characteristics are the same in the two disorders. However, the disruptive behaviors of ODD are not as severe as conduct disorder and typically do not include aggression toward people or animals, destruction of property or theft.

How do these children get help?

There are many approaches to helping children with oppositional defiant disorder. Sometimes a child may benefit from *medications* prescribed by a psychiatrist. The most common approach and the most essential is *psychotherapy* for the child with *education and support* for the parents. Psychotherapy may come in different techniques, however the most important aspect is to establish a strong working relationship between the child, the parent, and the therapist. Therapy requires a clear understanding between the parents and the therapist that respects the parents' role and views the family as a strength to overcome the difficulties they face... and not as a source of the child's problem. School, therapies, and parents should all agree on the type of treatment to be used.

What help can I expect from the school?

It is not uncommon for these children to act out at home, perhaps for months or