

A Guide To  
*Oppositional Defiant Disorder*

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## *Introduction*

This guide to oppositional defiant disorder was undertaken as part of graduate studies in School-Based Behavioral Health [<http://www.sbbh.pitt.edu/>], in the Psychology in Education Department, at the University of Pittsburgh's School of Education. Dr. Mary Margaret Kerr and Mr. Mike Valenti directed this project as faculty advisors and instructors. Heartfelt gratitude and appreciation are extended to Dr. Kerr and Mr. Valenti for their guidance and support.

This guide begins with a "*Glossary*" of terms that more explicitly define some key mental health terminology important in understanding oppositional defiant disorder.

Scripts for podcasts intended for both adults and youth ["*Podcast Script for Adults*" and "*Podcast Script for Youth & Teens*"] are also a part of this guide. A podcast is an online audio program. References for both scripts are included in the final section of the guide beginning on page 16.

A listing of "*Suggested Accommodations*" for children with oppositional defiant disorder is included for individuals' work in a school-based setting, as teachers or therapists.

Finally, a summary of children's books that grapple with the topic of oppositional defiant disorder, along with a complete reference list, is found in the final two sections of the guide.

I hope that this guide serves as a valuable tool for you, that it brings a level of comfort and relief to you or those you work with, and that it provides a hopeful outlook in your treatment and care of a child with oppositional defiant disorder. I offer you my sincere thanks and appreciation for reading the culmination of my applied study of oppositional defiant disorder.

– *Timothy M. Wagner*

### *Glossary of Terms*

CBT [cognitive behavior therapy]— A form of therapy that works to modify behavior by uncovering maladaptive thought patterns/emotion associations. Both emotions and behaviors are targeted in a collaborative process between client and therapist that works to restructure negative cognitions.

DSM-IV TR [diagnostic and statistical manual four, text revision]— A publication of the American Psychiatric Association that categorizes symptomatic behaviors and criteria required in making a psychological disorder diagnosis.

incidence— The frequency that a mental disorder occurs in a given population or area.

ODD [oppositional defiant disorder]— A disruptive pattern of behavior in children and adolescents that is characterized by defiant, disobedient, and hostile behaviors directed toward adults in positions of authority. The behavior pattern must persist for at least six months.

PMT [parent management training]— Programs that train parents to manage their child's behavioral problems in the home and at school.

prevalence— The total number of cases of a mental disorder at a particular time.

social stories— A simple story written about a social event or encounter written from the perspective of a child. Often used with children with autism, but can be utilized with children with ODD to enhance social functioning.

### *Glossary References*

Feldman, J. & Kazdin, A. E. (1995). Parent management training for oppositional and conduct problem children. *The Clinical Psychologist*, 48(4), 3-5.

The science of mental illness glossary. (2005). Retrieved November 19, 2008, from National Institute of Mental Health Web site: <http://science-education.nih.gov/supplements/nih5/Mental/other/glossary.htm>

*Podcast Script for Adults*

Did you ever come across a child who just couldn't be reasoned with? Would the child defy you, even if his actions were not in his own best interest? Have you heard, "but it's not my fault" come from the lips of a child you witnessed act improperly, right before your eyes? How often do questions like "what am I doing wrong with this kid" race through your mind?

Welcome to this presentation of a look at emotional disturbances in children. This segment will focus on the previously posed questions in terms of their relationship to the emotional disorder known as **oppositional defiant disorder**. We begin our look at **oppositional defiant disorder**, or **ODD**, with a case study. Listen to the story of Jason. Think about the behaviors Jason exhibits. Later in the program we will reveal just which of these behaviors are typical of an eight year old like Jason, and which may characterize a more serious mental health disorder.

"Get out of my face. Give me my toy train; I'm not putting it away. My mommy sent it with me and it's mine" eight-year-old Jason angrily yelled at his teacher. "It's not my fault it's at school, but it's mine and you can't touch it anyway," he continues. Within the first moments of the day Jason, now in the final weeks of his year in 2<sup>nd</sup> grade, flagrantly defies the routines of the classroom, engages his classmates in inappropriate and often antisocial behavior, and finds at least half a dozen students to pester before even considering taking off his jacket each morning. As his teacher continues what has become a daily battle for nearly seven months, Jason contends, "Stop talking to me. I am not your child. I'm not doing your morning work, or listening to your stupid rules. Look over there at Michael and James," Jason gestures to

two children working at their desks – “they always get me in trouble and you never tell them to stop.” As tears well in his eyes, and his teacher begins to engage in a behavior modification plan that became ineffective months ago, Jason clenches his jaw, creates fists with his small yet forceful hands, and has each member of his class off-balance in a highly negative way. “Stooooop—leave me alone,” he finally screams as a chair is overturned. As has become customary, his teacher heads for the phone to call the school counselor into action.

*An Arabian proverb says that, “He who has health, has hope. And he who has hope, has everything.”*

This presentation is not only intended to inform, but also to give *hope* for those who see healthy, compliant children as too good to be true. Have hope: with your assistance, Jason and children like him can enjoy mental health.

Jason is a child who clearly behaves in an inappropriate way, and many of his behaviors may lead a clinician to diagnose Jason with **oppositional defiant disorder**. The American Psychiatric Association identifies **ODD** in the **DSM-IV-TR** as a disruptive behavior disorder that is typically diagnosed for the first time in infancy, childhood, and adolescence. Jason falls into this age range. **ODD** is characterized by a pattern of negativistic, hostile, and defiant behavior<sup>1</sup>. Each of the interactions mentioned in Jason’s vignette certainly fulfill the patterns of behavior indicative of a child with **ODD**. But, there are more particulars that must be uncovered and discussed before a diagnosis can be made.

It’s important to know that if a child has one outburst, or a week filled with bickering and tantrums, a diagnosis of **ODD** is premature. In fact, the pattern of

negative and defiant behavior must persist for at least six months before a true diagnosis can be made. As well, just one or two hostile and defiant symptoms do not make a case for **ODD**. Rather, four out of eight behaviors must be present before a true determination can be made about a child's mental health<sup>1</sup>. These symptoms include any of the following happening to a child often: losing his temper, arguing with adults, actively defying or refusing to comply with adults' requests or rules, deliberately annoying people, blaming others for his or her mistakes or behavior, being touchy or easily annoyed by others, angry and resentful, or displaying spiteful or vindictive behaviors<sup>1</sup>. While any one of these symptoms might appear in a child who is struggling with compliance issues, the compound effect of multiple symptoms, marked by a half-year duration, is what operationally defines **ODD**. Reflecting on Jason, pause to decide if Jason fulfills the criteria for length of symptoms, and if he seems to exhibit at least four of the aforementioned symptoms [10 second pause].

*Norman Vincent Peale once said, "Become a possibilitarian. No matter how dark things seem to be or actually are, raise your sights and see possibilities -- always see them, for they're always there."*

You must be wondering what can we possibly do about this problem? And, is **ODD** a pervasive issue that must be handled in the home, at school, or in all areas of a child's life? Jason is part of a statistic of between 2% – 16% of children who are reported as having **ODD**<sup>1, 5</sup>. Because there is significant hope for lessening symptoms in children with **ODD**, however, treating Jason and others like him is an important responsibility for caretakers.

As is typical with any mental health disorder, **ODD** manifests itself as a result of both a child's environment and his genetics. There are certain genetic factors that predispose a child to **ODD** such as a mother who is depressed<sup>1</sup>. As well, issues in the child's environment such as family neglect, abuse, or violence can lead to defiant behaviors and **ODD**<sup>7</sup>. The time to take action on behalf of a child like Jason, therefore, is now. Parents and caregivers: do not delay seeking help for your child when he displays behavior patterns characteristic of **ODD**. The sooner that treatment is sought and received, the more likely a child and his family will overcome the challenges associated with **ODD**. Additionally, it is not uncommon for children with **ODD** to have other mental health issues including depression, mania, substance abuse, or attention deficit hyperactive disorder that may be uncovered once a family obtains professional help<sup>5, 3</sup>. Your child's school or a local hospital will probably have the contact resources you will need in order to take the first step on behalf of your child.

Once a formal treatment process has begun, the changes in Jason and children like him will be remarkable. Jason's family will also feel a great burden lifted when his defiant behavior begins to subside. What's ironic, however, is that Jason's caretakers may in fact already hold the key to reducing the stress associated with **ODD**. Many clinicians prescribe **Parent Management Training (PMT)** in order to help children like Jason. **PMT** focuses on training *parents* to handle their children in the most effective ways possible<sup>2</sup>. Following eight parent-training sessions, a 2007 study reported that caregivers found their children's behavior to be less troubling, frustrating, and bothersome<sup>2</sup>. **PMT** techniques help caregivers to manage a child's behavior, bringing less stress to his family, and as a result may lessen the severity of the symptoms in the

child. Parents are trained in tactics such as maintaining structured routines in the household, as well as continually exhibiting empathy and understanding for the troubled child<sup>4</sup>. Maybe all Jason needs is someone who can show him they understand his anger.

Jason's parents should be very excited that they have the opportunity to treat Jason while he is still so young. As children age, their response to therapy diminishes somewhat, and **ODD** behaviors are harder to reduce. With a plan of attack in place before Jason's ninth birthday, however, success is sure to follow!

There will be bumps in the road, and a child's behavior regularly seems to get worse before it gets better, doesn't it? But, things *will* get better. Options for parents, and for children who exhibit oppositional behaviors, are available. Be courageous: call to mind the out-of-control, painful feeling a child experiences when he is defying you. Be brave: remember the strength you have to persevere through difficult times with an oppositional child. Be steadfast: never lose sight of the power you possess to effect change on behalf of a child with **oppositional defiant disorder**.

*\*Numeric citations are aligned with the "References" section.*



*Podcast Script for Youth & Teens*

Hey, I have a story to tell you. Please listen, because it's about a boy who wanted to share his story. And, if you're out there listening to this, it might be a story about you, too. I mean, I'm not sure if it is about you— so that's why I want you to listen, ok? Here goes:

“See, I used to get in a lot of trouble at school. Teachers were always yelling at me, telling me to sit down and be quiet. Some teachers, they got me, you know, realized why I was who I was, but sometimes they had no clue and that's when the real battling would go down. When they yelled, man, you can bet I yelled back. One time I even pushed one of them. In those days I didn't care what any stupid teacher thought of me. I told my parents to shut it, too, if they said annoying stuff. You won't believe me, geez, I fought and I fought for so long. I caused problems for probably that whole school year back in fifth grade. I was in detention more times than I can count. To be honest, it was getting really ridiculous, and I was only getting more violent and angry by the day. I would start throwing a fit, screaming at this jerk or that loser in the front row, especially if things didn't go my way, and the next thing you know every principal, guidance counselor, and social worker my teacher could come up with would be running in the door. I was ten then. Now I'm practically an adult—fifteen and shaving three times a week. I'm much more mature now, and I guess I can say I've gotten some help on the way.”

“So these feelings I was having—this yelling, defying everyone left and right, and saying “get the heck out of my way” —that went on for a long while. You see, my

doctor, after he talked with my parents and teachers, said I was odd, I mean, not odd like weird, but the actual letters with periods after each one... O-D-D. **O.D.D.** is the quick way to say **oppositional defiant disorder**. Basically, I couldn't get along with the people who told me what to do. I didn't realize they usually knew what was best for me, I just would say "no!" no matter what."

"I lost more friends that year, and not even the ones I was mean to or yelled at. It just seemed like I was always in trouble, and kids stayed away from me to get out of the line of fire. No one wanted to call me a friend, in case the teacher thought they were like I was. I guess now that my old best friends understand what was wrong, and why I wasn't myself for so long—fighting with grown-ups and all that—things are more back to normal. But it took awhile, you know, like water boiling on the stove. I had to learn a lot, and practice being a different kind of kid. I've gotten pretty good, and I think if you feel the way I did back when I was ten, you might wanna try some of the things that worked for me. You ever hear a coach or someone say, "practice makes perfect"? I was lucky; I found a really cool kind of coach. Well, they call her a therapist, but she was someone who I could talk to—she wouldn't rat me out to my parents or any other grown-up—and we'd make plans to get better. I wanna tell you about her, ok? And if it sounds good, promise me you'll find someone like her? Alright? I know your parents can help you find a therapist, or maybe your teacher, or whatever, but you have to listen to these people, they'll help you stop fighting with grown-ups, and let you see why going along with the program is a good idea."

"So anyway, after the school realized that it wouldn't be good to try to help me just themselves, my parents took me to this therapist I was talking about. The therapist

talked to me with words I could understand—my level, you know. She said that a lot of kids have **ODD**. Well, not like every other person in the freaking cafeteria line, but enough that I didn't feel so much like a weirdo anymore. Maybe 2-16% of kids, so that's pretty many, you know?"

"Then, we started figuring out how to make things better. She helped me using this thing called **cognitive behavior therapy**. I just say the letters **CBT** for short—it's easier. It was so cool because I made the plans for getting better and nicer to adults, and I worked things out on my own terms, when I was ready. She just kinda helped me realize stuff I already sort of knew. And, while I was at my **CBT** sessions, my parents went to parent training, too. I guess it wasn't entirely my fault that I was so out of control, fighting with everybody. They had to do some learning, too, at this thing called **Parent Management Training**. Boy, I hated them so much back then, and thought *everything* was their fault. It's crazy, though, that they loved me so much that they went to these helpers to figure stuff out, too. They learned how to make a family schedule and stick to it, and not get so frustrated when I would have a tantrum and throw stuff everywhere. When I would see them calm, cool, and collected, I would kinda chill, too. So we all worked as a team. And for a little while we decided if I should maybe take some medicine to help, too. It turns out that medicine wasn't right for me, but don't be scared if the grown-ups think medicine would help you. You never know if **ODD** is all you have—maybe you have some other things going on, like trouble paying attention, or you might get irritable or sad, and life doesn't have to be like that. Sometimes while you and your therapist are figuring things out, some medicine can help you clear your mind even better."

“I’m pretty glad my parents took me to this therapist when I was ten. I have to tell you why, but it is sort of tough to talk about this. See, my buddy down the street was just like me growing up. In all the good ways, and in all the bad ways. Well, he fought with grown-ups a lot, too, and would annoy anyone he could, any time he was able—just like me. Well, his parents didn’t really do anything about it right then; they thought maybe he was just going through a phase or something. I went to therapy back then, I was really nervous, and felt sort of weird at the beginning. I was pissed because he never had to go talk about his anger, and I did. But, boy am I glad that I did. See, my buddy, well, he didn’t go to therapy, and he got worse — got suspended all the time, and when we were 14 he started drinking. He hung with the wrong crowd, and now instead of getting to go to therapy with his parents, like I did, they had to send him to rehab. He was kinda locked up, so he could get away from the booze, and I’m not sure, but someone said he was smoking stuff, too. I never knew, but my therapist says it’s true, that sometimes if you don’t get help and you have **ODD**, that kids can end up making worse choices later on. I feel bad for my buddy, you know, because everything worked out for me, and it could’ve been the same for him, too. You just never know, right?”

“So anyway, my story isn’t that special. It’s just about a kid who couldn’t get along with adults, really made everyone’s life miserable—including his own. And, this anger and rage kept going for months and months. Something had to change, and it did, and I’ve never felt better. It’s like when you finally get to take your heavy backpack off when you get to your house at the end of the day. Weight was lifted... I didn’t fight with people as much, and I started to make more friends. I had beaten

**ODD.** I'm so pumped though, because you can, too. You just have to get in the zone, psych yourself up—it's not going to be easy. But, focus on the changes you need to make, and remember you're not alone or weird for having this problem. Listen to the grown-ups' advice, and sooner or later you'll be happy with the relationships you have with other people, and other people will feel the same way about you, too. Hey, good luck—I know you can do it.

*This case is based on a fictional account.*

### *Suggested Accommodations*

- Create rules that are clear, predictable, and administered fairly and consistently.
- Use a picture schedule so that the student can easily see the order of the day [and accompanying visual cues], and predict when transitions will occur.
- Avoid conflict by ensuring that academic work is on the student's instructional level—not too difficult, and not too easy.
- Blend non-desirable academic tasks with student-chosen rewards for compliant behavior.
- Utilize social stories and social skill lessons to ensure systematic instruction of appropriate anger management and conflict resolution skills. Role-play works well with children with and without the disorder.
- Structure lessons so that the child is required to positively work in peer groups. While maintaining order and predictability, along with monitoring the cooperative group, allow the child a chance to use his or her developing social skills.
- Stay busy, busy, busy! Transitions and time without specified tasks can be problematic, so adapt student schedules accordingly.
- Ensure that positive peer social interactions do in fact occur—do not let the child be selected last for a team, or remain standing alone after everyone has already paired off for an activity.

*Suggested accommodations adapted from:*

Understanding ODD. (2008). Retrieved November 19, 2008, from Suffolk Public Schools Special Education Department web site: <http://www.spsk12.net/departments/specialed/odd.htm>.

*Parents [and teachers, too!], see also "Behavior Strategies and Approaches for Children with ODD," found on the website referenced above.*

*Literature for Children*

Included below are a selection of children's literature titles that can be utilized as a means of engaging children in developmentally appropriate discussions related to ODD, their own symptoms, and positive ways of overcoming symptoms.

Halverson, D. (2007). *Honk if you hate me*. New York: Delacorte Press.

The story of a girl who torched a factory in her town at the age of six, and after years of running from her past she must return home and deal with the backlash of her antisocial behavior.

Huebner, D. (2006). *What to do when you grumble too much: A kid's guide to overcoming negativity*. Washington, D.C.: Magination Press.

By using CBT philosophies, this book is intended for children who no longer enjoy the fun parts of life, but rather focus on the negative parts of each day. Provides an interactive "self-help" tone for children with ODD.

Huebner, D. (2007). *What to do when your temper flares: A kid's guide to overcoming problems with anger*. Washington, D.C.: Magination Press.

Again based on CBT theories, this story gives many step-by-step practical methods to "cool off," and become less heated during difficult times. The motivational and positive tone of the story permits readers to feel confident about making changes in their lives.

Rosenthal, A.K. (2007). *The OK book*. New York: Harper Collins.

A book that suggests that people can be "okay" at lots of different things, and that is satisfactory! Excellent in reassuring children who externalize behaviors when they are upset that they really are "okay"!

## References

- <sup>1</sup>American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (Revised 4th ed.). Washington, DC: Author.
- <sup>2</sup>Costin, J., & Chambers, S. (2007, October). Parent Management Training as a Treatment for Children with Oppositional Defiant Disorder Referred to a Mental Health Clinic. *Clinical Child Psychology & Psychiatry*, 12(4), 511-524. Retrieved September 14, 2008, doi:10.1177/1359104507080979
- <sup>3</sup>Kelsberg, G., & St. Anna, L. (2006, October). What are effective treatments for oppositional defiant behaviors in adolescents?. *Journal of Family Practice*, 55(10), 911-913. Retrieved September 14, 2008, from Academic Search Premier database.
- <sup>4</sup>Lewis, M. (2002). *Child & adolescent psychiatry: A comprehensive textbook*. Philadelphia: Lippincott, Williams, & Wilkins.
- <sup>5</sup>Office of Child and Family Policy. (2008). A Clinical Information Guide: Conduct Disorder and Oppositional Defiant Disorder. Retrieved September 10, 2008, from DCFS Web Resource Web site: [resources/conductdisorder\\_guide.php](http://resources/conductdisorder_guide.php)
- <sup>6</sup>Roberts, R., Roberts, C., & Xing, Y. (2007, December 10). Rates of DSM-IV psychiatric disorders among adolescents in a large metropolitan area. *Journal of Psychiatric Research*, 41(11), 959-967. Retrieved September 10, 2008, doi:10.1016/j.jpsychires.2006.09.006
- <sup>7</sup>Substance Abuse and Mental Health Services Association, (2007). Cyke: For the minds and hearts of children. Retrieved September 17, 2008, from Situations: Conduct Web site: [http://cyke.com/health/s\\_conduct.html](http://cyke.com/health/s_conduct.html)

\*Numeric citations are aligned with references in "Podcast Script for Adults"