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OVERVIEW

OF THE BOOK

The first chapter gives a bit of a road map that describes what ODD is and what some of the causal factors may be, before beginning to identify interventions.

The second chapter focuses on preventative interventions. Preventative interventions may be thought of as foundation interventions. The interventions are useful in work with all oppositional students, are more preventive in nature, and by themselves are usually not enough.

Chapter three moves to moderate interventions. These tools may be viewed as more proactive attempts to avoid periods of escalation. Chapter four describes the more focused and persistent techniques. Finally, chapter five focuses on the most intense attempts to assist the ODD student.

Please note that any and all of the interventions may be needed concurrently. As the parent or teacher, you do not need to work through the interventions in order! You will need to layer and repeat many of the interventions as you provide the structure and circumstances for the young person to develop personal skills. As you begin to sense the pulse of the ODD student, you will find numerous opportunities to expand beyond the 155 numbered techniques in this book!

CHAPTER 1

DEFINING THE

DEFIANCE

In this chapter we will define the disorder. We will review both formal and informal definitions and descriptions of key characteristics. It is the assumption that insights regarding the definition will help the reader understand the importance and origin of many of the strategies.





IS THE OPPOSITIONAL DEFIANT DISORDER STUDENT

“Oppositional Defiant Disorder” (ODD) is a diagnostic label provided by the Diagnostic and Statistical Manual of Mental Disorders, 5th ed., text rev. (DSM 5 TR), American Psychiatric Association. The DSM may be thought of as the “dictionary,” or guidebook, for identifying and labeling clusters of emotions and behaviors. It reflects the ongoing efforts of the medical and treatment communities to understand and respond to patterns of behavior that are problematic both for the individual being labeled and for those who are in the “sphere of impact” of that individual.

A DSM classification system is convenient and provides a means of getting a handle on these patterns, at least in terms of predictability. As individuals who have worked with children and youth having the ODD label, the authors take this designation as a starting point, not an end point. It is important to the authors to approach each young person as having the potential to move beyond behavior patterns that cause difficulty both for the youngster and those in that child’s life.

A LITTLE ODD QUIZ

Let’s put the formal definition aside for a few moments and complete a short questionnaire. Better yet, get with someone you know well and answer the questionnaire together. The questions call for “yes/no” answers. So, let’s see how you do!

HAVE YOU EVER...

- » Yelled and screamed at anyone?
- » Been so mad that you fantasized about doing major bodily harm to someone?
- » Refused to give in when arguing with your teacher or boss, maybe just for the sake of winning the argument?
- » Responded with an “in your face” attitude to a request by someone to follow a rule?
- » Found someone’s “hot button” and deliberately pushed it?
- » When no one was looking, damaged someone’s property to get back at him or her for something?
- » Said some bad things about someone to get back at them?
- » Blamed someone else for a mistake you made?
- » Had a “chip on your shoulder” or been in a “touchy” mood?
- » Found yourself feeling angry for days on end about something that may have happened awhile back?

SCORING YOUR QUIZ

If you are like most people, you probably said “yes” to at least a few of these questions. In fact, you may have said yes to a majority of the questions. You may be interested to know that the questions deal with the eight diagnostic criteria for ODD. Let’s look at those criteria. ODD is a pattern of negativistic, hostile, and defiant behavior, including:

1. Often losing your temper
2. Often arguing with adults/authority figures
3. Actively defying or refusing to comply with directives
4. Deliberately annoying others
5. Blaming others for one’s mistakes
6. Being “touchy” or easily annoyed by others
7. Often feeling angry or resentful
8. Often being spiteful or vindictive

INSIGHT #1

FREQUENCY, INTENSITY, AND DURATION

So, does this mean that you may meet the diagnostic criteria for ODD? Maybe, but not necessarily. However, it may be helpful to realize that the behaviors and attitudes that comprise ODD are common to most people. What distinguishes the average person from someone who could be diagnosed as ODD is frequency, intensity, and duration of these issues. The prevalence rate of ODD is estimated at 3-5% of the population (Hawes, 2023).

Formal Diagnosis

To meet the criteria for ODD, one must display at least four of the eight characteristics in a recurrent behavior pattern that has lasted at least six months. For the individual who meets the criteria, there will be a significant impact on social, academic, and employment functioning.

INSIGHT #2

DISRUPTIVE BEHAVIOR DISORDERS: ODD'S CLOSE COUSINS

Oppositional Defiant Disorder has two close cousins. They are Attention Deficit Hyperactivity Disorder (ADHD) and Conduct Disorder (CD). Note the succinct definitions of these three “cousins” below which we call “Disruptive Behavior Disorders.”

ADHD (Attention Deficit Hyperactivity Disorder):

“...developmentally inappropriate degrees of inattention, impulsiveness, and hyperactivity”

CD (Conduct Disorder):

“...a persistent pattern of conduct in which the basic rights of others and major age-appropriate societal norms or rules are violated”

ODD (Oppositional Defiant Disorder):

“...a pattern of negativistic, hostile, and defiant behavior without the more serious violations of the basic rights of others that are seen in conduct disorder”

While these three disorders are different in many ways, there is a lot of overlap as one can see on the following chart. Keep in mind, a child or teen with ODD may also meet the criteria for other disorders. Thus, a clinician may make a dual diagnosis. It is important to look at all the characteristics involved so that proper treatment can be made.

COMPARISON OF CHARACTERISTICS			
<i>Inattention:</i>	ADHD	CD	ODD
Makes careless mistakes	×		★
Difficulty sustaining attention	×		★
Does not seem to listen	×		★
Does not follow through, fails to finish	×		★
Has difficulty organizing tasks	×		★
Avoids sustained mental effort tasks	×		
Often loses things	×		
Easily distracted by external stimuli	×		
Often forgetful in daily activities	×		★
<i>Hyperactivity:</i>	ADHD	CD	ODD
Often fidgets or squirms	×		★
Often leaves seat in classroom	×	★	★
Runs about, climbs excessively, restless	×		
Difficulty playing quietly	×		★
“On the go,” “driven by a motor”	×		
Often talks excessively	×		
<i>Impulsivity:</i>	ADHD	CD	ODD
Blurts out answers before question	×		
Has difficulty waiting turn	×	★	
Interrupts or intrudes on others	×	★	★

COMPARISON OF CHARACTERISTICS

<i>Aggression to people or animals:</i>	ADHD	CD	ODD
Bullies, threatens, intimidates		X	★
Initiates physical fights		X	
Has used a weapon that could harm		X	
Has been physically cruel to people		X	
Has been physically cruel to animals		X	
Has stolen while confronting a victim		X	
Has forced someone into sexual activity		X	
<i>Destruction of property:</i>	ADHD	CD	ODD
Has deliberately set fires to cause harm		X	
Has deliberately destroyed property		X	★
Deceitfulness or theft			
Has broken into someone's house, car		X	
Lies or cons to obtain goods, avoid obligations		X	★
Has stolen without confronting victim		X	
Serious violations of rules			
Often stays out late without parental permission		X	★
Has run away at least twice		X	★
<i>Pattern of negativistic, hostile & defiant behavior:</i>	ADHD	CD	ODD
Often loses temper	★	★	X
Often argues with adults	★	★	X
Actively defies, refuses to comply	★	★	X
Deliberately annoys others	★	★	X
Blames others for his/her mistakes	★	★	X
"Touchy," easily annoyed by others		★	X
Often angry and resentful	★	★	X
Often spiteful or vindictive		★	X

KEY



DSM IV formal identifying characteristics



Possible characteristics