

Fact Sheet

Oppositional Defiant Disorder

General Overview

Oppositional defiant disorder (ODD) is a childhood behavioural problem characterised by constant disobedience and hostility. Around one in 10 children under the age of 12 years are thought to have ODD, with boys outnumbering girls by two to one. ODD is one of a group of behavioural disorders known collectively as disruptive behaviour disorders which include conduct disorder (CD) and attention deficit hyperactivity disorder (ADHD). Early intervention and treatment is important, since children with untreated ODD may continue to be difficult and anti-social into their adult years. This can impact on their relationships, career prospects and quality of life. Some children with ODD will develop the more serious conduct disorder (CD) which is characterised by aggressive criminal and violent behaviours.

ODD behaviours usually surface when the child is at primary school but the disorder can be found in children as young as three years of age.

The cause of disruptive behaviour disorders is unknown but the quality of the child's family life seems to be an important factor in the development of ODD. ODD needs to be professionally diagnosed by a child psychologist, child psychiatrist or paediatrician specialising in behavioural disorders. Diagnosis involves detailed interviews with the child (if they are old enough), parents and teachers

EFFECTS ON DEVELOPMENTAL AREAS

Social and Emotional

- May have difficulty in making and sustaining friendships
- May have a minimum social experiences
- May have attacks of rage and aggression and lose temper
- May deliberately annoy others
- May be touchy or easily annoyed by others
- May be spiteful or vindictive.

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Motor and Physical Development

- May have developmental delay due to lack of experiences.

Language and Communication Development

- May not understand or use appropriate forms of communication
- May have difficulty in making or expressing choices in a socially appropriate manner
- May argue with adults
- May actively defy or refuse adults requests or rules.

Cognitive Development

- May have learning difficulties
- May not stay long at activities due to low concentration span
- May require instructions, directions etc to be repeated 2 or 3 times and requires some time to process before responding or acting.
- May have delays in skills of concentration, memory and ability to generalise
- May have difficulty understanding concepts of turn taking, sharing, how to enter into play situations.
- May often blame others for misbehaviour or mistakes.

Inclusion Strategies

Each child diagnosed with **Oppositional Defiant Disorder** will be different and individual. It is important to gain information from the parents as to what characteristics of **Oppositional Defiant Disorder** their child displays. It is important to work closely with the parents as well as any additional support specialists e.g. therapists who may be involved with the child. It is also important to gain an understanding from the parent as to what is the most important aspect of their child attending your service. What is it that parents hope to gain from using your service? The following inclusion strategies are just some examples which may be applied to support the inclusion process. This list is only the start and it is dependent on a variety of factors such as environment, length of time child is in care, child's interest, likes, dislikes, skills already achieved. The strategies are divided into developmental areas however some strategies overlap and assist in a variety of developmental areas.

Social development

- On arrival and farewell and when wanting child's attention say the child's name first to catch his attention eg. "Jack, good morning" rather than "Good morning, Jack".
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- Explain what you are doing when you are doing it when presenting an activity, giving instructions or encouraging turn taking/sharing.
- Provide a quiet area with objects for child to explore independently
- Let other children know what child is doing to reinforce the concept of him being part of the group. Do this with all children e.g. "Look Jack is doing a puzzle as well"
- Provide small group activities i.e. one or two children to assist with development of friendship
- Develop consistent rules and limits which are applied to all children in care
- Choose reasonable punishments that actually teach a lesson and that can actually be enforced.

Physical development

- Keep things in the same place to assist child to be able to move from one place to another. If you change the environment walk and talk this through with the child
- Provide finger plays to encourage the use of both hands in a controlled manner as well as developing fine motor skills
- Check how busy the environment looks with pictures on walls, things hanging from ceiling, activities on floor. Reduce the confusion with plain surfaces and defined areas.

Language

- Utilise the use of large clear pictures to reinforce what you are saying
- Para-phrase back what the child has said
- Reduce the amount of instructions in one statement to allow time for the child to gain an understanding of what is been said e.g. "Hold the puppet up high" rather than "hold the puppet up high and wave it around so that all the children can see it." Once child understands to "hold the puppet up high" you can then add "Good, now all the children can see it"
- Ascertain from parents words that are familiar with the child e.g. family words that represent aspects of child life and use these in your program.

Cognitive

- Gain information from parents about child's likes, interests and dislike and incorporate these in your program.
- Break tasks down to smaller steps e.g. placing one puzzle piece in a time rather than expecting the puzzle to be completed
- Allow the child time to complete tasks and practice skills at own pace.

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- Provide consistent warning when preparing transition times
- Acknowledge level of achievement e.g. "you have placed that piece in the puzzle, well done" rather than just "Good boy"
- Limit "screen time" i.e. any activity such as TV, Video games computers.

References

Kutscher Martin L. (2005)

Kids in the Syndrome mix of ADHD, LD, Aspergers, Tourette, Bipolar and More, Jessica Kingsley.

Websites

www.betterhealthchannel.com.au

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