**Maryland School Mental Health Alliance**

*Oppositional and Defiant Children*

*Information for Teachers and School Staff*

**Definition**

All children are oppositional from time to time, especially if they are tired, upset, or stressed. They may argue and talk back to teachers, parents, and other adults. Oppositional behavior is a normal part of development for toddlers and early adolescents. However, oppositional behavior becomes a serious concern when it is so frequent that it stands out when compared with other children of the same age.

Students with **Oppositional Defiant Disorder (ODD)** show a pattern of negative, hostile, and defiant behavior that lasts at least 6 months and causes significant impairment in functioning. During this time period, the child or adolescent may often lose their temper, actively defy adults, and appear spiteful. Other symptoms may include frequent temper tantrums, blaming others for his or her mistakes or misbehavior, and being easily annoyed by others.

**Why do we care?**

Five to fifteen percent of school-age children have ODD. Given the high prevalence of ODD, most classrooms will have at least one child or adolescent with ODD. When compared to their peers, children with ODD are more likely to have difficulties with academic performance, and may engage in risky behaviors including criminal activities and substance use. Without intervention, children with ODD are more likely to develop other problems including a conduct disorder, which involves a range of behaviors including destruction of property, aggression towards people and animals, lying, stealing, and serious violation of rules. Teachers are often the first to notice signs of ODD.

**What can we do about it?**

- Refer the child or adolescent for an evaluation if ODD is suspected.
  - There are several types of professionals who can diagnose ODD, including school psychologists, clinical psychologists, clinical social workers, nurse practitioners, psychiatrists and pediatricians.

- **Specific classroom strategies include:**
  - Set up a school-home note system
  - Be consistent
  - Use praise and rewards frequently
    1. Use at least five times as many praises as negative comments
  - Ignore mild inappropriate behaviors that are not reinforced by peer attention
  - Use commands/reprimands to cue positive comments for children who are behaving appropriately — that is, find children who can be praised each time a reprimand or command is given to a child who is misbehaving
  - Appropriate commands and reprimands
    1. Use clear, specific commands
    2. Give private reprimands at the child’s desk as much as possible
    3. Reprimands should be brief, clear, neutral in tone, and as immediate as possible
  - Clarify the consequences of misbehavior. When a student misbehaves, remember to follow through with the appropriate consequences.
Remember to make eye contact when requesting something of the student. This conveys the seriousness of the demand and the sincerity of your relationship with the student.

Do not ask too much of a student at one time – keep your requests short and simple. Avoid issuing ambiguous commands such as, “It would be nice if you stopped annoying the class.” This statement does not tell the student what to do and embarrasses the student in front of classmates.

Work with parents and school clinicians to create a reward system that is meaningful for the student and useful in the classroom.

Provide feedback to caregivers and school clinicians by using daily report cards.

**Helpful Forms and Handouts**

- **National Mental Health Association. Fact Sheet on Conduct Disorder:**


- **Oppositional Defiant Disorder and Conduct Disorder in Children and Adolescents: Diagnoses and Treatment** by Dr. Jim Chandler:

- **The Mayo Clinic** discusses everything from the definition of ODD to lifestyle and home remedies to help change behaviors association with the disorder.

*Developed by the Center for School Mental Health ([http://csmh.umd.edu](http://csmh.umd.edu)) in collaboration with the Maryland School Mental Health Alliance.*