Oppositional Defiant Disorder Fact Sheet

About the Disorder

Oppositional defiant disorder (ODD) is diagnosed when a child/youth displays a persistent or consistent pattern of defiance, disobedience, and hostility toward various authority figures. These behaviors cause significant difficulties with teachers, parents, and other adults. ODD is sometimes a precursor of conduct disorder. Conduct disorder, however, involves more deliberate aggression, destruction, deceit, and serious rule violations, such as staying out all night or chronic school truancy. Students with ODD seem easily annoyed and angry much of the time. They are argumentative, quick to blame others for their mistakes and act in negative, hostile, and vindictive ways. These students generally have poor peer relationships. They often display behaviors that alienate them from their peers. All students exhibit these behaviors at times, but in those with ODD, these behaviors occur more frequently and intensely than is typical in individuals of comparable age and level of development.

Oppositional defiant disorder usually does not occur alone—50 to 65 percent of children with ODD also have attention-deficit/hyperactivity disorder (ADHD). ODD also commonly occurs with anxiety and depressive disorders as well as with learning disabilities.

The causes of ODD are unknown, but studies of twins and adopted children suggest that ODD has biological (including genetic), psychological, and social components. The DSM-5 states that the quality of the child’s family life seems to be an important factor in the development of ODD. Certain environmental factors may increase the risk of disruptive behavior disorders including: harsh or inconsistent parenting, domestic violence, physical abuse, neglect, multiple/different caregivers, and poverty. Other contributing factors may be an imbalance of certain chemicals in the brain, such as serotonin, or developmental delays. Some students may develop ODD as a result of stress and trauma from divorce, death, loss of family, or family disharmony.

A student presenting ODD symptoms should have a comprehensive evaluation by a mental health professional. Treating oppositional defiant disorder and its related disorders (ADHD, depression, anxiety disorders, and learning disabilities) often includes several types of therapy and training, such as cognitive therapy, psychotherapy, and social skills training. Students with OCD respond well to evidence-based, specialized treatment and can recover over time.

Symptoms/Behaviors

- Sudden, unprovoked anger
- Arguing with authority figures
- Defiance or refusal to comply with rules or requests
- Deliberately annoys others
- Blaming others for their own misbehavior
- Easily annoyed by others
- Frequently resentful and angry
- Often spiteful or vindictive
- Frequent temper tantrums or outbursts
- Speaking harshly or unkind when upset
- Destruction of property
- Irritable mood
- Poor peer relationships

Resources: See macmh.org/edguidelink for more ODD specific resources.
Educational Implications
Students with ODD may consistently challenge class rules, refuse to do assignments, and argue or fight with other students. This behavior can cause significant impairment in both social and academic functioning. Stubbornness and testing limits are common. However, the constant testing of limits and arguing can create a stressful classroom environment. As students with ODD progress in school, they experience increasing peer rejection due to their poor social skills and aggression. They may be more likely to misinterpret their peers’ behavior as hostile, and they lack the skills to solve social conflicts. Students with ODD are more likely to resort to aggressive physical actions rather than verbal responses. In addition, these students may have an unusual response to positive reinforcement or feedback. For instance, when given some type of praise they may respond by destroying or sabotaging the project that they were given recognition for.

Instructional Strategies and Classroom Accommodations
• Remember that students with ODD tend to create power struggles. Try to avoid these verbal exchanges. State your position clearly and concisely.
• Not all acts of defiance must be engaged—know which ones to overlook.
• Establish a rapport with the student who has ODD. If they perceive you as reasonable and fair, you’ll be able to work more effectively with them.
• Give two choices when decisions are needed. State them briefly and clearly.
• Establish clear classroom rules. Be clear about what is nonnegotiable.
• Post the daily schedule so students know what to expect.
• Praise students when they respond positively.
• Make sure academic work is at the appropriate level. When work is too hard, students become frustrated. When it is too easy, they become bored.
• Avoid “infantile” materials to teach basic skills. Materials should be positive and relevant to students’ lives.
• Pace instruction. When students with ODD have completed a designated amount of a non-preferred activity, reinforce their cooperation by allowing them to do something they prefer or find more enjoyable or less difficult.
• Allow sharp demarcation to occur between academic periods, but hold transition times between periods to a minimum.
• Systematically teach social skills, including anger management, conflict resolution strategies, and how to be appropriately assertive. Practice self-calming strategies (when the students are calm) for students to use when they feel their anger rising.
• Provide consistency, structure, and clear consequences for the student’s behavior.
• Select material that encourages student interaction. Students with ODD need to learn to talk to their peers and to adults in an appropriate manner. However, all cooperative learning activities must be carefully structured.
• Minimize downtime and plan transitions carefully. Students with ODD do best when kept busy.
• Maximize the performance of low-performing students through the use of individualized instruction, cues, prompting, breaking down of academic tasks, debriefing, coaching, and providing positive incentives.
• Allow students to redo assignments to improve their score or final grade.
• Structure activities so a student with ODD is not always left out or picked last.
• Ask parents what works at home.

For additional suggestions on classroom strategies and modifications, see An Educator’s Guide to Children’s Mental Health chapter on Meeting the Needs of All Students.