
Advice Sheet 28

OPPOSITIONAL DEFIANT DISORDER AND CONDUCT DISORDER

Note: The following is the definition of Emotional Disturbance and/or Behavioural Problems offered by the DES. Refer to Circular 08/02 for further information.

“Such children **are** being treated by a psychiatrist or psychologist for conditions such as neurosis, childhood psychosis, hyperactivity, attention deficit disorder, attention deficit hyperactivity disorder and conduct disorders.

This category is not intended to include children whose conduct or behavioural difficulties are being adequately dealt with in accordance with agreed procedures on discipline.”

Definition and Characteristics: Oppositional Defiant Disorder

Oppositional Defiant Disorder (ODD) is a psychiatric disorder of which definite causes are unknown although biological and environmental factors may have a role. The hallmark of ODD is a recurrent pattern of negativity, defiance, disobedience and hostile behaviour typically towards authoritative figures, which continues for at least 6 months during which 4 or more of the following are present:-

1. Often loses temper
2. Often argues with adults
3. Often actively defies/refuses to comply with adults’ requests or rules
4. Often deliberately annoys people
5. Often blames others for their mistakes or behaviour
6. Often touchy or easily annoyed by others
7. Often angry and resentful
8. Often spiteful and vindictive

The disturbance in behaviour causes clinically significant impairment in social, academic and/or occupational functioning. Students with ODD possess a ‘counter-will’ i.e. the more pressure one applies the greater the opposition. Actions are premeditated and typically such students **want** confrontation. In the school situation the student with ODD will typically be aggressive and will purposefully bother and irritate others

It is exceptionally rare for a student to solely present with ODD, usually students have other neuropsychiatric disorders such as attention deficit hyperactivity disorder, depression, conduct disorder or bipolar disorder. Students may additionally present with Tourette syndrome, learning difficulties etc.

Definition and Characteristics: Conduct Disorder

Conduct Disorder (CD) may at first present as what one may believe to be Oppositional Defiant Disorder (ODD); however it is more severe and has more socially disruptive and disturbing characteristics. While students with CD may share similar characteristics to the student with ODD they are more physically aggressive, threatening and lack empathy with their victims. Behaviour whereby the rights of others or age-appropriate societal norms are violated is persistent and repetitive. CD is one of the most disruptive and difficult conditions to affect the behaviour of students and those with CD have great difficulty following rules and behaving in a socially acceptable way. Typically CD is not diagnosed until the student is in second level. Those with CD may be aggressive to people and/or animals and this may be exhibited when the student bullies threatens or intimidates others, initiates physical fights, uses a dangerous weapon, is physically cruel to people and/or animals, steals while confronting others (e.g. mugging, purse snatching, extortion) and /or forces someone into sexual activity. Students with CD may deliberately set fires and destroy property. Deceitfulness, lying and/or stealing also characterise the student with CD and may present when a student breaks into a house/car, lies and engages in stealing activities such as shoplifting. Serious violation of rules may also be associated with CD and may include truancy from school.

It is exceptionally rare for a student to solely present with CD as usually the student has some other neuropsychiatric disorder such as attention deficit hyperactivity disorder, depression or bipolar disorder (manic depression). Students with CD may additionally have Tourette syndrome, learning difficulties, mood disorders and Obsessive Compulsive Disorder (OCD).

Implications for Teaching and Learning: ODD and CD

- Teachers need to have empathy with the student, understand that you are not the cause of defiance, only an outlet for it. Remain objective.
- Identify skills or attributes that you can reinforce.
- Remain positive; give praise and positive reinforcement when the student demonstrates flexibility and /or cooperation.
- Be approachable and act as a positive role model.
- Post classroom rules and a daily schedule so the student knows what to expect. Prioritising rules for the student is also useful.
- Consistency of application of agreed rules by all stakeholders in the school is needed with students with ODD/CD. Rules need to be realistic, specific, consistent, proactive not reactive
- Differentiate teaching.
- Teaching , learning and behaviour targets need to be structured as does non-structured time
- Programmes that deal with anger management and foster emotional intelligence may be effective.
- Work in partnership with parents and /or carers.
- Have a reward system where the student values the outcome.
- Set targets for behaviour and learning that are specific, measurable, attainable, and relevant and within a timescale (SMART).
- Don't compromise.

- Create workstations - time out areas where the student can listen to their music for example and work independently.
- Peer mentoring with other students may be effective particularly for organisation.
- Have an exit/time out strategy e.g. student has a red card which they display if they need a time out.
- Implement a behaviour recovery programme, possibly with the assistance of the resource teacher.
- Build relationships with other students through circle time activities, SPHE, drama, role play and peer mediation.
- Remember rewards work better than sanctions.
- Implement a behaviour contract with the student and ask for the students help on improving matters.
- Minimise distractions.
- Minimise transitions.
- Look at what triggers the students behaviour, look at the antecedents (what happened before the problem behaviour and what are the triggers), the behaviour, and the consequences (what happened after the behaviour) – the ABC's.
- Give the student additional responsibilities. Train the student to get used to carrying out small and reasonable requests.
- Give the student a choice of outcome where possible.
- Allow the students to help others in their area of strength.
- Develop a self esteem programme and explicitly teach social skills.
- Seat student near a good role model.
- Reward short periods of success.
- Reward effort as much as achievement.
- Break tasks into small manageable chunks.
- Agree methods by which the student can engage your attention.
- Give clear roles in group work
- Focus on the incident not the student and focus on only one or a few behaviours at a time. Decide what behaviour you will ignore and what you will not accept. Communicate the consequences for the behaviours you will not accept clearly.
- Avoid raising your voice or exhibiting any emotion. Be neutral and calmly say something similar to 'As you broke this rule this is what you will have to do', be like a referee who simply states the consequence and holds the player accountable.
- Do not allow the student opportunity to argue.

Extra Resources / References

Books

1. American Psychiatric Association. *Diagnostic and statistical manual of mental disorders*, fourth ed. Washington, DC: American Psychiatric Association, 1994.
2. Bernstein, Neil (1997) *Treating the unmanageable adolescent: A guide to oppositional defiant and*

conduct disorder. Aronson.

3. Carey, D.J. (2005) *The Essential Guide to Special Education in Ireland.* Dublin: Primary ABC Publishers.
4. Greene, R. W. (2005) *The Explosive Child: A New Approach for Understanding and Parenting Easily Frustrated, 'Chronically Inflexible' Children.* HarperCollins World.
5. Liabø, K. & Richardson, J. (2007) *Conduct Disorder and Offending Behaviour in Young People Findings from Research.* Jessica Kingsley Publishers.
6. Riley Douglas (1997), *The Defiant Child: A parents guide to oppositional defiant disorder* Taylor Publishing
7. Sutton, James (2003) *If my kid's so nice... why is he driving me crazy? Straight talk about the "Good Kid" disorder.* Friendly Oaks.

Useful Contacts/ Websites

1. Mental Health Ireland, Mensana House, 6 Adelaide Street, Dun Laoghaire, Co Dublin
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Website: www.mentalhealthireland.ie
2. American Academy of Childhood & Adolescent Psychiatry. Website: <http://www.aacap.org>
3. <http://www.conductdisorders.com>
4. <http://www.beachcenter.org>
5. <http://www.mentalhealth.com>
6. <http://www.mental-health-matters.com>