All children are oppositional or aggressive 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 six months and impairs their ability to interact with caregivers, teachers, and classmates. 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 their mistakes or misbehavior, and being easily annoyed by others.

Why is this important?
5 to 15 percent of school-age children have 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 that include 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 educators do about it?
When a teacher suspects ODD, it is important to first speak with the child’s parents or caregivers. It is important to work in partnership with parents and mental health experts to develop an intervention plan as quickly as possible when these warning signs occur. A quick response has been found to increase the probability of successful outcomes.

Effective ways of engaging parents include
• Encouraging them to share their view about their child
• Asking them to express their concerns about their child’s academic and behavioral performance
• Asking questions to determine that you have full information
• Discussing with parents the best ways (e.g. phone calls, notes) to communicate with them on a regular basis

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
• 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
The Children's Mental Health Matters! Campaign is a collaboration of the Mental Health Association of Maryland (MHAMD) and the Maryland Coalition of Families (MCF) with support from the Maryland Department of Health - Behavioral Health Administration. The Campaign goal, with School and Community Champions across the state, is to raise public awareness of the importance of children’s mental health. For more information, please visit www.ChildrensMentalHealthMatters.org

- Use appropriate commands and reprimands
- Use clear, specific commands
- Give private reprimands at the child’s desk as much as possible
- 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.

Resource Links

**Mental Health America**
Is the country’s leading nonprofit dedicated to helping ALL people live mentally healthier lives. 
https://screening.mhanational.org/

**Oppositional Defiant Disorder - A Guide for Families**
American Academy of Child and Adolescent Psychiatry

**Oppositional Defiant Disorder - Facts for Families**
American Academy of Child and Adolescent Psychiatry
Reviewed January 2019 

**Conduct Disorder - Facts for Families**
American Academy of Child and Adolescent Psychiatry
Updated June 2018

**Violent Behavior in Children and Adolescents**
Facts for Families - AACAP December 2015

**Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD) in Children and Adolescents: Diagnosis and Treatment**
by Dr. Jim Chandler
https://jamesdauntchandler.tripod.com/ODD_CD/oddcdpamphlet.pdf

**Oppositional Defiant Disorder (ODD)**
Mayo Clinic

Adapted from Resources found on:
www.schoolmentalhealth.org
March 2009