

*An Information Booklet  
for Tompkins and Seneca County Educators*

# Quick Facts: Oppositional Defiant Disorder



*This fact booklet is intended to enhance understanding of school personnel about the mental health issues that may be encountered in students. The information included is not exhaustive and should never be used to formulate a diagnosis. Mental health diagnoses should be made only by a trained mental health professional after a thorough evaluation.*

**www.mentalhealthconnect.org**

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## What is Oppositional Defiant Disorder?

Oppositional Defiant Disorder, or O.D.D. is a behavioral disorder of childhood and adolescence marked by defiant, argumentative, negative behavior. Children and adolescents with O.D.D. are often angry, antisocial, disruptive and disrespectful. However, their behaviors are generally not dangerous, destructive, criminal, or aggressive. Students with O.D.D. may engage in overt misbehavior or may attempt to control their environment more covertly.

Some defiance of authority is normal and to be expected in children and adolescents. The behavior of students with O.D.D, however, stands out as being more persistently disruptive than that of their peers to the point that it impairs their ability to function effectively at home and/or school.

The symptoms of O.D.D. often first emerge gradually in the home environment, but eventually move out into other settings, such as school and the community. Behavior problems are often most evident in the presence of adults that the student knows well. If untreated, the disruptive behaviors tend to escalate with age, and may develop into a more serious problem that is difficult to treat.

## Prevalent Signs & Symptoms of O.D.D.

- Persistent arguing with adults, especially those in positions of authority
- Refusal to comply with rules or requests by adults or others in positions of authority
- Behavior that is deliberately annoying or irritating to others; being easily annoyed or irritated by others
- Blaming others for one's own mistakes; refusing to take responsibility for own actions
- Sudden, unprovoked anger and/or temper outbursts
- Spiteful and/or vindictive behavior

## Getting Linked

### For all people in our region:

Guide to local youth mental health resources

[www.mentalhealthconnect.org](http://www.mentalhealthconnect.org)

Suicide Prevention and Crisis Service

[www.suicidepreventionandcrisiservice.org](http://www.suicidepreventionandcrisiservice.org)

607-272-1616 or 800-273-TALK (8255)

### For people in Tompkins County:

Dial 2-1-1 (or **877-211-8667**) to reach Tompkins County 2-1-1, a local health and human services information and referral program.

Also online at [www.hsctc.org](http://www.hsctc.org)

Tompkins County Mental Health Clinic

[www.tompkins-co.org/departments/deail.aspx?DeptID=28](http://www.tompkins-co.org/departments/deail.aspx?DeptID=28)  
607-274-6200

Family and Children's Services of Ithaca

[www.fcsith.org](http://www.fcsith.org)  
607-273-7494

Mental Health Association of Tompkins County  
[www.mhaedu.org](http://www.mhaedu.org)  
607-273-9250

### For people in Seneca County:

Dial 2-1-1 (or **877-356-9211**) to reach the Finger Lakes Region 2-1-1, a local health and human services information and referral program.

Also online at [www.211fingerlakes.org](http://www.211fingerlakes.org)

Seneca County Mental Health Clinic  
[www.co.seneca.ny.us/dpt-comserv-mental-health.php](http://www.co.seneca.ny.us/dpt-comserv-mental-health.php)  
315-539-1980 or 800-226-7415

Child Care Referral and Parent Resource Services  
[www.cfresources.org](http://www.cfresources.org)

**1-800-881-5786**

### For people in Cortland County:

Cortland County Mental Health Clinic  
[www.cortland-co.org/mhealth/clinic.htm](http://www.cortland-co.org/mhealth/clinic.htm)  
607-758-6100

### For people in Schuyler County:

Dial 2-1-1 (or **800-346-2211**) to reach the 2-1-1 helpline, a local health and human services information referral program.

Also online at [www.211helpline.org](http://www.211helpline.org)

Schuyler County Mental Health Clinic  
[www.schuylercounty.us/mentalhealth.htm](http://www.schuylercounty.us/mentalhealth.htm)  
607-535-8282

### National Resources:

School Psychiatry Program  
[www.schoolpsychiatry.org](http://www.schoolpsychiatry.org)

Center for Mental Health in Schools  
<http://smhp.psych.ucla.edu>

National Alliance on Mental Illness  
[www.nami.org](http://www.nami.org)

American Academy of Child and Adolescent Psychiatry  
[www.aacap.org](http://www.aacap.org)

IVillage  
<http://emotional.health.ivillage.com>



## Cultural Considerations

Oppositional Defiant Disorder is believed to result from a combination of genetic and environmental variables. Students whose families are coping with high levels of stress due to poverty, unsafe neighborhoods, and violence in the home are at greater risk of developing O.D.D. When evaluating a student's behavior, always consider whether the oppositional behavior may play a self-protective purpose for the student in an unsafe environment. Attitudes toward mental health may vary across cultures. Cultural differences also play a role in how a child's behavior is perceived and responded to. This may impact efforts to accurately assess the child and provide effective treatment.



## Developmental Variations

### Early Childhood

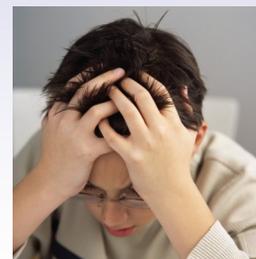


Oppositional Defiant Disorder is not typically diagnosed in the early childhood population because many of the symptoms are also part of normal early childhood development. As other children begin to develop emotional regulation, behavioral control, respect for authority, etc. the negative behaviors of children with O.D.D. continue to persist beyond the early childhood years and often worsen without treatment.

Parents of children diagnosed with O.D.D. often report that these children were more rigid and demanding than their siblings, had prolonged temper tantrums, were difficult to soothe, and engaged in excessive power struggles regarding things such as eating, toileting, sleeping, and speaking.

### Middle Childhood

Boys are diagnosed with O.D.D. more often than girls in this age bracket. Defiant and oppositional behaviors frequently intensify during this developmental period with an increase in direct confrontation and overt disruption in both the home and school environments. In addition, schools may see some or all of the following in students with O.D.D.:



- An unusually high or low self-esteem
- A pattern of apparently unprovoked mood swings
- Easily triggered frustration
- Swearing
- Alcohol and/or drug use
- Frequent conflict with parents, teachers, and/or peers

## Developmental Variations

### Adolescence

While boys are more frequently diagnosed with O.D.D. in early and middle childhood, this gender gap disappears in adolescence; girls and boys are diagnosed at equal rates during this developmental period. Adolescents may experience the same symptoms as their middle childhood counterparts, but also have an increased tendency to exhibit more sophisticated disruptive behaviors that are covert and done without adult awareness. Adolescents with O.D.D. also have a higher incidence of alcohol and other drug use than their typical peers and may exhibit more aggressive behaviors. While most adolescents begin to develop a higher level of self-awareness, adolescents with O.D.D. tend to have limited personal insight and have a difficult time accepting responsibility for their choices and actions.



## Educational Implications

Students with Oppositional Defiant Disorder are often non-compliant; they may refuse to follow instructions or complete assignments, making it difficult for them to master new material. In addition, in an unconscious effort to maintain their control, students with O.D.D. may sabotage efforts on the part of schools and parents to provide positive relationships, experiences, and reinforcement.

Students with O.D.D. often struggle with peer relationships due to their alienating behavior. Because of repeated interpersonal and academic failure, students with O.D.D. often develop a negative self-image and low self-esteem which further diminishes their motivation to succeed.

Additionally, these students often develop a reputation with adults for being difficult to manage, and adults' low expectations of these youngsters can perpetuate the negative cycle.

