

Managing Oppositional Defiance Disorder (ODD) from a Christian school's perspective

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Abstract

Oppositional Defiance Disorder (ODD), was at first, anecdotally, considered to be unacceptable behaviour by children who had been poorly managed. However, by 1980 a specific definition and description had been made. ODD is a serious juvenile mental health concern causing extreme distress to both parents and educators.

This paper has been written from a Christian perspective and describes the criteria for a diagnosis as well as its incidence. Research has been ongoing and a number of known links to the condition are detailed. The greater part of the paper focusses on effective, evidence-based strategies together with succinct summaries. These include teaming with parents, the school team, classroom structure and management, pedagogy and engagement, relating to the child and teacher well-being.

Scenario

The year started well for Amy with her grade three class at Christian Community School. She quickly established the routines, consistency, interesting activities and an ethos of care and Christian faith. By the middle of Term 1, Amy was really enjoying her teaching and loving her students.

On Wednesday of week six the principal asked to speak with her after school. Amy wondered what he had to say as she felt things were going well. Initially she relaxed as she heard that a new student would be joining her class on Monday of the next week. However, she became somewhat uncomfortable as the principal explained that this student had special needs. What did that mean? "He has ODD", she heard. Amy vaguely remembered hearing about ODD in one of her classes during

her teaching degree, and that it wasn't something pleasant.

Introduction

Oppositional defiant disorder (ODD) was first defined in the *Diagnostic and Statistical Manual of Mental Disorders DSM-III* in 1980. The DSM is published by the American Psychiatric Association (APA) and is recognised as an authoritative handbook for healthcare professionals in the United States as well as throughout the world.

At first, anecdotal thought suggested that ODD was simply bad behaviour displayed by a child who had not been well managed. While most children have times of difficult and challenging behaviour, ODD takes 'challenging' to a new level. "Oppositional defiant disorder (ODD) is a predominant and pervasive juvenile mental health concern" (Hankins, 2020, p. v); and Riley et al., (2016, p. 588) reported that: "Concern about ODD is among the most common reasons children are referred for mental health services". Unfortunately these children are also more likely to underachieve and drop out of school (Veenman et al., 2018).

Diagnosis and description

In 2013, the fifth and latest edition of the DSM (DSM-V) was published and listed criteria for diagnosing ODD. These criteria include both behavioural and emotional symptoms. There are three categories within the criteria:

1. Angry and irritable mood:
 - Often and easily loses temper
 - Is frequently touchy and easily annoyed by others
 - Is often angry and resentful
2. Argumentative and defiant behaviour:
 - Often argues with adults or people in authority
 - Often actively defies or refuses to comply with adults' requests or rules
 - Often deliberately annoys or upsets people

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- Often blames others for his or her mistakes or misbehaviour
3. Vindictiveness:
- Is often spiteful or vindictive
 - Has shown spiteful or vindictive behaviour at least twice in the past six months (APA, 2013)

As is the case with many disorders, ODD manifests itself across a range of severity. For some children it may be mild and only occur at home, or at school. If the behaviour occurs across two settings it is described as moderate, and in severe cases the behaviours can occur in three or more settings (APA, 2013). Moreover, ODD is often detected in a co-morbid combination with other disorders such as Attention Deficit Hyperactivity Disorder (ADHD), depression, anxiety and learning or communication difficulties (APA, 2013). In addition, the DSM-V (APA, 2013) states that for a child to be diagnosed with ODD he/she must display at least four of the behavioural criteria within the categories of angry/irritable mood, argumentative/defiant behaviour, or vindictiveness. Further, the symptoms must last for at least six months and educational, social and occupational areas have to be negatively affected to obtain the diagnosis (APA, 2013).

Incidence

Estimates of the number of children displaying ODD vary considerably and Boat and Wu (2015) noted variations between reports of ODD by parents and teachers. The American Academy of Child and Adolescent Psychiatry (AACAP) reports that approximately 16% of youth present with ODD (AACAP, 2009). APA (2013) estimates rates of between 1% and 11%. The US Library of Medicine estimates 20% of school children overall. While Lawrence et al., (2015, p. 26) note “around 5.1% of all children and adolescents had oppositional problem behaviours. This is equivalent to around 204,000 children and adolescents across Australia”. Additionally, Nielson (2016) and Knarr-Colian (2021) report that the incidence of ODD is increasing.

Aetiology

While no single factor has been found to cause ODD, research has found multiple risk factors that may contribute towards the emergence of this condition: biological, psychological and social (Hankins, 2020; Riley et al., 2016, 586-587). Although every child, with parents who have mental illness or psychological and behavioural dysfunction, does not have ODD, nevertheless children with this genetic background do have higher rates of the condition (AACAP, 2009, p. 3).

Biological factors include a higher incidence of ODD in children living in poverty (Riley et al., 2016, p. 586), exposure to toxins, maternal smoking during pregnancy, and poor nutrition (AACAP, 2009, p. 3). Jones (2018) notes: “When a child with a difficult temperament lives in an unstable home, or with overly authoritarian or permissive parents, this can create a transactional parent–child cycle which leads to oppositional and defiant behaviours” (p. 13). For some children, traumatic experiences that they witness or experience, such as violence, sexual abuse, substance abuse or death, may trigger disturbed behaviours including ODD. Barrett (2020) noted that in Australia “The NSMHWB [National Survey of Mental Health and Wellbeing, 2007] revealed that 41% of Australian adults (approximately 6.5 million) experienced at least one traumatic event before 17 years of age. The most common traumatic events reported were witnessing domestic violence and experiencing physical or sexual assault” (para. 7).

Studies in neurobiology (Knafo, Jaffee, Matthys, Vanderschuren, & Schutter, 2013) provide additional information: “impaired fear conditioning, reduced cortisol reactivity to stress, amygdala hyporeactivity to negative stimuli, and altered serotonin and noradrenaline neurotransmission suggest low punishment sensitivity, which may compromise the ability of children and adolescents to make associations between inappropriate behaviours and forthcoming punishments” (p.193). While Cavanagh, Quinn, Duncan, Graham, and Balbuena (2017) posit that “ODD more likely captures a disorder of emotion regulation, rather than a disruptive behaviour disorder” (p. 381).

Given the wide variety of possible and probable causes of ODD, it is essential that classroom teachers, who work with these children every day, are able to access and utilise a range of effective, research-based strategies.

Many teachers reading the first part of this paper might subsequently try to avoid having a child with ODD in their class, at all costs. Indeed, researchers have noted the link between challenging student behaviour and the departure of teachers from the classroom (Butler & Monda-Amaya, 2016). However, research has also shown that with planned and carefully executed strategies, by parents and teachers, many of these children are able to move beyond the typical ODD behaviours. Additionally, AACAP (2009) provides encouraging information: “For many children, Oppositional Defiant Disorder does improve over time. Follow up studies have shown that the signs and symptoms of ODD resolve within 3 years in approximately 67% of children diagnosed with the disorder” (p. 2).

“*ODD is often detected in a co-morbid combination with other disorders such as ... ADHD, depression, anxiety and learning or communication difficulties*”

Despite many non-educators assuming that rules and compliance are the solution to classroom challenges, Lane et al., (2018) wisely note: “However, education professionals know the best teachers understand, and leverage, the complicated interplay of effective instructional practice, good curriculum planning, and proactive classroom management techniques to establish a welcoming, productive, and harmonious learning environment” (p. 160). These effective professional practices are the foundational building blocks for success for children with ODD.

Most importantly, these children, as much as any others, are entitled to the best educational provisions educators can give them led by caring, competent and prayerful Christian teachers. The following sections provide information about effective, evidence-based strategies for teachers to use when working with children who have ODD. The perspective is from within a Christian school setting.

Effective strategies

Parent programs

Parent training programs are considered to be effective and important strategies in managing ODD, with a focus on effective disciplinary practices and positive reinforcement (Hankins, 2020; AACAP, 2009). Khaddouma, Gordon and Bolden (2015) note that parent-training programs are frequently used for families of children with ODD and that they are effective. However, they observe that when used alone, this option focusses mainly on the parent and does not address the neurological difficulties within the child. Danforth (2016) points out that for many parents who lack behaviour management skills “Prevention and management of clinically significant defiant and disruptive behaviour across time and settings is difficult” (p. 64). Nevertheless, Danforth also notes that programs that offer training, with support, role play and feedback can be very effective. Hankins (2020) suggests that if school districts offered these types of training programs the communication, coordination and support between home and school would be greatly enhanced, resulting in a greater chance of success. In addition, the relationship between parents, the school and their child’s teacher needs to be strong, collaborative and consistent (Knarr-Colian, 2021). This means that teachers may have to remember that the parents are likely to be struggling with managing the child’s behaviour, and may be grieving, angry, blaming or even disengaged. This is an opportunity for the Christian teacher to display the values of kindness, patience and tolerance that Jesus espoused. Not that this will necessarily be

easy; however, earnest prayer, for the child and the family, is an effective strategy that many teachers have found to be invaluable.

Strategy Summary 1: Establish a strong, positive contact with parents and develop a training program with ongoing support, role-play and feedback. Pray for these parents.

School-based strategies

Researchers emphasise that success in addressing ODD is more effective when based on a holistic, foundational approach (AACAP, 2009; Hankins, 2020). That is to say, not only is there no single, effective method for managing ODD, but a combination of relevant approaches for a particular child is likely to have greater success. Medication is not recommended for managing ODD, except in cases with severe aggression (Hankins, 2020; Riley et al., 2018; Veenman et al., 2016).

Whole-school approach

An essential, foundational practice is that of a whole-school policy, whereby school administrators plan, model, support and positively articulate strategies, processes and expectations of all staff and students in regard to students with challenging behaviour. Research in 860 schools by Pinkelman et al. (2015) found that “the most commonly cited enablers were staff buy-in, school administrator support and consistency” (p. 171). While Drake-Young (2021) found that “Positive attitudes towards implementing School Wide Positive Behavioural Support (SWPBS) programs were influenced by team training and support, peer mentoring, individual professional development and in-school workshops” (p. 39). Boujut et al. (2016) add: “In fact, a high level of social support from superiors and work colleagues is associated with a lower level of burnout, less depression and increased professional satisfaction” (p. 2876). Cooper (2011) points out that rather than the teacher alone, struggling to manage behaviour, the involvement of the whole school (students, staff, administration and parents) is more likely to produce success. Clearly, this approach is extremely important in achieving consistency of management for the child; while leadership by the school’s administration provides the essential cohesion, motivation and encouragement for the school team. However, the whole-school approach will only be successful if the leader of the school team, the principal, influences a culture of support and consistency. This is not easy. Billingsley, McLeskey, & Crockett, (2017) comment: “Principals have the responsibility of leading inclusive schools,

“parents are likely to be struggling with managing the child’s behaviour, and may be grieving, angry, blaming or even disengaged”

a complex work that requires a substantial knowledge base and an understanding of diverse learners and the systems that support their learning and long-term” (p. 6).

Strategy summary 2: Implement School Wide Positive Behavioural Support (SWPBS) with team training, administrative support and peer mentoring. Pray for each other. Articulate and work to develop a strong, positive ‘team’ culture.

Classroom essentials:

Basic techniques of effective behaviour management are vital in supporting these children and include: “establishing a structured classroom environment” (Moore et al., 2017, p. 222). A structured classroom environment is about the teacher’s approach being proactive and consistent, rather than reactive, as illustrated in Table 1.

In Table 1, Mitchell, Hirn and Lewis (2017) list eight specific, evidence-based strategies that are the essential basis for effective classroom management, particularly where there are children with ODD. Although these strategies are logical and appropriate, Mitchell et al., (2017) comment that many teachers struggle to use these strategies effectively. Their research using a collegial coaching approach with performance feedback, has been shown to provide valuable professional development for teachers in achieving these strategies, with improved behavioural and academic outcomes for students. Zoromski et al. (2020) researched middle school disruptive behaviour and found: “overall, teachers demonstrated low rates of appropriate responses to disruptive behavior” (p. 199). Thus, it is clear that although there is an expectation that qualified teachers will be able to successfully manage challenging behaviour, this is not always so, and targeted training and intervention is needed.

In addition, teachers need to be aware of and sensitive to, the ecological aspects of providing support to students such as the student’s emotional state, illness, fatigue or even hunger (Klopfer et al., 2019). Ecological approaches also include teacher

Strategy Summary 3: Provide individual professional development and in-school workshops on structured classroom strategies as in Table 1. Print these out for each teacher and have teachers practise and monitor their own and each other’s behaviour, providing constructive feedback. Schedule specific times for this to happen.

Table 1: Effective, evidence-based strategies in a structured classroom (adapted from Mitchell, Hirn & Lewis (2017, p. 143).

1. Physical layout	The classroom is orderly, clean, tidy and attractive, organised for typical activities and is safe for movement.
2. Expectations	The teacher explains how the students are to behave and teaches them how to do this.
3. Routines	The teacher describes and teaches the routines in the classroom, such as entry, exit, moving for activities, group and individual work.
4. Behaviour specific praise	The teacher specifically identifies and praises particular, desired behaviour.
5. Active supervision	The teacher walks around the room, monitoring, scanning and interacting with students.
6. Opportunities to respond	The teacher frequently requests student responses in various ways (written, oral, group, individual).
7. Reminders about behaviour	The teacher reminds students what is expected before the action required. Prepare the children (child) for transitions.
8. Consistent responding	The teacher follows classroom expectations and routines, and corrects and re-teaches as needed.

awareness of and sensitivity toward biological and psycho-social issues including adverse behavioural reactions to certain foods or drinks.

Relating to the child with ODD

As noted earlier, serious behavioural difficulties, such as ODD, can be triggered by a traumatic event and Brunzell et al. (2015) propose that the classroom can be a place of healing for children affected by trauma. While these authors maintain that therapy conducted by qualified professionals is the best approach, they recognise that many families may not be able to access or participate effectively in programs. Therefore, as school may be the most predictable routine for these children, teachers are well placed to provide support and act as “front-line trauma healers” (Brunzell et al., p. 4). Brunzell et al. (2015) go on to point out that the relationship developed between the teacher and the student may be the key element that effects the needed change for that child. The ability to coordinate cognition, self-regulation and behaviour

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is critical for all children, and especially for those affected by trauma and for whom this process is thus damaged. The teacher's role in developing this link is essential. In fact, Drake-Young (2021, p. 36) describes this relationship, and in particular the teacher's interpersonal skills as the 'lynchpin' in the process of successfully working with children with ODD.

The communication between the teacher and student with challenging behaviour is frequently in the context of reprimands or redirection, thus the interpersonal style of the teacher together with an essential balance of positive comments is crucial. The teacher's facial expression and tone of voice give various messages. Jones (2018) notes: "Three distinct tones of voice are suggested: a neutral tone for giving instructions, an upbeat and cheerful tone for praise and encouragement, and a firm, steady tone for reprimands" (p. 13) and "Yelling, sarcasm, and frustration all serve only to escalate a situation and incite a student with ODD to rebel further against authority" (p. 14).

Above all, students in a Christian setting need to know that they are of value and that God loves them. Students with ODD may have been told the opposite for most of their lives, but teachers can share this vital message throughout the day, explicitly or implicitly.

Functional Behavioural Assessment (FBA) is an essential tool in the management of children with challenging behaviour (Albert, 2020). Put simply, FBA attempts to 'look behind' the child's behaviour for a cause. Involving teacher, parents and special needs personnel, and even the child, working as a team, the goal is to find the cause of the inappropriate behaviour as well as the triggers, and then develop a plan to deal with it.

A normal, human reaction to being challenged in the classroom is to defend oneself and possibly, fight back. However, this behaviour will frequently escalate the situation. For Christian teachers, the guidelines are found in Galatians 5:22-23: "But the fruit of the spirit is love, joy, peace, longsuffering, gentleness, goodness, faith, meekness, temperance: against such there is no law." And again, in Proverbs 15:1: "A soft answer turns away wrath, but a harsh word stirs up anger." A teacher who reflects love, joy and goodness in the classroom, coupled with perseverance is best placed to achieve success with challenging students. How is this attitude and behaviour achieved when the child constantly challenges and defies the teacher? The ability to display the crucial care and persistence comes through frequent prayer for the child and the family, together with support from peers and administration.

Strategy Summary 4: Teachers must know and understand their students, their backgrounds; and take time to develop meaningful, caring individual communication with them. Take a genuine interest in the challenging child and pray for them – persevere! Let them know that God loves them.

Pedagogy and engagement

Drake-Young (2021) asserts, "Structure and predictability are essential strategies for most students, especially those with ODD. Strategies must be fun, stimulating, on the students' ability level and relevant" (p. 41). First, ensure that the student is actually capable of the work he/she is required to do; it is very likely that learning has been interrupted many times in the past due to disruptive behaviour, leaving many knowledge gaps. Therefore assessment, even informally, must ensure the work is at a suitable level for the child and additional support is provided as needed.

Taking the time to know the child and reflect on the child's needs and interests, then researching appropriate, engaging activities will help in avoiding situations that are likely to trigger non-compliance. Regardless of how you are feeling on a particular day, endeavour to walk into the classroom with a positive greeting and a pleasant facial expression. Have an appealing activity ready to start immediately and follow this up with praise and incentives (Floress et al., 2017). Frohnapfel (2020) comments on the reality of the use of praise in the classroom:

Research shows that the use of praise at a 5:1 ratio is ideal for all students; however, the typical ratio is 45 negative statements to every three positives, and that number is even higher for students with E/BD (Knoster, 2014). That ratio inadvertently tells students that we pay more attention to the behaviors that we do not want to see instead of those that we do. (p. 88)

"The way that teachers and peers treat and respond to these students can either mitigate or exacerbate their challenges in establishing and maintaining positive social relationships and adjusting adaptively to the school context" (Bierman & Sanders, 2021, p. 16). It cannot be emphasised too much, that the teacher's attitude, demonstration of care and regard for the student is pivotal in changing aggression and hostility to acceptable behaviour.

Brain breaks

Brain breaks are an essential pause during the day,

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to allow relaxation, fun and creativity and to break the tension as needed. These can be a physical fun activity. A pictorial timetable is also useful to reduce stress for some students.

Technology

Multi-media activities are a valuable tool for engaging challenging students and providing effective learning opportunities. Drake-Young (2021) has confirmed: “Student preference for use of technology, as evidenced by enthusiasm and concentration as compared with paper and pencil activities” (p. 42). Various applications are continually being developed to help teachers in the classroom as noted by Saegar (2017):

ClassDojo is an online application that can be accessed through a computer, tablet, or SmartPhone. It launched in August 2011 and now is in two out of three public schools in the United States of America (ClassDojo Fast Facts, 2016). Class Dojo digitally tracks each student’s behaviour through the addition and subtraction of points that fall in specific categories that can be designed by the teacher and/or children.

(p. 2)

Teachers can also use technology, within regular teaching, such as providing recorded reading (to use with headphones) and recorded voice to add punctuation among many other applications. Try using Kahoot to quickly and enjoyably revise previous work, to introduce a new lesson.

Individualised programs

Students with ODD require a planned program, that is, an individualised education program/plan (IEP). The IEP, a legal document, developed by the teacher, specialist teachers, parents and the student (if old enough) describes explicitly what the student is to learn and how this will be taught. The IEP ensures accountability and provides evidence, upon which further planning can be based.

Social skills

The ability for a student to be able to interact appropriately with peers is an important skill that links to personal well-being as well as academic achievement. However, for students with ODD this is invariably lacking, and many do not have friends (Biggers, 2020).

Cognitive-behavioural therapy (CBT)

CBT teaches the use of a “systematic problem-solving process to slow students down and to brainstorm ways to respond to interpersonal and academic situations successfully” (Tucker, 2015, p 50) A child learns to better solve problems and

Strategy Summary 5: Teachers must ensure that the learning activities are relevant and interesting (get feedback), using a variety of technology and rewards. Students with special needs must have a collaboratively developed IEP. School administrators must ensure that support and time are allowed for IEP meetings.

communicate and they also learn how to control impulses and anger. Helander (2021) found that parent management training together with Cognitive Behavioural training was the most effective in developing self control.

A useful strategy that assists students in developing self control is the use of a daily diary. Each day the student together with the teacher sets a behaviour goal, or goals, and keeps a written record of progress. An electronic or paper form can be used and rewards that are attractive to the student can be added for additional motivation (Riden, 2018)

Social skills training

Many children with ODD lack the ability to problem solve in social situations without reverting to aggression (Biggers, 2020), therefore actual social skills training can be useful. An effective strategy is to organise a ‘social club’, meeting each week during lunchtime or school time, for thirty minutes or so. This activity can be presented as a ‘privilege’ with lunch and using role-play to teach and repeat appropriate responses to challenging situations.

Strategy Summary 6: An assertive approach, through conversations, modelling and activities is essential in developing important social skills in all students, especially those with ODD.

Teacher well-being

For many, teaching is a stressful occupation (Mansfield et al., 2016). This stress is exacerbated when management of students with ODD is part of the daily process. Therefore, it is essential that teacher-wellbeing is accommodated through professional development, individual support and a strong sense of team resilience and encouragement.

An authentic Christian approach by a genuinely interested, caring teacher can be quite groundbreaking for these students, it can also be extremely helpful for the teachers themselves. Garcia-Klemas (2019) researched various stress reducers such

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as prayer, self-control and positive self-talk. The teaching group delegated to the prayer approach rather than encouraging self-talk, displayed a significant reduction in blood pressure and stress.

Finally, accept that you are only human, and you will have difficult days. However, remember the wise advice found in Micah 6:8: "And what does the Lord require of you? To act justly and to love mercy and to walk humbly with your God." So, as you encounter students with difficult, challenging behaviour each day, determine to be fair, to be kind and to walk with God through prayer, meditation; reading His Word and 'listening' to the Holy Spirit.

TEACH

Strategy Summary 7: Teachers need to support each other by taking time to pro-actively pray together, on a regular basis and for particular children and families.

“The teaching group delegated to the prayer approach rather than encouraging self-talk, displayed a significant reduction in blood pressure and stress.”

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