



*Canadian Psychiatric
Research Foundation*

When Something's Wr ng

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Ideas for Teachers

Oppositional Defiant Disorder (ODD)

Oppositional Defiant Disorder usually becomes evident before eight years and not later than early adolescence. ODD is a pattern of defiant, disobedient, and hostile behaviour towards authority figures. ODD can be more common in families that include a parent with a mood disorder. Many youth with ODD have a background of untreated AD/HD or a language or learning disability. Boys with this disorder outnumber girls.

Impulse Control
Disorders

Behaviour Characteristics

- outbursts of anger
- low frustration tolerance
- low self-esteem covered by cocky or “tough” demeanor
- swearing
- deliberately challenging people
- often arguing with adults
- history of conflict with teachers and peers
- use of drugs or alcohol in school
- history of academic problems and school failure
- early sexual activity

Classroom Strategies

- Teach the use and concept of self-talk to assist children in reducing their anger; e.g., “I have a right to be mad, but I’m not going to lose it.” Also, if they have kept their cool, teach them to praise their own success; e.g., “I really handled that well.”
- Encourage an angry child who is old enough to write to put his/her angry feelings in writing.
- Look for situations in which you can problem-solve together. Give the child responsibility he/she can handle easily and give praise for success.
- Help children develop emotional literacy so they can learn words to express angry feelings. Script language for them.
- Be a positive role model—try not to lose your temper.
- Communicate your observations in a neutral, non-confrontational manner; e.g., “I notice that you don’t follow instructions when given” or “I notice that you have been arguing.”
- Provide opportunities for a variety of expressive outlets; e.g., story-writing, painting, drama, clay, or using a punching bag in a safe place.

Classroom Strategies

- Establish clear expectations, rules and boundaries for the whole class. Establish clear consequences and rewards.
- Try to develop a mentoring relationship between the student and another teacher or caring adult.
- Encourage an aggressive child to engage in sports; e.g., jogging, tennis, aerobics, karate.
- Have a child/adolescent who is angry run around the schoolyard or track.
- Provide a safe place for children to go when they are angry—a place to calm down.
- Untreated, this disorder can get progressively worse and can put you and others in danger, emphasizing the importance of a professional diagnosis.

Conduct Disorder (CD)

Conduct Disorder is characterized by a persistent behaviour pattern where the child or adolescent violates the rights of others or the accepted rules of behaviour. Children with conduct disorder usually initiate aggressive behaviour and react aggressively to others. They may group together to take advantage of other children. Boys with this disorder outnumber girls.

Other mental/neurological disorders (untreated AD/HD and depression are common in youth with CD).

Untreated, this disorder can get progressively worse and can put you and others in danger, emphasizing the importance of a professional diagnosis.

Impulse Control Disorders

Behaviour Characteristics

- aggressive behaviour; e.g., bullying, threatening, physical fighting, cruelty to animals, stealing (may use a weapon)
- destruction of property; e.g., fire-setting, breaking windows, throwing objects
- lack of empathy; e.g., callousness and absence of guilt feelings, blaming others for one's own misbehaviour
- frequent disobeying of class rules
- use of drugs or alcohol at school
- early sexual activity
- open displays of hostility/ "toughness"
- academic problems with reading and verbal skills
- deceitfulness (e.g., lying, stealing, "conning")

Classroom Strategies

- Actively teach what is appropriate and what is not with young children. Specifically define what is considered unacceptable behaviour.
- Have firm, clear rules and consistent natural consequences for unacceptable behaviours.
- Avoid consequences that are too extreme – either too harsh or too easy.
- Provide lots of positive feedback when the student does something well.
- Observe the child's negative behaviour as a symptom of a disorder you are both working to solve together.
- Encourage a child/ adolescent to behave appropriately when angry by engaging in physical outlets suggested in the ODD section.
- Encourage social opportunities for the student to express feelings and work on activities he/she does well (e.g., sports, the arts, recreation activities).
- Try to develop a mentoring relationship between the student and another teacher or caring adult.
- Suggest a support group for parents of children with conduct disorder.

Attention-Deficit/Hyperactivity Disorder (AD/HD)

The three main symptoms of Attention-Deficit/Hyperactivity Disorder, also known as Attention Deficit Disorder (ADD) or Hyperactivity Disorder, are inattention, hyperactivity, and impulsivity. Although most normal children have these symptoms at times, children with AD/HD have one or more of these symptoms more frequently and more severely than their peers. If left untreated, AD/HD can cause significant problems with relationships and performance at home, in school, and in the community.

AD/HD tends to run in families. It is estimated that approximately three to five percent of school-aged children have it, and AD/HD is reported two to three times more often in boys than in girls. Children with AD/HD often most clearly show symptoms in situations that require sustained and quiet focus. In most cases, AD/HD continues throughout adolescence and into adulthood, although the symptoms change somewhat and may decrease in intensity over time. While distractibility and impulsivity tend to remain, hyperactivity may take on the form of

restlessness or nervous energy. In fact, this high energy level, which can also be accompanied by a high level of enthusiasm, intuitiveness and creativity, has been described as one of the advantages of having mild AD/HD, especially if it is socially or occupationally enhancing.

AD/HD is often found along with language and learning disabilities, behaviour problems, and changes in mood. It can also be found with other impulse control disorders (CD/ODD). These symptoms can make it difficult to distinguish AD/HD from other mental disorders such as Fetal Alcohol Syndrome (FAS), making it extremely important to get a professional diagnosis as early as possible.

Behaviour Characteristics

- constant distraction by external stimuli
- difficulty listening and following directions—the child may appear to daydream frequently
- difficulty concentrating and attending to task
- poor attention to detail; makes careless mistakes
- inconsistent performance in school work—one day he/she may be able to do a task, the next day not
- disorganization—the student loses belongings, his/her desk may be very disorganized and messy
- low self-esteem due to poor work performance

Classroom Strategies

- Raise questions. If you suspect you may be dealing with AD/HD, make sure a professional evaluation has been done. Keep questioning until you are convinced!
- Ask the child what will help. Children with AD/HD are often very intuitive. They can tell you how they learn best if you ask them.
- Children with AD/HD need structure. Make lists. Have as predictable a schedule as possible.
- Break down large tasks into small tasks. This is one of the most crucial teaching techniques for children with AD/HD. Mix high and low interest tasks.
- Keep a list of “Things to Do” by the student’s desk so he/she can check off tasks as they are completed. Use incentives.
- Repeat directions and keep them brief. Have the student repeat them back to you.

If also Hyperactive and/or Impulsive:

- appearing to be in constant motion
 - fidgeting with hands or feet, squirming, falling from chair
 - finding nearby objects to play with
 - roaming continually around classroom, great difficulty remaining in seat
 - talking excessively
 - blurting things out, often inappropriately
 - often interrupting, intruding on others
 - problem waiting for his/her turn
 - engaging in physically dangerous activities
 - displaying aggressive behaviour
 - difficulty with transitions
 - social immaturity, low frustration tolerance
- Allow for escape-valve outlets, such as leaving class for a moment. If this can be built into the rules of the classroom, it will allow the child to leave the room rather than “lose it”.
 - Seek out and praise success as much as possible.
 - Use feedback that helps the child become self-observant. Children with AD/HD often have no idea how they come across. Ask questions like “Do you know what you just did?” or “Why do you think that other girl looked sad when you said what you said?”, or say “Stop” and “Look”. Perhaps develop a private signal system to let the student know when “off track”.
 - Provide consistent and immediate consequences and try to make them positive rather than negative.
 - Provide the child with a work area that is as “distraction-free” as possible.
 - Know your limits. Don’t be afraid to ask for help. Being a teacher in a classroom with a student who has AD/HD can be extremely challenging.
 - Work closely with the child’s parents or caregivers.

Treatment

Research indicates that the best treatment for AD/HD includes early diagnosis along with a combination of medication, behavioural therapy, classroom modifications, and individual and family counselling. Medication is often necessary to address the core symptoms of the disorder. The appropriate medication for AD/HD can have significant benefits, such as an increase in attention span and academic productivity, a decrease in impulsivity, and an improvement in peer and teacher relationships. Professionals who are considered to be qualified to make a diagnosis of AD/HD include licensed clinical, educational, and neuropsychologists, psychiatrists, or other professionals with training and expertise in the diagnosis of mental disorders, such as pediatricians.

Youth with CD/ODD are often treated with a variety of interventions. Behavioural therapies may be the most effective. When dealing with young people and impulse control disorders, it is very important to make sure that all co-morbid disorders (disorders that co-occur) are appropriately screened for and treated.

Resources

ADDsupport.org

(A Canadian Web site designed to help families and professionals find information and resources on AD/HD)

Web: www.addsupport.org

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CH.A.D.D.)

8181 Professional Place,
Suite 150

Landover, MD 20785

Phone: 1-800-233-4050

Web: www.chadd.org

ConductDisorders.com

(Web site that includes a parent message board and links to information about CD, ODD, and related problems)

Web:

www.conductdisorders.com

Learning Disabilities Association of Canada (LDAC)

Phone: (613)238-5721

Web: www.ldac-taac.ca



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