Early Intervention for Oppositional Defiant Behavior: A Multi-Component Approach

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Around Wayne County...

• Many PBIS data reports indicate a high level of behavior problems exists within the younger grades, especially kindergarten.
• Frequent requests to provide behavior consultation on students in lower elementary grades.
• Based on the data we receive, there is a need to focus on behavior intervention for young children displaying oppositional defiant behavior.
Not Uncommon

ODRs by Grade Level

ODRs by Grade Level
Key Considerations

• When does oppositional behavior become “out of the norm”?  
• What are the risk factors for developing severe oppositional defiant behavior? 
• What factors increase the severity of the behavior? 
• What are the core features of the research-based interventions we can apply within the school setting with children exhibiting severe oppositional defiant behavior?
Description of Oppositional Defiant Disorder

*Must be diagnosed by a qualified professional*

- According to the Diagnostic Statistical Manual-5, Oppositional Defiant Disorder is:
  - A pattern of angry/irritable mood, argumentative/defiant behavior, or vindictiveness lasting at least 6 months as evidenced by at least four symptoms from any of the following categories, and exhibited during interaction with at least one individual who is not a sibling.

- **Angry/Irritable Mood**
  - 1. Often loses temper.
  - 2. Is often touchy or easily annoyed.
  - 3. Is often angry and resentful.

- **Argumentative/Defiant Behavior**
  - 4. Often argues with authority figures or, for children and adolescents, with adults.
  - 5. Often actively defies or refuses to comply with requests from authority figures or with rules.
  - 6. Often deliberately annoys others.
  - 7. Often blames others for his or her mistakes or misbehavior.

- **Vindictiveness**
  - 8. Has been spiteful or vindictive at least twice within the past 6 months.

- **Note:** The persistence and frequency of these behaviors should be used to distinguish a behavior that is within normal limits from a behavior that is symptomatic. For children younger than 5 years, the behavior should occur on most days for a period of at least 6 months unless otherwise noted. (For individuals 5 years or older, the behavior should occur at least once per week for at least 6 months, unless otherwise noted.)
Oppositional Defiant Disorder

• Estimates are that Oppositional Defiant Disorder is present in 1-16% of children.

• Children with behaviors consistent with Oppositional Defiant Disorder are at-risk to develop Conduct Disorder as they get older.

• Children with co-morbid Oppositional Defiant Disorder and ADHD are at a much higher risk of severe anti-social behavior than children with a single disorder.

• ADHD, anxiety disorders, PTSD, attachment disorders, and speech and language delays are often co-morbid with ODD.
What are the Risk Factors for Developing Severe Oppositional Defiant Behavior?

- Low socio-economic status
- Experience of trauma
- Harsh and/or inconsistent discipline at home
- Poor supervision by parents/Low parental involvement
- Difficult child temperament
- Family stressors: unemployment, parent marital or relationship problems, few emotional supports
- Expressive language delays
- Intergenerational problems
- Patterns of coercive behavior within the home
Oppositional Defiant Behaviors at School

• When students present with oppositional defiant behaviors at school, we often see:
  
  • Learning problems
  • Less time on-task
  • Aggressive behaviors
  • Peer rejection
  • Deviant peer affiliation (older students)
  • Strained relationships with teachers
  • Families dealing with many stressors
  • Increased office discipline referrals and suspensions
The Importance of Early Intervention

• A 2014 analysis from the U.S. Department of Education’s Office for Civil Rights found:
  • African American children make up 18% of enrollment in preschool.
  • African-American children account for 42% of out-of-school suspensions and 48% of those receiving multiple suspensions.

Early intervention is an issue of equity.
When ODD develops into Conduct Disorder, children are at risk to become part of the school-to-prison pipeline as suspensions increase.

In the home, a cycle of abuse may continue if highly oppositional and aggressive children are not provided effective intervention.

Evidence-based approaches are well-established and stop the cycle of coercive behavior, both at home and at school.

A multi-component approach is needed to provide adequate and effective intervention for these young students.
Risk Factors vs. Protective Factors

• In schools we have the opportunity to increase the protective factors in a student’s life.

• Resilience is evident when a child’s health and development tips toward positive outcomes — even when a heavy load of risk factors are present.

What protective factors can we add to a student’s life?
The Cycle of Coercion

• Decades of research by Dr. Jerry Patterson and others reveal that highly oppositional children engage in a cycle of coercion with their parents.

• A cycle of coercion can occur at school between student and teacher.

• Two things to remember about the cycle of coercion:
  • The cycle reinforces the child’s negative, oppositional behaviors and worsens the behaviors.
  • The cycle can be broken.
Cycle of Coercion → Increased Non-Compliance

1. Adult gives a direction.
2. Child refuses to comply.
3. Adult backs off on request. Child’s refusal is reinforced.

4. Adult gives a direction.
6. Adult backs off on request. Child’s refusal and tantrum is reinforced.
Cycle of Coercion → Inappropriate Discipline

1. Adult gives a direction.
2. Child ignores, argues, or becomes aggressive.
3. Adult becomes increasingly harsh and uses inappropriate discipline to gain compliance.
Breaking the Cycle of Coercion

Adult gives a direction.

Child ignores, argues, or becomes aggressive.

Adult removes attention, removes reinforcement.

Child complies with direction.

Adult provides positive reinforcement to child.
Early Intervention: What Age?

• Much research has been conducted on children ages 3-8 on the effects of early intervention for highly oppositional behaviors.
• Average age of onset of ODD is 6 years old.
• Many children can have symptoms of ODD but oppositional behaviors become highly problematic when the intensity, frequency, and duration of the behavior is significantly greater than what we would normally expect developmentally.
• Principles of early intervention may be applied to older students.
Core Features of Early Intervention for Oppositional Defiant Behaviors

Child Component

Family Component

Teacher/Classroom Component
Core Features of Early Intervention for Oppositional Defiant Behaviors

• Child Component: Directly Intervene on the Behavior in Multiple Ways
  • FBA
  • Teaching expectations (Prevention)
  • Targeted social skills instruction (Teaching Replacement Behavior)
  • Token Systems (Positive Reinforcement)
  • Time-Out (Effective Consequence System)

• Family Component: Directly Intervene with the Family
  • Parent Management Training
  • School-Based Wraparound Process
  • Developing Trust and Coaching Parents

• Teacher/Classroom Component: Provide Support for the Teacher
  • Coaching and Modeling Behavior Interventions
  • Implement Interventions with Fidelity
  • Data Collection
Core Features: Child Component

• Functional Behavior Assessment
  • What is driving the behavior?
  • Often multiple functions

• Intensive FBA

• Assess Functional Communication
  • Possible expressive language delay
Is There An Expressive Language Delay?

• Functional Communication Assessment:

Does the student have difficulty in expressing any of these basic communication functions? (place an 'x' next to appropriate response(s))

- Gaining adult attention
- Gaining attention of peers
- Dealing with a difficult task
- Expressing frustration or confusion
- Requesting things of others
- Rejecting or protesting something
- Indicating preferences or making choices
- Requesting assistance

If the answer is yes to any of the above, use the communication summary below to think about and identify possible replacement behaviors for instruction.

COMMUNICATION SUMMARY

<table>
<thead>
<tr>
<th>Target Problem Behavior</th>
<th>Possible Communication Function</th>
<th>Possible Replacement Behavior(s)</th>
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Functional Communication Training: What to Do

• Select high priority words and phrases the student needs to learn, e.g. “I want…”, “Help,” “Break,” “Please,” “Bathroom,” “I am hungry,” etc.

• Create a plan so ALL staff working with the student can reinforce use of the high priority words. Provide high rates of positive reinforcement when communication is used.

• Provide staff with visual cards to cue the student if necessary. Student may need visual ways to communicate.

• Train IPs on how to implement FCT.

• Work with the speech and language pathologist.

• Remember: Behavior is communication! Replace the behavior with a functional way for the student to communicate his or her needs.
Functional Communication Training: Examples of Visuals
Core Features: Child Component

• After the FBA is complete, a PBIS plan for the student must include strong interventions for each domain.
  • Prevention: Teach Expectations Frequently
  • Replacement Behavior: Targeted Social Skills Instruction-What and How?
  • Positive Reinforcement for Use of Targeted Skills
  • Effective Consequences
  • Home Interventions: Align school and home as much as possible
Example Replacement Behaviors

• Requesting a break
• Taking a break appropriately
• Using words to express emotions
• Following directions
• Seeking attention appropriately (raise my hand, greetings, etc.)
• Asking for help
Positive Reinforcement

• Provide high rates of positive reinforcement for desired behaviors to improve skill acquisition.

• High fives, positive gestures, smiles, verbal praise, tokens

• A PBIS plan can define the amount of positive reinforcement the child should receive in a specific time period.
  • Example: Conner will receive a token every 5-10 minutes for positive behavior. Conner should have the opportunity to receive at least one token exchange every hour.
Positive Reinforcement:
Visual Token Systems

http://www.silverliningmm.com/tokenframe.htm
Effective Consequences

• Time-Out Review:

  • Prepare a time-out area in the classroom.
    • Separate space
    • May include a desk and chair or just a chair
    • May include a timer
  • Teach the time-out process to your students.
    • What behaviors would constitute a time-out?
    • How long does the time-out last?
    • What should a student do during the time-out?
  • Role-play the time-out process with the class. Practice as needed throughout the year
Time-Out vs. Break

Time-Out
- Response to problem behavior
- Staff directed
- May involve a Think Sheet
- Removal from positive reinforcement
- Reinforces classroom expectations

Calming Break
- Pre-planned
- Time-limited
- Allows time to think
- For everyone
- Procedure is taught and practiced

- Preventative
- Student or staff directed
- Access to calming tools
- Not a consequence/not punitive
- Teaches self-regulation
Core Features: Family Component

• Parent Management Training
  • Research-based parent training
  • Used by CMH agencies such as Lincoln Behavioral Services, Starfish Family Services, Hegira, etc.
  • Teaches parents how to reinforce positive behaviors, remove privileges or give a brief time-out for negative behavior.
  • Teaches parents how to positively interact with their child.
  • Interventions parents are learning in PMT should be used at school to provide opportunities for the child to learn in both settings and generalize skills.
Center for Disease Control Parenting Videos/Young Children

• Communicating with Your Child
• Giving Directions
• Using Discipline and Consequences
• Creating Structure and Rules
• Using Time-Out

• All under 4 minutes.
Core Features: Family Component

• School-Based Wraparound Process
  • Provides consistency between home-school
  • A process for working with children who are highly sensitive to change, and will find “loop-holes” in the system
  • Everyone at the table: Teachers, parents, agency, ABA, administration, ancillary staff, support persons
Core Features: Family Component

• School-Based Wraparound Process
  • Pre-planned, agenda, note-taker, time-limited
  • Data-focused
  • Strengths-based, solution-focused
  • Opportunities for collaboration, relationship-building, support, and coaching
School-Based Wraparound Process

“The team-based wraparound process is recommended for students with intensive and comprehensive needs to ensure that the efforts of families, teachers, other caregivers and service providers are linked through one consistently implemented and carefully monitored plan.”

Lucille Eber
The Art and Science of Wraparound, 2003
Core Features: Teacher Component

• Coach and Model Behavior Interventions
  • Observations
  • Modeling for Teachers
  • Make it do-able (5 page behavior plans that the teacher did not have a say in are often not do-able).
  • Follow-up

This approach requires a “lead” person with behavioral expertise to take charge of coaching and modeling the behavioral interventions, such as a Behavior Specialist, SSW, Special Education Teacher, or Psychologist.
Implementation and Data Collection

• Teacher should be able to easily implement the modeled interventions.
• In some cases, additional adult support may be necessary.
• Interventions must be implemented with fidelity to truly break the cycle of coercion.
• Data collection via scatterplot to evaluate effectiveness of the interventions and behavioral progress.
• Create graphs to summarize behavioral progress. Consider data collection as an ongoing FBA.
• Teacher must be involved in the monthly wraparound process.
Case Study Examples

Lessons from the Field
Discussion: What Can You Take Back?

• Do any of the core features apply to older students with oppositional behaviors?
• What might you do differently going forward?
• What questions do you still have?
References


