Oppositional defiant disorder in the family and educational context: A boy's case

Trastorno negativista desafiante en el contexto familiar y educativo

AUTORES: Fabiola Soledad Cando-Guanoluisa[1]
Irlanda Jeaneth Castellano Uribe[2]
Lucy Magaly Guishca Ayala[3]

DIRECCIÓN PARA CORRESPONDENCIA: fabiola.cando@utc.edu.ec

Fecha de recepción: 2023-11-15
Fecha de aceptación: 2024-05-28
DOI: https://doi.org/10.61154/mrcm.v10i2.3332

ABSTRACT

Nowadays, children with Oppositional defiant disorder (ODD) are common in our educational settings; however, little is known about how to deal with them in school and at home. Thus, the aim of this paper is to describe a mother, a teacher, and a school psychologist's experiences in treatment with an ODD child from a public school in an urban area of Latacunga, Ecuador. This phenomenological, qualitative study collects and analyzes data using semi-structured interviews and thematic analysis. Main findings show that *school change*, *physical punishment*, and *discontinuation of therapies* negatively affected the child with ODD, but the *psychologist's support*, *help and patience*, *giving responsibilities*, and *talk therapy* were useful to control the child's behavior. The mother believes that her child's behavior has improved, but the teacher and the psychologist believe that he shows little improvement. The mother has not been very involved in the treatment due to her socio-economic condition. These findings suggest that the educational system must provide economical support to students and specialized training for

[1] Docente investigador de la Universidad Técnica de Cotopaxi, Licenciatura en Ciencias de la Educación, Especialización inglés. Diplomado en Didáctica de la Educación Superior. Maestría en Planeamiento y Administración Educativos. Maestría En Lingüística Aplicada a la Enseñanza Bilingüe español- inglés. Universidad Católica. Ecuador. Docente agregado 2. Docente investigador agregado 2. Extensión Pujilí Universidad Técnica de Cotopaxi. Ecuador. E-mail: fabiola.cando@utc.edu.ec Código ORCID https://orcid.org/0000-0002-6170-5325

[2] Docente de la enseñanza del idioma inglés Academia Militar "Lizardo Alfonso Villamarin". Licenciatura en pedagogía del idioma inglés. Ecuador. E-mail: amclav17h03233@gmail.com Código ORCID https://orcid.org/0000-0002-1143-8468

[3] Docente de la enseñanza del idioma inglés Unidad Educativa "Nueva Generación". Licenciatura en pedagogía del idioma inglés. Ecuador. E-mail: lucyguishca1993@gmail.com
Código ORCID https://orcid.org/0000-0002-9289-3031

both the school psychologist and the teachers so that they can create a good environment to involve parents in a comprehensive treatment process. Moreover, specialized mental health services must be more accessible in school settings.

KEYWORDS: behavioral disorders; Oppositional Defiant Disorder; public school; mental health; Personality disorders; Educational environment.

Trastorno negativista desafiante en el contexto familiar y educativo

RESUMEN

Hoy en día es común encontrar niños con trastorno negativista desafiante (TND) en nuestros entornos educativos; sin embargo, poco se conoce como tratarlos en la escuela y en el hogar. El objetivo de este artículo es describir las experiencias de una madre, una maestra y un psicólogo escolar en un tratamiento con un niño con TND de una escuela pública del área urbana de Latacunga, Ecuador. Este estudio cualitativo fenomenológico recolecta y analiza datos mediante entrevistas semiestructuradas y análisis temático. Los hallazgos muestran que el *cambio de escuela*, el *castigo físico* y la *interrupción de las terapias* afectaron negativamente al niño con TND, pero el *apoyo del psicólogo*, la *ayuda y paciencia*, la *asignación de responsabilidades* y la *terapia de conversación* fueron útiles para controlar el comportamiento del niño. La madre cree que el comportamiento de su hijo ha mejorado, pero la maestra y el psicólogo creen que muestra pocas mejoras. La madre no se ha involucrado mucho en el tratamiento debido a su condición socioeconómica. En función de estos hallazgos se sugiere que el sistema educativo brinde apoyo económico y capacitación especializada tanto al psicólogo escolar como a maestros de manera que puedan crear un buen ambiente para involucrar a los padres en un tratamiento integral. Además, se sugiere que el servicio especializado de salud mental debe ser más accesible en los entornos escolares.

PALABRAS CLAVE: trastornos de conducta; trastorno negativista desafiante; escuela pública; salud mental; Trastornos de la personalidad; Ambiente educacional. (Tesauro de la UNESCO)

INTRODUCCIÓN

Children and adolescents with Oppositional Defiant Disorder (ODD) are a great challenge for teachers and parents because they have disruptive, defiant, disobedient, and hostile behavior toward people of authority. They often experience conflicts with parents, teachers, and peers (Woodard et al., 2019). Rowe et al. (2005) explains that this psychosocial impairment can have the consequence that some are expelled from schools, get in trouble with the police, or commit criminal acts. Therefore, a comprehensive evaluation process of the child and early intervention with a team treatment is needed.

Unfortunately, children that are from low socioeconomic status and dysfunctional families have little support (Davies, 2016). There are some barriers to proper treatment for ODD children from rural areas: travel, limited resources for referral, lack of mental health professionals, etc. The majority of families with an ODD child have limited financial resources to pay for specialized treatments (Ross, 2017). Moreover, diagnosis and treatment can be challenging within a busy primary care setting since they are time-consuming and require the collaboration of parents, teachers, and mental health professionals (Bradley et al., 2015).

Even though there is some psychological and medical research on ODD worldwide, there is not much educational research describing the experiences of people involved in treatment with ODD children from rural areas. Thus, this paper describes a mother, a teacher, and a school psychologist's experiences in treatment with an ODD child from a public school in an urban area of Latacunga, Ecuador. Two research questions guided the study:

a) How do the mother, teacher, and school psychologist describe their experience in treatment with an ODD child?

b) What are the mother, teacher, and school psychologists' opinions about the results of the treatment?

First, the paper describes basic content that teachers, school philologists, and parents need to know about ODD. Then, it presents the methodology used to address the research problem and questions. Later, it analyzes and discusses the main results in light of existing literature. Finally, it establishes main conclusions, limitations, and suggestions for further research.

Literature Review

Oppositional Defiant Disorder (ODD)

ODD is a mental disorder that affects family and school life because it "is a recurrent pattern of developmentally inappropriate, negativistic, defiant, and disobedient behavior toward authority figures" (Hamilton, 2008, p. 1). Children with ODD are aggressive, have persistent behavioral problems, reject their classmates, and have low academic performance. It is more common in boys and during childhood (American Academy of Child and Adolescent Psychiatry, 2019; Hopkins, 2021). Doefner et al. (2021) explain that children with this disorder are uncooperative, defiant, hostile, and annoying with people in authority, disrupting the normal daily functioning, including relationships and activities in the family and school.

Children with ODD are uncooperative in the school learning process and cause inconvenience for those around them. "They have frequent temper tantrums, refusing to do tasks, always blaming others for the child's own mistakes, speaking harshly or unkindly, and they get upset more easily in front of parents or authority" (Hopkins, 2021, para 6). The diagnosis of this disorder is based on frequent and persistent angry or irritable mood, argumentativeness, defiance, and vindictiveness (Aggarwal & Marwaha, 2021; Ghosh et al., 2017).

Children who have these disorders continually disrupt school and family rules. They have aggressive behavior such as explosions of rage, difficulties handling emotions, emotional instability, self-harm behaviors, impulsiveness, etc. They have interpersonal problems with the people who try to establish a relationship with them (Shubina, 2016; Vanzin & Mauri, 2019). The kids or adolescents with ODD become upset when they do not get what they want. Their reactions are devastating screams or threats, and they demonstrate little respect for their parents. They also lie to avoid doing their tasks and blame other people for their faults (Alhowiml & Alothman, 2018). In conclusion, several repetitions of reactions through yelling and tantrums make it more likely that they have ODD. Verbal aggression is more common in girls, though (Ehmke, 2021).

The American Association for Marriage and Family Therapy (2021) explains that children with ODD have poor frustration tolerance, which makes it difficult to overcome situations where they feel uncomfortable, threatened, or where they can see little rewards for their efforts. They can be aware of disappointments and resentments that other family members feel toward them, but it is not enough to change their behavior.

Cause

The exact cause of ODD is unknown; however, many professionals trace it back to a combination of psychological, social, and biological factors (Munkvold et al., 2011). ODD is often linked to prenatal smoke exposure, toxin exposure, poor nutrition, or substance abuse. It is more common in children who have relatives with ODD, attention-deficit/hyperactivity disorder (ADHD), conduct disorder (CD), or mood disorders (MD). Researchers have not pinpointed a specific gene responsible, though (Olivardia, 2022). Some researchers have speculated that ODD results from incomplete child development. The disorder may be related to a child's temperament and the family's reaction to it, poor parenting skills, loss of a family member to death, divorce, imprisonment, or other family adversity (Davies, 2016).

Furthermore, traumatic life events, like childhood abuse, can trigger ODD for some people. The acts of violence that children see in their neighborhoods can support the development of ODD, too (Munkvold et al., 2011). It is theorized that ODD may develop as a result of the child having difficulty learning to become independent from a parent or other loved one. Defects in or injuries to certain areas of the brain can also lead to serious behavioral problems in children (Woodard, 2019). According to Wilens & Spencer (2013), Ortiz et al. (2008), and Bradley et al. (2015), a person who has ADHD could develop ODD.

Researchers, who studied the relations between family subsystems and the symptoms of a child with ODD, proposed a multi-domain model of family factors for ODD symptoms encompassing contextual factors, parental depression, parenting, and child characteristics (Lavigne et al., 2012). Families experiencing high levels of stress and/or reporting poor parenting skills often are the families characterized as having children with disruptive behavior disorders. Families coping with economic problems are also more likely to have children with disruptive behaviors (Swanger, 2009).

Treatment

Many children and adolescents with ODD show great improvements with a low dose of atypical neuroleptics-- aripiprazole (Ability) and risperidone (Risperdal); however, medication is most effective when they are involved in therapy programs (Olivardia, 2022). Intervention programs that teach them social skills and how to deal with anger are also useful. For teens, talk therapy (psychotherapy), learning social skills, and getting help with schoolwork can all help reduce problem behaviors (Hopkins, 2021). Any treatment must attempt to improve the child's

behavior, social relations, and adaptation at home through the acquisition of a set of positive behaviors that favor the achievement of the child's goals (Rigau et al., 2006). Parents also need to know that "oppositional behavior does not improve over time with greater use of corporal punishment, and antagonistic behaviors may worsen" (Derella, 2017, p. 23). Barkley et al. (2001) explain that tangible reinforcements, token reinforcements, contingency contracting, modeling, social reinforcements, time-out procedures, anger management training, and social skills training are the most effective behavior management techniques.

A child with ODD must have a comprehensive evaluation process to rule out other types of disorders such as attention deficit hyperactivity disorder (ADHD), learning disability, or anxiety disorder. If there is the presence of another type of disorder in addition to ODD, it is advisable to treat the coexisting disorder in the child to later facilitate the treatment of ODD (American Academic of Child and Adolescent Psychiatry, 2019). Ross (2017) asserted that early intervention with a comprehensive team treatment is needed. A child with ODD would have the same disruptive behavior no matter where they are if they do not receive any intervention (Ehmke, 2021).

ODD Children in the Educational Context

There are many children with different learning or behavioral problems. "Between 10 and 12 percent of children experience moderately clinical problems during their school careers; many of these children are oppositional defiant to authority and predisposed to conduct disorder in the absence of intervention" (Markward & Bride, 2001, p. 73). Learners with ODD are so uncooperative and combative, which affects their ability to learn and get along with classmates and teachers. ODD can result in low learning performance, anti-social behaviors, poor impulse control (Hasan, 2019), excessive rejection, and unwillingness to comply with rules or response requests (Alhowiml & Alothman, 2018).

Mental health treatment must be accessible for students with ODD. Teachers and parents can identify negative behaviors because they have the most contact with children. And the school must provide a good environment for families to be involved in treatment. The teachers and mental health providers within the school must have constant contact with parents throughout the year with signatures, meetings, and conferences (Ross, 2017). In the case of Ecuador, The Ministry of Education (2013) suggests a process to develop useful interventions for students with special educational needs, including ODD.

First, an evaluation of the special educational needs must be carried out. The teachers must complete a report that collects the difficulties observed in the classroom. Also, they have to fill out a questionnaire to detect learning difficulties. These documents must be delivered to the Department of Student Counseling (known as DECE), whether from the institution or from one designated by the educational district, to verify the special educational need. If there is no DECE in public schools, the case is referred to the District Support Unit for Inclusion (known as UDAI). In the case of private schools, parents can choose any psych-pedagogical or neuropsychological center. In both cases, it is expected to obtain a complete psych pedagogical or neuropsychological report that allows the DECE of the educational institution to implement strategies, including curricular adaptations with the support of an intra-disciplinary team.

Second, an evaluation of the learning environment is done: They evaluate the physical accessibility of the school and classroom, the curricular project, the teaching resources, and the professional resources such as members of the DECE (psychologists or similar), teachers, heads of area, authorities, etc. They also evaluate the teacher training; it is suggested that teachers have studies in pedagogy, psychology, therapeutic pedagogy, among others, or courses about inclusive education. In addition, they review whether or not the methodology used is traditional or based on constructivism as well as the quality and quantity of activities that promote learning (individual work, groups, workshops, projects, experiments, among others).

Finally, the attitude of parents, teachers, and students is also valued. The collaboration of the families in the educational process, the involvement and disposition of the teacher, and the attitude of tolerance and respect of the classmates. The relationships between the members of the educational community, that is, the institutional climate, are valued. On the other hand, it is also important to assess the family context, that is, the physical and affective conditions that surround the student, as well as parenting guidelines (rules, habits, and particular ways of educating children).

Managing a Class with an ODD Student

To develop a plan for addressing ODD children's difficult behaviors in the classroom, teachers need to identify factors that contribute to misbehaviors (Gonser, 2021). There is not any educational research work that establishes strategies, techniques, or activities to work with this type of student, but providing a good classroom environment could be a good start because it is one of the most important factors affecting student learning. Simply put, students learn better

when they view the learning environment as positive and supportive. A positive environment is one in which students feel safe, confident, and motivated in the face of any challenge. In addition, teachers must provide relevant content, clear learning goals, feedback, opportunities to build social skills, and strategies to help students in their academic life (Dorman et al., 2006). Fairbanks et al. (2007) suggest that these students must be explicitly taught behavioral expectations before they can be held accountable for those behaviors.

Planning and preparation taking into account the characteristics of ODD are key elements in identifying strategies to help these students achieve the learning outcomes successfully. Even though an organized classroom can be the best solution for most students, this is not generally the case for those with ODD (Davies, 2016). Teachers, parents, and mental health professionals can support the child by working together collaboratively. The objective is to improve the child's behavior, social relations, and adaptation at home through the acquisition of a set of positive behaviors. Parents' involvement in the educational process of this type of child is needed. According to the American Academic Pediatric (2005), parents have to help these kids to develop good homework habits and to reinforce learning. In addition, Lehmann (2009) states that the mother is the unconditional support that the child can have; this partnership and understanding can lead to interventions and strategies to help the student find opportunities to be successful in homework and school. Smith and Bondy (2007) present various strategies that teachers can use:

a) create a learning environment that cares about relationships between adults and students.
b) set clear expectations and give opportunities for meaningful participation in learning.
c) maintain predictability in the classroom schedule to avoid disruptions and misbehavior issues.
d) give opportunities to make choices to decrease power struggles between the student and teacher.
e) be clear and firm when providing consequences of particular behaviors.
f) use "When…Then…" statements to calmly and directly inform students of the expectations.
g) use behavior tracking charts and time-outs; time-outs can also be useful for teachers to cool down and regain their emotional balance in difficult moments.
h) encourage positive behaviors with attention.

i) give instructions firmly and then disengage from the conversation to prevent power struggle.

METHODOLOGY

Research Design

This qualitative research follows a phenomenological research design (Cresswell, 2007) because it describes a mother, a teacher, and a school psychologist's lived experiences in treatment with an ODD child from a rural area, who currently is studying in a public school from the urban area in Latacunga, Ecuador. This child lives with his mother and two siblings in a rural neighborhood. He was diagnosed with ODD when he was in the fourth grade in his previous school—a rural single-teacher school. He received some psychological therapy in a public hospital, but he dropped out because his mother did not have time. The mother had not informed his current school of the diagnosis until the child was reported. In the first month of the academic year, when he was in sixth grade, the child had many problems, so the school psychologist started the follow-up.

Participants

A mother, a teacher, and a school psychologist share their experience. An informed consent form was used to inform the participants about the purpose and content of the study and to state some ethical rules such as anonymity, confidentiality, and voluntariness. The mother (identified as *MMP* for ethical considerations) is approximately 33 years old with a widowed marital status, so the child lacks a father figure. She studied in primary school. She works full-time as a maid throughout the week, and she is the only source of economic income. The teacher (identified as CTMG *for* ethical considerations) is a 65-year-old woman with a bachelor's degree in educational sciences. She has worked in this public institution for many years. She said that she has not received any training course about ODD. Finally, the school psychologist (identified as SPSM *for* ethical considerations) is a 30-year-old man with a bachelor's degree in Educational Psychology. He has worked in the school for 5 years.

Data Collection

Data were collected by means of semi-structured interviews using three interview guidelines (See annex 1) previously validated by an educational research professional with experience in

educational research. Two pre-service English teachers at Technical University of Cotopaxi collected data during their pre-professional practices in the school. They interviewed the psychologist, the classroom teacher, and the mother.

Data Analysis

The thematic analysis (Braun & Clarke, 2006) was used. The interviews were transcribed and reread to the extent that we were familiar with the depth and breadth of the content. After that, codes and initial themes were created. Data from different participants were triangulated and classified according to the questions in themes. The themes for the first research questions about the experiences of the mother, teacher, and school psychologist in treatment with an ODD child are school change, physical punishment, discontinuation of therapies, the psychologist's support, help and patience, and giving responsibilities. And the themes for the second question are the mother, teacher, and school psychologist's opinions, which are analyzed and discussed together.

RESULTS AND DISCUSSION

To answer the first research question, we analyzed participants' experiences classified in different categories.

School change

Me llamaban mucho la atención en la escuela anterior porque se portaba muy mal, no presentaba los deberes y no ponía atención a la clase. Para evitar estos problemas le cambié de escuela, pero los problemas continuaron. [I was called out a lot in the previous school because he did not behave well, hand in his homework and pay attention to the class. To avoid these problems I changed schools, but the problems continued.] (MMP)

The mother received many complaints from her child's previous school because he did not behave well, hand in homework tasks, and pay attention to the teacher. Generally, ODD children often experience conflicts with parents, teachers, and peers, and they have many difficulties within their academic life (Woodard et al., 2019) because they break classroom rules, defy the teacher's authority, and interrupt the teaching and learning process (Davies, 2016). The mother decided to change to another school, but the child continued with his disruptive behavior. The mother was not conscious about the help that her child needed, early

intervention with a comprehensive team treatment (Ross, 2017), perhaps because of the lack of information or misconceptions. It is important to know that a child with ODD would continue with the same disruptive behavior no matter where they are if they do not receive any intervention (Ehmke, 2021).

Physical punishment

En casa, tampoco me hacía caso, estaba muy enojado cuando le pedía que hiciera las tareas. Al estar siempre disconforme con las tareas de casa manifiesta gritos, llantos y rebeliones entonces tenía que castigarlo. A veces solo le llamaba la atención con palabras y otras cuando ya perdía la paciencia le daba con la correa, pero cada vez fue haciéndose peor y no le importaba que le pegue igual no hacía caso. [At home, he didn't obey me either; he was very angry when I asked him to do his homework. As he was always dissatisfied with housework, he yelled, cried, and rebelled, so I had to punish him. Sometimes I only called his attention with words and other times, when I lost patience, I hit him with the belt. But it was getting worse and worse. He didn't care if I hit him; anyway, he didn't obey me.] (MMP)

The ODD child had the same disruptive behavior at home: temperamental changes and anger at the moment of receiving instructions. It was manifested through screaming, crying, and revolting. The mother tried to discipline him through verbal warnings and sometimes physical punishments with a belt; however, he behaved worse. This finding is related to what Derella (2017) concluded: "oppositional behavior does not improve over time with greater use of corporal punishment, and antagonistic behaviors may worsen" (p.n23). To reinforce positive behaviors in children with ODD, it is important to change the focus of recognizing positive behavior and also consider offering students opportunities to gain privileges instead of taking them away as a loss by punishment (Gonser, 2021).

Discontinuation of therapies

Dos años pasé llevando a las terapias, pero como no podía faltar tantas veces al trabajo a veces no iba. Y tuve que suspender, bueno así he luchado sola, pero yo siempre, he tratado de ser responsable tanto en la casa como en la escuela. [I used to take my child to therapy for two years, but since I could not be absent at my work so many times, sometimes I did not go. And I had to stop; well, I have struggled alone, but I always have tried to be responsible at home and at school.] (MMT)

La madre no nos avisó que el niño tenía un diagnóstico y que ya había asistido a terapias. A raíz de los problemas tuvo que comunicarnos; ella dice dos años, pero en realidad no se sabe. Yo le hice el seguimiento y acompañamiento tanto al niño como a la madre, pero no se compromete mucho. [The mother did not tell us that the child had a diagnosis and that he had already attended some therapy session. As a result of the problems, she had to tell us; she says two years, but we really do not know. I followed up and guided both the child and the mother, but she does not commit much.] (SPSM)

The child had received therapy, but he had to drop out because of his mother's job. The child could not receive the therapy or received it in a discontinued way due to her economic situation. She did not communicate about the diagnosis and therapy, which makes the treatment more difficult. The school psychologist monitored and supported the child and the mother, but she does not commit due to her job. This finding confirms what Ross (2017) and Davies (2016) mention concerning the limited support that ODD children from low socioeconomic status and dysfunctional families have. This child lives in a rural area, has limited financial resources, and lacks his mother's support.

The psychologist's support

Primero le asesoraba a la madre en cuanto al manejo de la ira y buenas prácticas de crianza de los hijos y al niño en cuanto a prácticas de buen comportamiento tanto en casa con su familia y en la escuela con sus compañeros para evitar inconvenientes. [The mother did not tell us that the child had received an ODD diagnosis and that he had been in therapy. Because of the problems, she had to tell us; she says two years, but we do not know. I monitored and accompanied both the child and the mother. First, I counseled the mother on anger management and good parenting practices. Also, I counseled the child on good behavioral practices both at home with his family and at school with his peers to avoid problems.] (SPSM)

Trabajé conjuntamente con la docente tutora del grado, quien me informaba frecuentemente cómo iba el comportamiento del niño luego de implementar ciertas actividades (trabajos grupales y movimientos físicos) *en el aula*. [I worked with the teacher, who frequently informed me about the child's behavior after implementing certain activities (group work and physical movement) in the classroom.] (SPSM)

The psychologist supported the mother, the child, and the teacher. First, the mother was taught how to handle anger and good parenting practices, while the child was taught rules and expected

behavior at home and in the school (Barkley et al., 2001; Rigau et al., 2006). The teachers informed the psychologist about the child's behavior after implementing certain classroom activities. Even though the participants did not provide details about the treatment, it could be evidenced that the school attempts to provide a team treatment to the child as Ross (2007) suggested. At this point, it is necessary to consider that any team treatment must attempt to improve the child's behavior, social relations, and adaptation at home and school through the acquisition of a set of positive behaviors (Rigau et al., 2006). It also has to provide parenting guidelines such as rules, habits, and particular ways of educating children (Ministry of education, 2013).

Help and patience

No quería hacer los deberes, teníamos que hacer de buenitas para que haga algo. Le encargaba a la hermana mayor que le ayude y le pregunte si tiene deberes. [He didn't want to do his homework, we had to treat him nicely so that he could do something. I asked his older sister to supervise his homework.] (**MRCh1**)

The child used to do some of his homework when he was encouraged with words of affection. It can be because positive interactions increase positive behaviors and decrease oppositional ones (Aggarwal & Marwaha, 2021). Thus, the mother must learn positive reinforcement strategies (Hopkins, 2021). In addition, the mother asks the older daughter to help and supervise him in school assignments because she works all day long. Unfortunately, the mother cannot help the child, which limits the results of the treatment. Regarding this, Lehmann, 2009) states that parents' support in developing good homework habits and reinforcing learning is necessary. This partnership and understanding can lead to interventions and strategies to help the student find opportunities to be successful at home and school.

Giving responsibilities

Al estar solo con su hermano menor peleaban mucho porque no querían hacer las cosas como barrer o arreglar la casa. Esto cambió a raíz de que les asigné una tarea a cada uno por ejemplo al mayor le daba la tarea de limpiar la casa y al menor lavar los platos y cuando yo volvía del trabajo revisaba si lo hicieron. [When he was with his brother, they used to fight a lot because they did not want to do things like sweep or tidy the house. This changed as a result of assigning a task to each one: for example, the oldest child was given the task of cleaning the

house, and the youngest one had to wash the dishes. When I came back from work, I checked if they did.] (MMT)

Para controlar su conducta, le nombré presidente de disciplina y le orienté cuál sería su papel a desempeñar dentro del aula, él me contestó 'yo no quiero' y le dije, no, mijito, no es lo que usted quiere, es lo que yo digo. Por favor, siempre con respeto y él respondió, y ¿qué hago?, le digo bueno si están haciendo bulla sus compañeros usted se levanta y le dices 'hagan silencio', usted tiene que dar el ejemplo. Usted se me va a sentar acá adelante para que les visualice a todos los estudiantes. [To control his behavior, I named him chairman of discipline, and I guided him on what his role would be in the classroom. He replied to me, 'I don't want to,' and I told him, 'no little boy, it's not what you want. It's what I say, please, always with respect. Then, he replied, 'and what do I have to do?' I told him, 'well, if your classmates are making noise, you get up and tell them to be quiet. You have to be the model. You are going to sit here in front of the class so that you can visualize all the students.'] (CTMG)

The mother indicates that assigning responsibilities in the household chores and supervising compliance prevents the child's misbehavior at home. The child stopped fighting with his younger brother. In other words, establishing rules at home reduces defiant disorder and misbehavior. Therefore, parents must learn positive reinforcement strategies and how to discipline their children; rules and disciplines should be encouraged through specific tasks that support the cognitive, behavioral, and emotional assimilation of the child (Hopkins, 2021).

On the other hand, the teacher gave him the responsibility of being the discipline assistant (the student who controls the classroom discipline). At the beginning, the child refused that demand, but the teacher insisted on it with authority and respect. She explained that he has to be a model for his classmates, and control if they misbehave. In this context, Fairbanks et al. (2007) suggested that students must be explicitly taught behavioral expectations before they can be held accountable for those behaviors. They have to identify factors that contribute to students with ODD acting out and develop a plan for controlling those misbehaviors (Gonser, 2021). In this context, planning and preparation are crucial components when teachers are creating strategies to assist learners with ODD in achieving good learning outcomes (Davies, 2016).

Participants' opinions about the results of the treatment

To answer the second research question about the mother, teacher, and psychologist's opinions about the results of the treatment, we identified each participant's opinion and compared them to establish conclusions.

Antes era peor el comportamiento de mi hijo, ahora ha mejorado mucho; ya me hace caso lo que le digo y de la escuela ya no me llaman la atención a cada rato. [My son's behavior was worse in the past, but now it has improved a lot; he listens to what I tell him, and I am not called out a lot to the school.] (MMT)

Yo le hice firmar una carta de compromiso a la madre, pero no hay cambios. La madre no asume el compromiso, cuando él quiere pone atención, no sigue reglas. Para trabajar con él hay que ir a su ritmo hay que trabajar con delicadeza. El niño no presenta tareas, viene sucio y descuidado (...). El niño está en un entorno donde no hay jerarquía familiar. [I had her (the mother) sign a letter of commitment, but there are no changes. The mother does not assume her commitment. The child pays attention when he wants; he does not follow rules. To work with him, you have to go at his own pace, and you have to work gently. The child does not present homework, comes dirty and neglected (...). The child is in an environment where there is no family hierarchy.] (PsiD1)

Le pedí a la madre que hiciera un nuevo examen porque además muestra síntomas de déficit de Atención, pero aún no me ha traído resultados. [I asked the mother to do a new test because he also shows symptoms of attention deficit disorder, but she has not brought me any results yet.] (PsiD1)

A pesar de que ha sido tratado, el niño sigue un poco malcriado en clases. Se pelea con sus compañeros, tiene falta de atención y concentración; sigue sin traer los deberes. [Although he has been treated, the child is still a little spoiled in class and at home. He fights with his classmates, has a lack of attention and concentration; he still does not bring his homework.](CTMG)

According to the mother's view, the child's behavior has improved considerably; he obeys her, and the school complaints have been reduced. Nevertheless, the psychologist considers that the child does not show improvements. He rarely pays attention and follows rules. He does not do his homework, and he is dirty and careless. The child lives in an environment without family hierarchy and attention because he comes from a disintegrated family where the mother is the

head of the household. The psychologist also mentioned that the child seems to have symptoms of attention-deficit/hyperactivity disorder because patients with ADHD commonly have ODD (Bradley, 2015; Ortiz et al., 2008), so he asked the mother for a new evaluation. In the same way, the teacher said that despite being treated, the child is still a bit spoiled in class. He fights with his classmates and lacks attention and concentration. He does not hand in homework. In that sense, the mother is not very involved in the treatment process due to her economic condition, which affects the child (Davies, 2016; Ross, 2017). The mother is not in constant contact with the teacher and school psychologist.

CONCLUSION

This study concludes that school change and physical punishment are not good strategies to help an ODD child and that the discontinuation of the therapy is a problem in families with a low socio-economic condition. In addition, the psychologist's support is key because he guides the team treatment. He suggested good parenting practices to the mother and managing behavior techniques to the child; he also keeps constant communication with the teacher to monitor the child's behavior after implementing certain activities. Moreover, the help and patience of people who take care of the child are useful; he does his homework when he has someone to help him gently. Lastly, giving responsibilities at home and school helped to control misbehaviors. Participants' opinions about the results of the treatment are not positive, first, because of the lack of the mother's involvement and, second, from the researchers' point of view, the lack of a more comprehensive treatment and training. Parents, teachers, and mental health professionals play an important role in team treatment with ODD children. Thus, they need to be trained to fulfill such roles and avoid wasted efforts doing things that can worsen the child's situation. These findings are subject to limitations such as sample size and lack of details to certain questions in the interviews. Further research needs to be done to explore the results of comprehensive treatment with good communication and commitment of those involved. Moreover, it is suggested to conduct further action research studies to explore teaching and classroom management strategies to work with ODD children.

REFERENCES

Aggarwal, A. & Marwaha, R. (2021). *Oppositional defiant disorder*. StatPearls Publishing LLC. https://www.ncbi.nlm.nih.gov/books/NBK557443/

Alhowiml, M. S. & Alothman, I. A. (2018). Oppositional defiant disorder and its management strategies among general and special education teachers. PEOPLE: *International Journal of Social Sciences, 4*(3), 298-308. https://grdspublishing.org/index.php/people/article/view/676

American Academic of Child & Adolescent Psychiatry. (2019, January). *Oppositional defiant disorder*. https://acortar.link/ELLodJ

American Association for Marriage and Family Therapy. (2022). *Oppositional defiant disorder*. https://www.aamft.org/Consumer_Updates/Oppositional_Defiant_Disorder.aspx

Barkley, RA., Edwards, G., Laneri, M.~ Fletcher, K., & Metevia, L. (2001). The efficacy of problem-solving communication training alone, behavior management training alone, and their combination for parent-adolescent conflict in teenagers with ADHD and ODD. *Journal of Consulting and Clinical Psychology,* 69(6) 926-941. . https://pubmed.ncbi.nlm.nih.gov/11777120/

Bradley, S. et al. (2015). Treatment of childhood oppositional defiant disorder. *Curr Treat Options Peds,* 1:155–167. https://link.springer.com/article/10.1007/s40746-015-0015-7

Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2) 77-101. https://acortar.link/1hPsPB

Cleveland Clinic medical professional. (2019, April 25). *Oppositional defiant disorder*. Cleveland Clinic. https://my.clevelandclinic.org/health/diseases/9905-oppositional-defiant-disorder

Creswell, J. W. (2007). *Qualitative inquiry & research design. Choosing among five approaches* (3rd ed.). SAGE Publications. https://acortar.link/ahYAd

Davies, N. (2016). *Oppositional defiant disorder in the classroom*. HEADTEACHER. https://acortar.link/NroVIb

Derella, Olivia J., (2017). *Parent-child reciprocity? Parental aggression and oppositional defiant symptoms in Girls*" [Master's Thesis 1101, University of Connecticut*]*. https://opencommons.uconn.edu/gs_theses/1101/

Doefner, et al. (2021). Treatment and management of oppositional defiant disorders and conduct disorders in children and adolescents. In A. Felthous & H. Saß (Eds.), *Psychopathic Disorders and the Law*, (2nd Edition) (pp. 729-777). Wiley Online Library. https://onlinelibrary.wiley.com/doi/abs/10.1002/9781119159322.ch32

Dorman, J., Aldridge, J. & Fraser, B. (2006). Using students' assessment of classroom environment to develop a typology of secondary school classrooms International Education Journal, 2006, 7(7), 906-915. ISSN 1443-1475. Shannon Research Press https://files.eric.ed.gov/fulltext/EJ854348.pdf

Ehmke, R. (2021). *What is oppositional defiant disorder?* Child Mind Institute. https://childmind.org/article/what-is-odd-oppositional-defiant-disorder/

Fairbanks, S., Sugai, G., Guardino, S., & Lathrop, M. (2007). Response to intervention: Examining classroom behavior support in second grade. *Council of Exceptional Children*, 73(3) 288-310. https://acortar.link/x3AdSV

Gonser, S. (2021). *Teaching Strategies 6 Ways to Help Students with ODD*. Edutopia. https://www.edutopia.org/article/6-ways-help-students-odd

Ghosh, A., Ray, A. & Basu, A. (2017). Oppositional defiant disorder: current insight. *Psychology research and behavior management*, 10, 353–367. https://acortar.link/KngjTW

Hamilton, S. & Armando, J. (2008). Oppositional defiant disorder. American Family Physician 78(7),861-866. https://www.researchgate.net/publication/23306128_Oppositional_defiant_disorder

Hasan, Sh. (2019). *Oppositional defiant disorder fact sheet (for Schools)*. Kids Health / for Parents. https://kidshealth.org/en/parents/odd-factsheet.html

Hopkins, J. (2021). *Oppositional Defiant Disorder (ODD) in Children*. Johns Hopkins Medicine. https://acortar.link/kNyJZa

Lavigne, J. V., Gouze, K. R., Hopkins, J., Bryant, F. B., & LeBailly, S. A. (2012). A multi-domain model of risk factors for odd symptoms in a community sample of 4-year-olds. *Journal of Abnormal Child Psychology*, *40*(5), 741-757. https://doi.org/10.1007/s10802-011-9603-6

Lehmann, C. (2009). *Oppositional defiant disorder in adolescents:* what school counselors need to know [Master of Science Degree m School Counseling, Wisconsin-Stout University] Wisconsin. https://www2.uwstout.edu/content/lib/thesis/2009/2009lehmannc.pdf

Markward, M. J., & Bride, B. (2001). Oppositional defiant disorder and the need for family-centered practice in schools. Children & Schools, 23(2), 73-84.https://adfs.stthomas.edu/adfs/ls/

Ministerio de Educación del Ecuador (2013). Guía de trabajo adaptaciones curriculares para la educación especial e inclusiva http://fesvip.edu.ec/assets/guia-adaptaciones-curriculares-3-(1).pdf

Munkvold, L. et al. (2011). Oppositional defiant disorder—gender differences in co-occurring symptoms of mental health problems in a general population of children. https://acortar.link/wj6TS9

Olivardia, R. (2022). *What Is Oppositional Defiant Disorder (ODD)?* Attitude Editorial Standards. https://www.additudemag.com/what-is-oppositional-defiant-disorder/

Ortiz, B., Giraldo, C., & Palacio, J. (2008). Trastorno oposicional desafiante: enfoques diagnóstico y terapéutico y trastornos asociados. *IATREIA*, 21(1), 54-62. https://www.redalyc.org/pdf/1805/180513861007.pdf

Rigau, R; & García, N; & Artigas, P. (2006). Tratamiento del trastorno de oposición desafiante. *Revista de Neurología 42(Supl. 02), 83-88.* https://neurologia.com/articulo/2005818

Ross, K. (2017). School-based interventions for school-aged children with oppositional defiant disorder: *A systematic review. Catherine University repository website* https://sophia.stkate.edu/msw_papers/788/

Rowe, R. et al. (2005). Defining oppositional defiant disorder. *Journal of child psychology and psychiatry 46(issue 12), 1309-1316.* https://acortar.link/EsDUiv

Shubina, I. (2016). *Counseling and therapy of patients with behavioral disorders using the cognitive-behavioral approach.* Procedia - Social and Behavioral Sciences. vol. 217, 1008-1018 https://www.sciencedirect.com/science/article/pii/S187704281600119

Smith, A., & Bondy, E. (2007). "No! I won't!" Understanding and responding to student defiance. *Childhood Education*, 83(3), 151+. https://acortar.link/AGKW15

Swanger-Gagne, M. (2009). *The influence of the family context and intervention implementation integrity on child behavior during conjoint behavioral consultation*. [Theses and Dissertations from the College of Education and Human Sciences, University of Lincoln]. Digital Commons https://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=1047&context=cehsdiss

Vanzin, L., Mauri. V. (2019). Understanding conduct disorder and oppositional-defiant disorder: A guide to symptoms, management and treatment. https://acortar.link/VAu9Pe

Wilens, T; Spencer, T. (2013). *Understanding Attention-Deficit/Hyperactivity Disorder from Childhood to Adulthood.* HHS PUBLIC ACCESS. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3724232/

Woodard, T. et al. (2019). *An Introduction to Oppositional Defiant Disorder and Conduct*. U.S. Pharmacist. https://acortar.link/0MFXdC

Wright, J. (2015). How to Create Behavior Plans that Work: Ideas for the Defiant, Inattentive, or Anxious Student: Classroom First Responder Series. Intervention central. https://acortar.link/zCYgr6

ANNEX 1

Entrevista al psicólogo

1. ¿Me podría hablar sobre usted y su formación profesional?
2. ¿Me podría hablar sobre el estudiante que ha sido diagnosticado con el trastorno negativista desafiante?
3. ¿Cuál ha sido su accionar respecto al problema presentado?
4. ¿Cuáles son las acciones tomadas por la institución educativa frente a este problema?
5. ¿Qué hacen los padres para ayudar a sus hijos?
6. ¿Qué hacen los docentes para ayudar a estos niños?

Entrevista al docente

1. ¿Me podría hablar sobre usted y su formación docente?
2. ¿Existe en su clase estudiantes con problemas de comportamiento?
3. ¿Podría hablarme un poco sobre estos estudiantes?
4. ¿Qué estrategias ha utilizado para controlar el comportamiento de este o estos estudiantes?
5. ¿Qué cambios ha notado con la aplicación de estas estrategias?
6. ¿Cómo le ha ayudado las autoridades y el departamento psicológico en este problema?

Entrevista a la madre de familia

1. ¿Me podría hablar de usted y su familia?
2. ¿Háble me de su hijo con el que ha tenido mayor dificultad?
3. ¿Qué ha hecho usted o a quién ha recurrido para resolver este problema?
4. ¿Qué cambios ha notado en su hijo?
5. ¿Cómo le ha ayudado la institución educativa en este problema?
6. ¿Cómo le ayuda usted a su hijo en las actividades escolares?

©2024 por los autores. Este artículo es de acceso abierto y distribuido según los términos y condiciones de la licencia Creative Commons Atribución-No Comercial-Compartir Igual 4.0 Internacional (CC BY-NC-SA 4.0) (https://creativecommons.org/licenses/by-nc-sa/4.0/).