



New Issues Emerging in Syndicated Loan Transactions

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INTRODUCING

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What Is Oppositional Defiant Behavior?

Some facts:

Symptoms of ODD may include:

- **Argumentative
- **Overall irritable and negative attitude
- **Uncooperative on purpose
- **Angry
- **Resentful of others
- **Defies rules
- **Vindictive
- **Frequently uses "No"
- **Belligerent
- **Major issues with rules and authority figures

Conduct Disorder vs. ODD

Conduct disorder is not typically diagnosed until the student is a teenager. Some characteristics include lying, threatening behavior, stealing, refusing to follow rules. The students do not have respect or regard for the feelings or rights of others. (Morin, retrieved 2017).

Oppositional Defiant Disorder generally shows up before age 8. Behaviors last over 6 months.

The rate of ODD symptoms stays fairly steady if there is significant overlap with conduct disorders.

ODD vs. ADHD

Some children may have similar symptoms. Not all children however with ADHD have ODD. Not all children with ODD have ADHD.

Children with ADHD have impulsive behaviors that make it harder for them to control their behavior.

Symptoms of both ADHD and ODD are associated with social impairments that include bullying behavior and being victimized by peers. However symptoms of ODD were more strongly associated with both physical and relational bullying than the symptoms of ADHD. Physical aggression is more common among males than females and ODD symptoms may result in physical victimization more frequently with adolescent males.(Fite, Evans, Cooley, and Rubens, 2014).

Incidence Rates: Anywhere from 1 to 16% of all school-age children and adolescents have ODD. (American Academy of Child and Adolescent Psychiatry, retrieved at www.aacap.org June 25, 2017).

Co-Morbidity

It is important to understand that ODD may be an indication that other underlying disorders are occurring such as ADHD, depression, anxiety, or bipolar disorders.

Anxiety is often the reason students become oppositional. The student may be nervous or anxious, the student become excitable, and can become aggressive. (Walls, 2016). The response possibilities of students are: Flight, Fight or, Freeze.

What Type of Assessment is Needed?

Need for a Comprehensive Evaluation:

A comprehensive evaluation is critical because there may be other disorders present such as ADHD, Learning Disabilities, Mood disorders, anxiety disorders. Some children may later develop conduct disorders. (www.aacap.org).

Two cautions in evaluations:

1. Oppositional behaviors may come from other disorders, may be a response to stressors, or may be part of normal developmental stages. (Calles, 2016).
2. Symptoms of ODD usually do not exist in isolation from other psychiatric disorders. The most common disorder that is co-morbid with ODD is ADHD. In one study of children 3-7 years of age with combined type ADHD, 60% met criteria for ODD. (Calles, 2016). Adolescents with ODD are at risk for alcohol dependence by adulthood. (Calles, 2016).

Ten key points for School Personnel:

1. Conduct a thorough multi-disciplinary case study evaluation.
2. Conduct an evaluation when you have suspicion or knowledge that the student may have a disability. Do not postpone needed evaluations to see if the child will outgrow the problem.
3. Consider any independent evaluations that the parent may have received.

4. Interview the parents and all teachers who have worked with the student to determine how long the behavior has been occurring and in what settings the behavior is occurring.
5. Conduct a social development study to determine whether there may be a family history of disabilities.
6. Review past medical information.
7. Determine whether there are any current or past stressors that may impact the behavior.
8. Avoid the assumption that the student is just being difficult. Things do not always appear as they seem and there are no easy answers.
9. Conduct intellectual and academic assessments to determine whether there is a disability that may be impacting academic performance. That assessment should determine whether there are specific processing disorders, the specific academic achievement levels, any motor problems.
10. Conduct a functional behavioral assessment to determine the ABCs of behavior and its function.

The Role of Functional Assessment

1. Define the behavior in MOO terms—Measurable, Observable, Objective.

Examples:

Instead of This	Describe Like This
Jamar is belligerent	When asked to put class materials away, Jamar continues to use the materials even when provided three warnings.
Erin is uncooperative	When given a math assignment to do with another student, Erin refuses to do the work 8 out of 10 times.
Santiago Defies Rules	When requested to raise his hand during group discussion, Santiago blurts out his answer 5 of 6 times.
Gracie is argumentative.	When requested to line up, Gracie tells the teacher she doesn't want to do that and asks why she has to line up. This occurs 90% of the time she is requested to line up.

2. Understanding the ABCs of behavior

A—Antecedents—what is the event that occurs before the undesirable behavior.

B—Behavior—what is the specific behavior defined in MOO terms.

C—Consequences—what happens after the student exhibits the inappropriate behavior.

Example:

Antecedent: Milo is given a 4th grade math assignment to do independently.

Behavior: Milo announces in a loud voice that he isn't going to do theassignment and throws the paper across the room.

Consequence: Milo is sent to the office for the rest of the day.

3. Functions of Behavior:

- A. Access—to attention or power/control.
- B. Escape/avoidance—to escape a task that the student may perceive is too difficult or that the student does not want to do.
- C. Sensory—is the student trying to cope with too much stimulation or not enough stimulation. Are the lights blinking, is the student's clothing bothering him, does the student need to increase his movement?

What do you think was the function of Milo's behavior and why do you think it was that function?

4. Are there medical reasons the student becomes argumentative or angry?

Example: The student can't see the assignment.

The student did not hear the teacher directions.

The student has ADHD and is unable to sit still for more than two minutes.

5. Has the student experienced trauma that is resulting in specific behaviors? The student may associate the teacher or an assignment or specific words utilized with the trauma experienced.

6. Is there a social skill deficit:

- A. Skill Deficit—the student doesn't know the appropriate behavior.
- B. Performance Deficit—the student can do the behavior but doesn't do it.
- C. Fluency Deficit—the student can do the behavior and is willing to do it but has a difficult time doing it easily.

Do you think Milo has a skill deficit, performance deficit, or a fluency deficit?

7. What is the opposite desirable behavior:

For Milo, here is an example:

When given the 4th grade math assignment to do independently, Milo will start the task quietly.

Or:

When given the 4th grade math assignment to complete independently, Milo will raise his hand to ask the teacher for assistance.

We can then choose the appropriate positive behavior interventions based on this information.

Making Assumptions about Students with ODD—Bad and Good

Bad assumptions:

Bad Assumptions	Good Assumptions
He can do it. He just won't.	I need to check to see if the student is able to do the task.
He's just acting like a big baby.	I need to check to see what the student's social/emotional level is.
He just takes his time doing everything I want him to do.	I need to check to see what the processing speed is for the student.
He just is acting like the class clown.	I need to check to see if the student is trying to cover up for the fact he can't do something.

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