

Children's Hospital Association Oppositional Defiant Disorder (ODD) Practice Questions

1. A 6-year-old boy is being admitted to the hospital with acute appendicitis. Which of the following statements by the mother during the admission process would suggest the child may need to be evaluated for oppositional defiant disorder (ODD) in order to plan appropriately for his care while hospitalized?
 - A. "He can have a bad temper and has a temper tantrum about once a month."
 - B. "He loves participating in sports but sometimes gets upset with himself if he doesn't do well."
 - C. "I am concerned he will become aggressive when the nurses try to take care of him."
 - D. "The only person he gets angry with is his little brother when he bothers his things."
2. An 8-year-old girl admitted to an acute care pediatric unit has been defiant and angry to clinicians caring for her. Which of the following items noted on the admission history is a risk factor for oppositional defiant disorder?
 - A. Father was diagnosed with attention deficit hyperactivity disorder (ADHD).
 - B. Mother had pre-eclampsia during pregnancy with this child.
 - C. She is the fifth of 10 children in the family.
 - D. She was diagnosed with a seizure disorder when she was 5.
3. What event during hospitalization of a 12-year-old boy with oppositional defiant disorder (ODD) might be a trigger resulting in negative behavior?
 - A. Explain on admission that the unit has a zero-tolerance policy for aggressive behavior.
 - B. Quietly discuss with the boy and his mother the rules of the unit.
 - C. Tell the child he has to take a bath but can do it in the morning or evening.
 - D. Tell the child it is time to get out of bed for physical therapy.
4. What would be the first treatment option for children with oppositional defiant behavior (ODD) without other mental health conditions?
 - A. Psychiatric hospitalization.
 - B. Behavior modification and skill set training.
 - C. Mood stabilizer medications such as valproic acid.
 - D. Educating parents on methods for stricter enforcement of rules.

5. The mother of a child with oppositional defiant disorder (ODD) that is being discharged home with outpatient therapy for ODD asks the clinician to explain cognitive behavioral therapy (CBT). Which of the following is the best explanation of this type of therapy?
- A. Focuses on improving the child's academic performance.
 - B. Teaches parents how to implement strict household rules.
 - C. Teaches parents positive reinforcement methods.
 - D. Works with the child to identify more desirable patterns of responses.
6. Diagnosis of oppositional defiant disorder (ODD) is based on behaviors in three categories: vindictiveness, angry/irritable mood and _____.
- A. Argumentative/defiant
 - B. Depression
 - C. Hostile/violent
 - D. Hyperactivity
7. A clinician on a pediatric acute care unit has been notified of an admission from the Emergency Department. The child is being admitted for cardiac arrhythmia, but the ED also reports that he has oppositional defiant disorder (ODD) with a history of physical aggression toward authority figures. What is the first intervention the clinician should implement?
- A. Contact the provider for a restraint order to use as needed for aggression.
 - B. Create a whiteboard with a list of expectations for behavior.
 - C. Remove all items the child could hurt himself or herself or others with.
 - D. Request an order for clonidine to treat aggression.
8. What is the first step in developing a plan of care for a child with oppositional defiant disorder (ODD)?
- A. Assessment by a qualified mental health professional.
 - B. Consult with the provider for medication management.
 - C. Implement behavior-management strategies.
 - D. Implement suicide precautions.
9. Which of the following is most likely to be a trigger for inappropriate behavior in a 7-year-old boy with oppositional defiant disorder?
- A. Classmates invite him to play baseball during school recess.
 - B. Teacher asks him to be the class leader for the day.
 - C. He is told he must clean his room either before or after dinner.
 - D. His basketball coach tells him to stop pushing the other players.

10. Jesse is a 12-year-old who has been in the hospital with pneumonia but had a previous diagnosis of oppositional defiant disorder for which he has never received therapy. He had some exacerbation of ODD behaviors while in the hospital, and discharge planning includes at-home therapy for ODD. What should the clinician expect to be the first intervention recommended for Jesse's treatment of ODD at discharge.

- A. Child-focused play therapy
- B. Parent management training (PMT)
- C. Stimulant medication
- D. Antidepressant medication

Children's Hospital Association Oppositional Defiant Disorder (ODD) Practice Question Answers

1. A 6-year-old boy is being admitted to the hospital with acute appendicitis. Which of the following statements by the mother during the admission process would suggest the child may need to be evaluated for oppositional defiant disorder (ODD) in order to plan appropriately for his care while hospitalized?
 - A. "He can have a bad temper and has a temper tantrum about once a month."
 - B. "He loves participating in sports but sometimes gets upset with himself if he doesn't do well."
 - C. "I am concerned he will become aggressive when the nurses try to take care of him."
 - D. "The only person he gets angry with is his little brother when he bothers his things."

That is correct!

Vindictiveness is one of the three categories used to diagnose ODD and is often manifested as physical aggression. Children older than 5 years of age with ODD have disruptive behaviors such as temper tantrums at least once a week, the anger and disruptive behavior is directed at someone other than a sibling and they may have difficulty with the authority figures associated with sports teams rather than their own performance.

2. An 8-year-old girl admitted to an acute care pediatric unit has been defiant and angry to clinicians caring for her. Which of the following items noted on the admission history is a risk factor for oppositional defiant disorder?
 - A. Father was diagnosed with attention deficit hyperactivity disorder (ADHD).
 - B. Mother had pre-eclampsia during pregnancy with this child.
 - C. She is the fifth of 10 children in the family.
 - D. She was diagnosed with a seizure disorder when she was 5.

That is correct!

Oppositional defiant disorder (ODD) is a complex disorder with multiple theories of the causes and risk factors that may contribute to the development of the disorder in children. Research has suggested there is an increase in ODD in children with a parent that has been diagnosed with ADHD or ODD. The other answer options are not considered risk factors or causes of ODD.

3. What event during hospitalization of a 12-year-old boy with oppositional defiant disorder (ODD) might be a trigger resulting in negative behavior?
- A. Explain on admission that the unit has a zero-tolerance policy for aggressive behavior.
 - B. Quietly discuss with the boy and his mother the rules of the unit.
 - C. Tell the child he has to take a bath but can do it in the morning or evening.
 - D. Tell the child it is time to get out of bed for physical therapy.

That is correct!

The child with ODD may respond negatively to feeling a loss of control; for example, being told it is time for physical therapy as he may feel he has no control and is simply being told what he must do. A better approach might be, "It is time for physical therapy. Would you like to wear your blue slippers or the brown ones?" The other examples are all methods of providing consistent staff interaction with the patient and his mother while still allowing him some choices.

4. What would be the first treatment option for children with oppositional defiant behavior (ODD) without other mental health conditions?
- A. Psychiatric hospitalization.
 - B. Behavior modification and skill set training.
 - C. Mood stabilizer medications such as valproic acid.
 - D. Educating parents on methods for stricter enforcement of rules.

That is correct!

Behavioral interventions are the first choice of treatment and management of oppositional defiant disorder (ODD). Psychiatric hospitalization would be reserved for the child that is a danger to himself or herself or others. Medications are typically not effective in the treatment of ODD and are reserved for use in children who have other mental health conditions in addition to ODD. Parental management training (PMT) focuses on teaching the parents positive reinforcement methods, not how to be stricter.

5. The mother of a child with oppositional defiant disorder (ODD) that is being discharged home with outpatient therapy for ODD asks the clinician to explain cognitive behavioral therapy (CBT). Which of the following is the best explanation of this type of therapy?

- A. Focuses on improving the child's academic performance.
- B. Teaches parents how to implement strict household rules.
- C. Teaches parents positive reinforcement methods.
- D. Works with the child to identify more desirable patterns of responses.

That is correct!

Cognitive behavioral therapy (CBT) works to identify maladaptive patterns of thinking and/or behavior and suggests more desirable patterns of response for substitution.

6. Diagnosis of oppositional defiant disorder (ODD) is based on behaviors in three categories: vindictiveness, angry/irritable mood and _____.

- A. Argumentative/defiant
- B. Depression
- C. Hostile/violent
- D. Hyperactivity

That is correct!

Behaviors associated with the diagnosis of oppositional defiant disorder are grouped into three categories: vindictiveness, angry/irritable mood and **argumentative/defiant**. A child with ODD often has some or all of the traits associated with these three categories.

7. A clinician on a pediatric acute care unit has been notified of an admission from the Emergency Department. The child is being admitted for cardiac arrhythmia, but the ED also reports that he has oppositional defiant disorder (ODD) with a history of physical aggression toward authority figures. What is the first intervention the clinician should implement?

- A. Contact the provider for a restraint order to use as needed for aggression.
- B. Create a whiteboard with a list of expectations for behavior.
- C. Remove all items the child could hurt himself or herself or others with.
- D. Request an order for clonidine to treat aggression.

That is correct!

The first intervention should be to ensure the safety of the child and staff members by removing all items that could result in injury. Listing behavior expectations on a whiteboard may be indicated after ensuring his safety, but the other options would only be indicated after behavior-management strategies have been attempted. Restraints should be ordered on an as-needed basis.

8. What is the first step in developing a plan of care for a child with oppositional defiant disorder (ODD)?

- A. Assessment by a qualified mental health professional.
- B. Consult with the provider for medication management.
- C. Implement behavior-management strategies.
- D. Implement suicide precautions.

That is correct!

The first intervention should be to ensure the safety of the child and staff members by removing all items that could result in injury. Listing behavior expectations on a whiteboard may be indicated after ensuring his safety, but the other options would only be indicated after behavior-management strategies have been attempted. Restraints should be ordered on an as-needed basis.

9. Which of the following is most likely to be a trigger for inappropriate behavior in a 7-year-old boy with oppositional defiant disorder?

- A. Classmates invite him to play baseball during school recess.
- B. Teacher asks him to be the class leader for the day.
- C. He is told he must clean his room either before or after dinner.
- D. His basketball coach tells him to stop pushing the other players.

That is correct!

Many children with ODD come from homes where parenting is inconsistent. This may pose a problem in other areas of life where rules must be enforced by authority figures to maintain safety and order, such as the classroom, sports team settings and extracurricular activities. Being told to stop pushing by the basketball coach could possibly trigger an increase in inappropriate behavior.

10. Jesse is a 12-year-old who has been in the hospital with pneumonia but had a previous diagnosis of oppositional defiant disorder for which he has never received therapy. He had some exacerbation of ODD behaviors while in the hospital, and discharge planning includes at-home therapy for ODD. What should the clinician expect to be the first intervention recommended for Jesse's treatment of ODD at discharge.

- A. Child-focused play therapy
- B. Parent management training (PMT)
- C. Stimulant medication
- D. Antidepressant medication

That is correct!

Numerous controlled studies support parental management training (PMT) as producing large, positive treatment effects that are both effective across settings and long lasting. Stimulant medication (methylphenidate, dextroamphetamine) should only be used as a treatment for ODD and ADHD together. Antidepressant medication (fluoxetine, sertraline) should only be used when behavior management interventions have achieved limited results and hostile and aggressive behaviors are ongoing.