

ODD (03/22) (101527)

Category: **TEMPLATES TO RELEASE**

Scheduled appt type: _____

CC _____

Symptoms has been present for at least 6 months (Y/N): If under age 5, these behaviors occur on most days (Y/N) If 5 or older, these behaviors occur at least once weekly (Y/N) These behaviors are exhibited during interaction with at least one individual who is not a sibling (Y/N) At least 4 of the following symptoms: Often loses temper: Is often touchy or easily annoyed: Is often angry and resentful: Often argues with authority figures / adults Often actively defies or refuses to comply with requests from authority figures or with rules Often deliberately annoys others Often blames others for his or her mistakes or misbehavior Has been spiteful or vindictive at least twice within the past 6 months These behaviors are associated with distress in the individual or others in his or her immediate social context, or negatively impacts social / educational / occupational functioning Personal or Family History of ADHD (Y/N) History of Language Disorder (Y/N) History of Conduct Disorder (Y/N) Personal or Family History of depression (Y/N) Personal or Family History of bipolar disorder (Y/N) Any current medications?

HPI

freeform

ROS _____

Structured ROS

Pert: bullying	_____
Pert: in trouble at school or with the law	_____
Pert: Teacher concerns	_____
Pert: difficulty getting along with family or friends	_____
Pert: headache	_____
Pert: change in language, academic or work performance	_____
Pert: high stress levels	_____
Pert: exposure to abuse or domestic violence	_____

Structured exam

Pert: activity level	_____
Pert: mood & affect	_____
Pert: judgment & insight	_____

NL: age appropriate social/language interaction	
NL: cranial nerves	
Pert: inspection (includes subcutaneous tissue): no rash	
NL: auscultation of heart: regular rate & rhythm, no murmur	
NL: auscultation of lungs: clear & equal breath sounds without rales, rhonchi or wheeze	
Pert: parent-child interactions	
NL: general appearance: alert, pleasant, not ill appearing, no distress	

Remaining template documentation elements

Counseling:	1. Any history of substance use? 2. History of parental neglect or poor relationship with parent 3. Family instability 4. History of abuse (physical, emotional, sexual)
Coordination of Care:	_____
Diagnosis:	Oppositional defiant disorder(F91.3)
Assessment:	Oppositional Defiant Disorder (ODD) meeting the DSM-5 guideline criteria
Plan:	Discussed ODD diagnosis, and treatment options appropriate to the age of the child Reviewed family and individual therapy, cognitive problem-solving skills training, social skills programs / school-based programs Discussed parent-management training / parent-child interaction therapy, providing supporting and consistent supervision and discipline, avoid negative parenting practices such as harsh punishments. Reviewe practical tips such as praising positive behavior, behavior modeling, picking battles, consistency and routine setting Discussed when medication treatment would be considered. Reviewed local resources if available, for support Recommended publications to consider, including "The Defiant Child" by Douglas

	Riley, Ph.D., "The Explosive Child" by R.W. Green, and "The Kazdin Method for Parenting the Defiant Child" by Allan E. Kazdin, Ph.D.
Patient Instructions:	

Remaining workflow elements

Procedures

Orders
