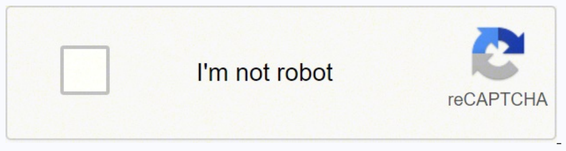

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Oppositional defiant disorder checklist pdf

Original Article

Overlap of ADHD and Oppositional Defiant Disorder DSM-IV Derived Criteria

Ahmad Ghanizadeh MD•[1]

Abstract

Objective: One possible reason for being controversies regarding ADHD may be related to the validity and reliability of diagnostic criteria of attention deficit hyperactivity disorder and oppositional defiant disorder. Diagnostic criteria of oppositional defiant disorder include eight symptoms. This study examines the factor structure of oppositional defiant disorder symptoms, its discriminant validity from attention deficit hyperactivity disorder, its convergent validity and internal reliability.

Methods: Parents of 111 referral children and adolescents with attention deficit hyperactivity disorder completed DSM-IV referenced based attention deficit hyperactivity disorder and oppositional defiant disorder checklists.

Results: Factor analysis indicated that the attention deficit hyperactivity disorder symptom of: "often has trouble organizing activities" and "often runs about or climbs when and where it is not appropriate" were a part of the oppositional defiant disorder component. These symptoms less often than other symptoms differentiate attention deficit hyperactivity disorder from oppositional defiant disorder. The convergent validity for oppositional defiant disorder symptoms ranged from 0.64 to 0.79.

Conclusion: The parent-rating checklist of oppositional defiant disorder symptoms properly differentiates oppositional defiant disorder from attention deficit hyperactivity disorder. However, two items of the attention deficit hyperactivity disorder were listed as symptoms of oppositional defiant disorder. If the factor loading of the items is to be confirmed in further studies, it might be necessary to revise these symptoms criterion in future editions of DSM-IV diagnostic criteria.

Keywords: ADHD, DSM-V, oppositional defiant disorder, reliability, validity

Introduction

As much as attention deficit hyperactivity disorder (ADHD) is a common psychiatric disorder, it is a controversial diagnostic entity.[1,2] According to the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV), the presence of at least six symptoms of inattentiveness or hyperactivity/impulsivity in addition to certain other conditions are required to diagnose ADHD. The presence of some symptoms is not equal to an ADHD diagnosis and is not reliable. Detection of pathological symptoms or ADHD criteria and making a diagnosis are highly dependent on the clinician's experiences and judgment.[3]

Oppositional defiant disorder (ODD) is a common psychiatric disorder in children with ADHD. Its rate in clinical samples has been reported from 30 to 60%.[4,5] The most common co-morbid disorder with ODD is ADHD.[4] This high rate of co-morbidity has raised the question whether ODD and ADHD are distinct clinical entities. Some studies have reported these two disorders as distinct, however, they have many common variables.[6,7]

There are several reasons to have highly valid and reliable diagnostic criteria to differentiate ADHD from ODD. First, ODD might mimic ADHD symptoms.[4] Secondly, there is no real objective assessment for making a diagnosis of ADHD and subjective reports are used.[1,8] Thirdly, in fact, what we usually use as objective measurements are rating scales. These measures provide quantitative information based on ADHD criteria. Other objective methods such as actigraphy are not diagnostic instruments. Additionally, ADHD is not a disease with constructive validity, but rather it is a cluster of symptoms.[4] ADHD lacks an underlying unique genetic, neurologic and/or psychological etiology. Therefore, clinicians have to use ratings scales and diagnostic criteria.[3] Also, a reliable symptom of ADHD or ODD criterion may be repeated in further evaluations; however, each symptom should have enough validity. Lack of sufficient validity of the diagnostic symptoms may cause a mistaken diagnosis or the inability to differentiate distinct disorders such as ODD and ADHD from each other.[4] This consequence of mistaken diagnosis is not just limited to treatment; it directly affects research results. Finally, there is a serious concern that economical-related conflict of interest may raise the number of children diagnosed with ADHD.[4] The above-mentioned reasons emphasize the necessity for ADHD children to be diagnosed as much as possible with more valid and reliable instruments. In other words, validity and reliability of the criteria is a crucial subject. Rating scales with enough reliability and validity can decrease the discrepancy of results from different studies.

In a prior study, we compared factor structures from a Farsi parents' rating checklist with diagnostic definitions of ADHD as described by DSM-IV diagnostic criteria in a clinical sample of ADHD children. The 18-item checklist reflected the DSM-IV definition of ADHD. The two factors extracted were inattentiveness and hyperactivity/impulsivity. In the two-factor model of factor analysis, all items related to inattentiveness were loaded on one factor and all hyperactivity-impulsivity related items were loaded on the other factor of which both had sufficient convergent and discriminant validities. Internal reliability of the two factors was excellent.[8] However, more surveys in different cultures needs to

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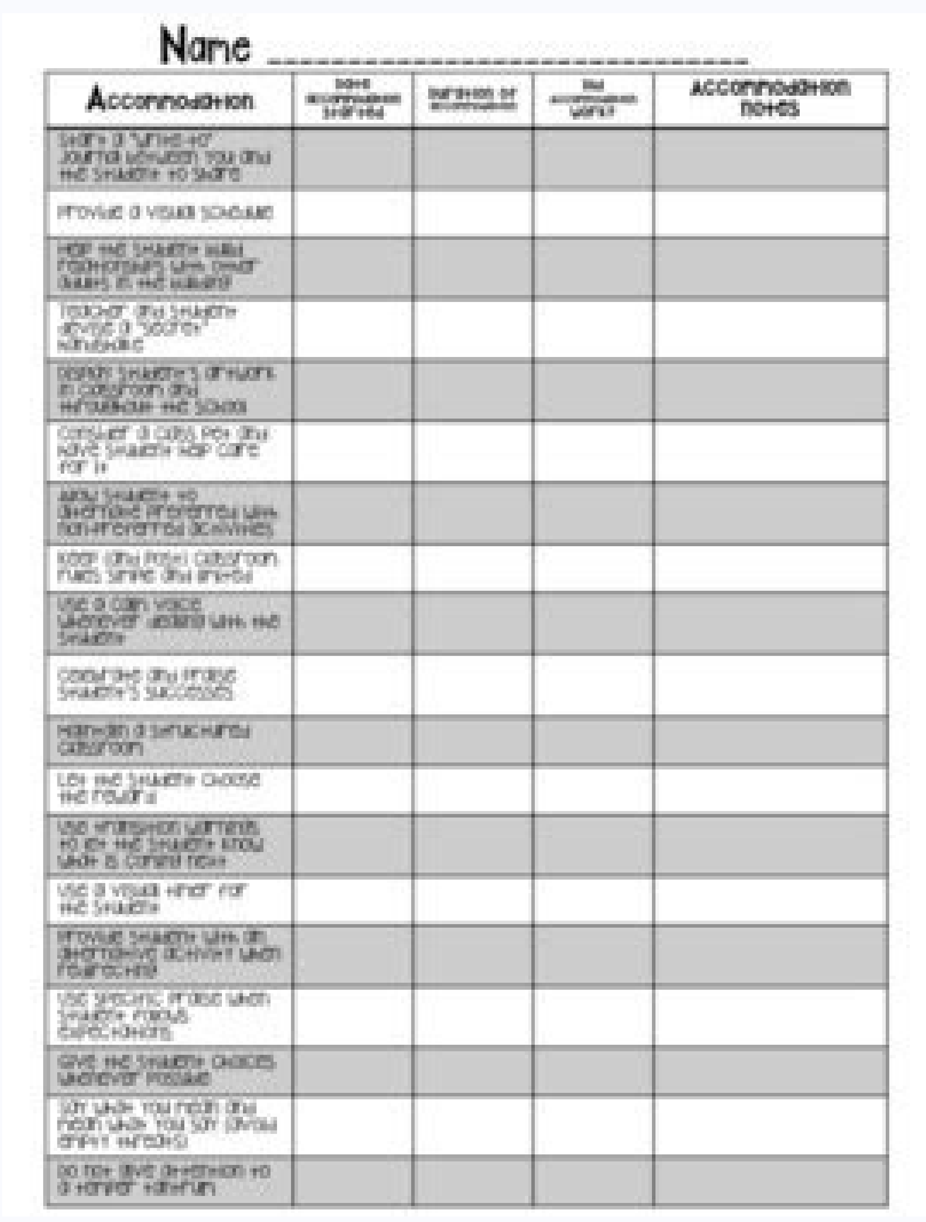

Name ______________________________

Accommodation	Date accommodation started	Duration of accommodation	Did accommodation work?	Accommodation notes
Start a "write-to" journal between you and the student to share				
Provide a visual schedule				
Help the student build relationships with other adults in the building				
Teacher and student devise a "secret" handshake				
Display student's artwork in classroom and throughout the school				
Consider a class pet and have student help care for it				
Allow student to alternate preferred with non-preferred activities				
Keep any posted classroom rules simple and brief				
Use a calm voice whenever dealing with the student				
Celebrate and praise student's successes				
Maintain a structured classroom				
Let the student choose the reward				
Use transition warnings to let the student know what is coming next				
Use a visual timer for the student				
Provide student with an alternative activity when frustrated				
Use specific praise when student follows expectations				
Give the student choices whenever possible				
Say what you mean and mean what you say (avoid empty threats)				
Do not give attention to a temper tantrum				

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FUEL MODELLING AND POTENTIAL FIRE BEHAVIOR IN TURKEY

MODELIRANJE GORIVA I POTENCIJALNO PONAŠANJE POŽARA U TURSKOJ

Omer KUCUK[1,*], Ertugrul BILGILI[2], Paulo M. FERNANDES[3]

Summary

Description of fuel characteristics is an essential input to fire behavior models that can provide decision-support for fire management. Fuel models describe fuel characteristics for fire modeling systems based on Rothermel's fire spread model. In this study, fire behavior data collected in field experiments in different fuel complexes in Turkey is used in the process of fuel model development. Nine fuel models were built for low and tall maquis, Anatolian black pine (*P. nigra* J.F. Arnold *subsp. nigra var. caramanica* (Loudon) Rehder), litter, and slash variable in age and load. BehavePlus simulations of fire rate of spread, flame length and fireline intensity for typical summer weather conditions highlight the quite different fire potential between the studied fuel types. The difficulty in dealing with fuel complexes dominated by live fuels was evident from the simulations. On the contrary, the model correctly predicted the observed temporal decrease of fire behavior in slash. This study shows the crucial importance of experimental fire data to parameterize fuel models.

KEY WORDS: Fuel modeling, experimental fires, fire behavior, fire modeling systems, Turkey.

INTRODUCTION
UVOD

Fire has been a major force in shaping the landscapes of the world and consequently it has been the subject of a research effort of enormous proportions. An increasingly important requirement of forest and land management in fire-prone ecosystems is the ability to predict fire behavior.

Advances in fire behavior science have gradually resulted in the development of fuel and fire bihavior prediction model to support the decision-making process of land managers on a large array of fire management problems (Bilgili et al. 2006).

Fire behavior and fire danger are usually described in association with a fuel model or fuel type (Alexander et al. 1991; Hirsch, 1996). Strictly speaking, a fuel model is a set of a measurable fuel bed properties (Anderson, 1982), quantified for a distinctive vegetation community, to be used as an input to the mathematical fire spread model of Rothermel (1972). Fuel models support local fire behavior prediction, but also fire danger rating systems when a general assessment of potential fire behavior or fuel hazard is required in regional fire management planning (Anderson, 1982).

Differences in fire behavior, under similar meteorological and topographic conditions, are determined by fuel charac-

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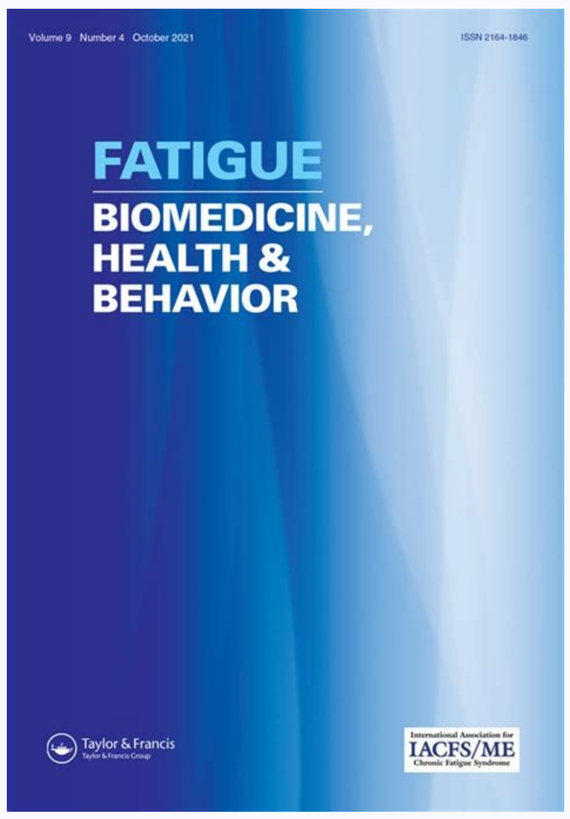

How to diagnose oppositional defiant disorder. Oppositional defiant disorder checklist pdf.

You can unsubscribe at any time. Then consult a professional.ODD: Oppositional Defiant Disorder. A child with ADHD is not diagnosed until after the age of 7 years. Up to 40 percent of children with ADHD also develop defiant oppositional disorder (ADHD) a condition ³ defined by unique ³, frequent outbursts, and a tendency to discuss, ignore requests, and irritate others ³ site. A child with the hyperactivity component always moves. However, as children grow older, their ability to perform in the classroom is compromised. ODD is discovered for the first time in preschool children of a child. Typically, he is seen as a man of strong will and refuses to comply with commonly accepted standards of behavior. As a parent, it can be difficult to know if some of the behaviors you are seeing in your child are an indication ³ one of these disorders. While it is very important to get an official diagnosis ³ a licensed therapist, psychologist³ or psychiatrist, knowing that your child needs to be evaluated is equally helpful. If your child takes Â challenging Â Â to a whole new level, he or she will probably sit at the end of your rope. Use this list as a starting point and look for professional help. Here is a breakdown of the signs and symptoms of each disorder. NOTE: This resource is for personal use only. These kids can seem spacious or messy at times.Â Doesn't your child pay much attention ³ details?Â Does he make careless mistakes?Â Does he have trouble paying attention?Â n?Â Doesn't he seem to be listening when spoken to?Â Doesn't he go ahead with assignments?Â Does he have trouble getting organized?Â Does he avoid things that take a lot of effort to complete?Â Does he often lose value?Â Does he get distracted?Â?Â Does he forget to complete daily tasks? ADA with omoc omoc esracifisalc edeup sonrotsart sotse ed onu adaC .selitnafni satcudnoc sal ed selamron savitatcepxe sal ed ortned n¡Ätse setneiugis satcudnoc sal sadot ,otse ed setnA . dadicavirp ed acitÃloP y osu ed senoicidnoC .otnemom reiuqlauc ne ajab ed esrad edeuP rop onrotsarT :rida±ÃA ?selamina sol a o±ÃaD¿Â ?lamron otneimatropmoc nu ed sadiuges ,etneucerf otnemarepmet ed sateibar reneT¿Á ?sorto u s©Ärtse la adaregaxe amrof ed ranoiccaeR¿Á ?n³Äiccurtsed o senoisel narculovni euq senoiculoveR¿Á ?dadeiporp al riurtsed nis orep oviserga etnemacisÃf reS¿Á ?selanames sotnemugra reneT¿Á ?ovislupmi otneimatropmoc le ralortnoc arap dadicapacni anu neneiT¿Â ?ojih us ed seraluger sotaberra sol neneiT¿Â .etnartsurf nat aes DEI al euq ecah euq ol etnemasicerp se euq ,so±Ãin sol ed otneimatropmoc le arap acig³Ãl n³Äicacilpxe anu se on ,erdap le araP .osicerp ocits³Ângaid nu agnetbo euq razitnarag arap ,ocid©Ãm us a rasergni arap samotnÃs ed n³Äicacifirev ed atsil anu odiulcni someh ,s¡ÃmedA .n³Äicautis us a acilpa es euq ebeurpmoC .rev rarepse edeup sodatluser ©Ãuq y ,¡Ãrev es)lautcudnoc aiparet etnemlareneg(otneimatart ©Ãuq erbos dadidnuforp ne somav n©ÃibmaT .etnetimretni ovisolpxe onrotsart :DEI ?etneicifed otneimatropmoC¿Á o serorre sus rop sorto a napluC¿Á ?sorto a etnemadarebiled ratseloM¡Á ?salger sal noc rilpmuc a nagein eS¡Á ?dadirotua al ed sarfic sal naÃfased sadneibas A¿Á ?sotluda sol y dadirotua al ed sarugif sal noc natnemugrA¿Á ?senoisaco selpitlºÃm ne ovitagnev o rasep a eºÃtcA¿Á ?opmeit ed sodoÃrep sogral etnarud rocner nu agnetnaM¡Á ?sorto rop otneimitneser nu agnetnaM¿Á ?etnemlic¡Ãf atselom es euq aserpxE¡Á ?etnemlic¡Ãf s¡Ãmed sol noc n³Äicartsurf artseuM¡Á ?arutarepmet al etnemraluger acidreP¿Á ?opmeit led etrap royam al elbatirri o odajone omin¡Á ed odatse nu aneus eL¿Á .otneimatropmoc lam us ed savitagen saicneucesnoc sal etnemlic¡Ãf atropos odunem a o±Äin le euq ay ,licÃfid se anilpicsid al ,erdap omoC .ojih us ne rapmi rartsinimda arap acitÃrc atneimarreh anu se aÃug atse :Äuqa ecneimoc ,olos ritnes necah el ojih us ed klatkcab al y sateibar sal iS .ojih us ne res edeup n³Äicidnoc al euq ol omoc Äsa ,DDO ed otepser ed atlaf al o oÃfased ed selamron setabmoc sol arapes euq ol somibircseD .oreves o ,odaredoM of attention. However, before you start looking for treatment, however, it is important to know exactly what you are dealing with", which is where you will find this guide. After the child releases their anger, they feel a sense of relief and often repent for their behavior. The three disorders: opposition. opposition. The disorder (odd), the intermittent explosive disorder (FDI) and attention disorder of care (ADD) have some very similar characteristics. The outbursts of anger and rage seem to come out of nowhere and generally live. While they can have some of the odd components or FDI, their level of activity required is higher than normal. Many children have trends of a disorder without full diagnosis. However, they also have some defining differences. Most parents report that they are very tired â €

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