

# Obsessive-Compulsive Disorder (OCD)

Students with OCD experience unwanted, intrusive thoughts or images (obsessions) that can cause them to engage in repetitive behaviors (compulsions). These compulsions often are elaborate and time consuming, interfere with children's routines at home, and affect their performance at school.

Obsessions usually include exaggerated or imagined thoughts or images. A student may worry excessively about being contaminated by germs or that she (or loved ones) will be harmed in some way. When a child is unable to ignore these thoughts, she may perform a compulsive behavior, believing it can prevent what she fears. A child who imagines a parent being harmed in an accident may tap

his pencil a certain number of times when he writes or repeat a string of numbers or words to himself. In his mind, this behavior is preventing the event from taking place. Other children with OCD do not have a specific obsessive fear. They may instead feel like “something just isn't right” and engage in compulsions to make things “feel right.”

Obsessions and compulsions may wax, wane, and change throughout childhood and life. A student who feels she must go through the con-

tents of her backpack three times an hour may eventually replace that compulsion with the need to check a clock every minute. In both cases she fears something “bad” will happen if she does not perform the behavior.

■ Between 1% and 3% of children have Obsessive-Compulsive Disorder (OCD). Those with OCD are more likely to have other anxiety disorders and mood disorders (pages 72–88) as well as disruptive behavior disorders (pages 147–154).

## COMMON OBSESSIONS AND COMPULSIONS

### Obsessions

- Fear of illness, death, or contamination
- Fear or image of harm to oneself or others

- Fear of doing or saying something evil or sinful
- Fear that “something bad might happen”:
  - if something is not done “correctly”
  - in association with particular numbers
  - if something important is thrown away
  - if something is asymmetrical or out of order

### Compulsions

- Avoidance of germs or dirt (including excessive hand washing or showering)
- Repeated requests for reassurance
- Frequent prayer or confessions
- Repeated checking of locks or appliances
- Extreme perfectionism
- Seeking balance by ordering, straightening, or arranging objects
- Doing activities in certain sets of numbers
- Excessive collecting or hoarding (including items of no value)

## Behaviors and Symptoms to Look For

Students with OCD can have many obsessions and compulsions. Some of these may be very obvious (like frequent requests to wash hands in the bathroom). Others (such as frequent mental images of being harmed or always having to choose items with an even number) may be difficult for you to observe in the classroom.

Children with Obsessive-Compulsive Disorder may:

**Be indecisive and slow to accomplish tasks.** Students may believe they cannot be absolutely “sure” of a correct answer or decision. As a result of this doubt, they get stuck trying to complete tests or work, erase excessively, count and re-count items, or check and re-check written answers.

**Avoid some classroom materials.** Children who obsessively worry about their health and safety may refuse to use scissors (and other sharp objects), paint, glue, paste, clay, tape, ink, or other classroom materials they perceive as dangerous.

**Wash hands excessively.** Students who frequently request to use the bathroom may be fulfilling a compulsion to wash their hands. Red, chapped fingers and hands may be signs of excessive hand washing.

**Be stubborn, argumentative, and demanding.** Defiance may often result from a student's need to get something "just right." When others interfere with this need, students often will feel anxious and react with a negative or hostile attitude.

**Act in a distracted or an inattentive way.** Students' intense preoccupation with obsessions can make it difficult for them to focus on work or classroom activities. These students may miss instructions and be inefficient in completing work.

**Repeat particular sounds, words, or music.** Students may make repetitive sounds, say certain words, numbers, or phrases, or sing in an attempt to relieve anxiety.

**Excessively request reassurance or explanations.** Students may doubt their perception or recollection of something you have said. In order to make sure they've heard or done something correctly, they may repeatedly ask for reassurance or clarification.

**Be irritable or have erratic mood swings.** Constant anxiety related to an obsession can make students very emotionally sensitive. Impatience, a quick temper, and outbursts can result.

**Be ostracized by peers.** Children whose compulsive behaviors are obvious and "strange" may be bullied or ostracized by their peers. Pay close attention to students who are teased or excluded by others.

## Classroom Strategies and Interventions

Your reaction to obsessive and compulsive behaviors will vary depending on a given situation. There will be times when a student's compulsive behavior has little impact on others and may be acceptable in class. In other situations, compulsions may interfere with your ability to teach and need to be addressed.

The general approach to helping students with Obsessive-Compulsive Disorder is to minimize their anxiety while not enabling their OCD behaviors, which can be a difficult balance. It's helpful to work with parents, outside mental health professionals, and school staff in a team approach to address a student's needs.

Following are suggestions for helping children with Obsessive-Compulsive Disorder in the classroom:

**Reassure student that he doesn't have to be perfect.** When appropriate, assure students it isn't necessary (or expected) for every aspect of a project, assignment, or test to be exactly correct. Talk about how it is acceptable to make mistakes and that fear of making them (including repeatedly erasing answers) can slow progress. In situations where students are struggling, reinforce positive steps they've accomplished to encourage continued progress. Finally, model a healthy attitude toward uncertainty and talk about how perfectionism is an impossible goal.

**Empathize with student's difficulties.** It's important to avoid dismissing or ignoring a student's questions, especially questions that are repeated. Provide an empathic response while simultaneously trying to communicate a realistic perspective on classroom expectations. Rather than punishing a student for minor rule infractions that her compulsions might cause, be flexible with classroom rules.

**Consider decreasing a student's overall workload.** OCD can substantially interfere with schoolwork. Think about ways in which you can address this while still allowing students to show what they know. For example, for the student who compulsively checks and re-checks his work, assign fewer problems on a math or reading assignment.

**Allow for flexibility in deadlines and testing.** Students with OCD often obsess about completing assignments, tests, and projects perfectly. They also may procrastinate due to uncertainty about the "right way" to complete an assignment. To accommodate these students, relax deadlines, give full credit for work that is turned in late, and allow additional time to take tests.

**Closely monitor student's progress with class work.** Watch a student to ensure she is consistently progressing (not erasing, checking and re-checking, or starting over on work). When reviewing a student's progress, reinforce the importance of moving ahead instead of making sure the work is perfect.

**Avoid grading students on the neatness of work.** Students can become obsessed with writing perfectly and become stalled as they write and rewrite answers. Reiterate when neatness will not be part of student's grade and place emphasis on completion of the work.

**Create a place where students can calm down when frustrated.** Students who are upset might sit on a beanbag chair in the back of the classroom until they feel ready to rejoin the class. A visit to the office or school counselor also may help. Page 30 has a "Student Coping Plan" you can use to establish provisions for students who are overwhelmed.

**Eliminate teasing.** Children may have "strange" compulsions that draw negative attention from peers. Institute anti-bullying interventions to protect children with OCD from abuse or exclusion by peers. "Establishing a Safe and Caring Classroom" (pages 35–36) provides ways you can address bullying behavior.

**If student and family approve, educate your whole class about OCD.** Classmates are less likely to tease (and more likely to befriend or help) a student when they understand why she acts the way she does. In taking this step, ensure written student and parent permission and involve a guidance counselor or school psychologist if possible.

## TRICHOTILLOMANIA

Trichotillomania is a disorder that causes people to compulsively pull hair from their scalp, eyebrows, and eyelashes. Many consider it to be a specific kind of Obsessive-Compulsive Disorder. A person feels a tension or need to pull out hair and the pulling relieves the tension.

Between 1% and 4% of people have this disorder; one-half of them show symptoms before age thirteen. Many more girls than boys are affected.

With children who have Trichotillomania, you may see them compulsively pulling hair in your classroom—or only see evidence of thinning eyelashes, eyebrows, or hair on the scalp. If you observe hair pulling, privately ask a student if she's aware she pulls her hair and whether there's anything you can do to help reduce any stress related to pulling. Also speak with a student's parents. For students with thinning hair or bald patches, it's possible a physical illness is responsible for hair loss.

If students are involved in therapy for Trichotillomania, it can be helpful to speak with the involved professional so that strategies are consistent across settings. Some students take medication to address compulsive hair pulling.

## COMMON TYPES OF OBSESSIVE-COMPULSIVE DISORDER

These are not formal diagnostic categories but informal labels that can be used to describe how OCD might look in different students:

### The Reassurance Seeker

A student might worry that the topic he chose for a paper is not the "right" one. He may question you repeatedly. After reassuring him a couple of times, it's probably best to say something like, "I told you the topic you chose will be okay. I wouldn't have said it if I didn't mean it. Please stay with that topic and it will be just fine." Another student might worry that she won't get a good enough grade on a paper because she didn't finish it in class. This student spends too much time perfecting her work and takes much too long to complete it. You urge her to turn in her work and she may resist or reluctantly comply. She may express concern multiple times during the remainder of class that her work was "bad." After your second reassuring response, tell this student her work was definitely good enough and it's not worth worrying or talking about anymore.

### The Bathroom's Best Friend

Many young people with OCD may ask for excessive trips to the bathroom to perform a cleaning or washing ritual. When you first notice this behavior, it's best to check with parents to find out if the child has a medical problem. If there is no medical

problem and you have reason to suspect the child is washing his hands excessively, it's important to inform the parents.

### **The Eraser/Cross-Out Queen**

A student whose written work or drawing has to be "just right" may erase and cross out letters and words excessively. This student may also be very cautious, careful, and slow completing work. Emphasize to this student that she won't be penalized for penmanship or artwork as long as it's legible and understood. You might also consider providing a copy of another student's notes. This will allow a student who struggles with note-taking to reference and stay on top of information presented during class. Reducing the quantity of required writing and offering alternative methods of evaluation in place of written tests also might help.

### **The King of Questions**

This student asks many questions for clarification in an attempt to be reassured he's heard something correctly. His questions are a form of a checking compulsion in response to his doubt that he understands directions. Reassuring this student more than once will only perpetuate the problem. Privately, tell this student you'll repeat something for him once, then he's to do the best he can with what he thinks he's supposed to do. If he continues to ask, arrange a hand signal such as putting up your index finger to indicate he's already used his one request for assurance. This acknowledges that you see him, but you are sticking to the one-time plan. Don't penalize this student for making an error after you've repeated an instruction. This will only increase his anxiety about the consequences of being wrong.

### **The Snail**

Imagine the student whose work has to be perfect, who doubts if it's perfect, who has to re-check to see if it's perfect, who has to correct the "imperfections," who has to start over on the paper because it's not perfect. . . . The teacher and class are moving on while this student is stuck. This is a student who'll be perceived as very slow and nonproductive. Until progress can be made in reducing this student's anxiety you may decide to shorten her assignments or allow her extended time on tests.

## **PROFESSIONAL TREATMENTS**

The most effective treatment for OCD is a behavioral therapy called *response prevention*. Response prevention attempts to show people with OCD that compulsions do not benefit them and are not necessary. The therapy requires a person to gradually stop engaging in the compulsive behavior. In the early stages of treatment,

children feel more anxiety but are taught strategies to manage it. If they can withstand anxiety long enough to realize that whatever they're worried about won't occur, they are likely to realize the compulsive behavior isn't necessary and give it up.

Depending upon the severity of OCD, medication may be used to complement behavior therapy. Medications in the family of *selective serotonin reuptake inhibitors (SSRIs)* are commonly used for OCD. Children should be carefully monitored during the initial stages of starting medication since there can be side effects. These include drowsiness, insomnia, nervousness, stomachaches, headaches, nausea, agitation, and weight gain. A very small percentage of children may become depressed when beginning medication. If you observe any troublesome behavior in a student on medication, notify the school nurse and a parent right away. 🐾

## JOHANN

Thirteen-year-old Johann had been homeschooled for a year because of a severe fear of germs. His parents wanted to reenroll him in school so he would have more interaction with peers. Johann's parents met with the school psychologist. They worried that even getting Johann to enter the school would be difficult.

The school psychologist and Johann's parents developed a plan. Johann entered the school after classes began and when not many students were in the hallways. Johann's parents opened all doors and the psychologist waited in her office with anti-bacterial wipes on her desk. Johann saw that staff at the school understood his problem. The plan also included the following accommodations:

- Johann came to school 15 minutes after it started and entered through a side door.
- His school day was shortened.
- He had his own desk and chair slightly set apart from other students.
- He received extra time for class work with frequent check-ins from the teacher.
- Teachers did not touch him or his desk.
- Johann's mother brought his lunch to school and ate with him.

These accommodations may appear to have enabled Johann to continue his obsessions and compulsions. But with the slow realization that he was not in danger, Johann grew more comfortable at school so that fewer accommodations became necessary. After getting Johann back into school—which represented major progress—continued collaboration with the school psychologist and an outside mental health professional allowed Johann to be a successful student.

This set of accommodations happened to work well for Johann and his school. Your own plan will depend on school or district policies and a child's needs.