

OBSESSIVE-COMPULSIVE DISORDER (OCD): RECOMMENDATIONS FOR TEACHERS

Understand the disorder.

- Obsessive-compulsive disorder (OCD) is a neurological disorder affecting approximately 1 percent of school-age children. OCD is characterized by recurring, involuntary obsessions and compulsions that provoke anxiety, consume time, and interfere with typical school functioning.
- **Obsessions** are persistent thoughts, feelings, or images that enter a student's head and are experienced to an unreasonable and excessive extent.
- **Compulsions** are ritualistic, repetitive behaviors that are often associated with an obsession and are executed to relieve anxiety caused by the obsession.

Typical manifestations of OCD:

- Difficulty delaying gratification
- Inability to change tasks
- Perfectionism (i.e. erasing until hole is torn in paper, re-writing numbers and letters over and over)
- Perseverance on routines or feelings

Recognize that several psychological problems are common among children who have OCD. As such, these problems also often need to be addressed. Examples of secondary problems: depression, excessive anxiety, frustration, oversensitivity, impaired peer relationships, low self-esteem, feeling "bad," feeling "crazy," and feeling suicidal.

Educate classmates about behaviors associated with OCD (if student and parents grant permission to discuss the disorder with peers). For example:

- Consider inviting an advocate from a local agency, such as, the Obsessive-Compulsive Foundation, to present an age-appropriate program about OCD in an effort to minimize peer teasing.
- Help peers understand the importance of individual differences and necessary modifications. Provide examples of modifications other students need, such as wearing glasses so they can see better, and stress that each student has special contributions to make.

Try to maintain a stress-free and supportive environment. A negative classroom environment (such as one in which a student does not feel safe in making mistakes) significantly affects the behavior of a student with OCD by increasing anxiety, frustration, and stress. Experiencing these feelings interferes with learning.

Establish predictable, clearly stated rules and expectations. Try to state rules positively (where appropriate or possible) because a student with OCD may dwell on negative rules. In doing so:

- Repeat the rules often.
- Provide structured routines for students to follow.

- Provide the student with as much notice as possible, if the routine must change, but recognize that a student with OCD frequently cannot begin a new task until completing his/her original task.

Be flexible and willing to adjust expectations. For example:

- Realize that once a student with OCD begins a ritual (i.e. checking, counting, arranging, performing perfectionistic behaviors) in the classroom, he/she is unable to stop until it is completed.
- Allow a student with OCD who feels compelled to check and re-check work to submit homework after the due date when feasible and fair to others.
- Allow extra time to complete tests.

Provide preferential classroom seating. The student's desk should be located near the teacher in order for him/her to be monitored, but still be included as a part of regular classroom seating.

Implement and maintain regular communication with the student's parents. For example:

- Use frequent phone conversations or notes to keep teachers and parents informed about things such as new symptoms, medication adjustments, and medication side effects.
- Inform parents of the student's positive behavior, rather than only contacting the parents when the student has misbehaved.
- Work with the family to help ease symptoms by following through on treatment plans applied in the home.

Realize that some students with OCD may qualify for special education services or 504 accommodations if the disorder interferes with behavior or learning to a marked degree.

Seek assistance from the school psychologist, who may help a student with OCD by providing educational and behavioral strategies to lessen anxiety, reassure the child, and reinforce coping skills.

Additional Resources:

Dornbush, M. P. & Pruitt, S. K. (1995). *Teaching the tiger*. Duarte, CA: Hope Press.
Hyman, B. M. & Pedrick, C. (2003). *Obsessive-compulsive disorder*. Brookfield, CT: Millbrook Press.

<http://www.healthyplace.com/Communities/Anxiety/children OCD.asp>: Obsessive-Compulsive Disorder in Children and Adolescents.

<http://www.nasponline.org/publications/cq327ocd.html>: Obsessive-Compulsive Disorder: Information for Parents and Educators.

<http://www.nasponline.org/publications/cq314abc.html>: The ABC's of Children's Mental Health: Strategies for Educators.

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