

Obsessive-Compulsive Disorder



Symptoms or Behaviors

- Unproductive time retracing the same word or touching the same objects over and over
- Erasing sentences or problems repeatedly
- Counting and recounting objects, or arranging and rearranging objects on their desk
- Frequent trips to the bathroom
- Poor concentration
- School avoidance
- Anxiety or depressed mood

About the Disorder

Obsessive-compulsive disorder (OCD) has a neurobiological basis. This means it is a biological disease of the brain, just as diabetes is a biological disease of the pancreas. OCD is not caused by bad parenting, poverty, or other environmental factors.

Children with OCD may have obsessive thoughts and impulses that are recurrent, persistent, intrusive, and senseless—they may, for instance, worry about contamination from germs. They may also perform repetitive behaviors in a ritualistic manner—for example, they may engage in compulsive hand washing. An individual with OCD will often perform these rituals, such as hand washing, counting, or cleaning, in an effort to neutralize the anxiety caused by their obsessive thoughts.

OCD is sometimes accompanied by other disorders, such as substance abuse, attention-deficit/hyperactivity disorder, eating disorders, or another anxiety disorder. When a student has another disorder, the OCD is more difficult to treat or diagnose. Symptoms of OCD may coexist or be part of a spectrum of other brain disorders such as Tourette's disorder or autism.

Research done at the National Institute of Mental Health suggests that OCD in some individuals may be an auto-immune response triggered by antibodies produced to counter strep infection. This phenomenon is known as PANDAS.

Students with OCD often experience high levels of anxiety and shame about their thoughts and behavior. Their thoughts and behaviors are so time consuming that they interfere with everyday life.

Common compulsive behaviors are:

- Cleaning and washing
- Hoarding
- Touching
- Avoiding
- Seeking reassurance
- Checking
- Counting
- Repeating
- Ordering or arranging

Common obsessions are:

- Aggression
- Contamination
- Sex
- Loss
- Religion
- Orderliness and symmetry
- Doubt

Children who show symptoms of OCD should be referred for a mental health assessment. Behavior therapy and pharmacological treatment have both proven successful in the treatment of this disorder.

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Educational Implications

Compulsive activities often take up so much time that students can't concentrate on their schoolwork, leading to poor or incomplete work and even school failure. In addition, many students with OCD find verbal communication very difficult. Students with OCD may feel isolated from their peers, in part because their compulsive behavior leaves them little time to interact or socialize with their classmates. They may avoid school because they are worried that teachers or their peers will notice their odd behaviors. If asked "why" a behavior is repeated, many students say, "It doesn't feel right."

Instructional Strategies and Classroom Accommodations

- Try to accommodate situations and behaviors that the student has no control over.
- Educate the student's peers about OCD.
- Be attentive to changes in the student's behavior.
- Try to redirect the student's behavior. This works better than using "consequences."
- Allow the student to do assignments such as oral reports in writing.
- Allow the student to receive full credit for late work.
- Allow the student to redo assignments to improve scores or final grades.
- Consider a Functional Behavioral Assessment (FBA). Understanding the purpose or function of the student's behaviors will help you respond with effective interventions and strategies. For example, a punitive approach or punishment may increase the student's sense of insecurity and distress and increase the undesired behavior.
- Post the daily schedule in a highly visible place so the student will know what to expect.
- Consider the use of technology. Many students struggling with OCD will benefit from easy access to appropriate technology, which may include applications that can engage student interest and increase motivation (e.g., computer-assisted instruction programs, CD-ROM demonstrations, as well as videotape presentations).

Resources

Anxiety Disorders Association of America
8730 Georgia Avenue, Suite 600, Silver Spring, MD 20910
240-485-1001
www.adaa.org
Offers publications, referrals to therapists, self-help groups

NAMI (National Alliance for the Mentally Ill)
Colonial Place Three
2107 Wilson Boulevard, Suite 300, Arlington, VA 22201
703-524-7600 • 800-950-6264
www.nami.org
Medical and legal information, helpline, research, publications

National Institute of Mental Health (NIMH)
Office of Communications
6001 Executive Boulevard, Room 8184, MSC 9663
Bethesda, MD 20892-9663
866-615-6464
www.nimh.nih.gov
Free educational materials for professionals and the public

Obsessive-Compulsive Foundation, Inc.
676 State Street, New Haven, CT 06511
203-401-2070
www.ocfoundation.org
Free brochures, referrals, newsletter, support groups

SAMHSA'S National Mental Health Information Center—Center for Mental Health Services
PO Box 42557, Washington, DC 20015
800-789-2647
www.mentalhealth.samhsa.gov

Publications

- Both the NIMH and the SAMHSA websites have publications tabs that lead to several current and reliable publications. The other websites listed above also have extensive listings of resources.

While it is important to respect a child's need for confidentiality, if you work with children or families, you are legally required to report suspected child abuse or neglect. For more information, consult "Reporting Child Abuse and Neglect: A Resource Guide for Mandated Reporters," available from the Minnesota Department of Human Services.

This fact sheet must not be used for the purpose of making a diagnosis. It is to be used only as a reference for your own understanding and to provide information about the different kinds of behaviors and mental health issues you may encounter in your classroom.